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# Scottish Youth Parliament's Equalities and Human Rights Committee response to the Scottish Government's Early Medical Abortion at Home consultation

January 2021

## Introduction

The Scottish Youth Parliament represents Scotland's young people. Our vision for Scotland is of a nation that actively listens to and values the meaningful participation of its children and young people. Our goal is to make this vision a reality, in order to ensure Scotland is the best place in the world to grow up.

We are a fundamentally rights-based organisation, and our mission, vision and values are grounded in the United Nations Convention on the Rights of the Child (UNCRC). In particular, our purpose embodies Article 12: that young people have the right to express their views freely and have their opinions listened to in all matters affecting them. As a completely youth-led organisation, the words and sentiment of Article 12 have a profound importance for our work.

Our democratically elected members listen to and recognise the issues that are most important to young people, ensuring that their voices are heard by decision-makers. We exist to provide a national platform for young people to discuss the issues that are important to them, and campaign to effect the change they wish to see.

SYP's values are:

**Democracy** - We are youth-led and accountable to young people aged 12 to 25. Our democratic structure, and the scale of our engagement across Scotland, gives us a mandate that sets us apart from other organisations.

**Rights** - We are a fundamentally rights-based organisation. We are passionate about making young people aware of their rights, and ensuring that local and national government deliver policies that allow those rights to be upheld.

**Inclusion** - We are committed to being truly inclusive and work tirelessly to ensure the voices of every young person from every community and background in Scotland are heard.

**Political Impartiality** - We are independent from all political parties. By working with all stakeholders, groups, and individuals who share our values, we can deliver the policies that are most important to young people.

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**Visit us:** On our website: [www.syp.org.uk](http://www.syp.org.uk) On Twitter: @OfficialSYP

## **Background**

The Scottish Youth Parliament's (SYP) Equalities and Human Rights Committee (hereinafter referred to as the 'Committee') welcomes the opportunity to respond to the Scottish Government's consultation on Future Arrangements for Early Medical Abortion at Home. This response has been written by the Committee and was approved by our

Conveners Group, ten young people democratically elected to lead the ten Subject Committees at SYP, who collectively lead on policy and campaigns.

The findings from this response are based on the views of the Committee members, who were consulted by an online form with the questions translated into youth friendly language to ensure accessibility, with an attached information sheet explaining all relevant key terms and means of provisions. This response is based on the views of 10 MSYPs in total, some of whom fed their views in using alternative methods.

In March 2020, after consultation with their constituents, MSYPs passed the following policy:

*'The Scottish Youth Parliament calls on the Scottish Government to decriminalise abortion, to ensure that provision is regulated in line with all other healthcare and to improve access to free and safe abortion services for all in Scotland.'* - passed with 86% agreement.

This policy gave the Committee the mandate to further consult on this topic and find out how young people feel about this particular change to the way abortion services are offered.

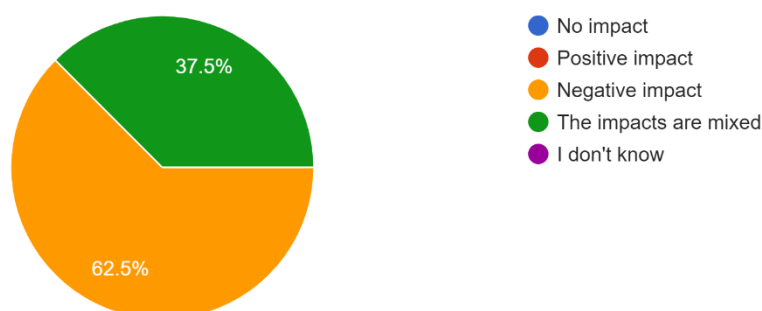
**1) What impact do you think that the current arrangements for early medical abortion at home (put in place due to Covid-19), have had on the safety of people accessing abortion services? Any additional comments?**

The majority (62.5%) of respondents thought that it had had a negative impact and the remaining 37.5% thought it had had a mixed impact.

