

Medical student research project 2011/2012

Knowledge and attitudes towards abortion
among the first year medical students
at the University of Buenos Aires, Argentina



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Abstract

Background

In Argentina abortion is considered as a crime with punishment up to four years of prison for the women and health workers who cause the abortion. The only exceptions from the current law are cases where the pregnant woman's life or health is in danger or where the pregnancy is the result of the rape of a mentally disabled woman. Still an estimated 500,000 abortions occur every year in Argentina, constituting approximately 40 per cent of all pregnancies. The consequences of these illegal and unsafe abortions are the leading cause of maternal mortality in Argentina, especially in teenagers.

Purpose

We wanted to investigate the knowledge and attitudes towards abortion among the Argentinean medical students.

Method

An anonymous survey regarding sexual and reproductive health was handed out to 454 first year medical students at the University of Buenos Aires. The data was plotted and processed in SPSS.

Results

Half (52,2%) of the medical students know that abortion is legal under certain circumstances, but as many as 26,4% of the students believe that abortion always is penalized and 17,2% answered that they don't know the current law. Regarding the attitudes towards abortion 49,1% think that abortion only should be legal in some cases, more or less as the law is today. On the other hand 20,7% of the students are in favour of a more liberal abortion law with total legalization, while 14,1% wants abortion to be totally illegal. The results reflect that a lot of the medical students want more exceptions from the current abortion law, especially regarding pregnancy as a result of rape. As many as 52% of the students are in favour of this exception even though it is not in the current law. Together with the students that are in favour of total liberalization of abortion they represent a majority supporting a more liberal law.

Conclusion

There is a lack of knowledge of the present abortion law and therefor a need for education of the medical students on this important topic. The attitudes vary among the medical students with almost 50% of the students wanting the law to remain as it is and groups on both sides supporting either a more conservative legislation or liberalization. The results reflect that there is a small tendency towards supporting a more liberal abortion law with more exceptions included.

Introduction

Preface – Choosing a topic

As a part of the medical education at the University of Oslo all students have to write an assignment on a medical topic. Several options from different fields of medicine were presented for the students. Professor in obstetrics and gynaecology at Oslo University Hospital, Rikshospitalet, Babill Stray-Pedersen was one of the presenters with a cooperation project between the University of Oslo and University of Buenos Aires regarding the knowledge and attitude of the Argentinean medical students towards family planning and abortion law. We were inspired by the presentation and wanted to participate in this research in Argentina in June 2011.

We were four medical students from the University of Oslo that participated in the project. Because the investigation included many aspects of both family planning and abortion we chose to split the research area so that in our assignment we focus on abortion, while the other two students mainly focus upon family planning.

Problem statement

Since the late nineteenth century abortion has constituted a crime in Argentina. Today abortion is still considered as a crime with punishment up to four years of prison for the women and health workers who cause the abortion. The only exceptions from the current law are cases where the pregnant woman's life or health is in danger or where the pregnancy is the result of the rape of a mentally disabled woman. Still an estimated 500,000 abortions occur every year in Argentina, constituting approximately 40 per cent of all pregnancies. The consequences of these illegal and unsafe abortions are the leading cause of maternal mortality in Argentina (1).

According to Human Right Watch the denial of a pregnant woman's right to make an independent decision regarding abortion violates or poses a threat to several human rights, among them the right to life, the rights to health and health care, the rights to non-discrimination and equality, the right to security of person, the right to liberty, the right to

privacy, the right to information, the right to be free from cruel, inhuman, or degrading treatment, the right to decide the number and spacing of children, the right to enjoy the benefits of scientific progress and the right to freedom of conscience and religion (2).

The controversy between the Argentinean abortion law, the women's human rights and the severe health consequences that unsafe abortion causes puts the Argentinean doctors in a difficult position where they have to comply with the penal code, deal with their own thoughts about abortion and at the same time provide the patients the best possible medical treatment.

It would be interesting to find out what the medical students in Argentina, in other words the future doctors of the country, know and think about the current state when it comes to abortion. Therefore the aim of our assignment is to investigate the knowledge and attitude towards abortion law among first year medical students at the University of Buenos Aires.

Background

About Argentina



Argentina is the second largest country in Latin America, located in the south between Chile and Uruguay. The country declared its independence from Spain in 1816. Following the independence and up to today there have been internal conflicts, military coups and dictatorships, but the country has been a democracy since 1983.

Argentina is now a federal state with 23 provinces and one autonomous city and is currently led by President Cristina Fernandez de Kirchner (since 2007).

Argentina has a population of 41,8 millions, where 13 million live in the capital Buenos Aires. Argentina is an urbanized country with about 92% of the population living in urban areas. The population is diverse with a mix of people with indigenous background, people with roots from the slave trade and European immigrants, especially from Spain and Italy. The European immigrants have had a big influence on Argentinean culture. The Argentineans are mainly Roman Catholic (92%) but with only about 20% that practice their religion.

With its natural resources, agriculture and industry Argentina once was one of the world's richest countries. The country has been going through several economic crises, with the most serious one in 2001. Today the GDP (PPP) per capita is 14 700 dollars, 30% of the population lives below the poverty line and the unemployment rate is 7,9% (3).

Health care is provided through the public sector, a compulsory social security sector (Obra Social) and a private sector with prepaid insurance (4). The life expectancy at birth is 72 for males and 79 for females in Argentina. Under 5-mortality rate is 15 (per 1000 live births) and the maternal mortality rate is 70 (per 100 000 live births), that is higher than the regional average of 66 (5).

About the topic

Abortion worldwide

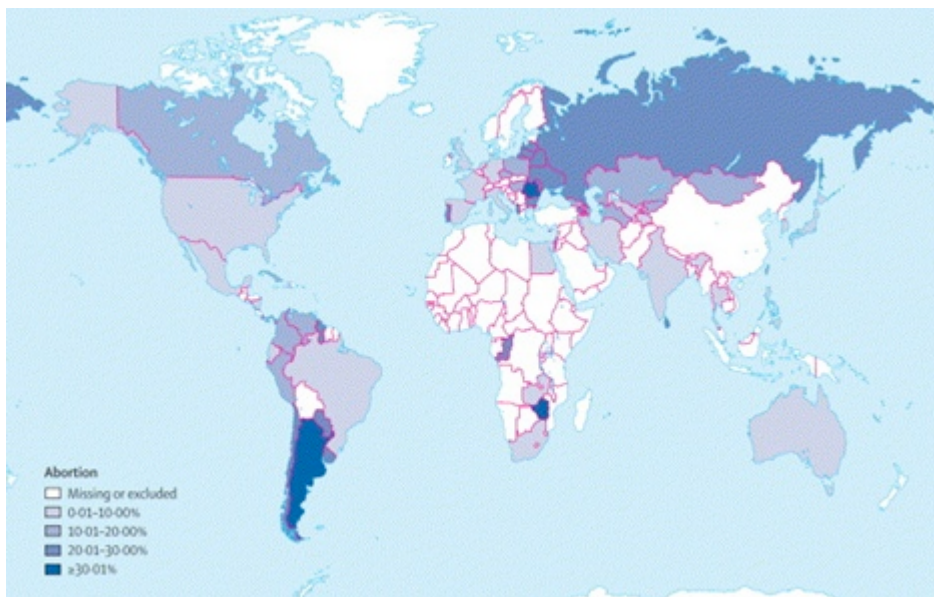
In general there was a decline in abortions worldwide in the 1990s, but the last ten years the abortion rate has increased again to an estimated rate of 43,8 million abortions in 2008. The number of abortion has mostly increased in the developing countries, while the abortion rate in the developed countries decreased in the same period. Today about one in five pregnancies worldwide end in abortion (6). Safe abortion has become more available, but the progress has been uneven and the proportion of unsafe abortion has increased.

According to World Health Organization an unsafe abortion is defined as: "a procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both" (7). In 2008 the proportion of unsafe abortions was 49%, while it was 44% in 1995. (6) There is a huge difference between developed and developing countries, where 92 % of the abortion in developed countries are safe whereas 55 % of the abortions in developing countries are unsafe (8), and a high percentage as 86% of abortions in 2008 occurred in developing world (6) where more than one-third of all pregnancies are unintended (8).

More than 60% of the world's population lives in countries where abortion is permitted without restrictions or in countries where reasons as protection of the woman's life, health or socioeconomic situation give the right to abortion. The remaining 40 % of women worldwide live in under highly restrictive abortion laws. 26% of the world's population, living in 72 countries, mainly developing countries, live under abortion laws that totally prohibit abortion or allow abortion only when the life of the woman is in danger (9).

Restrictive abortion laws don't lead to lower abortion rates, but contrary the number of abortions was lower in areas with more liberal abortion laws. Even though more women are using contraception, the unmet need for contraception is still high. This leads to high rates of unintended pregnancies and research show that the number of abortions is inversely associated with the level of contraceptive use and that there is a correlation between the abortion rate and the unmet need for contraception (6).

Every year about 70 000 woman die as a result of unsafe abortions and 220 000 children lose their mother in abortion related deaths. The main causes of death are haemorrhage, infection, sepsis, genital trauma, and necrotic bowel. In addition to all the women dying is the estimate of five million women who suffer from complications like haemorrhage and sepsis as well as more long-term complications. A high percentage of those women don't receive medical care. These complications due to unsafe abortion procedures are one of the leading causes of maternal deaths and account for an estimated 13% of maternal deaths worldwide (10). The consequences of the maternal deaths and the complications from unsafe abortions are a huge financial burden on the health care systems (11).



Maternal mortality due to abortion worldwide, 2006 (10).

Abortion in Latin America

Incidence

In 2003 there were performed 4,1 million abortions in Latin America, and all but 200.000 of them were unsafe. The safe abortions were mostly performed in Cuba, Puerto Rico and Guyana where the procedure is permitted on broad grounds and is performed by medically trained professionals. Numbers from 2003 show that the estimated annual rate of unsafe abortion in Latin America was 29 per 1,000 women aged 15–44, whereas the rate of safe procedures was one per 1,000 (13).

Legal status

Latin America has some of the most restrictive abortion laws in the world. Except in Cuba, Guyana and Puerto Rico, abortion is illegal in all countries in the region. In seven of the 34 countries and territories in the region abortion is not permitted for any reason. In the rest of the countries in the region abortion is illegal, but with some exceptions, mostly if the pregnant woman's life is in danger or in other narrowly defined circumstances (13).

