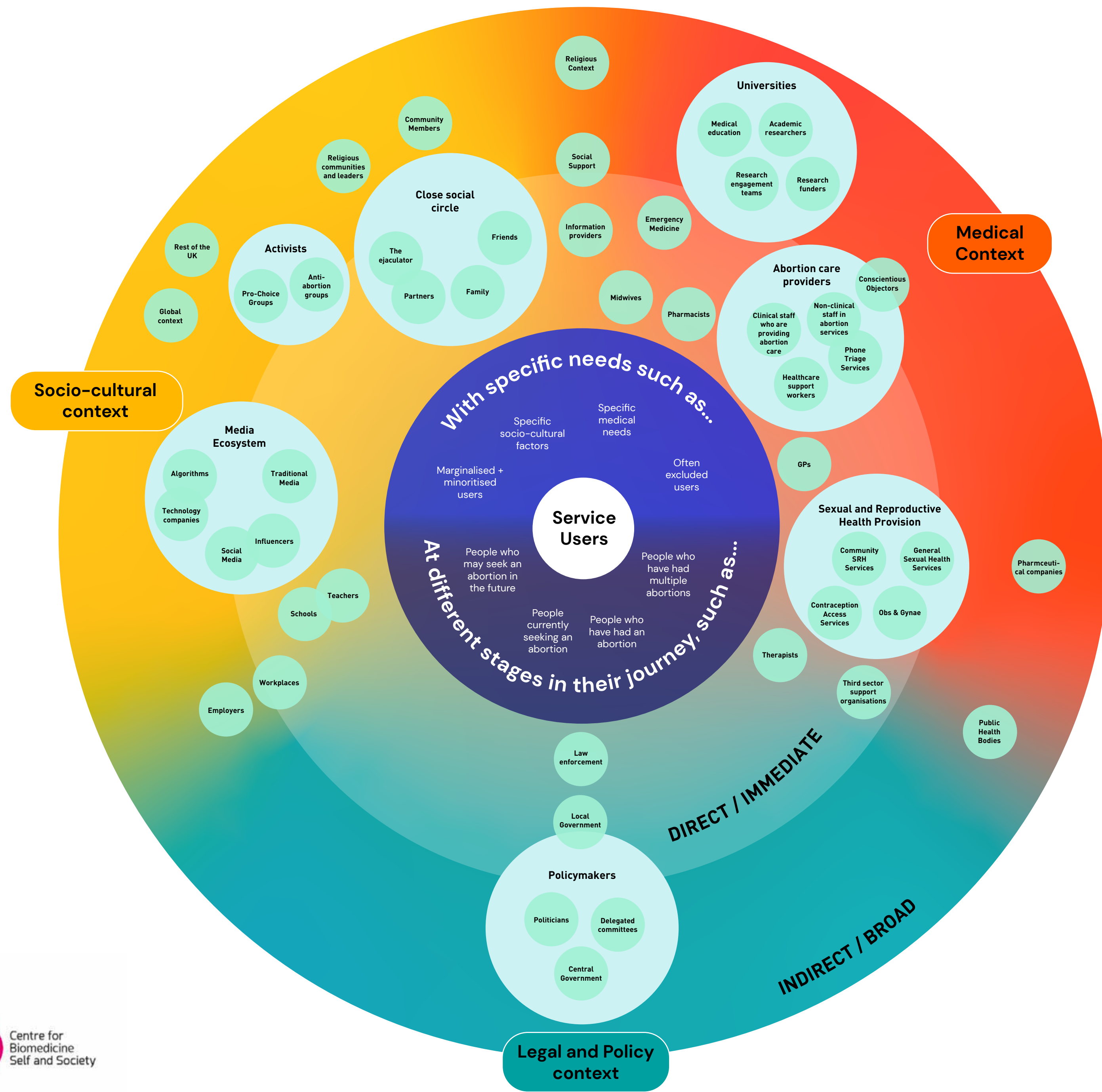


Involvement and Engagement Practices in Abortion Care

While there is a lot of evidence on best practices for involvement and engagement, the abortion landscape is unique. It's important to recognise the complexities specific to this environment when considering how best to structure engagements with patients, publics and other stakeholders such as community advocacy groups, healthcare providers and policy makers.

This systems map and corresponding observations were generated as part of the workshop 'Engagement and Involvement Practices in Abortion Care: Collectively Envisioning Futures' hosted in July 2024 by Nicola Boydell from the University of Edinburgh's Centre for Biomedicine, Self, and Society, facilitated by AndThen and funded by The Healthcare Improvement Studies (THIS) Institute. These can be used as prompts, ideas and provocations for those thinking about how to structure involvement and engagement efforts within the abortion care landscape.



What makes engagement in the abortion landscape unique?

Diverse socio-political views

The abortion landscape is shaped by a diverse set of strong socio-political views, including religious beliefs, and is subject to high levels of media scrutiny. These factors contribute to its highly politicised nature, making it distinct from other areas of the healthcare system. Additionally, the unique legal and regulatory context, with laws and regulations often subject to intense debate, further complicates the landscape. This environment can make dialogue and collaboration across stakeholders within the abortion landscape particularly challenging.

High levels of stigma

There are high levels of stigma associated with abortion, which create significant barriers to involvement and engagement. Fears around being stigmatised often contribute to people's unwillingness to discuss personal experiences, and the broader stigmatised environment makes it challenging to engage with patients and those seeking abortions. This also contributes to an opaque system where stakeholders struggle to engage with one another, and where engagement can feel 'risky.'

Lack of a cohesive abortion identity

Engagement in the abortion landscape doesn't coalesce around one cohesive community or identity — any person with a uterus can engage with abortion care as a service user, and people's experiences with it and the wider abortion landscape are often episodic. These factors make it challenging to build a culture of ongoing involvement and engagement.

Hesitancy due to perceived political risk

Institutions, organisations, and individuals often feel there is (avoidable) political risk associated with conducting involvement and engagement work within the abortion landscape. This perceived risk can lead to hesitancy or reluctance to undertake involvement and engagement practices, even when such work is necessary for progress.

Lack of common definitions

The edges, or boundaries, of the abortion landscape can be hard to define, as there are a range of competing definitions around what abortion actually is, and where it starts and ends. Differing views and inconsistent definitions can create confusion in involvement and engagement practices, research, healthcare provision, and policy, making it difficult to establish cohesive practices and policies.