

What is Abortion Stigma?

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Ipas

To increase women's ability to exercise their sexual and reproductive rights, especially the right to safe abortion.

To expand women's access to comprehensive abortion care, including contraception and related reproductive health information and care.

stig·ma *noun* ['stig-mə]

a mark of disgrace associated with a particular circumstance, quality, or person

a·bor·tion stig·ma *noun* [ə-'bör-shən 'stig-mə]

a negative attribute, ascribed to women who seek to terminate a pregnancy, that 'marks' them as inferior to ideals of womanhood

a shared understanding that abortion is wrong and/or morally unacceptable within a community or society



How
have I
been

stig•ma•tized

?

How
have I
stig•ma•tized

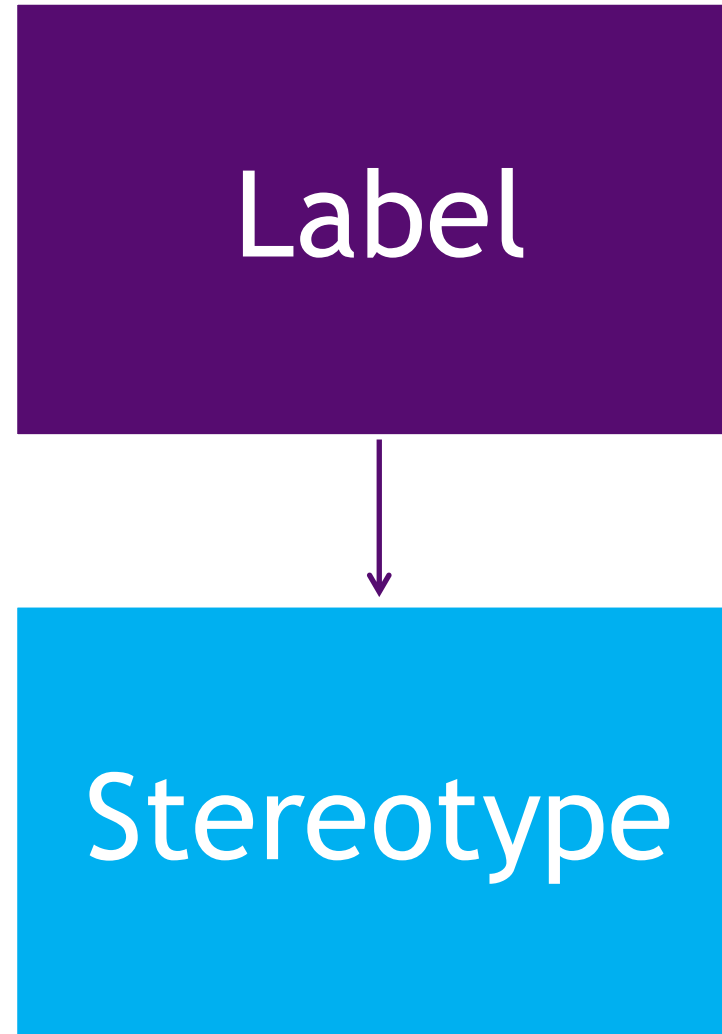
others

?

