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A Qualitative Analysis of Abortion and SRH Stigma among Chinese Youth: Shedding Light on the Challenges of Sexual and Reproductive Health Education

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Abstract

This study highlights the challenges of addressing abortion stigma and misinformation among Chinese youth. The research aims to fill the identified gaps by employing a grounded theory approach to qualitatively analyze the literature on sexual reproductive health and education in China. The results are synthesized into the Stigmatization and Sexual Reproductive Health Issues (S&SRHI) framework, offering a comprehensive understanding of the factors contributing to stigma surrounding sexual and reproductive health education and services provision. The study recommends using a Peer-led intervention to disseminate accurate information, foster open dialogues, and reduce stigma, thus enhancing knowledge, attitudes, and access to abortion services, informing policy discussions, and guiding the design of effective sexual education programs. However, the study acknowledges limitations and highlights the need for future research to focus on evaluating the effectiveness of this approach and developing a more comprehensive and cultural context framework for addressing abortion stigma.

Keywords: Chinese Youth, Peer-led, Abortion, Sexual Reproductive Health (SRH) Stigma, S&SRHI Framework, Cultural Context

1. Introduction

1.1. Background and Rationale for the Study

When faced with a population of 1.4 billion people (World Population Dashboard, UNFPA 2023), even necessities such as healthcare provision, education, food, and others become complex (Scharping 2013; Bouchard 2014). Faced with a rapidly increasing population, the Chinese government has had to deal with myriad sexual and reproductive health issues and has begun to take steps to curb it, starting with family planning in the early part of the 1970s to reduce growth (Cheng and Selden 1994; Bouchard 2014). Sexual Reproductive Health (SRH) education is crucial to the overall well-being of every young person worldwide (IPPF 2016b; 2016a). Access to quality sexual and reproductive health (SRH) services is a fundamental human right. Though in China, there have been some improvements in this area, existing studies show that the youth, especially

university students in China and those abroad, often lack comprehensive knowledge about abortion services (Norris et al. 2011; Lyu, Shen, and Hesketh 2020; Ma et al. 2008; H. Wang et al. 2015; IPPF 2016b). There exist gaps and differences in accessing SRH services (UNFPA 2017), including the increasing burden of sexually transmitted infections (STIs) like HIV among children and young people, which needs comprehensive education and strengthening (Z. Zou et al. 2023).

1.2. A Glimpse of the Literature

In China, discussions around abortion are often shrouded in secrecy, misinformation, and stigma, which sometimes lead to harmful consequences for those seeking reproductive healthcare (Ma et al. 2008; H. Wang et al. 2015). The study by Dong and colleagues has shown that misinformation, myths, and stigmatization contribute to poor understanding of abortion methods, risks, and legal regulations (Dong et al. 2024). The absence of accurate information can lead to negative attitudes and hinder timely access to safe and legal abortion services.

It also appears that talks around abortion are often marked by social stigma and cultural sensitivities, resulting in inadequate awareness and knowledge among young adults, particularly university students (Guo et al. 2019; Chandrasekaran et al. 2023). Stigmatization of sexual reproductive health and rights issues has profound implications for young adults' reproductive health decisions. The consequences of stigma is far-reaching, affecting mental health, social relationships, and is now a public health concern in China (Y. Wang et al. 2021; Luo et al. 2018). They further stressed that the stigma surrounding sexual behaviors often leads to feelings of shame and secrecy among young migrant women, including suicidal thoughts (Luo et al. 2018).

These attitudes harm informed decision-making, perpetuating negative stereotypes and preventing individuals from seeking the care they need. A study found that many individuals hold misconceptions about the safety and legality of abortion services, which can lead to fear and mistrust. Indeed, the research (Jin and Hu 2023) remarked that induced abortion is a significant issue, with government statistics showing that the average number of abortions annually exceeded 10 million during the 1980s and early 1990s and still exceeded 9.5 million from 2014 to 2019. Poor quality of sex education and reproductive health services are important drivers of induced abortion, especially for younger women.

