

YOUNG PEOPLE'S KNOWLEDGE, BELIEFS AND ATTITUDES TO ABORTION: AN EXPLORATORY FOCUS GROUP STUDY.

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Summary

Key messages

- There are fundamental gaps in young people's knowledge about abortion relating to basic information on the where, when and how of abortion.
- Attitudes to abortion are formed in this knowledge vacuum and are strongly influenced by moral judgements and gender norms.
- Both of these issues act as a barrier to ensuring that young people can make informed choices and access relevant services in relation to decisions about pregnancy outcomes.

Background: While the teenage abortion rate in Scotland has been in decline since 2008, the rate among under 20s remains the third highest of all age groups and is correlated with socioeconomic deprivation; there exists an almost inverse relationship between abortion and delivery in teenage pregnancies by level of deprivation. Around 30% of young women in the most deprived (SIMD 1), and 70% of those in the least deprived (SIMD 5), categories currently abort a conception. However, little research has addressed the views or attitudes of young people in Scotland toward abortion. To address that gap, this research was commissioned by NHS Greater Glasgow and Clyde and NHS Lothian in order to assess barriers to service use and to ensure that these views are included in the Scottish Government's Teenage Pregnancy and Young Parent Strategy.

Aims: The primary research aim was to gain insight into the perspectives of young people on abortion and to compare their views across socioeconomic status, gender and age. The specific research questions addressed were:

1. What do young people know about abortion and where/from whom do they learn about abortion?
2. For what reasons do they believe someone might seek an abortion? Do young people believe that abortion is more or less acceptable in specific sets of circumstances?
3. What/who do young people think influences decisions around abortion and with whom would they discuss abortion?
4. What, if any barriers do young people perceive in accessing abortion services?

Methodology: A qualitative methodology was adopted to enable in-depth exploration of young people's views and attitudes. 50 young women and men aged 14-19 were recruited between March and May 2015 from youth groups across the NHS Lothian and NHS Greater Glasgow and Clyde areas. Friendship group interviews (two to five per group) were conducted

in specific age/gender/SIMD configurations to enable comparison between groups. A range of group activities (based on materials from young people's sexual health charity Brooke) and a topic guide were used to facilitate group discussion in interviews. Digital recordings were transcribed and analysed thematically.

Key findings

Knowledge about abortion: The language young people used when talking about abortion was often negative and emotive, which at times reflected their own attitudes, but also their views on how abortion is perceived and portrayed more broadly. Knowledge of abortion – including who can have it, when, where, and what it involves – was limited. Where groups addressed abortion being discussed in schools, this had predominately been as an abstract topic for debate rather than as a healthcare service. Parents and peers were cited as sources of information, as was the media, although each source tended to be perceived as presenting primarily negative views of abortion. All groups expressed an appetite for more, unbiased information on abortion, which would enable them to make their own decisions.

Views on reasons for abortion: The groups tended to view abortion as requiring justification as to why the pregnancy was 'unwanted' and there was considerable discussion around the contexts in which the decision to have an abortion was undertaken. Reasons which were perceived to be outwith the woman's control (such as illness or rape) tended to be viewed more favourably than those considered to be a matter of the woman's responsibility (such as lack of contraceptive use) or choice (such as that she had concerns for her career). The consequences of not/having an abortion were also presented as significant contextual factors including: the health (of the woman or potential child), financial circumstances, and age (being 'too young').

Decision-making around abortion: Even where they were personally 'against' abortion, the groups were in favour of a woman's right to decide what was best for her. The potential child was primarily viewed as the woman's responsibility, as was prevention of pregnancy through contraceptive use. The influence of friends, sexual partners and particularly family was noted, and were discussed in terms of how anticipated (usually negative) reactions (towards both pregnancy and abortion) might shape their decision. There was a keen sense that abortion was something to be kept secret or 'private', and potential for judgement played a significant part in who they might speak to if they or their partner became pregnant. Such judgements often drew on moral discourses and gender scripts that reinforced negative stereotypes.

Access to services: The groups found it relatively difficult to discuss access to services in any detail, given their lack of knowledge around abortion. A small number were aware of local sexual health services (including specialist services for young people), and most felt that more information about abortion should be available to young people, preferably through schools.

Discussion

Comparison between groups: There were no clear differences in views and attitudes by gender or age, while religion did appear to have some impact. Some clearer differences did appear across socioeconomic groups, although this picture was complex. These differences related primarily to the acceptability of certain reasons for abortion, perceived peer pressure, and the potential impact of young parenthood on educational attainment and subsequent life outcomes.

The contingency and constraints of choice: That the choice to have an abortion should be a woman's right was emphasised by all groups, although this choice was often presented as highly contingent. The choice to have/not have an abortion was evaluated by the young people and responsibility lay at the centre of their evaluation in terms of: preventing pregnancy and making 'good choices that addressed potential consequences of abortion and/or continuing a pregnancy. Young people were presented by many of the groups as not wanting the responsibility of parenthood and as not being able, given their stage in life, to provide the stability considered essential for enacting parental responsibility. Young people gave accounts of a range of factors that they felt would shape women's choices relating to both practical, financial concerns and the influence of moral and gender discourses. The young people's concerns about the judgments of significant others influenced but also in some respects constrained their choices. Choice can also be seen as constrained by the young people's limited knowledge of abortion.

Conclusions

There are fundamental gaps in young people's knowledge about abortion relating to basic information on the where, when and how of abortion. Attitudes to abortion are formed in this knowledge vacuum and are strongly influenced by moral judgements and gender norms. Both of these issues act as a barrier to ensuring that young people can make informed choices and access relevant services in relation to decisions about pregnancy outcomes.

We recommend that steps should be considered which would

- Improve the factual information on abortion provided to young people in school and online.
- Address the gender equality issues reflected in young people's accounts.
- Involve young people in addressing these issues.
- Evaluate the measures put in place to address these recommendations.

1. Introduction

Scotland has one of the highest rate of teenage pregnancy in Western Europe. 11,475 abortions took place in Scotland in 2014, 1966 of which were amongst women under 20. The overall rate in Scotland has been in decline since 2008 and in 2014 the largest drop in terminations was reported in the under 16s (23.9%). Among the 16-19 age group there was also a significant reduction (13.4%) (ISD 2015). Nevertheless the rate of abortion in this age group is still the third highest among all age groups and there remains variance in termination rates among the under 20s according to socioeconomic deprivation.

Young women under 20 living in the most deprived areas (by Scottish Index of Multiple Deprivation [SIMD] quintile) have almost 12 times the rate of delivery than those in the least deprived areas (53.8 compared with 4.6 per 1000 population) and nearly twice the rate of abortion, at 21.9 compared with 11.8 per 1000 (ISD 2014). Moreover, there is an almost inverse relationship between abortion and delivery in teenage pregnancies according to socio-economic deprivation. Around 30% of young women in SIMD 1 (most deprived) abort a conception compared to 70% of pregnant young women in SIMD 5 (least deprived) (Macpherson 2013).

The reasons which inform the outcomes of teenage pregnancy, including abortion, are complex and inter-related. Previous research with pregnant young women indicates that socioeconomic circumstances (particularly deprivation), family and community views, and availability of services were all found to be key factors in shaping these decisions. In more deprived areas, pregnancy and parenthood can be seen as a positive outcome in the lives of young women who are more likely to have disengaged from education and who see having a child as a source of giving and receiving affection which may be something absent in their lives (Lee et al. 2004). The patterning of abortion by socioeconomic deprivation however may also demonstrate social and cultural barriers to abortion services not experienced by young women from more affluent areas. It is important to understand the knowledge, beliefs and attitudes to abortion of both young women and men from contrasting socioeconomic areas, in order to investigate any barriers to access that may exist.

Little research on young people's views of abortion has been conducted in Scotland (or within the UK) beyond general social attitudes surveys such as British Social Attitudes, which suggests that views on abortion continue to be closely associated with religious affiliation (NatCen 2012). UK research on attitudes to abortion has tended to focus specifically on health professionals (Gleeson et al 2008; Steele 2009) rather than the population more generally or young people in particular. This research was commissioned by NHS Greater Glasgow and Clyde and NHS Lothian in order to assess barriers to service use and to ensure that the views of young people on abortion are included in the development of the Scottish Government's Teenage Pregnancy and Young Parent Strategy. The findings from this research will contribute to the body of evidence which will inform recommendations on service developments.

2. The research project

We conducted a qualitative study involving small group interviews with 50 young people. The overall aim of the project was to gain insight into the perspectives of young people on abortion and to compare and contrast their views according to socioeconomic status, gender and age. Specifically the project addressed the following research questions

1. What do young people know about abortion and where/from whom do young people learn about abortion?
2. For what reasons do they believe someone might seek an abortion? Do young people believe that abortion is more or less acceptable in specific sets of circumstances?
3. What/who do young people think influences decisions around abortion and with whom would young people discuss abortion?
4. What, if any barriers do young people perceive in accessing abortion services?

2.1 Recruitment and Participants

The data were gathered between March and May 2015 from 50 participants aged 14-19. Participants were recruited from youth clubs and groups which young people attended in communities of contrasting socioeconomic profiles within the NHS Lothian and NHS Greater Glasgow and Clyde areas of Scotland. Participants took part in seventeen friendship group interviews (two to five young people in each) and one individual interview was conducted because the other participant did not attend. The groups were composed in specific age/gender/SIMD configurations to enable comparisons between groups (Appendix 1).

Participants completed a brief questionnaire at the start of the focus group in order to capture demographic information including postcode (to allow SIMD area to be identified), ethnic and religious background. 27 participants were recruited from SIMD 1/2 and 23 from SIMD 4/5. 36 were female and 14 were male and most were white Scottish, reflecting the predominant ethnic composition of the areas. 35 gave 'none' as their religion, 10 Catholic and, one Muslim and four non-specific Christian. The majority lived with parents but 1 lived on her own, 5 with friends, and 6 lived with another kinship or foster carer or in a residential unit. Full details are given in Appendix 1.

