

## Original Article

# Pre-Abortion Decision-Making Conflict in Pregnant Women Seeking Legal Abortion

Farideh Khodabandeh<sup>1\*</sup>, Vida Kahani<sup>2</sup>

<sup>1</sup> Forensic Medicine and Clinical Toxicology, Shahid Beheshti University of Medical Science, Tehran, Iran

<sup>2</sup> General Practitioners, Guilan University of Medical Sciences (GUMS), Rasht, Iran

Received: 20 April, 2019; Accepted: 04 June, 2019

## Abstract

**Background:** Woman's decision-making for abortion entails understanding and assessing those options in the context of her unique situation, feelings, aspirations and beliefs. The objective of this study was to examine decision-making conflict and all relevant factors, among women seeking legal abortion authorization letter, referred to Legal Medical Centre in Tehran.

**Materials and Methods:** In this cross-sectional study, decision-making conflict assessed using the decisional conflict scale (DCS) among 282 pregnant women in their first trimester. Descriptive and logistic regression analyses were undertaken to describe and explore collected data.

**Results:** Eligible women requesting legal abortion were mostly in age group 25-34 years old (50.4% .142, M=31.55, SD=6.1, ranging from 17 - 46 years). They were mostly in gestational age <16 weeks, (212, 75.2%), with average 14.67 (SD=3.51), range 15.0 weeks (4-19 weeks). Some decision conflict (DCS score 25 or greater) was experienced by 182 (64.5%) participants.

**Conclusion:** Women seeking legal abortion may go against their own sense of right and wrong. They deserve pre-abortion consulting to deal with conflict and negative effects in decision-making.

**Keywords:** Pregnant Women, Legal “therapeutic” abortion, Decisional Conflict, Legal abortion authorization letter, Medico-legal center

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\***Corresponding Author:** Farideh Khodabandeh, Associate professor of Forensic Medicine and Clinical Toxicology, Shahid Beheshti University of Medical Science, Tehran, Iran. Email: f\_khodabandeh@sbmu.ac.ir

**Please cite this article as:** Khodabandeh F, Kahani V. Pre-Abortion Decision-Making Conflict in Pregnant Women Seeking Legal Abortion. *Novel Biomed.* 2020;8(2):87-94.

## Introduction

Legal therapeutic abortion is intentional termination of pregnancy depending on country-specific abortion laws that establish the circumstances under which a woman can legally terminate her pregnancy<sup>1</sup>. In most countries across the globe, legal status of therapeutic abortion is permitted on request and can be obtained with interference from the authorities<sup>2,3</sup>. The earliest post-revolutionary legal abortion law in Iran, made under the terms of Islamic Sharia's laws (customary law, 1991 Abortion Act), permit abortion only to save

the life of the mother<sup>4,5</sup>. Under current Iranian rules act of 2005, abortion is assessable on several grounds, only before 19th week of pregnancy<sup>6</sup>.

Our Abortion Law and Policy permits abortion on request, where the continuation of pregnant endangers physical or mental health of woman, or identified fetal viability and impairments correlate with the decision to terminate a pregnancy<sup>7</sup>. The act permits abortions in condition to obtaining medical authorization letter from Legal Medicine Organization<sup>8</sup> (LMO).

Dealing with pregnancy termination for medical reasons is a difficult issue and touches upon a

significant number of ethical, moral, philosophical, religious and legal debates<sup>9</sup>. If the choice to terminate a pregnancy is made, then parents are left to navigate the extremely distressing and heartbreaking issue, which is often accompanied, by significant sadness and grief<sup>10</sup>. At one extreme are conditions when abortion is strongly recommended, and on the other side abortion decision may be influenced by personal moral beliefs, abortion stigma, and religious influence of the woman<sup>11</sup>.

Decision to terminate pregnancy is influenced by a variety of different individual, interpersonal and societal factors, which limit women's autonomy and make them vulnerable to pressure for pre-abortion decision-making conflict<sup>12, 13</sup>. Many factors influencing abortion decision, including the spouse and family views, thinking about the unborn fetus, moral beliefs and values, rules and policies, socioeconomic factors, religion, beliefs, feelings and many other unknown factors<sup>14</sup>. The objective of this study was to examine decision – making conflict and all relevant factors, among women seeking legal abortion authorization letter, referred to Legal Medical Centre in Tehran.

