

my body my life

Report on an evaluation of the booklet and exhibition of women's abortion stories

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1 Introduction

This report presents findings from an evaluation of the *My Body My Life* booklet and exhibition with feedback from different audiences and settings.

My Body My Life is a collection of women's abortion stories based on empirical research of real-life (anonymised) stories from a number of different UK and Irish sources. The booklet was developed for women in abortion clinics as a means to mitigate and challenge stigma by demonstrating, through the use of others' experiences, that they are not alone in their experiences of unintended pregnancy and abortion. The booklet was distributed to abortion clinics in the UK to be available in waiting rooms.

The *My Body My Life* exhibition is a multimedia installation. Quotes from women's stories of abortion are printed on different items of clothing which are displayed hanging on racks, similar to a shop. Visitors to the exhibition can 'browse' through the clothing. They can also contribute their own stories to a storyboard. Two video booths, in the style of changing rooms, show a video with different actors relaying stories of abortion. During 2017 and 2018 the *MBML* exhibition travelled to six public locations in the UK and to an international medical practitioner conference in France.

This report summarises feedback collected between summer 2017 and spring 2020. It reports on views about the *MBML* booklet that was trialled in clinic settings and feedback from visitors to the *MBML* exhibitions. The report concludes with some implications for future development and research, based on the combined findings.

2 Purpose

The purpose of the research was to explore:

- Views on the *MBML* booklet and exhibition as a means for disseminating women's stories about abortion
- The efficacy of the *MBML* booklet and exhibition in challenging the silence around abortion
- The efficacy of the *MBML* booklet and exhibition in challenging the stigma of abortion

- The perceived usefulness of the *MBML* booklet in abortion clinics and among health professionals

3 Methods

The evaluation collected both survey (closed and open-ended questions) and interview data. Quantitative tools were used to assess the extent to which respondents held views on explicit feedback topics while the interview data gathered more details on respondents' views and in their own words.

There were three inter-related studies. The research process and tools differed for each study and are described in turn:

1. Abortion clinic research
2. Public exhibition feedback
3. Medical practitioner exhibition feedback

All research materials are available in a separate Appendix zipped folder.

3.1 Abortion clinic research

Evaluation feedback was collected through a self-completion feedback form and telephone interviews with clinic visitors and staff.

Additional printed copies of the *My Body My Life* booklet were distributed to six British Pregnancy Advisory Service (BPAS) clinics in England during July and August 2018. Rather than simply being available, women were given a booklet and feedback form by a receptionist when they checked in to the clinic (if aged 16 or over). They were invited to read the booklet and provide feedback in the form of a brief questionnaire (closed and open questions).

Additional booklets and feedback forms were left in the clinic waiting room to be read by the women's partners/friends/family member (if aged 16 or over).

Visitors to the clinic were asked to post completed forms in a box provided in the clinic waiting room. To boost the sample size, during the last weeks of the study an SAE was supplied to allow flexibility to send the feedback form through the post.

[Feedback questionnaire](#)

The feedback form consisted of six statements about the booklet requiring a 'yes', 'no', or 'unsure' response:

DO YOU THINK THE BOOKLET:

1. *Helped you to understand how common it is for women to have an abortion?*
2. *Changed your ideas about women's experiences of abortion?*
3. *Is a good way to challenge the silence around abortion?*
4. *Would encourage you to talk more openly with your friends and family about abortion?*
5. *Is an effective way to reduce the stigma around abortion?*
6. *Made you feel differently about your own experiences with abortion?*

The questionnaire also elicited written feedback for clinic visitors to enter their thoughts and feelings:

7. *Reading the booklet made me think/feel ...*

The questionnaire asked respondents to identify the purpose of the clinic visit, age group and gender. If the respondent wished to provide more detailed feedback via a research interview, they were asked to supply a telephone number.

A total of 58 feedback forms were received – 56 from three of the participating clinics and two by post.

Telephone interviews

All interviews, aside from the case study, were carried out in August and September 2018. The researcher took anonymous hand-written notes during the interviews.

Clinic visitors

Six of the 58 respondents to the feedback form provided valid details (mobile number) to be contacted for a voluntary follow-up interview. All were contacted by mobile text (up to three times) to arrange a convenient time for a telephone interview. Interviews were achieved with two respondents – one person who attended a clinic for their own appointment and one person who attended in a supporting role.

The telephone interviews lasted approximately 20 minutes. Interviews were semi-structured and covered:

- impressions of the story booklet, content and format
- booklet influence on awareness and feelings about abortion
- views on a possible option to access the booklet online

Clinic staff

Managers at the six participating BPAS clinics were contacted by email and asked to nominate a staff member with experience of handing out the booklet to clients for an interview. Interviews were entirely voluntary.

