

# Abortion Stigma in Delhi NCR





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## **About The YP Foundation**

The YP Foundation (TYPF) is a youth-led and focused organisation that facilitates young people's feminist and rights-based leadership on issues of health equity, gender justice, sexuality rights, and social justice.

TYPF's Safe Abortion For Everyone programme works with young people from Assam, Kerala and Delhi to undertake evidence-based advocacy for safe abortion issues using a rights-based framework, and facilitate policy-level interventions with government stake-holders to improve abortion service delivery.

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# BACKGROUND

A national study conducted on the incidence of abortion and unintended pregnancies suggests that 15.6 million abortions were performed in 2015.<sup>1</sup> In 2017, over 50% of the abortions taking place were deemed unsafe,<sup>2</sup> conducted by untrained providers or in unhygienic conditions. A combination of unclear and poorly implemented laws, shortfall of trained service providers, inaccessible and expensive private facilities, and deep-rooted social stigma continues to create barriers for abortion seekers to safely access abortions, with the young and unmarried being the most vulnerable, with especially poor access to safe abortion services.

While a vast amount of research on understanding abortion stigma has been conducted globally, there is limited existing work on stigma in the Indian context. A majority of current research in India continues to focus on understanding the laws, policies, and access to abortion services. Other topics that have been explored include reasons for abortion, like a contraceptive failure, lack of availability of spacing methods, gender-biased sex selection and abortion, decision making issues or lack of information, as well as various barriers to accessing safe abortion or post abortion care. Similarly, studies conducted with young people have focussed on understanding sexual behaviour or awareness on safe sex practices, Sexually Transmitted Diseases and HIV/AIDS.

Described as a 'negative attribute'<sup>3</sup> that marks abortion seekers as 'inferior to ideals of womanhood', abortions stigma leads to discrimination against women in every sphere of their lives, including socio-economic, political and even accessing medical spaces and services. This discrimination allows patriarchal regulations over people's bodies and sexuality, denying autonomy and decision-making powers over their own life and body. This study explored abortion stigma through a socio-cultural lens, in an attempt to understand pathways to this stigma at the individual and community level. The focus was on young people's perceptions and perception of abortion, interlinked with their ideas of marriage, family, and sexual and reproductive health.



## METHODOLOGY

This study was a qualitative exploratory study to understand the perception of abortion stigma among young people in Delhi NCR. The study protocol was cleared by the Ethics Review Board constituted by The YP Foundation. The research questions were framed to understand a. young people's views regarding abortion b. their overall awareness regarding abortion services and concerned laws in India c. myths and misconceptions about abortion and d. sources of stigma around abortion. The research aimed to eliminate bias by excluding participants who had previously been associated with or exposed to interventions or programs focusing on sexual and reproductive health. Noting that communities like resettlement colonies are often the primary target audience for youth health programs and interventions, the research also chose to include young people from the middle-upper class to represent their perceptions. Most of them were students enrolled across various educational institutions, both government and private.

Twenty-six young girls (N=17) and boys (N=9) were identified through purposive sampling and snowball method. In-depth interviews were carried out in two phases between 2020 and 2021. Verbal consent was obtained for the interviews from the respondents over age 18. For those below 18 years of age, parental consent was obtained verbally before commencement of interviews. An inductive approach was used for analysis, and a conceptual framework was used to identify emerging themes. An ecological framework of analysis was used to map the sources of abortion stigma.

Limitations in collecting data include the onset of the COVID-19 pandemic and the subsequent lockdown, which meant phase two of data collection was done via telephone interviews. The overall timeline, as well as the selection of respondents was affected, with several being identified via programs that work on adolescent health and issues.

## FINDINGS

Abortion stigma has been depicted in an ecological framework<sup>4</sup> by various experts as multilayered and intersectional in its manifestation, depending on different contexts, cultures and geographies. In this study, several factors influenced adolescents' perspectives on abortion and the related stigma, including the socio-cultural dynamics within their families and wider community perceptions on gender, marriage and childbirth, as well as their access to information and awareness about sexual and reproductive health and rights.

