



Women & Crisis Pregnancy

Evelyn Mahon, Catherine Conlon & Lucy Dillon

Women and Crisis Pregnancy

A Report Presented to the Department of
Health and Children

by
Evelyn Mahon
Catherine Conlon
Lucy Dillon

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Foreword

by the
Minister for Health and Children,
Brian Cowen T.D.

This research was commissioned in 1995 in the context of a comprehensive approach to the problem of Irish women going abroad for abortion. Its objective was to identify the factors which contribute to the incidence of unwanted pregnancies and the issues which resulted in women choosing the option of abortion.

This was a major research project and the first of its type undertaken in Ireland. I would like to compliment the research team from Trinity College, Dublin on their thorough, professional and sensitive approach to the task. Their report is the result of the independent work they have carried out and its publication will enhance our understanding of crisis pregnancies.

The Government has decided to prepare a Green Paper on Abortion and an important part of this process will be the invitation of submissions from interested parties and the public generally. I hope that this report will serve as a useful contribution to the debate and that it will, as intended, help in our understanding of the many factors which contribute to the incidence of unwanted pregnancy and in particular why some women seek an abortion when faced with a crisis pregnancy.

BRIAN COWEN T.D.
Minister for Health and Children

February 1998

Acknowledgments

Firstly we would like to thank each woman who took part in the study and shared her very private experiences with us. For many it took a lot of courage to do so but without their co-operation the story of how many Irish women cope with a crisis pregnancy would not have been told. Each story was invaluable and the research team thank you for your courage in sharing your experiences with us.

We would like to thank all of the nursing staff of the Irish antenatal clinics who facilitated us so well during our time in the various clinics around the country, helping to raise interest among women about the project; and the counsellors and staff of the residential homes who enabled us to carry out the research in an area that was particularly sensitive. We would like to thank the staff of CURA, Cherish, LIFE, the Irish Family Planning Association and Well Woman who provided us with essential contacts and information especially at the outset of the study.

The Irish College of General Practitioners were very helpful in advising us about the sampling of general practitioners and we are grateful for their co-operation and interest and, we would also like to thank all the general practitioners who in spite of their busy schedules took part in the study. We would also like to thank the private gynaecologists who facilitated fieldwork in their practices for their co-operation.

We would also like to thank all the staff of both Marie Stopes and the British Pregnancy Advisory Service who facilitated us in our research in the clinics and who dedicated a lot of time and energy in helping to explain the nature of the study to Irish women using their services. Their sensitivity around the issue helped ensure women felt comfortable in talking about their experiences within the clinic setting. Without the help, dedication and continued interest of all these this study would not have been possible.

We would like to express our enormous debt to Elaine Long, the secretary to the project, who expertly transcribed most of the interviews and whose total dedication, enthusiasm and support was always present despite the long hours of transcribing! Special thanks also to Kay Fenson who carried out and transcribed interviews in the English clinics and for her overall contribution to the early part of the study. We would also like to thank the members of the Research Advisory Board all based in Trinity College Dublin: Dr. Andrew Finlay of the Department of Sociology, Noreen Kearney and Anthony McCashin of the Department of Social Studies and Professor Tom O'Dowd of the Department of General Practice and Community Health. Their on-going encouragement, enthusiasm, comments and criticisms were invaluable to us throughout the project. The Trinity Research Advisory Board was expertly led by Noreen Kearney. Special thanks to Aine McGrath for her help and patience in the closing stages of the project.

Evelyn Mahon would like to express particular thanks to Professor John Jackson of the Department of Sociology, and her other colleagues in the Sociology Department for facilitating her secondment for eighteen months to work full time as Project Director.

We would also like to thank several officials in the Department of Health and Children for their role in expediting the research, for their active support and advice on the research.

Finally we wish to thank Minister Michael Noonan who commissioned the research and Minister Brian Cowen who has published its findings.

We, the authors of this report would like to emphasise that any errors of fact and issues of interpretation are not the responsibility of any of the aforementioned but of the authors.

Thank you to the friends and relatives of the research team who assisted with the cover design and to Language for the overall cover design.

Evelyn Mahon, Catherine Conlon and Lucy Dillon

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Introduction

Women and crisis pregnancy

In June 1995, the Minister for Health, Michael Noonan, commissioned this study on women and crisis pregnancy in Ireland. The study was commissioned to identify the factors which contributed to the incidence of unwanted pregnancy and those which resulted in abortion.

In this report, the decision making processes and the factors which women consider when making decisions arising from crisis pregnancies are analysed. The purpose of the research is to assist in the development and planning of future health policy with a view to reducing the incidence of abortion among Irish women. The format of the report is as follows.

Chapter One sets the historical and social context in which crisis pregnancies are located. It reviews changes in birthrates, and the changing patterns of reproduction and marriage. It outlines the changes in women's role in society over time and shows the manner in which motherhood has been modernised. The failure of state family policies to keep pace with these changes in gender roles is discussed.

Chapter Two describes the methodology used in the study. The study initially had to find a sample of women who had crisis pregnancies. One group were immediately identifiable: those who were having abortions in England, and they formed one sample. Women who were planning on having their babies adopted formed a second sample and we located them in homes run by voluntary organisations. The final sample — women with crisis pregnancies who planned to continue to become mothers — had to be located from within the general population of pregnant women who were attending doctors, antenatal clinics and gynaecologists. This sample was generated using a short questionnaire which included a question on women's initial response to their pregnancy and from this over three hundred in-depth interviews were conducted with women who had different responses to their pregnancies. This report on Women and Crisis Pregnancy is based on the analysis

of qualitative interviews conducted with: eighty eight women who were having abortions, eleven women who were planning to have their babies adopted and, thirty four women with crisis pregnancies who were continuing the pregnancy to become mothers for the first time.

Chapter Three analyses the data collected from 2,053 questionnaires completed by pregnant women who were attending for antenatal care. These were gathered as part of the process of generating a sample of pregnant women with crisis pregnancies. This data enabled us to generate some estimates on the extent of crisis pregnancies and to see the social parameters which help to construct a pregnancy as a crisis one.

Chapter Four examines contraceptive behaviour and fertility control among all the sample of women with crisis pregnancies. It reviews changes in family planning practices, and access to contraception. It describes the factors which militated against their use of effective contraceptives and which resulted in their unplanned pregnancies.

Chapter Five examines women's access to, and use of crisis pregnancy counselling agencies prior to going to England. While twenty nine chose self-referral and did not consult anyone in Ireland, twenty one had contact with doctors in Ireland and thirty four had contact with an Irish based counselling agency. Women's perceptions of counselling are also elaborated.

Chapter Six examines the decision making processes of women who had abortions. It reviews the themes which framed their decision making: social stigma, the combination of work and family lives, the optimum conditions for childrearing and relationships with partners. It describes the coping strategies used in going through with an abortion.

Chapter Seven describes the main influences on women's decision to continue their pregnancies and become birth mothers, and then have their babies adopted. It examines the ways in which they rejected abortion while not being able to embrace lone motherhood.

Chapter Eight describes the way in which women negotiated the social stigma of single pregnancy and prepared for lone motherhood. It charts the processes involved, telling their parents, interrupting their educational or working lives and coping with the confinement of pregnancy. Some negotiated lone motherhood with the support of their partners and the majority received extensive parental support.

Chapter Nine provides an overall summary of the findings, reviews the factors which influence a woman's decision making both in terms of her personal position and available state supported services.

Our recommendations will be submitted to the group overseeing the preparation of the green paper on abortion.

Chapter One

Motherhood and Modernity

Motherhood and modernity

Modernity has had an impact on women's lives in two ways: first by enabling them to control their fertility and second by enabling them to engage in paid employment. Overall, there has been a marked decline in fertility in all European countries (Drew, Emerek and Mahon: 1996). This overall decline in births has been explained by the transition from early industrialising to advanced industrial society. As work in society has become proletarianised, and the family has declined as an economic unit, "there has been a drastic shift, summed up as 'from children as blessing to children as burden'." (Bolte 1980:66, cited in Beck and Beck-Gernsheim: 1995:104). Children are no longer considered as assets but are thought of as liabilities. This has changed the nature of marriage, reproduction and motherhood.

The development of family planning has enabled women to control their fertility. Given such control, many women now actively decide when to have their children and how many children to have. As women increasingly participate in the workforce they have had to negotiate the combination of their work and family lives. There is considerable variation between countries in the extent to which they offer childcare to support employed parents (Moss:1988). Ireland has no formal state sponsored support for childcare (McKenna:1988). Among working mothers childcare has been seen as one of individual responsibilities. Research shows that mothers' childcare arrangements vary by class. Women who earn higher salaries can afford to employ childcare staff, while mothers on lower pay were more likely to leave their children to childminders or have their children looked after by family relatives (Mahon:1991).

This ability to plan to have children, has brought with it attendant changes in the relationship between parenthood and children. Society has become too individualised for parents to expect any help from their children 'so the real remaining reward is the emotional value children

have; the important feeling of being responsible, in charge and emotionally indispensable, and above all seeing oneself embodied in the next generation and represented again in human form' (Hurrelmann cited in Beck and Beck-Gernsheim:1995:105).

Beck and Beck-Gernsheim see the change in the relationship between parents and children as mirroring the change in the relationship between couples. The common cause, that is the survival of the family unit has disappeared, the relationship between people is less economic and 'more personal and private' with all the hopes and interests this involves; the relationship depends largely on the emotional needs of all parties in an individualised world. In this changed context, having children is neither a service nor a social obligation, but rather one of psychological utility.

Beck and Beck-Gernsheim (1995) argue that having children is a way of life in which one pursues one's own interests and in which parents hope to discover themselves through their children. Choosing to have children is increasingly connected with being rooted, of life becoming meaningful, and with a claim to happiness based on a close relationship with the child. They contrast the highly efficient rational aspects of life characteristic of industrialised society with the opposite 'natural side' of life, as represented by having a child, arguing that this is what makes having children appealing. Commitment to a child means contradicting the cognitive side of life, and finding a living counterweight to all that soul destroying routine of rational advanced society. Some European studies have found that among people with little education, children were the most important aspect of their lives (Hopflinger: 1984). They have children so that life can have some point to it. Simultaneously, parenthood has become an increasingly responsible task, with increasing demands such as that 'only the best will do' and this makes having a child even more difficult (Beck-Gernsheim: 1988).

The more one is expected to provide the child with optimal conditions, the longer prospective parents wait to have children. Parents feel that they must be ready to cope with having children, emotionally and financially. 'We can't afford a child' reveals something of the couple's own standard of living but it says just as much about the standard of living they want to offer their child, indeed that they feel compelled to offer

it, if they follow the experts' advice. They want to offer the child a high standard of living and an upbringing under optimal conditions.

Rearing a child is a great and responsible assignment. Would-be parents cross examine themselves and subject their relationship to a rigorous test. "Is it good enough to take the strain and provide a child with the stability it needs? If the personality of the child depends on how well I care for it, am I emotionally mature enough to treat it right? Am I up to the personal demands of childrearing? If I can't cope with myself, how am I supposed to cope with a child?" For the woman this is often linked to feeling anxious about motherhood. Mothers ask 'am I up to the personal demands of child-rearing? Do I have the inner qualities the child needs to develop properly?' If the answer is no, then no child, or at least 'not yet'.

So the decision to have or not have children is currently affected by a whole series of factors: from the pleasures and deprivations of a life of one's own to the obligations and delights of parenthood. There are always some arguments for and others against whatever is decided, insecurity, ambivalence and contradictions become apparent.

Parenthood has unique implications for women as only they can become pregnant. Yet women as individualised workers need to plan ahead. This need intervenes increasingly in women's lives and in their attitudes towards motherhood. While having children was quite natural in the past, now it lacks spontaneity, it is now a conscious decision.

But this conscious decision making also increases parental responsibilities. A child becomes the focus of considerable parental effort, parents feel that they must give their children the best of all they can afford, and children become a parental product. This is the contemporary context into which children are born and in which women mother.

This individualisation of women's role has changed the relationship between women and motherhood. Motherhood is now seen to be the result of intentional conscious choice, to be embraced when women and their partners are ready to embrace parenthood. The complexity of contemporary life means that women have to find ways of balancing their career and working lives.

However we also know that the division of labour and responsibility within families have been gendered. In particular the division of labour within the family makes women far more likely to be exploited within the marital relationship and in the world of work. In fact many argue that women are made vulnerable by marriage itself. Women's socialisation within the family, and at school encourages them to see that they will be the primary carers of children and that to fulfill that role they need the support of a breadwinner/husband/male, whose work takes priority. Paid work structures are based around the notion that workers have wives at home. If they become primary caretakers at home, they are made financially vulnerable, and of course their vulnerability increases if they are divorced or if they are lone mothers.

The result of these changes is that many mothers wish to combine motherhood and employment, enabling them to be mothers and autonomous earners. But family policies vary between states in the extent to which they facilitate the combination of work and family lives. Most states including Ireland support a dominant breadwinner/housewife form of gender contract (Lewis :1993). This assumes that responsibility for the economic support of the family rests with the father/husband, while the mother/wife cares for the family within the home. The taxation system in Ireland maximises the net income of one income families by doubling the tax allowances and tax bands. This arrangement is based on marriage rather than on children, and is most beneficial in cases where the breadwinner is a high income earner. But there are no tax allowances for children or for childcare expenditure. In contrast social democratic states have an equality contract and support working parents by providing state-supported childcare, shorter working hours and parental leave (Sainsbury:1996).

Gender equality regimes while being child-centred, accommodate the modernisation of motherhood by recognising that mothers play an economic as well as a social role (Leira:1992). While such provision is extended to all parents, it has particular advantages for lone parents especially those on low pay who wish to continue to work but who can't afford childcare costs. The report of the Second Commission on the Status of Women concluded that it was preferable to go for increased investment in childcare rather than tax allowances (1993:152).

While the proportion of married women who are economically active has increased over time childcare has not been provided nor has the taxation system been adapted to accommodate the changes in women's lives. It is within this overall context of modernity that we will now review social changes in Ireland.

Demographic change in Irish society

Since the foundation of the modern Irish State, Ireland has changed from being a traditional rural based society into a modern society. A feature of this has been a changing demographic profile. However this change in fertility patterns was accomplished in Ireland much later than in other European states. The 1957 report on vital statistics noted that Irish women married later than those in England and Wales, had a larger number of children, and continued to bear children for a greater number of years. In that year, 40% of all births in England and Wales were first births, as contrasted with only 21% of births in Ireland. As regards parity, 19% of births in Ireland were sixth to tenth order births as contrasted with only 4% in England.

The development of family planning techniques has facilitated the changing demography of modern societies. While most European countries began to adopt family planning within marriage from the 1870s onwards, this was not the case in Ireland (Coleman:1992:59). Ireland's position with regard to contraception was strongly influenced by the position the Catholic Church held on the issue (Prendiville and Short, 1993). Contraception was not made legally available in Ireland until 1979. When the use of the safe period was justified by Pope Pius XII a Marriage Guidance Clinic was established in Holles Street Hospital in Dublin in 1963. In 1969 a Fertility Guidance Clinic, supported by the International Planned Parenthood Association, opened in Dublin, and a Family Planning Rights group was formed which sought to subvert the law which made it illegal to sell contraceptives by dispensing them free of charge while clients made 'donations' to the organisation. Family planning clinics, despite some local public objections, were subsequently set up in a number of regional towns, prescribing the pill, and dispensing condoms and diaphragms. In 1973 the Supreme Court held that the constitutional right to marital privacy encompassed

the right to obtain contraceptives for personal use. In 1979 the Health (Family Planning) Act was enacted which provided for contraceptives including condoms, to be made available on prescription from a doctor for medical reasons, or for *bona fide* family planning purposes. In 1985, the legislation was amended to, *inter alia*, enable the sale of condoms or spermicides to persons over the age of eighteen years without a prescription from a range of named outlets. In 1992 the sale of condoms was deregulated. The publicity accorded to the AIDS virus and global safe sex campaigns facilitated the acceptance of this amendment. The Health (Family Planning) (Amendment) Act 1992, also legally obliged health boards to provide family planning services. While the Catholic Church continued to oppose contraception, Irish people over time adopted fertility control practices (Nic Ghiolla Phadraig, 1985). The result has been a considerable reduction in the birthrate as Table 1.1 shows.

Changing fertility patterns in Ireland 1946-1991

Table 1.1: Birthrate by selected years of women aged 15-44 (1947-91)

Year	No of Births ¹	No of Women ²	Birth Rate ³
1946	67,922	626,851	108.35
1951	62,878	591,141	106.35
1961	59,825	502,371	119.08
1971	67,551	545,953	123.70
1981	72,158	760,488	94.80
1991	52,690	776,267	67.80

Table 1.1 gives the birthrate of women aged 15-44, and it shows a gradual increase in the overall birthrate in the sixties and seventies, followed by an accelerated decline in the eighties. This decline can be attributed to a decline in higher order births and the deferment of first pregnancies by younger women.

¹ Health Statistics 1992 p 19.

² Census 1991 Vol. 2 Table 1C.

³ Number of births over no of women $\times$ 1000.

Table 1.2: Birthrate for women aged 15-24 for selected years 1961-91

Year	Number of Births	Number of Women	Proportion of Single Women*	Birth Rate
1961	9,452	212,232	90.5	49.4
1971	18,306	236,244	84.7	77.5
1981	19,338	295,433	83.8	65.4
1991	11,012	293,711	93.7	37.4

* Census 1991 Vol. 2 Table IC

Table 1.2 shows that among women under 25 there was an increase in the birthrate between 1961 and 1971 followed by a subsequent decline which is consistent with the overall pattern in Table 1.1, but the decline in the birth-rate is greater among the younger categories. The birth-rate among women aged between 15-24 halved between 1971 and 1991.

This may also be partly explained by postponed marriages as the average age for marriage has risen. We can see in the third column of Table 1.2 that the proportion of women who were single and aged 15-24 decreased during 1970 and 1980 but then increased again in the nineties. In 1925-26, the average age at marriage was 29 for women and 35 for men. By 1977-78, it had declined to 24 for women and 26 for men, but by 1990 it has risen to 28 for men and 26 for women. The overall propensity to marry has increased since the sixties however. By 1986, 89% of women aged between 35 and 44 were married, as contrasted with 72% in 1951. There is some speculation that marriage rates are now declining among younger cohorts but because of the older age on marriage, this cannot be proven as yet.

Locating crisis pregnancies

Pregnancy and motherhood have been culturally ascribed to take place within the context of marriage in Irish society and so non-marital births have been, and continue to be of social concern. The annual report on vital statistics has always given the number of non-marital births, earlier described as ‘illegitimate’ births. In 1947, the first year of publication, the vital statistics simply reported that there were 2,348 ‘illegitimate’ births equivalent to 3.4% of total births. In the same year the figure was 3.8% in Northern Ireland and 5.3% in England and Wales. Since 1953,

the report on vital statistics has given a breakdown of births by age and legitimacy/non-marital status and by duration of marriage.

State policy towards unmarried mothers

A review of the treatment of unmarried mothers since the beginning of this century shows that they always constituted a social problem. Over time, state policy dealing with the issue of non-marital pregnancies and births became more progressive by degree. From the 1906 Report of the Vice-Regal Commission on Poor Law Reform in Ireland, we can deduce that many unmarried mothers resided in workhouses. That report recommended the establishment of Mother and Baby Homes which was done under the auspices of voluntary organisations. Many first time single mothers were accommodated in these homes and their babies were adopted.

A close inspection of the vital statistics reveals that many pre-marital conceptions were followed by marriage, so that by the time the baby was born, the mother was no longer single. However, for women who did not marry, the other alternative was adoption. The introduction of the 1952 Adoption Act further facilitated adoptions. During the 1960s there was an increase in the number of non-marital births and the proportion adopted rose steadily (McCashin: 1996: 5). However this practice began to decline when the State, in response to demands by CHERISH and other agencies, introduced a single mother's allowance in 1974. This gave mothers the financial support necessary to enable them care for themselves and their children.

Finally, the liberalisation of abortion legislation in Britain in their 1968 Abortion Act, offered Irish women access to abortion services in England and the abortion rate has gradually increased over time, and Ireland now has an abortion rate similar to that of the Netherlands. Currently, the majority of single mothers continue with their pregnancies and become lone parents, a very small proportion have their babies adopted while 30% of non-marital conceptions are aborted (1995).

Strategies for the management of non-marital births

The most common form of family in Ireland is that of a husband and wife with dependent children. This is often referred to as the nuclear

family. This family form has been institutionalised and supported via taxation and social policy legislation. Meanwhile single motherhood has remained a source of social stigma. One of the most pressing political issues has been to what extent there has been an increase in the proportion of births to single mothers. While there has been an increase in non-marital births over time, this increase is often somewhat exaggerated, so it is important to look more closely at these trends.

As the overall birthrate has declined, the proportion of births classified as non-marital has constituted a greater proportion of all births over time. Non-marital births tend to be concentrated among women under the age of 25 and the proportion of births outside marriage is indirectly proportionate to age. For instance, in 1995, 95% of all births to women aged under 20 were non-marital births. For women aged 21, 78% of births were outside marriage, for women aged 24, 40% were outside marriage, while for women aged 30, the proportion had declined to 9%⁴.

Thus there is a strong connection between the age at which one gives birth and whether or not it is likely to be a non-marital birth. This connection is exacerbated by an upward trend in the average age of married mothers having their first births. Pregnancy and marriage among younger cohorts of Irish women are no longer directly connected as they were in the past. Thus pregnant women do not have to marry, married women have fewer children and have their first child at a later stage in their married life than previously.

Looking at births to women aged under twenty in 1957 as compared with 1995 provides a good example of what changes have occurred in patterns of non-marital child-bearing during this time. In 1957, there were 1,033 births to women aged under 20, but only 266 or (26%) were outside of marriage. This contrasts with 2,482 births to women of the same age group in 1995, of which 95% were non-marital. While the actual number of births has more than doubled, more interestingly, the proportion that are non-marital has increased dramatically over time. Further inspection of the 1957 statistics shows the way in which the actual number of non-marital births was understated (for present

⁴ *Vital Statistics* 1995, Table 2, p 103.

comparative purposes) at that time. The report gives the duration of marriage of these birth mothers. Of the 1,033 legitimate births, 280 (27%) were born to women within 0-8 months of marriage. If we added these to non-marital births we would increase the proportion of non-marital conceptions to 53%. A further 146 were born to women married between 9-11 months. It must be remembered that social patterns then dictated that pregnant women must marry. Hence many so-called 'illegitimate' conceptions were legitimated in what were commonly called 'shot gun' weddings or marriages that were 'ex necessitate et post crimen' (see Kelly, 1966). Thus, the present increase in the proportion of single births is as much an indicator of a reluctance to marry at that age now, as of pre-marital sex. We can infer from these statistics that pre-marital conceptions were a feature of life in 1957, but the women who got pregnant were encouraged to marry their partners. Marriage patterns have greatly changed, as outlined above, and as part of this change women are no longer forced or encouraged to 'legitimate' a child via marriage prior to its birth.

Adoption

A second strategy for the management of non-marital conceptions and ensuing non-marital births was adoption. While legal adoption was introduced in England, Wales and Northern Ireland in the 1920s it was 1952 when The Adoption Act was passed in Ireland. This practice peaked in Ireland in 1967 when 97% of non-marital births were adopted (Flanagan and Richardson 1992, McCashin 1995). Table 1.3 below shows the numbers of non-marital births and the proportion adopted for selected years.

Table 1.3: Non-marital Births and Adoptions, 1951-1991

Year	Non-marital Births	Adoptions	Adoptions as a % of Births
1961	975	547	56.1
1971	1,842	1,305	70.8
1981	3,914	1,191	30.4
1991	8,766	590	6.7

Source: Derived from McCashin (1996)

This table shows that the proportion of non-marital births which were subsequently adopted increased from the early sixties. While the numbers adopted remained quite similar at about 1,000 a year, they declined as a proportion of non-marital births. By 1983 only 23% of non-marital births were adopted and by the 1990s only 7%. So adoption was the dominant social response to non-marital births for the sixties and seventies.

‘Mother and Baby’ homes were closely connected with adoption. O’Hare et al (1983) and Flanagan and Richardson (1992) profile their development, function and demise. Towards the end of the nineteenth century a substantial proportion (11.6% in 1854) of women, aged under fifty, resident in workhouses, were unmarried mothers. In response to this, the 1906 Report on Poor Law Reform proposed that first time single mothers should be housed in Mother and Baby homes, while unmarried women with more than one child ought be segregated into a disused workhouse. In the early 1920s the government and local authorities requested religious bodies to open special mother and baby homes for unmarried mothers both during and after their pregnancy (Flanagan and Richardson, 1992). Flanagan and Richardson (1992) listed the homes that were in place up to 1992. The Magdalena facility was the first such home in the State and pre-dated the other Mother and Baby homes. These homes enabled women to have their babies and have them adopted secretly. The prevalence of adoption until the early seventies meant that ‘single motherhood’ was not an option. Five ‘community homes’ were established: in Dublin, Donegal, Limerick and Waterford. One ‘Life House’ was also established. By the time Flanagan and Richardson (1992) were conducting their study only one Mother and Baby Home, in Bessboro, Cork remained. Table 1.4 contrasts the original capacity of these homes as contrasted with their occupancy at the time of the 1992 study.

Table 1.4: Accommodation Provision for Women During Pregnancy

Opened	Home	Certi- fied Capacity	Closed	Transferred To	1992 Accommodated
1766	Magdalena Hse, Dublin	9	1966	Denny Hse, Dublin	9
1921	Bessboro, Cork	106	—	—	25-30
1919	St. Patricks, Dublin	200	1986	Eglinton Hse	12-13
1930	Sean Ross Abbey, Roscrea	150	1969	—	—
1935	Castlepollard	130	1971	—	—
1955	GSC Dunboyne, Co. Meath	30	1990	—	—
1976	Ballyogan house	—	1989	—	—
1982	Newtowncunningham,	—	—	—	8
1981	Limerick City	—	—	—	15
1992	Waterford City	—	—	—	7
1982	Life House	—	—	—	3-4

Source: Flanagan and Richardson (1992: 51)

Flanagan and Richardson (1992) found that over the period of their study, only 3.1% of single women, who gave birth in the National Maternity Hospital, were resident in such homes. In a study in 1974, they found that 40% of such women were resident in these homes (Flanagan and Richardson: 1992: 52).

Reasons for the decline in adoption were also examined by Flanagan and Richardson (1992). They concluded that 'if a society helps women to avoid pregnancy, facilitates (or tolerates, as the case may be) termination of pregnancy and provides social support for mothers rearing children, the smaller the supply of children who need adoptive parents will be' (1992: 69). They answer this by pointing out that family planning legislation and social support for single or lone mothers did not come until much later than 1967 when the decline of adoption began. Rather, they argued that a softening of attitudes towards single mothers and the legalisation of abortion in Britain was responsible for the declining numbers of adoptions after 1967.

A further interesting feature of recent adoption trends is the increasing proportion of adoption orders granted to the natural family. Both

O'Hare et al (1983) and Flanagan and Richardson (1992) noted this in their studies of unmarried mothers in Ireland. In 1990, 41.4% of adoption orders were for children adopted within their natural family. Of these 83.2%, (or 30.6% of all orders), were granted to the child's natural mother and her husband.

Lone motherhood

In the seventies, groups like CHERISH were established to generate support for unmarried mothers. They sought to give single mothers legitimate legal and social status, including financial support. This legal and economic status gave women an alternative to marriage, or adoption. They became lone mothers. Indicators show that there has been a steady increase in the number of lone mothers. But despite this, lone mothers still experience quite a negative press and have been the subject of persistent negative stereotypes. The lone parent allowance facilitated the description of lone mothers as 'welfare mothers', and contemporary media accounts often suggest that they have children in order to get their lone parent allowance. But this allowance made lone parenthood an alternative option to marriage, adoption and abortion.

Abortion

The final social response to lone parenthood is abortion. Abortion has not been legalised in Ireland, but since the liberalisation of abortion legislation in Britain, Irish women have travelled to England for abortions. Since 1970, 72,000 Irish women have had abortions in England⁵. As we will see, women who have abortions are more likely to be single than married and consequently we must see abortion as another response to non-marital pregnancies.

Legal regulation of abortion and abortion services in Ireland

Abortion has been a very controversial and divisive issue in Ireland (Mahon:1995)⁶. Since 1980 there has been a campaign demanding the

⁵ Irish Medical Times, Vol 30 No. 6 Feb. 4th 1996.

⁶ See Mahon 1995 "From Democracy of Femocracy", for a detailed account.

right to legalised abortion in Ireland (Mahon: 1987). Simultaneously, the Society for the Protection of the Unborn Child (SPUC) campaigned to insert a Constitutional amendment prohibiting abortion. The latter was successful and the amendment was carried in a referendum in 1983. This amendment guarantees explicitly the right to life of the 'unborn' with due regard to the equal right to life of the mother.

Abortion information and referral

This amendment was then invoked by the Society for the Protection of the Unborn Child (SPUC) to legally challenge the provision of abortion information and referral services arguing that such services were unconstitutional under Article 40.3.3 of the Constitution. They were successful in their High Court and Supreme Court cases taken against Open Door Counselling and Well Woman Centre. However in 1992, the 'X' case arose, which involved a fourteen year old who was raped and whose parents brought her to England to have the pregnancy terminated. They inquired from the Gardaí about the procurement of foetal tissue to be used in a court as evidence against her rapist. The Gardaí sought the advice of the Attorney General and he issued a temporary injunction restraining her from leaving the country. The AG's decision was upheld by the High Court who restrained her from leaving the country for nine months and from procuring an abortion within or without the jurisdiction.

The family then appealed to the Supreme Court arguing that the girl had suicidal tendencies as a result of her pregnancy and that her life was at risk. The Supreme Court ruled that 'if it is established as a matter of probability that there is a real and substantial risk to the life, as distinct from the health, of the mother, which can only be avoided by the termination of her pregnancy, such termination is permissible, having regard to the true interpretation of Article 40.3.3 of the Constitution' (Hogan and Whyte:1994:799).

According to the Supreme Court the government would have to introduce appropriate legislation on the issue. However, the court also ruled that only women whose lives were endangered could legally travel to

secure an abortion. This was a newly recognised restriction. In November of 1992 three new amendments were put to the electorate. The Twelfth sought to exclude the risk of self destruction as grounds for abortion and this was rejected by the electorate. The Thirteenth Amendment proposed that Article 40 'shall not limit freedom to travel between the State and another state', while the Fourteenth Amendment related to information and read as follows:

'This subsection shall not limit freedom to obtain or make available, in the State, subject to such conditions as may be laid down by law information relating to services lawfully available in another state'

The Thirteenth and Fourteenth amendments were both passed by the electorate. Subsequently, the Minister for Health introduced the Regulation of Information (Services Outside State for Termination of Pregnancies) Act, 1995. The Act regulates the dissemination of information on abortion. Such information can only be given if solicited and then as part of non-directive counselling, where options other than abortion are discussed, and where there is no advocacy of abortion: 'It does not permit counselling which promotes abortion or encourages the woman to select it in preference to other options or which amounts to direct abortion referral' (Hogan and Whyte 1994: 810). This counselling by voluntary agencies and family planning agencies has been assisted financially by the Department of Health. The Act gives due recognition to the right of doctors who are conscientious objectors not to co-operate. There has as yet been no legislation on abortion, *per se*, even though judges in rulings of the Supreme Court have deemed legislation desirable. Meanwhile Irish women seeking an abortion are legally permitted to travel to England to have their pregnancy terminated under the 1967 Abortion Act. This entails considerable financial cost for women both in terms of the travel and accommodation and because they attend the abortion clinic as private patients. The typical cost of an abortion includes an initial £45 consultation fee plus £320 for an abortion up to 14 weeks gestation with an overnight stay in the clinic which is obligatory for non-UK residents; £430 for an abortion over 14 and up to 20 weeks or; £510 for an abortion over 20 and up to 24 weeks. Travel and accommodation would generally cost women another £200 as well as the cost of travel and accommodation for a companion if they are being accompanied.

Abortion rates among Irish women

The Department of Health commissioned this study of crisis pregnancies and abortion in 1995, in order to see what policies can be introduced to reduce the incidence of unwanted pregnancies and abortions. The statistics and data on abortions carried out in England and Wales is published by the Office of Population Censuses and Surveys⁷. The OPCS published statistics, based on their abortion notification forms, provide us with the only official statistical data available on Irish women who have abortions in Britain. Its annual report, *Abortion Statistics*, includes a table on the number of abortions to non-resident women by country of origin. This data on Irish women is confined to the following variables: age, marital status, gestation period, the number of a woman's previous live births, still births and abortions or spontaneous miscarriages. There is no data collected on county of origin or place of residence for non-residents. No data is collected on class or occupation of women. The method used to carry out the termination, and the medical condition of the woman and suspected medical condition of the foetus are also noted. No additional data is published on non-resident women. For our research purposes we have acquired additional data for 1992 and 1993 and 1995.

The standardised way of calculating the abortion rate is to state the number of abortions per 1,000 women aged between 15 and 44. Table 1.5 gives the abortion rate for Irish women normally resident in the Republic. The number of abortions are based on the official British figures collected on Irish women and the number of women based on estimates from the Central Statistics Office. Table 1.5 shows a slight increase from 5.2 in 1991 to 5.8 per 1,000 women aged between 15 and 44 in 1994⁸. The Irish rate can be contrasted with the British rate of 14.79 per 1,000 women aged 15-44 in 1992. The rate in the Netherlands for 1994 was 6.0 per 1,000, slightly higher than their rate of 5.1 in the late seventies but still the lowest in Europe among countries which have legalised abortion. Comparatively speaking the Irish rate is low.

⁷ Office of population Censuses and Surveys, London: HMSO.

⁸ This method of calculation is the one most commonly used to generate an abortion rate.

Table 1.5: Legal Abortion rates in England for Irish women normally resident in the Republic of Ireland Years: 1991-1995: per 1,000 women aged 15-44)

Year	Number	Female Pop.	Abortion Rate
1991	4,154	776,300	5.4
1992	4,254	783,700	5.4
1993	4,402	787,600	5.6
1994	4,590	792,200	5.8
1995	4,532	805,200	5.6

Conceptions and abortions

An alternative method of calculating the abortion rate is as a percentage of conceptions ending in abortion⁹.

This excludes miscarriages but includes still births. In Table 1.6 we see an overall decline in the total number of conceptions with a slight increase in the proportion of conceptions which are legally aborted in England. This figure of 8% can be contrasted with the corresponding British rate of 20% in 1988¹⁰. This form of calculation is not the same as describing abortions as a percentage of births which is somewhat illogical. This calculation yields a higher figure: 9.5% for 1994.

Table 1.6: Total Conceptions¹¹ and Proportion of Conceptions Ending in Abortion, (excludes miscarriages), 1991-1995

Year	Births and Abortions	Abortions as a % of Conceptions
1991	56,844	7.8
1992	55,838	7.6
1993	53,858	8.1
1994	52,519	8.7
1995	53,062	8.5

⁹ See 'Trends in Abortion', B.Botting, OPCS Population Trends No. 64 Summer 1991.

¹⁰ Latest date for which published analysis is available.

¹¹ Conceptions is British terminology, pregnancies is used by Dutch.

Age and marital status of women who had abortions in Britain in 1995

Table 1.7 gives the breakdown by age and marital status of Irish women who had legal abortions in 1995. Just over 79% were single. Of these, almost 70% were aged between 20-29. Almost 13% were married, 60% of whom were aged between 30-39. Almost 6% were separated or divorced; just over 15% of all abortions were performed on women under 19.

Table 1.7: Legal abortions in England and Wales to women normally resident in the Republic of Ireland, 1995, in relation to age and marital status

	All ages	Under 16	16-19	20-24	25-29	30-34	35-39	40-44	45 & over
All legal abortions	4,532	25	673	1,763	943	561	382	162	23
Single	3,586	25	661	1,701	785	282	97	29	6
Married	577	—	3	23	89	164	179	103	16
Separated	228	—	—	9	43	81	74	20	1
Divorced	27	—	—	1	5	8	11	2	—
Widowed	16	—	—	—	—	5	8	3	—
Not Stated/Known	98	0	9	29	21	21	13	5	—

Table 1.8: Percentage of Women Having Terminations in England and Wales that Reside in the Republic of Ireland by Marital Status, 1995

Marital Status	%
Single	79.0
Married	12.7
Divorced	0.6
Widowed	0.4
Separated	5.3
Not Known/Not Stated	2.0
TOTAL NUMBER	4,532

Table 1.9: Percentage of Women Having Terminations in England and Wales that Reside in the Republic of Ireland by Age, 1995

Age Group	%
Under 15	0.1
15	0.4
16-19	14.8
20-24	38.9
25-29	20.8
30-34	12.4
35-39	8.4
40-44	3.6
44 and Over	0.5
TOTAL NUMBER	4,532

Table 1:9 shows that in 1995 those aged 20–24 made up 38.6% of women who had abortions. The proportion of abortions performed on women up to the age of nineteen decreased to 15.5%.

Statutory grounds for abortion for women normally resident in Ireland

Table 1:10 gives the distribution by age of the statutory grounds on which abortions on Irish women were performed in 1992¹².

Table 1.10: Legal Abortions in England and Wales to Women Normally Resident in The Republic of Ireland, 1993, in Relation to Statutory Grounds by Age

[illegible]

As can be seen from the table the majority (99%) are performed on grounds C: 'the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman'.

Grounds C include risk to the physical or mental health of the mother as contrasted with A which refer only to a risk to her life. The precise (Irish) constitutionality of grounds C are unclear at present. The wording of the Twelfth Amendment was:

'It shall be unlawful to terminate the life of an unborn unless such termination is necessary to save the life, as distinct from the health, of the mother where there is an illness or disorder of the mother giving rise to a real and substantial risk to her life, not being a risk of self-destruction.'¹³

This was rejected by the electorate. It is difficult to interpret this referendum result. One interpretation is that it was rejected because abortion under any circumstances was rejected. Another is that this was a restrictive interpretation of the Eighth Amendment and the distinction between the health and life of the mother was rejected.

¹² Conditions of the Act and Statutory Grounds for Abortion in Britain

The Abortion Act 1967 permits the termination of pregnancy by a registered licensed practitioner subject to certain conditions. Terminations have to be officially notified within seven days to the Chief Medical Officer of the Department of Health. A legally induced abortion must be performed by a registered practitioner, in a National Health Service or in a place approved for the purpose of the Act and certified as justified by two registered practitioners on one or more of the following grounds:

- A the continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy was terminated;*
- B the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman;*
- C the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman;*
- D the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of any existing children of the family of the pregnant woman;*
- E there is a substantial risk that if a child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped,*
or in emergency, certified by the operating practitioner as immediately necessary—
- F to save the life of the pregnant woman; or*
- G to prevent grave permanent injury to the physical or mental health of the pregnant woman.*

Statutory grounds A, B and E are without time limit, but there is a time limit of 24 weeks for abortions under statutory grounds C and D.

¹³ Referenda in Ireland 1937-87 Addendum, Government Publications, 1995.

The latter interpretation is supported by a study conducted in 1990, which showed that 65% of those surveyed approved of abortion when the mother's health is at risk from the pregnancy (Hornsby-Smith & Whelan). 32% approved of abortion where it was likely that the child was handicapped. Only 8% approved of abortion where the mother is not married or where a married couple do not want to have more children¹⁴. This study supports the inference that approval or disapproval of abortion is dependent on circumstances.

Social profiles of Irish women seeking abortion in England

Research to date on Irish women seeking abortions consists of a number of small scale studies (Burke, 1983; Dean et al, 1985; Quinney, 1991; Francome, 1992; Caherty, 1993; Riddick, 1993; Conlon, 1994 and Fletcher, 1995). It is not possible to make statistical inferences from these but they provide a profile of Irish women who seek abortions in England.

According to the consensus in this research, women from a diversity of occupations and social classes seek abortions in England. However lower professional and other non-manual occupations dominate, which is due in part to the overall concentration of women in these occupations. There has been a low proportion of women coming from manual occupations and few described as unemployed. The majority of Irish women seeking abortion have their pregnancy terminated between the stages of 8 to 12 weeks gestation.

Attitudes to single motherhood

Quinney (1991) found that negative social attitudes to single motherhood was the most common reason for women seeking abortion. Conlon (1994) found that attitudes to pregnancy outside the context of marriage contributed to a 'socially constructed' notion of an unwanted pregnancy which may coerce women into 'choosing' abortion when

¹⁴ "Religious and Moral Values" in Values and Social Change in Ireland, 1994, p. 36.

they may be ambivalent about that decision. As was seen in Table 1.7, almost 77% of women who had abortions in 1992 were single.

Attitudes to abortion

Abortion has been a very controversial and divisive issue in Ireland. Attitudes to abortion are often presented as being polarised into two opposing views: pro-life as contrasted with pro-choice. However, as was noted earlier, attitudes vary depending on the reason for an abortion (Mahon: 1987). A number of qualitative studies have indicated that the concept of choice in relation to women's decisions on how to resolve crisis pregnancies was problematic. Many of the women Riddick (1993) studied said that rather than being a 'choice', abortion was their only option. Caherty (1993) found that the concept of choice was problematic because women's decisions were framed within the context of the circumstances in which they found themselves at the time of the pregnancy. Fletcher (1995) argued that the language of choice used in relation to abortion is inappropriate because women's experiences illustrate that terminating a pregnancy is rarely a black-and-white choice between two outcomes but is often a decision which is affected by many aspects of a woman's life. Unless we understand that context, it is difficult to determine what policies would help to reduce the abortion rate. The decision making processes and the factors which women consider when making decisions arising from crisis pregnancies have been investigated in this study.

Recent legislative changes in information and counselling services

The provision of information on abortion was illegal until the introduction of the Regulation of Information (Services Outside State For Termination of Pregnancies) Act, 1995. This legalised the provision of information, advice and counselling on abortion to women who are pregnant and who solicit this information in a counselling context. Now a woman with a crisis pregnancy who seeks counselling will be informed of all options open to her to resolve the crisis pregnancy. Such information, counselling and advice must not advocate or promote the

termination of a pregnancy but can provide an opportunity for her to carefully consider all options before making a decision.

A number of pregnancy counselling agencies have been funded by the Minister for Health, such as CHERISH, CURA, LIFE, PACT, the Irish Family Planning Association and Well Woman. These agencies offer pregnancy counselling services. In addition the Irish College of General Practitioners issued an information booklet, to all their members, to facilitate crisis pregnancy counselling.

Coping with a crisis pregnancy

Women faced with a crisis pregnancy have three options: (1) to continue with the pregnancy and keep the child with or without the help of their partner; (2) to have the baby and place it for adoption and (3) to have an abortion. Each of these courses of action has been taken by Irish women.

We have seen how, in the past, adoption and marriage were the most common courses of action in the case of non-marital conceptions. More recently there has been a decline in the number of adoptions but an increase in the number of mothers who keep their babies as lone parents as well as an increase in the number who have abortions. Single women constitute the greatest proportion of those who have abortions. For them the more likely alternative based on contemporary patterns is single motherhood. Very few consider adoption. Abortion is illegal in Ireland. While State support for single parents has increased over time, it still carries a certain stigma and single mothers are regularly criticised for their financial dependency. This is the overall social context in which Irish women make decisions about their 'crisis' pregnancies.

Conclusion

While births to lone mothers continue to be treated as problematic and of concern to policy makers, as will be shown in Chapter Three, it is now clear that to treat all non-marital births as a homogenous category is misleading. Children born outside of marriage are born into a diversity of family forms — to cohabiting couples in 'quasi-marriage' households, to couples in an on-going steady relationship though living apart,

to women who are residing within their extended family unit with or without a partner and to women who live alone either with or without a partner. Some of these women will be lone parents and others will share parenting with a partner. Over time, the social pressure for single pregnant women to marry has gone; adoption too, while a dominant response in the sixties and seventies, is the least common choice. The most common response is lone parenthood, which is still treated as problematic. A proportion of Irish women choose abortion and travel to England for these abortions. In this study, we will explore each of the three options: abortion, adoption and lone parenthood. Before considering these in greater detail, in the next chapter, we describe the research methodology and sampling strategies used to locate a sample of women with crisis pregnancies.

Chapter Two

Research Methodology

Aims and objectives of the ‘Women and Crisis Pregnancy Study’

The purpose of this research was to provide insights into the social context in which women make decisions about a ‘crisis’ pregnancy. The research had the following aims and objectives:

- To identify the factors associated with, and processes leading to, crisis pregnancy
- To examine how women arrive at decisions regarding different possible outcomes of crisis pregnancy
- To examine pregnant women’s use of contraceptive, medical and counselling services
- To outline the factors which should guide the future development of family planning and related services.

The study design was influenced by three main considerations:

- I. That it would incorporate a range of experiences of pregnancy and outcomes so as to contextualise women’s decisions in relation to each outcome. To identify the contingencies leading women to choose abortion, it was necessary to study women who chose to have an abortion in relation to women exposed to similar contingencies, that is crisis pregnancies, but who did *not* choose abortion (Macintyre. 1977: 28). It was also important to compare these two experiences with those of women with ‘wanted’ or non-crisis pregnancies. Comparisons across these three groups were essential to an analysis of the choices women make.
- II. Sensitivity of the issue of crisis pregnancy, in particular abortion, had to be acknowledged in the research. A considerable

degree of stigma adheres to abortion and to non-marital pregnancy. A sensitive and flexible approach to data collection was required in recognition of this. It was considered that a survey questionnaire would be impersonal and would lack the sensitivity and flexibility necessary to investigate this area of women's lives. Thus a more qualitative, in-depth interview approach was chosen. It was felt that this would centralise women's experiences and reflect the personal complexities inherent in the issue of pregnancy and its resolution.

- III. Two kinds of processes affect the path of a pregnancy: processes *prior* to conception and processes *after* conception. It was decided to study processes prior to conception retrospectively and processes after conception prospectively. This meant interviewing women while pregnant.

Methods of data collection

In-depth, one-to-one interviews with women was the primary method of data collection for this project. This was complemented by some quantitative data using a closed questionnaire [see appendices 2:2 and 2:5, 2:7]. The data from the two sources were analysed separately and then cross-referenced using 'triangulation'. In research 'triangulation' can be taken to mean a method of finding out where something is by getting a 'fix' on it from two or more places, (Robson: 1993).

The sensitivity of the topic was a key factor in choosing qualitative methods. Sensitivity was an issue for two reasons. The first was that non-marital pregnancy, abortion, adoption and lone motherhood are still stigmatised in our society. Lee (1993) defines sensitive social research as "research which potentially poses a substantial threat to those who are or have been involved in it" (1993: 3). Respondents in this study may have felt that their efforts to conceal the pregnancy and/or the outcome they had chosen were being intruded upon. The second reason sensitivity was an issue was because the scope of our study incorporated an exploration of women's sexual behaviour. The area of sexuality is recognised as a sensitive area because of the taboo surrounding it (Lee: 1993: 3). Sexual behaviour as an area of sociological research

has expanded recently in response to widespread concerns about HIV and AIDS. Within this area of study much attention has been given to the question of what methods are best suited to studying the sensitive issue of sexuality. Huyens et al (1996) evaluated the role of qualitative and quantitative methods in the study of sexual behaviour and commented that:

Quantitative rigor cannot encompass the richness of human life and sexuality and does not consider its social economic, political and symbolic dimensions. Statistical approaches tend to separate behaviour and social synergy, introduce a fundamental division between the individual and society and ignore that sexuality is related to culture. Sexual acts are counted and scant interest is given to the meaning of these acts. In short the context in which social acts (including sexual) are taking place is often ignored.

(Huyens et al 1993: 221)

Centralising women's experience of pregnancy was a key objective in the research. This has been a main concern with feminist research methods in recognition of women's unequal position in social, political and academic spheres. Qualitative, one-to-one, in-depth interviews have been a key component in feminist research. They are seen as a way of collecting data which is capable of centralising the respondents own experiences, being responsive to the respondent, being flexible and reflexive, and negotiating the power relations between the researcher and the researched. In the interview process positioning women in a central position was attempted in a number of ways including informing women fully about the nature and purpose of the research so as to have their fully informed consent; by using an open-ended, flexible interview schedule which could respond to each woman's own experiences; by using one-to-one interviews with a female researcher where the researcher was sensitive to issues of power and sought to off-set these.

It was the research team's endeavour that the interview itself and research generally would be an interactive process. Comments made by women to researchers after taking part in the interview indicated that this was a feature of the work. Women spoke of how the interview had been a therapeutic experience for them. Many commented on how the interview afforded them the opportunity to recount the experiences which had brought them to the outcome they had chosen. This was a

reflective exercise many women felt had not been available to them in an holistic way from any other source during their pregnancy.

Sample generation

As described earlier the three groups of women identified for participation in the research were:

- women seeking abortion
- women with a 'crisis' pregnancy who were planning to continue the pregnancy and become mothers
- women with a 'crisis' pregnancy who were planning to continue the pregnancy and place the baby for adoption

These groups meant we needed more than one sampling site in order to access the different groups. Women seeking abortion were accessed through Abortion Clinics in England. Women continuing with their pregnancy were accessed through antenatal clinics, General Practitioners surgeries and counselling and support services for pregnant women. Within these sites contact was also made with women who were intending to place their baby for adoption.

I Sample of women seeking abortion

As abortion is a highly stigmatised issue in Irish society, women who seek abortions tend to be very concerned about secrecy (Fletcher: 1993). Because of this secrecy the population of women seeking abortion is a hidden one. Lee (1993) dealt with the issue of sampling hidden populations. One method he proposed was 'outcropping' which he described as "find[ing] some site in which [the hidden populations] members congregate and studying them there" (Lee, 1993: 69). A large proportion of Irish women who travel to England for an abortion do not use counselling or other services in Ireland. English abortion clinics are the only identifiable site where all Irish women seeking an abortion are certain to congregate.

In 1994 4,950 Irish women sought an abortion in England. It was decided for this study that a sample size of 100 Irish women seeking

abortion would be interviewed about their experience. Two English cities which were known to be favoured by Irish women seeking terminations were chosen as sampling sites. Access to clinics of two of the largest abortion service providers in England was secured. These were Marie Stopes and the British Pregnancy Advisory Service (which since 1996 has incorporated the Pregnancy Advisory Service).

Outcropping according to Lee's (1993) description could also involve sampling on a cluster, stratified or probability basis. After piloting in a sample of the clinics it was decided that all Irish women attending would be approached to participate in the study and in so far as possible, all those who agreed to participate would be included in the sample. An important element of this fieldwork was to foster support for the study among clinic staff. During the initial fieldwork stage the researcher's work included explaining the aims, objectives and methods of the research to the staff. This was also important in the event that a respondent might want to ask questions about the study to a receptionist, doctor or counsellor with whom they had established a trusted relationship with while in the clinic. In some cases clinic staff were involved in generating the sample and so their familiarity with the study was vital. A further demand on the clinic was that they make a quiet, private room or space available where the researcher could conduct the interviews.

The system of sample generation was organised around how the clinics process each woman/client. The standard procedure for Irish women based on the evidence from initial fieldwork is that they:

1. Travel over from Ireland the evening before, or early in the morning of their appointment with the clinic.
2. Stay in pre-booked accommodation in Bed and Breakfasts recommended by the clinics. This often means that more than one Irish woman having an abortion is staying there.
3. The first stage of the operation involves a consultation with a counsellor and two doctors so that they can certify that

each woman satisfies the statutory grounds for abortion (see Chapter 1):

- The woman arrives at the consultation clinic and checks in with the receptionist.
 - She then 'chats-to' the counsellor. This session is generally very informal.
 - She is then examined by two doctors, to satisfy the terms of the Abortion Act, in order to establish the stage of gestation and to have blood taken.
 - Provided the counsellor and doctors certify that the woman satisfies the statutory grounds for abortion, a bed will be booked for her in the nursing home where the operation will be performed. Often the nursing home is separate from the consultation clinic and in some cases is a taxi ride away.
4. The operation to terminate the pregnancy is performed in the afternoon. Women have a choice of general or local anaesthetic but most choose a general anaesthetic. As Irish women are not registered with a British NHS general practitioner they are legally obliged to stay in the nursing home overnight.
 5. They return to Ireland the day after the operation.

The system of sample generation was organised around this process:

- I. When the woman presented at the clinic for her consultation she was given a letter introducing the study [see appendix 2:6]
- II. Once the letter had been read the woman was asked at the end of her counselling session if she would agree to participate in the study or if she would like to talk to the researcher to find out more about the study.
- III. Women who agreed to participate met with the researcher and they agreed on a time during her consultation process when she could be interviewed.

The interview then would take place over the course of the woman's stay in the clinic or, if she preferred, at the Bed and Breakfast (B&B) where she was staying. As referred to above, the clinics often direct Irish women to local B&Bs. This has advantages for women in that the owners of the B&B usually offer to collect women from and return them to the airport. As there is often more than one Irish woman staying there, women described how they would talk about their experiences and decisions together and be supportive of each other. Knowing that the staff at the B&B are in some way connected to the clinic makes women feel more comfortable as they do not feel the need to conceal their reasons for being in England. During fieldwork for this study we visited some of the B&Bs to observe this part of the women's experience.

Generating the sample of women through this method of 'outcropping' was very successful. During the first six week pilot stage 13 interviews were conducted. By 20 weeks of interviewing over half of our sample had been generated. The refusal rate for participation in the study ranged from an average of 55.5% to an optimum of 0% at some clinics. A total of 94 interviews were conducted with women in English clinics. 88 of these were used in the analysis of data relating to women seeking abortion at the time of the interview with 6 being omitted. In two cases women who were accompanying a friend and a daughter respectively to the clinic heard what the study involved and said they would like to participate as they themselves had had an abortion in the past. Thus 2 interviews were conducted in England with women who had previous terminations. The other 4 interviews that were conducted were incapable of being transcribed because of noise interference.

During the initial stages of the research a small number of interviews were conducted with Irish women who had had an abortion in the past. 'Snowballing' was used to generate the sample. This is the method by which one or more members of a particular population are identified and after they have been interviewed themselves they are used as informants to identify other members of the relevant population who in turn are used as informants and so on (Robson: 1993). The interviews from this sample were used to inform our interview schedule during fieldwork in England. A total of 10 women were interviewed for this

component of the study. In all then 104 Irish women who were seeking an abortion or who had an abortion in the past were interviewed for this study.

II Sample of pregnant women who were continuing with the pregnancy

The 'outcropping' method of sampling was used to generate the sample of women who were continuing their pregnancy. Three sites of sampling were used with varying levels of success; antenatal clinics in hospital for patients attending the public care system, antenatal clinics in hospital for patients attending the private care system, general practitioners surgeries for patients who attend their GP during the pregnancy.

Hospital antenatal clinics

Representation from each health board area was sought in the selection of hospital antenatal clinics [see appendix 2:1]. Access negotiation was conducted by the director of the research. As the research was commissioned by the Department of Health this often eased the access negotiation. In some hospitals the research director was requested to attend ethical committee meetings to explain the research before access was granted. In others the Master of the hospital deferred the issue of access to the Matron or Sister of the antenatal clinic. In total fieldwork was conducted in eleven hospitals, three in Dublin and eight in regional sites.

Many hospital's antenatal clinics were very busy and could have in attendance at any one session numbers ranging from 75 in some hospitals to 15 in others. We began our fieldwork in the Dublin maternity hospitals as they represent almost one-half of all births delivered in the country annually. These were all very busy antenatal clinics. The pilot study involved devising a system which would ensure that the sample we generated included women from a diversity of social backgrounds and with a range of responses to their pregnancy.

It was decided to employ a short questionnaire which would elicit some basic characteristics from each woman as well as her response to the

pregnancy from which we could select our interviewees [see appendix 2:2]. Quota sampling was used to select interviewees based on the question of women’s response to their pregnancy. There were eight options given to women on the questionnaire to reflect their response:

“Which of the following phrases best captures your FIRST response to this pregnancy (please tick **ONE**):

“As planned” “Unexpected” “A crisis”

“Long awaited” “A Shock” “Pleased”

“Did not know what to do” “Pleasant surprise”

Please tell us more

When the researchers entered the public antenatal clinic they distributed the short two page questionnaire to each woman attending the clinic. This involved explaining to each woman the nature and objectives of the study and inviting her to complete the questionnaire and participate in the interview. Women were given the option of being interviewed in the clinic after their consultation or being interviewed in their own homes or an alternative convenient place if they preferred at a later date. The following points were observed in inviting participation of women:

- That by talking to us about their experience of pregnancy women would give us a deeper understanding of what that experience is like for women
- The confidentiality of the study.
- The importance of their completion of the questionnaire irrespective of their decision to be interviewed or not.
- The importance of the in-depth interviews to the success of any such study.
- The flexibility of researchers as to where and when the interviews could take place.

- The opportunity afforded by the research to contribute to future health policy around women's health.

The questionnaire was completed while women were waiting to see the doctor and then returned to the researchers. On the questionnaire women indicated whether or not they were willing to be interviewed [see appendix 2:2]. They could then choose to be interviewed after they had finished their appointment or, if this did not suit, an alternative place and time where the interview could be conducted was arranged. Another option was for women to leave their address and/or telephone number so the researcher could follow-up the interview at a later date. For these follow-up interviews women were contacted, insofar as possible, within one week of completing the questionnaire. The researcher would then telephone the woman and arrange a suitable time and place for the interview. In order to eliminate bias women without a telephone were followed up by calling 'on-spec' to the address given. The interview could either be conducted there and then if it suited or could be arranged for a later time and place.

An average of fifty per cent of women who completed the questionnaire agreed to take part in the interview. From the eleven hospital antenatal clinics studied, a total of 1712 questionnaires were returned by women. From these 207 women were interviewed.

Private gynaecologist sample

The same system of sample generation was used in private gynaecologists clinics. Access negotiation for this site was conducted directly with each gynaecologist. Women in these clinics again were asked to complete the questionnaire and indicate whether or not they would like to be interviewed [See appendix 2:2]. The option of being interviewed 'on-site' or being followed-up for interview was also given. The same quota basis of selection was used.

From this site a sample generation of 118 completed questionnaires were returned. Of these 58% agreed to be interviewed. There were 5 interviews conducted with women in this site

GP sample

A pilot group of GPs active in the area of family planning provision was chosen to assist us in our design of a strategy to generate a sample of women from a national randomly stratified sample of GPs. Doctors participating in the pilot were given a one-page, two-sided questionnaire to distribute among their pregnant patients. The questionnaire was similar to that administered in the hospital antenatal clinics. It included an invitation to respondents to participate in an interview for the study. As well as administering the questionnaire the doctors also gave the researchers feedback on how women reacted to the questionnaire and the option of being interviewed. The findings from the pilot informed our sampling strategy as set out below.

A random sample of GPs was selected, stratified by male and female, rural and urban and by county and health board. This yielded a sample of 229 GPs who were asked to participate in the study. They were each sent a letter asking them to participate, [see appendix 2:3] and study ‘packs’ to be distributed to pregnant patients.

The packs included:

- A letter explaining the study to women [See appendix 2:4]
- A closed-ended questionnaire asking women basic demographic information, their response to this pregnancy and inviting them to be interviewed for the study [see appendix 2:5]
- A pre-paid addressed envelope in which women could place the completed questionnaire and either return sealed to the doctor for posting or could post themselves.

As such these packs were self-contained and self-explanatory and required only distribution on the part of the doctor. This was in recognition of the pressure of time on general practitioners. Six such packs were sent to each GP — one sample pack for them and five to be distributed to pregnant women attending their surgery. Telephone calls were made to all GPs in the sample during the week following the mailing of the packs. The researcher talked directly with the GP and asked if they needed any clarification about the study or what they were being asked to do. A follow-up letter was sent to each GP within a

month of the mail-shot and acted as a reminder to the doctors as well as answering the most common questions raised with researchers during telephone conversations with GPs (See Appendix 2.3).

Despite two rounds of telephone follow-up calls and one reminder letter to GPs the rate of returns was low. Only 223 questionnaires were returned, a rate of just 20%, of the potential 1145. A number of factors were identified to explain this:

- Neglect by GPs to distribute the packs.
- Failure on the part of women to complete and return questionnaires.
- Some GP surgeries had only a few pregnant women attending and in some cases none were seen during the study period. Also visits to the doctor may have been at two monthly intervals for some women.
- Some GPs discarded the Women & Pregnancy Study packs because they mistook them as advertising or as 'junk mail'.

However of those women who did return the questionnaires sixty per cent agreed to be interviewed. The selection of women for interview was based on the same method as described above for the antenatal clinic sample. However the poor response rate from this sampling site led to a concentration by researchers on the hospital antenatal clinic site. In total 16 interviews were carried out with women contacted through general practitioners.

In total then 228 women were interviewed via these three sampling sites — public antenatal clinics (207), GPs (16) and private gynaecologists clinics (5).

Women in contact with support agencies during their pregnancy

Counselling and support agencies working with pregnant women, including some who provide women with accommodation during pregnancy were a final sampling site.

The staff of the counselling agencies introduced the study to women attending there and also carried information on the study in their offices. Women who were interested in participating in the study were referred to the ‘women and pregnancy’ research centre by telephone contact. This method was not successful as the counsellors felt that information about the study was hard for women to take in during a counselling session where they were in need of support and advice. As well as this the sessions tended to be one-off contacts with the women and the counsellors did not get an opportunity to introduce the study in follow-up sessions with women. As a result only one interview was conducted with a respondent contacted in this way.

Agencies providing residential care and accommodation for women during a pregnancy were in a better position to facilitate the research process. The researchers went to residential homes and met women who were staying there during their pregnancy. They told the women about the study and invited them to participate in an interview. Four visits were made to homes in three different sites around the country and in total 20 interviews were carried out with pregnant women in residential homes.

Summary of sample

In total therefore 353 in-depth one-to-one interviews were carried out in this research project. They included women with a range of different responses to and outcomes of their pregnancies.

Source	Number
Abortion Clinics [England]	94
Post Abortion [Ireland]	10
Antenatal Clinics	207
General Practitioners	16
Private Gynaecologists	5
Support Agencies	21
Total	353

Chapter Three

Sample Profile and Social Characteristics

Introduction

In this chapter we will give a profile of the 2,053 women who completed a questionnaire in one of three sampling sites, GP surgeries, private gynaecologist surgeries and public hospital antenatal clinics. This profile will be based on age, relationship status, socio-economic status, educational level and number of other children. A similar profile is given of the 88 women who travelled to England for a termination who are analysed in Chapter Six, the eleven anticipating having their babies adopted analysed in Chapter Seven and the 34 women pursuing lone motherhood analysed in Chapter Eight. Due to the sensitivity of the samples recruited from the abortion clinics in England and those from the residential homes these women were not asked to complete a questionnaire. The profile given of the abortion sample was drawn out from the transcripts of their interviews and similarly with the eleven women considering adoption and two of the women in the lone motherhood sample who were in residential homes. Of the 21 women recruited from support agencies thirteen were included in these two profiles while the remaining eight despite being in contact with a support agency were neither considering adoption nor, by their own definition, experiencing a 'crisis' pregnancy.

GP, private gynaecologist and antenatal clinic sample profiles

As explained in Chapter Two, the generation of a sample of women with crisis pregnancies was done on the basis of the distribution of over 2,000 questionnaires to pregnant women in a variety of locations. In total 2,053 questionnaires were gathered from three fieldwork sites:

- GP surgeries (n=223)

- Private gynaecologist surgeries (n=118)
- Public hospital antenatal clinics (n=1,712)

The questionnaire included questions on women's age, relationship status, educational attainment, employment status, occupation, previous pregnancies and, on their initial response to this pregnancy. From this we collected a picture of those women experiencing a range of responses to their pregnancy in relation to marital status, age, occupational status and educational status. These women came from a wide variety of social backgrounds and age groups and exhibited a variety of responses to pregnancy. In this chapter we will give a biographical profile of all of these women and then show how these characteristics relate to the various responses to pregnancy. This will enable us to identify any patterns associated with the experience of crisis pregnancies in Ireland. The question on the latter asked women to select one of nine options that best described their initial response to this pregnancy with options ranging from 'as planned' to 'didn't know what to do'. The data for this initial section is used just to give an overall impression of the social profile of women with different initial responses to pregnancy.

The data was collected via a census of women present at antenatal clinics on the days we attended these clinics [See appendix 2:1]. Everyone who attended on those days filled out our questionnaire. The nature of our study excluded collection of data on private patients to some extent. Overall the data is not based on random sampling and is used cautiously. Nevertheless in the absence of a national random sample (sampling frames of pregnant women are not available), these questionnaires do give us a good impression of the extent of, and social characteristics of, women presenting with crisis pregnancies for antenatal care especially those who attend as public patients.

Marital status

Overall 61.5% of these women were married and 38.5% were not. The range of options available on the questionnaire dealing with 'marital status' may be better referred to as 'relationship status' as it allowed for a clearer insight into the relationship context in which these women were pregnant. Although over a third were not married only 11%

described themselves as ‘single’ and under 2% ‘divorced’ or ‘separated’. This 2% however must be looked at in a wider context. It was our experience that women in this category tended to describe themselves in relation to a previous marriage rather than a current non-marital relationship, irrespective of its duration. The remaining women appeared to be in steady relationships and therefore not preparing to become ‘lone’ mothers.

This distribution of women by relationship status demonstrates the changing face of the family in Ireland today with unmarried mothers and fathers of their children forming consensual unions outside the institution of marriage. Flanagan and Richardson (1992) came to a similar conclusion in their study of unmarried mothers recommending they be viewed as entering motherhood in three possible contexts: (1) a ‘paperless marriage’; (2) living with the nuclear family following the traditional pattern of an extended family; (3) living alone as an unmarried mother. As can be seen from our figures the first of these groups constituted most of the unmarried mothers in our sample, while a large number were not cohabiting yet they were in ongoing steady relationships with the father. The implications of being a member of each of the groups will be discussed in Chapter Eight which takes a closer look at the situation of a selection of unmarried pregnant women within our interview sample.

Table 3.1: Relationship Status of Respondents: to nearest %

Marital Status	%
Married	61.5
Single	11.0
Going Steady	9.0
Engaged	9.0
Cohabiting	7.5
Separated	1.5
Divorced	0.2
missing	0.5
TOTAL	100.2% n=2053

Age distribution

Looking at the age distribution we can see that the majority of pregnant women were in the age group from 20 to 34 with the highest concentration in the 25 to 29 age-group. There was a small sample of four women who were under the age of sixteen and only 8% were aged from sixteen to nineteen. When compared to the national figures these are slightly higher for this age group but the sample shows a good representation of the small number of ‘teenage mothers-to-be’.

Table 3.2: Age of Respondents to Questionnaire and Percentage of Births By Age According to 1995 National Figures

Age Group	% of Sample	% of Births by Age (1995)
under 16	0.2	0.1
16-19	8.0	5.0
20-24	20.5	15.0
25-29	28.0	28.0
30-34	26.0	34.0
35-39	11.0	15.5
40+	1.5	3.0
missing	5.0	0.2
TOTAL	100% n=2053	100%

Socio-economic status

Describing women’s socio-economic status has always been problematic. Traditionally women were considered to be dependent on the male ‘head of the house’. Indeed the classifications used by the Rotunda hospital in Dublin at the time when we first began our data collection, (March 1996) was based on the occupations of the appropriate males in a woman’s life, that is their father or partner. For example the occupation ‘nurse’ was stated as ‘male nurse’ and traditionally female occupations such as ‘secretary’ were not included. Although on the questionnaires we asked for a partner’s and father’s last or present occupation

for the purpose of this initial analysis we have looked at the women's own current or last occupational status.

Table 3.3 shows the socio-economic status of women attending the clinic based on the Rotunda scale which according to hospital personnel was also used in other hospitals at that time. This scale was to be subsequently changed to incorporate female occupations but at the time of fieldwork was still in use.¹ It is important to note that rather than using group 7 'unemployed', the questionnaire asked for information on current or *last* occupation. Therefore women who may have been unemployed were still categorised according to their last occupation. The current employment activity of these women can be seen from Table 3.4. This shows that 45% of the women were employed at the time of completing the questionnaire, 22.5% were unemployed and only 4.5% were still in education.

Women were heavily concentrated in occupational groups 3 and 5 which encompassed 57.5% of the sample altogether. Group 3 is non-manual work which included a variety of white collar occupations from 'bank official' to 'shop assistant' and 'clerical worker'. It was principally the inclusion of shop assistant in this group that made it so highly represented. The second group where women were highly represented (group 5) contained semi-skilled manual occupations such as 'barman' and 'farm labourer'. Women in this group were concentrated in one particular occupation, 'factory worker'. The 8.5% of women in group 2 may be explained partly by the inclusion of teaching and nursing in its category. Therefore the women in this sample that were working tended to be concentrated in what can be described as traditionally 'female occupations'.

¹ Rotunda hospital scale of occupational status used. Scale 1-10. 1= Professional, e.g. Accountant, Doctor, Civil Engineer, Solicitor 2= Lower Professional, e.g. Administrator, Nurse, Bank Manager, Primary/Secondary Teacher 3=Non-Manual, e.g. Stock Controller, Civil Servant, shop assistant 4=Skilled Manual, e.g. Plumber, Carpenter, Builder, Factory Technician, Chef. 5= Semi-Skilled Manual, e.g. Assembler, Builder's Labourer, ANCO Trainee 6= Unskilled Manual, e.g. Labourer, Messenger, Window Cleaner, Cleaner, Factory Worker 7=Unemployed. 8= Unmarried. 9= Armed Forces 10=Unclassified/ Missing.

Table 3.3: Socio-Economic Status of Respondents on the Basis of Current/Last Job

Work Type	%
1 Professional	0.5
2 Lower professional	8.5
3 Non-manual	34.0
4 Skilled Manual	13.0
5 Semi-skilled manual	23.5
6 Unskilled Manual	0.5
7 Unemployed	0.5
8 Unmarried	0
9 Armed Forces	0
Student	3.0
At school	1.5
housewife	1.0
farmer	0
missing	14
Total	100% n=2053

Table 3.4: Current Economic Status of Respondents

Current Occupational Status	%
Employed	45.0
Unemployed	22.5
Working in the Home	24.5
At School	1.5
At College	1.5
Training For a Profession	1.5
missing	3.5
TOTAL	100% n=2053

Table 3.5: Educational Level of Respondents

Educational Level	%
None	0.5
Primary Education	3.0
Some Second Level	7.5
Pre Inter/Junior Certificate	1.5
Inter/Junior Certificate	23
Leaving Certificate	31.5
PLC Course	4.0
Certificate/Diploma Level	15.5
Third Level Degree	6.5
Post Graduate Level	3.0
missing	5.0
TOTAL	100% n=2053

Educational level

The level of education is also very important in gauging the socio-economic position of an individual as it gives a picture of prospective job opportunities. This question showed that 31.5% of the sample had a Leaving Certificate standard while 35.5% did not complete a second level education.

Previous pregnancies

It is interesting to note that although 57% of women reported having had a previous pregnancy, for 48% of the sample this was their first child. This discrepancy meant that despite having been pregnant in the past a number of women had either not carried to full term or her last child was stillborn. 13.5% of those who had had a previous pregnancy reported that their most recent pregnancy had ended in a miscarriage and 0.5% in still birth.

Table 3.6: Number of Other Children

Other Children	%
0	48.0
1	27.0
2	13.5
3	7.5
4	2.0
5	1.0
6	0.5
7	0.1
8	0
9	0.1
TOTAL	100% n=2053

Initial response to pregnancy

As mentioned before the final question asked on the questionnaire was phrased:

‘Which of the following phrases best captures your FIRST response to the pregnancy (please tick **one**):

“As planned” “Unexpected” “A crisis”
“Long awaited” “A Shock” “Pleased”
“Pleasant Surprise” “Did not know what to do”

The responses given by women can be seen in Table 3.7 below. Altogether if we classify the last four responses as being broadly negative compared to the first four broadly positive responses, a total of 35.5% described their response to this pregnancy as negative while 63.5% described it as positive, both to varying degrees.

Table 3.7: Initial Response to Pregnancy

Response	%
Long Awaited	6.0
As Planned	27.5
Pleased	16.5
Pleasant Surprise	13.5
Unexpected	17.0
A Shock	12.5
A Crisis	3.0
Didn't Know What to do	3.0
missing	1.0
TOTAL	100% n=2053

Social characteristics and responses to pregnancy

The responses described above and their respective rates of occurrence highlight the variety of feelings within the group of women who are pregnant. In order to utilise these responses and the information they give us we can look at the profiles of women who express different ‘initial responses’ to pregnancy, to see if there are any relevant social patterns.

While pregnancy is an individual experience, women are only expected to become pregnant in certain socially approved contexts. For that reason one expects that their responses to pregnancy will be affected by their social circumstances and more specifically their age and marital/relationship status. Clearly from the tables below we can see that age and marital status have a direct effect on a woman’s response to pregnancy.

The overall trend is that the proportion of married women in each response group decreases as one moves from the positive to the negative responses to pregnancy, and the proportion of single women increases. For a minority, ‘going steady’, ‘engaged’ and ‘cohabiting’ are relationships rather similar to those who are married reflecting the emergence of consensual unions or ‘paperless marriages’. 35% of those who described their response as ‘didn’t know what to do’ were single while

only 2.5% of the 'long awaited' group were. The group responding 'didn't know what to do' had by far the lowest percentage of married women (16.7%). This category also had the highest proportion of women under the age of 24 (65.5%). The 'going steady' group was also over-represented in the generally negative response groups. Although representing 9% of the overall sample they constituted 18.5%, 21% and 28.5% of the 'a shock', 'a crisis' and 'didn't know what to do' groups respectively.

27.5% and 28% of respondents answering 'a crisis' or 'didn't know what to do' respectively were aged nineteen or under. It is important to note however that it is not exclusively young women that experience 'crisis' pregnancy as 29.5% of those describing their initial response as a crisis were over the age of thirty.

The overall educational level by response is not systematically related to the response to the pregnancy, suggesting that age and marital status are much more important factors than educational level.

Summary Tables

Table 3.8: The Distribution of Initial Response to Pregnancy by Marital Status

Marital Status	Overall	Long Awaited	As Planned	Pleased	Pleasant Surprise	Unexpected	A Shock	A Crisis	Didn't Know What To Do
	%	%	%	%	%	%	%	%	%
Married	61.5	77.5	84	73.5	63	44.5	34.5	33.5	16.5
Single	10.5	2.5	3	6	9	15.5	22.5	26.5	35
Going Steady	9	3.5	2	4.5	7.5	16	19	21	28.5
Engaged	8.5	7.5	6	7.5	10.5	12.5	12	5.5	8.5
Cohabiting	7.5	6	4.5	8	9	9.5	10	5.5	10
Separated	1.5	2.5	1	.3	1.5	2	1.5	7	1.5
Divorced	.2	1	0	.3	0	0	.5	1.5	0
missing	1.5								
Total	100.2% n=2053	100.5% n=119	100.5% n=560	100.1% n=339	100.5% n=282	100% n=345	100% n=257	100.5% n=57	100% n=60

If we take each group of women with a particular response to their pregnancies and see the respective group of each who are married, separated, etc., we can see that each response group differs in the proportion who are married, separated, etc. Women with positive responses to pregnancy were far more likely to be married, than women with negative responses. The single group, which in this table means single as not being in any relationship, predominates among those women with negative responses to pregnancy. The overall trend is that the proportion of married women decreases as one moves from the positive to the negative responses to pregnancy, and the proportion of single women increases. For a minority 'going steady', 'engaged' and 'cohabiting' are relationships rather similar to those who are married reflecting the emergence of consensual unions.

Table 3.9: The Distribution of Respondents By Age of Respondent

Age Group	Overall	Long Awaited	As Planned	Pleased	Pleasant Surprise	Unexpected	A Shock	A Crisis	Didn't Know What To Do
	%	%	%	%	%	%	%	%	%
under 16	.2	0	0	0	0	0	1	0	3.5
16-19	8	2	1.5	4.5	8	15	16	27.5	24.5
20-24	20.5	13	12.5	17.5	22	29.5	32	25.5	37.5
25-29	28	31.5	38.5	35.5	27.5	22.5	20	17.5	13
30-34	26	35	35	27.5	30.5	19.5	22	17.5	13
35-39	11	18.5	12	14	10.5	11	7.5	8	5
40+	1.5	0	.5	1	1.5	2.5	1.5	4	3.5
missing	5								
Total	100.2% n=2053	100% n=108	100% n=542	100% n=326	100% n=267	100% n=330	100% n=247	100% n=51	100% n=61

This table on the distribution of women with different responses to pregnancy by age indicates that those experiencing crisis pregnancies are more likely to contain younger women. There are very few women here of the age group 'under 16'. In 1995 only 0.5% of births were to women aged 16 or under. Women with negative responses to pregnancy were more likely to be younger than those who had positive responses.

Table 3.10: Current Economic Status of Respondents

Current Economic Status	Overall	Long Awaited	As Planned	Pleased	Pleasant Surprise	Unexpected	A Shock	A Crisis	Didn't Know What To Do
	%	%	%	%	%	%	%	%	%
Employed	45	48	50.5	52	50	42	41.5	24.5	34
Unemployed	22.5	24	16.5	17.5	24	29.5	28	33.5	37
Working in the Home	24.5	26	31	27	23	23	21	24.5	10
At School	1.5	0	.7	0	1.5	1.5	3	7	14.5
At College	1.5	1	.7	2.5	0	2.5	3.5	7	1.5
Training For a Profession	1.5	1	.6	1	1.5	1.5	3	3.5	3
missing	3.5								
Total	100.2% n=2053	100% n=112	100% n=542	100% n=329	100% n=272	100% n=337	100% n=252	100% n=57	100% n=62

If we examine the proportion of each response group by economic status, we note that those with negative responses to pregnancies contain more unemployed women than those with positive responses. In addition, half of the women with long awaited, as planned, pleased or pleasant surprises responses to pregnancies were employed.

Table 3.11: Educational Level of Respondents By Response

Educational Level	Overall	Long Awaited	As Planned	Pleased	Pleasant Surprise	Unexpected	A Shock	A Crisis	Didn't Know What To Do
Inter Certificate or Below ²	% 35	% 37.5	% 41	% 30	% 36	% 35	% 36	% 39.5	% 50
Post/Leaving Certificate ³	50.5	50.5	50.5	51	53	56	57	50	40
Third Level ⁴	9.5	12	8.5	10.5	11	9	7	10.5	10
missing	5								
Total	100% n=2053	100% n=115	100% n=538	100% n=325	100% n=268	100% n=327	100% n=245	100% n=56	100% n=60

An inspection of the educational level of each response category shows considerable similarities in the distribution of the educational level within each response group. The overall educational level by response is not systematically related to response to pregnancy, suggesting that age and marital status is a much more important factor than educational level.

² Includes Educational levels of : None, Primary Level, Some Second Level., Pre Inter/Junior Certificate, Inter Certificate.

³ Includes Educational Levels: Leaving Certificate, PLC Course, Certificate/Diploma Level.

⁴ Includes Educational Levels: Third Level Degree, Postgraduate Level.

Abortion interview sample profile

Basic biographical data was also collected from the women who were interviewed in the clinics in England where terminations were carried out. This data was gathered through either a short questionnaire or from transcripts of the interviews. The women came from a variety of marital statuses, age groups and social backgrounds. In this section we will give a brief profile of the characteristics of these women.

Age

Women having terminations were concentrated in the sixteen to 29 age group and more specifically that of 20 to 24 (39.5%). No women under the age of sixteen were included in the sample but at the other end of the scale 6.2% were over the age of 40. Compared to the official figures for Irish women having terminations in England during 1993 the concentration in the age group 20 to 24 is representative along with the relevant percentages for the sixteen to nineteen and 30 to 34 year old groups. There is a higher number in the 35 to 39 age group figures than is represented in this study's interview sample. Overall the sample of women interviewed is representative of Irish women having terminations compared to the official statistics with the exception of the 35-39 year-old age group.

Table 3.12: Age of (a) respondents and (b) overall women having terminations in England and Wales who are normally resident in the Republic of Ireland, according to 1993 figures

Age Group	% Study sample	% 1993 Official Statistics
Under 16	0	0.8
16-19	13.6	14.0
20-24	39.5	38.0
25-29	17.3	21.0
30-34	11.0	12.7
35-39	3.7	8.5
40+	6.2	4.7
missing	8.6	0
Total	99.5% n=88	99.7% n=4,402

Marital status of sample interviewed

Table 3.13 shows that only 5% of the sample were married. Altogether just over 70% of the women in the sample described themselves as in ‘steady’ relationships although in different circumstances. These ranged from women who had been married for a substantial number of years and had children, to women who had just embarked on their first sexual relationship.

Table 3.13: Marital Status of Respondents: to nearest %

Marital Status	% (N=)
Married	5 (5)
Single	26 (23)
Going Steady	47 (41)
Going Steady but not pregnant by ‘steady’ partner	1.2 (1)
Engaged	1.2 (1)
Cohabiting	11.1 (10)
Separated but currently in steady new relationship	6 (5)
Separated and currently single	2.5 (2)
Divorced	0 (0)
missing	0 (0)
TOTAL	100% n=88

Socio-economic status

The scale used in Table 3.14 to describe women’s socio-economic status is the same as that discussed earlier in this chapter. The high concentration of women in group two can be ascribed to the fact that seventeen of the 81 women were college students. Those in group three were primarily involved in clerical work, again reflecting the generally high representation of women in such occupations.

These differ from the motherhood group in that more of them are found in higher socio-economic groups, that is, in the ‘lower professional’ and ‘professional’ groups, (32.2% as compared to 12% of the motherhood group). They in turn have a lower proportion of skilled and semi-skilled workers, (21% as compared to 36.5% in the continuing motherhood group).

Table 3.14: Socio-Economic Status of Respondents on Basis of Current/Last Job

⁵ Work Type	%
1 Professional	1.2
2 Lower Professional	12.5
3 Non-Manual	13.5
4 Skilled Manual	7.5
5 Semi-skilled Manual	13.5
6 Unskilled Manual	1.2
7 Unemployed	0
8 Unmarried	0
9 Armed Forces	0
Student	18.5
At school	5.0
housewife	3.5
farmer	0
missing	23.5
	99.9% n=88

Table 3.15 shows the ‘current’ economic status of respondents with over half currently employed, 18.5% in college education and only 5% unemployed at the time of interview.

Table 3.15: Current Economic Status of Respondent

Current Occupational Status	%
Employed	50.5
Unemployed	5.0
Working in the Home	3.5
At School	5.0
At College	18.5
Training for a Profession (nursing)	2.5
missing	15.0
TOTAL	100% n=88

⁵ Rotunda hospital scale of occupational status used. Scale 1-10. 1= Professional, e.g. Accountant, Doctor, Civil Engineer, Solicitor 2= Lower Professional, e.g. Administrator, Nurse, Bank Manager, Primary/Secondary Teacher 3=Non-Manual, e.g. Stock Controller, Civil Servant, shop assistant 4=Skilled Manual, e.g. Plumber, Carpenter, Builder, Factory Technician, Chef. 5= Semi-Skilled Manual, e.g. Assembler, Builder’s Labourer, ANCO Trainee 6= Unskilled Manual, e.g. Labourer, Messenger, Window Cleaner, Cleaner, Factory Worker 7=Unemployed. 8= Unmarried. 9= Armed Forces 10=Unclassified/ Missing.

As can be seen from Table 3.15 a large number of these women were students at the time of having the termination. This included women from a range of faculties including medicine, dentistry, veterinary and business. Those studying to become nurses were categorised due to the nature of their training. Of those employed at this stage their occupations were largely of a professional or lower professional type which included sales executives, nurses, teachers, managers, civil servants, insurance brokers and technicians. Those in the lower employment groups included care workers, factory workers, catering workers and clerical staff.

Other children

Only 23.5% of women in this group had other children, with the largest number of those having two children.

Table 3.16: Number of Other Children

Other Children	%
0	76.5
1	8.5
2	10.0
3	2.5
4	1.2
5	1.2
TOTAL	99.9% n=88

Table 3.17:Previous Terminations

Had a Previous Termination	%
No	91.5
Yes	8.5
Total	100% n=88

Adoption interview sample profile

Occupational status

In Table 3.19 there is a picture given of the eleven women’s employment status based on their most recent job. One respondent was still employed and is categorised here under ‘group 4’ i.e. skilled manual while the one woman in ‘group 2’ was a college student. Women’s past employment included secretarial work, waitressing, bar work, receptionist work and catering. The women in this group had a range of educational qualifications including pre-Leaving Certificate standard, Leaving Certificate standard, business qualifications, secretarial qualifications and college diplomas.

Table 3.18: Age Distribution of Respondents

Age Group	N
Under 16	0
16-19	2
20-24	6
25-29	1
30-34	1
35-39	0
40+	0
Total	11

Table 3.19: Occupational Status of Respondents

Work Type	N
At school	3
1 Professional	0
2 Lower Professional	1
3 Non-Manual	4
4 Skilled Manual	1
5 Semi-skilled Manual	2
Total	11

Relationship status

Three of the eleven women still had some kind of contact with their partners. The other eight however were currently single, four of whom had recently ended a steady relationship and two an intermittent relationship. The other two women never had any on-going relationship with their partner but had conceived as a result of a once-off sexual encounter.

Table 3.20:

Current Relationship Status	Number
Single	8
Still in Contact with Partner	3
Total	11

⁶ Rotunda hospital scale of occupational status used. Scale 1-10. 1= Professional, e.g. Accountant, Doctor, Civil Engineer, Solicitor 2=Lower Professional, e.g. Administrator, Nurse, Bank Manager, Primary/Secondary Teacher 3=Non-Manual. e.g. Stock Controller, Civil Servant, Shop Assistant. 4=Skilled Manual, e.g. Plumber, Carpenter, Builder, Factory Technician. 5= Semi-Skilled Manual, e.g. Assembler, Builder's Labourer, ANCO Trainee 6= Unskilled Manual, e.g. Labourer, Messenger, Window Cleaner, Cleaner. 7=Unemployed. 8=Unmarried. 9= Armed Forces 10=Unclassified/ Missing.

⁷ 3 'in' school i.e. having taken a break but hoping to return after the birth.

Table 3.21:

Relationship Context in Which Became Pregnant	Number
Once off Sexual Encounter	2
Intermittent On-Going	2
On-going [now over]	4
On-Going [continung in some context]	3
Total	11

Continuing motherhood interview sample profile

Women in the continuing motherhood group were selected for inter-
view from samples generated through antenatal clinics, private gynae-
cologist clinics, GP services, a counselling agency and residential homes
where women were staying for the duration of their pregnancy.

Table 3.22: Source of women included in motherhood chapter

Sampling Site	Number
Public antenatal clinic	29
Private Gynaecologist Clinic	1
General Practitioner	1
Counselling Agency	1
Residential Homes	2
Total	34

Two women were in the same homes as those women intending to
give up their babies for adoption but were themselves planning on
keeping their babies. Although they did not complete a questionnaire
and in turn describe their pregnancy as a ‘crisis’ it was clear as a result
of both their living situation and their interviews that they were dealing
with a difficult and unintended pregnancy. The women included here
from the antenatal clinic had described their initial response to their
pregnancy as ‘a shock’, ‘a crisis’ or ‘didn’t know what to do’. Those
selected for interview from the various sources for further analysis in

this chapter were all unmarried when they discovered the pregnancy. All the unmarried women interviewed who described their pregnancy as ‘crisis’ or ‘didn’t know what to do’ and as a ‘shock’ are included in this chapter. In this section we will look at the basic biographical data of this group to give an overall profile of the women discussed in this chapter.

Age and marital status

Women in this group were largely concentrated in the age group from sixteen to twenty-four. As was seen in the first chapter, younger single women tend to be more likely to experience a crisis pregnancy than older, married women. Therefore the women who were unmarried and experiencing a ‘crisis’ pregnancy here are not representative of the total overall sample in terms of their age profile. Only seven women were over 24 with six of them being under 30. As can be seen from the Table 3.24 one woman in this group was married at the time of interview while another was engaged. One of these had been engaged to her partner when she discovered the pregnancy and had brought their marriage forward as a result of the pregnancy. The woman who was engaged had been in a long-term relationship with her partner and as a result of discovering the pregnancy had got engaged. The younger age cohort within this group must therefore be seen as a result of the selection method. With the emphasis on unmarried and single women this group had a younger age profile than the overall sample group.

Table 3.23: Age Profile

Age group	Number
under 16	0
16-19	12
20-24	14
25-29	6
30-34	0
35-39	0
40+	1
missing	1
Total	34

Table 3.24: Relationship Status

Marital Status	Number
Married	1
Single	10
Going Steady	18
Cohabiting	4
Engaged	1
Divorced	0
Separated	0
Total	34

Economic Status

The majority of women in the lone motherhood group were unemployed when they were interviewed with just 20% (N=7) currently employed. Of those who described themselves as unemployed all but two had been employed up until this pregnancy. This figure highlights the issue raised by many women in relation to their decision to terminate their pregnancy that to continue with the pregnancy would be to the detriment of both their career and educational opportunities. The number of women in this group who were still in school was much higher than the overall sample figures, 12% compared to just 1.5%. There was also a higher representation in this group of women in some levels of non-manual employment. 35% (N=12) were in semi-skilled manual jobs compared to just over 23% of the overall sample. Despite this however there was a higher representation in the lower professional group which was made up of women who were or had been in occupations such as a student or a business executive.

Table 3.25: Current economic status

Current economic status	%
Employed	20
Unemployed	59
Working in the home	0
Training for a Profession	3
At School	12
At College	3
missing	3
Total	100% n=34

Table 3.26: Current or last employment status

*Work Type	%
1 Professional	0
2 Lower Professional	14.5
3 Non-Manual	23.5
4 Skilled Manual	9.0
5 Semi-skilled Manual	35.0
6 Unskilled Manual	0
At School	12
Training for a Profession	3
At College	3
Total	100% n=34

^x Rotunda hospital scale of occupational status used. Scale 1-10. 1= Professional, e.g. Accountant, Doctor, Civil Engineer, Solicitor 2=Lower Professional, e.g. Administrator, Nurse, Bank Manager, Primary/Secondary Teacher 3=Non-Manual, e.g. Stock Controller, Draughtsman, Civil Servant, Shop Assistant 4=Skilled Manual, e.g. Plumber, Carpenter, Builder. 5= Semi-Skilled Manual, e.g. Assembler, Builder's Labourer, ANCO Trainee. 6= Unskilled Manual, e.g. Labourer, Messenger, Window Cleaner, Cleaner. 7=Unemployed. 8=Unmarried. 9= Armed Forces 10=Unclassified/ Missing.

Chapter Four

Pathways to Pregnancy: Contraceptive Practices

Introduction

Fertility management, family planning, use of contraception — these are all ways in which couples can have sexual intercourse without conceiving a pregnancy. Giddens has referred to the capacity of methods of contraception to separate sexual intercourse from reproduction as ‘plastic sexuality’ (1992). The technological development of artificial methods of contraception with greater levels of efficiency has made this even more possible for recent generations. Ireland’s fertility rates and demographic profile had for a long time been anomalous to European patterns. However a rapid fertility decline was witnessed in Ireland since the 1980s which brought the figures here closer to European trends. This recent reduction in fertility has been attributed to the modernisation of Irish society which Courtney (1995) observes has seen adult male and female relationships evolve in response to the changing expectations of modern society. As noted in Chapter One, the liberalisation of family planning legislation only began in 1979, and an attendant decline in overall birth-rates followed. (Courtney, 1995; Hyde, 1997) Despite these changes, as noted in Chapter One, women in our society still experience an unintended pregnancy. In this chapter, we examine these women’s family planning practices. Their stories revealed why the availability of contraception had not facilitated them in avoiding pregnancy.

Provision of contraception in the Irish context

While most European countries began to adopt family planning within marriage from the 1870s onwards, this was not the case in Ireland (Coleman:1992:59). Ireland’s position with regard to contraception was strongly influenced by the position the Catholic Church held on the issue (Prendiville and Short, 1993). Within the Catholic Church, family

planning, including the use of the safe period, was discouraged (Mahon 1997). However, in 1951, Pope Pius XII justified the use of the safe period and in April 1963 the first family planning clinic was opened in Holles Street Hospital in Dublin. It was called a Marriage Guidance Clinic and gave advice on the use of the safe period¹. By then, many doctors had begun to prescribe the pill as a cycle regulator, but in 1968 the encyclical *Humanae Vitae* reaffirmed the Catholic Church's opposition on the contraceptive pill.

The access to family planning was facilitated in 1969 when a Fertility Guidance Clinic, supported by the International Planned Parenthood Association, opened in Dublin. Simultaneously, a Family Planning Rights group was formed. While it was, at that time, illegal to sell contraceptives, the clinic subverted this by dispensing contraceptives free of charge, while at the same time requesting 'donations' from its clients. Family planning clinics, despite some local public objections, were subsequently set up in a number of regional towns, prescribing the pill, and dispensing condoms and diaphragms. This activism on the part of a secular group in opposition to the position of both the Church and the State forced the issue of contraception onto the political agenda.

The legal position regarding contraception was challenged in a 1973 Supreme Court case, *McGee vs. Attorney General*. The court held that the constitutional right to marital privacy encompassed the right to obtain contraceptives for personal use thus rendering section 17 of the (1935) Act which prohibited the importation of contraceptives unconstitutional. Legal change came in 1979 when the Minister for Health introduced the Health (Family Planning) Act 1979. Contraceptives including condoms, could be prescribed by GPs for bona fide family planning purposes to married couples. In 1985, the legislation was amended to permit the sale of condoms without prescription to all those aged 18 or older. The publicity accorded to the AIDS virus and global safe sex campaigns facilitated the acceptance of this amendment. In 1992 the Health (Family Planning) (Amendment) Act 1992, legally obliged health boards to provide family planning services. While the Catholic

¹ It was opened with the tacit support of Archbishop McQuaid, though Arthur Barry and Eamon de Valera, two prominent Dublin obstetricians walked out of the proposal meeting and a number of nurses resisted involvement. (See Farnar 1994).

Church continued to oppose contraception, Irish people over time adopted fertility control practices which now resemble those of our European neighbours (Nic Ghiolla Phadraig, 1985). The result has been a considerable reduction in the birthrate as the following table shows:

Table 4.1: Birthrate by selected years of women aged 15-44 1946-91

Year	No of Births ²	No of Women ³	Birth Rate ⁴
1946	67,922	626,851	108.35
1951	62,878	591,141	106.35
1961	59,825	502,371	119.08
1971	67,551	545,953	123.70
1981	72,158	760,488	94.80
1991	52,690	776,267	67.80

Table 4.1 gives the birthrate of women aged 15-44, and it shows a gradual increase in the overall birthrate in the sixties and seventies, followed by an accelerated decline in the eighties. This decline can be attributed to a decline in higher order births and the deferment of first pregnancies by younger women. (Courtney, 1995).

Table 4.2: Birthrate for women aged 15-24 for selected years 1961-1991

Year	Number of Births	Number of Women	Proportion of Single Women ⁵	Birth Rate
1961	9,452	212,232	90.5	49.4
1971	18,306	236,244	84.7	77.5
1981	19,338	295,433	83.8	65.4
1991	11,012	293,711	93.7	37.4

Table 4.2 shows that among women under 25 there was an increase in the birthrate between 1961 and 1971 followed by a decline which is consistent with the overall pattern in Table 1:1, but the reduction is

² Health Statistics 1992 p 19.
³ Census 1991 Vol. 2 Table 1C.
⁴ Number of births over no of women × 1000.
⁵ Census 1991 Vol. 2 Table 1C

greater among the younger cohorts. The birthrate among women aged between 15-24 has halved between 1971 and 1991.

As contraception was illegal in Ireland until 1979 there is no research with which to compare contraceptive practices among Irish couples over time. Consequently the operative concept used when discussing this topic was family planning. In the absence of research we can simply imply that family planning to the extent that it was practised depended on coitus interruptus, the use of the safe period and sexual abstinence. The use of contraception in Ireland is by now quite comparable to its use in other countries (Nic Ghiolla Phadraig,1985).

Contraceptive use among Irish women by the 1990s

A national study conducted in 1993 showed the distribution of family planning methods used by Irish women who were sexually active:

Table 4.3: Method of Family Planning Used by Sexually Active by Marital Status

Marital Status			
Method	Single	Ever Married	All
Condom	31.1	21.1	22.4
Combined Pill	39.4	11.9	16.6
Mini Pill	16.9	4.1	5.4
Oral Contraception (total)	55.3	16.0	22.0
Natural	1.5	17.4	14.1
Sterilisation	0.9	7.5	5.9
Coil/IUD	0.0	2.7	2.2
Withdrawal	0.0	1.7	1.4
Diaphragm	0.0	1.1	0.9
None	10.2	32.4	30.9

Source: Adapted from Wiley and Merriman [1996: 59]

Table 4.3 shows that overall, 22% of women use the pill — (either the combined or mini pill) and 22% use condoms. When we look at the differences by marital status, we see that single women are more likely to use the pill, 56%, than condoms, 31%. Wiley and Merriman (1996) also found a higher rate of contraceptive use by sexually active single women than among all married women. One-third of married women

did not use any form of contraception compared with only one in ten sexually-active single women. Given the higher reliability of the pill as an effective contraceptive, and the perceived stigma of non-marital pregnancy, the finding that more young single women use the most effective methods of contraception is predictable. (See Hyde, 1996)

Contraceptive use among women with unintended pregnancies

However, studies of contraceptive behaviour among women who had unintended pregnancies showed a different pattern of contraceptive use than the national picture presented by Wiley and Merriman (1996) (Rynne and Lacey 1983; Greene et al 1989; O'Shea (1990) Richardson 1991; Francome 1992; Merrigan-Feenan 1995). Merrigan-Feenan (1995) studied the contraceptive behaviour of 100 young single pregnant women attending one Dublin hospital. The respondents' contraceptive history showed that only 54% had used contraceptives previously as compared with a national figure of 90% of sexually active single women reporting contraceptive use. While 10% of single sexually active women nationally have used no contraception in the past, the figure for single pregnant women was 46%. (Merrigan-Feenan, 1995). O'Shea (1990) studied the contraceptive behaviour of 95 women presenting for antenatal care for an unplanned pregnancy. Of these, 55 had been using no method of contraception while the remainder said that their pregnancy was the result of failed methods of contraception.

Studies of women seeking abortion have also shown a converse pattern of contraceptive use to the national picture. Francome (1992) studied 200 Irish women seeking abortion in England and found that only 24% had been using some form of birth control at the time of conception. Among his sample, married women were more likely to use contraceptives than single women, only 12% of whom had used contraception. Burke (1983) found that over one third of the 202 women seeking abortions that she studied had never used contraception. Riddick (1993) studied the first 100 women who attended for pregnancy counselling at the IFPA of which 73 decided to have an abortion. She found that only 28% had been using artificial methods of contraception and 4% had been using the rhythm method.

