

# Lived experiences of abortion services during the COVID-19 pandemic in Australia

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*This study was carried out on the unceded lands of the Wurundjeri people of the Kulin nation. I pay respect to leaders past, present and emerging.*

# Why examine access during the pandemic?

“The COVID-19 pandemic [...] may serve as a lens through which systemic barriers to access may be illuminated.” <sup>1</sup>

- Sexual and reproductive health services further challenged in COVID-19 <sup>2,3</sup>
- Australia: Strain on system, increased demand, intersecting vulnerabilities <sup>4,5,6,7</sup>
- Qualitative studies on abortion experiences during the pandemic are lacking
- Abortion seeker perspectives should inform strategies to facilitate access

<sup>1</sup>Sifris and Penovic 2021; <sup>2</sup>Bateson et al 2020; <sup>3</sup>Endler 2021; <sup>4</sup>Marie Stopes Australia 2021; <sup>5</sup>1800 My Options 2021; <sup>6</sup>Australia Institute of Criminology 2020; <sup>7</sup>Mazza 2020.

# Research questions

In Australia during the COVID-19 pandemic:

1. What are people's experiences accessing abortion care?
2. What are the (intersecting) barriers to and facilitators of access to abortion from abortion seeker perspectives
3. What can be done to improve quality of care and ensure access?

# Study design, sample, recruitment

- Phenomenological qualitative study
- Social media recruitment
- In-depth interviews (December 2021-May 2022)
- Diversity in procedures, gestation, location, age, COVID restrictions
- Thematic analysis

**How can we improve abortion access?**

Did you have an abortion in Australia during the COVID-19 pandemic?

We'd like to hear about your experience to improve abortion services

Please register your interest: [studyrecruitmentGWH@monash.edu](mailto:studyrecruitmentGWH@monash.edu)  
Learn more: <https://tinyurl.com/MonashGWH>



 **MONASH**  
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Design by Karen Freilich, MD

# 19 participants

## Socio-demographics

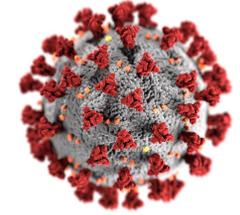
- VIC (n=10), QLD (n=4), SA (n=2), NSW (n=2), WA (n=1)
- Urban (n=14), regional (n=5)
- Ages 20-40 (mean: 29.7)
- All identify as cis-gender women

## Abortion characteristics

- Surgical (n=8), medication (n=9), feticide/birth (n=1), miscarriage (n=1)
- Gestational age range: 6 to 28 weeks
- 2020 (n=4), 2021 (n=8), 2022 (n=7)

# Overview of findings

The **pandemic** did influence access to care.

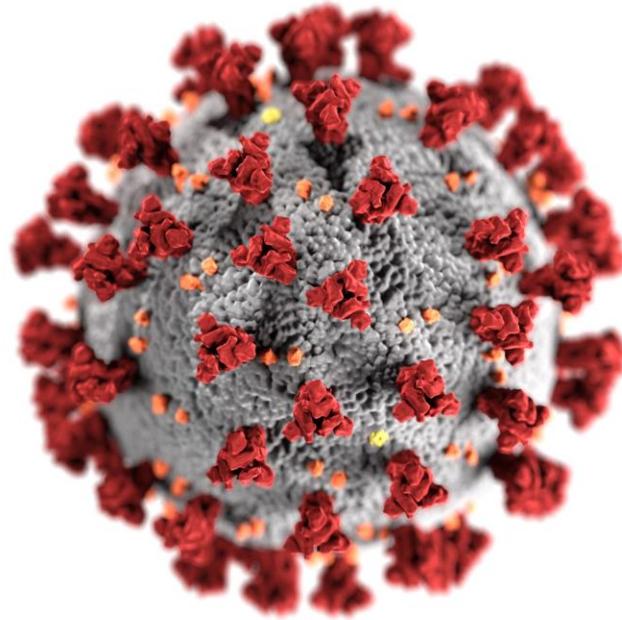


Yet, most challenges were **structural** and unrelated to pandemic:

- Pervasive stigma
- Lack of information
- Structural barriers to access
- Patient-provider interactions



# Pandemic-related experiences



# Social support during the pandemic

## Isolation

I was disconnected from a lot of my friends, because of COVID.

