Research on Mexican women who seek safe abortion services in California

Preliminary results
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Background and significance

In Mexico, complications due to unsafe abortion are estimated to be the third or fourth leading cause of maternal mortality, and legal access to abortion is highly restricted.[1,2] Each Mexican state decides its own abortion laws, and currently, the only circumstance in which it is legal in all Mexican states is in the case of rape, and in all but two states, it is legal to save a woman's life.[3,4] It is precisely these restrictive abortion laws that create a subculture of clandestine abortion, forcing women to seek abortions in unknown, unregulated and often unsafe locations and conditions.[5] In addition, the laws reinforce a social environment in which abortion is shameful and unacceptable, prompting women to obtain abortions covertly.[6,7] Legal restrictions also contribute to a vast inequity: women with resources (financial and informational) can access safe services, while women from more vulnerable groups face the risks associated with termination of pregnancy under unsafe conditions, often by unskilled providers.[8]

While many Mexican women seek out local clandestine abortions, others cross the northern border to obtain safe and legal abortions in the United States. While relatively little is known about women who cross specifically for abortion services, Mexico-U.S. border crossings for other reasons are well-documented. Mexicans frequently cross for economic, educational, commercial, and familial reasons, as well as to receive healthcare, especially when there are perceived benefits such as citizenship (in the case of giving birth in the United States) or when services are perceived to be of higher quality or more readily available.[9,10,11,12,13]

Though several studies have attempted to understand women's experiences with clandestine abortions, little research has documented Mexican women's practice of crossing the border to obtain safe, legal abortions in the United States.[14,15,16] One study conducted in 1996 using a review of medical history records as well as interviews with field experts attempted to describe Mexican and U.S. abortion-seekers in San Diego.[7] They found that approximately one-fifth of the women seeking abortions at the largest clinic in

San Diego reported a Mexican address. Mexican residents were more likely to be older, were more likely to pay in cash for the procedure, and were less likely to terminate in the second trimester than U.S. residents. In addition, they found that only 38% of women who crossed the border for an abortion gave consent to receive reports at home, far less than their U.S.-resident counterparts, indicating that these women were more likely seeking abortions covertly. The field experts interviewed indicated that most of their Mexican resident clients were of middle class background, were employed, had high literacy rates and had a generally good awareness of their health.

While this study begins to create a profile of Mexican women who seek abortions in the U.S., it is now nearly ten years old and is not based on prospectively collected data or interviews with women themselves. One of the biggest changes since 1996 is the availability of medical abortion in the U.S. Illicit use of misoprostol to induce abortion has become common in Latin America,[17,18] but it is not known if Mexican women may be motivated to go to the U.S. to obtain a medical abortion with mifepristone, which is more effective than misoprostol alone.[19] Another relevant change is the increased security measures that make crossing the border much more difficult at present than 10 years ago.

Other problems with the study from 1996 relate to its methodology. Since Mexican residency was determined by the addresses reported on medical records in the study, most likely the number of Mexicans seeking abortions was underestimated, since some may not have reported a Mexican address, especially if they were covertly seeking an abortion. In addition, the data gathered from the medical records and field expert interviews does little to describe the barriers that women are facing when crossing the border for abortion services. Finally, the report from 1996 suggests the typical woman who crosses the border for abortion services is well-educated with ample financial resources. Anecdotal reports describe a different situation, one where women of limited resources cross the border at all costs to access services.

Additional research investigating abortion-seeking across the border could better estimate how common this practice is, could identify the barriers that women overcome to seek abortions in the U.S., and could help describe the experiences of Mexican women who travel to the U.S. for these services. Such data could contribute to the ongoing and active abortion policy debates in Mexico, inform U.S. practitioner training and service provision along the border, and help describe how border crossing for abortion services affects the U.S. healthcare system. The results could also inform providers on both sides of the border about the problem and contribute to establishing more collaboration in the area of service provision.

Methods

Survey in abortion clinics

We are currently conducting this study at the UCSD abortion clinic and three clinics affiliated with Planned Parenthood of San Diego and Riverside Counties (PPSDRC). Since October 2004 at the UCSD abortion clinic and March 2005 at three PPSDRC clinics, we have been collecting survey information from women presenting for abortion care. Counselors in the clinics were trained to present information about the study and obtain informed consent. All clients were invited to participate in an anonymous survey, available

in English or Spanish, to determine the percentage of women who are Mexican residents; only those identified as Mexican residents completed the full survey. Survey data were entered and analyzed using SPSS version 13.0 (SPSS, Inc., Chicago, IL).

