

Rurality and Pregnancy Decision-Making

A systematic review exploring factors that influence rural women's decision-making following an unintended pregnancy in high-income countries.

Authors: Genevieve Edwards,^{1,2} Kristina Edvardsson² and Leesa Hooker^{2,3}

INTRODUCTION

- About 26% of Australian women have experienced an unintended pregnancy (Taft et al., 2018).
- Current research has generally focused on identifying antecedent factors contributing to an unintended pregnancy and reinforced the need for improved access to long-acting reversible contraception.
- Less is known about the factors that contribute to women deciding whether to continue or terminate an unintended pregnancy.
- Almost two-thirds of unintended pregnancies end in an abortion (Guttmacher Institute, 2022).
- The rate of abortion is higher in women that reside in metropolitan and urban areas, while rural women are more likely to continue an unintended pregnancy and have a live birth (Noonan et al., 2023).

AIM

To explore how rurality influences women's decision-making and pregnancy choices following an unintended pregnancy in high-income countries.

METHODS

- Records were retrieved from CINAHL, Embase, MEDLINE, PsycINFO and PubMed.
- All papers were screened by two authors, conflicts resolved by a third author.
- All studies were considered to be of high methodological quality according to the Joanna Briggs Institute Critical Appraisal tools.

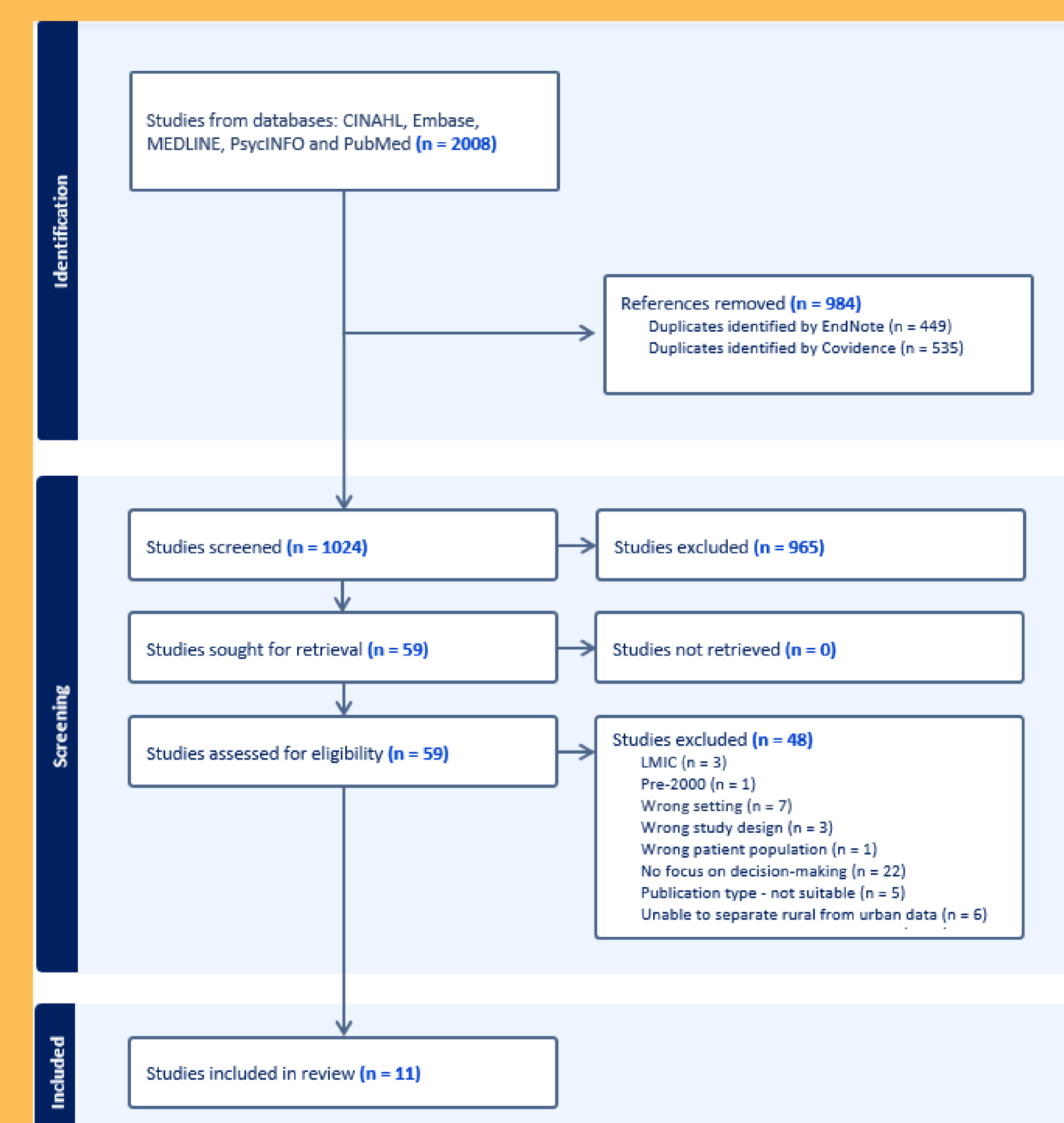


Figure 1. PRISMA flow diagram

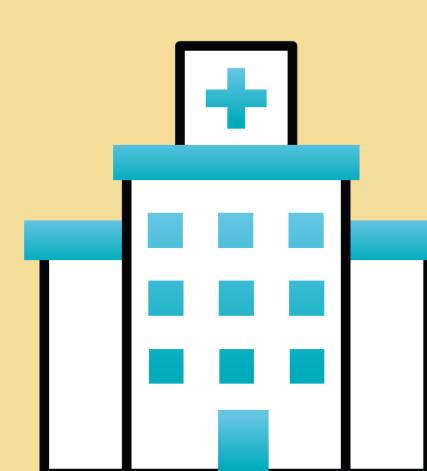
RESULTS

Barriers to Abortion



Abortion Legislation

- In countries, where abortion is illegal or uncertainty existed surrounding abortion legislation, women were more likely to continue an unintended pregnancy.
- Immigrant women were more likely to consider abortion in countries where it is legal.
- In the Cook Islands where abortion is illegal and Australia which has state-based abortion laws, rural women were more likely to continue an unintended pregnancy.



Access abortion services

- Women in rural areas were more likely to experience barriers to access to abortion services as contributing factor to women continuing an unintended pregnancy.
- These barriers include lack of abortion services and after-care, service provision costs, distance to travel, delays in obtaining an appointment, lack of knowledge of pregnancy options, failure to recognise a pregnancy early enough to access an abortion.



Role of Health Professionals

- Abortion access challenges relating to health professionals (HP) in rural areas included: limited MTOP-trained GP's and pharmacists; limited back-up support for abortion complications; anonymity and confidentiality concerns from services provided by family GP; poor access to tele-abortion services; delays obtaining appointments; HP anti-abortion sentiment; and personal religious views.

