

Induced abortion in the literature from 2021 to 2024

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Abstract

Pregnancy interruption policies are distinguished by orienting opinions, decisions and behaviors towards the individual request for abortion, even when the literature indicates that the choice of partner is defined by the group closest to the person, the strategies of government seem to focus on the personal motives of those requesting the service. The objective of this work was to establish the sociopolitical and sociocognitive dimensions of abortion. A documentary, exploratory and psychometric work was carried out with a sample of 100 students from a public university selected for their internships and professional service in public health institutions. The results show a reduction to three factors of the six reported in the literature. The reduction to three factors and eleven indicators is recommended in order to adjust the instrument to the sample and its scenario of expectations of termination of pregnancy.

Keywords: attitudes; abortion; knowledge; beliefs; factorial model

Introduction

Abortion attitude theory focuses on understanding and explaining people's attitudes, beliefs, and opinions toward abortion (Zucker, 1999). This theory is based on the study of the individual and collective attitudes that people have regarding abortion, and how these attitudes influence their thoughts, feelings and behaviors related to this issue (Bardis, 1972). Some key aspects and approaches within the theory of attitudes toward abortion include:

Attitude formation: Examines how attitudes toward abortion develop and are shaped through individual, social, and cultural factors (Petersen, 2001). These may include the influence of family, religion, education, media, and personal experiences.

Components of attitudes: Attitudes toward abortion generally consist of three main components (Jozkowski, Crawford, & Hunt, 2018). Cognitive when the beliefs, thoughts or knowledge that people have about abortion (for example, opinions about morality, ethics or rights) define their behaviors (Emerson, 1996). Affective when the emotional feelings associated with abortion (such as compassion, moral judgment, empathy) influence abortion request decisions (Scott & Schuman, 1988). Behavioral when the actions or behaviors that people are willing to take in relation to abortion (such as support for certain policies, participation in public debates, etc.) determine behavioral learning oriented towards requesting an abortion.

Attitude change: Examines how attitudes toward abortion can change over time due to exposure to new information, social influence, interactions with people with different opinions, and personal reflection (Kim & Steinberg, 2023).

Impact on behavior: Explores how attitudes toward abortion influence people's behavior, including personal decisions, support for specific policies, participation in activist activities, among others (Barkan, 2014).

Sociocultural context: Recognizes that attitudes toward abortion are influenced by the sociocultural context, such as cultural norms, laws, government policies, and social perceptions prevalent in a given society (Evans, 2002).

This theory provides a conceptual framework for understanding the diverse and often complex attitudes towards abortion, allowing researchers, health professionals and policy makers to better understand how people's opinions regarding this very important topic are formed, changed and affected. delicate and controversial (Begin et al., 2017).

The figures relating to the interruption of assisted pregnancy seem to show that it is a problem very close to families who have procreated children and who, for economic reasons, decide to have the abortion in public hospitals (Harris & Mills 1985). In this sense, sociopsychological studies on the problem have shown that monthly economic income is a determining factor in abortion practice (Alvargonzález, 2017). As wages decrease, attendance at public hospitals for pregnancy termination appears to increase.

However, an associative relationship between the group norm and the abortion practice is determined by family dynamics and is a determining factor in the termination of pregnancy in adolescents more than in married women (Osborne et al., 2022). That is, the moral values of the family seem to influence the abortion practice (Hess & Rueb, 2005). In contrast,

established marriages seem to adjust their decisions to their socioeconomic situation (Wang & Buffalo, 2004). Such a difference between single teenage mothers and married housewives was also found in a context of scarcity of economic resources (O'Connor, Maher & Kadianaki, 2019). If marital status influenced abortion decisions in adolescents more than women who lived with their partner, then age differences are also an important maturation factor (Adamczyk, Kim & Dillon, 2020). In this sense, beliefs associated with age influenced abortion decisions (Huckfeldt & Sprague, 2000). For its part, the interrelation between age and monthly economic income determined the abortion practice (Welch, Legee & Cavendish, 1995). A replication of the study with the education variable found a positive relationship (Sahar & Karasawa, 2005). As the educational level of the couples increased, their income increased and the interaction between both factors affected the termination of the pregnancy.

