Taking action against abortion-related stigma affecting clinicians

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Healthcare providers

Making Abortion Safe

- 3-year abortion advocacy programme
- 60 SRHR Champions in five focus countries (Sierra Leone, Nigeria, Sudan, Rwanda, Zimbabwe)

Normalisation

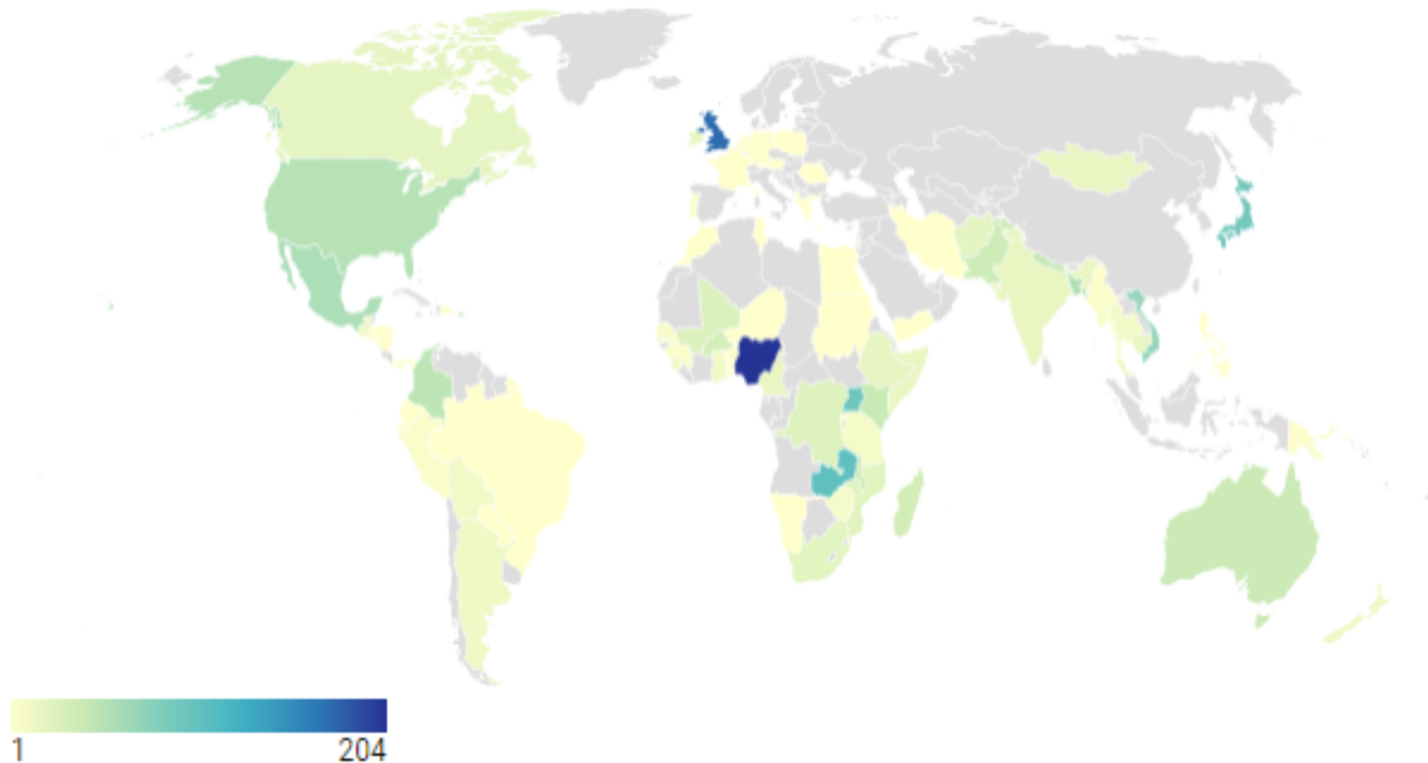
Professionalism

Leadership

Global provider stigma study conducted in collaboration with the Open University

- Understand and map abortion providers' experience of stigma
- Assess providers' attitudes towards abortion and people who have abortions
- Capture suggestions on what can be done to tackle provider stigma
- Publish guidance on addressing provider stigma

