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INFORMED: THE IMPACT ON DECESION MAKING DURING AN UNPLANNED PREGNANCY

Jamie M. Stallings
Cal State San Bernardino

INFORMED: THE IMPACT OF DECISION MAKING DURING AN UNPLANNED PREGNANCY

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

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Approved by:

Cory Dennis, M.S.W. Research Advisor

Dr. Rosemary McCaslin, M.S.W. Research Coordinator

ABSTRACT

The purpose of this research project was to determine if there was a significant difference between women who had unplanned pregnancies and the amount of information those women received about their pregnancy options regarding parenting, adoption, and abortion, and those who were not. Additionally, the level of information about pregnancy options, and whether it would reduce termination of pregnancies was examined. The aspects explored included the information available to clients and the decision making process for women who have experienced an unplanned pregnancy. The methods for this study involved using an anonymous survey via Survey Monkey. Additionally, this study examined the importance of clients being informed and the role information plays in the social work field. A detailed examination of the research which has been conducted in pregnancy options counseling and what that counseling consists of was conducted and discussed. An overview of "Woman's Right to Know Laws" was also addressed and what theories have an impact on what woman experience during an unplanned pregnancy. Finally, an independent samples t-test was conducted to determine if there were significant differences between groups of women who had chosen to keep and parent their child, those who chose to have an abortion, and those who chose to relinquish their child for adoption and the amount of information they received about their pregnancy options. The study found a significant difference between women who chose to parent their children and women who

chose to have an abortion in terms of the level of information they were provided about those options. The abortion group received significantly more information about abortion than the parenting group. This may be due to the type of information received being more about cost and recovery periods versus the actual abortion procedure and mental health concerns post-abortion. Based on the findings, most women know what they will do in the case of an unplanned pregnancy and only a significant intervention will change their course of action. Based on the findings, educating women about their pregnancy options will not change their decision to keep, abort or relinquish their child for adoption. Instead, prevention efforts are more effective in preventing abortion than providing them with information.

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During the past 4 years of this master's journey, many family, friends, and university colleagues have offered different gifts along the way to keep me on the road to completion. Whether it was a word of encouragement or listening to me vent about the difficulties of this program … I thank you all. However, I would like to thank first and foremost God for sustaining me through this arduous process, with your word constantly reminding me, I can do all things through your son. Without that, the rest would have not been possible. Secondly, I would like to thank my amazing husband who always encouraged me to strive to accomplish my goals without letting me slack even a little. I would also like to send a special thank you to an amazing research assistant, Christi Bell, that without her kind, patient and caring spirit I would not have able to finish on time.

DEDICATION

“For you created my inmost being;

you knit me together in my mother’s womb”

Psalms139:13

“Do unto others as you would have done to you”

Matthew 7:12

Shane, you give me great joy, and I cannot wait to see where God takes you.

I love you more and more each day.

Love, Mom

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CHAPTER ONE

INTRODUCTION

Project Description

This chapter presents an overview of this research project. Also, it includes the problem statement, policy at the micro and macro level regarding abortion counseling and Woman's Right to know, the current practice of counseling women about their pregnancy options, and the purpose of the study. Most importantly, the topic of how unplanned pregnancy, pregnancy options, and abortion counseling directly impacts the social work field is discussed.

Problem Statement

Family planning sounds like something well-informed mature adults do before they begin their family. When one thinks about phrases with planning in the title, it's usually to be pro-active in any given situation. However, not everyone in society makes the choices that allow them the opportunity to plan for their family and this is becoming more and more prevalent today. Thus, the question is warranted as to whether society still values family planning, or are most adults simply reacting to an unplanned pregnancy? Moreover, when facing an unplanned pregnancy, are women provided with the adequate tools

that will empower them to make an informed decision that is truly in the best interest of all involved?

As a society, we have coined the phrase “make an informed decision”. Why is it so important for individuals to be informed when making important decisions that could affect the rest of their lives? It could be that when people do not make informed decisions, they could find themselves regretting their choice. This is precisely why knowledge is such an important aspect in providing services to anyone. This is how clients are empowered to take control over their future, without coercion toward any decision, but through full disclosure of all the information that is readily available.

Over the past 40 years patients have been granted the right to know about their medical options, medical procedures, and the risks involved. They must show they are aware of their circumstances by signing consent forms. Furthermore, the courts have established that patients have the right to the full extent of information available, even if the patient’s risks are small. Doctors who fail to do so can be liable for civil and criminal prosecution (Mariner, 1988). Clients have also been granted the right to know their options regarding terminating a pregnancy or keeping a baby to full-term and the options available to them, such as adoption or parenting, once the baby is delivered.

In looking at being fully informed, which is what informed consent aims to do, there needs to be an understanding of the dynamics of what that entails. A glimpse of that can be seen in the following statement:

> The doctrine of informed consent requires that health care providers disclose to patients the nature of procedures to be performed and the attendant risks, benefits, and alternatives. Equipped with an understanding of their options, patients then have the right to consent to treatment or to refuse it (Strom-Gottfried, 1998).