In-depth interviews

Women who were identified as Mexican residents were invited to participate in an in-depth interview after their abortion. These interviews took place either at the follow-up visit at the clinic or an another location in San Diego or Tijuana. Eligibility criteria to participate in the interview included the following:

- At least 18 years of age
- Identifies as a Mexican resident
- Spanish-speaking (as opposed to an indigenous language)
- States that one of the primary reasons she came to the US was to obtain an abortion
- Came to the US no more than one month prior to obtaining the abortion

Each interview lasted between one and two hours and was tape-recorded and then transcribed. Interviews were coded and analysed using the Atlas Ti 5.0 software (Scientific Software Development, Berlin). To ensure consistency in the coding, each coded interview was verified by a second independent researcher.

This study was submitted through the Population Council's ethical review process and to the Institutional Review Board of the University of California, San Diego (UCSD), and all participants for both the survey and the interview gave consent to participate.

Results

Survey in abortion clinics

A total of 1,478 women presenting to the four abortion clinics have been asked to fill out the survey, of which 1,111 (75.2%) have agreed to participate. Table 1 presents the results of the questions asked of all clients.

Table 1. Nationality and languages spoken of participants

Clinic	PPSDRC1	PPSDRC2	PPSDRC3	UCSD	Total
Language most spoken					
English	740 (73.2%)	42 (77.8%)	2 (20%)	26 (72.2%)	810 (72.9%)
Spanish	196 (19.4%)	9 (16.7%)	6 (60%)	7 (19.4%)	218 (19.6%)
English and Spanish	56 (5.5%)	2 (3.7%)	2 (20%)	1 (2.8%)	61 (5.5%)
Other	19 (1.9%)	1 (1.9%)	0	2 (5.6%)	22 (2.0%)
Nationality					
USA	506 (50.1%)	36 (66.7%)	3 (30%)	18 (50.0%)	563 (50.7%)
Mexican	257 (25.4%)	9 (16.7%)	5 (50%)	10 (27.8%)	281 (25.3%)
Dual nationality	118 (11.7%)	2 (3.7%)	1 (10%)	1 (2.8%)	122 (11.0%)
Other	129 (12.8%)	7 (13.0%)	1 (10%)	7 (19.4%)	144 (13.0%)

While it appears that a large majority of eligible clients were asked to participate at the clinics identified as PPSDRC1 and UCSD, this was not the case at the other two clinics.

For that reason, we have eliminated the latter two clinics from the calculation of the percentage of clients who self-identify as Mexican residents. In PPSDRC1, 5.3% of clients who answered the question self-identified as Mexican residents, while at UCSD, this figure was 2.7%. A total of 53, 4, 2, and 1 Mexican residents were identified respectively in the PPSDRC1, PPSDRC2, PPSDRC3, and UCSD clinics.

In table 2 we present the combined results from all four clinics of the Mexican residents (n=60). The median age was 24.5 years, ranging from 17 to 38. The median number of children of those that had children was one.

Table 2. Summary of results

Sociodemographic data	
Marital status	
Married or living with partner	26.7%
Divorced or separated	20%
Single	53.3%
Have children	
Yes	45.7%
No	54.2%
Percentage of Mexican women who reported previous abortion	21.1%
In US	66.7%
In Mexico	33.3%
Maximum education level achieved	
Primary school	3.3%
Junior high school	10.0%
Senior high school	43.3%
Technical training	13.3%
University	25.0%
Postgraduate	1.7%
Other	3.3%
Monthly income	
Less than 5,000 pesos	22.8%
Between 5,000 and 9,999 pesos	49.1%
Between 10,000 and 14,999 pesos	14.0%
More than 15,000 pesos	14.0%
Percent of Mexican women who reported knowing about emergency contraception	87.7%