*"Access to at home methods has been positive in the sense that people accessing an abortion have not had to resort to dangerous methods that could potentially be fatal, unsanitary and cause more injuries. However, by the methods being accessible at home and medical practitioners [being] virtually absent, there are concerns over whether these methods are actually any safer than others. Some people who are trying to keep their pregnancy a secret (for various reasons such as domestic violence) may resort to this method of abortion. They may be more vulnerable as the people who they're living with aren't aware."* - response from an MSYP

What impact do you think that the current arrangements for early medical abortion at home (put in place due to Covid-19), have had on the safety of people accessing abortion services?

8 responses



2) What impact do you think that the current arrangements for early medical abortion at home (put in place due to Covid-19), have had on the accessibility and convenience of services? Any additional comments?

The response for this question was mixed, with the majority saying that it either had a negative impact (37.5%) or that the impacts were mixed (37.5%).

25% said that it had a positive impact.

The mixed response from the Committee highlights how this method of abortions is conducive, such as low-income people not needing to pay for transport.

However, respondents said there is a negative impact of this convenience. These include leading to abortions being misused.

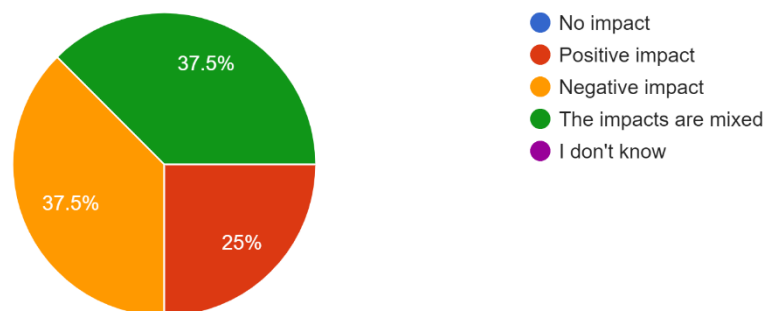
*“Abortion is not a contraceptive, but sometimes it is used that way. The accessibility in the home normalises it and makes it seem more obtainable/preferable.”*

An MSYP also noted that public awareness and education around would be required to mitigate against this.

*“The access changes may present an opportunity for more education or result in more people blindly resorting to it.”* - a response from an MSYP

What impact do you think that the current arrangements for early medical abortion at home (put in place due to Covid-19), have had on the accessibility and convenience of services?

8 responses



3) What impact do you think that the current arrangements for early medical abortion at home (put in place due to Covid-19), have had on the waiting times for abortion services? Any additional comments?

38% thought that it had had a negative impact.

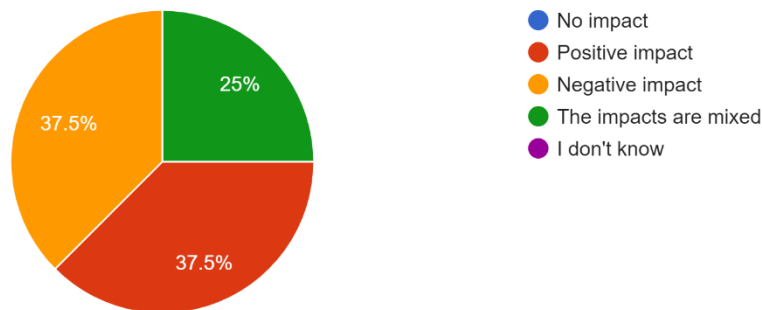
38% thought it had had a positive impact.

The remaining 25% thought the impacts were mixed

We believe that the mixed response from the Committee to this question highlights how during the pandemic there have been great disparities within local authorities and health boards in terms of has been waiting times, as different health boards have different amounts of resources, staff and pressure on them.

What impact do you think that the current arrangements for early medical abortion at home (put in place due to Covid-19), have had on the waiting times for abortion services?

