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# Story Circles and abortion stigma in Mexico: a mixed-methods evaluation of a new intervention for reducing individual level abortion stigma

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## ABSTRACT

This study presents the results of an evaluation of a Story Circles intervention to reduce individual level abortion stigma among women who have experienced abortion in Mexico. Using a mixed-methods approach, the study explored whether participation in the intervention reduced 18 women's experience of stigma one month after having participated. The study used the Individual Level Abortion Stigma Scale (ILAS Scale), qualitative interviews and focus groups to gain an understanding of women's experiences of the intervention and any changes in stigmatising feelings. Findings suggest that the Story Circles offered women a place to talk about their abortion in an affirmative and supportive environment, unlike the context of their daily lives where stigma generated silence and affected their well-being. Participants were able to build trust, share their experiences, create connections and transform their perception of their abortion from a negative experience to one that was empowering and life-affirming. This also led to other significant positive changes in their lives. The paper offers recommendations about programme and intervention design and implementation for practitioners working to reduce individual level stigma among women who have experienced abortion.

## ARTICLE HISTORY

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## KEYWORDS

abortion; stigma; reduction; Story Circles; Mexico

## Introduction

Abortion in Mexico is experienced at the nexus of a complex political, religious and cultural context in which advances in women's sexual and reproductive rights are met with resistance from conservative forces that seek to restrict women's decisions (Amuchástegui 2013; Sorhaindo et al. 2014; Sorhaindo et al. 2016; McMurtrie et al. 2012). A strong social mandate, linked to Catholic morality, idealises motherhood and seeks to promote the idea of female sexuality as being solely for reproductive purposes (Amuchástegui 2013; Kumar, Hessini and Mitchell 2009). Feminist organisations

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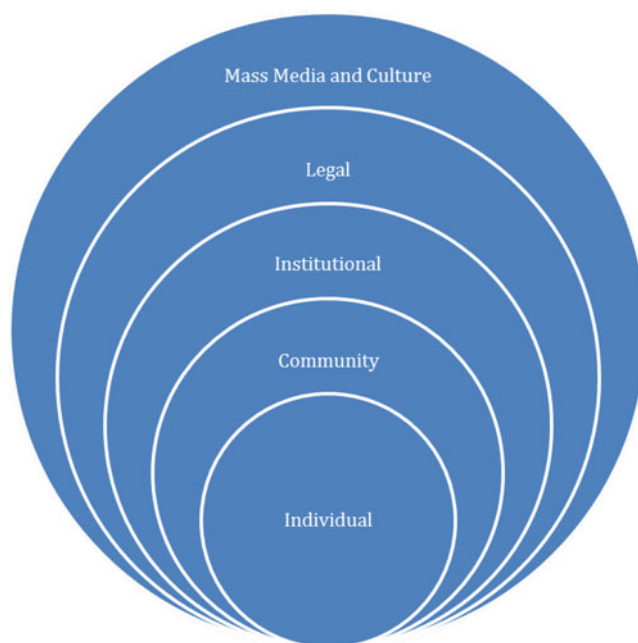
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work to ensure that women facing an unwanted pregnancy have the information and support required to make a decision regarding termination of pregnancy that is right for them, and to access safe abortion services. Abortion was decriminalised in Mexico City in 2007 yet remains legally restricted outside Mexico City. Stigmatising attitudes towards women who have elective abortions are common among the general population (McMurtrie et al. 2012), particularly outside Mexico City (Sorhaindo et al. 2016).

While abortion is one of the most common gynaecological experiences globally (Singh et al. 2018), the socio-cultural meanings attached to the termination of pregnancy and the impact of the procedure on women differ dramatically according to context (Kumar, Hessini and Mitchell 2009). Abortion stigma can be understood as a social process of devaluing, disqualifying or discriminating against women who have abortions, those who assist people to access abortion and abortion providers (Kumar, Hessini and Mitchell 2009; Norris et al. 2011; Harris et al. 2011), and is based on a shared understanding that abortion is morally wrong (Cockrill, Herold et al. 2013). Abortion stigma towards women who have abortions manifests itself as 'a negative attribute ... that marks them as inferior to ideals of womanhood' (Kumar, Hessini and Mitchell 2009, 628). The Ecological Model of Abortion Stigma (Kumar, Hessini and Mitchell 2009; LeTourneau 2016, 3) (Figure 1) demonstrates how abortion stigma manifests at different social levels (media, law and policy, institutional, community and individual) and has an impact on women's experience of and access to abortion. It also acknowledges that 'abortion stigma is inextricably tied to other forms of oppression, especially sexism, racism and socio-economic inequality' (Hessini 2014, 618).