## Socio-cultural influences and sources of information

Multiple themes were used to explore gender dynamics and perceptions on marriage and childbirth within the family and in society in general. Almost all the respondents mentioned social pressures or constraints which led to strict control and restrictions over girls, linked to concerns and perceptions about honour and safety of women, especially in public spaces.

*"Society. We are the people who make these rules. And this box of gender is made only by the local people... There are a lot of restrictions on just girls here. She can't wear shorts, can't talk on the phone, can't use a phone, can't go out for travelling like picnics etc."*  
(Girl, Age 15, from Resettlement Colony)

A few of the respondents pointed out the role of class and caste barriers that influence perceptions, suggesting that access to education, and therefore access to information, has bearings on perceptions and ideas of marriage. For example, several of the respondents from the resettlement colonies discussed love and relationships within the heteronormative institution of marriage, and considered 20-22 years as an 'appropriate' age for marriage, waiting only to complete their education. Alternatively, most of the respondents from upper-middle income groups preferred to defer marriage till they had achieved career or financial success, with a few preferring not to marry at all.

All the respondents, irrespective of class, gender and age, associated conversations on sex and sexuality with being taboo, or restricted strictly to specific spaces and people. While most respondents had basic information about consent, contraception and family planning, several respondents from resettlement colonies suggested that abstinence may be the best method of contraception. Respondents linked the choice of childbirth, and number of children to factors like maternal health and financial security, with at least five (5) respondents (from upper middle income groups) citing environmental factors and an already high population as reasons to avoid childbirth and/or prefer adoption.

*"In today's scenario where the earth is literally dying from overpopulation, family planning becomes very important for people because it also helps you understand what your limits are and also tells you or informs you about what you should do in order to be happy in your life. And if you decide to have children ... also how much money or how much does your wealth allow you to."* (Girl, Age 17, from upper-middle income group)

Respondents received information on sexual health and reproductive rights from various sources, including older siblings or cousins, adolescent health programs and school textbooks, with digital and social media content as the most influential and easily accessible source of information.

Despite the gender bias in access to the internet and mobile phones, especially for respondents from the resettlement colonies, most of them cited content like stand-up comedy shows on Indian television, subversive Bollywood films, shows like Sex Education and Grey's Anatomy from OTT media services like Netflix, YouTube, Instagram and Google as sources of information. Only one respondent mentioned government-issued information and programs as a source of information.

## Perception and information around abortion

Respondents mostly linked feelings of shame or guilt to abortion and listed out various reasons why one may choose to seek an abortion, ranging from medical reasons to exercising choice. Several respondents pointed out that abortion is a taboo topic in society, especially in the context of premarital sex, and that families usually refuse to engage on such topics.

*“Because they are so ashamed to speak sex in front of everyone, then how can we talk about abortion?” (Girl, Age 15, from Resettlement Colony)*

*“In India, we do not have the idea of having sex before marriage... And let’s say if a woman does have sex before marriage and she does get pregnant, first of all, her parents will say “ghar ki maan aur lakshmi ka (apmaan) hua hai” (it is an insult to the honour of the house and the daughter). (Girl, Age 19, from upper-middle income group)*

A small number of respondents were unsure about whether access to abortion is legal in the Indian context. These respondents had either never been exposed to any program or curriculum on sexual and reproductive health rights or had minimal participation at such programs. Some respondents who were aware of the legal status of access to abortion further linked it to global debates and conversations.

*“I was watching an American documentary on abortion about a case in the USA and then I just searched, what is the scenario in India... The documentary was on Netflix and it was specifically about abortion.” (Boy, Age 23, from upper-middle income group)*

Only one respondent strongly believed that access to abortion should be illegal. However, she also suggested provisional circumstances under which abortion ought to be permitted.

*“It must be illegal. If there is no situation like they have a health problem or are not mentally prepared, or are too young, or they have too many children, then that should be allowed. In other cases it should be illegal.” (Girl, Age 18, from Resettlement Colony)*

Respondents offered a variety of reasons for seeking an abortion, ranging from contraception failure, a result of sexual violence, medical complications or economic factors, with many respondents mentioning the mental and physical trauma of seeking (and accessing) an abortion. For several of the respondents from the upper middle income group, opting for an abortion was a decision to be taken entirely by the abortion seeker, whereas most of the respondents from resettlement colonies believed it to be a mutual decision, between a married couple.

