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Analyzing the impacts of abortion clinic structures and processes:

A qualitative analysis of women's experience of abortion clinics

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Background

In the American context, abortion is provided predominately in freestanding clinics. Depictions of these clinics in popular culture show depressing places devoid of compassion or human contact (e.g. *Juno*) and news media coverage draws attention to the volatile scenes outside the clinics. Collectively, these narratives produce a mythic construct of the abortion clinic that may impact people's larger impressions of abortion. This study seeks to qualitatively describe some of the ways lived experience may reinforce and/or counter social myths about abortion clinics.

Study design

This analysis draws on interview data collected from 41 women. In order to obtain a variation in clinical settings and timing of abortion, women were recruited in 3 ways: 20 women were recruited while seeking abortion care at clinics located in the Midwest and south, 14 women were recruited after seeking support from an abortion support hotline, and 7 women were recruited following their participation in a 2nd-trimester abortion study in California. Women were interviewed by phone or in person and allowed to offer narratives of what they found salient in their abortion experiences. Interviews lasted between 30 and 150 minutes and were recorded and transcribed. Transcripts were analyzed qualitatively using Atlas.ti 5.0 for discussion of the clinic experience.

All names are pseudonyms.

Results

Interview data provides insights into how women experience the abortion clinic—including interactions with protesters and clinical staff, the physical design, and the processes for care—in ways that serve to affirm and/or contest the social myths of the abortion clinic. Women experienced some features of the clinic experience as negative, even in cases where the features were designed to ensure their safety, and some aspects, specifically non-judgmental staff, as positive.

Women's experience of antiabortion protesters

Eight women described the presence of protesters as negative or even traumatic and 4 others reported favorably on the lack of protesters. Interactions with protesters increased women's feelings of stigma, secrecy, and shame, confirming aspects of the social myth of the abortion clinic.

The story of Vanessa is illustrative: absent clarification from the clinic, she understood the protester presence to be evidence that clinic workers did not care about protecting patients, consistent with myths about clinic workers as unfeeling.

"the most disturbing part of the whole experience was the protestors." (Allison)

"when I came in from that [driveway], there was people screaming not to have an abortion and I was kind of scared." (Maricel)

Women's experience of safety procedures

Respondents also reported that the elaborate security measures in place at many abortion clinics, counter to clinics' presumed intentions, served to make respondents feel that abortion was wrong and secretive, consistent with the mythic construct of the clinic. These measures included being buzzed in, going through a metal detector, passing money through bullet-proof glass, being called by only their first name, and being separated from family or friends.

"I know they're trying to protect your rights and to keep everybody safe but it just made it even seem all the more like a secretive, shameful thing." (Julie)

"It felt like a drug deal." (Joy)

"[The metal detectors feel] like someone's going to come in and rob you." (Maricel)

"[My sister was] horrified for me the whole time that I was out of her sight because she didn't know what they was gonna do." (Cheryl)

Women's interactions with clinic staff/clinicians

Compassionate behavior by staff reduced some respondents' feelings of isolation and loneliness, particularly non-judgmental interactions that conveyed genuine concern (mentioned by 14 respondents) or the presence of someone who held their hand, explained to them exactly what was going to happen, or was simply present (6 respondents). Narratives also included stories of missed opportunities. Specifically, women noted that sometimes staff was impersonal (4 cases), did not explain delays (2 cases), made them feel rushed (3 cases), or left them alone such that they felt very lonely (3 cases). Three women reported that they received no emotional support from clinic staff.

Inappropriate comments from physicians were also experienced as hurtful: "at least you're not fat" or "I don't want to see you back here again."

Conclusion and significance

Abortion providers should be aware that not all patients understand the reasons behind clinical procedures and processes. This lack of awareness may cause patients to understand their experience as confirming the mythic construct of the abortion clinic as an unsafe, lonely place, or, at the least, as not contesting the mythic construct. Interactions with clinic protesters continue to affect women negatively. This study also suggests that small, positive interactions with staff can help mitigate these effects and negative ones can reinforce the mythic construct.