Is this true with the way society looks at information given in regards to unplanned pregnancy? Is there deception in regards to informed consent and termination of pregnancy; are there holes in what is being told to women when they are experiencing an unplanned pregnancy?

One study found significant risks associated with medically induced abortion. These risks included but were not limited to “hemorrhaging, uterine perforation, infection, infertility, subsequent ectopic pregnancy, premature delivery, and death” (Landrum, 2010, p. 269). This is further examined by Reardon (2010) who operates the Elliot Institute for Social Science, who found that not only do these women suffer from physical side effects, but “ they may also harbor many emotional side effects. Among these are depression, grief reactions, anger, sexual dysfunction, guilt, flashbacks, memory repression, suicidal ideas, and difficulty keeping close relationships” (Landrum, 2010, p. 269). Are women who are contemplating terminating their pregnancy made fully aware of these risks as well as the risks of pregnancy?

Policy regarding informed consent at the macro level depends on the state, but the constitutionality of laws that n were created to ensure that

women give informed consent before having an abortion has been upheld by the United States Supreme Court. The court declared,

> In attempting to ensure that a woman apprehends the full consequences of her decision, the state furthers legitimate purpose of reducing that a woman may elect to have an abortion only to discover later, with devastating psychological consequences, that her decision was not fully informed (Landrum, 2010).

With that being said, uninformed consent is still very real due to abortion providers being reluctant to disclose the rates of immediate surgical complication rate (Landrum, 2010). Abortion clinics are not equipped to handle medium or long term complications of the procedure (Landrum, 2010).

Policy regarding informed consent at the micro level is a very emotional debate that is constantly changing with new policies for practices all over the United States. For instance, Bill 1172 was passed in 2006 in Indianapolis, Indiana that required doctors to tell patients at least 18 hours beforehand that their fetus might feel pain and that anesthesia is available for those above twenty weeks pregnant (Kelly, 2006). This could be a difficult conversation for a doctor, nurse, or social worker; however, if it is truth, the client should be aware of it.

This study sought to determine if there was a difference between women who chose to terminate their pregnancy and those who chose to carry

their baby to term and how informed they were about their options for pregnancy, adoption, and abortion.

When considering informing clients in social work practice, every effort should be made to fully inform them of risks and benefits when seeking to terminate their pregnancy, not unlike other procedures that affect pregnancy outcomes. For example, at many facilities that perform vasectomies, special care is taken to fully inform the patient of the step-by-step process, and even provide a pre-procedure counseling session. This counseling can include, but is not limited to, the following questions: Do you have two or more children? Are you married? If married, will your wife also sign a consent form? Do you understand vasectomy is to be considered permanent? After this counseling session the man is asked to watch a twenty minute video on the vasectomy procedure itself and what he can expect before and after the procedure. This is not the way we inform women seeking abortion.

Purpose of the Study

The purpose of this study was to evaluate if there is a difference between informed consent and the choices women made regarding their pregnancy. The population of interest for this study is women who have experienced an unplanned or crisis pregnancy and either chose to keep and parent their child, chose to have an abortion, or chose to relinquish their rights to their child for adoption. This could also directly affect abortion providers,

whether Planned Parenthood or private insurance providers, in the way they handle informed consent practices.

In addressing this issue of information available and decision making in pregnancy, a quantitative study was used due to its inherent objectivity. Quantitative analysis allows for participants to maintain their anonymity and confidentiality as the participants simply answer questions on a survey and are not interviewed by the researcher. The study included an online survey for women who experienced an unplanned pregnancy and assessed if the information they were given had an effect on their pregnancy options and the choices they made.

Significance of the Project in Social Work

When looking at providing women with knowledge of their options during an unplanned pregnancy from a social work perspective, providing them with all the available information is considered one of the most important ways a provider can help a woman through the process. Disclosure carries with it the understanding that there will be honesty, trust, and mutuality between the social work clinician and the client and will allow the client to make informed health care decisions. “Having been shaped by legal, clinical, and ethical doctrines, informed consent is based on the presumption of choice and that providers have the obligation to inform patients about their options and that patients have the capacity to accept or decline various alternatives

without coercion" (Strom-Gottfried, 1998, p. 1).This study provides insight into how much of an effect information has on the outcomes of an unplanned pregnancy.

In a social work practice, engagement is where a clinician informs the client of risks involved and what will take place. This allows the client to fully understand all of the factors involved in the process and to make an informed decision about what is best for them. It is important for social workers to inform their clients fully of their options when experiencing an unplanned pregnancy, regardless of personal beliefs. For the purposes of this study, it is hypothesized that there will be a difference in the level of information provided to women based on their decision to carry their pregnancy to term versus their decision to terminate the pregnancy. Specifically, it is hypothesized that women who receive more information about abortion are less likely to have an abortion.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter consists of a discussion on the prevalence and outcomes of pregnancy and the decision-making process of women who become pregnant. Also covered is a brief overview of the history of the most prevalent milestones in abortion laws and the most recent bills to pass for the Woman's right to know Laws. Theories guiding human behavior and social environment will be explored, along with a look at the way options counseling can take place. This chapter ends with thoughts on self-determination and autonomy and how they fit in with the decision making process.

