



MARIE STOPES
United Kingdom

Abortion, contraceptive uptake and use among young women

Findings from a quantitative survey

In collaboration with the University of Greenwich

April 2014



Be Heard...
Young Women, **Lifestyle** and **Choice** Survey

Marie Stopes International is conducting some research over the next few months about young women's experiences **before** and **after** their abortion.

You may be asked today if you would like to **volunteer** to take part in our survey.

The findings will be used to help us improve our services and your involvement will be highly valued.

What's involved?

We would like to interview some of our clients **three** weeks after their treatment. This will involve a 10 minute telephone interview with one of our staff.

Your decision to take part, or not, in this survey will not affect your treatment at Marie Stopes today or at any time in the future. If you have any questions or would like to know more about this survey please ask to speak to a member of staff or alternatively call: Marie Stopes One Call on: 0845 371 0186



Background:

- Although the number of abortions in England and Wales has gradually declined the number of women who had one or more previous abortions is increasing: 31% in 2002 to 37% in 2012
 - 27% of young women who had an abortion in 2012, had already had one or more previously
 - Despite government priority to improve post abortion contraception services, e.g. increased provision of long acting, reversible contraception (LARCs) – there is evidently a gap between provision of abortion care and effective post abortion contraception follow up
 - Limited knowledge (research) about young women in the UK and their post abortion contraceptive behaviours
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The study

- Marie Stopes UK funded, in collaboration with University of Greenwich
 - Three components – CRS data over 5 years; questionnaire survey; and qualitative, longitudinal study
 - The Survey Objectives:
 - Determine factors associated with having more than one abortion
 - Measure uptake of contraception at 4 weeks post abortion
 - Determine factors associated with uptake of contraceptives post abortion
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Study design

- A survey among young women aged 16-24 years in UK who had an abortion at one of MSI's main centres
 - Eligible women recruited after consultation (phone or face to face), until sufficient sample size was achieved
 - Women consented to be contacted 4 weeks following their abortion. Telephone interview with online questionnaire
 - Questionnaire included: contraceptive use at time of pregnancy, experience of abortion consultation and service, post abortion contraceptive decision making, attitudes towards pregnancy and abortion, risk taking, and contraceptive use between last two abortions
 - Data collection started 18 June 2012 – 10 May 2013
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Study sample

- Out of 1,641 women who were recruited, 430 women completed an interview. Response rate of 27%
- Method of recruitment:
 - Telephone 84% (361)
 - Centre 16% (69)
- Sample was representative of Marie Stopes UK clients

MSI centre attend for abortion	% (N)
Bristol	5.0 (21)
Central London	4.3 (18)
Essex	23.4 (98)
Leeds	10.5 (44)
Maidstone	17.2 (72)
Manchester	6.0 (25)
Reading	6.0 (25)
South London	10.0 (42)
West London	17.7 (74)
Method of abortion	
Surgical	62.6 (263)
Early medical	37.4 (157)

Key Findings



1. Socio-demographic characteristics
 2. Contraceptive use at the time of pregnancy
 3. Women who have had more than one abortion
 4. Post abortion contraceptive uptake
 5. Contraceptive behaviour among women who have had more than one abortion
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1. Socio-demographic characteristics

Age:

16-18: 25%
19-21: 38%
22-24: 37%

Ethnicity:

White: 76%
Black: 12%
Other: 12%



Relationship status:

No partner: 33%
In relationship: 54%
Living with partner /
married: 14%

Deprivation score:

Most deprived (&
above average): 49%
Least deprived (&
below average): 31%

2. Contraceptive use at time of pregnancy

- Out of all 430 women 57% reported to have used contraception at the time of getting pregnant
- Majority used pill (54%) and condom (40%)
- Main provider is GP (50%), pharmacy (24%), SH clinic (20%)
- Failed to work due to inconsistent or improper use. Majority did not know why they got pregnant
- There were no differences between women who had a previous abortion and those having one for first time and use of contraception, as well as between age group or level of deprivation



Non use of contraception

- Women were less likely to have used contraception if they were:
 - Black and other ethnic groups compared to white: (49% & 43% vs. 60%)
 - Single compared to in a relationship or married: (47% vs. 65% & 57%)
 - The most common reason for not using contraception was “user related” (69%)
 - Such as: *I didn't think about it; I just didn't get round to it; got carried away; and I thought I could not get pregnant*
 - Other reasons included method (16%); relationship (7%) and access related (8%)
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Emergency contraception

- Only 12% of women used EC
- Similar for both women who used and did not use contraception, as well as for women who had more than one abortion and those seeking an abortion for the first time
- Out of the 88% of women who did not use EC, the main reasons cited were:
 - *I just didn't think to use it*
 - *I didn't think I needed it*
 - *Couldn't get it in time*
 - *Was unaware my contraception had failed*



3. Women who have had more than one abortion

- 28% of women said they had had one or more previous abortions, of those:
 - 74% said they have had one previous abortion, 25% said two, and 1% reported three previous abortions
 - 62% had a previous abortion less than 2 years ago, 35% within the past 12 months and 7% less than 6 months



