

# **“If It Happens, It Happens”**

## **A Qualitative Assessment of Unintended Pregnancy in South King County**



Public Health — Seattle & King County  
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Seattle & King County



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# **“IF IT HAPPENS, IT HAPPENS”**

## **A Qualitative Study of Unintended Pregnancy Among Low-Income Women Living in King County**

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Prepared by the Family Planning Program and  
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## EXECUTIVE SUMMARY

### Background and Purpose

Unintended pregnancy remains a significant public health problem in King County despite multi-agency efforts to reduce the rate of unplanned conceptions. An estimated 55% of pregnancies to King County residents were unintended from 1994-1998. This is higher than the national estimate of 49% and falls far short of the Healthy People 2010 goal of 30%. Studies have shown that unintended pregnancy is associated with risk for a range of negative social and health consequences. While unintended pregnancy occurs among all age, income, race, and ethnic groups, low-income women have higher rates and may face greater challenges when it occurs.

Historically, most unintended pregnancy prevention efforts at both the local and national levels have focused on expanding knowledge about contraception and access to contraceptive services. Many ongoing efforts in King County stem from this approach, such as administering the federal Title X program, which makes the full range of family planning services available to low-income men and women; increasing access to emergency contraception; and implementing the Take Charge program to expand family planning coverage to all women and men at or below 200% of the federal poverty level.

However, while knowledge and access are essential to effective contraceptive use, there is growing recognition that efforts to reduce rates of unintended pregnancy might not succeed without addressing the complex array of desires, motivations, and pressures both to conceive and avoid conception. Indeed, one reason for persistently high rates of unintended pregnancy may be our failure to adequately understand the meaning, relevance, and experience of "pregnancy intention" among the women we target for family planning services.

In recent years, researchers have begun to explore some of the fundamental assumptions that underlie the way we think about unintended pregnancy. Do women value "intendedness" as it relates to pregnancy?<sup>1</sup> What meaning do women assign to commonly used terms, such as wanted, intended, planned, and prepared?<sup>2</sup> Qualitative studies that explored how women conceptualize pregnancy planning suggest that (1) the concept may not be relevant and salient to all women and (2) unplanned pregnancies may carry distinct advantages as well as disadvantages.

The purpose of this study was to explore three major areas:

- (1) The meaning that women ascribe to the terms *wanted*, *intended*, *planned*, and *prepared* in the context of pregnancy, and the salience of these concepts in women's lives.

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<sup>1</sup> Moos M et al. Pregnant Women's Perspectives on Intendedness of Pregnancy. *Women's Health Issues* 1997; (7)6: 385-92.

<sup>2</sup> Fischer R et al. Exploring the Concepts of Intended, Planned, and Wanted Pregnancy. *The Journal of Family Practice* 1999; (48)2: 117-122.

- (2) Attitudes, beliefs, and values held by low-income women about becoming pregnant and avoiding pregnancy.
- (3) Women's views on (and experiences with) pregnancy planning.

Ultimately, we hope to use the findings to inform family planning practice, community health education messages, and future research on pregnancy intention. We believe that a deeper understanding of this public health issue will lead to more relevant, meaningful, and effective unintended pregnancy prevention efforts in King County.

## **Methods**

A qualitative approach was utilized for this study to allow an inductive and in-depth exploration of how women think about becoming pregnant. Data were collected through semi-structured individual interviews, guided by a series of open-ended questions that allowed women to describe their experiences in context and in their own words. The sample consisted of 30 low-income adult women living in the suburban city of Federal Way (King County, Washington). Participants were recruited at two agencies serving low-income women of reproductive age: the Federal Way Community Service Office and the Federal Way Public Health Center (the Women, Infant and Children [WIC] program and the family planning clinic).

## **Key Findings**

### ***The language of pregnancy intention***

- The wantedness of a pregnancy is not fixed at conception. It can change over time.
- The term “intended” pregnancy carried highly negative connotations for a substantial group of participants.
- Pregnancies described as “unplanned” or “unprepared” were viewed neutrally and were not necessarily considered problematic.
- Participants generally did not see the terms “unintended,” “intended,” “planned,” and “prepared” as reflective of their personal experiences.
- Participants introduced the term “being ready” and used it often. “Being ready” described an emotional state or a positive life situation in which to have a child.

### ***Pregnancy motivations and timing***

- Relationships and the desire for love and connection are at the heart of women's primary motivations to conceive.
- Men's pregnancy-related attitudes and desires, as perceived by their female partners, provided additional motivation to get pregnant.
- Social and economic hardship was tightly interwoven with women's pregnancy experiences.

- Participants felt that pregnancy should occur, ideally, after one is in a stable, marital relationship; has a steady job and some degree of economic security; and is emotionally “ready” to handle the responsibilities of parenting.
- The vast majority of women interviewed stated that they were currently delaying pregnancy until a later time.

### ***Beliefs and experiences with planning pregnancy***

- Women’s belief in both their own control over pregnancy and the role of fate (and other external factors) coexist without apparent contradiction.
- While valued to a degree, the notion of *planning* for pregnancy (clearly, consciously deciding to get pregnant) was rarely part of women’s experiences.
- Participants’ comments suggested that pregnancy planning has considerable drawbacks.
- The phrase “if it happens, it happens” was expressed throughout the interviews as a widely held stance towards pregnancy.

## **Discussion of Major Themes**

### ***Conflicting pregnancy motivations***

The women who spoke with us reported having coexisting and conflicting motivations both to get pregnant and to avoid pregnancy. Relationships with male partners and the need for love and attachment with a child serve as strong, compelling motivations to conceive. At the same time, women described important prerequisites to childbearing, including financial security, a stable (preferably marital) relationship, finishing an education, and starting a career. Most participants expressed a strong desire to postpone pregnancy until at least some of these life conditions are met.

Though the women in the study saw the value of delaying pregnancy until a better time in their lives, most of their pregnancies had occurred under less than optimal conditions: in poverty and often without a partner. For low-income women facing the uncertainty of when (or even if) they will reach a better time in their lives, postponing pregnancy until their economic situation improves poses the risk of waiting indefinitely. Under these circumstances, we wonder whether women may allow pregnancy to happen if they have met some, but not all, of the prerequisite conditions (e.g., stable partner, but not financial security), believing that it might be their best opportunity.

### ***Planning pregnancy is valued in the abstract but has distinct drawbacks.***

While planning pregnancy (in the sense of explicitly deciding to become pregnant) was an infrequent experience among the participants in the study, women spoke of the importance of planning and expressed the desire to plan future pregnancies. However, we also heard about the distinct disadvantages to clearly and consciously planning to conceive: it undermines nature and fate, it can lead to disappointment, and it may remove the element of surprise – a seemingly

positive and valued experience. In addition, for women who want to achieve certain life conditions prior to childbearing, the incentive to overtly plan pregnancy may be weak. Planning to get pregnant in the absence of economic stability (and other valued conditions) not only contradicts widely held societal values about childbearing and poverty, it means opposing personal values as well.

***If it happens, it happens: an alternative to planning?***

Taken as a whole, our findings lead us to think that planning pregnancy, while valued in the abstract, is not the most relevant or salient concept for the women in our study. This may help explain why we heard so little expressed desire for pregnancy, in spite of the compelling motivations and pressures to conceive described by participants.

Instead of explicitly planning pregnancy, our data suggest that women's intent toward becoming pregnant is more often expressed as "if it happens, it happens." Though a seemingly casual, noncommittal stance toward pregnancy, "if it happens, it happens" carries important meaning. It allows for the possibility that God plays a role, honors the mystery of conception, and resolves ambivalence toward pregnancy (conflicting, coexisting feelings) by attributing the outcome to fate ("it was meant to be").

More importantly, adopting the stance "if it happens, it happens" and *letting pregnancy happen* (as opposed to overtly planning it), circumvents the difficulty of seeking pregnancy at a less than optimal point in life. We believe that letting pregnancy happen, instead of planning for it, is a logical response to the bind of wanting to become pregnant but knowing that it is not the best time. When viewed through these lenses, it is not difficult to understand the high rates of unintended pregnancy among this group of women.

***Sub-intended: neither fully intended, nor fully unintended***

Are these pregnancies unintended? Does leaving oneself open to the possibility of pregnancy, without explicitly seeking it, constitute an intention to conceive? Clearly, women's experiences of pregnancy are fraught with far more ambiguity than the simple intended versus unintended dichotomy allows. These terms capture neither the gradations of desire nor the conflicting desires expressed by the participants in our study.

It is conceivable that the categories of pregnancies we think of as "intended" and "unintended" are quite heterogeneous with similarities across the groups. Developing more precise and refined measures of pregnancy intention – measures that account for degree of intention and allow for ambivalence – seems a necessary prerequisite for a fuller understanding of the risks and outcomes of this complex phenomenon. Perhaps, as some researchers have suggested, a category of "sub-intended" is needed to describe pregnancies that do not fall into either category.

***The term "intended pregnancy" carries negative connotations for some***

This study revealed that the terms commonly used to discuss pregnancy intention and planning frequently held different meanings for the women we interviewed than they do for public health professionals. Notably, "intended" pregnancy carried very negative connotations for many of the

respondents (e.g., plotting, trapping, malicious), while “unintended” pregnancy was viewed neutrally (e.g., an accidental, but potentially positive, pregnancy). This finding reinforces the importance of grounding our prevention messages and interventions in formative research.

## **Implications for Future Research**

- Adapt questions about pregnancy intention (for research, data collection, and client interactions) in ways that capture women’s complex, and sometimes contradictory, feelings towards pregnancy. In recent years, some national surveys, such as the National Survey on Family Growth, have modified their questions on pregnancy intention to capture nuanced and ambivalent feelings. State and local measures of pregnancy intention, including Washington State PRAMS, would be strengthened by similar adaptations.
- Investigate the notion that “if it happens, it happens” is a more relevant and salient stance toward pregnancy than “intention” or “planning.”
- Explore the role that current relationships play in women’s pregnancy desires, especially the “partner-specific” nature of pregnancy intention.
- Conduct and use formative research to inform the development of prevention messages, programs, and terminology related to unintended pregnancy.
- Determine to what extent the findings of this report hold true for women in other economic groups who experience unintended pregnancy.

## **Conclusion**

The findings of this report reveal a discrepancy between current frameworks for understanding unintended pregnancy and the beliefs and experiences of women most at risk for unintended pregnancy. Closing this gap is a key to effective prevention strategies. It is our hope that researchers will continue to seek deeper understanding of pregnancy-related beliefs and experiences, and come together with program planners, policy makers, providers, reproductive health advocates, and community members to develop effective approaches to preventing unintended pregnancy that promote healthy families, personal dignity, and self-determination.

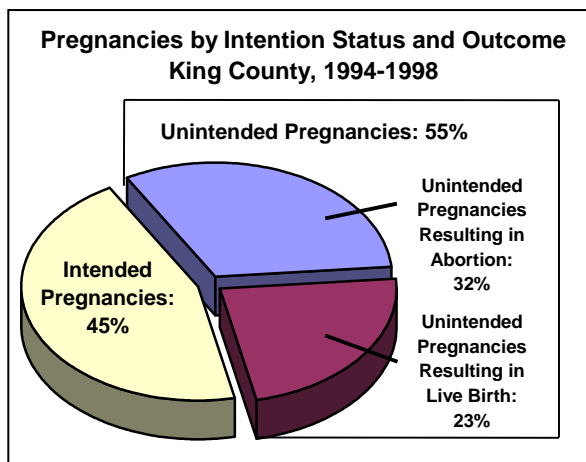


## INTRODUCTION

Unintended pregnancy<sup>3</sup> remains a significant public health problem in King County despite multi-agency efforts to reduce the rate of unplanned conceptions. An estimated 55% of pregnancies to King County residents were unintended from 1994-1998.<sup>4</sup> This is higher than the national estimate of 49% and falls far short of the Healthy People Year 2010 goal of 30%.<sup>5</sup>

Research shows that unintended pregnancy is associated with a host of negative health and social consequences for the woman, child, and community as a whole. When a pregnancy is unintended, the likelihood that a woman will use tobacco, alcohol and other drugs during her pregnancy increases.<sup>6,7</sup> The likelihood that she will start prenatal care early in pregnancy, receive an adequate number of prenatal care visits, and breastfeed her infant all decrease.

<sup>8,9,10,11,12</sup> Women with unintended pregnancies are also at higher risk of domestic violence and maternal depression.<sup>13,14</sup> Though the literature is mixed, some studies suggest that children who are born from an unintended pregnancy have increased risk of low birthweight, infant death, child abuse, neglect, and poor health.<sup>15</sup> The potential impacts of unintended pregnancy extend to



<sup>3</sup> An unintended pregnancy is a pregnancy that, from the perspective of the woman, is either unwanted or mistimed (occurring earlier than desired) at the time of conception

<sup>4</sup> Data sources: Washington State PRAMS survey and Washington State Abortion Reporting System, Washington State Department of Health. Prepared by Public Health – Seattle and King County.

<sup>5</sup> U.S. Department of Health and Human Services. Tracking Healthy People 2010. Washington DC: U.S. Government Printing Office, 2000.

<sup>6</sup> Hellerstedt W et al. Differences in Preconceptional and Prenatal Behaviors in Women with Intended and Unintended Pregnancies. American Journal of Public Health 1998; 88(4): 663-666.

<sup>7</sup> Brown S and Eisenberg L, Eds. The Best Intentions. Washington DC: National Academy Press, 1995.

<sup>8</sup> Mayer JP. Unintended Childbearing, Maternal Beliefs, and Delay of Prenatal Care. Birth 1997; 24(4): 247-252.

<sup>9</sup> Kost K, Landry DJ and Darroch JE. Predicting Maternal Behaviors During Pregnancy: Does Intention Status Matter? Family Planning Perspectives 1998; 30(2): 79-88.

<sup>10</sup> Sable MR and Wilkinson DS. Pregnancy Intentions, Pregnancy Attitudes, and the Use of Prenatal Care in Missouri. Maternal and Child Health Journal 1998; 2(3): 155-165.

<sup>11</sup> Dye TD et al. Unintended Pregnancy and Breast-Feeding Behavior. American Journal of Public Health 1997; 87(10): 1709-1711.

<sup>12</sup> Kost K et al. The Effects of Pregnancy Planning Status on Birth Outcomes and Infant Care. Family Planning Perspectives 1998; 30(5): 223-230.

<sup>13</sup> Gazmararian JA et al. The Relationship Between Pregnancy Intendedness and Physical Violence in Mothers of Newborns. Obstetrics and Gynecology 1995; 85(6): 1031-1038.

<sup>14</sup> Orr ST and Miller CA. Unintended Pregnancy and the Psychosocial Well-Being of Pregnant Women. Women's Health Issues 1997; 7(1): 38-46.

<sup>15</sup> Brown S and Eisenberg L, Eds. The Best Intentions. Washington DC: National Academy Press, 1995.

the family and community as well, with increased chance of divorce, loss of educational opportunities, and financial burden.<sup>16</sup>

Unintended pregnancy is experienced by women of all ages, income levels, races, and ethnicities. Having an unintended pregnancy can adversely affect a woman's income potential, increasing her risk of poverty. Attention is often focused on low-income women because poverty serves to amplify the negative consequences of unintended pregnancy (or, said another way, women in poverty may find it more difficult to incorporate an unintended pregnancy into their lives). Moreover, rates of unintended pregnancy are higher among low-income women than their middle and upper class counterparts.<sup>17,18</sup>

## **An Issue of Growing Concern**

Over the past several years, unintended pregnancy has proven to be an issue of concern for an increasingly wide range of groups. In 1995, the Institute of Medicine's pivotal work, *The Best Intentions*, underscored the connection between unintended pregnancy (at that time, a concern primarily limited to the reproductive health field) and the well-being of children and families (an issue with a much broader constituency). The findings and recommendations in this report compelled leadership at the national, state and local levels to begin developing strategies to raise the level of awareness and more directly address the issue.

