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of Glasgow



# Challenging stigma and the undesirable: 'late' presentation and 'repeat' abortions

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# Overview

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- Background on framing of 'repeat' and 'late' abortion
- Scottish/UK context
- Findings from two studies of women's abortion experiences in Scotland
- Discussion of implications & recommendations



# Abortion stigma

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- Abortion often framed as a moral, religious or legal issue rather than a medical one
- Highly stigmatised, despite being one of the most commonly performed gynaecological procedures
- Stigma is reinforced at structural, policy, community, and individual levels

*Culture, Health & Sexuality*

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## **Conceptualising abortion stigma**

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*Culture, Health & Sexuality*, 2014

Vol. 16, No. 9, 1141–1155, <http://dx.doi.org/10.1080/13691058.2014.937463>



## **The stigmatisation of abortion: a qualitative analysis of print media in Great Britain in 2010**

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- Abortion is framed in negative language and associated with discredited social practices
- Negative framing contributes to the stigmatisation of the procedure and women who have it
- Few positive framings and absence of any discussion of abortion as a legitimate choice
- Evidence of distinction between the 'good' and 'bad' abortion

# 'Repeat' abortion

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- Distinction between 'good' and 'bad' reflected in policy discourses
- Reports on abortion statistics typically single out and highlight 'repeat termination' as a problem

Between 2008 and 2014 the rate of terminations in Scotland dropped from 13.1 per 1,000 women aged 15-44 to 11.0 per 1,000. The overall rate of terminations has been falling since 2008, however the rate of repeat terminations has remained fairly static. The repeat termination rate has fluctuated slightly, from 3.6 per 1,000 in 2008 to 3.5 per 1,000 in 2014, peaking at 3.7 per 1,000 in 2012.

*ISD Scotland Termination of Pregnancy report 2015*

- Existing research suggests:
  - 'repeat' abortion viewed as indicator of service failure
  - yet, 'repeat' incidences are experienced very differently by women

# 'Late' abortion

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- Frequent and repeated attempts and ongoing debate about reducing abortion time limits
- Policy drive to reduce the number of abortions performed in the second trimester

## Sexual Health Standard

In March 2008 standards for sexual health were published by NHS Quality Improvement Scotland (now Healthcare Improvement Scotland), one of which was on termination of pregnancy. The standard stated that 70% of women seeking a termination should undergo the procedure at less than 9 weeks (under 63 days) gestation. The standard seeks to promote optimal quality of care by helping to remove delays that can increase distress and also reduce the possibility of complications that are more likely with increased gestation. The standards are available on the Healthcare Improvement Scotland website: [Standards for sexual health services.](#)

*ISD Scotland Termination of Pregnancy report 2015*

- Focus on reducing delays and distress is worthy
- Little research has been grounded in women's lived, embodied experiences of second trimester abortion

# Framing of 'repeat' and 'late' abortion

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- Distinction between the 'good' and 'bad' abortion is particularly evident in discourses on 'repeat' and 'late' abortion
- Even the language itself is inherently judgemental of the women involved
- 'Repeat' and 'late' abortion are often framed as problematic and self-evidently negative
- There is continuing concern from a policy and provision perspective about the proportion of women presenting for 'repeat' and 'late' abortions
- Expressed desire to reduce 'repeat' and 'late' abortions, even in a context where abortion law is relatively liberal
- But actually, how different are women who experience 'repeat' and 'late' abortions from anyone else?



