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Title: Abortion Public Opinion amidst Conservative Backlash at the State Level in Mexico

Authors:

Jorge **Valencia**, Population Studies Center – University of Pennsylvania, 3718 Locust Walk, Room 216F, Philadelphia, PA 19104, Tel 215-898-6444, Email: jorgev@sas.upenn.edu; jorvalenc@gmail.com

Sandra **García**, Population Council Mexico. Morelos No. 21, Col. Del Carmen Coyoacán, México, DF 04100. Tel. (+52) 55 5999 8630. Fax: (+52) 55 5999 8673, Email: sgarcia@popcouncil.org

Kate **Wilson**, Population Council Mexico. Morelos No. 21, Col. Del Carmen Coyoacán, México, DF 04100. Tel. (+52) 55 5999 8630. Fax: (+52) 55 5999 8673, Email: kwilson@popcouncil.org

Maria Luisa **Sánchez**. Grupo de Información en Reproducción Elegida (GIRE). Viena #160. Col. Del Carmen Coyoacán, México, DF 04100. Tel. (+52) 55 56-58-66-84, Email: maluisasf@gire.org.mx

Claudia Diaz **Olavarrieta**, National Institute of Public Health, Research Center on Population Health. 7a Cerrada Fray Pedro de Gante # 50. Col. Seccion XVI. Tlalpan Mexico City, 14000. MEXICO. 52-55- 56-55-08-45. Email: colavarrieta@insp.mx

Contact person:

Sandra G. Garcia, Sc.D. Director, Population Council-Mexico. Morelos No. 21, Col. Del Carmen Coyoacán, México, DF 04100. Tel. (+52) 55 5999 8630. Fax: (+52) 55 5999 8673, Email: sgarcia@popcouncil.org

Abortion Public Opinion amidst Conservative Backlash at the State Level in Mexico

Background

On April 24, 2007, the Mexico City Legislative Assembly legalized elective abortion up to 12 weeks gestation in the capital. Any woman can access legal abortion services there, regardless of her residency. Both the vanguard law and accompanying legal abortion program of the Mexico City Ministry of Health (MOH) have become models for the region and helped advance Mexican women's reproductive rights (Sánchez Fuentes et al., 2008). However, new challenges have emerged outside the capital. Since late 2008, several conservative states have initiated a backlash in which they proposed changes or passed reforms to local constitutions to define life as protected from the moment of conception. These reforms aim to restrict legal abortions entirely, including the circumstances previously legal in those states.

Prior to the latest conservative reforms, all 32 states of Mexico allowed abortion in cases of rape; however, additional circumstances varied by state. For example, 29 permitted abortion if the pregnancy entailed a risk to a woman's life, 14 for cases of fetal abnormalities, 11 if the pregnancy endangered a woman's health, and 12 for other causes, such as lack of financial means to support a child (Yucatan state). Baja California was the first state to initiate the restrictive reforms in October 2008, by modifying its constitution to protect an individual's life from the moment of conception. As the tragic "Paulina Case" illustrates, which occurred in that state in 1999, these limited legal circumstances often go unenforced in many states (a 13 year old named Paulina who was raped by a relative was denied access to legal abortion and forced to keep the pregnancy). By early 2009, eight states

had already passed similar reforms or had initiatives pending. As of early 2010, 18 states in Mexico have passed reforms and others have pending initiatives (GIRE).

