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EXPECTATIONS OF FORMER MIGRANTS TO THE REQUEST FOR ABORTION LEGALLY ASSISTED: A STUDY FOR TRANSPARENCY

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ABSTRACT

Abortion, as problematic, has been studied from socioeconomic, religious and group factors, establishing significant differences between native cultures and migrant communities. The objective of this study was to assess the reliability and validity of an instrument that measured and established factors related to the request for abortion and to raise awareness of this problem, on which there is not too much social transparency. A non-experimental study was carried out with a non-probabilistic selection of 300 former migrants deported from the United States to Mexico. The results show that expectations regarding the design of abortive policies explain 32.4% of the total variance explained.

RESUMEN

La problemática del aborto ha sido estudiada a partir de factores socioeconómicos, religiosos y grupales, estableciendo diferencias significativas entre las culturas nativas y las comunidades migrantes. El objetivo de este estudio ha sido evaluar la confiabilidad y validez de un instrumento que midió y estableció los factores relacionados con la solicitud de aborto, y dar a conocer esta problemática sobre la que no hay demasiada transparencia social. Se llevó a cabo un estudio no experimental con una selección no probabilística de 300 ex migrantes deportados de los Estados Unidos a México. Los resultados muestran que las expectativas con respecto al diseño de políticas abortivas explican el 32.4% de la varianza total explicada.

1. INTRODUCTION

During the period from 1900 to 2003, migratory flows from Mexico to the United States have intensified. The figure went from 103 thousand to 9,504 million. As of the year 2000, the number of immigrants intensified substantially and as a result, deportation or expulsion was exacerbated, forcing the Mexican government to increase repatriation programs.

In the framework of the migration policies of the current president of the United States, Donald Trump, the expulsion or deportation of migrants is a central issue on the agenda of the institutions and organizations of occupational health. It is estimated that during the period from 2010 to 2013, the repatriation of migrants who left children and spouses intensified in 2011 but returned to the same level in 2013.

The migratory flows seem to follow a network of trust and commitment that is forged in the family and extends to co-workers and relatives who share the opportunities and capacities in their journey, stay and return from Mexico to the United States and vice versa.

Public policies on reproductive and family health have as a main challenge birth control through preventive methods such as the proper use of condoms. Risk behaviors make adolescents more vulnerable when they experience their first sexual encounters, which very likely result in unwanted pregnancies and the consequent search for interruption of pregnancy (Carreón 2016).

Within the framework of health policies, socio-economic and socio-demographic studies have contributed to the design, implementation and evaluation of prevention and care programs for vulnerable, marginalized or excluded groups. However, sex education strategies have incorporated socioeconomic and demographic variables as indicators of evaluation of public programs (García et al., 2014).

The direct and indirect causal relationships, positive and negative, as well as significant among socioeconomic and demographic variables in reference to sociocognitive variables related to induced abortion suppose more abortive than reproductive policies. Programs of preventive sexual education of induced abortion, most likely impact on attitude, intention and behavior in vulnerable groups of low socioeconomic strata and basic educational levels (Carreón et al., 2013).

Within the framework of reproductive health policies, induced abortion is a problem that increases to the extent that vulnerable groups develop a sexual dynamic that leads them to request the service of termination of pregnancy. In this context, preventive and health care programs focus their interest on adolescent groups of low socioeconomic strata and basic educational levels to prevent unwanted pregnancies and with it the abortive practice (García, 2012a, 2012b).

The psychological studies of abortion, mainly the attitudinal studies, when including the socioeconomic and demographic variables, establish significant causal relationships with the norm, attitude, intention and behavior of family planning. As the groups, vulnerable, marginalized and excluded will increase their educational and economic levels, they plan their future without resorting to the abortive practice due to economic, family or couple pressure (García, 2013).

Regarding public policies, mainly preventive programs, the incidence of socioeconomic and demographic variables on risk behaviors related to sexual behavior, friendship and couple decisions make adolescents more vulnerable, marginalize mostly low-income individuals' resources and exclude families that reach minimum levels of education. It is a comprehensive education program in which adolescents receive the information and coping strategies necessary to develop socio-communicative skills that allow them to be more assertive when deciding a sexual encounter (García et al., 2015).

