Research Article

Expectations of Induced Abortion At a University In Central Mexico

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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, government strategies seem Focus on the personal reasons of the person 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.

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Introduction

Abortion attitudes theory focuses on understanding and explaining people's attitudes, beliefs, and opinions toward abortion [1]. 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 [2]. 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 [3]. 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 [4]. Cognitive when the beliefs, thoughts or knowledge that people have about abortion (for example, opinions about morality, ethics or rights) define their behaviors.

Affective when the emotional feelings associated with abortion (such as compassion, moral judgment, empathy) influence decisions to request an abortion. 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 [5].

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 [6].

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 [7].

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 [8]. The figures relating to the interruption of assisted pregnancy seem to show that it is a problem very close to families who have had children and who , for economic reasons, decide to have the abortion in public hospitals [9]. In this sense, psychophysiology studies on the problem have shown that monthly economic income is a determining factor in abortion practice. 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 of pregnancy termination in adolescents more than in married women [10]. That is, the moral values of the family seem to influence the abortion practice. In contrast, established marriages seem to adjust their decisions to their socioeconomic situation. Such a difference between single teenage mothers and married housewives was also found in a context of scarcity of economic resources. If marital status influenced abortion decisions among adolescents more than women who lived with their partners, then age differences are also an important maturation factor. In this sense, beliefs associated with age influenced abortion decisions. For its part, the interrelation between age and monthly economic income determined the abortion practice. A replication of the study with the education variable found a positive relationship. 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 [11]. 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 [12]. 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 [x2 = 1800.022 (105df) p = 0.001; KMO = 0.798] needed for validity which ranged between 0.324 and 0.546.

Scale of Attitudes Towards Abortion

Please indicate your degree of agreement or disagreement with each of the following statements using a scale from 1 to 7, where:

Not at all agree, strongly disagree, disagree, neutral, agree, strongly agree, somewhat agree:

- I support the legalization of abortion in cases of rape or incest.
- I support the criminalization of abortion as a measure to discourage women from resorting to this practice.
- I believe that abortion is always morally wrong, regardless of the circumstances.
- I believe that termination of pregnancy should be available in situations where the woman's physical or mental health is at risk.
- I believe that the criminalization of abortion is necessary to protect the life of the unborn.
- I believe that a woman has the right to decide about her own body, including the possibility of choosing an abortion.
- I believe that abortion should be prohibited in all circumstances.
- I believe that the decision to abort should be a legal and personal option for women.
- I believe that termination of pregnancy should only be allowed in extreme and serious circumstances.
- I believe that the legalization of abortion should be prohibited in all circumstances.
- Termination of pregnancy should be legal in all cases.
- Legalization of abortion should be supported to ensure safe access to abortion services.
- The legalization of abortion is a question of human rights and women's autonomy over their own bodies.
- The criminalization of abortion is essential to preserve family values and the integrity of society.
- The criminalization of abortion is a moral and ethical issue that must be supported by law.

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 **[Figure 1]**. In other words, the interruption of abortion is explained with questions relating to i) support/condemnation of the legalization of abortion in cases of rape or incest, ii) support/condemnation of the criminalization of abortion as a measure to dissuade women from resorting to this practice, iii) support/condemn abortion as morally wrong, regardless of the circumstances, iiii) support/condemn the termination of pregnancy in situations where the woman's physical or mental health is at risk, iiiii) support/condemn the criminalization of abortion as necessary to protect the life of the unborn. In this

sense, Figure 1 shows that the first three groups of questions are needed to explain most of the variance related to expectations of induced abortion.
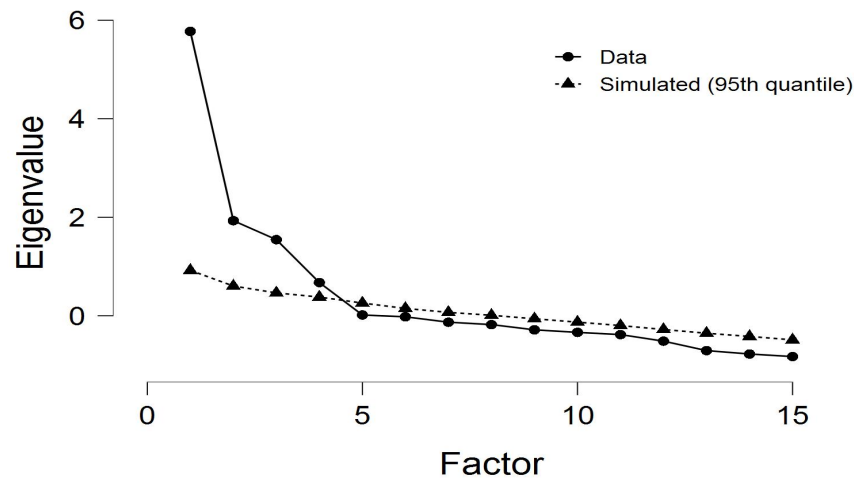

Figure 1: Screen plot.

