CHAPTER VI

FACTORS AFFECTING DECISION MAKING BY LOW-INCOME YOUNG WOMEN WITH UNPLANNED PREGNANCIES

As discussed in Chapter 4, the qualitative results showed what should measure the association of factors affecting the choices of young women with unplanned pregnancies; Phase II data were collected in during the period November 2003-March 2004. This chapter presents the Phase II cross-sectional study analysis, which shows the results of analyzing factors predicting women's decision-making, as well as descriptive data to explain service utilization in the popular, folk, and professional sectors. Identification of the predicting factors will assist in planning and implementing future programs to prevent unplanned pregnancies among young people.

6.1 Data Analysis

To fulfill the objectives of the study, data analysis was divided into 3 parts, as follows:

1. Descriptive statistics of frequencies and percentage distribution were calculated to depict the basic characteristics of the young women with unplanned pregnancies.

2. Discriminant analysis was used to determine which independent variables were influenced of the choices of the young women, i.e., pregnancy termination, parenting, and adoption.

6.1.1 Descriptive Statistics of the Sample Population

This section presents the socio-demographic characteristics, and some experiences of unplanned pregnancy: sexual experiences, suspicion of pregnancy, causes of unplanned pregnancy, consultation while in crisis, available choices, seeking help or health services, experiences of pregnancy termination, experiences of keeping

the baby to term, relationships with significant persons, and attitudes toward unplanned pregnancy. Moreover, the environmental factors that influenced reproductive-health-service utilization of the study sample are described in this section.

6.1.1.1 Socio-demographic Characteristics

To clarify the study samples, the socio-demographic characteristics are presented in Tables 6.1-6.2. The total number of study samples in Phase II was 120 cases. There were 32 cases of terminated pregnancy, 58 cases raising the babies by themselves, and 30 cases putting the baby up for adoption.

Places of Recruitment

The majority of the samples was recruited from shelters. One third (31.7%) of them were from Emergency Houses 2 and 3, whereas 24.2 percent were recruited from the community network (Table 6.1). The women recruited from the community and NGO networks were mostly cases of terminated pregnancy, while the remainders were distributed between parenting and adoption (Table 6.1).

Living Location During Childhood

Even though the study took place in Bangkok, nearly half of the participants had spent their lives in rural, upcountry communities while they were 1-12 years old. The remainder had lived in Bangkok (36.7%) and urban areas of upcountry (20.8%) (Table 6.1).

Table 6.1: Number and Percentage of the Samples, by Place

Place	Choice			
	Abortion	**Parenting**	**Adoption**	**Total**
	n %	**n %**	**n %**	**n %**
Emergency house 1-2	0 (0.0)	26 (44.8)	12 (40.0)	38 (31.7)
Ban Sukruthai	0 (0.0)	13 (22.4)	8 (26.7)	21 (17.5)
Sahathai Foundation	0 (0.0)	5 (8.6)	3 (10.0)	8 (6.7)
Ban Prakhun	0 (0.0)	6 (10.3)	4 (13.3)	10 (8.3)
Ban Pak Dek Lae Krobkrua	0 (0.0)	7 (12.1)	3 (10.0)	10 (8.3)
Community Network	28 (87.5)	1 (1.7)	0 (0.0)	29 (24.2)
NGO Networks	4 (12.5)	0 (0.0)	0 (0.0)	4 (3.3)
Total	32 (100.0)	58 (100.0)	30 (100.0)	120 (100.0)
Living location during childhood (1-12 yrs)				
Communities in BKK	24 (75.0)	13 (22.4)	7 (23.3)	44 (36.7)
Rural, upcountry	5 (15.6)	32 (55.2)	14 (46.7)	51 (42.5)
Urban, upcountry	3 (9.4)	13 (22.4)	9 (30.0)	25 (20.8)
Total	32 (100.0)	58 (100.0)	30 (100.0)	120 (100.0)

Age of Adolescent Stage

More than half of the total sample (56.7%) of the young women were in late adolescence (20-24 years old) participated in the study (Table 6.2). Referring to adolescent stage, 3 out of 5 early adolescents chose to terminate their pregnancies and other 2 cases put their baby up for adoption. No cases at this age keep the baby and raising it themselves. In contrast, the majority of women (67.2%) in the late adolescent stage (20-24 years old) decided to raise the babies themselves (Table 6.2).

Educational Attainment (Grade)

Half of the women who carried their babies to term, for both parenting and adoption, had education levels higher than grade 10, whereas nearly half of the women who terminated their pregnancies had completed grades 5-10.

Occupation

The overall employment picture showed that one fourth of the samples were students and one fifth were unemployed. While the remainders, or more than half of the samples were working. The majority of the women who raised the babies themselves (63.8%) were working, while there was a higher proportion of unemployment among the women who terminated pregnancy than among women who were parenting or adopting, at 37.5, 15.5, and 10.0 percent, respectively.

Living Status before/during Pregnancy

The parenting group showed the highest percentage of living with others, or living alone, and the lowest percentage of living with their parents.

Parental Marital Status

More than half (51.7%) of the women's parents were separated or remarried (no relationship), especially the women who gave their babies up for adoption, who showed the highest percentage of parental separation or remarriage.

Mother and Father's Education Level (Grade)

Most of the women who gave the babies up for adoption revealed that their parents had completed grades 0-4, but some of them did not know their parents' educational background, because their parents had separated, passed away, or abandoned their child (Table 6.2).

Table 6.2: Number and Percentage of Socio-demographic Characteristics of the Samples

Socio-demographic	Choices			
	Abortion	Parenting	Adoption	Total
	n %	n %	n %	n %
Age group (years) *Mean = 19.9, S.D.= 2.9; min = 13, max = 24*				
13-14 (Early adolescent)	3 (9.4)	0 (0.0)	2 (6.7)	5 (4.2)
15-19 (Mid-adolescent)	11 (34.4)	19 (32.8)	17 (56.7)	47 (39.2)
20-24 (Late adolescent)	18 (56.3)	39 (67.2)	11 (36.7)	68 (56.7)
Total	32 (100.0)	58 (100.0)	30 (100.0)	120 (100.0)
Educational Attainment (grade)				
0-4	4 (12.5)	11(19.0)	6(20.0)	21(17.5)
5-10	15(46.9)	18(31.0)	9(30.0)	42(35.0)
> 10	13(40.6)	29(50.0)	15(50.0)	57(47.5)
Total	32 (100.0)	58 (100.0)	30 (100.0)	120 (100.0)
Occupation				
Working	11(34.4)	37(63.8)	17(56.7)	65(54.2)
Studying	9(28.1)	12(20.7)	10(33.3)	31(25.8)
Unemployed/housewife	12(37.5)	9(15.5)	3(10.0)	24(20.0)
Total	32 (100.0)	58 (100.0)	30 (100.0)	120 (100.0)
Living status before/ during pregnancy				
Living with father/mother/parents	14 (43.8)	12 (20.7)	15 (50.0)	41 (34.2)
Living with others/alone	18 (56.3)	46 (79.3)	15 (50.0)	79 (65.8)
Total	32 (100.0)	58 (100.0)	30 (100.0)	120 (100.0)
Parental marital status				
Having relationship	15 (46.9)	32 (55.2)	11 (36.7)	58 (48.3)
No relationship	17(53.1)	26 (44.8)	19 (63.3)	62 (51.7)
Total	32 (100.0)	58 (100.0)	30 (100.0)	120(100.0)
Mother's education level (grade)				
0-4/do not know	22 (68.8)	46 (79.3)	30 (100.0)	98 (81.7)
> grade 4	10 (31.3)	12 (20.7)	0 (0.0)	22 (18.3)
Total	32 (100.0)	58 (100.0)	30 (100.0)	120(100.0)
Father's education level (grade)				
0-4/do not know	22 (68.8)	43 (74.1)	27 (90.0)	92 (76.7)
> grade 4	10 (31.3)	15 (25.9)	3 (10.0)	28 (23.3)
Total	32 (100.0)	58 (100.0)	30 (100.0)	120(100.0)

6.1.1.2 Relationships with Significant Others

Regarding relationships with significant others, Table 6.3 shows that the majority of the young women did not have any relationship with their partner. This trend was consistent only for the young women with the parenting and adoption decisions but the majority (71.9%) of women who terminated pregnancy still had relationships with their partners.

Table 6.3: Number and Percentage of the Samples' Significant Others

Characteristics	Abortion	Parenting	Adoption	Total
	n %	n %	n %	n %
Relationship with significant others (partner)				
Having relationship	23 (71.9)	14 (24.1)	2 (6.7)	39 (32.5)
No relationship	9 (28.1)	44 (75.9)	28 (93.3)	81 (67.5)
Total	32 (100.0)	58 (100.0)	30 (100.0)	120 (100.0)

Choices span over Abortion, Parenting, Adoption, Total.