## Methods

**Study design:** A cross-sectional study conducted using two questionnaires to assess the decision-making conflict among pregnant women visiting medico-legal clinic, to obtain permission for legal abortion.

**Ethics statement:** Ethics approval was obtained from the Research Ethics Boards at Shahid Beheshti University (IR.SBMU.MSP.REC.1396.206). Eligible Women were informed about voluntary and confidential Participation in study before obtaining informed consent

**Study Population:** The study conducted for a period of one year, 1 March 2018 to 31 December 2018, at Tehran Medico-legal examination center. Pregnant women were eligible to participate, if they were Iranian nationality with gestational age of less than 19 weeks, on entry to the study

**Data collection:** In light to evaluate abortion decision conflict and to explore related factors, data was collected from 282 Iranian pregnant women seeking legal abortion. Women were eligible if they presented

following characteristics: above 18 years old ,able to give valid consent , gestational age 16 - 19 weeks after their certain or uncertain date of their last menstrual period respectively ,at the time of assessment, face any of particular listed maternal /fetal risk factors for poor pregnancy outcomes. Based on exclusive criteria, women with gestational age  $\geq 19$  weeks, Afghani or any other nationality, known mental illness and women whose cases and decisions are not legally audible , those without required medical records and who did not consent to participate ,were considered .

**Socio-demographic variables:** With respect to their demographic profile an interviewer-administered questionnaire used to capture maternal baseline demographic characteristics (age, sex, education, employment status). Health or medical concerns about participants' current pregnancy, as well as reasons inform women's decision-making and how and by whom they had decided to about their abortion decision were collected.

**The Decisional Conflict Scale (DSC):** The DCS is a self-administered 16-item questionnaire that assesses patient's decisional conflict (uncertainty) regarding the healthcare decision-making process. The decisional conflict scale measures personal perceptions of : a) uncertainty in choosing options; b)modifiable factors contributing to uncertainty such as feeling uninformed, unclear about personal values and unsupported in decision making; and c) effective decision making such as feeling the choice is informed,

The DCS comprises 16 items covering 5 domains: Informed (3 items,), Values clarity (3 items), Support (3 items), Uncertainty (3 items, feels extremely certain to extremely uncertain about best choice) and Effective decision (4 items), which represent the modifiable factors contributing to the decisional conflict.

Responses are given a 5-point Likert response format: from 0, strongly agree; 1, agree; 2 neither agree nor disagree; 3 disagree; 4 strongly disagree. (15, 16)

The Validity and reliability of decisional conflict scale in Iran was approved by Kordi et al<sup>17</sup>.

**Data analysis:** Data analysis was performed, using computer-based statistical software package, SPSS version 19. We conducted descriptive analyses to explore the Socio- demographic characteristics, health and pregnancy Profiles and women's decision-making conflict scale score. We estimated the

association between decisional conflict and study variables with the Pearson correlation coefficient and evaluated whether the two interacted to predict outcomes using Multinomial Logistic Regression. Consistent with previous local literature, Decisional Conflict Scale (DCS) converted to the equivalent 0 (no decisional conflict) to 64 (extremely high decisional conflict). Using guidance from the scale author's scores lower than 25 considered with implementing decisions; scores between 25- 37.5 accounted for doubtful decision and scores exceeding 37.5 considered with and delay/indecision multivariate logistic regression was used to identify variables associated with women's high confidence in their abortion decision making. Statistically significant effects were accepted for  $p < 0.05$ .

## Results

**Descriptive statistics:** Demographic and pregnancy characteristics of participants are displayed in Table 1. Eligible women were mostly in age group 25-34 years old (50.4%, 142), ranging from 17 - 46 years ( $M=31.55$ ,  $SD=6.15$ ), and gestational age < 16 weeks (212, 75.2%), with ( $M=15.2$ ,  $SD=3.8$ ), Range 15.0 weeks (4-19 weeks). Participants were mostly homemakers (65.2%, 184) with tertiary educational (university) level (37.9%, 107).

