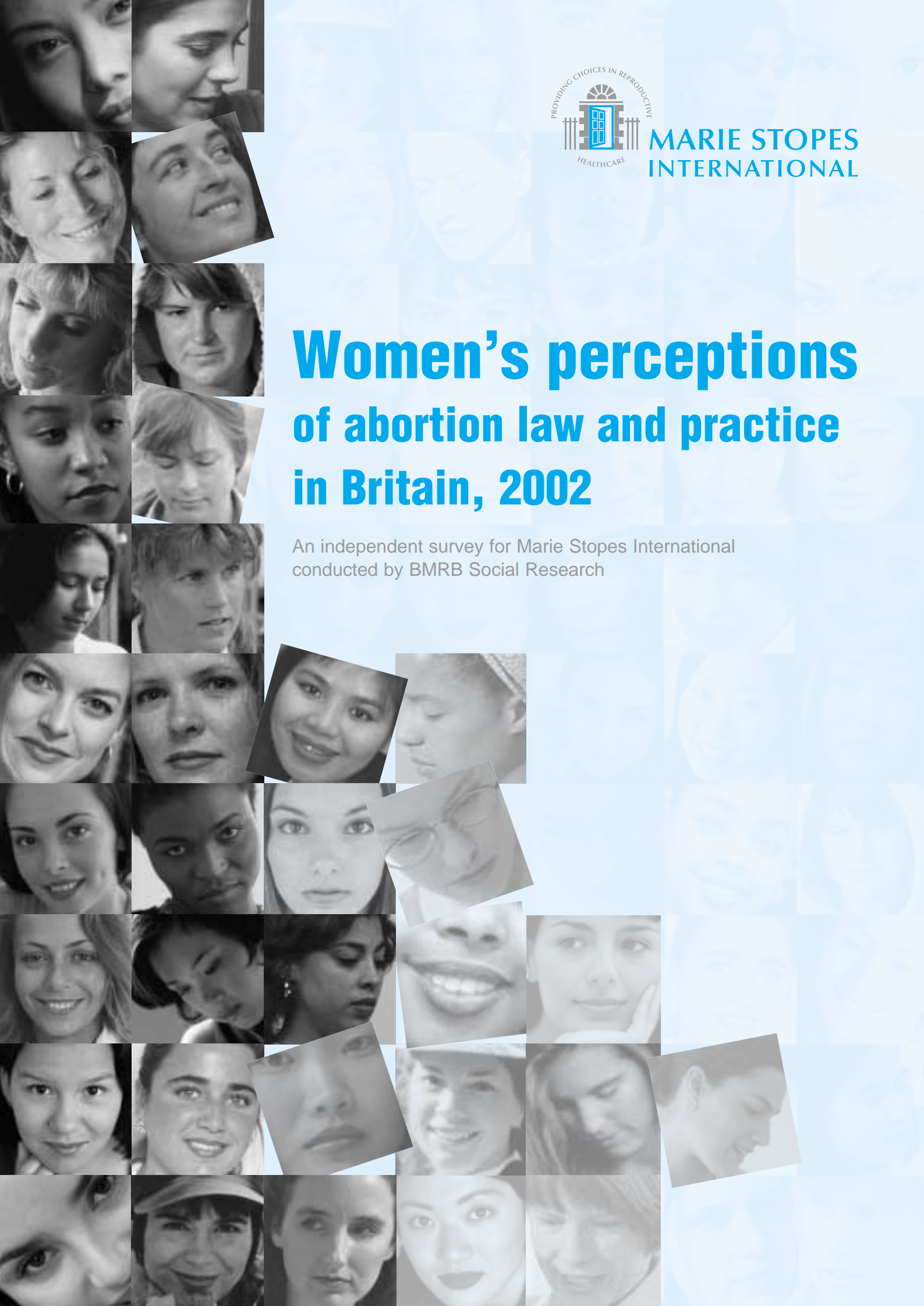


MARIE STOPES
INTERNATIONAL

Women's perceptions of abortion law and practice in Britain, 2002

An independent survey for Marie Stopes International
conducted by BMRB Social Research



Introduction

The Abortion Act received its royal assent on October 27, 1967.

In the 35 years since abortion became legal, British society's morals, attitudes and values have undergone a radical transformation.

