

INTERNATIONAL SURVEY OF ABORTION PROVIDERS AND COMPANIONS



The goal of the International Survey of Abortion Providers and Companions was to understand the experience of people who facilitate induced abortions around the world, especially with regards to the stress, stigma, violence, and types of discrimination they face due to their job. The survey was available on the safe2choose website. A total of 339 companions and/or providers of induced abortion, from six different regions: Latin America and the Caribbean (56.3%); Europe (14.2%); Africa (9.4%); North America (9.1%); Asia (8.8%); and Oceania (2.1%), responded. Considering these numbers, the results place particular emphasis on people who work on the American continent.

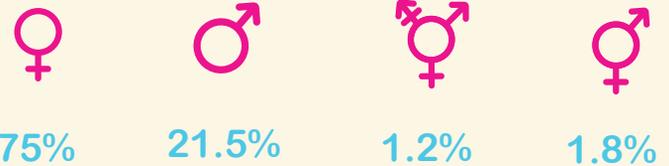
1. WHO PARTICIPATED?

Personal characteristics

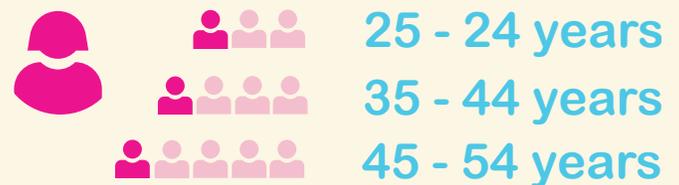
The majority of participants were women (74.4%), 21.5% were men, and a small portion were transgender (1.2%) and non-binary (1.8%) people. One in every three people were between the ages of 25 and 34; one in every four, between 35 and 44; and one in every five, between 45 and 54. Respondents between the ages of 18 and 24 represented 6.2%; the rest were older than 55 (18.5%). Nine out of ten participants had a university education or higher. One in every three were married, one in every four were in a relationship, and one third were single and had never been married. More than half (58%) have children.

Regarding their ethnic identity, less than half identified themselves as Hispanic or Latino (46.4%); one fourth as White (25%); and less than one tenth as Asian or Black (8.7% and 8.4%, respectively). In terms of religion, one in every three (31%) identified as Catholic and almost a fourth were Atheist (22.6%). A tenth said they were Agnostic (11.9%) and the rest belonged to other religions, such as Christian or Protestant (8.9%), Buddhist (7.4%), Jewish (2.1%), and Muslim (2.1%), etc.

Gender



Age



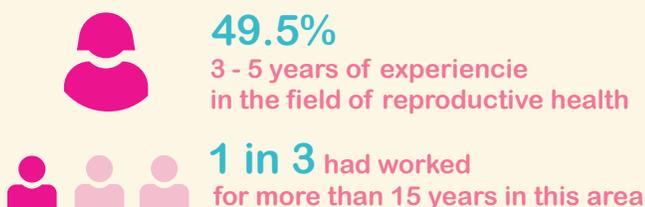
Schooling



Profesión



Experience



Professional characteristics

One fourth were General Physicians (22.2%), one fifth were Gynecologists or Obstetricians (20.1%), and less than a tenth were partners (7.8%) with nonmedical training but who had become professional companions. The rest were other types of health-related professionals.

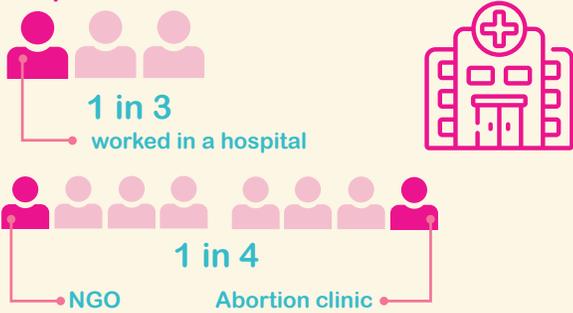
Half of the companions (49.5%) had at least 3-5 years of experience in the field of reproductive health, and one in three (30.8%) had worked for more than 15 years in this area. One in three worked in a hospital (29.2%) when the survey took place; one in four in an NGO (25.1%); and another fourth in an abortion clinic (22.4%). A fifth had a medical office (18.9%) or worked

at a health center (17.7%), and 16% collaborated with an autonomous network of companions. These networks predominate mostly in Latin America, the Caribbean, and North America. The majority (77%) work in institutions that do not depend on the government of the country where they are located. The exception is Asia, where three in five respondents work for the government of a country in the region (60%).