Evidence suggests that globally women experience a diverse range of emotions post-abortion (Goodwin and Ogden 2007), most commonly a sense of relief (Adler



**Figure 1.** The Ecological Model of Abortion Stigma (Kumar, Hessini and Mitchell 2009, adapted in LeTourneau 2016, 3).

et al. 1990; Biggs et al. 2017). Yet, abortion stigma, conservative gender norms and the different legal and social contexts in which unwanted pregnancies occur can result in abortion experiences that affect women emotionally and influence their well-being (Major and Gramzow 1999; American Psychological Association, Task Force on Mental Health and Abortion 2008; Lafaurie et al. 2005; Kimport, Foster and Weitz 2011; Shellenberg et al. 2011; Kimport 2012). Studies have found that a significant number of women who seek abortions experience stigma (Cockrill, Upadhyay et al. 2013; Shellenberg and Tsui 2012; Major and Gramzow 1999). This can occur despite the fact that women believe they made the correct decision (Cockrill and Nack 2013; Sorhaindo et al. 2014). Perceived stigma (feeling that one will be judged or treated differently by others for having an abortion) and internalised stigma (taking on the negative attitudes of others as one's own) are an issue for many women who choose abortion (Shellenberg and Tsui 2012; Astbury-Ward, Parry and Carnwell 2012; Cockrill and Nack 2013; Sorhaindo et al. 2014; American Psychological Association, Task Force on Mental Health and Abortion 2008). Studies also show that stigma contributes to women remaining silent about their abortion experiences (Kimport, Foster and Weitz 2011; Shellenberg et al. 2011; Herold, Kimport and Cockrill 2015; Rostagnol 2005; Cockrill and Nack 2013; Cockrill, Upadhyay et al. 2013; Sorhaindo et al. 2014; Astbury-Ward, Parry and Carnwell 2012). Some women use silence to mitigate stigma (Cockrill and Nack 2013), yet prolonged silence can lead to negative mental health outcomes for women (Major and Gramzow 1999), result in a lack of emotional support (Sorhaindo et al. 2014) and contribute to a broader social silence around women's abortion experiences (Cockrill and Nack, 2013; Cockrill and Biggs 2018).

Previous studies have shown that stigma is not inevitable and can be mitigated through various strategies (Hoggart 2017). Some researchers have recommended that interventions that include non-judgemental support could improve women's emotional outcomes post-abortion (Kimport, Perrucci and Weitz 2012; Littman, Zarcadoolas and Jacobs 2009, 419). Cockrill and Biggs (2018) have demonstrated that exposure to abortion stories in a safe space can be conducive to reducing stigmatising attitudes towards women who have had an abortion. Bloomer, O'Dowd and Macleod (2017) have argued that dialogical processes, like those generated in adult education settings, can work to challenge patriarchal and religious framings of abortion. In the Mexican context, reflective processes have allowed many women to recognise their abortion experience as transformative and life-affirming (Ortíz Ramírez 2016a, 2016b). Yet there is a general lack of evidence about the effectiveness of interventions that aim to reduce abortion stigma, especially at the individual level (Kumar, Hessini and Mitchell 2009; Cockrill, Herold et al. 2013; Littman, Zarcadoolas and Jacobs 2009; Hanschmidt et al. 2016). This is particularly the case outside the USA.

This study presents the results of an evaluation of The Story Circle Project, a pilot intervention implemented by a Mexican feminist civil society organisation, to reduce individual level abortion stigma among women who have experienced abortion. Using mixed methods, the evaluation measured whether participation in the intervention reduced women's experience of individual level stigma one month after having participated and explored women's expressed experiences of the intervention and their perceptions of changes in stigmatising feelings after the intervention. The study was

reviewed by the *Universidad Autónoma Metropolitana* of Mexico in line with an in-country ethical review protocol. All participants gave informed consent in writing before participating, and pseudonyms are used throughout this paper.

## The Story Circle Project

The Story Circle Project was designed as an individual level abortion stigma intervention that created space for women who have experienced abortion to come together, share their stories, create connections with other women and explore together what this decision has meant for them in their lives. The approach was informative as it sought to dispel myths and misinformation using a rights-based feminist perspective. It was also reflexive and experiential in that it took real-life experiences as material for reflection and exploration of emotions, beliefs and feelings through radical listening and acceptance. Ultimately, it aimed to generate support and a sense of community and create an environment that offered women the opportunity to re-signify their experience of abortion.