Three staff members from two of the clinics took part in telephone interviews. The interviews were semi-structured and lasted approximately 20-30 minutes. Topics covered:

- the process followed for handing out the booklets
- views on the booklet purpose and use in a clinic setting
- views on the booklet content and format
- views on a possible option to access the booklet online

In addition to the staff interviews, clinic managers provided brief feedback (via email) about the process followed for distributing the booklets.

Case study

A telephone interview with one member of clinic staff was conducted in January 2019 and this was followed up in May 2020. Interview content was similar to the other staff interviews except with a longer timeframe to reflect on the booklet. Notes from these two interviews were compiled to form an illustrative case study on the booklet and its use in one practitioner's experience.

3.2 Public exhibition research

The *My Body My Life* public exhibition travelled to six locations in the UK during 2017 and 2018: four in England and one in each of Scotland and Northern Ireland. Altogether, the exhibition attracted over 1200 visitors, and over 140 new stories were submitted either to the exhibition storyboard or to the *My Body My Life* website. As well as being given the opportunity to contribute their own stories, visitors were asked if they would like to feedback on the exhibition after they had been there a little while, or as they were leaving. The feedback took the form of a six-item questionnaire asking them to indicate their level of agreement (Yes, No, Unsure) to the following:

- 1. Do you think this exhibition helped you to understand how common it is for women to have an abortion?**
- 2. Do you think this exhibition changed your ideas about women's experiences of abortion?**

3. ***Do you think this exhibition is a good way to challenge the silence around abortion?***
4. ***Do you think this exhibition would encourage you to talk more openly with your friends and family about abortion?***
5. ***Do you think this exhibition is an effective way to reduce the stigma around abortion?***

These were followed by an open-ended question for visitors to express their thoughts:

6. ***This exhibition made me think/feel ...***

No personal data were collected; however, the form provided a space for visitors to leave contact details (email address and/or telephone number) for possible follow-up research.

Visitor contributions

The report has also drawn on written comments and stories contributed by visitors to the public exhibitions.

3.3 Medical practitioner conference study

In September 2018, the *MBML* exhibition was invited to the International Federation of Professional Abortion and Contraception Associates (FIAPAC) conference in Nantes, France. In Spring, 2019 an email was sent by the exhibition organisers to all conference delegates inviting those who visited the exhibition to feedback on the exhibition. In the email a digital link was supplied to an online survey (Survey Monkey). Respondents were offered a *MBML* poster as an incentive for replying to the survey.

The questionnaire asked people to indicate their level of agreement, using a five-point scale (strongly agree to strongly disagree), to the following questions:

1. ***Visiting the MyBodyMyLife exhibition helped to increase my understanding of women's experiences of abortion***
2. ***Visiting the exhibition was useful for my work***
3. ***The exhibition will encourage me to talk more openly with others about abortion***
4. ***The exhibition works as a means to de-stigmatise abortion***
5. ***Visiting the exhibition changed my attitudes towards abortion***

The survey also asked respondents to record their job title and country of work and included an open-ended question for comments about the exhibition.

4 Data analysis

Three sets of questionnaire data were produced. Feedback from the clinic and public exhibition settings was entered into a separate Excel spreadsheet (anonymised and password-protected) for statistical analysis. Descriptive statistics for the online survey were supplied by Survey Monkey.

For each study, the qualitative data – summaries of the telephone interviews and written questionnaire comments – were entered into a separate Word document, organised by question topic for ease of analysis. The data were then inductively coded by key themes.

5 Ethics

The evaluation followed the Open University policies and guidance contained in the *Ethics Principles for Research Involving Human Participants* and the *Code of Practice for Research*.

The evaluation protocol was ethically approved by the Open University Human Research Ethics Committee. The clinic research was also approved by the BPAS Research Ethics Committee.

All telephone interviews were carried out by one female social researcher with extensive experience of conducting qualitative interviews. The researcher had been briefed on the evaluation purpose, topic sensitivity and the importance of maintaining respondent anonymity. The researcher was engaged in the design of the interview tools and analysis of the data.

All respondents knowingly volunteered and consented to take part in the research. Information about the study and participant consent was provided in writing (or tick box) for the surveys and was verbally provided in the case of the telephone interviews.

Hard copy records of individual survey responses and consent for telephone interviews are being securely stored in accordance with the GDPR.

All information contained in this document is reported anonymously.

Refer to the Appendix document for copies of the consent protocol, respondent briefing notes, survey questionnaires, and interview topic guides.

