Eötvös Loránd University

Faculty of Education and Psychology

THESIS OF DOCTORAL DISSERTATION

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PSYCHOSOCIAL ASPECTS OF ARTIFICIAL ABORTION

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Introduction

The aim of the doctoral dissertation is to present some of the psychosocial aspects of artificial abortion and to explore, interpret them, to place them in a wider context and to deepen their understanding. The importance of the topic is partially given by the frequency of abortions. Artificial abortion is one of the most frequent gynecological interventions in the world: it is estimated that 56 million pregnancies are terminated annually by artificial means. Although the number of artificial abortions in Hungary has been declining for nearly two decades, and the number of pregnancies terminated in 2017 is less than a third of the 1990 value, it still means 28,500 terminated pregnancies (Hungarian Central Statistical Office, 2018). In 2017, there were 31 abortions in Hungary for one hundred live births, which is still to be considered high in Europe. Artificial abortion is a negative pregnancy outcome that affects many people at the level of the individual (and family) and also has social consequences and as research results showed they have negative consequences, which justifies an attempt to make a more thorough and comprehensive analysis to understand the psychosocial aspects of the issue. In the dissertation, we only discuss those abortion cases where termination is not due to a medical indication (e.g. it is not a pregnancy threatening the life of the mother and also not the genetics or other abnormalities of the fetus that justifies the termination of the pregnancy). Nor do we discuss other cases of fetal loss, such as spontaneous abortions. (Hereinafter, the term abortion is used in this narrower sense, and the terms pregnancy termination and abortion are used as synonyms.) I used the theoretical framework described by Coast et al. (Coast, Norris, Moore, and Freeman, 2018) to review the most relevant literature data related to the subject, as well as to interpret the results of my own research. Accordingly, all events related to pregnancy and its completion are defined by three groups of factors and can only be understood in their context. These are

- factors directly related to abortion (the occurrence of a specific life situation in relation to the pregnancy and the time between recognition of the pregnancy to termination, including the recognition and disclosure of pregnancy, the experience and emotions of abortion, etc.),
- features of the individual context (the affected individual's predispositions, attitudes, past experiences, abortion knowledge, relationship characteristics, etc.)
- social components (legal, health, social systems, and all socio-cultural factors, especially the social recognition of abortion, social standards of fertility and abortion, etc.).

As discussed above, the issue of artificial abortion is a rather complex phenomenon that is embedded in the interaction between individual life history, family-community structures, and socio-cultural contexts, and the interaction of various factors at different levels. In the

framework of this thesis, the study aims to explore and interpret the effects of certain psychosocial factors is relation to the topic of artificial abortion, which are presented in the research part of the current study (Figure1).

