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The Role of Parents and Partners in Minors' Decisions to Have an Abortion and Anticipated Coping After Abortion

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A B S T R A C T

Purpose: Despite the prevalence of laws requiring parental involvement in minors' abortion, little is known about the effect of parental involvement on minors' abortion decision making and anticipated coping after abortion.
Methods: We analyzed data from medical charts and counseling needs assessment forms for 5,109 women accessing abortion services at a clinic in 2008, 9% (n = 476) of whom were minors aged 17 years and under. We examined differences in abortion characteristics, including parental and partner involvement, between minors and adults, and used multivariate logistic regression models to examine predictors of parental involvement and support, confidence in the decision, and anticipated poor coping among minors.
Results: Most minors reported that their mothers (64%) and partners (83%) were aware of their abortion. Younger age was associated with increased odds of maternal awareness and reduced odds of partner awareness. Compared with adults, minors were more likely to report external pressure to seek abortion (10% vs. 3%), and mothers were the most common source of pressure. Minors overall had high confidence in their decision and anticipated feeling a range of emotions post-abortion; minors who felt pressure to seek abortion were less likely to report having confidence in their decision (odds ratio = .1) and more likely to report anticipating poor coping (odds ratio = 5.6).
Conclusions: Most minors involve parents and partners in their decision making regarding abortion, and find support from these individuals. For a minority, experiencing pressure or lack of support reduces confidence in their decision and increases their likelihood of anticipating poor coping after an abortion.

IMPLICATIONS AND CONTRIBUTION

Study findings can be informative to abortion providers in their efforts to tailor pre- and post-abortion counseling for minors, and to policy makers as they consider legislation to broadly mandate parental involvement in minors' abortions without considering the diverse roles that parents can have in their decision making.

Approximately 250,000 young women ages 15–17 years in the United States (US) become pregnant annually; 30% of these pregnancies end in induced abortion [1]. Although these minors account for a small proportion (7%) of induced abortions [2], they represent the focus of much abortion-related policy, including requirements that parents be notified of or give consent for the minor seeking abortion. Implicit in these laws is that minors require additional support in decision making regarding pregnancy and universally benefit from parental involvement in this process. However, little is known about the nature of adolescent abortion decision making, including the extent to which parents and other individuals positively or negatively influence adolescents' experiences in obtaining an abortion and satisfaction with their decision.

Results from multiple studies conducted in the 1980s and 1990s suggest that most minors typically turn to their parents and male partners when faced with an unintended pregnancy

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[3–9]. For example, in the 1992 study of Henshaw and Kost [4], the largest to date of minors seeking abortion, nearly two thirds (61%) of minors living in states without parental involvement laws indicated that at least one of their parents, most often their mother, was aware of their decision to seek an abortion. A larger proportion (78%) involved their boyfriend. Minors who were younger, lived with both parents, demonstrated less financial independence, and reported a close relationship with their parents before the pregnancy were significantly more likely to report having parents involved in their decision, a finding echoed in other, smaller studies [3,5,7].

Parents' and partners' involvement in minors' abortion decisions is not always indicative of their support for the minor's decision. One quarter of minors in the study of Henshaw and Kost [4] reported that a mother (26%), male partner (27%), or friend (21%) had attempted to persuade the minor to have an abortion; nearly equal percentages reported pressure from partners (20%) and friends (19%) and, to a lesser extent, mothers (7%), to continue the pregnancy. However, there is little evidence that this pressure is the central reason motivating minors' decision about unintended pregnancy, because $<$1% of minors report that pressure from a partner or parent was the most important reason for their decision to seek an abortion. Other factors, including economic hardship (80%) and interference with school or career (82%), figure much more prominently into minors' reasons for choosing abortion [10].

However, perceived lack of support can influence young women's feelings of self-efficacy to cope with the decision [11]. In a longitudinal study of primarily African-American, urban teenagers, Zabin et al [7] found that 88% of minors who chose abortion expressed satisfaction with their decision 1 year later; however, minors who indicated that their parents had not supported the decision were more likely to be dissatisfied 1 year later. Similarly, Pope et al [12] found that the psychological adjustment of women ages $\leq$17 years post-abortion was similar to that of women ages 18–21 years; however, significant predictors of a negative response to abortion for minors included baseline emotional distress, a finding that has been observed in adult populations as well [13], and perceived pressure from male partners either to continue the pregnancy or to seek abortion.

The present study explored the extent and nature of parental and partner involvement in minors' abortion decision making and its influence on minors' confidence in and predicted ability to cope with their decision. In earlier work using data from this same abortion clinic, we found that women under age 20 years were less likely to report having high confidence in their abortion decision, and were more likely to report feeling pushed by a parent into their decision and to anticipate poor coping with their decision [14,15]. However, these analyses did not focus explicitly on minors and did not explore in detail the relationship between parental and partner awareness or support and young women's confidence in the decision and predicted coping. These questions represent the focus of the current report.

Methods

Data

The source of data for this study has been described elsewhere [14,15]. In brief, we abstracted de-identified data from medical records and counseling needs assessment forms for all women accessing abortion services at a private clinic in 2008. At the time of the study, the clinic was located in a state without a parental involvement requirement. The needs assessment form is a self-administered survey that elicits information about women's emotional status, decision-making process and confidence in their decision, sources of support for their decision, and anticipated reactions to having an abortion. It was developed by Charlotte Taft, M.A., and revised by Anne Baker, M.A., both experts in abortion counseling. The form serves as a model for abortion providers across the country and is included in the primary textbook on abortion care disseminated to members of the National Abortion Federation [16].

The needs assessment form is used in a pre-abortion session with a counselor, the purpose of which is to confirm that each patient has come to a clear and voluntary decision, to educate her about the procedure and after-care, and to ensure informed consent. If, after this session, the counselor is concerned that a patient shows signs of being at high risk for regret or poor post-abortion coping, or is being coerced into the abortion, an abortion is not provided and the woman is given additional time and resources to clarify her decision and resolve conflicts. This analysis includes all women seeking abortion care, including those who did not receive an abortion after the counseling session.

This study was approved by the University of California, San Francisco's Institutional Review Board (CHR#08033575).

Measures

Demographic and abortion characteristics. Women's race/ethnicity, parity, age, and gestational age were abstracted from medical charts, along with characteristics pertaining to the current pregnancy, including whether it was in the first or second trimester, it would be a first or subsequent abortion, or the abortion was not performed. Whether the pregnancy was a result of rape was obtained from the needs assessment form.

Awareness of and support from parents and partners. Measures of awareness and support were created from two questions that asked women, "Who are the only people who know you're having an abortion?" and, for each person named, "Is this person supportive to you in what you want to do?" Parents and partners were considered non-supportive if the women responded "Not much" or "No" to the second question.

Confidence in the abortion decision. Confidence in the decision was captured using women's responses to four statements, similar to our previous work [14]. If a woman indicated that the statements "I am SURE of my decision to have an abortion" and "Abortion is a better choice for me at this time than having a baby" were true, and the statements "I want to have the baby instead of abortion" and "I want to put the baby up for adoption instead of an abortion" were false, she was classified as having high confidence in her decision. Women who did not provide this response pattern were classified as having low confidence in their decision.

Pressure to terminate the pregnancy. Women were classified as experiencing pressure in their decision making if they responded "true" or "kind of" to the statement "I'm here for an abortion MOSTLY because someone else wants me to." Those who acknowledged experiencing pressure were asked to identify the source of pressure from a list of options that included their mother, father, boyfriend/husband, partner in the pregnancy, and others. Separately, women were classified as feeling pushed into