



COMBATTING ABORTION STIGMA

15 years
of — **WHP**





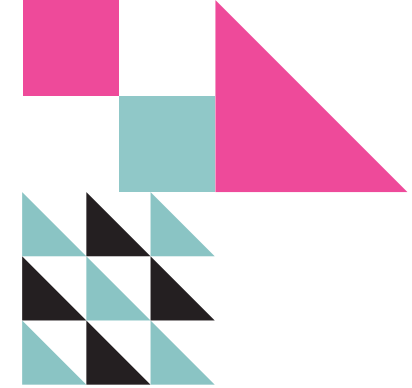
INTRODUCTION

STIGMA LIES AT THE HEART OF MANY BARRIERS TO ACCESSING ABORTION (HANSCHMIDT ET AL., 2016).

Not only does it drive abortion seekers to choose secret, unsafe options over safer options, but it also restricts service provision and availability of medical abortion and rewards policymakers who limit access through restrictive laws and policies. Negative individual-level attitudes about abortion are important underlying factors associated with predicting abortion stigma (Gresh & Maharaj,

2014; Harries et al., 2009). A study conducted at Nigerian health facilities supported by the non-governmental organization Ipas revealed that almost half of the abortion seekers accessing elective abortion services expressed high individual levels of abortion stigma, defined as “an individual’s lived experiences with and feelings about an abortion decision” (Kumar et al., 2009).

Too often, advocacy to enact laws and policies to expand access to safe abortion is not matched with concurrent efforts to build public support, in part by addressing negative individual-level attitudes and reducing stigma.



This can result in public backlash, including aggressive public opposition and the repeal of safe abortion policies. Several proven stigma-reduction tools exist, including workshop-based interpersonal dialogue and “values clarification” exercises. These tools have been designed and tested for use with smaller, specific groups, (e.g., health professionals or parliamentarians), and, as a result, they have been challenging to implement at scale with wider audiences.

Efforts to address stigma through storytelling have been tested across a variety of health topics. MTV’s now famous “Shuga” TV series, whose plotlines featuring main characters living with HIV struck a chord with East African audiences,

significantly improved attitudes towards people living with HIV and decreased HIV stigma (Banerjee et al., 2019). A 2022 systematic review and meta-analysis of 46 studies exploring the effects of storytelling on stigma across health areas found an overall effect in reducing stigma (Zhuang & Guidry, 2022). Storytelling is also attractive as a stigma-reduction intervention because of its high potential for scalability. However, while TV, radio, and other modes of storytelling have been widely used, relatively little is known about how to effectively harness the power of storytelling using social influencers through social media platforms (Gillig et al., 2018; Banerjee et al., 2019).



PSI CONDUCTED FORMATIVE RESEARCH AND A LANDSCAPE REVIEW OF PROMISING PRACTICES **USING STORIES IN STIGMA REDUCTION**, INCLUDING A MEDIA AUDIT IN NIGERIA AND QUALITATIVE RESEARCH STUDIES IN COTE D’IVOIRE AND NIGERIA



Between 2019 and 2021, PSI conducted formative research and a landscape review of promising practices using stories in stigma reduction, including a media audit in Nigeria and qualitative research studies in Cote d'Ivoire and Nigeria. Results from these exercises pointed to the prospect of several new ways of constructing narratives that may be more effective in shifting attitudes specific to abortion. Namely, these studies found that:

fresh framing of stories

can better resonate with new audiences and not speak to the already-converted (e.g., exchanging a rights-based argument for a morality-based one)

underused messengers

bring credibility to the story while overused messengers might hurt it

narrative arcs that focus

not on the person having the abortion but on someone around them who changed their mind about abortion are more impactful.

PSI conducted a proof-of-concept pilot study in 2022 to test the use of social media influencers in influencing stigmatizing individual attitudes towards abortion in Lagos, Nigeria. PSI identified and engaged social media nano- and micro-influencers from Lagos, Nigeria to share personal testimonies with their networks describing how their views on abortion have changed over time. The influencers shared their testimonies via social media posts in closed Facebook groups and on a micro-site that also contained comprehensive information and links to abortion resources. To evaluate the effectiveness of the intervention in changing levels of stigma, we enrolled study participants from the influencers' social media networks and compared their abortion attitudes and beliefs before and after exposure to the intervention.