Residence and border-crossing	
Primary residence	
Tijuana	76.3%
Rosarito	1.7%
Ensenada	3.4%
Mexicali	15.3%
Tecate	1.7%
Taxco, Guerrero	1.7%
Place of employment	
Not currently working	41.4%
San Diego or Riverside counties	3.4%
Other location in California	3.4%
Other location in USA	13.8
Mexico	37.9%
Frequency of border-crossing	
Almost daily	3.5%
At least once a week	24.6%
Between 1 and 4 times per month	54.4%
Fewer than 6 times per year	10.5%
This is the first time crossing the border	7.0%
Current pregnancy and planned abortion method	
Gestational age of current pregnancy	
4-8 weeks	42.1%
9-12 weeks	38.6%
13-15 weeks	10.5%
16 or more weeks	5.3%
Not sure	3.5%
Planned abortion method	
Medical abortion	13.8%
Aspiration abortion	65.5%
Not sure	20.7%
Experience in Mexico related to abortion	
Reasons why did not have abortion in Mexico	
Could not find someone to do it	12.5%
Did not trust the provider in Mexico	23.2%
Thought it would be better in the US	28.9%

Wanted medical abortion with mifepristone	17.9%
Abortion is illegal in Mexico	19.6%
Doctor recommended clinic in San Diego	5.4%
Percent of Mexican women who reported taking something to self-induce the abortion before coming to the clinic	16.9%
Misoprostol (Cytotec)	60%
Hormonal injections	20%
Herb (ruda con chocolate)	10%
Other	10%
Number of days it took to get to the clinic	
1	29.3%
2	46.6%
3	19.0%
4	3.4%
7	1.7%
Experience in San Diego related to abortion	
Duration of stay in San Diego	
Only until the abortion is finished	83.0%
More than 4 weeks	1.9%
Not sure	15.1%
Location where client is staying in San Diego	
With family	31.9%
With friends	4.3%
In a hotel	10.6%
Returning to Mexico	51.1%
Other	2.1%
Percent of Mexican women who came to the clinic with someone	89.8%
Partner/boyfriend/husband	44.2%
Friend	40.4%
Family member	15.4%
Contact information and willingness to share	
If the clinic needed to contact you tomorrow about an important test result, they could reach you at:	
The phone number where you're staying	24.1%
Your cell phone	37.9%
An emergency contact number here	5.2%

Your telephone number in Mexico	22.4%
Your address in Mexico	1.7%
Your email account	5.2%
I don't have a way I could be contacted tomorrow	3.4%
If the clinic needed to contact you next month about an important test result, they could reach you at:	
The phone number where you're staying	17.8%
Your cell phone	39.3%
An emergency contact number here	8.9%
Your telephone number in Mexico	23.2%
Your address in Mexico	0%
Your email account	3.6%
I don't have a way I could be contacted tomorrow	7.1%
Percent of Mexican women who reported feeling comfortable giving this contact information to the clinic	78.6%

In-depth interviews

We have experienced a great deal of difficulty scheduling and completing the in-depth interviews with Mexican residents and are in the process of modifying this part of the study. We have completed and transcribed four interviews to date. We have not yet performed the physician interviews. Due to the small number, rather than present an analysis of the interviews, we have summarized each one below:

Case 1

20 year-old university student, lives with her parents in Tijuana, good relationship with partner whom she plans to marry later this year. Does not speak English. First pregnancy. Usually uses condom but did not use this time. Crosses border once a week or less. Has visa, usually crosses for shopping or to go out with her boyfriend. Never lived in US, but has some family members in Los Angeles. Realized she was pregnant quickly and knew immediately she could not continue with pregnancy. She is studying tourism and needs to travel frequently. Boyfriend goes to school in San Diego, and he knew about clinic. Had a good experience in the clinic. Came to San Diego by trolley. No difficulty crossing border. Had no problems with abortion, but if she did, she would have returned to San Diego for treatment. She would not trust that doctors in Tijuana would know how to treat her. Procedure cost $XXX, and boyfriend paid. Had medical abortion because she was so early in pregnancy. Only thing she would improve is the waiting time. Plans to use contraceptive patch.