Respondents stated that they received their training in workshops (45.1%) or in nongovernmental organizations (41.4%), followed by social movements (19.1%) and family planning clinics (18.8%). NGOs play a key role in training, which is especially true in Latin America/the Caribbean and Africa. In these regions, there was also a greater rate of people who felt their training was insufficient (38.9% and 43.8%, respectively). The majority (51.9%) of providers/companions reported a desire to receive further training in the management of complications, followed by counseling on stigma (48.8%), legal policies (48.4%), and abortion methods (42.8%).

Eight in ten respondents (79.9%) provide companionship for abortions that use medication; half (50.1%), for abortions that use aspiration; the other half (49.3%) also provide post-abortion companionship. A little over a tenth use dilatation and curettage (13.9%) and 8.3% use dilatation and evacuation. The majority provide companionship/abortions in the first trimester (77.4%-100%). This is followed by those who provide second-trimester abortions (22.9% and 71%), which is particularly frequent in Oceania and North America. Finally, some companions mentioned that they provide third-trimester abortions (3.2%-16.7%). The majority work in Asia and Oceania.

Workplace



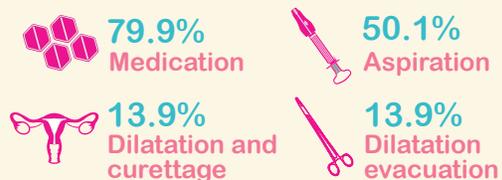
Trainings interests of respondents



Training



Abortion methods support



2. COMMITMENT TO THE PROVISION OF COMPANIONSHIP/ABORTION SERVICES

Eight in ten (85.5%) participants stated that they chose to work in service provision. The most important reasons were wanting to help and to provide women their right of access to health care in the communities where they work. Another important reason was their own experience with abortion or having witnessed procedures and their complications. Although not the most frequent, another reason for deciding to work in abortion service provision was gender violence and providing care for those who face it.

Nine in ten are proud of their work in this health sector (87.5%). The top reason for being proud is providing help in their communities and their willingness to help women exercise their freedom to choose, the feeling of saving lives, and their ability to provide accurate and timely information. At the same time, the majority of professionals feel connected to others who have a similar job (77.2%), which occurs most frequently in North America and less frequently in Asia.



8 in 10

chose to work in service provision



9 in 10

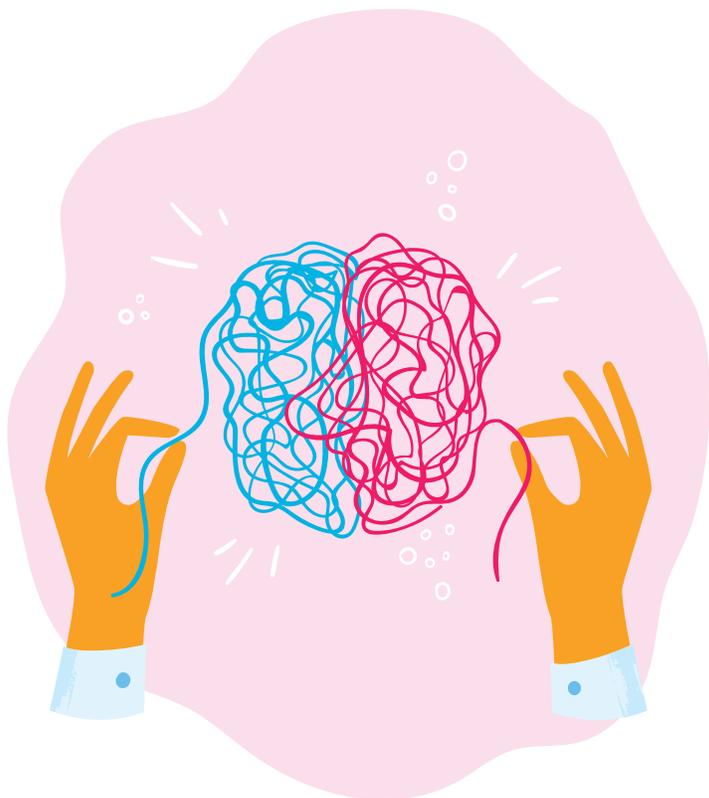
are proud of their work in this health sector

Top reasons for being proud :

- Providing help in their communities
- Helping women exercise their freedom of choice
- Feeling of saving lives
- Ability to provide accurate and timely information

3. ADVERSE EXPERIENCES

a) Stress



One fifth of companions/providers (13.3%) stated being frequently stressed in their abortion service jobs. This is particularly visible in Asia, where this rate is 24.1% and in Europe, where it reached 20.8%. Three in five respondents (61.8%) stated that most of their stress comes from their jobs.

