

Misperceptions About the Risks of Abortion in Women Presenting for Abortion

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Abstract

Objective: Misinformation about the risks and sequelae of abortion is widespread. The purpose of this study was to examine whether women having an abortion who believe that there should be restrictions to abortion (i.e., that some other women should not be allowed to have an abortion) also believe this misinformation about the health risks associated with abortion.

Methods: We carried out a cross-sectional survey of women presenting consecutively for an abortion at an urban abortion clinic in Vancouver, British Columbia, between February and September 2012.

Results: Of 1008 women presenting for abortion, 978 completed questionnaires (97% response rate), and 333 of these (34%) favoured abortion restrictions. More women who favoured restrictions believed that the health risk of an abortion was the same as or greater than the health risk of childbirth (84.2% vs. 65.6%, $P < 0.001$), that abortion caused mental health problems (39.1% vs. 28.3%, $P < 0.001$), and that abortion caused infertility (41.7% vs. 21.9%, $P < 0.001$). Using multivariate logistic regression analyses, believing that abortion should not be restricted was found to be a significantly correlated with correct answers about health risks, mental health problems, and infertility.

Conclusion: Misinformed beliefs about the risks of abortion are common among women having an abortion. Women presenting for abortion who favoured restrictions to abortion have more misperceptions about abortion risks than women who favour no restrictions.

Résumé

Objectif : La désinformation au sujet des risques et des séquelles de l'avortement est généralisée. Cette étude avait pour objectif de tenter de déterminer si les femmes subissant un avortement qui estiment que des restrictions devraient être imposées en matière d'avortement (c.-à-d. qui estiment que certaines autres femmes ne devraient pas avoir le droit de subir un avortement) sont susceptibles de croire cette désinformation au sujet des risques pour la santé qui sont associés à l'avortement.

Méthodes : Nous avons mené un sondage transversal auprès des femmes s'étant consécutivement présentées à une clinique urbaine d'avortement de Vancouver, en Colombie-Britannique, entre février et septembre 2012, en vue d'y obtenir un avortement.

Résultats : Des 1 008 femmes s'étant présentées à cette clinique en vue d'y obtenir un avortement, 978 ont rempli le questionnaire (taux de réponse de 97 %) et 333 d'entre elles (34 %) favorisaient l'imposition de restrictions en matière d'avortement. Un nombre supérieur de femmes favorisant l'imposition de restrictions estimaient que les risques pour la santé associés à l'avortement étaient égaux ou supérieurs aux risques pour la santé associés à l'accouchement (84,2 % vs 65,6 %, $P < 0,001$), que l'avortement causait des problèmes de santé mentale (39,1 % vs 28,3 %, $P < 0,001$) et que l'avortement causait l'infertilité (41,7 % vs 21,9 %, $P < 0,001$). En utilisant des analyses de régression logistique multivariées, nous avons constaté que le fait d'estimer que l'avortement ne devrait pas faire l'objet de restrictions était en corrélation significative avec l'offre de réponses exactes au sujet des risques pour la santé, des problèmes de santé mentale et de l'infertilité.

Conclusion : Les opinions erronées au sujet des risques de l'avortement sont courantes chez les femmes qui subissent un avortement. Les femmes cherchant à obtenir un avortement qui favorisent l'imposition de restrictions à l'avortement sont plus susceptibles d'avoir des perceptions erronées, au sujet des risques de l'avortement, que les femmes qui ne favorisent pas l'imposition de telles restrictions.