Decision Making in Pregnancy

Informed consent can change outcomes in ways people choose to make decisions about their physical or mental health. Research shows women do not make pregnancy decisions on their own. Women reported that family, friends, and significant others are primary influences on their pregnancy option decision (Harvey-Knowles, 2012). However, they do have the final say whether to carry their pregnancy to term. Men have no legal leverage in the matter. If a woman chooses to abort against the father's will she is free to do so. Moreover, if a man wishes not to be a father, he is still legally obligated to

financially support the child if the mother chooses to keep the child and accept financial assistance from the father (Miller, 2012). Statistics show that 64% of pregnancies in the United States resulted in childbirth, with 19% resulting in abortion and 17% resulting in natural loss of fetus (Miller, 2012). Researchers suggest that 35% of all pregnancies are unintended (Harvey-Knowles, 2012), which shows the prevalence of unplanned pregnancy and the need for more information on the decision making process. According to the available literature, women not only feel pressured to have an abortion but also feel uninformed about all available options offered by their health care provider (Harvey -Knowles, 2012). Therefore, this study sought to evaluate if information on options available is successfully giving patients the ability to accept or decline alternatives without coercion, as stated by Strom-Gottfried (1998). A previous study of 49 women showed that the majority of them, previous to calling an abortion clinic, had already made up their mind to have the abortion (Miller, 1992). This may be true, but 80% of woman said they felt “victimized by the abortion process and were coerced into the abortion or felt the information about alternatives or actual procedures were withheld” (Miller, 1992, p.71).

The following legal history has all been cited from an online research article by Masci (2013):

Milestones in abortion laws go back as far as the 1700's when in the United States adopted British common law that permits abortion before fetal movement can be perceived. From 1850-1900, nearly all states passed laws banning abortion throughout pregnancy, some allowing exceptions when a woman's life was in danger. From 1962-1973, 17 states amended their laws to allow abortion in cases such as rape, health risks and fetal damage; only Pennsylvania failed to lift the ban on the procedure. In 1973, with Roe v Wade, the United States Supreme Court legalized abortion, overturning the state ban on abortion. In 1976, the United States Supreme court overturned a law requiring a married woman to obtain her husband's consent for an abortion. In 1980, the U.S Supreme court upheld the Social Security Act that restricts Medicaid funding for abortion to cases of life endangerment, rape or incest. In 1990 the United States Supreme Court upheld Missouri law that required minors to notify both parents before obtaining an abortion. In 1992 the United States Supreme court reversed the previous ruling preventing any state involvement in abortions before the end of first trimester; therefore women could have abortions on demand. In 2000, the United States Supreme court struck down a Nebraska ban on Partial Birth Abortion. In 2003, President Bush signed the Partial Birth Abortion Act of 2003, prohibiting Partial Birth Abortion procedures . In 2007, the United States Supreme Court upholds a federal law known as

> the Partial Birth Abortion Act, which prohibited all Partial Birth Abortion procedures. This was a definite change from the previous ruling which required any restrictive abortion law to include an exception to protect a woman's health as there was no exception to this ban (p. 1).

With a woman's right to choose being so controversial for over two decades, options for women need to be explored on a constant basis due to changing laws and the ever changing technology.

With technology advancing so rapidly we are learning more about fetal pain, and pre-mature babies who would have died are now living outside the womb as young as twenty weeks gestation. This was unheard of prior to the development of advanced technologies which can now supplement a baby's vital systems until they are able to survive on their own without the help of medical technology. The argument that babies who are not viable outside the womb do not have the same rights to life as babies who are viable outside the womb is no longer a justifiable argument as medical technology allows those babies born prematurely, who would have died without medical intervention, the opportunity to live and thrive.

As of 2011, over 30 states have passed abortion laws and laws about informed consent, also known as "Women's right to know laws" (Sawicki, 2011). Most controversial of these provisions are the" required disclosure of specific risk factors, mandatory ultrasounds and standardized physicians

scripts" (Sawicki, 2011, p. 6). These types of disclosures can be common practice when looking at other medical procedure.

Past research on the subject of options counseling to woman is limited, but according to one study, options counseling for woman predominantly fell on the nurses (Dugas et al., 2012). Options counseling is described as giving women time to look at their pregnancy and their situation, think through their various choices, and make a choice based on having all the information. This decision should be made only when they feel comfortable, and are in as safe an environment as can be (Dugas et al., 2012). Furthermore, the information given as to a woman's options differs from person to person, depending on age, where they live, SES and how long they've been pregnant (Dugas et al.). This should not be the case; there should be a template that all health care providers should follow in regards to unplanned pregnancy to insure no bias or prejudice is present when providing women with the critical information they need to make a fully informed decision about their pregnancy. In the decision-making process there needs to be a support model where women can discuss the options, including risks and benefits of each, with their provider. This will allow their preferences to be revealed, and the decision-making will have the best outcome for the patient (Dugas et al.).

