

Early Pregnancy and Abortion: A Study of Perceptions and Experiences

**A dissertation submitted in partial fulfillment of the requirement for the Masters of
Arts in Social Work with the specialization in Community Organisation and
Development Practices**

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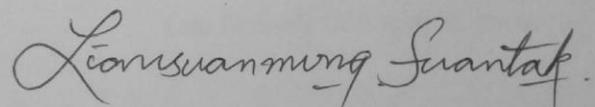
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Declaration

I hereby declare that the study entitled “Early Pregnancy and Abortion: A Study of Perceptions and Experiences” is being submitted by me under the guidance of Dr. Santhosh M.R, Assistant professor, Tata Institute of Social Sciences, Guwahati Campus. This is a partial fulfillment of the requirement for the award of Masters of Arts in Social Work.

The matter embodied in this study report has not been submitted to any other University or Institute for the award of degree. This study is my original work and it has not been presented earlier in this manner. This information is purely of academic interest.

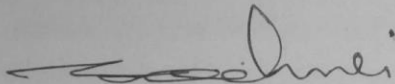


Liansuanmung Suantak

March 2017

Certificate

This is to certify that this dissertation entitled “Early Pregnancy and Abortion: A Study of Perceptions and Experiences” submitted by Liansuanmung Suantak is an original work done under my guidance in partial fulfillment of Master of Arts in Social Work. The results of this dissertation have not formed the basis for the award of any degree, diploma or certificate of this and any other university.

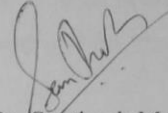


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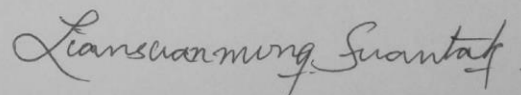
Firstly, I would like to express my sincere and immense gratitude to my study guide Dr. Santhosh M.R, Assistant professor, Tata Institute of Social Science, Guwahati Campus. I am deeply indebted to his wholehearted supervision to me during my study period. His valuable suggestion and guideline helped me a lot to prepare the dissertation in a well-organized manner.

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CHAPTER 1

Introduction

The introduction chapter includes the country's brief demographic profile, a small introductory passage about the state Meghalaya and the current health scenario, followed by an introductory to the definition of adolescent pregnancy and the reasons for early pregnancy. Furthermore, the introduction chapter talks about the major landmarks in the history of the legalization of abortion in the United States and the legalization of abortion in the Indian states and the amendment of the Previous existing Medical Termination of Pregnancy (MTP) Act, 1971 and ending with a major conference that changed the debate of reproductive rights in the world.

India: Demographic

According to the 15th National census survey conducted by the Census Organization of India in 2011, the population of India is 1,210,854,977 with 623, 724, 248 males and 586,469, 174 females and with a density of population of 382 persons/sq.km (Census2011.co.in, 2017). India is the second largest populous country next to china. It is estimated that by the year 2020 India will be the largest populous country in the world with China dropping down from the first place to the second (Farooqi, 2015).

Meghalaya: Demographic

Meghalaya is one of the most beautiful states in the country and its capital is Shillong. The name Meghalaya is a Sanskrit word meaning 'Abode of clouds' (Ignca.nic.in, 2017). Tucked away in the eastern hills of Sub-Himalayas, sharing its borders with Assam and an international border with Bangladesh in the south, is a land blessed with abundant rainfall, waterfalls, crystal clear rivers, virgin forest and beautiful people, covering 22,429 Sq. Km. The total population of the state is 29, 64,007 with a density of 132 Per Sqr.Km. (Meghalaya.gov.in, 2017).

Meghalaya: Current Health Scenario

The National Family Health Survey (NFHS-4), 2015 - 2016 Meghalaya, found that in the age group of 20-24 years among women in both the urban and rural areas the percentage of women who got married before the age of 18 were 7.8% and 19.3% respectively. The total percentage of the NFHS-4 was 16.5%, a large percentage decline from the earlier NFHS-3 in 2005-2006, which was 24.5%. Despite

of the decrease in percentage of women getting married off before 18, there was a rise in the percentage of Anemia¹ cases among women aged between 15-49 years from 46.2% in 2005 - 2006 to 56.2% in 2015-2016 (Ministry of Health and Family Welfare, 2016).

Adolescent pregnancy:

The term adolescent, refer to the process of developing from a child to an adult. Adolescent pregnancy is defined as “Pregnancies that occur between ages 10 and 19 in general are referred to as adolescent pregnancies” (Loaiza and Liang, 2013).

According to WHO (World Health Organisation), about 16 million adolescent girls aged 15-19 give birth each year and that’s approximately about 11% of all the births worldwide and ninety five percent of these births happen to the middle class and in the low income groups (Who.int, 2017). In developing countries, girls below the age of 18 give birth to about 7.3 million births every year which is about 20,000 everyday (Unfpa.org, n.d.). However the United Nations Population Fund’s (UNFPA) data of 7.3 million births every year does not include all the pregnancies, if included the number of adolescent pregnancies would be much higher than the total births recorded every year (Unfpa.org, 2017).

Langham, (2015) states that Teenage pregnancies are unplanned pregnancies and usually happen due to the following reasons;

1. Peer pressure:

Adolescents often feel pressure to make friends who influence their decision to have sexual relationships. Many of the teens are pressure by their peers and are compelled to do it because of the fear of rejection from their fellow peers even when are not fully aware of what the consequences are.

2. Absent of parents guidance:

Lack of proper care and support to the child by their parents can result in adolescent turning up to their for guidance and support on any issues, including sex, thereby leading them to fall or end up being caught in teen or adolescent pregnancy.

3. Lack of proper knowledge:

Due to lack of sex education or misinformation or the negligence of understanding sex education can lead to adolescents becoming pregnant

4. Sexual abuse:

Adolescents can become pregnant because of sexual abuse such as rape.

5. Substance abuse:

Many adolescent engage in experimenting with alcohol and drugs, and during such process the ability to control themselves and their body is reduce.

Abortion and the Legalisation of abortion in Unites states and India:

The term Abortion is of two types; spontaneous and induced abortion. Spontaneous abortion is the medical term for miscarriage, which means the loss of an embryo or a fetus before the 20th week of pregnancy (TheFreeDictionary.com, n.d.). Induced abortion is the opposite of spontaneous abortion. Induced abortion refers to the intentional termination of the fetus during a pregnancy before it can be born. A trained person on request usually performs induced abortions. (TheFreeDictionary.com, n.d.)

One of the landmarks in the history of abortion debate and in the legalization of abortion is the legalization and the decriminalization of abortion in United States known as Roe vs Wade. Roe vs Wade's decision is considered as one of the most historic decisions of the Supreme Court in the Twentieth century. The Supreme Court announced its decision on 22 January 1973, with a 7-2 decision in favour for women who needed to seek abortion. The decision by the Supreme Court ruled that the decision for women to seek abortion was protected by the 9th and the 14th amendment act (Goss, 2017).

The fight for the legalization of abortion began when Jane Roe was pregnant for the third time met two attorney named Sarah Weddington and Linda Coffee who used Jane Roe to sue the Texas Law. Jane Roe had entered the fight for abortion in the pretext that she was raped. However, Jane Roe was not

able to terminate her pregnancy during the fight for abortion, she later gave birth and gave up the child for adoption. Two years later after the fight for legalization of abortion that started in 1971, the Supreme Court struck down a long existing and illegal law that barred women from terminating their pregnancy unless in the cases of endangering the mother's life in 1973 and abortion was legalized since then. Nonetheless, the decision did not permit women to terminate beyond the first trimester, i.e. beyond 3 months of their pregnancy (*Ibid*).

Years later Jane Roe came out and declared herself as Norma McCorvey and then later joined the Pro-Life side and became a Christian. She accused the Pro-Choice group of using her as a pawn for the fight for abortion and mistreating her for who she was (Goss, 2017).

In India, the Medical Termination of Pregnancy (MTP) Act, 1971 was passed two years before the legalisation of abortion in the United States. The MTP act was enacted with the aims and goals of ensuring safe abortion in the country. According the MTP Act, 1971, the act allows women to terminate a pregnancy by a medical practitioner before 12 weeks. If the pregnancy exceeded was between 12 weeks and twenty weeks, the act allowed women to terminate with the consultation of two medical practitioners. The act allowed women to avail abortion on grounds of fetal abnormalities, rape, and incest and in the failure a contraceptive or any device used in order to limit the number of children. Abortion laws were first enacted by the Indian government in 1971, as the Medical Termination of Pregnancy (MTP) Act and it came into effect in the year 1972 (Ministry of Health & Family Welfare, 2017).

In the year 2014, the Medical Termination of Pregnancy (MTP) Act was amended. The act made changes to the existing act by increasing the weeks for the termination of pregnancy from 20 weeks to 24 weeks. It also allowed women to terminate her pregnancy under 12 weeks without the approval of a doctor. The amended act also saw the relaxation and granting of abortion in cases of severe fetal abnormalities beyond 24 weeks (Bedi, 2016; Department of Health & Family Welfare, 2014).

Cairo and After:

In the year 1994, ICPD (International Conference on Population and Development) held at Cairo placed the reproductive rights on the world agenda by breaking away from the past in various ways. It was a turning point in the discussion of population than the earlier world conferences because it enlarged the scope to policy discussion from population control in the developing countries (Ashford, n.d.). Petchesky (cited in, Rao, 2004) viewed this shift from demographic driven population policies

that “attributes poverty and environmental degradation to women’s high fertility, and, in turn, women’s high fertility to an absence of information and methods”. Furthermore, it redefined the population field that had neglected sexuality and gender roles focusing largely on outcomes such as contraceptive efficacy or declines in birth rates, or more recently, reproductive infections (Rao, 2004). Only a few countries fully endorsed the final program because of the religious differences and ideological on the concepts of reproductive health, adolescent sexuality and abortion (Ashford, n.d.).

However, critics have argued and that in the agenda of rights of the ICPD, the reproductive choices merely refers to the plethora of contraceptive devices that a “free” women woman is supposed to be “empowered” to choose from the products produced in the contraceptive market place by the reproductive technology of the west. Raymond also argued that in the era of reproductive technologies, the concept of choice is reduced to consumption that fosters a private enterprise in women’s bodies (Rao, 2004).

To conclude the introduction, teen pregnancy or adolescent is mostly unplanned or unwanted. Most of the teen pregnancy or adolescent pregnancy happens due to lack of proper support system from family and friends. The increase in teen pregnancy, unwanted and unplanned pregnancies across all ages in the past has created an uproar in the legalization of abortion laws. The legalization of abortion laws decriminalized abortion making it easily available to women without much difficulty as compared to the earlier times. For the study the researcher has used the term early pregnancy instead of adolescent pregnancy, and has interchanged them.

CHAPTER 2

Literature Review

In this chapter, the researcher briefly discusses adolescent pregnancy or early pregnancy and the health issues that occur out of early pregnancy. It describes the adverse effects of early pregnancy by comparing it with some major studies and then relates it with the need for abortions in cases of adverse health issues and of the mere need of it. The researcher also brings in the conflicts of the two sides in the decision making process during abortion, by weighing the arguments of both the Pro-Choice and Pro-Life groups in the debate about abortion.

Adolescent Pregnancy: A Brief Overview

Early pregnancy or Adolescent pregnancy has been a major concern in both developed and developing countries. India today has a large population of adolescent women today than ever before in the past. A sizeable proportion of adolescent women form the population in India. In 1992, the adolescent population in India was 38 million (Moore et al., 2009) and by 2014, the population rose to 56 million (Gutmacher Institute, 2014). According to the 1991 census report, adolescent girls in India constituted 20.7% of the total female population in India with the average age of marriage then being at 14.7%. Nearly half of the female adolescent population were mothers and a tenth of them were already pregnant then (Sharma et al., 2003).

According to the United Nations report, every year four million Indian teenage girls have babies. In India for every 1,000 girls that were between the age group of 15 to 19, there were 76 adolescent births in India in the year 2010 (Lahiri, 2013). India also had the highest number of women aged between 20-24, who gave birth by the time they were 18, a total number of 11,875,182 the United Nations Population Division told in their report (Loaiza and Liang, 2013).

Adolescent Pregnancy: Health Issues and Impact

An adolescent having a baby before attaining adulthood is more vulnerable to face social issues like poverty, poor education and risky behavior that lead to serious health issues, which further results in lower economic opportunities and earnings throughout their lifetime (Akella and Jordan, 2015).

Women who give birth during their adolescent period often dropout of schools and discontinuing their education leads them to have poorer skills to find employment, and there by remaining, trapped in the cycle of poverty. Although adolescent fathers are also affected by early pregnancy, teenage mothers are more affected by it (Kenny, 1987).

According to the American Congress of Obstetricians and Gynecologists (ACOG) (American Pregnancy Association, 2015), states that between 14-23% of women who go through pregnancy will struggle with some symptoms of depression. These depressions can trigger and cause problems in relationships, anxiety and stressful life events. Untreated depression can lead women to cause harm to their baby through poor nutrition, smoking and drinking, and further causing premature birth, low birth weight age and developmental problems.