# Scottish context

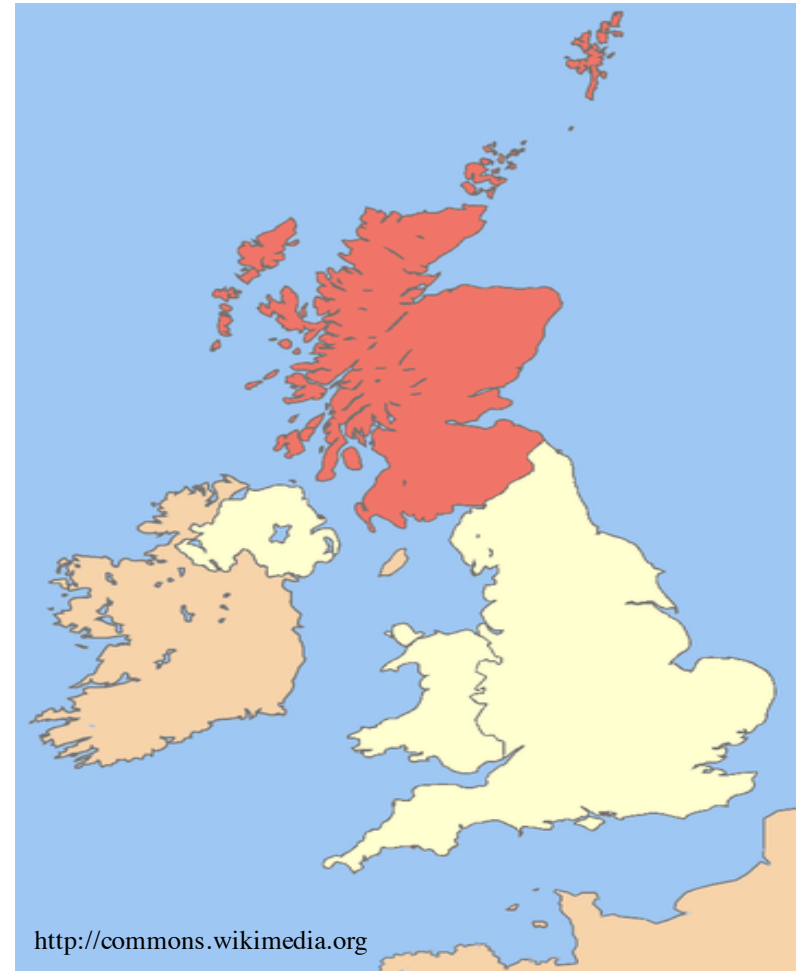




# Scotland

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- Population ~5.4m
- Largest city - Glasgow ~500K
- Range of rural, remote and island communities
- Poor health record in comparison to other European countries
- Considerable inequalities between different social groups and regions



# Health in Scotland

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Health care is devolved to the Scottish Government

Abortion available via the publicly-funded National Health Service (14 regional NHS boards)

## The 1967 Abortion Act

- Available to term to save the life of the pregnant woman, where her physical or mental health is in grave danger, or for severe fetal anomaly

- Also allows for abortion up to 24 weeks' gestation for psycho-social indications: where two doctors agree that there is 'greater risk than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman' (Ground C)



# Abortion in Scotland (2015)

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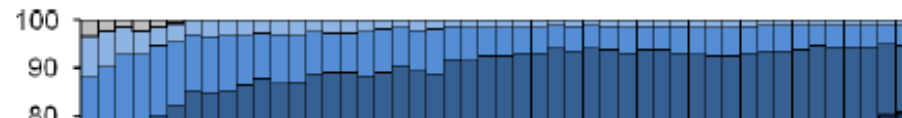
- 12,082 abortions (representing a rate of 11.6 per 1000 women aged 15-44 years)
- Abortion rate highest in 20-24 years age group (19.5 per 1000)
- In areas of high deprivation the rate is 15.4 per 1000, nearly double the rate of 8.7 per 1000 for the least deprived areas of Scotland

Information Services Division (ISD) NHS National Services Scotland. Abortion Statistics. Year ending 31 December 2015. Edinburgh: NHS National Services Scotland, 2016