The majority consider their main challenges to be discriminatory legislation and legal restrictions (49.7%), followed by a lack of funding, unequal access to resources, and economic pressure (48.2%). In third place is the scarcity of providers (38.3%); followed by fear of persecution or what they considered the lack of government or legal protection and support to do their jobs (35.9%); lack of support from other medical areas (32.2%); the hostile environments where they work (24.8%); and burnout or feeling overwhelmed (22.4%). Analyzing these sources of stress by region, legislation, and legal restrictions were the most important in Oceania (85.7%) and Latin America (58.7%). In Europe (31.3%), Africa (74.2%), and North America (48.1%) it was the lack of funding. The most important challenge in Asia was the scarcity of providers (55.2%).

When asked whether they found it hard to talk to others about their jobs, half feel that they have to hide it from everyone (50.5%), followed by one in four feeling they have to hide it from religious groups (26.2%) and strangers (24%). One in five feel that they have to hide it from the government (17.9%) and 16.3%, from their families. One in ten stated they have to hide their job from the media (13.7%), the community (11.5%), and their colleagues (10.5%). A lower number considered that they have to hide it from friends (6.7%) and their partners (1.9%).

In addition, a little more than one fifth said “sometimes” their personal values conflict with their provision of tasks (11.5%). The majority of respondents who feel this way are in Asia (34.5%). In Latin America, Asia, and Africa, religious values or morals are mentioned as the main source of conflict. Many respondents said that abortion is a sin, although it is not clear whether they were referring to a personal belief or if it is something they have to grapple with in their job. On the other hand, the respect for life or the question of the fetus’ rights appear in such a way that respondents stated—especially in Latin America, the Caribbean, and Asia—that they did not always feel comfortable with the reasons women gave to interrupt a pregnancy. They believed it was an issue that women should resolve in therapy or personally and, therefore, they did not justify abortion.

b) Stigma

Only 5.2% of respondents said they “sometimes” feel ashamed of their job; the majority of them work in Asia. The reasons for feeling ashamed of their abortion service jobs are related to the judgement of others, in general, and specifically from colleagues and family members. The conflict of values is another recurring issue; one in ten around the world consider it difficult to discuss their abortion provision/care provision jobs with others (11.8%). One in three consider it difficult only “sometimes” (29.4%).

Regarding the reasons it is difficult to talk to others about their jobs, concern about judgement takes first place (43.8%). This is followed by having to justify themselves (39.2%) and, in third place, violence (30.8%). In addition, one in four is worried about being treated differently (24.6%) and marginalized (22.3%) if they talk about their job with others. Apart from this, these concerns are associated with the issue of illegality in some countries, especially in Latin America, the Caribbean, and Asia. Some people even mention the fear of losing their professional license or facing a legal consequence as a result.



Stigma perception

5.2% of responders

“sometimes” feel ashamed of their job



1 in 10

considers it difficult to discuss their abortion provision/care provision jobs with others



1 in 3

considers it difficult only “sometimes”

Reasons it is difficult to talk to others about their jobs



43.8%

Concern about judgement



39.2%

Having to justify themselves



39.2%

Violence



1 in 4

is worried about being treated differently
is worried about being marginalized



These concerns are associated with the issue of illegality in some countries, especially in Latin America, the Caribbean, and Asia. Some people even mention the fear of losing their professional license or facing a legal consequence as a result.



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c) Violence

A total of 13.4% of respondents has faced violence or aggression against them or their families due to their jobs. It is especially noteworthy that the rate in Africa reaches 28.1%; in Asia, 21.4%; and in North America, 20.7%. Of the 44 respondents that stated that they faced violence as a result of their job, they most often faced verbal violence (77.3%), followed by harassment, intimidation, defamation, or attacks against their reputation (50%), and a third faced threats against their lives or personal safety (31.8%). One in three also stated that they faced online harassment or protests (29.5%), and one in five faced legal investigations or law enforcement (20.5%). One in ten faced physical violence (11.4%) and, to a lesser degree, other types of aggression, such as invasion of privacy (6.8%), threats to the life or safety of their loved ones (4.5%), discrimination (2.3%), economic repercussions (2.3%), and even ostracism.

These types of violence are not mutually exclusive, and a single person could have faced various aggressions. However, it is important to note that in Latin America/ the Caribbean and North America the most frequent is verbal aggression (75% and 100%), followed by harassment and intimidation (31.3% and 66.7%) and protests (31.3% and 50%). In Europe, it is harassment-intimidation (50%) and reports to law enforcement (50%). In Africa, all companions/providers have faced harassment and intimidation (100%), followed by verbal violence (88.9%) and threats to their lives or personal safety (66.7%). In Asia, verbal violence (83.3%), protests (50%), and online harassment (33.3%) are the most frequent types of aggression reported by respondents.

