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Original Article

Unwanted Pregnancy and Abandoned Abortion Decisions among Disadvantaged Women: A Qualitative Study

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Abstract

Background: Unwanted pregnancy among disadvantaged women is often shaped by poverty, family instability, and limited social support. While some proceed with abortion, others initially consider it but ultimately continue the pregnancy. The present study investigated how women's lived experiences—reflections, evolving meanings of motherhood, and interpretations of social, economic, and familial circumstances—shaped the inner deliberations of those who intended abortion but chose continuation.
Methods: This phenomenological qualitative study, conducted from October 2024 to March 2025, employed Diekelmann's seven-step hermeneutic method to analyze the lived experiences of 12 low-income women who had considered abortion but ultimately decided not to proceed with it. Data were collected using semi-structured interviews, recorded and transcribed verbatim, and analyzed through iterative coding and thematic synthesis instead of statistical tests.
Results: The findings revealed six main themes: 1) Between bread and life: making sense of economic hardship and maternal choices; 2) The shadow of addiction: perceiving and navigating spousal addiction; 3) Support and assistance: interpreting emotional and practical guidance in decision-making; 4) Navigating physical strain, maternal responsibilities, and marital tensions; 5) Motherhood amid social judgment and stigma: personal meaning and reflection; 6) Negotiating men's roles: understanding support and pressure in abortion decisions.
Conclusions: Economic hardship, addiction, stigma, and relationship dynamics were interpreted and morally negotiated realities. Women's decisions to continue pregnancy arose from subjective meaning-making that balanced material constraints with ethical and emotional reflections.These findings call for reproductive health policies that respect women's agency and lived experiences within disadvantaged contexts.

Keywords: Abandoned Abortion Decision, Women, Unwanted Pregnancy, Poverty, Socioeconomic Factors, Familial Factors

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1. Introduction

Unwanted pregnancy is a multifaceted phenomenon influenced not only by social, cultural, and economic structures but also by women's own understanding and interpretation of their economic, familial, and social circumstances. Between 2015 and 2019, an estimated 121 million unwanted pregnancies occurred globally each year—64 per 1,000 women aged 15–49—of which 61% ended in abortion decision, 26% in unplanned births, and 13% in spontaneous miscarriage. This rate is notably higher in low- and middle-income communities, where access to contraception, sexual education, and healthcare is limited (1).

Abortion decision is a common reproductive experience worldwide, with over 73 million cases annually. Although global abortion rates declined in the late 20th and early 21st centuries, this trend was largely confined to high-income communities, while rates in low- and middle-income ones remained stable (2).

While abortion is often portrayed as an individual choice, women's decision-making emerges as a deeply interpretive process, shaped not only by personal circumstances but by how familial, economic, social, and cultural factors are experienced and given meaning. Women navigate emotional, financial, and relational challenges while negotiating expectations rooted in family traditions and community norms, actively interpreting whether abortion feels morally acceptable or forbidden—reflections that often become decisive in their ultimate choices (3). Relationship instability is a significant factor: nearly one-third of 954 women in a study cited unsatisfactory or absent partner relationships as a key reason for seeking abortion (4). Economic hardship is another central

driver, with 40% of women in a longitudinal study identifying perceived financial constraints as the primary reason for considering abortion (5). Perceived social support also plays a critical role; women with weaker social networks were nearly twice as likely to undergo an abortion decision, highlighting the importance of emotional and familial support in reducing distress and rushed decisions (6). For many, the decision to have an abortion is not experienced as a purely free choice but as a meaning-laden response to isolation, poverty, and culturally structured pressures (7).

Abortion raises complex ethical questions that deeply affect mothers' moral, emotional, and social well-being. Central to these dilemmas are the principles of autonomy, beneficence, and respect for life, which often come into tension during the decision-making process (8). While ethical frameworks emphasize the mother's right to make informed and autonomous choices regarding her body and future, these decisions are frequently accompanied by feelings of guilt, moral conflict, and social stigma (9, 10). Healthcare professionals involved in abortion care, such as midwives, also experience moral dilemmas as they strive to balance empathy, professionalism, and societal expectations (9). Furthermore, socio-political and religious contexts can influence women's ethical decision-making, as exposure to moralized public discourse or political narratives may shape perceived societal acceptability and personal judgment regarding abortion (11). Ethical care for women considering or undergoing abortion thus requires balancing respect for personal values with professional responsibility to ensure compassionate and nonjudgmental support. Ultimately, abortion highlights the need for ethical sensitivity in healthcare practice—acknowledging the complexity of women's lived experiences while promoting their psychological and physical well-being within a moral and culturally sensitive framework (12).

