Factors in Pregnancy Decision Making by Teenagers

The major factors in pregnancy decision making by teenagers are (1) the personality of the teenager, including her attitude toward the pregnancy and previous reproductive history; (2) the attitude and degree of involvement of parents and other family members, the prospective father and peers; (3) the cultural and public policy aspects which may favor or disfavor childbirth.

Many teen pregnancies will end in abortion. In 1990 about 12% of all U.S. women aged 15-19 became pregnant and 6% carried their child to term. And according to 1988 data from the National Center for Health Statistics, about 40% of pregnancies among teenage women age 15-19 ended in induced abortion. Among women under age 15, about 52% of pregnancies ended in induced abortion. (Table 1) However, the percentage of abortions by women age 19 or under as a percentage of all abortions in the U.S. has been falling steadily since 1972. In 1972, 32.6% of all U.S. abortions were by women 19 years of age or younger. By 1990, the figure had dropped to 22.4% and by 1992 was only 20.1%.

There is a wide variation of abortion rates among teenagers depending upon various at-

| TABLE 1 |
|-------------------|-----------------|-----------------|------------------|
| Teen Pregnancies and Outcome, U.S. - 1988 |
| Total Pregnancies | Under 15 Years | 15-17 Years | 18-19 Years |
| For All Women | 6341000 | 27000 | 389000 | 600000 |
| Live Births | 3910000 | 11000 | 177000 | 302000 |
| Induced Abortions | 1591000 | 14000 | 158000 | 234000 |
| Spontaneous Fetal Losses | 840000 | 3000 | 54000 | 63000 |
| Percent of Pregnancies Ending in Induced Abortion | 25.1 | 51.8 | 40.6 | 39 |

Source: National Center for Health Statistics
TABLE 2

<table>
<thead>
<tr>
<th></th>
<th>Puerto Rican</th>
<th>Latino Non PR</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Receiving Medicaid</td>
<td>.48</td>
<td>.35</td>
<td>.73</td>
<td>.67</td>
</tr>
<tr>
<td>Receiving Medicaid</td>
<td>.27</td>
<td>.13</td>
<td>.29</td>
<td>.40</td>
</tr>
</tbody>
</table>

All women were 16 years of age with no previous children or abortions; the proportion of pregnancies ending in abortion refer to live births and induced abortions only.

TABLE 3

<table>
<thead>
<tr>
<th></th>
<th>Puerto Rican</th>
<th>Latino Non PR</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>.18</td>
<td>.07</td>
<td>.09</td>
<td>.29</td>
</tr>
<tr>
<td>Unmarried</td>
<td>.84</td>
<td>.81</td>
<td>.96</td>
<td>.87</td>
</tr>
</tbody>
</table>

All women were 18 years of age with no previous children or abortions; the proportion of pregnancies ending in abortion refer to live births and induced abortions only.

titudes and circumstances. Abortion rates among women less than 20 years of age varied greatly in a comprehensive, multi-variate study of 31,207 New York City teenagers in 1984 based upon vital statistic records on live births and induced abortions. The study found that for each race and ethnic group studied, the unmarried group least likely to abort had no previous children, were receiving Medicaid, (Table 2) had no previous abortions and had low levels of schooling. Among all ethnic groups, married women under 20 years of age had much lower abortion rates than unmarried women. In some ethnic groups the abortion rate among married teenagers was less than 10%. (Table 3)

Teenagers who had experienced one prior abortion were found to be 4-6 times likely to terminate a subsequent pregnancy by abortion compared to those with no prior abortion. If a teenager had a prior abortion, it was very likely a subsequent pregnancy would end in abortion. (Table 4) Interestingly, the availability of abortion clinics had little relationship to pregnancy outcome.4

The repeat abortion rate among teenagers in the U.S. is high. According to the National Center of Health Statistics for 1988 in a 14 state area, among white teenagers age 18-19 who reported abortions, 22.5% were having their second abortion or more. Among black teenagers aged 18-19, 35.5% of those who reported abortions were having their second abortion or more. In another study of teenage abortion. 404 women were followed through medical records of a Los Angeles hospital over a 5 year period. Of these women, 38% had a previous abortion and 18% had 2 abortions within the same year.5

