

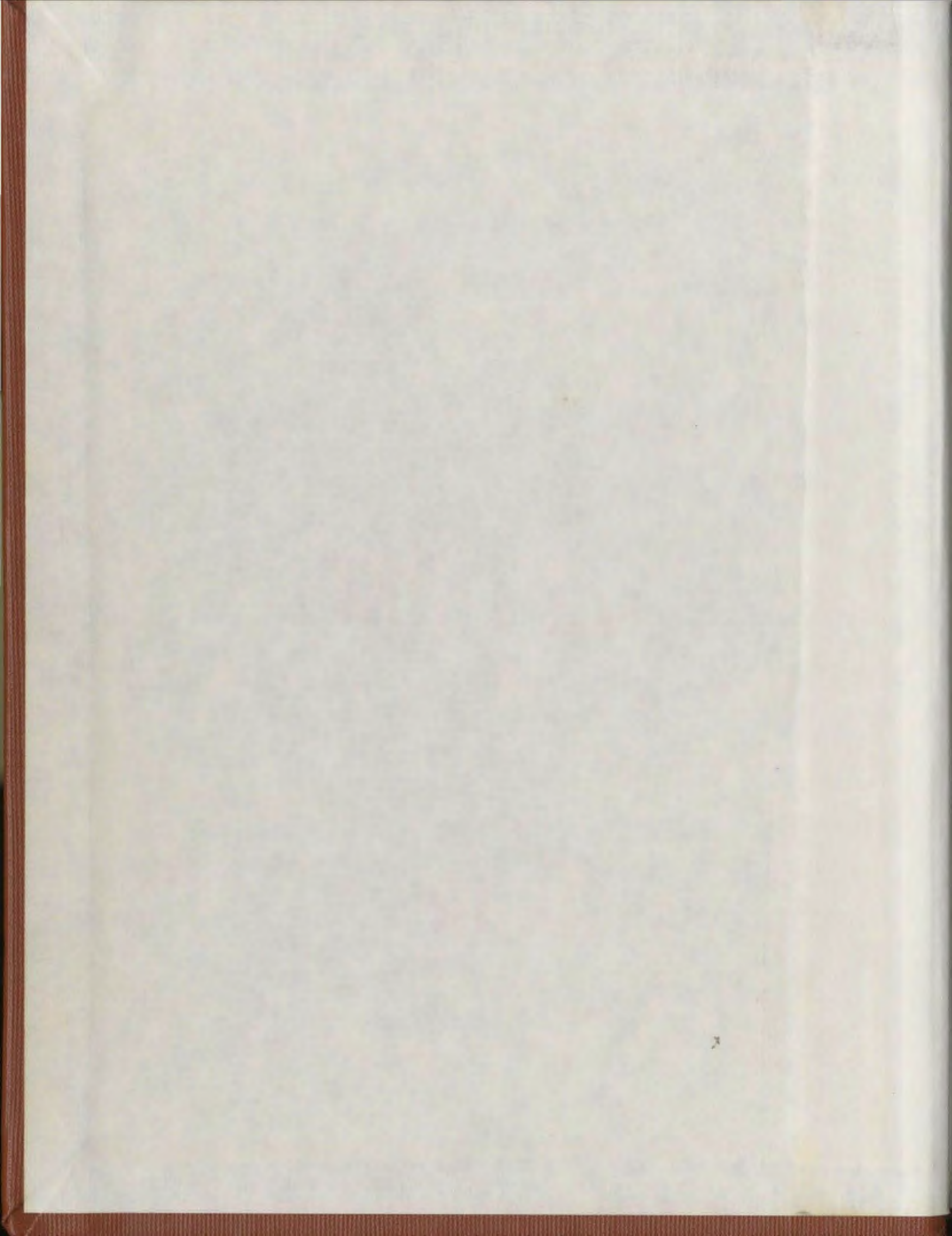
AN INVESTIGATION INTO THE
MOTIVES OF WOMEN
SEEKING THERAPEUTIC
ABORTION IN NEWFOUNDLAND

CENTRE FOR NEWFOUNDLAND STUDIES

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AN INVESTIGATION INTO THE MOTIVES OF WOMEN
SEEKING THERAPEUTIC ABORTION IN NEWFOUNDLAND

by



Devaki Krishnamoni, B.A., B.S.W.

A Thesis submitted in partial fulfillment of
the requirements for the degree of
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ABSTRACT

The purpose of this study was to investigate the motives of women seeking therapeutic abortion in Newfoundland.

The information for the study was collected through personal interviews with all applicants requesting termination of pregnancy between January 15 through March 1, 1979 till the target number, seventy-five cases, was reached. A structured questionnaire was administered to this sample consisting of all age groups among women of child-bearing age and both never-married and once-married women.

A review of the literature on abortion revealed that the reasons for requesting termination differ between single and married women. In addition to age and socio-economic factors, the relationship with the partner is decisive for the outcome of the pregnancy for the former group, while poor health, financial problems, being past the child-bearing age, etc. are common reasons for the latter group.

The central proposition stated that the reasons given by a woman for terminating her pregnancy will be closely related to her age, marital status, relationship with the sex partner and other socio-economic factors.

An analysis of the findings supported the central proposition although statistical significance was not reached.

The general conclusion arrived at was that termination of pregnancy is a highly personal decision and usually consists of a variety of complex factors. It was also noted that marriage for the sake of legitimising the pregnancy is being rejected as a viable solution by many. Single young women, in particular, place emphasis on being older and more mature to cope with motherhood and its responsibilities, as well as on financial security. Among married and older women, breakdown in marriage, ill health and being past the child-bearing age are the frequent reasons given.

These findings are relevant to social workers and other personnel who work with abortion clinics, family planning centres, etc., in that they provide some measure of understanding of the population that seeks this service, so that appropriate counselling may be provided. Statistics indicate an upward trend in the incidence of abortions drawing attention to the need for competent contraceptive knowledge. Further research is, therefore, required to explore the contraceptive practices of this population for the purpose of providing preventive treatment, particularly to high-risk groups.

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Chapter 1

INTRODUCTION

Therapeutic abortion has been practised for a relatively short time in Canada. With its strong Catholic influence and French tradition Canada does not appear at first sight a likely candidate for abortion reform. However, events in Britain and the United States in 1967 bringing abortion law reform in their wake appear to have had their impact on Canada. Forces within the country in the form of vocal women's groups and the Royal Commission on the Status of Women in Canada have also helped to highlight the need for such reform.

In August 1969 far-reaching changes were made in the Criminal Code of Canada when the grounds for legal abortion were changed to encompass the health as well as the life of the mother. The following conditions set forth in the Criminal Code have to be complied with before a legal abortion can be performed:

1. The abortion must be approved by a therapeutic abortion committee consisting of three qualified medical practitioners appointed by the board of that hospital for the purpose of reviewing records relating to the termination of pregnancy within that hospital.
2. The procedure must be done by a qualified medical practitioner who is other than a member of a hospital's therapeutic abortion committee.
3. The procedure must be done in an approved or accredited hospital.

The literature on the subject of abortion is voluminous. The topic has been dealt with from the point of view of gynecologists, psychiatrists, psychologists, sociologists, theologians and lawyers.

A good part of the literature is also research oriented and deals with the psychosocial characteristics of women seeking abortion. Follow-up studies have been carried out following induced abortion. There are also a few studies reporting differences among two groups of women one of whom chose abortion while the other completed their pregnancy. There is further, a substantial quantity of research in the area of adolescent pregnancy and abortion.

However, a large proportion of these studies pertain to other countries. In Canada itself, very limited research has been carried out in the area of therapeutic abortions, while in Newfoundland there have been no published studies yet. Although this province has the lowest rate of therapeutic abortion in Canada and one of the lowest in the world, statistics show that the rate of abortion is gradually going up. (McKiligan, 1978.) For instance, over the past five years, the number of therapeutic abortions have increased from 193 in 1973 to 475 in 1977, an increase of 246 per cent. (Statistic Canada, 1978.) While this substantial increase is partly due to the fact that more and more women are becoming aware of this service and hence are seeking it, it does not detract from the need to study this group of women with a view to assessing their needs in this situation, the problems encountered by them, as well as other aspects involved in the termination of a pregnancy.

The Report of the Committee on the Operation of the Abortion Law has noted that there is a sharp disparity in the distribution and accessibility of therapeutic abortion services, leading to a continuous exodus of Canadian women to the United States to obtain this operation as well as delays in obtaining induced abortions in Canada. (The Badgeley Report, 1977.)

Among its findings, the Report noted that women who had induced abortions were younger, more were single and in general had a higher level of education, when compared with women who had not had abortions. Single women who went to term when compared with those who had induced abortions tended to have less education and lower incomes. Women who had induced abortion were found to be more sexually active on an average than women who did not have this operation. (The Badgeley Report, 1977:33.)

The subject of abortion is an emotionally charged issue. The opponents of abortion term it "murder of the unborn", while proponents call it "freedom of choice." Whichever way it is viewed, the woman who has to make the decision requires considerable support to sustain her through the ordeal. There are, of course, women for whom this decision presents no problem, in the sense that they see only one solution to an unwanted pregnancy, and that is to get rid of it. However, women with such clear-cut attitudes are a minority. The vast majority are confused and undecided about what course to pursue, a conclusion supported by many research studies. Even when they have made up their minds, they are tortured by doubts and uncertainties. Often, they do not know enough about what is involved to arrive at a clear decision.

It is a fact that motherhood is still a prestigious state in present day society. An awareness of being pregnant has brought women their greatest joys, and motherhood has gained for women an acceptance of their role as well as the respect due to them from society. Yet, the same awareness of pregnancy has been a cause for misery and despair and has driven many a woman to suicide.

The causes for such misery can be many. The woman may be single with no prospect of marriage; in addition she may be deserted by her boyfriend; social ostracism and religious sanctions are also factors of concern to single pregnant girls: Or she may be young with plans for a career in the future and with her education yet incomplete. Pregnancy and marriage have no place in her life at the present time. Alternatively, she may be married, but is not ready to start a family yet. Or she may be married and already the mother of several children. She feels, this time, that she cannot cope with another child.

Whatever the cause, the woman has to decide what to do. She has only two choices, either to continue with the pregnancy or to terminate it. Further, she has no time to lose. The decision has to be made and made quickly. The pregnancy affects not only the woman herself, but also the people surrounding her - her parents, husband, boyfriend, children, etc. However, in the final analysis, the decision she makes is a personal one and she has to bear the consequences alone.

In the Province of Newfoundland seven accredited general hospitals have established therapeutic abortion committees. However, the bulk of the therapeutic abortions are carried out in one general hospital in the province's capital city. For instance, during the year 1977, 475 therapeutic abortions were performed in this province, of which 449 or 93 per cent were carried out in one hospital. While it is not possible to assess the number of women who go out of the province to procure an abortion, it may be safely assumed that this is possible only for a minority of patients, namely those who can afford it. It has

been estimated that about 20 per cent of all abortion applicants go out of the province for this purpose. (The Badgeley Report, 1977.)

This investigation is undertaken to study the motives of women who seek therapeutic abortion. It is hoped that the results of the study will highlight the problems encountered by women faced with an unwanted pregnancy. An understanding of their reasons and the problems associated with the decision to abort may help improve policies relating to family planning, abortion services and more importantly, counselling services.

The next section will deal with the literature where it relates to the motives expressed by women who seek to terminate their pregnancies.

Chapter 2

LITERATURE REVIEW

"As a means of fertility regulation, abortion is as old as humanity and probably occurs in all cultures. Throughout recorded history women have resorted to abortion to terminate unwanted pregnancies regardless of moral or legal sanctions and often at considerable physical or psychological risk." (David, 1974:3.)

The problem of an unwanted pregnancy has been dealt with in great detail in the literature. For the purpose of this review, attention will be devoted primarily to that section of the literature that deals with abortion under the following headings:

1. The problem of an unwanted pregnancy
2. The options open to a woman faced with this situation
3. The abortion decision
4. The motives underlying the decision

The Problem of an Unwanted Pregnancy

An unwanted pregnancy presents a woman with one of the most stress-filled situations of her life. The reasons for the anxiety can be as many and as varied as the women who have them.

