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Experiences of crisis pregnancy among Irish and non-Irish adults living in Ireland: findings from the Irish Contraception and Crisis Pregnancy Survey 2010 (ICCP-2010).

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1 *Experiences of Crisis Pregnancy among Irish and Non-Irish adults living in Ireland: Findings from the Irish*
2 *Contraception and Crisis Pregnancy Survey 2010 (ICCP-2010)*

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1 **Abstract**

2 **Background:** Using nationally representative data, this paper investigates the experience of crisis pregnancy
3 (CP) among Irish and non-Irish adults living in Ireland in 2010.

4 **Aims:** To generate a detailed profile of Irish and non-Irish adults living in Ireland who have had an experience
5 of CP and to investigate the differences in the experiences of CP between Irish and non-Irish adults.

6 **Method:** A national cross-sectional telephone survey methodology recruited 3002 adult (18-45 years)
7 participants (69% response). Descriptive statistics and chi square analysis were used to compare the differences
8 between the Irish (n=334) and non-Irish sample (n=57) with an experience of CP.

9 **Results:** The majority of respondents with an experience of CP had a higher education level and were aged
10 between 18-25 years. Significant differences, in terms of outcome of CP, were also found between groups; with
11 more Irish respondents choosing parenthood over abortion, compared with their non-Irish counterparts.

12 **Conclusion:** This paper presents a unique profile of Irish and non-Irish adults living in Ireland with an
13 experience of CP. Enhanced promotion of longer-acting contraceptives to all younger adults, and targeted
14 awareness raising of post-abortion services among the non-Irish community, is recommended.

15
16 **Keywords:** crisis pregnancy; contraception; survey; Irish; non-national; abortion

1 **Introduction**

2 Approximately 1.5 billion women in the world are of childbearing age (i.e. 15-45 years old) and of those, 210
3 million women become pregnant each year [1]. Of the total number of pregnancies that occur each year,
4 approximately 40% of these are deemed unwanted [1]. While the terms ‘unintended’ or ‘unplanned’ pregnancy
5 are commonly used terms in the United States and Europe [2] , an alternative term, ‘crisis pregnancy’ (CP) has
6 been used in Ireland to define an unintended or unplanned pregnancy. In Ireland the term CP is used to define a
7 pregnancy that represents a personal trauma for the woman or couple involved [3]. The adoption of this term has
8 facilitated the distinction between unplanned or ‘crisis’ pregnancies specifically, and pregnancies that are
9 unplanned, but do not necessarily represent a crisis for the women or couple involved [3]. The personal trauma
10 or crisis can occur at any stage from the time of conception to delivery [3]. For the purposes of this paper the
11 term CP will be mostly used, as the focus is a national sample of adults in Ireland. However, the distinction
12 between terminologies is worth bearing in mind given the differences in their usage across jurisdictions.

13 There is a range of negative health, social, and psychological consequences across the lifespan related to an
14 unwanted or unplanned birth. Adverse maternal and birth outcomes include poorer prenatal care [4], increased
15 incidences of preterm delivery [5], and lower birth weight [6-7]. Children resulting from these unplanned
16 pregnancies and even more so in cases of unwanted pregnancies, have been associated with lower levels of
17 educational attainment [8], and increased levels of delinquency in adolescence [9]. In contrast, according to
18 Mosher, Jones and Abma, efforts to reduce the proportion of pregnancies that are unwanted have been shown to
19 reduce child poverty, improve family well-being, and reduce the overall cost to tax-payers [10].

20 Although an unwanted pregnancy can happen across the lifespan, age has been reliably identified as a good
21 predictor, partially explained by the natural fertility rates of young women [2]. In fact, global figures suggest
22 that 82% of pregnancies in girls aged 15-19 are unwanted [2]. Contraceptive failure has been identified as a
23 leading cause of unwanted pregnancy, whether it is primarily viewed as a crisis or not [2]. The typical obstacles
24 to the use of contraception are: fear of side effects; ambivalence towards pregnancy; health concerns; access to
25 contraceptives; and concomitant substance usage that interacts with contraceptives and cultural barriers [2,11].
26 The choice of deciding on a contraceptive method depends on both its theoretical effectiveness and the personal
27 circumstances, habits and preferences of the user [2].

