

# Barriers to accessing legal abortion in France: motivations and experiences of French residents with cross-departmental vs. cross-border abortion travel

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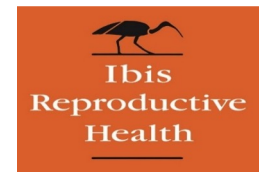
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# Study Objectives

1. Contrast the experience of women residing in France, who traveling for abortion services **inside vs. outside** their country of residence.
2. Compare **travel reasons and costs** as well as study participants' perceptions of abortion legislation.
3. Document **legal and procedural barriers** related to accessing local and timely abortions.
4. Provide **policy recommendations** to broaden care options.

# Study Design

**Funder:** European Research Council (ERC)

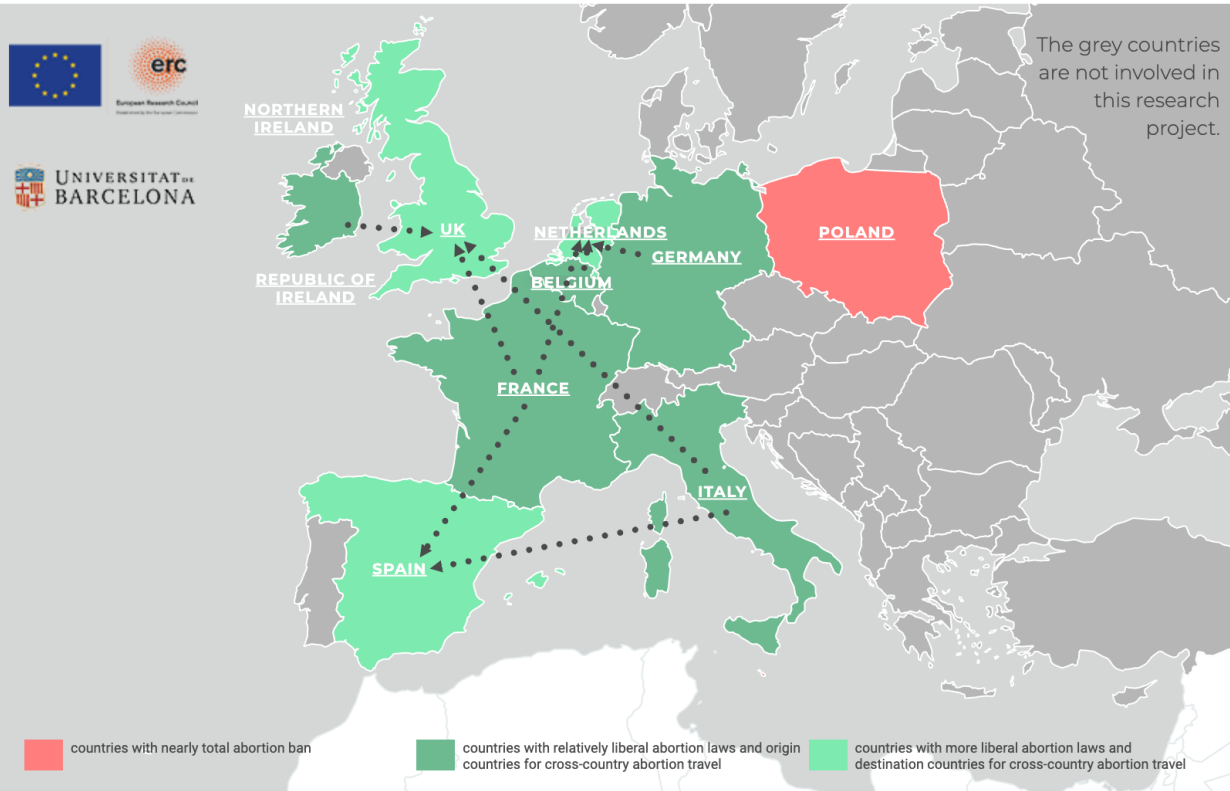
**Host Institution:** University of Barcelona, Dept. of Anthropology

**Project Period:** 2016 – 2021

**Principal Investigator:** Silvia De Zordo, PhD

- ❑ **Mixed-methods research:** qualitative & quantitative (self-administered surveys, in-depth interviews - at clinics or remote) with patients 18+ years seeking an abortion
- ❑ **Cross-border travel:** 57 surveys and 13 IDI with French residents seeking care in the Netherlands (42), Spain (10), UK (5), 2017-2019
- ❑ **In-country travel:** 100 surveys and 23 IDI with in-country abortion seekers collected in three Parisian hospitals, 2019-2020