Informed Clients and Theories Guiding Conceptualization

This section looks at informed consent laws and self-determination and the relationship between informed consent and client's right to self-determine. Also, it touches on where the need for informed consent began. It then looks at the importance of communication between doctors and their patients.

Laws have been in effect since the 1960's imploring that care providers give as much information as possible to potential patients, so they can make the best possible informed choices. This was based on the theory of individual self-determination (Katz, 2003). Katz believed that patients were losing autonomy largely because of a lack of true communication between physicians and their patients; also, that improvements in communication must come from a doctor's "ethical understanding of what it means to respect the dignity of the person" (p. 385). This comes from a time when informed consent was resisted by physicians. Physicians were unsure if treatment decisions should completely be up to their patients (Mariner, 1988). Based on this literature, it seems that physicians felt they had the authority and knew patients best medical interest better than the patient.

The theory of self-determination says people have the right to exercise freedom of choice when making decisions and should not be unduly coerced by the beliefs of professionals or other people whose opinions have not been sought (Strom-Gottfried, 1998). These choices should come from their own values and be autonomous from other people's opinions. In order for people to

be autonomous and exercise self-determination they must be provided with all of the available information. Furthermore, when exploring the idea of a woman's self-determination and autonomy, the lines can become blurred due to socio-economic status (Denbow, 2005). For example, when a woman who is lacking resources becomes pregnant and wants to bring her pregnancy to term, a woman can sacrifice autonomy simply by being aware that abortion is an option. This can occur because abortion may be discussed more than other pregnancy options in clinics that are located in poorer neighborhoods (Denbow, 2005). In order to value someone's self-determination we must maximize their options and regard their options as ways to attain their own desires and pursuits regardless of their socioeconomic status (Denbow, 2005). Women cannot be expected to find the most appropriate answer according to their values and situations without fully understanding their options.

Summary

This chapter addressed the history behind pregnancy and abortion laws in the United States as well as the relevant literature about a woman's right to choose, self-determination, and the effects of socioeconomic status on the information provided to women who are experiencing an unplanned pregnancy.

CHAPTER THREE

METHODS

Introduction

This chapter documents the methods used for this study. The design of this study is explored and the sample group is identified. The components of data collection are defined. The strengths and procedures for data collection are explained.

Study Design

The purpose of this study is to evaluate if there a difference there is between continuation of pregnancy and the information one knows or is given in the event of an unplanned pregnancy. A quantitative research design was utilized for the purpose of surveying women who experienced an unplanned pregnancy to evaluate what they knew of options available to them, the information provided to them about their options, and if they believe the information they had effected whether to continue their pregnancy or to terminate it. The least intrusive means of surveying women was a self-administered online questionnaire.

The research questions for this study are: Do options known to women in the event of an unplanned pregnancy influence their decision to continue their pregnancy? The research hypothesis is that there is a significant

difference between the amount of knowledge of options given to women experiencing an unplanned pregnancy and the completion of that pregnancy (i.e. parenting, adoption, or abortion).

Sampling

A purposive sampling strategy was utilized in order to access the most diverse population in terms of ethnicity and socioeconomic status. Women were solicited using Survey Monkey. The selection criterion was women who have experienced a planned or unplanned pregnancy. The sample size was 24.The age range of the study would vary due to the type of study but was between the ages of 18-54.

Data Collection and Instruments

To explore whether information on options available has an effect on woman's decision making in the event of an unplanned pregnancy, data was collected by of means of an online survey using Survey Monkey (Appendix A). Demographic questions consisted of the participant's age, ethnicity, religion, education, and age at time of pregnancy. Participants were then asked to answer questions about the method by which they learned of their pregnancy, if they were informed of their pregnancy by medical personnel, if they were informed of the options available to them, and if the people in their lives had an impact on their choice whether to continue their pregnancy.

The dependent variable is the outcome of the unplanned pregnancy and the independent variable is the amount of information given about abortion, parenting and adoption. The survey used a three-point Likert scale of uninformed, somewhat informed, and informed. This ordinal variable assesses the respondents' personal feelings about how much knowledge of the options they had during their unplanned pregnancy and whether they feel that knowledge had an impact on their choice whether or not to continue their pregnancy.

Procedures

Female participants who had a pregnancy during their lives were solicited through Survey Monkey. Survey Monkey maintains an online database of users who sign up to take surveys through this service. Survey Monkey users were invited to participate in this survey via email. Those who responded to the email invitation were screened to determine if they were eligible for the survey. However, Survey Monkey's screening process did not discriminate between people who had been pregnant and people who had an unplanned pregnancy; this screening process was done by the researcher after all of the data was collected. Participants followed a link provided by the recruitment email and were directed to an informed consent page which described the purpose of the study. After clicking a box to signify their consent, participants were directed to the survey itself. Upon completion, participants

were directed to a debriefing statement which explained the purpose of the study and thanked them for their participation. Data retrieved from the surveys was collected and stored by Survey Monkey until it was downloaded by the researcher into the Statistical Package for Social Sciences (SPSS) for analysis. The data were saved on a flash drive that was kept secure and in the possession of the researcher at all times.