A Baltimore study published in 1975 by Susan Fischman of black adolescents age 13-18, who had never been married and were experiencing their first pregnancy, found that they were more likely to deliver rather than abort their babies if:

- they had better relationships with their mother
- their father was not deceased
- they had significantly longer relationships with their boy friend and were more likely to be still going with him
- their boy friend was working full-time as opposed to going to school full or part-time
- their family was receiving public assistance
- they had moral objections to abortion.6
The absence of the father as a possible factor in increasing the likelihood of abortion is of particular interest. The absence of a father has been more frequently observed among pregnant adolescents who engage in a severe acting out and anti-social behavior. Also, single pregnant women seeking abortion compared to non-pregnant women have been found to be more likely to engage in severe acting out behavior or exhibit reactions to loss as a motivation for their pregnancy. They also tended to be more impulsive and to externalize aggression compared to non-pregnant women.

A conflicted relationship between a teenager and her mother has been observed in studies of teenagers who obtain abortions. A San Diego study of unmarried women aged 14-20 who obtained abortions for mental health reasons found that two out of three had poor relationships with both parents prior to their abortion. In the San Diego study the young women often lacked strong female figures with whom they could identify, lacked close friendships and frequently had a history of drug experimentation or use. Many displayed masochistic or aggressive behavior. A later study among young unmarried women also identified a deviant lifestyle as a risk factor for pregnancy and abortion. A study of 706 young women [current average age 24.3] about 9 years after an initial contact while they were in high school in the New York State public schools found that the current use of illicit drugs, other than marijuana, was 6 times more likely when the women had a history of one or more abortions and much less likely when associated with post marital birth.

The influence of moral, philosophical or religious beliefs on the pregnancy outcome among teenagers had yielded somewhat inconsistent results. One study found that women who are more religiously involved elected to carry their pregnancy to term more often than the less religiously observant. Another study examining reasoning of adolescent and young adult women regarding abortion, found that those who treated abortion as a moral issue were more likely to continue their pregnancies, while those who treated abortion as a personal issue were more likely to obtain an abortion. Yet another study of Puerto Rican teenagers found that the more religiously observant obtained abortions, perhaps due to shame or embarrassment at being pregnant out of wedlock.
In the Baltimore study by Susan Fischman of unmarried black adolescent women, 32% of those that delivered found abortion unacceptable because it was “taking a life” or “destroying their own flesh and blood.” However, a later study also involving black adolescent women in Baltimore found little difference in attitudes toward abortion among those who aborted compared with those who delivered. For example, 78.8% of those aborting vs. 71.4% of those delivering thought that abortion is all right if a woman doesn’t want a child right now. The authors stated, “Data suggest that it is not an abstract consideration of abortion that guides the choice of outcome, rather their personal orientation toward the present pregnancy.”

There is evidence in the literature that teenagers who undergo abortion frequently do so in violation of their beliefs about abortion. For example, in a San Diego, California study published in 1973 of unmarried women aged 14-20, strong guilt was felt by 61.5% following their abortion and minimal guilt was felt by 38.5%. Some 90% had moral conflicts over the decision and 42% believed that abortion was murder. A North Carolina study of adolescents who had abortions 34% opposed abortion on request, 20% thought abortion was justified only to save the life of the mother, 29% thought it was permitted only on medical recommendation, yet none of those aborting gave those reasons for doing so. It was concluded that many had rationalized their guilt by considering themselves “exceptions to the rule.”

Some observers have concluded that existing beliefs among teenagers about oneself and morality tend to be inadequate guides for decision-making in the face of an abortion dilemma. In order to overcome this disequilibrium often will require the woman to develop new cognitive constructions of the situation. This is consistent with crisis theory and appears to be the case with many teenagers. Adolescents may experience the abortion procedure as frightening, dangerous and punitive, and often as temporarily overwhelming.

Minors may make a pregnancy decision differently than adults. In a study comparing adult and minor’s decision-making regarding pregnancy resolution, minors more often considered the effects of their decision on parents and other family members. Minors were also more likely than adults to perceive decisions about pregnancy and contraception as being “externally” determined. This appears to be the case according to various studies.