# Background Europe



Choose a tab to know more about abortion access

>	JOURNEYS	LAWS/BARRIERS	SERVICES
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## EUROPE ABORTION ACCESS PROJECT

Many women travel in Europe to seek abortion care outside and/or within the borders of their country of residency, including from countries with relatively liberal abortion laws, which are the main focus of this study. This study aims to improve our understanding of why women from Western European countries with relatively liberal abortion laws travel to obtain abortions and what their experiences of the barriers to access safe/legal abortions and abortion travel are. At the same time, however, there are women from Central/Eastern European countries, like Slovakia and Hungary as well as women from countries with very restrictive abortion laws like Malta, Poland, and

Select a barrier to abortion care

 JAN			
GESTATIONAL AGE LIMITS	MANDATORY WAITING PERIOD	MANDATORY COUNSELLING	CONSCIENTIOUS OBJECTION

Project Website: <https://europeabortionaccessproject.org>

# Background France

## Important progress made

to liberalize the law and facilitate access:

- Increase in GA limit:
  - 10 to 12 weeks (2001)
  - 12 to 14 weeks (2022).
- Outside hospital abortion care:
  - General practitioners (2004).
  - Midwives: medical (2016) and surgical (2022)
- State covers 100% of costs (2013)
- Elimination of mandatory waiting period (2015)
- Medical abortion via teleconsultation (since 2020)

## Remaining challenges

which push women to travel for abortions:

- Decrease in the number of (private) abortion services
- Conscientious objection, especially at 12-14 weeks
- Difficult access to 2nd trimester abortion for psychosocial reasons
- Generation of abortion providers retiring, no replacement
- Under-served areas

# Quantitative Findings

# Socio-demographic characteristics

- Age: IC travelers were slightly younger than CC travelers.
- Education: IC travelers were more educated than CC travelers (62% vs. 37% had attended or completed university).
- Employment: greater share among in-country (66%) than cross-border travelers (44%)

	In-country travelers (n = 100)	Cross-country travelers (n = 57)	Total (n = 157)
<b>Age</b>			
18 – 24	48 (48%)	23 (40%)	71 (45%)
25 – 34	36 (36%)	26 (46%)	62 (40%)
35 or above	16 (16%)	8 (14%)	24 (15%)
<b>Highest level of education completed</b>			
Secondary school or below	15 (15%)	22 (39%)	37 (23%)
Some university	21 (21%)	7 (12%)	28 (18%)
University or graduate school	41 (41%)	14 (25%)	55 (35%)
Post-graduate	19 (19%)	7 (12%)	26 (16%)
Prefer not to answer/no response	4 (4%)	7 (12%)	11 (8%)
<b>Employment<sup>a</sup></b>			
Employed full-time	45 (45%)	18 (32%)	63 (40%)
Employed part-time	15 (15%)	4 (7%)	19 (12%)
Self-employed	6 (6%)	3 (5%)	9 (5%)
Unemployed	16 (16%)	12 (21%)	28 (17%)
Student	20 (20%)	12 (21%)	32 (20%)
Other	3 (3%)	2 (4%)	5 (3%)
Prefer not to answer/no response	--	6 (11%)	6 (4%)
<b>Ability to meet basic needs</b>			
All or most of the time	62 (62%)	35 (61%)	97 (62%)
Some of the time	16 (16%)	6 (11%)	22 (14%)
Never or rarely	15 (15%)	7 (12%)	22 (14%)
Prefer not to answer/no response	7 (7%)	9 (16%)	16 (10%)
<b>Marital status</b>			
Married or in a civil partnership	33 (33%)	17 (30%)	50 (32%)
Single, separated, or divorced	61 (61%)	32 (56%)	93 (59%)
Other	4 (4%)	2 (3%)	6 (4%)
Prefer not to answer/no response	2 (2%)	6 (11%)	8 (5%)
<b>Religious Affiliation</b>			
Atheist/Agnostic/no religion	32 (32%)	19 (33%)	51 (32%)
Catholic	26 (26%)	19 (33%)	45 (29%)
Muslim	19 (19%)	5 (9%)	24 (15%)
Protestant	3 (3%)	1 (2%)	4 (3%)
Jewish	--	1 (2%)	1 (1%)
Other	8 (8%)	1 (2%)	9 (5%)
Prefer not to answer/no response	12 (12%)	11 (19%)	23 (15%)

# Reproductive history and abortion care-seeking

- Prior abortion: Majority of cross-border travelers (85%) had no prior abortion, while this was the case for half of the in-country travelers (55%).
- GA as the biggest difference: 6.7 weeks of gestation of IC vs. 18.4 weeks of CC travelers
- Sought care elsewhere: 31% of IC vs. 70% of CC travelers
- Reasons for not obtaining care earlier: Delayed pregnancy recognition (CC) vs. delays in local access to care (IC).

