

## Envisioning an ecosystem of abortion support: Conversations with community members in Texas



### Background

Access to abortion in the United States (US) varies widely depending on where a person lives, due to a patchwork of state laws that dictate when, where, and how someone can seek care. In addition to state legislation, a person's experience seeking abortion care is also impacted by structural and personal factors like their identity, social support, financial situation, and physical and mental health.

In Texas, abortion is illegal with very limited exceptions. To better understand Texans' perspectives on access to abortion and other sexual and reproductive health (SRH) care in the current moment, the Afiya Center hosted two focus group discussions with community members. These conversations highlighted the needs of Texans seeking abortion care in the current legal landscape and their perspectives about potential future models of abortion care, including medication abortion over the counter (MAB OTC). We hope our findings will inform strategies to build an ecosystem of support that centers the needs of abortion seekers, particularly those who face the most barriers to care, and help create a world aligned with principles of reproductive justice and liberation, where people have access to the full spectrum of abortion options and can choose the care that works best for them.

### Study description

As part of a qualitative study aiming to understand the physical, mental, emotional, social, cultural, and spiritual needs of people seeking abortion care in the US, we conducted two focus group discussions with 13 community members in Texas. Participants were recruited at in-person community events hosted by the Afiya Center.

We used thematic analysis to identify and analyze recurring themes in the data. The research team created a deductive codebook based on the focus group discussion guide, which two researchers tested by double coding data using the qualitative analysis software MAXQDA. Inductive analysis was also used to identify new codes. We then reviewed the codes for consistency and compiled code summaries, which illuminated the overarching themes highlighted below. Ethical approval was obtained from the WCG Institutional Review Board and verbal informed consent was collected before participation in the study.

### Results

In total, 13 community members participated in two focus groups. The majority of participants were between 25-44 years old and identified as cisgender women and heterosexual. All participants identified as Black/African American. This brief highlights key themes that emerged from the discussion, including challenges to accessing abortion care and other SRH care in Texas, SRH care information needs, perceptions of abortion criminalization, creating an ecosystem of support for abortion seekers, and thoughts about a potential future where medication abortion could be available over the counter.

### Challenges in abortion and sexual and reproductive health access

Participants discussed many challenges accessing abortion care and other SRH care in Texas. Primary challenges included state restrictions on abortion, anti-abortion pregnancy centers, lack of general knowledge about SRH, and SRH stigma.



## State abortion restrictions

Participants named state legal restrictions on abortion and lack of state funding for SRH care as barriers to access. Participants also discussed how the state’s total abortion ban forces Texans to seek abortion care out of state, which can trigger financial and logistical challenges, in addition to fear of being criminalized:

*“You asking me to come up with money. If I have children, gotta find some childcare. Or take this child with me. I could be here by myself, I have to figure out how to get me and my baby somewhere. [...] **it's a major financial burden that's connected to all of that on top of me worrying about the fact when I get back, y'all might be waiting on me with handcuffs.**”*

Participants also discussed how the strict abortion restrictions in Texas are pushing people to consider using unsafe methods of abortion:

*“**It would be much safer if something was prescribed and you knew what it was [...] but it puts people at further risk because their willingness to do anything not to have a child that they, for whatever reason, don't want to have makes it really scary.** Someone just asked me the other day [what would happen if] they take bleach, you know?”*

## Anti-abortion pregnancy centers

Participants described how anti-abortion pregnancy centers often share inaccurate pregnancy information, which leads to confusion and delays in accessing abortion care. One participant shared how her daughter received incorrect pregnancy information from an anti-abortion pregnancy center that prevented her from seeking an abortion:

*“Yeah, I was gonna say [anti-abortion pregnancy centers] will give you a sonogram of a whole ass baby. I still have the sonogram that was given to my daughter [...] she went there to find out that she was pregnant and she was only about a month, two months. The baby that they gave her on the sonogram had legs, arms [...] a whole baby. [...] Yeah, she felt like it was too late, 'cause [...] you, you rushed into, you know, thinking you are in the space where, damn, it's too late, you know what I'm saying? And now I have no choice.”*

## SRH stigma

Participants said that sex is considered a “taboo” topic and “our culture is so sexualized but nobody's talking about sex.” Participants also discussed how stigma around HIV status negatively impacted the quality of family planning information they received from doctors:

*“I've been on the [HIV] positive side, then the negative. I'm only 45. Ain't no conversation been had, and then when I did, I had an OBGYN that was telling me what I didn't need to do, you know. You wanna have a baby? Even as much as talking to my husband about it. [...] **So, it was never no encouragement there, no resources given, no—I went through several miscarriages before the doctor that I have right now, who is invested in me and my needs and my wants, gave me resources.** I didn't know that [...] women living with HIV struggle with [...] fertility. I didn't even know that was a thing.”*

In addition to cultural stigma around sex and HIV, participants also named how abortion stigma can prevent people from seeking support when they need an abortion:

*“Yeah, I just feel like there is a lot of internal things that folks seeking or navigating getting an abortion have to encounter [...] **it's also having to, maybe, compartmentalize how important this situation is for you, how much support you may need in this moment, and so many people judge you, so many systems judge you.** So, there's not a lot of support for even having space for navigating getting an abortion.”*

## SRH information needs

Sources of SRH information included family, doulas/midwives, community establishments (The Afya Center and the library), and online sources (Plan C, Google and social media/TikTok). Most of these sources were regarded as accurate and trustworthy, though some participants highlighted how family relationships may promote stigma and misinformation alongside valid insights about SRH:

*“I take your point that education does matter, because the less you know [...] even with my second [pregnancy], with my whole family, the women who had c-sections, they were like, ‘You can't push out a baby after a c-section,’ you have to forever have c-sections. And if I didn't know any better, if I didn't have the Afya Center [and] doulas and a midwife I would have just been like, ‘Okay, well ...they're gonna have to cut me again.’”*



Participants emphasized gaps in SRH health knowledge and stressed the importance of comprehensive sex education and transparent conversations with family as tools for self-advocacy and autonomy:

**“I was grateful for my public education because my parents weren't sitting down having these conversations. When I was having sex [my mom] was picking me up from my boyfriend's house. So, she probably didn't wanna sit with that or whatever stigma came from that but [...] that's why these conversations are imperative. [...] Because there's so much that can be cut off to where you don't have to make a certain decision. **And if you do, you can be okay with knowing that, like, 'I am trusted in knowing myself and knowing that I have somebody behind me and resources that are gonna allow me to do this safely.'”****

## Perceptions of abortion criminalization

Participants were asked about their thoughts on the abortion laws in Texas. Participants described how abortion in Texas is “illegal,” some said that abortion was banned after six weeks or at the time of fetal “heartbeat,” and some mentioned that people can be criminalized for helping someone access abortion. Participants noted confusion about what is legal vs. illegal, especially around self-managing abortion, including one participant who thought abortion was not legal in the US. Participants also expressed some skepticism about the legal safety of buying and accessing abortion pills online:

*“I'm a little bit confused about the laws, period. [...] Like, I would also kind of just hesitate because when I'm normally in some of these typical health care systems, even my own personal decisions or my autonomy are kind of like, 'Can I even do it on my own? Like, where are the lines?...”*

*“Yeah, I was gonna say, [online medication abortion provider] got a pretty secure way, the way they do it. Where it's really confidential, you know [...] they know it's when you not to get in trouble as well as for the abortion to be accomplished. [...] So, they got a pretty decent way of, you know, assisting you without, you know. This is Texas though, so you can't really count anything out.”*

Although participants did not know anyone who had been criminalized, they discussed how the threat of criminalization has caused fear around accessing abortion.

*“I haven't heard of [anyone being criminalized] either but I think that what comes to mind is the idea that that's going around, that that's even a reality, like, **a theme is fear based—[...] it causes you to not be able to even, 'Can I go and do this thing? Can I navigate this process?' So, I feel like it's not even so much even knowing if someone else personally went through it.**”*

## Creating an ecosystem of support for abortion seekers

We asked participants to discuss ways to better meet the support needs of abortion seekers in Texas. Participants discussed how factors such as someone’s racial identity, age, and income level, particularly as it pertains to the stigma attached to these traits, can compound when seeking abortion care and other healthcare:

*“I think having housing instability or being homeless already comes with, like you said, a slew of other things [...] **if you're navigating housing insecurities, you likely lack confidence and power in certain areas of your own life. So, having that autonomy and never feeling like you can even reach out for that kind of support, access that kind of support [...] people who are already struggling with housing or food or any basic necessity are also struggling with accessing health care and it just makes it ten times more hard to access.**”*