Teenagers May Rely On Others

One method that teenagers may use to make a pregnancy decision is reliance upon others to make it for them. A study of 386 unmarried, never previously pregnant age 13-19 white and Mexican-American women in Ventura County, California found that peer influence was an important factor in pregnancy resolution. Adolescents who reported that they knew other unmarried teenage mothers were less likely to abort and more likely to deliver and remain single than those who did not know other unmarried mothers; and those who held more favorable attitudes toward abortion for others were likely to have an abortion themselves. Among the adolescents who initially preferred delivering, more than one-third stated that they still had an abortion. In these instances, one or more significant others (most often the woman’s mother or the prospective father) had strongly supported abortion in about 75% of the cases. This study is consistent with the findings of researchers at the Yale University school of Medicine that information about pregnancy options in the population of young unmarried women comes from friends, not professionals.
Mothers Are A Major Influence

Parents, particularly mothers, are a major source of influence on minors pregnancy decisions. A Michigan study of 432 pregnant women under age 18 found that the reported influence of others on pregnancy decision-making was greater than that of girlfriends or male partners, except for white adolescents who planned to keep their child. And in a study of black innercity teenagers, 81% chose the pregnancy outcome that their mothers supported.

Based on observations by psychiatrists in a Chicago hospital of adolescent pregnancy decisions, parents and boyfriends exhibited considerable influence on the abortion decision, especially when the adolescent was very young or emotionally immature. Sometimes a weak abortion motivation was strengthened by parental threats of withdrawal of financial support or the withholding of love. The parent (or parent representative) in these instances usually assumed total, often dictatorial responsibility for the adolescents life with both potential positive and negative consequences. According to the psychiatrists, the adolescent often felt protected, narcissistically supplied and grateful for the onerous decision removed from her. Later, guilt could be alleviated by blaming the decision on the parent. But the parental intervention created new difficulties for adolescents, still struggling fiercely to establish autonomy from infantile parental objects and interjects.

Attitudes Toward The Pregnancy Are Important

A French Canadian study of Catholic, non indigent teenagers 13-19 years of age found that the attitude of the male partner as well as that of family and friends toward the pregnancy was important to the outcome. If the male partner accepted the abortion 56.5% of the women aborted compared to only 19.1% who carried to term. If the male partner rejected the abortion, only 4.3% had abortions compared to 31.9% who carried to term. If family and/or friends advised keeping the child, only 4.3% had abortions compared to 65.2% who carried to term. Conversely, if family and/or friends suggested abortion, 72.3% had an abortion compared to 48.9% who had term pregnancies. The same study found that the attitude of the young woman toward her condition was also important. Only 2% who stated that they wished to be pregnant had an abortion compared to 74.5% who had a term pregnancy. Conversely, if the woman said she was too young to have a child, unable to bring up a child or there is no one to help me, then large majorities had an abortion (69%-92%).

Other studies have also confirmed the importance of the male partner. In a study of 74 adolescent males in Ontario, Canada regarding their attitudes toward adolescent pregnancy and fatherhood, all males wished to be told if a pregnancy occurred, whether or not they were in a casual or serious dating relationship. The attitudes of the males were markedly different depending upon the type of relationship. If the couple were casual daters 32% of the males believed the desired pregnancy outcome should be abortion. However, if they were serious daters, only 13% of the males thought the desired outcome should be abortion. The males were a factor in the decision-making process even when ignored by professionals. The study concluded, "In regard to teenage pregnancy, it seems appropriate for professionals to recognize the male sexual partner as part of the problem as well as part of the solution."
Public Policy Makes A Difference

There is evidence that public policy toward abortion has an impact on pregnancy outcomes among teenagers. In a national study of white females from the three youngest cohorts of the National Longitudinal Survey of Youth from 1979-1986, 25.6% had abortions where abortion availability was low in a state compared to 52.2% where abortion availability was rated high in a state. Similarly, where abortion funding was less restrictive, 41.8% had abortions compared to 26.0% where states had more restrictive public funding of abortion.26