Even though abortion is legal and accessible in China, other factors, including the false advertisement, lead young, often unmarried women to no longer take the matter seriously, contributing to the high rates of unsafe abortion (Y. Wang et al. 2021). Moreover, traditional cultural values, societal norms, and other risky sexual behaviors play a significant role in perpetuating negative attitudes toward abortion. The studies by (Ma et al. 2008; Guo et al. 2019; Segers 1984) revealed that for many decades in many cultures, women have been expected to prioritize their roles as wives and mothers over their personal autonomy and reproductive rights. This often leads to stigmatization and shame surrounding abortion, making it difficult for women to access safe and legal services, thereby resulting in practices like induced abortions (Wu and Qiu 2010). This emphasizes the need to challenge these pernicious and long-existing attitudes and improve education to ensure informed decision-making.

While stigma and misinformation exist, various efforts and initiatives aim to address these issues. Organizations and individuals are working to improve sexual education and reproductive health services, which could help combat the stigma and provide accurate information (Chandrasekaran et al., 2023; UNFPA & UNESCO, 2022). For example, a collaboration between UNFPA and UNESCO suggested guiding principles for effective public education across all demographics on Sexuality Education in China to improve education for informed decision-making (UNFPA & UNESCO 2022). On the individual level, Chandrasekaran and other's "community-based participatory" research demonstrates ways in which culture and community opinions play a role in influencing the acceptability of abortion (Chandrasekaran et al. 2023), partly affirming Zou and friend's suggestion that parental guidance could reduce risky sexual behaviours among Chinese youth (S. Zou et al. 2021). Additionally, studies have emphasized the importance of improving post-abortion care that caters to the needs of young

people. This highlights the pressing need to address the attitudes and beliefs of communities towards abortion - without further stigmatizing women (Y. Wang et al. 2021).

1.3. The Research Gap

From the literature review, it is revealed that despite advancements in sexual and reproductive health services, addressing abortion stigma in China may require a comprehensive approach that encompasses cultural, social, and educational dimensions. Meanwhile, as discussions around abortion continue to be marked by secrecy, misinformation, and stigma, a recommendation by (Lyu, Shen, and Hesketh 2020) highlighting limited public education and comprehensive sexual education on reproductive health issues, especially abortion, within the Chinese cultural context to raise a pressing need to examine youth-led innovative approaches to address the information gap and misconceptions surrounding them.

1.4. Purpose and Contribution of the Study

While the study aims to investigate and address the challenges related to sexual reproductive health education, specifically focusing on abortion stigma and misinformation among Chinese youth, the purpose is to shed light on the existing gaps in knowledge, awareness, and access to abortion services, and propose interventions, such as a Peer-to-Peer (P2P) approach, to improve education, information dissemination, and reduce stigma surrounding sexual and reproductive health in the Chinese cultural context.

The study seeks to contribute to informed decision-making as it challenges long-standing attitudes that hinder access to safe and legal abortion services. The study also addresses reproductive health issues and highlights the importance of sexual and reproductive health, which is important to the professionalization of social work both in practice and research.

2. Materials and Methods

2.1. Approach

A grounded theory approach developed by sociologists (Saldaña 2021) is adopted to ensure a step-by-step code-to-text analysis of existing literature "to yield meaningful and useful results" (Nowell et al. 2017). This approach has widely been used across many areas to analyze contents qualitatively (Krippendorff 2018), including the social work discipline, where it was used to examine why men choose to undertake social work as a career (Labra et al. 2020) and study social work practices and challenges during the COVID-19 pandemic (Sen et al. 2022).

2.2. Data

To identify themes or codes for the study, all published research from 2000 or later concerning Sexual Reproductive Health and Education in China is reviewed to check their content's applicability to the understudied topic (Tesch 2013, p-119). A chunk of the data was ultimately retrieved from Google Scholar. A methodical search of titles and abstracts using Boolean logic and keyword search terms was undertaken using predefined inclusion and exclusion criteria (Beard, Wentz, and Scotch 2018): the search terms "(abortion OR sexual reproductive health) AND stigma*" were used. Articles were eligible for inclusion if the research concerned abortion and or SRH stigma in China.

2.3. Data Analysis

Our analysis was done manually and involved a three-stage process guided by sub-coding and descriptive coding methods. We picked out excerpts from the literature in the first stage to generate descriptive coding. The second stage, descriptive coding, involved identifying parent themes from the literature. In the third stage, we used the sub-coding to analyze the initial identified themes, identifying specific words or phrases that further emphasized

the information. Using the sub-coding method, we identified the interrelationship between the parent codes. Lastly, as shown in Tables A and B (in the appendix), we grouped the various sub-codings in particular emergent qualities, ultimately identifying five (5) key categories/themes before sorting them to meet the objectives of this paper. At each stage of the analysis, we reviewed the findings iteratively, ensuring the accuracy of our results. Our mentor, an expert in social work, also reviewed our findings to validate them. We discussed all the excerpts, sub-categories, and categories to ensure their appropriateness, interdependence, and accuracy.