End the Stigma

Stigma

- Abortion stigma can contribute to women continuing a pregnancy despite wishes to terminate an unintended pregnancy.
- Abortion stigma can prevent women from seeking an abortion services and prevent health professionals training to become abortion service providers.
- Anti-abortion sentiment can occur from woman's personal view, extended family, wider community and HP services attitudes.

Enablers for Pregnancy Continuation



Culture and ethnicity

- Cultural influences include positive perception of pregnancy continuation, widespread acceptance of unintended pregnancy, family values that are supportive of having children, ethnicity, and family structure/ kinship systems.



Life aspirations

- Rural women were more likely to continue an unintended pregnancy if career, education and travel were considered low priority.



Social Support

- Strong family support and kin networks were shown to increase the likelihood of a women continuing a unintended a pregnancy
- Strong social support from friends and community is considered important in supporting women to continue an unintended pregnancy.

Reproductive Coercion



Reproductive Coercion

- Immigrant women were more likely to experience reproductive coercion from their sexual partner to fall pregnant and continue pregnancy.
- Some women experienced societal and cultural pressures to continue an unintended pregnancy, despite not wanting to.

CONCLUSION

- There are a broad range of factors that contribute to rural women being more likely to continue an unintended pregnancy when compared to urban women.
- While this review looked at studies from high-income countries, it is worth noting that several studies from Australia tended to focus on the perspectives of health care providers and their attitudes/ interests in medical termination of pregnancy.
- Further research is needed that focuses on the perspectives of rural women who are experiencing an unintended pregnancy in Australia.

REFERENCES

- Guttmacher Institute. (2022). *Unintended pregnancy and abortion worldwide: Fact sheet*.
- Noonan et al. (2023). "Almost like it was really underground": a qualitative study of women's experiences locating services for unintended pregnancy in a rural Australian health system. *Sexual and reproductive health matters*, 31(1).
- Taft et al. (2018). Unintended and unwanted pregnancy in Australia: a cross-sectional, national random telephone survey of prevalence and outcomes. *Medical Journal of Australia*, 209(9), 407-408.