



"El saber de mis hijos  
hará mi grandeza"

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## Model planned abortion in Mexico City

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### Abstract

Reproductive health policies, centered on the decriminalization of abortion, involve effects on beliefs, attitudes, intentions and behaviors of abortion. As women get older, education and income, rationally choose an abortion, but are far from ideal for procreation is 22 years old. The aim of this study is to establish the factorial structure of scales measuring four factors and 28 indicators (seven per factor) relating to the termination of pregnancy. Consequently, it conducted a non experimental, transversal and exploratory study with a nonrandom selection of 145 students. From a structural model  $\chi^2 = 346.57$  (57gl)  $p = 0.000$ ; CFI = 0.990; GFI = 0.995; RMSEA = 0.005; R<sup>2</sup> = 0,35 las intentions determined behavior ( $\beta = 0.64$ ), but the factor solution was explained by beliefs (alpha = 0.781; 35% of the total variance explained). However, the context, the selection of the sample and the type of analysis prevents data generalize to other areas. It is recommended to perform a confirmatory factor analysis with a probabilistic sample selection in the population of the town.

### Keywords

Fertility, abortion, beliefs, attitudes, intentions, behaviors

The aim of this study is exploratory weighting factor structure of abortion planned in teenage couples.

It is considered that the termination of pregnancy is the result of a deliberate, planned and systematic therefore intent, application and curettage are determined by a system of representations, beliefs, attitudes and perceptions about abortion attended.

This process begins with the dissemination of information concerning sexuality, fertility, the decriminalization of abortion and the consequences of abortion in health practice.



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It is known that the fertility cycle established over a period of 28 days involves four periods; -the menstruation mucosa or endometrium is shed and is driven with blood-, pre-ovulatoria- -proliferación fertility, ovulation- the endometrium by the estrogen - and- the secretory endometrium presents the maximum thickness facilitating fecundación- reconstructed.

However, despite the cycle of fertility or fertilization it is widespread in the basic education system, the media reduce the biochemical process allusive messages on freedom of choice for the case of women and freedom of procreation in the case of couples (Leal et al., 2012).

Consequently, the probability of procreation with respect to age intensifica in 22 years and dramatically reduced under the age elapses. About 25% of procreation attempts end in pregnancy, but less than 5% of cases from forty are observed.

That is the cycle of procreation, the chances of fertilization and laa age seem to correspond to a risk scenario where curettage and abortion are instruments of freedom of choice for women and couples (Nagel, 1998).

The legrar is fraying the lining of the uterus ( RAE, 2014 ). The legrar word (scraping the surface to detach the covering membrane) comes from "curette" and this Latin ligula = "spoon and knives various tools and similar to a spoon" ( Anders, 2014 ) .On the other hand, abortion is the termination of pregnancy by natural causes or caused ( RAE, 2014 ) .The word "abortion" comes from the Latin abortus, made of absorbent prefix (deprivation, separation from the outside of a limit) and ortus (birth) then we understand as "deprivation of birth ( Anders, 2014 ).

A safe abortion is defined as those that meet the legal requirements in the countries where abortion is legally permitted under a wide range of criteria ( Sedgh, Henshaw, Singh, Ahman and Shah, 2007 ) .The abortion clinic, it is the abortion of a clinical pregnancy that occurs between diagnosis of pregnancy and gestational age of 20 completed weeks.The missed abortion, is a clinical abortion in which the products of conception are not ejected spontaneously from the uterus. Preclinical abortion, is abortion that occurs before clinical or ultrasound evidence of pregnancy. Spontaneous abortion is the spontaneous loss of a clinical pregnancy before full 20 weeks gestation or if the



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gestational age is unknown, weighing 500 g or less ( Pandya, Snijders, Psara, Hilbert, and Nicolaides, 1996 ; Zegers -Hochschild et al., 2006 ).

The World Health Organization (WHO, for its acronym in English) describes unsafe abortion as a procedure for terminating an unwanted pregnancy ( Cook, Dickens, and Horga, 2004 ; Singh, 2006 ), conducted by both people They lacking the necessary skills or in an environment that does not conform to minimal medical standards or both ( Åhman and Shah, 2011 ; . Sedgh et al, 2012 ) clear that abortion .It has received considerable attention, however, continues to generate controversy.

In Mexico, the relationship between policies to decriminalize abortion and age of those seeking abortion trend seems to explain the case entity.