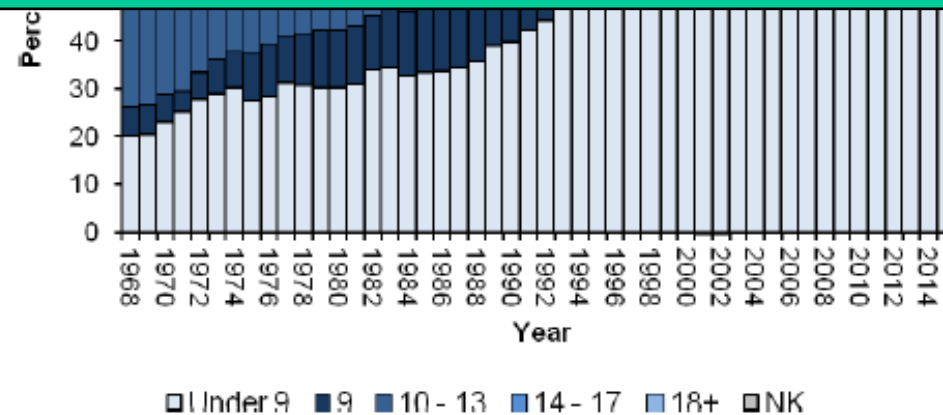
# Abortions performed in Scotland by estimated gestation (weeks), 1968-2015

2015 – 72.5% of all abortions performed at less than 9 weeks

Figure 3a: Terminations by estimated gestation (weeks); 1968 – 2015<sup>1</sup>



The % of 'late' gestation abortions (18+ weeks) has reduced from 8.6% in 1968 to 1.2% in 2015



1. 2015 data are provisional and 2006 to 2014 data have been revised.

# Abortions performed in Scotland 18+ weeks gestation

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- Statistics represent abortions carried out in Scotland for fetal abnormalities and/or maternal health risks
- Provision varies between NHS boards in Scotland and most do not provide abortion after 18/20 weeks gestation (Ground C)
- Other women requesting abortion after 18/20 weeks have to travel to England for the procedure, normally performed at a British Pregnancy Advisory Service (BPAS) clinic
- Women terminating for fetal anomalies etc are not required to travel
- Estimates suggest around 120 women annually travel to England for an abortion

# Previous abortions in Scotland: 2006-2015

2015 – 3,787 'repeat' abortions, rate of 3.6 per 1,000 women aged 15-44

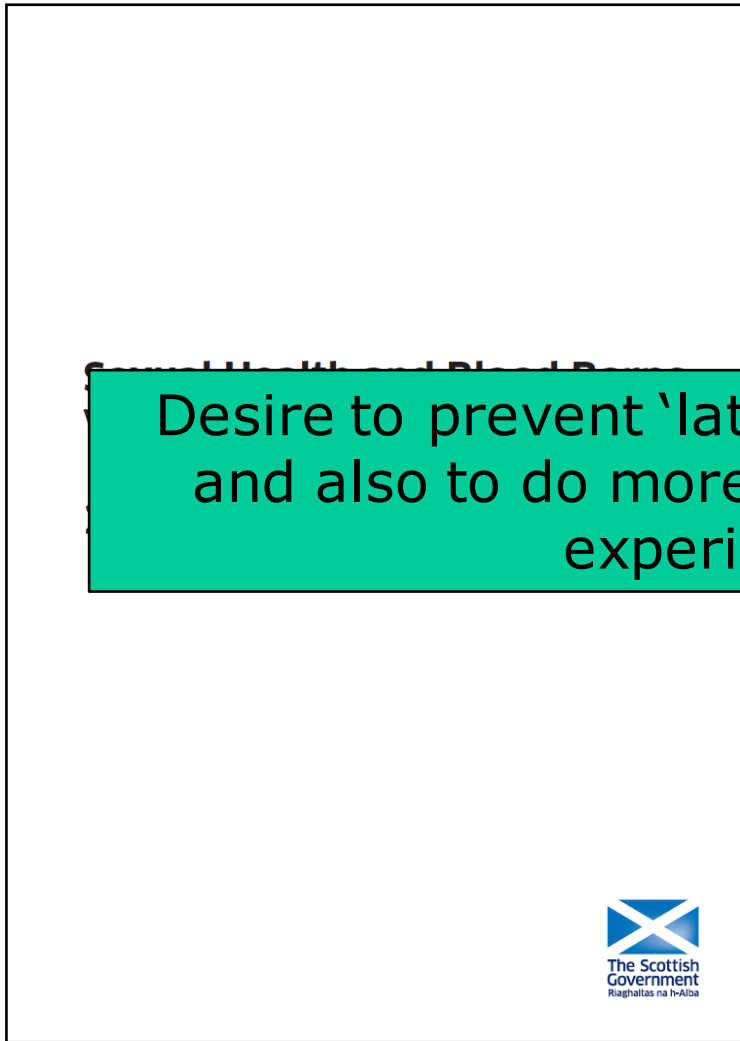
Figure 7: Previous termination rates<sup>1</sup> in Scotland; 2006 to 2015<sup>2</sup>



