

ORIGINAL ARTICLE

Examining Abortion-Related Stigma Among International Students Studying in Northern Cyprus

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This study is based on the master's thesis of Akudo Divine Amadi. This study was presented as an oral presentation at the 9th World Conference on Health Sciences (online) in 2022.

Abstract

Objective: The aim of this study is to examine the abortion-related stigma among international students studying in Northern Cyprus.

Material and Methods: This study is a descriptive and cross-sectional type of research. The population of the research consisted of international university students studying in Northern Cyprus between 30.08.2021 and 13.04.2022. The Sample size of this study consisted of 272 university students. The Data of the research were collected using a web-based online and face-to face survey that was prepared the student information form, and the Stigmatizing Attitudes, Beliefs, and Actions Scale (SABAS). In this study data was used the descriptive statistics tests and Kolmogorov-Smirnov test, Kruskal-Wallis H test, and Mann-Whitney U test.

Results: It was determined that 28% of international students are 18-20 years old, 50% of them are female, 87.5% of them are from Africa, and 56% of them are Christian. In this study, it was found that the students used condoms the most and 13.0% of the them had abortion. They take average $34,98 \pm 14,16$ points from total score of SABAS. In the study, there are a statistically significant difference between department, gender, and the total points of SABAS.

Conclusion: The abortion stigma of international students was found low. In this direction, it is recommended to improve sexual and reproductive health services in universities.

Keywords: abortion, stigma, women, abortion, student

INTRODUCTION

In developing and underdeveloped countries, unsafe abortion is a major reproductive health and public health problem that can lead to maternal mortality and disability (WHO, 2024). The World Health Organization (WHO) has reported that 45% of abortions are unsafe, and the quality of life and health status of women exposed to unsafe abortion are negatively affected

(1). Stigmatization is an important factor that can lead to unsafe abortion (2). 'A mark of shame, humiliation, or disparagement that sets a person apart from others' is called a stigma (3). Abortion stigma is divided into five levels: 'legal and policy, media, institutional, community and individual' (4,5) and can lead to anxiety, fear, grief and depression. Woman who have had an abortion performed one or become involved

in abortion controversy are vulnerable to the abortion stigmatization (6). Since abortion rates are common among university students, this group is also at risk for abortion stigmatization. The students who experience this stigmatization may resort to unsafe abortion methods (7). There are many international students in Universities of Northern Cyprus (NC), are at risk for unintended pregnancies and unsafe abortions. There are no units providing sexual health services to young people at these universities. Assessing students' individual and community stigma against abortion can also guide actions to identify unmet need for contraception and prevent adolescent pregnancies (8).

There is a lack of information in research on the level of abortion stigma in various countries and how abortion stigma affects these societies (9). In systematic review studies on abortion stigma, it has been stated that more research is needed to improve the understanding of abortion stigma using validated measures (5), and that studies conducted among university students on the subject are quite few (7). This study may contribute to inform national and local strategies to reduce community abortion stigma, which has direct effects for improved access to abortion and contraceptive services. Also, it is significant that this is the first research conducted on this subject in NC.

The aim of this study is to examine the abortion-related stigma among international students studying in NC. For this purpose, the questions of research were 'What is the level of abortion stigmatization among international students?' and 'Are there relationships between the scoring of abortion stigma and socio-demographic characteristics?'

MATERIAL AND METHODS

Research Design

This study is a descriptive and cross-sectional type of research.

Population and Sample

The population of the study consists of the international students in NC between 30.08.2021 and 13.04.2022, and the sample of 272 students who meet the sampling criteria (speak and understand English, being an undergraduate or graduate student in NC) and accept the research. The sample size was

calculated as 384 and 71% of the targeted sample was reached (sampling error 5.9%) as using self-selection sampling of non-probability sampling technique. Many students did not want to participate because the topic was a private one.

Data Collection Tools/Materials

The Data of the research were collected using a web-based online and face-to face survey that was prepared the student information form, and the Stigmatizing Attitudes, Beliefs, and Actions Scale (SABAS). To collect the data, the online survey link was shared in the university student WhatsApp groups. The association of international students studying in NC and the student representatives at the universities helped in this regard.

The students' introductory characteristics were collected through a student information form consisting of 15 questions in total, including age, gender, nationality, religion, university, department, semester, marital status, having children, using method of contraceptive method, experiencing of abortion, number of abortions, types of abortion, and source of sex education. The personal information form was developed by the researcher by taking two expert opinion. The SABAS was designed to assess abortion stigma in individuals and communities. The scale developed by Shellenberg et al. in 2013, is a 5-point Likert-type scale ranging from '*Strongly Disagree*' to '*Strongly Agree*'. The scale consists of a total of 3 subscales (negative stereotyping, exclusion and discrimination, fear of contagion) made up of 18 questions. Those with a higher scale total score indicate having a higher abortion stigmatizing attitude. The Cronbach's alpha value of the total scale is 0.90. The summed scores of SABAS scale was categorized as either high (summed score ≥ 46) or low (summed score < 46) (10).