	In-country travelers (n=100)	Cross-country travelers (n = 57)	Total (n = 157)
<b>Number of children</b>			
0	66 (66%)	35 (61%)	101 (64%)
1-2	23 (23%)	14 (25%)	37 (24%)
3+	--	8 (14%)	8 (5%)
Prefer not to answer/no response	11 (11%)	--	11 (7%)
<b>Prior abortion</b>			
Yes	34 (34%)	16 (28%)	50 (32%)
No	55 (55%)	40 (85%)	95 (60%)
Prefer not to answer/no response	11 (11%)	1 (2%)	12 (8%)
<b>Weeks of gestation when presenting for services</b>			
Less than 14 weeks	99 (99%)	1 (2%)	100 (64%)
14– 20 weeks	--	39 (68%)	39 (25%)
More than 20 weeks	--	15 (26%)	15 (9%)
Prefer not to answer/no response	1 (1%)	2 (4%)	3 (2%)
Mean weeks of gestation when presenting for services	6.7	18.4	12.5
<b>Sought abortion elsewhere before presenting for care in hospital</b>			
Yes	31 (31%)	40 (70%)	71 (45%)
No	69 (69%)	10 (18%)	79 (50%)
Prefer not to answer/no response	--	7 (12%)	7 (5%)
<b>Preferred to obtain abortion earlier</b>			
Yes	73 (73%)	52 (91%)	125 (80%)
No	24 (24%)	2 (4%)	26 (16%)
Prefer not to answer/no response	3 (3%)	3 (5%)	6 (4%)
<b>Reasons for not being able to obtain an abortion as early as wanted <sup>a</sup></b>			
No delays/Obtained abortion when wanted	24 (24%)	2 (4%)	26 (16%)
Delayed pregnancy recognition	32 (32%)	37 (65%)	69 (44%)
Issues with scheduling (both personal and getting an appointment at the clinic)	27 (27%)	12 (21%)	39 (25%)
Delays related to decision-making	22 (22%)	14 (25%)	36 (23%)
Delays related to local access to abortion services	25 (25%)	4 (7%)	29 (18%)
Procedural barriers including waiting periods, need for multiple approvals, or attending multiple appointments	21 (21%)	3 (5%)	24 (15%)
Delays related to a change in the situation (financial, relationship, decision-making)	13 (13%)	10 (17%)	23 (15%)
Difficulties arranging money for abortion	1 (1%)	9 (16%)	10 (6%)
Religious/moral concerns	--	8 (14%)	8 (5%)
Issues arranging travel	1 (1%)	4 (7%)	5 (3%)
Needed time to talk with partner	--	3 (5%)	3 (2%)
Others	4 (4%)	1 (2%)	5 (3%)



# Reasons for travels

**Cross-country travelers** reported they could not obtain an abortion at their GA in their country of residence (81%), because they had already bypassed the limit to legally obtain an abortion in France.

**In-country travelers** reported they traveled primarily because of

- (i) a referral by a health care provider (21%),
- (ii) concerns about the quality of abortion care in their department of residence (20%),
- (iii) lack of knowledge and access to local abortion services (14%),

