Factors related to experiences of abortion stigma in Australia

Authors:
Ratcliffe SE[1,2], Pinkus RT[1], Juraskova I[1,2], Dar-Nimrod I[1,3], and Dhillon HM[1,2].

[1] The University of Sydney, Faculty of Science, School of Psychology, Brennan MacCallum Building, A18 Manning Rd, Camperdown NSW 2050, Australia, [2] The University of Sydney, School of Psychology, Centre for Medical Psychology & Evidence-based Decision-making, The University of Sydney, NSW 2006, Australia, [3] The Charles Perkins Centre, University of Sydney, John Hopkins Dr, Camperdown NSW 2006, Australia.

Background:
While qualitative evidence demonstrates abortion stigma is pervasive in Australia impacting health, accessibility and quality of information and care, and health and social equity, there has been no quantitative reports of individual level abortion stigma in Australia. We aimed to document the incidence and predictors of abortion stigma experienced in Australian populations.

Methods:
We conducted a cross-sectional survey using newly developed and validated Australian abortion stigma tools, measuring multiple types of stigma experiences, demographics, contextual factors, and related constructs. We used social media to recruit people who have had an abortion, provide abortion-related care, and/or publicly support abortion in Australia to complete a one-off online survey hosted in RedCap. Multiple linear regression analyses were completed with SPSS v28.

Results:
The mean stigma score of respondents who had had an abortion (n=1227) was 2.5 (range: 2.8) of a possible 5.0. Their experiences were predicted by their age, time since stigmatisation, pregnancy gestation at time of abortion, decision making autonomy, and religiosity (R^2 = .084, p < .001). Providers' (n=472) had a mean stigma score of 1.0 (range: 3.1) of a possible 4.0. Providers' experiences of abortion stigma was predicted by their abortion provision as proportion of total workload and psychological wellbeing (R^2 = .103, p = .050). Advocates' (n=812) had a mean stigma score of 0.8 of a possible 4.0 (range: 3.8) which was predicted by their age, religiosity, abortion attitudes, and psychological wellbeing (R^2 = .285, p < .001).

Conclusion:
We present novel data about the incidence and predictors of abortion stigma experienced in Australia using new instruments. Findings demonstrate a relationship between age, psychological wellbeing, religiosity, and abortion stigma. Future work should explore the directionality of predictors and the incidence and predictors of abortion stigma over time and contexts. Findings can be used to inform strategies improving quality of abortion care.