Pregnancy at an early age has its own health impact that can be devastating for adolescent girls. The reason is that many of the adolescent girls are not ready for pregnancy and physically for childbirth making them vulnerable to health problems. Pregnancy related death among adolescents 15 -19 years due to pregnancy and childbirth the second largest cause leading to deaths globally which counts up to tens of thousands globally (Unfpa.org, 2017).

A prospective cohort study was conducted by the department of community medicine in a resettlement colony called Nand Nagri, east Delhi which had a population of 7500. The study was done with the objective of assessing the maternal risk and fetal outcome. The original cohort consisted of 843 pregnant women, of which 74 (8.7%) were adolescents (10 to19 years) and 156 were primigravida¹ adult women. Of these, only 64 (86%) adolescents were primigravida. It was found that pregnancy complication among the adolescent girl was higher as compared to that of the adults. The complications of pregnancy among the adolescents were 10.9% while for the adults it was 05.8%. The study also found that the birth weight was almost the same within both the groups but more common among the adolescents than the adults. Pregnancy wastage² was also found to be about six times more common in adolescent pregnancies than the adults. The results of the study proved that pregnancy related issues among adolescent girls were more as compared to the adults making them vulnerable to pregnancy related deaths (Sharma et al., 2003).

¹ Primigravida refers to a woman who is pregnant for the first time

² Pregnancy wastage is the term used when the couple is able to conceive, but unable to produce a live birth.

Reasons for Abortion:

In a series of literature review done by Guttmacher Institute across both qualitative data and quantitative data studies in India, it was found that women seeking to end their pregnancy do it for various reasons. The reasons for seeking abortion often reflect the social and economic circumstances that they are in. Women seeking abortions in India were from all socio-economic groups, belonging to all age groups. An emerging characteristic that was found among them was that majority of them from rural areas and from low-income groups, indicating that poverty and economic constraints were also some factors in deciding the outcome of their pregnancy. The qualitative and quantitative studies done in the country also showed that the main reason for availing abortions was to limit the size of their family (Stillman et al., 2014).

Abortions are very rampant in some of the parts of the country in India, though some of them avail abortion to terminate pregnancies; many of them use it to get rid of the girl child, affecting the sex ratio in certain parts of the country. On the account of the increase in illegally and unsafe abortion across India, studies have shown the local abortion doctor known as dai in some parts of India induce sticks with some herbs in the end and in to the cervix to terminate pregnancies. Studies also found that majority of those that sort these doctors were due to the cheaper cost of the services (Rao, 2004).

Despite of abortion being legal in the country, unsafe illegal abortions are performed across the country leading to severe health complications. According to a government reports, it was found that about 1.7 percent of pregnancies in India end in induced abortions and about four million to six million abortions have been performed illegally (Whittaker, 2010).

Adolescent who faced pregnancy that are unplanned often choose abortions for reasons as older women. A teen or an adolescent is often influenced to go for an abortion by her religious values and beliefs, her relationship with family and by the conduct of her peer groups, which are guided by her education level and economic conditions. Adolescents who fear that their future will be affected by the outcome of their pregnancy, i.e. having a baby, often go for abortions (Lowen, 2017).

The abortion debate: Perspectives

Abortion is one of the most hotly debated topics of the 21st century and since the 1960's the debate about reproductive rights and health were frame in terms of reproductive right and autonomy. The

debate around abortion constituted two sides; the Pro-Life and the Pro-Choice. The Pro-Life on one side of the argument consisted of the Vatican, the Islamic countries and the strong growing protestant fundamentalist who sees all reference to reproductive rights as undermining the family and the community. On the other hand of the debate were the Pro-Choice who had a different approach, an opposite approach that reproductive rights may represent population control and the issue relates to reproduction may be linked with socio-economic concerns (Rao, 2004).

The word abortion raises strong and powerful emotions and often heats up to an argument that should abortion be granted or not, and should it be legalized or banned (Alcorn, 2004; Head, 2017). One school of thought, the Pro-Life sees life beginning from conception while another, the Pro-Choice, see that life begins after birth with each having their own reasons in the debate. The main argument that lies within the two side in the debate is that when does life begin? And how such status is given to the unborn (Mohan and Mohan, 1975). In order to understand these two perspectives it is necessary that one should understand how and where these ideas of the argument of the unborn are coming from.

The Pro-Life perspective:

In the debate about abortion, the Pro-Life has two perspectives; a moral and a religious one. In many of the Pro-life arguments, both religious and moral reasons are interlaced with each other, sometimes drawing out one from the other (Lopez, 2012). One of the main arguments in the main debate in for the Pro-Life perspective is that the idea of equal rights for the unborn is referred from a biblical standpoint. Anderson (2014) express that though the Bible does not talk directly about abortion there are several references in the scriptures that indirectly speak about it. Many Pro-Life authors and supporters draw out their moral position in the abortion debate from the passages in the scripture. The passages that talk about God creating every individual in the image of Him have become a main point in respecting human life, the verse can also be found in Genesis 1:27 (Anderson, 2014). The idea of the unborn being equal or sharing the same status as human is derived from one of the chapters in the Old Testament, although a lot of passages talks about it, we'll refer one. Exodus in the Old Testament talks of the equal status of the fetus to a human being, it says,

²²“If people are fighting and hit a pregnant woman and she gives birth prematurely but there is no serious injury, the offender must be fined whatever the woman’s husband demands and the court allows.

²³ But if there is serious injury, you are to take life for life,

²⁴ *eye for eye, tooth for tooth, hand for hand, foot for foot,*

²⁵ *burn for burn, wound for wound, bruise for bruise.*” (Exodus 21:22-25)

The verse (Exodus 21:22-25) has been interpreted by the Christian Pro-Life groups that the unborn must be treated in the same way as a normal human being because the punishment referred in the scripture equates a same status to a living human being, a ‘life for a life’, when grave injury befell a woman causing her unborn to die. However, if there is no severe injury a fine would be imposed on the person responsible for the injury and it is for this reason that Pro-Life Christian groups value life (Anderson, 2014). Despite of having conflicting ideas on the use of contraceptive in the past between the Catholic Church and the Protestant Church, both have come together now on the idea that life is sacred, and that it must be protected at all cost (Lopez, 2012).

The Pro-Choice perspective:

The debate of abortion from a Pro-Choice perspective is based on their unlimited the autonomy of their body in respect to their own reproductive system, and that no one must breach the autonomy of others (Head, 2017). Proponents of the abortion movement believe that the women’s right to chose abortion should have no influence by the government or any religious institutions and that this decision to solely choose should be based on the own personal choice of the women seeking it. The Pro-Choice advocates also believe that the denial or the ban on abortion will cause women to seek illegal abortion services, which in return will affect the overall health of the women (Procon.org, 2017).

Anna Furedi, in “*Abortion : A civilized debate*” argues that women should be able to decide when and if they need to have a baby, and when contraceptive failure occurs they should be able to utilize abortion services. The reason to not recognize the fetal life as equal makes the need for abortion a necessity but to deem it equal pushes away the requirement of it (Abortion: A Civilised Debate, 2009). The idea of the fetus being a person to the Pro-Choice group seems unacceptable largely because of the idea that it cannot survive outside the uterus and that it needs the mothers body and physical resources in order to survive and therefore the priority of the mother should come first before anything else (Soc.ucsb.edu, 2014).

The thin line of the abortion debate:

Ethical and legal issues in the abortion debate have long existed before the present time. The complexity of the abortion issue and the dilemma has been there since the ancient Greek and Roman period. Some of them expressed views in favour of abortion while some were against it. Great Greek philosophers like Plato (428-347 B.C.), and Aristotle (384-322 B.C.) expressed support towards abortion and to them abortion was a good and ideal way of controlling the population. A population control method. Plato held a view that abortion of the fetus in the womb should be destroyed when the population of Athens exceeded 5040 (Kourkouta, Lavdaniti and Zyga, 2013).

Aristotle, expressed similar views with Plato on abortion, to him abortion was necessary to maintain a well ordered community. However, the Roman law that time exiled women who practiced abortion and in some case women were sentenced to death according to the Roman decree. Roman emperors like Septimious Sevirus and Antonius Caracallas (195-211 A.C.) saw the issue a bit differently, they punished women who terminated their pregnancy as an offence towards their husbands but not as a crime (*Ibid*).

In the present day situation, the dilemma of 'is abortion morally wrong or not' still exist, creating a divide between the two both politically and religiously. One of the most interesting and striking question in the abortion debate that naturally hits a lot of common people today is what about abortion in the case of rape or incest or in the cases of abnormal deformities of the unborn in the womb. The supporters of the abortion movement labeled as the Pro-Choice strongly argue that abortion must be granted in the case of rape and incest because it would become a constant reminder to the mother of the traumatic experiences she has faced (Soc.ucsb.edu, 2014). However, Pro-Life author and other Pro-Life advocates see this issue differently today.

Pro-Life author and, founder and director of Eternal Perspective Ministries, Randy Alcorn, in his book "*Why Pro-Life?*" differs from the Pro-Choice way of thinking. He argues sincerely that abortion in the case of the rape and incest, though are dehumanizing acts of violence it should not affect their victims. In addition, he argues that the rapist and the abusers should be punished and not the victims. Victims of rape and incest he says, should be shown love and care instead (Alcorn, 2004).

With the passing and legalization of abortion in the past, stories of people having survived abortion have emerged out. Such stories have created outrage to many Pro-Life groups who have seen this issue in the past few years as a greater denial of equal rights to both women and men. Gianna Jessen, who

survived saline abortion about 30 years ago and currently a forefront runner in the fight during a proceeding, asked the House Judiciary Committee, “If abortion is about women’s rights, then what were mine?” (cited in, Roys, 2015). The saline method of abortion is a solution that burns the unborn in the womb inside out. The solution later then blinds the baby, and suffocates the baby leaving the baby dead after 24 hours. However, after 18 hours Gianna was delivered in the abortion clinic and was later rescued by a nurse who called in for help (*Ibid*). Freeman, despite of respecting personal stories of abortion survivors which is interesting rather than the dry arguments, expresses the view that abortion debate requires empathy because abortion is not an individual experience but a collective one (Freeman, 2017).

The post abortion syndrome: A myth or a reality?

One of the most recent issue that has risen up in the area of the abortion debate is the “the Post Abortion Syndrome”. Alcorn, in his book “Why Pro-Life?” argues that post abortion syndrome exist and points out to a study conducted by David Reardon. According to the study conducted by David Reardon and his associates which was later made in to a book called “*Victims and Victors*”. The study drew out a sample of 192 women who had either experience pregnancy through rape or incest and 55 children who were conceived through sexual assault in order to see the effects of post abortion syndrome. The study by David and his colleague found that nearly all of the women respondents in the study spoke of their regret of aborting their child. Out of those that were giving an opinion it was found that more than 90% of the women would discourage other people who are victims of such cases to not go for an abortion (Alcorn, 2004).

However, Cohen (2006) disagreed with the study’s findings. She expressed the opinion that although David and his associates believed that abortion harms women, there were methodological flaws in the study and therefore the results could not really support it. The American Psychological Association (APA) that formed a team to look in to the earlier studies such as David’s concluded that “if abortion even if mental health problems are more common among women who have had an abortion, abortion may not have been the real cause” (cited in, Cohen, 2006). Pointing to what alder had said on many women who had abortions before, agrees with him that if abortion had repercussions an epidemic would have broken out by now and because there’s no such epidemic it can hardly be true (*Ibid*).

Pro-Life activist, Fiano in “*No, post-abortion syndrome is not a myth*” writes that though the American Psychological Association doesn’t recognize the term “Post abortion Syndrome”. She argues that it

exist and that there are several evidences for this. She expressed that the pro-abortion groups did not welcome stories of women who have had regrets of their abortions and have attempted to commit suicide. Replying to the discrediting of Pro-Life studies that have found women to have experience trauma after abortion, she accuses such groups for being biased and extending support to the Pro-Choice groups by downplaying studies that have reported such cases. Furthermore, she argues that if “post abortion syndrome” is a myth then there would be no ministries that would support such women (Fiano, 2016).

Law (1989) in the article “*Abortion Debate*” shared the same view, he expressed that from experiences both women and men that have done abortions in the past have had signs of utter regret. Often these lead them to feel suicidal and that most of the patients that came for help stressed on the fact that they would have preferred the truth during the time of their decision.

