



The Impact of Pro-life Education on Abortion Attitude in Nepal

Research Presentation

Master of Science in Nursing

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Model Verse

“So whether you eat or drink or whatever you do,
do it all for the glory of God.”

I Corinthians 10:31



Objective

- To determine the impact of pro-life education on the abortion attitude among Nepali college students.



Hypothesis

- There will be a change on abortion attitudes
after providing pro-life education

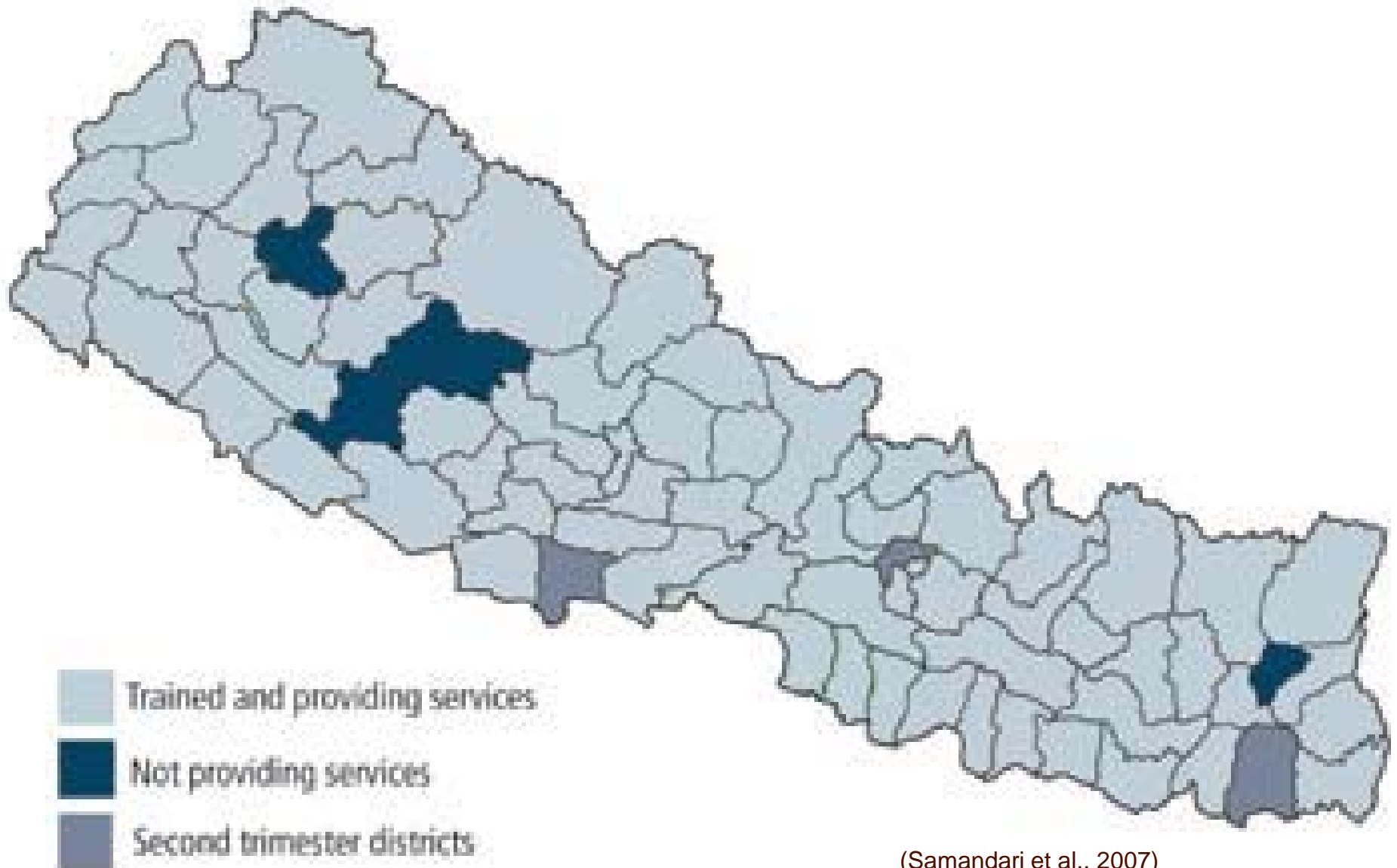


Background and Significance

- Abortion legalization in Nepal
 - 2002 and 2007
 - Liberal access to abortion
 - National & international involvement
 - Training on Comprehensive Abortion Care Services
 - Promotion of abortion

(Tamang & Tamand 2005;
Samandari et al., 2007 & Singh &
Jha, 2007)

Comprehensive Abortion Care (CAC) in Nepal-2007



(Samandari et al., 2007)



Literature review

No previous study done on pro-life and abortion attitude.

