



**unplanned
pregnancy**

how our unique roles
contribute to our
understanding of
justice



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Abstract

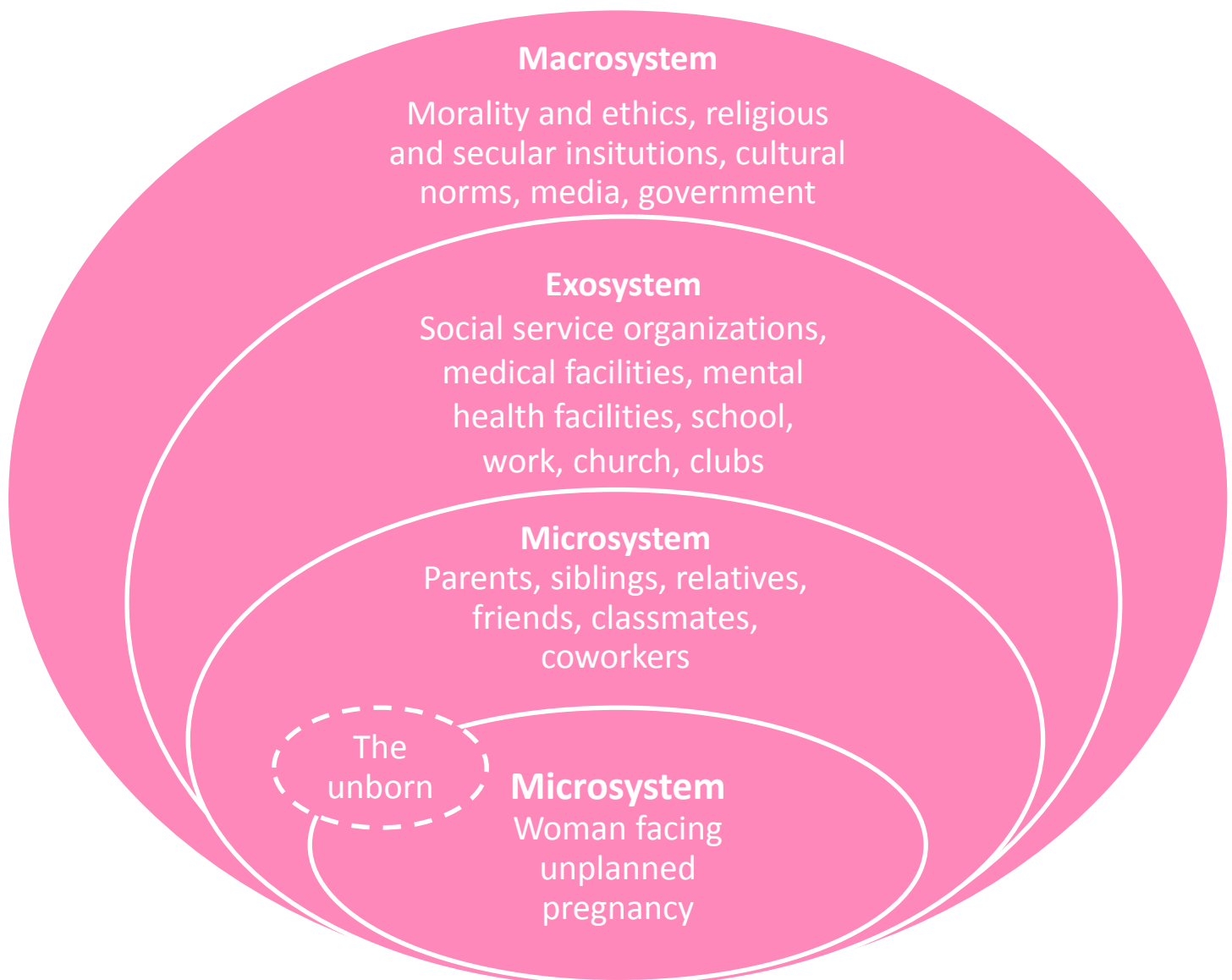
Amidst political, religious, and ideological dissent, professional and natural helpers in the United States are looking for ways to assist individuals facing unplanned pregnancy. This qualitative study analyzes interviews with seven professional and natural helpers who consider unplanned pregnancies through the lens of their different helping roles. Respondents share their perspectives and reflect on their understanding of justice regarding the situation of an unplanned pregnancy. Results include recommendations for achieving greater justice in unplanned pregnancy cases.

Keywords: abortion, adoption, case study interviews, family planning, injustice, parenthood, pregnancy, social justice, unplanned pregnancy.

The purpose of the study is to investigate how individuals' unique experiences with unplanned pregnancy interact with their attitudes beliefs, contributing to their understanding of social justice.

According to systems theory, a model commonly used in the social work field to describe social complexity, each individual is affected in complex ways by his or her social surroundings in society. **Figure 1** depicts a few of these systems.

Figure 1: Context of pregnancy



When a woman becomes pregnant, each of these circles are interwoven with her experience of that *pregnancy* (see Appendix A for a glossary of italicized terms). These systems have acted upon her beliefs, attitudes, and behaviors in the past. They affect her thoughts, expectations, and actions in the present. And, in turn, they will affect her feelings, disappointments, and hopes in the future.

When a pregnancy is *unplanned*, these systems uniquely affect a woman's subjective experience with, as well as expectations of, her pregnancy.

In **Figure 1**, the unborn is placed between the mezzosystem and the microsystem because different ideologies would place the unborn either as a distinct individual in a woman's life, or else as a non-distinct part of the woman's body. This placement in the figure is not meant to make a statement about the humanity of the unborn, but rather to show that different beliefs currently persist in society about whether or not the unborn is human.

The mere existence of disjunct beliefs about the unborn, in and of itself, affects interactions in society. If the unborn is not, in fact, human, society may see unplanned pregnancy as strictly a women's *civil rights* issue. If the unborn is, in fact, a human individual, an unplanned pregnancy is not only a civil rights issue, but also a *human rights* issue.

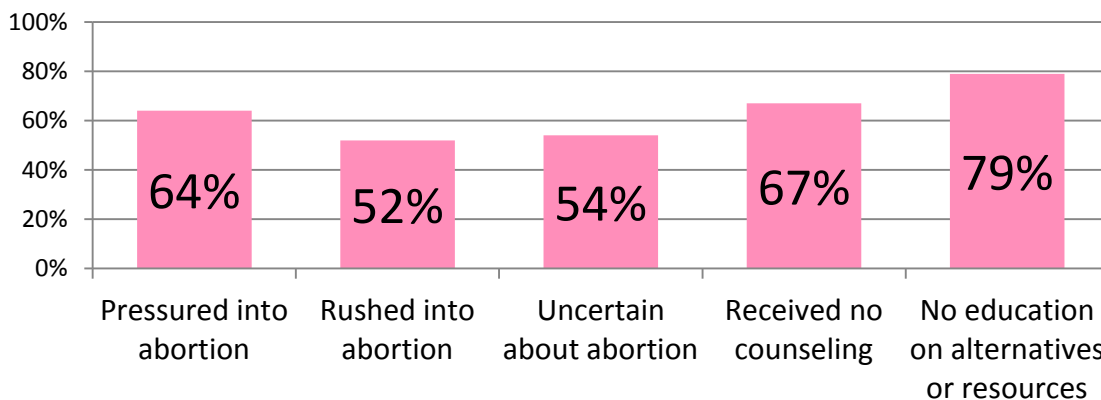
In part because of a current lack of consensus on the unborn, individuals and systems disagree on the nature of social justice in the case of unplanned pregnancy. Yet amidst debates about the humanity of the unborn, another phenomenon is often disregarded: The personal experience of a woman facing unplanned pregnancy.

It is estimated that 3.5 million unintended pregnancies occur in the United States each year (Guttmacher Institute, 2012b). Women with unplanned pregnancies are at high risk of experiencing injustices that may include coercion (Rue et. al., 2004); judgment and ostracism by family, peers, and others (Martin, 2001); violence and abusive situations (Baker, 2013; Rue et. al., 2004); and occupational and educational discrimination (Holmes et. al., 1996).

According to the Guttmacher Institute (2012a), as of 2006, 43% of unintended pregnancies ended in abortion over the course of one year. The Institute also reports that one in three women in the United States will undergo at least one abortion procedure in her lifetime.

Induced abortion is currently a legal option for a woman in the United States. However, this does not mean that abortion is always — or even usually — a free, self-determined decision for women. According to a study by Rue and others (2004, see **Table 1**), a majority of women feel pressured by others to abort (64%), rushed into having an abortion (52%), and/or uncertain about the procedure (54%). Most women also receive no counseling services while considering whether to abort (67%), nor are they given education about alternatives or available resources for decisions besides abortion (79%).

Table 1: Undermining women's reproductive autonomy in abortion cases (Rue et. al., 2004)



Not all women report abortion-related injustice, and some may consider the option of abortion as an important component of justice. Injustice may also exist in instances of adoption, parenthood, miscarriage, medical care, primary group relations, and various forms of institutional discrimination.

Any one of the social systems in **Figure 1** is capable of either impairing injustice or bringing relief from it. Although unplanned pregnancy may involve factors of personal responsibility, systematic forces may also contribute to its prevalence. Such influences include the media (Allison et. al., 2012), education in schools and other organizations (Makenzius et. al., 2012), and political atmosphere (Parker, 2008). According to D. W. Sue, author of *Multicultural Social Work Practice*, (2006, p. 227-254), “A failure to develop a balanced perspective between person focus and system focus can result in false attribution of the problem ... [and] an ineffective and inaccurate treatment plan that is potentially harmful toward the client.” Both systematic and personal contributions to unplanned pregnancy must be investigated to effectively pursue social justice.

In the present study, in-depth interviews were conducted with seven individuals impacted by unplanned pregnancy. Participants gave a firsthand or secondhand witness of unplanned pregnancy, and then discussed their own perspectives, analyzing examples of injustice in their own testimony, as well as providing suggestions for social and individual pursuits of social justice.

The report will include a review of relevant literature describing the current state of the issue, attempts to bring relief, and obstacles to social justice in the general issue of unplanned pregnancy.

Literature Review

About 50% of all pregnancies in the United States are unplanned — a rate that has increased slightly over the past decade. Among women aged 20 to 24 years, unplanned pregnancies increased from 59% of all pregnancies in 2001, to 64% of all pregnancies in 2006. For women who are 19 years of age or younger, 4 out of 5 pregnancies are unintended (*National Health Statistics Reports*, 2012). Women who are especially at risk for unintended pregnancy include women with lower education, low income, and cohabiting women (*Contraception*, 2006); as well as unmarried women and African-American women (*National Health Statistics Reports*, 2012). Unplanned pregnancy is associated with problems for the mother, such as a higher risk of depression, experiencing physical violence, low educational achievement, and relationship instability; as well as problems for the child, such as low birth weight, poor mental health, poor physical health, and family turmoil (Oswalt & Realini, 2010).

Regardless of a woman's decision to either terminate her pregnancy or to carry her pregnancy to term, unplanned pregnancy can

be a stressful, vulnerable situation in which a woman is significantly influenced by the types of support that she receives. A review of 44 studies conducted in developed countries reveals that an increase in mental health problems occurred for women facing unplanned pregnancy, regardless of their choice to have an abortion or not (*The Lancet*, 2011).

Interviews and case studies have been used often in research on unplanned pregnancy, and such studies have provided insight on topics such as what it means to be prepared for a pregnancy (Oswalt & Realini, 2010), men's roles in determining outcomes of unplanned pregnancies (Miller, 2012), and attitudes toward contraception in women seeking abortion (Rose, Cooper, Baker, & Lawton, 2011).

In their qualitative study on pregnancy intention, Miranda & Maxson (2011) found that women with unplanned pregnancies were more likely to experience depression, stress, low paternal support, low self-efficacy, and low social support, as compared to women with intended or mistimed pregnancies. Astbury-Ward, Parry, and Carnwell (2012), who conducted a study involving in-depth interviews of 17 women who had undergone legal abortion procedures, stated their results as such:

Women in this study understood abortion as highly taboo and a potentially personally stigmatizing event. These perceptions continued to affect disclosure to others, long after the abortion, and affected women's perceptions of the response of others, including society in general, significant others, and health professionals.

An unintended pregnancy introduces a new set of needs to a social system, which may include medical, psychological, or social needs for

the pregnant woman, as well as potential requirements for bringing a new individual into the system. Congruent with the ecological systems theory, whenever a new need is introduced into a social system, patterns of social energy must change in order to restore homeostasis. If homeostasis is not achieved, it can easily lead to disadvantages for certain individuals or groups. Therefore, since unplanned pregnancy introduces potential inequalities in systems, such a situation is fraught with potential for various kinds of social injustice.

The concepts of justice and injustice have been studied in fields such as policy and law (Goff, Epstein, & Reddy, 2013), clinical psychology (Ali & Lees, 2013), and organizational psychology (Jex & Britt, 2008). Historically, much of justice theory was developed by organizational psychologists, including John Stacey Adams, who developed Equity Theory (Adams, 1963), and Melvin Lerner, who developed the Just World Hypothesis (Lerner, 1978).

Investigations of justice in social systems have shed light on cognitive and behavioral processes of those who have experienced perceived injustice. For example, Claudia Dalbert (2001) examined extent of belief in a just world (BJW) as a motive to overcome personal hardships. Dalbert found that one's beliefs about justice in the world significantly affect personal responses to situations involving complex social circumstances, including chronic injury, sexual assault, and abortion.

Social justice is a value and an obligation of all social workers (NASW, 2008). Understanding the meaning of justice and how people perceive it is essential to upholding justice in the helping profession. According to the preamble of the National Association of Social Workers Code of Ethics (NASW, 2008), social workers carry the

responsibility to serve their clients, revere human relationships, uphold integrity, develop and enhance professional competence, and pursue social justice. These five values are rooted in the sixth social work value: the assumption that each human being possesses inherent and equal worth — a worth that exceeds the worth of any political or personal agenda.

An often overlooked concept is why there is a need to iterate justice as an ethical value in the first place. Such a need arises from the human experience and perpetuation of injustice in society. As described in the NASW Code of Ethics preamble, social justice pertains specifically to individuals and groups who face oppression and discrimination. One task set before social workers is to work toward justice by “[ensuring] access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision-making for all people.”

Pursuing social justice in unplanned pregnancy cases poses a challenge for both professional and nonprofessional helpers. Any person, professional or otherwise, may find himself or herself in a position of power and influence. These individuals’ beliefs about justice will affect what types of help they perceive as beneficial to a pregnant client, friend, family member, or peer — and, in turn, what types of treatment they suggest to her to help bring her individual, family, and peer systems back to homeostasis. A particular challenge for helpers in upholding justice lies in balancing the desire for a positive outcome in the woman’s future, while also upholding her right to self-determination (regardless of the outcome) in the process.

Perceptions of justice can shape experiences and decisions; conversely, experiences and decisions can shape perceptions of justice.

Although the directionality of the relationship between justice belief, experience, and action is unknown, investigating these relationships can benefit vulnerable people groups.

This thesis investigates what facets of injustice individuals face in and surrounding an unplanned pregnancy, how they come to understand justice, and how helpers can work toward justice.

Unplanned pregnancy brings attitude, experience, and behavior to a crossroads. By digging deeper into these processes, helpers can think critically about the assumptions inherent in institutions and practice frameworks. This understanding can inform helpers about how best to come alongside their clients, family members, friends, or peers, empowering them to find and receive support and make decisions with confidence.

