**ADDRESSING ABORTION STIGMA**

As it affects young people in South Asia and West Africa

**PROBLEM:**

Stigma is a major barrier to young people accessing sexual and reproductive health services.

It results in young people being less likely to access the services they need, even in countries where they are safely 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.

**SOLUTION:**

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.

**APPROACH:**

The “Stigmatizing attitudes, beliefs and actions scale” (SABAS) 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, 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.

**RESULTS:**

**Overall prevalence of abortion stigma**

- **2014** The overall scores for abortion were moderate in all countries, except Pakistan where they were high in 2016. Pakistan’s score was on the lowest part of the range of high stigma.
- **2016** Country groups had moderate stigma scores on average.

**Exclusion and discrimination**

- **2014** Negative stereotyping of a woman who has an abortion should no longer be associated with:
  - Excluding abortion services where they were high in 2016.
  - Indicating that women who had an abortion were less likely to access the services.

**Stigma towards young women**

- **2014** A woman who has an abortion brings shame to her family.
- **2016** Young women who had an abortion were asked to answer on a scale from "strongly agree" to "strongly disagree".

**Measurement of stigma** at community and society level was a key element of the learning and evidence generation.

**SOLUTION:**

**REGIONAL TRENDS:**

- **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” scored highly. This may be linked to high incidence of unsafe abortion in these two countries and the intimidation of safe and unsafe abortion.
- **India** and **Pakistan** scored highly. The statement "A man should not marry a woman who has an abortion" scored highly in all countries in both assessments, an indication of the influence of religion in all countries.
- **In South Asia** “A man should not marry a woman who has an abortion” and “A married woman is more deserving of an abortion than an unmarried woman” both scored highly.

**CONCLUSIONS:**

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.

**FUTURE:**

By identifying the statements that score the highest for stigma, IPPF Member Associations are now better informed to ensure the design of future projects. Learning and messages that directly address the negative stereotyping and attitudes and beliefs.

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.

**LIMITATIONS:**

The results must be interpreted within a number of limitations. In each country, there are different groups of participants among the young people. Data does not allow us to identify which participants were exposed to the project interventions and therefore changes across time cannot be attributed to the direct project interventions.

**REFERENCES:**

- Finalised statements like “A woman who has an abortion should no longer be associated with...” scored highly in all countries.

- Contexts versus the different contexts, while single higher scoring in both India and Pakistan in both 2014 and 2016.

- Highest scoring at 11 countries “Instead of helping an abortion, a young woman should marry the man who made her pregnant and continue the pregnancy.”

- 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” scored highly. This may be linked to high incidence of unsafe abortion in these two countries and the intimidation of safe and unsafe abortion.

- **In South Asia** "A man should not marry a woman who has an abortion" and "A married woman is more deserving of an abortion than an unmarried woman" both scored highly.

- “A woman who has an abortion is committing a sin" scored highly in all countries in both assessments, an indication of the influence of religion in all countries.

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