- Nepali Culture in relation to reproductive health
- Abortion attitude in the world and in Nepal

Literature review-

Relationship between education and attitude change

- Positive relationship
- Attitude change is an antecedent to behavioral change

Literature review- Pro-life ministry

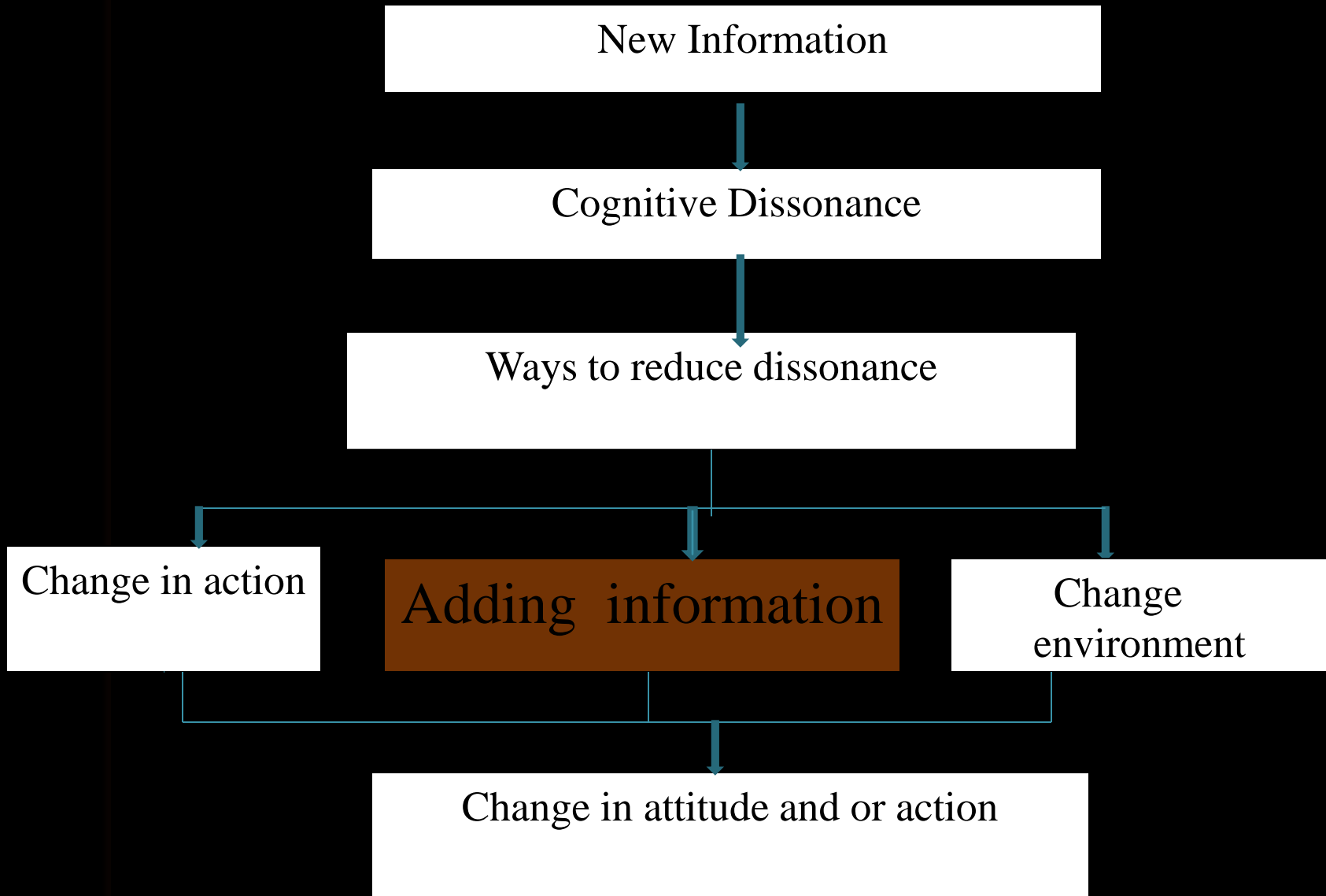
- 2300 pro-life ministry organization in North America
- **One** pro-life ministry organization in Nepal
- ✓ Voice of Fetus
- **2300:1**



