Paradoxes in Legal Abortion

A longitudinal study of motives, attitudes and experiences in women and men

ANNELI KERO
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ABSTRACT

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Anneli Kero, Department of Clinical Sciences, Obstetrics & Gynecology, Umeå University, Umeå, Sweden.

Background: About one in four pregnancies in Sweden are terminated by legal abortion. However, women seeking abortion constitute a relatively invisible group. This is even more accentuated when it comes to the men involved in induced abortion.

Aim: The general aim of the present thesis was to investigate psychosocial background, current living conditions, motives, attitudes and experiences of legal abortion in women and men.

Methods: The five papers included in the thesis are based on a questionnaire study and a longitudinal interview study. Women seeking abortion were asked consecutively as they came to the hospital for the first time if they were willing to participate in the questionnaire study, which ultimately included 211 women and 75 men. The interview study comprised 58 women and 26 men and was conducted just after abortion and four and twelve months later.

Results: Most women and men had stable partner relationships and adequate finances. More than half were married or cohabiting and already had children. About half the women gave motives for abortion related to family planning. They wanted either to postpone childbirth or limit the number of children so they would be able to combine good parenting with professional employment. Motives for abortion in men were strikingly in accordance with the women’s motives. Most men were in favour of abortion, 20 stressed they supported the decision and two wanted the woman to continue the pregnancy. Contradictory feelings in relation to both pregnancy and the coming abortion were common in women as well as men, but were very seldom associated with doubts about the actual decision to have an abortion. Social perspectives, connected with responsibility for all concerned (the foetus included) were found to legitimise the decision to have an abortion, whilst positive feelings in relation to the pregnancy and ethical perspectives concerning the rights of the foetus made it more difficult. In addition, the complexity increased in cases when the abortion could be simultaneously experienced as both a relief and a loss. However, at the follow-ups, the majority of the women did not report any emotional distress, either directly after the abortion or four or 12 months later, and the predominant reactions were relief and mental growth. As concerns contraceptives, about half the respondents had not used any contraceptive method at the time of conception. Common explanations for not preventing pregnancy were: thought it was a safe-period or let sexual feelings take over or took a chance. Furthermore, in 12 % of cases, the woman had felt pressure or threat from the man in connection with the conception.

Conclusions: Women resort to legal abortion in all kinds of psychosocial contexts. The motives reveal that women and men want to have children with the right partner at the right time and to limit the number of children. Despite painful and contradictory feelings almost no one regretted the abortion, either directly after the abortion or one year later. It is essential that both clinical work and research are open to contradictory feelings and paradoxical thinking in relation to abortion. In addition, it is necessary also to focus on the involvement and role of the males in order to obtain a proper picture of the phenomenon of abortion.
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Umeå 2002
This thesis is dedicated to my parents Lilly and Fritiof and to my family Sture and Sofia.
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Bakgrund: I Sverige avbryts ungefär var fjärde graviditet med en legal abort. Abortöökande kvinnor utgör dock en relativt osynlig grupp, vilket gäller i ännu högre utsträckning för män involverade i abort.

Syfte: Det övergripande syftet för denna avhandling har varit att undersöka psykosocial bakgrund, aktuella livsvillkor, motiv för, attityder till och upplevelser av abort hos kvinnor och män.


This thesis is based on the following papers, which are referred to in the text by their Roman numerals (I-V):

I  Kero A, Högberg U, Jacobsson L, Lalos A.  
   Legal abortion: a painful necessity  
   Social Science & Medicine 2001; 53: 1481-1490

II Kero A, Lalos A, Högberg U, Jacobsson L.  
   The male partner involved in legal abortion  
   Human Reproduction 1999; 14: 2669-2675

III Kero A, Lalos A.  
   Ambivalence – a logical response to legal abortion: a prospective study among women and men  

IV Kero A, Högberg U, Lalos A.  
   Wellbeing and mental growth – long-term effects of legal abortion  
   Submitted 2002

V Kero A, Högberg U, Lalos A.  
   Contraceptive risk-taking in women and men facing legal abortion  
   The European Journal of Contraception and Reproductive Health Care 2001; 6: 205-218
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INTRODUCTION

Legislation background

Throughout history, in most societies women have terminated pregnancies by inducing abortion regardless of legislation or official views on the subject. From a global perspective about 37% of women today live in countries where abortion is illegal or can be performed only if the health of the woman is threatened or if the pregnancy is the result of rape (1). In total, about 40% of women live in countries where abortion is freely available, i.e. women do not have to give any specific motives for their decision to have an abortion. However, the right to have an abortion is often restricted, usually concerning the length of the pregnancy, and the inclusion of obligatory time for reflection (2). Finally, the remaining 23% live in countries where abortion is permitted only on medical and social grounds. Every year about 500,000 women die from pregnancy-related causes, many as a consequence of unsafe abortion practices. In some areas as many as 30-50% of maternal deaths result from illegal abortions (1).

In Sweden, abortion is mentioned in legislation for the first time during the 13th century. It was viewed as a crime, which carried a fine. This gradually became more uncompromising and during the 18th century the punishment for abortion was death. In the law of 1864, the death penalty was removed and replaced by imprisonment for two to six years both for the woman and the person who helped her to perform the abortion (3). The abortion law of 1938 was enacted as a result of the large number of illegal abortions. Abortions remained criminal but were permitted on strictly limited medical, humanitarian (when the woman had been raped) and eugenic grounds. A socio-medical indication was added in 1946, which implied that a woman could have an induced abortion if there was a presumption that the birth and care of the child could result in serious physical and/or psychological weakness. An additional indication, concerning foetal damage, was included in 1963.

The latest Swedish abortion law of 1975 signified a radical change, as it left the decision regarding abortion up to each individual woman. The law grants the women the legal right to abortion on demand until the end of the 18th week of pregnancy (4). After the 18th week, abortion may only take place on so-called “exceptional grounds”. In these cases the National Board of Health and Welfare makes the final decision as to whether or
not the abortion will be performed. The new law was followed by an expansion in the number of family planning clinics and the amount of wider access to information on contraception and sexual relations. During the 1960’s and 70’s, both contraceptive pills and intrauterine devices became available to most women. This gave women and men the chance to plan parenthood to a greater degree, as sexuality could be disassociated from reproduction. Women today under 60 years of age have largely used contraceptive pills, the intrauterine device and legal abortion as methods for planning and preventing childbirth. Living conditions for women have changed dramatically during the last few decades – apart from gaining control over fertility they have also increased their access to education and employment. Nowadays women in most developed countries are expected to be financially independent and to combine parenthood with a professional career.

**Abortion – a common phenomenon**

The abortion rate has remained relatively unchanged since 1975 at 17-21 per 1000 women between 15-44 years of age (1). The total number of abortions has varied between 30 - 37 000 annually which suggests that one in four known pregnancies are terminated by legal abortion. About 40 % of the abortions are so-called repeat abortions, which means that the woman has also had a previous abortion. In this context, it is important to point out that women usually succeed very well in preventing unwanted pregnancies. Over the span of a lifetime most women, despite having several partners and their sexual debut at a mean age of 16 years (5), give birth to their first child at 28.2 years (6) and on average give birth to only 1.5 children (7). Thus, in spite of having sexual intercourse innumerable times during the fertile age, the total lifetime abortion rate is 0.6 per women (8). Most abortions are performed in the age group of 20-24 years, followed by the 25-29 years group, 30-34 years and then teenagers. The vast majority (> 90 %) of abortions in Sweden are performed before the end of the 12th week of gestation and abortions performed after the 18th week represent 0.6 % of all abortions.

The abortion rate (abortions/1000 women aged 15-44) in Sweden is somewhat higher than in the other countries in Scandinavia. In 1999, the abortion rate was 10.6 in Finland, in Iceland 15.3 (prel.), in Norway 15.5 and in Denmark 15.2 (1998), while the rate for Sweden was 18.1 (1). The number of abortions also differs regionally in Sweden and is highest in the three largest cities, Stockholm, Malmö and Göteborg.
Thus, abortion is a common phenomenon and a legal right in many countries while simultaneously seldom being seen as desirable according to most societal norms. This is reflected for example in the 1975 law, which legitimated abortion and at the same time declared the government's intention to reduce the number of abortions as well as stressing that abortion was to be regarded as "a last resort" (4). In addition, all women should be offered support and counselling. Abortion is a controversial and delicate issue, which is certainly one of the reasons Swedish women and men do not talk openly about their abortion experiences (4, 9). As abortion deals with the existential issues as life and death, there might be a reluctance to call attention to the positive as well as the painful and negative effects partly out of fear of providing fuel for those who are against legal abortion. Consequently, there is a risk that the impact of abortion on women (and men) might remain in a sense unknown and hidden. In public discussions about legal abortion often only two extreme positions are represented; the ethical principle respecting the sanctity of life and the judicial standpoint respecting a woman's right to her own body.

Males involved in legal abortion

Abortion studies have very seldom included the man by whom the woman had become pregnant. However, some studies have examined the males indirectly by asking the women about their partners' attitudes and involvement. This is remarkable since it is well known that the partner relationship and the influence of the male are the most frequent reasons given by women for terminating a pregnancy (10,11,12,13,14,15). One of few studies on men showed that the men considered themselves responsible, together with their partners, for preventing unwanted pregnancies and choosing to have an abortion (16). Furthermore, another study, which also included both women and men, showed that the sexes had partially different opinions about the decision-making process (17). The roles and reactions of men in connection with unwanted pregnancies and abortions are insufficiently explored and neglected fields. As long as men continue to be invisible in this respect, a comprehensive picture of the abortion situation will be unobtainable.

