

DO FAMILY PLANNING FIELD WORKERS APPROVE  
OF INDUCED ABORTION?  
THE CASE OF TAIWAN

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ABSTRACT

Induced abortion is generally illegal in Taiwan but available widely through private medical practitioners. The Government has begun to consider relaxing legal restrictions. The four hundred governmental family planning field workers there were surveyed about induced abortion. These could be involved in future governmental programs related to abortion. Major findings were that the workers although generally favorable to induced abortion are often unfavorable under certain circumstances, differ somewhat from the public they serve, and do not espouse views in consonance with existing laws. Furthermore, cumulative ethical judgment scales are shown to exist which could have important implications for educational approaches. Recommendations for in-service training and other program activity are made.

ACKNOWLEDGEMENT

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## INTRODUCTION

Taiwan's exceptional family planning efforts, begun in 1964 on an island-wide basis, have been instrumental in lowering its natural increase rate from 30 per 1,000 in 1963 to 19 by 1973.<sup>1</sup> This drop from 3% to less than 2% in a decade has been a remarkable achievement. The island, however, remains faced with the perplexing reality that in spite of intensive educational and service inputs, the crude birth rate has been stalled at 23 per 1,000 since 1973 (rising to 25.9 in 1976 and down again to 23.8 in 1977). The present three-year Family Planning Promotion Plan, which is part of the ongoing National Six-Year Economic Development Plan, calls for a lowering of the population increase rate to 1.7% by 1981. Such an achievement seems a difficult task with the rapidly increasing numbers of younger women who are entering marriagable ages. In addition to its efforts to shift emphasis to promoting later marriage, earlier use of contraception, and birth spacing among younger women, the government also has begun to consider relaxing present legal restrictions relating to induced abortion, including review of the present Criminal Law Code, and establishment of an Eugenic Protection Law.<sup>2</sup>

The existing bibliography on the closely-evaluated Taiwan family planning program is extensive<sup>3</sup> but relatively little study has been done on induced abortion to pave the way for change, presumably because of its official illegality in spite of widespread availability.<sup>4,5,6,7,8,\*</sup> This survey assesses the ethical orientations about induced abortion of the four hundred field workers who provide family planning education and services to the people of Taiwan. These workers represent the major link between the public health administration and the people the government serves and their attitude toward abortion seems critical to future population planning. The study also reviews their knowledge about abortion availability, practice, and referrals and was part of a larger study to explore the relationship of their basic beliefs about and value assessments of human life to their ethical judgments about induced abortion.

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\* From an unpublished paper on the effect of the family planning program on fertility decline in Taiwan, by T. H. Sun, Taichung: Institute of Family Planning, 1974.

1. Cernada, EC and Cernada GP. Taiwan. In: Family Planning in the Developing World, Watson, W. Ed. New York: The Population Council, 1977, pp. 22-24.
2. Wang, CM and Sun TM. Taiwan. *Studies in Family Planning*, 9: 247-250, 1978.
3. Chinese Center for International Training in Family Planning. Annotated Taiwan Population Bibliography. Taichung, Taiwan, 1974.
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5. Sullivan JM, Su, KH, Liu TH. The fertility effects of induced abortion in Taiwan. Taiwan Population Studies Working Papers, No. 10, Ann Arbor: University of Michigan Population Studies Center, 1974.
6. Chow, LP. Abortion in Taiwan. In: Abortion in a Changing World, Hall, R Ed. New York: Columbia University Press, 1970, pp. 251-259.
7. Freedman, R, Coombs, LC, Chang, MC, Sun, TH. Trends in Fertility, family size preferences, and practice of family planning: Taiwan, 1965-1973. *Studies in Family Planning*, 5:269-288, 1974.
8. Chi, IC, Chow, LP, Rider, Rv. The randomized response technique as used in the Taiwan outcome of pregnancy study. *Studies in Family Planning*, 3:265-269, 1972.

## METHOD

This survey was carried out by the authors in Taiwan under the auspices of the Taiwan Institute of Family Planning in 1973 and involved administration of a questionnaire in group settings at Taiwan's twenty county/city health bureaus to the four hundred governmental family planning field workers stationed in Taiwan's 314 townships and city districts.