2.2 Ethics

Ethical approval was granted by the University of Edinburgh Centre for Population Health Sciences Ethics Committee. Access was negotiated with the organisations' gatekeepers in the first instance. Gatekeepers informed the young people about the study verbally and in writing and discussed their potential participation a minimum of three days before the interview took place. Parents/carers of young people aged 14-16 were also informed in writing and given the option to remove their children from the study, an option which none took.

Consent was discussed again at the start of the interview at which point participants were asked to complete a written consent form. Researchers clarified verbally and in writing that the discussion was not about the young people's own circumstances or experiences with abortion. The researchers also explained that they would not discuss what was said with others, including parents and gatekeepers. In addition, with the younger age group (14-16) the researchers explained that they could not guarantee complete confidentiality to participants because of their age, given the obligation of researchers to alert appropriate professionals should a child reveal they were at risk. Participants were assured that their name and other identifying features of what they said would be anonymised but that their words might be quoted in reports and presentations. They were also asked not to share what other participants said with anyone outside the group. Ethical issues were also considered closely in relation to the design and conduct of the interview.

2.3 Data Collection

Friendship group interviews were used to explore participants' understandings and views about abortion. Paired and small group interviews have been demonstrated to be an effective means by which to engage young people in potentially sensitive research around sexual health (Hartley et al, 2014, Hyde et al., 2005). Previous research suggests young people prefer to be interviewed with their peers rather than individually (Highet, 2003, Alderson and Morrow, 2011). Small friendship groups provide a familiar environment for young people where they may feel less intimidated (Mauthner, 1997, Morgan, 1998) and where the potential for different attitudes to a topic to be discussed is realised (Hyde et al., 2005)

A topic guide (Appendix 2) was developed which included questions and activities addressing: knowledge about abortion; views on the reasons why a woman might have an abortion; who they thought would be involved in decisions if a woman became pregnant; who they might talk to about pregnancy or abortion; and what barriers or facilitators they felt there were to accessing abortion services. A range of group activities developed by Brook, a young people's sexual health charity, were used to prompt discussion (Appendix 2). These activities are designed for use with young people in this age range to allow discussion of abortion without requiring discussion of personal experiences. The topic guide and the activities were piloted

with a pair group of 14 year old girls and worked very well so no changes were made following the pilot. The topic guide was flexible to enable the exact structure and length of time spent on each activity to follow the flow of the discussion within the group. Participants initially took part in a word association exercise and were asked to write on a shared sheet of paper, or discuss, the words or phrases that they thought of when they heard the word 'abortion'. Participants were then asked to discuss cards which listed some possible reasons for abortion (such as fetal abnormality and age of the mother) and to offer any comparisons of the reasons. The final activity involved discussion prompted by a vignette with a line-drawing of a young man and woman and the text 'Ella is 15 and James is her boyfriend. She's just found out she's pregnant and thinks she might want to have an abortion...'

Interviews took place in a separate room at the location where the young people usually met, lasted 25–75 min and were, with participants' permission, digitally recorded. Participants received a £10 high street shopping voucher to recognize their assistance in the research and following the interview, were given the website contact details of local sexual health organisations which provide information for young people about sexual health, including abortion.

2.4 Data analysis

The digital recordings of the groups and interviews were transcribed. Analysis was informed by the Framework method of inductive thematic analysis (Spencer et al. 2014). Transcripts were read by the research team to identify emerging themes which were subsequently discussed by the researchers and with the research commissioners. Once key themes were identified and agreed upon between team members, NVivo qualitative data management software was used to electronically code the data and to facilitate data retrieval. Coded data sets were then subjected to further in-depth analysis to allow for the identification of further themes and sub-themes. In addition to identifying overall themes, a comparative analysis was undertaken in order to establish any differences between accounts of participants according to SIMD, gender, age and religion. In reporting the data, all quotations from the young people have been anonymised with only the composition of the group noted in terms of gender (M/F; age 14-16/17-19; and SIMD where D represents SIMD 1/2 and A represents 4/5. Religion is not stated for every group since groups were predominantly of mixed, but has been noted where pertinent to the discussion. In quotations from more than one participant they are identified by 'RES' and by the order in which they spoke in the interview. Any comments or questions by the interviewer are identified by 'INT'.

2.5 Structure of the report

The following sections of the report are organised around the research questions and the data are discussed thematically. Where differences emerged, we highlight points of comparison between the groups.

- Section 3 summarises what the young people knew about abortion and addresses the gaps in, and the source of their knowledge (RQ 1).
- Section 4 discusses the themes arising in discussions around reasons for abortion highlighting the contingency of young people's views on abortion (RQ 2).
- Section 5 presents the young people's views on influences and decision making on abortion including discussion of who young people would talk to about abortion (RQ 3).
- Section 6 summarises the young people's views on access to abortion services and ways to improve services (RQ 4).
- Section 7 brings the findings together in a discussion of the main themes and indicates the policy implications to be drawn from the research.

3. Knowledge about abortion

3.1 What is abortion?



Figure 1: Word cloud representation of the word association exercise

As can be seen from the word cloud, when asked specifically about ‘what’ abortion is, the language used was often negative and emotive. This was also often the case when the words they had included were discussed with the groups using phrases such as, ‘killing the baby’ or ‘abortion is shan’ [a shame/going too far/mean]. For example when in one group one participant described it as ‘losing the baby’ this was challenged by others.

RES 1: I just think people lose babies, that's all that comes to me.

RES 2: But then they're actually killing their own baby...They're killing their own baby cause they don't want it.

RES 3: That's the point (DF 14-16)

As this extract indicates, at times, the question of ‘what’ was often blurred with ‘why’, perhaps indicating that abortion is most often discussed in terms of the reasons that lie behind it rather than as a medical procedure. Abortion was predominantly described as being because a baby was ‘unwanted’ and, in this context, positioned by some as a ‘last resort’ or a ‘get out jail free card’ (AF 17-19). As we discuss in section 4, the debate surrounding abortion

as a 'moral issue' was evident in this discussion and also reflected in the prominent position of 'choice' in the word cloud.

3.2 Who can have an abortion?

When asked who could have an abortion the majority of groups said that they thought there were no restrictions and that anyone could have an abortion. Several groups mentioned the woman's age as a potential restriction though there was a lack of clarity around what the age restriction might be. Some thought there was a minimum age limit, while others thought there *should* be a minimum limit (as a means to discourage underage sex). Most were unclear about the actual situation and if/what limits might be.

RES 1: It could be 17/16.

RES 2: About 18.

RES 1: No it's not as high as 18 because that's too high

RES 2: I do, I think it is.

RES 1: Because there's young people that are wanting to... more young people are wanting to have abortions so I don't think there should be an age limit on it (DF 14-16)

Some mentioned that they expected a requirement for parental consent for young people.

I'm pretty sure there's, like I'm 90% sure, there's a limit where if you're under a certain age you have to get parents' permission. I'm not entirely sure about what age that is (AM17-19)

3.3 When can a woman have an abortion?

There was some confusion among most groups about the time limits within which abortion was possible/permitted. Only one group was aware of the 24 week gestational limit in Scotland and another reported 'twenty something weeks'. The others gave dates ranging from 2 weeks but most often mentioned 12 weeks or three months as the cut-off point. Two groups also discussed there being a minimal gestational age before which abortion could not take place.

RES2: So that's like between, like, 15 and 20 weeks; can you have it before 15? Maybe, maybe 11, I feel like 11 I've heard that before....

RES1: Yeah cause isn't it like they're like really, really tiny?

RES2: Yeah and you might, like, you wouldn't be able to get it out if it was tiny (AF 14-16)

Among some groups, the discussion around when abortion is possible led into a wider discussion of what abortion meant at different gestational ages.

If you're aware from, like, day one that you're pregnant and you're set on getting an abortion, you might find it easier to do it then and there because it doesn't seem, like, as real and it might not seem like an actual killing or a death, but finding out, like, three months later or something and then knowing that there is an actual baby with a heartbeat and everything inside you, then that would feel like killing (DF 14-16)

As this quote indicates, when discussed in this way a distinction was drawn based on fetal development. In other groups the distinction was based not only on physical development but also the development of personhood.

It's still a living organism, it's still growing so it's not, like, fully done yet, so really the whole point of it being like murder of, like... it sort of is but it... oh this sounds really brutal, it's sort of like cutting down a tree because we don't really know if trees have consciousness or not and you don't really think they do, and people just cut them down for paper and stuff... like the baby's not a person yet and so they won't ever know what they've missed out on or anything. I feel really bad saying that (AF 14-16)

3.4 How are abortions conducted?

There were mixed responses regarding how abortions are conducted. Some said that they 'know nothing' and in many groups there was a range of knowledge between participants. Methods mentioned included 'tablets', 'pills', 'chemicals', 'cut[ting] your tummy open', 'clamps' or 'pliers'. There was generally more awareness of tablets as a method, as opposed to surgery, and most groups mentioned the use of medication though there was little detail given about how, when or by whom such medication would be administered, or what happened after the medication was taken. Some were aware that the pregnancy tissue is expelled.

I think like when you go to the toilet the bairn just comes out, but it's like not a full bairn.. It's just like blood and that I think...(DF 14-16)

Others thought that it would 'dissolve'.

Does it break down and then into a chemical? Is it like the soluble mints....and it kind of dissolves? (AM 14-16)

There was also some discussion of the use of abortion methods at different gestations.

RES3: It depends how far you're on I think cause if...

RES2: You take a pill if you're not that far on and if you are quite far on does it not, like, get cut out of you? (AF 14-16)

One group discussed some information they had seen on a social media site giving images of surgical abortions.

RES2: I think some people just think that you just take a pill and then that's it really, but they don't...

RES1: Aye that's what I used to think.

RES3: But it's more complicated than what people say it is.

RES2: It's nothing, it's just take a pill and you don't really know what you've done, but then once you find out about it more and you realise it's...