Legality of Abortion	
Countries and territories in Latin America and the Caribbean can be classified into six categories, according to the reasons for which abortion is legally permitted	
Reason	Country or territory
Prohibited altogether, or no explicit legal exception to save the life of a woman	Chile, Dominican Republic, El Salvador, Haiti, Honduras, Nicaragua, Suriname
To save the life of a woman	Antigua and Barbuda, Brazil (a), Dominica, Guatemala, Mexico (a,d,g), Panama (a,d,f), Paraguay, Venezuela
To preserve physical health (and to save a woman's life)*	Argentina (b), Bahamas, Bolivia (a,c), Costa Rica, Ecuador (a), Grenada, Peru, Uruguay (a)
To preserve mental health (and all of the above reasons)	Colombia (a,c,d), Jamaica (f), St. Kitts and Nevis, St. Lucia (a,c), Trinidad and Tobago
Socioeconomic grounds (and all of the above reasons)	Barbados (a,c,d,f), Belize (d), St. Vincent and Grenadines (a,c,d)
Without restriction as to reason	Cuba (f), Guyana, Puerto Rico

*Includes countries with laws that refer simply to "health" or "therapeutic" indications, which may be interpreted more broadly than physical health. *Notes:* Some countries also allow abortion in cases of (a) rape, (b) rape of a mentally disabled woman, (c) incest or (d) fetal impairment. Some countries restrict abortion by requiring (e) spousal authorization or (f) parental authorization. In Mexico, (g) the legality of abortion is determined at the state level, and the legal categorization listed here reflects the status for the majority of women. Countries that allow abortion on socio-economic grounds or without restriction as to reason have gestational limits (generally the first trimester); abortions may be permissible after the specified gestational age, but only on prescribed grounds.

(13)

There are only six countries and territories in the region that allow abortion under broad criteria (the last two categories in the table), and these six are home to only 3 % of the women in the region aged 15-44. This means that the remaining 97% of the women of childbearing age in the region live in countries where the abortion law is highly restrictive (13).

Every year, millions of abortions are performed across the region, most of them under unsafe and clandestine conditions. As a result of these illegal abortions, thousands of

women die and in many countries the consequences of the illegal abortions is the leading cause of maternal mortality (14).

Health consequences

Numbers from WHO estimates that one in eight maternal deaths in Latin America and the Caribbean result from unsafe abortion. Annually about one million women are hospitalized for treatment of complications from unsafe abortion (13).

Among the most common complications from unsafe abortion are incomplete abortion, excessive blood loss and infection. Other less common but very serious complications are septic shock, perforation of the intestines and inflammation of the peritoneum. Out of the women that need medical care after an abortion, 10-20 % do not receive help for serious complications (13).

Unintended pregnancy and contraceptive use

There has been a decline in pregnancy rate and unintended pregnancies in the region, but the rate of unintended pregnancies is still high compared to the world average (72 per 1,000 women aged 15-44 in Latin America in 2008, compared to 55 per 1000 worldwide) (13).

There has also been an increase in contraceptive use in the region and the decline in pregnancies is most likely due to this increased contraceptive use. But still an estimated 10 % of women of childbearing age in the region had an unmet need for contraceptives in 2002-2007. This unmet need particularly affects young, unmarried, sexually active women and in most of the countries in the region, 30–50% of unmarried, sexually active women aged 15–24 were not using any type of contraceptive method in 2002–2007 (13).

Abortion in Argentina

Incidence

An estimated 500.000 abortion occur in Argentina every year. This represents an abortion rate of 40 %, meaning that 40 % of all pregnancies end in abortion. This is one of the highest abortion rates in the world, and double the Latin American average. The majority of the procedures are being done under unsafe conditions and numbers from 2008 shows

that 20 % of deaths from obstetric emergencies were a result of unsafe abortions (15). Unsafe abortion is the cause of maternal death in 30% of the cases and is therefore the leading cause of maternal mortality in Argentina. In 2002 the maternal mortality rate in Argentina was 46 per 100 000 live births. The numbers are probably higher as a report by WHO states that the mortality rate in Argentina is 50% under-registered. 53,8% of the women who died was between 20 and 34, while 23% were below that age. The mortality rate has also a great variation between the different regions of Argentina. In the capital Buenos Aires the rate was 14 per 100 000 live births, while in the Formosa province in the northeast, which is one of Argentina's poorest provinces, the rate was as high as 166 per 100 000 live births (16).

Legal status

According to the law in Argentina abortion is illegal. Article 85 in the penal code states that whoever causes an abortion will be punished with detention or imprisonment from three to ten years, if acting without the pregnant woman's consent, and from one to four years, if acting with her consent. The punishment is increased respectively to fifteen or six years if the woman dies as a result.

Article 86 states that the doctors, surgeons, midwives or pharmacists who abuse their science or profession to cause an abortion or cooperate to cause it will be punished as established in article 85 and will, additionally, be prohibited from exercising their profession for twice the time of the punishment.

But the law has some exceptions. Article 86 also states that an abortion carried out by a medical doctor with the consent of the pregnant woman is not punishable:

- If it was done with the objective to avoid a danger to the life or health of the mother and if this danger could not have been avoided by any other means, or
- If the pregnancy is the result of the rape or assault to the modesty committed against a mentally retarded woman. In this case, the consent of the legal representative is required for the abortion.

According to article 88 a woman who causes her own abortion or consents that someone else does it, will also be punished with imprisonment from one to four years. If a woman attempts to abort, it is not punishable (17).

International concern regarding the abortion law in Argentina

Women in Argentina are legally entitled to health services such as contraception, voluntary sterilization, legal abortion and post-abortion care. But according to a report made by Human Right Watch in 2005, there are multiple barriers that prevent women in Argentina from making independent decisions about their health and lives related to reproduction. Among the restriction they mentioned are inaccurate, incomplete or entirely absent information, domestic and sexual violence, and economic restraints that the government was not adequately addressing (14). According to a report made by Human Right Watch in 2010, little had changed for the women in the five years since the first report. Their rights continue to be denied and their suffering is routinely ignored. Human Right Watch states that the main problem is that the laws and policies made to benefit women, such as the legal exceptions to the general criminalization of abortion, often go unimplemented. They also state that the National Health Ministry does not gather, analyse or publish comprehensive data on key issues such as illegal health care charges, complaints of arbitrary denial of care or abusive behaviour by medical personnel (15).

The United Nations Committee on the Elimination of Discrimination against Women (CEDAW) is composed of 23 experts on women's issues from around the world. CEDAW made a report regarding Argentina in 2010 and noted that the access to sexual and reproductive health care services remains a significant problem for Argentinean women. The Committee also expressed their concern about the high pregnancy rate among adolescent girls and about high maternal mortality, often caused by illegal abortion. The Committee further urged that Argentina should review the existing legislation that criminalizes abortion, with serious consequences for the health and lives of women (18).

Medical education in Argentina

In 1821 Argentina's first medical school was founded at the University of Buenos Aires. In 2006 Argentina had 29 medical schools, 10 public and 19 private universities. The medical

education is a six-year program with three preclinical years, two clinical years and one year with internships (19). In Argentina there are 3,2 physicians per 1000 inhabitants (20).

Medical education and abortion

According to the study plan for medical students at the University of Buenos Aires the students will be taught about “The abortion as a reality in Argentina. Consequences. Septic abortion. Risk to life and future fertility” (21). Other than that there is no more specific information on what the medical students will learn about the subject, and according to the students we cooperated with and our partners at the University of Buenos Aires, the information the students get largely depends on the specific professor teaching them.

A report made by Latin American Federation of Obstetrics and Gynaecology Societies (FLASOG) in 2010 suggests that sexual and reproductive rights, which are parts of the human rights, gets a stronger position in the curricula of the medical education in the countries of Latin America (22).

Opinions and attitudes towards abortion

Abortion is a controversial topic in Argentina. Recent studies on the population’s opinions have shown that a high number of the Argentineans are in favour of a decriminalization of abortion. In Ibarómetro’s survey on Argentineans’ opinions about abortion from 2010, 60% of the interviewed didn’t think a woman who had undergone an abortion should be punished. The same survey also shows that 58,5% of the interviewed think the woman should have the right to decide to interrupt her pregnancy according to her needs and personal convictions, while 30% are against that. In another study from 2010, by Rouvier & Asociados, 45,9% had the opinion that abortion shouldn’t be legalized and was in favour of keeping the law as it is. But 35,2% think abortion should be legalized up to the 12th week of the pregnancy, while 8% think it should be legal at any time. According to the results from the survey there is a difference between the genders; women are more against decriminalization than men. The social and economic status also has an impact on the opinions on abortion, as the people in higher classes of the society are more positive to a decriminalization (23).

Research on the opinions of the obstetricians and gynaecologists in Argentina shows that 80% are in favour of a decriminalization of abortion in the case of the woman's life or health is at risk, rape, incest and foetal malformations. The current Penal Code only allows abortion in the first of the mentioned cases; when the woman's life is at risk. 38% of the obstetricians and gynaecologists were in favour of decriminalization in the case of autonomous decision and 32% in favour in the case of social and economic conditions. The research also shows that the obstetricians and gynaecologists think abortion and contraceptives are problems that are relevant for the public health and that eight of ten think decriminalization of abortion would contribute to decrease the maternal mortality in Argentina (24).

About the project

This assignment is a part of a cooperative project between the University of Oslo and University of Buenos Aires. The project arises from the initiative of the work of the interdisciplinary team of Centro de Capacitación en Programas de Salud (CEPAPS), which is a team consisting of professionals from Medicine, Public Health, Psychiatry, Political Science, Nutrition and Statistics. CEPAPS develop their activities through a volunteer program with students from all careers at the Faculty of Medicine. Asociación Médica Argentina de Anticoncepción (A.M.A.D.A) and La Sociedad Argentina de Ginecología Infanto Juvenil, two organizations working with the subjects of the project, participate in the project by supporting activities of promotion and prevention in sexual health of the young university students.