Subjects that were considered unsuitable as topics for polite conversation in the 1960s, are now openly discussed. In 1967, few people would have been prepared to discuss their sexuality, or the fact that they had a terminal illness or were battling against alcohol or drug addiction. Today, such experiences are often freely shared with family, friends and even casual acquaintances.

Despite the fact that one in three women between the ages of 16 and 45 will have an abortion¹, and that approximately five and a half million abortions have been performed in England and Wales alone since legalisation², the issue is still cloaked in a veil of secrecy.

In the Britain of the new millennium, in many respects, abortion is the last taboo.

The result of this culture of secrecy is that abortion is a mystery to most women, and both the legal processes and medical choices available to them remain largely unknown.

Marie Stopes International has long contended that, by perpetuating a conspiracy of silence around abortion, British society does a grave disservice to women. Not only does a law that denies a woman's right to make autonomous, informed decisions about her own fertility remain effectively unchallenged in the parliamentary arena, but lack of awareness of treatment options that should be available also has some very real implications for her physical and psychological wellbeing.

In 1967, Great Britain was pioneering in its introduction of legal abortion. Today, it lags behind much of the developed world and increasing numbers of less developed countries, in addressing abortion as a public health and rights issue.

In commissioning an independent survey by BMRB Social Research, Marie Stopes International has sought to understand the lack of awareness of abortion law and practice, and to establish what women want from an abortion service in 21st century Britain.

Executive summary

Research objectives

- To establish knowledge of the Abortion Act (1967) among women of reproductive age in Great Britain, including time limitations and the process of gaining legal consent
- To quantify women's views about the right to abortion, and how abortion services are funded
- To examine women's knowledge about the range of abortion treatment options available to them and the likely duration of such procedures
- To investigate how women's views differ according to their own situation, demographics and experiences

Methodology

- Fieldwork conducted using BMRB's Access face to face omnibus survey
- Representative sample of 1222 women aged 16-49 in Great Britain
- Fieldwork carried out between 22/08/02 – 11/09/02
- Questionnaire designed by Marie Stopes International and BMRB Social Research
- Self completion of questionnaire by respondents using CAPI (Computer Assisted Personal Interview)
- Parental permission for 16-17 year old respondents

Key findings

- Only one quarter of women (24%) are correct in thinking that for an abortion to proceed legally in Britain, the permission of two doctors in writing is required. Of the remainder, one third (33%) incorrectly think that the permission of a single doctor is required by law, and a further third (33%) wrongly believe that abortion is legally available solely at the request of the woman

- When asked who should decide whether or not an abortion should proceed, only **four per cent** support the current legal framework. A strong majority (**88%**) believes that the decision should ultimately rest with the woman concerned
- Only one in eight respondents (**13%**) were able to correctly identify the legal 24 week limit under which the vast majority of abortions in Great Britain must be performed. Almost one in three women (**32%**) believe the legal limit is just 12 weeks
- Over three quarters of women (**76%**) believe that 'all women should have the right to an abortion'. Six in 10 women 'strongly agree' with this statement. Only **11%** disagree
- Almost six out of 10 women who are aware of surgical abortion procedures (**59%**) believe that a full general anaesthetic is the **ONLY** treatment option available for women in Britain today. Only around one fifth are aware of surgical abortion procedures that do not require general anaesthetic
- Only two fifths of women interviewed (**43%**) are aware of the abortion pill as an alternative to surgical procedures in early terminations. Just **eight per cent** of those who have heard of the abortion pill are able to correctly identify the gestational limitation period by which it is licensed for use
- Respondents are clearly unaware of how commonplace abortions are in the collective experience of women in Great Britain today. Only **12%** correctly identify that one in three British women will have an abortion. Most think that abortions are much rarer, experienced by only one in five women (**30%**), or one in ten (**23%**)
- Women 20-29, and women from less affluent backgrounds and with lower educational attainment tend to know less about abortion law and practice



Summary of findings

Knowledge of the law – who decides?

Respondents were asked: ‘According to your understanding of current British law, what is required for an abortion to proceed legally?’ and given a choice of five possible responses

Table 1: Legal consent (Base: All women – 1222)

The consent of the woman seeking an abortion	33%
The written consent of one doctor in consultation with the woman	33%
The written consent of two doctors in consultation with the woman	24%
Don't know	6%
Refused	4%

Less than one quarter of women surveyed (24%) correctly identified that British law requires the written permission of two doctors before an abortion can proceed legally. One third of respondents (33%) erroneously believe that only a decision by the woman seeking an abortion is required to satisfy legal requirements

Older women, women from more affluent social backgrounds and those with higher educational attainment are more likely to answer correctly

Respondents were also questioned about whether a husband's or partner's consent is required before an abortion can proceed legally. More than one in every three women (37%) incorrectly believe that a partner's consent is required. Fifty seven per cent answered correctly across the full sample (i.e. think that a partner's consent is not required)

Women who are either married or in relationships are more likely to consider that a partner's consent is required by law.