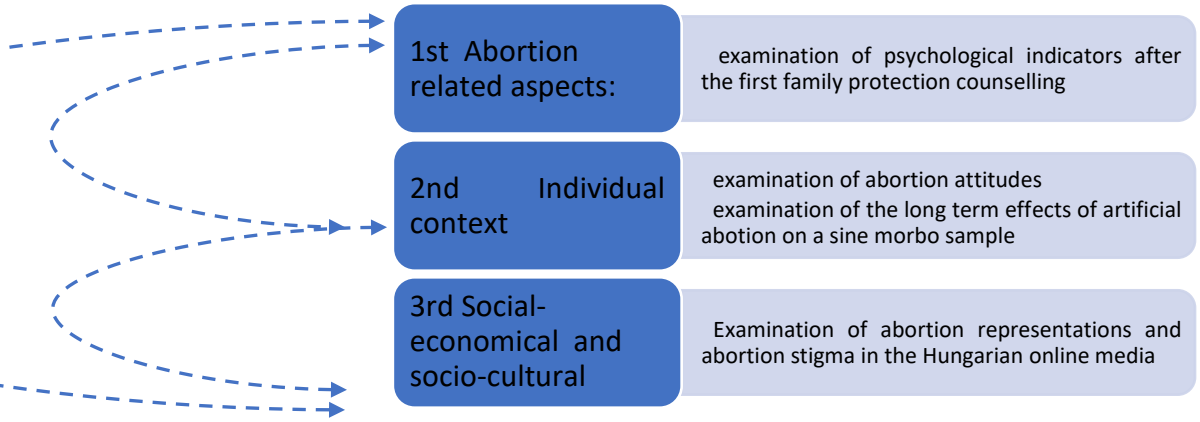

Figure 1. *Matching research elements to the theoretical framework*

I. Examining abortion attitudes

Analyzing beliefs about abortion isone of the most important elements of the current research. To this date, there has been little research on abortion attitudes in Hungary, although (with the possibilities provided by law) the decision to abstain or interrupt unwanted pregnancy is basically determined by attitudes of the individual (Altshuler, Storey és Prager, 2015). At the level of society, the same attitudes (as a social demand) influence political decision-makers in permitting abortions, therefore we can say that abortion attitudes influence reproductive decisions at both individual and social level.

The aim of the study:

During the large-scale (N = 1704) examination of abortion attitudes, the main goal was to define factors that influences attitudes about termination of pregnancy and to create an explanatory model. Another question of the study was the influence of contextual factors on abortion beliefs and furthermore what are the situations that makes pregnany termination more acceptable or rejected. I assumed that the general acceptance ofabortion and accepting a certain abortion related decision (e.g. someone own's or a partner's choice) are two separate elements of abortion attitude, which should be distinguished.

Methods:

The study was conducted in a quantitative way using an online survey. The questionnaire and recruitment advertising to participate in the study was partly provided by the snowball method and partly through online magazines.

During the examination I used standardized instruments (Reasoning About Abortion Questionnaire, Need for Closure Scale, Brief Stress and Coping Inventory's Life Meaning Subscale, Portrait Values Questionnaire, short 30-item Big Five Inventory). In addition, I assessed basic demographic data using a self-made questionnaire to measure some information on childbearing and artificial abortion and attitudes related to occupational role (on the sample of university students).

Key findings:

Since prior to this study, there was no tool available for measuring abortion related attitudes in Hungarian, the first step was the adaptation and psychometric analysis of the Hungarian version of the Reasoning About Abortion Questionnaire originally developed by Parsons, Richards and Kanter in 1990. The Reasoning About Abortion Questionnaire can be used to separate reasoning based on moral principles and considerations of personal, individual situations and interests in relation to pregnancy termination. According to Parsons and his colleagues, how a person thinks of abortion can be conceived as a continuum with the two endpoints representing two distinctly different philosophies. One endpoint is guided by moral judgment, which viewpoint is called "pro-life". According to the moral standpoint, human life begins with conception, which must be safeguarded and protected, and God is the only one who can make a decision about life and death, making abortion a murder in a moral sense. The other endpoint of the continuum about the decision whether to keep the fetus or terminate the pregnancy represents a personal choice, representing the individual's personal perspective and interests. This traditionally "pro-choice" view embraces the philosophy that human life begins at the moment of birth, the fetus is the extension of the mother, and it is the mother's indisputable right to determinate over her own body. Therefore, the Reasoning About Abortion Questionnaire regards moral and personal reasoning as two endpoints of the continuum, where each respondent can be placed. The constructs measured on the questionnaire examine not only the level of agreement or disagreement about abortions but also the form of argument in regards to abortions and how one is thinking about it. The questionnaire contains 20 items, with 3 reverse items on each scale. The items can be evaluated on a 5-point Likert scale based on how the degree of the respondent's agreement with the statement (1 = I totally agree, 5 = I don't

agree at all). The 20 items are sorted into a single bipolar factor, where the items have either a positive or negative loading. Items showing a positive correlation with the bipolar factor represent moral reasoning, forming the M (moral reasoning) scale of the questionnaire, while items with the opposite charge represent the P (personal reasoning) scale. In my study, the Reasoning About Abortion Questionnaire has an average value of 36.64 (SD = 11.29) for the P-scale, and the mean value of the M-scale (moral argument) is 22.93 (SD = 11.85), both scales showed a considerably high reliability ($\alpha > 0.95$). The average of the polarity index (M-P) formed from the scales is 15.70 (SD = 22.45), the positive number indicates the predominance of personal reasoning. The polarity-index indicated a high reliability ($\alpha = 0.937$). Overall, the Abortion Argument Questionnaire was found to be a reliable and valid tool for accessing opinion on artificial abortion.

