

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

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Abstract (156 words)

Abortion stigma can be a factor in whether a woman accesses a safe abortion procedure, or an unsafe clandestine abortion. We conducted a nationally representative face to face household probability survey among self-identified Catholics in Mexico. 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. Based on a stigma index, we found that the majority (61%) of Mexicans have stigmatizing attitudes about abortion, however 81% of participants believe that abortion should be legal in at least some circumstances. Disagreement with the Mexico City law and believing that abortion should be prohibited in all cases were significant predictors of stigmatizing abortion. The stigma can lead women to seek unsafe abortions in an attempt to avoid judgment by society, which ultimately puts women’s lives at risk.

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 (Singh, 2009). The LAC region has the highest rate of abortion in the world at 31 per 1,000 women aged 15-44 years, and 94% of these abortions are unsafe (Sedgh, 2007). This translates to approximately 3.9 million unsafe abortions each year with approximately 22% of pregnancies ending in abortion (Sedgh, 2007). The WHO estimates that 1 in 8 maternal deaths are as a result of unsafe abortion in the LAC region (Guttmacher, 2009).

In Mexico, unsafe abortion is the fifth leading cause of maternal mortality and accounts for 6-8% of pregnancy-related deaths (Juarez et al, 2008). In 2006, it was estimated that the country had over 870,000 induced abortions with an annual abortion rate of 33 for every 1,000 women aged 15-44 years, translating to almost 44 abortions occurring for every 100 live births in Mexico (Juarez et al, 2008). Approximately 17% of women who had an induced abortion were hospitalized for complications, primarily severe bleeding (Juarez et al, 2008).

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 (Guttmacher Institute Media

Center, 2008). 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, seven additional states have current amendments pending (GIRE, 2010). These reforms have the potential to override all prior legal circumstances permitting abortion, including the exception for rape victims (Cattan, 2009), which all Mexican states have historically upheld (Juarez et al, 2007).

Restrictive laws do not reduce the incidence of abortion, but rather make it more unsafe. 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 a relationship does not appear to exist between the legality of abortion and a country's rate of termination. However, the legality of abortion does affect the safety of the procedure, and therefore the risk to women of subsequent morbidity or mortality. (Singh et al, 2009)

One factor that can drive unsafe abortion is stigma. Kumar, Hessini, and Mitchell (2009) 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 in Mexico, abortion stigma is pervasive (Lara et al, 2006; van Dijk et al, 2007; Guttmacher Institute, 2009). 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 (Ellison, 2003). The most relevant work on social stigma of abortion is that by Kumar, Hessini, and Mitchell (2009) which discusses the conceptualization of abortion stigma and suggests that the social production of it 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

post-abortion care. It also may discourage her from raising complaints in cases of service denial or revealing her experience to family and peers.

There is little published research on public perception of abortion stigma and its implications for safe abortion access. Amidst this increasingly restrictive legal climate around abortion in Mexico, we carried out a national opinion survey among Mexican Catholics to understand their views about sexual and reproductive rights, abortion, and abortion stigma.

Methods

We conducted a nationally representative face to face household probability survey among self-identified Catholics in Mexico aged 18 and over, 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 Choice, in English) and was conducted from December 2009 through January 2010. The multistage stratified sampling design was based on the information from the XII Population and Housing Census of 2000 and the *El Conteo* of 2005 (a statistical instrument that captures basic sociodemographic 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 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 around 40 minutes and participants were asked a variety of questions regarding overall Catholic practices and values, to be compared to responses on opinion questions regarding such topics as reproductive health and rights, social justice, and the role of the Church in politics. A response rate of 65% was received for the completion of 3,000 surveys.

This study was deemed exempt from full review by the Population Council Internal 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 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. (2006) to measure stigmatizing attitudes towards mental illness. 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 relating to the scenario and these responses were then coded to reflect a four-level likert item and then used to develop an index score of abortion stigma by summing the coded values for each respondent. The index was then dichotomized to represent non-stigmatizing 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 non-stigmatizing 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 five questions.

We also asked respondents about their knowledge and opinion about abortion laws, as well as their Catholic beliefs in regards 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 the respondent had knowledge of the law prior to the survey. Next they were asked if they agreed or disagreed with the Mexico City law that permits abortion within 12 weeks of gestation when the woman considers it necessary, regardless of whether they had known about the law prior to the survey.