Conceptual Framework

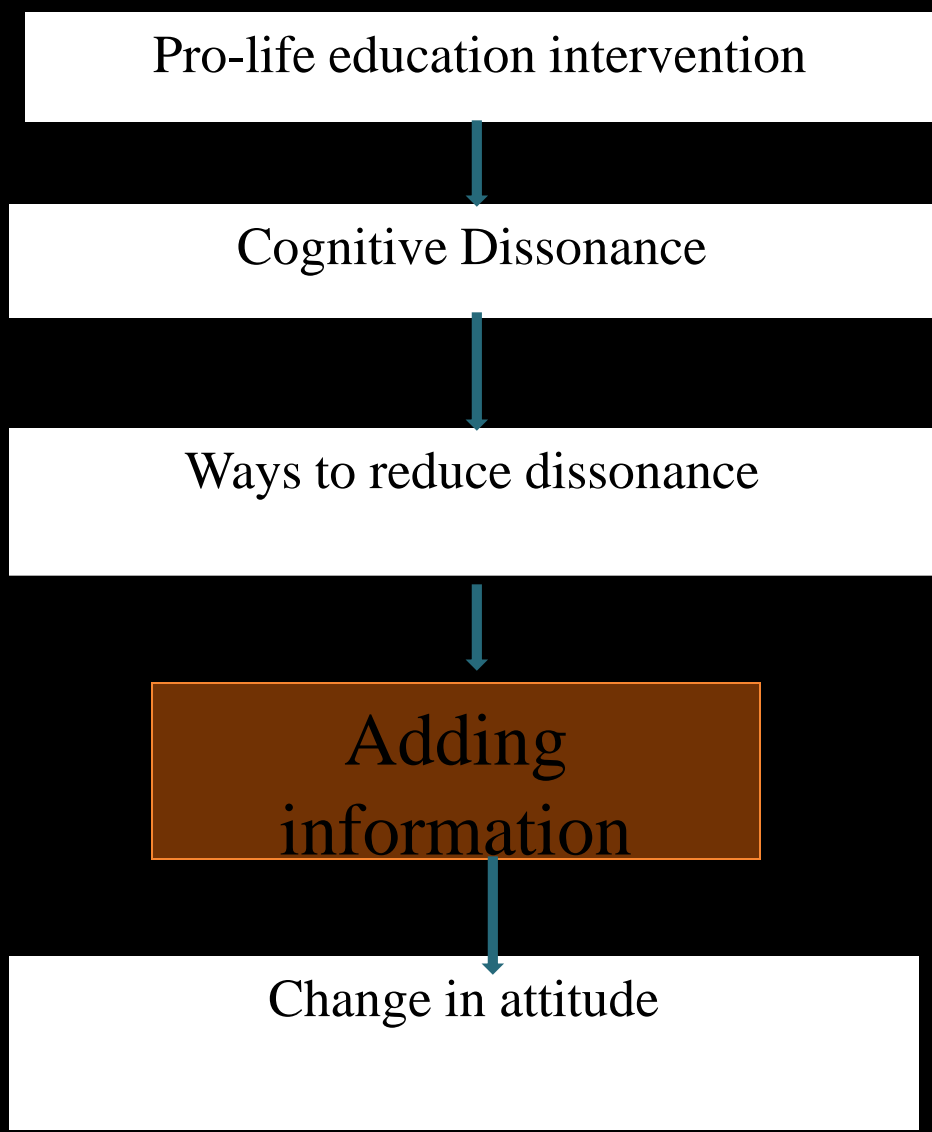
- Cognitive Dissonance Theory
 - Developed by Leon Festinger in 1957
 - Cognitive dissonance is a psychological discomfort that occurs when new information is gained which is inconsistent with the existing knowledge.