Sex and gender in a reproductive context

In a reproductive context women and men have different positions. In several respects, these differences are beyond the political level of "equality versus inequality" but can be referred to the ontological level of
“sameness versus difference” (18). Because of the inexorable biological reality, the woman is the fundamental part in relation to reproduction. The pregnancy proceeds in the woman’s body, she is the one who is pregnant, gives birth, decides whether the pregnancy should be terminated or not. In this context it is interesting to note that feminist research, which has its starting points in the social inequality of the sexes, perceive the differences between the sexes on an ontological level often only as the root of female subordination. A recent thesis has proposed that feminist researchers have not paid sufficient attention to issues such as a woman’s ability to give life (19).

As concerns men, their position in relation to pregnancy is one of exclusion, as reflected by the fact that there is not even a term for men involved in a pregnancy. Either they can be defined as “the impregnator”, “the father-to-be” or “the man whose woman is pregnant, gives birth or has an abortion”. Using the general term “partner” can be both inappropriate and misleading since among other reasons, single women may not regard the man they have had intercourse with as a “partner”. Furthermore, the male has no formal right or power to decide whether or not a pregnancy is to be terminated. However, in his relationship with the pregnant woman he can influence her in many ways by e.g. exercising power, taking a standpoint, supporting or threatening her in her decision-making process. He can also avoid any participation whatsoever or even abandon her. On the other hand, in existential terms, the woman has to make her decision exclusively alone, irrespective of whether or not she has discussed it with the man. Because of the above-mentioned sex and gender differences it is not possible to create symmetrical oppositions or even-handed comparisons of the male and female points of view in the context of reproduction. Therefore, to elucidate the complexity of legal abortion it is essential to come to grips with the ontological levels of both sexes and simultaneously differentiate between the ontological level and the relational and socio-cultural levels. Otherwise, it will be difficult to study the impact of the standpoints and experiences of the two sexes. Abortion studies do not usually give any attention, or problematise, these fundamental circumstances. However, in the present study two questionnaires, one to the women and one to the men were designed with quite identical questions but formulated so they would correspond to specific positions of each sex.
"Both and" rather than "either or" perspective

Ambivalence during the early stages of pregnancy is a well-known phenomenon and regarded as natural among expectant mothers. Ambivalence also exists among women applying for legal abortion (20, 21, 22). However, abortion studies often emanate from "either-or" thinking and a linear logic with dichotomies that makes it difficult to come to grips with the contradictions that are essential elements of the ambivalence (23). This approach implies that feelings and experiences are often defined as either positive or negative. Thus, painful feelings (which are usually defined as negative) are neither confirmed nor considered as expressions of relevant or valuable aspects of the abortion situation. Therefore, painful feelings such as grief, guilt and sorrow are often regarded only as a negative outcome or something problematic and threatening. Consequently, experiences defined as "negative" run the risk of not being considered normal, valuable or valid within the context.

Thus, when beginning a new abortion study the ambition was to formulate a questionnaire which would allow all possible occurrences of contradictory feelings towards both pregnancy and abortion to be expressed. With this in mind a questionnaire was constructed which was based in "both- and" rather than an "either-or" thinking. Furthermore, in the analyses of the results, feelings and experiences were grouped as "positive" and "painful", indicating that pain is not necessarily synonymous with negative or in opposition to something positive. Using this approach the study was able to deal with such contradictions, as feelings of pain side by side with feelings of wellbeing.
AIMS

The general aim of the present thesis was to increase knowledge about the complexity of legal abortion by means of a longitudinal study of the psychosocial situation, partner relationships, experiences and consequences of pregnancy and abortion in women and men during a follow-up period of one year.

The specific aims can be summarised as follows:

- To examine the psychosocial background, current living conditions, partner relationship and decision-making process in women and men facing abortion (Papers I, II).

- To compare women and men with and without previous experiences of induced abortion and some other subgroups regarding e.g. civil status, existing children, quality of partner relationship and contraceptive use (Papers I, II, V).

- To investigate motives for abortion, feelings and attitudes towards pregnancy and abortion in women and men (Papers I, II).

- To elucidate ambivalence in relation to legal abortion in women and men (Paper III).

- To investigate the long-term psychosocial consequences of legal abortion in women (Paper VI).

- To investigate contraceptive use, reproductive risktaking, opinions and attitudes to sexuality and contraception in women and men (Paper V).
SUBJECTS

Women

The questionnaire study

The five papers included in the present thesis are based on a questionnaire study and a longitudinal interview study in women and men conducted at the Department of Obstetrics & Gynaecology, Umeå University Hospital in 1995. The department served a catchment area of about 135 000 inhabitants at the time of the investigation and all legal abortions in the area were performed at this hospital. Umeå is a university town with 20 000-25 000 students and a population of about 100 000. From February to October 1995, with a break for the summer vacation period, two experienced medical social workers asked 250 Swedish-speaking women applying for abortion consecutively if they were willing to participate in the study. (Three women who could not understand Swedish were excluded). Before consulting the gynaecologist for the first visit the women were asked to answer a questionnaire. It was clearly stressed that participation was entirely voluntary. The women had also been informed about the study when they had made the first appointment for a consultation.

Out of 250 women, 221 (88,4%) agreed to participate. Later it was found that ten women were either not pregnant or chose to continue the pregnancy to full term. These women were subsequently excluded from the study, which finally comprised of 211 women, aged 15 to 47 years, applying for abortion. Twenty-nine women (11,6%) did not want to participate in the study. Their motives were mainly lack of time and problems in connection with clinical procedures (blood tests etc.) before consulting the doctor. The vast majority (94%) of the women in the present study had grown up in Sweden, only 4% had grown up outside Scandinavia. All but six were in the first trimester and two of them were beyond the 17 week of the pregnancy. Most women were facing their first abortion (n=142), whilst about one third (n=69) had experienced previous abortion/s. The entire study sample represents 46% of the total number of women who had an abortion in Umeå in 1995. Besides, the participation rate was high (88,4%), hereby the sample could be considered representative of women seeking abortion in Umeå, but also for any socially heterogeneous town in Sweden.
At the time of the questionnaire study every third woman of the first 100 and thereafter every second woman were consecutively asked if they also wanted to participate in an interview study. In total, 98 women were asked and 65 women (66%) agreed to participate. It transpired later that four of these women were either not pregnant or chose to continue the pregnancy to full term. Thus, the four-month follow-up came to comprise 61 women. Three of these women dropped out and the twelve-month follow-up thus comprised 58 women. All of these women except two were in the first trimester.

One third of the women (34%) did not want to participate in the interview study. However, these women had participated in the questionnaire study before abortion which meant they could be compared with the women who chose to participate for a large number of variables such as age, civil status, education, finances, children, partner relationship, sexual life, contraceptive use and social support. In addition, data on attitudes and feelings towards the pregnancy and the abortion and also about the partner's attitudes to the abortion and experience of previous abortion/s were obtained. Results of all comparisons of these parameters showed that there were no significant differences between the women who participated in the interview study and those who did not, except for a tendency towards a lower educational level in the latter group.

Studies that investigate post-abortion reactions are often considered to have many limitations (24,25). Apart from participation rate, sampling problems, limited study or follow-up period and lack of information about drop-outs, most studies are retrospective and quite old. The refusal rate in the present study was also quite high, but may be explained by the fact that the women were asked to participate when the situation they were in was too stressful. They had already answered a questionnaire and in addition had been asked to take a questionnaire to their men while waiting to consult the doctor for the first visit. However, the follow-up study has a well-defined population and a thorough analysis of the non-participants before abortion revealed almost no differences between participants and drop-outs. Thus, under these circumstances the representativity of the sample can be regarded as quite good.
Men

Responding men

The participation rate for men in the questionnaire study relied totally on the assistance of the women applying for abortion. As most women came to the clinic without their partner, only a few men (n=17) could be asked personally about their willingness to participate in the study. Women who visited the clinic without the man involved were asked to give a questionnaire to the man by whom they had become pregnant. Information about the study and a prepaid envelope were enclosed with the male’s questionnaire. In addition, all men were asked if they also wanted to participate in the longitudinal interview study. In total, 51 of the participating women and 28 of the 29 who declined to participate in the study did not want to give a questionnaire to the man involved. Thus, the maximum number of men who might have been asked to participate was 171. However, firstly it is impossible to know how many of these 171 women actually gave the questionnaire to the man and secondly no information can be obtained concerning the number of men who actually refused to participate. In total, 78 men answered the questionnaire, which is 46% of the maximum number possible. Three questionnaires were excluded as it turned out that one woman was not pregnant and two chose not to terminate the pregnancy. Eventually, the study came to comprise 75 men. For the purpose of analysis the men were divided into two subgroups: those involved in legal abortion for the first time (n=56) and those with previous experience of abortion/s (n=19).

A pioneer Swedish study in men involved in abortion was conducted at the same department in Umeå in 1980 (17). Otherwise, studies investigating men involved in abortion are extremely rare. This is probably connected with the fact that men are not patients in an abortion situation. The males become invisible as women often visit the hospital alone, and thus are extremely difficult to approach and contact. Furthermore, all women are not positive about involving the man. An American study, which showed that nearly 40% of the women applying for abortion had experienced domestic violence, suggests that this may be a reason why the women did not want to involve their partner (26). However, among those who actually participated in the present study, many, both women and men, expressed appreciation over the fact that men were also addressed in a study, which concerned issues that usually only focused on females. As the men were unknown to everyone except the pregnant women, the male
study had to rely exclusively on the assistance of the women seeking abortion, which in turn made it impossible to ask or remind them to send in the completed questionnaire. This implied that the group of men who eventually participated had first been selected by their partner and then self-selected. Thus, the men participating in the present study are not a representative group. Nevertheless, they do represent a group that is of great interest since they make visible 75 Swedish men involved in legal abortion.

