“THEY KNOW EVERYTHING”: Exploring attitudes, roles, & influence of lay- and mid-level health workers in abortion information & care provision in Karnataka, India

Rishita Nandagiri
PhD Candidate, Dept. of Social Policy
London School of Economics and Political Science

r.nandagiri@lse.ac.uk
@rishie_
RESEARCH QUESTION / AIMS

Research Question: (how) Do community health workers’ knowledge of, and attitudes to abortion influence information and care access/provision?

Aims: Focusing on Pharmacists, Auxiliary Nurse Midwives (ANMs), and Accredited Social Health Activists (ASHAs) in India, this paper aims to explore their:

- abortion attitudes,
- knowledge of abortion provision and relevant laws, and
- current roles and influence on women’s abortion (-related) care-seeking.
Abortion in India (1971, MTP Act) legalised abortion for a broad range of grounds.

Estimated that 15.6 million abortions occurred in 2015.
- 11.5 million medical abortions outside health facilities.
- 0.8 million conducted outside health facilities using other methods (likely to be unsafe).

Deficit of trained health workers—disproportionately affecting rural areas.
LAY- AND MID- LEVEL HEALTH WORKERS

ASHA:  
❖ ever-married, between 25-45 years old, at least one child  
❖ at least 10 years of schooling.  
❖ 21 days of training

ANMs:  
❖ provide basic medical care in communities  
❖ 18-month diploma course

Pharmacists:  
❖ public and private  
❖ training differs
METHODS & DATA COLLECTION

- Likert questionnaire (n=112) using Ipas’ SABAS tool, followed by in-depth interviews (n=21) with sub-set of sample

- Recruitment: convenience and snowball sampling

- Ethics approval granted by LSE (UK) & KLE Academy of Higher Education and Research (India)
### HETEROGENOUS SAMPLE

<table>
<thead>
<tr>
<th>Sample characteristics</th>
<th>ASHAs</th>
<th>ANMs</th>
<th>Pharmacists</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>39 (34.8%)</td>
<td>35 (31.25%)</td>
<td>9 (8%)</td>
</tr>
<tr>
<td>M</td>
<td>-</td>
<td>-</td>
<td>29 (25.8%)</td>
</tr>
<tr>
<td><strong>Age (years)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25-34</td>
<td>13 (11.6%)</td>
<td>10 (8.1%)</td>
<td>7 (6.25%)</td>
</tr>
<tr>
<td>35-44</td>
<td>20 (17.8%)</td>
<td>14 (12.5%)</td>
<td>21 (18.75)</td>
</tr>
<tr>
<td>45-54</td>
<td>5 (4.46%)</td>
<td>10 (8.92%)</td>
<td>7 (6.25%)</td>
</tr>
<tr>
<td>55-65</td>
<td>1 (.89%)</td>
<td>1 (.89%)</td>
<td>3 (2.6%)</td>
</tr>
<tr>
<td><strong>Highest educational qualification/training</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary School Leaving Certificate (SSLC) (i.e. Year 10)</td>
<td>39 (34.8%)</td>
<td>1 (.89%)</td>
<td>-</td>
</tr>
<tr>
<td>Auxiliary Nurse Midwife Training Diploma</td>
<td>-</td>
<td>34 (30.3)</td>
<td>-</td>
</tr>
<tr>
<td>Diploma in Pharmacy</td>
<td>-</td>
<td>-</td>
<td>25 (22.3%)</td>
</tr>
<tr>
<td>Other university-level degree</td>
<td>-</td>
<td>-</td>
<td>13 (11.6%)</td>
</tr>
</tbody>
</table>
ATTITUDES ARE EMBEDDED IN CONTEXT

- Largest proportion of providers (31.3%, n=35) fall into the 36-45 score range, showing some stigmatising attitudes, beliefs, and actions.
- 62.5% of respondents (n=70) scored above the mid-point of the scale (36).
- Yet, responses to specific statements and interview data suggest that attitudes to abortion and subsequent influence on abortion-related care provision are multifaceted, influenced by context.

Figure 1: Range of (total) scores by provider type (total n=112, mean= 39.38)
PRELIMINARY FINDINGS

“A woman who has an abortion should be treated the same as everyone else”
- 80.3% strongly agree / agree

“A woman who has an abortion is committing a sin”
- 56.3% strong disagree/ disagree
- 25% strongly agree / agree

“Nothing like that. Everyone should be [treated] the same. How will they adjust and stay in their houses? [...] even we should understand their problems a bit”

“A baby - whatever it is, it’s a life force - even before it comes, if it’s killed there [in the womb] itself, if it gets strangled there is no use [...]”