In this ever changing sociopolitical context around abortion laws and access in Mexico and the region generally, it is particularly important to understand public opinion on this controversial topic. Abortion public opinion research is a valuable tool to understand how well public opinion reflects current laws as well as to inform women's health advocacy (Yam et al. 2006; Garcia et al., 2004; Garcia et al., 2007). The published studies on abortion public opinion using representative samples have shown that the Mexican public generally holds more favorable views about the circumstances under which abortion should be legal than what current laws permit (Nuñez-Fernandez et al., 1997; García et al., 2004, Cesar et al., 1994). For example, the first nationally representative public opinion study conducted in Mexico in 2000 found that the majority of respondents believed that abortion should be legal if the woman's life is at risk (82%), health is at risk (76%), pregnancy resulting from rape (64%), or fetal impairment (53%) (García et al., 2004). The vast majority of respondents were self-reported Catholics, yet also believed that it should be the woman or couple who makes the final decision to have an abortion, not the Church or physician, or other individual/entity, which reflects the predominately secular character of Mexican society (García et al., 2004; GIRE 1997). In addition, factors that have been reported to be significantly associated with more favorable views about abortion include being male, attending Church less frequently, and higher educational attainment (Garcia et al., 2004; Becker, Garcia, and Larsen, 2002). In the case of Mexico City, a series of pre- and post-reform public opinion studies suggest that there has been a steady increase in public support for the reform once it passed; favorable public opinion jumped significantly

from only 38% three weeks prior to the reform to 63% and 73% in 2008 and 2009, respectively (Wilson et al., unpublished manuscript). In both the 2008 and 2009 surveys, more education (high school or more) and less frequent church attendance remained significant predictors of support for the Mexico City law; also, being male was significantly associated with more favorable opinion in 2008 but not 2009 (Wilson et al., unpublished manuscript).

Outside the capital, the battle for women's rights continues yet also presents a unique opportunity to explore public knowledge and opinion about abortion and the latest reforms in the affected states. Therefore, in March 2009, a Mexican NGO, Grupo de Información en Reproducción Elegida (GIRE), and the Population Council's Mexico office carried out a public opinion survey in the first eight states of Mexico to propose initiatives (State of Mexico, Queretaro, Tabasco and Veracruz) or pass reforms (Baja California, Colima, Morelos and Sonora).

The aim of this study is: (a) describe public opinion regarding abortion and the new initiatives/reforms in those states; and (b) determine to what extent awareness of the reforms/initiatives (regardless of information source) is associated with a favorable (or unfavorable) opinion about elective abortion (i.e. the Mexico City law). Findings from this study will be very useful to inform public policies on reproductive rights in Mexico and access to services at the state and national level.

Methods

We conducted public opinion surveys in eight states of Mexico, four where laws had been changed and four with pending legislation. Each of the states included a random sample

with rural and urban participants and state representativeness (n=800 per state). In March 2008 we collected data for women and men aged 18 to 95 (margin of error +/- 3.5, 95% confidence level). The surveys included questions on sociodemographic information, knowledge of existing abortion laws, general opinion on abortion such as circumstances when abortion should be legal, and opinion regarding changes or initiatives to change the existing abortion legislation in their state. Participants responded to a face-to-face interview which took approximately one hour to complete. The majority of the questions were identical across the eight surveys. However, there were slight differences in the wording of questions in state with reforms compared to initiatives (i.e. respondents in Baja California, Morelos, Colima and Sonora were asked about “recent changes in abortion law” whereas those in the State of Mexico, Veracruz, Queretaro, and Tabasco were asked about the “initiatives to change current abortion laws”). Each state survey had a module with questions unique to that state’s legal context. All survey data was entered into SPSS version 15.0 for analysis.

We performed univariate data analysis on both datasets to obtain descriptive characteristics. We conducted bivariate analysis using chi-square tests ($p < 0.05$) to assess significant associations between favorable (or unfavorable) opinion about elective abortion and sociodemographic characteristics, and select abortion opinion variables in all eight databases. We then developed and tested three logistic regression models. The bivariate outcome of interest was whether or not respondents “agreed” or “disagreed” with elective abortion during the first 12 weeks of gestation, as is stated in the Mexico City law. Since each state varies in its sociopolitical context and the extent to which information about the reform/initiative is made public, developed the first model explore the effect of state of

residence and awareness of the reform/initiative on abortion opinion. These two independent variables were significantly associated in the bivariate analysis with our dependent variable; therefore, we included both, and an interaction term. The second model included the above variables and controlled for all significant sociodemographic variables from the bivariate analysis. The final model included all the above variables plus two independent variables to explore how political participation affected abortion opinion: political party affiliation; and, respondent's disposition to vote in a referendum in favor of more progressive abortion legislation.

