Disabled People’s Experiences of Abortion Services in Aotearoa New Zealand – Report Summary

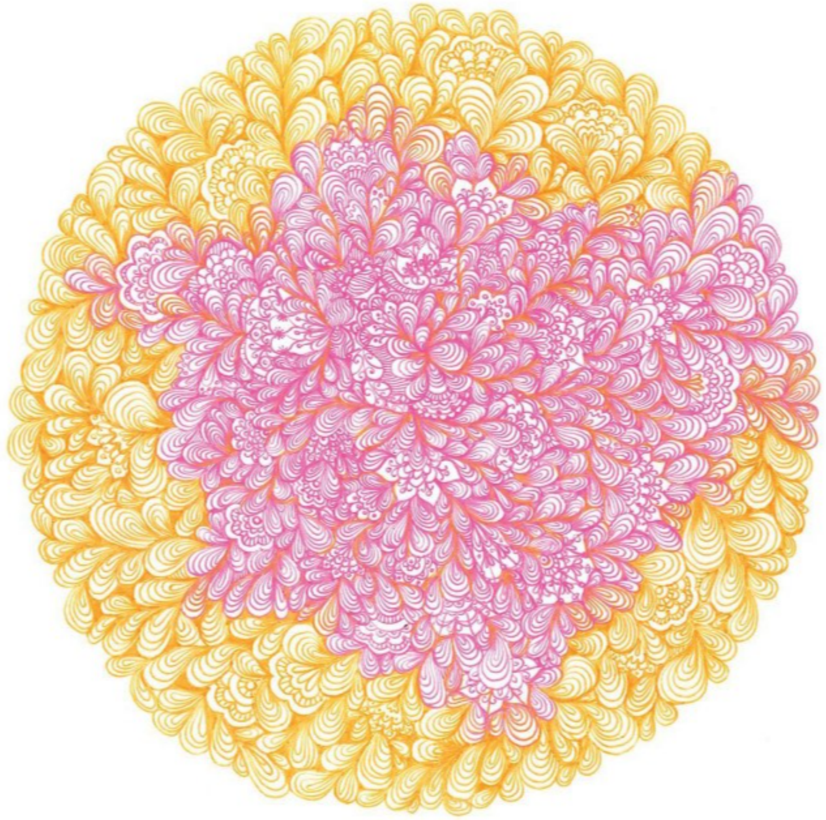

Image provided by Donald Beasley Institute

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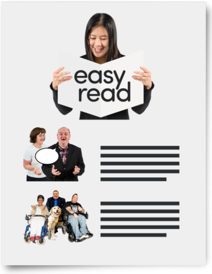
Before you start



This Easy Read document talks about topics some people might find upsetting.

This information is not meant to scare anyone.

If you are upset after reading this document you can talk to your:

- whānau / family
- friends.

You can also contact Need to Talk by calling / texting 1737.

It does not cost any money to call / text 1737.

What is in this document

Page number:

Page number:

About this document

This Easy Read document is a **summary** of **research** that has been done by the **Donald Beasley Institute**.

A **summary** tells you the main ideas of a document.

Research is when we collect a lot of information about something to learn about it.

The **Donald Beasley Institute** is a place that researches things to do with disability.

It is based in Dunedin in New Zealand.

The Donald Beasley Institute is sometimes called the **DBI.**

When it says **we / our / us** in this document it means the **DBI**.

The research is about what happens for disabled people when they:

- use abortion services
- want to use abortion services.

Abortion is when you stop your pregnancy before the baby is born.

This can be done by:

- taking 2 dfferent types of pills
- having an operation.

Abortion services include things like:

- talking to someone to choose if you want to have an abortion
- support with the feelings you have about being pregnant
- having an abortion
- getting information about **contraception** after an abortion.

Contraception means things to stop you getting pregnant when you have sex.

Who did this research?

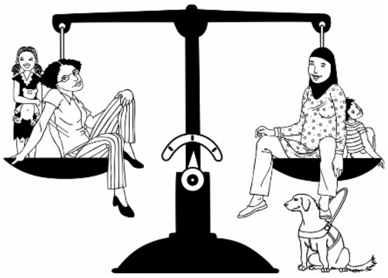
A group of disability researchers from the Donald Beasley Institute did this research.

Most of the researchers have worked on research projects with disabled people for a long time.

A lot of the researchers are disabled.

The money to do this research came from Manatū Hauora Ministry of Health.

What will this research be used for?

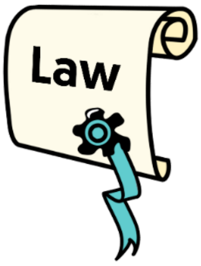


This research will be used to make sure abortion services are fair for everyone to use.

What we have found out will be used by the Government in their **review** of the **Abortion Legislation Act 2020**.

Here a **review** is when the Government looks at a law to see what changes need to be made.

The **Abortion Legislation Act 2020** made abortion **legal** in New Zealand.



Legal means that something is ok to do under New Zealand laws / rules.

Key findings – What we found out

Key findings are the main things we found out in our research.