28 Each year 26 million legal abortions and approximately 20 million illegal abortions are performed worldwide
29 [12]. In many cases the outcome of an unwanted pregnancy is decided by the couple or woman involved (giving

1 birth, adoption, or abortion), or is the result of a medical condition that leads to that outcome (e.g. miscarriage or
2 still birth) [3]. Importantly, the rate of giving birth, when faced with an unwanted pregnancy, is relatively low
3 globally, compared to the rate of induced abortions [12]. However, legislative differences across jurisdictions
4 can also impact on this outcome. For example, in Europe, nearly 80% of countries allow abortion to be
5 performed for financial or social reasons and slightly fewer upon request [13]. In contrast, restrictive legislation
6 concerning abortion in Ireland, professional regulator prohibitions regarding abortion-related procedures doctors
7 can perform, and cultural and religious barriers, mean that legal abortion is effectively unavailable in any Irish
8 setting [14].

9 Geographical proximity combined with more lenient laws, has meant that the UK has become a key provider of
10 abortion services to women living in Ireland, although increasing numbers of women are travelling further afield
11 (e.g., the Netherlands) [15]. In 2011, approximately 190,000 abortions were performed in England; a slight
12 increase since 2001 [16]. While just 3% of these abortions were performed on non-residents, more than two
13 thirds of this number was for women who gave an Irish address [15]. Based on recent figures, approximately 12
14 Irish women are travelling to the UK for abortion each day [15]. While there appears to be a gradual decline in
15 the number of women travelling to the UK for abortion [16], this field lacks a detailed profile of Irish and non-
16 Irish adults living in Ireland with an experience of CP. This along with context-related information about their
17 experience of CP would be extremely useful in policy and services development.

18 Therefore, the primary aim of this study is to generate a detailed profile of Irish and non-Irish adults living in
19 Ireland who have an experience of CP. The secondary aim is to investigate the differences in the experiences of
20 CP between Irish and non-Irish adults living in Ireland.

21 **Methods**

22 Data were from the Irish Contraception and Crisis Pregnancy Survey 2010 (ICCP-2010) [3], a nationally
23 representative cross-sectional telephone survey of men and women aged 18-45 years and living in Ireland
24 (n=3002). ICCP-2010 was designed to assess knowledge, attitudes and behaviours in relating to sex,
25 contraception and pregnancy. Telephone numbers (both landline and mobile phone) used in this study were
26 generated using Random Digit Dialling (RDD) [3,17]. Using estimates derived from the 2010 Quarterly
27 National Household Survey [18] individuals in selected households were chosen for interview [17]. This quota
28 sampling technique ensured '*a representative mix of men and women in different age bands from different*
29 *regions throughout the country*' and ensured that the sample was representative of the general population [17].

1 The overall response rate for the survey was 69% (79% for the landline strand and 61% for the mobile telephone
2 strand). More detailed survey methodology is reported elsewhere [3,17].

3 *Sample Description and Variables of Interest*

4 *Irish and non-Irish sample*

5 The Irish sample consisted of adults who were born in Ireland or had moved to Ireland before the age of 13 and
6 who reported an experience of CP (n=334). The non-Irish sample consisted of adults who had moved to Ireland
7 after the age of 13 and reported an experience of CP (n=57). Of note, the vast majority of non-Irish respondents
8 (71%) had originated from a European country. The age of 13 was chosen to distinguish adults who spend their
9 childhood in different social, educational and cultural environments and may have different conceptions and
10 knowledge towards contraception use and crisis pregnancy [3].

