



Review article

Trajectories of women's abortion-related care: A conceptual framework

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ABSTRACT

We present a new conceptual framework for studying trajectories to obtaining abortion-related care. It assembles for the first time all of the known factors influencing a trajectory and encourages readers to consider the ways these macro- and micro-level factors operate in multiple and sometimes conflicting ways. Based on presentation to and feedback from abortion experts (researchers, providers, funders, policymakers and advisors, advocates) ($n = 325$) between 03/06/2014 and 22/08/2015, and a systematic mapping of peer-reviewed literature ($n = 424$) published between 01/01/2011 and 30/10/2017, our framework synthesises the factors shaping abortion trajectories, grouped into three domains: abortion-specific experiences, individual contexts, and (inter) national and sub-national contexts. Our framework includes time-dependent processes involved in an individual trajectory, starting with timing of pregnancy awareness. This framework can be used to guide testable hypotheses about enabling and inhibiting influences on care-seeking behaviour and consideration about how abortion trajectories might be influenced by policy or practice. Research based on understanding of trajectories has the potential to improve women's experiences and outcomes of abortion-related care.

1. Introduction

Abortion is a common feature of people's reproductive lives. An estimated 56 million induced abortions occur annually (Sedgh et al., 2016), of which 54.9% (49.9%–59.4%, 90% C.I.) are unsafe (Ganatra et al., 2017). Unsafe abortion is a major public health problem, especially in contexts where access to legal abortion is highly restricted. An estimated 7.9% (4.7%–13.2%, 95% C.I.) of maternal deaths are due to unsafe abortion (Say et al., 2014); unsafe abortion is also a leading cause of maternal morbidity. While medical procedures for inducing safe abortion are straightforward, whether or not an abortion is available or safe or unsafe is influenced by a complex mix of politics, access, social attitudes and individual experiences. Up to 40% of women who experience abortion complications do not receive sufficient care (Singh et al., 2009). Understanding the complexity around obtaining abortion-related care is urgently needed, especially in light of the intense policy attention abortion receives. Abortion care is a landscape in flux, with rapid increases in access to and use of pharmaceuticals to induce abortion (Kapp et al., 2017), and shifting national and international laws, policies, treaties, protocols and funding provision (Barot, 2017a, b).

In recent years, research has helped elucidate abortion-related

practices. There is increased recognition of the scale and consequences of unsafe abortion, including the costs for both women and health systems, in a range of legal settings (Singh et al., 2014). Inequalities in accessing abortion-related care have been identified in many settings, associated with multiple individual characteristics including, but not limited to, age (Shah and Ahman, 2012), marital status (Andersen et al., 2015), ethnicity (Dehlendorf and Weitz, 2011), geographic location (Jones and Jerman, 2013) and economic circumstances (Ostrach and Cheyney, 2014). Women experience multiple, intersecting inequalities in access to abortion-related care (Becker et al., 2011). The critical role of delays in abortion-related care-seeking (Foster et al., 2008; Sowmini, 2013) and of what happens when women are denied services are better understood (DePiñeres et al., 2017; Gerdtts et al., 2014). We know much more about attitudes and stigma around abortion (Faúndes et al., 2013; Hanschmidt et al., 2016). Making sense of this body of research so that it can inform effective policy and help identify salient gaps in knowledge is a substantial endeavour. We lack synthesis of the known time- and context-specific influences on trajectories to abortion-related care. Conceptual frameworks of abortion-related care have dealt only with discrete aspects of women's experiences, such as determinants of use of a safe abortion programme (Benson, 2005) or decisions which lead women to experience post-abortion complications (Banerjee and

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Table 1
Presentations of the conceptual framework to expert audiences during its development.

Event	Participants (N)
International Seminar on Decision-making regarding abortion-determinants and consequences. Nanyuki, Kenya. 3–5 June 2014.	Abortion researchers (31)
Abortion@LSE: an e-conference. 8–9 June 2015.	Abortion researchers, activists and providers (156)
Ipas. Chapel Hill, NC. June 26, 2015	Abortion researchers and community advisors (8)
Psychosocial workshop. San Diego, CA. April 29, 2015	Abortion-specific researchers (70)
Population Association of America (2015) Annual Meeting. San Diego, CA. April 30-May 2, 2015	Social science researchers (52)

Andersen, 2012).

The conceptual framework we propose considers all the factors influencing a woman's trajectory to obtaining abortion-related care (safe abortion, unsafe abortion and/or post-abortion care). Obtaining abortion-related care can involve many steps and be non-linear (Marecek et al., 2017). We define an abortion trajectory as the processes and transitions occurring over time for a pregnancy that ends in abortion. We use 'trajectory' because it incorporates the concept of time – critical for understanding abortion-related care-seeking since safe abortion ceases to be an option as pregnancy progresses (the exact limit varies depending on context). We use the shorthand descriptor 'women' but acknowledge adolescents and transgender men within that.