Women who have had more than one abortion

- No significant difference in the characteristics of women who have more than one abortion – difficult to target particular groups of women, and challenges misconceptions about women who have more than one abortion
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	Had a previous abortion	First time abortion	Total women	P-value
Age at abortion				
16-18 year olds	12.3 (13)	87.7 (93)	100.0 (106)	0.000
19-21 year olds	30.5 (50)	69.5 (114)	100.0 (164)	
22-24 year olds	36.2 (58)	63.8 (102)	100.0 (160)	
Ethnic group				
White or white British	28.0 (92)	72.0 (236)	100.0 (328)	0.140
Black or Black British	37.3 (19)	62.7 (32)	100.0 (51)	
Other	19.6 (10)	80.4 (41)	100.0 (51)	
Relationship status				
No current boyfriend / partner	27.7 (38)	72.3 (99)	100.0 (137)	0.464
In a relationship	28.6 (64)	71.4 (160)	100.0 (224)	
Living with partner / married	29.3 (17)	70.7 (41)	100.0 (58)	
Deprivation score				
Least deprived	17.5 (11)	82.5 (52)	100.0 (63)	0.096
Below average deprivation	23.5 (16)	76.5 (52)	100.0 (68)	
Average	29.3 (24)	70.7 (58)	100.0 (82)	
Above average deprivation	35.8 (43)	64.2 (77)	100.0 (110)	
Most deprived	30.2 (26)	69.8 (60)	100.0 (86)	
Total women	28.1 (121)	71.9 (309)	100.0 (430)	

4. Post abortion contraceptive uptake

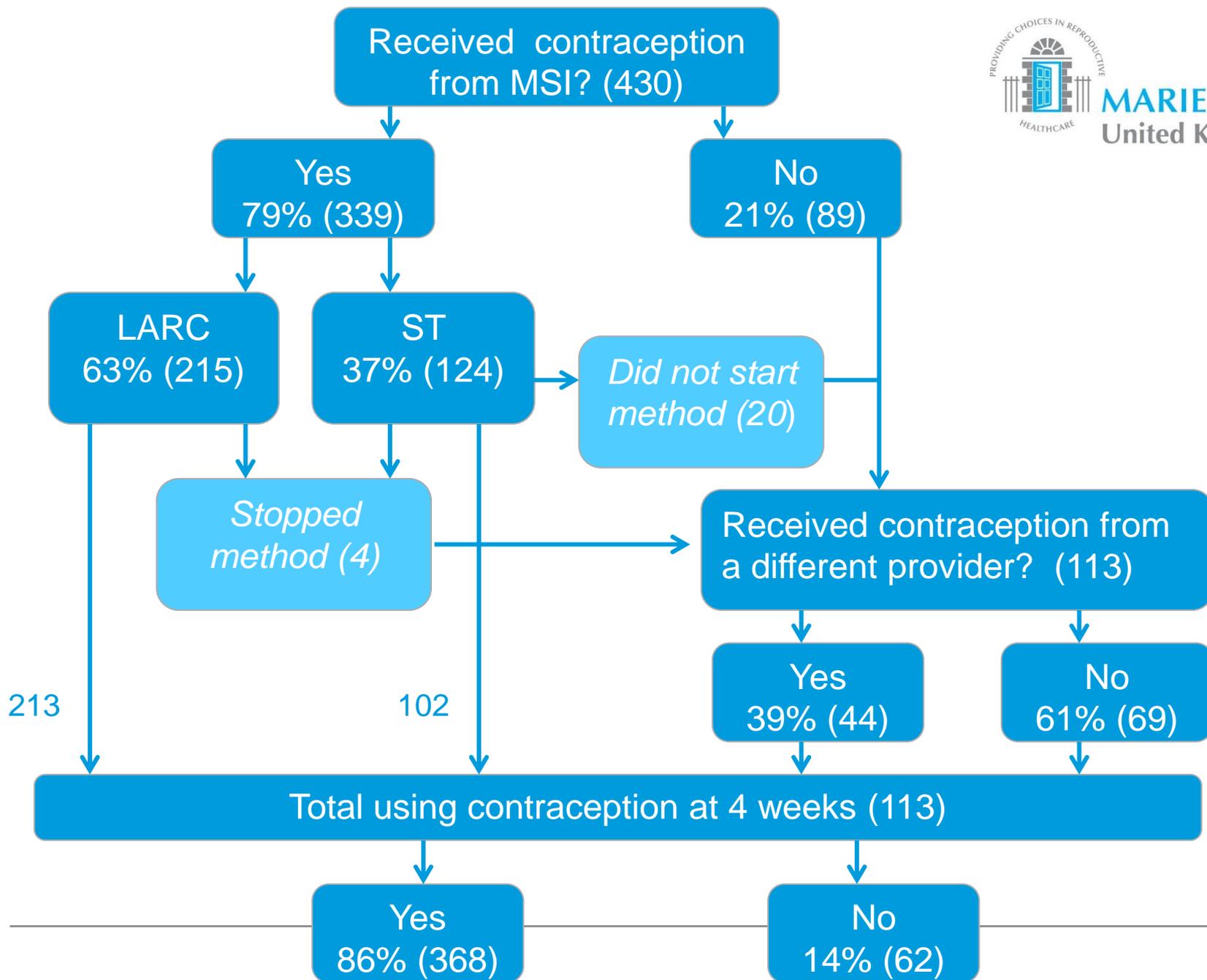
- Uptake of contraception at 4 weeks was 86%
- 79% of women using a contraceptive method immediately after their abortion had it from MSI and 7% went to another provider
- 59% were using a method for first time (switched methods)
- 50% said the MSI nurse helped them decide on the best method
- 87% were satisfied with the method they received, with slightly more women having abortion for the first time satisfied compared to those who had a previous abortion (89% vs. 82%)