One of the major reasons for anxiety over an unwanted pregnancy especially among teenagers, is the disappointment they cause to their parents. From the daughter's point of view, the prospect of telling her parents that she is pregnant is a heavy burden, so weighty sometimes, that suicide attempts are not uncommon. The fact that most parents are able to deal with shock and disappointment is often underestimated by the children. Social ostracism and religious sanctions are also major reasons for anxiety in the case of pregnancy in single women. Although illegitimate pregnancy is acceptable to society to a greater degree

at the present time and governments do provide for unwed mothers, the support is minimal, and the women and their children do suffer from various forms of deprivation. (Provence, 1971; Beck, 1971.)

Among married women, anxiety over an unwanted pregnancy is usually geared to their socio-economic situation - the feeling that they cannot afford to have another baby. A shaky marital situation or the fact that the existing children are already grown-up can be contributory causes to concern over an unwanted pregnancy. Research has established that the risks of physical and mental defects in the unborn child increase substantially with the age of the mother, and this can again be a cause for anxiety in the married woman over forty years who has an unwanted pregnancy. (Richards, 1978.)

Some authors feel that until society and its institutions, including schools, churches, homes and professional groups such as doctors, clergymen, social workers, etc. deal with the reasons why women get pregnant when they do not wish to, we are a long way from dealing adequately with the problem. (Bluford and Petres, 1973.)

The Options open to a Woman in this Situation

The options available to a woman faced with this situation are only two - either to continue with the pregnancy or to terminate it. For the married woman, should she continue with the pregnancy, she has the choice of keeping the baby or placing it for adoption. However, very few married women who have had children and raised them would willingly part with their child after birth. They usually consider their choices as being only two, either to have and keep the baby or terminate the pregnancy. This is true for married women who are yet to start their

families also - they view adoption with disfavour and do not see it as a viable option.

Bluford and Petres (1973) note that there are basically five alternatives before the single woman with an unwanted pregnancy. These are: (1) give birth to the baby and place it for adoption; (2) give birth to the baby and try to raise it as a single parent; (3) marriage; (4) abortion, and (5) suicide. While suicide is not being suggested as a meaningful alternative, these authors see it as a solution used by some women in the past as well as occasionally in the present.

Among the alternatives listed above, marriage has been the option most frequently resorted to in the past as a viable choice. The reasons for this are that, (a) the child would not be stigmatised as a bastard; (b) the woman would receive some protection against the condemnation of the community, and (c) the woman would not be faced with the prospect of having to give up her baby.

In recent years, marriage has not been considered a viable option. The cause for this has been the high rate of breakdown in marriages where pregnancy has been the precipitating factor. Three out of every five pregnant teenage brides are divorced within six years. Furthermore, the likelihood of marriage break-up among teen marriages is two to three times that for those who marry in their early twenties. (Lincoln, Jaffe & Ambrose, 1976.) Thus the public has become more aware of this statistic, and more young women have been thinking of other alternatives when faced with an unwanted pregnancy.

Next to marriage, the most common solution historically has been to give birth to the baby and place it for adoption. In most cases, the pregnant woman had to seek out an agency that would help her to find a

The last option in the list of five is abortion. This has become the alternative more and more women are looking to as a solution to their dilemma. Although abortion is frequently condemned by the community, it appears to be an acceptable form of fertility control for the individual, as evidenced by the increasing abortion rate. Women seem to find it easier to initiate action to deal with the concrete reality of a pregnancy than to take precautions to prevent such an event. Potts et al (1977:491) note that a woman who has had an abortion is more likely to seek contraception thereafter. At the same time, she is also more willing, if necessary, to seek a second abortion. It is interesting that the majority of women are willing to face religious and legal sanctions and will accept considerable pain, danger and expense to achieve their aims.

The moral aspects of abortion are basically religion-based. Prior to the Christian era, the attitude that human life was neither sacred nor inviolate prevailed, and abortion and even infanticide were considered the usual methods of dealing with unwanted children. The Catholic Church represents the extreme end of one scale, where abortion is viewed as an act that denies the sanctity of life and assumes that the woman is the owner of her life and that of her unborn child. (Ayd, 1971.) At the other extreme are the women's liberationists who believe that a woman has the ultimate right over her body and hence should be the best judge of what she wants without having to seek recourse to legal intervention. (Mace, 1972.) The moderates, both religious and non-religious, lie between these two extremes.

place to stay during the later months of pregnancy and after delivery. Following delivery she would face the painful reality of "giving away her child" and return to her former life, often wondering about the fate of her baby. (Bluford and Petres, 1973.)

As fewer women choose marriage as an alternative to an unwanted pregnancy, a decreasing number also choose to have the baby and give it up for adoption. Thus many of the single women who choose to carry the pregnancy to term do so with the full intention of keeping the baby. While this is not generally approved among middle-class people, there is more tolerance nowadays for the unwed mother who keeps her child. However, the majority of women who choose this path are teenage mothers and women with limited education, who look upon motherhood with romantic notions. Among pregnant adolescents, the mothers of the girls usually care for the babies rather than give them up for adoption and face their daughters' reproach at a later date. This often places a heavy burden on the whole family.

It was noted earlier that suicide is not considered as an alternative. In fact if a desperate young woman seeks information on options when faced with an unwanted pregnancy, advice not to kill herself can be given without any reservation, while other alternatives would have to be considered and decided upon by the woman herself. Many a young woman has attempted to suicide purely as a cry for help, thus drawing attention to herself and her situation. It has been noted for instance that suicide and attempted suicide are risks associated with unwanted pregnancy and that "suicide in pregnancy is not so uncommon as widely believed." (Simon, 1970:78.)

The Abortion Decision

The decision whether or not to seek an abortion can be an agonizing experience. Quite often, once a woman indicates that she is pregnant and embarrassed about it, "someone is ready to recommend abortion and move her on to the assembly line." (Mace, 1972:109.) Her wish to terminate the pregnancy is taken for granted and since there is no time to be wasted she is encouraged to move quickly. Some women are quite satisfied to do so, since abortion is what they want and they have no misgivings about it. For many other women, the goal is not so clear. They see abortion as an available option, and make enquiries about it, but are in no way convinced that this is what they want. They are in a state of confusion, mental, emotional and moral, with the added pressure of time slipping by.

Callahan (1973) notes that a solution of the legal problem of abortion is not the same as a solution to the moral problem. "Abortion is one way to solve the problem of an unwanted or hazardous pregnancy but it is rarely the only way, at least in affluent societies It is not necessarily the end of every woman's chance for a happy, meaningful life to bear an illegitimate child It is not necessarily the ruination of every family living in overcrowded housing to have still another child It is not inevitable that a gravely handicapped child can hope for nothing from life It is not inevitable that every unwanted child is doomed to misery." (p. 23) He asks, if most women seek a broader ethical horizon than that of their exclusive personal self-interest, what might they think about when faced with an abortion decision? The language used to describe abortion will have a profound effect on the

sensitivity and imagination of these women who must make the abortion decision. The abortion procedure can be described in clinical and unemotional terms; or it can be talked about in terms of relieving the woman from her suffering; or in terms of a liberated action. According to Callahan, all these modes of approach are misleading in that they deny the pain and uncertainty that are involved in making the abortion decision. He believes that there should be a moral tension in the consciences of women who face an abortion choice. Such a tension would instill a respect for human life, so that abortion would be seen as the last choice rather than the first choice when an unwanted pregnancy occurs.

The questions women frequently ask when faced with the abortion decision are: Will it hurt? Am I killing someone? What do they do? Will I be able to have children afterwards? Mace (1972:113) proposes that no physician should normally be willing to perform an abortion until he is satisfied that the woman concerned has received counselling in the following areas:

1. She understands what abortion means and is sure that this is what she wants.
2. Her own judgement is not being unduly subverted either for or against abortion by coercion from her husband, boyfriend, parents or friends.
3. In making her decision, she has considered how it will be likely to affect her conscience and her value system.
4. She has thought through the possibility of accepting the pregnancy as an alternative to abortion.

5. She is knowledgeable about effective methods of contraception and their availability.

The Motives Underlying the Decision

This section will basically deal with the reasons given by the women who seek termination of their pregnancy. It is however worth noting that many studies deal with the "indications" for therapeutic abortion. These indications are essentially the interpretation placed on the women's reasons by the physician for the purpose of legalizing the procedure.

Thus in one nation wide survey on the care and treatment of therapeutic abortion patients in Canada, most hospitals reported psychiatric reasons as the main grounds for performing abortions. (Hospital Administration in Canada, March 1972.) However, some reported that a large number of patients had had a termination of pregnancy for "socio-economic" reasons.

Again, in a study by Marlene Hunter (1974), reviewing the applications of 605 women for termination of pregnancy, she noted that the physician had to incorporate the word "health" in his case summation. Physical, mental, emotional and social health were acceptable, while "financial" health was not. In this study the majority of the patients (83.3 per cent) were considered in "no position to raise a child."

Similarly, Lipper et al (1973) in a follow-up study of fifty girls who had abortion, noted that abortions were performed for social reasons and not psychiatric or medical ones.

The role of the psychiatrist in an abortion clinic is to assess the woman's mental or emotional state and identify the reasons causing

the pathology in her present state. It may happen that the woman feels that she is in the position of having to make a case for herself and hence acts a role for the sake of getting the abortion. Thus it becomes difficult to identify accurately the motives underlying the request for abortion. A psychiatrist has noted for instance that, "Interviews with these women were often very difficult. Sometimes it would turn into a battle of wits. You knew you had the authority to approve or disapprove of the abortion, and the woman was pulling every trick she knew to convince you that if you didn't sign on the dotted line she would sink into a deep depression or go off and commit suicide. You naturally felt sorry for her, but you also resented this attempt to manipulate you." (Mace, 1972:123.) While the doctor's point of view can be appreciated this also highlights the fact that the woman in this situation is forced to find favour with the doctor in order to get the abortion, and while this can not only be not conducive to a good doctor-patient relationship, it can also be damaging to the woman's self-esteem.

Often the decision of a woman or a couple to have an abortion does not mean that they dislike children. They see it as a normal expression of the fact that at this particular time in their life they cannot offer a child the love, security and physical support which would meet their ideals. Thus the young unmarried girl feels that she cannot give a baby the life which in her opinion is necessary for its proper development. The married woman on the other hand, feels that another child would take away from her existing children too much of the physical and emotional resources available. This would mean that in the future all her children

would be to some extent deprived. Thus, to these women, abortion is usually an altruistic decision. (Pöts et al, 1977.)

However, if the altruistic motives of the unmarried girl and the married woman described above are placed at either end of a scale, in between lie an array of other kinds of reasons as to why a woman seeks an abortion.

In an extensive study by Ekblad (1955) on patients undergoing induced abortion on psychiatric grounds, he found that the situation of conflict entailed in an unwelcome pregnancy is in general different for the married and the unmarried women. For the married women the emotional relationship with the male partner may be unsatisfactory, but the married women are rarely entirely abandoned by their husbands in connection with a pregnancy, whereas in the case of unmarried women desertion by the male partner is quite common. The married women in this study who had stopped living with their husbands had done so on their own initiative. Ekblad found that 14 per cent of his sample had done so, while among the unmarried women, 77 per cent had had no connection with the male partner after the legal abortion. The latter finding certainly implies a pathology in the relationship of the couple involved.

In the same study, the indications for abortion were assessed under current Swedish legislation, namely on medical (illness, physical defect), medical-social (so-called weakness), social-medical (so-called foreseen weakness), humanitarian and eugenic indication. The indications for legal abortion for the women in the sample were psychiatric or mixed psychiatric and social.

Ekblad found that the women themselves often put forward the conflict entailed in the pregnancy as the main motive for the abortion.

