

Errata corrigé for the doctoral thesis of Ulrika Rehnstrom Loi

**“Abortion, contraception and associated social stigma – consequences and solutions in a low-resource setting in western Kenya”**

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**Section/Page**

Thesis frame  
Spikblad page

**Error**

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**Correction**

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**Section/Page**

5.3.1.4 Stigma-reduction intervention/ page 49

**Error**

Missing chapter

**Correction/Text added**

5.3.1.4 Stigma-reduction intervention / page 49

The stigma-reduction programme was developed through formative research with numerous stakeholders; teachers, school principals, students, health care providers from youth-friendly clinics and public hospitals, representatives from the Ministry of Education and the Ministry of Health, religious leaders, and local and national NGOs, as well as local and international researchers. Several workshops and focus group discussions were held to inform, engage and collaborate for stigma-reduction programme development.

The intervention, a stigma-reduction programme, was provided by a team of 42 educators. Kisumu Medical and Education Trust (KMET) allocated six staff for leading the intervention, in addition twelve volunteers, four teachers, and 20 peer-educators at the intervention school were equipped to implement the intervention (January–February 2017). Before implementation, five training-of-trainers’ sessions were provided to prepare the educators.

The research team had no oversight over what kind of CSE the control school received. It is believed that the students at the control school received standard CSE as outlined in the Kenyan CSE policy. Trained research assistants coordinated and implemented the data collection at both schools. As an introduction, the research assistants provided a brief overview about the questionnaires and the consent forms, and the students completed the documents during a period of 15–40 minutes and then returned them, sealed in an envelope. This procedure was conducted

on completion of each time point: Time 1 (baseline); Time 2 (at 1 month after the intervention); and Time 3 (at the endpoint, 12 months after the intervention).

The school-based stigma-reduction programme was implemented over three weeks; divided into 3 sessions (in total about 9 hours). The curriculum was the same for all secondary school students; however, the discussions were driven by the students and, therefore, slightly varied between the classes. The students' age, maturity, and sexual experience may have influenced the discussions. The curriculum for the intervention followed the IPPF guide "How to Educate about Abortion", which has a focus on unintended pregnancy, abortion, and contraception.<sup>1</sup> The stigma-reduction programme included interactive activities with opportunities for the students to discuss and analyse attitudes and behaviours surrounding abortion and contraceptive use. All three sessions were divided into three lectures, with the aim to reduce stigma and provide evidence-based information to avoid unintended pregnancy and unsafe abortion. The educators used interactive and adult learning models with focus on discussions. Misconceptions, attitudes, and beliefs surrounding abortion and contraceptive use were analysed through group discussions, role-playing, presentations, chart-writing, games and anonymous question-and-answer sessions.

<sup>1</sup>International Planned Parenthood (IPPF). How to educate about abortion: A guide for peer educators, teachers and trainers, 2016. [https://www.ippf.org/sites/default/files/2016-05/ippf\\_peereducationguide\\_abortion\\_final.pdf](https://www.ippf.org/sites/default/files/2016-05/ippf_peereducationguide_abortion_final.pdf) (accessed June 18, 2020)

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**Section/Page**

6 Findings/ page 53

**Error**

Main findings Study III Paper III

An eight-hour stigma-reduction programme based on gender equality, equitable norms, and value clarification can be effective to reduce stigmatising attitudes among secondary school students.

**Correction/Text added**

Main findings Study III Paper III

Stigma was more prevalent among male students and younger age groups compared to female students and older age groups.

**Section/Page**

3 Conceptual Framework

**Error**

Source: Kumar et al. (44), Makleff et al. (128), Shellenberg (129), Millar (91) and Stangl et al. (130).

**Correction/Text added**

Source: Kumar et al. (2009), Makleff et al. (2019), Shellenberg (2010), Millar and Stangl et al. (2020) modified by Ulrika Rehnstrom Loi 2020.

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