The intervention was designed as a four-session programme<sup>1</sup> of facilitated discussion involving groups of 8–10 women who had previously experienced abortion. It was designed in direct response to a need for safe spaces to talk about abortion expressed by women who have had abortions. It also aimed to fill a gap in post-abortion support offered by feminist and rights-based organisations outside Mexico City. The approach was based on a successful feminist post-abortion individual counselling programme called Accompaniment after a Safe Abortion (or ADAS, for its initials in Spanish), developed in Mexico since 2006<sup>2</sup> (Ortíz Ramírez 2016a). The Circles were also influenced by elements from ‘consciousness-raising’ circles from the feminist movement of the late sixties, and ethical storytelling work about abortion from organisations such as Sea Change (AbiSamra, Herold and Cockrill 2015) and Exhale (2011). The Story Circle programme included interactive and creative activities covering a variety of relevant topics to generate reflection and self-expression. Each session built on the previous session, and all participants participated in all activities in each session.

In 2017, the first year of the project, a feminist activist network carried out a pilot of the Story Circles in four different states of Mexico (Chiapas, Jalisco, Puebla and Tlaxcala). Each Circle had two volunteer facilitators who were all women activists from the network with extensive experience in assisting women to access abortion in legally restricted settings. The facilitators joined the project because they were interested in offering post-abortion follow-up to women as a continuation of their role in the support process. In June 2017, the facilitators came together from the four states and were trained in the Story Circle approach. They then returned to create Circles with in their own communities, which included finding participants (a 3–4-week recruitment process), preparing materials and spaces and finally facilitating the four, weekly sessions.

## Methods

We conducted a process and outcome evaluation to determine the feasibility and effectiveness of the intervention. In our assessment of process, we examined how the project was delivered in each setting, and whether the intervention design was

adequate and well received across different local contexts. To explore the outcomes of the Circles, we asked: (1) did participation in The Story Circle Project reduce women's experience of individual level stigma after the intervention; (2) what were women's expressed experiences of the intervention and its impact; and (3) did women's experiences align with the objectives of the intervention?

### ***Participant recruitment***

Story Circle participants were recruited using various methods, including contacting women who had previously accessed abortion through the network, online through paid Facebook advertisements, referral from allied organisations and services and dissemination of flyers and presentations in universities. All participants were invited to participate in an intake interview with the facilitators before starting the Circle in order to ensure the appropriateness of the intervention for each woman. All participants were over 18 years of age, had had their abortion within the last two years and considered that they made the right decision according to their own criteria.<sup>3</sup> Twenty women in total participated across the four states in 2017, of which 18 completed the programme and participated in the evaluation.<sup>4</sup> According to local organisational policy, participants were not compensated for taking part in the evaluation.

### ***Data collection and analysis***

We collected information about the outcomes of the project using a variety of methods. To measure any changes in women's individual experience of stigma, we administered a pre- and post-structured questionnaire. The questionnaire asked about participants' socio-demographic backgrounds and the level of stigma they experienced using the Individual Level Abortion Stigma Scale (ILAS Scale) in Spanish (Cockrill, Upadhyay et al. 2013). The ILAS Scale is a 20-item theory-based, validated scale, which includes four sub-scales to measure different dimensions of individual stigma among women who have had an abortion. It can be used to evaluate the efficacy of programmes that aim to reduce abortion stigma (Cockrill, Upadhyay et al. 2013). The questionnaire also included two additional questions to gauge the influence of religious beliefs on women's experience of abortion stigma, as this has been shown to be particularly influential in women's experiences in Mexico (Sorhaindo et al. 2014). These statements were: 'I feel marked for having had an abortion' and 'I believe that God will punish me for having had an abortion'. Women responded to these statements using a 5-point Likert scale measuring how much they agreed or disagreed with each statement.

Participants completed the questionnaire before participating in the first Story Circle session and again one month after the Circle's conclusion. The questionnaire was available both online and in paper form according to the participant's preference. Results were later analysed using the Excel AnalysisToolPak. Differences in mean scores on the ILAS Scale pre- and post-intervention were calculated for each of the sub-scales and the overall scale using 2-tailed t-tests.

To gain further insight into the outcomes of the project and understand participants' experiences of the intervention in their own words, we also interviewed 12

participants and conducted four focus groups (one in each state). In the focus groups, participants were asked about the context of abortion stigma in their state, the intervention design and their expectations and experience of the Circle. The interviews included questions about the context of the pregnancy and abortion, their experiences of stigma prior to the intervention, the experience of the intervention and finally self-perceived changes in experiences of stigma after having participated in the Circle. Interviews and focus groups took place one month after the conclusion of each Circle. Interviews were between 60 and 90 minutes in length and focus groups between 60 and 120 minutes. All interviews and focus groups were conducted by the same person using a guide and were later transcribed and coded using a thematic analysis. We conducted three interviews and a focus group in the design phase of the intervention to test the guides and establish a loose coding framework from themes that emerged across the interviews. This framework was later used to code the 12 interviews conducted after project implementation, with new themes added as they emerged.

