Understanding and addressing abortion stigma

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Seminar Agenda

• Overview of Ipas

• Discuss Ipas’s conceptual framework of abortion stigma

• Present Ipas’s “Stigmatizing attitudes, beliefs and actions scale”

• Present our current research on institutional and structural stigma at healthcare facilities

• Next steps

• Q&A
Ipas

- Ipas is an international NGO founded in 1973 with 14 country programs, **staffed by strong local teams**

- The Ipas mission:
  - Expand access to comprehensive abortion care, including contraception and reproductive health information and care
  - Increase women’s ability to exercise their sexual and reproductive rights
Ipas Strategic Plan
FY12 - FY16

- Health Systems Access, including Training and Technology Supply
- Community Access
- Improved Policies
- Crosscutting: Youth
Community Access

• Women’s knowledge, skills and ability increased

• Medical abortion, contraceptive supplies and care made accessible

• Youth needs met and leadership built

• Community groups and networks supported

• Barriers, including stigma, identified and reduced
Stigma as a Social Process

How people with certain conditions, traits, identities or behaviors are “marked” (defined) as “different” and culturally or socially unacceptable
The Social Construct of Stigma

- Discriminate
- Label
- Stereotype
- Separate
Defining Abortion Stigma

A negative attribute, ascribed to women who seek to terminate a pregnancy, that ‘marks’ them as inferior to ideals of womanhood.

Domains of Social Stigma

STIGMATIZED

PERCEIVED

EXPERIENCED

INTERNALIZED

STIGMATIZERS

NORMATIVE
Levels of Abortion Stigma

- Framing Discourse & Mass Culture
- Government/Structural
- Organizational/Institutional
- Community
- Individual
Consequences of Abortion Stigma

Abortion stigma

Secrecy, silence, denial, shame, guilt

Delays, untrained providers, self-induction

Poor quality, high cost, abuse, complications, suicide, death
Objectives of Ipas’ Stigma Research

• To research **roots, causes and consequences** of the social stigma of abortion

• To develop **tools to measure abortion stigma** at the individual, community and structural/institutional levels

• To develop **interventions to mitigate stigma** at the individual, community and structural/institutional levels
Stigma Scale (SABAS)

• **A quantitative tool to measure stigmatizing attitudes, beliefs and actions towards women who terminate a pregnancy**
  - Includes 18 items developed from data from Ghana and Zambia
    - 3 sub-scales

• **SABAS can be used for:**
  - community situation assessment
    - inform the content/messaging of interventions
  - baseline and endline data collection in intervention communities
  - “pre and post-test” to measure attitude change at the individual level
Our steps towards scale development

Step 1: Conducted qualitative research

Step 2: Developed items for a questionnaire

Step 3: Fielded the questionnaire

Step 4: Conducted factor analysis

Step 5: Finalized the scale – “Stigmatizing attitudes, beliefs and actions scale” (SABAS)
# SABAS sub-scale items

- **8 items about negative stereotyping**

<table>
<thead>
<tr>
<th>Item</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>A woman who has an abortion is committing a <strong>sin</strong>.</td>
</tr>
<tr>
<td>3</td>
<td>Once a woman has one abortion, she will make it a <strong>habit</strong>.</td>
</tr>
<tr>
<td>4</td>
<td>A woman who has had an abortion <strong>cannot be trusted</strong>.</td>
</tr>
<tr>
<td>6</td>
<td>A woman who has an abortion <strong>brings shame to her family</strong>.</td>
</tr>
<tr>
<td>10</td>
<td>The <strong>health</strong> of a woman who has an abortion is <strong>never as good</strong> as it was before the abortion.</td>
</tr>
<tr>
<td>13</td>
<td>A woman who has had an abortion might <strong>encourage other women</strong> to get abortions.</td>
</tr>
<tr>
<td>15</td>
<td>A woman who has an abortion is a <strong>bad mother</strong>.</td>
</tr>
<tr>
<td>16</td>
<td>A woman who has an abortion brings <strong>shame to her community</strong>.</td>
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</tbody>
</table>
### SABAS sub-scale items [continued]

- 7 items about **exclusion and discrimination**

<table>
<thead>
<tr>
<th>Item</th>
<th>Statement</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>A woman who has had an abortion should be <strong>prohibited from going to religious services</strong>.</td>
</tr>
<tr>
<td>5</td>
<td>I would <strong>tease a woman</strong> who has had an abortion so that she will be ashamed about her decision.</td>
</tr>
<tr>
<td>8</td>
<td>I would <strong>try to disgrace a woman</strong> in my community if I found out she’d had an abortion.</td>
</tr>
<tr>
<td>11</td>
<td>A man should <strong>not marry</strong> a woman who has had an abortion because she may not be able to bear children.</td>
</tr>
<tr>
<td>12</td>
<td>I would <strong>not continue to be friends</strong> with someone if I found out that they had an abortion.</td>
</tr>
<tr>
<td>17</td>
<td>I would <strong>point my fingers</strong> at a woman who had an abortion so that other people would know what she has done.</td>
</tr>
<tr>
<td>18</td>
<td>A woman who has an abortion should <strong>not be treated the same as everyone else</strong>.</td>
</tr>
</tbody>
</table>
### SABAS sub-scale items [continued]

- **3 items about fear of contagion**

<table>
<thead>
<tr>
<th>Item</th>
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<tbody>
<tr>
<td>7</td>
<td>A woman who has an abortion can <strong>make other people fall ill or get sick</strong>.</td>
</tr>
<tr>
<td>9</td>
<td>A woman who has an abortion should be <strong>isolated from other people</strong> in the community for at least 1 month after having an abortion.</td>
</tr>
<tr>
<td>14</td>
<td>If a man has sex with a woman who has had an abortion, he will become <strong>infected with a disease</strong>.</td>
</tr>
</tbody>
</table>
SABAS score and next steps

**Scoring**
- Easy summative scoring of Likert scale responses
- Higher score = more stigmatizing attitudes, beliefs and actions
- Can use sub-scale scores and total score

**Next steps**
- Currently fielding in Uganda, Kenya and Mexico
- IPPF fielding in Burkina Faso and Pakistan
Ipas’ Institutional and Structural Stigma Research (ISSR) at Health Facilities
ISSR Goal and Objectives

• **Goal**
  ▫ Explore institutional and structural abortion stigma at service delivery sites in **Kenya, Uganda, Mexico and India**

• **Objectives**
  ▫ To identify specific aspects (i.e., policies, protocols and procedures) of public and private health-care delivery systems that stigmatize abortion providers
  ▫ To identify specific aspects (i.e., policies, protocols and procedures) of health-care delivery systems that stigmatize women seeking abortion care
Methodological Approaches to Data Collection

1. Content Analysis

2. Direct Observation

3. In-depth Interviews (IDIs) with comprehensive abortion care (CAC) clients

4. IDIs with CAC Providers
Desired outcomes and plans for ISSR data

- Begin to develop a foundation for understanding abortion stigma in health-care facilities

- Develop a quantitative tool to measure stigma among CAC providers

- Develop and implement stigma reduction interventions at the health facility and community levels

- Evaluate Ipas’ (and partners) stigma reduction interventions and disseminate results to wide audience
Next Steps

- Develop interventions
- Conduct stigma audit
- Special issue of Stigma, Research and Action journal
- Bellagio expert-group meeting recommendations
- Launch abortion stigma network
Thank you!

Questions?