In respect to participants' childbearing profile, majority being pregnant with a second child (35.5%, 100; ranging from 1-7 pregnancy). The most frequently cited reason for requesting an abortion, was fetal anomaly 82.3% (232).

Most of the women (67.4%, 190) became aware of the need for their abortion in the last two weeks (mandatory waiting periods). No history of given birth to an abnormal child reported by most of the participants (89.4%, 252).

### Inferential Statistic

**Decisional Conflict Scale Score (DCS):** Total Decision conflict score (DCS) distribution was slightly skewed to the right with median score 27.0 (ranged from 18.0 to 43.0), and mean 27.5 ( $SD=5.7$ ). With respect to DCS subscales; scores on Uncertainty with median score 21.6 (ranged from 8.0 to 58.0) and mean 18.9, informed with median score 38.3 (ranged from 25.0 to 66.0) and mean 35.4, and effective decision with median score 20.0 (ranged

from 8.0 to 58.0) and mean 19.9, exhibit weakly negative (left) skewness. Values clarity with median score 13.3 (ranged from 16.0 to 58.0) and mean 16.9 and support score with median score 30.0 (ranged from 23.0 to 53.0) and mean 33.5 were slightly skewed positively (right). As a summary so far, we have covered an overall some conflict in the decision-making. Using a cutoff point of a total score <25 for no decisional conflict, 35.5% (100) of participants were likely to implement their decisions; considering score between 25-37.5, moderate levels of conflict, 154 (54.6%) pregnant women were unsure about their decision implementation; and using score of  $\geq 37.5$ , indicating high decisional conflict, 9.9% (28), were unlikely to implement their decision.

Based on subscale items, score <25 mainly noted in Value Clarity (53.2%, 150), and Uncertainty (51.4%, 145); score 25 -37.5 were mostly found in Effective decision (44.7%, 126), and Support (36.5%, 103); score  $\geq 37.5$  mostly assessed in Support (34.4%, 97). The mean value of total DCS score was higher (indicating more conflict), for women: in age group 18-25 years old (28, 100%,  $M=38.05$ ,  $SD=2.5$ ), housewives (184, 65.2%,  $M=43.48$ ,  $SD=9.09$ ), pre-tertiary educated (primary school; 35, 12.4%,  $M=43.92$ ,  $SD=10.3$ ; secondary school, 52, 18.4%,  $M=43.07$ ,  $SD=9.49$ ; and diploma 43, 31.2%,  $M=43.90$ ,  $SD=8.78$ ), women with inter-family marriage (97, 34.4%,  $M=44.64$ ,  $SD=8.4$ ), gestational age <16 weeks (212, 75.5%,  $M=43.18$ ,  $SD=9.31$ ), women with first pregnancy (93, 33.0%,  $M=43.0$ ,  $SD=8.56$ ), negative history of given birth to malformed child (252, 89.4%,  $M=43.10$ ,  $SD=9.12$ ), maternal health reasons for seeking abortion (50, 17.7%,  $M=45.40$ ,  $SD=10.9$ ) and duration more than 2 weeks since abortion planning has made (190, 67.4%,  $M=1.0$ ,  $SD=0.6$ ) (Table 2 and 3).

According to the results of the logistic regression for assessing the relationship between decision making conflict scale and subscales with research variables, significant relationships between total DCS score with age, education, women with consanguine marriage (inter-family), gestational age, women with first pregnancy, history of given birth to baby with fetal disorder, and waiting time to access certificate for abortion requested were assessed ( $p < 0.05$ ). This relation was mostly significant with the gestational age, mandatory waiting periods before meeting legal