STUDY OBJECTIVES

The pilot intervention and evaluation aimed to determine the potential feasibility, acceptability, and effectiveness of using social media to address abortion attitudes and beliefs. Specifically, we aimed to generate evidence on the following questions:

✓ IS A SOCIAL MEDIA-BASED INTERVENTION ADDRESSING ABORTION STIGMA FEASIBLE IN LAGOS, NIGERIA?

- Is it possible to recruit influencers willing to advocate for abortion rights to their followers?
- Can influencers reach people beyond those already supportive of abortion? Specifically, can they reach a “moveable middle” target audience who hold medium levels of stigmatizing attitudes and beliefs but may still be persuadable?

✓ IS THE INTERVENTION ACCEPTABLE?

- Are closed Facebook groups (sometimes termed “semi-social media”) an appropriate setting for such an intervention? Will participants be willing to join and interact in a closed group focused on abortion?

✓ IS EXPOSURE TO THE INTERVENTION EFFECTIVE AT REDUCING STIGMATIZING ATTITUDES?

- Do individual levels of stigmatizing attitudes and beliefs change after exposure to the intervention?
- Is the effectiveness of the intervention modified by a baseline level of abortion stigma?
- From a measurement perspective, is Ipas’ Stigmatizing Attitudes, Beliefs and Actions Scale (SABAS) a sensitive instrument for capturing between-person variability in abortion stigma in this program setting?



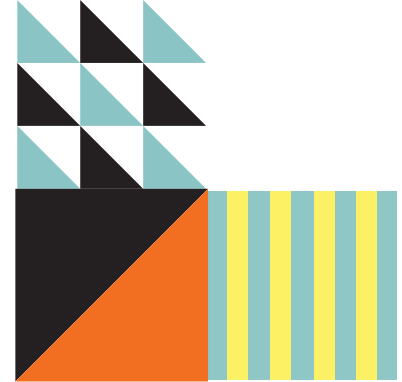
METHODS

SOCIAL MEDIA-BASED PILOT INTERVENTION

PSI partnered with Afluence, an African-based company that specializes in influencer-based marketing. Afluence employed its artificial intelligence (AI)-based algorithm to assess publicly available social media data to identify potentially suitable nano- and micro-influencers based in and around Lagos, Nigeria. Criteria for influencer selection included information engagement rates, reach, and the type of interests the influencer expresses through their social media profiles. PSI then contacted potential influencers, and those interested in

participating in the pilot underwent a screener survey based on self-reflection questions from Ipas' values clarification and attitude transformation (VCAT) manual (Ipas, 2022). We then met individually with each potential influencer to better understand their screener survey responses and to assess whether the person had a "story" to tell and could communicate it effectively.

PSI contracted selected influencers to create content, recruit people from their pool of followers to join closed Facebook groups, and promote the campaign website. After an initial onboarding, influencers engaged in a series of training



sessions led by Goodwin Simon Strategic Research (GSSR) and PSI covering abortion, abortion stigma, storytelling, social media communications, and the results of GSSR- and PSI-led research about abortion stigma and narrative strategy. PSI then worked with each influencer individually to help them identify and shape their own personal stories and ensure that these stories align with the evidence base.

PSI conducted and recorded in-person interviews with each influencer, which were edited into one-to-three-minute video testimonials and uploaded onto a campaign website. Additional website content included messaging and information addressing popular misinformation and providing practical resources. For additional information or assistance, the campaign site directed users to the website www.howtouseabortionpill.org.

During a three-week-long social media intervention, influencers served as moderators and leads of closed Facebook groups. Within these groups, influencers created posts that promoted the website to group members and moderated any resulting discussions among the participants. The posts encouraged group members to visit the full campaign website.

