



PROJECT REPORT

An investigation of factors associated with the implementation of abortion services through consumer engagement process

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Project Details

Project Name

An investigation of factors associated with the implementation of abortion services through consumer engagement process

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1. ACRONYMS

| | |
|-------|-----------------------------------|
| FPNSW | Family Planning NSW |
| MToP | Medical Termination of Pregnancy |
| STIs | Sexually Transmissible Infections |
| SToP | Surgical Termination of Pregnancy |

2. EXECUTIVE SUMMARY

Family Planning NSW (FPNSW) is committed to investigating the views of people who are seeking access to abortion services. The aim of this study is to first understand what influences people to utilise abortion services and then use this information to inform service development and implementation at FPNSW.

Data collection was undertaken through online surveys between October 2018 and May 2019 among consumers who made enquiries to Family Planning NSW Talkline phone and email service requesting information related to unintended pregnancy and/or abortion and have consented to participate in the study. The participants include consumers who made contact on their behalf and support people including partner/parent/health care or other workers so two specific surveys, individual survey and support people survey were set up respectively. The online survey took up to 5 minutes, and asked demographic information such as age group, postcode, gender and cultural/social affiliations, information related to accessing abortion services, factors that would influence the choice of abortion service, and comments on previous experiences accessing abortion services, if any.

A total of 33 participants completed the individual survey and 9 completed the support people survey. Women aged 31- 40 account for half of the individual participants. The majority of participants came from a major city, were working full time/part-time/casual and nearly half were born in Australia. Among the 9 support people, 5 were health care or other support workers and 4 were partners/parents. The findings suggest, other than Talkline, GP and Online sources were the most common places for consumers to seek information about abortion services; consumers want reliable and accessible information about abortion services (including information about procedure method, side effects, risks, legality, cost and location); and cost, location and availability of a range of services were identified as crucial by consumers seeking an abortion.

This project makes the following recommendations to inform the abortion service development and implementation at Family Planning NSW.

| Recommendations | Implementation into practice (FPNSW service context) |
|---|---|
| 1. FPNSW should aim to be transparent regarding procedure costs. | Information regarding procedure costs should be made available to GPs, health phone-lines and to consumers. |
| 2. It is important to have clear and accessible information online about abortion services (procedure method, side effects, legality, cost and location). | Information regarding procedure options, method, side effects, legality, and processes should be made available to GPs, health phone-lines and to consumers. |
| 3. When communicating about the abortion service, FPNSW should include information about the full range of services that are available to consumers. | External communications to both health services and consumers should include information about other FPNSW services such as contraception, gynaecological issues, procedures, STIs, pregnancy/fertility and social work services. |
| 4. FPNSW is strategic with communication to GPs, as a key referral point into the service. | Communication to GPs should be developed and disseminated as part of termination of pregnancy (TOP) implementation as per the external stakeholder plan. |
| 5. Location should be central – with access to public transport and parking. | Location should be considered when identifying facilities to provide STOP services. |

| | |
|---|---|
| 6. Information about abortion service providers should be made available to the public to allow individuals to navigate access to services near them. | FPNSW considers working with providers across NSW to develop a NSW service register, similar to what is available in QLD. |
|---|---|

3. BACKGROUND

FPNSW is committed to seeking the views of people who have accessed or will potentially access abortion services. The context of this study was to examine the factors associated with utilisation of abortion services in NSW. Online surveys were undertaken between October 2018 and May 2019 to collect the data among consented Talkline consumers.