Having established their understanding of legal consent under the 1967 Act, respondents were then asked whose consent *should* be required. Seven response options were offered.

Table 2: Who should decide if an abortion can proceed? (Base: All women – 1222)

Total percentage of women who believe that consent on abortion should ultimately rest with the woman	88%
It should be purely the woman's decision	29%
It should be the woman's decision, but she needs her partner's consent	17%
The woman must consult a doctor, but SHE should have the final decision	42%
The woman's doctor should have the final decision	2%
Two doctors should have to agree on the final decision	4%
Don't know	3%
Refused	4%

Less than one in 20 women (four per cent) endorse the current legal framework requiring the written permission of two doctors before an abortion may proceed. Almost nine out of 10 women (88%) believed that the ultimate decision should rest with the woman herself.

A significantly higher proportion of women who have personally experienced abortion considered that it should be purely the woman's decision (41% versus 29% across the full sample).

Marie Stopes International comment: *There is clearly deep confusion among the women of Great Britain as to the basis of legal consent for abortion under the 1967 Act.*

By contrast, there is absolutely no doubt that the current framework has little support, and that the vast majority of women do not endorse the notion of doctors having anything other than a consultative role in decisions relating to their fertility regulation. Respondents recognise that the fundamental consenting role at law and in practice should rest with the person most directly affected – the woman herself.

Since the 1967 Act, any attempt to change a law that so openly discriminates against women by denying their capacity to make responsible choices for themselves has invariably been met with the same political response. 'Any woman seeking access to abortion in Great Britain today is likely to be successful,' the politicians will say.

'The law may be outmoded and out of line with many other countries' more progressive legislations, but it works. If it ain't broke, don't fix it.'

The reality, of course, is that whatever the politions might say, the decision about whether abortions may proceed still rests in the hands of doctors, and not those of the women seeking them.

The results of this survey suggest that this political laissez faire attitude might shift rapidly if more women become aware that abortion is not their automatic right, and are willing to apply the necessary pressure to bring about legislative reform.

Knowledge of the law – legal time limitations

The survey sought to establish how much women understood about the legal gestational time limits within which they must access abortion.

Under the 1967 Act, as amended by the 1990 Human Fertilisation and Embryology Act, abortion is available up to full term where there is a threat to the life of the woman; a serious, permanent threat to her physical or psychological well being; or a risk of foetal abnormality. In all other circumstances, abortion is available up to 24 weeks' gestation. Women were asked to identify this legal limit for abortion, and were offered seven categories of response.

Table 3: Knowledge of gestational time limits (Base: All women – 1222)

Up to 12 weeks of pregnancy	32%
Up to 16 weeks of pregnancy	26%
Up to 20 weeks of pregnancy	15%
Up to 24 weeks of pregnancy	13%
Up to 28 weeks of pregnancy	5%
Don't know	5%
Refused	4%

Only one in eight women (13%) know the correct answer. Almost three quarters (73%) of respondents believed that the upper limit for abortion was 20 weeks or less.

Marie Stopes International comment:

The implication from this set of results is clear and disturbing. Are some women qualifying themselves out of having abortions and proceeding with unwanted pregnancies because they believe the legal time limit in which they must act has passed?

Knowledge of treatment options

Respondents were questioned about their knowledge of different methods of treatment. They were offered five options, with multiple responses available.

Emergency contraception, though NOT a method of abortion, was included as an option. The intention was to ensure that respondents did not confuse the 'abortion pill' with the more widely known emergency contraception.

Table 4: Knowledge of treatment options (Base: All women – 1222)

Emergency contraception	92%
Surgical abortion	75%
Abortion pill	43%
Don't know	2%
Refused	4%

The high awareness of emergency contraception is a reassuring finding, yet perhaps not surprising given extensive recent publicity following the decision to offer it over the counter in pharmacies.

