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Stigmatizing attitudes, beliefs, and actions of women towards abortion in rural regions with high fertility

Şahide Akbulut [1*], Ayşegül Kılıçlı [2]

[1] Nursing Department, Faculty of Health Sciences, Batman University, Batman, TURKEY
[2] Nursing Department, Faculty of Health Sciences, Mus Alparslan University, Mus, TURKEY
***Corresponding Author:** sahakbulut@hotmail.com

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ABSTRACT

Objectives: The study aims to determine the stigmatizing attitudes, beliefs, and actions of women towards abortion in rural and conservative areas where fertility is high.

Methods: The research is cross-sectional. It was carried out in Mus State Hospital between 28 March-28 April 2022. The sample of the study consisted of 499 women. Introductory information form and stigmatizing attitudes, beliefs, and actions scale towards abortion were used as data collection tools.

Findings: The participants' mean score of stigmatizing attitudes, beliefs, and actions towards abortion scale 69.5, negative stereotypes 28.3, discrimination and exclusion 29.1, and fear of contagion sub-dimension 11.9. The mean score of the scale was found to be significantly higher in women who are single, between 20-35 ages, live in the city center and nuclear family, have an undergraduate or above education level, work ($p<0.05$). There was a negative correlation between the scale mean score of women and the number of pregnancies, births, living children; and a positive correlation between the scale mean score and the number of abortions ($p<0.05$).

Conclusions: It was found out that stigmatizing and negative attitudes, beliefs, and actions towards abortion are high among women in rural regions with high fertility.

Keywords: abortion, stigma, attitude, belief, action

INTRODUCTION

There are around 80 million unintended pregnancies worldwide each year. 42 millions of these pregnancies result in abortions, and about half of these abortions take place in unsafe conditions in countries with restrictive abortion laws [1-4]. Termination of pregnancy is an essential component of sexual and reproductive health care. Despite the prevalence of gynecological intervention, many women confront several social, cultural, and legal barriers. Discussions about the status of abortion for political, economic, medical, and religious reasons and whether it is a crime has continued [5, 6].

Abortion was legalized in Turkey in 1983 with the Law on Population Planning (No. 2827). Accordingly, it is possible to terminate the abortion on request until the 10th week of pregnancy [7-9]. To have an abortion, the couple must be married, and both the mother and father's permission must be obtained. It is forbidden to terminate the pregnancy at the request of a single party (at the request of only the mother or only the father). This legal framework is an important indicator that abortion services are provided in this country with a patriarchal and conservative approach. This situation causes the perception that access to sexual health services covers only married women [7-12].

It was shown that negative attitudes regarding abortion are directly tied to the time when human life began, traditional beliefs about women's sexual behavior and their roles in society, as well as the notion that abortion is an unnecessary health care practice [13,14]. In countries where abortion is considered morally wrong and socially unacceptable, women who experience an abortion are stigmatized. This causes the woman to be adversely affected psychosocially and prevents her from accessing safe abortion [1,5]. The stigma of abortion is defined as "a negative feature attributed to women attempting to terminate a pregnancy which shows them internally or externally inferior to the ideal of femininity" [15]. Accordingly, a woman who chooses to have an abortion perceives or experiences stigma by directly violating social norms regarding her sexuality and motherhood in some societies [1,4].

Social stigma towards abortion is divided into three: perceived stigma (fear or expectations of stigma), experienced stigma (negative treatment for having an abortion), and internalized stigma (self-judgment or negative feelings about abortion) [5]. Abortion stigma is generally regarded as a concealable stigma; however, concealing abortion contributes

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to perpetuating stigma [16]. A study revealed that the majority of women who have had abortions feel stigmatized if others find out, and more than half feel they should hide the abortion from their close circle [4]. This causes more negative thoughts about abortion and complicates the psychological adjustment of women after abortion [13,14]. As the stigma towards abortion increases, psychological problems such as social isolation, guilt, shame and avoidance, stress, anxiety, and depression also become more common [1,4,16,17]. This directly affects women's abortion experiences and intentions. It may also have negative effects on the future health and fertility of women [1,4,16,18].