6.1.1.3 Unplanned Pregnancy Experiences

Tables 6.4-6.8 illustrate the unplanned pregnancy experiences of the sample population. The topics explored are suspicion of pregnancy, time of pregnancy suspicious, duration between suspected and confirmed pregnancies, cause of pregnancy, and peers' sexual experiences.

Suspicion and Confirmation of Pregnancy

Most of the women (96.7%) suspected their pregnancies because of missing menstruation and the signs and symptoms of pregnancy, such as nausea, vomiting, breast tenderness, and a larger abdomen. However, a few cases (3.3%) did not suspect pregnancy, but their parents or relatives saw the signs of pregnancy and warned them. All of the women who terminated their pregnancies suspected they were pregnant when they missed menstruation, whereas 10.0 percent of the women who put their babies up for adoption were not suspicious when they missed menstruation (Table 6.4).

Time of Pregnancy Suspicion (weeks)

Moreover, Table 6.4 shows that about two thirds of the women who terminated their pregnancies suspected pregnancy during the 5-8 weeks after the latest menstruation, whereas more than one third (40.0 %) of the women who put their babies up for adoption suspected pregnancy when the pregnancy was > 12 weeks.

Table 6.4: Numbers and Percentages of Women, who Suspected Pregnancy, and Weeks of Suspecting Pregnancy, Counting from Missing Menstruation among the Samples

Pregnancy suspicion	Choices			
	Abortion	**Parenting**	**Adoption**	**Total**
	n %	**n %**	**n %**	**n %**
Suspected pregnancy				
Yes	32 (100.0)	57 (98.3)	27 (90.0)	116 (96.7)
No	0 (0.0)	1 (1.7)	3 (10.0)	4 (3.3)
Total	32 (100.0)	58 (100.0)	30 (100.0)	120(100.0)
Time of pregnancy suspicion (weeks)				
0- 4	6 (18.8)	7 (12.1)	2 (6.7)	15 (12.5)
5- 8	22 (68.8)	23 (39.7)	6 (20.0)	51 (42.5)
9-12	2 (6.3)	10 (17.2)	10 (33.3)	22 (18.3)
> 12	2 (6.2)	18 (31.0)	12 (40.0)	32 (26.7)
Total	32 (100.0)	58 (100.0)	30 (100.0)	120(100.0)

Duration

Table 6.5 shows that, among majority of women (70.8%), pregnancies were confirmed at the time suspected due to obvious signs and symptoms, but 20 percent of the women who put their babies up for adoption confirmed their pregnancy after one month of suspecting it.

Table 6.5: Numbers and Percentages for Duration, Between Suspected and Confirmed Pregnancies

Duration	Choices			
	Abortion	**Parenting**	**Adoption**	**Total**
	n %	**n %**	**n %**	**n %**
Confirmed at the time suspected	27 (84.4)	40 (69.0)	18 (60.0)	85 (70.8)
< 1 month	5 (15.6)	11 (19.0)	6 (20.0)	22 (18.3)
> 1 month	0 (0.0)	7 (12.1)	6 (20.0)	13 (10.8)
Total	32 (100.0)	58 (100.0)	30 (100.0)	120(100.0)

Signs and Symptoms of Pregnancy

Missing menstruation is well known as a warning sign of pregnancy for most women who have sexual intercourse. If there are other signs and symptoms of pregnancy, such as nausea, vomiting, breast tenderness, and a fondness for eating sour fruits, pregnancy may be confirmed. As shown in Table 6.6, most of the women who raised their babies themselves knew of their pregnancy by missing menstruation, as did women who terminated pregnancy, and women who put their babies up for adoption at rates of 98.2, 93.8, and 92.9 percent, respectively. In addition, the signs and symptoms of pregnancy, including nausea, vomiting, and breast tenderness, were commonly known symptoms that confirmed pregnancy in addition to missed menstruation. Some women had irregular menstruation cycles, so that they were not sure of pregnancy until the common signs and symptoms showed, together with missing menstruation. A few cases (9.4%) knew of their pregnancy because they felt something moving in their abdomens; this was because they had irregular menstruations and did not suspect pregnancy when they missed their menstruation periods. The women who raised their babies themselves were the largest group (12.3%) who suspected pregnancy due to the movement of the baby in the womb.

Table 6.6: Number and Percentage Distribution of Signs/Symptoms of Pregnancy that made the Samples Suspect Pregnancy

Reasons for Suspecting Pregnancy	Choices			
	Abortion	Parenting	Adoption	Total
	n %	n %	n %	n %
Missing menstruation period	30 (93.8)	56 (98.2)	26 (92.9)	112(95.7)
Having signs and symptoms of pregnancy	20 (62.5)	34 (59.6)	11 (39.3)	65 (55.6)
Having pregnancy experience	1 (3.1)	4 (7.0)	1 (3.6)	6 (5.1)
Having signs of something moving in the abdomen	1 (3.1)	7 (12.3)	3 (10.7)	11 (9.4)
Having sexual intercourse prior to missing menstruation	10 (31.3)	15 (26.3)	7 (25.0)	32 (27.4)
Others	0 (0.0)	1 (1.8)	0 (0.0)	1 (0.9)

Causes of Unplanned Pregnancy

The causes of unplanned pregnancy are displayed in Table 6.7, which reveals that about one third of the sample population (37.5%), especially among the women who terminated pregnancy or thought that having sex rarely did not cause pregnancy. In these circumstances, they did not use any contraceptive methods.

Moreover, the women who terminated pregnancy were the largest group (9.4%) who did not know of contraceptive methods or failed to use natural contraceptive methods (18.8%); 12.5 percent did not use any contraceptive methods due to the side effects; and 12.5 percent thought that having sexual intercourse only once did not cause pregnancy. Comparison with the overall results of the sample population showed that 3.3 percent of the them did not know of any contraceptive methods; 14.2 percent of the sample population failed to use natural contraceptive methods, including withdrawal and safe period; 9.2 percent did not use any contraceptive method due to the side effects; 12.5 percent thought that having sexual intercourse only once did not cause pregnancy. Among the women who terminated pregnancy, all of the figures were higher than the overall sample population.

Table 6.7: Numbers and Percentage Distribution of Unplanned Pregnancy Causes among the Samples*

Causes of Unplanned Pregnancy	Choices			
	Abortion	Parenting	Adoption	Total
	n %	n %	n %	n %
Did not know any contraceptive methods	3 (9.4)	0 (0.0)	1 (3.3)	4 (3.3)
Unexpected sexual intercourse	6 (18.3)	6 (10.3)	6 (20.0)	18 (15.0)
Contraceptive method failure	5 (15.6)	15 (25.9)	7 (23.3)	27 (22.5)
Natural method failure	6 (18.8)	9 (15.5)	2 (6.7)	17 (14.2)
Did not use any contraceptive method due to side effects	4 (12.5)	6 (10.3)	1 (3.3)	11 (9.2)
Partner did not use any barrier method	0 (0.0)	7 (12.1)	3 (10.0)	10 (8.3)
Unexpected pregnancy (rarely had sex)	12 (37.5)	23 (39.7)	5 (16.7)	40 (33.3)
Having sexual intercourse only once did not cause pregnancy	4 (12.5)	5 (8.6)	1 (3.3)	10 (8.3)
Rape	2 (6.3)	1 (1.7)	6 (66.7)	9 (7.5)
Others	3 (9.4)	6 (10.3)	5 (16.7)	14 (11.7)

Remark: * multiple responses

Peers' Sexual Experiences

It is interesting to point out that a high percentage (81.3%) of the women who terminated their pregnancies had friends who engaged in sexual intercourse (Table 6.8). In addition, quite a high percentage (75.0%) of them reported having friends who used to terminate their pregnancies, which was higher than the other groups.

Table 6.8: Number and Percentage of Peers' Sexual Experiences among the Samples

Statement	Choices			
	Abortion	**Parenting**	**Adoption**	**Total**
	n %	**n %**	**n %**	**n %**
Have a friend who				
Engaged in sexual intercourse	26 (81.3)	43 (74.1)	23 (76.7)	92(76.7)
Terminated pregnancy	24 (75.0)	35 (60.3)	17 (56.7)	76(63.3)
Gave the baby up for adoption	1 (3.1)	5 (8.6)	2 (6.7)	8(6.7)
Raised the baby herself	15 (46.9)	16 (27.6)	10 (33.3)	41(34.2)
Do not have friend engaged in sexual intercourse.	2 (6.3)	13 (22.4)	6 (20.0)	21(17.5)

6.1.1.4 Decision Making to Solve the Trouble

Seek Consultation while in Crisis

As shown in Table 6.9, most of the women sought for consultation with highest proportion in women who terminated their pregnancy (93.8%), whereas the women did not seek for consultation accounted for 25.9 percent among those were highest compared with the other groups.