## Results

### Circle participants

Eighteen women attended at least three sessions of the Story Circle programme and participated in the evaluation (Table 1). Of the 18 participants, 12 participated in an individual interview, 14 in focus groups, and 16 completed the pre- to post-survey.<sup>5</sup> The average age of the 18 women who participated in the evaluation was 24 years, with a range of 19–32 years. Seven women reported having a partner. Two were married or in a civil union. One was divorced, and six said they were single at the time of the evaluation. The majority of women had either an undergraduate or postgraduate degree, and just over half were employed. Eleven women self-identified as Catholic, and four claimed they did not practise a religion, but did believe in God.

Eleven women who participated in the evaluation reported having had one abortion. Four had previously had two abortions. The majority of women had no children. Most of the women included in the evaluation had a medical procedure for their most recent abortion, and six had a surgical procedure. Three women's abortions were legal under Mexico City law, while 15 women had their abortions in states where elective abortion is criminalised. A majority of women had their abortions in a private facility or at home. Most women were accompanied to the procedure, most frequently by their partner or friend, but also by family members.

### Circle implementation

Facilitators were able to successfully implement the Circles, finishing the 4-week programme in all four states. In three of the four states, facilitators faced considerable obstacles in the recruitment of Circle participants. Only one state reached the intended minimum of eight participants. Having a clear structured plan, using a variety of recruitment methods consistently over the recruitment period and paying for advertising on social media proved to be the most effective strategies. In states where activists were less connected to other organisations and allies or had other significant

**Table 1.** Participant characteristics (n = 18).

|   | n (%)     |
|---|-----------|
| <i>Age</i>                                      |           |
| Mean  | 24.4      |
| Range   | 19–32     |
| <i>Marital status</i>                           |           |
| Girl/boyfriend                                  | 7 (38.9)  |
| Single  | 7 (38.9)  |
| Married   | 2 (11.1)  |
| Civil union                                     | 1 (5.5)   |
| Divorced  | 1 (5.5)   |
| <i>Last level of education completed</i>        |           |
| High school                                     | 5 (27.7)  |
| University                                      | 10 (55.5) |
| Post-graduate                                   | 3 (16.6)  |
| <i>In paid employment</i>                       |           |
| No  | 8 (44.4)  |
| Yes   | 10 (55.5) |
| <i>Religion</i>                                 |           |
| Catholic  | 11 (61.1) |
| Christian                                       | 1 (5.5)   |
| I do not practise but I believe in God          | 5 (27.7)  |
| I do not believe in God                         | 1 (5.5)   |
| <i>Number of previous pregnancies</i>           |           |
| 1   | 13 (72.2) |
| 2   | 3 (16.6)  |
| 3   | 2 (11.1)  |
| <i>Number of abortions</i>                      |           |
| 1   | 12 (66.6) |
| 2   | 5 (27.7)  |
| 3   | 1 (5.5)   |
| <i>Number of children</i>                       |           |
| 0   | 16 (88.8) |
| 1   | 2 (11.1)  |
| <i>State where last abortion was conducted*</i> |           |
| Chiapas   | 4 (22.2)  |
| Guerrero  | 1 (5.5)   |
| Jalisco   | 1 (5.5)   |
| Mexico City                                     | 3 (16.6)  |
| Puebla  | 2 (11.1)  |
| Tlaxcala  | 7 (38.8)  |
| <i>Type of abortion</i>                         |           |
| Medical   | 12 (66.6) |
| Surgical  | 6 (33.3)  |
| <i>Location of service</i>                      |           |
| Public facility                                 | 1 (5.5)   |
| Private facility                                | 8 (44.4)  |
| At home   | 9 (50.0)  |
| <i>Whether accompanied</i>                      |           |
| No  | 5 (27.7)  |
| Yes   | 13 (72.2) |
| <i>By whom?</i>                                 |           |
| Friend  | 5 (38.4)  |
| Partner   | 6 (46.1)  |
| Family member                                   | 2 (15.3)  |
| <i>Recruited to the Circles</i>                 |           |
| Through the network                             | 10 (55.6) |
| Through other means**                           | 8 (44.4)  |

\*Abortion is legal in Mexico City on request up to 12 weeks of gestation. In the rest of the country, legal indications establish whether abortion is legal or not, and vary from state to state. Pregnancy as a result of rape is the only indication that exists in all states of Mexico. All Story Circle participants live in states where elective abortion is criminalised.

\*\*Facebook advertisements, allied organisations, and dissemination of information in person.



time commitments outside their voluntary work, recruitment proved more challenging. Story Circle participants reported that low recruitment numbers did not impact negatively on their experience of the Circle.