The Social Construction of Abortion Stigma

Label

The Social Construction of Abortion Stigma



Labeling and Stereotyping

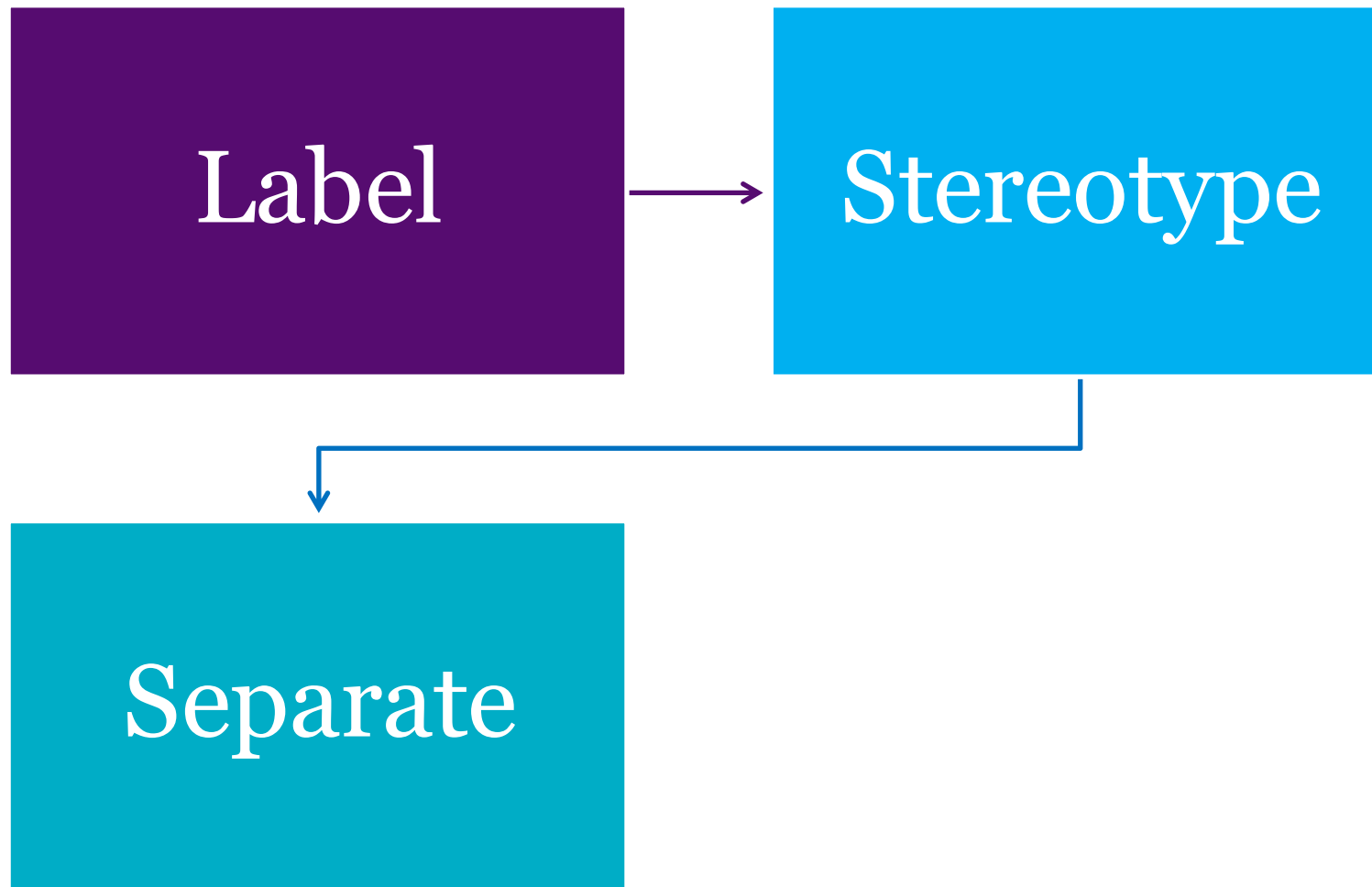
“Women who have abortions are prostitutes. She is just a nuisance, a whore who has a devil heart.” (married woman, Zambia)

“A woman who has an abortion probably had sex with lots of men. She doesn’t even know who the father is.”
(single woman, Zambia)