Table 6.9: Numbers and Percentages of Consultation while in Crisis among the Samples

Consultation while in crisis	Choices			
	Abortion	**Parenting**	**Adoption**	**Total**
	n %	**n %**	**n %**	**n %**
Consult	30 (93.8)	43 (74.1)	26 (86.7)	99 (82.5)
Not consult	2 (6.2)	15 (25.9)	4 (13.3)	22 (17.5)
Total	32 (100.0)	58 (100.0)	30 (100.0)	120(100.0)

Remark: Did not consult because of testing urine by themselves, having experience, and/or having sexual intercourse.

First Person Women Consulted while in Crisis

The women who terminated their pregnancies were the largest group who sought consultation with their partner, while the women who put their babies up for adoption sought more consultation with their parents/relatives than the other two groups (Table 6.10). A majority of women who put their babies up for adoption consulted their parents/relatives as the first person (Table 6.10). For the women who put their babies up for adoption, it was apparent that most of their partners did not take responsibility on the baby, and that was the reason why the women put the babies up for adoption. In addition, results from in-depth interviews found that this group tended to consult their parents or relatives if they could not get support from their partners.

Table 6.10: Number and Percentage of the First Person Women Consulted while in Crisis

First Person Consulted	Choices			
	Abortion	Parenting	Adoption	Total
	n %	n %	n %	n %
Did not consult anyone	2 (6.3)	15 (25.9)	4 (13.3)	21 (17.5)
Partner	14 (43.8)	23 (39.7)	3 (10.0)	40 (33.3)
Friend	5 (15.6)	11 (19.0)	10 (33.3)	26 (21.7)
Parents/Relatives	11 (34.4)	9 (15.5)	13 (43.3)	33 (27.5)
Total	**32 (100.0)**	**58 (100.0)**	**30 (100.0)**	**120(100.0)**

Most Important Persons Influencing the Samples' Decision

The women consulted with others to gain some information for decision-making; it was found that 81.7 percent made the decision by themselves after they consulted many people whom they trusted and cared for, as shown in Table 6.11. In addition, apart from making the decision by themselves, the mother seemed to influence their decision, especially that of women who put their babies up for adoption. Putting the baby for adoption was a situation for the young women in which it was difficult to make a decision independently; thus, they returned to the persons they trusted most, their mothers. However, in-depth interviews showed that if the partner took responsibility, the majority of them did not put the baby up for adoption.

Table 6.11: Number and Percentage of the Most Important Persons Influencing the Samples' Decision

Most Important Person	Choices			
	Abortion	**Parenting**	**Adoption**	**Total**
	n %	**n %**	**n %**	**n %**
Father	0 (0.0)	1 (1.7)	2 (6.7)	3 (2.5)
Mother	1 (3.1)	3 (5.2)	4 (13.3)	8 (6.7)
Relatives	1 (3.1)	3 (5.2)	3 (10.0)	7 (5.8)
Baby's father	0 (0.0)	4 (6.9)	0 (0.0)	4 (3.3)
Themselves	30 (93.8)	47 (81.0)	21 (70.0)	98 (81.7)
Total	32 (100.0)	58 (100.0)	30 (100.0)	120 (100.0)

Choices in Mind while in Crisis

As demonstrated in Table 6.12, more than half (55.8%) of the women with unplanned pregnancies had one choice in mind (parenting, abortion, or adoption) while in crisis. Majority of the women who terminated pregnancy had one choice in mind (75.0%) that was to terminate pregnancy, which was the highest compare with the women who raised the baby, and put the baby for adoption. However, more than one third had two choices. As discussed in Chapter IV, the decision to solve the unplanned pregnancy varied, depending a lot on the partner and the parents.

Table 6.12: Numbers and Percentages of Choices in Mind of the Samples while in Crisis

Number of Choice in Mind	Choices			
	Abortion	**Parenting**	**Adoption**	**Total**
	n %	**n %**	**n %**	**n %**
1	24 (75.0)	21 (36.2)	22 (73.3)	67 (55.8)
2	8 (25.0)	31 (53.4)	7 (23.3)	46 (38.3)
>2	0 (0.0	6 (10.3)	1 (3.3)	7 (5.8)
Total	32 (100.0)	58 (100.0)	30 (100.0)	120 (100.0)

Choice to Solve Unplanned Pregnancy

Most of the women (83.3%) wanted to terminate the pregnancy as a solution to the problem of unplanned pregnancy (Table 6.13). However, if it were not successful, they had no choice but to keep the baby to term even if they did not want to; they just keep the baby to term without knowing the future, because most of them did not know any other solutions.

As shown in Table 6.13, the women who terminated their pregnancies and the women who put their babies up for adoption first decided to keep the baby and raise the baby themselves, at 15.6 and 26.7 percent, respectively. However, after they reconsidered, they changed their minds to terminating the pregnancy and giving the baby up for adoption.

Table 6.13: Number and Percentage Distribution of Potential Choice to Solve Unplanned Pregnancy while in Crisis among the Samples*

Choice to Solve Unplanned Pregnancy	Choices			
	Abortion	Parenting	Adoption	Total
	n %	n %	n %	n %
Keep baby and marry lover	3 (9.4)	9 (15.5)	0 (0.0)	12 (10.0)
Keep baby and raise baby herself	5 (15.6)	41 (70.7)	8 (26.7)	54 (45.0)
Put baby up for adoption	0 (0.0)	7 (12.1)	7 (23.3)	14 (11.7)
Terminate pregnancy	32 (100.0)	44 (75.9)	24 (80.0)	100 (83.3)

Remark: * Multiple responses

Changed Choice

As illustrated in Table 6.14, about one third of the sample population changed their decisions, while the rest did not. All of the women who terminated pregnancy (100%) did not change their choice, whereas the majority of women who put their babies up for adoption (76.7%) changed their minds (Table 6.14). This result could explain using the in-depth interviews, which indicated that the women who put the

baby from adoption changed the choice from raising the baby to put the baby for adoption.

Table 6.14: Numbers and Percentages of Changed Choices of the Samples while in crisis

Changed Choice	Choices			
	Abortion	Parenting	Adoption	Total
	n %	n %	n %	n %
Changed option	0 (0.0)	14 (24.1)	23 (76.7)	37 (30.8)
Did not change option	32 (100.0)	44 (75.9)	7 (23.3)	83 (69.2)
Total	32 (100.0)	58 (100.0)	30 (100.0)	120 (100.0)

6.1.1.5 Help-or Health Seeking Patterns
Seeking Help from Service Facilities

After the women with unplanned pregnancies sought consultations and made a decision, the majority (53.3%) used abortifacient products from drugstores/grocery stores to terminate the pregnancy rather than visiting other facilities (Table 6.15). The women who terminated their pregnancies was the largest group (62.5%) seeking services at drugstores. Meanwhile, the women who put their babies up for adoption had a greater preference for visiting clinics than the other groups (Table 6.15). However, the clinics could not provide services to them because many of the pregnancies exceeded the abortion criteria or the women could not afford the high cost of abortion when the term was > 3 months.

Table 6.15: Number and Percentage of Service Facilities where Women with Unplanned Pregnancies sought Abortifacient Products or Terminated their Pregnancies

Service Facilities	Choices			
	Abortion	**Parenting**	**Adoption**	**Total**
	n %	**n %**	**n %**	**n %**
Drugstore/Grocery store	20 (62.5)	22 (59.5)	7 (30.4)	49 (53.3)
Clinic	6 (18.8)	9 (24.3)	8 (34.8)	23 (25.0)
Drugstore and Clinic	1 (3.1)	5 (13.5)	7 (30.4)	13 (14.1)
Others	5 (15.6)	1 (2.7)	1 (4.3)	7 (7.6)
Total	32 (100.0)	37 (100.0)	23 (100.0)	92 (100.0)

Remark: Others = Place for illegal abortion and drugstore, government hospital and NGO, beat the womb with hard objects, home

Table 6.16 illustrates the purpose(s) of seeking help or services by the sample population at the beginning of pregnancy confirmation up to the point of interview. The results revealed that all of the women who raised their babies (100%) had experience of unsuccessfully terminating a pregnancy, and later sought shelter to hide themselves or for support during the pregnancy. For the women who put their babies up for adoption, a few cases (16.7%) did not attempt to terminate the pregnancy, while the majority attempted to the terminate pregnancy. The results were consistent with Table 6.13, in that most of the women with unplanned pregnancy wanted to terminate it. In addition, the women who terminated their pregnancies would try as hard as they could to terminate the pregnancy until they were successful.