Objectives

The general objective of the project is to promote policies by the Extensión Universitaria y Bienestar estudiantil based on scientific investigation for the development of healthy practices in the field of sexual and reproductive health.

The specific objectives are:

- Identify and describe the knowledge, attitudes and practices regarding the sexuality of the first year students at the Faculty of Medicine.
- Design and implement strategies of prevention and promotion in the field of sexual and reproductive health towards the young university students.
- Cooperate with governmental and non-governmental organizations to strengthen the interdisciplinary and interinstitutional work in the field of sexual and reproductive health.
- To create a mechanism to include students in medical science in activities of investigation.

The project is, as stated earlier, a cooperation project between the University of Oslo, University of Buenos Aires and various organisations working with reproductive and sexual health. The survey includes questions from different fields of reproductive and sexual health, but because the extent of the assignment had to be limited we could not include all the fields. The importance of abortion regarding legislation, human right issues and the health consequences of unsafe abortion made us think of abortion as the most interesting topic and therefore we chose to focus on abortion in this assignment. Do the medical students know if abortion is legal or illegal? Do they know about the exceptions from the law? Do the medical students think abortion should be legal? Which exceptions from the law do they support? Our thesis for this assignment is:

What do the first year medical students at the Faculty of Medicine at University of Buenos Aires know about the Argentinean abortion law and what are their opinions and attitudes towards it?
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Methods

Study area

Our fieldwork was performed in June 2011 at the Faculty of Medicine at the University of Buenos Aires. Two weeks were spent in one public hospital, Hospital de Rivadavia, and one centre of health, Centro de Salud de San Telmo. Here we attended consultations and examinations of patients with issues regarding sexual health; sexual transmittable infections, pregnancies, contraceptives, illegal abortions etc. One week was used to do the survey among the medical students at the faculty of medicine at the University of Buenos Aires. And the last week we spent plotting the data from the survey in SPSS.

Study design

To investigate the knowledge, opinions and attitudes a survey consisting of 67 questions was used. The questions regarded:

- Knowledge and information: background information about the student participating in the study, where they gained their knowledge and information on sexual health, knowledge about contraceptives, sexual transmittable diseases, abortion and abortion law.
- Practice and perceptions: the sexual practice of the student
- The health system: the students' experience with the health system, especially when it comes to sexual and reproductive health.
- Opinions and experiences: opinions and experiences regarding contraceptives, abortion, abortion law and sexual abuse.

The survey is attached in the appendix.

Study population

The study population consists of the first year students at the Faculty of Medicine at the University of Buenos Aires. At the moment of this study there were 29045 students coursing at the Faculty of Medicine, 55% in medical career and the remaining 45% in other

careers. In 2010 4609 students started their first year at the faculty of medicine, distributed as followed in the different careers; Medicine 47%, Obstetrics 2,4%, Kinesiology 7%, Fonoaudiology 1%, Nursing 13%, Nutrition 9% and Bioimágenes 9%.

Questions regarding the background of the students are included in the study and are presented with the results later in this assignment.

Inclusion and sample size

The students included in the study are the first year students at the Faculty of medicine at the University of Buenos Aires. To get a representative number of students participating the number of students included was calculated out of this formula:

$$n \geq 1.96^2 \frac{\sum W_h S_h^2}{c^2}$$

Where

W=N/G

G= Size of the career

N=Size of the population=3.737

c = Margin of error=0,05

Z= 95% confidence interval=1,96

S= expected deviation=0,65

This concluded that for the study 698 students was needed, chosen from all the different careers of the first year students at the Faculty of medicine. Out of the formula the exact number of students from the career of medicine to be included was calculated to be 468. The students from the career of medicine were taken from different classes in a random selection process creating the final sample. In this assignment we are investigating the knowledge and attitudes of the medical students and therefore it will only include results that reflect the knowledge and attitudes of the students in the career of medicine.

Collecting the data

After having calculated the number of the study population and randomly selected the number of students from different subjects a table was made with information about time and location for the different classes that were selected. Together with several medical students from the faculty and the leaders of the project we visited the classes with the survey. It was given a short introduction by the leaders of the project. The survey was handed out to the students and they were given 20 minutes to fill it out.

Data analysis

The data from the survey was plotted by the team of Norwegian and Argentinean medical students. The information was processed and analysed in SPSS 15 by the statistic department at the faculty of medicine at the University of Buenos Aires.

Ethics

On the first page of the survey that was handed out there was a short description of the aim of the project. It was also explained that all the information requested in the survey would remain strictly confidential and anonymous, and would not be associated in any way with the particular person. The data would be protected and remain covered by statistical confidentiality as required by Article 10, Law 17.622.

Regarding ethics this information was sufficient for University of BA and no further ethical clearance was sought

Results

Background information on the medical students

The number of medical students included in the study was supposed to be 468 as explained earlier in the part of Methods. Unfortunately, when the results were ready it appeared that only results from 454 of the participating medical students had been included. The majority of the medical students (296= 65.2%) were female. Half of the students were 19 or 20 years old, while 17.8% were above 24 years of age. Most of the students (96,7%) were single and only 2,2% of the students had children. The majority was living with their parents and/or other family members (81,3%).

More than 90% of the students were from Argentina while the remaining was from the neighbouring Latin American countries. Regarding the level of education of their parents, 27,8% of their mothers and 34,4% of their fathers had completed their university studies. In total 57,5% of the students concentrated only on their studies, while the rest worked full or part time or were looking for a job. (See table in the appendix).

Knowledge on the present Argentinean abortion law

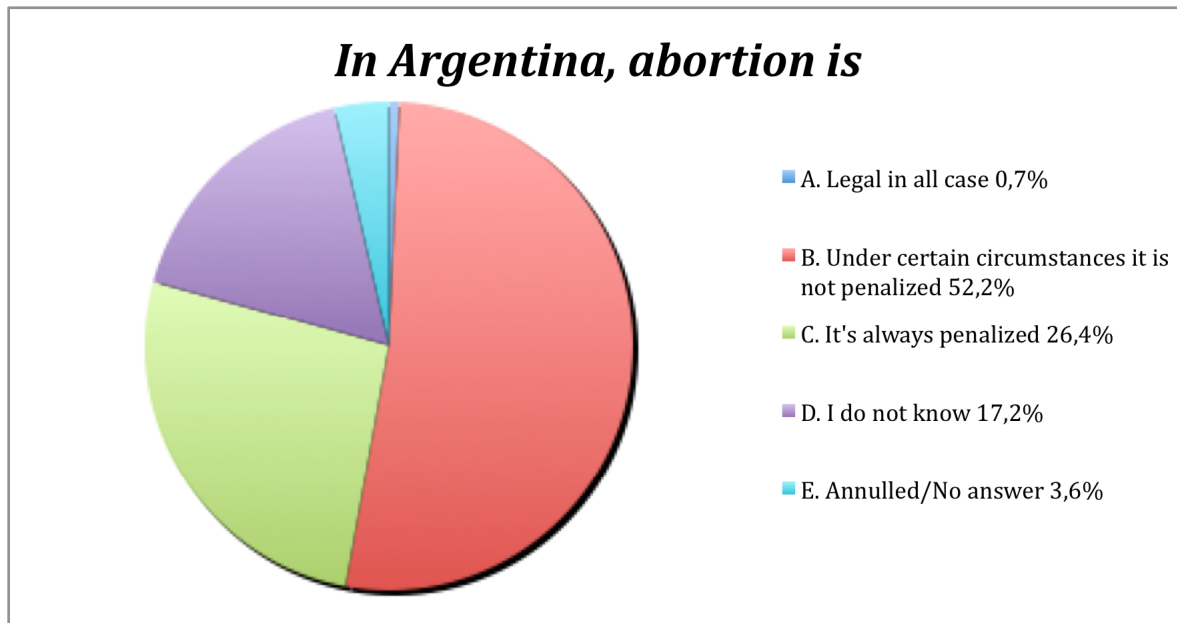


Figure 1. Knowledge on the abortion law

Very few, 0,7% of the students believed that abortion is legal in all cases, 52,2% believed abortion is not penalized under certain circumstances and 26,4% thought abortion was always penalized. 17,2% answered that they did not know.

When the students were asked about which cases abortion is permitted, 49,3% answered that abortion is legal when the woman's life is at risk, 38,3% when a mentally retarded woman becomes pregnant due to a rape, 35,2% when the pregnancy is the result of a rape, 23,8% when the foetus has malformations incompatible with extra uterine life, 14,3% when the mother has a disease that can be worsen during pregnancy and 12,6% when the woman is at psychological risk. The percentage of students that answered other exceptions from the law can be seen in table 2, question 2 in the appendix.

Attitudes towards the abortion law

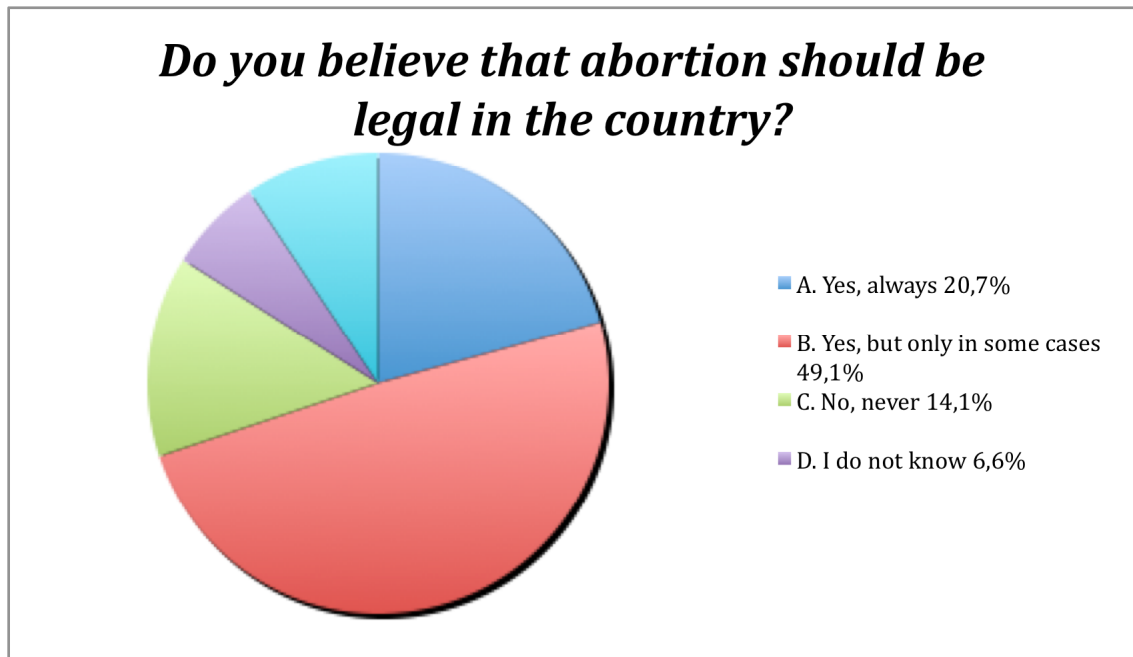


Figure 2. Attitudes towards the abortion law

20,7% of the students thought that abortion should always be legal, 49,1% that abortion should be legal in some cases, 14,1% that abortion never should be legal and 6,6% did not know.