All of the studies of women with crisis pregnancies have shown that this particular group include a higher percentage of women who have never used contraception and a higher percentage who were not using contraception at the time of intercourse than national statistics on contraceptive use. Nic Ghiolla Phadraig (1985) has pointed out that pregnant women are not the best population within which to locate successful family planners. One could say that they inevitably include women who do not use contraceptives. However the disparity between Wiley and Merriman's (1996) findings of one in ten single women using contraception and the contrasting low level of contraceptive use found among single women with unintended pregnancies identifies contraceptive practices as a major factor in the lead-up to a crisis pregnancy. Some of the factors which shape women's contraceptive use in the Irish context have been highlighted, notably sex education and access to contraception.

Sex education

One is a lack of education and instruction to young people about sexuality. The women in Smiths' (1996) study lamented the lack of sex education they had received — 'I avoided pregnancy until I was 22 purely by chance' (1996:148) said one woman who first had sex when she was 16. The Department of Education introduced a Relationships and Sexuality Education programme into the school curriculum at the start of the 1997 academic year. This is the first such programme implemented as part of the curriculum by the Department of Education. Prior to this, the provision of sex education was at the discretion of each school with little guidance from the Department of Education. Among a nationally representative sample of almost 3,000 women Wiley and Merriman (1996) found that only 49% had received sex education. The majority received this information either from school and/or home. They found that almost three out of four of their sample knew that a woman was most likely to become pregnant in the middle of her menstrual cycle (Wiley and Merriman, 1996). However this contrasts with the responses of the 100 young pregnant women in Merri-gan-Feegan's (1995) study, of whom only 28% said mid-cycle was the most likely time for a pregnancy to occur, while 13% were incorrect in their response (10% said early cycle, 3% said late cycle) and 41% said

they did not know. The importance of reproductive knowledge can be seen in the overall higher proportion of women, in the national sample, who had accurate knowledge about likely fertility as contrasted with this latter group.

Fears have been expressed that sexuality education can in some way promote young people engaging in sexual behaviour. Findings from studies in the US do not support this. Lagana and Hayes (1993) undertook a critical review of contraceptive health programmes in the United States and argued that they found no evidence of sexuality education increasing the probability that teenagers engaged in sexual intercourse. Providing young people with sex and relationships education serves two functions in relation to the avoidance of pregnancy. It provides them with physiological knowledge of how pregnancy occurs and how it can also be most effectively avoided. On a more general level it gives young people a language they can use to articulate and discuss issues around sexuality with their parents and teachers, peers and sexual partners at the point where they are likely to engage in sexual intimacy. So sex education can empower young people to take control over their sexuality and fertility.

Accessing contraception

However, the availability of contraceptive services does not, in itself, guarantee access to these services. For instance, Francome's (1991) study of Irish women seeking abortion found that fewer than one in five reported having access to contraception. Wiley and Merriman's (1996) national study revealed that 50% of women felt that they had no access to contraception. However, the notion of access requires further elaboration. For contraceptive pill users, access to a doctor who will issue a prescription is required. While buying condoms does not require a prescription, access to local chemists or vending machine outlets is required. Donovan et al (1992) found that 65% of women attending a family planning clinic in Limerick were not aware of whether their GP provided a contraceptive service. Smith (1996) looked at why young women in Dublin choose family planning centres for their contraceptive needs. More than half of 194 women she studied did not know if their GPs offered contraceptive services and had never asked about them.

Women expressed worries that their family GP would look on them differently if they asked for contraception and avoided them because they feared the GP might inform a parent about their use of contraceptives. They were attending a family planning clinic rather than a GP because they wanted anonymity, privacy and confidentiality when they sought contraceptive advice. Smith's work illustrated how the prohibition on young women being sexually active constrained their access to contraception:

“The reasons why women seek ‘privacy’, ‘confidentiality’ and ‘anonymity’ etc. outside of general practice are complex and cannot be divorced from the context of socially defined morality.”

[Smith: 1996:149].

A woman seeking or using contraception is acknowledging that she is sexually active. Women have to confront opposition to their sexual activity when she attends a health professional for contraception or when significant others such as parents or siblings discover that they are using contraception. Studies have noted how young single women are reluctant to discuss their sexual activities with their parents and related this to parents' opposition to their daughter being sexually active. Francome's (1992) study of 200 Irish women seeking abortion included questions about how open they were about being sexually active with their parents. He found that of 140 single women only 26% said their mothers were aware they were having sexual intercourse while 17% said their father knew. He concluded that in total only a small proportion of parents knew their single daughter was sexually experienced (Francome: 1992: 266). Merrigan-Feegan (1995) surveyed 100 unmarried women attending the Rotunda Antenatal Clinic ranging in age from 15 to 25 with an average age of 20. They found that while 74% of respondents said they had a good relationship with their parents, only 33% said their parents were aware of their sexual activity.

In this way women's use of contraception is constrained by social attitudes to women's sexual behaviour. Richardson (1993) says of female sexuality that “generally speaking, women have less control in sexual encounters than do their male partners, and are subjected to a double standard of sexual conduct which favours men” (1993: 74). Another

factor which affects women's use of contraception is their partner's willingness to assume responsibility for contraception or to comply with their choice of contraceptive method. Some methods of contraception require the male partner's involvement and compliance such as condom use or withdrawal.

Women and pregnancy study data

While different family types are emerging in Irish society including single parent families or families with cohabiting parents, stigma still attaches to non-marital births and there is a tendency to conflate non-marital pregnancies with crisis pregnancies (Conlon 1997). This study has attempted to move away from stereotypical constructions of pregnancy by generating a sample of women who were pregnant and allowing them to define their own reaction to that pregnancy. Most other studies of women's contraceptive use in the lead-up to pregnancy have focused on two main groups young, single women. These have inevitably included women who had different responses to their pregnancy and so their focus and findings are quite different⁶

. The stories we present here are of those women in our study who described their pregnancy as an unintended outcome of their sexual activity and for whom the pregnancy constituted a crisis in their lives. The sample is made up of 122 women. Two thirds of these were having their pregnancies terminated and one third were continuing their pregnancy of whom six were considering having their baby adopted. Their accounts provide an insight into their choices and decisions about contraception and their perceptions of the risk of pregnancy they were exposed to.

Contraceptive methods and effectiveness

Before looking at how the women we studied coped with contraception, the different contraceptive methods available are discussed first, together with a discussion on what methods of contraception are used by sexually active Irish women.

⁶ see Hyde 1996 for example.

Furedi (1996) looked at the effectiveness of different methods of contraception. From Table 4.4, one can see that Furedi reported the findings of the Oxford Family Planning Study of 1982 which calculated the number of women out of 100 who would become pregnant if they used the stated contraceptive methods for a year according to the letter of instruction. However, this contrasted with findings from an American study which were described as “reflect[ing] more accurately the effectiveness of contraceptive methods when used by average couples in normal conditions” (Furedi, 1996: 8)

Table 4.4: The Effectiveness of Different Methods of Contraception. (A comparison between the findings of the Oxford Family Planning Study of 1982 and the findings from an American study)

Method	Oxford Study	American Study
Combined Pill	0.3	8
Diaphragm	1.9	16
Condom	3.6	15
Spermicide alone	11.9	25
Periodic Abstinence [natural methods]	15.5	26

Source: Furedi, 1996: 8

From Table 4.4, we can deduce that, the oral contraceptive pill has the highest rate of efficiency in the prevention of pregnancy. However protection from the oral combined contraceptive pill is reduced if it is: taken over twelve hours late, expelled through vomiting or diarrhoea or taken with antibiotics. Hormonal contraceptives can also be injected (e.g. Depo Provera) or implanted (e.g. Norplant). Both of these methods are virtually one hundred percent effective primarily because once they are administered their effectiveness cannot be interrupted.

The diaphragm has the second highest effectiveness rate. However it will not be as effective if: it is incorrectly placed in the cervix, spermicide is not used or used incorrectly, if it is removed sooner than six hours after intercourse or if it is damaged.

Condoms were rated third in effectiveness. Their efficiency is enhanced if they are used in conjunction with spermicide. However they are less effective if: the man ejaculates before the condom is put on, if the

condom bursts or slips off the penis during intercourse or if they are not used every time the couple has intercourse.

Natural methods or periodic abstinence had the lowest rate of effectiveness in preventing pregnancy. It will not be as effective if the couple do not abstain from intercourse or use back-up contraception during a woman's fertile period which maybe difficult to accurately predict.

Contraceptive methods then are most effective when used to the letter of instruction and when used every time a couple have intercourse. Pregnancy can result from either not using contraception or through contraceptive failure, which is further broken down by medical practitioners into 'user failure' and 'method failure'.

Understanding effective contraceptive use

Wheble, Street and Wheble (1987) used two layers of analysis to study contraceptive use among 1020 women seeking abortion in an English clinic. The first layer presented women's use of contraception prior to conception and found 40.4% were COC (Combined Oral Contraceptive) pill users, 34.8% were condom users, 5.5% were IUD (Intra Uterine Device) users and 3% were diaphragm users. Their second layer of analysis looked at whether contraception was used at the time of conception, what methods were used and how. This presented very different findings: 14 women or 0.1% of the sample had been using the oral contraceptive pill as instructed when this pregnancy occurred. Others had forgotten one or more pills, or had expelled the pill through vomiting or diarrhoea while the majority (30.4%) had stopped taking the pill either of their own volition or on medical advice. As regards other methods, further analysis showed that only 0.7% had been using condoms effectively, while the majority had used them intermittently. (Wheble, Street and Wheble, 1987). Their findings highlight the difference between studying women's usual contraceptive behaviour and their use of contraception when an unintended pregnancy occurred.

Contraceptive practices of women with crisis pregnancies

As a first layer of our data, Table 4.5 shows the breakdown of contraceptive use among women we studied, who had a crisis pregnancy, as indicated in Chapter Two. This includes women who used no contraception at the time this pregnancy occurred and women who were using methods which failed to prevent a pregnancy. This table shows that the majority of women (58) used no form of contraception. In addition, 15 relied on the safe period and a further 5 on withdrawal, which are practices of family planning that cannot be termed as forms of contraception . Thus, in total, 78 women used no artificial form of contraception.

Family planning practitioners assume that sexually active women who do not want to become pregnant will employ effective contraception. Our analysis looks behind this theoretical position to explore how women use contraception in the context of the structural and cultural milieu surrounding contraception in Ireland, the social norms around female sexuality and male and female sexual relations.

Table 4.5: Contraceptive Status at Time of Coitus by Outcome of Pregnancy

Method Used	Women having an Abortion	Women continuing the pregnancy	All Women
None	34	24	58
Condom	22	8	30
Safe Period	11	4	15
Oral Pill	8	2	10
Withdrawal	4	1	5
Diaphragm	1	0	1
Depo-Provera	0	1	1
Emergency Contraceptive Pill	8	2	10
Totals	88	42	130

In analysing the circumstances which led to unintended pregnancy we looked at women’s use of different methods of contraception and how

they negotiated the risk of pregnancy and managing their fertility. Our analysis has identified themes and issues highlighted by women in their accounts of how they came to be pregnant. When we have quoted an extract from our interviews with women we have given the woman's age, relationship status and the outcome she anticipated for her pregnancy at the time of interview. This information is presented in the following format:

[Age, relationship status, expected outcome].

The analysis is divided under the following headings:

(1) The oral contraceptive pill and related factors

As noted already, the pill is the method of contraception most commonly used by single women. It is one of the most effective methods of contraception ranging in effectiveness from 99.7% when used in test conditions to 97% when the usual degree of human error is taken into account (Furedi, 1996). The pill is available in Ireland on prescription from a doctor. As a method it is totally within the control of women and does not require partner compliance, knowledge or approval. It has however been associated with health risks and side-effects such as mood-swings and weight-gain. The women's accounts revealed a complex of social norms they negotiated in their use or non-use of the pill and a checklist of costs and benefits that they referred to in deciding about whether or not to choose this method of contraception.

The contraceptive pill is available on prescription from doctors. While access to medical practitioners and pharmacies in order to get a packet of the pill is not in itself problematic the accounts women gave us revealed other issues which made access to and use of contraception difficult for them.

Social disapproval of women's sexual activity and contraceptive use

Some women avoided using the pill because they construed it as a confirmation of their sexual activity. They worried that it might be discovered by their parents and were conscious that they would not approve of their sexual activity:

I was planning to go on the pill before but I never sort of, I was sort of putting it off.

The fact, which is really silly as well, the fact that in case I left it around or something and my parents might see it and my brothers and sisters.

[Aged 22, going steady, termination]

I didn't want mam to find out about it [the pill], you know, if she found out she'd go mad. I'd say she would have been more upset by that than the pregnancy, you know. [Pause] Cos like, the way she looks at it is if it's supposed to happen, well it will happen, you know, no matter what. That's the way I looked at it afterwards, it was meant to happen.

[Aged 18, going steady, motherhood]

Now when I go back I've got to go to my GP and ask him for the pill and I'm really scared about doing that. Cos it will just get back to my mum.

[Aged 18, going steady, termination]

Weisman et al (1991) looked at adolescent women's contraceptive decision making in the US and found that maintaining communication with their mother reinforced women's decision to use effective contraception consistently. Some women we interviewed did get advice and support from their mother in using contraception:

What about, did you get your information about contraception from your mum?

Yeah it was my mum. Like I started going on the pill about a year and half ago. The reason I went on it was because I had really, really bad periods and my sister recommended it over in England. She told me about it. I took about a week every month off school because they were so bad. And em, she suggested it to my mum, she was on it as well cause she had really bad period pains. The next month or whatever mum brought me to a doctor and he prescribed the pill and that was it, There was no mention of condoms that was the reason like, to get rid of the period pains.

So your mum always kind of like, she wasn't saying here you should really go down, it was more like just controlling the pain rather than?

Em. Every now and again she was saying, make sure now you take it properly in case something might happen. She wouldn't actually come

out direct and say it. Say it in a round about way, but you would know what she would mean. I would say I know mum, I know mum. So.

[Aged 18, going steady, termination]

In contrast to this, many of the young women we studied said that the message they received from their parents was not to have sex until they were married. This left them to manage their sexual relationships and contraception without the advice or assistance of their parents while at the same time seeking a contraceptive option which put them at the least risk of discovery:

Do [your parents] know you are sexually active?

No.

Would it even cross their minds that you might be?

Well no, you know, no they wouldn't. They maybe would, my mother, she talks to me about it, 'preserve yourself until you're married', you know. And she had a point, I agree with her now, to a point but, she might often say to me, 'I hope you're behaving, I hope you look after yourself', but I think at the back of it, I don't think she would really think that I, I don't think she would.

Let me get this right, when your mum would chat to you about this kind of thing, it would be more along the line of, you shouldn't be doing it rather than if you are doing it [pause]?

Oh God there'd be no such thing as you know, come down to the family planning clinic and we'll get you something [laughing]. No nothing like that at all.

[Aged 22, going steady, termination]

Many young women relied primarily on informal sources of education about sex and contraception when they became sexually active:

And do your parents know that you're sexually active?

Well they do now, they didn't know at the time, I can't really talk about it to them, you know, well I could if I wanted but I wouldn't want to.

And would you ever discuss contraception with your mother ever?

No, I never did.

So where did you get your information about sex from then?

She may have done when I was younger, and there was school, and you

just learn these things up yourself from various places I suppose, I don't know exactly where I got it from, it's hard to remember, and we had classes on it, like education classes on it.

[Aged 21, single, termination]

Did you have sex education?

We did. Two pictures in a book. To be quite honest, I didn't understand any of that stuff. I was in sixth class.

So how old would you have been?

I was thirteen. And em, it was like [pause] 'penis' like, you know.

And did they talk to you about contraception?

Oh no no. Not that young they didn't no.

[Aged 21, going steady, termination]

This social disapproval of young women's sexual activity also caused embarrassment in talking about sex and a reluctance to seek contraceptive advice from doctors:

I actually had thought of it [going on the pill]. It was embarrassing to go to the doctor. [pause] Well I could have gone to a different doctor I don't know, it was an embarrassment saying it.

[Aged 21, going steady, adoption]

Had you ever thought about using the pill?

Oh yeah, oh yes. It's just that I was so scared going into a doctor and saying can I have the pill and that was it. Like going into a doctor and I wouldn't let any doctor touch me in any way and I was so nervous stripping off or anything, you know these doctors, things they could be doing, you wouldn't know. So I am feeling nervous, in the back and went in on the way. I said to the doctor, I need the pill and all this. He gave me a prescription, that's all he did. I did not want to go in and be very embarrassed. With the religion I had and the upbringing I had, you're embarrassed about sex you don't talk about sex, it's 'No, every fella wants sex off you', they'll only use you for one thing, you know what I mean, it's like sort of thing, no, don't, so like that was the way. So I was very embarrassed talking about anything like.

[Aged 20, going steady, termination]

It is interesting to note that this woman attended a doctor in England for the pill as soon as she travelled there:

I wanted to go on the pill. I said look okay I'll go to the doctor next week, it was like, next week, next week, I was just so scared to go and talk to him you know.

Was that when you were over here [in England] or when you were in Ireland?

In Ireland, yes. It's because I am over here, no one knows me, great. I can go to a doctor, I don't give a damn what they say, what they do to me. I'm Irish, I'm different, you know what I mean. I feel safe over here, it's grand. It's like your doctor is going to find out, your parents are going to find out. England, yes, that's it now, I'll go on the pill. The minute I came over here, I'm on it now so.

[Aged 20, going steady, termination]

The fears of approaching a doctor expressed in the account above were realised by the sixteen year old woman below when she asked her doctor for a prescription for the pill. Her account of the interaction highlights how difficult she found the situation. She attended the doctor on the pretext of having a cold and then asked for the pill on the pretext of having menstrual problems. The doctor refused to prescribe her the pill and said that he would have to speak to her mother first:

Would you have ever asked [doctor about different forms of contraception]?

No, like I asked about the pill and he started saying you're too young to go on it and everything. Cos he is real close to the family. I was going no it's for me periods and he said I'll talk to your mother about it.

So you did actually ask the doctor about the pill. And what age were you then?

Sixteen.

When was this?

I would say about September [six months ago].

This year actually. And he wouldn't, I mean, he literally wouldn't put you on the pill even though you wanted to be put on the pill?

No, you're too young. Like I was sixteen, I wasn't thirteen or fourteen. Like I hate talking to anybody and he didn't make it easier for me I was going oh, okay.

And were you in about the pill or were you in about something else?

No, I told the woman I was in about a cold and I went down and he was just writing out a prescription, can I have the pill? How old are you now? Sixteen. No, you are too young.

Would you have been sexually active for a while then?

About, [pause] I would say it was just before this, before I started.

[Aged 16, going steady, termination]

The age at which young people are sexually active is often not the age that parents or doctors consider appropriate for them to have sex. Taking the pill is assumed to facilitate a form of sexual availability. However in a review of contraceptive health programmes for adolescents in the US Lagana and Hayes (1993) refuted this assumption and noted that empirical studies there had found reliable use of contraceptives to be associated with strong commitment to one partner and not to promiscuity. When young women seek permission for contraception from parents or a prescription from a doctor they can refuse because of their objections to them having intercourse. The eighteen year old woman below had asked her father when she was sixteen if she could go on the pill. He refused on the basis that being on the pill would make her more likely to have sex:

I asked me da ages ago would he let me go on the pill, well I was only sixteen. He said you better bleeding not, that's only an excuse to have sex and all. He said when you're ready for sex just come to me [pause] I'll do whatever I can.

[Aged 18, co-habiting, termination]

Similarly women stopped using the pill because of parents disapproval. This woman described how her mother was disappointed in her for being on the pill. She came off it but continued being sexually active and became pregnant.

And did [your mother] know you were on the pill?

She did but she didn't like it, she's really against the pill and she said that she was disappointed in me, and everything. I told her I wasn't on it anymore but she didn't listen, she's right set against it.

[Aged 23, going steady, termination]

Rejecting the pill because of parents' objections to using it does not mean the woman ceases to be sexually active. Rather it increases the likelihood that the woman will have intercourse without using any form of contraception.

The women's stories revealed how some doctors imposed their own attitude towards the pill on them and acted as moral guardians.

[Doctor] was a bit kind of like er you shouldn't have sex before you're married, you know and all this [pause] like he'd give it to you in the end, like, but he'd only give you one months supply so you had to keep coming back to him all the time [pause]. Then when the pill started disagreeing with me like, it was a question of like, why do you think that is like, he's asking me the question like that was really freaky so like he was looking up all the ingredients and side effects of all the different pills like, so he then could say this is caused, I was having side effects.
[Aged 28, going steady, termination]

This extended to the doctor assessing the nature of the relationship the woman had with her sexual partner. There was also an implication that some relationships may legitimately include sexual intercourse while sexual promiscuity was discouraged:

Fine. The first time I was in a relationship, long term relationship and they asked me questions about how long I was with my partner and em, [pause] he was the first real, we will say committed relationship whatever. It was all just starting out. It was an unusual relationship as well. We weren't seeing each other that often. He worked a good distance away and em, a big age difference as well and things. So it was kind of something that was never really going to be a long term thing. So it was really weird being asked questions. I lied about a lot of the answers and the last time I went, [to the doctor], I don't think I was asked questions like that. But I was asked about a partner and things. I think, em, the last time I was with somebody, it is so early in a relationship when you go on the pill, to be asked about, partner and things, about your partner's details. I found it very uncomfortable, the questions weren't part of it really.

[Age unknown, single, termination]

Of course this was not every woman's experience of attending a doctor for the pill. The following example of a woman who found her GP

was very open and understanding when she attended him to go on the pill illustrates how important doctors' response to women is:

So this GP, have you got like a good relationship with him?

I don't know him that well to be honest with you. I went to him last year cause I was going to go on the pill. I went on the pill and he seemed to be very open and very understanding about it, you know. No sense of embarrassment or anything else about it. Just how are you feeling, we will take your blood pressure and there you go. You know that sort of way, you know. Kind of no awkwardness about it at all.

[Aged 30, single, termination]

Smith (1996) found that the young women she studied had an express preference for family planning clinics as a source of contraceptive advice. Her findings were echoed by some of our respondents who criticised the lack of provision of family planning clinics outside of the larger Irish cities:

Okay, so when you were on the pill, where did you go to get that?

I was living in Dublin at the time, last year, shortly in Dublin last year so I went to a local doctor, he was grand, I didn't have a doctor like I just went to, it was a family planning clinic, he was there, and he was grand and just examined me and then he put me on the prescription.

So how did you find him?

He was grand, he told me all about the risks and everything, and that was it.

I think that there should be more family planning clinics, you know like there is over here, where you can go in and seek advice about contraceptives and all that.

So for you, you would have to go to a GP to get say the pill?

Yeah, the nearest place is the [Agency 2] and that's in [city] and is about 60 miles away.

So is what your saying, that you would want local family planning clinics?

Yeah, most definitely, you know, the same kind of service as there is there but in my home town.

[Aged 21, single, termination]

What about, would you have ever gone to him [GP] for contraceptives?

I did, I was on the pill.

And did he give you that?

He did but he was uncomfortable about it, I don't know, very shy, he went "no I don't think so". To be honest I went to the [Agency 2] clinic and I was so impressed with it that I should have went there in the first place. They do have loads of facilities, and I don't think people are aware of the facilities that are there. I really was, I was expecting a lecture, trying to persuade me, but no, they just sat back and they listened to me, you know, my mind was made up and they just sat back and listened.

And what about then, the time you went for the pill, you said you felt bad about it?

I just [pause] I think it was the fact that he was a man, I just obviously think for something like that you should go to a woman, somewhere that is set up for that sort of thing, you know.

Where you are happy about it?

Em. You know. Some girls, you know, it would not bother them. If I had of known about the [Agency 2] I would have felt more comfortable. I wasn't sure how to take the pill.

He did not explain much?

No. No.

[Aged 23, single, termination]

There were others then who preferred to attend their doctor for the continuity of care this gave them:

I went to him for the pill, I trust him. He also knows me. He would know that I keep fit, he would know, cold, flu, anything I had. Somebody that has your history is probably better to go to. That knows you a little bit better then somebody that doesn't know you. I don't know, it's hard to know really. I felt more confident with him.

[Aged 24, single, termination]

Prohibitive cost of the contraceptive pill

Contraceptive advice and services must be paid for by all patients except for those on medical cards. The financial cost involved in using the pill

include the paying for a consultation and the cost of the prescription itself. This can make the pill inaccessible for some women as the following shows:

GP at home, I told him I had period pains and he said, he just popped out the pill and said there take that for a couple of months and you'll be fine. But I ran out of the prescription and the medical card and I never renewed it and I had to go through the whole process of getting a new medical card again and I kept forgetting to do it when I was busy at work. And basically I was all over the place anyway.

Right okay, so was it more about the problem with your breasts or the lack of time or whatever that stopped you using it?

No, that wasn't such a problem, it would have been more, I just didn't have the money you know, I'm what you call a poor student. I was on about £50 a week and the house that I'm staying in is £30 and the rest is on food you know.

[Aged 19, going steady, termination]

I wanted to get back on the pill. I kept, I had a period and thought must get the pill and I'd have no money and it was too late to start again. And I had to go on another month without using it. And I was going to start the month after that and I found out I was pregnant and it was too late.

[Aged 19, going steady, termination]

In general women's access to the pill was restricted by the cost of attending a doctor as well as social disapproval from parents and doctors of their sexual activity and use of the pill. Women described avoiding using the pill for fear of discovery by parents and avoiding attending a doctor for fear of meeting with disapproval or the doctor informing their parents about her contraceptive use. Both of these factors reduced women's use of contraception.

Side effects associated with the pill

Women also rejected the pill as a contraceptive because of the medical side effects associated with it. They held quite negative images of the pill and associated it with health risks and side effects such as weight gain, crankiness, mood-swings.

I was, I was actually [pause] I know people who went on the pill and they had side effects and everything, he [partner] didn't want me to go on the pill cause of the side effects.

[Aged 19, co-habiting, motherhood]

I can see some of the side effects of the pill and I don't really agree with them. I've seen my sister and I think she's screwed up as a result of it.

[Aged 30, single, termination]

I didn't fancy the idea of the pill actually [pause] because my sister had been on it and she had to change it several times she had been sick.

[Aged 23, single, termination]

My sister went on the pill. And she became very snappy and her chest was bigger and it was sore

[Aged 29, going steady, termination]

I said I didn't want to go on the pill and [mother] said why? and I said because of the side effects and she said I never had any side effects, rubbish and whatever.

[Aged 21, single, termination]

[Partner] wanted me to go on the pill but I didn't want to cause it completely wrecks your whole system, you know, I just didn't want anything like that.

[Aged 18, going steady, motherhood]

I would prefer not to go on the pill, I don't really like the idea of [pause] shots into my body or anything like that.

Why is that?

I [pause] I just prefer to treat my body as naturally as I can. And, that would be one of the main reason. Also I have some varicose veins and [pause] I think, that might possibly effect them as well. So it would be mainly physically things I would have reservations about.

[Aged 23, going steady, termination]

One woman aged twenty-four was reluctant to go on the pill because her sister was having fertility problems which she associated with her prolonged use of the pill. Another twenty two year old had never used the pill because she felt she would be "allergic" to it. Weight-gain was also associated with use of the pill:

My friends were on the pill and an awful lot of them, they were all bloating out from it, putting on weight and they were feeling very moody from it. So I never really thought about it then.

[Aged 22, co-habiting, motherhood]

I have a few friends that are actually on [the pill] and one of them got kind of fat like. So we were saying we can't do that we'll get fat as well. Which is stupid I suppose. You would be better off being fat and in control of your life anyway.

[Aged 22, going steady, termination]

Some women avoided using the pill because they had specific indicators that increased the likelihood of negative side-effects from pill-use. These included women who smoked and women who considered themselves at an age which increased the health risks of using the pill:

I was always very reluctant to go on the pill, it wasn't due to lack of availability or anything because there is no problem. I preferred not to because I smoke.

[Aged 24, co-habiting, termination]

My doctor kept asking if I would like to go on the pill, but I did not want to because of the health risk. I smoke, I am thirty five.

[Aged 35, (separated) single, termination]

This negative image associated with the pill contrasts with the low risks that are associated with the pill according to scientific studies cited by manufacturers. However the publicity afforded to the 'pill scare' of 1995 where certain brands of the pill were withdrawn from use because they were associated with a risk of thrombosis or blood clotting did lend further weight to the belief that the pill is dangerous (see Furedi, 1997).

[Mother] wouldn't let me go on the pill at the time because of all the things that [pause] the side effects and all. She was afraid of it.

[Aged 18, single, motherhood]

It is interesting to note the comment of one twenty two year old woman above that "you would be better off being fat and in control of your life". This a reference to how these negative images of the pill limit women's use of one of the most effective methods of contraception which they can use independent of partner's attitude to contraception.

The accounts of women who stopped using the pill reflect this concern over the side effects associated with it. Some women suffered from specific symptoms which caused them to stop using it. Older women mentioned symptoms such as mastitis and varicose veins.

I used the pill for a while, this is a few years back. I have very bad varicose veins, so . I even said to one of the nurses up there, actually was talking about it, contraception, she looked at me like and said no way, don't go near it.

When you were using the pill, how long were you on it?

Eh, I was on the pill for about four years. This was when I was about eighteen [pause] stopped it.

Did you stop it because of the varicose veins?

Yeah I did. They're hereditary alright but [pause] they're getting pretty bad, you know. Then after I had the two kids, they're really bad [pause] so.

[Aged 34, separated, termination]

Other women experienced symptoms such as bleeding, blood pressure or allergic reactions:

I mean, I'm not on the pill or anything like that but only simply because it hadn't agreed with me, I'd got a lot of breakthrough bleeding and I tried about 5 or 6 different types like you know.

[Aged 31, (separated) going steady, termination]

I used to take [Brand A] and that didn't agree with me so I started to take [Brand B] and my blood pressure rises when I'm on the pill, I smoke as well, erm, my legs swell out, I get trapped veins and that sort of, I really am not the person to take the pill.

[Aged 24, going steady, termination]

Well it started to actually make me very ill, pretty weak and like very kind of, I had blotches on my arms and legs, so the doctor said that this particular type of pill that I was using, they erm they must be putting a different ingredient in it so it could be affecting me like, so we tried another one the same thing happened. So he said because I had been on the pill for so long and didn't take a break from it, my body was probably telling me like, it was time to take a break.

[Aged 28, going steady, termination]

Weight gain was another side-effect which caused women to stop using the pill.

I have taken [the pill] before. It was about five years ago and I put on a lot of weight and I had a lot of side effects, I was very irate. But I was not on it for a long time, so really didn't give it a chance. Emm I kinda didn't want the weight aspect I must admit and on account of the fact that I smoke.

[Aged 26, co-habiting, termination]

However the association of the pill and weight gain is subject to debate and some women were sceptical about whether the pill caused them to put on weight or, if the weight they put on caused them to stop using the pill:

I was on the pill before like. And em [pause] I was grand. But people would say oh you're putting on weight, you know. I think I was putting on weight because I was out drinking every night, and eating at three o'clock in the morning, you know that way. You kind of say ah it's the pill, you know.

[Aged 25, co-habiting, motherhood]

While emotional or psychological side-effects of the pill are hard to measure, they were mentioned by a number of women. Mood-swings, crankiness, depression and nervousness were all given as reasons for coming off the pill as illustrated in the accounts below:

I went on the pill for a while last year and I just psychologically I just wasn't able to take it what it was doing to me. I was just finishing my thesis at the time I was a nervous wreck and I think I didn't know whether it was just coincidence, that it was that month that I took it or that I was under pressure as well, but I've never seen myself so pre-menstrual about something in a long time.

[Age unknown, co-habiting, termination]

I don't take the pill myself, I've never taken it. Em and cause I keep fit and I know my body really well. I feel finely tuned a lot of the time and I just feel that taking a chemical into your body everyday really didn't appeal to me. Maybe it would have been better at the end of the day. It just didn't feel right for me. In January, I met somebody last year, November or so and I decided I would try it. I didn't want to make that mistake again. I went on to it for a week. I just got very low, very

depressed and em, my chest was sore and my stomach was sore, the whole thing. I hate that lack of control in my own body, I hate that. I also was doing a course and it needs a lot of my time, enthusiasm and energy. For a week I had nothing. So I went to the doctor and he said he would try another one after your course in April. I said fine. I was going to try one that was milder. I didn't really want to go on it, but I just thought that maybe I should. Especially as I was going out with this fella and he was really nice and I liked him a lot. And unfortunately it didn't work out anyway at the end. I thought oh well I don't need them anyway.

[Aged 24, single, termination]

Well it was, you see the thing is with my periods, they are very very irregular, you are talking about six months to a year. That is really why I went on the pill originally just to regulate them. Then I found the pill was really putting me off the wall. Depression, [Brand] has an awful effect on me, so I changed that and tried another one and ooohhhh I have not been right on it. I didn't feel perfect, so I said I would go and try a different type of contraception.

[Age 22, going steady, termination]

I was on the pill for a while, it messed me.

How?

Well people say the pill affects your hormones and you are wired to the moon. I was on apparently quite a strong one and I just kept taking it and I felt kind of nausea on it and sometime I would forget to take it and I would start bleeding, it just did not seem to agree with me 100%. I didn't want to keep putting my body through this for the sake of not using a [condom]. Obviously I should have.

I was on the pill for a while, but it er, I didn't get on with it, it didn't agree with me so I came off it.

Right and how didn't it agree with you?

When I was on the pill, it kind of made me really bad, you'd say something to me and I erm would either burst into tears or else I'd bite your head off. It was terrible so I stopped taking it.

[Aged 23, going steady, termination]

One woman mentioned that the pill reduced her libido:

And when I first started having sex with my partner, I thought I really

didn't want to become pregnant, it was a very new relationship and I went on the pill. I just felt that it literally turned off all my senses

So I put up with it for four months and came off it again.

[Age 32, (separated) going steady, termination]

Some women assumed that one had to take a break from the pill and avoid using it continuously.

I had been on the pill, you know the way you have to take a break for a while.

[Age 21, single, motherhood]

One woman had first went on the pill seven years ago. She had taken three breaks of six months in order to 'get her real period back' and to make sure it wasn't affecting her adversely and got pregnant during this break. Another had stopped taking the pill seven months ago because she had been on it for four and a half years and wanted a break. She had come off it when her partner had been away for one month and had stayed off it since. She intended to go back on the pill in February but became pregnant in January.

Some women were dissatisfied with the information their doctor gave them about the pill and how their doctor dealt with problems they had while using the pill:

.And where did you go to get the pill?

My GP. He quickly wrote out a prescription and gave it to me.

And you said that you had to go back several times because you were having these problems, was he okay about that, was he helpful, did he talk to you about the pill at all?

No, he didn't talk about it really, he just kept giving me prescriptions and asking me what one he had given to me the last time. You know, which one did I give you the last time, oh [pill brand], ok, try this one and then he would look up in his book or something else. In all fairness he didn't do blood pressure or anything else like that, you know, or things that doctors normally do.

.And did he talk to you about side effects?

Not really no, just when he heard about the breakthrough bleeding. He just kept giving me different prescriptions. I would actually consider him

a very good doctor, you know, I just think that he can't handle the kind of woman thing you know.

And were there any other side effects you noticed?

Well I do remember going into him one time and saying, and I wasn't having breakthrough bleeding, and I can't remember what pill it was, and I said doctor there is something wrong with me because I can't even look at food and I'm piling on the weight, it was awful. And he was saying it's fluid retention and this kind of thing so he put me on another one and then it was grand.

[Aged 31, (separated) going steady, termination]

Pill scare of 1995

Furedi (1996) noted the impact of the pill panic in Britain in her report on 'The International Impact of a Pill Panic in the UK'. During 1995 a number of popular brands of the 'third generation' oral contraceptive pill were involved in a health scare which associated it with an increased risk of blood clotting and thrombosis. This was highly publicised in the media and, as it happened a short time before the fieldwork for this project began, some of the women we interviewed had become pregnant after they stopped using the pill because of it.

I was on the pill but I came off it cos there was that scare with my pill, it was in the papers and everything.

What was that all about?

Oh, I don't know, it was in the papers, my friend, a girl friend phoned and said have you seen the papers, we'd better get off that pill pretty quick, it looks really bad. So I came off it after that you know, I didn't want to risk it like.

[Age unknown, going steady (not pregnant by long-term partner), termination]

I started on [pill brand] on about September of last year and that scare that came out with [pill brand] or whatever, and my doctor advised me to come off it and I did and erm, I just, was advised to just use condoms and be safe and I did, it didn't work but that's the main reason that I came off. and to be honest with you if there was another scare in the morning to be honest with you I couldn't care less I'm going to swallow them.

[Aged 23, single, termination]

And you said that that the pill didn't agree with you, what was that about?

I don't know, I was feeling sort of, when I was on the pill, sort of a bit sick you know, and just wasn't a nice person to live with and I changed it I changed to a different pill and that helped with it a bit, but it was the same kind of and then I was on the two kinds of pill that had progesterone in which are like really bad as well, something to do with thrombosis or something and so I stopped for a while and I was thinking about other contraceptives in the meantime and I just didn't get around to any of them unfortunately.

[Aged 28, co-habiting, termination]

Yeah I'd told [partner] that I'd come off [the pill] that it was black listed and he said yeah something might happen to you. He said he didn't mind using condoms. He was fine about it.

[Aged 18, going steady, termination]

In many cases women came off the pill without consulting their doctor which left them without the option of changing to another brand of the pill or another method of contraception. This left condoms as the only alternative method of contraception available to women:

Yeah, I used the pill last year. I was in a relationship for a lot of last year. I used the pill. I found it gave me bit of headaches. And as well as that there was a scare around the time and I thought, I forget what it said, I just read it at the time and I just didn't want to be sick again. So I should have gone back to the doctor actually and maybe he could have given me a different pill.

[Aged 30, single, termination]

Social significance of pill use

The negative image of the pill as harmful to women's health has contributed to the attitude that it is much better for women not to be taking the pill. This pattern of pill use is also reinforced by social attitudes to women's use of the pill. Women's accounts revealed how they were conscious of an attitude that using the pill indirectly asserts that a woman is sexually active or more specifically 'sexually available' prevails. While doctors and parents signalled their disapproval of sexual promiscuity and attendant pill use, women themselves often wrestled with similar issues.

Did you think about using the pill at all once you started having a sexual relationship, did it cross your mind at all?

Em, it did but then I didn't think there was any point. We weren't that active anyway, kind of.

What were your reservations about it, was it that you weren't together that much or?

I think I was kind of scared.

How do you mean?

I don't know, I can't explain it. I, the doctor put me on it when I was about fourteen. I was crying I thought it was something bad. I don't know, you know that kind of way. And ever since then, I never spoke about, or asked my friends about or anything, kind of blocked it out.

And when you were on the pill for your periods, how long were you on the pill?

I only took it for about a couple of weeks and threw it away.

[Aged 21, going steady, termination]

You see for me to go on the pill or to use any contraception, I would feel that I would like to be in a steady relationship. If I was having sexual relations with someone it would be a permanent partner. I have not come across someone like that so therefore I am not going to go on the pill. [Partner] it was stupid, my first time to do something as stupid as that.

[Aged 23, single, termination]

I have taken [the pill] before. It was about five years ago and I put on a lot of weight and I had a lot of side effects, I was very irate. But I was not on it for a long time, so really didn't give it a chance. Emm I kinda didn't want the weight aspect I must admit and on account of the fact that I smoke. I thought well [pause] I don't go to bed with all my boyfriends, I don't, you know I am not blasé about having sex, whatever so I never did and that's been fine. But then I suppose, well now that I am in a fully committed, having sex more often, and it, well [stops].

[Aged 26, co-habiting, termination]

I was using condoms, I have not been having sex, I have not been planning sex. I have not been in a relationship, I have not been having sex. My doctor kept asking if I would like to go on the pill, but I did not want to because of the health risk. I smoke, I am thirty five and not

having sex. So no it was not worth my while. I would still stand by that decision. It was just unfortunate what happened.

[Aged 35, (separated) single, termination]

Women weighed up their decision to use the pill against the level and continuity of their sexual activity. This reflected Weisman et al's (1991) findings that exclusivity of partner was an important factor in adolescent women's consistent contraceptive use. Women who had experienced a relationship break-up or acquired new partners during their study period were less likely to use the pill consistently (1991: 141). The accounts of the women in our study revealed a pattern of only using the pill in an established, on-going sexual relationship where they were having sex regularly and frequently so that the higher possibility of pregnancy made the costs associated with it worth assuming.

What about contraception, had you discussed it when you began to have sex?

Well at that stage I couldn't go on the pill because eh, I had fits and that, and eh and at that stage I felt like I'm only startin' and we weren't sorta sleeping together on a regular basis, so we were using condoms and that. So em [pause] I had planned actually to go on to the pill and I'd been to my GP about a week before I became pregnant, and when I had to go back into him to get the test that's why I was going back in, cos he was so shocked when this pregnancy test went through and all, but beforehand it was all sorta well I don't want to, we were getting more serious and sleeping together more often that I decided that I would go on the pill, so it just turned out [pause] when I look back on it it was ironic the way it sort of was and I'd just started to make plans and that, and then, and then it was actually when I got pregnant, and I thought if I didn't go near the doctor maybe I'd 'ave been alright.

[Aged 18, going steady, motherhood]

How long have you two been together?

Just eight months [pause] so stupid like, very short.

We weren't very active at all like. Like the minute we were alone like. I never went on the pill, I never had any reason to like.

When you say you are not very active, used you only see each other at weekends or something?

Yeah, it would be every weekend. I would say about five times a month
[Aged 21, going steady, termination]

As women were reluctant to use the pill until their relationship was well established this means they were relying on less effective methods in new or casual relationships when they were often most anxious to avoid pregnancy:

Yeah, I was going to go on the pill and then [pause] it turned out [pause] he was an eejit, I didn't want to go on seeing him anyway. It didn't work out anyway, just a casual fling.

[Aged 25, single, termination]

I always said I must go on the pill and every month I said I would do it, at the start of my period, the next time, but I never did it, so it was my own fault, I should of, I was on, I had it in mind but didn't follow it through.

[Aged 22, going steady, termination]

Cessation of pill use

Women stopped using the pill when relationships ended and they were no longer having sex regularly. The fear that being on the pill would imply that a woman was sexually available or casual about having sex featured as a main reason why women stopped using the pill when their relationships ended:

I would consider myself very actually serial monogamous. I had a relationship for two years with my first boyfriend, two years with my second, four years with my third. And was on the pill during each relationship. And em [pause] then I spent like a year where I wasn't in a relationship with anybody and had sex with two people using condoms both times.

[Aged 26, co-habiting, termination]

No, I had stopped taking [the pill] cos I knew that I was going to end it with this guy.

[Aged 24, single, termination]

Well I had been on the pill and I went off it about eight months ago. I was not sexually active at the time. I said I'll go back the next month to the doctor or whatever, but I did not bother, you know.

Was that now thinking that you would probably [pause] get involved with somebody again?

No I thought that I will probably be involved with somebody again and

then I will go back on it. I wasn't sort of, I would have you know, it just happened [pause] so I don't know
[Aged 22, unstable relationship, termination]

I decided to come off, I'd finished with this guy and I didn't plan on sleeping around or anything so. I was seeing, like I was with a couple of different fellas for like about 3 weeks or whatever. Only two of them I had sex with.
[Aged 17, single, termination]

Some women who were in established relationships came off the pill while they were apart from their partner:

I went off the pill. Myself and [partner] started having sex and we had a sexual relationship there for a while, em [pause] and then I was supposed to travel

I had come off the pill because I did not think I would be seeing him for a while. Like my period arrived and I said right I'm going off, I'm staying off now.
[Age unknown, (separated) going steady, termination]

I was on the pill and then when I went away I came off it, because you know I felt that I should have a break, I just wanted to have a break. When I came back we were using condoms. There you go.
[Aged 26, going steady, termination]

Again this meant they were not protected when a new relationship started or their relationship resumed:

And had you been using contraception in the past?

I was on the pill before, I was on the pill for about 3-4 months

And were you on the pill at the time you fell pregnant?

No, not at that time.

So you were on the pill for 3 or 4 months and then what happened, did you stop taking it?

That was, last year, I was going out with someone else, and I went on the pill straight away and then I wasn't with him any more so I came off the pill, and never went back on it

And then you started up with this other guy?

Yeah.

So how long were you and this other guy together?

Well we weren't really together, we were friends and something happened one night, and one thing led to another and it went from there, like that.

[Aged 21, single, termination]

Conclusion: pregnancy risk

Women avoided using the pill because of the risks to women's reputation which are associated with being 'ready for sex' in a social milieu where women are not supposed to have sex. To manage this risk women confined their use of the pill to established relationships, where it is clear that they are only having sex with one man to whom they are committed. This leaves women exposed to the highest risk of pregnancy, where avoidance of pregnancy is a priority.

Alternatives to the pill

Many women stopped using the pill without consulting a doctor. This eliminated the possibility of them trying another brand of the pill if side-effects were the main reason they stopped taking it. It also left them with condoms as the only alternative method of contraception available without consulting a doctor. However sometimes access was also a factor in women not discussing coming off the pill with their doctor. The woman below described how difficult it was to arrange a visit with her doctor at a time which suited her lifestyle so as she could discuss her concerns with the pill.

I was on the pill

Oh, you were?

[Pill brand]. And with the scare, I came off it because of that scare. And when I phoned the doctor, no next week, I thought next week is not good, I need it now or continue to use this [pill brand]. Finally got an appointment, she gave me a pill called [pill brand]. Took it for one month, I was sick, I couldn't eat. Everyone was saying I had lost weight, making me feel bloated and sick. I was breaking out in a lot of spots. So I thought, well I'll not continue to take this, I'll come off it, I don't care. Couldn't get an appointment with the doctor at all. Unless it was

something like ten o'clock in the morning, that meant I had to take the full day off. I thought I'm not taking the full day off work, next thing was I was caught. Come off this [pill brand].

[Aged 23, co-habiting, termination]

There were others who stopped using the pill when their prescription ran out.

A few years ago I was on the pill for about 2 months, once, I think I went to the doctor, told her I wanted to go on the pill and she said yeah no problem, I got the prescription and I thought it was about 3 months or 6 months but it turned out, I got the first month and when I went to get the second month they told me that the prescription had been only for one month, but they gave me the second month and I just never went back to her.

I don't know, just, I think I preferred, maybe I didn't really trust it one hundred percent.

Ah sure condoms are great for you, you can't go wrong with condoms that kind of thing.

[Aged 28, going steady, termination]

Some women discussed what alternative method of contraception they used when they rejected the pill. Injectable contraception such as Depo-Provera is the only method of contraception which has greater efficiency than the oral contraceptive pill. Its higher efficiency is mainly due to the fact that it is less prone to user failure since once it is administered no other action is required on the part of the user to make it effective. In contrast the pill requires that one takes it at the same time each day in order for it to be most effective. One woman had changed from the pill to the injectable contraceptive because she could not remember to take it every day and was conscious that it would be less effective for this reason. Other options included the diaphragm which was preferred because it does not involve any side-effects:

I've seen them [diaphragm], a few friends has them and that. I think em, having to take the pill the whole time, the hassle. I think it would be much easier [pause] when next I fall in love.

[Aged 30, single, termination]

Some women who came off the pill did not replace it with any form of artificial contraception:

I kept on with it [the pill] I mean it got better but it was always there, like six or seven maybe eight months, so then I stopped it, 'enough of that' and I felt so much better went back to normal, and then I was always thinking I've got to get myself sorted with something else. For a while though we weren't using anything, well [pause] withdrawal [laughs].

[Aged 25, co-habiting, motherhood]

Overall however women who were not using the contraceptive pill were most likely to be using condoms.

(2) Condom use

According to the findings of Wiley and Merriman (1996), condoms are as popular a method of contraception as the pill among all sexually active women, used by 22.4% (See Table 4:1). They are the second most popular method among single women used by 31% as compared with the pill which is used by 56.3% of sexually active single women.

Since the identification of the HIV/AIDS virus the condom has been strongly promoted by state health promotion agencies as an important means of avoiding infection. HIV/AIDS prevention programmes have contributed to a greater awareness, knowledge and acceptability of condoms. In 1993 the law in Ireland was changed to make condoms available for sale through outlets other than pharmacies to those over the age of seventeen (Prendiville and Short: 1993). While this law described condoms as infection preventers rather than pregnancy preventers (Prendiville and Short: 1993) its effect has been to make condoms the most accessible method of contraception available. They can be purchased without prescription in a number of outlets including chemists and shops as well as through vending machines in public places such as bars, restaurants and discos. Condom use has undoubtedly contributed to the overall decline in fertility rates. In addition, condoms are not associated with any medical side-effects, which concern women about the pill.

However condom use for women is not a simple matter of buying and using them. She must ensure that her partner uses a condom. Pleck et al (1990) looked at adolescent males' attitudes to and intention to use condoms. They found three main factors which influenced their intentions to use condoms. The assumption of male contraceptive responsibility was the strongest factor which predicted intentions. Where the young men assumed contraceptive responsibility they expressed the intention to use condoms. Two factors had a negative effect on intentions: one was embarrassment about condom use and was strongest amongst those who were sexually inexperienced. The second was a reduction of sexual pleasure and this was strongest amongst those who had sexual experience. Holland et al in a British study of young women's risk-taking in relation to AIDS (1990) argued that condom use in heterosexual relationships takes place within a framework of male sexual power:

“Men exercise power when they are considered to be the initiators of sex, when they threaten the loss of the relationship if the young woman will not have sex, when they refuse to use a condom even when asked and when they destroy a woman's reputation with epithets such as ‘slag’ or ‘drag’.”

(Holland et al, 1990: nn)

They found that condoms carry symbolic social meanings and women who carry condoms are seen as actively seeking sex which is unfeminine and against the notion of women as sexually innocent. Using a condom involves both partners in a process of negotiation and discussion in a social situation, the sexual encounter, where women have long found articulating their needs to be difficult. Their findings showed that women had encountered men's unwillingness to use condoms because they reduce their sexual pleasure. The preparation and premeditation involved in women ensuring a condom is used goes against the notion that women's role in sexual encounters is to find oneself yielding to their romantic desires for their partner. These were all constraints which Holland et al (1990) identified in women's use of condoms.

For women who are relying on this method of contraception the effectiveness of condoms in avoiding pregnancy ranges from 96.4% when used to the letter of instruction to 85% with typical use (Furedi, 1996).

Reasons why they can fail include the condom bursting or coming off the penis during intercourse or putting the condom on after some genital contact has taken place.

Choosing condoms

Condoms were the popular alternative to the pill particularly for women who were concerned about possible side-effects from the oral contraceptive pill.

I was on the pill and I came off the pill [pause] I didn't like the pill, it didn't agree with me, and we were just using the normal contraceptives, condoms, whatever and that was it really.

[Age unknown, engaged, motherhood]

So when you started having a sexual relationship did you talk about using condoms?

Oh yeah, I mean we talked about it and he knew that I wasn't on the pill and that I was taking a break and so we decided that the best thing to do was to use condoms.

[Aged 31, going steady, termination]

See the issue as well of contraception too I don't want to take the pill and that's my bit, I don't want to take it for whatever risks are involved you know. Other methods, then the condoms is the only other one then that would be most commonly used.

[Aged 21, single, termination]

Kind of like we talked about it and I didn't want to go on the pill, so we thought [condoms] would be safe you know.

[Aged 19, going steady, termination]

So, erm how did you two work it out that you would use, erm, condoms, I mean was it something that you raised with him or did he just use them, or what?

Well he knew I wasn't on the pill, so he just kind of had them you know, we never really discussed it or anything.

[Aged 23, going steady, termination]

The promotion of condom use with new sexual partners to reduce the risk of acquiring HIV/AIDS or other sexually transmitted diseases has undoubtedly increased their use as a method of contraception:

So when you said before that you used condoms, was it something that you discussed?

Well we talked about it, cos we both knew about AIDS. Like I asked him outright if he always used condoms and he said yeah there was just the odd time that he didn't but he was staying with the same partner and he knew their sexual relationships so that was grand. Cos I knew mine and with all the people he was involved with he used condoms and so we decided to do the same.

[Aged 21, going steady, termination]

When we were [abroad] we both had AIDS tests because we were living [abroad] and we were both grand. So that, we did not think there was any point in using them, I wasn't very happy using [condoms] so I went on the pill.

[Age unknown, co-habiting, termination]

But, despite programmes on safe sex, studies have shown a low level of contraceptive use at first sexual intercourse. The accounts of some of the young women we studied illustrated this. Neither of the two young women below had discussed contraceptive use with their partner when they began to have intercourse:

Yeah, I did [use contraception at first intercourse], we used condoms. I don't know how it happened like that really cos it wasn't as though it was planned or anything, it just happened you know.

[Aged 18, going steady, termination]

So when you started sleeping together how did using condoms get raised?

We never talked about it, we just started using them.

[Aged 18, going steady, termination]

So what about before you actually slept together and talking about sleeping together, did you talk about contraception?

Oh we did talk about it yeah. I knew that he would be the one that would start it. We did talk about it and all that sort of thing and he said I don't want to rush you and it's up to you. Like we didn't really think about contraception, I suppose we were stupid really, just sort of happened and said to hell with it, it won't happen to us. I suppose we were quite lucky really [pause] that it didn't happen sooner,

[Aged 18, going steady, motherhood]

Accessing condoms

When a woman has just begun to have intercourse for the first time or is with a new partner and is not using a 'female' method of contraception, condoms are the easiest method of contraception to access. They are available to buy without prescription from chemists, other retail outlets and vending machines in pubs, clubs discos and other outlets. They do not involve some of the main social disadvantages related to pill use. We saw how women avoided using the pill to avoid facing the social disapproval of their sexual activity from parents and doctors. As condoms could be bought over the counter or from vending machines they did not carry the fear that a doctor would chastise a woman for having intercourse or might reveal to her parents that she is sexually active. From the women's accounts condoms were seen as more suitable for a couple who wanted to keep their sexual activity secret:

He would go to the pub, or something, and get [condoms] from the machine in the pub. Cos that's the easiest thing really, you know. And people talk, and they might put a bad name around the town, and if they knew that I was seeing him and they saw him getting them you know. So the safest place is in the pub, no one can see there.

[Aged 18, going steady, termination]

Women's inhibitions about carrying condoms

While condoms were seen as more accessible than other methods of contraception many women would not buy or carry condoms themselves for social reasons. They felt that they would be risking their reputation if they bought or carried condoms because this would imply they were ready for or anticipating sex:

I don't carry a condom, so I mean, so even there, in the heat of the moment you have nothing to fall back on and if he doesn't have anything to fall back on, well I mean, you just, you just [pause].

[Age unknown, single, termination]

And what about things like condoms use, is that a, would your partner use condoms?

Yeah, well I suppose his [pause] I mean I would not go in and get them.

[Aged 22, unstable relationship, termination]

And what did he think about using condoms?

He didn't mind it, sometimes we didn't have it.

Really is that it. So he did not keep a supply of them?

No. [laughs]

And you didn't buy them?

No.

[Aged 18, going steady, termination]

One woman described how she was too embarrassed to buy condoms. She attributed her embarrassment to her religious upbringing in which discussion about sexuality was silenced and the message that she was responsible for withholding sex from male sexual predators was her only instruction in how to manage her sexuality.

With the religion I had and the upbringing I had, you're embarrassed about sex you don't talk about sex, it's 'no every fella wants sex off you, they'll only use you for one thing, you know what I mean, it's like sort of thing, no, don't, so like that was the way. So I was very embarrassed talking about anything like. I wouldn't even go in and buy a packet of condoms I would be that embarrassed. That's the way I was brought up really.

[Aged 20, going steady, termination]

Holland et al (1990) also referred to ways in which embarrassment worked against women being able to ensure condoms are used in their relationships.

Partner's responsibility for condom use

This reluctance of women to buy or carry condoms left them reliant on their partner taking responsibility for having and using condoms. However many of the women we interviewed recounted experiences of partners' resistance to using condoms.

So how did you find [using condoms]?

I don't mind but the fellas do.

What do they say?

I don't know, I'm not putting one of them things on basically [laugh].

And that kind of thing. I'm not putting a glove on, no way, or something. But the way I normally deal with that kind of thing is to say, okay if you don't then no sex, you know. Like most of them are like, oh no. It's like the same with all my friends as well. All their boyfriends that they've been going out with for ages, whatever for 4 or 5 years, they just leave it, it's wrong, you know. Like they try and take the condom off and everything like, you know. They just hate condoms. All fellas do. You know there are a few that are okay like but most of them are oh you should be on the pill and I shouldn't have to do this.

[Aged 17, single, termination]

What was [partner] like about using condoms, I mean?

He was, you know, he took persuasion sometimes. I wouldn't hear of not using one.

So when you say that he took persuasion, what were you saying to him?

I don't want to get pregnant or anything like this. It's alright for him, it's not going to happen to him or it will not happen to him. He always did eventually like.

[Aged 17, single, termination]

Even women in well-established relationships found their partners resisted condom use despite both not wanting a pregnancy to occur as in the case of the forty-one year old woman below who was married with six children, the eldest of which was nineteen:

How have you got on with condoms in the past?

Mixed really well you're dependent on your husband using them properly.

Was that a problem?

No I don't think it was.

Was he reluctant to use them?

Yes, he didn't want to use them that was part of the problem.

[Aged 40, married, termination]

The general perception was that condoms had a negative effect on male sexual pleasure and so men did not like using condoms:

If I said use them he used them. But em I am sure most men, I don't think any man likes them, I think they prefer not to use them you know.
[Aged 28, married, motherhood]

And how did your partner feel about using condoms?

He doesn't like them.
[Aged 23, co-habiting, termination]

Well I know [Partner] doesn't like using them. But every fella doesn't like them. When you hear them talking, they're a pain.
[Aged 25, co-habiting, motherhood]

This often left women's contraceptive use to the mercy of men's willingness to forego some degree of sexual pleasure in order to assume joint responsibility for contraception:

He wanted to use them, only now and again. It's different with them you know? Only now and again like. Then there were a few times he wouldn't use them.
[Aged 19, single, motherhood]

Many women revealed how men evaded contraceptive responsibility, leaving it instead with women. This put the onus on women to ensure condoms were used and meant they had to initiate and ensure the use of a condom. Women described negotiating condom use as difficult, confrontational, embarrassing and awkward. This was exasperated by the fact that women did not carry condoms.

Anytime condoms were used it was at my suggestion, you know. It seems like, you know, I suppose you can't generalise I suppose, a man will go ahead and as long as you aren't worried they won't worry, you know.
[Age unknown, single, termination]

And would you have used any form of contraception or would you use anything?

Sometimes he would and he wouldn't be very diligent at it.

Really. But did he generally use condoms or only rarely?

Rarely, only if I forced him to. Only if I felt I was really at risk. Even at that, oh I don't have any, you know. Kind of like why don't you go on the pill.

[Aged 21, single, termination]

And how did you find [condoms]?

Fine. Well he didn't like them much. He said that it was like having a bath with your socks on, but he got used to it after a while, or he didn't say anything.

[Aged 24, single, termination]

And how about your boyfriend, would he be a condom user?

I don't know to be honest.

Right I see.

I would say a lot of people aren't, you know from what you hear people saying you know oh Jesus it could have happened to me, Obviously it is up to the girl in most of the cases anyhow.

Do you think that's still the case?

Yeah, yeah, I really do. I think that or if the girl does not say anything it is presumed it is okay. It is up to the girl to say look I have not got any protection or whatever.

Do you think that is fair or?

No. Unfair. Well I mean I wouldn't blame anyone in particular. I can't say any different like. Still at the same time, there is two in it like, it is ridiculous.

[Aged 22, unstable relationship, termination]

Some women also preferred not to use condoms because they reduced sexual pleasure, were unromantic or they disliked them aesthetically:

And what about using condoms was your boyfriend okay about using them?

He didn't like them, neither did I, I thought they were like complete passion killers there I never liked the look of them,

I don't like it [intercourse with condoms] I must admit, I don't like it at all. It is unromantic and em [pause] it is always very tempting to say oh bloody hell, forget about it.

[Aged 26, co-habiting, termination]

I'd use a condom. We were using the condom alright, but it just, I don't like condoms, I really don't

What, what . . .

It just makes me so dry, really so dry. And it's like, ugghh, it's not the

same at all. Once you get to, you know what I mean, like the natural sex, like, oh God, yeah this is much better, I want this all the time, and then things happen, and that's it.

[Aged 20, going steady, termination]

Ah well you know, again, it would be easier to take the pill, a lot nicer, or better, you know what I mean [pause] condoms are not the best really, they interrupt everything do you know what I mean.

So you find them interrupting everything.

I do. I prefer not to, but I have no choice.

[Aged 28, married, motherhood]

Usually you would be getting so much into it, that would usually be the reason why [condoms were not used], not to ruin the mood.

[Aged 17, unstable relationship, adoption]

Did you use condoms or anything?

Condoms

Did he mind using them?

No, I think it's me

Is it just the feel of condoms or is it just, why don't you like sex with condoms?

I just do

[Aged 16, going steady, termination]

Deferring to partner's judgement

Some women, particularly younger women who were just starting out in sexual relationships, described how they would defer to their partners who they saw as more sexually experienced, and therefore knowledgeable, to make the decision about condom use. This again highlights the issue of male contraceptive responsibility as in cases where partners did not like condoms the outcome was to have intercourse without contraception:

When you first started sleeping together, did you have a conversation with him about contraception, or did he just have them and you started using [condoms] that way?

Well he always said to me, well I was a bit innocent on the whole subject like and [pause] he kind of said to me I'll be careful, you know, I know

what I'm doing and all this sort of thing, you know, you can't, all the will in the world really. We did use protection whenever [pause] he had them, you know.

And if he didn't have them whatever?

We might just go ahead anyway.

[Aged 22, going steady, termination]

I suppose I just left it [contraception] up to [partner]. I saw him as being the one that was all experienced. The one that had it all done before, so I suppose I just left it up to him.

And what did he think about using condoms, did he mind?

He didn't mind, no. Just most of the time we didn't bother [laugh] you know.

And did you kind of accept when he didn't or did you suggest?

I didn't mind at all, it didn't bother me [laughing]. Just like happened, it didn't bother me, I didn't know if he was using anything or not.

[Aged 18, going steady, motherhood]

Women were conscious that men might take exception to them insisting on using a condom and that by insisting on it they were risking the relationship:

I wouldn't have sex unless I used them [condoms] I mean a lot of fellas would turn you away like. The fellas I met like, they were okay about it.

[Aged 19, single, adoption]

Where a partner was unwilling to use condoms women were given the choice of foregoing intercourse or having unprotected sex. Where women feared that insisting on condom use would jeopardise their partner's interest in them they acceded to having sex without contraception to please their partner:

Say the love of your life knocks on your door at two o'clock in the morning on Saturday night, I mean you can say 'no I might get pregnant' or you can say 'he will love me more if I say yes'. I know its stupid and pathetic but it happens.

[Aged 21, single, termination]

I would demand that he wear a condom but I would rather have sex with him without a condom than not have sex with him and that was my only option. You're there and he's there and in the heat of the moment and you think if you say no it will put him off you and he'd have no condoms and you have no condoms and he won't put them on anyway like. You are kind of saying oh well I will just tell him to be careful. But what does careful mean?

[Aged 21, single, termination]

Even women, such as this twenty-six year old, who were very assertive about condom use and conscious of the need to be protected against both pregnancy and the transmission of HIV/AIDS could not ensure that their partner used a condom:

I wanted to use condoms [pause] and he said no I'm just not into condoms, I'd rather not have sex. I said it's ridiculous whatever. So I said right I can go on the pill, but you're going to have to have an AIDS test. So he went off and did have an AIDS test. But I was waiting for my period to come before I went on the pill. You know you have to do that. And went out had a few pints and came back and had sex. Withdrawal before he came, he didn't and [pause] it was also early and I took the morning after pill and still ended getting pregnant.

So the actual negotiation about using condoms was quite tricky for you?

Yeah. Well he just point blank refused.

Did he give any reason for that?

He said he just couldn't enjoy sex with condoms.

[Aged 26, co-habiting, termination]

Even in established relationships condom use was difficult when men resisted using them in the interests of spontaneous intercourse as the married woman below described. Women who insisted on condom use were seen as 'harping' or 'nagging', very negative images of women:

Something from the point of view that it takes the spontaneity out of things, and it was always me harping on about it.

[Aged 30, married, motherhood]

Some women were themselves willing to forego intercourse unless their partner used a condom. The threat of refusing to have sex was their most effective bargaining tool in ensuring their partner used a condom:

And what about your partner, what about [partner], does he mind using [condoms]?

Well he knows he has to, he's not coming near me unless he does.
[Aged 24, co-habiting, termination]

So how did you negotiate that with your boyfriend about using condoms?

He doesn't like them but if he wants to be with me he really doesn't have a choice.

[Aged 24, going steady, termination]

What was he like about using condoms, I mean?

He was, you know, he took persuasion sometimes. I wouldn't hear of not using one. [Pause]

So when you say that he took persuasion, what were you saying to him?

I don't want to get pregnant or anything like this. It's alright for him, it's not going to happen to him or it will not happen to him. He always did eventually like.

[Aged 17, single, termination]

These accounts show that women often had to use the threat of withholding sex in order to ensure that condoms were used.

Circumstances of not using condoms

In the interviews women discussed their use of contraception not only in the lead up to this pregnancy but at other times and in other relationships. Their accounts of how they managed their fertility and contraception revealed how women can use contraception highly effectively in some relationships and at some times in their lives while at others they do not achieve effective contraceptive use. This is contrary to the notion that women who have an unplanned pregnancy are not 'good at' practising effective contraceptive use. Rather the combined constraints of the social sanctions on women buying or carrying condoms coupled with a pattern of male resistance to using condoms, militated against women having control over when they did or did not use a condom. While women's reluctance to buying condoms made them heavily reliant on men taking the responsibility to have and use condoms, men in turn often resisted using them. Against this background

of condom use then, the incidence of women who were relying on condoms having intercourse without using a condom is explained.

Intermittent condom use

While condoms are most effective when used at every occasion of intercourse many women described a pattern of intermittent condom use:

Were you using any contraception when you fell pregnant?

Yes. Not the whole time. We were using [condoms] sometimes.

So on this occasion you can't pin-point it.

No.

Sometimes you were [using condoms] over that period and sometimes you weren't?

Yes, more often than not we were.

[Age unknown, going steady, termination]

And were you careful did you always use [condoms]?

The odd time, it'd have been an accident, it was just like [pause] you know.

[Age unknown, engaged, motherhood]

Did you always use them [condoms]?

Yeah always. Not all the time you know accidents happen.

And had they always worked for you before?

It always worked it was just I didn't use them, you should always be using them you know, so, em, that was the problem there.

[Age unknown, married, motherhood]

Most times [we would use condoms] and then say one in every ten take a chance

[Aged 28, married, motherhood]

And had you been using any contraception at all before you got pregnant?

At times not all the time.

What were you using?

Condoms

So what did you think of those?

[Pause] I wouldn't be able to use them now. I'm going straight on the pill after I have the baby.

And how often would you have used them. Like before would you have used them everytime?

No.

[Aged 19, cohabiting, motherhood]

So how did the condoms work out, I mean did you use them most of the time, or all of the time, or on and off?

I suppose [pause] then other times we just tried to be careful more than anything.

What do you mean by that?

[Laughs] just you know, [pause] quick withdrawal, whatever you want to call it, you know. That kind of thing, just being careful.

[Aged 22, going steady, termination]

Yeah we did sometimes [use contraception], but most of the time it was just like [pause] to hell with it, you know [laughs]

And what were you using?

Condoms.

[Aged 18, going steady, motherhood]

You know you were saying taking so many risks and you hadn't got pregnant, how long would that have gone on for?

About two years. I'd go through phases like, I would get a bit of a shock, I'd be late in one month and the next month I'd be saying we are using condoms, whatever, and we'd use it. Then we stopped using them, stupid.

[Aged 17, unstable relationship, adoption]

'Heat of the moment'

Women described occasions where condoms were not used 'in the heat of the moment'. Through their accounts one can see how the requirement to interrupt intercourse to use a condom makes them susceptible to being overlooked:

Well we did use [condoms] most of the time but, erm you know, there

were times when we didn't, the heat of the moment and everything we'd just get carried away, you know.

[Aged 23, going steady, termination]

Up until then yeah, what do you call it [pause] I was on the pill and we had condoms as well and what do you call it, em, his parents were away, his mother actually went away for a week, she went [abroad] for a week. They have a huge house, a Jacuzzi bath and all that kind of stuff. It was only once we didn't have anything. I said I'll be alright cos it was just after my period. It was in December and it was just after that, so I thought I'd be okay. It's once or twice that we did it and that was it, became pregnant.

[Aged 18, going steady, termination]

We had been abstaining and we were going okay then, just once or twice we'd go out and you'd come home and that was it, bang it was all gone. We did use condoms but in saying that one night forgot about a condom, you know, the heat of the moment and all the rest of it and eh that was it, obviously was the night that I got pregnant, you know. They say one night very seldom happens, just the once, not to be, but in my case I think it was the once.

[Aged 21, engaged, motherhood]

He always went down to a pub or something [to get condoms] if we were ever here on our own. Most of the time it just sort of happened, the feeling is so overpowering, you know.

[Aged 18, going steady, motherhood]

Holland et al (1990) argued that the notion of getting too carried away to use a condom is based upon the dominant idea that sexual intercourse is characterised by passion and spontaneity while condom use and contraception are in opposition to this because it involves control, planning and rationality.

Only used condoms if 'it was unsafe'

A frequent strategy used by women who were relying on condoms but conscious of their negative appeal was to confine their use to the days in their menstrual cycle when they were most likely to be fertile and at greatest risk of pregnancy:

And what about, what about contraception then?

We were sort of relying on condoms and safe, you know condoms on the dangerous time.

[Aged 42, married, termination]

If it was straight after my period we wouldn't [use condoms]. I know that you should use them all of the time but there would be times when you don't.

[Aged 29, going steady, termination]

I have to admit that you can become very lazy. Once you have a regular cycle, which I do, most of the time, you can plan when you don't really have to use [condoms].

[Aged 24, co-habiting, termination]

So would you use condoms every time, or would it be sometimes you would and sometimes you wouldn't?

No, I think all the time, more or less. Yeah all the time. Unless probably like maybe on the last day of your period or something and that's where I could have got caught out.

[Aged 24, co-habiting, termination]

So when you fell pregnant were you using condoms then?

The first two days I was not, I thought the first few days I thought yes I was safe. I did after that. I don't know if it happened in the two days we weren't or during my safe period.

[Aged 30, going steady, termination]

We use condoms and as well as that I try to like gauge when my period is, you know, when I could have sex. I can't think now whether that was what it was or whether he wasn't wearing a condom, I don't know.

[Aged 26, co-habiting, termination]

I've been using condoms but I use nothing in the safe period.

Right, so you'd use a combination of both?

Yeah. There's no such thing as a safe period [laughs].

And how would you have worked it out?

Well I worked it out, I'd know when my period was due, so I just

basically knew I was safe a week before it was due, and I was safe during it you know, and a day or two afterwards.

[Age 38, married, motherhood]

While this method has a high risk of failure anyway there were women who were mistaken in their understanding of the principles of when is the 'safe period'. This meant that they were not using condoms at the time in their cycle when they were most likely to become pregnant:

Now you said that you used condoms, is it that you use them sometimes or most of the time or whatever?

Most times, we use them. I kind of try to use the safe period as well. Like after a period I use the condoms for a few days and then after about a week we wouldn't use them.

[Aged 18, going steady, termination]

So you were saying that you were careful before. What kind of contraception were you using?

Er, we were using condoms. We, er, like we didn't we don't really have sex that much anyway. Now with my cycle like I have a twenty-eight day cycle every month

Right

So, in the family planning clinic before they told me the fourteenth day, three days before that treat as a safe period

Right

So we were going like that and using condoms as well.

[Age 18, going steady, termination]

I really, really thought that I was safe at that stage, it was long after, well it was a week or two after my period you know and you know, I thought, like this is the biggest miracle that has ever happened to me, really it is. I mean with my first child that was, I mean, I knew back then that there was a chance but this time there's not a hope in hell and it happened and I kind of just couldn't believe that. That was kind of hurting as well. It's obviously not as safe as they make it out to be you know between your 14 days or [pause]

So what is it that you like to use the safe period is it because you don't find that condoms are convenient or what?

Well they are but there is just the odd time that you won't use one or you won't have one you know.

[Aged 23, single, termination]

Condom use after drinking

Some women attributed their non-use of condoms to the fact that they had been drinking particularly at times such as Christmas or Valentine's night.

We were drunk, it was Valentine's night and that was it.

[Aged 17, going steady, motherhood]

And then we tried using condoms, and they were great the first month we never took any risks and that was great and then Christmas came along and in the morning we couldn't actually remember if we had actually used one or not, I just couldn't tell you cos I just wasn't in my full mind at the time anyway.

[Aged 19, going steady, termination]

And when you say it was a complete shock, had you been using any contraception or anything?

It was just Christmas and I wasn't careful enough, that kind of way, getting drunk and that.

[Aged 32, single, motherhood]

Well just like I was seeing a guy for weeks over Christmas. But I'm not going out with anybody, just a casual thing. But em [pause] just em, [pause] didn't really, wasn't very [pause] I don't know, I wasn't very, what's the word, cautious. We used condoms, but not enough obviously.

What was happening this time, was it just more [pause] wasn't as planned in that way?

No I didn't really [pause] concentrate I don't think. It was a bit of a [pause] a bit of a [pause] Christmas spirit mood. I lost the run of myself I think.

[Aged 25, single, termination]

We were out drinking and stuff, stupidly [pause].

[Aged 17, single, termination]

What do you think happened that you got pregnant?

Ah we took a chance we shouldn't have.

Without a condom?

Yeah

So in terms of a condom you could be very sporadic, or were you trying to match it with when you were fertile or what?

We were pretty good about it, sometimes when you are out for a few drinks and you're not good about it.

[Aged 28, married, motherhood]

I'll tell you what's wrong in Ireland, it's drinking full stop. That's why all pregnancies occur. Because I can guarantee you that why I got pregnant was that the two of us probably did not put it on properly and it slipped off, it's something like that. That's the curse of the whole nation, the ruination of Ireland [laughs]. Where I come from anyway, twenty pints of Guinness a day, that's what they seem capable. Your capability of direction is quite lacking.

[Age 22, going steady, termination]

Women who were using condoms demonstrated what factors are important to the achievement of consistent condom use. The experiences of women whose partner's assumed equal responsibility for condom use contrast sharply with women whose partner's resisted condom use:

I had never slept with anybody before, so there was a huge build up to it.

I like was minding [sister's] house. So em, he was saying like, what do you want to do, I knew that it was going to happen sooner or later. I knew like I am going out with [partner], I knew that. I said I suppose we could go back to my sister's and he said are you sure you want to and I was 'well do you want to' and he said 'do you' I said 'I don't mind' [laughing]. We went back to the house anyway and had a video [pause]

Did he know it was your first time?

Yeah, yeah and em, he was like 'I don't want to pressure you into doing anything' I started going 'no you're not really, you're not' [laughing].

He said 'are you on the pill or anything' I said 'no', 'okay I have a packet of condoms'. All prepared anyway just in case.

[Aged 24, going steady, termination]

Was [condoms] something that you introduced or was it something he [pause]?

He did, well no, he had them like. Anytime so, I didn't say if you don't get condoms that's it we're not doing anything [laugh]. And there was never really a need for me to go on the pill.

[Aged 28, going steady, termination]

And what about the condoms, was your husband okay about?

Yeah he was. He would be very agreeable to most things. Very, he was okay about using them and he was very good about making sure he always had them about. You know I can't fault him in that.

[Aged 28, married, termination]

So when you came off the pill did you have a chat about using condoms or did it just kind of happen or something?

Oh no, we did, it's not like, like he knew that I'd come off the pill and he said oh God I'm going to have to start using those horrible rubbery things again, I said yeah, and he knew, he wouldn't kind of have sex with me, if we didn't have protection.

[Aged 28, co-habiting, termination]

Well I never thought there was any [need to go on the pill] because I trusted condoms.

Yeah.

And because he didn't mind?

And I thought well if ever they are going to burst he will notice and do something immediately like.

[Aged 28, going steady, termination]

We used condoms all the time. But there was one time when we didn't, so I took the morning-after-pill. Em, you know. It was very much [pause] it was very much he saying, no I don't want to leave the responsibility to you, God he sounds like a new man [laughs], this should be a shared thing and you know sort of, he said no you don't have to go on the pill if you don't want to and this kind of thing.

Was he okay about using condoms?

Yes he was but I mean he'd prefer not to. But at the same time [pause]

He didn't mind cos he had this attitude?

He had this attitude that it was like two people, not just mine.

[Aged 23, going steady, termination]

The importance of mutual trust and communication to effective condom use was evident from accounts of women in established relationships.

I'm not really a great fan of [condoms] I'll be honest with you but, erm well we thought it was the best thing to do. Rather than fall pregnant. It didn't work.

So what was [partner] like about using the condoms, was he okay about it?

He was, wasn't at the beginning cos it was very weird, it was very uncomfortable for him but you know it was kind of, it was a thing we discussed, we had to use if we wanted to do it, it wasn't like we just didn't do it, you know so.

[Aged 28, going steady, termination]

And were you both OK about using [condoms]?

After the length we were together we could talk more openly about things, easier then thinking well if he's got a problem well OK, and he won't say, then how can we talk through it [pause]

[Aged 18, going steady, motherhood]

So has [condoms] worked out for you then?

Yeah, well, erm, I think in the past one of the people I've been with, erm, guys from the past, the thing is about using condoms they are just not interested. Whereas in this relationship there's no problem. It doesn't kind of dampen the mood or anything, you know, again its to do with maturity.

[Aged 25, going steady, termination]

If I could just ask you a little bit about contraception. Em, were you using any contraception at all?

Condoms. But I actually think something happened if we had intercourse but he can't [pause].

Do you think there wasn't an accident or anything, that you remember?

No I don't think so. As far as I know, it was from him coming outside me [pause] I'm sure that must have been it. I don't know if we did have sex we definitely used condoms.

[Aged 23, single, termination]

And what about kind of contraception, had you been using any contraception at all?

I was actually on condoms.

Were you using condoms when you got pregnant?

Yeah.

Do you know what happened? Did it burst?

It must have split or something. I know the actual date and everything. I'm not in a relationship [pause] I know the exact date.

So you just think there was an accident somewhere along the line?

Ahem.

Did you realise at the time that there'd been some kind of accident?

Not really no. And I thought it was a fairly safe time as well but it wasn't obviously.

[Aged 34, separated, termination]

Couples who did use condoms but were still embarrassed or inhibited about discussing aspects of their sexual relationship including condoms were less likely to identify if a mishap occurred:

You said you have been using contraception, what had you been using?

Condoms. I know there not a hundred percent but.

And had you sorted that out between yourselves, had you had a chat about it, or was it something that just happened, or?

Do we plan when we are having it?

Oh no no, when you first started using condoms,

Yeah.

Did you like have a chat about using them before you started using them or did it just, you know?

Just used them.

Okay. Did he mind using them, or was it okay, or?

He wore them for my sake [laughs]

Did you use them every time?

Yeah.

Were you using them the time you got pregnant?

Em, yeah, yeah, we were. Because em, from around our second time, everything was okay like. It isn't worth the worry like [pause] he said yeah I understand.

So do you know what happened. Like did the condom burst, or did it slip off?

[Pause] Like I don't even know if he took it off.

[Aged 21, going steady, termination]

Condom failure

There were some women who were using condoms and still became pregnant and the question is why did condoms fail for these women. Health professionals point to two forms of condom failure, one is failure on the part of the user to use the condom effectively and the second is technical failure of the condom to prevent pregnancy. The effectiveness of condoms is reduced by over ten percent when user competence (85%) intervenes with its technical competence (96.4%) (Furedi: 1996). The UK Family Planning Research Network (1993) found that condom mishaps are more likely to occur in new or transient sexual relationships. However we saw that condoms are favoured in these relationships. Some of the women we interviewed, could identify why the condom failed to avoid pregnancy. Their accounts were consistent with findings that condoms bursting or slipping off the penis during intercourse are the main reason for condom failure (UK Family Planning Research Network: 1993). Other women could see no reason for the failure of condoms.

Inferior quality condom

Concern has been expressed that some condoms on the market do not comply to a recognised standard of quality such as the British Kitemark. Vending machines in particular are outlets prone to the distribution of inferior quality condoms. In health promotion literature people are advised to ensure that the condom they use complies to such a standard.

However given the context of condom use described above it is understandable that some women do not manage such attention to detail in their use of condoms. One woman who became pregnant after using a condom, despite not noticing any problem such as bursting while using it, could only account for it having failed because she purchased it from a vending machine:

And what about the actual time that you fell pregnant were you using condoms then?

Yeah, I was, I was using, you get a pack of 2 in the vending machines in pubs, they probably weren't the right standard.

[Aged 24, going steady, termination]

Condom came off penis

Condoms can fail to be effective if they slip off the penis during intercourse and release sperm into the vagina. Some women we interviewed became pregnant as a result of this:

We did actually use a condom but that came off inside of me, so that's just what happened, you know.

[Aged 21, going steady, termination]

In one instance the couple had been using oil and this caused the condom to slip off the penis:

It actually did come off. We were messing with baby oil as well.

What, you were messing with baby oil?

That was kind of what brought it on.

[Aged 25, single, termination]

Failure to use spermicide with condom

One woman who normally used condoms together with spermicide felt that she became pregnant because they had not used spermicide consistently:

I think at times like, I think where I've come into trouble here is that at times we probably not able to find the spermicide quick enough or something,

[Aged 24, going steady, termination]

Condom bursting

The main reason identified for condom failure was the condom bursting during intercourse:

Do you know what happened?

It burst.

[Aged 26, going steady, termination]

We actually took precautions and the rubber jonnies that we were using had actually bursted and this is how it had started off. You know I had seen it bursting and I said oh God, you'd come in me, you hadn't come in that.

[Aged 31, single, termination]

The time you fell pregnant, were you using condoms?

I was yes, but what happened was we had been [abroad], we had a really good holiday or whatever and that obviously delayed my ovulation. What I thought was a couple of days before my period, and we had actually used condoms. I was not completely sure and we had an accident. I did not try and get the morning after pill. I have taken it a couple of times as well. I did not think there would be a problem.

Did it burst or what?

Yes.

[Aged 24, co-habiting, termination]

Well I knew right afterwards like cos it was the first time that I had slept with my boyfriend and it burst and I knew that something had happened, so I knew straight afterwards, I knew.

[Aged 19, going steady, termination]

I didn't think I was pregnant cos I used contraceptives and everything. I mean we used condoms, it broke.

[Aged 20, single, adoption]

Did you use condoms that night?

Yeah we did. I knew, his face nearly hit the floor. I said what's wrong and he said it must have ruptured.

[Aged 22, going steady, motherhood]

Condom use and drinking

Effective condom use requires that the couple are motivated sufficiently to use a condom each time they have intercourse and take care to use them according to the manufacturer's instructions. Where a couple have been drinking this reduces their vigilance about condom use

He wore a condom like, I don't know what happened, maybe we were so drunk. The wrong night. I got stotious drunk.

[Aged 19, single, adoption]

So I came off the pill with [partner] and we used a condom but obviously it didn't work, I don't know how I didn't notice, it was probably one night we were drunk and stupid. Couldn't even tell the night.

[Age unknown, (separated) going steady, termination]

We met up for a drink, you know, we often do, well we got falling down drunk and we ended up together like, it had never happened before and we've been friends for seven years you know. It was just that once, and that was enough.

[Age unknown, going steady (not pregnant by long-term partner), termination]

So were you using contraception the time you fell pregnant?

Yeah, condoms, he had it with him.

So do you know what happened then?

Well no, I don't he didn't say anything, it didn't burst or anything, it was just bloody awful luck I reckon. There didn't seem to be any reason why, but I guess there must have been some problem like.

[Age unknown, going steady (not pregnant by long-term partner), termination]

Condom failure inexplicable

While some women could identify what specifically had failed in their use of condoms, others could not understand why the method failed:

What about [pause] did you notice anything, the reason why you did get pregnant.

No, everything was grand now, and that's why we sort of were in shock

sort of, cause if we thought there was anything wrong we would have been half prepared, but we thought everything was fine.

[Aged 18, going steady, motherhood]

Like it was a complete accident we were using er condoms, obviously before I'm normally quite, it didn't burst did it, you know, [laugh] and it obviously did and we just didn't know, it was some sort of flaw in it somewhere along the way. But erm [pause]

Do you remember there being a particular problem, one time when you were together, or do you remember anything?

No, I actually remember the time it probably happened and there wasn't a problem, we definitely didn't like have, we definitely [didn't] have unprotected sex, cos, it was sort of around chancy time, which we normally never do anyway.

[Aged 28, going steady, termination]

No the funny thing about this is we did use condoms, it didn't burst. But by some strange way it must have spilled or something or he must have ejaculated some before putting on the condoms, or something like that. As I say I was very late in my cycle as well. My cycle would be very regular. This would be about, the reason I know is obviously we don't see each other that often, so I was about twenty in my cycle. So it was very very , but it happened.

[Aged 23, going steady, termination]

Did [the condom] burst or?

I reckon it did like, he said like it could have been just one of the packet that probably had a hole in it like, I mean, sometimes like, you never really check to see if they're okay, no hole or anything in them like. Because they are so reliable like, you know and because it hadn't happened to us before.

[Aged 28, going steady, termination]

So what happened, did it burst or something?

I honestly don't know, I mean we don't remember it bursting, he would know really, I don't know maybe.

So did you use them every time?

Yeah, every time.

[Aged 28, co-habiting, termination]

When I had sex I did use condoms all the time. Just obviously something happened and I didn't realise it had happened.

There wasn't anything that made you [pause]?

No that was the strange thing. The doctor had said that to me, do you remember taking any chances? I said no, I don't take any chances, so that's why. Maybe I was shocked over that cos I thought, I wouldn't mind if I really had taken a chance and forgotten. I'd have said well I really did forget that night, that was terrible. I really did not, did not take a chance. I was unfortunate like.

[Aged 28, married, termination]

So do you have any idea why the condom failed for you?

No.

You don't remember any time when it came off or burst or anything?

No [pause] unless it came off without me realising it. I don't really know.

It was just a complete shock to you?

It was.

[Aged 41, co-habiting, motherhood]

And did you use them [condoms] every time you had sex?

Yeah definitely. Especially so close to the other fella, I wouldn't have not used anything, I wouldn't have been that stupid. It was a real shock. It was a shock getting pregnant and it was a shock to get pregnant after using it. I used to be the person that said, you know girls that I knew or heard about that were using contraception that got pregnant, I used to say there is no such thing, it is a load of crap, no one can, which I found out this time around, it's possible.

[Aged 33, married, motherhood]

And did you always use them [condoms] or did you sort of [pause]?

You see sometimes we didn't [pause] funny thing is, when I got pregnant we were actually really really careful, so it was like the condom like, it wasn't us.

Like every now and again you think, you know shit, we should be more careful, but at this stage we were really, really careful like. We were

getting, I think we were getting a bit careless and we said cop on like and then, so it was actually the bloody condom's fault.

[Aged 23, co-habiting, motherhood]

In a couple of cases the women had only been using the condom for a short period and perhaps this would account for why it failed such as the twenty-three year old woman below who had only been sexually active for five months. She was 16 weeks pregnant so her pregnancy occurred very soon after her first sexual intercourse.

When you fell pregnant you were using no contraception?

I used condoms.

[Age 23, going steady, termination]

Another woman had only started to have sex in the last four months:

We were using condoms.

Oh I see, but not on this occasion do you think?

No, I can't remember an occasion when we didn't [pause] that sticks in my mind like.

[Aged 21, going steady, termination]

(3) Alternative methods to the pill or condoms

Diaphragm

The diaphragm is a barrier method of contraception which fits over the cervix to prevent sperm passing through the cervix. It is used together with spermicide which destroys the sperm before the diaphragm is removed. It must be fitted three hours before intercourse and worn for six hours after intercourse. Furedi (1996) stated that with careful use only two couples in one hundred who are using the diaphragm will become pregnant though with typical use as many as 15 in 100 will. Reasons why the diaphragm may fail include it being incorrectly inserted, not being used with spermicide, being removed too soon or if it is damaged. According to Wiley and Merriman (1996) only 0.9% of sexually active Irish women use the diaphragm and all of these are married. In our study one woman aged 39 and separated was using the diaphragm. She had it fitted at an Agency 2 clinic 18 months prior to the interview, after she developed mastitis while using the mini-pill.

When this pregnancy occurred she had not used the diaphragm because she thought there was no risk of pregnancy occurring as her period was just finishing.

At the moment I would say it was fine. Hasn't been so fine, but, em it was fine. I would have said six weeks ago it was perfect. No it was probably my fault, I think the thing was I actually thought that the end of a period was a safe time not to use it, which was stupid of me. I think when I did use it, it was effective. Whether I would trust it again or not I don't know.

[Aged 39, separated, termination]

Injectable contraception [Depo Provera]

This method of contraception is one hundred percent effective. One woman in our sample had had the injection administered because she kept forgetting to take the oral contraceptive pill. However she became pregnant around the same time as having the injection administered:

And was it after did you conceive after you had the injection?

Yeah well I think I did yeah. It would have been probably a week or so after it. But it says on it and the doctor said it was safe from the word go. Obviously it wasn't, it didn't work for me.

[Aged 27, married, motherhood]

Sterilisation

There was a group of older women in the study who said that before becoming pregnant they had wanted to be sterilised. Women who want to have an operation to be sterilised have to first identify a hospital where the operation is offered. Most hospital maternity and gynaecological units have ethical guidelines which women seeking sterilisation must satisfy (Prendiville and Short 1993). The hospital board of the Coombe Lying-in hospital in Dublin, Ireland's largest maternity unit, are typical according to Prendiville and Short (1993). There are three accepted indications under these guidelines: undue risk to a woman's physical health, psychological health or the possibility that a future pregnancy would be unlikely to conclude successfully due to a foetal problem. The women we studied said access and partner's consent were the problems they faced. For one woman, the cost was prohibitive, for another the operation was not locally available.

I had an IUD up to the summer time and I had to have it removed because I had an infection and I had had it a long time anyway, I considered having sterilisation. The kids went back to school in September, it was really down to finance again. Unfortunately it was a mistake I got pregnant.

[Aged 40, married, termination]

[Local] hospital is away behind, by right [pause] by right I would love to get sterilised [pause] but you can't have it done up there. I had looked into it, I was supposed to go to [hospital] on it so, something happened and my kids were in hospital and I missed my appointment that was two years ago and I could have had it done.

Did they [local hospital staff] ever talk to you about other forms of contraception?

Yeah, the Billings method and that, that was the only one that was offered.

[Aged 41, married, motherhood]

Another thirty-two year old woman had applied to her local hospital to be sterilised but her husband withheld his permission for her to have the operation and so she had not been able to have it performed:

Like they [hospital staff] all agreed with me [about being sterilised] which is the maddening thing. Yes you're a candidate, you're thirty odd, you've four kids blah blah. And yet nobody is doing anything like. It's not as if it was my fault I did everything in my power to [pause]

Have the operation, the sterilisation?

That was it. There was a block [pause] at every corner like. You have to do this you have to do that you have to get this permission that permission.

[Aged 32, married, motherhood]

The following woman also found her husband resistant to the idea that she have a sterilisation operation:

And also I had been hoping to have my tubes done, but I was waiting for my husband to [pause] sort of agree to it, I didn't like to do it without his consent. And he was hoping we'd have another child, so now we've another child.

He didn't want, he thought it was too final [pause]. He himself didn't want to have the vasectomy [pause] so I didn't mind.

That you would have the operation?

Yeah. I would have felt that it was easier for him cause I would have had an anaesthetic. I mean, it didn't really matter, he could have had a vasectomy done, no problem.

So how long ago was that that you decided?

Oh I'd say when [youngest child] was a year. I had decided and I thought he'd come around. I honestly think I'm a little bit too old to be having another child.

[Aged 38, married, motherhood]

(4) Coping strategies and risk-taking

Condoms and the contraceptive pill are the two methods of contraception most frequently used by women in Ireland. The women we interviewed who had been relying on condoms as their method of contraception in the lead up to this pregnancy revealed how their pregnancies had occurred either because they had not been using condoms or the condom they used had failed. They also described why they had rejected or stopped using the contraceptive pill. They depicted the constraints on women's capacity to use contraception effectively in the face of a complex of social norms which proscribe women's use of contraceptive methods and, male contraceptive irresponsibility. The women's stories revealed how this resulted in a variety of patterns of contraceptive use both between women, and for individual women between different relationships. Risk-taking was often the unsuccessful outcome of the process of negotiating contraceptive use. Women took risks by not using contraception or by overlooking problems that arose with the method they were using such as a condom bursting or forgetting to take some pills. The different ways in which they dealt with this risk of pregnancy revealed a process whereby women devised coping strategies which rationalised this seemingly irrational behaviour.

Group I — women who did not use contraception

Ambivalent about the risk of pregnancy:

A number of women never used contraception and seemed impervious to the fear that they might get pregnant:

But has there ever been a time when you have been worried, you know before this situation, worried that you were pregnant?

Loads of times. But like it's the old sort of thing, like if I'm late I would get a pregnancy test and it would come a few days later. I would get one of them and do the test and that tells me the answer. Like I never thought that I was pregnant, I would always get a pregnancy test and find out. And then it was just no worrying and they would be holding off a while and then when I get the pregnancy test kit it's grand and I get them the next day it's more me worrying than anything.

[Aged 21, going steady, termination]

Several women thought it was not that easy to get pregnant as the following excerpts show:

And in this case with this man do you remember, could you trace it back to some specific time or did you never use condoms with this man?

Never used condoms.

Would that mean then that you had sex for a few months with him but didn't get pregnant?

Yeah.

Did you think you were safe?

Yeah. I just didn't think it was that easy.

[Aged 31, single, adoption]

Did you think you would be able to have sex without using condoms and not get pregnant?

Yes. All me friends used to say it in school and everything, so okay.

[Aged 16, going steady, termination]

Like I think we were really stupid like we were ah, it couldn't happen to us.

[Aged 19, co-habiting, motherhood]

I had been on the pill, you know the way you have to take a break for a while, I was on my break and em, I didn't think it would happen to me.

[Aged 25, co-habiting, motherhood]

So what about before you actually slept together and talking about sleeping together, did you talk about contraception?

Oh we did talk about it yeah. I knew that he would be the one that would start it. We did talk about it and all that sort of thing and he said I don't want to rush you and it's up to you. Like we didn't really think about contraception, I suppose we were stupid really, just sort of happened and said to hell with it, it won't happen to us. I suppose we were quite lucky really [pause] that it didn't happen sooner.

[Aged 18, going steady, motherhood]

Women took risks in the belief that they personally had a low chance of becoming pregnant. They thought, for one reason or another, that they had low levels of fertility:

I suppose subconsciously after all the problems I had anyway, they thought I had endometriosis, subconsciously I always thought that I wouldn't be able to have a child.

[Aged 21, engaged, motherhood]

Can you tell me a little bit about your situation?

Em, well, em, you mean about how it happened or whatever, em, I had, well, I suppose because through the years like, with crazy periods and things em, I thought, I would probably have had trouble having children.

[Age unknown, single, termination]

Oblivious to the risk of pregnancy

While some women dealt with the risk of pregnancy by questioning the real extent of that risk others described how in the lead up to becoming pregnant they were having sex in circumstances which caused them to overlook the risk. Both of these women became pregnant over Christmas and described how the party atmosphere of the time caused them to forget about 'risks'. One woman was having a casual relationship with a partner over the Christmas holiday time:

Well just like I was seeing a guy for weeks over Christmas. But I'm not going out with anybody, just a casual thing. But em [pause] just em, [pause] didn't really, wasn't very [pause] I don't know, I wasn't very, what's the word, cautious. We used condoms, but not enough obviously.

What was happening this time, was it just more [pause] wasn't as planned in that way?

No I didn't really [pause] concentrate I don't think. It was a bit of a [pause] a bit of a [pause] Christmas spirit mood. I lost the run of myself I think.

[Aged 25, single, termination]

The second woman had come off the pill in October because of the pill scare that was publicised that month. She used condoms consistently up until Christmas time when herself and her partner were drinking and partying more:

And then we tried using condoms, and they were great the first month we never took any risks and that was great and then Christmas came along and in the morning we couldn't actually remember if we had actually used one or not, I just couldn't tell you cos I just wasn't in my full mind at the time anyway.

[Aged 19, going steady, termination]

Other women were coerced into having sex by their partners and were not empowered to use contraception. The twenty-one year old woman below described how she had a great fear of becoming pregnant and did not want to have sex at all because of that fear. However she felt pressurised by her boyfriend into having intercourse and since she had not wanted to have sex she was not protected against pregnancy:

And did you plan to have sex the first time or not. Or did you know it would happen?

Oh I knew it would happen eventually [pause] he was kind of like, he was putting pressure on me as well, when are we going to have it?

And did you think of going on the pill?

I've always tried to avoid it, I never really wanted to have sex, do you know what I mean. That was my biggest fear, getting pregnant.

[Aged 21, going steady, adoption]

Diminished the risk of pregnancy

Others, while generally using contraceptives, at times 'took a chance'. They felt that because they were usually careful they would not be likely to become pregnant:

Well we did use [condoms] most of the time but, erm you know, there were times when we didn't, the heat of the moment and everything we'd just get carried away, you know.

So did you use the safe period?

Well kind of, you know, not really, it was just odd times we didn't.
[Aged 23, going steady, termination]

Most times [we would use condoms] and then say one in every ten take a chance.
[Aged 28, married, motherhood]

So in terms of a condom you could be very sporadic, or were you trying to match it with when you were fertile or what?

We were pretty good about it, sometimes when you are out for a few drinks and your not good about it.
[Aged 28, married, motherhood]

Similarly women who had intercourse infrequently dismissed the risk of pregnancy on that basis:

Like the one thing I don't want to be in the whole thing, is the victim, except of my own like [laughs], feeling of complete optimism like. But, em, I just feel like, you know, like that, like I said, I have friends, you don't have to justify your actions. I would not see myself as a promiscuous person or even somebody that, I would hardly call myself even sexually active, you know. I mean when the right circumstances happen and I always felt, well I supposed I am single more often then I wouldn't be, you kinda feel that, em, you know you just want to enjoy the experience so. I suppose you don't want to go through the hassle of [using a condom] and things.

[Age unknown, single, termination]

It was only my second time sleeping with someone and they said, eh, they weren't using any protection cause I thought I would get away with it.

