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VIEWS OF DUNEDIN PUBLIC ON THE RECOMMENDATIONS OF THE ROYAL COMMISSION ON CONTRACEPTION, STERILIZATION AND ABORTION IN NEW ZEALAND

GABRIELLE M. MAXWELL and SIK HUNG NG
University of Otago

Public debate has followed the recommendations of the Royal Commission on Contraception, Sterilization and Abortion. It has been variously claimed that the findings reflect or do not reflect public opinion. A sample of 285 Dunedin urban area residents was polled by telephone to provide some information on public views; albeit from an area which has proved to be relatively anti-abortion in previous surveys. The results suggest majority public support for: a wider range of grounds for abortion than recommended by the Commission, the continuation of the Auckland Medical Centre, and the involvement of no more than one doctor along with the child's genitors in the decision to abort. Counselling was supported by a majority but the idea of a panel as recommended by the Commission was rejected by the majority of respondents.

In May of this year, the report of a Royal Commission of Inquiry into Contraception, Sterilization and Abortion in New Zealand was published. The Commission report is to be translated into legislation to come before Parliament this year. The release of the report has been followed by considerable controversy particularly with respect to the recommendations on abortion. The recommendations advocate restricting the legal grounds for abortion to cases where there is danger to the life of the mother, serious danger to the physical or mental health of the mother, the pregnancy was the outcome of incest or when the pregnancy will probably result in the birth of an abnormal child. The general outline of the recommendation is that all women seeking an abortion should be referred to an authorised counsellor and that the decision should be subsequently taken by a panel of two authorised doctors and a social worker under the oversight of a Statutory Committee.

In the public debate that has followed the publication of the report, it has been claimed that "in adopting a conservative approach to the problem the Commission has probably reflected a wider New Zealand opinion". (Otago Daily Times, 1977). This study is an attempt to assess the accuracy of such a claim.

In the past, there have been a number of surveys of New Zealand opinion on the abortion issue. Several of these surveys are reviewed in Chapter 20 of the Royal Commission of Inquiry report on Contraception, Sterilization and Abortion in New Zealand. The Commission report states that such surveys have usually been advanced as indicating "public support for the existing law [presumably meaning the current abortion situation] or for reform of the law" [presumably to enable

abortions to be obtained easily]. The Commission report then goes on to suggest that they have discounted the evidence of past surveys because of faults in methodology or interpretation and the problem that surveys can only give answers in terms of probabilities. They comment that "it is difficult to know whether the opinions expressed on these issues are based on adequate knowledge of the relevant facts or a full appreciation of the issues involved".

One is reminded of the apocryphal stories of legal defence which run along the lines of "He wasn't there but if he was he didn't do it, but if he did it wasn't his fault and if it was his fault there are mitigating circumstances that should be taken into account". The Commission seems to argue similarly in order to dismiss evidence of the increasing liberality of public views in New Zealand on abortion law and practice.

For instance, the report reviews a series of National Research Bureau surveys in 1972, 1974 and 1976 and comments that the methodology in respect of response and sampling procedures seem to have been satisfactory. These surveys show a tendency both for opinions to become less anti-abortion and for more agreement to emerge (i.e. fewer people held extremist positions either for or against in 1976 than in 1972). The surveys showed a majority in favour of abortion being available on a much wider range of grounds than the Commission recommends, namely:

	percent agreeing in 1976
the life of the mother was endangered	82.4
pregnancy was a result of a criminal act	76.4
mothers' physical health endangered by pregnancy ..	71.6
birth would probably result in a seriously deformed child	71.6
mothers' mental health endangered by pregnancy ..	64.9
woman and her doctor agree with the first 12 weeks of pregnancy	60.7
woman and her doctor decide it would be advisable not to continue pregnancy	53.6

About a third or more of the 1976 sample agreed that the following grounds should also be legally allowed:

mother under 16 years of age	45.7
mother's living conditions would not support another child	40.4
always legal within the first 12 weeks of pregnancy ..	31.5