At the national level, the National Association of County and City Health Officials (NACCHO) formed the Unintended Pregnancy Work Group in 1999, bringing together organizations that were not traditionally allies, including public agencies, private non-profit organizations, community groups, and religious institutions. As a first step towards future collaboration, this group developed a consensus statement, recognizing the relationship between being "prepared" for pregnancy and the well-being of families.

In Washington State, the Department of Health (DOH) and Department of Social and Health Services (DSHS) also heard the call and began designing new approaches to reduce unintended pregnancy in a collaborative spirit. In 1998, these two agencies jointly formed the Washington State Unintended Pregnancy Steering Committee. The aim of this committee is to bring individuals together from the public and private sectors in order to coordinate a response to unintended pregnancy across Washington State. One outcome was the selection of a joint performance measure between DOH and DSHS: reducing the rate of unintended pregnancy over the next 3 biennia.<sup>19</sup> This performance measure provided a solid foundation upon which to implement a variety of interventions.

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<sup>16</sup> Ibid.

<sup>17</sup> Henshaw SK. Unintended Pregnancy in the United States. *Family Planning Perspectives* 1998; 30(1): 24-29.

<sup>18</sup> Kost K and Forrest JD. Intention Status of U.S. Births in 1988: Differences by Mothers' Socioeconomic and Demographic Characteristics. *Family Planning Perspectives* 1995; 27(1): 11-17.

<sup>19</sup> Washington State Department of Health (2000). 1999-01 Performance Progress Report for Quarter Ending December 2000. <http://www.ofm.wa.gov/perfrept/9901/303.pdf> (28 Nov. 2001)



## Unintended Pregnancy Interventions

Fortunately for Washington State, there is a long history of broad-based public health strategies for reducing unintended pregnancy. Partly due to this existing commitment, many organizations (DOH and DSHS, in particular) were in the unique position of being able to move beyond the status quo.

DOH has provided leadership on several fronts:

- Since 1971, DOH has successfully administered the federal Title X program, the longest running statewide program to support unintended pregnancy prevention. Title X is the only federal program solely dedicated to family planning and reproductive health with a mandate to provide a broad range effective family planning services, outreach, and education regardless of age or ability to pay.
- A Statewide Provider Task Force was convened by DOH, bringing together the leadership from family planning programs across the state. This task force has proven to be a critical venue for the generation of ideas and dissemination of information on all issues related to unintended pregnancy.
- In 1996, DOH began administering the Vasectomy Project, which makes funds available for vasectomy procedures for low-income men.
- Over the past several years, DOH has educated and worked with the legislature and Office of the Insurance Commissioner in their efforts to issue new rules on insurance coverage of contraception whereby insurance companies are required to cover contraception under the same terms and conditions as other prescriptions and devices.
- In 2001, DOH began providing emergency contraception to all family planning providers, who in turn make it available to their own clients and community health care partners free of charge.

DSHS has also implemented a number of programs to increase the availability of family planning services to low-income men and women:

- In 1993, family planning services were extended to pregnant women enrolled in the First Steps program for twelve months postpartum.
- In 1994, DSHS made funds available to situate family planning nurses in the Community Service Offices (CSO) to offer family planning education and referral services to all women seeking services in these offices, but primarily targeting those women on Temporary Aid to Needy Families (TANF).
- In July of 2000, Maternity Screening Services (MSS) included family planning as an outcome measure. MSS staff statewide began helping pregnant clients plan for accessing and using a birth control method postpartum. A guide was created that included the question "what are you hopes and dreams for your ideal family" to help open the topic of family planning. MSS staff assists clients in linking with family planning providers who can prescribe the method that will work best for them and help them meet their family size goals.

- In July of 2001, DSHS began implementing a Medicaid waiver called the Take Charge program, which provides family planning services to women and men at or below 200% of the federal poverty level. In contrast with the 12-month family planning extension, women do not need to be pregnant first to qualify for family planning under Take Charge.

Throughout Washington State, efforts initiated by community-based organizations and local health jurisdictions have aimed to reduce the rate of unintended pregnancy:

- Planned Parenthood of Western Washington, Public Health-Seattle & King County, and many community partners have successfully expanded services for adolescents, resulting in increased access to family planning services and the implementation of youth development programs.
- The Northwest Emergency Contraception Coalition was formed by Programs for Appropriate Technology in Health (PATH) in the 1990's. The goal of the coalition was to reduce the number of unintended pregnancies and the need for induced abortions in the Northwest through increased awareness of and access to emergency contraception. This coalition supported a variety of projects including a media campaign and the Emergency Contraception Pharmacy Project. Through the pharmacy project, designed and implemented by the University of Washington School of Pharmacy and PATH, women can obtain emergency contraception at participating pharmacies without needing to see a medical provider first.
- Multiple strategies have been used by agencies throughout the state to improve low-income men and women's access to family planning services, such as improving linkages with MSS and WIC, integrating family planning messages into other services, and providing community outreach and education.

While knowledge and access are essential to effective contraceptive use, there is growing recognition that these efforts to reduce rates of unintended pregnancy might not succeed without addressing the desires, motivations, and pressures both to conceive and avoid conception. The Institute of Medicine, in *The Best Intentions* report, pointed to the pivotal role that personal and interpersonal factors play in contraceptive use (and, by extension, unintended pregnancy) and urged program planners and policy makers to take these factors into account in the design of strategies to prevent unintended pregnancy. Researchers have explored the role of psychological factors (locus of control<sup>20,21</sup> and self-efficacy<sup>22</sup>); attitudes and beliefs about sexuality,<sup>23</sup> fertility,<sup>24</sup> and contraception;<sup>25</sup> cultural norms,<sup>26</sup> and interpersonal dynamics, including the characteristics

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<sup>20</sup> Steinlauf, B. Problem-Solving Skills, Locus of Control, and the Contraceptive Effectiveness of Young Women. *Child Development*. 1979, 50: 268-271.

<sup>21</sup> Visher S. The Relationship of Locus of Control and Contraception Use in the Adolescent Population. *Journal of Adolescent Health Care*. 1986, 7(3): 183-186.

<sup>22</sup> Williams S et al. Factors Associated with Unintended Pregnancy. *Advances in Contraception* 1997; 13: 429-438.

<sup>23</sup> Winter L. The Role of Sexual Self-Concept in the Use of Contraceptives. *Family Planning Perspectives*. 1988; 20: 123-127.

<sup>24</sup> Rainey D, Stevens-Simon C and Kaplan D. Self-Perception of Infertility Among Female Adolescents. *American Journal of Disorders in Children*. 1993; 147: 1053-1056.

<sup>25</sup> Silverman J, Torres A and Forrest J. Barriers to Contraceptive Services. *Family Planning Perspectives*. 1987; 19: 94-102.

of the couple's relationship.<sup>27,28</sup>

## Literature on Pregnancy Motivation and Intendedness

A common conceptual framework applied in studies of personal/interpersonal determinants of unintended pregnancy is that the motivation to avoid pregnancy is a function of the perceived benefits and costs (or burdens) of becoming pregnant and having a child.<sup>29</sup> Sexually active women (and men) will take action to seek pregnancy or prevent it from happening depending on their individual assessment of the relative cost/benefit ratio, and this ratio will shift over the course of their lives. Other researchers have added a normative factor to this model, postulating that pregnancy-related decision-making is also guided by a woman's desire to meet the expectations of significant others in her life (partner, family, peers) and by her internalized set of social norms.<sup>30</sup> This is known as the theory of planned behavior, and it has been applied to a wide range of health behaviors beyond contraceptive use and nonuse.<sup>31</sup>

Researchers studying adolescent pregnancy have adapted this model further, arguing that rational decision-making models are not always applicable for adolescents, who may not consciously intend to engage in a particular behavior, but do so anyway. To account for this discord, they add the concept of "behavioral willingness" – an individual may be *willing* to engage in unprotected sex, though not *planning* or *intending* to conceive.<sup>32</sup>

The research of Laurie Zabin and others who have studied adolescent pregnancy have further illuminated the experience of becoming pregnant when not intending to conceive. Zabin's work points to the key role that ambivalence plays in unintended pregnancy, showing that teen girls who are ambivalent about conception are as likely to become pregnant as those seeking conception.<sup>33</sup> Zabin and others have also noted that to prevent unintended pregnancy, the motivation to use contraception must be very strong: anything less than perfect contraceptive use places adolescents at risk of pregnancy.<sup>34</sup>

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<sup>26</sup> Unger J and Molina G. Contraceptive Use Among Latina Women: Social, Cultural, and Demographic Correlates. *Women's Health Issues*. 1988; 8(6): 359-369.

<sup>27</sup> Miller W. Why Some Women Fail to Use Their Contraceptive Method: A Psychological Investigation. *Family Planning Perspectives*. 1986; 18: 27-32.

<sup>28</sup> Severy L and Silver S. Two Reasonable People: Joint Decision-Making in Contraceptive Choice and Use. *Advances in Population Psychosocial Perspectives*, Vol 1. London: Jessica Kinglsey Publishers; 1993.

<sup>29</sup> Miller, Warren B. Childbearing Motivations, Desires, and Intentions: A Theoretical Framework. *Genetic, Social, and General Psychology Monographs*, 120(2): 223-258.

<sup>30</sup> Ibid.

<sup>31</sup> Godin G and Kok G. The Theory of Planned Behavior: A Review of Its Applications to Health-Related Behaviors. *American Journal of Health Promotion* 1996; 11(2): 87-98.

<sup>32</sup> Gibbons, F et al. Reasoned Action and Social Reaction: Willingness and Intention as Independent Predictors of Health Risk. *Journal of Personality and Social Psychology*. 1998; (74)5: 1164-1180.

<sup>33</sup> Zabin L, Astone N, Emerson M. Do adolescents want babies? The relationship between attitudes and behavior. *Journal of Research on Adolescents*. 1993; 3: 67-86.

<sup>34</sup> According to the authors of the Best Intentions: "Absent the utmost contraceptive vigilance, the human organism is designed to reproduce under even adverse biological circumstances, including famine – an evolutionary inheritance that was designed for species survival."

Ethnographic studies of adolescents living in poverty suggest that pregnancy carries many positive rewards that serve as motivations to conceive, particularly when traditional routes of educational and economic advancement appear unattainable. These include the hope that pregnancy and childbearing will bring “unconditional love, a chance to feel needed and valued, and a feeling of accomplishment and achievement”<sup>35</sup> as well as the notion that pregnancy will secure a relationship with a male partner.<sup>36</sup>

A primary limitation of the research to date on pregnancy-related desires, motivations, and pressures is that studies have tended to focus on two populations (1) economically disadvantaged, urban, African-American adolescents and (2) middle-class, married, primarily white couples. *The Best Intentions* authors have pointed to the lack of research among other population groups as a critical gap in our understanding of unintended pregnancy. One reason for persistently high rates of unintended pregnancy may be our failure to fully understand the meaning, relevance, and experience of “pregnancy intention” for women.

In recent years, some researchers have begun to explore some of the fundamental assumptions that underlie the way we think about unintended pregnancy. Do women value “intendedness” as it relates to pregnancy?<sup>37</sup> What meaning do women ascribe to commonly used terms, such as *wanted*, *intended*, *planned*, and *prepared*?<sup>38</sup> Are certain groups of women considered at risk for unintended pregnancy (regardless of how they view their own pregnancies) simply because others view their life circumstances as inadequate for parenting?<sup>39</sup>

## Purpose

The purpose of this study was to explore three major areas:

- (1) The meaning(s) that women ascribe to the concepts of *wanted*, *intended*, *planned*, and *prepared* in the context of pregnancy, and the salience of these concepts in women’s lives.
- (2) Attitudes, beliefs, and values held by low-income women about becoming pregnant and avoiding pregnancy.
- (3) Women’s views on (and experiences with) pregnancy planning.

Our hope is that a deeper understanding of this public health issue will lead to more effective health promotion and unintended pregnancy prevention efforts, grounded in women’s life experiences.

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<sup>35</sup> Musick J. *Poor and Pregnant*. New Haven, CT: Yale University Press; 1993.

<sup>36</sup> Anderson E. *Sexuality, Poverty, and the Inner City*. Menlo Park, CA: Henry J. Kaiser Family Foundation; 1994.

<sup>37</sup> Moos M et al. Pregnant Women’s Perspectives on Intendedness of Pregnancy. *Women’s Health Issues* 1997; (7)6: 385-92.

<sup>38</sup> Fischer R et al. Exploring the Concepts of Intended, Planned, and Wanted Pregnancy. *The Journal of Family Practice* 1999; (48)2: 117-122.

<sup>39</sup> Zabin L et al. Partner Effects on a Woman’s Intention to Conceive: ‘Not With This Partner.’ *Family Planning Perspectives* 2000; 32(1): 39-45.

## Organization of the Report

Following a discussion of the methodology, the findings are organized in three sections:

- The Language of Pregnancy Intention
- Pregnancy Motivations and Timing
- Beliefs and Experiences with Planning Pregnancy

We conclude the report with discussion and recommendations for future research.

In the chapters that follow, direct quotes from study participants are shown in italics. Questions by the interviewers are bracketed and begin with Q. When a respondent quotes her own thinking or the words of another, quotations marks are used to indicate this. An example of excerpted interview conversation is shown below:

*[Q: And with the dad of your other kids, did you talk about getting pregnant – is that something that you guys talked about?] Oh with him? Like I said, not really cause – I kind of feel bad in the sense that I didn't plan any of my kids. You know, when somebody sits down and says, "Okay, I want to have some kids." Like I told you, I wanted my older daughter, but it's not because I planned with her dad. I just wanted a baby. I can't say I sit down and plan with any of my kids.*

## Definitions

In this report, we explore women's experiences with pregnancy intention and planning without drawing a distinction between the two concepts. Often used synonymously in the literature, planning and intention are clearly related, and it is often difficult to differentiate between women's intentions and plans with regard to pregnancy. Is pregnancy intention merely the desire to conceive (or avoid conception)? Is pregnancy planning defined by a conscious decision to conceive? Does planning also imply taking steps (behaviorally) toward the goal of conception?

As researchers and family planning professionals, we struggled with the definitions of these concepts and found little clarification in the literature, including *The Best Intentions* report. Consequently, we use the terms "intention" and "planning" interchangeably below to refer to both the desire and the clear, conscious decision to conceive.

The term "pregnancy" itself refers to pregnancies resulting in all outcomes: birth, abortion and miscarriage. When discussed in the context of pregnancy intention and planning, the term typically describes a pregnancy that is expected (by the woman) to result in birth. Therefore, when pregnancy is discussed in this report, it can generally be presumed that the expected outcome is birth, unless abortion or miscarriage are specifically mentioned.



## METHODS

### Design

A qualitative approach was utilized for this study to allow an inductive and in-depth exploration of how women think about becoming pregnant. When little formal knowledge exists about a problem, qualitative research is useful for developing an understanding of people's beliefs, behaviors, and experiences within the context of their lives (a process known as Grounded Theory).<sup>40,41</sup> In this case, our purpose was to learn about the experience of becoming pregnant, as well as the meaning(s) ascribed to the concept of "intendedness," *from the perspective* of low-income women, to inform the design of relevant, meaningful prevention efforts for this population.

