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SOCIAL CONSEQUENCES

Public opinion about abortion-related stigma among Mexican Catholics and implications for unsafe abortion

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ABSTRACT

A nationally representative survey was conducted among 3000 Catholics in Mexico during 2009 and 2010. Respondents were presented with a hypothetical situation about a young woman who decided to have an abortion and were asked their personal opinion of her. On the basis of a stigma index, it was found that the majority (61%) had stigmatizing attitudes about abortion; however, 81% believed that abortion should be legal in at least some circumstances. Respondents were significantly more likely to stigmatize abortion if they disagreed with the Mexico City law legalizing the procedure (odds ratio 1.66; 95% CI, 1.30–2.11) and believed that abortion should be prohibited in all cases (odds ratio 3.13; 95% CI, 2.28–4.30). Such stigma can lead women to seek unsafe abortions to avoid judgment by society.

1. Introduction

Despite the liberalization of abortion laws worldwide over the past decade, Latin America and the Caribbean (LAC) continue to have some of the most restrictive abortion laws in the world, including complete bans on legal abortion in Nicaragua and El Salvador [1]. The World Health Organization (WHO) estimates that the LAC region has the highest rate of abortion in the world at 31 per 1000 women aged 15–44 years, translating to approximately 4.2 million unsafe abortions each year [2]. WHO additionally estimates that 1 in 8 maternal deaths in the LAC region are as a result of unsafe abortion [2].

In Mexico, unsafe abortion is the fifth leading cause of maternal mortality and accounts for 6%–8% of pregnancy-related deaths [3]. In 2006, it was estimated that the country had more than 870 000 induced abortions with an annual abortion rate of 33 for every 1000 women aged 15–44 years, translating to almost 44 abortions occurring for every 100 live births in the country [3]. Approximately 17% of women who had an induced abortion were hospitalized for complications, primarily severe bleeding [3].

The legalization of first-trimester elective abortion in Mexico City in April 2007 was a decisive advancement for reproductive rights in Mexico and the region. In August 2008, the Supreme Court upheld the constitutionality of the Mexico City law with a vote of 8 to 3 and set a progressive precedence that abortion laws could be regulated at the state level [4]. Two political parties – the National Action Party (PAN), which currently holds power at the federal level, and the Institutional Revolutionary Party (PRI) – have become allies in restricting abortion laws in Mexico [5]. The Party of the Democratic Revolution (PRD), which holds power in Mexico City, initiated the abortion reform in the capital and has mandated state legislators to support access to legal abortion [6]. However, in this predominately Catholic country, the Catholic Church plays a powerful role in public debate and officially condemns legal abortion. The Supreme Court ruling led to a severe backlash in several states to restrict access to abortion through guaranteeing the protection of life beginning at conception. According to the most recent data, 16 of the 31 Mexican states outside the capital have amended their constitutions to include language that grants legal rights to the fetus from the moment of conception, and 7 additional states have current amendments pending [7]. These reforms have the potential to override all prior legal circumstances permitting abortion, including the exception for rape victims [8], which all Mexican states have historically upheld [3].

According to a publication by the Guttmacher Institute in 2009, restrictive laws do not reduce the incidence of abortion, but rather make it more unsafe [1]. Half of the abortions worldwide occur in less developed countries, where restrictive laws exist. Despite the legality of abortion within a country, the average annual rate at which women terminate unwanted pregnancies is similar around the world, and no relationship appears to exist between the legality of abortion and a country's rate of termination. However, the

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legality of abortion does affect the safety of the procedure and therefore the risk to women of subsequent morbidity or mortality.

One factor that can drive unsafe abortion is stigma. Kumar et al. [9] propose the following definition of abortion stigma: "a negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to the ideals of womanhood". Despite the high incidence and prevalence of abortion in Mexico, abortion stigma is pervasive [10–12]. In the field of sexual and reproductive health, numerous studies have been conducted on HIV/AIDS-related stigma; however, there is very little research on the specific topic of abortion-related stigma and how it can affect unsafe abortion. Abortion stigma can be categorized as internalized or perceived stigma experienced by those who have had an abortion as well as the social stigma that exists in the society. Often studies that do address abortion stigma analyze it from the perspective of those who have experienced abortion and perceived stigma [13,14]. The most relevant work on social stigma of abortion is that by Kumar et al. [9], which discusses the conceptualization of abortion stigma and suggests that its social production occurs at the local level. This social stigma may impact the health of women by affecting access to safe procedures, as shame and guilt might instead lead women to seek clandestine options, and if complications arise, to avoid quality postabortion care. It also may discourage women from raising complaints in cases of service denial or revealing their experience to family and peers [15].

