

Rurality and pregnancy decision-making

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Background:

Almost one-third of unintended pregnancies end in an abortion. In Australia, the rate of abortion is higher among women that reside in metropolitan and urban areas, while women in rural areas are more likely to continue their pregnancy and have a live birth. This systematic review aims to examine the global trends for women who reside in rural areas of high-income countries, attempting to ascertain how rurality influences women's decision-making and pregnancy choices following an unintended pregnancy.

Methods:

The following databases were searched: CINAHL, Embase, MEDLINE, PsycINFO and PubMed. English language only primary research and systematic reviews from high-income countries, published between 01 January 2000 to 31 November 2022, were included. The review included participants that were either rural women who experienced an unintended pregnancy, relevant health care professionals, and/or anyone involved in the pregnancy decision-making (e.g. males, intimate partners, family). After an initial screening of 1025 records, 59 full text articles were assessed for eligibility, and 18 of these met the inclusion criteria for the systematic review.

Results:

Preliminary findings from the systematic review highlight several factors influence rural women's decision-making in the context of unintended pregnancy. These include socioeconomic factors, culture, intimate partner violence, reproductive coercion, cost, level of education, and timing associated with awareness and confirmation of pregnancy. Health professionals, family members and the wider community can influence a women's decision-making surrounding whether to continue a pregnancy in rural areas.

Conclusion:

Despite women in rural areas being more likely to continue an unintended pregnancy, it is not always personal choice as family members and health professionals can influence pregnancy outcome decisions. While some women may feel supported to continue a pregnancy, others report experiencing barriers to accessing abortion services.

Disclosure of Interest Statement: No conflicts of interest or funding declared for the development of this study.