

**RESEARCH FINDINGS AND RECOMMENDATION FOR IMPROVING WOMEN'S HEALTH CARE  
BASED ON ACADEMIC RESEARCH ON ABORTION CARE.**

**UK GOV CONSULTATION ON WOMEN'S HEALTH STRATEGY**

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Consultation themes: *1. Women's voices and theme AND 2. Information and education on women's health*

**MAIN POLICY IMPLICATIONS FROM OUR RESEARCH FINDINGS**

- 1. Pregnant people need clear, evidence-based online information about safe abortion in their language.**
- 2. Gestational age limits to access abortion constitute a barrier to pregnant people's reproductive health.** Erasing gestational age limits does not increase the number of abortions, but decreases health-related risks connected with illegal abortion or unwanted pregnancy.
- 3. Pregnant people sometimes need to travel to terminate their abortion because adequate services are not available locally. Abortion travel constitutes an economic, social and mental health burden for pregnant people.** Abortion travel may delay care, thus increasing health risks for pregnant women.
- 4. Pregnant people have a better experience of abortion, if they can choose among the abortion method they prefer among the most updated and safe available.** Otherwise, they may decide to travel to obtain the abortion method they feel more comfortable with.

## RECOMMENDATIONS:

### 1. Pregnant people need clear, evidence-based online information about safe abortion in their language

#### *Recommendations:*

- ➔ Online government information on abortion, and sexual and reproductive health in general, must be **free, easily accessible, updated and clear**
  - ➔ Online government information on abortion, and sexual and reproductive health in general, must be available **in as many languages as possible**
  - ➔ Design **policies that prohibit misleading or wrong information** on abortion and sexual and reproductive health
  - ➔ **Decriminalize** any action connected to sharing updated, evidence-based information about safe abortion, including that performed outside the legal framework
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### 2. Gestational age limits to access abortion constitute a barrier to pregnant people's reproductive health. Erasing gestational age limits does not increase the number of abortions, but decreases health-related risks connected with illegal abortion or unwanted pregnancy

#### *Recommendations:*

- ➔ **Cancel gestational age limits** to access abortion from current policies
  - ➔ **Decriminalise** any action connected with performing or obtaining an abortion beyond current gestational age limit
  - ➔ Provide **adequate support and care** to everyone who expresses the need to terminate their pregnancy **beyond the second trimester**
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### 3. Pregnant people sometimes need to travel to terminate their abortion because adequate services are not available locally. **Abortion travel constitutes an economic, social and mental health burden for pregnant people.** Abortion travel may delay care, thus **increasing health risks for pregnant women.**

#### *Recommendations:*

- ➔ All lawful **abortion services must be available to everyone in their area of residence.**
  - ➔ **The cost of abortion must always be publicly funded fully**, no matter where it is performed.
  - ➔ **The cost of travel must always be publicly funded fully**, if there are no abortion services in one's area of residence.
  - ➔ **All costs associated** with loss of wage, childcare, other forms of care **must be publicly funded** fully, if one has to travel to obtain an abortion.
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### 4. Pregnant people have a better experience of abortion, if they can **choose among the abortion method they prefer among the most updated and safe available.** Otherwise, they may decide to travel to obtain the abortion method they feel more comfortable with.

#### *Recommendations:*

- ➔ **All most updated, safe abortion methods** (medical and surgical abortion in the first, second trimester and beyond) **must be available** to pregnant people in abortion services, in order for them to be able to choose what they prefer.
- ➔ **Pregnant people must be given appropriate information about all safe abortion methods available elsewhere**, if these are not available at the service they are referred to or they self-refer to.
- ➔ **The cost of abortion, travel and costs associated with travelling to access a preferred abortion method must be fully funded publicly.**

## **MORE DETAILS ON RESEARCH, RESEARCH FINDINGS AND RECOMMENDATIONS:**

### **OUR RESEARCH**

Our ERC-funded project ([www.europeabortionaccessproject.org](http://www.europeabortionaccessproject.org)) aimed at developing a better understanding of how different kinds of barriers impact women's experiences with reproductive health care in different European countries when seeking abortion, with the abortion itself, and how these barriers contribute to delaying gestational age at termination, putting women at a higher risk of complications. It also focused on analysing the experience of women deciding to travel to have an abortion far from their area of residence to have an abortion. We analysed the experiences of:

1. **Women travelling to the UK, Netherlands and Spain from other European countries, especially from country where abortion is legal, to seek abortion care;**
2. Women travelling within the borders of their own countries of residence in Italy, France and Spain.

