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University Students' Thoughts on Artifical Abortion

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Abstract

This study is a phenomenological qualitative study that confirms the structure of college students' thoughts on artificial abortion. The data collection period was from 5 March to 10 April 2022. To this end, a total of three interviews were conducted on seven college students aged 20 to 25. Interview data were conducted through analysis and interpretation using the phenomenological research method, the Giorgi method, and as a result, 40 semantic units were derived, grouped into six sub-components, and divided into three categories. As a result of the analysis, college students' thoughts on artificial abortion consisted of fetal rights, respect for women's rights, and choices for a healthy life. Based on the above meaning, college students' thoughts on artificial abortion were, in conclusion, that considering the happiness of the baby and the quality of life of the woman, consideration for non-marriage mothers was more urgent than legal sanctions, and that abortion was not irresponsible. Accordingly, this study suggests that understanding and consideration for pregnant women should be prioritized over legal sanctions.

Keywords: Artificial Abortion, Choice for a Health Life, Fetal Rights, Respect for Women's Rights

1. INTRODUCTION

Artificial abortion is not a rare phenomenon in our society, nor is it a relatively recent new phenomenon. At the same time, it is also found that the motives for accepting abortion vary. In the meantime, pregnancy and childbirth have been dismissed as personal affairs of pregnant women, but there have been many social restrictions in the process, and women have responded to these restrictions by means of artificial abortion. The issue of abortion has a complex structure involving social and cultural factors, such as the trend of the time or the traditional family system in each country, the controversy over the moral status of the fetus, and medical factors such as the development of reproductive medicine. Therefore, it is difficult to expect effectiveness to generalize and evaluate the attitudes of groups with diverse motives toward abortion [1].

The perspectives on abortion are as follows in medicine, women's human rights, law, women, and politics. In the medical field, it is believed that fetuses who have passed a certain period of gestation should be given the right as human beings with life, starting with fertilization of eggs and sperm and understanding it as a process of developing into embryos and fetuses. At the same time, with the improvement of medical technology, artificial abortion has been accepted as a relatively safe medical procedure, allowing women to deal with artificial abortion at the level of women's rights [2-3]. In the field of women's human rights, the issue

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of contraception and abortion rights is raised as a political topic to free women from the bondage of family and parenting. In developing countries, population growth was perceived as a threat to the sustainability of society, so artificial abortion was implemented as a part of the population regulation policy. In other words, the explosive increase in population brought a burden beyond the limit that society could provide, and as a result, the government attempted to control pregnancy and childbirth to control the population. First of all, providing contraceptive tools and techniques, and artificial abortion was a secondary population control policy for women who failed to contraception. On the other hand, there is also a view of childbirth and protection of the next generation that will maintain society and families. Although abortion is an extremely personal issue, policy intervention is justified because maintaining society and families, and protecting the life of the fetus as much as possible, is related to the importance of national policy [4].

In the case of Korea, artificial abortion was used as a major means of controlling childbirth along with contraception at the time when the quantitative suppression policy of the population began, and in the past, the government was also in a position to stand by. Furthermore, in Korea, artificial abortion was widely accepted as a means for preference for childbirth and tuberculosis control other than childbirth control. Currently, artificial abortion of married women aged 15-44 is decreasing due to the spread of stable contraception methods and the increase in women's contraception practice. Artificial abortion compared to total pregnancy in 1994 was 28.4%, and since then, it has continued to decrease to 26.1% in 1997 and 24.1% in 2000. The average number of experiences of artificial abortions of spouses aged 15-44 was 1.2 in 1978, 1.1 in 1985 and 1988, and decreased to 0.7 as of 2000 [5].

However, despite the continuous decline in artificial abortion, the health of women who have undergone the procedure is not systematically protected because artificial abortion is still performed. In the 1960s, when population suppression policies were emphasized around family planning, positive evaluations prevailed that they played a significant role in lowering fertility rather than negative effects on artificial abortion. However, artificial abortion has a negative impact not only on health but also on demographic sociology, and can have a serious adverse effect on maternal health. It suffers physical and mental pain from unwanted pregnancy, which can also cause acquired infertility, stillbirth, and even maternal death. The arbitrary termination of unwanted pregnancies can be linked to the trend of belittling life by destroying the basic principle of human dignity that even the fetus is life. The human rights of mothers who suffer physically, mentally, and socially from unwanted pregnancies are also not protected. In addition, abortion is a cause of huge social expenditures due to costs and waste of medical personnel. In addition, the cost of complications occurring after artificial abortion is estimated to be significant even though there are no accurate statistics.

