

## ***"I always know she cannot betray me."* Disclosure of abortion and methods of abortion used in informal settlements in Nairobi, Kenya**

### **Background:**

In Kenya, induced abortion is legally restricted, and permitted only to save the life and/or preserve the physical health of a pregnant woman (National Council for Law Reporting, 2010). In addition to that, girls and women who have abortion face social stigma (Ushie et al. 2019), which can be perceived, experienced and internalized stigma (Link et al. 1997). Despite abortion is a stigmatized practice, therefore reducing the likelihood of information disclosure, women still disclose information on their abortions within their network (Rossier, 2007). Evidence have shown how stigma can influence and regulate individual abortion disclosure decisions and behaviors (Rossier, 2007; Shellenberg et al., 2011). Using the lens of abortion stigma, secrecy and support networks, this paper attempts to tease out the hidden social rules surrounding information sharing, particularly on sensitive discussions such as access to abortion services to pinpoint the rationale and the circumstances of disclosure (i.e. information being disclosed voluntarily versus information being leaked for a variety of reasons). Additionally, we investigate the interplay of factors like cost of services and stigma on access to safe abortion services, as well as the role disclosure and social networks play in facilitating access to abortion.

### **Methods:**

The data are from a qualitative formative study and a respondent driven sampling survey conducted between 2020 and 2021 with women who have terminated a pregnancy in two informal settlements of Nairobi, Kenya. The data was analyzed using descriptive analysis for the quantitative data, and thematic analysis for the qualitative data.

### **Findings:**

Our findings show that sharing information around abortion is enclosed in a social dynamic around secrecy that contributes to making abortion a secret shared in 81% of the abortion cases with people in the women's networks. These confidants include intimate relationships such as trusted friends (62%), followed by female relatives (22.6%) and mother/aunts/grand (12.5%). Finally, partners were seldom mentioned (1.4%). Information was shared in many cases either to get support (finding a method or moral support), because participants was used to sharing their secrets mutually, and because the person told them about their abortion.

*I tell her all my secrets and everything and she also tells me hers. We share all the information. Even if something happens now, I won't sleep without telling her, I will have to go and look for her and tell her. (...) She is my friend because I find that we do everything the same, and that I do, she also does. Like when we meet, we just say let us go look for money, we go to the clubs and bars. (22-year-old, secondary level education, single)*

This experience gave most participants the confidence to open up to friends when they found out that they were pregnant, and were contemplating abortion, during the process, or afterward without fear of being shamed, stigmatized, or reported to the community or police.

Regarding the methods used, unidentified pills were the most used regardless of the confidant; followed by traditional methods especially among those who sought help with their mothers/aunts/grandmothers (33%), while MA and MVA were rarely used, mostly by those who confided in friends or sisters/cousins.

**Conclusion:**

Our findings show that the disclosure of abortion is a complex process embedded in existing codes regarding the circulation of information on sensitive issues and “help” seeking. The findings suggest the need for strengthening the circulation of information on safe methods within communities, using community champions and intermediaries to increase the likelihood of women being directed through safe methods and enhance their use.