Understanding and measuring pre and post abortion stigma about women who have abortions: Results from explorative study

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Introduction

Incidence of induce abortion in Pakistan is considered one of the highest in the South Asian region. In 2012, a nationwide study in Pakistan estimated that there were 2.2 million abortions were performed annually, with an annual abortion rate of 50 per 1000 women aged 15-49, a significant rise over the past decade (Sathar et al 2014). This rate is much high than the rate estimated for 2002 (26.5 per 1000 women). Acknowledging an underestimation of the 2002 rate, this did not count private-sector, the study points to a significant increase over the 10-year period. In 2012, an estimated 696,000 Pakistani women were treated for post-abortion complications resulting from induced abortion both in public and private health facilities, the vast majority of which were performed by unqualified providers. The abortion rate is very high in Pakistan compared with other countries in the South Asian region. For instance, the annual abortion rate in Bangladesh was 18.2 per 1000 women in 2010 (Gutmacher Inst. 2012a). The overall abortion rate in Asia has recorded at the level of 28 per 1,000 women. Significant variation is observed across sub region ranging from 26 per 1000 in South Central Asia and western Asia to 36 per 1000 in Southeaster Asia (Guttmacher Inst. 2012b; Guttmacher Inst. 2012c). Current level of abortion rate is very alarming in Pakistan and requires immediate research focus to unpack the determinants of such high level of abortions.

In summary, the induced abortion rate in Pakistan over the last decade has increased and the magnitude of post-abortion complications risen (Sathar et al. 2013). Poor and rural women are most likely to have unwanted pregnancies because of the lack of information, cost and access to services for family planning and abortion. Furthermore, gender norms assign a lower social status to women and tilt the balance of power in favor of men. Women's didn't power to deiced the number of children, use of family planning and if required abortion or post-abortion services. The decision making power usually lies with husband and other family members. This study suggests some improvement in gender relation in the home, within the large family, and in the community in terms of women ability to make independent decisions and reduce transportation cost (Sathar et al. 2013).

Need for the Research:

Given the high number of induced abortion and unintended pregnancies in Pakistan and consequently a higher number of women suffering from unsafe abortion and post-abortion complications, there is a greater need to understand why the level and magnitude of abortion complications are increasing. A recent study has recommended that improving the health services at public health facilities for abortion and post-abortion complications and improving the access to quality contraceptive services would

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reduce the incidence of abortions and post-abortion complications (Sathar et al 2013; Sathar et al 2007), however, women's perceptions and experiences with abortion-related stigma and disclosure about abortion are not well understood.

To address the unmet needs of Family planning and post abortion care services, CARE International in Pakistan (CIP) with its partner initiated this project titled "Supporting Access to Family Planning and Post-Abortion Care (SAFPAC)" in districts Muzaffargarh and Multan. The program aims to improve the uptake of long and permanent family planning methods and ensure that adequate good quality post abortion care services are provided to the target population. Since FP and PAC has some taboo strings attached to it the program intends to modify community attitude, behaviours and address the misgivings related to it through targeted interventions. To accomplish these objectives the program worked on a comprehensive strategy that includes providing infrastructure support, medicines and FP commodities, service providers training, HMIS support, improved monitoring mechanism and demand creation activities in close coordination with district health system.

Though, the services of FP and PAC were provided at all health facilities in targeted areas of Multan and Muzaffargarh the uptake of the users are not very significant. During the 2nd phase (from Jan 2013 to Dec 2015), SAFPAC has set the specific targets of long acting FP users and PAC services. However, data until June 2015 shows that PAC clients were increased by only 45%. In other words, 45% of the targets of PAC clients were achieved. To understand the low use of the PAC services need an in-depth analysis of the causes and social barriers.

Understanding and Unpacking abortion Stigma

"Abortion stigma is a shared understanding that abortion is morally wrong and/or socially unacceptable." – **Addressing Abortion Stigma through Service Delivery White Paper authored by Sea Change, Ibis Reproductive Health, and ANSIRH**

Understanding abortion stigma can help us clarify many questions that we are struggling for years. These questions are as follows;

- Why is abortion so hard to talk about?
- Why does getting an abortion often feel illicit and shameful?
- Why abortion providers are targets of violence and marginalized within and outside the community?
- Why is there an extreme level of criminalization and legal scrutiny around abortion in Pakistan?
- What is the legal status in Pakistan regarding the right to termination of a pregnancy for the client and for the health care provider of this service?

Design of the Project

In order to create an evidence based research and consequently propose the interventions to tackle the problem of abortion stigma, this project has two main components and describe as follows:

1) Carryout research study to identify the abortion and post-abortion related stigmas.

2) Capacity building activities of health service providers and communities on how to reduce abortion stigma.

1) Research study

The research study aims to

1) Unpacking the abortion stigma and provide the succinct and quantitative measure of abortion-stigma among different stakeholder in the community.
2) The impact of abortion associated stigma on access to health for women

The objective of this research study is to explore the context of abortion stigma at individuals, community and services providers level and develop a scale to measure abortion stigma that can be used in the evaluation and/or designing of stigma reduction interventions.

This research has sought to conceptualize and measure the extent of stigma, deepening our understanding of the phenomenon and its multiple manifestations. We examine how abortion stigma (Stigmatization of attitudes and beliefs) creates across levels of human interaction, is made manifest for different individuals within groups and across groups and unpack the abortion stigma. The objective of the research study is to provide the succinct and quantitative measure of abortion stigma among individuals, at community level and particularly among health service provider's levels at public health facilities. The scale encompasses three distinct dimensions of stigma: 1) negative stereotyping and labelling, 2) exclusion and discrimination, and 3) fear of impurity.

