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'Too Much Hush Hush –

Rural women tell their stories about access to abortion services'

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Context

- Approx. 1:4 Australians will have abortion in lifetime ((higher than countries where abortion is easier to access)

- Approx. half of all pregnancies unplanned and about half of them result in abortions. Women are fertile for up to to years 40 years and may have > 400 menstrual cycles.

No contraception is 100 % effective.

- Nearly all preformed trimester 1, but no complete national statistics.

- Majority of Australian population and GPs agree that all women should have the right to choose whether or not she has an abortion

Context

- Abortion is located within criminal codes of law in most Australian states and territories, (but few Australians aware of this).

- Laws regulating abortion are confusing and inconsistent. Legal status does not affect women's need for abortion but does affect access (WHO - Safe abortion: technical and policy guidance for health system, 2012)

- WHO position 'To the full extent of the law, safe abortion services should be readily available and affordable to all women.' ie services available at primary level and referral systems for higher level care.

Relevance of health issue

- Abortion is a safe medical procedure
- Women have a right to access appropriate care, to information & referrals and to make decisions about their health care
- Women's health care needs supportive and multi-disciplinary care to assist in good outcomes through life changes
- Rural women may already be isolated & risk of becoming more isolated through women's reproductive health needs.
- Need to understand rural women's experiences of access to abortion to inform policy

Rural Research project

Aim - To identify factors that rural NSW women experience in accessing abortion services

Research method

Two Stages-

Stage 1 -

- Interview NGO Women's Health Centre staff in NSW re issues in supporting women with unplanned pregnancies.
- Concerns : distance to travel; few public services ; rural women are marginalised; lack of $ support / travel assistance ; lack of integrated holistic services; cultural barriers for Aboriginal women, refugee women
- One WHC provided financial loans to women eg. 2011/2012 - lent $13k to 28 women accessing abortion; others no longer have capacity for loans.

Research method

Stage 2

- In depth qualitative interviews with rural women, living in NSW, who had an abortion in the previous 15 years (approved by SCU Ethics Committee)

- Interviews by phone or in-person

- Research promoted through Women's Health Services in rural NSW; media releases; Flyers in public places 'toilet blocks.'

Results of study

- 13 women who lived in rural NSW participated in study
- They travelled between 2-9 hours to access abortion
- Some borrowed money (cost is up to approx. $700)
- All had a surgical abortion in first trimester and were unclear about choices for medical abortion
- All were clear on decision and none sought counselling for the experience
- Average age at abortion was 26

Themes

1. Jumping through hoops for referrals and access
2. Stigma, shame, silence, fear
3. Logistics to access services
4. Medical/surgical abortions
5. More affordable, local and mainstream services

‘Jumping through hoops’ for referrals and access

- Wait to access doctor’s appointment – can be 3-6 weeks; some GP’s close books on new patients
- One doctor required 2 visits and 2 ultrasounds before referring
- Some doctors unwilling to refer at all but did not offer that clinics in NSW can be self-referral
- One doctor advised woman to have amniocentesis
- One woman saw 5 doctors in rural town, then had to take her husband with her to insist on referral
- One woman had good experience with woman GP

Quotes - Jumping through hoops

- Kelly – doctor required her to have ultrasound before referring - “it was horrible - bizarre– they zoomed in and showed me (the ultrasound pictures): I had to wait for something to get bigger before I could terminate”.

- Skye – went through phone book to find GP ‘ticked them off, becoming more depressed with each rejection about a referral.’ On the fifth appointment she asked her husband to accompany her, a “big strappy man”. She described her ordeal as “horrendous” and could not believe the “conservative” approach of GP’s, particularly “Baptists” in her rural area

- June – didn’t go to doctor and said “they’d probably give me a lecture anyway.”