With the legalization of abortions in the country and worldwide many people both young and old can avail abortions easily than ever before. Abortion laws in most countries permit women to avail abortion services in many cases, both in wanted and unwanted pregnancies. Kannan (2016), in the article “*A tricky debate on abortion*” talks about bringing in a balance between the rights of a woman carrying the fetus and the right of the fetus. He expresses that in the cases of abortion only the mother has a right to express an opinion but not the fetus. It is true that the unborn child has no voice in speaking up for himself (*Ibid*). Laws liberalizing abortion on grounds of the child being born with disability, has in a way made the present government and its people a scope for eugenics, a betterment of the human population, something that Aristotle and Plato shared the same views of, having an ordered community (Kourkouta, Lavdaniti and Zyga, 2013) which is quite disturbing. Are we seeing the disabled as less fit with in the frameworks on the law? Once seen as a health concern now seen with modern technologies as a tool to avoid it because of the difference (Kannan, 2016).

German law focuses on providing benefits of social welfare and employment security to women through counseling that is mandatory and persuades them to keep their children. In this way, the law is able to bring in some kind of protection to the fetus that does not have a voice in the abortion decision. Rather than rushing through a law that liberalizes abortion, importance to counseling to protect the unborn should be given significance too (*Ibid*).

To conclude studies have found that adolescent pregnancy has its own adverse impact. Studies by some leading health organizations have also found that denial of abortion and the unavailability of safe abortions have rigorous impact on women's health. Nonetheless, it is also equally important to understand why certain sects or groups oppose abortion and some do not.

CHAPTER 3

METHODOLOGY

The following chapter is about the methods and approaches the researcher has used in conducting the study. The chapter includes the rationale of the study, objectives, research questions that stirred the study, sampling methods; tools and techniques used in the study.

Rationale:

With teenage pregnancy on the rise across the globe and in India, access to abortion services has been a cry for women under the banner of reproductive rights. The access to legal abortion is an outcry, an issue related to reproductive right and health along with social stigma attached to women who have been through early pregnancy and abortion. With the rise in the number of adolescent pregnancy in Shillong the issues relating to both adolescent pregnancy and abortion will soon emerge out in the surface in large numbers. In addition to this, because of the cultural and religious stigma attached to adolescent pregnancy and abortion, women and men experiencing these issues will be look out for ways to avail abortion services both legal and illegally. Therefore, in order to understanding this growing concern the researcher was motivated to take up the study.

Objectives:

- i. To explore and document the various factors that was involved in the decision making of college students on adolescent pregnancy and abortion.
- ii. To study the perceptions and opinions of college students on adolescent pregnancy and abortion.
- iii. To study the factors shaping the perceptions and opinions of students on adolescent pregnancy and abortion
- iv. To explore and understand the various perspectives on social -stigma that college going students associate with abortion and adolescent pregnancy.

Research Questions:

- How do college going students see adolescent pregnancy and abortion?
- What are the factors that shape how young men and women decide for and against abortions?
- Does early pregnancy and abortion have a severe impact on the mental health of the adolescents?
- How relationships with peer groups and families affect early pregnancy and abortion?
- What are the main values that have an impact on the perspective of students?

Shillong Demographic:

Shillong is the capital of Meghalaya. The population of Shillong as per the census 2001 is 143,299. of which male are 70,135 and female 73,094 respectively. Christians consist of the largest population in the capital of Meghalaya with 46.49%, followed by Hinduism at the second with 41.95%. Islam is at the third with 4.89%, Jainism by 0.13 %, Buddhism by 0.74 % and Sikhism by 1.14 %, around 4.50 % stated 'Other Religion', approximately 0.16 % stated 'No Particular Religion'. The average literacy population in the city is 92.81% (Census2011.co.in, 2017).

Study Design:

The study design selected for the study was a mixed method research design. In the mixed method research, the qualitative method – the researcher used the case study approach in the study. In the quantitative method, the researcher used survey-based questionnaires. The survey method conducted was a cross-sectional design. The mixed method research design will be a descriptive study. The mixed method strategy of inquiry opted for this study is concurrent procedures. The researcher collected both qualitative data and quantitative data side by side.

Sampling Methods:

The sampling method adopted for the study is a non-probability sampling method. For the qualitative method of data collection, the researcher chose to use purposive sampling. For the

quantitative method of data collection, the researcher chose convenience-sampling method.

The researcher chose Shillong in Meghalaya for the purpose of the study. The reason for choosing this area was that the researcher was well acquainted with the city and has been living in the city for the past few years.

Selection of sample population:

Sample size for Qualitative study

| S. No | Name | Sex | Age | Current Status |
|-------|---------|--------|-----|--------------------|
| 1 | Rebecca | Female | 25 | Pursuing Academics |
| 2 | Abraham | Male | 21 | Pursuing Academics |

Fig. 3: The table shows the details of the sample in the qualitative research

For the case study under qualitative method, the researcher chose two samples. The samples chosen were friends of the researcher who had agreed to be a part of the study. The name of the first respondent in the case study has been changed and a pseudo name given in order to maintain confidentiality. Although, the second respondent did not have any issues with his name or identity the researcher has still given him a pseudo name to avoid any sort of conflict that could occur in the future.

Sample size for Quantitative study

In the quantitative study, the researcher chose NEHU (North Eastern Hill University) as the sample population for the survey. The researcher had contacted a friend at the University who agreed to help the researcher with the study. In NEHU, the researcher chose research Scholars from the department of Science and Anthropology. The estimated total of the sample population size across the courses selected known through the resource person is 350 members. The age group of the respondents is 22-31.

Total size of the sample population from which 35 students selected is 350 (approx).

| S. No | Department/Course | Male | Female | Total |
|-------|------------------------------------|------|--------|-------|
| 1 | Anthropology | 1 | 4 | 5 |
| 2 | Basic Sciences and Social Sciences | 3 | 2 | 5 |

| | | | | |
|---|---------------|----|----|----|
| 3 | Bio-Chemistry | 1 | 4 | 5 |
| 4 | Botany | 3 | 2 | 5 |
| 5 | Chemistry | 3 | 2 | 5 |
| 6 | Physics | 3 | 2 | 5 |
| 7 | Zoology | 2 | 3 | 5 |
| | Total | 16 | 19 | 35 |

Fig 3.1: The table shows the details of the sample taken for the survey

Source of data collection:

The primary sources of data collection used by the researcher were in-depth interviews and observation for the case study. Due to time constrain and the unavailability of the respondents due to the holiday season, the researcher met Rebecca and Abraham, about three to four times over a period of two weeks. The researcher also used audio recordings to collect information for the qualitative study. In the in-depth interview, the researcher used unstructured questionnaires and open-ended questions, in order to get an in-depth understanding of the issue at hand.

In the survey method, the researcher used structured questionnaires, which had close-ended questions and an open-ended question to get a little detailed perspective of the research scholars and Statistical Package for the Social Sciences (SPSS) was used to analyse the data. For the secondary data, the researcher referred to predominant studies conducted in the area, audio-video, books, newspaper and journal articles, international documents and government official documents.

Ethical Issues:

During the course of the research, the researcher while seeking sensitive information from the respondents assured the respondents of confidentiality if they required. The respondent, who required confidentiality in the study, was given a letter of consent and signature was obtained to maintain a record. The letter of consent also gave the respondent the freedom to withdraw oneself from the research at any point of the time during the research. The researcher also inquired and sought permission from the case study respondents for the use of audio recordings before recording. During the course of the study the researcher maintained an unbiased attitude in order to get an in depth understand of how the respondents viewed and perceived certain issues during the stages of adolescent pregnancy and thereafter; in both qualitative and quantitative methods

Potential challenges and Limitations:

Availability of participants for the survey was a challenge faced during the process of the study. The time for data collection was during the winter holidays (December and January). Shillong being a city with a large number of Christian populations, winter breaks here are for almost two months; starting from the middle of December and ending by the mid of February. Due to this reason, the researcher faced limitations and challenges in trying to collect samples for the Survey. Another limitation that emerged out during the course of the survey was that there was no accurate population size for the survey. The reason found after consulting a resource person was that many of the students left after the completion of their PhD thesis and that there was not a stable number of population size for the survey. Due to the non-availability of respondents from various other departments for the survey, the researcher had to draw out samples from the science and anthropology department in NEHU as they were available because of their lab work back at the university.

Field experience as a researcher:

Due to the sensitivity of the topic, the researcher at the beginning was little skeptical in regards to the feasibility of the research. There were times when the researcher was clueless on how to carry out the study and find the respondents. With the topic being sensitive, the researcher also faced many rejections from various respondents that were consulted to be a part of the study. Many of them that rejected feared and stated that they did not like to discuss the issue with a third party because they did not want people to know them despite of anonymity and confidentiality being guaranteed. However, in the end only two respondents agreed to be a part of the study. The survey at the beginning was a little hard. Many respondents stated that they did not want to participate in surveys for they had already been given surveys prior to mine on various other topics. Nevertheless, things started to change after a friend came into help with the respondents.

During the process of the study, the researcher was careful and maintained personal opinions of the issue to oneself. This was done in order to avoid any hindrances to the opinions held by the respondents in both, qualitative and quantitative study.

To conclude the researcher was able to gather the required information through various tools and techniques of the research methodology. The methodology chosen gave the researcher an enriching experience and rich data of the personal experiences and perspectives.

Chapter 4

Findings

This chapter deals with the perspectives and life events of those that have been through early pregnancy and have thought about abortion during the course of the pregnancy. It also shows how certain factors play a prominent role in the lives of the respondents in making the ultimate decision. The chapter also includes the varied perspectives of college students on early pregnancy and abortion. Here the researcher gives two main perspectives, one from a gender based perspective and other from a religious one.

A brief overview of the respondents in the study:

In the process of data collection, the researcher used a mixed method to collect data. In the qualitative method, two respondents were taken. As for the quantitative method, the researcher conducted a survey among the PhD research scholars at NEHU (North Eastern Hill University).

Details for the Qualitative study:

Below are the details for the case study;

| S.No | Name | Sex | Age | Religion |
|------|---------|--------|-----|-----------|
| 1 | Rebecca | Female | 25 | Christian |
| 2 | Abraham | Male | 21 | Christian |

Table 4.0: Details of the case study respondents

Table 4.0 shows the details of the case study respondents, both the case study respondents are currently pursuing academics in Shillong.

Responent 1, named Rebecca is a friend of the researcher who agreed to participate for the study. She is a graduate in M.A English from North Eastern Hill University (NEHU) and is currently pursuing B. Ed. Respondent 2, named Abraham is currently pursuing media studies and desires to become a film maker.

Details for the quantitative data:

For the quantitative data collection, 35 research scholars from NEHU were selected. The age range group of the students is from 22-31 including both male and female.

Age of the respondents:

Table 4.1 below shows the range of the ages and the number of respondents belonging to the particular age category. The percent column shows the percentage out of 100, for each age category.

Table 4.1 Age of the respondents for the survey

| Age | Frequency | Percent |
|-------|-----------|---------|
| 22 | 1 | 2.85 |
| 24 | 2 | 5.71 |
| 25 | 4 | 11.42 |
| 26 | 4 | 11.42 |
| 27 | 9 | 25.71 |
| 28 | 9 | 25.71 |
| 29 | 3 | 8.57 |
| 30 | 1 | 2.85 |
| 31 | 2 | 5.71 |
| Total | 35 | 100 |

Gender:**Table 4.2: Gender details of the Respondents**

| Sex | Frequency | Percent |
|--------|-----------|---------|
| Female | 19 | 54.28 |
| Male | 16 | 45.71 |
| Total | 35 | 100 |

Table 4.2 above shows the number of female and male respondents for the survey. The total number of female is 19 with a percentage of (54.2), and the total number of male is 16 with a percentage of (45.7 %), summing up to 35 respondents.

Religion of the respondents:

Respondents were from four religious groups in the study. The majority of the respondents were Christians with a percentage of 62.8%, followed by Hindus who had a percentage of 28.5%, followed by Muslims with 5.7% and Indigenous Khasi religion with 2.8%.

Table 4.3: Religion of the respondents

| Religion | Frequency | Percent |
|---------------------------|-----------|---------|
| Christian | 22 | 62.85 |
| Hindu | 10 | 28.57 |
| Muslims | 2 | 5.71 |
| Indigenous Khasi Religion | 1 | 2.85 |
| Total | 35 | 100 |

From the data collected in the field and after the analysis of it, the researcher has arranged the data collected in to the following major themes.

- 1.Early pregnancy and health**
- 2.Attitudes towards early pregnancy**
- 3.Attitudes towards abortion**
- 4. Support in early pregnancy and abortion**
- 5. The position in the abortion debate**

1. Early pregnancy and health:

Causes:

In the interaction with the respondents in the study, the researcher found that causes for the pregnancy was the failure of contraceptive and the negligence of it. Rebecca disclosed that the result of their

pregnancy was the failure of contraceptive method, “*We used a condom. We used protection but it failed*”, she said. She also said the failure of the condom was that it broke. However, in the case of Abraham the result of pregnancy was the negligence in the use of a contraceptive. He also stated that curiosity at that age drew him to have sex, “*To curious to experiment too early*” he said.

