# FACING AN UNWANTED PREGNANCY:
# WOMEN WHO ABORT AND THOSE WHO CHANGE THEIR MINDS

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### ABSTRACT

The majority of research on abortion decisions involves case studies of women who have obtained abortions or comparative analyses of fertility behaviors at the aggregate level. Few studies focus on women who initiate, but fail to complete, their abortion procedure. This paper explores this question using a sample of women who visited an abortion clinic to terminate an unwanted pregnancy. All of the women completed the necessary paperwork, medical exams, and counseling sessions for a therapeutic abortion. While the majority of women had abortions, a portion did not return. The women's background characteristics and aspects of their decision to abort are examined to compare those who aborted with their counterparts who did not. Statistical analysis of the data reveals that the most significant difference is related to interpersonal features of the decision making process.

## INTRODUCTION

Approximately 1.6 million abortions are performed in the United States each year (Henshaw, Van Vort 1990). Despite the increasing commonplace of abortion in our society, the decision to terminate an unwanted pregnancy is a difficult and morally significant choice for many women. Understanding the decision making process of women who face an unwanted pregnancy has important applied applications. Women who experience decisional dilemmas are more likely to delay their procedure, and thereby, increase the financial, physical, and psychological problems associated with late abortions (Franz, Reardon 1992; Grimes 1984; Joseph 1985; Muller, Jaffe 1972). A more tragic outcome for women who cannot work through their decisional dilemma is the birth of an unwanted child. By increasing our understanding of the decision making process, we can help women avoid the problems associated with abortion delays.

This paper represents an effort to extend current understandings of women's abortion decision making. The analysis compares a sample of women who terminated an unwanted pregnancy with those who elected to carry their pregnancy to term. The findings from our research will be of particular value to medical, social service, and teaching professionals who counsel women seeking abortions.

## ABORTION DECISION MAKING

Even among those women who support legal abortion, there remains a concern over its moral status (Scott 1989). Gilligan (1982) characterizes the decision to abort as a choice between two wrongs. Her conclusions are echoed in the work of Kristin Luker (1984) who argues that, for many women, abortion decisions represent a conflict between their practical concerns about childbearing and their internalized perceptions of motherhood, family, and womanhood. Current research on the decision making process of women who terminate an unwanted pregnancy suggests two principle explanations.

The first may be termed a social cost model. This perspective theorizes that cost-benefit considerations associated with childbearing are central features in the decision to undergo an abortion or carry a pregnancy to term (Trent, Powell-Griner 1991). Simply put, the greater the social costs that pregnant women attach to motherhood, the more likely they are to seek an abortion. Examples of social costs include perceptions of stigmatization associated with childbearing out of wedlock, the financial burden of raising a child, and the career opportunities that may be threatened by an unplanned pregnancy. The interplay of variables such as income, age, education, marital status, and race are thought to shape women's perceptions of these social costs, and thereby, their decision to abort or give birth (Trent, Powell-Griner 1991).

Although a few case studies have used a social costs approach (Luker 1984), the majority of support for this model is found in aggregate level research that compares the sociodemographic characteristics of women who abort with baseline data found in the larger population of those who give birth (Hogan, Kitagawa 1985; Marini 1984; St. John, Grasmick 1985). As a result, the social cost model remains somewhat speculative and oriented to macro levels of analysis. Moreover, it offers little empirical insight into the interpersonal features of the decision making process and their impact on women's perceptions of the social costs of childbearing.

A second line of research offers insight into the role that social support systems play in

abortion decisions. This explanation emphasizes aspects of women's interpersonal relationships with significant others. Initial interest in social support and abortion was developed by scholars who examined its impact on the post-abortion psychological sequelae of women (Dagg 1991). For example, research by Major et al (1990) found that women's perceptions of positive social support for their abortion decision significantly reduced post-abortion stress.

Although scholarly interest in the impact of social support on decisions to have an abortion has not been developed fully, a few studies point to its importance. Smith and Kronauge (1990) found that perceptions of support from significant others influenced a woman's decision to tell others of her abortion decision. Also, work by Lynxwiler and Wilson (1994) found that the amount of support black women received for their abortion decision significantly increased their pregnancy duration, and thereby, delayed their abortion procedure. The findings of their research indicates that more studies are needed to determine the degree to which social support impacts on women's decisions to terminate an unwanted pregnancy or carry it to term.