Crude rate of proportion of women who have had more than one abortion and the time lapse between abortions is not reported (despite a commonly cited 'concern' that abortions are frequent and being used as contraception)

1. Rates per 1,000 women aged 15-44; based on 2014 mid-year population estimates.
2. 2006 to 2014 data are revised and 2015 data is provisional.

# Scotland: sexual health & BBV framework



- Fewer newly acquired blood borne virus and sexually transmitted infections; fewer unintended pregnancies
- Reduction in the health inequalities gap in sexual health and blood borne virus
- Sexual relationships are free from coercion and harm
- A society where the attitudes of individuals, the public, professionals and the media in Scotland towards sexual health and BBV are positive, non-stigmatising and supportive

ives,  
with a good quality of life



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- Commissioned by the Scottish Government to conduct two studies:

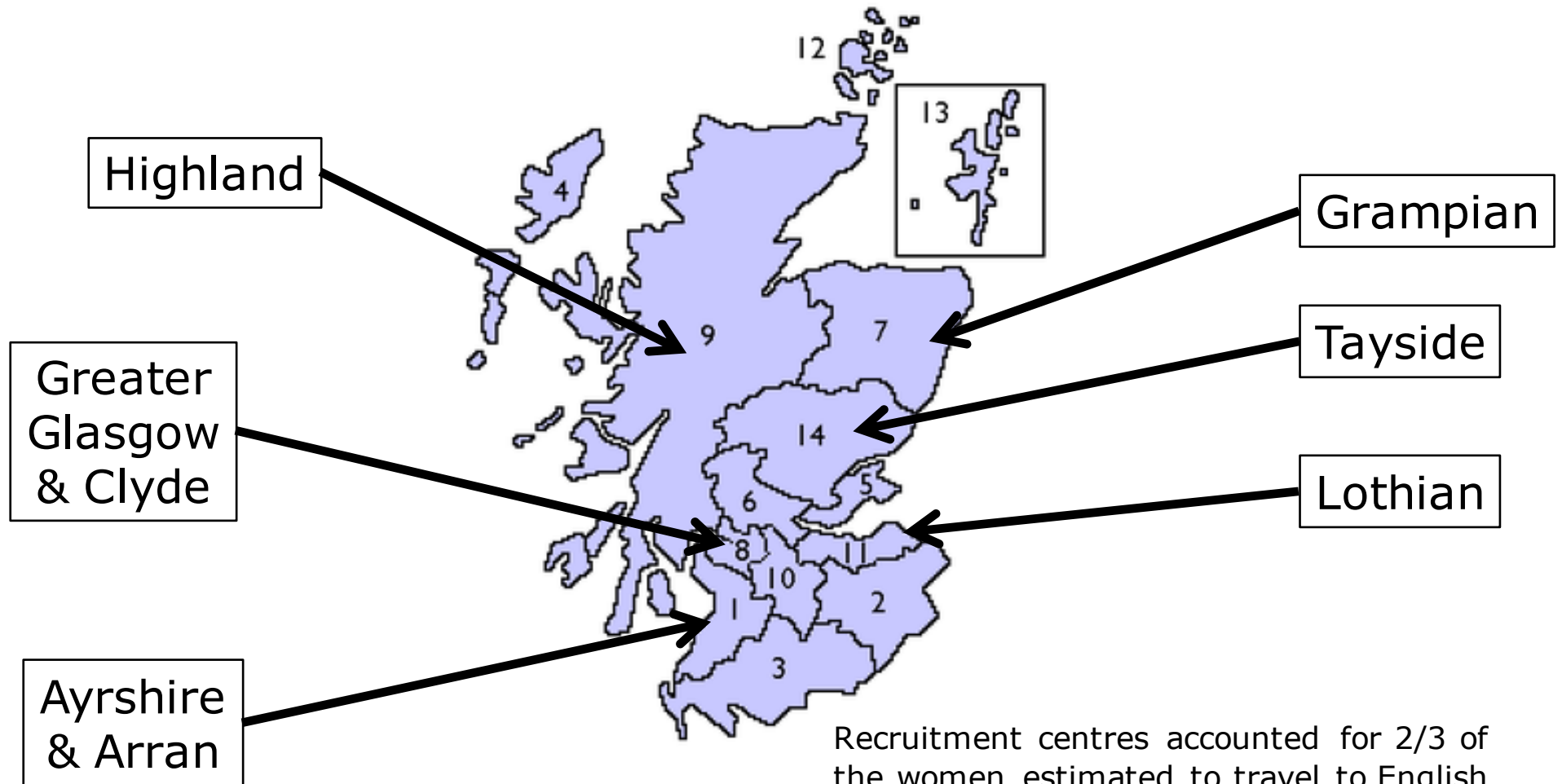


Women's Experiences of Later Termination of Pregnancy



Women's Experiences of More than one Abortion

# Participating areas



Recruitment centres accounted for 2/3 of the women estimated to travel to English clinics, over 70% of the 'repeat' abortions recorded in Scotland, and served a mix of urban and rural populations