Methodology

Participants

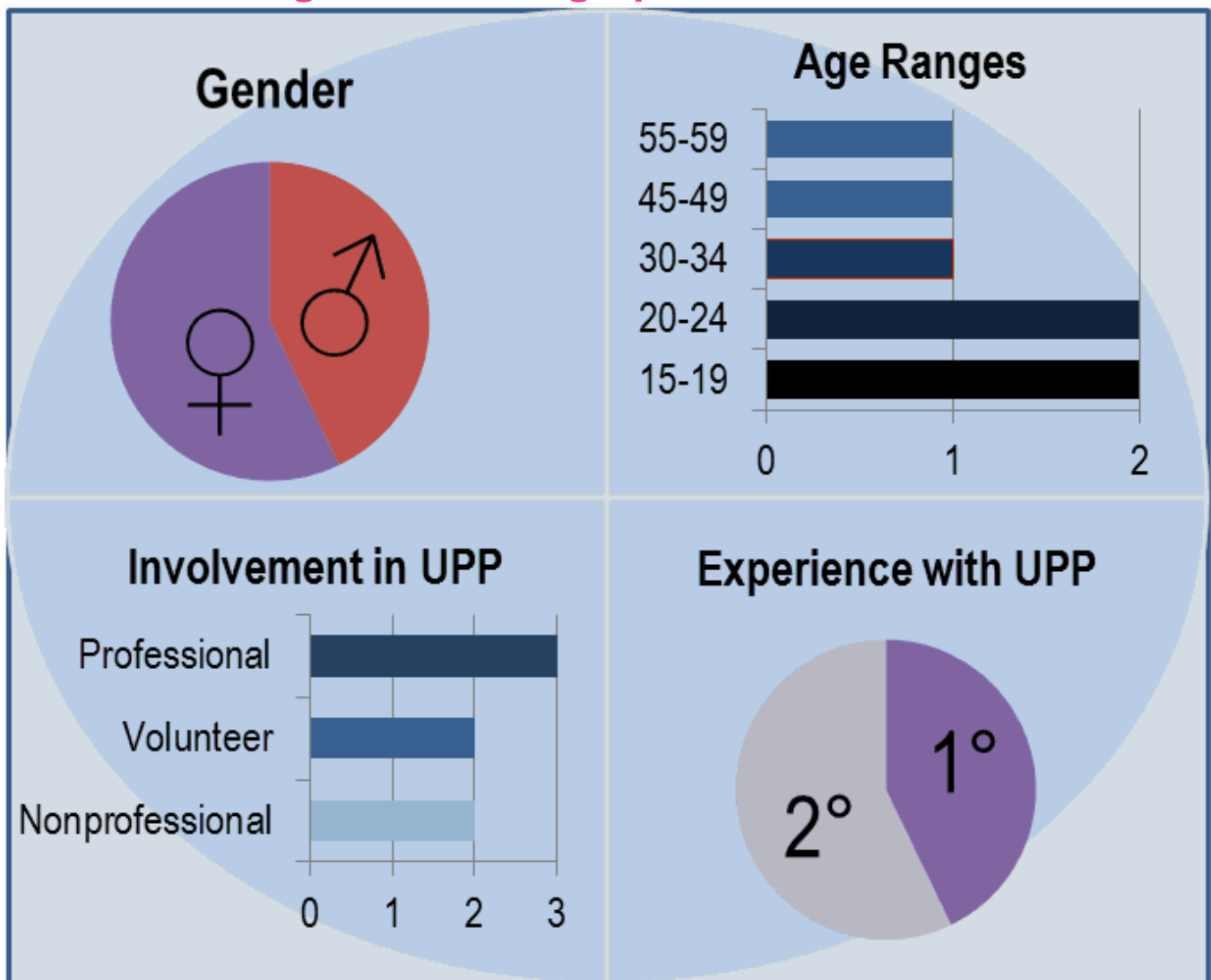
The names, organizations, and other specific information that could reveal participants' identity were excluded from the report, according to the standards of the Institutional Review Board (IRB) for human subjects research.

Interviewees were selected on the basis of having a unique experience, either firsthand or secondhand, with unplanned pregnancy, and a unique perspective about unplanned pregnancy. The final sample included seven participants. Demographic information is summarized in Figure 2.

To protect identities, age ranges were used instead of exact ages. Two participants were 15-19 years old, two were 20-24 years old, one was 30-34 years old, one was 45-49 years old, and one was 55-59 years

old. Three participants had firsthand experience with an unplanned pregnancy, and the other four had secondhand experience with an unplanned pregnancy. Of those interviewed, three were *helping professionals*, two were *volunteers*, and two were *nonprofessionals* (see Appendix A for definitions of italicized terms). No participants were pregnant during the interviewing process. Four participants were female and three were male.

Figure 2: Demographic information



To identify participants with their experiential background and quotations in the report, each participant was given a pseudonymous name. Their case descriptions are included in **Table 1**.

Table 2: Case Descriptions of Participants

Pseudo-nym	Experiential description
Connie	Amidst financial hardship and an unstable, abusive, substance-laden relationship, Connie found herself pregnant. Long after undergoing a surgical abortion, she experienced nightmares, anxiety, and trauma symptoms related to the procedure. Now, after decades of healing, she is a volunteer group counselor for women with post-abortion stress.
Ethan	Ethan is a young man whose girlfriend (at the time) became pregnant in high school. He is now a teen father who is trying to raise his daughter, work, and earn a college degree. He grew up in a conservative, religious environment, but considers himself pro-choice and non-religious.
Suzie	Suzie is a medical professional at a pregnancy health center. She has helped couples and single women during pregnancy, including cases where the mother's or child's health was in danger during the pregnancy. Suzie made a decision for abortion when she was younger. She is now a wife and mother.
Caleb	Caleb's married parents had become unexpectedly pregnant after being told they could not have children. He was born with physical birth defects and suffers from chronic health issues. He grew up with classmates facing unplanned pregnancy and has volunteered at a few pregnancy health centers.

Pseudo- nym	Experiential description
Kat	Kat works at a women's advocacy center. She has known both clients and friends who have gone through sexual assault or unplanned pregnancy. She grew up in a community where sexuality was a taboo topic and personal problems were kept private. Kat is interested in how the media, education, and government relate to women's issues.
Rob	Rob is a human rights activist. His profession involves travelling to different cities to train people on how to have intelligent, respectful, and constructive conversations about abortion. He has female friends who have faced unplanned pregnancy, and has sought to empower them to find resources, support, and education.
Danielle	Danielle became pregnant out of wedlock shortly before becoming a Christian. She experienced pressure, judgment, and support from a variety of sources. She vacillated between the choices of adoption and parenthood. In the end, she decided to raise her child. She is now going to school and living with her family.

Materials

An audio recording device was used to record each interview. Interviewees could choose to opt out of any specific question(s) if they preferred not to answer. In this study, none of the participants asked to skip a question.

After the initial interview, a follow-up interview was scheduled. The recording was then transcribed using the audio device, headphones, a computer without internet access, and word processing software. Transcriptions were saved on an external drive in an encrypted folder. Books, articles, and databases were examined for further insight in writing the thesis and discussing data from the interviews.

Design

The study consisted of a series of in-depth case study interviews. Interviews were intended to examine the interviewees' personal roles, experiences, and beliefs about unplanned pregnancy. Seven standard questions were proposed to each participant, but minimal structure was used beyond these questions to allow for free response.

Three interviewees had experienced unplanned pregnancy firsthand. These women testified to this period of their lives, including the thoughts and feelings they experienced throughout the process, and the amount and types of support they received or wished they would have received before, during, or after the pregnancy.

The other four interviewees spoke of someone they know personally who experienced an unplanned pregnancy, whom they had attempted to support. These interviewees gave their witness of the pregnancy situation, including thoughts and feelings experienced by

the pregnant woman and others around her, and the types of support from which they felt the woman either benefitted or would have benefitted.

After each interviewee gave his or her account of an unplanned pregnancy, he or she was prompted to discuss justice belief, according to the progression in **Figure 3**. Respondents were asked to give examples of injustice in the account, and then provide a definition of the term “injustice” in a broader sense. Interviewees then defined the term “justice,” and finally related this term to the account they gave.

Figure 3: Progression of questions on justice belief in interviews



Both explicit and implicit indications of justice belief were examined. After justice belief was examined, participants gave suggestions of how to improve justice as individuals and as a society in general.

The following demographic information was collected in the initial interview: gender, age range, firsthand or secondhand experience, and type of involvement (professional, volunteer, or nonprofessional).

Procedure

Recruitment.

Interviewees were recruited through quota sampling. Potential interviewees were chosen on the basis of predetermined variables of age, gender, type of involvement, and a firsthand or secondhand experience with unplanned pregnancy.

Before the interview was conducted, initial contact was established via phone, email, or face-to-face communication to determine interest in the study. Those who expressed willingness to participate were contacted to set up a time and place to be interviewed. Interviewees participated on a voluntary basis, and no compensation was provided. A total of nine individuals were recruited. All expressed interest, but due to scheduling issues and time restraints on the thesis, only seven of these individuals were interviewed. After individuals agreed to participate in the study, an initial interview was scheduled.

Snowball sampling was also used in the recruitment process. At the end of each interview, the researcher informed the participant that he or she could provide information on the study, as well as the researcher's contact information, to anybody he or she knows who might be interested in being interviewed. This way, personal information of potential snowball-sampled interviewees was not given to the researcher without that person's consent. There were no respondents for the snowball sample in this study. Reasons for this nonresponse may include interviewees not referring others to the study, a lack of incentive for potential participants, or the stigma that surrounds unplanned pregnancy.

Informed consent.

Participants were given the written consent form before being interviewed (See **Appendix E**). The form included reasons to participate, the purpose of the study, a list of topics the questions would investigate, how information would be handled, and contact information of research staff. Because of the sensitive nature of the interview content, free counseling services were also listed for participants to contact as needed. The extent to which participants used referred counseling services is unknown.

At the beginning of the initial interview, participants read the form, asked any questions they had about the interview, and received answers to those questions. The participants were each given two copies of the consent form: one to initial, sign, and give back to the researcher to keep in a locked file, and one to keep. Auditory consent was also given at the beginning of the recorded interview.

In the case of a phone interview, the consent form was emailed to the participant before the interview. The interviewee read the form at the beginning of the phone call before recording began. Phone interviewees confirmed their consent via email and auditory confirmation during the recording.

Interview content.

Allotted time of each interview varied, but the estimated time given to participants was 1-2 hours to provide their responses.

During the follow-up interview, which was also recorded, participants were given a typed copy of the transcript to read over. The researcher allowed the participant to add, clarify, or make changes to their responses.

After the participant read over the transcript, the researcher conducted the follow-up interview (available in **Appendix B**). Follow-up interviews were recorded but not transcribed. Since the information shared in each interview is the interviewee's intellectual property, participants were not prohibited from receiving either the audio file or the transcript of their own interview. One participant requested and was given the audio recording of the interview. After responses are finalized, the research staff's copies of audio recordings were destroyed.

Transcripts of interviews then underwent codification. The researcher collaborated with a graduate student to codify quantitative information about demographics, as well as qualitative interview responses.

Limitations

The use of case study interviews.

Bent Flyvbjerg (2006) states the following about case studies:

Case studies often contain a substantial element of narrative. Good narratives typically approach the complexities and contradictions of real life. Accordingly, such narratives may be difficult or impossible to summarize into neat scientific formulae, general propositions, and theories (Benhabib, 1990; Mitchell & Charmaz, 1996; Roth, 1989; Rouse, 1990; White, 1990). This tends to be seen by critics of the case study as a drawback. To the case study researcher, however, a particularly "thick" and hard-to-summarize narrative is not a problem. Rather, it is often a sign that the study has uncovered a particularly rich problematic. The question, therefore, is whether the summarizing and generalization, which the critics see as an ideal, is always desirable. Nietzsche (1974) was clear in his answer to this

question. "Above all," Nietzsche said about doing science, "one should not wish to divest existence of its rich ambiguity" (pp. 335, § 373).

Case study interviews can challenge both explicit theories and subtle assumptions used by practitioners (Flyvbjerg, 2006). Case study interviews remove the focus, even if temporarily, from the proportional diversity of the entire population, and instead focus on the valid, complex, subjective experiences of the individual.

One assumption about case studies is that they are inherently biased toward the researcher's perspective (Flyvberg, 2006). Although researcher bias cannot be eliminated, proper research methods can prevent distortion of data collected. Indeed, researcher bias is not an obstacle in research, but is entirely necessary to assemble the data in a meaningful and coherent way.

In regard to selection of participants, the present study attempts to reasonably maximize variation in relevant differences such as beliefs, experiences, age, and level of professional involvement in unplanned pregnancy cases. In regard to analysis, codification and interrater reliability are employed in an effort to minimize the effects of researcher bias.

Recruitment procedure and unrepresentative sample.

Quota sampling, although it employs strata, is a type of convenience sampling. The nonrandom recruitment procedure, combined with a small sample size, means the sample is not representative of the general population. Yet the sample succeeds in providing a variety of valid perspectives to spark critical analysis for practice and research. (See **Future Research** section on page 81.)

Results and Discussion

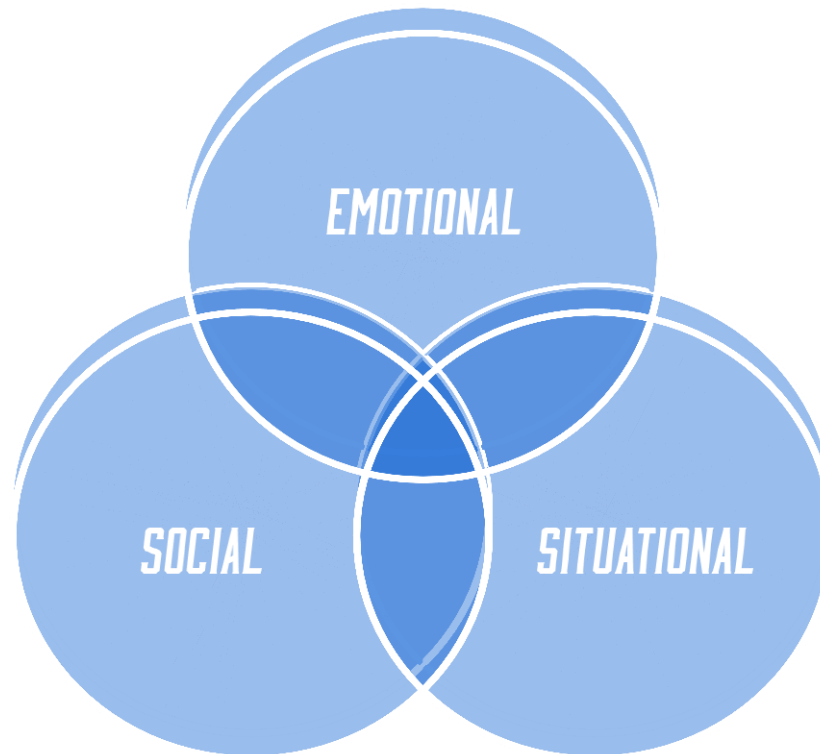
The interviews were examined and codified to identify themes. Analysis suggested five themes, and the qualitative data were codified according to the following categories:

- Initial perceptions of unplanned pregnancy;
- Influential beliefs on one's view of unplanned pregnancy;
- Influential support systems for the woman in the account(s) given;
- Barriers to support;
- Significant aspects of injustice;
- Significant aspects of justice; and
- Suggestions for social and community action.

Initial perceptions of unplanned pregnancy

In general, participants' initial responses to unplanned pregnancy predominantly involved emotional reactions, social implications, or situational factors, as depicted in **Figure 4**. Codification of this section entailed an analysis of language used immediately following the first interview question. Each participant's responses were categorized into one of these three dominant focuses. Although initial reactions tended to have a dominant focus, each participants' response contained emotional, social, and situational elements.

Figure 4: Foci of initial reactions to unplanned pregnancy



Emotional focus.

Emotional responses included words such as “stressful,” “emotional,” “surprise,” “crisis,” “scary,” and “angry.” Danielle’s, Caleb’s, and Ethan’s reactions contained the highest emotional content. Fear, anticipation, and complexity were common themes in emotional responses.