Data were collected through semi-structured individual interviews, a technique that yields in-depth accounts of people's experiences. Given the personal and potentially sensitive nature of the interview content, individual interviews were considered preferable to group techniques (e.g., focus groups). The interviews were guided by a series of open-ended questions and topics with no prescribed response categories. This allowed participants to describe their experiences of becoming pregnant in their own words and in rich detail. While the structure of the interview generally followed the guide, the flexible nature of this approach enabled interviewers to ask follow-up questions (probes) for greater clarity and depth of data.

### Sample

The sample consisted of 30 adult women living in the suburban city of Federal Way in King County, Washington. Federal Way, which lies approximately 25 miles south of Seattle on the Interstate 5 corridor, was selected as the study site based on several considerations, including the demographics of the birth population and the strong relationship between the local agencies where recruitment would take place.

To be eligible for the study, women had to be Medicaid-eligible,<sup>42</sup> between the ages of 18 and 44, English-speaking,<sup>43</sup> and not pregnant at the time of the interview. A purposive (non-probability) sampling approach was utilized in which subjects were selected because they met the

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<sup>40</sup>Glaser BG and Strauss AL. 1967. *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Chicago: Aldine Publishing Company.

<sup>41</sup> Miles MB and Huberman AM. 1994. *Qualitative Data Analysis*. Thousand Oaks, CA: SAGE Publications, Inc.

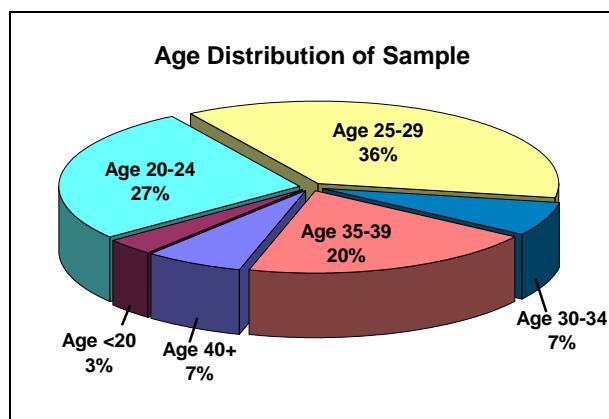
<sup>42</sup> Women and men with incomes at or below 200% of the Federal Poverty Level became eligible for Medicaid-funded family planning services via a federal waiver implemented in July 2001.

<sup>43</sup> We interviewed women who were sufficiently conversant in English to communicate complex and abstract ideas about pregnancy planning/intention. Resource limitations precluded non-English interviews due to the considerable cost of translation.

specific criteria listed above.<sup>44</sup> Within the population of women that met the study criteria, an effort was made to reach a broad cross section of individuals.

### Demographics

The women in the study ranged in age from 19 to 43 with an average age of 28.5. Nearly two-



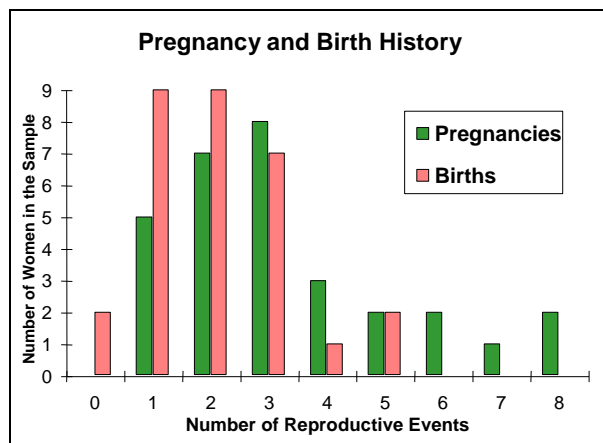
thirds of women sampled were in their twenties. One half of the women in the sample self-identified their race as white, one third identified as African-American, and the remaining 17 percent identified with other races, including Asian, Native American, Hispanic, and biracial.

### Reproductive history

Since there was a wide range in age among women in the sample, some women reported

lengthy and diverse pregnancy histories while others did not. Of the thirty women interviewed, a total of 100 pregnancies were reported. On average, women in the sample experienced 3.3 pregnancies. While five women reported only one pregnancy, two reported having had a total of eight pregnancies each over the course of their lives.

Women reported the full range of pregnancy outcomes. Of the 100 pregnancies reported, 64% resulted in live births, and 36% ended in an elective termination or miscarriage. On average, women had 2.1 live births. Two women had never had a live birth, while two women reported that they had 5 live births.



### Sample Size

In qualitative research, the criterion commonly used to determine sample size is “data saturation.” The saturation point is reached when additional interviews repeat and confirm themes discovered in previous interviews, and no *new* themes emerge.<sup>45</sup> Beginning in the latter half of the data collection period, transcripts of interviews were reviewed for main themes and concepts. Data collection continued until saturation was achieved at thirty interviews.

### Recruitment

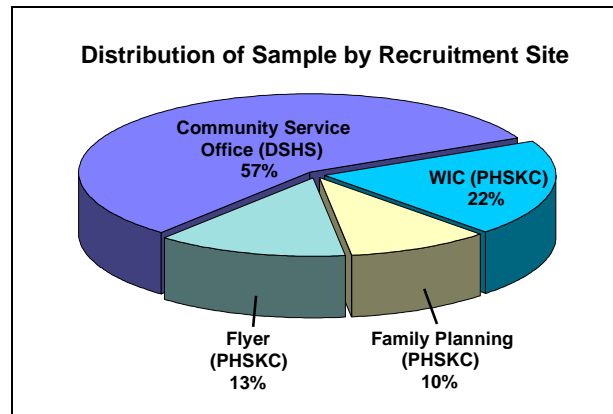
<sup>44</sup> Bernard, HR. 1994. *Research Methods in Anthropology*. Walnut Creek, CA: AltaMira Press.

<sup>45</sup> Denzin NK and Lincoln YS. 1994. *Handbook of Qualitative Research*. Thousand Oaks, CA: SAGE Publications, Inc.



Participants were recruited at two agencies serving low-income women of reproductive age in the Federal Way community: the Federal Way Community Service Office (CSO) and the Federal Way Public Health Center (PHC). At the health department site, women were recruited from the family planning clinic and the WIC program.

The primary recruitment strategy was for interviewers to directly approach women in the waiting areas of the CSO and PHC. Interviewers would describe the study, and if women were interested in participating, they were screened for eligibility. Eligible women were then interviewed in a private location (office or consultation room), either on the same day or at an alternate time.



A slight variation on this model was used in the WIC program, where clerks would ask clients if they were interested in talking with the interviewer about the study. Women who were interested were then introduced to the interviewer, and recruitment proceeded in the manner described above.

In addition to recruiting participants directly, we posted flyers announcing the study at the health department site. Women who were interested called the study number and were screened by the interviewer over the phone. A time and location for the interview were arranged. Only 13 percent of the participants were recruited via flyers.

## Data Collection

Prior to beginning data collection, approval for research with human subjects was obtained from the DSHS/DOH Human Research Review Board (HRRB). Each potential participant was provided an explanation of the study purposes and procedures; assured that participation was optional, confidential, and would not affect services received from the CSO or PHC; and had an opportunity to ask questions and decline participation. Informed consent was obtained from all participants. A copy of the consent form can be found in Appendix A.

Interviews were conducted in quiet, private locations that were convenient for the participants. Most participants were interviewed at the CSO or the PHC in an office or a consultation room. In the event that neither the CSO nor the PHC was available or convenient for the participant, an alternate public (but still private) location was utilized (e.g., a meeting room in the public library). Interviews lasted approximately one hour. Participants were compensated \$35 for participating in the study and were provided bus tickets, if needed.

Our original intent was to interview women without friends, family members, or children present. However, we quickly discovered that the majority of potential participants were accompanied by small children, a function of both the lack of affordable child care available to

this population and our choice of recruitment sites (eligibility for many of the services at the CSO and PHC is limited to women with infants and young children). Concerned that this issue would pose a considerable challenge to recruitment, we proposed a modification to our study protocols to allow interviews with children younger than two years of age present. IRB approval for this study modification was granted. We believe that with this age cutoff, women still felt comfortable speaking freely about pregnancy, and the infants and toddlers present were too young to comprehend the subject matter of the interviews.

The interviewers for this study were two members of the research team, both women of reproductive age who had training with qualitative interviewing and were skilled in discussing personal, sensitive issues in a nonjudgmental manner. In an effort to ensure a high level of consistency across the interviews, the interviewers met on a regular basis throughout data collection to debrief interviews, read transcripts, and provide feedback to one another. Each interviewer made adjustments to her interviewing style accordingly.

The interviews followed a semi-structured question guide, which was developed by the research team, with significant input from direct service providers who work with the sample population. The general, open-ended nature of the questions allowed both the participant and the interviewer flexibility in shaping the conversation, so that experiences could be explored in depth and in context. Pilot testing of the interview guide occurred at the PHC. A copy of the interview guide can be found in Appendix B. The interviews were audio taped and transcribed verbatim with permission of the participants.

## Data Analysis

The analytic technique used for this study was content analysis, a strategy for eliciting themes from text-based data. Toward the end of the data collection period, research staff began reviewing transcripts of interviews to identify themes and concepts. The main themes that emerged from the data were developed into codes for organizing and analyzing subsequent interviews. For instance, creating an impact on the partnership surfaced as a predominant reason for becoming pregnant. This theme was assigned a numeric code and all interview text related to this theme was coded to “creating an impact.” The development of the coding structure was an iterative process in which the research team developed an initial code book based on early interviews, tried using the book to code subsequent interviews, made modifications, and recoded data. The final code book is included in Appendix C.

Interview data were organized with NUD\*IST, a computer software application designed for the analysis of text-based data. NUD\*IST assists the researcher in organizing, searching, and retrieving text data by themes and codes. Once the transcripts were coded and the codes were entered into NUD\*IST, all the data (across interviews) for a given code could be retrieved in a single report. From these reports, the researchers explored emergent themes in depth, considering the range of views expressed within a theme, as well as the relationship(s) between themes.

## **Limitations**

### ***Generalizability***

The data collected reflect the views and experiences of the women with whom we spoke and should not be assumed to represent the views and experiences of all low-income women. The study sample differed from the broader population of low-income women in at least three important respects:

- (1) The sample was limited to English-speaking women, a protocol that excluded many ethnic and immigrant participants.
- (2) Only women who were accessing government benefits and services were included.
- (3) All women in the sample had been pregnant at least once.

We had hoped to recruit women who had never been pregnant into the study, but we were unsuccessful. This is not entirely surprising, given that women must have a child to be eligible for most benefits at the CSO and for the WIC program (8 out of 10 participants were recruited from either the CSO or WIC). Beyond the three issues listed above, we believe that the women in our sample were not demographically different from other Medicaid-eligible women living in King County. However, since we did not utilize a probability sampling strategy, the findings cannot be generalized to the larger population.

### ***Site of recruitment and interviews***

Participants were recruited and interviewed at two agencies that openly support and promote planned, intended pregnancy. Women receiving services from the CSO and the PHC are likely to have some level of awareness of this. It is possible that despite assurances that participation in the study would not impact receipt of services, women felt less comfortable speaking candidly about unplanned pregnancies in this setting. Unfortunately, we are unable to assess whether the site of recruitment and data collection influenced women's responses.

### ***Interviewers***

Though both interviewers were women of similar ages to the participants, there was not always a good match between interviewers and participants on race, education level, and socioeconomic status. Furthermore, both interviewers were public health professionals asking about the public health concept of "pregnancy intention." The possible disconnect between participants and interviewers concerning the underlying value and meaning attributed to "pregnancy intention" may have influenced participants' responses in the manner described above. Again, the degree to which these factors may have biased the data is unknown.



## FINDINGS: THE LANGUAGE OF PREGNANCY INTENTION

Over the past several decades, a vocabulary for talking about women's pregnancy intentions has emerged. Researchers and practitioners have come to use the terms *wanted*, *intended*, *planned*, and *prepared* (as well as their converses) to describe women's desires, attitudes, and behaviors vis-à-vis becoming pregnant. Approaches to measuring intention status have been developed and refined over many years of use in population-based studies. Measures have been critiqued and the terminology has been debated.<sup>46,47,48</sup> However, largely absent in these discussions is a critical question: What do women themselves make of this language? Do the terms resonate with women's life experiences?

One recent study pursued a similar line of questioning. Researchers interviewed pregnant women to explore how they described the intention status of their pregnancies and how they related to the terms "intended," "planned," "wanted" and their converses.<sup>49</sup> They learned that the definitions of the terms varied among participants; the terms "wanted" and "unwanted" were most relevant to decisions about pregnancy outcome and were distinct from "planned" and "intended"; and the male partner's attitude toward the pregnancy figured prominently in how a woman defined the pregnancy.

Similarly, a central area of inquiry for this study was to explore the meanings that women ascribe to these terms and the extent to which the language reflects their personal experiences. As the final question of each interview, women were shown cards listing the words *wanted*, *intended*, *planned*, *prepared*, *unwanted*, *unintended*, *unplanned*, and *unprepared*. Interviewers read the words aloud, then asked participants to describe what each word meant to them in the context of getting pregnant. The interviewers sought to avoid introducing these terms prior to this question.

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<sup>46</sup> Kaufmann RB, Morris L, Spitz AM. Comparison of Two Question Sequences for Assessing Pregnancy Intentions. *American Journal of Epidemiology* 1997; 145: 810-816.

<sup>47</sup> Bachrach CA and Newcomer S. Intended Pregnancies and Unintended Pregnancies: Distinct Categories or Opposite Ends of a Continuum? *Family Planning Perspectives* 1999; 31(5): 251-252.

<sup>48</sup> Peterson LS and Mosher WD. Options for Measuring Unintended Pregnancy in Cycle 6 of the National Survey of Family Growth. *Family Planning Perspectives* 1999; 31(5): 252-253.

<sup>49</sup> Fischer RC et al. Exploring the Concepts of Intended, Planned, and Wanted Pregnancy. *Journal of Family Practice* 1999; 48: 117-122.

## WANTED, INTENDED, PLANNED, PREPARED

### Wanted Pregnancy

#### ***Wantedness can change over time***

For the majority of participants, the wantedness of a pregnancy is mutable. A pregnancy can become “wanted” at any point, regardless of how a woman felt at the time of conception or when she learned she was pregnant. A pregnancy could be “wanted” even if the woman was not “prepared” for it, had not “intended” it, and had not “planned” for it. In some cases, women said a conscious decision to carry a pregnancy to term was made prior to declaring a pregnancy “wanted.”

*I don't think it matters if it was wanted at first.*

*And unwanted is something that, cause unwanted – your wants change, so you may not want it today and want it tomorrow.*

#### ***Fulfilling an emotional need or desire***

Another group of women defined “wanted” from an emotional perspective. A “wanted” pregnancy can fulfill an emotional need or a desire. Frequently women compared “wanted” with the desire for some type of material object, such as a new dress, flowers, or a car, that fulfills a deeper need.

