



The **Cost of Living Factor**

2024 

The impact of the cost of living crisis on women's decisions to end their pregnancies

May 2024

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About Us

The British Pregnancy Advisory Service, BPAS, is a charity that sees over 100,000 women a year for reproductive healthcare services including pregnancy counselling, abortion care, miscarriage management and contraception at clinics across Great Britain.

BPAS exists to further women's reproductive choices. We believe all women should have the right to make their own decisions in and around pregnancy, from the contraception they use to avoid pregnancy right the way through to how they decide to feed their newborn baby, with access to evidence-based information to underpin their choices and high-quality services and support to exercise them.

BPAS also runs the Centre for Reproductive Research and Communication, CRRC. Through rigorous multidisciplinary research and impactful communication, the CRRC aims to inform policy, practice, and public discourse. You can find out more [here](#).

Background

The costs of living crisis, which began in 2021, involved a sudden increase in the costs of goods and services [1], and in turn put people, especially families, under significant financial pressure. Maternity Action reported many pregnant women and new mothers turned to food banks, borrowing money to pay bills and cutting down on heating, as well as families choosing whether or not they could afford to have a baby or to start a family [2]. At BPAS, we wanted to understand whether these financial pressures impacted women's decisions to end pregnancies they would otherwise have wanted to continue. We also wanted to understand whether barriers to access to contraception – such as long waits to see a GP for Pill prescriptions or coil insertions – were leading to unwanted pregnancies.

About Our Survey

In May 2024, we conducted a survey to better understand the factors involved in the decision to have an abortion, whether they be financial or otherwise. We asked three questions: first, whether women's decision to end their pregnancy was mainly due to financial factors or other considerations; second, whether women had faced barriers accessing contraception; and third, whether there is anything else women wanted to share about their decision to end the pregnancy and/or about their experiences accessing contraception. We did not ask for any personal information from survey respondents, and were not able to see any personal information about them.

[1] [Rising cost of living in the UK - House of Commons Library \(parliament.uk\)](https://www.parliament.uk/resources/research-briefing/2021/11/rising-cost-of-living-in-the-uk)

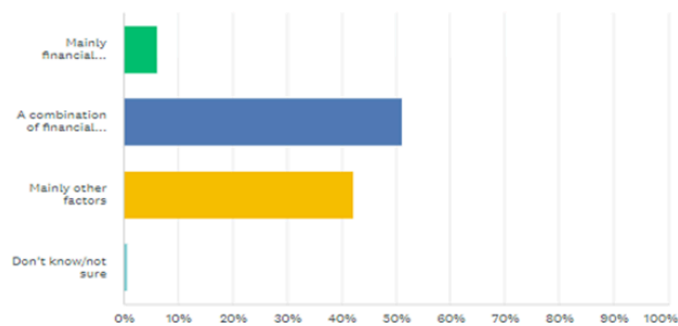
[2] [A-Perfect-Storm-ReportNov2023FINAL.pdf \(maternityaction.org.uk\)](https://maternityaction.org.uk/wp-content/uploads/2023/11/A-Perfect-Storm-Report-Nov2023FINAL.pdf)

Overview of Survey Results

1,311 women responded to the survey. The majority (57 per cent) said that their decision to end their pregnancy was mainly or partly to do with financial factors, while 42 per cent said that their decision was mainly due to other factors, as shown in the graph below:

Thinking about your abortion, was your decision to end the pregnancy mainly due to financial factors or other considerations?

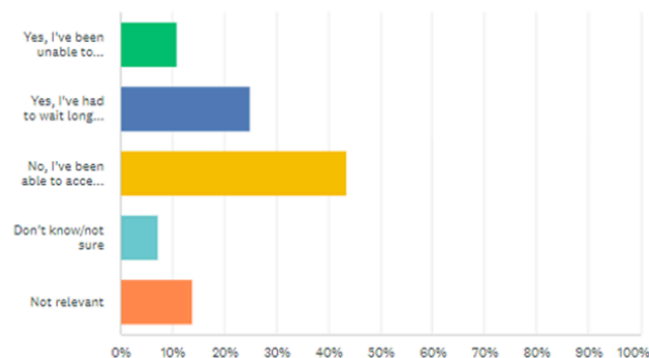
Answered: 1,310 Skipped: 1



While 43 per cent of respondents said they that had been able to access the contraception they wanted, when they needed it, a significant number (36 per cent) said that they had either been unable to access the contraception they wanted or had to wait longer for it than they wanted, as shown below:

Have you faced barriers accessing contraception, such as waiting to see a GP for a prescription for the contraceptive pill or for coil insertion?