Table 6.16: Number and Percentage of Purpose(s) for Seeking Health/Help while in Crisis among the Samples

Purpose of Seeking Services	Choices			
	Abortion	Parenting	Adoption	Total
	n %	n %	n %	n %
Pregnancy termination	32 (100.0)	0 (0.0)	0 (0.0)	32 (26.7)
TM and shelter	0 (0.0)	58(100.0)	0 (0.0)	58 (48.3)
TM, shelter, and adoption services	0 (0.0)	0 (0.0)	25 (83.3)	25 (20.8)
Adoption and shelter services	0 (0.0)	0 (0.0)	5 (16.7)	5 (4.2)
Total	32 (100.0)	58 (100.0)	30 (100.0)	120(100.0)

Remark: TM=Terminated pregnancy

Visit an Antenatal Care Clinic (ANC)

Among the women who kept the baby to term, the women who raised the baby themselves visited an Ante-Natal Care (ANC) clinic more than the women who put their babies up for adoption, at 41.4 and 26.7 percent, respectively. Most of the women (73.3%) who put their babies up for adoption did not visit an ANC clinic (Table 6.17).

Table 6.17: Number and Percentage of Samples who Kept the Baby to Term and Visited an Antenatal Care Clinic

Visited an antenatal care clinic	Choices		
	Parenting	Adoption	Total
	n %	n %	n %
Yes	**24 (41.4)**	**8 (26.7)**	32 (36.4)
No	34 (58.6)	22 (73.3)	56 (63.6)
Total	58 (100.0)	30 (100.0)	88 (100.0)

Sought Consultation to Keep the Baby to Term

Most of the women who put their babies up for adoption sought more consultations than the women who raised their babies, at 86.7 percent (Table 6.18).

Table 6.18: Number and Percentage of the Samples who Sought Consultation to Keep the Baby to Term

Sought consultation to keep the baby to term	Choices		
	Parenting	Adoption	Total
	n %	n %	n %
Yes	42 (72.4)	26 (86.7)	68 (77.3)
No	16 (27.6)	4 (13.3)	20 (22.7)
Total	58 (100.0)	30 (100.0)	88 (100.0)

Persons Consulted to Keep the Baby to Term

Most of the women who kept their babies to term liked to consult their relatives, as shown in Table 6.19. Even though the partner was the first person whom the women who raised their babies themselves (Table 6.10) sought to consult, if he showed no responsibility, the women sought consultation with their relatives for support raising the baby.

Table 6.19: Number and Percentage of Persons the Samples Consulted to Keep the Baby to Term

Persons Consulted	Choices		
	Parenting	Adoption	Total
	n %	n %	n %
Friends	17 (40.5)	8 (30.8)	25 (36.8)
Father	5 (11.9)	4 (15.4)	9 (13.2)
Mother	12 (28.6)	10 (38.5)	22 (32.4)
Teacher	0 (0.0)	2 (7.7)	2 (2.9)
Relatives	19 (45.2)	12 (46.2)	31 (45.6)
Neighbor	3 (7.1)	1 (3.8)	4 (5.9)
Partner	10 (23.8)	1 (3.8)	11 (16.2)
Support organization	4 (9.5)	2 (7.7)	6 (8.8)

6.1.1.6 Factors Influencing the Choices

There are 3 key sets of factors, which influence choices of the young women with unplanned pregnancy. The three set of influencing factors (variables) are: 1) personal history; 2) individual psychosocial factors; and 3) relationship with partner, parents/relatives, and friends.

Personal History

Personal history included number of sexual partner, age of the first sexual intercourse, age of latest unplanned pregnancy, and number of unplanned pregnancies was showed in Table 6.20. The details were as follows:

Personal History: Number of Sexual Partner

The study results showed that more than one third of the sample population had more than one partner, with a maximum of 5 partners. However, more than half of the sample had one partner. The majority of the women (68.8%) who terminated pregnancy had one partner. However, there were 8 cases who were raped and had not had any sexual partner (Table 6.20).

Personal History: Age at First Sexual Intercourse

The average age at first sexual intercourse among the sample population was 17 years and the minimum was 13. The majority of the women had first sexual intercourse while 15-19 years old. Moreover, one-fourth, the largest group of women who terminated their pregnancies was the age group 13-14 years, compared with the women who kept the baby to term (Table 6.20).

Personal History: Age of Latest Unplanned Pregnancy

The average age of latest unplanned pregnancy of the samples was 19 years. Majority of young women (63.3%) were at the latest unplanned pregnancy at the middle adolescent stage. Also, this group decided to put the baby up for adoption instead of raising the babies by themselves. Moreover, majority of the women who were at age of latest unplanned pregnancy at the late adolescent stage were raising the baby higher than the women who terminated pregnancy and put the baby up for adoption (Table 6.20).

Personal History: Number of Unplanned Pregnancies

Most of the study population (78.3%) had their first unplanned pregnancy, and the highest percentage (84.4%) terminated their pregnancies. However, one fifth of the sample population had a second experience of unplanned pregnancy, whereas the highest percentage of 2 unplanned pregnancies was among women who raised the baby themselves. The average number of unplanned pregnancies was 1, and the maximum was 3 (Table 6.20).

Table 6.20: Number and Percentage of Personal History of the Samples

Sexual experiences	Choices			
	Abortion	**Parenting**	**Adoption**	**Total**
	n %	**n %**	**n %**	**n %**
Number of partners *min = 0, max = 5*				
0	1 (3.1)	1 (1.7)	6 (20.0)	8 (6.7)*
1	22 (68.8)	30 (51.7)	15 (50.0)	67 (55.8)
2	6 (18.8)	21 (36.2)	8 (26.7)	35 (29.2)
>2	3 (9.4)	6 (10.3)	1 (3.3)	10 (8.3)
Mean	1.4	1.6	1.1	1.4
S.D.	0.9	0.7	0.8	0.8
Age at first intercourse (years) *min =13, max =23*				
13-14 (Early adolescent)	8 (25.0)	6 (10.3)	6 (20.0)	20 (16.7)
15-19 (Mid-adolescent)	19 (59.4)	39 (67.2)	21 (70.0)	79 (65.8)
20-24 (Late adolescent)	5 (15.6)	13 (22.4)	3 (10.0)	21 (17.5)
Mean	16.5	17.5	16.5	17.0
S.D.	2.7	2.3	2.0	2.4
Age of the latest unplanned pregnancy *min =13, max =24*				
13-14 (Early adolescent)	8 (25.0)	1 (1.7)	4 (13.3)	13 (10.8)
15-19 (Mid-adolescent)	14 (43.8)	23 (39.7)	19 (63.3)	56 (46.7)
20-24 (Late adolescent)	10 (31.3)	34 (58.6)	7 (23.3)	51 (42.5)
Mean	17.6	19.8	17.6	18.7
S.D.	3.0	2.6	2.5	2.9
Number of unplanned pregnancies *min =1, max =3*				
1	27 (84.4)	43 (74.1)	24 (80.0)	94 (78.3)
2	4 (12.5)	15 (25.9)	6 (20.0)	25 (20.8)
3	1 (3.1)	0 (0.0)	0 (0.0)	1 (0.8)
Mean	1.2	1.3	1.2	1.2
S.D.	0.5	0.4	0.4	0.4

Remark: *Raped, with no partner/husband

Individual Psychosocial Factors

Individual Psychosocial factors included attitude towards contraception, attitude towards sexuality, attitude towards unplanned pregnancy, attitude towards service facility and personnel, making decision without consultation, consult partner while in crisis, consult parents while in crisis, and consult friend(s) while in crisis. The attitudinal section comprised 16 items with three categories--agree, neutral, and disagree. The result of reliability testing was done with Cronbach's alpha of 0.587, or 60 percent. The high attitudinal scores showed a positive attitude towards the topic; whereas a negative attitude showed in lower scores. Details of each variable are as follows:

Individual Psychosocial Factors: Attitude towards Contraception

Table 6.21 showed that the women who terminated pregnancy had the highest attitudinal scores towards contraception less than or equal 4 with 62.5 percent. Also, the majority of women who in the adoption group had attitudinal scores towards contraception more than 4 with 60.0 percent. The average scores of attitude towards contraception in abortion, parenting, and adoption group were 3.9 (S.D.=1.8), 5.1 (S.D.=1.5), and 4.7 (S.D.=1.4) respectively.