We conducted bivariate analysis and multiple logistic regression analysis to identify significant determinants of abortion stigma. For all analyses we used STATA Statistical Software: Release 10 (STATA Corp. College Station, Texas 2007).

Results

Our sample consisted of Mexican men and women ranging in age from 18 to 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. Over half of the respondents were under 40 years old, with a mean age of 38 (Table 1). There were more women included than men (57% versus 44%) and the majority had at least one 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, while 33% identified with the Institutional Revolutionary Party (PRI), 15% with the

National Action Party (PAN), which currently holds power at the federal level, and 8% with the Party of the Democratic Revolution (PRD), which holds power in Mexico City and initiated the abortion reform in the capital. In regards 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 regards to the attitudes and opinions about abortion, 82% agreed that the Mexican constitution should continue to guarantee every person the right to make free, responsible, and informed decisions about the number and spacing of their children. Only 15% felt that abortion should be prohibited in all cases, with the majority (57%) believing that abortion should be permitted in certain circumstances, and 24% believing that by law a woman should have the right to decide to have an abortion (i.e. abortion on demand). It is important to note that these response options were mutually exclusive. Just over half had prior knowledge about the liberalization of the abortion law in Mexico City (56%). Only 34% of respondents agreed with the law; however, it is important to note that 35% of the sample responded that they did not agree or disagree with the law.

In response to Catholic beliefs pertaining to reproductive rights, 59% of respondents felt that a person could continue to be a good Catholic if he/she supported a woman who decided to have an abortion, and 74% felt that a person could use contraception and continue to be a good Catholic. The majority of the participants (55%) felt that a woman could have an abortion and continue to be a good Catholic. Forty-three percent of respondents believed that a woman who decided to have an abortion should not be expelled from the Catholic Church, while 33% responded that it would depend.

Based on the stigma questions referring to the fictional “Alejandra,” the majority responded that they would feel comfortable being friends with her despite her having had an abortion (62%) (Table 2). Fifty-five percent agreed that she should keep her abortion a secret to prevent others from judging her and 42% agreed that she will have difficulty finding a partner in the future. In response to whether she should feel ashamed for having an abortion, almost 55% agreed, and 61% were confident that she would be judged negatively by those people whom she knows for having the abortion. Based on the stigma index, we found that the majority (61%) of Mexicans have stigmatizing attitudes about abortion.

Through bivariate logistic regression, we found a significant association between abortion stigma and the sociodemographic characteristics of having at least one child ($p<0.01$), education ($p<0.001$),

marital status ($p < 0.001$), region of Mexico residence ($p < 0.001$), and political party affiliation ($p < 0.001$) (Table 3). We did not find a significant association between sex, age, or religious practices on abortion stigma. There was a statistically significant association between knowledge about the Mexico City law ($p < 0.001$), opinion of the law ($p < 0.001$), opinion about the constitutional guarantee to make decisions about timing and number of children ($p < 0.001$), and opinion about legal abortion ($p < 0.001$). Those who did not know about the Mexico City law were significantly more likely to have stigmatizing attitudes ($p < 0.001$) as compared to those who did know about the law. Those who believed that abortion should be permitted in some cases were still significantly more likely to stigmatize as compared to those who believed that a woman should have the right to abortion when she decides ($p < 0.001$). Those who agreed with the Mexico City law were significantly less likely to hold stigmatizing attitudes compared to those who disagreed ($p < 0.001$), neither agreed nor disagreed ($p < 0.001$), or said they did not know ($p < 0.001$). All variables of Catholic beliefs of reproductive rights were statistically significant ($p < 0.001$). Those who believed that a person can continue to be a good Catholic if he/she supported a woman who decided to have an abortion was significantly less likely to stigmatize as compared to those who believed that the person could not ($p < 0.001$) and those who responded that they did not know ($p < 0.001$). Those who believed that a woman who decided to have an abortion should be expelled from the Catholic Church were significantly more likely to stigmatize as compared to those who felt that it depends ($p < 0.01$) and those who believed that women should not be expelled ($p < 0.001$).