Non-responding men

There are no reliable data for the non-participating men for the reasons mentioned above. However, it is possible to analyse whether there are any significant differences between the female partners of responding and non-responding men. Three groups were compared. The group of women whose men answered the questionnaire (n=74), the group of women who clearly stated that they did not want to give a questionnaire to the man involved (n=47, after excluding those who were not pregnant or continued the pregnancy) and the group of women who took a questionnaire to the males but there was no response (n=90). These three groups of women were compared for variables such as age, civil status, education, personal finances, children, quality of partner relationship, sexual life, contraceptive use, the women’s attitudes and feelings towards pregnancy and abortion, experience of previous abortion/s and, how they described the men’s attitudes to the current pregnancy. These analyses showed that women in these subgroups exhibited more similarities than differences. However, some differences were found between women whose partners answered the questionnaire and women who did not take a questionnaire for their partner. The latter more frequently stated that they did not have a steady relationship with the man they were pregnant by and that they were more dissatisfied with the partner relationship. Furthermore, those who did not take a questionnaire had a slightly lower educational level. There were fewer differences between women whose partners participated in the study and those who took a questionnaire for their partner but he did not reply. The latter group had a lower educational level and more often thought that most men consider that it is the woman’s responsibility to prevent unwanted pregnancies. The results of these analyses show that, apart from the quality of the partner relationship, there are no essential differences between women whose men participated in the study and women whose men did not participate. However, it is uncertain whether the similarities among the women can be extended to the men.
Entire study group

Papers I (Legal Abortion: a painful necessity) and II (The male partner involved in legal abortion) are based on the questionnaire study which included the entire group of women (n=211) and men (n=75). In Paper V (Contraceptive risk-taking in women and men facing legal abortion) the women are divided into five subgroups; women seeking abortion for the first time (n=142), women with previous experience of abortion (n=69), single women (n=37), women with a partner relationship (n=174) and women who had a partner who participated in the study (n=74). Together with 74 out of the 75 men, the latter subgroup of women constituted a group of couples. Paper IV (Wellbeing and mental growth – long-term effect of legal abortion) is based on a combination of data from the questionnaires and the interviews four and twelve-months post-abortion and comprises 58 women. Finally, Paper III (Ambivalence – a logical response to legal abortion: a prospective study among women and men) used a strategically selected sample. Out of data emerging from the interviews twelve-months post-abortion three groups were classified; one including those with solely positive feelings in relation to the abortion (26 women and 14 men), another including those with solely painful feelings (two women and one man) and a third including those with both positive and painful feelings (29 women and eleven men). As the primary aim of Paper III was to elucidate ambivalence in relation to abortion it was assumed that the latter group would yield most knowledge about this phenomenon. Thus, these 40 individuals constituted the strategic sample in this paper.
METHODS

The five papers in the present thesis, as mentioned in the previous chapter, are based on a questionnaire study and a longitudinal interview study. As illustrated in Figure 1, the questionnaire study was performed before abortion (when the women came to visit the gynaecologist for the first time) and comprise a sample of 211 women and 75 men. Interviews were conducted at the time of abortion (65 women and 27 men), four months (61 women and 27 men) and one year later (58 women and 26 men). Taken together, the design for the entire project combines a quantitative and a qualitative approach.

![Figure 1. Design of the study.](image)

**Questionnaires**

A questionnaire study was considered to be the best method for gaining information from a relatively large number of individuals facing abortion. The premises behind the design of the questionnaires arise from earlier research, the research group’s clinical experiences and a qualitative pilot study. The latter comprised explorative interviews with three women who had had an abortion. The preparatory work also included revision of questionnaires from abortion studies carried out at the same department in Umeå in 1970’s and the 80’s. Two almost identically questionnaires were designed, one for females and one for males. They consisted of the same questions but were not identically formulated, as they were adapted to correspond to the specific position of each sex in relation to reproduction. Finally, the questions in the questionnaire were tested on sixteen women and eight men.

The questionnaires dealt with matters concerning psychosocial background, current living conditions, relationship with the partner, sexuality, use of contraceptives, decision-making process, motives for abortion
and questions about reactions and emotions in connection with the pregnancy, the current abortion and possible previous abortion/s. The questionnaire was semi-structured, self-administered and contained 49 questions both for males and females mainly with given response options. However, the question about motives for having an abortion was open-ended, followed up with a request for the most important reason. A follow-up question about conflict of conscience was also open-ended. Furthermore, multiple-response questions gave the respondents chance to choose more than one option and answers other than the given response alternatives could also be supplied. Multiple-choice questions about emotions in connection with pregnancy, the current abortion and previous abortion/s gave respondents the chance to choose more than one response option allowing the possible occurrence of contradictory feelings to be expressed. The analyses of data and choices of categories were done in the research group in order to reach dialogical intersubjectivity (27).

Nearly all the women (except for a few who answered the questionnaire at home) and every man who accompanied the woman to the hospital answered the questionnaires in a separate room at the clinic. This was done before the consultation with the gynaecologist. The two medical social workers stayed nearby so that the participants could ask their help if they had any difficulties in completing the questionnaires. Those (very few) who wanted counselling were advised to contact the medical social worker attached to the clinic. It was found that the respondents reacted positively to the questionnaire and nearly all of them answered all the questions. Furthermore, a common reaction was that the questions gave them an opportunity to structure their own thoughts and feelings. The questionnaire took about half an hour to answer and the responders had no problems understanding the questions. Nearly all the participating men who received the questionnaire via the pregnant woman with information and a prepaid envelope enclosed, answered within a few days.

In order to get feedback and to validate the questionnaire all the women and the men who had also consented to participate in the longitudinal interview study were contacted by telephone within a few days for a follow-up interview concerning the questionnaire. Several of the questionnaire items were repeated in order to check understanding and accuracy. It was found that these 94 respondents had reacted positively to the questionnaire, and had not had any problem understanding the questions. Furthermore, this contact showed that the answers given over the telephone and the writ-
ten answers were in agreement. Apart from validating the questionnaire a further aim in contacting these women and men was to establish a personal link prior to the follow-up interviews.

**Interviews**

Quantitative methods such as questionnaires are not completely sufficient when it comes to the investigation of complex phenomena such as emotional experiences and the thoughts of individuals. Thus, semi-structured interviews were considered to be the most effective method for the follow-up study. With the questionnaire as a basis, a semi-structured interview formula was designed (largely identical for both women and men). As the purpose was to follow many participants and compare the results from different interviews, most items and questions were retained throughout the repeated interviews. However, questions from the questionnaire study were supplemented with questions concerning attitudes, feelings and long-term experiences of the abortion process. The interviews were conducted over telephone in connection with the abortion and four and twelve months post-abortion. To create the best possible conditions the responders were first contacted in order to set up a suitable time for the interview. The interviews lasted about 30 - 45 minutes each.

Conducting interviews over the telephone has advantages and disadvantages. Some participants may feel it is easier to be more open on the telephone than in a face-to-face interview, while others may react in the opposite way. In addition, it may be difficult for the interviewer to move to a deeper level, as body language cannot be registered. In a way the interviewer also loses the possibility to shape the interview situation. In order to avoid inconvenience the respondents were free to choose when the interviews should be conducted. It was found that almost all respondents managed to arrange things so that they would be undisturbed. If this proved to be impossible a new time was set up for the interview. Furthermore, conducting telephone interviews may be one way of avoiding drop-out loss (a great problem in most post-abortion studies) as the participants do not have to come to the hospital. We were fortunate to lose only three women after the four-month follow-up. Furthermore, we thought it important to have the same interview design for both women and men. It would have been unrealistic to expect males to come to the hospital just for a face-to-face interview, too many would have dropped out. In addition, the research team had some positive experiences from previous
interview studies conducted over the telephone, e.g. with men concerning delicate issues such as gynaecological cancer (28).

Apart from the author, the interviews were conducted by another experienced female medical social worker. The outcome of an interview is formed from the interaction between the interviewer and the responder. As it is not possible to repeat interaction it is not possible to repeat exactly the same interview with another respondent, even using the same interviewer. On the other hand, there are reasons to believe that the interviews had a reasonable level of equivalence; both the interviewers were very experienced in conversational therapy, both had a professional background in the same field and had been working with cases in the same team of supervision. Furthermore, both interviewers were widely experienced in working with abortion issues. Because abortion is a delicate and controversial issue there is a risk that respondents will answer in the way they think the interviewer expects them to, or that is socially acceptable (13,29,30). Hopefully, these kinds of biases are minimised since the interviewer had no previous links to the respondents and had no influence either on the medical treatment or on the doctor-patient contact.

The precise procedure when putting questions, which had given response alternatives, was for the interviewer to ask the question without mentioning the different response alternatives and the participant to give her/his free answer. To avoid misunderstandings, the interviewer with the participant then chose the most suitable response alternative. As the purpose was to investigate experiences, attitudes, motives and approaches according to the participant's own frames of reference, the interviews also included open-ended questions. This gave the respondents the chance to express themselves more freely and the interviewers were offered the opportunity to go more deeply into the issues through follow-up questions. The open-ended questions focused mainly on reactions, experiences, attitudes and coping behaviour. Such questions were e.g. "What is your opinion about your ability to cope with the abortion?", "How do you feel about the abortion today, after one year?" followed by questions concerning the decision-making process, reactions, feelings, coping and ethical aspects. In addition, the question "What has the abortion meant to you?" was followed by questions about the partner relationship, contraception, sexual life, self-esteem and the general impact of the abortion.

