

## IMPLICATIONS FOR POLICY AND PRACTICE (CONT'D)

### Avoiding repeat conceptions that end in abortion

Abortion provision needs to be considered by teenage pregnancy partnership boards (or the senior board responsible for teenage pregnancy) as well as sexual health boards. This should include monitoring the quality of the service available, and assessing whether it is 'young people friendly' applying the Department of Health You're Welcome Standards.

Young people need to be sign-posted to services which offer non-judgmental pregnancy decision-making support. These services should provide evidence-based information about all pregnancy options, and support access to ante-natal and abortion services. Some organisations offering pregnancy testing and counselling are not committed to providing non-directive support and oppose abortion. These should not be included in local information.

There is a clear need for high quality post-abortion services for young women to be developed. They should have three main purposes:

1. Post-abortion contraceptive counselling and support
2. Post-abortion health and well-being follow-up

### 3. Identification of young women in need of more intensive support

Commissioners should consider funding a partly or fully dedicated post to providing individualised comprehensive contraceptive counselling prior to and following an abortion. Such a post could also involve one to one preventative outreach work with teenagers that may have been identified as being 'at risk' of teenage pregnancy.

In advance of the abortion, providers should organise a follow-up appointment, ideally two to four weeks afterwards. These follow-up appointments would cover both physical check-ups and contraceptive counselling.

Abortion referrers need to be able to keep track of the referral and have the follow-up appointment set up in advance of the abortion. Abortion providers need to check that their clients have a follow-up appointment organised and – if they do not – help them set one up. It should not be left for the teenager to take the initiative on this issue. The setting for this appointment should be agreed in consultation with the teenager. Intensive one-to-one support should be available for teenagers judged to be 'in need' of such an intervention. Where appropriate, they should also be referred on to other services.

## CONTACT INFORMATION

Government Office For London,  
Riverwalk House, 157-161 Millbank,  
London, SW1P 4RR

[www.younglondonmatters.org](http://www.younglondonmatters.org)

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Lesley Hoggart and Joan Phillips  
Policy Studies Institute

## OUR PARTNERS



# YOUNG PEOPLE IN LONDON: ABORTION AND REPEAT ABORTION

## EXECUTIVE SUMMARY





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Despite some progress towards the government's aim of halving under-18 conceptions between 1998 and 2010, the rate of teenage pregnancy in England and Wales remains the highest in Western Europe (Population Action International, 2007). An increasing proportion of these conceptions, however, are ending in abortion, not teenage motherhood. In the UK around 50% of under-18 conceptions in 2007 ended in abortion. In London the figure was higher at 63%. In addition, compared to the rest of the country, relatively high proportions of London teenagers had already experienced one or more abortions and were thus undergoing a repeat abortion. Teenage pregnancies ending in abortion are likely to be unintended pregnancies that might have been avoided. For a variety of reasons these young women have not used contraception or emergency contraception effectively.

This research set out to explore factors that might lead to a greater understanding of what might reduce unintended and unwanted teenage pregnancies in London. This required gathering data on sexual behaviour leading to such teenage pregnancies; on teenage experiences of abortion; and on post-abortion sexual behaviour. A qualitative research methodology was adopted and a wide range of interviews were conducted with young people and professionals.

## KEY FINDINGS

**Teenagers continue to have unprotected sex when they are fully aware of the possible consequences, and when they do not want to become pregnant.** Underlying issues that can help explain this include: feeling out of control, maybe because of drugs or alcohol, or because of the dynamics of the sexual relationship; reliance on user-dependent contraceptive methods; problems young women experience negotiating safer sex. This finding has implications for young women's choices of contraceptive methods.

**Young people struggled to use their preferred methods of contraception (principally condoms and the pill) effectively.** These methods are relatively user-dependent, and the condom – primarily a male method – requires young women to have the confidence to negotiate safer sex, or for her male sexual partner to take responsibility for preventing sexually transmitted infections and unintended pregnancies.

**There is a poor understanding of fertility amongst young women, and this contributes to inconsistent contraceptive use.** Teenagers in school-based focus groups talked about it being 'very easy' to become pregnant. This means that they might draw the wrong conclusion on any occasion when contraceptives have not been used. Young women who had terminated pregnancies told us that they

had often failed to become pregnant after one or two incidents of unprotected sex, and this led them to think they may be infertile. They then assumed that they no longer needed to use contraception.

