



UNDERSTANDING, CHALLENGING AND MEASURING ABORTION STIGMA

Current efforts and future directions

Abortion stigma violates women’s basic freedoms and rights, including freedom from gender-based discrimination, freedom of thought and the right to the highest attainable standard of health. It impacts how abortion is regarded, legislated around and provided—or not provided. It affects health-care systems and the larger population, and it disgraces individuals, communities and institutions by marking them as inferior. While the stigma around abortion leads some people to think that it is rare or that only “certain types of women” have them, it is a common experience for women worldwide.

Since 2009, Ipas has worked to understand, challenge and measure abortion stigma. We have conducted research on it; designed, implemented and evaluated community-level interventions intended to shift negative attitudes and beliefs about abortion; and developed quantitative and qualitative tools to measure, challenge and mitigate stigma. These include the [Stigmatizing Attitudes, Beliefs and Actions Scale \(SABAS\)](#)—used to measure abortion stigma at the individual and community level—and an interactive toolkit, “[Abortion stigma ends here: A toolkit for understanding and action,](#)” created to help challenge and mitigate abortion stigma in diverse contexts and settings.

Over the past decade, many other sexual and reproductive health and rights (SRHR) partner organizations have also been working to understand, challenge and measure abortion stigma. Ipas has contributed to abortion stigma literature and the evidence base as it pertains to interventions and measurement; we also co-founded and host the International Network for the Reduction of Abortion Discrimination and Stigma (inroads).

This factsheet provides an overview of Ipas’s organizational approach to stigma reduction, highlights stigma-focused projects, including evaluation findings, and considers the future direction of our stigma-reduction efforts.

Our approach

Changing widespread attitudes about abortion is a long-term effort. Ipas advocates through our policy, health systems and community-level work to destigmatize abortion by normalizing it and improving people's knowledge of and attitudes toward it.

Policy work: Ipas advocates for laws and policies that benefit women instead of restricting them.

Health systems work: Ipas conducts values clarification and attitude transformation (VCAT) programs and other trainings for health-care providers, so they can provide the least stigmatized care possible.

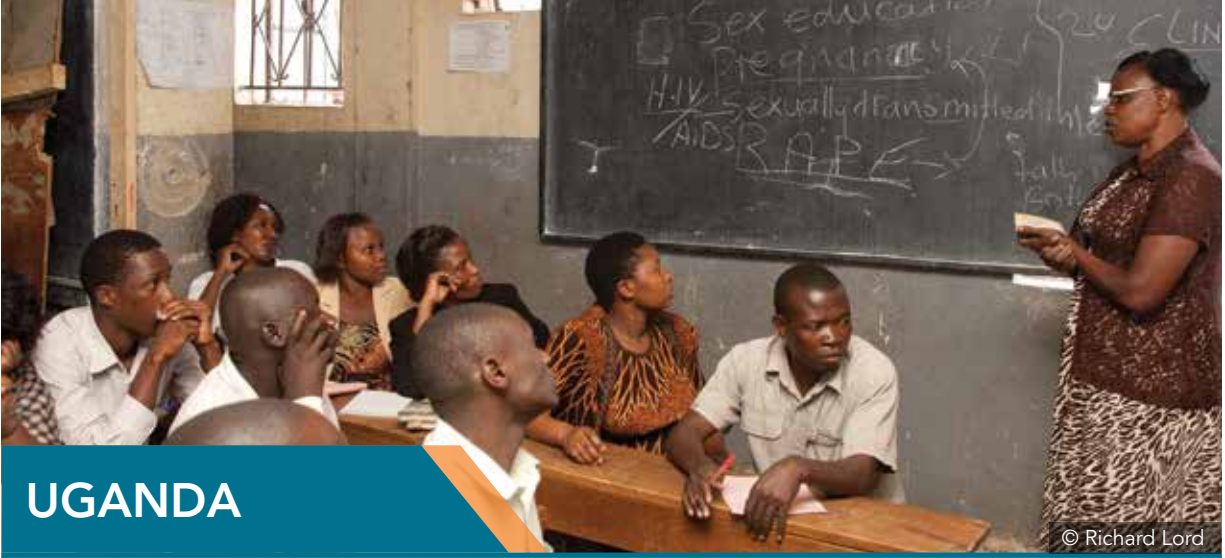
Community-level work: Ipas conducts projects to ensure that community members have knowledge, social support, self-efficacy and confidence, which helps to reduce stigma, especially internalized stigma.