Similarly, a study by the Alan Guttmacher Institute (AGI) also found that the availability of Medicaid funds for abortions was associated with higher abortion rates among pregnant teenagers. Also, the accessibility of large abortion facilities in a state was associated with higher abortion rates.27

Cultural and social factors in the society have an impact on teenage pregnancy. It has been found that States with high rates of population growth and residential mobility, a high crime rate, high teen suicide rates, extensive circulation of sexually explicit magazines, a large percentage not voting in elections and high levels of stress have been found to be associated with high pregnancy rates for teenagers.27

There is direct evidence that financial concerns are a factor in pregnancy decision making. A small study of indigent pregnant women at clinics in urban California found that 44% of the minors studied expressed financial concerns as a factor affecting their choice of abortion or childbirth.18 A survey in 1987 by the Alan Guttmacher Institute on 1900 women found that 68% of the women said that a specific reason that contributed to their decision to have an abortion was that she cannot afford a baby now and 21% said that this was the most important reason for the abortion. Among teenage women surveyed, 73% stated as a contributing reason for the abortion that she cannot afford a baby now.28

The receipt of Medicaid benefits strongly correlated with a greater likelihood of a decision for childbirth rather than abortion in a large study of New York City unmarried teenagers in 1984. For example, among Puerto Rican teenagers receiving Medicaid, the likelihood of abortion was about one-half compared to those not receiving Medicaid, one-third among Latinos who were non-Puerto Rican, one-sixth for white teenagers and one-third for black teenagers.4

Teenagers Need Support for Childbearing

A generally expressed need for support and assistance appeared to influence the pregnancy outcome in a study of French Canadian teenagers aged 13-19 years of age. In this study 92% of those having abortions compared to only 30% of those carrying to term said, “I cannot provide for the child.”24 Other studies have made similar findings. In a Baltimore study of black adolescent women age 17 or younger, 92.2% of those having an abortion compared to 57.1% of those carrying to term said, “Having a baby would be a problem for me.”15 A small study of Puerto Rican teenagers compared those who carried to term and those who aborted. Family and friends more significantly influenced and supported those who carried to term. Fathers were found to be the least influential in pregnancy decision-making. Mothers were found to be the most influential with those who carried to term, while sisters were the most influential among those who aborted.14
Adoption As An Option

Adoption is seldom considered by pregnant adolescent teenagers. Although it was much more popular prior to the legalization of abortion, it is presently chosen by only a few teenagers who give birth. The rate of adoption placement among black adolescents is only about 1% compared to about 3% for white adolescent mothers. According to recent studies, compared to those pregnant adolescents who chose to rear their children, those who place for adoption tend to be older, came from families of higher socio-economic status, performed better in school and had higher economic ambitions. There is also evidence that they were more likely to have been reared in small towns, to have held more traditional attitudes about abortion and family life and lived at home with both parents.29

Conclusions

The available evidence on teenage pregnancy decision-making, mostly obtained during the 1970's and early 1980's reflects a wide variation in abortion rates among teenagers. Teenagers who have moral or religious objections to abortion or adhere to traditional values, and apply them to the pregnancy situation, are less likely to abort compared to those who do not share these views. The support of male partners through marriage or providing emotional and/or economic support appears to reduce the likelihood of abortion. Mothers of pregnant teenagers have considerable influence in decision making. In addition, the influence of peers is important. The attitude of the teenager toward her pregnancy also frequently determines the outcome.

Teenagers are particularly vulnerable to the opinions or pressures of others to abort and they may do so because of threats, coercion or peer pressure. Thus they may violate their beliefs about abortion in the process.

Partly because of the circumstances surrounding the abortion decision, teenagers who have had abortions more often have reported long-term severe psychological distress and more often have said they had wanted to give birth and keep the baby compared to older women.30 Various studies have also reported a disproportionately high percentage of women who had abortions as teenagers involved in post-abortion support groups or who report severe long-term stress reactions.31

Thomas W. Strahan, Editor

Footnotes

Adoption is seldom considered by pregnant teenagers