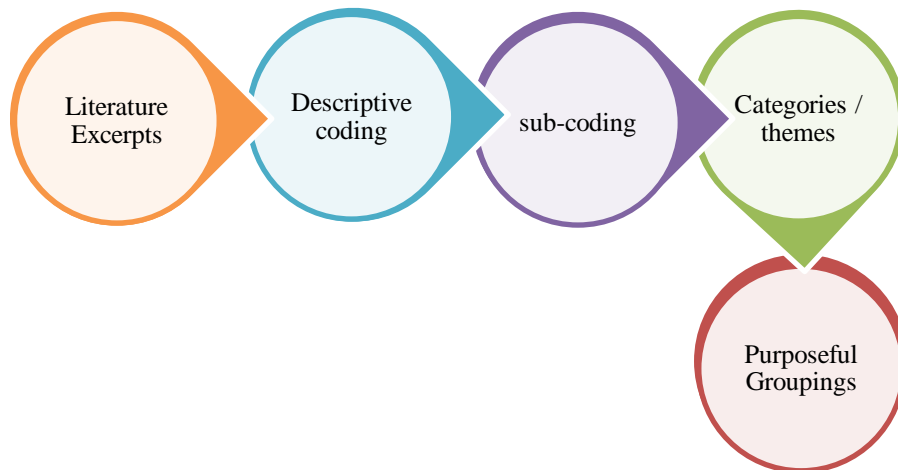


Figure 1: Iterative process of identifying excerpts and coding them into categories

2.4. Trustworthiness

To ensure this framework is comprehensive and trustworthy, we have followed the guidelines presented by Nowell, Lorelli S., et al. These guidelines involve several steps, including becoming familiar with the data, generating initial codes, searching for broader categories, reviewing categories, and defining and naming categories. By doing so, we can ensure that the framework meets the necessary criteria. Further research can be conducted to test the validity of this framework. This approach provides a practical and reliable way to approach policy and research, as suggested by (Nowell et al. 2017).

3. Results

3.1. Stigmatization and Sexual Reproductive Health Issues (SRHI):

The S&SRHI framework comprehensively depicts the central theme of "Stigmatization of Sexual Reproductive Health and Rights Issues," along with its related sub-themes. These sub-themes include "Stigma and Sexual Behaviors," "Consequences of Stigma," "Cultural and Societal Factors," "Marginalization of Vulnerable Populations," and "Poor Quality of Sex Education and Reproductive Health Services." The framework is based on extensive research and literature highlighting the interrelationships between these sub-themes. The S&SRHI framework proposes five descriptive codes and 14 sub-codes, which provide a detailed overview of the Challenges and imperatives of Sexual and Reproductive Health Education in China. Figure 2 gives a visual representation of the five categories and 14 sub-categories. The retrieved sub-categories are purposefully regrouped in Figure 3 and discussed starting from Section 3.1.

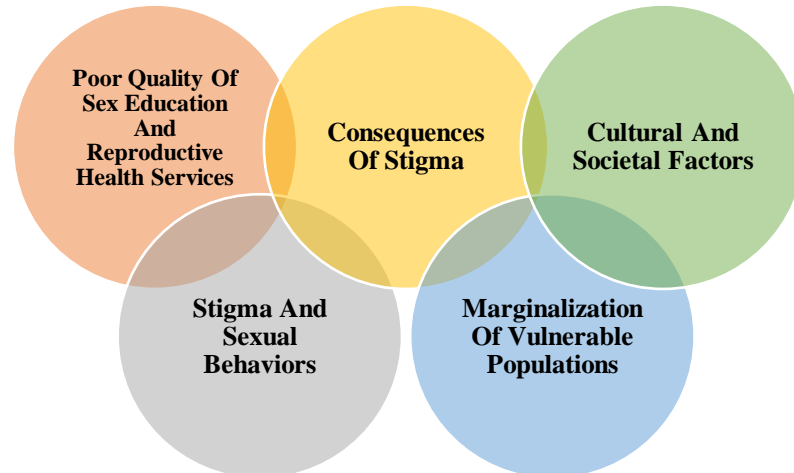


Figure 2: An overview of factors contributing to the stigmatization of sexual reproductive health and rights issues