6 Findings

This section reports findings from each study in turn: feedback on the *My Body My Life* booklet in abortion clinic settings; survey feedback from the public exhibitions and medical practitioner conference.

The reader is advised to treat these evaluation findings as non-generalisable, due to data limitations.

6.1 *My Body My Life* booklet in abortion clinics

This section presents findings from the feedback forms and interviews about the booklet in BPAS abortion clinics. It starts with feedback on the booklet distribution process, primarily drawing on the three staff interviews and further email commentary from clinic staff. It then summarises results from the feedback form, and views on the women's stories from the interviews with clinic visitors and practitioners.

Booklet distribution

The booklet was handed out to women (age 16 years and older) when they reported to reception for an appointment. Staff observed that it is an emotional time for women attending the clinic for a consultation and possible treatment and therefore not ideal for absorbing additional information. Women were already receiving clinic documentation (including a BPAS guide and demographic / medical questionnaires) and the conditions may not have been conducive to reading the story booklet and completing the evaluation form during their time in the waiting room. It was also pointed out that most clients were accompanied and so were more likely to be chatting with their companion than looking at the booklet.

To provide more time and opportunity to read the stories, staff suggested the booklet could be offered to clients earlier in their journey, before the clinic appointment for consultation/treatment. Providing earlier access to real-life stories of abortion from the women's perspective would help inform those who are ambivalent or struggling with their own decision, and particularly women who feel they have no one to talk to.

The possibility of electronic access to the booklet was welcomed by both staff and clinic visitors who were interviewed. Clinic staff felt it might be feasible to include a weblink to the booklet in the clinic appointment confirmation email or on the BPAS website. Staff and clinic visitors agreed an electronic version could be easily accessed on a mobile phone, offering flexible access and a discrete alternative for reading the women's stories.

Questionnaire results

A total of 58 feedback forms were received. 25 respondents provided written comments.

The vast majority of replies (54, 93%) were from females who were attending a clinic for their own appointment. The majority of respondents (82%) were under age 35. The full breakdown of respondent characteristics is provided in Table 1.

Table 1: Clinic visitor respondent characteristics

| | % | Number |
|--|------------|-----------|
| About you | | |
| I am attending a BPAS clinic for my own appointment | 93 | 54 |
| I am attending a BPAS clinic to support a friend/partner/family member | 5 | 3 |
| Missing | 2 | 1 |
| Gender | | |
| Female | 95 | 55 |
| Male | 2 | 1 |
| Missing | 3 | 2 |
| Age group | | |
| 16-24 | 34 | 20 |
| 25-34 | 48 | 28 |
| 35-44 | 16 | 9 |
| 45-54 | 2 | 1 |
| TOTAL | 100 | 58 |

Respondent feedback on the six statements about the booklet is presented in Table 2. It should be noted that, due to small sample sizes, it was not possible to analyse for subgroup differences. The results presented below are indicative and should not be generalised.

With these caveats in mind, the results suggest high levels of agreement on three of the statements (highlighted in bold in Table 2), suggesting that the women's stories booklet has potential to increase awareness on the incidence of abortion; and that it was perceived as a possible means to challenge the silence and stigma around abortion. Written responses confirmed and highlighted these views. The booklet was seen to raise awareness of the different circumstances and different reasons for an abortion and this knowledge could help validate a woman's choice to have an abortion. For example:

Everyone has their own reasons for having an abortion. None should be judged by what they have decided to do. It is their personal opinion and what is right for them.

(Client, age 25-34)

I know the reasons for me having an abortion are logical and practical. Everyone has their own reasons. There is no right or wrong.

(Client, age 25-34)

That abortion is a common thing and it has put me at ease knowing that a lot of other women have or are going through the same as me. I feel more comfortable and open-minded, not under pressure.

(Client, age 16-24)

It made me feel less alone and that so many other women go through this.

(Client, age 16-24)

Table 2: Questionnaire feedback on booklet

| Do you think the booklet ... | % and (number) | | |
|---|----------------|------------|---------------|
| | Yes | No | Unsure |
| Helped you to understand how common it is for women to have an abortion | 93 (54) | 3 (2) | 3 (2) |
| Changed your ideas about women's experiences of abortion | 60 (35) | 29 (17) | 10 (6) |
| Is a good way to challenge the silence around abortion | 88 (51) | 3 (2) | 9 (5) |
| Would encourage you to talk more openly with your friends and family about abortion | 57 (33) | 19 (11) | 24 (14) |
| Is an effective way to reduce the stigma around abortion | 81 (47) | 2 (1) | 17 (10) |
| Made you feel differently about your own experiences with abortion* | 58 (33) | 35 (20) | 7 (4) |

Percentages may not add to 100 due to rounding

* one missing response

Smaller numbers agreed with the remaining three statements regarding the booklet's influence on personal attitudes and behaviours. There were relatively more respondents who were unsure or disagreed that the booklet helped change their ideas about women's experiences of abortion, about how they view their own experience, or that the booklet would encourage them to talk more openly about abortion.