The responses of the field workers to a Likert-like scale are analyzed to describe the nature and extent of the circumstances under which the workers indicate that induced abortion should or should not be done and also to provide empirical scores to indicate their comparative favorability toward induced abortion. In addition, a Guttman-like scale was developed to provide a cumulative ordered sequence of these ethical judgments in terms of their acceptability to an individual. Other questions related to knowledge, availability, and experience with abortion were asked to compare field worker approval with the public they served and also to determine the consonance of findings with existing legal and professional codes.

1. *Instruments.* An ethical judgment scale developed by Knutson<sup>9</sup> for use with U.S. public health professionals was the basic instrument modified for Taiwan's field workers. Extensive pretesting and review with local social scientists brought about a number of revisions incorporating cultural and linguistic adaptations as well as inclusion of new items to a) answer questions that had program and policy implications (e.g., acceptability of abortion if the reason was that Taiwan's population was already too large); b) replicate items asked in other studies (e.g., acceptability of abortion if pregnancy was due to contraceptive failure). The resulting questionnaire had 38 items on induced abortion randomly distributed among 74 items dealing with sterilization, the IUD, and the pill. Twenty-five such items which clearly discriminated among the lowest quartile of scores and the highest formed the final scale used to measure associational strength. This scale assigned weights scored as one to five on each of the 25 scale items with "always good" as 1 and "always bad" as 5. The possible score was from 25 to 125, with a low score indicating a position more favorable to abortion and a high score, more unfavorable. This scale had a reliability coefficient of .90, as calculated by the Kuder-Richardson formula 20 vs. the 17-item scale previously used among public health professionals which had a reliability coefficient of .95 in the U.S. and .81 in Taiwan.<sup>10</sup>

In addition, two non-parametric Guttman scales were developed using selected items

9. Knutson, AL. A New Human Life and Abortion: Beliefs, Ideal Values and Value Judgments. In: Psychological Perspectives on Population, Fawcett, JT Ed. New York: Basic Books, 1973, pp. 371-390.

10. Guilford, JP. Fundamental Statistics in Psychology and Education. New York: McGraw-Hill, 1965, pp. 458-461.

to examine the ethical judgments by order of their acceptability.

## FINDINGS

The findings are described as follows: (1) knowledge of availability of induced abortion and experience; (2) variation in field worker acceptability of abortion; (3) comparative approval of abortion by the field workers and the female public they serve; (4) consonance of the findings with existing law and professional codes. Recommendations for program implementation follow these.

1. *Field Worker Knowledge and Experience.* This survey found that:

- a) Ninety percent of the 399 workers indicated that induced abortion services were available in the town or district they worked; these services were not available virtually only in rural townships (20 percent of workers in rural areas indicated that abortion services were not present.)
- b) Private physicians appear to be the major source of this service (81 percent of the workers mentioned them). Private midwives were mentioned as doing abortions by only 1 percent.
- c) Abortions ranged in price from NT\$100-\$199 (NT\$38=US\$1 in 1975) through more than NT\$1,000. The price range of NT\$200-399 (approx. US\$5-\$10) was mentioned by 73 percent of the workers. The prices vary considerably by geographic area.
- d) Twenty-two percent of the workers responded that they were not aware that induced abortion was illegal in Taiwan. Although only 7 percent thought induced abortion unsafe (those done by other than physicians), another 50 percent were uncertain about the safety of the abortions being done.
- e) Some 60 percent had one or more relatives that had had induced abortions. Eighty-seven percent had been asked at least once to refer a person for an induced abortion. Thirty-three percent indicated that they had had one or more abortions themselves (or 36 percent of those ever married).

