Young people’s views and knowledge about abortion

Key points
• There are significant gaps in young people’s knowledge about abortion relating to basic information on the where, when and how abortions are provided in Scotland.
• Most of the young people we spoke to were not straightforwardly for or against abortion but presented a range of views which depended upon the circumstances of the pregnancy and the perceived consequences of terminating or continuing the pregnancy.
• In discussing abortion, young people drew on moral debates around rights, responsibilities and choice, and on gender stereotypes relating to norms of sexual behaviour.
• Gaps in young people’s knowledge and the way they frame abortion using moral and gender debates act as barriers to them making informed choices and accessing services in the context of pregnancy decision-making and outcomes.

Background
While the teenage abortion rate in Scotland has been in decline since 2008, the rate among 16-19 year olds remains the third highest of all age groups (ISD 2015). Moreover, there exists an almost inverse relationship between teenage abortion rates and birth rates by level of deprivation: around 30% of young women living in the most deprived (Scottish Index of Multiple Deprivation 1) areas of Scotland currently abort a conception, compared with 70% of young women from the least deprived (SIMD 5) areas (Macpherson 2013). The factors surrounding decision-making in relation to teenage pregnancy, including abortion, are complex and inter-related. Previous research with pregnant young women indicates that socioeconomic circumstances (particularly deprivation), family and community views, and availability of services are key factors in shaping these decisions. Young women from deprived backgrounds – and who are more likely to have disengaged from education – may view pregnancy and parenthood as a positive outcome, and a continuing pregnancy.

The study
The primary aim of this qualitative study was to gain insight into the views of young people from contrasting socioeconomic backgrounds about abortion and access to abortion services. The study set out to assess the barriers facing young people in using services to ensure that their views are included in the development of the new Scottish Government’s Teenage Pregnancy and Young Parent Strategy.

Fifty young women and men aged 14-19 were recruited between March and May 2015 from youth groups across the NHS Lothian and NHS Greater Glasgow and Clyde areas. Twenty-seven participants were recruited from areas of high deprivation and 23 from areas of least deprivation. Thirty-six were female, 14 were male, and most were white Scottish, reflecting the predominant ethnic composition of the recruitment areas. Thirty-five gave ‘none’ as their religion, 10 ‘Roman Catholic’, one ‘Muslim’ and four non-specific ‘Christian’. Friendship group interviews (two to five per group) were conducted in specific age/gender/socioeconomic configurations to enable comparisons. A topic guide and a range of group activities were used to encourage discussion, including a word association and card-sorting exercise based on materials from the young people’s sexual health charity Brook (Education for Choice 2013). All quotations presented here have been anonymised and are identified by interview group composition in terms of socioeconomic status, gender, and age range.

Findings
What is abortion?
As can be seen from the word cloud representation, when asked specifically about ‘what’ abortion is, the language used by young people was often negative and highly emotive, including phrases such as “killing the baby” or “abortion is shan” (a shame/going too far). For example when one participant described it as “losing the baby” this was challenged by others in the group. The young people described abortion as “controversial” or a moral “issue”. However, the strongly polarised views they described being aware of did not necessarily correspond with their own views, and the majority of groups tended to emphasise the views which depended upon the circumstances of the pregnancy and the perceived consequences of terminating or continuing the pregnancy.

What is abortion?


References

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maintained a completely anti- or pro-abortion stance throughout. Even where participants self-identified as Roman Catholic, amongst whom a more strongly anti-abortion position might be expected, there was a tendency to say that “you need to look at the bigger picture” (Affluent, Females, 17-19).

Knowledge about abortion: Who, when, how and where

Young people’s knowledge about abortion was limited and often factually incorrect.

Who: While young women under 16 years can have an abortion without parental consent, some of the young people in this study thought there was a minimum age at which women could undergo abortion or that parental consent was required for those under 16 years.

When: There was some confusion in most groups about the legal gestational limit on abortion. Only one group was aware of the 24 week limit set by the Abortion Act (1967), and another reported “twenty-six weeks”. The others gave dates ranging from two weeks upwards but most cited 12 weeks or three months as the cut-off point.

Where: There were mixed responses regarding how abortion is carried out: some said that they “know nothing” and in many groups there was a range of knowledge amongst participants. Methods mentioned included “dilbs”, “chemicals”, “cutting your tummy open”, “clamps” and “pliers”. There was generally more awareness of medicinal abortion and more groups mentioned the use of medication, though there was little detail given about how, when or by whom this would be administered, or what happens subsequently. Some were aware that the pregnancy tissue is expelled.

I think when you go to the toilet the blames just come out, but that’s not it. It’s just like blood and I think that... (Deprived, Females, 16-18)

Others thought that it would ‘disolve’.

