



Self-induction of abortion among women in the United States

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Abstract: *Recent media coverage and case reports have highlighted women's attempts to end their pregnancies by self-inducing abortions in the United States. This study explored women's motivations for attempting self-induction of abortion. We surveyed women in clinic waiting rooms in Boston, San Francisco, New York, and a city in Texas to identify women who had attempted self-induction. We conducted 30 in-depth interviews and inductively analyzed the data. Median age at time of self-induction attempt was 19 years. Between 1979 and 2008, the women used a variety of methods, including medications, malta beverage, herbs, physical manipulation and, increasingly, misoprostol. Reasons to self-induce included a desire to avoid abortion clinics, obstacles to accessing clinical services, especially due to young age and financial barriers, and a preference for self-induction. The methods used were generally readily accessible but mostly ineffective and occasionally unsafe. Of the 23 with confirmed pregnancies, three reported a successful abortion not requiring clinical care. Only one reported medical complications in the United States. Most would not self-induce again and recommended clinic-based services. Efforts should be made to inform women about and improve access to clinic-based abortion services, particularly for medical abortion, which may appeal to women who are drawn to self-induction because it is natural, non-invasive and private. ©2010 Reproductive Health Matters. All rights reserved.*

Keywords: self-induced abortion, medical abortion, adolescents and young people, misoprostol, United States

In settings where access to safe, legal abortion is restricted, women may attempt to self-induce abortion outside of a clinic setting using a variety of techniques, including inserting objects into the uterus, ingesting harmful substances, exerting external force, or using medications such as misoprostol,¹ particularly in Latin America and the Caribbean, where there is widespread availability

of the drug.^{2–4} Self-induction with misoprostol has also been reported in Africa and by African immigrants in Europe.^{5–7} Studies indicate that misoprostol is safer than other techniques used to self-induce abortion.⁸

Recent evidence suggests that some women in the United States (US) also attempt to self-induce abortion. Two clinical case reports documented

a woman in Massachusetts who used misoprostol⁹ and another in Washington who inserted a metal coat hanger into her uterus and presented with sepsis.¹⁰ There have also been reports in the media of women using various self-induction methods.^{11,12} Yet the assumption has been that women would no longer be driven to self-induce after abortion was legalized in the US in 1973, when complications from unsafe abortion decreased.¹³

A recent national survey of US abortion patients found that 1.2% reported ever using misoprostol, and 1.4% reported using other substances to self-induce an abortion.¹⁴ In another study, among mostly Dominican women in New York City obstetrics and gynecology (ob/gyn) clinics, 37% knew about misoprostol and 5% had used it themselves, although the study did not specify whether the women had done so in the US.¹⁵

The purpose of this qualitative study was to explore experiences of abortion self-induction by women living in the US, to better understand women's motivations and suggest practice and policy recommendations to improve access to safe abortion care.

Methods

Participants were recruited as part of a larger study examining knowledge and experience with abortion among women in San Francisco, Boston, New York City and a city in Texas adjacent to the US-Mexico border. The sites were selected to oversample Latinas and low-income women, since prior reports have documented self-induction with misoprostol among these populations in the US.^{11,15} We received ethical approval from all relevant institutional review boards.

Between June 2008 and February 2009, we recruited a convenience sample of 1,425 women aged 15–45 speaking English or Spanish at primary care or ob/gyn clinics (and an abortion clinic in Texas) to participate in a survey (in Texas, the minimum age was 18). In the survey, the women were asked if they had ever attempted to self-induce an abortion, and if so, were invited to participate in an in-depth interview on their most recent experience.

The number of survey participants was: San Francisco (448); Boston (402); New York City (412); Texas (163). Fifty-six women who com-

pleted the survey (4.6% of those who had ever been pregnant) reported attempted self-induction, and 29 agreed to participate in an interview. We also did one pilot interview with a woman from one of the San Francisco clinics. We did not ask women why they did not want to do an interview, but many cited time constraints or logistics, while two were not willing and at least two were inadvertently not invited.

Because only minimal changes were made in the interview guide after piloting, we included the pilot interview in the analysis, for a total of 30 interviews (2 from San Francisco, 14 from Boston, 9 from New York, and 5 from Texas). Trained bilingual interviewers conducted interviews in English or Spanish in private areas of the clinics. Questions focused on motivations for self-induction, description of the attempt, and reflections on advantages and disadvantages of self-induction compared with clinic abortion. Interviews were recorded and transcribed. Four participants declined to be recorded, and the interviewer took detailed notes; quotes are not reported for the unrecorded interviews. Interviews lasted an average of 44 minutes. Participants were given US\$25.

The interviews were semi-structured, and designed and implemented according to grounded theory.¹⁶ Data were analyzed inductively using ATLAS.ti 5.5 for identification of emerging themes. We aimed to identify recurring patterns and outliers of the varying situations in which women attempted self-induction. Six investigators reviewed transcripts and interviewer notes and participated in the coding. Each initial coding was reviewed by another investigator to ensure reliability. Analysis was in the original language of the interview; Spanish quotes were translated into English.

Findings

Participants

At the time of their last self-induction attempt, three participants were living in countries where abortion was legally restricted: Uganda, Nigeria and the Dominican Republic. Two women were living in Puerto Rico, where they incorrectly believed abortion was illegal. We felt it was important to include them in our analysis as their perceptions and beliefs at the time of self-induction may still be current.

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