[Aged 17, single, termination]

'Got away with it before'

Another way the risk of pregnancy was diminished in women's rationale was to cite previous experiences of having sex without contraception

and not becoming pregnant. Women who had sex without contraception and not become pregnant rationalised subsequent risk-taking on the basis that they had ‘got away with it before’. One woman who had come off the pill because of the pill scare said that she used condoms initially but did not continue to use them. She explained that before going on the pill she had been having intercourse without contraception and not become pregnant:

I was on the pill for two and a half years. I didn’t go on it straight away and how I didn’t get caught then I don’t know.

[Aged 23, co-habiting, termination]

Another woman used the pill effectively in steady relationships but found contraceptive use in short-term relationships problematic. She described a pattern of progressive risk-taking though in retrospect she could identify how this had resulted in pregnancy:

Cos like I’d had the sex before and with a different guy I went with twice. Like unprotected sex and like I was on the pill but I went off it, and I had sex with him and this was like a year ago or more I was going out with him. And I got away with it twice. So I just thought, you know, I’ll get away with it this time but like the times that I had sex with him was like just after my period so it was less likely. But when I was with the guy that I had sex with last time it was like 15 days after my period which is like the time when I was most fertile.

[Aged 17, single, termination]

The woman below described how she had never used contraception during the year but she had been having intercourse in a steady relationship and this continued until she became pregnant because she felt she was ‘getting away with it’

I’ve been getting away with it for so long I suppose, not getting away with it, but it wasn’t a problem so long that we just didn’t think, but we should’ve like we both know the consequences, I’ll never do that again.

[Aged 22, going steady, termination]

The seventeen year old woman below described a similar attitude to the risk of pregnancy which evolved from a prolonged period of risk-taking:

That was in the summer [stopped using the pill] and I got pregnant in

October so, between then I haven't been very safe. I honestly thought I couldn't, for some reason I couldn't get pregnant.

Why do you think you thought that?

What?

Why do you think you thought that?

Cos, I mean, I should have been before like, we weren't careful at all like, do you know what I mean, so I don't know.

And for how long would you have been not careful?

Em, [Pause] How do you mean?

You know you were saying taking so many risks and you hadn't got pregnant, how long would that have gone on for?

About two years. I'd go through phases like, I would get a bit of a shock, I'd be late in one month and the next month I'd be saying we are using condoms, whatever, and we'd use it. Then we stopped using them, stupid.

[Aged 17, unstable relationship, adoption]

However, while earlier risk taking did not result in pregnancy, these women were now actually pregnant — getting pregnant later rather than sooner.

'Thought it was a safe time'

The women above who had not used contraception were conscious of the risk of pregnancy to varying degrees. While they dismissed or diminished the risk of pregnancy other women deferred to where they were in their menstrual cycle to justify their non-use of contraception. These women were basing their fertility management on 'natural methods' of fertility control. While practising such methods as the Billings Method requires detailed knowledge and careful attention, most of the women here were relying on a 'rule of thumb' measurement of their safe period:

It was only once we didn't have anything. I said I'll be alright cause it was just after my period. It was in December and it was just after that, so I thought I'd be okay. It's once or twice that we did it and that was it, became pregnant.

[Aged 18, going steady, termination]

And did you use condoms the time you fell pregnant?

Well actually we didn't, I thought it was okay, but it couldn't have been cos here I am.

[Aged 23, going steady, termination]

I couldn't believe it because when I had sex it was just two days, three days, two days after my period, whatever, three days after my period had finished, which is a very short time. And em, I kept saying no I couldn't be but a couple of weeks it was dawning on me. And then [pause] I don't know [pause] my boobs started getting sore and I'd missed a period. I'd missed a period by about two or three weeks and I started getting suspicious and [pause] so it dawned on me then.

[Aged 30, single, termination]

Well I wasn't taking any protection, my period was just gone. I thought I was okay, it just happened that.

You thought you might be safe?

Yeah. I think it was on the last day of my period and I thought it was safe. You just don't think it is going to happen.

[Aged 22, unstable relationship, termination]

I think the thing was I actually thought that the end of a period was a safe time not to use it [the diaphragm], which was stupid of me.

[Aged 39, separated, termination]

And were you using condoms when you fell pregnant?

No. The reason I was annoyed with myself was that I had said it's OK you know, I'm OK, you know. According to my cycle or whatever it should have been OK but obviously it wasn't.

[Aged 25, going steady, termination]

We use condoms and as well as that I try to like gauge when my period is, you know, when I could have sex. I can't think now whether that was what it was or whether he wasn't wearing a condom, I don't know.

[Aged 26, co-habiting, termination]

I really, really thought that I was safe at that stage, it was long after, well it was a week or two after my period, you know.

It's obviously not as safe as they make it out you know between your 14 days or [pause].

[Aged 23, single, termination]

So the time that you think it happened you were using condoms?

No because it was as I thought a safe time. So that for when I wasn't safe my partner was away. It went wrong I'm not sure where. Whether I ovulated early or late or else I ovulated and the sperm that was already there was still alive, I don't know.

[Age 32, (separated) going steady, termination]

So when you fell pregnant were you using condoms then?

The first two days [after my period] I was not, I thought the first few days I thought yes I was safe. I did after that. I don't know if it happened in the two days we weren't or during my safe period.

[Aged 30, going steady, termination]

If it was straight after my period we wouldn't [use condoms]. I know that you should use them all of the time but there would be times when you don't.

[Aged 29, going steady, termination]

It was very strange when I realised that I was pregnant, cos I felt very strange and I only noticed after my period, shortly after, cos normally I have, I have a good idea when I'm ovulating, I kind of feel funny. And you would have a little discharge, I'm, I'm normally aware of that. And I'm thinking I don't remember that. And then thinking Oh, God I could be pregnant. You know I was wondering, could you ovulate earlier. And then I was thinking could you ovulate twice in the same month, I was thinking, you know all these things go through your mind.

[Aged 29, going steady, termination]

Would you have sorted out when your period was and when [pause]?

I used to think I knew yeah, but I don't think I did. I just used to kind of go like, I wouldn't get out a calendar like. I used to say, a week before, a week after and kind of work it out from that. Actually a bit stupid. We never really worked out [pause] you know, we never really did have a good contraception you know.

[Aged 25, co-habiting, motherhood]

One woman said that she was not using her usual method of contraception, the oral contraceptive pill, because she was breast-feeding. She instead relied on breast-feeding to delay ovulation and so did not use an alternative method of contraception:

I was breast-feeding, while that isn't a precaution, you shouldn't take it as a precaution but [pause] no not really [pause] I wasn't [using contraception].

[Age unknown, married, motherhood]

Two women had recently come off the pill when they became pregnant. Both intended using the condom as their alternative method but they were not using any contraception when they became pregnant. They both believed that the residual effects of the pill would mean they were not at risk of pregnancy, initially, after stopping to use it:

They say that you are okay for about two months after you take the pill cause you get your cycle back into working, well back into normal.

[Aged 18, going steady, termination]

The second woman misinterpreted her doctor's advice that it would take some time for her cycle to regulate after coming off the pill to mean she was still protected for some time after coming off the pill:

I went to my own doctor and he said to me em, don't worry about it, being on the pill for ten years it would take at least it would take a good four to six months for your cycle to go back to normal.

[Aged 30, co-habiting, motherhood]

Partner would prevent pregnancy — 'he was not going to do it on purpose'

In some cases where women were not using contraception they were relying on their partners not to get them pregnant. Some women felt that if their partner did not want to get them pregnant this was enough for them to avoid pregnancy:

Did you think about it when you started sleeping with him, did you think of going on the pill before that?

No I didn't. It's not a thing [pause] like you know the way they say you can trust them, it's not eh [pause] a thing he was going to do it on purpose.

[Aged 18, co-habiting, termination]

I don't know. I knew him years, I was only getting to know him, I knew him years [pause] I don't know. Just at the start, and after getting used to being with him all the time, I don't know, you just kind of trust him or something you know? Something like that, I can't explain it.
[Aged 19, single, motherhood]

In some cases partners assured women that they would be careful and so there was no need to use contraception:

Well he always said to me, well I was a bit innocent on the whole subject like and [pause] he kind of said to me I'll be careful, you know, I know what I'm doing and all this sort of thing, you know, you can't, all the will in the world really. We did use protective whenever [pause] he had them, you know.

And if he didn't have them whatever?

We might just go ahead anyway.
[Aged 22, going steady, termination]

I can't go beating myself around, I would have to change my attitude, em, and not get swayed. I mean a little bit, you know some guys would say oh don't worry, I mean, it is lovely to hear that but you should worry. You are kinda chuffed to hear men say, oh don't worry and you don't.
[Age unknown, single, termination]

Some couples discussed how they would manage the risk of pregnancy and decided to rely on withdrawal:

[Partner] was the first guy I had ever gone out with, I hadn't used anything, and he is the first guy that fucking made me pregnant [laughs] I was there going, I have always been so safe, always, always. With this guy I just know that this is it, the two of us know that. That's it like. We are not getting married, we are not getting married. We just kind of know we have a future. So eh, I don't know, I think we probably just became a bit careless, you know that kind of way.

How do you think, you were always really careful before and this time was it that you just didn't use a condom?

No I wasn't using anything much. At the start I was, three months into the relationship we weren't using anything. I went on a pill that was making me ratty, I went on it for three months and then came off, so I think we were using [condoms] for about two months, on the pill for

about three months and using nothing for about six months I would say. So just pulling out, you know that kind of way, didn't work.

And why do you think you didn't use condoms with, like in that relationship?

Em, em, I knew that [partner], I knew that he wasn't going to run off you know, that if anything did happen. But at the same time I was told at school like that a guy can get you pregnant if he just touches you, like his dick goes anywhere near, like any semen anywhere there like, that the thing is to go in and scrub yourself or you'll get pregnant the next day, you know, that's what we were told in school. So I don't know, I always thought like if a fella puts his penis inside you unprotected that you have had it anyway, you know what I mean. Then em, [partner] was telling me different, no no that's not true, you have to actually come inside a woman before you can actually get pregnant. I never knew that until I met [Partner] like. I sussed it out and I found out it was true, so we decided to use that method.

The withdrawal?

Yeah.

[Aged 24, going steady, termination]

In other cases where partners refused to use condoms women asked them to withdraw in an effort to avoid pregnancy:

I prefer to have a condom but it was the heat of the moment, I mean [pause] I told him not to come inside me [pause] I, the particular night I asked him did you come inside me? Then finding I was pregnant. Cos if I had thought I was pregnant I'd have got the morning after pill, but it had happened before.

[Aged 21, single, adoption]

However women who were relying on their partner to withdraw had no control over whether he did or not:

Did he ever withdraw before he came or anything, would that be something he'd use?

Yeah he thought he'd kind of peg out. He'd know, he was always like that. Then I knew. I had an idea the first time he didn't and I said it to me friend the next day you know, I think he never did thing, or anything. I knew then he kinda doing it all the time taking it out and not taking it out, you know the way.

[Aged 19, single, motherhood]

It was only my second time sleeping with someone and they said, eh, they weren't using any protection cos I thought I would get away with it. Then they said they wouldn't come inside me and they did. I had a feeling and then I said no.

[Aged 17, single, termination]

Relationship makes risk-taking acceptable

Some women described how being in a steady, happy relationship made them more willing to take risks with contraception. This did not mean however that they were willing to become pregnant and have a child with this partner.

[Partner] was the first guy I had ever gone out with, I hadn't used anything, and he is the first guy that fucking made me pregnant [laughs]. I was there going, 'I have always been so safe, always, always'. With this guy I just know that this is it, the two of us know that. That's it like. We are not getting married, we are not getting married. We just kind of know we have a future. So eh, I don't know, I think we probably just became a bit careless, you know that kind of way.

And why do you think you didn't use condoms with, like in that relationship?

Em, em, I knew that [partner], I knew that he wasn't going to run off you know, that if anything did happen.

[Aged 24, going steady, termination]

Were you happy with using, you sound as though you didn't like condoms, but used them anyway?

Obviously for protection I did, but, em, it's just the fact with [partner] it was different, because other fellas I had intercourse with, I didn't really feel all that comfortable with and I wouldn't feel as if I'd be with them, so I used condoms and all that. But with [partner] it's a long term thing and it's going to be a future obviously so, I didn't mind, you know what I mean. I didn't really mind not using it. But then at the time, when you are in the whole lot you really don't give a shit really [laughs]. Cos I don't really care what happens to me, it's the thing to say, you don't really give a shit, at the time you don't. Feck it, I don't give a damn and at the end oh no, oh God so.

[Aged 20, going steady, termination]

Since I have come back we have been using [condoms] and stuff. It must have been one of the two occasions that I didn't that I fell pregnant. At

the time, because when you are in a relationship, it is a lot different you don't wake up the next morning and say oh my God what have I done or whatever, or what am I going to do.

[Age unknown, going steady, termination]

When I was with [partner], course I still had that thing for him. We always slept together without contraception, always.

Did you never use condoms?

Never. It's funny when I came here they said how did you get pregnant, and I said the condom burst. I thought I can't tell someone that I was sleeping with someone for a year and half without contraception. When I said it I thought am I mad. Never, never.

Was it that it just didn't connect that you [pause] that it was risky?

We used condoms at first and didn't like them and then [pause] we just never spoke about it, you know.

When you say you didn't like them was it uncomfortable for you or did he object to using them?

It just lacked sensitivity, it just was, both of us. I don't know it was very unnatural, you know. I did love him, I love him to bits and it was kind of really natural to have, and it was lovely. The condoms thing [laugh] was horrible.

Was it the interruption and that kind of thing?

Yeah. It wasn't the same, just wasn't the same feeling either, having sex with a condom. There was something in the way, that's how it felt, [laugh]. And it just didn't sink in. How. I mean for a year and half.

I know he loved me and I loved him. I think that, I kind of thought that I wouldn't be pregnant, but I think that he kind of that if I did it was okay. I think he was prepared, he had always been prepared to have a child. It was okay for him. I'm sure he didn't contemplate or want it to happen, but I think it was that bit easier for him. Then of course I loved him, you know, it went on and on and on.

Have you been in other relationships as well?

I was and I actually used condoms then. Again I was in two relationships and we did use condoms. That was fine. It was fine in those relationships. It was just because I fell in love with him and it was different. I did use condoms the other times.

[Aged 24, single, termination]

Group II — women whose contraceptive method failed

A second group of women became pregnant as a result of contraceptive failure. Some of these women were unaware of any problems with their contraception until they discovered they were pregnant. Others noticed there was a problem at the time they had intercourse and so they had to cope with this awareness of the risk of pregnancy. There were two strategies here, some women used emergency contraception to compensate for the failure of their usual method. Other women devised different rationales to dismiss the possibility of pregnancy and so coped with the failure they noticed.

Response to condom failure

Some of those who became pregnant after using condoms were aware that there had been a mishap with the condom which would have put them at risk of pregnancy. Those who did not use emergency contraception explained that they did not do so because of difficulties of access, were unaware of the problem in time to use it or because they coped with the risk of pregnancy in other ways. A large-scale study by the UK Family Planning Research Network (1993) involving 2,814 women found that about 60% do not tend to seek emergency contraception after a mishap with a condom. They also found that younger women were more likely to seek emergency contraception than older women (UK Family Planning Research Network: 1993).

Could not access emergency contraception

There were some women who wanted to use the emergency contraceptive pill but could not access it. This was because their doctor refused to prescribe it, they needed it at a weekend or they were living in a rural area and thought that it was only available from family planning clinics of which they were none locally.

We actually did use a condom and the condom just came off and em, that was it. I knew from that day. Still I went up to the doctor and he wouldn't give me the morning-after-pill

Really, and you went up to the doctor the morning after?

Yeah.

And he wouldn't give it to you?

No. See I got it a few times off him, you know, and he wouldn't, you see I can't go on the pill. Cos if I go on the pill, it messes up me head, you know what I mean. Like, it was the only option you know. Every-time it worked and I really needed it, look where it got me.

And he wouldn't give it to you, he literally refused?

Yeah.

And when had you last got it from him?

About a month or two before that. I know it was well before the Christmas like the last time I got it off me doctor. He said it to me before then, he said you're not getting this anymore.

And how many times in total had you got it from him, in the last year say?

In the last year, say about four or five times off him, do you know what I mean.

And how did you find it physically, the morning-after-pill?

That was grand it didn't effect me.

And it brought on a period each time for you, did it?

Yeah.

But he was just refusing this time?

Yeah. And when I went up to him, it made me worse. I actually went up got the pill off him, took the whole packet of pills, took it with tablets that I had like, when I had [son] I had tablets I had the afterbirth stuck inside me, they gave me these tablets to take then so I even took them, so I knew like if I had afterbirth that would be removed, do you know what I mean. It is only like, the money is hard, do you know that sort of way .

Yes yes, I know. So you took those then, he didn't give you the morning-after-pill?

No I took all them and I was still pregnant.

[Aged 25, single, termination]

The woman below needed emergency contraception on a Sunday and could not find a doctor or dispensary:

Well I knew right afterwards like cos it was the first time that I had slept

with my boyfriend and it burst and I knew that something had happened, so I knew straight afterwards, I knew.

We were going around to get the morning after pill, but it happened on Sunday morning and there weren't any chemists open on a Sunday morning and so we couldn't get anywhere open in Dublin. And then the next day I was working, I had to go off to work the following day and then I couldn't see anyone after that it was too late I thought.

[Aged 19, going steady, termination]

A woman who lived in a rural area dismissed the possibility of getting the morning after pill anywhere other than a Family Planning Clinic of which there was none local to her:

Do you know what happened?

It burst.

Never used the morning after pill or anything like that?

No, I probably could not get it. The only place you could probably get it was in the family planning clinic.

[Aged 26, going steady, termination]

There are some moral concerns that Emergency Contraception amounts to an abortifacient and this was an attitude that some women we interviewed had encountered on previous occasions when seeking the emergency contraceptive pill:

[The doctor at the Family Planning Clinic] said to me look, you can't get it that easy, you know, you shouldn't and I said I know, now don't make me feel guilty about it. Which is right really.

So were they making you feel guilty?

Well, they were and they weren't like, I can understand why they can make you feel guilty cos you're taking a risk, cos you can still get pregnant on it and the chances are of having an abnormal child and whatever. But when you're in that situation like, I mean it should be available but not that easy cos you didn't think that you were going to have sex and then you can go off to the family planning clinic and take the morning after pill. I can see their point there. That's just being reckless and it should just be an emergency like.

So what happened was it very risky?

It shouldn't have happened. It was one of my friends and he was in a relationship and with no condom. It shouldn't have happened.

[Aged 31, going steady, termination]

'He did not tell me'

Emergency contraception was only considered by those who were aware of the problem with the condom. In some cases, partners had not told women that there had been a mishap:

Did he tell you at the time it burst?

I had a feeling, you know, the next day I felt really odd. He did not tell me he, passed a comment. I can't even remember the comment, but he said Christ that is fierce odd.

[Aged 23, single, termination]

'Only the once'

Some women who were aware of the condom bursting felt that since this was the first time or just a once-off incident that it would not result in pregnancy. One woman described how she became pregnant the very first time she had intercourse. They had used a condom but it slipped off her partner's penis during intercourse. That this was their first time having intercourse no doubt contributed to the mishap with the condom:

We did actually use a condom but that came off inside of me, so that's just what happened, you know.

Only the first time was the mishap, that's why I couldn't believe it. The very, very first time.

[Aged 21, going steady, termination]

Another woman had been using condoms since she came off the pill. She noticed that the condom they were using had burst but did not go for the morning after pill because it was a once off incident:

I had come off the pill. He kept using condoms. He was very safe as well. That time it cracked

I got pregnant the one chance I took.

I have always been so safe anyhow I thought I probably wouldn't be able to get pregnant and then the one time I didn't [pause] take the morning after pill [pause] and look what I've [pause].

[Aged 20, single, adoption]

Using spermicide with the condom

The woman below did not worry about the risk of pregnancy when the condom she was using burst because they had used spermicide and she thought that it would be effective in killing the sperm. She had had other occasions when a condom had burst during intercourse and this had not resulted in pregnancy so she was not concerned about the risk this time.

Did you think of getting the morning after pill when you noticed that it had broke?

No I just, it had broken before like [pause] I've had occasional, like the condoms broken and I'd been grand like [pause] I just thought that if it broke, the spermicide just kills all the sperm anyway, so [pause] it's the same.

[Aged 21, single, motherhood]

Thought it was a 'safe time'

When this woman realised that the condom she was using burst she estimated where she was in her menstrual cycle and dismissed the possibility of pregnancy because she thought she would not be fertile at that time:

The time you fell pregnant, were you using condoms?

I was yes, but what happened was we had been [on holiday], we had a really good holiday or whatever and that obviously delayed my ovulation. What I thought was a couple of days before my period, and we had actually used condoms. I was not completely sure and we had an accident. I did not try and get the morning after pill. I have taken it a couple of times as well. I did not think there would be a problem.

Did it burst or what?

Yes.

[Aged 24, co-habiting, termination]

Pill failure

Some women were using the pill at the time they became pregnant. They described why it had not been effective. Some were aware of the problems with how they were using the pill at the time and they described why they did not think they were at risk of pregnancy. Others only realised why the pill had been ineffective after they suspected or realised they were pregnant.

Forgetting one or more pills

As modern contraceptive pills contain very low doses of hormones it is important that they are taken as prescribed in order to ensure their effectiveness. When one or more pills are not taken in a packet this leaves women at risk of pregnancy. However according to Furedi (1996) there is a high incidence of women forgetting to take one or more pills. Some women in this study became pregnant while they were using the pill because they missed taking one or more of their packet.

You forgot to take it [pill]?

Yeah I would need a beeper on me, not any more. I was on the pill I thought it was the safest. But you get caught out in different ways.
[Aged 23, going steady, termination]

Had you been taking any precautions or anything?

Yeah I was on the pill [pause] I'd miss it for a day and say take two the next day.

And did that happen often?

No I didn't do it that often.
[Aged 20, engaged, motherhood]

The problem of adhering to the necessity of taking pill regularly for women whose lifestyle is not very routine is highlighted in this account:

I was on the pill but I had missed a few days. Missed a good few actually. I am on three shifts and I just don't think, you know at the time like, you know. And eh I didn't think I would cause I often missed one or two before and nothing happened. Whatever this did it did not work out this time.

[Aged 21, going steady, termination]

In general these women were not very aware of the importance of taking the pill regularly according to instructions. One did not think there was a risk of pregnancy because she only rarely missed taking the pill. Another was not concerned about the risk of pregnancy because other women she spoke with seemed to have the same pattern of missing pills without any of them getting pregnant.

There was times when I was taking it at different times. You know when you read the leaflets and they say take them at the same time every day. You just don't realise. I do say to the girls in work do you take it at the same time all the time? They say no. You don't always think of it at the same time, well I'm alright then, you know. Then you'd miss a day or two like, you'd never think.

[Aged 21, going steady, termination]

Stomach upsets

Absorption of the pill is interfered with by stomach upsets which cause vomiting or diarrhoea. One woman was not aware that being sick while on the pill would put her at risk of pregnancy:

I was feeling sick [pause] I didn't know quite as much as I thought I did. It was after I took the pill, it came out of my system, the main part of it. That's the only reason I can think that I got caught. I'm going home now and getting the coil. Not taking that chance ever again.

[Aged 30, (separated) going steady, termination]

Other women were aware that being sick interfered with the effectiveness of the pill but they did not consider themselves at risk of pregnancy when they were sick. For the woman below this was because she felt that she would have enough levels of the hormone in her system to offset what she lost through this sickness:

I got diarrhoea [pause] that did that [pause] that's all it took [pause]. My God after being on the pill for two years [pause] usually your system takes time to get back, they say about three months [pause] but eh [pause] I got pregnant straight away.

[Aged 21, single, adoption]

While the next woman did not think she was sick enough to worry about the reduced effectiveness of the pill:

And did you know beforehand while you were taking it that, if you got sick you might have reduced protection or anything?

Yeah, but I thought it was only certain sickness that you get. You know if you get drinking or something you don't think [pause] that it could happen to you then?

[Aged 22, single, motherhood]

Another woman thought that because she was at the start of the packet there was less of a risk of the sickness interfering with the effectiveness of the pill. Unfortunately she was mistaken because the most dangerous pills to miss are those at the start and the end of the pack:

I was sick on New Year's eve and New Years day and I think I must have lost whatever tablets through vomiting. I did not think much of it at the time. I had just started the packet, I thought I'll be alright.

[Age unknown, co-habiting, termination]

Antibiotics interact with the pill

Another common cause of the pill failing is that women are on a course of antibiotics or other drugs which interact with the pill and so off-set its effectiveness.

I got a throat infection and he gave me antibiotics and I forgot that I was on the antibiotics and that the pill was not working. So that is how it happened.

[Aged 20, going steady, termination]

While women using the pill ought to be made aware of this by the doctor prescribing the drugs or by a leaflet accompanying the contraception this can often be overlooked.

I was on the pill and I just, I was taking the pill regularly and I just happened to go on antibiotics for two days, cos I didn't know. I thought when you were on antibiotics you had to go off the pill. I didn't read the small print on it you see. And I just got caught.

Did your doctor prescribe the antibiotics?

He did yeah.

Did he talk to you about it? Cos he obviously knew you were on the pill?

Well no he didn't, assumed I'd know.

[Aged 29, going steady, termination]

Overall, these women's stories illustrate the extent to which information and advice on pill use is declining among pill users. In its absence, women rely on mis-information or 'myth' information. Silence among parents and teachers about sexuality and contraception, poor provision of a dedicated contraceptive health service and general secrecy about women's sexual activity and contraceptive use, all seem to play a part in this.

Group III — Use of Emergency Contraception

Some women had used emergency contraception after they had intercourse without using any contraception or when they realised there was a problem with the method that they had used. There are two methods of emergency contraception: one is a hormonal oral pill usually referred to as the 'morning-after pill' which acts by delaying ovulation or preventing the egg from settling in the womb. It must be taken within 72 hours of intercourse to be effective. It is unfortunate that it has been termed the 'morning after pill' because this has contributed to a myth that it has to be used the next morning after intercourse as opposed to within three days of intercourse. The emergency contraceptive pill has been found to prevent 75% of pregnancies which would have occurred with no treatment (Crosier, 1996, Hughes and Myrel, 1996).

The second method is to have an Intra-Uterine Device inserted which will prevent the egg settling in the womb. This must be inserted within five days of intercourse and can be removed once the woman has had a period. It is said to be about 99.9% effective but is a lesser known and used method (Crosier, 1996 and; Hughes and Myrel, 1996).

Women who gave contrasting accounts to this illustrate again how important it is when doctors are understanding of women's contraceptive needs:

Where I was working, I just went to the local doctor there and he was fine about it, no problem, just sort of explained the side effects whatever

and he also said to me did I really want to take it because em, I was at a very sort of safe period in my cycle. But I just said I want to take it to be sure. [Pause] I didn't have any side effects from that either.

You say you felt he was okay about giving it to you?

Oh yeah he was fine like, I mean, he didn't even ask me what had happened. He just, he was very okay about it. I got the impression that he was quite used to dispensing it [laughs] because no problem like. And [pause] no he just gave me anti-nausea tablets as well if I needed them. He was fine about it, there was no problem there at all. No embarrassment, no sort of, you tart you had it off with somebody last night, nothing like that. Which I feel some doctors might be like. And I feel he was fine. He was in about his mid-forties I would say.

[Aged 23, going steady, termination]

The women we interviewed who had used the emergency contraceptive pill described the reasons why they used it and how they used it. The method failed to be effective for all of these women, some can explain why, while others can identify no reason for it having failed. These women described how they identified the need to take it, how they took it properly and their subsequent reaction to discovering they were pregnant.

Used EC because had intercourse without contraception

Some women who had intercourse without using contraception subsequently used emergency contraception to avoid pregnancy. In the following excerpts, women described how they had intercourse without contraception because their partners refused to use it:

I wanted to use condoms [pause] and he said no I'm just not into condoms, I'd rather not have sex I said it's ridiculous whatever. So I said right I can go on the pill, but you're going to have to have an AIDS test. So he went off and did have an AIDS test. But I was waiting for my period to come before I went on the pill. You know you have to do that. And went out had a few pints and came back and had sex. Withdrawal before he came, he didn't and [pause] it was also early and I took the morning after pill and still ended getting pregnant.

[Aged 26, co-habiting, termination]

I would demand that he wear a condom but I would rather have sex with him without a condom than not have sex with him and that was

my only option. You're there and he's there and in the heat of the moment and you think if you say no it will put him off you and he'd have no condoms and you have no condoms and he won't put them on anyway like. You are kind of saying oh well I will just tell him to be careful. But what does careful mean?

Were you surprised when you found out you were pregnant this time?

Yeah cause I took the morning after pill and I didn't realise there is only a one in thirty chance of it working.

Oh really?

I didn't know that. I was misinformed that way. Well I wasn't told and I think that should be vital.

[Aged 21, single, termination]

Neither could see any reason for the emergency contraceptive not working except that it is not one hundred percent effective.

Used EC as a back-up to other methods

Other women used the pill because they were aware of a problem with their usual method of contraception. These women used emergency contraception after the condom they were using burst:

So when did you think you might be pregnant?

I didn't really to tell you the truth, I really didn't, I, I, around the 6th or 7th of January we had the problem of the burst condom and I completely panicked and went to the GP the next day and got the morning after pill. And I thought that would take care of everything really, kind of, I didn't really worry about it

[Aged 31, (separated) going steady, termination]

I was using a condom that night and it burst and then I was straight to the doctor for the morning after pill [pause] it's like a dream, you know what I mean. I did everything right and yet I'm still pregnant.

I took it, it would have been twelve hours after, not even twelve hours after.

I wasn't really worried 'til I was two days late. Cause like everyone was saying, sure they give it to rape victims and all like, I think it was designed for that purpose,

[Aged 28, married, motherhood]

We were using condoms. The condom burst. I went down to my doctor for the morning after pill the following morning. Took the morning after pill, it should bring on a bleed within the week. I didn't bleed. So I knew almost immediately that I was pregnant.

[Aged 35, (separated) single, termination]

Another woman used emergency contraception because she had been ill with diarrhoea while on the pill and was aware that this would reduce its effectiveness. It may have been that she also expelled the 'morning after pill' because of her sickness.:

I got sick, I had a dose of the flu and got diarrhoea and feeling sick. It was toward the end of it but the pill obviously wasn't still working.

So that was in the back of your head?

I knew it, that must have been the time it happened and it all adds up as well to make matters worse. But I actually went for the morning after pill but it didn't work. I knew I could leave it up to thirty hours, but I went quite early like, just didn't work.

[Age late 20s, going steady, termination]

Used emergency contraception incorrectly

Two women who used emergency contraception but still became pregnant were not fully informed about it and both took it after they suspected or discovered they were pregnant as opposed to after they had unprotected sex. It was only this seventeen year old woman's second time having sex when she became pregnant. She did not know how to use a condom and her partner told her that he would withdraw. She knew he had not practised withdrawal and when she missed a period she told her mother. Her mother had discussed contraception with her and encouraged her to go on the pill but she had not told her mother that she was having intercourse and did not tell her about having unprotected sex until she feared she was pregnant:

You know you can't tell your ma you done something without using protection after her telling you to use protection. So she had the morning after pill and I was after finding out about that but it was too late cause it was a month after that I told her.

My mother had it, she can't take the pill so she has the morning after pill. She told me she had and I should have taken it before. I took it afterwards to try and bring on a miss or something like that.

[Aged 17, single, termination]

The woman below also took the morning after pill when she suspected she was pregnant:

And what about the morning after pill have you ever used it before?

Erm, I think I used it too late. I did this time round but I used it too late. I didn't realise I used it too late.

Okay can you tell me about that, what happened?

I just em [pause] I suppose that it was just due to the fact that I was beginning to realise that I wasn't getting a period so I did take the morning after pill which was kind of stupid in one sense because when I did tell my doctor he said that number one that not a hope that it would have worked which that it didn't obviously, and number two if I did decide to keep the baby I could have damaged it, so. So I said well I'm not keeping it anyway, that way.

[Aged 23, single, termination]

Finally another woman knew that she was at risk of pregnancy when the condom she was using burst. However she could not get to a doctor for the emergency contraceptive pill and so used improvised by taking a number of the combined oral contraceptive pills in the hope that it would amount to the same thing:

It [condom] burst. I was working the following day and I couldn't go to the doctor for the morning-after. So I just took the ordinary pill, and I over-dosed on it like. I had been told by a few like that it's the same as the pill, just an overdose.

[Aged 24, going steady, motherhood]

Summary and Discussion

The stories presented in this analysis are those of a sub-set of women from the overall population of the Women and Pregnancy Study. They all had the same response to this pregnancy: it was a crisis in their lives and they defined the pregnancy as such themselves. While their stories do not purport to reflect all women's experiences of contraceptive use

and negotiation, they highlight how women's use of contraception is shaped by social and relationship factors as well as personal issues. They also illustrate how women's contraceptive use varies over time and between relationships.

Negotiating contraceptive use

Contraception emerged from their accounts as a facet of women's lives around which there are strong social and gender norms. These norms have different nuances for different contraceptive methods. On a general level using contraception was seen by women as confirmation that they were having sex. Some women especially younger women felt that they would be stigmatised for being sexually active in the eyes of their parents, doctor or other figures of authority. Where the only advice parents gave to their daughters was not to have sex, this left young women without parental advice and direction on how to cope with sexual relationships and contraception when this arose for them. The only advice they got from their parents was not to have any sexual relations until they were married. Meanwhile young women were having sexual intercourse and making their contraceptive decisions on the basis of what method carried least risk of discovery by their parents. In some cases this meant they did not use any contraception.

This silence and secrecy about sex left many women embarrassed about their sexual activity. The embarrassment inhibited them approaching a doctor for contraceptive advice because doctors were perceived to be like-minded with parents rather than understanding and accepting of young women's sexual activity. This perception was confirmed for some when they approached a doctor for contraception. Women gave accounts of doctors who acted as 'moral gatekeepers' by refusing to prescribe contraception because women were too young or by conveying to single women their disapproval of their non-marital sexual activity. This restricted women's access to methods of contraception which are only available from a doctor and, for the women we studied, the contraceptive pill in particular. Access to doctors at suitable times for women who were working was mentioned by some as a difficulty particularly where they needed urgent contraceptive advice. The cost

of attending a doctor for a consultation and buying the pill was also prohibitive in some cases.

Women themselves wrestled with the significance and consequences of their use of the pill. They feared that 'being on the pill' would signify that they were sexually promiscuous and so confined using it to well established relationships where they were having regular intercourse with an exclusive partner. 'Being on the pill' was construed as being prepared for sex as much if not more than it was construed as being protected against pregnancy. In line with this many women stopped using the pill when their relationships ended and waited for some time after a new relationship began to start, or resume, using the pill. This left them dependent on less reliable methods of contraception in casual, short-term or new relationships where avoiding pregnancy was often a priority.

The medical side-effects associated with the contraceptive pill was a major factor in women's rejection of it. The following side-effects were mentioned: sickness or nausea, breakthrough bleeding, mastitis, swollen legs, reduced fertility, weight gain and increased breast size, being moody, snappy, or 'screwed-up' by it. Women who smoked or were over thirty mentioned these as reasons why they ruled out using the pill. These negative side effects caused some women to stop using the pill while others never used it because of the negative perception they held about this form of contraception. Women who stopped using the pill often did so without consulting a doctor and so eliminated the opportunity for them to try a different brand of the pill to see if the side effects would continue. This happened in particular around the time of the health scare about a number of brands of the pill which occurred during our field-work. Generally women stopped using the pill altogether when they learned of the scare without organising an alternative method of contraception despite public health advice to discuss their options with a doctor. Some women did express doubts about the real extent of the pill's side effects and wondered if their lifestyle was as much a factor in the symptoms they were experiencing as their use of the pill. In making a decision about using the pill women often weighed up these costs of 'being on the pill' against the utility of the pill as a consistent and effective method of contraception. Often the

frequency and regularity of intercourse was an important factor for women in deciding whether they would assume the costs of pill use.

Where women were not using or had stopped using the pill, condoms were the main alternative method of contraception they used. Condoms are more widely available now since they were identified as affording protection against the transmission of HIV. Some of those we studied referred to protection against HIV as a factor in why they choose condoms as their method of contraception. While women rejected using the pill because it involved attending a doctor and risking discovery by parents, condoms were seen as facilitating women keeping their sexual activity secret. They could be bought from vending machines, partners could get them or even if women were buying them they did not have to have them with them all the time as they would the pill. However getting and using condoms was not a simple process for women and, as with the pill, a complex of social norms surrounded condom use which shaped women's decisions about using condoms.

Condom use is a method of contraception which requires partners' participation, while other 'female' methods such as the pill do not. Women who are relying on condoms to avoid pregnancy depend on partners co-operation if they are to succeed in using them effectively. Furthermore the norm is that women do not buy condoms so they are not only dependent on their partner using condoms but also rely on him to have them. Women explained that they were reluctant to buy or carry condoms partly because they were embarrassed to do so but also because they worried about how they would be perceived if they do carry them. Carrying condoms, like being on the pill, is construed as being prepared for sex so women avoid this because they do not want to risk their reputation.

Effective condom use therefore depends on partners assuming responsibility for contraception and the stories of the women studied here illustrate how important this was in their experiences. Men have been found to resist using condoms for two main reasons: embarrassment and because it reduces male sexual pleasure (Pleck et al 1990). Women found discussing sex and condom use embarrassing particularly with new sexual partners and if they did not have much experience of sexual relationships. Some women who did not have a lot of sexual experience

deferred to their partner's judgement because they saw them as being more knowledgeable if they had more experience of sexual relationships. This could mean that partners would not use a condom because they disliked them and so the couple would have unprotected sex. However among the women we studied some partners resisted using condoms because they interfered with sexual pleasure even in well established relationships. There were also some women who resisted using them because they disliked them or assumed their partners would. Men who did not want to use condoms evaded it by placing the responsibility on women to initiate using them. Women found that if they did not instigate using a condom their partners would continue to have sex without one on the assumption that they were otherwise protected against pregnancy. In general women felt that contraceptive responsibility was left with them. However because of men's reluctance to use condoms women worried that if they insisted on using them they would be seen as 'harping' on or be rejected by their partner. Conversely some women themselves used the threat of withholding intercourse to ensure partners used a condom.

The women's stories illustrated how the process of negotiating condom use would result in couples not using condoms or not using them consistently. They described how they used condoms intermittently, would get too carried away during intercourse to stop to use a condom, would neglect to use one after drinking or would confine their use of condoms to the stage in their menstrual cycle when they thought they were at risk of pregnancy. Sometimes having sex without a condom was romanticised and seen as a way of showing love and trust to a partner. Condoms were described as unromantic or intrusive and were perceived as interrupting intercourse and against the natural flow of passion. Those women who were using condoms described how they failed because they were inferior quality, came off the penis or burst during intercourse, they used them after drinking or did not use them in conjunction with a spermicide. There were other women who described using condoms consistently and were unable to account for their failure.

Methods, other than condoms and the pill, rarely featured in women's discussions about contraception. Most confined their options on contraceptive methods to either of these two with a minority using the diaphragm or the injectable contraceptive in the lead up to this pregnancy.

A group of older women all wanted to be sterilised to avoid another pregnancy but had not managed to have the operation performed. For some this was because sterilisation was not performed in their local hospital. In other cases the women's husbands did not agree to them being sterilised and they had been reluctant to go ahead without his consent.

Coping with the risk of pregnancy

Society has constructed a complex of rules governing female sexuality within which negotiating contraceptive use is constrained for women in a number of ways. Contraceptive methods are imbued with signifiers which can define a woman's reputation. Women received messages about their use of contraception from parents, doctors and partners which were often contradictory. Parents and doctors were of the view that women ought not to be having sex if they were young or unmarried and so should not be using any method of contraception. Women judged their contraceptive use through the lens of men's perceptions of what their contraceptive behaviour said about their sexual availability. They felt that if they were prepared with contraception they would be perceived as wanting to have sex which is not deemed an appropriate role for women in heterosexual relationships. Simultaneously women felt that partners expected them to assume contraceptive responsibility and preferred them to use 'female-methods' of contraception because they did not like condoms. Women themselves had preferences about what method of contraception they wanted to use but in making their decisions had to negotiate the social significance of contraception as well as partners' attitudes to contraception alongside these preferences. This process of negotiation at times resulted in women taking 'risks' with pregnancy. The ideas put forward by Holland et al (1992) are useful to this analysis. In explaining women's experiences of negotiating condom use for the prevention of HIV, they argued that for women to achieve safe and pleasurable sex with men they need to achieve empowerment on two levels. One is an intellectual level where they can locate their experiences of negotiating condom use within the collective experience of women in heterosexual encounters rather than as isolated personal experiences. This intellectual empowerment must be complemented by experiential empowerment where women put their ideas

about safe sex into practice in the sexual encounter. The women's stories that are set out above reflect different levels of empowerment among women about what is safe sex with regard to avoiding pregnancy both at an intellectual level and an experiential level. Their stories show that women were constantly negotiating the risk of pregnancy and how to manage that risk either by using contraception or circumventing the risk in some way.

Some women had not managed to use contraception because their partner refused to use a condom or pressurised them into having sex. These women were disempowered not only in controlling their fertility but also in controlling their own sexual behaviour. Heterosexual relationships take place within the context of unequal gender relationships where men exercise power over women. While men do not assume contraceptive responsibility effective fertility control will continue to be a problem for women.

Other women's stories revealed how they drew on a series of rationale to cope with the risks they were taking. One set of rationale women used was to: question the real possibility of pregnancy believing that pregnancy is not just 'as easy' as having intercourse, deny fertility in thinking 'it won't happen to me' or question their own fertility particularly if they had irregular periods or a sister with fertility problems. Hyde (1995) argued that women who deny their fertility behave passively in the face of dominant discourses about "the appropriate timing and social organisation of childbearing" (1995: 202) by believing that their bodies will not become pregnant until they are socially ready to do so. Educating and informing women fully about their bodies and reproductive systems will empower them to evaluate the likelihood of becoming pregnant according to their sexual activity.

One woman who did not have full intercourse with her partner did not think she was at risk of pregnancy. In other cases women believed that their partners could avoid pregnancy by not wanting to get them pregnant — that they 'wouldn't do it on purpose'. Some of these couples used withdrawal, however this is a highly unreliable method of contraception and women do not have any control over whether or not their partner does actually practice withdrawal. Here women were

deferring to their partners to manage their sexual activity so as to avoid pregnancy and so were not themselves in control of their own fertility.

Some women felt that the risk of pregnancy was diminished if they were not having sex frequently or if they were usually careful about contraception and only took risks infrequently. In this way women balanced their concern to avoid pregnancy against the constraints they had to negotiate in order to use contraception. A similar strategy invoked by some women was to confine their use of condoms to times in their menstrual cycle when they thought they were likely to become pregnant. This is a variation of using the Billings or rhythm method of natural family planning where women study their menstrual cycle and chart their menstrual calendar as well as what changes take place in their temperature and cervical mucus during the cycle to identify ovulation. They would then confine having intercourse to their 'safe period'. Women we studied who were using this method did not for the most part undertake such careful charting of their cycle. Rather it seemed that the general principle of this method was used by women to again cope with the constraints on using contraception.

As we have said risk-taking was often an outcome of the complex process of negotiating contraceptive use. When women did not become pregnant after taking a risk they then drew on this experience and re-evaluated their perceptions of the possibility of pregnancy. Realising that they could 'get away with' having sex without getting pregnant often resulted in women going from effective contraceptive use to progressively taking more risks. This inevitably led to some women becoming pregnant.

Others overlooked the risk of pregnancy or 'did not concentrate' on it in the lead up to becoming pregnant. These were women who were relying on condoms to avoid pregnancy and their accounts illustrated how methods of contraception which are used at the point of intercourse require a high level of motivation from couples to ensure they use them every time they have intercourse.

There were some cases of women believing that they were protected against pregnancy because they had only recently come off the pill.

These women were not fully informed about how the pill works, information which should be clearly conveyed to women who are being prescribed the pill by their doctor or family planning clinic.

While casual or new relationships have been identified as times when contraceptive use can be more problematic, there were women we interviewed who explained that they were willing to engage in contraceptive risk-taking because the relationship they were in was so serious. They did not see condom use as appropriate to a relationship where couples are strongly committed which may be as a result of the association of condoms with protection against STDs/HIV from new or casual partners. Another element in their appraisal of the risk of pregnancy was that they were assuming the risk as a couple and that the woman was not acting alone.

Coping with contraceptive failure

Some of these pregnancies occurred when the method of contraception the women were using failed. Some were aware that there had been a problem at the time of intercourse while others did not realise there had been any problem until they suspected or discovered they were pregnant.

Just as negotiating using a condom is difficult, women also have to negotiate how they are used to ensure they are used effectively by being put on in time, using spermicide and withdrawing carefully so as to prevent any semen leaking from the condom. However if a condom bursts or slips off the penis it can go unnoticed by the woman if her partner does not tell her or in some cases it can go unnoticed by both of the couple. Where women were aware of a problem with the condom some felt that there was no risk of pregnancy. Similar reasons to those given by women who did not use any contraception were mentioned, that is that it only happened the once or that they thought they were at a stage in their menstrual cycle where they were not likely to become pregnant. Where a couple had been using spermicide they thought that this would be effective in preventing pregnancy.

Women who had been using the pill and forgotten to take one or more of a packet said either that they were unaware that this would have left

them at risk of pregnancy or that for them forgetting to take a pill was such an unusual occurrence that they did not think it was a problem. Those who became pregnant because they had been sick while taking the pill explained that they did not worry about pregnancy either because they did not think they had been sick enough to off-set the effects of the pill, or they thought they had been on the pill for so long that they would still be protected despite being sick or they were sick around the time they were starting a new packet of the pill. One woman who had been taking antibiotics did not realise that they would interact with the effectiveness of the pill. These were all recognised events which would interfere with the effectiveness of the pill and is information that all women should be given when they are using the pill.

There were some women who used, or attempted to use, emergency contraception when they noticed a problem with their usual method of contraception. It was used because a condom had burst or their partner refused to use a condom or they were ill while taking the pill. Some women were not properly informed about the emergency contraceptive pill and so it was not effective for them. There were women who did not use it until they suspected they were pregnant or they missed a period while one woman substituted taking a number of oral contraceptive pills for the emergency contraceptive pill. Others could see no reason why the method failed for them.

Conclusion

Irish women have been found to use condoms or the pill as their principal method of contraception (Wiley and Merriman, 1996). This was confirmed by our findings. Women revealed how their use of these methods of contraception were shaped by social, relationship and personal factors.

They described a range of factors which impeded their access to the contraceptive pill. Single and young women were conscious of the stigma attached to their sexual activity and wanted to keep it secret. As contraceptive use was seen as confirmation of sexual activity, it was found that women did not want to use the pill because it might be discovered by their parents and because it had to be prescribed by a

doctor. The secrecy and embarrassment surrounding sexuality made them reluctant to discuss contraception with a doctor and they worried how their request for the pill would be met. Some doctors, approached by women for the pill, refused to prescribe it because they had moral objections to their sexual activity.

Women revealed how using the pill had social significance. Being on the pill was construed as being prepared for sex, and constituted 'unfeminine' behaviour. Pill use was seen as appropriate to long term established relationships where women were having intercourse with an exclusive partner.

Physical and psychological side effects associated with the pill both deterred women from using it altogether or caused them to stop using it. It was found that women often stopped using the pill without consulting their doctor which precluded them being prescribed an alternative brand or discussing alternative methods with a health professional.

We found that women rejected using the pill because of these perceived disadvantages and thus, the principal alternative which was used were condoms. Women found that condoms facilitated keeping their sexual activity secret and they perceived them as being easier to access. However a complex of social norms surrounded condom use which included women's reluctance to buy or carry condoms because this compromised their reputation. The principal impediment to women using condoms effectively was the failure of men to assume contraceptive responsibility. Partners resisted using condoms and evaded using them by placing the responsibility for contraception on women. This required women to initiate and be assertive about condom use which some women found difficult. Negotiation of condom use was often construed by women as 'harping on' and they worried that they might risk the relationship if they insisted on condom use. We found that condoms were used where partners assumed contraceptive responsibility or where women threatened to refuse to have sex unless a condom was used. While other methods of contraception were not very popular older women whose families were completed referred to the difficulty they had accessing sterilisation.

Contraceptive failure occurred where women were poorly informed

about how to effectively use each method of contraception. We found that women were poorly informed about how to manage reduced effectiveness by either using a back-up method or emergency contraception. Where couples were using condoms women were relying on men to use them effectively and to check whether or not they used them effectively was a problem with the condom. Women could only respond to a risk of conception if their partner had told them there had been one.

Our analysis revealed how these constraints on women's effective use of contraception often resulted in pregnancy risk-taking. Women invoked a series of rationales to cope with this resultant risk-taking. They denied or questioned their fertility, justified infrequent risk-taking, progressively took more risks after an incident of risk-taking did not result in pregnancy or deferred responsibility for preventing a pregnancy to their partner.

In many instances women were not empowered to act freely with regard to their sexuality and contraceptive use. Our analysis shows the need to facilitate this empowerment through informing women about their sexuality, fertility and methods of contraception as well as promoting changed social attitudes to female sexuality. The more widespread use of the male condom puts increased responsibility on men not to risk impregnating a woman. Young men need sex education too and male responsibility towards contraception needs to be promoted.

Pathways to Abortion: Counselling in Ireland

Pregnancy counselling: An introduction

Fertility control means that women can contemplate social roles other than motherhood or can decide at what age and stage of their life cycle to have children. However, while such fertility control may be medically possible, in practice, as has been revealed in the study, the majority of pregnancies are not actively planned. While many women have a certain pre-disposition to becoming pregnant equally a proportion of women have unwanted pregnancies to which they respond with shock and often they do not know what to do to deal with them. In her discussion of pregnancy and abortion counselling Cheetham (1977) argues that the distinction between 'wanted' and 'unwanted' is not a very useful one and that pregnancy is often accompanied by varying degrees of enthusiasm. The categorisation of responses to pregnancy in this study empirically supports that claim. In chapter one responses to pregnancy were often best explained in terms of the social context of appropriate patterns of social reproduction. Women who were young and single were more likely to describe their pregnancies as "crisis" ones and it is in this context that pregnancy counselling has become so important.

Many societies want to reduce the number of unwanted pregnancies. In particular they wish to reduce the incidence of pregnancy among teenagers and among 'single women'. Accordingly, single mothers are often criticised as being 'irresponsible', 'spongers of welfare'. One response from women who cannot contemplate an unwanted pregnancy has been abortion. But while this has been a legal option in many European countries, most unwanted pregnancies are probably not aborted. There is some scope therefore for women to respond in different ways to pregnancies initially described as unwanted. Abortion, even in societies where it is legal, evokes very strong opposition. States' legislatures, when introducing abortion legislation, have to take account of

such opposition and the response is to try to keep the abortion rate as low as possible through the provision of pregnancy counselling. It is envisaged that counselling, by making women aware of the alternatives to abortion, might reduce the incidence of abortion. Germany, subsequent to its recent unification, made such pregnancy counselling compulsory prior to having a legal abortion (Outshoorn:1997).

In Ireland, the Government, subsequent to the passing of the Regulation of Information (Services Outside State for Termination of Pregnancies) Act, 1995¹, facilitated pregnancy counselling by grant-aiding a number of counselling agencies. Earlier research suggested that only 10% of Irish women who went to England for abortions received counselling in Ireland prior to their departure (Mahon & Conlon: 1996). If counselling provision was extended, there was a presumption that the incidence of abortion might be reduced. 'Pro-life' groups in particular felt that counselling might help a woman see other options apart from abortion. Legally, the 1995 Act does not permit the advocacy of abortion and so information on all three options must be given in the context of counselling information: adoption, motherhood and abortion. As abortion is illegal and unavailable in Ireland, such counselling cannot be legally enforced or proscribed. However, one of the conditions of the 1995 Act is that information on abortion services in England can only be given in Ireland in the context of non-directive pregnancy counselling. Prior to this legislation the provision of information on abortion was illegal. Non-directive pregnancy counselling provides the woman or couple with the opportunity to discuss their problem with someone they can trust, it enables them to explore the background to their crisis and helps them to consider possible alternatives before them and to choose the course of action with which they will be most comfortable (Cheetham:1977:8).

There are a number of advantages to receiving counselling. Counselling at the point of crisis makes it more likely that women will return more readily for other kinds of help, for example a post-abortion check up. Counselling may also have some moral significance as women are encouraged to think through the implications of their decision. Finally

¹ Hereinafter referred to as the 1995 Act.

many studies have found that women found counselling very helpful (Cheetham 1977).

As was indicated in Chapter One, abortion is predominantly an elective procedure rather than performed as a result of a medical indication. In the UK and the USA this choice is left to the discretion of the woman and her physician. In the US, Landy has argued that abortion counselling was introduced because abortion was too momentous a decision and its psychological consequences too grave for a woman to make without professional help (Landy:1986:33). Writing on medical abortion counselling, Landy says that a woman must be informed of the medical aspects of abortion sufficiently so that she is competent to give informed consent. Some do not need decision-making guidance but rather support and reassurance for the decision that they have made. Others however are very ambivalent as the decision they have to make is a very complex one.

A woman's decision-making in the context of abortion is likely to reflect her general decision-making. Landy (1986) identified four approaches to decision-making, all of which have some disadvantages.

1. The spontaneous approach:

Those who use the spontaneous approach make decisions quickly but they may not have been thought through and so may result in feelings of regret later on.

2. The rational analytical approach:

While the rational analytical approach is a considered one, the decision may take too long and the woman may forget the emotional considerations.

3. The denying/procrastinating approach:

A procrastinating approach may delay a decision to have an abortion until the pregnancy is too advanced and may be medically more difficult.

4. The no-decision-making approach:

The woman who adopts a no-decision-making approach refuses to make a decision herself and allows others to make a decision for her. She may later become an 'angry patient' and have regrets about her decision, as she has not taken responsibility for her decision.

Landy (1986) argues that it is difficult for a counsellor to change a person's approach to decision-making. Instead, they help by increasing awareness and they set a precedent for a responsible adult approach. To do this effectively a counsellor must tell the woman the medical and surgical procedures involved in an abortion. They must offer emotional support. This kind of support is provided by the following: establishing rapport with the patient, being empathetic, listening actively, giving permission to express feelings and being non-judgmental. But there are limits to what can be achieved in counselling. It is not therapy and so will not resolve feelings of conflict which encompass a patient's "entire social, psychological, religious and economic circumstances" (Landy;1986:37). In this chapter the use and non-use of counselling services by Irish women who had abortions in England is examined.

Abortion information in Ireland: Its legal context

Since the 1995 Act, Irish women who seek abortions in England have a choice: they can either access the clinics in England directly themselves or seek information and counselling from Irish pregnancy counselling agencies and GPs. The 1995 Act regulates the provision of information and prohibits direct referral. This means that (1) information can only be given within the context of counselling, consequently information on abortion services available in another country cannot be given out over the telephone; (2) the Act forbids advocacy, and in practice this means that a doctor or agency in Ireland legally may not directly refer a woman to an abortion service provider.

The Act also recognises the right of doctors who are conscientious objectors not to co-operate in the process of helping a woman seek an abortion by not providing her with information. The Irish College of General Practitioners state in relation to this "that where individual GPs have a conscientious objection, the onus lies on others to assist the woman in obtaining the necessary information"². It does not oblige all counselling agencies to provide abortion information within the context of counselling, but it does oblige all to offer information and counselling

² Reference is taken from the ICGP Training Programme and Information for General Practitioners Publication which was adopted by the Council on May 14 1995.

on adoption and motherhood. Since that Act, many women now consult Irish pregnancy counselling agencies and GPs prior to contacting English clinics. However while pregnancy counselling in other countries is related to the provision of abortion as a legal service, in Ireland, it is solely related to the provision of information. In this chapter we focus on women's neglect or use of these services.

Pregnancy counselling agencies

Counselling and pregnancy testing is available in Ireland as part of the General Medical Service or through a pregnancy counselling agency. A number of such agencies advertise in the Golden Pages. They can, it appears, be set up without a licence. Some well known agencies, such as CURA and LIFE, have drop-in pregnancy testing followed by immediate counselling, both free of charge. Both agencies have an open line telephone service and are open during specified hours, where women can drop in without an appointment. They carry out free pregnancy tests, provide free counselling if the woman is pregnant but neither agency will give information on abortion clinics. While many of the public associate CURA and LIFE with pro-life perspectives on abortion, who refuse to give any information on abortion, not all clients know this prior to consulting them. If they require information on abortion, they have to seek this information from other agencies, such as the Irish Family Planning Association (IFPA) and Well Woman. Another agency, Cherish, do not offer a pregnancy testing service but offer counselling free of charge. An appointment is necessary and is usually obtainable within one week of contacting the agency. Cherish provide counselling on all three options but may subsequently re-direct women to other agencies if they wish to have abortions.

Well Woman and the IFPA services are available to a varied extent throughout the country. Like Well Woman (Leeson St. Dublin) and the IFPA (Cathal Brugha St., Dublin) they offer both pregnancy testing and counselling. Both of these agencies are associated with the provision of information on abortion but not all of their clients might be aware of this. Pregnancy tests in Dublin cost £11 at Well Woman and £8 at the IFPA (or £3.50 if the test is carried out in conjunction with a counselling session) and require an appointment. Pregnancy counselling

in Dublin at Well Woman is free of charge while at the IFPA it costs £20, (£23.50 including a pregnancy test). Counselling sessions must be booked and on average need to be arranged one week in advance due to demand. Their services include abortion counselling and the majority of their clients proceed to have abortions. Finally, whatever her source of information, the woman or her agent must make the phone call to book the termination with an abortion service provider in England.

Self-referral to abortion clinics

As mentioned earlier, self-referral to English clinics is possible. However not all women who seek abortions are aware of that. In addition, they do not know the location or telephone numbers of the clinics. The Act does not permit the distribution of unsolicited information on abortion in Ireland. However, the Golden Pages telephone directories include the addresses and telephone numbers of British clinics, as do a number of magazines and newspapers.

Those who do not visit a doctor or a counselling agency get information on abortion from alternative, informal sources such as a magazine, a friend or a telephone directory. When telephoned, the British clinic gives Irish callers information about their services including abortion over the telephone. The latter generally relates to the gestation period they must have reached before an abortion is feasible, what type of operation is necessary according to stage of gestation and how much the operation will cost.

Having received this information, if the woman decides to proceed and have an abortion, she makes a booking. Booking the operation involves matching the woman's timetable — when she can get to England with clinic bookings, flight availability and accommodation. While numbers vary, there are times when women have to wait longer because³ the clinics are busy on the days that Irish women typically travel over. They must also book their airline or boat tickets for the appropriate days. Finally they must book their accommodation. This may also present problems as London is always a busy city and Liverpool is busy in

³ Typically Thursday or Friday or Saturday (when research was in progress).

the football season, so it may be difficult to book bed and breakfast accommodation.

Women who visit Irish based agencies that provide abortion information and counselling, find out about the medical aspects of the operation and clinic locations before they leave Ireland. They are also reassured about the clinics they will attend in terms of their having a good reputation. They then only have to make the actual physical arrangements themselves i.e. making the appointment.

Pathways to an English abortion clinic

From the data collected by interviewing 88 women who were attending an English clinic for an abortion, we have identified three main patterns of counselling pathways taken by Irish women. One woman that was interviewed however is not included in this analysis as she was an Irish woman who had been living in England immediately prior to the termination and was returning to Ireland afterwards, so did not follow a comparable pathway in relation to Irish counselling services.

Group I: direct self-referral

These women refer themselves to British clinics and have no contact with either doctors or pregnancy counselling agencies in Ireland. Twenty-nine women directly referred themselves to English clinics using informal sources of information and availed of no abortion counselling in Ireland.

Group II : Initial contact with doctors in Ireland

Women in this group had initial contact with a doctor in relation to this pregnancy but this produced different outcomes:

Group II: 1): She could not mention abortion to the doctor.

Group II: 2): The doctor assumed the woman would continue with the pregnancy and did not engage in any counselling related to abortion.

Group II: 3): The doctor refused to give the woman information on abortion.

Group II 4): All options including abortion were discussed satisfactorily with the doctor.

Twenty women visited a GP initially, to confirm and/or discuss their pregnancy, some of whom, for a variety of reasons, as will be indicated, did not get any pre-abortion counselling.

Group III: Initial contact with pregnancy counselling agencies in Ireland

The third group contacted a counselling agency but this contact had different outcomes depending on what kind of agency was contacted:

1. CURA and LIFE gave them information and counselling but neither information nor counselling on abortion
2. The IFPA and Well Woman gave information and counselling on all options including abortion.

Twenty-six women initially went to pregnancy counselling agencies, some of whom did not get any pre-abortion counselling.

Breakdown of groups

Within these three main groups, there are variations in precise pathways taken which can be gleaned from the following diagrammatic presentations of these. Overall, the majority of women did not get or avail of counselling routes.⁴

⁴ **Some Terms used;** *Preg*; Refers to the knowledge of the pregnancy.

Informal Source; Where women did not access the information from a doctor or agency (a 'formal source') the alternatives mentioned were newspapers, magazines, telephone books, directory enquiries, friends/siblings in England and friends/siblings who had an abortion before ('informal source').

Friend/Sibling/Partner/Parent At times women invoked help from others to source the information and this is noted using one or more of these titles.

Telephone; As noted above it is illegal to give out information relating to abortion service providers over the telephone. Where women unsuccessfully sought information by telephone this is noted in the diagram as 'Telephone'.

Booking; Refers to the point at which the woman made an appointment with a clinic in England to attend for an abortion. *England*; Refers to the point at which she travelled to England for the abortion.

Pathway 1

Group I: Direct self-referral group (N=29)

- Group I: 1)**
Preg → Newspaper/mag/phonebook → Booking → England
(N=7)
- Group I: 2)**
Preg→ Sibling/friend → Newspaper/magazine/phonebook → Booking → England
(N=5)
- Group I: 3)**
Preg→ Partner → Newspaper/magazine/phonebook → Booking → England
(N=4)
- Group I: 4)**
Preg → Telephone → Newspaper/magazine/phonebook → Booking → England
(N=3)
- Group I: 5)**
Preg→ Sibling/friend abortion before → Booking → England
(N=6)
- Group I: 6)**
Preg→ Sibling/friend in England → Booking → England
(N=3)
- Group I: 7)**
Preg → Telephone → Student Counsellor → Mag/Handbook → Booking → England
(N=1)

Pathway 2

Group II: Initial contact with doctor: (N=20)

- Group II: 1)**
Preg → Dr (test only) → Informal source → Booking → England
(N=6)
- Group II: 2)**
Preg → Dr → Refused Information → Alternative Doctor → Booking → England
(N=2)
- Group II: 3)**
Preg → Regular Doctor → Booking → England
(N= 7)
- Group II: 4)**
Preg → Friend/Parent/Relative → Doctor → Booking → England
(N=5)

Pathway 3

Group III: Initial contact with a counselling agency (N=38)

- Group III: 1)
Preg → Agency → Delay in appointment → Informal source → Booking → England
(N=5)
- Group III: 2)
Preg → Agency → Booking → England
(N=20)
- Group III: 3)
Preg → Doctor → Agency → Booking → England
(N=3)
- Group III: 4)
Preg → Agency 1 → Refused information → Doctor/Informal Source → Booking → England
(N=2)
- Group III: 5)
Preg → Doctor → Refused Information → Agency → Booking → England
(N=3)
- Group III: 6)
Preg → Telephone → Agency → Booking → England
(N=2)
- Group III: 7)
Preg → Doctor → Booking → Financial difficulty/medical check → Agency → England
(N=3)

Summary Table

Pathway	Group	Counselling Pathway	Number
Pathway 1	Group 1	Direct self-referral	29
Pathway 2	Group 2	Initial contact with doctor	20
Pathway 3	Group 3	Initial contact with a counselling agency	38

The encounters with professionals that each of the women in these groups experienced along with the arrangements that needed to be made to actually get to England will be examined through an analysis of their qualitative interviews.

Group I: Direct self referral (N=29)

Women in this group did not make any contact with a doctor or agency in Ireland in relation to either their pregnancy or decision to have an abortion before travelling to England. Instead they made direct contact with a clinic in England subsequent to getting the telephone numbers of clinics from 'informal' information sources. As can be seen from Pathway 1 above, there are some variations between women who followed this pattern. Each of these pathways is explained in more detail later. The interview data reveals why they did not contact any doctor or agency in Ireland. This group has been sub-divided according to seven routes taken to make the booking for the abortion:

- (1) Printed sources of information
- (2) Confidante, then printed source of information
- (3) Partner, then printed source of information
- (4) Agency, then printed source of information
- (5) Confidante who had an abortion
- (6) Contact in England
- (7) Student officer

Group I: 1) Printed sources of information

Preg → Newspaper/magazine/phonebook → Booking → England
(N=6)

The women in this group had accessed the information about abortion and English clinics through an informal source without anybody's help and had booked their appointment without involving anyone else. For example one woman made her booking over the telephone with the clinic whose number she had seen in a women's fashion magazine. She did not discuss her pregnancy with a professional counsellor, a doctor or even a friend or family member in Ireland.

Having made her booking, another woman contacted her sister who lived in England and asked her to arrange an appointment with an Agency 2 clinic there. This was arranged for the day before her appointment with the abortion clinic:

So where did you get your information about this clinic?

I actually rang the international inquiries and I got the phone number for the [Agency 15] and then I rang them and they just gave me the phone number of here, that was it. I didn't go near the [Agency 2] or anything like that.

Why didn't you?

Well I know a girl that went to the [Agency 2], well she rang up the [Agency 2] to ask them and she would have had to go in for counselling, she would have had to pay for counselling. She couldn't afford to do all that before she came over, you know and then have to pay for everything when you came over. So I didn't bother, I just made enquiries.

Have you thought about where you are going to go for your post-abortion check up?

Em, I'll probably either go to the [Agency 2] or the doctor. The more I think about it, I will probably end up going to the doctor, you know.

You sound like you are more comfortable with it.

I went to an [Agency 2] here yesterday though, clinic, and grand. My sister had booked in an appointment to make sure everything was alright.

So you had everything done yesterday as well.

Yeah, I really needed them two examinations [laughing] But I didn't realise that you get all this here. [name] would have realised but I said to her, you know, make an appointment, get everything checked, you know. 'Cos I had only done the home pregnancy test and you know, I wanted to get, just kind of when I was over here anyway I'd do it here.
[Age unavailable, going steady]

One of the women in this group had had a previous termination. At that time she had tried to access information on abortion from agencies in Ireland and was unsuccessful. This was prior to the introduction of the Regulation of Information (Services outside State for Termination of Pregnancies) Act, 1995. She did not perceive the situation to have changed and so made her booking using information obtained from the telephone directory rather than attempting to do so through a professional service.

Group I: 2) Contact With Confidante Then Printed Information

Preg → Sibling/friend → Newspaper/magazine/phonebook → Booking → England

(N=5)

Women in this group had confided in a friend or sibling about being pregnant and together then they sought out the information and made the booking through an informal source. Often in these cases their friend or sibling travelled with them to England for support.

One woman told her sister she was pregnant and together they got the number of an abortion clinic in England from a magazine.

I mean I did not know what I was coming over to or anything, no information what so ever. The only thing I knew was that I had told my sister and I was definite anyway that I was going, I would have gone anywhere I think and em [pause] just find out the number from a magazine.

Is that what you did, yeah. So you did not ring up anybody in Ireland then?

No. My sister is great. She made all the phone calls for me.

She made all the phone calls?

She did, ach I would not have known what to do. If anything was causing a problem. She went over to the shop and rang from there and made all the appointments. So it was all sorted before I knew anything about it.

Yeah, so you did find the phones very helpful?

You know you can ask what you want and nobody is looking at you. She was on the phone and she was asking everything like. She found out I would say in two minutes flat what it would take you a week to find out and to make an appointment and everything.

Yeah

It is much better. I don't think people would really go for counselling, they would much rather do that and come over.

[Aged 22, going steady]

Often helping women find out the information was one element of wider support given by the friend or sibling she confided in as illustrated in the following case.

So are you here with anybody today?

No. I'm all on my own.

Did you choose it to be that way.

Yeah, well like my friend, like all my friends don't know and the girl that I talked to the most, she was working. And she donated some money to help me, so I couldn't ask for anymore. You know, so.

So how did you find out information about this clinic?

I found out by a magazine, which she helped me get like.

Right, do you remember what magazine it was?

I think it was, Cos something, I can't remember.

Oh, what was it, Cosmopolitan or something like that?

Yeah, something like that.

So you just looked around for the information did you?

Yeah, one night, I got, you know, sort of, you know, low and so I told her that this was the only option for me, you know. And she helped me and she rang up the next day and I said that I have some magazines that tell you places where to go and whatever so she helped me and that was grand.

So, you said that she helped you with the money side of things, was the money a problem for you then?

Was a bit, cos I had to try and get as much money as possible within a few weeks. And I only just started a job there a while ago. And they wanted me so I started. But this is sort of like, I have to go over here and not the job so I can get on with my life you know."

So this friend helped you?

Yeah, she's very good. She's one in a million.

[Aged 21, going steady]

Group I: 3) Partner then printed information

Preg→ Partner → Newspaper/magazine/phonebook → Booking → England

(N=4)

Women in this group had told their partner about their pregnancy. Their partner then helped them to access the information and make the booking for the termination. Often in these accounts the woman described how her partner took over all the work of the practical arrangements and leaving her free to concentrate on her decision making. An example of this can be seen in the case of the woman below who was having her second termination.

So how did you make your appointment for today?

Basically my boyfriend did it. He got the numbers from a magazine. He rung through [a clinic] they were fully booked and they recommended here obviously. So he made all the arrangements that way.

Do you know what magazine it was?

Some music magazine, I can't remember the name of it.

He just got that from a local shop did he?

Yes. It was in England though.

So you say that your boyfriend made the appointment for you and actually made the phone call?

Absolutely yes.

So did he do anything else for you, book a flight or that?

No, we booked the flights ourselves and he booked the appointment, he did everything really in connection with the clinic. The clinic, they gave us the number for the bed and breakfast. Then we just rang the bed and breakfast, we were not too sure if we would stay in the bed and breakfast or a hotel, so we decided at the last minute to book the bed and breakfast, considering the money difference as well. So it turned out to be wise. Obviously they know the girls that book into the clinic so they are, I won't say sympathetic, but very kind. So we did that bit, got the flights.

Have you told anybody in Ireland that you are pregnant?

No. Just my boyfriend and my friends.

Did you use any counselling services in Ireland at all?

No.

Was there any reason you did not use any counselling services?

I suppose I did not think I really needed. The decision I'm not saying was made for me, I can still turn around and say no I don't want this. I am strong enough to go back and say with or without you I am having this child. I know I didn't want it, I still have my niggling doubts but I did not feel that I would be down enough to receive counselling. I had been through the experience before and I know the procedure as such, so in that respect I did not have to be educated on the actual operation itself either.

[Age unavailable, going steady]

Altogether three of these women's partners travelled to England with them, while the fourth partner stayed at home to look after the couple's young child.

Group I: 4) Agency then printed information

Preg → Telephoned Irish agencies → Newspaper/magazine/
phonebook → Booking → England

(N=3)

The women in this sub-group had usually made contact with an Irish agency by telephone in an attempt to get information about abortion services. However when they realised that information was not available over the telephone but could only be obtained from an agency in the context of non-directive counselling then they reverted to using an informal source. Two women had telephoned the Agency 2 but did not book a counselling session with them. Both were of the opinion that they did not want counselling and only rang the agency to get information. One of their reactions to the response of the agency over the telephone typifies what both felt about contact with an agency:

So how did you manage to get yourself to this clinic here today?

Well I made two phone calls, one to the [Agency 2] in [location] and I made another phone call to the [Agency 7] in Northern Ireland and basically they can't give out direct counselling, which is ridiculous. They

wanted me to go to [location, as above], counsel me and then they would be willing to part with the information. But basically I wanted telephone numbers. I did not want counselling, my mind was completely made up. I knew exactly where I was going. So I basically went over and bought a 'Marie Claire' magazine. I know that the [Agency 3] and the Northern Ireland one, they only really refer you to [Agency 16], so the standard was pretty good. So I went to [travel agency] and it cost me £96 return to Heathrow. Then after booking my tickets I found out I couldn't get an appointment in the clinic in [location] for that particular weekend so I ended up having to first of all go for a consultation to [area in English city] and then out to book into this guest house for the night and then here this morning.

Because you are so sure, is that why you did not use any counselling services in Ireland at all?

I wanted phone numbers and they couldn't give them to me. The law stipulates that they can only give non-directive counselling. So they cannot give out telephone numbers. They could be caught out by the Pro-Lifers who call up looking for things and then they could find themselves caught up in huge big legal bills.

[Aged 28, cohabiting]

The other woman got the information with which she made her booking from a magazine while the one just discussed got her information from a telephone directory. Both wanted information but did not want counselling.

The other woman in this group told her partner she was pregnant and that she wanted to have an abortion from the outset. They contacted an agency in Ireland to make an appointment for her to see a counsellor there. Meanwhile he got information on abortion clinics in England and made a booking with them. She subsequently decided that she did not want to see a professional counsellor and so did not attend her appointment with the pregnancy counsellor in Ireland. This decision must also be considered in relation to her feelings about a previous experience she had had of counselling

Even though you had [partner] and your friend, would you have liked to talk to someone like an independent, professional counsellor, was that something you would have liked?

Yeah I think so. I was on two minds about that because in the [Agency 2] we had already set up a date for counselling and then when it came

up to it I just felt that I didn't want to. I would wait and do everything together over here, you know. Talk to somebody over here for a few minutes. It was more for the reason, now I have, I can't say anything about the [Agency 2] except I think it's great what it's doing. It's you know, it's really done a lot for women, but you can get information and everything, but I didn't want to go in because I just felt, how could some stranger sit across from me and advise me on something that is so personal to me and also how can I sit there and tell them everything I am feeling. Because at that time I was going through every single possible emotion I could ever think of. And em, it was like one second I was crying, there is no way I am going through with this, the next minute I was like, I have to, this is stupid, I have to. It was everything, I had to do it, I don't want to do it. It was crazy.

You were saying about the counselling and you were saying you didn't really want to go in when you had all these different impressions of you, do you think it was that you didn't want the ambivalence to come through?

I can't actually be certain I don't know why I didn't want to go in. I just know I was sitting there and going through all these emotions. I have a problem with counsellors, not that anything bad ever happened, but the last time I went to a counsellor I was going through a rough time with my panic attacks and she basically recommended me to have a bed and before I knew it I was in the bed overnight. It's like I don't want anybody to see that side of me again. If I'm panicking because it's a fear of mine. I don't want help, I want to get over this myself. It's only basically a fear that I have that somebody is going to see that fear and that panic inside me and I don't want that. And I know if I went to a counsellor and start saying, everything I was thinking then, 'cos I would be so confused to them, I hadn't decided, you know. [Name] was going ahead with the organising but he was saying, 'Don't worry, take your time, if you don't want to do it in the end, we are not doing, fair is fair, we will stop it'. So I was still thinking. I was like pretty confused. So if I had of gone into anyone, I know exactly how I would have acted. And if she had of said anything I would have been down her throat. 'Cos I hadn't thought anything through yet. And em, It was just been, since yesterday basically. The funny thing I talked to my girlfriend and told her what was going to happen and she saw my fear and everything and all she said was you know, don't panic, you are going to be alright. You have to do it, don't worry. It was words of comfort from another woman, from another girl, this to me.

[Aged in thirties, (separated) going steady]

Group I: 5) Confidante who had an abortion previously

Preg→ Sibling/friend abortion before → Booking → England

(N=6)

Women in this group went to another woman that they knew had had an abortion who lived either in England or Ireland in order to get information and to elicit their support. In their accounts it is often clear that they felt safe approaching a woman who had had a termination herself because they assumed they would be understanding and empathise with her. Generally the women they approached were very supportive and provided all the information that was needed.

For example one woman described herself as being completely at a loss as to where to get information until she thought of contacting a friend of hers who had an abortion before.

Nobody at all [knows about the pregnancy and termination]?

No, nobody except a friend that I have here.

Right.

She's living here.

Did she help you get information together or something?

Em, she did yeah. I rang her over here and she got the information for me and I just rang the clinic then and organised the appointment and consultation and just came over then.

When you said not wanting to involve friends, why didn't you want to involve them?

I just didn't want to talk to them about it cause they wouldn't have a clue about it anyway. They wouldn't know numbers, they wouldn't know help lines, like they just wouldn't have a clue. I knew [name], my friends that's living over here, I knew she'd know more about it. So there was no point in talking to anyone at home. Not family anyway, I wasn't going to talk to them, but friends there was no point in telling them. So I rang [name], the friend of mine over here and she just gave me the information and the phone number to ring. Just told me like what happens, she's been through it as well. She told me what happens and how long it takes, gave me quite a good bit of information.

She gave you quite a lot.

Yes she did. She said I could stay with her, you know. She'd talk to me if I needed to talk cause she's been through it so [pause] she's the only person I really needed to talk to anyway.

I had my mind set, I was coming over here and I was going to have the abortion. But how I was going to go about it, that's all I was thinking of, how was I going to get help and get numbers and contact people and get over without anybody knowing, you know. Because I have another child at home. I was just thinking how was I going to."

And when you did the pregnancy test, how many weeks do you think you were then?

Em about eight, about seven or eight.

Right. So the delay from what you said in finding out and being here, was about getting information.

Lack of information, yeah.

Has that been your main problem getting hold of information and knowing where to go to get that information?

Yeah that's right yeah. Well I got it from a friend, in [English city] like. Other than that I probably, I didn't have a clue where to go to get the information. And I couldn't ask anybody. 'Cos that means you would have to tell them why you were looking for the information.

Did you think about phoning anyone, say the [Agency 2] or anything like that?

No I didn't think that they were allowed to give out information. And I didn't like to ring, just in case I got the wrong answer you know. But em, they weren't allowed give out information. I didn't know where to go. I was in such a muddle, lucky I thought of [friend]. I thought of her over here and she's been through it, she was the best alternative. So I rang her and she gave me the number and that was it.

And what about when you go back, have you thought about where you will go for your post-abortion check up?

Em, I'm going to go to the [Agency 3] or the [Agency 2].

And do you feel okay about that?

I do yeah, yeah.

And what about if you needed any counselling, would you know where to go for that?

Em, no. I would ring [friend's name] over here and ask her to have a talk with me if I needed to talk with someone. I would talk to her rather than ring up a help line or whatever. I don't know any anyway for a start. Like if I was depressed or whatever I would ring [friend] up. She's been through it, she'd know like.

Would you rather talk to somebody who has been through it rather than somebody who is a counsellor.

Just at the end of a phone like, you know. And that I don't know anyway. They help people, I do know they help people a great deal like. I know it wouldn't help me like. I wouldn't probably pick up the phone to them in the first place. But if I needed to talk to someone I would ring [friend]. I'm lucky in a sense that she's been through it. Not lucky for her but [pause] I'm lucky that I have someone to talk to.

[Aged 29, going steady]

Group I: 6) Contact in England

Preg → Sibling/friend in England → Booking → England
(N=3)

Women in this group contacted their friends or siblings who were living in England. They knew they could access information on abortion for them, help them with accommodation and find a clinic for them once they got over there. Here one of the women described the process.

I got the tube, then a friend, a friend I'm going to stay with met me at the tube and dropped me here. I will be staying with her then this evening.

Right, that's good, you have somebody here with you.

She was my eyes and ears here. [both laugh]

Have you known her a long while?

O yeah we go way back. She's Irish, she's been living here years.

You said you also contacted a friend here. How did you go about that and what was she saying to you?

She again like anybody I said it to, said don't rush it, think about it. She said she would certainly investigate everything here, you know in [Irish city] you are afraid to open your mouth. I didn't even go to the [Agency

2]. I was actually afraid to go anywhere. Even for a check up. Even last week I was feeling really sick and I began to think that maybe I should be having a check up because I felt so miserable and so sick. I was afraid to go. You don't know who you are talking to and you don't know who you can trust. Who would be open to what you are saying, who would be totally against it. You know when you go into any clinic, it's a mixture of people and views. So I decided not to take the chance. I didn't want to go to my GP either, don't know why.

What kind of relationship did you have with your GP?

Good funnily enough. I just didn't feel, I might actually later, I might actually go to him and have a check up afterwards. You also feel you are putting him on the spot. I mean I would be fairly friendly with him, but you wouldn't like to put people on the spot.

[Aged 39, separated]

For another woman, her sister, with whom she was very close was in England and so she felt she would be in a good position to help her.

So where did you get your information about the clinic?

Well a friend of my sister was here about four years ago and when I rang my sister and told her my predicament she had vague recollection of it so she rang a few places and she found it then.

[Aged 23, single]

Group I: 7) Student officer

Preg → Telephone → Student officer → Mag/handbook → Booking → England

(N=1)

This woman had tried to access information about abortion from agencies over the telephone. When they were unable to provide her with the information by telephone she reverted to contacting her student officer who told her of an information book from which she could get the information and make the appointment herself.

And how did you find out about this particular clinic?

I couldn't get over actually the amount of hassle I went through just to get hold of information. I think that it is absolutely ridiculous, I want that put down (laugh). Now I want that put down it was so ridiculous.

What happened?

I went to so many places. I went to family planning clinic and then I rang the [Agency 4], the [Agency 17], a load of centres in Ireland that were supposed to help women in emergency pregnancies, whatever. They would not give me any information over the phone at all for a start. Which is kind of understandable, but I mean at the end of the day I was trying to find this book called 'Choices' which cost like £5 and I would have spent around £20 on phone calls. I mean just trying to find that book, that was a fiver. That was basically it. I went to, I was going to have to go to a counsellor, a pregnancy counsellor, which I was told was statutory, over there, by the family planning clinic. They had a pregnancy counsellor there and they had arranged that there and that was going to cost me £30. Just for whatever information she gave me and in the end I went to a student officer in [college] and she said, well basically all you need is the book. You do all the phone calls and arrangements for yourself, they don't really do much, you organise it for yourself.

So finally you got the number from the book rather than from any of these centres?

Yeah, if I had known that it was just a matter of getting the book I wouldn't have rang anyone. I would have just rang England and sorted it out for myself. I rang Dublin so many times and this was it, I thought I'll never get it organised. Like it was hanging around my head for like two weeks. And I was the only one doing it as well. By rights it should have only taken me a week you know. It was wasting time and energy and my money as well, you know.

So what happened then?

I rang the number and just said, 'I'm ringing from Ireland, will you give me some information?' I had all the information on the actual process but I er didn't, I wanted to book a bed there basically. And I did that and it was grand you know. I then organised my flights around that. You know, that wasn't a problem, once I had the number, it took me ten minutes.

[Aged 19, going steady]

Why do women choose self-referral?

The above extracts give an idea of the thought processes and access to informal resources used by twenty eight of the sample's women who

chose self-referral to clinics in England rather than going through ‘professional’ sources. Further analysis of the interviews reveals that there are a number of reasons why they do not seek formal counselling in Ireland. They show the reasons women gave for not contacting a formal agency or a doctor for information and/or counselling. Factors which emerge from the data are:

- uncertainty about the legality of such information,
- lack of awareness of the provision of counselling,
- desire to travel quickly,
- doctor was a friend or they did not have a personal GP,
- cost of seeing a doctor or counsellor
- attitude to counselling

These aspects will be considered in turn using an example of just one or two particular women’s experiences to demonstrate their prevalence.

Uncertainty about the law and the legality of abortion information

Some women did not go to a doctor or agency in Ireland because they were not familiar with the legal situation on abortion information and their right to travel. Some women did not contact anybody because they did not think they would get the information they sought. Others were fearful of the response they would get from the ‘professional’ and even of getting into trouble with the authorities for seeking such information and advice. Others were also wary of getting their GP into trouble for asking them for such information. Some were confused in the aftermath of the publicity on the X case, and thought they might be apprehended by authorities.

When you say you were afraid to go, what was that about. What were you frightened of?

Initially you are afraid that people are going to try and stop you. They don’t have the legal right anyway to advise you. So [pause] I would imagine if you asked, you are putting them on the spot. Depends on who you are asking. If you don’t know who you are asking and you

don't know their views, that case of that girl [X case], that plays on all our minds.

[Aged 39, separated]

Did you think about going to your GP?

I thought at the time should I go down , but eh, [pause] then we kind of said, it was me that said, there's no point, I'm pregnant, I'm going over to England, nothing more to it, you know. I didn't know what a doctor could do for me really.

Did you think the doctor might give you information, like telephone numbers?

I didn't know to be honest. It struck me at the time, God we're so ignorant. I think, I was even thinking coming over like, what if we get stopped coming over particular with the bombs. Like yeah we were telling people that we knew we were going over for a match. I said I'm not even sure, that X case where that girl was stopped it. I think you're free to travel, but I wasn't sure, I don't know the law on it at all. It's very underhand still I think.

[Aged 23, single]

Lack of awareness of counselling provision

Some women appeared unaware that there were non-directive counselling services available in Ireland. These women would have liked to have availed of such services before travelling to England but did not know where to find information on where they were or whether they were available or not.

Did you get any counselling at all in Ireland?

No.

Did you feel like you wanted to talk to somebody independent?

Yeah it would have helped I think. Might have put my mind a bit more at ease or something.

What would you have wanted from somebody?

Just be able to talk, I think, that's basically it.

Okay.

You know there is so many people at home that you can't talk about it to, you can't say anything, so em, you're just dying to talk about it. I was, you know, dying to talk about it. But I couldn't. You are kind of

bottling it all up, all the tension, 'cos my friend like was living in Dublin. Couldn't really get one on one, it was through telephone calls and things like that so.

Right. So was there anything that stopped you meeting up with a counsellor?

I don't know.

You didn't know where to go?

No basically.

[Aged 34, separated]

Desire to travel as quickly as possible

Women who terminate their pregnancies tend to make their decision to do so immediately after discovering that they are pregnant and act on it very quickly. For some women in this group the preference for immediate action meant a reluctance to contact any Irish agencies or doctors which might delay them getting to England. One example is in the case where the woman wanted to go to England straight away and so involving a doctor or agency would not be as quick a way of organising an abortion as self-referral.

So you did not ring up anybody in Ireland then?

No.

Or call up anybody then?

No, because I just wanted to go straight away. I am not from Dublin, I am actually from the country and I was not going to go to my local GP who I know and it is hard. I had to get a day off work. Just getting a day off to come over here, I had not got time to even go to the [Agency 2] or anything like that. But it was lucky for me I would not need much counselling, you know the way.

[Aged 22, going steady]

Doctor was a family doctor, a friend or woman did not have a GP

For some the reason for not seeking professional help was because either they had no regular GP or their doctor was a family friend and they were afraid of their family finding out. Also women did not want someone they met on a general basis to know about their intention to have an abortion.

Have you spoken to your GP about it or anything?

No I've not mentioned it.

Right

He's not really, like there's no doctor that I'd er especially go to all the time. I don't really have. He's not really a family doctor. Where I live we're only living there a year or two.

[Aged 18, going steady]

So where did you have your pregnancy test done?

I done a home test {laughs} hum, at home.

Did you go to a GP at all?

No I didn't, no.

Right. Why did you decide not to go to a GP?

He's a family friend, so I decided not to go to him.

So you were worried about somebody finding out or something.

I was yeah. About the family finding out basically that's all.

[Aged 29, going steady]

The cost of attending a GP or a counsellor was prohibitive

For some women self-referral was seen as a preferable option as it did not involve the cost of attending either an agency or GP. With the financial cost of an abortion being an issue these sources of counselling were seen as an addition to an already heavy financial burden.

Well I know a girl that went to the [Agency 2], well she rang up the [Agency 2] to ask them and she would have had to go in for counselling, she would have had to pay for counselling. She couldn't afford to do all that before she came over, you know and then have to pay for everything when you came over. So I didn't bother, I just made inquiries.

[Age unavailable, going steady]

Attitude to counselling

Women gave a number of reasons for not attending counselling *per se*. These attitudes fell into three main categories: (1) 'not at all interested in counselling', (2) 'counselling is not necessary as one gets counselling in the English clinic', and, (3) 'counselling may be directive'.

(1) 'not at all interested in counselling'

The woman below described her attitude to counselling in general as something she would not be interested in but does not negate the possibility that she may need it at a later stage.

Would you have wanted to talk to a counsellor when you were in the process of making the decision, if you had known that the counselling would have been non-directive, would you have wanted to speak to somebody?

No I'm not into that big counselling thing at all. And my sister is a psychologist and she's in to all this, I'm just not into it. And maybe this will have profound repercussions in later life, I don't know but at the moment I don't feel I need counsellors or, at the moment like, but maybe two months down the line it might be different. I don't think, I never felt the need, even when I found out I was pregnant, the whole right to be actually here, I didn't feel the need to see a counsellor.

[Aged 23, single]

(2) 'counselling is not necessary as you receive counselling in the English clinic'.

Counselling by some women was seen in the terms that it was only a legal requirement and therefore the only source of abortion information in Ireland and this information was available elsewhere. Instead they would have adequate counselling in the English clinic once they had arrived there.

Well I mean the thing is like, you get your counselling and everything here so why would they go there, more hassle and then come over here. I mean they just want to come over here, it is as simple as that like. I did not think of going for counselling.

So you think there is no merit to that really do you think?

No I would just think it is just keeping the people quiet for a while, you know, making out that this information is not available. You know, because there is no point to it really. You can get the information here, in magazines and on the phones they will tell you anything you want to know.

[Aged 22, going steady]

(3) 'counselling may be directive'.

Some women held the view that counselling may be directive and that this would influence their decision to have a termination. This worked

in both ways in that they worried that a counsellor may either try and prevent them from having a termination or encourage them to do so.

Was the counselling [with the counsellor in the English clinic] what you expected, or did you think they might try and change your mind?

I did actually I did, I thought they would try and talk me out of it. Try to kind of help me, you know the way in Ireland if you went to an agency or whatever a clinic, they would be thinking of ways to help you keep the baby rather than asking you is this what you want, not to have the baby. I thought I'd be tried to be talked out of it, whatever. And I wasn't, very helpful.

So you were pleasantly surprised, were you?

I was. And I was relieved too because I didn't want to be getting upset and keep on talking about it. The decision I had made when I came over, I knew I was going to have the abortion. I didn't want to start talking about keeping a baby that I didn't want.

[Age and relationship status unavailable]

And what about family planning services, would you want any changes there at all? Have you used those services before?

No.

Is there any reason why you haven't?

I was always sort of scared, you know what I mean. When you say family planning clinic, it sort of feels oooooohhhh (laugh). I don't know, you know.

So what image does that bring up for you?

I don't know it sort of just scares me a little, you know sort of, it's all planned out for you and that kind of thing, you know.

What does it make you think that they would try and take over or something?

Yeah, I would be afraid that they would try and take over and not leave it soon to you to decide, sort of thing. And I don't really like people doing that sort of thing and I don't know if they would really do things like that but, you know, they might be more 60 and I'd be more 50, you know that kind of thing like or they might be more 60 and I'd be 40. You know I would rather be making my own decisions rather than letting someone else be doing it for me.

[Age 21, going steady]

Group II: Initial contact with doctor (N=20)

There were twenty women in this second group who had all approached doctors but with different outcomes in relation to both information and counselling. Since 1995 doctors are entitled to give information to women seeking a termination in the context of full counselling. The Irish Council for General Practitioners (ICGP) has prepared a detailed information book to assist doctors in this. As a source of assistance and help doctors are in a key position, they may have an established relationship with a woman as a regular GP and be the person she contacts when she suspects she is pregnant. Doctors who administer a pregnancy test have access to the woman at the point when the pregnancy is confirmed, which is important given the way women describe the speed of their decision-making. For women who wish to contact a professional about the pregnancy, doctors can be seen as neutral when compared with agencies such as CURA, Well Woman, LIFE or the IFPA, which are perceived as having polarised views on abortion. Women may associate these with being either supportive of or against abortion, while others, as noted in the first section, may even be unaware that such counselling agencies exist.

However, as gleaned from earlier interview comments, women can be unsure of how a doctor will react to a request for information on abortion. This means that some will initially approach their own GP while some will anticipate a negative response from her/him and go to either a 'sympathetic' GP or an unknown GP in the hope of a positive response.

Twenty-six women in our sample had contacted a doctor for a pregnancy test or information and counselling in relation to this pregnancy and abortion. Here we will look at those women whose pathways to England involved contact with a doctor, examine the nature of that contact and the manner in which they evaluated their doctor's role.

There were four main patterns found among Group II:

- (1) Women had a pregnancy test but no discussion of the pregnancy as a crisis one.
- (2) Abortion was mentioned by the patient but the doctor refused to give her information.

- (3) Women consulted their own GPs and got both information and counselling.
- (4) Women consulted other 'sympathetic' GPs and got information and counselling.

Group II: 1) Contact with doctor for pregnancy test but no discussion of abortion

Preg → Dr (test only) → Informal source → Booking → England
(N=6)

The six women in this first sub-group while having their pregnancies confirmed by their doctors did not discuss abortion with them but got information about the clinic from three alternative sources: (1) Student Officer (2), magazines (3) or a friend who had an abortion before and booked the clinic themselves. In the woman below's account she described how finding out she was pregnant was such a shock that she could not take in any more information so she left the doctor thinking she would return for advice. In the meantime however she made up her mind and got the information about the clinic from her student officer and booked an appointment in England.

Well I was supposed to go back [to the doctor] but I ended up getting an appointment here [English clinic] and I had to leave before I went back. Basically she was just going to talk to me about it, I ended up discussing it with my friends and trying to get [an appointment] sooner, I had exams and that coming up so.

So did you go there [to the doctor] for your pregnancy test?

Yeah I did. She just said she would do a pregnancy test just to be safe [as she did not think she was pregnant]. She did one and it turned out positive, I wasn't expecting that at all.

Right. So what happened when you heard the results, what did you, how did you feel about that?

Well I was pretty shocked really more than anything. But didn't believe it, I didn't really think it was happening. She was very good and told me to come back in a few days and she would talk to me about all the options and whatever.

Right, right okay. So she didn't have much time to spend with you at the time she did the pregnancy test?

No, at the time she said that it was pointless bombarding me with information at that time. That I was probably shocked and to come back in a few days and she made another appointment for me.

Right. So what did you do then, what happened after you had the pregnancy test?

Em. I just went back to my friend and told her. Kind of talked about what I'd do or whatever. And then I told my other friend who come with me. And we started getting things organised. I just did it pretty quickly.

And how long ago did you see the doctor?

Em, a week and a half ago.

Okay. So apart from this doctor, did you talk to any counsellors at all in Ireland?

No.

[Aged 22, going steady]

The decision-making was more prolonged for one of the other women in this group. She did a home pregnancy test after about three weeks of missing her period. This was positive and, with her family's backing, she then contacted a friend in England who booked her into an abortion clinic over there. She travelled over but was unsure about terminating the pregnancy and returned home. At this stage she went for a pregnancy test to her own GP who confirmed that she was about 8 weeks pregnant. She had not yet decided what she would do and did not ask him for any counselling or information. The doctor in turn assumed she would have the baby:

I took a test and that was positive, and he just handed me these forms and said to go to the hospital for a scan four weeks after that and then to come back to him.

[Aged 21, single]

She then discussed it with her brother and decided that she did not want to continue with the pregnancy. She got clinic telephone numbers from a magazine and her brother made the appointment:

I got the number from a magazine, at home, I just got it from there, went into the shop and bought the magazine and there it was.

Right and what magazine was that?

I think it was, it was 'IT', I just got it from there, there was a little advertisement with London, Manchester, names of where the clinics were and phone numbers and everything.

So what happened once you got the number, what did you do then?

My brother arranged all that, from [city], 'cos he lives in [city], so he phoned up and made the appointment and everything, so that was grand.
[Aged 21, single]

The reasons women gave for not mentioning abortion when a pregnancy was confirmed are quite complex. The woman below showed the way a number of factors prevented her from bringing up the topic. She was afraid that she would be 'talked out of it' and prevented from having a termination. There was also a general apprehension about mentioning abortion where there were no visible clues that it could be discussed with the particular doctor and of the possible reprisals if she did bring it up.

So when you went to the [Agency 3], did you have any counselling at all there?

No I just asked for a test, that's all. I mean there's not much available. You know, there isn't. I mean like, I was afraid to ring any of the places, to even ask about abortion, cause I thought I'd be talked out of it, whatever. So I didn't even, I know there's places like [Agency 14] and all that, they do after counselling. But I just didn't want to take any risks [pause] I mean, it basically comes down to the person and you know it's their decision. I don't think you know, because there's a few people out there, it's wrong, they should try and persuade you otherwise.

You said before that you didn't actually have any counselling, you went to the [Agency 3]. Was it by choice that you decided you didn't want that?

I don't, there's no em, signs that's it a place that will give you help. No leaflets in the waiting rooms, there's nothing.

Right. So you didn't even know whether it was available.

No I didn't. And I didn't enquire. It's very, coming from a country background, you keep, you think you have to watch your back. You know there's been cases of people getting stopped. I just didn't want to, wanted to get on with it really myself.

So would you want that changed. Would you want [pause]?

This right to information bill that came into Ireland, I haven't, well now coming through the process, I haven't, em, noticed any difference like in the clinics, or you know. I mean, I suppose if you asked for it, but I think there should be more, much more.

[Aged 25, single]

The final case in this sub-group went to a local doctor for her pregnancy test, but given the reaction of the GP she did not feel that the doctor would have been very receptive to a request for information about abortion. She then proceeded to contact a pregnancy counselling agency in Ireland but did not want to wait a week for the next available appointment. She heard by chance that abortion information was available through magazines and so she got information about an English clinic from there. She rang this clinic to find out about abortion and, having got this information, made a second call to them to make her booking.

Where did you get your pregnancy test done?

I got it done at the doctor's. It is a small practice. There are two female doctors. My normal doctor has just gone on holidays for a couple of weeks, so it was either wait for her to come back or go to the other doctor so I decided to go see the other lady which was a big mistake. First of all I told her 'I think I'm pregnant. She said 'you are not!' Did I not think that was a very silly thing to do in this day and age. She did not ask me what I was going to do, give me a letter to go to hospital. I was actually sitting there, I could not believe it. I knew I was, I'm definitely pregnant but wanted to get it verified. I went to [pause] and she had not one bit of sympathy for me, just did not have one bit of sympathy. But in saying that, I had a friend in that situation and her doctor was very good. But it is not a thing you would go to your family doctor for. I would not go to my doctor because he's related, closely related to my father so whatever goes on, it goes straight back to the family.

So she did the pregnancy test.