The relevant literature reports that abortion in women is described as a taboo and stigmatizing event. There are also studies mentioning the existence of women who blame, hide, feel ashamed of themselves, and have low self-esteem in the face of stigmatization, state that the abortion experienced even after a long time due to fear of social reactions is concealed and that the health professionals who provide the relevant service display a judgmental attitude towards the woman who had an abortion [4,19].

The literature review revealed that there are many studies investigating the effects of abortion on women's life, reproductive health and reproductive rights [6,18,20]. However, there is limited research on women's stigmatizing attitudes, beliefs, and actions towards abortion [13,14,21,22]. Moreover, no research has been found that attempted to find out the stigmatizing attitudes, beliefs, and actions of women in rural areas where the fertility rate is high in Turkey. This research aimed to determine the stigmatizing attitudes, beliefs, and actions towards abortion of women in rural and conservative areas where fertility is high.

Research Questions

1. What are women's mean scores of the stigmatizing attitudes, beliefs, and actions scale and of its sub-dimensions towards abortion?
2. Is there a significant difference between women's mean scores of the stigmatizing attitudes, beliefs, and actions scale and of its sub-dimension based on their sociodemographic characteristics?
3. Is there a significant correlation between the sociodemographic and obstetric characteristics of women and their mean scores of the stigmatizing attitudes, beliefs, and actions scale and of its sub-dimension towards abortion?

METHODS

Setting and Sample

This cross-sectional study was carried out at Mus State Hospital located in the Eastern Anatolia Region of Turkey between 28 March-28 April 2022. The universe of the study consisted of all women who applied to the hospital. As for the sample of the study, it was determined that a minimum of 484 people should be taken into the sample for difference analysis and a minimum of 138 people should be sampled for correlation analysis in the sample size calculation using the GPower 3.1 program with a type 1 error of 0.05 and an effect size of d:0.03, with a power of 95% [23]. 499 women participate in this study.

Inclusion Criteria for Research

Inclusion criteria is the women who did not have a past psychiatric history or diagnosis and volunteered to participate in the study were included. Exclusion criteria is women who do not meet the inclusion criteria.

Data Collection

The data were obtained by face-to-face interviews of the researchers with the participants at the Mus State Hospital. They were collected from the women who applied to the hospital and met the research criteria.

Data Collection Tools

Introductory information form and stigmatizing attitudes, beliefs, and actions scale towards abortion.

Introductory information form

This form, created by the researchers, has a total of 21 items, 11 of which pertain to the sociodemographic features of women and 10 to their fertility characteristics [1-8].

Stigmatizing attitudes, beliefs, and actions scale towards abortion (SABASTA)

The scale was developed by [22], and the Turkish validity and reliability of the scale was tested by [24]. The scale consists of three sub-dimensions and 18 items. Scale items were scored with a 5-point Likert system ranked from 1 (strongly agree) to 5 (strongly disagree). Only the 15th item of the scale has reverse coding. The scale has no cut-off point. The higher the score obtained from the measurement tool, the higher the stigmatizing attitudes, beliefs, and actions towards abortion. A minimum of 0 and a maximum of 90 points can be obtained from the scale [22, 24]. The Cronbach's alpha value was determined by [22] as 0.90 for the whole scale, 0.85 for the negative stereotypes sub-dimension, 0.80 for the discrimination and exclusion sub-dimension, and 0.80 for the fear of contagion sub-dimension. For the Turkish validity and reliability of the scale, which was conducted by [24], the Cronbach's alpha value was 0.91, the negative stereotypes sub-dimension was 0.96, the discrimination and exclusion sub-dimension was 0.85, and the fear of contagion sub-dimension was 0.75. In this study, the Cronbach's alpha value for the whole scale was 0.94, 0.92 for the negative stereotypes sub-dimension, 0.88 for the discrimination and exclusion sub-dimension, and 0.83 for the fear of contagion sub-dimension.

Variables

Dependent variables of the study include mean scores of SABASTA, negative stereotypes sub-dimension, discrimination and exclusion sub-dimension, and fear of contagion sub-dimension. Independent variables of the study include sociodemographic and obstetric characteristics of women.

