

## **Social Determinants Associated with on-demand Abortion in Romanian Women. An Exploratory Research**

**Silvia-Carmen Mikulović<sup>i</sup>**

Hyperion University, Faculty of Psychology and Educational Sciences, Bucharest  
Craiova County Emergency Clinical Hospital, Romania

### **Abstract**

**Introduction:** *The literature on the social aspects of on-demand abortion is scarce. For many years, our country was among the first in Europe concerning the number of abortions. The World Health Organization has published alarming statistics on the number of abortions performed on demand. The existing research must be interpreted according to administrative, cultural, religious, financial particularities, in the larger context of the societal traits, at a given time. We must also take into account the existence of alternatives to abortion, and also the socially transmitted models that shape the choices of women with “unwanted” pregnancies. To reduce the number of pregnancies that end in abortion on demand, it is important to know the factors that contribute to or maintain this behavior. Social factors have been considerably neglected, the existing research generally focusing on investigating the psychological effects of abortion.*

**Objectives:** *The aim of the research was to identify the sociocultural factors that contribute to the occurrence of unwanted pregnancies and the decision to have an abortion in Romania.*

**Methods:** *The data were collected through anamnesis, interview, micro-inquiry, marital satisfaction standardized tests, administered to 280 women with unwanted pregnancies, aged between 15-49 years, who participated in the study. This exploratory study used an in-depth interview to highlight the factors associated with taking the decision to undergo an abortion on demand.*

**Results:** *The determinants that potentiate unwanted pregnancies and abortion on-demand in Romania are: age, level of formal education, background (rural/ urban), quality of marital relationship, existing children, financial difficulties, unemployment, beliefs perpetuated in the family or group of women – abortion seen as an acceptable behavior, no use of/ mistrust in contraceptive methods.*

**Conclusions:** *The research identified the social determinants to understand the factors that increase the incidence of women experiencing unwanted pregnancies who undergo abortions on-demand, in an attempt to develop programs to prevent such situations and psychological counseling guides for women falling in these categories, in order to decrease the abortion rate in Romania (given the psycho-affective impact on women and their families, produced by unwanted uterine surgery, which often is seen as the only solution to such outcome), and in order to raise awareness and understand repetitive patterns and adequately address women’s needs.*

**Keywords:** *social factors, unwanted pregnancies, uterine curettage, particularities of society, exploratory study, social context, marital satisfaction, power dynamics*

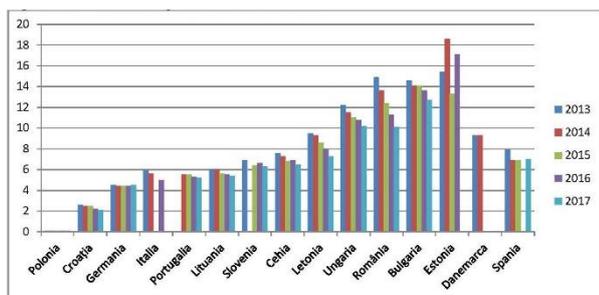
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<sup>i</sup> Corresponding author: Silvia-Carmen Mikulović, PhD, Faculty of Psychology and Educational Sciences, Hyperion University, 169 Calea Călărășilor, district 3, 030615, Bucharest, Romania, email: psiho\_rot@yahoo.com.

## I. Introduction

Unwanted pregnancies often end with abortion on-demand, which is performed by uterine curettage. Uterine curettage is the surgical technique that involves dilating the cervix and then evacuating the pregnancy by mechanical methods of scraping the uterine contents and/ or by aspiration/ suction, being the most used form of fetal extraction (Cunningham et al., 2014). In this way the embryo or fetus is removed from the uterus. Making decisions about whether and how to terminate a pregnancy is a dilemma for women facing an unwanted pregnancy. These women are subject to socio-cultural and economic barriers that limit their autonomy and make them vulnerable to pressures that influence or force abortion decisions (Frederico et al., 2018).

**Romania has had and still has one of the highest abortion rates in the EU** (see graph below, source: <https://insp.gov.ro/sites/cnepss/wp-content/uploads/2016/01/Analiza-de-situatie-ZMC-2019.pdf>).



The World Health Organization has published alarming statistics, which have been compiled by various organizations (Abortion Worldwide Report, published on <http://www.johnstonsarchive.net/policy/abortion/ab-romania.html>). There are researches that go deeper into understanding and explaining the phenomenon of on-demand abortion in various countries. The study conducted an analysis on societal characteristics, through qualitative research, on populations of women with potentially unwanted pregnancies in different cultures. We exemplify the research conducted by Korejo et al. (2003) and Dickson et al. (2018), presented below. It is important to know the social factors that contribute to or maintain this behavior in all countries, particularly in Romania, factors that facilitate the decision for abortion. This way we can appreciate the impact of the procedure on women's health, on their family's health, and on society in general. Abortion is the leading and fastest cause of declining birth rates. Kingsley Davis (1963) suggested that abortion is part of a massive demographic response

to changing social and economic conditions, in a process of demographic dynamics. In many countries, the reasons for abortion involve judgments on social and economic grounds that are outside the field of medicine as a discipline, and for which the doctor does not receive any formal education (Davis, 1963). The few existing researches highlight the social determinants in the countries or areas where they were carried out. Thus, miscarriage, despite its frequency, uncertain etiology and suffering, has attracted many researchers who have been concerned about emotional distress, but have not made concentrated efforts to investigate the determinants of on-demand abortion.