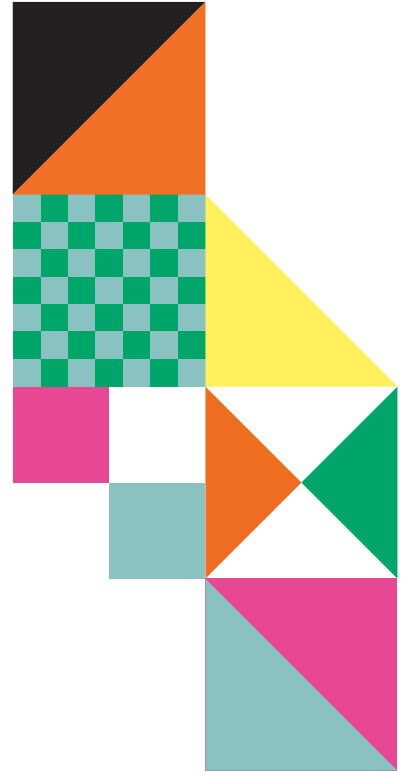
PILOT EVALUATION RESEARCH METHODS

To assess the feasibility, acceptability, and effectiveness of the social media intervention, we conducted a quantitative evaluation using an uncontrolled before-and-after design. PSI recruited research participants prior to exposure to the intervention through a social media post (shared on Facebook, Twitter, and Instagram) authored by influencers engaged in the pilot inviting those interested in women's health issues to assess their eligibility for participation through an online survey. Those who opted in were directed to a secure online survey, which assessed their eligibility, obtained electronic consent to participate, and directed them to complete a baseline self-administered questionnaire. Participants were eligible if they were at least 18 years of age, had a Facebook account and self-reported visiting Facebook at least three times a week, and resided in or around Lagos, Nigeria. Individuals who did not consent to participate in a baseline and single follow-up survey or who did not agree to be added to a private Facebook group focused on sexual and reproductive health and abortion were excluded from participation. Eligible participants were invited to join a private Facebook group by the influencer that recruited them in which they were exposed for three weeks to daily posts that were designed to reduce abortion stigma by changing specific beliefs and attitudes about abortion. Participants were sent a link to a follow-up (post-intervention) survey after approximately four weeks, which reassessed abortion attitudes and beliefs and collected self-reported information on intervention participants, experiences, and satisfaction. Participants received a small data bundle transfer as a token of appreciation for their time after completing each survey.

MODIFYING SABAS FOR AN ONLINE AUDIENCE

We evaluated the primary outcome of the pilot with an adaptation of SABAS, a tool designed by Ipas to measure abortion stigma at the individual and community levels (Ipas, 2015). Ipas developed SABAS for a rural population context, and it contains three sub-scales: fear of contagion (three items), negative stereotyping (eight items), and exclusion and discrimination (seven items). The response categories for SABAS are set up on a 5-point Likert scale from “strongly disagree” to “strongly agree.”

For the pilot evaluation, we modified SABAS for an online survey among participants that skewed more urban and educated. Our modified SABAS comprised 14 questions with a 7-point Likert response scale (strongly agree, agree, slightly agree, neither agree nor disagree, slightly disagree, disagree, strongly disagree). Through consultations with Ipas, the three “fear of contagion” questions were removed because they did not seem appropriate for the online audience. Additionally, the statement “A woman who has had an abortion might encourage other women to get abortions” was removed as it was determined to be potentially confusing for participants. Overall scores were calculated by coding responses from 1 (lowest stigma) through 7 (highest stigma) and summing the responses to all items. Possible scores ranged from 14 (lowest level of stigma) to 98 (highest).





RESULTS: FEASIBILITY

CAN WE IDENTIFY AND RECRUIT SUITABLE INFLUENCERS WHO ARE WILLING TO PARTICIPATE?

Alfluence's AI-based algorithm identified 21 potential influencers who met the desired criteria. Of these, five were screened out during the VCAT and screening meeting stage based on a number of considerations related to their individual attitudes toward abortion and communication styles. One additional person had to be dropped at the last minute for logistical reasons. Of the remaining 15 influencers, 13 produced videos that were featured in the intervention. One influencer dropped out for personal reasons, and another

influencer's content was ultimately judged as not sufficiently on-strategy for use in the study.