**Table 1:** Percentage distribution of women seeking Legal abortion.

Characteristic	Number (%)	Mean ±SD	Rang (min.-max.)
<b>Age</b>		31.55 ± 6.15	29 (17 -46 ) years
<18-24	41 (14.5)		
25-34	142 (50.4)		
35->45	99 (35.1)		
<b>Education</b>			
Primary school	35(12.4)		
high school	52(18.4)		
diploma	88 (31.2)		
≥college	107 (37.9)		
<b>Occupation</b>			
Housewife	184( 65.2)		
Employed	98(34.8)		
<b>Gestational Age</b>		15.2 ± 3.8	15 ( 4-19) weeks
< 16 weeks	212(75.2)		
16-19 weeks	70 (24.8)		
<b>No. of Pregnancy</b>			
1st	92 ( 32.6)		
2 nd	100 (35.5 )		
3rd	50 (17.7 )		
≥ 4th	45 (16.0 )		
<b>Historyof having Disable child</b>			
No	252 (89.4 )		
Yes	30 (10.6)		
<b>Abortion Indication</b>			
Fetal Malformation	232 (82.3)		
Maternal Health Problem	50 (17.7)		
<b>mandatory waiting periods</b>		13.4 ± 4.2	13 days (7-20 days)
1 week	40 (14.2 )	days	
1-2 weeks	190 (67.4)		
>2 weeks	52 (18.4)		

authorization provider, and history of having child with birth defect (p=0.000) (Table 3).

## Discussion

The results of this study provide unique information to explore participants’ conflict in their abortion decision-making process. Findings from the study showed that abortion decision is multi-factorial, multi-dimensional concept and a set of personal and social variables impacts on women’s decision conflict. The findings of this study may be of interest to several practitioners and professionals who typically framing and authorizing abortion as a pregnant woman's choice.

Women seeking abortion have already made decision for abortion. In our study similar to other studies, making decision was clear for some women, while for most of them, conflict emerged for decision they have

had to make<sup>18-22</sup>.

According to some researches, the level of uncertainty in abortion decision-making was comparable to or lower than other health decisions<sup>23,24</sup>, some other studies suggest that abortion decision-making is exceptional compared to other healthcare decisions<sup>25</sup>. Some other worldwide researches reported that between 10% and 18% of women referring to western clinics for abortion were still in conflict about their decision making<sup>26</sup>.

The decision to have an abortion can be complex, and women may found many factors affecting their decision in different ways, encountering some conflicts along the path to a decision<sup>27</sup>. Our findings in line with other researches suggests that conflict in decision making for legal abortion were mostly associated with women in younger age group, with secondary general education (diploma), housewives, women with consanguineous

**Table 2:** Decisional conflict Scale (DCS) and subscales Measurements.

Scale and Subscales	Domain (no, %)			Mean $\pm$ SD
	>25	25-37.5	$\geq$ 37.5	
<b>Total DCS</b>	100(35.5)	154 (54.6)	28 (9.9)	27.5 $\pm$ 5.7
<b>Uncertainty</b>	145 51.4%	85 30.1%	28 9.9%	18.9 $\pm$ 4.9
<b>Informed</b>	106 37.6%	96 34.0%	80 28.4%	35.4 $\pm$ 11.3
<b>Values Clarity</b>	150 53.2%	78 27.7%	54 19.1%	16.9 $\pm$ 16.4
<b>Support</b>	82 29.1%	103 36.5%	97 34.4%	33.5 $\pm$ 6.3
<b>Effective Decision</b>	120 42.6%	126 44.7%	36 12.8%	19.9 $\pm$ 3.3

marriage, women with their first pregnancy, with gestational age <16 weeks, and negative history of given birth to malformed child. Risk to maternal health, as a reason for seeking abortion, and duration more than 2 weeks since abortion consultation were the most effective factors in the women's decision-making conflict<sup>28,29</sup>.

Our finding challenges that conflict in decision – making for abortion was higher in women with consanguine marriage (inter family). Children have an important value for marital stability in Iranian family. Compliance with cultural norms and expectations for husband relative influence, may cause distress, fear of stigmatization toward their failure or inability to bear children. Felling anger and the guilt that together created a cradle for blame, which limits woman's autonomy and affect their decision-making processes<sup>30</sup>.

In our study, majority of women with first-time pregnancy experience, possessed decision-making conflict. Motherhood is a powerful concept, which affects women throughout their lives, both by child presence and absence. There is a fear of regretting whatever decision she makes and of losing her identity as a person to the role of mother<sup>31</sup>.