The most important conclusions about abortion attitudes are:

1. Contextual information is an essential element of the evaluation of abortion, therefore, the acceptance of reasoning behind the abortion is not the same in different life situations, and a ranking can be established based on individual life situations. Typically, the termination of pregnancy is more acceptable in situations where pregnancy or its consequences are not under the control of the woman/mother, such as when the pregnancy is a threat to the mother, when there is violence, when the conception is a result of a criminal act, when developmental disorders are present and when the mother is affected by a chronic illness. The least accepted reason for abortion is if the mother already has one or two children, if the father does not want to keep the fetus, or if this is not the first abortion.
2. Those life situations in which a woman (couple) decides to terminate a pregnancy can also be arranged into factors. Analyzing the relationship between situational factors, I performed a Principal Component Analysis on the 19 scenarios presented in the questionnaire, which scenarios were based on the answers to the general acceptance question. The two factors reliably explain 78.39% of the variance (Cronbach $\alpha V = 0.93$ and Cronbach $\alpha EH = 0.98$). One of the factors referred to as "threatening" represents the situational aspects that are related to the dangers of pregnancy: e.g. one of the parents is a juvenile, pregnancy poses a risk for the mother, the child would be born with a developmental disorder, pregnancy was conceived through violence or a criminal act, either parent suffers from chronic physical or psychological illness, or if the mother is homeless. The other 11 situational aspects are related to the actual living conditions of the mother/parents (marital status, number of children, existential security, etc.), these

form the second factor which is referred to as life/social factor. *Table 1* shows the results of the Principal Component Analysis, the items of the two factors and the post-rotation factor loadings.

Situational aspects:	Factor loadings	
	1	2
the mother is juvenile	0.493	**0.726**
the father is juvenile	0.522	**0.682**
pregnancy poses a risk for the mother	0.139	**0.781**
the child would be born with a developmental disorder	0.210	**0.805**
the pregnancy is a consequence of violence, criminal act	0.201	**0.879**
the mother is suffering from a chronic physical or psychological illness	0.315	**0.838**
the father is suffering from a chronic physical or psychological illness	0.466	**0.666**
the mother already has a living child	**0.929**	0.191
the mother already has two live children	**0.935**	0.200
the mother already has three living children	**0.921**	0.240
the mother already has four or more living children	**0.856**	0.320
single mother	**0.851**	0.376
the mother's relationship is unstable	**0.855**	0.359
the father does not want to keep this fetus	**0.719**	0.328
the mother does not trust the father will provide enough support	**0.845**	0.375
the pregnancy endangers the mother's existential security	**0.768**	0.397
the mother is homeless	0.431	**0.738**
the pregnancy inhibits the mother in her studies and work	**0.808**	0.382
the mother has already had an artificial abortion	**0.804**	0.331

Table 1. *Illustration of the factor structure of situational aspects*

3. Whether an individual generally considers abortion to be acceptable or whether he/she considers it optional for his/her partner are two distinct elements of abortion attitude. This means that the judgment of each situation, although not independent of each other, might depend on whether we think about abortion in general or if about ourselves or our partner.

4. In case of endangering situations, there is less discrepancy in how one is thinking about abortions or how they perceive it in relation to themselves or their partner, than between situations on the life / social factor. (l. *2. Table*)

			2	3	4
1	Acceptance of artificial abortion: endangering conditions	r	0.725**	0.719**	0.433**
		p	0.00	0.00	0.00
2	Choice of artificial abortion: threatening conditions	r		0.611**	0.582**
		p		0.00	0.00
3	Acceptance of artificial abortion: life situation/social	r			0.671**
		p			0.00
4	Choice of artificial abortion: life situation/social				