Certainly to be included among the possible reasons for the widespread practice of inducing abortion while there are legal sanctions against it are: a) prosecutions for violations of the law are rare (only 26 cases from 1948 through 1971) and seem to involve unusual extenuating circumstances;<sup>11</sup> b) many are not even aware that it is illegal (a recent study of government workers showed that from 21 to 74 percent did not know

11. Wang, TC. Law and Family Planning Taiwan. Taipei: National Taiwan University Law School, 1975.

that induced abortion was illegal under five circumstances used as illustration);\*\* c) there is a traditional Chinese view that in terms of taking reasonable action, formalized law has to give way to *li* (propriety and reasonableness);<sup>12</sup> d) the concept of banning induced abortion in order to protect the foetus may be of relatively recent (i.e., the 20th Century) and Western-oriented origin.<sup>13</sup>

## 2. *Variation in Acceptability of Abortion*

The findings are outlined as follows: a) an overview of variation in favorability among workers; b) the difference in favorability for married vs. unmarried women having abortion; c) the effect of whether the person having the abortion already had children or not; d) the effect of whether the person was using contraception or not, e) the differences in judgments by characteristics of the workers themselves; f) the existence of Guttman-like cumulative ethical judgment scales.

a) *Overview.* There is considerable variation among workers in their judgments about acceptability of induced abortion under varying circumstances. Although there is considerable support of induced abortion, as the overall judgment scores indicate (Table 1), there nevertheless are a number of circumstances under which acceptability is limited (Table 2). More make unfavorable judgments about a married woman using abortion as a substitute for contraception to avoid having a child than any other item (89%). Respondents also are highly unfavorable to abortion for a married woman with no children who has it "because she wants one — no other reason given" (79%); when the husband is against it (75%); or without the husband's consent (76%); because the wife does not love the husband (71%); or for a married woman with no children who does not want any (67%). On the other hand, respondents are least unfavorable to a married woman with children having an abortion because she wants no more children (10%); and to the same person whose contraceptive failed (5%); to a woman who was raped (7-9%); to a wife with children who aborts to avoid risk to her life (where contraceptive failure caused pregnancy) (7%); to a married woman with children who cannot provide adequately (7%); or to aborting after an incestual relationship (11-17%). Only 9% indicated being unfavorable for a married woman with children who aborted because there were too many people in Taiwan.

Overall, the median score was 62 and the mean 64 (standard deviation of 18) of the possible 25-125 point total score based upon the 25 ethical judgments items. Seven of ten workers had a score of from 25-71. (See Table 1); two of ten indicated on

\*\* From a paper on abortion by C.M. Soong, Taichung: Institute of Family Planning, 1974.

12. Gallin, B. Hsin Hsing, Taiwan: A Chinese Village in Change. Berkeley: Univ. of California, 1966.

13. Lee, LT. International Status of Abortion Legislation. Law and Population Monograph Series, #16, 1973.

all judgments that abortion was either acceptable or at least "neither acceptable nor unacceptable."

Table 1. Percent of Field Workers by Degree of Favorability to Abortion on Ethical Judgment Scales (N = 399)

	<u>%</u>	<u>(Score Range)</u>
Most favorable (1st fourth of scores)	19	(25-48)
Next Most favorable (2nd fourth of scores)	50	(49-71)
Next least favorable (3rd fourth of scores)	25	(72-95)
Least favorable (Last fourth of scores)	<u>7</u>	<u>(96-118)</u>
	100%	(25-118)

b) *Marital Status*. The items workers responded to dealt with examples involving both married and unmarried pregnant women. The responses confirm previous findings from the U.S.A. that public health professionals tend to oppose married women having abortions more than unmarried ones. Field worker opposition (Table 2) to an abortion for a *wife* who has children and whose contraceptive failed is minimal (7% unfavorable) as it also is to a wife with children who cannot provide adequately for an additional child (7%), and for rape (9%). The most opposition is to a wife who uses abortion as a substitute for contraception (89%), followed closely by a wife with no children who just wants to have an abortion (no other reason given) (79%), and a wife having an abortion without her husband's consent (76%).

