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Illegal Abortion in Mexico: Client Perceptions

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Abstract: An exploratory study of the perceptions of 156 abortion clients in Mexico suggests that perceived quality of service was the main reason for choosing physicians while cost and anonymity were the major reasons for choosing nonphysicians. "Too young" was the most often cited reason for pregnancy termination, followed by economic situation and having too many children already. Cost was, on average, equivalent to three to four weeks minimum wage; physicians' charges were about three times higher than those of nonphysicians. (*Am J Public Health* 1990; 80:715-716.)

Introduction

In Latin America, abortion is legally restricted everywhere except in Cuba.¹ In Mexico, abortion is legally permitted only for reasons of health, rape, or incest.² Contraceptive services are widely available, especially in the cities.

The public health, economic, social, and psychological costs associated with the illegal termination of unwanted pregnancies have been repeatedly documented³⁻⁶. Complications of clandestine abortions presently constitute the fifth largest cause of maternal mortality and the third highest reason for admission to gynecological services in the metropolitan hospitals of the Mexican Social Security System; no reliable data are available on women admitted to other services.⁷

To obtain information on the perceptions of women seeking clandestine abortions in Mexico, an exploratory study was conducted in Mexico City, Acapulco, and Oaxaca. Another objective was to test the feasibility of conducting behavioral research in an area of public health that throughout much of the region is culturally taboo and severely restricted by law.

Methods

Twelve experienced female graduate and undergraduate psychology students, sensitive in conducting individual interviews, some of whom had had abortions, were trained by the senior author (SPdW) to seek out personal acquaintances who had terminated unwanted pregnancies illegally in the

recent past. On completion of interviews the subjects were invited to suggest other possible study participants. Of 159 women known to have had at least one induced abortion in the recent past, 156 agreed to individual interviews. The questionnaire was composed of mostly open-ended items that had been field-tested. Interviewees were assured of anonymity and confidentiality of replies.

Results

Of the 156 women, 119 had their abortion performed by physicians, 32 by untrained service providers, and five could not recall their providers' qualifications. As shown in Table 1, of the women attended by a physician most were not married. Ages ranged from 12 to 56 years; clients attended by physicians were significantly older and better educated than those seen by others. More professional women were seen by physicians. Over one-third of the women had at least one child.

A lower proportion of clients attended by physicians had experienced two or more abortions compared to those seen by nonmedically trained persons. Most of the procedures performed by physicians occurred in a private clinic or hospital (91.6 percent), while other service providers generally operated in the client's home. Quality of service was the most frequent reason for going to physicians (30.8 percent), followed by security, while cost (56.2 percent) was the main reason for seeking other providers, followed by security and anonymity. As also shown in Table 1, when asked in an open-ended question without probe, the most often cited reason for having an abortion among all women was becoming pregnant at too young an age. Another major reason among physician-attended women was the partner's rejection of the pregnancy. Among women attended by untrained providers, the second and third reasons were economic and having too many children already.

No differences between the two groups were noted among cited referral sources which included friends, sexual partners, family members, physicians, and psychologists. About half the physician-attended women considered the location of the service far away from their home compared to 25 percent of those attended by untrained providers. The cost of a physician-induced procedure was, on average, the equivalent of three to four weeks legal minimum wage in Mexico. A physician-provided service was generally two to three times more expensive than that provided by others (\$88 vs \$33 in 1987/88). Among women attended by physicians 43 percent reported receiving contraceptive counseling in connection with their abortion, compared to only 3 percent of those who went to other providers.

As further shown in Table 1, for the women attended by physicians, the most often reported procedures were curettage; over one-fifth did not know what procedure had been

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TABLE 1—Characteristics of Two Groups of Woman Who Had Induced Abortions, Mexico

Characteristics	Physician Attended (n = 119)	Other Attended (n = 32)	Difference	(95% CI)
Mean Age	26.2	24.5	1.7	(- .85, 4.25)
Mean No. of Children	1.97	2.06	-0.09	(- .9, .72)
Average Cost in Dollars	88	33	55	(45.2, 64.8)
	Percentages			
Single	67	59	8	(-9.25)
Attended College	39	25	14	(-9.37)
Professional Occupation	19	4	15	(8.22)
Two or More Abortions	13	22	-9	(-36, 18)
Received Contraceptive Information	43	3	40	(15, 65)
Post-abortion Problems	22	47	-25	(-53, 3)
	Procedure Used			
Curettage	50	13	37	(15, 59)
Catheters	3	19	-16	(-46, 14)
Injections	3	25	-22	(-51, 7)
Suction	20	-	-	(-)
Wire, Needles, Herbs	-	29	-	(-)
Unknown to Woman	24	13	11	(-17, 39)
	Reason for Abortion			
Too Young	31	34	-3	(-27, 21)
Partner Pressure	39	13	26	(1, 51)
Too Many Children	8	16	-8	(-38, 22)
Economic	15	19	-4	(-32, 24)
Other Reasons	7	18	-11	(-41, 19)

used. Among the women attended by untrained service providers, the most often cited procedures were injections, catheters, herbs, curettage, and wires or needles; few did not know what procedure was used.

Before going to a service provider, almost two-thirds of all the women had purchased pseudoabortifacients without adequate knowledge of possible risks. About one-third of all the women had tried inducing an abortion themselves, resorting to herbs, injections, or a combination of both, or of either with pills, hard exercise, or the introduction of objects into the cervix. Post-abortion complications were noted by less than one-fifth of the physician-attended women (mostly cramps) compared to nearly half of those attended by untrained providers who noted more hemorrhages (22 percent vs 47 percent). When asked if they would recommend their provider to other women, three-fourth of the physician-attended women replied affirmatively compared to one-fourth of those attended by other service providers.

Discussion

It is recognized that the findings from this exploratory study are limited by the nonrepresentativeness of the sample. However, the responses obtained confirm informal impressions that nonmedically trained persons provide abortion services primarily to women of lower socioeconomic and educational levels, and that such women are at greater risk for experiencing post-abortion complications and for future unwanted pregnancies since contraceptive counseling is seldom provided.

The method of open-ended interviewing developed for this exploratory study appears suitable for further adaptation for behavioral research on the sensitive topic of abortion with more representative populations in those countries of the region where the procedure remains a taboo topic. In concert with more epidemiological research, such studies may be expected to contribute to a reexamination of the public health risks of legally restricted abortion and to motivate improved access to effective contraception that will reduce the future incidence of unwanted pregnancies.

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