“[Abortion providers] are sinners. I see them as murders.”
(married woman, Ghana)

“[Abortion providers] are bad people with no good character.” (married man, Ghana)

The Social Construction of Abortion Stigma



Exclusion and Discrimination

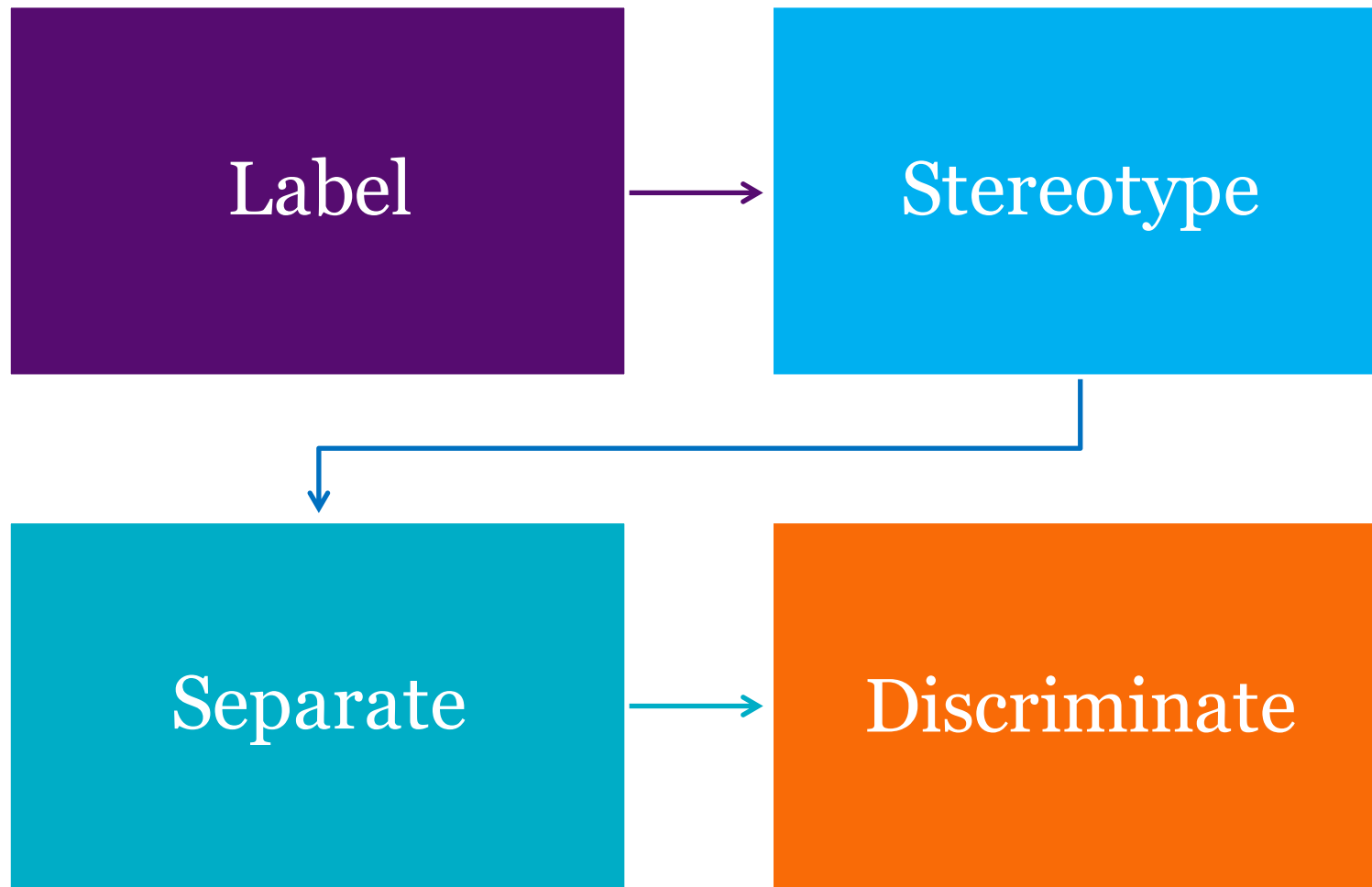
“We will laugh at her and also be pointing fingers at her. This will make her unhappy and it will force her to even leave the town.”
(unmarried man, Ghana)