# Audit: later presentation



- Prospective audit of all women presenting at  $\geq 16$  weeks
- Jan 2013 – Jan 2014
- Demographic profile of 281 women presenting across Scotland

Site	Referrals for TOP $\geq 16$ weeks gestation	
	N= 281	
	N	(%)
Greater Glasgow and Clyde	89	(31.7)
Lothian	56	(19.9)
Ayrshire and Arran	26	(9.3)
Grampian	16	(5.7)
Highland	14	(5.0)
Other Health boards (n=6) *	80	(28.5)



# Audit: key results

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- Median age was 22 years (range 14 to 47 years)
- 231 were from deprived areas (86.5%)
- 128 (47.9%) already had a child
- 73 (27.3%) had previously undergone abortion
- 175 women (65.5%) proceeded to abortion, locally (n = 125; 46.8%) or in England (50; 18.7%)
- Those at  $\geq 20$  weeks' gestation were more likely to continue the pregnancy than those at earlier gestations, suggesting that travel could be a barrier to accessing legal abortion for this group of women

*Cameron S. et al. Characteristics of women who present for abortion towards the end of the mid-trimester in Scotland: national audit 2013-2014. Eur J Contracept Reprod Health Care 2016;2:183-8.*

MRC/CSO Social and Public Health Sciences Unit, University of Glasgow.

