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The Impact of Partner Support in Abortion

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The Impact of Partner Support in Abortion

Abstract

This quantitative, relational study aimed to examine whether there was a significant relationship between mental health of the female post-abortion and partner support both during and after abortion. A review of the literature indicates that many women do not suffer psychological trauma post-abortion and a large majority of women who have abortions report feeling supported by the prospective father. However, no research has examined if these two groups are in fact one in the same. One hundred forty-three questionnaires were collected on a college campus to measure respondent's predictions of partner support and emotional well being post-abortion. Results indicate a significant positive relationship between partner support and emotional well-being post-abortion, as well as a strong need to communicate feelings about the abortion to the prospective father. Further research on this subject should focus on a larger population of females who have experienced abortion.

The Impact of Partner Support in Abortion

According to the Guttmacher Institute (2013), 43% of United States women who faced an unplanned pregnancy in 2006 chose to have an abortion. This decision is typically motivated by many interrelated and complex reasons (Finer et al., 2005; Biggs et al., 2013). Women who experience unwanted pregnancies are at a greater risk for complicated pregnancy outcomes, including difficulty coping with abortion (Kroelinger & Oths, 2000). Though research indicates that most women who choose abortion do not suffer from psychological trauma, a percentage of women do suffer from negative feelings and mental health problems subsequent to their abortion (APA Report, 2008). Support from the prospective father can play a large role in the experience of the woman during and after an abortion, particularly related to stress, anxiety, and depression of the pregnant woman (Strahan, 1999).

As stated earlier, many women who choose abortion do not report regretting their decision or suffering from psychological trauma (APA Report, 2008; Kimport et al., 2011; Shuping, 2011). Similarly, the majority of women who choose abortion also identify feeling as though they can rely on the male partner to be supportive (Jones et al., 2011). The APA Report on Mental Health and Abortion (2008) found women who have pre-existing mental health problems are more vulnerable to increased mental health problems post-abortion. Though no prior research has examined the relationship between partner support and mental health post-abortion, it is possible that lack of partner support may increase the chances of psychologically traumatic outcomes and feelings of regret for the woman. Research has found that women who perceived higher support had higher self-efficacy for coping, which in turn predicted better psychological outcomes post-abortion (Major et al.,

1990). Post-abortion mental health issues can also be exacerbated by partner pressure or a negative change in the relationship, which are both fundamental issues related to partner support (Burke & Reardon, 2002).

Partner support can impact the woman's mental health post-abortion if she feels she was pressured to choose abortion. On the most primary level, partner support can effect the woman's initial decision to have an abortion (Kroelinger & Oths, 2000; Strahan, 2002; Finer et al., 2005; Shuping, 2011, Ney et al., 2013). Research has shown that feeling pressured or coerced by a partner can exacerbate psychological issues post-abortion (Kimport et al., 2011; Shuping, 2011). Research has shown that women's decision to abort often stems from lack of support from her male partner (Kroelinger & Oths, 2001; Strahan, 2002; Finer et al., 2005; Shuping, 2011; Ney et al., 2013). Research has found that many women cite partner related reasons as one of the main factors that influenced their decision to abort (Finer et al., 2005; Shuping, 2011; Biggs et al., 2013). Research has shown, "terminating a pregnancy that is wanted or meaningful is associated with more negative psychological reactions" (Shuping, 2011). Pressure from a partner can result in a type of coercion that often leaves a woman feeling as though she has no other option, regardless of her personal feelings towards the pregnancy, which in turn increases the likelihood of mental health problems post-abortion (Kimport et al., 2011; Shuping, 2011).

Similar to pressure, relationship issues can stem from the decision to abort and may also lead to a higher likelihood of mental health consequences. Among women who identify psychological trauma and lack of partner support, there is also a tendency to suffer from relationship problems post-abortion, which can add to psychologically negative outcomes (Coleman, 2007). Woman who struggle with relationship problems during their pregnancy

often suffer from loss of trust in the relationship with the male partner, negative judgment, and feelings of abandonment (Kimport et al., 2011). These feelings of abandonment stem from the fact that the male partner did not offer support or take responsibility for the pregnancy, which “produces a double burden on women: making them feel like they had no choice about the abortion but full responsibility for having one” (Kimport et al., 2011).

The importance of partner support is clear throughout prior research, yet many women find themselves in situations where partner support is lacking. This indicates a need for intervention in the field of social work. As social workers, it may be important and beneficial to implement programs in which support can be provided to women facing unplanned pregnancies and abortions. Though nothing can replace the support of a partner, support of any kind can improve the psychological outcomes for the woman post-abortion (Major et. al, 1990; Shuping, 2011). Research performed by Major et al. (1990) found that women who perceived higher support had higher self-efficacy for coping, which in turn predicted better adjustments on psychological measures.