Table 4.4: Main reasons for early pregnancy: Frequency and percent distribution

| Main Reason For Early Pregnancy | | |
|--|-----------|---------|
| | Frequency | Percent |
| Lack of sex education | 29 | 88.57 |
| Negligence in the use of Contraceptive Methods | 2 | 5.71 |
| None of these | 2 | 5.71 |
| No response | 2 | 5.71 |
| Total | 35 | 100 |

Source: Based on field Survey

According to the results of the Survey, the main reason for the cause of the early pregnancy was the lack of sex education (as shown in Table 4.4), which had the highest percentage of 88.5%, with the others at 5.7%equally.

Rebecca also shared her views on the quality of sex education in Shillong. She talks of the student-teacher gap in addressing the queries of sex-education. She tells

“...it shouldn’t be so rigid. Out here, I feel like even if the teachers teach biology and if they teach about the reproductive system, they are not open to questions, and even the students are not encouraged to ask about it... if our curiosity is met with welcoming explanations, then I think obviously kids won’t have a difficult time” (Rebecca)

However, Abraham gives in a different view. He believes that early pregnancy is due to the negligence of adolescents in the use of contraceptive methods just as he was but he also adds that no individual is unaware of what intercourse can lead to, i.e. pregnancy.

Dealing with pregnancy:

In the case studies both the case study respondents shared and expressed feelings of ‘shock’ and ‘fear’ to how they were going to deal with pregnancy hitting them and their partners at an early age. One of the participants of the case study, Rebecca, said that she got pregnant at nineteen two days short of her birthday, while the other respondent, Abraham, found that her girl friend was pregnant when he was sixteen. Both the respondents found that pregnancy had happened through indicators such as nausea, vomiting and headaches. Abraham, describes the experience this way,

“At first, she said that she was missing her periods. So those were the first indications and she had nausea and headaches. These were the signs that indicated that she was going through the stages of early pregnancy” (Abraham).

To reaffirm those signs of early pregnancy, both the respondents stated that they used urine test to confirm before meeting a doctor and confirming it again with an ultrasound. Rebecca said, *“I took a pregnancy test first and then I went to a doctor at the hospital to get confirmation”*. Abraham also shared the same experience with the researcher. However, he stated that the first few test after the symptoms did not turn out positive. Here is what he said,

“Actually, the first few tests were negative. Then again, one more test was conducted, and it was positive. That pretty much concluded that. It was a urine test. She told me that she did it” (Abraham).

Another thing that emerged out during the study was the delaying in taking the issue forward to family, doctors and friends due to various reasons. Both respondents shared that there was panic and fear combined with mixed emotions of how they would address this issue further. Certain circumstances relating to family issues outside the borders of personal issues also developed certain fear in addressing the issue and therefore delaying the process of communicating it further to their families, friends and others. Rebecca tells,

“I informed my husband the day I found that I was pregnant, I told him. Around 3 months to inform my parents and 2 months to inform my husband’s father... and in the seventh month I started telling my friends – when all my family members knew” (Rebecca).

In Rebecca’s case, the delay to inform her family was due to the illness of her father. She also expressed that the effect it could create if she opened up to her family about her pregnancy would damage the already existing severe health issue her father was going through. Whereas in Abraham’s case there was a sense of fear that distorted their ability to think straight, which took them ‘gap of months to inform’ their family.

Pregnancy related health issues: Physical and Mental Health issues:

From both the incidents of early pregnancy, there was mental pressure associated with how the respondents would deal with pregnancy. Relationship drift among one of the participants in the study was found. The realization of finding themselves in that state sent them in to shock making it hard for them to realize what had happened and to think it through. Rebecca described that her relationship with her husband then, drifted after opening up about her pregnancy. She tells,

“At first he was very shocked. He told me to give him some space. He needed time to think I think. So for a couple of weeks I think, we did not speak properly and all that... He did not know what to do and what to tell me. So he told me that he needed time to think and space” (Rebecca).

Although Abraham did not experience a relationship drift as Rebecca did. He spoke of that moments as a ‘very pressured times’ and for that very reason he went away from home when his family was being informed what had happened to figure out the unclear path. Recollecting the incident, he said, *“I kind of was in a different place at that moment; trying to figure out what should I do next; trying to enter a new phase of life” (Abraham).* He also stated that there were moments of mixed feelings towards issues that came during those times. He also shared and compared the experiences that he had to being in a state of being pressured and filled with anxiety; unclear and undecided of how to tackle the issue at hand.

“I was just 16 years of age and I was going through my exams. I had not even planned to what was next. I was in a very adolescent stage and I was stressed out. I was depressed. I had anxiety because you know not a lot of 16 year olds get pregnant at an age like mine. May be there are like here and there. But for me in my society it was something quite of shock” (Abraham).

Abraham further describes the process as not being mentally stable and with lots of questions arising on how they would deal with this issue.

“We weren’t mentally stable as well because we were still in our teenage stage and also we were going through a stage of adulthood in our teenage stage. A lot of questions were asked, less answers though” (Abraham).

All these further troubled him and left him indecisive of what the future holds. Questions like, *“Marriage, living in and also career, and many other obstacles”*, he says came in. Questions of ability emerged during these times, of how they would be able to sustain themselves financially and not be a burden on their families. Rebecca also expressed the similar views that her husband had back then. Her husband being a year younger than she is, questioned his ability of being a capable father.

When asked about other health issues Rebecca replied that she did not face any other issues besides the thoughts that came into her mind. She also told that she did face any problems at birth and that her delivery was a normal one. It was interesting to find that Rebecca spoke of being busy with everything at home, especially because of her ailing father who needed care reduced her chances of entering in to severe depression and other mental health problems. However, Abraham apart from having facing depression also stated that his girlfriend showed some physical health issues during the course of pregnancy. He states,

“She had some Bell’s palsy, some nervous break downs and stretch marks. I think it was the side effects of pregnancy. As for me, I was going through many mental health issues- trying to be strong mentally” (Abraham).

2. Attitudes towards Early Pregnancy:

Early pregnancy a wide spread:

There is an assumption that Early pregnancy or adolescent pregnancy is on the rise in the city (Shillong) for the past few years but there is not enough reports that the researcher has found adequate enough. So in order to affirm the ongoing claims and suspicion the rise asked the question, “is Early pregnancy a wide spread in Shillong” in the survey questionnaire.

Table 4.5 Early Pregnancy a wide spread

| | Frequency | Percent |
|---|------------|---------|
| Do you think that early pregnancy is a wide spread in Shillong? | Yes | 15 |
| | No | 2 |
| | Don't Know | 18 |
| | Total | 35 |

Source: Based on field Survey

When asked if ‘early pregnancy was a wide spread in Shillong’ in the survey, 42.8% of the respondents agreed with the answer ‘Yes’, While 51.4% of the respondents didn’t know if it was a wide spread and with 2% of the population replied ‘No’.

Personal relationship

Table 4.6 below is a representation of the responses got for ‘Do you know anyone personally who has been through early pregnancy or abortion?’ According to the responses received, 31.4% of the total percentage only knew people who had been through early pregnancy. In the case of both early pregnancy and abortion, 14.2% of the respondents personally knew someone who had been through both. However, a majority of the respondents did not know anyone personally.

Table 4.6: Personal relationship or acquaintance with individual who have been through the experiences of early pregnancy and abortion: Frequency and percent distribution of

| Know Personally | | |
|----------------------|-----------|---------|
| | Frequency | Percent |
| Only early pregnancy | 11 | 31.42 |

| | | |
|-------------------------|----|-------|
| Both early and Abortion | 5 | 14.28 |
| None of These | 19 | 54.28 |
| Total | 35 | 100 |

Source: Based on Field Survey

Religious attitudes towards Early pregnancy:

Is early pregnancy morally wrong?

Due to the cultural and religious beliefs of individuals, many people in a way or more feel that pregnancy is morally wrong outside of marriage. In order to see the varied perspective on the issue the researcher put forth the question to get a brief idea of what moulds the outcome of such answers.

What is interesting in understanding about these attitudes is that both case study respondents, although from the same religious backgrounds i.e. both of them Christians, saw early pregnancy differently. While Rebecca felt that, it was a mistake because of the religious beliefs she holds Abraham did not really see it that way. However, Abraham perceived this issue as something of a plan by God and that it had happened for good, a lesson learning experience. He tells,

“Well! I think everything happens for good. I do not really believe it was a mistake. It was a lesson learnt for us. Looking at it from a very optimistic perspective, I do believe it was a wakeup call and that is how life hit us in a certain situations and some in other circumstances. This is somewhat how it kind of hit me” (Abraham)

Rebecca also did see early pregnancy with optimism but she was also inclined towards the moral values of the religious beliefs she adhered too. With time, her views on the issue saw a change, a change for good. She says,

“Since I am a Christian I would say me having- I will be blunt- me having sex before marriage was a mistake. But when I got pregnant I don’t think I even considered it as a mistake anymore” (Rebecca).

The survey also shows similar responses largely from across the two dominant religions including both male and female respondents.

Gender Perspective of is Early pregnancy morally wrong:

The below table 4.7 shows the gender distribution of responses with percentage in the respective categories. The count row shows the number of responses in each column respectively. The percentage (%) within sex shows the distribution of percentage under each response in the column. The total row shows the total number of respondents under each response column. The percentage (%) of total shows the overall percentage under each category.

Table 4.7: Early pregnancy morally wrong: Gender count and percent distribution

| SEX | | Strongly Agree | Agree | Neither agree nor disagree | disagree | Total |
|--------|--------------|----------------|-------|----------------------------|----------|-------|
| Female | Count | 0 | 8 | 5 | 6 | 19 |
| | % within Sex | 0 | 42.10 | 26.31 | 31.57 | 100 |
| Male | Count | 4 | 9 | 1 | 2 | 16 |
| | % within Sex | 25 | 56.25 | 6.25 | 12.5 | 100 |
| Total | Count | 4 | 17 | 6 | 8 | 35 |
| | % of Total | 11.42 | 48.57 | 17.14 | 22.85 | 100 |

Source: Based on field Survey

In the table 4.7 above, seventeen (17) respondents, both male (9) and female (8) agreed that early pregnancy was morally wrong. Four (4) respondents who strongly agreed that early pregnancy was morally were all male. Six (6) respondents neither agreed nor disagreed of which 5 were female and 1 was male. Eight (8) however disagreed with the statement that early pregnancy was morally wrong.

Religious Percentage Distribution of is Early Pregnancy Morally Wrong

The below table 4.8 shows the distribution of responses under each religious category. In the table, the highest number of respondents who believed that early pregnancy was wrong was majorly Hindus, with nine (9) out of 10 respondents agreeing that it was morally wrong. Eight (8) out of 22 Christians agreed that it was morally wrong which accumulates to an overall total of seventeen (17) including the Hindus, with a total percentage of 48.5% (See Total) who agreed that it was morally wrong. Seven (7)

respondents who were Christians also disagreed with the statement that early pregnancy is morally wrong.

Table 4.8: Responses of students on the morality of early pregnancy: Religious distribution in percentage

| Religion | | Strongly Agree | Agree | Neither agree nor disagree | disagree | Total |
|---------------------------|------------|----------------|-------|----------------------------|----------|-------|
| Christian | Count | 2 | 8 | 5 | 7 | 22 |
| | % of Total | 5.71 | 22.85 | 14.28 | 20 | 62.85 |
| Hindu | Count | 0 | 9 | 1 | 0 | 10 |
| | % of Total | 0 | 25.71 | 2.85 | 0 | 28.57 |
| Muslims | Count | 1 | 0 | 0 | 1 | 2 |
| | % of Total | 2.85 | 0 | 0 | 2.85 | 5.71 |
| Indigenous Khasi Religion | Count | 1 | 0 | 0 | 0 | 1 |
| | % of Total | 2.85 | 0 | 0 | 0 | 2.85 |
| Total | Count | 4 | 17 | 6 | 8 | 35 |
| | % of Total | 11.42 | 48.57 | 17.14286 | 22.85714 | 100 |

Source: Based on field Survey

Attitudes of the Family members:

Family plays a major role in any part of the human life and even in the context of their issues family played a crucial in affecting the outcome of certain results and decisions. In the case of Rebecca, her parents were supportive of her pregnancy despite of being a little shaky at the beginning. She also expressed that her parents saw this something that was a part of God’s plan when asked about how her parents viewed this issue. Recollecting the incidents, she narrated,

“My parents were disappointed of course. They were sad but not once have they made me feel like ok- ‘you have done such a thing were you cannot be forgiven. They told me that whatever

happened- God has planned it and they just told me to try to do my best in whatever I do” (Rebecca).

In addition to looking this from a religious perspective, her parents and other family members also extended support to her making the process through pregnancy an easier one. Her parents and the others also encouraged her to carry it further through support and advice, and in fact, they asked her to do better because of the child. Speaking of the conversations, she said,

“It should be- because of the baby I am going to do better not because of the baby I cannot study or something like that. That is what they made me feel like- it’s ok. I have made a mistake in doing whatever I did but it is not the end of the world” (Rebecca).

