

Original research article

Women's experiences seeking abortion care shortly after the closure of clinics due to a restrictive law in Texas^{☆,☆☆}

Liza Fuentes^{a,b,*}, Sharon Lebenkoff^{a,b}, Kari White^{a,c}, Caitlin Gerdts^{a,b}, Kristine Hopkins^{a,d}, Joseph E. Potter^{a,d}, Daniel Grossman^{a,e}

^aTexas Policy Evaluation Project, 305 E. 23rd Street, Stop G1800, Austin, TX, 78712, USA

^bIbis Reproductive Health, 1330 Broadway Suite 1100, Oakland, CA, 94612, USA

^cDepartment of Health Care Organization and Policy, School of Public Health, University of Alabama at Birmingham, 1665 University Boulevard, Birmingham, AL, 35294, USA

^dPopulation Research Center and the Department of Sociology, University of Texas at Austin, 305 E. 23rd Street, Stop G1800, Austin, TX, 78712, USA

^eAdvancing New Standards in Reproductive Health, Bixby Center for Global Reproductive Health, Department of Obstetrics, Gynecology and Reproductive Sciences, University of California, San Francisco, 1330 Broadway Suite 1100, Oakland, CA, 94612, USA

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Abstract

Objective: In 2013, Texas passed legislation restricting abortion services. Almost half of the state's clinics had closed by April 2014, and there was a 13% decline in abortions in the 6 months after the first portions of the law went into effect, compared to the same period 1 year prior. We aimed to describe women's experiences seeking abortion care shortly after clinics closed and document pregnancy outcomes of women affected by these closures.

Study design: Between November 2013 and November 2014, we recruited women who sought abortion care at Texas clinics that were no longer providing services. Some participants had appointments scheduled at clinics that stopped offering care when the law went into effect; others called seeking care at clinics that had closed. Texas resident women seeking abortion in Albuquerque, New Mexico, were also recruited.

Results: We conducted 23 in-depth interviews and performed a thematic analysis. As a result of clinic closures, women experienced confusion about where to go for abortion services, and most reported increased cost and travel time to obtain care. Having to travel farther for care also compromised their privacy. Eight women were delayed more than 1 week, two did not receive care until they were more than 12 weeks pregnant and two did not obtain their desired abortion at all. Five women considered self-inducing the abortion, but none attempted this.

Conclusions: The clinic closures resulted in multiple barriers to care, leading to delayed abortion care for some and preventing others from having the abortion they wanted.

Implications: The restrictions on abortion facilities that resulted in the closure of clinics in Texas created significant burdens on women that prevented them from having desired abortions. These laws may also adversely affect public health by moving women who would have had abortions in the first trimester to having second-trimester procedures.

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1. Introduction

In 2013, Texas passed one of the most restrictive abortion laws in the US, House Bill 2 (HB2), that included four abortion restrictions: requiring physicians performing abortion to have admitting privileges at a nearby hospital, requiring the provision of medical abortion to follow the outdated labeling approved by the Food and Drug Administration, banning most abortions after 20 weeks "postfertilization" and requiring that all abortion facilities meet the

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* Corresponding author. Tel.: +1-510-986-8926; fax: +1-510-986-8960.

E-mail address: lfuentes@ibisreproductivehealth.org (L. Fuentes).

standards of an ambulatory surgical center (ASC). The first three provisions of HB2 went into effect by November 1, 2013, resulting in the immediate closure of 11 of the 33 open abortion facilities¹ [1]. The ASC requirement was enforced briefly in October 2014, resulting in more clinic closures, until the US Supreme Court issued a ruling that allowed clinics to reopen while the case continued through the appellate process².

Understanding the impact of state-level restrictions on women in need of abortion services is critical to assess the range of consequences of such laws. While our previous research documented the effect of HB2 on abortion services statewide [1], little is known about women's experiences with service disruptions in the wake of clinic closures across the state. In this study, we report on the results of qualitative interviews conducted with women who sought care in the periods shortly after the enforcement of HB2 at clinics that were no longer providing abortion services.

