

What is abortion stigma?

- Abortion stigma is...

“A negative attribute ascribed to women who seek to terminate a pregnancy that ‘marks’ them as inferior to ideals of womanhood.” (Ipas)

- Different levels of abortion stigma

- Individual/self stigma

- Community level

- National level (legislative, media etc)

- Clinic level

- Stigma around abortion poses a significant barrier to women being able to access safe abortion

What can we do?

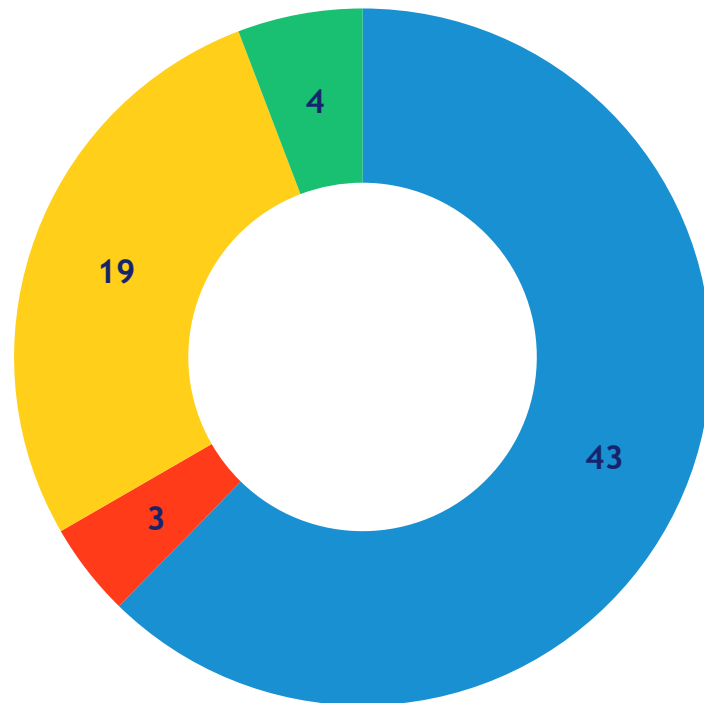
- Initiative to address the causes and manifestations of abortion stigma
- Objective -
 - ❖ Increased recognition and awareness of the impact of abortion stigma globally
- Focus on research and documentation to gain a greater understanding of abortion stigma
- Research in Pakistan and Burkina Faso at the clinic level

Methodology

- Document forms in which abortion stigma manifests in two Member Association's clinics
- Burkina Faso
 - Association Burkinabe pour le Bien-Etre Familial (ABBEF)
 - 1 month study in 5 clinics in 4 cities
- Pakistan -
 - The Rahnuma-Family Planning Association of Pakistan (FPAP)
 - 3 week study conducted in 4 facilities in the Lahore and Faisalabad districts
- Semi-structured interviews and observation in clinics

Burkina Faso

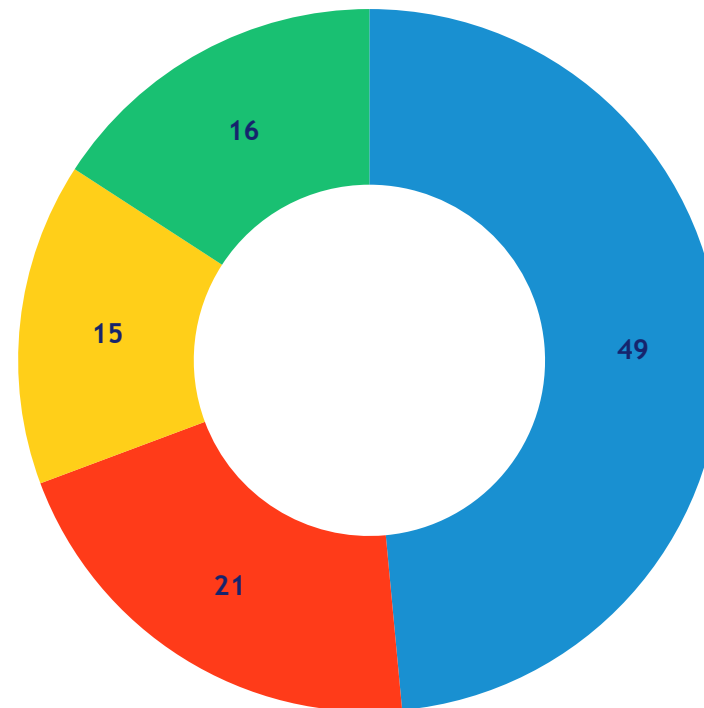
- 69 interviewees



■ CAC clients ■ Partners
■ Service providers ■ ABBEF staff

Pakistan

- 101 interviewees



■ CAC clients ■ Partners
■ Service Providers ■ Support staff

Setting the scene - Burkina Faso

- Abortion legislation in Burkina Faso is flexible but in practice remains restricted
- Abortion is permitted
 - In cases of rape or incest
 - When the pregnancy endangers life and health
 - Foetal malformation
- Abortion remains one of the most sensitive and stigmatized issues among the range of SRH services offered
- Safe abortion is hard to access and unsafe abortion is common

Setting the scene - Pakistan

- Abortion is permitted but with restrictions
 - Prohibited before the organs have been formed except for saving the life of the woman **or providing necessary treatment.**
 - Prohibited after organs or limbs have formed completely except to save the woman's life.