RES1: It's actually quite horrible! (DF 14-16)

3.5 Where are abortions provided?

Responses to this question indicated limited awareness of where abortions would take place. Several suggested hospitals as well as 'abortion clinics' and sexual health clinics, and one respondent suggested a 'well woman's clinic' though others in the group had not heard of this. One participant cited that you might obtain drugs from a pharmacy, and one group said that the abortion might take place 'at home'. Several groups said they would go to the doctor (general practitioner), although none thought that the abortion would be conducted in the GP surgery or by a GP. There was some awareness that abortion would involve a process of referral from the GP onwards.

RES3: Doctors, GP...That's about all I know.

RES2: Aye but would they not refer you to somebody else?

RES1: Aye.

RES2: Like, in a hospital or something like that, a women's abortion place, a clinic, I don't know. (DF 14-16)

3.6 What are young people's sources of knowledge on abortion?

3.6.1 School

The extent to, and the way in which abortion is taught in schools was discussed by most groups. Abortion was reported as being framed more commonly as a topic of abstract moral/ethical debate rather than relating to healthcare provision. The majority of groups reported having discussed it within the context of Religious Education classes focussing on

the 'religious debate of it' (AF 17-19) or addressing it as a 'moral issue' (AF 14-16). This 'debate' framing was felt to polarise the issue and detach/distance it from real life:

I think a lot of the time as well, you're told that you've got two options, like you're pro-life or you're pro-choice. You can't really...you have to choose and you don't really know the facts on both sides (AF 17-19)

Even when discussed in the context of Personal and Social Education (PSE) classes there was still a focus on debate.

Well they showed a video of someone, like, getting an abortion and that and then there was like 'so what d'you think of this?' and then 'obviously it's completely wrong', and they were like 'it's not that bad because she had this' and stuff like that, and then I was like 'no it's completely wrong that you're just killing an innocent child' and stuff, and it went on like that (DF 17-19)

Some contrasted the lack of attention given to abortion with the information given around contraception, which they reported as being covered extensively in PSE/ Relationships, Sexual Health and Parenthood Education (RSHP).

Like, even in PSE they don't even say 'oh yeah...' like, when they're talking about, like, say sex and that, they don't say 'oh and you can just go to hospital and ask for an abortion' they don't even mention it (AF 14-16)

There was a sense in one group that their school did not consider abortion relevant:

I don't think the school expects us to expect to know about that, to like, want information about it, so they don't teach it (DF 14-16)

In another group the young women referred to the reluctance to teach the subject within their Roman Catholic school.

In Catholic schools they won't talk about it cause they don't see it as an option which I think is really silly...It was about, like, keeping the child and how it's strong and you shouldn't do it and believe in God (DF 17-19)

This lack of attention to abortion within school, other than as a matter for debate, was considered to be problematic by many of the groups because it meant that young people were not fully informed. We will discuss this further in Section 6.

It's not something that's talked about, like, if I was wanting an abortion I wouldn't have a clue what I was doing. I wouldn't know how to go about it (DF 17-19)

3.6.2 Parents and peers

Participants referred to other sources of knowledge including parents and peers, though only one mentioned direct knowledge of someone else's (her mum's) experience of abortion. Talk about these sources of information came largely from the female groups, some of whom mentioned having talked to female family members about abortion.

While parents were commonly cited as a key source of information, there was also a sense in which they were considered as a potentially biased source. Some felt that at their age they were only starting to form their own views about many things, and did so by talking to people from different backgrounds:

- RES 2: I think if you're looking at people our age a lot of the time their views on, like, a sort of religious and moral level, it's not necessarily entirely their own, it's usually like parents and it's not necessarily that they're consciously thinking the same way, it's just that's what they've been exposed to and that's what they've been shown to be the correct way to think or whatever.
- INT: Yeah. So is that something you think changes over time then?
- RES2: I think only in talking to other people.
- RES3: Yeah I think especially at the beginning of university when you're starting to kinda stand on your own two feet, you can kinda start to question some things (AM 17-19)

3.6.3 Media (film, television, news, social media)

Most of the talk around parents/peers and media sources tended to present largely negative views of abortion. Films mentioned included *Juno* (where a pregnant young woman considers having an abortion but decides against it at the last minute when made aware of the stage of development at which the fetus would be); and *Dirty Dancing* (set in the 1960s in which a woman has an illegal abortion and becomes very ill). Television – including soaps, documentaries and news coverage (predominantly of anti-abortion protests etc) – were also mentioned, and participants noted the potential of television to present a limited picture of who has abortions and why.

With abortion, you see it sometimes in the media and [TV] programmes. I see my nana watching her programmes like *EastEnders* and that, there's the young "slutty" girl -

she's labelled in the show - who's considering the abortion, and I think it is just a label that's associated [with abortion] at times and it's not always the case (DM 17-19)

Social media was presented as something of a double-edged sword in this respect, being a learning opportunity but also a forum for peer pressure and negative attitudes. It was felt to be negative in that it risked making what should perhaps be a private matter public.

Oh it'd be all her friends on Facebook and that and the whole world know basically, the whole of Facebook – people that they don't like, people that they know, people they'll never ever meet in their life know that they're pregnant; it's like come on! (DM 14-16)

Social media could also be a positive influence on views in that some felt it offers exposure to a broader range of knowledge and experiences:

RES 1: Yeah, usually, because on social media you're open to so... cause there's people all round the world from all different backgrounds, you can hear about everyone's, like, tonnes of different people's experiences that you might not have known about, then it might make you a bit more open-minded towards things, and educate you a bit more on like...

RES 2: people... other than your social circle (AF 14-16)

The internet in general was presented in a similar way in that it could be a key source of information on abortion which was lacking elsewhere ('everything's on Google' (DF 14-16)), but could also be a source of misinformation, since much of what is available online was considered to be merely 'opinion'.

I think Google's quite dangerous as well, as in like you do just get opinions on Google, like, well I mostly get opinions on Google cause you can't obviously trust everybody's... not everybody's an expert but they would pretend to be on the internet, whereas I think a doctor I'd be more likely to trust wholeheartedly than the internet (AF 17-19).

Trusted online sources included the NHS website and specific sexual health service websites, though mentions of these were in the minority.

4. Views on reasons for having an abortion

4.1 How were reasons discussed?

The reasons why women might have an abortion often emerged spontaneously in the initial word association exercise (see word cloud p.11) indicating that abortion was not considered to be/interpreted purely as a medical procedure carried out to address a health problem. Rather, it required a justification for why the pregnancy was 'unwanted'. The use of the term 'unwanted' highlights the sense that abortion was viewed as a choice rather than something that is required.

In the exercise using the 'reasons' cards (Appendix 2), participants were not instructed on how to group the cards but all chose to discuss them in relation to some form of assessment of the reasons in categories which included: better/not very good reasons; most/least justifiable; medical/moral; physical/social; and more/less serious. Only one group (AF 17-19), which included one medical student and one law student, defined the reasons in terms that reflect the tenor of the legislation as 'physical, emotional stress or harm'.

Most of the groups grouped or ranked the reasons starting initially with two polar categories of more or less justifiable reasons for example. As the discussion of the reasons continued, many of the groups then also created a 'middle' category that mostly reflected the discussion of the range of situations within which the reason could apply, as will be discussed further below.

- RES1: Yeah, she's got two young kids already.....depends cause it can be quite expensive with kids.
- RES3: Could be in the middle?
- RES2: Just make a middle as well (AF 14-16)

In creating this middle category the young people were demonstrating the complexity of the discussions around this topic. There was also, among some, a sense of reluctance to be seen to judge the decision of others. For example within one of the Catholic groups one young woman said,

I don't agree with it but I don't judge for it either, cause obviously everybody has their reasons (DF 17-19)

Some of the groups sought to remain fairly neutral in their discussions of reasons, and some were tentative in reaching any conclusions, discussing various sides of an argument, and qualifying their discussion with 'maybe'. One group openly discussed the terms used.

- INT: There's just one thing that you said that I just wanted to ask a bit more about; when you said you didn't want to say justifiable reasons, but then you said legitimate, but why didn't you want to say justifiable?
- RES1: It doesn't seem right, like, the word doesn't seem right, I can't think of the right word but... (AF 17-19)

However there were also clearer judgments reflected in the language used by some, more often within the SIMD 1/2 groups, for example 'sick', 'horrible', 'shan', and 'rubbish excuses'.

4.1.2 Abortion as a moral debate

As noted earlier, the young people's knowledge of abortion tended to be framed as a moral or ethical 'issue'. They were aware of anti-abortion campaigns in Ireland and the United States, as well as the UK (although views here were felt to be less 'extreme'). Many of the groups reported it as something which was considered to be 'controversial', or a 'hot topic', and about which some people have 'very strong opinions' (AF 17-19), often based around religious beliefs.

- RES 1: People feel really strongly about it.
- RES 2: Yeah, some people that are religious think that, like, the sanctity of life and it's God's creation...
- RES 1: Like, it's God's gift and you're getting rid of God's gift or something like that.
- RES 2: ...and you're, like, killing and they're like 'oh you're a murderer' and stuff. But the people that are pro choice they say 'no, a woman's body is her own body, she should be able to do what she wants with it'.
- RES 1: If she feels that that is the right thing to do then she should have the choice to decide. (AF 14-16)

However, the strongly polarised views described did not necessarily correspond with the views expressed by most groups, the majority of whom tended to emphasise the women's right to choose, and the significance of the particular circumstances and contexts involved (as we report below). The forms and extent of opinion for/against abortion was very dependent on context and there were no groups that maintained a complete anti-abortion or pro-abortion stance throughout. Even where participants self-identified as Roman Catholic, amongst whom a strong anti-abortion position might be expected, there was a tendency to say that 'you need to look at the bigger picture' (AF 17-19).

4.2 The significance of context

The context or circumstances within which decisions were taken were reported as adding to or detracting from the validity of the reason for having an abortion.