Global study: Stigma experiences of abortion care providers



Phase 1: Global survey

- Online over 6 weeks (June - July, 2021)
- 1,674 respondents from 77 countries

Phase 2: 35 in-depth interviews

- Sierra Leone (15)
- Nigeria (10)
- Rwanda (10)

Survey conclusions

- Stigma is experienced globally (regardless of profession, age, length of service)
- Working in settings where abortion is broadly legal is associated with lower levels of stigma
- Most healthcare providers working in abortion care report feelings of pride in their work, however, many also feel judged and looked down on, and fear disclosing their work
- Most providers have positive attitudes towards abortion/those seeking abortion care
- Levels of stigma are strongly associated with feelings of "burn out"

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UK CSRH trainee reflection 1

- I was called to the gynae ward regarding a19 week medical abortion because the nursing staff and the patient were bewildered and distressed as the fetus was showing some reflexive jerking of the limbs and chest wall, which looked like breaths. This had been going on for over an hour and the nurses had never seen anything like this. Their usual next steps were to refrigerate the products of conception but this felt very wrong to them.
- They asked for my help with this dilemma but as a new-ish trainee, this was the latest abortion I'd seen and had no frame of reference for whether it was normal. I called the gynae reg on call, and a number of other seniors for assistance. I was shocked that they too said they had no experience of this and said "to be honest there's no point in me coming, I have nothing to add". I was shocked with the contrast between this and the care given to a patient having a late miscarriage or a stillbirth.

UK CSRH trainee reflection 1

- I think there's a subtle difference here from how I might normally be treated if I asked for help from my close-knit team. I felt like I was being treated as if I was an outsider calling via switchboard, who (wrongly) often get less of people's time/effort. And the registrar was so offhand, almost proud, about not knowing this information - *I don't know and I don't want to know.*
- Reflecting now, I wonder whether the service being nurse-led is a convenient way of many doctors steering clear or deskilling without having to evoke true grounds for conscientious objection. I feel certain that a pregnant woman on our ward with comorbidities would always warrant a review of the notes or a visit on the ward round...but not if she's having an abortion.
- There are no role models among consultants addressing these subtle signs of stigma, and the system perpetuates it. For example, there is a whole different guideline for clause E vs clause C abortions, and it does not seem to be a priority in the RCOG curriculum. *I don't know and I don't want to know.*

Global stigma study: Nigerian interviewee

One of these days, I was sharing with my colleague that I now work with the abortion unit at an NGO. So, when we were talking, she said what!!!, you mean you are an abortion nurse now, I hope you don't conduct induced abortions, you don't do that to people.

She said, in fact, if you do that you are going to hell, your way to hell fire straight, God is going to judge you, in fact don't put your hand in that. In fact, if you do that, you will stop being my friend.

Global stigma study: Rwandan interviewee

I would say the consequences are not something to immediately feel but it's something that builds up inside of you definitely because you get to also question your moral values. You are like. OK, if everyone else is refusing to give this, why am I? Why am I giving it? Since it's even an option, you know. So you definitely get to question your moral values. You definitely have to work into a system or a community that probably people have opinions about you and I think that's not very comfortable. Yeah, and where people questioning you constantly. So it's definitely more of a psychological consequences.

UK CSRH trainee reflection 2

- As a new CSRH trainee in the early pregnancy unit, I met a woman who presented with bleeding two months following a medical abortion. She had accessed this through the local abortion care provider (my trust does not provide abortions under clause C). Unfortunately, she was still pregnant, now – 18/19 weeks. She did not speak English, was distraught, and told me all she wanted was to access a successful abortion.
- This prompted a discussion between me, the gynae registrar, and the nurse in charge. The registrar told me signing HSA1 forms '*wasn't in their contract*', the nurse in charge said, '*we don't get involved with social abortions*' and asked me '*if I could just convince her to keep the pregnancy?*'