Table 2. Field Worker Response to Ethical Judgments About Abortion by a Married Woman\*

<u>Ethical Judgment About Married Woman</u>	<u>Percent Unfavorable</u>
1. Substitute for contraception	89
2. Wants one (no other reason, no children)	79
3. Without husband's consent	76
4. Husband against	75
5. Does not love husband	71

6. Does not want any children	67
7. Wants one (contraceptive failure, no children)	58
8. Cannot provide adequately (no children)	46
9. Parents-in-law against	42
10. Delay first to get to know husband better	42
11. Delay first birth to work	38
12. Delay first birth (no reason given)	34
13. Mental Health	33
14. Spacing (with children)	27
15. Risk life (no children)	23
16. Just because wants one (with children)	23
17. Incest	17
18. Risk to life (with children)	13
19. Wants no more children (with children)	10
20. Rape	9
21. Too many people (with children)	9
22. Cannot provide adequately (with children)	7
23. Risk life (contraceptive failure, with children)	7
24. Wants no more children (contraceptive failure, with children)	5

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\* With or without children not specified in questionnaire unless indicated.

For *unmarried* women having an abortion (Table 3), the least degree of unfavorability expressed is toward rape (7%) and incest (11%). The most unfavorable is toward induced abortion because of dislike of the potential father (34%).

Table 3. Response to Ethical Judgment Items  
About Abortion by an Unmarried Woman

<u>Judgment About Unmarried Women</u>	<u>Percent Unfavorable</u>
1. Dislikes potential father	34
2. Just because wants one	32
3. Disgrace family	28
4. Cannot provide adequately	25
5. Prostitute; because wants one	24
6. Too young	23
7. Mental health	22
8. Risk to life	22
9. Continue work/study	22
10. Does not want any children	20
11. Incest	11
12. Rape	7

The difference in field worker judgments for married and unmarried persons having abortions is obvious (Table 4). For example, 71% of workers are unfavorable to a pregnant married woman having an abortion if she does not love her husband whereas only 34% are for an unmarried pregnant woman who does not love the "father-to-be." For reasons of mental health, 33% are unfavorable for a wife but only 22% for a pregnant woman who is unmarried. If the person just doesn't want to have any children, 67% are unfavorable toward having an abortion if she is married whereas only 20% are if she is unmarried.

c. *Parity*. Whether married women *had children or not*, however, makes a substantial difference (Table 4). For example, although only 23% expressed disfavor to a wife who had children having an abortion simply if she wanted one (less than the 32% for unmarried women) a high of 79% were unfavorable if the wife had no children. The same holds true when a family cannot provide adequately: although only 7% are unfavorable for wives with children (less than the 25% for unmarrieds), if the wife has no children, the percent rises to 46%. This difference by parity was explained by several workers who indicated that if people married they could afford at least a child although perhaps not



Table.4. Unmarried vs. Married (with and without children):  
Ethical Judgments by Percent Unfavorable Response

	<u>Unmarried</u>	<u>Married</u>	<u>Married</u>	
			<u>W/Children</u>	<u>No Children</u>
1. Rape	7%	9%	N.A.	N.A.
2. Incest	11%	17%	N.A.	N.A.
3. Mental Health	22	33	N.A.	N.A.
4. Does not want any children	20	67	N.A.	N.A.
5. Dislikes husband/mate	34	71	N.A.	N.A.
6. Risk life	22	N.A.	13%	23%
7. Wants one	32	N.A.	23	79
8. Cannot provide adequately	25	N.A.	7	46

N.A. = Not available since no such item was included.

many children. Also consistent is the unfavorable response on the item for "risk to life" where if a wife with children was pregnant, only 7% were unfavorable to induced abortion whereas for unmarried women 22% opposed, which was close to the 23% unfavorable if the married woman had no children.

d) *Contraception*. In addition to distinctions between marital status and parity, the matter of the *use of contraception* was of concern. As indicated, the most opposition among field workers is to using abortion instead of contraception (89%). This opposition may be related to early in-service training which stressed that one way to recruit family planning acceptors was to tell them about the advantages of the IUD over abortion. Also, as indicated, it was clear that field workers referred women who became pregnant from contraceptive failures to private physicians for abortions. Accordingly, the consideration of contraceptive failure was added to three ethical judgments concerning married women to match results against three items without this consideration. The results were that among the three items, the overall percent of response unfavorable was less in each case where the circumstance of contraceptive failure was introduced: only 7% vs. 13% where risk to life is concerned; only 5% vs. 10% where no more children are wanted; and only 58% vs. 79% where the wife just wanted an abortion (no other reason given).

