



# Abortion Stigma in Scotland

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# Female sexuality and abortion stigma

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Existing scholarship on abortion stigma suggests it is:

- grounded in health inequalities...
- ...which are in turn predicated on rigid understandings of, and systematic attempts to control, female sexuality (Kumar et al 2009, Norris et al 2011)
- rooted in entrenched norms which dictate with whom/when/how women should engage in sexual behaviour

From this perspective abortion can be seen as challenging to:

- notions of 'responsible' sexuality
- motherhood as the 'normal' outcome of pregnancy



# Why focus on stigma?

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Stigma has the potential to shape:

- women's experiences of accessing a common, essential healthcare service, including their experience of treatment and subsequent health outcomes
- experiences of health professionals providing it (eg. may limit disclosures about work, experience marginalisation in field; choose not to provide it in first place)

**BUT:**

- Abortion stigma is context specific (to some degree)
- The ways in which abortion stigma manifests **specifically in the UK** are poorly understood
- Research needs to address specifics of language around abortion



# Qualitative secondary analysis

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- Aware of a rich body of qualitative data from across UK jurisdictions:
  - 11 datasets (SASS team were original researchers on most)
  - Not specifically designed to address stigma, but do so indirectly
  - Stigma noted as an issue in analysis/write-up
- We aimed to make best use of this rich body of data by exploring:
  - How stigma is constituted in UK context(s) in narratives of women, providers, educators
  - Common assumptions about female sexuality that shape abortion narratives
  - How abortion stigma is resisted/challenged/perpetuated
  - What evidence around abortion stigma is missing
  - Refinements a theoretical framework on female sexuality/abortion stigma for use in future research



# 11 constituent datasets

## Scotland

Later abortion  
( $\geq 16$  weeks) - women

More than one  
abortion - women

Early medical abortion  
( $\leq 9$  weeks) - women

EMA - providers

Young people's  
attitudes

## England & Wales

London Abortion Study  
- women

London Abortion Study  
- providers

MSI Study - women

## Northern Ireland

Abortion Education  
Project - students

Abortion Education  
Project - educators

Abortion as a  
Workplace Issue –  
trade union members

# 11 original studies

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# [WHERE] Current landscape in Scotland

- Partially legalised provision since 1967
- Devolved government has control over law (though ‘no plans to change’)
- UK-wide ‘crisis in provision’
  - Insufficient numbers of doctors taking up training
  - Outdated law hampers provision (e.g. 2 doctors signatures)
- Recent shift in Scotland to allow home use of misoprostol (E&W to follow)
- Some resistance to change from vocal minority (e.g. failed SPUC legal challenge to home misoprostol)
- Some small-scale clinic protests
- No provision of later abortion post 18-20 weeks - women typically have to travel to London
- Campaign for full decriminalisation across UK





# Exploring 'abortion positivity'?

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- Is it feasible to explore positivity instead of negativity/stigma?

(Sub) research questions:

- What does abortion positivity look like?
- What does this tell us about abortion stigma?
- Using case studies to explore this
- Starting with accounts of women who have had abortions
- Taking a narrative analysis approach (Riessman 2008) - examining the form and content, including the language women use (the what and how)



# Positive accounts: in the minority



I was totally fine. And so, yeah, we decided to go through with it and I felt very calm and at peace with my decision. I didn't feel like I was making the wrong decision. Neither of us did. [...] I felt quite, totally just free about it, and it didn't bother me. It wasn't hindering me. It wasn't like a weight on my shoulders that I was keeping a secret or anything like that.

*(Isla, 22, no children, cohabiting, more than one abortion study)*

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## Positive accounts: “I’m not ashamed”



That’s the thing, like, I’m totally not ashamed to talk about it. I’m not, like, worried about what people are gonna think of me. *(Yeah.)* I know that it is a taboo thing, and it’s a shame it’s a taboo thing. [But] there’s never been a ‘what if?’ yet. And I don’t think there is gonna be. I’m quite content [with] where I am just now and why I’ve made those decisions. And I don’t think I’m ever actually gonna regret them because, I mean, so far, I’ve not regretted it and I’ve gone through it twice.  
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## Positive accounts: “A happy story”

I speak with my friends about it. [...] I feel free to speak about it because, you know, it's happened to other people. In the leaflet I got in the hospital it says that one third of women in the UK will have a termination at some point. [...] But it's not a thing that people put on Facebook, so I didn't know who went through this, just like to [ask about] the procedure. [...] So that's why I'm pretty happy to share it and it's not taboo.

I would not tell my *parents* because they very much want to have grandchildren, I don't want to kill the hope, you know? But I'm definite that I don't want to... But I talked to my aunt and cousin and pretty much whoever shows interest [in] how I'm doing and what happening to me recently. I just say: “That's the story, but it's a happy story because I feel very good now, you know, it's with a happy end.

*(Zara, 31, single, EMA study)*



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# “Quite a good experience”



I went to [clinic] and spoke to them and they explained everything to me. *(Right, OK.)* And it was actually **quite a good experience**, I didn't feel like, y'know, **ashamed** of what I was doing, nobody made me feel kind of **bad** or **guilty** for what I was going through. Even though like they kept asking me [...] to be definitely sure that I hadn't been **pressurised** or anything and, y'know, **my husband's supporting me** and everything. So I mean, it was a **mutual decision**.

But they made me feel really **comfortable** and **explained everything** really well. So the whole experience was **actually OK**, I wasn't like **traumatised** by it [...] And they made me feel: “yeah, if that's what you think is **right** for you then that's **fine**, we're not going to be like 'no, you're doing **wrong**.'”

*(Alisha, 21, no children, married, EMA study)*





# Conclusions (so far...)

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- Preliminary analysis: exploring ‘abortion positivity’ – hard to do!
- Approach gives some indication of what women feel *able* to say
- Even those whose accounts are largely positive find it difficult to escape negative language
- Highlights the cultural/narrative constraints faced by individuals who wish to challenge systemic stigma
- Suggests more analysis needed that addresses the power relationships evidenced by those narratives
- And that despite living in a context where abortion has (in theory) been legally provided for 50 years, this is still not easy to do
- Q: Is it reasonable to consider more ambivalent accounts under umbrella of ‘abortion positivity’, if explicitly positive accounts are rare?



With thanks to Dr Karen Maxwell

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