## Accompaniment

My partner was never allowed to come with me to appointments. Not having that support was quite difficult.

## Partner excluded

I wish that my partner had heard everything the nurse had said to me, so he could kind of, understand.

# Privacy and discretion with lockdowns

We were still in relatively strict lockdown. The benefit was that I was working from home, so everything was like, very discreet.

Once it was talked through with me, I was leaning more towards the medical one. Just because it would be more private, less invasive.

# Overbooked, rushed services during pandemic

I can't say for sure that it was the influence of the pandemic, but I just felt like the process was quick... I would have much preferred a more thorough explanation.

They were clearly overbooked. They shouldn't have done that. They said you're meant to be there for four to five hours, and I was there for almost eight hours.

# Delays, wait times

I called three different places and the earliest I could get an ultrasound was still 10 to 14 days.

I had to ring a few places. I was told that it would be a 6 to 8 week wait. I was really shocked.

I was [on hold] two hours and 20 minutes. They said that they had lost a lot of staff due to COVID.

Waiting for an abortion appointment was “horrible”, “like an eternity”, “awful”, “anxious”, “nerve wracking”

# Method choice

I didn't want to go in for surgery [to avoid infection].

It would have been another week and a half [until the appointment]. I was starting to get pregnancy symptoms. My body was changing, and I was just an emotional wreck. So, I decided to go with the surgical abortion [to get it done with quicker].

# Telehealth

It was definitely impersonal, because you want to meet the people, to talk to them face to face.

I guess it saves the travel time, but sometimes it's nice to actually be able to see somebody. It feels a lot more personal than just over the phone.

The worst was thinking that doing Telehealth, just taking a pill, would be easy. And it turned out to be incredibly confronting and confusing.

# Structural factors affecting access



# Stigma

## Taboo

It's a bit taboo, and initially I wasn't going to tell anyone.

## Shame

I think a part of me was a little bit ashamed. And I don't really know why, because I didn't want to feel that way.

## Self judgement

I wasn't telling many people at all, because I was really ashamed of the fact that I was not on contraception.

# Information gaps

**Most participant knew little about methods, legality or options**

“I had no idea what to ask for or where to go.”

“I didn't even know if it was illegal or legal.”

“I didn't really have much of a sexual health education.”

**Friends or family informed decisions**

“I used my friend who's a nurse for any questions I had, and to help me make informed decisions.”

# Availability of prescribing GPs

There was only one doctor who would prescribe the medication, and only every second Friday.

My GP was one of the only doctors on the peninsula that can prescribe a medical abortion.

My GP didn't have the license to perform an abortion and so she referred me.

There were no other practitioners in North Queensland so they couldn't recommend me anywhere else.

# Costs

[When I heard the cost] I had a heart attack. Because it was \$500. And with a health care card too. It's so much money, I just think it's crazy.

In South Australia the services actually don't charge. I had to pay for the medication, probably \$30 or \$40.

Counselling was about \$170 a session. I am really keen to do an appointment with the counsellor soon. I can't afford it at the moment, and I'm still just, like, processing things.

Additional costs for RATs, contraception, counselling

# Negative patient-provider interactions



## Dissuasion

-You are 30, you'll probably regret it.

-If you knew it was twins, would you change your mind?

**Assumes pregnancy is wanted**  
Congratulations!

## Denying access

The receptionist just said 'No, we don't do that.'

## Judgmental

-You're not allowed to do this again.  
-Such a pity, I love children.

# Positive patient-provider interactions



They were matter of fact and clinical, but still respectful and kind and generous.

The GP was supportive and understanding. Didn't ask any questions that would even imply judgment. She explained everything in detail. I hope everyone gets access to a GP as lovely as mine.

# Diverse frameworks and literatures



# Implications

- Support and accompaniment
- System under pressure
- Waits and delays are distressing
- Cost, provider availability, limited information
- Pros and cons of telehealth
- Interactions with all staff shape quality of care
- Stigma is pervasive

# Acknowledgements

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