
REMAPPING DEBATE

Asking "Why" and "Why Not"

RU 486 abortions on the rise; harassment remains common at clinics

Story Repair | By Diana Jean Schemo | Gender Equity, Reproductive health services

From the Editor:

In this feature, we select a story that appeared in a major news outlet and take it in for repairs. The stories we choose are not necessarily “fatally” flawed; on the contrary, in many cases, they’ll bring genuinely newsworthy information to light. But our goal is to show how, with a similar investment of time, a different set of interviews or line of questioning could have produced a different — and, we hope, more illuminating — article.

For repair this week: [“Falloff in abortion rate and in number of procedures stalls”](#) (Washington Post, Jan. 11).

January 18, 2011 — Significantly more women are turning to medications instead of surgery for abortions, ending unwanted pregnancies earlier and with less risk of complications to the woman, according to a new study by the Alan Guttmacher Institute.

The study, which surveyed nearly all abortion providers in the country, found that use of chemicals to induce abortions had jumped 24 percent, from 163,000 in 2005 to 199,000 abortions in 2008. But it was not clear whether the availability of abortion-inducing drugs led more women to choose abortion who might otherwise have carried their pregnancies to term.

The abortion medication, known as RU 486, “increases options for women who want to have an abortion,” said Rachel K. Jones, principal author of the study. “And it’s also contributing to the increase in very early abortions,” as the drug only works up to 9 weeks from conception.

The survey portrayed a nation where the legal right to abortion remains difficult and sometimes dangerous for many women to secure in practice. Some 87 percent of the nation’s counties, home to 35 percent of women of child-bearing age, do not offer abortion services at all. The overall number of providers across the country remained stable, the study found, though the number of very large abortion clinics, those performing 5,000 or more abortions a year, had doubled, to 29 from 15 in 2005, when the institute last conducted its survey.

Harassment and intimidation of clinic employees and patients were rampant, particularly at these busiest clinics, the study found. One hundred percent of them reported having experienced some form of harassment. All were picketed, while 63 percent reported protesters blocking the way for patients or employees. Nearly one in five of these busiest clinics received bomb threats and just as many were attacked by vandals. Nearly 10 percent of such clinics reported that protestors posted photos of their patients on the Internet.

In some parts of the country, women must travel far to secure an abortion: Wyoming, for example, recorded only 70 abortions in 2005, but the state's women obtained 1,100 abortions that year, meaning nearly all of them were performed in other states.

The study, "Abortion Incidence and Access to Services in the United States, 2008," appeared in the journal "Perspectives on Sexual and Reproductive Health." It is part of a series of periodic surveys

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on the incidence and availability of abortion by the Guttmacher Institute. While the institute advocates for access to contraception and abortion, its surveys are the most thorough snapshot of abortion available, and are considered reliable across the political spectrum.

The survey also found a pause in an 18-year decline in the number of abortions, confirming a similar trend detected by the Centers for Disease Control. Abortions increased slightly, to 1.212 million in 2008 from 1.206 million in 2005. At the same time, the ratio of pregnancies ending in abortions was unchanged, at 22.4 percent.

The survey offered little interpretation of the data, though it noted that earlier media reports had linked a slight rise in abortions reported earlier by the Centers for Disease Control to the economic recession. The study, however, "was unable to assess these claims, as the small increase in abortion incidence began before the recession."

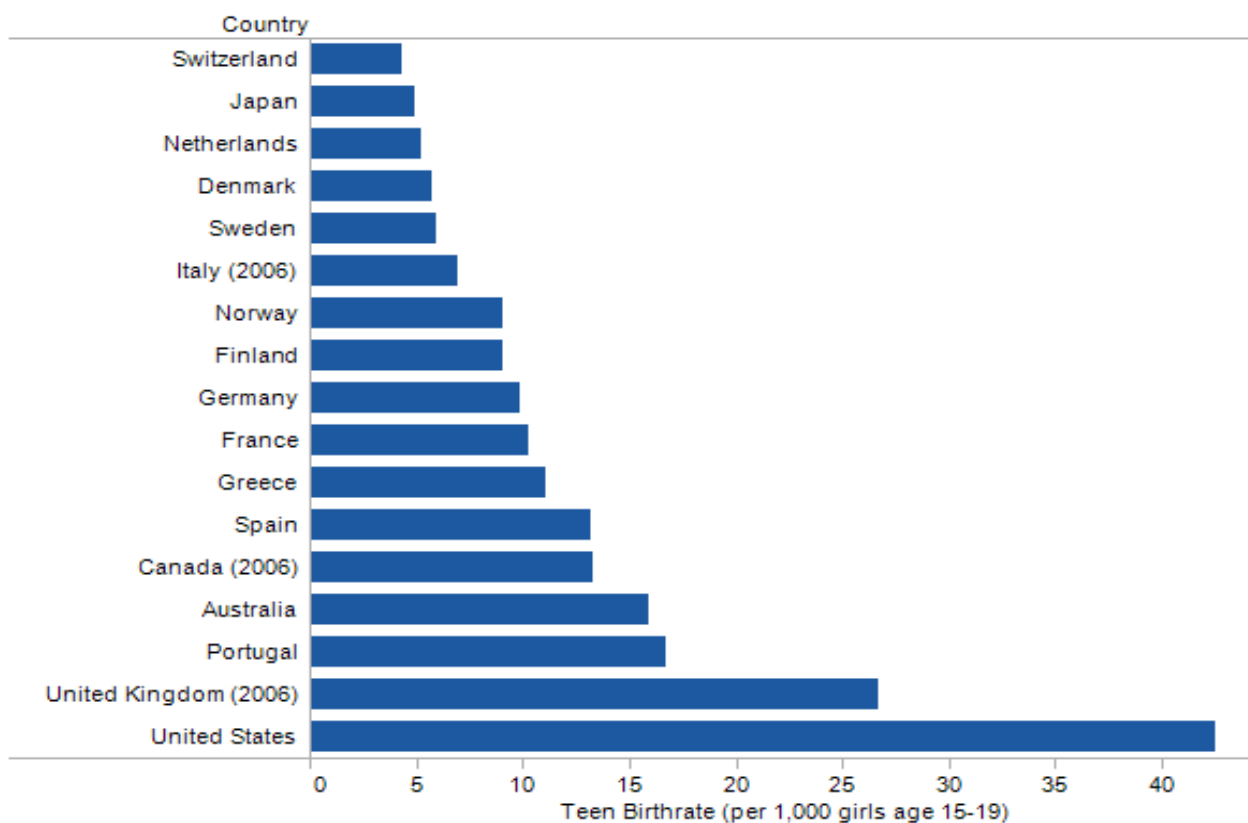
Government figures on unintended pregnancies, crucial for understanding whether a decline in abortions reflects better family planning or lack of access to abortion services, are available only through 2001, when they showed half of all pregnancies were unintended, and that 41 percent of pregnancies occurred while using contraception. At the time, the government set a goal of reducing unplanned pregnancies to 30 percent by 2010. The Guttmacher Institute, said Jones, will soon update a report on unintended pregnancies, based on forthcoming figures from the National Center for Health Statistics.