Protection of Human Subjects

Participants who took the online survey were notified that their IP addresses were not collected before or after the survey and there was no personally identifying information taken in order to help protect their anonymity. They were also asked to electronically sign after reading the consent form. Survey Monkey allows for special features to adhere to IRB guidelines, which allowed, consent forms, enabling encryptions, debriefing statement and also options to not answer any questions and the ability to withdraw from the survey at any time. To protect the anonymity of the participants of the sample, in lieu of their signature they simply marked an x to consent to participate (Appendix B). A debriefing statement followed which gave instructions if they had any questions regarding the survey (Appendix C). The survey, informed consent, and debriefing statement were approved by the Internal Review Board (IRB) of the School of Social Work at California State University San Bernardino for use in this study.

Data Analysis

The quantitative survey used in this study attempted to determine if there was a significant difference between women who had unplanned pregnancies and the amount of information those women received about their pregnancy options regarding parenting, adoption, and abortion, and those who were not. All participants were asked the same questions in the same order and responses were closed -ended or fixed in order to establish any correlations between information available and follow through with pregnancy. SPSS was used in order to analyze the responses from the Likert-scale.

Summary

This chapter reviewed the methods and design of the study. The purpose of this quantitative study was addressed and the data collection, sampling strategy, and data analysis were explored. This chapter also addressed the protection of all participants through the use of informed consent as well as the disclosure of risks and benefits so participants could make an informed decision in regards to their participation in this study.

CHAPTER FOUR

RESULTS

Introduction

This presents the results of the study. The relevant findings of the survey are discussed including the demographics of the sample and the outcome of the t-test. Data are presented in text as well as in tables for the convenience of the reader.

Presentation of the Findings

The results will be broken down into general demographics and specific pregnancy-related demographics and questions.

Demographic Data

Of the 62 participants who gave consent to participate in the survey only 24 had experienced an unplanned pregnancy, leaving the following results based on the remaining 24 participants. The majority of the sample was in the age range 45 to 54 (N = 11, 45.8%).The participants were not ethnically diverse with Caucasian being the majority (N = 22, 91.7%), and the majority were Christian (N =18, 75.0%). For most participants, the highest level of education was college graduate (N = 11, 45.8%), as can be seen in Table 1.

Table 1

Participant Demographics

	N	Percentage
Age		
18-24	1	4.2
25-34	5	20.8
35 – 44	7	29.2
45-54	11	45.8
Total	24	100.0
Ethnicity		
Caucasian	22	91.7
African American	2	8.3
Total	24	100.0
Religion		
Christian	18	75.0
Jewish	1	4.2
A follower of a different religion	1	4.2
Not Religious	4	16.7
Total	24	100.0
Highest level of Education		
Graduated from High School	2	8.3
Some College	7	29.2
College Graduate	11	45.8
Completed graduate school	4	16.7
Total	24	100.0

Survey Results

In terms of the variables surrounding pregnancy, the majority of participants (n = 16, 66.7%) were between the ages of 18 to 24 when they became pregnant. Over 60% of the participants (n = 15, 62.5%) learned of their pregnancy through a home test as opposed to going to a clinic or a family physician. Approximately 67% of the participants already knew what they were going to do in relation to their pregnancy. Those participants who learned of their pregnancy at a medical clinic or doctor's office and were informed by a medical professional (n = 10), 60% were not provided with information about pregnancy, parenting, adoption, or abortion. As a pregnancy option, abortion was chosen by 46% of the participants (See Table2).

In terms of providing information on post-birth options 67% felt uninformed about adoption as an option once the child had been born. Approximately 54% felt somewhat informed about abortion as an option. A majority of participants (58%) felt they were informed about pregnancy (See Table 3). Over half of the participants (54%) stated that the options available did not have an impact on their decision to continue their pregnancy. However, 62% stated that other people did have an impact on their decision to continue their pregnancy (See Table 4).

Table 2

Variables Surrounding Unplanned Pregnancy

	N	Percentage
Age at time of un-planned pregnancy		
18-24	16	66.7
25-34	6	25.0
35-44	1	4.2
45-54	1	4.2
Total	24	100.0
How did you learn of your pregnancy?		
Home test	15	62.5
Planned Parenthood	2	8.3
Family Physician	4	16.7
Missing	3	12.5
Total	21	100.0
Already knew what you were going to do		
Yes	16	66.7
No	3	12.5
Unsure	5	20.8
Total	24	100.0
If informed by medical personnel were you given information on options		
Yes	4	16.7
No	6	25.0
Not informed by medical personnel	14	58.3
Total	24	100.0
Results of pregnancy		
Adoption	1	4.2
Parent	8	33.3
Loss of pregnancy	4	16.7
Abortion	11	45.8

