

WHY WOMEN CHOOSE AT-HOME ABORTION VIA TELECONSULTATION IN FRANCE: DRIVERS OF TELEMEDICINE ABORTION DURING AND BEYOND THE COVID-19 PANDEMIC

Access to abortion and telemedicine abortion in France

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In face of the COVID-19 health emergency, France has allowed medical abortions to be performed by teleconsultation until 9 weeks of gestation. In an attempt to understand the demand and main drivers of telemedicine abortion, this project analyzed the requests that Women on Web (WoW), an online telemedicine abortion service operating worldwide, received from France between January 1st and December 31st, 2020. Within this framework, we conducted a parallel convergent mixed-method study among 809 consultations. We found that the demand for at-home medical abortion via teleconsultation increased in France during the lockdowns. However, drivers of telemedicine abortion are multi-dimensional and go beyond the conditions unique to the pandemic. Our findings suggest that telemedicine can help meet women's preferences and needs for secrecy, privacy and comfort, while facilitating improved access to and enabling a more person-centred abortion care.

Context

The COVID-19 outbreak has stirred up a health emergency worldwide. Related lockdown measures and travel restrictions have particularly affected access to abortion care, whose provision already largely occurs under conditions of structural violence due both macro-level constraints and the everyday micro challenges. In the context of the pandemic, France introduced a temporary measure, allowing at-home medical abortion via teleconsultation until 9 weeks of pregnancy. The measure was justified as per the recommendations of the World Health Organization (WHO) and the French High Authority of Health (HAS), as well as per advances in telemedicine. Similar measures were also adopted in England, Wales, Scotland, and Ireland.

Methods

We conducted a parallel convergent mixed-method study among the 809 consultations received from France at Women on Web (WoW), an online telemedicine abortion service operating worldwide, between 1 January and 31 December 2020. Within the framework of this research, we analysed two main data components. The first component is the data obtained from WoW consultation questionnaire and the second is the data obtained from women's anonymised email correspondence with the WoW helpdesk. Both components were collected simultaneously and analysed independently. They were then merged to validate data and results and to interpret the findings better.

We performed a cross-sectional study of the survey data obtained from WoW consultation survey that participants completed while requesting help online. In order to better understand women's motivations for choosing telemedicine, and also to map the perceived barriers of access to abortion in France, we conducted a manifest content analysis of women's email correspondence.

Findings

The COVID-19 pandemic and associated lockdown measures restricted mobility, thereby adversely affecting availability of services. The Figure 1 below demonstrates how requests for at-home medical abortion via teleconsultation from France at WoW has increased during lockdown periods.

Figure 1: The Number of Telemedical Abortion Consultations from France received by Women on Web between 1 January and 31 December 2020 (n = 809).