Data Analysis

SPSS 26.0 package program was used to analyze the data. Number, percentage, mean, standard deviation, median, minimum, and maximum values were calculated from descriptive statistics. The Kolmogorow Smirnow test was performed to determine whether the continuous variables fit the normal distribution. The difference between the mean scores of the scale and sub-dimension according to sociodemographic variables was determined by the Man Whitney U test for two independent groups and by the Kruskal

Table 1. Women's mean scores of SABASTA and its sub-dimensions

Scale	Total women (n=499)	
	Mean (±SD)	Min-max (median)
SABASTA	69.5 (±14.4)	18-90 (71)
SABASTA negative stereoypes	28.3 (±7.9)	8-40 (30)
SABASTA discrimination and exclusion	29.1 (±5.3)	7-35 (30)
SABASTA fear of contagion	11.9 (±2.5)	3-15 (12)

Note. SABASTA: Stigmatizing attitudes, beliefs, and actions scale towards abortion

Wallis test for more than two groups. The significant relationship between the numerical sociodemographic and obstetric variables and the mean scores of the scale and sub-dimensions was determined by Spearman correlation analysis. The statistical significance of the study was accepted as p<0.05, with a confidence interval of 95%.

Ethical Considerations

Ethics committee approval and institutional permission were obtained from Mus Alparslan University Scientific Research and Publication Ethics Committee (MAUN-SRPEC-Board Decision-4/9), and the Ministry of Health, Mus Provincial Health Directorate, respectively. Written informed consent was received from the women participating in the study through a voluntary consent form.

FINDINGS

In this research, 79.4% of women are between the ages of 20-35, 57.1% live in the city center, 61.9% are married, 70.9% have a nuclear family, 33.1% have an undergraduate degree or higher education level, 53.1% have equal income and expenses, and 73.3% do not work. It was determined that 24.6% of the spouses of the women were between the ages of 31-40, 22% of their spouses had an undergraduate degree or higher, and 85.1% of their spouses were not employed. It was also found that 33.5% of the women had their first marriage age in the 20-25 age range and 32.1% of them had their first pregnancy age in the 20-25 age range.

It was found that women's SABASTA mean score was 69.5 (±14.4), SABASTA negative stereotypes sub-dimension mean was 28.3 (±7.9), SABASTA discrimination and exclusion sub-dimension mean was 29.1 (±5.3), and SABASTA fear of contagion sub-dimension mean score was 11.9 (±2.5) (**Table 1**).

Difference between participants' mean scores of SABASTA and of sub-dimensions negative stereotypes, discrimination and exclusion, and fear of contagion according to sociodemographic characteristics of women are in **Table 2**.

SABASTA's and it's all dimensions' (negative stereotypes, discrimination and exclusion, fear of contagion) mean scores of the women who are single, are 20-35 years old, live in the city center, have a nuclear family, have an undergraduate or above level education, work, and have a spouse with an undergraduate or above level education were found to be significantly higher (p<0.05) (**Table 2**).

There was a slightly significant negative correlation between the women's SABASTA total mean score and their age, total number of pregnancies, total number of births, number of living children, and number of vaginal births, and a positive and slightly significant correlation between this mean score and the age of first marriage and the number of abortions (p<0.05) (**Table 3**).

There was a slightly significant negative correlation between women's SABASTA negative stereotypes sub-dimension mean score and their age, total number of births, and the number of living children, and a slightly significant positive correlation between this mean score and the age of first marriage and the number of abortions (p<0.05) (**Table 3**).

There was a slightly significant negative correlation between the women's SABASTA discrimination and exclusion sub-dimension mean score and their age, total number of pregnancies, total number of births, the number of living children and the number of vaginal births, and a slightly significant positive correlation between this mean score and the age of first marriage (p<0.05) (**Table 3**).