This paper provides an initial effort to consider aspects of these explanatory models. The research reports on a sample of women who, after their initial contact with personnel and counselors at an abortion clinic, never returned for their planned procedure. As this is the primary clinic in the area and due to the very real fact that abortion decisions cannot be postponed beyond a few weeks, the women who did not keep their scheduled appointments are considered to have changed their abortion decisions. Questionnaire data collected during the initial clinic visit provide a means to examine a set of variables that compare the women who did not keep their scheduled appointment with those who followed through on their decision to abort. The analysis is unique in that it provides a means to examine women who change their decision after they have committed themselves to an abortion. As such, it provides a reliable source of baseline data for exploring aspects of a social cost and a social support explanation of women's abortion decisions.

## METHODS

The data were collected at a women's health clinic that is located in a large Southern city. The clinic performs the majority of first and second trimester abortions in the state. To collect the data, a questionnaire was included with the clinic's routine medical forms. The questionnaire tapped several facets of the women's background, lifestyle, and attitudes. Women who inquired about the survey were encouraged to complete the questionnaire, but it was stressed that the survey was not mandatory for treatment. This procedure resulted in a response rate of just over 95 percent.

The paper uses clinic data on women who had late abortions between August 1988 and January 1989. During this time period, 1025 usable questionnaires were recorded. All of the women sampled obtained abortions to resolve unintentional or accidental pregnancies; none obtained abortions for health related reasons. Ten women in the sample represented a racial category other than black or white, and they were dropped from the analysis. This resulted in a sample size of 1015 women.

The background variables used in the analysis include age (in years), years of education completed, marital status (married=0, not married=1), annual household income, and race (black=0, white=1). Response categories for annual household income ranged from 0-5 with a higher score indicating income in excess of $40,000 per year. The range for each income category was as follows: less than $10,000 per year (0); $10,000 to $15,000 (1); $15,000 to $20,000 (2); $20,000 to 30,000 (3); $30,000 to $40,000 (4); and, over $40,000 per year (5). In addition, the women were asked if they used birth control devices on a regular basis (no=0, yes=1), if they had obtained an abortion before (no=0, yes=1), and if they had any children from a previous pregnancy (no=0, yes=1).

To assess the women's reservations about abortion, they were asked to respond to the following question: "A woman should have the right to obtain a legal abortion if she wants one for any reason." The question allowed the women to indicate if they agreed or disagreed (disagree=0, agree=1). A higher score reflects a stronger pro-choice attitude toward legal abortion.

A final set of questions focused on aspects of the decision making process. The women were asked to list how many people supported their abortion decision and how may discouraged their abortion decision. Responses to

## Table 1: Mean Comparisons of Women Who Abort and Those Who Do Not

| Variable | Had Abortion | Did Not Abort |
|---|---|---|
| Age | 23.67 | 21.35** |
| Education | 12.32 | 12.07 |
| Annual Household Income | 1.80 | 1.44* |
| Race | .64 | .58 |
| Currently Unmarried | .87 | .92 |
| Have Children | .40 | .35 |
| Had Abortion Before | .30 | .25 |
| Regular Contraceptive Use | .51 | .42 |
| Misjudgment of Gestation Length | 1.90 | 3.70** |
| Support Abortion For Any Reason | .79 | .72 |
| Reasons For Delay | | |
| Ignorance | .36 | .23** |
| Distress. | .29 | .38* |
| Money | .13 | .27** |
| Other/Time | .22 | .12** |
| Support For Abortion Decision | 1.31 | 1.17 |
| Discouragement For Abortion Decision | .19 | .37** |
| N= | 888 | 127 |

*Mean difference significant at .05 level.
**Mean differemce significant at .01 level.

these questions were coded as follows: none=0, one person=1, two people=2, and three or more people=3 (97% listed three or fewer people for each question). Finally, the women were asked why they delayed their decision to seek an abortion. Their responses were grouped into the following categories: *Ignorance*, she did not know she was pregnant or how far along she was; *Money*, she had trouble getting enough money together to pay for the procedure; *Distress*, she was frightened and could not decide whether to have an abortion or carry the pregnancy to term; and, *Other/ Time*, a residual category in which the majority of responses involved difficulties in scheduling a visit to the clinic.

