"THEY KNOW EVERYTHING":

Exploring attitudes, roles, & influence of lay- and mid-level health workers in abortion information & care provision in Karnataka, India

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RESEARCH QUESTION / AIMS

Research Question: (**h**ow) 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.

i-pill pregnancy kits in a primary health centre. April 2017.

STUDY CONTEXT

- 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

ASHAs:

- 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

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

ATTITUDES ARE EMBEDDED IN CONTEXT

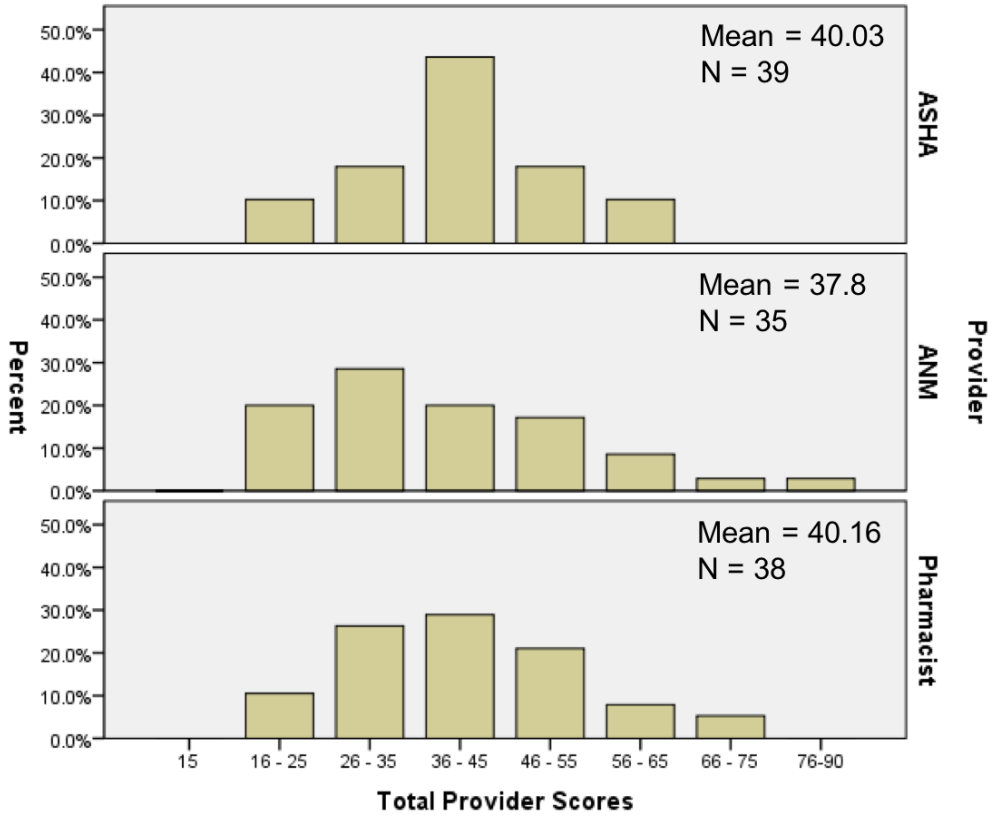

Figure 1: Range of (total) scores by provider type (total n =112, mean= 39.38)

- 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.

PRELIMINARY FINDINGS

"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 woman who has an abortion should be treated the same as everyone else"**
  - 80.3% strongly agree / agree

"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]

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

PRELIMINARY FINDINGS

"About MTP I haven't had any training, but about that how much is necessary, that much knowledge is there."

- **"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

"*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.**

"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."

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.

(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 baa-sic right!

QUESTIONS/COMMENTS? THANK YOU.

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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.

	Lay health workers	Pharmacy workers	Pharma-cists	Auxiliary nurses/ ANMs
Vacuum aspiration for induced abortion	✗**	✗**	✗**	✓
Vacuum aspiration for management of uncomplicated incomplete abortion/ miscarriage	✗**	✗**	✗**	✓
Medical abortion in the first trimester	Recom-mendation for subtasks (see below)	✗	Recom-mendation for subtasks (see below)	✓
Management of uncomplicated incomplete abortion/ miscarriage with misoprostol	℞	✗	✗	✓

* considered within typical scope of practice; evidence not assessed.
** considered outside of typical scope of practice; evidence not assessed.

Subtasks for medical abortion in the first trimester: No recommendation is made on the independent provision of medical abortion in the first trimester for pharmacists or lay health workers, but recommendations are made for subtasks as follows:

Subtasks for medical abortion in the first trimester

	Lay health workers	Pharmacists
Assessing eligibility for medical abortion	℞	℞
Administering the medications and managing the process and common side-effects independently	℞	℞
Assessing completion of the procedure and the need for further clinic-based follow-up	℞	℞

Pre- and post-abortion counselling

	Lay health workers	Pharmacy workers	Pharma-cists	Auxiliary nurses/ ANMs
Pre- and post-abortion counselling	✓	✗	✗	✓

Provision of information on safe abortion

	Lay health workers	Pharmacy workers	Pharma-cists	Auxiliary nurses/ ANMs
Information on safe providers/ laws	✓	✓	✓	✓*

* considered within typical scope of practice; evidence not assessed.

Adapted from WHO (2015). *Expanding health worker roles to help improve access to safe abortion and post-abortion care*. Geneva: World Health Organization.