Table 2. Women's mean scores of SABASTA and its sub-dimensions according to sociodemographic and obstetric characteristics

Sociodemographic & obstetric characteristics	Total women (n=499)	SABASTA total		SABASTA negative stereoypes		SABASTA discrimination & exclusion		SABASTA fear of contagion	
	% (n)	Mean (±SD)	Test/p	Mean (±SD)	Test/p	Mean (±SD)	Test/p	Mean (±SD)	Test/p
Age									
19 years & under	3.4 (17)	64.0 (11.1)	H: 21.2	25.6 (7.7)	H: 17.2	27.5 (3.9)	H: 17.6	10.8 (1.9)	H: 22.9
20-35 years old	79.4 (396)	71.0 (13.7)	**p<0.01**	29.0 (7.6)	**p<0.01**	29.6 (5.0)	**p<0.01**	12.2 (2.4)	**p<0.01**
36-45 years old	11.4 (57)	66.3 (14.5)		26.9 (7.9)		28.0 (5.5)		11.3 (2.4)	
46 years and older	5.8 (29)	58.9 (19.3)		23.2 (9.0)		25.6 (7.7)		10.0 (3.7.)	
Longest time lived place									
City center	57.1 (285)	71.4 (13.0)	H: 11.6	29.1 (7.3)	H: 9.8	29.8 (5.0)	H: 13.5	12.4 (2.3)	H: 13.1
County town	22.2 (111)	69.3 (13.9)	**p<0.01**	28.7 (7.6)	**p<0.01**	29.0 (5.0)	**p<0.01**	11.5 (2.7)	**p<0.01**
Village	20.6 (103)	64. 5 (17.2)		25.7 (9.1)		27.4 (6.2)		11.3 (2.9)	
Marital status									
Married	61.9 (309)	66.5 (15.2)	U: 19863.5	26.5 (8.2)	U: 18937.0	28.3 (5.7)	U: 22721.0	11.6 (2.7)	U: 22913.5
Single	38.1 (190)	74.4 (11.4)	**p<0.01**	31.3 (6.4)	**p<0.01**	30.4 (4.3)	**p<0.01**	12.6 (2.2)	**p<0.01**
Family type									
Nuclear	70.9 (354)	70.9 (13.3)	U: 21441.5	28.9 (7.5)	U: 22461.5	29.7 (4.8)	U: 20844.5	12.2 (2.4)	U: 21916.5
Extended	29.1 (145)	66.0 (16.2)	**p<0.01**	26.9 (8.6)	**p<0.01**	27.6 (6.2)	**p<0.01**	11.4 (2.8)	**p<0.01**

Table 2 (Continued). Women's mean scores of SABASTA and its sub-dimensions according to sociodemographic and obstetric characteristics