Table 3

Information Provided on Post-Birth Options

	N	Percentages
Adoption		
Uninformed	16	66.7
Somewhat informed	6	25.0
Informed	2	8.3
Total	24	100.0
Abortion		
Uninformed	3	12.5
Somewhat informed	13	54.2
Informed	8	33.3
Total	24	100.0
Pregnancy		
Uniformed	5	20.8
Somewhat informed	5	20.8
Informed	14	58.3
Total	24	100.0

Table 4

Variables Impacting Post-Birth Decisions

	N	Percentages
Did options available have an effect on decision to continue pregnancy		
Yes	8	33.3
No	13	54.2
Not sure	3	12.5
Total	24	100.0
Did other people have an impact on your choice regarding you pregnancy		
Yes	15	62.5
No	8	33.3
Unsure	1	4.2
Total	24	100.0

To see if there was a difference in the level of information received between participants who chose to parent their child versus those who chose to have an abortion, an independent sample t-test was conducted. It was determined that there was a significant difference between the parenting group and the abortion group, in the amount of information they received about abortion; $t(17) = -3.43$, $p<.05$. The abortion group ($M=2.45$) received significantly more information about abortion than the parenting group ($M = 1.63$). There was not a significant difference in the amount of information received about adoption between the parenting group and the abortion group; $t(17) = .80$, $p = .435$. Additionally, there was not a significant difference in the

amount of information received about pregnancy between the parenting group and the abortion group; t (17) = 1.5, p = .149. (See Table 5).

Table 5

Independent Samples t-Test

Variables	*df*	*t*	*p*
Abortion Information			
Parent or Abortion Group	17	-3.431	.003
Adoption Information			
Parent or Abortion Group	17	.799	.435
Pregnancy Information			
Parent or Abortion Group	17	1.511	.149

Summary

This chapter reviewed the results of the study. Significant findings related to the demographics of the participants and the feelings of participants in regards to information they received about the options for an un-planned pregnancy were discussed. This chapter ended with the analysis of an independent samples t-test. The hypothesis that there would be a significant difference in the amount of information received and participants' decision to

carry their pregnancy to term or to terminate their pregnancy was partially supported. Women who chose to have an abortion were found to have received significantly more information about abortion than women who chose to carry their pregnancy to term which is contrary to the hypothesis. There was no significant difference in the level of information received about adoption or pregnancy between the groups of women who chose to parent their child versus those who chose to terminate their pregnancy.

CHAPTER FIVE

DISCUSSION

Introduction

The implications of the results of this study are presented in this chapter. Also, other important findings in regards to the results will be explored. The limitations of the study are presented. In addition, recommendations for pregnancy and parenting education will be presented. The chapter ends with conclusions gathered by the completed research.

Discussion

The research hypothesis was that there would be a significant difference in the amount of knowledge about options given to women experiencing an unplanned pregnancy and whether they completed their pregnancy versus terminating their pregnancy. The results of the data analysis yielded results which partially supported the hypothesis in that there was a significant difference in the amount of information received about abortion; however, those who chose to have an abortion received significantly more information about abortion than those who chose to carry their pregnancy to term. Those who chose to have an abortion reported having had significantly more knowledge about abortion than those who chose to parent their child.

With that being said, there was no information collected in regards to what kind of information they were given.

Learning that the majority of the participants already knew what they were going to do in regards to their pregnancy was unexpected. However it highlights the minimal impact that information has on decision making and the importance of intervention in preventing un-planned pregnancy. If women already know what decision they are going to make in regards to their unplanned pregnancy, information about their options is unlikely to change their minds. Instead, prevention efforts in regards to an unplanned pregnancy are likely more effective in reducing the amount of abortions than information about abortion. Creating links to social, financial, and familial supports may also be an effective intervention in reducing the number of abortions.

Pregnancy and Parenting Education

The National Center for Health statistics estimated that minors are responsible for over 1 million pregnancies each year and of these 42% end in abortion (Griffin-Carlson & Mackin, 1993).This was also shown in the results of this study with the majority of participants being between the ages of 18-24, showing the idea that younger individuals are more likely to have un-planned pregnancies. Knowing this to be true, there need to be greater efforts to educate young people about the procedure and the negative effects of abortion and unplanned pregnancy.

One major debate regarding US. public schools is about how to teach sex education to students. Much of this debate has been centered on whether teens should be taught abstinence-only versus an extensive sex education in the school setting. Some argue that “sex education that covers safe sexual practices, such as condom use, sends a mixed message to students and promotes sexual activity” (Stanger-Hall & Hall, 2011, p.1).However, it is unrealistic to think it is enough to tell young people to be abstinent because abstinence-only interventions have been shown in the literature to have limited effectiveness in preventing pregnancy (Jeffries, Dodge, Bandiera & Reece, 2010)They need to have all the information available about the consequences of unprotected sex which go above and beyond pregnancy and abortion but include sexually transmitted infections, and the negative physical and psychological effects of having an abortion so that they are able to make an informed decision.

