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ABORTION-RELATED STIGMA AND UNSAFE ABORTIONS: PERSPECTIVES OF WOMEN SEEKING ABORTION CARE IN MACHAKOS AND TRANS-NZOIA COUNTIES, KENYA
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E. K. YEGON, P. K. MWANIKI, E. ECHOKA and J. OSUR

ABSTRACT

Background: **The rate of unsafe abortions in Kenya increased from 32 per 1000 women of reproductive age in 2002 to 48 per 1000 women in 2012-- one of the highest in Sub-Saharan Africa. Abortion-related stigma has been linked to high levels of unsafe abortions.**
Objective: **To explore the perspectives of women seeking abortion services in public and private health facilities in regions with high as well as low incidence of unsafe abortions in Kenya on abortion-related stigma.**
Design: **A comparative qualitative study.**
Setting: **Selected public and private health facilities offering post abortion care services in Machakos and Trans Nzoia Counties**
Subjects: **Women seeking abortion related services in private and public health facilities in Machakos and Trans Nzoia Counties.**
Results: **Abortion-related stigma manifested in various forms including verbal abuse such as ridicule and name calling, isolation, physical abuse and denial of services. The stigma was in form of self-stigma, from the community and from health providers. Due to stigma, women preferred to seek information on abortion only from trusted friends and close relatives, regardless of their reliability so as to keep abortion confidential. Private facilities were reported as the main facilities where women could get an abortion confidentially, but costly compared to public facilities. As a result, women who could not afford private facilities chose to self-induce and present in a health facility to seek post abortion (PAC) care as the only way to access services, regardless of the dangers. Young single women seeking abortion services reported higher levels of stigma from health providers compared to older married women. Perception that abortion was illegal in Kenya perpetuated stigma and prevented women from seeking safe abortion services due to fear of being arrested.**
Conclusion: **Stigma associated with abortion is a major barrier to women seeking and receiving safe, comprehensive abortion care. Therefore, understanding abortion-related stigma is a critical step to designing measures to address barriers to women accessing safe reproductive health services.**

INTRODUCTION

It is estimated that in 2012,a total of 464,690 induced abortions occurred in both private and public health facilities in Kenya (1). The rate of unsafe abortions in Kenya is one of the highest in sub-Saharan Africa region (2) and has increased from 32 per 1000 women of reproductive age in 2002 to 48 per 1000 women in 2012 (1, 3).Unsafe abortion in Kenya is a leading cause of maternal morbidity and mortality. In 2010,Kenya passed a new constitution that allowed for abortion in certain circumstances. Article 43 recognises the right of every person to highest standards of health care including reproductive health care. Article 26 (4) further provides that abortion is permitted in the opinion of a trained professional or if permitted by

any other written law (4, 5).

Due to lack of understanding of legality and availability of safe abortion services and the stigma associated with abortion, most women resort to unsafe abortion.Abortion-related stigma is thought to influence individuals' health seeking behaviour as well as their emotional, psychological and physical well being (6-8); Stigma marks individuals for disgrace, shame, and even disgust, spoiling or tarnishing their social identities. Stigma has permeated attitudes toward recipients of sexual and reproductive health services, and at times service providers (9). A woman who terminates a pregnancy is perceived as having transgressed three conventional ideals of womanhood (10). Fear of abortion stigma has been linked to women choosing unsafe abortion options, sometimes even where safe and legal services are available, to avoid disclosure and maintain a high level of secrecy (11) or reconsider their options or delay seeking an abortion while they search for services that are less likely to expose them to stigma (9).

Regional statistics from a Ministry of Health study indicate that different regions in Kenya have different abortion rates (1). Rift Valley Region, where Trans-Nzoia County is located, reported the highest incidence of 31 per 1000 women of reproductive age whereas Eastern Region, where Machakos County is located,reported the lowest incidence of 6 per 1000 women of reproductive age (1) in 2012. Given these facts, we sought to understand the link between abortion-related stigma and unsafe abortion from the perspective of women seeking induced abortion services or post abortion care (PAC) in health facilitiesin the two counties.

MATERIALS AND METHODS

Study area: The study was conducted in two counties, Machakos County located in Eastern Region and Trans Nzoia County located in Rift Valley Region. The two geographical locations were chosen based on findings from a recent abortion magnitude study (1) which showed that the Rift Valley Region had the highest incidence of unsafe abortion, while Eastern Region had lowest incidence of unsafe abortion. The study examined the number of abortions reported in each health facility per county in each "incidence region" (i.e., high vs. low) and selected a county that had facilities with highest number of abortions reported in public health facility. Two facilities in each county that had reported serving the most number of women in 2012 were conveniently selected.