Theoretical Framework of Cognitive Dissonance Theory

(Festinger, 1957)



Study Framework of Pro-life Education based on CDT

(Festinger, 1957)

Research design

➤ The one-group pretest-posttest design

➤ Pretest → Treatment → Posttest

Subjects/Participants

- N=145 college students from 3 colleges
- Inclusion criteria:
 - Male and female college students in Kathmandu, Nepal
 - Aged 18 year-old or above
 - Understood written English and communicated in English
 - Willing to remain in the class during pretest, intervention and posttest sessions.

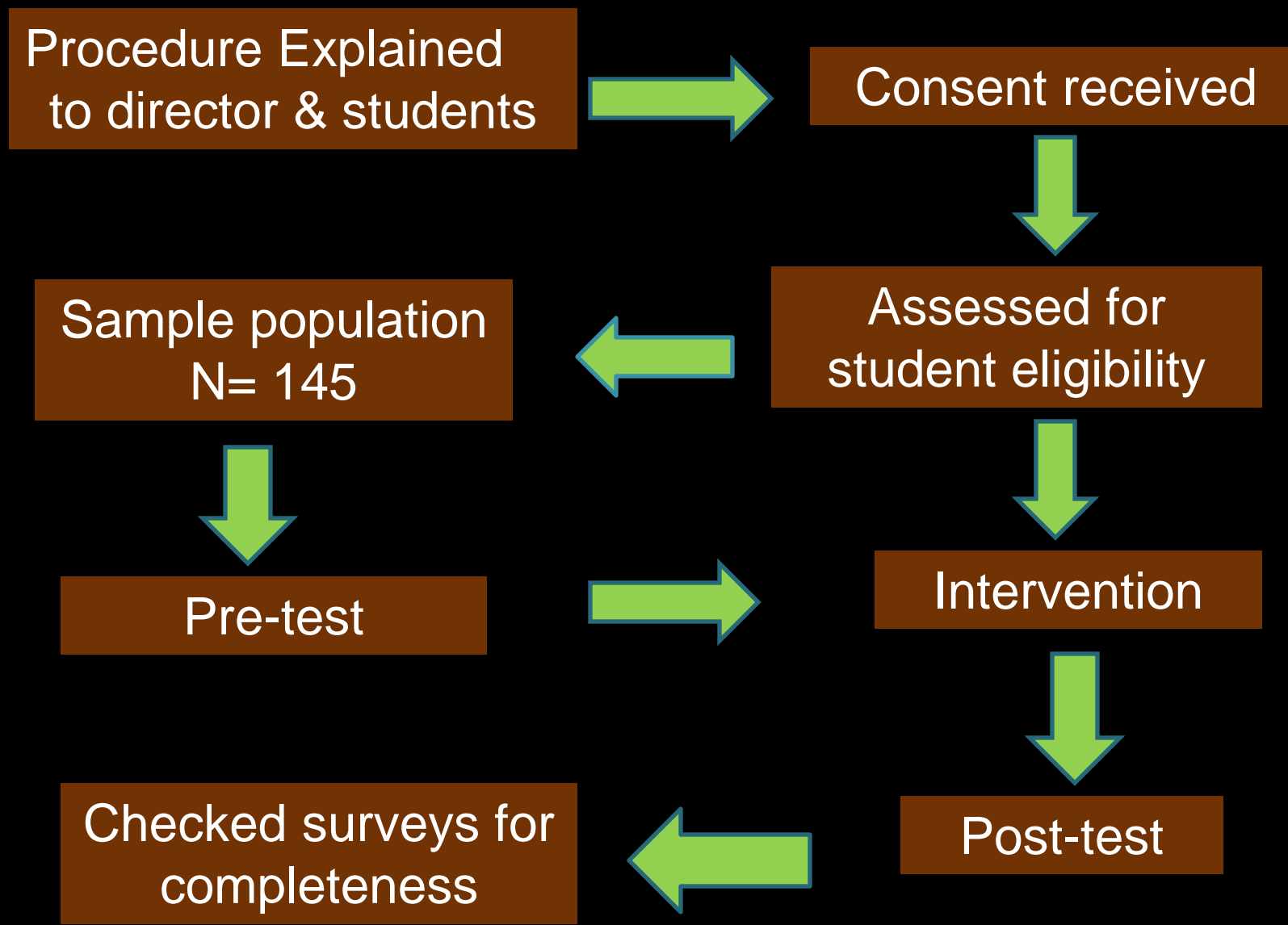
Location- Kathmandu, Nepal

CNN
iReport



COURTESY CHRISTA GÖCKEL

Procedure for data collection





Ethical consideration

- Appropriate educational package
- Non-judgmental
- Written permission
- Freedom to decline
- Student's grade not affected
- No anticipated harm

Instrumentation: Pro-Life Attitude Scale

- Designed by the researcher
- Validity
 - Face validity
 - Panel of experts
- Test retest reliability
 - Cronbach's alpha 0.82



Data analysis

- Statistical package: SPSS
- Descriptive analysis: Demographic variables
- Two-tailed paired t-test ($\alpha = 0.05$)
- Phi correlation

Demographic Variables

Variables	Frequency (n= 145)	Percentage (100%)
Age (years)		
18-25	<u>143</u>	98.6
>= 26	2	1.4
Missing data	0	
Gender		
Male	25	17.2
Female	<u>120</u>	82.8
Missing data	0	
Marital status		
Single	<u>137</u>	94.5
Married	7	4.8
Widowed	0	0.7
Missing data	1	
Number of children		
1 child	<u>2</u>	1.4
No children	143	98.6
Missing data	0	0

Length of residence in KTM		
< 5 years	61	42.1
≥5 years	<u>83</u>	57.2
Missing Data	1	.7
Religion		
