

Baseline Survey
on
Abortion Stigma
In Gorkha
Nepal



Prepared By:
Dr. Yagya Bahadur Karki and Anchal Thapa Magar
Population, Health and Development Group (PHD Group)
Ring Road, Sanepa, Lalitpur
Post Box 3108
Kathmandu, Nepal
Phone: 015184063
Email: phdgroup2010@gmail.com

December 2018

Table of content

I. INTRODUCTION AND METHODOLOGY.....	2
1.1 SABAS Questionnaire and tool	2
1.2 Methodology	2
1.3 Informed consent.....	2
1.4 Sampling.....	3
1.6 SABAS scoring	3
1.7 Data entry excel tool	3
II. FINDINGS/RESULTS.....	3
2.1 SABAS data results.....	3
2.1.1 Negative Stereotyping SABAS items	3
2.1.2 Exclusion and discrimination SABAS items	4
2.1.3 Negative stereotyping and exclusion/ discrimination of young women.....	5
2.2 Stigma rates per SABAS statement.....	6
2.2.1 Negative stereotyping individual SABAS items.....	6
2.2.2 Exclusion and discrimination individual SABAS items.....	7
2.2.3 Negative stereotyping and exclusion/ discrimination of young women SABAS items.....	8
2.2.4 Stigma rates (%) compared between the three sub-categories.....	8
III. OTHER RELEVANT INFORMATION.....	10
3.1 Respondent types	10
3.2 Questionnaire administration	10
3.3 Age of respondents	11
3.4 Comparison of stigma rates.....	12
IV. CONCLUSION.....	13
REFERENCES.....	14

I. INTRODUCTION AND METHODOLOGY

1.1 SABAS Questionnaire and tool

The Stigmatizing Attitudes, Beliefs and Actions Scale (SABAS) is a tool designed by IPAS and adapted by IPPF (SAAF/IPPF, 1918) to measure abortion stigma at the individual and community level. The IPPF adapted SABAS questionnaire measures three dimensions of stigma:

- Negative stereotypes about women who are associated with abortion
- Discrimination/exclusion with women who are associated with abortion and negative stereotyping
- Exclusion/ discrimination associated specifically with young women and abortion.

The SABAS tool was implemented by SAAF/PHD Group project as a baseline survey.

1.2 Methodology

The SAAF/PHD Group project administered the SABAS questionnaire along with the main baseline survey entitled “*Empowering women to access safe abortion service in Gorkha, Nepal*” (Agrawal, G. N., M. R. Dhakal and P. Thapa. 2018). It was a door-to-door visit survey in sampled areas of the project locations in Gorkha, Nepal. It is a mountainous region. For the baseline the interviewers made door-to-door visits from 26 September 2018 to 8 October 2018 inclusive for data collection. The same method will be used at the end line too, so change over time can be accurately measured.

Thirty-nine per cent of the respondents completed the SABAS questionnaire themselves (or self-administered). All 300 sample respondents (total sample size) cooperated in participating in the baseline survey.

As 61 per cent of the respondents were answering the questions asked by interviewers, it can be assumed that there is some degree of influence of the interviewer on the respondents when they were answering the questions. This is a limitation, so it is worth considering this when reading the results. The SABAS data was analysed using the tool provided by IPPF/SAAF.

1.3 Informed consent

Prior to conducting interviews the interviewers obtained informed consent from the respondents. Every respondent was told about the purpose of the study and convinced about the confidentiality of the data. The participants were explained about the purpose of the study and their consent to participate in it was sought.

1.4 Sampling

The total sample size for the baseline study was 300 (Agrawal, G. N., M. R. Dhakal and P. Thapa. 2018) and the SABAS questionnaire was administered to the same sample. The sample attempted to get a wide cross section of people from within the community to complete the questionnaire.

1.6 SABAS scoring

The response categories for SABAS are set up on a Likert scale from “strongly disagree” to “strongly agree” with each response being assigned a value ranging from 1-5. It should be noted that item number 15 is reverse coded so that a higher score reflects a more stigmatizing attitude, i.e. “strongly disagree =5, disagree=4, unsure=3, agree=2 and strongly agree=1”. Each sub section is scored and the results analysed in the excel template provided. A higher score represents more stigmatizing attitudes and beliefs about women who have an abortion.

1.7 Data entry excel tool

An excel tool was used into which data from the questionnaires were inputted and analysed. Besides, the data was transferred to SPSS system file as well to do more analysis.

II. FINDINGS/ RESULTS

2.1 SABAS data results

The 22 SABAS items are divided into three types of sub-scales, namely Negative Stereotyping sub-scales, Exclusion and discrimination sub-scales and Negative stereotyping and exclusion/ discrimination of young women sub-scale.