The author notes that persons not psychiatrically schooled are inclined to see the precarious social situation as the essential indication for abortion, and adds that this is not correct - there is no special situation of conflict which without exception motivates a legal abortion. On the other hand, the pregnancy may in itself under the most favourable social conditions constitute such a great strain for an asthenic or neurotic woman that it motivates a legal abortion, as otherwise there is the risk of a serious impairment of her health. Ekblad concludes that the nature of the motives is not the essential point. These vary from case to case, and frequently it is a number of reasons which taken together make the situation so difficult that abortion is the only solution. The reasons may appear to be purely economic or social, but a closer look at the situation almost always shows these factors to be of lesser importance, and that there exists a serious emotional conflict or that the essential indication is the woman's lack of capacity to resist external strain.

Ekblad grouped his sample under three major headings for the purpose of distinguishing motives for seeking abortion:

1. The woman has previously suffered from chronic psychic trouble or lived at the extreme limits of her resources and has not been considered robust enough to stand the extra burden a further child would entail. In his sample this was true for many of the married women.
2. The woman has in connection with the pregnancy been abandoned by the male partner, which has given rise to a serious conflict and released an intensive psychic insufficiency reaction.

3. The emotional relationship to the male partner has been unsatisfactory, often because the latter has abused alcohol, or been mentally abnormal or asocial. The pregnancy has further worsened this relationship and caused a reactive insufficiency in the woman.

In a comparative study of women who seek therapeutic abortion with those who complete their pregnancies, married and unmarried women gave very similar explanations of why they were seeking abortion. (Ford et al, 1972.) Shame and guilt over pregnancy out of wedlock were primary concerns of only two of the twenty-six unmarried women. Rather, the recurrent theme for both married and unmarried women was that the baby would interfere with narcissistic needs and reality-oriented concerns. The authors found that the women who requested abortion were distinctly different from those chosen at random from the obstetric clinic in that the former group (a) enjoyed sexual intercourse less; (b) had a poor self-image of themselves as mothers; and (c) had a masochistic life style.

In another follow-up study the authors found that several aspects of a woman's decision-making process are crucial. (Friedman et al, 1974.) A vulnerable woman who is coerced into abortion or accepts it reluctantly in the face of strong wishes for a child appears to be more likely to decompensate than does a vulnerable woman whose decision is made with little ambivalence on the basis of pressing reality factors.

Clark et al (1968) in a follow-up study of patients referred for psychiatric opinion, assessed the stresses impinging upon the patient, which made her ask for a termination. These were classified under the following headings: social stigma, too much responsibility, anxiety over deformity, bad social conditions and inadequate emotional support. Often

a combination of several stresses was found, and no special significance attached to any one stress.

In an investigation of women admitted to hospital with abortion, Freundt (1973) found that in some cases there is usually one single or a few obvious and outstanding motives for abortion, while in others, the real reason for the termination of pregnancy can be regarded as a complex of various factors. In the latter cases, the distinction between the motives and the background behind the abortion is not sharply defined. The question may also be complicated by the fact that some women purposely seek to conceal the real motive. This can be the case sometimes, when the motive offends the conventional moral standards. Freundt defines motives for abortion as the condition or conditions, stated by the woman in question to be the reason for her not being able to go through with the pregnancy.

Freundt's study dealt with two groups of women, interviewed post-abortion in hospital. One group had obtained legal abortion, while the other had been admitted following spontaneous abortion. The latter group was classified into five more categories: illegal, presumably illegal, spontaneous, presumably spontaneous and non-classifiable. Freundt notes that in the presumably illegal category, the women made no concealment of the fact that they did not wish to go through with the pregnancy. In 25 per cent of the sample, pregnancy was terminated because marriage was out of the question. This had not always been due to desertion by the partner. Other considerations such as finance or lack of desire to marry at that particular time had also played a part. Freundt found that the relationship to the partner was decisive for the outcome of the pregnancy.

Among other reasons stated by the women, although the marriage was described as truly unhappy by many, it was seldom given as the motive for abortion. Poor financial circumstances, poor housing conditions, overwork, sickness, tiredness and lack of strength were common reasons given. Women over the age of forty years usually felt that they were too old to have any more children, and some younger women also chose the same reason. The presence of grown-up children in the family appeared to make them feel ashamed of their pregnancy. Approximately 8 per cent of the sample admitted that they had terminated the pregnancy under pressure. These were young women below the age of twenty-two years who were still under the influence of their parents.

In the Freundt study, it was interesting to note that seldom had the male partner attempted to persuade the patient to have an abortion, leaving the solution of the problem to the woman to resolve on her own. At the same time, it should be mentioned that very seldom has the attitude of the male partner to the pregnancy and termination been studied.

In summary, this literature review has dealt with the problems that women face as a result of an unwanted pregnancy, the alternatives available to them, and the reasons usually given for seeking termination of pregnancy as their ultimate choice. Notwithstanding the woman's ability to rationalize her decision, most authors agree that the decision to terminate a pregnancy is fraught with fear and anxiety for a majority of the women.

Focus of Study

Following the review of the literature, a central proposition was generated for the purpose of this study:

THE REASONS GIVEN BY A WOMAN FOR TERMINATING HER PREGNANCY WILL BE CLOSELY RELATED TO HER AGE, MARITAL STATUS, RELATIONSHIP WITH THE SEX PARTNER, SIZE OF HER EXISTING FAMILY AND HER FINANCIAL SITUATION.

Specifically, the younger age groups, particularly the girl under the age of 19 years (that is, the age of consent) will probably seek a therapeutic abortion for one or more of the following reasons:

- (a) she is too young to have a baby and raise it
- (b) she wishes to complete her education and/or attain her career goals
- (c) she is financially dependant on her parents
- (d) the relationship with the sex partner is broken up

Among the older women, specially the never-married single women, some of the above reasons may apply, in addition to one or more of the following:

- (a) marriage is not available or she is not ready for it
- (b) social stigma of an unwed pregnancy
- (c) lack of financial security

The married woman, on the other hand, will probably seek a termination of pregnancy for one or more of the following reasons:

- (a) her marriage is unsatisfactory
- (b) she has financial problems
- (c) her family is large enough

(d) she is too old to have any more children

(e) her health is poor

For the separated, divorced or widowed woman, the reasons for terminating the pregnancy are likely to be some of the above, as well as one or more of the following: ✓

(a) marriage is not available

(b) the relationship with the sex partner is broken up

(c) social stigma of a pregnancy out of marriage

Certain conjectures were also made regarding the women's attitude towards abortion. It was hypothesized that there would be a positive relationship between a woman's age, marital status and education and her attitude to abortion. That is to say, the young, single and better educated woman will maintain a more liberal attitude towards abortion.

In the following chapter, the methods used for collecting and processing the data will be described.

Chapter 3 METHODOLOGY

The Setting

The therapeutic abortion clinic is held once a week in the out-patient unit of the general hospital. Applicants are given appointments for specific times for the purpose of being assessed by the gynecologist. Following this, each patient is given an appointment with the psychiatrist for evaluation of her emotional state. During her presence in the clinic, the applicant undergoes clinical tests for blood and urine. A social worker is attached to this service and interviews all the patients for social assessment of the situation.

The Sample

The target number for the sample was fixed at the figure of seventy-five. This meant that seventy-five applicants would be interviewed for the purpose of this study, and it was decided to interview them consecutively when they presented themselves at the therapeutic abortion clinic. The actual sampling commenced in the second week of January 1979 and continued through March 1, 1979 when the desired number was attained.

The criteria for the study consisted of all age groups among women of child-bearing age since it was expected that the motivation for seeking abortion would differ in accordance with the age of the applicant. Both single (never-married and once-married) and married women were included in the sample. The rationale for this was based

on the premise that termination of pregnancy is sought for different reasons among single and married women. Thus a mixed sample would provide comparative data in this respect. Ethnic origin was confined to the Caucasian race. This was for the purpose of controlling cultural differences thereby providing consistency in the social background of the sample.

It is worth noting here that in the year 1977, 41 per cent of the women seeking termination of pregnancy in this province were under the age of 20 years, while 46 per cent were in the age range of 20-29 years. In the present study the age group 14-19 years constituted 37.3 per cent of the sample, while 52 per cent accounted for women between the ages of 20-29 years. Marital status was reported as 70 per cent "Single" in 1977, while in the present study it was 76 per cent. (Statistics Canada, Advance Information for 1977.)

Research Instrument

The instrument consisted of a structured questionnaire administered to each applicant by the researcher through a personal interview. (See Appendix B for copy of the questionnaire.) The questionnaire was devised after perusing several research studies and their instruments, some of them particularly helpful in this process. (Furstenburg, 1976; Freundt, 1973; Claman, 1969.) Several drafts were prepared before a satisfactory instrument was completed.

The questionnaire was pretested on the women seeking therapeutic abortion at the clinic before commencing data collection. There were some inconsistencies noted and these were taken care of in the final version.

The timing of the interview usually followed the gynecologic assessment and preceded the psychiatric evaluation. Clinics are held only once a week and depending on the number of patients, it was sometimes necessary to reschedule an interview to another day. There is usually an interval of ten days from the initial clinic appointment to the performing of the therapeutic abortion. Thus the researcher had ample time to interview the rescheduled patients prior to the date of the operation.

The interview took place in the researcher's office which is located within the hospital and close to the out-patient unit. The patients were escorted by the researcher to her office. They were then made comfortable there and offered some refreshment prior to commencing the interview.

After introducing herself, the researcher explained the purpose of the study to each patient. (See Appendix A.) The willingness of the patient to cooperate in the study was then ascertained and the questionnaire administered. None of the applicants interviewed refused to participate, and it was easy in practically all cases to establish very satisfactory rapport with the patient.

It is the researcher's impression that the women discussed the pregnancy and its consequences without any reservations. The fact that the researcher is a woman herself acted to her advantage since many women expressed the opinion that it was easier to relate to another woman, particularly in matters such as pregnancy and associated problems. Freundt (1973:27) notes that "the opinion sometimes met with to the

effect that most people seek to conceal unsatisfactory conditions is not in accordance with general psychiatric experience. On the contrary, most people are even particularly eager to give expression to their negative and aggressive emotions, whenever the opportunity arises."

In its formulation, the questionnaire started with neutral topics such as demographic information, and then moved on into areas of a more sensitive nature, namely the pregnancy-related details, relationship with the sex partner, attitude to abortion and the decision to abort. Each interview lasted approximately an hour.

Limitations of the Study

The sample used in this study although comparable to the population that seeks therapeutic abortion in this hospital during a given year, does not take into account the numbers that go away to procure termination of pregnancy elsewhere. It was noted earlier that this is possible only for those who can afford the travel, accommodation and medical expenses. This factor could have affected the socio-economic status of the sample as well as the type of responses received.

Secondly, the reliability of the information given of the emotional relationship with the male partner can be questioned. It must be remembered that the women who present themselves at the clinic are in a vulnerable position, since they depend on the subjective judgement of hospital personnel for fulfilling their personal decision. For instance, if a woman has a stable relationship with the sex partner with

plans for marriage in the future, the question will inevitably be asked as to why she wishes to terminate this pregnancy. The motive for seeking abortion may offend conventional values and standards. Thus the woman may find it easier to conceal this aspect, and state that the relationship with the partner has ended. However, it is the experience of the researcher that women in this situation are under considerable stress, and do not seek to play a role.

Thirdly, this investigation has been carried out by one person only, and is thus dependant on personal assessments and interpretations. Owing to the nature of the investigation there was no other choice. However, the use of a structured questionnaire has provided a certain amount of objectivity.

Measurement of the Variables

The study dealt with many variables such as age, marital status, education, occupation, income, number of children, relationship with the man involved in this pregnancy, the respondent's reaction to the pregnancy and the perceived effects it would have on her life situation, her attitude towards abortion, her relationship in marriage or with the sex partner as the case may be, and finally her own reasons for being unable to complete the pregnancy. The agreement or otherwise of the respondent to some of the standard reasons expressed by women seeking termination of pregnancy was also rated using a nominal scale.