Results

A total of 6,397 participants completed the survey. The average age was 39 years (range 18-95). More women (52%) than men participated in the study. In all eight states, most participants were currently married (71%) while 22% had never been married. Most participants had grade school education or less (60%), and only 36% had completed more than 10 years of schooling. The majority (77%) had at least one child, 46% were currently working, 31% were homemakers, and the rest were students, retired or unemployed. In addition, 83% self-identified as Catholic; and of those, 51% reported that they attended religious services frequently while 18% that they almost never or never attended (Table 1).

In general, only a minority of respondents (23% for the entire sample) reported that they had heard of the reforms or initiatives in their state to change to the legal status of abortion. The highest percentage of awareness was in Baja California (43%), the first state to approve reforms. However, percentages were lower elsewhere, especially in those states in

which the initiatives had yet to be approved, such as in Tabasco (28%), State of Mexico (18%), Veracruz (18%), and Queretaro (15%).

We asked participants about their support for abortion under specific circumstances. In general, participants expressed the greatest support for a woman's right to legal abortion in the most extreme circumstances or out of the woman's control, although this varied by state. For example, there was majority support for abortion when the pregnancy posed a risk to the life of the woman (from 55% in Tabasco to 71% in Sonora), if the pregnancy posed a grave risk to the woman's health (from 48% in Tabasco to 69% in Baja California), and in cases of rape (from 45% in Tabasco to 70% in the State of Mexico), and fetal abnormalities (from 48% in Tabasco to 68% in Sonora). In contrast, participants expressed much less support for circumstances which were perceived to be manageable or within the woman's control, specifically, abortion due to lack financial means (from 20% of in Tabasco to 33% in the State of Mexico and Morelos) or in cases of failure of a contraceptive method ranged (from 13% in Tabasco to 27% in the State of Mexico). We then asked participants their opinion about the woman's right to abortion on demand (i.e. "whenever a woman decides") regardless of the reason (did not specifying gestation week limit as stated in the Mexico City law). There was moderate support for this, from 14% in Tabasco to 31% in Morelos. Finally, when asked about the Mexico City law (abortion on demand within the first trimester) surprisingly large proportions of participants said that they agreed with that law, ranging from 32% in Sonora to 50% in Colima, 53% in Veracruz and 4% in Morelos. In addition, a surprising 68% of the sample said that they would vote in a local referendum in support of more progressive abortion laws.

We performed bivariate analysis to assess associations between sociodemographic characteristics and abortion opinion and awareness of the latest reforms/initiatives (results not shown) and, all significant variables were included in the multivariate models. Since both awareness of the latest reforms/initiatives and abortion opinion appeared to vary by state residence, we created a dummy variable defined as awareness of the legal changes and state of residence for each state; and, Baja California was considered the reference state (the first to pass a reform). To have a more precise understanding of the way these two variables have an impact on abortion opinion, we included them as an interaction among variables.

The first model illustrates the association between having a favorable opinion about abortion, awareness of reforms/initiatives and living in a particular state, controlling for the interaction of the latter two covariates (no other variables were controlled for) (Model 1, Table 3). Our assumption was that being aware that legal reforms are being discussed or have been approved, on average, would increase the likelihood of having a favorable opinion on abortion, as we have seen in other public opinion surveys carried out in Mexico City (Garcia et al., 2004; Palermo et al., 2009). In general, awareness of the reforms/initiatives was significantly associated with being in favor of the Mexico City law (OR 2.4, $p < 0.001$). Living in a state besides Baja California increases the odds of being in favor of abortion (except for the state of Sonora, $p > 0.05$) (OR 1.3 – 2.2). When we analyzed the interaction among variables, we noted that being aware of the reforms/initiatives and state of residence was significantly associated with abortion opinion in both directions, depending on the state. While the positive association was preserved in the majority of states, living in Colima, Sonora, and Tabasco, and awareness of the

reforms/initiatives significantly reduced the odds of having a favorable opinion about abortion (OR 0.5, 0.3, and 0.5, respectively) compared to those living in Baja California and not aware of the reforms/initiatives. In contrast, those people who were not aware of the legal changes occurring in those states had greater odds of supporting the Mexico City law. In the states of Morelos and Veracruz, the interaction was positive but not statistically significant.