Data Analysis Plan

Data were analysed using SPSS 26 program. Frequency, percentage and mean analyses were used in the analysis of descriptive data of this study. Nonparametric tests (Kruskal-Wallis H test, Mann-Whitney U test) showing normal distribution according to Kolmogorov-Smirnov test results were used in the evaluation of the scale and comparison of the data.

Ethical Aspect

The study was approved by the Ethics Committee of Near East University on 26.08.2021 (Approval No. NEU/2021/94-1395). Permission to use the scale was obtained. Participants were informed about the purpose of the study in the survey form and then their written consent was obtained through the survey.

Limitations

Students may not have been objective in giving correct answers to the issue because they did not want their abortion status to be known. Another limitation of the study; the research sample group was limited to the students that the researcher could reach.

RESULT

It was found that 28,31% of the students are 18-20 years old and 29,04% of them are in 27 years and older age group, 50,74% are female, 87,50% are from Africa, %56,25% are Christian. 37,13% of the students are in their 1-2 semester and 18,38% of the students are post graduating. When we evaluate the marital status of the participants, we see that 90,81% of them are single. And 86,40% of students have not children.

Table 1. Abortion Status and Sex Education of the Students (n=272)

	Freq.	Percent
Taking Sex Education		
Yes	232	85,29
No	40	14,71
Sources of Sex Education		
Secondary education	96	41,38
Primary education	55	23,71
Family/Friends	65	28,02
Internet	60	25,86
Bachelors education	18	7,76
Masters/Phd. education	3	1,29
Other	2	0,86
Using Contraceptive Method		
Abstinence	22	8,09
Condom	98	36,03
Contraceptive pill	22	8,09
Calendar	9	3,31
I am not sexually active	71	26,10
I am not using a contraceptive method	50	18,38
Abortion Experiences (n=138)		
Yes	18	13,04
No	120	86,96

Number of Abortion (n=18)		
1	14	77,78
2	4	22,22
Type of Abortion (n=18)		
Surgical Abortion	12	66,67
Medical Abortion	5	27,78
Self-induced abortion	1	5,56
Support during the Abortion (n=18)		
No	12	66,67
Yes	6	33,33

In Table 1, the abortion status and sex education of the students is given. It is seen that 85,29% of the students received taking sex education, 28,02% of the students' educational resource is family/friends, and 41,38% of them studied having sex education in secondary education. It was found that 36,03% of the students using condom, 18,38% of the students stated that they are not using contraceptive method. 13,04% of the students had an abortion before and it was found that 77,78% of the students who had an abortion before had an abortion at their own request, 5,56% of them had an abortion at their own request. It was seen that 66,67% did not receive any support during the abortion.

Table 2. The Descriptive Statistics Students' Scores on the Stigmatizing Attitudes, Beliefs and Actions Scale (SABAS)

	n		s	Min	Max
Negative Stereotyping Subscale	272	18,97	8,55	8	40
Exclusion and discrimination Subscale	272	11,43	5,46	7	35
Fear of Contagion Subscale	272	4,57	2,66	3	15
The Total SABAS Points	272	34,98	14,16	18	88

In Table 2, the descriptive statistics students' scores on the SABAS is given. It is seen that students take average $18,97 \pm 8,55$ points, minimum 8, maximum 40 points from Negative stereotyping, students take average $11,43 \pm 5,46$ points, minimum 5, maximum 35 points from exclusion and discrimination, students take average $4,57 \pm 2,66$ points, minimum 3, maximum 15 points from Fear of contagion and students take average $34,98 \pm 14,16$ points, minimum 18, maximum 88 points from SABAS.

In this study, there are not statistically significant difference between age groups, nationality, religion, semester, marital status, having children situation, having sex education and the total score of SABAS ($p>0.05$). Otherwise, there are a statistically significant difference between gender, department and the total points of SABAS in this study ($p<0.05$).

There is no statistically significant difference between students' Gender and the points of Exclusion and discrimination ($p>0.05$); that is, male and female students get similar points from exclusion and discrimination. Students' from Health Sci. department has been taken statistically significantly higher points from the SABAS than students' from tourism department.

DISCUSSION

The Prevalence of Abortion, Using of Contraceptive and Discussion

According to the WHO, more than 1.2 million abortions were performed worldwide in 2020 (1). Although statistics on the frequency of abortion in NC are scant, there is evidence that induced abortions are high (11). In this study, it is understood that approximately one out of every four female international students have experienced abortion (Table 1). There may be students who do not disclose due to shame and fear. In this study, it was determined that one of the students had self-induced abortion. Also, it is found that majority of the students had not get any support during the abortion and 18% of the students don't use a contraceptive method despite being sexually active (Table 2). Social support for family planning may increase the shame of incidence of abortion and increases its stigma. In a study by Hoggart et al. (12), they tried to alleviate the feeling of stigma by emphasizing that the majority of women became pregnant while using contraceptive methods. While access safe abortion services are considered a basic human right, about half of all abortion services are unsafe in the World (7). There are not these services in public health center or hospital in NC. Private health services are very expensive for students.