Written comments provide insights to these responses. For example, one person who disagreed the booklet helped to change her views on abortion or feelings about her own experience wrote:

Other women's stories do not change how someone feels about their own.

(Client, age 16-24)

Another person who disagreed that the booklet would help her talk more openly about abortion attributed her reticence to the possible negative reception of others:

As much as I am comfortable with my decisions, it's not something I'm willing to tell my family because they are so closed minded.

(Client, age 16-24)

Feedback from interviews

These findings are based on five interviews – three with staff and two with clinic visitors. The results are summarised below but should be treated as indicative, providing potential themes for future investigation.

The five interviewees were very positive about the idea, content and format of the booklet. Both of the visitors to the clinic confirmed the booklet was received and read in a clinic reception room while waiting for the procedure.

The clinic visitors provided examples of how the booklet affected them. A woman who was attending a clinic on her own described the booklet as '*comforting*' and said reading about other women helped her feel it's '*not just you*'. She suggested the booklet could include experiences from cultures where abortion is not allowed and not supported.

A man who attended a clinic with his partner recalled being informed about the statistics and the different circumstances surrounding an abortion. He said the booklet helped him to understand the emotions involved from a woman's perspective and he felt these insights improved his understanding of what his partner might be thinking or feeling. He suggested the stories could be expanded by including the male perspective on abortion, for example, by covering her story and his story on the same abortion situation.

The clinic staff also provided insights into how the booklet can be of use to practitioners. Those who were interviewed felt the booklet has potential to raise awareness and understanding of the different circumstances that lead to an abortion and that this knowledge can help clients feel comforted and less isolated.

Practitioner Case Study

Maureen (pseudonym) is a team leader and counsellor at one of the BPAS clinics in England. She reflected on her views about the *MBML* booklet in January 2019 and again in May 2020. Note, this includes a period of the Covid-19 lockdown.

Prior to March 2020, booklets were readily available to clinic visitors. These were placed on a table in the clinic waiting room next to general reading material like a newspaper. There was no notice to draw attention to the booklet but the clinic does not have much reading material in waiting area, so clients are not overwhelmed with literature. While working from home during the pandemic, Maureen regularly promotes the booklet weblink and recommends the *MBML* website to clients. (The clinic does not have the resource to send out printed copies.)

Maureen describes herself as a '*huge advocate*' of the booklet, saying that stories are more powerful than procedural information and statistics. She feels personal stories are the best way to help challenge stigma; the stories use client language and cover a range of ages and situations so everyone should find something to relate to. She feels the booklet is particularly useful for clients after an abortion when they may feel anxious that they have done a terrible thing. Some clients have told her it helps them feel less alone. It tells them exactly what they need to know, that abortion is a normal experience and that they are normal. Some women have no one to talk to so stories about women's experiences of abortion can provide '*a bit of comfort*'.

Maureen regularly promotes the booklet during supervision sessions with her colleagues and recommends it to new counsellors who join the clinic, both for themselves to read and to promote to clients.

All five interviewees were unsure about whether a collection of women's stories can challenge the silence and stigma around abortion. They felt there would always be situations where abortion cannot be openly discussed, e.g., due to generational differences and cultural taboos, or reluctance to disclose a termination to a couple who are having difficulties conceiving.

6.2 *My Body My Life* public exhibitions

A total of 319 responses were collected across the six exhibition venues. Sample sizes (ranging from 17 to 120 responses) for some venues were too small for separate analysis and to provide reliable results. For this reason, findings were grouped by country for analysis of any differences. It was not possible to analyse the findings by visitor characteristics as no personal data were collected.

Survey responses (n=319) to the five closed questions are presented in Table 3, grouped by country. Slightly fewer people (n= 291 or 91%) responded to the final question on the survey which elicited a written comment. Responses by exhibition venues are available in the Appendix document.

Overall, the exhibition was viewed as highly informative about women's abortion experiences and it was seen to be an effective means for encouraging discussion and challenging the silence and stigma around abortion.

High proportions of respondents agreed (choosing 'Yes') to all survey questions, with the exception of one, regarding the influence of the exhibition on ideas about women's experiences of abortion. Respondents felt the exhibition helped them understand how common abortion is (97%), and agreed the exhibition is a good way to challenge the silence around abortion (96%) and to help reduce the stigma of abortion (88%). Agreement on these questions was similarly high for all three countries.