If miscarriage is considered an involuntary physiological process, induced abortion is both a voluntary act and, according to some interpretations, a means to exercise the freedom for women, but it is also a threat to social institutions (Illsley & Hall, 1976). Family, marriage and parents are such fundamental institutions in all societies that are guided by certain rules and sanctions. Sanctions are processes that can induce guilt over miscarriage. There are many differences between societies in the detailed organization of these institutions. Models regarding the age at marriage, the age for becoming sexually active, the establishment and maintenance of the family vary in societies according to the historical and religious traditions. The patterns reflect the differences in the historical events a society undergoes, in climate, health, economic organization, etc., but until recently certain ideological characteristics were common to almost all societies. All societies have institutions that can be called "marriage" and "family" and which are primarily intended for the regulation of sexual relations, reproduction and raising children. All societies have rules governing sexual relations before or outside marriage, the common feature being the need to assign responsibility for the care and education of children. Extramarital sexual activity has been condemned because it jeopardizes the principle of responsibility.

Fertility control during marriage has been rare, traditionally being exercised through abstinence or indirect means, such as late marriage or prolonged breastfeeding, and taboos associated with sexual intercourse. Abortion, and until recently contraception, have been considered not only medically difficult or dangerous, but as threats to these established patterns and have been characterized as deviant activities alongside other disapproved conducts, such as premarital intercourse, adultery, pregnancy out of wedlock and homosexuality. The rules were accepted by

law, religion and custom (Illsley & Hall, 1976). Legal abortion has been the consequence of concern for women's wellbeing and rights (Schwartz, 1972, 2011). Proponents of the abortion law reform have convincingly pointed out that the absence of legal abortion threatens the health of many thousands of women who become pregnant accidentally and unintentionally, forcing them to either give birth to unwanted children, or resort to illegal abortions. For mentally or physically ill women, poor or already overworked with more than one child, exceeding their limits to care for the children properly, the birth of an unwanted child can be disastrous. Instead, illegal abortion can be life-threatening, and in many countries is a leading cause of maternal mortality. In addition to the welfare issue, many women's rights groups argue that the decision to have an abortion should be any woman's prerogative and have insisted that the law should allow them to terminate an unwanted pregnancy on demand, regardless of her reasons. There has been little public discussion about how legalizing abortion could affect society as a whole.

Recent researches in the fields of demography, economy, mental health and ecology directly and indirectly suggest that legalizing abortion could bring a substantial contribution to solving a wide variety of serious internal social problems, but does not take into consideration the psychological health of women who are forced to resort to uterine curettage. When interpreting the data, existing research on women who opt for abortion highlights the risks associated with pregnancy termination, revealing the pre-existing risk factors. Abortion is constantly associated with high rates of mental illness in women who undergo it, compared to those without a history of abortion. The experience of abortion directly contributes to mental health problems for at least some of the women. There are risk factors for pregnant women who undergo abortion on-demand, such as the existence of pre-existing mental illness, which also increases the risk of affecting mental health after the procedure (Reardon, 2018).

The incidence of unwanted births cannot be significantly reduced by relying on contraceptive practices alone. Unfortunately, not all women possess the intellectual or emotional capacity for effective contraceptive practice. The research carried on by Korejo et al. (2003) found that the prevalence of poverty, illiteracy, multiparity and non-practice of contraception are strong determinants of induced abortion. The study was conducted by the Department of Obstetrics and Gynecology at Jinnah Postgraduate Medical Center,

Karachi, Pakistan. The results showed that all women in the study belonged to the lower socioeconomic class, 59.6% of them were illiterate, forty-three (75.5%) of these women had never practiced contraception, twenty-four (42%) were multiparous and did not want any more children. In 29 women (50.9%), the decision on abortion was endorsed by the husband.

Research by Kwamena Sekyi Dickson, Kenneth Setorwu Adde and Bright Opoku Ahinkorah (2018) in Mozambique shows that, although similar demographic variables provided an understanding of termination among pregnant women in Ghana and Mozambique, there were variations compared to how each demographic variable influenced pregnancy termination decision. In both countries, the chances of proceeding with the induced abortion procedure were high among women with primary education and those in the older age groups, among Christian women and working women. Similarly, there were higher chances of terminating pregnancy among married women, those with four or more births and those who had access to social networks (radio and television). On the contrary, induced abortions had low rates among women with the poorest wealth status, rural women and those who read newspapers or magazines at least once a week. Research shows that in order to reduce unintended pregnancies that could lead to abortion, community-based integrated preventive and educational programs are needed, aimed at raising community awareness about the effectiveness of contraception and preventing unintended pregnancies (Dickson et al., 2018).