CAN INFLUENCERS REACH THE “MOVEABLE MIDDLE”—INDIVIDUALS WITH MEDIUM LEVELS OF STIGMATIZING ATTITUDES AND BELIEFS TOWARDS ABORTION?

The 13 influencers engaged in the pilot enrolled 488 eligible participants. Most participants were male (59%), Christian (80%), and reported being currently single (60%). Three-fourths of participants were either youth aged 18-24 (41%)

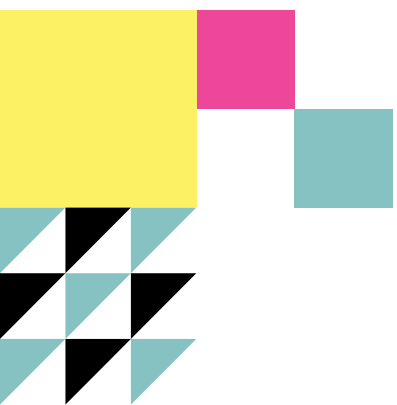
or young adults aged 25-29 (31%). Less than 6% of participants were aged 40 or older. Participants were also highly educated, with over three-fourths reporting tertiary or higher education. Over half of the participants said that they or a close friend or family member had had an abortion (55%).

While most participants reported low levels of baseline stigma, one-third were classified as the “moveable middle” target audience. Most participants reported low levels of baseline stigma, with a mean score of 39.6 points (of a high stigma score of 98) and a median score of 37. The observed score range was 14 to 88. Categorizing scores as low (14-41 points), medium (42-70), or high stigma (71-98), we estimated that just over half had low baseline stigma (58%), one-third medium stigma (36%), and the remaining 6% high stigma.

WAS THE USE OF CLOSED FACEBOOK GROUPS FEASIBLE IN THIS STUDY POPULATION?

We faced challenges successfully engaging enrolled participants in closed Facebook groups. Of 488 eligible and enrolled participants who completed the baseline survey, just one-fourth (n=121/488) of participants were successfully identified on Facebook, invited, and joined the private Facebook groups. Closed Facebook groups presented several challenges. The study team chose to use Facebook groups in an attempt to replicate the “real world,” while also retaining some control over the content presented to participants—a feature that would not have been possible were we to engage influencers’ followers without recruiting them into closed groups.

Several logistical barriers proved to be major challenges to the use of closed Facebook groups. First, participants were asked to share either their Facebook account handle or Facebook page as part of the enrollment process. One-third of enrolled participants (n=165/488) provided information that was insufficient for definitively identifying the participant on Facebook; as a result, one-third of participants had no opportunity to engage in the intervention. Second, for influencers to add participants to the group, they had to first “friend” the participant; an invitation to the closed group could only be shared once the friend request was accepted. This additional step required by participants to join the groups likely contributed to the fact that only 36% (n=121/334) of participants who could be located on Facebook accepted group membership.





RESULTS: ACCEPTABILITY OF THE SOCIAL MEDIA CONTENT

Effectiveness and acceptability of the intervention were measured among the one-third (n=161/488) of participants who completed the endline survey, which asked them to self-report whether they had engaged in the Facebook group. Participants were defined as unexposed if they reported that they either never joined the Facebook group and/or that they visited the group zero times. By this definition, 78% of endline respondents reported exposure to the Facebook group.

Among those who self-reported exposure (n=126/161), most reported a positive view of the groups, responding that they felt the groups had positively influenced them to alter their attitudes and behaviors towards abortion. Half (56%) of exposed participants rated the Facebook groups' posts as excellent or very good in terms of trustworthiness, 85% agreed or strongly agreed that they would recommend their friends or family join the Facebook group to learn more about abortion, and 75% strongly agreed or agreed that they would be more comfortable speaking up to support someone who had an abortion.

DID PARTICIPANTS ENGAGE WITH THE CONTENT?

Through social media analysis, including routine digital analytics, the study team determined there was moderate engagement with the social media content on Facebook and the campaign website. There was a 20.4% click-through rate on the website. (By comparison, a general benchmark for influencers is 2% and PSI’s previous online safe abortion campaign earned a <1% click-through rate.) Of views of the video stories, 33% lasted at least 80% of the story duration while another 52% of views lasted at least 50% of the story duration. Of the views of the non-story/ information content on the website, 38% of views involved scrolling through at least 75% of the site’s total information content, and 65% scrolled through at least 50% of the site’s total informational content. However, we observed little interaction among Facebook group members, with only six comments across groups and posts and only a few reactions to video stories (in total, three “like” and three “love” responses).