When the students were asked in which cases abortion should be legal, 52% answered if the pregnancy was the result of a rape, 42,3% if the woman's life was at risk, 42,1% when a mentally retarded woman was pregnant due to a rape, and 36,3% when the foetus had malformations incompatible with life, 25,1% when the mother had a disease that could worsen with pregnancy and 18,3% when the woman was at psychological risk (Table 3, question 4 in the appendix).

Students that know somebody who has terminated their pregnancy

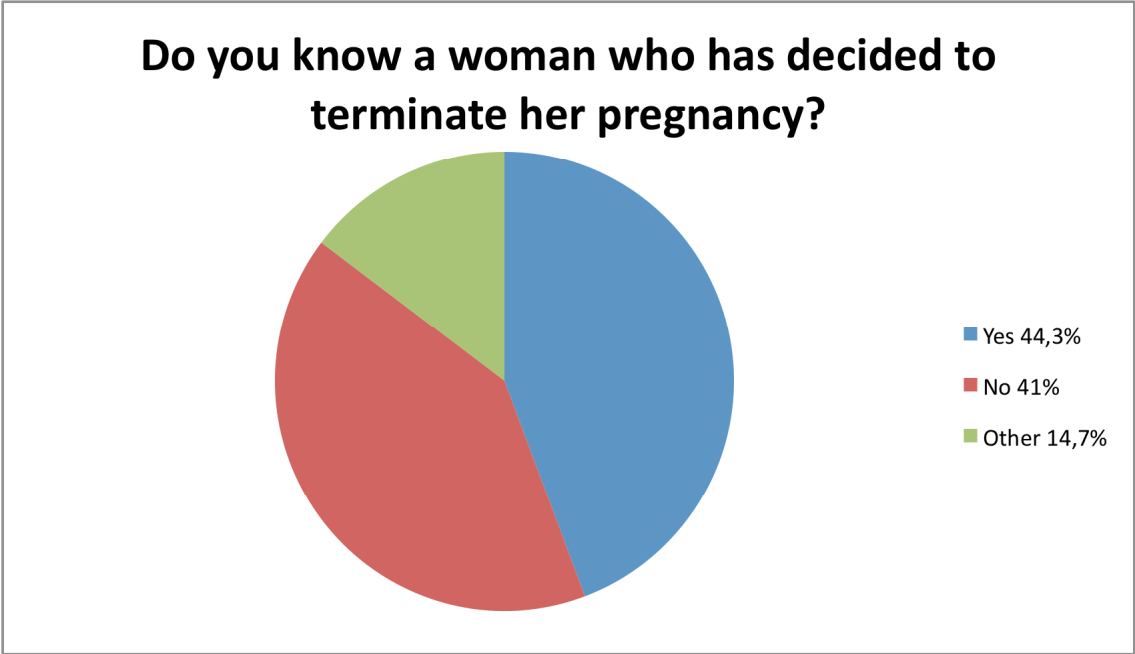


Figure 3. Knowledge of someone who has terminated their pregnancy

In total 44,3% of the students answered that they knew somebody who had decided to terminate her pregnancy.

Discussion

Knowledge

The current abortion law in Argentina allows abortion only under certain circumstances. But only 52,2% of the first year medical students knew this, which means that almost half of the future doctors had poor knowledge to the current law, in fact one of four students thought that abortion always was illegal.

The certain circumstances where abortion is not penalized according to Argentinean abortion law are 1. When the woman's life is at risk and 2. When a mentally retarded woman becomes pregnant due to a rape. 49,3% of the students knew that abortion is not penalized when a woman's life is at risk and 38,3% knew that abortion is not penalized when a mentally retarded woman becomes pregnant due to a rape. Because of the way the question in the survey is asked and because we don't have fully access to the results from the survey we can't tell how many of the students that knew both exceptions. As mentioned in the summary of the results many students also thought that there were other exceptions from the law.

The survey included only first year students, therefore the results reflect in a way the knowledge and attitudes of newly graduated high school students. Still a medical student could be expected to know more about medical topics than an average person of the same age.

Our results reflect that there is a lack of knowledge among the medical students when it comes to the current Argentinean abortion law. The current medical students are the future doctors in Argentina and the ones who will be meeting the pregnant women who want to terminate their pregnancy. It is important that they have the correct knowledge and if they don't have it, it is important that they will be taught about it during their medical studies so that they can perform their work as doctors in the correct way.

Attitudes

Among the medical students in our study, 49,1% thinks that abortion should be legal only in some cases. 20,7% thinks it always should be legal, which means that they want a more liberal abortion policy. On the other hand 14,1% think that abortion never should be legal meaning that they are in favour of a more strict abortion law. Thus the majority wants the law to be more or less as it is today, while there are groups on both sides that want the current law to be both liberalized and more restricted.

Regarding in which circumstances the students want to legalize abortion, 42% agree with the current law that there should be no penalty when a woman's life is at risk or a mentally retarded woman becomes pregnant after rape. But the results also reflect that the students want other exceptions from the law: As many as 52% of the students think abortion should be legal if the pregnancy occur after rape, 36,3% if the foetus has sever malformations incompatible with life, 25% if pregnancy will worsen maternal disease and 18,3% if the mother is at psychological risk.

The results reflect that a lot of the students want more exceptions from the current abortion law, especially if the pregnancy is the result of a rape. As many as 52% of the students are in favour of this exception even though it is not included as an exception in the current law. Together with the 20,7% students that want to legalize abortion completely no matter what reason they represent a majority supporting a more liberal law among the Argentinean medical students.

Several previous investigations have been published regarding opinions on the present abortion law among the general population of Argentina and the obstetricians and gynaecologists in Argentina (23, 24). It is difficult to do a comparison between these studies and our study, since we do not know the number of participants in the other studies and since the questions have been formulated in different ways. But this being said, we will try to make a rough comparison between these groups: In Rouvier & Asociados' investigation (from 2010) 45,9% of the Argentinian population mean that abortion should not be legalized and were in favour of keeping the law as it is today (23). Among the medical students in our study 49,1% mean that abortion should only be legal in some

cases, more or less as it is today, but they are also in favour of additional exceptions from the current law. According to Rouvier & Asociados 8% of the Argentinian population think that abortion should be legal at any time compared with 20,7% of the medical students in our study. In this comparison it seems like the medical students are slightly more open for a more liberal abortion law.

But, when we compare the medical students in our study with the population that participated in Ibarómetro's investigation (from 2010), another tendency is observed (23). In Ibarómetro's investigation 58,5% of the Argentinian population support that a woman should have the right to decide to interrupt her pregnancy according to her needs and personal convictions. Among the medical students only 20,7 % mean that abortion always should be legal. This indicates that our medical students may have a more conservative view of abortion law.

In Szulik's paper about the Argentinian obstetricians and gynaecologists' perspective on abortion law, 38% of the obstetricians and gynaecologists are in favour of a decriminalization in the case of autonomous decision (24). In our study 20,7% of the medical students think that abortion always should be legal. Szulik's paper also show that 80% of the obstetricians and gynaecologists are in favour of a decriminalization of abortion in the case of a woman's life is at risk, rape, incest and foetal malformations. In comparison only 42,3% of the medical students think abortion should be legal if the woman's life is at risk if the pregnancy continues, 52 % when the pregnancy is the result of a rape and 6,8% when the foetus has a malformation of any kind. Among the obstetricians and gynaecologists 32% are in favour of decriminalization in the case of social and economic conditions when on the other side only 7,3% of the medical students mean that it should be legal if the woman and her family lack financial resources to raise a child. In addition to the mentioned percentages of medical students in favour of these specific exceptions from the abortion law, comes the number of students (20,7%) that means that abortion always should be legal (no matter what circumstance).

It is difficult to compare the medical students, the rest of the population and the obstetricians and gynaecologists in Argentina. But looking roughly we find that the two studies on the population's opinions show some differences and thus it is difficult to draw any conclusion. However, when we compare the medical students' opinions to the ones of

obstetricians and gynaecologists in Argentina, it may seem as if the obstetricians and gynaecologists have a slightly more liberal view on the abortion law and that they are in favour of decriminalization and more exceptions from the law than what the medical students are.

Another striking result from the survey is that in a country where abortion is considered a crime as many as 44,3% of the medical students know a woman who has undergone a termination of her pregnancy. This can reflect the high numbers of illegal abortion that take place in the country.

Strengths and weaknesses of the investigation

The number of students to be included in the survey was power calculated to get a representative study population. Different classes and the students therein were randomly selected. We believe that these factors contributed to get a realistic image of the knowledge and attitude among medical students at the University of Buenos Aires.

One weakening factor is that only 454 medical students participated in the survey, and not the 468 medical students as calculated. In addition a relative high percentage of the participants did not answer some of the questions, i.e. 9% did not answer the attitude question (table 3, question 3 in the appendix).

Another problem was that only those who answered alternative B in question 1 and 3 were supposed to answer the questions 2 and 4. Due to misunderstanding among the students a too high number of students answered these questions and this has not been corrected in the results. In addition our study is part of a bigger research project at the Faculty of Medicine at the University of Buenos Aires. We have not had access to the data from the main surveys and the results we present have been processed by our co-operators in Buenos Aires. We wanted to include more factors in our results (for example differences in knowledge and attitude between gender, parents education etc.), but this data will not be processed before later this year (2012). Therefore we have only presented a limited number of results. Our co-operators at the University of Buenos Aires will continue with the processing in the forthcoming months/year and more results will then be available.