Despite this evidence, the Commission has recommended a set of grounds considerably more restrictive than those which have substantial public support. The National Research Bureau surveys suggest, and the Commission seem to accept, that the sampling error leads to accuracy within ± 2 percent on the above figures. The only comment made by the Commission to justify discounting this evidence of public opinion is the general comment quoted earlier on difficulty of interpretation and

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usefulness of views not based on the full facts, and a suggestion that the responses favouring legalization when the woman and her doctor agree within the first 12 weeks of pregnancy has been treated by respondents "as containing some medical factor". It seems likely that the Commission is open to criticism in re-interpreting a phrase which would not necessarily have such an implicit meaning.

It can be suggested that the answer to the Commission's dilemma is to continue to ask the public what they think of proposals for abortion law reform, when such proposals have been given adequate publicity. An obvious opportunity is to sample opinion on the Commission's own recommendations at a time when they have been given maximum publicity. The study described in this paper attempts to do exactly this in the Dunedin population.

It is important to note the findings of the National Research Bureau surveys, which the Commission seems to regard as sound, on the relative illiberality of Dunedin opinions compared with opinions in the rest of the country. The Commission reports that in the National Research Bureau surveys:

Residents in the North Island (and Auckland City in particular) were found to be more liberal than South Island residents (especially those in Dunedin City).

METHOD

Sample

Telephone numbers listed in the Dunedin directory were divided into 33 blocks, 30 of which were randomly assigned to 30 staff and student interviewers from the University of Otago, Department of Psychology. The remaining three blocks were completed by four of the interviewers taking extra numbers. For each block of numbers the first number was randomly chosen and thereafter every 100th number was chosen. Only residential numbers were used and the initial approaches were made in the early evenings of Friday (29th April), Saturday (30th April), Monday (2nd May) and Tuesday (3rd May) or from 11.00-2.00 p.m. on the Saturday. All the interviews were completed by Wednesday, 4th May, within a week of the intense publicity accompanying the release of the Commission report on Tuesday, 26th April. Only persons aged 18 or over were interviewed.

Four hundred and five numbers were called, of which 285 completed the questionnaire (i.e. 70.4 percent), 42 were called at least three times without a reply (i.e. 10.4 percent) and 78 were refusals (i.e. 19.3 percent). Most of the refusals were from people who said they were not interested in the topic—many of them were older people who commented that it did not affect them and it was up to people who were affected. Only a very few of the refusals were from people who were angry at having been called and who seemed to have strong views on the subject.

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The sample cannot be regarded as a truly random sample. Ten percent of Dunedin households are without telephones and household composition is not governed by random factors. The method of sampling inevitably led to missing a disproportionately large number of younger people who often live in groups at one telephone number or who do not have a telephone. Those living alone, often older people, are more likely to have been contacted. Also, those who are most often out of the home in the early evening hours are less likely to have been successfully contacted. Thus the sample is neither truly random nor truly representative. Table 1 gives the age and sex proportions in the completed sample, with the corresponding figures of the Dunedin population shown in parentheses.

TABLE 1
Age and sex compositions of the sample and the Dunedin population*

Age	Male	Female	Total
18-19	4.6 (6.7)	1.3 (6.7)	2.8 (6.7)
20-29	18.3 (24.5)	24.3 (21.1)	21.6 (22.7)
30-39	22.1 (15.6)	20.4 (14.4)	21.2 (14.9)
40-49	20.6 (17.5)	19.1 (15.8)	19.8 (16.6)
50-59	13.0 (15.4)	17.1 (16.2)	15.2 (15.8)
60+	21.4 (20.3)	17.1 (25.8)	19.1 (23.1)
not stated	— —	0.7 —	0.4 —
Total	46.3 (47.9)	53.7 (52.1)	100.1 (99.8) percent

* Figures for the Dunedin population are shown in parentheses and are based on the 1971 census figures for all those in Dunedin telephone directory area.

