

New research provides insight into why US residents seek abortion medication online

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Seeking abortion medications online can be a response to clinic access barriers in states with and without restrictive abortion laws and can occur when self-managed abortion is preferred over clinical care, according to new research from the LBJ School of Public Affairs at The University of Texas at Austin. Researchers also found that online options offer either information or medications, but not both, and lack of trusted online options can delay care and lead to consideration of ineffective or unsafe alternatives.

Abigail Aiken, an assistant professor of [public affairs](#) and a fellow of the Richter Chair in Global Health Policy at the LBJ School, conducted anonymous in-depth interviews with 32 people from 20 [states](#) who sought abortion medications online. Results, which were peer-reviewed and published in *Perspectives on Sexual and Reproductive Health*, provide insight into the clinical and public health implications of the internet as a pathway to care.

"Though it may be surprising to consider, people in the United States are looking for ways to end their pregnancies at home using abortion pills they can get online," Aiken said. "Someone might decide to self-manage their own abortion either because of barriers to clinic access or because it's a better fit for their circumstances."

The sample was composed of 30 women and two men, who sought abortion medications online on behalf of their female partners. Participants' states of residence were categorized in their policies toward

abortion as "extremely hostile," "hostile," "middle ground" or "supportive" following the state abortion policy classifications developed by Elizabeth Nash and colleagues at the Guttmacher Institute.

A major barrier for participants living in states with restrictive laws was the high cost of clinical care. Other participants described major logistical challenges resulting from state abortion laws, such as waiting periods and ultrasound requirements. Logistical and financial difficulties often intersected with concerns about harassment posed by clinic protesters. Those living in states with middle-ground and supportive laws also experienced access barriers, including long distances to clinics, lack of transportation and difficulty finding information.

Whereas many participants cited access barriers as the reason they considered ordering medications online, others explicitly preferred self-managing their abortion to seeking care within the formal health care setting. Underlying these preferences were the perceived advantages of convenience, privacy and the comfort and familiarity of one's own home.

A key theme, regardless of participants' motivations for seeking [medication](#) abortion online, was that the current options did not meet their needs. Upon realizing telemedicine resources such as Women on the Web (WoW) and safe2choose (s2c) do not serve the United States, almost all of the participants also searched other sites. Most participants expressed concerns about the legitimacy of online pharmacy sites.

"We know that medication abortion is extremely safe and effective when carried out with the correct doses of medications, clear instructions and information about what to expect, and a reliable source of support and aftercare," Aiken said. "Unfortunately, most current online options leave these needs unmet."

The lack of availability of trusted sources of [abortion](#) medications online led some participants to research and consider options without strong evidence of efficacy. These options included various supplements and botanicals, as well as unsafe methods such as strenuous exercise, physical trauma, use of sharp objects or ingestion of alcohol or household cleaning substances.

"Our study shows that there is a public health justification to ensure that people who do self-manage can do so safely," Aiken said.

More information: Abigail R.A. Aiken et al, Motivations and Experiences of People Seeking Medication Abortion Online in the United States, *Perspectives on Sexual and Reproductive Health* (2018). [DOI: 10.1363/psrh.12073](https://doi.org/10.1363/psrh.12073)

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