To date, there is limited research about people accessing abortion in Australia/ NSW (Doran & Hornibrook, 2014). While abortion was decriminalised in NSW in August 2019 ("Reproductive Health Care Reform Bill 2019 (NSW)," 2019). This study took place before decriminalisation was enacted. Previous studies outline that there are a number of barriers to abortion access in Australia (Dawson, Bateson, Estoesta, & Sullivan, 2016; de Moel-Mandel & Shelley, 2017; Shankar et al., 2017). Abortions are rarely performed in public hospitals (FPNSW 2011) and abortion providers are centralised in metro centres (Doran & Hornibrook, 2014). Due to these factors, the cost of an abortion is often expensive and at times inaccessible to people that are pregnant. Bulk-billed medical termination of pregnancies (MToP) are extremely limited in NSW as are GPs that provide MToP. The cost of surgical terminations of pregnancy (SToP) is dependent on availability, location of service providers and the gestation of pregnancy. SToPs provided in private clinics in NSW range from \$400-2400. Additionally, SToPs over 20-24 weeks are not available in private clinics in NSW. The cost of accessing a post-20 week abortion interstate is over \$7500 with additional travel and accommodation costs for a 3 day procedure.

This study took place in 2018 when FPNSW was in the development stage of providing abortion services in NSW. It was assessed that rather than utilising the existing, well-established Family Planning NSW consumer engagement framework, the investigation would benefit from receiving responses from individuals who have previously accessed information about abortion services.

A number of articles made reference to the role and/or engagement of partners with regard to supporting their partner when having an abortion (Costescu & Lamont, 2013; Kagesten, Bajos, Bohet, & Moreau, 2015; Nguyen, Hebert, Newton, & Gilliam, 2018; Ralph, Gould, Baker, & Foster, 2014). Furthermore, Ralph et al reviewed the role of the parent of the pregnant person as support people during the decision making and abortion process (Ralph et al., 2014). The participants of this study therefore included:

- People that were pregnant that were seeking information about unintended pregnancy and/or abortion
- Others calling/emailing on behalf of women seeking information about pregnancy options and/or abortion. This included, but was not limited to:
 - o the man involved in the pregnancy/ and or partner of the pregnant person,
 - o a parent or carer of a person with an unintended pregnancy,
 - o a health care or welfare support worker.

Participants were recruited through Talkline as FPNSW Talkline receives many enquiries related to abortion each year, with a total of 1092 enquiries related to unintended pregnancy and abortion in 2017.

4. AIM

The aim of this study was to understand considerations of consumers seeking information about abortion services and needing to access abortion services. The purpose of the study was to then use this information to inform abortion service development and implementation, and in this context, specifically at Family Planning NSW. The specific objectives were:

- To identify factors which consumers consider when investigation available abortion services
- To identify the needs of a range of priority population/groups/communities in accessing abortion services
- To contribute to consumer-focused service development and inform the implementation of the Family Planning NSW abortion service.

5. METHODS

Data collection was undertaken through online surveys between October 2018 and May 2019. There were two versions of the survey:

- Individual – consumers seeking information about abortion services for self
- Support people – consumers seeking information about abortion services on behalf of someone else (parent, carer, health/support worker)

A separate survey link was sent to potential participants who made enquiries to Family Planning NSW Talkline phone and email service requesting information related to unintended pregnancy and/or abortion and that consented to participate in the study. The online survey took up to 5 minutes, and the questions were a mix of multiple-choice and open-ended questions. The survey asked demographic information such as age group, postcode, gender and cultural/social affiliations, information related to accessing abortion services, factors that would influence the access to abortion services, and comments on previous experiences accessing abortion services if any.

This project was approved by the Family Planning NSW Human Research Ethics Committee (approval # R2018-07).

Data analysis

Online survey data was exported from Survey Monkey to Excel and was converted and analysed in SPSS 19. Data cleaning and logic check was conducted before the analysis. The data analysis included:

- Descriptive statistics of frequency and percentage, which were used to describe consumers' demographics and their perception of factors associated with their decision to access abortion services;

- Chi-square test, which was applied to detect the differences in the category variables, e.g., by age group, by employment status, by culturally and linguistically diverse (CALD) status;
- Thematic analysis, which was used to identify, analyse and report themes within the open answer responses.

6. RESULTS

6.1 Participants' profile

A total of 33 participants completed the individual survey and the demographics are listed in Table 1 below.