When adjusting for possible confounders in multivariate logistic regression, we found that of the sociodemographic characteristics, only region and political party affiliation remained significant. It is interesting to note that when accounting for other variables, respondents living in Mexico City were significantly more likely to stigmatize abortion as compared to those residing in the West (OR .67, 95% CI 0.51-0.89, $p < 0.01$) and the South-Southwest (OR 0.70, 95% CI 0.52-0.92, $p < 0.05$). Those respondents who disagreed with the Mexico City law had an increased odds of stigmatizing abortion compared to those who agreed with the law (OR 1.66, 95% CI 1.30 – 2.11, $p < 0.001$). Those who believed that abortion should be prohibited in all cases had over three times the odds of stigmatizing abortion as those who believed that women should have the right to decide (OR 3.13, 95% CI 2.28 – 4.30, $p < 0.001$). Those who believed that a woman could have an abortion and continue to be a good Catholic were significantly less likely to stigmatize abortion as compared to those who believed she could not (OR 1.54, 95% CI 1.22-1.94, $p < 0.001$).

Discussion

This abortion-related stigma, which appears to be common in Mexico, and the environment created by the stigma may affect whether a woman receives a safe, legal abortion, or an unsafe clandestine abortion. Based on the stigma index questions, a woman's whole social network could be jeopardized if it became known that she had an abortion. Thirty percent of respondents would not feel comfortable being friends with a woman who had an abortion. This could influence a woman's decision to share with family and friends her decision to have an abortion and may affect whether she chooses a legal abortion, for which confidentiality may not be guaranteed in a community, or instead a clandestine, private option. Without support from family and friends, a woman may not be able to access a legal procedure without childcare, transportation, time away from employment or the household, or financial assistance.

The majority (55%) agreed that a woman should keep her abortion a secret in order to prevent others from judging her. We can infer from this question that these participants believed that were it known about her abortion, she would be judged negatively by society. Therefore, this suggests that a woman might find it difficult to seek information about legal abortion options, because by doing so, she would be disclosing her need for the procedure. Often women might share information between each other about pregnancy and childbearing, however in regards to the topic of abortion a woman may not feel she can ask her female network about this topic for fear of judgment or the spread of her situation to the rest of the community. We would expect based on the rate of abortion in Mexico that women within a social/peer network have experienced an abortion, however they may be unwilling to share their knowledge and experience due to their own fear of judgment. Health and potentially lifesaving information remains stifled as a result of stigma.

The stigma that a woman has witnessed up to the moment of becoming pregnant and contemplating abortion may affect both her thoughts about abortion and women who access the procedure. If she has been exposed to negative statements in the past from people whose opinion she values, she may internalize guilt and shame for considering an abortion. Her own opinion of abortion, as a result of the stigma in her community, could influence her to not seek a safe abortion procedure, but instead to attempt clandestine options which separate her and her situation from that of such women who seek abortions. The use of other methods may not be considered an abortion as understood by her from the information received from her community.

Unsafe abortion can lead to both morbidity and mortality if complications arise and medical care is not received. If a woman has complications following an unsafe procedure, stigma may affect her

seeking or demanding high quality post abortion care. She may feel she cannot explain to her family her medical situation and she may fear that the medical professionals will find out that she attempted to induce abortion. This could lead not only to judgment and the news of her situation spreading in her community, but in some states of Mexico she risks legal penalties for self-inducing an abortion. She may instead hide and ignore the symptoms, or seek care from a clandestine source. Therefore another opportunity to save the health and life of a woman are lost when stigma interferes and prevents a woman from accessing safe, legal medical care.

Another result of abortion stigma could be that a woman continues a pregnancy despite her desire to terminate it. The threat of judgment and the knowledge of her community's opinion about abortion and women who seek it could lead her to carry an unwanted pregnancy to term. This decision certainly changes the course of her life and could lead to other issues including the potential for infanticide, neglect, child abuse, abandonment and resentment. Stigma associated with single motherhood or having a child outside of marriage may exist which she may then have to endure. The stigma of abortion could influence a woman to accept a path she did not want or for which she did not plan.

These are just some of the numerous potential ways in which abortion stigma can lead to unsafe abortion. Despite the stigma however, women in Mexico are often desperate to end an unwanted pregnancy and continue to go to great lengths, including those that risk their lives. They may attempt to induce abortion on their own, possibly through the use of misoprostol, however without the correct information and dosage, its use can be dangerous and/or ineffective resulting in an incomplete abortion (Juarez et al, 2008).

