INTRODUCTION

Even where abortion is legal, access is restricted due to paucity of trained or available providers. Abortion stigma can also impede access by influencing advice or service provision.

In India, only trained doctors may legally provide abortion services (incl. medical abortion). 72% of abortions outside health facilities. 17% of abortions performed by nurses or CHWs.

Yet, community health workers (CHWs) such as auxiliary nurse midwives (ANMs), accredited social health activists (ASHAs) and pharmacists play crucial roles in women’s abortion pathways and trajectories.

OBJECTIVES

Focusing on three cadres of CHWs—ANMs, ASHAs, and Pharmacists—analyze their:

- Abortion attitudes
  - Knowledge of abortion provision & related laws
  - Current roles in women’s abortion trajectories

CONVENIENCE SAMPLING OF CHWS IN A RURAL, PRIMARY HEALTH SETTING IN TWO DISTRICTS IN KARNATAKA, INDIA.

DATA & METHODS

A mixed-methods nested design:

Step 1: Questionnaire (N=112) using IPAS’ stigmatising attitudes, beliefs, and actions scale (SABAS), which includes three sub-scales.

Step 2: In-depth interviews with a sub-set of respondents (N=19).

FINDINGS

The scale’s midpoint (36) marks greater or lower degrees of stigmatising attitudes.

Largest proportion of providers (31.3%) fall into the 36-45 score range showing some stigmatising attitudes, actions, and beliefs.

62.5% of respondents (N=70) scored above the scale mid-point.

“Killing a baby is the biggest sin, it shouldn’t be done. It shouldn’t be used for bad things—for these unmarried [women] and all.”

“No, but she is bleeding a lot after her abortion so risk is there [of infection].”

“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.”

NEGATIVE STEREOTYPING

65% of respondents (N=173) scored above the mid-point of the sub-scale (16), reflecting moderate to high negative stereotyping.

EXCLUSION & DISCRIMINATION

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

FEAR OF CONTAGION

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

DATA & METHODS

Key takeaways/recommendations

1) CHWs display some stigmatising attitudes, lack knowledge of current laws, and reflect misconceptions about abortion.

2) CHWs profoundly influence women’s abortion pathways & trajectories.

3) CHWs’ roles are shaped by and function within social, political, and cultural contexts. They navigate complex power dynamics, including gendered and institutionalised differentials.

4) Abortion stigma is interpersonal, and this is influenced by intimate knowledge of people’s histories & dynamics.

5) Conceptually, “abortion stigma” needs to broaden its understanding, accounting for affective interactions that shift how it is enacted.

CONFIDENTS

- present at pregnancy confirmation
  - guide next steps/decisions
  - source of support

COLLABORATORS

- cadre share overlapping roles
  - circumvent hierarchy to enable access

NORM POLICING/BREAKING

- reinforce fertility norms
  - insist on spousal/parental consent
  - negotiate systems to support decisions