This research provided empirical evidence into how women experience the legal, social and procedural barriers in their country of residence and their experiences travelling for abortion.

Comparing the experience of women from different countries and analysing their experience with abortion in the UK, our study contributes significantly to understand **what kind of policies and protocols constitute barriers to access to safe abortion; what reasons may move women to travel for abortion; and how travelling for an abortion affect their lives.**

### **ABOUT THIS DOCUMENT**

In this document, we have presented policy recommendation that apply to women's health in general drawing on the results from our academic research. These draw on primary and secondary data on abortion access and care. Our primary data focus mainly on women travelling to the UK for abortion care. Abortion services in England constituted a very important service for women in our sample who could not find abortion care elsewhere. Even if our primary data do not focus directly on women living in the UK, they have been collected in UK services and they represent a privileged insight into the effects of barriers existent in other countries, which are also relevant to the UK. Our results are supported by secondary data and other scholarly literature. We are confident that a strategy that focuses on the implementation of the policies we suggest on the basis of these data will improve women's health in the UK when it comes to sexual and reproductive care.

In particular we will contribute to theme **1. Women's voices** and theme **2. Information and education on women's health** of the consultation.

***Please note that we are available to be consulted for the reproductive health consultation that will follow this consultation.***

## 1. Pregnant people need clear, evidence-based online information about safe abortion in their language

All pregnant people in our sample used the Internet to find information about abortion care in the UK. Some explicitly appreciate government website informing on abortion care. Given that women accessing abortion services in the UK are not necessarily fluent in English, language barriers may delay their information seeking and thus their treatment, increasing delays and health risks. Pregnant people can find misleading or wrong information online, something which may delay their access to care. Policies that condemn advertisement of safe abortion information have a chilling effect on abortion information altogether. Moreover, women living in countries with legal abortion, including the UK, may still decide to self-induce or self-manage abortion and they do not always do it in a safe way. Our research shows that 6% of the people we surveyed had tried to terminate their pregnancy by themselves before travelling abroad, even if they were living in a country where abortion was legal, and that they had done it in unsafe ways [1].

### The following data and studies support this finding:

- i. Abortion statistics: in 2019, 2135 women living outside England and Wales obtained abortion care in England or Wales. Of these, more than 600 travelled from other European countries and more than 240 travelled from the rest of the world to obtain an abortion in England or Wales [2]. Moreover, national statistics show that 8% of the population in England and more than 20% of the population in some areas (i.e. Leicester, UA; Luton, UA; Inner London) doesn't have English as native language [3].
- ii. Existing literature shows that language barriers in health care may have negative impact on patients' health [4 -5]
- iii. The French Government introduced in 2017 (Law 2017/347, *délit d'entrave*) to abortion, especially aimed at impeding the delivery of wrong or misleading information around abortion to women or pregnant people in the country. They did so after realising that wrong or misleading information diverted and delayed women from appropriate care [6]
- iv. Research show that pregnant people look online for clear information on safe abortion when they find it difficult to reach out to clinics in person [7] and that women in the UK have approached online services enquiring about abortion pills at home before this was legal [8]

### Recommendations:

- ➔ Online government information on abortion, and sexual and reproductive health in general, must be free, easily accessible, updated and clear
- ➔ Online government information on abortion and sexual and reproductive health in general, must be available in as many languages as possible
- ➔ Policies must prohibit misleading or wrong information on abortion and sexual and reproductive health
- ➔ Decriminalize any action connected to sharing updated, evidence-based information about safe abortion, including that performed outside the current legal framework

## 2. Gestational age limits to access abortion constitute a barrier to pregnant people reproductive health. Eliminating gestational age limits does not increase the number of abortions but decreases health-related risks connected with illegal or unsafe abortion and with carrying to term an unwanted pregnancy.