For those women in the other states of Mexico where abortion is strictly regulated, narrow exceptions still exist that allow women to access safe, legal abortions. One often recognized indication for legal access to abortion is in cases of rape. However, even in these circumstances, she still can face cost, geographic, and bureaucratic barriers to access (Lara, Garcia, Ortiz, & Yam, 2006). In addition to these physical barriers, the threat of stigma can be another barrier, as the process involved in requesting a legal abortion does not ensure confidentiality (by medical staff). In fact it could make her a target for opponents of abortion who have in the past tried to persuade women from accessing abortion in Mexico in cases in which it is legally permitted (Taracena, 2002). It is difficult for women to access safe, legal abortion without becoming vulnerable to the social stigma of abortion. This could be too high of a risk for many women, thus driving the abortion demand underground.

This stigma also has the ability to affect abortion resources in the clinic setting. Medical providers have the ability to claim a conscientious objection to performing or assisting with an abortion, thus limiting the availability of safe, legal procedures. Allowing providers to object to performing abortions (as the Mexico City law permits), places a value judgment on abortion, rather than treating it like any other medical procedure. This continues to perpetuate the stigma, and also can result in further shame or guilt for a woman who may witness medical staff objecting to performing the abortion.

This study also explored the relationship between Catholic beliefs and practices and abortion stigma. It is of interest to note that respondents who believed that those who had an abortion or supported those who had an abortion could continue to be good Catholics, were significantly less likely to stigmatize as compared to those who believed the opposite. Therefore it appears that religious beliefs are associated with the stigma, however, religious practices as measured in this survey, including attendance of mass and prayer, were not significantly associated with stigma and suggest that perhaps practice alone is not a strong predictor, or that this study did not sufficiently capture the participants' religious practices. Further research is needed to understand the role of Catholicism and whether beliefs on reproductive rights are associated with one's religiosity.

This study has several limitations including its cross-sectional design that does not allow for a claim of causal relationship between the determinants and the outcome variable of abortion stigma. The measure of stigma has not been validated, and therefore it may not accurately measure stigma. The questions regarding stigma were presented as a hypothetical situation, and therefore it is possible that responses did not reflect how the individual would react if it were a real situation. As there were only five questions assessing abortion stigma, it is possible that we did not capture the full range of stigmatizing attitudes. However, as this is one of the first attempts to measure abortion social stigma, hopefully future studies will lead to improvements in measurement and will also further explore the relationship between stigma and unsafe abortion, such as limiting access to legal services.

Conclusion

Findings suggest that Mexican Catholics generally hold progressive views about sexual and reproductive rights, especially a woman's right to decide about abortion. However, abortion stigma appears to be common in Mexican society. This social climate can make it all the more difficult for women to demand and access safe and legal services, and instead, resort to unsafe abortion. Furthermore, the stigma and silence around having had an illegal abortion can make it difficult for women to share their experiences or engage in social movements to promote safe and legal abortion

in Mexico. More efforts should be made to inform and engage practicing Catholics about sexual and reproductive rights and explore ways to unravel the stigma surrounding abortion. In addition, further qualitative research should aim to better understand the role of stigma and its relationship with unsafe abortion.

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Table 1. % Distribution of Baseline Characteristics, by Sex of Respondent n=3,000	Total %	Male %	Female %
Age			
18-25	25.5	26	25
26-40	35.6	35	36
41-60	28.6	28	28
61-96	10.3	11	10
mean = 38.3			
Sex		44	57
Have Children			
Yes	67.8	63	71
No	36.2	36	29
No Answer	.4	1	0
Education Level			
No school	2.7	3	3
Some school	72.7	69	76
High school graduate	19.3	22	17
Higher education graduate	4.9	6	4
Don't Know/ No Answer	.4	.4	.5
Marital Status			
Married	53.6	53	54
Single	28.5	33	25
Divorced	2.5	3	3
Separated	3.3	2	4
Civil Union	7.1	6	8
Widow	4.6	4	5
Don't Know/ No Answer	.4	.6	.2
Region			
Mexico City	16.7	16	17
North	23.3	25	22
West	20.0	20	20
Central	20.0	18	21
South-Southwest	20.0	21	19
Political Party			
PAN	14.7	17	13
PRI	33.1	34	32
PRD	7.8	7	8
Other	4.5	5	4
Do not identify with a party	33.6	30	36
Don't know/No Answer	6.4	6.5	6