These thirteen variables are used to examine differences among women who returned and those who did not return for their scheduled abortion. Dichotomous and nominal variables are dummy coded as 0 and 1 for the analysis. Discriminant analysis is used to extract a combination of variables that best differentiates between the sample of black and white women. In a two group analysis the standardized discriminant coefficients can be interpreted in a fashion similar to those from a

multiple regression; they identify those variables which contribute the most to the differentiation (Klecka 1980; Pedhazur 1982). Along with information on those variables that produced significant standardized coefficients, the structure coefficients for all variables are reported. Similar to factor analysis, structure coefficients are helpful in giving a substantive interpretation to the discriminant function (Tatsuoka 1970).

Two cautionary notes concerning the analysis should be noted. First, because the clinic performs the majority of abortions in the surrounding area and due to the timely nature of abortion decisions, those women who did not keep their scheduled abortion appointments are treated as individuals who elected to carry their pregnancy to term. It is possible that some of these women may have driven to another clinic in the State to schedule an appointment and then returned for their abortion. Such action would have delayed their abortion by another two to three weeks. However, given the probability of this outcome and its impact on their pregnancy duration, these women are assumed to have changed their minds about obtaining an abortion. Second,

### Table 2: Discriminants of Women Who Abort and Those Who Do Not

| Variable | Standardized Coefficients | Structure Coefficients |
|---|---|---|
| Age | -.18** | -.22 |
| Education | | -.13 |
| Annual Household Income | | -.15 |
| Race | | -.15 |
| Currently Unmarried | | .16 |
| Have Children | | -.04 |
| Had Abortion | | -.06 |
| Regular Contraceptive Use | | -.08 |
| Misjudgments of Gestation Length | .79** | .79 |
| Support For Legal Abortion | | -.04 |
| Delay Due to Ignorance | | -.16 |
| Delay Due to Distress | .18** | .10 |
| Delay Due to Money | .32** | .30 |
| Support For Decision | -.19* | -.24 |
| Discouragement For Decision | .22** | .27 |
| N= | 786 | 119 |

Cases Classified Correctly=83.98%          Canonical Correlation=.498
*Change in RAO's V significant at .05 level.
**Change in RAO's V significant at .01 level.

the analysis represents a case study of women who sought abortions in a Southern city. As such, the findings may not be generalizable to other populations. With these cautions in mind, the remainder of the paper reports on the analysis of the data.

## ANALYSIS

Of the 1015 women who scheduled abortions at the clinic during the data collection period, 888 returned for their scheduled abortion while 127 did not. The gestation period for the women sampled ranged from a low of six weeks to a high of twenty-four weeks as reported by clinic staff. The average pregnancy duration of women who aborted is slightly lower than those who did not return; however, the women in both categories reported pregnancy durations across this range. Although the percentage of women who never returned for their abortions is small (13%), they represent an important category. Unlike other studies that report on the characteristics of women who abort with women in the general population who give birth, the women in this study visited the clinic to terminate an unwanted pregnancy for non-health related reasons. All of them completed the necessary paperwork and scheduled an appointment for their

abortion procedure. Thus, the analysis focuses on examining why some women change their abortion decisions in, what may be considered, the final hour.

Table 1 presents mean score differences for the thirteen variables in the analysis. As Table 1 shows, there are several differences between women who had abortions and those who changed their minds. Those women who completed their procedure tend to be older (mean = 23.67 v. 21.35) and white (68% v. 54%) with slightly higher educational levels (mean = 12.52 v. 12.07). Given these differences, it is not surprising that they also reported higher annual household incomes than women who did not return for their abortions (mean = 1.8 v. 1.44 respectively). In addition, when compared to women who did not return for their abortion procedure, women who completed their abortions also are more likely to be married (15% v. 8%), use birth control devices on a regular basis (51% v. 42%), have children (40% v. 35%), and to have obtained abortions in the past (33% v. 25%).

The most striking difference between women who completed their scheduled abortion and those who did not is the reported difference in each group's perceptions of their pregnancy duration. On average, the women who aborted

misjudged their pregnancy duration by 1.9 weeks while those who did not return for the procedure were in error by an average of 3.7 weeks. This difference may be related to the finding that women who completed their abortions were older, and thus, they were better able to recognize the physical changes associated with their pregnancy. Their higher rates of childbearing and past experiences with unwanted pregnancies also may have contributed to their greater understanding of pregnancy symptoms which increased their accuracy in judging gestation length.

Responses to the pro-choice attitude question reveal that the two groups of women do not differ significantly in their support for legal abortion. However, the two groups are different in the amount of support and discouragement they received from others. On the one hand, women who aborted reported greater support for their abortion decision than did their counterparts who never returned (mean scores of 1.31 and 1.17 respectively). On the other hand, women who did not return for their abortions reported higher levels of discouragement from significant others than did women who aborted (mean = .37 versus .20).