Study design and population: A qualitative comparative study design was employed to explore abortion-related stigma among women seeking abortion in selected health facilities in the two counties. The study population comprised women presenting in a health facility in the two counties seeking abortion services. To be eligible for the study, one needed to have received either PAC or induced abortion in the selected facilities, be able and willing to provide consent to participate in the study.

Sampling: All women treated in selected facilities and were eligible for the study were requested to participate. A saturation point was reached after interviewing 12 respondents that sought induced abortion and 14 respondents that sought post abortion care as described. Nine of the women however declined to participate in the study.

Data collection: A semi-structured interview guide was developed and pilot tested in neighbouring counties. This comprised 17 questions seeking information on woman's background; how they learned that they were pregnant; their thoughts and feelings about the pregnancy; what led them to seek information about abortion; where they sought information about abortion; their experience before, during and after the abortion; and who accompanied them to the health facility. It also had questions on feelings about community attitudes toward women whohad abortions; community perceptions on women's situation regarding abortion; sources of information regarding abortion and family planning experience.

Data collection team comprised the first author assisted by two nurses from the selected facilities trained on how to obtain informed consent, administer and keep data from IDIs safe. Data were collected over a two-week period in August of 2014.Each IDI lasted on average one and half hours. All IDIs were conducted in Swahili and recorded using a digital recorder and then transcribed. These were then translated into English.

Data analysis: To identify an initial set of codes all transcripts were read in English. After reading the transcripts, a code book of codes and their definitions was created; it included deductive codes from the guides as well as inductive codes emerging from the data (12). The transcripts from all of the IDIs were then uploaded onto Atlas –ti version 7 software (13) to code the data. IDI data were analysed by first reading the interviews, familiarising with the data and noting the themes and concepts that emerged. A thematic framework was developed from the identified themes and sub-themes which were used to create codes and code the raw data. Once all the data were appropriately coded, a matrix was created in Excel for each identified theme and the coded data transferred into the matrices. With all the matrices complete, analyses were conducted to assign meaning to emergent themes and concepts and to explore patterns of similarities and differences

across interviews and between counties. The unit of analysis was the individual woman.

Ethical approval: Approval to conduct this study was granted by the Ethical Review Committee of Kenya Medical Research Institute (Scientific Steering Committee No. 2768). Permission to conduct the study in the communities was granted by the county directors of health of the two counties.Written consent to participate in the study was given by the informants at community level. No identifier marks or personal information was used in the analysis and subsequent reporting of the study results to keep the identity of the respondents confidential.

RESULTS

Demographics of women seeking an abortion: 12 women were from Machakos County while 14 were from Trans-NzoiaCounty. A total of 15 women sought induced abortion, while 11 women sought PAC. Six of those that sought PAC were aged above 25 while five were aged below 25 compared to nine and six of those that sought induced abortion who were aged above and below 25 respectively. Three quarters of women aged less than 25 who sought PAC had induced abortion on their own using local herbs. One woman from Machakos County and three from Trans-Nzoia County above 25 years and who sought PAC services had also taken a local herb to induce abortion. Ten women reported that they were married while sixteen women were not in any union. Twelve women reported that they were still in school, 11 were in formal employment, and two women were commercial sex workers.

Reasons for Seeking Abortion: Eight women cited economic factors as the main reason for terminating pregnancy. In particular, women seeking induced abortion in both counties cited economic hardships as the main reasons for deciding to abort.

> *I thought of my background. What if she found out I am pregnant yet in third year. She wouldn't feel good. And still want to go on with my education; I did not want to burden her* (**PAC, unmarried, in school,Trans-Nzoia County**)

Others cited socio-cultural reasons for seeking abortion.

> *You know my husband is out of the country finalising his studies and I have been seeing a friend. I thought I was using contraceptives, and I think I mistimed. I don't want to have a baby outside wedlock and embarrass my husband* (**PAC, married, housewife,Machakos County**),

Some women from Trans-NzoiaCounty reported incest as the main reason for seeking abortion.

Reasons for choosing a certain health facility for abortion services: Majority of women in both counties sought induced abortion from private facilities.

> *I came to this clinicafter my friend told me that if you go to a government facility, they will ask too many questions and may even call police to arrest you; in this clinic they don't judge y*ou (**unmarried, out of school, private facility, Machakos County**).