Unwanted pregnancy and the decision to continue or terminate it cannot be understood solely through demographic or structural indicators. Women's choices regarding unwanted pregnancies are rarely isolated acts of autonomy; rather, they reflect negotiations among structural constraints, emotional realities, and moral beliefs shaped by family and community expectations. While economic hardship, relationship instability, and limited social support are important contextual factors, women's subjective experiences—how they interpret and assign meaning to these circumstances—play a decisive role in shaping their reproductive choices. Particularly among disadvantaged women, abortion decisions are embedded in complex emotional, familial, and cultural contexts, reflecting a nuanced interplay between external pressures and personal deliberation. Therefore, the present study saught to investigate these lived experiences in depth, shedding light on the interpretive processes that guide women who initially consider abortion but ultimately decide to continue their pregnancies, offering insights into a phenomenon that is both socially structured and intimately personal.

2. Method

2.1. Design

This phenomenological qualitative study employed Diekelmann's seven-step hermeneutic method to explore the lived experiences of socioeconomically disadvantaged women who initially considered abortion but ultimately rejected it and continued their pregnancies. The focus of this study was on understanding the meanings, contextual factors, and interpretive processes involved in abandoning the decision to terminate a pregnancy. Hermeneutic phenomenology, with its emphasis on interpreting participants' experiences within their lived contexts, provided a suitable framework for capturing the complex psychological, social, and cultural dynamics underlying the rejection of abortion (13, 14).

2.2. Selection and Description of Participants

The participants were 12 low-income women who had considered abortion but ultimately decided not to proceed with it. Using purposive sampling, the participants were selected. The inclusion criteria were: women experiencing an unintended pregnancy, initially considering abortion but ultimately deciding against it, willingness to participate in an in-depth interview, and residence in socioeconomically disadvantaged areas. Recruitment specifically targeted women with similar socioeconomic disadvantages and comparable access to health and social services in order to provide a shared context of poverty and marginalization, which constituted the primary

focus of this study. To enhance variation and capture perspectives beyond a single cultural context, the participants were recruited from nine different regions of Iran—Tehran, Qom, Yazd, Zanjan, Shahrud, Dezful, Borujerd, Lamerd, and Pishva.

2.3. Sample Size Determination

Sampling proceeded until theoretical saturation was reached; that is, additional interviews no longer generated new codes, categories, or themes relevant to the study's focus. After the tenth interview, only repetitive ideas emerged, and by the twelfth interview, no new concepts were identified, at which point the research team agreed that sufficient depth and variation had been achieved to address the aims of the study.

2.4. Data Collection and Measurements

Data were collected through semi-structured interviews, each lasting for 45–60 minutes, conducted with informed consent and full ethical compliance. Open-ended questions were designed to investigate experiences of considering and ultimately abandoning abortion, focusing on the roles of personal circumstances, partner and family influence, economic pressures, and social support systems in shaping their decisions. Follow-up questions and participant feedback on preliminary findings enhanced depth and credibility.

2.5. Procedure

The study participants were recruited through community health centers and social service networks in socioeconomically disadvantaged areas. After receiving information about the study and providing written and verbal consent, each participant took part in a private semi-structured interview, conducted by a trained qualitative researcher. Interviews were held in locations chosen by the participants to ensure comfort and confidentiality and were audio-recorded with permission. Field notes were taken immediately after each interview and recordings were transcribed verbatim.

2.6. Data Analysis

Diekelmann's seven-step hermeneutic method was chosen because it offers a systematic and rigorous approach to phenomenological interpretation. This method provides explicit steps—from repeated readings to validation with participants and experts—that ensure both depth and credibility in the analysis. Unlike other approaches that may remain largely descriptive, Diekelmann's framework emphasizes the interpretation of meaning within participants' lived experiences, which was essential for capturing the complex, value-laden, and context-dependent decision-making processes surrounding abortion. Data were analyzed using the seven-step method (15) including: (1) repeated reading of transcripts, (2) identifying significant statements, (3) coding key concepts, (4) grouping codes into themes, (5) refining codes, (6) interpreting thematic relationships, and (7) validating findings through participant and expert feedback.