Women aged 31-40 account for half of the participants (52%), followed by women aged 25-30 (24%) and 18-24 (18%). 29 (88%) were from a major city and nearly half were born in Australia. 8 (24%) were identified as culturally and linguistically diverse (CALD) and 21(63%) were working full time/part-time/casual. 1 (3%) was identified as a person with a disability.

Table 1 Participants' profile from individual survey (n=33)

| Demographics | n(%)* |
|--|--------------|
| Age group | |
| <18 | 1(3%) |
| 18-24 | 6(18%) |
| 25-30 | 8(24%) |
| 31-40 | 17(52%) |
| 41-50 | 1(3%) |
| Over 51 | 0 |
| Gender | |
| Male | 1(3%) |
| Female | 31(94%) |
| Transgender | 0 |
| Intersex | 0 |
| Other(non binary) | 1(3%) |
| Remoteness of area | |
| Major city | 29(88%) |
| Inner/outer regional area | 4(12%) |
| Country of birth | |
| Australia | 16(48%) |
| Overseas | 10(30%) |
| Self-identified as | |
| Culturally and linguistically diverse | 8(24%) |
| Aboriginal and/or Torres Strait Islander | 0 |
| Refugee or Asylum seeker | 0 |
| Self-identified as | |
| A person with disability | 1(3%) |
| A person without disability | 24(73%) |
| Sexuality | |
| Heterosexual/straight | 19(58%) |
| Bisexual | 4(12%) |
| Asexual | 2(6%) |

| | |
|--|---------|
| Gay or lesbian | 0 |
| Queer | 0 |
| Employment status | |
| Working full time | 13(39%) |
| Working part-time or casual | 8(24%) |
| Studying | 3(9%) |
| Unemployed | 3(9%) |
| Not I paid employment (e.g. carer or parent) | 3(9%) |

**The sum of each variable is not equal due to missing values.*

There were 9 responses from the support people survey, with 2 from a partner, 2 from a family member and 5 from health care or other support workers (referrer). 4 of them called on behalf of individuals aged between 31-40 (45%), 3 for individual aged between 25-30 (33%), and 2 for an individual aged below 24 (22%). The age distribution is similar to the participants from the individual survey.

6.2 Information source about abortion aside from Talkline

GP and online website are the most chosen information source by both individual and support people.

Table 2 Information source about abortion aside from Talkline (n/%)

| Information source | Individual (n=33) | Support people (n=9) |
|---------------------------|----------------------|-------------------------|
| GP | 23(70%) | 4(44%) |
| Online: Google or website | 23(70%) | 3(33%) |
| Other health professional | 8(24%) | 2(22%) |
| Other | 2(6%) | 1(11%) |

The other options for individuals include from 'Family Planning' and 'Pharmacist' and one respondent commented: *"I found it difficult to find the correct support online about abortion"*. Two comments from the support people include "called various clinics in NSW and Victoria" and "Marie Stopes".

6.3 Information interested in knowing before contacting an abortion service

Accessing information about abortion services is an obvious challenge identified by consumers. Multiple consumers identified that they were interested in knowing more about abortion in general, rather than specific service provider information. This included information about the abortion procedure options and the choices available to the individual. More specifically, consumers wanted information about timeframes, procedure methods, side effects, risks, recovery and legality of the available abortion methods.

A reoccurring theme among consumers was that they wanted to know where they were able to access an abortion, and what the cost was before contacting an abortion service. Consumers specified they want to know if there were services in their local area which were able to support them when accessing an abortion.

Similar information needs were identified by the support people as well. Health care or other support workers were most interested to know waiting time and costs associated with the process. They also identified the information of maximum gestation that consumers can come to the service, funding

available for patients who can't pay, range of options, not being judged and investigation required, as other information needs. While partner or family members were interested in knowing information on abortion procedures.

6.4 Factors considered when seeking a suitable abortion service

Results from both individual and support people surveys indicate that 'cost' and 'location' are the top two factors that would influence the decision to access an abortion service, followed by 'range of services available at center', 'perceived safety' and 'reputation'. 15 participants from the individual survey also suggested 'opening hours' would be one factor (table 3). Data analysis showed that no statistical differences in the associated factors was observed across age groups, country of birth status, CALD status or employment status (P>0.05).