The Maternal and Child Health Act 1973 stipulates that doctors may legally terminate a pregnancy for medical reasons such as eugenic or genetic mental disorder or physical illness prescribed by Presidential Decree, rape or quasi-rape, pregnancy. Interpreting this means that the fetus has the right not to die, but the right to life of the fetus is weaker than that of other human beings. Therefore, if there is a serious need, the right to life of the fetus is conceded to other factors, and abortion is acceptable. When asked if terminating a fetus violates its right to life, the author argued that even if the fetus had a right to life, terminating the fetus would very rarely violate its right to life, because it includes what the fetus needs to survive: preventing the mother from using her body. But he also criticized this explanation of the right to life as being wrong [6]. In this way, the position of women and the position of the fetus are sharply flowing in the opposite direction. Accordingly, this study attempted to explore the best direction by analyzing the thoughts of young people on artificial abortion, which is difficult to obtain these answers. In other words, this study attempted to find out what perspective college students have on artificial abortion and what its meaning is. In order to construct the questions of this study, the following semi-structured questions were constructed by referring to the previously

studied papers [4], [7-8]. First, what does artificial abortion mean? Second, if there is a situation where you have to decide to terminate an artificial pregnancy, what will you focus on the decision? To this end, a total of three interviews were conducted on seven college students aged 20 to 25.

2. METHODS

This research was a phenomenological qualitative study that analyzed the thoughts of abortion in college students aged 20-25 using the Giogi method. Data collection and analysis were conducted simultaneously, and the period was from March 5 to April 10, 2022.

2.1 Participants

In the selection of study participants, a non-probability sample was used to find participants who can provide a lot of insight into the phenomenon [8]. In other words, college students between the ages of 20 and 25 were selected to explore specific aspects of the phenomenon in detail, and people who could actively participate in interviews were selected to select people who would provide a lot of information on the subject. The specific criteria of the participants applied in this study are as follows. First, at the time of the survey, the study participants were selected as three men and four women enrolled in college as age groups between 20 and 25. Second, based on previous studies on abortion, such as [4], [7], [9], and [10], the study participants were organized in various ways so that the perspectives of college students on abortion were sufficiently. Third, after explaining the purpose of research on this study, it was limited to those who could understand it and actively express their perspectives honestly. Fourth, it was selected as a participant who had a belief that this study was helpful to the standards of participants' lives as an opportunity to reflect on themselves through this research process. Fifth, this study targeted college students aged 20 to 25 who promised to abbreviate things that could be difficult due to the exposure of individual privacy, and expressed their intention to participate in understanding and truthfully revealing them. The characteristics of the participants in this study are shown in Table 1.

2.2 Data Collection

For the interview preparation and process conducted in this study, the researcher planned a research paper on how college students thought of termination of pregnancy and posted a notice to find the study participants, and selected seven college students who expressed their intention to participate in the announcement. The process of writing the interview questionnaire used for the interview of this study is as follows. Perspective on abortion [11-12]. The perspectives [2] and [3] on abortion laws were reviewed, and the open in-depth interview consisted of four consecutive structures [13]: 'the abortion perspective', 'the abortion legal perspective', 'the abortion women's experience', and 'the meaning of abortion'. Interviews were conducted three times for each participant from March 5 to April 10, 2022, and it took an average of more than two hours per time, and all contents were recorded with the consent of the participants. The interview progress was centered on the semi-structured questionnaire created by the researcher. After the end of the first and second interviews, it was confirmed whether there was any difference from the contents stated to the study participants, and any deficiencies or questions were confirmed and supplemented through additional questions. In addition, field notes recording the human characteristics of the study participants, verbal and non-verbal expressions and behaviors observed during the interview, the research process, the researchers' points to pay attention to, and the data necessary for analysis were prepared.

2.3 Data Analysis

This study used Giorgi's phenomenological analysis method focusing on what is currently being thought through in-depth interviews on the technology of the study participants. The analysis process of Giorgi's research method consists of 'overall perception', 'classification of semantic units', 'transformation of semantic units into academic terms', and 'integration into structures'. Accordingly, this study conducted an analysis according to the context as follows. Step 1, the data were repeated and considered. Step 2, the participants were asked again for ambiguity. Step 3, the participants were literally identified. In step 4, themes were identified in each unit. Step 5, the focus meaning was identified in the researcher's language. Step 6, from the perspective of the participant, the meaning of the experience was situational description. Step 7, the situation and structural description were integrated and prepared as a general structural description. As described above, while simultaneously conducting the data collection and analysis process, where there is different technical content between the meanings of the experiences was asked again to confirm. By repeating this process, semantic units were derived. As a result, 40 semantic units were derived from 7 study participants. Components were derived based on the derived semantic unit, and the correlation between various components was analyzed and integrated into the structure of experience. As a result, college students' thoughts on abortion were integrated into a structure consisting of six components and 40 sub-components.

