INDUCED ABORTION AND THE MEXICO CITY POLICY IN AFRICA

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Extended Abstract

Background

The Mexico City Policy is an intermittent American foreign policy prohibiting non-governmental organizations receiving federal support from performing or promoting abortion. Support for the policy to date has been strictly partisan: it was enacted by President Reagan in 1984, rescinded by President Bill Clinton on January 22, 1993, restored by President George W. Bush on January 22, 2001, and rescinded again by President Barack Obama on January 23, 2009. The effect of the policy on abortion rates is unknown.

Methods

We estimate the association between country-specific intensity of the Mexico City Policy and the probability that a fertile-age woman received an abortion between 1994 and 2008 using the reinstatement of the Mexico City Policy in 2001 as a natural experiment. We use individual-level survey data from thirty surveys in twenty African countries between 1994 and 2008 to identify women who had induced abortions using fertility histories. We distinguish induced from spontaneous abortion using a validated algorithm that relies on demographic characteristics and contraceptive use. We collect data on US support for family planning and assume that women living in countries with greater support from the US while the policy was inactive were more exposed to its effects when it was reinstated. Using logistic regression analysis and a difference-in-difference research design, we estimate the odds ratio of having an induced abortion for women living in highly exposed countries when the Mexico City Policy was active. We control for country and year fixed effects as well as rates of modern contraceptive use and family planning assistance from all non-US developed countries. We propose a mechanism for our findings using the Mexico City Policy as a possible determinant of modern contraceptive use.

Findings

Our study population includes 261,116 women age 15 to 44 and 1.38 million women-years between 1994 and 2008. The mean abortion rate was 10.4 per 10,000 woman-years from 1994 to 2000 and 14.5 from 2001 to 2008 (p=0.01 for the difference). The increasing trend was pronounced among women living in highly exposed countries and attenuated in countries with less policy exposure. We estimate that the odds ratio of having an induced abortion for a woman living in a highly exposed country between 2001 and 2008 was 2.73 (95% CI 1.92-3.82, p<0.001). After adjusting for residence, education, age, marital status, contraceptive use, family planning funding from non3 US sources, and country and year fixed effects, the estimated odds ratio is 2.55 (95% CI 1.76-3.71, p<0.001). The Figure below shows the estimated abortion rates per 10,000 women years in the low and high exposure groups over time. Repeating our main analysis using modern contraceptive prevalence as the dependent variable, we find that contraceptive prevalence in high exposure countries was 1.8% lower under the Mexico City Policy than what would otherwise be expected given trends in low exposure countries (95% CI 0.1%-3.4%, p=0.03).

Interpretation

We observe suggestive empirical patterns that abortion rates in Africa increase under the Mexico City Policy. We speculate that this may be due to declining financial support for some family planning providers coupled with substitution from family planning service use to abortion among African women. Regardless of one's view about abortion, our findings have substantial implications for future public policies governing abortion-related services.



Aggregate induced abortion rates in the low exposure countries (triangles) and high exposure countries (circles) with lowess lines generated to fit the observed data. Induced abortion rates in low exposure countries remained stable throughout the study period, while rates in high exposure countries rose rapidly after 2001.