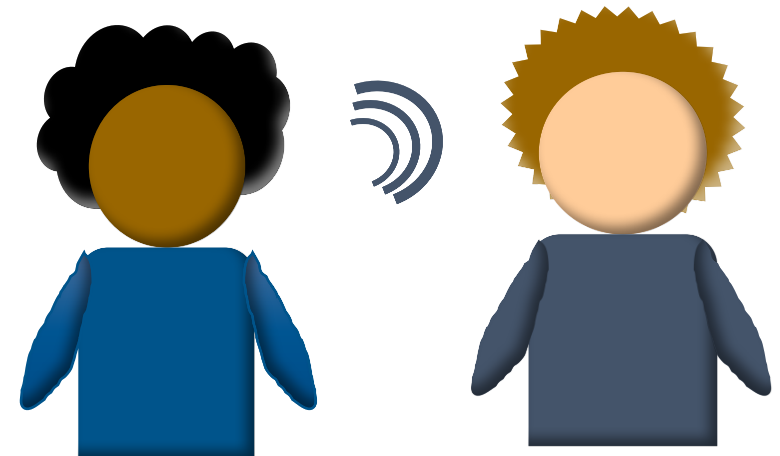
UK CSRH trainee reflection 2

- I was totally bewildered. I had not yet had any abortion-care experience and no armoury for how, or *if*, to challenge my colleagues. It felt there was little to no recognition that this woman was vulnerable and had had a very serious complication. It felt that the fact that she now needed a second trimester abortion was an inconvenience.
- What I then, and still, struggle with is whether it's my role to 'challenge' my colleagues? Is there any benefit? Is objection to abortion a 'protected' topic? I worry that it just leads to my upset. I am unable to influence the culture of the whole department. Before I started working in an abortion care service, I felt lonely, and confused in my gynae department. I had no local consultant who had abortion in their job plan, and I wasn't sure how I fitted amongst my colleagues.

With the person sitting next to you…

- Do any of these experiences ring true for you?
  - Are your personal experiences of abortion-related stigma different?

- What can be done to improve things?
  - One thing?



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Survey respondents asked for their suggestions on how to address the impact of abortion-related stigma on providers

- 1674 respondents
- 59% (N=984) respondents provided free text suggestions
- Findings grouped under13 broad thematic areas, relating to three levels of intervention:
  - personal/provider level
  - facility/organisation level
  - Policy/country level.

Theme	Total responses	
	N=984	%
Personal level		
Regular/refresher clinical training	273	27.7
Provider support networks / groups	125	12.7
Provider support workshops & resources	95	9.7
Legal support and security in workplace	82	8.3
Counselling services for providers	74	7.5
Incentives for providers	70	7.1
Updates on legal / policy changes	40	4.1
Facility / organisation level		
Provision of adequate equipment	139	14.1
Provide VCAT for all staff & managers	85	8.6
Integrate of abortion care with women's health services	21	2.1
Policy / country level		
Advocacy – community level	198	20.1
Advocacy – policy level	129	13.1
Improving process to recruit more abortion providers	31	3.2

32% responses mentioned training or education: undergrad/postgrad/VCAT/Other HCPs

Lisa Harris, Lisa Martin et al

Stigma reducing efforts: be clear what the goal is

Two clear goals

- Help providers manage the stigma they experience
- Change stigmatisers, to make them stop stigmatising

Stigma is an interpersonal process – it requires a stigmatiser

Stigma study: survey and in-depth interviews

- 37% felt that other health workers looked down on them for working in abortion care
- 33% felt colleagues questioned their professional skills

