

London Teenage Abortion and Repeat Abortion Project

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Structure of presentation

- Policy background
- Research Aims and Objectives
- Research Design
- Selected Research Findings
- Policy Implications



Policy background

- Teenage Pregnancy Strategy
- Targets: reduce u18 conception rate by 50% by 2010 from 1998 baseline of 45.4 per thousand
 - E&W u18 conceptions 41.9 per 1000 (2007)
 - E&W u18 conceptions ending in abortion 50% (2007)
 - London u18 conceptions ending in abortion 63% (2007)



Research aims

1. Explore factors possibly associated with what is currently viewed as a high number of u18 abortions in London
2. Shed light on what is currently viewed as a disproportionately high u18 repeat abortion rate in London

Overall objective: to suggest ways in which local teenage pregnancy strategies might address these issues



Research design

- Qualitative methodology
- Iterative approach
- Multiple data sources
 - London TPSC discussion group
 - Key informant interviews (32)
 - Focus groups in schools (16)
 - Depth interviews with teenagers who had terminated pregnancies (10)
 - Deliberative expert focus group



Evidence base: unintended pregnancy

- Uneven and often poor SRE
 - Virtually no discussion of abortion in SRE
- Erratic and poor use of condom and the pill
- Poor knowledge of other methods
- Misperceptions about fertility



Misperceptions about fertility

“I thought ‘is there something wrong with me?’ [laughs] At first I was happy and that but then I was thinking that was there something wrong with me, even though we did it why is nothing happening, and things like that.” (Gina)

“I just thought that I couldn’t get pregnant because I think there was one time when I was 15 and I didn’t get pregnant with [boyfriend], that’s probably what I thought “I can’t have babies” sort of thing.” (Katie)

“No not really ‘cause the few times I had had sex with him, I never got pregnant so I thought, like I said before, “there must be something wrong with me why I can’t conceive or carry a child”, so that’s why, that’s another reason why I didn’t think about contraception.” (Cara)



Evidence base: abortion

- Inconsistent abortion pathways
- Inadequate post-termination follow-up
 - Contraceptive provision
 - Physical and mental well-being
- Possible influences on post-abortion sexual behaviour
 - Abortion experiences
 - Extent to which young women make the decision **for** themselves
 - Attitudes and beliefs before termination: ‘mind-set’



**POST ABORTION
FEELINGS**

POSSIBLE BEHAVIOUR

VIEWS ON ABORTION

SOLUTION TO A PROBLEM
HORRIBLE BUT NECESSARY
ABORTION IS MURDER

+ POSITIVE

Better
to be
here



NO REGRET
RELIEF

PURSU
E PLANS;
ESTABLISH EFFECTIVE
CONTRACEPTIVE REGIME

DECISION MAKING

“OWN” DECISION
SOCIAL COMMUNITY
PRESSURES
NO OPTIONS

SOME REGRET; NOT
NICE BUT “RIGHT
THING TO DO”

DEVELOP/PURSU
E PLANS; TRY
HARD NOT TO GET PREGNANT;
MAY ESTABLISH EFFECTIVE
CONTRACEPTIVE REGIME

ABORTION EXPERIENCE

POSITIVE
NEGATIVE

- NEGATIVE

GUILTY UNHAPPY
RESENTMENT

NO CLEAR PLANS/ASPIRATIONS;
DOES NOT AVOID PREGNANCY;
MAY BECOME
PREGNANT AGAIN



Recommendations: pre-abortion

- Sex and Relationships Education:
 - Include abortion
 - Include coherent messages on fertility
- Try to de-stigmatise abortion
- Establish coherent abortion pathways
- Provision and easy access to full range of contraceptives
- Key service providers to receive training in sexual health



Recommendations: post-abortion

- Consider the feasibility of integrated community-based services
- Provide a full range of contraceptive methods, and detailed contraceptive counselling, at abortion provider
- Organise routine follow-up appointments to everyone who terminates a pregnancy
 - What is the ‘hook’?
- Establish individualised follow-up care for teenagers that require it
 - Intensive case management
 - outreach





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Every Child Matters in London