In the second model we also controlled for the following sociodemographic variables sex, age, age squared (we included the variable age squared to control for possible linear effects of age on abortion opinion), schooling, marital status, number of children, occupation and frequency of attendance to religious (church) services. Again, awareness of reforms/initiatives was significantly associated with greater odds of support for the Mexico City law (OR 2.4, $p < 0.001$) as was residing in any state except Sonora (range OR 1.5 – 2.6). The only other sociodemographic variable significantly associated with greater odds of favoring the Mexico City law was more education (1-9 years OR 1.6, $p < 0.001$ and 10 or more years, OR 2.2, $p < 0.001$) compared to no schooling. The interaction term behaved the same as in Model 1 remained the same.

In the final model, we included all of the above covariates plus one about political party affiliation and one on respondent's willingness to participate in a referendum (in favor of more progressive) abortion laws. We included the three main political parties in Mexico: Partido Acción Nacional (PAN), a historically conservative party with an anti-choice platform; Partido de la Revolución Democrática (PRD), a left wing party (which also spearheaded the effort to pass the Mexico City law in 2007) and the Partido de la

Revolución Mexicana (PRI), a right center party with generally conservative voting record on abortion and “other political parties” with much smaller representation (e.g. Green Party) as the reference group. We also included a variable to account for participants who declared not having any political affiliation. Identifying with any of the three major political parties was significantly associated with having a favorable opinion about the Mexico City law (OR 1.8 for PAN, 1.6 for PRI and 1.6 for PRD, $p < 0.001$) compared to “other party” affiliations. Not reporting a political party affiliation was positively associated with favorable abortion opinion but this result was not statistically significant. As can be expected, willingness to vote in a pro-choice referendum was significantly associated with nearly four times greater odds of favorable abortion opinion (OR 3.9, $p < 0.001$). After controlling for the variables on political participation, the positive association between awareness and favorable abortion opinion decreased slightly but remained statistically significant (the OR was reduced from 2.5 to 1.8, $p < 0.001$). The effect of the state of residence and its interaction term remain unchanged, except for Veracruz; the combination of living in Veracruz and being aware of the reforms/initiatives was significantly associated with greater odds of supporting the Mexico City law compared to compare to those living in Baja California and not aware of the reforms/initiatives (OR 2.0, $p < 0.01$).

Discussion

This was the first study to explore public opinion about abortion in the context of the conservative reforms and initiatives at the state level, also taking into consideration awareness of said legal changes and state of residency. In general, only a minority of

participants in this study were aware of the recent reforms/initiatives in abortion laws in eight states of Mexico intended to prohibit legal abortion. The majority in each state held more progressive opinions about when abortion should be legal than the reforms or initiatives would allow. Even in cases when less than one third of participants agreed with elective abortion, majorities supported legal abortion in several cases, such as rape, risk to the woman's life or health, and fetal malformations. However, all of these circumstances are in jeopardy under the new reforms. As expected in such a geographically and economically diverse country as Mexico, we found significant differences in awareness and abortion opinion between states after controlling for the interaction between these variables. The neighboring states of México and Morelos, maybe in part due to their proximity to the capital, were more likely to support abortion than the southern state of Tabasco or northern state of Sonora.

