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Despite legal abortion in Great Britain, women cite access barriers, new research finds

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Sept. 20, 2017, AUSTIN, Texas - Some women are seeking abortion services outside the formal health care system in Great Britain, where abortion is legally available, citing reasons such as access barriers, privacy concerns and controlling circumstances, according to new research from Abigail Aiken, an assistant professor at the LBJ School of Public Affairs at The University of Texas at Austin. The peer-reviewed study was published Wednesday in *Contraception*, an international reproductive health journal.

Aiken, the study's lead author, examined the demographics and circumstances of all women requesting early medication abortion through the online telemedicine initiative Women on Web (WoW) over a four-month period and analyzed a sample of their anonymized emails to the service to explore their reasons for seeking help.

During that time, 180 women reported 209 reasons for seeking abortion outside the formal health care setting. Nearly half the reasons - 49 percent -- involved access barriers including long waiting times, distance to a clinic, work or child care commitments and prior negative experiences of abortion care. Thirty percent related to privacy concerns including lack of confidentiality of services, perceived or experienced stigma and preferring the privacy and comfort of using pills at home. Eighteen percent involved controlling circumstances, including partner violence and partner or family control.

"This research shows that some groups of women in Britain find it very challenging or even impossible to access abortion care through current service models," Aiken said. "These groups include women with few sources of social support and women living with domestic violence. Unlike the U.S., the health care system in Britain boasts universal coverage and care that is free at the point of access, regardless of income or socioeconomic status. But as this study shows, making health care services available does not automatically make them accessible or acceptable.

"To close the health care gap for the most vulnerable and marginalized, we need to find innovative ways to bring services to people where they are," Aiken continued. "Our findings show that many women have already identified telemedicine as a viable way of obtaining early medication abortion. Making these services a reality would require a policy change to allow new models of service delivery."

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