Mainly, induced abortion is carried out in socioeconomically vulnerable, marginal or excluded places in which the youngest or adolescent population presents a higher rate in comparison with the other groups (González, 2000). Regarding the knowledge and attitudes towards induced abortive practice, a conservative tendency is observed regarding the responsibility of performing an abortion. In the case of professionals who have performed the interruption of a pregnancy, curettage was the most mentioned technique (Tavara & Sacsa, 2008). In this sense, the accumulation of experience in years of residence has been the main determinant (Serrano, 2011). This finding is complemented by knowledge among health professionals considering their sex and disciplines since it influenced the redesign of care programs for vulnerable areas (Sánchez, Jiménez & Merino, 1999).

In the case of the population that has requested the abortive practice, the economic situation and conjugal or family pressure are determinants of induced abortion (Cabezas, Langer, Álvarez & Bustamant, 1998). The alcoholic addiction of the couple is in the social plane, the essential cause (Calderón & Alzamora, 2009). Also, if emergency contraception had been practiced initially (Tapia, Villaseñor & Nuño, 2008; Galváo, Díaz, Osis, Clark & Ellerston, 2000). In the case of men compared to women, they tend to accept to a lesser extent the practice of induced abortion (Ramírez, 2000). Similar finding was established with the age between under 18 and over 29 according to the youth rank of the National Youth Institute (Fernández, Carrillo, Leal, Carrillo, Carrillo, Lozano, Fernandez & Pastor, 2010). This difference was intensified according to the type of work (Lara, 1987).

As the sociodemographic variables determine the attitude, they affect the intention of abortion (Távara & Sacsa, 2008). The incidence of sociodemographic variables on attitude established an indirect relationship with the request for induced abortion (Chávez & Zapata, 2009, López, Lázaro, Díaz, Campos, Heinrich & Redondo, 2001). However, induced abortion is justified by the applicants if the woman is in great danger of health (García, Lara & Goldman, 2003). Or, if it is a liberal and progressive act (Salazar, 2007).

Induced abortive practice leads to significant differences between socioeconomic factors. Mainly, between age ranges, income, schooling and marital status. A tendency of attitudinal and psychological descriptive studies is observed in comparison to exploratory or explanatory studies. The state of knowledge reflects a descriptive prevalence of sociodemographic variables in relation to knowledge, attitudes and behaviors around induced abortion. Psychological studies on induced abortion have shown the causal relationship between sociodemographic variables such as sex, age, schooling, marital status and group norms as determinants of the attitude towards induced abortion, the main psychological cause of the termination of pregnancy. The state of the art has shown direct relationships between sociodemographic and psychological variables (García et al., 2012).

2. METHOD

Design. The study was a cross-sectional study in which only a diagnosis of the expectations regarding the abortive policies in its design, implementation and evaluation phase was made and an exploratory study was carried out in which the null hypothesis regarding the which the theoretical dimensions are adjusted to the factors established in the non-experimental empirical research.

Shows. It included 300 former migrants deported from the United States to Mexico. 149 are men and 151 women. Regarding age; 86 (28.7%) are under 20 years old, 137 (45.7%) between 20 and 25 years old, 63 (21%) between 26 and 30 years old and 14 over 30 years old. Regarding the level of study; 41 (13.7%) have incomplete baccalaureate, 26 (8.7%) with complete baccalaureate, 56 (18.7%) with incomplete degree, 74 (24.7% with full degree, 17 (5.7%) with incomplete specialty, 16 (5.3%) with complete specialty, 25 (8.3% with incomplete master's) and 45 (15%) with a full master's degree In terms of income, 23% declared less than 3500 pesos per month (M = 284.12 and SD = 123.24 pesos per month)), 36% mentioned entering between 3500 and 7000 pesos per month (M = 456.34 and DE = 235.45 pesos per month) and the remaining 41% said that they earned more than 7000 pesos per month (M = 834.23 and DE = 245.36 pesos per month).

Instruments. The Expectations Scale for Reproductive Health of Carreón (2016) was used, which includes 21 items on the design, implementation and evaluation of reproductive health policies. Each item includes five response options: 0 = not at all probable, 1 = very unlikely, 2 = unlikely, 3 = probable, and 4 = very likely.

Procedure. The Delphi technique was used for the homogenization of the concepts included in the reagents. The sample was surveyed in the facilities of a public library in Mexico City, guaranteeing confidentiality and access to results. In addition, he informed the sample that the results of the study would not affect his status as a user of the library. The information was processed in the Statistical Package for Social Sciences (SPSS version 17.0) and Analysis of Structural Moments (AMOS version 4.0). The internal consistency of the scale was estimated with Crombach's alpha, the validity with an exploratory factorial analysis of principal axes with promax rotation, the adjustment of the model with goodness and residual parameters.