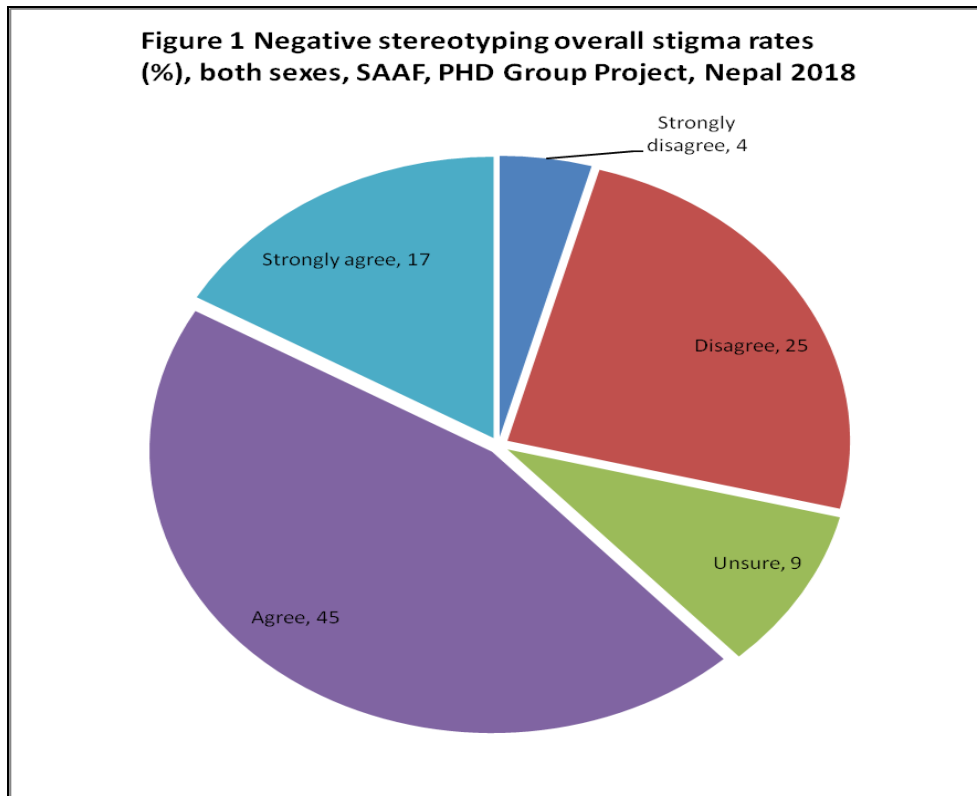
2.1.1 Negative Stereotyping SABAS items

The SABAS items 1 to 9 are categorized as Negative Stereotyping SABAS items which are as follows:

- 1 A woman who has an abortion is committing a sin
- 2 A young woman who has an abortion cannot be trusted
- 3 A woman who has an abortion brings shame to her family
- 4 A woman who has an abortion is less likely to be able to bear children
- 5 A woman who has an abortion is a criminal
- 6 The health of a woman who has an abortion is never as good as it was before the abortion
- 7 A woman who has had an abortion might be a bad influence on other women

- 8 A woman who has an abortion will be a bad mother
- 9 A woman who has an abortion brings shame to her community

The combined score of these 9 items shows that the community that these respondents represent is of Negative Stereotyping type to abortion as 45 per cent respondents agree with this negativity while only one in four (25%) disagree (Figure 1). Also nearly one in five respondents (17%) strongly agrees with this negativity.



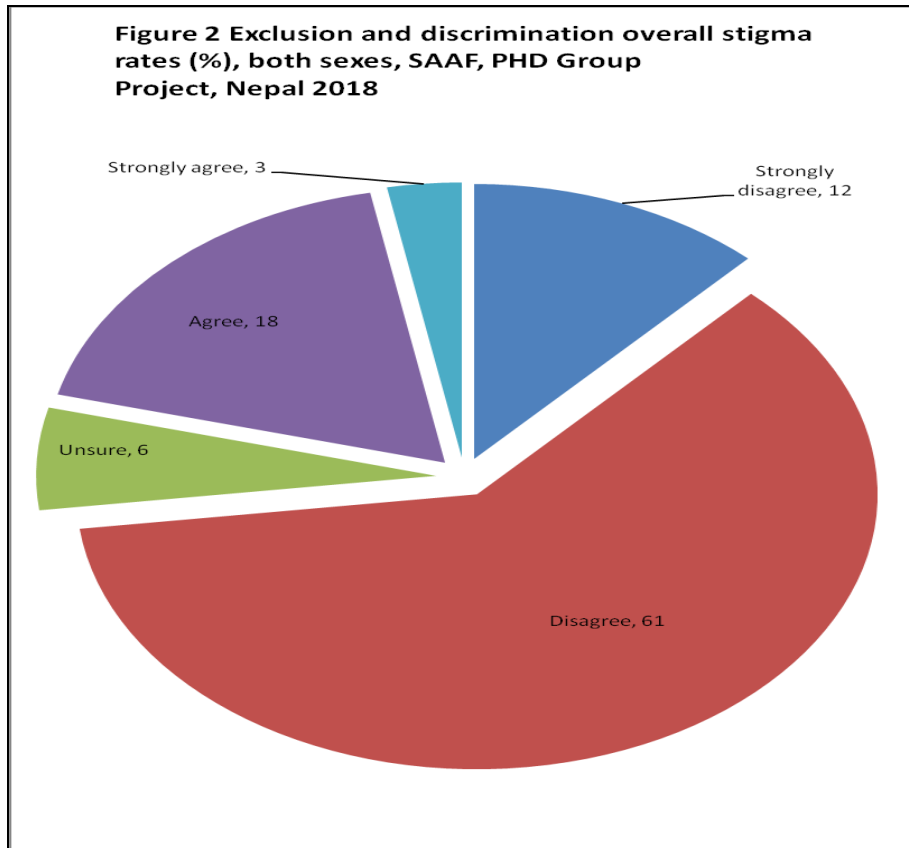
2.1.2 Exclusion and discrimination SABAS items