The multivariate analysis revealed that for most participants, greater awareness about the latest reforms/initiatives was significantly associated with around two fold greater odds of supporting the Mexico City law, the most progressive in the country. This suggests that these participants would also be against the latest reforms, which would roll back even the few legal circumstances available to women in those states. Greater awareness or knowledge of existing abortion laws has been shown to be positively associated with more favorable abortion opinion in previous public opinion studies in Mexico (Garcia et al., 2004; Becker et al., 2003; Palermo et al., 2009; Wilson et al., 2009; Yam et al., 2006) and the region (Martin et al., 2007). In addition, more education was significantly associated with support for the Mexico City law, which, a relationship which also has been demonstrated in previous studies (Garcia et al., 2004; Becker et al., 2003; Wilson et al.,

2009). It is possible that people with more education have more access to more information about abortion and the health consequences of restrictive abortion laws. Unlike previous public opinion studies in Mexico, sex and frequency of church attendance were not significant predictors of abortion opinion (Garcia et al., 2004; Garcia et al., 2007; Becker et al., 2003; Wilson et al., 2009). Furthermore, the relationship between awareness and abortion opinion is more complicated when we included the interaction term accounting for state of residence. In Sonora, Colima, and Tabasco, the dummy variable (state and awareness) was significantly associated with less support for the Mexico City law. Sonora and Colima had already passed reforms at the time of the study and Tabasco had a pending initiative. There are a few possible explanations for this negative relationship. First is that greater awareness about the reforms/initiatives in certain states that have a tendency to be more socially conservative solidified participants' opinions in favor of more restrictive abortion laws (i.e. less support for the Mexico City law). Also, the fact that the abortion laws had already been modified in Sonora and Colima may have afforded the laws more legitimacy and made it more socially desirable to disagree with the Mexico City law although this explanation did not hold for the other two reform states. A public opinion study on medical abortion conducted in Mexico City prior to legalization showed that one of the reasons why women disagreed with the use of that drug was because it was not legal for induced abortion (Gould et al., 2002).

How the abortion debate is framed---as a political or moral issue or one reproductive health and rights---is important in shaping of public opinion (Lamas and Bissell, 2000). In this study, we were unable to assess the content or sources of information that participants had received about the initiatives/reforms. Therefore, it is possible that some participants had

been exposed to heavily biased information by anti-choice groups who were trying to gain support for the initiatives/reforms. The anti-choice movement in Mexico is known to have increased its visibility especially since the passage of the Mexico City law. In many states, local legislators have made these changes with little or no public discussion; and the language of the reforms is such that it creates additional uncertainty for providers and women. It is still unclear whether previous legal circumstances (i.e. rape, risk to the woman's life) are still valid, which presents additional access barriers. For example, a woman who has been raped in Colima since the reform may not know about this change and still think she has the legal right to an abortion yet is denied the procedure.

Finally, self-reported political party affiliation and reported willingness to participate in a referendum to repeal the latest reforms were significantly associated with support for the Mexico City law. The first finding is interesting and questions the assumption that Mexicans align with their political party on the issue of abortion; on the contrary, those who self-identified as PAN, a party with an anti-choice platform, also support the Mexico City law. This may suggest that party affiliation is not a strong indicator of opinion regarding sexual and reproductive rights. The latter finding makes sense; people who would be willing to vote in a pro-choice referendum would also agree with the Mexico City law also.

This study also has limitations. It was a cross sectional survey and we could not draw any conclusions about causality between awareness and public opinion. As this was a large quantitative survey, we were unable to explore why we saw variation in public awareness and opinion by state or the sources of public information about the reforms/initiatives and

how that may have influenced opinion. By including the interaction term, we helped to control for this relationship. Also, we were unable to assess the type of information the public had been exposed to about the latest reforms/initiatives in order to determine whether it was accurate or bias. Future research studies should investigate factors that shape public opinion, especially exposure to media messages, as well as the impact of the legal changes on women's health. Since completion of this study, both pro-choice and anti-choice have launched campaigns in several reform states. At the time of writing 18 states have approved reforms, including Veracruz (municipalities are pending approval of the state law) and Queretaro which had pending initiatives when we conducted this study.

Our study highlights the need to have access to reliable information so that people that participate in the abortion debate have a clear idea of the ethical, legal, and public health arguments surrounding this issue. Public opinion tends to favor legal abortion in some cases, with a significant proportion of people favoring elective abortion within the first twelve weeks. However, the public needs to be more engaged in the latest round of legal changes in the states and have the opportunity to voice (through voting, town meetings, and other forums) their opinions to local legislators. Abortion public opinion surveys constitute an important research tool that can aid policy makers in drafting legislation more in tune with people's opinion and perception of abortion in Mexico.