Individual Psychosocial Factors: Attitude towards Sexuality

The women in the abortion, and parenting group had nearly the same percentage of attitude scores towards sexuality less than or equal 6 with 62.5 and 62.1 percent, respectively. Moreover, the women in the adoption group had attitude scores towards sexuality more than 6 with 46.7 percent. The average scores of attitude towards sexuality in abortion, parenting, and adoption group were 5.8 (S.D.=1.4), 6.3 (S.D.=1.1), and 6.4 (S.D.=1.1) respectively.

Individual Psychosocial Factors: Attitude towards Unplanned Pregnancy

Majority of the women in abortion group had the highest percentage of attitude scores towards unplanned pregnancy less than or equal 5 with 75.0 percent; where as the adoption group and parenting were 66, and 41.4 percent respectively. Also, the

women in parenting group had attitude scores towards unplanned pregnancy more than 5 with 58.6 percent and the average scores was 5.4 (S.D.=1.8).

Individual Psychosocial Factors: Attitude towards Service Facility and Personnel

Majority of the abortion group had the highest percentage of attitude scores towards service facilities and personnel less than or equal 5 with 84.4 percent.

Moreover, the parenting, and adoption group had nearly the same percentage of attitude scores towards service facility and personnel more than 5 with 36.2, and 36.7 percent, respectively, which was higher than the abortion group. The average attitude scores towards service facility and personnel in abortion, parenting, and adoption group were 4.2 (S.D.= 1.7), 4.7 (S.D.= 1.8), and 4.4 (S.D.= 2.0), respectively (Table 6.21).

First Person Women Consulted while in Crisis: Partner

The women who terminated their pregnancies were the largest group who sought consultation with their partner (Table 6.21).

First Person Women Consulted while in Crisis: Parents

The women who put their babies up for adoption sought more consultation with their parents/relatives than the other two groups (Table 6.21). Also, a majority of women who put their babies up for adoption consulted their parents/relatives as the first person (Table 6.21). The in-depth interviews indicated that the women who put their babies up for adoption, it was apparent that most of their partners did not take responsibility on the baby, and that was the reason why the women put the babies up for adoption.

First Person Women Consulted while in Crisis: Friends

It was obvious that the women who put the baby up for adoption would consult their friends more than other two groups, i.e., the group who raising the baby and the group who terminated pregnancy (Table 6.21).

Making Decision without Consultation

The women who raise the baby themselves were the largest group who made decision by themselves without consulting other people (Table 6.21).

Table 6.21: Number and Percentage of Individual Psychosocial Factors of the Samples

Individual Psychosocial Factors	Choices			
	Abortion	Parenting	Adoption	Total
	n %	n %	n %	n %
Attitude scores towards contraception				
≤ 4	20 (62.5)	24 (41.4)	12 (40.0)	56 (46.7)
> 4	12 (37.5)	34 (58.6)	18 (60.0)	64 (53.3)
Mean	3.9	5.1	4.7	4.6
S.D.	1.8	1.5	1.4	1.6
Attitude scores towards sexuality				
≤ 6	20 (62.5)	36 (62.1)	16 (53.3)	72 (60.0)
> 6	12 (37.5)	22 (37.9)	14 (46.7)	48 (40.0)
Mean	5.8	6.3	6.4	6.2
S.D.	1.4	1.1	1.1	1.2
Attitude scores towards unplanned pregnancy				
≤ 5	24 (75.0)	24 (41.4)	20 (66.7)	68 (56.7)
> 5	8 (25.0)	34 (58.6)	10 (33.3)	52 (43.3)
Mean	4.0	5.4	4.5	4.8
S.D.	1.6	1.8	2.0	1.8
Attitude scores towards service facilities and personnel				
≤ 5	27 (84.4)	37 (68.8)	19 (63.3)	83 (69.2)
> 5	5 (15.6)	21 (36.2)	11 (36.7)	37 (30.8)
Mean	4.2	4.7	4.4	4.5
S.D.	1.7	1.8	2.0	1.8
First Person Women Consulted while in Crisis (Dummy Variable)				
Making decision without consultation	2 (6.3)	15 (25.9)	4 (13.3)	21 (17.5)
Partner	14 (43.8)	23 (39.7)	3 (10.0)	40 (33.3)
Friend(s)	5 (15.6)	11 (19.0)	10 (33.3)	26 (21.7)
Parents/Relatives	11 (34.4)	9 (15.5)	13 (43.3)	33 (27.5)
Total	32 (100.0)	58 (100.0)	30 (100.0)	120 (100.0)

The last group of influencing variables was relationship scores, represented by relationships with partner, parents, and friends. High scores showed a good relationship, whereas a low score showed the opposite. Details of each variable are as follows:

Relationship with Partner

Table 6.22 showed that the women in the adoption group had the highest of relationship scores with partner less than or equal 4 with 70.0 percent; while the abortion group, and parenting group were 31.3 and 46.6 percent, respectively. Also, the abortion group had relationship scores with partner more than 4 with 68.8 percent, which was higher than the parenting, and adoption group.

Relationship with Parents

The data in Table 6.22 showed that adoption group had the highest relationship scores with parents more than 4 with 66.7 percent, while abortion, and parenting group were 56.3, and 51.7 percent respectively. Moreover, the adoption group had relationship scores with parents lower than or equal 4 with 33.3 percent, which was lowest, compare with the remainder groups. The average relationship scores with parents of the abortion, parenting, and adoption group were 4.5 (S.D.=1.9), 4.7 (S.D.=2.5), and 4.9 (S.D.=2.6) respectively.

Relationship with Friend(s)

The abortion group had the highest percentage of relationship scores with friend more than 5 with 71.9 percent, whereas the parenting, and adoption group were 63.8 and 56.7 percent respectively. The average scores of relationship with friend(s) in abortion, parenting, and adoption group were 6.2 (S.D.=1.5), 5.8 (S.D.=2.5), and 5.3 (S.D.=2.3) respectively (Table 6.22).

Table 6.22: Number and Percentage of Relationship Factors of the Samples

Relationship Factors	Choices			
	Abortion	**Parenting**	**Adoption**	**Total**
	n %	n %	n %	n %
Relationship scores with partner				
≤ 4	10 (31.3)	27 (46.6)	21 (70.0)	58 (48.3)
> 4	22 (68.8)	31 (53.4)	9 (30.0)	62 (51.7)
Mean	5.6	4.8	3.3	4.7
S.D.	2.3	2.4	2.3	2.5
Relationship scores with parents				
≤ 4	14 (43.8)	28 (48.3)	10 (33.3)	52 (43.3)
> 4	18 (56.3)	30 (51.7)	20 (66.7)	68 (56.7)
Mean	4.5	4.7	4.9	4.7
S.D.	1.9	2.5	2.6	2.6
Relationship scores with friends				
≤ 5	9 (28.1)	21 (36.2)	13 (43.3)	43 (35.8)
> 5	23 (71.9)	37 (63.8)	17 (56.7)	77 (64.2)
Mean	6.2	5.8	5.3	5.8
S.D.	1.5	2.5	2.8	2.3

6.1.2 Factors Influencing the Choices of the Young Women with Unplanned Pregnancies

This section examines the factors influencing (independent variables) the decisions of the young women with unplanned pregnancies. Discriminant analysis was used to identify which variables could predict the women's decisions when faced with the problem. There are three groups of dependent variables, or choices, for the women with unplanned pregnancy, i.e., abortion (terminating the pregnancy), adoption, and parenting. Thus, in this discriminant analysis, the Y variable was qualitative measure and the X (both qualitative and quantitative measures) were selected in such a way as to maximize the differences between the groups of choices (abortion, parenting, and adoption). Moreover, in the discriminant analysis, several variables were considered,

and the combination of these variables maximized the F ratio (or mean difference in groups), which is called the discriminant function, as shown below:

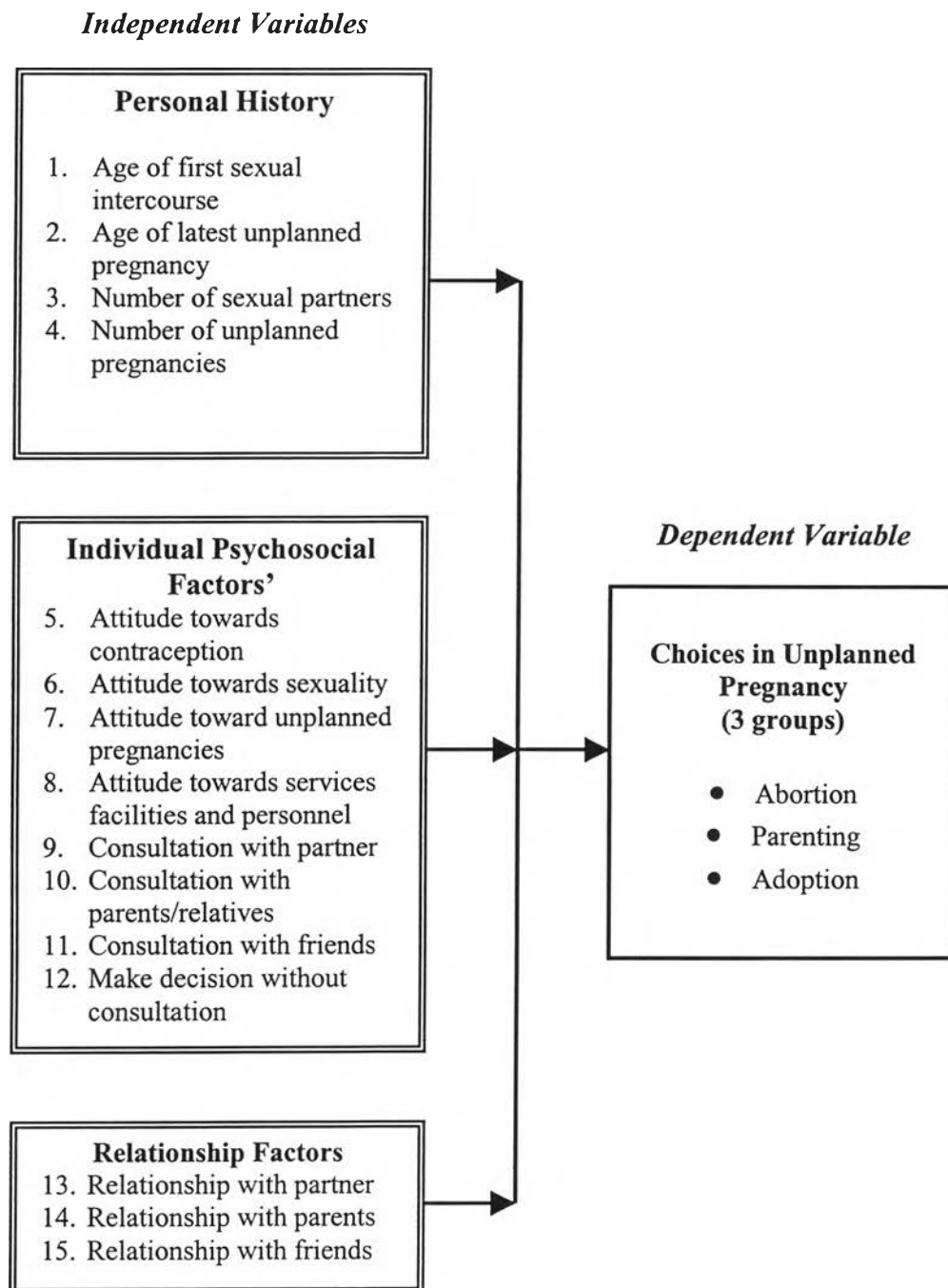$$YD = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \ldots + \beta_p X_p \ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots \text{(1)}$$

Where

$YD\ (Y)$	=	It is a function of X's.
$X_1, X_2, \ldots, X_p$	=	Independent variables or discriminating factors.
$\beta_0, \beta_1, \beta_2, \ldots \beta_p$	=	The Betas or discriminant coefficients are selected to maximize the F ratio differences between groups (abortion, parenting, and adoption).

Discriminating Variables

From the literature review, and the qualitative research results in Chapter 4, it can be concluded that there are three key sets of factors, which influence choices of the young women with unplanned pregnancy (as shown in Figure 6.1). The three set of influencing factors are: 1) personal history; 2) individual psychosocial factors; and 3) relationship with partner, parents/relatives, and friends.

The personal history included age at first sexual intercourse, age of the latest unplanned pregnancy, number of sexual partners, and number of unplanned pregnancies. The individual psychosocial factors were attitude towards contraception, sexuality, unplanned pregnancy, service facilities and personnel, and consultation during the crisis. Consultation during the crisis was classified as consulting partner, parents/relatives, friends, and makes decision without consultation and entered into the analysis as dummy variables. The last variables group was relationship factor scores, represented by relationships with partner, parents, and friends. The attitude towards contraception, sexuality, unplanned pregnancy, and service facilities and personnel comprised 16 items (4 items for each topic). It was adapted from Likert Scale, with ratings ranging from 1 to 3 --agree, neutral, and disagree respectively. The last variable group was sum of environmental factor scores, i.e., sum of scores for physical appearance, physical access, administrative process, cost of services, and service characteristics.

Independent Variables

Personal History

1. Age of first sexual intercourse
2. Age of latest unplanned pregnancy
3. Number of sexual partners
4. Number of unplanned pregnancies

Individual Psychosocial Factors'

5. Attitude towards contraception
6. Attitude towards sexuality
7. Attitude toward unplanned pregnancies
8. Attitude towards services facilities and personnel
9. Consultation with partner
10. Consultation with parents/relatives
11. Consultation with friends
12. Make decision without consultation

Relationship Factors
13. Relationship with partner
14. Relationship with parents
15. Relationship with friends

Dependent Variable

Choices in Unplanned Pregnancy (3 groups)

- Abortion
- Parenting
- Adoption

Figure 6.1: The Conceptual Framework for the Study of Factors Influenced the Choices (Abortion, Parenting, and Adoption) of Young Women with Unplanned Pregnancies

Table 6.23 shows the group mean, which provided an outline of how each variable distinguished between the choices of the young women with unplanned pregnancies. As shown in the Table, there was a little difference with regard to the group mean for each variable. However, relationship with partner showed greater variation among groups, which means that this variable can be good discriminator.

Table 6.23: Mean and Standard Deviation (S.D.) of Independent Variables (factors) of the Abortion, Parenting, and Adoption Groups

Variables (Factors)	Choices of the Young Women							
	Abortion		Parenting		Adoption		Total	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Personal history factors								
Age at first sexual intercourse	16.5	2.7	17.5	2.3	16.5	2.0	17.0	2.4
Age at latest unplanned pregnancy	17.6	3.0	19.8	2.6	17.6	2.5	18.7	2.9
Number of sexual partners	1.4	0.9	1.6	0.7	1.1	0.8	1.4	0.8
Number of unplanned pregnancies	1.2	0.5	1.3	0.4	1.2	0.4	1.2	0.4
Individual psychosocial factors								
Attitude towards contraception	3.9	1.8	5.1	1.5	4.7	1.4	4.7	1.6
Attitude towards sexuality	5.8	1.4	6.3	1.1	6.4	1.1	6.1	1.2
Attitude towards unplanned pregnancy	4.0	1.6	5.4	1.8	4.5	2.0	4.8	1.9
Attitude towards facility& personnel	4.2	1.7	4.7	1.8	4.4	2.0	4.5	1.8
Make decision without consultation	0.1	0.2	0.3	0.4	0.1	0.3	0.2	0.4
Consult partner	0.4	0.5	0.4	0.5	0.1	0.3	0.3	0.5
Consult friends	0.2	0.4	0.2	0.4	0.3	0.5	0.2	0.4
Consult parents/relatives	0.3	0.5	0.2	0.4	0.4	0.5	0.3	0.4
Relationship (Rel.) factors								
Rel. with partner	5.6	2.3	4.8	2.4	3.3	2.3	4.7	2.5
Rel. with parents	4.5	1.9	4.7	2.5	4.9	2.6	4.7	2.4
Rel. with friends	6.2	1.5	5.8	2.5	5.3	2.8	5.8	2.3

Wilks' Lambda and F test

Table 6.24 shows the Wilks' Lambda or univariate test (U-test), which is the ratio of within-group sum of squares (SSW) to the total sum of square (SS). Wilks' Lambda is between 0-1. When most of the total variability is attributable to group mean, or when group means differ, the value of Lambda is close to 0. From the study variables shown in figure 6.1, 6 out of 15 variables - age at latest unplanned pregnancy, attitude towards unplanned pregnancy, attitude towards contraception, make decision without consultation, relationship with partner, and consult partner while in crisis-- showed lower Wilks' Lambda with statistical significance. Considering the F-statistic values and the corresponding significant level with 2 and 117 degrees of freedom, it could be concluded that these variables played significant roles in discriminating among the three choices (abortion, parenting, and adoption) of the women with unplanned pregnancies.