**Abortion was viewed as 'immoral' by many young women, and this view makes abortion decision-making difficult and stressful.** The way in which abortion is often covered as a discussion topic in Religious Education lessons within schools encourages such a framing of the issue. Feeling that abortion is 'immoral' contributed towards feelings of regret and/or guilt that some young women had following their abortion.

**The mindset of pregnant teenagers and their degree of autonomy in making an abortion decision can influence their feelings and sexual behaviour following the abortion.** We suggest that those young women who are able to make their own decision for their own reasons are more likely to establish an effective contraceptive regime following an abortion, than young women who may have been reluctant to end their pregnancies and do not have any plans for their own futures.

**The myth that having an abortion may make you infertile still retains a hold.** This was mostly evident in the school-based focus groups

## IMPLICATIONS FOR POLICY AND PRACTICE

The research findings indicate that policy developments around unintended teenage pregnancy and abortion should therefore have three main objectives:

- **Help young women avoid conceptions that end in abortion.** The main policy tools are Sex and Relationships Education (SRE), and local Contraceptive and Sexual Health Services.
- **De-stigmatise abortion.** This objective should inform developments in Sex and Relationships Education and Religious Education.
- **Help young women avoid repeat unintended pregnancies.** This could be facilitated through the further development of post-abortion services.

### Improving education about abortion

**Thought should be given to SRE being delivered by specialist teachers or specialist educators.**

All those responsible for the delivery of SRE should undertake continual professional development, and it would be helpful if this incorporated attitudinal work. No-one who is personally opposed to abortion should be involved in the delivery of SRE.

**Separate messages are needed for STIs and pregnancy prevention.** All methods of contraception should be discussed, including LARC and emergency contraception, and local services should be clearly signposted. All young people need to be encouraged to discuss which contraceptive methods are more effective for each purpose, and to consider the possible benefits of using more than one method. Misunderstandings about fertility should be addressed. Finally, consideration could be given to including the notions of self-respect and pleasure into discussions on negotiating safer sex.

**A balanced, non-judgemental, discussion of abortion ought to be an integral part of SRE (preferably delivered by specialists).** This should include accurate information on abortion, and be developed as part of an effort to de-stigmatise abortion. Religious Education (RE) is not an appropriate forum for this particular discussion to take place.

### Avoiding conceptions that end in abortion

**Commissioners need to develop world class commissioning for contraceptive and abortion**

**services.** Efforts need to be made by commissioners to collect data that will inform and support the further analysis of how services currently meet the needs of young people. London's Primary Care Trusts (PCTs) can refer to the recent London sexual health needs assessment and service mapping (MedFASH, 2008) and keep it up to date for their areas.

**Access to, and use of, Long Acting Reversible Contraception (LARC) should be monitored at a local level. It should be available at all settings where contraceptives are available.** Data should be systematically collected, and efforts made to try and ascertain how knowledgeable young women are with respect to all the different contraceptives available within this category. Services should also ensure that young women are given enough information and time to make an informed choice. Contraceptive counselling needs to include discussion of the possible side-effects of all contraceptives.

**Further work is required to develop outreach, and confidential prevention services, for Black and Minority Ethnic groups that might currently struggle to access services.** This study confirms other research that points out that one size does not fit all. The differing needs and preferences of diverse populations need to be taken into consideration. Systems need to be in place for early identification of those who may be 'at risk' of teenage pregnancy. Innovative and effective 'early intervention' programmes should be developed for teenagers who are thus thought to be 'at risk'. Post-abortion services would need to consider engaging with such programmes.

**Key service providers for vulnerable young people (e.g. youth workers, and social workers), ought to receive training in sexual health issues, and this should include pregnancy options, abortion services and a focus on local provision.** They might then be able to help young people make informed decisions about their sexual health, as well as sign-post them to appropriate contraceptive and sexual health services. There also needs to be joint working with these services with respect to young people 'at risk'.

**Young people need to be sign-posted to pregnancy and abortion decision-making support.** Such support needs to be provided in a non-judgemental manner in a variety of settings. Post abortion support should be organised in these settings.

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