# Qualitative: in-depth interview sample

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- 23 women interviewed
- Aged 17-39 (median 22)
- 18 had TOP: 14 medical, 4 surgical (BPAS)
- Terminations at 16-22 weeks
- 13 had an abortion locally, five travelled to England
- 5 continuing with pregnancy

## Key findings

- Reasons for presenting later
- Consequences of presenting later
- Experiences of travel to England

*Purcell C, Cameron S, Caird L, Flett G, Laird G, Melville C, McDaid LM. Access to and experience of later abortion: accounts from women in Scotland. Perspectives on Sexual and Reproductive Health 2014;46:101-108*



# Why do women present later?

- Complex, varied and context-specific
- Some identified pregnancy *earlier* but had difficulty deciding
- Experiences of denial, avoidance, ambivalence
- Others had experienced a change in circumstances since conceiving
  - Partners withdrew support
  - Relationships ended since the pregnancy was conceived

[Boyfriend] was like “well look, **if you want you can have your baby**, you can have it in Scotland, but I can’t- I don't know if my family will accept it or anything - so I don't know if I can [move to Scotland]. I can come and visit you or **maybe I can come back later.**” That made me feel really scared... *(Emma, 21, abortion locally at 17 weeks)*

I didn't want to resent my child, you know? I want to be *happy* when I find out I'm pregnant, not a sudden shock, and [with] **somebody that I don't want anything to do with.** *(Fiona, 28, abortion locally, 19 weeks)*



# Why do women present later?

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- Many discovered the pregnancy later
- 14 (of 23) participants were 15-21 weeks when pregnancy confirmed
  - Not expecting pregnancy
  - Using contraception
  - Recently given birth
  - Absence of 'typical' physical signs

See how your boobs grow a wee bit, that didn't happen. My hair didn't get thicker, it didn't do that glow thing. I wasn't getting any morning sickness. There was *nothing* indicating that I was pregnant. [...] I didn't have a wee bump or anything like that. **I didn't look pregnant**, you know? And **I didn't feel pregnant.**  
*(Tia, 20, abortion locally, 16 weeks)*



# Consequences of later presentation?



- Shock, disbelief, physically and emotionally unsettling
- Urgency – of making a decision and getting treatment
- None were aware that abortion is not provided in Scotland to the 24 week national limit
- Significant resources required for travel to England – emotional and practical and financial
- Distance – perceived and actual barrier - some had never travelled more than 30 miles from home

I went down there myself to London [...] because the expenses, I couldnae afford to take somebody else. [...] **once I got down there I was so scared. I was so alone** [...] I just didnae know what was going on, you know? They were using all kinda technical terms that I didnae understand.  
*(Leila, 33, abortion in England at 20 weeks)*

# Stigma of traveling to England



- Women who had to travel to England found this to be a stressful and largely unpleasant experience
- Acute awareness of disparity in services due to local gestational limits

Women [who] unfortunately have a miscarriage at that stage, they're not being sent [to England] to have a baby removed. So it's not really a huge difference... **Having to travel that far just to have a termination because they don't do it in Scotland? It's not fair.** And the people [who] make that decision, they're not really thinking about... the physical and mental situation that woman's going through. (*Rachel, 29, abortion in England, 21 weeks*)