Danielle had struggled to decide whether she wanted to raise her child or adopt her out to another family. She knew either option would change her life drastically. Danielle had already made a life-changing decision to put her faith in God shortly after she had conceived. She was also facing the prospect of going to college. When she discovered that she was pregnant, she wondered how it would alter her relationships with her family, her boyfriend, and her friends. Danielle reacted to the initial question with a rush of complex emotions:

I think the mindset is, every woman that's ever been through an unplanned pregnancy is, is generally scared and angry and upset, and they're — you know, it's — they're just thinking, "What am I gonna do?"

Danielle expressed that she experienced injustice when certain people in her life judged her for keeping her baby. Her anticipation of judgment from others contributed to her emotional response to her pregnancy. However, she felt this judgment was counteracted by the love and acceptance she experienced from other individuals in her life.

Caleb's mother, who was already married at the time, became pregnant after undergoing a procedure to prevent fertility. Since she did not believe in abortion, she decided to try to carry the pregnancy to term anyway. Caleb's mother almost died giving birth to him, and he was born with physical deformities. The experience was unnerving for both his mother and his father.

Because Caleb has friends and relatives who have gone through unplanned pregnancy, he has become acquainted with some of the complex emotions and situations that may be involved. His response, which was initially emotional, related to his consideration situational factors:

I imagine it being extremely stressful. Gosh. I can imagine there being a lot of fear involved. And — and just how hard that would be financially. And your entire life changes around that. So, like, kind of understanding what it's like to have your responsibilities change and stuff like that —It would be a really hard thing to deal with. But I think that it's a thing that happens more often than not. I feel like most pregnancies are not necessarily planned.

Caleb demonstrated sympathy for the women in his life who found themselves in this situation.

With his future ahead of him, Ethan knew the responsibilities of being a father would alter his idea of the future:

*From a guy's perspective, especially, it's just like one of those things that, like, kinda strikes fear in you. You're like, "*Gasp!* unplanned pregnancy." Like, "Oh man, it's gonna change my life forever." Yeah, it does! And it's terrifying.*

Ethan's girlfriend at the time, "Amber," became pregnant in high school. Since Amber decided to go through with her pregnancy, she and Ethan had to face family and relatives, some of whom disapproved of premarital sex. Each of them was also subject to judgment by friends and peers, As Amber underwent changes in her appearance and coordination, she had to cope with more physical changes and disadvantages than Ethan, even though they both shared responsibility for the pregnancy. Ethan said he didn't see the situation as negative, even though he and Amber went through plenty emotional ups and downs throughout the pregnancy as they coped with unequal amounts of change.

From this data, it seems that, when a woman finds out about an unplanned pregnancy, she can be overcome with a rush of initial emotions, and those close to her may sympathize with these emotions a different levels. The complexity of the situation seems to affect the emotional response, and the resilience of the affected party seems to relate to emotions about the future.

Social focus.

Some participants brought up topics such as the “work that needs to be done as a culture” to help reduce unplanned pregnancy, and “the urgency to help people” who are already in such a situation. Participants with the most socially-focused responses — Connie, Kat, and Rob — have each done volunteer or professional work surrounding the issue.

Connie works with women who have had abortions as a result of unplanned pregnancy — an experience she went through when she was younger. She remarked,

I have great empathy for gals that are facing unplanned pregnancy, and I think that there's a lot that our society could do to address the issue before it happens, so that girls are not finding themselves in those types of situations.

Connie related emotionally to other women in this situation, but she was also aware of a social responsibility to help them. Society's presentation of abortion as a good solution to unplanned pregnancy, she claims, has been harmful to women like herself.

Kat discussed societal causes of unplanned pregnancy, attitudes that perpetuate its prevalence, and prevention measures:

I think it could be considered a social issue just because so many kids [are] having children when they're kids themselves. ... When you're not ready to be a parent, and you don't know how to be a parent, or [you're not] ready for the challenge, it could result in an unhealthy atmosphere for a person to be raised in, which in turn affects how they are in society. Which is kind of a cycle. I mean, there's good situations too, but I think that as a social issue society has a

responsibility to its people to educate [its young people], even, like — you know, you teach kids how to wear a life jacket when they go sailing.

This advocate observed complex societal powers at work, which, she believes, put women at risk for unplanned pregnancy and set up children to be raised in atmospheres laden with instability and hardship. This phenomenon, she implied, can become a pattern that will leave its mark on future generations. She wonders how society can better prepare women — especially young women — to face pressures, consider consequences, and make informed choices about their lives, all of which she considers to be ways to work toward justice.

Rob, a social activist, mentioned the options of abortion, adoption, or child-rearing as being a part of their response to unplanned pregnancy. He brought up the notion of a shared social responsibility in helping a woman when she becomes pregnant:

What quickly comes to mind is the abortion issue... and adoption, and just some of the different things I've learned over the last several years about adoption and abortion. ...I'm pretty black-and-white person, so the one thing that comes to my mind pretty quick is the urgency to help people that are in a tough situation like an unplanned pregnancy.

Unplanned pregnancy, Rob believes, is the responsibility of the individual as much as it is the responsibility of society. For this advocate, working toward justice means working together to “do the best we can with all human beings.”

These participants all came to an understanding that a pregnant woman must navigate through community and social systems, which

may be sources of pressure, knowledge, options, limitations, or influence.

Situational focus.

Instead of focusing on how society might confront a pregnant woman, Suzie and Ethan considered how such a woman might confront society, as well as her own emotions, personal values, and level of power to make her own choices. Suzie described the situation as a “crisis” for a woman, no matter her age:

Even financial stability or relationship stability — when it’s unplanned, it leaves a woman vacillating between her choices. And so I believe that women need to get proper education on all their options, so that they can make a decision that they don’t regret, that they can live with for the rest of their life. It becomes life-changing. Pregnancy is life-changing for a woman.

Suzie deals with women in this situation daily at her work, and has also experienced unplanned pregnancy firsthand. She believes that empowering individuals amidst social pressures is crucial in advocating for justice.

Ethan jumped into describing Amber’s situation. She had support from Ethan and from her friends, who helped her face some of the consequences of continuing her pregnancy — including having to break the news to family. He stated,

I think the scariest part ... that you should rip off like a Band-Aid: Once you’re sure what you’re gonna do, first of all, the first thing you have to do when you decide what you’re gonna do, is tell the parents.

...It's an extreme courtesy to them, honestly, 'cause they were actually pretty grateful that we told them, like, immediately.

Like Caleb's parents, these young parents were faced with daunting emotions. Ethan seemed to be more focused on situational obstacles, such as potentially losing respect from peers and family, than social disadvantages. From Ethan's perspective, Amber made a self-determined decision:

When she found out, she was like, "Um, I'm not getting an abortion." I was like, "Alright. I respect that." Because I also feel like I couldn't control her. So I can't be like, "Okay, well you have to, you have to get an abortion." 'Cause like, that would be ridiculous. Like, I don't know how any guy can do that, you know? I feel like it's something they should talk about together, but I feel like it's more the woman's decision because it's their body.

Ethan stressed the importance of personal choice, even when it included social consequences. He stated, "I think is one of the biggest injustices is that people don't really respect other people's decisions." In his situation, he spoke of injustice as and issues to deal with primarily on an individual level. As for working toward justice, he remarked,

Some things you can't really change about people. And there are some things you shouldn't try to change about people. ... It's not like — it's a choice, so it can't really be a justice that can be enforced, you know, or changed. It's just like, some parents are just like, "Oh, well, you're stupid. That's your decision. I'm not gonna help you."

It seems that, according to Ethan, respecting decisions within complex situations is a way to improve justice. Yet promoting an attitude of

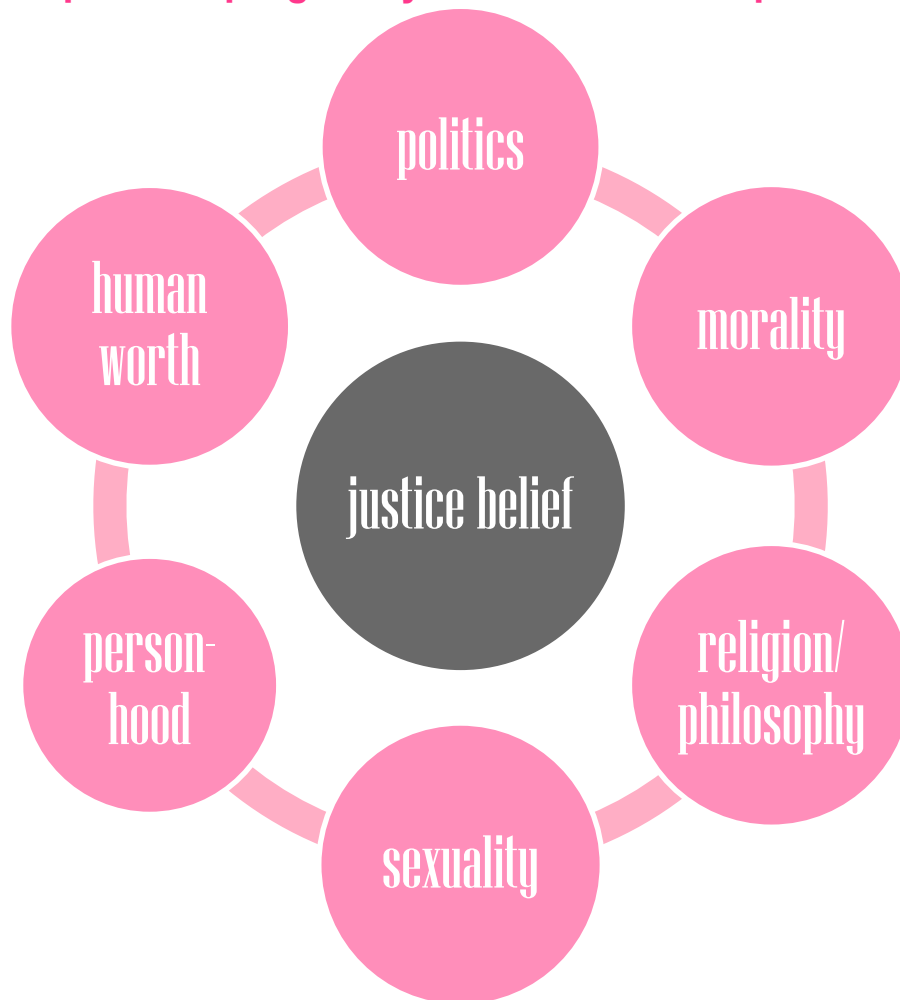
respect, he believes, is better cultivated individually than enforced socially through something like policy.

For these seven individuals, being involved in an unplanned pregnancy brought to mind intense, complex emotions, considerations of the social forces currently in place, and the notion of a woman being pulled in multiple directions by her friends and family, her culture and society, and herself. Each person's perspective was shaped by— and helped to shape — their perceptions of justice.

Influential Beliefs

Next, participants were asked what beliefs create divisions among people in their views of unplanned pregnancy. Five common themes were extracted from responses during codification: political beliefs, moral beliefs, religious or philosophical beliefs, beliefs about sexuality and self-esteem, and beliefs about personhood and human worth (see **Figure 5**).

Figure 5: Influential beliefs affecting attitudes toward unplanned pregnancy and treatment of persons



Justice and political beliefs.

Caleb and Kat thought politics significantly influenced the way people look at unplanned pregnancy. Politics were not necessarily the most important issue to them personally, but they saw politics as a driving force in their spheres of influence. These participants emphasized disagreements on how to take action to deal with unplanned pregnancy. Caleb stated,

Well, there's a lot of different views on what the solution is to unplanned pregnancy. Some people think the government should get

involved and pay for a mother who has an unplanned pregnancy to be able to fund having a child because it was not planned. And depending on the circumstances, it — she had nothing to do with that. But then other people say, you know, abortion's a good answer to that problem. That you can just opt out of the stress of having to deal with being pregnant or having a child.

Caleb recognized that, despite beliefs about political action, many people operate under the assumption that unplanned pregnancy is a “problem” that must be solved. He also recognized that unplanned pregnancy creates a new social need that would not exist without the pregnancy — and someone must take responsibility for this new need. What he pointed out is that people often disagree about how much the government should get involved in fulfilling this need.

Justice and moral beliefs.

Political disagreements may arise out of a deeper disagreement on who is morally responsible for meeting this new need. Kat also broached this consideration:

I think there's many choices and many options to deal with an unplanned pregnancy. And I think some people... only view one option: Have the baby. You know, like, “Take your child. This is what happens when you do such and such. So own up,” I guess. I definitely believe that... liberal versus conservative — those are what the two different dividers [are].... But I also think that people should be given an option [to have an abortion] if they're just incapable.

Kat's language suggested that moral beliefs can affect political beliefs: Unplanned pregnancy can be viewed not only as a need, but also as a

consequence for an immoral action. That is, some may see having a baby as a fair consequence for a bad or immoral decision. (This belief would bind some to — and release others from — having to take responsibility for the new social need.)

Yet it seems Kat is not satisfied with this answer as a solution to injustice: Even if the woman “owns up” by bearing a child, she still bears a burden she may be “incapable” of bearing alone. Kat seems to see abortion as an option that proposes to remove the need altogether. Perhaps abortion, by eliminating the need altogether, could restore justice to the situation.

There seems to be a disagreement among interviewees about which individuals, groups, organizations, or institutions — if any — have a moral or legal obligation to help a woman who is facing an unplanned pregnancy. Political beliefs may find their roots in moral beliefs, and can create disagreements on how justice can be brought to the situation.

Justice and religious or philosophical beliefs.

Some interviewees mentioned religious beliefs as a category that affects the way people look at unplanned pregnancy. This did not necessarily mean their own religious beliefs affected their view, but rather that they witnessed religion as a guiding force that influences beliefs and reactions to unplanned pregnancy in their spheres of influence.

Later on in the interview, Kat, who does not consider herself religious, discussed her interactions with her religious mother:

I think a huge issue is just the religious aspect. ...I think a lot of our morals stem from religion. I was talking to my mom, because she's pro-life.... She was raised Catholic, and she's not, like, a hardcore Catholic, but she does have the underlying belief system in her, you know? ...I feel like if I was ever in a situation where I was ever unable to continue a pregnancy, she would — she would support me, but she'd also — I probably wouldn't tell her, just because I wouldn't want to disappoint her, you know?

Although Kat spoke hypothetically, she expressed that religion would likely create a barrier between her and her mother, despite the respect they have for one another.

She may have come to this conclusion because of the sense of isolation religion created for her friends:

My friend in high school... pretty much went through [her pregnancy] by herself. ... Her boyfriend's sister drove them down [to the abortion clinic], and she was — she was 15. ...[H]er parents were extremely conservative Christian. So she could not go to them. ... I definitely saw it affect her through, like, our high school years and afterwards.

Kat did not think her friend got enough support during her pregnancy, her abortion, and beyond. Because of her friend's fear of confronting her religious parents ("she *could not* go to them"), she lacked support from a significant influence in her life. Religion, as Kat demonstrated, can create divisions among families, including fear and a general lack of communication.

Rob also saw religious worldviews create divisions in society. In particular, he discussed religious beliefs about premarital or extramarital sex:

[For] a lot of people in society, their religious beliefs would say that unplanned pregnancy is a problem, or at least, let's say, pregnancy out of wedlock maybe would be a subcategory of those [beliefs]. ...And many religious groups would be very overbearing and judgmental of somebody that had an unplanned pregnancy. ... Whereas a lot of people... their belief about the world would say that there's really no issue with that. That it's not really wrong... a more relativist view, I guess you could say, that "no one really can say whether unplanned pregnancy or pregnancy out of wedlock is right or wrong, and so it's not such a big deal."