Attitudes/Beliefs	Total%	Male %	Female %
Prior knowledge of the Mexico City Law?			
Yes	56.0	55	57
No	42.7	44	41
No Answer	1.4	1	2
Opinion on Mexico City Law			
Agree	33.6	33	34
Neither agree nor disagree	34.9	38	33
Disagree	25.1	22	27
Don't know	5.0	5	5
No Answer	1.4	2	1
Opinion on whether the constitution should continue to guarantee that every person has the right to make free, responsible and informed decisions about the number and spacing of their children			
Agree	82.3	80	84
Disagree	11.2	12	11
Don't Know	6.5	8	5
Opinion on Abortion			
By law, a woman should have the right to decide to have an abortion	24.0	25	23
By law, abortion should be permitted in certain circumstances	57.3	58	57
By law, abortion should be prohibited in all cases	14.7	13	16
Don't know	3.5	4	3
No Answer	.5	.6	.5
A person can continue to be a good Catholic if he/she supports a woman who decides to have an abortion?			
Yes	59.4	59	59
No	30.2	29	31
Don't Know	9.1	10	9
No Answer	1.3	2	1
A person can use contraception and continue to be a good Catholic?			
Yes	73.6	73	74
No	19.0	18	20
Don't Know	5.9	7	5
No Answer	1.5	2	1
A woman can have an abortion and continue to be a good Catholic?			
Yes	54.9	56	54
No	32.4	31	34
Don't Know	10.9	12	10
No Answer	1.8	2	2

Should a woman who decides to have an abortion be expelled from the Catholic Church?			
Yes	19.7	20	20
Depends	32.8	32	33
No	42.6	42	43
Don't Know	3.9	4	4
No Answer	.9	1	1
How often do you attend mass?			
Frequently	26.2	24	28
Occasionally	45.1	43	47
Almost Never	21.0	24	19
Never	6.7	8	6
Don't Know	.4	.6	.2
No Answer	.6	.7	.5
How often do you pray?			
Frequently	28.9	25	32
Occasionally	39.8	38	42
Almost Never	23.2	27	21
Never	7.0	9	5
Don't Know	.5	.7	.4
No Answer	.6	.9	.4
How often do you attend confession?			
Frequently	16.3	15	17
Occasionally	38.6	35	42
Almost Never	30.6	33	29
Never	13.2	15	11
Don't Know	.7	1	.5
No Answer	.5	.8	.3
In your opinion, your first choice of a practice that defines being a good Catholic			
Following the Ten Commandments	31.1	32	31
Going to mass	30.7	30	31
Communion	9.7	10	9
Helping those in need	8.5	9	8
Obeing the Pope and the Bishops	3.0	3	3
Being baptized by the Church	13.4	13	13
Giving alms	1.4	1	1
Praying to the rosary	1.7	1	2
Don't Know	.3	.5	.2
No Answer	.2	.2	.2

Table 2. Survey questions on stigma and % distribution of results used to develop the index score for abortion stigma n=3,000	
Suppose that Alejandra is a woman who decided to have an abortion.	
1. Would you feel comfortable being friends with Alejandra?	%
Strongly Agree	42.0
Agree	20.0
Disagree	12.0
Strongly Disagree	18.1
No Answer	7.9
2. To prevent others from judging her, should Alejandra keep her abortion a secret?	
Strongly Agree	37.1
Agree	18.2
Disagree	12.0
Strongly Disagree	26.2
No Answer	6.5
3. Will it be difficult for Alejandra to find a partner in the future?	
Strongly Agree	24.9
Agree	16.9
Disagree	16.5
Strongly Disagree	34.4
No Answer	7.3
4. Should Alejandra feel ashamed for having an abortion?	
Strongly Agree	37.1
Agree	17.9
Disagree	13.6
Strongly Disagree	23.1
No Answer	8.2
5. How confident are you that those who know Alejandra will judge her negatively for having the abortion?	
Very confident	28.3
Rather confident	33.0
A little confident	24.3
Not confident	6.4
No Answer	8.0
Stigmatize Abortion	
No (stigma score >=13)	39.0
Yes (stigma score <13)	61.0

Table 3. Crude and adjusted odds ratio (and 95% confidence intervals and p-values) from logistic regression analysis assessing associations between sociodemographic characteristics, opinions about legal abortion and reproductive rights on having stigmatizing attitudes of abortion.