Table 6.24: Tests of Equality of Group Means

Variables (Factors)	Wilks' Lambda	F	df1	df2	P-value
Personal history factors					
Age at first sexual intercourse	0.959	2.51	2	117	0.085
Age at latest unplanned pregnancy	0.853	10.11	2	117	0.000
Number of sexual partners	0.954	2.83	2	117	0.063
Number of unplanned pregnancies	0.994	0.332	2	117	0.718
Individual psychosocial factors					
Attitude towards contraception	0.915	5.43	2	117	0.006
Attitude towards sexuality	0.961	2.39	2	117	0.095
Attitude towards unplanned pregnancy	0.894	6.96	2	117	0.001
Attitude towards facility& personnel	0.986	0.85	2	117	0.428
Making decision without consultation	0.950	3.06	2	117	0.050
Consult partner	0.917	5.29	2	117	0.006
Consult friends	0.972	1.67	2	117	0.191
Consult parents/ relatives	0.927	4.57	2	117	0.012
Relationship (Rel.) factor					
Rel. with partner	0.884	7.67	2	117	0.001
Rel. with parents	0.996	0.22	2	117	0.799
Rel. with friends	0.980	1.22	2	117	0.298

Discriminant Function Coefficient

In order to determine whether a function is significant, it must be understood that the number of functions equals the number of groups, minus one. In this study, there were three groups (abortion, parenting, and adoption), and thus there were 3-1 = 2 functions. Thus, there were two functions in the analysis. As shown in Table 6.25, both functions were significant, at 0.000 and 0.021, in function 1 and 2, respectively. Thus, when looking at the standard canonical discriminant function coefficient below, both functions were used, because both of them yielded significant results.

The Eigenvalue is the value that indicates amount of variance accounted for by the function, while the percent of variance is the relative Eigenvalue of discriminating function. Function 1, in Table 6.25 shows that the Eigenvalue was 0.524[a] with 67.1 percent of variance, explained by the two functions, whereas function 2 accounted for the rest of variance at 32.9 percent. The total amount of variance explained could be calculated by the summation of the square of canonical coefficient of both functions. For this analysis, the total variance explained by the first function was $(0.586)^2$, or 34.3 percent. The second function explained $(0.452)^2$, or 20.4 percent of the remaining variance (100.0 − 34.3 = 65.7 percent). Therefore, the total variance explained by both functions were 34.3 + (20.4 x 65.7) = 47.7 percent of the total variation in the dependent variable. The results were consistent with Wilk's Lamda, i.e., function 1 showed a smaller Lambda (0.522) than function 2 (0.795). The result from Wilks' Lambda which is a ratio of within–group sum of squares by total–group sum of squares together with the Eigenvalue lead to the conclusion that the function 1, which had the variables of age at the latest unplanned pregnancy, attitude towards contraception, attitude towards unplanned pregnancy, making decision without consultation, and relationship with parents as a major contributions, could explain 67.1 percent of variance and the rest were explained by function 2 whose major contributions came from relationship with partner, and number of unplanned pregnancy.

Table 6.25: Summary of Important Values for Canonical Discriminant Functions

Fcn.	Eigenvalue	% of variance	Cumulative %	Canonical correlation	Wilks' Lambda	$\chi 2$	df	P-value
1	0.524[a]	67.1	67.1	0.586	0.522	71.815	28	0.000
2	0.275[a]	32.9	100.0	0.452	0.795	25.287	13	0.021

Remark: [a] = First 2 canonical discriminant functions were used in the analysis.

Table 6.26 showed spread of group means of each discriminant function, or group centroids. The data in function 1 indicated that a raising group had the highest mean with 0.716, while an abortion group had the lowest with –0.905 Moreover, group centroid of an adoption was -0.420

Table 6.26: Functions at Group Centroids

Choices of unplanned pregnancy	Function (Fcn.)	
	1	2
Abortion	-0.905	0.536
Raise	0.716	0.126
Adoption	-0.420	-0.816

Remark: Unstandardized canonical discriminant functions evaluated at group mean

Table 6.27 shows the values for the standardized discriminant function coefficients of all variables. There is no significance test for the coefficients, so the variables with large coefficients (≥ 0.3) contributed more to the overall discriminant function. Since an unstandardized coefficient is not a good index of the relative importance of variables, standardized coefficient values were used for this purpose. The results of the standardized discriminant function coefficient in Table 6.27 showed correspondence with the Wilks' Lambda or univariate results for the test of mean.
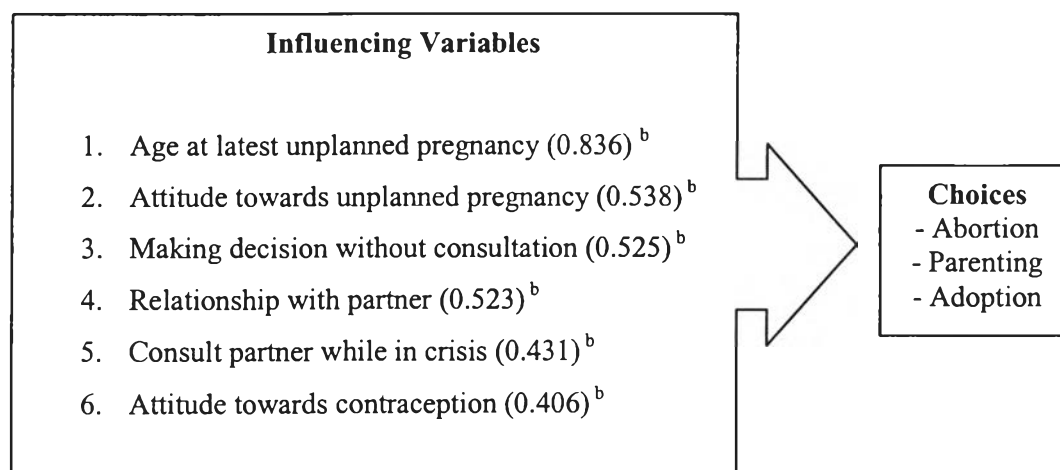
The variables that showed large values and statistical significant (p-value ≤0.05) were the personal history included: 1) age at the latest unplanned pregnancy. The individual psychosocial factors were including: 2) attitude towards contraception; 3) attitude towards unplanned pregnancy; 4) making decision without consultation; 5) and consultation partner. The relationship factor was including: 6) relationship with partner. These 6 variables in both functions were considered important in distinguishing the groups (abortion, parenting, or adoption).

Table 6.27: Standardized Canonical Discriminant Function Coefficients

Variables (Factors)	Standardized	
	Function 1	Function 2
Personal history factors		
Age at first sexual intercourse	-0.434	0.210
Age at latest unplanned pregnancy	**0.836**	0.038
Number of sexual partners	-0.021	0.418
Number of unplanned pregnancy	-0.022	-0.230
Individual psychosocial factors		
Attitude towards contraception	**0.406**	-0.233
Attitude towards sexuality	0.347	-0.246
Attitude towards unplanned pregnancy	**0.538**	0.023
Attitude towards facility& personnel	0.052	-0.109
Making decision without consultation	**0.525**	-0.011
Consult partner	**0.431**	0.279
Consult friends	0.211	-0.207
Relationship factors		
Relationship with partner	0.002	**0.523**
Relationship with parents	0.270	-0.112
Relationship with friends	-0.131	0.298

Remark: Consult parents/relatives was not used in the analysis because it did not pass the tolerance test.

In conclusion, as indicated in Table 6.27, there were 6 influencing variables towards choices of the young women with unplanned pregnancies. So, Figure 6.2 showed the influencing variables, which were ordered by weights of the standardized canonical discriminant function coefficients ($\geq$3) and statistical significant (p<0.05) indicating the most to the least important (the most, 1 to 6, the least). In summary, it can conclude that the weights of the standardized discriminant function determine which variables are important in distinguishing the groups of abortion, parenting, or adoption.

Influencing Variables

1. Age at latest unplanned pregnancy (0.836) [b]
2. Attitude towards unplanned pregnancy (0.538) [b]
3. Making decision without consultation (0.525) [b]
4. Relationship with partner (0.523) [b]
5. Consult partner while in crisis (0.431) [b]
6. Attitude towards contraception (0.406) [b]

Choices
- Abortion
- Parenting
- Adoption

Remark: [b] Size of standardized canonical discriminant function coefficients

Figure 6.2: Influencing Variables Order by Weights of Standardized Canonical Discriminant Function Coefficients

Table 6.28 showed standardized and unstandardized canonical discriminant function coefficients of the influencing variables, whereas the unstandardized canonical discriminant function coefficients were used to describe the meaning of the variables.

Age at latest Unplanned Pregnancy (0.310)

The unstandardized canonical disriminant function coefficients of age at the latest unplanned pregnancy were 0.310. It indicated that if age of the latest unplanned pregnancy increases 1 unit, then the discriminant score will increase 0.310 unit which makes more opportunity to classify in raising group. Therefore, age of the latest

unplanned pregnancy was positive correlation with the choices of the young women with unplanned pregnancies. Also, if age of the latest unplanned pregnancy was increasing the women tended to raise the baby themselves.