Written responses repeated how the exhibition raised visitor awareness about the incidence of abortion and the range of circumstances leading to an abortion,

I found the experience eye-opening. Got me to consider issues I wouldn't usually. Some of the stats shocked me, didn't really know how common it was to get an abortion.

*England*¹

I had never thought about how abortions could happen as a result of medical issues and finance. Before this I assumed it was young girls who had made a mistake, I didn't think it was as common in older people who already have children.

Scotland

About how many different people with different experiences can have an abortion. It strips back the political arguments to the practical realities.

England

¹ Exhibition visitor comments reflect the country where the exhibition showed, not the country from which the visitor originated.

Happy this exhibition is here to highlight different experiences and circumstances in which women decide an abortion, having it talked about openly without judgement.

Northern Ireland

Table 3: Public exhibition survey responses by country

*row percentages**

| Country | Do you think this exhibition helped you to understand how common it is for women to have an abortion? | | | Do you think this exhibition changed your ideas about women's experiences of abortion? | | | Do you think this exhibition is a good way to challenge the silence around abortion? | | | Do you think this exhibition would encourage you to talk more openly with your friends and family about abortion? | | | Do you think this exhibition is an effective way to reduce the stigma around abortion? | | | Sample size |
|-------------------------|---|----------|----------|--|-----------|-----------|--|----------|----------|---|----------|-----------|--|----------|-----------|-------------|
| | YES | NO | Unsure | YES | NO | Unsure | YES | NO | Unsure | YES | NO | Unsure | YES | NO | Unsure | |
| England | 97 | 2 | 1 | 53 | 33 | 14 | 96 | 1 | 2 | 83 | 6 | 11 | 87 | 1 | 11 | 146 |
| Scotland | 97 | 2 | 2 | 53 | 38 | 10 | 97 | 0 | 3 | 82 | 4 | 14 | 92 | 1 | 8 | 120 |
| Northern Ireland | 100 | 0 | 0 | 50 | 31 | 19 | 94 | 0 | 6 | 74 | 12 | 14 | 84 | 2 | 14 | 53 |
| All | 97 | 2 | 1 | 52 | 34 | 13 | 96 | 1 | 3 | 81 | 6 | 13 | 88 | 1 | 10 | 319 |

* Figures may not add to 100% due to rounding; caution should be used when interpreting some cell percentages due to small sample sizes

Written comments on what the exhibition made visitors think and/or feel also elaborated on the power of the exhibition to challenge judgements against abortion:

The exhibition is an excellent way of showing the range of emotions and experiences – and therefore makes it harder to justify an anti-choice belief. It is a unique, interesting and powerful way of illustrating this.

Northern Ireland

This is a very complex moral issue and the importance of separating having an opinion as opposed to judging people.

Scotland

Exhibition influence on generating open discussion on abortion was rated slightly lower, although a majority (81%) still agreed the exhibition would encourage them to discuss abortion more openly with family and friends. For example:

That abortion is far more common and the stories are far more varied than the narrative suggests. I am going to show the booklet to my mum and to others and try to encourage conversation which otherwise would not take place.

England

Really accessible and I think a good way of starting the conversation with people who don't believe they are pro-choice or who would otherwise not talk about abortion.

Northern Ireland

Slightly more than one in ten (13%) respondents were unsure whether the exhibition would generate more discussion. Analysis of written responses suggests a few reasons for this. Some people stated they already talk openly about abortion so the exhibition would not change this. Others disagreed with part of the statement, indicating they would only feel comfortable discussing abortion with friends but not family. Others expressed concern about general conservative views that inhibit discussions, for instance:

Hard to imagine a time when it will be a subject that's openly discussed, because of the general British attitudes towards anything to do with sex.

Scotland

I still feel negatively about the word 'abortion' which just shows the prevalence of the stigma as I used to feel negatively about the word 'feminist'. These words need to carry no stigma, they are the realities of life.

England

Fewer respondents in Northern Ireland agreed the exhibition would encourage them to discuss abortion (74% compared to 82% in England and Scotland). This was for the same reasons mentioned above, including views about societal norms against abortion:

Northern Ireland is so backward. It's time to stop all the nonsense about what is effectively a biological accident.

Northern Ireland

I don't know how the stigma can be reduced or society normalised. I suppose the exhibition is a start but prejudice is so deeply engrained that I despair.