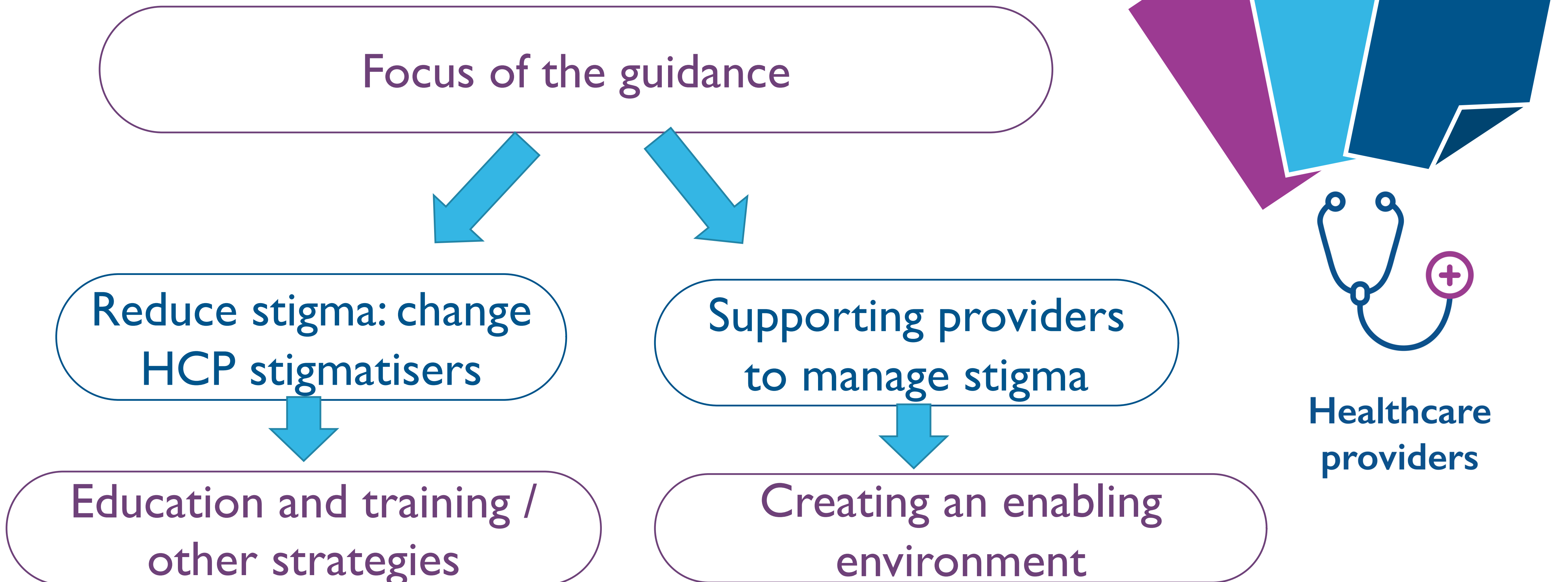
> I have been called several names…colleagues sometimes bring patients and after you help them, they continue calling you all sort of names. (Sierra Leone)

> When you perform an abortion, you colleagues think that you are not good. You are not a good doctor. You are just committing a killing of someone. (Rwanda)

Emerging data from interviews: abortion providers more likely to be stigmatised by colleagues than anyone else

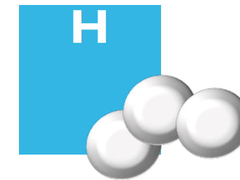
Royal College of Obstetricians & Gynaecologists

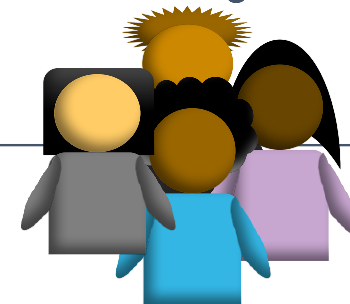
Developing guidance on abortion stigma affecting clinicians