Mónica Frederico et al. (2018) present a qualitative study in which they explored the individual, interpersonal and environmental factors behind the abortion decision-making process among young women in Mozambique. This study was conducted in Maputo and Quelimane. The participants were 14 women aged between 15 and 24 who had an abortion. The study found determinants at different levels, including the low degree of autonomy for women, the limited availability of health facilities that provide abortion services and the lack of patient-centered health services. Conclusions: the decision whether and how to terminate a pregnancy is influenced by a variety of factors at different levels. At individual level, these factors include: marital status, regardless whether women had been victimized by rape or incest, economic independence and the level of education. Interpersonal factors include partner support and parental support. The social environment determinants include social norms, religion, stigmatization of premarital and extramarital sex, the

status of adolescents and autonomy in society. At organizational level, the existence of sexual education, the healthcare system and abortion laws influence decisions if and where to have an abortion. These factors are related to power and gender inequalities. They restrict the autonomy of young women and make them vulnerable to pressure (Frederico et al., 2018).

Michael Leidig, in 2005, stated that the number of abortions in Romania is declining, but still remains the highest in Europe, because older women, in particular, have failed to get used with the idea of contraception, which was illegal in the country until 1989. Romania has the highest rate of abortions in Europe and also has the highest rate of women's death caused by abortion. The local branch of a US nonprofit, Population Services International, claims that one million abortions were registered in 1990 and 11 million between 1989 and 2000, but states that the figures do not include abortions performed in private clinics, that had not been registered by the state. Due to poverty and corruption, the large number of abortions could not be reduced until the population began to decline. The population declined by 1.5 million between 1990 and 2002. In 1992, the government began introducing sexual education in schools, made birth control pills available to young women, and set up non-governmental organizations to provide sexual education and family planning programs. Leidig also states that, in 2004, the decline of Romania's population was stopped for the first time, as the number of abortions began to decline. Doctors at "Cuza Vodă" Hospital in Iași performed only 5,117 abortions in 2004, down from 1,616 in 1996 (Leidig, 2005).

Dr. Ciprian Cristescu, a gynecologist at "Giulești" Hospital in Bucharest, considers that the number of abortions will decrease significantly only when women young in Ceaușescu's era will no longer be of childbearing age. He said: "Most women who request an abortion are now 30-35 years old. They choose the calendar method to avoid pregnancy and resort to abortion when this method fails." He added: "I had a patient who had 22 abortions; one of my colleagues had one who had 37. But most patients have had so many that they can't remember the exact number" (apud Leidig, 2005, p. 1).

## **II. Methods**

### ***Research hypotheses***

1. We assume that demographic characteristics (age, number of children, education, marital status,

background, family composition, ethnicity, use of contraception means) influence the decision to request termination of pregnancy.

2. The low level of satisfaction in the marital relationship is expected to correlate with the requested abortion.

3. We assume that there are positive correlations varying in intensity between social, demographic, educational, family factors, and the number of abortions in pregnant women who do not want children.

The exploratory questions were:

1. Which are the factors that generate numerous unwanted pregnancies, followed by their interruption?

2. What are the reasons why women reject/ do not use contraceptive methods?

All pregnant women provided information on many demographic variables, namely: age, gestational age of pregnancy, ethnicity, marital status, length of marriage, occupation, level of education, family members they live with, housing conditions, attitude/beliefs towards abortion, pre-existing abortions.

### ***Participants***

This research involved 280 pregnant women who requested terminations of pregnancy upon demand ("abortions-on-demand") within the Craiova County Emergency Clinical Hospital during 2002-2005, the participants in the study being aged between 15-49 years. The level of formal education ranged from illiteracy to university studies, the average education being secondary/ post-secondary level, that is 8-10 years of school graduated.

The inclusion criteria for the participants were:

1. to be at least 13 years old;
2. to live in Romania;
3. to be able to read in Romanian and understand the questions and indications of the questionnaires;
4. to request the termination of pregnancy;
5. the pregnancy should not have resulted from rape.

As exclusion criteria there can be mentioned:

Pregnant women who requested a termination of pregnancy for therapeutic reasons and those with pregnancies over 12 weeks of gestational age, because the law regulates abortion on request for pregnancies less than 12 weeks. Over 12 weeks, the patients benefited from a therapeutic abortion depending on their state of health.

**Age of the woman:** was considered one of the factors that enhances unwanted pregnancy incidence and abortion decision.

**Environment:** rural and urban areas.

**Marital status:** this information was important as it concerned the situation of the woman, with an unwanted pregnancy, that affected the abortion decision through mentalities, prejudices, well-established patterns. Whether or not there was a partner in their life, whether these existed but were not legally married, or were emotionally unengaged/ distant, influenced women's decision to continue or terminate the pregnancy.

**The occupation:** was investigated in order to establish the difficulty of the tasks carried out at the workplace and the security that the job offered. The existence of a satisfactory job or, on the contrary, a very stressful one, or the absence of a job, we assume would influence the decision for abortion.