Rob witnessed a connection between religious beliefs and a judgmental attitude toward unmarried women who become pregnant. Both Kat and Rob saw more supportive attitudes coming from nonreligious people than from religious people. Rob seemed to personally believe extramarital sex is immoral, yet that he also has a religious obligation to be supportive of any pregnant women, regardless of whether or not she has committed moral trespass. This attitude seemed to be reflected in his lifestyle and career choices.

Kat and Rob witnessed religion as an important factor in how people view and react to unplanned pregnancy. Both saw a correlation between religiosity, fear, and judgment operating in society. Kat did not see this phenomenon as fair. But Rob did not see this correlation as a necessity.

After becoming a Christian, Danielle regretted being sexually intimate with her boyfriend, but desired to carry her pregnancy to term and raise her child:

There's people who are judgmental; there are people who are like, "You have better things to do [than raise a child]." And there's people who are like, "Oh, that's so awesome. Do you need help?" I think that's one of the largest factors during women's decisions towards what they're going to do about an unplanned pregnancy.

Danielle seems to believe that people's attitudes toward women can ultimately persuade a pregnant woman to make a decision about her pregnancy that she may not have otherwise made.

Ironically, it seems that lack of support, especially from the religious community, often leads women to feel that they cannot carry a pregnancy to term without becoming an outcast. Ironically, this pressure from the religious community can often make abortion seem even more attractive as an option.

From a religious standpoint, condemning an immoral woman may indeed perpetuate a cycle of immorality and injustice, shutting the gates in the face of a woman who likely wants what is best for herself and her family. Believing that unplanned pregnancy is a moral issue, to these participants, does not necessarily mean that justice is served by being unsupportive or judgmental.

Justice and beliefs about sexuality.

Most men and women in the study identified beliefs about sexuality as a significant factor that affected people's attitudes toward unplanned pregnancy. Beliefs about sexuality include perceived

purpose(s) of sexuality; cultural norms of sexuality in relationships; and how sexuality contributes to identity, self-concept, and self-esteem.

Ethan connected beliefs about sexuality to religious upbringing and sexual norms in his generation:

Usually, this day and age, guys don't wanna be with one person... sexually. ...If you're not raised in your religion to believe that [sleeping around is okay], or you were raised in your family to believe that, then you don't, I guess. It also depends on the relationship [with the religion you grew up with]... I don't really have a religion at this point.

Ethan, like Kat, grew up in a religious household, but discarded his parents' religious views and practices as he grew older. He also adopted a secular perspective of sexuality.

The purpose of sexuality in a secular worldview seems to differ from the purpose of sexuality in a religious worldview. Connie proposed that secular norms are, indeed, in direct opposition to religious insistence on abstinence.

...One issue [is] the expectation of sexual activity as part of almost all relationships. That acceptance over the years has obviously led us to a dramatic increase in unplanned pregnancies, and pregnancies that are not in a situation that would be the best, or the ideal, for raising a family. We've gotten so far away from holding anybody to that standard, holding young men to that standard, holding, just, males and females — and not even young. I mean, older couples are doing the same thing.

Connie seemed hesitant about secular culture's departure from a standard restricting sexual activity outside of marriage. Sexual activity, she says, is not only permissible, but even expected, as an inherent part of romantic relationships in secular society.

Caleb, who grew up in the same generation Ethan did, is also a witness of this pressure in relationships:

...People [are] like, "Oh, how could you possibly live without having sex?" Like, "That's just a normal part of life." But I — I don't feel like that's true at all. I feel like you can live and be happy and not have that be a big part of your life. I don't know. But I feel like a lot of people believe that in this day and age.

To Caleb, sex is not as much of a necessity as many people in society make it out to be. He implied that many in his generation start having sex without it even crossing their minds that they have a choice in the matter. Caleb also sees how this attitude — perhaps a normative lack of critical thinking about one's sexual behavior — can lead to perceptions of injustice:

If you're, like, having sex, and you don't have in mind the fact that the consequence of having sex is having a child — although I don't even consider it to be a consequence; I consider it to be a blessing... — You can't just be like, "Oh, whatever, I'm safe." Like, "Oh. Oh my gosh, this is, like, a crazy, like — how, how on earth did I have a kid?" Like, "There's all these things working against that!" Like, "Oh my gosh, I'm so unlucky." It's like. No.

In discussing intentionality in sexual behavior, Caleb had referred not only to the idea of abstinence, but also the statistics he has heard about

the failure rates of birth control methods, as well as the number of people he has known who have used protection (albeit, often inconsistently or incorrectly) and still became pregnant.

According to Connie and Kat, institutions such as the media perpetuate social norms. Kat mentioned that boys and girls are learning sexual norms through the media:

Kids these days are so desensitized [to sex]. I mean, it's crazy. And sexualized at such a young age, too. It's on TV, it's in movies.... Pop culture is really, really influential to kids these days. I mean, it's always been, but it's less censored, less age-appropriate. I guess that has to change with the times too, though, you know?

She went on to share about the relationship between sexuality and self-esteem for a young woman:

I had a lot of self-esteem issues growing up. And... I didn't even start having sex until I was 18... it wasn't even an issue for me in high school. ...But everybody around me was, like — I see with younger and younger kids [problems with] self-esteem. You know, like, how else do you get affection? [Besides] through physical attraction? You know? ... Self-esteem's huge, and... healthy self-concept. I think that's really hard in today's society because, I mean, look at who we care about. Celebrities, how much money everybody has, what they're wearing, how awesome their body is — it's so skewed [from] what a person's soul actually stands for. And that's a huge injustice.

Kat believes the media have pointed to sexual intimacy as the source of a girl's self-esteem and self-concept — a message that she, to an extent, had personally internalized as a girl. Kat, who seemed to promote a

whole-person approach in her advocacy efforts, suggested that this narrow view of identity are an injustice to women.

Suzie, like Kat, also noticed what she believed to be an over-sexualized attitude toward women. She thought this common attitude toward women was hurtful to her female clients:

When a young girl starts getting sexually active really young, the promiscuity — there's a great amount of evidence that she's suffered some childhood trauma, early sexualization, [or] possibly was sexually abused, where her own identity and her sexuality — there's a mixed message. She wants to be loved, and maybe she was taught, "This is the way you get loved, as a girl: you give your body away." That's an injustice. ... Because women offer more than sex. Women — we have our intellect — we have a lot to bring to the table. ... As a society, it's an injustice to [tell] a woman that she's only a sexual object. And that's what we teach young men. So a young man — he's exploring his sexuality, but if he's having repeated sex partners... the consequences are harsher on the girl. Guys don't have to face unplanned pregnancy. But it causes him to devalue her.

These women agreed that many modern sexual expectations are an injustice to women. "How else do you get affection?" "This is the way you get loved... you give your body away." Both Kat and Suzie seem to believe there is a better answer for young women.

According to Kat and Suzie, society places immense pressure on women to use their sexuality to find approval, affirmation, and love. Yet emphasis on sexual identity, Kat explains, is a disproportionate representation of a woman's whole identity. The media's obsession with sex, to her, undermines a woman's inherent value, worth and beauty, not just devaluing her as a woman, but as a human being.

According to these participants, current sexual expectations in society seem to increase dependence on sexual intimacy, not only for the stability of relationships, but also for the stability of a woman's internalized self-concept. Regardless of one's moral beliefs about the topic, many interviewees said the way society's handles sexuality is an source of injustice toward women.

Justice and beliefs about personhood and human worth.

Participants who mentioned human value, dignity, and worth connected the topic either to treatment of women, treatment of the unborn, or both. Respondents pointed out the disagreement in society of whether the unborn has rights and value just like any other human being, or whether it does not have rights and value because it is not a human being. Some claimed that an individual's definition of life — that is, the lines they draw of what is a “person” and what is not — has serious implications for individual behavior, social policy, and human worth.

To Caleb, who was born as a result of an unplanned pregnancy himself, the question of what constitutes a human being carries personal significance. This young man considered the definition of life and its relation to human value. Yet he also expressed his uncertainty:

I guess it really just comes down to — it's hard to understand — the importance of life, I guess. And what life looks like — I feel like that's a big piece of the contradiction that causes division, is the definition of life. ...I even feel like it's easy for someone's definition to change based on circumstance, so... even going from, like, “When in a pregnancy is a baby a person?” Even to, like, “If someone's in a coma, and they've been in a coma for six months, are they still a human

anymore?” Like, “Are they still ‘alive?’ Do they still have a soul?” I don’t know. But is it a soul that makes someone a human?

Caleb determined that people not only disagree about the definition of human life and the derivation of human worth, but they often treat these concepts with inconsistency in practice. Describing this as a “contradiction,” he seems to question whether it is fair to change the definition of a human being merely depending upon the difficulty of the circumstance in which that human being is involved.

Although many participants linked beliefs about the unborn to religious and political beliefs, Connie saw the humanity of the unborn not as a matter of political or religious belief. Rather, she saw the mere existence of a debate as a matter of intellectual misinformation. Although Connie had made a decision for abortion in her early 20s, she had come to the conclusion that, by the biological definition, the unborn are living human beings with rights and value equal to any other human being:

“For [someone] to even be able to say [of an unborn baby] ‘It’s not alive’ is biologically incorrect! ... We’re failing to teach basic biology to the culture. ... If this is a living, growing human being, they deserve as much right to continue their life as we have. Which means no conditions. No conditions [based] on your ability to contribute to society ... the point is, they’re a fellow human being! Period!

Connie went on to suggest that if the definition of a person does not change based on ability, age, health, or contribution to society, then society in turn may not attribute a person’s value and rights to such

factors. Instead, she suggests, human value is unconditional — not diminished by imperfection, not improved by merit.

As an advocate for human rights and civil rights for all human beings, Rob saw the disagreement over the definition of life as a justice issue not just for the unborn, but also for women. During the interview, he described a scenario involving what he saw as an injustice toward his friend:

“Chelsea” called me early one morning... she was pregnant. And I remember talking to her on a very critical day for her. ... She had several friends encouraging her to get an abortion. ...But then she had several other friends encouraging her to keep the baby or adopt. She felt that a lot of people were encouraging her to just move on, and she didn’t feel comfortable with that.

Rob expressed multiple aspects of injustice regarding the unborn and pregnant women. First, he claimed that it is “radically unfair” to pressure a woman into a decision. Second, he expressed that it is unjust to deny a pregnant woman of access to full information about what is growing inside of her, what her decisions will entail, and how they might affect her and her family in the future. To provide her with anything less, Rob affirmed, would be to undermine her intellect as a woman, to denounce her strength to overcome hardships, and to override her self-determination as a human being. He explained his actions to attempt to help Chelsea:

...I was encouraging her to get as much information as possible. Really research what was happening in her womb — specifically, at that time, I think she was at 7 weeks. ...And just in the community, to investigate all the people that would be willing to help, and all the

groups that are willing to provide services and whatnot. ...She did end up having the baby, and the baby is now 3 years old.

Connie and Rob both affirmed that the unborn are human beings with value. Other participants did not comment on their own perspective of the unborn, although they understood that other people's beliefs about life could greatly influence their understanding of justice. For example, Kat spoke about the experience of one of her close friends:

When... she had her abortion — [she felt] really guilty. She remembered, she referred to her boyfriend as “making her kill her baby,” so she, uh — I’m sure she felt guilty. And like, you know, identified the unborn child as a baby. And like, [identified it as] hers, so I think that [she felt] a lot of shame, a lot of guilt. Um, I’m sure to an extent, she regrets it, but I think it’s more — now that she’s older, she understands, like, there’s no way she could have — I mean, there is, I guess. But I think mostly shame and guilt for her. ...[She] told me that she would never, ever have another abortion. But, um, when she became pregnant, like, it wasn’t even an option.

As a women's advocate and a concerned friend, Kat understood that, at the time of her pregnancy, her friend felt incapable and not empowered to bring her “baby” into the world. She acknowledged her friend's shame and guilt, and desired for this woman to achieve her hopes and dreams for the future. Kat exhibited a passion to empower women like her friend by leaving multiple options, including abortion, open for them to choose. She said, “To leave someone high and dry with an unplanned pregnancy — and by high and dry, I mean not giving them an option other than not to have a child — I think that's a huge injustice.”

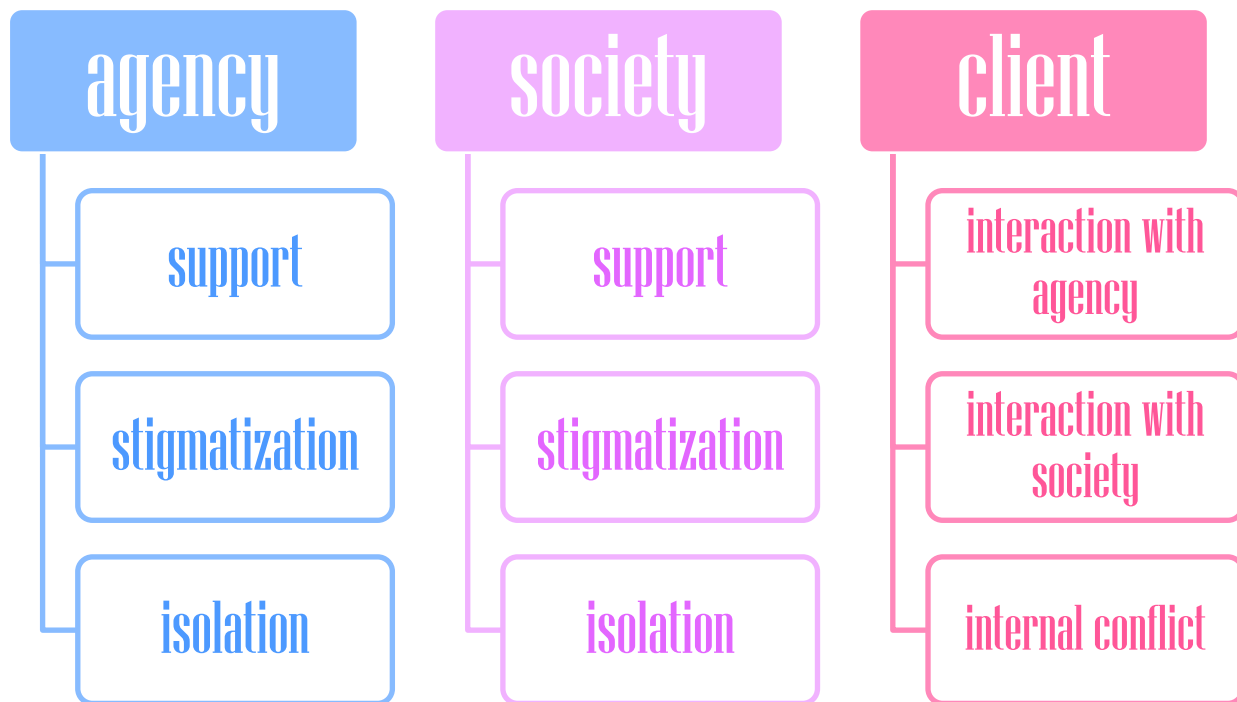
When considering human value and human worth, interviewees discussed or even wrestled with deep philosophical ideas affecting treatment of women and the unborn. Some even questioned whether all humans have equal value in society, and why that might be so. As a common theme, justice was directly related to whether or not human beings were being treated as they ought.

Influential interactions with support systems

During codification, support systems were categorized either as agency support or social support. *Agency support* is defined as “any support that came from an agency, organization, or other resource in the broader community.” *Social support* is defined as “any kind of support that came from friends, family, or peers.”

Support could have come in any form, including physical (such as diapers for the baby), financial (such as housing or food benefits), psychological (such as counseling), spiritual (such as feeling reconciled to God) or social (such as positive peer attitudes).