However, attitudinal studies have not established the relationships between the sociopolitical dimensions of induced abortion strategies with respect to the feelings of those who come to request the pregnancy termination service (Granberg & Granberg, 1980).

Therefore, the objective of the present work was to establish the dimensions of the request for termination of pregnancy in order to compare the theoretical structure reported in the literature with respect to the structure observed in the present study.

Are there significant differences between the relationships of the theoretical dimensions with respect to the factor structure analyzed in this work?

Hypothesis. The confinement and distancing policies implemented to mitigate the impact of the pandemic on public health increased the risks of pregnancy and created a sexual and reproductive health problem by encouraging the demand for legal termination of pregnancy (Jelen & Wilcox, 2003). Consequently, significant differences are expected between the theoretical structure reported in the literature consulted with respect to the expectations observed in the present work.

Methods:

A correlational and cross-sectional study was carried out with a non-probabilistic sample of 100 students ($M = 28.34$ $SD = 3.5$ age and $M = 10,893.00$ $SD = 456.00$ monthly income) from a public university in central Mexico.

Abortion Expectations Scale was constructed which included 15 items with seven response options ranging from 0 = "not at all likely" to 7 = "quite likely." Reliability (0.780) reached sufficient values for analysis of sphericity and adequacy [$\chi^2 = 1800.022$ (105df) $p = 0.001$; $KMO = 0.798$] needed for validity which ranged between 0.324 and 0.546

Respondents were selected based on their affiliation to internships and professional service in public health centers. The concepts were established through focus group and Delphi techniques. The survey was administered at the public university facilities. Confidentiality and anonymity contracts were provided to guarantee proper processing of information and disclaimer of liability for misuse of personal data.

The data were processed in JASP version 18 and the coefficients of reliability, sphericity, adequacy, validity, adjustment and residual were estimated to contrast the hypothesis relating to the significant differences between the theory and the empirical literature reviewed.

Results

The analysis of eigenvalues which indicates the percentage of total variance explained from the number of observations indicates that the factor structure is explained from five indicators. In other words, abortion termination is explained with five questions relating to the legality of abortion, morality, experience, service, education, policy, barriers and attitudes.

The structure includes three factors related to knowledge and beliefs, personal experiences and access and health services, which are linked to 12 items. The first factor was associated with 2, 3, 5, 7, 9 and 11. The second

with 8, 10 and 14. The third with 6 and 15. In this sense, access policies and pregnancy termination services are associated to knowledge and beliefs, as well as to the experiences of requesting induced abortion.

The fit and residual values [$\chi^2 = 358.103$ (63 df) $p = 0.001$; $TLI = 0.703$; $RMSEA = 0.229$] suggest the non-rejection of the hypothesis related to the significant differences between the theoretical structure with respect to empirical observations.

Discussion

The contribution of this study consists of the establishment of an exploratory factor structure of three main axes called: knowledge and beliefs, personal experiences and access to health services related to pregnancy interruption. The results suggest a distancing from the theoretical structure which considers additional factors: opinions on abortion policy, social and cultural perspective, attitudes towards information (Cochran et al., 1996). In this sense, it is recommended to reduce the number of factors and indicators to achieve model fit, although the inclusion of the items that measure the other dimensions can be carried out after reformulation (Hoffmann & Johnson, 2005). This is the case of the social and cultural perspective that in new generations has been replaced by a gender perspective (Killian & Wilcox, 2008). Or, the attitudes towards information that were disseminated in the media and now permeate social and digital networks (Petkova, Ajzen & Driver, 1995). Consequently, updating these dimensions will allow establishing a robust model of explanatory factors of abortion through the request for termination of pregnancy.

Conclusions

The objective of this work was to establish an explanatory factor model of the dimensions of the request for termination of pregnancy. The results suggest a reduction of the original scale and the updating of the dimensions related to the social and cultural perspective with a gender perspective. Or, the evaluation of traditional media by the evaluation of socio-digital networks. The inclusion of the aforementioned dimensions will allow us to anticipate dimensional scenarios in which the request for abortion is reflected as a structure of reasons, decisions and actions to terminate the pregnancy.

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