Stigma, Shame, silence, fear

- All commented on stigma – few have told anyone about having an abortion; taboo topic, hush hush!
- Feeling that women are required to fulfil society expectations about being nurturing; not seen as in charge of own bodies and decisions
- One rural town has regular protesters at clinics and placard waving, so that adds to stigma
- Women felt shame even though they felt they made the right decision for their situation
- Fear that not legal so had to be secretive

Stigma, Shame, silence, fear

- Consider the additional feelings of shame if unplanned pregnancy associated with sexual violence and domestic violence – even harder to talk about.
- Unsafe abortions contribute to 13% of all maternal deaths worldwide.

Quotes - Stigma, Shame, silence, fear

- Zilah – 'Out bush – there is still a lot of stigma about getting information in the first place and certainly something that is not talked about.'

- Clara – 'I think if women were really respected as free thinking individuals – people who were allowed to make decisions for themselves, then that stigma would not be as strong.'

- Fern – 'It was an eye opener when everyone I had disclosed to had also disclosed. It's not a general topic of conversation: it's all a bit hush hush though everybody does it, so to speak.'

- Clara – 'I thought it was wrong, it's hard to explain. I am absolutely pro-choice."

Logistics

- Travel / distance to access as services outside of rural area or inter-state
- Cost – travel; accommodation; time away from home; child care; complexity can contribute to poor continuity of care and follow-up.
- If driving needed a support person to drive home – can be hard to find and arrange
- Time off work and disclosing a reason

Quotes - Logistics

- Elaine commented that for her, “money was already a problem.”
- Mary commented that the abortion fee in itself “wasn’t that much but it’s all the associated costs.”
- Clara who had previously an abortion in the city compared the city/ regional experience as “chalk and cheese” and was “gobsmacked” she had to travel “all that way to another state” where she felt “isolated” and “horrible” driving over that border.

Medical/surgical abortions

- Medical abortion – hard for some rural women to come back to follow-up appointment
- Few GP's registered providers of mifepristone/misoprostol (RU486)
- Women did not feel informed about choices and hard to find out what each choice means
- Surgical abortion – 'easier' to be out to it, but also worried about having a GA and effects
- 2 women tried self-aborting – one with herbal mixtures and one by taking a month's supply of the Pill

Quotes – medical/surgical

- Kelly stated “it was too hard to return to the clinic” (and) “I wanted it over and done with on one day.”
- June - “no-one explained medical abortion,” (she had 3 previous abortions.)
- Kelly - found out about medical abortion by the “man on the phone at the abortion clinic, not the doctor.”
- Zilah- ‘I figured out if I had a whole sheet of a month’s worth of the pill then it would be equal… so once or twice I’ve self-medicated to perform my own medical abortion. ‘

More affordable, local and mainstream

- Women would like services closer to home and to be part of local women's reproductive services
- If not a local service then some financial support for women who have to travel long distances
- Some wanted services accessible through local hospital; some worried about confidentiality
- Longing for health services to recognize real issues that women face in their lives and need for health care; need for support for women on when and whether to have a child

Quotes – more affordable/mainstream

- Eliza expressed a need for “more broad public awareness and communication, rather than a taboo, ‘under the carpet’ topic.”

- Mary suggested a “one-stop shop where women could go for help to get pregnant or if they want to end their pregnancy”.

- Fern - I don’t think it’s about women’s welfare and women’s rights and women’s health that we have to do it the hard way – it’s about moral, ethical, religious pressure that forces those things.

Recommendations

(Australian Women's Health Network Position paper since 2012)

- Reform of abortion laws where they remain in criminal code. Laws should protect women's health and their human rights.

- Access to safe and legal abortion be provided to all Australian women through the public health system and through accessible licensed private providers,based on health needs and human rights of women

- Federal, state and territory governments address inequities in abortion service delivery to ensure women living in regional, rural and remote areas have timely access to affordable services.

Recommendations

In practice:

- Tele-health for information and awareness raising for rural health professionals

- Tele-medicine – could be developed to prescribe RU486 to rural women in multi-disciplinary approach with nurses on site.

- More doctors to become prescribers of RU486; more pharmacies to stock it; ensure training of providers for good quality care.

In summary

Findings of this qualitative study indicate there continue to be layers of barriers to access abortion services & potential for policy changes to improve women's health.

Thanks to research participants