Aggressions due to their jobs:

13.4% Violent aggressions

77.3% Verbal violence

50% Harassment, intimidation, defamation, or attacks against their reputation

31.8% Threats against their lives or personal safety



1 in 3
Faced online harassment or protests



1 in 5
Faced legal investigations or law enforcement



1 in 10
Faced physical violence

Other types of aggressions:

- Threats to the life or safety of their loved ones
- Discrimination
- Economic repercussions
- Ostracism



d) Discrimination

One in four (23%) said that “sometimes” they had felt discriminated against in their professional lives. Of the 153 people that responded to what type of discrimination they had faced, the majority mentioned times when other colleagues did not want to participate in the provision of services and made their job more difficult (54.9%). This was followed by people who feel that their job faces greater legal restrictions than other health sectors (52.3%) and people who feel other health professionals belittle their job (49.7%) or that they have less economic, material, and human resources compared to other areas (42.5%). One in three respondents reported feeling that other professionals question their professional skills (33.3%).

A little over a tenth of respondents stated that they experienced discrimination in their personal lives due to their job as companions (13.7%). In Africa, one in three “sometimes” felt discriminated against in their personal life (28.1%), while others reported this occurred “frequently” (3.1%) and “all the time” (3.1%). In Asia, one in five reported feeling “sometimes” discriminated against (21.4%). The most frequent experience of discrimination in respondents’ personal lives is the questioning of their moral values (74.3%), followed by a feeling that society in general does not value their job (39.4%), that family members and friends do not understand it (34.9%), and that they cannot reveal that they work in abortion services (23.9%).

Regarding these experiences, the majority shared stories related to being offended by family members and losing friends or loved ones due to controversies related to their job or ideological positions. There were also stories of judgement or discrediting by colleagues and/or peers. Another important experience was that respondents were called “murderers” or accused of committing “genocide.” Other examples included the inability of providers/companions to publicly speak about their jobs. Some people shared that they were excluded from family, social, and religious meetings. One service provider mentioned being arrested without a warrant, and another reported discrimination from members of their LGBTTT+ community as a result of providing abortion services.



1 in 4

• **said that “sometimes” they had felt discriminated against in their professional lives**

Of the 153 people that responded to what type of discrimination they had faced,

- **54.9%** **Mentioned times when other colleagues made their job more difficult**
- **52.3%** **Feel that their job faces greater legal restrictions than other health sectors**
- **49.7%** **Feel other health professionals belittle their job**



4. ARE ADVERSE EXPERIENCES THE SAME FOR ALL COMPANIONS/PROVIDERS?

a) Personal characteristics

Age

- Compared to adults, younger respondents (25-34) were more worried about legislation and legal restrictions, funding, unequal access to resources, and the scarcity of providers.
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Schooling

- Respondents with “less” schooling (university or incomplete university vs. postgraduate studies) reported in higher rates that their job conflicts with their personal beliefs, that they were worried about restrictive legislation, and that they felt despair more frequently.
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Ethnic identity

- People who identified as Asian were more worried about the conflict between their job and their personal beliefs.
 - Asian and Afro-descendent respondents reported higher rates of feeling pressure from their partner, family, or community compared to Hispanics.
 - Indigenous respondents reported being more worried or feeling challenged due to the lack of support from other medical areas, compared to Asian respondents.
 - Latino and White respondents reported higher rates of concern regarding restrictive legislation.
 - Afro-descent respondents double the rate of White respondents in terms of reporting fear of persecution or lack of government protection for their jobs. Also, together with Latino respondents, they felt more worried about the lack of funding, unequal access to resources, or economic pressure toward their jobs, compared to Asian respondents.
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Religion

- Christian respondents felt much more worried about the hostile environment where they work, compared to Atheist or Catholic respondents.
 - Compared to Christian respondents, Buddhist respondents felt more worried that their job conflicts with their personal beliefs. They also felt greater pressure from their partners, families, or communities.
 - In contrast, Agnostic respondents felt more worried about the legal restrictions, compared to Buddhist and Catholic respondents.
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b) Professional characteristics

Profession

- Respondents who said they were community advocates felt greater pressure from their partners, families, or communities, compared to General Physicians.
- Psychologists and nonmedical companions were more worried than midwives and gynecologists about legal restrictions.
- Nonmedical companions were more worried about the lack of funding than providers with medical training.

