

Knowledge, opinions and attitudes of ObGyns on Abortion in selected Latin American countries

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Introduction

This paper aims to analyze the evidence on knowledge, opinions and attitudes of ObGyns regarding induced abortion in selected Latin American countries. It also reflects upon the results as input for strategies targeting this professional community to make them more aware and sensitive towards women's reproductive rights and to their compliance with current legal norms regarding access to safe abortion. We hope our findings inform future priorities in the research agenda.

There is a growing interest in academic and advocacy-related research on the role that physicians play both as gatekeepers of women's access to safe abortions and as political actors in social debate, public policy design and implementation, and in legal reform to regulate the practice of abortion. Since ObGyns are a scientific and professional community with such a relevant role, and, given their social, cultural and legal entitlement to act as technical experts regarding health/sickness issues, any strategy aimed at improving access to safe abortions in Latin America needs to address their views and behavior on this matter.

Context and Rationale

Abortion is a public health problem in Latin America given the clandestine conditions of its practice and the consequent unsafe environment it creates for women. As a result, complications resulting from unsafe abortions account for approximately 12% of maternal mortality in the region, making abortion the third most important cause of maternal mortality.^{1, 2}

In almost all the countries in the region abortion is considered a crime but it is not penalized under certain circumstances--the most common being rape and risk to a woman's life or health.³ Despite current legal regulations not being completely restrictive,

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access to safe abortion is highly limited due to numerous barriers including those that are political, ideological and administrative.⁴

Few studies in the region have addressed the physicians' opinions and attitudes towards abortion.⁵ The available data allow identification of a general pattern wherein doctors recognize the legitimacy of requesting an abortion under certain circumstances, favoring clinical indications for abortion,^{6,7} but some contradictory findings are also reported.⁸

Given this legal and public health scenario and taking into account the need to deepen understanding of the physicians' key role in this context; this paper focuses on physicians' views on access to legal abortions in some countries of the region.

Methodology

A bibliographic search in electronic databases was conducted looking for publications addressing physicians' knowledge, opinions and attitudes regarding abortion and focusing in the Latin American countries in the last decade.^{iv} From the publications identified, five studies conducted in Argentina, Brazil^v, Mexico and Peru were selected for analysis.^{vi}

Three dimensions were chosen for the analysis: knowledge about current legal norms, opinions on abortion regulations, and opinions on abortion and health service provision. Although there are similarities in their focus, the five studies show differences in some methodological features that need to be taken into account. These differences are found mainly in the target population, type of sample, scope of dimensions addressed, and wording of the questionnaire applied. Despite these differences, and being cautious about the comparability of the data presented, the results of these studies allow for the identification of common patterns in physicians' knowledge, opinions and attitudes regarding abortion in the selected countries thus giving some insights on how this professional community "thinks" about the abortion issue.

^{iv} The electronic search included Medline and Lilacs.

^v In the case of Brazil two studies from 2003 and 2005 were considered. Both studies were conducted by the same research team with the same population using almost an identical questionnaire.

^{vi} **Argentina:** Gogna M, Romero M, Ramos S, Petracci M, Szulik D. Abortion in a Restrictive Legal Context: The Views of Obstetrician–Gynaecologists in Buenos Aires, Argentina, *Reproductive Health Matters* 2002;10(19):128–137. **Brasil:** Faúndes A, Duarte GA, Andalaf Neto J, Olivatto AE, Simoneti RM. Conhecimento, opinião e conduta de ginecologistas e obstetras brasileiros sobre o aborto induzido. *Rev Bras Ginecol Obstet.* 2004; 26(2):89-96; Faundes A, Alves Duarte G, Duarte Osis M J, Andalaf Neto J. Variações no conhecimento e nas opiniões dos ginecologistas e obstetras brasileiros sobre o aborto legal, entre 2003 e 2005. *Rev Bras Ginecol Obstet* 2007; 29(4):192-9. **Mexico:** García, S., Lara, D.; Goldman, L.; "Conocimientos, actitudes y prácticas de los médicos mexicanos sobre el aborto. Resultados de una encuesta nacional"; *Gac. Méd. Méx.* Vol. 139, Suplemento N° 1, 2003. Silva, M, Billings, D L, García, S G, Lara, D. Physicians' agreement with and willingness to provide abortion services in the case of pregnancy from rape in Mexico, *Contraception* 79 (2009) 56–64. **Peru:** Pace L, Grossman D, Chávez S, Távora L, Lara D, Guerrero-Vásquez R. Legal abortion in Peru: knowledge, attitudes and practices among a group of physician leaders, *Gac Méd Méx* 2006, Vol.142 Supl 2.