Mexico City leads the cases of application and termination of pregnancy (100,784 cases), followed by the State of Mexico (33386), an entity with the largest youth population and birth rate.

Regarding age and cause of abortion, rape is a likely cause for abortion in 60% of cases in women aged 23 to 25 years; pregnancy risks are approved in women 17 to 19 years by more than 40%; but the economic factor is more incisive in those between 23 and 25 years in over 20% of cases. Finally, freedom of abortion is exercised in women 23 to 25 years less than women that age range more than 10% of cases.

Therefore, the data put forward seem to show that there are social representations of freedom of choice around sexuality, procreation and abortion that are disseminated in the media and generate attitudes in favor of the approval of abortion in women between 17 and 25 years old where the likelihood of fertility is higher than in other age ranges.

However, the social representations of freedom of choice about sexuality and abortion explains a flexible process in making decisions, the statistics seem to refute, since the policies of decriminalization of abortion facilitate the rational choice which it is more observed in women with close to 25 years age (Parrish, 2012).

In this sense, freedom of - deliberately, systematically planned and rational choice could be generating -provisions attitudes towards sexuality and pregnancy - interruption as women approaching age 25, instance that they should have ended their undergraduate studies and have developed a prospective life.



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In health sciences and human behavior, explanatory models of procreation and planned abortion warning that are socioeconomic factors that determine in the first instance the attitudes and perceptions, in turn they affect intentions and the latter in the pregnancy or disrupted.

However, studies related to pregnancy and its termination claim that such actions are not determined solely by the rational choice of women, but also in socio - cultural factors influence the decision - values, norms, customs, traditions locales- (Kariman et al., 2016).

In this sociocultural sense - stable couple relationship without commitment, stable commitment, without compromise unstable and unstable with commitment- influences the decision of pregnancy and / or interrupcción of procreation (Biglar and Amin, 2012).

Thus, couples who remain stable and committed relationships choose pregnancy or interruption, but other relationships is the man who delegates the family of the woman's decision procreation or termination of pregnancy.

In this regard, parental rearing styles -autoritarios, permissive or assertivos- influence the reproductive or abortion. In this way, the assertive parenting styles are those who favor and support the decision of the woman and if you have couple, the choice of both (Dickings, Johns and Chipman, 2012).

But if parenting styles are rather authoritarian or permissive, then a dominant player will decide whether to abort or procreate.

The cases exposed not only reduce freedom of choice female, but also highlight the sociocultural context; family rules or relationships determine procreation or termination of pregnancy.

Although the styles of parental rearing and the types of relationships are depositories of a culture in which the female body is an instrument of social reproduction more than personal satisfaction, the model of planned fertility warns that older age, education and income, the choice of women prevails over any standard or value (Enaker, 2013).

That is, a high educational level corresponds to a higher income, but also a life style of deliberate, planned and systematic that is contrary to the likelihood of optimal fertility in 22 years (Adamsoms, 2013).



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This is a dilemma that is to exercise freedom of sexuality and abortion as age, education and income increase, but fertility is becoming less probable (Kreuter, Siosten and Biering, 2008).

In the case of relationships, psychological studies discontinuation of abortion warn that - time type of relationship, dedication, commitment, jealousy determines the expectations of the relationship. Thus, couples who have a significant, long, committed and free coexistence of violence to make decisions to procreate a child.

However, the influence of beliefs has not been established, since in deliberate and planned models are determinants of attitudes. Therefore, a study about beliefs, in relation to other model variables planned pregnancy, clarify the dilemma exposed.

The model specified dependency relationships explains the effects of propaganda decriminalization of abortion, considering three assumptions regarding 1) beliefs and attitudes; 2) beliefs, intentions and attitudes 3) beliefs, attitudes, behaviors and intentions.

Scenario 1: beliefs and attitudes. In a general policy level, broadcasting and audiences, the decriminalization of abortion, widespread in the media, generates provisions for and against pregnancy and its interruption depending on the information; causes and effects of reproductive health policy.

Scenario 2: beliefs, attitudes and intentions. In a more specific about the female rational choice sense, the information on the decriminalization of abortion not only generates negative or positive provisions, but also conducive estimates based on costs and benefits about the causes and consequences of carrying out a birth, caesarean section or abortion, considering age, income and education. It is a process in which the more specific information about pregnancy and increase the likelihood of interruption make decisions and carry out such actions.

Scenario 3: beliefs, attitudes, behaviors and intentions. On a personal level, the effect of information on the causes and consequences of abortion is processed and assimilated in provisions such that determine the decisions and strategies, whenever product of deliberation, planning and systematization of this information corresponding to abortion.