Three quarters of the sample (75%) are aware of surgical abortion procedures, but less than half the sample (43%) have heard of the abortion pill.

There are no significant statistical differences in awareness levels of the abortion pill in the sample from Scotland, where this method is much more widely offered through the NHS. Given this fact, one might have expected 'word of mouth' to have had some positive impact on levels of awareness of the abortion pill in Scotland. This perhaps reinforces the notion that women are not widely discussing the subject with their peers.

The 43% of respondents who were aware of the abortion pill were subsequently questioned about their knowledge of the gestational limit within which this method of early abortion is available. Respondents were offered nine categories. Two options were deliberately included to further ensure that respondents' were able to distinguish between the abortion pill and emergency contraception.

Table 5: Knowledge of gestational limit for the abortion pill (Base: Women who have heard of the abortion pill – 520)

24 hours	8%
3 days (72 hours)	24%
1 week	7%
3 weeks	7%
6 weeks	10%
9 weeks	8%
12 weeks	14%
15 weeks	4%
Don't know	16%

Only one in 13 women (eight per cent) know that the abortion pill is available up to nine weeks' gestation. Almost one in five (18%) choose gestational limits well beyond the period when the abortion pill is licensed for use in early termination of pregnancy.

Despite the fact that the abortion pill and emergency contraception were clearly distinguished in the previous question, the high proportion of respondents opting for three days or 24 hours (32%) suggests that confusion with emergency contraception (the so called 'morning after pill') still persists³.

All women who had heard of surgical abortion were questioned about their knowledge of the range of modern methods available in Britain. They were offered four choices, and were able to give multiple responses.

Table 6: Knowledge of surgical abortion methods (Base: Women who have heard of surgical abortion – 919)

Percentage of women who believe only general anaesthetic procedures are available	59%
Surgical abortions under general anaesthetic (asleep)	71%
Surgical abortions under local anaesthetic (awake)	25%
Surgical abortions under conscious sedation (drowsy)	21%
Don't know	2%

Almost six out of 10 respondents in this sample (59%) think that abortion is ONLY available under general anaesthetic. (47% of the full sample of 1222 women thought that the statement 'All surgical abortion procedures are carried out under general anaesthetic' was correct.)

Marie Stopes International comment: *This set of results underlines women's lack of knowledge as to which treatment options are – or should be – available to them. Large numbers of women are only aware of the traditional general anaesthetic procedure, despite the fact that the other methods are increasingly available, especially in the non NHS sector.*

Non general anaesthetic procedures are proven to carry significantly fewer risks for women's health, yet the vast majority of abortions are still carried out using general anaesthetic in heavily medicalised settings. The prevailing culture of silence means that women generally accept what is offered to them, or what they are told they must have – usually a general anaesthetic procedure.

The vast majority of abortions in Great Britain – almost 90% – are carried out within the first trimester of pregnancy. There are only very few situations where first trimester abortions need to be performed in hospital settings using general anaesthetic.

An abortion service for the new millennium should be offering every woman a full range of treatment options. These should include the abortion pill and increasing use of simpler, safer, faster and less invasive surgical methods, such as manual vacuum aspiration (MVA) under local anaesthetic, or conscious sedation as an alternative to general anaesthetic, both techniques that have been pioneered in the UK by Marie Stopes International.

The paramount concern should be to offer women an opportunity to make informed choices about treatment methods best suited to their particular needs.

Quite apart from the extremely important health benefits for women, there are equally sound economic reasons for increasing use of these modern techniques given the constant strain on NHS resources.

Knowledge of waiting times

Respondents were asked how long a woman should wait between an initial medical consultation where a decision to have an abortion is taken and the actual procedure taking place. Women were offered eight options.

Table 7: Time women should wait before proceeding with an abortion (Base: All women – 1222)

There should be no wait - she should be able to have the abortion immediately following the consultation	19%
She should have to wait at least 24 hours	28%
She should have to wait at least 48 hours	19%
She should have to wait at least 72 hours	8%
She should have to wait at least one week	12%
She should have to wait at least two weeks	5%
Don't know	5%
Refused	4%

The vast majority of respondents believe that, following a medical consultation, access to an abortion procedure should be prompt. Almost half (47%) consider that women should be able to access procedures within 24 hours, and nearly three quarters (74%) of the sample believe that the abortion process should be completed within 72 hours of the medical consultation. Just over one in 10 women (12%) are in favour of a waiting period of one week, which is the recommended ideal maximum contained in the Royal College of Obstetricians and Gynaecologists' (RCOG) guidelines⁴.