Although Rebecca received lot of care and support, Abraham did not received much support from his parents either. He says, *“My dad wasn’t exactly supportive. He just kind of accepted it”*. Looking back at what had happen and how things were back then, he narrates, *“We did not really discuss much. It pretty much went casual”* and with time he says, *“My mom was pretty much open-minded about it, and so was my dad. They were supportive throughout the process except in certain circumstances” (Abraham).*

Peer group and Community Attitudes:

In the below table 4.9, the table shows the frequency and percent of the respondents of the survey when asked if people who have been through either early pregnancy or abortion been discriminated by peer groups. According the results in the table above, 25.7% responded neither agree nor disagree, and 17.1% responded disagree i.e. they believed that peer groups did not discriminate people who experienced either early pregnancy or abortion.

However in the cases of Rebecca and Abraham, peer groups were both supportive and casual depending upon the relationship they had with the peer groups. For Rebecca most of her peer groups were supportive from the moment they heard that she was pregnant and until date.

Table 4.9: Frequency and Percent of Peer discrimination

| Peer Discrimination | | |
|----------------------------|-----------|---------|
| | Frequency | Percent |
| Strongly Agree | 4 | 11.42 |
| Agree | 14 | 40 |
| Neither Agree nor Disagree | 9 | 25.71 |
| Disagree | 6 | 17.14 |
| Strongly Disagree | 1 | 2.85 |
| No Response | 1 | 2.85 |
| Total | 35 | 100 |

Source: Field Based Survey

During the birth of her child she narrates,

“...they came to the hospital. -They brought gifts; they asked if I needed anything. Even the ones who were not there made sure to call once a week or twice a week to see how the baby and I were doing” (Rebecca).

Support and love from peer groups such as this gave her strength that motivated her to strive hard for her daughter.

For Abraham, peer group support came from people that were close within the circles of their family. He also describes the attitudes of certain peer groups as ‘casual’. When asked about the role of those peer groups in his life during those situations he replied,

“They weren’t really stepping into my shoes. If they step into my – because they really gave me casual answers, everything was so casual at that point. But then stepping into another ones shoe is totally something else” (Abraham).

3. Attitudes towards abortion:

Unwanted pregnancies:

Table 4.10: Abortion of unwanted pregnancies: Gender wise count and percent distribution

| <i>Unwanted Pregnancies: Abortion of Unwanted Pregnancies</i> | | | | | | |
|---|--------------|-------|-------|---------------|--------------------|-------|
| Sex | | Yes | No | Blank Answers | Neither yes nor no | Total |
| Female | Count | 0 | 10 | 1 | 8 | 19 |
| | % within Sex | 0 | 52.63 | 5.26 | 42.10 | 100 |
| | % of Total | 0 | 28.57 | 2.85 | 22.85 | 54.28 |
| Male | Count | 5 | 8 | 0 | 3 | 16 |
| | % within Sex | 31.25 | 50 | 0 | 18.75 | 100 |
| | % of Total | 14.28 | 22.85 | 0 | 8.57 | 45.71 |
| Total | Count | 5 | 18 | 1 | 11 | 35 |
| | % within Sex | 14.28 | 51.42 | 2.85 | 31.42 | 100 |
| | % of Total | 14.28 | 51.42 | 2.85 | 31.42 | 100 |

Source: Field Based Survey

Table 4.10 above shows the gender wise distribution of answers to the question should abortion be granted in the cases of unwanted pregnancies. In the table majority of the count is the answer 'No'. Both male and female respondent with 8 (male) and 10 (female) respectively and comprising of 51.4% in total have responded that abortion should not be granted in cases of unwanted pregnancies. Only 5 of the male respondents agreed that unwanted pregnancies must be granted abortion.

Is abortion Equivalent to murder?

In regards to the statement 'Abortion is equivalent to murder', both male and female respondents agreed that abortion is equivalent to murder; 11 female respondents and 6 male respondents agreed. 8 out of the total respondents of 35 strongly agreed that abortion was equivalent to murder, with 2 male respondents disagreeing and 1 strongly disagreeing.

Table 4.11: Abortion is Murder: Gender Wise Distribution

| Sex | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Total |
|--------|----------------|-------|----------------------------|----------|-------------------|-------|
| Female | 3 | 11 | 5 | 0 | 0 | 19 |
| Male | 5 | 6 | 2 | 2 | 1 | 16 |
| Total | 8 | 17 | 7 | 2 | 1 | 35 |

Source: Field Based Survey

Abraham, during the course of the pregnancy felt that he strongly wanted to go for abortion. However, after the birth of his daughter and going through certain changes in life, he expressed a sense of relief of not choosing abortion. He tells, *“I am glad that I didn’t choose it because it’s basically murder because life starts way before physical conception” (Abraham).*

Right to life:

The table 4.12 below shows the distribution of the responses between the answers ‘yes’ and ‘depends upon the situation’. Majority of the respondents were of the view that the unborn has the right to live, with 23 respondents out 35 choosing yes while the rest 12 respondents chose the other, which indicated that the unborn child’s right to live, depended upon the situation and the circumstances of the pregnancies.

Table 4.12: Right to Live of the Unborn

| Right To Live | | |
|----------------------------|-----------|---------|
| | Frequency | Percent |
| Yes | 23 | 65.71 |
| Depends upon the situation | 12 | 34.28 |
| Total | 35 | 100 |

Source: Based on the field survey

When asked if the unborn in the womb has the ‘right to live’, Rebecca responded that the unborn had the same right as each of us. And for that very reason she did not want to end her pregnancy. She states,

“The first thing is that I am against abortion. Why because - you are not only manipulating your body, you are also doing something to some other person. It is not only your body that is going through a process - you are killing someone. And you have no say about someone else life, be it a baby or an old man. It is not your right to say that ok – you should die now or he should die now, it is not like that. That is one of the major reasons why I am against it. Because it was not only my body that was going to go through this. It was another person also involved” (Rebecca).

Rebecca draws out a comparison of how the unborn has the same equal right as an old individual. To her the size and the level of development of the individual should not be the defining factor of how each one is treated. For her unborn in the womb is as human as the one outside the womb is.

Attitudes towards the legalization of abortion:

The table 4.13 below shows the result for the necessity to increase the weeks, i.e. beyond weeks for abortion. Majority of the respondents disagreed with the need to increase the availability of abortion beyond 20 weeks. 48.5% disagreed with the relaxation of weeks while 37% neither agreed nor disagreed and with only 2.8% agreeing to the increase in the number of weeks to avail abortion services.

Table 4.13: Increase the abortion period beyond 20 weeks: Frequency and Percent

| Increase Abortion Period- Beyond 20 weeks | | |
|---|-----------|---------|
| | Frequency | Percent |
| Agree | 1 | 2.85 |
| Neither agree nor disagree | 13 | 37.14 |
| Disagree | 17 | 48.57 |
| Strongly Disagree | 2 | 5.71 |
| No response | 2 | 5.71 |
| Total | 35 | 100 |

Source: Based on field Survey

Against and for abortion:

Table 4.14: Mains Reasons for opposition of Abortion: Frequency and Percent

| Reasons for the opposition of Abortion | | |
|--|-----------|---------|
| | Frequency | Percent |
| Moral Values | 6 | 17.14 |

| | | |
|-------------------------|----|-------|
| Humanitarian Reasons | 16 | 45.71 |
| Religious Reasons | 4 | 11.42 |
| All of the Above | 1 | 2.85 |
| I don't oppose Abortion | 7 | 20 |
| Blank Answers | 1 | 2.85 |
| Total | 35 | 100 |

Source: Based on Field Survey

According to the survey, as shown in table 4.14, when asked what the main reason to them were for the opposition of abortion. Majority of the respondents (45.7%) agreed that the humanitarian reasons were the major reasons as to why they oppose abortion. 7 (20%) respondents confirmed that they did not oppose abortion in any situation. The third highest percentage in the table above came in Moral values with 6 (17.1%) respondents agreeing that they opposed abortion on grounds of moral reasons. Religious reasons came next with 4 respondents constituting of 11.4%, agreed that they opposed abortion for religious reasons. 1 respondent responded with opposing abortion because of all the reasons and the other one didn't response to the question.

Respondents in the case study also had similar views to the data shown above. Although her reasons guided by religious values, she expressed that just being human was also one of the reasons. She states, *"I think first thing is because of the moral values, because of what we have been taught. Secondly, I think just being human"*. Abraham though decided to go for abortion at the initial stages he stated that the decision to stick with going through the process of pregnancy was due to religious reasons.

Attitudes towards the cases in abortion:

Abortion in case of rape:

Rape is considered to be one of the most brutal form of sexual abuse. Many cultures and beliefs system see rape as an ultimate destroyer of one's modesty and honour. Rape is also seen as a heinous and serious crime against women, which often leaves a lasting mental trauma on the victim.

Table 4.15: Attitudes towards abortion in case of rape: Frequency and Percent

| | | Frequency | Percent |
|--------------------------------------|----------------|-----------|---------|
| Abortion in Granted in cases of Rape | Strongly Agree | 3 | 8.57 |
| | Agree | 12 | 34.28 |

| | | |
|----------------------------|----|-------|
| Neither Agree nor Disagree | 12 | 34.28 |
| Disagree | 6 | 17.14 |
| Strongly Disagree | 2 | 5.71 |
| Total | 35 | 100 |

Source: Based on field Survey

Under this section in the table above (table 4.15), 12 (34.2%) respondents agree that abortion should be granted in rape and another 3 respondents strongly agreed that abortion should be granted in the cases of rape. Another 12 respondents were undecided choosing neither agree nor disagree comprising of 34.2%. While 6 respondents out of 35 disagreed to granting abortion in the cases of rape with 2 further disagreeing strongly.

Let us look in to the answers based on gender and religious distribution in order to get a clear understanding of the position for the issues.

Abortion in the cases of Rape: Gender and religious distribution

Table 4.16: Abortion in the cases of Rape: Gender and religious distribution

| Abortion Granted in case of Rape | | | | | | | |
|----------------------------------|------------------|----------------|-------|----------------------------|----------|-------------------|-------|
| | | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Total |
| Sex | Female | 0 | 4 | 10 | 5 | 0 | 19 |
| | Male | 3 | 8 | 2 | 1 | 2 | 16 |
| Total | | 3 | 12 | 12 | 6 | 2 | 35 |
| Religion | Christian | 0 | 6 | 9 | 5 | 2 | 22 |
| | Hindu | 3 | 4 | 2 | 1 | 0 | 10 |
| | Muslims | 0 | 2 | 0 | 0 | 0 | 2 |
| | Indigenous Khasi | 0 | 0 | 1 | 0 | 0 | 1 |
| Total | | 3 | 12 | 12 | 6 | 2 | 35 |

Source: Based on field survey

Table 4.16 shows the gender and religious distribution of abortion in the cases of rape. In the gender section, out of the 12 respondents who agreed 8 were male and 4 were female. The other 12 that neither agreed nor disagreed constituted of 10 female and 2 male. In addition, majority of the respondents that disagreed with abortion in rape were female (5). In the case of the male, one (1) disagreed while two (2) strongly disagreed.

In the section showing the religious distribution of the responses, 3 Hindus strongly agreed in the cases of rape. While 6 Christians, 4 Hindus and 2 Muslims agreed. 9 Christians, 2 Hindus and 1 Indigenous Khasi marked neither agree nor disagree. 5 Christians and 1 Hindu agreed with 2 Christians strongly disagreeing.

Abortion in the case of Incest:

Incest according to many cultural practices is seen as an offense and violation of the natural means of pro-creation. Many cultures do not permit such cases on grounds of immorality and offensiveness to the cultural norms of a society. In order to get a clear understanding of the different perspectives and moral stand point on the issue the researcher asked the questions.

Table 4.17: Abortion in the case of Incest: Gender distribution with count and percentage

| Abortion in the case of incest | | | | | | | | |
|--------------------------------|-----------------------------|----------------|-------|----------------------------|----------|-------------------|-------|-------|
| Sex | | Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree | Blank | Total |
| Female | Count | 0 | 1 | 8 | 8 | 1 | 1 | 19 |
| | % within Abortion in Incest | 0 | 20 | 80 | 61.53 | 25 | 100 | 54. |
| | % of Total | 0 | 2.85 | 22.85 | 22.85 | 2.85 | 2.8 | 54. |
| | | | | | | | 5 | 28 |
| Male | Count | 2 | 4 | 2 | 5 | 3 | 0 | 16 |
| | % within Abortion in Incest | 100 | 80 | 20 | 38.46 | 75 | 0 | 45. |

| | | | | | | | | |
|-------|-----------------------------|------|-------|-------|-------|----------|-----|-------|
| | % of Total | 5.71 | 11.42 | 5.71 | 14.28 | 8.571429 | 0 | 45.71 |
| Total | Count | 2 | 5 | 10 | 13 | 4 | 1 | 35 |
| | % within Abortion in Incest | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| | % of Total | 5.71 | 14.28 | 28.57 | 37.14 | 11.42 | 2.8 | 10 |

Source: Based on Field Survey

Abortion in the case of incest table 4.17 above shows the gender distribution with count and percentage of responses to the question ‘should abortion be granted in the cases of incest’. According to the data collected in the survey, majority of them disagree with abortion in the case of incest with a percent of 37.4%, which includes 8 female and 5 male. 10 respondents out of 35 respondents went with neither agree nor disagree with 28.5%, of which 8 were female and 2 were male. 5 respondents out of 35 agreed with abortion in the case of incest, which accumulates to 14.2%, of which 1 was female and 4 was male. 11.4% strongly disagreed and 2.8% left the answers blank or did not respond.