More than 5,000 high school students taking some sort of health class at school said that they thought their ability to master the content in their health classrooms significantly changed when they were not only expected to attend class but to also grasp the information they received . “Data was collected from all students at three time points (prior to HIV and pregnancy instruction, 3 months after instruction, and 1 year after instruction). Results indicated that their knowledge, attitudes, intentions, and efficacy beliefs

increased and they had lower intentions to have sexual intercourse,“ (Anderman et al., 2011, p. 904).

The majority of the participants in this study felt they were uninformed about adoption.The reasons for this is unknown. However, 51% of pregnancies in the US are unplanned (Finer and Zolna, 2014) and of those un-planned pregnancies 40% (Jones, Zulna, Henshaw & Finder, 2008). Most importantly, the study demonstrated that women having options available made little impact on their choice whether to continue their pregnancy. This finding went along with the idea that woman already know what they are going to do in the event of an unplanned pregnancy.

The past research showed women do not make pregnancy decisions on their own. Woman reported that family, friends, and significant others to be primary influences on their pregnancy option decision (Harvey-Knowles, 2012). This was also reflected in this study, with the majority of participants stating they felt the people in their lives had an impact on their choice in regards to their pregnancy. Lacking social support is a common theme for woman experiencing an un-planned pregnancy. For instance, women often fear being deserted by their significant other and or family members if they keep the child (Hartshorn, 2012).This shows a great need for social service practitioners to be a social support to woman in an un-planned pregnancy.

Limitations

More than half of the study participants were eliminated after being asked if they had an unplanned pregnancy, and at what age this happened. This question was confusing in regards to getting the information desired and limited the amount of information that could have been gathered as many participants who had never had a pregnancy did not continue with the survey. In addition, the author would have liked to offer an incentive to increase the amount of participants surveyed. Another limitation to the study was the limited diversity of the group. English being the language used to conduct the survey excluded women who do not speak English, which can exclude women from different cultural environments. In addition, the online service is limited to people who have access to the internet, which could have an effect on the outcome. Using a diverse sample is strength of the study; showing a diverse group of people in the United States gives a good sample for diversity. Of the remaining 24 participants, 20 identified themselves as white, which is not representative of the population and limits the generalizability of this study.

It is possible that the participants of the study could have been given information that would sway them to have an abortion rather than information on other aspects, such as the procedure or mental health effects after the abortion. Also, there is no knowledge whether these women asked for the information on abortion.

Recommendations for Social Work Practice, Policy and Research

Social workers working with individuals facing an un-planned pregnancy are encouraged to provide information for all resources available regardless of the ethnicity or SES of individuals. Social workers should also encourage individuals facing an un-planned pregnancy in building a strong social support system. Policy-makers and researchers have been investing early childhood interventions to increase knowledge about the consequences of risky sexual behavior as routes to lowering teenage pregnancy rates in the United States, but more needs to be done including the contributing factors leading to teenage pregnancy, the generation effects of unplanned pregnancy and the likelihood of unplanned pregnancies in later generations should also be examined to determine if interventions can be created to stop repeated generations from experiencing unplanned pregnancies. A list of resources is given in Appendix D. Greater efforts toward developing a chemical birth control method for men should also be implemented.

Conclusions

The results of the study indicate that a majority of the participants who experienced an un-planned pregnancy and chose to have an abortion were provided with more information about abortion than any other pregnancy option. This study also demonstrated that women who experience an un-planned pregnancy have their mind previously fixed on a particular solution

and unless a strong outside intervention takes place, they will follow through with whatever they have chosen. The information and knowledge gained through this research project was that unplanned pregnancy includes many factors that contribute to the decision that mother's make about whether to continue their pregnancy to term or not. Most importantly the study has illuminated the understanding that women already know the decision they will make about whether to carry a pregnancy to term or not and that providing women with more information about their options is not likely to impact their predetermined decision. These findings demonstrate a need for change in the way social service providers approach abortion prevention and emphasize the need for pregnancy prevention.

APPENDIX A

QUESTIONNAIRE

Survey Questionnaire

A study exploring the impact information on options available has on woman's decision making in the event of an unplanned pregnancy.

Section 1.

Demographics

Your age

() 18-24

() 25-34

() 35-44

() 45-54

Ethnicity

() Caucasian

() Hispanic

() African American

() Other

Do you consider yourself

() Christian

() Jewish

() A follower of some other religion

() Hindu

() Muslim

() Not religious

() Buddhist

What is the highest level of school that you have completed?

() Did not graduate

() Graduated from high school or equivalent

() Some college

() College graduate

() Completed graduate school

Have you ever experience an unplanned pregnancy?

() Yes

() No

If you answered yes to the previous question at what age was this unplanned pregnancy? If you have had a planned pregnancy at what age was that? If you have never had a pregnancy you can forgo the remainder of the pregnancy.

How did you learn of your pregnancy?

() Home test

() Family Physician

() Planned Parenthood

() Other

When you learned of your pregnancy do you feel you already knew what you were going to do in regards to your pregnancy options?

