

Decriminalization of abortion in the era of COVID-19

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Abstract

In the context of reproductive health policies focused on decriminalizing abortion, religious beliefs, attitudes, and behaviors are affected. The main purpose of this paper is to identify the religious beliefs of abortion in the emergency situations such as Covid-19. Abortion of the fetus after it finds another creation, or after God pours His soul into it and turns into a human, is considered suicide, which is forbidden by God except in special cases. Although there is no general consensus regarding abortion, there is almost "general opposition to causing harm to life in most religions. The disagreement of scientists and religious scholars regarding abortion is also related to the different stages of the formation of the fetus, the fetus with a soul and Human life and the fetus will return without a soul, but in emergency situations such as the covid-19 disease, where there is a possibility of damage to the fetus or mother, religions have tried to avoid criminalization by using medical science and civil and religious laws. In the current study, 28 indicators and four factors (seven for each factor) related to pregnancy termination will be explored through an exploratory factor structure. The study was therefore non-experimental, cross-sectional, and exploratory, with 100 students selected in a non-probabilistic way.

Contribution: The main contribution of this research is to find the variables scales in Abortion in emergency condition regarding the religious beliefs. Given the results, behavioral intentions determine behavior from a structural model, but religious beliefs explain the factor solution. Furthermore, data generalization is not possible due to the context, sample selection, and type of analysis. In the local population, a confirmatory factor analysis should be performed with a probabilistic sample selection.

Keywords: intentions; abortion; religious beliefs; attitudes; covid-19

Introduction

Abortion under normal conditions is prohibited in almost all religions of the world. In Zoroastrian religion, the principle is on wisdom in all matters, and there is no statement about legal issues such as legality or illegality of abortion, but in New Avestan religion Ancient beliefs with the teachings of Zoroaster) aborting the fetus is considered unacceptable and illegal in every sense. Buddhists are also against abortion. The Catholic Church considers the fetus to be a complete human being from the moment of conception and under no circumstances should abortion be performed and does not allow it. But if abortion is the only treatment to save the life of the mother, it cannot be morally objected. Protestants consider abortion legal (Hout et al., 2022). Although there is no general consensus regarding abortion, but almost There is a general opposition to causing harm to life in most religions. Jewish religion allows abortion when the life of the mother is threatened, but otherwise prohibits it and prohibits the use of tools and drugs for abortion. It is considered a sin. Muslim scholars did not allow abortion since ancient times and consider abortion after replacing the fertilized egg as forbidden.

The theology of public administration is a legal figure derived from the governance of religious associations. Its legal essence consists of protecting

lives and reducing the impact of risk events on the exposure of human beings (Jamalpour & Yaghoobi-Derab, 2022; Baidowi et al., 2021). Faced with social and medical dilemmas where people's lives are at risk, the theology of public administration seeks the preservation of life or at least the preservation of the greatest number of lives (Carbonelli & García Bossio, 2023; Venter, 2021). In this sense, when a pandemic exposes people's lives, the theology of public administration seeks to resolve the dilemma of who to prioritize in a risk scenario (Turner, 2021). In this way, jurisprudence dictates that life must be preserved, even when the imminent risk is the total or partial loss of a human being.

In the case of technological advances related to automation, the theology of public administration in its section on jurisprudence and resolution of dilemmas suggests the programming of the automata based on the principle of preservation of life or reduction of the impact of human losses (Hampton, 2020; Jamalpour & Yaghoobi-Derabi, 2022). In this way, faced with the dilemma of who to attend to in the face of the health crisis, the theological principle indicates that the greatest number of lives must be attended to regardless of their economic, political, social, labor, educational or health

condition. The relevant question is not to confuse the means with the end, because if this occurs, a hegemony of instrumental reason occurs.

Regarding the request for termination of pregnancy, the theology of public administration will seek the preservation of life in a condition of risk. In a scenario of exposure to contagion, illness and death from COVID-19, the theology of public administration will insist on safeguarding and protecting life. Therefore, this type of theology develops from an axiology of absolute values, not relative ones. The most important value that a person possesses is to be a person, because the person is a value in itself from its original conception (Mansilla, 2008).

If the request for termination of pregnancy was made before, during or after the health crisis of the SARS CoV-2 COVID-19 (Farhud & Mojahed, 2022), then the principle of caring for the greatest number of lives will prevail, even when hospitals are organized to provide specialized care for the COVID-19 versus other diseases.