Our work to challenge abortion stigma—and what we have found

Ipas strives to challenge abortion stigma in all aspects of our work and across the socioecological framework.

Learn about our work to understand and challenge abortion stigma in Uganda, Nepal and Mexico.





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UGANDA

Ipas is conducting a multi-year project in Uganda to reduce stigma for women seeking abortion services. The project includes leading sensitivity workshops and supervising facilities to reduce the stigma of facility-based abortions. We have also conducted comprehensive abortion care (CAC) and VCAT trainings for providers, focusing on youth-friendly services and stigma reduction, and partnered with community-based organizations (CBOs) to integrate stigma-reduction activities into their work. We have advocated for the finalization and approval of national standards and guidelines (S&Gs) for the provision of safe abortion services.

Lessons learned

We found that local government structures are more supportive of SRHR initiatives than bodies at the centralized level, like the Ministry of Health. While maintaining our efforts on national policies, we also explored better ways to work with local structures in future initiatives by supporting interventions with a grassroots approach. Key partnerships have also helped fight stigma and push for advocacy initiatives with parliamentarians and the media.

NEPAL

An Ipas project in two districts in Nepal assessed community members' and health workers' attitudes and beliefs toward abortion. Researchers interviewed community members and found that—despite Nepal's liberal abortion law and a nationwide availability of free services—abortion stigma is prevalent and limits women from receiving services. Ipas Nepal has conducted activities to open a dialogue about abortion and to strengthen local partners' capacity to conduct abortion stigma-reduction strategies. These partners have met with youth, married couples, local stakeholders, mothers' groups and female community health volunteers; performed street theater in 26 villages; and organized public service announcements and jingles.

Lessons learned

The women surveyed fear societal humiliation, report feeling isolated from the rest of the society, and are hesitant to talk with family members about abortion. Providers revealed that stigma associated with abortion is prevalent in the community—even among the provider community—and many shared experiences of being stigmatized themselves for providing safe abortion services. Almost all providers highlighted a need for upgraded trainings, improved health facility infrastructure—such as added separate rooms for safe abortion services—and additional human resources.

MEXICO

An Ipas project in Mexico, involving young people and their support networks at 10 schools, seeks to reduce abortion stigma and strengthen schools' relationships with local primary-level health centers. As part of the project, Ipas supported the creation of "youth friendly" health services at four high school campuses in the State of Mexico, near Mexico City, in municipalities with high levels of marginality and social violence. The program—the first of its kind for high schools in the area—provides students with sexual and reproductive health counseling services, contraceptive counseling, screening for unintended pregnancies and sexual violence, legal abortion referrals and other services.

After two years of Ipas support, the initiative is now led by the schools, and administrators are committed to affirming and protecting young people's sexual and reproductive rights. One school director shared that "it is important to us that students achieve their goals, and unintended pregnancies can become an obstacle to meeting those goals."

Lessons learned

It was difficult to reach parents, so Ipas Mexico is working on ways to connect parents with trainings to help them support the initiative. The installation of "youth friendly" services helps to reduce the barriers that adolescents face when deciding to seek health services; the program gives students privacy and protects them from judgment and rejection from providers who are not sensitized for adolescent care. The program will continue linking health and education through the installation of these services in other places.

Future directions

As Ipas moves into our second decade of work on abortion stigma, we continue to learn about stigma, how to challenge it, and how to build capacity and support non-governmental organizations and local CBOs in designing and implementing effective interventions. The type of intervention efforts detailed above will continue and will be revised, adapted and scaled up as funding allows. We are building on these efforts by developing an Ipas stigma-reduction framework to ensure that we are challenging stigma through evidence-based, multi-level interventions that incorporate a variety of strategies. We continue to learn about challenging abortion stigma through other fields of study and hope to contribute to global efforts to address it by actively sharing our learnings, experiences, resources and tools.

To learn more about Ipas's work, visit www.ipas.org or email info@ipas.org. To learn more about inroads, go to www.endabortionstigma.org.