There is little published research on public perception of abortion stigma and its implications for safe abortion access, although it has recently begun to obtain recognition and attention. Amid this increasingly restrictive legal climate around abortion in Mexico, a national opinion survey was conducted among Mexican Catholics to understand their views about sexual and reproductive rights, abortion, and abortion stigma.

2. Methods

A nationally representative face-to-face household probability survey was conducted among self-identified Catholics in Mexico aged 18 years and older, stratified by rural and urban regions. The study was a collaboration between the Population Council–Mexico City office and Católicas por el Derecho a Decidir (Catholics for the Right to Decide, in English) and was conducted from December 2009 through January 2010. The multistage stratified sampling design was based on information from the XII Population and Housing Census of 2000 and the El Conteo of 2005 (a statistical instrument that captures basic social and demographic information between censuses). Basic Geostatistical Areas (BGA) were used to map urban areas, whereas the list of localities from the National Institute of Statistics and Geography (INEGI) was used for rural areas. Selection of the BGA and the locality was based on proportional probability to their population aged 18 years and older. The selection of the land area and household was random, and within the household, the person with the nearest birth date to the survey date was interviewed. The pilot-tested survey asked about Catholic identity and values, opinions of abortion laws, sexual and reproductive rights, and abortion stigma.

The average length of the interview was about 40 minutes, and participants were asked a variety of questions regarding overall Catholic practices and values, to be compared with responses on opinion questions regarding such topics as reproductive health and rights, social justice, and the role of the Church in politics. The response rate was 65%, resulting in 3000 completed surveys.

This study was deemed exempt from full review by the Population Council Institutional Review Board (IRB) because it posed only a minimal risk to human subjects, particularly since its methodology called for the voluntary participation of consenting adults aged 18 years and older in an anonymous study.

To measure abortion stigma, respondents were presented with a hypothetical situation about a young woman ("Alejandra") who decided to have an abortion and were then asked their personal opinion of this woman and how having had an abortion may impact her. The measurement tool was based on a modified instrument used by Luty et al. [16] because of its focus of capturing the social stigma of the health topic (mental health), rather than most other instruments, which measure stigma experienced by those living with the health issue. The questions were introduced by the following short scenario: "Suppose that Alejandra is a woman who decided to have an abortion". The respondents were then asked to answer several opinion questions of equal weight relating to the scenario; these responses were then coded to reflect a 4-level Likert item and used to develop an index score of abortion stigma by summing the coded values for each respondent. The index was then dichotomized to represent nonstigmatizing and stigmatizing attitudes. The minimum score possible was 0 and the maximum score possible was 20. Those respondents receiving an index score of 13 or higher were classified as nonstigmatizing, and those with a score of less than 13 were classified as having stigmatizing attitudes based on a cut-off point corresponding to the midpoint of the score range for those respondents who provided an answer for all 5 questions. A response of "no answer" was coded as 0, equally weighted as the other response options, and summed along with the codes for the remaining stigma questions to provide a stigma score for the respondent.

Respondents were also asked about their knowledge of and opinion about abortion laws, as well as their Catholic beliefs in regard to reproductive rights, such as whether a good Catholic can support a woman who decides to have an abortion, can use contraception, or can have an abortion, and whether a woman who decides to have an abortion should be expelled from the Church. Knowledge about the Mexico City law was assessed by whether respondents had knowledge of the law before the survey. After being informed of the law, they were then asked if they agreed or disagreed with the law, which permits abortion within 12 weeks of gestation when the woman considers it necessary.

Bivariate and multiple logistic regression analyses were conducted to identify significant determinants of abortion stigma. All analyses used STATA statistical software, release 10 (STATA Corp., College Station, TX, USA).

3. Results

The sample consisted of 3000 Mexican men and women ranging in age from 18–89 years, with varied backgrounds of education, family situations, regional residence, political affiliation, and religiosity, as measured by frequency of attendance at mass and confession, and frequency of prayer. More than half of the respondents were younger than 40 years, with a mean age of 38 years (Table 1). There were more women included than men (57% vs 44%) and the majority of respondents had at least 1 child (68%). One-fourth of the respondents had graduated from high school (25%), and just over half were married (54%). Only 17% of the respondents were from Mexico City, with the highest percentage of respondents living in the North (23%). Thirty-four percent of respondents did not identify with any political party; however, 33% identified with PRI, 15% with PAN, and 8% with PRD. In regard to religious practices, the largest percentage of the sample (45%) attended mass occasionally, prayed occasionally (40%), and attended confession occasionally (39%). Thirty-one percent felt that the definition of being a good Catholic is to follow the Ten Commandments, with only 3% responding that it entails obeying the Pope and the Bishops.

In regard to the attitudes and opinions about abortion, 82% of respondents agreed that the Mexican constitution should continue to guarantee every person the right to make free, responsible, and