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**

- **NO REGRET RELIEF**
  - Better to be here

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

- **GUILTY UNHAPPY RESENTMENT**

**POSSIBLE BEHAVIOUR**

- **PURSUE PLANS; ESTABLISH EFFECTIVE CONTRACEPTIVE REGIME**
  - DEVELOP/PURSUE PLANS; TRY HARD NOT TO GET PREGNANT; MAY ESTABLISH EFFECTIVE CONTRACEPTIVE REGIME

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

**VIEWS ON ABORTION**

- **SOLUTION TO A PROBLEM HORRIBLE BUT NECESSARY ABORTION IS MURDER**

**DECISION MAKING**

- **“OWN” DECISION SOCIAL COMMUNITY PRESSURES NO OPTIONS**

**ABORTION EXPERIENCE**

- **POSITIVE**
- **NEGATIVE**
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