8 responses



- 4) Do you have any views on the potential impacts of continuing the current arrangements for early medical abortion at home (put in place due to COVID-19) on different groups of people (e.g. different ages, marital / civil partnership status, pregnant people, different races and religions / beliefs, different sexes and sexual orientations)  
If yes, what impact do you think it will have? And on what groups of people?

The Committee members who had views on the potential impact on different groups (37.5%) noted following areas for consideration.

Current arrangements have the potential to reduce the stigma of abortion for people from different religious or cultural backgrounds, where the stigma around abortion is more prevalent. Under the current arrangements they have the opportunity to have their abortion consultation in more privacy in their own homes instead of having to travel. This could also benefit people with mental health conditions such as anxiety who may struggle to use public transport.

Disabled people will also face unique challenges when travelling to clinics to have an abortion, and the current arrangement could help to reduce these difficulties. People with disabilities could also potentially struggle to self-administer the medication.

People who don't have English as their first language may struggle under the phone based current restrictions, so there must be provision in place for those people so that the language barrier does not prevent them accessing an abortion or the related mental health support.

People with children, particularly single mothers, were highlighted as a group that potentially could be benefitting from the current arrangements as they wouldn't have to pay for childcare, which is very expensive, to be able to travel to clinics.

*"The current arrangements were put in place due to social distancing and isolating. Post-Covid, it should be the preferable option that abortions are sought in medical environments and administered by the right people. It should be accessible in homes still, but with more parameters around it. As was said earlier, people who are trying to keep their pregnancy secret may resort to this method. This could occur in particularly religious families such as Catholic or Islamic. Communities and cultures where honour is an important value, an unwanted pregnancy (such as a teen one or*

*out of marriage) would be severely looked down upon, within the mother potentially facing disownment. The father in these cases usually have no ramifications, so the responsibility is placed upon the woman. There are similar protection issues around mothers in abusive relationships. When doctors approve the administration of these types of abortion, they should inquire why this specific method of abortion is being used (in a non-invasive way) for health and safety protection issues” - response from an MSYP*

**5) What risks do you consider are associated with the current arrangements for early medical abortion at home (put in place due to Covid-19)?**

There was a fear that providing patients with a helpline was enough support, as abortion is one of the most life changing decisions that can have negative impacts on a person’s mental health. There were also fears that due to patients not being able to have an in-person consultation that their mental health could suffer due to the responsibility of having to carry out the abortion on their own.

The Committee had concerns over people with autism or social anxiety not feeling comfortable speaking on the phone, particularly for something as crucial as mental health support, so there must be alternatives in place.

The Committee also had concerns over a potential misuse of the drugs which could pose harm to the patient. There is also a lack of patient confidentiality as usually the process takes place in an GP practice or abortion centre, so people who are getting an abortion and do not wish for the people they are living with to find out could find this challenging under the current arrangements.

In general, there were concerns around whether or not the procedures are correctly administrated and whether follow-ups by doctors are effective, considering the current pressure on the NHS.

*“I don’t think it is nearly enough to provide patients with a helpline” - response from an MSYP*

*“People aren’t able to access the care they need”- response from an MSYP*

**6) How could these risks be reduced?**

A human rights-based approach must be taken. Recognising that access to an abortion is a human right and required for better healthcare is the first step towards this.

*“Understand the service is needed and required for better health care”- response from an MSYP*

Mental health problems could be reduced by ensuring that patients have access to robust mental health services that don’t have a long waiting list and take into account each individual’s needs. There was a strong feeling that a helpline could not provide this level of support for patients and thus was not enough.

*“Patients need to have access to robust mental health services that take into account each individual’s circumstances. This means that the service provided must be free, accessible, inclusive of different religions, cultures, sexualities,*

*gender identities and backgrounds, a helpline cannot possibly do this*” - response from an MSYP

There was also concern for the mental health of rape and domestic abuse victims, as they will need more support and there were concerns over the effectiveness of a helpline at giving them this much needed support.