*Wanted, I think wanted is more of a feeling. It's almost the opposite of need. You know? You want it to fulfill something for your personal needs. That's what I get. You know like if I want a leather jacket, it's to fulfill something of mine, whether it be a shopping addiction [laughs], or whatever! It's to fulfill something within. ... It's still filling something inside to make me feel better about myself.*

#### ***Just wanting a child***

Some women reported that “wanted” to them meant specifically wanting to have an infant or a child. In some cases, it could also mean having the emotional and financial resources to provide for the child.

*A child. ... Wanting a child. Wanting to take care of one, wanting to make sure they're okay and grow up right. Just wanting to love a child, period. That's my thing.*

#### ***Wanted is similar to the other positive terms.***

For some women, “wanted” was equated with a “planned” pregnancy. A few women said that “wanted” went together with “intended,” “planned” and “prepared.”

*“Wanted pregnancy” means that I had no reservations about becoming pregnant. I made plans, I've always wanted children, and, that the person that I'm with wanted the pregnancy too.*

## Intended Pregnancy

### ***An intended pregnancy is premeditated, malicious, selfish***

For almost one-third of the participants, “intended” was viewed negatively. It is worth noting that the group of women who responded in this way did so with striking uniformity and intensity. According to this group of participants, “intended” suggests the precontemplated and purposeful act of getting pregnant for the “wrong” reasons. It was commonly characterized as a calculated means of “trying to keep a relationship together” without the partner’s knowledge. Women used words such as trapping, plotting, premeditated, malicious, selfish, and spiteful to describe “intended” pregnancy.

### ***Intended pregnancy involves precontemplation***

Many women described the definition of “intended” as a couple or a woman who had expected or tried to get pregnant. “Intended,” for these women, was closely equated with “planned” in the sense of preconception decision-making and discussion. An “intended” pregnancy occurred when a woman (or couple) was excited about the pregnancy and “planned” it.

### ***An unsuccessful attempt to get pregnant***

For a few women, “intended” referred specifically to trying to become pregnant without success.

*And intended is something that’s purposeful. I intended to do it, I did it for a purpose. I did it for a reason. You know, ... if you intend to get pregnant, it’s for a specific reason. That’s more like, I want to say malicious – they intend to get pregnant for a specific reason because they want to keep the boyfriend, or because the other girl is pregnant, or because of something else. And I intend to get pregnant ... just to, to accomplish something in particular.... No, more malicious, like, it’s like I’m up to something.*

*I’m trying to find that word, like you meant for it to happen. That you, that you no matter what was going to have, you were going to end up with a child no matter what you had to do – intended. ... I think intended is being selfish by not even letting another person know that they’re really involved in what’s going on. ... Yeah, the woman being selfish and not understanding the, that another person has another say in this.*

*A couple really planning, you know, to get pregnant. Like I said, you’re married for a year, happily married couple, and you wanna have a baby. If it was an intended pregnancy they try and try and try for up to a year. ...All I can really think of is two people together planning a pregnancy. In the right way, the good way, to get pregnant.*

*Intended, they intended to get pregnant, but it didn’t happen. They intended to get pregnant at whatever time, and it didn’t happen.*

## Planned Pregnancy

### ***Planned pregnancy involves precontemplation***

The vast majority of women reported that “planned” meant consciously deciding to become pregnant prior to conception.

*Planned to me would mean that they planned the situation. That they expected the baby. If you planned? That would mean that you – well, again,*

According to participants, pregnancies that are “planned” do not come as a surprise. The precontemplative nature of planning means that pregnancy is anticipated and expected.

For many women, “planned” pregnancy further implied taking explicit steps to become pregnant at a specific time. These steps may include planning the night of conception, using a calendar to determine the best time to try to get pregnant, and discontinuing a birth control method. This type of planning was often described as happening with a partner, but not always.

### ***Planned pregnancies only occur in other people's lives***

A few participants argued that pregnancy planning – in the sense of preconception decision-making and actions – was something that occurred only among couples who are in a stable marriage, have gone to college, have established their careers, and are financially secure. After all of these milestones had been reached, the couple would then plan a pregnancy. These participants tended to speak of “planning pregnancy” in terms of others’ lives, but not in terms of their own. We wonder if, perhaps, pregnancy planning – referred to as “the good way to get pregnant” by some participants – feels like an unachievable ideal.

### ***Getting ready for a baby***

For a smaller group of women, “planned” was viewed primarily in terms of taking all the necessary steps to get ready for a new baby. Women reported that “planned,” in this context, meant ensuring adequate living space, securing enough baby clothes, and having some degree of financial stability. The ways in which some women spoke about “planned” suggested that they were thinking about activities that occurred during the prenatal (as opposed to the preconceptional)

*I don't know if necessarily the guy knew, but the woman, okay, was obviously not on any birth control pills. She was planning to get pregnant, so it didn't come as a shock to her. Not a surprise. She was expecting it.*

*Planned to me means to basically have a goal, and you're planning this with your partner or whomever [pause] to, to I guess to get pregnant. I know like when you look at your cycle and you're like, this is the day we're going to have intercourse during this week. You know, this is really planning.*

*Planned gives you the idea of a person that might be a little bit more educated, that might understand what it means to plan for a child. ... Planning would be once they actually had their lives down, they had their careers. They had, they knew what they wanted in life. They found that person that they're going to spend the rest of their life with, and then they decide to plan to have a child. That's what... planned means to me, when I think of “planned.”*

*Well, they would be setting money aside, they would be buying things ... bonnets and different things before a baby is born cause you do have to try to prepare for them. Um, they would get a room together, or they would plan on getting a place that would hold them and the baby. Um, so ... planning can go to a lot of different extents. ... Plan for whether the child is going to be healthy or not healthy, which is something you never know. ... Financial should be a big part of it, planning and trying to be prepared for it.*



period.

## **Prepared Pregnancy**

### ***Prepared pregnancy involves precontemplation***

For many women, “prepared” was closely related to “planned” in the sense that an element of precontemplation of pregnancy exists.

*I would say prepared goes with planned. And so, it sounds like you are looking at it advance. So you know you want to have children, and you want them to be happy, you want to be able to provide for them.*

### ***Getting ready for pregnancy, a baby, motherhood***

For many women, “prepared” not only meant taking behavioral steps to get ready for pregnancy, but also for bringing home a baby and parenting. These steps include reading books, taking vitamins, and changing eating habits, as well as acquiring items for the baby, arranging a living space, and becoming more financially secure.

*Prepared sounds like ... you have more information, you have more knowledge about pregnancy. I know when my friend first became pregnant, she read tons and tons of books, trying to be prepared for motherhood. And so, prepared sounds like not only do you have the resources, but you're also gathering outside information. Maybe you're building another room because you don't have the room right now. You know, getting everything ready to have a baby.*

### ***Being prepared is impossible***

Another group of women felt that no one is actually “prepared” for having a child. For some in this group, the notion that “one can never be prepared” seemed to refer to the inherent uncertainty of life and the impossibility of fully preparing for a new life experience. For others, the statement “one can never be prepared” spoke more to a sense of fatalism: planning and preparing are largely irrelevant because God determines the future course of one’s life.

*They tie together, but I don't think anybody is ever prepared to have a baby. I think they think they are, but they're not. [laughs]*

*No one's really prepared! No one's really prepared for being pregnant and what you're gonna do in the future – you can't plan on that, you can't you know, no one's prepared for anything really.*

## UNWANTED, UNPLANNED, UNINTENDED, UNPREPARED

### Unwanted Pregnancy

#### ***An unwanted pregnancy equals an unloved child***

The term “unwanted” was often equated with “unloved” and considered selfish, hurtful and irresponsible. Women held stronger judgments against “unwanted” pregnancies than any of the other negative terms (“unintended,” “unplanned,” “unprepared”).

However, as discussed in the “wanted” subsection, women again explained that the wantedness of a pregnancy could change over time. For example, an “unwanted” pregnancy could result in a loved, “wanted” child.

#### ***Unwanted pregnancy results in abortion or adoption***

Women associated “unwanted” pregnancy with abortion and adoption. They also placed “unwanted” pregnancy in the context of rape, abuse, and having sex with someone who is not a long-term partner.

*The first thing [image that comes to mind] is a baby that is not loved or not wanted.... For a baby coming into this world not wanted, that's kind of a harsh thing.*

*A lot of pregnancies are unwanted pregnancies. They're not on birth control and they just get pregnant and get pregnant. And they're gonna have an abortion, so here, here are the babies.*

*[In reference to unwanted:] When you put the “un” in there, that is just, it just totally – I'm not having this child, or I'll have this child and give it up for adoption.*

### Unintended Pregnancy

#### ***Unintended pregnancy is not a meaningful concept***

The term “unintended” elicited less response from women than the other words, and the responses were less personal. Some women could not define the word. Unlike the other words, when women tried to define “unintended” in terms of their own pregnancies, they provided little context.

*Unintended. I still don't see anything.*

### **Birth control method failure**

“Unintended” referred to pregnancies that resulted from birth control method failure, use of an unreliable method, or the belief that one was infertile. While method failure was occasionally ascribed to all the terms, it was attached to “unintended” pregnancy more than the others.

*Unintended. I think, man, you were probably doing something about it, and you didn't want it. [Q: What would you be doing about it with “unintended?”] Well you be like me, you get your tubes tied [laughs]. You take some birth control pills, put a condom on, which is the safest way to go [laughs].*

### **A potentially happy accident**

For some women, “unintended” was synonymous with “unplanned.” As with “unplanned,” these women saw “unintended” pregnancy as a potentially happy accident.

*Sounds like unintended is, “Oh, we'll deal with it anyway. So it's okay.” You know, like more of an accident, but it was a happy thing anyway, but it was not really planned.*

## **Unplanned Pregnancy**

### **An unplanned pregnancy can still work out okay**

Whereas an “unwanted” pregnancy was viewed very negatively, women felt more neutral about “unplanned” pregnancy. Even if a pregnancy is not “planned,” a woman or couple can still “make it work,” accommodate it, and be happy about it.

*Maybe getting pregnant was unplanned, but maybe it's not so bad. [Q: Not so bad as what?] Um ... unplanned doesn't mean that maybe it's not unwanted. ... It's not a bad thing, but it was unplanned. I guess. [Pause.] Maybe more like you can make it work, whereas maybe unwanted sounds like it's just not gonna work.*

### **Surprise!**

Women linked “unplanned” with words like accident, unexpected, surprise, and shock. For a few women, not taking active, conscious steps to get pregnant was a component of “unplanned.” In almost all cases, women discussed “unplanned” pregnancy with a casual tone.

*Unplanned is just: shocked, surprised. Didn't even think about it.*

## **Unprepared Pregnancy**

### **Lacking resources**

Most women defined “unprepared” as a lack of readiness to have a child: materially (items, space, finances), socially (unmarried), and

*Unprepared means you're totally – you don't have any money, you don't have anybody, emotional support, the extended family, maybe, or*

emotionally (lack of support).

*something.*

***Everyone is unprepared for pregnancy***

Similar to the way in which participants spoke about “prepared,” some women responded to the term “unprepared” by explaining that “everyone is unprepared.” To this group, being “unprepared” is a normal part of having a child.

*And everybody uses this [the term “unprepared”]. Even ones that maybe have planned it, or maybe intended it. I don’t think anybody can be prepared, really. I mean, even if you’re planning it, I still don’t think you can be necessarily prepared. I don’t think anybody can really truly be prepared for it. I think this word is something used in almost 100% of pregnancies. I think this word is used.*

## **FINDINGS: PREGNANCY MOTIVATIONS AND TIMING**

In this section, we explore the motivations, desires, and pressures that women experience both to become pregnant and to avoid pregnancy. We asked women to tell us, in the abstract, why a woman may or may not want to become pregnant. We also asked about their pregnancy-related discussions with friends: What gets said when they talk with friends about the possibility of becoming pregnant? What goes through their own head when thinking about whether or not to get pregnant?

In addition to exploring pregnancy motivations in this section, we also examine women's views on the timing of pregnancy and childbearing in their lives. In response to our question about what constitutes a good (and bad) time in one's life to get pregnant, women spoke of their ideas of optimal circumstances for having a child, the challenges they have faced raising children in difficult circumstances, and their current pregnancy intentions.

## REASONS TO GET PREGNANT AND HAVE CHILDREN

Women spoke passionately and at length about reasons for wanting to have children. The most common reasons women gave were to create an impact on their relationship and to have someone (a child) to love and be loved by. They placed a high value on their relationships with both partners and children: securing them, maintaining them, and deepening them. Pregnancy appeared to be an avenue toward fulfilling these desires.

Other reasons for wanting to have children, which were discussed less often, included providing a sibling or playmate for their current child, obtaining welfare (in reference to other women, not themselves), gaining freedom from parents, wanting a child of a particular sex, and giving a male partner the experience of parenting his own child.

### Create an Impact on the Partnership

The notion of having a child to create an impact on the partnership was described in many different lights: stabilizing a relationship, deepening the bond between partners, and for some, trying to change an abusive relationship by pleasing the partner.

#### ***Stabilizing a relationship***

Participants suggested that many women become pregnant believing that a baby will stabilize a relationship by keeping a man involved in his partner's life. They felt this may happen when a woman is insecure about her relationship. Women were more likely to identify this phenomenon in retrospect, drawing examples from their past. They also identified this behavior in others.

Some women characterized the act of getting pregnant to stabilize a relationship as "trapping a man." "Trapping" was defined as discontinuing a birth control method with the intention of getting pregnant, without the knowledge of the male partner. However, no one used the label "trapping" to describe her own behavior. This inconsistency leads us to wonder if women interpret this behavior

*I wanted to have a baby. And I think that the reason why I wanted to have a baby results back to again, I wanted him to be more involved in my – well, the family. So I wanted – I felt like well if he – if we had a baby, he'd be more involved.*

*I think she wanted to get, get pregnant cause she felt it would, as a way of keeping him. Because they've been on and off so much, and you know, they're split up for a month and then they get back together. ... So I think she's doing it, using it more as a tool than because she wants a child. ... I think she thinks, "Oh, well if I have a kid by him we'll be together." I think she thinks of it as an everlasting lock between 'em.*

*But then, for the women that are just wanting to get pregnant, I don't think they're making it totally aware for the male that this is what they're wanting to do. But they're just gonna do it*

differently in themselves than in others, and, perhaps, whether women were conveying commonly held stereotypes rather than observed behavior.

Several women pointed to the fallacy of thinking that having a child will stabilize a relationship and keep a man involved in his partner's life. This was viewed as the wrong reason to have a child and a selfish act.

### ***Deepening the bond between partners***

Far from stabilizing a relationship with an uncertain future, a few women saw pregnancy as a natural way to deepen a committed relationship. They spoke of pregnancy bringing couples closer together and strengthening the bond between them. They also talked about wanting to share the experience of having children with their current partner or spouse. Their relationships and desires were characterized in a way that appeared to be mutual.

### ***Trying to change an abusive relationship***

Some respondents explained that the desire to change an abusive relationship can motivate women to get pregnant. By pleasing the abuser, the woman hopes his behavior will improve.

### ***"Someone to Love, Someone to Love Me"***

Many women explained that having a child fills the need to feel unconditionally loved, as well as give love and nurturing to another. They reported experiencing this motivation both during their adolescence and as adults.