She did yes.

What happened then?

Then just, you're sitting waiting, she just wrote some notes and I was just looking at her and then she said it was positive. I said 'Oh!' felt a

bit teary and everything. She said 'Well' and gave me an internal examination and said I was seven weeks pregnant at that stage, and I should go and have a scan. Very clinical, this is what you do, get me in get me out. I was in there less than ten minutes altogether. I don't think they are all like that, I just think I was unlucky. And this is a young woman. But I believe in the papers in the last few weeks, the medical association gave the doctors the option to refer people if they wanted. I think people should be referred because they want to, not because the doctor wants to.

So did you use any services apart from your GP that you went to. Did you telephone around or did you speak to any other kind of health services?

I rang the [Agency 3], there was no sign of the [Agency 3] it was the [Agency 2] in Dublin and I asked about, I wanted an abortion, could she give me advice. 'Oh! we don't give advice on the phone you have to come into the office and see a counsellor.' 'When can I see a counsellor? It will be next week'. I said 'I am sorry, but I would like to see a counsellor tomorrow if at all possible'. 'Oh no, no you can't.' 'Fine', I said and hung up. To me it is a lot of hassle to go through. I just wanted to, as soon as I booked it, I booked this not last week but the week before and once I'd done that I could put up with being sick, I could put up with anything because I know I was coming and that was it.

Where did you get the number from?

Well actually, this is quite funny. I was listening to the Gerry Ryan show, Monday to Friday on 2FM. The talk show on the 2FM on the radio.

My mum was actually at the doctor and I was with her and I was waiting for her in the car and I was listening to the radio and this lady came on from Dublin and she just wanted to say that she had an abortion with [Agency 16] in England. About how she had been treated and they made her feel like a person and it was not all, you know the way people go on, they made feel like it was just like an ordinary operation, they made her feel very good. She just wanted to talk about how there is no stigma attached to it and how they made her feel and that was the best decision she ever made. So that is why I rang the clinic and they gave me the information. I don't know if it was the 'Marie Claire' I was flicking through and I saw an advertisement.

So you found the clinic and you just made your appointment by the telephone?

Well I got some information first. Because we were talking about it at

the time. If I go it would be, and this is how much it costs. Then I rang back to book it.

[Aged 26, going steady]

Group II: 2) Doctors refused to give information on abortion

Preg → Dr → Refused information (RI) → Alternative doctor → Booking → England

(N=2)

Women have no way of knowing in advance whether a doctor will give them pregnancy counselling including information on abortion. If they were reluctant to contact their own GP, some women approached doctors who they did not know and were pleased or disappointed with the outcome. The next sub-group are women who were refused information on abortion from doctors they consulted.

One of the two women first made an appointment with a doctor in a family planning clinic. When she realised she could not get information on abortion from that doctor she went to another doctor who refused to give her any information on abortion. She then went to a doctor that she did not know who gave her the information she required.

When you went to the family planning clinic, how was that, how were you treated?

Well I thought that that's the place you go to and I just went in and said to the girl at the desk, I said can I make an appointment to see the doctor and she said what's wrong with you, what's the problem and I just said 'I'm pregnant' and I just want some advice and she said well what do you want advice on, and I had to say there and then what I wanted the advice on and she said 'Oh we don't do that, well have you been to your doctor already'. So I said that I'd just had the pregnancy test done and she said 'Have you been to the doctor?' and I said 'no', and she said 'well you'll just have to go to your own GP and he'll give you the advice' and that was it.

So at that point you left?

I just left and I went straight to the doctor and I made an appointment for her, but I couldn't get an appointment until the following day, so that meant another delay, so I went the next day and she said that it was completely against what she believed in and that she didn't give out information and that she wouldn't have anything to do with such a thing

but it's up to us, nobody will judge us but she wanted nothing to do with it.

So was that conversation fairly quick, then?

Yeah, I was in and out.

So what, you just got up and went then?

I couldn't believe it, I didn't think that she was like that, you know.

What happened then?

Then I went around and [partner] was with me and just wandered around to see some doctor, but we weren't worried at this stage 'cos we didn't really know what we were going to do. At this stage it had happened three times so eventually we went in and [partner] made an appointment with this lady doctor in [city] and I went to her that afternoon, and she was fine.

Did you know her or was she referred to you?

No.

So you just took pot luck?

Yeah.

And what was she like?

She was lovely, she was very young, she took very long and she really listened.

So did she talk through options with you?

Yeah, she said not to worry that it's very early and not to rush it or anything, but I had my mind made up from the start you know, and not to rush into it, and that everything was fine and that it was nothing bad it was just a situation that I was in. And she kind of talked through what they would do and all that and how it related to other non-serious operations.

Okay, so did you feel that you could raise things with her?

Yeah very much so.

So how long did you spend with her?

Only about 15, 20 minutes.

And did she give you several numbers?

No, but she said to come back, but she had a kind of book about it, she said that she'd brought it home with her, like she wasn't prepared for it she said that she brought it home with her, but if I came back she could get me more stuff, she was kind of rooting through her briefcase which she was apologising for, she couldn't find much but eventually she found this one. She said to go directly to this place and that she had information about the British Medical Association which she had and said that she would get it but I would need to come back.

[Aged 22, going steady]

In the case of the other woman the exchange she had with her doctor did not include any reference to the option of abortion. He discussed her choices in relation to just two options, either adoption or continued motherhood, but did not mention abortion. Although this was not a direct refusal to discuss abortion she interpreted it to mean he would do so if asked about the option.

So when you got the result of the test and everything, what did the GP say to you, did he talk to you about it?

He told me I had two options, I could have the baby and keep it or I could have the baby and give it up for adoption. And that they were the only options. And he left it at that. He didn't tell me an awful lot really, or I didn't think he did, I mean, he told me, you're pregnant and then only gave me two options and then said you can have a second opinion if you want, but I'm telling you this now and he left it at that.

So you said that you didn't talk to anyone else about it but did you have any counselling in Ireland or did you ring any counselling agencies?

No. The doctor but that wasn't really because he had left out another option you know. I don't know if there are any services like that for single women, you know. I don't know if there are any or where they'd be.

[Aged 19, going steady]

Group II: 3) Women who consulted their own GPs

Preg → Regular Doctor → Booking → England

(N=7)

These women went to their regular doctors when they suspected or knew they were pregnant. All had been attending the doctor for some time before becoming pregnant and in most cases had been attending

the doctor for contraception including the morning after pill in two cases. Four women were very pleased with the response of their doctor. In these cases the doctor had given them the information they wanted and also support and understanding for the position they were in. In one case the doctor's response was seen as moralistic because she made her opposition to abortion clear and so the woman in this instance did not pursue contact with the doctor after she had received the information. Two others had sought medical information, subsequent to booking an abortion in England.

Of the women who described their doctor's response to their decision as positive, the following woman's experience was typical. She pointed out that the doctor was non-directive in relation to helping her come to her decision. It was important to her that her doctor recommended the clinic so that she would be reassured of its reputation.

So where did you get your information about this clinic?

Em, my doctor at home. He just gave me the number for it and he just gave me a letter to give them here and that was it. I organised it from there.

So did you go over to your doctor for the pregnancy test?

Yeah. Em he's more sort of a friend so it was grand. So, and I came over here.

So your GP you said he was a friend, was he a friend of the family?

Ah he is a friend of the family, he has been our doctor for years. He's, he's well he's not young, but he is open minded so I kind of knew there would be no problem going to him.

Did he chat to you, did he say how do you feel about this and things like that?

Yeah if I was sure of what I wanted to do, you know kind of, not try to change my mind or anything, it was my decision and that was fine. He didn't disagree with it or agree with it or anything.

So did he give you any kind of practical information?

Yeah just to the limit of what he would know kind of. He knew it didn't take long and kind of knew more or less the cost of it. He knew obviously that it would be a weekend but nothing more about it. He just told me the bare essentials.

So I mean did you find it helpful that he was sympathetic?

Yeah I did cause I wouldn't have known where to contact, you know, how to get here or whatever so. At least with him I knew that the number that he had given me was somewhere good. I did not have to go looking myself. If I had to go look myself I wouldn't have known or recognised if it was good.

And what about when you made the call, how were you feeling?

Horrible {laughs}. I wanted to get the phone call over. I went to a phone box, you know, after the first move you make you don't feel so bad. Once you've that over it's not too bad.

So did you just see your GP once or did you go back to him and chat to him a bit more?

No just the once. He gave me the phone number and that.

[Aged 23, going steady]

Neither of the next two women in this group needed to consult their GPs for abortion information, but sought their medical advice. The first woman contacted her GP for a pregnancy test but then went on to make the English clinic booking with information she had received from an informal source. She described how her GP had been very helpful in her decision-making and in preparing her in full for what abortion involved.

So you have already had a conversation with your GP about [post-operation check-up]. What kind of things was he saying to you?

He would be there for me if I ever wanted to talk, morning, noon or night and if I wanted to talk to someone other than him, he would get an outsider to come in who did not know me and he would sit and listen.

That sounds great. Apart from contact with your GP, did you have contact with any other kind of services in Ireland.

No.

Family planning clinics, counselling?

No.

Have you had any counselling here at all?

Just downstairs today [in the English clinic]. My GP at home has told me everything I should know.

So you feel very prepared.

Yes

[Aged 20, going steady]

The second woman had made her booking in England before going to her doctor for a check-up because of a problem in relation to her womb which she had been made aware of before by her doctor. She told the doctor of her decision and the doctor also gave her information on agencies in England.

So how did you organise getting over here? You're from [city] is it?

From [city] yeah. Well my friend's sister had an abortion already, last year sometime. She had the number of the [pause], I don't know whatever it was.

These people here?

Yeah. The number in London, it was the general number. They asked me where I wanted to go. This is nearer to [my partner] and it was handier for me to come over. They just gave me the number here and I just made the appointment, that was all.

So did you go to any agency, you just rang directly, you didn't go to?

I went to my own doctor, at home. I mean I knew, I took a test myself, so I needn't. But I just went to confirm it and see that everything was okay. So em, the only real reason I went to here was because a number of years ago, my own GP told me I had a tilted womb or something like this and I might have problems. She told me everything was fine and she also gave me a number in the strictest of confidence, destroy that after you use it sort of thing.

Right the doctor that you went to for the test?

Yeah, you know. I already had the appointment made anyway. I just went to my doctor. I did not contact anybody when I knew I was coming over here. I felt if I wanted to talk just talk to [friend].

The woman who's had the termination?

Well her sister had it but she came over with her.

[Aged 21, going steady]

Another woman found her doctor resistant to the idea of abortion and while she got the information from her she felt that the doctor ought not have been directive towards her in relation to her decision.

And where did you get your information about the clinic?

The doctor gave me the information.

So what happened there, did you go in for your pregnancy test or something?

I took the morning-after-pill, with the doctor. I really couldn't believe that I was pregnant after going through all that. She [doctor] was kind of "O my God, I'm so sorry, you must be very very fertile" blah blah blah. She said have you made a decision and I said I had I want a termination. She said take a while to think about it. She wanted me to see the counsellor as well. So I made an appointment to see the counsellor, went back. It was weird after about a week she was really coming out with this moralistic stuff. "Oh the poor little baby, it didn't make this choice".

Was that the counsellor?

No the doctor. I was like, 'Ah wait a minute, you are not supposed to be advising me in either direction'. Like I went to visit her three times. Each time it was all the same, 'Well your family are very supportive here. It's possible, girls have done it in worse positions than you. You have to think about, it's not just you that makes this decision' etc. etc. She was not listening to the fact that I don't want the child. I am not interested in having a child at this stage of my life. And em, so I decided not to go back and made the appointment to come here.

She actually gave you the number.

She did give me the information but it wound up that way. I very much felt like it she was giving me the information, if you want to go ahead with that choice, then you do it on your own. If you want to go ahead with keeping it then, I'm here to support you kind of.

You went to her three times, why did you go back three times?

She kept on asking me to come back a week later and a week later and a week later. Basically I just felt that she was waiting for me to change my mind.

[Aged 26, cohabiting]

Group II: 4) Found an empathetic GP who discussed all the options

Preg → Friend/parent/relative → Doctor → Booking → England
(N=5)

This group of five women told a parent or friend that they were pregnant and they then helped them to choose a sympathetic GP. The first case here is of a woman who did not suspect that she was pregnant when she contacted the doctor to whom she had been referred by her sister. She had been feeling unwell and had gone to her own GP previous to this. He had made no diagnosis and so her sister recommended she attend this doctor for a second opinion. It was this doctor who suggested a pregnancy test which turned out positive, she told her to come back the next day for counselling and any information she wanted, which she did.

And where did you get your information about this clinic?

GP. I actually was going to the GP for something totally different, unaware that I was pregnant at all. Especially as far gone as I was told. But em, went to the GP and she just looked at me, knew straight off, not a bother. She did three different tests to convince me. So eventually I came around to her way of thinking and believed her. And I had to go home. She made me promise to come back to her the next day, you know to talk about things. I needed a check up and stuff and everything like that. I went back to her the next day. I didn't want a child, no way. Like I can barely look after myself never mind an infant. So em, she said, she gave me all the information that I wanted. But didn't phone, didn't do anything for me. Said that I had to do it myself. I didn't mind doing it myself anyway. But em, it was grand, I didn't mind, once I had the information. I mean she gave me everything that I wanted to know. And when I phoned here, they are absolutely lovely here. They couldn't have done any more, especially when you get here. Lovely people.
[Aged 24, going steady]

In two cases the women both told their mothers who then brought them to their local doctor. Both had very open relationships with their mothers and felt they could tell them about the pregnancy. In both cases their mothers helped them ring and make the clinic bookings.

Where did you get your information about this clinic?

Em, I went to my doctor, he's, well he wasn't really, you know, but he

just gave us names and we had to find out everything for ourselves. You are not allowed to get any information apart from a number.

So you just went to your GP, what did you have a pregnancy test done?

Yeah and then he talked it all through with me, everything. But em, all he could do was give a phone number.

He just gave you the phone number, what did you do after that?

Well I really didn't do much. Mum rang around everywhere, she was ringing and ringing and ringing, trying to find out as much as possible.

When you went to the GP, did you just go to the GP once, or did you go back and have another chat with him.

I went to him once. He arranged an appointment so I could be the last, I was there for about an hour. When I go home at the end of the week, I'm going back to him again.

What is that, so you can have a check up or a chat or [pause]?

Both, probably both.

And are you happy about going back to that GP and having a check up and stuff?

Yeah, he's been my doctor for years so, very comfortable with him.

[Aged 17, single]

Another woman was referred to the doctor she went to by a friend who is a nurse. She knew this friend had referred other women who wanted an abortion to him before and also knew he was sympathetic to women who sought information on abortion. She went to him twice which involved lengthy discussions.

So this friend that gave you the information, had she been in a similar situation?

No, she's a nurse who had a lot of information about how to go about it. What doctor would be good to contact in [city]. And I contacted that doctor and he gave me the number of this place and I rang it.

So you actually went to the GP.

Em.

That was good. That was a different GP to the one you would normally use.

Yeah I didn't go to my normal GP. I just didn't know what their attitude

would be. Although they are very nice and very good, but I still wasn't sure how they would react so I went to this man, he's terrific.

And what about when you went back to the GP the second time, why did you go back to the GP?

Em, I went back the second time, em, when I went away he said, you know, let me know if you've made up your mind, don't be rushing into it. And I rang him and he said call in if you like, So he just lives very close to me so I called in and had a chat and that was really all. He's a very sympathetic guy.

You know, you said he was sympathetic and everything. Did you feel that you could raise everything you wanted with him?

Oh yeah, yeah. Amazing character, really interesting. And em, he could talk about anything. I spent the first day an hour and a half with him talking about, he wasn't busy, a lot of people had been there before me like. I was waiting a long time but then when I went in he didn't have anybody after me so I was talking to him for a long time.

[Aged 40, cohabiting]

While another got the information about the clinic with whom she booked the abortion through an acquaintance who had had an abortion before, she did have a lot of contact with a GP. She sought out this GP as someone who might be sympathetic to her situation. The GP counselled her and also dealt with any sickness she had during the pregnancy. Her GP referred her to a pregnancy counselling agency in Dublin but given difficulties with cost, access and delay in getting to the agency she did not follow through this contact.

So where did you find out about this clinic?

Em I found out through [name], one of my friends up in Dublin. She had a friend last year [who had a termination]. So it was through [friend] that I got the information about this place. Took about two weeks altogether trying to gather all the information and make the booking and everything.

It was too difficult for you to even think about making an appointment [for counselling]?

Yeah. That really annoyed me, it's so hard. It's okay if you are in bigger cities.

How far away would [your town] be from [city], how long would it take you?

It would be about three and half hours by bus.

Right, long journey.

Yeah. So that kind of annoyed me.

When you saw the doctor, did she talk to you at all about what you were going to do, your options, did she go through any of that with you?

She did yeah. When I went, I used to go to a different doctor, another family doctor, I didn't want to go to him, 'cos, he's okay like, but he knows my mother and father really well and all this type of stuff. So I went to, found out this other doctor, that I had heard that she was good, really nice, I went to her. She was really really nice. She just said, when I went in first she did the pregnancy test and said 'Do you know what you want to do' and I said 'I've decided to go for an abortion'. I said that I had thought about adoption and having the baby. She just said, she didn't really say much 'If that's what you want to do, fine'. She gave me the number of the [Agency 3] up in [city]. And said any time I wanted to go back, just come back to her. I did go back to her a few times.

So did you get a chance to talk, how many times did you go back?

Four or five times.

Right, okay, so did you feel like you could really talk to her?

Yeah. She said to come back to her after I had the operation, so I will go back. She was really nice. She said 'If you ever want to talk, you know where I am'. She was very young. She is really really nice.

[Aged 18, going steady]

An interesting aspect of her account is that she was initially told by the agency in England that she would need a scan before going for the operation. When her doctor tried to arrange this for her she found it to be impossible through the General Medical Service. However when they called the clinic again they told her a scan was not necessary. This highlights the issue of how telephone contact with the clinics directly can lead to misunderstandings for some women which may result in a delay in her having a termination.

I went back again cause when I rang here, [partner] rang, it was the [Agency 16] places in London itself, there was a woman on the phone and she said I had to have a scan before I went over to England. So I went back to [GP] and said I needed a scan. She tried to organise it. She rang the local hospital and they had no, you had to go here, you had to go there. The pre-natal clinic wouldn't give me a scan cause I was coming over here. They said the only way they would give me a scan was if I had really bad pain, or was bleeding or if I was sixteen weeks or over. Any other thing, they wouldn't give me a scan.

So when you came here, was it a problem that you hadn't had a scan?

No 'cos we rang back, that was the week and [partner] rang the next week and he said we can't get a scan and a woman, said 'What do you mean need a scan, no, no we provide the scans over here'. We had actually wasted a whole week over here.

Sounds like a real pain.

Yeah, 'cos [partner] rang up to actually make the appointment and they said no you need a scan before you come over. I told him the exact date, about nine or ten weeks. Your one said we need exact information as to how long you are. You have to go for a scan over in Ireland. He came back to me, I went to the doctor, she tried to arrange for it and couldn't. Then I went back and told him and he rang them to say we couldn't get a scan and they said 'Oh you don't need a scan we give it to you over here'. So that was kind of tricky.

[Aged 18, going steady]

Patients' experiences of doctor's role in providing information and counselling on abortion

Women in Group II saw doctors as a very important source of medical diagnosis, information and counselling in relation to this pregnancy, however their expectations of a positive interaction with a doctor in relation to this issue were not always met. The introduction of pregnancy counselling agencies has to a certain extent distracted attention from GPs as alternative counselling sources. While the ICGP has introduced an advisory booklet for GPs, many women still do not know which doctors offer full non-directive pregnancy counselling especially in relation to information on abortion. While women were more inclined to seek advice from a doctor than from any other professional,

the outcomes of such encounters were unpredictable. Given the speed with which women who are contemplating an abortion act, not being able to introduce abortion as part of a clinical doctor/patient exchange was problematic for them. Others found the absence of non-directive counselling difficult to cope with. In this group of women who attended a GP in relation to this pregnancy a number of specific issues arose in relation to women's perceptions of the role their doctor played and the issues surrounding their interaction with him/her in relation to this pregnancy and the women's choice to terminate the pregnancy.

- Choice of seeing a doctor rather than a counselling agency as a result of:
 - (a) locality of GPs
 - (b) unaware of counselling agencies
 - (c) Women who did not want counselling *per se*.
- Women were unsure of their doctor's attitude toward abortion and providing information/counselling on it.
- Confidentiality, issue of doctor being known by family and worry of family finding out
- Making decision before seeing doctor
- Doctor's recommendation meant that they were sure of reputation of clinic

A GP preferable to a pregnancy counselling agency

Some women found it preferable to attend either their GP or another GP they did not know to talk about this pregnancy rather than a pregnancy counselling agency. For these women their reasons fell into three main categories: (a) Proximity of GP services; (b) Lack of knowledge about existence of pregnancy counselling services; (c) A desire to avoid counselling *per se*.

(a) Proximity of GP services:

Women who lived outside the country's main cities sometimes saw themselves as restricted in the services available to them. There was no local agency and to have contacted a counselling service would have meant travelling to a city. This extra cost as well as the delay in getting

appointments proved to be prohibitive factors. As a result GP services were seen as the only option open to them. For example a woman who had attended her doctor in relation to the pregnancy had been advised to contact one of these agencies as part of the doctor's non-directive counselling. However, as mentioned before, geographic location prevented this.

I went to my GP and I told her and she said have you got the telephone number for the [Agency 2] in Dublin and I said no and she gave me that. I rang them and [friend] went to them as well, my friend up in Dublin and she said 'we can't give any information over the counter or by telephone, you have to come up and make an appointment and have an interview' and that would take a week for the interview. I couldn't do that 'cos I am in [] and I already had taken enough days and got a written letter home and all this kind of stuff saying I can't miss anymore days to go up to Dublin. I work at the weekends so I had no time.

It was too difficult for you to even think about making an appointment?

Yeah. That really annoyed me, it's so hard. It's okay if you are in bigger cities.

[Aged 18, going steady]

Well I mean they [counsellors] couldn't have [changed my mind] I wouldn't have. As far as I was concerned it was my problem. [pause] I couldn't even have anything to support the child so. I kind of knew all that so that is why I didn't bother. Then you would have to go to Dublin [for counselling] and more hassle. I couldn't have got it at home.
[Aged 23, going steady]

(b) Lack of knowledge about existence of pregnancy counselling services:

Like women in Group I some women in this group were unaware of the availability of pregnancy counselling. Two women were both unaware of counselling agencies in Ireland. One appeared to think that counselling was only available to her once she had arrived at the clinic in England rather than prior to travelling.

Did you ever feel that you would want more services in place that weren't there or did you feel that you had enough people?

No it's not really like that. You have to come over here [English clinic] to get counselling like, you know. They should have someone at home,

back in Ireland that type of thing. To travel over here to get counselling is ridiculous really.

[Aged 21, going steady]

(c) A wish to avoid counselling per se.

Amongst those who contacted doctors and talked about abortion with them were women who said that they did not want to go to a counselling agency. Three of them preferred to talk to their doctor, family, friends or partner rather than a pregnancy counsellor. They saw no benefits in attending pregnancy counselling per se but did still attend their doctors in relation to the pregnancy. Another woman felt she did not need counselling and another was uncomfortable with the idea of counselling understood as something supplied by someone other than a doctor, and felt the less she thought about her decision the better:

So did you have any counselling at all in Ireland?

No. [] I didn't want it [laughs]

Why didn't you want it?

I don't know, I knew none of them would change my mind for me but I just would not feel comfortable with it. The less I thought about it the better you know.

Right. What was it were you afraid that they were going to try and persuade you against it?

Well I mean they couldn't have I wouldn't have. As far as I was concerned it was my problem. [pause] I couldn't even have anything to support the child so. I kind of knew all that so that is why I didn't bother. Then you would have to go to Dublin and more hassle. I couldn't have got it at home.

[Aged 23, going steady]

Unsure of doctor's attitude to abortion

Even though provision has been made since 1995 for doctors to provide information for women on abortion in the context of non-directive counselling that involves discussion of all options many women did not know their particular doctor's attitude toward abortion. Most were aware that legally the information was available to them but not of the doctor's position. This meant that women varied in their decision to tell their GP both about the pregnancy and their decision to terminate

it. As was seen above, some put off telling their doctor about their decision until a visit subsequent to that in which the pregnancy was confirmed. Others decided to seek information from a doctor other than their own GP. As doctors did not have any visible signs such as leaflets in their surgery to give an idea of their views on the issue women often appeared to feel that they were taking a gamble with whether or not the doctor would be receptive to their request. This apprehension was not unfounded, with women having a variety of experiences with their GP ranging from support to a refusal to help.

You said before that you didn't actually have any counselling, you went to the [Agency 3]. Was it by choice that you decided you didn't want that?

I don't, there's no em, signs that's it a place that will give you help. No leaflets in the waiting rooms, there's nothing.

Right. So you didn't even know whether it was available.

No I didn't. And I didn't enquire. It's very, coming from a country background, you keep, you think you have to watch your back. You know there's been cases of people getting stopped. I just didn't want to, wanted to get on with it really myself.

[Aged 25, single]

Yeah I didn't go to my normal GP. I just didn't know what their attitude would be. Although they are very nice and very good, but I still wasn't sure how they would react so I went to this man, he's terrific.

[Aged 40, cohabiting]

Twelve of the 26 women found that the first doctor they approached for counselling and information was understanding and helpful to them in their crisis. For six of these the doctor contacted was their own GP so they did not have to resort to other agencies or doctors they did not know. It is obvious from some of their accounts that these GPs gave women a lot of support and empathy and played a major role in helping them deal with their crisis pregnancy.

Yeah. Well I changed GP because the last one when I was pregnant the first time, "well how old are you" and he was kind of, I felt he didn't approve and I don't feel he [pause] so I changed my GP. This GP is very good. Maybe it's, well he's qualified in obstetrics. He is probably more open minded that's all.

So what was his response what did he say to you?

Dr [name], he gave me a hug and he said it's a little bit worse then getting your tooth out but that's okay. If you have any problems come back. I really felt that he felt for me. There's nothing like this, to go and talk to, often that's not the case at all and they should know it.

[Aged 21, single]

In comparison to this example of a positive experience were women who were refused the information they needed by their doctor. Two of the women did not feel their doctor had treated them as they expected when they sought counselling and information. One of these felt her regular doctor had been very directive about how she should deal with the pregnancy and would only support her in going ahead with the pregnancy. While the other initially was refused information in a family planning clinic and by her doctor before she attended a GP who gave her the counselling and information she sought. This meant that she made contact with three professionals before finding out the information she needed highlighting the fact that a lack of information will not deter women from going through a decision to have a termination but will mean they will draw on all the sources available to them both formal and informal.

I just left and I went straight to the [] doctor and I made an appointment for her, but I couldn't get an appointment until the following day, so that meant another delay, so I went the next day and she said that it was completely against what she believed in and that she didn't give out information and that she wouldn't have anything to do with such a thing but it's up to us, nobody will judge us but she wanted nothing to do with it.

[Aged 22, going steady]

Doctor was a friend of the family

Similar to the women in Group I the issue of the personal relationship a woman and her family had with their GP influenced her decision to tell him/her due to a doubt in the level of confidentiality that would be maintained. Women whose family knew the relevant GP well were reluctant to go to him/her for advice as they were concerned about

their family finding out about the pregnancy and subsequent termination. Although this meant for women in Group I that they used informal sources of information instead these women still pursued the pathway of attending a professional and went to a GP they did not know.

When I went, I used to go to a different doctor, another family doctor, I didn't want to go to him, 'cos, he's okay like, but he knows my mother and father really well and all this type of stuff.

[Aged 18, going steady]

Oh no, I wouldn't go to my GP 'cos he knows the whole family and I'd be too scared that he would say something, or that he would think that he would change his opinion about me.

[Aged 24, single]

But it is not a thing you would go to your family doctor for. I would not go to my doctor because he's related, closely related to my father so whatever goes on, it goes straight back to the family.

[Aged 26, going steady]

Women made their decision before attending their doctor

As noted above information and counselling on abortion can only be given in the context of information on all of the options open to a woman to resolve her crisis pregnancy. However the tendency of a large proportion of the women interviewed was to make a decision about abortion first and then seek out a doctor to help them in its implementation. They did not seek professional assistance at the decision-making stage. As was seen above some women did not tell their doctor about their decision until a visit subsequent to the confirmation of the pregnancy test and prior to any counselling encounter with him/her. Also it was seen that when women were refused information on the option of abortion they pursued this pathway finding out the information they needed from an alternative source. The accounts of women therefore indicate that for many in this group the non-directive element of counselling was superfluous.

She just said, when I went in first she did the pregnancy test and said 'do you know what you want to do?' and I said 'I've decided to go for an abortion'. I said that I had thought about adoption and having the baby. She just said, she didn't really say much, 'if that's what you want to do, fine'.

[Aged 18, going steady]

The case below was slightly different in that her doctor went through her options with her straight after telling her she was pregnant. However at this stage the counselling was redundant as she was in such shock. She made her decision quickly and despite her doctor's attempts to bring her through all the options in a counselling medium she made her own decision without the doctor but used her to facilitate her decision.

So when she [doctor] told you, what did you do, what did you think?

Gob smacked and tears and tears and tears.[] The doctor was there and she was talking to me and I just said I want to go home. The only place I wanted to go was home. To get my head and stuff around it. So when I went home and sat down. The doctor had been talking to my sister like. I was sitting there looking, I couldn't remember a thing she was saying. She was telling my sister about my options and that my options were adoption, and all that sort of stuff. I knew in my heart and soul, no way. I couldn't not adopt, I could not give it up for adoption. After going through having it, there is no way. I knew it would be impossible for me to keep it, because I wouldn't be able for a child. It was the only other alternative.

[Aged 24, going steady]

Another interesting dimension to this is in the example below that was also apparent in another woman's interview. She did not want to attend counselling per se in case they changed her mind. However, she accepted her doctor going through the options no matter how redundant this was. She saw the doctor as not playing the role of a counsellor but rather that this discussion was a part of the doctor-patient interaction.

Do you feel that you would have wanted to talk it through with an independent person at all?

No, I am sure, it would have been a waste of everyone's time. They would have tried to talk me out of it and everything, and I just want to get this over with and get back to normal, you know, forget the whole thing.

Did you know anyone you could've contacted?

No not really, I know that Well Woman offer counselling but I'm not, I don't know what they offer. I know you have to be careful because some of these places are anti-abortion and then you're, and that can cause problems, you know.

Did she [doctor] talk through all the options with you?

Like I said, I was shocked but I knew pretty much straight off what I wanted, she did talk about other options like adoption and the like but it wasn't realistic and wasn't taken seriously by either of us, she knew what I wanted, we were er, just going through it like, you know, it wasn't really.

[Age unknown, going steady (is not pregnant by long term partner)]

However, the timing of counselling is also problematic. If a woman is in shock, she is not likely to be receptive to counselling, and when she has recovered may not return for counselling.

Reputation of the English clinic

By getting information from their GP at least one woman specifically mentioned that this meant she could be assured of its reputation. If she were to find out about clinics herself she would not be sure if they were reputable however with a doctor's recommendation this worry was avoided.

At least with him I knew that the number that he had give me was somewhere good. I did not have to go looking myself. If I had to go look myself I wouldn't have known or recognised if it was good.

[Aged 23, going steady]

Group III: Contact with pregnancy counselling agencies N=36

In chapter one we noted the under-utilisation of pregnancy counselling services. In our sample of women who had abortions we had 24 women who initially contacted Irish pregnancy counselling agencies.

A further 10 contacted them through a series of referrals subsequent to initial contact with other professionals. Six contacted a pregnancy counselling agency after they had got incomplete access to information and counselling from a GP, for reasons outlined in last section. Two were referred from other emergency help agencies such as the Agency 5, or student welfare officers while two were referred to Irish agencies subsequent to making a booking with an English clinic, one for financial help and one for counselling. In the last series of interviews the practice

of attending an agency had become a more dominant practice. The context in which women attend them however is complex. Rather than attending for the purpose of counselling per se, as will be seen below, most women's primary motivation for attending the various clinics was in order to get information about abortion to facilitate a decision they had often already made.

Group III: 1) Initial self-referral to agency but counselling not pursued

Preg → Agency → Delay in appointment → Informal source → Booking → England

(N=5)

Five women had telephoned an agency to make an appointment but found that they would have to wait at least a week for an appointment. The cost of a consultation with the agency was also an issue in some cases. They decided then to revert to informal sources of information and make their booking without prior counselling. The woman's description below was typical of that of another two women in this group. From their accounts it seemed that the primary motivation for these women to get in contact with an agency was to get information. When this was not available without the prolonged process of making an appointment and attending counselling they did not want to delay making the trip to England just to avail of counselling in Ireland.

So how did you get hold of information about this clinic?

I lived in London before, I have a friend here and she's had two abortions over here with [Agency 16 in London]. I think one was here anyway and she told me it was very good. I rang her and she told me, whatever. I rang the [Agency 2] in [city] and they said they couldn't give information out over the phone but you could go for counselling and they would give you information, but there was a two week waiting list for counselling. The [Agency 3] then said I could come in for counselling and said they it was twenty five pounds for counselling. Basically all they could tell me was what my options were and I knew what they were. So I then contacted my friend and I knew where to come, so I thought it was a waste of money. Which I couldn't afford, you know. My friend was a good source and I could rely on her. She is a quality individual so anything she would recommend.

So you did try those other avenues as well.

Well I did. I just kind of felt, well I rang and over the phone, I found, well the [Agency 2] were very little help for me really. When I rang and I said I wanted to go for counselling, whatever. There was a two-week waiting list, that was it, there was no more. I said listen I don't have two weeks and she said well there's nothing I can do, that was it, she didn't even say you could try somewhere else. I thought it was really unhelpful, I think quite unprofessional as well. I didn't know you couldn't get information on the phone. One of the receptionists slyly told me to look up the Golden Pages. She said I don't know what's in there, but she obviously did because I found the name as well. Then I contacted my friend.

[Aged 24, single]

The fourth woman contacted an agency in an attempt to get financial help to have an abortion. She had difficulty raising money to cover the cost of both the operation and travel so before booking the appointment in England, she contacted an agency to see if they could help her financially. When they told her they could give her counselling and information but no financial assistance she did not pursue contact with them. Instead she telephoned the clinic in England directly and made her booking without having any consultation with an Irish doctor or agency:

And who did you contact, did you contact anybody in Ireland?

I did. I didn't bother going to them cause that was more money.

Who were they?

Em, it is some pregnancy advisor, couldn't honestly [pause]

Oh the northern one, [Agency 10], is that the one?

Aye something like that. I didn't bother going to see her, cause I would have to travel to [city] to see her. So I just phoned these up and arranged it with these and they said come on over.

And that's basically what you did?

Yeah. I had no help. Then I tried to ring folk, em, I rang that pregnancy thing [Agency 10], you know that puts you through tests. And even she said 'Oh sorry I can only help you to arrange, but I couldn't help you

to get an abortion free' and I went Well I'm sure there is some way of doing that'.

[Aged 31, single]

Group III: 2) Contacted pregnancy counselling agency and were counselled

Preg → Agency → Booking → England

(N=20)

This group of twenty women went to a pregnancy counselling service initially, when they found out they were pregnant. They all made appointments, were counselled and got the information they used to make the booking from them. Of these, two had attended the agency for contraception. Others were referred there by a friend or went to that agency as a result of seeing advertisements for their service or found them in the Golden Pages. Eight of the women were from Dublin and went to an agency based there, one woman went to a Limerick-based agency which was local to her. Two women travelled long journeys to Dublin to visit the agency.

One of the women contacted the Agency 2 initially for information alone but went on to have counselling there.

And when you first contacted the [Agency 2], did you phone through or did you just turn up?

No, I arrived down to ask her for leaflets. Cos I was going to do the whole thing on my own, and I couldn't afford to in the end. And she didn't have any leaflets on abortion. And the woman asked me what did I want and I told her and she said well come in and talk to the counsellor and if you're definite then I'll make an arrangement like. But they can't actually arrange it for you. They can only give you the information cos it's illegal otherwise.

[Aged 17, single]

Another knew that the Agency 3 was where her friend who had had an abortion obtained information and so made an appointment there.

So you went to the [Agency 3] and they did this and gave you all the information about coming here and everything, and that was only a couple of weeks ago?

I had the test done two weeks ago. This week on Tuesday I went in and she was counselling me for about half hour. Telling me exactly what

was involved. Very helpful like. You don't realise how simple it is to get the information, to actually get over here, do it and have the whole procedure done with. I mean this is Ireland like you know, I didn't expect to get the information quite as handy. But they are very matter-of-fact about it.

Did you know that they gave out information before you actually approached them?

Well I knew that, a girl I used to know, [pause] did have an abortion. She went there in the first off and they sorted it all out. That is exactly what I was hoping they would do. I just went there. I hadn't seen much leaflets on the whole place, but I've known it's always been there.

[Aged 22, going steady]

This other woman had been attending the agency she contacted for contraception prior to going for pregnancy counselling. She had found them helpful and accommodating in relation to contraception and so felt comfortable attending them in relation to this pregnancy.

How I got here is that I went to the [Agency 3], they're based in [road name], over the bridge and em, so I went back to them and they gave me a letter for to come here. Cause they're actually giving a very good service at the moment. They bring you in and they have a chat with you and they give you a list of clinics over here. They usually recommend one or two clinics, you know depending on what part of the country you want to go to. And they make sure that you go back to them afterwards. Follow up for a check up and things like that. They do do a very good thorough service.

Did you actually go there for your pregnancy test?

I did yeah. I went to the [Agency 3] on [street name].

So you went there for your pregnancy test?

Yeah.

Did you have counselling there?

Yeah, you meet, you know you speak to a doctor and the doctor goes through, I don't know if it's the counsellor, but they go through the different options with you. I'd say it was a half hour, forty five minutes chatting to you. She's very good. It was a good service.

[Aged 28, married]

Group III: 3) Contact with doctor prior to agency contact

Preg → Doctor → Agency → Booking → England

(N=3)

This group of women went to their doctors first before contacting an agency for counselling. The first case differs from the other two. The first woman had information on where she could book an abortion but wanted counselling. She initially contacted her doctor who tried to dissuade her from having an abortion.

And how have you found [your doctor] over the past few years aside from your position now?

I always found, well he's young 40 I'd say, he's young and I thought he was, I don't know, maybe approachable would be the word to use. When I told him, when I went into the surgery, he says 'Oh, [name] what can we do for you today? And I said well I did a pregnancy test this morning I'm pregnant. He goes 'Oh was this planned' and I went no and 'Okay how do you feel about it' and I went well at the moment I'm a bit numb and confused and I'm looking for some advice, so he gave information and then when I asked him about termination he told me it was something that I would have to think very seriously about, which I could appreciate, it is. He told me that it would cost a lot of money, that there would be a risk that I would never be able to have a baby again and that was a minor risk, but he kept emphasising that the risk was there.

Right

That I would have to come to England and that would cost me in the region of £400. His information was quite accurate but he was very flippant in the way that he gave it.

Right

So when he asked me if I had any more questions, I asked him for a number that I could ring and he looked at a paper on England and scribbled down the number, British, I can't remember what it was.

It was [Agency 6] probably; [Agency 6].

Yeah that was it. And told me not to make any decision before I got back to him and that if I had any questions during the week, and then told me to eat plenty of vegetables to give up smoking and drinking.

[Aged 24, going steady]

He referred her to visit a counsellor and gave her information on Agency 1. She contacted Agency 1 and attended there for counselling. She found Agency 1 unwilling also to discuss the option of abortion.

It wasn't a counselling session because everything I wanted to talk about they were not obliged to discuss.

[Aged 24, going steady]

She then went on to contact a family planning clinic for counselling because of the possibility of being given information and counselling about the option of abortion there. Like other women the cost of the counselling session put her off the idea and she returned to informal information sources to make her booking. While she had been counselled by an agency and went to great lengths to seek out counselling her efforts to discuss the option of abortion with a professional had proved fruitless and she was left to take the decision on her own despite her preference to have been helped through it.

Did you get counselling anywhere else?

No, I rang, the family planning clinic, and their counselling fee was, for an hour, was £25, but they did advise me over the phone that there was limited information they could give. And then I decided that, I knew everything that I had to know, cos I had been here with my cousin before and I was wasting my time, going in, it was just a decision, that I had to do and I should just sit down and make [it].

[Aged 24, going steady]

The other two women also attended their doctor prior to making contact with the agency. One went with her mother to the family GP. The doctor assumed she would continue with the pregnancy and neither she nor her mother let him know of her intention to terminate her pregnancy. Her mother then made contact with the [Agency 3] where she was counselled and given information on the clinic with which she booked the operation. Her mother then contacted a pregnancy counselling agency;

Me mam got an appointment with the [Agency 3]. We went in saw the counsellor and she like, gave us all the information. Then when we went home we had to ring ourselves like and book this and book where we are staying and all.

[Aged 17, single]

While the other chose a doctor she thought would be willing to give her information and counselling. She was very helpful and supportive and gave her all the information she needed.

She was lovely, she was friendly and she'd spent at least half an hour with you like, just talking to you or whatever, and she'd help you out no matter what. If I decided the opposite way she would recommend me to all the right places and what to do and give me booklets, all that.
[Aged 28, going steady]

She received the information to make the booking from this doctor. In the meantime however she began to bleed and thought perhaps she was not pregnant after all. She then decided to go to a pregnancy counselling agency for a second opinion. Here she had a second positive test and a counselling session.

Group III: 4) Doctor subsequent to agency's refusal of information

Preg → Agency 1 → Refused information → Referred to Doctor → Booking → England
(N=2)

One of these two women went to Agency 1 for a pregnancy test and counselling initially. In the process of counselling she said she wanted to have an abortion. The counsellor told her they did not give information on abortion but referred her to a doctor who both counselled her and gave her information on abortion clinics in England.

I was about three weeks late, and I began to get really worried. So I went to [Agency 1] for a pregnancy test and it came up positive.

And how did you find them in [Agency 1]?

I thought that the girl there was lovely. She did the test and then when I got the result, she talked to me for a good long while and told me it was a shock and everything and that I should give myself a few days to think about it. She spent ages with me.

So was she counselling you then?

Yeah, we talked about what I was going to do and everything and she said to give myself plenty of time to think about it. She was really great you know.

So how long were you with her?

Well it must've been half an hour. She said that I could come back to her and talk some more, in a few days or whatever. Actually, at that stage I wanted to leave cos I had a friend waiting for me like and I didn't want her to be waiting for me.

So did you go back to see the counsellor at [Agency 1]?

No I didn't actually cos I went to see this doctor and he gave me the numbers. So I thought that it would be a waste of time to go back really, cos I knew then what I wanted and I didn't feel that I needed to talk to anyone.

[Aged 24, single]

Another woman who went to Agency 1 described how the counsellor there:

Talked to me about all the other options I had but she didn't talk to me about abortion.

[Aged 23, relationship status unknown]

She then was given information including a telephone number of a clinic in England by a friend whose sister had an abortion. She made her own arrangements with this information.

Group III: 5) Agency subsequent to doctor's refusal to provide information

Preg → Doctor → Refused Information → Agency → Booking → England

(N=3)

The three women in this group were refused information by their doctors and sought out a pregnancy counselling agency as an alternative source of information. In contrast to their doctor the pregnancy agency provided counselling and gave them the information they needed to make the booking.

The first woman went to her regular GP, that she had been attending for contraception, for a pregnancy test. Her doctor did not discuss her options with her and so she subsequently contacted Agency 2 and having made her decision with the help of the counsellor booked an English clinic.

I mean what was [the doctor] like when she did the pregnancy test with you, what happened?

Nothing, she just did the test and that was it.

She didn't talk to you at all?

No.

Did she ask you how you felt about the result or anything?

No. She didn't give me any options and I kind of asked her where I could go and she said 'Oh, I'm not qualified in that' and then I went to the Well Woman and that to find out.

Right.

She did say that I would have to think very carefully and that I could go to [Agency 1] and get some counselling there and that I could talk to them about it.

[Aged 23, going steady]

Another woman gave a similar account of her doctor's reluctance to give her the information and so she then had to travel to a town to access counselling and information at the nearest family planning clinic. While the third woman gave a detailed account of going to her doctor for advice and information on abortion and being refused it by her. She then attempted to make contact with a pregnancy counselling agency and when she found this difficult, contacted an independent counsellor. She referred her to a book from which she could get information as well as putting her in touch with another woman who had travelled for an abortion as a source of support:

So where did you get your information about this clinic?

I went to the counsellor and she, there's a book available called 'Choices' and she photocopied the relevant pages for me. And then she put me in contact with a girl who had been over to this particular clinic a while ago and she actually spoke to you I think, as well. And that's how I knew about this. And she, I spoke to her and she recommended the clinic and she said that everybody was very nice and very helpful and so on. And that's basically how I heard about it. My own doctor didn't give me any information. And [pause] she wasn't, I could see that she wasn't, mightn't be feeling that my decision was right.

[Aged 23, going steady]

Group III: 6) Alternative service before agency

Preg → Telephone → Agency → Booking → England

(N=2)

Both the women in this group initially sought to access information from various services including the Agency 5 and the Agency 4 without success. One group telephoned by one of the women suggested she go to a pregnancy counselling service which she did and made her booking through them.

So whenever you decided to contact someone, the first person you talked to was the [Agency 5]?

Yeah. I think it was [Agency 5] and they wouldn't help me at all. I said abortion and they just didn't want to know.

And was that a real turn off for you?

Yeah because it was the first phone call I had made. You know the way they say phone the [Agency 5] for this and that and they'll help you know. They wouldn't help me at all. But like at the time I didn't know that even saying the word abortion in Ireland was not allowed. I thought you could ring up and ask. I thought the actually doing it was illegal, not actually asking about it. So I didn't think there would be a problem. Every time you say abortion, they just didn't want to help at all [pause] And somebody told me there is phone numbers around town, on bill boards, when I want to see them they are not there.

Yeah, they said go to [Agency 3] and I said look I don't want to go anywhere, I just want to know about abortion and they said go to [Agency 3] they'll be able to, I don't know what's the word they use.

Was it counselling?

They'll tell you what your choices are or something like that. I said it again, I said 'will they be able to tell me about abortion', she just said the same thing, 'they will be able to tell you about your choices and all'. So I thought I said from that that they would. So I had to say it twice or three times and they were just saying it back, repeating the same answers again, I just knew then they couldn't say nothing.

And how did you feel about that that your getting all these coded like messages?

At that time right, I had to worry about so much else like getting the money together, I didn't want, I thought I could just ring and book it, you know, plus the extra fee was it forty quid, for a phone call that I

could have made myself from the house or a phone box say. You know forty quid extra for that.

So how long, you rang up here then yourself?

Yeah. From there, from [street name] She rang for me and just passed me the phone and then I booked.

[Age unknown, going steady]

The other woman's pathway differed slightly in that she initially called an abortion clinic in England herself to find out information. Her husband however wanted her to contact someone in Ireland before travelling. She did not wish to contact her local GP and so initially called one pregnancy agency that she felt would not provide her with the information and so in turn called the Agency 4 who gave her the number of a family planning clinic where counselling was available. Similar to women in the other group she was wary of the kind of agency she was going to. This was so that she would get the information she needed to follow through with a decision already made rather than encountering a further obstacle.

I know nobody can give you information over the phone and I basically, once I realised I was pregnant I wanted it terminated [pause] and there was no questions other, we [her and husband] had both decided that was what we were going to do [pause] ultimately up to me of course [pause] but unfortunately I really didn't want another child and [pause] I was, I suppose I was afraid of reaction really [pause] so I rang up one family planning clinic and I know they can't say anything for legal reasons over the phone but I sort of didn't like [pause] she sounded like a very elderly woman and she was being very supportive and telling me how wonderful they were and I thought, I don't really think I'll go there. Then after I rang the [Agency 4] she gave me the name of a place in [city street] and a number, so I rang there. It was the girl that actually brought up termination. I didn't want to say it in case, you know I didn't want, [pause] 'will you discuss everything with me, I mean everything, cover every area'. She said 'oh yes, if you decided to terminate'. Once I heard that I thought, well yeah okay. I suppose it's just, you don't do it, I never thought I'd have to do it and I certainly if I decide to do it, I don't want somebody telling me I shouldn't do it [pause] So that was basically, it's a personal thing, you know don't want somebody attempting to tell me I'm doing something wrong.

[Aged 42, married]

Group III: 7) Agency subsequent to booking

Preg → Doctor → Booking → Financial difficulty/medical check → Agency → England

(N=3)

The three women in this group had received information from their doctor or through an informal source on abortion services and made their booking before they made contact with a pregnancy counselling agency. One of them got the number of the clinic in England in a telephone directory. When she telephoned to make her appointment the English clinic advised her to attend Agency 2 in Ireland before travelling over which she did. The other two women were both prompted to contact an agency not for counselling per se but because they needed financial assistance in order to get to England. In both cases when they sought financial help they were referred to the Agency 3, one by an abortion service provider in England and the second by a student officer. They both experienced delays in getting to England as a result of financial difficulties.

In the case of one of these two women she had sought information and counselling through two doctors who had been unwilling to give her the information;

I went to my doctor and got a check done.

Oh I see. And the doctor, when you were pregnant, how did you respond?

Well she didn't give me a chance to think about it she started to talk about crèches straight away and all that, funding and I just was in shock when I heard it.

So that's what she began to talk about first? Oh dear.

So it was very annoying trying to sort it out for so long.

And then you couldn't go back to her, you felt?

No. She told me to come back to her.

Did she almost say she couldn't support you if you had an abortion?

Practically but not in so many words.

And you found the same with the next doctor you tried?

Yeah. The other doctor was saying that I would regret it forever and have it adopted or something like that.

Then you just called the [Agency 1] people, or did you go into talk to them?

I went into them yeah. They were really nice.

Did you find them helpful?

Yeah.

And they at least, did they allow you at least think of other options?

Well they listened more then talked themselves. I told them all my reasons.

[Aged 18, going steady]

While Agency 1 do not give women information on abortion services they did refer her on to a doctor who would give counselling and information on the option of abortion;

And they said they couldn't give me any information but they knew this doctor that has helped people before. So I went to him and he said it is illegal to arrange it but he gave me a number for an agency in London. So I rang them and I had a friend in [city] that I was going to stay with and that was okay. So I asked for a number for a clinic even and I got a number there. I rang and they said they'd no clinic to actually do the operation, just of consultation. I asked where was the nearest place and they said London. It was really expensive to go there, it was the Centre of London and the accommodation was really expensive."

Sure, I know.

So that was what I was going to do first but I did not have that much money. So I had to borrow it off a friend. Then my other friend [name], she suggested to go to the Student Officer in my college and I asked, I was not sure, but I asked if there was any funding or grants, but he said there wasn't but he told me about the [Agency 3]. And em, he was great, he organised the whole thing for me. He gave me these leaflets, they are really good. Exactly leaving Dublin airport, what bus to get into Liverpool, where we were to stay.

Is that 'Arriving to Liverpool'?

Yes.

That's very good.

Talked about [Agency 11] as well.

Did you contact [Agency 11]?

No I didn't. I was going to go over on my own but my friend came over and that was okay then.

And they all just tried to persuade you out of it basically?

Yeah.

And they didn't give you, the GPs have this little information booklet now. They didn't even give you that or anything?

No. The only information I got was from the Social Welfare Officer. It has been about eight weeks trying to sort it out.

[Aged 18, going steady]

Her contact with the Agency 3 was as a result of financial difficulty. Her lack of awareness of agencies as sources of counselling and information is obvious from her account. She relied on doctors which were not able to provide her with the help she needed.

One of the other women had got the information on the clinic in England from her doctor but she needed financial assistance and so she was referred to a counselling agency. In her case it was the abortion service provider she contacted to make a booking with in England who referred her back to an Irish agency. She was not aware of any agency until she sought financial assistance and was referred to the Agency 3. From her evaluation of counselling below we can see that she found counselling from an agency very helpful. The other notable aspect of her account is the long time lag between discovering she was pregnant and making the decision to when she actually got to travel to England. She was seventeen weeks at the time of termination despite having had a test done after missing just one period.

So did you go, you went to, your mum said you went to the [Agency 3] in [city]?

Yeah. [Pause] I rang up, I actually rang the [Agency 6] place for financial

support and then they referred me on to the [Agency 3]. They talked to me which I did not think they would and told me about it. And they would talk to me about support after.

And was it your own GP you went to [for the pregnancy test]?

Eh yeah. Well I hadn't been to a doctor in three years, this guy is local.

He told you you were pregnant, did he?

Yeah.

And did he discuss what you might do?

Well I told him, at the start that I wanted to come over here, that I wouldn't be able to cope or anything. I think it was he who actually gave us the number to the [Agency 6].

But you were saying you were still putting off the decision until you went to the [Agency 3].

No it was not that I was putting off the decision, it was I was trying to sort it out. Me mother [pause] we were wondering how we could get a loan [pause] and then we asked my father, that's the only reason we told him. I did not really want to tell him cause I knew, just can't see, then he said he wouldn't support us.

So they did say they would help you out in the [Agency 3] then. Did they get you a free bed or something here?

Eh, they paid, they put us in contact with [Agency 11]. So they sent us the fare over then.

So you are staying with [Agency 11] then. Oh that's good. So em, that was useful then. You didn't know, you were saying before you did not know you could go in and talk to somebody.

No, I didn't know that.

[Aged 17, single]

Discussion

Women in this group had made some form of contact with a counselling agency. Some had a very positive experience while others had had either a negative experience or had refrained from following up initial contact for a number of reasons. What was clear from this group was the variety of hurdles encountered, perceptions and experiences

women had in relation to pregnancy counselling. This was related to a number of issues that came through within the smaller groups described above within Group III:

- Cost and waiting lists
- Refusal and referral
- Attitudes towards counselling

Cost and waiting lists

Due to the overall financial cost of travelling to England for a termination women were conscious of any extra costs. Although some counselling services were free there was one service in particular that women appeared to associate with getting information on clinics in England that charged £25 for counselling. This was clearly a deterrent for some women who saw this as an extra expense that they could not afford. This was also combined with the relatively long waiting lists also faced by these women who contacted counselling agencies. As has been stated before these women made their decision relatively quickly after discovering the pregnancy and generally travelled as soon as was possible for them to organise it. A two week waiting list for counselling was not something they were generally prepared to wait for. Both the waiting period and cost were not apparent with all counselling agencies but a number of women in our sample did experience them. This delay combined with the cost precluded these women from counselling rather than any initial decision on their part that they did not want or need counselling services.

I rang the [Agency 2] on the Tuesday and the next appointment was actually this morning, that was a cancellation. Then I thought by the time that's over with I am sure it will take another two weeks, and I didn't really want to have to wait that long. I don't know whether I would or wouldn't. But I would have had the counselling this morning.

It's a long time. I just thought maybe a service like that could be, that they would have staff to be able to take people. I know there is a waiting list for everything but it can be avoided if you have enough staff.

[Age unknown, cohabiting]

Well when I made the decision myself to have the termination I did ring the [Agency 2] in Ireland but I could not get an appointment for ten

days and I was getting late, I decided to do everything myself, so I looked up the Family Planning in the Golden Pages and found here.

[Aged 40, married]

And who did you contact, did you contact anybody in Ireland?

I did. I didn't bother going to them 'cause that was more money.

[Aged 31, single]

Refusal and referral

Although counselling agencies are legally allowed to give information on the option of abortion within the context of a counselling session some women attended agencies that would not provide such information. From Group III however it appeared that when such agencies were willing to refer women from their services onto another professional service e.g. a GP that would provide them with the relevant information on abortion the counselling session appeared to be a positive experience for women. Although unwilling to give information on abortion these agencies were still prepared to talk it through as an option. In other cases when women approached either an agency or another medical professional who refused both to give information and to refer them to another service that would this was seen as being an extremely negative experience. Compared to the agencies discussed above that provided adequate counselling but not information these service providers did not appear to give women counselling but rather just a refusal to discuss abortion. Despite this women pursued their search for information and got it either from an informal source or another more accommodating professional.

Then she [own GP] just said that maybe I should just go to the College Counsellor or something [for information].

So how did that whole interaction [with own GP], I mean how did you feel about that?

I didn't, I understand that in Ireland that it's their prerogative if they want to give information or not. I do understand that. But at the same time I don't think that they should, I mean she didn't say your wrong to have a termination, she didn't say that. But at the same time, you pick up vibes from them. And I think a doctor should be professional enough to not let their own personal feelings show through. She's an excellent

doctor. And when I told my counsellor, who knew her, she was surprised. But she did leave me with a feeling that she thought I was making an immoral decision and that I hadn't considered it. And that maybe I was looking for an easy way out or something. That's what she left me feeling.

[Aged 23, going steady]

Views of role counselling agency could play

Women in this group viewed counselling in a number of important ways. Some women saw counselling only as a means of getting the information they needed to make a booking in an English clinic. It was not seen as playing an important role in their decision-making but rather as facilitating a decision that had already been made rather than having any role in influencing it. This was something women were very cautious of when selecting which agency they would ultimately attend for counselling, they wanted to be assured of that the issue of termination would be dealt with in a non-judgmental way and the relevant information made available to them.

I knew what I had to do and I had no regrets and I never thought am I doing the right thing. I knew from the start what I was doing. [] They were counselling people, I had my mind made up, no matter if they had tried to talk me round.

[Aged 40, going steady (over 20 years)]

I was kind of cautious the next time I rang somebody else, and I thought if I'm going to go in here to get some sort of counselling I want to know that it's [termination] going to be, not suggested even, but brought up in conversation. And if I have to worry about that as well, it's hard enough [pause] but if you have to worry about other people's reactions, especially when they're supposed to be in, whatever, counselling [pause] I know I probably would have walked.

[Aged 42, married]

Other women sought counselling as a means of support for a decision they had already made. They were deterred by the idea that they may either be talked out of this choice or that they would be made rethink their decision. One from this group was deterred from going to a pregnancy counsellor because of its presentation to her as 'going through all

the options'. One of the women's responses to this terminology is typical of women who were deterred because of the legal regulation around pregnancy counselling that requires it to be non-directive.

So you felt like you wanted the counselling?

Yeah.

But you didn't feel there was access to it?

No. Like when I rang that time it was a big thing for me to ring, and she said like you can have counselling and she will tell you your options. But I knew my options, but it would have been nice to have somebody to talk to about the whole issue in yourself and why you feel the way you do. And have more readily available to you, not such an ordeal. The whole thing is such an ordeal in itself that you don't need any more, and you won't try and jump over hurdles at all.

[Aged 24, single]

This view is an example of how women see the issue of 'non-directive' counselling. This was also noted in later interviews where, for example, one woman was aware of the obligation on the counselling agency to bring her through all the options but felt this was an unnecessary formality. She had already made her decision to have a termination and did not want to be brought through the other options that she had already rejected but acknowledged the legal guidelines obliging the counsellor to do so.

Well I knew from other people that they [clinic] would give me information and I mean, as far as I was concerned there was no talking about it, that was what I wanted to do and she knew straight away that was what I wanted to do [pause] there was no judgmental issues or anything like that. Honest to God I know what I want to do, go to London or whatever and have an abortion. And she said fine and gave me the details and I rang the clinic and organised the date and that's how I'm here. [] Well to be honest the consultant there I basically said from minute one 'I know what I want to do can I just please have the information' and she knew I was serious and she just said 'well I have to tell you have to have this that and the other' and I said 'I know you have to but I don't want any of that I want to have an abortion or a termination'. So we didn't go into it too much [pause] because I knew what I wanted, she knew I knew what I wanted and probably within half an hour we had the chat and she gave me the information and I left.

So that whole notion that you know, you have to bring women through the whole thing was superfluous to you?

It was to me yeah. I mean I'm sure if I was dithering or something she certainly would have gone through the whole lot with me but as I said I think she knew and I knew certainly, [pause] that em I knew what I wanted to do and basically she would have been wasting her time and my time. But she did cross over it, she did mention it to me, fine I know you have to do all that. I know what I want to do.

[Aged 45, (separated) going steady]

The opposition of some pregnancy counselling agencies to providing information and counselling on abortion and the willingness of others to provide such information suggested to women that in fact pregnancy counselling agencies were polarised and directive in their views. This polarisation of views created the impression that counselling agencies did not in fact provide non-directive counselling but rather counselling which coincided with their position on abortion. The effect of this situation was that women sometimes found themselves being refused counselling and information on the option of abortion after attending an agency for to discuss all their options.

Conclusions

Evaluation of abortion counselling from both doctor And pregnancy agency sources

There was an overlap in some of the issues that arose in Group II and Group III in relation to women's experiences of pregnancy counselling. In this section we will look at these issues in an 'evaluation' of the counselling services from the perspective of these women. This will present the different roles women saw non-directive counselling as playing within their decision-making.

There were differing perspectives on the function and benefit of counselling among those women interviewed. For some the counselling was very beneficial to them in helping them make their decision. The stage of decision-making they had reached when they went for counselling seems to be related to what each respondent got out of it. Two of the women were very pleased with how the counselling they received

helped them with their decision-making. Both went into the counselling session without having made a firm decision and this seems to be related to why counselling did have an impact on the option they chose.

So when you saw the counsellor what was that like?

I found it alright, I was kind of nervous going in and I was still very undecided about my decision, well I was and I wasn't, but I was trying to go in with an open mind. But at the same time I felt that I just couldn't simply cope with having another child. I mean, I'm separated from my husband, not very long you know, well about two years, I just felt that mentally I wasn't able to cope like you know. And I did explain that to her early on and we took it from there. She was very, very nice you know, very comfortable to be with, which always helps kind of.

[Aged 31, (separated) going steady]

Another of the women felt the counselling she received at her regular family planning clinic was very informative and helped her to consolidate her decision.

She asked me a lot of questions about my medical history. She asked me about let's say about contraceptive, you know, just different things like that. Em, she had my case history anyway, I had been there quite a while. So maybe she didn't, maybe with other people she might have to accumulate a lot more information. With me at least she had my charts, whatever for the last couple of years. She spent let's say about ten or fifteen minutes having let's say the plus of going ahead with pregnancy and then also she spent a good let's say fifteen or twenty minutes explaining everything to me which was really really good about what an abortion entails, problems what can happen, what can go wrong. If there were problems to go back to her straight away. The service is available in the [Hospital 1] for a D & C, things like that. She was very very good in that sense. She gave me a book about the whole thing. Really after let's say having that chat with her, I had questions at that stage. It was very very very informative. And she also encouraged me to ask questions as we went along. Explained to me about taking tablets, about going back on the pill. She told me to come back to them then for an examination. She was very good in that sense. Was very very, let's say, clear cut and very informative.

Was it more on a kind of medical line rather then?

No she did that let's say before she talked to me, the medical side, she did spend about ten or fifteen minutes having, talking to me about why I wanted to do this. Em, maybe look for other options, go along this line, how do you feel about it afterwards, what about these feelings, what about these particular notions. Before she ever went into the medical side of it, she did spend quite a while discussing let's say how you would feel, before, after, during, she was very good. She stopped every few lines and would say, 'Is that okay now, do you understand that, are you sure on that' and you might say 'well I don't really know about that'. She didn't actually, let's say, it was a very fragmented conversation, she would say something, she'd ask you then, "is that okay, are you sure about that, are you clear in what I am after saying". Then she'd go on and explain something else. Even if you didn't want to ask questions, she'd throw questions out at you. Like rather than let you sit there and maybe be a bit muddled about the whole thing, you'd actually get the whole picture. It was good in that respect.

So you actually felt you got what you wanted.

I did yeah. Em, I probably, I knew everything possibly there is to know by the time I'd left her. I got as many facts as I wanted to get at that stage from her, very good.

Right. So do you think that actually spending that time with the doctor, did that help you kind of consolidate your decision?

It did yeah. Em, [pause] let's see, you might go there and be not sure, at least you'd leave there and you wouldn't, you would be knowledgeable, you wouldn't be apprehensive anymore because you would know the full facts. It is always better to know the full facts, full story rather than bit by bit. She was very good in that sense. You would, I did come away and I was very, let's say I knew what I was going to do then. I knew what it actually entailed and that's important as well from my point of view.

[Aged 28, married]

Consolidating her decision was also a feature of two other women's experiences of counselling. In one case it enabled her to see her own role in her decision and to avoid her father's attempts to persuade her to continue with the pregnancy;

How did you find out about the [Agency 3], you went in, did you have to make an appointment with them for counselling or what did you do?

I rang them up and I made an appointment. They told me to come in, so I came in. They were great like.

Did you mind coming into them, nervous?

I was nervous at first like I did not know what you do, you know that kind of way. There was a woman there called [name], I felt like hugging her when I came out. She was really supportive. I could not believe that there were people like that that would help you. We dragged it out for three months, you know that, without coming over and then we went to see her and in one day it was all sorted out.

Really. And when you explained, how was the interaction with what did she helped you do?

Well she helped me realise that me father, he knew and she helped me understand that I was doing it for myself, that I was not completely selfish or anything.

[Aged 17, single]

These experiences contrast with the accounts of five other women who had made a definite decision when they contacted the agency and did so primarily for information. The availability of information only in the context of counselling, from agencies meant that they did go through a counselling process even though they did not feel that was what they wanted. One account presents counselling as a process of justification.

I went to my family planning clinic in [city] and they more or less sat me down and ‘oh why, why, why’ and eventually after I said ‘why, why, why’ they gave it to me and if I had had the sense to look at the back of the phone book and saw the clinic there I couldn’t believe it, it maddened me, I mean I know that it’s not available, I know that it’s illegal, well it is supposed to be available, but you have to go through so many channels. I can understand why girls turn back from their first step because it’s just basically very, very hard. I know that the counselling that you have to go through the counsellor and everything which is good but at the same time why not just give them the option first, so that’s where I got it, in the family planning clinic.

[Aged 23, single]

Another woman went to the Agency 2 for counselling after having tried to get the information from them over the counter. Her account illustrates that firstly her decision-making was in no way affected by the non-directive counselling session she attended but rather that her decision was firmly in place before she attended there. Secondly her expressed intention in another section of the interview had been to go to the Agency 2 and get information on clinics in England and organise the abortion herself. This remained her approach to the counselling session, its only real purpose was to provide her with the information.

So you said that when you went to the [Agency 2] you spoke to a counsellor, so what happened there?

She didn't tell me what to do at all. She just said now what do you want to do about it and how I said I feel like I will have an abortion and she made sure that I understood about it and that was about it like.

So do you remember how long you were with her?

I was with her for about half an hour but my mum came up for the last fifteen minutes.

Did she talk about options with you?

Yeah, she did. But I was no, I'm definite, so she didn't really go into it that much.

So did you feel that you could raise things with her, I mean could you be open with her?

Yeah it was grand. It was all relaxed and you could go and get a coffee and sit down and have a conversation, not like sitting down and talking to your mother or something. It was grand, it was very relaxed.

So it sounds as though you found it helpful?

Yeah, I don't think that I really needed it but like it was good to find out where to go and all that. But I didn't like I didn't come out going, nothing had changed in my head or anything. I was still definite about it but I suppose it was good talking to someone else who knew what she was talking about like.

[Aged 17, single]

The issue of integrating access to information with the counselling process was also dealt with in the accounts of four other women. While these women did not resist the format of giving information in the

context of counselling, their accounts indicate a sense that they really got information and practical help rather than counselling;

So then you went down to the [Agency 2] and you said you saw a counsellor?

No we had to wait a week.

Right a week's delay. So what happened in that counselling session, I mean how was that?

Em, well it was whatever way we wanted. For us we had definitely made up our minds that we wanted to see the counsellor to em, just to talk through what was available. Em, who to go to. The kind of operation that was available for me. But it wasn't really, we could have if we wanted to but we didn't need at that stage a full counselling session.

So was it more kind of practical things?

Yeah but I think also within, I don't think it's compulsory that you go to the counselling session. I think that em, I think it's advisable and em, yes I suppose practical things

[Aged 32, (separated) going steady]

What women expected from counselling and how they experience counselling were not always the same. When one woman attended for counselling she expected an empathetic exchange with the counsellor. She felt rather than empathy the session was more bringing her through the motions of evaluating different options and is critical of that approach to counselling.

So which family planning clinic did you go to?

Well I got the pregnancy test done, the very first one in [town], then [Agency 3] I went to and [pause] they gave me the number for here.

So what did you think of them then, how did you think they treated you?

Em, alright. I didn't really like the woman in [Agency 3].

So what way do you think she [pause]?

Well she was kind of, she was a very big woman anyway, she was big and overpowering, you know and she was like, 'this is the story and that is it' like. I was 'yeah okay'. And like it was kind of, I don't know, well maybe it was my person, someone else could have walked in and liked her. Maybe it was my person that did not like her or maybe she reminded me of somebody. Ah no like it was grand, it was just, it just seemed very impersonal, like it would be more personal than here,

England and I don't know anybody I am not even from this country, but you know what I mean. Like for over there it was impersonal, you know.

Like did you feel that she empathised with what you were going through?

No not at all. She was like stone, brick wall. At the same time she objected from both sides, like she knew that I was hundred percent sure in my mind that I wanted to get it done but at the same time she said 'are you sure' and all she did was ask me the right questions and say the right things and all that, you know. Just like no feeling, nothing behind it. She didn't have to I suppose, [pause] what goes on at the end of the day.

What would you have wanted?

I don't know, someone with a bit more feeling, like you know, not stone cold, sitting there. Just more feeling, the room was very cold. The chairs, the room was very high and the chairs were very low. You are looking up and looking around and this woman, big open spaces, empty spaces. It would have been nice to be cosy, sit down, have a cup of tea and chat, you know that kind of way. Like what we are doing now, much better. Like it was like a real interview type of thing, that's the way it was like.

[Age unknown, going steady]

Being listened to was what two other women felt helped them when they went to Agency 1 for counselling. They went on then to access information on, and organise the abortion themselves. The account given by another of the women of the counselling she received from an independent counsellor illustrates both what she wanted from counselling around abortion and also how she felt her needs were fulfilled by the interaction with this counsellor. This is highlighted by considering the fact that her initial professional contact was a GP who had not been particularly supportive of her decision.

When I said that I was thinking about having a termination, she said 'Well it's something that you have to think very very carefully about, etc. etc.' And then when I did go back to her and I had my decision made, she said, she basically suggested that he had forced me to make a decision. She goes 'I hope nobody put pressure on you'. 'No the total opposite, this is my decision, this is what I want and he'll go along with what I want. He knows it's best for both of us. no, no this is definitely

my decision'. I'm not sure if she felt satisfied with that, you know. Then she just said that maybe I should just go to the counsellor or something. But she [GP] did leave me with a feeling that she thought I was making an immoral decision and that I hadn't considered it. And that maybe I was looking for an easy way out or something. That's what she left me feeling.

So what about the counsellor, how did you find that? You said that [pause]

She was very very nice.

How long did you spend with her?

Well I went to see her twice. I would say the first time I spent perhaps over an hour. She didn't put any kind of constraints on time on me, which was very nice. And, you know, she let, there was no problem about periods of silence or anything, you know. And she was very nice. I was kind of sick as well and she was 'O dear', very motherly as well {laughs}. She went and she got water for me, tissues and things like that. And she, she didn't probe or anything. Em, she was very easy going. And like she let you speak as much as you wanted to [pause] or to withhold any information you wanted to. She was very non-directive. I actually asked her myself, em, I said, obviously I said your counselling service is non-directive and I said you get girls coming here all the time and they want to have a termination. And I said I would get the impression that you don't think termination is the best thing, but how does that affect you? And she said 'my own niece had a termination. I think if it came to the crunch I wouldn't be able to go through with it myself.' But then she said 'I'm a married woman and if I did get pregnant, I'd have support, I'd have finance.' She said 'No I perfectly understand anybody that does make that decision'. But she did now ask me a few times if I had considered the other options. And, you know, she was very, very good. And I could go see her anytime I wanted to. What I really liked was the way she asked me if I wanted to speak to somebody who had been over recently, you know.

So with the counsellor, did you feel that it was issues that you were raising or was it stuff that she was bringing up as well?

Well she was very easy as I say she let you talk about what you want to talk about. But she might say, she was concerned in that she asked how you felt physically. Then she asked about my family, would I get support from my family. And em, it was, she didn't really steer the interview, but at the same time she did ask questions that should be asked. Say you might be in denial, she brought up those issues. She asked me if I had a

problem with it morally and, you know, issues like that. But as I say, she was very very nice. And you know, not at all intimidating.

You were saying that the most helpful bit you thought was being put in contact with someone who had been over recently. Can you tell me a little bit about that, how it was arranged and how you found it?

Well she asked me if I would like to get in contact with somebody who had been over and I said I would. She said that she'd know recently one or two girls who had been over and left the number and said if anyone wanted help or advise or anything, that there was no problem, they could get in contact. It was only a first name basis and that. Em the girl I got in contact with was younger than me and she was in a different faculty. She just told me her first name and that didn't ring any bells. So she said 'I'll get her to ring you'. And I said will that be sort of tonight, or a week's time, she said 'well I'll slip a note under her door this evening'. That girl rang me that very evening. I wasn't in so she left a message and I rang her then. She just got the message that day to ring me, so it was very prompt. And it was, you know, she had said, the girl I spoke to said, that this particular contact was very helpful as well.

So did you actually meet up with her or did you?

I didn't meet up with her, I spoke to her on the phone. And [pause] I just asked, I mean I obviously asked her about her pre-feelings and her post feelings and things like that. And [pause] we both agreed if I wanted to get in contact with her again, or if she wanted to get in contact with me, then there was no problem. [pause] I thought it was really really great.

[Aged 23, going steady]

Other issues

The experiences of both women who attended counselling and those who did not reveal women's perspectives on counselling per se and the type of counselling which is available to Irish women seeking abortion. Here we will look at the principal factors influencing these women's use and non-use of such services and their perceptions and experiences of them. Most of these will have been dealt with in the individual sections above but are now drawn together to give a picture of the issues surrounding counselling for women intending on travelling to England for a termination.

Reasons for attending counselling

For many women the motivation for attending counselling was not out of a desire for counselling as such but rather as a source of information on English clinics. This number therefore diminished somewhat when women, either with or without making contact with a professional in Ireland, realised that information was available from informal sources such as telephone directories or magazines. Other women however appeared to have a preference for getting this information from a counselling service as they felt reassured about the reputation of a clinic when it was 'recommended'. This reassurance was also in relation to information gathered through such a session in relation to the actual operation and what it entails.

This is not to say that no women attend counselling for reasons other than to get information. For some by talking through their decision with an accommodating counsellor they felt they had consolidated their decision and benefited greatly from the experience. This appeared to be the case even in counselling interactions where the counsellor refused to give information on abortion but did not refuse to discuss the option *per se*. By and large, women had made their own decision before attending counselling but looked for support and backing for this decision. When neither this nor the information were available to them they did not reconsider their decision but rather persisted until they got what they wanted and needed.

The role of counselling in decision-making

As has been documented elsewhere women tend to make a decision regarding a termination relatively quickly after discovering a pregnancy. Consequently by the time most women were attending counselling they had made up their mind about having a termination and were looking for a service that would accommodate this decision. This suggests that if a doctor is involved at the stage of confirming the pregnancy then he/she should also try to counsel the woman at that time. However women in this group have described a number of factors that would prohibit this. These are based around the fact that many choose not to tell their doctor at that stage about any decision they may be making or have already made. They will not bring up the issue with the doctor either because they are unsure of what the doctor's reaction will be or

because they do not feel ready to discuss it at that stage. In relation to pregnancy agencies most women will not attend them until a while after they have discovered they are pregnant. They generally are not attending them for help in their decision-making but rather to help facilitate a decision already made.

Attitudes to counselling per se

The reluctance of some women to attend counselling in relation to this pregnancy was linked to a feeling about counselling in general. Women saw it as invasive to their decision-making and that counselling involved a stranger trying to influence their decision. It was something described as a negative experience rather than having a positive influence on their decision.

Non-directional counselling

As has been discussed before counselling in Ireland has to take the form of non-directive counselling irrespective of the woman's wishes. This was a characteristic that deterred a number of women from attending counselling. They felt that they would have to justify their decision and resist suggestions that they should change their mind if they were to go to such a session. Others expressed the view that in order to get the information they needed they had to endure counselling that was not dealing with their needs but rather a counsellor was merely 'going through motions' before giving them the information. It was another hurdle in the way of their carrying out their decision as opposed to either helping them make their decision or supporting it. Interestingly despite this 'non-directional' aspect of counselling in Ireland a number of women appeared to associate certain agencies with one type of counselling or another. Some seen as not providing advice on the option of abortion while others were seen to encourage it.

Legal status

There was considerable confusion and ignorance about the legal status of women's rights to abortion-related services in Ireland, with the legal status of information on abortion being most unclear. This often contributed to women's reluctance to contact any doctor or professional counsellor in Ireland. This was often exacerbated by the high sensitivity

of counselling agencies on the telephone to the legal regulations concerning telephone counselling and the provision of information. A small number of women at the time of interview still did not know that such services were available in Ireland and so had only pursued informal sources of information. They were afraid to mention it to any professional in case they tried to prevent them from travelling to England.

Overall reasons for not attending counselling

The reasons women gave for not attending counselling were varied. Some felt that they did not need counselling about their decision as they were certain it was the right one for them and did not feel a need to talk about it with anyone else. Information was available to them from informal sources and so there was no practical necessity to attend either. Others however were unsure both of the existence of such services and their legality. They feared that if they were to enquire about them this would be breaking the law and they would be prevented from having a termination. Some women avoided going to a doctor or a counselling agency for pregnancy counselling because they were considering an abortion and were fearful of others finding out. This was particularly so if their doctor was well known to them and their family or if they knew some of the staff at the surgery or agency clinic.

Some of the women had contacted pregnancy counselling agencies for both information and counselling but found they had a waiting list of one to two weeks for an appointment. As noted elsewhere once the decision to have an abortion has been made women prefer to act on their decision as quickly as possible and so are unwilling to delay travelling in order to get counselling once they can get the information elsewhere.

Another reason for not attending counselling was cost. If a woman plans to have an abortion, she has to raise the money, and she will not feel like paying the extra costs of counselling in Ireland. If she can locate the information she requires without incurring any costs she will do so. She will use an informal source of information and book an appointment with an English agency there by bypassing Irish doctors or agencies.

Conclusion

An analysis of this sample's pathways to abortion clinics in England shows variations in both the routes taken and the extent to which counselling services played a role in the pathway. Counselling was made available to women from a number of sources. Fourteen received counselling from their doctors and thirty two attended a pregnancy counselling agency. Of those who received crisis pregnancy counselling two were refused information on abortion and were only counselled on the options of lone motherhood and adoption. Despite this they persisted along the pathway of abortion and got the necessary information. Other women in this group of 46 also attended other professionals before finally receiving the information they needed, what was clear was that, when these women had decided to have a termination obstacles to information did not deter them from pursuing that option but rather forced them to draw on other resources. The remaining 42 women who did not attend for counselling received their information from a number of other informal sources such as through friends, siblings magazines or the Golden Pages. Counselling was seen as unnecessary, expensive and, by some who were unsure of the legal status, unavailable. Women who attended counselling did so primarily for information on travelling to England for an abortion rather than an in-depth discussion about the other possible options, making the context of non-directive counselling and the obligation on the counsellor to discuss all options frustrating for some women. Most had already made their decision by the time they attended for counselling but some found the experience helpful in both consolidating their decision and reassuring them of the safety and professionalism of the procedure and those involved.

Introduction to Chapters Six, Seven and Eight: “Resolving a Crisis Pregnancy”

Crisis pregnancy and decision-making

Understanding women’s decision-making in relation to a crisis pregnancy is best conceptualised around the concept of their ‘life view’ at the time they are pregnant and contemplating what decision to take: abortion; adoption or social motherhood. In every life view there is an ‘I’ from which the view is taken. Individuals frame themselves within this life view which also reflects their family and personal lives up to then. This life view is drawn from a whole series of factors which are all viewed as personal and perhaps, even unique, to each individual woman. Yet women faced with a crisis pregnancy have much in common. In the majority of cases they are single and indeed as we saw in chapter two this factor alone often renders the pregnancy a crisis one. More especially as shown in Chapter One, being single and pregnant has always been a source of stigma, both to the woman herself and to her family. This parental and social stigma is the first aspect to a crisis pregnancy that many women address.

Secondly, the pregnancy was not intended and women with crisis pregnancies are usually at school, in college, in jobs in which they require further training, or in casual work with no maternity leave. Initially women see motherhood as incompatible with the lives they now lead. Accordingly, they are faced with a choice of continuing that life by having an abortion, leaving it temporarily while they choose adoption, or deciding in the long term to adjust their lives to motherhood. So a pregnancy is also a crisis when it means that women cannot continue their economic participation. Up to the time of their pregnancies, women were continuing their development as autonomous adults and in many cases fulfilling their parents’ expectations. A pregnancy is a

crisis because a woman feels she has let her parents down and because she cannot continue her normal working life.

Pregnant women articulate motherhood as being a very demanding, responsible role. Increasingly, as we have indicated in Chapter One, this now includes an economic role as well as a caring one. However, if women have not attained a position of economic autonomy through work or marriage, they cannot fulfill the role of mother and this also constructs the pregnancy as a crisis one.

Women also have got preconceived ideas about the kind of social arrangements they would like to be able to provide for a child, i.e. emotional and financial stability in a traditional family form or in the context of a secure relationship with the father of the child. A crisis pregnancy does not occur in such a context. The woman or her partner are not financially secure or their relationship is not one which can accommodate a child. Yet women feel that a child's needs are best served by these socially desirable arrangements.

These social factors: the social stigma of pregnancy; the combination of work and family life; the optimum conditions for childraising and a woman's relationship with a partner all shape the parameters of women's decision-making around a crisis pregnancy.

A woman in trying to resolve her crisis pregnancy will be beset by the competing demands of many roles: as a daughter, as a student or worker, as a mother and as a partner. While many discuss crisis pregnancy and particularly abortion, in the context of the rights of the mother versus those of the foetus, our research indicates that such an approach fails to incorporate the many facets of a woman's decision-making.

All women with a crisis pregnancy deliberate on how best to cope with that crisis in the context of these competing roles and the four social factors already noted: stigma, motherhood, children's needs and relationships. It is important therefore to see such factors as moral dimensions of their decision-making.

In the next three chapters we will show the way in which pregnant women adjudicate between their competing roles and the part each

factor plays in their decision-making. In the first chapter on abortion, women articulate their reasons for not being able to proceed with the pregnancy, and why at that particular time abortion seemed the best option for them. In Chapter Seven on adoption we describe the reasons women gave for choosing to become birth mothers and their apprehensions about social motherhood. In Chapter Eight we show the reasons why women rejected abortion and adoption and their process of adjustment in anticipation of the demands of lone motherhood.

Chapter Six

Deciding on Abortion

Introduction — qualitative interviewing techniques

This chapter on abortion decision-making is based on interviews with women who were attending abortion clinics in England to have their pregnancies terminated. The interviews were conducted before having the abortion or, in a small number of cases, at the abortion clinics after having the abortion. By then, women had made their decision and we tried to capture their reasoning at the time they were about to have the abortion. The style of interview encouraged them to talk about their decision-making. We encouraged women to articulate factors which influenced their decision-making. The subsequent 'content analysis' of their interviews revealed the range of themes involved. The social impact of a crisis pregnancy, their decision-making processes and the factors which influenced their final decision to have an abortion are all described in this chapter.

Decision-making, one's life view and abortion

The interview sequence enabled them to describe the lead up to the pregnancy, and what went through their minds from the time they first suspected, to the time they established, that they were pregnant. Every woman's story was different. Some women unfolded all of their thoughts in one or two very long sequences while others discussed different aspects of their decision-making processes at different stages of the interview. As the study sought to gain an insight into their thought processes, this chapter is organised around the themes which most influenced their decision to have an abortion: parental and personal social stigma; their present unreadiness for motherhood or the existing demands of motherhood (in the case of those who were mothers already), and their present inability to satisfy their anticipated needs of the child. It then examines their partners' role in the decision-making

and shows the complicated interactions between relationships with partners and continuing with the pregnancy. In the last section, the specifically moral dimensions as articulated by women are presented and we describe the way women cope with the abortion experience itself.

The chapter is organised into the following five sections:

**(1) Social context and the rejection of alternative choices:
Adoption and lone parenthood**

The first section describes their reluctance to tell their parents that they were pregnant, their reasons for not doing so and the stigma they attached to their pregnancies. We describe their rejection of lone parenthood and of adoption as alternatives to abortion and allied to this is their depiction of their ideal type of family.

(2) Motherhood, its demands and needs

In the eyes of these women, motherhood makes particular demands and in many cases is viewed as being incompatible with their present working lives and careers, though feasible at a later stage in their lives, provided they continue their education, training or careers. This was particularly so in the case of mothers without self-sufficient or financially viable partners.

(3) Child and its emotional and social needs

Women articulated their perceived needs of a child and what a responsible parent should be able to provide for the child. These needs were reflections on their own childhoods and upbringing. They were very conscious of their inability to satisfy the needs of a child as they were not in a position emotionally, socially or financially to do so.

(4) Relationships with partners

The majority of women had some relationship with their partners but their role and the expectations of their roles, varied between women. Generally, women did not consider them as suitable marriage partners or fathers of their children or in other cases where the relationship was a good one, wished the relationship to develop before having any children. In many cases the relationships were unstable and could not support a child.

(5) Abortion: Moral issues and the abortion experience

As already indicated in Chapter One, the decision-making process around abortion and motherhood is a very complex one. The decision-making process as already evident does not centre on the right to life of the child, but rather on a mother's assessment of her ability to care for a child. But some women also spoke about their guilt and their moral feelings on abortion. This section examines the way in which they coped with this. It also describes the way in which the abortion experience is normalised in the clinic through meeting other women at the clinic and by the kindness shown to them by the clinic staff.

Social context and the rejection of alternative choices: Adoption and lone parenthood

While the politics of abortion invoke discussions of the right to life of the foetus versus the mother's right to choose, women's decision making around abortion — while sometimes including a consideration of rights — is embedded in a number of practical concerns, as the following table indicates. As can be seen from Table 6.1, many of the themes, raised by women, relate to women themselves and their readiness for children, in addition to the stigma of lone parenthood and a woman's right to choose. While abortion is often considered tantamount to a rejection of nurturance, this is a simpler view than the one taken by our respondents. Many women set high demands for motherhood and speak of how little they can offer a child and the way it contrasts with how much they would like to offer a child, or what they consider appropriate to offer a child.

Table 6.1

Themes Related to Abortion Decision From 88 Interviews Analysed	Number Who Mentioned Theme
Career/job related concerns	36
Stigma of lone parenthood	30
Child needs	30
Financially unready	28
Not ready for a child now	27
Could not cope	24
Too young	22
A Child already	19
My body, my right	17
Education and training	14
Never wanted a child	10
Stigma on parents	7
No way I could have a child now	6
Too old	4

From Table 6.2 below one can see that the decision to have an abortion is often made within a social context which includes others. While only 10 women told their parents, 57 told their partners, 47 of whom called their decision a joint one. In addition, 32 women were accompanied to the clinics by their partners while a further four were accompanied by one of their parents.

Table 6.2

Confidants [from a total number of 88]	Number
Told parents	10
Told Partner	57
Told Sibling	22
Told friend	48
Told nobody	0

Social stigma: Telling or not telling one’s parents

As shown in Table 6.1, the stigma of lone parenthood on both a wom-an’s parents and herself were important factors in the decision-making

process. In this section we show how such stigma works both in influencing who the woman tells and in why she had an abortion. Abortion is illegal in Ireland and considered immoral by a high proportion of the population, so it is a stigmatised form of behaviour. Secrecy is inevitable. But lone parenthood is also a source of stigma and abortion protects women from experiencing the latter. So inevitably secrecy about the pregnancy is antecedent to and in most cases a prerequisite of secrecy about the abortion.

In their interviews women explained why they kept their pregnancies secret from their parents. They included: a concern that parents might actually try and encourage them to continue with the pregnancy or prevent them from having an abortion; fear of parents; a fear that a disclosure of pregnancy would be used pejoratively against them or would bring disgrace to their parents; a reluctance to generate parental stress and; a realisation of parents' strong anti-abortion views.

Fear that parents would encourage her to continue with the pregnancy

Women tended to anticipate their parents' responses to their pregnancy. Their fears were not confined to parental rejection just because they were pregnant, but covered a whole range of options, and each had its attendant complications. For instance, they might have encouraged her to have the baby as the following cases tell us.

The woman who was aged 18, had a very close relationship with her mother, to whom she told everything. She went home for eight weekends but did not tell her mother who noticed she was quieter, that she was pregnant. She spent a lot of time in her bedroom, knowing that if she chatted with her mother, it would all come out.

When I went home for the week-end I was just bursting to tell her, I knew like if I did, she would make me keep it. So that annoyed me I couldn't tell my mum something like that. I tell her everything else like. I tell her most things.

[Aged 18, going steady]

She herself felt that she would not be able to cope as a single mother, and that her parents would not approve of adoption, so she would have to become a lone mother.

Similarly, another woman feared that her parents would encourage her to continue with the pregnancy and would be supportive of her while pregnant.

I think they would probably maybe want me to have a child if I told them, there would be that pressure. I just didn't want to take that chance.
[Aged 24, single]

Later she continued:

I think my dad would probably want me to have it in the sense that, I don't know, I think they would be concerned about me and what I felt. They know I would have to rear it at the end of the day. They would talk it out with me and they would never try to pressurise me, you know. I'd say they would be pretty shocked. I am twenty four, I am not nineteen, you know. They always do have hopes and stuff. They want you to have your own house and family [pause] that would go against the grain completely, but they would accept it, I know that.
[Aged 24, single]

This view was influenced by her father's remarks when a neighbour's parents forced her to have her child adopted and described what her father had said on that occasion:

'If that ever happened in this house, that child is staying here'. That came to my mind. I don't know how they would feel, they would think of me and my health and welfare. They wouldn't give a shit about what society thought really. Well they would, I'm sure but at the end of the day they would overcome all that.
[Aged 24, single]

She refers to what her mother thought of abortion:

She said, 'no, it's wrong, I don't want to talk about it, that's it' that was her attitude then [pause] black is black and white is white and I don't want to hear about the grey area. They are typically Irish, old Irish kind of parents. That would be discussed and sex wouldn't be discussed. Maybe in a joke maybe, that would be about it, but not comfortably.
[Aged 24, single]

So while she anticipated her parents' being broadly supportive, she herself did not want to become a lone mother and this pre-empted her from discussing the issue with her parents.

Fear that parents would obstruct her having an abortion

So if women had decided to have an abortion, they feared that if they told their parents they would try to stop them having an abortion. One of the women did not tell her mother because her mother 'would have done everything in her power' to stop her having an abortion. Her mother was a religious woman, who made her own decisions on whether something is right or wrong and she believed abortion was wrong.

[My] mother would have a nervous breakdown if she knew what I was over here for. She'd go mad.

[Aged 29, going steady]

Fear of telling their parents

Some of the younger women were simply too scared to tell their parents: one of these was aged eighteen and she and her boyfriend were still at school. She did a home pregnancy test to confirm her pregnancy and followed up with a second test a week later. She was afraid to tell her mother. She reported that she once told her mother about a school friend who got pregnant before she got married and her mother told her that it would be unacceptable for her to be in a similar situation. She could not tell either of her parents:

[My mother said] if I ever did that, that she would never see me again. So that is how it is.

[Aged 18, going steady]

They would kill me if they found out. My mother would definitely have a nervous breakdown, and my parents are quite strict, especially my father, they are quite old fashioned and that.

[Aged 18, going steady]

Her mother did not know that she was sexually active.

She's really Catholic. She would be mad if ever I didn't go to Mass. As far as she is concerned I've done nothing. She doesn't know.

[Aged 18, going steady]

She wanted to keep her sexual activities secret and felt her mother would reject her if she came back pregnant.

Fear of pejorative use of disclosure of pregnancy and abortion

Some feared that if they confided in their parents, the information would later be used pejoratively against them. For instance three women were worried that if they told their mothers it might later be 'thrown at them' in a pejorative way. Neither women had a relationship with the respective fathers and they did not want to talk to anyone about being pregnant. The casual nature of the relationship within which they became pregnant may have been a factor in their decision not to tell anyone including their mothers as the following excerpt shows.

Cos well cos I think that nobody needs to know, you know, it's my business like and erm I erm just didn't want anyone to know cos I didn't want it to come back to me at any time, for people to have a hold over me like.

How do you mean?

I mean, kind of, in like rows and stuff, I didn't want anyone to be able to throw it back at me. There were people I could have told but I just didn't want to.

How did it actually happen then?

Well, erm my boyfriend was away on a football weekend like, and we met up for a drink, you know, we often do, well we got falling down drunk and we ended up together like, it had never happened before and we've been friends for seven years you know. It was just that once, and that was enough.

[Age unavailable, going steady, (is not pregnant by long term partner)]

Another of these women was a lone mother with two children who lived with her own mother. She did not want to tell her mother about this pregnancy as she said:

Every so often you get it thrown into your face, you know what I mean.

[Aged 25, single]

To make matters more complicated the father of this pregnancy was not the father of her other two children and he was already married. This fear of disclosure was also stressed by another woman who said that abortion should be a private matter, best kept to oneself.

I don't know how they'll feel about it and I don't know. As well as that I think, you know, if you had a row with somebody or something like that, they could bring it up. I doubt if they are like that either, but you never know, I'd prefer just to keep it to myself. I always feel to, I am terrible for telling everybody everything, but at the same time I think there are some things you should keep to yourself. It's your own private and personal thing that you don't have to tell anybody. I mean, I'd like to talk to someone about it but not someone I know, you know that sort of way. You know, people I do know, don't need to know, so.

[Aged 30, single]

Stigma and premarital sex

Women's discussion on abortion revealed considerable secrecy around sexual activity. Women's reluctance to tell their parents they were sexually active stemmed from their parents' views on pre-marital sex. Their parents thought highly of them and they feared that any revelations about their sexual lives would alter their perception.

They don't need to know. My father, you know, thinks I'm like wonderful, not that I want him to continue thinking I'm wonderful, he knows I'm not and I know I'm not, but he's quite conservative and old fashioned and I think it would upset him an awful lot. My mother she's quite liberal, but I know it would upset her as well.

[Aged 25, going steady]

I think it (sex) is still quite taboo and all the rest. My parents would be quite old and they wouldn't know I live with [boyfriend] or anything like that until the day I tell them. I think that would be one reason that it would make it difficult for me to have a child, that kind of taboo kind of thing as well, you would have to go home and tell them. I'm the youngest and everyone else is married by now, you know what I mean [pause] then this one comes along.

[Age unavailable, cohabiting]

The following woman could not talk to anyone in her family about her pregnancy. She thought that both her parents and her sister would disapprove of anyone having sex before they were married. Her parents were religious and 'really old fashioned' and they 'read about those things'. She anticipated that her mother would react to her in the same very negative way she had reacted to a neighbour's daughter who became a single mother.

My neighbour, friends of my sisters. She got pregnant and she was about twenty five and she had a son and about two years later they got married. My mother is a very good friend with her mother. She thinks it is okay now that they are married but at first, moral sinners.

[Aged 18, going steady]

An obvious generation gap exists in many households, which compounds the issue. Women presumed that their mother did not know they were sexually active and wanted that situation to be maintained.

These young women gave the impression that their parents thought that they did not engage in any form of sexual relationships and they wanted to protect that image of themselves. The need to remain respectable in their parents' eyes and not to hurt them, orientated women to see abortion as the best option. An abortion protects the personal character of the woman by enabling her to conceal her pregnancy and her antecedent sexual activity. Secrecy also protected the woman from stigma she would experience as a result of the pregnancy, and preserved her reputation in her parents' eyes. Prior to recent higher levels of abortion, young single pregnant women chose adoption which also protected their identity in their parents' eyes.

Fear of damaging the respectability of their parents

The majority of women in this group were aged between 20 and 30 and were single. Single women's pregnancies were perceived by them as stigmatising their parents. While having an abortion might be considered a source of even greater stigma, if parents did not know about it, then it couldn't be a source of stigma. The main reason the woman below gave for having an abortion was the stigma her pregnancy, if discovered, would bring to her parents. As it happens she was in her final year of college, taking a prestigious professional degree and she had a long term steady boyfriend, also in college but feared that if she revealed she was pregnant her parents would have reacted as follows:

Terribly, I think that they would've been so disappointed, they mightn't have killed me or anything but I just wouldn't do it to them. But it would've killed them like.

What would there have been a big row or?

That, and they'd just be so sickened, they'd be so upset, you know. If they knew it would be terrible.

[Aged 22, going steady]

So while she did not fear parental rejection, if she told them she was pregnant her parents would be disappointed in her. So she wished to keep her pregnancy a secret. By having an abortion she protected her parents from such knowledge. She added that she thought her boyfriend's parents would think very badly of them also:

He said that his parents would be the same as mine, and I would say that they would, you know. I mean I go to his mother's quite often and I just know what she's like and that would be her opinion. If they knew this their opinion of us wouldn't be that great. The same as my parents as far as he's concerned if I went through with it.

[Aged 22, going steady]

This threat of the parents having to endure shame in the community was clearly anticipated by the following woman.

Like my mother and father are the best, they would accept anything that, in addition, but I wouldn't do it. They deserve better than that. It would be too much pressure oh, what a great family we are, ruining our good name in [hometown]. [Pause] Oh yeah, it's got a lot to do with it. For me even like. We have a good name a good reputation, ladies and gentlemen approach but, I don't want to have any of that.

[Aged 22, going steady]

So one reason for having an abortion was to avoid bringing their families into disrepute and "to protect the rest of my family".

I felt from the start, like I say it was something very casual to me, some of it is selfishness, and some of it that you don't want to disappoint your parents. My parents would be quite old fashioned and would not imagine that I would have had sex, least of all with somebody that I did not know all that well, you know, so it would have been a double blow.

[Age unavailable, single]

This woman's sister had got pregnant and her parents had asked "did she have to do this (to us)?" But she got married and everything was fine. Still this was disquieting for her family so she said:

For all those reasons I could not go through with it.

[Age unavailable, single]

This was echoed in other accounts.

Parents and what it would do to them, that's an awful lot to do with it. Because em, I am always at home saying 'don't worry mam, don't worry about me, messing around and joking and all. I just couldn't do it.

[Aged 22, going steady]

Parental respectability and young women's fears of disgracing them, featured as a central issue in these accounts, and influenced women's decision to have an abortion.

Respecting family's strong anti-abortion views

One of the women feared that her family and friends might be anti-abortion and that by telling them she would be putting an unfair burden upon them.