Table 3 Factors that would influence the choice of abortion services (n/%)

| Factors | Individual (n=33) | Support people* (n=9) |
|---|----------------------|--------------------------|
| Cost (affordability) | 26(79%) | 4(44%) |
| Location (close to home, distance to public transport) | 26(79%) | 4(44%) |
| Range of services available at center (counselling, medical and surgical, late term abortion,, contraception) | 22(67%) | 4(44%) |
| Perceived safety (discreet entrance, absence of protestors) | 17(52%) | 4(44%) |
| Reputation (Recommendation from GP or friend) | 16(48%) | 1(11%) |
| Opening hours (clinic open late hours, weekend operation) | 15(45%) | 0 |

**support people responding to the needs of the person they are calling about.*

Further comments were provided in both surveys to clarify their choice.

Location

Consumers identified location as an important factor influencing their decision to access an abortion service for a number of reasons. Consumers identified that having an abortion service in close proximity to their home was of high importance because of concerns about the:

- Cost associated with travel to access services which were far from home
- Anticipated stress associated with travel following accessing an abortion
- Service continuation– consumers being able to return for ongoing needs (counselling, contraception, etc.) post-abortion access

Consumers also identified the accessibility of the location of high importance. Availability of public transportation was seen to improve accessibility of the service.

Health care or other support workers also described location as an important factor, they commented that consumers “may have difficulty arranging travel”, “my client has limited access to public transport

due to mental health” and “they want to have a short journey to get home. Proximity to some aftercare from family”.

Cost

Cost was another key determinant influencing client’s decision to access an abortion service. Consumers frequently indicated that affordability of the service was important, as they wanted to be able to ensure that they could pay for the procedure. A number of respondents identified that the cost of the procedure was a barrier. Additionally, consumers indicated that the availability of payment plans would influence their decision to access an abortion service.

Health care or other support workers also raised the same issue of cost, as most of their consumers were unable to self fund and some were currently unemployed. One commented that this is a “critical issue for all women. Even those who are working do not earn very much money. \$500 is too costly for most women.”

Range of services

Consumers highlighted that the availability of a range of services at one location was appealing when choosing an abortion service provider. Consumers identified the need for a “hub” to ensure they had a streamlined service provided to them when accessing an abortion service. Consumers also identified the benefit of having counselling and other family planning services available at the one location to ensure ongoing support was accessible to the individual.

Counselling and contraceptives are most recommended by health care or other support workers to be included in the abortion service. One respondent commented that a “large range of services possible ie counselling, medical and surgical, late term, contraception, aftercare ”.

Reputation

Consumers indicating reputation was an important factor when choosing their abortion service identified that they would be more likely to choose a clinic if they had received a recommendation. Services with a good reputation would ensure the individual felt safe, less stressed and reassured. One health care worker commented reputation was an important factor as “obviously don’t want any complications”.

Perceived Safety

Perceived safety was identified as an important factor for several consumers. The responses revealed a mix of concerns regarding safety including emotional and social safety, as well as the physical safety of the clinic. Examples of concerns around social and emotional safety include concerns of judgement, stigma, shame and disrespect. There were also several comments regarding the security and physical safety of the clinic being important factors in determining someone’s decision to access an abortion service. One partner also commented that safety is first priority.

These concerns were echoed by health care or support workers. They expressed concern about the stigma/harassment that their consumers may experience, and commented that protestors could influence the client’s decision. One comment is “this is a stressful process for my patients and some of them do have feeling of guilt and trauma attached to terminations, so being able to enter and leave the facility without their decisions being questioned is invaluable”.

Opening hours

Consumers identifying opening hours as a factor influencing their decision to access an abortion service indicated that this was important to ensure that appointments could be accessed outside of regular work hours. This would ensure individuals would be able to balance work, family and other

responsibilities. Appointments available outside of regular work hours were deemed important in facilitating privacy for the individual.