Equal-appearing interval scales were used to assess some responses such as the patient and her sex partner's reaction to the pregnancy, relationship in marriage, etc. An attitude scale consisting of five

categories was devised to evaluate the patient's attitude towards abortion.

The completed questionnaires were coded for computer analysis, key punched on to IBM cards, and these formed the data bank. The analysis of the data was begun using a "Statistical Package for the Social Sciences Program". (Nie et al. 1975.) The program was run on the Newfoundland and Labrador Computer Services IBM 370 Computer.

The data are reported using percentages and the Chi-square test for significance at the .05 level.

In the following chapter, an analysis of the findings will be made.

Chapter 4

FINDINGS

Before proceeding to a more detailed analysis of the findings, it would be appropriate to present the demographic data of the sample.

Demographic Characteristics

Table 1
Number and Age of the Sample

Age	Frequency	Per cent
14 and under	3	4
15 - 19	25	33.3
20 - 24	28	37.3
25 - 29	11	14.7
30 - 34	2	2.7
35 - 39	3	4
40 - 44	2	2.7
45 and above	1	1.3
Total	75	100.0

The sample consisted of seventy-five women ranging in age from 14 to 45 years. As Table 1 shows the younger age group (14-19 years) constituted approximately one-third of the sample (37.3 per cent). Half the sample (52 per cent) ranged in age between 20 and 29 years, while those above the age of 30 years accounted for the rest of the sample (10.7 per cent).

Table 2

Marital Status of the Sample

Category	Frequency	Per cent
Single	57	76.2
Married	11	14.7
Separated	3	4
Divorced	3	4
Widowed	1	1.3
Total	75	100.0

The marital status of the sample is shown in Table 2.

A little over three-quarters of the sample (76 per cent) were single women; 14.7 per cent were married while the separated, divorced and widowed women accounted for a little less than one-tenth of the sample (9.3 per cent).

As noted earlier, these figures for age and marital status correspond quite well with the figures given for the year 1977. It was not possible to provide the figures for 1978 since these are not published yet.

Table 3

The Religious Distribution of the Sample

Religion	Frequency	Per cent
Roman Catholic	32	42.5
Protestant	42	56.7
Unitarian	-	-
Jewish	-	-
Atheist	-	-
Other	1	1.3
Total	75	100.0

The religion of the patient was classified under six categories, as shown in Table 3, but the sample was distributed mainly under the two major denominations, the Roman Catholic and the Protestant faiths. A little less than one-half (42.7 per cent) referred to themselves as Catholic while the rest (56 per cent) reported to be Protestant. One respondent (1.3 per cent) declared that she did not subscribe to any religious denomination. It is worth mentioning here that the female population for the age group 15-44 years in the province and belonging to the Catholic faith is 40.6 per cent. (1971 Census of Canada.) It appears therefore, that the proportion of Catholics in the abortion clinic corresponds quite well with the provincial figure.

Attendance at church during the last year showed that two-thirds (64 per cent) of the women rarely went to church while 16 per cent were infrequent churchgoers attending a couple of times a month. The rest (20 per cent) were regular in church attendance, usually once a week or oftener. When questioned on how religious they considered themselves, 13.3 per cent said that they were not religious. A

substantial proportion (81.4 per cent) considered themselves as being religious to some degree, while 5.3 per cent of the sample admitted to being very religious. There does not appear to be any relationship between attendance at church and feelings of religiousness, since many women who rarely attended church still considered themselves slightly or somewhat religious, while others who went to church regularly on Sunday said that it was a routine activity they were conditioned to from childhood and that they did not consider themselves more than slightly or somewhat religious.

Table 4
Level of Education among the Sample

Category	Frequency	Per cent
Junior High	19	25.5
Senior High	18	24
Some Trade School	7	9.2
Trade School completed	13	17.3
Some College	9	12
College Graduate	8	10.7
Master's	-	-
Other	1	1.3
Total	75	100.0

Education was categorized in terms of the various levels attained by the women, and they appear to be more or less equally divided when some of the categories are collapsed. Table 4 shows that approximately a quarter (23 per cent) had some college or one

or more college degrees; another quarter (27 per cent) had finished high school and had additional trade school education. The rest was divided among those who had finished high school but had no further education (24.3 per cent) and those who had achieved a Junior⁸ High level (25.7 per cent).

Table 5
Occupation of the Sample

Category	Frequency	Per cent
Housework	8	10.7
Student	23	30.6
Clerical/Sales	40	53.5
Professional	4	5.3
Other	2	2.8
Total	75	100.0

In regard to occupation, five categories were used as shown in Table 5. Those occupying a clerical/sales type of job were more than half the sample (53.5 per cent); less than a third (30.6 per cent) were still students, either in school, trade school or university. Among the rest, 8 per cent were mainly doing housework, 5.3 per cent belonged to some profession, and 2.8 per cent were out of school but had not entered the labour market at all.

Table 6
Income Range of the Sample

Range	Frequency	Per cent
Under 5,000	10	13.3
5,000-10,000	21	28
10,000-15,000	19	25.3
15,000-20,000	15	20
20,000-30,000	5	6.7
Over 30,000	5	6.7
Total	75	100.0

The annual income of the women in the sample was rated under six categories ranging from under \$5000.00 to \$30,000.00 and above, as shown in Table 6. In the case of single women, the parental income was used to provide a better picture of the socio-economic status. About 41.3 per cent of the sample had an annual income of under \$10,000.00; 45.3 per cent were in the category of between \$10,000.00 to \$20,000.00 a year while 13.4 per cent had an income of over \$20,000.00 a year. This finding indicates that the higher income groups are under-represented in this sample. Also, in terms of assessing the socio-economic status of the sample from the point of view of education, occupation and income, the sample can be said to belong basically to the lower middle class.

To summarize the demographic data, the sample consisted in the main of women under the age of 25 years (74.6 per cent). Three-quarters of the sample were single (76 per cent). Religious affiliation consisted basically of the two major denominations, Catholic and Protestant. Socio-economic status assessed from the education, occupation and income of the respondents indicated that a substantial proportion came from the lower income groups.

Pregnancy-Related Findings

These findings will be analysed separately for the single, married and once-married women.

Single Women

This was the first pregnancy for three-quarters (77.2 per cent) of the single women as shown in Table 7. For about one-fifth (19.3 per cent) it was the second pregnancy and for 3.5 per cent it was the third.

Table 7
Number of Pregnancies in Single Women

Category	Frequency	Per cent
First	44	77.2
Second	11	19.3
Third	2	3.5
Total	57	100.0

The age of the oldest child ranged from nine years to one year, while the age of the youngest child was five years, there being only one in this category.

Relationship with Partner

The relationship with the sex partner was variously labelled by this group. For more than three-quarters (78.9 per cent) of the women, he was a "boyfriend"; 5.3 per cent said that he was the fiance, while another 5.3 per cent called him a common-law husband. The man was a casual acquaintance in the case of 3.5 per cent of the women. The rest of them (7 per cent) categorized him under "Other", and this was usually a "good friend". When asked about the length of the relationship with the partner as a steady date, two-thirds (63.2 per cent) said that it was less than a year, while approximately one-fifth (19.3 per cent) had known the man between one and two years. The remainder (17.5 per cent) had a relationship that extended beyond two years.

Table 8

Status of Relationship with Partner

Category	Frequency	Per cent
Unchanged	28	49.2
Marriage plans	4	7.0
Broken up	19	33.3
Other	6	10.5
Total	57	100.0

Table 8 shows the state of the woman's relationship with her partner at the time of seeking abortion. Approximately half the number (49.2 per cent) stated that their relationship was unchanged, while 7 per cent of the women had specific plans for marriage in the future. However, for a third of the single women (33.3 per cent) the relationship

had already ended either through rejection by her or him as a consequence of the pregnancy, or even prior to the woman finding out that she was pregnant. Under the category "Other", a few (7 per cent) said that the relationship was strained and on the verge of a breakdown, while for the rest (3.5 per cent) the relationship was purely a superficial one.

Table 9
Length of Involvement and Stability of Relationship

Length of Involvement	Present Status of Relationship							
	Unchanged		Marriage plans		Broken-up		Total	
	N	%	N	%	N	%	N	%
Less than 3 months	2	(3.5)	-		5	(8.6)	7	(12.1)
4-6 months	6	(10.5)	1	(1.7)	4	(7.1)	11	(19.3)
7-12 "	12	(21.2)	-		4	(7.1)	16	(28.3)
13-24 "	4	(7.1)	1	(1.7)	6	(10.4)	11	(19.2)
Over 24 "	6	(10.5)	2	(3.5)	4	(7.1)	12	(21.1)
Chi square = 8.75 DF = 8 Significance level = .05 (NS)								

An attempt was made to correlate the length of involvement with the stability of the relationship. The latter was assessed by measuring the present status of the relationship between the woman and her partner. It was expected that the relationship would be a continuing one where it had lasted a long time. As Table 9 demonstrates, the χ^2 value was not significant, confirming that a long-standing relationship does not necessarily denote stability. It may be noted, for instance, that among

19 per cent of the women who had a relationship lasting between thirteen and twenty-four months, 36.4 per cent had an unchanged relationship; 9 per cent had marriage plans for the future, while 54.6 per cent had broken up. In fact, one respondent stated that she and her boyfriend had been going steady for four years and had been on the verge of announcing their engagement when she had discovered her pregnancy. She was not unduly worried by the fact until she informed her partner, who promptly took the next flight to the mainland.

Reaction to Pregnancy

Table 10

Initial Reaction to Pregnancy

Category	Frequency	Per cent
Very upset	39	68.5
Somewhat upset	13	22.8
Not upset	2	3.5
Somewhat pleased	3	5.2
Total	57	100.0

In the vast majority of the cases (91.3 per cent) the pregnancy was discovered with feelings of either extreme distress or some distress, as shown in Table 10. About 4 per cent stated that they had not been upset, while another 5.2 per cent stated that they had been somewhat pleased. Among the last group, 3.5 per cent were very young girls, who thought of motherhood as an enviable state of being and did not

appear to fully grasp the responsibilities of the situation. The other 1.7 per cent in this group was a young woman whose sex partner was her fiance. He had, however, rejected her when she informed him of the pregnancy. Thus, except in these few cases, the pregnancy in general appears to have been an unwanted one.

Table 11
Immediate Actions Considered by Respondents

Category	# of Responses	% of Cases
Seek abortion	47	82.5
Suicide	7	12.3
Leave town	8	14.0
Complete pregnancy	25	43.9
Get married	8	14.0
Other	3	5.3

Table 11 shows the immediate actions considered by the single respondents. Since more than one answer could be checked, several respondents chose abortion as the last resort, after identifying the immediate course of action they had contemplated. Thus an analysis of the very first action considered showed that 36.8 per cent had thought of completing the pregnancy, and one-third (33.3 per cent) of this number also gave thought to getting married. The first reaction for 12.2 per cent was to commit suicide; 5.4 per cent contemplated leaving town, while 45.6 per cent had decided upon abortion as their first choice of action.

Thus the pregnancy, although seen as unwanted based on the initial reaction of the majority of the women, appears to have received consideration by a substantial number in terms of completing it.

This indicates that not all women in this situation are single-minded in their choice of solution.

Effect of Pregnancy on the Life Situation of Single Women

In regard to the effect of the pregnancy on their job/education, more than one-third (38.6 per cent) of the women said that they would have to give up their job if they had to continue with the pregnancy. Approximately the same number (36.8 per cent) indicated that they would have to abandon their education. The question did not apply to 21.1 per cent of the sample since they were neither working nor in school, while 3.5 per cent did not know what the outcome would be should the pregnancy continue.

The pregnancy was seen to be damaging to relationships with parents in two-thirds (61.4 per cent) of this sample; with existing children in 8.8 per cent; with the sex partner in a quarter (26.3 per cent) of the women, and damaging to their self-esteem and social image among more than two-thirds (68.4 per cent) of the women. Three-quarters (75.4 per cent) of the sample also felt that the pregnancy would interfere with their social activities.