Each interviewee discussed what types of support the woman in his or her account received, and what types of support from which she may have otherwise benefitted. Results were codified according to what systems interviewees mentioned, which they spoke about most, and which they identified as the most influential. Ways in which support was hindered arose as a common theme. Barriers to support included stigmatization, isolation, and internal conflict. Interactions with support systems are depicted in **Figure 6**.

Figure 6: Influential interactions with support systems**Stigmatization and isolation.**

One of Kat’s friends had experienced stigmatization in her rural, Conservative community, preventing her from reaching out for support regarding her unintended pregnancy. This woman experienced significant levels of shame and guilt — pressures that seemed to take subtle but powerful forms. She mentioned that this woman probably could have benefitted from close friends, a therapist, or a more accepting community.

Kat also spoke of another friend who went through an unplanned pregnancy in a liberal environment. Kat believed that this community was more accepting of this friend’s situation and decision for abortion, which she said helped to reduce stigmatization: “I think people were more open to the idea. So it was kinda just like, ‘Oh well, you’re too young.’ Like, ‘It’s okay [to have an abortion].”

In Rob’s story, stigmatization manifested itself through social neglect:

I think [Chelsea] already felt bad, and I think that a lot of people were not really willing to just be a friend to her. They were judgmental — not necessarily very outward, but in the sense of being passive, or not wanting to talk to her, and not wanting to just be a genuine friend. And so I think she had mainly suffered by just having people withdraw from her socially. Um, I think if they would've— I-I wish that people around her would have engaged her in her life and offered her support. And even if they didn't offer her specific help, just to be a normal friend they can ask about life, and encourage, and, you know, tell jokes, and watch movies, and just be someone that is there.

Rob knew Chelsea as a friend rather than a client, yet he was able to broker her to agency and social resources. Although Rob wished this woman would have had more friends, it seems his informal networking efforts helped her receive practical and professional support through organizations, in addition to giving her his reassurance.

Stigma seemed to be more present in communities in which functionalism, norms, and ideals were emphasized — at the expense of community members who deviated from a traditional pattern of life. Stigma was reduced in communities that harbored an attitude of acceptance toward diversity and deviance. Although political, religious, and geographic factors were mentioned, these factors did not seem to be the direct determinants of stigmatization. This concept is discussed later.

Internal conflict.

As a woman interacts with systems in her life, she also may experience internal conflicts, as many participants reported. Suzie

delved into the internal complexities surrounding the termination of her pregnancy:

I — I made a decision for an abortion. ...My husband and I felt that was the best thing for us to do, because the finances and other things going on in our lives. In my personal soul ... I felt like this was not something that God would want for me. But I felt it was the only option I had. ...And it was a decision that changed me as a woman. And the consequences that I met left me very broken and psychologically wounded. ...My husband and I didn't talk about it for quite a few years —until after I had [other children]. We, um, never discussed it. But I became a very angry person. I hated — I hated myself, because the reality that I took the life of a ch— my child. [Had I not had an abortion,] I would have had another child, and I couldn't get around it. No matter if I was baking cookies, or serving as little-league mom, or whatever I was doing as a mom... I always had just a voice, just replaying repeatedly, that I was unfit — that I really didn't love [my children]. Because if I loved them, I would have loved the other one. ...[I] had a lot of anxiety, compared myself to other women — how they mothered, how I fail as a mother. But I didn't talk to anyone about it. And it was a few years before I sought some help.

Suzie admitted that she felt paralyzed by feelings of self-hatred and inadequacy — being “unfit” or even “failing as a mother” — and yet, as a woman, it seemed she still felt pressured to be strong, successful, and independent like the other women in her life. These conflicting internal pressures seemed to prevent her from expressing her shame and guilt. She “didn't talk to anyone about” her internal struggles, not even her own husband, much less a friend or helping professional.

Danielle was conflicted over the choice between raising her child and putting it up for adoption. She had initially considered adoption, but she felt uncomfortable with this prospect:

[Adoption] is like, you suffer a loss, but you know that that person's still out there, but you can never see them again, even though they're still around on this planet. And it's different than suffering a loss of — of a loved one to the loss of their life. It is very different. And so, I mean, I had already made this decision before I had my baby, but when I actually held her, I knew that I had made the right decision. I just knew.

Danielle experienced a deep compassion for her “child” even before it was born. But all pressure from resources and people aside, Danielle’s own perceptions of the future made the thought of adoption seem unpromising.

Perhaps some women, like Suzie, feel pressure to appear strong and confident in their decisions before they really feel certain either way. The kind of fear and shame Suzie experienced may also affect the kind of advice helpers give. Helpers can only attend to the problems they believe are present. If a woman does not feel safe expressing internal conflicts, a helper may walk away from a session feeling like everything has been solved — while the pregnant woman only walks away feeling more isolated.

Connie, who, like Suzie, had been through an abortion procedure herself, gave examples of such situations — situations in which well-intended helpers inadvertently added to this pressure for a woman to silence her feelings of shame and guilt. At one point, she brought up a

website that told helpers what to say to comfort women as they prepare for an abortion:

Many of them are just stupid things to say to a woman. ...And they think that it's helping you minimize the pain, but in your heart, you know what's happening to you in an abortion. And so to try and say some of these idiotic phrases that are supposed to ease your conscience while you're in there — it just doesn't help. And it just furthers the pain that you end up holding inside. And that's one of the things that I wish people would see.

Connie and other women she has counseled have felt uneasy about going through abortion. Helpers have tried to comfort the women by dismissing this internal conflict, but Connie believes this can, in fact, exacerbate a woman's uncertainty in herself and her decisions.

Women seemed to experience injustice when their internal conflicts were ignored, suppressed, overlooked, or considered unacceptable. Validating and exploring the whole spectrum of a woman's emotions and conflicts seemed like more useful methods to help a woman navigate the complexities of her own feelings, expectations, and values.

Agency support.

Rob mentioned that Chelsea received support from agencies including a pregnancy health center and a church. In addition to Rob's support, she also received social support from a female mentor, her boyfriend (who had also started meeting with a church elder), and a couple who went to the church. This situation seemed to be an example

of a religious group that embraced a pregnant woman, rather than stigmatizing her.

Caleb's mother found herself pregnant even though she had undergone a procedure to prevent fertilization (Caleb wasn't certain what this procedure was). He described her experience with her doctor:

This procedure... was supposed to have, like, zero percent chance of having a kid. Obviously, that's not true. ...So it was really hard for my mom because, as soon as they found out that they were gonna have me, she went into the doctor — and my mom doesn't believe in abortion or whatever —well, as soon as she went to the doctor ... pretty much what they said was, "So, what day do you wanna plan to have the abortion?" Like, they didn't even really talk to her about it at all. ...So my mom totally flipped out and, like, the doctor actually ended up getting fired.

The doctor, although well-intentioned, was not perceived by Caleb's mother as helpful. Although the doctor understood that she had originally not wanted to have another child, that doctor had failed to investigate Caleb's mother's core values.

Agencies can either bring support or perpetuate barriers for women, or both. Agencies that bring relief to some women may inadvertently cause others to feel isolated in their struggles. Agencies pursuing social justice for their clients must evaluate outcomes for diverse clients in order to treat women equitably.

Social support.

Some interviewees described significant sources of social support, including relatives, friends, significant others, and nonrelated families.

Ethan described a crucial day for the girl he was dating, shortly after she found out she was pregnant:

She had her two best friends come over, and I went and, like, bought ice cream, and we all went back and she literally just, like, sat in her room. And she just sat there and cried. And we just, like, ate ice cream while she was sitting there, like, having her moment. ...Her parents didn't know about [her pregnancy] yet. And then... her best friends left. And we were just hanging out, and she was like, "I think we should tell my parents." And I was like, "...Yup. Let's do it."

Amber had the support of her friends and her boyfriend. Their validation of her feelings seemed to empower her to gain more social support. As Ethan affirmed her desire to tell her parents, he helped her overcome her internal fears and uncertainty of this intimidating feat.

Connie, whose husband was unsupportive, mentioned a form of social support that she deemed unhelpful:

I was actually offered support from [my husband's] mother, who said that she would support me and the baby. But... all I could envision was, "He and I will no longer be together. How weird will that be for me to be living off of his mother while he's off with another marriage or another girlfriend or whatever?" And I could not see that as a viable solution. I had quit [college] to get married, so I didn't have a career to fall back on. ...So I really couldn't see any path that way either. ... she's kind of a domineering mother in law, so I know in the back of my mind I had this fear that she would try to take the baby away from me at some point because she had money and I didn't. I don't think that was her intent, but... looking down the road, that was what I could envision also.

Although Connie's mother-in-law attempted to offer help, the lack of support in other arenas of Connie's life rendered this offer inconceivable to her at the time. She suggested that, instead of someone offering to "do it for [her]," a more helpful support would have been someone affirming her, "You can do this. You can be heroic for your child..."

Danielle discussed how another family to whom she was unrelated supported her:

A lot of people seemed to be really loving and supportive. My mom was freaking out. And then I had a friend and ... I stayed with her for a little while.... And she and her family kinda took me in, and they had to deal with some things from the father's side of the family, and they ... were supportive of me, and they talked with me, and I talked with them, and there was a lot of love and support for what I was doing, and it was amazing. And they didn't have to take me in, but they did. And they didn't have to love me like a friend, but they did. They did all this wonderful stuff for me, and they didn't have to.

Even while her family and the father's family were unable to support her completely, Danielle was fortunate to receive practical and emotional support from another unrelated family. Danielle pointed out that the family had no obligation to take care of her. This family seemed to care more about Danielle's unmet needs than who was responsible for meeting them.

In some situations, social support networks were insufficient. Other times, friends or family attempted to help, but did not leave the woman feeling empowered and self-determined. In other cases, the social support women received felt significant or even crucial to them.

Interviewees discussed what they implied were aspects of injustice, such as neglect, stigmatization, and allowing fear to hinder a woman's self-determination. Potential aspects of justice included empowerment, validation, celebration, and mercy.

Aspects of justice and injustice

Main aspects of justice and injustice discussed in interviews involved the following aspects of interaction with unplanned pregnancy:

- Attitude toward pregnancy,
- Upholding self-determination,
- Helping approach,
- Treatment of human life,
- Empowerment principles,
- Restoring justice, and
- Social and community action.

A table summarizing findings (Table 2) is included at the end of the discussion section.

Attitude toward pregnancy.

Danielle and Caleb indicated judgmental versus empathic attitudes as a justice issue. Danielle illustrated her point by describing an occurrence in which her friend had terminated an ectopic pregnancy:

I do have a small story about one of my friends. She had— she was pregnant in high school. ...And a lot of people were so angry with

her. And a lot of people told her that she should have died with the child. And I got angry at them and ...I tried to comfort her. ... People [were] telling her, 'No, you should have died with the baby.' I mean, who does that? If anything, she needs love and support from her friends, right then and there. She just lost her child!"

Danielle combatted condemnation with an attitude of empathy, looking not only at the loss of the unborn “baby,” but also at the feelings her friend must have felt and the need for support that she could provide for her friend.

Danielle acknowledged that empathy can exist even amid a regard for a legal or moral issue. But she claimed the criticism she received was not because of a moral trespass, but rather subjective opinions she felt people were attempting to impose on her life. Speaking of the criticism she received for keeping her own child, she said:

Now, if the child is in an unsafe environment, that's a different thing. ... [But being criticized] because I didn't want to do the same thing someone else wanted me to do — well, [that] because it wasn't what they wanted, it wasn't right — that, that was wrong. That was not justice. That was just plain mean.

This young mother seemed to call this attitude “mean” because it made her feel belittled as an adult woman who could make her own decisions.

She also endorsed an attitude of humility, recognizing the limitations of her own ability to understand another women’s situation:

You know, there's women out there who have been raped. Or [been though] incest. And that, to me, I, I just— I don't understand that at

all. Like, I don't understand how anybody would go through something like that. I don't understand how they would feel about that because, I mean, I've never been through it myself, but from what I've heard, it can be really difficult.

Although Danielle could not fully understand, she sought to empathize to an achievable degree. Even though experience had not forced him to do so, Caleb willingly pursued empathy with men and women facing unplanned pregnancy:

I feel like a lot of my life, I've tried to seek out opportunities to put myself in every situation so that I can understand what people go through in every situation. So I try to make an effort of understanding everybody's perspective. ...I literally wanna put myself in everybody's shoes — not just thinking about everybody's perspective. I wanna see everybody's perspective. I wanna feel the way they feel, because I don't wanna make a decision that's skewed by my perspective when I can understand what someone feels. Because I know that these things are hard. I know; I've sat down with someone that's had an abortion and had a conversation with them about just the way that they feel about the whole situation.

Every professional and natural helper who strives to work toward justice is limited in the scope of his or her human experience and therefore his or her ability to truly empathize. Yet as humans, helpers can actively seek to empathize with the confusion, isolation, fear, hopelessness, anger, and other human emotions confronted by these women.

Upholding self-determination.

The myriads of unknowns involved in unplanned pregnancies caused many women in the accounts to feel afraid, isolated, or trapped. But equally entrapping was the feeling that those in a crucial helping position were limiting the options a woman had for the future. Respondents discussed what they saw as a just approach to guiding women navigate through options and choices without undermining their decision-making abilities.

Ethan identified disregard for self-determination as one of the biggest forms of injustice regarding unplanned pregnancy:

I think society — not really society, but just, um — people like to force their personal beliefs on other people, whether it be political, whether it be whatever. And so people will be like, “Oh, you’re pregnant? Well, it’s gonna ruin your life, so you should definitely get an abortion.” And stuff like that, or like, “Well, why aren’t you — why aren’t you taking care of it? Why aren’t you getting an abortion?” I don’t know exactly who asked us that, but I know someone did. Someone asked us, like, “Well, aren’t you afraid how it’s gonna change your life? Why would you do that?” It’s like the same spectrum to, “Why you gonna get an abortion? That’s terrible. You’re killing a child! Why would you do that?” ... What I think is one of the biggest injustices is that people don’t really respect other people’s decisions. They’re like, “Well, my way is the only way, and why are you doing it the opposite of me?” Which applies to way more than the situation that we’re talking about right now.

Ethan attempted to respect Amber’s decision to keep her child. As a natural helper, he refrained from pressuring her, supported her by

remaining active in her life throughout the pregnancy, and helped raise his child after (s)he was born.

Because of the emotionally taxing nature of unplanned pregnancy, women seemed to be more susceptible to pressure from important people in their lives. Women seemed to be pressured into making decisions quickly, or even decision that did not correspond with their values. Even subtle pressures seemed to affect women described in the interviews in a profound way. Rob mentioned that he discouraged his friend Chelsea from listening to some of her friends:

She was trying to sort through what to do, and I just remember talking to her about her friends that she thought several were pressuring her to get an abortion. ... One of the reasons I was trying to affirm to her that they were not being helpful is because of her prior belief about the unborn before she was in this tough situation. ...She felt bad because she really, deep down, wanted to have the baby, and she felt like people were not encouraging her to do the best she could. She felt that a lot of people were, were encouraging her to, to just move on, and she didn't feel comfortable with that.

Rob feared that, if he had not guided Chelsea, she may have gone against her core values. Rob was apparently aware of Chelsea's internal conflict, and thus gave her extra guidance. This guidance seemed to be an attempt to remove peer pressure from Chelsea's decision-making process, rather than to pile on more pressure toward a certain decision. Even if Rob or Chelsea's friends had already come to a conclusion about what choice would be best for her, instead of merely telling her what to do, it appeared that Rob wanted her to think through the decision for herself,

Connie experienced immense pressure from her husband to have an abortion:

I got in the vehicle with him and he said, “So what’s wrong with you?” And I said “The doctor thinks I’m pregnant.” And he said, “So what do you wanna do?” And just the fact that he said that made me answer, “I guess I’ll have an abortion.” And he said, “Fine.” And that was literally the extent of the conversation. ... I was hoping he would be happy to hear that I was pregnant. And when his first question was nothing like happy — it was, “What are you gonna do?” — that obviously meant to me, he’s not happy. And he at least is considering getting rid of it as an option, or he wouldn’t have asked. And so I felt it was kind of my role to answer what I thought he expected, and then I hoped again he would say, “Well no, I can’t let you do that,” or, “No, that’s not a good choice,” or anything. But when I played that card, he was fine with it. And that confirmed to me that I was right in my assessment of, he was not happy about it, and really didn’t want a child, or me.