I was thinking about telling some of my friends or my family. But I decided not to because [pause] I think [pause] that if you explain to somebody that you are going to have a termination, and they have never been in that situation, obviously [pause] it's going to be very difficult for them [pause] to accept your decision. I mean say for example they're perhaps anti-abortion and you tell them you are going to have it, they will always see ways that you can get out of it. Even though you know yourself you are making the decision for a particular time in your life and you know if that decision is best or not. So from a certain point of view I think it is a bit unfair to tell them this and put that on them, [pause] and expect them to support you. Okay if they are really good friends, they should support you, but it's kind of an unnecessary burden on them. Especially if you know that it's not that you feel your keeping it inside, I mean it's different if you feel that it's all bottled up and you don't have the support of anybody. But because my partner is with me and he knows [pause] I don't feel that [pause] I've no one to talk to. I know if I want to talk to somebody, I can talk to somebody. But unless I feel a need to I won't. At the moment I don't feel the need to go out and tell the world.

[Aged 24, going steady]

While another woman knew her parents were strongly opposed to abortion, so did not want to hurt and offend them by letting them know she was pregnant and contemplating abortion.

She would worry, you know like she is a typical Irish Catholic mother, you know what I mean. She would be heart broken like and I wouldn't say anything to her like. Like I wouldn't.

You wouldn't involve her?

I wouldn't want to involve her.

What about your father?

No. He is great as well. I would just not want to involve him. It would kill me coming back, I would prefer if they don't know so that I could go back to normal as such.

[Aged 22, going steady]

In addition, as this woman also mentioned, women wanted to get on with their lives when they returned and secrecy facilitated that process.

Fear of putting additional stress on parents

However some women were having abortions, in particularly difficult situations in which they felt that continuing their pregnancies would have put additional stress on their parents. For instance, one of the women had two sisters who were unmarried mothers, so her parents had already experienced that social stigma. But if she were to have a child, it would be the last straw.

I'm daddy's girl. I get on really well with him, like I go to the pub with him and we sit and have few drinks, a few laughs. Yeah. We always have a great little laugh and it was only when my friend told us that she was having a baby the next year and she's getting married next year as well, I was saying like could you handle it, you know, talking to my mother like and she was saying well I suppose I would really, but I don't think your father could. I think it would be a lot of strain on him after going through two already like, it would be a terrible strain on him and I just sunk down in my chair.

[Aged 28, going steady]

While her sisters were now married and had their own houses and families, she was reluctant to be the third daughter in the family to

become an unmarried mother, and felt that abortion was a preferable alternative.

Another of the women was quite upset that she could not tell her mother she was having an abortion, but she thought her mother would be too upset to cope with the knowledge of what she, her daughter, was going through. It was not that her mother would either disapprove of, or dissuade her, rather she felt that her mother would support her decision. But she wanted to protect her mother from her abortion experience.

Em, I actually took the test myself, bought two tests and did them myself [pause] and then em, I only went to see a doctor there a while ago [pause] in the [Agency 2] and she gave me the information and everything so it was all kind of just last minute, I was just walking around in a daze for a good few weeks [pause] what am I doing, what am I doing [pause] I have to get something done, you know. The hardest thing was not telling my mam like, you know, cause she was kind of a bit at me all the time, 'you're only going over for three days and all this'. 'It's just the only time we had work off and have a bit of a holiday', you know. That was the hardest thing, not telling me mam, just taking off, I couldn't tell her like, I want to keep it quiet like, quiet as possible, forget about it then afterwards, you know.

Would you be quite open with her generally?

I tell her everything [pause]. Like she's not a hard person to talk to, just that [pause] it would upset her so much that her little daughter is going over to get all this done, you know, I don't think, she'd have a total breakdown, you know.

Is it more what her perception of abortion would be?

I think she would be with me on it [pause] knowing at the stage of my life I'm in, she'd probably say okay, it would be the best decision, but em [pause] just to know that I'm going through the process of it all like, cause I'm the youngest, like too young to be going through anything like this, you know.

[Aged 21, going steady]

This focus on sparing mothers any anguish was a theme in other accounts too as can be seen for example in the following comment.

I know she'd be worried if she knew I was over here like, I wouldn't

like. [pause] I feel that's better for her not to know like. [pause] there's no point her worrying as well.

[Aged 18, going steady]

Women with children already: Special issues

In cases where women were separated or single, another pregnancy would reduce the support they already had from their parents.

One woman had an eight year old and a five year old and was now in a new relationship and her new partner accompanied her to the clinic. However her family did not know about her new relationship. Her partner would have liked her to continue with the pregnancy but she claimed that she would have lost the support of her family if she had continued with the pregnancy.

My mother would go crazy. My sister would go berserk. My family would go berserk. They would be thinking of my kids and how selfish I am. Things like that. They know and they don't know. I made it that way too, that's my fault.

[Aged 30, (separated) going steady]

She was never very frank with her parents about her relationships. This was her second termination. Going ahead with this pregnancy might also have brought her husband back to annoy her. As it was, she neither heard from nor saw him, nor did he see her children. Her present arrangement was quite complicated for her and she was threatening to break off the relationship with her partner, partly it seemed because of her own family and her two children. She described her mother and sister as domineering but helpful. Both of them treated her as a bit of an 'eejit'. She did not live with her new partner and said that her mother would object to a new person coming in and her children might object too. By having an abortion nobody would know that she had a new sexual relationship with her partner, though she thought they suspected her of having one.

If one were single with a child already, it was difficult for women to tell their parents they were pregnant again. One woman who was a lone mother already felt that her parents could forgive her for having one child but not another and it would also subject her to further stigma from her community.

It's okay one time but I think it would break her heart [pause] they have a lot on their minds [pause] my dad is sick and they are moving house and everything is going well for them. I didn't want to tell them. But it is okay having the one but not two. Not in my area.

[Aged 25, single]

All of these interviews show that many pregnant women see themselves primarily as daughters. Their individual pregnancies, its consequences and its revelatory dimensions are perceived as reflecting badly on their parents, whom they did not want to upset. Viewed through the eyes of a daughter, if abortion if performed early and secretly, it prevented any parental stigma and disgrace. It is important also to note that not all women who have abortions feel that their parents will reject them because they are pregnant, rather that some may encourage them to become lone mothers. This alternative besets the pregnant woman with other difficulties as will be described in the next section.

Adoption considered as an option and rejected

One of the options available to women with a crisis response to pregnancy was to continue with the pregnancy but have the baby adopted. Some of the women interviewed who had abortions, very consciously considered adoption or were encouraged to do so by significant others, who knew they were pregnant. However they either rejected adoption because they did not agree with it, or because they felt that if they continued with the pregnancy, they would not be able to go through with an adoption, and so in practice would become lone mothers. In addition, it was highly likely that their parents would find out that they were pregnant, which was not the case with abortion.

I know if I had one [a baby] I wouldn't give it up for adoption.

[Aged 26, cohabiting]

Well abortion was the first thing I thought of when I found out I was, and I did talk about what else [pause] adoption, but em, but I just didn't think I could go through with it from the start, I couldn't.

[Aged 17, single]

I knew in my heart and soul, no way. I could not adopt, I could not give it up for adoption. After going through having it, there is no way. I knew it would be impossible for me to keep it, because I wouldn't be

able for a child. It was the only other alternative. Wouldn't be fair on a child. Well I don't think anyway that it is fair on a child or a single mother if you are not able to, what's the point.

[Aged 24, going steady]

And I said that I would consider termination, because it was a really bad period in my life to have a child. And she said would you not think about adoption. And I said no [pause] if I did have a child I would look after it myself. I would never put it up for adoption.

[Aged 23, going steady]

The last woman here also said that if things were better she probably would go through with the pregnancy, but ruled out adoption.

Adoption was never an option. I don't know why, it just never was. I felt if I was going to carry a child for nine months, then I was going to look after that child

[Aged 23, going steady]

The following two women did not agonise about adoption instead, based on their own personal experiences, they dismissed it as an alternative:

I wouldn't be able to live with that like. [pause] I was there like, (she herself was an adopted child).

[Aged 17, single]

While the other of these two thought she would travel for a termination from the start, her father wanted her to give it up for adoption.

I don't agree with adoption. I had a sister that was given up for adoption and my granny was adopted so I don't agree with that.

[Aged 17, single]

As we noted in Chapter One, the number of women who choose adoption has declined. For women who had abortions, they felt that they would simply not be able to go through with adoption, for them adoption was contextualised as an issue around lone motherhood. Their attitude also implied a growing attachment to the embryo/baby over the period of pregnancy and an inability to give up the child for adoption once it was born. Finally, they did not see adoption as providing a form of concealment of pregnancy or of sexual activity. Abortion

enabled them to conceal their sexual activity, prevented them from forming a relationship with a developing embryo and enabled them to resume their lives as it was before they were pregnant. Adoption was a far more complicated alternative, one in which the final outcome was unpredictable and one which they could not easily entertain.

Motherhood, its demands and needs

In Chapter One, we noted the changing nature of motherhood and its economic and emotional requirements. Pregnancies are now more likely to be planned or preferably occur within appropriate social arrangements. However, not all women wish to become mothers and ten of the women interviewed in the abortion sample said they never wanted to have a child. However, other women while wanting to become mothers were, as Table 2.1 shows, not ready to have a child, or could not cope with a child at that particular stage in their lives. This section is divided into a number of sub-themes: orientation to motherhood; and the difficulties a child would present at this time; the effect of a child on her education or career and the demands of their other children as seen by single, married and separated women.

Orientation to motherhood

An overall theme, which we labelled 'orientation to motherhood' emerged as a central underlying concept in many of the interviews. While motherhood and a maternal orientation were often seen as natural orientations, several contested such a view. Our study showed a variety of orientations to motherhood. Some women claimed that they never wanted a child, some women were simply unable to cope with the thought of having a child while others said that they did not want to have a baby at this stage of their lives, but planned to have a child when the conditions were right.

Generally 'does not want to be a mother at any stage'

Some women said they never wanted to have children and while they might change their minds in the future this attitude now influenced their decision-making process. Those women who never wanted to have children articulated this attitude in a number of ways.

I never wanted a baby. I never felt the need to have a baby. I love kids, I love my nieces and nephews. I suppose fear, fear has a lot to do with it

[Age unavailable, (separated) going steady]

Oh yeah, it never dawned on me that I would want to keep the baby. I have absolutely no regrets. I never wanted to have them myself.

[Age unavailable, going steady]

I didn't want a child, no way. Like I can barely look after myself never mind an infant.

[Aged 24, going steady]

And have you ever thought about what you would do if you did become pregnant, I mean before this?

Yeah, I thought I'd do this, termination. Like I said I don't want children I've never been into that kind of thing, you know.

[Aged 25, going steady]

I don't want to look after it, I don't even like babies.

[Age 16, going steady]

We can see that part of their reluctance was to do with fear and apprehension about having and looking after a baby. If we consider that an emotional attachment to children and the anticipated joy of parenthood are strong incentives to have children, then a lack of such an orientation would mean that a woman faced with a crisis pregnancy would not be torn between the strong desire to have a child as contrasted with having an abortion.

Wants children at some stage but not now

Other women in this sample did not reject the idea of ever becoming mothers but rather becoming mothers now, in their current situation. The theme 'not now' in relation to motherhood is similar to one already found in research by Currie (1988) on reproductive decisions. She identified an underlying theme called "not the right time" as a composite term for a conflation of reasons. Women saw their current situation as the wrong one in which to have a child despite having maternal instincts and hoping to become a mother some day. Many of the women invoked their age as an explanation for their 'not now' view. This

however must be seen in the context that these women varied in age and did not state any particular age at which motherhood would be suitable. Rather it was their age related to the point they were currently at in their life trajectory and the number of things they wished to complete and do before becoming mothers that made them feel now was not the right time.

I really just knew I just didn't want it. It's not right for me, not now, maybe in a couple of years time, even then maybe no, you know.

[Age unavailable, going steady]

Like I went to visit her three times [doctor]. Each time it was all the same, 'well your family are very supportive. It's possible, girls have done it in worse positions than you. You have to think about, it's not just you that makes this decision' etc, etc [pause] She was not listening to the fact that I don't want a child. I am not interested in having a child at this stage of my life. And em, so I decided not to go back and made the appointment to come here. At ground level I don't want a child. It's not that I couldn't have one, it's not that I couldn't cope, it's just I don't want one. And once I had ascertained that in my own head I just wanted a termination.

[Aged 26, cohabiting]

The prospect of lone motherhood was a daunting one for another of the women who saw herself as a child and she certainly did not consider herself as having an independent adult status. She knew younger women who became lone mothers, but, perceived them as having no lives of their own.

I didn't know, I still thought in my mind that I would keep it, but I just kept having second thoughts all the time, every time I sat and thought about it I just couldn't see myself bringing up a child, not at this stage anyway, I'm only 21, on me own, I couldn't afford it either, I'm only working part time and all. Just I felt trapped, I just thought of myself with a child I couldn't go anywhere or do anything, there're loads of single girls with children where I live and they're all far younger than I am, they're 15 and that much, just you see them on their way with their prams everyday, they've no lives of their own at all.

[Age 21, single]

For her it was important to have a life of her own before embarking on motherhood. While we saw in chapter one that the age at which

women have their first child has increased over time, whether one is old enough to have a child is a very subjective matter. As mentioned above for some age is relative and best understood in relation to the point they are at in their life cycle in relation to school, college training or career ambitions.

I know it was the right decision. When you are only 23 years of age, you know.

[Age 23, single]

I just started to think realistically like what age am I for instance.

[Age 21, going steady]

My age and losing my freedom and going out and stuff like that. I couldn't imagine having to look after, a bit too much responsibility. I've baby sat my brother and sister like, it's different to having your own. I don't think I would be able to do much.

[Aged 17, single]

Age was really a short hand expression to refer to the fact that managing a child would be very difficult for them to do in the present overall context of their lives. They saw a child as restraining and restricting their lives and other pursuits of work and education.

Oh yeah, I always kind of knew I'd do this (i.e. have an abortion). Because [pause] it's just that there's too much going on. I really would hate. [pause] I couldn't deal with a child and I would hate to be tied down with a child.

[Age unavailable, going steady]

A lot of people are going around with a very romantic notion. A little baby, blah, blah, blah you know. Realistically speaking it's [pause] you are probably as aware as I am, but it's so difficult. It completely changes your life. I would have to take a year out of college. Telling [partner's name] parents as well. Okay, my mum probably would have given me support, but you know. At the moment I am just not cut out to be a mother. I'm not prepared to be that committed to something else in my life. I have just got back into College which I feel is a second chance for me. Doing what I really want. And em [pause] I just feel, no now isn't the time.

[Aged 26, cohabiting]

It has nothing to do with my age. It has everything to do with being at college and my position at the moment. I don't think that I personally would be fit for motherhood. I am just about able to be a student and get my career in order I just don't think, it is an enormous responsibility and one people take on without realising what they are getting themselves into. At the end of the day someone else is going to be suffering. So I know I am not ready for that. I am twenty four and all that, maybe I never will be.

[Aged 24, cohabiting]

Another woman had come over to England to have this termination with her mother and was staying with relatives. She was about to start College in the following October and said this would be impossible if she had a baby as it was an hour and a half's drive away. It was a turning point in her life and was a time at which taking on the responsibility of motherhood was not feasible for her.

My age and losing my freedom and going out and stuff like that. I couldn't imagine having to look after a baby, too much responsibility.

[Aged 17, single]

Life trajectory does not include having children

One of the key aspects of modernity are men's and women's need to form and shape their own lives. They are expected to control nature and direct their lives rather than succumb to its control. If that sense of being in control was valued and wanted by women, a child was seen to make that impossible.

I keep fit, I love my independence going for a run in the park, I like all that, I like my independence, I just felt I wasn't ready. I felt that [pause] I do believe in a family, I want my own family, I want my own partner. I don't want it to be a task or a chore [pause] I always thought I was selfish for dabbling and not being cautious this time. Once I was stupid and I was thinking, how can you do that, your dabbling with human life, you know. I felt kind of guilty and kind of selfish and I felt panic, thinking of having it, panic feeling about it, in my heart and soul, I didn't really want that, I want my life the way it is now [pause] and doing things.

[Aged 24, single]

Some women linked a number of reasons together when giving their views on motherhood and their present feelings of not being ready for it. They saw the need to do other things as selfish perhaps and they wrestled with that accusation. At the same time they argued that their long term career and job prospects are important especially if they want to have children.

I'm actually very fond of babies and naturally you see [baby] clothes or you see babies and [pause] it's hard. I guess I'm just not ready to have a kid. My age I just don't think I'm ready to, I don't think I'm responsible enough yet or think I'm too selfish at the moment, you know, there are too many things I want to do. It's just too much personal responsibility. Secondly my career is very important to me. I would like to be able to have a career where I could take time off for the first few months of having a baby, the baby. And thirdly [pause] when I have a baby I want it to be, I don't want my reaction, when I find out that I'm pregnant to be one of anger or annoyance. I want it to be feelings of exhilaration and shared feelings with my partner or whatever.

[Aged 25, going steady]

This notion of it not being an appropriate time to have a child was augmented by women referring to their lack of competence or their inability to cope with a child in general and at their age. Not unexpectedly, this was especially the case if continuing the pregnancy means lone parenthood, which is perceived as being a very difficult life, and by some as even a little irresponsible. They detailed their inability to cope with the demands a child would make on their lives.

And the night I found out I was pregnant, I got a panic attack [pause] I do get these fits, it wouldn't be very responsible of me to actually take on a child and I can't even look after myself yet in that respect, in that way.

[Aged 30, single]

I suppose fear, fear has a lot to do with it. Too much of a big thing for me to take on right now. [pause] Really it's just too much.

[Aged 18, going steady]

I consider myself a child, I don't think I can have a child.

[Age unavailable, single]

No. I just couldn't cope with a baby. A baby I could cope with, you know, but a human being for the next [years].

[Aged 25, going steady]

One woman drew on her own experience to substantiate her claim that she could not cope with a child. She herself was the daughter of a full time lone mother and she invoked this to explain her choice.

Well I told her I wanted to do it because I wasn't capable of having a child, like I would just be repeating my mother's pattern again and I don't want to do that like. Well he's [partner] the same way as me. He couldn't afford it, it's the wrong time, too young, don't worry about anybody else. If in fifteen years, no I am only twenty-two. I don't even like the idea of having children. I don't think I could cope with it, I am too selfish. My mother was such a saint all her life, she has done everything for me. [pause] I could never see myself being such a good parent, I couldn't. Cause I don't think I could become so selfless so I don't think I should be a parent as such. We were saying 'how do you feel about it, you tell me'. I said, '[partner's name] to be honest, I don't want to think I don't want to think, I don't want this child'. 'Phew, I don't want it either'. I feel one hundred per cent I really do. I am just not able for it.

[Aged 17, single]

For some women the number of reasons and their accumulative effects made abortion inevitable.

Millions of things. At first I thought, because I'd had an abortion before, I thought it would never happen me again. And unfortunately I got caught out with the same guy. I'm not going out with him now. I was thinking, I like my life, but you know, maybe I should just like, it would be a case of stopping my life I had. I'd have to give up my job. I've set up my own classes teaching [sport]. I've just done [training in leisure]. I've lots of different feathers in my cap and I want to keep exploring. I was thinking, maybe [pause] I should have it and there would be other joys it would bring me. There was the issue of you know, am I a really selfish individual? Like I look at kids where I teach, they're young children really, seventeen, eighteen, and they're bringing up kids and here's me I'm older, am I a weak individual, why can't I take on that responsibility?

[Aged 24, single]

Another of the women did not feel in a position to have a child. She envisaged having a child when she was in a good position to do so. In the meantime if she continued with the pregnancy the responsibility would fall to her parents, especially her mother, as she is dependent on them still and if she had a child at this stage would continue to be so.

I'm only really starting cause I dossed for two years when I left school, just travelled around, like I'm doing computers at the moment, I've another two more years [pause] I'm only starting and then. I might not even stick out this course, I might go on and do something else [pause] you now [pause] cause I love travelling, I was travelling for the past two years. I'm only settling back home and I just want to take off again like. [pause] Like even if I do have a child on my own, I will do it on my own, in a good few more years I'll be able to handle it [pause] I'll have more money and everything [pause] when I'm starting to work and everything [pause] but [pause] I wouldn't be able to do it on my own [pause] I couldn't do it to me mam, cause she's too old, she's hardly that much money herself, so my dad like.

[Aged 21, going steady]

These women were not rejecting motherhood per se but rather motherhood in their current situation. They were not in the right financial situation in that they were still embarking on careers that they saw as having to be sacrificed if motherhood was pursued and emotionally they did not feel they were ready to take on the responsibility of a child, which they saw as a serious and substantial responsibility. If they became lone mothers they would need the support of their families and they were reluctant to impose such demands on their parents.

Effects of pregnancy on life, career or educational opportunities

As can be seen from the discussion above the reference to age is really a shorthand way of describing their lifestyle and dependency. Women were likely to assess the effect of having a child on their career paths, training and education. They anticipated that it was impossible for them to combine their present life with having a child, saying that their lives would effectively stop or that having a baby at that particular stage would seriously affect their careers. Fifteen of the sample were students and not in a position to support themselves or a child. Other women were training for particular occupations or working in a job in which

they wanted to establish themselves financially and occupationally. A baby, they felt, would preclude them from doing so.

If I keep the baby, my life will be ruined. [pause] Coming over here and getting this done was for the better. Be able to get a job, be able to go to College, be able to go out with friends for a few drinks and all [pause] so it is for the better.

[Aged 17, single]

Well, I start College in September. and that's far away from where I live at the moment, it's an hour's drive and it's full time, it's a long course so I am not going to be able to have a little baby with me or be pregnant. I just couldn't imagine myself.

[Aged 17, single]

I wouldn't be able to have a responsibility for it, never mind myself, looking after myself and somebody else. [pause] A lot of things I want to do before, like I haven't even got the right job I want or anything. [pause] I want to get a job, maybe at the age of twenty-eight or something I might be thinking then, on a different line but not at this moment.

[Aged 21, going steady]

It has nothing to do with my age. It has everything to do with being at college and my position at the moment. I don't think that I personally would be fit for motherhood. I am just about able to be a student and get my career in order I just don't think, it is an enormous responsibility and one people take on without realising what they are getting themselves into.

[Aged 24, cohabiting]

The next woman clearly felt that to continue with lone motherhood would automatically preclude her from pursuing her current career as a teacher.

I have my life ahead of me and my job. I did not want to give that up at the moment.

[Aged 20, going steady]

While another woman stressed very clearly the importance of work which she felt made it impossible for her to 'mother' properly. This

links up with her feelings about personal ability to mother at this stage in her life.

It's just about me. Everything about me, my work, my social life, like, just me, my way of thinking, just the way it is. I don't think you could put it down to your work really, it would be very selfish to put it down to one thing. But like if it comes down to one thing, that's what it comes down to. If your work is you, well then, it's your choice.

[Aged 24, going steady]

Some women also related their decision to their expectations of themselves. The following woman saw herself as having to fulfil a range of other goals in her life before dedicating herself to becoming a mother.

Like, okay right, their set-up, their lives [lone parents], but I've a lot more planned before I have anything like that, the rest of my life. Cause it is a decision and it is the rest of your life [pause] when you have the child, that's it, that's the child and your life is just gone out the window.

[Aged 21, going steady]

For those on specific training courses such as nursing a pregnancy would mean interrupting their careers for at least six months, and the sheer practicalities involved in combining work and childcare were daunting and a viable way of caring for the child properly was not seen as possible.

I think if I had this kid and I kept it, I would never, I would never finish it, I would never go back to nursing and I would never be able to keep working and have a child at the same time. Cos there's just not the facilities there for me, I mean they are there to a certain extent but I wouldn't want my kid in a crèche all day and see it like 3 hours a day. I didn't want that, as far as I'm concerned, you know. When I'm good and ready to have kids, I'll have kids, no sooner. But you know as I say, it's not to say that I don't think it's not a moral thing, I do. But with that said I feel it is more a personal thing then a moral thing.

[Aged 19, going steady]

Women as workers have to work similar patterns to men, and raising children was seen as incompatible with their working lives. The world in which their careers were developing was not seen as a child friendly one as it was not seen as able to accommodate a child.

Oh no I never wanted children, I want a career, you know I'm just

starting to get somewhere. I work in a very male-dominated line, it's hard you know, there is no room for taking time out for babies and the like, I've worked hard to get this far. I'm not giving it up now.

[Age unavailable, single]

While the majority of women who had abortions were single a minority were married. Raising children, even with a partner, was difficult, if there were special circumstances involved, especially those involving the woman's career. One 28 year-old woman had been married for two years after a seven-year relationship with her partner. Her reasons for having an abortion were different from other married women who will be discussed below in that she had no children. Her husband was currently working abroad and she planned to follow him a few months later and felt she could not cope with a pregnancy on her own. She had spoken about her intention to have an abortion with her mother, her sister and her husband. All were supportive of whatever decision she made; however she did feel annoyed with herself for getting pregnant.

You know we made out a list of what we could do and want we can't do and the list of the negatives far outweighed the positive. Mainly because of this huge work commitment that has us locked since [month] that can't be broken. So as I said when you look at the positive side and say let's look at all the good things, the negatives did outweigh the positive in that respect.

[Aged 28, married]

Another discussed her suspicion of pregnancy with her boyfriend who urged her to both confirm the pregnancy and make her decision as quickly as possible. Despite the fact that both of them discussed it, the context of her decision-making was an individualised one. It was a matter of whether she, not 'they', could cope with looking after a child both financially and socially. The fear that the pregnant mother could not look after the child herself because she was employed and that she would have to entrust the care of the child to her mother was a very important aspect of her decision-making process.

Logically I couldn't afford the child, there is no way. My wages do not suffice to afford a child because I have a car as well. Paying that loan off for a couple of years. The notion of 'how can you get pregnant', 'you should be taking precautions', 'why do other people get pregnant'. [pause] But it would be the whole notion that I would have to give the

child to my mother to mind during the week. I can't look after myself, let alone anyone else. Like myself and my boyfriend, we can't cook, we don't do anything properly, don't eat properly, it would be totally illogical.

[Aged 22, going steady]

Too young to become mothers

Our study showed that the younger women were most likely to be accompanied to England by one or other parent, but some young women came alone or with a partner. One woman who was 17 told her mother she was pregnant. Her mother was very understanding and her father wanted her to have the baby adopted which she resisted as a sister of hers had been adopted and they had never met. Her parents were separated and when her mother asked him to give her the money to go to England he refused as he rarely gave them any support. She had told the counsellor that she was not capable of having a child and she was not in favour of adoption.

I wasn't able to support myself either, it is very hard to get a job. If I don't go back to school, if I don't finish my education, I would never be able to, I would be repeating my mother's pattern again and I don't want to do that. Like, I am proud of her like, when I think of what she came through. I want a fresh start.

[Aged 17, single]

Another 17 year old woman had personally witnessed the difficulties of adoption and wanted to be able to have a better life than her mother had and this option included employment. She was accompanied by her father and her mother had arranged for her to see a counsellor in Dublin where she was doing her Leaving Certificate. She conceived as a result of a once off sexual encounter while drunk. She could not give the baby up for adoption and initially did not want an abortion either. But then thought if she had the baby her life would be ruined. If she had an abortion, she would be able to get a job, go to College and continue with her life as prior to getting pregnant.

In almost all cases where women had partners, women assumed that they would look after a baby if they continued with the pregnancy. However the following woman's discussion of her pregnancy directly referred to the possibility of her boyfriend taking care of the child full

time. Essentially, if he did, his career would be jeopardised. She resisted continuing with the pregnancy however, as she did not want her partner to give up his studies and sacrifice his future job opportunities too.

What am I going to do and how am I going to tell everyone and tell my boyfriend about it and his parents like cos he's at college and if he were to give it up like he said that he would give up college and I didn't want him to do that but if he kept going to college I'd have to give up work anyway. So one of us would have to give up and it just wasn't going to work out you know.

[Aged 19, going steady]

Single mothers and the needs of their children

While women who were pregnant for the first time imagined what a life of lone parenthood would mean, those who were already single mothers articulated their response to this pregnancy in light of their previous experiences. For instance the woman below, now aged 23, had a very difficult time with her first baby who was three years old and was just about able to manage with him. She described him as a difficult baby who had a number of medical problems requiring special food which added to the financial burden of caring for a child.

You have a screaming baby on the one hand, you have to pay your bills and you can't work. Now he is getting to be a good buddy and I'm developing a good relationship with him and I don't feel that I can deal with another one. I would throw myself over the bridge, well I wouldn't do that but I just don't think that I would be mentally capable of dealing with another baby.

[Aged 23, single]

While she 'would not give him back' she felt that she had just got on her feet at this stage and could not have another child. She wanted to continue to work. Her mother and family were very helpful when she had her first child and might even accept this pregnancy but she herself could not. They would, she felt, disown her if they knew that she was having an abortion. But it was her need to care for the child she already had, that was to the fore in making her decision on abortion.

Married mothers' children's needs

We saw in Chapter Two that the majority of women who had abortions were single, and our sample reflects that. But a small number of married women who had abortions were interviewed. These included three of

the oldest women in our sample and their reasons for seeking abortion were quite different from women who were single and pregnant for the first time. These women made their decisions in the context of accumulated responsibilities over a lifetime.

The first of these women was aged 42 with four children, whose ages ranged from two to ten. She had used a combination of condoms and the safe period to plan her family up to now, but did not mind getting pregnant in the past. Her husband's job entailed his being away a lot and she could not simply cope with another child. She discussed the option with him and he was supportive of her decision. This was also influenced by the worry that there might be something wrong with the baby because of her age, and although she knew about the amniocentesis test this had not been made easily available to her.

I actually thought about it and I read something in the paper, it seemed to be such a hassle. You had to go up to Northern Ireland, you know, to get it done. But it is the thing of getting away then [pause] it would take a couple of days you know. He [husband] was for it. The last time I was pretty ill, four litres of blood, he was afraid I was gone the last time. I suppose both of us thought if anything happened and the kids too.

[Aged 42, married]

In this case she and her husband had the care and needs of her children and her own physical health to the fore when thinking through their decision. She was very reflective on her decision, revealing her own attitude to abortion at the time of the political debate on abortion in Ireland.

I wasn't bothered because I thought it won't affect me, never will. But in a sense it did, you now, it is different when it happens.

[Aged 42, married]

She contrasted her attitude then, to her present position, finding herself in a particular crisis, and concluded that she thought women were in the best position to make up their own minds.

It is not a decision that anybody would take lightly. I don't think anybody would put themselves through the hassle. Actually even travelling, do you know and all the hassle, expense and everything, it is just a thing you would not do unless you thought there was no other choice, do

you know. I think they should give women more credit than they do [pause] nobody is going to go through with it if they don't have to.
[Aged 42, married]

Another married mother was also 42, had never used contraceptives and had two grown up sons. She too never envisaged herself being in the position of having to consider the difficult decision whether or not to have an abortion.

I had to suss it myself [pause] hard enough decision to make in the first place [pause] not that I'm a devout Catholic but I never thought I'd be in this position, I suppose I've been lucky 'cause I never used contraceptives all my life and I'm married for twenty two years, but I suppose it's just, you don't do it, I never thought I'd have to do it and I certainly if I decide to do it, I don't want somebody telling me I shouldn't do it. It's a personal thing, you know I don't want somebody attempting to tell me I'm doing something wrong. Once I realised I was pregnant I wanted it terminated [pause] and there was no question about it, we had both decided that was what we were going to do [pause] ultimately it was up to me of course [pause] but unfortunately, I really didn't want another child and I was, I suppose I was afraid of reaction really. I suppose if you're coming from where I'm coming, which is forty two as I said, married [pause] husband that supports me whatever way I decide, I could rationalise it and think well [pause] and I could afford, if I needed money I could get money [pause] there are loads of things I didn't really have to worry about [pause] but ultimately the decision, that was the hardest thing. Once I decided on it [pause] I'm pregnant and I feel terrible.

[Aged 42, married]

She could not cope mentally with the physical changes of pregnancy and was very adamant about her decision to have a termination. Her determination did not reduce the personal difficulties she experienced in making the decision as she emphasised her individualised responsibility for her decision.

Another woman already had six children and was aged 40. She had relied on an IUD for several years but had it removed when she got an infection. The doctor then discussed sterilisation with her, but the operation was very expensive. She was thinking about a sterilisation, but she could not afford to have one. She was having this abortion,

later than she would have liked, because September was an expensive month, with extra costs incurred as her children going back to school. She was hoping to have both a sterilisation and an abortion at this English clinic as both she and her husband agreed that an abortion and ideally a sterilisation was the best option for her. In her case the delay in sterilisation resulted in a pregnancy and then she was faced with having both procedures done in England, whereas an earlier sterilisation would have prevented all her trauma.

Well we discussed it. He said that if it is what I want, it's what I want and he is usually pretty sensible about things, but you know. There was no hassle about it.

So it was a fairly straightforward decision?

It was.

And in terms of the finance, how much has it cost you roughly to come over here?

You see, when I was considering sterilisation the combined operation was £460 plus consultancy fee which was £45 and £25 for bed and breakfast which is an extra £70, so in total I had to bring about £650 to cover and my flight, it was the cheapest flight I could get. I would say there won't be much change from £700.

[Aged 40, married]

These case histories show the different circumstances older married women could find themselves in. Motherhood was something they had already negotiated. But bearing another child at this critical stage of their lives was impossible for them and to have an abortion was a decision they felt they had to make. They did so with the support of their husbands.

Separated mothers and their children's needs

Four of the sample interviewed at abortion clinics had been married with children but were now separated. The reasons which influenced their decisions to have abortions were embedded in the particular complex family contexts in which this pregnancy occurred; the impact of this pregnancy on their relationship with the father of the children they already had and the relationship between their children by a previous partner, and this child, should they continue with the pregnancy. So they raised different issues to single women.

One of these women was aged 34, had got pregnant as a result of a once off sexual encounter, and while she was living separately from her husband for four years. Separation procedures were still going through the courts. She found the entire separation process very stressful and she could not cope with another child. She had separated just after her second child was born, lived on social welfare and had recently started a training course. She felt that she could not discuss her plight with her GP and did not want to tell anyone who she was pregnant by. While she did not articulate any reasons for having an abortion she said that she could think of no positive sides to continuing with the pregnancy, they were all negative.

Then we [husband and self] split up and [pause] raising them on my own basically, more or less [pause] and I can't really afford it, I'm on social welfare. Terrible thing to say, isn't it [pause] but I can't, I'm living in a flat. Everything really [is why I can't continue with the pregnancy] it wasn't just one thing it was everything. Thinking about it, I'd go from one to the other, you know. Kind of, you know [pause] I couldn't think of one positive reason [to continue].

[Aged 34, separated]

Another 31 year-old woman was a sales assistant who had two children and was separated for about two years from her husband. She found the last two years very traumatic and mentally was not able to cope with another child. She also felt that she and her ex-husband had put her children through a lot of turmoil already and she did not want to do that to another child. In addition, she was reluctant to have another child by a different man.

I felt that I just couldn't simply cope with having another child. I mean I'm separated from my husband, not very long, you know, well about two years and it's just been such a traumatic two years, I just felt that mentally I wasn't able to cope like. And because of myself and my ex-husband and I felt that I had put them [other children] through, that we had put them through an awful lot of emotional turmoil, and I just didn't want to do that to another child and I didn't want to suffer the consequences of doing that to another child.

[Aged 31, (separated) going steady]

The woman below worked full time in a professional occupation, and felt that she could not cope with another child. She was separated from

her husband but was cohabiting with a new partner by whom she had two young children. She had a number of reasons for having an abortion. She was scared that as she was nearly 40 years of age the baby might have Down's Syndrome. But her major reason was that she would not be able to cope. She said that she had thought about an abortion immediately and was not prepared to listen to anyone. She did not want anyone to change her mind.

I'm very tired, working and two small children. I felt if I allow my mind to be changed, I would be there, worn out, pregnant, trying to look after two kids and I'll be unable to look after nobody. So I just did not let anybody interfere with the way I was feeling.

[Aged 40, cohabiting]

Her anxieties about continuing with this pregnancy were influenced by her previous childbearing experiences. The double burden of domestic work and children were left for her to do in addition to her teaching job. She found it very difficult to cope and was just beginning to manage both her job and care of her other children when she got pregnant this time. Literature on women and abortion suggests that women who have had children already, find the operation particularly difficult. She found going to the theatre for the abortion particularly hard as she related the pregnancy to those of her other children.

The hardest part would have been going to that theatre and having it done. And thinking that was a little [daughter's name] or a little [son's name], you know, that was the hardest part.

[Aged 40, cohabiting]

Her account showed the confined context in which she had to make her decision. So for women who were separated, and who had taken on the responsibilities of childcare on their own, having to care for another child was seen as beyond both their means and capabilities.

This review of women's orientation to motherhood shows how they anticipated very realistically its demands, or in some cases have already carried the burden of motherhood. We say 'burden' because their accounts show the way in which they shouldered all the care responsibilities, often in addition to the breadwinning one. Motherhood, as envisaged, was a great commitment which conflicted with a women's

development to an autonomous, self-financing responsible adult role. The achievement of this latter role was a prerequisite to motherhood for some and they perceived that early unplanned motherhood would completely arrest their personal development. Nor was this personal quest for autonomous, independent and self-sufficient adult status seen as a purely self-centred one, on the contrary it was seen as one which would enable them to become successful mothers in the future, and able to cater for all their children's needs.

This sense of responsibility and care towards others was seen in the accounts of mothers who felt that they were already over stretched and another child would hinder their care of the children they already had. A number of women were also having abortions because they thought that this pregnancy might have threatened their life or health.

Child and its social and emotional needs

As noted in Chapter One, the modernisation of motherhood has changed the role of mothers from one of emotional and caring support to one which combines both caring and financial roles. Women's increased independence and obligation to work has changed both the nature of marriage and women's perception of the demands of motherhood. As mothers, women now carry the double burden of income earner and carer. In addition, as children and childrearing become a planned part of people's lives, parental perceptions of children's needs have changed. Parents are increasingly conscious of the role they play in the development of children into well adjusted adults. They feel that this process requires emotional, social and financial security and stability. Traditionally all of these needs might have been seen to be encompassed into the role of the 'traditional' family. The pattern of that family was one in which the father was the principal breadwinner and the mother the carer. Increasingly in Ireland mothers are breadwinners as well. Equally important is the assumption of many women that effective child-rearing and caring is best carried out within a stable family unit. Increasingly that now means one in which both mother and father play both roles. It is within these dimensions; the centrality and importance of a family life, the need for a child to have an active father, and the

emotional and economic needs of children that women's decision making on abortion is shaped.

As can be seen in Table 6.1 'child-based reasons' featured prominently in women's decision-making around abortion. These themes centred around the needs of the child and a mother's unreadiness to have a child at that particular time because she could not satisfy those needs. These child-focused reasons contained a number of dimensions. The first centred around what women saw as in the child's best interests. This was clearly articulated by the following woman, aged 18, who was accompanied to the clinic by her partner.

I'd say my major decision is that I don't feel it would be best for the child for me to have it and look after it, it's mainly to do with the child. I feel I could offer the child a lot more. If I was older, if I was expecting a long term relationship I would have kept it. I would have to give up College. I have my Leaving Cert. and the only job I would get is working in a restaurant or a shop. I don't want to bring up a child that way.
[Aged 18, going steady]

Similarly, the following woman's account asserts that her reasons for having an abortion are primarily to do with the child's needs.

I'd say my major reason is that, I don't feel that, it would be best for the child, for me to have it and to look after it say, em [pause] and, it would be mainly, it's not so much, it's mainly to do with the child. I feel I could offer the child a lot more then, not necessarily financially but em, otherwise personal like all the way round. If I felt secure sort of financially and sort of every other way, you know. I mean as I say, em. We don't even live in the same city, you know that kind of thing.
[Aged 19, going steady]

The modernisation of parenthood is accompanied by the idea that a child has certain needs which must be satisfied if they are to get the best upbringing. The following woman's decision-making was long and deliberate and she agonised about whether she was doing the right thing or not. Ultimately she felt she wanted her child to be born into an ideal family type which at this stage in her life she could not offer.

Couldn't afford it, no [pause] I don't think it right anyhow, to bring into a situation where you can't give them a good life. Not right. But em, it just would be a silly idea for me to have a child.

[Aged 22, going steady]

This view was influenced by her own life experiences and what she herself was able to enjoy as a child. In turn she wanted to bring up her own child in a similar manner.

Just couldn't [pause] didn't see how, silly idea. I mean eh, in ten years on, different situation could afford it better. I was brought up in a situation where I had dance lessons, I had piano, I had elocution, art and everything. I was always given these choices. I could never give that to a child. I just don't have the facilities or money or anything.

[Aged 19, going steady]

A different woman expressed similar feelings about what a child needs and the importance of providing it. Although the alternative of lone motherhood was open to her, she did not perceive it as feasible as she would be subjecting her child to a life of hardship. To take on motherhood implied a responsibility to provide sufficiently for a child, something she felt unable to do at this stage.

Well, I have done yeah, I have definitely thought about it. I can't [pause] I could give, like I could give this baby a life but, you know, it would be no life as such. It would be pressure and hardship and no money, total, like [pause] for selfish reasons now, just it would be the end of my life, not the end of my life as such, but workwise I maybe have to give up that. My sister has just had a baby and my mother and father weren't too impressed because she wasn't married like.

[Aged 21, going steady]

The only alternative open to me would be to have the baby and not be able to offer it what I wanted to offer it. As in life in general and not scrimping and scraping and scraping and loosing my life and just. I want to when I have children, I want to be able to give them everything properly, not to where I live there is a sort of dive area, just down the road and I see many people down there, they are never out, kids are like I don't know what, well they are dressed. I suppose they do the best they can, but they are dirty looking. I don't want that, maybe I am a

perfectionist, but [pause] you would like to know that you had certain things to offer before you would go ahead with a pregnancy.

[Aged 21, going steady]

Child-centred needs are both extensive and diverse. Women stressed their lack of financial autonomy, saying that they are not in a position to give the child all they would like to give it, and this requires that the parents have a comfortable lifestyle.

Morally I thought it was wrong, I couldn't do it. It is not as if I am a sixteen year-old who is going to get battered because I'm pregnant, you know. I have got my own mind, my own place and it is like I can do it. I know myself I am not ready, I don't have the financial background, you know.

[Aged 26, going steady]

I would like to have a child when I am ready so I know I can give it what it needs.

[Aged 24, cohabiting]

I can hardly keep myself basically. Social life and all the rest of it, at the end [pause] I don't think we would really. We can keep nicely going just the two of us, we have quite a good life style. But not as I would like it to be.

[Age unavailable, cohabiting]

Another respondent stressed that because she was not in a secure position she could not facilitate her child's personal development. She believed that people should not have children they don't want to have and that if they can't satisfy their children's needs, then it was best to have a termination.

It is most unfair people having children, they don't want them and they don't know what facilities are available and they are just having them and there is an awful lot of child abuse and all that. I'd say my major reason is that [pause] I don't feel that it would be best for the child, for me to have it and to look after it say. Em [pause] and [pause] it would be mainly, it's not so much, it's mainly to do with the child. I feel I could offer the child a lot more than, not necessarily financially but em, otherwise personal like all the way round, if I felt secure both sort of

financially and sort of ever other way, you know. I mean as I say, em [pause] we don't even live in the same city, you know that kind of thing.
[Aged 23, going steady]

An appropriate family

Giving a child a best start in life was also understood within the context of a two-parent family. One of the women was 17, single and was supported by her mother who accompanied her to England. She wanted to pursue her education but saw as one of the main reasons influencing her decision to have a termination was the absence of a 'father' for the child.

I would have liked to have a good father for it. That was one of my main reasons.
[Aged 17, single]

An appropriate family context was also cited by another woman who was 31 and separated with two children. She had a relationship with her new partner for about a year but was wary about getting into a serious relationship or of ever living with a man again. Her feelings about her future relationship prospects influenced her decision as it implied that this child would never have the benefits of two parents and that it was not in either this child's nor her other children's interest for her to continue with the pregnancy.

I've been living on my own with my children for two years and I feel that at the moment I never want to live with another man again. So that was another reason that I felt that this was the right thing for this decision because I knew that the child was never going to live with both parents, kind of, and I didn't feel that was right, really.
[Aged 31, (separated) going steady]

I did feel that I was doing the right thing and I felt that I was doing it in the best interests of my two children that I have and even this child [pause] I just didn't feel that it was any life really.
[Aged 31, (separated) going steady]

The next woman was similar in that she also already had another child. Although she was in a relationship she did not see it as constituting one in which a child would have two parents, a factor that was important for her, if she were to have any more children.

I don't want a baby basically. Like I'm not married, I'm not in a steady relationship as such. It's not fair on a child bringing it into the world without two parents. I already have a son [pause] he has plenty of support. But it would be completely different for a second child.
[Aged 29, going steady]

As one can deduce from our discussion so far, women's abortion-making decisions are very complex. Some might find it inappropriate that women would decide to abort a pregnancy because they were not in a position to offer a child the best of childhoods. But this was the rationality adopted by many women when faced with a crisis pregnancy. Their pregnancies were not planned or wanted, and they could see no way of coping with or accommodating a child.

While women were fully aware that abortion terminated a life, there was no sense in which women treated their pregnancy as a child. Potentially, if they continued the pregnancy they were conscious that they would have to care for a child. Their inability to care properly for such a child, if born, influenced their decision to terminate the pregnancy. Indeed, one of the reasons that they acted so quickly was that they wanted to terminate their pregnancies as early as possible¹.

Partners and abortion decision-making

By the time the pregnancy was diagnosed, women's relationships with their sexual partners varied. The role of their (sexual) partners in the decision-making process varied according to whether the women told them about the pregnancy and whether or not there was still a relationship between them. Fifty-seven women told their partners they were pregnant and planning to have an abortion and of those forty-seven described their decision to have an abortion as a 'joint one'. Women described their partners as supportive of their decision and partners helped to pay the costs incurred in having an abortion. Thirty-two partners accompanied women to the abortion clinics.

Even in cases where the partners were told and the decision taken was described as a joint one, the primary decision was seen as the woman's,

¹ Abortions performed within 7-8 weeks have the lowest complication rates, with the risk increasing with each week of delay (World Health Organisation:1995:50).

with the partners saying that they would support whatever decision she made. Further insights into this process will be revealed in women's accounts of their partners' roles in the decision-making processes. But prior to that we will first explain why some partners were not told.

Partners that were not told

Given that partners in general were likely to be told about the woman's plans to have an abortion, what distinguishes those partners who were not told from the others? The principal reason for non-disclosure was that women never or no longer had any relationship with the putative fathers/partners: for instance, seven women reported that their pregnancies were the result of 'one night stands'; three said that their relationships were not serious but involved casual sex with men they knew: while six others said they no longer had any relationship with this partner. So sexual intimacy is not necessarily followed up by confidential disclosure that pregnancy has occurred. Consequently some men will never know that intercourse resulted in pregnancy. Given the time lapse between sexual intercourse, detection of pregnancy and the decision-making process, this pattern of a 'past relationship' is not surprising.

But three women who were in steady relationships decided not to consult their partners, because they considered it a very private matter, even though their three situations are quite different. The first woman was married with three children whose ages ranged from 21 to eleven. At times her relationship with her husband was strained and getting pregnant was the final straw for her. While she did not tell her husband she felt that he must have known.

He's [husband] no fool, he's not stupid, I think he has an idea. Like he's letting me go my own way [pause] he's no fool, I hadn't had them for three months, my chest was getting bigger, going round like Dolly Parton, I was laughing.

He never commented?

No, he knew. I didn't want to volunteer information and he never asked, and I respect him for that.

[Aged 40, going steady (for over 20 years)]

Asked whether she minded not having told him she said she didn't.

No, I prefer it that way. I'll go home now tonight, tomorrow, please God and get on with it. I have three other children to look after. The young fella is a handful, the twenty-one year old is a handful.

[Aged 40, going steady (for over 20 years)]

Another had a boyfriend that she had been going out with for a year but she had not told him.

I think I would tell him because it is really a strong relationship, but the thing is I just felt that it was my decision and it was really because of my [nurse's] training and [pause] it was the main reason. I could tell him. I know he would just respect my decision but I just felt that at the time I had to make the decision on my own. I probably will tell him.

[Age 21, going steady]

In the case of the third woman she had been going out with her boyfriend for two years but she did not tell him she was pregnant, as he might have had very different views to hers on abortion so she did not want him to know.

He'd probably have different views on it. I just didn't feel I should tell him [pause] I just felt it was my decision, like it would be up to me.

[Aged 23, going steady]

These women explained their decision not to discuss abortion with their partners by describing abortion as a private personal decision to be taken by themselves.

Lone mothers and their partners

Six women were single mothers with children, three of whom did not tell their partners for a variety of complex reasons. In two cases they feared that the partners, with whom they had an uneasy relationship, would prevent them having an abortion, while the third wanted to extricate herself from a very bad relationship.

The father of my first child, he wasn't there from day one and he knows about the little fella but I wasn't taking that chance again, not a hope. Besides if he tried to stop me coming here I probably would have tried to do something very drastic, you know.

[Aged 23, single]

This woman got pregnant but no longer had a relationship with the father. She did not tell him she was pregnant as she was scared that he might in a fit of anger either try to stop her or disclose to significant others her plan to have a termination.

In a fit of anger he might have tried to [pause] not in a sense to stop me but in a sense let it be known what I could do, to my parents which would have killed me. I just was not taking that chance, I wasn't risking that.

[Aged 23, single]

While another of the women who already had a child cohabited with the father, she no longer had a relationship with him. She had been very ill with her first pregnancy and her child had been in and out of hospital a lot. While she lived with the father of her first child for a number of years, he was much older and already married, so they never married. However he left her after which she formed a new relationship with a man who she thought would look after her and her young child. She later discovered that he could be very violent so she wanted to get him out of her life. She felt she could not continue with the pregnancy because if she had the child, he would have a hold over her. She had been independent of her parents for a long time but got support from one of her relatives who gave her the money for the abortion and supported her in her decision.

Role of partners in decision-making

Where partners were told, their role and women's expectations of them in the decision-making process varied. The notion that only the woman could make the decision permeated all accounts. This is not surprising as the statutory grounds on which most abortions are certified in England are 'the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman'. So it is the woman's physical and mental condition that are central. Counselling tries to establish that a woman is not being coerced by anyone into having an abortion.

From women's descriptions of their discussions with the partners, it emerged that partners who give the woman an opportunity to discuss the pregnancy and her intention to have an abortion, in an open context

were most supportive from the woman's perspective. In the majority of circumstances, partners were not in a position to seriously alleviate a woman's concerns. An analysis of the interviews shows that partners' involvement in decision-making varied: five types could be identified: detached; joint; excluded; supportive; encouraged abortion.

Detached

The following sequence from one of the women is a good example of this interactive process and of the complicated issues which surround a woman's decision-making when her partner adopted a very detached position. In this case his detachment was resented by the woman.

Has he said how he feels about abortion or [pause] what he wanted you to do?

He didn't tell me what he wanted, he said it's up to you, that's all he said. I did want to know what he wanted at the start and he'd say, no, I'm not telling you 'cause it's up to you, you go with this baby I'll stay with you, if you don't go with this baby I'll go over with you. [pause] He said I'm not telling you, it's up to yourself.

And how did you feel about that?

I felt a bit low, I was like, oh great, he's not even thinking 'cause he is a part of this, I hate the way men just get away with it and they say well the decision is up to you, you know [pause] that's the way I felt like, oh the decision is up to you. I know he's trying to be good though, I know it is the rest of my life, it is a woman's thing like [pause] it always works out that way no matter what they say, men are trying to get involved with it more, still it's the woman in the end.

[Aged 21, going steady]

She obviously resented the way in which men get away with it and simply say the decision is up to the woman to make. She was also disappointed that he did not make any positive suggestions to her.

I know it was my choice in the end, I wouldn't take anybody else's choice over mine. If he wanted to and I didn't, I'd say listen sorry, I'm going over cause. I might have changed a bit if he had said what he wanted, I might have started thinking a bit differently, I might have said, oh well, he never said he didn't want it either, yeah go over and that's it, he never said he didn't, either but [pause] might have started thinking a bit, oh maybe we could do something, I know the two of us aren't matched, we could kill each other. If we moved in together and we had

a child we'd absolutely kill each other, there's be no way, the two of us aren't suited for the two of each other, not that that makes a difference like the single mothers out there, you know I need a guy to have this child, you know [pause] but I don't' know.

[Aged 21, going steady]

So she implied that she needed a certain kind of partner if she were to go ahead with the pregnancy. As it happens, his help in the end was financial assistance for an abortion.

If he didn't help me I wouldn't have got the money at all. I just wouldn't have been able to come without having that money I would have had to say no 'cause my ma doesn't have the money either it's just her pension [pause] there'd be no way. With my sister being away I couldn't have got money off her, my brothers away as well, the two of them had to take off at this time.

[Aged 21, going steady]

While she could never see them having a long-term relationship, she also admitted that she needed his support and he accompanied her to the clinic:

He didn't realise that I needed him so much. I said do you want to come over (Name) and he was going what do you want to do, whatever you want, I'm going tell me what you want to do. Eventually I said look I would like someone to be there because I am going to be on my own and I'll feel a bit lonely, of course I'll be there one hundred percent, I did not know that you wanted me there.

[Aged 21, going steady]

Excluded

The following account is one that typifies the exclusion of the partner from the decision-making, but it is presented as if the conditions in which the conception occurred gave him little scope for involvement. The situation in which she got pregnant was somewhat exceptional. She had intercourse with a long time friend (who also had another partner) while her steady boyfriend was away. It was something as she said "that should not have happened" and consequently neither entertained any alternative to abortion, the decision was made.

He didn't have much choice, I had made up my mind about it. No, he agreed with me, we both knew that this was the only way, you know.

I don't think that he particularly agrees with abortion or anything but he's okay about it all. For me I believe that's my body and if he hadn't we've gone along with it then that would have been tough, 'cause it's my body and nobody is going to tell me what I should do with it, why the hell should they, you know.

So was it a joint decision then?

Well really it wasn't a decision at all, the decision had been made, you know, before any of this. There was no shall I, shan't I, it was made, it was as simple as that, er you know.

So do you think that all of this will have an impact on your friendship with him?

No, If anything I think it will make it stronger. He's able to get this sorted and forget the whole thing, you know, if we hadn't we've been such good friends we probably wouldn't have been able to cope with all this but he's been great. I think our friendship will be even better once all this is all over and all forgotten about.

[Age unavailable, going steady, (is not pregnant by long term partner)]]

Joint decision-making

The following woman's report on her discussion with her boyfriend, gives the impression that her partner went through a similar process to her and so they appeared to have made a joint decision. She stressed the seriousness of their decision-making, but argued that they both concluded that they were simply not in a position to support the pregnancy.

We met and we discussed it and said that I wouldn't do it unless he was happy. And for a while he didn't know what he felt. That was okay, like, I hadn't come to a full decision. But I mean we eventually made a mutual decision that this was what we wanted, and he's the same, if it comes up that in the future he gets upset, or depressed about it, then that's the future. But for now this is it. I mean he does not have a job at the moment. I don't. We live apart. And so if we did have a child and I said I'd keep it, there is no way I could adopt and I mean he would want to look after it as well. So we'd have to move, or we'd have to make sure we had some form of financial support of something.

[Aged 23, going steady]

I'm sure it's I wanted to I could sort of begin to bond or something like that. But he felt that it wasn't the moral thing either for him, cause he is the same as me, he does not think that people have black and white opinions on it and it is very much a personal thing. And sort of all around

what's best for everyone involved, including the child. So initially he didn't know what he felt, I knew that if things were better I would support the pregnancy.

[Aged 23, going steady]

Another of the women was aged eighteen and a student. Her boyfriend initially wanted her to keep the baby. It seemed they would have a child if they were going to marry each other, but she did not expect to marry him, and so an abortion they felt was the best option for them.

Well my parents are really old-fashioned and they read about these things. My boyfriend wanted to keep it at first. I have no job and I am in College and I wouldn't want to give that up. So we talked about it and said it was the best thing to do. If I was going to get married and settle down, I probably won't marry him.

[Aged 18, going steady]

The following woman's partner was totally in favour of abortion when she told him about the pregnancy and she contrasted his attitude which was consistent with her own with those of her friends.

[Partner said] 'you can't have a baby.' It was a kind of immediate thing, which was good.

[Age unavailable, cohabiting]

I haven't told any of them what I am doing, but any of them, they were saying, 'Oh, you couldn't have an abortion and all that'.

[Age unavailable, cohabiting]

Another example of this was the woman who had a lengthy discussion with her boyfriend of almost two years about the pregnancy. As her account shows, he was supportive both emotionally and practically. They lived apart but he had a house which she shared with him at weekends.

What was his [partner's] response?

He was a bit, oh my God but em basically he was whatever I wanted do he was happy to do. And he was even saying at first, oh well may be it would be okay, like he's just bought a house and saying we'll tell everyone after Christmas and we could put the house in both our names and all this sort of stuff. So that will be that. We do get on really well

together and we have a good relationship but we just weren't ready to have a child.

[Aged 28, going steady]

She was ambivalent about going ahead with the pregnancy from the start, but they also thought that a child like would have forced them together. The relationship was going very smoothly.

Well he was the one that was saying, oh, well, you can move in here after Christmas and, as it is we don't live together anyway, I stay in his house at weekends, but it was all sort of, oh! it will all fall into place now, and erm I wasn't enthusiastic, not that I wouldn't want to live with him but I was thinking this isn't going to be that simple wouldn't be just like that and then I was thinking of coming over here and I was actually afraid to say that straight out, it's probably what I would have preferred to do from the very start but the way he was kind of saying 'ahh it'll be grand, it'll be alright'.

[Aged 28, going steady]

But rightly or wrongly, she interpreted his suggestion as being based being on what he felt he should do rather than what he wanted to do.

And then I sort of said, well may be, he really, I could tell then that he really didn't want to have a child but he'd do it anyway.

Right, so was it that he felt that's what he should do, that was the response you wanted, for him to say oh, everything will be alright you can move in?

No I don't think even just for me, because then he would go Oh God what are we gonna do we didn't want this child, we were using precautions, the precautions not to have it, what did we do to deserve this and things like that and when are we going to tell people; I don't know how I'm going to be able to sound happy telling people, you know things like that, and I was going oh God. I wasn't happy either but I sort of thought, well if he's happy about it I suppose he might be able to make me happy, more comfortable.

Okay so he was a bit

But neither of us were really happy about it and then he was saying don't do things just on account of what I'm deciding, you seem to be waiting on my decision an awful lot, but in the end, I said to him I think I prefer to come over here and he was a bit mmm but I think in the end that's what he preferred as well.

Did you feel like it was your decision or a joint decision?

I think it was a kind of joint.

[Aged 28, going steady]

Well he's [partner] the same way as me. He couldn't afford it, it's the wrong time, too young, don't worry about anybody else. If in fifteen years, no I am only twenty-two. I don't even like the idea of having children. I don't think I could cope with it, I am too selfish. My mother was such a saint all her life, she has done everything for me. I could never see myself being such a good parent, I couldn't. Cause I don't I could become so selfless so I don't think I should be a parent as such. We were saying how do you feel about it, you tell me. I said, [partner's name] to be honest, I don't want to think I don't want to think, I don't want this child. Phew, I don't want it either. I feel one hundred per cent I really do. I am just not able for it.

[Age unavailable, single]

Supportive role

Women's expectations of men vary too, with some very happy with quite minimal support. One example of this was a lone mother with two children already. Her partner for four and a half years is also the father of her second child. Again her partner left the responsibility to her and she is simply getting his approval for her abortion, which is important to her.

Ah yeah, he's grand. Even this morning I was coming over on the plane, I said to him, you don't mind me going through this and he said it's what you want. He'll stand by me. He's after fighting to get two days off work to come over here yeah he's grand.

[Aged 26, going steady]

A different woman was aged 19 with a good relationship with her student partner whom she had known for four years. Her interview shows that both of them were reluctant to continue with the pregnancy. He came with her when she had her pregnancy test done. When asked about her discussion with him after the positive result she said:

I nearly died. I didn't know what to do. I mean, even though I knew myself that I was, it was still the shock when I heard it, if you know what I mean. At that stage I never thought about having an abortion, that never came into my head, that came later. But em [pause] I was

wondering how I was going to get out of it and how I was going to get him out of it too.

[Aged 19, going steady]

Her partner offered to give up going to college, but she did not want him to do that but if he kept going to college she would have to give up work. Over time it occurred to each of them that abortion was the only option.

He was thinking the same thing but neither of us had said it like, it was that kind of a way, and then I said after a while like, did you think about abortion and he said yeah, he did and then we were talking about it more and more until in the end we thought it would be the best thing.

[Aged 19, going steady]

The following case is that of a woman that went to her own doctor and was accompanied to the clinic by her boyfriend. She got pregnant the first time she slept with him.

He was great, really he was great. He totally left the decision to me. He had an input in it but he said whatever you want to do. You know if you want to, you know have an abortion or do you want to keep it, we will work things out. I said in the end, I couldn't. I have heard people say, God a few have babies now, I was always the first to say how could they let that happen, how could you not use contraception, pot calling the kettle black.

[Aged 21, going steady]

The expectations that partners be impartial, supportive of the woman's decision and stand by them is also well depicted by the following account.

I told him actually the Wednesday, I found out actually the Wednesday and that Wednesday evening he was up doing a job in a friend's house, and I went up, I went up anyway. They were finishing up and we were going, he knew, he knew by my face there was something wrong. But he thought it was because I had been to the doctor with my bowel and bladder and stuff like that. He thought it was something to do with that. I was like "no, no". I couldn't, I got so nervous I was standing there laughing, with tears rolling down my face. He was looking at me. When I told him he was .when I think of it now, I felt so sorry for him. If I could have avoided not telling him I would have. It was the hardest

thing to tell him. But em, he was great. He stood by me a hundred percent.

She continued:

No matter what, he said to me, no matter what decision I made, he would stand by me. That was before I had told him what I had decided to do. I said realistically speaking, we sat down and had a good chat about it, I think it was about three or four o'clock in the morning. We had a good chat about it and realistically speaking as far as I was concerned anyway, the termination was the best thing. And he knew in his heart and soul it was as well. He knew in his heart and soul. I think its because, it's hard for him to come around to that way of thinking. I think he felt so guilty.

Was he initially, you know, thinking that you should try and carry on with the pregnancy?

No he didn't pressure me either way, he was trying to be very very middle of the road to see my impression, to see what I wanted. He kind of, before we discussed it again, he was Jesus how. I was saying it's this length of time and that sort of thing. Before we had discussed our options or anything like that, he said no matter what you decided, he basically put his side on the table before I did and he was very middle of the line with it. But he said if you choose, he said "I think, whatever you choose is going to be right for both of us". And I mean, I knew in my heart and in my soul that I had made up my own mind, but it was great that he was very middle of the road. I think he was just more shocked. Even now, even when he comes now, he is very kind of, he says "I feel so guilty that you are after going through all this, it's as much my fault as it is yours", you know. He just feels so guilty and stuff about it. Sure these things happen. So easily, we found that out.

What about, I mean did he help you financially?

He paid for the whole lot, he wouldn't let me. I think probably, you know, it goes to show how guilty he must be feeling because I'm fine. I could have came over myself, but he wanted to come, wanted to pay for everything, wanted to make sure everything was okay. The whole lot, Jesus he couldn't have done any more, apart from going through it for me, which is impossible.

Did you have lots of conversations?

Yeah I think every conversation, like we found out on the Wednesday, so the following Friday week, was when we came over. I think every conversation that we had, between then and when we came over, was all about it. Still like, we still went out, you know, cause the way friends work, we always go out Friday, Saturday and Sunday and during the week. So we still had to do these things, just carrying on as best as possible. They'd say all kinds of things like your very quiet, you look tired. Oh yeah it's just one of those days and they're all there going, Jesus, you have an awful lot of them these days. You know, you just end up there sitting there going, yeah, yeah, yeah. You have to get out of it some way. Then when they all go you go Jesus, do you think they know and these kind of things. What if they do, don't mind them, let them think whatever they want. He is very that way of thinking, let them think what they want to think.

[Aged 24, going steady]

Encouraged abortion

While the decision to have an abortion was a joint one in the above cases, the next case gives an example of a partner who actively promoted abortion as a solution. In the following case of a student nurse, aged nineteen, it was her partner who first suggested she consider an abortion. She told neither of her parents. She and her student boyfriend were both shocked to discover she was pregnant and attributed it to too much drinking over Christmas.

I always had visions that I would be on my own and pregnant for some reason, goodness knows why. And if that was the case I would have gone through with it, you know, if I was on my own, if there wasn't other people concerned. If I was on my own I would have gone through with it and all the embarrassment of having a child and being talked about and being treated poorly and all that and given it up for adoption. There was no way I could have kept it, that was out of my head for starters. [partner's name], came round and he said look what about abortion and I said well, what about it, you know. And he said, well, I think that it's an option to consider and we considered all options and procedures and we figured that it was the best thing to do.

[Aged 19, going steady]

Her boyfriend talked to her and asked her what she wanted to do. He said that the decision was not completely up to her and must involve them both while being as supportive as possible.

Now what do you want to do, it's not completely up to you, I could just walk away and leave it completely up to you but I can't and I won't. I think myself abortion is the best thing for us but I want us to talk it through again and again until it's clear in your mind that, I want you to look at everything.

[Aged 19, going steady]

Basically the rock you could have hoped for like. He was great about it, you know and he was very supportive.

[Aged 19, going steady]

They had discussed adoption and even getting married, but she did not want that. Asked whether or not having an abortion was his decision rather than hers she said that ultimately it had been her decision.

Well in the beginning I was kind of doing it for him, 'cos I wasn't completely sure about it but the more I thought about it the more right I realised he was. I wasn't pushed into it. I couldn't say that. I felt pressurised sometimes because I felt that no one was listening to me. You know he had this tunnel vision but he doesn't really, I mean he wants this more than anything else, he wants to get out of it, I mean fair enough, it's a natural reaction, but I was kind of more thoughtful about it than he would have been, but it was still my decision in the end. I wasn't pushed into it.

[Aged 19, going steady]

So despite her emphasis on his promotion of abortion, she still claimed that she made the decision herself.

The fact that partners were told, and in many cases involved in the decision-making, demonstrated the way in which reproductive decisions are made. Essentially it was seen as a woman's decision, it was **her choice** and in many cases the partners said they would support her choice, whatever it might be. But this also emphasises the way in which a pregnancy, childbirth and responsibility for a child weighs entirely and most heavily on women. There were few references to the way in which this could be subverted or pre-empted or even shared. The

reality of bearing the difficult responsibility for children was very obvious in their accounts. This is also reflected in the dominance of certain themes in women's discussions of pregnancy and abortion.

Overall, the nature of partner support varied. Many might have expected an offer of marriage as a solution but marriage as a solution to the pregnancy was proposed in only one case. Even among those couples who had long relationships, marriage was not a proposed or considered option. So for most of these women, even when they had discussed their pregnancies with their partners the choice that remained was between abortion and lone parenthood.

Impact of pregnancy on relationship with partner

In a complex way, for those who have partners, their relationship with those partners can increase the likelihood of an abortion, as the following cases show. The following woman said that she had a good relationship but she wanted to build on it, and having a child at this stage might not help that relationship to develop. While the second woman was unsure of whether she would be settling down with her partner for the right reason if she was to do so.

I suppose because we talked so much. We are so well connected together, you know. We know each others feelings, we know each others views on life. We have both been through very very serious relationships before that didn't work out. I think we have learnt the important things in a relationship. And em, I just know him and he knows me and I think we both know what would happen if we went along with this.

[Aged 25, going steady]

I don't really want to settle down yet. I can settle with [partner's name] but I won't really settle, if you know what I mean.

[Aged 20, going steady]

The following woman was insecure about her partner and whether or not he would stay with her if she were to continue with the pregnancy. These cases show that the relationships would be threatened by the pregnancy rather than the crisis nature of the pregnancy being resolved by the relationship. Here again, we see the isolation of the pregnant woman, who has to choose between one or the other.

Em, I don't think it would ever do anything else for the relationship. I mean we both love each other. It would just cause stress and that. Both of us would have to become much more responsible and neither of us want to become responsible yet. Perhaps because I consider myself a child, I don't think I can have a child. It's [continuing with the pregnancy] not an option, it's not even entering my mind. Cause I've got this..I am positive about these things, if I know there's something wrong, I deal with it straight away, like that's the way I look at it, this is not going to happen again in my lifetime.

[Age unavailable, single]

But it might be suggested that if the couple had a strong relationship, they would continue with the pregnancy. The complexities of this are articulated by another interviewee. The strength of the current relationship appears to be quite a strong factor in causing ambivalence around her decision. He was present at the time of the pregnancy test and after expressing an initial desire to keep the baby then agreed with and supported her in her decision.

I said it to him as well and he was like 'Oh wait, just wait, give it some time to soak it in and let's see if we can handle it'.

[Age unavailable, (separated) going steady]

She had a previous relationship which was an unhappy one. She compared the two partners as potential fathers. This served two main functions: first in describing what kind of father they would be to a child which was influenced by the fact that her father left when she was twelve and she felt that a father should have a very active role in the child's life. Secondly her evaluation included how they would expect her to act as a mother, either as a partner sharing the duties or as the sole carer. She had a strong view of her ex-husband as being a 'blow in' father leaving her to all the work in the home including raising children (if they had any).

He was always away and I was basically the one, if I had children I would be the one at home looking after them. He'd pop in and say hi, give it a kiss and the kid would not have a father, you know. And em, I did not like that, I prefer a partnership so that you can both, you know.

[Age unavailable, (separated) going steady]

In comparison to this she talked about how close she was to her current partner and what a good father and partner he would be.

I've tried looking down the road and I know I want a child eventually, especially with [partner's name] because he is such a good father, he would be a good father, he's so much experience with children and it's just his mannerisms and his ways, things like that and I think he would make a great father and I think that is very important because my father left when I was twelve. It is very important to get the right man. Like my husband, I would never have a child with him.

[Age unavailable, (separated) going steady]

But she felt that they were still not ready for a baby. Her present partner had just got a job, having been unemployed for a few months and she herself worked in commerce. She wanted to have children with him, but only when they had got it all together, the house, the job, the income etc.

He came up and we both knew it couldn't happen, it just couldn't happen, you know. Which was good. There was no disagreement, you know. I said "what do you think now" and he said "yeah, I think you are right".

[Age unavailable, (separated) going steady]

So even if relationships precede pregnancies, they do not necessarily provide a right supportive environment for the woman to continue her pregnancy.

Even when a woman discussed pregnancy and abortion with her partner, the decision was, it seems, always left to the pregnant woman. When women consulted their partners, the partners tended to leave the decision-making to the women and claimed that they would support her choice. The focus of the decision-making was related to women's responsibility for childcare, a child was seen as her responsibility. While marriage was a traditional response taken by men in the past, it was no longer seen (or offered) as a solution. The choice was firmly between: abortion or lone motherhood. Even when women still had a relationship with the partner, they were reluctant to get further involved, by having a child with a partner with whom they were ambivalent about having a long term relationship. A child would promote or encourage

such a relationship. In the case of women who are considering abortion, the most practical help women got from men was a financial one. But partners varied in their stance.

Moral issues and the abortion experience

All of the parameters of a woman's decision-making processes can be termed 'moral' as she invokes them in making her judgement and in arriving at her decision to have an abortion. The fact that in many instances these reasons are clearly articulated may give a sense of emotionless rationality, but that interpretation would belie the truth. In this section we will examine the stages of the decision-making process and the strategies women used to negotiate and survive this difficult choice.

'Everything goes through my mind'

Women with a crisis pregnancy are under considerable stress. As we have shown in the earlier section, each woman weighs up the conflicting expectations of her: to be the praiseworthy non-pregnant daughter, to complete training that will enable her to live an economically viable life; her role as a mother and in some cases her role as a partner in a relationship. The burden of the decision to abort a pregnancy is an onerous one, in which everything goes through a woman's mind.

I think every emotion that you have inside you, you go through. You seriously do go through. Everything from, [pause] I know I did. Probably because I was so far gone in the pregnancy sort of thing. I went through from being totally upset to like to putting your hand on your stomach and feeling this thing in your stomach, feeling bewildered and not understanding then understanding.

[Aged 24, going steady]

They had to make a decision within the social context they were in, weighing up all the factors they saw as important as the following excerpts indicate. The decision is made and yet it is continuously revisited. While the decision is made within their conflict-ridden lives, they are aware of what an abortion constitutes. In fact abortion itself and having an abortion is the most difficult, some might even say, only difficult aspect of the choice. It resolves many issues for women but at

enormous personal costs. In many parts of the interview women articulated their ambiguities, they moved from abortion as a resolution to their crisis pregnancy to the gravity of abortion:

I think you know because you have a child, it feels like you are killing them. But, you know, it's different when the situation arises and you have to sit down really and put the pros and cons down and you know. I mean I'd love to have a baby another time. I'm very maternal I think, you know. So I would like to get married and hopefully do all that. I was worried as well that God was going to pay me back and something was going to happen and you know, getting paranoid.

[Aged 25, single]

I can't say that I fully accept what I am doing here, I know it is what I want to do, I have to do it, but, as they say you can't help thinking about it. You are taking this child's life away, you are not giving it a chance, you know. You are assuming these things are going to happen in your life, I might win the lotto in six months. I know it's not just money, it suits me, I couldn't, I'm too, this is going to sound very shallow, but I am enjoying my life at the moment.

[Aged 21, going steady]

Okay, I've messed it up I know I have. I should face responsibility, you know. It is not an easy decision to make. People say ah, yes, go to England like, back after the weekend, it's fine. It is a really hard decision to make. I found it difficult.

[Aged 21, going steady]

I feel so guilty now, that I know by tomorrow, I know I'll be worse. I'm a terribly worried person, like if I kicked a dog, walking down the road, I would have a sleepless night. So you can imagine if that's the sort of reaction I have to that [pause] I suppose ten times, hundred times worse at the moment.

[Aged 21, going steady]

Her decision was a difficult one as she elaborates:

I had made up my mind about doing it and I was thinking that I would never be forgiven for doing it. I kept thinking that I would never be able to look after the child and that I wanted to protect the rest of the family and that sort of thing and all this was going through my head. And I kept thinking that something was going to happen to me. It was just something that I felt, like it was just such an awful thing to do to

someone like, and I was afraid that I was killing something and all those sorts of things, but at the same time it wouldn't have a chance if I did have it, you know.

[Aged 29, going steady]

Given the difficult and grave nature of the decision, women inevitably have to invoke coping strategies. One such strategy was to recollect the way in which they survived making difficult decisions in the past. Life was often difficult and the decision was a hard one. But they hoped that they would get through this in a similar way as the next woman, aged 23, explained.

I'm anxious about this, I'm not happy with it. But I've been down in the dumps. Like as I say, I've been through a bad period before and I've dealt with that, I've gained strength from it. This is just one more thing, I mean it's different and it's hard, but not unbearable. I mean I genuinely feel that perhaps in a few years, or later on at some stage, it will come back to me and I will have to [pause] perhaps [pause] maybe face up to things that I don't know are out there now. But I mean I will deal with that when it comes up. But right now I do feel it is the best decision for me.

[Aged 23, going steady]

This belief that it is the best thing for them, is of course the main facet of their decision. They had weighed up all the options involved for them and the child, of they continued with the pregnancy and had come to the conclusion that an abortion was the best decision under their circumstances. As we have already noted, women feel that they have to make the decision themselves and in some cases, that excluded consultations with others and the ability of anyone else to make the decision on their behalf. The gravity of their decision is also reflected in the onus they feel to make the decision themselves rather than asking anyone else to make it for them.

There was no great comfort in talking to anybody because it was so completely, the decision actually lay with me and nobody could tell me right or wrong, or anything, or say what I wanted to hear. You know.

[Aged 31, (separated) going steady]

As mentioned earlier, the decision was made within their own life view, based on their personal assessment and within the inevitable conflicts that such a decision entailed.

Adjustment to decision made

While decision-making as regards whether or not to abort a pregnancy was very stressful, some women said that once the decision was made, they began to adjust to it; and this sustained them.

So I suppose I spent my time worrying and just decide well what am I going to do, go ahead and do it. And I always find that it's easier then once you decide, you know. The worst part is the wondering what you are going to do, you know that sort of way.

[Aged 30, single]

I would have to say I made up my mind, I, just wanted and there is..no way I would change my mind and there is no way I will ever feel regret about it. There would be more regret to bring the child into this world. I would provide for it, it would be alright, but I would not want it. That would be much more unfair. And I just knew it wasn't that it wasn't a choice for me, I didn't want it to be.

[Age unavailable, going steady]

Moral ambivalence

As can be gleaned from the first sections of this chapter, many women gave very practical reasons for having abortions. Not surprisingly this process was often accompanied by ambivalence in relation to the moral aspects of their decision and fears about regrets in the future. Women when beset by such doubts and fears devised coping strategies to enable them to go through with the abortion. One such strategy was not seeing the pregnancy as a baby. The following excerpts show the way in which women construct the fetus.

I don't think it's even formed yet, it couldn't be formed in just a month. Maybe it is I haven't even read up on it, whether it is formed or not you know. I don't know like at this moment like I'm not even thinking of it as a baby [pause] it's not even a baby to me [pause] cause like [pause] I don't know I never even planned for it. If I had been planning for it, if I want to have this baby, I was actually thinking of the week before hand, me friend was with me and she hit off my stomach, this is the girl that knows about it, she said oh, my God, and I was saying don't say that, its not a baby there's nothing there. She was like oh, God you're pregnant, you know, I better not hit off your stomach. I was like don't say that it's not a baby, then I start thinking oh God, yeah I am pregnant cause I didn't [pause] I haven't been thinking I am pregnant [pause] every

day is normal, wake up [pause] still at this moment I'm not thinking of what I'm going to go through like, just kind of taking it step by step
[Aged 21, going steady]

As this woman's account showed women are conscious that they if they continued with the pregnancy they would have a baby. Yet she showed also how a planned baby would be a completely different experience to one in which the pregnancy was a source of despair and crisis. This feeling is also expressed in the following account:

It's hard to explain, it's em, when I am sitting down, I am trying not to let myself think too deeply because I knew I was coming over here. But sometimes when I am sitting in the house and I just start thinking about the baby. This is actually a baby inside me, these have to be the hardest thoughts you can have, you know, knowing you are coming. You know this baby is never going to, it's never going to grow up, I am getting upset now.

[Aged 21, going steady]

She saw her sister's baby (who was only two and a half months old) the previous night and found it hard to look at him and thought :

It was a question of stop torturing yourself, just go over. But em,,well, I know how much I love him..if I love him and he is only my nephew, you know what would I feel like, if it did happen and I had this child.

[Aged 21, going steady]

So she could visualise the emotional feelings a child would provide and yet she felt that she had to go through with having an abortion.

Another personal strategy was to stop thinking of the foetus as a child. A different woman thought of her pregnancy as an egg, while feeling guilty about having an abortion, she reasoned as follows:

But I thought I would be doing it early and there would be no signs of a bump or anything and I wouldn't feel as guilty. I just thought of it as only an egg there, you know, not a human being yet. I tried to justify it anyway.

[Aged 25, single]

While another said:

It's early on, it's just a ball of cells, like, that's the way I think about it, not as a child or anything.

[Age unavailable, going steady, (is not pregnant by long term partner)]

Another woman's account invoked that:

There's no definite proof one way or the other when life starts, you know that sort of way.

[Aged 30, single]

An early abortion is easier for women to cope with and seen as a form of late contraception and so this confines the moral discussion.

Block thoughts out of her mind

A second strategy used was to stop analysing the decision in such moral terms, by blocking such thoughts out of their minds.

I feel totally selfish and totally guilty, totally. I have been so selfish. Like who am I to deprive this child, who am I to kill it, that is literally what I am doing. Then again that could be on my head [pause] killing the child, it could be. [pause] I guess I did not give myself much time to think about it, I never thought about it, pushed it out of my head before I came over. Past couple of days I have been thinking about it, I get spasms sitting at home or in my friends house, I just start thinking about it. Or I want to get out of here, am I feeling so much guilt.

[Aged 21, going steady]

Sometimes I think Christ now morally have I done the right thing. I do believe you reap what you sow in life. If it is a huge big mistake I've made, not a mistake in terms of higher forces or something, if you know what I mean, like I don't believe in that Catholic [pause] if I've done something really bad in a sense going against human life, when I think well you've got to get that out of your mind first off. You can't think like that, an odd time it will come up.

[Aged 24, single]

When the next woman was asked if she had allowed herself to go through all her feelings, she replied:

I don't want to basically. Maybe I'm older than other people, but I don't feel it is going to be a huge difference, just think of it as a clinical thing

like taking out a mole, just taking some scar off you. I don't think of it as a child and I don't really think I should.

[Aged 19, going steady]

This strategy was also used by another woman when she elaborated on how she and her partner coped with the decision: she was having an abortion primarily because of the stigma it would cause her parents and she was less assertive about her decision-making.

Yeah, we did (talk it through) but it was all the time it was, we were adamant that we would go for this really, there was no long discussion. We weren't really thinking about it, you know, we said that we wouldn't talk about it we would just get it done and, you know what I mean. If you were to think about the rights and wrongs, you'd never do it, like, you know, so we said we wouldn't talk about it we'd just do it.

[Aged 22, going steady]

A third strategy was to reconstruct the decision as personal rather than moral one as can be seen from the following woman's account. The woman who was very conscious of the moral dimensions of abortion, explained:

But you know as I say, it's not to say that I don't think it's not a moral thing [pause] I do [pause]. But with that said I feel it is more a personal thing than a moral thing.

[Aged 19, going steady]

Given the whole individualised process of decision-making and the way women articulate their views this was not surprising.

Bodily autonomy

While pro-choice views often stress the 'it's my body' perspective on abortion we found that while this was an important theme for some women, it was never the sole reason for having an abortion. Autonomy and the personal nature of the decision-making were reflected in comments women made about the role of society in dictating what women can do. However women did not want to be pressurised by society so they invoked my body as another coping strategy. As can be seen from the table indicating the themes under which women spoke about abortion, 'my body, my right' featured in seventeen interviews.

It is your life, it is your body and you are entitled to do what you want with it. No I don't think you should have a child because of the pressures of life and I think it is your decision. I don't think society has the right to force something on you.

[Aged 23, single]

Some women articulated this view very clearly.

Personally, my view on abortion is that it's my body. If I have a child then I am going to be stuck with it for the next twenty years. I know if I had one I wouldn't give it up for adoption. And therefore it being my body I am entitled to do with it, whatever I want . . and face the consequences.

[Aged 26, cohabiting]

However this was a coping strategy and not the basis of their decision-making which was as we have shown a very complex process.

Coping with anti-abortion views

Women also had to cope with strong anti-abortion views. They examined and critiqued the views of those who were anti-abortion, in particular men, from a more women centred perspective. The following woman felt in a position to judge the matter, unlike men who did not take on the responsibility for children:

Yeah I think anyone, particularly men who are anti it, really don't know what they are talking about it. Particularly men, I don't think men have much right to talk about it anyway, you know that sort of way. Because, you know what I mean. There are very few men that are left on their own with children.

[Aged 30, single]

Men had only the right to talk about abortion if and when they took over responsibility for children:

They do have rights to talk about it, if they take responsibility but like the way I see it, it's most, there's not many unmarried fathers around. Mostly unmarried mothers. And they take total responsibility for the child and the child takes over their life. It has to.

[Aged 30, single]

This approach to those with strong anti-abortion views revealed the way women rejected how abortion was framed by this group. It was not framed within the context in which women made their decisions, in which motherhood and children featured prominently.

Abortion and its aftermath

One might ask how women cope physically with the abortion operation. Many women we interviewed described feeling nervous at the prospect of coping with having had an abortion. But a number of factors helped to normalise the experience for them. Abortions are carried out in specialist clinics and so offer a very supportive service to their patients. The majority of patients who attended the clinics were there to have an abortion. As they waited in the reception rooms, the women were silent and ashen faced and their accompanying partners pale and stressed. Like any operation at that stage women simply want to have it over them. Yet one of the key differences was that at any stage a woman was free to change her mind and not proceed with the operation.

Not the only one

The journey to England was always a difficult one and women were scared that they would be seen.

You have to tell so many lies, cause you are coming, it was tricky, em. Even going to the airport I was looking around me, thinking everybody knows where I am going, you know you are paranoid and everything, it was just how I felt

[Age 21, going steady]

However, once women reached the clinic they realised that there were several others who were having abortions, so this became a form of group support.

You know, it seems so much better when you come over here from the point of view, you are not the only person in the whole world doing it, you know that sort of way. Even there was a girl that came on her own and we were talking away and she's , you know, it was so helpful to sit down and get it out, you know that sort of way. Even to you now, it's great, you know that sort of way, you know.

[Aged 30, single]

In many clinics, Irish women tend to have their abortions on certain days to avail of cheaper flights. Women were often surprised to see so many women from Ireland, and they invoked the numbers of Irish women having abortions as part of their rationale:

Oh my God, poor me, but it happens to so many people I mean look at us all on the same day, look how many a week
[Aged 26, cohabiting]

Women thinking that 'I'm not the only one' — sought solace in the high numbers of Irish women in an attempt to counteract the isolated nature of abortion. The secrecy around abortion in Ireland means that the only visibility of a peer group is those going through a similar experience at the clinics. Meeting others at the clinics reinforced feelings of solidarity among women having an abortion. The staff were friendly and often particularly sympathetic to Irish women who had to travel for abortion.

I found them really friendly, they are real nice. I went in, the long sitting is the hard bit but when you actually go up to your bed and get changed into your nightie, you are actually waiting for the nurse to come in. It seemed like the longest wait, it was only about fifteen minutes but it seemed like about an hour. I was trying to read my magazine, the words seemed to be flying over the place, I couldn't concentrate. That was the worst bit. They are really nice. I had dinner. I wasn't expecting dinner, really nice dinner. Really nice.
[Aged 18, going steady]

Well people are trained for midwifery and trained for children's nursing. I think you need extra training. Here now, their so supportive and kind, you know. It's all "what can we do to help". If you've made the decision and now your here, you know, we're going to help you. Like you can back out at the last minute and there is no pressure on you. Even the girl came in, the nurse came in with me today. She didn't have to do this, she came in and held my hand while I was getting the anaesthetic and you know, talking away. I was saying about, you know she was finding it hard to find a vein. And I was saying God I hope she finds one you know that sort of way. She held my hand and really was so supportive over it. Even when I came out of the anaesthetic, there was a girl there and she was talking to me and saying stuff like what star sign are you, you know. Just easing the whole thing for you. I feel too if I had said I want to talk about the thing, they would have said okay come

on, sit down and we'll talk about it. I wasn't too bad, I felt it more relieved than anything else after it was over.

[Aged 30, single]

These interactions helped women to get through the experience of abortion. Yet women still worried about the aftermath of their experience.

Fear of how she would feel afterwards

This woman was worried about how she might feel afterwards:

Just the after feelings then afterwards, I just hope I don't go through anything afterwards. That scares you a bit though, thinking that like everything's hush hush, just under the table like you know. You walk in here and there kind of, everybody's just walking around like, nothing's happening you know. It's not an operation like [pause] it is an awful lot more dangerous if you leave it a lot longer. The baby is actually grown. I know they say murder and all that, but [pause] it's only a thing at this moment anyhow.

[Aged 21, going steady]

Post-abortion relief

However given the initial shock and crisis response to discovering they were pregnant, abortion was more usually followed by relief. It is the culmination of a difficult process and several torturous traumatic weeks. When women have thought through it themselves and made a decision, few have any doubts about what they did as the following quotations indicate:

Oh I don't know, I worried more about how it would be when I made the decision, you know that sort of way. Em, but eh, it has turned out to be easier in some ways than I thought. And I know one hundred percent that I did the right thing for me. I really knew that when I woke up. I said like, this is the time I would be feeling bad, you know if I did the wrong thing. I don't feel, I'm so relieved that I can go back to my normal life, and I don't have to worry and get on with life when I get home, you know that sort of way. I suppose in time.

[Aged 30, single]

She later continued:

From the first phone call to last night, well [pause] the decision and then the phone call and there wasn't somebody swearing down the phone at me, you know that kind of way. From then on it became easier, when I decided what to do and go ahead, you know. It was difficult from the point of view of getting the money together, you know.

[Aged 30, single]

I feel relief now. I thought I would feel a bit guilty. But just relief now. When I woke up after the general anaesthetic, I was thinking, well it's all over now relief. Coming over and everything I was real nervous. I can feel myself getting back to normal now again. Projects to do for College. I couldn't get my mind around anything.

[Aged 18, going steady]

These sections must be understood within the context in which women framed their abortion experiences and decision-making in the first place. If they had thought through their situation and reviewed their pregnancy, from their viewpoint, they had arrived at the decision to have an abortion as being the 'right decision' or best one for them at the time. Some contrasted this current experience of their crisis pregnancy and their decision to have an abortion with their earlier perceptions of abortion.

Yeah, years ago I was always against abortion, and I'd go on about it being against what I believed, but I always said that it's difficult if you're not in the situation, but that you'd have to be in the situation. I just thought that it was wrong, to do that, to kill a baby. I just didn't agree with it, I love children, that's probably why, I can't wait to have one myself, you know, but it's just the wrong time, you know what I mean. So that's what I mean. No it's not religious reasons just, well now I'm doing it myself, I've changed my mind I was younger then so I hadn't really thought it through and everything.

[Aged 22, going steady]

These women explained that talking about abortion and having to make a decision about a crisis pregnancy are a very difficult process. It is as we have shown a very complex difficult decision. It is a decision that women have to make on their own behalf and they do so with that sense of personal responsibility. We have also described the way they

frame their view of abortion from their particular world view with its many inherent distortions. Every stage of the process from discovering that they were pregnant, through the search for information, their experience of counselling, their discussion with their partners and the abortion itself has its own particular trauma. It is a process that takes several weeks in which other aspects of their lives are placed in suspension as they negotiate their own decision-making process. Our interviews with them made us realise that it was never an easy decision, it was never lightly taken. The woman takes the decision thinking about herself but also herself in the context of and in relation to significant others and in the context of her future life as a woman. No woman is ever pro-abortion and even at the point of the termination and afterwards, it is still a difficult decision to make as one of the women put it:

I think you just experience every sort of emotion. Probably if I don't need counselling after this, Jesus it will be a miracle. But em, it's hard to explain. But I reckon if you know it's your choice and you know in your heart it is going to be your decision. And you know it's the best thing that you can do. You have to be a hundred percent positive. Then I reckon you will be fine afterwards. But I do think that if you do need counselling after, you weren't one hundred percent positive. And I know a lot of people aren't a hundred percent positive. Nobody is going to be a hundred percent positive all the time.

[Aged 22, going steady]

Chapter Seven

Contemplating Adoption

Introduction

In this chapter we will look at the decision-making of eleven women who at the time of interview were still pregnant and planning on giving their baby up for adoption. We will look at how they rejected the option of having a termination and how throughout the pregnancy they have been weighing up the costs and benefits of lone motherhood as compared with adoption. As was seen in a previous chapter this group of women are now a minority among single mothers, few of whom choose adoption, even though as we saw this was a prevalent solution to crisis pregnancy in the past. The agencies which facilitated their choice also enabled women to keep their pregnancy secret, thus protecting themselves and their families from any stigma. As a group they share the same concerns as other women with crisis pregnancies. They were unsure of whom to tell or to contact, but all of these women got help from voluntary agencies, and all but one moved into group accommodation in the later stages of their pregnancies.

Unlike the lone parent sample, they had not negotiated being pregnant in any social or public milieu. Women who were preparing to become lone mothers had revealed their pregnancies to significant others as part of the process of motherhood while women who planned to have their babies adopted did not generally disclose the fact that they were pregnant. If they decided to keep the baby, this would have to be done later on. Meantime, these women were contemplating adoption as the optimum solution to their crisis pregnancy. They were anticipating a future without responsibility for the child, in which the responsibility would be transferred to others. However their lengthy gestation period and the inevitable consciousness of a baby growing inside them presented constant dilemmas to them in terms of the right decision to make in relation to adoption. Because this decision did not ultimately have to be made until after the baby was born the women spent a lot of time contemplating the pros and cons of adoption. As the analysis reveals, this was not always easy for them.

Pregnancy as a crisis

All of the women in this sample experienced their pregnancies as a great crisis in their lives. Their focus on adoption emphasises this but from the following quotes we can see examples of how two of the women view the pregnancy itself and what it has meant to their lives.

Well I think that I really fucked up my life like. [...] It's just that getting pregnant was my biggest nightmare, being at home was my biggest nightmare and I'm living that nightmare, now.
[Aged 21, single]

This is my cross and I want to carry it, you know that kind of a way.
[Aged 21, single]

Rejection of abortion on moral grounds

One could argue that women who contemplate adoption experience pregnancy as a crisis greater than those who become single mothers and quite similar to women who have abortions. Maybe not surprisingly the option of abortion was generally not considered in any great detail by the women in this section of the study's sample. Most had very strong negative views on abortion and despite finding themselves in a crisis situation did not seriously consider having a termination. While some contemplated it, none pursued the pathway to any great extent. Three women had it presented to them by others as the best pathway to follow, but resisted this option. Two felt it was only practical barriers e.g. finances, that had prevented them from having a termination. The latter women however had now resolved to continue with the pregnancy and appeared comforted by the fact that they had not pursued terminations.

In general these women had a very negative attitude to abortion and equated it with 'murder' or 'taking a life' which can be seen in the language they used to describe it.

I mean I think it's great to actually keep your child and rear it for nine months whatever, rather than killing a human being like.
[Aged 21, single]

I suppose everyone has their own opinion [about abortion]. Now I couldn't do it, I think it's a form of murder and that's my opinion.
[Aged 31, single]

It is living from the moment of conception, I have no doubt about that, and I just couldn't take life.
[Aged 21, single]

Abortion, I don't know [pause] I didn't want to go through it, I did not think it would be right, I felt like it was murder actually.
[Aged 26, single]

I wouldn't, the thought of killing a child, I just couldn't, no way. It wasn't the baby's fault, it was his and mine. I just never considered it, no, I couldn't. [pause] I made a mistake bringing it into the world anyway, I couldn't play God.
[Aged 20, single]

I just think that it's murder really, it's just my own belief and [pause] I think it's the right to life.
[Aged 21, single]

I just, I couldn't kill a child [laughs], no way. That's the first thing I said when I found out, just thinking about it, I couldn't like.
[Aged 17, unsteady]

Giving it life

These respondents drew a distinction between birth mothers and social mothers. Unlike women who had abortions, they were willing to become birth mothers while they felt unable to become social mothers. In their interviews they stressed that by not having abortions they had 'given life'. They emphasised their contribution, i.e. by carrying the child for nine months, so that even if they were unable to become social mothers, they were going to be birth mothers. The language used to describe their decision to continue with the pregnancy was in direct contrast with that used to describe abortion.

I feel myself maybe, in later years she [baby] might think, she had the option of abortion and you know, she didn't take the easy way out, at least she brought me into the world like.
[Aged 21, single]

I mean I think it's great to actually keep your child and rear it for nine months whatever, rather than killing a human being like.

[Aged 21, single]

At least with adoption, if you are not going to keep it, at least you let it live or whatever. [pause] And then I said considering adoption was better then I could always say afterwards [pause] do you know [pause] that [pause] I let it live.

[Aged 26, single]

Adoption means I'm giving it life and all this.

[Aged 20, single]

Perceived after-effects of termination

Taking into consideration the highly moral language used by these women when describing abortion it is not surprising that they saw abortion as having long-lasting effects on those who go through with a termination. Women in this group felt that if they had an abortion they would both regret it and feel guilty about it for the rest of their lives.

I don't think, I think abortion may not creep up on you today or tomorrow, it may be six or ten years, down the road you know [pause] I think adoption was the best thing out of the three.

[Aged 21, single]

I don't know about abortion because I know in my heart and soul if I had an abortion I would regret it maybe in years to come.

[Aged 19, single]

I just didn't know what to do. I thought maybe I should, but I knew myself that I wouldn't be able to [pause] physiologically, mentally and physically, I'd never recover from it. So there's no point.

[Aged 21, single]

Then I was in an awful state, and I didn't know what I was doing and I thought maybe I should go and have an abortion as they were all telling me I should. But I didn't want to, because I told them I wouldn't survive if I had an abortion.

[Aged 21, single]

But I think that would have been the hardest thing to get over if I had of had an abortion.

[Aged 17, single]

I just thought then and I just felt that if I did I would feel bad for the rest of my life. [pause] Maybe in a few years you might feel bad about it or something.

[Aged 26, single]

Tried to induce a spontaneous abortion

Although most of these women did not consider an abortion two women who had thought about it had also tried to injure themselves so as to induce a spontaneous abortion. However both also expressed feelings of relief that they had neither succeeded in their attempts to induce the abortion nor had travelled to England for a termination.

After I saw the scan I kind of vomited when I saw the monitor. Before that I was trying so hard to have a miscarriage like, non stop like, punching myself in the stomach. [pause] Yeah and going down the stairs on my stomach.

You did not try drink or anything, or do funny things like castor oil?

No, I was drinking non-stop like.

You were drinking alcohol?

Yeah, but, I don't know, I was just so depressed.

[Aged 17, single]

I was happy to hear the child was all right, I thought I would not give a damn. I was delighted when they told me there was nothing wrong with it and I regretted what I had done. I could not actually forgive myself it there had been anything wrong with the child.

[Aged 17, single]

No I just took a little capsule of Ponston, whisky, but it didn't work.

Did you just feel very sick?

Nothing, nothing. I took other antibiotics too.

So you would have liked to have miscarried or something like that?

Yeah.

[Aged 21, single]

Abortion not an option

For five of the eleven women abortion was something that they had never seen as an option and it did not come into their decision-making. They viewed it as morally wrong and something that they could never

do irrespective of the crisis that they found themselves in. They considered it murder and never invoked it as a solution to their crisis pregnancy. This was epitomised earlier in this chapter through the use of language such as that connecting abortion to ‘murder’ that was used by these women.

For all five, abortion was never really considered a possible choice and they could not contemplate it. Only one woman explained her rejection of abortion as stemming from her initial exposure to the issue and forum of discussion on it, at school, where there appeared to be a unanimous rejection of the option from both herself and her peers.

And did you ever think of abortion?

No. No, totally against it.

[Aged 20, single]

None of the girls were for it anyway I think. Like if anyone is caught, they keep the baby, even if they’re seventeen, whatever, [pause] they just live with their family, whatever. I don’t know anyone who had an abortion.

[Aged 20, single]

It [having an abortion] had come across my mind but I know I couldn’t do it no way.