In addition the abortion survey, questions on other topics regarding sexual and reproductive health, i.e. family planning and sexual transmittable infections were included. When these results are available, it would be interesting to investigate the knowledge and attitudes towards the other topics and relate the results to the knowledge and opinions towards abortion.

Since this study revealed a lack of knowledge among the students, it would be interesting to make a follow up investigation on the students after they have completed their medical studies. That would be a great opportunity to evaluate the medical education on sexual and reproductive health and to investigate if the medical students' knowledge, opinions and attitudes have changed towards the subject.

Conclusion

In Argentina abortion is illegal unless the woman's life is at risk or if the pregnancy is the result of a rape of a mentally retarded woman. Still every year about 500 000 illegal abortions occur in the country. This contributes to a high maternal mortality rate especially among teenagers.

Today's medical students will be the ones consulting and treating the women who deal with issues concerning abortion and therefore it is of importance what knowledge and attitudes these medical students possess.

This study has investigated the knowledge and attitudes towards abortion among medical students at the Faculty of Medicine at the University of Buenos Aires. The results show that the knowledge and attitudes varied: 52,2% of the medical students knew that abortion is legal under certain circumstances, but as many as 26,4% of the students believed that abortion always is penalized and 17,2% did not know the current law. This shows that there is a lack of knowledge and a need for education in medical school.

As for the attitudes towards abortion 49,1% think that abortion only should be legal in some cases, more or less similar to the law of today. On the other hand 20,7% of the students are in favour of a more liberal abortion law with total legalization, while 14,1% wants abortion to be complete illegal.

The survey included only first year students, therefore the results reflect the knowledge and attitudes of newly graduated high school students. It would be interesting to follow the students during their studies and to do a follow up survey in the final year to investigate if their knowledge increases and their opinions and attitudes changes after 6 years in medical school. This will also be an opportunity for the University of Buenos Aires to evaluate and discuss their sexual and reproductive health education.

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Appendix

Appendix I

Table 1. Background information of 454 medical students from the University of Buenos Aires.

<i>Age</i>		
	Numbers	Percentage
19 years	94	20,7
20 years	125	27,5
21 years	75	16,5
22 years	45	9,9
23 years	26	5,7
> 24 years	81	17,8
No answer	8	1,8
Total	454	100

<i>Gender</i>		
	Numbers	Percentage
Female	296	65,2
Male	158	34,8
Total	454	100

<i>Country of origin</i>		
	Numbers	Percentage
Argentina	411	90,5
Bolivia	5	1,1
Brazil	12	2,6
Chile	3	0,7
Colombia	2	0,4
Paraguay	2	0,4
Peru	10	2,2
Other	9	2,0
Total	454	100

<i>Civil status</i>		
	Numbers	Percentage
Single	439	96,7
Civil union / Civil partnership	5	1,1
Married	8	1,8
No answer	2	0,4
Total	454	100

<i>Having children</i>		
	Numbers	Percentage
Yes	10	2,2
No	437	96,3
No answer	7	1,5
Total	454	100

<i>You are currently living with...</i>		
	Numbers	Percentage
Your family (Parents, brothers, sisters, uncles, aunts, grandparents)	369	81,3
Alone	36	7,9
Friends	23	5,1
Your partner	13	2,9
Your partner and your children	6	1,3
Other	7	1,5
Total	454	100

<i>What is your mother's maximum level of education?</i>		
	Numbers	Percentage
Illiterate	0	0,0
Incomplete primary studies	6	1,3
Completed primary studies	32	7,0
Incomplete secondary studies	37	8,1
Completed secondary studies	94	20,7
Incomplete tertiary studies	23	5,1
Completed tertiary studies	84	18,5
Incomplete university studies	42	9,3
Completed university studies	126	27,8
No answer	10	2,2
Total	454	100

<i>What is your father's maximum level of education?</i>		
	Numbers	Percentage
Illiterate	0	0,0
Incomplete primary studies	12	2,6
Completed primary studies	31	6,8
Incomplete secondary studies	48	10,6
Completed secondary studies	92	20,3
Incomplete tertiary studies	17	3,7
Completed tertiary studies	47	10,4
Incomplete university studies	47	10,4
Completed university studies	156	34,4

No answer	4	0,9
Total	454	100

<i>Which of the following best describe your current working situation?</i>		
	Numbers	Percentage
Full time Employee	31	6,8
Part time employee	92	20,3
Independent worker	32	7,0
Looking for a job	29	6,4
Don't work	261	57,5
Other	2	0,4
No answer	7	1,5
Total	454	100

Table 2. Knowledge on the present Argentinean abortion law

<i>Question 1: In Argentina, abortion is</i>		
	Numbers	Percentage
A. Legal in all cases	3	0,7
B. Under certain circumstances it is not penalized	237	52,2
C. It's always penalized	120	26,4
D. I do not know	78	17,2
Annulled	3	0,7
No answer	13	2,9
Total	454	100

<i>Question 2: Do you know in which cases it is not penalized?</i>		
	Numbers	Percentage
A. If the pregnancy is the result of a rape	160	35,2
B. When the foetus has malformations incompatible with extra uterine life	108	23,8
C. When the foetus has a malformation of any kind	21	4,6
D. When the woman's life is at risk if the pregnancy continues	224	49,3
E. When the woman is at psychological risk if the pregnancy continues	57	12,6
F. When the mother has a disease that can be worsen with pregnancy	65	14,3
G. When a mentally retarded woman becomes pregnant due to rape	174	38,3
H. When a woman and her family lack financial resources to raise a child	7	1,5
I. If the woman got pregnant because her birth control method failed	4	0,9
J. If the woman, whatever reason, wants to terminate the pregnancy no matter what gestational age	3	0,7
K. If the woman, whatever reason, wants to terminate the pregnancy before week 12	8	1,8
L. None of the above	1	0,2
M. I do not know	7	1,5

Table 3. Attitudes towards the abortion law

<i>Question 3: Do you believe that abortion should be legal in the country?</i>		
	Numbers	Percentage
A. Yes, always	94	20,7
B. Yes, but only in some cases	223	49,1
C. No, never	64	14,1
D. I do not know	30	6,6
Annulled	2	0,4
No answer	41	9,0
Total	454	100

<i>Question 4: In which cases do you think it should be legal?</i>		
	Numbers	Percentage
A. If the pregnancy is the result of a rape	236	52
B. When the foetus has malformations incompatible with extra uterine life	165	36,3
C. When the foetus has a malformation of any kind	31	6,8
D. When the woman's life is at risk if the pregnancy continues	192	42,3
E. When the woman is at psychological risk if the pregnancy continues	83	18,3
F. When the mother has a disease that can be worsen with pregnancy	114	25,1
G. When a mentally retarded woman becomes pregnant due to rape	191	42,1
H. When a woman and her family lack financial resources to raise a child	33	7,3
I. If the woman got pregnant because her birth control method failed	24	5,3
J. If the woman, whatever reason, wants to terminate the pregnancy no matter what gestational age	10	2,2
K. If the woman, whatever reason, wants to terminate the pregnancy before week 12	19	4,2
L. None of the above	5	1,1
M. I do not know	12	2,6

Table 4. Students that know somebody who has terminated their pregnancy

<i>Question 5: Do you know a woman who has decided to terminate her pregnancy?</i>		
	Numbers	Percentage
A. Yes	201	44,3
B. No	186	41,0
C. I am not sure	26	5,7
Annulled	2	0,4
No answer	39	8,6
Total	454	100

Appendix II

The survey: Encuesta – Salud sexual y procreación responsable en jóvenes universitarios



ENCUESTA

SALUD SEXUAL Y PROCREACIÓN
RESPONSABLE EN JÓVENES UNIVERSITARIOS

Estamos
RENOVANDO
la SEUBE !!
ACERCATE...

PROYECTO DE INVESTIGACIÓN

Acción en Salud Sexual y Procreación Responsable en jóvenes universitarios de la Facultad de Medicina • UBA

La información obtenida a través de la siguiente encuesta servirá para promover políticas y estrategias de prevención y promoción de la salud de los estudiantes de la Facultad de Medicina.

Toda la información que se le solicita en este cuestionario es estrictamente confidencial y anónima, por lo cual no será asociada de ninguna manera a una persona particular. Los datos suministrados serán objeto de protección y quedarán amparados por el secreto estadístico, según establece el artículo 10 de la Ley 17.622.

La Secretaría de Extensión Universitaria y Bienestar Estudiantil de la Facultad de Medicina de la Universidad de Buenos Aires le agradece su valiosa colaboración en esta investigación.

Encuesta N°:

Secretaría de Extensión Universitaria y Bienestar Estudiantil
Centro de Capacitación en Programas de Salud -**Ce.Ca.P.S**
Hall Central - Facultad de Medicina - Paraguay 2155
Tel.: 5950-9500 int 2082 .: e-mail:cecaps@fmed.uba.ar



PARTE A. Datos Personales

Las siguientes preguntas nos permitirán conocer mejor las características de quienes contestan la encuesta.

1. ¿Cuál es tu año de nacimiento?

2. ¿Cuál es tu sexo?

- Mujer
 Varón

3. ¿En que país naciste?

- Argentina
 Bolivia
 Brasil
 Chile
 Colombia
 Paraguay
 Perú
 Uruguay
 Otro (especificar) _____

4. ¿Cuál es tu estado civil actual?

- Soltero/a
 Unión civil
 Casado/a
 Separado/a
 Divorciado/a
 Viudo/a

5. ¿Tenés hijos/as?

- Si
 No

6. Actualmente vivís:

- Con tu familia parental (padres, hermanos, tíos, abuelos)
 Solo/a
 Con amigos/as
 Con tu pareja
 Con tu pareja e hijos
 otros: _____

7. ¿Qué carrera estás cursando actualmente?

- Medicina
 Enfermería Universitaria
 Lic. en Obstetricia
 Lic. en Fonoaudiología
 Lic. en Kinesiología y Fisiatría
 Téc. Radiólogo universitario
 Lic. en Nutrición

8. ¿Qué año de la carrera estás cursando? (o de qué año estás cursando materias mayoritariamente?)