- They felt discriminated against and stigmatised by having to travel to England

# Women's Experiences of More than one Abortion

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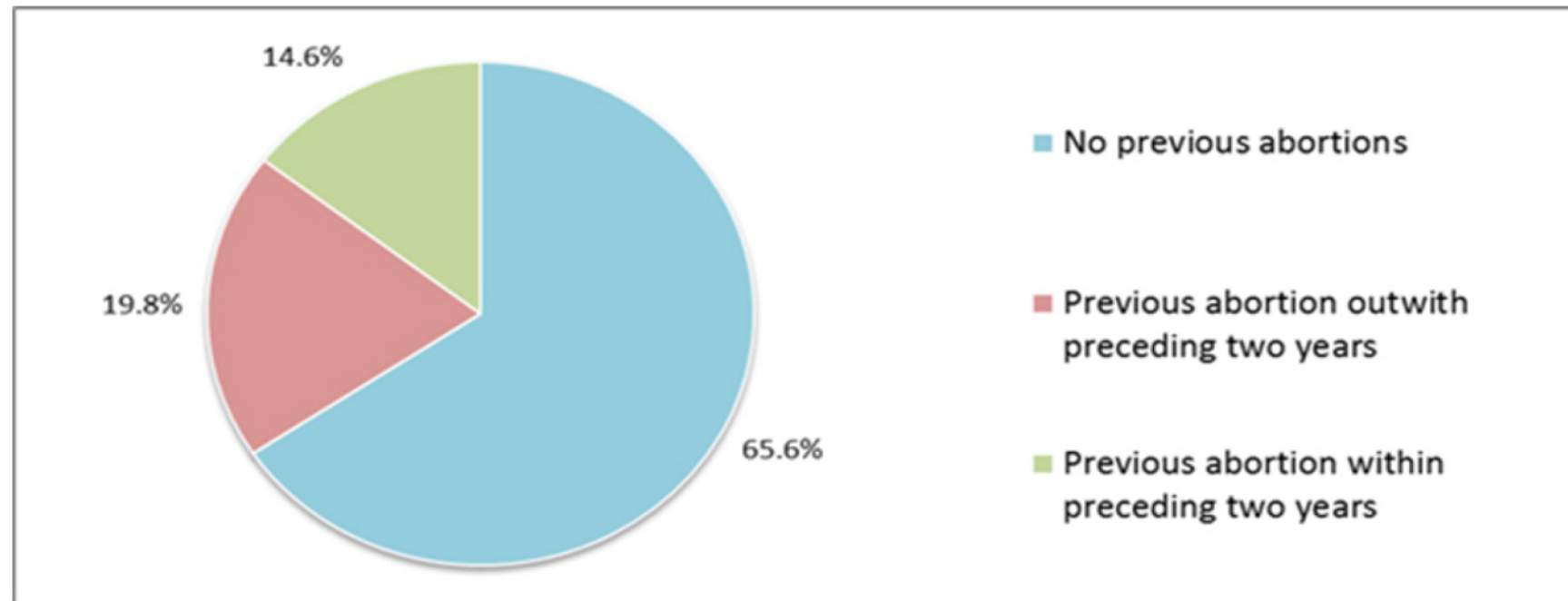
- Mixed methods study
- Questionnaire responses from **1662 women** who sought abortion
- **In-depth interviews with 23 women** who had undergone more than one abortion within two years

## Key findings

- Characteristics of women reporting more than one abortion
- Reasons for presenting more than once
- Potential vulnerabilities and stigma faced by women reporting more than one abortion in the preceding two years

# Women's Experiences of More than one Abortion

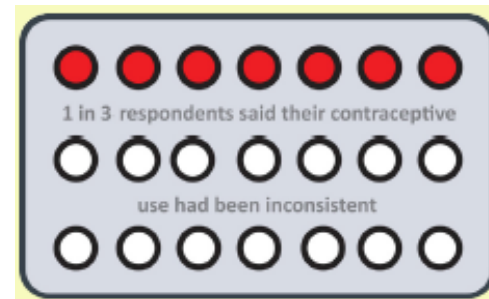
- Of the total questionnaire sample, 34.4% (n=571) reported a previous abortion, 14.6 % within the preceding two years



- More commonalities than differences between women who had undergone more than one, and any women seeking, abortion
- Only a few differences relating to age, relationship status, and experience of domestic abuse

# Reasons for more than one abortion

- Majority of participants reported contraceptive use in the month prior to conception, which suggests that abortion itself was not being used as contraception
- Most reported uptake of methods known to be less reliable



- The main reason cited by the majority of the quantitative sample for seeking each abortion within two years was that they 'did not want a child/ any more children'
- Qualitative data suggested that reasons were complex and overlapping and demonstrate a range of potential vulnerabilities among women seeking more than one abortion

# Potential vulnerabilities of women seeking more than one abortion

Relating to:

- the presence and availability of support from male partners
  - in armed forces; working away/offshore; in prison
- woman's own physical and mental health
- their life opportunities
- domestic violence / abuse - reported by 8 of 23 interviewees