### ***The need to feel loved***

The need to feel loved by a child was attributed primarily to the desire for permanency (e.g., a

*anyway. [Q: Is that the trapping thing?] Yeah. I mean, that's how I would define it, just because, if you think about it, you're not being truthful to the guy. ... The guy could be under the mis-impression that she's on birth control pills. And maybe the guy should dig a little deeper, but if he's under the wrong impression, it still would fall under trapping, because he's not made fully aware that "Hey, by the way, I'm not on anything, so I could get pregnant!"*

*She thinks that she can keep him, which in, in a lot of cases it backfires. Because if the relationship wasn't there before the baby, the baby sure can't make the relationship.*

*I was in love and wanted to share that [having a child] with him, and that's what I, what we felt, that's, that's all we were missing. ... I just was in love and thought, thought that would complete the circle that we were in.*

*[I got pregnant] because that's what he wanted, so I thought that's what would make him happy. He was abusive and arrogant, and just a son-of-a-bitch, if you will. And I thought that that's what would make him happy. So if he was happy, 'cause that's what he wanted, then our relationship would be better. ... And even if I did lose him or whatever, I would have something to cling on to, I guess. Dysfunctional, I know.*

*...well like for me, I think the reason I became pregnant was because I never had a father in my life, and I kinda wanted somebody like to love me*

relationship that won't end) and at times, to loneliness. Many women offered this as their own reason for getting pregnant and did not judge it positively or negatively. However, a few disagreed, stating that this was not a good reason to get pregnant.

### ***The need to give love***

The desire to *give* love and nurturing to a child was described with strong emotions and was sometimes difficult for women to articulate.

*unconditionally. You know, just kind of that love, I could trust that person.*

*And, um, I really wanted someone to love, you know, I mean living with his father was one thing – we were best of friends for five years ... I really wanted a child that, you know, that I can call my own, that I can take care of and nurture.*

### **Provide a Playmate for Siblings**

Several women talked about wanting to get pregnant in order to have a sibling and playmate for their current children.

*Because I love having a brother ... I loved growing up with him. You know, we grew up together, and it was awesome. Siblings are your link to the past and your best friend and things. So I want to give [my son] that.*

### **Receive Public Assistance**

Some women believed that *others* got pregnant in order to obtain welfare and were disapproving of this behavior. In contrast, study participants who received public assistance described it as a helpful, though undesirable, tool that provided basic needs during hard times and helped them improve their economic situation. Women's views on public assistance will be explored more fully in "Current Life Situation."

*But I think another thing is the welfare because that way they get their medical, they can get food stamps, and money to take care of the kids. Which isn't right, really.*

### **Gain Freedom From Parents**

A few women shared that, as adolescents, they sometimes viewed pregnancy as a way to escape from their parents and gain adult freedoms.

*Everybody wanted ... financial freedom. Uh, to be totally honest, having a kid when you're eighteen, nineteen would be great because then you're out on your own, you don't have to deal with your parents any more. [Q: So how does that bring financial freedom?] They, because they have the, you have the state that you can rely on to get started. ... if I end up pregnant I can get away from my parents, and their, their strictness or whatever.*



## **Wanting Another Child of a Particular Sex**

A few women spoke about wanting additional children of a particular sex. Most of these women described their male partner's desire for gender balance (that is, wanting a boy if they already had a girl, or a girl if they already had a boy.)

*My husband really, would really like to have a little girl. And you know, he kind of feels that the boys and me that, 'cause I have two mama's boys for the most part you know [laughs], he usually, he says that...you know, [he'd] like a little girl or whatever, you know a little daddy's little girl.*

## **Giving Male Partner the Experience of Parenting His Own Child**

A number of the women interviewed had partners who were not the biological fathers of their children but who did assume at least some parental responsibility and connection to these children. In many of these cases, women appreciated this but also seemed to feel that there was something missing for their partner. They wanted to give their partner the experience of having his own child, as opposed to caring for the child of another man. In some cases, they did not explicitly state that their partner had expressed desire to have a child. Instead, this was something that women presumed to know about their partners' desires. The desire to give a partner the experience of having his own child has rich underlying themes: women's desires to bond with male partners through childbearing and parenting; and the higher value placed on a man parenting his biological child versus the child of another man.

*Well I would, you know, personally I would love to have another child. It's crazy, it's like I would have a big gap, I would have a 17- year gap. Because I had got remarried, and my husband I have now, we've been married 6 years and he hasn't experienced that. I would like to see him experience – to have his own. He, he plays a big role in his stepchildren's lives, you know, 'cause he stayed with them since they were 12, 10, 11... but it's still, it's nothing like having a husband and a wife, like parents experiencing that together.*

## INFLUENCE OF PARTNERS, FAMILY AND FRIENDS

In addition to experiencing strong, compelling motivations to become pregnant, women also reported encountering pressure from important people in their lives to conceive. Although participants were never asked if anyone influenced them to become pregnant, this topic was raised by several women. The pressure they experienced was sometimes direct and purposeful, and at other times, subtle. Some women were able to see the dynamics of influence more clearly in retrospect. Despite the pressure to become pregnant, a few women recounted times when they resisted it, holding firmly to their own wishes.

### Fitting In

Some women recognized that simply being in a social environment with pregnant and parenting friends and family members influenced them to get pregnant. Women described it as the impulse to “go along” and to fit in.

*I know a lot of the influence was with me the fact that a lot of my friends had kids. And yeah, so it was kind of all these people around us had kids, and I think we kind of felt like we was the only ones that didn't.*

Nevertheless, the experience of spending time with other people's children caused a few women to delay childbearing when they were younger.

*I know with me, I had older sisters. I had nieces I babysat and so I was “I ain't raising this!” [laughs] I saw what you got involved in. I was, there was no way I was ready for that.*

### “Why Don't You Get Pregnant?”

A few women recounted intense pressure exerted by partners, family members and friends.

*[Q: How could she be swayed?] Well, like I said before the mother saying, [in a whiny voice] “When are you going to give me grandchildren?” or the husband saying, “I want to have a child, I want you to stay home. Or I'll stay home.” Or friends saying, “When are you going to have children?”*

### When the Male Partner Wants a Child

A number of women shared stories about times in their lives when their intentions toward becoming pregnant differed from those of their partners. Most common were times in which the man wanted to have a child and his partner either did not want a child or was ambivalent. In some instances, the man's desire for a child appeared to have a strong influence over

*After [my second child] was born, I was going to get my tubes tied. And ... my husband was like, “No, no, no,” you know, he was saying, “We'll be fine, we'll be together, we'll work things out, you might want a kid when you're 30 or something, you're probably tired, and you want to start on your career.” You know, we had a talk about it, he said all the right things, basically. So I was*

whether pregnancy occurred.

## **Domestic Violence**

A few women described instances in their lives in which the male partner's influence over pregnancy was exerted through coercion and in the context of abuse. One woman reported that most of her pregnancies were unplanned and occurred because her husband threatened her with physical violence if she used birth control. Another woman talked about becoming pregnant in an effort to please her abuser and bring an end to the abuse.

*like, that is so drastic, that's so permanent – so I didn't do it. Fifteen months later – well even less than 15 months, because [second child] was only 7 months old – I became pregnant again.*

*I didn't have a choice back then [about using birth control]. I was told that if I used birth control and if he found out I was gonna get beat.*

## **Holding Firm**

A few women also spoke of times when they steadfastly resisted the pressure from others to get pregnant. One woman routinely corrected the misperception of others that she would be happier with another child. Other women held firm in their decisions to delay pregnancy or not have any more children in spite of their partner's clear wishes for a child.

*And people say all the time, "Oh, how sad for you, you don't have a boy." No, it's not. It's not sad for me, I'm happy. ... My mom's "I don't have a grandson." Oh well!*

## VIEWS ON OPTIMAL LIFE CONDITIONS FOR PREGNANCY

Women spoke at length in response to the interview question: “What makes it a good (or bad) time to get pregnant?” Primarily, women talked about ideal conditions for pregnancy from the perspective of what had not been ideal in their own lives. When reflecting on their own experiences, they were more likely to describe life conditions that make pregnancy difficult (e.g., not having financial security) than they were to describe conditions that make it favorable (e.g., having financial security). Though the life circumstances considered optimal for pregnancy varied from woman to woman, common to their definitions of a “good time” to become pregnant were the themes of stability and security across many life domains: relationships, finances, jobs, and family.

### Stable Relationship

Women spoke extensively about relationships when describing optimal conditions for becoming pregnant. Under ideal circumstances, pregnancy occurs when a woman was in a stable and secure relationship, in which both partners want to become pregnant. A “stable” relationship was most often defined as being married and conveyed the notion of a supportive, reliable partner who shares the responsibility of caring for the children.

*I think if you're in a career and you're stable and you actually have a partner that he also wants to have a baby – that it's a mutual thing – then ... I think that'd be a good time to have a baby.*

Conversely, several women indicated that a bad time to get pregnant and have a child is when someone is single and when a relationship is volatile. Some women expressed concern that another pregnancy might destabilize their current relationship by introducing stress or locking them into a relationship about which they were uncertain. Others said that a bad time to become pregnant was when a woman was in a relationship that involved domestic violence.

*I think that definitely not a good time is like if you're not getting along, and maybe the woman thinks that if you have a kid it's gonna make it all better. That is not – it's just gonna add to the problem.*

*Well, before I was not married to the father of my children. Our relationship was rocky – there was alcohol and abuse. There was domestic violence. Those were not good conditions in which to bring children into the world.*

### Economic Security

A good time in one's life to become pregnant

*The number one thing that would go through my mind is, are we able to support another child.*

was also characterized by having a stable job and earning enough money to support a baby. Many women spoke eloquently about the importance of having a degree of economic security prior to becoming pregnant, often from the perspective of the hardships they had experienced raising children in poverty. Indeed, lack of financial security was frequently cited as the predominant reason for not wanting to get pregnant at the present time. Related to the concept of economic security, women also expressed the desire to own a house and “set a foot down” in their careers before becoming pregnant. Women clearly place a high value on achieving economic security prior to pregnancy, even when this does not reflect their personal experiences.

*[Speaking of having another child:] And I’m just like, “[boyfriend’s name], we need to buy a house, I need to make more money, I need a better job, you need a better job.” ... Maybe in the future, but most definitely not now.*

### **A Sense that One is “Ready”**

Many participants articulated that the ideal time for becoming pregnant is when a woman feels “ready” for pregnancy and parenting. The concept of readiness, introduced by participants and used with remarkable frequency, encompassed the notion of having a partner and financial stability, but also included emotional maturity, capacity to take on the responsibility of raising a child, and willingness to give up one’s freedom. For some women, the concept of being ready for pregnancy was difficult to define. Instead, they spoke of it as an intuitive sense that the time in one’s life is right for becoming pregnant.

*We talk about if we’re really ready. We talk about do we see a child in the future. We talk about do we wanna be together. Do we wanna get married? ... We talk about financially-wise, can we afford it, can we deal with it. Are we grown up enough right now? Do we want to bring that big of a responsibility into the relationship? We talk about all of that.*

### **Age of Other Children: Birth Spacing**

Women also consider the age and developmental needs of their other children when thinking about the timing of pregnancy in their lives. Most participants felt it was important to have “a good space” between children because young children need “time to

*No, I don’t think it’s a good time for me right now [to get pregnant]. And, plus, I already have a baby. He’s almost two, and he just basically needs to have his own time to shine, before I have another baby.*

*So we have talked about having another one. But*

shine” before parental attention is diverted to a new baby. Several women talked about the difficulty they experienced with having closely spaced pregnancies. A few spoke of the value of having children spaced more closely together (e.g., siblings close in age are good playmates).

*not back-to-back like we did ... they're 10 months and 25 days apart. So ... emotionally one of my hardest pregnancies was my third one, because I didn't feel I was ready for another baby. When I found out I was pregnant, I bawled. I cried and cried and cried and cried. ... I was like "I'm not ready for another baby. [Name]'s still a baby. ... And she still needs us."*

### The Right Maternal Age

Age was also a strong component of women's visions of the optimal time to become pregnant. Some felt they needed to have children by a specific age, while others placed the “right” age in the context of achieving other goals or being independent.

*I always wanted to wait 'til I was 25. I thought 25 would be a decent age, 'cause then I'm not – 'cause there's like a thing once you hit 30 you're almost too old to have kids, you know. So I didn't want to be that old, and to make sure I was just the right age when my kid graduated and stuff.*

## CURRENT LIFE SITUATIONS

While study participants spoke eloquently about the set of conditions they believe should be present prior to becoming pregnant, few of their lives reflected this ideal. Instead of stability and security, women's stories about their lives revealed significant challenges, and often, hardship. There were no interview questions asking women to discuss their social and economic circumstances. Rather, these challenges emerged throughout women's descriptions of their experiences with pregnancy. The life experiences that frequently rose to the surface were financial hardship, single motherhood, welfare, domestic violence, and substance use.

Poverty was an experience shared by all of the women who participated in the study: all had incomes at or below 200% of the federal poverty level. Other life factors, such as single motherhood, domestic violence and substance use, are not unique to poor women but are shared across the economic spectrum. However, as the women's stories demonstrate, poverty serves to amplify the impact of these experiences and diminish access to resources and support.

### Financial Hardship and Single Motherhood

Financial hardship was a common experience for the women who participated in the study, and in some cases, it was very severe. Women described crises in housing, food, transportation, childcare, and paying other bills. For most women, the experiences of single motherhood and poverty were closely linked. When women talked about their experience as single mothers, they frequently discussed financial hardship, and vice versa.

*Like, cause I work, I don't get no food stamps, I only get medical, you know, and providing like, paying the bills, and then it's like, I think of food later. I have to pay the bills first. ... or else stuff is gonna get cut off. And providing, you always want food, I mean like right now, that's why I came here to WIC, cause I need some milk. So I'm thinking, please, you know, get us hooked back up – I need to come back in. So it's hard to provide as a single mom.*

### Welfare and Welfare Reform

Participants held strong negative judgments against other women who received welfare benefits (e.g., they get pregnant to receive a welfare check, they don't want to work), but their personal experiences told a different story. They enrolled in public assistance programs in order to take care of their children, yet felt they should be able to financially support them without help. Some women

*And then there's a lot of women out here who just have babies to get these checks. And the minute the baby's born they, they lose them behind the drugs. And the state takes them and then a year later they're pregnant again. I know this one case where she, and, and a perfect example, she had five kids. And the state done took all five kids. She's a crack addict, she gets that pregnancy check.*

expressed feelings of shame and disappointment. A few women shared stories in which public assistance helped them improve their current circumstances and future prospects.

A few women offered the view that DSHS eligibility and rules are too restrictive. For example, a working single mom with four kids was not income-eligible for assistance but believed her income level should qualify, given the persistent financial struggle experienced by her family. Another woman thought that the five year limit placed an unfair burden on women because they often bear the responsibility of raising children alone.

*[Recalling her thoughts in the past:] “I’m gonna get my act together, and I never want to come back here (homeless shelter) again.” And I claimed bankruptcy, um, I applied for Section 8 and I got Section 8. I moved into an apartment that my parents co-signed for. ... So I went through the Work First program and ... I think I was in work like two or three weeks after I got out of that. I took, I started out with the company I’m at now as a temporary with Kelly Service and I just worked there for six months and then I got hired. And I’ve been with them for two years. Been in my apartment for two years and for two years now I’ve never been late on a bill. So, you know it was ... a slow climb... .*

## Domestic Violence

Several of the women interviewed reported that they had experienced domestic violence. Often this was labeled as such; at other times it was described through the violent behavior of a partner. The abusive partner was sometimes the father of the woman’s children, but not always. Domestic violence and pregnancy intersected in a variety of ways. Women shared the following experiences:

- Getting pregnant to please an abusive partner in hope of changing his behavior;
- Taking steps to leave an abusive partner while pregnant (to protect a future child from harm);
- Having a miscarriage after being beaten; and
- Deciding to have an abortion rather than have a child with an abuser.