More specifically, if the dilemma consists of protecting the applicant for the termination of pregnancy against a carrier of the SARS CoV-2 COVID-19, then the theology of public administration will seek to attend to both cases, but if it is necessary to prioritize care (Duque Silva & Del Prado Higuera, 2021). The imperative will be to reduce the impact of the pandemic on human lives (Daigle et al., 2022; De Beer, 2020). Therefore, priority attention to an applicant for termination of pregnancy will be priority over an applicant for COVID-19 care.

The pandemic SARS CoV-2 COVID-19 care centers, as the number of infections, illnesses and deaths from COVID-19 increased, were subjected to a stigma of carrying the virus. Health professionals were stigmatized as sources of infection (Przywara et al., 2021). Once the population is immunized, stigma reduces its impact on social distrust and a new theology of health service administration emerges. Consequently, the measurement of the determining variables of trust in the public health administration will anticipate risk aversion scenarios.

Therefore, in this paper the effect of the religious in the health policies especially for the abortion in the emergencies was discussed. In other words, the compatibility of the religious and theology in emergency healthy situation were investigated. For this purpose the this research presented the variables scales in abortion in emergency condition regarding the religious beliefs and consider their role.

Literature review

Terminating a pregnancy is a deliberate, systematic, and planned process. Accordingly, intentions, requests, attitudes, and perceptions regarding assisted abortion dictate intent, request, and curettage (Garcia, 2020). The first step in such a process is to disseminate information regarding sexuality, fertility, abortion decriminalization, and its health consequences. In a 28-day cycle, four periods are required; menstruation - the endometrium or mucosa is detached and is driven by the blood-, fertility - pre-ovulatory proliferation-, ovulation - the endometrium is reconstructed by estrogens- and secretion - the maximum thickness of the uterine mucosa facilitates fertilization. (Bustos, 2019).

Although the basic education system emphasizes the fertility cycle, the media reduces it to allusions about women's choices and reproduction freedom in the case of couples (Leal et al., 2012). Therefore, procreation is most likely in the 22 years and decreases dramatically with age. A little more than 5% of procreation attempts after the age of forty result in pregnancy (Pérez, 2019). Curettage and abortion seem to be instruments of freedom of choice for women and couples according to the procreation cycle, fertility probability, and age (RAE, 2014). "Pregnancy" comes from the Latin *ligula*, which means "teaspoon" and "various instruments and blades similar to a teaspoon" (Anders, 2014). Natural or induced abortion occurs when a pregnancy is terminated (RAE, 2014). In Latin, the word "abortion" comes from the prefix *ab-* (deprivation, separation from a limit), so it is understood as depriving of birth (Anders, 2014). Abortions that are considered safe meet a range of legal requirements in countries where abortion is legal (Sedgh et

al., 2012). Abortion during the first 20 weeks of pregnancy is known as clinical abortion, and it occurs before the gender of the baby is known. A retained abortion occurs when the uterus does not spontaneously expel the products of conception. Abortion before clinical evidence or an ultrasound of the pregnancy is known as preclinical abortion. If the gestational age is unknown, spontaneous abortion is defined as the spontaneous termination of a clinical pregnancy before 20 weeks of gestation or in case the weight is less than 500 grams (Carbonelli & García Bossio, 2023).

As defined by the World Health Organization (WHO), unsafe abortion occurs when an unwanted pregnancy is ended by individuals without the necessary skills or in an environment that does not meet minimum medical standards or both. Despite considerable attention, abortion continues to generate controversy. The trend of case-by-case abortion decriminalization in Mexico appears to be explained by the relationship between abortion decriminalization policies and the age of the women requesting termination of pregnancy. There are 100,784 requests for and terminations of pregnancy in Mexico City, followed by 33,386 in the State of Mexico, the entity with the highest birth rate and youth population (Velez, 2018).

When it comes to age and cause of interruption, rape accounts for 60% of abortions among women aged 23 to 25; women between the ages of 17 and 19 are more likely to experience pregnancy risks; more than 40% of abortions are caused by economic factors. However, more than 20% of cases involve women between 23 and 25 years of age. In more than 10% of cases, women between 23 and 25 years of age exercise their right to abort more than women younger than those ages (Aldana, 2019).

