women whose mother gave birth as a teenager were more likely to be young mothers than were those whose mother did not give birth as a teenager, other factors, such as socioeconomic status and family disruption, were associated with an increased probability of these teenagers’ becoming mothers. Similar results have been found in the United States for blacks and whites.13

Thus, the literature indicates that both the source of influence and whether the influence is direct or indirect are associated with teenagers’ pregnancy resolution decisions. Using data on Australian adolescent women, this article explores the direct and indirect influence of family members, partners and friends on young women’s decisions to terminate or continue a pregnancy.

In addition, this article examines young women’s living arrangement and area of residence, as these could be related to the source of the influence they may receive and whether they have access to abortion services. It is likely that young women who live with their family of origin would be more likely than those who live away from their family to receive influence from family members, whereas those who live with their partner would be more likely to experience influence from him. Area of residence is important to consider in this context because abortion clinics in New South Wales are concentrated around Sydney, with one clinic each in the regional centers of Newcastle, Tweed Heads in the north and Albury in the South. This makes accessing abortion services problematic for women who live in rural or remote areas of the state.

Methodology

Data

The data analyzed in this article are drawn from the Young Women’s Pregnancy Survey (YWPS), which was conducted in 1998 in Australia. The YWPS is a case-control study based on a survey of 1,324 adolescent women living in New South Wales or the Australian Capital Territory—a small, landlocked territory within New South Wales—who either were younger than 20 years and seven months and had given birth in the year preceding the survey, or who had terminated a pregnancy at one of several abortion clinics in New South Wales prior to their 20th birthday.*

New South Wales was chosen for the study because it is Australia’s most populous state, with Sydney as the state capital. Most residents of the Australian Capital Territory live in the city of Canberra. Canberra has one abortion clinic, which did not participate in the survey. There is no evidence to suggest that teenagers in the Australian Capital Territory are any different from others in New South Wales or that teenagers in New South Wales differ substantially from others in Australia.

For the purposes of this article, the two groups of adolescent women are referred to as the motherhood group and the abortion group, indicating the outcome of their pregnancies. The survey was a self-administered mail-in survey. A survey hotline was established for women to call if they required assistance with completing the survey or if they had questions about confidentiality and how the data would be used.

The survey was designed to examine various aspects of teenagers’ decisions to terminate or continue their pregnancy—some of which extend beyond the scope of this article, including questions about initiation of sexual activity, sexual history and contraceptive use. The survey also asked about the control that the respondent felt she had over her decision. This question was followed by a series of questions about who influenced the decision. Because influence could be consistent with or contrary to a teenager’s ultimate decision, the survey had separate questions to test for these events. To examine whether teenagers received indirect influence, the questionnaire asked about their mother’s, sisters’ and friends’ experiences of abortion and pregnancy.

The motherhood group received the questionnaire from the Department of Social Security, and the abortion group received the questionnaire upon attending an abortion clinic. Abortion clinics distributed questionnaires for three months. The Department of Social Security mailed approximately 3,000 surveys to young mothers. Of these, 1,122 surveys (37%) were returned. During the three months of the clinic survey, 202 surveys were returned. However, it is not possible to calculate a response rate for the abortion group because only one clinic maintained a register of the number of surveys it distributed. At that clinic, 34% of the surveys were returned. Response rates of this magnitude were expected, given the survey collection methods and the ages of the young women.

*Fourteen clinics in New South Wales were identified from the Yellow Pages telephone directory. Twelve clinics agreed to participate: eight in the Sydney area, and one each in Tweed Heads, Albury, Cambelltown and Newcastle. Of the two clinics that declined to participate, one rarely saw clients younger than 20, and the other could not manage the additional workload that survey administration would produce.