*But, being pregnant with that baby gave me strong will – it was like, “I can do it. I can live without him.”*

*I became pregnant the third time in which I was beat up to the point where I lost the twins. They were twins I was supposed to have had. That was the final straw and I went into hiding. I went into one of these DV shelters.*

*So, I know that as much as it [the abortion] still is something that I have to live with and it still weighs heavy on my mind and in my heart, I know that I escaped him. And I’m doing okay. And I know that it wouldn’t have been a good life for that child.*

## Alcohol and Drug Use

Some of the women reported personal

*And then I got pregnant, and I said I would miss*



challenges in the past with substance use and addiction. The women who discussed their experiences during pregnancy shared the feelings they remembered having at the time: fear, anger at themselves, and disbelief.

Pregnancy and children had a significant impact on decision-making and health behavior for many women. Women who drank moderately reported that they stopped drinking when they learned they were pregnant. For a few women, a healthy pregnancy was their motivation for seeking help with what they described as serious problems with addiction. A few women saw a direct relationship between drinking alcohol and having a miscarriage or choosing abortion.

Some respondents described their experiences with partners who used alcohol and other drugs. Partners' substance use, in conjunction with other issues (such as domestic violence, partners not helping with children, and partners spending too much time with other friends), led some women to end their relationships. Substance use was always viewed negatively, whether the person involved was the woman or her partner.

*the feelings, and then I had a relapse. ... and I just beat myself up about with that invisible two by four and just kept doing it. And it's like, I just couldn't believe it, you know. And I ... just kept praying that my baby had all his limbs and stuff. ... I put myself in treatment. I volunteered to do it.*

*Now I'm having blackouts every night, I black out, so I don't remember things. She goes, "Mommy, you were so drunk last night, you were running all into the walls." [Sadly and quietly:] And it hurt me so bad, and I said okay – June 30<sup>th</sup> of 1998 was the last time I had a drink.*

*And as it turned out, he ended up drinking, and being on Percosets, and passing out all the time, so who was the one that took care of the baby, well, I was. And so at that point, when [he] started pushing me around [pauses] – nah-uh. I'm gone. I left him a year ago.*

## CURRENT PREGNANCY INTENTIONS

Women had much to say about their current intentions toward pregnancy. In general, participants expressed a strong desire to postpone pregnancy, pointing to current difficulties and challenges in their lives. When considering pregnancy now, women discussed the optimal conditions for pregnancy (e.g., committed relationship, stable job), how pregnancy would fit in with other personal and family goals, and whether their day-to-day lives are conducive for having a baby right now.

While most participants stated that they want to wait for a better time in their lives to be pregnant again, some shared that they are finished with childbearing, and a few expressed ambivalence about becoming pregnant right now. Notably, very few women expressed the desire to become pregnant at the present time.

### Waiting for a Better Time

Many women stated that they wanted to wait for a better time to either have their first child or have additional children. Descriptions of this future time paralleled women's responses to the question "what makes it a good (or bad) time to get pregnant" (see Views on Optimal Life Conditions for Pregnancy) and varied somewhat by individual women. As before, the chief components of a better time all seemed to point towards one key concept: greater stability and security. Women spoke about wanting greater stability in terms of having more money, a better job, a marriage, a home, a better partner, and more time to be a parent. Until this stability was created, the majority of women stated that it was their desire to postpone pregnancy.

Many women who expressed the desire to wait for a better time to get pregnant described strong desires to pursue and accomplish personal goals outside of pregnancy and parenting. Their goals varied – marriage, a career, school, buying a home, and time to pursue hobbies. Many women felt that it was important to focus on personal goals when

*I definitely see myself having more kids. I see myself having more kids when I'm more secure in my job. I've only had my job for like eight months now. When I'm more set in my job. ... I don't wanna have to take time off to have a baby. I wanna devote my time right now to my job and making my career right now. Which also brings [up] that I would be more financially secure that way, if I work towards my job and getting my career going ... . And when I'm more secure in my relationship, whether that means marriage ... I would like to be married before I have another one. ... I would wanna know that I'm married, that's the one I'm gonna be with, before I bring a kid into the world.*

*I work for Panasonic, which is, you know, they're a real good company to work for, but I'd like to kind of further my education. So that that would help me grow in my company. And, you know, I figure in the long run, that's gonna provide for me and my child with a better life that – I don't really, [pregnancy is] something I don't really think about right now. Because it's not anything that I want.*

considering pregnancy because they wanted to improve their situations through work or school, creating better lives for their current children.

The daily stress of caring for children and the complexity of their lives were also cited as important factors in why women wanted to postpone pregnancy.

### No More Kids

A smaller group of women told us that they were finished with childbearing and did not want to be pregnant again. Many of these women had either elected to be sterilized or were considering it. They were often very adamant about their desire not to have more children, despite partners and families who wanted otherwise. They often cited the stress in their lives, the challenge of providing for their existing children, and their desire for a better life.

*And just the thought [of pregnancy], and then, matter of fact, their dad was there visiting and he said "Just think if we had one more!" I said, "Oh my God!" I would leave, I would leave ... I said, "I would leave, I don't even entertain the thought." ...And that's just 'cause it's – it's not [just] time consuming, it's personal. It's just, I, I get, last night I recall I cooked dinner, I played with the kids, I gave them a bath and I washed hair. And then, um, their Dad was [there], and I said, "You know what, while you're here...while you're sitting here I'm going to take like 45 minutes and take a bath." And he said, "You act like that's something you haven't done." And I said, "I haven't! I don't take baths. I take showers. In and out, in and out ... I haven't taken a bath, probably since I had my baby..." And he's like, "Are they that?" And yeah, they keep me busy. All the time. Mm hmm, no, to myself I'm saying, "Psh, please! The thought of having another baby. Never, ever again."*

### Ambivalence

A few women expressed conflicting desires when they described their feelings about becoming pregnant at this point in their lives. On the one hand, they wanted to conceive and on the other, they felt that it was not a good time in their lives to be pregnant. While the reasons for avoiding pregnancy were readily described by these participants, their desire to become pregnant seemed much more difficult to articulate.

*I just got on my feet and got my own apartment. And it's hard. I can't go nowhere. She [daughter] cries... . I don't have a life. My life revolves around her. ... If I have another one, it's gonna be twice as bad. I want to have another baby because – I don't know why I want to have another baby. I don't know why. I don't. I just want one. But every time I think about how hard it is, I don't want one. Because it is hard.*

### Desiring Pregnancy

Very few women told us directly that they wanted to become pregnant. When they did express the desire for pregnancy, it was almost

## Pregnancy Motivations and Timing

always qualified. Women assured us that while they wanted to become pregnant, they were not trying, and that if it didn't happen, it just wasn't meant to be.

## **FINDINGS: BELIEFS AND EXPERIENCES WITH PLANNING PREGNANCY**

We now move from a discussion of pregnancy-related motivations and timing to consider women's experiences with planning pregnancy. In *The Best Intentions*, the Institute of Medicine urged the nation to adopt a new social norm ("All pregnancies should be intended – that is, they should be consciously and clearly desired at the time of conception."), and said of this goal: "...it speaks as much to *planning for* pregnancy as to avoiding unintended pregnancy."<sup>50</sup> We must then ask the question: What are women's experiences, beliefs and attitudes about *planning* in the context of becoming pregnant?

A recent qualitative study explored a related question among populations of low-income pregnant women: Is intendedness a valued concept?<sup>51</sup> The authors formulated the following hypotheses, among others: (1) the concept of "planning pregnancy" is not relevant and salient to all women; (2) having an unplanned pregnancy has distinct social and psychological advantages; (3) women readily incorporate unintended pregnancy into their lives; (4) religious beliefs provide meaning to an unplanned pregnancy; and (5) the attitudes of partners and family members toward pregnancy contribute to women's risk-taking behaviors.

Through our interviews with women, we sought to learn about women's beliefs and experiences with pregnancy planning through several lines of questioning. Since planning pregnancy requires that one feels a strong sense of control over the outcome, we asked women to talk about their beliefs regarding control over pregnancy (i.e., who is it up to?). To illuminate women's beliefs about planning, we explored the preconceptional and early pregnancy time periods: What did women discuss with partners and peers in terms of pregnancy? What was their immediate emotional reaction upon learning they were pregnant?

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<sup>50</sup> Brown S and Eisenberg L, Eds. *The Best Intentions*. Washington DC: National Academy Press, 1995, p. 252.

<sup>51</sup> Moos M et al. Pregnant Women's Perspectives on Intendedness of Pregnancy. *Women's Health Issues* 1997; (7)6: 385-92.

## PERCEPTIONS OF CONTROL OVER PREGNANCY

Perceived control over one's fertility may influence contraceptive behavior and, by extension, unintended pregnancy. Women who do not believe that they have much control over whether pregnancy occurs may be less likely to use contraception successfully, and more likely to have unintended pregnancies. The results of studies examining the relationship between locus of control (i.e., an individual's belief that they can control what happens to them) and contraceptive behavior have been mixed.<sup>52,53</sup>

We wanted to learn how women in our sample thought about control over becoming pregnant, but we were advised by family planning practitioners that asking about control directly could be perceived as intrusive. Consequently, we chose to explore women's perceptions of control over pregnancy in the abstract, rather than inquiring about their personal experience. We asked women the following series of questions: When you think about getting pregnant, who is it up to? How much of it is up to a woman? How much of it is up to a man? Up to other things? How about fate or God?

### Women Have "The Whole Court"

When asked who or what pregnancy was up to, the women we spoke with responded overwhelmingly that women control whether or not pregnancy occurs. They offered a variety of reasons for why they saw control of pregnancy resting in women's hands.

According to several participants, women have a great deal of control over *conception* because they are usually the ones in charge of *contraception*. They can prevent unwanted conceptions by using birth control and, conversely, they can conceive when they want by not using birth control.

Many women responded to the question "who's it up to" in terms of who is responsible for preventing unwanted pregnancy. These

*When I think about getting pregnant, how much of that is up to me? I think 90, 90, 95% of it is going to be up to me ... because I either have the choice to protect myself by using birth control methods, or, if I really wanted to get pregnant, I could. I mean, I could do it. I have, I have the knowledge now to know when you're, when would be the right time to get pregnant. ... Women have, I think, a major, major, major part of becoming pregnant, and men are just a, they are just a help.*

*You need to take responsibility, you know, if you're gonna use a contraceptive, I mean, it should be both of you, but, you know, if he says he*

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<sup>52</sup> Steinlauf, B. Problem-Solving Skills, Locus of Control, and the Contraceptive Effectiveness of Young Women. *Child Development*. 1979, 50: 268-271.

<sup>53</sup> Visher S. The Relationship of Locus of Control and Contraception Use in the Adolescent Population. *Journal of Adolescent Health Care*. 1986, 7(3): 183-186.

women argued that since a variety of contraceptive options are available to women, it is women's responsibility to avoid unwanted pregnancy. Some felt that men share an equal responsibility for pregnancy prevention, but that women must protect themselves regardless. Participants who spoke of women's control in this manner tended to express strong values about personal responsibility, and negative judgments about women who have unintended pregnancies (e.g., it is a woman's fault if an unintended pregnancy occurs and there is no excuse for that happening).

A few respondents saw pregnancy in women's control because women determine the pregnancy outcome (birth, abortion, or adoption), although a few respondents argued that this is unfair to the men involved. Additionally, some felt that women should have more control over pregnancy than men because they bear the physical burden of pregnancy and, ultimately, the responsibility for parenting.

While participants strongly asserted that women control pregnancy, they also shared experiences from their lives suggesting that they do not always feel in control of their fertility. These comments, expressed in a tone of resignation, tended to emerge at other points in the interview, particularly when women recounted past pregnancies. A number of women expressed their frustration with birth control method failures, which repeatedly left them vulnerable to pregnancy. One woman explained that once she began to have children, she felt resigned to have more.

## Male Control Over Getting Pregnant

Men were generally viewed as having little control over whether a pregnancy occurs.

*doesn't wanna wear a condom then you just don't have sex with him, or whatever. You need to, if you're gonna have sex you need to, and you don't wanna get pregnant you have to be, have some kind of contraceptive.*

*I'd probably say almost 85% [up to women] – I would give it that much because ... you have to go through the whole nine months of the pregnancy ... and the stress you have to go through if you lost that baby – it's total different than it would be for a guy because you can't, you bond with this baby as soon as it's inside you. ... I think the woman has to go through so much more. ... A lot of it should be left up to what she wants to do.*

*So when I found out about it, I get on birth control – and they don't work. So, I'm pregnant again. And again, and again, and again.*

*My life story. Well, I had kids, I was gonna be home, so what's the heck if I have another one. Not because of financial, maybe because of my frame of mind. Um, I mean if I was gonna have 'em, I said I might as well have 'em and just take care of them, and you know, go from there. Cause it seemed like my whole life was revolved around it anyway.*

*Women, yeah, they have that control over that [getting pregnant], because I think men really –*

Some respondents explained that men rarely used birth control and that in leaving contraception up to women, they give over their control of conception to women. They also felt that men should take responsibility for using contraception to prevent unwanted pregnancy, but – in their experience – men rarely did.

The women we spoke with did describe some situations in which men have more control over pregnancy than women. Most commonly noted were abusive relationships and sexual assault. One woman spoke of not being in control early in her reproductive life when she was unaware of contraceptive options.

*at least in my experience with them – they're not really into contraception. As far as my husband ... he wasn't into it whatsoever, he was kind of like "Okay, you take care of that" and so if I really had wanted to become pregnant, it would have been easy to do it.*

*When I was younger, it was up to the man, because I, I think they knew [the risk of unprotected sex] and just didn't tell me. And this was their way to control me. You know, "I want [you], you won't leave me if you're pregnant by me." I got hip to that one real quick.*

### **The Ideal Situation: It's a "Mutual Thing"**

While many respondents felt that – from what they've seen and experienced in their lives – women have the majority of control over pregnancy, they also spoke of the ideal situation where decision-making and control over pregnancy is shared equally between the woman and man. In this ideal scenario, couples talk openly about their hopes and desires for pregnancy, and decide together to become pregnant when both are ready. Women felt that it is in the best interest of the child, as well as the relationship, for pregnancy to be mutually desired and for decision-making to be shared. A few women told us that while they saw shared control over pregnancy as the ideal, this had not been the experience with their own pregnancies. One woman saw mutual decision-making and control as relatively uncommon among couples getting pregnant.

*I believe that it should be a man and woman who come to the conclusion of having the kid together. I think that would be the best possible way, because then both are wanting this baby, both are wanting to be happy. You know, they're trying to come into this together.*



## The Role of God and Fate In Getting Pregnant

In addition to seeing women as having a large degree of control over pregnancy, many women in our study also felt that things beyond their control – God or a generalized sense of fate – influenced whether or not pregnancy occurred. The level of influence attributed to these external factors varied considerably. As will be discussed below, a belief in God or fate's influence over pregnancy was *not* mutually exclusive with the belief that women have considerable control over their fertility.

- For some women, God is seen as highly deterministic: He causes conception to occur when He believes the time is right and to teach particular lessons (e.g., learn responsibility).
- Other women saw the influence of God and fate limited to certain situations, including miscarriage, infertility (and problems with fertility), and conceiving while using contraception.
- Some women saw little role for God or fate in whether or not pregnancy occurred, though they may have held that belief when they were younger.