The above findings lead one to believe that single women are quite conscious of the concrete effects of the pregnancy on their social situation. These perceived effects may be termed "narcissistic needs" and "reality-oriented concerns" as noted by Ford et al (1972).

Attitude of Sex Partner to Pregnancy and Abortion

The single women were asked specific questions relating to the marital status of the partner, his awareness of the pregnancy and reaction to it, his feelings about abortion, etc.

In the majority of the cases (87.7 per cent) the partner was a single man. Married and separated men accounted for 3.5 per cent each, while 5.3 per cent were divorced men. More than three-quarters (77.2 per cent) of the male partners were aware of the pregnancy. Among those who knew, 69.6 per cent were either very upset or somewhat upset, while 8.7 per cent were rather pleased. One-fifth (19.5 per cent) stated that their partners were either not upset or indifferent to the problem confronting the respondent. Among the male partners who were aware of the woman's intention to seek abortion, almost two-thirds (65.2 per cent) agreed with abortion, while less than one-fifth (17.4 per cent) did not agree with abortion. The rest of the women (17.4 per cent) were not clear as to how their partners felt about abortion.

Married Women

This was the first pregnancy for approximately one-fifth (18.2 per cent) of the married women. A little more than a quarter (27.3 per cent) had had two pregnancies, while for another 27.3 per cent this was the third pregnancy. Eighteen per cent of the women were in their fourth pregnancy while this was the sixth pregnancy for one woman. It is rather surprising that a few of these women sought to abort their first pregnancy. It could be indicative of a different set of values where marriage is not necessarily seen as a precursor to parenthood.

A high proportion among this group (82 per cent) were extremely upset to find themselves pregnant, while the rest (18 per cent) were also upset but not to the same degree. The most frequent action considered immediately was to seek termination of pregnancy (64 per cent).

Only a little over a quarter of the women (27 per cent) considered completing the pregnancy. One woman admitted that she had contemplated suicide.

A substantial proportion of these women (82 per cent) felt that they would have to give up working if the pregnancy were to continue. For the others (18 per cent), this did not apply since they were housewives. Among the perceived effects on their personal and social life, over one-third (36.4 per cent) felt that the continuation of the pregnancy would damage their relationship with their husband; an equal number (36.4 per cent) felt that the relationship with existing children would suffer; about one-fifth (18.2 per cent) saw the pregnancy as damaging to relationships with parents. These were instances where the marriage had broken down and the women had moved in with their parents. They saw the continuation of the pregnancy as imposing an added strain on their relationship with parents. More than half of the women (55 per cent) felt that the pregnancy would interfere with their social activities while approximately one-fifth (18.2 per cent) thought the pregnancy would affect their social image.

It is interesting that more than half the married women also have reality-oriented concerns where the pregnancy affects their social role, although the figure is not as high as for the single women. This is an indication of the complexity of modern life where pregnancy does not seem acceptable any more, even to married women, just because it has occurred.

The married women were asked specific questions in relation to the length of their marriage, its quality and the husband's reaction to the pregnancy. Almost two-thirds of the sample (63.6 per cent)

had been married for a period of over seven years, while the others (36.4 per cent) had a marriage lasting from one to six years. The quality of the marriage was rated as "very satisfactory" by more than half the women (54.5 per cent). Approximately one-fifth (18.2 per cent) stated that the marriage was either "satisfactory" or "somewhat satisfactory", while more than a quarter of the women (27.3 per cent) reported that the marriage had been extremely unsatisfactory.

A majority (82 per cent) of the husbands were aware of the pregnancy and appeared to be quite upset about it. The rest of the women (18 per cent) stated that the marriage had completely deteriorated prior to the occurrence of the pregnancy resulting in temporary periods of separation. However, the husband had visited sometimes when sexual intercourse had taken place ending in the present pregnancy. These women did not think the marriage could be patched up and hence had not told their husbands of the pregnancy.

Among the women whose husbands were aware of the pregnancy, more than three-quarters (77.2 per cent) stated that their husbands agreed with abortion and supported them in their decision to terminate the pregnancy, while in the other 22.8 per cent the husbands had left the final decision to their wives.

In regard to the effect of the pregnancy on the marriage itself, only a little over a quarter (27.3 per cent) did not envisage any special difficulties should the pregnancy continue. An equal number (27.3 per cent) stated that the marriage had already broken down and a reconciliation for the sake of the pregnancy was not worthwhile. About a fifth of the women (18.2 per cent) felt that they would have financial problems if

they had to raise another child. Another 18.2 per cent said that medical and emotional problems associated with the pregnancy would place a heavy strain on the marital relationship, while one woman was definite that her marriage would break down if the pregnancy were to continue.

Ekblad (1955) has noted that the conflict involved in an unwanted pregnancy is generally different for the married and the unmarried woman. His rationale is that the married woman is rarely abandoned by the husband even if it is an unsatisfactory marriage. It is usually the woman who voluntarily leaves the husband, and this was true for 14 per cent of the married women in Ekblad's study who had left their husbands. In the case of the unmarried woman, desertion by the partner is a common occurrence and Ekblad found that for 77 per cent of the unmarried women in his sample, there was no connection with the partner after the legal abortion.

In the present study, 27.3 per cent of the married women reported that the marriage was unsatisfactory. Among them, 18.2 per cent had already separated from their spouses voluntarily and had not told them of the pregnancy. In the case of the other 9.1 per cent, although the marriage was not happy, the husband had not abandoned his wife. These findings seem to support Ekblad's conclusions.

In the case of the single women in the present study, the relationship had ended for one-third (33.3 per cent) of the sample, while for another 7 per cent, the relationship was strained. This figure is considerably less than that of Ekblad's sample, but it is nonetheless true that a single woman faces a different situation in relation to the conflict with the partner as a result of the unwanted

pregnancy than the married woman and her husband.

Separated/Divorced/Widowed Women

For this group of women, this was the first pregnancy for 14.3 per cent; the third pregnancy for more than half of them (57.1 per cent); the fourth pregnancy for another 14.3 per cent and the fifth pregnancy for a similar number (14.3 per cent).

The sex partner was the fiance in 14.3 per cent of the cases; the common-law husband in 28.6 per cent; the boyfriend for another 28.6 per cent and a casual acquaintance for more than a quarter of the women (28.6 per cent).

In regard to the perceived effects of the pregnancy on their socio-economic situation, a little less than half the group (43 per cent) stated that they would have to give up their jobs if the pregnancy continued. One woman was in trade school and she felt that she would have to abandon her education. For the other 43 per cent who were housewives, this problem did not arise.

The majority of these women felt that the continuation of the pregnancy would be damaging to their personal and social lives. For instance, 86 per cent said that the relationship with parents would suffer; 72 per cent felt that the relationship with the male partner would deteriorate. An equal number stated that relationship with existing children would worsen, while three-quarters of the women (75 per cent) were of the opinion that the continuation of the pregnancy was damaging to their self-esteem as well as interfering with their social activities.

It is perhaps unnecessary to point out that for this group the

perceived effect of the pregnancy on the social role is akin to that of the single women. The implication is that the problems faced by a single woman and a single parent are similar in that they lack the security of a marriage and hence are conscious of the social values in relation to pregnancy out of marriage. For women living in a common-law relationship, of course, this would not hold true. ✓

All the women in this group were extremely distressed when they discovered the pregnancy. Almost three-quarters (71.4 per cent) of this sample felt that abortion was their only recourse.⁴ Of the rest (28.6 per cent) one woman had considered completing the pregnancy, while the other had contemplated self-induced abortion.

The marital status of the sex partner was reported as single in 43 per cent of the cases; separated in another 43 per cent and married in 14 per cent of this sample. The majority of these women (71.5 per cent) had not informed their partners of the pregnancy. Among those who had, 50 per cent reported that the partner was very pleased about the pregnancy while the other 50 per cent said that the partner was somewhat upset. However, the partners of these women supported them in their decision to terminate the pregnancy.

The future of the relationship with partner was positive for 14 per cent, since there were specific plans for marriage. Forty-three per cent stated that the relationship remained unchanged, although in some cases the partner was not aware of the pregnancy at all. For the other 43 per cent, the relationship had already ended.

In summary, the pregnancy-related findings show that this was the first pregnancy for not only a large number of single women, but also

for some of the married and once-married women. The length of involvement with the sex partner was not an indicator of the stability in relationship and for at least a third of the single women, the relationship had already ended. Both single and married women were conscious of the concrete effects of the pregnancy on their life-situation, and perceived these effects as being injurious to their social role.

Attitude towards Abortion

The women's attitude towards abortion was assessed by using three statements. The first one stated that it was strictly up to the woman to decide whether she wanted to have the baby or abort. The second statement made abortion justifiable on the basis of good enough reasons. The third statement made it quite clear that abortion was unacceptable under any circumstance. If the respondent chose the first statement, it was interpreted as support of abortion on demand, while a choice of the second statement was interpreted as supporting limited abortion.

The women's responses were 38.7 per cent in favour of letting a woman make her own decision and 60 per cent in support of justifying abortion only if she had good enough reasons. Not surprisingly, none of the respondents supported the third statement. One woman (1.3 per cent) said that she did not know her own attitude to abortion since she had not thought about the matter. This was a young woman in the 15-19 year age group, a single parent, raising a one year old child. She had been deserted by her partner and had felt desperate enough to think of suicide. She could think of abortion as her only solution, since she

felt that she could not care for another baby single-handed or face the idea of giving up the baby for adoption following its birth.

Attitude towards Abortion and Demographic Variables.

The attitude of the women to abortion was correlated with age, marital status, education and occupation.

Table 12
Age and Attitude to Abortion

Age	Attitude to Abortion					
	Abortion on Demand		Limited Abortion		Total	
	N	%	N	%	N	%
Under 20	9	(12.2)	18	(24.3)	27	(36.5)
20 - 24	14	(18.9)	14	(18.9)	28	(37.8)
25 - 34	4	(5.4)	9	(12.2)	13	(17.6)
Over 34	2	(2.7)	4	(5.4)	6	(8.1)
Chi square=2.23 DF=3 Sig. level=.05 (NS)						

It was hypothesized that the younger the age, the more liberal would the attitude be towards abortion. Table 12 provides the correlation of age and attitude. Among women under the age of 20 years, one-third (33.3 per cent) supported abortion on demand while two-thirds favoured limited-abortion. The age group 20-24 years was equally divided in their attitude, while for the age group over 25 years, limited abortion met with more support than abortion on demand, the former being 68 per cent while the latter was 32 per cent. It seems then, that a more conservative attitude towards abortion is prevalent in the groups under the age of 20 years and over the age of 25 years. This conservatism in

in attitude is rather surprising for the age groups under twenty years and between the ages of 25 to 34 years.

Table 13
Marital Status and Attitude to Abortion

Marital Status	Attitude to Abortion				
	Abortion on Demand		Limited Abortion		Total
	N	%	N	%	N %
Single	22	(29.7)	34	(45.9)	56 (75.7)
Married	4	(5.4)	7	(9.4)	11 (14.8)
Sep/Div/Wid.	3	(4.1)	4	(5.4)	7 (9.5)
Chi square=0.234 DF=2 Sig. level=.05 (NS)					

The assumption was that single women would have a more liberal attitude towards abortion than married women. The correlation of marital status with attitude is shown in Table 13. Among the single women, approximately 40 per cent supported abortion on demand, while 60 per cent favoured limited abortion. Among married women, a more conservative attitude prevailed in that one-third (33.3 per cent) supported abortion on demand while two-thirds favoured limited abortion. Among the once-married women, the support for abortion on demand was approximately 45 per cent, while 55 per cent favoured limited abortion. Single women have apparently only a slightly less conservative attitude towards termination of pregnancy than married women, and therefore the original assumption was not supported. A broken marriage at the same time appears to create a slight shift in attitude again.