The abortion decision may be influenced by medical considerations for the woman. On coincide with some nationally representative data from other countries, our finding supports that many women set maternal

health issues as doubtful condition under which they conflict with abortion decision<sup>32</sup>. Lack of women's general knowledge and overpowering influence of medical consultants, limit their autonomy to make their own decisions for abortion, even sometimes against their will<sup>33</sup>.

The result of our study also indicates a positive influence of doctors' decision on overall abortion decision-making processes, corroborates with other studies<sup>34,35</sup>. As argued by other studies, gestational age and time limit in abortion law, enumerate as an important legal and personal difficulty deciding to terminate the pregnancy. Due to many law restriction based on gestational age for abortion in Iran, women's decision conflict decreased as duration of pregnancy increased at or near the Legal gestational age limits for abortion<sup>36</sup>. The legal limitation and time passing in order to achieve the right for legal abortion are at greater risk for developing stress, and may affect women's decision-making<sup>37,38</sup>.

**Strengths and limitations:** Despite the high prevalence of request for legal abortions in Iran, there is a shortage of researches in subject of women's view and Factors influencing mothering decisions<sup>39,40</sup>. In this study, we added some knowledge about women's ability to experience of decision difficulty for abortion even though medical indication is sufficiently clear. Since this study was conducted with a convenience sample of women seeking abortion attending Tehran

**Table 3:** Association between pregnant women’s decisional conflict (scale, subscales) and relating factors according to data set.

<b>Dependent Variable: DCS.SCORE.TOTAL</b>					
<b>Model</b>	<b>Unstandardized Coefficients</b>		<b>Standardized Coefficients</b>	<b>t</b>	<b>Sig.</b>
	<b>B</b>	<b>Std. Error</b>	<b>Beta</b>		
<b>age</b>	-	.162	-.382	-28.239	.000
	.2.978				
<b>education</b>	-.117	.049	-.086	-1.925	.055
<b>inter-family marriage</b>	.125	.036	.142	3.473	.001
<b>gestational_age</b>	.156	.036	.173	4.282	.000
<b>pregnancy_no</b>	-3.209	1.137	-.585	-2.823	.005
<b>PRG_N0_G</b>	.097	.037	.114	2.631	.009
<b>malformed_child_hist</b>	-.160	.034	-.193	-4.779	.000
<b>family_malformed_child</b>	.110	.033	.130	3.435	.001
<b>waiting.time</b>	0168	.032	.202	5.253	.000
<b>Dependent Variable: Uncertainty</b>					
<b>waiting.time</b>	-.055	.025	-.136	-2.220	.027
<b>Dependent Variable: informed</b>					
<b>education</b>	-.117	.080	-.391	-1.453	.047
<b>Dependent Variable: value clarity</b>					
<b>family_relation</b>	.513	.250	.124	2.054	.041
<b>Dependent Variable: support</b>					
<b>family_relation</b>	.517	.245	.126	2.111	.036
<b>pregnancy_no</b>	.242	.106	.156	2.285	.023
<b>Dependent Variable: decision</b>					
<b>family_relation</b>	.429	.199	.127	2.152	.032
<b>pregnancy_no</b>	.212	.086	.166	2.470	.014
<b>family_malformed_child</b>	.470	.248	.113	1.895	.059
<b>waiting.time</b>	.050	.023	.130	2.176	.030

legal medicine clinic, the generalizability of the findings may be reduced significantly. Additional research must be conducted in different parts of country, in different economic, cultural and social influence.

### Conclusion

Women seeking legal abortion may go against their own sense of right or wrong based on their feelings, values and beliefs, goals and dreams .most women

experience a lot of different and sometimes confusing feelings and thoughts. They deserve pre-abortion consulting to deal with conflict and negative effects in making a time-sensitive decision. Because different people have different views about which values are offended or affirmed when a woman chooses abortion, and because these views are sometimes irreconcilable and often very strongly held, the debate about the morality of abortion continues. The main components of the abortion-related consulting include decision-



making consulting; supportive consulting and informed choice; information about the procedure; and follow-up consulting.

## Acknowledgment

None.

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