Literature Review

Unplanned Pregnancies & Abortion Rates

According to a study performed by the Guttmacher Institute in 2013, 49% of pregnancies in the United States in 2006 were unintended, meaning they were either mistimed or unwanted (Guttmacher Institute, 2013). Therefore, 3.2 million of the 6.7 million pregnancies in the United States each year are unintended (Guttmacher Institute, 2013). The United States has a significantly higher unintended pregnancy rate than many other developed countries (Singh, Sedgh, & Hussain, 2010). Studies show that by the age of 45, more than half of all American women will have experienced an unintended pregnancy

(Finer & Zolna, 2011). Nationally, rates of unintended pregnancies are highest among women aged 18 to 24 (Finer & Zolna, 2011).

As previously stated, 43% of unintended pregnancies in the United States in 2006 ended in abortion (Guttmacher Institute, 2013). In 2009, a total of 784,507 legal abortions were reported to the Center for Disease Control and Prevention in an annual abortion surveillance report (CDC, 2012). The abortion ratio for 2009 was 1227 per every 1,000 live births (CDC, 2012). According to the CDC (2012), the abortion rate for 2009 was 15.1 abortions per every 1,000 women aged 15-44. The majority of abortions in 2009 were for women in their twenties, with 33% of all abortions being for women aged 20-24 and 24% of all abortions for women between the ages of 25 and 29 (CDC, 2012). Eighty-five percent of all abortions were performed on unmarried women (CDC, 2012). At the current rate, one in three American women will have at least one abortion by the age of 45 (Guttmacher, 2008).

Rhode Island. The individual state of Rhode Island somewhat reflects these national trends to an extent. In 2008, 25% of all pregnancies were ended through abortion in Rhode Island (Guttmacher, 2008). A total of 5,000 legal abortions were performed in Rhode Island in 2008 (Guttmacher, 2008). The abortion rate for Rhode Island in 2008 was 22.9 per every 1,000 women aged 15-44 (Guttmacher, 2008). Abortions in Rhode Island represent 0.4% of the total amount of abortions in the United States (Guttmacher, 2008).

Complex Reasons

While these numbers may seem jarring, there are often legitimate and complex reasons that result in a woman's decision to abort. Over the past forty years, many studies have looked to examine the factors that influence a woman's decision to end a pregnancy

through abortion. Studies have concluded that the decision to have an abortion is typically motivated by numerous interrelated and complicated reasons (Finer et al., 2005; Biggs et al., 2013). The general consensus of prior research identifies partner related reasons, financial reasons, timing, and other commitments as the main themes consistently cited in studies (Finer et al., 2005; Biggs et al., 2013).

Psychological Trauma Rates

However legitimate these reasons are, some women who make the decision to abort face traumatic consequences, particularly psychologically. The APA Report on Mental Health and Abortion (2008) found that the majority of women do not have mental health problems associated with abortion, however a significant percentage of women do suffer from some psychological trauma. Oftentimes, these women struggle with lack of support throughout the abortion process (Ney et al., 2013). The APA Report (2008) also notes that several studies have indicated women under age 21 may be more likely to have negative psychological responses. Interestingly, the rates of unintended pregnancy are also highest among those aged 18 to 24 (Guttmacher, 2008).

The APA Report on Mental Health and Abortion (2008) identified the following as predictors of more negative psychological responses to first trimester abortion: perceptions of stigma, need for secrecy, low social support, prior history of mental health problems, personality factors such as low self-esteem and use of avoidance and denial coping strategies, and characteristics of the particular pregnancy. Similarly, Beer (2002) found that there were several factors associated with a negative reaction: poor support from close relationships, financial problems, low social class, smoking, and negative religious or cultural attitudes towards abortion.

Traumatic Responses to Unplanned Pregnancy & Abortion

A study performed by Coleman et al. (2008) identified abortion as a risk factor for mental health problems including “anxiety (panic attacks, panic disorder, agoraphobia, PTSD), mood (bipolar disorder, major depression with and without hierarchy), and substance abuse disorders” (p. 6). Similarly, a study performed by Beer (2002) found women who choose abortion and regret the decision suffer from increased rates of depression, self-harm, psychiatric hospitalization, attempted suicide, and suicide when compared with women who carry the baby to term (Beer, 2002). Though the majority of women have support and do not feel regret about their decision, many women still face these psychological difficulties post-abortion (Adler, 2003).

Impact of partner support directly on mental health. There are still many women, albeit in the minority, whose experience with abortion is traumatic. The extent of this trauma may be mitigated by a variety of supports, primarily of the paternal partner. Indeed, several studies have shown how significant partner support can be in the decision to have an abortion. Strahan (1999) found that the attitude of the prospective father is an important factor in the stress, anxiety, or depression of the pregnant woman. Similarly, Ney et al. (2013) found that due to hormonal changes in pregnancy, women are particularly sensitive to negative stimuli. Therefore, the threat of abandonment or lack of support from a partner can cause a significant increase in anxiety of the woman (Ney et al., 2013).