Table 1 shows that not only were younger males (aged 18-20) and females (aged 18-19) under-sampled, but there was also a loss of males (aged 50-59) and females (60 or older) in the older age ranges. Overall, the sample over-represented the women, particularly those aged 20-59, and men aged 30-49.

Interview

On alternating calls, the interviewer asked to speak to a man or a woman living in the house. When the target informant consented to the interview, he or she was asked a series of standardised questions about the Commission's recommendations and opinions related to abortion (questions 1 to 9 in the interview schedule). Towards the end of the interview, the informant was asked about his/her age (question 10) and the interviewer would then identify and record the sex of the informant (question 11). Finally, the informant was asked to give other comments and thanked. Most of the interviews were completed in less than 10 minutes.

RESULTS

The news of the Commission's Findings was featured prominently in all the media on 26th and 27th April, a few days before the survey. As a consequence, 76 percent of the sample reported (in answer to the first question) that they had heard the news.

Overall Results

A summary of the overall answers to the opinion questions is given in Table 2. The wording of the questions is indicated by the italicised script; where the options were presented, these too have been italicised.

With regard to the question of the perceived effect of the Commission's recommendation on getting abortion (question 2), the modal opinion was that the effect would make abortion more difficult to obtain (42 percent, which was higher than any of the other three responses). The modal answers to the next three questions showed a more liberal attitude towards abortion than the Royal Commission's. Thus 42 percent thought getting an abortion should be made easier; 37 percent disagreed with the Commission's recommendation on abortion because it was too strict; and over 50 percent endorsed each of the first seven grounds as a basis for abortion, which included all the grounds recommended by the Commission as well as some which have been explicitly rejected. On the other hand, "economic problems", "unmarried mother", and 'woman doesn't want a baby' met with more disapproval than approval as grounds for getting an abortion.

TABLE 2
Summary of overall results (in percentages)

1. <i>Have you seen or heard news reports on the recommendations of the Royal Commission?</i>						
	Yes	No	Don't know			
	76	22	2			
2. <i>Do you think the effect of the recommendations will be to make getting abortions:</i>						
	Easier	More difficult	Much the same	Don't know		
	5	42	22	31		
3. <i>Do you think getting an abortion should be made:</i>						
	Easier	More difficult	Much the same	Not allowed	Don't know	
	42	10	27	8	13	
4. <i>On the whole, do you agree with the Commission's recommendations:</i>						
	Yes	No, too strict	No, too free	Don't know		
<i>on abortion</i>	21	37	6	36		
<i>on contraception</i>	28	12	7	53		
<i>on sterilization</i>	26	7	6	60		
5. <i>If abortions are to be available, we would like to know what you think should be the grounds? I have a list of possible grounds I'd like to read to you. Could you indicate what you think of each one?</i>						
	Yes	No	Don't know	Considered with others		
<i>danger to the life of the mother</i>	94	5	1	1		
<i>serious danger to physical health of mother</i> ..	92	5	2	2		
<i>serious danger to mental health of mother</i> ..	88	7	3	3		
<i>probable birth of an abnormal child</i>	82	12	3	2		
<i>incest</i>	79	12	8	2		
<i>rape</i>	79	13	5	3		
<i>older mother, e.g. over 40</i>	54	33	5	9		
<i>economic problems in family</i>	43	48	5	4		
<i>unmarried mother</i>	39	47	5	10		
<i>woman doesn't want a baby</i>	34	52	8	6		

6. *If abortions are to occur, do you think professional counselling should accompany a decision?*

Yes	No	Don't know	Available but not mandatory
75	15	3	8

7. *If abortions are to occur, who do you think should take the decision?*
(The informant is left to mention the person or persons without probing.)