**Duration of marriage:** it was relevant for the research whether it was a legal marriage or consensual cohabitation.

**Level of education:** from this point of view, it was established that the level of education of the investigated persons fell in one of the 4 categories: never enrolled to school, primary education, secondary education, high school and university studies.

**Revenues:** the subjects fell into the following categories: no income, average income, above average income.

**The attitude towards abortion:** was captured by four questions, with answers on a five-level Likert scale, ranging from "Strong disagreement" to "Strong agreement". The attitude towards abortion was calculated as the sum of four questions, of them two having reverse scored items "A woman has the right to decide whether to continue the pregnancy or not", "Abortion is a personal decision", and two non-reverse scored items "A woman should never terminate a pregnancy" and "In all situations abortion is a wrong decision".

**Number of pregnancies terminated on demand:** was investigated through the questions "How many abortions did you undergo?"; "Have these abortions been performed on demand or spontaneously?", and "How many of these have been terminated on demand and how many spontaneously?", "What made you resort to abortion, what were the reasons for undergoing previous abortions?". The aim was to understand the patterns of relating to/ perceiving an unwanted pregnancy.

**Number of existing children:** it was investigated by asking: "How many children do you have?". This variable was intended to correlate the number of existing children with the abortion decision.

**Marital satisfaction:** the quality of the relationship between the pregnant woman and her partner was investigated using the structured interview and standardized tests measuring marital satisfaction: the Marital Satisfaction Index (IMS), the Kansas Marital Satisfaction Scale (KMS) and the Marital Relationship Assessment Scale, developed for this research.

### **Research instruments**

The findings were correlated with information obtained from the anamnesis and with the information obtained through the answers to the interview questions. The anamnesis was carried out according to a standardized file that aimed at obtaining the following information about the patient:

- the environment of origin;
- level of formal education;
- occupation;
- marital status;
- quality of relations with family members;
- attitude towards pregnancy;
- number of previous abortions.

The interview-based micro-inquiry aimed to obtain data about the family of origin of women as well as about their nuclear family. The interview guide was based on certain elements synthesized in the following questions the micro-survey had as starting point:

1. What is the reason why you do not want this pregnancy?
2. Do you think that resorting to abortion is the most appropriate way to get rid of the pregnancy?
3. Do you know if there are risks associated to abortion?
4. If so, do you take responsibility for them? What do you think about them?
5. Do you still want children after this pregnancy?
6. How would you describe your financial situation? (Poor/ Average/ Well off)
7. Have you been through this experience before?
8. Does your family know you are here to undergo uterine curettage?
9. What does your family think about you having an abortion?
10. Given that uterine curettage is the way to solve your situation, how is this on-demand abortion procedure for you?

**Index of Marital Satisfaction (IMS)** is a test that measures marital relationship problems, developed by Walter W. Hudson (described by I. Mitrofan and C. Ciupercă, 2002). IMS is an instrument that has 20 items built to measure the degree, severity or magnitude of a problem that a partner has in the marital relationship. It measures the limits within which one of the partners perceives the relationship problems. It does not measure marital adjustment, because a couple can adjust despite a high degree of conflict or dissatisfaction. IMS has two cutting scores. The first is a score of 30 (+ -5); scores below this point indicate the absence of a clinically significant problem. Scores above 30 suggest a clinically significant problem. The second cutting score is 70. Scores above this point indicate that clients have severe stress, with the clear possibility of using some type of violence to deal with the situation. In terms of reliability, it has an alpha correlation average of .96, which indicates a good internal consistency and a low standard deviation (4.00). It also has good short-term stability, with a 2-hour test-retest correlation of .96 and has good validity.

**Kansas Marital Satisfaction Scale (KMS)** is a test that measures marital satisfaction and was developed by Walter R. Schumm, Lois A. Paff-Bergen, Ruth C. Hatch, Felix C. Obiorah, Janette M. Copeland, Lori D. Meens & Margaret A. Bugaighis (described by I. Mitrofan and C. Ciupercă, 2002). KMS is a 3 items instrument, providing a brief measurement of marital satisfaction. It was specifically created as it was considered that the other instruments measuring marital satisfaction were too long and difficult to use in certain situations. The construction of the items was based on the existence of conceptual differences between items about spouses, marriage and marital satisfaction. KMS has an excellent internal consistency for such a small scale, with an alpha of .93. It is correlated with an instrument for measuring marital social desirability.

**The Conjugal Relationship Assessment Scale** was developed by me for this research and its final form has the following items:

1. On a scale of 1 to 5, 1 representing very bad and 5 very good, how do you see your marriage?
2. Assess whether you feel your husband is the right person for you, on a scale of 1 to 5, where 1 = not at all and 5 = very much.
3. List at least 3 qualities of your spouse.
4. Appreciate, on a scale of 1 to 5, the length of time you spend with your spouse, where 1 is not at all, and 5 is very much.

5. Appreciate, on a scale of 1 to 5, the help you receive from your husband in the household, where 1 is none and 5 is a lot.