According to a study performed by Biggs et al. (2013), 31% of women said that they sought an abortion due to partner related reasons. Likewise, a study performed by Finer et al. (2005), reported 48% of women cited relationship problems or desire to avoid single motherhood as their reason to abort. The APA Report on Mental Health & Abortion (2008)

also identified low social support as a risk factor for negative psychological outcomes, as stated earlier. Ney et al. (2013) identified lack of partner support as the primary reason for abortion in their study findings as well. Altogether, the impact of the paternal partner is clearly a significant factor in both the abortion decision as well as psychological outcomes post-abortion.

All in all, psychological trauma has a higher likelihood of occurring in situations where a woman feels abandoned by the prospective father (Kimport et al., 2011). Findings state, “by eschewing any role in pregnancy, these men produced a double burden for women: making them feel as though they had no choice about the abortion, but full responsibility for having one” (Kimport et al., 2011). Research by Shuping (2011) also found that pressure, coercion, and even perceived coercion increase the woman’s risk for mental health problems post-abortion, which supports prior findings that indicate psychological trauma due to lack of partner support.

Lack of Support

This impact of support discussed earlier has emerged as a main theme throughout research. Male knowledge and support for the abortion has been positively associated with women’s post-abortion mental health and adjustment (Jones et al., 2011). Though the majority of women identified feeling support from the prospective father in their decision, those who did not suffered increased risk for psychological trauma (Jones et al., 2011). It is possible that the population of women who lack support and the population of women who suffer traumatic feelings post-abortion are one in the same. Research has not explored this phenomenon, which is an important hole in the current literature.

Interestingly, a study performed by Ney et al. (2013) looked to explore how partner support affects the outcome of adolescent pregnancies. Ney et al. (2013) found that if a partner is present and not supportive, the abortion rate is four times greater than if the partner is present and supportive. Therefore, a lack of partner support has been significantly associated with higher rates of abortion and miscarriage (Ney et al., 2013). Kimport et al. (2011) also found that lack of support only compounds an already difficult situation.

Major et al. (1990) performed a study that assessed women's perceptions of social support and self-efficacy prior to abortion as well as depression, mood, physical complaints, and anticipation of negative consequences thirty minutes post-abortion. Major et al. (1990) found that women who perceived lower support had poorer post-abortion psychological adjustments and that women who perceived higher support had higher self-efficacy for coping, which in turn predicted better adjustment on psychological measures.

Similarly, Kroelinger & Oths (2001) found that partner's stability, status, feelings towards the pregnancy, level of dependability, and support all had a significant influence on the woman's experience with an unwanted pregnancy. This study emphasized the impact of support and concern from the prospective father on the woman's desire to carry the pregnancy to term (Kroelinger & Oths, 2001). In a study performed by Shuping (2011), 76% of women stated they would have made a different choice if others had encouraged them differently. These findings illustrate the fact that women often feel abortion is their only option due to their partner's feelings towards the pregnancy (Shuping, 2011).

Pressure to Abort. The phenomenon of partner pressure plays a significant role in determining the psychological outcome of the woman post-abortion. Simply in regard to

the abortion decision, there is a continuum of pressure that can range from subtle to the extreme of a forced abortion (Shuping, 2011). Research indicates that pressure to abort from the prospective father causes an increase in the likelihood that the pregnancy will end in abortion (Kroelinger & Oths, 2001; Strahan, 2002; Shuping, 2011). Strahan (2002) found that female attitudes towards maternity were often determined by the masculine attitude towards paternity. This caused him to conclude, “one of the most important factors in determining whether a woman has an abortion is the attitude of the baby’s father” (Strahan, 2002). If the father is hostile towards the pregnancy, Strahan (2002) reports an increase in feelings of abandonment in the woman, which in turn elevates the likelihood of abortion.

Similarly, Kimport et al. (2011) performed a study on women who suffered negative emotional reactions post-abortion. These findings included an increase in negative psychological outcomes when women did not feel the abortion was primarily her decision. Lack of emotional support after the abortion also indicated a higher likelihood of negative emotional and psychological reactions (Kimport et al., 2011). Shuping (2011) reported that in a 2004 study of a general gynecology population, 64% of woman who had an abortion reported feeling pressured to abort. Shuping (2011) also found that 73% of women who reported being dissatisfied with their decision to abort reported some degree of pressure from others. Thirty-nine percent of these women reported being very much pressured by others (Shuping, 2011).

Relationship Problems. Research has indicated that many relationship problems can develop post-abortion, with some being short-lived and others being more long-term (Lauzon et al., 2000; Coleman, 2007). A study performed by Lauzon et al. (2000) found that

three weeks post-abortion, 12% of women and 18% of men felt that the abortion had negatively affected their relationship. Coleman (2007) reported a quote by Sarrel (1988) stating, “abortion is frequently a negative turning point in a relationship leaving scars which can undermine the future of the couple either together or as individuals”.

Therefore, women who experience psychological trauma post-abortion have a higher likelihood of experiencing relationship problems as well (Burke & Reardon, 2002). Herman (1992) explains, “traumatic events call into question basic human relationships. They breach the attachments of family, friendship, love, and community. They shatter the construction of the self that is formed and sustained in relation to others. They undermine the belief systems that give meaning to human experience... and cast the victim into a state of existential crisis.” For this group of women, abortion becomes a traumatic event that can significantly change their entire life.