- Primero
 Segundo
 Tercero
 Cuarto
 Quinto
 Sexto
 Internado anual rotatorio

9. ¿Cuál es el máximo nivel de estudios de enseñanza general y/o formación profesional que han terminado tu padre y tu madre?

	Padre	Madre
Analfabeto.	<input type="checkbox"/>	<input type="checkbox"/>
Estudios primarios incompletos.	<input type="checkbox"/>	<input type="checkbox"/>
Estudios primarios completos.	<input type="checkbox"/>	<input type="checkbox"/>
Estudios secundarios incompletos.	<input type="checkbox"/>	<input type="checkbox"/>
Estudios secundarios completos.	<input type="checkbox"/>	<input type="checkbox"/>
Estudios terciarios incompletos.	<input type="checkbox"/>	<input type="checkbox"/>
Estudios terciarios completos.	<input type="checkbox"/>	<input type="checkbox"/>
Estudios universitarios incompletos.	<input type="checkbox"/>	<input type="checkbox"/>
Estudios universitarios completos.	<input type="checkbox"/>	<input type="checkbox"/>
No sabe el nivel de estudios de su padre o de su madre.	<input type="checkbox"/>	<input type="checkbox"/>

10. ¿Cuál de las siguientes categorías describe mejor tu situación laboral?

- Empleado/a a tiempo completo
- Empleado/a a tiempo parcial
- Trabajador/a independiente
- Buscando trabajo
- No trabajo
- Otro: _____

PARTE B. (Información y conocimientos)

Las preguntas de esta sección se refieren a la información y creencias respecto de temas sexuales, métodos anticonceptivos y legislación vigente en la Argentina.

Recuerda que la información que se solicita es confidencial y anónima y no puede relacionarse con una persona concreta. Si hay alguna pregunta que te resulta incómoda, no estás obligado/a a responder. Igualmente, te pedimos que no abandones el resto del cuestionario.

11. ¿Cómo fue la comunicación con tus padres acerca de temas sexuales?

- Excelente
- Muy Buena
- Buena
- Mala
- No tuve comunicación alguna

12. Si hubieras podido elegir ¿de qué fuentes de información (persona o medio) habrías preferido aprender acerca de temas sexuales? (MARCAR COMO MAXIMO 3 RESPUESTAS)

- Madre
- Padre
- Madre y padre
- Hermanos/as
- Cónyuge/pareja

- Otro familiar/es
- Docentes de la escuela secundaria
- Docentes de la universidad
- Amigos/as de la misma edad
- Amigos/as más grandes
- Médico/a, enfermero/a u otro personal sanitario
- Medios gráficos (libros, diarios, revistas)
- Medios audiovisuales (radio, televisión)
- Internet

13. En la práctica ¿cuáles fueron las fuentes de información sobre temas sexuales más útiles para vos? (MARCAR COMO MAXIMO 3 RESPUESTAS)

- Madre
- Padre
- Madre y padre
- Hermanos/as
- Cónyuge/pareja
- Otro familiar/es
- Docentes de la escuela secundaria
- Docentes de la universidad
- Amigos/as de la misma edad
- Amigos/as más grandes
- Médico/a, enfermero/a u otro personal sanitario
- Medios gráficos (libros, diarios, revistas)
- Medios audiovisuales (radio, televisión)
- Internet
- Ninguna de las anteriores

Conocimientos sobre métodos anticonceptivos

14. De las siguientes fuentes de información sobre métodos anticonceptivos, ¿cuáles fueron las más útiles para vos? (MARCAR COMO MAXIMO 3 RESPUESTAS)

- Madre
- Padre

- Madre y padre
- Hermanos/as
- Cónyuge/pareja
- Otro familiar/es
- Docentes de la escuela secundaria
- Docentes de la universidad
- Amigos/as de la misma edad
- Amigos/as más grandes
- Médico/a, enfermero/a u otro personal sanitario
- Medios gráficos (libros, diarios, revistas)
- Medios audiovisuales (radio, televisión)
- Internet
- Ninguna de las anteriores

15. ¿Crees que la información de la que disponés actualmente sobre métodos anticonceptivos es:

- Excelente
- Muy Buena
- Buena
- Mala
- No tengo información

16. ¿Qué métodos para evitar el embarazo o anticonceptivos conocés? [MARCAR TODO LO QUE CORRESPONDA]

- Métodos Naturales (control de la temperatura, el ritmo menstrual, el flujo)
- Método del retiro o coito interrumpido
- Dispositivo Intrauterino (DIU)
- Implante
- Parche
- Anillos vaginales
- Pastillas para la lactancia
- Mantener relaciones sexuales durante la menstruación
- Pastillas anticonceptivas

- Anticoncepción de emergencia o pastilla del día después
- Inyecciones hormonales
- Evitar el orgasmo femenino
- Óvulos espermicidas
- Preservativo masculino
- Preservativo femenino
- Que la mujer orine luego de la relación sexual
- Que el hombre orine luego de la relación sexual
- Que la mujer tome té de yuyos luego de la relación sexual
- Diafragma
- Ligadura tubaria
- Vasectomía
- No conozco ninguno
- Otros: _____

En caso de que hayas contestado que conocés la anticoncepción de emergencia o pastilla del día después, responde las preguntas 17, 18 y 19. Si respondiste que no la conocés, pasa directamente a la pregunta 20.

17. De las siguientes frases respecto de la anticoncepción de emergencia, indicá si estás de acuerdo o en desacuerdo.

- 1- De acuerdo.
- 2- En desacuerdo.

	(1)	(2)
Pueden tomarse entre 3 y 5 pastillas de anticoncepción de emergencia por año.	<input type="checkbox"/>	<input type="checkbox"/>
Debe tomarse después de una relación sexual sin protección para evitar el embarazo.	<input type="checkbox"/>	<input type="checkbox"/>
Es igual de efectiva que otros métodos que se usan antes de la relación sexual (ejemplo: pastillas, inyectables, DIU).	<input type="checkbox"/>	<input type="checkbox"/>

	(1)	(2)
Al tomarla, brinda protección por todo ese ciclo menstrual (es decir no existe riesgo de embarazo hasta la siguiente menstruación).	<input type="checkbox"/>	<input type="checkbox"/>
Tiene muchas contraindicaciones.	<input type="checkbox"/>	<input type="checkbox"/>
Es de venta libre en las farmacias.	<input type="checkbox"/>	<input type="checkbox"/>
Es un método abortivo.	<input type="checkbox"/>	<input type="checkbox"/>
Si bien es de venta bajo receta, puede adquirirse sin la misma.	<input type="checkbox"/>	<input type="checkbox"/>
Puede conseguirse de manera gratuita en hospitales y centros de salud.	<input type="checkbox"/>	<input type="checkbox"/>
Debe ofrecerse a toda mujer que fue víctima de una violación.	<input type="checkbox"/>	<input type="checkbox"/>

18. ¿Cuándo te parece que sería mejor tomar la anticoncepción de emergencia para que sea más efectiva, evitando un embarazo no buscado? Marcar UNA SOLA OPCION.

- En algún momento dentro de los 5 días posteriores a la relación sexual de riesgo, ya que luego su efectividad va disminuyendo.
- En algún momento dentro de los 3 días posteriores a la relación sexual de riesgo, ya que luego su efectividad va disminuyendo.
- En algún momento dentro de las 12 Hs posteriores a la relación sexual de riesgo, ya que luego su efectividad va disminuyendo.
- En algún momento dentro de la semana posterior a la relación sexual de riesgo, ya que luego su efectividad va disminuyendo.
- Al día siguiente de la relación sexual de riesgo.
- No sé.



19. Respecto al mecanismo de acción de la anticoncepción de emergencia, indicá si estás de acuerdo o en desacuerdo.

- 1- De acuerdo.
- 2- En desacuerdo.

	(1)	(2)
Impide que se una el óvulo con el espermatozoide.	<input type="checkbox"/>	<input type="checkbox"/>
Impide que se implante el huevo en el útero.	<input type="checkbox"/>	<input type="checkbox"/>
Detiene la progresión del embarazo si este se produjo.	<input type="checkbox"/>	<input type="checkbox"/>
Es abortiva.	<input type="checkbox"/>	<input type="checkbox"/>
Impide que los espermatozoides suban por el cuello y el útero.	<input type="checkbox"/>	<input type="checkbox"/>
Retrasa la ovulación.	<input type="checkbox"/>	<input type="checkbox"/>
Inhibe la ovulación durante ese ciclo.	<input type="checkbox"/>	<input type="checkbox"/>
Altera el moco cervical o flujo.	<input type="checkbox"/>	<input type="checkbox"/>
No sé cual es el mecanismo de acción.	<input type="checkbox"/>	<input type="checkbox"/>

20. Los hospitales y centros de salud del sistema público en la Argentina, ¿entregan métodos anticonceptivos de manera gratuita?