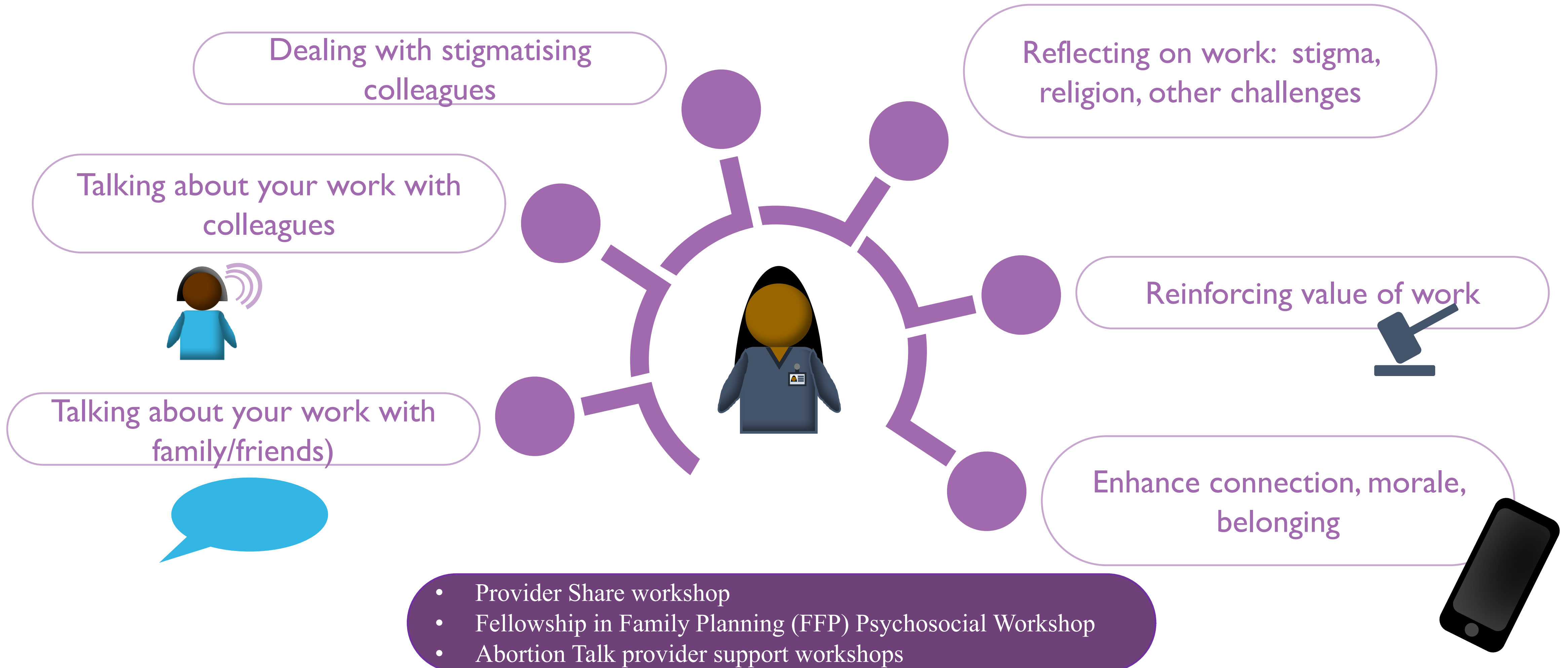
Creating an enabling work environment

- Support **continual professional development**
- Ensure staff are **clinically competent**, feel **legally secure**, feel **psychologically supported**
- Ensure staff feel **valued**
- Provide ongoing **clinical and legal** updates
- Provide **security in the workplace** – protection from legal action/provide legal support (especially in countries where abortion is highly restricted)
- **VCAT** training for all staff
- Setting up supportive provider **networks** (e.g. WhatsApp groups)
- Provide **counselling services** for providers
- Ensure staff have the **knowledge and tools** to discuss and address **stigma** and other challenges in their work
- Provide ongoing **provider support sessions**

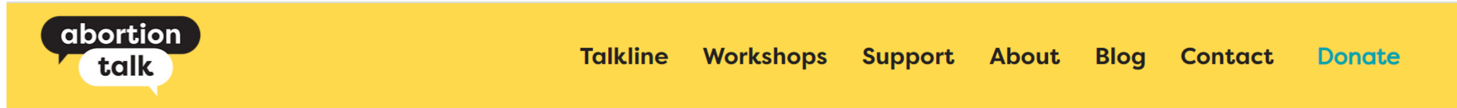




Provider support sessions



- Provider Share workshop
- Fellowship in Family Planning (FFP) Psychosocial Workshop
- Abortion Talk provider support workshops



Destigmatising abortion, one conversation at a time.

Workshops

Our provider support workshops are safe spaces for abortion providers – and for other healthcare providers involved in abortion provision as part of their work – to explore the rewards and challenges of their role. This includes the emotional aspects of their work and the possible impact of abortion-related stigma on their well-being.

Our talkline is open every Monday, Wednesday + Thursday from 7pm - 10pm (UK time).