“In my church, a woman who has aborted is not allowed to stand in church or give a health talk or do other things.”(single woman, Zambia)

“Someone who aborts doesn’t deserve a handshake as they would disease you.” (single woman, Zambia)

“I think doctors [who perform abortions] should be arrested.”
(married man, Ghana)

The Social Construction of Abortion Stigma



Exclusion and Discrimination

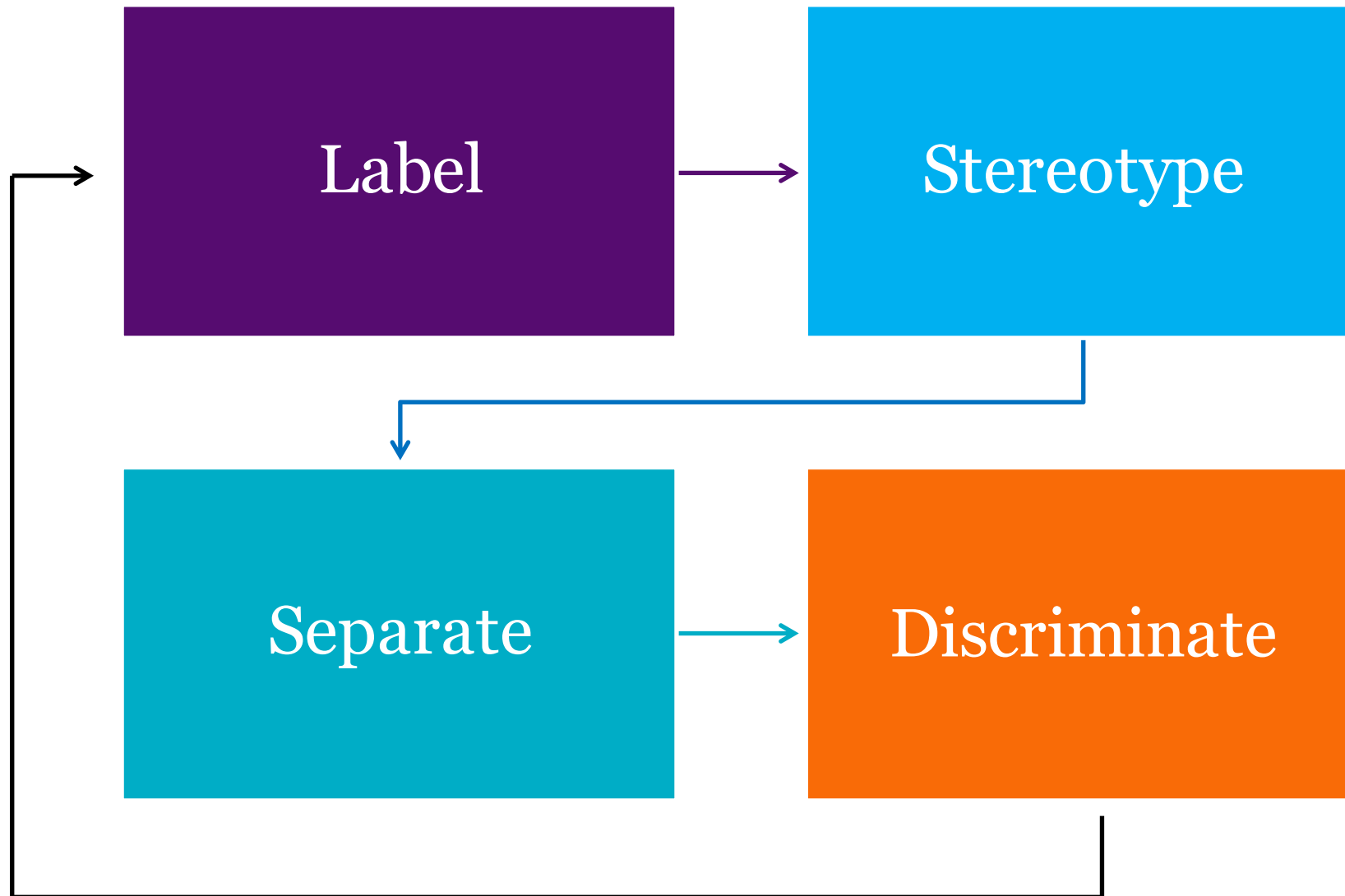
- “When students know that a another female student has induced an abortion, the students, will organize a funeral ceremony for the aborted child. They will make a coffin for that child, organize a mourning ceremony during which they will cry, roll on the ground just to humiliate the girl. Girls are not always left out in this practice. Once the boys start, the girls too follow.” (Single Female - Lusaka Province)