On the other hand, women who sought services from public facilities mainly sought PAC. Six women seeking PAC in public facilities had self-induced and presented at facility while bleeding and did not disclose that they had self-induced. They reasoned that it was easier to seek PAC services in public facilities than induced abortion services.

> *I am still in school. A nurse who is close to my mum said it is illegal to provide abortion in government facilities, …So I tried omo(detergent) as well as jivu(ash) given by an old woman; all these did not work.So,when I used mwarubaini (a herb) I started bleeding and when I came here, the nurse saw me bleeding and rushed me to the theatre. That is when I was helped* (**unmarried, below 18 years, in school Trans-Nzoia County**).

Additionally, two thirds of women who sought services in public facilities reported that they chose them because they were referral facilities offering specialised services.

Some women cited affordable cost of care as the reason for seeking services in public facilities.

> *While it is cheaper being treated here, in private facility you will be overcharged and I do not have the money. Here there is a doctor who will examine and take care of you in order to stop the bleeding* (**married, PAC in a public facility Machakos County**).

Furthermore, women treated in public facilities reported that they chose the facility because of free services compared to the private facilities. On the other hand, those seeking services in private facilities reported that they opted for them because providers were caring and more welcoming, attended to clients faster and had a positive attitude towards them, in addition to the privacy and confidentiality compared to public facilities.

Sources of information on availability of abortion services: Most women reported that they obtained information from close friends or relatives about which health facilities offered abortion services.This they attributed to the need to keep their abortions confidential.

> *I did not want anybody other than my close friend who could offer help to know that I came to this clinic (private). They would spread rumours about me to my parents who are Christians and this might give them bad name* **(unmarried, induced, Machakos County).**

Feelings about their abortion experience: Half of the

women reported that they felt bad about having aborted. Four women from Machakos County and seven women from Trans-NzoiaCounty reported that though they felt bad about having aborted, they had to do it and were worried that if discovered, they would be labelled and discriminated against by relatives and community members.

> *Of course there is that feeling that you are doing something bad but on the other side you see it has to be done. I said this is my decision and even God knows that it's not intentional. I don't think I have done any wrong (***PAC married, public facility,Trans-Nzoia County).**

> *Sometimes I think about it, I know what I have done was bad. I often pray to God to forgive me. I didn't want to do what I did, but the situation I was in forced me into it***(Induced, married, public facilityMachakos County,).**

A quarter of women undergoing elective abortion reported that they felt guilty about their decisions and felt helpless that they could not reverse the decision.

> *After going through the process I felt guilty about it. I condemned myself about the decision. I knew I could not reverse the action. I decided to move on since I made the decision myself* **(Induced single, public facility Trans-Nzoia County).**

On the other hand, those women who had missed abortion expected that they could be helped in the health facility to keep their pregnancy. However they felt bad that theylost the pregnancy.

Coping mechanisms for women afraid of being stigmatised: Women seeking abortion services kept this information secret for fear of being known and stigmatised. Eight women seeking induced abortion and 10 women seeking PACservices were cautious to disclose information about their abortion and had to lie, while others confided in very close friends, relatives or trusted persons for fear of information being divulged. One respondent reported thus:

> *Since abortion is not allowed here,it's not easy to go asking others on how you can do it. You will be seen as a sinful person. I was very conscious about the people I consulted. I made sure I told friends I trusted who would not to tell others***(married, induced, private clinic Machakos County).**

Furthermore, nine out of 15women seeking induced abortion services were not accompanied as they did not want any family member to know that they had sought abortion services in order to maintain secrecy and confidentiality as well as avoid rumours that would result into negative perceptions about them. However their boyfriends were aware and had organised with someone at the health facility to provide abortion services. At the same time, some women explained the reasons for choosing not to be accompanied to the health facility as not trusting that anyone could keep the information confidential. They explained thus:

> *I came to seek the service alone. I did not even want my closest friend to know about it. This is a very personal decision as I do not want anyone to know what I went through* **(unmarried, Trans-Nzoia County)**

> *The only people who knew were my boyfriend and I. I did not tell anyone else. ….. But the challenge is on confidentiality. How would you ensure they not disclose to the other people whatever happened on that day"?* **(Single, out of school, private facility, Machakos County)**

Most of the younger women indicated that they would have liked to involve their parent, especially the mother, but they feared that they would be stopped from seeking aborti0n. As such, they chose to keep the information secret.