- Si
- No
- No sé

21. Las obras sociales y prepagas, ¿están obligadas a cubrir el costo de los métodos anticonceptivos?

- Si, están obligadas a hacer un descuento especial para la gente joven
- Si, están obligadas a cubrir una parte del costo
- Si, están obligadas a cubrir el 100%
- No, el descuento depende de la decisión de cada Obra Social o prepaga
- No sé

22. En general, ¿Qué condiciones debería cumplir una persona para que un/a médico/a le prescriba anticonceptivos? (MARCAR TODO LO QUE CORRESPONDA)

- Ser mayor de edad (mayor de 18 años)
- Si es menor de edad, estar acompañado por un padre/madre o tutor/a
- Haber iniciado relaciones sexuales hace más de un año
- Tener DNI
- Ir con su pareja
- Haberse realizado un Test de Papanicolau en el último año
- Hacerse otros estudios como análisis de sangre, ecografías, etc
- Ninguna de las anteriores
- No sé

23. Si alguien quisiera acceder a la anticoncepción quirúrgica (ligadura de trompas en la mujer o vasectomía en el hombre) en la Argentina, ¿Qué condiciones debería cumplir? (MARCAR TODAS LAS OPCIONES QUE CORRESPONDAN)

- No conozco estos métodos anticonceptivos
- Tener más de 18 años
- Tener más de 21 años
- Estar casada/o
- Tener por lo menos un hijo
- Tener 3 o más hijos
- Indicación médica
- Que ambos miembros de la pareja firmen un consentimiento informado
- Que la persona que se realizará la práctica firme un consentimiento
- Nunca, no es legal en la Argentina bajo ninguna circunstancia
- Ninguna de las anteriores
- No sé

Conocimientos sobre VIH

24. De la siguiente lista, ¿De qué formas te parece que se puede contraer el VIH-SIDA. [MARCAR TODO LO QUE CORRESPONDA]

- Por un beso de boca
- Al recibir una transfusión de sangre
- Saludo de mano
- Por tener relaciones sexuales sin protección
- Compartir artículos personales
- Durante el embarazo
- Al donar sangre
- Compartir el mate
- Mantener sexo oral sin protección
- Compartir jeringas
- Compartir un cigarrillo
- Al usar un baño público
- Ninguna de las anteriores
- Otro: _____

25. Una infección de transmisión sexual es una infección que uno adquiere por tener relaciones sexuales con una persona que ya la padece ¿Cuál/es de los siguientes métodos te parece que sirve para protegerte de las Infecciones de Transmisión Sexual (ITS) y HIV? [MARCAR TODO LO QUE CORRESPONDA]

- Métodos Naturales (control de la temperatura, el ritmo menstrual, el flujo)
- Método del retiro o coito interrumpido
- Dispositivo Intrauterino (DIU)
- Mantener relaciones anales
- Implante, parches
- Anillos vaginales
- Pastillas hormonales
- Anticoncepción de emergencia o pastilla del día después
- Inyecciones hormonales
- Óvulos espermicidas

- Que el hombre no llegue al orgasmo evitando la eyaculación
- Preservativo masculino
- Preservativo femenino
- Diafragma
- Anticoncepción quirúrgica
- Mantener relaciones sexuales cuando la mujer no está menstruando
- Otro: _____

Conocimientos sobre la interrupción voluntaria del embarazo

26. En la Argentina, la interrupción voluntaria del embarazo:

- Es legal en todos los casos (pasar a PARTE C)
- En algunas situaciones no está penalizado (pasar a pregunta 27)
- Siempre está penalizado (pasar a PARTE C)
- No sé (pasar a PARTE C)

27. ¿Sabés en qué casos no estaría penalizado? [MARCAR TODAS LAS OPCIONES QUE CORRESPONDAN]

- Cuando el embarazo es producto de una violación
- Cuando el feto tiene malformaciones incompatibles con la vida extrauterina
- Cuando el feto tiene malformaciones de cualquier tipo
- Cuando la vida de la mujer embarazada corre riesgo si no se interrumpe el embarazo
- Cuando la continuación del embarazo representa un riesgo para la salud mental de la mujer

- | | |
|--|---|
| <input type="checkbox"/> Cuando la mujer embarazada tiene alguna enfermedad que pueda empeorar con el embarazo | <input type="checkbox"/> Si la mujer, por el motivo que sea, desea interrumpir el embarazo, sin importar la edad gestacional |
| <input type="checkbox"/> Cuando una mujer con retraso mental queda embarazada debido a una violación | <input type="checkbox"/> Si la mujer, por el motivo que sea, desea interrumpir el embarazo antes de la semana 12 de gestación |
| <input type="checkbox"/> Cuando la mujer embarazada y su familia carecen de recursos económicos para criar a un hijo/a | <input type="checkbox"/> Ninguna de las anteriores |
| <input type="checkbox"/> Si la mujer quedó embarazada porque falló el método anticonceptivo | <input type="checkbox"/> No sé |

PARTE C. (Prácticas y percepciones)

Esta sección contiene preguntas para conocer las prácticas sexuales y cuidados de las personas encuestadas.

Recuerda que la encuesta es anónima, y que si hay alguna pregunta que te resulta incómoda, no estas obligado/a a responder. Igualmente, te pedimos que no abandones el resto del cuestionario.

28. ¿Has iniciado relaciones sexuales?

- Si
 No (*pasar a PARTE D*)

Respecto a tu primera Relación Sexual

29. ¿A qué edad tuviste tu primera relación sexual?

30. ¿Con quién mantuviste tu primera relación sexual?

- Amigo/a
 Novio/a
 Esposo/a

- Trabajador/a sexual (prostituta/o)
 Pareja ocasional
 Otro: _____

31. ¿Usaron preservativo en esta primera relación sexual?

- Si
 No
 No recuerdo

32. ¿Tomaron precauciones para evitar el embarazo en esta primera relación sexual?

- Si
 No (*pasar a la pregunta 34*)
 No recuerdo (*pasar a la pregunta 35*)

33. ¿Cuál fue el método anticonceptivo que utilizaste en tu primera relación sexual? [MARCAR TODO LO QUE CORRESPONDA]

- Métodos Naturales (control de la temperatura, el ritmo menstrual, el flujo)
- Método del retiro o coito interrumpido
- Dispositivo Intrauterino (DIU)
- Implante
- Parche
- Anillos vaginales
- Pastillas para la lactancia
- Mantener relaciones sexuales durante la menstruación
- Pastillas anticonceptivas
- Anticoncepción de emergencia o pastilla del día después
- Inyecciones hormonales
- Evitar el orgasmo femenino
- Óvulos espermicidas
- Preservativo masculino
- Preservativo femenino
- Que la mujer orine luego de la relación sexual
- Que el hombre orine luego de la relación sexual
- Diafragma
- Que la mujer tome té de yuyos luego de la relación sexual
- Ligadura tubaria
- Vasectomía
- Otros: _____

Pasar a la pregunta 35.

34. ¿Cuál es el motivo por el que no utilizaron un método anticonceptivo? [MARCAR COMA MAXIMO TRES OPCIONES]

- No hizo falta, no hubo penetración vaginal
- No hizo falta, fue con alguien de tu mismo sexo
- No había riesgo ya que al menos uno de la pareja era virgen

- No había riesgo porque la mujer estaba con su período menstrual
- Fue algo repentino y no estaban preparados
- Tu pareja no los aceptaba
- Tu pareja te dijo que no había riesgo de embarazo la primera vez que mantenías relaciones sexuales
- Te preocupaban los efectos secundarios
- No podías pagarlo
- No tenías suficiente información sobre el tema
- Motivos religiosos
- No pensaron que era un riesgo en ese momento
- No sé
- Otro _____

Respecto a las relaciones sexuales a lo largo de tu vida

Recuerda que la encuesta es anónima, y que si hay alguna pregunta que te resulta incómoda, no estas obligado/a a responder. Igualmente, te pedimos que no abandones el resto del cuestionario.

35. A lo largo de tu vida, has tenido relaciones sexuales:

- Sólo con mujeres
- Más a menudo con mujeres, pero al menos en una ocasión también con un hombre
- Igual con hombres que con mujeres
- Más a menudo con hombres, pero al menos en una ocasión también con una mujer
- Sólo con hombres
- No contesta

36. ¿Cómo describirías tu identidad sexual?

- Heterosexual
- Homosexual
- Bisexual
- Travesti
- Transexual
- Otra _____
- No contesta

37. Número aproximado de parejas sexuales en los últimos 12 meses (si la respuesta es "0" también indicarlo)

38. ¿Con qué frecuencia utilizás preservativo, vos o la persona con la que mantenés relaciones sexuales?

- Siempre
- Casi siempre
- Algunas veces
- Casi nunca
- Nunca

39. ¿Usaste un preservativo en la última relación sexual, vos o la persona con la que mantuviste relaciones sexuales?

- Si
- No
- No recuerdo

40. ¿Utilizás actualmente -vos o la persona con la que mantenés relaciones sexuales- algún método para evitar el embarazo?

- Si (*pasar a la pregunta 42*)
- No

41. ¿Cuál es el motivo por el que no utilizás un método para evitar el embarazo? (MARCAR COMO MAXIMO 3 RESPUESTAS)

- No necesito, mantengo relaciones con personas del mismo sexo
- No necesito, no mantengo relaciones por vía vaginal
- Estoy buscando un embarazo
- Me diagnosticaron Infertilidad
- Estoy en postparto y amamantando
- Mi pareja sexual no lo acepta
- Me preocupan los efectos secundarios
- No puedo pagarlo
- No tengo suficiente información sobre el tema
- Motivos religiosos
- Me olvido de usarlo
- Los horarios de atención para conseguirlo son muy limitados y no puedo ir
- No estoy manteniendo relaciones sexuales actualmente
- No sé
- Otro _____

Pasar a la pregunta 47.

42. ¿Qué métodos anticonceptivos utilizás de manera regular? [MARCAR TODO LO QUE CORRESPONDA]

- Métodos Naturales (control de la temperatura, el ritmo menstrual, el flujo)
- Método del retiro o coito interrumpido
- Dispositivo Intrauterino (DIU)
- Implante
- Parche
- Anillos vaginales
- Pastillas para la lactancia
- Mantener relaciones sexuales durante la menstruación
- Pastillas anticonceptivas

- Anticoncepción de emergencia o pastilla del día después
- Inyecciones hormonales
- Evitar el orgasmo femenino
- Óvulos espermicidas
- Preservativo masculino
- Preservativo femenino
- Que la mujer orine luego de la relación sexual
- Que la mujer tome té de yuyos luego de la relación sexual
- Que el hombre orine luego de la relación sexual
- Diafragma
- Ligadura tubaria
- Vasectomía
- Otro _____
- No uso regularmente. (*Pasar a la preg. 47*)

43. ¿Quién decidió usar este método?

