

Correlates of stigma and unsafe abortions in regions with high and low incidence of unsafe abortions in two counties in Kenya

ABSTRACT

The incidence of unsafe abortion has been on the rise over the last 10 years with Kenya reporting one of the highest rates of unsafe abortions in sub-Saharan Africa region. Due to controversy about abortion, anyone associated with abortion faces stigma in one way or another. This study investigated the association between abortion related stigma and unsafe abortions and factors associated with abortion-related stigma among individual women seeking abortion services and among general community members in Machakos and Trans Nzoia counties in Kenya. Specifically, the study was guided by the following objectives; to determine the level of abortion-related stigma among individual women receiving abortion care services and among general community members, establish association between abortion-related stigma and incidence of unsafe abortion and, examine factors associated with abortion-related stigma at personal and community level.

The study adopted a mixed method cross sectional design comprising quantitative and qualitative methods. The target population was men and women of reproductive age (16 – 49 years) in the two counties. Multi-stage sampling method was used to sample respondents. At community level, out of 712 respondents were targeted in various categories, 712 respondents were received as valid representing 100% response rate. At the facility level, out of 762 women treated for abortion complications in selected facilities in the two counties, 759 respondents were received as valid, representing a response rate of 99.6%. For qualitative methods, a total of 26 Focus group discussions was held and 26 indepth interviews held after reaching a point of saturation in both counties. Survey data from quantitative methods was collected by use of two separate structured questionnaires one at community level and the other at individual level. The questionnaires were pilot tested on 20 respondents drawn from the study sites. Reliability of the questions was done by use of Cronbach's alpha. Normality test was done for dependent variable to aid subsequent regression analysis. For qualitative methods, indepth interview guides and focus group guides were developed and piloted in two communities and changes on order of questions made. A thematic framework analysis was used. A code book comprising both deductive and inductive codes and their definitions was created. The transcripts from all the IDIs and FGDs were then separately uploaded onto Atlas –ti version 7 software to code the data. IDI and FGD transcripts were analysed by first reading the interviews, familiarising with the data and noting the themes and concepts that emerged. This study established a relationship between incidence of unsafe abortions and levels of abortion stigma where respondents from a county with higher incidence of unsafe abortion reported higher stigma scores compared to those from a county with lower incidence of unsafe abortion. The study revealed that 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 to keep their abortion confidential. Based on the study findings it can be concluded that abortion related stigma is a key contributor to unsafe abortion in Kenya.

The study recommends that stigma reduction interventions require multidimensional approaches targeting players at all levels.

The study makes significant contribution to the body of knowledge in that organizations focusing on addressing reducing maternal deaths will gain practical insights into abortion stigma as a main contributor to deaths that could be prevented by normalizing conversations around abortion thereby enriching their knowledge on stigma reduction interventions. Future researchers may focus on individual and community knowledge and actions as it relates to how women seeking abortions will be treated by their community members exposed to abortion stigma reduction interventions.