### ***Measuring stigma***

To learn more about the results of the Circles, we used the ILAS questionnaire to determine if participating in the Circles had an impact on women's experience of individual level abortion stigma. Moreover, we wanted to know what specific dimensions of individual level abortion stigma were influenced. The dimensions of abortion stigma measured by the ILAS Scale are: 'worries about judgement', 'isolation', 'self-judgement' and 'community condemnation'. Each dimension is represented by a sub-scale. The ILAS sub-scales were assessed individually, and then scores were calculated and analysed for the full scale (Table 2). Lower scores on the sub-scales, and the full scale, represent a decrease in individual level abortion stigma.

The analysis found a significant difference between the pre-intervention and post-intervention scores on the sub-scale for 'isolation'. The score decreased from a mean of 1.17 prior to the intervention to a mean of 1.04 after the intervention. The difference was statistically significant at the level  $p=0.000$ , demonstrating a decrease in this dimension of individual level abortion stigma.

None of the other sub-scales demonstrated a statistically significant difference between the pre- and post-intervention mean scores. However, the average score for the sub-scale 'worries about judgement' decreased from 1.44 pre-intervention to 1.17 post-intervention. In addition, the score for the full ILAS Scale decreased from a mean of 1.67 pre-intervention to 1.59 post-intervention. It is possible that these differences would have been statistically significant in a larger sample.

Results were also analysed for two additional statements about religion that were included in the questionnaire. In both cases, women were less likely to agree with the statement after they participated in the intervention (Table 3). For the first statement, 'I feel marked for having had an abortion', this difference was statistically significant, decreasing from 1.85 before the intervention to 1.37 after the intervention. This difference in means was found to be significant at the level of  $p=0.04$ .

These findings suggest that after participating in The Story Circle Project women felt less individual level stigma with regard to isolation. This finding is congruent with the aim of the intervention, which is designed to generate support and a sense of community for women who have experienced an abortion. Women were also less likely to report feeling marked by their abortion after participating in the intervention, which is an important result for the context of Mexico.

### ***Women's experiences of the Circles***

The intervention was well received across the different states. We found no evidence to suggest that the intervention was better suited to any particular local context, or that results were variable depending on the Circle.

**Table 2.** Paired t-test of changes in ILAS scale score pre- and post-intervention (n = 16).

|  | Pre-intervention |             | Post-intervention |             | Significance |              |
|--|------------------|-------------|-------------------|-------------|--------------|--------------|
|  | Mean             | SD          | Mean              | SD          | t            | p*           |
| <b>Worried about judgement sub-scale</b>   | <b>1.44</b>      | <b>0.79</b> | <b>1.17</b>       | <b>0.79</b> | <b>1.83</b>  | <b>0.08</b>  |
| <i>The following questions are about the things you worried about around the time of your abortion. Make the selection that best describes what you worried about. [Not worried (0); A little worried (1); Quite worried (2); Extremely worried (3)]</i>               |                  |             |                   |             |              |              |
| Other people might find out about my abortion  | 1.50             | 1.09        | 1.37              | 0.88        |              |              |
| My abortion would negatively affect my relationship with someone I love  | 1.50             | 0.96        | 1.31              | 0.87        |              |              |
| I would disappoint someone I love  | 1.87             | 1.02        | 1.43              | 1.03        |              |              |
| I would be humiliated  | 1.06             | 0.99        | 1.12              | 1.08        |              |              |
| People would gossip about me   | 1.25             | 1.00        | 0.87              | 1.02        |              |              |
| I would be rejected by someone I love  | 1.37             | 1.02        | 1.06              | 0.92        |              |              |
| People would judge me negatively   | 1.56             | 1.20        | 1.06              | 1.12        |              |              |
| <b>Isolation sub-scale</b>   | <b>1.17</b>      | <b>0.71</b> | <b>1.04</b>       | <b>0.68</b> | <b>4.18</b>  | <b>0.00*</b> |
| <i>The following questions are about talking to your close friends and relationships about your abortion. Think about your most recent abortion. Make the selection that best describes your experience. [Never (0); Once (1); More than once (2); Many times (3)]</i> |                  |             |                   |             |              |              |
| I have had a conversation with someone that I am close with about my abortion**  | 0.93             | 0.77        | 1.12              | 0.88        |              |              |
| I was open with someone that I am close with about my feelings about my abortion**   | 1.12             | 0.95        | 0.93              | 0.85        |              |              |
| I felt the support of someone that I am close with at the time of my abortion.**   | 1.12             | 1.02        | 1.25              | 0.85        |              |              |
| I can talk to the people I am close to with information about my abortion.**#  | 1.31             | 1.19        | 0.68              | 0.87        |              |              |
| I can trust the people I am close to with information about my abortion.**#  | 1.43             | 1.20        | 0.87              | 1.02        |              |              |
| When I had my abortion, I felt supported by the people I was close with.**   | 1.12             | 1.02        | 1.37              | 1.36        |              |              |
| <b>Self-judgement sub-scale</b>  | <b>2.00</b>      | <b>1.21</b> | <b>2.02</b>       | <b>1.04</b> | <b>0.14</b>  | <b>0.88</b>  |
| <i>The following questions are about how you felt around the time of your abortion. Please make the selection that best describes your feelings. [Strongly disagree (0); Disagree (1); Neither agree nor disagree (2); Agree (3); Strongly agree (4)]</i>              |                  |             |                   |             |              |              |
| I felt like a bad person   | 2.12             | 1.45        | 2.68              | 1.19        |              |              |
| I felt confident I had made the right decision**   | 1.62             | 1.25        | 1.56              | 1.26        |              |              |
| I felt ashamed about my abortion   | 1.50             | 1.41        | 1.68              | 1.13        |              |              |
| I felt selfish   | 2.18             | 1.47        | 2.00              | 1.36        |              |              |
| I felt guilty  | 2.56             | 1.54        | 2.43              | 1.36        |              |              |
| <b>Community condemnation sub-scale</b>  | <b>3.12</b>      | <b>0.95</b> | <b>3.28</b>       | <b>0.81</b> | <b>0.61</b>  | <b>0.54</b>  |
| <i>The following questions are about the community you lived in around the time of your abortion. How many people in your community held the following beliefs? [No one (0); A few people (1); About half the people (2); Many people (3); Most people (4)]</i>        |                  |             |                   |             |              |              |
| Abortion is always wrong   | 3.12             | 1.02        | 3.43              | 0.89        |              |              |
| Abortion is the same as murder   | 3.12             | 1.02        | 3.12              | 0.80        |              |              |
| <b>Full scale</b>  | <b>1.67</b>      | <b>0.67</b> | <b>1.59</b>       | <b>0.60</b> | <b>0.91</b>  | <b>0.37</b>  |