The Mean of Abortion Stigma and Discussion

Community abortion stigma is import public health matter. People cannot access abortion care and this can lead to health inequity and disparity. It is important

to determine the beliefs, attitudes and actions of the community in reducing abortion stigma. In this study, examining the SABAS, it was seen that international students take average low point (34.98 ± 14.16 ; summed score <46) (Table 3). Unlike this result of the study, in a study, found that abortion stigma is high levels (46 points) by students among secondary school students in Kenya (13). This difference may be due to the awareness of sociodemographic factors among students. Holcombe et al.'s study, it is seen that midwives have low level (28 points) of abortion stigma (14). A study measured community level of abortion stigma three scales in U.S. and found midrange scores (15). In a qualitative study reported that women's reactions to antiabortion attitudes may maintain abortion stigma (16).

The majority of studies in the literature are related to individual abortion stigma (3,17-19). The level of community abortion stigmatization and women's abortion experiences need further research (15-16). The level of community abortion stigmatization is reflected in a community's attitudes that can be effect people who seek a safe abortion care (15). In addition, level of community abortion stigma is thought to be important in the creation of support system services.

The Relationships Between the Scoring of Abortion Stigma and Socio-Demographic Characteristics and Discussion

Determining the factors that may affect high abortion stigma is seen as important in determining the importance of women's abortion decision and perceived abortion stigma. In this study, there are a statistically significant difference between gender, department and the total points of SABAS. Male students get higher negative stereotyping, fear of contagion and SABAS points than female students and it is seen that this point difference is statistically significant. Male students had a higher total mean score for both abortion stigma and contraceptive use stigma compared to female students. In the similar to Rehnström Loi et al.'s study, male students had a higher total mean score of SABAS compared to female students (13). Male student can be negative affect his partner about serving safe abortion care. In a study, it is founded that higher levels of partner support about contraception using were associated with increased abortion stigma (20).

In Cutler et al.'s study, it was found that high stigma in Catholic compared to those with religion and Blacks compared to Whites among U.S. adults (15). In Bommaraju et al.'s study, it was determined that white women were more likely to experience abortion stigma (21). In general students that are muslim have been taken higher points from Negative stereotyping, Exclusion and discrimination, Fear of contagion and SABAS than Christian students and students of other religion but this point difference is not statistically significant in this study.

In Rehnström Loi et al.'s study, higher scores of Adolescent SABAS were displayed by younger rather than older age groups (13). In a study done in Turkey, it is found that as the age group increases, the level of individual abortion stigma increases (17). And, in a study by Cetinkaya et al., as the level of education of participation increases, the level of individual stigma decreases (17). In this study, there isn't a relationship between the age, education level and the SABAS score of international students. It is thought that the level of individual stigma of the students may be high as the number of students in the 18-20 age group was high in this study (Table 1).

In Grindlay et al.'s study, it has been determined that women who have experienced abortion generally have these procedures done in secret in order not to be stigmatized when they have abortion because of the fear of having problems in their career and not being unemployed (22). According the results, it is thought that international students who have experienced abortion can make these procedures in order not to be stigmatized because of fear to not continue their education. In addition, experiencing abortion in the unmarried students may be fear from embarrassing for their family. In this study, the majority of students are single (Table 1). And there is not statistically significant difference between marital status and the total score of SABAS in this study.

CONCLUSION

In this study is determined that most of the international students have had sex education before and most of the students took sex education at the secondary level. Condoms are the most commonly used method of contraception among international students. It was found that approximately one out of every four female

international students have experienced abortion. This score demonstrated not low level of abortion stigma among students.

It is suggested that healthcare abortion service providers can plan awareness educations about abortion stigma and consequences of unsafe and it is to develop reproductive/sexual health services for especially international students in Universities in NC. Particularly, the participation of these groups should be ensured in order to reduce the stigma levels of groups that are found to be at risk in terms of stigma (male students, those studying in the health department).

Further research on the community stigma surrounding abortion in North Cyprus with larger sample groups is recommended, and qualitative descriptive studies are needed to determine the society's attitudes and views towards abortion.

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Informed Consent: Informed consent was obtained from all participants involved in the study.

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Ethical Approval: The study was approved by the Ethics Committee of Near East University on 26.08.2021 (Approval No. NEU/2021/94-1395) and adhered to the principles of the Declaration of Helsinki.

Author Contributions:

- **Concept and Design:** D.S.G.
- **Supervision:** D.S.G.
- **Data Collection and/or Processing:** A.D.A.
- **Materials:** A.D.A., D.S.G.
- **Analysis and/or Interpretation:** A.D.A.

- **Literature Search:** A.D.A., D.S.G.
- **Writing and Critical Review:** A.D.A., D.S.G.

Availability of Data and Materials: The authors confirm that the data supporting the finding of this study are available within the study.

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