The followings are the research questions::

At Individuals level

- What is abortion stigma and what are the inter-correlated components of the stigma?
- To assess the individual (men and women) attitude and beliefs about abortion and how does abortion stigma affect women socially, physically, and emotionally?
- What individual attributes types of social support and skills enable women or providers to counteract stigma?

At Household level :

- What the husband and mother-in-law/father in law thinks of abortion?
- What molds their perception? Religious teachings, cultural factors or unfounded reasons.
- If the family members sense the need for abortion as emergency what they will do?
- If an abortion is carried out due to medical reasons, will it still be stigmatized and how much?

At Community level

- How do community members, including men, perceive abortion?
- What forms their perception around abortion? ignorance, misinterpretation of religious teachings, cultural issues,

- How will they react to an abortion related emergency and the care for a women with abortion / will they take her to a health service providers?
- Where will they like to access abortion ad post abortion care services?
- The services uptake for post abortion care services is quite poor, why they think it is not picking up? Any stigma related factor?

Service Provider level

- How far they disagree with the stigmatization of abortion? What they think is the basis of negative perceptions around abortion?
- How much is the impact of abortion stigma on the abortion and post abortion services?
- Do they agree that medical abortion and post abortion care services be provided at the community level through health outlets?
- What is the relationship between abortion stigma and quality of care?

1.2. Methodology

The research will adopt a rigorous scale development process that lead to the development of a tool that can be use at multiple points in a project/research cycle. Consequently, we will able to develop a strong tool that measures individuals' attitudes, beliefs and actions towards women who terminate a pregnancy.

Here, we focus on how different groups - women who have had abortions, abortion providers (e.g., doctors, LHV/LHW), and others who are supporters of women (e.g., husbands, family members, close friends, as well as advocates and researchers) - although not homogeneous, are positioned differently with regard to abortion. Intergroup differences illuminate how people manage abortion stigma and begin to reveal the roots of abortion stigma itself. Understanding abortion stigma will inform strategies to reduce it, which has direct implications for improving access to care and better health for those stigmatized.

This study adopt sequential mixed methods research design in which we explore the content of abortion stigma through qualitative research and then use the findings to develop items for a scale to measure stigmatizing attitudes and beliefs about abortion at the individual, household , community levels and service providers levels.

Specifically, the we will process as follows:

1) Conduct focus group discussions with women and men to identify the abortion and post abortion stigmas and related social attitudes and beliefs in their community;

2) Use findings of FGDs to develop a set of quantitative items for an abortion stigma scale;

3) Identify scale items that have a consistent factor structures for measuring stigmatization of attitudes and beliefs about abortion.

We aims to develop a scale to measure abortion stigma at the three levels as mentioned earlier that can also be used in the evaluation of stigma reduction interventions. We will conduct two FGDs with women (married, aged 15-49 years), and one FGD with men (married, aged 15-49 years) in each tehsil of Multan and Muzaffargarh.

Total FGDs = 7(FGDs) * 4(Tahsil) = 28 in each district

We further aim to hold two FGDs with religious leaders in each district, total of four FGDs. Moreover, one FGD in each district with community notables and influencers (including MPAs, MNAs, ex Nazim, retired civil services officials, civil society representatives, notable media representatives etc) will conduct to capture the perspectives of different stakeholders. In both district, focus group participants will be selected using convenience sampling methodology in consultation with SAFPAC staff.

a) Service providers level

Even though the attitude and beliefs of service providers globally as well as in Pakistan are somewhat dispiriting, it is refreshing to note that the feelings and beliefs of the providers with honesty and tact. These providers do face many hardships common only to their field. Public health services in Pakistan are struggling to provide the most basic health services, but nowhere else do providers have to contend with insults, ostracism and stigmatization on top of having to deal with overcrowding and resource shortages.

Many people are not aware of their rights or obligations in terms of conscientious objection (refusing on religious or moral ground to provide abortion care). There is a great need for providers and health-care professionals to be well-informed of the law so as not to infringe the rights of their clients to receive health care.

FGDs guidelines and questions for service providers will develop based on the abortion stigma research guide. We reviewed Van Brakel (2006) and concluded that, of the five elements they identified (discrimination, lay attitudes, perceived threat, internalized stigma and stigma resilience, and structural stigma).

1.3. Formation of scale of abortion stigma

Using the final list of items from individuals, community and service provider level, a structured questionnaires will be developed, including questions on a respondent's age, gender, level of education attainment, urban/rural, marital status, ethnicity, and religious affiliations (Muslim (Sunni, Shai), Hindu, Christian etc.). The response categories for the stigma items will be based on a 5-point Likert Scale ranging from "strongly agree" to "strongly disagree". The questionnaire will be pre-tested in each district to ensure comprehension of the items. If necessary, modifications will be made to the questionnaire based on the pre-testing activities.

Sampling Technique:

The final sample size will be determined based on the *k* items of the final questionnaire.

Approximately, an interview of 321 individuals (n = 192 in Multan and n = 129 in Muzaffargarh) and 55[2] public health professional/service providers will be carried out in both district.

We anticipate that this tool will be used to help the Ministries of Health to design, implement, and evaluate a range of community-based projects and interventions. Additionally, this research represents an important contribution to the fields of reproductive health, abortion, and social stigma. To date, research on abortion stigma has been limited. This study represents an important contribution to a new area of research and will help form a foundation on which a future body of work can be built.

Outputs

- Contribution in the scientific knowledge on abortion-stigma in context of Pakistan
- Unpack and understand the abortion stigma and proposed innovative ways to measure the stigma in context of Pakistan
- Provincial and district government officials informed on the findings of the research including barriers, underlying factors, attitude and stigma towards post-abortion.

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