	In-country travelers (n=100)	Cross-country travelers (n = 57)	Total (n = 157)
<b>Primary reason for traveling</b>			
I could not obtain an abortion at my gestational age in my department / country	3 (3%)	46 (81%)	49 (31%)
Abortion illegal in my country	--	5 (9%)	5 (3%)
Could not obtain abortion for diagnosed fetal malformation	--	1 (2%)	1 (1%)
A health provider referred me	21 (21%)	--	21 (13%)
I was concerned about the quality of abortion in my department/country	20 (20%)	--	20 (13%)
I didn't know where to get an abortion / no abortion services close by	14 (14%)	--	14 (9%)
Reputation / prior knowledge of the hospital	10 (10%)	--	10 (6%)
I was worried about people seeing me/finding out	8 (8%)	--	8 (5%)
The hospital had the earliest available appointment	6 (6%)	--	6 (4%)
It is difficult to find a physician who is willing to provide care	5 (5%)	--	5 (3%)
Close proximity	4 (4%)	--	4 (2%)
Preferred abortion procedure was not available	4 (4%)	--	4 (2%)
I was worried about health care providers judgment/ refusal	3 (3%)	--	3 (2%)
A friend or family member referred me	2 (2%)	--	2 (1%)
Prefer not to answer/no response	--	5 (9%)	5 (3%)
<b>Reasons for traveling to specific hospital / clinic<sup>a</sup></b>			
I was referred by a health-care provider / Planning Familial	33 (33%)	20 (35%)	53 (34%)
It has a good reputation	31 (31%)	21 (37%)	52 (33%)
It was the easiest to get to	26 (27%)	12 (21%)	38 (24%)
I was referred by someone else (doctor, friend, family)	13 (13%)	9 (16%)	22 (14%)
It was the easiest to find online	7 (7%)	5 (9%)	12 (8%)
It was the closest one which provides abortion at my gestational age	4 (4%)	5 (9%)	9 (6%)
The cost of traveling to this hospital was the cheapest or the abortion was cheapest	3 (3%)	5 (9%)	8 (5%)
The hospital had the earliest available appointment	4 (4%)	--	4 (2%)
Other	1 (1%)	1 (2%)	2 (1%)

# Travel experiences and costs of travel

**Cross-country travelers:** significant costs associated with cross-border travel (for transportation and abortion procedure). It took women traveling internationally time to raise necessary funds (39% needed up to a week).

**In-country travelers:** The vast majority of the 100 in-country travelers who were recruited in Paris originated from the Île-de France region (n=94). Their travels were reasonably easy and cheap.

	In-country travelers (n=100)	Cross-country travelers (n = 57)	Total (n = 157)
<b>Mode of transportation for travel <sup>a</sup></b>			
Public transport (train, bus, RER)	74 (74%)	20 (35%)	94 (60%)
Personal Car	31 (31%)	23 (40%)	54 (34%)
Airplane	1 (1%)	13 (23%)	14 (9%)
<b>Transport cost</b>			
€0	36 (36%)	--	36 (23%)
€1-10	49 (49%)	--	49 (31%)
€10-49	10 (10%)	--	10 (6%)
€50-99	5 (5%)	8 (14%)	13 (8%)
€100-199	--	13 (23%)	13 (8%)
€200-299	--	14 (25%)	14 (9%)
€300-499	--	6 (10%)	6 (4%)
More than €499	--	4 (7%)	4 (3%)
<b>Abortion cost</b>			
€0	100 (100%)	--	100 (64%)
€500-699	--	1 (2%)	1 (1%)
€700-799	--	3 (5%)	3 (2%)
€800-899	--	25 (44%)	25 (16%)
More than €900	--	10 (18%)	10 (7%)
Prefer not to answer/no response	--	18 (32%)	18 (11%)
<b>Time needed to cover the cost of traveling and abortion procedure</b>			
Less than a week	6 (6%)	22 (39%)	28 (18%)
1 - 4 weeks	--	6 (11%)	6 (4%)
4+ weeks	--	3 (5%)	3 (2%)
I didn't have to raise money	86 (86%)	10 (18%)	96 (61%)
Prefer not to answer/no response	8 (8%)	16 (38%)	24 (15%)
<b>Difficulty covering travel costs</b>			
Very or somewhat easy	86 (86%)	21 (37%)	107 (68%)
Very or somewhat difficult	7 (7%)	30 (53%)	37 (24%)
Prefer not to answer/no response	7 (7%)	6 (11%)	13 (8%)
<b>Overall difficulty of traveling</b>			
Very or somewhat easy	83 (83%)	31 (54%)	114 (73%)
Very or somewhat difficult	12 (12%)	20 (35%)	32 (20%)
Prefer not to answer/no response	5 (5%)	6 (11%)	11 (7%)
<b>Time taken off work</b>			
Yes	44 (44%)	31 (54%)	75 (48%)
No	55 (55%)	20 (35%)	75 (48%)
Prefer not to answer/no response	1 (1%)	6 (11%)	7 (4%)
<b>Lost Wages (if time taken off work, n = 75)</b>			
Yes	15 (34%)	13 (42%)	28 (37%)
No	27 (61%)	16 (51%)	43 (57%)
Prefer not to answer/no response	2 (5%)	2 (6%)	4 (5%)
<b>Childcare arrangements</b>			
Yes	8 (8%)	14 (25%)	22 (14%)
No	42 (42%)	28 (49%)	70 (45%)
Prefer not to answer/no response	50 (50%)	15 (26%)	65 (41%)

# Qualitative Findings

# Similar reasons for travels

## Cross-country travels

### 1. GA limit / delays:

All 13 cross-border travelers confirmed that the primary reason for their travels was that they had exceeded the GA limit in France.