*I think God has a lot to do with it. He has the whole nine to do with everything. ... So He has it in place for these two people to come together regardless, or however it works and this is, that's planned from the get-go, you know. That's how I look at it. You know, God has had this plan from the get-go, and if they make this baby, you know the baby is gonna come.*

*I believe that every now and then a miracle can happen. My best friend ... at first she couldn't get pregnant, and then she lost three babies, and then delivered one stillborn ... and she just prayed and prayed, and her daughter is my goddaughter....*

## Beliefs About Internal and External Control Coexist

For most women, the belief that pregnancy is in women's (and, to some degree, men's) hands and the belief that God/fate can influence pregnancy coexisted without apparent contradiction. Relatively few women saw no role for God or fate, and even fewer felt that pregnancy was exclusively determined by God (or other external factors). When asked to quantify the degree of influence held by women, men, and God/fate, participants often

*I'll say 95% [of getting pregnant is up to a woman] cause she's got to carry it ... . She can lie and say she's on birth control and, and not. She can lie and say she had an abortion and didn't, so. ... I think God plays a major role because ... if it wasn't for him you wouldn't be able to conceive in the first place. ... I think if He didn't want you to carry that baby you wouldn't have conceived that baby. He has that power.*

## Beliefs & Experiences with Planning Pregnancy

told us that they could not. All three were seen as part of an equation that could not be easily articulated.

## PREGNANCY INTENTION AND PLANNING

A central area of inquiry for this project was women's thoughts and experiences with pregnancy intention and planning. We wanted to learn how women think about becoming pregnant and whether the concept of "planning pregnancy" resonates with their experiences. We sought to learn about pregnancy intention and planning through multiple lines of questioning:

- Women's descriptions of their feelings upon learning they were pregnant.
- The nature (and extent) of preconception conversations with male partners and female peers about pregnancy.
- Women's thoughts about pregnancy risk-taking behavior (i.e., when they might "leave pregnancy up to chance").

It is important to note that we did not inquire about women's pregnancy intention status and related behaviors directly (e.g., When you got pregnant with your x<sup>th</sup> child, were you planning to get pregnant at that time? Were you or your partner using contraception?). Direct questioning about intention was avoided for two reasons: (1) we wanted to hear about women's experiences in their own words, and (2) we were concerned that direct questions could be perceived as intrusive and judgmental, discouraging women from speaking honestly and openly about their experiences.

### Pregnancy Planning: An Infrequent Experience

For many women we spoke with, planning for pregnancy was rarely part of their experience. While pregnancies were frequently desired once they were detected, few women spoke of planning for pregnancy in the sense of explicitly deciding to become pregnant and taking steps towards that goal.

*[Q: And with the dad of your other kids, did you talk about getting pregnant – is that something that you guys talked about?] Oh with him? Like I said, not really cause – I kind of feel bad in the sense that I didn't plan any of my kids. You know, when somebody sits down and says, "Okay, I want to have some kids." Like I told you, I wanted my older daughter, but it's not because I planned with her dad. I just wanted a baby. I can't say I sit down and plan with any of my kids.*

### Surprise

When they first learned they were pregnant, women most frequently described feeling completely surprised and shocked. Surprise was coupled with a wide range of feelings: some felt surprised and happy, others felt shocked and devastated. The frequency with which surprise is reported seems to suggest

*And then this time when I found out I was pregnant, I was just in shock. I didn't know what to do. I didn't even believe it. It wasn't reality. And, I was happy. It was more better than the first time. I was a lot happier.*

that fully intended and planned pregnancies were not the norm, since one could presume that a planned pregnancy would not come as a complete surprise.

## Ambivalence

Occasionally, women reported that they were ambivalent about becoming pregnant. Though they never labeled the experience as “ambivalence,” women described having multiple, conflicting feelings toward becoming pregnant (i.e., both wanting to become pregnant and wanting to avoid pregnancy simultaneously). These pregnancies cannot be categorized easily with the intended/unintended dichotomy, but seem to fall somewhere in between.

Some women connected their conflicting feelings about becoming pregnant with times that they were in love. If a woman feels ambivalent, she may view her pregnancy as a signal that the couple was meant to be together and have a baby.

Since we did not systematically ask women to describe their preconceptional intent, it is difficult to determine the extent to which ambivalence characterizes participants’ intentions toward becoming pregnant. However, it appears that some degree of ambivalence (simultaneous desires to conceive and avoid conception) was not uncommon among the pregnancies described by participants, which is consistent with other studies.

*I had a doubt in my mind, I was saying “I hope I don’t.” It was like, I wasn’t really planning on no pregnancy. You know, in a way I was thinking I hope I did, so I had that non-caring attitude.*

*My middle baby, I was so much in love that ... it was, “I don’t want to get pregnant, but I don’t want to not get pregnant, so if it happens, it happens.” And even then it was on fate thing – if it happens, it was meant to happen ... but it’s not realistic. It’s gonna happen eventually, and it took a baby for me to realize that.*

## Planning Pregnancy with Male Partners: “Understood,” Not Explicit

Several women shared that they had spoken with their partners about getting pregnant in

*The last time I was pregnant, we were – I can’t even tell ya – dysfunctional. And he wanted a*

general terms, but never explicitly decided to proceed. These women felt that there had been an agreement with their partners to get pregnant, but the intention and plan to conceive was “understood” and not explicitly verbalized. Instead, they talked about letting pregnancy happen, and also talked of feeling surprised when it did.

Several women reflected that they had not talked with their partner about pregnancy prior to becoming pregnant. This was especially the case for pregnancies that occurred during or near adolescence. Planning was unlikely to happen at this point in their lives, as several women told us that they had not considered the possibility of pregnancy or simply did not believe it would happen.

### **Some Women Valued Planning**

Though planning was not often part of women’s experience with pregnancy, participants’ comments also suggest that planning pregnancy is a value they hold. Some women expressed regret that their past pregnancies were not planned and talked about their desire to plan future pregnancies. A few women shared that they had planned one or more of their pregnancies and noted that this was the optimal situation. Additionally, a small number of participants reported considerable pre-pregnancy conversation with their partners about their hopes and desires for children, the timing of pregnancy in their lives, and what they would do if an unintended pregnancy occurred.

### **Planning Pregnancy Has Some Drawbacks**

Participants’ comments suggested that planning, in the context of pregnancy, might be

*child and I wanted a child and so we were in agreeance, and we tried and tried, and just about the time we’d given up, I ended up pregnant. ... [Q: ... Was that (trying to get pregnant) something that you actually spoke to each other, or was it just sort of understood?] I think just kind of understood. We talked about it a few times, about how we both wanted to have a kid. It wasn’t, “I want one. Do you want one?” But I guess maybe – I don’t know exactly how it went.*

*[Q: Did you actually have a conversation where you said that to each other, “If it happens it happens, if it doesn’t it doesn’t”?] It just, it was just kinda, we knew it. We kinda knew between the both of us ... we just knew. ... We didn’t really, I think we talked about the pregnancy once we found out we were pregnant... .*

*Yeah, we talked. I mean, we talked about it ever since we were married. We talked about, you know, waiting. We decided together that we would wait about a year before we got pregnant. We talked about how, you know, our spacing between our children. ... I would, you know, we would say, “Well, when do you think we should try to get pregnant?” And, “What time do you think would be a good time to have kids?”*

undesirable for several reasons. A number of the disadvantages to planning seem to be rooted in women's beliefs about fate and the natural course of life.

***Planning pregnancy may be perceived as undermining nature or fate.***

Several women expressed the sentiment that pregnancy will occur when the time is right, and that if it does not happen, it was not "meant to be." Women also told us that having a child is the natural thing to do when you love someone.

***Planning pregnancy may lead to disappointment if pregnancy does not occur.***

Some women appeared to adopt a nonchalant attitude toward pregnancy in times that they wanted to conceive but feared they may not, as if this might protect against future disappointment should pregnancy not occur. This may also reflect a belief that openly acknowledging one's desires for pregnancy may prevent it from happening.

***Planning pregnancy, in the sense of taking steps to promote conception, may be viewed as unnatural and ineffective.***

Several women shared the view that letting pregnancy happen is preferable to "planning planning." This phrase was used to describe active steps one might take to become pregnant (e.g., charting ovulation cycles, taking basal body temperature, selecting a month when one will try to conceive). Planning, in this sense, was viewed negatively as unnatural or, perhaps, overly compulsive. Women distinguished "planning planning" from deciding to become pregnant when life circumstances are favorable (the latter being viewed more favorably). One participant held a particularly negative view of planning pregnancy (in the sense of actively trying to

*If it happens, then it was fate, and if it doesn't happen, well then it was never meant to be.*

*Actually, to be honest with you, I wouldn't mind having a child with him. ... I guess it's just something that if you're with someone you really like, you know, it seems like the natural order of things.*

*We didn't know how good my equipment worked, you know, anywhere down there cause I had a lot of injuries down there. So, we didn't know, and we thought, well if I get pregnant I get pregnant, and if I do, I do, and if I don't, I don't. You know, but we weren't sitting there making sure I got pregnant, you know, but we weren't sitting there making sure I didn't get pregnant.*

*I think it's much smarter to plan it, and I don't mean that you have to plan it plan it to the exact date and time. But if you reach that point where you say, "You know, I think I'd like to have a child," and then you leave it up to chance ... You know, we're at this age, we're at this financial status, this is where we are in our careers, we're ready to have a child, but it just takes you time.*

*I mean, I'm not going to sit there and take my temperature and lay in the position the doctor says. Because that's just a waste of time, cause you usually don't get pregnant then. I tried for three years that way, with the tests, the thermometer, the temperature and it never happened. I went off of it and two months later I*

promote conception) based on her past experience. To her, “trying” to get pregnant simply does not work.

***Planning pregnancy may cause emotional stress if women desire pregnancy during times in their lives they view as suboptimal for childbearing.***

A few participants suggested that when a woman wants to have a child, but feels that it is not a good time in her life, she may be reluctant to discuss her desires for pregnancy openly. Instead of acknowledging her intention to conceive and planning for pregnancy, she may tell herself and others that she does not want to become pregnant, and then experience pregnancy as a surprise.

**If It Happens, It Happens**

Frequently, women characterized their attitude toward getting pregnant as “if it happens, it happens, if it doesn’t, it doesn’t.” This phrase, introduced solely by participants, reappeared often throughout the interviews and seemed to suggest openness to the possibility that pregnancy could occur. In some circumstances, it described a relaxed stance toward conception when pregnancy was fully desired (usually in the abstract future). More often, the phrase was used when women expressed conflicting or complicated feelings

*end up pregnant. So I don’t go by what the doctors say anymore – if it happens, it happens.*

*We’ll fend away from the subject [of pregnancy]. We won’t wanna talk about the subject. A lot of times we don’t want to catch ourselves talking about it, because maybe deep down inside we do want [it], and we just wanna seem like we [don’t], or whatever. ... I think for a lot of people, that’s what it is. I think if they just change the subject or don’t talk about it, then they won’t really know how they really feel about it. Because maybe when they’re alone, they feel, “Oh yeah, I want a baby right now. And it’s a good time for me.” But when they’re around everybody else, and they know it’s not a good time for them, then they’ll be like, “Okay, I can see it’s not a good time for me.” So I think they wanna turn to “it’s not a good time for me” [rather] than turn to what they really feel. It’s safer for them that way.*

*[Q: ...You said that women, if they don’t want to get pregnant, they don’t have to. Cause there’s all these birth control methods, and you’ve had some friends ... who have said “I don’t want to get pregnant,” and they get pregnant. So what’s happening there?] Deep down inside there is a want. They want to get pregnant, but they’re saying they don’t want to get pregnant. They’re probably not married, the guy that they’re with is probably really no good. ... We’re all raised to know that ... get married first and then have kids. So a lot of times you hear them walking around saying that “I don’t want to get pregnant, I don’t want to get pregnant.” But they get pregnant, that’s because really there is a want for a child.*

toward pregnancy.

Women discussed the concept, “if it happens, it happens,” as if it were an alternative to planning. The phrase was used in all the contexts in which planning may be undesirable (discussed above):

***When women are ambivalent toward pregnancy***

“If it happens, it happens” helps resolve this ambivalence because if pregnancy occurs, it can be viewed as a sign that it was meant to be.

***When women want to become pregnant***

“If it happens, it happens” acknowledges the inherent uncertainty of conception and honors the mystery of letting nature take its course.

***When women fear they may not conceive (due to past miscarriages, etc.)***

“If it happens, it happens” may provide a sense of protection against disappointment should pregnancy be unsuccessful.

***When women want to become pregnant but feel that their social and economic circumstances are not ideal***

Though none of the participants spoke to this directly, the data suggest that women may also adopt the attitude “if it happens, it happens” when experiencing an emotional bind between what they want (pregnancy) and what they value as optimal conditions for pregnancy (which would mean waiting until life circumstances improve). One way to avoid being in this dilemma is to – perhaps unconsciously – adopt the attitude “if it happens, it happens” and have a surprise pregnancy.

*I just thought, “Oh well, if it happens, it happens.” And it happened. ... I mean I wasn’t against it [pregnancy] or wasn’t for it even. ... I got pregnant, I got pregnant, if I didn’t, I didn’t ... I wasn’t on birth control or anything like that. ... I guess I felt guilty about an abortion I just had not too long ago. And uh, I caught myself in love for some reason. [laughs] And relaxed for a moment. So, I wasn’t try to stop it one way or the other.*

*Well when I was, um, trying to get pregnant with my daughter ... after like six months of trying to get pregnant, I was like, “Well, if it happens, it happens, you know. I’m ready if it happens, but if it doesn’t happen then maybe it’s just not the right time for me.”*

*And when I just lost this one in June [miscarriage] – it was hard, but I mean I got through it. ... But, I know we’re ready – we’re not trying, we’re taking it as it is, one step at a time. If we get pregnant, we get pregnant, that’s how it happened the first time. I didn’t know it until I was like four and a half months that I was pregnant. ... I would love to get pregnant again, but if it happens, it happens, and if it doesn’t, it doesn’t.*



## DISCUSSION OF MAIN THEMES

Reproductive health researchers, educators, clinicians and women's health advocates have recognized for decades that knowledge about birth control and access to services are essential for effective contraceptive use and prevention of unintended pregnancy. To their credit, an infrastructure of public and private family planning services has been built on the foundation of this premise.

However, in recent years, there has been growing recognition that knowledge and access alone are insufficient; we must address the desires, motivations, and pressures to conceive and avoid conception if our unintended pregnancy prevention programs are to succeed. In their pioneering report, *The Best Intentions*, the Institute of Medicine urged program planners and policy makers to take into account the important role of personal and interpersonal factors involved in unintended pregnancy.<sup>54</sup> Our study is an attempt to illuminate the range of attitudes, beliefs and values associated with becoming pregnant among a group of low-income adult women.

Four main themes will be discussed:

- Women's experiences with intention and planning: "if it happens, it happens"
- Terminology
- Male partners and partnerships
- Unintended pregnancy across the reproductive lifespan.