Women from lower social grades and women who have had abortions are more inclined to respond that there should be no wait between medical consultation and the procedure taking place

(24% and 25% respectively, compared to 19% across the whole sample).

An additional question asked women who were aware of surgical abortion procedures to estimate how long a woman might expect to spend in a treatment centre when undergoing a first trimester surgical abortion. The purpose of this question was to assess women's understanding of how protracted, complex and involved - or otherwise - such procedures are.

It was felt that a correlation could be drawn between their estimates and their perceptions of the 'seriousness' or 'complexity' of the procedure. Respondents were offered seven options.

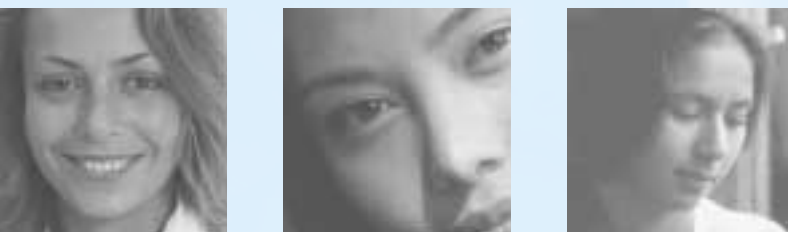
Table 8: Minimum time expected to spend in a treatment centre for a surgical abortion under 12 weeks gestation (Base: All women who have heard of surgical abortion – 919)

No more than one hour	4%
No more that two hours	12%
No more than four hours	26%
No more than eight hours	34%
24 hours	18%
48 hours	2%
Don't know	4%

One third of respondents (34%) estimate that a surgical abortion procedure in the first trimester will require a full working day's stay in a treatment centre (eight hours). Almost one in five (18%) expect an overnight stay will be involved.

The reality is that a first trimester surgical abortion using modern manual vacuum aspiration techniques under local anaesthetic or conscious sedation should take just a few minutes if performed by a skilled practitioner, and women should expect to stay at a treatment centre for no more than two hours. Only one in 10 women (12%) are correct. Even where general anaesthetic is used in an early vacuum aspiration procedure a stay of only up to four hours might be expected.

Marie Stopes International comment: *The RCOG guidelines are clearly not in line with the expectations of most women. A substantial majority of women believe that once the decision has been taken, speed is of the essence.*



Unfortunately, the RCOG's ideal maximum waiting time is a guideline only, and not enforceable. The reality is that significant numbers of women seeking NHS abortions sometimes face waits of two or three weeks or more, and often resort to self funding through non NHS providers.

Knowledge of frequency of abortion

Respondents were asked to estimate what numbers of women will have an abortion at some point in their lives, expressed in the form of a ratio. Respondents were given eight possible options.

Table 9: Proportion of women who will have an abortion (Base: All women – 1222)

1 in 2	5%	1 in 20	13%
1 in 3	12%	1 in 50	8%
1 in 5	30%	Don't know	6%
1 in 10	23%	Refused	3%

According to the RCOG (See Note¹), one in three women in England and Wales will have an abortion within their reproductive lifetimes. Just over one in 10 respondents (12%) correctly identify this. The majority feel that either one in five (30%) or one in 10 (23%) are more likely estimates. A significant minority believe that abortions are much rarer. One in five (21%) of all respondents feel that only one in 20 or one in 50 women have abortions.

Marie Stopes International comment: *Although it would be unreasonable to expect all but the most highly informed women to get the answer to this question correct, the results do provide an interesting snap shot of women's perceptions of the numbers and frequency of abortions being carried out in Britain today. Clearly, they are broadly unaware that abortion is part of the experience of significant numbers of women. That they consider abortion to be rarer perhaps indicates how little the subject is discussed.*

Attitudes to abortion

All women taking part in the survey were presented with three statements about abortion and asked whether they strongly agreed; slightly agreed;

neither agreed nor disagreed; slightly disagreed; or strongly disagreed.

Table 10: Attitudes to abortion (Base: All women – 1222)

	Agree	Neither agree Nor disagree	Disagree
All women should have the right to an abortion	76%	9%	11%
All women should have the right to an abortion funded by the NHS	67%	13%	15%
Abortion is morally wrong	27%	26%	42%

Over three quarters of respondents (76%) support women's right to abortion. Six out of 10 (61%) strongly agree with the first statement. Only one in 10 (11%) disagree with it.