*p<0,005; **p<0,001

Table 2. *Correlation of attitudes related to situational factors*

5. On an individual level, abortion attitudes are believed to be influenced by demographic key indicators such as gender, age, marital status, education, religion, and number of siblings (see Table 3 for details). Women are less likely to use personal arguments, while moral reasoning was more typical of male respondents. Personal reasoning decreases with age, and morality follows the opposite trend. Higher levels of education is in correlation with the use of personal arguments, while moral reasoning is mostly characterized by lower levels of education (8 years or less in primary education). Married individuals and couples who live in registered partnerships are significantly more likely to use moral reasoning while expressing their opinion about abortion than those who are single, divorced, or those who are living together with their partner without marriage or a registered partnership. The more siblings the individual has, the less likely they will use personal arguments. Religion is also one of the most influential variables: those who consider themselves religious are less likely to use personal reasoning to develop their abortion attitude.

	β	t	p
(Constant)		1.672	0.095
number of children	-0.298	-7.424	0.000
number of planned children	-0.244	-6.296	0.000
pregnancy (dummy)	-0.218	-7.25	0.000
importance of childbearing	-0.105	-2.536	0.011
age	0.094	2.745	0.006
(Constant)		1.101	0.271
importance of childbearing	-0.188	-4.741	0.000
number of planned children	-0.298	-7.997	0.000
number of children	-0.378	-9.756	0.000
age	0.083	2.408	0.016
number of siblings	-0.054	-1.989	0.047

Table 3. *Variables of the polarity-index model in strength order*

The abortion attitude is most strongly determined by the value of childbirth and by the intention (number of children and planned children): all three factors are in a moderate negative correlation with use of personal reasoning. The more children an individual has, or the more children they plan to have, and the more important having children is, the more likely that they will approach the question of abortion from the moral aspect, and less likely will they accept and choose abortion (Table 1.3.).

6. Abortion attitude shows a correlation with some aspects of the individual's value system (moral reasoning typically involves the choice of traditional, conservative values). Abortion attitude also shows a correlation with some characteristics of the individual's thinking (using moral reasoning shows a correlation with the tendency to avoid considering multiple aspects during problem solving).

7. The attitudes about abortion also influences how one is perceiving stigmatization: either in case of those women who already had an an abortion or in relation to those professionals who work in abortion care, those reported feeling higher levels of stigmatization who made their deicisions more based on considering various unique situations and not those who used moral reasoning.

Abortion attitudes on the sample of university students

A special subset of the above-described sample was formed by university students who are expected to meet the issue of abortion in their future professional life. In addition to the abortion attitudes among medical students, nurses, midwives and psychologists, the study also examined whether they are planning to participate in carrying out artificial abortions, or related medical education, psychological counseling and physical care for those who have had an artificial abortion.

The method of analysis was as described above.

Key results:

1. In relation to abortion attitudes, the students reported using personal rather than moral reasoning in their beliefs about abortion. Psychology students are mostly characterized by the use of personal reasoning ($H(3)=17.14$, $p=0.001$), there is no significant difference between the students of the other three professions in this respect. In other words, those with future psychologist qualifications are the ones who are most

concerned about the uniqueness of individual situations and individual aspects when thinking about abortion.

2. We can say in relation to actively performing abortion ($H(2)=28.30$, $p<0.001$), or in relation to provide the associated information and advice ($H(2)=10.05$, $p=0.007$) that moral reasoning is much more typical of those who are likely to refuse to perform these tasks in the future, compared to those who will be willing to undertake such duties or plan to work in a different field. There was a significant correlation between moral reasoning (i.e. life-party attitude) and refusal to participate in abortion ($p <0.001$). The willingness to perform abortion-related tasks depends on the way in which the individuals participate: the effect of moral reasoning is the strongest in when performing an intervention.
3. Medical students are planning most likely to take on tasks in regards to counseling and sharing information about abortion (48.7%). They would participate in a smaller proportion in the after-care (38.5%), and even less would participate in the intervention (12.8%), i.e. the willingness to participate decreases with the increase in involvement.

II. Pre-abortion psychological examination

With regard to the group of factors directly related to abortion, the research investigated what psychological state indicators characterize women who have applied for abortion after their first (A) compulsory family protection counseling.