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Table 1. Characteristics of study participants (n=6,397) and survey respondents that are in favor if the abortion occurs during the first 12 weeks.

| | Total sample | States* | | | | | | | | In favor if the abortion occurs during the first 12 weeks % |
|---|--------------|-----------------------------------|--------|---------|--------|--|-----------|---------|----------|---|
| | | where abortion laws were modified | | | | with initiatives to modify abortion laws | | | | |
| | | Baja California | Colima | Morelos | Sonora | Estado de México | Querétaro | Tabasco | Veracruz | |
| N total | 6397 | 798 | 800 | 800 | 800 | 800 | 800 | 799 | 800 | 2,818 |
| In favor if the abortion occurs during the first 12 weeks % | | 38.8 | 49.9 | 53.8 | 31.8 | 49.1 | 38.4 | 37.5 | 53.0 | |
| Sex | | | | | | | | | | |
| Male | 47.9 | 50.9 | 48.5 | 46.2 | 49.5 | 47.5 | 46.7 | 46.8 | 46.8 | 44.0 |
| Female | 52.1 | 49.1 | 51.5 | 53.8 | 50.5 | 52.5 | 53.3 | 53.2 | 53.2 | 44.1 |
| Age* | | | | | | | | | | |
| 18-19 | 5.4 | 4.6 | 4.9 | 6.9 | 5.0 | 5.7 | 6.2 | 5.6 | 4.4 | 47.2 |
| 20-29 | 29.2 | 31.6 | 28.4 | 28.7 | 28.1 | 29.9 | 28.5 | 33.6 | 24.5 | 50.4 |
| 30-39 | 21.6 | 24.3 | 20.3 | 18.8 | 20.9 | 22.1 | 23.3 | 20.1 | 23.0 | 45.1 |
| 40-49 | 19.2 | 16.6 | 19.5 | 19.5 | 20.3 | 19.6 | 18.5 | 18.1 | 22.0 | 43.3 |
| 50-59 | 11.1 | 13.0 | 11.2 | 10.8 | 11.7 | 9.8 | 11.0 | 10.9 | 10.5 | 38.0 |
| 60+ | 13.4 | 9.8 | 15.7 | 15.3 | 13.8 | 12.8 | 12.5 | 11.7 | 15.7 | 33.5 |
| Year of schooling* | | | | | | | | | | |
| None | 3.9 | 2.0 | 5.2 | 4.6 | 2.1 | 1.3 | 4.4 | 3.0 | 9.0 | 29.1 |
| 1-9 años | 60.3 | 51.8 | 64.7 | 55.2 | 63.9 | 54.7 | 59.9 | 67.0 | 65.1 | 40.9 |
| 10+ | 35.8 | 46.2 | 30.2 | 40.2 | 34.0 | 44.0 | 35.7 | 30.0 | 25.9 | 51.0 |
| Marital Status* | | | | | | | | | | |
| Never married | 22.0 | 19.4 | 22.0 | 22.4 | 21.8 | 23.9 | 24.5 | 20.7 | 20.9 | 34.8 |
| Currently married | 71.0 | 72.0 | 70.2 | 70.5 | 67.3 | 68.9 | 71.1 | 74.3 | 74.0 | 43.5 |
| Formerly married | 7.0 | 8.6 | 7.8 | 7.1 | 10.9 | 7.2 | 4.4 | 5.0 | 5.1 | 48.7 |
| Number of children* | | | | | | | | | | |
| At least one | 76.6 | 74.6 | 77.8 | 74.3 | 79.6 | 74.3 | 76.5 | 77.8 | 77.7 | 42.4 |
| None | 23.4 | 25.4 | 22.2 | 25.7 | 20.4 | 25.7 | 23.5 | 22.2 | 22.3 | 49.5 |
| Occupation* | | | | | | | | | | |
| Currently working | 45.9 | 48.5 | 43.8 | 47.3 | 47.4 | 48.6 | 45.8 | 43.9 | 41.8 | 45.2 |
| Homemaker | 31.3 | 25.3 | 33.0 | 31.1 | 27.8 | 28.6 | 32.2 | 35.9 | 36.4 | 42.3 |
| Student | 6.8 | 7.2 | 6.9 | 5.7 | 5.7 | 10.2 | 5.0 | 6.6 | 7.3 | 51.2 |
| Retired | 4.6 | 6.0 | 5.7 | 5.4 | 7.7 | 3.1 | 3.2 | 2.2 | 3.2 | 38.2 |
| Unemployed | 11.4 | 13.0 | 10.5 | 10.5 | 11.5 | 9.5 | 13.6 | 11.4 | 11.2 | 42.2 |
| Religion | | | | | | | | | | |
| Catholic | 82.6 | 74.6 | 92.2 | 79.4 | 86.0 | 80.0 | 90.9 | 73.5 | 84.5 | 44.2 |
| Other | 11.7 | 12.3 | 6.9 | 14.1 | 7.9 | 10.5 | 6.1 | 22.4 | 13.6 | 42.8 |
| None | 5.6 | 13.2 | 1.0 | 6.5 | 6.1 | 9.5 | 3.0 | 4.1 | 1.9 | 44.7 |
| Religious service attendance* | | | | | | | | | | |
| Almost never or never | 18.1 | 26.6 | 12.6 | 19.9 | 25.8 | 27.1 | 9.9 | 14.0 | 8.8 | 44.9 |
| Once a month | 31.4 | 31.7 | 23.7 | 35.9 | 31.4 | 37.5 | 37.4 | 24.3 | 29.7 | 48.0 |
| Frequently | 50.5 | 41.7 | 63.7 | 44.3 | 42.8 | 35.4 | 52.8 | 61.7 | 61.4 | 41.3 |
| Political party affiliation* | | | | | | | | | | |
| PAN | 19.6 | 33.0 | 23.6 | 22.3 | 19.9 | 14.6 | 25.5 | 8.9 | 8.9 | 47.8 |
| PRI | 29.4 | 32.3 | 35.8 | 21.3 | 29.7 | 21.4 | 12.6 | 41.1 | 41.2 | 46.2 |
| PRD | 7.4 | 6.0 | 4.1 | 10.6 | 2.6 | 12.8 | 4.0 | 11.9 | 7.3 | 46.6 |
| Other | 2.0 | 4.2 | 0.8 | 2.4 | 1.6 | 1.1 | 2.2 | 0.9 | 2.6 | 37.7 |
| None | 41.6 | 24.5 | 35.7 | 43.4 | 46.2 | 50.1 | 55.7 | 37.2 | 39.9 | 40.6 |