Finally, Table 1 shows significant variations between the two groups for the delay variable. Women who aborted were more likely to report that they did not realize they were pregnant (36%) or experienced dilemma over abortion decision (29%) as the primary reasons for delay. Women who did not abort listed decisional dilemma (38%) and money (27%) as the main reasons for their delay. While the experience of decisional distress is somewhat higher for women who changed their minds, it is common for both groups.

Significant variations in the gross mean differences reported in Table 1 indicate that when compared to those who abort, women who change their abortion decisions are younger, single women with lower household incomes. In addition, they are more likely to misjudge the length of their pregnancy. This finding may be related to youth and sexual inexperience. Women who change their abortion decision also are more likely to report difficulties in reaching their initial decision and in raising the money for the abortion procedure. Finally, more often than women who abort, they report more discouragement for their abortion decision.

Table 2 reports on the discriminant analysis. Six variables are included in the final equation. Together, the variables produced an equation with a Wilk's lambda of .498 which, when converted to a Chi-square statistic, was significant at the .001 level. The variables in the equation include age, perception of gestation length, receiving support for the decision to have an abortion, receiving discouragement for the decision to have an abortion, difficulty in raising the money to pay for the procedure, and experiencing distress in reaching the decision to abort. Each of these variables produced a significant change in RAO's V when added to the equation.

An indication of the model's utility for differentiating between women who aborted and those who did not keep their scheduled abortion appointments are the group centroids (mean = -.28 and .98 respectively). This relatively strong separation of group means, is highlighted by the fact that 83.98 percent of the cases were classified correctly. A more familiar statistic for determining the adequacy of the model is the canonical correlation. In a two group discriminant analysis, the canonical correlation functions like a Pearson's correlation coefficient. When squared, it reveals the proportion of explained variance in the discriminant function. The variables in the final equation account for 24.8 percent of the variance between the two groups of women.

Although sensitive to fluctuations among the other variables in the model, the standardized coefficients (sc) provide insight into the contribution that each variable makes in discriminating between the groups. In the present analysis, a positive coefficient indicates that women who did not abort scored higher on the variable. A negative coefficient indicates that women who kept their scheduled abortion appointments scored higher on the variable.

Perceptional errors in judging pregnancy duration made the most significant contribution to discriminating between the two groups with women who did not abort more likely to misjudge their gestation period (sc = .79). In addition, difficulty in raising money to pay for the abortion was a significant variable in discriminating between the two groups (sc = .32). Women who did not return to the clinic were more likely to report that they delayed their initial visit because they had trouble paying for the procedure. This finding probably is not related to some aspect of social class location as education, income, marital status, and race did not differentiate between women

who aborted and those who did not. A more likely relationship is found in the age of the women and the increased probability of employment. Older women were more likely to follow through on their decision to abort (-.18).

In addition, women who completed their abortions are differentiated by higher levels of support for their decision (sc = -.19). Those who did not return to the clinic were more likely to report higher levels of discouragement for their initial decision to abort (sc = .23). Finally, women who did not return to the clinic also were distinguished from those who did by higher levels of distress in reaching their initial decision (sc = .18). While these findings do not offer strong support for the social cost model of decision making, they are encouraging results for a social support explanation.

Table 2, column 2 presents the model's structure coefficients. The coefficients provide insight into the combination of variables that contribute to classifying the sampled cases. While the standardized coefficients help discern each variable's contribution to differentiating between the groups, the structure matrix determines the nature of the function on which the groups are discriminated. In this manner, the structure coefficients in Table 2, column 2 also present the combination of variables that contribute the most to classifying the sampled cases. Following Pedhazur's discussion of the theoretically relevance of structure coefficients, those coefficients approaching .25 are considered important for understanding the discriminant function (Pedhazur 1982).

Five structure coefficients are useful in interpreting the dimension on which the groups differ. The structure coefficients that are of interest include age of the respondent (-.25), the amount of error in respondents' perception of their pregnancy duration (.75), the measure of respondents who reported difficulty in obtaining payment for their abortion (.30), the number of people who supported the respondent's decision (-.24), and the number of people who discouraged her decision (.29). The remaining standardized coefficients that are statistically significant do not provide strong contributions to the discriminate function. The five variables that are important contributors to the discriminant function suggest that women who change their abortion decisions are distinguished from those who abort by an interpersonal. The remainder of this paper examines the features of this dimension and its relationship to women who alter their abortion

decisions.

