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Exploring Canadian Women's Multiple Abortion Experiences: Implications for Reducing Stigma and Improving Patient-Centered Care

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A B S T R A C T

Background: Roughly one-third of all abortions in Canada are subsequent abortions. However, few published reports showcase women's voices or explore women's experiences on this topic. Our study aimed to understand better the ways that women who have had multiple abortions talk about and view those experiences.
Methods: Between 2012 and 2016, we conducted in-depth interviews with 41 Canadian women who had a total of 87 abortions in the 5 years preceding the interviews. We audio-recorded and transcribed all English- and French-language interviews and analyzed our data for content and themes using a multiphased iterative approach and inductive and deductive techniques.
Results: Women described their abortion experiences as unique life events, even in cases when the overarching circumstances surrounding the pregnancies were similar. Participants recalled multiple factors that influenced their decisions to terminate, including their relationship status; level of support from family and friends; financial situation; health status; previous reproductive health, pregnancy, and abortion experiences; and desire to parent. In general, a previous abortion demystified the abortion process but did not play a significant role in decision making. Women described intensified feelings of shame and both internalized and externalized stigma surrounding their decision to have more than one abortion. However, the overwhelming majority were confident in their decisions.
Conclusions: The often-used phase "repeat abortion" fails to capture women's experiences and the complex decision making surrounding each pregnancy. Efforts to reframe the narrative of multiple abortions, including among health care providers, could help reduce the amplified stigma associated with having more than one lifetime abortion.

Approximately 100,000 abortions take place in Canada each year (Canadian Institute for Health Information, 2015) and one in three Canadian women will have an abortion over the course of their reproductive lives (Norman, 2012). Although current and reliable statistics are unavailable, data from 1997 to 1999 suggest that between 31% and 39% of all terminations that take place across Canada are subsequent, or "repeat", abortions (Fisher et al., 2005; Millar, Wadhera, & Henshaw, 1997).

Although the discussion of abortion continues to be stigmatized in general, this is especially true for the subject of multiple abortions. Kumar, Hessini, and Mitchell (2009) have hypothesized that abortion stigma remains prevalent because abortion transgresses three feminine ideals: perpetual fecundity, the inevitability of motherhood, and instinctive nurturing. Thus, if society sees one termination as violating these ideals, it stands to reason that society views multiple abortions as added offenses. Further, within mainstream narratives, there is a continued assumption that there are both "good" and "bad" abortions (Norris et al., 2011). Furedi (2001) notes that so-called bad abortions are obtained by "selfish women" who have had multiple previous abortions without using contraception and at later gestational ages. Indeed, societies often view an abortion as a way of rectifying the mistake of an unintended pregnancy, and

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social discourse prioritizes, and often applauds, individuals learning from their mistakes. In this way, multiple abortions are seen to represent a lack of learning from the past.

In 2011, Moore, Singh, and Bankole (2011) conducted in-depth interviews and focus group discussions with men and women from New York City. Although many participants were in agreement that there are a lack of desirable options to avoid unintended pregnancy, the participants also expressed that abortion is a last resort for when a "mistake happens." The vast majority of participants staunchly rejected the idea of abortion as "birth control," but believed that some women use the procedure in this way. In addition, although several women noted that they would allow themselves to have a single abortion, they said that they would not allow themselves to have a subsequent abortion and would look down on women who did.