79 % of respondents in our study travelled to the UK because they had exceeded the gestational age limit for an abortion in their country of residence.[9] This study confirms previous studies, which show that gestational age limits constitute a barrier to women's ability to find health care. [10] It also

illustrates that pregnant people who want to terminate their pregnancies do not stop doing that because of legal gestational age limits for abortion, but rather try other ways to anyway terminate their pregnancy, including travelling somewhere else or self-managing their abortion. Even if the UK has longer gestational age limits for abortion, compared to other European countries, our study suggests that gestational age limits are a barrier per se.

**The following data and studies support these findings:**

- i. Data from Gerdts et al. 2016 confirm that women travelling for abortion to England from countries where abortion is legal do so mainly because they have exceeded the legal gestational age limit for an abortion in their country of residence [10]
- ii. Studies illustrate that gestational age limits have a chilling effect on abortion provision and lead providers to set their own limits weeks before the limits [11] and that specifying grounds for abortion access beyond the limits may have the same chilling effect.

**Recommendations:**

- ➔ Eliminate gestational age limits from abortion care policies
- ➔ Decriminalise any action connected with performing or obtaining an abortion beyond current gestational age limit
- ➔ Provide adequate support and care to everyone who expresses the need to terminate their pregnancy beyond the second trimester

**3. Pregnant people sometimes need to travel to terminate their abortion because adequate services are not available locally. Abortion travel constitutes an economic, social and mental health burden for pregnant people. Abortion travel may delay care, thus increasing health risks for pregnant women.<sup>i</sup>**

Our research show that pregnant people seeking abortion are forced to do so by restrictive measure or unavailable services [9, 11-12]. Thousands of pregnant people travel yearly across European borders to seek abortion care because they were denied the care they sought locally. Our research on abortion travel illustrates how travelling abroad makes the experience more burdensome for pregnant people; it can delay access to care, increasing risks associated to the pregnancy and to the abortion; and it is associated with economic, social and mental health burdens [1, 9, 11-12]. Despite the UK is a destination country for pregnant people seeking abortion, internal travel from different countries do exist. For the women travelling within the UK all or some of the same burdens associated with travel across border exist.

**The following data and studies support these findings:**

- i. Abundant literature on abortion travel shows how travelling for abortion is associated with different kind of barriers to abortion care and has consequences such as delay of care, negative mental health impact and considering self-induction, including in the UK [8, 10, 13 -19]
- ii. Abortion statistics show that in 2019 1014 women travelling from Northern Ireland have received abortion care in England and Wales; 179 from Scotland; 57 from Isle of Man, 10 from Jersey, 4 from Guernsey and 5 from the Channel Islands [2].

**Recommendations**

- ➔ All lawful abortion services must be available to everyone in their area of residence.
- ➔ The cost of abortion must always be publicly funded fully, no matter where it is performed.

- ➔ The cost of travel must always be publicly funded fully, if there are no abortion services in one's area of residence.
- ➔ All costs associated with loss of wage, childcare, other forms of care must be publicly funded fully, if one has to travel to obtain an abortion.

**4. Pregnant people may decide to travel to obtain the abortion method they feel more comfortable with.**

Our research shows that pregnant people may decide to travel to find the abortion method they prefer. Some women in our sample travel to the UK from other countries to obtain the abortion method they prefer because they couldn't find the same option where they lived [1]

**These findings are supported by the following studies:**

\*Literature on abortion method preference illustrates that pregnant people find their experience of abortion more acceptable if they receive the abortion method they preferred in the first place [20-22]

**Recommendations**

- ➔ All most updated, safe abortion methods must be available to pregnant people in all abortion services in order for them to be able to choose what they prefer.
- ➔ Pregnant people must be given appropriate information about all safe abortion methods available elsewhere, if these are not available at the service they are referred to or they self-refer to.
- ➔ The cost of abortion, travel and costs associated with travelling to access a prefer abortion method must be fully funded publicly.

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