Negative stereotyping
In 2016, all country groups had moderate stigma scores on Pakistan, excluding and discrimination.

2014 average scores - ‘high stigma’ range for all countries except India. 2016 average scores - all countries ‘moderate stigma’ range.

Pakistan: Highest scoring in all countries: “Instead of having an abortion, a young woman who has had an abortion should not be married again.”

India: Scored the lowest levels of stigma, with little difference between Benin, Burkina Faso, India and Pakistan.

CONCLUSIONS:

FUTURE:
By identifying the statements that score the highest for stigma, IPPF Member Associations are now better informed to design future projects, campaigns and messages that directly address the impact of stereotyping and discredited evidence generation.

FUTURE:
Future research should consider sampling and data collection methods that enable comparability across time. The study of community level stigma is an important step to identify effective strategies to remove barriers for women to access safe and legal abortion.

REGIONAL TRENDS:
• In 2014 and 2016, the overall level of stigma in each country was moderate in all countries, except Pakistan, where they were high. Pakistan’s score was on the lowest part of the ‘high stigma’ range.
• In 2014, country groups had moderate stigma scores on average.

Overall prevalence of abortion stigma

Exclusion and discrimination

Stigma towards young women


For young people being less likely to access the services they need, even in countries where they are socially and legally available, resulting in a greater number of STIs, unwanted pregnancies and unsafe abortions.

Of the stigma that young people face in accessing services, abortion stigma is among the greatest.

Recruitment of participants
In each country, two different groups of participants answered the surveys in 2014 and 2016.

Data does not allow us to identify which participants were exposed to the project interventions and therefore changes across time cannot be attributed directly to the project interventions.

Findings from the SABAS score in each country and year show that abortion stigma is prevalent in the communities surveyed, though average scores tended to be “moderate”.

Findings suggest that negative stereotyping about women who have abortions is the most common form of abortion stigma.

Since 2014, with the support of the Population Foundation, IPPF has implemented a programme to address abortion stigma experienced by young people which is a key factor preventing many young women from seeking advice or accessing safe abortion services.

The “Stigmatizing attitudes, beliefs and actions scale” (SABAS - Shellenberg, 2014) was adapted by IPPF to make the scale more relevant for the target populations and to capture specific data on the stigmatization of young people.

A survey was implemented in Benin, Burkina Faso, India and Pakistan to measure community attitudes to abortion at the start of the project in 2014 and again at the end in 2016.

Statements were grouped into three subscales:
• Negative stereotyping
• Exclusion and discrimination
• Stigma towards young women

The survey was comprised of a series of statements including those who have had an abortion and respondents were asked to answer on a scale from ‘strongly agree’ to ‘strongly disagree’.

In South Asia: A man should not marry a woman who has had an abortion and ‘A married woman is more despising of an abortion than an unmarried woman’ both scored highly.

In Benin and Burkina Faso, the statement "The health of a woman who has an abortion is never as good as it was before an abortion was obtained" was strongly scored. This may link to high next pregnancy risk and the risk to health and access to services, even in these two countries and the mitigation of safe and legal abortion.

In Pakistan, the statement "A woman who has an abortion brings shame to her family" included statements like "A woman who has an abortion should be excluded from her community".

In Benin and Burkina Faso in both 2014 and 2016, respondents strongly scored the statement "A woman who has an abortion is committing a sin".

IPPF Member Associations in Benin, Burkina Faso, India and Pakistan have undertaken specific interventions to address abortion stigma at the individual, community and organizational levels, including: community dialogues, information, education, communication (IEC) projects, service provision and media outreach.

Regional trends:

• In 2014 and 2016, overall levels of stigma in each country were moderate in all countries, except Pakistan, where they were high. Pakistan’s score was on the lowest part of the range. 70% of respondents in each country were moderate in all countries, except Pakistan.
• In 2014, country groups had moderate stigma scores on average.

Our aim was to understand the existing level of stigma, to inform our work on what we needed to address the most prevalent forms of stigma, and what our strategy will be depicted as the regional trend. It results in young people being less likely to access the services they need, even in countries where they are socially and legally available, resulting in a greater number of STIs, unwanted pregnancies and unsafe abortions.

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Since 2014, with the support of the Population Foundation, IPPF has implemented a programme to address abortion stigma experienced by young people which is a key factor preventing many young women from seeking advice or accessing safe abortion services.

We have gained a better understanding of the existing level of stigma, to inform our work on what we needed to address the most prevalent forms of stigma, and what our strategy will be depicted as the regional trend.