The pressure Connie received from even a brief conversation was enough to convince her to go against her internal desires to continue her pregnancy. In this vulnerable time of her life, it appears her husband had her convinced that she was unwanted and unloved, and that her opinion as his wife did not matter.

When Ethan was asked if he thought women ever felt pressure from their boyfriends to make a decision, either to have an abortion or keep their baby, he responded:

I don’t know about keep the baby, ‘cause it’s usually always abortion. Personally, I’ve never seen the other way around, where the girl’s like, “Well, I wanna get an abortion,” and the guy’s like, “No, I wanna

keep the baby.” ...It’s different for a man and a woman ‘cause I think a man views it selfishly, whereas the woman views it selflessly. Usually. Because they have the child inside of them.

To respect a woman’s self-determination, helping professionals and natural helpers must help a woman take a step back from the pressures of the situation and examine her own values and desires. A helper who is pursuing justice must be aware that his or her own values could be a pressure on the woman, and refrain from pressuring her into a decision. Helpers must provide factual and complete information about each option set before a woman regarding her pregnancy, giving her a chance to think critically about each option.

Helpers must be aware of how their own perspective could compromise their client, family member, peer, or friend’s freedom to make her own informed decisions. Even if the helper considers another person’s decision unfavorable, he or she has a responsibility to *work with* individuals rather than *decide for* them. According to the data, even the most well-intended pressure can lead a woman to regret or resent a choice.

Individuals and organizations can work toward justice by offering truthful and complete information about all of her options, opportunities to receive support from social systems, and to offer the woman constant and unconditional support as a human being. As helpers attempt to provide guidance to women with unintended pregnancies, upholding self-determination with integrity both reserves dignity in decision-making and preserves justice in the helping relationship.

Helping approach.

The whole-person approach to the helping profession involves having regard for clients' psychological, biological, social, and spiritual health as integral parts of their social functioning. Participants gave examples of situations in which helpers either did or did not provide a whole-person approach to their helping, and related this to whether or not the help that was given was beneficial in bringing justice to that situation.

The two interviewees who had undergone abortion procedures described their inner conflicts following their pregnancies. Based on her description, Suzie seemed to have gone through psychological, emotional, and spiritual difficulties, describing otherwise unexplained feelings of anger, inadequacy as a mother, self-hatred, and anxiety. Connie described recurring nightmares and flashbacks she and other post-abortive women had discussed in group therapy. Speaking on women who suffer from post-abortion stress symptoms, Connie said, "There are millions of us out there. But you would never know it. ... That's because they don't talk about it." To broach the possibility of post-abortion stress conditions would only require initiative from one party, either on the part of the post-abortive woman, or on the part of a helper in her life.

Kat also expressed a frustration with how the stigma surrounding unplanned pregnancy prevents women from seeking help:

My friend from high school... was 15 [when she became pregnant]. ...She obviously didn't tell her parents.... I was her best friend, she didn't tell me, so I'm pretty sure she went through the whole experience by herself. I think that going to therapy would have severely benefitted [her], but then again, that's also kind of taboo.

Not a lot of people [in her community] were open about therapy. ... [Her community was] really Conservative, extremely affluent, so any problems — you didn't suspect anybody to have any problems. ... There were definitely problems within families and the community, but... you didn't really talk about therapy.

Connie was troubled by a website that she claimed attempted to address post-abortive symptoms, but instead of addressing them, it only increased the stigma:

I came across a website [about what to say to a woman getting an abortion]... and they're trying to make you not feel guilty about it. ... And they think that it's helping you minimize the pain, but in your heart, you know what's happening to you in an abortion. You know you walked in there pregnant, which means you have a baby. ... And so to try and say some of these idiotic phrases that are supposed to ease your conscience while you're in there — it just doesn't help. It just furthers the pain that you end up holding inside. And that's one of the things that I wish people would see.

The sayings which this site encourages helpers to use, as Connie described, would likely cause a woman to feel even more isolated, invalidated, and as if she were strange because of what she is feeling. Connie framed this inadvertent isolation as an injustice.

Since stigma is a social construction, a woman depends on social systems around her to help her overcome the stigma and be met with the dignity she possesses as a human being. Fortunately, because of this interdependence, organizations and individuals in the community have the opportunity to be a considerable benefit to women. As a way to pursue justice, Connie suggested,

I think as individuals, we need to go deeper in relationships. It's so common now, and so easy, to just keep all relationships very superficial. ...[W]hen I was a kid, [I remember] how close we were with all the neighborhood kids, and... we knew the parents that surrounded us. And now, there's such a disconnect.... You don't see your neighbors, and you don't have real conversations. When you go out socially, nobody's gonna talk about real issues. So you don't know if your neighbors' or your friends' marriages are failing. You don't know if somebody's pregnant. You don't know if somebody's kids are on drugs... nobody knows anything about anybody. ... We really need to be willing to be vulnerable and hear other people's hurts, and try to find resources and walk alongside them, and not condemn them, and not gossip about them....

According to Connie, helpers cannot offer fair service to women unless they to reach past a beginning, positive relationship. In regard to connecting women with psychological, emotional, and spiritual resources, helpers can suggest therapy or counseling while celebrating the courage and strength demonstrated by a woman who reaches out for the care she needs.

Kat discussed this principle as it applies to sex education:

You've got to help kids comprehend at an early age. Because how much does having children become somebody's life? ... I feel like the more you educate them younger, [the more] they'll actually be able to comprehend the topics and maybe get the responsibility of it all.

Suzie mentioned the importance of comprehensive support regarding birth control:

Another injustice that contributes to teen pregnancies [is] the limited amount of education — that if you use condoms and birth control, you're gonna have safe sex. But the reality? It all has a failure rate.

Since organizations, unlike individuals, often have systems of funding or donations, they are in a strategic position to provide women with tangible resources and relevant education in addition to quality therapeutic services. Of course, they must also provide sufficient information, education, and counseling about how to use these resources properly and what their limitations are.

Treatment of human life.

Social workers and other helping professionals have a responsibility to uphold the inherent dignity and worth of the person with integrity and competence (NASW, 2008). This includes all human beings in all social systems, including a pregnant woman; her friends, family, and peers; potentially the unborn; and even other professionals and agencies in the community.

Developing a respectful community system can empower agencies and systems to pursue the common goal of improving clients' social functioning. Rob, a social activist who collaborates with universities, churches, and schools, connected many community systems in his suggestion to pursue justice:

I think that if we know that the unborn are full human beings and really should deserve rights as human beings, then I think our society should — we should all put our heads together and figure out ways to do the best we can with all human beings: Involve the unborn and

the mother and the father and different people around the situation. Just like we do with challenges in impoverished towns, or challenges in families that are maybe being split up, or families that are in poverty. We do the best we can for all human beings.

Connie felt her dignity as a human being was undermined as she underwent a surgical abortion. She described the event:

Another huge piece of dehumanizing in this situation is the effect that it has on women to submit themselves to the procedure, which is degrading, humiliating, and very similar to rape in a surgical abortion ... laying on the table with your legs up and having a doctor vacuum your insides.

Although Connie conceded that a medication abortion is not as degrading, her experience of a surgical abortion threatened her dignity.

A woman may also be devalued in the way society treats her identity. Suzie suggested that society tends to elevate sexuality as the only valuable aspect of a woman:

We still set up young girls [to internalize the message] that, 'You're just a sex object. Be sure to take your pill, make sure he's got the condom, and then, oh yeah, here — you choose the abortion if you get pregnant.'

Interviewees brought up instances of discrimination against the unborn, women, and the disabled. Danielle described a friend who had gotten an abortion:

She said she didn't want to have any children because she has developmental problems ... that she didn't want to pass to her

children. I'm kind of on the fence about it because there's a big chance that your baby could come out normal, and even if your baby didn't come out normal... I don't know. I still think you should love that child no matter what.

Danielle seemed conflicted by this circumstance because her friend's reason for her abortion was the potential for her children to have a disability. Although her friend may have had the best intentions for her family, Danielle, who believes the unborn are human beings, saw her friend's attitude as discriminatory.

Connie elaborated on this idea:

We're failing [as a society] to say, "If this is a living, growing human being, they deserve as much right to continue their life as we have." Which means no conditions. No conditions on your ability to contribute to society. Some people will contribute greatly, like, Steve Jobs; some people will perhaps contribute minimally, for instance, Down syndrome kids. But they contribute richness and blessing to the people around them. And to talk to people who say, "Well, they shouldn't be alive, and they would be better off dead, because look at all the things they can't do." That's not the point! The, the point is, they're a fellow human being, period! We — we can't sit in judgment of other people's lives.

Connie believes upholding dignity and worth of each person is both ideal and necessary. But Kat wrestled with the idea that fair treatment of all human life is complicated by the reality and inevitability of hardship. Just as making a judgment for a person about the value of their life may be considered an injustice (see NASW, 2008, section

1.14), bringing someone into a situation full of hardship can also be considered as injustice:

I just feel like, if someone is forced to have a child, and they're not prepared, then that child just grows in an unhealthy environment, and that just creates for unhealthy people, you know? I feel like [if] someone has a kid and then don't really want to have the kid, the kid will grow up feeling unwanted and not loved.... And I guess you could also, like the flipside, well like, that person should not have been having sex if they're not prepared. But, people are gonna have sex, so. I just feel like not having resources available to them would be an injustice.

Unfortunately, the situations in which unplanned children are brought up are not often considered ideal. To Kat, it seems especially disheartening to imagine a child being brought up in an environment full of injustice. Yet even amidst reality, Kat seems to passionately pursue justice, and confidently made suggestions to helping our society approach such an ideal.

According to interviewees, woman, the unborn, the disabled, and children experience hardship in their lives. They may enter these circumstances voluntarily or involuntarily. Hardships in life may also be brought about by non-social causes, such as disability, or they may be brought about by society, such as discrimination. Yet participants, all seven of which made suggestions to pursuing justice, seemed to support with their words and their actions the idea that, even in a world full of injustice and hardship, justice is still worth pursuing.

When making choices involving human lives, individuals and organizations seeking to pursue justice may do so by cherishing the

lives of all human beings, respecting each human experience as valid, and confronting ethical dilemmas with a focus on the unparalleled worth of human life.

Empowerment principles.

Many interviewees recognized empowerment as an aspect of justice within unplanned pregnancy situations. Aspects of empowerment, as demonstrated by participants, involved helping a client, peer, friend, or family member to:

- assess present and potential future conditions in a realistically positive light;
- examine a variety of pathways and options for future direction;
- narrow down options through examination of values; and
- execute a choice that potentially leads to a positive life outcome.

Many respondents specifically discussed the role of statistics in empowerment. Danielle mentioned that statistics can discourage a woman from considering a potential positive outcome of keeping a child:

I think that statistics play a very huge role in decisions when it comes to this. Like, you know, 'Your child's got a 6-percent change of being born with Down Syndrome.' I mean, and there's children out there who had an 80-percent change of having Down Syndrome, and they're completely normal and healthy. And so I think that if it wasn't for statistics, that everything would be a little bit better. I

don't think that [statistics] should be something that discourages a woman from having a child.

Some situations defy statistics and normal findings, as Danielle suggested, but many situations do end up leading to an unfavorable outcome or unbearable loss. Suzie had encountered many such circumstances in her own practice:

In all of these years of medicine I've seen... hard cases where the diagnosis regarding the pregnancy outcome was not favorable. And it's a very difficult situation for, you know, men and women who want the child, to come to terms with when they deliver the baby. There's a good chance that the baby's not going to survive. ...And whether they end that pregnancy while it's still in uterus, or waiting 'till it's born, in my personal opinion — I have seen couples do better when they have waited until the baby is born, and then that baby succumbs on its own, than the woman who ends the pregnancy before it's due, and then questions, and is left in a prolonged grief cycle for the loss of that child. If she initiated the termination of its life — that's a huge psychological, um, decision for a woman, carrying a pregnancy and knowing that, without that decision, she would have a child. ...In those hard cases — they're very hard cases... and they're gut-wrenching for the couple who faces the diagnosis.

Statistics are often used to help clients and other individuals to make decisions that may involve risk. In both Danielle's and Suzie's situations, looking past statistics could indeed bring a more positive outcome, even amidst tragedy.

Yet in other circumstances, as Kat proposed, statistics are not to be ignored — that is, risky sexual behavior, which she implies is no place to expect favorable outcomes. Without proper education on birth control methods, young men and women will be left ill-equipped to counteract the chances they will become pregnant. Kat proposed age-appropriate, comprehensive sex education as a way to reduce unplanned pregnancy:

Prevention, I believe, starts from education. I think that people need to be educated at a young age even though it's, like, really scary for a lot of people to imagine their children learning about safe sex at a young age. But I think it's very vital, um, because people are, um, participating in sex younger and younger.

Kat mentioned a hesitation she saw among many parents to educate or allow others to educate their children about sexuality and birth control. Yet she sees lack of education about safe sex as a barrier to both self-determination and empowerment. Without comprehensive education about birth control, young men and women are not empowered to make their own decisions about their sexuality. And as Kat pointed out from trends she had studied, when parents pressure their children without allowing them to make well-informed decisions for themselves, it tends to be ineffective for preventing risky sexual behavior and unplanned pregnancy.

Although parents often are in a position, legally and socially, to make decisions for their children, when it comes to sexual behavior, it seems to Kat that the person whose convictions matter most is the one who will directly face other pressures when parents are not around. Kat suggests, therefore, that using a more comprehensive sex education that

empowers young men and women to take ownership of their sexual behavior. This type of empowerment helps bring justice to the situation by helping young men and women overcome pressures from the media, peers, and, of course, changes in hormones.

Caleb also discussed his own perspective on risk-taking and birth control:

Even if you did do birth control and, and your— whoever is using a condom, like, we all know, based off of statistics and also what we've seen... we have enough people around us that we've seen have kids even though they were taking birth control, and whoever they were with was wearing a condom, and they still had a kid, you know. You can't just be like, "Oh, whatever, I'm safe." Like, "Oh. Oh my gosh, this is, like, a crazy, like — how, how on earth did I have a kid?" Like, "There's all these things working against that." Like, "Oh my gosh, I'm so unlucky." It's like — No.

Helpers should use statistics and other facts to help their clients make fully-informed, self-determined decisions about choices such as sexual behavior, as well as choices about a pregnancy with a negative outlook. But clients will feel most empowered if this information is accompanied by an empowering perspective. Instead of imposing statistical wisdom as law, helpers can present different options to clients in a way that gives them the freedom to think critically and use the tools and the knowledge they have to be experts on their own lives. This way, instead of feeling controlled by the helper, or entrapped by statistics, clients maintain both the freedom and the responsibility for their decisions — as well as more closure on outcomes they cannot control.

Restoring justice.

Interviewees tended to describe justice as a restoration, a bringing back into balance of a situation. According to Kat, restoration justice may have multiple dimensions:

When I think of justice, I think of, like, a criminal system. ... That system's a failure, too, in a way. ... Like, person kills child; person goes to jail. But I also feel like that's still an injustice because person's still alive, child's still dead. So I guess that's a form of justice: A person's punished. But I don't think they're really punished. I don't know. It's hard. I don't know how to describe justice."

Kat sees more to justice than punishment of a crime, but also includes an atonement or reparation toward the person who was wronged.