11 *Demographic Variables*

12 Socio-demographic variables of interest were: gender; current age (recoded into 3 groups age 18-25 years, 26-35
13 years and 36-45 years); level of education (coded as pre-leaving certificate and leaving certificate or higher);
14 current relationship status (coded as married, cohabiting, steady relationship not cohabiting, casual relationship,
15 or not in a relationship); number of children; and social class (coded as SC 1-2 including professional workers
16 and managerial and technical workers (reference category); SC 3-4 including non-manual and skilled manual
17 workers; SC 5-6 including semi-skilled and unskilled workers; and SC 7 which included all others including
18 never worked and long-term unemployed). Religiosity was also assessed by participants indicating how
19 important religion was to them on a 5-point Likert scale, ranging from 'very important' to 'not at all important'.
20 This scale was recoded into 3 groups, important, neutral, or not important.

21 *Experience of Crisis Pregnancy (CP)*

22 *Age at time of CP*

23 Respondents were asked at what age they had experienced their CP. This continuous variable was collapsed into
24 4 groups as follows: Under 18 years old; 18-25 years old; 26-35 years old; and 36-45 years old.

25 *Method of contraceptive used at time of CP*

26 Respondents with an experience of CP were asked if they had used any method of contraception or taken any
27 precautions at the time of the conception. Those that said 'Yes' were asked to provide further details. A range of
28 16 categories were coded nominally from A-P, option P being no method used. These were the collapsed into
29 four different groups using the Pearl Index. A Pearl Index categorises contraceptives based on its intrinsic

1 efficacy and potential of misuse [19]. Every form of contraception is given an index or value that corresponds to
2 its efficacy. The four groups were: no method of contraception used; Superior method - contraceptives with high
3 efficacy and low potential of misuse (vasectomy, ligation, coil, IUD, IUS); medium method - contraceptives
4 with high efficacy but high potential of misuse (contraceptive pills, contraceptive ring, Injections); and low
5 method - contraceptives with low efficacy and low potential of misuse (condoms, cap/diaphragm, withdrawal,
6 safe period, gel/sprays and persona).

7 *Outcome of CP*

8 All participants who reported an experience of CP were also asked about the outcome of their CP. Due to the
9 low numbers of adoption and still births these were excluded from analyses and remaining responses were
10 binary coded as either abortion or parenthood.

11 *Analytical Plan*

12 The analysis of this paper was conducted in stages. Data from the entire sample who experienced a CP was
13 analysed for these first two stages: (a) explore the profile of Irish and Non-Irish adults who have experienced a
14 CP (b) identify the differences in the experiences of CP among Irish and non-Irish adults using the chi-square
15 analysis. Data were statistically adjusted or weighted prior to analyses using information taken from the Census
16 and the Quarterly National Household Survey (QNHS) on: gender, age, marital status, education, region,
17 number of adults per household, nationality, family type and type of telephone in the household. This procedure
18 ensures that the sample is representative of the population from which it was selected. To demonstrate this both
19 unweighted and weighted figures are reported.

20

21 **Results**

22 *Demographic profiles*

23 Descriptive statistics were conducted to explore the demographic profile of Irish (n=334) and non-Irish adults
24 (n=57) who reported an experience of CP. Results are presented in Table 1. In brief, both samples were broadly
25 similar in demographic characteristics. For example, the majority of respondents were women, (Irish 69% and
26 non-Irish 78%). Irish respondents with a history of a CP were slightly older (36-45 years) than those in the non-
27 Irish sample (26-35 years). Similar proportions from both samples reported: higher levels of education; being
28 currently married; having two children; and that religious beliefs were important to them. Interestingly,
29 respondents from the non-Irish sample were largely in the higher social classes (SC1-2) compared to the Irish

1 respondents who were mostly from lower social classes (SC3-4). However, as these demographic characteristics
2 are reflective of respondents' current status and not their status at the time of the CP, any further conclusions are
3 limited.

4
5 Insert Table 1 here
6

7 *Age at time of CP*

8 Both samples generally showed similar trends. The highest proportion of CPs from the Irish and non-Irish
9 sample occurred at the age of 18-25; 41% and 58% respectively. The age group of 36-45 had the lowest
10 incidence of CP in both samples.