Case 2

18 year-old, left high school after 4 semesters. Lives with parents in Tijuana. Has been with boyfriend for 3 years, but not sure if she will marry him. Does not speak English. First abortion. Never used birth control before, got injection after abortion. Thought she might be infertile because had very irregular periods. Crosses border almost weekly for shopping. Never lived or studied in US. Has cousin in San Diego. Friend gave her the number of the clinic in San Diego. She did not trust abortion providers in Tijuana and was also concerned because it is illegal there. She was scared to do the abortion in Mexico. Came to San Diego for abortion because it is legal in the US, safer, and the doctors have more experience. Took a week to find the clinic because the other clinics she called told her she was too far along (22.5 weeks). Has visa. Had three visits, since she needed to place laminaria. Each time she returned to Tijuana and complained about having to wait in the immigration line with the cramps. Came with sister. Had a lot of pain and had to come to the clinic at midnight. Procedure was done at 2 am. Did not have complication, but if she did, she would have preferred to be treated in San Diego. Cost $X,XXX, paid by boyfriend. Plus $75 to see doctor in Tijuana to stop lactation (and for medications). Had good experience in clinic in San Diego. Realizes that she was lucky that she had passport and visa. Realizes that many women could not afford procedure in San Diego.

Case 3

19 year-old university student. Also works in Tijuana. Lives with two sisters in Rosarito and travels daily to Tijuana for work and school. Boyfriend was in Navy in San Diego, then left for Hawaii, no longer with him. He disappeared after she told him she was pregnant. Had been with him for 1 year. Speaks a little English. First pregnancy. Previously used pills that she bought in a pharmacy but "they didn't work well" (she took them daily but still got pregnant). Crosses border about once a month, usually for shopping. Has family in Riverside, but has not seen them in a long time. Has visa and passport. When period was delayed, she saw her gynecologist in Tijuana, who did a pregnancy test and told her she was pregnant. He also offered to "help her with her problem" with some kind of "surgery." Decided not to have the abortion in Mexico because she was scared because abortion is illegal and did not trust physicians there. Friend told her about clinic in San Diego and she got information from internet. Felt safer and trusted clinic more in San Diego. Was approximately 8 to 10 weeks. Only difficulty was getting appointment. Crossed border with friend in a car, no problems. Had very good experience in clinic. No complications, but if she did have, she would have come back to San Diego. Cost $XXX + $89 for a hotel (came the night before since her appointment was at 8:30 am). She paid for procedure herself and arranged for a loan from someone in case she did not have enough. Only problem was difficulty getting appointment. Unsure about birth control, currently not with partner. Does not plan to go back to her gynecologist, since he would ask what happened with her pregnancy. She would advise women in Mexico not to have the procedure there because it is dangerous.

Case 4

22 year-old woman who studied computer engineering in Tijuana. Lives in Tijuana with friends, supported by father. Never lived in US. Has stable relationship with partner. Speaks English. First pregnancy. Has previously used condoms, the rhythm method and

emergency contraception. Crosses the border 1-3 times per month, usually for shopping. Has family in Los Angeles. Used condom this time but thinks it may have broken. Missed period and went to lab for blood test. Looked on internet and found clinic in San Diego; had previously come to clinic for Pap smear. Did not look for provider in Mexico. Mentioned that people in Mexico commonly recommend "té de ruda" to self-induce an abortion. Her boyfriend asked a gynecologist about obtaining a medical abortion in Mexico, and he was told the pills are not legal there. Did not trust the pills they may have given her in a pharmacy in Mexico to self-induce an abortion. Came to San Diego because she thought it would be safer. Came to the clinic the very day she found out she was pregnant. Was approximately 4-5 weeks pregnant. Decided to have a medical abortion because it seemed simpler to her. It was more expensive, but it seemed less "ugly" to her. Got information from the internet. Says that aspiration can "damage your organs." No difficulty accessing services in San Diego. Has passport and visa. Came with friend the first day she came (to make the appointment), then came alone to the actual appointment. Crossed the border in a car. No problem crossing border. Very good experience in the clinic. No complications with abortion, but if she did have a problem and it was an emergency, she would see a doctor in Tijuana, likely the father of her friend. Procedure cost $XXX, was able to cover between her savings and her boyfriend's. Plans to use pills in the future for contraception.

Discussion

Despite several challenges to carrying out this research, we have made significant progress on this project. We have been somewhat surprised by the relatively low percentage (approximately 5%) of Mexican residents that present to the study clinics for abortion services, and we suspect that many Mexican women either choose not to answer the survey or do not give the correct information. From the data we have received from self-identified Mexican residents, it appears that on average they are young women without children who are relatively well-educated and wealthy compared to the average Mexican. They also seem to be quite well-informed about reproductive issues since the vast majority knew about emergency contraception and knew how to access it. Most of the women who came to the clinic live relatively close to the border and are familiar with crossing to the US. In the interviews, as well, it is clear that the Mexican women who are able to access abortion services in the US are somewhat privileged: they have passports and visas, seem to be well-educated, are able to pay for the procedure, and many have access to information on the internet. It is interesting, however, that a few women said this was the first time they had crossed the border.