Given the above mentioned dissimilarities, the studies will be presented separately, and the conclusions drawn from the overall picture of the results of the five studies will be presented as final remarks.

Results

Argentina^{vii}

Knowledge about current legal norms^{viii}

Seven out of ten physicians think that abortion is only legal in some circumstances while the remaining three out of ten think it is completely illegal. Although the percentage of those with correct knowledge represents the majority, the fact that almost a third of the professionals believe that Argentinean legislation is completely restrictive is remarkable considering that since 1922 the penal code has permitted four cases in which abortions are legal.

Abortion legal regulations

Eight out of ten physicians disagree with the criminalization of abortion in all cases (85%). Regarding specific situations, the majority agree that abortion should be legal in the case of risk to the life or health of the woman (87%), pregnancy due to rape or incest (84%), and fetal malformation incompatible with extra-uterine life (82%). At the same time, at least three out of ten agree that abortion should be legal in the case of an autonomous decision by the woman (38%) and when the woman has a difficult socio-economic situation (32%).

Abortion and health services

The majority (seven out of ten of the respondents) agree with the provision of legal abortion in public health services. Respondents were asked their opinion, regardless of existing regulations, on whether women with abortion-related complications should be reported to the police and whether women and abortion providers should be imprisoned. The majority of respondents agreed that women admitted to the hospital with abortion-related complications should be reported to the police, however, most disagreed with

^{vii} This survey was conducted among the universe of ObGyns working in the Gynecology and Obstetrics Departments of public hospitals in Buenos Aires City and six selected districts in the Greater Buenos Aires Area. A self-administered and anonymous questionnaire was applied and physicians were asked to return it in a sealed box. The response rate was 83% and the total number of respondents was 467, 60% of whom were women.

^{viii} The Penal Code classifies abortion as a crime against life and against the person, and condemns to imprisonment both the person who carries it out and the woman who self-induces it or agrees to have it performed. The Code establishes the following exceptions: (i) if the woman's life or health is at risk and there is no other way of saving her or preserving her health; or (ii) if the pregnancy is the result of rape or assault to a "mentally insane or idiot woman". In this case, the consent of a legal guardian is required to perform the abortion.

sending women who have had abortions or doctors who have performed an abortion to jail. Many more were opposed to imprisoning women who had had an abortion (88%) than the providers who had carried it out (47%).

BRAZIL^{ix}

Knowledge about current legal norms^x

Nine out of ten respondents correctly indicated that abortion is legal in the case of rape and eight out of ten did so in the case of risk to the life of the woman. However, the results also show deficiencies in up to date knowledge: two out of ten think the law does not penalize abortions in the case of serious fetal malformation, anencephaly and when the woman's health is at risk, when in reality it does.

Another deficiency regarding what is necessary in order to obey the law is that less than a third think that judicial authorization is needed in order to perform an abortion in the case of rape, while 50% consider it necessary when the woman's life is at risk—believing that authorization is required under the current legal norms. Lastly, it is interesting to note that only a third knows that a written informed consent form signed by the woman is required in order to perform an abortion.

Abortion legal regulations

Two-thirds of the respondents indicated that more situations surrounding abortions should be considered legal: 16% feel that it should never be considered a crime while 8% feel that it should be totally prohibited or that there should be an expansion of the current restrictions. Regarding specific situations, physicians thought that Brazilian law should not penalize abortion in cases of the woman's life at risk (91%), severe congenital fetal malformation (90%), anencephaly (90%), pregnancy as a result of rape (85%), and severe risks for physical health (61%). The unanimity fails when the mental health of the women is at risk (39%), she is HIV positive (18%), has an adverse economic situation (12%), and when the woman is single (11%). Finally, 10% think abortions should not be penalized under any circumstance and 3% think there should be no exception to penalization.