11 *Method of contraception used at time of CP*

12 The type of contraceptive used at the time of CP for Irish adults and non-Irish adults also showed similar trends.
13 Similar proportions of adults from both groups reported using used contraceptive methods with the lowest
14 efficacy and highest potential of misuse (20.6% and 14% respectively). Just two participants in both groups
15 reported using contraceptive methods with high intrinsic efficacy and low potential of misuse (0.5% and 3.5%
16 respectively) at the time of their CP.

17 *Outcome of the CP*

18 Approximately, 62% of CPs occurring in Irish adults in this study resulted in parenthood. This is compared to
19 more than four out of ten (47%) of CPs in non-Irish adults. Consequently, abortion rates were higher among
20 non-Irish adults where approximately 35% resulted in abortion, compared with just 19% in Irish respondents.

21 *Chi square analyses*

22 Chi square analyses were used to check for any significant differences between the Irish and non-Irish samples
23 on the three variables related to their CP: age at the time; method of contraception used at the time of
24 conception; and outcome of the CP. The results of these analyses are presented in Table 2. No significant
25 differences were found between groups on age at the time of the CP and method of contraception used at the
26 time of the conception. Statistically, the two groups were significantly different in terms of outcomes of CP, χ^2
27 $(1, 390) = 7.30, p < 0 .01$. In summary, non-Irish adults reporting an experience of CP were significantly more
28 likely to have had an abortion, compared to their Irish counterparts. Conversely, Irish adults were significantly
29 more likely to opt for parenthood compared to non-Irish adults, when faced with a CP.

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1 restricted access to abortion. Therefore, only cautious implications can be drawn from these findings with
2 respect to informing policy and health care services.

3 The highest percentage of Irish and non-Irish respondents reporting an experience of CP from both samples
4 were in the 18-25 years age group. This finding echoes other studies that have found the same age group with
5 the highest rates of unwanted pregnancy [20, 22]. Another trend noted was the use of less reliable contraceptives
6 (low efficacy and high potential of misuse) at the time of CP by both Irish and non-Irish adults. Therefore, this
7 study cautiously suggests that the awareness of, and access to, contraception with high efficacy is poor among
8 adults living in Ireland. Awareness campaigns should promote the advantages of long-acting reversible
9 contraceptives (LARCs), particularly among younger adults; with a view to improving uptake of this form of
10 contraception and encouraging planned parenthood from a young age.

11 One key finding was the significant difference found in the outcomes of CP, between Irish and non-Irish adults.
12 Non-Irish adults were more likely to opt for an abortion compared to Irish adults. This finding is most likely
13 reflective of the availability of abortion services in the respondent's country of origin (i.e. most of the non-Irish
14 were from a European country where abortion is largely available). Of course, those who choose to migrate such
15 as the non-Irish participants in this survey may differ from nationals who stay in their own countries. Similarly,
16 we have no idea of the CP profile of those Irish-born young adults who could not feature in this Irish survey
17 because they themselves have emigrated. The larger number of Irish adults opting for parenthood over abortion
18 is likely to be in part related to the lack of access to abortion in Ireland, as well as to a complex set of personal
19 and societal attitudes to abortion [14]. Although the absolute number of non-Irish women with an experience of
20 CP and abortion will be smaller than Irish women, contraception as well as post-abortion services should
21 endeavour to promote their services to non-Irish adults living in Ireland as they have had proportionally higher
22 levels of abortion than their Irish counterparts.

23 In conclusion, this study generates a unique profile of Irish adults currently living in Ireland with an experience
24 of CP and explores some of the similarities and differences in the experience of a CP between Irish and non-
25 Irish adults. Enhanced promotion of LARCs to Irish and non-Irish younger adults, and targeted awareness of
26 post-abortion services among the non-Irish community living in Ireland, is recommended.