*“I was at **thirteen plus two**, or something like that, **by the time I had my ultrasound**, they set an appointment for me at **fourteen plus two**, and it was **too late**”* (Florence, 22 years, 23 weeks+ GA, recruited in the UK, interviewed in December 2018).

### 2. Referral:

*“It was the **Planning Familial** that explained to us that with the delays in France, it was impossible [to obtain an abortion], and they also **helped us to take necessary steps** [to travel]”*

(Karine, 23 years, 22 weeks GA, recruited in the Netherlands, interviewed Feb. 2018).

## In-country travels

### 1. Referral:

19 out of 23 women interviewed were referred to travel to Paris for abortion care, mainly by Planning Familial staff, general practitioners, or sometimes friends and family.

*“During the checkup, it was the **doctor himself who contacted the hospital and made an appointment for me**”* (Lara, 26 years, 7 weeks GA, recruited in Paris, interviewed in September 2020).

### 2. Delays / GA limit:

Women came to Paris to avoid long waiting periods:

*“The [next available] appointments were **too late**. I would have surely exceeded the date, so I preferred to do it as soon as possible and here [in Paris] it was **really, very fast**”* (Marie, 39 years, French, 4 weeks GA, recruited in Paris, interviewed in January 2020).

→ Similar reasons for travel (GA limit, delays, referral) named in reverse order of importance.

# Different costs and burdens of travel

## Cross-country travels

Cross-border travels come with significant costs for care seekers (operation, housing, travel), which many patients found difficult to cover:

*“It's difficult, because **we had to collect the money, the funds, for the operation and for the trip, and we didn't even know that we had to stay there, we've been there for three days, so we had to manage all that, so it's very, very difficult**”* (Jade, 28 years, 21 weeks GA, recruited in Spain, interviewed in April 2018).

## In-country travels

In contrast, in-country travel experiences were reported as easy and cheap, like in the case of Melanie:

*“Honestly, when we are **next to Paris, it costs me the price of the metro ticket to come, I have a metro station [next to my house], it didn't cost me any time or money...** You just had to be available, that's all”* (Melanie, 40 years, 6 weeks GA, recruited in Paris, interviewed in March 2020).

Qualitative findings confirm the quantitative data collected. Severe costs for cross-country travelers vs. insignificant costs for in-country travelers.

# Opinions on abortion law in France: Call for GA extension

## Cross-country travels

More cross-border travelers than in-country travelers spoke out for prolonging the GA limit in France:

E.g. Chantal, who traveled to the Netherlands to obtain an abortion, stated, *“The law, they should do like... like in Holland, **they should extend the dates, to 22 weeks**”* (Chantal, 20 years, 18 weeks GA, recruited in the Netherlands, interviewed in May 2018).

## In-country travels

In-country travelers had more mixed opinions:

Many were generally fine with the GA limit, but acknowledged its limitations: *“I didn't have any problems because I did it on time, but... It's true that **the question could arise if I were at fourteen weeks or more**”* (Marie, 39 years, 4 weeks GA, recruited in Paris, interviewed in January 2020).

Others spoke out for prolonging the GA limit: *“I think **we should also, like in Spain, allow abortion also after three months**”* (Brune, 23 years, 7 weeks GA, recruited in Paris, interviewed in March 2020).

Overall, our interviewees considered timely, easy access to abortion a fundamental women's right and acknowledged the need for legislation to safeguard this right.

# Conclusion

- **Traveling for abortion care is a reality for many women living in France**, who do not find access to local care.
- **Reasons:** Either they have exceeded the **legal limit** to obtain an abortion in their country of residence or they cannot access **timely, quality services close-by**.
- Most women are **referred** by health providers or Planning Familial
- **Costs of cross-border travel are much greater than for in-country travels**, and lead to delays in accessing abortion care that can increase both health risk and costs for those traveling.

## Policy recommendations:

- **Expand GA limit**, to allow abortion access in their country of residence, free of charge and without further delay. Recent change from 12->14 weeks first step.
- French residents forced to travel abroad should also be able to apply for **reimbursement of costs** related to their abortion procedures performed in the EU.
- **Decentralize abortion services** within France, especially in Ile-de-France region, to improve access to timely and local abortion care (with reduced waiting times), so fewer women have to travel to the French capital for abortions.