6. Appreciate the quality of sexual intercourse, on a scale of 1 to 5, where 1 is unsatisfactory and 5 is very satisfactory.

To ensure that the constructed instruments meet the methodological conditions, before administering them and collecting the results, we researched the psychometric characteristics on a sample of 30 subjects.

At the Conjugal Relationship Assessment Scale, initially composed of nine items, we obtained an internal consistency index  $\alpha = 0.726$ , but after eliminating three items that did not have a strong correlation with the scale, we reached an index  $\alpha = 0.959$  with the confidence limits in the range [0.931-0.978].

Cronbach's Alpha	No. of items
0.959	6

**Inter-Item Correlation Matrix**

	Item 1	Item 2	Item 3	Item 4	Item 5	Item 6
Item 1	1.000	.449	.487	.408	.547	.570
Item 2	.449	1.000	.615	.675	.634	.511
Item 3	.487	.615	1.000	.607	.693	.665
Item 4	.408	.675	.607	1.000	.604	.712
Item 5	.547	.634	.693	.604	1.000	.180
Item 6	.570	.511	.665	.712	.180	1.000

### III. Research results

1. Regarding the connection between the age of the subjects and the number of abortions underwent, there is a correlation,  $r = 0.473$ , significant for a  $p = 0.000$ . These indicators show that there is a direct relationship between age and the number of abortions. The correlation between age and number of abortions is significant, as it is found that a woman's growing life experience is associated with an increase in the possibility of resorting to an abortion. Statistical analysis identified significant differences between the ages of women with pregnancy terminations. In other words, the age variable influences the decision to terminate the pregnancy. An explanation in this regard could be the pattern of the group. The social context determines this behavior which is expressed and then consolidated. Their personal experience does not prevent them from resorting to these methods, but even decreases their responsibility for sexual protection/ for taking contraceptives in order to prevent unwanted pregnancies. This situation is accepted by all members of the group or by the majority, as the pressure to comply with the rules of the group is very high. This situation is likely to arise as a result of loyalty towards the group in which they live. The family context orients the

individual behavior to manifest in a way which is accepted by the family members. They may not find the energy and resources for another child, focusing on their needs and those of existing children.

Variables	Correlation
Age – Abortions number	0.473 (p = 0.000)

2. Regarding the link between the marital status of women and the number of abortions, there is a correlation of average intensity,  $r = 0.388$ , statistically significant for a  $p = 0.006$ . These indicators prove that there is a direct proportional relationship between women's marital status and the number of abortions. Thus, it can be seen that the number of abortions is higher in the case of married patients. This correlation is statistically significant and can be related with the previous observation. Statistical analysis also identified a significant feature of women who opt for abortion. The marital status of married women increases their security in the marital relationship and decreases their care for using contraceptive methods during sexual intercourse. This means that human nature depends on accepted roles within the family group. Many of the women investigated were brought to the hospital by sisters, mothers or sisters-in-law, persons who themselves had gone through this experience. Some of them, being part of the same family, came together to address the same situation. Their individual behavior is representative for our society in the post-communist period. These women are defined by the social context and are the product of the social environment in which they live. It is found that unmarried women are more careful about the risk of unwanted pregnancies because they may not have emotional support and may be subjected to social disapproval should they get pregnant.

Variables	Correlation
Marital status – Abortions number	0.378 (p = 0.006)

3. Regarding the link between the duration of the couple relationship and the number of abortions, there is a correlation of high intensity,  $r = 0.542$ , statistically significant for a  $p = 0.000$ . These statistical indicators translate into the fact that, as the number of years in which the woman is involved in the relationship increases, it is directly associated with the number of abortions. This correlation shows that the investigated persons resort to abortion on request, especially as they are involved in a longer-term relationship. This feature, together with the previous one, confirms the view that a long-term relationship, a marriage with many years of

existence secures women and decreases protection during sexual intercourse. It is obvious that this security or reduction of responsibility are also determined by intra-family relationships. Many of these women may face authoritarian life partners who do not allow them to use any contraceptive method. In this case, women can have little influence and cannot change their way of life.

Variables	Correlation
Relationship duration – Abortions number	0.542 (p = 0.000)

4. As we wanted to check if there was a significant difference in the number of abortions depending on the level of formal education, we used the ANOVA One-Way analysis. The analysis of variance aims to highlight the significance between the averages of some samples, not based on the direct difference between them, but starting from their dispersion (variance). The more different the means under comparison are (they have a larger dispersion), the more likely this scatter is to be due to the effect of the independent variable and not to the sampling hazard.

Although we can observe that as the level of education of women increases the number of abortions is decreasing, the differences registered between subjects according to the educational level are not statistically significant for  $p = 0.681$ .

**ANOVA**  
**No of abortions**

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	225.214	2	75.071	1.605	.681
Within Groups	2620.036	277	46.786		
Total	2845.250	279			

5. As we wanted to check if there was a significant difference in the number of abortions depending on the background of the participants, we used the independent samples t-test. The independent samples t-test is employed to test the difference between the means of the same variable measured in two groups of different subjects. This way we can see that women from rural areas have a higher incidence of undergoing abortions on-demand, compared to women from urban areas. This difference is statistically significant for a  $p = 0.030$ .