The SABAS items 10 to 15 are categorized as Exclusion and discrimination SABAS items which are as follows:

- 10 A woman who has had an abortion should be prohibited from going to religious services
- 11 I would tease a woman who has had an abortion so that she will be ashamed about her decision
- 12 I would try to disgrace a woman in my community if I found out she'd had an abortion
- 13 A man should not marry a woman who has had an abortion
- 14 I would stop being friends with someone if I found out that she had an abortion
- 15 A woman who has an abortion should be treated the same as everyone else

The combined attitude scores of these 5 SABAS items clearly show that this community where the SAAF/PHD Group project is in operation highly discriminates and would like to exclude

girls/women who have had an abortion; this is supported by a high percentage of stigma rates of 61 (Figure 2).



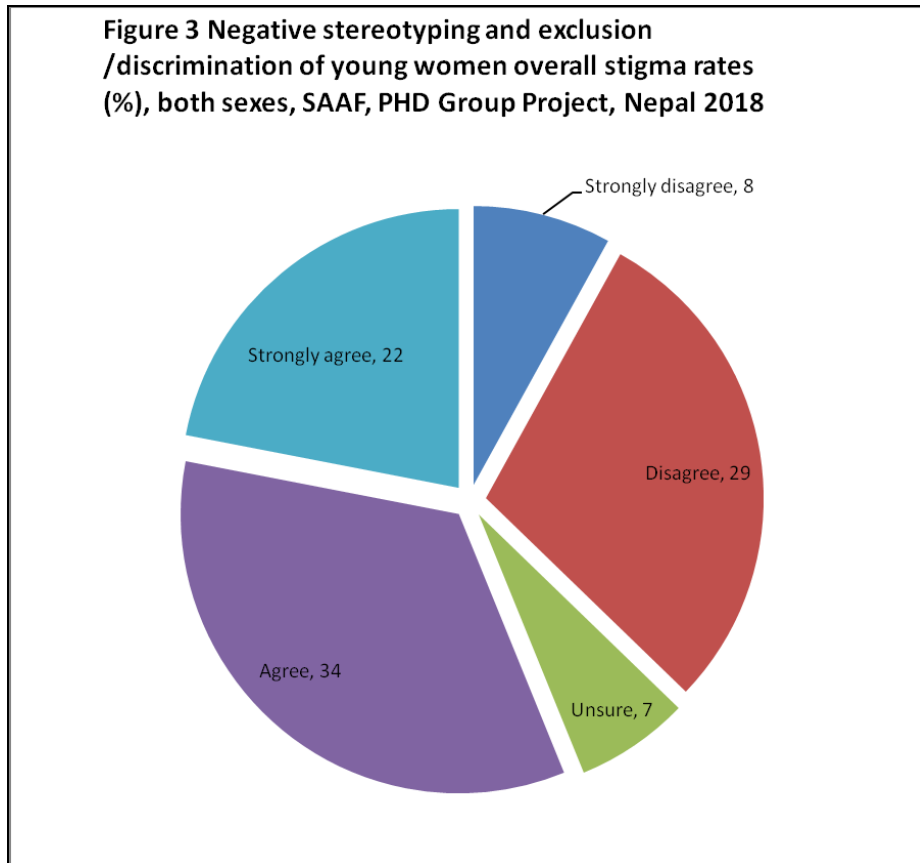
2.1.3 Negative stereotyping and exclusion/ discrimination of young women

The SABAS items 16 to 22 are categorized as Negative stereotyping and exclusion/ discrimination of young women SABAS items which are as follows:

- 16 A young woman who has an abortion is promiscuous
- 17 A young woman cannot decide for herself to have an abortion
- 18 A married woman is more deserving of an abortion than an unmarried woman
- 19 A young woman who has had an abortion should be prohibited from going to school
- 20 A young woman who has an abortion should be kicked out of her parent's home
- 21 Instead of having an abortion, a young woman should marry the man with whom she had sex
- 22 A young woman who has health problems because of an unsafe abortion does not deserve medical help

The combined scores of these 7 SABAS items show that this community to which the respondents belong is highly negative to young women who have had an abortion. Overall, 34 per cent of respondents agree with these negative statements and additional 22 per cent strongly

agree with these statements (Figure 3). In other words, 56 per cent of respondents highly stigmatize young women who have had an abortion.