> *I took the decision on my own because if I involved my parents, they would have felt very bad about it and probably they would have stopped me from removing the pregnancy and for me I felt it was important to remove it at that point in my life* **(Single and in school, induced, private health facility, Machakos County).**

Although the younger women that involved their parents in seeking abortion services reported that their parents were supportive, especially in helping them to identify a health provider and kept it confidential, they indicated that their parents had to be cautious about who they sought information from.

> *My mum sought information from people but she did it indirectly. She lied to them that one of her nieces was pregnant and was looking for a good service provider. When we got information about a service provider, I came here (***Single in school,induced, private health facility, Trans-Nzoia County).**

Knowledge on law and abortion as per Kenya's constitution: More than three quarters of women reported that they were not clear whether abortion was legal or illegal in Kenya with majority reporting that it was illegal. Due to understanding that abortion is illegal in Kenya, most women who had induced their abortion prior to presenting to a health facility denied that they had done something to initiate their abortion. Fourteen women reported that abortion in Kenya was illegal. Six out of 14 women from Trans-Nzoia County and eight out of 12 women from Machakos County reported that abortion was illegal.

> *...more so, abortion is illegal in the country; you cannot just go anywhere and ask for the service* **(Unmarried with child, PAC, private facility, Machakos County).**

> *….. I know it is not accepted to carry out abortions. The private clinics do it secretly. But the government should understand there are people out there who*

> *carry out abortions not by choice but unbearable circumstances* **(unmarried,induced, private facility, Trans-Nzoia County).**

Perceptions of health care providers regarding abortion
Nearly all women seeking abortion services in private health facilities reported better treatment by health providers compared to those in public facilities. In public facilities, married women seeking PAC services reported better treatment compared to unmarried women who reported poor treatment:

> *She asked me whyI was complaining when I should not have had sex in the first place and went ahead to assist another older woman who had similar condition like I had. It's like she was punishing me and going to help older woman* **(Unmarried no child, PAC Trans-Nzoia County).**

Half of the women that sought PAC services and had signs of self-induced abortion reported several instances of being coerced and threatened by health providers because they refused to disclose they had induced the abortion. Women fromTrans-Nzoia County reported that some providers went as far as threatening not to attend to them if they completely refused to disclose.

> *The nurse was the first person I made contact with. She asked me what was wrong with me. At first she looked angry, she rebuked me on why I had terminated it yet she had stopped me from carrying it out* **(Unmarried no child,induced,public facility, Machakos County).**

> *The only difficult situation was to face the same people who had not helped me…..… the nurses still talked to me although they rebuked me about my hideous decision* **(Unmarried woman with child,induced,public facility, Trans-Nzoia County).**

DISCUSSIONS

Abortion-related stigma has been found to create barriers to women seeking safe abortion services, in some cases opting for unsafe options to avoid disclosure and maintain a high level of secrecy (11). The findings of this study indicate that abortion-related stigma is present in both low and high unsafe abortion incidence areas but in varying degrees. This impedes women from seeking safe abortion services resulting in death and disabilities.Health workers in public facilities are more likely to stigmatise women seeking abortion related-services compared to those in private facilities. Perceptions that abortion is illegal heightens stigma and impedes women from seeking safe abortion services even in situations where they exist.Bad feeling or guilt about abortion has resulted in self-stigma among women who have procured abortion.

Women interviewed in this study indicated that to access abortion services especially in public health facilities, they induced abortion and presented to a health facility bleeding regardless of the risks because they figured it was the only way to access services. Additionally, women preferred to seek induced abortion services in private health facilities regardless of their capacity to offer safe abortion services because these facilities did not stigmatise them and offered high levels of confidentiality. Due to the desire to keep high levels of secrecy about abortion, women did not seek information about abortion services from reliable sources, instead choosing to consult only very close and trusted friends and family members, regardless of their knowledge of services available. This exposed them to misinformation about abortion options available. These findings are similar to what Marlow *et al* found out about women in Uganda who mostly preferred receiving information and support from people that they trusted and who would keep their abortion confidential (14). This is an indication that no person wants to be associated with abortion due to stigma that comes with it. Other studies have reported similar findings that in various settings, women who had terminated pregnancy were reluctant to disclose their abortion for fear of abortion stigma (15). Again, perceptions that abortion in Kenya is illegal fuelled stigma further, pushing women to seek abortion services secretly ostensibly to avoid being arrested and prosecuted. Some health workers in public facilities took advantage of this to threaten those presenting to the facilities for PAC, and in some instances even denying them care, contrary to constitutional provisions that entitle every person to quality reproductive health care.