	Crude			Adjusted		
	OR	CI	P-value	OR	CI	P-value
Age						
18-25	*			1		
26-40	1.14	(.94-1.37)	.19	1.10	(.88 – 1.36)	.39
41-60	1.20	(.99 - 1.47)	.07	0.97	(.78 - 1.22)	.83
61-89	1.31	(1.0 - 1.72)	.05	0.91	(.66 - 1.25)	.56
mean = 38.3						
Sex						
Male	*					
Female	0.99	(.85 - 1.15)	0.88			
Have Children *						
Yes	*			1		
No	0.80	(.68 - .93)	<.01	1.12	(.86 - 1.50)	.40
No Answer	2.7	(.58 - 12.47)	.21	2.01	(.35-11.59)	.43
Highest Education Attained **						
No school	*			1		
Some school	0.52	(.31 - .88)	<.05	0.66	(.37 – 1.19)	.17
High school graduate	0.39	(.23 - .66)	<.01	0.55	(.30 - 1.02)	.06
At least a college graduate	0.31	(.17 - .57)	<.001	0.50	(.26 - .99)	.05
Don't Know/No Answer	.70	(.19 - 2.5)	.59	0.53	(.12 - 2.23)	.38
Marital Status **						
Married	*			1		
Single	0.73	(.62 - .86)	<.001	0.88	(.67 - 1.16)	.36
Divorced	1.04	(.64 - 1.68)	.88	1.27	(.76- 2.13)	.37
Separated	0.84	(.56 - 1.30)	.42	1.10	(.70 - 1.71)	.69
Civil Union	0.62	(.46 - .82)	<.01	0.69	(.50 - .95)	<.05
Widow	1.58	(1.07 - 2.33)	.02	1.28	(.83- 1.96)	.27
Don't Know/No Answer	1.14	(.34 - 3.81)	.83	1.17	(.29 – 4.62)	.83
Region ** +						
Mexico City	*			1		
North	1.56	(1.15 – 1.85)	<.01	0.99	(.74 - 1.32)	.94
West	1.05	(.82- 1.34)	.70	0.67	(.51 - .89)	<.01
Central	1.00	(.79 – 1.27)	1.0	0.83	(.63 - 1.10)	.20
South-Southwest	.94	(.74 - 1.20)	.62	0.70	(.52 - .92)	<.05
Political Party ** +						
PAN	*			1		
PRI	1.36	(1.08 - 1.72)	<.01	1.26	(.98 - 1.63)	.07
PRD	0.72	(.53 – 1.0)	.05	0.76	(.53 – 1.07)	.12
Other	0.73	(.50 – 1.08)	.11	0.84	(.55 - 1.29)	.43
Do not Identify with a Party	0.91	(.72 - 1.14)	.42	0.90	(.70 – 1.16)	.44
Don't know/No answer	1.02	(.72 – 1.44)	.92	1.03	(.70 - 1.50)	.89
Did you know about the Mexico City Law **						
Yes	*					
No	1.56	(1.34 -1.81)	<.001	1.07	(.90 - 1.28)	.43
No Answer	1.94	(.99 – 3.82)	.06	1.38	(.64 – 2.97)	.42