"...we were officially together a week, I ended up falling pregnant. So I was like: 'well, we don't know each other yet' [...] So that's when I had my first termination. An' then six months down the line [...] I fell pregnant again. But **by that time he started getting... really controlling and quite violent.** So I was like: 'I cannae do this'. So I thought I kinda- to try an' get him out my life, I couldnae continue the pregnancy. So I had my second termination. [...] **They [*her children*] only seen him push me to the ground, but that's mair [more] than I want them to see."** (Frances, 25, 3rd abortion)

- Important to reflect that women seeking more than one abortion could be a particularly vulnerable group

# Stigma - 'Going back'

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- Acute feelings of shame, guilt, self-consciousness
- Medical gatekeeping as a barrier to subsequent abortion
- Attempts at self-abortion, alternative routes

"It was the whole having to actually... y'know, speak to people and have to tell them why I'm here again, y'know? [...] **The last thing I wanted to do was have to go back up to the hospital and go through... and say: "Oh, well, I'm back again"** [...] So I looked to see if there was anything I could do myself about- [because] at the end of the day, **it was just a tablet** they pretty much give to you - whether I could've bought that myself online, or is there something I could do naturally, myself, to get rid of the pregnancy. So that's what I did. **I tried to do anything not to have to go back.'**  
*(Becca, 37, 2nd abortion)*



# Stigma - disclosure

- Tendency toward non-disclosure of subsequent abortions
- For some this related to increased feelings of control/agency

“... the first time [...] **taking my mum** and, like, **having my boyfriend at the time very involved** in it made it a lot more... I would say **it made it harder for me** if I was honest, 'cause I felt like it made it into kind of a bigger deal [...] than I would have preferred. So **this time it was a lot more calm**” (Emily, 19, 2<sup>nd</sup> abortion)

- Also reflected concerns about being judged

“...**it wasn't that we were ashamed of it**. I just didn't really want to tell everybody I was going through a second one, like, four months, five months later. [...] I feel that **people maybe would judge me a little bit more**. Whereas all my friends were so supportive the first time, I don't know whether they'd be as supportive the second. [...] I feel like there is a stigma around it and it's annoying that there's a stigma.” (Isla, 22, 2<sup>nd</sup> abortion)

# Summary



- Started with a question of how different are women who experience 'repeat' and 'late' abortions from anyone else?
- Contraception was an issue, but my no means the only one
- For all women, there was consideration of whether they could cope with a pregnancy and having a child: financially, practically, and emotionally
- For some who had second trimester abortions, changing life circumstances meant that initial plans to proceed with a pregnancy changed
- Complex and overlapping issues demonstrate a range of potential vulnerabilities among women seeking more than one abortion
- Factors which necessitated later abortion were often unforeseen and thus not easily amenable to intervention

# Conclusions

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- The consequences of abortion stigma for women having a second trimester or more than one abortion were clearly evident
- A disproportionate focus on 'repeat' and 'late' abortion exacerbates stigmatisation
- It distracts from a more productive focus on improving abortion provision
- Current framings of 'late' and 'repeat' abortion may contribute to constraining women's reproductive decision-making
- Abortion provision should be considered as essential in enabling women to have the kinds of families and life outcomes that they want

# Recommendations

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- Rather than a policy focus on trying to reduce 'repeat' and 'late' abortions, we should shift the focus to preventing unintended conceptions and supporting those who need subsequent abortions
- Encourage use of the most effective contraceptives methods, and greater provision for women who present for abortion
- This should go hand in hand with attempts to challenge the prevailing negative social attitudes to abortion that currently exist
- Encouraging and promoting a more positive view of women accessing second trimester or more than one abortion to situate it as essential healthcare provision, rather than something exceptional and stigmatising, would be one small step forward

# Acknowledgements

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- All of the women who took part in the WELTOP and WEMA studies
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