## DISCUSSION

The strongest variable in this interpersonal dimension is the variation in perception of pregnancy duration among the two categories of women. Women who did not return for their scheduled abortion recorded significantly higher levels of misjudgment concerning their gestation period than their counterparts who aborted. It is possible that when these women discovered the actual length of their gestation period, they began to reconsider their decision. Although the clinic personnel did not refuse to schedule an abortion, the realization of their pregnancy duration may have resulted in a measure of dissonance that resulted in a decisional change. Perhaps their inability to gauge their pregnancy duration is related to the respondent's age.

As a group, women who change their decisions are younger and thereby, less knowledgeable about the physical symptoms of pregnancy. Although they are not significant variables in the discriminant analysis, other variables in Table 1 support this conclusion (e.g., contraceptive use). In addition, their younger age suggests that they are less committed to a life trajectory than others, and thus, the social costs of giving birth were less relevant in their final decision.

Moreover, the women who change their decision are more likely to delay their visit to the clinic due to problems in obtaining payment for their abortion. In addition to a lack of personal funds, this also suggests that they lack support from their sex partner who was either unable or unwilling to help. It also may indicate that the women did not want to approach their families for financial help. Given the finding of reduced support and high discouragement for their initial abortion decision, they may have found or suspected that family members would not be forthcoming with financial support. In sum, it appears that women who change their abortion decisions are young women whose final decision relies heavily on the impact of significant others. The analysis points to the importance of social support systems in the decision making process of women faced with an unwanted pregnancy. Women who change their decision to abort report lower support and more discouragement for their abortion decision.

Research by others finds that positive perceptions of social support reduce stress prior

to the abortion procedure and enhance post-abortion psychological adjustment (Bracken et al 1974; David, 1985; Mosley et al 1981). In addition, research by Major et al (1990) finds that women who tell others about their pregnancy and decision to abort but perceive them as non-supportive report more stress than either women who perceive others as supportive or women who tell no one. Thus, perceived social support from others increases women's self-efficacy for coping with abortion and serves as an important determinant in predicting successful psychological adjustment before and after the decision to abort (Dagg 1991).

The findings of this paper demonstrate that social support also plays an important role in the decision making process itself. That is, a lack of support for their decision may cause some women to change their minds about obtaining an abortion. This is especially the case for younger women who also lack the financial means to pay for the procedure. It appears that definitions of social support should be expanded to include not only perceptions of approval or disapproval but also the real impact of material support. Moreover, social support appears to both reduce women's reservations about their abortion and enhance their self-efficacy and resolve once they have made the decision to terminate an unwanted pregnancy. Because the women who did not abort reported less social support for their decision, it also may help explain why they delayed coming to the clinic, and why they experienced more decisional distress.

The value of the social costs explanation should not be discounted. Research has demonstrated its use for mapping out the context in which abortion decision making takes place. However, this paper has pointed to the critical role played by social support. It would appear that some women are more likely than others to experience intrapersonal conflict due to moral considerations that emerge within their social support network of interpersonal relations. Gilligan (1982) argues that women who contemplate an abortion must resolve a conflict between self and other. The present findings suggest that among women who change their abortion decision, the decision to abort is a conflict between self and *others*. Abortion decisions are made within a constellation of relationships that may increase personal dilemmas for women who encounter resistance to their decision.

Recent trends in abortion legislation may have considerable impact on the level of intrapersonal and interpersonal conflicts experienced by these women. Smith and Kronauge (1990) report that a woman's expectations regarding spousal support for her abortion are related to aspects of the decision making process. It appears that this relationship extends to significant others in general. If women must notify their parents or male partner, it may cause some women to change their abortion decisions. This trend may increase the health and psychological risks associated with postponing the decision to abort for some women. For others it may result in an even greater tragedy — giving birth to an unwanted child.
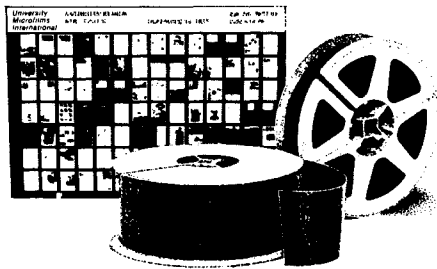
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