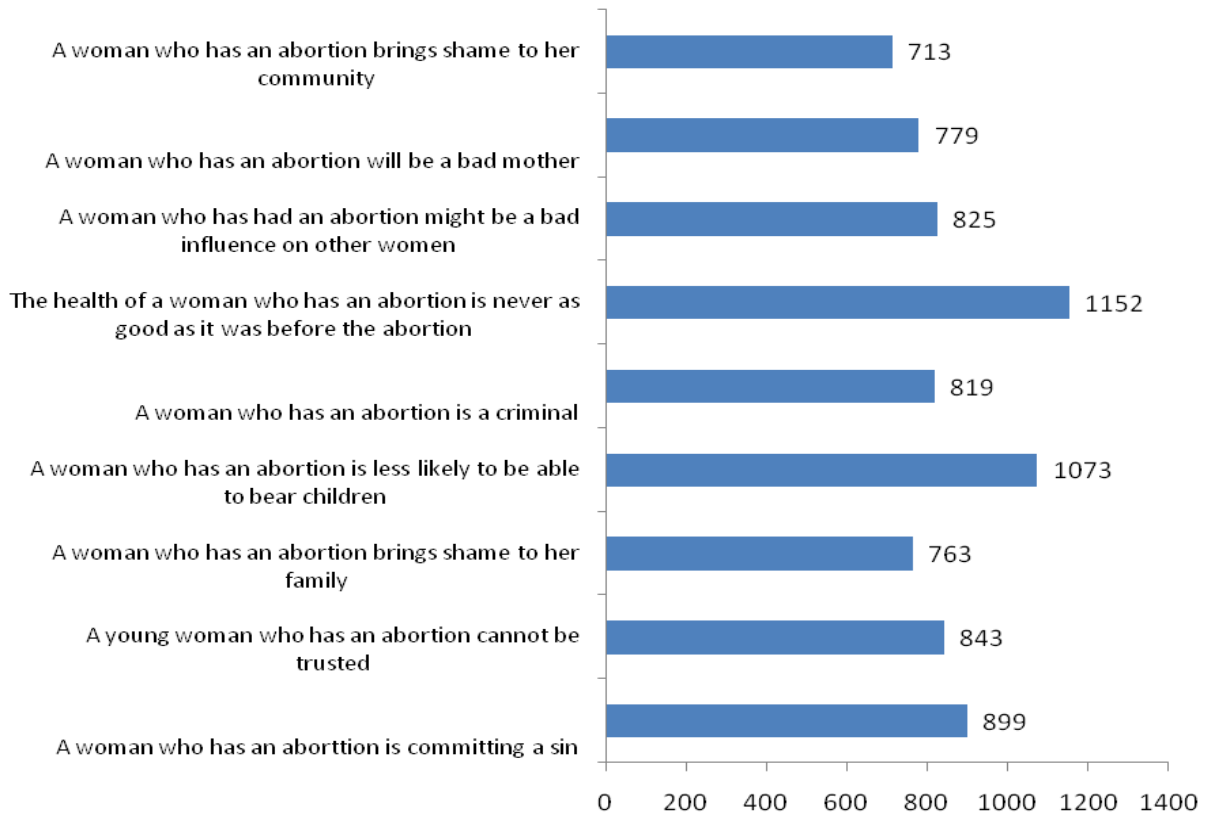


2.2 Stigma rates per SABAS statement

2.2.1 Negative stereotyping individual SABAS items

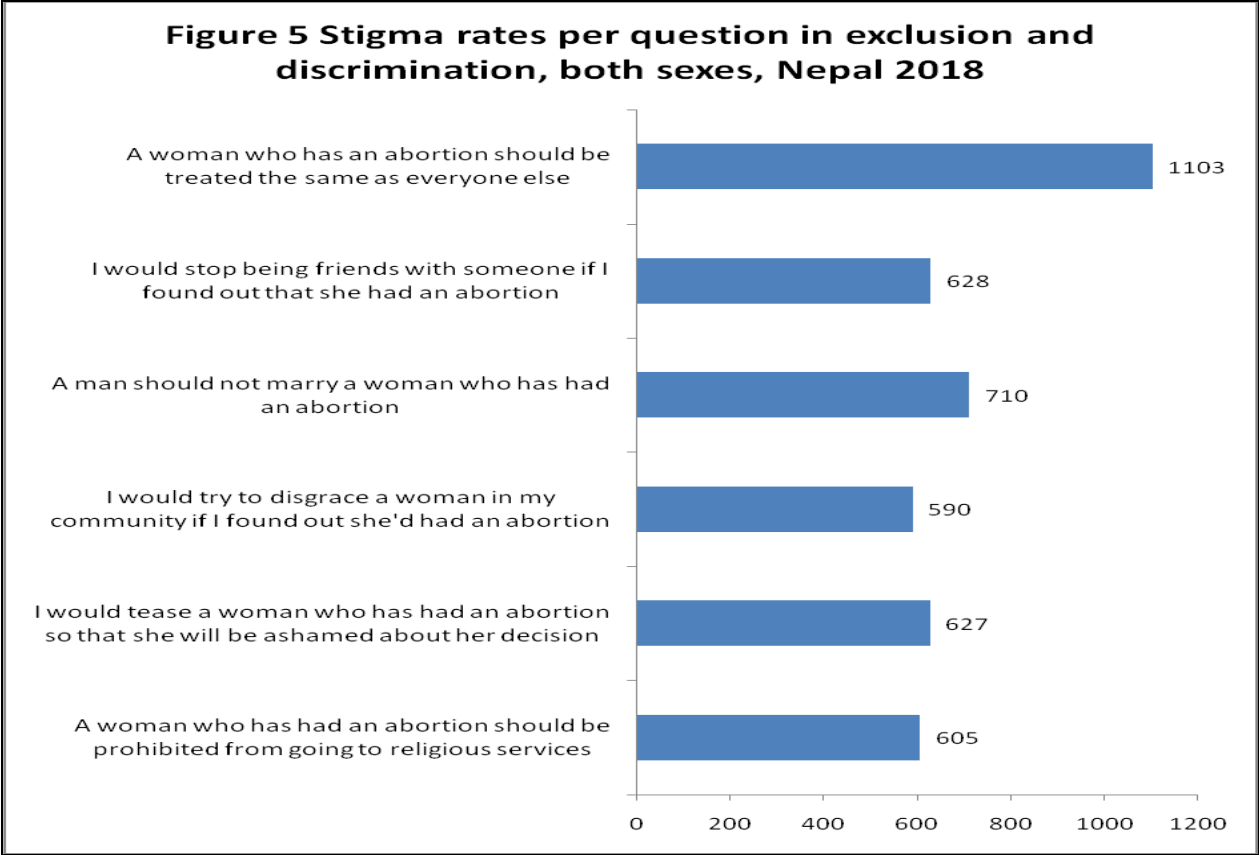
In addition to three sub-scale items, stigma scoring has been computed for each abortion statement. For the SABAS items 1 to 9 categorized as Negative Stereotyping items Figure 4 shows stigma scores for each of them. Of the nine stigma statements, the statement “*The health of a woman who has an abortion is never as good as it was before the abortion*” scores the highest rate of 1,152, followed by “*A woman who has an abortion is committing a sin*” statement and so on and the statement “*A woman who has an abortion brings shame to her community*” scores the lowest rate of 713 (Figure 4).