e) *Worker Characteristics*. It can be hypothesized that certain *characteristics of workers* such as age, status, length of working experience, would be related to their

degree of favorableness to induced abortion (as expressed by their ethical judgment scores). The mean scores on the 25-item scale to some extent support the above suppositions (see Table 5): the lowest educated (primary), oldest (50 years or more), married, and least experienced workers (less than a year on the job) have higher mean scores indicating that they are less favorable to induced abortion than their higher-educated (college), younger (ages 20-29), single, and more experienced colleagues who have lower mean scores. Note though that the 38 workers with less than a year on the job are younger by far than their colleagues (74% ages 20-29 vs. 23%) and more likely to be single (26% vs. 70%). In other words, in spite of the fact that these 38 workers have characteristics associated with more favorable scores on induced abortion, their mean judgment score is 70 indicating less favorability (and above the overall mean score of 64).

Table 5. Comparative Favorability to Induced Abortion by Education, Marital Status, Age and Length of Family Planning Job Experience as Indicated by Mean Scores on Ethical Judgment Scale.

	<u>Least Favorable</u>	<u>Mean Score</u>	<u>Most Favorable</u>	<u>Mean Score</u>
1. Primary educated	(35)	69	College educated	(14) 62
2. Married	(351)	65	Single	(33) 60
3. Age 50 or older	(17)	69	Ages 20-29	(112) 63
4. Less than a year on job (38)		70	More than a Year on job (352)	64

f) *Cumulative Ethical Judgment Scales.* A Guttman-like cumulative scale was developed from the field worker responses to compare judgments in cumulative order. The five-point Likert-like alternatives were dichotomized into "bad" and "good" categories with a person responding "neither good nor bad" assumed to passively approve in that she did not oppose abortion under the circumstances being judged. The judgments then were ranked cumulatively from not ethical to ethical and the Guttman criterion of unidimensionality met. For purposes of this study two scales were developed: one for judgments about married women and another for those about unmarried women. The one for married women is similar to that developed and tested in Taiwan earlier. Pretests and discussions with local public health and university staff indicated that this scale would fit the cognitive pattern of the workers but that some specification of whether the married women had children or not was needed.

Accordingly two scales were developed from the original Knutson one: one indicating that the women had children and the other that she had none. The former did not work out well because there was less disapproval than had been anticipated and the scale was dropped. The latter scale, a four-judgment, six step scale follows (see Table 6). From this scale it is possible to determine that if a worker is agreeable to abortion for a married woman without children because the woman wants one (i.e., no other reason given), she also is agreeable to the abortion under the three other circumstances listed. The scale also provides us with a cumulative listing of scale steps from most acceptable to least: (1) danger to life, (2) not able to adequately provide for a child, (3) does not want any children, (4) just wants an abortion.

The development of the scale for unmarried women utilized the prototype<sup>14</sup> but modified it on the basis of pretesting to include an additional item on abortion because of rape. Rape was selected because virtually all persons approved of abortion in such a case and most indicated so with some degree of intensity. Also, there had been discussion among medical and public health staff of testing the strength of the Justice Department in prosecuting for abortion and a situation which is banned by law yet highly acceptable to the public might serve a useful purpose here. The circumstance regarding "disgrace to the family" seemed particularly relevant to the decision-making of younger persons often being finalized only after consideration of its implications for the family unit. Also the indenturing of young female children to various places of entertainment has been a common practice in the past and the risk of pregnancy is high given the social circumstances in which these young women find themselves. (See Table 7)

Later analysis of the data indicated that one prototype item on having an abortion because the woman did not want a child did not fit the scaling pattern and it was removed. The resulting 7-step (5-item) scale reproduced in Table 7 had a reproducibility coefficient of .93 (N=399).