A slightly lower, but still strong, majority (67%) believe abortion should be freely available under the NHS.

Four out of 10 respondents (42%) disagree with the statement that 'abortion is morally wrong' compared to one quarter (27%) who agreed. Significant numbers of women who think abortion is morally wrong, nevertheless support women's right to access the service.

Respondents with strong religious beliefs are less supportive of women's right to abortion, with only 57% agreeing with the first statement, compared to 76% across the full sample. The former group are also more inclined to find abortion morally wrong (62% versus 27% in the full sample). Women in Wales (62%) are also less likely to support the first statement, whilst women from more affluent social backgrounds and with greater educational attainment are the most supportive.

Marie Stopes International comment: *Women in Great Britain today clearly regard abortion as their right. Many of those who doubt the morality of abortion or who would not seek to terminate a pregnancy themselves (see Page 14), nevertheless support other women's right to do so.*

Concluding remarks

The debate on abortion – which has been hotly contested since the passage of the 1967 Act – has clearly been won by the significant majority that favours a woman's absolute right to access the service, as the results of this latest survey underline.

These survey results also support the view that the issue is still steeped in a damaging culture of silence and secrecy that leaves vast numbers of women unaware of abortion law and practice, and so effectively rendered powerless to press for changes that will result in the kind of service they want to see.

The decision to terminate a pregnancy is never an easy one, but it is a legitimate choice supported by state and society. Abortion is a choice currently made by over 180,000 women annually, and the decision to terminate a pregnancy should not be the cause of any shame or self recrimination on the part of anyone making it.

The challenge facing British society today is the creation of both a legal framework and a service which reflect women's expectations:

- A legal framework that recognises and respects that only the woman concerned is competent to make informed decisions about her own fertility regulation; and
- A service that is safe, prompt, caring and responsive; offers women choice from the variety of modern treatment options available; and is free at the point of delivery

Notes

¹ Statistic c/o Royal College of Obstetricians and Gynaecologists – The Management of Infertility in Tertiary Care (2000)

² Office of National Statistics

³ Marie Stopes International recognises that the abortion pill is used as part of the treatment regime for medical induction procedures at later gestation. This question, however, was clearly aimed at use of the pill to procure abortions at early gestation.

⁴ Royal College of Obstetricians and Gynaecologists – The Management of Infertility in Tertiary Care (2000)

Regional Tables

Regional sample – number of interviews in each area

South of England:	470
Midlands:	236
North of England:	345
Wales:	73
Scotland:	98

Q: According to your understanding of current British law, what is required for an abortion to proceed legally?
(See Summary of findings, Table 1)

	National	South of England	Midlands	North of England	Wales	Scotland
The consent of the woman seeking the abortion	33%	29%	40%	34%	34%	34%
The written consent of one doctor, in consultation with the woman	33%	35%	32%	33%	29%	31%
The written consent of two doctors, in consultation with the woman	24%	27%	21%	24%	19%	23%
Don't know	6%	6%	3%	6%	10%	9%
Refused	4%	3%	4%	3%	8%	3%

Base: All Women

Q: In your opinion, who SHOULD decide whether or not an abortion can proceed?
(See Summary of findings, Table 2)

	National	South of England	Midlands	North of England	Wales	Scotland
Total percentage of women who believe that consent on abortion should ultimately rest with the woman	88%	88%	88%	90%	79%	89%
It should be purely the woman's decision	29%	25%	37%	29%	26%	32%
It is the woman's decision but she needs her partner's consent	17%	18%	17%	18%	18%	11%
The woman must consult a doctor but SHE should have the final decision	42%	45%	34%	43%	*	46%
The woman's doctor should have the final decision	2%	2%	3%	1%	1%	2%
Two doctors should have to agree on the final decision	4%	4%	4%	3%	3%	5%
Don't know	3%	3%	1%	3%	12%	1%
Refused	3%	3%	4%	3%	6%	3%

Base: All Women (*greater than 0, but less than 1)

Q: Under current British law, which of these statements do you think is correct?