Thus, the data presented suggests that there is a social representation of freedom of choice relating to sexuality, procreation, and pregnancy termination disseminated through the media, resulting in attitudes favorable to abortion approval among women between the ages of 17 and 25 years old, when fertility is more likely than at other ages (Quintero, 2018). The social representation of freedom of choice regarding sexuality and abortion explains a flexible process in making decisions since decriminalization of abortion. However, the statistics seem to contradict this. According to Parrish (2012), rational choice is more prevalent among women over 25 years of age. This freedom of rational choice - deliberate, planned and systematic - may be contributing to the development of attitudes - dispositions that favor sexuality and the interruption of pregnancy - as women approach the age of 25, when this period should have ended. In addition to studying pre-grade, she has developed a prospective life (Garcia, 2016). An explanatory model of planned procreation and abortion in the health and human behavior sciences indicates that attitudes and perceptions are determined by socioeconomic factors, which then influence intentions, which determine whether to continue pregnancy or terminate it (Garcia, 2018).

Research on pregnancy and its interruption, however, indicates that these actions aren't solely influenced by women's rational choices, but also by socio-cultural factors, such as norms, values, customs and local traditions. Socio-culturally, the stability of the couple's relationship - without commitment, with commitment, or unstable even with commitment - affects their decision to get pregnant and/or stop having children (Nodar et al., 2022). The decision to procreate or end a pregnancy is made by couples who maintain stable and committed relationships, but in other relationships, the decision to procreate or end a pregnancy is made by the man's family. As a result, the parenting styles of parents - authoritative, permissive or assertive - determine whether a child is able to procreate or terminate a pregnancy. A woman's choice is supported and favored in assertive parenting styles (Dickings, Johns, and Chipman, 2012), as well as her partner's decision.

It is however more likely that a dominant actor will abort or procreate when parenting styles are more authoritarian or permissive. There is also a sociocultural context to the cases presented, which reveals how the norms or relationships in a family determine the procreation or termination of pregnancy. As a result of a culture where women are seen as instruments of social reproduction and not for personal satisfaction, the parenting styles and types of couple relationships are depositories of this culture. According to the planned fertility model, women's choices will override any norm or value

at an older age, based on their income and education. As a consequence, high education is associated with higher incomes, but it is also associated with a deliberate, systematic, and planned lifestyle that is adverse to optimal fertility in 22 years (Adamsoms, 2013). In the face of increasing age, education, and income, one must exercise their freedom of sexuality and terminate pregnancies, but fertility is less and less likely (Kreuter, Siosten, and Biering, 2008). Studies on abortion suggest that expectations of couple relationships are determined by the type of relationship - time, dedication, commitment, jealousy. Couples who are committed, lasting, and violence-free make decisions regarding procreation this way.

In deliberate and planned models, beliefs determine attitudes, but their influence has not been established. It would be helpful to study beliefs related to other variables in the planned pregnancy model (Garcia, 2019) to clarify the dilemma (Garcia, 2019). Propaganda for abortion decriminalization is explained by the specified dependency model.

Assumption 1: Beliefs attitudes. According to information on causes and effects of reproductive health policy, a d decriminalizing abortion, widely promoted in the media, creates provisions against as well as in favor of pregnancy and its interruption.

Assumption 2: Beliefs attitudes intentions. A specific example of this is the information regarding the decriminalization of abortion, which not only generates positive or negative dispositions about the rational choice of women but also estimates the costs and benefits of carrying out a birth based on costs and benefits. Based on factors such as age, income, and education, a caesarean section or abortion is recommended. Increasing the probability of making decisions and taking action increases the more specific the information about the pregnancy and its interruption.

Assumption 3: Beliefs attitudes intentions behaviors. It is the process and assimilation of information relating to the causes and consequences of termination of pregnancy that determines the decisions and strategies in a personal sphere, if it is the result of planning, deliberation, and systematization of that information, related to abortion.

2. Method

Today, according to the religious and religious beliefs of the societies, there are three major tendencies among the legal systems of the world about abortion; Some legal systems absolutely accept abortion and consider it permissible, others that organize the majority of legal systems, not only do not accept abortion, but have also put a guarantee for it, and the third group In some cases, abortion is considered permissible and in some other cases, it is considered impermissible. The principle that abortion is ugly is shared by different religions and it is allowed only in special and few cases and after the approval of a specialist doctor.

Therefore, the rights of laboratory embryos and the rights of the people to whom this embryo belongs, in the conditions of the COVID-19 epidemic, is one of the newly emerging issues, the explanation of which requires the use of jurisprudential sources and legal principles in order to be able to He proposed the approval of new laws necessary to support the laboratory embryo. In this regard, the following article will answer these questions: Does a laboratory embryo have the same rights as a natural embryo inside the mother's womb? Accepting or not accepting each of the two conceivable assumptions in the issue, what legal challenges does it entail? Does accepting the assumption of equality of rights between natural and laboratory embryos justify the necessity of criminalizing laboratory abortion in criminal and religious politics?