Hinduism	<u>122</u>	84.1
Buddhism	19	13.1
Christianity	4	2.8
Others	0	0
Missing data	0	0
Education		
PCL associate	51	35.2
Bachelor 1 st year	<u>86</u>	59.3
Bachelor 2 nd year	7	4.8
Bachelor 3 rd year	1	.7
Missing data	0	0
Major		
Health Science	<u>86</u>	59.3
Management	59	40.7
Missing data	0	0

Table 1.2: Demographic Variables- Attitude

Variables	Frequency (n= 145)	Percentage (100%)
Preference of having male or female child		
Male	4	2.8
Female	9	6.2
Does not matter	<u>130</u>	89.7
Missing data	2	1.4
Previous teaching on abortion received		
Yes	27	18.6
No	<u>113</u>	77.9
Missing data	5	3.4
Previous teaching on pro-life received		
Yes	5	3.4
No	<u>135</u>	93.1
Missing data	5	3.4

Previous unwanted pregnancy		
Yes	3	2.1
No	141	97.2
Missing data	3	2.1
Previous abortion		
Yes	1	.7
No	140	96.6
Missing data	4	2.8
Heard of or know someone who had abortion		
Yes	120	82.8
No	20	13.8
Missing data	5	3.4

Results

Paired t-test result

t-test	Mean (\bar{X})	SD (\pm)	t	P = 0.000 * ($\alpha \leq 0.05$)
Pretest	2.91	.27		
Post test	3.22	.24		
Pretest mean- posttest mean	-.31	.26	-14.63	0.000

Itemized paired t-test

Items	Pre-test $X \pm SD$	Post-test $X \pm SD$	Difference mean
1.I believe human life begins at conception.	$3.46 \pm .67$	$3.90 \pm .32$.45
2. I believe life begins at birth	$2.81 \pm .97$	2.18 ± 1.03	-.63
3.All human life including the life of unborn children is valuable	$3.49 \pm .64$	$3.70 \pm .50$.21
4.All human life including the life of unborn children should be preserved	$3.42 \pm .68$	$3.75 \pm .45$.33
5.Every unborn baby should have an equal right to live as any other person	$3.52 \pm .64$	$3.73 \pm .48$.21