Exclusion and Discrimination

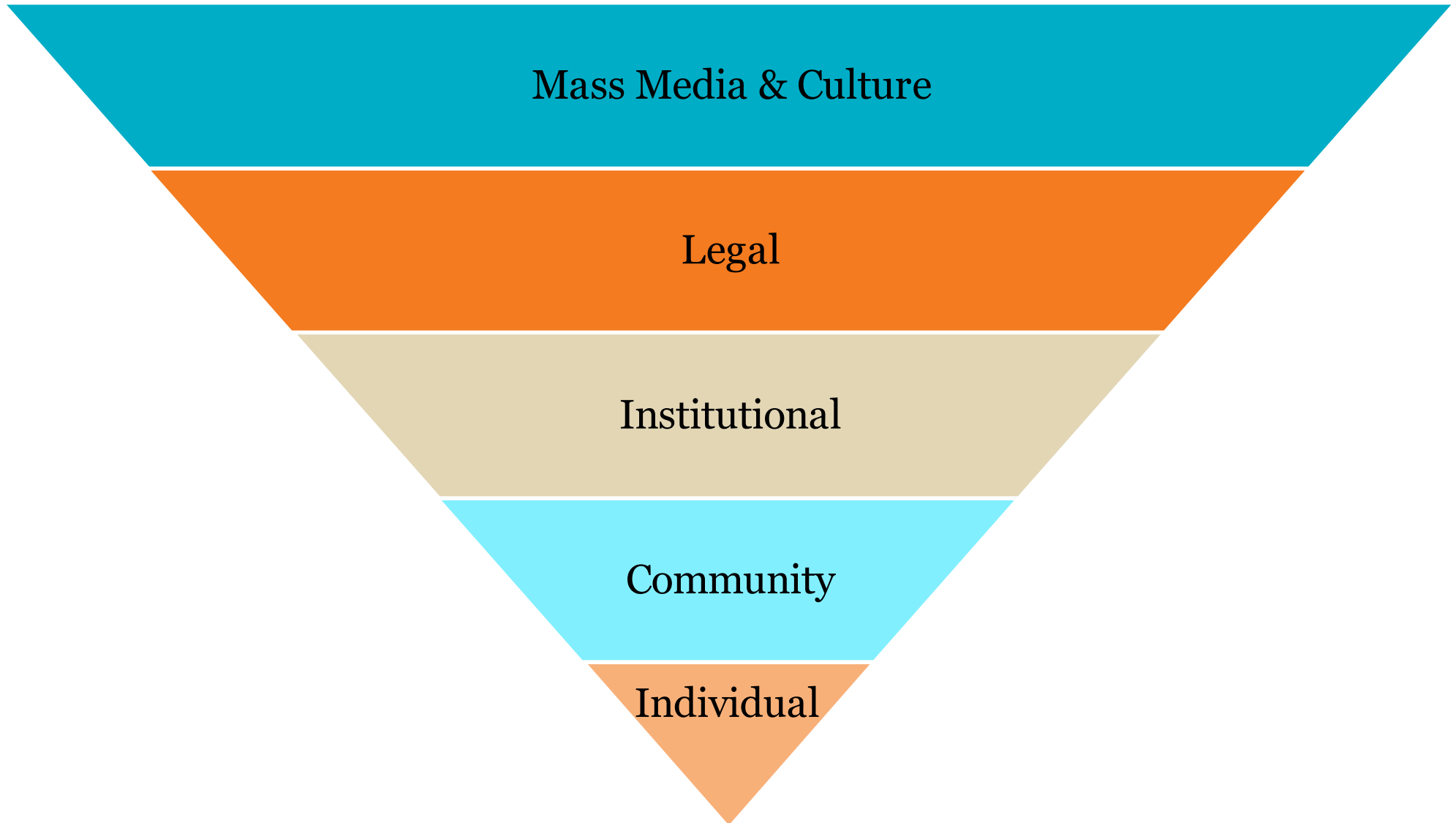
“We are told that doctors and nurses can be arrested and their hospitals closed if they perform an abortion, so they are careful about what to do. If you are poor and go to them for an abortion, they will hand you over to the police.”

- Focus group participant, Kenya

The Social Construction of Abortion Stigma



Levels of Abortion Stigma



Consequences of Abortion Stigma



Abortion
stigma



Secrecy,
silence, denial,
shame, guilt



Delays,
untrained
providers, self-
induction



Poor quality,
high cost,
abuse,
complications,
suicide, death



Abortion Stigma work at Ipas

- Tool Development
- Research
- Programmatic interventions
- Expert group meeting
- Communications strategy
- Language Audit
- Small Grants
- inroads (international network for the reduction of abortion discrimination and stigma)



Measuring Stigma

SABAS - What is it?