The answers from the open-ended questions were transcribed both dur-
ing and immediately after the interview by the two interviewers. When they analysed these open-ended questions and classified them into appropriate categories, the interviewers received detailed feedback from the project head tutor (who is also a medical social worker).

Statistics

Statistical analyses were performed using the Statistical Package for Social Sciences (SPSS) version 10.0. Discrete variables were compared with the Chi square test, and for small groups Fisher’s Exact and Monte Carlo were used. A p-value of <0.05 was considered statistically significant.

Ethical considerations

The women seeking abortion (and their men) who attend the hospital because of an unwanted/problematic pregnancy are usually in a stressful situation. Respecting the patient’s needs and integrity, the ambition was to create a situation where they really felt they were free to reject or participate in the study. A respectful approach is also a prerequisite for obtaining valid data when such a delicate issue as abortion is concerned. The present study design meant that women had already been informed by telephone, when they were given the time for their appointment to see the gynaecologist, that they would be asked to participate in a study when they actually came to consult the gynaecologist. Thus, they were not taken by surprise when they arrived at the clinic and were asked by a medical social worker to participate in the study. The women and the participating men were informed about the investigation in a separate room at the clinic and it was made clear that participating was entirely voluntary and anonymous. Those who were willing to participate signed an informed consent. The social workers were aware of reactions of the women and when necessary they could tell them about possibility of getting counselling form the medical social worker at the clinic. Men who received a questionnaire via the women were also assured as part of the written information, that the study was anonymous and voluntary. Participants in the longitudinal prospective interview study signed an informed consent agreement that they were willing to participate. They were also informed that the interviewer would destroy the lists of their names and telephone numbers after the final interview.
RESULTS AND DISCUSSION

Psychosocial characteristics

**Married/cohabiting women (Paper I)**

The present study highlights the following: that women resort to abortion in all possible contexts, that abortion exists among married, highly educated women in stable and functioning families as well as in single women with or without a partner relationship (Table I, Paper I). For example, it was found that more than half the women were married/cohabiting. The majority of these had adequate finances (63 %) and most also stated that they were satisfied with their partner relationships. Three quarters had a partner relationship that had lasted more than 3 years.

The married/cohabiting women had a mean age of 31 years and more than a third had completed university studies. The vast majority (83 %) was satisfied with their occupation, 59 % were employed, 12 % were on parental leave and most of the rest were students. Most women also had children (71 %) and a third had the main responsibility for these children. In addition, half the group of mothers also had the main responsibility for the work in the home. This agreed with the opinion of the men in the present study. More than a quarter of the married or cohabiting men had a partner who was mainly responsible for the work in the home, and about as many (28 %) of those with children, had a partner who took the main responsibility for them (most of the above data is unpublished).

**Single women (Paper I)**

The single women were younger than the married/cohabiting women. Almost all of the few teenagers in the study were single. Those who stayed single but had a partner relationship (n=65) had a mean age of 24 years and those without (n=37) were about the same age (mean = 25). Many of those who had a partner had quite long lasting relationships, in 64 % they had been together for more than six months and in 19 % for three years or more. Only eight percent were not satisfied with their partner relationship. About one half stated that their finances were good while the other half had poor/strained finances. Almost half (n= 104) were students compared to 17 % among the married/cohabiting women. Nearly a third of the singles, both with and without a partner, already had children.
Men (Paper II)

The mean age of the participating men was 29 years. The majority, except for 11%, had a partner relationship with the pregnant woman and more than half (56%) were married/cohabiting. One half had a relationship that had lasted for three years or longer and only two were dissatisfied with the partner relationship. Half the men already had children and 66% of them had children with the current woman. Furthermore, most men (72%) described their financial situation as good.

Women and men with previous experience of abortion (Papers I and II)

A third of the women (n=69) and a quarter of the men (n=19) had previous experience of induced abortions. Most women (n=48) had had one, eleven had had two and ten had had between three and six earlier abortions. As seen in Table I, Paper I, women with previous experiences of abortion were older than those considering abortion for the first time and they were more likely to be married/cohabiting and in long-term relationships. Furthermore, the women with previous experience of abortion more often had children with their present partner and were more often unemployed or on sick leave. In agreement with this, men with previous experience of abortion were older, more often had children and more often lived in long-term relationships compared with those involved in abortion for the first time. These findings concerning women are in accordance with the results of some other studies (31,32,33) which also found that there were few differences between women with and without previous experience of abortion. However, there are also studies which have produced conflicting findings showing that women facing repeat abortions have a lower education, more contact with social welfare, more psychological problems and live in less wealthy socio-economic districts than women facing their first abortion (21,34,35).

Thus, induced abortion is sought by women (and men) in many circumstances and is not confined expressly to those in special psychosocial risk groups. The findings are in agreement with some other Swedish studies, which also show that the majority of women seeking abortion live in stable and functioning partner relationships (4,17,36). There are studies which also show that social class does not seem to be correlated to the occurrence of legal abortion (37,38). However, in larger cities such as Stockholm, Göteborg and Malmö, abortion rates have always been higher than in other parts
of Sweden (1). In contrast to the findings in the present study, a study from Malmö showed that the abortion rate was higher in areas where people had low income, low education, and foreign backgrounds and were in need of social welfare than in the wealthier parts of the city (39).

In the public arena, abortion is often regarded as a "last resort" (4) and the approaches underlying much research are often based on the assumption that abortion is mainly a phenomenon that occurs among special risk groups. For example, in very young women, women in problematic socio-economic circumstances, women who have been raped or who have many children and in case of fetal damage. In such cases, many would probably regard an abortion as understandable or indeed necessary. However, less attention is paid to the fact that 40% of women seeking abortion in Sweden in 2000 were aged 30 years or older (1) and that abortion is also a common phenomenon in well-functioning families. Probably this is connected with the fact that abortion is not only a legal female right but also a complex moral and ethical issue. It would probably be more difficult to legitimise abortions that could not be assigned to traditional and generally "accepted" categories such as poverty and negative psychosocial conditions.

**Motives for abortion**

**Lack of a stable partner relationship (Papers I and II)**

About a fifth of the women and the men stated that the most important motive for abortion was associated with the partner. Either they had no relationship or they had one that was unpleasant or newly established. The motives given revealed that women primarily wanted to have children with the "right" partner but also that they did not want to become lone parents. Although, divorces are common and single mothers have become more accepted, the risk of becoming a single mother is among the most common reasons for abortion, not only in Swedish studies but also world-wide (11,12,13,14,15,22,26). Furthermore, a quarter of the women with children in the present study had them with a man other than the current partner. Thus, women also tried to avoid having children when in a new partner relationship that was unsatisfactory or unsafe, not only because of the risk of becoming a lone parent but probably also to avoid having children with several men. It was also found that 12 women (6%) were unsure about which partner they had become pregnant with.
Economic factors were given as the main reason for having an abortion by 7% of the women, which is in agreement with other Scandinavian studies (14,22,36). However, financial problems are a more common motive for abortion in studies from e.g. the US (15,26,40). The corresponding number for men in the present study was 12%. It was also found that 13% of the women and 12% of the men related their primary motives for wanting abortion to age. Either they thought they were too young or immature, or they had already grown-up children and thought they were too old to start with new babies again.

To postpone childbirth or limit number of children (Papers I and II)

About half the women gave motives which were related to family planning. They wanted either to postpone childbirth or limit the number of children. In giving their motives, 17% stated that they lacked time and/or energy for a further child, while 31% gave priority to their studies, work and/or already existing children. Those who wanted to postpone childbirth often stated that it was not the “right time”. Before becoming parents they wanted to complete their studies and/or get a job and an income. Statements such as “we have all the children we planned, “we have all the children we want to have” or difficulties in combining a professional job with satisfactory parenting were commonly mentioned as motives for limiting the number of children. It was also found that both men and women whose finances were good more often mentioned that they gave priority to work, studies or existing children as their primary motive than those with poor/strained finances. While the first group stressed their need of planning the other group explained their obstacles for continuing the pregnancy.

Motives such as “timing” and the wish to postpone childbirth and to limit the number of children are also commonly reported reasons for abortion in other studies (4,11,26,36). For example Törnbom and Svanberg (14) found that 19% of women with stable and harmonious relationships wanted to postpone childbirth and 26% wanted to limit the number of children. Findings in the present study concerning motives are also in accordance with a study conducted at the same hospital in Umeå in 1980, which also included men. It showed that about half the women and men either stated “planning” or “do not want more children” as their first motive for having an abortion (17). This previous study is one of very few which highlighted that a well-functioning partner relationship is no guarantee that a pregnancy will not be terminated by induced abortion.
In the present thesis, it is not possible to compare statistically the entire group of women and the group of men. However, a striking accordance appeared in men’s and women’s standpoints on abortion. About a third of the men stated that their primary motive for being in favour of an abortion was connected with the fact that they either wanted to postpone childbirth or already had all the children they wanted. In addition, 10% reported that they had no time or energy for a further child. Overall, both sexes considerations were similar and were dominated by the idea that a child has a right to be desired by both parents and to have a caring environment. Thus, it was important to have a stable relationship, an acceptable material standard of living and the possibility to combine employment with satisfactory parenting.