Kat and Ethan both brought up the limited role of law enforcement in restoring justice. After describing two friends who had both had a legal abortion, she said, "I don't think justice applies to their situations, really." And although Ethan said support from parents or a significant other could help, he concluded that this kind of support "is a choice, so it can't really be a justice that can be enforced." Yet Ethan also seemed to perceive more to justice than legal consequence for illegal act: Although Kat and Ethan's accounts did not involve legal issues, both interviewees later described multiple injustices and ways to improve justice apart from the law.

Rob did mention a case in which legal trespass was an issue, a hypothetical case of rape:

I would say that the unborn, at all times in the pregnancy, are human beings. And even if they were conceived in rape, I don't think that

they should have any less value because of being conceived in rape. So... if all human beings should be treated equally, I think we can do better as a society and as families and as churches — whatever entity we're talking about — to help somebody who has been raped, and [who had] conceived through that rape, helping that person to be the best mom they can be, because they currently are a mom.

Rob had mentioned the importance of bringing a rapist to justice through legal punishment, but emphasized the restorative aspect of justice, which included restoring a rape victim to a place of dignity by inundating her with both community support and the assurance that she and her unborn “child,” in fact, are strong enough to overcome such an atrocious injustice.

Suzie felt that her decision for abortion had been an injustice against her unborn child:

Because it [was] legal, when I made my decision [for abortion], it wasn't an injustice to me. I made my decision as a legal decision for a woman to make. ... I believe the injustice comes in the life of that child because no one defended her. I believe, as a girl, that no one was there to defend her. I didn't even defend her.

Suzie mentioned a restoration of justice that she had experienced as well, which came in the form of mercy and forgiveness. In this case, she felt justice was restored when she experienced forgiveness from God and from herself about her abortion:

I just felt that it was... unforgivable. That there was no way that I could be reconciled to God. And that's where seeking God in my life brought in great healing, which was supernatural. It didn't come from

being with a counselor, or even meeting with a pastor. It came [from being] very broken in seeking God.

In addition to a situation in need of punishment or restoration, justice may also become an issue when basic human needs are not being met — that is, when basic human rights are being violated.

Caleb firmly distinguished between hardship and injustice: “People think that justice means that they're getting what they want, when it's really getting what you need.”

Yet Danielle mentioned that justice is intertwined with providing support even beyond basic legal rights: “I think that justice would be that every woman, no matter what, would have the love and support that they needed, even if it wasn't from anybody they actually knew.” To Danielle, love and support, although not necessarily enforceable by law, are human needs that must be met for all people in order to achieve justice.

When an unplanned pregnancy involves injustice, restoring justice is complex and seems like a pipe dream by any human standards. But respondents all, to some extent, saw a pursuit of justice as beneficial, and brought up many practical ways in which all individuals can be involved in the pursuit of this restoration. Interviewees brought up more about justice than punishment or payment, and their considerations of justice included an acquaintance with real human needs and hardships, critical thinking about solutions, and practical ways to engage with and overcome injustice.

Social and community action.

Some men and women in the study identified examples of justice and injustice as they pertained to social and community action. Since social justice involves multiple systems, individuals indicated that striving to achieve social justice requires a balance among individual, social, and community action to uphold human rights and help meet human needs.

Rob expressed the difficulty he has had in finding this balance:

In terms of unplanned pregnancy one thing that I probably wrestle with is how much to help somebody, or how much to do for somebody. I think it's — it dignifies somebody to empower them to take on a challenging circumstance like an unplanned pregnancy. I think sometimes we try to do maybe even too much for people when a challenge like that would really help them grow. And so I think I struggle with exactly how much to help people with, or provide handouts and things like that. But I would definitely affirm that we need to do the best that we possibly can to help people.

Institutional or macro-level factors were often cited as having negative effects on the situation. To combat the negative effects of the macrosystem, many respondents suggested that organizations, groups, and individuals can, in some form, actively pursue respectful dialogues in their communities and social systems about topics surrounding unplanned pregnancy.

Many helpers who were interviewed had participated in aspects of primary, secondary, and tertiary prevention. Rob's organization helps train and equip natural helpers to educate the community about unplanned pregnancy, a primary preventative approach. Kat and Suzie

both work with women at risk of unplanned pregnancy, a form of secondary prevention. Connie volunteers as a group counselor — a tertiary prevention — but has also participated in primary and secondary prevention.

Suzie spoke about one of her principles when counseling young men and women in the culture they live in:

The sexual revolution has left a lot of damage to our young people. So as an older woman, I feel it's an injustice if I don't share with younger people that, "Sex is great — you're gonna enjoy that for the rest of your life — but it's worth protecting. You don't have to go exploring to find out who does it the right way with you. It's worth waiting for someone that you can connect [with] on an intellectual, emotional, social, [and] spiritual level before connecting on just the physical level."

Ideally, Suzie wants young men to overcome social pressures and ultimately not have to deal with unplanned pregnancy. But she recognizes the reality that many young men and women will still engage in risky sexual behavior regardless of information and urging from adults in their lives.

Kat believes that measures of social and community action must accommodate and support these individuals, even when they make decisions that are likely to create hardship or negative consequences. Since Kat is acquainted with many of the complex effects of the sexual revolution, she discussed some challenges to determining the best course of action:

That's tricky. ... I don't know. ...If you think about young children engaging in sex... no matter how good your parents are, and how much they expose you to, and how [well they are] explaining things to you... you're always gonna have kids who, you know, do their own thing no matter how they're raised. I guess, so... you have to make the resources available to them. No matter what. I mean, I don't know. Maybe that's a form of justice to give resources to the kiddos.

For Kat, it is difficult to determine what fair prevention looks like for children — that is, empowering young men and women to make wise choices about their sexual behavior without infringing on their freedom to make even imperfect choices. She recognized this as a challenge especially for parents and schools.

In order to deal with injustice in unplanned pregnancy, action must happen on all levels. Taking political action, for instance, will not make up for a lack of community or local support. Organizations must discuss and execute projects based on their values, purposes, and responsibilities first, and then their resources, stakeholders, funding, and other practical considerations second. Courses of action will vary according to the type of agency, local atmosphere (for example, urban versus rural), and target community.

As for individual action, tasks may eventually become innovative and complex, but to respondents, they often start simply. For example, Caleb was not familiar with professional activism, and had not thought much about social action in unplanned pregnancy prior to the study. But after thinking critically about justice and unplanned pregnancy, he came up with what he thought was a good place to start:

Have an opinion, and be really strong, and make sure that that opinion is really what your opinion is. And find people that believe the same things as you — and fight. Because there's always gonna be someone that believes something different than you. And maybe you'll find out that you're wrong, and you'll end up joining someone else that believes something different than you, but in the end, that'll just make it stronger. And I feel like we're fallen, and — and we — we may never figure out what that is, but — I feel like, even if you believe something that isn't true, it's better to fight for what you believe in, than to just not have an opinion.

Danielle, like Caleb, was unfamiliar with innovative or complex helping approaches. But she understood what was effective and ineffective from her own experiences and knowledge, and used that to form her social action plan. When asked how to work toward justice as individuals, she put it this way:

Love the person. Love the woman, no matter what they do. I mean, you know, be there for the person. Tell that person about maybe your personal experiences with it, or somebody else's personal experiences with it, and how they handled it. And just get involved in their life. Just be like, 'Check this out. I found this website you can go to. You can get free baby clothes.' Or, 'Hey, here's this adoption agency. Why don't you talk to them and see what they say?' I mean, there's just so much there.

Social and community action to alleviate social injustice in unplanned pregnancy may take various forms, including primary, secondary, and tertiary prevention measures.

Professionally, helpers can use appropriate education to empower individuals at risk of unplanned pregnancy to think critically about the

media they consume, the messages they internalize, and the behavior in which they participate. Volunteer workers can make efforts to improve justice in a variety of social systems, including families, schools, churches, medical clinics, and government. And individuals, even if they may not have many resources, can seek out knowledge about unplanned pregnancy, think critically to form their own conclusions, and intentionally seek out organizations and communities that will help them make a difference.

Table 3: Perceptions of Justice

Topic addressed	Aspect of Injustice	Aspect of Justice
<i>Attitude toward pregnancy</i>	Judgment	Empathy
<i>Upholding self-determination</i>	Pressuring her into a decision	Exploring her values and options
<i>Helping approach</i>	Superficial solutions	Whole-person approach
<i>Treatment of human life</i>	Devaluing human life	Cherishing all human life
<i>Empowerment principles</i>	Submitting to what is normal	Revealing what is possible
<i>Restoring justice</i>	Punishment only	Pursuing reconciliation
<i>Social & community action</i>	Neglecting the need	Sharing the responsibility

Future research

Complex effects of macro- and mezzo-level interventions.

Much of research surrounding unplanned pregnancy focuses on large-scale programming efforts and provision of resources. These programs have shown to be quite influential in positive ways, such as providing more comprehensive information for young men and women about sexuality, as well as making birth control available and thus preventing a number of unplanned pregnancies.

Yet more research may be conducted on the implications of such programs on individuals and society. For example, although providing birth control can help prevent unplanned pregnancies, incorporating programs that include discussions about perceptions and expectations of sexuality may further empower individuals to make well-informed decisions and communicate with their romantic partners.

How to empower natural helpers.

In addition to professional approaches, all participants mentioned the impact of natural or nonprofessional help in the lives of women facing an unplanned pregnancy. Empowering peers, friends, and family members to help alongside professional efforts can be a highly effective and fairly inexpensive way to reduce unplanned pregnancy. More research should be conducted on what kind of support women find helpful, and what support is misleading or isolating.

Analysis of a single case.

Analyzing perceptions of justice based on experiences was complicated by the fact that interviewees not only had their own personal beliefs and level of professional experiences, but also that the

cases they discussed in the interview all varied. A future research design possibility could be to have multiple individuals discuss aspects of justice and injustice in a single case of unplanned pregnancy. This case could include multiple instances of injustice and justice, and participants could provide information about which aspects resonated with them the most. A design such as this would be congruent with the purpose of understanding how experiences contribute to a subjective understanding of justice.

The relationship between unplanned pregnancy role and justice belief.

The relationship between experiences, roles, and justice beliefs is complex. It is likely that past experiences with injustice, as well as cognitive coping mechanisms with such injustice, moderate between justice belief and voluntary helping roles. However, since unplanned pregnancy is, by definition, unintentional, not all helping roles are voluntary. Therefore, justice belief's ability to determine helping role is limited. However, Dalbert (2001) has reported a relationship between types of trauma experienced and justice belief. More research can be conducted on trauma in unplanned pregnancy, such as instances of rape, incest, abortion, or miscarriage, and how these experiences relate to justice belief.

Conclusion

Best practices with clients facing unplanned pregnancy

The present study was conducted in order to empower helping professionals and natural helpers to think critically about the nature of unplanned pregnancy, and how to empower their cherished clients,

friends, or family members to consider wisely the choices that are set before them.

When approaching unplanned pregnancy as a social justice issue, a wide spectrum of emotions, experiences, and beliefs circulate throughout the social system. Political, religious, and ideological dissensions pose questions to those looking to protect civil and human rights, and to provide opportunities for individuals to pursue abundant life for themselves and others. On an individual level, unplanned pregnancy may invoke emotional, social, and situational reactions from helpers. On a societal level, unplanned pregnancy raises questions for helpers about the best way to help those affected by unplanned pregnancy to achieve a higher level of social functioning.

Understanding best practices for women facing unplanned pregnancy may be facilitated by increasing conversation among both academic researchers and people who are in a position to help at-risk women. Because unplanned pregnancy is far more complex than a single belief, right, or decision, however, it is essential for helpers to investigate various perspectives of this difficult situation prior to offering services to their clients.

In light of the aspects of justice and injustice addressed by participants in the study, Table 2 provides a general summary of the seven aspects of justice and injustice suggested by men and woman who participated in the study. In order to optimize ethical practice, helpers may analyze and integrate findings into research and practice as they consider how their own roles, experiences, beliefs about social institutions, and justice beliefs. Helpers should think critically about the origins of their justice beliefs, analyzing how these beliefs affect their attitudes, approaches, and actions as they pursue social justice.

In a practice setting, helpers can integrate the data presented in the study to refine their understanding of how their clients may think, the pressures they may feel, and the services they may appreciate. Professional and natural helpers can unite in following aspects of justice and combatting injustices that arise in multiple social systems. These aspects may include the following:

- Practicing empathy;
- Helping a woman explore her core values, desires for the outcome of the pregnancy, and options for achieving her own personal goals;
- Taking a whole-person approach to service by regarding the physical, intellectual, emotional, social, and spiritual needs and strengths of the persons involved;
- Celebrating the incomparable and equal value, dignity, and worth of each human being as the reason for which social services exist;
- Using accurate facts, statistics, and other knowledge and wisdom to inform clients as fully as possible, and pairing this knowledge with a hopeful and empowering attitude;
- Understanding the role of relationships in restoring justice and balance, and helping clients to pursue reconciliation or peace with important individuals in their lives; and
- Sharing the responsibility to provide for human needs as they arise, recognizing injustice as a problem that has both social and individual origins and solutions.

As a qualitative research project, this thesis invites more questions and more opportunities for research on unplanned pregnancy and social justice. Large-scale, long-term evaluations of macro-and mezzo-level interventions could bring insight into both the benefits and detriments of current intervention programs. Investigations of effective and ineffective ways to empower natural helpers can increase human capital to pursue justice in unplanned pregnancy. Qualitative research that employs the analysis of a single case of unplanned pregnancy could simplify interview discussions on justice belief on a focused aspect of justice. Quantitative research could also give clearer insight on the nature of the relationship between unplanned pregnancy role and justice belief.

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Appendix A: Glossary of terms

Abortion: The termination of a pregnancy before or during birth. For the sake of the report, an abortion refers to a legal surgical or medical procedure that intentionally terminates a pregnancy.

Adoption: The process by which a parent or set of parents gives up their biological child to be raised by another caregiver or caregivers.

Civil rights: a class of rights that protect persons from violation of social contract by governments and private organizations in order to ensure one's ability to participate in civil life without discrimination or repression.

Community member: An individual who does not have experience, either as a professional or as a volunteer, working in human services as they relate to unplanned pregnancy cases.

Conception: The point at which a sperm cell fertilizes, or combines with, an egg cell, so that the 23 chromosomes from the sperm cell and the 23 chromosomes from the egg cell combine to form a somatic cell with unique DNA.

Helping professional: An individual whose paid occupation is directly related to offering services to clients facing unplanned pregnancy in some fashion.

Human rights: inalienable fundamental rights to which a person is inherently entitled simply because she or he is a human being.

Inalienable: Unable to be taken away from or given away by the possessor.

Institution: A belief, structure, or mechanism that has the function of maintaining social order in a given culture. Social institutions include religious and secular systems, gender roles, government, media, and academic systems. For the sake of this report, the sociological definition of the term is used. A sociological institution does not refer to a building or an organization, but rather a system of social organization.

Nonprofessional: An individual who neither works nor volunteers at an organization offering services to clients facing unplanned pregnancy.

Pregnancy: A process of development that begins at conception and which the fertilized cell, if the pregnancy is uninterrupted, is capable of developing into a zygote, embryo, fetus, infant, or later stage of human development.

Unplanned pregnancy (UP): A pregnancy that resulted from either consensual sexual intercourse or nonconsensual sexual intercourse, and that was not intended to lead to conception and pregnancy. An unplanned pregnancy includes both mistimed and unwanted pregnancies.

Volunteer: An individual who offers services to clients facing unplanned pregnancy, but who does not do such work professionally.