WAS THE INTERVENTION EFFECTIVE AT CHANGING STIGMATIZING ATTITUDES AND BELIEFS?

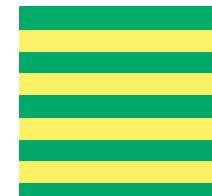
Within the subset of participants (one-third) who completed both baseline and endline surveys, we compared group-level differences in mean stigma scores before and after the intervention. Overall, we found that mean stigma scores decreased significantly by 10% (from 38.2 to 34.5 points on average) within the total sample, regardless of self-reported exposure to the intervention. This corresponded to an increase in participants with low stigma from 64% at baseline to 72% at endline. We saw smaller absolute decreases in the percentages of participants categorized as medium stigma (from 30% to 22%), with a prevalence of high stigma relatively stable at 6%. Overall, few participants were categorized as having higher levels of stigma after the intervention.

TABLE 1. INDIVIDUAL-LEVEL CHANGES IN ABORTION STIGMA CATEGORIZATION AFTER VERSUS BEFORE THE INTERVENTION

		POST-INTERVENTION			
		Low Stigma	Medium Stigma	High Stigma	Total
PRE-INTERVENTION	Low stigma	90 (95%)	5 (5%)	0	95 (64%)
	Medium stigma	17 (39%)	24 (55%)	3 (7%)	44 (30%)
	High stigma	0 (0%)	3 (33%)	6 (67%)	9 (6%)
	Total	107 (72%)	32 (22%)	9 (6%)	148

- Change to lower stigma category
- No change in stigma category
- Change to higher stigma category

Note: all percentages equal row totals except for the far most right column, which presents column totals.



Intervention effectiveness had the largest impact on reducing stigma among the “moveable middle.” Average scores among this group decreased from 52.1 to 45.6 points, equivalent to a 13% reduction in stigma. We observed smaller reductions in mean stigma scores in the other baseline stigma groups: Among participants with low baseline stigma, mean stigma decreased by 1.6 points from 26.7 to 25.2 (p=0.045), equivalent to a 6% reduction in stigma levels. In the high baseline stigma group, we measured a decrease in mean stigma of 5 points (from 80.1 to 76.1 points), equivalent to a 5% reduction. This difference was not statistically significant (p=0.87), likely due to the small sample size in this group (n=9).



AVERAGE STIGMA SCORES **DECREASED 13%** AMONG THE “MOVEABLE MIDDLE”

TABLE 2. CHANGES IN SABAS SCORES BETWEEN BASE- AND ENDLINE MEASURES

Baseline Stigma Category	Number of Observations	Baseline Score (95% CI)	Endline Score (95% CI)	Difference in Scores (95% CI)	p-value
Low stigma	95	26.7 (25.1, 28.4)	25.2 (23.5, 26.9)	-1.6 (-0.03, -3.06)	0.045
Medium stigma	44	52.1 (49.5, 54.8)	45.6 (41.3, 49.9)	-6.5 (-3.4, -9.6)	<0.001
High stigma	9	80.1 (75.3, 85.0)	76.1 (66.9, 85.3)	-4 (-6.6, 14.6)	0.41



DISCUSSION

PROGRAMMATIC SUCCESSES AND CHALLENGES

In the context of this intervention, it was possible to identify and recruit passionate influencers with sizeable followings who worked hard to reach their networks in Lagos, Nigeria. The study team had been concerned that recruiting participants from networks following influencers with pro-choice attitudes would lead to few participants having medium or high stigmatizing attitudes at baseline (and therefore little room for change). Fortunately, however, we reached a sizable group—one-third of all participants—who were categorized as the “moveable middle” target audience at baseline.