Abortion is distinct from other healthcare-seeking behaviour since: i) legality and understanding of legal rights overlay an individual's pathway to care, ii) women's abortion options are determined by the gestational age of the pregnancy, iii) abortion is episodic, not chronic, iv) abortion is stigmatised, and v) only women receive abortion-related care. Three main groups of health-related theories might be employed to understand and explain abortion-related care-seeking: determinant, socio-ecological, and pathway. These theories have rarely been used to frame research on obtaining abortion-related care. Theoretically-informed research on abortion has tended to employ explanatory frameworks related to other domains including stigma (Lipp, 2011), policy (Aniteye and Mayhew, 2013), lifecourse (Edmeades et al., 2010), reproductive agency (Cleeve et al., 2017), reproductive justice (Katz, 2017), post-colonial feminism (Chiweshe et al., 2017) and social psychological frameworks (Cockrill and Nack, 2013).

Determinant health-related theories are models that elucidate a set of explanatory factors for the use of healthcare (Ajzen and Fishbein, 1980; Ajzen and Madden, 1986; Andersen, 1995; Bandura, 1977; Becker, 1974; Rosenstock, 1966). They remain influential in the framing of research on health care-seeking, health service use and health behaviour change (Babitsch et al., 2012; Ricketts and Goldsmith, 2005). Determinant theories have been criticised for their underlying individual rational actor orientation, focusing on characteristics of users versus non-users of care but providing little insight into dynamic care-seeking processes (Mackian et al., 2004; Pescosolido, 1992). Socio-ecological models (McLeroy et al., 1988; Stokols, 1996) consider multiple levels (e.g.: structural, community, individual) of influence on behaviour, and reciprocal causation between behaviour and social environments, unlike determinant models that largely conceptualise healthcare decision-making and use as an individual-level process. However, simple socio-ecological models are limited in their representation of time-dependent processes and events. Pathway-based models, which disaggregate healthcare decision-making into constituent steps, challenge frameworks that conceive each health care-seeking event in isolation (Mackian et al., 2004; Pescosolido, 1992). Understanding abortion-related care-seeking requires dynamic process-oriented perspectives; the circumstances of a pregnancy leading to an abortion unfold in the space of a few weeks and can be highly unpredictable. Abortion-related care-seeking cannot be understood only through a linear course of action; it is a process that responds to changing circumstances and experiences. The conceptual framework we present is a mechanism for showing interrelatedness across the various temporal and spatial dimensions that influence and shape

abortion-related care-seeking for one pregnancy. In this paper we i) review all influences on obtaining abortion-related care, ii) organise these into a conceptual framework, and iii) discuss how our framework can facilitate new research to better understand obtaining abortion-related care.

2. Methods

We used an inductive two-step approach to build this conceptual framework: initial drafting based on expert research and practice knowledge, and subsequent systematic evidence mapping of peer-reviewed literature.

We originally conceived the conceptual framework at an international seminar (IUSSP, 2014). Thematic analysis of issues reported in the papers presented at the seminar, which included studies from Africa, Asia, Latin America and Europe (n = 24), along with authors' practice knowledge, were used to draft a first iteration of the framework based on a thematic analysis of issues reported in the seminar papers. The first draft of the framework, which was also informed by the authors' practice knowledge, was presented and discussed at the end of the seminar. Subsequent iterations of the framework were intensively discussed among the authors over several months and presented to specialist audiences at national and international meetings (Table 1) and continually revised following their feedback. This process introduced additional components to our framework, such as the importance of national policies not directly related to health (e.g. education and welfare policies), and elaborated specific components (e.g. relief as an impact of abortion on mental health; the addition of caste-based inequalities among those shaping social positions on fertility and abortion). In addition to individual components, presentation and feedback to specialist audiences shaped the structure of the conceptual framework, informing our distinction between this framework and socio-ecological models and our efforts to present the framework visually so as to maximise its utility.

To confirm that the conceptual framework comprehensively captured all documented influences on obtaining abortion care we conducted a systematic evidence mapping of English-language peer-reviewed literature. Evidence mapping is an evidence synthesis methodology that is a variant of the systematic review (Miake-Lye et al., 2016); it is a systematic search of a broad field that describes as widely as possible all of the literature relating to the topic without limiting to studies that assess the strength or direction of relationships. It methodically identifies and develops a map of the literature (Clapton et al., 2009) and is increasingly used in a range of social sciences (Miake-Lye et al., 2016). Evidence mapping can be much more inclusive than a systematic review: our only quality criterion was that the study should be published in a peer-reviewed journal. Multiple references based on the same sample were not excluded (as would be the case in a systematic review) since data generated from one study population might investigate different issues of relevance.

Three electronic databases [PubMed, ScienceDirect, JSTOR] of peer-reviewed literature were searched for items published in English between 01/01/2011 and 30/10/2017. These databases were selected for their coverage of biomedical and social science research. Combinations of relevant search terms were developed and tested for sensitivity. The

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