Obviously, motives for abortion reflect current living conditions and lifestyle in society. Fertility control has become the norm in most Western societies and the average Swedish woman postpones childbirth until she is 28.2 years of age (6) and gives birth to 1.54 children (7). A study which investigated the abortion ratio related to age and parity, showed a similar fertility pattern among Swedish women seeking abortion (41). The highest abortion rate was found in the youngest (< 19 years) and oldest groups (> 40 years) and was much lower for women with only one child, compared to women with more children, indicating that two-children family is the norm (41). The present study shows that abortion is used as a method for the planning of the first child and regulation of family size. This is in accordance with conclusions from another Scandinavian study (42). The study reflects the women’s desire for fertility control whether or not they have a partner relationship. For example, the motives for abortion among more than half the married or cohabiting women were related to family planning and one half of them stressed that they lacked time and energy for a further child. In addition, another Swedish study found that abortion-seeking women often gave reasons for abortion that were related to a heavy workload (13). Thus, a crucial issue in this context is the question of equality between the sexes. It is important to consider the workload especially of the women as many have both a professional job and the main responsibility for children and work in the home. In the light of the low birth rate in e.g. Sweden this raises essential questions about gender differences and the prevailing conditions for bearing and rearing of children in a modern society.
The decision-making process

Women (Paper I)

Nearly all the women (92%) in the present study had decided to have an abortion before they went to the hospital to consult a gynaecologist for the first time. It was also found that the decision to have an abortion often was made early in pregnancy and a third of the respondents stated that they knew even before that they would apply for an abortion if they became pregnant. None of the women had planned to become pregnant, though two stated that it was "more or less" planned. In addition, the vast majority was deeply committed to their decision to choose abortion and about 70% stated that nothing could make them change their mind. Besides, only three of all women reported that their partner wanted them to continue the pregnancy. Other Scandinavian studies show that the number of women who are ambivalent about their decision to have an abortion when they come to the hospital varied between 10 and 30% (22,36,43). Furthermore, some other studies have also found that the decision to have an abortion often was made early in the pregnancy (20,34).

In agreement with some other studies (13,44) most women in the present study were concerned for the need of others in making their decision to have an abortion (partners, presumptive child, existing children and parents/relatives). However, 7% (mostly singles without partner relationship) had not informed the man about the pregnancy. Another study showed that the majority of women declared that they agreed with their partner's opinion but did not feel influenced by anyone when deciding to have an abortion (20). A characteristic finding in the present study was that nearly all the women (93%) had considered their own needs, and a majority (76%) declared that their own interests were the most important when they had to make the final decision. Certainly this reflects the increased independence of the woman in modern society, which allows her to consider and give priority to her own needs. However, it was also found that 8% had made their decision more or less against their own will.

When asked whether ideas about terminating the pregnancy implied any conflict of conscience, almost half (46%) answered in the affirmative, 15% described it as a "big" conflict and 31% as "rather big". It was found that the conflict mainly centred around ethics and a conflict between "heart and brain", for example, simultaneously wanting to have a child and
regarding abortion as a necessity. A total of 14% of the women declared that they had no conflict at all while 40% answered "no, not much of a conflict". In another Swedish study 26% of the women had experienced guilt in connection with the abortion, i.e. feelings of having contravened their personal codes of behaviour (13).

Men (Papers I and II)

As studies on men involved in abortion are extremely rare, there is a lack of knowledge about men's opinions and experiences. The male involvement is usually examined indirectly by asking the women about how they view their partners' attitudes and opinions. Many studies have reported that women discuss their decision to have an abortion with their partners but many de facto seem to make their decision alone (4,17,36,43). In a study, which included both women and men, it was found that two fifths of the women and about half the men reported that the woman's opinion carried most weight (45). Many women also declared that the partner's attitude to the pregnancy was important in their choice. However, half stated that they would have chosen abortion regardless of the partner's attitude. In the present study, most men were found to be seriously involved in the decision-making process concerning the actual pregnancy. Two wanted the woman to continue the pregnancy (to full term) while the majority (64%) were in favour of an abortion. Furthermore, 27% stated that they did not have any particular standpoint but left it to the woman to decide. The fact that women seem to be alone in making their decision to have an abortion and that men leave the decision-making to the women is sometimes interpreted as showing that the male has no opinion and does not participate (4,17). However, the present study shows that many of the men who declared that they had no specific standpoint (and left it to the woman to decide) nevertheless gave motives that supported abortion. Furthermore, the interviews revealed that their standpoints could also imply that they would support the woman whatever decision she made (unpublished). Similarly, it was found that 34% of the women reported that the man had left the decision to them. However, only 3% of all were unsure about the opinion of their partner.

The decision-making process connected with abortion highlight a difference between women and men which arises from the biological reality in which women carry and give birth to children, a context in which she is primary while the man has an ancillary position. Furthermore, women
have the formal right to decide whether or not a pregnancy should be terminated but they make the decision in a cultural context where women as a group are usually subordinate to men. It is also well known that men greatly influence their partner in her decision and one of the most frequently stated reasons for terminating a pregnancy is related to the partner (10,11,12,14,15). Thus, to gain a deeper knowledge and understanding of the decision-making process it is of fundamental importance in further studies to focus both on the ontological level of women and men and on gender aspects which include relational and socio-cultural levels.

Abortion - a back-up option (Papers I and II)

In general, nearly all women and men in the present study were in favour of abortion and supported the Swedish Abortion Law. Furthermore, 42% of the women had considered abortion as a possible solution at an earlier time and, as mentioned previously, 30% reported that even before they became pregnant they knew that they would have an abortion if they did get pregnant. In addition, about half both women and men before knowing about the pregnancy had talked to their partners about what they would do in the event of a pregnancy and more than half had then decided they would have an abortion. These findings indicate that the women not only supported abortion as a principal female right but have also fully accepted abortion as a realistic alternative in cases of an unwanted pregnancy. Two other Scandinavian studies have also shown that, 43% and 58% respectively, of the women knew before conception that they would terminate a potential pregnancy by abortion (22,43). A permissive approach to abortion may be interpreted as using abortion as a method of contraception, a situation that is quite frequently viewed with apprehension. However, there are no results in the present thesis, which indicate that abortion was regarded or used as a method of contraception.

Contradictory experiences of pregnancy and abortion

Feelings of despair, panic and wonder in women (Papers I, IV and V)

An unwanted pregnancy is usually regarded as a stressful event or even a crisis (46,47). In agreement with this, most women (65%) in the present study associated only painful initial feelings with the current pregnancy using such words as unreality, despair, panic, grief, guilt, anger, dread, shame and deceit (Table 3, Paper I). The interviews revealed that most
women experienced the pregnancy as an unhappiness, as it’s consequences would disturb their existence and set up all their future plans. On the other hand, one third in addition to painful feelings also experienced positive initial feelings such as wonder, joy, happiness and pride about the pregnancy. The prevalence of “mixed”, “both positive and negative” and “indifferent” initial feelings towards the pregnancy are also reported in other studies (21,35,36). As concerns feelings towards the pregnancy, the interviews in the follow-up study provided insight into the contradictory feelings. Paradoxically, about a third of the women spontaneously described discovering maternal feelings for the first time, as well as the confirmation of fertility and womanhood, as some of the most overwhelming reactions to the actual pregnancy. Although a pregnancy is undesired and the women is seeking an abortion it is important not to trivialise the experience of being pregnant since it matter the life itself and as such touches deep and vital levels in human beings. Thus, the present study underlines the importance of being open to possible positive feelings associated with the pregnancy in women seeking abortion. Awareness of these aspects is crucial, especially as induced abortion as a life event is often the women’s and men’s first experience of their reproductive ability. In the present study, 43 % of all women had never been pregnant before. Thus, despite that an unwanted pregnancy is experienced as an accident the results in the present study indicate that it may also be an important developmental phase in a woman’s life.

Feelings of guilt, despair and wonder in men (Paper II)

Men in the study were also asked about their initial reactions and feelings when they got to know about the pregnancy. It was found that a third had experienced only painful initial feelings such as unreality, despair, guilt, panic, dread grief, shame and anger (Figure 1, Paper II) while a quarter had experienced only positive feelings such as wonder, joy and pride. In agreement with women who reported positive feelings (most often mixed with painful ones) men who experienced only positive feelings towards the pregnancy were also in favour of abortion. For example, a quarter of the men who described only positive feelings related to the pregnancy also described their feelings in facing the abortion in only positive terms (Table II, Paper II). Thus, positive feelings can be experienced by both women and men towards pregnancy even if they are more or less mentally prepared for an abortion. Although it is not possible to compare women and men statistically in the present study it is interesting to note different trends in their
reactions, which are certainly related to the differences between the sexes as regards "being pregnant" and "having an abortion". For example it was found that 27% of the men had only positive initial feelings connected with the pregnancy while the corresponding number for the women was 2%. In contrast, it was found that more than half the women felt despair (53%) and panic (51%) while the corresponding numbers for men was 22% and 14%, respectively.