3. RESULTS

Table 1 shows the values that show the internal consistency higher than the required one of 0.60 for the general (alpha of 0.795) and the design subscales (alpha of 0.745), implementation (0.768) and evaluation (alpha of 0.794).

Table 1. Descriptive Reliability and validity of the instrument

R	*Subscales / Reagents*	*M*	*D*	*S*	*C*	*TO*	*F1*	*F2*	*F3*
	Expectations about the design of abortive policies					**0.765**			
R1	The State will decriminalize the request for uterine curettage	1.43	0.354	1,124	1,351	0,721	0.321		
R2	The citizenry will demand the legal interruption of pregnancy	1.32	0.453	1,180	1,329	0.704	0.422		
R3	The government will support whoever requests assisted abortion	1.24	0.378	1,324	1,209	0,715	0.342		
R4	The society will discuss the decriminalization of induced abortion	1.21	0,543	1,501	1,467	0.705	0.312		
R5	Senate will promote abortion legal assistance	1.30	0.325	1,436	1,321	0,721	0.325		
R6	People will request the legal interruption of pregnancy	1.42	0.314	1,498	1,398	0.742	0.305		
R7	The State will prevent the interruption of pregnancy	1.46	0,323	1,231	1,409	0.705	0.405		
	Expectations about the implementation of abortive policies					***0.768***			
R8	The State will decriminalize abortion in single mothers	1.14	0.394	1,123	1,820	0.704		0.366	
R9	Society will promote the abortion interruption in single mothers	1.24	0,233	1,189	1,218	0.718		0.368	
R10	The Senate will propose the decriminalization of medically induced abortion	1.24	0.345	1,189	1,601	0.725		0.468	
R11	The citizens will demand the legal interruption in peri-urban zones	1.90	0.372	1,190	1,021	0.716		0.378	
R12	The government will promote the interruption of pregnancy in marginalized groups	1.32	0,245	1,132	1,012	0.706		0.315	
R13	People will support politicians who promote assisted abortion	1.45	0.215	1,121	1,090	0.732		0.425	
R14	The State will sponsor induced abortion clinics	1.46	0.325	1,109	1,021	0,746		0.405	
	Expectations about the evaluation of abortive policies					***0.794***			
R15	Science will determine the effects of pregnancy termination	1.05	0,222	1,089	1,012	0.732			0.358
R16	Science will audit the costs of the decriminalization of induced abortion	1.48	0.352	1,431	1,070	0,741			0.489

R17	Science will decide the type of assisted abortion promotion	1.48	0.384	1,321	1,021	0.742			0.318
R18	Science will promote the continuity of the family planning policy	1.67	0.314	1,439	1,027	0,721			0.343
R19	Science will reduce the risks of induced abortion	1.20	0.307	1,980	1,070	0.706			0.317
R20	Science will prevent the interruption of pregnancy in young people	1.61	0.217	1,562	1,051	0.753			0.462
R21	Science will mediate conflicts around induced abortion	1.83	0.327	1,321	1,020	0.731			0,396
	Variance Percentage Explained						***32.4***	***26.7***	***16.3***

Extraction method: main axes, promax rotation. Adequacy and Sphericity [$\chi 2$ = 135.24 (24gl) p = 0.000; KMO = 0.571] M = Mean, D = Standard deviation, S = Bias, C = Kurtosis, A = Cronbach's alpha excluding the item value. F1 = Expectations regarding the Design of Reproductive Policies, F2 = Expectations regarding the Implementation of Reproductive Policies, F3 = Expectations regarding the Evaluation of Reproductive Policies. All items include five response options: 0 = not likely, 1 = very unlikely, 2 = unlikely, 3 = probable, and 4 = very likely.
Source: Prepared with the study data

The items exceed the factorial weights of .300, which is the minimum required to consider an item as part of a factor. Three factors were established relative to the expectations of the abortive policies such as the design (32.4% of the total variance explained), the implementation (26.7% of the total variance explained) and the evaluation (16.3% of the total variance). the total variance explained).