Items	Pre-test X ± SD	Post-test X ± SD	Diff. mean
6. I believe abortion is an intentional termination of a human life (rather than termination of pregnancy).	2.66±1.00	3.13 ± .88	-.48
7.I believe that abortion <u>at any stage</u> of the pregnancy is killing the baby.	3.20 ± .89	3.46 ± .80	.26
8. I believe that every woman should have the right to have an abortion if she chooses.	1.84 ± .71	2.14 ± .76	.30
9. I believe abortion can be used as a means of birth control.	2.85 ± .88	3.27 ± .86	.42
10. If the law says abortion is legal, it also means it is morally and ethically right.	2.78 ± .81	3.24 ± 3.33	.28
11. Mrs. Smith has 5 grown up children. She is 12 weeks pregnant. She wants to abort the child because her family cannot afford to have another baby. For given reasons, she should be allowed to abort the child.	2.09 ± .76	2.76 ± .80	.21

Item	Pre-test X ± SD	Post-test X ± SD	Diff. mean
12. Mrs. Smith found out that her baby in the womb has a genetic disorder. In this case it is reasonable to let the baby go through abortion (compassionate abortion).	2.08 ± .77	3.00 ± .89	.92
13. I believe that it is unfair for an unmarried woman to have to face the embarrassment of pregnancy as a result of sex before marriage or rape.	1.68 ± .76	1.97 ± .81	.30
14. I believe that after an abortion, a woman can have physical complications including death.	3.05 ± .68	3.49 ± .61	.44
15. I believe that after an abortion, a woman can have emotional, mental and spiritual difficulties.	3.20 ± .65	3.69 ± .48	.49
16. I believe that parenting and adoption are alternatives to abortion.	2.94 ± .75	3.57 ± .63	.62

Items	Pre-test X \pm SD	Pre-test X \pm SD	Diff. mean
17. I believe that the gender of the baby is determined only by the father.	2.02 \pm 1.17	2.17 \pm 1.18	.14
18. I believe that the partners (husband and wife or girl friend and boy friend) have mutual responsibility on making decisions on prolife or abortion.	3.48 \pm .74	3.57 \pm .67	.10
19. I believe that the current practice of gender selective abortion favoring baby boy is wrong.	3.70 \pm .62	3.61 \pm .83	-.08
20. I believe that my religious book values the life of an unborn baby.	2.92 \pm .81	3.39 \pm .70	.47
21. I believe pro-life is the right to life of an unborn baby.	3.15 \pm .68	3.64 \pm .48	.49
22. I believe there is a great need of prolife education among Nepali students.	3.75 \pm .43	3.78 \pm .42	.28

Correlation between improvement score & demographic variables

Variables	Phi Value	Sig value (P*)
Age	.34	1.00
Gender	.43	.97
Marital status	.91	.006
Number of Children	.46	.90
Length of residence in Kathmandu	.63	1.00
Religion	.72	.75
Major	.54	.45
Education	1.12	.001

Correlation between improvement score & attitude variables

Variables	Phi Value	P*
Preference of having male or female child	1.13	.001
Previous teaching on abortion received	.73	.67
Previous teaching on pro-life received	.75	.55
Previous unwanted pregnancy	.85	.58
Previous abortion	.86	.04
Heard of or know someone who had abortion	.86	.04

Discussion

- Supports original hypothesis
- There is a significant difference on abortion attitudes after providing pro-life education

($t = -14.63$, $p = 0.000$, $\alpha = .05$)



Limitations

- No control group
- Focused population and location
- Lack of generalizability
- Measuring attitude, not behavior



Implication for practice

- CDT and nursing research study
- Health care providers- Education
- Encouragement
- Hope abortion decreases worldwide



Recommendation for research

- Diverse population
- Answer the question-
 - Would change in attitude bring change in behavior?
- Concept analysis on pro-life
- Testing pro-life attitude scale



Contribution

- Laid the foundation
 - The first study on pro-life in Nepal
 - ✓ (Power - 0.86)
 - Pro-life attitude scale
 - ✓ (Cronbach α 0.82)
 - An example-use of CDT theory in Nursing
 - ✓ Use of other components of CDT
 - An example of Biblical integration in research

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Questions/Comments