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## Method

**Formulation:** What are the differences between the relations of dependence explanatory -Sex planned pregnancy, age, income, beliefs, attitudes, intentions and behaviors - regarding dependency ratios weighted?

**Null Hypothesis:** Theoretical dependency relationships between indicators and factors relating to pregnancy termination conform to the weighted dependency ratios.

**Alternative Hypothesis:** Theoretical weighted relationships and relationships are different.

## Variables.

*Sex.* Refers to the identity of the couple who may be male or female.

*Age.* Refers to the period of life from birth.

*Income.* Refers to the sum of wages, scholarships or economic and financial support.

*Beliefs.* Refers to processing - religious, academic, everyday-on abortion information.

*Attitudes.* Refers to provisions for or against abortion.

*Intentions.* Refers to the probability of deciding abortion.

*Behavior.* Refers to fidelity, documentation, financing and application around abortion.

**Design.** A non experimental, transversal and exploratory study was conducted.

**Shows.** Was conducted a nonrandom selection of 145 students of a public university in Xochimilco, Mexico City. 43% are women and 57% are male; 21% are under 18 years ( $M = 17.24$  and  $SD = 1.24$ ), 35% are between 18 and 22 years ( $M = 20.35$  and  $SD = 1.27$ ) and the remaining 47% is over 22 years ( $M = 22.46$  and  $SD = 2.36$ ); 40% admitted less than 3000 pesos a month ( $M = 2'973$  and  $SD = 124.35$ ), 25% enter between 3'000 and 7'500 pesos pesos ( $M = 6'245$  and  $DE = 135, 25$ ) and the remaining 35% enter more than 7'500 monthly ( $M = 7'821$  and  $SD = 135.26$ ).

**Instrument.** Variables Scales on Termination of Pregnancy were used.



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*Belief scale.* Measures religious information processing, academic or daily on abortion. It includes two response options ranging from 0 = "false" and 1 = "Real". For example: "Having a child is out of my will."

*Attitudes Scale.* Measures provisions against and in favor of abortion. Includes five response options ranging from 0 = "strongly disagree" to 5 = "strongly agree". For example: "The decision to have a child is the parents."

*Intentions scale.* It measures the expectations of the couple regarding abortion. Includes five response options ranging from 0 = "not at all likely" to 5 = "very likely". For example: "I would have a child but my partner leave me."

*Behaviors Scale.* It measures the frequency of actions relating to fidelity, documentation, financing and request for termination of pregnancy. Includes five response options ranging from 0 = "never" to 5 = "always". For example: "I have a birth Before deciding documented about it ."

**Procedure.** The Delphi técnica for homogenisation of the meanings of the words used in reagents was used. Written confidentiality was assured and reported on the results will not affect the academic status of students. The surveys were applied in the lobby of the library of the public university. The information was processed in the Statistical Package for Social Sciences (SPSS for its acronym in English) and Structural Analysis of Moments (AMOS for its acronym in English) version 21.

### **Analysis of data.**

Internal consistency was established with the Cronbach alpha parameter. The adequacy and sphericity with parameters KMO and Bartlett's test was estimated. Exploratory Factor Analysis was performed using the extraction method of principal axes, promax rotation and obliquity criterion. The factor weights exceeding 0,300 were required to interpret the factors. The model adjustment was established dependency relations with statistical adjustment and residual.



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## results

The reliability of the scales of beliefs (alpha = 0.781), attitudes (alpha = 0.771), intentions (alpha = 0.831) and behavior (alpha = 0.792) achieved above the minimum required (see Table 1) values.