* Significant in favor if the abortion occurs during the first 12 weeks at the p<0.05 level.

| | States where abortion laws were modified | | | | States with initiatives to modify abortion laws | | | |
|--|--|--------|---------|--------|---|-----------|---------|----------|
| | Baja California | Colima | Morelos | Sonora | Estado de México | Querétaro | Tabasco | Veracruz |
| N | 798 | 800 | 800 | 800 | 800 | 800 | 799 | 800 |
| People aware of changes in abortion laws | 42.8 | 19.0 | 24.5 | 17.9 | 18.0 | 14.7 | 27.6 | 18.1 |
| People in favor of elective abortion up to 12 weeks of gestation | 38.8 | 49.9 | 53.8 | 31.8 | 49.1 | 38.4 | 37.5 | 53.0 |
| Supports abortion in case of: | | | | | | | | |
| Elective abortion | 23.7 | 27.5 | 31.4 | 22.6 | 30.8 | 30.4 | 13.6 | 26.7 |
| Fetal abnormality | 58.3 | 55.0 | 64.9 | 68.1 | 65.3 | 59.4 | 48.4 | 59.1 |
| Pregnancy poses a risk to the life of the woman | 69.5 | 60.6 | 69.6 | 71.4 | 66.7 | 65.9 | 55.0 | 61.1 |
| Financial reasons | 25.5 | 31.3 | 32.9 | 26.2 | 33.2 | 29.0 | 19.7 | 26.9 |
| Rape | 67.2 | 45.6 | 67.9 | 66.0 | 69.6 | 61.9 | 45.2 | 58.4 |
| Pregnancy poses a risk to the health of the woman | 69.2 | 50.8 | 66.4 | 61.6 | 58.4 | 63.7 | 47.7 | 61.4 |
| Woman is HIV+ or has AIDS | 63.9 | 50.8 | 52.6 | 67.6 | 64.2 | 50.0 | 45.1 | 54.2 |
| Failure of contraceptive method | 20.3 | 26.7 | 25.9 | 20.7 | 26.7 | 25.9 | 12.6 | 24.0 |