2.7. Trustworthiness and Rigor: Credibility was ensured through member checking, triangulation across data sources, peer debriefing with three experts, and maintaining an audit trail of the research process (16).

3. Results

The participants were 12 women, aged between 20 and 37 years old, mostly housewives, with educational levels ranging from primary school to a Bachelor's degree. Most had three or four children. The time of withdrawal from pregnancy varied from 7 months to 3.5 years before the interview. Also, their husbands aged between 28 to 48 years and were mainly employed in manual labor jobs such as construction workers, drivers, and factory workers. The husbands' educational levels were predominantly elementary or middle school. The study participants were from various cities across Iran, including Tehran, Qom, Yazd, Zanjan, Shahrud, Dezful, Borujerd, Lamerd, and Pishva.

3.1. Coding Structure and Theme Development

To enhance transparency and demonstrate analytic rigor, Table 1 summarizes the relationship between the six main themes, their subthemes, and illustrative initial codes. Themes were generated through iterative phenomenological analysis of participants' narratives, moving from line-by-line coding to clustered subthemes and final thematic integration. The initial codes capture participants' own words or close paraphrases, showing how lived experiences guided the interpretive process.

Table 1: Themes and subthemes of women's abortion decision-making

Theme	Subthemes	Illustrative Initial Codes
1. Between bread and life: making sense of economic hardship and maternal choices	• Interpreting poverty as moral/emotional burden • Reconsidering abortion with external support	"Struggling with food and rent"; "poverty pushing toward abortion"; "charity support changed decision"; "husband's unstable income"; "hope for a loan or house"
2. The shadow of addiction: perceiving and navigating spousal addiction	• Experiencing insecurity and fear from partner's addiction • Protective reasoning shaped by family history	"Husband addicted and unemployed"; "fear of child suffering with addicted father"; "memories of addicted father"; "stress from partner's drug use"
3. Support and assistance: interpreting emotional and practical guidance in decision-making	• Emotional validation through charity or family help • Abandonment and loneliness when support absent	"Charity gave baby items and eased anxiety"; "family didn't support me"; "feeling capable after receiving help"; "crying alone after birth"
4. Navigating physical strain, maternal responsibilities, and marital tensions	• Health risks and bodily limits • Overload of childcare and marital conflict	"Heart problem and difficult pregnancies"; "bleeding problems with twins"; "no one to care for me"; "worry about raising twins alone"; "unemployed husband"
5. Motherhood amid social judgment and stigma: personal meaning and reflection	• Internalizing social mockery for multiple children • Negotiating self-worth against public criticism	"People mocked me for many children"; "looked down on me for large family"; "mother worried about me being alone"; "feeling shame during daughter's dowry"
6. Negotiating men's roles: understanding support and pressure in abortion decisions	• Supportive involvement enabling agency • Coercion and emotional threats undermining autonomy	"Husband offered to get abortion pills"; "mocked and insulted by husband"; "felt pressured to abort for economic reasons"; "avoiding husband during pregnancy"

This study identified six main themes and several subthemes related to women's experiences and decision-making regarding abortion, as follows.

3.1.1. Between Bread and Life: Making Sense of Economic Hardship and Maternal Choices

The participants' narratives reveal how socioeconomic pressures were deeply felt and interpreted within their lived realities, shaping their contemplation of abortion and their eventual decisions. Economic hardship was not merely an external circumstance but a lived experience that influenced emotional, cognitive, and moral reasoning about pregnancy. Participant 4 reflected on her struggle: *"My financial situation was not right for pregnancy. We struggled with food and rent. My husband worked in harsh conditions, but we barely made ends meet. I told him, 'I don't want this child, let's abort."*

Participant 1 described the internal tension arising from poverty and family circumstances: *"Our poverty pushed me to think about abortion. We were renters, and my husband was a recovering addict."* Similarly, Participant 7 recounted her immediate reaction to pregnancy under constrained conditions: *"When I found out I was pregnant, I immediately decided to abort because I couldn't handle it with my two other children."*

