

# The role of VCAT workshops in addressing provider stigma and expanding access to safe abortion services

## KEY LEARNINGS

The liberalization of Ethiopia's abortion law in 2005 has expanded access to abortion. However, a significant proportion of abortions still occur outside of facilities with mild to severe complications. Barriers to accessing safe abortion care include limited knowledge of services and legality and abortion-related stigma.

Research has documented how stigma and social norms around abortion influence the likelihood of clinicians to provide abortion services.

Values clarification and attitude transformation (VCAT) workshops are widely used globally by a wide range of organisations to address negative provider and staff attitudes around abortion and other sexual reproductive health (SRH) services and catalyse more empathetic service delivery and advocacy around abortion.



In partnership with Ibis Reproductive Health we undertook a study to evaluate the impact of VCAT workshops on service provision, client-centred care, and provider attitudes and knowledge in Marie Stopes Ethiopia's (MSIE) private socially-franchised facilities.



Understanding whether and how VCAT workshops work to dismantle provider stigma and impact service provision can inform how VCAT workshops should be scaled and expanded.

## THE CHALLENGE

### Addressing provider stigma through VCAT

Non-judgmental, respectful care is particularly important in safe abortion services and SRH services given that social stigma around abortion and other SRH care is pervasive in most countries, regardless of the legal environment.

A VCAT workshop aims to help participants increase their awareness and comfort with the provision of comprehensive, non-stigmatizing person-centred abortion care through exploring, questioning, and affirming their values and beliefs about abortion and sexual and reproductive health.

Despite widespread use, there is little research documenting the way in which VCAT workshops impact workshop participants over time or the way in which they ultimately impact the care provided to clients.

## WHAT WE DID

### A mixed-methods evaluation

One hundred and one socially-franchised facilities within the MSIE BlueStar network in the regions of Addis Ababa, Amhara, Oromia, SNNPR, and Tigray were randomized into one of two arms for the study:

- 1) the control group that did not participate in a VCAT workshop
- 2) an intervention group that was invited to participate in a VCAT workshop

Randomization was stratified by facility client volume. Approximately two healthcare providers per facility in the intervention group were invited to participate in a VCAT workshop. Seven 2-day VCAT workshops were held in January – February of 2020.

- ✓ The evaluation used routine service statistics to assess the impact of VCAT on the volume of clients served.
- ✓ Provider surveys pre-training, immediately post-training and 6 and 11 months after the training to understand the effect of participating in a VCAT workshop on provider knowledge, attitudes, and service provision.
- ✓ In between the final two surveys with providers, we also conducted in-depth interviews with a subset of 30 providers split between the intervention and control groups (October – December 2020).

"What helped me is to understand problems of others as my own and to be in the shoes of other people.

It helped to be more understanding with clients and never judge about it."

– Private provider & VCAT participant, Oromia



## WHAT WE FOUND

### Encouraging shifts in private provider knowledge, a greater willingness to provide safe abortion services and indications of expanded access.

Ensuring participants have a clear understanding of abortion law and practice in their context is a key part of VCAT and a first step in transforming attitudes. We found that knowledge about abortion law and practice increased moderately among the private providers participating in VCAT. We used eight questions to assess correct knowledge of abortion laws and practice. Providers in the intervention group saw a 1 unit increase in knowledge compared to a 0.4 unit increase in the control group on the knowledge scale (p=.075). As time passed after the workshop, knowledge decreased.

Our results suggest it is likely that providers were not serving some clients prior to participating in VCAT based on a discomfort or potential conflicting values around abortion. We found that providers held mixed opinions about whether it was appropriate for clients in less severe circumstances (clients who were older, who were married, or whose lives were not imminently in danger) to seek abortion care. These attitudes resulted in providers acting as gatekeepers, judging the acceptability of the reasons the client stated for seeking abortion and sometimes trying to convince her to change her mind even in cases where the client would qualify for legal services.