Table 1. Descriptive, reliability and validity of scales

Key	Item	M	FROM	Alpha	F1	F2	F3	F4
<i>Scale of beliefs</i>								
CR1	Having a child is out of my will	1,34	1,03	0.743	0.691			
CR2	Abortion is for those who are selfish	1,56	1.02	0.783	0.601			
CR3	Having a child is a divine gift	1,82	10.3	0.791	0.635			
CR4	Abortions are reflection of our society	1.02	1.05	0.736	0.413			
CR5	Having a child is an act of faith	1,92	1,06	0.793	0.572			
CR6	Abortion is for engaged couples	1,84	1.15	0.756	0.476			
CR7	Having a child is immoral	1,21	1,14	0.781	0.365			
<i>Attitude scale</i>								
AC1	The decision to have a child is in parents	3.25	1.50	0.732		0.432		
AC2	The abortion is an exclusive choice of women	3.81	1.45	0.782		0.593		
AC3	Men have the right to decide on the female body	2.93	1.36	0.793		0.563		
AC4	The request for abortion is a woman's privilege	1,03	1,32	0.791		0.513		
AC5	Funding for abortion is the responsibility of man	1.59	1,36	0.783		0.457		
AC6	The decision of abortion depends on the documentation	1.01	1,68	0.721		0.462		
AC7	The request for abortion is a personal instability	1.02	1,21	0.746		0.458		
<i>Scale of intent</i>								
IN1	I have a child but my partner left me	3,26	1,03	0.842		0.392		
IN2	Abortaría although my partner forced me otherwise	3.57	1.05	0.845		0.591		
IN3	I have a child but my partner hated me	3.92	1,26	0.831		0.576		
IN4	Abortaría although my partner forgot my enajora	3.40	1,67	0.847		0.572		
IN5	I have a child but my partner supported me in the opposite	2.15	1.20	0.825		0.465		
IN6	I have a child but my partner was unhappy	1,03	1,21	0.846		0,475		
IN7	I have a child but my partner was unhappy	1.95	1,11	0.891		0.683		
<i>Scale behaviors</i>								
CO1	Before deciding on a birth document I have about I have gathered the money before deciding on an abortion	1,03	1.01	0.741		0.691		
CO2	I requested an abortion before leaving my partner	1,06	1.05	0.732		0.413		
CO3	I informed about it before aborting	1,07	1,16	0.791		0,521		
CO4	I searched for a job before aborting	1.02	1,126	0.731		0.632		
CO5	I have associated with someone else before aborting	1,06	1,21	0.752		0.571		
CO6	I have been unfaithful before requesting an abortion	1.01	1,37	0.751		0.509		
CO7	I have been unfaithful before requesting an abortion	1,08	1,37	0.715		0.514		

Extraction method: principal axes, promax rotation, skew criterion. Sphericity and adequacy  $\chi^2 = 246.39$  (38gl) p = 0.000; KMO 0,714]. M = average; DE = Deviation Estándar; F1 = Beliefs (35% of the total variance explained), F2 = Attitudes 26% of the total variance explained), F3 = Intentions (16% of the total variance explained), F4 = Behaviors (8% of the total variance explained). Alpha values correspond to the internal consistency of the scale excluding the item.



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Source: Elaborated with data from the study

Adequacy and sphericity [ $\chi^2 = 246,39$  (38gl)  $p = 0.000$ ; KMO 0,714] permitieron establish construct validity was established from the total percentage of variance explained; beliefs (35%), attitudes (26%), intentions (16%) and behavior (8%).

The structural model of dependency relationships established route beliefs, attitudes, intentions and behavior ( $R^2 = 0.35$ ) as the most explanatory plausibility, since intentions are the determinants of behavior ( $\beta = 0.64$ ). In turn, attitudes have a greater effect on the intentions ( $\beta = 0.38$ ), although they appear to reduce the effect of the provisions beliefs ( $\beta = 0.61$ ).

The values d los setting parameters and residual [ $\chi^2 = 346.57$  (57gl)  $p = 0.000$ ; CFI = 0.990; GFI = 0.995; RMSEA = 0.005;  $R^2 = 0,35$ ] permitiieron accept the null hypothesis regarding the similarities between theoretical dependence relations and weighted dependency ratios.

## Discussion

The contribution of this study the state of knowledge lies in the establishment of an exploratory factorial structure of the planned discontinuation of embaarazo. It is a factorial solution polychoric main axes criterion obliquity and rotation is fairly promax consisting each of its factors and indicators.

However, the context of study, sample selection and exploratory factor analysis prevent generalize the data to other fields of study as a randomized and stratified sampling, and a study in non - university population allow to carry out an analysis confirmatory factor established relations agency.

This is because unlike the exploratory factor analysis, confirmatory factor analysis ponders measurement errors and establishes the incidence of factors not included in the model dependency relationships.

It is the case of the constant -errors homocedasticity measurement indicators and factors- that exploratory factor analysis seems to have no interference, but confirmatory factor analysis and modify the structure factor solution.



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Therefore, a study of the characteristics and put forward recommendations would explain the effects of reproductive health policy in general and the decriminalization of abortion in specific, on beliefs, attitudes, intentions and behaviors of women and their partners to a Parthian caesarean section or abortion.

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