Figure 4 Stigma rates per question in negative stereotyping, both sexes, SAAF, PHD Group Project, Nepal 2018



2.2.2 Exclusion and discrimination individual SABAS items

There are 6 SABAS items under this sub-scale. For each individual the highest possible total score can be 30 and minimum would be 6 and for 300 respondents the corresponding figures would be 1,500 and 300 respectively. As seen in Figure 5 the estimated stigma rate is highest (1,103) for SABAS item no. 15 “A woman who has an abortion should be treated the same as everyone else” followed by “A man should not marry a woman who has had an abortion” for which the rate was 710. The least rated SABAS item was “I would try to disgrace a woman in my community if I found out she’d had an abortion” which scored 590.



2.2.3 Negative stereotyping and exclusion/ discrimination of young women SABAS items

The 7 SABAS items namely items 16 to 22 are categorized as Negative stereotyping and exclusion/ discrimination of young women. Figure 6 shows stigma rates for these 7 items. Of the 7 items, item 21 namely “*Instead of having an abortion, a young woman should marry the man with whom she had sex*” is rated as having the highest stigma rate of 1,139 followed by item no 18 “*A married woman is more deserving of an abortion than an unmarried woman*” (stigma rate of 1,024). Item no. 17 namely “*A young woman cannot decide for herself to have an abortion*” is equally (rate of 1,018) rated as having high stigma. Item 19 “*A young woman who has had an abortion should be prohibited from going to school*” and 20 “*A young woman who has an abortion should be kicked out of her parent's home*” were rated low with the same level of score of 502.

2.2.4 Stigma rates (%) compared between the three sub-categories

Of the three stigma rates, namely *Negative Stereotyping, Exclusion and discrimination* and *Negative stereotyping and exclusion /discrimination of young women*, in the community where SAAF/PHD Group project is in operation, *Negative Stereotyping* has been rated as the most stigmatized category (45%) followed by *Negative stereotyping and exclusion /discrimination of young women* (31%) and the least one being *Exclusion and discrimination* (24%) (Figure 7).

Figure 6 Stigma rates per question in negative stereotyping and exclusion/discrimination of young women, both sexes, Nepal 2018

