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Intersectionality in Developing a Virtual Community of Practice Platform on Abortion

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Abstract. Abortion is an essential healthcare service in many countries including Canada. The number of people who seek abortion is disproportionately higher among equity-deserving populations. Yet the knowledge needed to provide evidence-based, culturally safe, and gender-affirming abortion services remain limited among healthcare professionals. Using an intersectional lens, we conducted focus group discussions with 14 healthcare professionals to understand how an abortion web-based platform, which is currently under development, can be adapted to meet the needs of equity deserving populations. The findings revealed the need for multi-lingual resources on abortion, information on funding coverage for undocumented migrants, educational resources on Indigenous cultural safety and gender-affirming practices, and a mapping tool to locate providers or pharmacists. Beyond presenting clinical guidelines on web platforms, this study revealed important considerations for the design of web platforms that can help advance access to abortion for equity-deserving populations.

Keywords. abortion, websites, intersectionality, underserved population

1. Introduction

Approximately 56 million abortions occur annually across the globe – translating into 35 abortions per 1,000 pregnancy-capable persons aged 15-49 [1]. In Canada, nearly half (~40%) of pregnancies are unplanned, and one-third of women and pregnancy-capable people will have at least one abortion one abortion in their lifetime [2] Among all pregnancy-capable persons, equity deserving and Historically, Persistently, or Systemically Marginalized (HPSM) populations are over-represented among those with unintended pregnancies and particularly among those seeking abortion [3]. Despite the relatively higher need for abortion among HPSM populations, healthcare professionals who provide or intend to provide abortion to these groups have limited knowledge of evidence-based, culturally safe, gender-affirming and inclusive

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abortion services. In response to this issue, we are developing a virtual Community of Practice (vCoP) platform to provide mentorship resources on abortion [4]. A vCoP is a web-based platform that provides information on a topic of interest and enables people to interact and share professional expertise, experiences, skills and capabilities concerning a particular topic [5]. The internet is becoming a major source of information on abortion [6]. However, it is still unclear whether such online platforms address the knowledge needs of healthcare professionals who provide abortion to equity-deserving populations facing systemic barriers in access to abortion care. Using an intersectional lens, [7] the purpose of this study was to evaluate how our vCoP platform, which is currently under development, could address these knowledge gaps for providing evidence-based, culturally safe and gender-affirming abortion for underserved populations in Canada.

2. Methods

We conducted three focus group discussions with 14 healthcare professionals (i.e., Family Physicians, Nurse Practitioners, Midwives, and Pharmacists), who currently provide or intend to provide medication abortion in Canada. Each group included four to five participants. The study was informed by an overarching framework of intersectionality theory – a theory that describes how identities such as gender, race, ethnicity, sexual orientation and other markers of diversity, intersect with the larger social structures of oppression to determine one's health [7]. We adopted an intersectionality framework because we wanted to ensure that the content and functionalities of our platform address the historic, persistent, and systemic structural inequities experienced by underserved populations who seek abortion.

2.1. Participant Recruitment, Data Collection & Analysis

We sent out our recruitment poster to various healthcare professional associations in Canada. We recruited healthcare professionals who have experience in providing abortion services to racialized people, migrants, people with disabilities, homeless and underhoused people, sex workers, 2SLGBTQI+ people and youth as well as those living in or providing abortion services in rural/remote areas. We also sent out a visual layout of the website to each participant ahead of the virtual meeting. During the focus group discussions, participants were asked about (1) the kind of abortion-related information that needs to be displayed on the platform that will help them address the needs of HPSM populations; (2) the kind of web content that can help equip them to provide evidence-based, culturally safe, and accessible abortion services to HPSM populations; and (3) additional website features or functionalities that could help improve abortion access while ensuring the confidentiality of abortion seekers. Probing questions were asked to elicit information on how the website can be adapted to meet and enhance the capacities of healthcare professionals, who provide abortion care tailored to equity deserving historically, persistently, or systemically marginalized (HPSM) populations. The focus group was moderated by the first author (AF) and the fourth author took notes (RC). All participants completed a brief demographic survey prior to the discussions. Each focus group lasted approximately 1 hour, and each participant was provided with an honorarium of a $100CA gift card. The focus groups were conducted via Zoom and all discussions were audio-recorded and transcribed

verbatim using an online transcription software (i.e., TEMI). Each participant provided written informed consent and data was analyzed thematically.

3. Results

Among the 14 healthcare professionals that participated in the focus groups, there were two Obstetricians and Gynecologists, two Family Physicians, three Midwives, two Nurses, two Pharmacists and two Health Educators/Managers of a non-profit organization supporting people seeking abortion. Of these, eleven were currently providing or supporting medication abortion while three had intentions of providing. The majority (13) of them were providing in large cities, and one in a rural area. Four identified as people of Asian heritage, seven as White, and three as people of colour. Two identified as cisgender males, ten as cisgender females, and two as non-binary.

3.1. Thematic findings

Participants pointed out several ways in which the website can be improved and identified additional information that should be included to meet the needs of HPSM populations. These needs fell under four main thematic areas, which are outlined below.