Northern Ireland

Half (52%) of respondents agreed the exhibition changed their ideas about women's abortion experiences, while a third (34%) disagreed and a further 13% said they were unsure. However, according to written explanations, respondents reported they already supported abortion, for instance, as a 'pro-choice campaigner', and so the exhibition did not change their existing views. Moreover, a number of respondents identified themselves as professionals either working directly in an abortion-related field, in public health or education, for example:

I am already fairly knowledgeable/involved in pro-choice activism and I felt this exhibition gave a really representative and important perspective on abortion. I felt a sense of solidarity and think it is very effective in challenging stigma and opening up conversations.

Scotland

Therefore, the lower rate of agreement on this question should not be interpreted negatively. Perhaps the question wording wasn't nuanced enough to distinguish the nature of change and that the exhibition may have reinforced pro-choice views. As one person relayed, it '*widened ideas but [I'm] already fairly familiar*'.

Written feedback on the public exhibition questionnaire

Visitors supplied written comments in response to the statement: '*The exhibition made me think/feel ...*'. In addition to comments that reinforced trends identified in the closed survey questions, analysis of written responses revealed other common themes about the exhibition. These are presented under five themes:

- Praise for realistic, human stories
- Praise for the exhibition format

- Support for visitors' experience of abortion
- Ethical debate
- Suggested changes and additions to the exhibition

Exhibition stories

Respondents praised the nature of the stories, describing them as 'realistic human voices', 'powerful', 'unfiltered'. The stories were emotive. Respondents described in their comments how the exhibition elicited feelings of 'sadness', 'empathy', and 'anger' and 'frustration' about what the women had to endure. For example:

I thought it was really good that there were a range of experiences and narratives presented - outside of the normal narrative typically shown on TV/film etc. of it being a really difficult and painful experience.

Scotland

Many women I know still feel great sadness years after getting an abortion. This exhibition is an acknowledgment of that pain and it's right of being!

England

I thought the narratives from other visitors to be quite moving. Particularly ones where the exhibition led to less guilt.

England

Exhibition format

Visitors appreciated the exhibition format, using terms such as: 'unique', 'accessible', 'educational' and 'creative',

Loved the fashion - boutique layout - was nice to have a serious topic displayed in a more casual way - helped to illustrate how common abortion is.

England

The layout of the exhibition is incredible. You stand reading labels on a rack of clothes of incredibly difficult stories. Drives home the decision to have an abortion isn't like picking a top off a rack of clothes, regardless of the myths that are spread.

Northern Ireland

The tee-shirts were a good way to remind us that it was individual people behind each story.

Scotland

Support for visitors' experiences of abortion

The exhibition also brought back emotions and memories about a visitor's own experience of an abortion. Reading about other experiences gave them perspective, for example,

This exhibition has shown, that like in my experience, after the act, most women feel relief. That feeling has stayed with me. So many times shame is placed on a woman in these situations but by talking openly in this exhibition it has allowed women to overcome that imposed feeling.

Scotland

Seeing this exhibition makes me realise that I'm not alone and my decision was what was best for me at the time. I feel that I can mention this exhibition to my friends in a mentally healthy way. Being able to write my story for others to see they're not alone either actually means a lot.

England

More evidence on how women's stories of abortion helped women come to terms with their own experience of an abortion were left on the exhibition storyboards and on the *My Body My Life* website.²

Seeing these stories almost definitely has eased the guilt I've always felt.

I am uplifted by reading many of these stories today. I've always hidden this part of my life from all but friends and close family. I'm determined not to feel embarrassed and to help remove the stigma associated with abortion by speaking out.

² Exhibition venue data were not available with these written comments.

Exhibition Visitor Story

Carmen (pseudonym) submitted her story about her abortion after she visited the exhibition and read about other women's experiences on the *My Body My Life* website.* She was a student studying law when she found out she was pregnant. *"I was in the final year of law school and being a mother was nowhere in the 'List of things to do'."* She and her boyfriend had always used protection during sex.

Carmen was on her own when she sought medical help for an abortion. Her ex-boyfriend had been unsupportive and she did not wish to involve her parents. To make matters worse, she was harassed by her ex-boyfriend who accused her of staging the abortion to gain attention. She was also bullied on social media with videos showing abortion and accusations of having *"committed a sin killing a child"*. She was feeling so low she tried to take her own life. In hindsight she realised that no one had the right to make her feel bad about her abortion. She said that reading and hearing other women's stories gave her strength and the courage to relay her own story.

"I am grateful to the exhibition and this portal which has helped me heal. It made me feel I am not the only one. It made me feel connected to strangers who have had this experience and I am ever grateful to you for this."

* Carmen's full story is available at <https://www.mybody-mylife.org/blog>.