Frequency of mention:

Doctors	One - 57; Two - 5
Psychiatrist	5
Counsellor or social worker	7
Mother	80
Father	23
Panel	4
Abortion should not be allowed	4
Don't know	1

Combinations mentioned:

Only the mother and/or father	31
One doctor with or without mother and father	46
One professional other than a doctor, with or without mother and father	1
Two professionals with or without mother and father	12
More than two professionals with or without mother and father (including replies mentioning the panel)	6
Abortion should not be allowed	4
Don't know	1

8. *The Commission recommends that the decision on whether an abortion is legal should be made by a panel of two doctors and a social worker under the oversight of a Statutory Committee. Do you agree with this recommendation?*

Yes	No	Don't know
34	59	7

9. *Do you think the Auckland Medical Aid Trust's Centre at Aotea Hospital should be able to continue to operate on its present lines?*

Yes	No, too free	No, should be more liberal	Don't know
53	21	4	23

While a large majority of the opinion favoured professional counselling to accompany an abortion decision (question 6), the majority also disagreed with the panel system as recommended by the Commission (question 8). Answers to question 7 indicate that the general opinion favoured the mother only, or the mother and her doctor as the main decision-makers in abortion.

Finally, the majority thought the Auckland Medical Aid Centre should be able to continue operating on its present basis.

Opinions on abortion

A large proportion of the respondents (31 percent) were not certain about the effects of the recommendations on the availability of abortions. Women were more often uncertain than men, as can be seen in Table 3. Of those who had formed an opinion on the effects, 61 percent felt the recommendations would make abortion more difficult to obtain.

TABLE 3
Opinions on the effects of recommendations on the availability of
abortions — percentages

	Male	Female	Total	Percentage total with an opinion
Easier	8	3	5	7
Much the same as now	22	22	22	32
More difficult	44	40	42	61
Don't know	27	36	31	X
Total	101	101	100	100

When asked whether they thought abortion should be easier, more difficult, etc. to get, 13 percent of the informants said "don't know". Of those who had a definite view, 48 percent were pro-abortion, as opposed to a combined total of 21 percent who thought that getting an abortion should be made more difficult or not allowed at all, as shown in Table 4. A clear majority of 79 percent do not favour increasing the difficulties of obtaining abortions.

Further analysis of the whole sample shows that the most pro-abortion group were males aged 18-29, and the most anti-abortion group were women of 60 or older, followed by women in their thirties. The rest of the sample was more or less evenly divided between those who thought abortion should be easier to obtain on the one hand, and those who either thought abortion should be made more difficult, not allowed at all, or remain as it is now. Table 5 sets out the results.

TABLE 4
Opinions on whether or not abortion should be more readily available
— percentages

	Male	Female	Total	Percentage total with opinions
Easier	48	37	42	48
Much the same as now	24	30	27	31
More difficult	6	14	10	12
Not allowed	9	7	8	9
Don't know	13	13	13	X
Total	100	101	100	100

TABLE 5
Percentages thinking it should be easier to obtain abortions than at present,
by age and sex

Age:	18-29	30-39	40-49	50-59	60+	Not classifiable
Males	60	48	44	41	43	
Females	44	32	41	42	23	
N	69	60	56	43	54	3

When the percentages in Table 5 are weighted by the proportions in the Dunedin population as at the 1971 census, the aggregate results (see Table 6) conform closely to the unweighted results presented in Table 4. The latter are reproduced and shown in parentheses in Table 6 for comparison. This suggests that the lack of sampling balance with respect to age and sex has not resulted in a bias towards either the pro- or anti-abortion views.

TABLE 6
Comparison of replies to ease of obtaining abortions weighted by 1971 census proportions with actual sample results (in parentheses)

Abortions should be	Male	Female	Total
Easier to obtain	49.1 (48.1)	36.2 (36.8)	42.4 (42.0)
More difficult	5.8 (6.1)	12.7 (13.8)	9.4 (10.2)

Relationship between attitude towards the availability of abortion and the perception of the effects of the Commission's recommendations on the availability of abortion

The anti-abortion group were more likely to be uncertain about the effects of the recommendations and were least likely to perceive the recommendations as leading to increased difficulty in obtaining abortion. On the other hand, the pro-abortion group were more inclined to perceive that the recommendations would increase the difficulty of obtaining abortions, and a fewer proportion of them gave the "Don't know" answer. The corresponding perceptions of people who favoured the status quo were intermediate between those of the pro- and anti-abortion groups, as shown in Table 7.