Our finding that average stigma scores reduced significantly after the intervention is driven, in large part, by **outsized reductions in stigma scores within this “moveable middle.”** This corresponds to our hypothesis that the “moveable middle” may be an appropriate and efficient target audience, for whom stigmatizing attitudes and beliefs exist but are also malleable to change over relatively short periods of time with relatively light-touch interventions.

While we estimate positive impacts of the intervention in reducing levels of abortion stigma, we also identified several logistical challenges with the use of private Facebook groups. Namely, the process of identifying participants and adding them to private groups was time-intensive and resulted in a substantial proportion of eligible, enrolled participants who were either unable to be found or who never responded to the invitation. As such, exposure to the intervention (engagement in the private Facebook groups) was low. Even within the groups, interaction through comments and reactions was limited. Additionally, requiring participants to click through to a separate website to view content external to the Facebook group created another barrier to exposure. These findings point towards the promise of other forms of social media—such as open Facebook groups or influencer posts without the use of the group feature—to reduce barriers to engagement and increase exposure to narrative content. This pilot study has several limitations. Only one-third of baseline respondents completed the endline survey, and those who did complete the endline were more likely to be single (versus married); younger (18-24 and 25-29); less likely to have reported a personal experience with abortion at baseline; and have a tertiary level of education, relative to those who only completed the baseline. We did not, however, observe significant differences in endline survey completion by gender, religion, or baseline abortion stigma score. Low response rates are common in the context of digital surveys, and responses are typically higher among younger and more well-educated groups, as we observed in this study. While only one-fourth of all baseline participants successfully joined the program’s Facebook groups, 78% of endline survey respondents self-reported exposure to the program. These findings suggest that those exposed to the program may have been more likely to complete the endline study. Differential loss to follow-up raises concerns of selection bias, and all findings should be interpreted with caution.

We also encountered programmatic challenges which may have created barriers to exposure to the intervention content among enrolled participants. Namely, one-third of enrolled participants could not be definitively located on Facebook and therefore never had an opportunity to join the program’s closed Facebook groups; among those who could be located, just over one-third accepted the group invitation. This could indicate low interest in participation, additional logistic barriers (including but not limited to the barrier of an additional step required for participants to confirm their participation), or both. Future research should explore alternative platforms that balance the benefits of discretion and moderation in a private group with these barriers to entry.



“WE DID NOT, OBSERVE
SIGNIFICANT DIFFERENCES
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ABORTION STIGMA SCORE.**”

CONCLUSION

✓ **IN THE CONTEXT OF A SMALL PILOT IN LAGOS,** Nigeria, our narrative-based social media intervention was effective at reducing abortion stigma.

✓ **LESSONS LEARNED INCLUDED THE CHALLENGES OF USING FACEBOOK'S PRIVATE GROUP FOR THIS PURPOSE,** pointing towards the potential of harnessing social media influencers while improving the feasibility and acceptability of the social media platform used to deliver the content.

✓ **IN THIS PILOT, MOST PARTICIPANTS WHO REPORTED EXPOSURE TO THE CONTENT RESPONDED POSITIVELY.** We also observed overall reductions in measured abortion stigma, with the largest gains among participants with medium stigma scores at baseline (the “moveable middle”).

✓ **FUTURE RESEARCH IS REQUIRED TO EVALUATE THE EFFECTIVENESS OF SOCIAL MEDIA-BASED NARRATIVE INTERVENTIONS** as a way to use storytelling to reduce abortion stigma beyond this program setting.

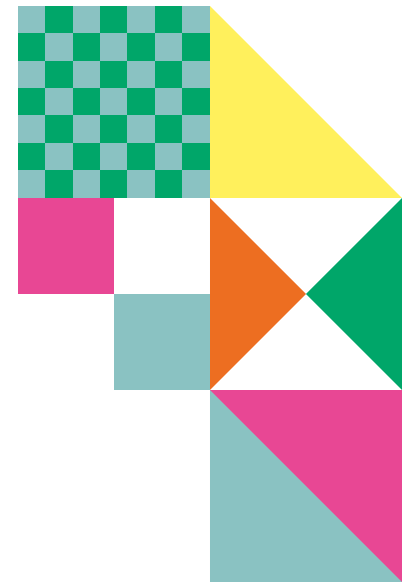


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