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5

6 **References**

- 7 1. The Alan Guttmacher Institute (1999). *Sharing responsibility: women, society and abortion worldwide*.
8 New York.
- 9 2. Black KI, Gupta S, Rasi A. (2010) Why do women experience unintended pregnancies? A review of
10 contraceptive failure rates. *Best Pract Res Cl Ob* 24:443-455.
- 11 3. McBride O, Morgan K, McGee H. (2012) *Irish Contraception and Crisis Pregnancy Study 2010: A*
12 *Survey of the General Population. HSE Crisis Pregnancy Programme, Dublin*. Full report available
13 from: <http://www.crisispregnancy.ie/publication/research-publications>
- 14 4. D'Angelo DV, Gilbert BC, Rochat R, et al. (2002) Differences between mistimed and unwanted
15 pregnancies among women who have live births. *Perspect Sex Repro H* 36(5):192-197.
- 16 5. Mohllajee AP, Curtis KM, Morrow B, et al. (2007) Pregnancy intention and its relationship to birth and
17 marital outcomes. *Obstet Gynecol* 109(3):678-686.
- 18 6. Hummer R, Scmertmann CP, Eberstein IW, et al (1995) Retrospective reports of pregnancy
19 wantedness and birth outcomes in the United States. *Soc Sci Quart* 76(2):402-418.
- 20 7. Kost K, Landry DJ, Darroch, JE. (1998) The effects of pregnancy planning status on birth outcomes
21 and infant care. *Fam Plann Perspect* 30(5):223-230.
- 22 8. David HP. (2006) Born unwanted, 35 years later: The Prague Study. *Health Pol Ser* 14(27): 181-190.
- 23 9. Hay C, Evans MM. (2006) Has Roe v. Wade reduced U.S. crime rates? Examining the link between
24 mothers' pregnancy intentions and children's later involvement in law-violating behaviour. *J Res*
25 *Crime Delinq* 43 (1):36-66.
- 26 10. Mosher WD, Jones J, Abma JC. (2012) *Intended and unintended births in the United States 1982-2010*.
27 *National Health Statistics Report, No.55*. <http://www.cdc.gov/nchs/data/nhsr/nhsr055.pdf> Accessed 13
28 March 2013.
- 29 11. Mahon E, Conlon C, Dillon L. (1998) *Women and crisis pregnancy*. The Stationery Office, Dublin.

- 1 12. Grimes DA, Benson J, Singh S et al. (2006) Unsafe abortion: the preventable pandemic. *The Lancet*
2 368: 1908-1919.
- 3 13. World Health Organisation (2012) Facts and figures about abortion in the European region.
4 [http://www.euro.who.int /facts-and-figures-about-abortion-in-the-european-region](http://www.euro.who.int/facts-and-figures-about-abortion-in-the-european-region). Accessed 28 June
5 2012.
- 6 14. Adoption Agency Ireland (2012) Research and statistics - Unplanned pregnancy common worldwide
7 (undated) <http://www.adoptadvisory.com/research02.asp>. Accessed June 25 2012.
- 8 15. Kelly A. (2011) Thousands of Irish flock to the UK annually. Available from:
9 [http://www.irishcentral.com/news/4500-Irish-women-travel-to-Britain-for-abortions-per-year-](http://www.irishcentral.com/news/4500-Irish-women-travel-to-Britain-for-abortions-per-year-122578789.html)
10 [122578789.html](http://www.irishcentral.com/news/4500-Irish-women-travel-to-Britain-for-abortions-per-year-122578789.html) Accessed June 25 2012.
- 11 16. UK Department of Health (2012) Abortion statistics - England and Wales 2011. Department of Health,
12 United Kingdom. <http://mediacentre.dh.gov.uk/2012/05/29/abortion-statistics-england-wales-2011/>
13 Accessed June 26 2012.
- 14 17. McBride O, Morgan K, McGee H. (2012) Recruitment using mobile telephones in an Irish general
15 population sexual health survey: Challenges and practical solutions. *BMC Med Res Methodol* 12-45.
- 16 18. Central Statistics Office (2010) Quarterly National Household Survey: Quarter 1 2010.
17 http://www.cso.ie/releasespublications/documents/labour_market/2010/qnhs_q12010.pdf
- 18 19. Sheldon JD, Taylor RN. (1981) The Pearl pregnancy index re-examined: Still useful for clinical trials
19 of contraceptives. *Am J Obstet Gynecol* 139(5): 592-596.
- 20 20. Finer LB, Zolna MR. (2006) Unintended pregnancy in the United States: incidence and disparities.
21 *Contraception* 84:478-485.
- 22 21. Biggs MA, Karasek D, Foster DG (2012) Unprotected intercourse among women wanting to avoid
23 pregnancy: attitudes, behaviors, and beliefs. *Womens Health Iss* 22(3):311-318
- 24 22. Coleman PK. (2006) Resolution of unwanted pregnancy during adolescence through abortion versus
25 childbirth: Individual and family predictors and psychological consequences. *J Youth Adolescence*
26 35(6):903-911.