	National	South of England	Midlands	North of England	Wales	Scotland
All women seeking abortion must have professional counselling before they can proceed	45%	41%	45%	48%	51%	50%
Professional counselling should be offered, but is not compulsory	49%	53%	49%	47%	36%	46%
Don't know	2%	3%	1%	2%	7%	2%
Refused	2%	3%	4%	3%	5%	3%

Base: All Women

Q: Abortion is available up to the full term of the pregnancy where there is a threat to the life, or a grave risk of permanent injury to the physical or mental health of the mother, or where there is a risk of foetal abnormality.

In all other circumstances, do you think abortion is available: (See Summary of findings – Table 3)

	National	South of England	Midlands	North of England	Wales	Scotland
Up to 12 weeks of pregnancy	32%	29%	34%	34%	39%	32%
Up to 16 weeks of pregnancy	26%	25%	28%	25%	18%	31%
Up to 20 weeks of pregnancy	15%	16%	16%	14%	16%	12%
Up to 24 weeks of pregnancy	13%	15%	12%	12%	9%	13%
Up to 28 weeks of pregnancy	5%	5%	4%	6%	-	5%
Don't know	5%	6%	2%	5%	12%	4%
Refused	4%	4%	5%	3%	6%	3%

Base: All Women

Q: Which of these were you aware of before today? (See Summary of findings – Table 4)

	National	South of England	Midlands	North of England	Wales	Scotland
Emergency contraception (morning after pill)	92%	91%	93%	94%	85%	90%
Abortion pill	43%	46%	35%	42%	41%	43%
Surgical abortion	75%	77%	80%	73%	58%	71%
None of these	*	*	*	-	-	-
Don't know	2%	2%	1%	1%	7%	-
Refused	4%	4%	4%	3%	6%	3%

Base: All Women (*greater than 0, but less than 1)

Q: Up to how many weeks pregnancy is the abortion pill available? (See Summary of findings – Table 5)

	National	South of England	Midlands	North of England	Wales	Scotland
24 hours	8%	7%	16%	7%	6%	7%
3 days (72 hours)	24%	24%	31%	21%	33%	19%
1 week	7%	8%	4%	5%	12%	11%
3 weeks	7%	7%	6%	8%	3%	4%
6 weeks	10%	12%	11%	11%	-	4%
9 weeks	8%	8%	3%	11%	7%	10%
12 weeks	14%	18%	16%	8%	15%	11%
15 weeks	4%	3%	2%	10%	2%	2%
Don't know	16%	13%	11%	18%	21%	32%

Base: All women who have heard of the abortion pill

Q: Before a woman can have an abortion she must have a medical consultation. Once she has decided to go ahead with the procedure, how long do you think she should wait? (See Summary of findings – Table 7)

	National	South of England	Midlands	North of England	Wales	Scotland
There should be no wait – she should be able to have the abortion immediately after the consultation	19%	18%	22%	21%	20%	14%
She should have to wait at least 24 hours	28%	28%	31%	26%	27%	30%
She should have to wait at least 48 hours	19%	20%	19%	22%	14%	14%
She should have to wait at least 72 hours	8%	9%	7%	7%	10%	8%
She should have to wait at least one week	12%	11%	14%	12%	10%	13%
She should have to wait at least two weeks	5%	5%	2%	4%	6%	11%
Don't know	5%	5%	1%	5%	8%	8%
Refused	4%	4%	4%	3%	6%	3%

Base: All women

Q: For a surgical abortion under 12 weeks of pregnancy, what do you think is the minimum amount of time a woman can expect to spend in a treatment centre? (See Summary of findings – Table 8)

	National	South of England	Midlands	North of England	Wales	Scotland
No more than one hour	4%	5%	3%	3%	6%	1%
No more than two hours	12%	13%	13%	9%	5%	13%
No more than four hours	26%	27%	29%	24%	20%	26%
No more than eight hours (one full day)	34%	34%	35%	35%	46%	31%
24 hours (overnight stay)	18%	16%	15%	23%	18%	15%
48 hours (two days)	2%	2%	1%	1%	3%	2%
Don't know	4%	3%	3%	4%	1%	12%

Base: All women who have heard of surgical abortion

Q: Approximately what proportion of women in Britain do you think will have an abortion at some time between the ages of 16 and 49? (See Summary of findings – Table 9)

	National	South of England	Midlands	North of England	Wales	Scotland
One in two women	5%	5%	3%	5%	3%	7%
One in three women	12%	14%	13%	11%	9%	5%
One in five women	30%	31%	31%	27%	30%	34%
One in 10 women	23%	23%	25%	24%	18%	18%
One in 20 women	13%	9%	15%	16%	16%	11%
One in 50 women	8%	8%	5%	9%	4%	16%
Don't know	6%	6%	4%	4%	14%	6%
Refused	3%	3%	4%	4%	6%	3%