The reasons women gave for not having the abortion in Mexico reflect the realities of unsafe abortion there, where rates of complications and death are significantly higher than those of the US. It is also interesting that some women came to the US specifically to access mifepristone medical abortion, which is not available in Mexico. A small number of women tried to self-induce their abortion by taking the prostaglandin misoprostol, a drug that has become increasingly used as an abortifacient throughout Latin America.

Because of the fluid nature of the San Diego-Tijuana border, the vast majority of women reported that they did not stay in San Diego beyond the time needed to obtain the abortion. One woman who was interviewed mentioned that she stayed in a hotel the night before the

procedure since her appointment was so early. While being able to return home immediately may be convenient for the majority of women, it can be difficult when a woman experiences an unexpected complication. The woman who was interviewed who needed to undergo a somewhat emergent dilation and evacuation (case 2) is an example of a possible complication that became challenging because the woman needed to cross the border in order to receive care in San Diego.

Most women reported having reliable contact information in Mexico that could be used to relay information to them after the abortion. It is interesting that the form of communication they felt most secure about was their cell phone, likely because they thought they would be able to maintain their privacy better. Still, almost one quarter of participants said they would not feel comfortable giving any contact information to the clinic.

Because of the initial success of this project, we have been able to interest two additional donors to contribute to expand the study somewhat in San Diego, as well as expand it to study abortion clinics along the Texas-Mexico border. We recently began to collect data in clinics in McAllen and Harlingen, Texas.

The information we are collecting in this study will be very useful to the clinics that provide services to Mexican women, as well as to advocacy efforts within Mexico. In the US, we hope to demonstrate some of the specific needs of Mexican women who access services in California and Texas and how clinics there can better serve this population. In Mexico, more data demonstrating the extremes women must go to to access safe abortion services, as well as the fact that only relatively wealthy women can access safe abortion in the US, will be very useful in the debate to possibly liberalize abortion legislation. We look forward to completing the study within the next six months and disseminating our results to interested parties in both the US and Mexico.

Dissemination plans

Abstracts based on this research have been accepted for presentations at the following conferences:

- Association of Reproductive Health Professionals (ARHP) Annual Clinical Meeting, September 7-10, 2005, Tampa/St. Petersburg, FL.
- American Public Health Association (APHA) 133rd Annual Meeting, November 5-9, 2005, New Orleans, LA.

We also plan to produce a bilingual report on the study's findings that we will distribute at meetings we will hold in San Diego and Mexico City at the end of the project. The dissemination meetings will consist of the following:

- *San Diego:* The target audience will include providers of reproductive health care, counselors and clinic managers from the local Planned Parenthood and UCSD clinics. We will also invite key players from organizations that are active in issues related to migration and health, such as UC MEXUS, the California Mexico Health Initiative, National Center for Farmworker Health, Migrant Clinicians Network, California Program on Access to Care, and others. We will also invite

representatives of NGOs working in Tijuana in the area of reproductive health, such as Fronteras Unidas Pro Salud. In addition to presenting the findings of our study, we will invite one or two experts to discuss other reproductive health needs of the migrant community.

- *Mexico City:* The Population Council and Ipas are two of five NGOs in Mexico that have come together to form the Pro-Choice Alliance to increase women's access to safe and legal abortion. A major focus of the Council's work with this Alliance has been to perform research that highlights the costs, both human and economic, of unsafe, illegal abortion. For the dissemination meeting in Mexico City, we plan to invite members of the other Alliance organizations, which include GIRE (the Group for Information on Reproductive Choice), Catholics for a Free Choice (Mexico), and Equidad de Género (Gender Equality). We also plan to invite key players at the state and national level in the Ministry of Health and the Sexual Violence Prosecutor's Office, as rape is a legal indication for abortion in many states in Mexico, yet there are multiple barriers to obtaining legal services.

In addition to the report mentioned above, we plan to submit one or two manuscripts based on this project to peer-reviewed journals.

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