Well from me I think that in certain circumstances it [abortion] can be a good thing.....in others it can be a bad thing (AF 14-16)

The significance of context was central to discussions of the reasons cards amongst all groups, including those that expressed negativity towards abortion, and can be summarised as: the reason for the pregnancy; the potential consequences (abortion and continuing pregnancy); and the age of the woman.

4.2.1 The reason for the pregnancy

Most groups discussed 'the woman is ill' and 'pregnancy as a result of rape' reasons cards as being the most 'serious' or 'good' reasons for abortion. While positioning herself as being against abortion, rape was presented by one of the Catholic young women as "the only way I would think it's acceptable" (AF 17-19). Discussion of both of these reason cards often led comparison with other reasons in terms of a lack of blame or fault, or as arising out of a lack of control; 'unavoidable', 'it's not really up to you', 'not much you can do'.

Some people just have, like, negative opinions on it and see that it's the girl's fault that she got pregnant, when in most cases it's probably not...cause like a lot of cases it could be, like, rape or abuse and stuff, it's not like always going to be their fault if they get pregnant and that (AF 14-16)

I think for me the main reason it [women's illness] would be near the top is cause that's probably one that a doctor would come along and actually say to you, rather than it being a personal thing (AM 17-19)

Abortion where the woman was not at 'fault' was contrasted with circumstances in which the pregnancy was considered avoidable and was attributed to the women (and at times the man) not taking responsibility or for making 'bad choices' (AF 14-16). For some, taking responsibility equated to avoiding sex: "if that woman can't handle another baby, she shouldn't be having sex" (AF 17-19). However, taking responsibility was more commonly framed in terms of using contraception, and judgements of the acceptability of abortion were made on this basis.

If you usually use contraception and you're very safe and then one time it's, like, an accident then I suppose it's... I suppose it's more okay than if you never use it and you just mess about and it just happens. It's like... this sounds really harsh saying it, but it's sort of like you sort of got what was coming to you because, like, it was going to happen (AF 14-16)

Much of the discussion focussed on women's responsibility for contraception, although some also addressed men's perceived role. One group referred to someone not being a 'real boyfriend' because he was not taking responsibility for his part in the pregnancy.

But the baby was inside him so like it's basically his bairn inside her if you know what I mean, if it wasn't for him... (DF 14-16)

One of the male groups discussed their concerns about relying on women to ensure that they were protected against pregnancy.

I'd do it myself, I wouldn't expect birds to do that....I made sure it was done, done perfectly myself and then know, just sort of personally know, so if they ever phoned up and tried to say 'I'm pregnant', 'look, what are you talking about, catch you later, bye'...birds lie, birds can say they're on the pill as well but they're really not (DM 14-16).

This sense of responsibility was also discussed in relation to potential judgements on having an abortion. One group described those not using contraception as making a 'reckless decision' and went on to discuss how such perceived lack of responsibility might lead to judgement from health professionals.

It's not necessarily that they would be denied the service because it's like "well you didn't even try"...I guess it would be frowned upon...you'd probably be judged a little bit by it..and they would sort of be taught or spoke to about how to avoid certain circumstances in the future (AM 17-19)

Many groups also noted that contraception was flawed and that there was always a potential for 'no fault' accidents.

I think no contraception's 100%, [it] could've been completely not their fault (AF 17-19)

There was also some discussion about barriers to accessing contraception with some reporting the potential for embarrassment or stigma associated with in buying or accessing free condoms.

I've seen a lot of places saying 'free condoms' and stuff but then again would you want to go and collect free condoms in front of everyone...Cause I myself would be embarrassed to walk into a clinic and dip into the free condom jar...That jar comes with a bit of a reputation as well (DM 17-19)

Condoms are not given out via a jar in either of the health board areas from which the young people were recruited for this study but the notion of the jar serves as a metaphor for the potential embarrassment involved in publicly accessing condoms.

4.2.2 The potential consequences (abortion and continuing a pregnancy)

The potential consequences for the woman, both of continuing or aborting a pregnancy was identified by participants as a key factor in their evaluation of reasons for abortion.

The consequences of pregnancy and/or abortion for the health of the woman was raised in a number of ways. The risk to her physical health was mentioned in response to the case of illness during pregnancy and also in the example of an older woman becoming pregnant: with one group suggesting an older woman's 'insides might collapse' (DMF 17-19) if she continued a pregnancy. Concerns were also raised about the impact on women's mental health in the context of continuing a pregnancy which was a result of a rape. Some groups reported this as a 'good' or 'serious' reason because of the potential 'mental impact' (AM 17-19) of a rape-related pregnancy.

She'd have to live with that child and every time she sees that child she might think about her rapist....a permanent link (AF 14-16).

Concerns that abortion might have a negative impact on women's mental health later in life were reported by a small number of participants, mainly among the Catholic groups, for example, one group discussed the impact on women of making the 'wrong choice'.

As they get older it can take its toll.. when they realise what they've done or the consequences of...maybe they didn't actually understand what side they were on and then as they get older they think more about it and think about their experience...and guilt can really damage somebody (AF 17-19)

In addition to health concerns, financial circumstances were frequently discussed in relation to the potential consequences of continuing a pregnancy and so as contributing to the decision to have an abortion. The impact of financial loss by continuing a pregnancy was reported in a number of specific contexts including supporting a child with disabilities and maintaining a career. There was an emphasis among both advantaged and disadvantaged groups on the potential challenges that some people might face in providing the basics of food and shelter for their children based on either their indirect or direct awareness of such situations.

RES2: Yeah well if you're, like, really poor and you don't think you could raise the baby then I think you should be able to have an abortion because the baby would just maybe, like, not be, like, might live in poverty and might not get enough food and stuff.

RES1: Not have a good life (AF 14-16)

It's like I know somebody that's on the dole and they've got two children and they can barely feed their children and their children will go about three or four days without food (DMF 17-19).

One group emphasised the importance of ensuring a 'suitable standard of living', and that, as university students, having a child "could potentially be quite damaging on our lives" (AM 17-19). However this was not simply about having enough money; it was about being able to develop a life that is of an equivalent (socioeconomic) 'level' to their own upbringing.

At the moment if a child were to come into our lives it would directly challenge how we would go about our lives, you probably would struggle with university studies and then be able to also raise the kid to the same level we were all raised with our parents.

However there were some that challenged the salience of financial circumstances as a reason for having an abortion. One young woman emphasised the need for having the basics but not necessarily the 'suitable standard of living' described by the more affluent male group.

I don't think money's important, not really. As long as there's food and they've got clothes and they've got toys they're fine, they don't need much else (DF 17-19)

One young man also said that, based on his own experiences, 'people would help you' if there were financial difficulties (DM 14-16).

The significance of context and the debate about potential consequences was perhaps most apparent in the discussion of 'fetal abnormalities' as a reason for abortion. This was often discussed as being one of the more 'serious' reasons and was also subject to some of the strongest debates within the groups. Judgements often hinged on the nature of the potential disability arising from any 'abnormality' and its implications for the woman and potential child, and all interpreted this as meaning a disabled child rather than, for example, a baby that might not survive beyond birth. Many of the groups indicated support for abortion in the case of conditions that would cause suffering for the potential child and if 'you thought they would have a worse life if they were born' (AF 17-19). However many were not supportive of abortion for conditions perceived to be less debilitating, with Down's Syndrome often mentioned as a point of contrast.

If it was something that the kid can actually go and do stuff and socialise I think it'd be fine, like Down's Syndrome, but if it couldn't walk, if the child couldn't walk or talk or anything then probably ...I wouldn't want them to suffer (AF 14- 16)

Other groups pointed to circumstances in which the woman felt that 'they couldn't cope with raising' the potential child (AF 17-19) as meaning that it may be 'kinder' to end the pregnancy.

[If] you thought it was best that, like, you whether that would have too much of an impact on your own [life] that would end up being detrimental to both, and so neither, you know, certainly prosper from it, so is it kinder not to go ahead (AM 17-19)

Young people were highlighted as being less likely to be able to cope because they may not know enough or because they may not have enough financial resources to be able to provide for the child's additional needs.

Four groups unequivocally disagreed with abortion for fetal abnormality under any circumstances and two further groups were split on the justifiability of this reason. Disadvantaged groups were more likely to be against this reason (of these six groups, only one, an all-Catholic group, was from the SIMD 4/5 category) describing it as 'shan' 'horrible' 'wrong', 'disgusting'.

It is hard but like it's shan just killing it cause it's basically going to be in a wheelchair (DF 14-16).

There was also a distinction drawn between not being able to cope and not being 'willing' to raise a disabled child.

I think it depends on, I guess, the reasoning behind your choice. If it's like 'oh there's a chance your child is going to need medical care', 'I'm not *willing* to do that'...'I don't want that hassle' is a different thing than 'I don't know if I'd be able to actually care for them properly (AM 17-19)

This highlights a key distinction noted in a number of ways between having a preference and the ability to cope. One group discussed the example of a woman who 'did not see her relationship as long term' in this way.

If she doesn't want to bring up the child on her own and she thinks that'll be a strain or something, that's sort of okay, but just like.., 'just not feeling this, I'm not going to have the child' that's a bit...not really fair (AF 14-16)

Here the woman's circumstances were reported as shaping whether she would be able to cope emotionally and financially but the validity of this reason was also questioned. Some groups noted that the nature of the relationship should not solely inform the decision for an abortion because there are 'plenty of single powerful mothers' (AF 17-19) and there is a lack of certainty even in long term relationships. Moreover, based on their own experiences, some highlighted that support is available to lone parents, with one participant noting 'I turned out perfect' (DM 14-16).

Indeed, it was often the contexts where there was perceived to be fewer consequences for the woman that were the most likely to be criticised by the groups, particularly where it appeared that the woman was putting her own interests first. For example, one group suggested that a common reason for abortion is that 'they can't be arsed with a baby' (DF 17-

19). A woman who 'doesn't want to take time out of her career' was often described as being 'selfish' in prioritising her own needs.