Other supports. Though the influence of partner support has been emphasized in many research studies, any type of social support can impact the likelihood of mental health issues and psychological trauma post-abortion (Shuping, 2011). A study performed by Veiga et al. (2011) studied the benefits of post-operative support in the recovery room. This study found that social support decreases both pre-operative stress and post-operative recovery time. This reflects the findings of Shuping (2011) because it illustrates the impact that support can have both psychologically and physically. Similarly, Kimport et al. (2011) found that women who experienced any type of social support experienced lower levels of emotional distress.

Hypothesis

The decision to have an abortion is often difficult and complex (Kroelinger & Oths, 2000; Finer et al., 2005; Biggs et al., 2013). Women who experience support from the paternal partner tend to fair better psychologically after the procedure (Shuping, 2011; Veiga et al., 2011). According to a study performed by Jones et al. (2011), the majority of women who have abortions identify having the support of their partner. The APA Report on Abortion and Mental Health (2008) found that the majority of women who undergo abortion procedures do not suffer significant psychological trauma. However, at this point in time, no research has been done to explore whether there is a correlation between these two minority groups, which would further indicate the significance of paternal support.

It is likely that those who lack support and those who suffer psychological trauma are one in the same. This quantitative study will aim to explore the impact of support on psychological trauma post-abortion using a confidential questionnaire. An investigation of female college students will be conducted to assess their perceptions of the importance of paternal support regarding abortion.

Methodology

A quantitative, relational study of partner support and mental health post-abortion was performed. The questionnaire (see Appendix A) was divided into two sections based on whether or not the participant had personally experienced an abortion. Participants who had experienced an abortion were asked a series of questions about their experience and their perceived mental health. Participants who had never experienced an abortion were given a hypothetical scenario about an unplanned pregnancy resulting in abortion.

Respondents were then asked to answer questions about perceived levels of support and anticipated emotions.

Variables

The independent variable in this study was level of partner support, both throughout abortion process and post abortion. Level of partner support is conceptually defined as how a female is assisted by her partner in relation to the abortion. This includes partner reaction, feelings, comments, financial assistance, physical support at appointments & procedure, emotional care, and openness to discussing the abortion. The independent variable is operationally defined by an answer by the participant when asked about their perceived level of support as well as their partner's presence both during and post abortion.

The dependent variable of this study is the mental health and coping of the female post-abortion, conceptually defined as how a female perceives her emotions related to the experience of an abortion and perceives her ability to rely on her partner. Mental health post-abortion is operationally defined by an answer by the participant when asked their feelings about the abortion, emotions post-abortion, relationship with partner, perceived reliability of partner in relation to abortion, and ability to cope post-abortion.

Minor variables not controlled for in this study include age, socioeconomic status, religion, prior mental health, and prior relationship with partner.

Participants

Female students ranging from freshman to seniors at a small, Northeastern, Catholic liberal arts college were eligible to participate in this study. Participants were selected through a convenience sample in populated areas of the college campus. The total number

of participants was 143, with 140 identifying themselves as never having experienced an abortion and three reporting they have experienced an abortion.

Data Gathering

Information was gathered through questionnaires, which consisted of Likert scaled questions. Participants were asked to rate their perceived level of support as well as their perceived level of coping. Participants were asked questions about the actual procedure, emotional changes post-abortion, and changes in relationship post-abortion.

All participants were provided with an informed consent letter explaining the purpose and anonymity of the study (see Appendix B). The informed consent stated participants were able to withdraw from the study at any time and included the number for the personal counseling center on campus in case of any emotional distress. By completing the questionnaire, participants acknowledged their voluntary participation in the study.

Questionnaires first asked participants to report whether or not they had personally had an abortion. Participants who answered yes were instructed to answer the first portion of the questionnaire while participants who answered no were instructed to proceed to page seven for the hypothetical portion of the study. Both sections included the same series of questions, with the first portion asking questions specific to the respondent's experience with abortion. The second portion asked the participant to imagine either herself or a friend in a hypothetical situation where they had an abortion, then instructed the participant to answer the questions to the best of her ability.

Data Analysis

The researcher examined the quantitative data from the completed questionnaires in order to identify correlations between perceived levels of support and mental health

post-abortion. Data from completed questionnaires was collected and entered into the SPSS computer program. Data was analyzed using tables and charts created by SPSS. SPSS was used to determine whether or not any significant correlations existed between the variables.

Conclusions were drawn after careful review of the SPSS analysis, including correlations and analysis of the data related to level of partner support and mental health post-abortion.

Findings

This relational study aimed to examine the relationship between female mental health post-abortion and partner support, both throughout the abortion process and post-abortion. Out of 150 total questionnaires, 143 were returned to the researcher. Three respondents reported having experienced an abortion, while 140 participants answered the hypothetical survey. Of those 140 participants, 87.4% answered from her personal perspective, 9.1% answered as a friend, and 3.5% answered as someone they know personally who has experienced an abortion.

