

In Latin America, where abortion is legally restricted, some women take a drug called misoprostol to make themselves have an abortion. There have been two cases in the U.S. where women were prosecuted for having used this drug to make themselves have an abortion. We wanted to explore women's knowledge about and experience with this drug and other methods they use to have an abortion on their own outside of a clinic setting. We surveyed 1,262 women in San Francisco, New York City and Boston and found that 57% knew of some method of inducing an abortion on their own. Only about 4% knew of misoprostol; more knew about herbs, a non-alcoholic beverage called *malta*, trauma to the abdomen or vagina or drinking alcohol or taking drugs. Some of these methods are dangerous and most are ineffective. 32% said they knew someone who had tried to make themselves have an abortion. Latinas and women who had problems accessing reproductive health care were among those more likely to know someone who had tried to have an abortion on their own. 41 women in our study (4% of those who had ever been pregnant) tried to make themselves have an abortion in the past. Women reported a variety of reasons for doing this, including ignorance or fear of abortion services, inability to pay for a clinic abortion, belief that they could not access services because of their immigration status, and a preference for self-care. Many were teenagers when they tried to have an abortion on their own and wanted to hide the abortion from their families. Most women recommended clinic-based services. More work needs to be done to inform women—especially immigrants—about abortion services and improve access to these services, including removing financial barriers to clinic-based care.