6. Regarding the connection between the number of children born by the investigated women and the number of abortions underwent, there was a correlation of average intensity,  $r = 0.448$ , statistically

significant for a  $p = 0.000$ . The increase in the number of children is directly proportional with the higher number of abortions. This result can be explained by the fact that they had the desired number of children and were decided not to give birth to another child, this situation being reached for a variety of reasons. The main reasons can be rational or social. The participants explained that they did not want other children, that they did not feel comfortable with the experience of abortion, but, at the same time, they could not explain how they got into that position. For rational reasons, their need to have children was already satisfied, from a material point of view they could no longer afford to raise other children, and the actual number of family members at the time was the desired one.

Variables	Correlation
Number of children – Abortions number	0.448 ( $p = 0.000$ )

7. Regarding the connection between the contraceptive methods used by the investigated women and the number of abortions, there is a correlation of average intensity,  $r = -0.363$ , statistically significant for a  $p = 0.000$ . This negative correlation index translates into the fact that the increase in the number of women who have used contraception is inversely proportional to the increase in the number of abortions.

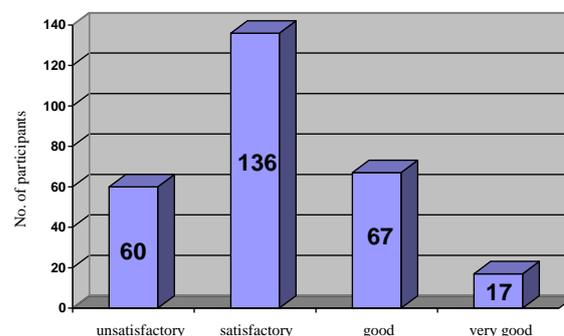
Variables	Correlation
Contraceptive methods – Abortions number	-0.363 ( $p = 0.000$ )

8. To verify whether there was a significant difference in the number of abortions and how it varied according to professional status we have used the analysis of ANOVA One-Way test. The resulting statistical indicators,  $p = 0.286$ , revealed that there were no significant differences in the number of abortions depending on the profession of the participants, although it could be seen that, at the level of our sample, women who had higher occupational status faced the phenomenon of unwanted pregnancies in fewer situations.

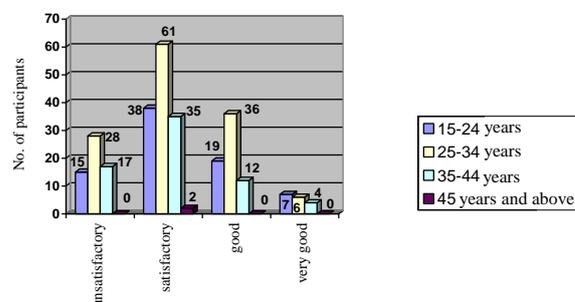
9. When we intended to check if there was a significant difference in the number of abortions depending on the satisfaction in the marital relationship we have performed the analysis of ANOVA One-Way test. The resulting statistical indicator  $p = 0.011$  indicated that there were significant differences in the number of abortions depending on the satisfaction found in the marital relationship of participating women. Thus, the number of women with more satisfactory marital

relationships (good and very good marital relationships) were facing a lower rate of abortions.

Patients' distribution according to perceived quality of conjugal relations



Patients' distribution according to age group and perceived satisfaction in the conjugal relations



Correlations within the group of pregnant women who do not want children

		Age	Marital status	The duration of the relationship	Number of children born	Contraceptive methods
Number of abortions	Pearson Correlation	.043	.378	.542	.448	-.363
	Sig. (2-tailed)	.000	.006	.000	.000	.000
	N	200	200	200	200	200

#### IV. Discussions

Following the investigation of women requesting abortions, the following findings were revealed in the analyzed group (the results being statistically significant, can be extrapolated in the female population in Romania in the 2000s): in the case of women who choose abortion, the research results show that 80% come from rural areas, have a low level of formal education (80.36%), and have undergone many previous abortions (87.14%). These results are statistically significant and can be interpreted according to the 2000-2005 timeframe, in which this research was conducted, a period in which, in Romania, from a social point of view, abortion on demand was the main contraceptive method. Due to the conditions in the rural environment, the distrust in contraceptive methods, correlated with the low level of

education and age, we may infer that these women “froze emotionally” (have emotionally dissociated) and chose this method.

The marital status correlates significantly with the decision to terminate a pregnancy. It is relevant that 96.07% of women who go for uterine curettage are married women. This result is statistically significant: it was observed that the number of abortions is higher among married women. This allows us to conclude that married women pay less attention and take less responsibility in relation to the likelihood of getting pregnant, the low responsibility being explained by their anxiety towards daily life, i.e. the degree of stress generated by the existence diminishes their attention, increasing the likelihood for procreation. The participants live in families which are generally characterized by conflict and dysfunctionality, even if their response to tests assessing marital satisfaction indicated that 48.57% perceived their relationships as satisfactory. We can consider that the justification of the desire to remain married leads to accepting the degradation of the relationship as a normal fact, to the agreement of a symbolic payment for a certain stability given by the existence of marriage. These women assimilate the usual conflicts with normality, confusing the roughly acceptable relationship with a satisfactory one.