Section 2: Respondent's attitudes and beliefs about abortion

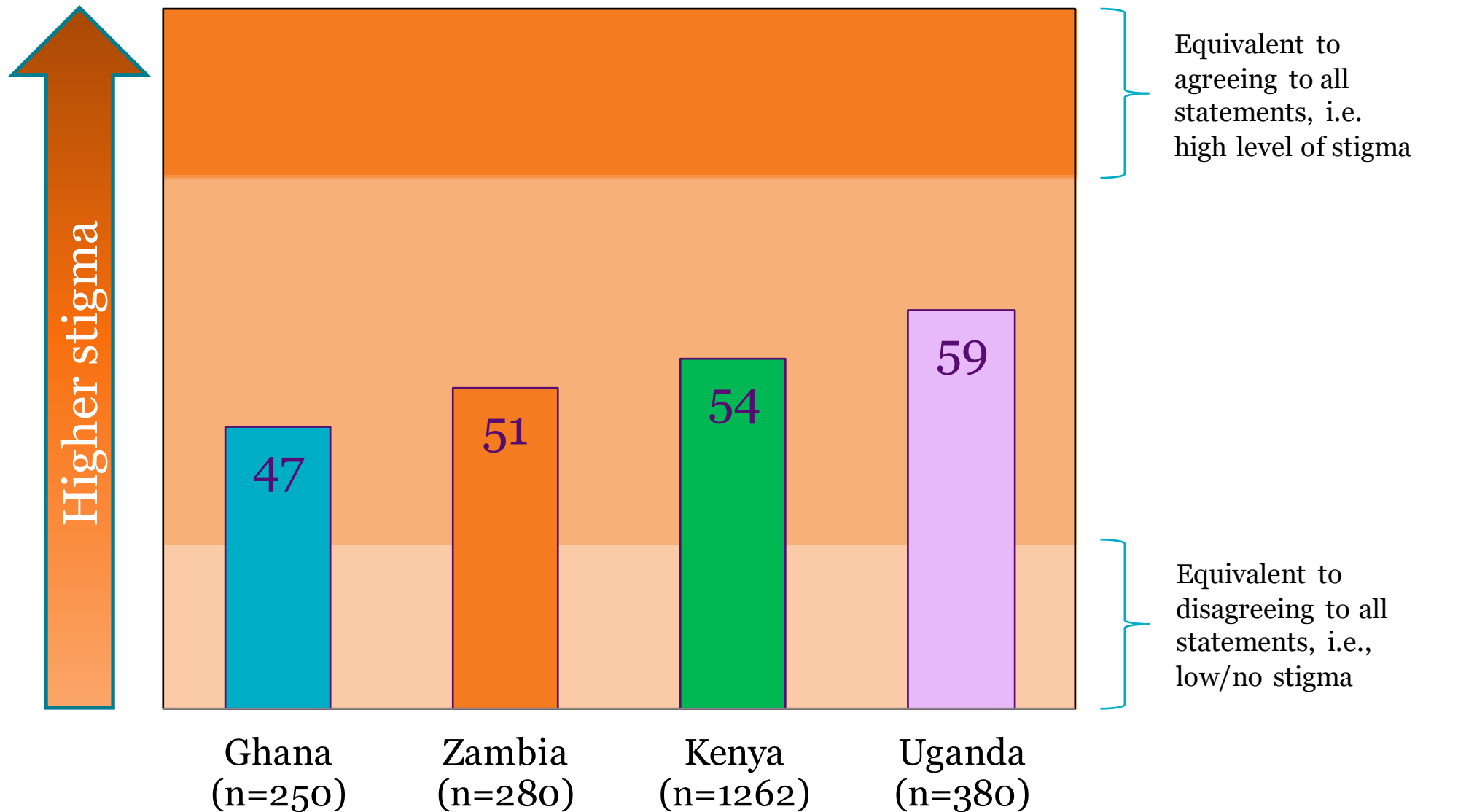
Item		Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
201	A woman who has had an abortion should be prohibited from going to religious services.	1	2	3	4	5
202	A woman who has an abortion is committing a sin.	1	2	3	4	5
203	Once a woman has one abortion, she will make it a habit.	1	2	3	4	5
204	A woman who has had an abortion cannot be trusted.	1	2	3	4	5
205	I would tease a woman who has had an abortion so that she will be ashamed about her decision.	1	2	3	4	5
206	A woman who has an abortion brings shame to her family.	1	2	3	4	5
207	A woman who has an abortion can make other people fall ill or get sick.	1	2	3	4	5
208	I would try to disgrace a woman in my community if I found out she'd had an abortion.	1	2	3	4	5
209	A woman who has an abortion should be isolated from other people in the community for at least 1 month after having an abortion.	1	2	3	4	5
210	The health of a woman who has an abortion is never as good as it was before the abortion.	1	2	3	4	5
211	A man should not marry a woman who has had an abortion because she may not be able to bear children.	1	2	3	4	5
212	I would stop being friends with someone if I found out					