Jen Heitel Yakush, public policy director of the Sexuality Information and Education Council of the United States, criticized the Bush Administration's focus on abstinence education to the exclusion of providing young people information about contraceptives. That approach was rooted in the view that such information would drive up sexual activity and pregnancy among young people.

In fact, surveys of European countries suggest otherwise. In the Netherlands, which offers teens comprehensive sex education and easy access to contraceptives, there were 5.2 births per 1,000 teens aged 15 to 19 in 2007, according United Nations figures compiled by the National Campaign to Prevent Teen and Unplanned Pregnancy. In the United States, government statistics show the comparable figure was eight times higher, at 42.5 births per 1,000 teens. (See chart below for data across 17 countries.)

The organization's figures show that, among comparable industrialized nations, the United States has the highest rate of teen pregnancy and births.

Teen Birthrates by Country (per 1,000 girls age 15-19)



Birth rates are for 2007 unless otherwise noted. Resting cursor over each bar displays that country's exact rate.

Source: National Campaign to Prevent Teen and Unplanned Pregnancy, "Teen Birth Rates: How Does the United States Compare?" [relying on data from: Center for Disease Control and Prevention - National Center for Health Statistics. United States: Martin, J.A., Hamilton, B.E., Sutton, P.D., Ventura, S.J., Matthews, T.J, Kirmeyer, S. & Osterman, M.J.K. (2010) Births: Final data for 2007. National Vital Statistics Reports, 58 (24). Other countries: United Nations Statistical Division. Demographic Yearbook 2007. New York: United Nations.]

The Guttmacher Institute's latest report did not tie the increased use of medical abortions to the apparent pause in the decline of abortion overall. The procedure still requires women to take the medication under the guidance of a physician or clinic. "The overwhelming majority of medical abortions that occurred would have been surgical abortions if medical abortions were not available," Jones said.

Randall K. O'Bannon, director of education and research at National Right to Life, disagreed. "I think it is leading some women to choose abortion who would not otherwise choose it," he said. O'Bannon cited anecdotal articles quoting women who said "they wouldn't have a surgical abortion because they were intimidated by the whole process, but they felt differently when it came to using chemical means."

Jones said that abortion drugs held the promise of making abortion easier to obtain for women in thinly populated areas that lack clinics, or where overwhelming social pressure might deter them from visiting an abortion clinic and facing the risk of exposure. But so far, the number of facilities that provide chemical abortions but not surgical abortions is limited. The Guttmacher report showed that 164 facilities, both doctor's offices and non-specialized clinics, offered women medical, but not surgical abortions. Of all eligible pregnancies, those with less than 9 weeks gestation, one-quarter were ended using the medications.

For the moment, the study suggested, intimidation and threats of physical and psychological violence for women seeking abortion amounted to business as usual.

"The hope is that it will move out to where there are no surgical abortion providers," Jones said. Women could obtain the medication from their regular gynecologist, sidestepping the need to visit an abortion clinic. "It has the potential to do that."

For the moment, the study suggested, intimidation and threats of physical and psychological violence for women seeking abortion amounted to business as usual, despite a federal law that makes it a crime to block access of patients and providers to reproductive health services.

A spokeswoman for the Justice Department, Xochitl Hinojosa, said its criminal division had prosecuted 42 cases under the federal statute protecting access to abortion clinics since 1994, and prosecuted more crimes, involving bombings, arson and threats of violence against abortion providers, under other statutes. The department's special litigation section and U.S. attorney's offices had filed 22 civil cases related to the law, Hinojosa said: three in 2010, two since 2006, and the rest before 2000.

This content originally appeared at <http://www.remappingdebate.org/article/ru-486-abortion-rises-harassment-while-illegal-remains-common-clinics>