Higher scores on the ILAS scale indicate higher levels of abortion stigma.

\*p ≤ 0.05 indicates a statistically significant difference between pre-intervention and post-intervention scores.

\*\*Item is reverse coded.

#Question uses the five 'strongly agree' to 'strongly disagree' answer options used in self-judgement sub-scale.

**Table 3.** Paired t-test of changes in responses to questions related to abortion stigma and religion, pre- and post-intervention (n = 16).

|   | Pre-intervention |      | Post-intervention |      | Significance |       |
|---|------------------|------|-------------------|------|--------------|-------|
|   | Mean             | SD   | Mean              | SD   | t            | p*    |
| <i>The following questions are about how you felt around the time of your abortion. Please make the selection that best describes your feelings. [Strongly disagree (0); Disagree (1); Neither agree nor disagree (2); Agree (3); Strongly agree (4)]</i> |                  |      |                   |      |              |       |
| I feel marked for having had an abortion  | 1.85             | 1.40 | 1.37              | 1.14 | 2.23         | 0.04* |
| I believe that God will punish me for having had an abortion  | 1.31             | 1.30 | 0.93              | 1.34 | 1.00         | 0.33  |

\* $p \leq 0.05$  indicates a significant difference between the means.

Participants expressed a variety of motivations for attending the Circles, and many of these aligned with the literature on the pervasiveness and impact of individual level abortion stigma, particularly in a context where abortion is criminalised (Shellenberg et al. 2011). We found no difference in experiences of stigma between participants who travelled to Mexico City for their procedure and those who obtained abortions in the criminalised contexts of their own states. Our findings imply that this is because all participants live in contexts where elective abortion is criminalised, both legally and socially, and this influences participants' experiences of stigma. Women expressed that they had unresolved emotions about their abortion, had experienced guilt or shame at some point<sup>6</sup> or felt the need to meet others who had experienced abortion. All the participants said they felt they had made the right decision to have an abortion, yet most came to the Circles because they wanted to express how they felt about their experience or process their emotions. Two participants expressed doubt about whether or not they should feel guilty about their decision and thought the Circle could help them clarify this.

### ***Building trust***

Creating a safe space by building trust proved essential to the success of the Circles. Various women mentioned being nervous at the start, but the facilitators and other women put them at ease. Many also said that hearing other women tell their stories gave them the confidence to open up and speak about their experience to other women who were effectively 'strangers':

... At first you feel embarrassed (*pena*) and you think, how can I talk about this? But all by itself the situation happens (*se va dando*) and you open up and you say, well there is trust here, there is confidentiality ... (Carla, aged 19, Tlaxcala)<sup>7</sup>

### ***Sharing and connecting with others***

Sharing experiences also allowed women to build connections with other participants. Women referred to being heard, meeting others with similar experiences and learning from others as being an important part of their experience. Many women expressed surprise at hearing such diversity in other women's experiences and expressed gratitude at the opportunity to dispel myths and misinformation to better understand the issue of abortion.

