

## **ABORTION STIGMA AND MEASUREMENT**

### **VIAC FACT SHEET**

The law in Cameroon under the 2007 Penal Code (sections 337-339) stipulates that the performance of abortions is illegal except if proven necessary to save the mother from grave danger to her health or when the pregnancy is the result of rape. It continues that anyone performing an illegal abortion is subject to one to five years imprisonment and a fine of 100,000 to two million CFA francs. A woman who procures or consents to her own abortion is subject to imprisonment for fifteen days to one year and/or a fine of 5,000 to 200,000 CFA francs.

The Cameroon penal code Chapter V. Children and the family Section 337 states as follows: (2) Whoever procures the abortion of a woman, notwithstanding her consent, shall be punished with imprisonment from one to five years and with fine from one hundred thousand to two million francs. (3) The penalties prescribed 9by subsection (2) shall be doubled where the offender: (a) engages habitually in abortion; or (b) practices the profession of medicine or an allied profession. (4) In the circumstances of subsection (3) (b), the court may also order closure of the professional premises and impose a ban on his occupation under sections 34 and 36 of this code<sup>1</sup>.

### **BACKGROUND**

Abortion stigma is the discrediting of individuals as a result of their association with abortion<sup>2</sup>. Cameroon has an abortion rate of 36 per 1000 women with Cameroon being one of the countries in Middle Africa with very high abortion rates<sup>3</sup> despite being illegal and not encouraged by culture and religion, the number of unsafe abortions is still on the rise<sup>4</sup>. Legal restrictions and the idea that abortion is dirty or unhealthy has led to the use of stigma as a tool for anti-abortion efforts.

### **MEASURING ABORTION STIGMA**

A 30-item scale was formulated with some adaptations from Stigmatizing Attitudes, Beliefs and action scale (SABAS) and The Individual level Abortion Stigma Scale (ILAS). The wordings of the items was informed by stories of abortion and research articles on abortion stigma. The scale was piloted using a self-administered questionnaire in Buea in the South West Region of Cameroon. A total of 436 questionnaires were administered to 240 women and 196 men in English, French, and Pidgin English. A factor analysis revealed an 18-item scale with a 3-factor model for self or individual level abortion stigma

( $\alpha=0.73$ ), community or enact level abortion stigma ( $\alpha=0.74$ ), felt level abortion stigma ( $\alpha=0.70$ ), and a Chronbach alpha score of 0.81 for the total scale

### **Felt, Enact and Self Stigma Scale( FES )SCORING**

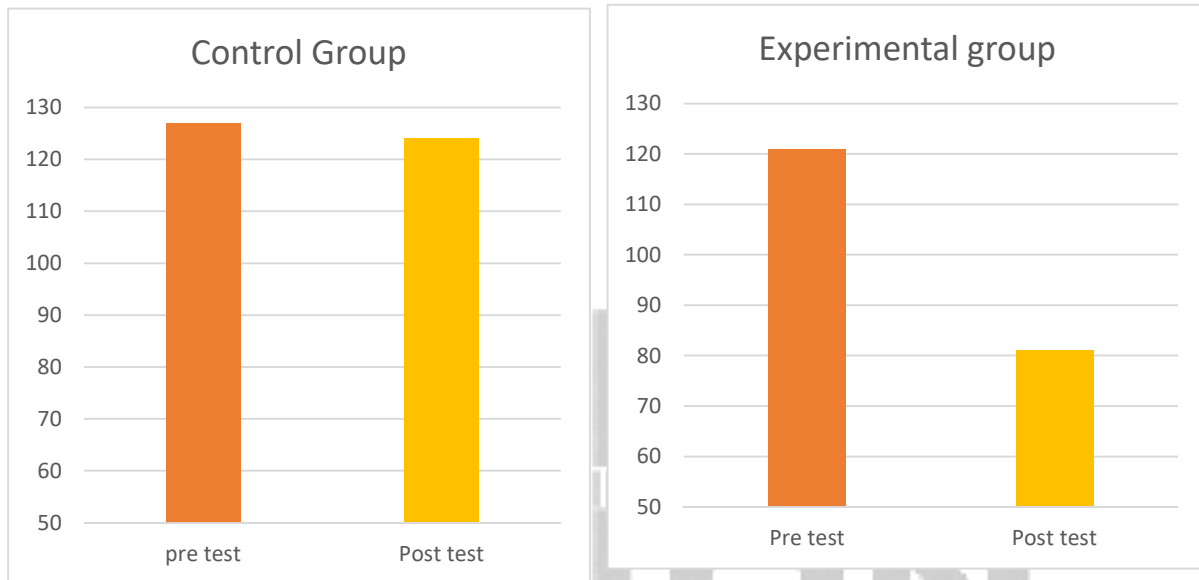
The response categories for FES are graded using a Likert scale from “strongly agree” to “strongly disagree” with each response assigned a value ranging from “1 to 5”. Strongly agree=1, agree= 2, unsure= 3, disagree=4 and strongly disagree=5. Scoring can be done based on the different subscales or a total of the subscales. Higher scores reflect more stigmatizing attitudes and beliefs irrespective of scoring using the subscale or the total. We encourage users to use scores as continuous variables and to create cutoff points based on their context and setting.

