WHAT IS THE OPTIMAL TOOL FOR MEASURING ABORTION STIGMA? A SYSTEMATIC REVIEW.

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Background: There is sustained interest and research into abortion stigma with calls for improved understanding of how abortion stigma is measured. This study aimed to systematically identify and psychometrically assess the measurement of abortion stigma.

Methods: We searched databases PsycINFO, PsycTEST, Scopus, ScienceDirect, Medline, PsycArticles, PubMed, and Web of Science using the search criteria: 'abortion OR pregnancy termination OR Termination of pregnancy AND stigma AND measurement. We preregistered the review with PROSPERO (ID#127339) and adhered to Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. The standard quality assessment criteria (STANDARD) and COSMIN Risk of Bias checklist were employed to assess the quality and psychometric properties. Titles, abstracts, and whole texts were screened for measurement of abortion stigma. Data were extracted by researchers and checked for accuracy by second reviewers. Discrepancies were resolved by discussion.

Results: Of 4,415 articles identified, 103 were retained for review and 22 articles reporting original measurement of abortion stigma were identified. Instruments assessing individual and community level stigma for people who have had an abortion (n=8), healthcare professionals (n=4), and the public (n=9), originated from the United States (U.S.A; n=10), Africa (n=3), Mexico (n=2), and Europe (n=2). Instruments varied in psychometric properties, structure, and use. Structural stigma in the U.S.A was measured in two articles reporting distance to abortion care and denial of abortion in the U.S.A.

Conclusion: The ILASs', APSS-R, and SABAs' performed best according to COSMIN, and the two methods for measuring structural abortion stigma performed well on STANDARD. The measurement of abortion stigma reflects changes and gaps in abortion and stigma research, such as geographical range, evolving conceptualization, and limited measurement of higher-level stigma. Continued, and improved, measurement of abortion stigma is needed to support advances in sexual and reproductive healthcare and women's healthcare.