[Aged 17, unsteady]

Did you ever think of abortion?

No. Never.

[Aged 31, single]

I never ever would do it [have a termination] I know. I did not even think about it.

[Aged 26, single]

It is such a final decision, abortion, and like I thought I was rushing into it like. I never ever would do it I know.

[Aged 26, single]

Contemplated abortion

Six women in this group had considered the option of abortion to varying degrees. Having said this though they all expressed doubts as to whether they would ever have been able to go ahead with a termination

and reassured themselves about the fact that they had continued with the pregnancy. The rejection of abortion was influenced by becoming aware of the alternatives, such as adoption, the money and travel requirements of an abortion and their overall stance on abortion.

One woman asked for information on abortion. When she discovered she was pregnant she consulted her doctor but he refused to give her information on abortion.

I said to him, you are entitled, by law, supposed to give me [pause] information on abortion if I need it. And he said that [pause] he was but he wouldn't because he didn't agree with it. I didn't agree with it either but I needed to know everything because I didn't know what I was going to do at the time. And em, that was the only time I asked about it. If I, [pause] I don't even know what I asked about it, because I wouldn't have had an abortion.

[Aged 21, single]

However she saw herself from the outset of the pregnancy as carrying a baby and totally negated the option of abortion despite having initially sought information while expressing empathy with others who want a termination.

And it wasn't the baby's fault and I didn't see why the baby should suffer.

[Aged 21, single]

I always said I never agreed with abortion, I didn't have any problem with anyone who wanted to have one, that was their right. But em, I never would have thought of abortion.

[Aged 21, single]

Another woman initially saw termination as the only option open to her as she knew she could not become a lone mother. However her doctor gave her information on the option of adoption and she then rejected the idea of a termination.

At that stage were you considering abortion?

I was. I think it was the first reaction really [pause] the state I was in. [pause] Went to my doctor and found out I was pregnant, gave me the information, it was all there and I availed of it. I'm delighted I did. I

would have thought that abortion would be the only way out. I didn't realise that [adoption organisation] even existed.

[Aged 21, single]

One woman knew that she would continue with the pregnancy right from the start yet had contemplated the option of abortion to a certain extent. The trauma of travelling from her village to England and having to take a plane for the first time was something she felt she could not do. Despite this discussion of the practical hurdles however it does appear that it was not them that ultimately stopped her from having a termination but rather her moral stance.

I know I wouldn't have an abortion. Maybe if abortion was in Ireland, or closer to me, I would have maybe went. But in England, the thought of getting a plane and all this.

[Aged 19, single]

Yeah, I wouldn't agree with it really. Maybe for people that really really need it like, but you know.

[Aged 19, single]

The woman below spoke specifically about the financial hurdle of having a termination but also appeared to have been influenced by the fact that if she were to have a termination she would be unable to keep it secret as she would have to travel to England.

I was sure I would have miscarried definitely, the way I was punching myself and everything, but I would not have had the money and I would not have been able to go to England without anyone coping on. So [pause] I don't know. I would not have made serious thoughts about it, just went through my mind.

[Aged 17, single]

The woman below also felt that it was a lack of finances that had prevented her from having a termination. However she quickly followed this up saying that she felt she would have regretted it if she had gone ahead with it but understood why some women would have an abortion.

No, Oh I did, I did, if someone had given me the money I probably would have.

And did you try and get the money?

No. I was, at one stage I was going to tell him to give me the money but I know he wouldn't have anyway. At that stage I was saying, 'Ah, he'll give it to me'. I'm glad I didn't like. And if I got pregnant again in the morning I wouldn't have an abortion. At the same time I can understand why girls have an abortion.

[Aged 21, single]

Positive view of abortion

The complete dismissal of abortion meant that all these women except one never contemplated the advantages of abortion. There was only one woman in this group who expressed clear views on the advantages of having a termination. She rejected it in relation to resolving this pregnancy but saw it as a feasible alternative to continuing with the pregnancy and the further decision of what to do after the baby was born.

I never ever would do it [have a termination] I know. I did not even think about it. I was thinking about it in doing it for the best reasons, like the good thing about abortion is that you don't em [pause] you don't have to cope with it after the baby is born and there is that to it and I don't know, I don't know anything about it really. But I knew in the end that I would not have an abortion. But sometimes it would have been such a relief to have an abortion, you know, because such kind of complications like, having a baby.

[Aged 26, single]

Family discouraging termination

Although all women may be influenced in their decision as to how best resolve a crisis pregnancy by their family upbringing, two women in this group were directly discouraged from having an abortion by a member of their family, one by her sister and the other by her father. This advice however was consistent with the woman's own beliefs and helped reinforce her decision to resist it as an option.

The woman below told her sister initially about the pregnancy, who immediately problematised the option of abortion by saying that there was no information available to her here in Ireland. This was reinforced by her sister's feeling that the woman didn't really want it. She made no effort to find more information about having a termination.

I asked my sister she kept saying, ‘they’re totally against it and they wouldn’t give you any information there’. She said ‘I think from listening to you, you don’t even want an abortion’, do you know what I mean? I didn’t, I mean if I really wanted it I would have looked for more information.

[Aged 21, single]

Despite the next woman being encouraged to have an abortion by her mother, [see next section], she was discouraged by her father. Like the woman, he felt that a termination was not something that she should opt for and encouraged her to find a different solution to her dilemma.

My father said ‘she’s not to go to England, she’s not allowed like’. And my sister [name] was [abroad] and we rang her and she was, you know, ‘You decide it’s your decision’. You know, they were all saying that, but my father like, ‘no, you can’t go to England’. And I was happy he said it. I thought at least someone is telling me not to, you know.

[Aged 21, single]

Family encouraging termination

In contrast to the two women above, three women in the group had initially been encouraged to have a termination by family members. They resisted this advice, as a termination was not the option they wished to choose. These accounts therefore show the way in which these women made up their own minds in an informed way not to proceed with a termination.

For one woman both her mother and sister encouraged her to have a termination. She however did not agree with them and told them that she would not have a termination, a decision that was supported by her father, as seen above.

Then she suggested that I go to England [pause]. I didn’t agree with her. I told my sister and [pause] [sister’s name] was actually happy that I was. The father of my baby I was going out with him since I was fourteen, an on-and-off relationship, she thought he wasn’t so bad. Then she thought about it and said he and I weren’t going out at the time and she thought I may be better off going to England. Both of them suggested that I have an abortion. [pause] I told them no, I wasn’t going to.

[Aged 21, single]

I thought it was wrong for them to suggest that I have an abortion.

[Aged 21, single]

Another woman's mother initially suggested the option of abortion because she did not want the woman's own father to find out about the pregnancy because they did not like her daughter's partner. But it was the woman's own feelings about her partner that ultimately prevented her from having a termination. She had become pregnant within a serious relationship and saw this as a strong factor preventing her from having a termination.

But did she think that you should consider an abortion at that stage?

Yeah, yeah, she was all giving me the money and all. She was all for it like. She was afraid of what my father would say. And she also thinks I am too young, and she doesn't, nobody likes me boyfriend, they all hate him, you see that doesn't help either.

[Aged 21, unsteady]

When you like somebody, you couldn't really [pause] it's different, you wouldn't go ahead with it, you know what I mean.

[Aged 21, unsteady]

There was another woman who was also initially encouraged by her mother to have a termination but she could not because firstly she did not want one and secondly she was too advanced in her pregnancy.

The minute, actually the first thing my mother said to me 'Right you're going over to England'. I said 'it's too late, I can't'. It had come across my mind but I know I couldn't do it, no way.

[Aged 17, unsteady]

Other women's experiences of termination

These women had not had any contact with women who had had abortions. Only one woman had heard about or knew someone who had a termination and hers was a very negative account. She had heard about a woman who panicked about being pregnant and went ahead with the termination, later regretted it and compensated by having another child.

I think the reason for most abortions anyhow is because people panic and they don't want to be pregnant, which is obvious like and [pause]

easy, they can go to England like, it's easy. Like they won't be worrying about anyone finding out, they won't be able to find out anyway. [pause] I heard of a girl now she had an abortion and she had a baby after that. Abort one and keep the other. She said the reason she had the first abortion was she told nobody, she couldn't tell anyone, she just did it. She was like in a state of shock she was going to England and it was over. She said her mammy and her daddy said afterwards, if you had've told us, we would have stood by you, but it's too late now, you know. [Aged 21, single]

The second woman she discussed was her partner's mother who again she saw as having regretted the decision. She had encouraged her own daughter to keep her baby when she experienced a crisis pregnancy and she saw her as trying to compensate for the termination by having four other children.

His father is an alcoholic and his mother actually had an abortion. He just got wind of that, she wasn't aware that he knew. I think that maybe that she had an abortion and when her daughter got pregnant, [pause] that's a lot to do with them keeping the child. She'd regretted it. She'd four children after, whatever. [Aged 21, single]

These stories again reinforced the decision these women had made not to have a termination and to resist suggestions that they do so.

Initial referral to pregnancy agency

As was mentioned above all the women in this sample were in contact with an agency throughout their pregnancy, with all but one living in hostel accommodation. Most women made initial contact with the organisations through a significant other, either a sibling, parent, friend or professional worker. Three women however made their own initial contact with the agency.

Contact through a sibling or parents

Three women were initially referred to the adoption agencies by a family member. One of them originally heard about Agency 1 through her sister. She contacted them by phone and made an appointment to go in and talk to them. After her initial contact with them she decided

that she would go abroad for the duration of the pregnancy to ensure secrecy. The realisation that she would have no financial support if she did so encouraged her to return to Agency 1. During this consultation she was told about their houses around the country and decided to move into one.

While another initially contacted Agency 1 as a result of her sister seeking advice from the local doctor on her behalf. She had heard of the organisation but had no real idea of what exactly it did. When she discovered what help it provided she saw it as a solution to one of her main concerns, that no one would find out about the pregnancy.

So she [sister] went down to the doctor and she explained the situation and the doctor said there are other choices like [Agency 1] and stuff like that. The main thing was I didn't want anyone finding out, so my sister then came up with that. It eased my mind then when I heard what was available because before that I didn't know what [pause]

[Aged 21, single]

In comparison to the other two women in this group, the third had been put in contact with the hostel where she was living for the duration of the pregnancy by her parents. She did not see the move to the agency as her choice but rather as a decision her parents made for her.

I thought I'd be kicked out of the house, they didn't actually kick me out of the house. They said I was to go to [city] to give it up like.

[Aged 17, unsteady]

Contact through a friend

Two women were put in contact with the agency through a friend's referral. The first was referred to Agency 1 by a friend she was living with when she discovered she was pregnant while the second's friend put her in touch with Agency 12. The second woman was told by them about the option of leaving home for the duration of the pregnancy and going either to a residential hostel or to a host family. She felt the former was a better idea for her.

I was told there were houses to go to and live with families or I could go and live with other girls. I thought it would be better to have the

company like, other people that are in the same situation as you are, so I came here. It has been grand like, time has flown.

[Aged 17, single]

Contact through a social worker or GP

Two women had been informed of homes they could go to for the duration of their pregnancies by their social workers. The first woman went to her social worker in her maternity hospital and brought up the option of adoption. Her social worker then made an appointment for her with Agency 12 who discussed the option of adoption with her and in turn put her in contact with Agency 1 to try and help her organise accommodation. The second woman on the other hand had been referred by her GP who had told her about the option of adoption when she first discovered she was pregnant as can be seen from what she says below.

And how did you first get in contact with the counsellor?

[Agency 1] put me in touch, through my doctor, my own practitioner put me in touch, they were superb. Went to my doctor and found out I was pregnant, gave me the information, it was all there and I availed of it.

[Aged 21, single]

Self-referral

Three women approached the organisations themselves. The first said she originally approached Agency 1 in relation to a job rather than for advice in relation to her pregnancy. She had been planning on moving away herself and was enquiring as to whether or not they could help her find a job while she moved away. They then told her about their houses and recommended she moved there.

And how did you contact [Agency 1] in [city], did you just ring them up?

No I actually went in reference to a job actually. Counselling kind of volunteer job and I talked to the receptionist and I told her everything. She gave me a pregnancy test and put me in touch with a social worker, that's how I ended up here then. [pause] No I was going to move up the country and I was saying maybe they could sort me out with a job while I was doing it. I was going to do it on my own, I did not know a place like this existed.

[Aged 21, single]

The second had found out about Agency 1 herself by remembering an advertisement she had seen about them. When she initially rang them the woman said that maybe her pregnancy test had been false and to come in and check that she was actually pregnant. This was something that she found a bit upsetting.

I rang [Agency 1] and I em, I got talking to a lady there actually I thought she was rather silly. She said to me [own name] would you do a pregnancy test here, if you did another one it might actually be negative. I thought this person must be, I don't know, a counsellor whatever. and she's giving me false hope.

[Aged 21, single]

Counselling and its role

The counselling the agencies provided was seen by these women as playing a very important role both in their decision-making and in their coping strategies. When they sought counselling they were in a state of shock and anguish but had generally already rejected the option of abortion. This counselling served two main purposes. Initially it informed women of adoption as an alternative solution to their crisis pregnancy. Once women had decided to consider adoption, counselling took on a new role. For the duration of gestation women attended counselling to help decide whether to go ahead with adoption or to become social mothers. It was an on-going process of weighing up the advantages and disadvantages of each option in which women saw counselling as playing a major role. This counselling was seen as empowering them in their decision-making as they became clearer about the issues surrounding their decision.

The organisation that one of the women made her initial contact with when she discovered she was pregnant also provided her with counselling throughout the pregnancy. This was to help her sort out how she felt about her options and to allow her discuss her ambiguity about her choice.

I do most of my talking with a social worker in [street name]. You talk through it but, you're bound to change your mind I still think I am going to stick to the same decision.

[Aged 17, single]

Another woman went to Agency 13 for her pregnancy test as she had heard that they did free pregnancy tests. There she sat and talked with a counsellor who discussed the pregnancy with her.

Oh yeah they're [Agency 13] very popular in [city]. Nearly every girl goes there for her pregnancy test, it's free.

[Aged 20, single]

What happened then, did the Agency 13 woman volunteer?

She sat down for maybe three hours. [pause] She was saying she got pregnant when she was nineteen and she has a five year old daughter now. And she was going through that it wasn't the end of the world and she was very very helpful.

[Aged 20, single]

She had also found the counselling she received in the hostel very helpful in building up her confidence and sorting out her feelings about the pregnancy.

And what about em [pause] did you get counselling?

Yes [pause] about once a week or once every fortnight we go to [Agency 1 counsellor] [pause] everyone wants her, she's the best really. I look forward to going to her. You feel good coming out of there. She's a brilliant woman, she really is, she's a credit to this place. When you come out of there you feel good.

[Aged 20, single]

Another woman said that it was ultimately as a result of her being able to leave her home situation and the counselling she had received in the hostel that she felt empowered in making her own decision and not one that was for someone else, i.e. her mother.

It's up to me [pause] If you want to keep it, keep it, because it's your child. I suppose the way they look at it, four or five years down the line, they don't want me to be going back to them and saying, 'you're the ones that said put it up for adoption', you know. It's only one person's choice.

So you feel that very strongly yourself, it is your choice?

Yeah [pause] And I had to come down here to realise that

Really.

Yeah.

And how did you come to realise that here?

Well from talking to the social worker and [Agency 1 counsellor], telling me it was my choice. [pause] You know it was God's way and there's a reason for everything [pause] And if I wanted to keep it, I keep it. [pause] Don't be kind of bullied doing what someone else wants.

[Aged 31, single]

Another woman had been under pressure from family members to have a termination, something she did not want. When she rang Agency 1 a second time she told them this and they asked her to come in immediately and she had counselling where she could talk about this. The counsellor then organised for her to move to a residential hostel so that she would have some space to make her own decision and get away from outside pressures. When she arrived at the home she saw some leaflets on abortion and it was these that finalised her decision not to have one.

I came in to see [Agency 1 counsellor]. She relaxed me you know. She talked to me and she asked me was I thinking of going to England. And [pause] she asked me, I told her myself I wouldn't be able to go, though I was thinking of it and then em, I kind of had, [pause] even thought, you know [pause] everyone was telling me kind of go and have an abortion and I was kind of thinking of it, but I knew I wouldn't, you know. And em, so then I thought I was going to crack up, that's why I was so early. They were all being supportive but the way they were telling me this and putting pressure on me, I just couldn't handle it, so [Agency 1 counsellor] organised for me to come here. I had to get out, that's why I came.

[Aged 21, single]

I was kind of coming for a week, trial, to see [pause] what I was going to do. And em, [...] I was getting sick and I felt miserable. The minute I came here [pause] there were some leaflets upstairs on abortion and I read them and I like, no way like.

[Aged 21, single]

While she found the counselling helpful she felt there was not enough available. Secondly she felt that as the counsellor was a nun she could not have complete understanding of her situation and took more comfort in the experiences of other women in the hostel and literature she read written by women who had gone through a crisis pregnancy.

I think if there had been a lot more counselling. [pause] I didn't get half enough counselling.

[Aged 21, single]

Yeah she's [counsellor] good. [pause] But I got counselling from that book I read for the last few days, I regard it as the best counselling in the whole six months I've been here.[pause] You know, she [woman in book] was in the exact same position as me, she, I mean, no offence to [Agency 1 counsellor] but she's not going through what any of us are going through, she can't talk, you know. This girls, the same thing, and em, I can relate, I know how she feels.

[Aged 21, single]

Another woman returned to Agency 12 on a regular basis for counselling during her pregnancy to discuss the advantages and disadvantages of adoption.

And in terms of the kind of decision-making about [pause] keeping or not keeping, how would you kind of describe the pros and cons to yourself?

Like that's what the [pause] [Agency 12], got us to put down the advantages and disadvantages.

[Aged 21, unsteady]

One of the other women who was living in a residential hostel also but had not had any counselling despite having wanted some. She had been sent up to the hostel by her parents who were refusing to allow her to keep the baby and insisted she went away while she was pregnant.

Would you like to have had someone to talk to?

Yeah.

If there had been, say a [Agency 2], or [Agency 3] that you could have talked to?

Yeah I would have liked that all right, definitely.

And did you ever think of ringing [Agency 1] or anyone?

I did yeah, I did but I never really got around to it, I wanted to tell my parents first. I would have preferred to talk to someone before that, 'cos it wasn't very nice.

[Aged 17, unsteady]

The only 'professional' she had been in contact with was a social worker whom she felt she could not really confide in.

And have you been able to talk to any counsellors or anyone here?

Social worker. That's more to do with what I'm going to be doing whatever like, [pause] I wouldn't be sharing my feelings with the social worker, do you know what I mean.

[Aged 17, unsteady]

Another woman had a similar experience to this woman in that she also felt in need of counselling. Although she had been offered some she was unsure of being able to relate to the counsellor available to her.

The woman below had been in contact with Agency 1 to discuss the option of adoption but unlike other women she had not yet had counselling.

When I heard I was pregnant, I thought about adoption. I'm seeing a woman today from [Agency 1], going to go in and see what the story is about adoption.

[Aged 19, single]

She had however met a nun connected with Agency 1 but had found her very difficult to communicate with and ultimately inadequate in her ability to help her. She resolved this by contacting a different branch of Agency 1 and had now set up a meeting with someone other than a nun who she hoped would be able to help her and offer her counselling.

She [nun from Agency 1] kept agreeing with everything I said. Then I wanted to know about this and that and she didn't know about it. She promised me she'd ring me. I was really upset like, she didn't even pick up the phone. I just sort of thought, why bother with her.

How did you get the information about her?

I rang up [Agency 1] and she was one that come out. Then I rang [Agency 1] in [city] and I told her I didn't want a nun, just wanted an ordinary person, that I could have a normal conversation.

[Aged 19, single]

The role of this counselling as she saw it was to work through the pregnancy and maybe start to see some positive things coming out of it. Up until now everything had appeared negative and bleak for her.

What do you want from counselling?

Em, what do I want, something that will revive me up, like me see that it's not all that bad like. From what I have seen so far, it's just down hill all the way.

[Aged 19, single]

She also said that for her to talk to a stranger was easier as she then did not feel that they would be biased by their own views of her and the pregnancy.

I prefer talking to strangers. Not that I don't want them to know my business or anything, but you know what I mean, I prefer talking to a stranger. I think people that know you, have a different point of view.

[Aged 19, single]

The woman below had first been put in touch with Agency 1 by her GP. When she had discovered the pregnancy she automatically thought she would have a termination but her doctor told her about Agency 1 and the kind of service they provide for women in her situation. This was an option that she had not known was available before, so she then decided to avail of it.

They made me see light that [pause] abortion wasn't the only solution, you can [pause] go and seek help [pause] there is government, the government do provide [pause] what will I say [pause] care and help for girls in my position. I think, why not.

[Aged 21, single]

Clearly this was an option for which there was not much information available to her until she was in the situation and asked her doctor for his advice.

That was when I first got pregnant. Went to my doctor and found out I was pregnant, gave me the information, it was all there and I availed of it [pause] I'm delighted I did. I would have thought that abortion would be the only way out [pause] I didn't realise that [Agency 1] even existed. Where I come from like, I didn't think there was any help like [pause] Great support. I mean it's still hard, but at the end of the day it's worth it.

[Aged 21, single]

Another interesting role of counselling is identified by this same woman. The effect of the adoption is also considered by her as something that will require counselling.

I will, without a doubt [go to post adoption counselling] [pause] I will, you know, it's been part of my body for nine months [pause] you know [pause] it is a hard decision, it's your flesh and blood, [pause] just mourning and grieving.

[Aged 21, single]

Counselling was seen by these women as an important part of the service being provided by the various organisations. Initially it presented them with an alternative solution to their crisis pregnancy. Although most had already rejected abortion as an option before their initial counselling encounter they saw their situation as bleak with the prospect of lone motherhood. Once adoption was accepted as a feasible solution, counselling then provided women with the opportunity to weigh up the further decision of opting for lone motherhood or adoption.

Stigma and social motherhood

Traditionally in Ireland there has been a large amount of stigma attached to single mothers. Despite a softening in attitudes towards lone mothers in Ireland these women felt that they would be stigmatised if they were to become social mothers. They felt they would be stigmatised by relatives, peers, community and 'friends'. Their family and especially their parents would also be stigmatised. Many were availing of the secrecy provided by the option of adoption to try and avoid this stigma. In this section we will look at the forms of stigma that these women have already experienced.

The first woman here felt the stigma of being single and pregnant. Her 'friends' from the area, who had heard about the pregnancy, all saw it as a disgrace and something that she should certainly be ashamed of.

Then I had to put up with friends ringing up saying how they heard I was pregnant, and it was such a disgrace.

[Aged 21, single]

She lived in a rural community and had to put up with gossip and derogatory comments from those in her locality.

Then I had to go out to keep up appearances, you know. Cause I'm living in the country as well like, everybody's very nosy. I always had the impression that if you lived in the town and got pregnant, like it wasn't such a big deal because everyone in the town was pregnant with you.

[Aged 21, single]

Her relations appeared to be no exception and she clearly felt uncomfortable about them knowing. She knew how they had spoken about women in similar circumstances and was sure they would say similar things about her. They would disapprove of her becoming a lone mother and of her decision to choose adoption which was unacceptable to them.

They would see it as a terrible thing altogether, you just know by them by the way they talk about other people, how they would be talking about you. Even though it's family, I think that they wouldn't take it well at all. And the fact if they did know you'd be facing them for the rest of your life. And if you did give your child up for adoption, you'd always have it at the back of your head, is she thinking about me differently.

Like if my relations knew that I was pregnant and that I was going to give it up, they wouldn't agree with it at all, you know. No matter what the circumstances would have been, they wouldn't agree with it like.

[Aged 21, single]

Her mother did not want anyone to know she was pregnant so she had to remain inside for two weeks before she left for the Agency 1 hostel in case anyone realised she was pregnant.

Actually that was one of the first things [mother] said, that her friends like were the main worry. And even when we told her we were going to [city], I let on for two weeks before I'd gone that I was actually in [city].

[Aged 21, single]

In a rural area she felt that single mothers disgraced their families and she gave the example of her neighbour who had recently become a single mother and for whom 'sympathy' from outsiders was directed towards the woman's mother who 'must be feeling so ashamed.' Little

thought, if any, was given to the pregnant woman but rather to the parents, on whom she had 'brought shame'.

Oh my mother had pity for her mother. And even one of my friends' mother, she's terribly nosy. Her main worry was her mother and I think people have too much pity for the mother, they don't seem to realise about the daughter. Fair enough, I knew their mothers might have brought them up to a good standard, and how could this happen. Older people don't realise about the person who's actually pregnant, what she's actually going through. They block her out completely, they don't think about it at all. They view it, like they always say, Oh she's always daft or she was always wild, she had no cop-on.

[Aged 21, single]

This desire for secrecy was also a dominant aspect of another woman's discussion with her mother. She described how her mother initially reacted by saying she should go away to have the baby so that no one would know about the pregnancy. Despite her mother's subsequent change of heart, she agreed that she could keep the baby if she wanted to, she still felt that her mother viewed a pregnancy outside marriage as carrying a lot of stigma and bringing shame on the family.

Is she very religious?

Yeah. When she found out I was pregnant, that was nearly worse than shooting someone.

[Aged 31, single]

But I think my mother thinks it's a shame on the family having a baby outside of marriage.

[Aged 31, single]

She herself felt single mothers were viewed as being sexually promiscuous as they had an outward sign of their sexual activity.

Yeah. [pause] I think it's kind of a stigma too isn't it, unmarried mothers. And do fellas think, she's [pause] now she's an easy target, that used to go through my mind as well.

Used it?

Yeah. Actually it still does.

Really?

Yeah [pause] She's had a baby, Oh she's an easy target, a slut.

[Aged 31, single]

Another woman also spoke about the stigma attached to becoming a single mother where she came from. She lived in a very small town and despite single motherhood becoming more acceptable it was still frowned upon. She had been privy to many discussions about women in her town who were lone mothers, so she was aware of what she would be subjecting herself to if she kept her baby.

Oh yeah a lot of them have [single women in village with children]. It's becoming more acceptable but at the same time it isn't [pause] They'll still be talked about and talked about.

I mean have you heard the way they have been talked about?

Oh yeah [pause] that's why I left in the first place.

What sort of way would they have been talked about?

Em, I don't know, just [pause] you know yourself, rude remarks and [pause] you know, God, what's the father like and does she know who the father is, you know pub talk [pause] Just derogatory remarks really.

[Aged 21, single]

This fear of being disclosed as a pregnant single woman was one of the main reasons she left her village. She had kept her situation secret so that the chances of the people in her village finding out about the pregnancy or adoption were minimal. She found herself in a no-win situation in relation to their views.

You can't win in society because if you give it up for adoption, God she never kept her child. If you keep it, God she's an unmarried mother, so [pause] you can't win, where do you go with that attitude. That's why it's important to make your decision and say to hell with them [pause] it's my life.

[Aged 21, single]

The shame her pregnancy would bring to both herself and her family, especially her parents, was central to the woman below's denial of her own pregnancy.

I was terrified. Em [pause] the thought of everyone knowing, everyone looking at me walking down the street, it would have been terrible hard, terrible hard on my parents like. Thank God they accepted it.

Then it would be very hard on them [parents] having to tell all their sisters and brothers that I had had a baby and all that. It would be a terrible shock to all them.

[Aged 17, single]

She concealed her pregnancy for six and a half months. The stigma of pregnancy was related to her being sexually active which would be strongly disapproved of by her extended family.

Well my aunties and uncles would drop dead with shock if they found out that I was sexually active.

[Aged 17, single]

I don't think they [older generation] do [think younger people are sexually active] at all. I think they think it is in your twenties or [pause] I think they think it is going on all right but not among their own.

Yeah. So that still is a very common perception?

Oh yeah.

And that makes it a problem adjusting to someone who is pregnant?

Yeah.

[Aged 17, single]

In addition to the stigma of being sexually active and of getting pregnant another source of stigma is related to the baby's father. The woman below was very worried about the fact that if she were to return to her home town then people would know who the baby's father was and this in turn would affect how she was viewed by the community. If she returned as a single mother she felt she would be treated as an outcast by the community and for this reason favoured either adoption or lone motherhood in England.

Like if I did keep it, I don't want people to know who the father was. I don't know, I mean I think I would go over to England. Then like if I go home I would have support and whatever. It would be great there. Then I don't know they have funny ways down there and everything.

[Aged 26, single]

She felt that she would not be able to take the pressure of everyone knowing about her if she were to return to her town.

I can imagine now if I had the baby [pause] I eh. [pause] I feel, jeepers [pause] or no I think I would be drawing attention, you know like, that people would judge around me or something, [pause] ah God I don't know.

[Aged 26, single]

Women were very conscious of the stigma attached to a pregnancy outside of marriage within their communities. To continue as a lone mother would mean subjecting both themselves and their families to the scrutiny and judgement of others and was not something they were willing to contend with. They felt both their sexual activity and subsequent pregnancy would be topics of discussion and would preclude them from reintegrating into their communities.

Denial of pregnancy up until a late stage

One of the initial coping strategies of pregnant women experiencing a crisis pregnancy may be to deny that they are pregnant to themselves. Four women in this group denied the fact that they were pregnant both to themselves and others up until they were at least four months pregnant and one up until she was six and a half months. Such denial can be contrasted with immediate acknowledgement of pregnancy by women who had terminations [see 'pathways to termination' chapter] who are highly conscious of their pregnancies and wish to act immediately.

No. I could not face the fact that I was pregnant.

Really

So I put it to the back of my mind. So she [mother] was begging me to go to the doctor, but I would not go, no way. So then I felt life, and then I went, I did not have a choice like.

[Aged 17, single]

It only kind of dawned on me at about four or five months, when I went for my first scan [pause] and it kind of hit me that I was pregnant.

[Aged 20, single]

No it didn't, it only sank in really when I came here, seeing the rest of the babies around and stuff. Didn't hit me for ages.

[Aged 21, unsteady]

What did you do in the four months?

[pause] Tried to block it out of my head like. I kept trying to convince myself that I wasn't. I was in school so that kind of kept me mind occupied.

[Aged 17, unsteady]

Secrecy

This particular group of women also represent a continuity with the past, with the thousands of women who have given their babies up for adoption. Residential accommodation enabled these young women to keep their pregnancies secret from the wider community and significant others such as family members. This residential care followed by adoption keeps their pregnancies secret. A woman's need to keep her pregnancy secret from family, friends, partners or community must be considered directly in relation to the stigma that is attached to it by these people. The stigma attached to lone motherhood was a major issue in the interviews with these women. We will look at how the option of adoption by preventing the disclosure of pregnancy protects women from the stigma of lone parenthood discussed in the previous section. Three main reasons behind the secrecy were:

1. A need to protect others from the 'burden' of their pregnancy
2. A need to maintain control of their decision
3. The feeling that encompasses both of these, if they are to give up their baby for adoption anyway then there is no point in telling anyone.

Each of these three factors will be considered in turn after a more general look at secrecy and its facilitators.

How adoption facilitates secrecy and 'escape' from significant others

One of the woman below's main concerns was that no one apart from her sister should find out about the pregnancy. Her move to an Agency

1 hostel and plans to have the baby adopted facilitated the maintenance of this secrecy.

So she [sister] went down to the doctor and she explained the situation and the doctor said there are other choices like [Agency 1] and stuff like that. The main thing was I didn't want anyone finding out, so my sister then came up with that [i.e. adoption]. It eased my mind then when I heard what was available because before that I didn't know what.

[Aged 21, single]

For another woman secrecy was also a very important issue from the start and adoption facilitated this desire for secrecy.

I was hiding I did not know what to do so I ran up here.

[Aged 21, single]

She was in the hostel for three months when she returned home for Christmas and it was at that stage that she told her mother. Up until then only two of her friends knew and still now only her mother knew.

So when you went in here first in October, your mother did not know?

Nobody knew.

Really!

Two friends.

And where did they think you were?

Staying in a hostel in [city]. I was living in a hostel studying and I was working during the day, well only two days a week, but I told them full-time.

So that's what they thought you were doing?

My dad still does to this day. [Laughs]

[Aged 21, single]

The woman below also wanted to keep the pregnancy secret from her family and saw the option of going away and giving the baby up as facilitating this and meanwhile taking her away from the pressure of having to pretend everything was normal.

I have to give it up for adoption anyway so [pause] I don't want my family to be involved in it.

[Aged 20, single]

It's a grand place to think [hostel], with your family, you know, you have to pretend it's not worrying you, so it wouldn't worry them.

[Aged 20, single]

This was highlighted by her reaction to rumours that people in her community had found out about the pregnancy.

My friend was over the other night and my brothers, he's a friend of hers and my brother's friend is going out with my friend [girl's name] and he says 'it's out that [interviewee's name]'s pregnant', so [pause] I was at my wits-end.

[Aged 20, single]

In some cases the need to keep the pregnancy secret was explained by other factors. For instance the next woman did not want her partner to find out about the pregnancy, as it would mean she would have a permanent connection with him. Keeping the pregnancy secret from him and giving the baby up then showed itself as a way that she could overcome this issue.

We [self and partner] had finished like a good while [pause] we weren't getting on [pause] also she said I could tell him, but I knew, you know, it was just a big mistake and or I could, I felt if I told him then, you know, it would [pause] there would be problems for the rest of my life you know.

Do you think it would attach you to him in some way or link each other in some way if you told him?

Yeah.

[Aged 26, single]

Yeah, I just know I would have rot, if I had of stayed with him for ever. I would have had a rotten life.

[Aged 26, single]

Views of significant others on issue of keeping pregnancy secret

It was not only the women who were concerned with the issue of keeping the pregnancy secret, but also family members. For many women their parents and families colluded with them. Only one woman didn't tell any member of her family while nine of the women's mothers, six fathers and eight siblings knew about the women's pregnancies. These family members helped them to keep the pregnancy

secret. In some cases this was because the woman wanted it, in others because their families too saw it as necessary for particular reasons.

The next woman's father supported the need for secrecy by encouraging her to go away if she was going to opt for adoption so that she could avoid people and not have to deal with them afterwards.

He [own father] said to my sister he could see my reasons for putting it up for adoption and going away to try to avoid people. Like you have to go back and try and look after it like.

[Aged 21, single]

Her mother also requested that the pregnancy be kept secret as it appeared she would find it very difficult to cope with everyone in their area knowing about it and talking about it.

Even when people used to ask her [mother] how I was getting on, cause I let on I was working in [city], mammy would be left with her mouth open and nothing would come out. She finds it terrible difficult to tell a lie like. Like her main worry really I would say was people finding out. In a country area, everyone is one the phone like if they see anything.

[Aged 21, single]

In some cases it was the mother who actively insisted on secrecy. The next woman's mother insisted that she go away right from the outset. She was the only daughter. What the 'neighbours' thought would be a big factor for her mother. This she thought was closely linked to the fact that her mother was a very religious person who saw sex before marriage as a sin and pregnancy outside marriage as one of the worst things that could happen.

She said you'll have to go away for a while [pause] so no one would know.

[Aged 31, single]

Would she be worrying about the neighbours?

Yeah she would, yeah. I being the only daughter, kind of let her down or something, maybe she's thinking what did she do wrong.

[Aged 31, single]

In the following case the decision to keep the pregnancy secret appeared to be because the woman was doing so to facilitate her parents rather

than vice-versa and she did not risk telling anyone that she could not trust one hundred percent.

I promised her [own mother] I am not going to open my mouth and she is not going to tell anyone. My dad won't mention it to anyone. So it's between the four of us now and that's the way it's going to stay, hopefully, you know. She can trust them all like. I could tell my sister, I could trust her. But then I would be afraid if she was drunk some night, it would come out. You don't know. She is only sixteen.

[Aged 17, single]

Another woman was also made keep the pregnancy secret by her parents who had sent her away from their home to have the baby and to give the baby up for adoption.

No I was living in [county], my parents wanted me to go to here until I have the baby like.

[Aged 17, unsteady]

I thought I'd be kicked out of the house, they didn't actually kick me out of the house. They said I was to go to [city] to give it up like.

[Aged 17, unsteady]

1. Going it alone: Not wishing to burden others

Two women did not tell either of their parents they were pregnant while another two could only tell their mothers. The main reason they gave for not telling was because they did not want to burden them. They wished to protect them from the trauma and stigma that would be involved in having a daughter that had become pregnant.

For instance, the woman below had not told her parents because she did not want to put them through unnecessary pain. Instead she wanted to cope with it on her own.

I come from a very Catholic family and my father is [pause] [elderly] and my mother has [serious illness] so [pause] no point in telling them really, I'd only hurt them anyway. I know it would hurt my father because he is older and that wouldn't be acceptable. My mother, again she is so ill. So I say look, twenty one and I can cope with it, and I think I will.

[Aged 21, single]

Another woman took into consideration that she knew her mother would not approve of her being pregnant outside marriage when she decided that she could burden neither her nor her father.

Well my mam's against, eh children being born, unmarried mothers and stuff until your married. She would stand by me, but I didn't want to put the pressure on her, there's kids at home.

[Aged 20, single]

My dad, oh [pause] I don't know [laughs] [pause] he'd probably hit the roof [pause] he's very soft anyway [pause] I just didn't want to see that [pause] I might seem a failure [pause] I just couldn't put them under pressure, you know.

[Aged 20, single]

Despite not wanting to burden her family she does appear to be very affected by not being able to talk to either her mother or sister.

So you don't talk to her on the phone.

No. It would be too heart breaking [pause] She writes every week, I get a letter on Monday.

And your older sister you didn't tell either?

No I didn't bother [pause] cause like my sister would be heart broken. Especially if I gave it up for adoption. [...] they'd probably be shocked and afraid that I had to go through it all on my own, that they weren't there for me.

[Aged 20, single]

However she sees herself as telling her mother at a later stage as she feels then that it would be easier on her if she never saw the baby, again protecting her from all that is involved in resolving a crisis pregnancy.

You envisage never telling your mother then?

I'm going to tell her I gave the baby up for adoption, but it's going to be easier on her to think I gave it up, she never saw it, so it won't matter so much.

[Aged 20, single]

Another woman had initially only told two friends about the pregnancy. When she did eventually tell her mother about the pregnancy she put her reluctance to do so down to the fact that she did not want to

disappoint her although her mother's response was one of support combined with disappointment that she had not felt she could tell her before. This was also the main reason she gave for not telling her father.

She was upset for me and she kind of felt bad that I could not talk to her [pause] she was very supportive. [...] She was just leaving it entirely up to me, what ever I do is my decision.

I see. So were you pleasantly surprised by that?

Em [pause] I suppose I knew that she would react that way. But I did not want to let her down, I did not want to tell her.

[Aged 21, single]

And why were you afraid to tell your dad?

Just a big let down, I prefer not to.

[Aged 21, single]

Despite her mother knowing and having taken the pregnancy very well, the following woman felt she could not tell her father as it would actually physically kill him and she would then be responsible for it.

My father goes mad if everybody doesn't go to mass at home. He's real old fashioned, so I couldn't tell him, he'd have a heartache and die and I'd get the blame forever, you killed your father. [.....] Yeah, she [mother] was deadly about it, she didn't give out to me or anything.

[Aged 21, unsteady]

2. Maintaining control of decision

By keeping the pregnancy secret women felt that they were keeping the decision of which pathway to follow under their control. This was also helped through the counselling they received from the various organisations. Through this they continuously discussed their decision, generally feeling assured that it was they that were making the ultimate decision. If others did not know about it then they could not influence her decision or stop her from changing her mind at the last minute, which was an important aspect of women's coping strategies as will be seen in a later section.

The first woman here did not want to tell her parents so that they would not influence her decision in relation to her baby. She felt assured that her two sisters who knew would not tell anyone else and would

support her decision. Others however she felt might not agree and she wanted to be free to make whatever choices she wanted to resolve the crisis she was in.

I've five sisters, they were the only two I could really trust. I didn't tell anyone else and I'm glad now I didn't cause [pause] I don't know [pause] just couldn't trust them, I had to keep it under wraps, for my own state of mind [pause] If I knew people were talking about me, or you know, what decisions I was making, they could be prejudiced or anything [pause] This is my cross and I want to carry it, you know that kind of a way.

[Aged 21, single]

Secrecy from a partner was also an issue as four partners were not told about the pregnancy. This appeared to be an attempt on the part of women to maintain control over their decision-making. As will be seen in a later section those who did tell partners faced some difficult responses. The first who did not tell her partner viewed keeping the pregnancy secret from him as essential as she felt if he were around he might try and influence her decision.

Yeah do you find that hard now not having a partner?

No, maybe I'm better off. If I had him he'd probably be down my mouth, do this and do that like. Whereas if I'm on my own, I will take care of it, no matter what.

[Aged 19, single]

The second that did not tell her partner either as she felt that it would make her decision more problematic if he were involved.

If he did not know he would be better off, than knowing. Like if I made a decision then in the end and if he did know then it would be worse for me. It would be relatively worse, it would be worse for me in the end.

[Aged 26, single]

This also followed through in relation to other people. She wanted originally to continue the pregnancy in England so no one would find out. This she put down to the fact that it was easier to make a decision without involving others.

It would have been a lot easier for me you know [to go to England], nobody knew, nobody would know you were there, or whatever. And I keep thinking that in the long run if you want to make a decision, the less people know about it the better. I don't know I just feel like that they might not be that understanding about it or whatever, and you know, you might make it worse for yourself, whatever decision you make. Cause I wasn't to sure then that , whether when I see the baby then, whether I will keep it or put it up for adoption.

[Aged 26, single]

Residential accommodation and the social secrecy which surrounded this pregnancy enabled women to freely control their decision-making and to make their own decisions. Despite being ambiguous about what she would eventually decide to do with her baby, one woman felt certain that the choice was hers to make. This was further facilitated by the views expressed by her brother and her mother's changed attitude and current view that it was ultimately her choice. This empowerment she felt had come directly from being in the hostel and going through counselling.

And your mother would be happy if you have the baby adopted, is that the idea?

She would yeah. I suppose she would be more that way, but at the end of the day it's up to me.

And your brother said it's up to you as well.

It's up to me [pause] If you want to keep it, keep it, because it's your child. I suppose the way they look at it, four or five years down the line, they don't want me to be going back to them and saying, you're the ones that said put it up for adoption, you know. It's only one person's choice.

So you feel that very strongly yourself, it is your choice?

Yeah [pause] And I had to come down here to realise that.

[Aged 31, single]

The following woman also expressed similar feelings that she felt completely in control of her decision as to what to do about the pregnancy. She emphasised again how important it was for each woman to make their own decision for themselves.

I think making that decision for yourself is the best thing anybody can do. Your baby, if you decide to keep it, it's your decision, if you decide to give it up it's your decision too. It must come from you.

[Aged 21, single]

Did you feel anybody pushing you into adoption?

No not a bit [pause] not a bit , no.

[Aged 21, single]

She had already asserted her own position as the main decision maker by rejecting suggestions made by her partner that she should have a termination.

Once I made my decision and once I stuck by my decision [pause] makes me feel better about myself. If I went ahead [pause] and did what he wanted me to do [pause] I wouldn't feel great, you know.

[Aged 21, single]

Another woman described it as too upsetting for her to tell family members about the pregnancy and adoption especially her mother and sister. Therefore if she told them they may try and influence her decision. This decision was backed up by other women in the hostel who suggested that family members would try and influence her decision.

There's girls here who have told their parents, they want to give the baby up for adoption, their parents are set on keeping the baby. They told me like, you were right not to tell your parents, it's your decision, other people putting in their views and stuff.

[Aged 20, single]

The next woman also appeared to feel that if others knew they would try and influence her decision. Only her parents knew about the pregnancy but they were supportive of her decision whereas she felt her siblings would try and encourage her to keep the baby.

[My siblings] they would be all inclined to say 'Oh keep the baby, keep the baby'.

[Aged 17, single]

But I had to make my own mind up instead of listening to all these people, that's why I left when I left.

[Aged 21, single]

The minute I came here [pause] there was some leaflets upstairs on abortion and I read them and I like, no way like. But I think myself when I left and I came here, to get away from them telling me to go like, I didn't want to go and I wasn't going to go [pause] I didn't go.

[Aged 21, single]

3. No point in others knowing if giving baby up

Women invoked as a reason for their keeping the pregnancy secret the fact that if they are not going to keep the baby then there is no point in telling others about it. Secrecy maintains both control of the decision and protects others from any stigma, in other words if there is no need for others to know i.e. if the woman is opting for adoption then why tell them and subject herself to their reactions.

Since I can put it up for adoption anyway, [pause] like what's the point of putting them through it.

[Aged 20, single]

This was highlighted further when she said that her relations would be disgusted about the pregnancy itself and if they knew and then she gave the baby up for adoption then she would never know how they were thinking of her.

Even though it's family, I don't think they wouldn't take it well at all. And the fact if they did know you'd be facing them for the rest of your life. And if you did give your child up for adoption, you'd always have it at the back of your head, is she thinking about me differently.

[Aged 21, single]

Another woman said that for her to return home now and tell everyone about the pregnancy would mean that she would have wasted her time away in the hostel and this appeared to be another reason against keeping the baby no matter how easily overcome.

It would mean telling everyone and after hiding it for so long, it would have been such a waste.

[Aged 17, single]

Partners who were told

Seven women in this sample had told their partner's about the pregnancy while four did not. Women who chose to tell their partners

about the pregnancy faced a range of responses and consequential problems. Two of the partners who knew about the pregnancy suggested the woman have an abortion which was resisted by the women.

The disclosure of a pregnancy to a partner has social repercussions which are particularly problematic in the case of adoption, as can be seen particularly in the case of the next woman. She did not initially tell her partner about the pregnancy even though she had had a relationship with him for a year and a half. However, she felt guilty about not telling him so she told him at Christmas both about the pregnancy and her intention to have the baby adopted. He reacted with a solicitor's letter demanding custody. She had assumed that he would go along with her decision to give the baby up and would never have taken such a course of action, one that she felt would be impossible for her to cope with. Her resistance to his offer appeared to reinforce her resolve to give the baby up for adoption.

Just, you know what am I going to do next type of things, support me either way. Nobody can tell you what to do you know like.

[Aged 21, single]

Did you tell him about the pregnancy?

I told him I wanted to give the child up for adoption and he said 'No think about giving it to me'. I said I would think about it but I could not handle it. Oh he has been against the adoption from day one really. Still I thought he would go along with it.

[Aged 21, single]

She kept the pregnancy secret from her own father as she felt he might also want her to keep the baby.

Yeah I think he [own father] probably would be fine. He might want me to keep the child.

[Aged 21, single]

Another woman's partner was not very supportive and went to England two weeks after she discovered she was pregnant. He was disliked by her family, and she claimed that he was not held in high regard in the local community. This influenced her decision as to keeping the child. If she kept it, people would know who its father was. Her family were quite supportive of her keeping her baby, even though they initially,

her mother in particular, favoured adoption. Overall, the woman was quite depressed. While a different woman's partner presented her with two choices: either move to England with him and marry him, or have the pregnancy terminated, she strongly resisted both options.

In these cases the partners' responses to the pregnancy did not match the needs of the pregnant women and in the women's view did not present them with a feasible alternative.

Rejection of lone motherhood

The eleven women in this sample at the time of interview had rejected the option of becoming lone mothers. They were prepared to become birth mothers but felt unable to pursue social motherhood for a variety of reasons. As was discussed above these women saw considerable stigma attached to lone motherhood and their view of it appeared to be tainted by this. Few had any positive role models of lone mothers with many invoking the stereotype of the 'social welfare single mother'. They described an image of the lone mother living in a flat alone with few opportunities and little independence. Lone motherhood was associated with a loss of future employment and educational opportunities. Social motherhood was seen as something that should be embarked upon when in a steady relationship and at a later stage in their lives, when they were older, more mature and in a better financial situation. For some it was a role they never saw themselves as taking on, while for others it was a role for the future.

Disposition to motherhood: Generally does not want to be a mother at any stage

Four respondents never considered themselves as becoming mothers at any stage of their lives irrespective of their situation. They felt they did not have any maternal instincts and that they simply did not want children let alone in the problematic circumstances they now found themselves in. Some had no experience of looking after children, doubted both their ability to do so and the adequacy of their level of patience with them. Others had contact with children but either found them difficult to cope with or managed them but only on a short term basis.

I just think I wouldn't be happy with the child, I don't think I have any maternal instincts. [pause] I never really liked children. [pause] I would never baby-sit, they got on my nerves.

[Aged 21, single]

Like it hasn't clicked with me that I'm pregnant and I can't understand, [pause]. I'm so against children [laughs] you just feel like there's something wrong with you [pause] so. [pause] I wouldn't mind minding a child I don't know I think that too, if I had been brought up and I had really young sisters, but I didn't like. But even my friend like she minds a kid, she gets on my nerves. I don't know, I can't imagine teaching my children. [pause] [The other girls] you know by the way they are talking that they are attached to the child already and the child isn't even born, you know, there's no way they would give up their child like.

[Aged 21, single]

A baby is a twenty four hour job, seven days a week. I was never used to babies, I never baby sat [pause] I'd say the adoption is good now. [.....] I never wanted children when I was a teenager. Even if I got married I didn't want children [pause] I didn't think I had motherly instincts. I didn't think I'd have the patience even [pause] you know and even with [other lone mother's child] now upstairs, if I was in a room with her for a few hours and she was running around, I'd be through the wall or something [laughs].

[Aged 31, single]

I don't like them. It's not that I don't like them, I love them if they are not my own.

[Aged 19, single]

When you were younger, did you think about being pregnant and having children?

I was never having them. [pause] Never — till I got pregnant — as far as I was concerned.

[Aged 21, unsteady]

For the first woman below pregnancy had confirmed the view she had of herself as unsuitable for both pregnancy and motherhood and she wanted to be sterilised after this pregnancy. The second woman's disposition to motherhood had shifted as a result of this pregnancy. She originally did not want to have children but does now with an emphasis

on wanting to do so only in what she sees as the 'ideal' circumstances for motherhood.

And after the baby's born, what do you think you will do about relationships, contraception and stuff?

Oh never again, if I could get the operation done I would do it.

[Aged 19, single]

I'm thinking now when you are married and settled and you have money I'd say it would be a deadly thing to do. That's what I realised from all this.

[Aged 21, going steady]

Disposition to motherhood: Wants children at some stage but not now

In comparison to the women discussed above other women in this group wanted to become mothers at some stage in their lives but not now. It was the timing of the pregnancy rather than their overall disposition to motherhood that was problematic. They envisaged having children when they were married and older, not at this stage in their lives.

Did you ever anticipate [pause] having a child. When did you think you'd have a child?

When I was married.

When you're married. And that was?

When I was twenty eight.

You had an age in mind then. But you would have wanted to have one then?

Yeah, oh God yeah.

[Aged 21, single]

I love my nephew and I love my baby [pause] I wouldn't say I had a lot of time for children [pause] whatever. When I used to baby-sit, the children I used to baby-sit, I loved them like. And I was good with them and I know I would be a good mother [pause] And I'd be there for my baby and everything but [pause] I'm not very, I wouldn't be the kind of person that wanted a baby at twenty one. [pause] Babies are away [in the future].

[Aged 21, single]

Em, I didn't expect it to be so early, do you know what I mean. I thought about it all right, but it came a little bit too soon.

[Aged 17, unsteady]

The first woman below envisaged motherhood later in an appropriate context. She also considered how she would tell her children that she had a child adopted, so she did definitely plan on having a family later on in her life similar to the second woman below. She did not even consider the fact that she would become pregnant at this point in her life, as it was something she saw as happening at a very different stage.

My late twenties at least. I'm going mad now I'm having this baby, I'm going mad because I'm so young. In years to come then, if I did give the baby up, when I have other kids, I'll go mad, how you could give up that baby.

So you think like that a lot.

I do. What I'm going to say to my other kids and stuff.

[Aged 20, single]

I thought this thing about pregnancy, I thought there is no way I will get pregnant, there is no way that will ever happen to me or anything and I did not even think about pregnancy or children like.

[Aged 26, single]

These women are rejecting *lone* motherhood rather than motherhood in general or motherhood in appropriate circumstances, such as when they are older and are married. Their view of the positive aspects of motherhood emphasises the ambiguity in these women's choice of which is the best option for them and shows how these women were balancing up the advantages and disadvantages of each option.

No. A month before I got pregnant, I saw this beautiful half-caste baby, oh my God, the poor little thing, he's gorgeous. If I ever have a baby, I want it to be half-caste. A month later I get one. [both laughing] That's the thing, when I see this baby I'm going to fall in love with it, it's colour, I love half-caste babies, I love them, they're beautiful.

[Aged 20, single]

Now I think it would be your own, I don't know, it would be nice to

have your own, like nobody else can tell you what to do with it, tell them to shut up if you wanted to.

[Aged 21, unsteady]

I think it's lovely, I really do. It's a bond, I don't know, it's magic having something inside you.

[Aged 17, unsteady]

I'm going mad, I used to think it was a wonderful thing having a baby, a really lovely thing but I'm going mad, I can't enjoy it so much, I know now I won't be looking forward to it when I do get married, because of giving up this baby for adoption, imagine it's a wonderful thing, beautiful.

[Aged 20, single]

Perceptions of other women's experience of lone motherhood

The women in this group had witnessed few positive experiences of lone motherhood. Most saw specific lone mothers as subjected to a very negative experience in a number of ways including:

- Difficulty in coping as a lone mother
- Economic and social consequences of lone motherhood
- Subject to stigma
- Partner relationships
- Family relationships

Although there were women who saw others who had positive experiences of lone motherhood these were in situations that they perceived as very different from their own in terms of family and partner support and were generally overshadowed by their views of negative experiences, while still others knew no lone mothers and so had neither positive nor negative experiences of lone mothers to reflect upon.

Difficulty in coping with motherhood

The woman below's own feelings of being unable to cope with becoming a mother were further compounded by her seeing the experience of another woman in the hostel. She had tried to keep the baby but

when she left the hostel surroundings she had been unable to cope and had ultimately had to give up the baby anyway. This she saw as presenting a threat that if she tried to keep the baby she would just be adding another disaster to her life,

I think I couldn't cope with the situation, I think I'd only make a fool of myself. I think I've made enough mistakes in my life, I don't want to be adding more on to it [.....] One of them anyway she was attached to the child when she saw the child and she brought the baby back here, she convinced herself she could cope. She was sheltered here as well like and she had somebody to mind the child. But she just wasn't coping, and I think it would be a lot harder for her, she comes in and says I think I'll put the child up for adoption, after bringing the child out. It maybe worse in later years because she had her child for two or three weeks and then that she gave up on the child. Maybe if I had of kept at it, you know what I mean.

[Aged 21, single]

Economic and social consequences of lone motherhood

Women in this group saw lone mothers as ultimately in a disadvantaged economic position in which they were trapped. Motherhood meant that women were excluded from both further employment and educational opportunities and that they were destined to a life on welfare. The stereotype of the 'social welfare lone mother' living in a flat alone with little chance for change in the future was an experience they had seen lived by other women in their communities.

One woman spoke in depth about other single mothers from her community who faced such difficulties. Despite admiring them she generally saw their experience as a very different one in which they appear to be battling for survival. They were ultimately alone in a flat with their child or children, even if they initially married their partner.

And I know a few girls who have children now of three or four and are twenty-one or twenty-two. They're living in flats and they can't really go out, it's hard. Even to buy a new outfit, they have to think of the baby first. And then you'd have days when the baby is crying all the time, teething and all that. My heart does go out to them [pause] Some of them are great then, they have great patience [pause] Could never see

meself [pause] A few years ago, I could never see myself in the situation where I am now. [Laughing].

[Aged 31, single]

The negative educational consequences of single motherhood were cited by another who saw lone mothers as having sacrificed everything and gained nothing with no opportunity to improve their situation.

A few months before that because there was this other girl the same age as myself, she was only about a mile up the road and she actually had a baby boy. I thought it was amazing that she kept the child because she had such a good future ahead of her, cause she was going to College and stuff. I knew she was going to react this way anyway, we actually nearly fell out over the girl up the road. [laughs] I could see her point because maybe in later years I could regret it, you know. But you could regret over a lot of things like. It's a very important decision and hard decision that you will make in your life.

[Aged 21, single]

Two other women also expressed these negative views of how lone mothers they knew were living and the effect this was having on how they saw their options.

I see the way they [friends] are living and I don't like it. [.....] I would not like to live in a bedsit for the rest of my life.

[Aged 21, single]

My friend then, she's two kids, she's twenty-three, [pause] she finds it very hard on welfare, very hard to raise two kids, very hard life. And she was telling me like, adoption is better. At her time she didn't have different choices and stuff, she was a great help then as well.

[Aged 20, single]

Stigma of lone motherhood

Women in this group were extremely sensitive to the issue of stigma and what it would mean to both them and their families as will be seen in a later section. Their perceptions of the experiences of other women in their communities and the stigma they have been subjected to as a result of their lone motherhood have reinforced their preconceptions of what they would experience if they were to pursue this pathway themselves.

Oh like a friend she was nineteen or something, she was not a good friend. When she got pregnant it was the gossip of the town.

[Aged 17, single]

She would be giving out and stuff because people were treating her like a slut because she had two children. She would get suicidal at some stages and she would say, 'I can't with the two kids' and she's very worried about the two kids. And the eldest fella, she resented him, she was only seventeen when she had him. She rejected him then and there's no bonding, her mother adopted him. [pause] He does be always saying: 'I don't love you I love my mam'. I was quite afraid for her, she would always break down crying. Very hard for her. I saw then what I'd have to go through. I wouldn't be able for it. I couldn't, because she's only twenty three, she's really had an awful lot to go through.

[Aged 20, single]

I only know one other single mother. [.....] I don't really know her to talk to like. There is only one. [.....] And em [pause] I think she went over to England first like. You know, I just feel that you would be an outcast or something. [.....] I just think you would. You would have a total different life altogether. I don't like is it that I am more sensitive than other people or what, I don't know.

[Aged 26, single]

Partner relationships

Another important perception some of these women held of lone mothers was in relation to their relationships with male partners. Lone motherhood was seen by two women in particular as potentially excluding them from future relationships in different ways. One woman saw how it affected her friend's relationship with who had been her steady partner. She was supposed to get married but her partner backed out of the marriage and relationship as a result of her having a child by another man.

I was living with my friend because she was supposed to get married and he wouldn't marry her because the other child, not being his child, the second child. And because the other baby was half-caste, he didn't want his son to be raised with a half-caste child.

[Aged 20, single]

While on the other hand a second woman saw lone mothers who did pursue a relationship with the father of their children as being unsuccessful. Even if a lone mother was to marry a partner ultimately she would be alone, which implied a view that to marry solely because of a pregnancy was not advisable.

I felt sorry for young girls tied down. And then some girls kind of getting engaged and married and the marriage would be gone by the time they're twenty two. They just got married because they were pregnant.
[Aged 31, single]

Family relationships

Another important issue that will be highlighted in later sections is the perceived effect of a single woman's pregnancy on her relationships within her family and especially with her parents. One woman had seen the potential effects as she had a brother who had a baby with his girlfriend before they were married. Her father disowned him for six months and she felt sure the same would happen to her if she told him about the pregnancy.

And what's made you think he'd [own father] be awful if you told him you were pregnant?

Cause it happened already like [pause] in my family to my brother.

He was disowned? And he married this woman.

Ah yeah, he's married to her now and they have two children.

By disown, do you mean, wouldn't talk to him?

Oh yeah, they completely blanked him, nothing to do with him.

[Aged 21, unsteady]

Positive perceptions

Despite most of this group's views of others' experiences of lone motherhood being negative some were positive. One of the women spoke about one woman who lived near to her family who had a baby outside of marriage. She differed however in so much as her partner was still involved. She saw this woman's family as playing a major role in looking after the child, an option she did not see as open to her.

There is one, you wouldn't call her single because the boyfriend is still there, she's in College or whatever, she's my nearest neighbour. All her

family are very good to her and she has younger sisters and stuff like that. So it's really the family that's taking care of the baby.

[Aged 21, single]

Another woman had recently witnessed her cousin who had become a lone mother being treated very well with positive responses from others.

Actually my cousin has had a baby recently [laughs] outside of marriage. Everybody has been great about it. But still.

They accepted it like?

Yeah, no big deal.

[Aged 21, single]

The woman below had also witnessed a positive experience of lone motherhood in her family but also saw her situation as different from it. Her parents had wanted her sister to give the baby up but she had kept it. This was an option she saw herself as precluded from however as her parents strongly disliked her partner.

No. You see my sister had a baby five months ago and they wanted her to adopt it but then they said it was grand, she could keep it. But with the father of my child, no way, not a second time again like.

[Aged 17, unsteady]

Her sister managed to continue her education and this appeared to reinforce her belief that if her parents were to give her the opportunity she too could become a 'success story' of lone motherhood.

And your sister has managed College and stuff?

Yeah. She took a year off and she has two years left. She is doing a lot better than I thought she would, a lot better, she's coping better.

So you think you would be as able.

Yeah. She's not very strong, she's not a very strong person like. Me I would be stronger, I think maybe I would. But the fact that I have a year left in school is making it harder as well. [.....] Cause if I do keep it I know I will be studying for something. I know if I don't I'll be studying to prove myself [pause] to do well, whatever.

[Aged 17, unsteady]

Knew of no lone mothers

In comparison to the other women two women had not known any other women who had continued with a pregnancy and become lone mothers. Although this meant that they did not have any negative images of motherhood to look at they also had no positive images. For one of them marriage was not going to happen and she saw no 'success' stories of single motherhood.

And what about any other, do you have any other friends or close relatives that have become single mothers at a young age?

I haven't.

[Aged 21, single]

But none of my friends where I'm living or in College have had babies. I wouldn't be in close contact with anybody that had.

[Aged 21, single]

Personal consequences of lone motherhood

The perceptions women had of other lone mothers and the effect of that pathway on their lives can be seen as directly influencing the reasons they give for feeling unable to continue with social motherhood at this stage in their lives. Here we will look at their decision-making around adoption which was inextricably linked to their rejection of lone motherhood as an option. The decision-making was predominantly a process of weighing up the advantages and disadvantages of lone motherhood versus adoption as pathways. Women considered motherhood in the overall context of their lives and careers. They saw continuing their educational and working lives as incompatible with lone motherhood. On the other hand if they, as yet, had no job or career then they would be unable to afford to care for a child and their only alternative would be to become a welfare mother.

Life/career/educational opportunities

The general perception that most of these women had of lone motherhood was of a 24-hour day, seven-days-a-week job. They did not see it as compatible with either further education or employment, they would have to stay at their current level of education and, in general,

give up work. Those who had already achieved a certain level of education or training wished to continue to do so. Rather than becoming dependent on welfare as lone mothers they wished to pursue a career and become financially independent.

The woman below currently had no career and she saw that as making it more difficult to get over the adoption. Also she felt that if she kept her baby her chances of having a career would diminish.

The main worry at the start was, how am I going to get a job, that's the end of my career like. That's the first thing that came into my head.

[Aged 21, single]

While another woman also saw the option of pursuing lone motherhood as presenting insurmountable barriers to both career and educational opportunities,

I don't know kind of, to keep the baby then your job is going or if you want to go higher up in education or something like that, it's kind of hard.

[Aged 31, single]

The next woman viewed this issue in a slightly different way explaining how she felt a child would suffer if its mother had not satisfied her own needs before committing to bringing it up. She felt she had not yet fulfilled herself educationally or had enough of a career.

I would like to go back to College and get a career, you know I am still young and have a lot of ambition [pause] I want to contribute to society, I just, you know [pause] the way I see it, once a child has a mother and a father and is loved [pause] you know. No, I felt [pause] em I wanted to go back to College anyway, before I ever got pregnant. Em [pause] I don't think I've satisfied my own needs. I think you've to satisfy your own needs first before [pause] I just wouldn't be stable enough to bring up a kid. I mean six years down the road, grand no problem, the fact that I haven't completed my education yet, [pause] you have to satisfy your own needs first, before you can take care of a child I think.

[Aged 21, single]

Another woman had a job but saw herself as having to give it up if she were to continue with lone motherhood. In turn this would mean a total loss of her financial independence and career opportunities for the

foreseeable future which, in the long run, would be disastrous for both herself and the baby.

I wouldn't be able to work, number one and then I'm so used to my own income, my own salary and everything like, you know. Not that I'm throwing away the child and don't love it, but [pause]

Can you imagine your life with a child?

Drastic, probably would be drastic. Knowing my luck, I've had nothing but hard luck in the last three years.

[Aged 19, single]

At the very start of her interview another woman described how she has recently qualified to do a University degree. Although she was ambiguous about adoption she saw lone motherhood as totally incompatible with furthering her education.

That was for a diploma, and I got my honours diploma and I have my place in University. So I've had to defer it for a year and em [pause] that's me I suppose. Regarding the pregnancy, I don't know what I'm doing. I don't know if I'm giving the baby up for adoption or not. I've obviously thought both sides and for me anyway, my career is a big thing, but my baby is more important than my career. But em, the two of them don't kind of go together, I have to go abroad to get my degree. That would be my reason for giving my baby up for adoption. At the moment I can't provide for my baby or anything.

[Aged 21, single]

I didn't want to be in Ireland and I don't want to live in Ireland and I want to get my degree and travel and all those things.

[Aged 21, single]

This reason again predominated overshadowing the issue of her partner that she appeared to see as almost irrelevant in her decision-making.

And it's not because he's [partner] not going to be there I'm giving my baby away, it's I don't, myself I still have to get my degree, and I don't know if I can survive at home, you know what I mean.

[Aged 21, single]

I'm afraid that I'm going to be living at home [pause] with my baby [pause] that I love. Living at home with my baby, a dead end job and [pause] waiting [pause] to get out [pause] and not being happy. That I'd

not have gone to university and not have bettered myself, and not have much to offer my baby. I don't want to be financially deprived. This is my chance now if I went to college like [pause] that's why I worked so hard.

[Aged 21, single]

Having to look after her baby would negate all her previous efforts i.e. getting into college and doing well in her exams. She had to live up to her own expectations of herself and her educational abilities. If she did not then she had nothing to offer a child but she could only achieve her education if she gave up the baby for adoption.

Three other women also saw themselves as having to give up any career opportunities that they may have had if they were to continue with lone motherhood. Travelling would be out of the question and further training impossible.

It is just an excuse to get over to England and get working. Well I am interested in computers you know as such.

And you just did not go to the Dublin one?

No because I want to get out of Ireland, that is another reason why I don't want to keep the child. I have been to EU countries and America, I just don't know.

[Aged 21, single]

I am definitely, adoption is the best thing for me. I feel too young to be tied down, stuck in a flat looking after it. I would prefer to be out working.

[Aged 20, single]

I don't know. I wouldn't be able to finish school if I was on my own.

[Aged 17, unsteady]

I thought, that when they found out, I thought I would be kicked out and I would be able to do it all myself. But it's only now I'm feeling maybe I wouldn't or whatever. I'm thinking of school and all that.

[Aged 17, unsteady]

The issue of education had been taken a step further with the woman seen below in that her mother knew about the pregnancy and had given her the choice either to give the baby up or if she wanted to bring it

home to organise for someone to look after it while she continued at school. Her mother's suggestion was rejected as the woman felt she could not leave her baby in another's care and continue in school. She saw her choice as either full time lone motherhood or adoption and to continue with her education.

My ma has offered me two options like [pause] to give up the child for adoption or I can keep the child at home, get lone parents allowance and pay for someone to look after it during the week [pause] but I don't think that is right either. The minute the child is born me heading off going to school. So [pause] I don't know.

[Aged 17, single]

The overall view of these women is that motherhood would interrupt their education and future career chances and arrest their potential. This would have a negative impact on themselves and on their children's lives, if they were to keep them. Women had a sense of personal responsibility to look after themselves and not become welfare mothers. If they took such a route they would have nothing to offer the child. So rationally it was better for both mother and child that the baby was adopted. They saw no way in which employment or education was compatible with childcare, feeling that they could not continue both simultaneously. In part this was because as lone parents they could not leave the child in the care of others.

Financially unready for lone motherhood

Women described themselves as financially unprepared for lone motherhood. This was often linked to the image of the 'welfare' mother which in turn is linked to an inability to continue with their career if they were to become lone mothers.

I think it would be better. Number one, I know in my heart and soul I wouldn't be able to give the child, I know that love is the most important, but when it comes to money like and I don't have a place of my own, I don't have a car, I don't have nobody.

[Aged 19, single]

I can't afford a child. I could not afford to keep one. I would be on welfare for the rest of my life.

[Aged 21, single]

Not having enough money, living on social welfare, not being able to go out, not being able to go abroad.

[Aged 20, single]

Place to stay and money again, [laughs], money would be the main thing. I wouldn't mind if he was around but you know I said you wouldn't be if I was keeping it.

[Aged 21, unsteady]

Emotionally unready for lone motherhood

The emotional readiness of women for motherhood was very subjective but particularly relevant for the following two women. The first had been suffering from depression for a number of years and felt she was only just able to get herself back on track but would not be able to cope with being a mother too. While the second felt she had had a string of disasters in her life and in her opinion being a lone mother would simply be another.

I really made the decision myself, you know, cause at the end of the day, do I want to rear a child? I can't. I'm not prepared, [pause] emotionally or financially. Prefer to put it into care, and move on with my life.

[Aged 21, single]

I think I couldn't cope with the situation, I think I'd only make a fool of myself. I think I've made enough mistakes in my life, I don't want to be adding more on to it.

[Aged 21, single]

Like if the baby is like me, you know, [pause] that baby would not have a chance, like it might say, the mother gave it away, you know, if the mother did not love it, you know, nobody would, I don't know I just feel like this [pause] I would like to keep the baby, but don't you know, I was just kind of learning how to deal with people and getting good at it and now I won't have that because I won't be able to deal with people at all, I don't know what's ahead.

[Aged 26, single]

Too young

Five women in this group specifically referred to their age as a reason for not continuing with motherhood, they felt they were too young to have a child. This in general was linked to other reasons such as being

financially unable and primarily, in their views, about not having fulfilled their educational and career expectations as discussed in the other sections.

If I didn't give my child up for adoption I wouldn't be happy. I've never done anything, it'd be a disaster [....] I'm too young for it like.

[Aged 21, single]

If I was older definitely, but I am so young like [pause] it is hard, so [pause] I would love to keep the child, but [pause] it would take an awful lot out of me. I don't think I would be able to give it all to the child like.

[Aged 17, single]

If I was older and had a job, definitely I would keep the child, but [pause] the way I stand now, it would probably be very hard.

[Aged 17, single]

Adopting, because I am too young. I can't afford a child. I could not afford to keep one.

[Aged 21, single]

I was totally no way, because I'm not going to be stuck there with a baby, I'm only twenty, raising a child on my own.

[Aged 20, single]

When my friend started mentioning adoption, I thought this is brilliant then. I felt too young.

[Aged 20, single]

I am definitely, adoption is the best thing for me. I feel too young to be tied down, stuck in a flat looking after it. I would prefer to be out working.

[Aged 20, single]

I'd like a niece or a nephew, but I wouldn't like to be a mother [pause] I'd feel too young. I do feel too young.

[Aged 20, single]

My late twenties at least. I'm going mad now I'm having this baby, I'm going mad because I'm so young. In years to come then, if I did give the baby up, when I have another kids, I'll go mad, how you could give up that baby.

So you think like that a lot.

I do. What I'm going to say to my other kids and stuff.

[Aged 20, single]

Another woman who was aged 21 used other women in the hostel to highlight her view that many of them were too young to be having children. She too felt that she had not lived her life yet and was too young to give up all her opportunities to become a mother, though she thought that they were great to manage despite their youth.

I find now that a lot of the girls, some of them are seventeen, eighteen, they're keeping their babies. Em [pause] very few are giving them up for adoption, majority of women are keeping their babies. And em, I don't know, like a baby having a baby [pause] that's my opinion.

It's very young to take over the responsibility?

It really is. I know I couldn't like and I'm twenty one. I mean they're great, they're marvellous like. I know I couldn't do it. I want to have a life of my own first, before I have a child, that's the way I look at it, you know.

[Aged 21, single]

End of social life

As is obvious from the transcripts these women see motherhood as a full time occupation which precludes further education, training, employment and social life. The latter is an important aspect as they see themselves being on their own with the baby in the long term, so a social life and adult company become all the more important. Without it they see themselves as stuck in a flat on their own with only the baby for company.

You'd have no one to help you, the baby would be with you twenty four hours a day. [.....] friends rang you up to come out for a night, you couldn't [pause] you know kind of, you loose all your independence [pause] it's hard.

[Aged 31, single]

I mean I don't go out now and I'm only four months, you can imagine when the child is born.

[Aged 19, single]

Not having enough money, living on social welfare, not being able to go out, not being able to go abroad.

[Aged 20, single]

Loss of independence and freedom

The loss of independence and freedom was an underlying theme in all the interviews. This loss was highlighted by the women in their description of their perceptions of what continuing motherhood would mean to them, in terms of their freedom to travel abroad, to enjoy a social life and do all they had planned to do.

The first woman here described how her life would have to change completely if she were to keep her baby. Because she did not want to burden her mother she felt that she should move out of home. She would have to give up her car that she saw as giving her so much independence, her financial security and her social life. To add to all this she thought that even if she did give up all this she still would not be able to cope with being a mother and may end up hurting the child.

Number two, you'd be [pause] you'd have no one to help you, the baby would be with you twenty-four hours a day. Whereas with a job you do your waiting and you're out and you're gone. And then, you have no money, no independence. I've a car now at the moment, but that would have to go if I had a flat [pause] friends rang you up to come out for a night, you couldn't [pause] you know kind of, you lose all your independence [pause] it's hard. And I don't think I would have the patience for the baby, waking up at night and feeding it. Could end up killing the baby. [...] My life would be after ending.

[Aged 21, single]

Similarly the next woman felt that she quite simply was not ready to give up everything to bring up a child.

I really made the decision myself, you know, cause at the end of the day, do I want to rear a child? [pause] I can't I'm not prepared, [pause] emotionally or financially [pause] prefer to put it into care, and move on with my life.

[Aged 21, single]

While another also saw lone motherhood as meaning giving up all her independence as she would not be able to travel, something else she had always planned to do.

I want to travel. If I hadn't gone to College and had been working before like some people who had no intention of every leaving, things wouldn't be as bad, you know. I'd have a baby now, something, I wouldn't think of leaving, I would have a job and I'd be happy. I don't want to be here and tied down in that sense, I'm not ready to be a mother.

[Aged 21, single]

Lone parent living arrangements/accommodation

Linked to the theme of a loss of independence is the perception these women had of the accommodation situation they would be in if they were to continue with lone motherhood. Two possibilities were envisaged, firstly living on their own in rented accommodation, and, secondly, living with their own family. Both had their drawbacks. The former was seen as implying living in run-down accommodation alone with the child, with little contact with anyone else. The latter was seen as involving the family too much by building up a strong dependence on them. This option included the prospect of their mother looking after the child. This meant that some women invoked feelings of guilt and a reluctance to burden their parents with such a task.

I think anyway, some of the parents, they just go into a flat and they get very distressed, they're depressed and they're totally different people and it might have an effect on the child. I mean if they going to crack up, they might do something to the child. I think that's isn't suitable. Then again there are people who can go back to their parents, that's a different story. But their parents do most for them then, that's a total different story like. I mean if you find your family are behind you, you can become dependent on them then.

[Aged 21, single]

Women assumed if they were to live with their families with the baby then the family, and especially the mother, would play a significant role in the care of the child. They saw this as asking too much of the family and felt it would make them increasingly dependent on their parents. These were the views of some women irrespective of whether or not this option was open to them.

I would be on welfare for the rest of my life. I would be living in a flat. I've got five brothers and sisters, parents and you know, they would probably build a room but it is not fair on them either.

[Aged 21, single]

I wouldn't be dependent on anyone anyway. And my mother like I wouldn't expect her, even if I am keeping it, I wouldn't expect my mother to be minding it. I would feel it was my responsibility and especially when she's after bringing up three.

[Aged 21, single]

At this stage no one at home would help me really in the sense that no one was em, would look after my baby and I could get my degree. So I thought about putting my baby up for adoption. And then at home, after ages they decided that there was no way they could let me give my baby up for adoption and that they would look after him when I went off to university [pause]. Then I thought about that and I thought, I can't do that, because my mother is fifty and she won't be able to look after a one year old, it's not the right circumstances to look after a baby.

[Aged 21, single]

The option of returning home with the baby was closed to the following woman so she described how her future as a lone mother was being alone in a flat.

Well I said to myself, how would I feel in a flat, you know [pause] with a baby on my own, because I knew I wouldn't get the support of all my family.

[Aged 21, single]

Child-centred consequences

Many of these anticipated 'personal consequences' of becoming a lone mother were also linked to the consequences for the child. They saw lone motherhood as having negative effects on their own lives and this would inevitably have a negative impact on the life of the child. Women did not underestimate the demands of a young baby and saw a depressed 'flat-bound' mother as far from an ideal start to parenthood for both mother and child.

And I don't think I would have the patience for the baby, waking up at night and feeding it [pause] Could end up killing the baby.

[Aged 21, single]

I think anyway some of the parents they just go into a flat and they get very distressed, they're depressed and they're totally different people and it might have an effect on the child. I mean if they going to crack up, they might do something to the child. I think that's isn't suitable.

[Aged 21, single]

The limited opportunities that lone parenthood offers the child were seen as fundamental, because the mothers anticipated a poor and circumscribed lifestyle adoption was seen as the best option. Mothers wanted the best for their babies but felt they were not in a position to offer the best at this stage.

What prospects would I have [pause] you know, what prospects would the kid have. I had to weight all these things up and at the end of the day I say ah ha.

[Aged 21, single]

I think it would be better. Number one, I know in my heart and soul I wouldn't be able to give the child, I know that love is the most important, but when it comes to money like and I don't have a place of my own, I don't have a car, I don't have nobody.

[Aged 19, single]

Do you know like the best thing for the baby is to give it up for adoption, I'm not ready, it's not going to be the best life for the baby. I'd want to give it the best, but I can't give it the best.

[Aged 20, single]

What is 'best' for the child implies financial considerations too which are clearly articulated by the next two women.

Just weigh it up which ever is better or not. I am also trying to think of the child as well. It might be very hard at first like, [pause] I'd rather have a good background, enough saved whatever. Be nice to have things if you need to, so I don't know.

[Aged 17, unsteady]

But I know in my own mind, it is definitely the best solution for the baby. Cause there is so many at home and no one knows and I have not

finished my education. So I think it would be for the best [pause] I know I would be able to keep it and look after it, but I would say, it would benefit a lot better like, like it would have more chances I reckon in life.

[Aged 17, single]

Young pregnant women are in a 'catch 22' situation. Having the baby adopted is 'best' for baby and mother in the immediate sense but they still fear the impact of their decision on their own, and indeed, the baby's life in the future. They could raise a child but could not give it everything, but they love the child and they are sacrificing the child for the child's greater good and perhaps even their own good. Yet they fear they will regret their decision.

I don't think it's selfish of me to want to go to university to get a degree, I'd be better off. I know it's hard like, but my main worry is my baby, I love my child like. Which is worse. I think to give my baby away, I'm better off, for the baby's sake and for my sake, but then, I mean, what am I supposed to be unhappy for the rest of my life. That's [pause] my story.

[Aged 21, single]

I mean the baby will be all right no matter where it goes, I think. It will be loved no matter where it goes to him like, he will want for nothing and they will have plenty of money. Just is making life awkward for me basically. Where as if I did raise the child myself, I would not have the money to give it everything it wanted.

[Aged 21, single]

Marriage or two parents are better than one

As already outlined many pregnant women interviewed saw marriage and a relationship with a partner as the ideal situation in which to have and raise a child. Six women considered adoption and rejected lone motherhood because they thought ideally to keep a child they should have a relationship with their partner. Ideally a child was seen as better off with two parents rather than one and in turn child rearing was better done within a traditional family unit than by a lone mother. Two women said that they viewed the two-parent family set up as preferable to that of one-parent families. For the latter to keep the child within a one-parent situation was seen as depriving them of the benefits of a two-parent set up.

I would prefer to be married and have a child than to be pregnant before marriage.

[Aged 21, single]

Two parents are better than one. They go to good families. You would be depriving the child and you wouldn't be able to give him what other children would have.

[Aged 31, single]

The following woman also said the baby would be better off if given up for adoption as it would have more life chances with two parents.

I know I would be able to keep it and look after it [pause] but I would say [pause] it would benefit a lot better like [pause] like it would have more chances I reckon in life [pause] it would have two parents instead of one. [.....] In my case I think, it will have two parents and a father and em [pause] so they do have good backgrounds, they have and you know it is going to be well looked after, the parents are really looking for a child. It will be loved.

[Aged 17, single]

The next woman had similar feelings in that she felt that her getting pregnant was a big let down. This was principally because she had gone about being pregnant the wrong way by not being married and that the child would be better off with two parents.

And is that the way you describe it now, as a big let down?

It is yeah. I think so.

And what would be the basis for saying that like?

Well obviously you know, you get married, you have a baby, I don't know, I just think it would be [pause] I would be on welfare for the rest of my life. So taking everything into account, my parents, my family, money, the baby, I think it would be better off with two parents.

[Aged 21, single]

Another woman regarded not being married as a major issue for both herself and her mother. She felt like a failure for having become pregnant without being married. The baby would suffer as a result of her not being married.

I always promised my mother I wouldn't get pregnant. Not until I was in my late twenties, if I was engaged or married at least, so. I feel a failure myself anyway.

[Aged 20, single]

I think marriage is first and then getting pregnant. [pause] Yeah I don't want to be tied down.

[Aged 20, single]

That's the way I figure about this baby, that's why I would want it to be brought up by a mother and father, married, you know, go to College and do what I didn't do.

[Aged 20, single]

In addition to seeing marriage as the optimum situation, the effects of this 'alternative' lifestyle on the child were also referred to. She saw it as unfair to bring up a child with only one parent and did not like the idea of a child having a part time father.

I don't think it would be fair on the baby either, one parent [pause] I think it's horrible.

Do you think that?

I do really because I had two parents and [pause] I'd be too heart broken if I didn't [pause] I know the father, or if he visits now and again, [pause] but you know it's not the same. [pause] I don't want my baby to be saying "when's my dad going to visit" and stuff like that. [pause] it would be heart breaking.

[Aged 20, single]

As can be deduced from these accounts, the dominance and the attraction of the 'ideal' family life, married with a partner, was a central aspect of women's decision-making. If they could not provide the perfect situation, then one alternative was adoption.

Adoption

For women in this sample, adoption provided the best 'solution' to their crisis pregnancy. Family involvement varied within the group, with some families supporting the woman's decision and others discouraging it. Women felt that adoption would be the best solution both for her and the baby and felt encouraged both by the fact that they may

resume contact with the child at a later stage and positive experiences of adoption some had witnessed that will be discussed in this section. Abortion was rejected at an early stage and many invoked moral arguments for that decision. However what is clear in this section is that the decision between lone motherhood and adoption is not a clearcut one and most women continue to debate it throughout the pregnancy. They saw lone motherhood as presenting problems with respect to stigma, life opportunities and child-centred issues. As will be seen in this section the choice of adoption was something these women felt they would pursue but all acknowledged that there was a chance that they would change their mind once they had their child. This appeared to be used as a coping strategy to help with the guilt some felt about making this decision. They had to weigh up the merits of those arguments against the feelings that they should keep the baby. This decision and trying to make the best one, dominated their lives in the last months of pregnancy.

Family against adoption

The women's families also differed in their attitude towards adoption. For instance the following woman's family wanted her to have a termination. Her family were not happy with the adoption, they did not want her to 'give up' her baby.

None of them accept me giving my baby up for adoption, there's an awful lot of hassle. But em, my mother is there for me the whole way. They don't want me to give my baby up.

[Aged 21, single]

Likewise the next woman's mother found the option of adoption upsetting and was trying to convince her to change her mind.

She was terribly upset and it was the adoption that was affecting her more than anything else. Even though we said why we were giving it up for adoption and gave the reasons, and even though they were good reasons, she just, there was no way she could accept it at all. Then when I did come to [city], I know now she has come up and stuff, but she's just putting up an act like, she's trying to keep me happy, but she's not saying what she wants.

[Aged 21, single]

Despite having the support of their families, in one way these women were resisting the options being presented to them. They did not wish to pursue lone motherhood irrespective of their family's views.

Family encouraging adoption

In comparison with the last three women, two other women were actively encouraged to give their babies for adoption. One of the central features of adoption is that the birth mother and her family have little or no subsequent contact with the child. The child has new adoptive parents so the father is not involved either. However lone motherhood does not exclude some involvement of the father so often the partner and parental opinion of the partner was a central aspect of the adoption versus lone motherhood choice. The first woman here saw adoption as offering a solution to her situation in that her partner was a major problem for her parents. They had discovered that she had been taking drugs and blamed him for her activities. Her father did not know about the pregnancy but strongly disliked her partner, which made her sure that the pregnancy would be unacceptable to him.

See my friend rang up, and she told them because she was worried about me. A friend of mine died before, over drugs, acid, she cracked up. She was worried. Her and another girl rang home and told them the whole story like, what I was doing and that I was living with him and doing drugs, everything like. She thought she was talking to my brother, but she was talking to my father. [pause] [laughs] That was it, there was war. [Aged 21, unsteady]

Similar to this the next woman's main problem was that her parents did not like her partner. It was her main worry when she discovered the pregnancy initially and it obviously affected her decision as to the outcome of the pregnancy.

She just said to me like, 'I hate saying it, but if you do keep it, you can't have it in the house. There is no way we can have that fella, or 'that bastard', whatever she calls him, his child like, do you know what I mean. Cause they really hate them. That's mainly the reason. [Aged 17, unsteady]

This issue of her partner was of course going to be greater if she kept the baby than if the baby was adopted.

I don't necessarily want to be with him [partner] when he gets out [of prison], if you know what I mean. I don't know, I wouldn't say the child would have much of a life, I shouldn't be saying it, but like, cause if he's in trouble again like, I wouldn't be able to take that. I said if it ever happened again, there's no way I would stay with him.
[Aged 17, unsteady]

She upheld that if her parents approved and allowed her to return home then she would not think of adoption. However she was under pressure to comply with her parents' wishes, even though they were not really her wishes. However there is still a possibility that things may change and that she will keep the baby, as the last quote indicates.

So if they change their minds and let you go ahead and bring the baby home, it would be a big help?

Definitely.

[Aged 17, unsteady]

And when you talk to your parents, do you tell them that you really want to keep it?

No really, I just tell them I will give it up or whatever like. 'Cos I haven't the heart to actually tell them that there is a chance that I will actually keep it, do you know what I mean.

[Aged 17, unsteady]

This case shows the way in which some young women are constrained to have their baby adopted on the request of their parents on whom they are so dependent.

Positive image of adoption

In contrast to the way women invoked negative experiences of both lone motherhood and abortion in their rejection of those options, in the case of adoption they invoked very positive images of the experience for others. The woman below had seen it as a very positive experience both for the child and adoptive parents and it encouraged her in the choice she was making.

Well one of his [father's] sisters actually adopted two children. Like that was a great experience for me because I could see the other side of it. And they were well off people like and even when I said that to my

mother, it was my father that kicked on like that it was true, that they did get a great life out of it.

[Aged 21, single]

Not necessarily end of relationship with child

Adoption also offered women the opportunity to reinstate contact with their child at a later stage. This again was something that only this option offered in that they could do what they felt was best for both themselves and the baby at this point but still felt that they may play a further role in their child's life.

It would be better to give the baby up for adoption. I mean it's a loss, but it's not a permanent loss, you know [pause] I'm not [pause] it's not a death at the end of the day, in eighteen years' time I hope to meet up with that kid again.

[Aged 21, single]

If I can get someone to look after my child, [through adoption] hopefully. I will leave my name and address, if it wants to contact me, you know what I mean.

[Aged 19, single]

The next woman also saw it as possible to maintain a certain level of contact with the child if she were to give it up but thought it may unsettle the child if she did.

Then I start thinking [pause] would I be able to see it. They said in [Agency 12] I could keep in contact, [pause] see photos whatever [pause] then you'd be messing up the child and all. [pause] Some parents mightn't like that.

[Aged 21, unsteady]

Making two people happy

In addition to conferring advantages on the child and resolving the problem for the mother adoption also gives others a chance of happiness. They see adoptive parents as people who would be made extremely happy with the opportunity to rear their child, an experience they would otherwise be deprived of.

One woman uses this to further her reasoning as to why she did not have a termination but rather is planning to opt for adoption.

At least if you give it up, you could give it to a childless couple or something [pause] keep a family happy. When you look back, when you were in the womb, would you like to be aborted [pause] everyone is different.

[Aged 21, single]

While another also looks at this reason saying that not only is she giving the baby life but she is also making two people who want a child happy. This again is something that has helped her accept her decision to opt for adoption as the right one for her and her baby.

I know, when you think about it, it isn't [pause] Em, [pause] the greatest gift you could give anyone is life. I think give it a life and give it a good life. And there's loads of people out there who would love babies. I don't think there's any reason why a woman should go and have an abortion [pause] I think there's plenty out there, plenty of help. Loads of people out there looking for them, only dying to have a baby. You know I don't see why not.

[Aged 21, single]

Post-adoption issues

The fact, as will be seen below, that many of these women are returning to situations after the birth in which many people do not know about the pregnancy. Three women saw adoption as providing them with a way to return to their life as it was before the pregnancy and one of them even saw it as providing her with a new, more ambitious view on life.

As it is I am here six weeks and the time has flown. Then again I can lose my patience and I am dying to have it and go home again.

[Aged 17, single]

You know it would be such an easy life if I did give it up, I would have no troubles.

[Aged 26, single]

Hopefully I'll sit my leaving and then I might go to work in England. My aunt has work, just a start. I want to go abroad, do things I've never done before, I've never been abroad, just come back then and go to College.

[Aged 20, single]

When you get pregnant, you can think of all the stuff you want to do, I've a big list.

[Aged 20, single]

Another woman saw that returning to 'normal' may be necessary but would also be difficult. Certain factors are seen by women as making this reintegration easier such as returning to a job, the lack of which makes it more difficult.

How do you go back to a normal life. I think if you're working and have something to look forward to and you go back to work, whereas in my situation I have to start from scratch again.

[Aged 21, single]

Ambiguity: Adoption versus lone motherhood

From the discussion above it is clear that these women had ruled out having a termination more or less from the beginning. This meant that they were now torn between two options: adoption or lone motherhood. Living away from their families and communities gave them space to contemplate these options. Although they were planning on giving their babies up at the stage they were interviewed for this study many also expressed a level of doubt as to whether or not they would go through with it. They engaged in constant re-evaluations of the advantages and disadvantages of adoption compared to lone motherhood. In some ways there was no perfect solution as one woman says.

Whatever decision you make you think is wrong. You have your good days and your bad days.

[Aged 21, single]

The woman below found it very difficult to reconcile her career ambitions with keeping the child and felt that she would eventually have to choose between them despite seeing neither option as leaving her 'happy'. Her dilemma is clearly stated. She saw career and a baby as incompatible, yet she had contacted a British university to see if she could do both which would be her optimal choice.

I think I'll have to either keep my baby and forget about university. I don't want to give up university and don't want to give up my baby either.

[Aged 21, single]

I've obviously thought both sides and for me anyway, my career is a big thing, but my baby is more important than my career. But em, the two of them don't kind of go together, I have to go abroad to get my degree. That would be my reason for giving my baby up for adoption.

[Aged 21, single]

The following woman was torn between her family's wishes and her own. Her family disliked her partner, who was in prison, and threatened to disown her if she kept the child, while she wished to keep the baby.

I haven't decided exactly what I am going to do. If I do keep it I know I won't have them, if I don't keep it then I won't have the child, I don't know, it's hard.

[Aged 17, unsteady]

Another woman had to decide between what life offered her child if she were to become a lone mother and how giving it up for adoption would affect her life. Since she had not told her parents and her partner had suggested abortion, she felt very isolated, and she too was torn between her two options.

What were the two reasons?

That it was a lovely half-caste baby, I love half-caste babies and that it's my own flesh and blood. Every time it kicks, Oh did you see that [pause] so.

That's the positives of it and all the rest are what you can't do?

Yes. Not having enough money, living on social welfare, not being able to go out, not being able to go abroad. It just keeps going on. I know it's not the end of the world if I did keep the baby.

[Aged 20, single]

Adoption the only option

While most women debated their options one woman felt she had no real choice. She had extreme difficulty in accepting the pregnancy. She felt so desperate when she initially found out that she even considered suicide. She realised this was not the solution. Adoption seemed to her as the only solution available to her — lone motherhood and abortion were not options she considered open to her and suicide after some consideration was too drastic.

I was tempted with suicide, I really was tempted, seriously I was.

[Aged 19, single]

Yeah, God I'm pregnant, what will I do like. I said there's no point in committing suicide, throwing my life away, you know. But I'm looking into adoption. Accepting the child would be something else, especially when I was so sick. Because I am really independent. I come here on the bus, I mean I don't ask my parents for nothing. I'm on my own [pause] independent.

[Aged 19, single]

Guilt about adoption

Despite the emotional difficulty of an adoption women also felt guilty about their choice feeling that maybe they were thinking of themselves rather than the child. Two women felt guilty about choosing adoption because it offered them an easier future.

I just would, I just feel that I let myself down like, I gave up too easy like. I don't know, I feel really unfair, I don't know. I feel selfish, I don't know why. I'm only thinking about myself like, whatever.

[Aged 17, unsteady]

Like you know, [pause] that it would be rotten for the child like if I gave it up and then I think, you know it would be such an easy life if I did give it up, I would have no troubles.

[Aged 26, single]

So while they could advance their argument in favour of adoption there were still feelings that it might not be the best solution, especially if the mother was doing it for self-centred reasons.

Adoption the best option

Some of these women described how they chose adoption because it would entail the least regret. All moral choices are difficult if there is no perfect solution. The women have to pick what they consider that will be easiest to deal with or best for the child. Abortion was seen as too final and something they did not consider: only one woman even asked for information on it, (see section above) and social motherhood involved too many sacrifices both for the lone mother and baby (see section above). So although they felt there might be a certain degree of

regret involved in adoption in the long run it was less than that involved in the other two options.

Because in later years I could regret [it] you know. But you could regret a lot of things like. It's a very important decision and hard decision that you will make in your life.

[Aged 21, single]

For another adoption provided her with an alternative to her crisis pregnancy that she had not previously considered. She had initially thought of having a termination but when she heard about adoption it appeared to be much more compatible with her idea of how to resolve the pregnancy and involved much less potential for regret.

At that stage were you considering abortion?

I was, I think it was the first reaction really [pause] the state I was in. Then as I thought about it more [pause] I said well it is a life at the end of the day, why not give it life and make two people happy [pause] save my sanity I suppose. I don't think, I think abortion, may not creep up today or tomorrow, it maybe six or ten years, down the road you know [pause] I think adoption was the best thing out of the three."

[Aged 21, single]

She even described how although it was a very good alternative to abortion it may be a more difficult option to choose initially but again ultimately it would be a better choice.

Would you feel so strongly about that that you would actually advise somebody else in your position to go for adoption rather than abortion?

Maybe it might be a little more traumatic at the end of the day [pause] but well will it, you know? At least your getting over your pain [pause] slowly [pause] you know but I would advise giving it up for adoption.

[Aged 21, single]

Another woman expressed how she felt she would regret it for the rest of her life if she were to have a termination. On the other hand she saw adoption as something that did not bring with it the same guilt.

You would regret abortion more then you would adoption.

[Aged 26, single]

While the following woman saw adoption as the best solution for both herself and the baby, abortion was not an option. Despite this though she does feel guilty about her decision and is very concerned that the baby be seen to have been cared for until it was 'given up' rather than neglected by her.

I got a thirty-seven pound outfit for it. The girls [in the hostel] went 'Oh god', you know, before the birth, for the baby to give it up for adoption, I want it to have a nice outfit, so. [pause] I prefer to buy things for the baby rather than myself. I feel guilty. It's not that I'm looking forward to keeping it or anything like that, I want it dressed well. They can't say like it was in rags, giving it up.

[Aged 20, single]

Coping strategy: 'Can't decide until last minute

Throughout the interviews women talk about the 'debate' between their options having days on which they see adoption as the best choice and other days on which they feel they will opt for lone motherhood. Adoption is after all 'giving it up' with all attendant loss and grief. However they are all basically assuming they will choose adoption but still hold the other option open. They appear to see this as helping them to cope with their choice i.e. knowing that it is ultimately their choice and it can be made up until the very end, a decision that they will take neither easily nor lightly.

The first woman here talks frequently throughout her interview about how her mind keeps changing throughout the pregnancy as to what to do depending on whether she is looking at it from her 'logical' point of view or her 'emotional' point of view. From the very beginning she talks about weighing it up in this manner.

It's going to be the hardest decision I'll ever make like [pause] weighing up [sighs]. Logically I think giving it up for adoption [pause] would be the answer really.

[Aged 21, single]

She described how she has to cut her feelings off from her logic and that its the logical reasons for her decision that she has to follow as the feelings go up and down throughout the pregnancy due to hormones but her logic stays the same. This is one of the main functions she saw

of counselling, to help her sort out her reasons and continuously work through them throughout the pregnancy.

When you see the baby you have to think of the reasons [pause] what I thought originally like. [pause] Have to keep bringing those back up [pause] [.....]Yeah. In a sense you have to kind of [pause] I don't know why [pause] cut your feelings off, you know, and just think [pause] ahead, you know.

[Aged 21, single]

She sees this method of looking at things as a way of coping with her decision. Her decision is made on the basis of some very valid reasons and it is those that she has to hang on to when she finally made her decision.

Well you have to distinguish first [between logic and feelings] and then once you know that [pause] I think you're going to be fine. It's going to be hard like but [pause] I don't know, it has to be done at the end of the day.

[Aged 21, single]

The next woman although fairly set on her decision to have her baby adopted did acknowledge that she may change her mind at the last moment and that it was impossible to be a hundred per cent sure until she had the baby.

Then again we don't know like until I have the child anything might happen.

[Aged 21, single]

I actually I have noticed like people who are going for adoption, seem to change their opinions very fast.

[Aged 21, single]

The next woman also acknowledged the fact that you can change your mind about adoption at any point. When the option was first 'put' to her by her mother she was still coming to terms with the fact that she was pregnant herself. Then when she went down to the hostel it gave her time to think and look at the other women there, this again threw up issues that meant she was unable to be totally certain about what option she would choose.

At that time [when mother encouraging adoption] I didn't care, I was only coming to terms with being pregnant, because I didn't actually believe the doctor. So when my mother found out, I was kind of coming to terms and I'm nearly half way through now. Now when I came down here, I had a lot of time to think and seeing the other girls with their babies, and all this, you want your own to be different. But em, I don't know it's hard to say now till you have it.

So you don't know what you're feeling at the moment?