Facing abortion – relief and pain in both women and men (Papers I, II and IV)

Findings in the present study indicate that the decision to have an abortion in itself was not very difficult for most women to make and only 7% were hesitant about it when they arrived at the hospital. However, a third reported only painful feelings when facing abortion (Table 3, Paper I). On the other hand, 13% expressed only positive feelings, and the remaining (58%) felt contradictory feelings such as relief, release, anxiety, grief, anguish and emptiness when facing abortion. The follow-up interviews revealed that even if the decision had been relatively easy to make, most women nevertheless found it sad and painful to go through with the decision. These findings are in line with a study in which half the women had declared that it was comparatively or very difficult to make the decision although more than half had already decided to have an abortion on first learning of the pregnancy (20). It is worth noting that although painful and contradictory feelings were predominate facing abortion, only 9% used the word “crisis” to characterise their feelings when facing abortion. Thus, facing abortion can be painful and extremely stressful but as abortion de facto is a solution to the problematic pregnancy, most women experience abortion also as a relief. Further, as mentioned previously, the decision to have an abortion was generally made fairly immediately and most women were deeply committed to their decision. This indicates that their coping process had probably already started. This supposition was later supported by findings in the post-abortion follow-up study.

The men in the present study were asked about what their feelings would be if their partner should have an abortion. As with women, more than half the men had experienced contradictory feelings such as anxiety, guilt, grief, powerlessness, responsibility, relief and respect. Twenty-nine percent reported only painful and 13% only positive feelings. It was also found that 64% of the men who expressed only painful feelings in connection with the abortion nevertheless clearly stated that they wanted the woman to
have an abortion. The findings show several similarities between the feelings of women and men in relation to the forthcoming abortion. However, men more often than women used such words as “respect”, “responsibility” and “guilt” while women more often used such words as “relief” and “release” when facing abortion. In the interviews with men it was found that the men respected the women’s opinion, felt responsibility for the whole (family) situation and guilt because they had failed to use contraceptives or because of ethical considerations (unpublished data). Overall, the findings in the present study show that contradictory experiences in relation to both pregnancy and abortion are common among women and men but are very seldom associated with doubts about the decision to have abortion.

**Complexity of legal abortion**

*Rationality, responsibility and care (Papers I, II and III)*

Motives for abortion given by women and men in the questionnaire study before abortion revealed a wish to have the right number of children with the right partner at the right time. This implied the existence of a safe partner relationship, financial security, a completed education and employment before becoming parents. Limiting the number of children was also regarded as a necessity with respect to the need to be a “good” parent and at the same time have a professional career. Many already had problems combining work and parenthood, and stated that they lacked the time and energy for another child. Apart from the idea that children should be entitled to good care, another predominant opinion was that both the future parents should desire the child. It was also found that many planned to have children in the future but financial security, a completed education and a safe partner relationship were prerequisites that needed to be met first. Thus, motives for abortion in both women and men were synonymous with an urge to create functioning and good living conditions for themselves, the family and the presumptive family. Overall, these motives were in line with the prerequisites that women and men in general want to be met before they become parents (19,48,49,50). Furthermore, their reasoning was found to be in accordance with the ethics of care, which is usually associated solely with women and female logic (44). However, men in the present study expressed their ideas in terms of an ethics of care, which has also been described previously in an abortion study among men in Vietnam (10). Thus, for both women and men in the
present thesis, the socio-cultural aspects were found to legitimise the decision both before and one year after abortion.

Motives for abortion reveal not only individual expectations regarding lifestyle but also society's expectations. To be financially independent is a priority for almost all women in Sweden, and is also expected by society. In addition, the Swedish paid parental leave system is based on previous income from employment, which leads to a lifestyle where it is necessary to have an education and employment before parenthood. In line with this, teenage mothers are rare in the Swedish society of today. Recently, a study emphasised that in connection with the introduction of modern contraceptive methods and the legalisation of abortion, the sexual political discourse in Sweden incorporated the opinion that children should be wanted, which by many was interpreted that an abortion was always better than an unwanted pregnancy (51). Therefore, when expectations about lifestyle are not met, induced abortion becomes synonymous with not breaking the prevailing guiding principles in society.

To deny a child it's life (Papers I, II and III)

Having children and becoming parents is highly valued in most societies, while legal abortion is often a controversial issue. In the present study, it was found that while rational and emotional motives legitimated the abortion, women and men could simultaneously find it problematic from other viewpoints. During the decision-making process more than half the women and men had experienced a conflict, mainly concerning the ethics of rights and justice. Apart from feelings of guilt and injustice, a common starting point in their reasoning was the idea that the extinction of life is morally wrong and "a violation of nature". Both women and men related to the foetus as to a child as well as a sister/brother in relation to existing children and many questioned whether they had the right to decide about life and death. Thus, abortion became synonymous with denying a child its life. The way the respondents reasoned was in agreement with the results in another study which found that women had different levels of moral considerations concerning abortion. Like Holmgren, the present thesis found that the ethical principal, judging only the action per se, was inadequate when dealing with the problem in reality (13). In consequence, ethical considerations did not imply that the respondents were against the Swedish abortion law. On the contrary, nearly all supported it. These results indicate that at the same time as the foetus is regarded as a child
the woman’s right to choose whether to terminate or continue the preg-
nancy is also internalised.

The ambivalent feelings among women and men described above also exist in society as a whole. Though abortion is a legal right, public authorities are keen to have low abortion rates. However, the reason it is important to have a low abortion rate is seldom expressed. This certainly reflects ambivalence and ethical conflict, which exist but are unspoken. Sweden is a society where individual freedom and the right to choose are considered fundamental, while at the same time different views of the foetus and its right’s challenge this view. Recent research findings about the foetus also endorse its status as an individual. An official report (52) grasps the divergent aspects related to abortion by defining the woman and the foetus as two separate individuals, who deserve protection. Simultaneously, a woman’s right to choose to continue or terminate a pregnancy is unquestioned and is superior to the rights of the foetus.

Both benefit and loss (Papers I, II and III)

As mentioned previously, many women and men in the present study reported initially positive feelings towards the pregnancy and many also experienced feelings of grief and emptiness when facing abortion. The experience of loss varied in relation to the extent to which the pregnancy was experienced as meaningful. For example, some stated that they had mourned the lost “child” or that they had mourned the child which also was a part of themselves, other’s reported that they could imagine that if “the child” had been born it would probably also have brought them joy. In addition, some women and men would have been in favour of letting the pregnancy continue but, as the partner did not want to have a child they had decided to agree to an abortion. Others longed for children, but they did not want to have them before their living conditions were good enough. Thus, it was found that the relief of being saved from an unintended pregnancy did not always have to exclude feelings of loss. It is obvious from the findings in the study that abortion can be experienced both as a benefit (as women and men are spared from unwanted parenthood) and as a loss (giving up/sacrificing a child). Some other studies have also shown that the underlying causes of ambivalence in women facing abortion are connected with aspects of both maternal attachment and maternal detachment (20,23,53). Women could express that they wanted to have children and at the same time describe the pregnancy in terms such as “continuing will jeopardise the future”.
Legal abortion is a controversial issue, which is why it can be seen as risky to elucidate grief in relation to abortion, since it could be used as an argument against abortion. It has been pointed out that there may be a resistance to reporting women's feelings of guilt and loss post-abortion. For example it may be regarded as controversial to admit grief when society in general denies the humanity of the foetus (54,55). In contrast, in Japan where induced abortion is a very common form of birth control, both the necessity of having an abortion and sorrow at the death of the potential child are regarded as two natural aspects of the abortion situation (56).

A legal right as well as a taboo (Paper III)

Although the legal right to have an abortion is periodically debated in public, the women seeking abortion constitute a relatively invisible group. This is even more accentuated when it comes to the males involved. It was found in the present study that many women associated abortion with feelings of shame. They expressed a wish to be spared the experience of abortion followed by such statements as “abortion is nothing to be proud of”, “it is a failure”, “an act of shame” or “a degradation”. Another Swedish study also found that about a fifth of the women had experienced feelings of shame in connection with induced abortion (9). Despite today's liberal view of sexuality, the statements above probably reflect the earlier situation when female sexuality as well as inappropriate pregnancies were regarded as shameful and blameworthy. In addition, abortion challenges the image of womanhood, which in the cultural context is strongly associated with caring and motherhood. Though abortion is a common phenomenon in society, it is still mainly regarded as a solely female issue, which probably helps to preserve the image of abortion as something of a taboo. It is known that women seldom talk openly about their abortions (4,9), which is quite understandable, since the issue is considered delicate and private by most. Some women in the present study declared that they would be afraid of being condemned by people and some were also irritated by their feelings of shame, as they thought they had no reason to feel that way. Probably, the burden of abortion on women might be reduced if the males involved were to become more visible. In turn, this might also contribute to a wider focus, putting abortion into its socio-cultural context according to the prevailing demands for planned parenthood.
Ambivalence and paradoxes (Paper III)

The findings in the present thesis have revealed that ambivalent and contradictory feelings in relation to abortion in women and men reflected aspects of divergent frames of references, which implied that incompatible values clashed in the choice to have an abortion. Consequently, a person could simultaneously view induced abortion as an act that was both "right" and "wrong". The complexity and paradoxes increased further when in many the experience of abortion was characterised both as a relief and a loss.

Although the decision to have an abortion was not found to be very difficult to make, however, the termination of the pregnancy was experienced as a painful event. In agreement with another study which examined moral reasoning in women seeking abortion (44), women and men in the present study described the logic of the choice as having no good choices. Choosing abortion was described as the only alternative, a painful necessity, and as a choice between two evils or as a sacrifice. However, abortion was found to be the best solution to a problematic pregnancy. In consequence, most experienced the abortion as a relief as it implied that they were saved from unwanted parenthood. On the other hand, this did not have to exclude feelings of loss, sadness and mourning. Then again, feelings of loss in the present study seldom implied that women regretted the abortion. Thus, the paradoxical reactions reflected the unavoidable consequences of a choice where incompatible values clashed.