Overall, an exploratory factor structure for planned abortion in adolescent couples is assessed in this study.

Formulation: Regarding dependency ratios weighted by sex, age, income, beliefs, attitudes, intentions, and behaviors, what is the difference between these factors?

Null hypothesis: A weighted dependency relationship is applied to the theoretical dependency relatis between factors and indicators related to termination of pregnancy.

Alternate hypothesis: There is a difference between theoretical relationships and weighted relationships.

Variables.

Sex. Refers to the gender of the couple.

Age. Describes the time following birth.

Attitudes. In this context, it refers to the provisions that prohibit or allow the termination of pregnancy.

Income. Is determined by the sum of wages, scholarships, and other economic and financial assistance.

Beliefs. This refers to the processing of information regarding pregnancy termination, whether religious, academic, or daily.

Behaviors. The term refers to fidelity, documentation, financial arrangements, and requests regarding the termination of pregnancy.

Intentions. Refers to the likelihood of terminating the pregnancy.

Design. An exploratory, cross-sectional, non-experimental study was conducted.

Sample. We selected 100 students from a public university in Xochimilco, Mexico City, on a non-probability basis. A total of 43% of the population is female, while 57% are male; 21% are under the age of 18 (M = 17.24 and SD = 1.24), 35% are between 18 and 22 (M = 20.35 and SD = 1.27), and 47% are over 22 years old. Approximately 40% of the workers earn less than 3,000 pesos a month (M = 2'973 and SD = 124.35), 25% earn between 3'000 and 7'500 pesos a month (M = 6'245 and DE = 135, 25), and 35% earn more than 7'500 pesos a month (M = 7'821 and SD = 135.26).

Instrument

Pregnancy termination was assessed using Variable Scales (Sun et al., 2020).

Beliefs scale. In this test, the participant is asked to respond to religious, academic, or everyday information regarding the termination of pregnancy. A choice of 0 = "false" or 1 = "true" is given. Having a child is against my will."

Attitude Scale. Pregnancy termination is measured in terms of the provisions against and in favor of it. "The decision to have a child is solely up to the parents." There are five possible responses ranging from 0 = "do not agree at all" to 5 = "strongly agree."

Scale of Intentions. Essentially, it measures how the couple expects to terminate the pregnancy. Response options range from 0 = "not likely at all" to 5 = "very likely". If my partner abandoned me, I would still have a child."

Scale of Behavior. In addition to measuring fidelity, documentation, financing, and termination requests, the report identifies the frequency of actions associated with them. There are five response options ranging from 0 = "never" to 5 = "always". The matter has been documented before I decided to have a child."

Process. Words used in the reagents were homogenized using the Delphi technique. Written confidentiality was guaranteed, and the results would not affect the students' academic standing. Public university library lobby was used for the surveys. Statistical Package for Social Sciences (SPSS) and Structural Moment Analysis (AMOS) version 21 were used to analyze the data.

Analysis. Alpha Cronbach's alpha and param coefficients were used to determine the internal consistency. With the KMO parameters and the Bartlett test, adequacy and sphericity were estimated. In order to conduct Exploratory Factor Analysis, main axes were extracted, promax rotation was performed, and oblique criteria were applied. Interpretation of the factors

was possible only when factor weights exceeded 0.300. With the help of fit and residual statistics, we were able to establish the fit of the dependency relationship model.

3. Results

As determined by Alpha values, the belief scale had an alpha of 0.7582, attitudes had an alpha of 0.760, intentions had an alpha of 0.7883, and behaviors had an alpha of 0.7775, which reach values higher than the minimum required. The extraction method consists of three main axes, a promax rotation, and a skew criterion. In this case, the sphericity and adequacy of the data is 146.20 (45gl) $p = 0.000$; KMO is 0.645 (see Table 1).

| | Factor 1 | Factor 2 | Factor 3 | Factor 4 | Uniqueness |
|-----|----------|----------|----------|----------|------------|
| r1 | | | 0.750 | | 0.485 |
| r2 | | | 0.938 | | 0.183 |
| r3 | | | | | 0.980 |
| r4 | | | | | 0.887 |
| r5 | | | | | 0.735 |
| r6 | | 0.460 | | | 0.727 |
| r7 | 0.487 | | | | 0.771 |
| r8 | 0.426 | | | | 0.763 |
| r9 | | 0.483 | | | 0.768 |
| r10 | | | | | 0.862 |
| r11 | | | | 0.669 | 0.535 |
| r12 | | | | 0.426 | 0.743 |
| r13 | | | | | 0.764 |
| r14 | | 0.578 | | | 0.646 |
| r15 | | 0.694 | | | 0.584 |
| r16 | | | | | 0.972 |
| r17 | | | | | 0.834 |
| r18 | 1.012 | | | 0.412 | -0.001 |

Note. Applied rotation method is promax.