No one day I want to keep it, the next day I don't want to. [.....] Whatever decision you make you think it's wrong. You have your good days and your bad days.

[Aged 31, single]

Two other women also described how they are constantly changing their minds about what option they were going to choose. Due to the ambiguity they felt about their decision they also held onto the fact that they could not make their decision until they had the baby and only then would they know what to do.

And em, [pause] up to two days ago I was ninety nine percent sure I was giving my baby up for adoption. And even though I was thinking of it all the time, my heart was breaking at the thoughts of doing it. I don't know if I would be able to do it and now I don't know what I'm doing [pause] really [pause] can't make up my mind.

[Aged 21, single]

I mean you know, yesterday I thought one thing. Tomorrow I'll be ninety nine percent adoption again, you know. After five days in hospital, I'll just be a mess.

[Aged 21, single]

I mean really you can't make your mind up till your baby comes. I mean I thought about it inside out and I've looked at every angle that I know, but I don't know what I'm going to do till my baby comes.

[Aged 21, single]

Nine weeks [until delivery date] and what do you think you will do at this stage then?

I don't know, everyday I think different things.

[Aged 26, single]

The next woman also acknowledged how it may be different when she actually has her child. She acknowledged that she already loved when it moves and may be too emotional to give it up but was nearly certain that she would. She too appeared to view two sides to the decision, the logical versus emotional.

Yeah I am about ninety-five percent set on it. Like others who have been set on putting it up for adoption, then when they see it , it's all different like [pause] I know when I see it I'll probably start crying, I'll probably fall in love with it. Even when it kicks now I would be all delighted.

[Aged 20, single]

I've made a list, for and against adoption. There are two reasons to keep the baby and about ten reasons to give it up [pause] there's more reasons to give it up but even, [pause] then after a while the other two reasons might overcome.

[Aged 20, single]

The same woman also saw it as important to her to keep her two options open but appeared to be trying to keep herself in favour of adoption despite describing strong feelings in favour of continuing with lone motherhood.

I think six weeks afterwards, if I don't have a nervous breakdown by them, I mightn't. That's what I'm afraid of , I won't be able to take the strain of it [pause] the pressure [pause] I try and think positive about adoption and that , that I won't be like [pause] I won't start thinking about that I'll not give it up and not be thinking of keeping it and all this, trying to keep my mind on adoption.

[Aged 20, single]

The woman below had initially decided to keep the baby as her partner was encouraging her to do so but she felt that as time passed and they started thinking about it more realistically that she realised that she could not go ahead with it.

As it went on it started hitting us like. Oh God, no money, no anything, how can we go on, I don't know [pause] that's how that happened. [...]
And he was going, ah do keep it like [pause] Then I said I would, I

made up my own mind, just as he [pause] I made up my own mind that I would anyway [pause]. But then as time went on it did start hitting us.
[Aged 21, unsteady]

She also described how she felt that she would not know what she was going to do until after having the baby.

Yeah, like it's going to go on forever. I can't see anything past until it actually comes out [pause] I don't know what's going to happen, no idea. Yeah, it could go, I might be going home on my own, or staying here with a baby, I don't know.
[Aged 21, unsteady]

The following woman was also unsure of her decision and felt it may be very difficult to give the baby up once it has been born.

I do not know, I haven't a clue. At the moment I'm saying I'm giving it up, but I can't see myself actually doing it like. Like giving birth to it and seeing it like.
[Aged 17, unsteady]

It will be part of me like, I don't know, I still don't think I'll be able to give it up after going through this much, do you know what I mean.
[pause] I don't know.
[Aged 17, unsteady]

I dread thinking about it, I don't think I will be able to do it. I don't think so. The thoughts of like, you have to see the baby while you're in hospital and after getting to know it, you wouldn't really, I'm not looking forward to giving it up. Can't imagine it.
[Aged 17, unsteady]

The emotional attachment to a baby is a central aspect of the positive dimensions of motherhood. As the pregnancy progresses women anticipate the pull of this factor increasing, an emotional pull that must be curtailed and resisted in the logical interests of the child.

Conclusion

For some women adoption provided the best solution to their crisis pregnancy. In general women in this group had a strong moral stance against abortion and used terminology such as 'murder' to describe it.

This stance precluded them from resolving the pregnancy through a termination with five never considering it an option and six doing so to a minimal extent. Upon discovering the pregnancy, adoption was presented as an alternative solution to either abortion or lone motherhood. Contact with an organisation meant that women were made aware of the service providing them with accommodation for the duration of the pregnancy away from their communities. This meant they did not have to disclose their sexual activity and subsequent pregnancy to any significant others such as family members or their community in general.

Women associated lone motherhood with extensive social stigma. This was based on their views of how other women in a similar situation to theirs had been treated within the community and by family members. There was a strong feeling of having 'let the family down' and the labelling of lone mothers as sexually deviant. They also saw the personal consequences of lone motherhood as being very significant with an image of lone motherhood being equated with the loss of all future career and educational opportunities and a committal to life on welfare. Their perceptions of the experiences of other women reinforced these views and led to their rejection of lone motherhood.

What a number of the women were rejecting was not motherhood *per se* as part of their life but rather *lone* motherhood. It was seen as incompatible with their future prospects and in turn would also have negative effects on the child. Adoption was to provide the baby with the ideal parenting situation in the women's eyes. They would be reared in a two parent family with both financial and emotional security. Although two women did mention that adoption would be an easier option for them in general the benefits were referred to as being in relation to the child.

There was also a general feeling of reluctance to pursue lone motherhood as it would entail the involvement of the women's family on a series of levels. Firstly those who had not told their parents about the pregnancy would have to do so and felt this would be too much of a burden for them. Secondly if they were to keep their child then they would probably have to continue to live with their families which would require their support and often their involvement in the rearing

of the child. The two women who were offered this option by their parents saw the ensuing dependence and burden this would entail for their families and especially their mothers. These factors preclude them from this option.

Crisis pregnancy advisory agencies were seen to play an important role not only in facilitating secrecy but also in the provision of counselling throughout the pregnancy. Primarily this was seen by the women as enabling them to constantly weigh up the 'pros and cons' of adoption versus lone motherhood in their decision-making. Women saw this decision as being ultimately theirs and one that did not need to be made for certain until after the birth. Despite leaning towards adoption the women were aware of the growing attachment to their baby as gestation progressed and were reassured by the prolonging of having to make a final decision.

Chapter Eight

Anticipating Lone Motherhood

Introduction

An analysis of interviews with 34 single women who said that they had not intended to become pregnant when they did and described their reaction to this pregnancy as either 'Shock', 'Crisis' or 'Did not know what to do' is presented here. As we saw in Chapter One non-marital pregnancy has been socially constructed as a source of stigma for women. This chapter examines how the single women we interviewed, who described their pregnancy as a crisis, made their decision to continue the pregnancy with the intention of becoming a mother. It describes how they negotiated this stigmatised social identity to assume the role of lone mother and what implications that had for their life trajectory. At the time we interviewed these women they had rejected the options of abortion and adoption and we look at their decision-making processes outlining how and why they rejected the other options. We also examine their attitudes to getting married before the birth which traditionally was a way of resolving or 'legitimizing' a crisis pregnancy. The second section deals with the issues that were raised for them by the prospect of lone motherhood and focuses on the process of disclosing the pregnancy to partners and parents. It also looks at how the pregnancy and prospective motherhood had impacted on their work, education and lifestyle as well as the role of counselling services for women continuing to motherhood.

Assessment of abortion

As with decision-making on other outcomes of pregnancy most of the women who chose motherhood made their decision very quickly and foreclosed consideration of the other options for themselves. Of the 34 women discussed here 28 rejected abortion without giving it much consideration. There were six women in the motherhood group who had considered abortion in more detail and they explained how they

weighed up the options of abortion or motherhood and what shaped their decision to become mothers.

The majority of women in this group rejected abortion largely on the basis that they simply could not go through with an abortion. Their discussion centred on how they would not be able to live with themselves if they had an abortion or that it was not the child's fault they were pregnant.

Em, I had [pause] I pretty much decided to keep the baby. I didn't really give the termination any consideration. I felt I would personally find it a lot harder to deal with a termination than a child. I knew if it was positive I would be keeping the baby.

[Aged 23, cohabiting]

[I] wouldn't have [contemplated abortion], even in the worst situation if I had ended up by myself, I don't think I would be able to live with myself.

[Aged 28, married during pregnancy]

I mean a few weeks before I said, I would have said, you know, if I am, I'd be on the first boat you know, but [pause] I couldn't, I wouldn't have it in me to do it, I know that, the fact that I would be anti-abortion anyway like, do you know. I was in the situation, I could've, but I didn't.

[Aged 24, going steady]

Abortion is just not me. I couldn't live with myself, I could not do it like.

[Aged 21, single]

Did [abortion] ever cross your mind?

Not really, [pause] I don't think I could. I really don't think I could.

[Aged 23, cohabiting]

I don't think I'd have been able to cope, just thinking about it, well I'd never cope with it never mind to go through with it, and I just thought well there's no way I'll be able to go through with it.

[Aged 18, going steady]

Before I found out that I was and I was just late and I was just saying to the girls there's no way that I'm having the baby, and as soon as I found out I was, they said what're you gonna do, have an abortion? and I said no way, I couldn't like.

[Aged 19, cohabiting]

I just couldn't go through with [an abortion], I don't know, something stopped me, hopefully for the best.

[Aged 25, cohabiting]

You know I'm completely against abortion, no way I was going to have an abortion. And I was always saying that beforehand, if I ever got pregnant there was no way I was going to have an abortion, so I suppose this sort of shows.

[Aged 18, going steady]

Some rejected abortion on the basis that they were responsible for the pregnancy occurring rather than it being the fault of the baby:

It did cross me mind, but I don't think I would be able to cope with the fact of having an abortion, cos I would be always going around thinking to meself, God it was a little baby. And if you're going to do that, jump into bed with every Tom, Dick and Harry, you should be able to take some contraceptives. It's not the child's fault, I really do think that, I mean, some people just get desperate, don't they. I just think, I just don't agree with it, to be honest with you.

[Aged 28, single]

I'd never have a [pause] ma wouldn't let me. I don't believe in that unless it's really necessary. I'd never have an abortion. I'd never have an abortion, it's not the child's fault, it didn't ask to be born. It didn't ask to be conceived.

[Aged 22, single]

[Partner] the first day, said to me about em, would I have an abortion. Not that he wanted it, but he said would I, I think for his own [pause] he was fairly ok about it like, initially, so he was like [pause] trying [pause] would I go with or without his consent and em, I said no. I felt, eh, well basically I felt like the situation was comfortable enough, I was [qualified] and I had a career to fall back on. I felt myself that it was totally my fault, I hadn't used contraception and I should have known

better, and I felt, right, you've put yourself in the situation, now deal with it.

[Aged 23, cohabiting]

I suppose [abortion offered] just a way out. Then I kept on thinking it's a coward's way you, you know. I slept with [partner], you know, and this was one of the consequences, you know, and I had to deal with it. And like it wasn't an accident, no baby is an accident, it was meant to happen, it's my responsibility and I have to look after it. That was the end of it then, definitely had to keep it.

[Aged 18, going steady]

Others said they had always liked children and so rejected abortion when they became pregnant:

No I don't think that [religion] really entered into it at all, it was just more a personal view that I wouldn't be able to cope with it myself and live with it afterwards, and I think half the reason is that I just like kids so much and know a lot of people can't have children and to see, and my attitude was well if I can't cope with having a baby, I could bring so much happiness to this family like, so I kind of thought of it that way. And I'd be saying kind of, it'd be easier for me if I'd given the baby up for adoption, than if we were going to have an abortion.

[Aged 18, going steady]

I kept saying God like, it was hard like, probably the fear of telling my parents. It wasn't the baby, I can cope with that, that's no problem. I never thought of abortion or adoption or anything. Like I'm looking forward to it.

[Aged 22, going steady]

One woman understood abortion as an outcome that was forced on women by external pressure:

People I know have had abortions, I know from people who tell me they've had abortions, it's because they don't want to let the family down.

[Aged 22, cohabiting]

Parental support was the main factor in some women's rejection of abortion:

[Parents] were the ones that made me change my mind they were that supportive about it. I told them I was going to have an abortion and

they would have stood behind me one hundred percent on that, if I had've chosen, but em, we talked about adoption, we talked about the whole lot. But I think because they were supportive of the pregnancy that I decided to continue.

[Aged 19, single]

I mean, if my father, if my mother and father hadn't come round I think I would have gone [for an abortion]. They weren't cruel with me, they weren't saying much and they weren't [pause]. I would have felt bad, and I would have said no, I can't go through with it. But because their attitude changed, I don't think they, they might have been, their attitude changed over it, I don't think it was I think it was my own, whether they come round or not I think I'll do it. I don't know, if they had been really adamant about it [stops].

[Aged 20, going steady]

More detailed decision-making

While the majority of women rejected abortion without much consideration of the option there were six women who considered it in greater detail. They described a process of weighing up the factors for and against terminating the pregnancy before coming to the decision to continue to motherhood.

The degree of consideration varied between them and this is reflected in the extent to which they investigated the idea. One of the women weighed up the option herself until her family found out she was pregnant and offered their support after which she decided to go ahead with the pregnancy. Another discussed abortion with her partner. She then decided to go ahead with the pregnancy and resisted his wishes for her have an abortion. One woman contacted a clinic in England and a second attended a counselling agency here to obtain information which would enable them to have an abortion. A fifth woman had made an appointment with a clinic in England and organised her travel arrangements before deciding to continue the pregnancy. Finally, one woman had a consultation with a clinic in England with the intention of having her pregnancy terminated but decided against it in the end.

The first woman was living abroad and had broken up with her partner when she discovered she was pregnant. She contemplated having an

abortion but rejected it after her parents found out she was pregnant and offered their support.

She described a number of factors she referred to in considering an abortion and articulated the extensive responsibilities that lone motherhood entailed:

Obviously it would have been sort of easier, you know, it would have been the easier way out than [pause] I think maybe. Then again you don't know. Em, eh, I would have had, I don't want anything to do with the father of the baby anymore like and it would have been cutting all ties. And I was sort of thinking, God, with the baby now, will I be able to love it at all like, that all went through my mind. Then the parents sort of paid for me for four years of College and I am going to throw it all away, and go for single mothers' allowance. Then all my own plans, travelling, you know, my M.A., you know, living my own life before I have to, just be my own person rather than having, you know, to sort of think of somebody else. All the spontaneity of being one person, in [European Capital] for four months and the year before I was in [European Country] for a year. I've been always able to throw a toothbrush into your back pack, this was a big responsibility, someone else to take care of. I'm only twenty-one years old like, abortion seemed such a quick, easy solution. And the fact that I was in London at the same time, I could have had it done and told nobody, you know, I wouldn't have to face sort of, the mother or the father or anything like that.

[Aged 21, single]

The prospect of lone motherhood and the difficulties she associated with that impelled her towards abortion. But when she was offered the full support of her family her perception of all that changed. This offer of support came unexpectedly and she revealed how having the support of her family shifted the responsibility of motherhood away from her alone and dispersed it through her extended family making the prospect of continuing the pregnancy possible for her:

The reason I didn't actually go through with it, like I was thinking about it and then when I was on the phone, I didn't plan on telling them and it just sort of came out. Then dad came over and all of a sudden the decision was made for me, I wasn't going to have an abortion, because like it was going to be part of the family. Everyone was going to help.

I think it was the thought of going through it all by myself was what was putting me in mind for abortion.

[Aged 21, single]

The key factor in her rejection of abortion was her family's support which changed her perception of motherhood as compared with the negative picture she held of coping with motherhood on her own.

The second woman who described giving detailed consideration to abortion was also single. Initially she tried to block out the pregnancy from her mind;

I knew immediately, I knew meself because apart from the fact I'd missed a period, that just confirmed it for me, but em, I was as regular as clock-work with me periods, and then when I didn't get them on the first, I knew. But, I literally blacked it out of my mind for about three months, and then I started to get worried about it, everybody in work was saying what's wrong with you?, I just kind of had to get meself together at that stage and decide what I wanted to do because it was just happening at that stage and I couldn't stop it.

[Aged 19, single]

She considered abortion because of the negative prospects lone motherhood presented to her:

I actually thought my life was going to be ruined. I was there saying I'm gonna have to give up work but I can go back to work after having the baby, but I was thinking like that's my life down the drain, I can't go out when I want to go out, and I can't, me money isn't my own and, all this isn't my own, and what if [parents] throw me out and what if they do this, and it was just, it was an awful lot of presumptions that made me think about having an abortion.

[Aged 19, single]

She organised to have a termination with a clinic in England and told her parents she was going to England on holiday. However she did not get on the plane to travel over because she felt could not go through with the abortion:

I don't think I could have lived with the guilt afterwards, not destroying another life, that was the main reason I didn't do it. If you have an

abortion there's a very thin line between whether you're going to do it or not. You can be pushed over that line very easily. If you haven't told anybody I suppose at all it's easier to do it. Otherwise, if you've told even one person, you'd be saying to yourself what are they going to think of me, and if they've told somebody else like what are they going to think of me if I have this abortion? And you're then saying to yourself what am I going to think of myself if I have it? I'd say if I had've had the abortion it would have [pause] would have sent me, I don't mean literally crazy, but it would have been a hard thing for me to do. I don't know, I'm just not the kind of person who could go through with it, I thought I was, but I thought I was somebody stronger then I am, but, I was glad I wasn't.

[Aged 19, single]

She told her parents about the pregnancy soon after and their support was a key factor for her in finally rejecting abortion:

Was that a watershed for your pregnancy telling [your parents], did that make a big difference to how you were thinking about it yourself?

It did cos I wanted to have the abortion, and after I came back from the airport and that, and I told my mam I was going over to [England] to my uncle for a week, and, then came home from the airport I stayed with a friend, as far as they were concerned I went over. But em, I wasn't exactly sure what way to tell them, but, I don't know, when I did tell them it actually made my mind up for me because they were supportive towards it, and they've done everything, they've rearranged the whole house, everything to fit in with the [pause] so, they were the ones that made me change my mind they were that supportive about it. I told them I was going to have an abortion and they would have stood behind me one hundred percent on that, if I had've chosen, but em, we talked about adoption, we talked about the whole lot. But I think because they were supportive of the pregnancy that I decided to continue.

[Aged 19, single]

As in so many other accounts one of her major worries was money. She did not realise that the State would help, having no experience of social welfare. She then considered that if she couldn't support the child,

someone else would support it by adopting it, and so she decided to continue with the pregnancy:

When I thought about stuff like that on the positive side of it all, that either they, somebody in the world who would have been able to support her so I says right, I can make a life that can have a life.

[Aged 19, single]

A third single woman was about to move abroad to start a new job when she realised she was pregnant. She wanted to terminate the pregnancy because she shunned the lone mother stereotype:

I was just, I was pissed, loads of me mates have kids, and I always thought I'd never be one of them. And because I was going away to work and, you know that way, I was dying to get out of Ireland like, and this was me chance. And worried about what me ma and all would say.

[Aged 20, single]

She actually travelled to England and had gone for the first consultation in the clinic. Her account indicates how ambivalent she felt:

Even when I got to England I was sort of doubting it. And [friend] was saying you have to be one hundred percent that you want to do that cos if you're even thinking, like I'd say something like, I bet you it'd be a real big baby or something and she'd go, Jesus you shouldn't be that way if you're gonna. And I was going yeah.

[Aged 20, single]

Other members of her family and community knew that she was pregnant and intended to have an abortion. This made her worry about how their perception of her would be negatively altered if she had an abortion. She also had a lot of interference from others about what decision was best:

One telling you to do this, one telling you to do that. I was after booking it and all, I says I have to go over now. And I felt like I had to do, like you know that way. But then I kept thinking they would all be looking at me saying like Jesus, she had an abortion, or something, you know that way? Like, I just couldn't.

[Aged 20, single]

The fourth woman was going steady when she discovered she was pregnant. She described how she considered abortion during the initial

stages of the pregnancy because she thought there was no way she and her partner could be parents:

It was kind of like from one week to the other it swung like. One week I'd be going, alright that's it, like, there's no way we can be parents. I sing in a band like. That's what I was thinking, oh, and the families and everything like. We had such a good social life and I'm thinking this is going to be all gone like. And then, the next week I'd be going oh no, I know friends that are a lot worse off then we are like, no jobs or nothing and they have children and they are bringing them up like. And then that's what made me think like, when I wasn't fully sure about one decision like. I just said, feck it, we'll go for it, you know. Between the two of us we'll work it out. So far so good like, working out well.

[Aged 25, cohabiting]

She telephoned a clinic in England to inquire about having a termination so she would be fully informed about all her choices but in the end made the decision to go ahead with the pregnancy:

Like I knew where to go and what the money was. I could have went after Christmas or before Christmas all depending, I knew the two choices and just said no, I'll stick it out. I do think if I didn't have the other choice, I'd probably be always going Jesus if I had got the information on abortion or somebody had told me something, maybe I would have gone, I wouldn't be here now, you know that type of way. So again it's good to have the choices and have the information on both sides.

[Aged 25, cohabiting]

But she made the decision to go ahead with the pregnancy together with her partner and their relationship was a key part of that; she was not facing motherhood alone:

Em the difference was the two of us like. We are good together and we used to say like, what more are we going to do in life, you know. We have not done anything, do you know what I mean. I've gone on plenty of holidays, we can still go like, the three of us. And em, like I've been out every night of the week. After all you get tired going out, you know. Especially when you have to get up for work the next morning. I done that for years, it's not as if I've missed out on anything.

[Aged 25, cohabiting]

Finally this woman who was also going steady said she too considered terminating the pregnancy at the outset. Her account revealed how her perception of motherhood had changed during the course of her decision-making:

I thought I'd get my life back, and I wouldn't have this worry so early in my life. Now I don't think of it as a worry anymore, at the time [pause] the worst thing that can happen to you.

[Aged 20, going steady]

She attended a counsellor together with her partner to discuss abortion and get information on travelling to England:

I left that counsellor thinking I was going to still gonna do it, cos the information was in my head but [partner] said give it a week now and see what you think.

[Aged 20, going steady]

But she decided she couldn't have an abortion when she began to relate to a 'little bulge':

I couldn't do it, just something clicked in me. I don't know, I don't know at what stage I [pause] I think until I saw a little bulge, and I thought, ooh, I'm not going to get rid of that I'm having it, no matter what the consequences were.

[Aged 20, going steady]

These accounts show how the negative aspects of lone motherhood led some women to consider abortion as a way of avoiding the stigma, demands and responsibility associated with it. In the end while they saw lone motherhood as a very difficult option, the abortion alternative was one they personally could not pursue. The importance of support from parents in helping women to cope with lone motherhood was highlighted and we will return to deal with this issue in more detail later.

Resisted others' suggestion to have an abortion

For some women continuing their pregnancy entailed the rejection of others' suggestions that they have an abortion. Three women described how one of their parents had been in favour of them having an abortion and how they resisted this. One woman's father wanted her to have an abortion and she was very angry about this:

[Father was] you just go over to England and nobody will be none the wiser, just get rid of it and that was it like. Just as if you could drop everything and have an abortion, why not sure!

[Aged 17, going steady]

She completely rejected his suggestion and argued that abortion was the same as murder:

I was raging, I was disgusted. I mean he's always going on about, you know things like, you can't just do things, you have to do things, you can't just jump to conclusions, you have to think about everything and here he was as soon as he found out, get rid of it. We are not having another baby in this house. How are you going to bring it up, you're only a child yourself and things like that [pause] I was raging with him over it. It's a baby, people get sent away for murder, like it's the same thing, murder is murder. I don't think it's right.

[Aged 17, going steady]

In two cases it was the woman's mother who suggested she should have an abortion:

She (mother) was there going, she definitely was adamant, like she was there going if I had known, any time sooner than when you told me, I would have definitely had you on the boat. And then my reaction was like going, well you would've been going over on your own, I wouldn't have been with you. And eh, well I suppose the abortion I'd always kind of gone em, [pause] total kind of [pause] personal choice, and it really is personal choice.

[Aged 23, cohabiting]

The second woman was angry with her mother's suggestion of abortion because she had always expressed opposition to abortion:

That's why I was surprised, she never said anything like that to my sister. Like the fact that we are all adopted and the way she had [pause]. Like I don't know [pause] I don't know what she was thinking [pause] cos I didn't think she would ever say that to me. She knew how I felt, I always felt, like even in school, you know, you know the way you have the thing in school, I always disagreed with it. [pause] I couldn't understand why she said it to me.

[Aged 18, going steady]

One woman's partner would have preferred that she have an abortion while she herself had made up her mind to continue the pregnancy when she saw ultrasound pictures of the baby. Her partner then came around to the idea:

He didn't want it at the start, he wanted me to get rid of it. Well I suppose I wanted to get rid of it. Then I started going for my scans, started getting my ultra scans done and when I saw it it completely changed my mind. I saw this little thing moving around inside me. I couldn't believe it, I just said no, definitely not then. [Partner] saw the pictures as well, me getting all the baby clothes and stuff like that, he can't wait now, he's really looking forward to it.

[Aged 18, going steady]

Access to information on abortion

The intensely personal nature of the women's decision-making in rejecting abortion was clearly shown in their interaction with agencies who could provide them with information on abortion. While some women investigated all their options including termination they still made up their own minds on what the best response to their pregnancies would be. They could meanwhile appreciate the need to be fully informed on all their options during the decision-making process. In this regard the following woman's account illustrated the distinction between information and choice:

I knew myself there was a place in England. I knew some hospital in London. So I actually rang them. It was like I was asking for a bag of chips over the phone. Just really like nice oh yeah, yeah, how long are you gone? Six weeks. Plenty of time, will you be coming over before or after Christmas? I said well probably not before cos I hadn't got the money, after Christmas. Okay just ring the week before. It was like as if I was going in, it was mental like. It was completely different and even though like I mean, I still probably wasn't kind of sure, well at that time I was, I was going over. But she made me feel good. She made me feel em, [pause] right, em eh, you're pregnant, but it's not the end of your world, you haven't done anything bad. And you want, you want termination, so like we are not going to put you down for it. Come over and we will help you out. Like it was real helpful like. And in the end like, even if I had've got that information here like, it still would have been the same. And I'd made the choice to keep the baby. I don't understand

what the big thing is, the secrecy in Ireland is, not to give you the information.

[Aged 25, cohabiting]

The woman below described how her first reaction to the pregnancy was to have an abortion. She requested information from her doctor, who was reluctant to give it to her, but he referred her to a counsellor. However after seeing the counsellor she decided not to have an abortion:

I knew that [doctor] didn't really want me to go [for abortion counselling]. All this Catholic stuff that he was used to, he just thought that we were going out with each other since we were about thirteen, and at this stage we're, we should know each other by now. The way he looked at it [was] think about it more, and I don't think I changed my mind until he talked, it's not that he talked me into it. I mean I went down there and all I had to do was ring the hospital and make an appointment, but, at the last minute I decided that I wasn't going to. Especially that em, [partner's] sister has a little girl, and my brother has twins and they're only a year old, I'd come back and see them.

[Aged 20, going steady]

One woman obtained the number of a clinic in England from a friend. Her account of the telephone conversation shows the way in which she responded to the non-directive approach of the clinic she contacted:

[The clinic] told me that when I went over I had to stay with them the Friday and I'd probably be discharged on the Sunday if everything went ok. And they just told you more or less what the procedure was and what you had to bring with you and everything. Cost or nothing was discussed on the phone, but at that stage cost doesn't go through your head. They reassured you that everything was ok but they did say to you on the phone like [pause] if you don't want to do this there's no pressure on you, if you come over you can stay here and [pause] they helped you, they tried to turn people off the fact of abortion even though they were an actual clinic for it. So they were good about it as well.

[Aged 19, single]

When she phoned them to cancel the abortion, they asked whether she had switched to another clinic, or had complications. She said they were satisfied when she said she had decided not to go through with it.

These accounts of women who did get in touch with agencies who could provide them with information on abortion or perform an abortion show how accessing such services made them feel empowered in making their own decisions. This runs contrary to the notion that providing non-directive counselling and information on abortion in some way increases women's disposition to abortion.

Assessment of adoption

As we saw in Chapter One adoption is a choice taken by very few pregnant women at present in Ireland. Women who had decided to become mothers and raise their child were more likely to mention the option of abortion rather than adoption. Again only six out of the group of 36 had weighed up the decision in detail while most had not considered the option at all.

Many took the view that if they were going to have the baby they would keep it:

Once I decided to keep it I never thought of adoption.

[Aged 20, going steady]

I didn't consider adoption really, felt if I was going to have it I would keep it myself.

[Aged 23, cohabiting]

No, it was either have the abortion or have the baby and keep it. I couldn't imagine going through nine months and then giving birth like and then, you know [pause] no, I couldn't imagine it. I don't think I would be strong enough to do that actually, I think it would take an awful lot of willpower and determination. It's the hardest thing anyone could ever do.

[Aged 21, single]

I don't know, I wouldn't give away my own baby [pause] I don't know, I just, straight away said I'm keeping it and that was it.

[Aged 17, going steady]

Some women felt that if they did have their babies adopted they would always have been thinking about it:

No, [adoption] wasn't an issue at all. I think if I'd given it for adoption I think I'd have been looking for the child like that if I'd given it up, no, adoption didn't come into it at all. It wasn't something I thought about at all, I still think about it but, it isn't a strong issue at all.

[Aged 19, single]

Well I wasn't, I didn't plan on giving the baby up for adoption because em, I didn't think I'd be able for it, knowing that, the child I had was being minded by someone else, you know, I know some people have to go through it like but I didn't think it was an option for me.

[Aged 18, going steady]

You do think of giving it up for adoption, but then, you know, you think of these things on the spur of the moment. But em, adoption, just you'll be looking back in years to come and the child comes looking for you, I think that guilt will never leave you.

[Aged 22, cohabiting]

Others referred to the relationship that develops between the mother and baby during pregnancy and felt they could not then give it up to be adopted:

Oh no, not to go through nine months and to actually, I know you don't see them much but, for something to be inside you like you know, it's different, your whole body, your mind, you just change overnight [snaps her fingers], once you're pregnant, once someone says to you you're pregnant, that's it, you're a different person and you feel different and you think different.

[Aged 23, cohabiting]

This was accentuated in one case where the woman had a threatened miscarriage:

Then with the miscarriage it was like going [pause] Jesus, I don't want to lose this. You know, it was absolutely amazing, and from then on I was like going no I'm not going to give the baby up for adoption, whatever reaction my parents have I'm still going to hold onto the baby.

[Aged 23, cohabiting]

There were women who thought adoption was not in the child's best interests:

Em, adoption I couldn't do, I know people that are adopted and they have this, maybe identity crisis.

[Aged 21, single]

One woman who was herself adopted said she did not feel adoption was something she would have wanted for her own child:

People have their own reasons as to why they give their kids up for adoption. But em, and they're told that they go to the best people like, you know that way. But the way I look at it now, [pause] like since I was fourteen or fifteen I've been thrown out of the house and you know like and whoever my mother was, was told I was going to good people. But em, like I didn't think like that they could do that. [pause] They say they will look after them for so long and they didn't. So I don't know now.

[Aged 18, going steady]

Some women knew friends who had given up their baby for adoption and felt that they would have been unable to cope with the aftermath of adoption their friends had experienced. Others held a negative perception of how women coped after an adoption:

I know a girl that did it now and she seems to be messed up. She had the baby and everything, had the baby adopted, planned from the start to get it adopted, she seems to be messed up now about that.

[Aged 28, single]

But then saying that then my best friend who like now lives in [European country] she, gave up her son five years ago on the [date], and to this day like she still, she phoned me and, five years later she's like coming up to his birthday and she was really upset you know. So there was, it was like oh God would I be able for that?

[Aged 23, cohabiting]

Then I heard all these stories about adoptions, taking the baby from you as soon as it's born and you don't even know what it is, you know and this sort of thing. I was talking to mam about it and she was saying, I wouldn't let you put it up for adoption. You wouldn't know where it was going, it could be neglected or be abused or something like that, you wouldn't know. And if you wanted to go and find it later on, it

mightn't want to know you. Or the child might want to come and find you. You'd always be wondering what it was doing, is it being looked after and that sort of thing. No I just decided against it. I know it's going to be hard and it's going to be a struggle and everything but I think it will make me stronger and I will love it to bits, I just can't wait to see it. Hopefully everything will be fine and work out.

[Aged 18, going steady]

I didn't plan on giving the baby up for adoption because, em, I didn't think I'd be able for it, knowing that, the child I had was being minded by someone else, you know. I know some people have to go through it like, but I didn't think it was an option for me.

[Aged 18, going steady]

Like those who rejected abortion, some of those rejecting adoption said they did so because they saw it as shunning their responsibilities:

No. It was me that made the mistake. I can't shun it off onto anyone else, it wouldn't be fair. That kind of never really came into it you know? This is my little [pause], I have to take care of it, it's my responsibility.

[Aged 25, going steady]

Again parental support featured in women's decision to reject adoption and feel they could keep the baby themselves:

I'm not the type to give a baby up anyway, you know, so I looked into adoption and got leaflets on it and everything. You know, I knew I wouldn't be able to give it up for adoption so, you know, myself and my mum and my dad sat down and talked about it. We decided that I'd keep the baby in the end, you know.

[Aged 18, going steady]

The woman below described how she felt that adoption would be her only option if her mother did not support her during the pregnancy:

I don't think I would have been able to keep it [without mother's support]. Cos I would have had no money or nowhere to stay or anything. Like [partner] said if she did throw me out I could come out and stay with them, you know. But I couldn't expect to be living off his parents. Like they have two boys already to look after, you know. Then me and a baby coming along, I couldn't expect them to. No way I would have been able to keep it. I would have had to put it up for adoption, I know

I would have. There would have been no possible way I could have kept it.

[Aged 18, going steady]

The support of a partner was also important to her decision to rule out adoption:

Well I thought about adoption at first, cos I thought, well, at eighteen what have I really got to give the baby and that, and I was thinking like that. So, in one way I love kids and there's no way I'll cope with it. And I had so much support from my boyfriend, well in the beginning his attitude, well if he goes, I'm eighteen, I've no qualifications, and at this stage I didn't know how my family would react, so gradually he got more supportive and discussed with him and he was here going well I don't want that either. So then we got, we knew that he wanted to stay around and he wanted the baby so we got rid of that idea.

And what about if your parents had reacted badly, would that have changed your mind again do you think?

No at that stage I was definite I was going to keep it.

[Aged 18, going steady]

Resisted others' suggestion to choose adoption

There were also women who came under pressure to place the baby for adoption. One woman came under such pressure from her partner. She thought about it briefly, but resisted his demands and decided against it. She felt that he saw it as a way of avoiding the responsibility of her having his child:

I wouldn't be able to handle it. Knowing that there was someone out there that might be thinking about me, years down the line, whatever. And apart from that, I felt that he was being very kind of [pause] spineless about the whole thing kind of, not wanting anyone to know about it. I thought it was him giving me this option, as an easy option for myself, but he was only thinking about himself really. It was an easy way for him to get out of the situation basically, so [pause] fuck him.

[Age less than 25 years, single]

Another was staying in a hostel which she had contacted through an agency during her pregnancy. Her parents had organised this for her because there were facilities there to enable her complete her Leaving Cert after her school refused to allow her remain on while pregnant.

She felt her parents accepted that she would not have the baby adopted but felt pressure from the organisation to do so:

They made it very, you know, like em [pause] very, stressed, you know nothing has to change. I know nothing has to change and all that but they sort of, they didn't, they didn't make it very clear, you know, about em [pause] you know, things like adoption, they didn't make it very clear, you know [pause] what you have to go through for adoption like and everything.

Did you find that was an option they encouraged?

Yeah, yeah, they didn't really encourage you to keep the baby at all.

Really, what was their basis for that do you think?

Because I'm young I suppose and still living at home. I'm not married, you know, I have a boyfriend, I'm not engaged, getting married like, so.

[Aged 18, going steady]

For many women adoption was an option they personally could not contemplate for themselves. The reasons they gave for this included feeling that the baby would always be on their mind or might come looking for them at a later stage, the bond that developed between the mother and baby during pregnancy, feeling that adoption was not in the child's best interests and worrying about how they themselves could cope with the aftermath of adoption. As with those who rejected abortion, there were women who said that the support they were given by their parents or partner had enabled them to reject adoption.

Marriage as a way of resolving a non-marital pregnancy

Once all of these single women with crisis pregnancies had rejected the options of abortion or adoption they were then anticipating the prospect of non-marital motherhood. As we saw in Chapter One the dominant context for childbearing is still within a two-parent family based on marriage. Traditionally marriage during pregnancy represented a means of resolving a crisis pregnancy because if the couple married they 'legitimated' their pregnancy and child. These were often referred to as 'shot-gun' weddings as parents, stereotypically fathers, usually insisted

on a marriage taking place. Like adoption, the number of women marrying to 'legitimate' a pregnancy has fallen dramatically. In this sample of 34 women only one married in the time between conception and delivery. The prevailing view was to disregard marriage as a solution to crisis pregnancy. However there was a small number who would have preferred to be married and we will first examine their predicament.

As noted in Chapter One being single was a predictor of a woman's response to pregnancy. Not surprisingly then, some of the women in this group clearly described how they would have preferred to be married before becoming a mother. Their accounts of the ideal context for having a child reflect the dominant pattern of work, marriage, a home and then motherhood for women. One woman, whose partner had left when she told him she was pregnant, said:

I'll still love the child, it will be my child. I have to look after it you know, and love it and that. I'll probably still have that disappointment in me. I wanted to get married first and then start from there. Wanted to have me own little house, and wanted to have a job you know as well but, it's kind of marriage as well.

[Aged 25, single]

A second woman was concerned about the implications of being a lone mother in terms of how this baby would be integrated into a relationship and family she might form in the future but hoped that this would be the eventual context in which she would rear her child:

Yeah I'd like to be married and all but, even me brother's engaged. I'd love to have a baby for someone I'm going to stay with. You know, after having this one, and meeting another fella, say marrying him and having his kid, you kind of feel for this one you know. They'd have a da, that's the way I think. I know he'd probably be good to it, he better be good to it. I wouldn't let him treat it any different you know.

[Aged 19, single]

However the majority of women in the group eschewed marriage as a way of resolving their stigmatised position. They did not see marriage and motherhood as bound up together. While some women had a positive orientation to marry at some stage they did not want to become engaged or married just because of the pregnancy. Rather they saw

marriage as an important relationship which should be entered into freely and not simply because of a pregnancy:

Well we had been talking about getting engaged for his 21st, which was a fortnight after [discovering she was pregnant], the end of [month] is his 21st, and then when I heard the news I just went no, and he was, well why don't you now all of a sudden?, and my attitude was everyone will only say we're getting engaged and married because I'm pregnant. So that was put on the long finger [pause] I'm still sort of, well, wait till after the baby cause I don't want everyone thinking that's the only reason we're getting married. It's still there in the future.

[Aged 18, going steady]

Well I'm kinda steady with my boyfriend, what happened was we got engaged at Easter, and it was three weeks later I found out I was pregnant, it was that as well, getting engaged and finding out I was pregnant. Everyone, the way it is here, everyone is gonna be talking about me, the way I got engaged 'cos I was pregnant.

[Aged 23, cohabiting]

I don't think we should get married because of the baby either, we don't think that [pause] it wouldn't make anything more concrete or less concrete or anything to be married, no, it wouldn't be my idea.

[Aged 19, cohabiting]

We wouldn't get married or anything silly like that, you know the way some people go off and get married straight away, I wouldn't be into anything like that myself.

[Aged 18, going steady]

We did consider marriage but [pause] my parents were sort of saying, you know, don't get married just to suit other people, don't get married just because of the baby and my partner would marry me in the morning, I think. Marriage is too big, it's just too final for me. Plus I didn't want him thinking I married him just because of the baby, you know. And as well as that, the time factor, it would have been so stressful to be trying to get a marriage or wedding organised before the baby was born.

[Aged 23, cohabiting]

While these women were rejecting marrying their partner they were still able to draw on their partner's support and we will return to this in more detail later.

There were women for whom marriage was not a part of their life trajectory at all.

I always said I'd never get married. I'm not into that. I'd get engaged for the ring and just to say I'm engaged, you know sort of thing. It would be the same thing if we were engaged, I really think it would. He bought me loads of jewellery and stuff like that, I think it would be another part of the jewellery, I do. But the ring to show it off, but no plans to get married to him.

[Aged 18, cohabiting]

One young woman said she had always envisaged being a mother before she was married. This was influenced by the fact that her own mother was young:

I suppose it's because I've a young mother as well and it's a lot easier, you can talk to them and go out for a drink with them and have a laugh like. She kind of goes out with my friends as well. Then I see my boyfriends parents, they're in their sixties and they don't talk and they never have done and things like that.

[Aged 17, going steady]

While women may have referred to the stigma that attaches to their non-marital pregnancy, for some marriage presented additional problems rather than resolved their present crisis.

Cos if you turn from him, at least you'll be leaving him, and not be married to him or nothing, at least be able to walk away. He'd think you're his property, I always think that. I wouldn't get married. I'd have his children and everything, but I wouldn't marry him.

[Aged 18, single]

Some women had to resist pressure to marry as a way of legitimating the pregnancy though, perhaps surprisingly given the tradition of marriage as a way of resolving pregnancy, only three women came under such pressure. They gave the same reasons as the women above for rejecting marriage. The women below resisted their fathers' argument that they should marry:

You can't use a baby to go off and get married, you really can't. Because, I mean, you're putting yourself under ridiculous pressure and everything.

You'll end up resenting the baby, you'll end up resenting each other and everything.

[Aged 23, cohabiting]

[Father] was just going on about it [marriage]. Sure he calmed down. But he'd still say well you'd want to be thinking of settling down now and getting married and I'm going oh Jesus, as if I don't have enough on my plate, not a penny to my name and he's going on about this. Just his way, you know.

[Aged 24, going steady]

Some partners wanted to marry to legitimate the pregnancy but women resisted this as being undesirable in the long-term.

No, there was no way I was going to do that. I said no, not the way I'm feeling, it would be too rushed. I said I didn't want to make a mistake and rush into it. We are planning on getting married sometime after Christmas. If everything goes to plan.

[Aged 41, cohabiting]

He wants to get married before the baby is born but I didn't want to, it would be a recipe for disaster you know. The two of us are very young, he's nineteen, I'm eighteen and em, I just didn't think it would work so I just said no. I told him I'd talk about it again when I left school cos I wanted to get my whole education sorted out first. I wanted to get used to the baby as well you know, I didn't want to be completely thrown into a different situation. Like with a house to look after and bills to pay and be looking after the child and going to school, it would be too much, I knew it would be too much so I decided to wait.

[Aged 18, going steady]

Oh I think within the next five years, six years, give us a chance like. I mean, I'd like to have a house, and maybe get a mortgage first before I'd ever think of marriage, I'd like things to be laid out. I mean, this wasn't planned and I'd like to plan the rest of my life, you know that kind of a way?

[Aged 20, going steady]

One woman felt that it was her partner's aim to marry, just as the pregnancy was something he had wanted. Her account indicated that

she was having difficulty resisting his pressure, even though she didn't feel quite ready for marriage:

Not this young [pause]. Well I don't mind, another year or two maybe.

Why would you rather wait to get married?

I don't know [pause] just would [pause]. Seventeen is still quite young. He's only talking about it like. But that's what he always wanted. He was, I don't know, all he wants to do is get married and have kids, work and have a family.

And what about you, what do you want?

I don't mind [pause] suppose I'll do the cleaning, won't I [laughs].

[Aged 18, cohabiting]

These women who had partners clearly rejected marriage as being in the long term undesirable. In most cases this was because women did not want the pregnancy to impose marriage on them or their relationship because they felt marriage should be freely chosen. While some women lamented not being married before they became pregnant, for many marriage was not a pre-condition for motherhood.

Role of partners

So what role did partner's play in these women's pregnancies? Twenty-three of the 34 women were still in a relationship with their partner during the pregnancy but the status of these relationships varied. As we saw already one woman married while pregnant, thirteen were already cohabiting or planned to cohabit with their partners and establish a quasi-marital relationship. Nine women were going to live separate from their partner but maintain a relationship, with him playing an active role as father. In one instance where the couple had separated the partner still intended to be an active father. The remaining eleven women were single. The implications of their different relationships for their experiences of pregnancy is examined here.

Women in quasi-marriage relationships

Thirteen women had been living with their partners when they became pregnant or planned to live together after the birth. The nature of the relationship was very important for some women in thinking about having a child with their partner.

I was just kind of shocked and I didn't know what to do. I knew that hopefully we would stay together, not just cos of the baby, so I knew that, I was in was a good relationship. Like it was strong enough to hold like, with a baby there as well. But em, I was still afraid of finding out I was pregnant like. Somebody else, not just going to be the two of us, there was going to be somebody else. But em, I thought of everything like. I thought of even a termination and I thought of adoption and then keeping it between the two of us like. In the end I just thought maybe go with the two of us.

I didn't like to think that I was going to be, let me see, eh, [pause] like [pause] just having to look after the baby on my own, you know that sort of way. I wanted for to be the two of us and the thought of me being left on my own I think was frightening, do you know what I mean. It really scared me. I'd loose my independence, you know that sort of way. And he'd probably like say, oh well, she has a baby now, the fun would kind of go out of it, that what I was afraid of really.

[Aged 25, cohabiting]

Women who would be co-habiting felt that their partners could provide assistance with childcare, share parenting responsibilities, share the financial burden and provide emotional and psychological support for them:

Yes [laughs], he's going to stay at home and look after it when I'm in college, it's a complete role reversal in a sense. He's actually unemployed at the moment. He's been in college but he hasn't gotten any work. Realistically speaking, it made more sense for him to stay at home and look after it while I'm in college rather than him trying to get probably some poorly paid job and us than trying to find someone to mind it or taking a year out. He's going to be very much involved.

[Aged 23, cohabiting]

How do you think you would have managed [on your own] was that something you considered?

Em probably not too well. Money and just being on my own with the baby, I wouldn't really know what to do. At the beginning I don't think I would have managed too well.

[Aged 17, going steady]

He's great, we're thinking of moving in together eventually. I'll stay here, 'cos my parents want me for the first few months till I get on my

feet and that. So we thought for the moment of my boyfriend moving in here with me, cos my parents get on brilliant with him as well, so that's a good point anyways, and he's brilliant he comes to all the antenatal clinics and everything with me, he's really getting in on this act now. It's great now cause I've had brilliant support.

[Aged 18, going steady]

Three of the women who had not received support from their parents intended to live with their partner. For instance the woman below, whose relationship was very casual when she became pregnant, felt initially that her partner was not being supportive of her and had decided to cope independently from him. However his attitude changed and they successfully re-established their relationship through counselling and moved in together:

And em, like over the [counselling] sessions it was unbelievable, we really grew close, but still, I didn't think of moving in with [partner]. And then one night in his house he just said like, what would you think of the two of us moving in together? And, I was so shocked at him saying it first of all I was like going [laughs] em, moving in together? No, no, I don't think so I don't think I'd go with it. Then I was like going, well, maybe we, sure wait a while. So then with the delay in the house and everything it was nearly better, you know, that sort of a way? Everything worked out perfect that way.

[Aged 23, cohabiting]

For this group of women living with their partner made an important difference to their experience of pregnancy. These women did not see themselves as having to cope alone even though they were 'lone mothers'. Partners provided economic and practical help as well as emotional and psychological support. In some cases having a partner provide childcare enabled women to continue with their studies or work.

Women in couples

Nine women who were still in a relationship did not intend to cohabit with their partner but did expect him to be supportive once the baby was born. This woman felt that being part of a long-term relationship would counteract some of the stigma attached to her pregnancy — proof that it was not the result of casual sex.

It's not as if it was for a little scumbag or whatever, cos everybody knows I'm with him and they know everybody knows who he is, they always see us together. It's not as if they're going to be saying, it doesn't matter who it's for.

[Aged 18, cohabiting]

Many of these couples were anxious that their partner would still be recognised as their baby's father:

Oh he wants his name on the birth cert and he wants everything normal. Like we were married really [laughs].

[Aged 18, going steady]

Women were often of the view that if they were going to maintain a relationship with their partner he should want the relationship to continue and be willing to take equal responsibility for the child:

I didn't want somebody who was just going to be turning up whenever they wanted to. I said listen if you want to go, you can go now, you know, I don't expect you to [pause]. I know it's a shock and I don't expect you to stand by me and all, you are free to go away. He just said no don't be stupid, don't be talking like that. He was really offended when I said it to him, that I actually thought that he would go away. He said I'm always here for you.

[Aged 18, going steady]

However when partners would not be living with the baby full-time some women felt that this put unequal demands on them as compared with the role their partners played:

I keep saying, it's alright for you, you don't live there, you're not going to be up during the night. Like the week I come out of hospital, he's going to take that week off, he's going to stay. You know, I don't want him there all the time, cause that will look bad then, you know, with my mum and dad. But at least they'll know that [he] is helping.

[Aged 22, going steady]

This woman was not going to live with her partner because of her parents' disapproval and her account highlights the tensions that can arise when single mothers are trying to balance their own needs against what is expected of them by parents. She would have liked the support

of living with her partner and felt that economically it made sense but she could not have faced adding any further strain to her relationship with her parents.

Single women

There were eleven women who were not in any relationship when they were interviewed. Some women had broken up with their partner before discovering they were pregnant. Of these, only one partner was going to take an active role as father. While the woman in this instance was glad that he wanted to be involved in caring for the baby and that her child would get to know her/his father, she did not want to rely on him. She had decided therefore that she was not going to put his name on the child's birth certificate.

In some cases where women told their partners they were pregnant their response was to desert them. One woman's partner left her when she told him she was pregnant. This upset her because her preference was for a two-parent family:

Be more fair on the child to have a father figure around. I don't know, I think a child should have two parents, you know?

[Aged 25, single]

Her parents had rejected her when she became pregnant and she now faced motherhood without any support.

This group of women who did not have their partners' support were left to carry all the responsibility of pregnancy and parenthood by themselves.

Yeah I feel as if I'm, he's there and he looks happy, if you seen him, he, he gives me the impression that he sat in the pubs saying, I'm going to be a daddy and he's boasting about it but yet he doesn't really want to commit himself and he gets away scot-free.

I just feel as if I'm left, even though I've got me family around me, I feel as if I'm left on me own. I'm just [pause] even though he said he was going to stand by me, I'm left on me own and that I'll have to be on me own to sort things out. I mean I can't live with me mother, can I, so. That's the way I feel. I mean I don't want to be with him for the sake of being with him. I wouldn't put up with [that].

[Aged 28, single]

I thought he'd be stronger yeah. I thought we were better friends then that, you know what I mean. I was gutted for three weeks. I'm still gutted you know.

[Age less than 25 years, single]

This woman wanted to put her partner's name on the birth certificate but he withheld consent. For many of these women getting a simple acknowledgement of paternity from their partner — such as putting the his name on the birth certificate — was a contentious issue:

He knows about it and to be honest with you I don't really [pause] I don't know what way he's taking it really, he won't talk about it, it's just like he sees you and he doesn't acknowledge you've a big bump there, he just kind of looks at you and says 'so, how are you?' He'd look you straight in the face but won't look up and down or anything, he won't acknowledge it at all and any time the subject comes up he'll find something to change it.

I didn't care what way he took it, whether he wanted to be part of it, he doesn't really have much of a choice. His name's down on the birth cert, and the child has a choice in whether he wants to know him. He'll have a choice in whether he wants to know the child or not but em, I'm pretty open in it that way like. If he doesn't want to be involved in it fair enough but, the child is going to have a choice in whether he or she wants to be involved with the father.

[Aged 19, single]

No. I have asked him for one thing, I've asked him to put his name on the birth cert. cos I don't want to have father unknown and everybody knows who the father is. And em, he was humming and hawing and blah blah blah. But eventually he said yes, but seeing is believing.

[Aged 21, single]

Coping financially as a lone parent worried those women whose partners withheld support:

It wouldn't be that bad if you had two parents to look after a child. It's terrible when you have to do it on your own, and you've only your own income coming in.

[Aged 22, single]

When women were dubious about what role their partners were willing to play in the child's life they were ambivalent about whether it was

better to cut all ties with them or to leave open the possibility that they might get involved:

He told me he didn't want anything to do with the baby. He was in shock as well, and after a while then he just said he didn't want anything to do with it. He went like that, so, I just left him. I couldn't have cared about him at that stage.

Before you told him would you have wanted him to be with you?

Ah yeah, I'd have liked him, but I had an idea he probably would take it that way. He just didn't care. I didn't need him. But now he wants to know. I don't know what to do.

[Aged 19, single]

Eh, I feel a bit sad that he probably won't have anything to do with the baby and its upbringing. Cos I don't know how long he is going to be away for. I wouldn't go out of my way to contact him, if he wants to contact me grand. But what I plan on doing, is when the baby is born, I will send a photograph and letter to [his] family and just say they can forward it to his current address. I'll leave my address on it and if he wants to contact, he can. Then that decision won't be mine then, but his.

[Aged 21, single]

He didn't want to play daddy and all that kind of thing. He changes his mind so bloody often, I don't know, I really don't know.

[Aged 21, single]

Some of these women missed the affection and emotional support from a partner during their pregnancy:

I couldn't care less [laughs] if I am married or not at this stage. Just to have someone to catch your hand or go out, of if I was in the mood for a chicken sandwich, to go out for the chicken {laugh}, just someone to be there. I have my friends and my family have been fantastic. I'd like to be in love again [laughs]. Now, I'd like to be in love now, it would be handy.

[Aged 21, single]

Just like have someone there, you know. Security reasons, not really security, just have someone there with you.

[Aged 25, single]

Some referred to the double standards that lone motherhood entailed for the woman as compared with how their partner behaved:

I feel as if I'm the bad person. Nothing's said about the men. The women are called all sorts. I felt like, oh God, I am a right tart, I felt that I couldn't tell [partner] to get lost. Because I felt if I do, what will everyone think.

[Aged 28, single]

The overwhelming evidence from these accounts is that once pregnant women cannot rely on the active support of their partners. How partners react to the pregnancy and the role they are willing to assume is outside women's control. Where partners do not support women through their pregnancy this raises problems such as having their child's paternity acknowledged, and trying to manage finances and childcare on their own without having emotional support or a co-parent, for their child. Sometimes, as we will see below, parents' support compensated for the absence of a partner. In other cases where women were not supported by either a parent or partner they were truly facing lone parenthood.

Negotiating the social identity of lone mother

So all but one of this group had chosen the route of single motherhood. This presented them with a long process of identity transformation. Being single and getting pregnant still carries a degree of stigma. Essentially this means that you will be discredited in the eyes of those who you know and whose opinion matters to you. Lone motherhood is a stereotypically stigmatised social identity. Once women had rejected abortion and adoption they were then anticipating lone motherhood. This would involve a change in their social identity. The first step in that process was to tell significant others, particularly parents, about being pregnant. Telling parents was a very difficult part of this transformation of their social identity as they feared it would change everything about their parental relationship. Women were conscious that once their parents were told of the pregnancy they would either support them or not. Given how dependent many were on their parents already, their reaction to the pregnancy had consequences for how women coped as the presence or absence of key support systems made for very different experiences for women.

Role of parents

Telling parents

The fears of women related firstly to how their parents would be affected by the news and secondly to how they would react. Some feared telling their parents to such an extent that they got someone else to tell them, asked somebody to accompany them, and one woman even wrote a letter to her family telling them she was pregnant.

The woman below decided to tell her parents straight away after discovering she was pregnant. She described how difficult this was and how she asked her friend to accompany her:

I went home the following day and told my parents

What was that like?

Awful the hardest thing I ever had to do [pause] it definitely was. Em, my best friend came with me, you know.

The same friend that had gone to the clinic?

No, no she was in Dublin, she's from [place] but she's working in Dublin. She came down especially, thumbed down, cos she knows my parents, you know. She met me off the bus in [place] and we thumbed home. She'd an awful job to get me home like [pause] I kept, I'm going back to [place], I kept turning back. But I went home anyway and t'was her that told them, I couldn't.

Were you in the room at the time when she told them?

Oh yeah, I never said hello or anything to them, they were all hello, I'm delighted to see you. Then the next thing like, they were looking, [friend] at that stage had been bawling as well like, two of us were hysterical and [mother] kept what's wrong, they were looking at the two of us. Then [friend] just said [Name] is pregnant. Oh Jesus I thought my mother was going to drop dead on the spot.

[Aged 24, going steady]

Another woman who was also very worried about how her mother would react asked her sister to tell her about the pregnancy.

I told me mother, about a week later, I couldn't. [Pause] It was me sister told her, I didn't tell her.

[Aged 28, single]

She said her mother was disappointed about the pregnancy but was at the same time supportive of her:

Me mother couldn't believe it, she just couldn't believe it like, she just never thought like it would happen to me. And then, she was alright like, she was a bit, she was disappointed, she wasn't happy about it.

[Aged 28, single]

While both of these women told their parents quite soon, others knew they were pregnant for some time before they were able to pluck up the courage to tell their parents. The woman below who was living away from home decided to write to her parents and siblings simultaneously to explain that she was pregnant:

I was wondering how to do it for weeks and weeks and weeks and like [pause] I've three sisters and two brothers and I was down in [City] wondering how to do this, to tell anyone. I didn't want to tell someone first and then them to hear [pause] I wrote to everyone, sent them off the same day [pause] even my parents, oh jeepers I was writing letters for about a week. Kind of eleven-page epics about the whole scenario, about everything. That was only about two months ago [pause] and they've been great. My parents, my mother especially, she's very Catholic and she doesn't think highly of unmarried mothers and that kind of thing, sex outside of marriage, oh my God, my poor mother what did I do to her?

[Age less than 25 years, single]

There were some women whose mothers already knew or suspected they were pregnant by the time they got to tell them themselves. A friend of one woman's mother's told her that she had seen her daughter in the antenatal clinic:

I thought they'd go mad, but they didn't. Me ma took it real well, so did me da. Me ma found out the day after.

[Aged 19, cohabiting]

One woman knew she was pregnant but wanted to delay telling her mother. However her mother suspected she was pregnant and asked her to tell her if she was:

She knew, me ma knows everything, she knows me inside out. I have them [period] the same time as her, she was after getting them and she knew I didn't. I was after saying I did, but she knew I didn't. I was just

going around in a trance, and she knew there was something wrong with me so, she just asked me straight out. That was December I found out and I wasn't gonna tell her till after Christmas. She asked me then so I just told her. She took it well now. They do take it better then you expect, I expected worse. She was great now.

[Aged 19, single]

Another woman revealed how her mother also suspected that she was pregnant before she told her. In her case it was her mother who prompted her to have a pregnancy test as she had been explaining away her symptoms as a cyst. Her mother then told her father with her:

Both of us told him. And he said if it could happen to a bishop [laughs] me da was all grand about it.

[Aged 18, single]

Letting them down

Women worried about telling their parents because they dreaded the idea of letting them down or disappointing them. This was both because of the pregnancy and because it was a confirmation of their sexual activity.

I felt as though I was after letting them down, ah it was awful, but it was grand after. They're great now, there's no bother now. I always feel I let them down. Like there's five of us and they all done everything so right and they're all married and have their families.

[Aged 22, going steady]

I knew they wouldn't throw me out of the house. My father had said it to me two or three years previously, if I'd ever gotten pregnant I could always come home and not to worry about that. They might be a bit upset but they would get over it. But em [pause] so I knew they would be fine. I felt [pause] apprehensive about telling them because I would feel significantly that I had let them down, I knew they'd worry about me and I felt really stupid for having gotten pregnant.

[Aged 23, cohabiting]

Go mad, I knew they would. My sister, like she had a baby, when she was [a teenager], and I'm 19, and I'm in college and everything, and I knew they were going to be so disappointed. I was supposed to go to

[abroad] with the girls in college and my mam was real disappointed for me that I didn't get to go.

[Aged 19, cohabiting]

The woman below was worried about telling her father because she did not want him to be disappointed in her. He was very ambitious for her, as she was for herself, and her concern related to his high aspirations for her educational achievement. She told him over the phone:

I think I just blurted it out and then I babbled for about ten minutes. Complete babbling like, making no sense at all. And em, he just like was totally silent and let me babble. Then he turned round and said look it's okay, this is a good thing like, these things happen for a reason. He was just absolutely brilliant like. I don't know what I would have done if they had been unsupportive.

[Aged 23, cohabiting]

Her mother also reacted positively:

She was fine. It wasn't such a big deal telling her cos she's always been you know, she's kind of easy going, she's really open minded like. So it wasn't such a big deal telling her. She was grand, she got a bit excited about being a grandmother and she hasn't flipping stopped since.

[Aged 23, cohabiting]

The following account illustrated the trepidation one woman felt going home to tell her parents she was pregnant when she felt it was the last thing they expected from her:

I went over and turned off the telly and said I've a bit of news for you, and eh, I just went I'm pregnant. And my mother just went well! and the waterworks just opened, she nearly died. Now Dad was like, well, okay [laughs]. And I said, oh, oh grand. So basically, they just sat me down and talked, and said. Because everybody was just so shocked. The first night was fine, and, as I said mam was in shock, total shock. She really did not know how to handle it. I think it was just the fact as well that I was, there's only the two of us. I was the youngest, I was also her daughter, and it was just letting go. Basically, for the mother I think, it's her letting go of me.

[Aged 23, cohabiting]

The woman below was very conscious that in telling her parents she was pregnant she was confirming that she sexually active, which she felt

awkward about. She worried about her parents' reaction to her pregnancy even though they seemed to have accepted her brother having a baby outside of marriage. She explains this in terms of the different behaviour that is expected from women and men:

My brothers are living with their girlfriends. One of my brothers just had a baby there a while ago as well. She was actually a single mum before they met. So they are living together. My other brother and his girlfriend have just bought a house, so they're living together. But it's different with me brothers, I think. So.

[Age less than 25 years, single]

A traveller woman described how she felt that her parents' views were shaped by the strong prohibition on non-marital pregnancy within her community. She felt as though she was the only one of the travellers to have a child before being married.

I was very nervous, my father, being a travelling person, my father didn't want [pause]. It's an awful thing, it's a [pause] what will I say, it's an awful shame on the family.

[Age unknown, single]

Their initial response was one of disappointment and anger. She was determined to keep her child however, and her family seem to have accepted that.

It was up to me, it was my baby, I was old enough, I set the thing for myself [pause] that was it.

[Age unknown, single]

'I thought I would be thrown out'

The most common fear women had about telling their parents was that they would be abandoned or thrown out and left to deal with the pregnancy alone. Given how dependent many were on their parents, how they responded was often quite crucial for how they anticipated coping with lone motherhood. This woman initially denied to herself that she was pregnant and then considered having an abortion and not telling her parents. In the end she was almost six months pregnant when she told them.

I just thought they'd be disappointed, that was all. That's what played on my mind during the time, it wasn't the fact that I was pregnant, it

was more the fact that I was going to tell my parents. I think the main scare throughout the last was the way my parents would react, no other fear like, more worries about what if they kick me out or, what if they do this, the main thing was, I just knew after that I just had to tell my parents and just see what way things went from there.

[Aged 19, single]

One woman worried that her mother, who was very religious, might be so angry that she would throw her out of the house. She also delayed telling her because of this fear:

She's very religious and I thought that I'd be thrown out of the house, I really did. I was afraid to tell her, I didn't tell her till I was fifteen weeks cos I was afraid to and I kept wanting to put it off. I was sure I would be thrown out of the house, but no, she was very understanding. Things were difficult at the start.

[Aged 18, going steady]

In fact it turned out that her mother suspected that she was pregnant, piecing it together from her mood swings and weight gain. Although upset at the beginning, she soon took an active supporting role:

One day I just come home from school and she just said right, well if you're going to do this, do it right. She took out a book that she had when she was studying to be a mid-wife all about babies and health during pregnancy and stuff like that. She started reading it out to me and making out a big list of rules, you're not allowed do this and you're not allowed do that, you have to eat this.

[Aged 18, going steady]

Both of these women revealed how their fate as lone mothers was very dependent on how supportive their parents were. In general women's accounts revealed how parental support was pivotal in dealing with the prospect of motherhood.

Parental support

Telling parents was a turning point for women and the role of parents in supporting women preparing for lone mothers emerged as very important in the accounts of women we interviewed. It is possible to classify this group of prospective lone mothers on the basis of the support they got from parents. There were three groups. Group 1 (25)

women were fully supported by their families which for many meant that they were helped through the pregnancy and prepared for motherhood. Group 2 (4) had parents who were only conditionally supportive while the third group (5) had non-supportive parents. We can see how much more difficult it was for those women to cope. As will be shown the more difficult experience of women in the latter groups illustrates the key role parental support plays in their single daughter's pregnancy.

Group 1: Supportive parents

The majority of women (25) were offered support by their parents when they told them they were pregnant. There were a large number of women in this sample who, despite their fears of rejection before telling their parents, were very relieved and in some cases pleasantly surprised by how their parents responded to the pregnancy. This support took several forms: helping the woman adjust to her pregnancy, providing accommodation, offering to provide childcare, counteracting stigma, giving the woman adult status, helping to tell others and helping with antenatal care. These types and levels of support and their implications will be examined qualitatively.

Adjustment to pregnancy

The first and most basic form of support given was in helping women adjust to the pregnancy itself.

One woman was living in England when she became pregnant and described how she had considered having the pregnancy terminated without telling her parents. She was the only girl in her family and this made her fear her family's reaction to the pregnancy:

When I rang home and chatted away, they just went, you know, oh you sound very strange what's wrong with you and I just burst out crying and told [mum] I was pregnant and put down the phone. I have only brothers and male cousins and had been treated like a little princess, angel thing and I went back to my flat and I was sitting there and two hours later there was a knock on the door and my dad is outside [laughs]. He was after getting a flight straight over to make sure that I was all right and to make sure that I knew that it didn't matter, I was still their daughter and they loved me and whatever I wanted to do. So he stayed for the weekend. Then he went back and my other brother came over

and I went back with him then. So we are in the process of moving house at the moment. Cos like there's four of us, four kids at home, well three brothers and myself and well, they were sort of planning on moving all the time, so we are going to a bigger house.

[Aged 21, single]

She described how her biggest worry was how she would cope on her own with a child:

I didn't want it to be true. Em, it was the wrong time completely for me. As I said, I was just finishing up in College, planning my career. And with [partner] gone, I was quite heartbroken when he left, didn't think I could manage by myself or if I wanted to manage by myself. Cos all my pals were travelling and everything else

[Aged 21, single]

When her parents gave her their full support she realised that she would not have to manage alone:

Father was saying, like it's the first grandchild, something to really look forward to and be proud of it. Sure you don't need any man, you've got your family and friends and everything. He sort of put it into a more positive light.

[Aged 21, single]

Her baby became an extended part of her own family. This was also the experience of other women:

When I did tell [parents] it actually made my mind up for me because they were supportive towards it, and they've done everything. They've rearranged the whole house, everything to fit in with the [baby].

[Aged 19, single]

Often when her family accepted the pregnancy this enabled women to accept it better too:

Me sister came down to me friend's house and she goes congratulations, and I was there and I said I don't believe this, and [pause] cos at that stage I was like, nothing to be proud about or, but em, the following day I spoke to me mother about it, and they were all in tears and they were all [pause]. But everything's been fine since, we've all got on with our lives and everybody accepted it.

[Aged 19, single]

[Father said] of all the things that's going to happen to you, this is great, you're going to have your own little baby and all. He really tried to calm me down, I couldn't even breathe, I was making meself really panicky I was. He just kept saying, come on, you won't be the little baby any more and he kept calling me his little baby, you know. He was saying, real happy he was, I thought he would have said I'm disappointed whatever.

[Aged 18, cohabiting]

I'd actually rang [mother] the day before and I said I have to come up and talk to you about something, and she said right, and I think she thought. So I went up to her and em, I think she'd kicked everyone out of the house cos there wasn't a soul in the house, and I sat down anyway and she made me a cup of tea and she goes what're you going to tell me?, and I says ma I'm pregnant. And she goes I knew, I knew, and she was thinking about it and then she was asking me how I was, was I sick and were me breasts sore and things like that, you know?

[Age unknown, engaged]

I mean like, I've had the best pregnancy of anybody I know who's had an unplanned pregnancy. I've had so much support from home, so much help from everybody. It's been great.

[Aged 23, cohabiting]

One woman who expected a very negative reaction from her parents found instead that they were willing to accept the pregnancy:

They were great, they took it better then I thought they would. I was expecting the physical kick and the roaring and the screaming and all that. No, they took it very well. They were very calm about it.

[Aged 18, going steady]

Her father pointed to how positive a pregnancy was.

[Father] said if I'd came in and said I'd a tumour or cancer he'd have taken it a lot worse, sort of saying it out loud sort of, well I could be losing a daughter instead of gaining a grandchild, sort of that way.

[Aged 18, going steady]

Their attitude relieved the situation for her a great deal:

I think it was a great weight off my shoulders and great relief like, and at that stage I thought, they've taken it so well, well this shock for a

while, you could be so calm and relaxed at that stage it just made all the difference.

[Aged 18, going steady]

The woman below said she was confident of her parents support but was anxious about how her younger sisters would react to her pregnancy. Her parents' acceptance, which she felt mirrored broader social acceptance of non-marital pregnancy, helped her explain the situation to her sisters:

Em, they were all very good like, I was getting upset, and they were saying why are you getting upset, it's not the end of the world and all that. But my parents was very supportive I thought. I think people react different now a days than in our parents time. They see it as something good, whereas before it was you are putting shame on us and this, that and the other.

[Aged 22, cohabiting]

Providing accommodation

One of the persistent fears of single mothers is where they are going to live. As we noted already many women with crisis pregnancies associated the prospect of lone motherhood with living in a flat, isolated and without help in rearing the baby. This is both a practical and economic problem for women. However many parents pre-empted this by offering to provide women with accommodation while for women this saved them from their negative perception of lone motherhood:

I don't, we'd have money to get a flat but we don't want that. I couldn't bring up a baby in a flat. My dad keeps saying, I thought we brought you's up better than the thoughts of children living in a flat, a baby, he just wouldn't be keen on that, you know.

[Aged 22, going steady]

I'm glad, cos my mam can teach me the things I don't know. She had seven of us so [pause] I wouldn't [live in a flat]. I'd probably just throw the baby against the wall. I'd crack up. You know, at home I can put it down, and someone will pick it up and stop it crying for me. I'd be able to cool off. Like I would, I'd crack up on me own. I'd say with me second I'd be able to cope with it, but not me first.

[Aged 18, single]

You can't go out on your own, you have to stop and think of the child so, that sort of depresses you a bit. But I always have me little sister there and me mother, it's not too bad, especially living at home. When you have your own place you have to look for someone to come and mind the baby and that. In your mother's you can go out when you want to, well not actually when you want to but, there's always someone there to mind the baby.

[Aged 22, single]

Other women cited the great lengths their parents went to prepare for the new arrival:

We are in the process of moving house at the moment. Cause like there's four of us, four kids at home, well three brothers and myself and well, they were sort of planning on moving all the time, so we are going to a bigger house.

[Aged 21, single]

I'm the only one living at home, and my mam and dad won't hear of me going into a flat no way are you going into a flat, you're staying here and that's it like. So like once they're okay about me staying at home I'll do that, you know. There's a spare room there and they have it turned into practically a nursery at the moment. Then they're after getting, we have two rooms downstairs but they're after getting it sort of into one room. We have a spare room, so myself and the boyfriend done that up for ourselves, so we have our own room.

[Aged 22, going steady]

Given women's fear of poverty the provision of accommodation also relieved financial pressure for them. This was the main reason why one woman and her partner were going to remain living at home:

At the moment we're just going to stay at home, to get sorted out first, to get used to it. We might decide to [move in together]. We're not gonna rush anything, take it one step at a time you know. We don't want to get ourselves into debt and then be worrying about it.

[Aged 25, going steady]

Some parents were very accommodating not only to their daughter and her baby but also to partners. For instance this woman's parents were against her plans to move out of home to live with her partner after the baby was born. However, she wanted herself, her partner and the baby

to establish a family unit of their own. Her mother pointed out the practical benefits of living with them, especially as the baby would be born in winter. This was resolved by her parents accommodating her partner in their home:

My idea was I just wanted to be with my boyfriend as well, I didn't want him feeling left out and that, so then we came round to the idea like, and there's only the four of us in the house, why doesn't he stay weekends or so to move in if he wanted to himself, so I think that made it a lot easier, and that financially it made it a lot easier on us too.

[Aged 18, going steady]

Providing childcare

Many young pregnant women said that they would find it impossible to continue their studies or career once they became lone mothers. Here again parents allayed their daughter's fears by offering to take care of the baby to enable her continue working or studying and even socialising. This would serve as a double function. It would enable the woman continue her work or career and it also offset parents fears that their daughter would jettison her future career if she became a lone mother. Many were willing to help so as their daughter could continue to work:

The only one I trust with it is me ma and that. I'm gonna try and get a morning job, when the baby's so many months. Like an actual break away from the baby you know. I'm gonna try and get a little thing, I'm not just [pause] I'm only 20, I'm not going to stop me life you know. And if I get a little morning job then, be well able to manage.

[Aged 19, single]

They said like there's no problem [babysitting]. The youngest in the house is 16 so, it's not too bad like, they'd be able to take it. But I wouldn't, not for a while, I wouldn't go out and leave them for a while. But me mam said she'd do it, no problem. I'm just going to have to sort something and then I'll go back to work.

[Aged 25, going steady]

I know me ma will look after it. If I hadn't got me mother I'd say I wouldn't go back to work. I'd probably stay and mind it meself. There's not everyone you can trust with a child.

[Aged 22, single]

Other women were planning to return to education when their baby was born with the help of their parents and family. One woman was going to return to school at night to do a secretarial course, while her mother minded the baby. Another said her parents', particularly her mother's, main worry was that she wouldn't pursue her education:

Like my mother has agreed to mind the baby so I can do night classes and that, they just want me to go on and get some sort of qualifications just for my own sake and that, so that I'll have something later on so that if I want to go back working and that.

[Aged 18, going steady]

Similarly the woman below hoped that her mother together with her partner's parents could provide the necessary childcare to enable her return to school for one year to complete her Leaving Certificate:

[Partner]'s parents said they'd take him maybe one week and mam would take it the other week you know. My mother has arthritis in her hands and she'd find it hard to lift the baby and she can't be running around after a toddler, you know. We haven't really sorted it out but [partner]'s parents said they'd take care of it for a while and then mam could take care of it and that sort of thing.

[Aged 18, going steady]

This issue of childcare will be looked at in more detail later in relation to women's plans for returning to, or giving up work and studies after the birth of the baby.

Providing psychological support

As well as providing women with accommodation and childcare and alleviating the financial demands women imagined as they anticipated lone motherhood, parents also provided these expectant mothers with psychological support. Women described how their parents visible support for them during pregnancy helped to counteract others' stigmatised perception of them:

I am going to be news in the neighbourhood for a week. My parents don't seem at all concerned about it. As long as I'm happy and comfortable they're fine. I don't feel a stigma attached to being an unmarried mother. I feel very foolish, I feel very embarrassed at having an unplanned pregnancy, you know.

[Aged 23, cohabiting]

One woman described how she dreaded facing the gossip in her local pub but when her parents went with herself and her partner to the pub, people were less ready to talk:

Yeah, you walked in, small town, everyone just turned to see you, you knew you were going to be talked about, but then when [father] says we'll come with you and that, it just stopped all the talk like. It was over after about a week.

[Aged 18, going steady]

Some women found that their parents related to them in a more adult way now that they were pregnant by discussing their own pregnancy experiences or giving their daughter autonomy in her decision-making. Acquiring such an adult status in the eyes of their parents was an important element of adjusting to their prospective identity as mother. For instance one woman's father described their own experience of crisis pregnancy which, prior to this, had been hidden from her and her siblings. She seemed to have achieved a new adult status in his eyes because of her pregnancy and so deserved to be told about this:

That explains a lot like, my mother's family absolutely hate my dad like [laugh]. So it sort of explained loads. Like he was saying, back then, it was something really to be, there was a real stigma attached, unless you were married. So he understood exactly what I was going through because as a young man he was going through it himself. That was great, even though it was a bit shocking [Laughs].

[Aged 21, single]

Another woman said that her mother had been her key support while at the same time had given her full autonomy in her decision-making around the pregnancy which she felt was a positive thing:

Well that night after everything had kind of settled down, she took out the calendar and started making up dates, what we were going to do and that I was staying here and what was [partner] going to do, that was it. She really left it up to me, she didn't really have much in the decision-making, she just kind of sat back. I'd say [she's been] more important than anybody else.

[Aged 17, going steady]

Similarly this woman's mother gave her space to make her own decisions and in turn she reassured her mother that she would take full responsibility for caring for the baby:

She was very understanding and I told her about [partner] wanting to marry me and saying no and she said that's the right thing to do. She stood by all my decisions. She helped me a lot, she talked to me a lot about helping me get the whole situation sorted out. She said that she was very proud of me cause I was so organised and that. I wanted to be organised because I didn't want her to think it was all being thrown on her. The way I looked at it was she's raised her child already, she shouldn't have to start doing it again at her age, so. I told her that I wasn't going to leave her with the baby it was my responsibility, I was going to have to look after it. She was very proud cos of my attitude and that, so I suppose that helped a lot to come to terms with it.

[Aged 18, going steady]

In this way while she welcomed her mother's support she addressed the concerns expressed by other pregnant women that they would not overburden their parents who had raised their own families. Women who were anticipating lone motherhood wanted to assume full responsibility for their baby and this we will see later caused them to revise their life trajectory in line with the prospective demands of motherhood. Meanwhile however parents who sought to support their daughters wanted to off-set as many of the limitations lone motherhood placed on women by playing a role in caring for the child. Their generosity and importance to these women was evident in all of the accounts.

Establishing boundaries, establishing autonomy and assuming responsibility

While women were all very glad and relieved to have this degree of support from their parents sometimes tensions emerged about what role parents wanted to have in the pregnancy and the autonomy women wanted. By the same token parents also saw a need to make clear the limits of their support so as they were not burdened with caring for the baby full-time. Given the interdependence between parents — especially mothers — and their daughters this was often a delicate matter. Care and parental help sometimes was perceived by women as extending to control. Lone, unmarried parenthood does not establish

quite the same boundaries as those established by married couples. Many of these young women need parental support but also wished to establish separate households with their partners. In some cases this meant that they had to resist parental control. The young women were often torn between their parents' demands and those of their partners.

The women below wanted to manage her antenatal care herself and also decided to live with her partner. She had to assert herself as her mother assumed a central role in organising her care for her:

[Mother] was saying to me like I'm gonna organise this and I'm gonna organise that, and, she turns around to me one day and she says you know [name], 'you can do this yourself, you can organise all that', and I said 'I told you that, it's my responsibility'. Now that I'm not living there I'm not, even if I was living there I still wouldn't land all the responsibility on her.

[Age unknown, engaged]

She did not want her parents to have to take responsibility for her child. She felt that it was her responsibility, although she would accept some help:

It's my responsibility like you know? It's my child. Like if [mother] wants to lend a hand and that I wouldn't complain, but I wouldn't land it all on her, the responsibility and all that.

[Age unknown, engaged]

Equally, many of the women and their parents were conscious that the main responsibility for taking care of the baby would be with their daughter and while mothers promised to help, they expected their daughters to care for the baby as well.

Me mam won't let me run out on the baby and leave the baby with her, just to go to me friends. Like she'll mind it for me just to go to school, and she'll take it one night a week if I want to go out, but she won't take it every day now. She'll show me how to raise it but she won't let me run out on it, just throw the baby there.

[Aged 18, single]

Where women were being supported by both their parents and their partners this sometimes caused tensions. Parents wanted to be the main source of support because they were concerned that their daughter

would not get enough support from a partner. Partners in turn felt that they were not being allowed play a central role because parents were taking over. This woman described how her mother felt that her role was being usurped by her partner and this caused tension:

Well I had a conversation with me ma one night and she took me up wrong she'd say what about us. But it's really up to meself and [partner], and it's not that I didn't want to involve her, I did, she just took it up that way, and she wasn't asking any questions at all then. So we had a conversation and we were talking about it and all and she, she thought I didn't want her involved at all. Now but that's grand.

[Aged 19, cohabiting]

In contrast one woman's partner felt squeezed out of his role because of the active supporting role which her parents were playing. This was resolved when it was decided that he would come and live with her in her family home until they set up home alone together:

He felt isolated especially when my family found out, cause they were so supportive, and he felt they're all one and I'm just the outsider, but he's feeling great now. He's coming in and my family have been very good to him like, and we do let him feel free and at home here and that, they're great now, sort of really involved and that, so I think he does feel more relaxed now.

[Aged 18, going steady]

One of the greatest anxieties among young mothers is of being left alone to manage their pregnancy and care for a baby. As already noted, much of this vulnerability is socially caused and can be socially relieved. The accounts of these women, who received their parents full support, showed that what in fact happened in their experience was that the crucial support facilitating them in coping with lone motherhood was not provided by a partner, nor the state, but by parents. Parents' support changed women's perspective about the prospect of lone motherhood. They were able to provide women with accommodation and childcare which in turn relieved the financial pressures they faced and enabled them to pursue their careers and education. They also provided important psychological support and women felt secure that they would have the experienced help of their mothers in coping with a young baby. In many cases parental support extended to welcoming the partner and father of their grandchild into the family even as a resident

member. These patterns of supportive family networks, which have been quite typical of married families in the past, represent adaptive strategies devised by families to cushion their young, single daughters against the difficulties of lone motherhood.

Group 2: Conditionally supportive

The second group of four women found that their parents did not fully support them through the pregnancy. Two sets of parents found the stigma of their unmarried daughter's pregnancy very difficult to cope with. A third set said they could not help with caring for their daughter or her child and she would have to cope alone. The final set of parents could not accept that their daughter was going to become a mother and set up home with her partner. The effect of how these parents responded to their daughters' pregnancy was that they did not offer them the practical help and support received by the women in the first group. This made the experience of pregnancy more difficult for the women.

One woman felt let down and abandoned by her parents when they were reluctant to provide her with accommodation during her pregnancy. She lived and worked away from home. When she became pregnant she lost her job because she had to take a lot of time off due to illness, her partner was not supportive of her and financially she could not support herself so she wanted to return home to live with her parents. They did not want her residing with them:

Because they didn't want to deal with the situation they were quite dismissive. Once I was in Dublin it was okay. but then, as I was saying, they em, were asked to leave the house and I moved into a flat and it wasn't suitable. And I had to move up home, and em, they did not want me home.

Really?

Under no circumstances. I arrived home as a last option I didn't want to move home, but, as a last option. I had nowhere else to go. I had absolutely, it was either, well, not that I'd nowhere else to go I could have gone into a hostel, but I didn't want to, I said, maybe my family will help. But when I arrived home they, they didn't want to help.

Why was it, what sense could you make of that?

Well em, well you see there's em, it's not the happiest of families anyway, it wouldn't be ideal, the ideal happy family. It was just a situation that they didn't want to deal with. You know, they were quite happy to go on with their little cocooned lives. Unaffected. And em, [pause] I don't know like, Jesus, I suppose they just didn't want the situation there on the doorstep. It was okay if I was pregnant up in Dublin but I was in Dublin. When I was there they were looking at me the whole time, they were physically seeing me and seeing me change, and, become more pregnant and em. You know that's what way, I don't think if [pause]. They possibly would have been happier to deal with it had I not been there. But because I was there, just on and on.

[Aged 23, cohabiting]

She did however move home but this had the effect of making her realise that she was not so dependent on them and she became stronger and more independent. Her parents in turn became more supportive. This was personally empowering for her:

But then when I moved home it was like, no, I don't need them. It was like an awakening for me as well, cos I thought I'd nowhere else to turn. But really I did have options, I'd limited myself. Then they suddenly realised well, she's going to do whatever she wants with or without our support, we may as well be there for her.

[Aged 23, cohabiting]

A second woman was living in a hostel for pregnant women during her pregnancy. Her parents had arranged this for her so that she could study there to complete her Leaving Certificate when her own school refused to allow her stay on because of the pregnancy. However her parents were also very concerned with keeping her pregnancy secret from her extended family and their local community. She had gone to the hostel against her own wishes:

My mum wanted me to come down here from the start of September cos that's when school started, but I didn't want to come down here at all I wanted to stay at home. And em, you know because I suppose I have everyone at home, you know, I had my family at home and I had my boyfriend and I had his family and my friends, I had everyone I

needed [at home]. If anything happened to me down here, I'd have no-one.

[Aged 18, going steady]

After the birth she was hoping to return home and live with her family but was angry that her parents were still concealing her pregnancy:

My mom's more afraid of everyone knowing, like I turned around to her the other night and I said mum, you tell me what are you going to do if someone came up to you on the street next February, oh I saw your daughter out wheeling a baby, is it yours or is it hers?, what are you going to say like, it's mine?

[Aged 18, going steady]

She did not see herself living at home for more than a couple of months. Of the other two women whose parents were not supportive, one intended to live with her partner while the other planned to live with her sister.

Group 3: Non-supportive

Given the traditional stigma attached to lone parenthood, it is probably not too surprising that some parents were simply unable to accept their daughter's pregnancy and so rejected her. Such rejection can have serious consequences unless women can avail of alternative support. Four of the women we interviewed had been rejected by their parents when they became pregnant.

In many instances the support single pregnant women require from their parents is living accommodation. Parental rejection for all of these women meant having to leave the family home and seek refuge elsewhere. This was the position of some of the women interviewed with painful consequences. A relative, a partner or a voluntary organisation had to come to her help.

The first woman was staying in a residential home for pregnant women run by a religious order during her pregnancy. She had a difficult relationship with her parents and had moved out of home because of rows before. They had told her she could not live at home again and she had not seen them for three months prior to the interview. She had

lived with her partner's family initially after discovering she was pregnant. She had to be admitted to hospital because of a threatened miscarriage and from there she had gone to the hostel. She felt rejected by her parents:

I'd still love to be like, I'm not going home to their house for Christmas, so I won't be home with my family. So that's like I'd like to do that.

But why do you think you won't be at home for Christmas?

They wouldn't allow me to being pregnant.

[Aged 18, going steady]

She will return to living in the hostel after the birth of her baby. Even though she has her partner's support they are not in any financial position to move in together.

In another case a traveller woman was rejected by her parents who felt they could not accept a pregnancy outside of marriage which was strongly prohibited among their community. She was offered alternative support from an uncle to whom she was close and this compensated for her parents' rejection of her pregnancy.

One woman's parents reacted very badly when she told them she was pregnant.

Oh Jesus, I thought my mother was going to drop dead on the spot. My mother was bawling, she was bawling. She just ran to the loo straight away like. My father just sat dumb like [pause] I'm straight across from him like and he kept em, [pause] then he came in after me and he said 'you know you're on your own now, and he's not going to look after you and I never liked him anyway, I never want to see you round the place again'. Just the reaction I suppose. Sure they've met him since. My mother didn't speak to me at all that day when I went home. She couldn't, she just couldn't.

[Aged 24, going steady]

She was living away from home and would continue to do so. Her parents were very concerned about the stigma associated with her pregnancy, they were very involved in parish affairs and thought the community would see her pregnancy as a disgrace. She in turn assumed responsibility for this and stayed away from home to protect her family:

I'm living in [city] now and I really didn't care who knew at work, it didn't bother me, cos they didn't know the way I was brought up, they didn't know my parents. The people at home [pause] I mean I have told very few people. I know it has come out alright in the last week or two. The sister has told me people have said it to her, do you know. These things like, you can't hide something like that forever like. The last time I was at home, my father, said to my younger sister, I hope [name] isn't going down town today, she said she is, why? Oh he said, the embarrassment and that, do you know? I haven't been at home since, I don't think I'll go till afterwards.

[Aged 24, going steady]

While her partner was very supportive and wanted to live with her to share responsibility for the baby she had decided to live alone because her parents would not accept them cohabiting:

Well I'm not living with my boyfriend and I won't be, you know, but I mean he'll be round all the time, but [pause] my parents, they'd be devastated altogether if he moved in. It would be like ooh, that would be totally sin [pause] I feel I've hurt them enough, I really have. They can never imagine what it has done to me like , ever [pause] but I know it has totally devastated them and I'd hate to [pause] carry that devastation any further.

[Aged 24, going steady]

The woman below had anticipated her parents' negative reaction and arranged to move out of home when she told them she was pregnant knowing that they would not accept it:

I knew myself I had to, when I said I was pregnant and looking for a house, I had to get out, cause they were disgusted you know. I just said to me ma 'I have a house and I'm leaving'. Nothing was said you know?

[Aged 25, single]

She described her mother's reaction when she told her she was pregnant:

Her face hit the ground you know. She started talking, but she was disgusted, really disgusted you know? It was worse for me then you know. I started crying and said look I'm sorry, it's gonna be hard for me now. Would you like to turn the clock back? I said yeah, I would. Even meself, I'm not ready to have a baby, I really amn't you know?

She thought I had more cop on really, to get on with my life. I was 24 years of age, other girls do go out, do the right thing do go and get married, she did hope that for me. I had that for meself really but, what can I do?

[Aged 25, single]

Her partner had left when she told him about the pregnancy. She was living on her own during the pregnancy and had given up her job in preparation for full-time motherhood with the support of the lone parents allowance.

Finally one woman who was living with her partner when she became pregnant had not told her parents about the pregnancy. They had rejected her sister when she had become pregnant outside of marriage and she did not anticipate they would react differently to her. However her partner was an alcoholic and she worried about how she would cope after the baby was born.

These accounts show the vulnerability of women who are not in a position to care for themselves and whose families refuse to accept their pregnancies. Two women would be living on their own when the baby was born, one in residential accommodation and two with partners. However in one case the partner was alcoholic which caused the woman a lot of worry and both felt they would have like their parents support as well. This group were greatly disadvantaged emotionally and psychologically as contrasted with women whose parents were more accepting of their pregnancy

Sources of stigma

Once significant others, partners and parents were told, women could prepare for motherhood with the knowledge of what support systems they had in place and what they were without. Part of this process was that their pregnancy became public knowledge. We saw in the previous two chapters that lone pregnancy was a source of shame and stigma in a community. Essentially this means that you will be discredited in the eyes of those who you know and whose opinion matters to you. Some women were unable to bear such stigma. Goffman (1976) identified three strategies for negotiating stigma. One is to conceal or obliterate

the signs that stigmatise. Women who have abortions and those that conceal their pregnancies and choose adoption pursue this first strategy. A second strategy is to present the signs of their stigmatised failing as signs of another attribute, one that is less significantly a stigma (Goffman: 1976; 117). A third strategy is to divide the world up into a large group to whom one tells nothing and a small group to whom one tells all and upon whose help they rely totally (Goffman: 1976; 117). Intimates can serve as a protective circle allowing one to think that they are more fully accepted as a normal person than is in fact the case (Goffman: 1976; 120).

Some women were acutely aware of what others might think of them. Pregnancy as it progresses is impossible to conceal unless one goes into secluded isolation. Some lone pregnant women did take that route as we saw in Chapter Seven. This woman described how she felt as she tried to conceal her pregnancy from her work colleagues but was aware of their suspicions:

There's people in the pub and you go into the pub and they're, I know they're gab, gab, gab, behind me back, I have a fair idea, but none of them will come to me face and ask me out straight, they're just looking, you know. I'd say they're wondering, you know.

And do you find that uncomfortable?

I do yeah. The other night two of the girls were looking at me, I felt like, look I haven't got the plague, but they're not going to say anything. I feel that they know but just won't say anything. I just feel a little embarrassed about it, if I was married I probably wouldn't give it a care, give it a thought, you know.

I'm starting to get bigger now, I'm starting to get all these feelings. It just seems as if it's never ending, you know. I'm just kind of there waiting for some of them to say something in work, someone to say something nasty. Maybe it's just me thinking on the negative side. I think the more positive you are the better.

[Aged 28, single]

But stigma varies from place to place and not all environments were upsetting to pregnant women. One woman's account articulated how the place where she is now living and working is a 'civil place' (where persons of her kind are sympathetically treated) where she did not

expect to be stigmatised. By contrast the community where she grew up and where her family still live was ‘out of bounds’ because she had disgraced her family:

I suppose I was dreading telling the two lads from home. I’m living in [city] now and I really didn’t care who knew at work, it didn’t bother me cause they didn’t know the way I was brought up, they didn’t know my parents. The people at home [pause] I mean I have told very few people. I know it has come out alright in the last week or two. The sister has told me people have said it to her, do you know. These things like, you can’t hide something like that forever like. The last time I was at home, my father, said to my younger sister, I hope [name] isn’t going down town today, she said she is, why? Oh he said the embarrassment and that, do you know? I haven’t been at home since, I don’t think I’ll go till afterwards.

[Aged 24, going steady]

Letting people within her local community or ‘normative environment’ know that she was pregnant carried the greatest difficulty for her. This stemmed mostly from her perception of how the stigma of her pregnancy would compromise her parents’ position in the community. They were very involved in parish affairs so she thought her neighbours would be inclined to think that her pregnancy was a disgrace and:

a kick in the arse for the [family name], you know.

[Aged 24, going steady]

Another contrasted how she would be seen among her own peers in the university where she studied with the reaction of her local community where she grew up:

I think in College you’re less exposed to that [negative attitude to unmarried mothers] than say if you are in a working situation. I feel it more for my parents. We come from a small rural area and I can imagine.

[Aged 23, cohabiting]

Pregnant women thought that the greater the number pregnant, young, single women in a community the greater the acceptance of lone parenthood. In other words the situation becomes normalised as this woman described:

Say with your friends, were you worried about telling your friends or anything?

No, no, no. Not worried at all, couldn't be bothered really [laugh].

Have you told them?

Yeah.

And how did they react?

Well real excited and all, remember I told [Name], and I told [Name] first, and she was congratulations, and she just found out last week that she's pregnant as well, [laughs].

[Age unknown, engaged]

The notion of normalisation was also referred to by this woman:

No one really takes any notice 'cos there's so many unmarried mothers living around and, one or two of my friends are unmarried mothers, they didn't have anything to say about it, you know.

[Aged 23, cohabiting]

However she contrasted this to the attitude she noticed within her partner's local community. There she found that she was the target of gossip and stigma. She resisted this stigmatisation by referring to the fact that she was together with her partner and they had their parents' support:

They mightn't even be saying it but I can still feel it 'cos it's a small town and you just feel everyone is [pause] but it doesn't bother me. No one had actually ever said oh, you're the one that's pregnant or, no one has ever said anything or said anything to hurt me you know. It doesn't bother me now and I just say to [partner] we're together, our parents accept us, why shouldn't they, you know.

[Aged 23, cohabiting]

In a similar vein the following woman's account also referred to the stigma attached to her pregnancy by her extended family who lived in a rural area:

On the mother's side, they're just pretending it's not happening, [laughs]. They asked me like had I any news and I just there going, [laughs]. Like at the same time, they know and I know. I was never really that fond of them.

Does it bother you, the attitude that they are taking?

Eh, it did very much at the start. I didn't want to go down and see my grandmother, cause, well I have an uncle and aunt living there as well and I didn't want the hassle of going down and, they live in a tiny little place called [village], and em, like everyone knows everything about everyone, the usual like. I didn't want any pressure.

[Aged 21, single]

This view was also endorsed by another woman who associated the stigmatisation of her pregnancy with the fact that single young motherhood was uncommon in her neighbourhood:

I just concealed it for so long because I didn't want anybody to know and, I didn't show 'til I was nearly six and a half months pregnant, so nobody actually knew anyway. You just don't want people to know 'cos, the area I live in is very quiet as well, and everybody is just oh, is she pregnant?

[Aged 19, single]

The woman below was also sensitised to the stigma of her situation by the rarity with which it occurred in her community:

I wish I'd known someone close to me that had gone through it.

[Aged 20, going steady]

She felt that sanctions were imposed on her in social settings:

There's an awful lot of people say see her, she's pregnant, she's not drinking, why should she be there?, I mean I hate, I mean, I was out last Sunday night now, and somebody gave me a stool and I felt like it was a hint to me, you know what I mean? She's pregnant, she shouldn't be out in the first place.

[Aged 20, going steady]

Women who were still at school when they became pregnant were conscious that it was a place where one had to carefully conceal their pregnancy. Eventually, when they could no longer do so they were forced to leave school:

I knew it was going to happen and I said I'll cope with it when the time comes. It was getting awkward and I was trying to hide it in school even though they knew. Like I was five and half months when I left school and I was getting big, but I was trying to hide it even though they knew.

Like I had a big safety pin in the back of my skirt cause it wouldn't go around me and I was wearing big baggy jumpers. I suppose I was at school and I didn't feel like, I wasn't comfortable at school. I wished I could just leave the bump at home, you know, going to school. I didn't feel comfortable with it in school.

[Aged 18, going steady]

After disguising the pregnancy for as long as she could she eventually left school early to avoid the stigma:

I actually left school early, two weeks before I was supposed to leave 'cos I just didn't want to be in that situation any more, I just didn't feel comfortable with it. So I explained it to the teachers and they said it was fine. So I left two weeks early and I did my end of the year exams at home, 'cos I didn't want to go back in there.

[Aged 18, going steady]

I left school in April and I didn't go in for the month of May. I was starting to show, and there were loads of fellas in me class and I was embarrassed at the start.

[Aged 18, single]

Some women found that being pregnant was not compatible with the type of work they did. Women are often used by industry to sell an image of their product. However the body image associated with pregnancy is not regarded as sexy or desirable for this purpose. Some of the women we interviewed stopped working when they became visibly pregnant because they felt it would be an unacceptable image to present:

I gave up work in June. I worked in a bar and em, I was only there about eight months. I didn't really like it anyway. But em, there was no way, I sort of felt like walking around like and if I started showing and that, I couldn't handle that, I would be too proud. I don't know what it is, but I just couldn't take it anymore.

[Aged 25, cohabiting]

Stupidity as source of stigma — 'getting caught'

Interestingly the increased ability of women to plan pregnancies and use contraception effectively also generated another source of stigma among pregnant women — that based on stupidity or the notion that one should know better.

I am going to be news in the neighbourhood for a week. My parents don't seem at all concerned about it. As long as I'm happy and comfortable they're fine. I don't feel a stigma attached to being an unmarried mother, I feel very foolish, I feel very embarrassed at having an unplanned pregnancy, you know.

[Aged 23, cohabiting]

You just feel like em [pause] how would you put it, em [pause] you know, you didn't go the right way about it. If I'd have took some contraceptives, I mean I'm the foolish one, I mean I'm left now, do you know that way.

[Aged 28, single]

I just feel stupid like. People I know, you're stupid, I thought you would have had better sense. But I think [friend] said that she went through that as well, [pause] if you're on your own especially.