Sociodemographic & obstetric characteristics	Total women (n=499)	SABASTA total		SABASTA negative stereoypes		SABASTA discrimination & exclusion		SABASTA fear of contagion	
	% (n)	Mean (±SD)	Test/p	Mean (±SD)	Test/p	Mean (±SD)	Test/p	Mean (±SD)	Test/p
Education status									
İlliterate	8.8 (44)	63.2 (16.5)	**H: 74.3**	25.9 (8.3)	H: 73.0	26.7 (6.7)	H: 53.7	10.6 (2.9)	H: 44.4
Literate	6.0 (30)	64.7 (16.2)	**p<0.01**	25.0 (9.3)	**p<0.01**	28.2 (5.7)	**p<0.01**	11.5 (2.8)	**p<0.01**
Primary school	11.8 (59)	61.5 (15.9)		24.2 (8.0)		26.3 (6.5)		10.9 (2.8)	
Middle school	12.8 (64)	64.4 (13.5)		25.6 (7.3)		27.6 (5.1)		11.2 (2.4)	
High school	15.4 (77)	68.1 (14.4)		27.4 (7.7)		28.7 (5.6)		11.9 (2.6)	
Associate degree	12.0 (60)	71.1 (12.8)		28.7 (7.8)		30.1 (4.5)		12.2 (2.1)	
Undergraduate & higher	33.1 (165)	76.9 (9.6)		32.5 (5.7)		31.4 (3.3)		13.0 (2.0)	
Income status									
Income<expense	33.7 (168)	68.3 (15.3)	H: 7.2	27.4 (8.3)	H: 6.8	28.9 (5.9)	H: 3.8	11.9 (2.8)	H: 6.0
Income=expense	53.1 (265)	69.5 (13.4)	**p:0.02**	28.5 (7.3)	**p:0.03**	29.0 (4.9)	p:0.144	11.9 (2.4)	**p:0.04**
Income>expense	13.2 (66)	72.7 (15.8)		30.1 (8.7)		30.0 (5.4)		12.5 (2.7)	
Working status									
Yes	26.7 (133)	74.0 (13.4)	U: 17962.0	30.9 (7.2)	U:18056.5	30.3 (4.7)	U: 19922.0	12.7 (2.4)	U: 18787.5
No	73.3 (366)	67.9 (14.4)	**p<0.01**	27.4 (7.9)	**p<0.01**	28.7 (5.5)	**p<0.01**	11.7 (2.5)	**p<0.01**
Social security									
Yes	62.1 (310)	70.8 (13.8)	U: 25338.0	28.8 (7.7)	U:26905.5	29.7 (4.9)	U: 25015	12.2 (2.4)	U: 24557.0
No	37.9 (189)	67.3 (15.1)	**p:0.01**	27.5 (8.1)	p:0.12	28.2 (5.9)	**p<0.01**	11.5 (2.7)	**p<0.01**
Husband's age									
21-30 years old	20.4 (102)	68.0 (14.0)		26.8 (8.1)		29.0 (5.2)		12.1 (2.4)	
31-40 years old	24.6 (123)	66.8 (14.6)	H: 1.9	26.8 (8.0)	H: 1.1	28.4 (5.4)	H: 3.3	11.5 (2.6)	H: 5.6
41-50 years old	9.8 (49)	65.9 (15.3)	p:0.5	26.6 (8.0)	p:0.7	27.9 (5.9)	p:0.3	11.3 (2.5)	p:0.1
51 years & older	7.0 (35)	61.8 (19.7)		24.6 (9.5)		26.5 (7.6)		10.6 (3.6)	
Husband education status									
Illiterate	6.5 (20)	59.7 (18.4)	H: 26.6	24.7 (9.1)	H: 20.9	25.1 (7.0)	H: 27.6	9.8 (3.1)	H: 19.9
Literate	5.2 (16)	62.5 (19.3)	**p<0.01**	25.2 (9.9)	**p<0.01**	26.6 (7.1)	**p<0.01**	10.6 (3.4)	**p<0.01**
Primary school	15.2 (47)	65.4 (14.8)		25.6 (8.5)		28.1 (5.5)		11.6 (2.6)	
Middle school	21.4 (66)	61.8 (15.0)		24.0 (7.6)		26.6 (6.5)		11.1 (2.7)	
High school	19.7 (61)	67.2 (13.5)		26.8 (7.3)		28.7 (5.0)		11.6 (2.4)	
Associate degree	10.0 (31)	66.9 (10.8)		26.1 (6.3)		28.9 (4.1)		11.8 (2.2)	
Undergraduate & higher	22.0 (68)	73.9 (14.2)		30.3 (8.3)		30.9 (4.6)		12.6 (2.4)	
Husband working status									
Yes	85.1 (263)	66.3 (15.2)	U: 5655.0	26.4 (8.2)	U: 5565.0	28.3 (5.8)	U: 5909.0	11.6 (2.6)	U: 5823.0
No	14.9 (46)	67.6 (15.2)	p:0.4	27.2 (8.2)	p:0.3	28.7 (5.4)	p:0.8	11.6 (2.8)	p:0.6
First marriage age									
15-19 years old	19.8 (99)	64.0 (18.1)	H: 2.4	25.3 (9.2)	H: 2.5	27.2 (7.2)	H: 3.0	11.3 (3.1)	H: 0.5
20-25 years old	33.5 (167)	67.2 (13.4)	p:0.4	26.8 (7.5)	p:0.4	28.6 (4.8)	p:0.3	11.6 (2.5)	p:0.9
26-30 years old	6.8 (34)	69.6 (15.3)		28.0 (8.6)		29.7 (5.1)		11.8 (2.6)	
31-36 years old	1.8 (9)	69.5 (8.7)		27.7 (6.6)		30.0 (2.3)		11.7 (1.4)	
First gestational age									
15-19 years old	14.8 (74)	63.5 (18.1)	H: 4.1	25.2 (9.3)	H: 4.7	27.0 (7.1)	H: 3.3	11.5 (3.0)	H: 4.4
20-25 years old	32.1 (160)	66.3 (14.1)	p:0.2	26.4 (7.7)	p:0.1	28.4 (5.3)	p:0.3	11.4 (2.6)	p:0.2
26-30 years old	9.6 (48)	70.5 (12.9)		28.5 (7.4)		29.7 (4.4)		12.2 (2.3)	
31-36 years old	2.8 (14)	65.1 (16.2)		26.7 (8.6)		27.5 (5.8)		10.7 (2.6)	