(Under Islamic law, organs and limbs are usually deemed to be formed by the fourth month of pregnancy or 120 days.)

- 890,000 induced abortions a year
- 250,000 hospital admissions from unsafe abortion



Key findings...

Attitudes on abortion

- Abortion is viewed very negatively associated with sin, crime, irresponsible behaviours etc

“Normally people think that it’s a murder and a sinful act and only those women who have illicit affairs get the abortion done.” (FPAP client)

- Myths and misconceptions of abortion are common

“It’s not a good thing [to have an abortion] because you c

can die or maybe never have another child.” (ABBEF client)

- But, there are exceptions under which people judge it to be ‘OK’ to have an abortion

“I myself had health issues otherwise I would not have gotten it done” (FPAP client)

Individual/ Self stigma

- Self-stigma - internalized negative attributes
- Impact - emotional well-being and isolation

“It’s not a good thing to have an abortion, because you’re killing a human being, but I had no choice.” (ABBEF Client)

“When I was getting the abortion done, I was a bit sad that whether I would be forgiven by God for the sin I have been committing”. (FPAP client)

“I don’t feel like discussing it with anyone. I feel shameful talking about this”. (FPAP client)

Individual/ Self-stigma

- Impact - delays in seeking medical care and low expectations of quality of care

“I thought that coming here they would speak roughly to me because even I know that what I did was bad. I was afraid to come here and that’s why I delayed a while.”

“Given the crime I had committed, I think I was treated extremely well.”

“I went and stood my turn in the queue. When the receptionist asked what I wanted I was very uncomfortable because I was afraid and ashamed too.”

Within the clinic - Manifestations of stigma

- Attitudes and practices of clinic staff and service providers
 - Using stigmatising/judgemental language
 - Different attitude towards women who have an induced abortion vs a spontaneous abortion (miscarriage)
 - Lack of clarity/consensus in what services provided i.e. post-abortion care versus therapeutic abortion
- Stigma felt/ experienced by the service providers
 - ‘Branded’ as “abortionists”

Within the clinic - Managing stigma

- The way that clinics are set-up and laid out does not consider stigma, and can exacerbate its impacts
- Clinic systems rely on clients providing the real reason for their visit at reception - this can be particularly challenging for clients accessing abortion-related services

“I said it was a check-up for my baby and myself, I didn’t dare say I’d had an abortion. So they said it was 300 francs for the check up. I paid, they gave me a receipt and told me to wait. I waited nearly two hours although I was very ill and bleeding.” (ABBEF client)

Within the clinic - Managing stigma

- In cases of treatment for incomplete abortion - insistence on disclosing if and how an abortion had been induced

“They asked me if I’d done anything, I said no, that this had happened all by itself. They reassured me that I could tell them the truth but I didn’t dare.” (ABBEF client)

- The number of service providers that a client sees

“Two doctors would have been more than enough. I was feeling ashamed in front of so many people.” (FPAP client)

Good practices

- Staff and provider training

- Values clarification

- Medical/ technical training

- “It was only after the training that we learned you had to put yourself in the shoes of the woman to understand how difficult it is for her.”

- Good quality of care in the clinics, and supportive service providers

- “The attendant held my hand and supported me which I liked very much”.

Good practices

- Staff are committed and proud of their work
 - “I have no problem in talking about my abortion-related work to anyone.” (FPAP service provider)
 - “I feel good. I only know that I am working for the welfare of people. If these patients go to some other wrong place, they would suffer.” (ABBEF service provider)
- Weekend and evening services
- Integrated sexual and reproductive health service provision

Recommendations

- Ongoing values clarification for clinic staff
 - *Exploring attitudes and beliefs*
 - *Considering abortion stigma as a barrier to quality of care*
- Technical training for all clinic staff
 - Improved counselling skills using non-stigmatizing, rights-based language
 - Service provision taking into consideration the impact of stigma on the client
 - Support staff/reception staff to triage clients
- Ensure privacy in reception area

Recommendations

- Improve messaging in outreach with the community
 - Emphasise quality of care and stigma-free service provision
 - Develop clear messages for responding myths and misconceptions about abortion
 - Identify willing clients and male partners as potential advocates
- Limit clinic staff that an abortion client has to meet
- Ensure service provider motivation and job satisfaction by acknowledging and rewarding them in their work

What next?

- Organizational wide discussions within the organizations about using the findings and recommendations to implement interventions
- Measures for improvement:
 - Improvement in infrastructure in few clinics for more private and confidential setting
 - Values clarification sessions for all clinic staff
 - Training of counsellors and service providers on non-directive non-stigmatizing counseling skills
 - FPAP Manual on 'De-stigmatizing Counselling Skills'

Next steps for IPPF

- Implementation of a two-year programme addressing youth and abortion stigma to:
 - Address the manifestations of stigma at the individual, community and organizational levels that prevent young women from accessing abortion services
 - To generate and share evidence and best practices on addressing abortion stigma with a view to scaling-up
- Synthesise efforts to drive forward the provision of stigma-free services across all programme areas
- Women's Voices films - www.ippf.org/womens-voices



Thank you