Ethical debate

The exhibition also raised ethical debate. Visitors commented on the need to destigmatise abortion in their country of origin (e.g., Italy, Japan, Northern Ireland, United States) sometimes due to religious suppression:

There wasn't much discussion of the ethics ... I would have liked to hear from people who had thought about this in detail before making their decisions.

Northern Ireland

I come from a country where abortion is highly stigmatised, due to religious reasons and illegal in most cases. I have never heard it spoken about in an objective way by women - including those who underwent abortions. It has been very enlightening to read and hear different perspectives on it by those who opted for abortions.

England

I feel like some people may still not be swayed by this exhibition just because of the intensity of their religious beliefs.

England

Suggested changes and additions

Visitors also requested that the stories include a male perspective, suggesting that including men's stories of abortion might encourage more men to attend the exhibition.

Other comments related to expanding the content of the exhibition (using the same format):

- to reflect the reality of more negative experiences about emotional pain and regret after having an abortion;
- to include stories about access to reproductive health, experiences of STDs;
- to include representation from black and south Asian women in the videos.

6.3 Exhibition feedback from medical practitioners

41 responses to the online questionnaire were received from FIAPAC conference delegates. 13 of the respondents provided written comments. Therefore, due to small numbers, the results should not be generalised.

As would be expected, based on the nature of the conference, the vast majority of respondents were associated with a medical and/or abortion practitioner field (e.g., medical doctor, abortion provider, sexual health practitioner). As well as the UK, respondents mainly worked in other European countries. Only a few worked in more distant countries like the USA, Australia, New Zealand and Africa.

Responses to the closed questions on the survey are presented in Table 4. A high proportion of respondents agreed the exhibition is useful for their work (83%) and that the exhibition is a means to destigmatise abortion (90%).

The written comments reflected these views:

I enjoyed the opportunity to hear women's own stories of their experience of abortion. I believe it helps us as practitioners to understand the experience from a woman's perspective.

I found it very interesting and I think it can help us in our abortion centres with patients.

For many people that do not work with abortions like I do or that haven't reflected over the abortion situation or stigma surrounding abortion I think the exhibition is very strong and helps understanding.

Table 4: Medical exhibition survey responses

| | % (number)* | | | | | | |
|--|----------------|------------|------------|------------|-------------------|-----------|-------|
| | Strongly Agree | Agree | Neither | Disagree | Strongly Disagree | N/A | Total |
| Visiting the MyBodyMyLife exhibition helped to increase my understanding of women's experiences of abortion | 34 (14) | 42 (17) | 22 (9) | 0 | 0 | 2 (1) | 41 |
| Visiting the exhibition was useful for my work | 27 (11) | 56 (23) | 12 (5) | 0 | 0 | 5 (2) | 41 |
| The exhibition will encourage me to talk more openly with others about abortion | 24 (10) | 37 (15) | 34 (14) | 2 (1) | 0 | 2 (1) | 41 |
| The exhibition works as a means to de-stigmatise abortion | 62 (24) | 28 (11) | 8 (3) | 0 | 0 | 3 (1) | 39 |
| Visiting the exhibition changed my attitudes towards abortion | 3 (1) | 5 (2) | 45 (17) | 26 (10) | 8 (3) | 13 (5) | 38 |

*Percentages may not add to 100 due to rounding

The majority of respondents (76%) confirmed the exhibition helped to increase their understanding of women's experiences of abortion, and 61% agreed the exhibition would encourage them to talk more openly with others about abortion. While virtually no one disagreed with these statements (they took a neutral stance), written comments suggest that, for some, their work in the abortion field had already given them ample knowledge and opportunities to talk about abortion. For examples,

Having spoken to over 10,000 women requesting abortion I found the exhibition was authentic but it did not add much to my experience.

I am already a strong pro-choice advocate so this exhibition did not change my views but did strengthen my resolve. It is excellent and I am sure will change many others views towards better understanding of abortion care, the associated stigma and the related issues.

I already speak openly and often about abortion.

Finally, and not surprisingly, given their professions, only three respondents (8%) agreed the exhibition changed their attitudes toward abortion. A third (34%) disagreed while over half (58%) were either neutral or indicated the question was not relevant to them. These views were reflected in written comments:

I was and am pro-abortion.

I thought the images were powerful and meaningful. They didn't change my views as I shared the views expressed.

7 Implications for the future

This final section considers the three sources of data together to draw out key messages for future research and practice. The purpose of the evaluation was to explore people's views on the booklet and exhibition as a means for disseminating women's stories about abortion and to discern their influence in challenging the silence and the stigma associated with abortion. The usefulness of the *My Body My Life* booklet in clinic settings was also explored.

