Research on Crisis Pregnancy

for crisis pregnancy counsellors (1)

WHAT IS THIS RESEARCH SUMMARY ABOUT?

This summary is part of a series designed to bring the latest Crisis Pregnancy Agency research findings to key audiences in a concise, easy-to-read format. Research summaries are designed to inform groups that play a role in crisis pregnancy prevention and support.

Research is a key element of the Crisis Pregnancy Agency’s work. We are committed to the use of research as a basis for understanding behaviour, assessing need, building on previous work and promoting the use of evidence-based practice. This summary is based on three research reports published by the Crisis Pregnancy Agency. Please see the ‘Want to read more?’ section for full details of the research reports.

This research summary on crisis pregnancy in Ireland is particularly for counsellors and others who engage with women in a crisis pregnancy situation. It may prove useful in improving understanding of the causes of crisis pregnancy, and the emotions and needs of those who experience a crisis pregnancy, or it may be a basis for further reading.

The back page of the summary lists sources of information and advice for counsellors and describes how to get copies of the reports.

WHAT DOES THE RESEARCH TELL US?

The research describes the factors that contribute to the crisis nature of an unplanned pregnancy, the stages that those experiencing crisis pregnancy go through to resolve the crisis, and the kinds of services that those in crisis need. Some of the main points are:

• Crisis pregnancies occur as a result of many different factors. Personal beliefs, self-confidence and knowledge of fertility and sexual health services all determine whether contraception is used properly, or if it is used at all.

• Wider influences such as socio-economic status, relationship status, use of alcohol and availability of sexual health services also affect contraceptive use.

• When an unplanned pregnancy does occur, a number of factors influence how it is resolved; these include age, relationship/family status, personal beliefs, life goals and health.

• Most women with a crisis pregnancy relied on the support of their partners, mothers, friends or other family members, and some used counselling services when they were dealing with a pregnancy. For women with little or no support, counselling was a vital source of support and information.

• The research indicates that approximately a quarter of those in crisis pregnancy situations used a counselling service. Counselling offers women support in coping with the stress of crisis pregnancy, help with the decision-making process and information on options and practical help when they make decisions. Women who choose to parent or to have the baby adopted are less likely to attend for counselling than women considering abortion.
Crisis pregnancy is described by the Crisis Pregnancy Agency as a pregnancy which is neither planned nor desired by the woman concerned, and which represents a personal crisis for her. Across nearly all participants the unplanned nature of their crisis pregnancy was a key reason why it was perceived as a crisis. However, an unplanned pregnancy is not necessarily a crisis pregnancy. Many factors interact both in creating the sense of crisis and in determining how it is resolved.

Who has a crisis pregnancy?
- 28% of women who had ever been pregnant had had a crisis pregnancy; 14% of these had experienced more than one crisis pregnancy (Report 7).
- In the same study participants’ most recent crisis pregnancy was experienced at a mean age of 23.4 years for women and 24.6 years for men (Report 7).
- At the time of conception 41% of women had a steady relationship with their partner, 24% had a casual relationship and 24% were married or engaged (Report 7).
- 44% of those in classes least well off had experienced a crisis pregnancy, compared to between 20% and 36% in other social classes (Report 7).

What is a crisis pregnancy?
- The most common reason given for a pregnancy being a crisis pregnancy was that it was not planned. 41% women and 39% of men who had experienced a crisis pregnancy gave this reason (Report 7).
- Other reasons women gave for a pregnancy being a crisis differed according to the outcome of the pregnancy. For women who chose to parent, being too young (21%) or not married (17%) were other common reasons given. Those whose pregnancy resulted in abortion explained that the crisis was due to relationship difficulties (23%), not wanting the baby (23%) or being too young (22%) (Report 7).
- Younger participants (aged 18-25) were more likely than older age groups to feel that a pregnancy was a crisis pregnancy. The crisis stemmed from being too young (71%) or the fear of a negative reaction from their family (32%). For older women, the crisis came from their family being complete or medical difficulties (Report 7).

Why do crisis pregnancies happen?
- 62% of women and 56% of men said that contraception had not been used when the crisis pregnancy occurred, usually because sex was unplanned or they were not prepared (Report 7).
- Among those who did use contraception, most used the condom, the Pill or withdrawal. The reason the chosen method failed was unknown by 31% of women and 20% of men; condom or Pill failure was a reason given by 43% of women and 33% of men (Report 7).
- Only 10% of women and 5% of men who had had a crisis pregnancy said that they or their partner had used emergency contraception (EC) to prevent pregnancy after having unprotected sex. The main reason for not using EC was a belief that they wouldn’t get pregnant (31%) (Report 7).
RESPONSES TO CRISIS PREGNANCY

Most women (75%) who experience a crisis pregnancy go on to give birth, especially those who are in some form of steady relationship at the time of conception. However, there is a process of decision-making and coping with the difficult emotions attached to a crisis pregnancy that a woman must go through before deciding how to proceed with her pregnancy.