() Yes

() No

() unsure

If you were informed of your pregnancy by medical personal, did they give you information on available resources?

() Yes

() No

() Not informed by medical personal

Did you have an abortion give the child up for adoption or raise the child or was there loss of pregnancy?

() Adoption

() Parent

() Loss of pregnancy

() Abortion

How well informed were you on options for adoption
Abortion and pregnancy services? 1 being uninformed
2 being somewhat informed 3 being informed

() Adoption

() Abortion

() Pregnancy

Do you feel the knowledge you had in regards to options available had an effect on your decision whether to continue your pregnancy?

() Yes

() No

() Not sure

Do you feel people in your life had an impact on the choice you made regarding your pregnancy options?

() Yes

() NO

() Unsure

Study developed by Jamie Marie Stallings, 2014

APPENDIX B

INFORMED CONSENT

Informed Consent

The Study in which you are being asked to participate is designed to explore the information given to women who have experienced an unplanned pregnancy and if that had an effect on their choices. This study is being conducted by Jamie Stallings under the supervision of Dr. Cory Dennis Assistant Professor of Social Work, California State University San Bernardino. The study has been approved by the School of Social Work Sub Committee of the Institutional Review Board of California State University of San Bernardino

Purpose: To assess if information plays a role in outcomes of unplanned pregnancy.

Participation: Participation in this study is voluntary; you may choose to discontinue participation at any time, and you may skip any questions you do not want to answer.

Confidentiality or Anonymity: This study aims to be anonymous. Please do not include your name or contact information anywhere on this questionnaire. The envelope you will be sending back with the questionnaire will be shredded to protect the original mailing address. The data collected by this study will only be seen by researchers. The results will only be seen in group form only.

Duration: Filling out this questionnaire should take no longer than 10 minutes

Risks: There are no foreseeable risks to taking part in this survey and no personal benefit.

Benefits: Your experience will help Social Workers know what is needed when women experience unplanned pregnancies.

Contact: If you have any questions you are encouraged to contact Dr.Cory Dennis at (909)537-5507

By marking below, you agree that you have been fully informed about this questionnaire and volunteering to take part are at least 18 yrs old.

Please mark an X on the line below expressing you are fully informed on the questionnaire you are taking part in.

Mark_____ Date_____

APPENDIX C

DEBRIEFING STATEMENT

Study of information given to woman in the event of an unplanned pregnancy

Debriefing Statement

Thank you for taking part in this survey, conducted by Jamie Stallings, an MSW student at California State University, San Bernardino. This study was designed to assess amount of information given to woman experiencing an unplanned pregnancy. Your participation is much appreciated. If you have any questions about this study please feel free to contact me or Dr. Cory Dennis, Assistant Professor of Social Work, at California State University, San Bernardino, at (909) 537-5532

APPENDIX D

RESOURCES AVAILABLE

The following is a list of businesses available that can provide, help, information and resources.

Abuse

Christian Counseling Service (909) 793-1078

Family Service Agency (909) 886-6737

House of Ruth (909) 988-5559

24 hr. Hotline (909) 623-4364

Sexual Assault Services (909) 885-8884

Abortion Alternatives

Loving Options (909) 799-3994

Life Network (805)830-1200

Adoption

Alternative Pregnancy Counseling (909)845-6650

Bethany Christian Services (209)522-5121

San Bernardino County Adoptions (909) 387-5253

Government Assistance Programs

Child Development Services (800) 722-1091

Children's Fund (909) 387-4949

Children's Network (909) 387-8966

Child Support Services (866) 402-3944

Loma Linda (909) 799-1790

Rancho Cucamonga (909) 987-9984

Community Services Department (909) 723-1500

Department of Children's Services (DCS) (909) 388-0242

Department of Workforce Development

Hesperia (760) 949-8526

San Bernardino 1-(800) 451-5627

Juvenile Information (909) 383-2700

Social Security Administration (800) 772-1213

TTY Number (800) 325-0778

Transitional Assistance Department (TAD)

(Cal-Works, Medi-Cal, Food Stamps, Foster Care, General Assistance, and Welfare/Cash Aid) (909) 388-0245

Parenting Support Services

Adelanto Community Resource Center (760) 246-8401

Boys and Girls Club (San Bernardino) (909) 888-6751

Barstow (760) 255-2422

Caritas Counseling Services (909) 370-1293

High Desert (760) 242-2311 ext. 8368

Child Development Services (Child Care) (800) 722-1091

Department of Children's Services (DCS)

San Bernardino (909) 388-1900

Barstow (760) 255-5400

Chino Human Services (909) 591-9822

Community Hospital of San Bernardino

Classes for Parents-To-Be (909) 887-6333 ext. 4734

Family Resource Network (800) 974-5553

Family Service Agency (909) 886-6737

National Runaway Hotline

Help Parents Locate Runaway Child [(800) Runaway] (800) 786-2929

Vista Guidance (760) 256-0376

People's Choice (Parent Project) (909) 887-4414

St. Bernardino Medical Center

Childbirth Education (909) 881-4420

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