Agreement and disagreement with the Commission's recommendations

The majority of the people who had opinions on the recommendations on the whole agreed with those on contraception and sterilization, but felt that on the whole the abortion recommendations are "too strict".

TABLE 7
Opinions on the availability of abortion by opinions on the effect of recommendations — percentages

Effect of recommendations	Obtaining abortions should be:			Total with an opinion
	Easier (Pro-abortion)	Much the same as now	More difficult or not allowed (Anti-abortion)	
Easier	5.9	1.3	11.8	
Much the same as now	16.8	22.4	27.5	
More difficult	53.8	43.4	23.5	
Don't know	23.5	32.9	37.3	
Total	100.0	100.0	100.1	
N	119	76	51	246

Table 8 gives details. It is important to note, however, that the majority did not know enough about the contraception and sterilization recommendations to have formed opinions.

TABLE 8
Opinions on the recommendations — percentages

	Males	Females	Total	Percentage of those with opinions
(a) Abortion				
Agree	22	19	20.5	32.2
No, too strict	37	36	36.7	57.8
No, too free	5	7	6.4	10.0
Don't know	35	38	36.4	X
Total	99	100	100	100
(b) Contraception				
Agree	28	28	28	59.1
No, too strict	12	12	12	25.0
No, too free	5	9	7	15.1
No, mixed feelings	0	1	0	.8
Don't know	56	50	53	X
Total	101	100	100	100
(c) Sterilization				
Agree	21	30	25.8	64.6
No, too strict	9	6	7.4	18.6
No, too free	7	6	6.4	15.9
No, mixed feelings	0	1	.4	.9
Don't know	63	57	60.1	X
Total	100	100	100.1	100

Grounds for abortion

A clear majority of the whole sample agreed with all the grounds recommended by the Commission and favoured a wider range of grounds including rape (79 percent) and age of the mother (54 percent). Further analysis shows that 58 percent of the whole sample endorsed at least seven of the listed grounds (see Table 9a). Table 9b also shows the average number of grounds agreed to in relation to opinions on abortion. On average, almost twice as many grounds were agreed to by the pro-abortion group as the anti-abortion group. It is worth noting that the restricted list of grounds recommended by the Commission only finds favour with the majority of the anti-abortion group who comprise only 18 percent of the sample.

Taking the decision

Most of the sample (77 percent) nominated the mother (and/or father) either with or without one Doctor should take the decision about termination (see Table 10). Many people, particularly women, mentioned that only the familiar family doctor should need to be involved. Unfortunately, the extent of concern about the familiarity of the doctor cannot be directly inferred from the data since the relevant question was not specifically asked. The extremely low proportions

of people who spontaneously mentioned more than two professionals or a panel (6 percent) suggests that the involvement of several unfamiliar professionals is seen as unnecessary by all but a small number of the sample. When asked specifically about the panel system proposed by the Commission, 59 percent of the whole sample disagreed with it.

Replies mentioning only the mother and/or father were most frequent among those under 30 where 45.1 percent made such a reply. The suggestion of a doctor with or without the mother and father was made most frequently by the women 30-50 (58.3 percent of them making this reply) and by those 60 or older (58.2 percent). More than one professional was most often mentioned by males 30-60 (23.6 percent compared to 17.2 percent overall).