Who do those in crisis speak to?

- Among those who had experienced crisis pregnancy, over half of women first told their sexual partner about the crisis pregnancy, with 19% first telling a friend. The pregnancy was confirmed by a GP for 45% of women and a well woman or family planning clinic for 34% of women [Report 7]. Secrecy was a feature of the pregnancy for some women who chose or considered adoption - some told no family member until after the birth [Report 13].

- 27% of women and 14% of men who spoke about their crisis pregnancy experience had attended a crisis pregnancy counselling service [Report 7]. The figure in another study is very similar: out of 400 women who were experiencing a crisis pregnancy 28% attended a crisis pregnancy counselling service. Over half the women who decided on abortion attended counselling, compared with 19% of women continuing the pregnancy [Report 12].

Crisis pregnancy outcomes

- Of 245 women who experienced a crisis pregnancy 75% gave birth and 15% had an abortion. Of the women who gave birth 57% reared the child with its father, 38% reared the child alone and 1% had the baby adopted. Women who gave birth reported partner/family support and moral/personal beliefs as factors influencing the outcome of the pregnancy [Report 7].

- The records show that in 2002, 76 babies were placed for non-family adoption with registered adoption agencies. Women who spoke about making this decision said that their level of support, knowledge of parenting and or adoption, the relationship with the natural father and readiness for motherhood influenced their decision [Report 13].

- Younger women were more likely to experience a pregnancy as a crisis and were more likely to choose abortion than older women. 22% of 18-25 year olds chose abortion, compared with less than 10% in all other age categories [Report 7].

- Nearly all the women felt they made the right decision about how to resolve the crisis pregnancy. 98% of women who gave birth and 95% of those who had an abortion felt that the outcome of the pregnancy was the right thing to do [Report 7]. Women who placed their baby for adoption sometimes spoke of sadness or regret, but they mostly felt that adoption was still the best choice for their baby [Report 13].
WHAT DO WOMEN IN CRISIS NEED?

Although there were some women in the studies who resolved the crisis themselves, most of those who had had a crisis pregnancy relied on the support of others: professionals, family members, partners or friends. For most people, the support of a partner or family member was of primary importance, but most respondents saw a clear role for the skills of a counsellor (Report 12).

The role of friends and family - personal supports

- Among 400 women experiencing a crisis pregnancy, 60% looked to a partner for support, 38% looked to their mother and 34% to a friend. Women who decided on abortion were much more likely to seek a friend’s support than those carrying on with the pregnancy (Report 12).
- Women who gave birth were more likely to report that their partner had been supportive than women who had an abortion. In one study, 99% of women who were married/engaged and 93% of those living together at the time of conception gave birth, compared with 69% of those not in a relationship (Report 7).
- Women who had had a crisis pregnancy in the past rated friends as more supportive than their parents or sexual partner, especially those women who had opted for abortion (Report 7).

The role of the counsellor – professional support

- When women were questioned about what they wanted from a counselling service, the most important need was for ‘a supportive listener.’ Other needs common to women, regardless of the outcome of the pregnancy, were ‘to talk through all your options’ [52% of women] and ‘help with making a decision’ [23%]. Other women spoke about the importance of a non-judgemental response to the pregnancy and continuity of support during and after the crisis pregnancy (Report 12).
- Interview data shows that many women make a decision before going to counselling and went there for help and information to carry out their decision. Some women who had decided on adoption said that they found it difficult or upsetting to be asked to look at other options, as they only wanted practical help (Report 13).
- Women who had decided to continue the pregnancy thought counselling should also provide information on pregnancy care [44%], information on parenting supports [40%] and help with telling others [24%] (Report 12). Help with telling others is an important part of the counsellor’s role, as it can connect women with the support of friends, family and partners that is so important to them.
- Women who opted for abortion felt that practical information on abortion [59%] and referral to an abortion clinic [48%] should be part of the counselling process (Report 12).
- For some women, the counsellor was the only person to whom they felt that they could talk. Counsellors were particularly important when a woman’s views about resolving the crisis conflicted with those of her family or partner or where the woman wanted to express negative feelings about the pregnancy, which she felt she could not share with anyone else.
OUR RESEARCH – YOUR PRACTICE

The studies summarised herein give a fuller understanding of the causes of crisis pregnancy and how different women respond to the crisis. Because of the lack of research to date in an Irish context, the research summaries are a useful resource for practitioners. In the past, evidence-based practice relied primarily on research conducted elsewhere. While common themes emerge internationally, the unique circumstances faced by Irish women means that these reports have the potential to inform practitioners in a very specific way.