Abortion in the case of disability or sickness of the unborn.

Table 4.18: Abortion in the case of disability or sickness of the unborn child: Gender distribution with count and percent

| Abortion in the case of disabled or sickness of the unborn | | | | | | | | |
|--|------------|----------------|-------|----------------------------|----------|-------------------|-------|-------|
| Sex | | Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree | Blank | Total |
| Female | Count | 0 | 2 | 7 | 7 | 1 | 2 | 19 |
| | % of Total | 0 | 5.71 | 20 | 20 | 2.85 | 5.71 | 54.28 |
| Male | Count | 1 | 6 | 1 | 7 | 1 | 0 | 16 |
| | % of Total | 2.85 | 17.14 | 2.85 | 20 | 2.85 | 0 | 45.71 |
| Total | Count | 1 | 8 | 8 | 14 | 2 | 2 | 35 |
| | % of Total | 2.85 | 22.85 | 22.85 | 40 | 5.71 | 5.71 | 100 |

Source: Based on the Field Survey

Table 4.18 shows the gender distribution of count and percentage of the respondents. The table shows the representation of answers to the question ‘should abortion be granted in the case of disability or if the unborn is suffering from any disease or illnesses’. According to the data collected, a majority of the respondents disagreed that abortion be granted in the case of disability or illnesses of the child in the womb; 14 respondents of which 7 were female and 7 were male comprising of 40%. 8 respondents agreed, of which 2 were female and 6 was male totaling to 22.8%. Neither agree nor disagree also saw 8 respondent of which 7 was female and 1 was male, making it to a total of 22.8%. Strongly agree saw 1 (male) respondent, while strongly disagree saw 2 (1 female and 1 male) and 2 blank answers from females.

Decision Making:

Decision making is one of the most controversial issue in the abortion decision. Many women feel that it is solely their right. However, in the recent debate of abortion, we have also expressed the need to be include in the decision making process.

Abortion decision table 4.19 below shows the gender count and percent distribution. The table above shows the gender count and percent of responses to the question ‘should men and women both have a say in the abortion decision? According to the data collected in the survey a high majority of the respondent both male and female felt that both men and women should have an equal say in the abortion decision, i.e. either to go for abortion or carry on with their pregnancy. The answers both men and women should have a say saw 88.6% agreeing that both men and women should have a say, out of which 17 were female out of 19 females, and 14 males out of the total of 16. However, only 2 men saw the abortion decision to be of a women’s individual right, and the remaining 2 responded to undecided.

Despite of many men and women agreeing that both should have a say, decisions largely was influence by the women in both the cases of the qualitative study. Rebecca when asked by her husband what they would do. She responded that she wanted to keep the baby. She says,

“I told him that what I wanted. I did not have second thoughts about keeping the baby because I have been raised that way. That is like- the most important when it comes to all this. How your parents raised you, and you know how valuable you are to your

parents. So if you are having a baby of your own then obviously you would already have that sense. For us mothers, I think it is easier to get that connection” (Rebecca).

Table 4.19: Abortion Decision: Gender count and percent distribution

| | | | Abortion Decision | | | |
|-------|--------|----------------------------|-------------------|--------------------|---------------|-------|
| | | | Women's Right | Both Men and women | None of These | Total |
| Sex | Female | Count | 0 | 17 | 2 | 19 |
| | | % within Sex | .0 | 89.5 | 10.5 | 100 |
| | | % within Abortion Decision | .0 | 54.8 | 100 | 54.3 |
| | | % of Total | .0 | 48.6 | 5.7 | 54.3 |
| | Male | Count | 2 | 14 | 0 | 16 |
| | | % within Sex | 12.5 | 87.5 | 0 | 100 |
| | | % within Abortion Decision | 100 | 45 | 0 | 45.7 |
| | | % of Total | 5.7 | 40 | 0 | 45.7 |
| Total | | Count | 2 | 31 | 2 | 35 |
| | | % within Sex | 5.7% | 88.6 | 5.7 | 100 |
| | | % within Abortion Decision | 100 | 100 | 100 | 100 |
| | | % of Total | 5.7 | 88.6 | 5.7 | 100 |

Source: Based on field survey

In the case of Abraham, his girl friend was not ready to go for abortion and she told him that they should keep the baby. Despite of learning about his friends who had an abortion and his desire to go for it during those pressured times his decision was not comfortable with his girlfriend. However, he expressed that such decisions was to left to the mother to decide because she was carrying the baby.

“Mostly and solely it kind of belongs to the mother. You cannot really force such a thing as abortion... Though she will think about her choices. Though everyone will opt for their opinions but at the end it’s mostly her choice” (Abraham).

4. Support in Early Pregnancy and abortion:

The researcher has asked these two main questions to understand if there’s a clear distinction towards abortion and early pregnancy. In order to understand the stigma attached towards the issue the researcher put forth the question to see how many individuals would support people who have been through early pregnancy or both, i.e. early pregnancy and abortion.

Support in early pregnancy:

Table 4.20 below represents the count and percent distribution of support of the respondents to whether they would support if they knew anyone personally who has been through early pregnancy.

According to the data collected for the support towards people who have been through early pregnancy, 24 respondents chose ‘yes’, of which 11 were female and 13 were male with an overall percentage of 68.5% out of 100. The answer ‘depends upon the situation’ saw a total count of 9, out of which 8 were male and 1 was male summing up to a total of 25.7%. The answer ‘I don’t know’ had 1 respondent with a percent of 2.8% out of 100, and ‘no’ had 1 male respondent a percent of 2.8%.

Table 4.20: Support in early pregnancy: Gender wise count and percent distribution

| Support in Pregnancy | | | | | | |
|----------------------|-------------------------------|-------|----|---------|------------|-------|
| Sex | | Yes | No | Depends | Don't know | Total |
| Female | Count | 11 | 0 | 8 | 0 | 19 |
| | % within Support in Pregnancy | 45.83 | 0 | 88.88 | 0 | 54.28 |
| | % of Total | 31.42 | 0 | 22.85 | 0 | 54.28 |
| Male | Count | 13 | 1 | 1 | 1 | 16 |

| | | | | | | |
|-------|-------------------------------|-------|------|-------|------|-------|
| | % within Support in Pregnancy | 54.16 | 100 | 11.11 | 100 | 45.71 |
| | % of Total | 37.14 | 2.85 | 2.85 | 2.85 | 45.71 |
| Total | Count | 24 | 1 | 9 | 1 | 35 |
| | % within Support in Pregnancy | 100 | 100 | 100 | 100 | 100 |
| | % of Total | 68.57 | 2.85 | 25.71 | 2.85 | 100 |

Source: Based on Field Survey

Support in abortion:

Table 4.21 shows the gender count and percent distribution of respondents to whether they would support people who have been through abortion. It is surprising to see that there is a major change, a drop down in the numbers of people who would support people if they have been through abortion. From the above table 4.21, 18 of the respondents marked 'depends upon the situation', out of which 13 were female and 5 were male, with a total of 51.4%. However, 13 respondents said that they would support people under any circumstances or events of abortion. Out of 13 that said 'yes', 5 were female and 8 were male, with a total of 37.1% and one women out of the 19 female respondent was not sure about it.

Table 4.21: Support in Abortion: Gender count and percent distribution

| Support in Abortion | | | | | | |
|---------------------|------------------------------|-------|-------|---------|------------|-------|
| Sex | | Yes | No | Depends | Don't know | Total |
| Female | Count | 5 | 0 | 13 | 1 | 19 |
| | % within Sex | 26.31 | 0 | 68.42 | 5.26 | 100 |
| | % within Support in Abortion | 38.46 | 0 | 72.22 | 100 | 54.28 |
| | % of Total | 14.28 | 0 | 37.14 | 2.85 | 54.28 |
| Male | Count | 8 | 3 | 5 | 0 | 16 |
| | % within Sex | 50 | 18.75 | 31.25 | 0 | 100 |

| | | | | | | |
|-------|------------------------------|-------|------|-------|------|-------|
| | % within Support in Abortion | 61.53 | 100 | 27.77 | 0 | 45.71 |
| | % of Total | 22.85 | 8.57 | 14.28 | 0 | 45.71 |
| Total | Count | 13 | 3 | 18 | 1 | 35 |
| | % within Sex | 37.14 | 8.57 | 51.42 | 2.85 | 100 |
| | % within Support in Abortion | 100 | 100 | 100 | 100 | 100 |
| | % of Total | 37.14 | 8.57 | 51.42 | 2.85 | 100 |

Source: Based on Field Survey

Government intervention:

In the qualitative study, Rebecca and Abraham expressed concerns for better support systems in the state. Rebecca, largely spoke of bringing in awareness of these issues through sex education. She also stressed on the need for counseling centers in the state to deal with people going through early pregnancy and abortion and for financial aid if need be. From her personal experiences and from the experiences of others she expressed concerns over the well-being of people going through this process; to help them both mentally and emotionally through the establishment of counseling centers.

Table 4.22: Requirement of Govt. Aid in Shillong; Gender count and percent distribution

| Government Aid | | | | | | |
|----------------|------------|----------------|-------|----------------------------|-------------------|-------|
| Sex | | Strongly Agree | Agree | Neither Agree nor Disagree | Strongly Disagree | Total |
| Female | Count | 3 | 11 | 5 | 0 | 19 |
| | % of Total | 8.57 | 31.42 | 14.28 | 0 | 54.28 |
| Male | Count | 8 | 2 | 4 | 2 | 16 |
| | % of Total | 22.85 | 5.71 | 11.42 | 5.71 | 45.71 |
| Total | Count | 11 | 13 | 9 | 2 | 35 |

| | | | | | | |
|--|------------|-------|-------|-------|------|-----|
| | % of Total | 31.42 | 37.14 | 25.71 | 5.71 | 100 |
|--|------------|-------|-------|-------|------|-----|

Source: Based on Field Survey

The above table 4.22 shows that, a majority of the respondents agreed that the government should intervene to help people who cannot afford to carry out their pregnancy or raise their children. 13 of the respondents agreed, out of which 11 were female and 2 were male with 37.1%. 11 of the respondents strongly agreed, out of which 3 were female and were male summing up to a percentage of 31.4%. While neither agreed nor disagree saw 9 respondents of which 5 were female and 4 were male, making it 25.7%. 2 (5.7%) respondents out of the total of 35 strongly disagreed with it.

Position in the abortion debate:

A clear divide between two sides on the abortion issues was seen on the issue of abortion, many students also expressed that abortion be granted depending upon the situation. Some students saw abortion as a choice and a necessity depending upon the circumstances the women is in. Many students that supported abortion expressed the view that abortion should be available to women in the cases of rape and incest, or when the mother's life is in danger.

Here are some of their views that are in favor of abortion;

One student believed that abortion was a right. She wrote, *"Yes a woman has the right to abort if it would involve risk to her life or in cases of emergency certified by the practitioner"*. Some students that supported abortion were in a dilemma and wrote both 'yes and no' explaining that they would support in some cases and not in some due to moral reasons. One Hindu student wrote,

"Yes, I do and I don't support. It entirely depends up on the situation. Talking life is a sin but it would be a greater sin to give life and be unable to support that life or if it concerns the life of the mother or the unborn son or daughter".

Students that favored abortion also saw that rape and incest was not the natural way of pro-creation or giving life. A Christian on the issue wrote, *"Yes I support abortion depending on the cases. For example; Rape and incest because they are not the natural means of giving birth to a new life"*. Another Christian also held the same view grounded with religious reasons. The student wrote,

“I support abortion in the cases of rape and incest. As the said perpetrations are apparently socially unsanctioned acts and even religiously considered immoral. Therefore, I assume abortions be made legit and undertaken for these approved commitments”.

Although some of the students felt that abortion should be available due to various reasons, some students disagreed. Students that did not support abortion saw abortion as morally wrong, equivalent to murder and a mistake.

Here are some of their views that were against the favor of abortion. An Islam practicing student saw abortion as murder, he wrote, *“No I don’t support abortion. Abortion is killing a person who is in the mother’s womb”*. Another Christian also saw this issue from a rights perspective. She wrote, *“No I don’t support abortion. I believe that we have no right to take a life”*.