Table 14
Education and Attitude to Abortion

Education	Attitude to Abortion					
	Abortion on Demand		Limited Abortion		Total	
	N	%	N	%	N	%
Junior High	5	(6.8)	14	(18.9)	19	(25.7)
Senior High	7	(9.5)	11	(14.9)	18	(24.3)
Trade School	7	(9.5)	13	(17.6)	20	(27.0)
College	10	(13.5)	7	(9.5)	17	(23.0)
Chi square=4.21 DF=3 Sig. level=.05 (NS)						

As was expected, the educational level attained by the woman appeared to have a relationship with her attitude towards abortion, although the association was not significant. Table 14 provides the correlation between education and attitude. Of women with junior high school, approximately 25 per cent supported abortion on demand. Among college-educated women on the other hand, approximately 60 per cent favoured abortion on demand. Although there is a certain degree of difference in the levels of education of those in trade school and senior high school, it seems as though the technical education introduces a slightly higher element of conservatism than just a senior high school level of education. The proportion for the former is 35 per cent in support of abortion on demand, while for the latter group it is close to 40 per cent.

Table 15
Occupation and Attitude to Abortion

Occupation	Attitude to Abortion					
	Abortion on Demand		Limited Abortion		Total	
	N	%	N	%	N	%
Housewife	2	(2.7)	4	(5.5)	6	(8.2)
Student	10	(13.7)	13	(17.8)	23	(31.5)
Clerical/Sales	15	(19.2)	25	(35.6)	40	(54.8)
Professional	2	(2.7)	2	(2.7)	4	(5.5)
Chi square=0.73 DF=3 Sig. level=.05 (NS)						

Table 15 provides the correlation for occupation and attitude towards abortion. Two-thirds (66.6 per cent) of the housewives were in favour of limited abortion, while 33.3 per cent favoured abortion on demand. Students also favoured limited abortion, but only to the extent of 57 per cent being in support of it, while 43 per cent favoured abortion on demand. Women in clerical/sales type of occupation appear to be more conservative in their attitude to abortion, 65 per cent being in the category that supported limited abortion. The professional women are equally divided in their attitude towards abortion. It was noted earlier that women with trade school education are more in favour of limited abortion than high school seniors. The figures for those with trade school education and those in clerical/sales occupation are

similar. It is perhaps because these types of jobs are usually filled by trade school graduates, and hence the similarity in attitudes.

The correlation tables provide interesting information although none of them achieved statistical significance. It is surprising, however, to find that in general the women who seek termination of pregnancy appear to hold a conservative attitude towards abortion, although the results indicate that with higher education the attitude tends to be somewhat liberalised.

General Assessment of Reasons for Seeking Abortion

An attempt was made to rate the women's agreement as to what constituted in their opinion a good enough reason for seeking abortion. Seventeen statements were given to the respondents with a rating card which ranged from (1) Strongly agree to (2) Agree, (3) Neither agree nor disagree, (4) Disagree, (5) Strongly disagree and (6) Don't know. Each respondent was asked to provide the degree of agreement or disagreement with the stated reason as a good one for seeking abortion, whether it applied to her situation or not.

The seventeen reasons were grouped into two categories to denote (a) socio-economic reasons and (b) emotional-psychological reasons. The ratings were also collapsed to form only two categories of response, "Yes" for agreement and "No" for disagreement.

The results of this opinion survey are interesting in that some reasons appear to be more acceptable than others. However, there does

not seem to be specifically one type of reason that receives more support than the other. In some cases socio-economic reasons were given considerable amount of support. For example, 72 per cent agreed that if a woman felt that she was too young to have a baby she was justified in seeking abortion. Eighty-two per cent were willing to support her decision should she seek abortion on the grounds that the pregnancy stood in the way of completing her education and career goals. Instability in relationship with the partner, whether in or out of marriage, also received considerable support (74 per cent). There was somewhat lesser support (65 per cent) that financial dependency on parents was sufficient cause for seeking termination. Similarly where a woman felt that financially she could not afford another child, comparatively less support was forthcoming (63 per cent). Reasons such as "enough number of children", "husband or family has negative attitude", "pregnancy is ill-timed" and "children are already reared and grown-up" which were grouped under socio-economic reasons, did not receive much support.

In relation to emotional-psychological reasons, whole-hearted support was given for reasons such as "physically unable to cope", "emotionally unable to cope" and "prefers abortion to adoption" (80 per cent). Surprisingly, when social stigma of unwed motherhood was mentioned as a reason for seeking abortion, only 37 per cent agreed that it was justifiable grounds. Similarly, other emotional-psychological reasons such as "suspicion of defect in unborn baby", "lacks maternal instinct" and "too old to have more children" received only 40 per cent support.

It seems then that there are certain social and certain psychological reasons that receive more support than others. On the other hand, any grouping of these reasons as socio-economic or emotional-psychological can only be arbitrary, and as such under-rate the actual effects felt by a woman in a particular situation. It is also possible that the majority of the sample being single young women, they could relate more easily to those reasons that applied to younger unmarried women, rather than to older women.

Motives for Seeking Abortion

Each respondent's motive for seeking abortion was basically assessed by asking the question as to the circumstances under which she felt that she could complete the pregnancy. Several responses were possible to this question as for instance, "availability of marriage", "financial security", "older", "younger", etc.

Table 16
Circumstances for Completion of Pregnancy

Category	Frequency	% of Responses	% of Cases
Marriage available	28	20.4	37.3
Financial security	31	22.6	41.3
Older	28	20.4	37.3
Younger	4	2.9	5.3
Marriage stable	10	7.3	13.3
Better health	12	8.8	16.0
Never	12	8.8	16.0
Other	12	8.8	16.0
Total Responses	137	100.0	182.7
Valid Cases = 75			

Table 16 provides a count of the total responses received to this question as well as the percentage of responses and the percentage of cases. Those who considered marriage a necessary condition for going through the pregnancy constituted 37.3 per cent of the respondents. In other words, this segment of the sample representing 50 per cent of the single women rejected the status of single parenthood. Financial security was expressed as a requirement prior to accepting the responsibility of motherhood by 41.3 per cent; 37.3 per cent felt that they should be older to go through a pregnancy and this figure represented half the sample under the age of 24 years.

Stability in marriage was essential to 13.3 per cent of the respondents, while 16 per cent needed a better state of health to cope with the pregnancy. Only 16 per cent unequivocally rejected the pregnancy in every circumstance. Some respondents indicated that they would have been prepared to accept the pregnancy if they had been younger and this group comprized 5.3 per cent. Fulfillment of education and/or career goals, categorized under "Other" was seen as an essential criterion for completing the pregnancy for only 9.6 per cent of the respondents, although 30.6 per cent were currently in school.

Table 17
Circumstances for Completion of Pregnancy and Age

Circumstance	Age in Years				Row %
	<20	20-24	25-34	>34	
Marriage available	12	14	3	0	39.2
Financial security	16	10	5	0	42.0
Older	21	7	0	0	37.8
Younger	0	0	0	4	5.4
Marriage stable	3	4	4	0	14.8
Better health	3	4	3	2	16.2
Never	1	5	5	1	16.2
Education/Career goals	4	3	0	0	9.6
Column %	38.4	37.0	16.4	8.2	
Per cents based on respondents					Valid cases=74

Table 17 provides the correlation for completion of pregnancy and age. As can be seen, the most frequent circumstances for carrying the pregnancy to term are availability of marriage, financial security and being older in age for those in the age group under 24 years. It is surprising that about a quarter (25 per cent) of the women in the age group 20-24 years also feel that they need to be older to complete the pregnancy. For the age group between 25-34 years, stability in marriage, financial security and health are major concerns, while for the age group over 35 years, their age seems to be the main barrier. Statistical significance could not be calculated owing to the multiplicity of choice.

Table 18
Circumstances for Completion of Pregnancy
and Marital Status

Circumstance	Marital Status			Row %
	Single	Married	Other	
Marriage available	28	0	1	39.2
Financial security	27	2	2	42.0
Older	27	0	1	37.8
Younger	0	3	1	5.4
Marriage stable	5	1	5	14.8
Better health	8	3	1	16.2
Never	8	2	2	16.2
Education/Career goals	7	0	0	9.6
Column %	76.0	14.7	9.3	
Per cents based on respondents Valid cases=74				

Correlation for completion of pregnancy and marital status is shown in Table 18. Again the emphasis is on availability of marriage, financial security and being older in age for the single women. For the married women, younger age and better health are the common criteria, while for the once-married, a stable marriage is the most frequent single response.

The segments of the sample that provided only one response to this question, namely "Under no circumstances" were taken up for further scrutiny.

Among the single women (never married), 24 or 42 per cent provided only one response to the question seeking circumstances for the completion of the pregnancy, of whom one-third (33.6 per cent) felt that there were no circumstances under which they could complete this pregnancy. Twelve per cent of this number were in the age group 15-19 years; 63 per cent in the age group 20-24 years while the remainder (25 per cent) were over the age of 35 years. For five of these women, the relationship had ended either before finding out about the pregnancy or shortly thereafter. For another three women, the relationship remained unchanged but there were other circumstances such as the partner being a married man, or the fact that she had already had several children, etc., that made it impossible for any of them to consider completing the pregnancy under the circumstances.

Among the married women, 24.7 per cent gave only one response to this question, and 18.18 per cent unequivocally rejected the pregnancy. It was possible to speculate as to why they chose to do so. In one case the marriage had already broken down, while in the other case the marriage was barely satisfactory.

Three or 42.8 per cent of the once-married women also provided one response to this question, of whom 28.6 per cent explicitly rejected the pregnancy. In both these cases there was no stable relationship with the partner and he was unaware of the pregnancy.

To summarize the circumstances for completing the pregnancy, approximately 50 per cent of the sample consisting of both never-married and once-married women gave only one condition as necessary for completing the pregnancy. One-third of this number rejected the pregnancy in every circumstance. For the other two-thirds, among married women, age, lack of financial security, poor health and unstable marriages were the barriers for concluding the pregnancy. For single never-married women availability of marriage and being older in age were the single criteria mentioned, while for the once-married women a stable relationship was a requirement for completion of pregnancy.

For the other 50 per cent there were several circumstances which were required to be fulfilled before the pregnancy could be completed. The most frequent among these were, particularly for the single women, the availability of marriage, financial security and being older in age.

Summary

In general, the results obtained supported the central proposition, although statistical significance could not be demonstrated. The reason for this could be the fact that the sample was not large enough, particularly when it was broken down

into several age groups, even though some of these groups were collapsed. Again further subdivision took place when marital status was categorized. However, the results do support the contention that the circumstances under which a woman may complete an unwanted pregnancy will be closely related to her age, marital status, relationship with the sex partner and other socio-economic factors.

In the category of age, 28 respondents or 50 per cent of the sample under the age of 24 years felt that they needed to be older to go through the pregnancy. This sizeable proportion indicates that women are nowadays more inclined to delay taking on the role of motherhood with all its implied responsibilities.

In relation to marital status, 29 subjects or a little over 50 per cent of the single women felt that the availability of marriage was an essential criterion to complete the pregnancy. At the same time almost half the sample (49.2 per cent) claimed to have an unchanged relationship with the partner implying stability in relationship, while a further 7 per cent had definite marriage plans. Yet, for some among this group marriage was not a viable proposition at the present time. It is probable that women look for more things in marriage these days than just the legality of providing the baby with a father.

In assessing relationship with the partner, correlation of length of involvement with stability in relationship did not show statistical significance. The relationship with the boyfriend for some of these women appears to be an extremely tenuous one incapable

of sustaining any strains on it. Thus, where one would expect to see a stable relationship after three or four years of steady dating, the woman is deserted by her partner and left to fend for herself. For some segments of the sample, it would be true to say that a supportive relationship with the partner would have encouraged them to continue with the pregnancy.

In relation to completion of education and/or career goals, the results indicate that a very small proportion of the women attach special importance to this factor. It is perhaps only the totally career-oriented woman who sees this as a bar to completing the pregnancy.

As for financial security, 42.5 per cent of the women viewed it as an essential criterion. A major proportion of this figure consisted of single women, who feared loss of job as an outcome of completing the pregnancy. Even though the job may be available following the birth of the baby, some of these women felt that the cost of maintaining a child on a single income is hardly worth the effort. This is particularly true for women in the clerical/sales types of jobs, and 53.5 per cent of the sample belonged to this type of occupation. The alternative of stopping work and seeking social assistance, on the other hand, is totally unacceptable.

