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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
- · 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 child as an opportunity to give and receive affection which may be otherwise absent in their lives (Lee et al. 2004). This patterning of abortion by area of socioeconomic deprivation may also point to social and cultural barriers to abortion services facing young women from the most deprived areas that are not experienced by young women from more affluent backgrounds. Little research to date has addressed the views and attitudes of young people in Scotland toward abortion.

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 guotations 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 women's right to choose, and the significance of particular circumstances and contexts. There were no groups that

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-something weeks". The others gave dates ranging from two weeks upwards but most cited 12 weeks or three months as the cut-off point.

How: 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 "pills", "chemicals", "cut[ting] your tummy open", "clamps" and "pliers". There was generally more awareness of medical than surgical methods and most 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 like when you go to the toilet the bairn just comes out, but it's like not a full bairn... It's just like blood and that I think... (Deprived, Females, 14-16)

Others thought that it would 'dissolve'.

Does it break down then into a chemical? Is it like the soluble mints....and it kind of dissolves?

(Affluent, Males, 14-16)

Where: There was limited awareness of where abortions would take place. Several suggested hospitals as well as abortion clinics and sexual health clinics, and one participant suggested a "well woman's clinic". Another suggested that you might obtain drugs from a pharmacy, and one group said that the abortion might take place "at home". Several groups said they would go to the doctor (general practitioner), although none thought that the abortion would take place there. There was some awareness that abortion would involve a process of referral from the GP onwards.

YP3: Doctors, GP...That's about all I know.

YP2: Aye but would they not refer you to somebody else?

YP1: Aye.

YP2: Like, in a hospital or something like that, a women's abortion place, a clinic, I don't know.

(Deprived, Females, 14-16)

Sources of knowledge

The way and extent to which abortion is taught in schools was discussed by most groups. Abortion was reported as being framed more commonly as a topic of abstract moral/ethical debate rather than as relating to healthcare provision. The majority of groups reported having discussed it within

the context of Religious Education classes focusing on the "religious debate of it" (Affluent, Females, 17-19) or addressing it as a "moral issue" (Affluent, Females, 14-16). This lack of factual education about abortion within school was considered to be problematic by many groups because it meant that young people were not fully informed.

It's not something that's talked about, like, if I was wanting an abortion I wouldn't have a clue what I was doing. I wouldn't know how to go about it.

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/moral; physical/

social; and more/less serious reasons. In these discussions

the validity of the reason for the abortion was dependent on

Well from me I think that in certain circumstances it

[abortion] can be a good thing.....in others it can be a

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 women'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 potential disability and its implications for the woman and

potential child, and if "you thought they would have a worse

The financial implications of raising 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

the basics of food and shelter for their children based on

I know somebody that's on the dole and they've got

two children and they can barely feed their children

and their children will go about three or four days

(Deprived, Males and Females, 17-19)

life if they were born" (Affluent, Females, 17-19).

either their indirect or direct experience.

without food.

the context or circumstances behind the pregnancy.

(Deprived, Females, 17-19)

(Affluent, Females, 14-16)

Parents and peers were also cited as sources of information, as was the media (including social media), although each source tended to be perceived as presenting 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

bad thing.

unwanted to the state of the st

Figure 1: Word cloud generated from a word association exercise where words spoken more frequently in interviews are given greater prominence.

Decision-making around abortion

teenagers being good parents.

All but one participant (who took a strong anti-abortion stance) agreed that

All groups discussed the issue of being "too young" to

continue a pregnancy and related this to concerns about

teenagers "not being ready" to be parents in terms of financial

resources and educational attainment. Although much of the

discussion around teenage pregnancy was fairly negative,

some participants - mostly from the disadvantaged groups

- reported personal experiences from family or friends of

it was the woman's choice to terminate or continue with the pregnancy because it was "her body" and "she's the one that's got to live with it" (Deprived, Females, 14-16). The right of the sexual partner to know about a pregnancy was agreed by most, but his right to be involved in decision-making was considered to be limited and dependent on his level of commitment to the woman.

Most groups reported the influence of family, particularly parents, as strongly shaping young people's ways of thinking and in their decision making.

I think if your family just don't believe in it [abortion] then they're not going to believe in it no matter what the reasons are. (Affluent, Females, 17-19)

There was also discussion about anticipated parental reaction to finding out their child was pregnant and in some cases how this would influence decisions. For most this was an anticipation of a negative reaction from their parents – "I think my mum would kill me if I went to get an abortion" (Affluent, Females, 17-19). Moreover some noted that by becoming pregnant or by having an abortion young women risked damaging a relationship that was described as very important to them. There were concerns about "disappointing" parents (Deprived, Females, 14-16) and several groups talked about the potential for parents "disowning" their daughter, leaving them with no support and possibly even "out on the streets".

Alongside the influence of parents, the opinion of peers on pregnancy and abortion was also raised as significant in young people's lives. Very often this was described in terms of negative and highly gendered comments.

YP2: You'd get so much hate....Like people would just be calling you... like, if you walked past people they be like 'oh yeah that's the person that got pregnant'.

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

There was a keen sense that abortion was something to be kept secret or "private", and potential for judgement influenced who they thought might speak to if they or their partner became pregnant.

She'd probably think the way people look at her would change, like... everyone knows her as 'she had an abortion' kinda thing. Her reputation.

(Affluent, Females, 17-19)

Access to services

The groups found it relatively difficult to discuss access to services in any detail, given their lack of knowledge around

What does this study add to what we already know?

UK research on attitudes to abortion has tended to focus specifically on health professionals (Gleeson et al. 2008) rather than the population more generally or young people in particular. The findings from this study provide insight into the views of young people from a range of socioeconomic backgrounds about abortion, including information and access to services, and identifies gaps in their knowledge. These findings will inform recommendations on service developments and how young people receive information around abortion.

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 access relevant services in relation to decisions about pregnancy outcomes. We make the following recommendations to address these barriers.

- 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 education departments should consider developing 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 for PHSE/SRE classes in schools or in other community youth group contexts to facilitate discussion around gender stereotypes and their implications for young men and women.