We call the people who took part in our research **participants**.

People often had good experiences getting abortion services

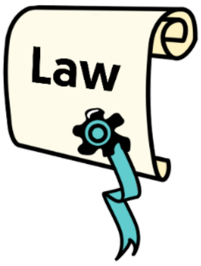
We found that most disabled people had good experiences getting abortion services after the 2020 law change.

Participants told us that healthcare professionals:

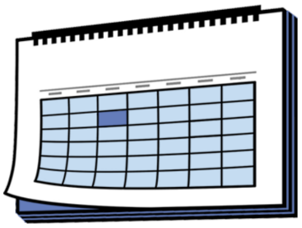
- were warm / kind
- did not judge them for the choices they made.

Participants told us that most of the time they:

- could get accessible information like New Zealand Sign Language
- could talk to someone about contraception in a good way
- had good experiences of abortion counselling
- got good care after an abortion.



Good things have happened because of the law changing



The law change in 2020 caused some good changes like participants having abortions earlier in their pregnancies.

This might be because there were fewer **barriers** to getting abortion services.

Barriers are things that make it hard for people to use / get something.

Participants could get abortion services without needing a **referral** from a healthcare professional like a doctor.

A **referral** means a healthcare professional sends you to another service for support.

Participants could also choose if they wanted **abortion counselling**.

Abortion counselling is when someone talks to a counsellor about things to do with pregnancy / abortion like:

- how they feel about being pregnant
- what their options are for the pregnancy

- what it means to have an abortion
- support for how they are feeling.

Often when participants got abortion counselling it was a good experience.

Barriers still make it hard for people to get services

Some participants told us they still had barriers to getting abortion services like:

- it was hard to find information in accessible formats

- barriers to do with how people feel like:
    - feeling shame about getting an abortion
    - having had bad experiences with healthcare before.

Participants also said that communication from / with healthcare providers was not always:

- accessible / easy to understand
- appropriate / done in a good way.

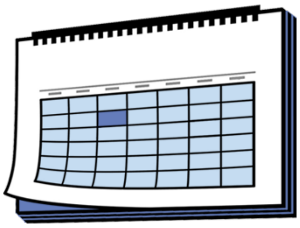
Deaf

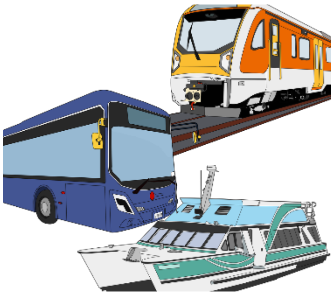
This was more likely to be the case for Deaf participants.

Deaf participants said they had a hard time getting the **after care** that they wanted.

After care here means the support / care a person gets after an abortion like:

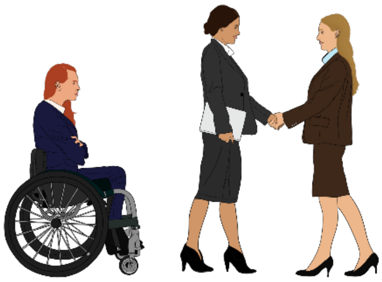
- checking they are healing
- giving them information about what they can expect to happen next
- emotional support like counselling.





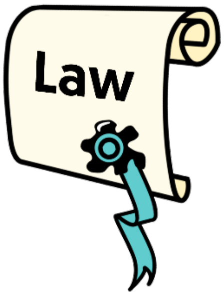
Participants who lived in rural areas told us about:

- long waiting lists
- having to travel a long way to get to abortion services.



People experienced ableism

Ableism is when disabled people are treated badly because people believe that it is better to not be disabled.



Participants talked about experiencing ableism:

- before the law change
- after the law change.

Some participants felt that their:

- disability was not seen
- access needs were not understood well by healthcare professionals.

Recommendations /

What we think needs to happen

Recommendations are what we think needs to happen based on what we found out in our research.

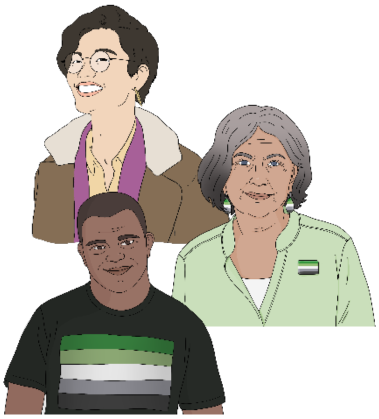
During this research our participants found 4 ideas that are important to disabled people accessing abortion services that:

- are fair for everyone

- include everyone.

Idea 1: A person-centred approach

Participants wanted services that are **person centred**.

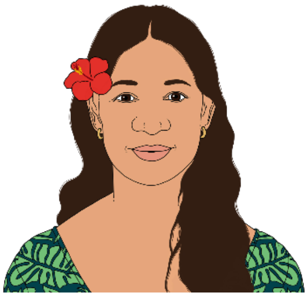


A service being **person centred** means that service pays attention to:

- what people need
- the identities a person has like:
    - their **gender**
    - their **ethnicity**
    - their age
    - their **sexuality**.