Does it break down then into a chemical? Is it like the soluble mints... and it kind of dissolves? (Affluent, Males, 14-16)

Some groups suggested that abortion would take place in an approved hospital or designated hospital, and some groups included either their indirect or direct experience.

There was a keen sense that abortion was something to be “avoided at all costs,” and it was considered to be something that would be “perceived as only being for the worse people”. Several groups said that they would go to the doctor (general practitioner), although the abortion might take place “at home”. Several suggested hospitals as well as abortion clinics and sexual health clinics, and one participant said that the abortion might be obtained from a pharmacy, and one group said that they would go for it.

Parents and peers were also cited as sources of information, as was the media (including social media), although often-source tended to be perceived as providing primarily negative views of abortion. All groups expressed a wish for more unbiased information on abortion which would enable them to make their own decisions.

Views on reasons for abortion

For one discussion exercise, groups were given cards with reasons why a woman might seek abortion. All of the groups chose to evaluate these reasons and categorised them in terms of: most/least justifiable; medical/morbid; physical/ social. Despite the difference in these discussions, the validity of the reason for the abortion was dependent on the context or circumstances behind the pregnancy.

Well from me I think that in certain circumstances it [abortion] can be a good thing... in others it can be a bad thing. (Affluent, Females, 17-19)

Abortion was discussed more favourably in contexts where the reason for pregnancy was not seen as within the woman’s control, as in pregnancy resulting from rape. This was contrasted with contexts where pregnancy prevention was deemed to be within the woman’s control (such as where contraception had not been used) or where the woman’s choice to have an abortion was considered to be “selfish” (such as that she had concerns for her career). Reasons for abortion were also discussed in relation to the consequences of terminating or continuing the pregnancy. The health of the woman, particularly if she was older or ill, was often given as a more “justifiable” reason. The significance of context and the debate about potential consequences was perhaps most apparent in the discussion of “fetal abnormalities” as a reason for abortion. Discussion often hinged on the nature of a sexual disability and its implications for the woman and potential child, and if “you thought they would have a worse life if they were born” (Affluent, Females, 17-19). The financial implications of a child were reported as a factor in deciding to have an abortion. There was an emphasis among both advantaged and disadvantaged groups on the potential challenges that some people might face in providing for a child, and if “you thought they would have a worse life if they were born” (Affluent, Females, 17-19).

YP2: You’d get so much hate... Like people would just be “oh that’s the person that got pregnant”. (Affluent, Females, 17-19)

YP1: Slut shaming. (Deprived, Females, 14-16)

YP2: Calling you... like, if you walked past people they be calling you “she had an abortion” can’t... (Affluent, Females, 17-19)

YP2: People would be like ‘oh yeah that’s the person that got pregnant’. (Affluent, Females, 17-19)

YP1: She’d probably think the way people look at her would change, like ‘oh yeah she’s as she had an abortion’ kinda thing. Her reputation. (Affluent, Females, 17-19)

Access to services

The groups found it really difficult to discuss access to services in any detail, given their lack of knowledge around abortion provision. A small number were aware of local sexual health services (including specialist services for young people). Many of the groups said that they lacked knowledge about where to go for help and advice and linked this to the “taboo” or “stigma” surrounding abortion. Two groups specifically expressed concerns about anonymity and confidentiality of services. There was an appetite for further knowledge/information across all groups, including the all-Catholic groups, with participants expressing the view that more information about abortion should be available to young people, preferably through schools.

Recommendations for policy and practice

The findings of this study highlight that there are barriers to ensuring that young people can make informed choices and services relevant to decisions about pregnancy outcomes. We make the following recommendations to address these barriers.

1. Improve young people’s factual knowledge of abortion.

In schools: Schools have the potential to play a key role in knowledge provision as part of personal, social and health education/sex and relationships education (PHSE/SRE). Teaching materials should be developed to focus on unbiased information addressing: who can have an abortion; confidentiality; at what stage in pregnancy women can have an abortion; how, where and by whom abortions are conducted. Schools and educational settings should consider providing teachers’ skills and awareness in teaching this topic.

Online: Information on abortion should also be provided via existing appropriate sexual health sites for young people. It is important to ensure that this information is accessible to young people with additional support needs, for example using graphics and audio in addition to text-based information.

2. Address the gender equality issues reflected in young people’s accounts.

While this is clearly a far wider issue, not only relating to abortion, this research highlights the continuing significance of such views in young people’s lives. Findings from this research could be used in the development of a learning resource around gender and gender stereotypes in pregnancy, adolescent parenthood and abortion provision. Inform recommendations on service developments and how young people receive information about abortion.