- Vos
- Tu médico
- Tu pareja sexual
- Lo decidieron juntos con tu pareja sexual
- Tus padres
- Otro _____

44. ¿Qué factores influyeron en la decisión de usar este método? [MARCAR HASTA 3 OPCIONES COMO MAXIMO]

Si sos mujer, elegir de la siguientes opciones según corresponda (MARCAR COMO MAXIMO 3 RESPUESTAS)

- La recomendación del médico o profesional de la salud
- La recomendación de amigas/os
- Es el más económico/barato

- Te lo dan gratis en el Centro de Salud
- Es el que resulta más adecuado a tus necesidades
- Es el que podés comprometerte a usar adecuadamente
- No requiere que estés pendiente todos los días del método
- Porque es el que más seguridad te da
- Porque no querés tomar hormonas
- Es el que eligió tu pareja sexual y respetás su decisión
- Protege de VIH e ITS
- Desconocés otras opciones
- No querés que tu pareja sexual se entere que lo usás
- No es algo que vos puedas decidir
- Otro _____

Si sos hombre, elegir de la siguientes opciones según corresponda (MARCAR COMO MAXIMO 3 RESPUESTAS)

- La recomendación del médico o profesional de la salud
- La recomendación de amigas/os
- Es el más económico/barato
- Te lo dan gratis en el Centro de Salud
- Es el que resulta más adecuado a tus necesidades
- Es el que eligieron conjuntamente con tu pareja sexual
- Porque es el que más seguridad te da
- Porque no querés que tu pareja sexual tome hormonas
- Es el que eligió tu pareja sexual y respetás su decisión
- Protege de VIH e ITS
- Desconocés otras opciones
- No es algo que vos puedas decidir
- Otro _____

45. ¿Dónde obtenés los métodos anticonceptivos? Elegir la opción más frecuente.

- En la farmacia, a través de la obra social o prepaga con un 100% de descuento
- En la farmacia, a través de la obra social o prepaga con un descuento menor
- En la farmacia sin receta
- En un centro de salud
- En el hospital
- En consultorio privado
- En kioscos
- Otros

46. ¿Qué requisitos te solicitó el profesional de la salud antes de indicarte el método?

- Ser mayor de edad (mayor de 18 años)
- Si eras menor de edad, estar acompañado por madre-padre o tutor
- Haber iniciado relaciones sexuales hace más de un año
- Tener DNI
- Ir con tu pareja
- Haberte realizado el Test de Papanicolau en el último año
- Hacerte otros estudios como análisis de sangre, ecografías, etc
- Ninguna de las anteriores
- No me lo indicó un profesional de la salud
- Otro _____

47. ¿Con qué frecuencia vos o la persona con la que mantuviste relaciones sexuales utilizaron métodos anticonceptivos en los últimos 12 meses?

- Siempre
- Casi Siempre
- Algunas veces

- Casi nunca
- Nunca

48. ¿Alguna vez tuviste que usar vos o la persona con la que mantuviste relaciones sexuales Anticoncepción de Emergencia o pastilla del día después?

- Sí
- No (*pasar directamente a PARTE D*)

49. En caso de que sí ¿Cuántas veces la has usado en los últimos 12 meses?

- Nunca
- 1 vez
- Entre 2 y 5 veces
- Más de 5 veces

50. ¿Por qué tuviste que usar Anticoncepción de Emergencia, vos o la persona con la que mantuviste relaciones sexuales? [MARCAR TODO LO QUE CORRESPONDA]

- Falló el método anticonceptivo que estabas usando (rotura de preservativo, olvido de la toma de una pastilla, etc)
- No usaste ningún método
- Fue una relación no consentida
- Dudabas sobre la seguridad del método que estabas utilizando
- Otro _____

51. ¿Dónde obtuviste la Anticoncepción de Emergencia? [MARCAR TODO LO QUE CORRESPONDA]

- Te la entregaron gratuitamente en un hospital
- Te la entregaron gratuitamente en un centro de salud

- La compraste en la farmacia, con receta
- La compraste en la farmacia, sin receta
- La tenías en tu casa
- Te la dio un amigo/a
- Otro _____

PARTE D. (Salud Sexual y Sistema de Salud)

Las preguntas de esta sección se refieren a tu experiencia con los servicios de salud, particularmente de salud sexual y reproductiva.

Recuerda que la encuesta es anónima, y que si hay alguna pregunta que te resulta incómoda, no estas obligado/a a responder. Igualmente, te pedimos que no abandones el resto del cuestionario.

52. En los últimos 2 años, ¿realizaste alguna consulta por temas relacionados con tu salud sexual?

- Si
- No (*pasar a la pregunta 55*)

53. ¿Cuál fue el motivo de esa consulta? [MARCAR TODO LO QUE CORRESPONDA]

- Métodos anticonceptivos
- Prevención de infecciones de transmisión sexual
- Reproducción
- Problemas en las relaciones sexuales
- Violencia y/o abuso sexual
- Control periódico
- Otro _____

54. ¿A dónde concurriste para realizar esa consulta?

- A un hospital público
- A un centro de salud o salita
- Consultorio médico de una escuela
- A un sanatorio o clínica privada
- A un consultorio privado (médico/a de la obra social o prepaga)
- No recuerdo
- Otro _____

55. ¿Alguna vez te hiciste un Test de VIH?

- Si
- No (*Pasar a la pregunta 60*)

56. ¿Cuántas veces te hiciste un Test de VIH?

- 1 vez
 Entre 2 y 5 veces
 Más de 5 veces

57. ¿Cuánto hace que te hiciste la prueba del VIH por última vez?

- Hace menos de 12 meses
 Entre uno y dos años
 Entre dos y cinco años
 Hace cinco años o más

58. ¿Por qué te hiciste esta última prueba de VIH?

- Estaba embarazada (vos o tu pareja sexual)
 Había tenido relaciones sexuales con una pareja que no conocía y no usé preservativo
 Me lo indicó el médico
 Se rompió el preservativo durante una relación sexual
 Tuve un accidente laboral
 Me lo pidió mi pareja sexual
 En un control de rutina
 Quiero dejar de usar preservativo con mi pareja
 Doné sangre
 Tuve una conducta de riesgo asociada al uso de jeringas
 Por iniciativa propia
 Otro motivo _____

59. ¿Llegaste a saber los resultados de esta última prueba del VIH?

- Sí
 No

60. ¿Te ha diagnosticado algún médico a lo largo de tu vida alguna de las siguientes infecciones? (MARCAR TODO LO QUE CORRESPONDA)

- Infección por clamidia
 Gonorrea
 Sífilis
 Tricomonas
 Herpes genital
 Ulceras genitales o condiloma
 Hepatitis B
 Uretritis no específica
 VIH
 Otras infecciones: _____

 No me han diagnosticado ninguna de las anteriores

PARTE E. (Opiniones y vivencias)

Recuerda que la encuesta es anónima, y que si hay alguna pregunta que te resulta incómoda, no estas obligado/a a responder. Igualmente, te pedimos que no abandones el resto del cuestionario.

61. Existen opiniones distintas acerca de los preservativos. Por favor, indique en qué medida estás de acuerdo con cada una de las siguientes afirmaciones respecto al uso de preservativos

	1	2	3	4	5
Son complicados de usar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crean desconfianza entre la pareja.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A las mujeres les corta el deseo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A los hombres les corta el deseo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impiden sentir verdaderamente el cuerpo del otro.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permiten disfrutar más por la seguridad que dan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son seguros.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 1- Totalmente de acuerdo
 2- Bastante de acuerdo
 3- Algo de acuerdo
 4- Nada de acuerdo
 5- No lo se

62. ¿Conoces a una mujer que haya decidido interrumpir su embarazo?

- Sí
 No
 No estoy seguro/a

63. ¿Crees que la interrupción voluntaria del embarazo debería ser legal?

- Sí, siempre (pasar a pregunta 65)
 Sí, pero sólo en algunos casos
 No, nunca (pasar a pregunta 65)
 No sé

64. En qué casos considerarás que debería estar permitido? [MARCAR TODAS LAS OPCIONES QUE CORRESPONDAN]

- Cuando el embarazo es producto de una violación
 Cuando el feto tiene malformaciones incompatibles con la vida extrauterina
 Cuando el feto tiene malformaciones de cualquier tipo
 Cuando la vida de la mujer embarazada corre riesgo si no se interrumpe el embarazo
 Cuando la continuación del embarazo representa un riesgo para la salud mental de la mujer
 Cuando la mujer embarazada tiene alguna enfermedad que pueda empeorar con el embarazo
 Cuando una mujer con retraso mental queda embarazada debido a una violación
 Cuando la mujer embarazada y su familia carecen de recursos económicos para criar a un hijo/a
 Si la mujer quedó embarazada porque falló el método anticonceptivo
 Si la mujer, por el motivo que sea, desea interrumpir el embarazo, sin importar la edad gestacional
 Si la mujer, por el motivo que sea, desea interrumpir el embarazo antes de la semana 12 de gestación
 Ninguna de las anteriores
 No sé

65. ¿Conocés a alguien que haya sido víctima de un abuso sexual?

(A los fines de esta encuesta, entenderemos como abuso sexual todo acto sexual, la tentativa de consumir un acto sexual, los comentarios o insinuaciones sexuales no deseados, o las acciones para comercializar o utilizar de cualquier otro modo la sexualidad de una persona, mediante coacción por otra persona, independientemente de la relación de esta persona con la víctima, en cualquier ámbito, incluidos el hogar y el lugar de trabajo)

- Si
- No

66. ¿Vos has sufrido alguna vez abuso sexual?

- Si
- No
- No estoy seguro/a

67. ¿Qué opinas de las relaciones de pareja entre personas del mismo sexo?

	1	2	3	4	5
Tienen derecho igual que el resto.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Las respeto.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No las considero aceptables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Me incomoda que manifiesten su afecto en público.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 1- Totalmente de acuerdo
- 2- Bastante de acuerdo
- 3- Algo de acuerdo
- 4- Nada de acuerdo
- 5- No lo se

Fin del cuestionario



Las preguntas que hacemos a continuación, PERMITIRÁN PLANIFICAR ACTIVIDADES DE EXTENSIÓN UNIVERSITARIA QUE RESPONDAN A LOS INTERESES DE LOS/AS ESTUDIANTES

1. ¿Alguna vez has asistido a un taller o una charla sobre sexualidad?

- Si
 No

2. ¿Te interesaría asistir a un taller o una charla sobre sexualidad?

- Si
 No

3. ¿Sobre qué temas? [MARCAR TODO LO QUE CORRESPONDA]

- Métodos anticonceptivos
 Relación de pareja
 Procreación
 Erotismo
 Interrupción del embarazo
 Preferencia sexual
 Otro _____

¿Hay algún tema que no preguntamos y del cual te gustaría hacer algún comentario?

Te agradecemos mucho que hayas completado esta encuesta!