That makes me so angry, that actually makes me so angry....Because, like, those mothers care more about their job than their kids (AF 14-16)

However one group wrestled with the complexity of weighing up the potential consequences against 'selfish' reasons for abortion.

Yeah I think a lot of the reasons that people give are selfish but then, like you said, you're allowed to be selfish, but then it's when you're being selfish about the life of someone else, like, taking time out of your career, it's... but it's completely different if it's because you're too ill. I don't really know, it's like you can't live for everyone else all the time but... (AF 17-19)

4.2.3 The age of the woman

Discussion around this theme was common, particular relating to young women, and often arose spontaneously from the word association exercise indicating that they associated abortion primarily with teenagers. However, one group reflected on this as a stereotype.

I think that's almost sometimes a stereotype as well but, like, when you think about abortions most people say, like, 'teenager' or 'young pregnancy', and then from that angle you've got all sorts of different things pushed on them (DM 17-19).

Some of the groups discussed the patterning of teenage pregnancy in relation to socioeconomic circumstances.

People wouldn't associate teenage pregnancy with rich people...You get people that just have children to have a free house, like, benefit kind of thing (AF 14-16)

..when you walk about, like, rich places you just usually tend to see old people, but when you walk about, like, [deprived area] and that you just see loads of bairns, like wee bairns, like, 14 year olds with buggies and their belly sticking out and that (DF 14-16)

There was considerable discussion around what being 'too young' (as a 'reason' for abortion) translated into in terms of age. 19 years was the oldest and 12 years was the youngest mentioned but most commonly 'too young' was defined as being somewhere between 13-16 years. This categorisation was based in part on biological concerns about being 'too young to carry a child' (AF 17-19) but the main issues raised related to their stage in life as will be discussed below.

Unlike many of the other reasons given on the cards, being 'too young' for abortion tended not to be discussed in polarised terms of 'good' and 'bad' reasons for abortion. One group of young men explicitly said that young women *should* have abortion if they get pregnant; 'they should abort the bairn cause they're dafties who can't look after themselves' (DM 14-16). None explicitly said they should never do so. Rather, a critique of teenage pregnancy and parenthood formed the basis of much of the discussion among the groups with an emphasis on what was lacking in teenagers' lives to make them suitable parents and the primarily negative implications of parenthood for their lives.

'Not being ready' (to become a parent) was often reported as a reason why a young woman might have an abortion. There were several aspects to this. First, not being ready for the responsibility and practicalities of parenthood was noted.

I feel like if you're, like, 12 or something or even, like, 14 you might not want to look after a baby or even have that responsibility...and you might just want to live your life a bit (AF 14-16)

Second, groups discussed not being ready in terms of their life circumstances. Specifically, the need for stability as a condition for parenthood and its absence in the life of teenagers was mentioned on many occasions. In the young people's accounts, stability was often tied into having sufficient economic resources, reported as having a job or an income enabling them to support themselves. While this reflected wider concerns about the financial consequences of parenthood noted earlier, it was presented as most problematic for teenagers.

[Age] 14, yes, 'cause then you need to have a job as well, you need to have a stable lifestyle for the bairn (DM 14-16).

16 years was mentioned by some as a key age because prior to that the young person would have to be in school and so would not have the option of being financially stable

You don't have a job so obviously you're not going to be paying for your own child (AF 17-19)

As a result they would be relying on others, mainly parents to provide for them and a child.

You'd need to have, like, a stable, like, someone who can support you that has a life income so you know you're not going to be, like, strapped for cash and so you're always going to have, like, food and the baby's always going to be warm and safe and everything (AF 14-16).

In addition to the perceived challenges for young people in 'being ready', there were also concerns raised about the impact of parenthood for their futures given that they were still at an early stage in choosing their pathway in life, as one participant said

You're just beginning to kinda choose what you want to be and get your life sorted (AF 17-19)

In particular, concerns were expressed by some about the potential disruption to their education.

At that time if they were to have a child, they'd have to leave school, they wouldn't be able to continue with their education, they'd have to delay all that which would have massive repercussions on their life (DM 17-19)

Although concern about disruption to education was expressed by some groups from both SIMD categories, it was more common in the affluent groups. The impact of being school-aged tended to be framed more around the financial implications of not being 'ready' financially, still being at school, and/or not having the opportunity to work, as discussed above. One of the SIMD 4/5 groups mentioned the lack of aspiration or goals in relation to education as a reason why continuing a pregnancy within their school catchment area which they described as 'low social class' was 'not uncommon' (AF 17-19). This point was not raised by the SIMD1/2 groups.

Although much of the discussion was relatively negative there were some, mostly from the SIMD 1/2 groups, that also reported that teenagers could be good parents, often drawing on personal experiences from people they knew including their own mother, sister or friends. For example, while arguing that 13 years was too young to have a child, this young woman reported that her mum was pregnant at 17.

People are 16 and they're still a good parent and they like being a parent and they don't mind not going out with their friends, just staying with their children, so it depends on how they feel as well (DF 14-16)

However for another young woman this kind of personal experience served a different purpose.

See like in my family my cousins and my aunties and stuff have all had kids between the ages of 16 and 18, and it puts me off, like, it puts me off sex and stuff like that because it's just kinda like I don't want to get pregnant (DF 17-19)

5. Decision making around abortion

5.1 Choice

The influence of other people, including peers, family, and sexual partners, in shaping a woman's decision to have an abortion was noted. However, there was general agreement that it should be the 'personal choice' or the 'right' of the woman to make the 'choice' that she felt was best for her.

I think the only person who should have say on whether they get one [abortion] is the woman....It's their body so their rights (AF 14-16)

However choice was not always presented positively. The group of young Catholic women that expressed the strongest anti-abortion views - although agreeing it should be legal - made it clear that the right to 'choose' was in fact reserved for times when women actually had little or no choice, giving the example of becoming pregnant after a rape.

I don't agree with it, I don't think it's... I don't want to say it's wrong because there is times where people don't have a choice, but I think me personally I wouldn't have an abortion if I got pregnant (DF 17-19)

There was acknowledgement that the decision to have an abortion may not always be an easy one. Some mentioned the need for the woman to be 'big enough and brave enough' (AM 17-19) to do what is right for her, in the face of negative attitudes.

It depends on what people around her say and if she feels... it depends how confident she is...Then it'll be like... and she'll just think in her head, she'll strongly agree with what she thinks and do what she thinks and not what other people think (DF 14-16)

Another group expressed their view that if they became pregnant they would see abortion as their only option and not a preferred choice.

I know if it was me you'd feel like you have no other option but then at the same time it's the last thing you want to do. It's like there's no middle ground....It's not something that you want (AF 17-19)

This underlines some of the constraints within which this 'choice' is made.

5.2 What are the options when a woman is pregnant?

We asked specifically about the options available to the young couple in the vignette (see Appendix 2) who had just found out that she was pregnant. All of the groups discussed abortion or continuing the pregnancy and around half mentioned adoption as a possible option. Adoption was discussed in different ways by the groups depending on their wider views of abortion. Some groups focussed on the right of the woman to choose and presented all options as determined by the woman's 'choice' (DM 17-19) and 'what's best for her' (AF 17-19). There was some discussion of the immediate and long-term challenges for the woman with adoption and abortion compared in terms of impact.

I think it'd be really hard though to, like, have your baby and then, like, watch it get took away and given to somebody else, like, a lot of people say that, it's kinda easier to have an abortion because you don't, like, know the baby, it's just kinda like... but when it's growing inside you and then you see it and you're like 'oh my god that's my baby' and then you see it get taken away from you, you're like... 'ah give my baby back!' (AF 14-16)

However there was also discussion of options in terms of the interests of the potential child. Within the Catholic groups, abortion was presented as a 'last resort because 'there's so many other things you can do' (DF 17-19). Another, all male group was implicitly critical of abortion throughout.

Having the child and then doing adoption would be better than just entirely getting rid of the child to begin with (AM 17-19)

Because much of this discussion was around the young couple in the vignette, age was also considered a factor in determining suitability as parents and with adoption presented as an option for finding the child a 'better family' (AF 17-19)

A 14 year old to have a child it's not right but it's their own decision, but if they can't look after it then there's always the choice of adoption (DM 14-16)

Adoption was also highlighted as offering people who couldn't have children a 'chance' and that while it may not be an easy option, it would be making 'someone else happy' (AF 17-19). Countering this, some groups reported concern that 'there's already so many babies (AF 14-16) and 'unwanted children' (DF 17-19).

5.3 Who makes the decision?

5.3.1 Parental influence

Most groups reported the influence of family, particularly parents, as strongly shaping young people's ways of thinking and in their decision making.

I think if your family just don't believe in it [abortion] then they're not going to believe in it no matter what the reasons are. So if you come from a background that way then you're probably going to follow in the family footsteps and believe the same (AF 17-19)

In the groups of Catholic young women the influence of religion in the family was discussed but it was also noticed that these views were not forced.

RES1/2: No but they don't say you cannot have an abortion.

RES1/2: Yeah but they're not fully supportive of it cause they don't agree about taking the life.

RES3/4: Exactly, or does it mean they're not going to say if you have an abortion you can't be a Catholic?

RES1/2: I think it's a barrier for a lot of people (DF 17-19)

I've never been told 'you need to believe this', it's like 'you're Catholic you believe in this and this' but I've never been made to believe in it and, like, half the things I might disagree with but nobody's ever put a gun to my head and told me I'm wrong (AF 17-19)

Beyond being an influence there was also some discussion of whether parents of under 16s had the *right* to know if their daughter was pregnant and so to influence the decision.

If she's like quite young or under the age of, like, an illegal age, then her parents obviously do have the right to say something (AF14-16)

I think they should know because it's their daughter (DF 14-16)

There was also discussion about anticipated parental reaction to finding out their child was pregnant and in some cases how this would influence decisions. It was clear that the young people had concerns about how their parents would react if they became pregnant. As one said, the first thing they would think of if they became pregnant was 'what will my parents think?' (AF 14-16). For some this was an anticipation of an extreme reaction from their parent.