A factor analysis was performed in SPSS to create three scales of measurement (Appendix C). These scales were then tested for reliability using Cronbach's Alpha. The emotional subscale was created to measure overall mental health post-abortion (9 items; $\alpha=.887$). Secondly, the support subscale was created to measure the level of partner support throughout the abortion process as well as post-abortion (6 items; $\alpha=.804$). Finally, the partner pressure subscale was created (3 items; $\alpha=.780$).

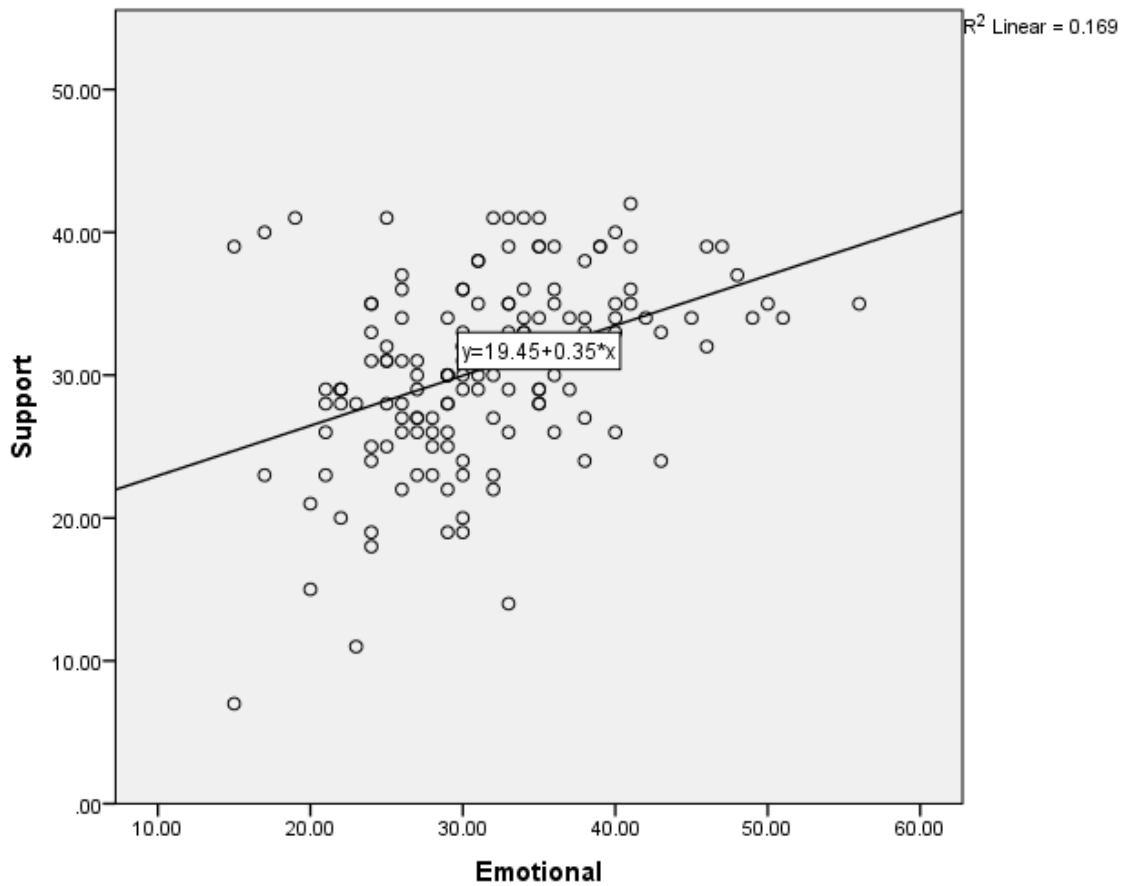
The addition of these subscales allowed the researcher to examine the relationship between the original variables of the study: partner support and mental health post-abortion (See Table 1). Findings reveal a highly statistically significant relationship

between partner support and mental health post-abortion ($r(143)=.411, p<.001$, one-tailed), which supports the original hypothesis (See Figure 1).

Table 1: Correlation between Partner Support and Mental Health

Correlations			
		Support	Emotional
Support	Pearson Correlation	1	.411**
	Sig. (1-tailed)		.000
	N	143	143
**. Correlation is significant at the 0.01 level (1-tailed).			

Figure 1: Positive Relationship between Partner Support and Mental Health



Mental Health Post-Abortion

Analysis of the data reveals that 82.5% of respondents reported they at least somewhat agreed they would often feel sad or depressed post-abortion. Data also indicates

79% of respondents at least somewhat agreed they would experience an increase in emotional issues post-abortion.

Overall, 65.7% of respondents indicated they at least somewhat disagreed abortion was their only option. A highly statistically significant positive correlation was found between believing abortion was the best option and feeling abortion was the only option ($\tau(143)=.698, p<.001$, two-tailed). A significant relationship was also discovered between believing the partner would take responsibility for the pregnancy and believing abortion would be their only option ($\tau(143)=-.150, p=.013$, one-tailed). This indicates that as partner responsibility increases, feeling as though abortion is the only option decreases.