There was the space to express myself. There was also the opportunity to be heard and the opportunity to hear the experiences of others. Sometimes we think something only happens to us, when it is not like that. When you listen to other women and you see that they went through similar situations ... (Lisa, age 28, Chiapas)

### ***Reducing stigmatising feelings***

Sharing and connecting in a safe space helped reduce stigmatising feelings for the participants. All of the women interviewed spoke about feeling a sense of well-being. This was expressed as 'letting go of a stone', 'leaving things behind', 'finding a place for this experience in one's life', 'forgiving oneself and others', 'closure' (*cerrar ciclos*), as well as feeling 'lighter', 'freer', 'less guilty', 'more secure', 'relieved', 'energised', 'at peace' (*tranquila*) and 'ready to take on the world' (*ganas de comerme el mundo*).

Most women interviewed expressed that they had felt some kind of shame or guilt about their abortion before having participated in the Circles, and that now they did not feel this. For half of the women who felt guilt, their feelings were linked to religious beliefs. One woman had an abortion due to an ectopic pregnancy. The pregnancy had been desired and planned, so she felt that she was being punished for having had an elective abortion some years earlier:

I believed that God was punishing me ... so when I started to see religion as something that can also influence how you feel about abortion I said, I don't think I alone did myself this damage to be thinking this. They are different episodes, they're isolated, many years apart, and that's when I understood, I should separate them, not compare them. (Lisa, age 28, Chiapas)

Some women said that after participating in the Story Circles they felt less fear of judgement when talking about their abortion experience with others, and many felt that the Circle had reaffirmed and given them more confidence in their decision:

[I] found the trust to share different stories and that yours is one more of those, but not in a bad way, rather so that it encourages you and makes you feel, up to a point, good and proud of the decision you have made. (Carmen, age 24, Tlaxcala)

### **Re-signifying the abortion experience**

The overarching result of the Story Circles was a transformation in the way women viewed their abortions after the Circles. When women re-told their abortion stories to the interviewer, many of the women expressed a sense of resilience and being their own ally when confronting difficult or critical situations. This stood in contrast to the stories of victimhood that characterised many of the intake interviews. Women also spoke about feeling an increased level of autonomy or recognised that they had exercised autonomy when choosing an abortion, something that they had not realised before.

For two women, the Circles helped confirm that they did not feel guilty about their decision, and that this was valid. Another woman, who had previously felt like her abortion did not mean much, said that the Circle helped her value her abortion as an important experience in her life:

My opinion about abortion hasn't changed; I believe that it is our decision because it is our body. But my opinion about my abortion has changed. I think that I now appreciate it a bit more. Now it's not like, I just got a tooth pulled out, or my hair fell out, instead it's like recognising that the abortion was a turning point to be able continue with my life plans. (Bárbara, age 23, Chiapas)

### **Life transformations**

Women expressed how the Story Circles not only changed how they felt about their abortion, but also led them to reflect about other areas of their lives where they would like to make changes. For many women, this involved setting boundaries in certain relationships such as with their families and partners. One woman decided to move cities to fulfil a lifelong dream. Another woman went to see a doctor about a health problem that was worrying her, but she was avoiding. Others also felt the desire to tell loved ones about their abortion after having shared their experience in the Circles:

Because of the Circle, my older sister now knows about my two abortions ... My fear of telling her was that she wouldn't love me any more ... [but] she told me beautiful things, beautiful, beautiful ... [and now] ... I want to share it with my mother. I want to share with her that I have made decisions that have helped me a lot, they have comforted me and have been the best decisions of my life. (Karen, age 30, Jalisco)

### **Discussion**

Findings from the Story Circles suggest that the intervention was successful in assisting women to re-signify their abortion experience, from a negative and stigmatising experience to a positive and life-affirming decision. Participants could identify the reasons why they chose to have an abortion, acknowledged that these reasons were personally relevant and valuable and in doing so felt more confidence in their decision. In line with the literature, although all the women felt that they had made the right decision to have an abortion before coming to the Circles, this did not change the fact that many had felt a sense of self-doubt, guilt or uneasiness (Cockrill and Nack 2013; Sorhaindo et al. 2014). At the end of the Circles, most women could identify where this unease came from. It was not something self-generated, but rather imposed on them by society.

In contrast with the stigmatising context of their everyday lives, women were able to build trust, share and create connections and reflect on their experiences in a way that was affirmative and not re-victimising. Many women said they saw themselves reflected in other women, and that these connections were powerful in creating closeness and reducing stigmatising feelings. This was confirmed in the results of the ILAS questionnaire, which showed that women felt less 'isolation' after participating in the Circles.