^{ix} This survey was conducted among all ObGyns affiliated to the Brazilian Federation of Gynaecology and Obstetrics Associations (FEBRASGO). A self administered, voluntary and anonymous questionnaire was sent by mail together with the Federation Journal. In 2003, 4294 out of 14320 answered the questionnaire (response rate 30%) 54% of whom were men. In 2005, 3386 respondents completed the questionnaire (response rate 23,6%).

^x The Penal Code in Brazil considers abortion as a crime with two exceptions: when it is performed to save the woman's life or when the pregnancy is a result of rape.

Abortion and health services

42% of the physicians would help a woman who asks for an abortion, but less than 2% would actually perform one. The help would consist of sending her to a trustworthy physician or giving her information about misoprostol. If the woman were a family member, 48% would help her but only 2% would do the abortion. The proportion of abortions done would increase substantially to 78% and 80% if the woman were a doctor or the partner of a doctor, respectively.

MEXICO^{xi}

Knowledge about current legal norms^{xii}

A large majority (84%) correctly knew that Mexican law sometimes allows abortion, while 16% incorrectly believed that abortion was always illegal. When asked about specific situations, most respondents correctly identified the legal status of abortion if the mother is single (96%), lack of financial resources (94%), rape (74%), threat to the life of the woman (67%), genetic mutations or serious congenital malformation (58%).

Abortion legal regulations

A large majority of physicians agree that abortion should be legal if the woman's life is in danger (93%), the pregnancy poses a serious threat to her health (87%), the pregnancy is the result of a rape (86%), and in the presence of genetic mutations or serious congenital problems (83%). The unanimous agreement is significantly reduced when situations related to the circumstances of the woman's life or her autonomous decision are considered explicitly: the woman's decision (20%), pregnancies resulting from contraceptive failure (15%), when the woman is less than 18 years old (13%), economic hardship (13%) and if the woman is single (8%).

Abortion and health services

Eight out of ten physicians feel that all public institutions should offer legal abortion services (84%), 56% think that abortion should be offered only during the first trimester even though the organizational and operational guidelines of the Federal District's health

^{xi} This was a national survey of Mexican Ob/Gyns, general practitioners and family medicine physicians with a multistage stratified sample drawn from a sampling frame that was created with public and private medical centers in Mexico. An anonymous, self-administered questionnaire was given to them to be returned to a sealed box. Out of 1586 eligible physicians from public health institutions (family practitioners, general practitioners and Ob/Gyns), 1206 answered the survey (response rate 76%); 70% were men and 54% were general practitioners.

^{xii} In Mexico, abortion legislation varies from state to state. Each state has at least one exception to criminalizing abortion in its penal code. Thus, abortions can be performed legally under different circumstances throughout the country being rape and life risk the common ones.

services stipulates that physicians should practice legal abortions if the pregnancy is less than 20 gestational weeks since April 2002. When asked about their willingness to perform abortions if the public institution where they work offered a specialized service for the management and treatment of abortions permitted by the law, half (55%) responded that they would be willing to do abortions. Three-quarters of them mentioned that they would utilize the treatment of medical abortion if they were available in the public sector hospitals and clinics.

PERU^{xiii}

Knowledge about current legal norms^{xiv}

When asked under what circumstances abortion was legal, almost 9 out of 10 correctly said that abortion was legal when the pregnancy threatens the life of the woman. While 71% also correctly said that abortion was not legal when a fetus had congenital malformations, less than 50% knew that abortion was legal when deemed necessary to protect a woman's health.

Abortion legal regulations

Almost all physicians agreed with abortion being legal when pregnancy posed a risk of death (97%) and a risk to health (89%), and the majority also thought abortion should be legal in the case of fetal malformations (86%) and pregnancy that results from rape (80%). On the other hand, they were much less supportive of abortion under the following circumstances: economic hardship (20%), when a woman is single (17%), when a woman is less than 18 years old (20%) or contraceptive failure (31%).

Abortion and health services

Almost all physicians thought that legal abortion services should be provided at public hospitals (97%). They also expressed willingness to provide abortions under various circumstances: in the case of risk of death (97%), risk to a woman's health (85%), congenital malformations (79%), and pregnancy following rape (79%).