The structure includes three factors related to knowledge and beliefs, personal experiences and access and health services, which are linked to 12 items **[Figure 2]**. 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. That is, in the case of the first factor, the highest percentage of the variance that explains abortion expectations includes the items alluding to: i) Support/condemnation of the criminalization of abortion as a measure to dissuade women from resorting to this practice ; ii) support/condemnation of abortion is always morally wrong, regardless of the circumstances; iii) support/condemnation of the criminalization of abortion is necessary to protect the life of the unborn; iiii) support/condemnation of abortion as prohibited in all circumstances, iiiii) support/condemnation of permissible interruption of pregnancy in extreme and serious circumstances; iiiiii) support / condemnation of legal pregnancy interruption in all cases. The second collateral and peripheral factor to the explanation of abortion includes: i) support/condemnation of the decision to abort as a legal and personal option for women; ii) support condemns the legalization of abortion as a prohibition in all circumstances; iii) support/condemnation of the criminalization of abortion as essential to preserve family values and the integrity of society. The third factor that includes: i) support/condemnation of a woman's right to decide about her own body, including the possibility of choosing an abortion; ii) support / condemnation of the criminalization of abortion as a moral and ethical issue that must be supported by law.
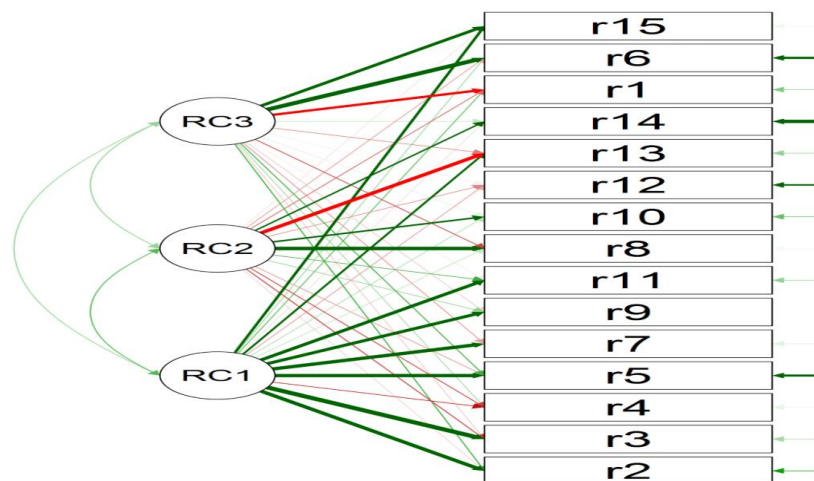
Figure 2: Path Diagram.

The fit and residual values [$x2$ = 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. In this sense, it is recommended to reduce the number of factors and indicators to achieve model fit, although the inclusion of the reagents that measure the other dimensions can be carried out after reformulation. This is the case of the social and cultural perspective that in new generations has been replaced by a gender perspective [13]. Or, the attitudes towards information that were disseminated in the media and now permeate social and digital networks [14]. 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-political 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.

Regarding the original scale, the percentage of variance it explains does not suggest a reduction in its extension in terms of number of items, although its reconfiguration in such a way as to discriminate the respondents to measure the polarization around the expectations of abortion in the insecurity derived from the health crisis. In this sense, a comparative study is recommended between samples identified with support/condemnation towards the legalization of abortion, request for termination of pregnancy, freedom of decision of the woman about her body and circumstances that justify or not justify abortion. The comparison of groups will allow the findings of this work to be contrasted.

References

1. Guamán, Viviana EG, Freddy RC, Ana Paula AW, Carolina Estefanía LC (2023) Complications and Factors Associated with Spontaneous Abortion in Adolescent Women. *Brazilian Journal of Health Review* 6:2790-2803.

2. Tanner G, Natalia (2017) The discussion about abortion from the concept of the person. *Dissertations Magazine* 5:1-17.

3. Laurenzo C, Patricia (2020) Abortion again: the inevitable path towards a system of deadlines Theory & Law. *Journal of Legal Thought* 3:235-247.

4. Brito M, Evelyn D, Freddy R, Cárdenas H (2023) Bioethical Aspects of Abortion Legislation in Latin America. *MQRInvestigar* 7:1313-1337.

5. Fernández V, Sandra S, Lucila S (2018) Medication Abortion Militant Transfers and Trans nationalization of Knowledge in Argentina and Latin America. *Revise Journal of Social and Human Sciences* 12:163-77.

6. López G, Alejandra, Elina CB (2010) Effects of clandestine abortion on women's subjectivity: results of a qualitative investigation in Uruguay. *Gender Issues Equality and Difference* 5:127-164.

7. Ponce C, Richard, Yodanky OR, Nesstor PF (2022) Ethical Considerations of Abortion in the Context of Public Health in Latin America. *Magazine of the Medical Corps Almanzor Aguinaga Asenjo National Hospital* 15:148-150.

8. Caneva , Hernán A (2019) Voluntary Abortion In Debate. Analysis of the construction of public consciences in an open TV program. Question 1:e 121.

9. Catuogno, Lucia (2020) Abortion in Latin America. Legal Strategies to Fight for Its Legalization and Face Conservative Resistance Paola Bergallo , Isabel Cristina Jaramillo Sierra and Juan Marco Vaggione Comps. *Debates on Human Rights Magazine* 3:303.

10. Messore, Florence (2020) From the Silence of the Home to the Scream in Congress. The Configuration of Abortion as a Public Problem in Argentina (1988-2018). *Mexican Journal of Social Movement Studies* 4:5-27.

11. Szwarc, Lucilla (2018) Abortion From Whisper to Collective Scream. BORDES 10:19-27.

12. Ingrassia , Paola (2020) The Constitution of Gender Violence as a Public Problem and the Frames on Abortion: Critical Review of Background and Proposal for Analysis. *Austral Communication* 9:519-51.

13. Delgado, Germán S, Alfredo GR, Reynaldo RC (2023) Right to parenthood, gender equality and the permissibility of abortion in Mexico City. *Contributions to the Social Sciences* 13.

14. Vivaldi, Lieta (2020) Possibilities for Critical Social Research: The Disposition of Abortion from a Feminist Perspective. *Pleiad* 25:107-127.