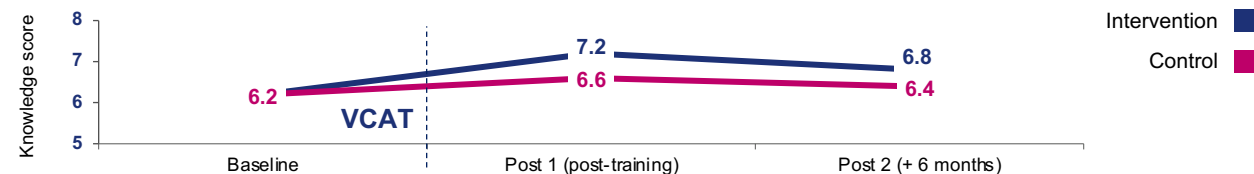
VCAT explores these individual beliefs and social norms that influence attitudes towards abortion. As with knowledge, we used a set of questions in pre/ post workshop surveys to understand any changes in participant attitudes towards abortion. Supportive provider attitudes increased among the private providers who participated in VCAT; however, few individual attitudes were influenced to an extent that we could detect statistically significant differences between baseline and post 1 comparing intervention and control providers.

However, we did observe an impact on some specific attitudes, including the response to the statement **"I feel comfortable performing a safe abortion procedure for anyone who requests it regardless of the reason."** Among the intervention group, agreement with this statement increased from 60% at baseline to 84% following the workshop (p=0.02). A greater comfort with performing a safe abortion procedure for anyone who requests it was also reflected by the increased number of providers self-reporting to provide abortion services to minors (a group who often face greatest barriers to accessing safe abortion care).

Some providers felt their attitudes changed through participation in the VCAT workshop, explaining that: it increased the empathy they had for clients; emphasized their professional duty to serve clients; and articulated the role providers play in saving lives. However, while providers were more positive about promoting broader access to safe abortion they did not always recognise the importance of access to safe abortion for specific groups (e.g. married women). Providers also linked the change in their attitudes around abortion to improved client experience. Despite increases in supportive abortion attitudes and an increased understanding of the importance of abortion care, insights suggest providers still play a significant role in deciding whether a client should be able to access abortion care.

Reported expansion of abortion services was reflected in client volumes. For each month following the VCAT workshop, the number of abortion clients served in intervention facilities was 1% higher than control facilities (p=0.013), translating to a difference of 14% over the course of a year (95% CI: 3%–26%). This effect decreased over time.

### Provider knowledge about safe abortion laws and practice



## WHAT THIS MEANS

### A need for continued intervention to overcome provider stigma and expand access

These findings underscore the importance of addressing provider attitudes and stigma to improve access to safe abortion and quality of care.

VCAT can play an important role in opening up the conversations necessary to achieving this. To realise a sustained impact on quality of care and access to services, VCAT should be used as part of a suite of interventions designed to support providers as well as efforts to advocate for full implementation of abortion laws where laws are permissive.

### Key recommendations:

#### VCAT content



Use what is known about existing provider knowledge and attitudes to frame and target the content of VCAT workshops. Ensure workshop content is linked back to the national and local context, drawing on national guidelines and policy.



Implement a broad rights-based framing to VCAT workshops that emphasises the need for abortion in a range of circumstances, reinforces the comprehensive nature of the WHO definition of 'health', and centres the autonomy of people seeking abortion care (rather than primarily leveraging the justification of the provision of life-saving care).



Include a greater emphasis on implementing client-centred care during the provision of abortion into VCAT workshops. Use role plays to make the link between values, attitudes, and behaviours towards clients.

#### Implementing VCAT



Plan to implement frequent refreshers and follow-up VCAT workshops as well as using other complementary provider support approaches, such as Provider Share Workshops so that these interventions help to create a pro-choice organisational culture and are not one-off interventions.



Implement VCAT workshops with a greater range and number of team members involved in providing family planning and safe abortion care and staff within facilities, including receptionists, guards and community-based promoters.



Prioritise future research to understand the impact of VCAT on client-centred care and client experiences.

"If they come and they need my help I will do it. I won't look back. I will help them whatever age they are."

– Private provider & VCAT participant, Addis Ababa



### MORE INFORMATION

For more information on MSI Reproductive Choices and the work that we do, please contact:  
T +44 (0)20 7636 6200 • [evidence@msichoices.org](mailto:evidence@msichoices.org).  
Alternatively, visit our website: [www.msichoices.org](http://www.msichoices.org).

For more information on Ibis Reproductive Health, please contact:  
T +1 617 349 0040  
[admin@ibisreproductivehealth.org](mailto:admin@ibisreproductivehealth.org)  
Alternatively, visit [www.ibisreproductivehealth.org](http://www.ibisreproductivehealth.org)