Note. U: Man Whitney U test & H: Kruskal Wallis test

There was a slightly significant negative correlation between the women's SABASTA fear of contagion sub-dimension score mean and their age, total number of pregnancies and births, number of living children and vaginal deliveries, and the ages of their spouses (p<0.05) (**Table 3**).

DISCUSSION

The research was conducted to evaluate the stigmatizing attitudes, beliefs, and actions of women towards abortion in a rural province located in the Eastern Anatolia region of Turkey.

The abortion stamp is often used to describe broad patterns of beliefs, attitudes, and attributes [25]. The mean score of SABASTA for women who had abortion in Ghana and Zambia was 48.9 (Ghana: 46.8, Zambia: 50.8), negative stereotype mean score was 25.7, discrimination and exclusion mean score was 15.7, and fear of contagion mean score was 7.5. It was reported that women are divided on the point of allowing abortion to be legal and they have stigmatizing attitudes towards abortion in this study [22]. In the study [26], women's SABASTA score was reported as 54.2, negative stereotype score as 29.1, discrimination and exclusion score as 18.5, and fear of contagion score as 7.3. This current study revealed that women's SABASTA mean score was 69.5, negative stereotypes mean score was 28.3 (±7.9), discrimination and exclusion sub-dimension mean score was 29.1 (±5.3), and fear of contagion sub-dimension mean score was 11.9 (±2.5). Although the research findings were similar to

Table 3. Correlation between women's sociodemographic-obstetric characteristics & mean scores of SABASTA & its sub-dimensions

Sociodemographic & obstetric characteristics	Total women (n=499)	SABASTA total		SABASTA negative stereoypes		SABASTA discrimination & exclusion		SABASTA fear of contagion	
	% (n)	Test	p	Test	p	Test	p	Test	p
Age	28.8 (±8.8)	r:-0.145	**<0.01**	r:-0.148	**<0.01**	r:-0.127	**<0.01**	r:-0.122	**<0.01**
First marriage age	21.7 (±3.9)	r:0.126	**0.02**	r:0.125	**0.02**	r:0.125	**0.02**	r:0.069	0.22
First gestational age	22.7 (±3.9)	r:0.102	0.07	r:0.106	0.06	r:0.101	0.08	r:0.042	0.46
Total number of pregnancies	3.34 (±2.18)	r:-0.127	**0.03**	r:-0.097	0.09	r:-0.151	**<0.01**	r:-0.145	**0.01**
Total number of births	2.57 (±1.87)	r:-0.156	**<0.01**	r:-0.126	**0.03**	r:-0.188	**<0.01**	r:-0.168	**<0.01**
Number of living children	2.49 (±1.80)	r:-0.165	**<0.01**	r:-0.138	**0.01**	r:-0.189	**<0.01**	r:-0.177	**<0.01**
Number of stillbirths	0.10 (±0.34)	r:0.014	0.80	r:0.038	0.51	r:-0.051	0.37	r:0.018	0.75
Number of low	0.42 (±0.79)	r:-0.067	0.25	r:0.051	0.38	r:-0.095	0.10	r:-0.049	0.39
Number of curratage	0.27 (±0.49)	r:0.132	**0.02**	r:0.189	**<0.01**	r:0.016	0.79	r:0.053	0.36
Number of vaginal births	2.04 (±1.86	r:-0.124	**0.03**	r:-0.090	0.12	r:-0.157	**<0.01**	r:-0.167	**<0.01**
Number of cesarean deliries	0.52 (±0.81)	r:-0.026	0.65	r:-0.010	0.85	r:-0.065	0.26	r:0.005	0.92
Husband's age	36.6 (±10.3)	r:-0.060	0.29	r:-0.023	0.68	r:-0.94	0.10	r:-0.135	**0.01**

Note. r: Spearman's rho coefficient

the results of previous studies, the mean score of SABASTA, of negative stereotype and of discrimination and exclusion were higher than those of the previous studies. This shows that women in rural areas have high levels of stigmatizing attitudes, beliefs, and actions towards abortion.