Aim of the study:

The purpose of the study was primarily to better understand and describe the element of the artificial abortion process when 1) the woman concerned has already decided on abortion, but this decision can still be modified, and 2) the decision should be publicly communicated (i.e. to attend the next mandatory family protection counseling).

Methods:

The study was conducted using quantitative, questionnaire-based tools, the data came from a pen and paper or online test. The survey took place for six months in four counties with the involvement of local Family Protection Services. Questionnaires included demographic baseline data, relationship characteristics, childbirth and abortion issues, and some indicators of psychological status, such as

depression (Edinburgh Postnatal Depression Scale, EPDS), state anxiety (State Anxiety Inventory; STAI-S), perceived stress (Perceived Stress Scale; PSS4), satisfaction with the

relationship (Relationship Assessment Scale; RAS) and self-efficacy (General Self-Efficacy Scale, GSE).

Key results:

1. The period before the declared and final decision is characterized by the increased level of state anxiety (MD_{STAI-S}: 50.85). Higher levels of anxiety are associated with the delaying, postponing counseling (and thus abortion) ($r = 0.314$, $p = 0.019$), which, according to the literature, increases the risk of intervention.
2. The most common causes for chosing abortion are material, existential difficulties, and inadequate, unstable, or unsecure relationship status.
3. In a life situation in which the affected person chooses abortion, there are usually several factors in this direction, which means that there are several different reasons behind the termination of pregnancy. These are more often external causes than internal (directly related to the childbearing and its intention).
4. In the period of abortion decision, a well-functioning relationship can be considered a protective factor in terms of psychological adaptation.
5. Those who decide to have an abortion in spite of the fact that they are otherwise unacceptable or not likely to be acceptable they perceive the termination of their pregnancy as more stressful. In my sample, I found a moderate but significant correlation between the acceptance of abortion and the degree of anxiety ($r = -0.2$ for abortions in case of health threatening circumstances and $r = -0.33$ in association with life/social decisions). The appearance of depressive symptoms is not affected by the abortion attitude.

III. Investigating the long-term consequences of artificial abortion on a sine morbo sample

Among the variables that are part of the individual context, I have analyzed the long-term consequences of pregnancy termination in addition to the abortion attitudes mentioned above. The sample included women who had had an artificial abortion 8 months ago at least and had no psychiatric history until the questionnaire was completed.

Aim of the study:

This phase of the study was included in the current research in order to be able to analyze the later effects of the decision on abortion in terms of the features that determine long-term adaptation to artificial abortion.

Methods:

The test method was identical to the post-family counseling survey, but it was accessed online. The availability of the questionnaire and recruitment advertising were partially done by the snowball method and partially by targeting online magazines readers. The questionnaire was supplemented by the Impact of Event Scale-Revised (IES-R) measurement, which is suitable for measuring abortion-related distress, and with the Posttraumatic Growth Inventory (PTGI) for identifying positive changes in coping. The self-edited questionnaire contained items to measure consequences of the abortion decision (how much it is perceived as a good or personal decision, whether the individual was well informed, when it was decided, etc.) and items to access the consequences of artificial abortion and the abortion-stigma.

Key findings:

Based on the results, the main factor influencing long-term adaptation to the abortion was the reason for the decision itself and its autonomy.

1. It is determined by the reason for the abortion how a woman can adapt on the long term to the termination of her pregnancy. In this respect, those who are younger ($\beta = 0.35$, $t = 3.23$, $p = 0.003$) or have inadequate relationships ($\beta = 0.25$, $t = 2.33$, $p = 0.023$) do not undertake pregnancy: the level of distress is the highest in their case. The material-existential reasons behind the termination of pregnancy were not significantly influenced by the psychological indicators, but the satisfaction with the decision was: an uncertain financial situation is a reason that makes it acceptable for women to make get an abortion ($\beta = 0.44$, $t = 4.32$, $p = 0.001$).
2. In order for a woman to judge her decision on abortion on the long run, she must be able to feel it was her own decision ($\beta = 0.39$, $t = 3.85$, $p = 0.001$). It is also part of decision-making autonomy that adequate information and enough quality information was available during decision-making ($\beta = 0.66$, $t = 6.27$, $p < 0.001$).
3. A well-functioning relationship is also a protective factor in the long-term adaptation to abortion (the relationship is moderate but significant: $r = -0.30$, $p = 0.018$).
4. Whether a woman is planning to have a child in the future will influence how the abortion is perceived: it is more difficult to evaluate the termination of pregnancy later as a good decision if the woman has not yet considered her reproductive life to be closed (who are not planning to have a child later: $\beta = -0.355$, $t = -2.355$, $p = 0.027$).