Partner Support

88.2% of respondents indicated that they at least somewhat agreed they would feel the need to express their feelings about the abortion to their partner, which indicates a serious need for emotional support both during and after the abortion. A significant negative relationship was discovered between an expected increase in self-harm and predicted partner support, indicating that self harm may be more likely among females who do not have the support of their partners ($r(143)=-.323, p<.001$, one-tailed).

Pressure and Resentment. A high positive correlation was discovered between partner pressure and feeling as though abortion would be the only option ($r(143)=.359, p<.001$, one-tailed). This may indicate the effect partner pressure can have on the woman's ability to truly feel in control of her decision.

A subscale was also added to encompass the three variables that aimed to measure the support of the partner throughout the abortion process (3 items; $\alpha=.849$). This included financial assistance, accompanying the respondent to appointments, and overall

support through the abortion process. Interestingly, the data showed a statistically significant positive relationship between partner pressure and support during the procedure ($r(143)=.247, p<.001, \text{one-tailed}$). This correlation indicates that as perceived partner pressure increased, so did the anticipation that the partner would accompany them during the abortion process. This may be due to the fact that the prospective father would like to further encourage the woman to complete the procedure.

Several other correlations were found that indicate a relationship between lack of partner support and resentment of partner. A significant negative relationship was found between partner support and predicted resentment towards the partner ($r(143)=-.552, p<.001, \text{one-tailed}$). This indicates that as projected partner support increases, predicted resentment decreases. The data also showed a significant negative relationship between anticipated support during the abortion process and predicted resentment towards the partner ($r(143)= -.540, p<.001, \text{one-tailed}$). Therefore, as levels of anticipated partner support increased, levels of anticipated resentment decreased.

A significant positive correlation was discovered between predicting a change in the relationship and resentment of partner ($\tau (143)=.454, p<.001, \text{one-tailed}$). This indicates that females who predicted a change in their relationship post-abortion also predicted they would resent their partner. Though the question was not phrased in a way that indicated if this change would be positive or negative, the correlation with resentment may signify more negative changes.

Personal Accounts

Though only three participants reported having experienced an abortion, it was interesting to review their responses since they are factual rather than hypothetical (See

Table 2). A staggeringly high correlation was found between higher rates of pressure indicated much lower rates of mental health ($r(3)=-.461$, $p=.347$, one-tailed). None of these findings were statistically significant due to the extremely small sample size. However, the researcher strongly encourages further exploration of this relationship.

Table 2: Support, Pressure, & Mental Health Correlations for “Yes” Group

Correlations					
abortion			Partner_Pressure	Support	Emotional
Yes (Real)	Partner_Pressure	Pearson Correlation	1	-.733	-.461
		Sig. (1-tailed)		.238	.347
		N	3	3	3
	Support	Pearson Correlation	-.733	1	.941
		Sig. (1-tailed)	.238		.109
		N	3	3	3
	Emotional	Pearson Correlation	-.461	.941	1
		Sig. (1-tailed)	.347	.109	
		N	3	3	3

Participant Commentary

Though no space was provided for commentary, several individuals chose to write remarks on their questionnaires. One respondent wrote, “With abortion, every situation is unique. Much of this I really don’t know, hope my results will help. But I know having an abortion would be awful but I feel like that is my only option.” Another participant chose to answer the survey as herself, then wrote, “Abortions not an option for me. Hard to answer these.” It is unclear why the respondent did not select to answer from the perspective of a friend.

The addition of comments underscores the sensitive and serious nature of this topic.

Abortion is rarely discussed as an option in Catholic schools and therefore many participants may never have considered how this experience may feel. These comments also highlight the fact that oftentimes women who choose abortion do not know how their partner will react or how they will cope post-abortion.

Summary & Implications

This study was able to draw many interesting conclusions based primarily on the 140 hypothetical surveys. Partner support and mental health post-abortion were found to have a significant positive relationship, which indicates the original hypothesis is correct for this sample. The importance of partner support post-abortion is highlighted by the fact that over 80% of participants indicated they would feel the need to express their feeling about the abortion to their partner. An increase in expected self-harm was also predicted when a low-level partner support was expected.

Findings also indicate that the relationship between the prospective mother and father would change in the event of low partner support and high levels of partner pressure. A positive relationship was also found between feeling as though the partner would accept responsibility for the pregnancy and feeling as though abortion would be the only option.

Limitations

The sample was a small representation of the Catholic college and cannot be generalized to a larger population. Since this survey was conducted in a private, Catholic institution, the sample is likely not representative of the actual amount of females nationally who have abortions. Abortion is a taboo subject for many members of the college community, and therefore some participants may have experienced uneasiness answering questions

honestly. Some individuals may not have felt comfortable disclosing information about their abortion for fear of how it may be presented.