However, participants' experiences also illustrate how external support and changing circumstances were interpreted and re-negotiated within their personal world. Participant 7 explained: *"Clinics refused an abortion because the fetus's heart had formed. Medication was only available in certain provinces and was expensive. Later, charity support with household items and emotional care made me reconsider and hope that maybe this third child would help us get a house or a loan.*

3.1.2. The Shadow of Addiction: Perceiving and Navigating Spousal Addiction

Participants' narratives illustrate how spousal addiction was experienced as a profound emotional and psychological burden, shaping their reflections on pregnancy and maternal responsibility. The impact of addiction was not merely external but deeply intertwined with women's sense of safety, ethical concerns, and hopes for their children's well-being.

Participant 2 described her lived experience: *"My husband was addicted and unemployed, so he suggested abortion. I worked, but we rented and*

couldn't find a suitable home for our four children." This account highlights how she perceived and interpreted the stress and uncertainty caused by her husband's addiction, which influenced, but did not determine, her contemplation of abortion.

Similarly, Participant 9 reflected on her personal history and its influence on decision-making: *"My father was addicted, and I suffered growing up. I didn't want my child to suffer because of an unhealthy father."* In this study, the narrative emphasizes her subjective apprehension and protective reasoning, showing how her internalized experience of familial addiction shaped her choices.

3.1.3. Support and Assistance: Interpreting Emotional and Practical Guidance in Decision-making

Participants' narratives reveal that the presence or absence of support was deeply experienced, shaping their emotional states, sense of agency, and decision-making about continuing pregnancy. Support was interpreted not only as practical aid but also as a source of security, hope, and validation within a challenging life context.

Participant 6 described her lived experience: *"They told me they would support me with food and baby items until delivery. They gave me clothes and everything I needed."* For her, this assistance reduced anxiety and allowed her to feel capable of continuing the pregnancy. Participant 2 similarly reflected: *"I told a charity worker about my financial problems. They promised to help, and that eased my mind a bit."*

Conversely, lack of support was experienced as abandonment and emotional burden, intensifying stress, loneliness, and uncertainty. Participant 7 recounted: *"My family didn't support me. My father, who was mentally ill, once kicked me out with my children at 3 a.m. My husband's family didn't care either. After giving birth 12 days ago, I've been left alone to care for the kids, crying and wondering why I'm in this situation."* This account highlights how the subjective perception of neglect or absence of support amplified emotional distress and complicated the decision-making process.

3.1.4. Navigating Physical Strain, Maternal Responsibilities, and Marital Tensions

Participants' narratives illustrate how physical health challenges, responsibilities toward existing children, and marital conflicts were experienced as intertwined pressures, influencing their emotional and moral reasoning.

Participant 2 reflected on her lived experience of physical strain: *"I had a heart problem, and my pregnancies were hard, especially the last one. I was on strict rest."* Here, the narrative highlights how awareness of bodily limitations and health risks informed her reflections on the feasibility of continuing the pregnancy.

In situations of compounded pressures—such as multiple pregnancies, limited financial resources, and lack of support—women experienced heightened emotional stress and uncertainty. Participant 10 recounted: *"When I found out I was having twins, I worried how I could raise them alone with my unemployed husband. I also had bleeding problems and no one to care for me. I thought it would be better if I aborted."* Her account emphasizes the subjective experience of vulnerability and the weight of responsibility, showing how internal deliberation interacts with external challenges in shaping reproductive decisions.

These narratives demonstrate that women's decision-making reflects a dynamic negotiation between internal capacities, lived responsibilities, and relational tensions, highlighting the complexity of maternal choice under pressure.

3.1.5. Motherhood Amid Social Judgment and Stigma: Personal Meaning and Reflection

Participants' narratives reveal how social scrutiny and stigma were deeply felt and interpreted, shaping their emotional experience and contemplation of abortion. Social pressures were not experienced as abstract judgments but as intensely personal, lived realities that influenced feelings of shame, self-worth, and maternal identity.

Participant 3 reflected on her lived experience of societal judgment: *"People mocked me for having many children while preparing my daughter's dowry."* This account illustrates how external critique was internalized and negotiated within her own sense of responsibility and identity as a mother.