Stability in marriage was considered an essential condition not only by married women, but also by the single women (both never and once married). The rationale of the latter group seems to be that a marriage for the sake of the pregnancy is off to a shaky

start since it is always open to the man to taunt her with this circumstance, especially when there is an argument.

The number of married women in the sample was too small to carry out any significance tests. Again, the results indicate that women who seek termination of pregnancy generally have either a poor or broken marriage. In some cases, financial problems seem to be the main criterion, while in others, it is either poor health or the feeling that their age is a bar to further pregnancies.

For the once-married women, presently separated, divorced or widowed, again the sample was too small to run significance tests. The results however indicate that their number is equally divided among all the reasons stated above, with the major proportion seeking stability in marriage, perhaps as a consequence of their own broken marriage.

The results of the present study support in general, the findings of Lise Freundt (1973). One-quarter of her sample had terminated the pregnancy because marriage was out of the question. In this study 29 per cent of the single women stated that they would have completed the pregnancy if marriage was available. In both cases, it was not always due to desertion by the partner. Other considerations such as lack of financial security or a conviction that they were not old enough to cope with the responsibilities of marriage and motherhood seem to have played a part. Freundt found that the relationship with the male partner was decisive for the outcome of

the pregnancy. The same would certainly be true for a substantial number of both single and married women in this study.

Freundt also found that although the marriage was described as unhappy by many women, it was seldom given as the motive for abortion. Poor financial circumstances, sickness, tiredness, etc. were the common reasons given. In this study the women with unsatisfactory marriages were quite willing to admit that this was their main reason for seeking abortion. In addition to feeling that they were too old to have any more children, women over the age of forty years were also aware of the possibility of fetal abnormalities and stressed this as a reason for seeking termination.

In the following chapter some general conclusions will be outlined, as well as a discussion of the findings and their implications for abortion counselling as well as future research.

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

General Summary

This study has explored not only a difficult and sensitive area but also at a particularly difficult time in the life of a woman when she is being processed by people who have the authority to shape her future not only for the next nine months, but also perhaps for the rest of her life.

The study commenced with an introduction to the subject of therapeutic abortion including the current law in Canada. A brief literature review dealt with the topic under four headings starting with the problem of an unwanted pregnancy, the options that are open to a woman in this situation, the abortion decision and the motives that underlie the decision.

The study focussed on a central proposition namely, "The reasons given by a woman for terminating her pregnancy will be closely related to her age, marital status, relationship with the sex partner, size of her existing family and her financial situation."

The above statement was examined through personal interviews with women seeking a therapeutic abortion, and information was collected by administering a structured questionnaire. The data thus collected were computerized for analysis.

An analysis of the findings supported the central proposition. Three-quarters of the women who seek a therapeutic abortion in Newfoundland are under the age of twenty-five years and single.

The socio-economic status of this population is basically lower middle class.

The pregnancy-related findings were analysed separately for single, married and once-married women. For a substantial number of single women, this was the first pregnancy, while the same was true for a few married and once-married women. The length of involvement with the partner was not found to be an indicator of stability of relationship among single women. For at least one-third of these women, the relationship with the male partner had already ended. A high proportion of all the applicants to the abortion clinic are conscious of the concrete effects imposed by the pregnancy on their personal and social life, and these effects are perceived to be damaging.

Attitudes to abortion revealed that the higher the education the more liberal the attitude. However, a substantial proportion of the women seeking abortion held conservative views about abortion. Break-up with the sex partner or unavailability of marriage, lack of financial security and a desire to be older before going through a pregnancy were the three major reasons for seeking therapeutic abortion, particularly among single women. Among married women, age and health were chief factors, as well as instability of marriage. For separated, divorced and widowed women, emphasis was placed on having a stable marriage prior to completion of pregnancy.

In general, the findings suggest that marriage for the sake of the pregnancy is no longer considered a viable solution. Neither is

adoption considered a worthwhile alternative. In fact approximately 80 per cent of the women felt that abortion was preferable to adoption. Economic independence and security are both seen to be highly prized possessions. Working women appear to be unwilling to sacrifice either of these in the face of an uncertain future - uncertain because they are not ready for marriage. If marriage is not available the responsibility falls on the shoulder of the single parent, and this does not appear to be an appealing prospect. Finally, the fact that 90 per cent of the women are distressed to find themselves pregnant implies that the pregnancy is truly unwanted. This is not only their immediate reaction, but obviously a reaction that has persisted over a few weeks, since otherwise they would not be requesting termination of pregnancy. Therefore, for a majority of these women, the decision to seek abortion is based on pressing reality factors.

Implications for Counselling

The discovery of pregnancy, when it is unwanted and unexpected, can be a shattering experience, particularly when the woman is young, single and pregnant for the first time. The fear of the consequences are bound to be uppermost in her mind. There is fear of the effects the pregnancy will have on her parents; there is fear of discovery of pregnancy by family and/or friends and added to it is the anxiety that she should not be too late in seeking help. Some of these feelings are shared by a few of the single parents. For the married woman,

the concerns are different in that she considers the consequences of completing the pregnancy in terms of her age, health and financial situation.

One of the common factors that pertain to the sample is their socio-economic background. They are basically from the lower middle class, subscribing to traditional values and standards. Nearly all of them belong to a religious faith and admit to a certain degree of religiousness. They are, therefore, aware of the religious and moral implications of abortion. They are themselves conservative in their attitude to abortion, except for the few who have a higher level of education.

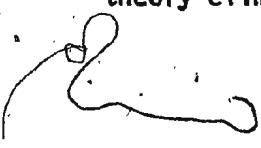
Given the above components, it would not be untrue to state that a substantial proportion of these women will be suffering from varying degrees of guilt, since they are acting in opposition to the values and beliefs instilled in them from childhood. However, the perceived pressures of the pregnancy lead them to seek an abortion.

Counselling in this situation will need to be directed towards giving the woman supportive therapy. In coming to the clinic, religious and traditional values have obviously been outweighed by reality considerations. Thus the accent for counselling should be placed on a discussion of the motives that underlie the decision to terminate the pregnancy. Such a dialogue will help to bring out the woman's fears and feelings in relation to the abortion. Questions such as "Will it hurt?", "Am I doing something wrong?", etc., can be put in their proper perspective and answered. The woman will then be able to

weigh these answers against her reasons and try to resolve some of the conflict. Thus rationalization of the motives becomes a very important part of the abortion decision, and will take precedence in counselling sessions. The social worker or counsellor can help the woman clarify in her own mind her wishes in the matter apart from those of the other important figures around her such as her parents, partner, etc. She can also alert the woman to be aware of the psychological consequences that may arise following the abortion. Should the woman decide against abortion, the counsellor can refer her to other agencies for support and sustenance.

Availability of marriage, financial security and being older and more mature to cope with motherhood are the most frequent conditions mentioned by single women for completing the pregnancy. Obviously, for some women, a stable relationship would have solved the problem. Where financial security and maturity are concerned, the implication is that expectations are changing among women in the lower income groups, and they do not wish to settle for a pattern of life that their mothers would have accepted in the normal course of life. Consequently, prevention of unwanted pregnancy should be the goal aimed at for the future.

An important aspect of abortion counselling is the woman's attitude to and use of birth control. Modern technology has provided woman with a variety of contraceptive methods and thereby a means to control her fertility. The proper use of contraceptives should in theory eliminate the need for abortion. However, the abortion rates



are constantly rising, implying that there is either a lack of contraceptive knowledge or a gap between knowledge and implementation.

In conclusion, this study has demonstrated that women seeking termination of pregnancy are reality-oriented in their motivation. Given the complexity of modern life and changing values and expectations, the focus of future research in this area should be on the contraceptive practices of this population with a view to providing preventive treatment.

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APPENDIX A

Introduction to Client by Researcher

Good morning/afternoon. I am Mrs. Krishnamoni. I am a social worker in this hospital and for the past three years, I have been working with the service provided by the Therapeutic Abortion Clinic and Committee.

After having worked with many women who face the dilemma of an unwanted pregnancy, we strongly feel that there is a need to learn more about the problems facing women who seek termination of their pregnancy. More specifically, we would like to know the reasons why women seek abortion, so that better service can be provided, particularly in the area of counselling.

I have with me a brief questionnaire which deals with the above questions, and I do hope that you will help me to complete it. We feel that your cooperation in carrying out a study of this kind will be of great benefit to the many women who will be attending this clinic in the future. I would like to assure you that your identity will be kept absolutely confidential. I would also like to assure you that while your participation will be greatly appreciated, your refusal to do so will not affect in any way the service that is being offered here, or have any implications for the consideration of your application for a therapeutic abortion.

If you are agreeable, may we start the questionnaire? Should you at any time feel uncomfortable about answering a question, please do not hesitate to let me know.

APPENDIX B

Questionnaire

I BACKGROUND DATA

I would first like to ask you some questions about yourself and your family.

1 WHAT IS YOUR AGE? (Code age group without asking question if possible)

- | | |
|----------------|---------------|
| 1 14 and under | 5 30 - 34 |
| 2 15 - 19 | 6 35 - 39 |
| 3 20 - 24 | 7 40 - 44 |
| 4 25 - 29 | 8 45 and over |

2 WHAT IS YOUR MARITAL STATUS NOW?

- | | |
|-------------|------------|
| 1 Single | 4 Divorced |
| 2 Married | 5 Widowed |
| 3 Separated | |

3 WHAT IS YOUR PRESENT RELIGIOUS PREFERENCE?

- | | |
|------------------|----------------|
| 1 Roman Catholic | 4 Jewish |
| 2 Protestant | 5 Atheist |
| 3 Unitarian | 6 Other, _____ |

4 HOW OFTEN DURING THE LAST YEAR DID YOU ATTEND CHURCH?

- | | |
|----------------------|------------------------------|
| 1 Not at all | 4 Two or three times a month |
| 2 A few times | 5 About once a week |
| 3 About once a month | 6 More than once a week |

5 HOW RELIGIOUS WOULD YOU SAY YOU ARE?

- | | |
|----------------------|------------------------|
| 1 Very religious | 4 Not at all religious |
| 2 Somewhat religious | 5 Antireligious |
| 3 Slightly religious | |

6

WHAT WAS THE HIGHEST GRADE IN SCHOOL
OR YEAR OF COLLEGE YOU HAVE COMPLETED?

- | | |
|--------------------------|--------------------|
| 1 No Grade School | 6 Some College |
| 2 Junior High | 7 College Graduate |
| 3 Senior High | 8 Master's Degree |
| 4 Some Trade School | 9 Other, _____ |
| 5 Trade School completed | |

7

WHAT IS YOUR OCCUPATION?

- | | |
|------------------|----------------|
| 1 Housewife | 4 Professional |
| 2 Student | 5 Other, _____ |
| 3 Clerical/Sales | |

8

ARE YOU CURRENTLY EMPLOYED?

- | | |
|------------------|---------------------|
| 1 Not applicable | 3 No |
| 2 Yes | 4 Looking for a job |

9

GIVEN BELOW ARE A FEW INCOME CATEGORIES.
I WOULD LIKE YOU TO INDICATE THE INCOME
RECEIVED BY YOU FROM ALL SOURCES FOR
THE YEAR 1978. (Code income of
husband and wife if both are working;
husband alone if wife is not working;
parental income if respondent is single;
respondent's income alone if separated,
divorced or widowed.)

- | | |
|-----------------------|-----------------------|
| 1 Under \$5000 | 4 \$15,000 - \$20,000 |
| 2 \$5000 - \$10,000 | 5 \$20,000 - \$30,000 |
| 3 \$10,000 - \$15,000 | 6 \$30,000 and above |

10

WHO WERE YOU LIVING WITH AT THE TIME YOU
BECAME PREGNANT?