[Age less than 25 years, single]

This led one woman to present her pregnancy as the outcome of some other type of behaviour that is less stigmatising, a strategy noted by Goffman (1976).

Like I wouldn't say, if anybody ever ask me I would always say I was on the pill and I was taking antibiotics at the time. I said to [sister], don't ever tell anyone that we were just [pause] stupid about it, do you know what I mean, that we never [pause]. I said, so if anyone ever asks you like, you know, family, whatever, like, oh yeah she was on the pill but she was on antibiotics at the time and that must have just wiped out the pill. At the beginning she was going why, why? [I said] 'just do it for me', you know. Probably I'd feel people would say were you stupid or what? This is, I don't know, this is like, em, the 1990s, you know, there's pill, there's condoms, there's everything, you know.

[Aged 25, cohabiting]

Support network of lone mothers

One way of coping with such stigma is to become part of an 'in-group' who are all stigmatised, but supportive of each other (See Goffman: 1976). Lone mothers are a stereotypical stigmatised group, some women revealed how they enjoyed talking and sharing experiences with other young single mothers, an 'in-group' in Goffman's (1976) terms.

However, other women did not want to associate with lone mothers because of the stigma attached to them and in doing so they relinquished a support network. This tension between the gains of being part of an 'in-group' versus the further stigma membership of that group generated tensions as were evident in some women's accounts.

The woman below was conscious of the stereotype image that exists of lone mothers. She felt that if she identified with this group it could negate other elements of her identity such as her educational achievements. She said that every year in her school seven or eight girls would drop out because they were pregnant. She was one of only two members of her class to go on to third level. She found it disheartening to be 'dumped in the same category as these people':

It's almost like a fashion to be young and pregnant where I live. I didn't want to have anything to do with that. And then meeting these women on the road and they are going ah how's it going, when's it due? You're just sort of standing there going, I've been in college, I'm finished, you know. They view it like that this must be her whole world, you know. I hated that but I never really got on with those kind of people anyway. Whereas at the start I was going, oh, the thought of going back and them all saying, ah she thought she was above us and going off to College and all that, and I was sort of dreading that. Now at this stage, couldn't care less. Actually sometimes, I am happy to stop and say when it's due and sort of thing, sometimes it's good to talk, even to people you hate.
[Aged 21, single]

She wanted to distance herself from the welfare mother stereotype by not claiming her lone parents' allowance:

I mean, I've got a first class honours degree now and there's no way I'm going to sign on the dole. I don't care if I have to live hand to mouth literally. I won't.
[Aged 21, single]

She rejected the view that women got pregnant in order to receive more social welfare:

I literally can't imagine someone putting themselves through nine months of your body being invaded [laughing] and then having the

responsibility for the rest of your life. I mean what's an extra fifteen quid a week or something on to your dole money, it doesn't make any sense.
[Aged 21, single]

This was not however shared by the following woman who was critical of the behaviour of a lone mother she knew and accused her of the most common charge made against lone mothers — only being in it for the money:

She's leaving her baby around, and going out with her friends. She's with another fella now. I suppose it was just the money part, the £79 a week or whatever. She's always out every Friday, Saturday and Sunday night. And I wouldn't be able for her.
[Aged 18, single]

Other accounts however stressed the positive benefits of identification with other lone mothers. For instance one woman described how she felt the pregnancy had set her apart from her non-pregnant peers and identified most closely with another lone mother in her circle of friends:

She would have a feeling of distance from people who are not pregnant, all her peers who don't have babies, going out clubbing or going off doing this, that and the other and I feel that as well. It's like when you are talking to them a valley has opened up between you to a certain point, so it is good that there is someone that appreciates that, which is great.
[Aged 23, cohabiting]

Another described how she too got invaluable support from a young mother in her area, with whom she had first discussed her pregnancy and from whom she had received reassurance. She was conscious that she herself had stigmatised the young woman when she was pregnant, but now that she was in the same situation she welcomed being brought into her sphere:

When she was pregnant and she was walking around with her big bump I was looking at her the way people look at me now, thinking oh God she's so young, you know. As soon as she found out I was pregnant, she stopped and talked to me and asked me how far gone I was and all this sort of thing. Very good, very understanding.
[Aged 18, going steady]

One woman was godmother to her friend's eight-month-old baby and described how reassuring it was to see her manage:

She's grand, she gets a lot of help, she goes to work part-time and her mother minds the baby when she goes to work. And I was asking her loads of questions, about the labour and I was going oooh! [laughs]. Little things you know?
[Aged 25, going steady]

Some sought consolation in the relative advantages they associated the circumstances of their pregnancy as compared with other lone mothers.

Impact of lone motherhood on education, work and social life

Women who had abortions cited the opportunity costs of pregnancy and lone motherhood as a key aspect for their decision-making. What was the outcome of pregnancy on these women's education and working lives?

A total of twenty women had given up their work or education during their pregnancy. Some of these women intended to resume their careers after the birth of their baby and whether they did or not was outside the remit of this research. However, as can be seen from Table 8.1, what is clear is that this pregnancy did interrupt a majority of women's career paths:

Table 8.1: Number of Women Who Had Given Up Work or Studying Since Becoming Pregnant

Job Description	Number
School	1
Completed School	2
College	2
Pub/Waitress	4
Retail Assistant	2
	(1 other changed to part-time work)
Factory Operative	2
Receptionist/Personal Assistant	2
Childcare worker	1
Health and Leisure Worker	1
Chef	1
Academic	1
Unknown	1
Unemployed	2
Total	23

Table 8.2 below shows the number of women who did continue working or studying during their pregnancy. There was no information on one other woman’s intentions about her job as a factory operative.

Table 8.2: Number of Women Who Continued Working or Studying Since Becoming Pregnant

Job Description	Number
School	3
College	1
Office Worker	1
Chef	1
Retail Manager	1
Scientist	1
Quality Controller	1
Marketing Executive	1
Total	10

Education

Three patterns were identified in relation to the effect of the pregnancy on women's education. They either continued as planned, deferred continuing for at least one year or relinquished their education altogether.

Completed education:

Three women intended to complete their education without taking any time out because of the pregnancy. Two of the women who were still at school intended to complete their Leaving Certificate. In both cases their mothers would be taking care of the baby for them:

I'll be going back to school. The baby's due next week, start of September and I'll be going back to school at the end of October to do my Leaving Cert. I'm going to go back to school to finish my education. I've only got a year left so I might as well, there's no point in throwing away a year's work.

[Aged 18, going steady]

I didn't tell any of [the teachers], they just copped on themselves, and they were great about it. They wanted to put me in a room on me own doing me Leaving so I could walk around, but I didn't want that.

[Aged 18, single]

Her educational aspirations were driven by pregnancy:

Like I wouldn't have bothered to do me Leaving if I wasn't pregnant, but I did study when I found out I was pregnant, cause I wanted to make a life for me and my baby not having to rely on anyone.

[Aged 18, single]

She intended to finish school and get a job while her mother minded the baby, particularly because her partner and parents had no income.

The third woman had two more years left to complete her degree. She intended to complete her studies, attending college before and after the birth. She felt her university would be accommodating while her partner with whom she was living was going to care for the baby full-time.

These three women who were continuing their education illustrate the support young mothers need to achieve this. Both schools and the university they were attending accommodated the demands placed on them by the pregnancy allowing them study from home for example. Also they all had full-time childcare provided by their mother in two cases and partner in the third.

Deferred their education

A second group of women who wanted to continue their education had to defer their plans on account of becoming pregnant. The first woman felt that she would have to defer her plans to do a Master's degree, while a second intended to take a year out of college but would eventually complete her studies:

I'll have to take a year out of college. You can only take just the one year off and then I'll go back. I'm in [college] and there's a crèche up in [nearby] Street and I'll take the baby in there and leave it there and I'll collect it every day then.

[Aged 19, cohabiting]

The woman below had jettisoned her plans for college in light of the pregnancy and instead intended to do a course locally:

Well I've been in school, the Leaving there in June, so I was just gone 18 in October, and I was really shocked when I found out, cause all my plans was college, the Leaving Cert and everything, and of course in the beginning I wasn't even sticking on doing the Leaving Cert, and then gradually with convincing from friends and that, I went through with the Leaving at least. I'm going to do nothing for the first year, and then I'm going to do a commercial course next September, and then I'm going to do accounting and computers in night classes.

[Aged 18, going steady]

Similarly a fourth woman had planned to go to college immediately after her Leaving Cert for which she was studying when she discovered she was pregnant. She was now undecided as to what she would do, but had decided to defer any further study for one year, preferring to stay at home and mind the baby. The woman below had been working before she became pregnant. While she planned to return to education, she was going to be a full-time mother for the first year:

I don't think I'll go back to school until at least a year into the baby, because, mind you it'll be harder then cos the child will be more attached to you and you wouldn't want to leave it, I really don't know what way I'm going to go on that one, but I do know I'm going to back and do the courses I want to do, but, at the moment I'm just focusing on this having the baby.

[Aged 19, single]

One woman who attended a private fee-paying school had been asked to leave when she became pregnant. She had gone to stay in a residential hostel where she was able to study for the Leaving Certificate but wanted to sit her exams through her school:

I'm actually going mad because I have to have my form filled out to do my Leaving Cert within two weeks and I haven't heard anything back from [the school] at all. It's a private school, they don't have to take you back if they don't want to so, you know sort of, please let me back, you know cos my mum sort of wants me to get my education from there.

[Aged 18, going steady]

Among this group of six women who were deferring their education one woman was took a year out from a degree course while another deferred doing the Master's degree she had intended. While one woman said she would now pursue studies she had not planned to do to help her provide her child with more security the tendency among this group was to revise their aspirations downwards.

Relinquished their plans to pursue their education:

There was one woman who thought she would be more likely to relinquish her college career for full-time motherhood:

They keep saying you'll be able for it 'cos there is mothers that do it. By then the child will be nearly a year old, whatever, a good couple of months old. But I don't think I will be wanting to go back to work or go back to College or whatever. I think by then I'll feel that I'm a mother first, like I shouldn't be in school, not in school but going back to College.

[Aged 18, cohabiting]

While most young women showed a very keen interest in continuing their education so that they could increase their long term prospects in

the labour market many had taken a year off from studying initially and only time would tell whether or not they would return to education later. Those who planned to continue were depending on informal childcare arrangements, usually with their mother or partner. The lack of available childcare, or reluctance to use childcare for personal reasons partly explained these young mother's withdrawal from education. The woman below was relying on her mother, who was unwell, to take care of her baby in order that she could return to complete her Leaving Certificate. She was reluctant to do this but could not afford any private childcare services and there is no public provision for childcare:

I would have to give [the babysitter] about three fifty, four pound an hour to make it worth her while. Sure I might as well be handing over the seventy seven pound I get, lone parents.

[Aged 18, going steady]

While she intended to finish her Leaving Certificate she had abandoned her plans to train as a member of the Gardaí since becoming pregnant:

I wanted to be in the Guards. To train for that you have to go away for a year and you're not allowed to come home, so I can't do that. I don't know what I want to do now, I don't have a clue what I'm going to do, it's getting a bit worrying now. I think I'll do a course or something when I'm finished my Leaving, try and get some sort of qualifications.

[Aged 18, going steady]

Work

Women who were working had to negotiate both working during pregnancy and the prospect of managing childcare and work after the birth of the baby. At the time these interviews were conducted a significant number of women had given up work for various reasons including illness, incompatibility of pregnancy with work, stigma and in anticipation of childcare needs.

Illness

One woman lost her job because of illness during the pregnancy. One woman was working as a receptionist but only held a temporary position when she became pregnant. Her tenure of employment was performance-related and in the end she lost her job because of illness during pregnancy.

They weren't impressed with me 'cos I got the morning sickness very bad and you know, the receptionist, you have to be jolly all the time. I just wasn't well and I think they were sort of getting fed up of me, everything went wrong. I had to come in [to hospital] cause I was vomiting so much. It should have stopped after three months but it didn't stop till after five months. So I was getting hassle in the job and I just couldn't take it. There's no girls there, all fellas, they didn't understand and I just ended up coming home like a devil and crying every night. I'm finished there now, hopefully I'll get back into [previous employment].

[Aged 22, going steady]

Working conditions were incompatible with pregnancy

Two women found they could not continue to work the way they had been once they became pregnant with the result that both had to give up their job. The woman below worked in the catering industry and when she became pregnant she was physically unable to work the hours and pace it demanded. She felt her employers had constructively dismissed her:

Unfortunately it turned out like they pushed me out of work.

Because you were pregnant?.

Yeah. It was done subtly. I would have a case of unfair dismissal but I wouldn't be bothered, because I was like going, ah, no feck it.

I was working, they'd cut my hours, and, em, first I couldn't work for four weeks with the threatened miscarriage, and, then I went back and I was just, working for six hours a day cause, I couldn't stand for any longer than that. And that went from five days down to three days, and then it was cut to two days.

[Aged 23, cohabiting]

Since becoming pregnant she had completely revised her career trajectory:

What about your job, and would you have had aspirations for that?

That was another thing that I had to, I was, going on for more upmarket, like I was working in a more upmarket restaurant and, basically I could have walked into any restaurant in town and said lookit, give us a job or whatever, if, the situation was vacant there. I can't do that now. I will work again but not as long, I can't do the hours that I did. I thought as well then if, I ended up over in a coffee shop or something, you

know, something that closes at six. and still have my life, and it wouldn't all be taken up by work. I've accepted that fact as well. I'm not going to go as high as I thought I would in cheffing. Would I have gone, would I ever have got far enough? Would I ever have been happy?

[Aged 23, cohabiting]

The following woman worked in the leisure industry. She could not continue working during pregnancy but intended to resume this work after the baby was born. She was cohabiting and herself and her partner intended to share childcare responsibility when she returned to work:

Well I [work in the leisure industry] and that's what I want to do. That's the only thing, anyone that gets pregnant, you have to pull out completely. Whereas if you're a nurse or anything you can still work up until, you know office work, but when you're into [leisure] you can't be jumping around, jogging and all that.

[Aged 22, cohabiting]

Negotiating stigma of non-marital pregnancy in the workplace

Some women encountered stigma because of their pregnancies in their workplace which made them uncomfortable. One woman was working as a personal assistant but could not work during her pregnancy because of illness. While her employers were keeping her job open for her to return she felt that she could not return to work there because her boss might look down on her for being a single mother:

My boss is [pause] he's a countryman and it's the way he was brought up and you don't do this before you get married, and [pause] I have to work very close with him because I was his personal assistant and you just saw him every minute of the day, and, when you come in here I want this done, and, can you do this, so, I don't know whether he'd look down on me or anything like that, I just don't think I could go back to a place like that again.

[Aged 19, single]

Another had given up her work in a bar because she did not feel she could continue this type of work while visibly pregnant.

I gave up work in February. I worked in a bar and em, I was only there about eight months. I didn't really like it anyway. But em, there was no way, I sort of felt like walking around like and if I started showing and

that, I couldn't handle that, I would be too proud. I don't know what it is, but I just couldn't take it anymore.

[Aged 25, cohabiting]

For many of these women, pregnancy was incompatible with their continued education and with their usual employment. As such pregnancy carried with it considerable opportunity costs particularly for women who were at the early stages of studying or establishing their careers.

While there is considerable variation between mothers in post-birth employment patterns there were some women in this group of non-married mothers who felt that returning to work would be difficult.

Like I was only 19 when I found out I was pregnant. Used to go dancing, never in at the weekends. When you think of all, like I won't be able to do this and, I won't be able to work full-time again, you know, things like that. Like to get back to work, money to buy your clothes and things like that.

[Aged 19, single]

It may be that lone mothers are initially more reluctant to return to work than married mothers as they feel they have to compensate for the lack of a partner as articulated in the following account:

If I had a partner I probably would go out and work, I'd wait till the child's one or two and then go out. But on me own now it'd be in school and then get a part-time job. I'd like to see me bringing it up, my way, you know, rather than a childminder or anything like that.

[Aged 25, single]

Staying in work

Those who stayed in work enjoyed better employment conditions, no doubt in part because they were in more highly skilled jobs. The job titles of this group (See Table 8.2) confirms this. This group of women were had jobs in which they were entitled to maternity leave and earned enough to afford private childcare.

However still some of this group felt that their career trajectory had been interrupted. The following woman was a business executive. While she remained on in her job she found her employers were less than pleased about her pregnancy:

Work have been total bastards to me. I've never seen anyone so pissed off like. They were more pissed off about me being pregnant than I was. They just saw it as this, I don't know, handicap that I was going to cause them so much hassle like, by being pregnant, they've been awful.

[Aged 23, cohabiting]

In fact she had originally intended to travel to gain international experience which would enhance her career but saw this option as foreclosed to her now that she was pregnant:

[Partner] was trying to explain that it wasn't going to destroy my career and that, you know, [pause] in fairness it probably has. Well, obviously it means I can't go to Australia and I can't go back to America. That actually kind of got to me a couple of times during the pregnancy like. Em, you know, I'd get quite upset.

[Aged 23, cohabiting]

A second woman had a science degree and held a permanent position working in the computer industry. She was entitled to maternity leave and intended to engage private childcare to enable her to return to work. In contrast to most women's experiences the woman below found her employers were very supportive of her. She was managing a food outlet before becoming pregnant but had to stop working during her pregnancy because of complications and illness:

The doctor was asking me was I working, and I said yeah, I went down to a three-day week a few weeks ago. And he says no, no, no, you've to go home and put your feet up. I was getting terrible cramps, and he says any more come straight down cos they were going to take me in, I do too much.

[Aged 25, going steady]

Her employers were keeping her position open for her to return to after the birth of the baby:

Yeah, there's no problems in work. There's another girl actually going on maternity leave as well, two of us going [laughs]. There's a joke actually, don't sit in that chair, you might get pregnant. They're being great like, I mean, if I've any money problems like that they'll help me out. I'll be able to go back to that job no problem.

[Aged 25, going steady]

While a small number of women were intending to return to their current studies or jobs after the birth of their baby, most of these women illustrated how their pregnancy and anticipated child-birth had disrupted their career plans.

Social life

Both women who had abortions and those contemplating adoption were conscious of their restricted lifestyle motherhood would mean. These issues were also discussed by pregnant women. They women referred to the changes in their social life which were inevitably going to occur. The changes were generally restrictive and women held different perspectives on them. Many described how pregnancy itself had already restricted their social life.

[The pregnancy] has completely changed me now anyway. I was normally out four or five nights a week like and now I [pause] I'm never out really. I don't miss it because I have saved a lot and I've bought a lot. But I miss it cause I don't have the same fun, I don't get the same enjoyment out of life, do you know. Like I don't go out now as much as I used to, particularly as I'm saving all my money.

[Aged 25, going steady]

I do feel [pause] I suppose it's hormones as well, but every so often I get upset and depressed and that [pause] this is, it's not the end of my life but [pause] there's a certain chapter of my life is over. You know, having done things I wanted to do before having children, say travel like, [pause] I'd always wanted a place of my own, that was mine, that I lived in on my own and now that's not going to happen obviously, things like that. But that side of me, I've no guarantees that if I hadn't gotten pregnant would have done any of the things anyway.

[Aged 23, cohabiting]

And seeing all your friends in short skirts and that, and going out, and you're just saying bye to them, and you're in tracksuits. I'm paranoid about me body at the moment 'cos, I always [pause], but now that I've a big [pause]

And how do you feel now seeing your friends going out?

I do go mad, I crack up, there's nothing I can do about it. [Pause] I'll

be able to go out when I have the baby, me ma'll mind the baby, I'll be able to go out once a week, let me have a break.

[Aged 18, single]

At the start now it was bad, I just, it was all my fault really, I just couldn't accept I was. I could see my friends out having a ball, you know, able to do that.

[Aged 22, going steady]

Pregnancy tends to marginalise women socially and it was anticipated that parenthood would bring other restrictions on their social lives.

Motherhood and mothering

As mentioned in Chapter One, one of the major aspects of motherhood in contemporary society is its psychological utility, that it is emotionally gratifying. This final section looks at the feelings these women expressed as they anticipated their new identity as mothers and how they were constructing that for themselves.

Disposition to motherhood

This group of women who were anticipating lone motherhood articulated a positive attitude to being a mother in their interviews. A number described having always wanted children:

Well did you always want children?

I did. And I always loved kids.

[Aged 18, going steady]

I kind of thought I'd have children before I was married anyway. I don't want to get married until well into my thirties, but I always wanted children.

[Aged 17, going steady]

Well I always wanted to have children, I always intended to have children, but not right away, you know. So I suppose it was just a question of timing, more than actually wanting to have children and not wanting to have children.

[Aged 23, cohabiting]

Definitely I've always wanted children, but not as soon as this, I wasn't really ready for it just yet as I said I hadn't planned it [pause] but I don't think anyone plans it.

[Aged 25, cohabiting]

I was always dying for a baby. But I was hoping like to be married or, at least engaged. Like I hoped before I got pregnant it was going to be with someone I was going to stay with. But, I always wanted a baby. I used to work with handicapped kids, very emotional with kids like. I was going to work in a crèche then, I love babies like. I love playing with them and bringing them out in the prams and all.

[Aged 19, single]

They revealed how this positive disposition towards becoming a mother at some stage had facilitated them in coping with this pregnancy:

If you want something really bad in this world it isn't a problem [pause] I wanted my child more than anything in life so [pause] this won't matter to me. It's something I want in life.

I wanted to have children when I was married cause I love children and I love playing with them and picking them up.

[Aged unknown, single]

I always thought I'd have college over and I'd be married and I'd have kids then. I think the fact that I always had planned to have kids made it a little more easy too and I always loved kids very much. I've been around kids so much that I have a lot of experience with kids and that. Not a disaster like, how am I going to cope and that, cause my friends do ask me and say keep it away from me, but I don't, I love kids so much. So that made it a lot easier too the fact that I liked kids and wanted them so much.

[Aged 18, going steady]

I'm looking forward to it now. I'm good with kids you see, that's one thing. I was always, you know as a teenager, you either like kids or you don't. I always liked to spend all my time up with the kids up the road, minding them and you know, bringing them here and there and I'd prefer to baby-sit then go out when I was younger. I like kids. I'm looking forward to it but I suppose I am nervous. This baby, that's it, you're responsible for it.

[Aged 22, going steady]

For some women motherhood had always been part of their life trajectory:

I am going to be a mother someday, why not try now. Nobody is going to be a perfect mother but I mean they have to try at some stage.

[Aged 21, single]

The following woman described how she was shocked to discover she was pregnant but then became delighted because she had been told that she could not have any children after surgery to have an ovary removed when she was young.

I was going to adopt kids, cos I wouldn't have me own. Ah I'm delighted like now cos, cos I used to have like talks with me friends and all and they would say I'm never going to have kids like they all knew that I couldn't have kids and eh, no I was shocked for a while and I'm delighted, delighted now.

[Aged 19, cohabiting]

These strong orientations to motherhood undoubtedly helped these lone pregnant women to get through the emotional and social stress of pregnancy. It formed the psychological basis for constructing their new identity as mothers.

Mixed feelings about motherhood

But not all of those who choose motherhood were strongly orientated to motherhood initially. Some women did not express a long standing desire to become a mother or a history of having always had a great love for children. Instead some women were ambivalent about motherhood:

It hasn't really hit me. I don't feel motherly enough yet, even though I go shopping and get baby stuff and things, getting them and buying, you know, that's it really, you know. [Laughs] Weird.

[Aged 25, single]

Some days I do, some days like, when I'm very strong, yeah, yeah, I'm well able for it, other days, you see nappy ads on the telly, oh my God, what am I doing [laughs]. Em [pause] most of the time, sometimes I'm a bit down [pause] pissed off. Generally, family support and all that kind of stuff. They're all dying for it to happen [Laughs].

[Age less than 25 years, single]

For one woman an unintended pregnancy which she miscarried a year previous to this pregnancy contributed to her acceptance of this pregnancy:

In a way I think I'm more prepared for it this time then I was last time. I'm happy about it now. I know more what's happening to me so, I've read up more about it and, I've asked more questions this time around, last time I didn't. Last time I didn't want it, and I didn't ask much. This time I'm really finding out more about it.

[Aged 25, going steady]

Adjustment during pregnancy

Given the crucial importance of the emotional aspects of motherhood it is important to outline some of dimensions of this referred to by women. They described factors which contributed to a process of adjusting to the identity of mother over the course of the pregnancy. These included seeing scan pictures of the foetus, enjoying foetal movements, developing maternal feelings over the course of the pregnancy and being ascribed an 'adult' status by others.

Seeing pictures of the foetus heightened their awareness of prospective motherhood and helped bond mother and baby:

[The nurse] brought me down and she felt around and she said, we'll bring [you] in. The woman did a scan on me and she said it was fine. It was only then like I said thanks be to God, I really wanted it like. I think it was only then that I really, really, really wanted it. Up to then somewhere in the back of my mind I was hoping that something would happen like.

[Aged 23, cohabiting]

I think really, it was unbelievable. You'd always thought yeah, but when you see it on the screen and the heartbeat and all that, you're kinda thinking God, is this real like, it's amazing the scan to look at it, it's amazing what it's like.

[Aged 18, going steady]

I can't wait, I'm so excited now, it's unbelievable. Like I just can't wait to find out what it is. That time when I had that scare, when I went up and found out it was okay, I asked what it was, and em, I was so relieved that it was okay, I just really wanted to know what it was and em, she said she couldn't tell, she said that the legs were closed over and she

couldn't tell. And em, [nurse] actually tried to deter me, she didn't want me to find out at all, she kept saying, you shouldn't know, you shouldn't know. I was there ah go on, tell me. She didn't want me to know at all like, but em, the girl that was doing the scan said she couldn't tell because the legs were closed over. I was totally convinced I saw a penis but I'm sure she knew better what she was looking at than me.

[Aged 23, cohabiting]

When I had the first kick and all I didn't acknowledge it because I didn't want to know I was pregnant at the time, but, when I had the first scan, I only had the scan my first scan three, two, three weeks ago, and em I was mesmerised, I was looking at it and 'oh my God there really is something in there', but em [pause] I've had five scans in all and each time you can pick up more cos you know what you're looking at and you know where you're looking, but, you're just there and there is something there like, cause when you're actually pregnant you do feel kicking and you feel movement and that. I don't think you actually acknowledge that there's a baby there, there's a life you don't acknowledge that till it comes out.

[Aged 19, single]

They described how enjoying foetal movements increased their attachment to the baby:

It's nice, I like it, I enjoy it. I think I will miss being pregnant when I've had the baby. When it was first moved, everytime it moves it's still kind of [pause] em it was like a little fluttery thing. I was lying one morning, I thought I'd felt something the night before but I wasn't sure and it was at the start of June, start of July, no the start of June sorry and em [pause] the next thing I felt it for definite, I knew it was definitely moving. I told my boyfriend and the two of us were just kind of sitting there going [pause] it was brilliant. It started to get a bit real at that stage. Up to that I was just fat, didn't really mean anything.

[Aged 23, cohabiting]

I think when it started moving, and now it reacts to my voice. If I put on the hoover it will do a little dance, [laughing], real jumping movements. Like when I speak like this, I can feel the baby moving, it sort of recognises my voice. When you are lying in bed at night-time, sort of sitting there, maybe feeling down, or just feeling a bit under-the-weather, you feel the sort of movements in your stomach, sort of [pause]

like it's really important to me now at this stage, it's the most important thing in my life [pause] just a bit ironic. [Laughing].

[Aged 21, single]

It was amazing, I was delighted. [Partner] would feel it moving, you could actually see it moving now. I love feeling it now. I just lie on my back in bed and I'd have my dress rolled up here and I love looking at it. [Laughing]

[Aged 18, going steady]

They also described how the process of pregnancy involved changes and emotions which prepared them for motherhood:

It's very emotional, pregnancy as well, at first there's the baby and there's me, but now I feel a real bond with it like and I feel real love for the baby. I imagine that the baby is going to become number one in my life like. I'll be number two in everything I do from now on. It will be done for the baby. God, I even opened a savings account, getting insurance, life insurance.

[Aged 21, single]

I just can't wait to hold it in my arms.

And what about, how do you think it will change your life?

It will never change my life it will only make my life special everyday, something to wake up in the morning to say 'look what I got for my life, it's all that matters in the world'. I think a child is everything in the world anyway, your own child. It's different to kissing them, cuddling them and walking out and leaving them there, it's time for me to pick up my own.

[Aged unknown, single]

Well everybody always thinks of me like, [name] you haven't a clue. My sister has five boys like, she like, I don't know, I suppose as I said to [partner], the way it is, I suppose, until you have children you don't know, you know what I mean. Cos everybody says I would be the worst, I haven't a clue how to change a nappy, you know that way. But I think like when it's yours and when it comes to it, it comes to you, you know, I don't know. I'm kind of looking forward to it.

[Aged 25, cohabiting]

You get excited as it comes near the end. At the start it's just like 'ah, I'm having a baby', but near the end you're real excited about it.

[Aged 22, single]

I think it took me a few weeks [pause] probably talking about a month where I was going oh, no!. But once it kind of passed I knew I was gonna be alright. I relaxed more, kind of enjoyed it more you know? But basically I can't wait for it now.

[Aged 25, going steady]

Some embraced motherhood immediately:

When [partner] actually says to me 'you're pregnant', I [pause] I says 'I'm going to be a mum', I'm terrified of labour and I'm terrified if I have to be stitched, that's the only thing that's wrong with me, but this thing of going to put a new infant beside me I've created, we have created this baby and it's gonna be put into our arms, you know, it's going to be the happiest moment of my life like, and where your mind, like you're constantly gonna be worrying, will it be alright, and will, I'll hopefully be able to cope, so it's just will it be alright like.

[Aged 23, cohabiting]

These descriptions clearly show how happy and excited these women now were as they anticipated the birth of their baby despite the process of adjustment and adaptation they had negotiated over the course of the pregnancy. They were at a point now that their initially crisis pregnancy had evolved into a very wanted baby.

Another feature of prospective motherhood which emerged in the interviews was the adult status which the women now enjoyed:

Everything now is just changing [pause] like people's attitude towards you changes. People are more concerned, well naturally I think it comes from being pregnant that you're concerned, but em [pause] like nobody can do enough for you like, everybody is going out of their way for you and [pause] it's just unbelievable, everybody treats you now with a lot more respect then they ever did, I suppose.

[Aged 19, single]

For others this implied additional responsibilities such as getting a house:

At least when you have to do it like, you are pushed into it, we are paying for this house, you know. It's only rented and we're getting it

together, so like, [pause] I sometimes say no maybe it's for the better. I know we were only going out with each other a year and half or so but, I don't know.

[Aged 25, cohabiting]

In addition to these positive emotional aspects of pregnancy, women described their feelings about the prospect of lone motherhood. Some were worried, even scared, about their future now that they had these responsibilities and financial pressures.

The responsibility and that kind of thing, you know. I can barely look after myself, let alone a little child, you know.

[Aged 21, single]

Scared, I think that is the only word you could use for it, you were scared of the fact of having a baby, being tied down, like, your parents, money, the whole lot like scares you, it's one word that sums it all up. The next eighteen years of your life aren't yours. No matter what way you look at it you're still going to be worried about the baby.

[Aged 19, single]

Others saw the responsibility of motherhood as part of a transition to adulthood which would have happened in some form anyway:

Well it's not just me anymore, you know, me and somebody else now, so it has changed. You become a bit more responsible, you know, you don't sort of, you're not as stupid as you were. I'd great crack, but it's gone, it's gone. I'll have it again but it's just going to be different, you know. Not good, not bad, you know, just different.

[Aged 21, single]

Many women worried that lone motherhood would involve financial hardship:

You wouldn't be able to have the luxuries you used to have, you always have to think of the child [pause] clothes and debts. Something you want you know you can't buy yourself, something for the child.

You see it's not so bad now. I suppose if I was on me own I wouldn't be able to go out at all but, I have so much, people to help me. It's just in money all that'll change.

[Aged 22, single]

I'll have to be giving my mother money for coal, electricity and stuff like that. She'll be lighting the fires an awful lot more and using an awful lot more electricity and stuff, so I told her I'd give money for that. That's probably what most of the money will go on, probably have to give her about forty pound a week. Then I'll be feeding the baby myself for the first eight weeks so I suppose I won't have to be buying formula, it will just be nappies and stuff like that.

[Aged 18, going steady]

Counselling and support for women continuing with a pregnancy

The fears, anxieties and complexities experienced by lone pregnant women show that the decision to continue with the pregnancy is only the first step. Women need on-going support and help in order to cope with the pressures and stress of lone pregnancy. Among the women we interviewed all of those who intended to place their baby for adoption and a majority who were seeking abortion had made contact with a counselling and support agency. However counselling featured to a much lesser degree in the accounts of women who had decided to go ahead with a 'crisis' pregnancy and become mothers, whereas women seeking abortion and women planning to place their baby for adoption are targeted by counselling services and agencies.

This group of women who were continuing to motherhood described their response to this pregnancy as a 'shock', 'crisis' or 'did not know what to do'. Two were living in residential accommodation during the pregnancy. Yet only nine had contacted an agency with six of these making face-to-face contact with counselling or support services for lone mothers. These findings were echoed in McCashin's study of lone mothers in Ireland (McCashin, 1996).

Of the two women in residential accommodation, one knew of the hostel's services because her sister had used the service when she was pregnant. She was 18 and had been living away from home for some time when she discovered she was pregnant. Her relationship with her parents had broken down since she was fifteen and for most of that time she had been living away from home. Her parents disapproved of her partner and were not supportive of her through the pregnancy.

She was living with her partner's family when she discovered she was pregnant. She was hospitalised with a threatened miscarriage and went directly from the hospital to the hostel. She had made direct contact with the agency to seek accommodation. Her parents had not been in contact with her for the two months preceding the interview. She did not have anywhere to live after the birth of the baby and planned to remain in hostel accommodation after the delivery:

I'm looking for a flat either in [Hometown] or in Dublin, it doesn't matter. But there's no flats available. So until there's a flat available, I'm going to stay here till I have the baby, but if there's no flat available when I have the baby I'm hoping to go to [a hostel].

[Aged 18, going steady]

The second woman in residential care was also aged 18 and at school studying for her Leaving Certificate when she discovered she was pregnant. Her parents, in particular her mother, were supporting her through the pregnancy but wanted it concealed from other family members and friends. She also felt that there was some pressure on her from her parents to place the baby for adoption. Her hostel accommodation had been arranged through an agency whom her mother had contacted with the intention of finding hostel accommodation. As well as the facility of the hostel fulfilling her parents desire to keep the pregnancy secret, she was also able to continue studying for her Leaving Certificate there, as in-house tuition was provided. This was essential in her case as the private school she was attending would not allow her to continue studying there because she was pregnant.

She had rejected the option of adoption but felt pressure from her parents to have the baby adopted. She described the counselling she received at the residential home where she stayed particularly in relation to how the issue of adoption was dealt with:

Well they just asked me had I any plans made you, em, if my boyfriend was still with me, if his family knew, em, what way I had planned on, like had I planned on keeping the baby or giving it up, had I thought about abortion, you know every sort of, you know point that you could go through. Em, you know, whether my family were kicking me out because there are a lot of younger children in the family and em, how my parents felt about it and how come I told them so early [laughs].

Cause they said teenagers don't normally tell their parents until about six months down the line [pause]. But em, no, they were very helpful.

They made it very, you know, like em [pause] very stressed, you know nothing has to change, I know nothing has to change and all that but they sort of, they didn't, they didn't make it very clear you know about em [pause] you know, things like adoption, they didn't make it very clear, you know [pause] what you have to go through for adoption like and everything. They didn't really encourage you to keep the baby at all. Because I'm young I suppose and still living at home. I'm not married, you know, I have a boyfriend, I'm not engaged, getting married like, so.

[Aged 18, going steady]

She planned to return home to her family for the last two months of her pregnancy and to live with them for a short time after the birth of the baby. The issue of adoption had been totally rejected by her and she was adamant that she would not yield to pressure from her parents.

A further four of this group had attended an agency for counselling during their pregnancy. One woman was counselled at the point of having her pregnancy confirmed. She had a pregnancy test in a Family Planning Centre where pregnancy counselling was also provided. She described the scene of panic when she was given her result and the counselling that she received:

I was screaming my head off. I went in with a friend you know and em [pause] they told me into this room and it was like 'ooh get her a chair', I was in bits and eh, they took me into this other room, private room, doctor came down, two of the nurses were saying, these are your options, [pause] you know [pause] I wasn't even, I wasn't with it at all [pause] I was devastated.

[Aged 24, going steady]

Her account showed how, at that point, the attempts by the clinic staff to counsel her through her options were of no use because she was unable to engage with them.

One woman who had contemplated abortion contacted a counselling agency for advice and information. She attended together with her partner, who was opposed to her having an abortion:

I thought I'd go in, be asked for information and get out. I was in for a good hour now, like I don't know how many tissues I used up on the poor woman, but I mean, [partner] was just sitting there and he didn't know what to do, she wasn't asking him questions, she was asking them of me, it was my decision and even though she said "he doesn't want you to do it, you have to make up your own mind." I mean, I found it good. It was great to think there was somebody there I could talk to, other than somebody I knew, I could talk to.

And even if you hadn't been thinking about termination and wanted the information, do you think the counselling was useful to you?

Yeah. Cos I could get out everything I wanted to say, even though he was there beside me, there were things there like I don't think I could, cos we're so young, and we're so, I mean, we were so young, we're only 20, but at the time we were only 19, we can't handle this. But she said "you know you mightn't handle it after you have" [pause], and I was there and I mightn't handle that either, at that stage I was so confused I didn't know whether I'd listen to her or listen to my own way. Even though she was a good help. It was good to talk at length to her about anything, and she didn't know me, and she didn't want to, she just wanted to know what I thought.

[Aged 20, going steady]

She found the non-directive approach of the counselling very positive and it is clear that the space it provided for her to look at how she felt about the pregnancy helped with her decision-making.

Another woman and her partner used a counselling agency to work out the problems that the pregnancy raised for their relationship. She said this support had enabled them to work through the difficulties they both had and by the time she was interviewed herself and her partner were co-habiting.

One woman got support from Agency 14 during her pregnancy. She was referred to them by a woman she knew who was a lone parent and had used their services herself:

Yeah, so I rang up and I said I really didn't feel I could cope [pause] with me job, this and that. I just felt really like down in the dumps, but I'm much better now. [The agency was] very helpful, yeah, she was

really nice, very nice. It's a really good place, they make you feel good about yourself. Why should I feel a bad person.

[Aged 28, single]

Counselling had been reassuring and affirming for her.

So the women in [Agency 14] then, did you just go for one session there?

I did, I'll go back.

So you did find it helpful?

I did. She gave me the leaflets, you know, different course you can do. You feel [laughs] as if it's the end of the world. At the end of the day I'm going to have a baby, it will be well loved. I mean I'm thinking more positively than I was, everything was negative.

[Aged 28, single]

Finally two women contacted agencies by telephone for counselling, advice or information during their pregnancies. Neither followed through to a counselling session because of the response they got. One made telephone contact with an agency because she wanted to speak with a counsellor to help her adjust to the notion of the pregnancy:

The time I went in [to get the pregnancy test result], where you're going in to get the results of a pregnancy test, there should be someone better there. People go in and they're thrilled and they feel like kissing them, but I just thought the way they done it, the counsellor maybe, or a nicer nurse or something. Just go in look at the book, yeah you're pregnant, bye and you're left standing there.

If the nurse was there and she said "yes, it's positive" would you like to talk to someone, would you?

I probably would have, I couldn't believe it really, like I was just standing there in shock like. There was so many people around us, open area and all like, I didn't think that was good. [Pause] Once I accepted it myself. I actually did ring [Agency 1] and I was talking to a lady on the phone during my lunch time. The boss came in and I had to hang up and she was very nice. That's what she kept saying, no one can do anything for you once you accepted it. I talk to [partner] most of the time, he's grand.

[Aged 22, going steady]

She felt that the agency had nothing to offer her because she had already decided to continue to motherhood. This reflects the experience of the second woman:

I rang them up when I was bleeding, to talk to somebody and eh I said em, I said "I'd like to make an appointment to see someone" and they said "why", and I said "em, well I'm bleeding at the moment and I've given up work and I don't know whether I'm coming or going", and she said "eh okay I'll take your name and your number and I'll get back to you." That was it, there was no phone call, nothing and I was going hello, this was supposed to be a great organisation. [Pause] really poor show like, you know.

[Aged 21, single]

Some women in the group described their reasons for not going to counselling. For some it was because counselling seemed inaccessible or directional:

I would have liked to be guided through what was going to happen, tell you all the changes, what's going to happen when you go down to the hospital, the doctors, or what you are entitled to. There's not really anybody around, unless you book into a counsellor you know.

[Aged 17, going steady]

I never thought of contacting [an agency], but it would have been great to have had someone to help you go on and talk to your parents, my mother had been brilliant since she heard and "why didn't you say it sooner?", but, it's just someone to urge you to say it.

[Aged 18, going steady]

I would have talked to my friends about it, but it was basically my own head. I had to sort out myself. I think the main reason for [not contacting an agency] was I had an idea in my head about those kind of places [pause] kind of religious, all Catholic, trying to push you and I didn't want that. Maybe that's totally wrong.

[Age less than 25 years, single]

Others perceived counselling as inaccessible:

If there had a been someone in and around where I lived, I wasn't willing to travel, because I couldn't actually travel. No, if there had've been somewhere around I would've went, I would've liked to talk to someone about it if there was someone around like that. I know here, I

do see the social worker here, but that wasn't on how you feel about being pregnant and that, that was more or less about my entitlements that was all she told me about. I know there's a counsellor I could've seen here but at that stage my parents knew.

[Aged 19, single]

Finally another woman said she did not go for counselling because of feeling a degree of antipathy towards it:

Did you ever want to talk to someone professional, you had the GP, but like a pregnancy counselling services, would that have been something you would have wanted?

I didn't no. I suppose I was just talking it over with myself. Like, I did go to see a counsellor alright, my welfare payments and this sort of thing. And she was talking to me about my feelings and everything but I didn't feel like I could really talk to anybody. I found it hard to open up about it, to tell them how I felt. So I suppose I was just talking with myself about it, you know, and all this sort of thing.

[Aged 18, going steady]

Yet despite the low use of any counselling services these lone mothers' accounts suggest that they and possibly their parents and partners would have benefitted from supportive counselling.

Conclusion

In this chapter we have described how women who continued with their pregnancies negotiated their route to anticipated lone motherhood. The majority never considered abortion as a solution to their crisis pregnancy. Some felt obliged to carry the personal consequences of pregnancy, arguing that their pregnancy was not the child's fault. For a minority who gave abortion any thought, the support of parents or partners often enabled them to contemplate motherhood instead. Adoption was considered by a smaller number of women within this group but rejected because they could not cope with it. Women felt they would have bonded with the baby too much by the time they gave birth to consider adoption and imagined they would always be thinking of the child and wondering whether or not would the child would want to meet them later in life. They could not cope with these aspects of adoption or the aftermath they felt it entailed.

Therefore this group had chosen the lone parenthood route but their accounts revealed how this was not an easy one for them to take. Expectant single mothers are especially vulnerable socially, financially and emotionally. This makes them heavily dependent on the support systems of partners and parents. Where women lived with their partner this relieved their worries about how they would cope as parenthood would be shared and their experience would be similar to traditional marriage-based families. When partners did not support women, they worried about the implications this would have for them in coping emotionally and financially, and in combining work and childcare. The issue of whether their partner would acknowledge paternity also worried some women.

Parents emerged as key sources of support for these women. Many parents were very generous in the way they helped their daughters. They helped women adjust to the prospect of motherhood, provided accommodation and promised childcare which in turn relieved financial pressures and, provided them with important emotional and psychological support. Often the woman and her child were integrated into the extended family. There were at the same time some tensions such as times when both partners and parents were supportive and partners felt pushed out. However the intervention of parents eased the pressures which society place on lone mothers and the role they played was crucial for many of these women in adjusting to the prospect of motherhood and preparing for that role. Women who did not get such support from parents or partners lived alone or in residential accommodation. Unlike women seeking abortion or adoption, many in this group did not find support agencies with services which matched their needs as they prepared to become lone mothers.

The persistence of the stigma attached to non-marital pregnancies was evident in the accounts of women. Their experience of pregnancy was shaped by constantly negotiating and coping with this stigma. At times women had to give up work or education because of the combined pressures of stigma and pregnancy. Most of the women who continued in education or work were accommodated by their schools, colleges or jobs in doing this. Those who planned to continue their education had been promised childcare by mothers or a partner. Those who remained

in their jobs while pregnant were in better paid, skilled positions which entitled them to maternity benefits. They would also be able to afford private childcare. In general though this group of pregnant women had revised their career trajectories downwards in anticipation of lone motherhood.

Despite the socially induced pressures on lone mothers, by the time this group of women were interviewed they were looking forward to motherhood. While there were a number of women who described always having a positive disposition to motherhood and children, the experience of pregnancy, seeing scan pictures and feeling foetal movements as well as having acquired an adult status meant that they had adjusted to their unintended pregnancies and anticipated motherhood in a positive light.

Chapter Nine

Executive Summary and Conclusions

1.0 Conclusions

We began in Chapter One, 'Motherhood and Modernity', of the report by showing the changing patterns of motherhood in Ireland, and noted the overall decline in conception rates among all age groups but especially among younger women. Such a change is consistent with the changing role of women and their desire to enter motherhood voluntarily. We noted that non-marital pregnancies had always been a feature of Irish social life, but that the social management of women with such pregnancies had changed over time. In the early part of the century, they were sent to workhouses, but over time social policies towards single mothers became more compassionate and those who did not marry were sent to mother and baby homes instead. The majority of women who went to such homes had their babies adopted. In the 1970s, voluntary agencies, like CHERISH, sought social support which would enable women to keep their babies, and the State introduced a single mothers' allowance. The numbers of women who chose to resolve their crisis pregnancies by adoption declined.

Today the majority of women who have crisis pregnancies continue their pregnancy. Access to abortion in Britain has been facilitated since the liberalization of British legislation in the late 1960s. So, while abortion is neither officially legalised, nor available, in Ireland, successive governments have been concerned about the incidence of Irish women having abortions in Britain. We noted in Chapter One that the overall incidence of abortion has increased but in 1995, the rate dropped to the same level as in 1993. The abortion rate in 1995 was 8.5% of all conceptions (see Table 1.6). Of those, 25% of non-marital conceptions and over 2% of marital conceptions, were aborted.

In Chapter Two, 'Research Methodology', we explained the methodology used in the report to locate a sample of women with crisis preg-

nancies. The sample of women was located by a variety of means. We collected 2,053 questionnaires from women attending public and private antenatal clinics. Overall, among the questionnaires collected, 17% of women described their initial response to their pregnancies as unexpected, 12.5% as shock, 3% as crisis and 3% as 'didn't know what to do'. Based on their initial responses, we selected for interview a number of women with crisis pregnancies, who planned to continue their pregnancies, in addition to locating a small number who planned to have their babies adopted. The number in the latter group was augmented by taking a sample of women who were considering adoption and were availing of sheltered accommodation provided by voluntary agencies. A number of women were interviewed over a fifteen-month period. It was not possible to locate a sample of women contemplating abortion in Ireland, so a sample of women was located attending private abortion clinics in England.

So three groups of pregnant women were examined: women who had abortions, women who were planning to place their babies for adoption; and those with a crisis pregnancy — as defined by themselves — who were continuing with the pregnancy to become lone mothers.

In Chapter Three, 'Sample Profile and Social Characteristics', we showed the factors associated with a crisis pregnancy. Overall, we found that women with crisis pregnancies are typically younger and single, without a stable relationship, but they do not differ from other pregnant women by occupation or by educational level. A social profile of the women with whom we conducted in-depth interviews was also given.

These women were more likely to be aged in their late teens or early twenties, legally single rather than married and less likely to be in an on-going supportive relationship. For the majority of women, it was most likely to be their first pregnancy. But the sample of women with crisis pregnancies also included married women in their forties, and some separated women who had children already. All had become pregnant in a social and personal context in which continuing the pregnancy was problematic. All had identified their pregnancies as problematic within the context of their inappropriate social and personal circumstances or in some cases their overall state of health. These in-depth

interviews formed the basis of the analysis contained in the subsequent chapters.

2.0 Contraceptive practices of women with crisis pregnancies

In Chapter Four, 'Pathways to Pregnancy: Contraceptive Practices', we showed that pregnancy generally occurred because neither the woman nor her partner used any form of contraception when having sexual intercourse. However, in a small number of cases a pregnancy was the result of method failure. Social and personal factors militated against women's consistent use of contraception. In the past, social attitudes to sexual activity and contraceptive use in Ireland have been shaped by Catholic social teaching which deems sexual intercourse outside marriage to be sinful and immoral. In the case of many of the women interviewed, their parents presumed that they would follow such teaching so sexual intimacy and the use of contraceptives were not discussed within their families.

But rapid social change in Ireland has, no doubt, exacerbated generational differences in attitudes to pre-marital sex, and parents were presumed to be unaware of their daughters' behaviour. Young women's secrecy about their sexual activity must be understood in the context of these very recent, though dramatic, changes in reproductive and sexual behaviour in Ireland.

The sexual liberation of the 1970's in Ireland manifested itself in a large increase in the proportion of people getting married and in a lowering of the age of marriage. The intimate lives of the parents of the women we interviewed were shaped by the dominant values and mores of their time, and they may be unable to fully comprehend or accept the more recent separation of sexual activity from marriage. We noted that the impact of the introduction and use of contraception was not visible until the eighties. So quite possibly, their parents never used artificial methods of contraception.

If contraception is not permitted, then the only acceptable sexual ethic is one based on sexual abstinence. This however was not acceptable to

many young women and they had no alternative sexual ethic to replace it. Instead, their sexual conduct led to attendant social problems of deceit, distrust, stigma, and risks of pregnancy.

There has always been a fear that information on sexuality and contraceptive use is tantamount to advocacy of sexual activity. But our interviews revealed extensive ignorance of fertility cycles and knowledge of effective contraception among women who were sexually active. They were not vigilant in protecting themselves from crisis pregnancies and they lacked the empowerment and even a language in which to negotiate either protected/safe sex or sexual abstinence.

2.1 Contraceptive pill issues of access and utilisation

Research has shown that Irish women use condoms or the pill as their principal method of contraception (Wiley and Merriman, 1996). This was confirmed by our findings. We described the factors which impeded women’s access to the contraceptive pill. Single and young women were conscious of the stigma attached to their sexual activity and wanted to keep it secret. As contraceptive use was seen as a confirmation of sexual activity, it was found that women did not want to use the pill because they were scared that the pills might be discovered by their parents and they did not want their parents to know they were having sexual relations.

The secrecy and embarrassment surrounding sexuality made them reluctant to discuss contraception with a doctor and they worried about how their request for the pill would be met. Young women avoided attending their doctor for fear of their parents being told that they had sought, or were using, contraception. Some doctors refused to prescribe women the pill because they had moral objections to their sexual activity on the basis of their age or single status. But among the sample of pregnant women interviewed, we found that refusing women access to contraception did not result in a cessation of their sexual activity. Instead it increased the likelihood of having intercourse without effective contraception.

While some women were very satisfied with the contraceptive advice and care they received from their doctors, others expressed a preference for attending dedicated family planning centres for this aspect of health

care. But access to doctors and family planning services outside of working hours was sometimes limited and meant it was difficult for women where access to contraception meant that they needed to take time off work. This was cited in relation to both contraceptive advice, prescriptions, and access to emergency contraception.

Given the effectiveness of the pill as a contraceptive, one might ask why it was not used by more women who were sexually active. The report found that pill use was socially controlled in the following way: women thought that if men knew they were on the pill, they would be seen as being 'prepared for sex' in a manner which could undermine a woman's 'reputation'. As a result, women were only inclined to go on the pill in long-term established relationships, with an exclusive partner.

Physical and psychological side effects associated with the pill also deterred women from using it all the time or caused them to stop using it. The accounts of the women we interviewed, reflected a much higher incidence of side-effects than is attributed to the pill by manufacturers' tests, which may simply be a reflection of women's general uneasiness about using the pill. Women themselves expressed some skepticism as to whether these side effects were actually caused by the pill or were related to their life-style at the time. We found that women often stopped using the pill without consulting their doctor, which precluded them being prescribed an alternative brand or discussing alternative methods with a health professional.

2.2 Condom use

Among women who did not use the pill, the most likely alternative form of contraception were condoms. However, a complex of social norms was also found to govern condom use. For instance, women were reluctant to buy or carry condoms because this compromised their reputation. The principal impediment to women using condoms effectively was the failure of men to assume contraceptive responsibility. Partners resisted using condoms and evaded using them by placing the responsibility for contraception on women. Such resistance meant that women had to initiate and be assertive about condom use, which some found embarrassing and confrontational. This negotiation of condom use was often construed by men as 'harping on' which women resented.

Accordingly, they feared that insistence of condom use would threaten their relationship.

So many couples who were ‘using condoms’ as a form of contraception did not use them every time they had intercourse. Some used them intermittently throughout their relationship, not using condoms in the ‘heat of the moment’, after drinking, or when they thought they were at an infertile stage in their menstrual cycle. They were not aware of the fact that condoms are only fully effective when used on every occasion of intercourse. We found that condoms were effectively used where partners assumed contraceptive responsibility or where women refused to have sex without their use.

2.3 Sterilisation

While other methods of contraception, other than the pill or condoms were not very popular, a number of older women interviewed, whose families were completed, were unable to get medical sterilisation, because of its costs or the unavailability of the service in their health area.

2.4 Emergency contraception

A very small number of our sample used emergency contraception and few felt they had access to it, for reasons similar to those of pill use.

2.5 Contraceptive method failure

Contraceptive failure for those on the pill — which resulted in pregnancy — occurred in cases where they were poorly informed about what would interfere with its effectiveness, such as the use of antibiotics or vomiting or diarrhoea.

They also failed to mitigate this reduced effectiveness by using back-up methods of contraception or emergency contraception.

Method failure for those using a combination of condoms and anovulatory period to manage their fertility, could be explained by their failure to understand the principles of the ‘safe period’.

Where couples were using condoms, women were relying on men to use them effectively. Women could only respond to a risk of conception

if their partner had told them that there had been an accident with the condom. In such cases, access to emergency contraception might have prevented conception.

In a small number of cases emergency contraception was incorrectly used, — outside the 72-hour period or, as tried in one case, after the young woman discovered she was pregnant.

2.6 Pregnancy risk-taking

Our analysis revealed how these constraints on women's effective use of contraception often resulted in pregnancy risk-taking. Subsequently, women invoked a series of rationales to cope with their consequent risk-taking. They denied or questioned their fertility, justified infrequent risk-taking, progressively took more risks after an incident of risk-taking did not result in pregnancy, or deferred to their partner to prevent a pregnancy.

2.7 Promoting change

In many instances women were not empowered to act freely with regard to their sexuality and contraceptive use. Their lack of information about their sexuality, fertility and contraception did not promote empowered attitudes and behavior. The more widespread use of the male condom puts increased responsibility on men not to risk impregnating a woman, so women are dependent on male responsibility. In the event of a lack of such responsibility, women were exposed to the risk of pregnancy.

Conclusion

Overall, it may be deduced from the findings of this chapter that the best way to reduce the incidence of crisis pregnancies and abortions is to reduce the overall incidence of unsafe sexual practices. This can only occur with the implementation of effective education and health policies on responsible sexual behaviour. Notwithstanding such policies, a certain number of women will experience a crisis pregnancy and in the next sections we will address their needs. The first of these is a crisis pregnancy counselling service.

3.0 Pregnancy counselling and information services

Abortion is not available in Ireland and governments have been anxious to reduce the incidence of abortion among women with crisis pregnancies. Prior to the Regulation of Information (Services Outside State for Termination of Pregnancies) Act of 1995, the distribution and publication of information on abortion in Britain was illegal in Ireland. However, since the 1995 legislation, women seeking abortion have been entitled to receive counselling and information on abortion in Ireland before travelling to England. It was hoped that the provision of such counselling would reduce the incidence of Irish women choosing abortion and we saw that the rate was reduced slightly in 1995. The provision of this abortion information is subject to legal regulation: it can only be given in the context of full counselling; the counselling must be non-directive; and abortion information and counselling must include a discussion of adoption and lone motherhood. The Act also recognises the right of doctors and agencies not to provide information on abortion. But the policy implications of this provision are not clearly articulated.

We showed in Chapter Five, 'Pathways to Abortion: Counselling in Ireland', that a range of agencies provided pregnancy counselling and have received government assistance towards that service. Some agencies, notably family planning clinics, provide information on all three options, that is, abortion, adoption and motherhood, while others such as CURA and LIFE provide information on adoption and motherhood only. The family planning agencies require that women book a counselling appointment for which they are charged a fee, while CURA and LIFE operate a drop-in centre during appointed times and provide counselling free of charge.

In addition, the Irish College of General Practitioners published a detailed information booklet to assist doctors in the provision of pregnancy counselling to their patients. Such counselling is available free to all women who are eligible under the General Medical Scheme, while private patients pay the usual consultation fee. As the conscience clause of the Act does not require all doctors to provide this information, some GPs will not provide women with information on abortion. However, patients have no way of identifying which doctors have exempted

themselves under this provision of the Act. Further, there is no information leaflet available to patients.

Women we interviewed described how the current implementation of the Act created difficulties for them in accessing information and counselling in the initial stages of their pregnancies. We noted that women who considered abortion were impatient to act as they wished to have abortions as early as possible in their gestation. A context in which they did not know whom to consult reduced the time they had to think through or discuss their options and often precluded them from getting any counselling before travelling to England. The sample of women fell into three main groups: those who referred themselves to British clinics; those who contacted doctors in Ireland; and those who contacted family planning clinics in Ireland. One of the overall deductions we made was that women who seek abortions persist until they locate the information they want on abortion. If they find it difficult to access information and counselling here, they simply contact the British clinics directly themselves. This means that there is no opportunity for them to discuss their decisions with anyone until they have travelled to England. More recently, English clinics have been referring Irish women to Irish-based counselling agencies.

3.1 Women and self-referral to British clinics

29 of the 88 women we interviewed had obtained information on the abortion clinic they attended through informal sources without contacting any doctor or agency for information or counselling in Ireland. The reasons they described for taking this route were that:

- they were uncertain about the law and the legality of abortion information provision in Ireland.
- they were unaware that counselling or information was provided in Ireland.
- they wanted to travel to England as quickly as possible and thought that attending an agency would delay them.
- they did not want to attend their own doctor for abortion information.
- the cost of counselling was prohibitive for them.
- they had an ambivalent attitude towards counselling.

3.2 Women and their consultations with doctors

Prior to going to England, 21 of the 88 women had attended their doctor in relation to this pregnancy. In seven of these cases the visit merely confirmed the pregnancy, and did not include any reference to the crisis it presented. Women found the information on abortion services in England through informal sources and received no counselling in Ireland. The remaining fourteen were counselled and given information by the doctor they attended. Two of these had to attend a second doctor as the first doctor they attended refused to give them information on abortion. Among the remainder, seven women attended their regular doctor while five sought out an empathetic doctor with the help of a friend or member of their family and approached them for counselling and information. Women described why they chose to attend a doctor for information and counselling and the implications of attending a doctor for this service. Women chose a doctor rather than a counselling agency because:

- the service was available locally.
- they were unaware of the services of counselling agencies.
- they did not want to attend for counselling *per se*.

However attending a doctor for information and counselling on abortion raised particular issues for women:

- they were unsure of the doctor's attitude and willingness to provide such information and counselling.
- where the doctor was known to them or their family they worried about whether the doctor would respect their confidentiality or would inform their families.
- some women had made their decision before attending a doctor and only sought information on clinics from them.
- getting the information on the clinic they were attending from a doctor assured women of its reputation.

3.3 Women and consultations with pregnancy counselling agencies in Ireland

Finally, 36 of the 88 women contacted an Irish pregnancy counselling agency for information and counselling on abortion. However five of these women did not actually attend the agency they contacted because

they were told they would have to wait a week before they could have an appointment. Instead these five women got information on abortion clinics in England through informal sources and self-referred to the abortion clinic without any counselling. Nineteen of the women contacted an agency themselves and attended there for counselling after which they decided to have an abortion and used the information given by the agency to make an appointment. Three women had been referred to an agency for counselling by their doctors and they subsequently made appointments with an abortion clinic in England. Two women had contacted other emergency agencies, such as the Rape Crisis Centre and the Samaritans, before making contact with a pregnancy counselling agency which gave them information and counselling on abortion. A further three women contacted a counselling agency after the doctor they attended refused to give them information and counselling on abortion. Two women attended an agency which would counsel them on the options of adoption or motherhood only but would not give them any information on abortion. They subsequently obtained this information either from a doctor or an informal source. Finally three women were referred to a counselling agency in Ireland by a British clinic when they telephoned to make their booking for an abortion.

These circuitous routes described by women illustrate how the current provision of pregnancy counselling services is difficult for many women to negotiate. Women described three main aspects of this provision which made access difficult:

- Cost: while some pregnancy counselling services are free, agencies through which women received abortion information and counselling charged for that service.
- A waiting list: women who contacted pregnancy counselling agencies were usually anxious to attend as soon as possible because they were in a crisis situation. Some agencies could only accommodate them after a waiting period of days, sometimes the delay was up to two weeks. Consequently many women felt unable to attend.
- Refusal of information: some women attended agencies which did not give information and counselling on all options including

abortion. However, women did not know in advance that information provision was limited.

- Perception of counselling: women attending agencies had different views and expectation of these agencies. Some only wanted information, some wanted a full discussion on their crisis pregnancies and the options they should consider, while others only wanted to discuss their decision to have an abortion and wanted to be supported in that decision.

3.4 The role of general practitioners

The provision of pregnancy counselling and information through doctors is an effective way of making the service locally and easily accessible for women. Women are also reassured that they are attending a respected service provider when they attend their GP. But not all doctors were willing to provide this service and women had no way of knowing whether or not their doctors provided information on all crisis pregnancy options, including abortion. Women also feared that if they told their doctors, their pregnancies would not remain confidential, so they did not trust the confidentiality of the doctor-patient relationship.

3.5 Nature of counselling

Our research showed that some women were critical of the legal requirement that access to information on abortion could only be given within a counselling session. Undoubtedly, while some of their reservations about counselling were influenced by the delay and costs involved, some women resented being coerced into counselling, when they felt they initially needed information. The fact that they were able to access basic information on abortion from British clinics by telephone, made them especially critical of the present restriction on abortion information in Ireland.

Conclusion

Our findings show that there was a lack of information on the availability of services providing information and counselling on crisis pregnancies, there were ambiguities about the legal situation regarding the availability of abortion information and attendant services. Our findings

highlight the need for counselling and information on all options for the resolution of a crisis pregnancy to be made available to women.

Due to the poor information about available services, women were unsure of the credentials of the counselling and information service providers they attended. While the 1995 Act lays down strict regulations on the context in which abortion information should be provided, there are no guidelines or regulations governing who can provide such a service.

4.0 Factors which influence a woman's decision to have an abortion

A number of factors influenced a woman's decision to have an abortion and these in turn are related to the many roles a woman occupies: those of a daughter, a student or worker, as a prospective mother with the attendant needs of a child and a partner or ex-partner in a relationship, and in some cases her existing responsibilities as a mother. All of these roles both shape and constrain her decision-making. All of these roles, or senses of self, are competing ones and all tap into deep social and psychological domains. It is important to articulate the competing pressures of these roles which simultaneously shape a woman's decision-making, before identifying specific factors.

Firstly, in her role as a daughter, she feels that she must live up to her parents' expectations that she will not get pregnant until she is in appropriate social circumstances. She will try to fulfill their career and job expectations, sometimes mindful that her parents may have invested considerable sums of money in her life to date. She does not want to bring them into disrepute in her community as she knows that her pregnancy will be a cause of social stigma, not only for herself which she might manage, but also for them. She wants to spare them that pain, disappointment and anguish. If she already has had a child, she does not want to upset her parents a second time.

Secondly, she seeks to proceed to full responsible adult status by completing her education or training and establishing her career. Her place of education, training, and work, may make no arrangements for

maternity leave and offer no childcare. So she is forced to choose between continuing her occupational career or becoming a full time mother. She may feel that she is just able to cope with all the demands of her life at present but that she could not cope with a baby as well.

Thirdly, her anticipated role as a mother comes under question. All of the women spoke about motherhood as a social role with attendant responsibilities to care for a child, emotionally, socially and financially. Increasingly, their ideal conditions for motherhood included a marriage, a job and a house. The modernisation of motherhood entailed that women saw themselves as having to combine mothering and breadwinning roles. So a woman assesses her ability to do both in the light of her present context such as her job or occupation, her home ownership and overall financial position. Those who were mothers already felt unable to cope physically or mentally with another child.

Fourthly, she had to negotiate relationships with the father of their child. The relationship in which the conception occurred may now be 'past'. Alternatively, women were often in relationships which were neither secure nor stable. If the relationship is a promising one she may not want to jeopardise it by having a baby which might indirectly end it. Alternatively, if the relationship is fraught with difficulty, a child would only compound the problem. In addition, the partner and his family may also be stigmatised by the disclosure of the pregnancy. Neither expected the relationship to lead to a pregnancy, it was unplanned. Those who were mothers already, had to think about the impact of this pregnancy on their lives, their relationship with this child's father, and the implications for their other children.

If single and pregnant for the first time, she felt that if she were ever going to be in a position to become mother and breadwinner, she had first to finish her training and develop her career. She was in some ways already planning to be a breadwinner/mother but in the future, 'not just now'.

She also believed that the best interests of the child were not reducible to simply becoming a birth mother, rather she felt that a child should have the best of conditions and opportunities and should be reared by their birth mother rather than placed for adoption. This is why she

asserted that giving birth to this child now, was not in the child's interests either.

Abortion, as the chosen outcome of a crisis pregnancy eliminated parental hurt, partner-related consequences and guaranteed that the woman was able to continue with her work or training. It also precluded bringing a child into a world in which its needs could not be best satisfied, emotionally and financially. However, the ultimate price for all this problem solving was paid for by the woman herself and her decision, which only she could make, to have an abortion.

Given the configuration of conflicting demands on a pregnant woman's life and the interaction of conflicting selves which the pregnant woman's decision-making inevitably incorporates, it is not surprising, that her pregnancy constitutes a 'crisis' one. The fact that this 'crisis' may be seen as socially constructed does not diminish its crisis nature. But its crisis nature, and the way in which these conflicting ideas of self interact within the confines of a woman's decision making process, puts the woman with a crisis pregnancy under enormous psychological strain. While she can articulate the respective 'reasons' for having an abortion, it is her perception of the impossibility of resolving the issue, with its difficult and competing demands, that propels her towards an abortion. She makes that decision as an optimum one in the context in which she finds herself. If she has attended for counselling the latter is likely to be non-directive, so the decision is made by the woman herself.

A woman frames the competing demands, she determines that it is impossible to go ahead with the pregnancy, except by hurting others, or by not being able to afford to have a child in the future, so she makes her decision. It is a decision which inevitably weighs heaviest on herself. There is an inevitable aspect of self-sacrifice in this choice, it is not an easy one. Accordingly, it is one of the most private, personal, stressful and lonely decisions a woman makes.

4.1 Stigma of pregnancy and lone motherhood

One of the factors invoked by a woman as a reason for her abortion is her fear of the stigma attached to pregnancy and the feeling that she has disappointed her parents. An abortion protects parents from such disappointment and from any social or community stigma that their

daughter's pregnancy would entail. While such a stigmatising environment sets the context and is a factor in a woman's decision making, she also invokes other reasons to go ahead with an abortion instead of continuing her pregnancy.

4.2 Apprehensions about motherhood

Central amongst these are her orientation to and apprehensions around motherhood. Women who have abortions do not want to become mothers at that particular time of their lives. They feel too young and entirely unready for the responsibilities of motherhood. They make this assessment after they consider all aspects of their situation: family and work commitments; financial insecurity; and the way in which having a child at this particular time would seriously affect their long-term plans. Such plans often include having a child, but under appropriate circumstances.

4.3 Needs of the child

Women articulated the perceived needs of a child as another reason for having an abortion. They thought a child's needs were best served by a traditional family arrangement, with an active and loving father and a stable, emotionally and financially secure family background. These single women, given their present situation, felt unable to provide the child with the best opportunities in life. Women were not ready to embrace the role of motherhood and child-rearing. Furthermore, they felt that trying to cope with such demands at that particular point of their lives would preclude them from being able to play such a role at a later stage in their lives.

4.4 Relationship with partners

We found the onus of the decision-making lay with the woman herself. Even in the cases where partners were consulted, and where the decision to have an abortion was described as a 'joint' one, it was still perceived as a woman's obligation to choose. Partners played different roles: supportive, non-directive partners were greatly appreciated by women, while those who were indifferent, or strongly advocated abortion, were somewhat resented by women.

4.5 Competing conflicts

Finally, few women framed the decision to abort in terms of competing rights, in the abstract language often used in political discussions on abortion. Instead, they framed their decision-making in the context of the competing and conflicting demands on their lives and their disabilities and unreadiness for a child at that stage. The trauma experienced in both arriving at that decision and the gravity of it were difficult and women invoked a series of psychological strategies to assist them.

4.6 Moral choice

While women were conscious that abortion terminated a life, and that if they continued their pregnancy they would have a baby, the early stage at which they were having an abortion precluded them from having bonded in any way with the foetus. Once they had made the decision, and mentally foreclosed any further moralising about it, they thought of it as something which they had to go through with, in the best (long-term) interests of themselves and possibly their future children. The clinic setting and encountering many other women, who were also having abortions, helped them get through the operation.

4.7 Needs of other children

Women who already had children often chose abortion because of the needs of their existing children, while older women were having abortions because of anticipated risks to both their own health and fears of foetal abnormality.

Conclusion

We have shown that women have several complex reasons for having abortions, many of which the debate on abortion has not addressed. These reasons must be understood in the overall context of a crisis pregnancy and their perceptions of lone motherhood. Their reasons include the shame attached to women's pre-marital sexual activity, women's fear of disclosing their pregnancies to their parents, and their anxieties about work and motherhood. They see lone motherhood as a very difficult unsupported alternative. The broader issues related to motherhood and modernity need to be addressed if women's fears as regards social motherhood are to be allayed.

5.0 Adoption

Women in the adoption sample tended to have rejected abortion from the outset of their pregnancies. This was inextricably linked to their moral stance on the issue which was exemplified in the language they used to discuss abortion. They spoke about it in terms of ‘murder’ and ‘taking a life’ and generally had always felt that if in a crisis pregnancy situation, they would not choose to resolve it by having a termination. Despite feeling unable to continue with social motherhood at this stage in their lives they were ‘at least giving it life’ and becoming birth mothers. Five of the eleven women rejected abortion from the start while the other six described how they considered it to varying extents but overall in a very minor way. Two women tried to induce spontaneous abortions by damaging themselves.

The three main factors which they saw as influencing their decision were: their moral stance on abortion; their finances; and becoming aware of the option of adoption. Even though six women said they had considered abortion, it was clear from their interviews that none had pursued this pathway to any significant extent but rejected it early on in the pregnancy. Only one woman cited any advantage to having an abortion and only one knew someone who had experienced an abortion, and whose experience had been a negative one. While making a personal decision not to have an abortion, a few women still had to resist suggestions from some significant others that it might be the best option for them.

5.1 Crisis pregnancy agencies

When interviewed, these women were being supported by a crisis pregnancy agency. Three had been referred to the agency by a sibling or parent, two by a friend, two by a social worker, one by a GP and three referred themselves. Initially their contact with the agency served the function of informing them about the option of adoption and when they accepted this, they provided them with the means by which to facilitate this option. This primarily took the form of women moving away from their homes and significant others and into a home with other women in similar circumstances. The agencies also provided on-going counselling for the women. Throughout the gestation period these women were evaluating their options in terms of the costs and

benefits of adoption compared to lone motherhood. There were on-going counselling services open to them through which they were able to contemplate this choice.

5.2 Stigma and secrecy

The stigma of lone pregnancy was a major factor referred to by women considering adoption. They had witnessed other lone mothers in their community being subjected to stigma and they were concerned about the stigma that their family would be subjected to if they were to 'come out' and disclose their pregnancy. As a result of this, keeping their pregnancy secret was very important to these women. The opportunity to move to a residential home away from their community meant they would not have to make the double disclosure of being pregnant and of having had sexual intercourse. It was not always solely the woman's wish to keep the pregnancy secret, but also that of significant others, especially parents. Women saw keeping the pregnancy secret as serving three main functions:

- Firstly it would avoid subjecting others to the burden of their pregnancy. Women were very aware of the social consequences on their families of having a daughter or sister who was a lone mother and they did not wish to subject them to such stigma.
- Secondly, by keeping the pregnancy secret it meant that the ultimate decision on whether or not to have their baby adopted was theirs and would not be influenced by others.
- Thirdly, women did not wish to disclose their pregnancy if they were not going to keep the baby and become social mothers. By keeping their pregnancy secret they would be able to return to their community and reclaim their position within it without any substantial change in their identity.

The second of these points was central to the issue of whether or not a partner was told about the pregnancy. Amongst the eleven women interviewed, seven told their partners, two of whom suggested an abortion as the best option. This advice was rejected. A third partner began proceedings to prevent the woman from giving the baby up for adoption, and sought custody of the baby himself. Clearly this meant a removal of some of the control of the decision-making from the woman, something all women wanted to avoid.

5.3 Rejection of lone motherhood

The eleven women in this sample at the time of interview had rejected the option of becoming lone mothers. They were prepared to become birth mothers but felt unable to pursue social motherhood for a variety of reasons. They saw considerable stigma attached to lone motherhood and their view of it appeared to be tainted by this. Few had any positive role models of lone mothers with many invoking the stereotype of the 'social welfare single mother'. They described an image of the lone mother living in a flat alone or with their parental family. The former was seen as implying a bleak existence of loneliness and poverty. The latter was seen as implying extended dependence on their parents and being a significant burden on them. Both options were viewed as presenting few opportunities and little independence. Lone motherhood was associated with a loss of future employment and educational opportunities. Social motherhood was seen as something that should be embarked upon when in a steady relationship and at a later stage in their lives, when they were older, more mature and in a better financial situation. For some, it was a role they never saw themselves as taking on while for others it was a role for the future. What they were rejecting was not motherhood *per se* but rather *lone* motherhood.

5.4 Child-centred consequences

Women also explained their choice of adoption in terms of the consequences on the child if they were to pursue social motherhood. They saw children as needing a certain level of financial and emotional support, neither of which they felt able to provide at this stage in their lives. They also expressed strong feelings about the ideal parental situation for rearing a child. They felt that to bring a child up without a father in the home would be detrimental to the child, again emphasising that it was the situation they were currently in that was precluding them from becoming social mothers. The child's needs were substantial and they were not prepared to take on the responsibility of attempting to meet them when they saw themselves as being in an inappropriate position to do so.

5.5 Ambiguity

As already noted, these women had ruled out having an abortion from the time they first suspected that they were pregnant. This meant that they were now torn between the two remaining options: adoption or

lone motherhood. Living away from their families and communities gave them space to contemplate these options. Although they were planning on giving their babies up for adoption at the time they were interviewed for this study, many also expressed a level of doubt as to whether or not they would go through with it. They engaged in constant re-evaluations of the advantages and disadvantages of adoption, as compared to lone motherhood.

5.6 Adoption

For women in this sample adoption provided the best 'solution' to their crisis pregnancy. Family involvement varied within the group, with some families supporting the woman's decision, and others discouraging it. Women felt that adoption would be the best solution both for them and their babies, and felt encouraged by the fact that they might resume contact with the children at a later stage. Although only one woman articulated a specific example of an adoption 'success story', none articulated negative experiences of adoption. Two women, however, expressed feelings of guilt about their choice. Adoption would allow them to pursue educational and career goals and meant they could continue with their lives as before. Accordingly, they felt that they were giving their child up for themselves so that their lives would be made easier and they were unsure whether or not this was the right thing for them to do. The women acknowledged that as gestation progressed they had an increasing attachment to their babies and all emphasised the fact that the decision would not be finally made until after they had given birth. This realisation also appeared to be used as a coping strategy to help with the guilt some felt about making the decision to have their babies adopted. They had to weigh up the merits of those arguments against the feelings that they should keep their babies. This decision making process and trying to make the best decision, dominated their lives throughout the pregnancy.

Conclusion

Our findings showed:

1. that there was a lack of information available to women about the option of adoption and the availability of the services that facilitate adoption including residential homes.

2. that women who decide to pursue the pathway of adoption within a residential home setting cannot generally continue with work or training, but aspire to return to either after they have given birth.
3. that despite a number of parents knowing about the woman's pregnancy there is little communication on the issue between them and many of them and their families really needed counselling.
4. that women find counselling particularly helpful during the pregnancy.
5. that women had no specific knowledge of their rights and the putative fathers' rights in relation to the children.

6.0 Women who planned to keep their babies

As we noted in chapter one, the most likely outcome of a crisis pregnancy is lone motherhood. While abortion is of great social concern, lone mothers (many of whom have rejected abortion) are often subjected to social criticism. In this study we analysed the interview data of 34 single women who described their reaction to their pregnancies as either 'Shock', 'Crisis' or 'Did not know what to do' but had made the decision to continue with the pregnancy and become social mothers. Their description of how they negotiated their route to anticipated lone motherhood and its effects on their relationships with partners and parents, their social identities and their career trajectories showed the difficulties involved in taking this option.

6.1 Rejecting abortion and adoption

By the time they were interviewed all of this group had rejected the options of both abortion and adoption. The majority never considered abortion as a solution to their crisis pregnancy. Some felt obliged to carry the personal consequences of pregnancy, arguing that the pregnancy was not the child's fault. For a minority who gave abortion any thought, the support of parents or partners often enabled them to contemplate motherhood instead. Adoption was considered by a smaller number of women within this group but rejected because they could not cope with it. Women felt they would have bonded with the baby

too much by the time they gave birth to consider adoption and imagined they would always be thinking of the child and wondering whether or not the child would want to meet them later in life. They could not cope with these aspects of adoption or the aftermath they felt it entailed.

6.2 Marriage

When interviewed, this group was anticipating lone motherhood, conscious that the dominant model for having a child in our society is within a two-parent family based on marriage. While one woman married during her pregnancy, the others would be single when they became mothers. There were a small number who were disappointed that they would not be married when they were gave birth or expressed worries about how their children might be integrated into any future relationships or marriages which they might form. However most of those who had partners dismissed marriage as a way of resolving their crisis pregnancies, even if their partners wanted to marry them. They saw marriage as something that should be entered into freely and felt it was neither in their nor their children's interests to impose marriage on their current relationships.

6.3 Role of partners

Twenty-three women were still in relationships when they were interviewed, while a further eleven were not and only one had married. Thirteen of these were cohabiting with their partners and each anticipated that their partner, child and themselves would form a 'quasi-marriage' relationship. This group felt their partners could provide childcare which would enable them to work or study, share parenting and financial responsibilities and provide emotional and psychological support. Three of the women who were cohabiting with their partners had been rejected by their parents when they became pregnant and so having his support was very important for them. There were nine women who were still in relationships with their partners but they intended to live alone or with their parents after giving birth, with their partner playing an active role as father. Each felt that having a partner would help them with childcare and parenting responsibilities in addition to providing them with some financial help, and for some

a partner's presence was important to counteract the stigma of lone motherhood.

The eleven women who were no longer in relationships with their partners had some concerns about this, namely whether or not the fathers would acknowledge paternity and allow their names to go on the Birth Certificate. Women felt that partners who ignored their pregnancies were 'let off the hook' leaving them alone to worry about coping emotionally and financially.

6.4 Social identity of lone motherhood

Once women had decided to continue with their pregnancies and become mothers, their main task was to inform significant others. At this juncture, telling parents was often their principal concern. They were worried that their parents would be hurt, disappointed and let down both by the pregnancy and its confirmation of their sexual activity. They feared their parents would reject and abandon them, and those still dependent on their parents feared the consequences of that rejection.

Fortunately, it emerged that the majority of parents were supportive of their daughters and 25 women were offered their parents' full support. They described how telling them was a main turning point. Parents helped them to adjust to the pregnancy and prospective motherhood and to counteract the stigma they felt: they provided accommodation and promised assistance with childcare which indirectly relieved the financial pressures they anticipated as well as providing emotional and psychological support to off-set their fears of coping with a young baby. In many cases the woman and her baby were being incorporated into the extended family and so would not have to cope alone, while some parents' support extended to moving house or adapting their home to accommodate the baby and even inviting the woman's partner to live with them. Women were, however, conscious that they wanted to limit the extent of their dependence on their families and assume primary responsibility for their children. These patterns of supportive family networks, which have been quite typical of married families in the past, represent adaptive strategies devised by families to cushion their young, single daughters against the difficulties of lone motherhood.

Four women received only conditional support from their parents because of the stigma of the pregnancy. They could not provide them with any help, nor could they accept their daughters' decision to become lone mothers. These women described how they felt abandoned and had to find alternative accommodation: one woman was staying in a hostel for pregnant women, one was living with her sister while two were living with their partners. A further five women were totally rejected by their parents and were living in residential accommodation, or with a relative.

6.5 Social stigma

Women both perceived and encountered the stigma attached to their non-marital pregnancies. They described how they tried to conceal their pregnancies in places of work or at school. In general, however, they referred to an emerging normalization of one-parent families in contemporary society and explained peer-group acceptance or parental acceptance in this context.

They discussed their relationship with other lone mothers. Two countervailing attitudes prevailed here. One was that they wanted to distance themselves from other lone mothers, — even to the point of refusing to apply for lone parents allowance — so as to dissociate themselves from the negative stereotype of lone, welfare mothers. The other was that women welcomed interaction with other lone mothers whom they could share experiences with and who constituted role-models for them.

6.6 Education

Women anticipating lone motherhood described how this prospective role had an impact on their life and career trajectories. Those in education intended to either complete, defer, or relinquish their studies. The three women who intended to complete their education (two at school and one doing a degree course in college), had arranged that either their mothers ($n=2$) or partner ($n=1$) would care for the baby. All three described ways in which their schools and a university had accommodated them to continue studying while pregnant. Those who deferred their plans either took time out from their studies, with the intention of returning, or decided to study locally for a lower grade

qualification. One young woman had been expelled from the private school she attended because of her pregnancy during her final year. Those who had relinquished their education said they had done so to become full-time mothers.

6.7 Work

Those women who remained in full-time work during their pregnancy and who intended to return afterwards were predominantly in higher skilled, better paid occupations. They were the only women entitled to maternity benefit and their earnings were high enough to enable them to pay for private childcare. Those women in temporary or informal employment found they had no provision for maternity leave or illness and were either pushed out of work or had a supportive employer who facilitated them. Their experience showed how pregnant women without security of employment were left to the mercy or the goodwill of their employers. Some women left work because it was incompatible with appearing pregnant, or because of unsociable working hours, the services sector featured strongly here. Women in low-paid employment could not afford to pay for child-care and so planned to give up work or depend on informal childcare provision, usually from mothers or partners.

The experience for many women who were anticipating lone motherhood, whether they were working or studying, was that since becoming pregnant they had revised their career trajectory downwards.

6.8 Social life

As regards the impact of their pregnancy on the social life of these women, they described the way it set them apart from their friends and left them marginalised socially. They anticipated that motherhood would also mean that they would be restricted in their ability to socialise with friends.

6.9 Motherhood

Against this background of renegotiating their social identities and roles in anticipation of lone motherhood, this group generally held positive orientations to motherhood which had facilitated them in coping with the demands of the pregnancy. Each described a process of adjustment

over the course of the pregnancy in which the crisis pregnancy had evolved into a wanted baby. For some the baby had always been wanted, even though the pregnancy may have been a crisis. Because of the social conditions experienced by lone mothers though, they expressed concerns about issues such as poverty, isolation and coping alone with the responsibility of parenthood.

6.10 Counselling

While many women who chose abortion and all those contemplating adoption had contacted and availed of pregnancy counselling services, the take-up of such services among women anticipating motherhood was markedly lower. Those who had contacted counsellors had done so through the hostel in which they were resident throughout the pregnancy, in the family planning clinic where they had a test, or through a counselling agency which provided information on abortion. Only two women had on-going contact with an agency during their pregnancies. One attended with her partner for relationship counselling to resolve difficulties raised by the pregnancy. The second woman was in contact with Cherish, who supported her emotionally and provided her with options on further training or work after the birth of her baby. Those who would have liked counselling found it difficult to access, while others resisted it lest they be persuaded to have the baby adopted.

One of the most compelling messages which permeated all the interviews was the extensive demands of motherhood. The changing nature of reproduction from a natural uncontrollable domain to one in which it is rationally controlled, has simultaneously ushered in a series of accompanying demands, voiced by women interviewed. These are all child-centred. A child needs and deserves the best opportunities in life, it must not be stigmatised or feel that its family situation is a marginalised one, and it must enjoy financial and emotional security.

While these may be seen very idealistic aspirations, for many women they have immediate practical implications. Mothers need accommodation, a steady and adequate income, and a personal emotional support structure. Traditionally, and still to a large extent, a family based on marriage with one or two steady breadwinners is assumed to have the best likelihood of providing a child with the resources it needs. Women

faced with lone parenthood have to devise and negotiate new adaptive strategies to cope with a child and give it a better if not an ideal start to life. This was the most demanding and difficult part of becoming a lone mother.

We also demonstrated that parents were a very enabling factor in this adaptive process. Their emotional and financial support in addition to all the practical help they offered were major factors in a woman's adjustment to maternity and motherhood. While women admitted that they would have found it impossible to cope without parental support, they still encountered conflict and tension in these arrangements.

Depressingly, not all women were so fortunate and women who had no parental support were quite likely to become marginalised and socially unsupported.

Conclusion

As demonstrated, motherhood entails both financial and social roles. While new family forms are emerging, they are not adequately accommodated within society. As a result, some lone mothers experience economic marginalisation and endure considerable social stigma. The negative perception and stereotype of lone mothers possibly derived from the media and from public figures increases this stigma.

The economic risks and financial dependency of lone motherhood are two of the greatest fears of all pregnant women. They feel that they are not helped to combine motherhood and work as they cannot afford to pay for childcare and there is no publicly supported childcare available to them. Because of the absence of such services, they feel they are constrained to become 'welfare' mothers while painfully conscious of the stigma it entails.

We have noted that there have been significant shifts in women's lifestyles and expectations over the last 25 years, a shift that has not been met by accommodating changes in education, work patterns, childcare facilities or economic social family policies. If motherhood is to be a viable option for women, especially those who are working and on low pay, or who are still in education, then supportive social policies are required. These services are required by all mothers but especially by

women faced with crisis pregnancies. Such policies would be particularly helpful to women contemplating abortion as it would help them to cope with the onerous responsibility of motherhood and childcare. Such child-centred policies would enable women to cope with the social structural dimensions of lone motherhood and relieve them of some of the constraints they feel when making decisions on what to do when faced with crisis pregnancies.

We have shown that a crisis pregnancy is an extremely stressful event in a woman's life. Each of the three options: abortion, adoption and lone motherhood entail their respective difficulties. Each option contains its anxieties and difficulties and women continue to question whether their decisions are the right ones. We have demonstrated that finding a solution to a crisis pregnancy entailed extensive decision making and attendant anxieties. Each of the three options has its own distinctive set of problems. Each had its own difficulties and personal costs.

However underlying each of these options and their attendant difficulties are the changing structural and social contexts of women, pregnancy and childcare. As noted in chapter one, modernity has changed the relationship between sexuality, reproduction and motherhood, and crisis pregnancies must be understood within that broader context.

APPENDICES

Appendix 2:1

Distribution of Completed Questionnaires by Hospital

HOSPITAL	% of total	Number
	%	
Rotunda, Dublin	23.5	404
Coombe, Dublin	22.5	387
Holles Street, Dublin	15.5	269
Limerick	8	141
Erinville, Cork	8	130
Waterford Regional	5	91
Galway	5	79
Our Lady of Lourdes, Drogheda	4	69
Portiuncula, Ballinasloe	3	54
Mullingar	3	47
Letterkenny	2.5	41
TOTAL	100	1,712

Appendix 2:2 Pro forma distributed in Antenatal Clinics

1. Date of Birth:

/ /19

2. How would you describe yourself:

Single ☐ Married ☐

Going Steady ☐ Separated ☐

Engaged ☐ Divorced ☐

Cohabiting ☐ Widowed ☐

3. Partner's Age:

4. In which COUNTY do you live (eg Meath):

5. Do you live in a:

City ☐ Village ☐

Town ☐ Rural area ☐

6. Are you now:

At School ☐ Employed ☐

At College ☐ Unemployed ☐

Training for a profession ☐ Working in the home ☐

7. What kind of work do you do or have you done in the past:

8. What is your level of education to date:

Primary education ☐ PLC Course ☐

Some Second level ☐ Certificate/Diploma level ☐

Group/Inter/Junior Cert. ☐ Third Level Degree ☐

Leaving Cert. ☐ Post-graduate level ☐

Other (please write in):

9. Is your mother: Working in home ☐ Employed ☐ Unemployed ☐ Retired ☐

10. Please write in her present or last job:

11. Is your father: Working in home ☐ Employed ☐ Unemployed ☐ Retired ☐

12. Please write in his present or last job:

13. Is your partner/spouse: Working in home ☐ Employed ☐ Unemployed ☐ Retired ☐

14. Please write in his present or last job:

Please note all information given on this form and collected in the interview will be completely confidential and will be seen only by the researchers named below.

15. Have you been pregnant before? Yes ☐ No ☐

16. What was the outcome of your last pregnancy?

Full-term ☐ Premature Birth ☐ Termination ☐
Still Born ☐ Miscarriage ☐ Other _____

17. If you have children, how many do you have?

(a) Please give age(s)

18. About how many weeks pregnant are you now?

19. Which of the following have you attended for care during **THIS** pregnancy?

Your GP ☐
A Hospital Antenatal Clinic ☐
A Private Gynaecologist ☐
Other (please write in) _____

20. Which of the following phrases best captures your **FIRST** response to this pregnancy (please tick **ONE**):

“As planned”	☐	“Unexpected”	☐	“A crisis”	☐
“Long awaited”	☐	“A Shock”	☐	“Pleased”	☐
“Did not know what to do”	☐			“Pleasant surprise”	☐

Please tell us more _____

Taking part in the study

We would like to talk to you about your experience of pregnancy and can do this today after you have been seen by the doctor. If you are willing to talk to us please fill in your name.

Name _____

If you would like to be interviewed but cannot do so today, please leave us your name and a contact address or telephone number so as we can arrange to meet and talk with you at some time that suits.

Name _____

Address _____

_____ Telephone _____

You can also contact us if you would like to know more about this study at:

(01) _____, _____, _____.

Thank you,

Evelyn Mahon, Lucy Dillon and Catherine Conlon.

Appendix 2:3 Letter sent to GPs.

Dear Dr.....,

We have been commissioned by the Department of Health to carry out a study of crisis pregnancy. The overall aim of the study is to provide information that will help the Department of Health in the development of contraceptive, medical and counselling services that are designed to reduce the number of unwanted pregnancies and the number of women seeking an abortion. In addition it will provide information and feedback to doctors. This study is supported by the Irish College of General Practitioners in the context of its objectives to reduce both the abortion rate amongst Irish women and the incidence of unplanned pregnancies.

In this study we plan to interview three hundred pregnant women. While one of the aims of the study is to investigate crisis pregnancies, we need to interview women who have different responses to pregnancy, some whose response is 'as planned', 'long awaited', 'a pleasant surprise' and others whose initial response is one of 'shock' or 'crisis'. We would like to know what factors help women to cope with such pregnancies. We have already interviewed women who felt unable to continue with their pregnancies and had abortions in England.

The interview takes the form of a conversation between the pregnant woman and an experienced researcher. A number of themes are explored: the role of this pregnancy in her life, her relationship with a partner and his response to the pregnancy, a sensitive exploration of attitudes to family planning and use of GP family planning services, the needs of pregnant women and the support offered to mothers. You may reassure your patients that all women who have been interviewed to date have found it a pleasant and therapeutic experience.

We would like to ask you to participate in the study by helping us to generate a sample of pregnant women.

Your name has been chosen at random from a national list of GPs. We are asking you to give the following pack **to each pregnant woman** (even if her visit is not related to her pregnancy) who visits your surgery

over the next month. It contains a letter describing the study, a questionnaire and a stamped addressed envelope. (A sample pack for you is also enclosed).

We hope the enclosed questionnaires will be completed by the first five pregnant women who visit your surgery over the next four weeks. They will hopefully agree to complete the questionnaires while in your surgery and return them to you in the envelope provided. Irrespective of whether or not they agree to a follow up interview, it is very important that they complete the short confidential questionnaire as it is important data for us.

When we have got back all of the completed questionnaires, then we will also have a list of women who agree to be interviewed. From that list we can draw a random sample of women and make arrangements to interview them.

Without your cooperation and that of your colleagues, it would be virtually impossible to get the random sample of women we require. The research will be useful in helping to shape future health services for women in the provision of family planning and pregnancy related services. The role of the General Practitioner in such provision is very important and for that reason we seek your cooperation by asking you to inform your patients about the study and give them the material enclosed. If you have any further queries about the research please telephone us at 01- _____, _____ , or _____.

Your participation would be greatly appreciated.

Yours sincerely,

Evelyn Mahon, Catherine Conlon and Lucy Dillon.

Appendix 2:4 Letter to pregnant women to be distributed by GPs.

Dear Patient,

We would like to ask for your help in carrying out a nation-wide study on Women and Pregnancy. The study, funded by the Department of Health will help them to develop their medical, family planning and counselling services.

Firstly, you can help us by answering questions 1-20 in the short questionnaire attached.

Secondly, at the end of page two, we ask whether or not you are willing to be interviewed at a later date about your experience of pregnancy. We know that some women are very happy to be pregnant but others might find it very difficult to cope with a pregnancy. In question 20 we give eight responses to pregnancy and ask for your initial response to finding out you were pregnant.

From this, we would like to talk to a number of women who give each response. By talking to you about your own personal experiences of pregnancy, you are providing us with a deeper understanding of the issues women face when pregnant. The interview takes the form of a conversation and is carried out in a sympathetic and caring way. All the information we collect will be summarised to give an overall picture of the views and experiences of women in Ireland. In this way you can be assured of your privacy. If you agree, we can talk to you at a time and place that suits you: in your home, someplace nearby or in our offices.

If you would like to take part in the study, please fill in your name, address and a telephone number if you have one, so we can contact you. Alternatively, if you would rather not give your name and address but prefer to talk to us by telephone we can arrange this if you call us at the numbers listed below. If you do not wish to take part, please fill in the questionnaire but leave the last section blank.

Thirdly, put the completed questionnaire into the stamped addressed envelope provided, seal it and give it to the doctor or receptionist who will post it back to us. This ensures your privacy and keeps all the information confidential.

If you would like to know more about the study, we will be delighted to hear from you. Please call Evelyn at _____ or Catherine or Lucy at _____.

Thank you for your time,

Yours sincerely,

Evelyn Mahon, Catherine Conlon and Lucy Dillon.

Appendix 2:5 Pro forma distributed by GPs.

1. Date of Birth:

/ /19

2. How would you describe yourself:

Single

☐

Married

☐

Going Steady

☐

Separated

☐

Engaged

☐

Divorced

☐

Cohabiting

☐

Widowed

☐

3. Partner's Age:

4. In which COUNTY do you live (eg Meath):

5. Do you live in a:

City

☐

Village

☐

Town

☐

Rural area

☐

6. Are you now:

At School

☐

Employed

☐

At College

☐

Unemployed

☐

Training for a profession

☐

Working in the home

☐

7. What kind of work do you do or have you done in the past: _____

8. What is your level of education to date:

Primary education

☐

PLC Course

☐

Some Second level

☐

Certificate/Diploma level

☐

Group/Inter/Junior Cert.

☐

Third Level Degree

☐

Leaving Cert.

☐

Post-graduate level

☐
Other (please write in): _____

9. Is your mother:

Working in home

☐

Employed

☐

Unemployed

☐

Retired

☐

10. Please write in her present or last job: _____

11. Is your father:

Working in home

☐

Employed

☐

Unemployed

☐

Retired

☐

12. Please write in his present or last job: _____

13. Is your partner/spouse:

Working in home

☐

Employed

☐

Unemployed

☐

Retired

☐

14. Please write in his present or last job: _____

Please note all information given on this form and collected in the interview will be completely confidential and will be seen only by the researchers named below.

15. Have you been pregnant before? Yes ☐ No ☐

16. What was the outcome of your last pregnancy?

Full-term ☐ Premature Birth ☐ Termination ☐
Still Born ☐ Miscarriage ☐ Other _____

17. If you have children, how many do you have?

(a) Please give age(s)

18. About how many weeks pregnant are you now?

19. Which of the following have you attended for care during **THIS** pregnancy?

Your GP ☐
A Hospital Antenatal Clinic ☐
A Private Gynaecologist ☐

Other (please write in) _____

20. Which of the following phrases best captures your **FIRST** response to this pregnancy (please tick **ONE**):

“As planned” ☐	“Unexpected” ☐	“A crisis” ☐
“Long awaited” ☐	“A Shock” ☐	“Pleased” ☐
“Did not know what to do” ☐	“Pleasant surprise” ☐	

Please tell us more _____

Taking part in the study

As our letter says we would like to talk to you about your experience of pregnancy, please say whether or not you would be willing to talk to us:

YES ☐NO ☐

If you would like to talk to us please fill in your name and a contact address with phone number if you have one, so we can contact you to arrange to meet and talk with you.

Name _____**Address** __________ **Telephone** _____

If you would like to talk to us but would rather not give your name and address please call us at the numbers listed and we can talk to you over the telephone.

Thank you,

Evelyn Mahon, Lucy Dillon and Catherine Conlon.

(01) _____, _____, _____.

Appendix 2:6 Women and Pregnancy Study

There is a lot of silence around abortion in Ireland and this needs to change so as the issues women face at this difficult time in their lives can be addressed. A sense of isolation and aloneness is often experienced by women during and after an abortion. The Department of Health has now commissioned the first ever study on women and pregnancy and we would like to talk to women who have had an abortion to get their views on what women need to help them deal with a crisis pregnancy. By talking to us about your own personal experiences of abortion you are providing us with a deeper understanding of the issues women face at this time in their lives.

The interviews take the form of a conversation more than a formal question and answer session and are carried out in a sympathetic and caring way. All the information we collect will be summarised to give an overall picture of the views and experiences of women in Ireland. In this way you can be assured of your privacy.

By talking to us about your experience you will be helping to contribute to future health policy and pregnancy counselling services. If you would be willing to share your experience with us we will be in this clinic over the next few days.

Many thanks

Evelyn Mahon & Catherine Conlon.

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