Answered: 1,308 Skipped: 3



484 respondents, just under one third of all respondents, opted to share their thoughts about their decision to end their pregnancy and/or about their experiences accessing contraception. Women gave a range of reasons for ending their pregnancies, including:

- Contraceptive failure
- Foetal anomaly
- Physical health problems, such as experiencing severe pregnancy nausea (hyperemesis gravidarum) or becoming pregnant again too close to a recent c-section
- Mental health concerns, for example worrying about repeated post-natal depression
- Fears about having to experience another traumatic birth
- Being in an abusive relationship or the pregnancy being a result of sexual assault
- Having completed their desired family size or feeling too old to have another child
- Worries about the impact of another pregnancy and child on existing children, especially if those children have disabilities or special needs
- Not feeling ready or feeling too young for the responsibility of motherhood

Financial pressures leading to abortion

Many respondents highlighted the impact of financial pressures on their decision to have an abortion. Some respondents reported that the decision to end the pregnancy was entirely due to financial pressures. One said the abortion was “Just financial reasons,” while another said “I couldn’t afford another child.” Housing was cited as a particular concern. One woman explained that her home was overcrowded, leading her “to make a hard decision,” another said “We also have moved to a 2 bedroom house which we privately rent at £1300 a month. Simply put, we don’t currently have the space or the funds for another child,” and another said “i ended the pregnancy as i wasn’t financially stable, i wasn’t in the right stage in my life as i don’t have my own house.” Some explicitly cited the impact of the cost of living crisis. One said: “did it because of the cost of living,” while another told us “If my financial situation was better I would not have had an abortion.”

Others explained that their decision to end the pregnancy was a combination of financial and other factors, such as their age, age differences with their other children, or feeling emotionally unable to have another child. Women told us,

“Emotionally I couldn’t manage having another kid with them already so young we have no family help and childcare is nearly half our income already.”

“my main reason was due to financial constraints being an older parent and the implications that may have on our child.”

“There were many many reasons for me as to why I couldn’t continue with pregnancy but the financial side of it was about 70%”

“A hard and heart wrenching decision but I wasn’t ready financially or mentally to bring a baby into this world on my own.”

Long waits for contraception leading to unwanted pregnancy

Barriers accessing contraception contributed to women having unwanted pregnancies, leading to abortion. Many respondents reported becoming pregnant while waiting for repeat Pill prescriptions or insertions of coils or implants. Women told us:

“I was advised to try the coil. But my gp doesn't fit them. Very difficult to get through to sexual health clinic. Waits on the phone for an hour and sometimes you just don't have time for that. Then once sorted I had to wait 10 weeks for the appointment. In the meantime I got pregnant.”

“I became pregnant due to a 3 month wait for a coil appointment”

“I was on the waiting list for a coil for 4 months and got pregnant before it was inserted. Then I was on the waiting listed for a further 3 months and got pregnant again. “

Similarly, some women reported getting pregnant while waiting for GP appointments to renew Pill prescriptions. One told us “I tried to renew my prescription but the doctor forgot to send it to the pharmacy and there was a big issue and I couldn't get more pills before I had to go back to my job abroad. I unexpectedly fell pregnant abroad later the next month.”

Many told us they thought it was impossible or nearly impossible to see a GP, and that wait times to see a GP were far too long or inaccessible. One said: “I have found it hard to get an appointment with a GP to get contraception as there is not an option to pre-book and all appointments on the day are gone very quickly meaning I haven't been able to see the GP at all.” Another told us:

“There should be an easier channel to reach contraception. Having to call a gp at 8am 200 + times and turned away as all slots are taking is causing unwanted pregnancies.”