The verification of this ladderlike cumulative scaling of unfavorable judgments could be invaluable as a tool to train personnel and to utilize face-to-face and mass media educational approaches. Knowing what a person's ethical position on a particular circumstance is provides a sense of under which other circumstances he or she would find abortion acceptable or not. Having such a baseline also enables one to begin to determine what cognitive obstacles there are to moving ahead on the cumulative scale.

3. *The Public and the Field Worker.* If Taiwan's family planning workers were to be asked to provide abortion referral services, it would be important to know how they differ

14. Knutson, AL. Beliefs about the characteristics and value of new human life and value judgments about abortion among U.S. public health professionals. Presented at the American Psychological Association annual meeting, Honolulu, September 1972.

Table 6. Cumulative Ethical Judgment Scale About Abortion  
For Married Women Without Children\*

<u>Scale Steps</u>	<u>Distribution</u>	<u>Cumulative % distribution</u>
5. All judgments in scale considered unethical.	13	13
4. All judgments considered unethical except: A) A married woman with no children having an abortion to protect her own life.	28	41
3. All judgments considered unethical except item "A" above and B) A married woman with no children having an abortion because she does not feel that she can adequately provide for the child.	30	71
2. All judgments in scale considered unethical except items A,B, and C) A married woman with no children having an abortion because she does not want to have any children at all.	18	89
1. No judgment in the scale is unethical,** including items A,B,C, and D) A married woman with no children having an abortion because she wants one—no other reason given.	9	98
0. All items in scale are ethical***	2	100

\* Rep. = .93 (N = 399). The percent scale step distribution is based only on the 261 of the 399 whose responses fitted the scales without any errors.

\*\* Some items are usually or always good to do; others are neither good nor bad.

\*\*\* All items are usually or always good to do.

Table 7. Cumulative Ethical Judgment Scale  
About Abortion for Unmarried Women\*

<u>Scale Steps</u>	<u>% Distribution</u>	<u>Cumulative % distribution</u>
6. All judgments in scale considered unethical.	3	3
5. All judgments in scale considered unethical except: A) Unmarried women having an abortion because pregnancy was result of rape.	6	9
4. All judgments in scale considered unethical except item "A" above and B) Unmarried woman having an abortion to protect her own life.	5	14
3. All judgments in scale considered unethical except items A,B, and C) An unmarried woman having an abortion because she could not provide adequately for a child.	3	17
2. All judgments in scale considered unethical except items A,B,C and D) An unmarried woman having an abortion because a child would disgrace her family.	13	30
1. No judgment in scale is unethical including items A,B,C,D, and E). An married woman having abortion because she wants one—no other reason given	32	62
0. All items in scale are ethical	38	100

\* Rep. = .93 (N = 399). Reproducibility coefficients are based on all 399 workers. Items scored "neither good nor bad" were scored as passive approval (see Knutson, 1972). The percent scale step distribution is based on only 253 of the 399 whose responses fitted the scale without any errors.

Table 8. Percent Disapproval of Induced Abortion:  
Field Workers (N=399) vs. General Public  
(Married Women 22-39) (N=5,588)

<u>Circumstances</u>	<u>Field Workers</u>	<u>Women 22-39</u>
1. Life endangered	13-23%*	7%
2. Raped	7- 9%*	8%
3. Cannot provide for more children (married)	7%	26%
4. Wants child at another time	22-38%	62%

\* The range indicates responses to more than one judgment: usually for married and unmarried or married with or without children.

from those they would be serving in terms of approval of abortion. As Table 8 indicates, the workers and the general public of married women they serve were consonant in 1973 on the matter of approval of induced abortion because of rape but differed on other circumstances. In respect to a family who could not provide adequately, workers expressed much less disapproval than the public they serve (7% vs. 26%),<sup>15</sup> as well as for a woman wanting a child at another time (22-38% vs. 62%). On the other hand, they seemed more conservative on the issue of acceptability of an induced abortion when it endangered life (13-23% opposed v.s. 7%). Although the comparison of the scales used in both surveys (the field workers and the 1973 random stratified Island-wide KAP survey of women ages 22-39) needs to be dealt with cautiously, there are implications which ought to be studied further.