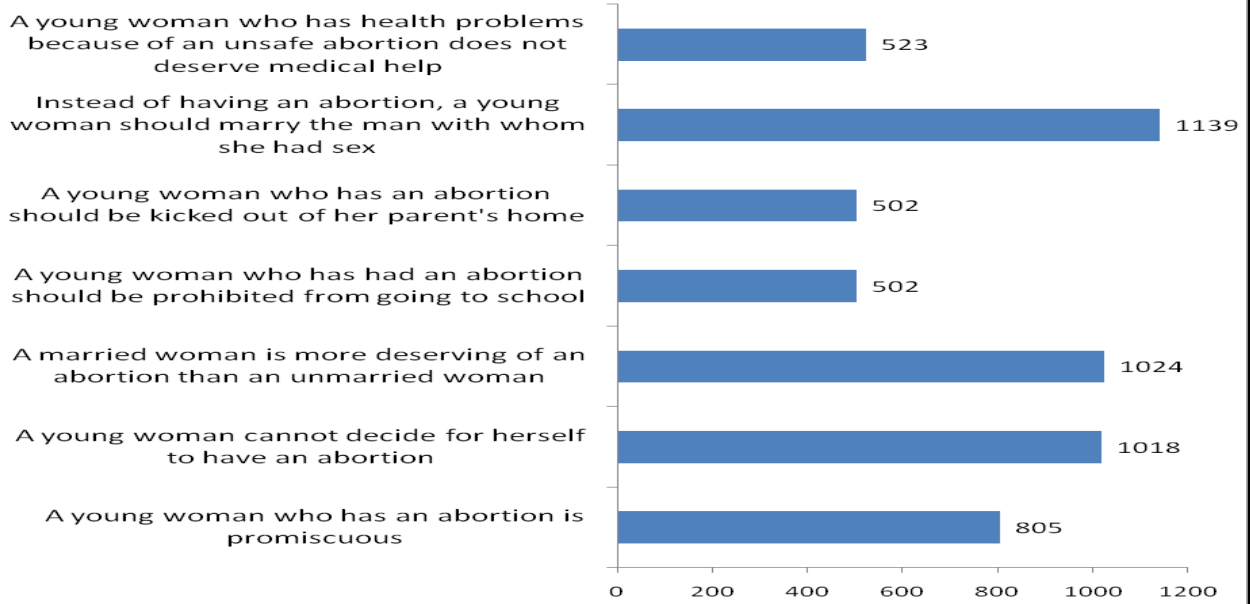
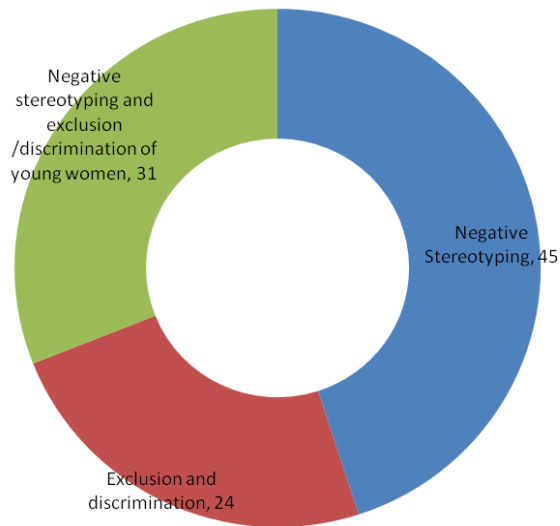


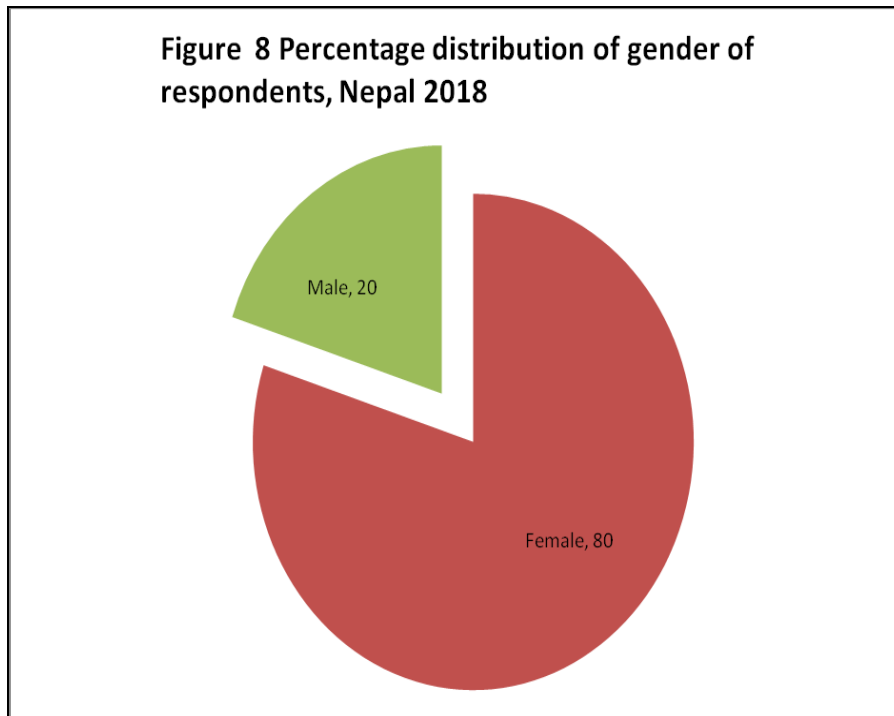
Figure 7 Stigma rates (%) compared between the three sub-categories (higher percentage represents higher rates of stigma present), both sexes, Nepal 2018