Studies emphasize that negative beliefs towards abortion are influenced by the cultural and religious norms of the society, and therefore negative views about abortion are internalized by women [27-31]. A study reported that religious women have higher levels of stigmatization, self-judgment, and perception of condemnation than non-religious women [14]. In [21], it was found that there is a positive relationship between religious attitudes and stigmatization towards abortion in university students in Ghana. However, it was reported that knowing the person who has an abortion leads to a more moderate and tolerant approach to the woman's right to abortion. Also, it was reported that although the woman has the right to abortion in the clinic in terms of safety, the negative attitudes of the society and health professionals cause women to resort to illegal abortion interventions [21]. The study [27] revealed that there is a significant difference between stigmatizing attitudes and beliefs towards abortion according to religious and political status, income, gender, race/ethnicity, and having biological children. The study reported that 67% of the participants had a negative attitude towards policies supporting abortion, while 40% had a less positive attitude towards these policies [27].

In [26], it was reported that there is a significant difference between sociodemographic characteristics and stigmatizing attitudes, beliefs, and actions towards abortion. It was reported that the 25-34 middle age group has higher stigmatizing attitudes and beliefs compared to the 18-24 age group and the 35-49 age group, those living in rural communities have higher levels of stigmatization than those living in semi-urban and urban areas, those with a lower education level than those with a higher education level, and those who are married compared to those who are single [26]. In this study, the mean scores of SABASTA, negative stereotypes, discrimination and exclusion, fear of contagion sub-dimensions were found to be higher in women who are single, are aged 20-35, live in the city center, live in a nuclear family, have an undergraduate or above education level, are employed, and have a spouse with an undergraduate and above education level ($p<0.05$). Mus is a conservative, religious and undeveloped rural province with high fertility (TFR: 2.7), migrating to the west [32-34]. Although the findings of this research are similar to the results of the previous research, they differ significantly from the literature in terms of marital status, place of residence and education level. It shows that women living in the region are significantly affected by socio-cultural, fertility, religious, and structural characteristics of Mus.

According to [28], there was a negative correlation between gender, the legality of abortion, and religiousness and stigmatization, and those who identify themselves as religious had a more negative attitude towards the legality of abortion. In a study conducted with adolescents, stigmatizing attitudes were evident despite the fact that the majority of participants (%92) stated that a woman who had an abortion should be treated the same as everyone else. In addition, it was stated that 30% of the participants thought that women who had abortion could encourage other women to have abortion, and 20% considered abortion as a sin [30]. In [31], it was reported that most of their women have internalized and legalized stigma perception in society. It was stated that abortion is not adequately expressed in society and women hide their abortion experiences in order to manage stigma. In [29], it was reported that there was no significant difference between women's race, age, gender, education and income level, experience of abortion and stigmatizing attitudes and actions of women towards abortion. In this study, there was a slightly significant negative correlation between the mean score of SABASTA and the age of the women, the number of pregnancies, the number of births, the number of living children and the number of vaginal births, and a positive and slightly significant correlation between this mean score and their age at first marriage and the number of abortions ($p<0.05$). This shows that factors such as place of residence, socio-cultural and religious structure of the society, fertility characteristics, upbringing and experiencing abortion significantly affect the stigma, attitude, belief, action, and perspective towards abortion.

CONCLUSIONS

It has been determined that women's stigmatizing attitudes, beliefs and actions towards abortion are high in Mus province, which is located in a rural region with high fertility. This research shows that state of development of the city, socio-cultural-fertility and structural characteristic of living

area significantly affect the stigmatizing attitudes, beliefs, and behaviors towards abortion in women.

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