

Research briefing

Normalising abortion: What role can health professionals play?

Background

- Previous research has identified how and why abortion continues to be a stigmatised issue in many countries around the world.
- The research and medical communities are increasingly considering ways of addressing abortion stigma, including via normalisation, that is to say, through widening understanding of abortion as essential, routine reproductive healthcare.
- As part of our work in the Sexuality and Abortion Stigma Study (SASS), we sought to investigate how health professionals may normalise abortion and challenge prevailing negative sociocultural narratives.
- We analysed data from a pool of 11 studies conducted across the UK between 2008 and 2018. We brought these together to re-analyse the data with different questions in mind (an approach called qualitative secondary analysis).
- The findings summarised in this briefing draw on thematic analysis of a sub-sample of 20 interviews with health professionals working in abortion care, from two datasets. Some worked in dedicated (independent) abortion clinics, while others worked in general (NHS) sexual and reproductive health services which provided abortion care.
- Key questions informing this analysis were: 'how do health professionals working in abortion care talk about the work they do?'; and 'how (if at all) might the way they talk about abortion contribute to its normalisation?'

Key findings

- A common experience described by health professionals working in abortion was encountering resistance or hostility from sexual and reproductive health (SRH) or gynaecology colleagues. This included lack of support for abortion services, which also served to frame abortion care as more stigmatised than other areas of SRH.

“

we have very few in the department who do terminations, so it's a small group that supports it. It's a constant battle.

”

- Health professionals indicated awareness of broader negative sociocultural narratives which they had to resist or reject when interacting with others outside the healthcare system. Ways in which they did this ranged from not disclosing their job (for instance to their faith group) to navigating negativity about their work.
- “
- Even probably my family, to be honest, are very much: why don't you just say 'no', that you don't want to do them? Well, because I don't not want to do them, it's part of my job.*
- ”
- Our analysis highlighted implications of broader negative sociocultural narratives, such as women arriving at clinics expecting negativity and judgement from health professionals.

“

I think the stigma [means] they think that the staff are going to be horrible to them, and that's especially true of younger people, they think staff are going to be judging them. So the comments would normally be along the lines of "I wasn't expecting people to be as nice as they were", which is good for us but it's a shame the expectations are so low.

”

- Health professionals' rejection of stigma, positivity about their work, and personal commitment to providing the service was clear in their accounts. For some, this took the form of justifying their involvement in a 'necessary' service. Many stated their moral stance on abortion, their personal commitment to providing a service that they felt was valuable to society, and their support of women's 'choice':

“

I absolutely firmly believe that if a woman wants to have [an abortion], she should do, you know. Clearly, because I work in this clinic.

”

- Presenting abortion as part of ordinary, routine healthcare was also evident in health professionals' accounts.

“

...it's just part of my job as in, y'know, if somebody came in with a miscarriage, I would deal with that, that's part of my job. If somebody has a hysterectomy, then that's part of my job, and that is how I see it.

”

Recommendations

- Negative attitudes toward abortion need to be challenged in order to destigmatise those accessing and providing services.
- Health professionals can play a key role in normalising abortion, through the ways in which they talk about their work and present abortion to women they treat, and others more widely

- Our analysis suggests a key way to achieve this is by framing abortions as part of ordinary, routine sexual and reproductive healthcare. This would apply to how it is talked about by health professionals, and also how it is considered in health service provision and policy.
- Appropriate support and structural change are essential for normalisation to become embedded.

More information

The SASS project has been carried out by Dr Carrie Purcell and Dr Karen Maxwell (MRC/CSO Social and Public Health Sciences Unit, University of Glasgow), Dr Fiona Bloomer (Ulster University), Prof Sam Rowlands (Bournemouth University), and Prof Lesley Hoggart (Open University).

You can find more information on the SASS project at www.sassproject.org.uk and on Twitter @SASS_Project.

The full findings presented in brief here can be found in the following research paper:

Maxwell, K.J., Hoggart, L., Bloomer, F., Rowlands, S. and Purcell, C., 2021. Normalising abortion: what role can health professionals play?. *BMJ Sexual & Reproductive Health* 47: 32-36; doi:10.1136/bmj.srh-2019-200480 (View the [open access version](#)).

A second briefing paper considers the ways in which women who have undergone abortion talk about their experiences. (See *Normalising abortion: Perspectives from women who have experienced abortion*).

Funding: This Sexuality and Abortion Stigma Study (SASS) was supported by the Wellcome Trust (grant no. 207878/Z/17/Z).

Acknowledgements: The authors thank the participants in the original studies, the original researchers who generously shared their data and expertise, and the SASS project advisory group for their guidance on the development of our analysis.

MRC/CSO Social and Public Health Sciences Unit



The MRC/CSO Social and Public Health Sciences Unit, the University of Glasgow is jointly funded by The Medical Research Council (MRC) and the Scottish Government Chief Scientist Office (CSO).

University of Glasgow charity number SC004401