The fact that only three participants reported having experienced an abortion was also a limitation in its own right. Rather than examining the experience of college females with abortion, the survey instead served as a sensitizer to getting people to consider how they may feel if faced with an unplanned pregnancy. This study had low internal and external validity due to the hypothetical nature of the questionnaire.

Implications for Social Work Practice and Research

The significant positive correlation between partner support and mental health post-abortion indicates the extreme importance of support before, during, and after an abortion. Though it is impossible to change the actions of the males involved, social workers may be able to provide support to females experiencing an abortion. Concrete research on the importance of partner support and abortion may also help the larger society understand the significant impact the prospective father can have on the female experiencing abortion.

The findings of this study also indicate a need for understanding within the college community. Research findings indicate that 40.6% of participants at least somewhat agree that abortion would be the best option for them. Therefore, though the college is religious, consideration should be given to adopting a more open view of the issues surrounding abortion.

Though this study produced significant findings for the sample, findings cannot be generalized to the larger population. It is impossible to draw any concrete conclusions based on hypothetical data, however this study may serve as a first step for greater

research. More research is needed on a larger sample of the same demographic before any true generalizations can be confirmed.

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Appendix A

Have you ever had an abortion?

____ Yes ____ No

If you answered YES, please proceed to PAGE 2.
If you answered NO, please proceed to PAGE 7.

This questionnaire addresses topics that may cause emotional distress to some individuals. If this content makes you significantly uncomfortable, please do not complete the questionnaire. If you would like to speak in depth about any feelings or experiences, please contact the Personal Counseling Center at (401) 865-2343.

If you answered **YES** on page one, please answer the following questions as honestly as possible. Your participation in this study is greatly appreciated; however if you become uncomfortable at any time please do not hesitate to stop.

Directions: Please put a mark on the line that indicates your agreement or disagreement with the following statements. For consistency purposes, the prospective father is referred to as the “partner”.

1. Age at time of abortion: _____

2. My partner supported the abortion decision.

|-----|-----|-----|-----|-----|-----|
 Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
 Agree Agree Disagree Disagree

3. My partner felt the best option for our situation was abortion.

|-----|-----|-----|-----|-----|-----|
 Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
 Agree Agree Disagree Disagree

4. I felt pressured by my partner to choose abortion.

|-----|-----|-----|-----|-----|-----|
 Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
 Agree Agree Disagree Disagree

5. I felt abortion was my only option.

|-----|-----|-----|-----|-----|-----|
 Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
 Agree Agree Disagree Disagree

6. I felt abortion was the best option for me.

|-----|-----|-----|-----|-----|-----|
 Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
 Agree Agree Disagree Disagree

7. My partner was supportive through the abortion process.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Disagree Disagree

8. My partner was supportive during the actual abortion procedure.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Disagree Disagree

9. My partner contributed to the abortion financially.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Disagree Disagree

10. My partner took responsibility for the pregnancy.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Disagree Disagree

11. I can rely on my partner for support regarding my emotions related to the abortion.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Disagree Disagree

12. I regret my abortion.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Disagree Disagree

13. I feel the need to express my feelings about the abortion to my partner.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Disagree Disagree

14. I feel comfortable talking to my partner about any feelings I have regarding the abortion.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly Disagree
Agree Agree Disagree Disagree

15. My relationship with my partner has changed significantly post-abortion.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly Disagree
Agree Agree Disagree Disagree

16. I resent my partner because of the abortion.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly Disagree
Agree Agree Disagree Disagree

17. I feel as though my partner resents me because of the abortion.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly Disagree
Agree Agree Disagree Disagree

18. I am able to cope with my feelings regarding the abortion.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly Disagree
Agree Agree Disagree Disagree

19. I often feel sad or depressed.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly Disagree
Agree Agree Disagree Disagree

20. I find myself thinking about the abortion often.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly Disagree
Agree Agree Disagree Disagree

21. I have experienced an increase in self-harm or substance abuse post-abortion.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Disagree Disagree

22. I feel comfortable talking about my abortion with people I am close to.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Disagree Disagree

23. I look at my life in terms of “before” and “after” the abortion.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Disagree Disagree

24. I have experienced an increase in emotional issues since the abortion.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Disagree Disagree

25. I feel I have come to terms with my decision to have an abortion.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Disagree Disagree

26. I struggle with making decisions more now than I did before the abortion.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Disagree Disagree

27. Prior to the abortion, I often experienced negative thoughts about myself.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Disagree Disagree

28. I currently experience negative thoughts about myself often.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly Disagree
Agree Agree Disagree Disagree

Thank you for your participation. You have completed the questionnaire. Please return this packet to the researcher.

If you answered **NO** on page one, please answer the following questions honestly

You are asked to imagine that you had an unplanned pregnancy and had an abortion. The questions below ask you to imagine how you and a partner might react.

If possible, apply this to your life using a current, past, or future partner. If an adolescent close to you has had an abortion, you may answer with how you believe they feel. You may imagine this scenario for a close friend if you cannot imagine this situation for yourself.

Directions: Please put a mark on the line that indicates your agreement or disagreement with the following statements.