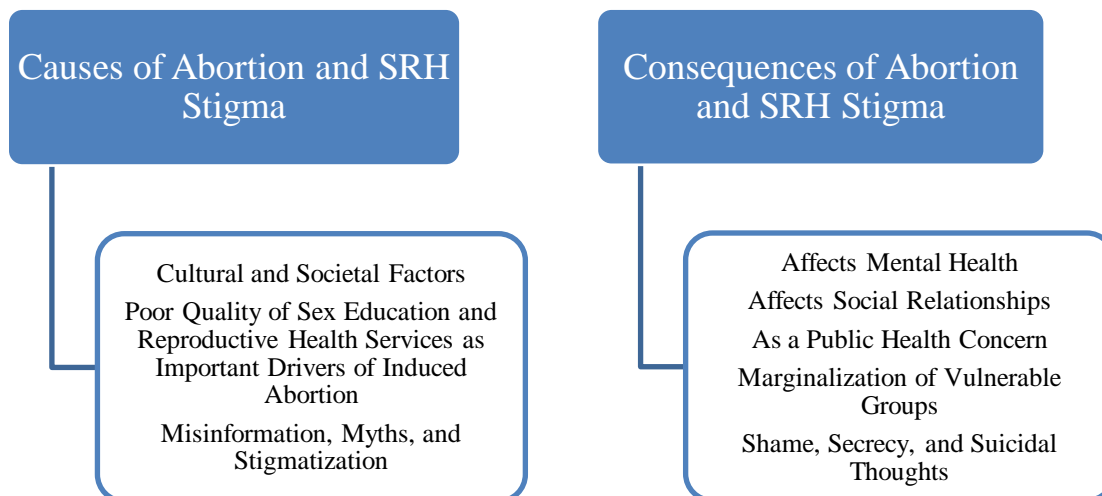


Figure 3: Purposeful Groupings Unveiling the Complex Factors of Abortion and SRH Stigma

3.2. Causes of Abortion and SRH Stigma

3.2.1. Cultural and Societal Factors

Traditional Cultural Values: Traditional cultural values in China prioritize the roles of women as wives and mothers over their personal autonomy and reproductive rights. This emphasis on traditional gender roles can lead to the stigmatization and shame surrounding abortion, making it difficult for women to access safe and legal services. The one-child policy in China has also influenced traditional cultural values and attitudes towards reproduction, including the practice of sex-selective abortion, which has ethical and public policy implications.

Societal Norms: Societal norms in China, influenced by traditional cultural values, often perpetuate negative attitudes toward abortion. The practice of sex-selective abortion and the one-child policy have become embedded in societal norms, posing ethical, legal, and social policy issues. The state-oriented and coercive

approach to sex-selective abortion in China has created complex and intractable ethical and social policy issues, making it challenging to address the stigmatization of abortion and promote access to safe services.

Risky Sexual Behaviors: Poor quality of sex education and reproductive health services are essential drivers of induced abortion, especially for younger women. The lack of accurate information and the perpetuation of negative stereotypes can prevent individuals from making informed decisions about their reproductive health, leading to fear, mistrust, and shame surrounding abortion.

3.2.2. Poor Quality of Sex Education and Reproductive Health Services as Important Drivers of Induced Abortion

The literature highlights that the crucial drivers of induced abortion are multifaceted and include social, cultural, and policy-related factors. In China, the one-child policy and the cultural preference for male offspring have contributed to the practice of sex-selective abortion, leading to a significant gender imbalance. Additionally, the stigma surrounding abortion and the lack of comprehensive sex education have also been identified as essential drivers of induced abortion. The need to improve education, particularly comprehensive sex education, is crucial in addressing the drivers of induced abortion and enhancing access to abortion services among the youth in China. Comprehensive sex education can help dispel myths and misinformation surrounding abortion, empower young adults to make informed decisions about their reproductive health, and reduce the stigma associated with abortion (Ng 2016; Wong 2023).

3.2.3. Misinformation, Myths, and Stigmatization

Misinformation, myths, and stigmatization contribute to the poor understanding of abortion services among university students and young adults. This can lead to various negative consequences, including fear, mistrust, and a lack of access to accurate information and support. The perpetuation of stigmatizing attitudes and misconceptions about abortion safety and legality can further marginalize vulnerable populations, such as women who seek abortions, and prevent them from accessing safe and legal services.