III. OTHER RELEVANT INFORMATION

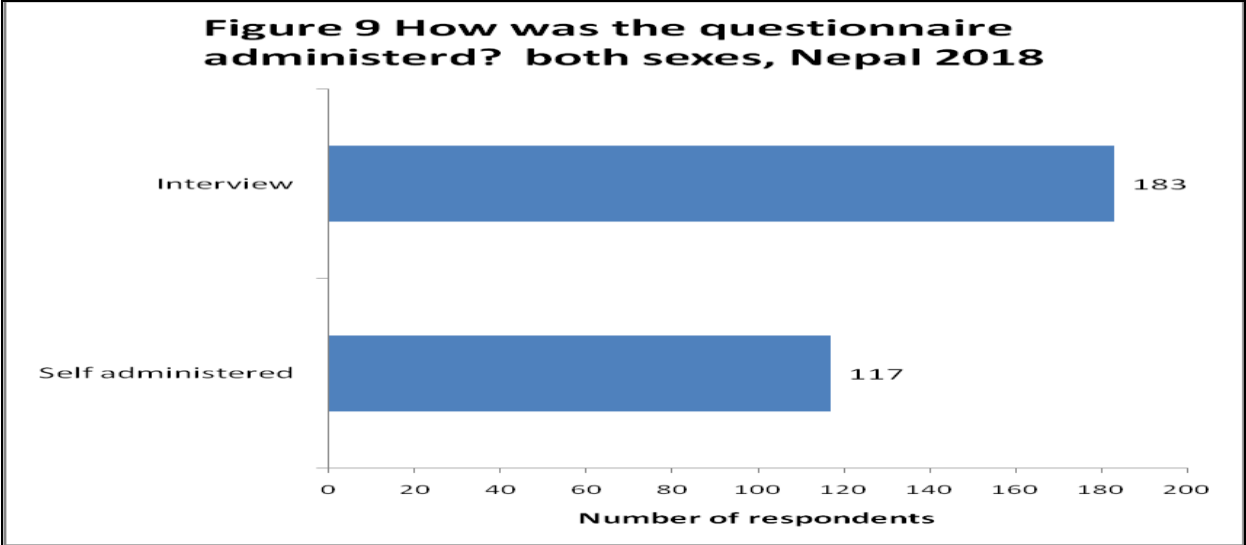
3.1 Respondent types

In this baseline survey 20 per cent (n= 60) of respondents were males and the remaining 80 per cent (n= 240) were females (Figure 8).



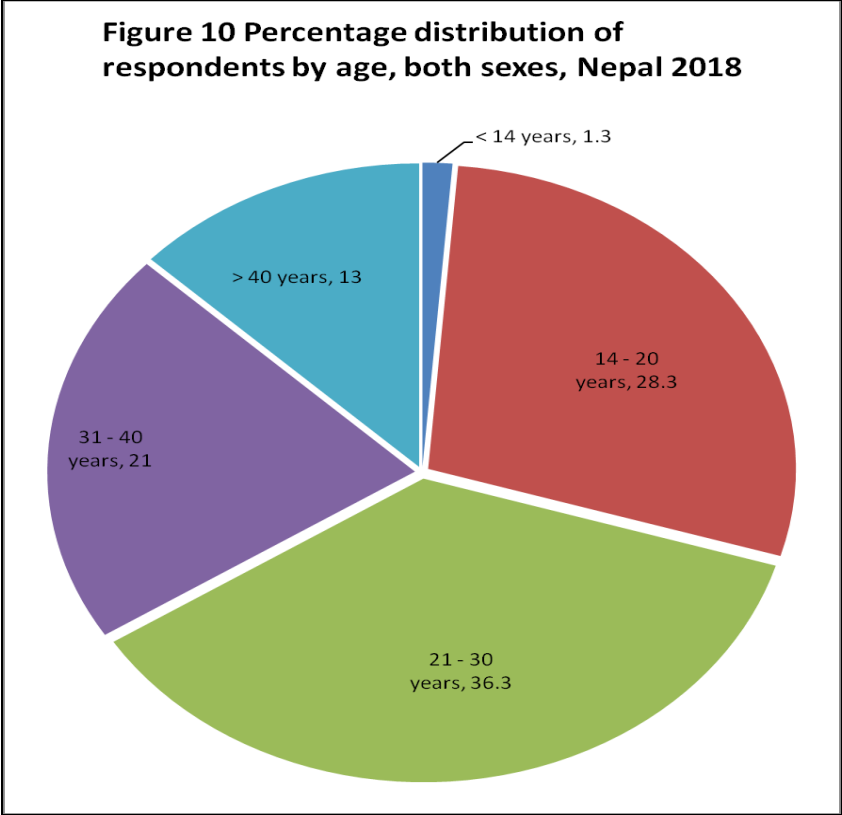
3.2 Questionnaire administration

Attempt was made to encourage respondents to answer the SABAS questionnaire by them and in this respect only 117 respondents self administered the questionnaire. In other words, 39 per cent of all respondents completed the SABAS questionnaire themselves and for the rest the interviewers asked questions and the responses were noted by the interviewers (Figure 9).