3.1.1. Integration of inclusive language and multi-lingual resources

Participants, who frequently provide services to Indigenous, transgender, and non-binary people, expressed the need for the website to contain inclusive, culturally sensitive and appropriate language that has the least chance of causing harm. Participants suggested using gender-neutral pronouns, replacing abortion with less sensitive terms like "early pregnancy care" and incorporating a glossary on proper terminology to use for transgender or non-binary specific body parts, as well as vocabulary that should be avoided. They also indicated a need for the website to contain multi-lingual resources on abortion and post-abortion instructions for patients. One participant likened this to another website by stating that "*Just from my experience on another website, if a child had surgery, you could often print out the discharge instructions in several different languages from the website. It's just a great way to be able to communicate and educate your patient if they speak a different language*". These multi-lingual resources were thought to improve abortion access, particularly to new immigrants.

3.1.2. Educational resources

Participants acknowledged the need for the website to contain abortion-related training and educational resources specially tailored to HPSM populations. Participants expressed the need for short courses on topics such as Indigenous cultural safety, gender-affirming practices, and trauma-informed abortion care that would enhance healthcare professionals' capacities to provide abortion to such populations. One participant emphasized the importance of including Indigenous-specific resources by stating that, "*As an abortion provider, it will be nice to know the beliefs and cultural*

practices of Indigenous people around abortion, the kind of natural remedies and things that they use after abortion before I start telling them what to do." There was also an expressed need for trauma-informed and harm reduction strategies in providing abortion to HPSM populations who might have prior histories of trauma. Some suggested an FAQ section and particular YouTube videos that show how to provide abortion without causing further harm to people.

3.1.3. Information on funding coverage for non-insured clients

Another major need that was brought to our attention by healthcare professionals was the need for guidance related to the practitioner payment code information for primary care providers (MDs, Nurse Practitioners) and pharmacists, as well as resources for uninsured patients to access the abortion pill. In Canada all health professional services related to management of pregnancy are universally covered for registered residents by the government health system, however, to request payment specific payment codes are required. Participants also expressed the need for the website to contain names of nonprofit organizations that can fund medication abortion for undocumented migrants. One NP stated, "*More than half of my clients were unhoused, or street involved or living in extreme poverty, refugees. I think there need to be some resources around how to make sure that these populations are also getting access to abortion services even if they don't have a [legal] status in Canada*". Participants also called for raising pharmacists' awareness on the medical abortion pill coverage, which all provinces provide cost-free by for all registered providers. A primary care provider stated "*I can prescribe it, but then the patient will get turned away because the pharmacist isn't aware that it is covered. But something on the website that confirms if this patient has a valid health card that its covered or how to help those with no insurance at all*". Such information would help providers facilitate their access to abortion, particularly.

3.1.4. Mapping out providers and pharmacists

Participants, particularly those that provide or intend to provide abortion to rural and remote abortion seekers, indicated that their clients may be reluctant to use local services and pharmacies due to privacy concerns. Thus, they expressed a need for the website to be able to map out other pharmacists or providers to where such patients can be referred. One participant stated that *"I've heard from patients in small towns that they don't want to use a local pharmacy because they're scared about their privacy. These prescriptions come with a lot of stigmas, especially for people, I think, in smaller towns in Canada"*. Participants also mentioned a need for such a map to include hours of availability and to list providers with experience in treating HPSM populations who could better relate to and understand patients' unique barriers and circumstances.

4. Discussion

In this study, we explored how to adapt our vCoP platform to meet the needs of people facing consistent and intersecting barriers in accessing medication abortion. Our findings revealed the need for resources with population-specific considerations that are tailored to immigrant, gender-diverse, and Indigenous-populations as well as

additional web functionalities that would better equip health professionals to provide culturally safe and gender-affirming care. In addition to clinical resources, this study highlights the need to provide health care professionals with a reliable source of socio-cultural knowledge involving specific beliefs and values on abortion to facilitate an inclusive virtual/online environment. These findings are consistent with web-based resources on stigmatized conditions like HIV/AIDS [8] With the increasing use of digital technologies for advancing health equity and reproductive justice across the globe [9], our study provides the foundational knowledge on unique considerations that need to be incorporated when tailoring health technologies for each equity-deserving group. This new knowledge is crucial because technology-based interventions have shown to be less accessible to, less frequently used by, and less effective in disadvantaged populations, such as those facing historic, persisting or systematic barriers to care, compared to the general population [10]. Adopting an intersectionality approach in the design and evaluation of online resources can improve access to abortion services while addressing specific health care needs and reducing the marginalization of racialized people, migrants, people with disabilities, homeless and underhoused people, sex workers, 2SLGBTQI+ people and youth [7]. By adopting an intersectionality lens, adaptations to the vCoP platform will largely be informed by a segment of the Canadian population who may have the greatest need for abortion but may also face the most barriers to access contextually appropriate, welcoming, culturally adapted services. While this study was conducted in Canada, the findings could apply to the design of equitable and inclusive digital resources for populations with similar demographics to those presented here in Canada.

5. Conclusions

This study shows that adopting an intersectionality lens in the design of health professional-facing online resources can sensitize healthcare professionals to diverse socio-cultural aspects of health that are often overlooked when providing abortion.

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