Key Words: Abortion, knowledge, attitude, risk

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INTRODUCTION

Misinformation about the risks and sequelae of abortion is common. In a study of 52 women having an abortion, 79% of participants overestimated the health risks of a first trimester abortion compared with the risks of continuing a pregnancy and giving birth; 46% of participants overestimated the risk of mental health problems, and 25% of participants believed abortions caused infertility.¹ Sources of misinformation include crisis pregnancy centres (centres that counsel against abortion),^{2,3} abstinence-only education programs,⁴ and, in the United States, government websites^{2,5} and state-legislated, mandated physician scripts.⁶ Common topics of abortion misinformation include the mental health risks, impaired fertility, and increased risk of breast cancer associated with abortion.^{2,7,8} There is strong evidence that abortion is a safe procedure, with a mortality rate of less than 1 per 100 000, and that it does not increase the risk of mental illness or breast cancer and does not reduce fecundity.^{9–15} An online survey of the general public (men and women) in 2012 found “respondents who believe that abortion should be allowed in at least some circumstances were more likely to be correct regarding the safety and consequences of contraception and abortion.”¹⁶

Women favouring restrictions to abortion may have unresolved anxiety after the abortion procedure. In a study of 102 women having medical and surgical abortions, the women completed questionnaires (before and two to four weeks after the procedure) asking about anti-choice attitudes to abortion and anxiety levels.¹⁷ Attitude was assessed by the question “Under what circumstances do you feel a woman should not be allowed to have an abortion in the first trimester?” followed by 10 possible responses. Anxiety was assessed by the question “How anxious do you feel on a scale of 0 to 10 about having the abortion?” Women who responded that women should be allowed to have an abortion for any of the given reasons had a mean anxiety score of 5.0 before and 2.7 after the abortion, while women who favoured restrictions to abortion had a mean score of 5.2 before and 4.4 after the abortion ($P = 0.005$). The two groups were similar with respect to age and religion, but women who favoured restrictions were more likely to be non-white ($P = 0.02$) and less educated ($P = 0.03$), and more likely to choose a medical rather than a surgical abortion ($P = 0.03$).^{17,18} In a questionnaire study of 52 Muslim women’s experiences with abortion, women who favoured restrictions to abortion had higher levels of anxiety ($P = 0.01$) and guilt (0.004) using a similar 0 to 10 scoring scale.¹⁹

The purpose of this study was to determine:

1. whether women having an abortion who believe that abortion should be restricted differ from women who do not with respect to their knowledge about health risks associated with abortion, and
2. the demographic characteristics associated with higher knowledge about abortion risk.

Because some women having an abortion who favour restrictions have been shown to have unresolved anxiety after abortions¹⁷ we wanted to examine the extent of beliefs that abortion has higher risks than the evidence shows. This would allow us to educate women about the true risks and perhaps reduce their anxiety.

METHODS

We conducted a questionnaire survey of women presenting for abortion between February and September 2012. Our questionnaire asked about women’s knowledge of abortion, attitude to abortion, and level of anxiety, and from what sources they had received their information. Attitude was assessed by two questions: “Under what circumstances do you feel a woman should not be allowed to have an abortion in the first trimester?” followed by 10 possible responses; and “Which ONE of the opinions best represents your view?” followed by four choices including “Abortion should be allowed for ANY reason, because no one should be forced to continue a pregnancy.”^{16–18} The knowledge questions covered four areas (general health risks, infertility, mental health [depression], and breast cancer) and were adapted from previous studies^{1,16} (Appendix).

We also collected sociodemographic data. The setting for the survey was an urban free-standing abortion clinic in Vancouver, British Columbia, offering medical and surgical abortions. The questionnaire was given consecutively to all women, while they were in the waiting room and before they saw a counsellor on their first abortion-related visit to the clinic. The questionnaire and cover sheet explaining the study were contained in a manila envelope. When women handed the envelope back to the staff, they were given the information sheet that addressed each of the misinformation points in the knowledge questions. The counsellors did not see the completed questionnaires but always discussed the known risks of abortion and asked about concerns. They could therefore address any of the issues raised in the questionnaires. The questionnaires were available in English, Punjabi, and Chinese. Our hypothesis was that, for women having an abortion, those favouring abortion restrictions are more likely than pro-choice women to believe that abortion has higher risks than the

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