IV. Abortion representations and abortion stigma in the Hungarian online media

Among the macro-level factors influencing abortion, the study included the appearance of abortion representations and abortion-stigma on online media platforms as characteristics of the socio-cultural and knowledge-based environment for chosing abortion. The importance of this issue is primarily due to the fact that fertile women develop and form their ideas through mass media platforms, in regards to making decisions about taking or terminating their pregnancy. Therefore societal and socio-cultural factors, including the environment in which they gather their knowledge, have a significant influence on the individual's choices.

Aim of the study:

The current research investigated what kind of discourse unfolds in regards to artificial abortion, tightening of the regulation and the total ban in the Hungarian online media. It also investigated what kind of associations appear in connection with artificial abortion in online articles. Another important issue of the research was whether the components of abortion-stigma are present in the examined articles. I thought it would be important to consider the latter because stigmatization alone is a predictor of the post-abortion mental health indicators for women. Stigma involves problems such as high levels of distress after having an artificial abortion, anxiety and depression, or social withdrawal and avoidance (Major, Appelbaum, Beckman, Dutton, Russo, and West, 2008).

Methods:

Since at the time of the data collection, the press coverage of the 2016 Polish abortion law was still extremely strong in the domestic media, I selected articles related to this topic from the 50 most read internet sites in the given time period. The analysis was carried out using a qualitative method, as I found it most suitable for recognizing and identifying patterns in the discourse through the use of words and wording (Miles and Huberman, 1984).

Key findings:

The conclusions drawn from the content analysis of the collected texts are as follows:

1. During the content analysis, I identified eight major topics, framed by the issue of abortion, these were: depicting artificial abortion as a social/demographic issue, abortion control and abortion attitudes, abortion as (physical) self-determination, describing abortion decision, the reasons and consequences of abortion, and women who chose abortion.
2. Online media almost exclusively displays the subject of abortion in a negative frame, often associating it with death, it being illegal or against the law. Experiencing abortion as a crisis,

overriding the nature of this experience supresses other abortion experiences of women, which may be more neutral or even more positive in reality (Beynon-Jones, 2017; Purcell et al., 2014).

3. The subject of abortion appears as an area of conflict, emotionally saturated, and requiring an unequivocal resolution, which is discussed in articles as a dichotomy, strenghtening the traditional pro-choice/pro-life categorization, something that is either supported/rejected or accepted/rejected.
4. Although the right of self-determination in the subject is reflected in many articles, it does not mean a real affair for the women concerned: Emphasizing the disadvantage, victim status, and pressure of environmental pressure on women who terminate their pregnancy, as well as framing abortion as a forced, bad, but necessary choice, just takes away the possibility of treating abortion as free choice for the women concerned.
5. In the articles through content analysis method, I have identified four main topics related to abortion-stigma: personalization of the fetus; psychological framing of artificial abortion, treating them as emotionally harmful, the secrecy of abortion and the discrimination of women seeking abortion. Examining the incidence of these on each type of platform, I found that more than a third of the analyzed articles and two thirds of the articles posted on female online platforms contained stigmatizing content or wording.
6. Among the stigmatization-mediating/maintaining communication modes, it is typical to describe abortion with a single-sided (negative) representation (mainly psychological), as well expressing that abortion is nesseccarily a secret and is associated with shame and guilt.
7. Rarely do personal stories, personal experiences appear in the texts. On the one hand, this leads to the distortion of the abortion-related facts (typical causes, age, life situation, etc.) and, on the other hand, to the fact that the contextual information relevant to the attitudes is barely displayed.
8. Abortion-related discourse completely excludes men (and with them their relationship), abortion is exclusively a topic for women (of childbearing age).