RES2: My mum would batter me.

RES1: My mum would go mental (DM 14-16)

Some also noted that the anticipated response from parents would also shape the decision the young woman made.

It's probably not her that's making the decision, like, it's not her wish to have an abortion if it's because her parents won't like it, that's their opinion (AF 17-19)

Such an anticipated reaction was in response to their child being pregnant and only the group of young Catholic women indicated a negative response in relation to abortion.

I used to always assume 'oh my parents would kill me' but I think my mum would kill me if I went to get an abortion (AF 17-19).

Moreover some noted that by becoming pregnant young women risked damaging a relationship that was very important to many of the participants. There were concerns about 'disappointing' parents (DF 14-16) but at a more extreme level, several groups talked about the potential for parents 'disowning' their daughter, leaving them with no support and possibly 'out on the streets'. Given that parents were considered by most to be the main source of support for young people this was seen as making it 'hard' but also potentially very damaging on their mental health; 'it might lead into depression and stuff like that' (DF 17-19) or as one young woman said,

What if you're disowned by your mum and dad and, like, you love your mum and dad, like, see if my mum said that to me I'd be so heartbroken (AF 14-16).

However it was also noted that parental reaction would depend on how 'strict' the parents were and one group discussed how this reflected the extent to which parents were involved in their children's life and set boundaries. Notably this distinction also seemed to be based on social class with a particular disadvantaged area in Edinburgh highlighted as including the parents that 'just don't care'.

RES 1: ...because if her parents are quite strict then...

INT: What d'you mean by strict?

RES 2: Like if they're posh, you know, if they're like...

RES 1: No if they have, like, big hopes for you and want you to be a ballet dancer that...

RES 2: And like a doctor and stuff.

RES 1: ... and they pay for lessons for you, like, swimming lessons and piano lessons and all that kind of stuff, that means they're like really...

RES 2: No like if they let you out, if they let you out till whatever time you want, let you do what you want, I don't think they would really bother.....

RES 1: Like, if they're rich then, like, they'd maybe no want you having a bairn but, like, cause they want you to get a good job and that, but it's like

they're just like from Niddrie or something or like brought up on the corner then they don't care... (DF 14-16)

5.3.2 Peer influence

Alongside the influence of parents, the opinion of peers on pregnancy and abortion was also mentioned as significant in young people's lives.

I think the emotional stress of, like, friends leaving you or just people saying things about you, that bit when you're young can be a really big thing, cause when you're older I feel like people sort of become a bit more okay with people saying things, it's like 'that doesn't matter', but when you're at high school or something it's like one of the main things that happens (AF 14-16)

Very often this was described in terms of negative comments and being pregnant or having an abortion was presented as a significant trigger for such judgements.

RES2: You'd get so much hate....Like people would just be calling you... like, if you walked past people they be like 'oh yeah that's the person that got pregnant'.

RES1: Slut shaming (AF 14-16)

It was also clear from the terms that they referred to, such as slut shaming', that the negative response from peers would be directed at the young woman not the man.

Yeah it's always the girl...most of the time you don't even know who it was, like, who the guy was, it's just you know about the girl (AF 17-19)

A clear gender distinction was drawn in the kinds of judgements made against girls and boys for similar behaviour.

Yeah, if you're like joking with one of your mates and then they're like 'oh you're a slut' it's like ha, ha that's very funny! But whenever if they're, like, 'oh this girl dated more than one person, oh that slut' but if you say it about a boy they're like 'oh, he's such a player' or it's like more of a good thing (AF 14-16)

Again there was reference to the secrecy surrounding abortion when compared with continuing pregnancy.

I think for, like, well my experience, if it was like rumoured that someone was pregnant and they'd had an abortion, like, no one really knew if it was true or not... because

there was no bump to prove it, so it was always kind of speculation like 'oh are they pregnant or is it a rumour?' (AF 17-19)

Perhaps as a result of this secrecy, while the fact that peer judgement was considered to be significant and mainly negative was certain, it was not always clear what direction this peer judgement took, that is, whether it was for or against abortion. Much of the discussion, as presented above, was around peer reaction and judgements made at young women on becoming pregnant, "you're a slag, you're too young, you're so dirty" (DF 14-16). However in the SIMD 4/5 Catholic group and most of the SIMD 1/2 groups, an emphasis was also placed on the peer influence towards continuing the pregnancy.

She'd probably think the way people look at her would change, like, she'd think of the social side and be like everyone knows her as she had an abortion kinda thing. Her reputation. That'd be the number one thing you knew about her, not anything else, just she's had an abortion (AF 17-19)

Among the disadvantaged groups, one group spoke about peers being 'jealous' if they found out someone was pregnant and another referred to the girls in school getting broody'. One young woman said that friends might say 'you're killing your baby' (DF 14-16) if you had an abortion. One group of young men commented on how common teenage pregnancy was among their peers such that 'everyone on my Facebook's either pregnant or already got a bairn' and argued that there was 'peer pressure' to have a baby. If someone was pregnant they argued that their friends' response would be 'definitely have the baby' and that having an abortion would run the risk of exclusion from the friends.

If the girl had the abortion, like, that could really impact on their life cause they've lost one of their best friends and stuff like that can make them think 'oh I want to have this baby cause I don't want to lose all my friends' and stuff like that (DM 14-16)

5.3.3 Role of the potential 'father'

The right of the sexual partner (referred to hereafter as the father as this was the term the young people used) to be involved in decisions about abortion was subject to considerable discussion in most groups. The extent to which, and in what circumstances, he should have a say were widely debated. All but one participant who took a strong anti-abortion stance agreed that it was ultimately the woman's choice to terminate or continue with the pregnancy because it was 'her body' and 'she's the one that's got to live with it' (DF 14-16) so should have a 'slightly bigger say' (AM 17-19)

I think it's a little more on the woman's opinion cause she'd have to go through the pregnancy and give birth to it obviously and that's, like, her body and her choice, but it would still be partly the man's opinion cause like it's his child as well (AF 14-16)

As can be seen from this quote, most also argued that the man 'is entitled to know' and should be consulted, though he would not have the right to make the decision.

He can say what he feels but the woman shouldn't let the man decide for her cause she's the one that's got to live with it (DF 14-16)

The significance of context was also notable in relation to this discussion. There was more emphasis on the rights of the man to know and to be involved in the decision in the context of a relationship, particularly a more serious one, defined by marriage by a few groups as illustrated in the discussion in this group around whether the partner should be involved in the decision.

- RES1: If it's in a relationship then yeah, like, a marriage but it's the woman's decision.
- RES3: Yeah then they should but it's the woman that carries the baby, mm hmm, so yeah discuss it but at the end of the day it's the woman's choice.
- RES 2: Like, some people just don't have the discussion, they just go with whatever they feel is right.
- RES3: Uh huh, some people will hide it from their partners.
- RES 1: Like, I get that but I still think that the man is entitled to know.
- RES 2: But that can ruin the relationship if the woman just goes for it.
- RES 4: But so could having an unwanted baby
- RES 2: It's really both of their decision but if he's, like, not willing to be in the baby's life and then... he shouldn't be involved (DF 14-16)

Given the emphasis on the potential child being the woman's responsibility, if the man was perceived as being disinterested or not committing to being involved in the baby's life if the pregnancy continued as in the last quote, then he was also considered as having less right to a say. Part of this related to whether the pregnancy was planned by both parties.

Well if they've spoke about having a baby, like, planned it, then obviously if she's wanting an abortion and they've already planned it then he does have a say (AF 14-16)

The reasons given (by the man or woman) for their choice to have an abortion were also significant. It was often noted that such reasons required careful consideration and time to explore alternative option(s) involved in carrying on with the pregnancy.

It kinda depends on them [man] wanting you to terminate or not terminate and their reasons behind it, if they've got... I want to say justifiable but that's not kind of what I mean, but I don't know how... like, if they've got legitimate reasons not just 'I don't want it', if they can come up with sort of an argument (AF 17-19)

Within these discussions, a stereotypical gender discourse was evident of caring women and immature and uncaring (young) men. Young men were often assumed (by both male and female participants) to be more pro-abortion than women and likely to 'bolt' if a baby was born.

But like half the guys our age now, like, if they got us pregnant then they would just go away, they wouldn't care.....They'd want us to get rid of it because then like... It's like just the way people are, like, they're all just about, like, going around having sex and that. (DF 17-19)

Drawing on his own views, one 16-year old boy stated that a young man being against abortion in a situation where his sexual partner wanted to have an abortion 'would never happen'. Discussion of personal experiences were avoided in this study, yet this participant volunteered an instance when a girl he knew had claimed he had made her pregnant.

RES 1: I wasn't actually ready, you know, I was 15 at the time, didn't have a job, was still at school, didn't have a stable lifestyle basically. I took drugs as well, I take drugs so... I like to fry on the weekend...

INT: Not ready to be a dad?

RES 1: No, I thought I was just too immature. So aye, in the end she got it aborted, in fact in the end it was actually a lie she was pregnant in the first place, so she lied about it (DM 14-16)

Similar to another boy of the same age in a different group, this participant described how his emotional immaturity, lack of financial stability and a preferred lifestyle of sex with different partners and drug-taking were quoted as a reason to delay or avoid the responsibility of fatherhood. Girls of the same age thought the immaturity and lack of care may be due to lack of knowledge of the emotional impact of an abortion.

RES 1: Yeah the boys are just immature.

RES 2: Yeah, boys are just idiots but [laugh]!

RES 1: They'll know even less [laugh].

RES 2: Exactly.

RES 1: Yeah and that would make them, like, they don't know how traumatic it could be for...

RES 2: The person getting the abortion.

RES 1: ...for someone to go through with it, so... and they might just not care (AF 14-16)

However this view of boys as being unaware of the impact is contradicted by some of the male participants, in particular the group of SIMD4/5 14-16 year old boys who talked about how difficult they imagined having an abortion would be for a woman.