6.5 Participants' attitudes on the inclusion of domestic and family violence screening and mental health history as part of the service

When consumers were asked how they would feel if asked about domestic and family violence as part of accessing an abortion service, approximately half (52%) indicated they would be OK with this. Consumers indicated that if asked in private and in an appropriate manner they believe this would be a good chance for consumers to open up if relevant. The majority (61%) of consumers also indicated that they would feel OK if they were asked about current or past mental health history. Consumers who supported mental health screening acknowledged that the clinician may be able to provide better care and meet the needs of the client if they had this information.

Table 4 Inclusion of domestic and family violence and mental health history screening into abortion services (n/%)

| Attitudes | Domestic and family violence questions (n=25) | Current or past mental health history questions (n=26) |
|------------------|--|---|
| Ok | 17(52%) | 20(61%) |
| Neutral | 7(21%) | 5(15%) |
| Not ok | 1(3%) | 1(3%) |

6.6 Participants' previous experiences in abortion services

10 participants from the individual survey (30%) reported they had a previous experience accessing abortion services and agreed to answer further questions about their previous experiences.

Similar to the responses to the information source, consumers who indicated that they had previously utilised an abortion service said that they found out about the abortion service via their GP (5), online: Google or website (5), or other health professionals or pharmacist (3).

Location (close to home, distance to public transport) (5), reputation (4) and range of services available at the centre (counselling, medical and surgical, late term abortion, contraception) (4) were the top aspects of the abortion service that stood out for the participants, followed by cost (3) and opening hours (2). Although these consumers had similar priorities when accessing an abortion service previously, it was reflected from the comments that consumers had limited choice both determined by lack of service providers available and time constraints when accessing abortions services. Consumers emphasised the need for GPs and pharmacists to be better equipped to appropriately refer consumers to facilitate access to an abortion provider if needed. This includes ensuring that GPs and pharmacists are able to identify abortion service providers and the cost and timeframes associated with such providers.

7. Conclusions and recommendations

In summary, other than Talkline, GPs and Online sources were the most common places for consumers to seek information about abortion services; consumers want reliable and accessible information about abortion services (including information about procedure method, side effects, risks, legality, cost and location); and cost, location and availability of a range of services were identified as crucial by consumers seeking an abortion.

The recommendations are summarised as follows:

| Recommendations | Implementation into practice (FPNSW service context) |
|---|---|
| 1. FPNSW should aim to be transparent regarding procedure costs. | Information regarding procedure costs should be made available to GPs, health phone-lines and to consumers. |
| 2. It is important to have clear and accessible information online about abortion services (procedure method, side effects, legality, cost and location). | Information regarding procedure options, method, side effects, legality, and processes should be made available to GPs, health phone-lines and consumers. |
| 3. When communicating about the abortion service, FPNSW should include information about the full range of services that are available to consumers. | External communications to both health services and consumers should include information about other FPNSW services such as contraception, gynaecological issues, procedures, STIs, pregnancy/fertility and social work services. |
| 4. FPNSW is strategic with communication to GPs, as a key referral point into the service. | Communication to GPs should be developed and disseminated as part of TOP implementation as per the external stakeholder plan. |
| 5. Location should be central – with access to public transport and parking. | Location should be considered when identifying facilities to provide STOP services. |
| 6. Information about abortion service providers should be made available to the public to allow individuals to navigate access to services near them. | FPNSW considers working with providers across NSW to develop a NSW service register, similar to what is available in QLD. |

8. Dissemination

Findings from this project have been presented at the following conferences:

- Factors associated with the utilisation of abortion services: A survey among Family Planning NSW Talkline callers (Oral presentation). The Australian Association of Social Workers (AASW) Conference 2019, November 2019.
- Factors associated with the utilisation of abortion services: A survey among Family Planning NSW Talkline callers seeking information on unintended pregnancy and abortion (Oral presentation). Children by Choice Conference 2018, August 2019.

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10. APPENDICES

APPENDIX 1: Online questionnaire for individual

APPENDIX 2: Online questionnaire for support people