

"THEY KNOW EVERYTHING"

COMMUNITY HEALTH WORKERS' ATTITUDES TO & INFLUENCE ON ABORTION ACCESS IN INDIA

RISHITA NANDAGIRI

DEPARTMENT OF SOCIAL POLICY, LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE

R.NANDAGIRI@LSE.AC.UK // @RISHIE_



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).

15.6 MILLION ABORTIONS OCCURRED IN 2015

73% MEDICAL ABORTION 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- I ANALYSE THEIR:

- ABORTION ATTITUDES
- KNOWLEDGE OF ABORTION PROVISION & RELATED LAWS
- CURRENT ROLES IN WOMEN'S ABORTION TRAJECTORIES

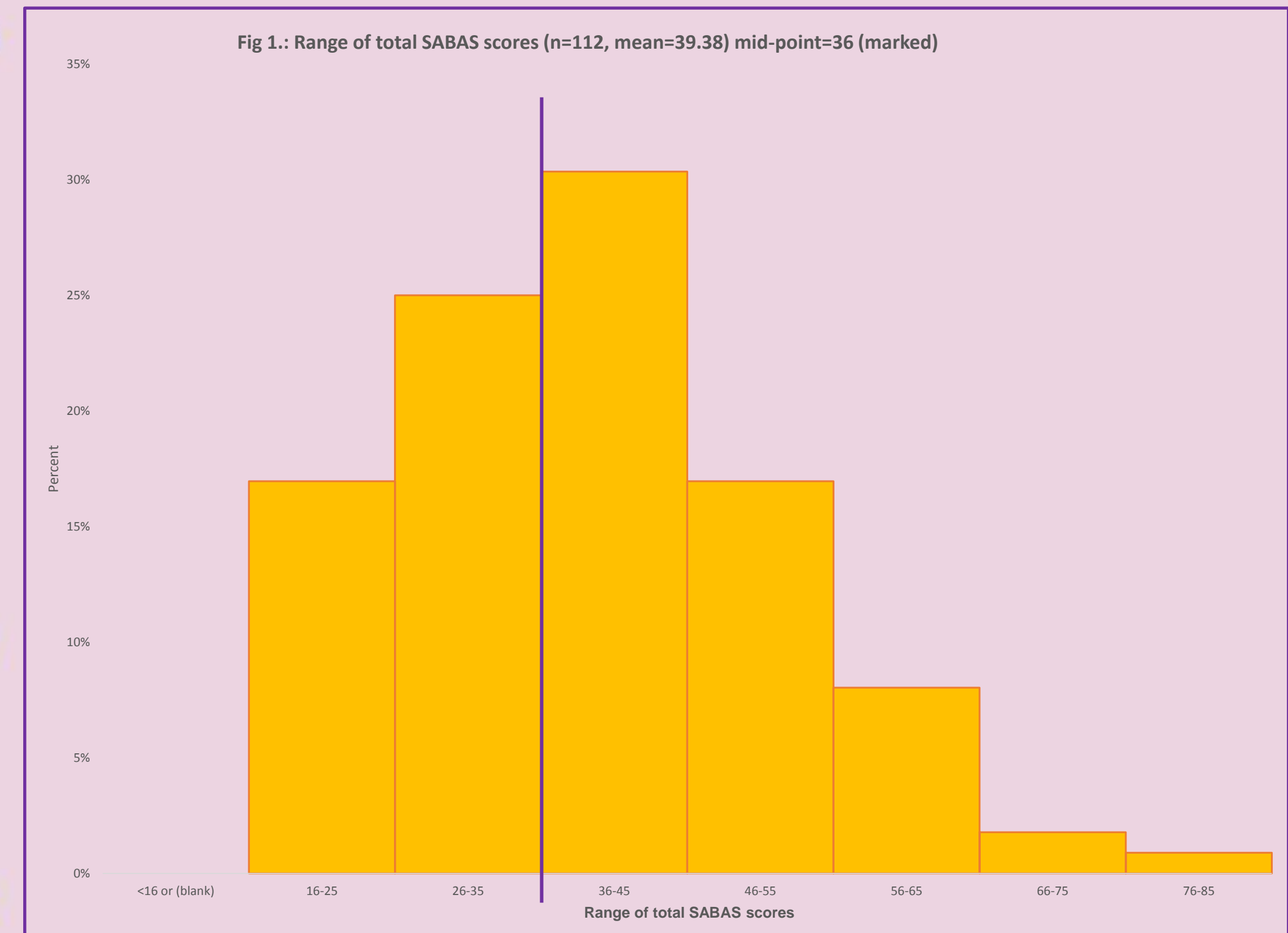
FINDINGS

THE SCALE'S MIDPOINT (36) MARKS GREATER OR LOWER DEGREES OF STIGMATISING ATTITUDES.

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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."

"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."

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

NEGATIVE STEREOTYPING

65% OF RESPONDENTS (N=73) 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.

CONFIDANTS

- 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

ABORTION ATTITUDES ARE EMBEDDED IN CONTEXT

ABORTION KNOWLEDGE & UNDERSTANDING SHAPES ADVICE

FAMILY/ SPOUSE/ AUTHORITY-FIGURE AS DECISION-MAKER

INFLUENCE OF INSTITUTION & HIERARCHY
PRE-MARITAL SEXUAL ACTIVITY

KNOWLEDGE OF LEGAL CONTEXT

TRAINING CONTENT AND TYPE

"CONTACT KNOWLEDGE"

INFLUENCES ROLES

DATA & METHODS

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

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).

1) CHWS DISPLAY SOME STIGMATISING ATTITUDES, LACK KNOWLEDGE OF CURRENT LAWS, AND REFLECT MISCONCEPTIONS ABOUT ABORTION.

CHW TRAINING MUST INCLUDE MATERIALS ON ABORTION LAW, MISCONCEPTIONS, & ACCOUNT FOR THE ROLE OF ABORTION STIGMA.

2) CHWS PROFOUNDLY INFLUENCE WOMEN'S ABORTION PATHWAYS & TRAJECTORIES.

CHWS' ABORTION ATTITUDES & ROLES HELP CONTEXTUALISE HOW SOCIAL, CULTURAL OR INSTITUTIONAL BARRIERS OPERATE OR ARE SUBVERTED TO ACCESS ABORTION- KEY ELEMENT IN ABORTION ACCESS.

3) CHWS' ROLES ARE SHAPED BY, AND INFLUENCE, SOCIAL, POLITICAL, AND CULTURAL CONTEXTS. THEY NAVIGATE COMPLEX POWER DYNAMICS, INCLUDING GENDERED AND INSTITUTIONALISED DIFFERENTIALS.

ABORTION & RELATED GUIDELINES MUST ACCOUNT FOR SOCIAL, POLITICAL, AND CULTURAL RELATIONS THAT INFORM CHWS' NEGOTIATIONS, PERCEPTIONS, SUBVERSIONS, & UNDERTAKING OF TASKS.

4) ABORTION STIGMA IS INTERACTIONAL, & THUS INFLUENCED BY INTIMATE KNOWLEDGE OF PEOPLE'S HISTORIES & DYNAMICS.

CONCEPTUALLY, "ABORTION STIGMA", NEEDS TO BROADEN ITS UNDERSTANDING; ACCOUNTING FOR AFFECTIVE INTERACTIONS THAT SHIFT HOW IT IS ENACTED.

KEY TAKEAWAYS/RECOMMENDATIONS