### **USING FES SCALE AS A TOOL TO MITIGATE ABORTION STIGMA**

A study was carried out in Buea, an urban town in the southwest region of Cameroon with rural communities located at its outskirts. This study aimed at testing the effectiveness of FES as an abortion stigma measuring tool in the communities by assessing the changes in individual, community, and felt stigma within communities. From the rural communities total a total of 436 participants took part in the study, 10 community groups agreed to take part in the study, 221 participants were divided into 5 groups and were engaged as the control groups and 215 of the participants were divided into 5 groups and were engaged as the experimental group, The individuals in this study were of different age groups, different cultural and religious beliefs A pre-test which FES scale in the form of a questionnaire was administered to all 10 groups, only the experimental groups received an intervention designed based on the findings from the FES scale. A post-test which was the FES scale in the form of a questionnaire was administered to all 10 groups involved in the study to measure the changes in individual, community, and felt stigma within the experimental and control groups. The responses were scored and the mean and above was used as the cut-off point to indicate stigmatizing attitudes and beliefs within the groups for the different subscales (individual stigma, community stigma and felt stigma).

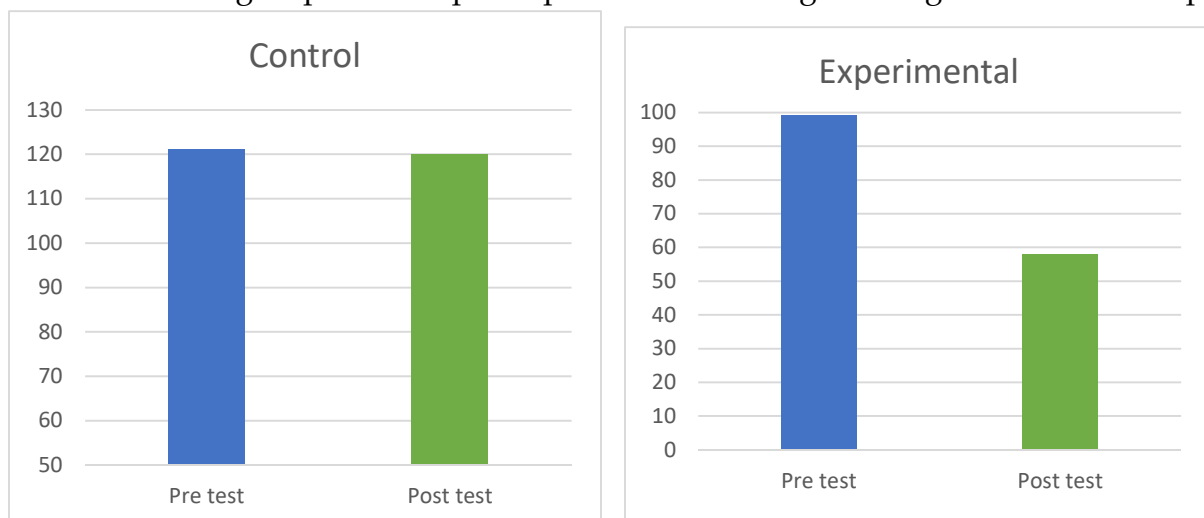
### Self / individual Stigma

A majority of the participants in the control group 127 participants self-stigmatize and 121 participants in the experimental groups self-stigmatize in the pre-test. In the post-test, there was a drop in the number of participants self-stigmatizing in the experimental group to 80 participants and in the control group to 124 participants.