4. *Consonance with Legal and Professional Codes.* Workers express a considerable degree of favorability to induced abortion under circumstances which are considered as illegal under the present Criminal Code. This favorability ranges from a low of 7% (a married woman with no children who just wants an abortion—no other reason given) to a high of 89% (an unmarried woman whose pregnancy was due to rape). For more than half the circumstances, at least 50% were favorable and for only three situations described were less than 10% favorable. All of these circumstances would be interpreted as illegal under the present Criminal Code, with the exception of abortion when continuation of

15. Chang, MC. Practice of family planning and changes in reproductive patterns, Taiwan: 1965-1973. Interim Report. Taichung: Committee on Family Planning, January, 1974.

pregnancy is a risk to the mother's life (for which the "punishment shall be remitted" for the pregnant woman but not for the aborter nor for anyone "soliciting" for the abortion) and possibly for "sickness" which is not clarified.<sup>16</sup>

One has to observe some caution, though, in discussing consonance with the law since the specific written and oral instructions to the workers about filling out the ethical judgment questionnaire requested that they "assume that there is *no legal issue involved*." It is possible that making this assumption enabled them to make more favorable judgments than they might otherwise. On the other hand, since it is clear that private physicians have made induced abortion available on a large scale, that 36% of those ever married had had one or more abortions themselves, and even that some workers (22%) were not aware that abortion was illegal, the likelihood of the legal aspect being salient to the workers seems doubtful.

### PROGRAM RECOMMENDATIONS

Selected recommendations for program action drawn from this study include:

(1) A refresher training session for the family planning field workers on induced abortion. Many are uncertain about the safety of the methods used and some have been trained when contraception was stressed as a substitute for "harmful" abortion. Such training should include sensitivity to the variation in the acceptability of abortion under different circumstances that exist not only in the group but within the mind of the individual worker. Some workers, for example, may be opposed to referrals. Continuing supervision of workers also will need to integrate these considerations.

(2) Medical follow-up of after effects of induced abortion. Induced abortions are being done by private physicians on a large scale. Although the question about the safety of abortion used in this survey may need sharpening, it is possible that some workers have reason to be concerned.

(3) One argument for governmental provision of abortion referral services at the time of this survey was the high cost in limited geographical areas of Taiwan. On the other hand, the fact that well-trained physicians seem to be carrying out most of the abortions and so few areas seem not to have access to abortion services can be used to argue for the status quo.

(4) The next island-wide fertility survey in Taiwan might focus more directly on determining public acceptability of induced abortion under varying circumstances.

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16. Kang, D. A Compilation of the Laws of the Republic of China. Taipei: Mei Hwa Press, 2:1967, pp.262-263.

(5) Any face-to-face or mass media educational efforts should not that if the family planning field workers find induced abortion under certain circumstances to be less acceptable for married women without children then so also likely will the general public. Both those for and those against induced abortion might find this information useful.

(6) The existence of Guttman-like scales on acceptability of abortion provide a valuable tool for dealing with this social issue. For example, if cognitive or perceptual changes could be effected which helped a person move from one scale step to the other (in either direction), the educational applications would be immense. The present study, however, is only exploratory and more needs to be learned about independent variables affecting these ethical positions. The influence of situational variables and saliency which may affect behavior also needs assessing.



# 台灣家庭計劃工作人員對墮胎之看法

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## 中文摘要

墮胎在台灣雖係非法，但甚普遍。幾年來政府正研討修政，製訂優生保健法。這項「台灣家庭計劃工作人員（400名）對墮胎之看法」的調查研究，可為今後政府執行有關墮胎法規之參考。調查結果顯示：家庭計劃工作人員對墮胎，一般都甚容許，但對在某些情況下墮胎，則甚反對。他們的觀點與一般民衆略有不同。與現行法規亦有所出入。對不同情況下墮胎，容許或反對之程度，可製成一累積階梯（柯德曼量表）。對此之瞭解有助於工作人員之挑選與訓練及教育。

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