Negative stereotyping

Exclusion and discrimination

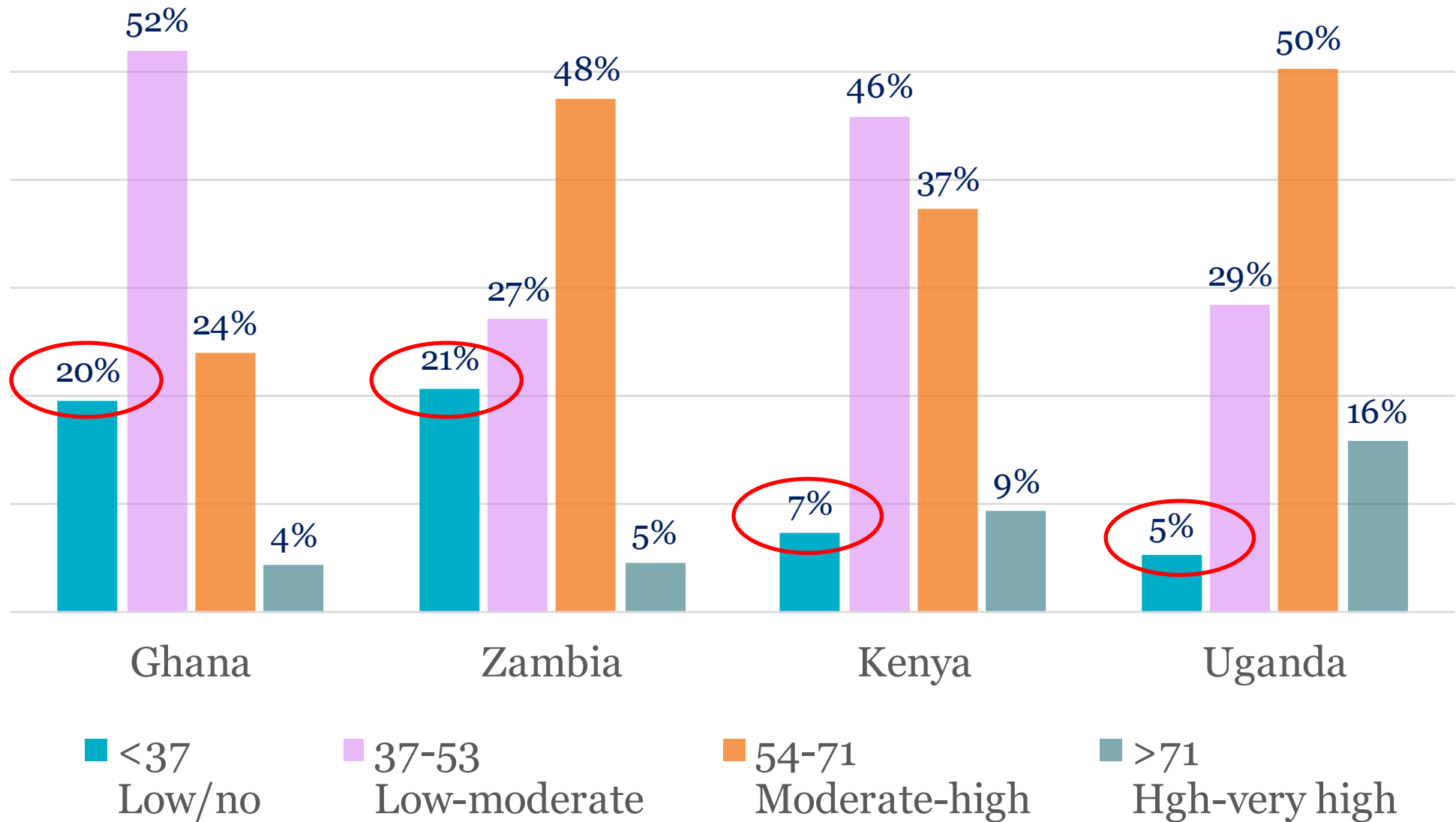
Fear of contagion

Measuring stigma: Average SABAS scores



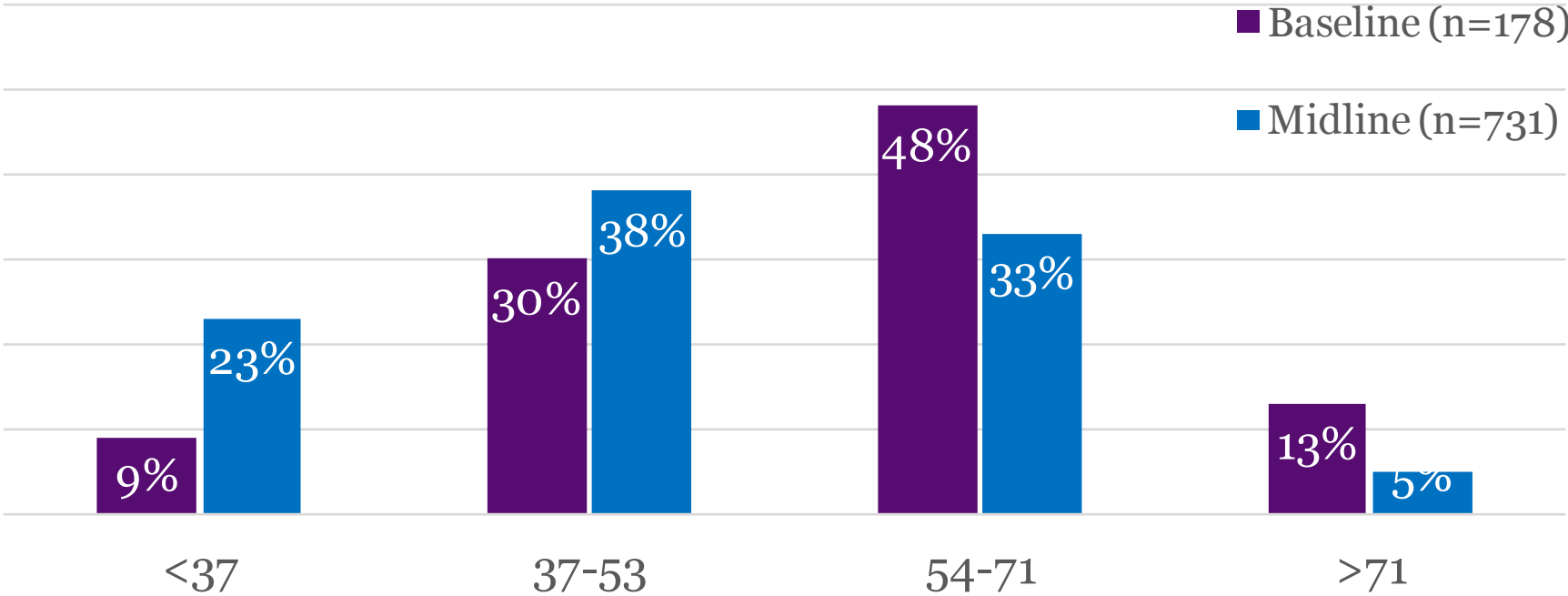
Possible score range: 18-90

What proportion of survey respondents had a total SABAS score less than 37?



Shifts towards lower SABAS scores

Baseline vs. midline SABAS scores by stigma category, Kampala, Uganda



Low/no level of stigma

High level of stigma

Institutional and structural stigma research (ISSR)