- | | |
|----------------|----------------|
| 1 Both parents | 5 Husband |
| 2 Mother | 6 Girl-friend |
| 3 Father | 7 Boy-friend |
| 4 Relatives | 8 Other, _____ |

II PREGNANCY RELATED DATA

Now I would like to ask you some questions about your pregnancy

- 11 HOW MANY TIMES HAVE YOU GOTTEN PREGNANT, INCLUDING THE TIMES WHEN THE PREGNANCY ENDED BEFORE THE CHILD WAS BORN?

_____ Times

- 12 HOW MANY LIVING CHILDREN DO YOU HAVE?

- | | |
|---------|-----------------|
| 1 None | 5 Four |
| 2 One | 6 Five |
| 3 Two | 7 Six |
| 4 Three | 8 More than six |

- 13 COULD YOU GIVE ME THE AGES OF THE OLDEST AND THE YOUNGEST CHILD?

- 14 WHAT KIND OF RELATIONSHIP DO YOU HAVE WITH THE MAN WHO WAS INVOLVED IN THIS PREGNANCY?

- | | |
|-----------------------|-----------------------|
| 1 Casual acquaintance | 4 Husband |
| 2 Boyfriend | 5 Husband, common-law |
| 3 Fiance | 6 Other, _____ |

(IF RELATIONSHIP IS WITH "HUSBAND", SKIP TO QUESTION 16. IF NOT, ASK)

- 15 HOW LONG HAVE YOU KNOWN YOUR BOYFRIEND AS A STEADY DATE?

- | | |
|---------------------|----------------------|
| 1 Less than a month | 5 13 - 24 months |
| 2 1 - 3 months | 6 25 - 48 months |
| 3 4 - 6 months | 7 48 months and over |
| 4 7 - 12 months | |

(ASK ALL RESPONDENTS)

I would now like to ask you some questions about your attitude towards this pregnancy and how you see your life being affected by it.

16

WHAT WAS YOUR INITIAL REACTION ON FINDING OUT THAT YOU WERE PREGNANT?

- | | |
|------------------|--------------------|
| 1 Very upset | 4 Somewhat pleased |
| 2 Somewhat upset | 5 Very pleased |
| 3 Not upset | 6 Other, _____ |

17

WHAT WERE THE IMMEDIATE ACTIONS YOU CONSIDERED ON FINDING OUT THAT YOU WERE PREGNANT? (Check more than one if necessary.)

- | | |
|----------------------|------------------------|
| 1 Confide in someone | 5 Go through pregnancy |
| 2 Seek abortion | 6 Get married |
| 3 Kill myself | 7 Don't know |
| 4 Leave town | 8 Other, _____ |

18

IF THIS PREGNANCY WERE ALLOWED TO CONTINUE, HOW DO YOU THINK IT WILL AFFECT YOUR JOB/EDUCATION?

- | | |
|-----------------------|-----------------------------|
| 1 Not applicable | 4 Have to abandon education |
| 2 Don't know | 5 Other, _____ |
| 3 Have to give up job | |

19

WHAT KIND OF EFFECTS DO YOU THINK THIS PREGNANCY WILL HAVE ON YOUR HEALTH, IF IT WERE ALLOWED TO CONTINUE?

- | | |
|------------------------------|----------------|
| 1 Don't know | 4 Both 2 and 3 |
| 2 Physically unable to cope | 5 Other, _____ |
| 3 Emotionally unable to cope | |

20

DO YOU THINK THIS PREGNANCY WOULD AFFECT
YOUR PERSONAL RELATIONSHIPS AND IMAGE IN
SOCIETY, IF IT WERE ALLOWED TO CONTINUE?

- | | | | | |
|---|--|----|-----|----|
| 1 | Damage relationship with parents | No | Yes | DK |
| 2 | Damage relationship with husband/
boyfriend | No | Yes | DK |
| 3 | Damage relationship with children | No | Yes | DK |
| 4 | Damage personal image in society | No | Yes | DK |
| 5 | Interfere with social activities | No | Yes | DK |
| 6 | Other, _____ | | | |

21

ABORTION IS A CONTROVERSIAL ISSUE. THE
FOLLOWING ARE THREE STATEMENTS WHICH
REPRESENT THE ATTITUDES THAT ARE PREVALENT
IN THE COMMUNITY. I WOULD LIKE YOU TO LET
ME KNOW WHICH OF THESE STATEMENTS BEST
DESCRIBES YOUR ATTITUDE TOWARDS ABORTION?

- 1 It is strictly up to the woman to decide
whether she wants to have a baby or
wants to abort.
- 2 I feel that abortion is justified if
there are good enough reasons.
- 3 I feel that abortion is not acceptable
under any circumstance.
- 4 Don't know
- 5 Other, _____

(IF RESPONDENT IS MARRIED ASK QUESTIONS 22 TO 27)

I would now like to ask you a few questions relating to your marriage and this pregnancy.

22 HOW LONG HAVE YOU BEEN MARRIED?

- | | | | |
|---|------------------|---|-------------------|
| 1 | Less than a year | 4 | 7 - 10 years |
| 2 | 1 - 3 years | 5 | 10 years and over |
| 3 | 4 - 6 years | | |

23 DOES YOUR HUSBAND KNOW THAT YOU ARE PREGNANT?

- | | | | |
|---|-----|---|----|
| 1 | Yes | 2 | No |
|---|-----|---|----|

(IF "NO", SKIP TO QUESTION 25. IF "YES", ASK)

24 HOW DOES YOUR HUSBAND FEEL ABOUT THIS PREGNANCY?

- | | | | |
|---|------------------|---|--------------|
| 1 | Very upset | 5 | Very pleased |
| 2 | Somewhat upset | 6 | Don't know |
| 3 | Not upset | 7 | Other, _____ |
| 4 | Somewhat pleased | | |

25 DO YOU KNOW HOW HE FEELS ABOUT ABORTION?

- | | | | |
|---|------------------------|---|--------------|
| 1 | Agrees with it | 4 | Don't know |
| 2 | Does not agree with it | 5 | Other, _____ |
| 3 | Not sure about it | | |

26 IF THIS PREGNANCY WERE ALLOWED TO CONTINUE, HOW DO YOU SEE IT AFFECTING YOUR MARRIAGE?

- | | | | |
|---|-----------------------|---|-----------------------|
| 1 | Breakdown in marriage | 4 | No special difficulty |
| 2 | Financial problems | 5 | Other, _____ |
| 3 | 1 and 2 above | | |

27

MARRIAGE ENTAILS A LOT OF ADJUSTMENT AND MOST MARRIAGES HAVE SOME DIFFICULTIES. ALL THINGS CONSIDERED, HOW WOULD YOU RATE YOUR MARRIAGE?

- | | |
|-------------------------|---------------------------|
| 1 Very satisfactory | 4 Unsatisfactory |
| 2 Somewhat satisfactory | 5 Somewhat unsatisfactory |
| 3 Satisfactory | 6 Very unsatisfactory |

(IF RESPONDENT'S STATUS IS SINGLE, SEPARATED, DIVORCED OR WIDOWED, ASK QUESTIONS 28 TO 32.)

I would now like to ask you a few questions about your relationship with the man involved in this pregnancy. If you have no objection, I will call him "Boyfriend" for the sake of convenience.

28

DO YOU KNOW THE MARITAL STATUS OF YOUR BOYFRIEND?

- | | |
|--------------|-------------|
| 1 Don't know | 4 Separated |
| 2 Single | 5 Divorced |
| 3 Married | 6 Widowed |

29

DOES YOUR BOYFRIEND KNOW THAT YOU ARE PREGNANT?

- | | |
|-------|------|
| 1 Yes | 2 No |
|-------|------|

(IF "NO", SKIP TO QUESTION 31. IF "YES", ASK)

30

HOW DOES YOUR BOYFRIEND FEEL ABOUT YOUR PREGNANCY?

- | | |
|------------------|--------------------|
| 1 Don't know | 5 Somewhat pleased |
| 2 Very upset | 6 Very pleased |
| 3 Somewhat upset | 7 Other, _____ |
| 4 Not upset | |

31

DO YOU KNOW YOUR BOYFRIEND'S ATTITUDE
TOWARDS ABORTION?

- | | |
|--------------------------|---------------------|
| 1 Don't know | 4 Not sure about it |
| 2 Agrees with it | 5 Other, _____ |
| 3 Does not agree with it | |

32

I'M WONDERING HOW THIS PREGNANCY HAS AFFECTED
YOUR RELATIONSHIP WITH YOUR BOYFRIEND. COULD
YOU TELL ME THE PRESENT STATE OF YOUR
RELATIONSHIP WITH HIM?

- 1 Relationship unchanged
- 2 Plans for marriage in the future
- 3 Rejected by me
- 3 Rejected by him
- 4 Relationship broken up even prior to
finding out about pregnancy
- 5 Other, _____

III MOTIVATIONAL DATA

(ASK ALL RESPONDENTS)

WHEN ABORTION IS BEING CONSIDERED AS AN
ALTERNATIVE TO CARRYING A PREGNANCY TO TERM,
WOMEN OFTEN GIVE THE MATTER A LOT OF THOUGHT
AND THINK OF THE REASONS WHY THEY CAN'T GO
THROUGH A PREGNANCY. THE FOLLOWING ARE SOME OF
THE REASONS WOMEN USUALLY GIVE WHEN SEEKING AN
ABORTION. PLEASE READ AND TELL ME THE EXTENT
TO WHICH YOU AGREE OR DISAGREE WITH EACH REASON
AS A GOOD ONE FOR SEEKING ABORTION, WHETHER IT
APPLIES TO YOU OR NOT.

(HAND RESPONDENT CARD 1)

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 6 Don't know

- (a) A woman feels that she is too young to have a baby. _____#
- (b) She feels that the pregnancy stands in the way of the completion of her education/career goals. _____#
- (c) She feels that she is financially dependent on her parents and hence cannot complete the pregnancy. _____#
- (d) She feels ashamed to be a single mother and hence wants to terminate the pregnancy. _____#
- (e) She has been deserted by her partner, or she has broken up with him. Consequently she feels that she cannot complete the pregnancy. _____#
- (f) Her marriage is an unhappy/unstable one, and she does not want to bring another child into this world. _____#
- (g) She has already as many children as she wants and does not want another one. _____#
- (h) She thinks that the unborn baby may be defective and hence does not want to go through the pregnancy. _____#
- (i) She says that she has never liked children; she thinks that she lacks the maternal instinct and hence she does not want to complete the pregnancy. _____#
- (j) Parents/husbands often have a say in making the decision to terminate a pregnancy. If these attitudes are negative to the pregnancy, a woman feels pressured to seek abortion. _____#
- (k) A woman is financially secure; she has a good marriage or alternatively she can get married; she still feels the pregnancy is ill-timed and wishes to terminate it. _____#
- (l) She feels that physically she is unable to cope with a pregnancy at the present time. _____#

- (m) She feels that emotionally she is unable to cope with a pregnancy at this time. _____ #
- (n) Her children are all reared and grown-up, and she cannot face the prospect of raising another child. _____ #
- (o) She feels that she is too old to have any more children. _____ #
- (p) The money she gets from her/her husband's earnings/welfare is minimal, and she feels that she cannot afford financially to care for another baby. _____ #
- (q) If she went through the pregnancy, she thinks she would have to give up the baby for adoption, and she would rather have an abortion than give up the baby. _____ #

I would like to ask you one last question.

34 °

I AM INTERESTED IN FINDING OUT UNDER WHAT CIRCUMSTANCES WOULD YOU HAVE CONSIDERED COMPLETING THIS PREGNANCY. COULD YOU SAY YOU WOULD COMPLETE THE PREGNANCY, IF:
(Check all those that respondent picks out)

- | | |
|--------------------------|--------------------------|
| 1 Marriage was available | 5 Marriage was stable |
| 2 Had financial security | 6 Had better health |
| 3 Was a little older | 7 Under no circumstances |
| 4 Was a little younger | 8 Other, _____ |

Thank you for your patience and cooperation. I would be glad to answer any questions you may have pertaining to the abortion committee's procedure, type of surgery involved, etc.