Differences in uptake

- There was no difference between the following factors and if women were using contraception or not:
 - age
 - relationship status
 - socio-economic status
 - if first time or subsequent abortion
 - number of births
 - ever had a miscarriage
 - used contraception at time of pregnancy or not
- Slightly less likely to be using contraception at 4 weeks if...
 - Had a medical compared to surgical abortion (80% vs. 88%)
 - From a black ethnic group compared to white and other ethnic group (73% vs. 88% & 86%)





Use of LARC methods

- 63% of all young women received a LARC method from Marie Stopes UK (compared to 30% England average)
 - Women were more likely to start using a LARC method if they:
 - Had a previous abortion compared to women who had an abortion for first time (74% vs. 59%)
 - Had a surgical abortion compared to a medical abortion (70% vs. 50%) (coils can't be fitted immediately after a medical abortion)
 - Although, an equal proportion of women who had a surgical and medical started implants (30% vs. 25%) and injection (25% and 25%)
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Reasons for not starting to use

- 14% of women were not using contraception at 4 weeks
- Reasons for not wanted to use were:
 - *Not in a steady relationship*
 - *Fear or dislike of side effects*
 - *Undecided what method to use*
- 87% intend to use within next 6 months and 63% of these saying extremely sure.
- 59% of these women would be very upset if they got pregnant in next 6 months



5. Contraceptive use in between abortions

What contraceptive method started to use following previous abortion compared to following recent abortion at Marie Stopes UK

	Previous abortion	At time of last pregnancy	At 4 weeks post latest abortion
Nothing	18.1 (22)	42.9 (52)	17.4 (21)
Pill	53.7 (65)	34.7 (42)	19.0 (23)
Condom	5.8 (7)	18.1 (22)	2.5 (3)
Injection	6.6 (8)	1.7 (2)	20.7 (25)
Implants	11.6 (14)	0.8 (1)	24.8 (30)
IUD /IUS	4.1 (5)	(0)	14.0 (17)
Hormonal patch	(0)	1.7 (2)	1.7 (2)
Total using contraception	81.8 (99)	57.0 (69)	88.4 (107)

Contraceptive use in between abortions

- Majority of women started immediately after their previous abortion (66%), and one quarter said within one month (24%)
 - Not used as regular method for very long: 21% using until 3 months and 67% using for less than one year. Either stopped using, switched method or got pregnant
 - 60% decided to stop using altogether, with majority doing so within one year (71%):
 - although small in number, a higher proportion of LARC users more likely to stop within one year than the pill
 - reasons for stopping: due to menstrual irregularities for LARCS, and not renewing supply in time (pill and injection)
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- This study has provided new findings to help understand why some young women have more than one unintended pregnancy. The results demonstrate an urgent need to:
 - improve access to and provision of the full range of contraceptive methods including emergency contraception;
 - improve the quality of information about, and facilitate more effective use of, all methods by providing continuing support to young women who use these methods to help them manage side effects.



Recommendations

For Local Authorities and Clinical Commissioning Groups

1. Develop improved pathways between abortion, sexual health and contraception services
 2. Systematic and adequate commissioning of contraceptive consultation and provision by the abortion provider to ensure women's contraceptive counselling needs are met
 3. Work towards the integration of abortion and contraception services – all in “one place” and so that women can be served and followed up more easily and efficiently
 4. Commission training to improve competency of all providers of contraception including GPs & non specialist providers in primary care
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Recommendations (2)

For service providers

5. Improve communication about the quick return to fertility
 6. Investigate ways of improving women's understanding and use of emergency contraception
 7. Implement different ways to remind young women about renewing contraception
 8. Consider new ways to reduce LARC discontinuation – eg. Positive & negative side effects, follow up calls, texts to address questions, reassure, find alternative LARC method
 9. Reduce the stigma of women who have subsequent abortions to improve contraceptive use
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Recommendations (3)

For researchers

10. Consumer led research among women for service provision – what types of abortion and contraceptive service do women want?
 11. Further research among abortion providers – to explore the type and level of engagement concerning post-abortion contraception from the perspective of service provider
 12. Research among minority, non-English speaking women – to increase understanding of cultural barriers and / or practices regarding abortion and contraceptive use
 13. Further research about the integration of abortion and contraceptive services – what are the actual and potential barriers to greater integration?
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