Base: All Women

Q: Agreement with the following statements (See Summary of findings – Table 10)

“All women should have the right to an abortion”

	National	South of England	Midlands	North of England	Wales	Scotland
Agree	76%	77%	77%	75%	62%	75%
Neither agree nor disagree	9%	9%	11%	9%	15%	5%
Disagree	11%	10%	7%	13%	9%	17%
Don't know	1%	1%	1%	1%	7%	-
Refused	3%	3%	3%	3%	6%	3%

“All women should have the right to an abortion funded by the NHS”

	National	South of England	Midlands	North of England	Wales	Scotland
Agree	67%	67%	67%	66%	53%	65%
Neither agree nor disagree	13%	15%	13%	12%	19%	8%
Disagree	15%	13%	17%	19%	16%	23%
Don't know	1%	2%	1%	1%	7%	3%
Refused	3%	3%	3%	3%	6%	-

“Abortion is morally wrong”

	National	South of England	Midlands	North of England	Wales	Scotland
Agree	27%	26%	27%	28%	25%	32%
Neither agree nor disagree	26%	27%	24%	26%	28%	27%
Disagree	42%	43%	44%	43%	35%	38%
Don't know	1%	1%	2%	1%	7%	-
Refused	3%	3%	3%	3%	6%	3%

Base: All women

Additional information

Marie Stopes International

Marie Stopes International is the UK's leading provider of reproductive health services outside of the NHS, seeing over 60,000 women every year.

In the UK, Marie Stopes International provides high quality, client-centred services, including abortion; female and male sterilisation; family planning; and reproductive health screening. The organisation is renowned for its pioneering outlook, often challenging the medical establishment to take a more progressive approach to the provision of reproductive health services.

Marie Stopes International is a founding member of **Voice for Choice**, a national campaign seeking long overdue reform of current abortion legislation that is failing women in the UK through discrimination and inequalities in provision.

Globally, the Marie Stopes International partnership currently works in 39 countries throughout Africa, Asia, Europe, Latin America and Australasia. Marie Stopes International's overseas projects include the delivery of high quality clinical services; mother and child health care; primary health and nutrition advice; safer sex and HIV/AIDS prevention; and family life education.

Internationally, the organisation works with governments, the European Union, the United Nations and other international agencies to influence policy making and raise public awareness and understanding of the fundamental human right of all individuals to determine the size and spacing of their families.

BMRB Social Research

BMRB Social Research is one of the largest commercial suppliers of social research to the government. It has a long-standing reputation for producing high quality research, including the British Crime Survey. BMRB Social Research conducts a wide range of prestigious projects for government departments and agencies, charities and other public interest bodies.

BMRB Social Research is a division of BMRB International, a Millward Brown company.

Details of the national survey sample

Total number of respondents:
1222 women

Age of respondents:

16-17	3%
18-24	20%
25-34	32%
35-44	32%
45-49	13%

Social grade of respondents:

AB	22%
C1	31%
C2	20%
D	18%
E	9%

Parental status:

No children	39%
Children	61%

Marital status:

Married / Partner	65%
Single / no partner	35%

Have respondents had abortion?

Yes	13%
No	81%
Don't know	2%
Refused	4%

Would respondents consider having an abortion if faced with an unplanned pregnancy?

Would	45%
Would not	48%
Don't know	4%
Refused	4%

Religion:

Christian	67%
Muslim	4%
Hindu	1%
None	19%
Other	4%
Refused/Don't know	5%



Marie Stopes International

153-157 Cleveland Street
London W1T 6QW
United Kingdom

Telephone

++ 44 (0) 20 7574 7400

Facsimile

++ 44 (0) 20 7574 7417

Website

www.mariestopes.org.uk

Registered Charity No.

265543

Company No.

1102208

BMRB Social Research

Hadley House
79-81 Uxbridge Road
London W5 5SU
United Kingdom

Telephone

++ 44 (0) 20 8566 5000

Website

www.bmr-social.co.uk

E-mail

web@bmr.co.uk



Reg No FS 32685



INVESTOR IN PEOPLE

© Marie Stopes International

TK/ER/02