“Here a bit we should look at our culture also, right? If there is any situation which is problematic in our life, we have to do what we must.” [referring to abortion decision-making]
PRELIMINARY FINDINGS

- “The health of a woman who has an abortion is never as good as it was before the abortion”
  - 41.9% strongly agree/agree

- “Once a woman has an abortion, she will make it a habit”
  - 66.1% strongly disagree/disagree
  - 16.1% strongly agree/agree

“About MTP I haven’t had any training, but about that how much is necessary, that much knowledge is there.”

“If it’s illegal pregnancy [i.e. unmarried women] [...] our advice is to that lady [...] to get it done again and again to your health…in your future life, it will be a problem [...]”

“[…] from these repeated pregnancies if you will go for MTP then next kids won’t be healthy, that is why kids are born like that [ill or disabled], we say that [to women].”
PRELIMINARY FINDINGS

- CHWs act as confidants, advisors, and trusted sources of information
- CHWs reproduce & enforce social norms and codes...
- ... and circumvent them to support women.
- CHWs are embedded in their social and institutional contexts, which influences the advice given.

I: So, you know about the Acts, then?
R: No, I mean, they [medical officers] tell that we need not tell women about all those things.

“Here they keep the mother-daughter relationship with us. [...] because we as woman, when we get married and come to our home [move to husband’s village], there is no other relationship. We tell her, ours is a mother-daughter relation. You keep such thing [in mind] and [speak to us] without any hide and seek.”

“We are like get married, don’t go for that [abortion]. We don’t recommend abortion. However, adjustment should be there. If something happens at some weak moment isn’t that a problem for them? They shouldn’t have done that. If there is some mistake [pre-marital sexual activity] let us know- we can sort that and do something amongst elders.”
(PRELIMINARY) TAKEAWAYS

- Pharmacists, ANMs, and ASHAs display some stigmatising attitudes to abortion
  - reflect negative stereotypes and misconceptions about abortion
  - thus influencing women’s abortion pathways and trajectories.

- CHWs’ attitudes reflect strong, entrenched fertility and gendered norms that evoke Kumar et al (2009)’s explorations of the dimensions of abortion stigma. They also reinforce and reproduce these norms.

- In subverting or circumventing norms, CHWs’ attitudes shifted due to their interactions with individual women, their families, the health care system, and the community.
  - manage a complex interplay of different spaces and institutions in navigating their abortion attitudes and subsequent healthcare provision.
I heard abortion and reproductive justice is a basic right!

R.NANDAGIRI@LSE.AC.UK

@RISHIE

QUESTIONS/COMMENTS?
THANK YOU.
FINDINGS

The sub-scales explore dimensions of CHW’s attitudes:

**Sub-scale 1: Negative Stereotyping**

- 65.1% of respondents (n=73) scored above the mid-point of the scale (16), reflecting some negative stereotyping in the sample population.

**Sub-scale 2: Exclusion and Discrimination**

- 49.1% of respondents (n=55) scored above the mid-point of the scale (14), reflecting some exclusionary and discriminatory beliefs and, potentially, behaviour.

**Sub-scale 3: Fear of Contagion**

- 58.9% of respondents scored 6 (mid-point of scale) or less, showing low fear of contagion.

**Subtasks for medical abortion in the first trimester**

<table>
<thead>
<tr>
<th>Subtask</th>
<th>Lay health workers</th>
<th>Pharmacists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessing eligibility for medical abortion</td>
<td>R</td>
<td>R</td>
</tr>
<tr>
<td>Administering the medications and managing the process and common side-effects independently</td>
<td>R</td>
<td>R</td>
</tr>
<tr>
<td>Assessing completion of the procedure and the need for further clinic-based follow-up</td>
<td>R</td>
<td>R</td>
</tr>
</tbody>
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**Pre- and post-abortion counselling**

<table>
<thead>
<tr>
<th>Subtask</th>
<th>Lay health workers</th>
<th>Pharmacists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide pre- and post-abortion counselling</td>
<td>R</td>
<td>X</td>
</tr>
</tbody>
</table>

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**Provision of information on safe abortion**

<table>
<thead>
<tr>
<th>Subtask</th>
<th>Lay health workers</th>
<th>Pharmacists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide information on safe providers/laws</td>
<td>R</td>
<td>R</td>
</tr>
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