The psychological-psychiatric aspects of abortion are often considered as a topic on the international scene, but the number of domestic studies is extremely modest, even when compared to other topics of reproductive health (e.g. assisted reproduction). The aim of my research was, therefore, to collect knowledge on domestic patterns of abortion-related representations and stigma, abortion attitudes, and individual psychological characteristics of abortion at the individual level, and the long-term effects of abortion decisions. My research focused not on the psychiatric aspects of abortion, but on the underlying psychosocial factors.

In connection with the results of the above studies, I consider it important to emphasize the importance of psychological care from the first stage of abortion care (family protection counseling) to the post-abortion period. This includes, on one hand, the screening of women who are at risk of abortion and getting them into care as early as possible; informing them, offering them counseling and psychoeduction about intervention and its expected consequences; decision support; assisting them in the grieving process after abortion as needed and so on. All this presupposes, on one hand, the widespread availability of the above mentioned care, the transfer of up-to-date knowledge on artificial abortion in relation to education, and the transmission of credible information at the level of social communication, and thereby the reduction of abortion-related stigma.

Felhasznált irodalom

Altshuler, A. L., Storey, H. L. G., & Prager, S. W. (2015). Exploring abortion attitudes of US adolescents and young adults using social media. Contraception, 91(3), 226-233.

Beynon-Jones, S. M. (2017). Untroubling abortion: A discourse analysis of women's accounts. Feminism & Psychology, 27(2), 225–242.

Coast, E., Norris, A. H., Moore, A. M., & Freeman, E. (2018). Trajectories of women's abortion related care: A conceptual framework. Social Science & Medicine, 200, 199-210.

Ganatra, B., Gerdts, C., Rossier, C., Johnson Jr, B. R., Tunçalp, Ö., Assifi, A., et al (2017). Global, regional, and subregional classification of abortions by safety, 2010–14: estimates from a Bayesian hierarchical model. The Lancet, 390(10110), 2372-2381.

Központi Statisztikai Hivatal (2018). Magyarország, 2017. Letöltve: 2018. 11. 20-án: http://www.ksh.hu/docs/hun/xftp/idoszaki/mo/mo2017.pdf

Major, B., Appelbaum M, Beckman L, Dutton MA, Russo NF, & West C. (2008). Report of the APA task force on mental health and abortion. American Psychological Association. Letöltve: 2017. 10. 01-én: http://www.apa.org/pi/women/programs/abortion/mental-health.pdf

Miles, M. B., & Huberman, A. M. (1984). Qualitative data analysis: A sourcebook of new methods. London: Sage Publications.

Parsons, N. K., Richards, H. C., Kanter, G. (1990). Validation of a Scale to Measure Reasoning About Abortion. Journal of Counseling Psychology, 37(1), 107-112.

Purcell, C., Hilton, S., & McDaid, L. (2014). The stigmatisation of abortion: a qualitative analysis of print media in Great Britain in 2010. Culture, Health & Sexuality, 16(9), 1141–1155.

Saját publikációk a disszertáció témájában

Nagy Beáta Magda és Rigó Adrien (2019). Művi terhességmegszakítás a férfi partner szemszögéből. Orvosi Hetilap, 160(18), 690–695.

Nagy Beáta Magda & Rigó Adrien (in press). The psychosocial aspects of induced abortion – men in the focus. Men & Masculinities.

Nagy Beáta Magda, Huszár Katalin, Kaló Zsuzsa és Rigó Adrien (megjelenés alatt). A művi abortusz reprezentációja a magyar online médiában. Metszetek.

Nagy Beáta Magda, Huszár Katalin, Kaló Zsuzsa és Rigó Adrien (megjelenés alatt). Az abortusz-stigma megjelenése a magyar online médiában. Alkalamzott Pszichológia.