Abortion Stigma in Scotland

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Female sexuality and abortion stigma

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?

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 (e.g. 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

• 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 (≥16 weeks) - women
- More than one abortion - women
- Early medical abortion (≤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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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’?

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

- 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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