Although there have been some attempt to educate community groups on the law and how they could access abortion services in health facilities, as reported by Women from Trans-Nzoia County, the information available in health facilities and communities about abortion services varies. This could be informed by the fact that Ministry of Health (MOH) rolled out standards and guidelines on provision of abortion services and partnered with community-based groups in Trans-Nzoia County to sensitise and mobilise community members on the need to reduce unsafe abortions in the county (16, 17). However MOH withdrew these guidelines, leaving a gap in provision of services (18), further stigmatising women seeking abortion services.

These findings imply that existence of high levels of abortion-related stigma continues to be a major impediment to uptake by women of safe reproductive health services, leading to unacceptably high unsafe abortion incidences, at 48 per 1000 women in 2012, resulting in increased maternal mortality. These findings call for the need to design measures to address factors that fuel abortion- related stigma. These could

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include efforts aimed at building knowledge on the legal provisions regarding abortion in Kenya as well as available safe abortion options.

REFERENCES

1. African Population and Health Research Center MoH, Kenya, Ipas, and Guttmacher Institute. Incidence and Complications of Unsafe Abortion in Kenya: Key Findings of a National Study. Nairobi, Kenya: Ministry of Health; 2013. p. 36.
2. Sedgh, G., Singh, S., Shah, I. H., Åhman, E., *et al*. Induced abortion: incidence and trends worldwide from 1995 to 2008. *The Lancet*. 2012; **379**: 625-632.
3. Gebreselassie, H., Gallo, M. F., Monyo, A. and Johnson, B. R. The magnitude of abortion complications in Kenya. BJOG: *An International Journal of Obstetrics & Gynaecology*. 2005;**112**: 1229-1235.
4. Kramon, E. and Posner, D. N. Kenya's new constitution. *Journal of Democracy*. 2011; **22**: 89-103.
5. Moses Mulumba, D. K. and Viola Nassuna. Constitutional provisions for the right to health in east and southern Africa. Harare: Centre for Health, Human Rights and Development (CEHURD), April 2010.
6. Richman, L. S. and Lattanner, M. R. Self-regulatory processes underlying structural stigma and health. *Social science & medicine*. 2014; **103**: 94-100.
7. Phelan, J., JW L, CL R, CJ T. Stigma, Status and population health. *Social science & medicine*. 2014; **103**: 94-100.
8. Link, B. G. and Phelan, J. C. Labeling and stigma. Handbook of the sociology of mental health: *Springer*; 2013. p. 525-41.
9. Cook, R. J. and Dickens, B. M. Reducing stigma in reproductive health. *International Journal of Gynecology and Obstetrics*. 2014; **125**: 89-92.
10. Kumar, A. and Mitchell, E. Exploring the social construction and conscious dismantling of abortion stigma. CULTURE HEALTH & SEXUALITY; 2007: ROUTLEDGE JOURNALS, TAYLOR & FRANCIS LTD 4 PARK SQUARE, MILTON PARK, ABINGDON OX14 4RN, OXFORDSHIRE, ENGLAND.
11. Singh, S., Moore, A., Bankole, A., Mirembe, F. and Wulf, D. Unintended pregnancy and induced abortion in Uganda: causes and consequences. 2006.
12. Patton, M. Q. Qualitative research: Wiley Online Library; 2005.
13. Friese, S. Qualitative data analysis with ATLAS. ti: Sage; 2014.
14. Marlow, H. M., Shellenberg, K. and Yegon, E. Abortion services for sex workers in Uganda: successful strategies in an urban clinic. Culture, Health & Sexuality. 2014(ahead-of-print):1-13.
15. Shellenberg, K. M., Moore, A. M., Bankole, A., Juarez, F., Omideyi, A. K., Palomino, N., *et al*. Social stigma and disclosure about induced abortion: results from an exploratory study. *Global Public Health*. 2011; **6**: S111-S25.
16. MOH K. The Kenya National Patients rights Charter, 2013. In: Health Mo, editor. Nairobi: Ministry of Health; 2013. p. 4.
17. Services MoM. STANDARDS and GUIDELINES for reducing morbidity & mortality from unsafe abortion in Kenya. NairobiSeptember 2012.
18. Otieno, J. Clandestine abortions shoot up as practitioners suspend guidelines. The Standard Newspaper. 2014 Wednesday, July 23rd 2014 at 10:35;Sect. Eve woman Magazine.

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