TABLE 9
(a) Cumulative percentage of number of grounds endorsed in reply to Question 5

All 10 grounds	24.0
At least 9 grounds	32.1
At least 8 grounds	40.6
At least 7 grounds	57.9
At least 6 grounds	75.2
At least 5 grounds	84.7
At least 4 grounds	89.3
At least 3 grounds	95.3
At least 2 grounds	95.3
At least 1 ground	96.0

(b) Average number of grounds endorsed in reply to Question 4 on whether abortion should be easier or more difficult to obtain

It should be:	Easier	Much the same	More difficult or not allowed	Don't know	Total
Average number of grounds	8.4	6.7	4.5	5.9	6.9
N	119	76	51	39	285

Interview bias

As this study involved a large number of interviewers with varied views on abortion, it was decided to analyse the data for the possibility of interviewer bias. On the basis of their own replies to the questionnaire, the interviewers were divided into three groups of roughly equal size: most pro-abortion, moderately pro-abortion and least pro-abortion. None of the interviewers were definitely anti-abortion although some were only in favour of a limited number of grounds and felt that the Auckland Medical Aid Centre was too liberal. When the replies received from these three groups were compared on question 3 (should it be easier/more difficult to get an abortion), it was found that there were no significant differences between the three groups. In fact, the least pro-abortion interviewers tended to have obtained slightly more pro-abortion replies and the most pro-abortion interviewers tended to have obtained more anti-abortion replies. Thus the results do not seem to have been influenced by the opinions of the interviewers.

TABLE 10
Who should take the decision

Replies: mentioning:	Total		Male		Female	
	N	Percent	N	Percent	N	Percent
Only those immediately concerned (i.e. mother and/or father)	88	31.0	40	30.5	48	31.4
Only one doctor with or without mother and father	131	46.1	55	41.9	76	49.7
Only one professional other than doctor with or without mother and father	3	1.0	3	2.3	0	0.0
Two professional with or without mother and father	33	11.6	19	14.5	14	9.2
More than two professionals with or without mother and father (This category includes spontaneous mention of the panel.)	16	5.6	7	5.3	9	5.9
Abortions should not be allowed	10	3.5	6	4.6	4	2.6
No reply or don't know	3	1.1	1	0.8	2	1.3
	284		131		153	

DISCUSSION

In conclusion, it seems clear that both from past surveys and from the data presented here that the Commission's recommendations present a position which restricts abortion more than would a majority of the public. To justify such a position, the Commission has used rather specious arguments about knowledge of the issues and distracted attention from surveys by raising contentions about methodology which they themselves cannot sustain in at least the case of the National Research Bureau data. The adding of the word "serious" as a qualifier to grounds of danger to physical and mental health does not seem to be necessitated in the eyes of the public, as support for these grounds has been widespread in all the surveys reviewed by the Commission. The adding of the word "serious" seems only likely to increase restrictions on the availability of abortion beyond the point of substantial public agreement and in addition create considerable problems for the medical profession who are faced with the decision to interpret such a law. Furthermore, despite overwhelming support for abortion in the case of rape in all surveys, the Commission has decided against it as a ground. The possibility of considering other factors has also been ruled out by the recommendation, despite evidence that the public seem content for the medical profession to continue to make allowances for a variety of circumstances which, in their view, are related to the health of the mother.

All the surveys, including this one, seem to suggest that the public have confidence in the medical profession's ability and integrity in administering the law. The Commission does not share the public's confidence and hence promulgates recommendations about safeguards for decision making that are over and above those seen as necessary by the majority. Perhaps the Commission is right in suggesting that the public do not appreciate the complexity of the issues. But perhaps the unwieldy recommendations about panel procedures could suggest the Commission has also failed to appreciate social reality and has displayed a lack of confidence in the medical profession which can only increase bureaucratization and make it difficult for the doctors to act in good faith in the interests of their patients without fear of reprisals and attacks on their professional integrity.

Finally, it seems worth noting that the group in the population who proved most likely to favour the involvement of more than one professional in the decision-making were the males aged between 30 and 60, as it is this group who are most heavily represented in parliament which is charged with making a decision on behalf of the whole population.

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