Workbook edition

Exploring abortion stigma and measuring tools.

A foundational workshop for inroads members

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inroads
International Network for the Reduction of Abortion Discrimination and Stigma

Some background on the facilitators and their experience...

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Objectives

1. Understand definitions of stigma and how it shows up in members' working context
2. Gain familiarity with some tools to measure abortion stigma (SABAS, ILASS, CLASS, APSS) and some of their strengths and weaknesses
3. Practice the administration of two scales to gain greater familiarity with the questions and content

Key Concepts Abortion Stigma

1. A negative attribute ascribed to women (or person) who seek to terminate a pregnancy that marks them, internally or externally, as inferior to the ideal of 'womanhood' (Kumar, Hessini, & Mitchell, 2009);

2. A shared understanding that abortion is wrong and/or morally unacceptable within a community or society (Cockrill, Herold, Blanchard, Grossman, Upadhyay, & Baum, 2013).

Types of stigma:

- ❑ Anticipated/Perceived:
- ❑ Experienced Stigma:
- ❑ "Internalized" or "self-stigma":
- ❑ Discrimination:
- ❑ Intersecting stigma:

What are some consequences of stigma?

- ❑ Lack of knowledge of available options, procedures and access to abortion services
- ❑ Fear of repercussions leading to secrecy and increased unsafe abortions
- ❑ Overall barrier to reducing maternal mortality
- ❑ Women, girls, trans rights not viewed as human rights

(Ipas: 2018)

- ❑ Impact on the emotional and psychological wellbeing of the people who have abortions
- ❑ Can result in coercion and pressure in pregnancy decision-making
- ❑ Marginalizes the work of abortion providers and may even, in some cases, leave them vulnerable to violence
- ❑ Upholds restrictive abortion laws
- ❑ May result in a shortage of abortion providers and abortion access due to providers not wanting to offer the services

(Millar: 2019)

Why measure abortion stigma?

- To understand and explore how stigma manifests in different contexts and settings as well as the attitudes associated with stigma
- To understand the characteristics of people who experience it; how abortion stigma combines with other kinds of stigma to further marginalize a person who is already experiencing stigma and discrimination (intersectionality)
- To provide a tool for SRH researchers, practitioners and advocates to understand stigma-related outcomes and design and evaluate stigma reduction programmes

Overview of scale development methods

- Content analysis of abortions stories, literature review, expert engagement
- Qualitative interviewing with women who had abortions
- Identification dimensions of stigma construct and management behaviours
- Development of an initial list of ‘items’ to measure stigma at different levels
- Refinement of the items via cognitive interviewing with women
- Survey administration and reduction of the scale
- Scale validation via statistical analyses (regression analysis, factor analysis etc.) to measure correlations, internal consistency and reliability of the scales

Scales

Name	Authors	What does it measure?	Subscales	Populations tested
Stigmatizing Attitudes, Beliefs, and Actions Scale (SABAS)	Shellenberg, K; Hessini, L.; & Levandowski, B. (Ipas)	Abortion stigma at community and individual level	Negative stereotypes Discrimination and exclusion Fear of contagion	Individuals and community members in Ghana and Zambia; further testing in Uganda, Kenya, Mexico
Individual Level Abortion Stigma Scale (ILAS)	Cockrill, K.; Upadhyay, U.; Turan, J. & Greene Foster, D. (UCSF)	Individual level stigma among people who have had abortions	Worries about judgment Isolation Self-judgment Community condemnation	Women at abortion clinics in the U.S; Mexico
Community Level Abortion Stigma Scale (CLASS)	Sorhaindo, A.; Karver, T.; Karver, J.; & Garcia, S. (Pop Council)	Community level stigma toward people who have had abortions	Autonomy Discrimination/Stereotyping Religion Secrecy	Community members in Mexico
Abortion Provider Stigma Scale (APSS)	Martin, L.; Debbink, M.; Hassinger, J.; Youatt, E.; Eagen-Torkko, M.; & Harris, L. (UofMichigan)	Abortion providers' perception of stigma	Disclosure management Resistance and resilience Discrimination	Abortion providers in the United States

Download the scales:

- ILAS: Available in English and Spanish. Single document, Spanish at the end.
- SABAS: Available in English, Spanish, and French. Separate documents.
- CLASS: Available in English and Spanish Separate documents.
- ANSIRH: Available in English.

You can find all the mentioned documents **here**

ILASS

- Developed in the US (but adapted and used around the world)
- Used to evaluate the efficacy of programmes aimed at reducing stigma, to research the mental/physical outcomes after abortions, etc.

How to use the ILASS:

- Items are scored on a scale from 0-3/0-4. High scores indicate increased stigma
- Total score or individual sub-scale scores can be calculated
- Scores for the full scale and subscales are calculated by summing the item scores and dividing by the number of items
- No threshold or cut-off point - higher scores represent high stigma

(Cockrill et al: 2013)

SABAS

- Developed in US, but tested in Ghana and Zambia
- Can be used to help inform the content and messaging of stigma-reducing interventions or as a “pre and post-test” to measure short-term change at the individual and/or community level.