In the data analysis process, the researcher returned to raw data every time he analyzed with a phenomenological reduction attitude, and repeated the process of verifying and supplementing the semantic unit derivation process. For this study, the researcher participated in workshops related to qualitative research and honed his/her ability as a phenomenological researcher. In addition, when it was necessary to increase the validity of the statement contents during the data analysis process, the research participants were asked again to confirm whether the interpretation was correct, and the relationship between the components was also checked and the work was shared. Furthermore, it tried to secure the validity of the analysis by requesting reanalysis to two nursing professors who received doctorate degrees through qualitative research.

3. RESULTS

3.1 General Characteristics

The final participants in the study were 3 male students and 4 female students (Table 1). Religion was one Catholic, one Protestant, and one Buddhist, and four had no religion. The ages were 1 person aged 21, 2 people aged 22, 2 people aged 23, 1 person aged 24 and 1 person aged 25. There were 4 pros and 3 cons regarding abortion.

No	Gender	Age	Religion	Agree/Disagree
1	Male	25	Catholic	Disagree
2	Female	22	Protestant	Agree
3	Female	22	Buddgism	Disagree
4	Male	24	None	Agree
5	Male	21	None	Disagree
6	Female	23	None	Agree
7	Female	23	None	Agree

Table 1. General characteristics

3.2 Questionnaire

There were two questions of this study written based on previous studies (Table 2).

Table 2. Questionnaire

1	What does	artificial	abortion	mean'
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2 If there is a situation where you have to decide to terminate an artificial pregnancy, what will you focus on

3.3 Thoughts of artificial abortion

University students' thoughts on abortion, derived according to Giorgi's phenomenological analysis procedure, consist of six components and 40 sub-components (Table 3). A representative case for each sub-component is described as follows.

Question 1. What does artificial abortion mean?

Component 1. Fetal Rights

Abortment is absolutely unwise to deprive a beautiful world of all the qualifications it can enjoy.

Killing one's own child with one's own will is an act of murder

It is so wrong to terminate a pregnancy for fear of an unfortunate future that is not even certain.

Killing innocent lives is morally wrong

Abortion should be restricted from six weeks after the heart can be heard.

Component 2. Happy Life for Women

Abortion should allow abortion in special cases.

It can't be helped if the mother is threatened with life by pregnancy.

It's a way to avoid giving birth when you accidentally get pregnant.

I want to respect the choices of people who are not ready to give birth.

It can affect a child's education and emotional establishment, and the resulting unhappiness must be considered.

Secondary damage and an unaffordable pregnancy is a better way than to hurt a child more.

If you are pregnant with one mistake or bad things, even a child born will have a hard time.

There are people who are at risk from unplanned pregnancies, such as financial situations, so they should be legally given a choice.

If abortion is legally prohibited, abortion will be done phonetically by non-professionals.

Abortment surgery is just the last resort.

Even the basic rights of children born with unwanted pregnancies may not be guaranteed.

The mother's life should also be respected.

A child born with sufficient respect and support can lead a happy life.

Component 3. Responsible abortion

Abortion requires determining pregnancy to the extent that it can be held accountable.

Abortion should be able to make decisions while keeping a moral conscience.

The legalization of abortion will not lead to excessive abortion.

It can be an alternative for single mothers to live a new life.

Component 4. Expansion of Pregnant Women's Rights

There should be more consideration for single mothers.

Legal and institutional arrangements should also be established for men to be responsible for pregnancy, childbirth, and parenting.

The provider of nutrition to the child is also pregnant, and the owner of the body who has to bear the pain of childbirth after 10 months is pregnant, so of course the woman should be given the right to decide

Adolescents are not socially stable and are forced to undergo many abortions

I don't necessarily approve of abortion, but I think it's an inevitable operation

Women's human rights are more important.

Abortions are also a matter of women's lives.

Question 2. If there is a situation where you have to decide to terminate an artificial pregnancy, what will you focus on?

Component 5. Wanting to be stable

The most important thing I think is the position of the parties.