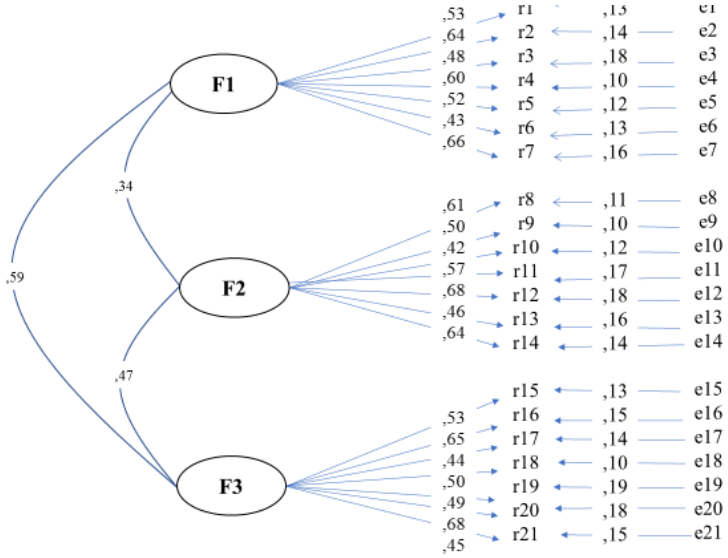
The relationships among the factors were estimated to observe the composition of the covariance structure and the emergence of a common factor of the second order (see Table 2).
Table 2. Correlations and covariances between the factors:

	M	***D***	***F1***	***F2***	***F3***	***F1***	***F2***	***F3***
F1	35.46	15.49	1,000	0,569 *	0,642 *	1,000	0.509	0,598
F2	43.91	18.24		1,000	0.679 ***		1,000	0.619
F3	43.51	19.40			1,000			1,000

M = Medium, D = Standard deviation; F1 = Expectations about the Design of Reproductive Policies, F2 = Expectations about the Implementation of Reproductive Policies, F3 = Expectations about the Evaluation of Reproductive Policies: * p <, 01; ** p <0.001; *** p <, 0001
Source: Prepared with the study data

The relationships between the factors suggest a structural model of reflective trajectories that would explain, anticipate and prescribe the phenomenon of reproductive policies and their effects in a locality (see Figure 1).

Figure 1. Model of structural equations



F1 = Expectations about the Design of Reproductive Policies, F2 = Expectations about the Implementation of Reproductive Policies, F3 = Expectations about the Evaluation of Reproductive Policies: ∩ relationship between factors; ← relationship between measurement errors and indicators; ➔ relationships between factors and indicators
Source: Prepared with the study data

Finally, the adjustment and residual parameters were estimated [$\chi 2$ = 12.324 (21gl) p = 0.000; GFI = 0.995; NFI = 0.990; CFI = 0.975: RMSEA = 0.006]. The values close to the unit for the case of the adjustment indices and close to zero for the residual indices are considered evidence of adjustment between the hypothetical causal relationship model and the estimated structural causal relationships model. Adjustment indices replace the "chi square" parameter because it is prone to sample size.

4. DISCUSSION

The contribution of the present work to the state of knowledge lies in the establishment of the reliability and validity of an instrument that verified the adjustment of three theoretical dimensions related to the design, implementation and evaluation of abortive policies in a sample of users of a public library of Mexico City.

The non-experimental design, the non-probabilistic selection and the exploratory validity of the three factors limit the results of the study to the surveyed sample.

Regarding the work of García (2012) in which attitudes towards abortion were weighted, in the present study it was found that attitudes towards the design of abortive policies suppose dispositions in favor of the legal interruption of pregnancy through medical practice induced.

However, García et al., (2012) found that socioeconomic and demographic factors determine attitudes toward abortion. In the present work, the corresponding literature was revised, but the factors in question were not included in the study since they were assumed as an effect of the abortive policies.

Carreón et al., (2013) demonstrated that abortive practices depend on consensual sex which implies bonds of trust and commitment such that responsibility is delegated to the couple. In the present work it is assumed that consensual sex in particular and sexuality styles are factors that influence the governance of reproductive health, abortion policies and the established design, implementation and evaluation factors.

In that sense, García (2013) found that beliefs are determinants of attitudes and requests for legally assisted abortion. In the present study beliefs, they are assumed as expectations that will affect the design, implementation and evaluation of abortive future policies.

García et al., (2014) showed that reproductive sexuality is an effect of the abortive policies that promote the request of pregnancy termination and uterine curettage, but in the present study reproductive sexuality is rather a factor that would affect the abortive policies because, the government builds its agenda on health from social demands.

Finally, García et al., (2015) found that reproductive health is conditioned by lifestyles with a propensity to risk rather than planning. In the present work, lifestyles are determinants of citizen participation with respect to abortive policies, but reproductive health is the product of government strategies to influence the demographic composition of a locality or region.

The study of expectations regarding the design of public health policies in demographic matters is recommended to anticipate conflicts between political and social actors regarding the promotion of births or the prevention of risks alluding to abortive practice.

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