Table 3. Logistic regression Model (Odd ratios) of correlates of being in favor if the abortion occurs during the first 12 weeks.

| Variable | Model 1 | Model 2 | Model 3 |
|--|---------|---------|---------|
| Awareness of modification/initiatives to change the Law | | | |
| No ^a | — | — | — |
| Yes | 2.4*** | 2.5*** | 1.8*** |
| State | | | |
| Baja California ^a | — | — | — |
| Colima | 2.2*** | 2.6*** | 2.7*** |
| México | 2.0*** | 2.1*** | 2.0*** |
| Morelos | 2.1*** | 2.3*** | 2.5*** |
| Querétaro | 1.3** | 1.5*** | 1.6*** |
| Sonora | 1.1 | 1.2 | 1.3 |
| Tabasco | 1.3* | 1.5** | 1.8*** |
| Veracruz | 2.2*** | 2.6*** | 2.7*** |
| <i>Interaction Awareness & State</i> | | | |
| <i>Aware & Colima</i> | 0.5** | 0.5** | 0.6* |
| <i>Aware & México</i> | 0.7 | 0.7 | 0.9 |
| <i>Aware & Morelos</i> | 1.2 | 1.1 | 1.5 |
| <i>Aware & Querétaro</i> | 0.8 | 0.7 | 0.7 |
| <i>Aware & Sonora</i> | 0.3*** | 0.3*** | 0.5** |
| <i>Aware & Tabasco</i> | 0.5** | 0.5*** | 0.6* |
| <i>Aware & Veracruz</i> | 1.4 | 1.3 | 2.0** |
| Sex | | | |
| Male ^a | — | — | — |
| Female | — | 1.0 | 1.0 |
| Age | | | |
| Age | — | 1.0 | 0.98† |
| Age ² | — | 1.0 | 1.0 |
| Year of schooling | | | |
| None ^a | — | — | — |
| 1-9 años | — | 1.6*** | 1.4** |
| 10+ | — | 2.2*** | 1.9*** |
| Marital Status | | | |
| Never married ^a | — | — | — |
| Currently married | — | 1.2 | 1.1 |
| Formerly married | — | 1.0 | 1.0 |
| Number of children | | | |
| None ^a | — | — | — |
| At least one | — | 0.9 | 0.9 |
| Occupation | | | |
| Currently working ^a | — | — | — |
| Homemaker | — | 1.0 | 1.0 |
| Student | — | 0.9 | 0.9 |
| Retired | — | 1.2 | 1.3 |
| Unemployed | — | 1.0 | 1.0 |
| Religious service attendance | | | |
| Almost never or never ^a | — | — | — |
| Once a month | — | 1.1 | 1.1 |
| Frequently | — | 0.9 | 0.87† |
| Political party affiliation | | | |
| Other ^a | — | — | — |
| PAN | — | — | 1.8*** |
| PRI | — | — | 1.6** |
| PRD | — | — | 1.6** |
| None | — | — | 1.3 |
| Disposition to support actions pro-abortion | | | |
| No ^a | — | — | — |
| Yes | — | — | 3.9*** |
| Number of cases | 6,397 | 6,397 | 6,397 |

^a Reference category.

†p<.10; *p<.05; **p<.01; ***p<.001