2. Methods

2.1. Participant recruitment

Between November 2013 and June 2014 and again in October–November 2014, we conducted semistructured, qualitative interviews with English- or Spanish-speaking women aged 18 years and over whose abortion appointments were canceled or who sought appointments at clinics that stopped providing abortion services due to enforcement of HB2. In addition, we interviewed Texas residents who traveled to Albuquerque, New Mexico, to obtain an abortion procedure. The Albuquerque clinics were the closest large-volume abortion facilities for some women living in West Texas, and some of these facilities provided abortion after 20 weeks gestation.

Women whose appointments were canceled or who called closed clinics up to 2 months after the closure were contacted by clinic staff at 9 facilities, who used a standard

script to invite them to participate in the study. When the ASC requirement was briefly enforced, we only recruited participants for the time that clinics were closed.

Those interested in participating provided their name (or a pseudonym) and a phone number. If we did not reach a woman on the first phone call, we called back and left a voicemail when possible, up to four times before removing her from the pool of potential participants. Texas resident women traveling to clinics in Albuquerque were provided with study flyers, and those interested contacted the study coordinator.

2.2. Data collection and analysis

We adapted the interview guide from a previous study on abortion clients [2]. We developed further interview topics and the analytical approach with the objective of describing women's experiences with abortion services after clinic closures using a health care access framework, focusing on several dimensions of access, including distance to services, timeliness of care, type of procedure and out-of-pocket costs [3]. We asked participants to recount their story of looking for abortion services, starting with the first call they made to a clinic. We also asked about their preferred type of abortion (medical or surgical), travel to the clinic and associated costs and whether and at what gestational age they ultimately obtained an abortion. After several interviews, the guide was revised to include a question on whether women had considered ways to induce an abortion on their own. Interviews were conducted by telephone and lasted 20–40 min. With participant consent, interviews were recorded and transcribed. Participants received a US\$30 gift card for their time.

We coded transcripts using Atlas.ti 8.1 (Berlin, Germany) and conducted a thematic analysis [4]. First, we developed a priori codes based on the interview guide. During coding, we added codes to capture emerging domains, such as women's recovery from the abortion and their desire for privacy. To increase intercoder reliability, two coders independently coded two interviews and then compared their application of codes. Discussion between coders provided consensus in cases of coding differences, to add or collapse codes and refine code definitions. The remaining transcripts were then coded independently. We summarized codes in analytic memos interpreting main themes, including cases that countered our initial interpretation of a theme. We present quotes that highlight the main themes. The study was approved by the institutional review board at the University of Texas at Austin.

3. Results

Six facilities provided contact information for 122 women (1–30 from each clinic). Of these, 23 completed interviews, 74 did not respond and 25 declined or were ineligible. We were unable to collect information about the number of women invited to the study by clinic staff, and we did not collect information about women who declined participation.

¹ In April 2013, before the introduction of HB2, there were 41 facilities providing abortion care in Texas. During the period between May 1 and October 31, 2013, during which HB2 was debated and passed, 8 facilities closed. Several factors contributed to these closures, including clinic owners anticipating that HB2 would be too onerous to be able to comply with when enforcement began. When the admitting privileges provision of HB2 went into effect late on October 31, 2013, 11 clinics closed, leaving 22 open facilities. Between November 2013 and the end of September 2014, there were 10 closures of clinics at various time points when physicians lost admitting privileges, when physicians stopped working at certain facilities or due to other reasons. During that same period, 7 facilities were able to reopen when physicians obtained admitting privileges or physicians with admitting privileges began working at clinics. In addition, the clinic in McAllen reopened for a brief period in September 2014, after a district court enjoined enforcement of the ASC and admitting privileges requirements throughout the state. This left 19 open facilities by the end of September 2014.

² When the ASC provision was enforced in October 2014, 9 facilities closed. When the US Supreme Court issued an order blocking this portion of the law later that month, 8 clinics were able to reopen, leaving 18 open facilities by November 2014.

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