(Shellenberg et al: 2014)

How to use the SABAS:

- Items can be self-administered or administered by someone else
- Each sentence graded on a scale of 1-5 (strongly disagree – strongly agree) with 1 the minimum score and 5 the maximum score
- The scale can provide a total or 3 individual sub-scale scores to offer a picture of the level of stigma at individual and community level
- A higher score represents more stigmatizing attitudes and beliefs about women who have an abortion
- No threshold or cut-off point

Comparing & contrasting ILAS and SABAS

-Both have shown the potential to be adapted to different country contexts (e.g. Mexico, Zambia, Ghana, Uganda)

-Both are relatively easy to score and modify to your context or situation

-SABAS can measure stigma at both individual and community level

-Some of the SABAS content might create misconceptions in the survey taker's mind (The health of a woman who has an abortion is never as good as it was before the abortion.)

-SABAS also refers to "the person" rather than the first person, allowing more distance

-Both have been translated into Spanish

Other scales

Abortion Provider Stigma Survey (APSS)

- ❏ Developed in the US to understand the extent to which abortion providers experience stigma; to monitor changes in stigma experiences over time; to evaluate the importance of stigma as a human resources issue in abortion care.
- ❏ Administered to 55 providers participants in the Providers Share workshop
- ❏ 13 items and three subscales*: disclosure management, resistance and resilience, and discrimination*
- ❏ Graded on a 1-5 scale

(Martin et al: 2014)

Community Level Abortion Stigma Scale (CLASS)

- ❏ Developed in Mexico to measure stigma manifestation in the community
- ❏ Large scale testing at national level
- ❏ 23 items measuring 4 dimensions of abortion stigma: *secrecy*, *religion*, *autonomy*, *discrimination*
- ❏ Scores for the full scale and the subscales are calculated by adding the item scores and dividing them by the number of items in each scale or subscale

(Sorhaindo et al: 2016)

What can you do with these scales?

- ❏ Create an initial score to look at any change over time in the same place to assess any changes that your intervention may have contributed to
- ❏ Inform interview guides with women/people who had abortions to understand their situation better
- ❏ Inform content/messaging in stigma-busting campaigns
- ❏ Inform training content with providers
- ❏ Others? What do you think?

Strengths and weaknesses

Strengths

- ❏ Scientifically rigorous process of development
- ❏ Internal validity, consistency, applicability, adaptability
- ❏ Can be used to test efficacy of a wide range of initiatives aimed at reducing stigma
- ❏ Can be reworded to fit the situation or local context better

Weaknesses

- ❏ May not reflect the full range of enacted stigma across different sub-scales
- ❏ Likert scales for non-literate populations can be hard to understand
- ❏ Small sample sizes (not for CLASS)
- ❏ Recall bias/self-bias of respondents
- ❏ Cross-cultural variability - generalisability
- ❏ May require more complex statistical skills to run associations between stigma and socio-demographics

Challenges

- ❏ Responding to scales in forms of questions may generate a range of positive or negative emotions
- ❏ In some cases, difficult immediately after an abortion
- ❏ Feeling of judgment and discomfort
- ❏ Questions may introduce concepts/myths that perpetuate stigma

But also:

- ❏ Therapeutic benefits from interviewing and feeling relieved

⇒ Important to consider the ethics of implementation of scales and mitigation strategies:

- Clearly explain why you are asking certain questions
- Create a more balanced tone
- Minimise the implementation of the full scale

(Wollum, Makleff, Baum: 2021)

Adapting the scales to your context

1. Identify a target population and what you want to measure:

1. Pick a scale. Consider the existing scales and pick the the most appropriate:

1. Plan to get feedback. Identify subject matter experts to consult with:

Adapting the scales to your context

4. Plan how you will collect the data:

5. Consult with experts the content of the questions and the method you will use to get people to answer the questions.

6. Revise the scale based on feedback.

7. Test your revision and pilot. Could us statistical analyses or cognitive interviews to confirm the applicability of the scale.

8. Revise again or finalise!

Practice activity

In groups:

Practice the application of one scale (SABAS, ILASS), each member of the group acting as both the interviewer and the interviewee.

- How would you present the scale to the participant?
- What should you consider to ensure the administration of the scale is safe?

Considering the type of answers given by your colleagues, reflect on potential ethical issues that may arise or whether the questions may have produced stigma where there wasn't any before and how to mitigate these situations

Reflection from live session participants to consider.

- Not all stigma items are relevant to all settings. We are able to adapt the scale and remove the items that are not relevant for that community. For this, is important to first seek feedback from the community that will be participating to make sure we include the relevant statements
- Provider perspective: seeing the ILAS result we are able to better understand the experience of the abortion seekers.
- Some participants combine the scale with statements regarding other healthcare issues and topics so the participant does not feel is all about abortion and is less bias.
- It's important to consider inclusive language and items, make sure to include LBTQ+ people experiences.
- Addressing the possible stigma of the researches applying the scale is essential.
- Some participants use the scale in group setting, with an open dialogue of each item while individuals fill the scale in a paper.

Reflection from live session participants to consider.

- Creating a safe space, consent forms, and having a secure process to protect the person's data is a must.
- We are fearful of creating additional stigma and make the people answering the scale feel judged by the stigma items. To minimize this is important to use the correct tone, explain and give context before reading the scale items.
- Concerns about the person that answer interpreting the results differently should be consider.
- Create a safe and welcome environment so the participant feels comfortable and is more willing to answer difficult questions honestly.
- Data collectors can adapt the scale to be use as direct questions.
- As far we we know, the scales has not been tested for online application. Security, confidentiality and creating a safe and appropriate environment for the participants must be consider if used online.

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