Training

- Respondents who received training to provide abortion services/companionship online, or from social movements, NGOs, and workshops were more worried about legislation and restrictions, compared to those with medical or clinical training.
- Respondents from social movements, and those who received online training, presented greater rates of fear of persecution or lack of government/legal protection and lack of funding, and unequal access to resources and economic pressure than those that went to medical school.

Experience

- Respondents who had between one and two years of experience working in this field more often felt that one of the main challenges was that their job conflicts with their personal beliefs, compared to those with less experience in the field.
- Respondents with longer experience reported higher rates of feeling pressure from their partners or community, compared to those with less time working in the reproductive field.

Type of organization

- The respondents who were most worried about legal restrictions were those from civil organizations and autonomous networks, compared to those from abortion clinics, health centers, hospitals, or medical offices.
 - Respondents who collaborate with NGOs also feared persecution at higher rates than those who provide services in hospitals.
 - Respondents who work for an NGO or autonomous network consider that the lack of funding is one of the main challenges they face, compared to those that work in hospitals or medical offices.
 - In health centers and autonomous networks, they were more worried about the scarcity of providers than in abortion clinics.
In health centers, they reported higher rates of challenges related to burnout and feeling overwhelmed, compared to medical offices.
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Government

- Respondents that work for the government—compared to those that work for other organizations—reported higher concerns or challenges regarding the scarcity of providers, burnout, and collaboration with other medical areas.
 - Those that do not work for the government face challenges such as fear of persecution, lack of funding, and aggression, such as harassment and intimidation.
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Type of care /provision

- Respondents that work in post-abortion care and management of incomplete abortions said more frequently that their challenges were legal restrictions, and lack of funding and access to equipment and resources, compared to those that practice other surgical methods.
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Type of abortion

- Those who practice first-trimester abortions believe a significant challenge they face is a lack of training, compared to respondents that practice second-trimester abortions.
- Respondents who practice second-trimester abortions were more worried about staff turnover.

c) Other characteristics

Commitment

- The reason respondents do not enjoy their jobs relates to concern over the scarcity of providers and feelings of despair.
 - Not feeling proud of their job relates to concern over conflict with their personal beliefs, risking their personal or professional reputation, and feelings of despair.
 - Respondents who “sometimes” share a connection with colleagues with similar jobs reported higher rates of fear of persecution or lack of legal protection, compared to those that do not feel a sense of connection.
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Context

- Respondents who work in a country where the legislation indicates that abortion is legal upon request under any circumstances reported being less concerned with the hostile environment, compared to those who work in countries where abortion is legal only under specific grounds.
- People who work in countries where abortion is completely criminalized show higher concern about legal restrictions, followed by those in countries where it is legal in cases of a risk to physical health or life.
- A higher rate of respondents from countries where abortion is legal in cases of risk to life or to the woman’s health reported that the greatest challenge is the fear of persecution or lack of legal protection, compared to those in countries where it is legal only in cases of rape or upon request under all circumstances.
- Respondents who work in countries where abortion is legal in cases of risk to mental health, physical health, rape, fetal abnormalities, or to the woman’s life reported more frequently that their main concern was the scarcity of providers, compared to respondents from countries where abortion is permitted upon request under any circumstances.
- Respondents who feel that their work is restricted in terms of accessing equipment, resources, or funding, more often work in countries where abortion is legal when the woman’s physical health is at risk or the woman’s life is at risk.
- Compared to respondents who work in countries where abortion is legal upon request under any circumstances, respondents that live in countries where it is legal when the woman’s life is at risk more often feel that their moral values are questioned when others find out about their job.

5. WHAT COULD HELP THEM DEAL WITH THESE CHALLENGES?

In terms of how they could deal with these challenges, respondents considered that legal changes would help them the most, or the implementation of public policies that enable or regulate access to legal and safe abortion services in their countries, and greater training, economic and peer support, or connections with work networks. Some elements mentioned less frequently were government commitment, strengthening personal safety or improving infrastructure, and efforts to decrease stigma towards staff that provide abortion services.

Nevertheless, they state that they continue to carry out their jobs because they feel a strong commitment to their convictions and helping women access their rights, as well as meeting the community's needs.

Other important reasons include decreasing maternal deaths and fighting the stigma and violence that women face.

As advice to other professionals from the same area, respondents mentioned the importance of participating in and creating support networks with other professionals and organizations, as well as developing self-care strategies, including safety strategies for teams.

Respondents considered that certain skills are key, including empathy, being sufficiently trained and up to date, not judging other women, and actively listening to their needs.





**International survey
of abortion providers and companions.**

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