Attitude towards Unplanned Pregnancy (0.300)

The discriminant function showed that if attitude towards unplanned pregnancy increases 1 unit then the discriminant score will increase 0.300 unit, which makes more opportunity to classify in the raising group because the sign of unstandardized canonical discriminant function coefficients of the attitude towards unplanned pregnancy was positive.

It can conclude that if the attitude towards unplanned pregnancy of the young woman increases, then, she tends to raise the baby.

Relationship with Partner (0.224)

If the women had relationship with partner then the chance of classifying into raising group would be increased because the discriminant score would be increased 0.224 unit. So, relationship with partner was positive correlation with the choices of the young women with unplanned pregnancy.

So, if the relationship of the young woman with her partner increases, the chance to raise the baby increases.

Making Decision without Consultation (1.400)

If the women make decision without consultation then the chance of classifying into raising group would be increased because the discriminant score would be increased 1.400 unit. So, making decision without consultation was positive correlation with the choices of the young women with unplanned pregnancy.

Attitude towards Contraception (0.257)

The discriminant function showed that if attitude towards contraception increases 1 unit then the discriminant score would increase 0.257 unit, which makes

more opportunity to classify in the raising group because the sign of unstandardized canonical discriminant discriminant function coefficients of the attitude towards contraception was positive.

Consult Partner while in Crisis (0.943)

If the women consulted partner while in crisis then the chance of classifying into raising group would be increased because the discriminant score would be increased 0.943 unit. So, consult partner while in crisis was positive correlation with the choices of the young women with unplanned pregnancy.

Table 6.28: Standardized and Unstandardized Canonical Discriminant Function Coefficients of the Influencing Variables

| Influencing Variables (Factors) | Canonical Discriminant Function Coefficients | | | |
| | Standardized | | Unstandardized | |
	Fcn. 1	Fcn. 2	Fcn. 1	Fcn. 2
Age at latest unplanned pregnancy (vb204)	**0.836**	0.038	**0.310**	0.014
Attitude towards unplanned pregnancy (natt3)	**0.538**	0.023	**0.300**	0.013
Relationship with partner (sumrel1)	0.002	**0.523**	0.001	**0.224**
Making decision without consultation (ci)	**0.525**	-0.011	**1.400**	-0.030
Attitude towards contraception (natt1)	**0.406**	-0.233	**0.257**	-0.148
Consult partner (cp)	**0.431**	0.279	**0.943**	0.611
(Constant)	-	-	-7.457	-1.384

Table 6.29 showed structure matrix, which is the correlation between a specific variable (shown statistical significant at p-value ≤ 0.05) and the functions. This matrix represents the pooled "within group correlation" between discriminating variables and discriminant functions. In the table, the values that are starred represent the highest absolute correlation between each variable and the functions.

In interpreting the result on how the significant variables explain the choice women made, the results of the different among group means or univariate tests (Table 6.23, and 6.24 are also considered). For the parenting group, there were four variables that strongly discriminate the parenting group from the other two groups, i.e., age at latest unplanned pregnancy, attitude towards contraception, attitude towards unplanned pregnancy, and making decision without consultation. The results indicated that the parenting group tends to have higher age of the latest unplanned pregnancy, and attitude towards both the contraception and the unplanned pregnancy. Also, they tended to make decision by themselves higher than those in the abortion and adoption group. When considering the variables on consultation with partner, and relationship with partner, which were significantly discriminated the adoption group against the abortion and parenting women, it was found that women with low scores on consultation with their partner, and relationship with partner were likely to choose adoption over the abortion and parenting. For the abortion group, two variables, i.e., attitude towards unplanned pregnancy, and relationship with partner that shown significantly discriminate the abortion group from adoption and parenting group. The abortion group tended to have low attitude scores towards unplanned pregnancy, but higher scores on relationship with partner when compared with the other two groups.

Table 6.29: Structure Matrix of Canonical Discriminant Functions

Variables	Function	
	1	2
Personal history factors		
Age at first sexual intercourse vb107	0.276*	0.109
Age at latest unplanned pregnancy vb204	0.554*	0.215
Number of sexual partners va107	0.198	0.329*
Number of unplanned pregnancies vb201	0.103*	0.016
Individual psychosocial factors		
Attitude towards contraception natt1	0.389*	-0.232
Attitude towards sexuality natt2	0.164	-0.323*
Attitude towards unplanned pregnancy natt3	0.477*	-0.023
Attitude towards facility& personnel natt4	0.167*	-0.031
Making decision without consultation ci	0.316*	-0.026
Consult partner cp	0.091	0.579*
Consult friends cf	-0.033	-0.330*
Consult parents/ relatives[a] cpr	-0.336	-0.273
Relationship (Rel.) factor		
Rel. with partner sumrel1	-0.040	0.712*
Rel. with parents sumrel2	0.010	-0.121*
Rel. with friends sumrel3	-0.023	0.238*

Remark: consult parents/relatives [a] was not used in the analysis

Table 6.30 reveals how many cases were correctly categorized into a particular group. The results showed that 71.9 percent of abortion cases were correctly classified, while the other two groups, parenting and adoption, were correctly categorized at 74.1 percent (43/58), and 56.7 percent (17/30), respectively. The total percent of cases correctly classified in the study was 69.2 percent. It could be concluded that the variables in the study represented 69.2 predictive accuracy. This result was satisfied if compared with 33 percent chance accuracy (classified by chance alone would yield 33 % accuracy).

Table 6.30: Prediction Results

Choices of Unplanned	Predicted Group Membership			Total
Pregnancy	Abortion	Parenting	Adoption	
Original Abortion	23	4	5	32
Number Parenting	5	43	10	58
Adoption	7	6	17	30
Percent Abortion	71.9	12.5	15.6	100.0
Parenting	8.6	74.1	17.2	100.0
Adoption	23.3	20.0	56.7	100.0

Remark: percent of cases correctly classified in the study was 69.2 percent

6.2 Chapter Summary

In this chapter, simple descriptive and discriminant analysis methods were used to examine the factors that influenced women's decisions, choices, and utilization of services. It is clear from the data that the young women with unplanned pregnancies were very stressed after they realized that they were pregnant. Most of the women who terminated their pregnancies sought consultation from their partner and still had a good relationship with their partner after the pregnancy. Meanwhile, the women who kept the baby to term sought consultation with their relatives/parents. Moreover, their relationships with their partners were not good if their partner failed to take responsibility for the baby.

Among the women who terminated their pregnancies, it was found that the reasons for the unplanned pregnancies were financial problems, studying and not ready to be a mother, and ashamed of falling pregnant before marriage. Moreover, the most important reason was that they were afraid their families would know about their pregnancy. This demonstrates that the reasons cited among the women who terminated their pregnancies were more serious than those of the other groups. The results indirectly imply that the women who terminated their pregnancies were more unprepared to raise the baby than the other groups. They attempted various ways until they could solve the problem. It is apparent that the young women used self-termination

of pregnancy by utilizing drugstores/grocery stores as their first choice, rather than clinics.

To answer the question of what factors (variables) influence the choices of young women with unplanned pregnancies who opt for abortion (terminated pregnancy), parenting, or adoption. The response is that there are several factors at two levels (individual and family) that show statistical significance (p-value ≤ 0.05). Of the study variables, 6 of 15, i.e., age at latest unplanned pregnancy, attitude towards unplanned pregnancy, making decision without consultation, relationship with partner, consult partner while in crisis, and attitude towards contraception influenced the choices of the young women. For the parenting group, there were four variables that strongly discriminate the parenting group from the other two groups, i.e., age at latest unplanned pregnancy, attitude towards contraception, attitude towards unplanned pregnancy, and making decision without consultation. The results indicated that the parenting group tends to have higher scores towards the four variables than those in the abortion and adoption group. When considering the variables on consultation with partner, and relationship with partner, which were significantly discriminated the adoption group against the abortion and parenting women. For the abortion group, two variables, i.e., attitude towards unplanned pregnancy, and relationship with partner that shown significantly discriminate the abortion group from adoption and parenting group. The abortion group tended to have low attitude scores towards unplanned pregnancy, but higher scores on relationship with partner when compared with the other two groups. Also, the results from discriminant analysis yielded 69.2 percent predictive accuracy. This result was satisfactory compared with a 33 percent chance of accuracy (classified as chance alone would yield a 33% accuracy). However, many external factors, including society and the community, and most importantly abortion law, which were not studied, which impact upon the choices of young women with unplanned pregnancies.