Other Christians also shared the same values but stated that abortion could lead to regret and remorse at the later stages in life. She wrote, *“No. Abortion is not a solution for dealing with pregnancy. It will only bring remorse and regret at the later stages of life”*. One Christian expressed that abortion was not a solution to a mistake already committed. She wrote, *“One tragedy (unwanted pregnancy) cannot be solved by another tragedy (abortion). A person is a person, no matter how small. God gives life, only He can take away”*.

Students both male and female, and from the same and different religious backgrounds saw this issue differently. While some felt that, it was immoral or morally wrong to allow abortion some students saw this as a life saving issue on the grounds of the mother’s health and the child.

Discussion and Conclusion

This chapter deals with the discussion and analysis of the findings of data collected from the respondents during the course of the study. Here, the researcher brings out the major findings of the study and concludes the study.

From the study conducted, it reveals that early pregnancy or adolescent pregnancy was a wide spread in Shillong. 42.8% (table 4.5) felt that early pregnancy was a wide spread in Shillong and table 4.6 reveals that about 31.4% knew someone personally who had been through early pregnancy and about 14.2% of the respondents personally knew people who had been through both early pregnancy and abortion, making it a sum total percent of 45.6% out 100%.

From the analysis of the qualitative study, the researcher found that the respondents delayed for a few months before informing doctors, family and friends. The respondents involved in this study also had to make decision within a short span of time. In addition, to the limited time, fear of social approval and rejection that is associated with pregnancy outside of marriage made it difficult for the respondents to come to a clear conclusion.

The decisions to either continue their pregnancy or terminate it circulated around the idea of stability, sustainability and capability. Stability in terms of career or education, sustainability in terms of financially and capability in terms of being a father or a mother.

The study also found that supportive family and friends could turn things around for the person experiencing early pregnancy rather than those who do not have supportive family and friends.

In the case of Rebecca, a huge support from both her parents and peer groups made the phases of her life during pregnancy easier as compared to Abraham who had to go through a lot of depression because of the low support he received both from family members and from peer groups. And for that reasons it is possible that he had a difficult time in making the decision with continuing the pregnancy or ending it. It was found that the relationship between family and peers also played a huge factor towards making a decision towards keep the baby or terminating it.

In combining both the data's from the qualitative and quantitative study, both the respondents of the cases had a religious perspective towards early pregnancy. Both the case study respondents felt that

pregnancy outside of marriage was morally wrong. The survey also saw the same with a majority of the respondent feeling the same way, 48.57% out of 100% of which Hindu consisted the majority followed by Christians next. In the attitudes towards abortion, a majority of the respondents felt that abortion or termination of unwanted pregnancies should not be granted, and that abortion is equivalent to murder, and the unborn had the right to live. However, when the question “should abortion be granted in rape?” there was a split, with 34.2% agreeing and 34.28% neither agreeing nor disagreeing. The same was also observed in a poll where many of the respondents stated their positions strongly and changed later when additional information was revealed (Hans and Kimberly, 2014).

In the study, both the respondents of the case study saw abortion as something that was sinful. Abraham, had wanted to abort at the beginning of the pregnancy but had to change his mind after his girl friend disagreed with him because of the religious values. When he recollected those moments he felt that the right thing was done. For he saw abortion as killing and a murder which to him was a sin before God. The same view was also observed in a study on the attitudes on Abortion. In the study, abortion was seen as a ‘*sinful act*’ because of the religious and cultural beliefs during the decision making process (Puri, Ingham and Matthews, 2007).

Another important thing that the researcher found was that many of the respondents felt that both men and women should have a say in the abortion decision. A percent of 88.6% agreed that both should have a say. However, this was not found to be the same in the case study. Although the men did try to influence their decision, the final decision lay with the women because the men felt that the ultimate decision rested with her because she was carrying the child.

The researcher also found that there was a lot of stigma attached to abortion through the results of the survey. When asked if they would support people who have been through early pregnancy or abortion, 68.57% were optimistic with “Yes” they would support people in the case of pregnancy. But there was a huge percentage drop in the support when it came to abortion with only 37.14% being clear about their support, and 51.42% chose to extend support depending upon the circumstances of the abortion.

The legalization of termination beyond 20 weeks also saw a negative response. A large number of respondents felt that it should not be increased. The same was observed in the support for abortion of people who have been through it. The support for people after abortion also saw a huge decline probably for reasons that many of the respondents did not agree with abortion in certain cases in the questionnaires. Many of the respondents did not render support to termination of pregnancies in the

cases of abnormal fatalities in the unborn, and in incest. The survey also showed that many of the respondents strongly stood in favour of the unborn and were against the termination of unwanted pregnancies. It is likely for the above reasons that many of the students did not want to render support to people who have been through abortion.

There is a need for better sex education in the schools. Providing good quality sex education along with awareness to students will help reduce the high number of teen pregnancies in Shillong. Schools should be open to its student and encourage a helping hand in tackling the issue at hand. Provision and education in the use of contraceptive methods, Government, NGO's and schools should come forward to help understand the problem and rather than turn a blind eye.

Bibliography and Reference

1. Abortion.procon.org. (2017). Abortion ProCon.org. [online] Available at: <http://abortion.procon.org/> [Accessed 6 Mar. 2017].
2. Abortion: A Civilised Debate. (2009). [video] You Tube: Battle of Ideas.
3. Akella, D. and Jordan, M. (2015). Impact of Social and Cultural Factors on Teen Pregnancy. *Journal of Health Disparities Research and Practice*, 8(1), pp.41 - 62.
4. Alcorn, R. (2004). *Why prolife?*. 1st ed. Sisters, Or.: Multnomah Publishers.
5. American Pregnancy Association. (2015). Depression During Pregnancy: Signs, Symptoms & Treatment. [online] Available at: <http://americanpregnancy.org/pregnancy-health/depression-during-pregnancy/> [Accessed 8 Mar. 2017].
6. Anderson, K. (2014). Arguments Against Abortion. [online] Probe Ministries. Available at: <https://www.probe.org/arguments-against-abortion/> [Accessed 24 Feb. 2017].
7. Ashford, L. (n.d.). What Was Cairo? The Promise and Reality of ICPD. [online] Prb.org. Available at: <http://www.prb.org/Publications/Articles/2004/WhatWasCairoThePromiseandRealityofICPD.aspx> [Accessed 5 Mar. 2017].
8. Bedi, P. (2016). It is Time to Overhaul India's Restrictive Abortion Law. [online] The Wire. Available at: <https://thewire.in/57111/how-indias-abortion-laws-fail-its-women/> [Accessed 5 Jan. 2017].
9. Census2011.co.in. (2017). Census 2011 India. [online] Available at: <http://www.census2011.co.in/> [Accessed 13 Feb. 2017].
10. Census2011.co.in. (2017). Census 2011 India. [online] Available at: <http://www.census2011.co.in/> [Accessed 13 Feb. 2017].
11. Census2011.co.in. (2017). Shillong City Population Census 2011 | Meghalaya. [online] Available at: <http://www.census2011.co.in/census/city/187-shillong.html> [Accessed 11 Mar. 2017].
12. Clement, S. (2017). Thinking Matters | The Ethics of Abortion: A Pro-life Perspective (Pt 1). [online] Thinkingmatters.org.nz. Available at: <http://thinkingmatters.org.nz/2017/02/the-ethics-of-abortion-a-pro-life-perspective-pt-1/> [Accessed 6 Mar. 2017].
13. Cohen, S. (2006). Abortion and Mental Health: Myths and Realities. [online] Guttmacher Institute. Available at: <https://www.guttmacher.org/gpr/2006/08/abortion-and-mental-health-myths-and-realities> [Accessed 7 Mar. 2017].
14. Department of Health & Family Welfare, (2014). The Medical Termination of Pregnancy (Amendment) Bill, 2014. New Delhi: Government of India.

15. Farooqi, S. (2015). India Will Become the World's Most Populous Country by 2022, the U.N. Says. [online] Time.com. Available at: <http://time.com/3978175/india-population-worlds-most-populous-country/> [Accessed 3 Mar. 2017].
16. Fiano, C. (2016). No, post-abortion syndrome is not a myth. [online] Live Action News. Available at: <http://liveactionnews.org/no-post-abortion-syndrome-is-not-a-myth/> [Accessed 7 Mar. 2017].
17. Firstpost. (2016). Latest Census data shows youth surge: Nearly 41% of India's population is below the age of 20. [online] Available at: <http://www.firstpost.com/india/latest-census-data-shows-youth-surge-nearly-41-of-indias-population-is-below-the-age-of-20-2581730.html> [Accessed 6 Mar. 2017].
18. Goss, J. (2017). Roe v. Wade The Landmark Supreme Court Decision That Legalized Abortion. [online] ThoughtCo. Available at: <https://www.thoughtco.com/roe-v-wade-abortion-rights-1779383> [Accessed 11 Mar. 2017].
19. Guttmacher Institute. (2014). Sexual and Reproductive Health of Young Women in India. [online] Available at: <https://www.guttmacher.org/fact-sheet/2015/sexual-and-reproductive-health-young-women-india> [Accessed 2 Mar. 2017].
20. Hans, J.D. and Kimberly, C., 2014. Abortion attitudes in context: a multidimensional vignette approach. *Social science research*, 48, pp.145-156.
21. Ignca.nic.in. (2017). Crafts of North-East - Introduction - Meghalaya. [online] Available at: <http://ignca.nic.in/craft054.htm> [Accessed 22 Feb. 2017].
22. Kahn, J., Rindfuss, R. and Guilkey, D. (1990). *Adolescent Contraceptive Method Choices*. 1st ed. Springer on behalf of the Population Association of America, pp.323-335.
23. Kannan, K. (2016). A tricky debate on abortion. [online] The Hindu. Available at: <http://www.thehindu.com/opinion/lead/A-tricky-debate-on-abortion/article14547721.ece> [Accessed 24 Sep. 2016].
24. Kenney, A. (1987). Teen Pregnancy: An Issue for Schools. *The Phi Delta Kappan*, [online] 68(10), pp.728-736. Available at: <http://www.jstor.org/stable/20403494> [Accessed 14 Feb. 2017].
25. Kourkouta, L., Lavdaniti, M. and Zyga, S. (2013). Views of ancient people on abortion. *Health Science Journal*, 7(1), pp.116 - 118.
26. Kumar, A., Parihar, B. and Yasmin, G. (2014). Teenage Pregnancy - Its Impact on Maternal and Fetal Outcome. *International Journal of Scientific Study*, 1(6).
27. Laale, H. (1996). Embryology and Abortion in Indian Antiquity: A Brief Survey. *Indian Journal of History of Science*, 31(3), pp.233 - 247.
28. Lahiri, T. (2013). In India, Teenage Pregnancy Extremely Likely. [online] WSJ. Available at: <http://blogs.wsj.com/indiarealtime/2013/10/30/in-india-teen-pregnancy-extremely-likely/> [Accessed 7 Mar. 2017].
29. Law, R. (1989). Abortion Debate Robert F. Law. *BMJ: British Medical Journal*, 299(6704).
30. Lee, E., Clements, S., Ingham, R. and Stone, N. (2017). Influences on young women's decisions about abortion or motherhood. [online] JRF. Available at: <https://www.jrf.org.uk/report/influences-young-womens-decisions-about-abortion-or-motherhood> [Accessed 22 Feb. 2017].