Many expressed frustration about the general barriers accessing contraception. One woman said, “Accessing contraceptives should not be as difficult as it is here in the UK,” while another commented, “I just feel like accessing contraception and abortion needs to be much easier and more straightforward for people, it's a stressful time and services just need to be there and to be kind, also someone to talk to when your not sure what to do.”

In some cases, healthcare professionals refused requests for particular types of contraception. One woman told us, “I couldn't get the contraception I needed,” and another told us “I asked my GP to go on the implant as I kept forgetting my pill and the doctor refused.” Several respondents reported being turned down for sterilisations they requested, and long waits for male vasectomies, again leading to unwanted pregnancies.

One woman told us, “It has been difficult to get sterilised which is what I feel is the right thing for me at this stage in my life. I do not feel that age or relationship status should hinder me from being sterilised.” Another explained, “I have wanted to be sterilised from last year October when I had to have first ever abortion, with no luck I ended up pregnant again which resulted in me having a surgical abortion and the coil fitted at the same time.” Another woman said, “I throughly believe that if I had been allowed to be sterilised this would not of happened. Women should have a say over their own body and not be subjected to trials of other contraception to avoid this.” Another explained, “Partner was waiting for vasectomy and we were using condoms. Unfortunately I fell pregnant a week before his appointment.”

Lack of contraceptive choices

Many respondents reported a lack of contraceptive choices, in particular a lack of non-hormonal options. One woman said “Options of non hormonal contraceptives are to [sic] limited,” while several others reported experiencing negative side effects with hormonal contraception, including impacts on their mental health and invasive, painful insertions of IUDs/IUSs. One woman said, “please bring on pain releif for inserting the coil as standard, it's inhumane!” One woman asked, “If I don't want to take a pill or not have metal put inside my body which would put me in pain, then I have no other options left,” while another said “there needs to be more long lasting non hormonal birth controls other than the coil.”

Women also commented on the lack of contraception tailored to specific groups, in particular older and younger women, as well as men. One respondent told us, “Not enough contraception for men” while another said “not many options for contraception, men need to be included in this conversation for their own options more aptricualrly as they get older.” Others commented:

“As you get older there are certain contraceptives that you can no longer use.”

“I wanted to get the coil but was told I couldn't as I hadn't give birth before.”

“I just want to highlight that contraceptives are not safe for all women to take and much more investment and time needs to go into producing something that doesn't harm our bodies so much.”

Perhaps not surprisingly, women told us that they turned to natural fertility awareness methods due to frustrations with current limited hormonal contraception options. Women explained, “My only option left was to follow natural pregnancy prevention methods which are of course not 100% effective.”

“I was 46, with two children, one with a disability. There were no contraception options I liked the sound of, so I was using emergency contraception and natural methods. I was surprised when they didn't work, at my age.”

“Contraceptive options that are currently available scare me. The side effects and the fact that it is targeted mainly at women put me off them. Leading me to have to track my cycle. This of course makes things a bit precarious in terms of avoiding a scare. An abortion isn't an easy option but the alternatives are limited”

Abortion Statistics 2022

It is in this context of our concerns about the impact of the cost of living on women's decisions to end their pregnancies, and about long waits accessing contraception leading to unwanted pregnancies, that BPAS is responding to the latest abortion statistics.

The 2022 Annual Abortion Statistics statistics show that:

- There were 251,377 abortions for women resident in England and Wales in 2022 - the highest number since the Abortion Act was introduced and an increase of 17% over the previous year.
- The 2022 annual abortion rate increased to 20.6 per 1,000 women aged 15 to 44, surpassing the previous peak in 2021.
- In 2022, those living in the most deprived areas of England were almost twice as likely to have an abortion than those living in the least deprived areas.

No woman should have to end a pregnancy she would otherwise have continued purely for financial reasons, and no woman should become pregnant because healthcare services are failing to provide women with the contraception they want, when they need it.

Acknowledgments

We would like to thank the women who responded to our survey and shared with us their experiences, concerns and hopes for change.

May 2024