When it is too difficult socially and economically, I think that abortion surgery can relieve any anxiety.

The birth of an unwanted child leaves an individual's future at a loss.

Teenage pregnancies will go into hiding under poor reviews from people around them.

Pregnancy and childbirth will prevent them from continuing their economic activities.

I want to get pregnant and give birth in the blessings of people around me.

Component 6. Physical and Mental Health

If you have an abortion, you will focus on the side effects of whether you are more likely to be infertile later. Abortment is killing innocent lives by interrupting the life of a fetus.

Abortion damages the health of pregnant women and causes mental distress.

I think the memory of abortion will last forever.

The continuation of unwanted pregnancies will also be negative for fetal development.

Table 3. University Students' Thoughts on Artificial Abortion

Elemental Factors		Subelemental Factors	
Fetal rights	1. Living fetus (5)	An unreasonable thing, An act of murder, An uncertain misfortune	
	,	An innocent life, The sound of a heart	
		A special case, A threat to life, Avoiding, Respect own choice	
	2. The happy life of a	Considering misfortune, The nest best thing, Difficulty, Dangerous	
Respect for women's	women(13)	A negative prodedure, The last choice, Fundamental rights, Respect the happiness of a child	
huamn rights	3. A responsible abortion(4)	Scope of responsibility, A moral conscience, Don't overdo it, Alternative	
	4. Extending the rights of pregnanct women(7)	Consideration, An institutional arrangement, The master of the body, I can't help it, An inevitable choice, The human rights of women	
Choice for a	5. I want to be stable(6)	The position of the parties concercened, A sense of insecurity, Be at a loss, Seclusion, Career break, Blessing	
healthy life	6. Physical and mental health(5)	Side effects, An innocent life, Pain, An abortion nightmare, Negative fetal development	

4. CONCLUSION

Although pregnancy is a mysterious physiological phenomenon that heralds the birth of a new life, pregnancy is terminated for various reasons. Pregnancy can be divided into early, mid, and late stages. In the early stage of pregnancy, due to the development of the fetus' body organs, the opportunity for deformities is high during this period, and as we enter the middle stage, we begin to show characteristics as a human being, such as hearing the fetal heartbeat. Therefore, when it is difficult to continue pregnancy for various reasons, many pregnant women who visit the hospital to terminate pregnancy often give up pregnancy after hearing the heartbeat of the fetus. Humans do not easily decide on abortion because ethics and moral consciousness about life are fundamental. However, even if abortion is decided for various reasons, many people are rejected due to legal sanctions. Therefore, women activists are raising their voices against women's basic rights.

The most important factor influencing the occurrence of complications of abortion is the duration of pregnancy [14-15]. Despite many post-pregnancy abortions that threaten the health of pregnant women, the reasons for deciding to abort after mid-pregnancy include not recognizing the symptoms of pregnancy or refusing to accept the reality of pregnancy, hesitation, economic problems, and the law banning minors from terminating pregnancy [14]. Studies of abortion suggest that easier use of abortion would facilitate its use [17] and that those who repeatedly terminate pregnancy tended to have less contraception than sexually active nonpregnant women [18]. However, it is argued that there is no evidence that contraceptive use is reduced when abortion is free [19]. In general, the causes of infertility can be ovulation disorders, sperm abnormalities, environmental changes in cervical mucus, tubal dysfunction, and endometrial lesions, and the presence of antistatic antibodies in patients with infertility who are unknown. The aftereffects of artificial abortion include natural miscarriage, premature birth, menstrual disorders, and infertility [20]. The incidence of aftereffects after artificial abortion is more frequent than in women without experience of abortion [21]. Therefore, it can be assumed that artificial abortion will adversely affect not only women's physical health, but also social costs and further mental health. However, abortion is the last resort, and if women's lives and babies' lives are difficult due to the continued pregnancy, measures should be taken. This study was meaningful in finding a healthier life direction by analyzing the thoughts of young people in childbearing age. Based on the results of this study, it is summarized as follows. Abortion was the last resort of their choice. However, unless abortion is legally permitted, they are more likely to choose non-professional procedures, and they can't guarantee happiness in women's lives and fetal lives even if they give birth. However, if there was a social consideration for single mothers, they wanted to protect the importance of life.