3.3. *Consequences of Abortion and SRH Stigmatization*

3.3.1. Affecting Mental Health (Especially for young women)

Research has shown that internalized stigma, secrecy, and the lack of a safe space to discuss experiences related to abortion care can contribute to adverse mental health outcomes. The internalized stigma associated with abortion work and the decision to disclose experiences can also affect the mental well-being of individuals involved in providing abortion care. Particularly, younger women face unique challenges in accessing abortion services, including lack of information, financial barriers, and social stigma. They are often doubly stigmatized for being sexually active and for seeking abortion services. Moreover, the lack of comprehensive sex education and reproductive health services puts younger women at a higher risk of unintended pregnancies and unsafe abortions. This suggests that the stigma surrounding abortion and reproductive health can have a pervasive impact on the mental health of both service users and providers.

3.3.2. Affecting Social Relationships

The fear of disclosure and the internalized stigma associated with abortion and reproductive health decisions can lead to non-disclosure and a lack of social support, which can, in turn, impact social relationships. The lack of a culture of support for abortion patients and the internalized stigma among women who have had abortions can also affect social relationships and community attitudes toward reproductive health decisions. This indicates that the stigma surrounding sexual and reproductive health can have a broad impact on social relationships at the individual, community, and institutional levels.

3.3.3. As a Public Health Concern

Stigma and discrimination associated with sexual and reproductive health issues, including abortion, pose a significant public health concern. The lack of effective strategies to reduce stigma and discrimination in sexual and reproductive healthcare settings can impede access to care and lead to negative health outcomes. The pervasive nature of stigma across various domains, including community norms, enacted stigma, internalized stigma, non-disclosure, and stigma resilience, underscores the need to address stigma in the context of sexual and reproductive health.

3.3.4. Marginalization of Vulnerable Population

Affecting Women Seeking Abortions: The stigma surrounding abortion in almost every society often prevents women from openly discussing the issue, seeking advice or counseling, or readily accessing safe services. Many women who have decided to terminate a pregnancy keep it a secret from their family, friends, and future partners throughout their lives. Young women and girls, in particular, face double stigmatization for being sexually active and for seeking abortion services. This double stigma, along with various barriers, including cost, cultural norms, and service provider attitudes, makes it more difficult for young women to access abortion services than adult women.

Affecting Provider Attitudes: Abortion stigma has been shown to influence provider attitudes around abortion and may decrease providers' willingness to participate in abortion care. Stigmatizing attitudes, beliefs, and actions toward women seeking abortions are crucially important in shaping how clinical and non-clinical staff feel about their participation in abortion care and whether they facilitate or obstruct this care. Challenging stigmatizing attitudes is essential to ensure that women can access abortion services without facing discrimination or barriers.

3.3.5. Shame, Secrecy, and Suicidal Thoughts

The stigma surrounding sexual behaviors often leads to feelings of shame and secrecy, which can contribute to mental health challenges and even suicidal thoughts. This internalized stigma and non-disclosure can create a barrier to seeking necessary reproductive health care, including abortion services. The fear of judgment and social repercussions may lead to a reluctance to access accurate information and support, further perpetuating the cycle of shame and secrecy.

4. Conclusion

It is crucial to acknowledge the importance of addressing the stigma associated with Sexual Reproductive Health and Education Issues. The S&SRHI framework provides a way to understand the complex interrelationships between various factors contributing to this stigma among Chinese youth. Addressing these factors can create a more inclusive and supportive environment for individuals and communities. Given this, the study anticipates that implementing the peer-led intervention strategy mainly in schools will substantially increase accurate knowledge about abortion and reproductive health among university students.

5. Recommendation

Promoting accurate information about abortion is crucial to overcoming social and cultural barriers to accessing safe abortion services. Women often face limited knowledge about their options for safe abortion services, even in settings where the services are legal and effectively available. Lack of social support and stigma also contribute to the obstacles women face in accessing safe abortion services. Interpersonal communication interventions, such as peer-to-peer education, could be necessary in providing accurate information and overcoming these barriers.

This study suggests implementing a Peer-to-peer (P2P) intervention approach, leveraging the influence of peers to disseminate accurate information, foster open dialogues, and improve access to abortion and sexual health-related services (IPPF 2016b; 2016a). We are optimistic that evaluating the potential impacts of the Peer-to-peer intervention strategy on knowledge, attitudes, and access to abortion services among university students will inform policy discussions and the design of effective sexual education programs.