### Community Stigma

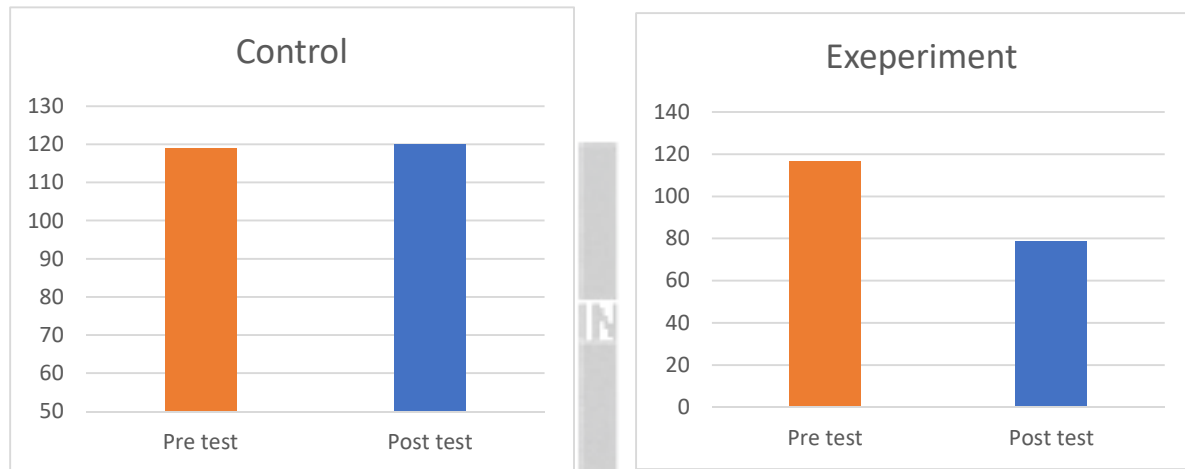
For the pre-test, the experimental group had 99 participants with stigmatizing attitudes and the control group had 121 participants who had stigmatizing attitudes. In the post-



test, 58 participants in the experimental group had stigmatizing attitudes while 120 participants in the control group had stigmatizing attitudes.

### Felt Stigma

For the pre-test, the experimental group had 117 participants with stigmatizing beliefs and the control group had 119 participants with stigmatizing beliefs. In the post-test, 78 participants in the experimental group had stigmatizing beliefs while 120 participants in the control group had stigmatizing beliefs.



### LESSONS LEARNT

1. FES scale is a valid and reliable tool for abortion stigma measurement.
2. FES scale is an effective tool for informing abortion stigma mitigation strategies.

### Self Stigma

Item	Please indicate how much you agree or disagree with the following statements	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1	Will you be worried if people find out you have had an abortion	5	4	3	2	1
2	Having an abortion will negatively affect your					

	relationship with someone you love					
3	People will gossip about you if they know you have had an abortion					
4	You cannot open up to someone you are close with about your feelings on an abortion you had					
5	You cannot trust the people you are close to with information about your abortion					
6	I feel guilty/ashamed about my abortion					
7	I do not feel confident I made the right decision to have an abortion					

**Community/Enact Stigma**

Item	Please indicate how much you agree or disagree with the following statements	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1	Decent women will never have an abortion					
2	A woman who has had an abortion should be prohibited from going to religious/traditional activities					
3	A man should not marry a woman who has had an abortion because she may not be able to bear children					
4	I would stop being friends with someone if I found out that they had an abortion					
5	I would point my fingers at a woman who had an abortion so					

	that other people would know what she has done					
6	A woman who has had an abortion should not be treated the same as everyone else					
7	Men who have allowed their partners to have an abortion are weak					
8	Women who have an abortion are easy/will sleep with anyone					

**Felt Stigma**

Item	Please indicate how much you agree or disagree with the following statements	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1	It is wrong for women with children to choose to have an abortion so as to give the kids a better life					
2	A woman who has had an abortion is not doing what is right for her					
3	Women who have an abortion because they feel unprepared to have children are irresponsible					
4	It is not okay for a woman to have an abortion only because she does not want to have children at the moment					

## References

1. Mbuwir Charlotte Bongfen et al. *Abortion practices among women in Buéa: a socio-legal investigation*. *Pan African Medical Journal*. 2019;32:146.  
[doi: [10.11604/pamj.2019.32.146.17732](https://doi.org/10.11604/pamj.2019.32.146.17732)]
2. Cárdenas, R., Labandera, A., Baum, S.E. et al. "It's something that marks you": Abortion stigma after decriminalization in Uruguay. *Reprod Health* 15, 150 (2018).  
<https://doi.org/10.1186/s12978-018-0597-1>
3. <https://www.132healthwise.com/which-countries-have-the-highest-abortion-rates.php>
4. Bain LE, Kongnyuy EJ. *Eliminating the high abortion related complications and deaths in Cameroon: the restrictive legal atmosphere on abortions is no acceptable excuse*. *BMC Womens Health*. 2018 May 24;18(1):71. doi: 10.1186/s12905-018-0564-6. PMID: 29793462; PMCID: PMC5968528.