When I think of abortion I think of women being in pain and being quite upset (AM 14-16)

5.3.4 The involvement of health care professionals

Very few of the groups discussed the role that health care professionals played in decision making around abortion. Two groups said that the doctor 'should [not] have any opinion on it, I think he's one of the people that should just be factual' (AF 17-19) and that 'it's not the doctor's choice' (DMF 17-19). One group discussed the medical profession's role in more depth and argued that doctor's had to take account of the 'reasoning for the pregnancy' so that they could educate people in order to stop further unwanted pregnancies. In the case of fetal abnormalities they also argued that the medical profession played a key role in informing women, specifically that 'it's their obligation to try and make it feel more of a "it's okay we can manage it, you just decide how you feel"' (AM 17-19).

5.4 Who would young people talk to about their options if they (or their sexual partner) became pregnant?

There was a keen sense of abortion being considered a 'private' or as some described it a 'taboo' matter that is 'not something you'd want people to know' (AF 14-16) because it's 'personal' but also because they might 'feel ashamed' (AF 14-16). As a result, decisions on who to talk to were largely based on who they felt they could trust not to tell others or as one boy said, 'somebody who I know wouldn't grass' (DM 14-16). In part this was because of the judgements that were anticipated both from peers and from parents.

5.4.1 Peers

Many emphasised that it would be *close* friends that they would talk to, perhaps highlighting the difference between 'real' and social media friends, as one boy said 'I wouldn't post it on Facebook' (DM 14-16). There were clear concerns that 'if you tell one person it would go round the whole school (AF 17-19). This concern about reaction also extended to telling any friends for two groups of young women (one being a Catholic group) who would not tell their friends because they would be embarrassed. However the support offered by friends was also stressed.

If you told your closest friends then also they'd be there for, like, moral support and stuff (AF 14-16)

5.4.2 Parents

Many said they would speak to their mother, though for some this would be after they had spoken to friends. There were some anticipation about the response from mothers and that it might be 'awkward' to tell them however the need for parental support was presented by many as being very important, perhaps more important than that of their friends.

RES1: And if you actually were [pregnant] then not telling them... not telling them would be a bad idea, cause you'll end up just going through it without the support of your parents.

RES2: Aye you'd go through it alone or maybe with friends, but at least you would want the support of your...

RES1: Aye but there's nothing like parents' support is there? (DF 14-16)

Nevertheless for some participants this type of communication and support was not available to them from their mothers, either because they did not live with them so 'don't really know my mum' (DF 14-16) or because of difficulties as one young woman implied, 'her life's just....' (DF 17-19).

Some also said that they would choose not to talk to their mother if they became pregnant. For some, pregnancy and abortion were positioned as topics that would not be discussed with mothers.

There's just certain things you don't tell her...I don't speak to my mum about anything personal, it's literally "hiya how's you're day, right cool, bye", that's it' (DF 17-19).

Others expressed concerns about how their mother would react, for example describing their mother as extremely judgemental (DF 17-19) One young man reported how this anticipated reaction shaped what he would do if his girlfriend was pregnant and continuing the pregnancy compared to if she was having an abortion.

If she was going to keep it then I would have to tell my mum and that after. Just depending, I would tell my close pals first.... And if she was having an abortion maybe tell my mum in a few years' time when it's all blown over (DM 14-16)

While, with some concerns, most said they would speak to their mother, fathers were either not mentioned or specifically mentioned as someone with whom they would *not* want to discuss pregnancy and the option of abortion:

Because men don't...they don't understand anything [laugh], and they get, like, squirmy about, like, stuff to do with girls' bodies (AF 14-16)

5.4.3 Teachers

Most said that they would not talk to teachers about having an abortion or being pregnant and would not want their teachers to know. In part this related to the anticipated response, for example as these young women discussed.

RES1: My guidance teacher has a sort of, like, unless it's life or death it probably doesn't matter.

BES2: My guidance teacher has a really, like, kinda judging stare (AF 14-16)

However there were also concerns about the boundaries of their private life and school and not wanting teachers to know about their private life.

You don't really want people who don't know you apart from a 50 minute lesson to then be knowing all about your personal life and try to get involved (AF 17-19)

5.4.4 Other Professionals

Very few said that they would speak to a doctor and those that did presented it somewhat differently than the discussion around friends and parents, as more of an information source.

I would go to, like, a local GP or whatever and I'd be like 'tell me about this, explain it to me, tell me all my risks' cause that's what I'd do (AF 14- 16)

One participant said she would prefer to talk to a nurse than a doctor because

You'd want more of a friend than a medical professional I think (AF 17-19)

Two young women also mentioned other professionals that were already involved in their lives who they would 'trust' and talk to about such issues (counsellor, life coach) and one group spoke of the staff in the youth group they attended because they,

Are pure welcoming and they don't judge you and stuff like that, you'd be able to talk to them about anything (DF 17-19)

6. Access to services

We asked the young people about access to services but this was something that they found fairly difficult to discuss in any detail, particularly given their noted lack of knowledge around abortion. The young people were asked what might be a barrier to someone seeking help from health care professionals if they wanted an abortion and what could be done to improve access. As noted earlier, many of the groups said that they lacked knowledge about where to go for help and advice and linked this to the 'taboo' or 'stigma' surrounding abortion. Echoing the discussion about the influence of others' views, some of the groups also said that women might be too 'embarrassed' or 'ashamed' to seek help and two specifically expressed concerns about anonymity and confidentiality of services

Like, clinics for teenagers are a lot easier to get to, like, cause if you're going to the doctors, like, if you're under 16 then your parents find out about it, but like in clinics, like, they don't tell your parents (DF 14-16)

I'd travel as far away as I could until like, the Border or something and then go to some random doctor and go there where I knew no one and get it sorted then come back (AF 14-16).

One group said that they would expect sexual health clinic staff to be less 'judgemental' than a GP and would thus be preferable to approach.

RES1: I might feel more judged by a doctor than I would by someone working in a sexual health clinic, like, someone that just sees sore throats, a GP basically, I'd feel like they were more judgemental and more matter of fact about it, whereas if you went to a clinic they're trained to deal with that so they'd know.

RES2: Yeah I think they'd be really nice.

RES1: I imagine them being the lovely nurses! (AF 17-19)

However very few of them were aware of sexual health clinics (including those for young people) in their area or as an online presence. The few who did mention them did not know if they provided any services relating to abortion.

There was an appetite for further knowledge/ information across age groups and SIMDs, including the all-Catholic groups, with participants expressing an interest in 'the facts'. When asked if/how they thought information provision could be improved, many of the groups recommended making people more aware and providing more information about abortion and services

RES2: Like, talk about it in school....Talk about it early on.

- RES1: There's actually... see when we were doing stuff like contraception and that, there was loads of stuff I didn't know...but like they told us stuff and I was like... didn't have a clue.
- RES2: If you're going to talk about contraception then...
- RES3: Talk about everything! (AF 14-16)

I think just trying to encourage people to talk about it more because if you don't talk about something then it becomes more and more taboo and the less you talk the more people don't want to do it (AF 17-19)

However, several groups also indicated that there was a fine line between raising awareness/ education and appearing to encourage abortion. One group spoke about making the services more 'approachable' but then went on to discuss the 'risk' in doing so.

- RES2: You do also risk making it seem kind of trivial, that it's not as big an issue as it actually is.
- RES3: It would definitely be... I feel like it would maybe reduce the stigma of it but it would induce other, like, opinions about it.
- RES1: Cause instead of buying the contraception or whatever, you would then say 'well I'm going to go and get that procedure' and I guess that's when it becomes more, like, it's not a last resort thing which it kinda should be at the moment....it changes the whole sort of idea of it and the reason behind having one (AF 17-19)

7. Discussion and policy implications

This research project investigated young people's knowledge of abortion; their views on the reasons for abortion, influences on decision making; and on access to services. In the discussion below we pull together some of the key findings and highlight relevant implications for policy. Much is related to the notion of choice, a central idea in the provision of abortion services within Scotland and often at the heart of many debates on the issue. The right for women to choose to have an abortion was emphasised by all groups and none questioned the legality of abortion provision in Scotland. Despite this principled support for the right to choose, there was considerable variation between groups on their views of abortion; the right to choose was often presented as being contingent; and choice was described as influenced by wider discourses, the views of others, and the circumstances of people's lives.

Comparison between groups

There were no clear differences between male and female groups in terms of their views on abortion and discussion of the reasons. Indeed there was broad agreement when it came to the more gendered aspects of the discussion with both male and female groups stressing the women's right to choose. Similarly there were no obvious patterns of difference between the age groups. Though we may expect the older group to be more knowledgeable around the topic, this was not the case.

Perhaps unsurprisingly the accounts of the two all-Catholic groups were the most anti-abortion. While both groups still noted the right of women to choose, they presented predominantly critical accounts of abortion under most circumstances and drew on religion in this critique, for example of women 'playing God' by choosing an abortion on the grounds of fetal abnormality.

There was a more mixed picture when comparing across SIMD groups with variation within the SIMD categories making it difficult to present a clear cut comparison. However, we can note several points. First, female participants from the most deprived areas were more likely to be critical of abortion in certain contexts (in particular fetal abnormality) and were more likely to discuss continuing pregnancy as a positive outcome. Second, male participants from more deprived areas were more likely to discuss the influence of peer pressure on women to continue the pregnancy. Third, there were some differences, in relation to the potential impact on educational achievement of continuing with a pregnancy rather than having an abortion when still at school. The groups from the least deprived areas emphasised the impact of teen parenthood on school achievement ('not get your highers') whereas the other groups spoke more about being at school as a barrier to being able to earn an income and so to provide for the baby. There was no difference between the groups in their discussion of

the 'career' reason that may have indicated that one group viewed this as more important than another. While the picture from our research is not clear cut and there was variation within groups and between groups, the findings indicate that there is a relationship between young people's attitudes towards the impact of parenthood on their future plans and abortion, supporting the conclusions of other research in this area (Lee et al 2004).