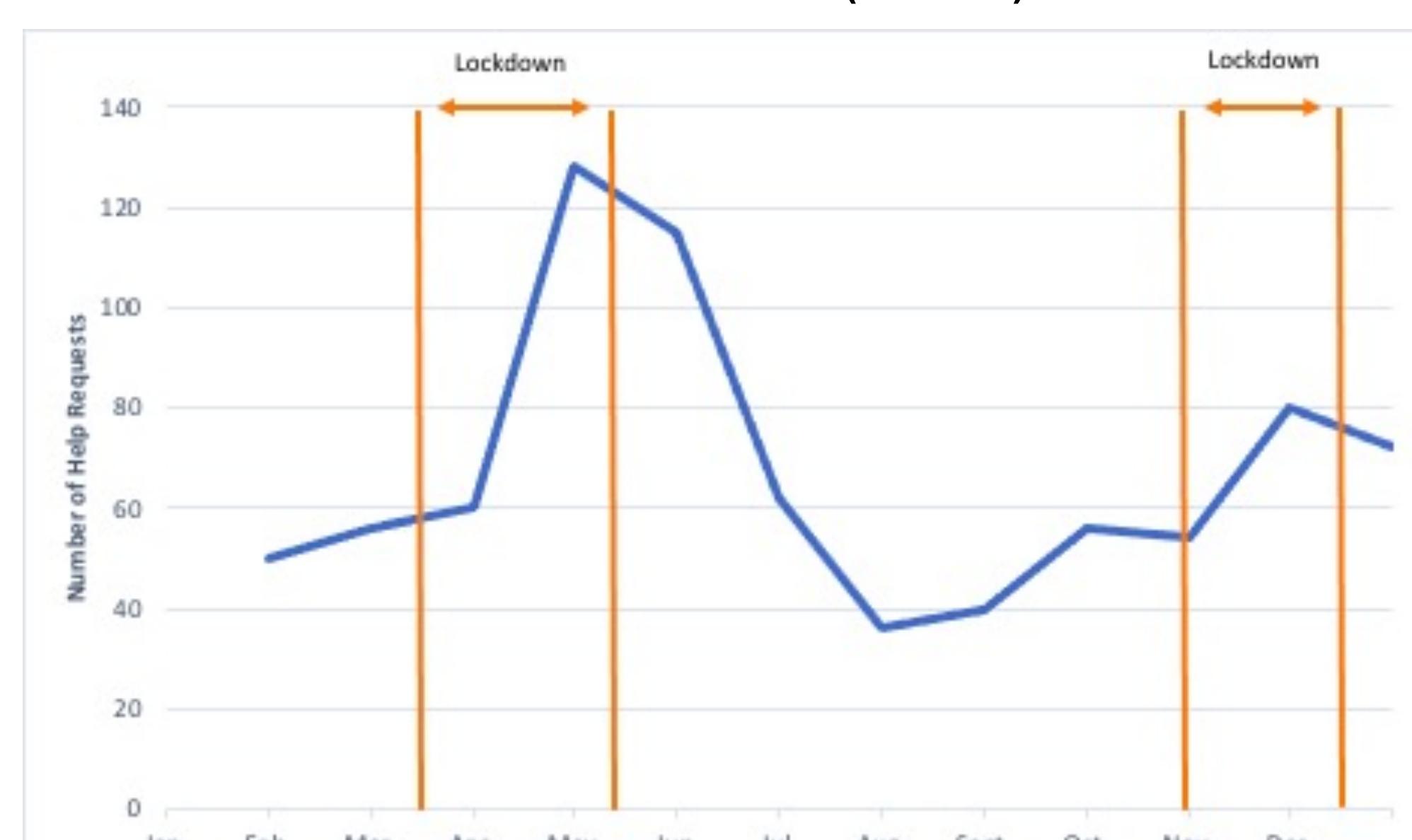


Table 1: Reasons Why Women Chose Telemedicine through WoW between 1 January and 31 December 2020 per Age Groups and COVID-19 Relevancy

Reasons why women choose telemedicine abortion through Women on Web	Frequencies in % (n)					(n=769, reasons missing n=40)
	18-25 (n = 261, reasons missing n=16)	26-35 (n = 344, reasons missing n=14)	36 and above (n = 164, reasons missing n=10)	COVID-19 Related Consultations (n=236)	COVID-19 Unrelated Consultations (n=573)	
Need to keep abortion a secret from partner or family	58.2 (152)	38.5 (138)	37.9 (66)	31.3 (74)	49.2 (282)	46.2 (356)
I would rather keep my abortion private	44.8 (117)	32.1 (115)	36.2 (63)	32.2 (76)	38.2 (219)	38.3 (295)
I would be more comfortable at home	39.8 (104)	28.7 (103)	35.6 (62)	34.7 (82)	32.6 (187)	34.9 (269)
Coronavirus	35.6 (93)	26.8 (96)	37 (47)	100 (236)	0 (0)	30.6 (236)
I would rather take care of my own abortion	34.4 (90)	26.2 (94)	20.6 (36)	0 (0)	38.3 (220)	28.6 (220)
It's hard to access abortion due to work or school commitments	29.5 (77)	20 (69)	21.3 (35)	16.52 (39)	24.7 (142)	23.5 (181)
It is hard to access abortion because of the cost	31.4 (82)	14.5 (52)	12.6 (22)	25.0 (39)	20.4 (117)	20.2 (156)
It is hard to access abortion because of childcare	11.4 (30)	21.8 (75)	25.6 (42)	16.10 (38)	19.0 (109)	19.1 (147)
I would rather have my partner or friend with me during the process	25.2 (66)	9.2 (33)	8.6 (15)	13.1 (31)	14.4 (83)	14.8 (114)
It is hard to access abortion because of legal restrictions	11.1 (29)	11.7 (42)	8 (14)	11.8 (28)	9.9 (57)	11 (85)
Stigma	16 (42)	8.3 (30)	7.4 (13)	11.0 (26)	10.2 (59)	11 (85)
It is hard to access abortion because of distance	12.6 (33)	5.2 (18)	10.9 (18)	11.0 (26)	7.5 (43)	8.9 (69)
Other reason	6.1 (16)	3.7 (13)	7.3 (12)	5.9 (14)	4.7 (27)	5.3 (41)
Abusive partner	5.3 (14)	4 (14)	4.2 (7)	3.8 (9)	4.5 (26)	4.5 (35)
I find it empowering	4.9 (13)	3.6 (13)	2.2 (4)	3.8 (9)	3.6 (21)	3.9 (30)
Undocumented immigrant	3.4 (9)	3.1 (11)	3.6 (6)	1.6 (4)	3.8 (22)	3.3 (26)

*The exact question reads "What are the main reasons why you are requesting an abortion through Women on Web?"

*The question is optional, which explains the missing data.

* Multiple responses are allowed; total response therefore exceeds 100%.

The preferences and needs over secrecy (46.2%), privacy (38.3 %), and comfort (34.9%), followed by coronavirus (30.6%), were among the most frequent reasons for women to choose telemedicine abortion. We found that younger women who are 18-25 years old, compared to those who are over 36 years old, are two times more likely to find at-home abortion via telemedicine empowering and three times more likely to prefer having someone with them during the abortion procedure. They are, however, also two times more likely to perceive abortion stigma and to encounter financial difficulties while accessing abortion care.

We found that similar frequencies, with slight fluctuations, are observed among COVID-19 related and unrelated consultations, with the exception of willingness for self-management which appears to be exclusive to COVID-19 unrelated consultations. We noted that the drivers of telemedicine are in fact multi-dimensional and go beyond conditions unique to the pandemic. We observed that most of the time, women experience multiple constraints at the same time, which later informs their preferences for choosing telemedicine for abortion.

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