^{xiii} This was a survey applied to physicians invited to attend a workshop on legal abortion. A pre and post-conference self administered and anonymous questionnaire was applied. Thirty-five physicians responded to the pre-conference survey; 31 responded to the post-conference survey. Respondents were 85% male, and 94% were ObGyns.

^{xiv} Abortion is illegal in Peru except when it is determined to be the only means of saving a pregnant woman's life or preventing grave and permanent damage to her health.

Conclusions

Despite some slight differences, the data from the four countries show the following consistencies in the ObGyns' views on the abortion issue:

- Physicians strongly favor to abortion being legal in situations related to physical health and to “extreme” circumstances like fetal malformation or rape. At the same time, they show little support for both elective termination of pregnancy and for those abortions for which the woman's life circumstances and constrains need to be taken into account (lack of economic resources, lack of supportive partner or contraceptive failure e.g.).
- Physicians strongly agree with the abortion being legal in the case of risk to a woman's life or health. But their agreement is consistently much less important when determined by the risk to her mental health.
- The quality of knowledge about current legal norms is diverse. In Peru, knowledge is more precarious than what should be expected and needed given the professional and ethical responsibility of the medical community in these matters. In Argentina, Brazil and Mexico, knowledge is not as fully accurate as it should be but shows a moderate level of understanding, since almost eight out of ten identified the limits and scope of current legislation.
- Physicians' opinions on abortion regulations show a steady agreement with the current regulations for the abortion practice in the four countries. It also shows that they are supportive of marginal changes in the array of exceptions that are presently defined by the law (in Argentina for the case of fetal malformations, in Brazil for severe risks for physical health, and in Peru for the case of fetal malformations and pregnancy following rape).
- Regarding the provision of services, physicians in Argentina, Mexico and Peru are strongly in favor of having the lawful abortions performed in the public health sector.^{xv}

In addition, these results make it possible to identify existing **barriers** to the provision of legal abortions thus helping to define strategies that may improve women's access to safe abortion within the current legal framework as follows:

- As it was said above, physicians' strong agreement with abortion in the case of life or health risks contrasts with their much slighter agreement in the case of risk for the woman's mental health. This finding may be recognized as an indication of an existing narrow and biased perspective in their understanding of the definition of health. This

^{xv} This topic was not included in the Brazilian studies.

view of the risk for a woman's health may be an ideological barrier that hinders access to lawful abortion.

- Physicians' deficiency in knowledge about the scope and appropriate interpretation of the legal norms is certainly another barrier. Physicians' knowledge on this matter should be crystal clear so as to make them fully aware of the rights and opportunities that women have to get an abortion as permitted by law. As the gatekeepers of women's access to safe abortions and key players for the law's efficacy, their behavior could be either helpful or harmful. Some of the study's other findings are in line with this: both in the Peruvian and Mexican studies, physicians highlighted the need to have better information about legal regulations (see García *et al* page S99 and Pace *et al* page 93).
- Physicians' acknowledgement of the legitimacy of abortion in certain circumstances, and their agreement with having the lawful abortions performed at public health clinics, makes the high proportion of physicians not willing to do abortions very worrisome and an additional barrier. This situation might explain the current phenomenon of conscientious objection that is being observed in these countries, thus making this attitude another crucial barrier for access to safe abortion.⁹

To conclude, the available data inspires some strategies targeting this professional community with specific objectives:

- To promote an appropriate and comprehensive interpretation of the current legal norms and the evolution of the legal protection of human rights that countries have recognized.
- To promote a wide-ranging approach to health risk and health rights that could include the woman's welfare and her autonomy regarding reproductive decisions as being part of a comprehensive understanding of the definition of health.¹⁰

As for the future research agenda, according to these findings and the current state of the research on physicians and the abortion field in the region, some suggestions could be made. Particularly, two questions call for urgent responses given that the removal of those obstacles may contribute to the improvement of access to safe abortion within the current legal framework in these countries:

- ✓ What are the obstacles that make physicians reluctant to agree with legal access to abortion in situations related to women's life circumstances and autonomous decision?
- ✓ How to explain and deal with –politically and practically- the gap between the physicians' favorable attitude towards lawful abortion and their negative response to perform those abortions?

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