Rational and pragmatic aspects, which concerning living conditions and expectations about lifestyle, intertwined with aspects linked to care and responsibility for all concerned (the foetus included) legitimised the abortion. Simultaneously, the choice to have an abortion could also raise questions concerning the ethics of rights and justice. Ethical principals, which implied that the foetus also could be regarded as a child with rights of its own, questioned and complicated the abortion decision. However, the predominant ideas in women and men were that a child should be desired and have a right to a welcoming and caring family. Consequently, abortion was seen as the best alternative for all concerned, even the foetus, when women and men did not want to become parents. Thus, parallel to the ethical reasoning, where the foetus was regarded as an individual, the foetus was not considered as separate from the parents. This paradox is also documented in another Swedish study where the author describes
how women regarded the foetus as a separate individual but at the same time "were not able to consider the foetus without its network of close interpersonal relationships" (13).

A point to be noted is that the foetus was not described by the respondents in the present study as an intruder in the woman’s body, and the main moral dilemma was not expressed as a conflict between the woman’s right to integrity and the foetus right to life. Instead, most women in contrast to the image of womanhood in a socio-cultural context, faced the reality that they made use of their legal right to terminate the pregnancy even though it implied sorrowful consequences for the foetus. Obviously, the driving forces behind abortion decisions are strong.

The findings in the present study show that reactions and attitudes to abortion are not one-dimensional, which is why the impact of abortion can never be describe in terms of linear logic. Thus, results concerning the experience of both pregnancy and abortion in women as well as men underline the necessity of being open to contradictory feelings and paradoxes. Otherwise, the impact of abortion will remain hidden and unknown.

**Long-term effects of legal abortion**

*Relief and mental growth (Papers I and IV)*

Whether or not having a legal abortion causes psychological sequels in women is a question in which there has been great interest. However, studies on the long-term effects post-abortion are few and many are marred by methodological limitations. Among these are the bias that arises from ideological standpoints, focusing too narrowly on negative outcomes, sampling selections, lack of drop-outs, too short a follow-up period and high drop-outs rate (23,25,46,57). The present study is one of the few which have investigated the long-term, as well as the short-term outcomes of legal abortion. Furthermore, as the drop-outs in the follow-up had participated in the questionnaire study before their abortion they could be compared with women who chose also to participate in the follow-up for a large number of variables. Results from these comparisons showed that there were almost no differences regarding parameters studied between participants and drop-outs.
In the present thesis almost all those women who participated in the follow-up interviews, four and twelve months post-abortion (n=58), were satisfied with their decision to have an abortion and generally associated it with such feelings as relief and release. In addition, the abortion was described as a form of taking responsibility. Furthermore, almost two-thirds (36/58) had not experienced any emotional distress post-abortion. In line with another study it was also found that post-abortion emotional distress was mostly related to the decision-making process before abortion (36,58). However, one woman suffered from severe emotional distress (related to the abortion) at the four-month follow up and three had some distress. By the time of the one-year follow up the number had decreased to two. The results above are in accordance with most studies on post-abortion reactions which also suggest that severe reactions or trauma post-abortion are rare and that relief is the predominant feeling (36,46,59,60). A national population survey of over 5 000 US women followed for 8 years also concluded that the experience of abortion did not have an independent relationship with women’s well-being, and that there was no evidence of any widespread post-abortion trauma (61). In addition, a recent study from the US shows that most women do not experience psychological problems or regret their abortion two years post-abortion (62). In contrast, a Danish study showed that 16 % of the women had psychological problems (connected with the abortion) four-months post-abortion, though none regretted the abortion itself (63). A Swedish study, which included women from 57 different nations, has also reported that 16 % of the women experienced severe emotional distress one-year after abortion (29). Another study has shown that married women who had undergone an induced abortion were more likely to be at high risk of clinical depression than those who took unintended pregnancies to full term. However, this was not the case among unmarried women (64).

In the present study more than half the women (32/58) valued their experiences of the abortion process as only positive while six experienced it as only negative. Eleven had mixed feelings and the rest (9/58) said that it had neither been positive nor negative. The positive effects, which indicated a successful adaptation, mainly referred to maturity, deeper self-knowledge, strengthened self-esteem and identity. There are some previous studies that support these findings of mental growth and learning experiences (59,60).

When comparing women’s feelings when facing abortion with their feelings one year later, it was found that the number of those who primarily
reported only positive feelings had increased while the number of those who reported only painful feelings had decreased. However, the complexity of the abortion issue is reflected by the fact that although nearly all women were satisfied with their decision, still one-year after half expressed contradictory feeling (Fig 1, Paper IV). Many studies suggest that women at risk of suffering post-abortion distress are those who have experienced ambivalence during the decision-making process (25,29,36,46). However, the present study indicates that ambivalent and contradictory feelings facing abortion do not necessarily imply that women are in doubt about their decision nor that per se they belong to a risk group regarding negative reactions post-abortion (Table I, Paper IV and Figure 1, Paper IV).

Lack of regret and guilt (Paper IV)

It was characteristics of women who had no regrets or emotional distress post-abortion that their decision to have an abortion had been relatively free from conflict. Furthermore, the decision had been their own and before the abortion they had clearly stated that they did not want to continue the pregnancy as they gave priority to other matters such as studies and work. This did not imply that these women rejected childbearing or children in general. In this context it is important to bear in mind that the decision to have an abortion involves questions of life and death. Given this, it might well be disturbing for many people if women openly declare that they prioritise other matters as a reason for terminating a pregnancy and that they even experience relief and wellbeing after the abortion. These kinds of reactions are, for example, in opposition to the preconceptions in current research, which mostly focus on post-abortion disturbances. For example, findings in earlier research (at the time when abortion was illegal) reflected an accepted attitude that abortion was beyond the range of “normal” experience (58). The present study too has shown that women might find it controversial to admit that they do not experience regret, guilt or shame post-abortion as they think that others expect them to regard their abortion as a difficult and horrible thing to do. A question such as “Am I inhuman because I did not experience any regret, guilt or grief post-abortion?” reflects this dilemma. Obviously, it is important to be aware of and reach beyond the prevailing attitudes in society when dealing with a controversial issue such as abortion. Otherwise, there is a risk that women will feel obliged to give “suitable” and “expected” answers, both to clinicians and researchers.
Crisis reactions (Paper IV)

In total, in the present study 12 women (12/58), experienced a crisis directly after abortion according to themselves, and almost as many reported mild/moderate emotional distresses. The distress in the latter group was short-lived and was often related to the man involved. However, it was characteristic of women who had had a crisis that they had made their decision after a lot of conflict. Furthermore, all of them were found to have had some of the predictors for post-abortion distress reported from previous studies (25,46,65). Those are, for example, experiencing the pregnancy as meaningful, lack of support, ambivalence or coercion during the decision-making process but also a previous psychiatric history, religiosity and negative attitudes to abortion. Before having the abortion, eight for example had more or less expressed a wish to continue the pregnancy and three of them had clearly stated that they wanted to have the child. In the aftermath, five of the women with crisis post-abortion described that they had mourned the loss of the child, four had suffered as a result of ethical conflicts and three because they had no support and/or because of unsympathetic treatment at the hospital. It is important to note that ten of these women, in spite of their ambivalent feelings, had been determined in their decision to have an abortion and had also declared that the decision in the end was their own. Those who considered the decision their own, were able to adapt to their crisis reaction and had succeeded in coping with the abortion at the four-months follow up later. These results show that the decision-making process that precedes abortion is of decisive importance for reactions after the abortion. This is also suggested in some earlier studies (24,25,36).

Furthermore, at the one-year follow-up, it was found that two of the women with crisis reactions had already become pregnant again and had given birth to a child. One of these, and another woman, stated that they regretted the abortion even though they had become reconciled to it after working through ethical conflicts and crises. Overall, eight rated their ability to cope with the abortion one year after as “very good” or “good”, three as “rather good” and one as “bad”.

As mentioned previously, women seeking abortion who experience their pregnancy as very meaningful are identified in some studies as a group at risk of having negative reactions post-abortion and were found to cope worse than those who did not have such an attitude to their pregnancy (65).
In line with most studies, reactions post-abortion which are not “positive”, are often interpreted as negative consequences. However, women in the present study who had experienced a mourning process, valued it as an important and appropriate reaction. Obviously, it can be misleading to indicate painful experiences as negative one’s. Thus, it is necessary in research as well as in counselling to be open to both the benefit and the loss consequent to induced abortion. Mourning must be considered a normal and valuable reaction and women should be encouraged to express grief and suffering even when they do not regret their decision to have abortion.

**Psychosocial consequences (Papers I and IV)**

At one-year follow-up, half the women (29/58) reported changes concerning their occupational situation either they had got a job or they worked more hours than before the abortion. This was in line with their statements concerning motives for abortion – namely a wish to prioritise professional life. Furthermore, the findings indicated that abortion seldom influenced the partner relationship negatively. The majority (40/58), one year later still had a relationship with the man they had got pregnant with. In addition, 18 of the women felt that the abortion had improved their relationship while five believed it had deteriorated it. The rest declared that the quality of the partner relationship reminded unchanged one year post-abortion. Some other studies have also produced similar findings concerning the effects on the relationship (59,66). At the last interview, the women were asked what would be their attitude to a new pregnancy in their current situation. About one third did not know what to do, 16 stated that they would have another abortion again and the rest (22/58) declared that they would continue the pregnancy to full term. At one-year post-abortion, four women had already got pregnant and in one case the pregnancy was planned. Two had given birth, one was still pregnant and one had had a legal abortion.