Gender is if you are:

- a man
- a woman
- another gender like non-binary



Ethnicity means:

- the people you come from like:
    - Māori
    - New Zealand European
- your background like whether you:
    - were born in Aotearoa New Zealand
    - moved to Aotearoa New Zealand from another country.

Sexuality means the kind of people you are attracted to / want to have a relationship with.

Creating a **person-centred approach** means:

- asking people what their access needs are
- giving different options each step of the way
- having different ways people can get:
    - after care
    - counselling after an abortion.

Idea 2: Choice and control

Participants felt it was important that they:

- can make choices about their care
- have control over their care
- are **respected** to make their own choices.

Respected means someone is:

- treated well by others
- valued by others
- shown that they matter.

Participants wanted lots of options available to them at all steps.

Participants also wanted their decisions to be:

- respected
- turned into actions.

Idea 3: A relational approach to service provision

A **relational approach to service provision** means healthcare professionals having good relationships with their patients.

Participants said it is important for them to have good relationships with healthcare professionals.

Participants said good things about healthcare providers who are:

- warm / kind
- respectful.

Participants thought long lasting relationships with their healthcare providers are important.

Idea 4: Increased cultural safety and responsiveness

Culture means the ways people live that are shared by a group of people like:

- their language
- what they believe

Being **culturally safe and responsive** means that healthcare providers:

- understand the culture of a person
- respect the culture of a person
- follow the cultural practices of the person.

Participants felt safe with healthcare / abortion providers when everything about them was respected.

Participants wanted responsive healthcare services for both their:

- ethnic culture
- disability culture.

Ethnic means things to do with a group that share the same:

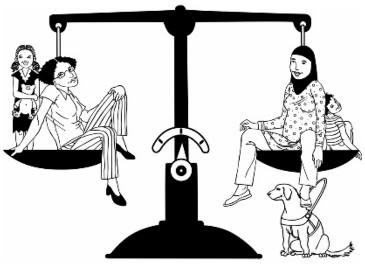
- culture
- language
- background.

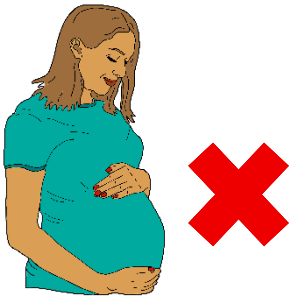
Education and training

It is very important that healthcare providers like doctors get disability rights training from disabled people that makes them better at:

- supporting disabled people to make their own choices
- communicating well
- being culturally safe and responsive

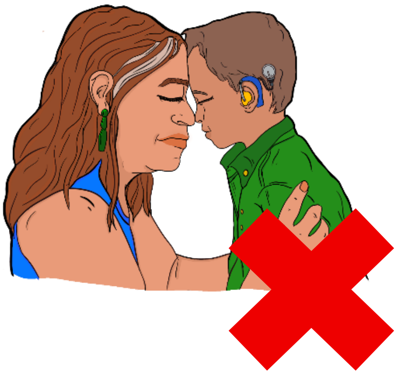
- knowing how disabled people have been hurt by:
    - **eugenics**
    - **reproductive oppression.**





Eugenics is a harmful way of thinking that:

- says some lives are more important than others
- wants to stop some people from having children because of things like having a disability
- says the world should only have people that the people who believe in eugenics think are perfect.

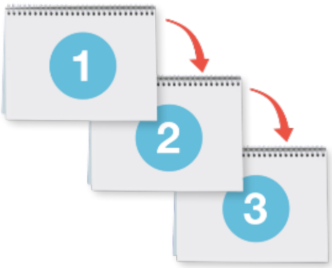


Reproductive oppression is when people are treated unfairly because of their choices about having children like being stopped from getting pregnant / having children.

Ways to make abortion services more accessible

There are different ways to make abortion services more accessible for disabled people like:

- having information about abortion services in accessible formats like Easy Read



- having information about what will happen at each stage of an abortion

- offering transport to / from abortion services

- making sure people know they can refer themselves to abortion services without asking a doctor.

Abortion services can also be made more accessible by keeping on putting money into funding for **telehealth** services.

Telehealth services are where you can talk to your doctor:

- on the phone
- by video call.

More information

You can find the full report **Abortion is a Human Right and Health Issue: Disabled People's Experiences of Abortion Services in Aotearoa New Zealand** on the Ministry of Health website at:

https://bit.ly/3FQvw1r

If you have any questions about the report you can contact Umi Asaka at the Donald Beasley Institute by:

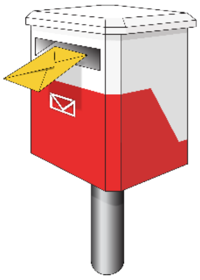
- phone: **03 479 2162**
- email:

  uasaka@donaldbeasley.org.nz

You can find out more about the Donald Beasley Institute on their website at:

https://www.donaldbeasley.org.nz/

You can also contact the Donald Beasley Institute by post at:



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