Similarly, Participant 10 described the tension

between familial concern and broader social judgment: *"My mother worried about me being alone, but others looked down on me for having many children."* Her narrative highlights the interplay between internalized societal expectations and personal decision-making, showing how women actively interpret and respond to stigma while navigating reproductive choices.

These accounts emphasize that women's decisions were shaped not just by social pressures themselves, but by how they were experienced, felt, and given meaning within their lived worlds.

3.1.6. Negotiating Men's Roles: Understanding Support and Pressure in Abortion Decisions

Participants' narratives show that women actively interpreted and negotiated their husbands' involvement, shaping their own sense of agency in decision-making. Men's roles were experienced along a spectrum—from supportive to coercive—but the subjective perception and emotional impact of these behaviors were central to women's lived experiences.

Participant 4 reflected on her experience of supportive involvement: *"I told my husband I couldn't endure anymore and wanted an abortion. He said, 'Okay, no problem. Should I get you the pills?'"* This account illustrates how perceived support enhanced her sense of control and legitimacy in her decision-making.

Conversely, Participant 3 described experiences of coercion and emotional pressure: *"During my pregnancy, I avoided him. He mocked the children and me, saying, 'Look at your mother, what are you going to do?'"* Her narrative highlights the lived emotional burden and the negotiation of autonomy in the face of spousal pressure, showing that decision-making involved active interpretation and resistance, not mere reaction to external forces.

4. Discussion

The present study explored how socioeconomically disadvantaged Iranian women made sense of withdrawing from abortion and continuing unintended pregnancies. Six interrelated themes emerged: economic hardship, spousal addiction, emotional and practical support, physical and marital strain, social stigma, and the negotiation of men's roles. Together, these findings revealed that women's decisions were not shaped by single factors but by an intricate interplay of poverty, relational dependence, cultural expectations, and moral reasoning. The mechanisms underlying these decisions appear to involve a dynamic negotiation between external constraints—such as financial pressure and social judgment—and internal processes of meaning-making, resilience, and maternal identity formation. In contexts where women face economic vulnerability and limited reproductive autonomy, rejecting abortion can represent an active moral choice rooted in cultural values of motherhood, faith, and endurance rather than mere passivity or lack of options.

Consistent with previous research, economic hardship was the most frequently cited context for initially considering abortion (7, 17, 18). The study participants described poverty as a moral and emotional burden that shaped their self-worth and maternal identity. For example, women narrated how "struggling with food and rent" or "husband's unstable income" provoked inner conflict, moral questioning, and fluctuating feelings of responsibility. This finding echoed previous studies showing that material deprivation often translates into a profound sense of moral inadequacy, where economic scarcity is experienced not merely as a financial constraint but as a threat to one's capacity to mother responsibly (17, 18). In line with these reports, participants in our study framed abortion decisions as negotiations between the economic realities of survival and the ethical meaning of motherhood, illustrating how structural poverty is internalized as a deeply felt moral dilemma.

Spousal addiction was similarly more than a material risk factor. Women articulated fear, shame, and protective reasoning rooted in personal histories of addiction, as when one participant linked her decision to memories of growing up with an addicted father. Such accounts reveal how addiction was interpreted as a threat to children's future and to the moral legitimacy of motherhood. This finding aligned with literature documenting the intergenerational and psychosocial consequences of parental substance use (19). In our study, addiction was not only perceived as a source of financial instability but also as a deeply embodied reminder of past suffering, prompting women to weigh the potential transmission of trauma, emotional neglect, and social stigma to

their children. Their narratives underscore how decisions about abortion were shaped by an active moral calculus in which protecting a child from an environment of addiction was seen as a maternal responsibility, even when this meant challenging cultural expectations of unconditional motherhood and self-sacrifice (20). Consistent with previous research, several participants reported that adequate emotional, social, or financial support from family, partners, or organizations could have influenced their decision not to terminate their pregnancies, while also fostering hope, acceptance, and empowerment, highlighting the key role of interpersonal and economic support in abortion decision-making (21).