6. Study Limitations

Interventions that aim to de-stigmatize abortion services are crucial to addressing this barrier. However, this study lacks a substantive model or framework for addressing the abovementioned issues. Additionally, the study primarily focuses on university students in China, and the findings may not be generalizable to other populations or contexts. The study's reliance on existing literature may also limit the scope of the results, as literature availability may be limited, and the data quality may vary. Finally, the study's reliance on manual data analysis may limit the speed and efficiency of the research.

7. Future Direction

Future research should explore the effectiveness of the Peer-to-peer intervention approach in reducing abortion stigma and improving access to sexual and reproductive health services among the youth, particularly university students who are mostly at risk of peer influence. Additionally, a comprehensive framework inculcating the social and cultural factors on access to abortion services is needed to ensure the appropriateness and effectiveness of the intervention. Thus, future studies could focus on this area.

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Appendix

Table A

Descriptive Coding and Subcoding of Abortion and Sexual Reproductive Health Issues in China
<p>"The students lack knowledge of contraception and are not well prepared for pregnancy." (H. Wang et al. 2015)</p> <p>"Stigma and misinformation exposure play prominent roles in the formation of SRH misperceptions" (Dong et al. 2024)</p> <p>"Induced abortion was associated with increased odds for suicidal ideation among the unmarried female ...in China." (Luo et al. 2018)</p> <p>"...need for policies and programs to ...promote education about both family planning and abortion services among disadvantaged subgroups of women." (Y. Wang et al. 2021)</p> <p style="text-align: center;">Descriptive coding: Stigma and Sexual Behaviors</p> <p style="text-align: center;">Subcoding: Shame, Secrecy, and Suicidal Thoughts Lack of Comprehensive Knowledge about Abortion Services Misinformation, Myths, and Stigmatization</p> <p>"... adolescents and unmarried young women have limited access to those services for contraception counseling." "Underutilization of the services occurs among students, immigrants, and those who had a feeling of stigma." (Y. Wang et al. 2021)</p> <p style="text-align: center;">Descriptive coding: Marginalization of Vulnerable Populations</p> <p style="text-align: center;">Subcoding: Women Seeking Abortions Promoting Accurate Information Need to Challenge Stigmatizing Attitudes</p> <p>"Induced abortion was associated with increased odds for suicidal ideation among the unmarried female migrant workers in urban cities in China. More attention should be paid to the mental health of the population." (Luo et al. 2018)</p> <p style="text-align: center;">Descriptive coding: Consequences of Stigma</p> <p style="text-align: center;">Subcoding: Affecting Mental Health Affecting Social Relationships As a Public Health Concern</p> <p>"... culture and community opinions ...can influence both the acceptability of abortion and experiences seeking abortion care among AAs." (Chandrasekaran et al. 2023)</p> <p>"Risky sexual behaviors were associated with repeat abortion among unmarried young women in China." (Guo et al. 2019)</p> <p style="text-align: center;">Descriptive coding: Cultural and Societal Factors</p> <p style="text-align: center;">Subcoding: Traditional Cultural Values Societal Norms Risky Sexual Behaviors</p> <p>"Relatively low levels of sexual knowledge among Chinese adolescents contribute to unsafe sexual behavior A gender-sensitive approach to sex education should be emphasized, with a focus on empowering girls." (Lyu, Shen, and Hesketh 2020)</p> <p>"The high prevalence of pregnancy and abortion ...indicates that sex education and contraceptive services for young people in China do not seem to be adequate. In China, family planning programs are now widely available, free of charge. However, these services are used primarily by adults and rarely by unmarried young people" (Ma et al. 2008)</p> <p style="text-align: center;">Descriptive coding: Poor Quality of Sex Education and Reproductive Health Services</p>

Subcoding:

Important Drivers of Induced Abortion
Especially for Younger Women
Need for Improved Education

Table B**Causes of Abortion and SRH Stigma:**

Cultural and Societal Factors

Poor Quality of Sex Education and Reproductive Health Services as Important Drivers of Induced Abortion

Misinformation, Myths, and Stigmatization

Consequences of Abortion and SRH Stigma:

Affects Mental Health

Affects Social Relationships

As a Public Health Concern

Marginalization of Vulnerable Groups

Shame, Secrecy, and Suicidal Thoughts