**Contraception and risk-taking**

**Contraceptive use in women and men (Paper V)**

Most women and men in the thesis had extensive experience of different methods of contraception (Table 5, Paper V), a finding familiar from other studies in women seeking abortion (17,34,67,68). The vast majority of the
women had previously used coitus-independent methods such as oral contraception (79%) and intrauterine device (22%) but also coitus-dependent methods such as condoms (81%), a pessary (7%), coitus interruptus (51%) and rhythm methods (23%). The males reported similar experiences (Table 5, Paper V). In addition, nearly half the women stated that they preferred only coitus-independent methods while a third favoured only coitus-dependent methods.

The present study also reveals differences in attitudes concerning methods of contraception among women and men in the group of 75 couples. Men preferred the contraceptive pill to a greater extent than women did, and women preferred only coitus-dependent methods (mostly the condom) to a greater extent than men did. However, 12% of the women and three men reported either that there was no suitable method of contraception whatsoever or they could not decide which method they preferred. Nearly half the women reported that they “always” or “often” took responsibility for contraception while the rest shared the responsibility with their partner. This agreed with the opinion of the men, who more often had a partner who “always” or “often” took responsibility for contraception. In agreement with findings in a previous abortion study (69), women who were more satisfied with their partner relationship (both in the entire group and in the couples group) shared responsibility for contraception with their partner to a greater extent than women who were less satisfied. So far there are no other abortion studies which have focused on men in this respect as well as on gender differences concerning attitudes to contraception. A study in young women in general showed that lack of communication between partners seems to be an important obstacle to the consistent use of contraceptives (70). For example women seldom raised the issue of using a condom if the partner did not like condoms. Obviously, the man’s attitude and contradictory opinions about suitable contraceptives methods are of great importance in efforts to prevent unintended pregnancies. Certainly, this ought to have clinical implications and also to be a subject for further research.

_The contraceptive pill - release but not freedom (Paper V)_

Previous experiences of side effects and fear of possible health risks are wellknown reasons given for not using modern highly effective methods, both in women in general and in women seeking abortion (68,71,72,73,74,75). There are studies showing that the latter have more unfavourable experi-
ences of side effects from the highly effective contraceptives than other women (76) or women who continue their pregnancy (68). In the present study, more than half of all the women (58 %) were hesitant about using an intrauterine device and hormonal contraceptives. The corresponding number for the married/cohabiting women was 70 %. The women reported that they disliked either hormones that disturb the natural biology of the body or having “strange” things in their body. Regardless of the knowledge that many women seeking abortion, as well as many women in general, feel disturbed and worried about using an intrauterine device and hormonal methods, the use of these contraceptives is barely been problematised. The discourse of sexual politics in Sweden from 1970 for example indicated clearly that contraception was the responsibility of the women and that contraceptives such as the pill and the intrauterine device were to be preferred to the pessary and the condom (51). Modern contraceptive methods are regarded as safe and have many advantages, and the most important goal in counselling is often to motivate women to use them in order to avoid unwanted pregnancies and reduce the number of abortions (32,68,71,72,75,77). Furthermore, they are predominantly associated with release and liberation for women, which is probably another reason for the lack of problematising about their use. Instead, the women’s fear and resistance to use these methods have been identified as “the problem”. From a gender perspective we know little about how women experience the expectation from both society and partners that they will use contraception on a continuous basis. Thus, this should be an issue for future studies.

Sexual risk-taking (Paper V)

More than half the women and men had either not used, or did not know if any contraceptives had been used, at the time of conception (57 % and 69 %, respectively). The corresponding numbers for women and men in the group of couples were similar. The phenomenon of having unprotected intercourse among women seeking abortion is well mapped (21,32,34,68,71,78) but the same is true for women and men in general who do not want to achieve a pregnancy (38,75,79). In the present study, it was found that women who got pregnant despite the use of contraceptives had mainly relied on a condom, coitus interruptus and/or the rhythm method (Table 3, Paper V). A general observation was that long-lasting relationships and adulthood are no guarantee against unprotected intercourse. Nearly half of those in the couples group had a partner relationship that had lasted
three years or more and half of them were aged 30 years or more. Some previous studies have also showed that women in general above lower middle age are a group identified as being at risk of using unreliable methods (77).

A common explanation in the present study for not trying to prevent pregnancy was doubt about fertility (Table 4, Paper V) which has also been recognised in some other studies (21,45,68,71,80). All in all, nearly one fifth of these women and men thought that the woman could not become pregnant or that “it was a safe period”. Other common explanations for not making efforts to prevent pregnancy (which can be interpreted as taking risks on purpose), were “took a chance” or “allowed sexual feelings to take over”. In a Danish study, approximately half of the women seeking abortion reported that they frequently took chances (32). In a recent Swedish population-based survey, half the women and men had, at some time, been involved in a sexual situation which they did not break off despite the risk of an unwanted pregnancy (38). The present study also found that several women seemed to lack an awareness of the risk of facing abortion. Nearly half (43%) had never been pregnant before and more than half of these reported that they had never imagined that they would ever face a situation when they needed an abortion.

In this context it is worth noting that sexuality is one of the basic driving forces involving deep fundamental needs in human beings. Apart from the basic driving forces, randiness, sexual drive and procreation, women and men in the present study related the meaning of sexuality to intimacy, love, desire, joy and excitement. About 60% of the women and men who had a current sexual partner were “satisfied” and about 23% were “rather satisfied” with their sexual life while the rest were “dissatisfied”. Certainly, there are multifactorial explanations for why people have unprotected sex despite having no desire for a pregnancy. Attraction, desire, alcohol, disadvantages connected with contraceptives, problems within the couple, divergent opinions within the couple concerning sex and contraceptives and “trust” in “safe” periods are some possible explanations why individuals take risks. Thus, unprotected intercourse might be a result of weighing costs and benefits within the individual’s own perceived reality. This is also suggested in a decision-making theory concerning risk-taking and contraceptives put forward by Luker (81).

Possible associations between abortion and domestic violence have been discussed in some studies from the US (26,82). The prevalence of self-reported
abuse among women seeking abortion was between 31 - 40%. In the present study, it was found that 10% of the women had experienced sexual abuse during childhood and 12% as adults. The women were also asked whether the pregnancy had occurred in a situation where they had felt pressure or threat from the man they had become pregnant by and four percent answered in the affirmative, 8% reported “yes, more or less” and the rest replied in the negative. Overall, the results in the present study indicate that it is of fundamental importance that a gender perspective be incorporated into research in this context. It is also important to give individuals the opportunity to consider obstacles to their own use of contraception and their tendency to take reproductive risks in a context that includes sexual drive, reproductive ability, influence from partner and, forced intercourse among other situational factors.

CONCLUSIONS

• Women and men facing abortion want to have the right number of children with the right partner at the right time in order to be able to combine good parenting with a professional career.

• Legal abortion is accepted as a method of family planning and regarded by many as a back-up option if an unwanted pregnancy occurs.

• Good finances and a well-functioning relationship do not ensure that a pregnancy not will be terminated by induced abortion.

• Induced abortion should not be regarded as a female issue only but also as a result of the prevailing societal demands for planned parenthood.

• The decision to have an abortion does not seem to be very difficult to make, however, the termination of the pregnancy is experienced as a painful life event.

• Ambivalent and contradictory feelings in relation to both pregnancy and the forthcoming abortion are common in both women and men, but are very seldom associated with doubts about the decision to have abortion.

• Ambivalence and contradictory feelings can be regarded as a logical response to legal abortion since incompatible values clash when the choice is made to have an abortion.
It is essential that both clinical work and research are open to contradictory feelings and paradoxical thinking in women and men facing abortion.

Awareness of reproductive ability may be an important development phase in a woman’s life even if the pregnancy is terminated by induced abortion.

Openness to possible mourning and painful feelings in women seeking abortion is important even when they do not regret their decision.

Women are able to make the complex decision to have an abortion without suffering any subsequent regret or negative effects.

To better understand the complexity of an abortion situation, it is also necessary to pay attention to the males and to consider both sex differences and gender aspects in relation to pregnancy and abortion.

Efforts to prevent unwanted pregnancies need to incorporate gender perspectives both in communication about sexual risk-taking and in counselling about contraception. For example, individual’s should be given the opportunity to consider the obstacles to their own use of contraceptives and their tendency to take reproductive risks.

Men seem to prefer contraceptives such as hormone pills and intrauterine devices to a greater degree than women.

To reduce unwanted pregnancies and induced abortions it is crucially important to motivate not only women but also men to take more responsibility for the consequences of their sexuality and reproductive ability.
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REFERENCES


41. Tullberg B, Lummaa V. Induced abortion ratio in modern Sweden falls with age, but rises again before menopause. *Evol Hum Behav* 2001; 22:1-10

42. Knudsen LB. Induced abortions in Denmark. *Acta Obstet Gynecol* 1997; 164; 54-9


45. Graff-Iversen S, Kristoffersen M. The role of the male partner in contraception and the decision of abortion. *Tidsskr Nor Laegeforen* 1990; 110; 1497-1500

47. Payne EC, Kravitz AR, Malkah T, et al. Outcome Following Therapeutic Abortion. *Arch Gen Psychiatry* 1976; 33: 725-33


64. Reardon DC, Gougle JR. Depression and unintended pregnancy in the National Longitudinal Survey of Youth: a cohort study. *BMJ* 2002; 324: 151-52


76. Classon U, Kvint S, Svanberg B. Improved counselling is justified both before and after legal abortion. Läkartidningen 1984; 81:220-2