Data Collection Methods



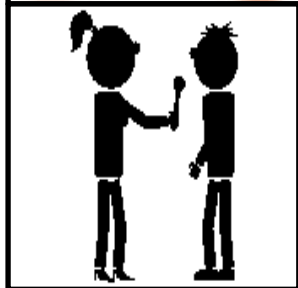
Content analysis



Direct observation



IDIs with clients



IDIs with providers

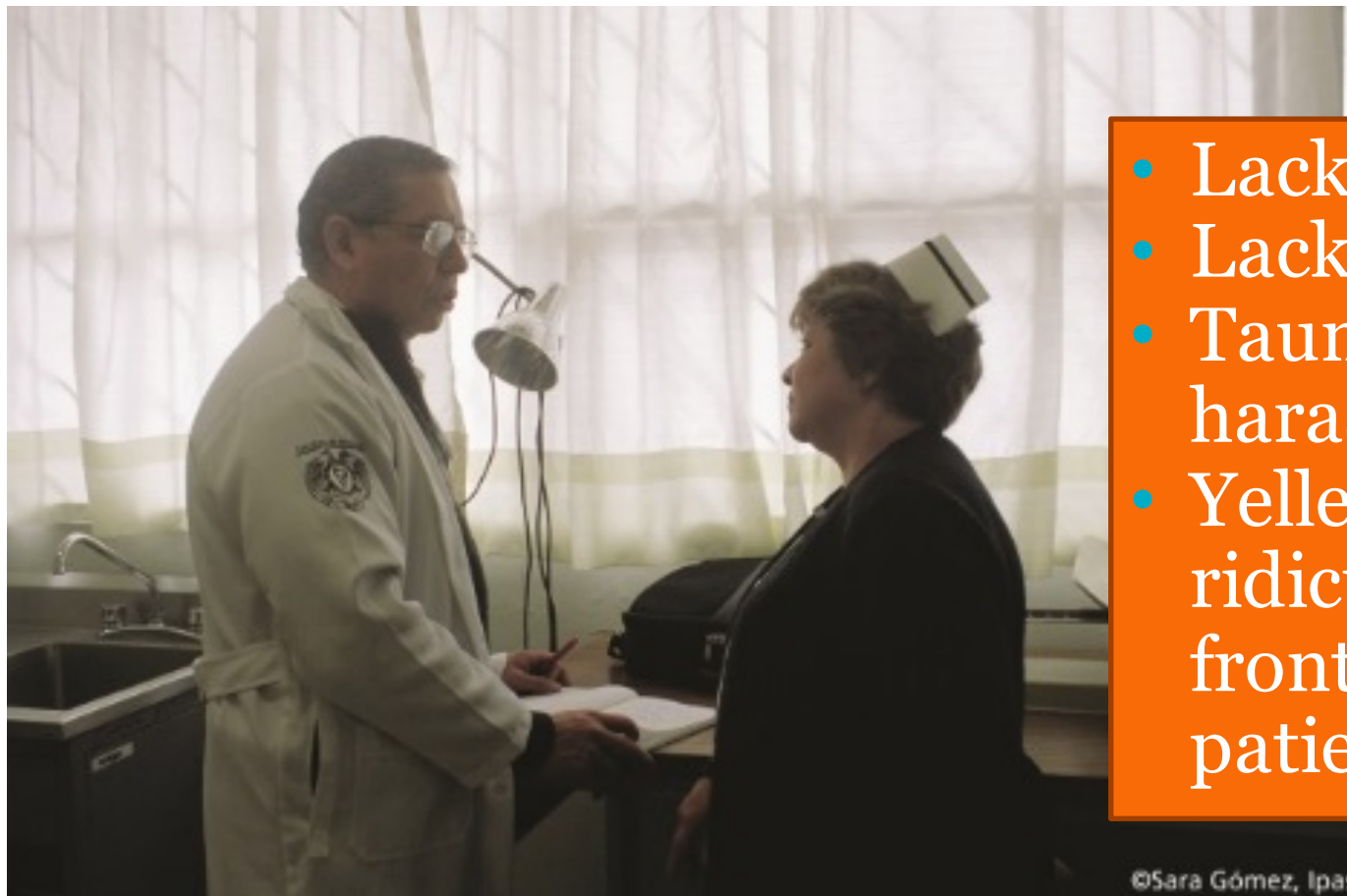


Findings



Stigmatization of Women

Poor treatment by facility staff



- Lack of privacy
- Lack of respect
- Taunted and harassed
- Yelled at and ridiculed in front of other patients

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Poor treatment by facility staff

“And she said to me, ‘You are trying to cover yourself up as if you belong to some sophisticated class?’ The statement was really humiliating.”

“Didn’t you see the previous lady...how nicely she walked out? Do not act so delicate...You had medicines on your own...can you not see the

Providers as “deciders”

- Refusing to provide services
- Only providing very early abortions
- Interrogating women about the unintended pregnancy and the abortion decision
- Withholding pain meds



Providers as “correctional”



Refusing to provide
future services

“If we don’t scold them, they tend to take it very casually. They need to know that it does not feel good to take a life for someone else’s mistake. I always make it a point to tell them that it is a ‘murder’ that they are committing and they better feel the guilt so they will be deterred from committing the sin again and again.”

Difficulty navigating the system



Lack of signage about services:

- Should I register?
- Go straight to operating theater?
- Wait in the hall until I see a doctor?

Difficulty with system

Lack of clarity on process:

- Long waiting periods
- Unclear instructions

Lack of knowledge on:

- Legality
- Availability
- Role of community intermediaries





Stigmatization of providers

Lack of support from MOH and administration

“The support we have received from the government [for abortion services] is nil.”



“Things should not be like this. A doctor writes medicines, and the patient waits and waits for some time, and if infection develops then she dies. It is not comprehensive treatment... There are incomplete facilities and services for [abortion].”

Harassment from police

“Cases of doctors being harassed for doing abortions are becoming common. I tell you in recent times I have also stopped doing abortion related operations. Some people are out there who are trying to blame us. And if we maintain records then characters that are professionally jealous of us could present the records before the cops, or society, to falsely prove that we are making millions out of abortions. They can always defame us. Some protective measures should be put in place for people like us who are doing abortions for helping society.”

What is inroads?



Why Abortion
Stigma?



Select
Resources



About
inroads

**It's time for a
global shift:**
Join us in reimagining
abortion worldwide

Inroads is a global network of advocates, scholars, health providers, and donors with the goal of shifting the global conversation on abortion to reimagine a world free of abortion stigma.

We **SHARE** information, tools, and resources.

We **RAISE AWARENESS** about abortion stigma.

We **EXPAND** programmatic, research, and advocacy strategies.

We **SUPPORT** coordination among research, policy, and practice.

We **LEARN** from promising practices for stigma intervention.

We **STRENGTHEN CAPACITY** and **DEVELOP RESOURCES** for abortion stigma research and community-based work.

The time is now for a global shift. **Join us** in reimagining abortion worldwide.

Abortion Stigma Webinar

On May 15 inroads hosted a webinar, **Introducing inroads**. Kati Letourneau and Leila Hessini introduced inroads and its purpose, shared findings from the background assessment, demonstrated key features of the website and previewed upcoming features and activities. [View a recording of the webinar](#)

Abortion stigma is hurting women

Around the world, researchers and advocates are beginning to examine the role that abortions stigma plays in law, health policy, communities and the lives of individual women. The goal of inroads is to support these efforts to understand stigma as part of a larger goal of supporting women's sexual and reproductive rights and abortion access for all. [Learn more](#)

Stigmatizing Attitudes, Beliefs and Actions Scale

The Stigmatizing Attitudes, Beliefs and Actions Scale (SABAS) is a tool designed to measure abortion stigma at the individual and community level. SABAS captures three important dimensions of abortion stigma: negative stereotypes about men and women who are associated with abortion, discrimination/exclusion of women who have abortions, and fear of contagion as a result of coming in contact with a woman who has had an abortion. [Download the SABAS scale](#)



inroads Membership