31. Loaiza, E. and Liang, M. (2013). *Adolescent Pregnancy: A Review of the Evidence*. 1st ed. New York: UNFPA.
32. Lopez, R. (2012). Perspectives on Abortion: Pro-Choice, Pro-Life, and What Lies in between. *European Journal of Social Sciences*, 27(4).
33. Lowen, L. (2017). Why Teens Choose Abortion. [online] ThoughtCo. Available at: <https://www.thoughtco.com/why-teens-choose-abortion-3534251> [Accessed 8 Mar. 2017].
34. McDonald, H. (2016). Savita Halappanavar death: nine members of Irish medical team disciplined. [online] the Guardian. Available at: <https://www.theguardian.com/world/2014/sep/11/savita-halappanavar-abortion-ireland-medical-team-disciplined> [Accessed 12 Aug. 2016].
35. Meghalaya.gov.in. (2017). Meghalaya | Meghalaya State Portal. [online] Available at: <http://meghalaya.gov.in/megportal/stateprofile> [Accessed 21 Feb. 2017].
36. Ministry of Health & Family Welfare, (2017). *The Medical Termination of Pregnancy Act, 1971*. New Delhi: Government of India.
37. Ministry of Health and Family Welfare, (2016). *National Family Health Survey-4 2015 -16*. Mumbai: International Institute for Population Sciences (Deemed University) Mumbai.
38. Moore, A., Singh, S., Ram, U., Remez, L. and Audam, S. (2009). *Adolescent Marriage and Childbearing in India: Current Situation and Recent Trends*. 1st ed. New York: Guttmacher Institute.
39. Napikoski, L. (2017). Norma McCorvey The Woman Who Was Jane Roe. [online] ThoughtCo. Available at: <https://www.thoughtco.com/norma-mccorvey-abortion-3528239> [Accessed 11 Mar. 2017].
40. Puri, M., Ingham, R. and Matthews, Z., 2007. Factors affecting abortion decisions among young couples in Nepal. *Journal of Adolescent Health*, 40(6), pp.535-542.
41. Rao, M. (2004). *The unheard scream*. 1st ed. New Delhi: Zubaan.
42. Rothman, L. (2015). 'A Stunning Approval for Abortion': Roe v. Wade Reactions. [online] Time.com. Available at: <http://time.com/3669867/roe-v-wade-history/> [Accessed 3 Mar. 2017].
43. Roys, J. (2015). Gianna Jessen Asks Congress “If abortion is about women’s rights, then what were mine?”. [Blog] Abortion and Life Issues. Available at: <http://julieroys.com/gianna-jessen/> [Accessed 7 Mar. 2017].
44. Sharma, A., Chhabra, P., Gupta, P., Aggarwal, Q. and Lyngdoh, T. (2003). Pregnancy in Adolescents: A Community Based Study. *Indian J. Prev. Soc. Med*, 34(1&2).
45. Soc.ucsb.edu. (2014). Arguments For and Against Abortion | SexInfo Online. [online] Available at: <http://www.soc.ucsb.edu/sexinfo/article/arguments-and-against-abortion> [Accessed 5 Mar. 2017].
46. Stillman, M., Frost, J., Singh, S., Moore, A. and Kalyanwala, S. (2014). *Abortion in India: A Literature Review*. 1st ed. Guttmacher Institute 3, pp.1 - 19.

47. TheFreeDictionary.com. (n.d.). induced abortion. [online] Available at: <http://medical-dictionary.thefreedictionary.com/induced+abortion> [Accessed 6 Mar. 2017].
48. TheFreeDictionary.com. (n.d.). miscarriage. [online] Available at: <http://medical-dictionary.thefreedictionary.com/miscarriage> [Accessed 6 Mar. 2017].
49. Unfpa.org. (2017). Adolescent pregnancy | UNFPA - United Nations Population Fund. [online] Available at: <http://www.unfpa.org/adolescent-pregnancy> [Accessed 4 Mar. 2017].
50. UNICEF India. (2017). Neonatal Health. [online] Available at: <http://unicef.in/Whatwedo/2/Neonatal-Health-#sthash.ySU6pF5N.dpuf> [Accessed 5 Mar. 2017].
51. V, M., R, P., K, M. and J, R. (2008). Adolescent Pregnancy. 1st ed. [ebook] Geneva: World Health Organisation. Available at: http://www.who.int/making_pregnancy_safer/documents/mpsnnotes_2_lr.pdf [Accessed 16 Feb. 2017].
52. Whittaker, A. (2014). Abortion in Asia Local Dilemmas and Global Politics. 1st ed. New Delhi: Berghahn Books.
53. Who.int. (2017). WHO | Adolescent pregnancy. [online] Available at: http://www.who.int/maternal_child_adolescent/topics/maternal/adolescent_pregnancy/en/ [Accessed 13 Feb. 2017].

Survey Questionnaire

Early Pregnancy and Abortion: A Study of Perceptions and Experiences

Note: Circle or underline the answer of your choice

Date:

Name:

Age:

Sex:

College:

Course/Department:

Religion:

CODES:

Female=1

Male=2

Others=88

Don't know/ None/None of These =99

Yes= 0

No=11

Depends=55

Blank

Answers= 50

Background:

i. Are both of your parents working?

- Both are working =1
- Only mother works= 2
- Only father works=3
- None=99
- Others=88

ii. Do you belong or participate in any religious gatherings? (Ex: Christians – go to church, attend bible studies, temple or mosque gatherings, etc.)

- Yes=0
- No=11

iii. Marital Status:

- Single=1
- Married=3
- In a relationship=2
- Divorced=4

Early pregnancy and abortion:

iv. Do you think that early pregnancy is a wide spread in Shillong?

- Yes=0
- Don't know=99
- No=11

v. Do you know anyone personally who has been through early pregnancy or abortion?

- Only early pregnancy=1
- None of these=99
- Both early pregnancy and abortion=2

vi. Do you agree with the statement "Early pregnancy is morally wrong"?

- Strongly Agree=1
- Disagree=4
- Agree=2
- Strongly disagree=5
- Neither agree nor disagree =3

vii. What according to you is the main reason for early pregnancy?

- Contraceptive failures=1
- Negligence in the use of contraceptive methods=3
- Lack of sex education=2
- None of these=99

viii. Are you aware of what contraceptive failures are?

- Yes =0
- No=11

ix. Do you think that women who go through early pregnancy are expelled from their community?

- Yes=0
- No=11
- Don't know=99

x. Do you agree with the statement related to early pregnancy, "Once you have a child your career is over"?

- Strongly Agree=1
- Agree =2
- Neither agree nor disagree=3
- Disagree =4
- Strongly disagree=5

xi. Do you think women who go through unwanted pregnancies go through mental health issues?

- Yes=0
- No = 11
- I do not know=99

xii. Do you support abortion of unwanted pregnancies?

- Yes =0
- No =11
- Neither yes nor no =99

xiii. Do you agree with the statement "Abortion is equivalent to murder"?

- Strongly Agree =1
- Agree =2
- Neither agree nor disagree=3
- Disagree =4
- Strongly disagree=5

xiv. Do you think that abortion is a solution to terminate unwanted pregnancies?

- Strongly Agree =1
- Agree =2
- Neither agree nor disagree=3
- Disagree=4
- Strongly disagree=5

xv. Do you think abortion should be granted in cases of rape?

- Strongly Agree =1
- Agree =2
- Neither agree nor disagree =3
- Disagree =4
- Strongly disagree=5

xvi. Do you think abortion should be granted in cases of incest?

- Strongly Agree =1
- Agree =2
- Neither agree nor disagree=3
- Disagree=4
- Strongly disagree =5

xvii. Should abortion be granted if the child in the womb is deformed or has any diseases?
(deformed here refers to any kind of physical disability of the child in the womb)

- Strongly Agree =1
- Agree =2
- Neither agree nor disagree=3
- Disagree=4
- Strongly disagree=5

xviii. Should abortion be legalised?

- Yes=0
- No=11
- Depends on the case=55

xix. Do you know that abortion is legal in India?

- Yes=0
- No=11

xx. According to your knowledge abortion up to how many weeks of pregnancy is legally allowed in India?

- Between 1 to 6 weeks and not after that=1
- Between 1 to 41 weeks=3
- Between 1 to 20 weeks and not after=2
- I don't know =4

xxi. You oppose abortion because of

- Moral values=1
- All of the above reasons=4
- Humanitarian reasons =2
- I don't oppose abortion=5
- Religious reasons=3

xxii. "The current MTP (Medical termination of pregnancy) Act which allows abortion upto 20 weeks should be amended". Do you agree with the statement? (Amendment here means increase in the number of weeks to terminate)

- Strongly Agree =1
- Disagree =4
- Agree =2
- Strongly disagree=5
- Neither agree nor disagree =3

xxiii. You support abortion in case of

- Rape=1
- Disability/sickness of the unborn child=5
- Incest=2
- Poverty=6
- Both rape and incest=3
- All the above cases=7
- Serious physical and mental health of mother=4
- I don't support in any cases=8

xxiv. What according to you is the main reason for choosing abortion?

- Poverty=1
- Mental health of the women carrying the child=2
- In case of rape=3
- Can't say=6
- In cases of incest=4
- The unborn may be suffering from physical deformities=5

xxv. Should men and women both have a say in the abortion decision?

- No, only women have the right because it's her body=1
- No, only men have the right to decide=2
- Both should agree or come to a decision=3
- No the family members should decide on their behalf=4
- None of the these=99

xxvi. Do you think the unborn has the 'right to live'?

- Depends on the situation=55
- Yes =0
- No =11
- I don't know=99

xxvii. The government should provide financial or medical assistance to women who cannot afford to carry out their pregnancy and/or the raise the child after birth?

- Strongly Agree =1
- Agree =2
- Neither agree nor disagree=3
- Disagree=4
- Strongly disagree=5

xxviii. Do you think Government financial/medical support to women who cannot afford to carry out their pregnancy and raise their children will reduce the number of women seeking abortion services?

- Strongly Agree=1
- Agree =2
- Neither agree nor disagree=3
- Disagree=4
- Strongly disagree=5

Social stigma:

xxix. Do you think people should not discriminate women if they have been through early pregnancy or abortion?

- Strongly Agree=1
- Agree =2
- Neither agree nor disagree =3
- Disagree =4
- Strongly disagree=5

xxx. Do you feel the people who have been through early pregnancy or abortions are being discriminated?

- Strongly Agree=1
- Agree=2
- Neither agree nor disagree=3
- Disagree=4
- Strongly disagree=5

xxxi. Are the people who have been through early pregnancy or abortions discriminated by family members?

- Strongly Agree =1
- Agree =2
- Neither agree nor disagree =3
- Disagree =4
- Strongly disagree=5

xxxii. Are the people who have been through early pregnancy or abortions discriminated in religious places?

- Strongly Agree =1
- Agree =2
- Neither agree nor disagree=3
- Disagree =4
- Strongly disagree=5

xxxiii. Are the people who have been through early pregnancy or abortions discriminated at schools?

- Strongly Agree =1
- Agree =2
- Neither agree nor disagree =3
- Disagree =4
- Strongly disagree=5

xxxiv. Are the people who have been through early pregnancy or abortions discriminated at colleges/universities?

- Strongly Agree =1
- Agree =2
- Neither agree nor disagree =3
- Disagree =4
- Strongly disagree=5

xxxv. Are the people who have been through early pregnancy or abortions discriminated by peer groups?

- Strongly Agree =1
- Agree =2
- Neither agree nor disagree=3
- Disagree=4
- Strongly disagree=5

xxxvi. If you had a friend who have been through early pregnancy. Would you support?

- Yes=0
- No=11
- Depends upon the situation=55
- I don't know =99

xxxvii. If you had a friend who has been through abortion. Would you support?

- Yes=0
- No =11
- Depends upon the situation=55
- I don't know

Miscellaneous: (Brief answer)

xxxviii. Do you support Abortion? (Yes or no)

Case Study Questionnaire

Early Pregnancy and Abortion: A Study of Perceptions and Experiences

Name:

Age:

Sex:

College:

Qualification:

Religion:

Marital Status:

I. Early pregnancy and Abortion:

Early pregnancy:

- i. At what age did you come to find out that you/your partner were/was pregnant and how old were you?
- ii. How did you learn that you/your partner were/was pregnant?
- iii. Whom did you first approach when you came to find out that you were pregnant?
- iv. How did you/your partner react? Was he/she supportive?
- v. Did you see a doctor once you learnt of the pregnancy or did it take a while for you to approach the doctor to confirm it?
- vi. When you first came to learn that your partner was pregnant how did you deal with?
- vii. What are the thoughts that came across your mind and how did you deal with them?
- viii. After learning that you/your partner were/was pregnant how long did it take you both to inform your parents?
- ix. Did you face any challenges with your partner in deciding how you would address the situation? And how did you address the situation?

- x. When you realised that you/partner were/was pregnant, how did your family react to it?
- xi. Were they supportive at the initial stages or later? Could you describe in detail?
- xii. When did your community and friends come to learn of your situation?
- xiii. How did your community see you? And how did your friends see you?
- xiv. Do you find them supportive or did they begin to abandon you or break relationships with you?

Health:

- xv. During the course of the pregnancy did you face any health issues?
- xvi. During the course of the pregnancy did you check on the health of the child in the womb?
- xvii. Did you face physical or mental health issues from people
- xxviii. Did you face physical or mental health issues during the course of the pregnancy?
- xix. If yes did you consult a doctor for the physical health issues?

Abortion:

- xx. During the course of the pregnancy did you think of abortion?
- xxi. If you have thought about abortion what were the reasons behind it?
- xxii. Did you discuss it with your partner? If so what was his/her response?
- xxiii. Did he/she agree with your decision?
- xxiv. Did you choose abortion or did you plan to go through your pregnancy?
- xxv. If you have chosen to abortion? What were the reasons?
- xxvi. If you planned to go through the pregnancy what were the reasons behind?
- xxvii. Did you see a counsellor for help in regards to this issue?
- xxviii. Did your friends and family get involved in helping you make a decision?
- xxix. What did your friends and family think about the decisions you made?
- xxx. Where they supportive or did they oppose you?

Social stigma

- xxxi. Have you ever been discriminated before and after pregnancy?
- xxxii. If yes what sort of discriminations did you face?
- xxxiii. Where you discriminated by peer groups?
- xxxiv. Did you face discrimination from public bodies; like schools, colleges and other institutions?

Miscellaneous:

- xxxv. Do you feel that there is a need for interventions by the government or NGO's?