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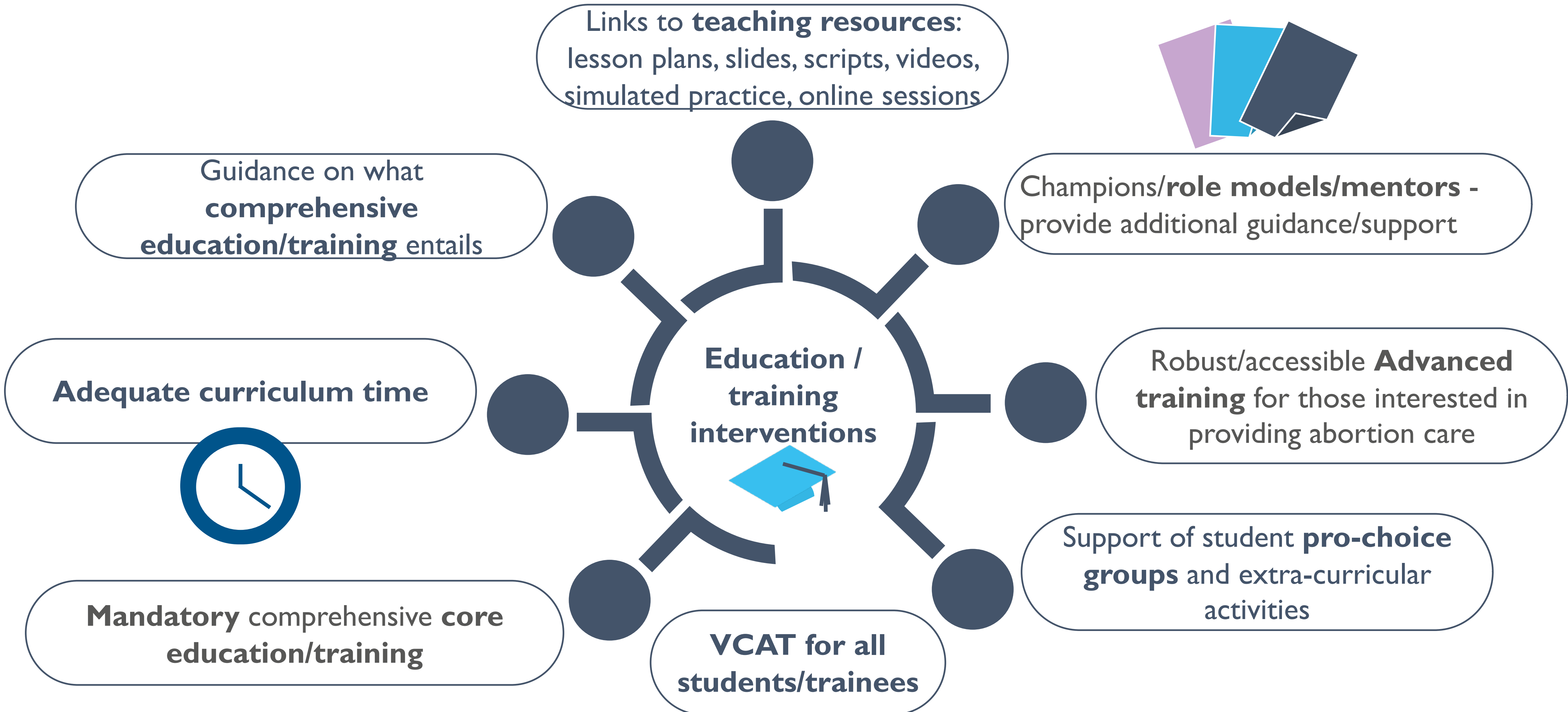
Pro-choice charity that tackles abortion stigma by facilitating conversations about abortion

- Confidential talkline
- Workshops for healthcare providers and community groups


Links to **teaching resources**: lesson plans, slides, scripts, videos, simulated practice, online sessions
Guidance on what **comprehensive education/training** entails
Champions/**role models/mentors** - provide additional guidance/support
Adequate curriculum time
Education / training interventions
Robust/accessible **Advanced training** for those interested in providing abortion care
Mandatory comprehensive **core education/training**
VCAT for all students/trainees
Support of student **pro-choice groups** and extra-curricular activities

Afternoon workshop

Addressing the abortion education deficit

Moderators: **Patricia Lohr** (UK), **Françoise Dedrie** (Belgium)

- **Mary Favier (Republic of Ireland)**
- **Laura Gil (Columbia)**
- **Jody Steinauer** (United States)
- **Jayne Kavanagh (UK)**

The Making Abortion Safe team welcomes your experiences

Share any interventions you have used to reduce stigma experienced by abortion providers

They can be:

- informal or formal
- documented or undocumented
- successful or unsuccessful

Email: CFWGH@RCOG.ORG.UK

Thank you!

DoctorsforChoice
@DrsforChoice_UK
UK