Determinants of Physician Opinion Toward Abortion Provision in Bogotá, Colombia

Extended Abstract

Background: Abortion remains highly stigmatized in Latin American and is illegal or highly restricted in many countries. Despite this, the incidence of abortion remains high in Latin America. In countries where access to legal abortion is limited, incidence of clandestine, illegal abortion continues and is frequently unsafe. Clandestine abortion is more likely to be unsafe, unsanitary and may be a traumatic experience for the patient. Unsafe abortion currently accounts for an estimated 13% of maternal mortality globally [1] and 12% of maternal mortality in Latin America, higher than any other region worldwide [2]. Past research has shown that widening access to legal abortion diminishes complications and maternal mortality from unsafe abortion, though the number of total abortions usually remains stable.[3, 4] This makes legal access to abortion an essential public health priority, regardless of political stance on the issue of abortion.

In 2006, the Colombian Constitutional Court decriminalized abortion in four cases: in the case of a risk to a woman´s health, a risk to a woman´s life, fetal malformation incompatible with life, and rape or incest. The Court based the decriminalization on constitutionally defined women´s right, as well as a range of international human´s right treaties that Colombia had signed [5].

The case represented a paradigm shift for the medical system, as abortion previously was considered a crime and is now considered a legally protected human right. Before the decriminalization of abortion in Colombia, several studies had estimated the prevalence of clandestine or illegal abortion to be high. Two years after this case, it appeared that few women were accessing legal abortion services and rates of clandestine abortion remained high. This suggests that there are many existing barriers to accessing legal abortion in Colombia. The structure of the Colombian law contributes to many barriers.

The sentence requires a woman to go through different processes to qualify for a legal abortion. In the case of rape, the woman is required to file a formal complaint against her attacker. In the case of a risk to the woman´s life or health or fetal

malformation, the attending physician serves as the gatekeeper to abortion services. The physician must determine whether the pregnancy as a risk to the woman´s social, mental or physical health or the fetal malformation is incompatible with life or not. As neither of these categories are defined explicitly in the law, it gives a doctor great power in promoting or denying access to legal abortion in Bogotá. It is necessary to understand the social, political and personal factors determining physician´s attitudes and opinions towards abortion.

What are the factors influencing physician´s opinion on abortion provision in different clinical cases in Bogotá, Colombia?

Specific Objectives:

1. Determine factors influencing a doctor´s opinion on access to legal abortion in a random sample of doctors in public hospitals in Bogotá.
2. Determine factors influencing a doctor´s opinion on access to legal abortion under a range of clinical conditions.

Methods

This data is part of a larger interdisciplinary study. In total, the team conducted 54 interviews of key informants, patients, conscientious objectors and lawyers. This analysis is of key informant interviews (n=11) and survey data (n=49). We recruited 11 key informants through a snowball sampling method. We developed the survey guide based on past opinion surveys and information from our key informant interviews. There is not a fixed number or list of doctors working in public hospitals at any given time in Bogotá. For that reason, we applied a two-stage random cluster sampling technique.

Qualitative and quantitative data will be triangulated and validated using a triangulation table with relevant literature, survey responses and key informant interviews. We will build a logistic regression model using survey data to identify predictors of physician provision of abortion and opinion towards abortion in 5 different clinical cases.

Results

In key informant interviews, participants described lack of abortion in medical school curriculum, ignorance of the law surrounding abortion and physician bias as important barriers to providing abortion. As one clinic administrator explained "Really medical education on that topic [abortion] is very weak. One day I´ll dedicate myself to medical education."

	Frequency (n)	Percent
Socio demographic Characteristics		
Physician Age		
<25	4	8.5
26-35	19	40.4
36-45	15	31.9
46-55	7	14.9
>56	2	4.3
Gynecologist	19	38.9
Male sex	22	46.8
Private Medical School Education	29	63.0
Experience		
Has performed an abortion ever	16	34.0
Would refer a patient for an abortion	38	80.9
Has referred a patient for an abortion	24	51.1
Would prescribe misoprostol	17	36.2
Has prescribed misoprostol	14	29.8
Believe abortion should be legal in some circumstances	37	75.5

A manager in a public hospital described how physician and administrator bias and ignorance act as barriers:

"Of course ignorance on the part of administrators and providers also, because many women arrive at the service to ask about options and, well, they are normally stigmatized or misinformed, because those functionaries or health professionals don´t know what they are legally required to do."

In the un-weighted, univariate analysis, responses showed a range of experience and attitudes among physicians (table 1). 34% of participants reported having performed an abortion in the past and 29.8% reported having prescribed misoprostol for a medical abortion in the past. 75% of participants believed that abortion should be legal in some circumstances, while 8% of physicians believed that abortion should be illegal in all circumstances.

Discussion: Physician education and training may be important areas for intervention to increase assess to legal abortion in Bogotá, Colombia. Future research should include

other cities and rural areas of Colombia to account for regional variations in access and physician attitude.

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3. Grimes, D.A., et al., *Unsafe abortion: the preventable pandemic.* The Lancet. **368**(9550): p. 1908-1919.
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