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Table 1: Socio-demographic characteristics of Irish and non-Irish adults who experienced crisis pregnancy.

	Irish Sample (<i>n</i> = 334)		Non-Irish Sample (<i>n</i> = 57)	
	Un-weighted N (%)	Weighted %	Un-weighted N (%)	Weighted %
Gender				
Men	111 (33.2)	31.0	11 (19.3)	21.7
Women	223 (66.8)	69.0	46 (80.7)	78.3
Current age				
18-25 years	37 (20.2)	11.5	4 (37.3)	12.2
26-35 years	146 (43.7)	41.6	28 (49.1)	56.2
36-45 years	151 (45.2)	46.9	306 (43.9)	31.6
Education level				
Pre-Leaving Cert	64 (19.2)	28.2	4 (7.0)	4.8
Leaving Cert. or higher	270 (80.8)	71.8	53 (93.0)	95.2
Relationship status				
Married (and living with spouse)	151(45.2)	48.6	40 (70.2)	72.4
Cohabiting	73 (21.2)	15.9	4 (7.0)	5.7
Steady relationship (not cohabiting)	24 (7.2)	5.5	4 (7.0)	9.4
Casual relationship	17 (5.1)	7.9	2 (3.5)	1.3
Not in a relationship	69 (20.7)	22.1	7 (12.3)	11.1
Number of children ^a				
1	88 (26.3)	19.0	14 (24.6)	23.5
2	90 (26.9)	27.5	17 (29.8)	35.7
3	70 (21.0)	21.6	16 (28.1)	23.8
4-9	38 (11.4)	13.4	5 (8.8)	4.7
Social class				
SC 1-2	121 (36.2)	21.9	20 (35.1)	31.4
SC 3-4	121 (36.2)	37.9	13 (22.8)	25.9
SC 5-6	32 (9.6)	9.8	11 (19.3)	25.6
SC 7	60 (18.0)	20.4	13 (22.8)	17.2
Religiosity^b				
Important	150 (44.9)	47.3	36 (63.2)	67.3
Neither	45 (13.5)	13.8	3 (5.3)	4.3
Not important	139 (41.6)	39.0	18 (31.6)	28.4

Note. SC = Social class. ^a Variable contains minimal levels of missing data. ^b For brevity the levels of religiosity were recoded into three categories.

1 **Table 2:** Differences in the experience of Crisis Pregnancy between Irish and non-Irish
 2 adults.

	Irish Sample	Non-Irish Sample	χ^2 (df) (ϕ)
	N (%)	N (%)	
Age at time of CP			
8 <18 years	37 (11.1)	4 (7.0)	6.56 (388) (.11)
9 18-25 years	136 (40.7)	33 (57.9)	
10 26-35 years	78 (23.4)	13 (22.8)	
11 36-45 years	23 (6.9)	2 (3.5)	
12 Missing	60 (17.9)	5 (8.8)	
Method of contraceptive used at time of CP			
15 No method of contraception	145 (43.4)	25 (43.9)	4.15 (388) (.13)
16 Superior method	2 (0.5)	2 (3.5)	
17 Medium method	46 (13.8)	5 (8.8)	
18 Low method	69 (20.6)	8 (14.0)	
19 Missing	72 (21.6)	17 (29.8)	
Outcomes of CP			
22 Parenthood	206 (61.6)	27 (47.3)	7.30* (390) (.15)
23 Abortion	64 (19.2)	20 (35.1)	
24 Missing	64 (19.2)	10 (17.5)	

25 *Note.* CP = Crisis pregnancy
 26 * p<0.01
 27