Risks could be reduced by making sure that there is still an option to have the procedure is done in a hospital, as if there are any complications they can easily be dealt with, whereas this is significantly harder in people’s homes, particularly if they don’t have a good medical literacy. A face-to-face assessment could also help to mitigate risk and ensuring a follow up appointment to examine the physical and mental state of the patient post abortion.

**7) Do you think that continuing the current arrangements will have an impact on low-income people?**

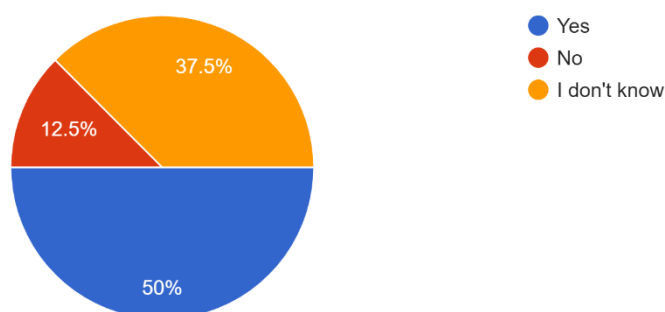
50% of respondents answered ‘yes’.

38% said respondents said they didn’t know.

The remaining 13% of respondents answered ‘no’.

Do you think that continuing the current arrangements will have an impact on low-income people?

8 responses



**8) If yes, what impact would it have?**

The uncertainty of the above answer highlights the mixed impact on low income people that the current arrangement has.

There are positive impacts such as not having to pay for childcare, transport or taking time off work. It was noted that women are more likely to have to rely on buses and other forms of public transport than men<sup>1</sup> and are also more likely to work part time and thus missing work can have a larger impact on their income.

Women who are the most deprived in Scotland are twice as likely to need to access abortion services<sup>2</sup>, and thus allowing them to control their own abortions will lessen this

<sup>1</sup> The Women’s Budget Group (2019), [Public Transport and Gender briefing](#)

<sup>2</sup> Public Health Scotland – National Statistics Publication (2020), [Termination of Pregnancy: Year ending December 2019](#), p.19



inequality. It was also noted that single mothers, particularly those living in deprived areas, could benefit from the current arrangements as they wouldn't need to pay for childcare to access an abortion.

The Committee had concerns about the accessibility of a phone helpline. While there are very few people that don't have access to a phone, it is low income people who will suffer this inequality the most and thus it is possible that the current arrangements won't be completely accessible. For example, they are more likely to be unable to afford a phone or the cost of phone credit. If they don't have a phone then they cannot communicate with healthcare professionals or get mental health support - something that is key.

Furthermore, there were concerns about people who were homeless or living in unstable housing. This could make it harder for them to access an abortion or carry it out due to their living conditions.

The Committee also had concerns about language barriers for people whose first language wasn't English, which could prevent them accessing help.

It was also noted that low income people may be less likely to be able to access medical information about an abortion, so may lack medical education and literacy to be able to identify if anything has gone wrong.

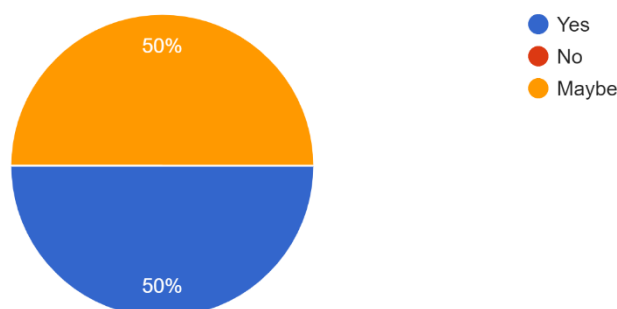
**9) Do you think continuing the current arrangements will impact on people in rural communities' access to early medical abortions at home?**

50% of respondents answered 'Yes'.

50% of respondents answered 'I don't know'.