1. I am imagining and applying this situation to:

___ Myself ___ Someone I know who experienced this ___ A friend

2. My partner would support the abortion decision.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Disagree Disagree

3. My partner would feel the best option was abortion.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Disagree Disagree

4. I would feel pressured by my partner to choose abortion.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Disagree Disagree

5. I would feel abortion was my only option.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Disagree Disagree

6. I would feel abortion was the best option for me.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Disagree Disagree

7. My partner would be supportive through the abortion process.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Disagree Disagree

8. My partner would be supportive during the actual abortion procedure.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Disagree Disagree

9. My partner would contribute to the abortion financially.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Disagree Disagree

10. My partner would take responsibility for the pregnancy.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Disagree Disagree

11. I would be able to rely on my partner for emotional support (related to the abortion).

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Disagree Disagree

12. I believe I would experience feelings of regret after my abortion.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Disagree Disagree

13. I would feel the need to express my feelings about the abortion to my partner.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Agree Disagree Disagree

14. I would feel comfortable talking to my partner about any feelings I have regarding the abortion.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Agree Disagree Disagree

15. My relationship with my partner would change significantly post-abortion.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Agree Disagree Disagree

16. I would resent my partner because of the abortion.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Agree Disagree Disagree

17. My partner would resent me because of the abortion.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Agree Disagree Disagree

18. I would be able to cope with my feelings regarding the abortion.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Agree Disagree Disagree

19. I would often feel sad or depressed.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Agree Disagree Disagree

20. I would find myself thinking about my abortion often.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Agree Disagree Disagree

21. I would experience an increase in self-harm or substance abuse post-abortion.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Agree Disagree Disagree

22. I would feel comfortable talking about my abortion with people I am close to.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Agree Disagree Disagree

23. I would look at my life in terms of “before” and “after” the abortion.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Agree Disagree Disagree

24. I would experience an increase in emotional issues post-abortion.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Agree Disagree Disagree

25. I would come to terms with my decision to have an abortion.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Agree Disagree Disagree

26. I would struggle with making decisions after the abortion.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Agree Disagree Disagree

27. In general, I experience negative thoughts about myself often.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Disagree Disagree

28. I would experience an increase in negative thoughts about myself post-abortion.

|-----|-----|-----|-----|-----|-----|
Strongly Agree Somewhat Neutral Somewhat Disagree Strongly
Agree Agree Disagree Disagree

Thank you for your participation. You have completed the questionnaire. Please return this packet to the researcher.

Dear Potential Participant:

I am a student at Providence College, inviting you to participate in a study about the role of the paternal partner in relation to abortion. Knowledge of this relationship can be useful in various helping professions, such as social work. Data gathered in this study will be reported in a thesis paper for a social work capstone course at Providence College.

At this time, female college students are being recruited to participate in this study. Participation will involve completing a questionnaire. Total participation time should be five to ten minutes.

There are possible risks associated with involvement in this research, such as emotional discomfort associated with reflecting on the topic of abortion. Some questions may trigger some negative or uncomfortable emotions. There is always the possibility that uncomfortable or stressful memories or emotions may arise when thinking about past experiences. Participants are free to decline participation in this study or stop the questionnaire at any time. If you experience any emotional discomfort, please contact the Providence College Counseling Center at (401) 865-2343.

Benefits of participating in this study include the possible reward of knowing that the participant has contributed to the generation of knowledge that may aid in work with others in the future. There is no other anticipated compensation.

Collecting forms in a way that ensures there will be no way of identifying the participant will protect anonymity. Participation in this study is voluntary, and the decision to participate or decline will not influence your relationship to Providence College in any way. If you have additional questions, please contact the researcher.

YOUR RETURN OF A COMPLETED QUESTIONNAIRE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Thank you for participating in this study.

Amy Gentile, BSW Student
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Table A1. Factor Analysis of Variables used to create Subscales

	Rotated Component Matrix^a		
	Component		
	1	2	3
postneg_rev	.844	.144	.119
sad_rev	.834	.119	.077
emoissues_rev	.787	.138	-.017
thinking_rev	.761	.014	-.026
abuse_rev	.666	.171	-.035
cope	.643	.229	-.050
decisions_rev	.627	.261	.243
beforeafter_rev	.585	.109	.038
regret_rev	.542	-.054	.117
p_supproced	.261	.812	.094
financial	.132	.787	-.077
p_supprocess	.189	.761	.342
p_resent_rev	.225	.640	.079
responsible	-.044	.521	-.392
p_supemo	.040	.504	-.483
pbestop	.142	.152	.823
psupdec	.130	.418	.761
pressure	-.046	-.213	.742
onlyop	.094	-.030	.208
bestop	.214	.142	.264
accept	.397	.255	-.017
relchange	-.418	-.109	.034
resent_rev	.338	.421	-.125
priorneg_rev	.375	.340	.007
feelings	-.090	-.004	-.001
p_comfort	.123	.461	-.257
comfortppl	.174	.093	.124
situation	-.172	-.110	.035

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 7 iterations.