They remain in relationships which have no or little emotional support basis, stemming from the inability to renounce unhappiness. Even though the relationship may have initially been based on mutually shared affection, the routine replaced the expression of affection and led to an acceptance of such continuity, rather than implementing change or dissolution of the relationship. There are marriages which were based on social and economic reasons. Women remain in constraining relationships, prematurely monotonized by their very non-functionality, lacking the feeling of comfort and liveliness. Communication, faithfulness, respect, secure attachment are not characteristic values of these marital relationships. The duration of the marriage is a relevant factor, there is a high intensity statistically significant correlation, because there is an increase in the number of abortions in the first 15 years of marriage (in the first 7 years it occurs in 30.71% of cases, in the next 8 years of marriage the frequency rises to 41.43%, and after 15 years there is a decrease in the number of abortions). This decrease is also correlated with the growing in age of women, whose reproductive capacity decreases.

From the educational level point of view, the results show that as the formal education level of

education of women gets higher, the number of abortions is decreasing.

Regarding the use of contraceptives, it was found that in rural areas, especially in women with low and medium education, there was a trend for rejecting contraceptive methods and easily accepting an abortion, as universally valid solution. The participants admitted they “tried birth control pills, but gave them up from fear of getting cancer”. The women who did not use and did not want to use contraception represented 72.14% of all research subjects. Educational challenges and lower levels of formal education led to a decreased sense of responsibility for the sexual relation and the development of cognitive distortions, designed to ensure a balance in the given situation (being suspicious of something not experienced in the frame of transmitted models, something which had not passed the test of time). The longevity of their marriages was ensured by tolerating their spouses’ conduct (verbal conflicts, physical violence, cheating, alcohol abuse). Under these conditions, sexual protection became additionally burdening.

Because abortion was not a unique experience in the participants’ lives (87.14% have a history of abortions), it is relevant in the research and excludes the possibility that abortion may be an unrepeatable “accident”. Repeated abortions show us a resolution strategy developed and maintained by “contagion” – virtually all women from a group will automatically adopt or copy, unconsciously, the same pattern of behavior, thinking and identical reaction confronted with the triggers of the “crisis”, as a resolution for it.

The fact that they have 1 or 2 children and do not want others correlates with the option for abortion on request (women who have 1-2 children represent 60%, and those who have more than 3 children 35.72%).

Women who do not have children make up only 4.29% of the subjects, and those who have children are 95.72%. Regarding the link between the number of born children and the number of abortions, there is a correlation of medium intensity, but statistically significant. The acceptable number of children according to the social model is achieved, satisfied, and this leads to a decrease in interest and desire to give birth to a child resulting from an unwanted/ unprogrammed pregnancy.

An interesting fact in this research was the situation of women in terms of origin family particularities and structure. Following the applied methodology, it was found that at the time of requesting the abortion 87% of these women have at least one of the parents who had died.

## V. Conclusions

In conclusion, 6 significant correlations were obtained, corresponding to the social characteristics that could generate unwanted pregnancies and abortion requests in Romania, in the post-communist period.

1. The positive correlation of average intensity between the mature age of subjects and the number of abortions underwent ( $r = 0.473$ ,  $p = 0.000$ ). A woman's growing life experience is associated with an increase in the possibility of having an abortion.

2. The positive correlation of average intensity between the marital status of women and the number of abortions ( $r = 0.378$ ,  $p = 0.006$ ). The number of abortions is higher in married patients.

3. The high-intensity positive correlation between the duration of the woman's couple relationship and the number of abortions ( $r = 0.542$ ,  $p = 0.000$ ). The investigated persons resort to abortion on request, especially when they are involved in a long-term relationship.

4. The positive correlation of medium intensity between the number of children born by the women investigated and the number of abortions ( $r = 0.448$ ,  $p = 0.000$ ). This result can be explained by having the desired number of children and deciding to no longer giving birth to a child, this situation being influenced by a variety of reasons. The main reasons can be of rational or social nature.

5. The medium intensity negative correlation between the contraceptive methods used by the investigated women and the number of abortions ( $r = -0.363$ ,  $p = 0.000$ ). The increase in the number of women who have used contraception is inversely proportional to the increase in the number of abortions.

6. The statistically significant correlation for a  $p = 0.030$  in terms of the environment. Women from rural areas have a higher incidence of on-demand abortions than women from urban areas.

The present research highlights the following social characteristics influencing the incidence of on-demand abortions: family relationship hardships, unfavorable living climate, economic difficulties, educational deficiencies, socio-familial maladaptation, coming from rural areas, characteristics that represent the determinants that increase the rate of abortion on demand.