Opinion on Mexico City Law ** ++						
Agree	*			1		
Neither agree nor disagree	2.01	(1.68 – 2.39)	<.001	1.41	(1.16 – 1.71)	<.01
Disagree	3.26	(2.65 - 4.00)	<.001	1.66	(1.30 - 2.11)	<.001
Don't Know	2.23	(1.55 - 3.20)	<.001	1.04	(.69 – 1.57)	.83
No Answer	1.56	(.84 – 2.90)	.16	.76	(.37 – 1.56)	.45
Opinion on whether the constitution should continue to guarantee that every person has the right to make free, responsible and informed decisions about the number and spacing of their children ** +						
Agree	*			1		
Disagree	1.58	(1.24 - 2.02)	<.001	1.29	(.99 – 1.69)	.06
Don't Know	2.52	(1.78 - 3.57)	<.001	1.69	(1.16 - 2.48)	<.01
Opinion on Abortion ** ++						
By law, a woman should have the right to decide to have an abortion	*			1		
By law, abortion should be permitted in certain circumstances	1.76	(1.47 - 2.09)	<.001	1.57	(1.30 - 1.12)	<.001
By law, abortion should be prohibited in all cases	4.99	(3.77 – 6.61)	<.001	3.13	(2.28 – 4.30)	<.001
Don't Know	4.01	(2.47 – 6.52)	<.001	2.54	(1.50 – 4.30)	<.01
No Answer	1.90	(.68 – 5.28)	.22	1.68	(.54 – 5.19)	.37
A person can continue to be a good Catholic if he/she supports a woman who decides to have an abortion? ** +						
Yes	*			1		
No	2.31	(1.94 – 2.74)	<.001	1.34	(1.07 – 1.68)	<.05
Don't Know	3.05	(2.26 – 4.11)	<.001	2.11	(1.45 – 3.06)	<.001
No Answer	1.66	(.86 – 3.21)	.13	1.44	(.55 – 3.76)	.45
A person can use contraception and continue to be a good Catholic? **						
Yes	*			1		
No	1.77	(1.45 – 2.16)	<.001	.94	(.74 – 1.21)	.64
Don't Know	1.99	(1.42 – 2.81)	<.001	1.04	(.70 – 1.56)	.83
No Answer	1.64	(.87 – 3.11)	.13	1.35	(.56 – 3.22)	.50
A woman can have an abortion and continue to be a good Catholic? ** +						
Yes	*			1		
No	2.59	(2.18 – 3.08)	<.001	1.54	(1.22 – 1.94)	<.001
Don't Know	2.29	(1.77 – 2.96)	<.001	1.17	(.85 – 1.63)	.33
No Answer	1.40	(.81 – 2.43)	.22	.68	(.32 – 1.43)	.31

Should a woman who decides to have an abortion be expelled from the Catholic Church? ** +						
Yes	*			1		
Depends	.72	(.58 - .90)	<.01	.89	(.70 - 1.14)	.36
No	.46	(.38 - .57)	<.001	.71	(.56 - .90)	<.01
Don't Know	1.27	(.80 - 2.00)	.31	1.20	(.73 - 1.99)	.47
No Answer	.87	(.39 - 1.96)	.74	1.44	(.60 - 3.47)	.42
How often do you attend mass?						
Frequently	*			1		
Occasionally	.75	(.62 - .90)	<.01	.96	(.79 - 1.18)	.72
Almost Never	.85	(.69 - 1.06)	.15	1.27	(1.00 - 1.62)	.05
Never	.74	(.54 - 1.02)	.06	1.31	(.92 - 1.87)	.14
Don't Know	1.06	(.32 - 3.56)	.92	1.04	(.26 - 4.24)	.96
No Answer	.76	(.29 - 2.02)	.58	1.25	(.41 - 3.83)	.70
How often do you pray?						
Frequently	*					
Occasionally	.88	(.73 - 1.05)	.16			
Almost Never	1.01	(.82 - 1.24)	.94			
Never	1.04	(.76 - 1.42)	.80			
Don't Know	2.46	(.69 - 8.79)	.17			
No Answer	2.31	(.76 - 7.02)	.14			
How often do you attend confession?						
Frequently	*					
Occasionally	.86	(.69 - 1.07)	.18			
Almost Never	.84	(.67 - 1.06)	.14			
Never	.79	(.60 - 1.03)	.08			
Don't Know	.80	(.34 - 1.91)	.62			
No Answer	1.7	(.53 - 5.25)	.38			
In your opinion, your first choice of a practice that defines being a good Catholic						
Following the Ten Commandments	*					
Going to mass	1.01	(.84 - 1.22)	.92			
Communion	1.13	(.86 - 1.48)	.38			
Helping those in need	.96	(.72 - 1.27)	.77			
Obedying the Pope and the Bishops	1.20	(.76 - 1.90)	.42			
Being baptized by the Church	.92	(.72 - 1.16)	.47			
Giving alms	.95	(.50 - 1.78)	.87			
Praying to the rosary	1.37	(.74 - 2.51)	.31			
Don't Know	.43	(.12 - 1.53)	.19			
No Answer	.86	(.19 - 3.86)	.84			

Test that all coefficients = 0 *crude <.01 ** crude <.001 +adjusted <.01 ++adjusted <.001