Participants identified many ideas for improving access to and provision of abortion care, including large-scale reforms, such as the decriminalization of abortion, broader childcare support from the government, and expanded insurance coverage of abortion. Participants also named ways to improve abortion care experiences, such as more transparent information about abortion pain and discomfort, support groups for people who have had abortions, having a safe place to stay during/after the abortion, and access to mental health care if needed. In addition, participants discussed the need for cultural shifts in attitudes toward abortion among birth workers, religious leaders, and the community generally. Participants shared that abortion should be destigmatized and seen as part of the full spectrum of reproductive health and pregnancy care:



*“I think as a community, as a people, we need to make the shift in our hearts to be more accepting and less judgmental because if we trust people no matter how many abortions they're seeking, if we trust people to be humans and navigate their own human spirit experience, then it wouldn't matter how many they needed. We just need a world where whatever you need is accessible because you're living this life with me.”*

*“[Abortion] needs to be naturalized. Like, not even just normalized, because normal...you can go anywhere with that. But it needs to be looked at as a sacred experience for the person navigating it, just like choosing to become a parent. It's sacred either way, you're choosing to become [...] or choosing not to. That's a sacred encounter, and I think it should be cushioned with the support of the community, the support of resources, the support of legislation.”*

## Imagining a future where medication abortion is over the counter

Participants were asked to share their thoughts about a potential future where medication abortion could be available over the counter (MAB OTC). Some participants thought it could be possible to have a MAB OTC product and compared it to the current accessibility of Plan B, while others doubted that pharmaceutical companies would want to create a MAB OTC product. While participants thought this could be a good idea, many expressed potential challenges about its implementation. Participants in one group engaged in a discussion about young people accessing MAB OTC without their parent’s knowledge. One participant pushed back on concerns to assert that, even without parental knowledge, the decision is still a young person’s “choice:”

**Participant 1:** *“Well, I'm kinda on the fence because [...] I have a 13-year-old, right, but then I also have an 18-year-old. That 13-year-old can turn around and get pregnant, but that 18-year-old is old enough to go in the pharmacy and get something for that 13-year-old.[...] So, I'm kinda on the fence about how accessible it can be.”*

**Participant 2:** *“I mean, essentially, I do understand what you're saying, but, at 13, it's still her body, her choice. And it's still not your decision. As a parent, okay, but it's still her body, her choice.”*

Participants discussed concerns about encountering stigma from pharmacists when accessing medication abortion at a pharmacy and thought a MAB OTC product should be available “on the floor,” as opposed to going up to the pharmacy counter to ask the pharmacist. Despite the proven safety of medication abortion, several participants also expressed concerns about its safety, including misperceptions on the safety of having multiple abortions. Participants shared ideas for resources that could support people who choose MAB OTC, including providing wraparound support for those who need or want it. Participants described having a knowledgeable “counselor” at the pharmacy to help educate people about aftercare, building community support, and ensuring that people can access additional medical care if needed:

*“Yes. It just needs to be supportive full spectrum, you don't just need to have the access to it but you need to have the information, you need to have the community support, you need to have resources available if you need additional medical support. So, it's just absolutely a good thing to do [...] in a place to start to be self-accountable, and to navigate our birthing experiences on our own terms. But it also needs to reflect in our health care systems.”*

## Conclusion

There are varied legal, logistical, and social barriers to SRH care, including abortion, in Texas. Findings from this study highlight how abortion criminalization is driving Texans to take on the enormous logistical burden of traveling out of state and, in some cases, consider unsafe and dangerous methods to ending their pregnancy. These findings, and the expressed confusion about abortions and self-managed abortion, underscore the need for information and resources on navigating individual criminalization risk and safe self-managed abortion. Comprehensive sex education, including resources about abortion and pregnancy and dispelling cultural stigma about SRH emerged as primary recommendations. The concerns and challenges raised by participants about a potential future where medication abortion is available over the counter highlight the need for public educational campaigns about the safety of medica-



tion abortion and to affirm the autonomy and choice of all abortion seekers, regardless of age, race, gender, or other factors. Lastly, suggestions to ensure wraparound physical, emotional, and spiritual support for people seeking abortion care now and potentially in the future with MAB OTC highlight the importance of supportive health care systems and community care organizations, like the Afiya Center, as trusted sources of information about SRH care.

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