3.3 Age of respondents

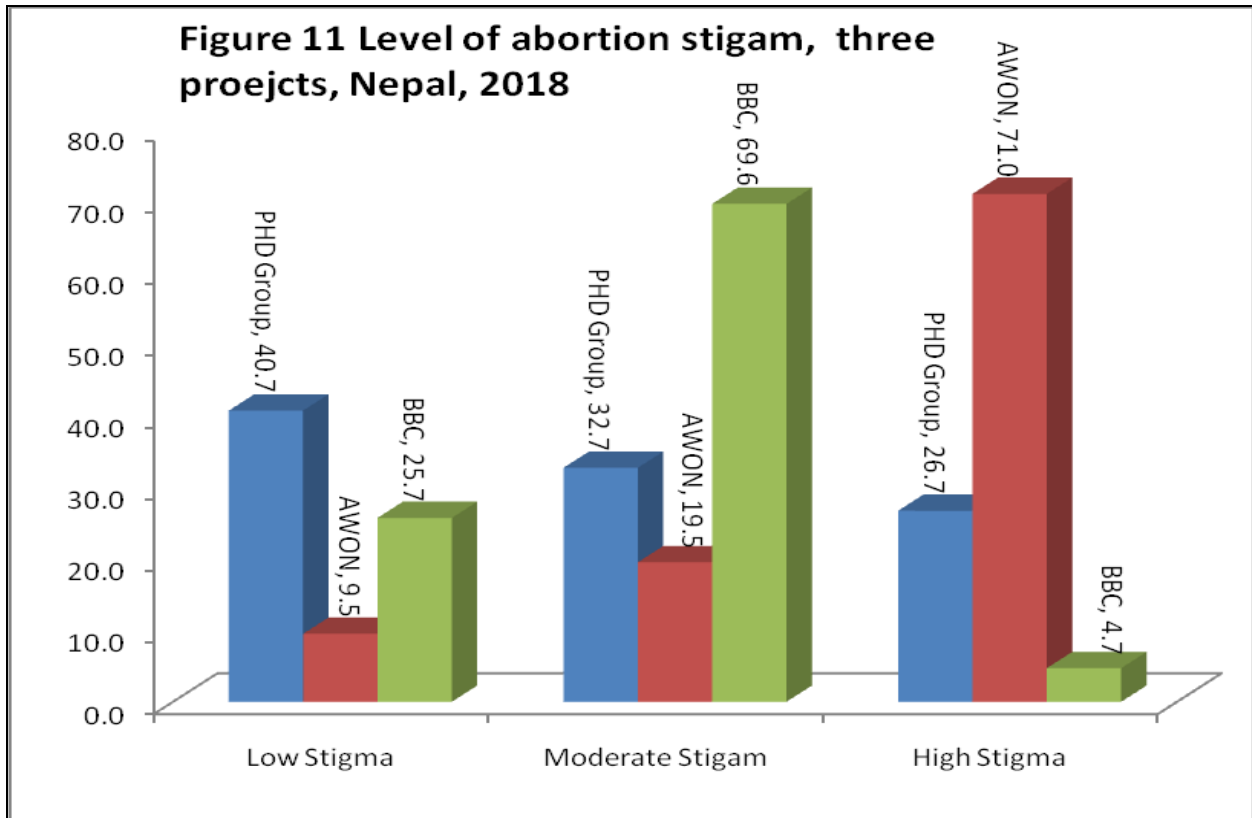
The age of respondents ranged from 13 to 49 and the median age was estimated at 24 years. Most respondents (36.3%) belonged to age 21-30, followed by age group 14-20 (28.3%), age group 31-40 (21%), age 40 and above (13%, Figure 10).



3.4 Comparison of stigma rates

In 2018, in addition to SAAF/PHD Group, two other organizations namely AWON and BBC also conducted studies on abortion stigma. For comparison, stigma scores are divided into three separate equal categories to define the level of stigma: Low, Moderate and High.

Among the baseline survey respondents from the three projects in Nepal in 2018, very high proportion (72%) of respondents displayed high stigma in Kalikot (AWON project) followed by respondents from Gorkha (27%) and among the BBC respondents the corresponding figure was only 5 per cent (Figure 11). One possible explanation for lowest stigma rating among BBC respondents could be that they mostly (94%) comprised of students. High stigma in Kalikot could be attributed to high illiteracy (nearly 70% had less than 5 years of schooling) and this district is regarded as one of the least developed one in the country.



IV. CONCLUSION

Overall in Nepal abortion stigma is high. Although stigma scores are divided into three separate equal categories to define the level of stigma as low, moderate and high, this type quantification appears to mask the severity of the stigma problem. As demonstrated by the data from SAAF/PHD project abortion stigma is high in the Nepalese community because on all three counts namely *Negative Stereotyping (62%)*, *Exclusion and discrimination (79%)* and *Negative stereotyping and exclusion /discrimination of young women (56%)*, stigma rates are very high.

REFERENCES

Action Works on Women (AWON). 2018. **SABAS Baseline Survey**. Kathmandu, Nepal.

Agrawal, G. N., M. R. Dhakal and P. Thapa. 2018. **Final Baseline Report on Empowering women to access safe abortion service in Gorkha, Nepal.** , Submitted to Population, Health and Development Group (PHD Group). December 20. Kathmandu, Nepal.

Laxmi Tamang, Aliza Singh, Shanta Laxmi Shrestha, and Radhika Ghimire. 2019. **Identifying Barriers to accessibility and availability of safe abortion services among young women in Makwanpur.** The State of the Region Report on Sexual and Reproductive Health and Rights: International Conference on Population and Development (ICPD+25). Beyond Beijing Committee (BBC), Kathmandu, Nepal

SAAF/IPPF. 2018. **The Stigmatizing Attitudes, Beliefs and Actions Scale (SABAS) tool.** IPPF, London.