REFERENCES

- [1] K Kouloutbani, K Karteroliotis, A Politis, The effect of physical activity on dementia, Psychiatriki, Vol. 30, No. 2, pp. 142-155, 2019. doi: 10.22365/jpsych.2019.302.142.
- [2] Statistics Korea 2020 Senior Citizens Statistics, http://kostat.go.kr, 2020.
- [3] Central Dementia Center, Korean Dementia observatory, http://www.nid.or.kr, 2019.
- [4] JH Kim., DY Lee., SJ Lee., B Y., NC Kim, Predictive relationship between BPSD, ADLs and IADLs of the elders with dementia in Seoul, Korea, J Korean Gerontol Nurs, Vol. 17, No. 1, pp. 1-9, 2015, doi:10.17079/jkgn.2015.17.1.1.
- [5] HJ Bae, Treatment of mild cognition impairement. Dementia and Neurocognitive disorders, Vol. 2, No. 2, p. 108-114, 2003.
- [6] Limor Raz, Janice Knoefel, Kiran Bhaskar, The neoropathology and cerebrovascular mechanisms of dementia, J Cereb Blood Flow Metb, Vol. 36, No. 1, pp. 172-186, doi: 10.1038/jcbfm.2015.164.

- [7] YH Choi etc., Elderly and health, Hyunmunsa, Seoul, 2010.
- [8] Teri L, McCurry SM, Buchner DM et al. Exercise and activity level in Alzheimer's disease: a potential treatment focus. J Rehabil Res Dev. Vol. 35, No. 4, pp. 411-419, 1998.
- [9] BH Oh, Diagnosis and treatment for behavioral and psychological symptoms of dementia, Journal of the Korean medical association, Vol. 52, No. 11, pp. 1048-1054, 2009.
- [10] JI Kim, Factors affected problem behavior of the elderly with dementia in elderly care facilities, The korean society of living environm2nt system, Vol. 19, No. 5, pp. 584-594, 2012.
- [11] Nobil A., Riva, E., Tettamanti, M., Lucca, U., Liscio, M., Petrucci, B., & Porro, G, The effect of a structured intervention on caregivers of patients with dementia and problem behaviors: A randomized controlled pilot study, Alzheimer disease & associated disorder, Vol. 18, No. 2, pp. 75-82, 2004.
- [12] NH Doo, Factors influencing caregivers burden as spouse for the elderly with dementia at home, Master thesis, Samyook University, 2018.
- [13] JA Son, E Park., M Hyun, A grounded theory approach to the adjustment experiences in spouses of elderly people with dementia, Journal of korean academic society of home health care nursing, Vol. 25, No. 2, pp. 184-196, 2018.
- [14] Feast A, Orrell M, Charlesworth G, Melunsky N, Poland F, Moniz-Cook E.Feast A, et al., Behavioural and psychological symptoms in dementia and the challenges for family carers: systematic review, Br J Psychiatry. Vol. 208, No. 5, pp. 429-434, 2016. doi: 10.1192/bjp.bp.114.153684.
- [15] National institute of dementia, Korean dementia observatory, 2020.
- [16] Ministry of health and welfare, The 4th ('21~'25), Korean national dementia plans, 2020.
- [17] SM Jeong, Senior Nursing Home Life Assistance Officer's knowledge of dementia, burden and job satisfaction. Master's thesis, Catholic University, 2004.
- [18] HM, SW, knowledge, attitude, and prevention behavior of dementia in the elderly in the community, Master's thesis, Hanyang University, 2014.
- [19] Sara Balouch, Asghar Zaidi, Nicolas Farina, Rosalind Willis, Dementia awareness, beliefs and barriers among family caregivers in Pakistan, Dementia (London), Vol. 20, No. 3, pp. 899-918, 2021. doi: 10.1177/1471301220915066.
- [20] Aijia Soong, Shu Ting Au, Bhone Myint Kyaw, Yin Leng Theng, Lorainne Tudor Car, Information needs and information seeking behaviour of people with dementia and their non-professional caregivers: a scoping review, BMC Geriatr, Vol. 14, No. 1, pp. 61, 2020. doi: 10.1186/s12877-020-1454-y.
- [21] Jackie Bridges, Dementia care research: The key role of nurses and nursing, Int J Nurs Stud, Vol. 96:A1-A2, 2019. doi: 10.1016/j.ijnurstu.2019.05.001.
- [22] Fatma Nisa Balli, Pelin Unsal, Meltem Gulhan Halil, Burcu Balam Dogu, Mustafa Cankurtaran, Kutay Demirkan, Effect of clinical pharmacists' interventions on dementia treatment adherence and caregivers' knowledge, Geriatr Genontol Int, Vol. 21, No. 6, pp. 506-511, 2021. doi: 10.1111/ggi.14170.