The average is M; SD is the standard deviation; Beliefs, Attitudes, Intentions, and Behaviors. An item excluded from the scale has an alpha value that represents its internal consistency (see Table 2). As the result of the analysis

of the total percentage of variance explained, the validity of the construct was established by the total percentage of the explained variance, namely beliefs (0.094), attitudes (0.091), intentions (0.080), and behaviors (0.056).

| | SumSq. Loadings | Proportion var. | Cumulative |
|----------|-----------------|-----------------|------------|
| Factor 1 | 1.686 | 0.094 | 0.094 |
| Factor 2 | 1.631 | 0.091 | 0.184 |
| Factor 3 | 1.445 | 0.080 | 0.265 |
| Factor 4 | 1.000 | 0.056 | 0.320 |

In order to observe the structure of relationships between the factors, the correlations and covariances were estimated, considering the specification of the model that proposes linear trajectories between beliefs, attitudes, intentions, and behaviors. The path beliefs intentions behaviors provides the highest level of explanation plausibility, since intentions determine behavior. Consequently, attitudes have a bigger impact on intentions, despite reducing beliefs' influence on dispositions (see Table 3). The values of the adjustment

and residual parameters [$\chi^2 = 256,26$ (41df) $p > 0.05$; CFI = 0.997; GFI = 0.990; RMSEA = 0.008] allowed us to accept the null hypothesis regarding the similarities between the theoretical dependency relationships and the weighted dependency relationships.

| | Factor 1 | Factor 2 | Factor 3 | Factor 4 |
|----------|----------|----------|----------|----------|
| Factor 1 | 1.000 | 0.496 | 0.281 | 0.330 |
| Factor 2 | 0.496 | 1.000 | 0.230 | 0.384 |
| Factor 3 | 0.281 | 0.230 | 1.000 | -0.024 |
| Factor 4 | 0.330 | 0.384 | -0.024 | 1.000 |

4. Discussion

Abortion in emergency situations, which according to doctors can cause harm to the mother or the fetus itself, is permissible in most religions and is not criminalized. However, without having these conditions, abortion, in addition to taking the life of a child, can cause great damage to the mother and the society in terms of moral and physical, and therefore it is not permissible (Daigle et al., 2022). The current study contributes to the knowledge state by establishing an exploratory factor structure of the planned termination of pregnancy based on religious beliefs. Each of its factors and indicators is consistent with its obliqueness and promax rotation criteria.

A randomized and stratified sample, as well as a study in a non-university population, would enable a confirmatory factor analysis of established dependency relationships, but the context, sample selection, and exploratory factor analysis prevent generalization of the data to other study areas. In contrast to exploratory factor analysis, confirmatory factor analysis determines whether factors not included in the dependency relationship model have an impact by weighing measurement error. An exploratory factor analysis does not seem to be affected by homoscedasticity -constant measurement error in indicators and factors-whereas the confirmatory factor analysis would be affected by it (Carbonelli & García Bossio, 2023). The public policies that emerge from these results show that the population between 18 and 22 years of age is prone to plan their termination of pregnancy and based on this finding, it is possible to anticipate risk scenarios, as well as prevention, self-care and self-efficacy in vulnerable populations. It can be concluded that, the religious believed that abortion in the emergency situation and based on the medical reports which have the possibility of life-threatening of mother and child is allowed and is not considered a crime.

5. Conclusion

The objective of the present work was to specify a model for the study of pregnancy termination, although the design limited the findings to the sample, positive relationships were established between religious beliefs, attitudes and intentions regarding behaviors. Future lines of research regarding factors explaining abortion intentions will allow anticipating demographic growth scenarios. Considering these characteristics and recommendations, a study could define the impacts of reproductive health policies generally and the abortion decriminalization specifically on women and their partners' beliefs, attitudes, intentions, and behaviors during childbirth or abortion.

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