The abundant literature from around the world has focused primarily on describing the characteristics of women who have and identifying potential risk factors for repeat abortions (Alemayehu et al., 2017; Heikinheimo, Gissler, & Suhonen, 2008; Justad-Berg, Eskild, & Strøm-Roum, 2015; Keenan, Grundy, Kenward, & Leon, 2014; Leeners, Bieli, Huang, & Tschudin, 2017; McCall, Flett, Okpo, & Bhattacharya, 2016; Mentula et al., 2010; Ngo et al., 2014; Pestvenidze et al., 2016; Picavet, Goenee, & Wijsen, 2013; Prager, Steinauer, Foster, Darney, & Drey, 2007; Toprani, Cadwell, Li, Sackoff, Greene, & Begier, 2015). In recent years, a body of research has explicitly centered on how expanding access to contraceptive services, and methods of long-acting reversible contraception in particular, can reduce the rate of repeat abortion (Ames & Norman, 2012; Goodman, Hendlish, Reeves, & Foster-Rosales, 2008; Kilander et al., 2016; McNicholas & Peipert, 2013; Pohjoranta, Mentula, Gissler, Suhonen, & Heikinheimo, 2015; Rose & Lawton, 2012). Yet, Weitz and Kimport (2012) have suggested that "repeat abortion" is a misnomer and fails to capture the unique circumstances that can surround each abortion. They have also questioned how the terminology used in the field may contribute to the stigma that surrounds multiple abortions. After conducting in-depth interviews with women about their index and subsequent abortion experiences, they advocate for the term "multiple abortions" as a less loaded term that acknowledges each termination as a unique experience. In their recent qualitative research with women in the United Kingdom who have had multiple abortions, Hoggart, Newton, and Bury (2017) echoed these findings and argued that the phrase "repeat abortion" contributes to abortion stigma.

To date, no published studies have explored Canadian women's experiences with multiple abortions, and few researchers have examined the dynamics of stigma that surround subsequent terminations. In this article, we document women's lived experiences and the interplay between multiple abortions and abortion-related stigma.

Methods

In 2016, we completed a large-scale qualitative study dedicated to women's abortion experiences in Canada; we have detailed the study design in several previous publications (Cano & Foster, 2016; Foster, LaRoche, El-Haddad, DeGroot, & El-Mowafi, 2017; Vogel, LaRoche, El-Haddad, Chaumont, & Foster, 2016). Briefly, over a 3.5-year period from 2012 to 2016, we conducted semistructured in-depth telephone/Skype interviews with 305 women who had obtained at least one abortion in the 5 years preceding the interview; we focused on this timeframe to understand more recent experiences that would likely reflect current regulatory and policy environments. We used a multimodal recruitment strategy that included social media posts, early participant referral, and advertisements through clinics, community organizations, and listservs. We spoke with women who resided in every province and territory at the time of the abortion, purposively recruited both Anglophones and Francophones, and divided our sample between women aged 18 to 24 years and those 25 years and older at the time of the interview.

Data Collection

A member of our all-female study team conducted the interviews, which averaged 60 minutes in length. All interviewers followed the same guide, which began with a series of open-ended questions about the participant's demographics and background, reproductive health history, pregnancy history, and general experiences accessing both primary and reproductive health care services. We then asked participants details about their abortion experience(s), including the circumstances surrounding the pregnancy that was terminated and the process of locating a provider, scheduling an appointment, obtaining the service, and receiving follow-up care. Women who had more than one abortion in the previous 5 years provided information about each event; we also asked them to talk about similarities and differences between experiences. Finally, we asked women about their retrospective feelings about their abortion(s), the ways in which services could be improved in their city and province/territory, and their knowledge of and opinions about mifepristone; the gold standard medication abortion drug was not available in Canada during our data collection. We audio-recorded all of the interviews. We also took notes during the interviews and formally memoed shortly thereafter. All participants received a CAD40 gift card to Amazon.ca.

Data Analysis

We began reviewing data as we collected them to identify common themes, draw initial connections between ideas, and establish thematic saturation. Memoing after each interview served an integral role in this process and allowed us to reflect on the interviewer's impact on the data collection process (Birks, Chapman, & Francis, 2008). Drawing on interview transcripts, notes, and memos, we conducted content and thematic analyses of the interactions using both a priori (predetermined) codes and categories based on the research questions and inductive analysis techniques to identify emergent ideas.

We used ATLAS.ti to manage our data and K.J.L., a PhD student in Population Health and the overall Study Coordinator, created an initial code book and served as the principal coder. A.M.F., a medical anthropologist and medical doctor with extensive qualitative research experience on abortion, reviewed both the codebook and the coded transcripts. Guided by regular team meetings and discussion, our thematic analysis centered on grouping categories of information, drawing connections between ideas, and understanding relationships.

Of the 305 women who participated in the national study, 70 had more than one lifetime abortion; 41 of these women had multiple abortions in the 5 years before the interviews. During our analysis of all of the interviews, we determined that several themes emerged specifically among the subset of participants who had provided details on more than one abortion. We conducted content and thematic subanalyses of these 41 interviews;