The contingency of choice

Our research highlighted the contingency of the judgements young people made about abortion depending on the wider contexts, and so also highlights the contingency of choice. The choice to have/not have an abortion was evaluated by the young people and responsibility lay at the centre of this evaluation in a number of ways. First, the context for abortion was discussed in terms of whether the woman was deemed to have been responsible in preventing the pregnancy. This included comparisons between situations of irresponsibility, for example in contraceptive use, and situations over which the woman had no control, for example having been raped.

Second, responsibility was discussed in terms of making 'good' choices that balanced the needs of and limited the consequences for the woman and the potential child. The discussion around this was nuanced, and related to the quality of life of both the woman and potential child, and included consideration of physical and mental wellbeing, financial status and relationships. At times, the issue of whose needs should be given primacy was illuminated in the young people's accounts through discussion of 'selfish' reasons for abortion.

Third responsibility was discussed in relation to those considered to be least responsible. Young people were presented by many of the groups (though not all, as noted above) as not wanting the responsibility of parenthood and as not being able, given their stage in life, to provide the stability considered essential for enacting parental responsibility. However many of the challenges they attributed to teenagers- not having a steady income, not having their own accommodation, not being in a secure relationship - are challenges faced by other groups in the population. Given the age of the participants their focus on teenagers is perhaps unsurprising yet it may also reflect wider public perceptions which position teen parenthood as socially undesirable, and teen abortion as morally undesirable (Hoggart 2012).

Influences and constraints on choice

This research supports previous research findings with young pregnant women that the decision around pregnancy outcomes should be 'first and foremost theirs [the young women] to make (Lee et al. 2004) and demonstrates that this view was also held by young men. Nevertheless, young people gave accounts of a range of factors that they felt would shape decisions made around abortion. At a structural level, financial circumstances and access to resources were often mentioned as factors shaping choice, in instances where continuing a

pregnancy would result in financial loss and when financial instability limited the ability to provide for a family.

The young people's discussion of abortion also indicated a strong sense of awareness of and influence by the moral discourses within which it is commonly framed (Purcell et al. 2014). Not only were their accounts peppered with morally laden descriptions but they also presented a clear indication that they felt their actions would be judged by others (peers and in some cases family) on those terms. Such judgements often drew on gender scripts that reinforced negative stereotypes (eg 'slut shaming') and were presented as the normal and expected basis on which gender played out in their lives. The young people's concerns about the judgments of significant others certainly influenced but also in some respects therefore constrained their choices.

Young people's lack of knowledge around abortion could also be considered to be constraint on choice. Some of the gaps or inaccuracies in the young people's knowledge, including believing that abortion is undertaken by 'cut[ting] your tummy open', that you cannot have an abortion after or before 12 weeks, and that you need parental permission, could potentially influence the choices they might make if they became pregnant. Such knowledge gaps highlight the relative neglect of abortion as a subject for discussion in schools. Evidently, a stigma and taboo around abortion remains which shapes the extent to, and manner in which, it is discussed in formal education. This is all the more concerning given that public discourse on abortion tends to over-simplify and polarise the debate; and reliance on the media for information relating to sex-related topics has been shown to lead to misunderstanding and knowledge gaps (Altshuler et al 2014, Sisson and Kimport 2014).

Lack of knowledge on abortion was also presented by the young people as a barrier to accessing services, most directly in terms of not knowing 'where to go'. Young people in the UK have also been found to attend sexual health services primarily after they have started having sex (Stone and Ingham 2003) and it is likely that some of the participants in this study may not have been sexually active so would have had less knowledge around these services as a whole. Nevertheless, they did draw a contrast between their knowledge of contraception and abortion indicating that they knew far less about abortion services. It has been suggested elsewhere that sexual health service use could be increased by improving publicity and links between the youth, education and health sectors to dispel fears and myths about services (Stone and Ingham 2003). This is particularly pertinent for this research given that very few participants named the main young people's sexual health clinics in their areas and even those that did were not sure if abortion services were provided. There were also barriers in relation to feelings of embarrassment, worries about confidentiality, and an anticipated negative reaction from some health care professionals.

Policy implications

Key messages

- There are fundamental gaps in young people's knowledge about abortion relating to basic information on the where, when and how of abortion.
- Attitudes to abortion are formed in this knowledge vacuum and are strongly influenced by moral judgements and gender norms.
- Both of these issues act as a barrier to ensuring that young people can make informed choices and access relevant services in relation to decisions about pregnancy outcomes.

Without adequate knowledge, young people's pregnancy decisions may be more likely to be influenced by myths, stories and morally charged debates. While it is clearly not knowledge alone which influences these decisions – indeed the reasons and circumstances which inform such decisions are complex and context-specific – it is important to ensure that young people are well-equipped to make informed choices.

Significant work has been carried out in recent years to improve the visibility and accessibility of young people's sexual health services and to inform young people about sexual and reproductive health through school-based education, yet gaps relating to abortion clearly remain.

Recommendations

1. Improve young people's factual knowledge of abortion.

- **In schools:** Given that many young people will not (or not yet) have visited a sexual health clinic, schools clearly have the potential to play a key role in knowledge provision. Consideration should be given to developing teachers' skills and awareness in teaching on this topic. Sexual health workers may be able to support schools in using educational materials and planning classes that would focus more on factual knowledge rather than abstract debate. These links may also further raise young people's awareness of specialist sexual health services within their communities.
- **Online:** Additional information on abortion could be provided via existing sexual health sites for young people. It is important to ensure that this information is accessible and easy to find.

2. Address the gender equality issues reflected in young people's accounts.

While this is clearly a far wider issue, relating not only to abortion, this research highlights the significance of such views in young people's lives and the need for further work in schools to challenge negative gender stereotypes.

3. Involve young people.

This research demonstrates the value of seeking the views of young people. Taking this further, it would be useful to consider ways of involving young people in addressing the recommendations.

4. Evaluate initiatives taken to address the recommendations.

We recognise that it is difficult to decontextualise knowledge about abortion from its moral framing. Further work is needed to evaluate any changes introduced as a result of this research and if necessary to address any ongoing barriers or challenges.

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Appendix 1: Group composition and profile of participants

Demographic profile of participants

Gender		
	Female	35
	Male	15
Age		
	14	8
	15	9
	16	11
	17	9
	18	8
	19	5
SIMD		
	Advantaged (4/5)	21 (+ 2 '3s' – uni halls)
	Disadvantaged(1/2)	27
Location		
	Lothians	30
	GG&C	20
Ethnicity		White Scottish 43 White Irish 1 White Other 2 (Polish and Italian) Other British 2 Black Caribbean 1 Black Afirican 1
Religion		
	None	35
	Catholic	10
	Muslim	1
	Church of Scotland	1
	Other Christian	3 (not specified)
Living		
	On own	1
	Parent(s)	38
	Friends/ Flatmates	5
	Carer/Relative	2
	Residential unit	2
	Foster parents	2
Occupation (of 16+)		
	Full time student	26
	Employed FT	1
	Employed PT	2
	Unemployed	6
	Full time carer	1
Education (of 16+)		
	School	24
	University	8
	College	4

Group composition

Sampling criteria	Group composition	Number of groups	Number of participants	Location
SIMD 1-2	Female, 14-16yrs	3	10	NHS Lothian NHS GGC
	Female, 17-19yrs	3 (inc. 1 individual interview)	7	NHS Lothian NHS GGC
	Male 14-16yrs	2	6	NHS Lothian
	Male 17-19yrs	1	2	NHS GGC
	Male/Female 17-19yrs	1	2	NHS Lothian
SIMD 4-5	Female, 14-16yrs	3	9	NHS Lothian NHS GGC
	Female, 17-19yrs	3	9	NHS Lothian NHS GGC
	Male, 14-16yrs	1	2	NHS Lothian
	Male 17-19yrs	1	3	NHS GGC
	TOTAL	18	50	

Appendix 2: Interview topic guide and activities

The guide below is indicative of questions and activities – though the structure, and order and how activities were included depended on the direction of the interview by the young people. The activities were based on material from Brooks within their guide ‘Abortion: decisions and dilemmas’ (available at <https://www.brook.org.uk/shop>)

Introduction: *aims, overview, ground rules. Emphasise no right or wrong answers and not asking about personal experiences, others in the group should be treated respectfully, and that what is said within the group will be treated confidentially by the research team.*

Word association activity (writing on large sheet paper)

- What comes to mind when you hear the word ‘abortion’?

What, Who When Where Why?

- What is abortion?
- Who can have one?
- When can abortion be done?
- What are the laws about abortion?
- Where might you have an abortion?

Reasons for abortion (cards)

Discussion of reasons trying to draw out what factors that influence the decision, involvement of others, how they view that reason.

She’s too young

She is too ill to go ahead with the pregnancy

She’s concerned about taking time out of her career

Her boyfriend says he will dump her if she doesn’t have an abortion

Because she’s too old and already has grown up children

Her parents will kill her if they find out she’s pregnant

Because of a diagnosis of fetal abnormality

The pregnancy is a result of rape

Because she doesn't see her relationship as long term
She's got two young kids already

Vignette (show picture)

Ella is 15 and James is her boyfriend. She's just found out she's pregnant and thinks she might want to have an abortion...

How do you think he/she feels?

Why do you think she got pregnant?

What are their options?

Why might she decide to have an abortion?

Do you think other people might influence her decision?

Why might she decide to become a parent?

Do you think James should have a say in the decision?

Talking about abortion

- Who (if anyone) would you talk to about the issue of abortion? Why that person?
- Who wouldn't you talk to? Why?
- How do you think the views of other people about abortion (eg friends, parents, media, boyfriend, others) shape your own views?
- Do you think your views are different now to when you were younger? Why?

Access to abortion

- Do you think there are things that might stop someone your age in Scotland being able to get an abortion if she needed it?
- What changes, if any, do you think could be made to improve this?

Conclusion of discussion:

- brief summary of what's been said
- final points group wish to add
- Remind group of who they can contact if they want to discuss any of the issues raised