Do you think continuing the current arrangements will impact on people in rural communities access to early medical abortions at home?

8 responses



**10) If yes, what impact would it have?**

The general response from the Committee is that the current arrangements would make abortions more accessible for people in rural communities

*"Makes abortions more accessible"* - response from an MSYP

There were potential positive impacts such as not having to pay for transport. For many rural communities travelling to get an abortion can often require an overnight stay which is very expensive and impractical, particularly for those with a full-time job, in education

or those with children. Public transport for rural communities can also be very expensive and infrequent, which can make it hard for people to access an abortion. It was also noted that there is a clear intersection in the barriers faced by low income people and barriers faced by those in rural communities. Barriers faced by rural communities are exacerbated by poverty.

People in rural communities are less likely to be able to travel for an abortion in private due to the reality of close-knit communities where everybody knows everyone. This would particularly impact those of different religious backgrounds where abortion stigma is more acute; however, the current arrangement would reduce this and increase a patient's privacy.

However, the Committee had concerns over potential medical complications. If a medical complication was to occur it may be harder for those in rural communities to access urgent medical help due to their isolated location.

### 11) How should early medical abortion be provided in future, when Covid-19 is no longer a significant risk?

63% thought that the current arrangements that were put in place due to Covid-19 **should continue**, which allows people who are getting an abortion to proceed without an in-person appointment and take mifepristone at home, where this is clinically appropriate.

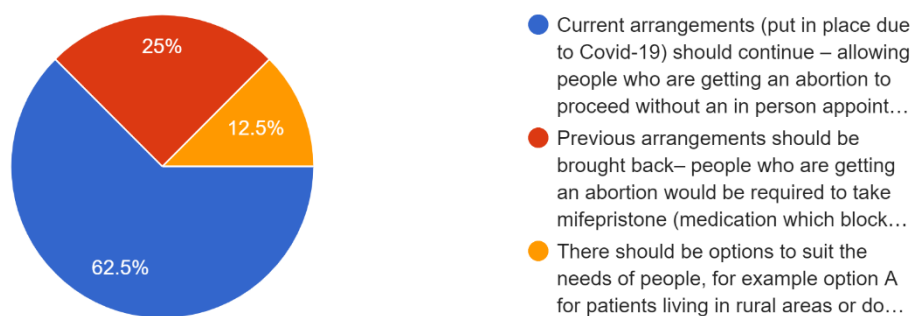
*“There should be options to suit the needs of people, for example current arrangements for patients living in rural areas or don’t have access to transport. Alternatively, previous arrangements for patients who would want a face-to-face consultation or a person who lives alone and requires assistance.”* - response from an MSYP

The wants and needs of a patient must be met and having a combining approach of both options allows for the greatest flexibility and choice for patients. We highlight that this should be a choice though because, as noted above, this option will not work for all people accessing abortion services.

Furthermore, the concerns about home treatment outlined in the previous answer, particularly around mental health support must be addressed.

6. How should early medical abortion be provided in future, when Covid-19 is no longer a significant risk?

8 responses



## **Summary of recommendations:**

- Access to abortions is a human right and therefore, SYP recommends that a human rights-based approach is taken to providing early medical abortions throughout the COVID-19 crisis and beyond.
- The provision of early medical abortions at home should be continued, where appropriate, in conjunction with more robust mental health support in order to allow greater flexibility and choice for patients.
- In person early medical abortions should still be given as a treatment option as the at home model may not be a suitable option for all people/groups.
- There should be increased support for people accessing an early medical abortion at home during COVID-19 and beyond, taking special care to ensure that barriers such as such as disabilities, mental health problems or language are overcome.
- The provision of early medical provision at home may benefit people from rural areas as it allows them to avoid expensive travel costs and overnight stays.
- More should be done to improve the medical literacy of the public on abortion so that people know when they should seek medical help. This should including making improvements to the accessibility of information about abortions so it is easy to find in a language that is easy to understand for all ages.