Appendix B: Interview Questions

Initial interview questions:

1. Can you tell me a little about yourself?
 - a. (Hobbies)
 - b. (Family)
 - c. (Friends)
 - d. (Job)
2. Now, I would like to ask you a little about where you stand on the topic of unplanned pregnancy. Could you give me an overview of your current views of the issue?
 - a. (abortion)
 - b. (women's rights)
 - c. (health care)
 - d. (right to privacy)
 - e. (right to life)
3. What do you think are the biggest issues in society that divide people in their views of unplanned pregnancy?
4. Are there any special cases or circumstances in which you're not quite sure what you believe? (If not, what are your views on special cases?)
 - a. (Woman's life in danger?)
 - b. (Using abortion as birth control?)
 - c. (The case of rape?)
 - d. (Poverty or economic issues?)
 - e. (Substance abuse and birth defects?)
 - f. (Anything else?)
5. Could you tell me about an experience you were involved in personally in which a woman was facing unplanned pregnancy? (You may talk about a friend, a family member, yourself, or somebody else. You do not have to use names.)

Prompting questions (ask only if not answered by the first question):

- a. What kind of support did this woman receive? (economic, father, woman's parents, friends, etc.)
 - b. What kind of feelings, thoughts, and experiences did this woman go through during this time?
 - c. What kind of feelings, thoughts, and experiences did people in this woman's life go through during this time?
 - d. What kind of support do you think was most beneficial in this woman's decision?
 - e. If you were this woman, what kind of supports would you have liked to have during this decision?
 - f. Would you have benefitted from support after the decision? (If so, what kind of supports would you have benefitted from?)
 - g. What do you think were the most important factors in that woman's ultimate decision?
6. A lot of us have different views and experiences regarding unplanned pregnancy. Often times, women, men, activists, community members, professionals, and others face injustice, dehumanization, and indignity while trying to address this issue.
- a. Could you give me some examples of injustice in the situation you described?
 - i. (Fetus)
 - ii. (Woman)
 - iii. (Society)
 - b. Can you give me a working definition of the word "injustice?"

- c. Now that you've given me a definition of the word "injustice," could you give me a definition of the word "justice?"
 - i. (How does your position as _____ affect your view of social justice?)
 - ii. (What else comes to mind when considering justice?)
 - d. In light of the situation you described and your definitions of "injustice" and "justice," what do you think is the best way we can work toward justice in relation to unplanned pregnancy?
 - i. (In the context of the story)
 - ii. (In society in general)
7. Is there anything else you would like to add?

Follow-up interview questions:

1. How did you feel about this interview?
 - a. (Before)
 - b. (During)
 - c. (After)
2. After looking over the transcript of the interview, is there anything you would like to add, clarify, or change about what you said in the interview?
3. Will your participation in this interview affect the way you talk to others about unplanned pregnancy?
4. Is there anything else you would like to add?

Appendix C: Interrater information

Interview data was codified by the honors thesis student, Megan Baatz, and Laurie Buchanan, graduate student in Criminology with a concentration in college dating violence. Laurie Buchanan is a Violence Prevention Educator at the University of Colorado at Colorado Springs Respect on Campus program (UCCS ROC). More information about the ROC program and its staff can be found at <http://www.uccs.edu/>, and Laurie Buchanan can be contacted at laurie.k.buchanan@gmail.com.

Codification was completed on January 24, 2013 using SPSS software licensed to Laurie Buchanan, who had used the software within the previous semester to complete her dissertation. The student determined relevant codification topics while the interrater read over the interviews. The inter-raters codified the following information: gender, age range, experience (firsthand or secondhand), and professional involvement (occupation).

The graduate student reviewed and made revisions to the student's categories. Subcategories were revised as interviews were reviewed. The thesis student and the interrater reviewed each interview and categorized data pertaining to the following categories: initial reactions to unplanned pregnancy (reactions), influential beliefs (perspectives), influential support systems (support), significant aspects of justice (justice), and significant aspects of injustice (injustice). These categories and the results of codification can be reviewed in Appendix D.

Categorization was completed based on most significant content of responses, as determined by the inter-raters. When a disagreement arose, the inter-raters would discuss their reasoning until they arrived at

a consensus. Each rater conceded to the other at different points in codification.

Since the student did not have SPSS software, results were printed and given to the student for analysis and inclusion in the report. Codification information was used to guide the writing of the results and discussion sections of the report, along with selected sections of all seven interviews.

Appendix D: Codification documents

```

CODEBOOK Gender [n] Age [s] Experience [n] Occupation [n] Reactions [n] Pers
pectives [n] Support [n] Justice [s] Injustice [s]
  /VARINFO POSITION LABEL TYPE FORMAT MEASURE ROLE VALUELABELS MISSING ATTRIB
UTES
  /OPTIONS VARORDER=VARLIST SORT=ASCENDING MAXCATS=200
  /STATISTICS COUNT PERCENT MEAN STDDEV QUARTILES.
    
```

Codebook

[DataSet0] C:\Users\Laurie B's Laptop\Documents\Unplanned Pregnancy.sav

Gender

		Value	Count	Percent
Standard Attributes	Position	1		
	Label	Gender		
	Type	Numeric		
	Format	F8		
	Measurement	Nominal		
	Role	Input		
Valid Values	0	Male	3	42.9%
	1	Female	4	57.1%

Age

		Value	Count	Percent
Standard Attributes	Position	2		
	Label	Age		
	Type	Numeric		
	Format	F8		
	Measurement	Scale		
	Role	Input		
N	Valid	7		
	Missing	0		
Central Tendency and Dispersion	Mean	3.71		
	Standard Deviation	3.147		
	Percentile 25	1.00		
	Percentile 50	2.00		
	Percentile 75	7.00		
Labeled Values	1	15-19	2	28.6%
	2	20-24	2	28.6%
	3	25-29	0	0.0%
	4	30-34	1	14.3%
	5	35-39	0	0.0%

Age

	Value	Count	Percent
6	40-44	0	0.0%
7	45-49	1	14.3%
8	50-54	0	0.0%
9	55-59	1	14.3%

Experience

	Value	Count	Percent
Standard Attributes	Position	3	
	Label	Firsthand Experience	
	Type	Numeric	
	Format	F8	
	Measurement	Nominal	
	Role	Input	
Valid Values	0	No	4 57.1%
	1	Yes	3 42.9%

Occupation

	Value	Count	Percent
Standard Attributes	Position	4	
	Label	Level of Involvement	
	Type	Numeric	
	Format	F8	
	Measurement	Nominal	
	Role	Input	
Valid Values	1	Community Member	2 28.6%
	2	Volunteer	2 28.6%
	3	Professional	3 42.9%

Support

		Value	Count	Percent
Standard Attributes	Position	7		
	Label	Most Influential Support Systems		
	Type	Numeric		
	Format	F8		
	Measurement	Nominal		
	Role	Input		
Valid Values	1	Community	4	57.1%
	2	Social	3	42.9%

Justice

		Value	Count	Percent
Standard Attributes	Position	8		
	Label	Aspects of Justice		
	Type	Numeric		
	Format	F8		
	Measurement	Unknown		
	Role	Input		
N	Valid	7		
	Missing	0		
Central Tendency and Dispersion	Mean	3.14		
	Standard Deviation	1.574		
	Percentile 25	2.00		
	Percentile 50	3.00		
	Percentile 75	5.00		
Labeled Values	1	Empower the Disadvantaged	1	14.3%
	2	Provide Appropriate Resources	2	28.6%
	3	Respect Self-Determination	1	14.3%
	4	Attribute Equal Value to all People	1	14.3%
	5	Show Empathy & Forgiveness	2	28.6%

Injustice

		Value	Count	Percent
Standard Attributes	Position	9		
	Label	Aspects of Injustice		
	Type	Numeric		
	Format	F8		
	Measurement	Unknown		
	Role	Input		
N	Valid	7		
	Missing	0		
Central Tendency and Dispersion	Mean	2.71		
	Standard Deviation	1.113		
	Percentile 25	2.00		
	Percentile 50	3.00		
	Percentile 75	4.00		
Labeled Values	1	Judgemental Attitudes	1	14.3%
	2	Ignoring Deeper Issues	2	28.6%
	3	Devaluing Human Life	2	28.6%
	4	Not Respecting Individual Choices	2	28.6%

Appendix E: Consent Form

Consent to Participate in a Research Study Colorado State University

TITLE OF STUDY: Humanization: Perspectives of helping professionals and community members on women facing unwanted pregnancy

PRINCIPAL INVESTIGATOR:

Bruce Hall, MSW
School of Social Work
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970-980-6887

CO-PRINCIPAL INVESTIGATOR:

Megan Baatz, School of Social Work,
BSW
mbaatz@rams.colostate.edu
303-957-6906

WHY AM I BEING INVITED TO TAKE PART IN THIS RESEARCH? Because of your unique life experience or professional endeavors, your story is of particular interest in this study, which is exploring perspectives on unwanted pregnancy.

WHO IS DOING THE STUDY? The designer of the research study is Megan Baatz, a bachelor's student in social work, who is conducting the study for her senior honors thesis. She is working under her principal investigator, Dr. Bruce Hall of the Social Work department, as well as her thesis committee member, Dr. Patricia Aloise-Young from the Psychology department.

WHAT IS THE PURPOSE OF THIS STUDY? The purpose of the study is to discover how our unique perspectives on unwanted pregnancy contribute to our understanding of justice.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?

The study will consist of a main interview lasting 1-2 hours, as well as a follow-up interview lasting no more than 1 hour, for a total time commitment of 3 hours. Interviews will be conducted in a private setting, ideally in person, at a convenient location and time for both the interviewer and the interviewee. For out-of-state participants, interviews may take place over the phone.

WHAT WILL I BE ASKED TO DO? As a participant, you will be asked questions regarding your personal experience with unwanted pregnancy, as well as your understanding of justice within the context of the subject. The information requested will include:

- Your current views on the issue of unwanted pregnancy
- Providing at least one real story in which you or someone you know experienced an unwanted pregnancy, and had to make a decision about how to deal with this event.
- Hypothetically putting yourself into a situation where you had to face an unwanted pregnancy and considering struggles you would encounter and types of support you would like to receive
- Presenting your understanding of justice, both in the given situation and in general, as it pertains to persons affected by unwanted pregnancy
- Discussing how your life experience or professional position affects this understanding

Page 1 of 4 Participant's initials _____ Date _____

[Insert the page number and space for participant initials and date on every page.]

Within 1-2 weeks of the initial interview, you will be contacted for a follow-up interview. Before the interview, you will be given a transcript of the initial interview for use in the follow-up interview. In this second interview, information requested will include:

- Thoughts and feelings you experienced before, during, and after the interview
- If desired, revising, clarifying, or elaborating on any statements that you made in the initial interview
- How this experience otherwise affected you

ARE THERE REASONS WHY I SHOULD NOT TAKE PART IN THIS STUDY? In the interview, participants will not be forced to answer any question, and they may skip any individual question(s) even if they participate. Participants will be asked to speak about an issue that many people consider sensitive. This may bring up memories or topics that cause discomfort, anger, sadness, shame, or other negative emotions. If you do not feel willing to confront past experiences related to the issue, or are dealing with recent emotional hurt related to the issue, you may want to consider opting out of the study.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

- Dealing with conflicting beliefs in one's mind that are difficult to reconcile
- Facing negative emotions, confronting existence of judgmental attitudes toward one's opinions and life decisions, considering opposing beliefs, and taking the perspective of those who disagree

➤ Emerging from the interview process with unanswered questions

There are no foreseeable physical or economic risks. Since names and organizations shall be kept confidential, the participant (and his/her organization, if applicable) should not be subject to political or social judgment. The interviewee's unique personal responses, therefore, will not necessarily represent the views of his or her organizational, religious, or political affiliation, and pressure to represent an entire group should be minimized by keeping his or her name and organization's name confidential.

If the participant experiences apparent, mild psychological or emotional distress, the interviewer may ask to cut the interview short. If distress becomes moderate, the interviewer has a responsibility to terminate the interview.

Free counseling services are available to the participant at any of the following locations:

CSU Health Network
123 Aylesworth, North Wing
Fort Collins, CO 80521
<http://www.health.colostate.edu/>
970-491-6053

Women and Gender
Advocacy Center
Colorado State University
112 Student Services
Fort Collins, CO 80523
970.491.6384

Touchstone Health Partners
Adult Services, Pharmacy
525 W. Oak Street
Fort Collins, CO 80521
Mental Health Hotline (free):
970.221.2114
<http://touchstonehealthpartners.org>

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[*Insert the page number and space for participant initials and date on every page.*]

It is not possible to identify all potential risks in research procedures, but the researcher(s) have taken reasonable safeguards to minimize any known and potential, but unknown, risks.

ARE THERE ANY BENEFITS FROM TAKING PART IN THIS STUDY?

Since one's perceptions of justice affect anything from everyday interpersonal interactions to macro-level social activism, the benefits to participants (all of whom can affect change in society) are wide in scope.

The study encourages members of our society to think critically about abortion, healthcare, women's rights, and other issues. This process may assist participants and readers of the thesis in making informed political decisions and actions, such as voting in the upcoming presidential election, spending and donating their money in a way that is consistent with their beliefs, and dialoguing with community members in a democratic country.

Discussions encouraged by the thesis are intended to advance social justice, which may help members of society make informed and satisfying decisions. The study will not only inform individuals, but also social welfare organizations, health clinics, and pregnancy resource centers, all of which have the power to direct women in their important decisions according to available knowledge. Ultimately, the study may help to better inform personal and social actions through the distribution and mobilization of knowledge and real-life testimonies.

DO I HAVE TO TAKE PART IN THE STUDY?

Your participation in this research is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participating at any time without penalty or loss of benefits to which you are otherwise entitled.

WHO WILL SEE THE INFORMATION THAT I GIVE?

We will keep private all research records that identify you, to the extent allowed by law.

Your information will be combined with information from other people taking part in the study. When we write about the study to share it with other researchers, we will write about the combined information we have gathered. You will not be identified in these

written materials. We may publish the results of this study; however, we will keep your name and other identifying information private.

We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. For example, your name will be kept separate from your research records and these two things will be stored in different places under lock and key.

You should know, however, that there are some circumstances in which we may have to show your information to other people. For example, the law may require us to tell authorities if we believe you have abused a child, or you pose a danger to yourself or someone else.

WHAT IF I HAVE QUESTIONS?

Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the investigator, Megan Baatz, at 303-957-6906. If you have any questions about your rights as a volunteer in this research, contact Janell Barker, Human Research Administrator at 970-491-1655. We will give you a copy of this consent form to take with you.

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[Insert the page number and space for participant initials and date on every page.]

This consent form was approved by the CSU Institutional Review Board for the protection of human subjects in research on October 9, 2012.

WHAT ELSE DO I NEED TO KNOW?

During the interview, your responses will be recorded using a handheld audio device. The interviewer will inform you of when this device will start and finish recording the interview. The audio file will be used to write down a transcription of the interview, so the audio file will be heard by research staff only, and will not be released without your consent.

You may consent to allow your interview recordings to be kept for future research, or you may opt to have them destroyed upon completion of the project. Check one of the following boxes where applicable:

- I consent to allowing the audio file of my interview to be saved for future research.
- I do not consent to allowing the audio file of my interview to be saved, and request that it be destroyed upon completion of the project.

We only want to use statements that convey your original meaning, and do not seek to misquote you or take your words out of context. Therefore, the transcription will be given to you before the second (follow-up) interview so that you may review it and revise, clarify, or add additional information to your statements from the first interview.

You will be contacted within 1-2 weeks following your initial interview in order to conduct a follow-up interview. Please check the following boxes as applicable:

- I consent to participating in the initial interview, which will last approximately 1-2 hours.
- I consent to participating in the follow-up interview, which will last approximately 1 hour or less.

Your signature acknowledges that you have read the information stated and willingly sign this consent form. Your signature also acknowledges that you have received, on the date signed, a copy of this document containing 4 pages.

Signature of person agreeing to take part in the study

Date

Printed name of person agreeing to take part in the study

Name of person providing information to participant

Date

Signature of Research Staff

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[Insert the page number and space for participant initials and date on every page.]