While not an explicit objective of the intervention, we found that many women wished to tell others close to them about their abortion after participating in the Circle. Few women had previously spoken about their abortion except with a small circle of friends or with partners. As was the case in other studies, women often

remained silent about their abortions due to stigma (Kimport, Foster and Weitz 2011; Rostagnol 2005; Cockrill and Nack 2013; Cockrill, Upadhyay et al. 2013; Sorhaindo et al. 2014; Astbury-Ward, Parry and Carnwell 2012). After the Story Circles, four women shared their abortion experience with their family or current partner, and seven others expressed a desire to share their experience with someone close to them in the future.<sup>8</sup> Future research could explore whether disclosing their abortion outside the Circle has an impact on women's experience of stigma, or on attitudes about abortion among those close to them.

### ***Limitations and other considerations***

It is important to recognise that this was a pilot study and therefore has several limitations. The sample of participants was small, no control group was included in the study and women who participated may have been biased towards having lower levels of stigma in the first place. Our findings are not representative of women who have abortions in Mexico and cannot be generalised. The small number of participants limited what results could be discerned from the quantitative data.

The evaluation also showed that the time-intensiveness of the intervention also makes The Story Circle Project limited in terms of replicability and scalability. A single-session intervention, while limited in terms of topics covered, could be more feasible. However, our results showed that the nature of stigma and its relation to gender inequality are complex issues that require time to consider and reflect upon. Further testing would be required to determine if a shorter intervention produced comparable results in terms of reducing stigma.

### ***Implications***

The findings of this pilot study support the notion that it is important to offer women safe spaces in which to explore the emotional side of abortion, dispel myths and offer accurate information about abortion and abortion stigma (Goodwin and Ogden 2007; Littman, Zarcadoolas and Jacobs 2009; Kimport, Perrucci and Weitz 2012), particularly in social, political and religious contexts where stigma has significant negative impacts on women's emotional and mental health (Ortiz Ramírez 2016b). The study also offers important insights about programme design and implementation to ensure the best results for small-scale interventions implemented by volunteers. As with other in-person interventions (Harris et al. 2011; Cockrill and Biggs 2018), participant recruitment, retention and diversity remained an issue. We recommend increasing the time allocated to recruitment to at least 6 weeks and, when possible, delaying commencement of the intervention until recruitment goals have been met. Economic support for facilitators would also make dedicating more time to recruitment feasible.

We also recommend using the ILAS to evaluate other interventions that aim to reduce abortion stigma, with some adjustments. We felt that the wording of statements in some sub-scales in the past tense created challenges when using the survey to understand change over time. The sub-scales 'worries about judgement', 'self-judgement' and 'community condemnation' specifically ask participants to think about how

they felt at the time of their abortion. For the purposes of evaluating an intervention, we feel that it would more accurately reflect results if participants were asked how they feel about their abortion 'now' (both pre- and post-intervention).<sup>9</sup>

Finally, based on the results of this pilot, we see potential for including safe reflective spaces for women to talk about their abortion as part of a series of other programmes and interventions offered by feminist organisations that support women to access abortion (Ortíz Ramírez 2016b). Some adjustments to the intervention design would be necessary for practicality, replicability and scalability, and further testing is required with a larger sample of participants to assess the outcomes of the intervention in reducing other dimensions of individual level abortion stigma.

## Notes

1. Each session took place over five hours, including breaks and contingency for late-comers.
2. ADAS is a 12-session programme, which was reduced to four sessions in a group setting for the Story Circle intervention.
3. The Story Circles were not designed for women with certain kinds of pregnancies (as a result of rape, or pregnancy beyond 12 weeks), who were in the process of terminating a pregnancy, who felt regret about their decision or had experienced depression or other mental health complications without medical attention. Women with these experiences were referred to other services that could provide tailored attention.
4. Two women dropped out of the Circles: one woman after the first session in Puebla, and one after the second session in Chiapas. Both women explained to facilitators that they had personal commitments that were difficult to change without having to disclose they were attending a group about abortion.
5. Two women who only completed part of the questionnaire were dropped from the analysis.
6. This was also reflected in the level of stigma recorded in the 'self-judgement' sub-scale survey responses.
7. All translations are by the authors.
8. Those that chose not to disclose their abortion to others did so because they felt they did not need to, it was a personal and private experience or they deemed that the risk of adverse reaction from their family members was too high.
9. For example, the prompt 'The following questions are about the things you worried about around the time of your abortion' could be changed to: 'The following questions are about the things that worry you now'. An adapted scale is available from the authors on request.

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