The study participants also described navigating physical strain, maternal responsibilities, and marital tensions as a deeply embodied experience. Health complications, caregiving overload, and marital discord were lived pressures that shaped perceptions of vulnerability and moral reasoning. The family stress model helps contextualize these experiences: intersecting stressors overwhelmed coping resources and narrowed perceived options, making abortion feel at once protective and threatening (22). This resonates with research showing that intimate partner violence and emotional neglect heighten abortion rates (23), yet our findings extend beyond structural risk by illuminating how these conditions were felt—as bodily exhaustion, moral conflict, and shifting self-understanding—within the lived world of reproductive decision-making.

Motherhood amid social judgment and stigma emerged as another theme. Women internalized ridicule for high parity or late pregnancies—"people mocked me for many children"—and negotiated feelings of shame and self-worth. Stigma in this study, in line with other studies (22, 24), was not an external label but a lived, relational experience embedded in family interactions and societal expectations (24). From a family systems perspective, these judgments reverberated within household dynamics, shaping communication, decision-making, and emotional support (22).

Finally, negotiating men's roles highlighted the fluid interplay of support, coercion, and agency. The study participants described husbands who alternated between practical help (offering to obtain abortion pills) and emotional threats (mockery, pressure to abort), forcing women to continually reinterpret their autonomy. This ambivalence underscores that reproductive decision-making is relational as well as personal and echoes prior research on the dual role of male partners in shaping women's reproductive autonomy (25).

4.1. Limitations

Our study offered valuable insights into the experiences of socioeconomically disadvantaged women who initially considered abortion but ultimately decided to continue their pregnancies. However, several limitations should be acknowledged. Although the participants were recruited from nine different regions of the country, the sampling strategy intentionally targeted women sharing a common context of economic disadvantage and similar access to health and social services. This approach ensured socioeconomic homogeneity but may have limited the depth of exploration of regional, cultural, and religious variations that inevitably shape reproductive decision-making. While geographic dispersion introduced some potential cultural diversity, the present study did not fully examine these subtle differences across regions. Moreover, the limited size of the qualitative sample reduces the extent to which the findings can be transferred to other contexts and the lack of perspectives from partners, family members, and support providers narrows the depth and comprehensiveness of the interpretations. The sensitive and culturally charged nature of abortion may also have led to underreporting or selective disclosure due to social stigma. Interviewer bias and the challenge of ensuring cultural sensitivity during discussions of abortion-related topics may have further influenced data collection and analysis.

5. Conclusions

The findings showed that economic hardship, spousal addiction, relational support, physical strain, social stigma, and male partner involvement are not merely external conditions but are interpreted, felt, and negotiated within each woman's moral, emotional, and embodied world. Women actively weigh material constraints against ethical considerations, safety concerns, and anticipated social judgment, illustrating that reproductive decision-making is a

dynamic, relational, and interpretive process. By foregrounding women's subjective perspectives, the present study contributes a nuanced phenomenological understanding of abortion decision-making, demonstrating that women's experiences encompass both external realities and the interpretive, meaning-laden processes through which they navigate reproductive and maternal responsibilities. These insights underscore the importance of integrating relational, emotional, and ethical dimensions into reproductive health policies and support programs, acknowledging women's agency within structurally constrained circumstances. Future research should incorporate greater demographic and cultural diversity, include perspectives of male partners and key social networks, and examine the intersection of poverty, culture, and religion in shaping the rejection of abortion decisions. In addition, policy-focused studies using gender-sensitive and equity-based frameworks could help design more effective and contextually grounded interventions for vulnerable women.

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Authors' Contribution

Fatemeh Malekshahi: Substantial contributions to the conception and design of the study, acquisition of data; drafted the manuscript. Soraya Masoumi Bakhshayesh: Substantial contributions to the conception and design of the work, the acquisition, analysis, and interpretation of data; drafted the manuscript. Elham Fathi: Substantial contributions to the conception and design of the study; critically revised the manuscript for important intellectual content. All authors approved the final version of the manuscript and agree to be accountable for all aspects of the work, ensuring that any questions related to the accuracy or integrity of any part of the study are appropriately investigated and resolved.

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Ethical Approval

The ethics committee approved the present study with the code of IR.QOM.REC.1404.002. Also, the participants provided verbal and written consent; they were assured of anonymity and confidentiality, and informed of their right to withdraw. Interviews were conducted in a safe, respectful, and non-judgmental setting.

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