The studies explain who those in crisis turn to, and what kind of support they value most. These insights can help those who are helping a woman (or a man) with a crisis pregnancy to make sure that the service they provide really meets the need of the person in crisis. For example, the counsellor’s ability to help women access informal counselling sources (friends, family, etc.) was a key aspect of the formal counselling session for certain women.

The second research summary for crisis pregnancy counsellors summarises barriers/facilitators to women accessing counselling. It also describes the strengths and weaknesses of counselling services, and lists recommendations made in the research as to how crisis pregnancy counselling services in Ireland may be improved and developed.

WANT TO READ MORE?

Three pieces of research are summarised in this update:

Crisis Pregnancy Agency Report 7 involved a survey of over 3000 people living in Ireland on all aspects of their sexual behaviour. 245 people answered in-depth questions about their personal experience of crisis pregnancy [Rundle, Leigh & McGee, Royal College of Surgeons in Ireland; Layte, ERSI].

Crisis Pregnancy Agency Report 12 examined women’s experiences of crisis pregnancy counselling services and other crisis pregnancy supports. 400 women experiencing crisis pregnancy answered a questionnaire and 46 women gave in-depth interviews [Conlon, Women’s Education, Research and Resource Centre, UCD].

Crisis Pregnancy Agency Report 13 surveyed agencies dealing with women experiencing crisis pregnancy and interviewed 16 women who had considered or chosen adoption as a crisis pregnancy outcome [Loughran & Richardson, Department of Social Policy and Social Work, UCD].

THE CRISIS PREGNANCY AGENCY

The Crisis Pregnancy Agency is a Government body that was set up to address the issue of crisis pregnancy in Ireland.

There are three main parts to the Agency’s work: 1) reducing crisis pregnancy by the provision of education, advice and contraceptive services; 2) reducing the number of women who opt for abortion by offering services and supports which make other options more attractive; and 3) providing counselling and medical services after crisis pregnancy.
USEFUL INFORMATION AND CONTACTS

Crisis Pregnancy Agency

4th Floor
89-94 Capel Street
Dublin 1
Tel: 01 814 6292
Fax: 01 814 6282
Email: info@crisispregnancy.ie
Web: www.crisispregnancy.ie

Keep up to date with the Crisis Pregnancy Agency...

Check out the Crisis Pregnancy Agency’s website: www.crisispregnancy.ie
You can see the latest Irish research on crisis pregnancy and related areas, and
find out about resources available to those involved in a crisis pregnancy
situation. Sign up to receive our free e-newsletter, which has information on
new research and useful resources.

www.crisispregnancy.ie/newsletter.html

Research on crisis pregnancy in Ireland

Research reports on crisis pregnancy and related areas, such as adoption and
teensage sexuality, are available from the Crisis Pregnancy Agency, and for
download at www.crisispregnancy.ie/research.html

Contraception and sexual health

The ‘Think Contraception’ leaflet and website provide information for young
men and women who want to learn more about sexual and reproductive health,
especially contraception.

The leaflet is available from the Crisis Pregnancy Agency, or log on to
www.thinkcontraception.ie

Crisis pregnancy advice and counselling

Positive Options is a directory of agencies skilled in the area of crisis pregnancy
counselling. The Positive Options leaflet is available from the Crisis Pregnancy
Agency, log on to www.positiveoptions.ie or Freetext LIST to 50444

Key Contact

The Crisis Pregnancy Agency has commissioned a range of information
resources for individuals or organisations that may encounter women
experiencing a crisis pregnancy.

- Key Contact – Responding to Crisis Pregnancy: Information and Service
  Directory for Community and Health Professionals gives information on
  how to support a client with a crisis pregnancy and includes a directory of
  agencies and support services for those experiencing crisis pregnancy.

Two further resources are in the process of being developed:

- Key Contact – Directory of Supported Accommodation for Women
  Experiencing Crisis Pregnancy provides information on supported
  accommodation services for women experiencing crisis pregnancy and their
  children.

- Key Contact – Reproductive Health Information for Migrant Women
  is a crisis pregnancy information booklet and CD-ROM with information in
  six languages for members of ethnic groups.