The psychosocial factors that contribute to unwanted pregnancies and the option for on-demand abortions are:

- family misunderstandings/ tensed family relations/ dysfunctional relational patterns (with parents or in-laws who live in the same household);

- the attitude of the husband (which forces the decision for abortion);
- unsatisfactory couple relationship (husband's infidelity, alcoholism, his aggression, the husband coerced her, forced her to leave the marital home);
- material insecurity;
- professional insecurity;
- low level of formal education;
- the death of one of the parents;
- patterns appropriated by social contagion (from the example of other women in the family/ community);
- conducting of the research in a period marked by the liberalization of abortion (encouraged by some gynecologists), secured by the state, facilitated by the extremely low prices.

Due to cultural, religious and legal differences, abortion has a different meaning from country to country and from one historical period to another. The aim of the research was to identify the social characteristics of pregnant women who opt for abortion, in order to consider where would be practical and necessary to further research to reduce the number of abortions on-demand, thus ensuring the psychological health of women and, why not, considering increasing natality in Romania. That is, to create programs able to effectively address current issues involved in declining birth rates in Romania.

This research was not focused on the psychological effects of on-demand abortion, but investigated the social factors influencing the decisions for the procedure. An attempt was made to clarify the motivations, the social context, the answers, the decisions, the attitudes, the behaviors of the participants. The research did not aim to answer or understand whether or not abortion is justifiable for various reasons, but to clarify the social factors that determine this phenomenon. It was found that women in the research sample, who had an abortion, expressed an intense interest to be informed about the risks of abortion, needed to be helped to cope with and process the experience, beyond feeling relieved after the resolution of their condition. In addition, the situation is exacerbated when there is a lack of clarity in abortion information, leading to helplessness and fear.

The aim of this study was to explore the individual, interpersonal and environmental factors behind the occurrence of an unwanted pregnancy and the abortion decision-making process. This involves both the decision to have an abortion and the experience of

dealing with abortion, in other words uterine curettage. Better screening for risk factors should help in identifying women who may receive additional counseling before or after abortion, and may also help prevent putting pressure for unwanted abortions. In addition, more comprehensive perspectives help specialists be more aware and sensitive in providing the counseling services women need. Induced abortion responds to socio-demographic patterns, in which the characteristics of each country are essential. Individual and contextual socio-economic inequalities have a significant impact on its incidence. Further research on the relationship between economic growth, the labor market, institutions and social norms is needed, in order to better understand transnational variability and reduce its incidence.

While on-demand abortion is considered the exercise of a woman's right, one that must be respected, there is no research to identify how many women gain mental health benefits after abortion, compared to maintaining an unwanted, unintended pregnancy. Some women feel pressured or even forced by their partners, parents, employers, doctors, to perform unwanted abortions. Future studies should explore possible mechanisms linking abortion to the social determinants of an unwanted pregnancy, completed with on-demand abortion and the onset of specific mental conflicts experienced by these women. For example, the possibility of strengthening certain behaviors resulting from efforts to block or avoid any psychological pain associated with the decision and procedure to terminate the pregnancy, 'quick' and 'easy' ways to cope with suffering or guilt. Consistent with contemporary developments, this systematic research has obtained firm data that should be articulated with information from the published literature in order to understand this phenomenon and create conditions for helping these women and for training the medical staff to better attend to their needs.

In the current situation in Romania we do not have certainties related to the benefits of abortion, because we do not know what are the long-term effects on the mental and physical health of these women, on their families and on their existing children. We have found that abortion can be a convenient, practical decision to resolve unwanted pregnancy, but it is by no means easy to do so and considerable efforts are required to manage it effectively. Giving up an unwanted pregnancy can generate potential conflicts between needs and expectations. For the woman who has few financial and emotional resources, the birth of

an unwanted child can be disastrous. Even if at first sight it can be interpreted as an expression of freedom and women's rights, as said above, I also consider that the phenomenon can be seen as a manifestation of their lack of autonomy. In this study, most women indicated that decisions to terminate a pregnancy are largely made by others, are taken in the family, sometimes against their will. Parents, family members, partners and providers decide what should happen. In the literature, this lack of autonomy in the decision-making process regarding abortion is related to power-based dynamics and gender inequality. For economic reasons, women have no choice but to obey and follow the decisions of their family or partner. Lack of knowledge is closely linked to women's lack of autonomy (Korejo et al., 2003). This lack of knowledge among women contributes to the high prevalence of on-demand abortions and coping with unwanted pregnancies.

I chose to publish these data from a 2005 research, because abortion on-demand is still a current problem in Romania. As statistical demographic data show, between 2013-2017 Romania was still among the top countries in Europe regarding the number of abortions on-demand. Even if presently we are not on the 1<sup>st</sup> place in Europe, the rate of abortions on-demand in our country is quite high and decreases too slowly every year, which signals that we do not have appropriate policies, effective ones to prevent unwanted pregnancies. It is desirable to involve the state in developing education programs to prevent these situations, for women at high risk of unwanted pregnancies. The social factors highlighted in this research identify the category of women with a high risk of opting to terminate a pregnancy.

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