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Impact of religious background on termination of pregnancy decision and perceived need for post-termination counselling

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Objective: To investigate the impact of religious background on decision making in women presenting at a termination of pregnancy assessment clinic. This is the first study of its kind which directly addressed this issue at the time of consultation and assessed the desire for further counselling post-termination.

Design and Methods: Women attending a termination of pregnancy assessment clinic based in a large UK city-centre sexual and reproductive health service were asked about their religious background. They were asked how this had influenced the decision around termination of pregnancy and if they felt they wished further post termination counselling. The information was collected by the clinician (nurse or doctor) carrying out the consultation, recorded in a database and analysed using SPSS.

Results: 175 responses were collected between January 2009 to November 2009. Women describing themselves as having no religion formed the largest group attending the termination of pregnancy service, 35.4% of total women included in the study. Roman Catholic represented 29.1% and Church of Scotland (most prevalent protestant group in Scotland) women 18.9%. The results showed that the women attending the clinic differed in religious background from census information on the population of the city. Census information shows that Church of Scotland with 34.2% formed the largest religious group, followed by Roman Catholics with 31.7% and no religion with 24.6%. The other notable difference between the termination of pregnancy clinic population and the census information was in representation of other religious minorities. Muslim women were over represented in our study population compared to the general population (9.7% compared to 3.3%). 17 women (9.7% of cohort) acknowledged that their decision had been affected by their religious background. Most interestingly this influence is more pronounced among religious minorities i.e 52.9% of Muslims, 50% of Hindus and 33.3% of Sikhs attending our clinic felt that religion influenced their decision. In contrast, 7.8% of Roman Catholic and 6.1% of Church of Scotland Women felt that their religion had affected their decision. With regards to further counselling only 12 women expressed a desire for a further appointment for post-termination counselling. Of note, 29.4% of Muslim women requested such an appointment prospectively.

Conclusions: Our study has shown that women from a range of religious backgrounds access a termination of pregnancy assessment clinic. The proportion of women attending from certain religious backgrounds varies from the general population. This may represent different approaches to unplanned pregnancy in different religious groups, or to unequal access to contraception services in different cultural groups. Previous work has shown that women from strong faith backgrounds are more at risk of coping problems post termination of pregnancy. Access to post-termination counselling should be available to all, but can be specifically highlighted to women who identify as having a strong religious influence. In addition, we support equal access to contraceptive services to women from all religious backgrounds.