*“When it comes to abortion, I think the majority of the decision should be of the woman because she is going to have that child in her for nine months and her body is going to change a lot. And her mental peace is going to change a lot.” (Girl, Age 20, from upper-middle income group)*

*“She should ask her partner’s opinion, at least, maybe he is ready to be a father and wants to support her? So definitely the opinion of the partner, and to some extent, the family also. (Girl, Age 18, from Resettlement Colony)*

## RECOMMENDATIONS

A critical analysis of the data reaffirms that abortion stigma is a “compound” stigma, an intersection of social and local concepts around sexual transgressions from heteronormative institutions like marriage and family and the gendered power dynamics within these. Understanding young people’s engagement with these factors would help locate how they influence and reproduce abortion stigma.

Abortion stigma can be linked to individual perceptions based on limited information, to the community level, where social pressures and control of female sexuality continue to be couched in culture and tradition.<sup>5</sup> Poor quality and infrastructure at the institutional level combined with lack of information on the legality of abortion at both provider and service seeker levels further allows abortion stigma to manifest and perpetuate.<sup>6</sup> Different studies have further indicated the compounded impact of abortion stigma, made more complex by differences in power, resulting in adverse health outcomes, especially for people already facing discrimination.

In the Indian context, national surveys<sup>7</sup> support this study’s findings that while young people are sexually active, they have limited access to information and knowledge and continue to hold misconceptions about sexual and reproductive health, which has further impact on other aspects of their lives. Existing literature<sup>8,9</sup> as well as several respondents in this specific study suggest strategies that mitigate stigma at multiple levels and with different stakeholders like individual abortion seekers, service providers, and facilities and with the wider community. Strategies for abortion seekers include recommendations to find avenues of support and access to information, including networks or organisations that work on access to abortion, and reaching out to supportive friends or colleagues, to reframe the experience of seeking abortion as an informed and empowering experience.





At the policy level, it is crucial to strengthen and expand existing programmes for young people. There are several national and state-level programmes like Rashtriya Kishore Swasthya Karyakram (RKSK), meant to provide a platform for important adolescent health issues. However, awareness around existing avenues that institutionalize youth voices while planning such policies and programmes needs to increase. Although several young people are willing and interested to participate in policy/programme planning and implementation or in providing feedback, they are unaware of platforms and opportunities which enable them to do so. Alongside, there is a need to engage experts in adolescent counselling services under RKSK to impart accurate information, and further train service providers to ensure sensitive, timely and efficient services. Parents, teachers, and community elders are stakeholders who tend to be decision-makers and important influencers in adolescents' lives. Programme and policies aiming to influence adolescents' lives and decisions around sexual and reproductive health and rights need to work closely with these key stakeholders to create a network of accurate information and knowledge that provides young people with on-ground support.

At the community level, strategies include creating and imparting age affirmative information about sex and gender, puberty education, menstrual hygiene management, prevention of sexual violence etc, both at community level, and in school. Additionally, the interventions will need to be gender affirmative, adolescent sexuality and pleasure affirming, rights affirming, and culturally relevant, adapted to the local context based on a range of factors like socio-economic contexts, access or denial of basic facilities like nutritious food or education, and taking care to include men and boys in these sessions and conversations.

The gaps in the Indian context argue for a glaring need to work consistently with young people to understand and deconstruct their knowledge and experience of gender and sexuality. Despite being legally permitted under specific circumstances, abortion continues to be a deeply taboo topic, and abortion stigma is heavily influenced by socio-cultural myths, gender discrimination and bias in access to health services, attitudes of health practitioners and the rigidly patriarchal structure of Indian society. To address abortion as a reproductive right, it's imperative to engage and work closely with young people across gender, caste, sexuality, and class.

Young people themselves have a central role in addressing and adapting circumstances that directly impact them, and it is essential to build their capacities to be peer educators and advocates. Several respondents suggested that they learned about topics with less shame if their peers were having a discussion. Additionally, noting the importance of the internet, social and digital media for young peoples' access to news and information, it is recommended that these spaces be used to generate further awareness and disseminate resources designed to empower, and impart information efficiently, accurately and quickly.

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