It should be borne in mind that there are some limitations to this evaluation, and therefore the findings cannot be generalised. The findings are based on small numbers and convenience samples. The surveys collected little or no demographic information so it was not possible to gauge the extent to which different backgrounds are represented in the feedback. Additionally, the research did not gauge respondents' views on abortion prior to exposure to the booklet or the exhibition so it was not possible to measure the *extent* to which *MBML* changed attitudes towards abortion.

Despite these limitations, there are common patterns in the data that can help to develop the *My Body My Life* resources and which, ultimately, support the power of real-life stories of abortion to challenge abortion stigma (Cockrill and Briggs, 2017³). Common themes relate to:

- Improved awareness and understanding
- Useful professional resource
- Emotional support for women

3 Cockrill, K. and Briggs, A. (2017) "Can stories reduce abortion stigma? Findings from a longitudinal cohort study." *Culture, Health & Sexuality*, 20(3): 335-350.

- Influence on attitudes and behaviours

The formats of both the booklet and the exhibition were repeatedly praised in the surveys and interviews. The booklet was considered to supply a good balance of factual statistics alongside a range of abortion circumstances. Introducing the booklet in electronic format was supported by clinic staff, who felt it could be readily accessed and more discrete than a printed version.⁴ The multimedia exhibition was described as unique, creative and engaging. Both the booklet and exhibition therefore were viewed as effective means for relaying women's stories of abortion – the majority of respondents in the clinic and public exhibition studies agreed that the resources were a good way to challenge the silence around abortion.⁵

The feedback also identified gaps in the contents of abortion stories: experiences from different cultures and religions, and from a male perspective.

There was high agreement among study respondents that the booklet and/or exhibition helped to improve their understanding of abortion experiences (though positive, this was less evident among the medical practitioners) and the resources were considered to be an effective way to reduce the stigma associated with abortion.

Both the booklet and the exhibition were valued as a professional resource. Most medical professionals (83%) who responded to the survey indicated it would be useful for their work; however, the survey did not yield data on how that might appear in practice. Insights from the BPAS clinic research suggest the booklet has potential as an information source to supplement their work. It was seen as useful both in preparation and after an abortion, and for women who do not have a support network.

The interviews with clinic visitors and comments collected at public exhibitions both affirmed the personal value of real-life stories to raise awareness, empathy and self-respect. Greater awareness about other women's abortion stories, and the variety of circumstances, helped women feel less isolated, comforted and vindicated about their own abortion experience. Though not representative of UK women with a history of abortion, the personal testimonies relayed in the feedback provide more evidence on the efficacy of real-life stories to support those who are going through or had already experienced an abortion.

The study yielded mixed results concerning changes to attitudes and behaviours about abortion. More than half (57% to 60%) of respondents in the clinic research felt the booklet would influence their views about different abortion experiences and their willingness to talk about their own experience. However, compared to the other measures, there were

⁴ The electronic version of the booklet is now available on the BPAS website. See <https://www.bpasorg.uk/abortion-care/what-to-expect-on-the-day/>.

⁵ This question was not asked in the survey of medical practitioners.

relatively more respondents who were unsure or disagreed that the booklet helped change their ideas about women's experiences of abortion, about how they view their own experience, or that the booklet would encourage them to talk more openly about abortion. It should be noted that the research took place close to the time of a terminated pregnancy when the experience was real and personal, allowing little room for respondents to reflect on the booklet in view of their own experience. Future research should consider a longer timeframe for collecting feedback from clinic visitors.

Similar to the BPAS clinic research, half (52%) of the visitors to the public exhibition agreed the exhibition changed their ideas about women's experiences of abortion, while the remaining half disagreed (34%) or were unsure (13%). Moreover, very few (8%) of the medical professionals felt the exhibition changed their attitudes towards abortion. This finding is unsurprising, given the nature of survey respondents – medical practitioners at a contraception and abortion conference. Likewise, the written comments indicate that many visitors to the public exhibitions already supported the messages in the women's stories. The wording of the survey question may have added to the ambiguity. Future research on the influence of the exhibition and booklet should consider the respondent's starting position on their ideas about abortion, prior to viewing the women's stories.

In conclusion, the evaluation findings suggest there is value in making women's stories of abortion more accessible to the general public and in abortion clinic settings. The stories relayed in booklet (printed and electronic) and exhibition formats can serve as educational and professional resources as well as providing emotional support directly to women with experience of an abortion. Future research is needed to develop a more generalisable evidence base to inform the *My Body My Life* project. This should include wider audiences and venues for the public exhibitions and more details about the use of real-life stories among practitioners. The project team should consider additional stories on abortion that reflect different religions and cultures, and include male perspectives.