### **Women's Experiences with Intention and Planning: "If it happens, it happens"**

Looking across our findings as a whole, one can see multiple tensions embedded in women's pregnancy stories. The women who spoke with us reported having *coexisting and conflicting* desires, beliefs, feelings, and experiences regarding pregnancy:

#### ***Participants experience conflicting motivations both to get pregnant and to avoid pregnancy.***

As opposed to a clear, conscious intention to either become pregnant or avoid pregnancy, women seemed to frequently experience a complicated mix of motivations and desires. In favor of getting pregnant, women expressed the need for love and attachment associated with having a baby, the desire to have a baby with their current partner, the desire to fit in with pregnant and parenting peers, and pressure from partners and family members. In favor of avoiding pregnancy, women discussed their desire to achieve financial stability, the desire to wait until marriage, the importance of focusing on the needs of current children (creating a space between them), the desire to focus on personal goals (including education and career), and the difficulties they have faced raising children alone and in poverty.

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<sup>54</sup> Brown S and Eisenberg L, Eds. *The Best Intentions*. Washington DC: National Academy Press, 1995.

***Participants believe that pregnancy is controlled by God and fate, and, at the same time, view pregnancy as under women's control.***

Women stated that control over whether pregnancy occurs is almost entirely up to women, as well as the concurrent belief that God and fate play a significant role. Thus, pregnancy was viewed by many participants as being both within and outside their control without any apparent contradiction.

***Participants believe in achieving stability before having a baby, yet they also desire the stability achieved through having a baby.***

The importance of having a stable life situation before becoming pregnant was clearly articulated by study participants. Yet, at the same time, women told us that a common reason for becoming pregnant was the hope that having a child would bring stability into an uncertain relationship. Becoming pregnant seemed to offer the hope – however remote – that a partner would become more involved and more attached, creating greater stability in the relationship (translating, perhaps, into greater economic security as well). Women's stories suggest that the possibility of achieving stability through childbearing can override their sincere intentions to wait for a better time.

***Participants described compelling reasons, in the abstract, why women desire pregnancy, yet hardly anyone expressed a current desire for pregnancy.***

Though they spoke at length about women's motivations to conceive, surprisingly few participants recounted any times in their own lives when they clearly and consciously expressed the desire to get pregnant. Given the IOM's call for a new social norm around pregnancy intention,<sup>55</sup> this discrepancy raises important questions: Is it simply that the desire to conceive is rarely unambivalent? Were women's responses influenced by the environment in which the interviews occurred, agencies where the prevention of unintended pregnancy is highly valued? Is there a reluctance to openly admit to wanting pregnancy if it is not a good time (e.g., not financially secure, etc.) in one's life? Finally, how are low-income women affected by the current political viewpoint which looks unfavorably upon poor women getting pregnant, intended or not?

***Participants see the value in delaying pregnancy until a better time, yet their experiences have primarily involved getting pregnant under less than optimal conditions.***

Women expressed a strong desire to postpone pregnancy until a certain set of life conditions are met (more money, better job, with a partner, emotionally ready, etc.). For low-income women facing uncertainty of when (or even if) they will reach a better time in their lives, postponing pregnancy until their economic situation improves might mean waiting indefinitely. Under these circumstances, we wonder whether women may allow pregnancy to happen if they have met some, but not all, of the ideal conditions (e.g., stable partner, but not financial security), thinking that it might be their best opportunity.

***Participants viewed pregnancy planning as having both advantages and drawbacks.***

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<sup>55</sup> Brown S and Eisenberg L, Eds. The Best Intentions. Washington DC: National Academy Press, 1995.

Women spoke of the importance of planning and expressed the desire to plan future pregnancies (in the sense of explicitly deciding to become pregnant). However, we also heard about the distinct disadvantages to clearly and consciously planning to conceive: it undermines nature and fate, it can lead to disappointment, and it simply may not be effective. Women's reactions upon learning of their pregnancy suggest that planning pregnancy may remove the element of surprise – a seemingly positive and valued experience. In addition, for women who value meeting certain life conditions prior to childbearing, the incentive to overtly plan pregnancy may be weak. Planning to get pregnant in the absence of economic stability not only contradicts widely held societal values about childbearing and poverty, it means opposing personal values as well. Other research has also suggested that unplanned pregnancy may have distinct advantages over planning.<sup>56</sup>

Taken as a whole, our findings lead us to think that planning, while valued in the abstract, is not the most relevant or salient concept for the women in our study. This may help explain why we heard so little expressed desire for pregnancy, in spite of the compelling motivations and pressures to conceive described by participants.

Instead of explicitly planning pregnancy, our data suggest that women's intent toward becoming pregnant is more often expressed as “if it happens, it happens.” Though a seemingly casual, noncommittal stance toward pregnancy, “if it happens, it happens” carries important meaning. It allows for the possibility that God plays a role, honoring the mystery of conception, and it resolves ambivalence toward pregnancy (conflicting, coexisting feelings) by attributing the outcome to fate (“it was meant to be.”)

More importantly, adopting the stance “if it happens, it happens,” and letting pregnancy happen (as opposed to overtly planning it), circumvents the difficulty of seeking pregnancy at a less than optimal point in life. We believe that letting pregnancy happen instead of planning for it is a logical response to the bind of wanting to become pregnant but knowing that it isn't a good time. When viewed through these lenses, it is not difficult to understand the high rates of unintended pregnancy.

## Terminology

Are these pregnancies unintended? Does leaving oneself open to the possibility of pregnancy, without explicitly seeking it, constitute an intention to conceive? Clearly, women's experiences of pregnancy are fraught with far more ambiguity than the simple intended versus unintended dichotomy allows. These terms capture neither the gradations of desire nor the conflicting desires expressed by the participants in our study.

It is conceivable that the categories of pregnancies we think of as “intended” and “unintended” are quite heterogeneous with similarities across the groups. When surveys and other data

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<sup>56</sup> Moos M et al. Pregnant Women's Perspectives on Intendedness of Pregnancy. *Women's Health Issues* 1997; (7)6: 385-92.

collection systems force women's experiences into this simple dichotomy, we not only lose valuable information, but it is also difficult to interpret the results. Developing more precise and refined measures of pregnancy intention – ones that account for degree of intention and allow for ambivalence – seems a necessary prerequisite for a fuller understanding of the risks and outcomes of this complex phenomenon. Perhaps, as Moos has suggested, a category of “sub-intended” is needed to describe pregnancies that do not fall into either category.<sup>57</sup>

Moreover, this study revealed that the terms commonly used to discuss pregnancy intention and planning frequently held different meanings for the women we interviewed than they do for public health professionals. Notably, “intended” pregnancy carried very negative connotations for many of the respondents (e.g., plotting, trapping, malicious), while “unintended” pregnancy was viewed neutrally (e.g., an accidental, but potentially positive, pregnancy). This finding reinforces the importance of grounding our prevention messages and interventions in formative research.

### Male Partners and Partnerships

The ways in which women spoke about male partners encompassed two themes: (1) women's pregnancy-related desires occurred in the context of their partnership (most often, hoping that a pregnancy would deepen or strengthen the relationship); and (2) men's pregnancy-related desires impacted women's feelings about having a child. That men played important roles in women's desires for pregnancy seems unsurprising. More noteworthy is our lack of a framework for fully understanding these dynamics and incorporating them into our unintended pregnancy efforts.

The first theme described above echoes Zabin's recent work on the male partner components of pregnancy intention.<sup>58</sup> In a study of low-income adult women selected for their risk for unintended pregnancy, Zabin found that women's pregnancy intentions were more closely tied to her desire for pregnancy with her current partner than to her preferred family size.<sup>59</sup> Similarly, when we asked women about their motivations to get pregnant, they did not offer explanations that pointed to the concept of ideal family size, either directly or indirectly, but spoke at great length about their desire for love and connection, both with a child and their current partner. At a minimum, the data suggests that intention toward pregnancy may be quite partner-specific.

### Unintended Pregnancy Across the Reproductive Lifespan

Adolescent pregnancy, as a public health issue, has been studied in greater depth than adult unintended pregnancy. Many of the key findings of this study echo concepts that are widely

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<sup>57</sup> Ibid.

<sup>58</sup> Zabin LS et al. Partner effects on a woman's intention to conceive: ‘Not with this partner.’ *Family Planning Perspectives*. 2000. 32(1): 39-45.

<sup>59</sup> Ibid. Zabin writes: “Three findings suggest that women's childbearing goals are not fixed. First, women who wanted no children at one time in their lives did want them later. Second, very few women, no matter how many children they had, reported that they had more than their preferred family size. Finally, many women's current statements about intention had little relationship to the ratio of their actual desired family size.”

accepted in the adolescent pregnancy literature. These parallels cause us to wonder whether some of the research findings pertaining to low-income teens may be relevant to low-income adult women as well (or to women in general, regardless of income level).

### ***Ambivalence and unintended pregnancy***

In the last decade, the research on teen pregnancy has shown that ambivalence toward pregnancy is common among adolescent girls. Laurie Zabin introduced the term “ambivalence” to describe the attitude of teens who neither unequivocally sought pregnancy, nor unequivocally avoided it. Zabin found that girls who felt ambivalent toward pregnancy were equally likely to get pregnant as those who fully intended to conceive.<sup>60</sup> Similarly, participants in our study spoke often about their desire to delay pregnancy and rarely expressed unequivocal desire to conceive, yet they had much experience with unintended pregnancy themselves. Perhaps ambivalence, and the risk it poses for “unintended pregnancy,” is a more common experience across the reproductive life span.

### ***Motivations to become pregnant***

“To secure a relationship with a partner” and “to love and be loved by a child” are the central themes identified in our study for reasons to get pregnant. These findings parallel the motivations to get pregnant that have been described in ethnographic studies with adolescents. Anderson’s work suggests that low-income adolescent girls are motivated to get pregnant in order to secure a relationship with their partner. Adolescent girls living in poverty “may engage in sex to secure the attentions of a young man, hoping that some better future will come from the liaison ... [so that] their hopes for attachment and closeness ... may overpower short-term resolve to use contraception and avoid pregnancy.”<sup>61</sup> Musick observes that adolescent pregnancy can fulfill a need for unconditional love, attachment, and a sense of value, especially in the context of limited educational and economic opportunities.<sup>62</sup> Our interviews suggest that the motivations to conceive that are operational for low-income adolescent girls may be operational for some adult women as well.

### ***Poverty and the lack of economic opportunities***

In *Risking the Future*,<sup>63</sup> Cheryl Hayes discusses the life options approach to teen pregnancy prevention. She argues that low-income youth have little incentive to delay childbearing if they do not believe that economic and professional opportunities lay ahead. Subsequent community-based interventions have focused on school achievement, job training, mentors, and other youth development strategies. This framework is based on the correlation between poverty and adolescent childbearing. Like their younger counterparts, low-income adult women have higher rates of unintended pregnancy. In our study, poverty was the context (and frequently the subject)

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<sup>60</sup> Zabin L, Astone N, Emerson M. Do adolescents want babies? The relationship between attitudes and behavior. *Journal of Research on Adolescents*. 1993; 3: 67-86.

<sup>61</sup> Anderson E. *Sexuality, Poverty, and the Inner City*. Menlo Park, CA: Henry J. Kaiser Family Foundation; 1994, reported in *The Best Intentions*.

<sup>62</sup> Musick J. *Poor and Pregnant*. New Haven, CT: Yale University Press; 1993, reported in *The Best Intentions*.

<sup>63</sup> Hayes, Cheryl D. Ed. *Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing*. National Research Council, 1987.

## Discussion

of nearly all pregnancy experiences recounted by participants. If motivation to avoid unintended pregnancy is linked to perceived life opportunities, policies which expand economic opportunities for women would play an important role in the reduction of unintended pregnancy.

## Conclusion

The findings of this report reveal a discrepancy between current frameworks for understanding unintended pregnancy and the beliefs and experiences of women most at risk for unintended pregnancy. Closing the gap is a key to effective prevention strategies. It is our hope that researchers will continue to seek deeper understanding of pregnancy-related beliefs and experiences, and come together with program planners, policy makers, health care providers, reproductive health advocates, and community members to develop effective approaches to preventing unintended pregnancy that promote healthy families, personal dignity, and self-determination.

## RECOMMENDATIONS

This study provides an in-depth view of the pregnancy-related thoughts and experiences of a group of low-income women. We aimed to uncover the themes and concepts embedded in their collective stories in order to identify issues for further exploration, as well as develop a deeper understanding of pregnancy intention and planning. This is in keeping with the Institute of Medicine's campaign goal of stimulating interdisciplinary research that explores the complex factors underlying unintended pregnancy.<sup>64</sup>

Recommendations for future research:

- Adapt questions about pregnancy intention (for research, data collection, and client interactions) in ways that capture women's nuanced, and sometimes contradictory, feelings towards pregnancy. In recent years, some national surveys, such as the National Survey on Family Growth, have modified their questions on pregnancy intention to capture nuanced and ambivalent feelings. State and local measures of pregnancy intention, including Washington State PRAMS, would be strengthened by similar adaptations.
- Investigate the notion that "if it happens, it happens" is a more relevant and salient stance toward pregnancy than "intention" or "planning."
- Explore the role that current relationships play in women's pregnancy desires, especially the "partner-specific" nature of pregnancy intention.
- Conduct and use formative research to inform the development of prevention messages, programs, and terminology related to unintended pregnancy.
- Determine to what extent the findings of this report hold true for women in other economic groups who experience unintended pregnancy.

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<sup>64</sup> Brown S and Eisenberg L, Eds. *The Best Intentions*. Washington DC: National Academy Press, 1995.





## **APPENDICES**



**APPENDIX A**

Interview # \_\_\_\_\_

**Public Health - Seattle & King County****CONSENT FORM****"Women's Attitudes and Beliefs about Pregnancy"****Researchers**

Christie Spice, Epidemiologist,  
Public Health – Seattle & King County, (206) 205-0673

Kathryn Mostow, Health Educator,  
Public Health – Seattle & King County, (206) 205-0673

**Purpose and Benefits**

We are doing a study about women's experiences with pregnancy. Women eligible for the study are 18 – 44 years old, live in Federal Way, are not currently pregnant, and are eligible for Medicaid. Public Health–Seattle & King County, along with other agencies, is trying to better understand women's experiences, values and beliefs about getting pregnant. We will share information from this study with local health and social service agencies. We hope this study will help improve services for women. We will also share information with other researchers and with health care providers around the country who are working to serve women in this age group. You may benefit from this study by talking about your experiences.

**Procedures**

If you agree to take part in this study, you will be asked to do an interview that will last up to 90 minutes. During the interview, you will be asked to describe your experiences, values and beliefs about getting pregnant. Some examples of the questions you would be asked are "What are some reasons a woman may want to become pregnant?" "Tell me about times you've been pregnant in the past." You can skip any question you don't want to answer, for any reason. You can also stop the interview at any time. If you agree to participate, we will tape record your interview. Then, we will write down everything you said on the tape and use it in our study report.

**Risks, Stress and Discomfort**

You may feel uncomfortable talking about your personal life with an interviewer. Some of the questions may be difficult to talk about. You might feel uncomfortable talking about times when a pregnancy was unexpected, or talking about childbirth, abortion, miscarriage or other experiences related to pregnancy. If you feel upset during the interview, the interviewer will help you reach a crisis line so you can talk with someone right away. We will not tell anyone that you took part in this study. There are two exceptions to this. If we become concerned about abuse of a child or dependent adult, we are required by law to make a report to DSHS. If we are

concerned that you might hurt yourself or someone else, we are required to make a report and to get help.

### **Other Information**

All tapes and data will be kept in locked files. Only the researchers will know what you as an individual said during your interview. We will put a code on your interview comments to tell us where you were recruited for the study. But we will not write down anything that could identify you. We will destroy the tape of your interview at the end of the study.

If you decide not to take part, or stop the interview, you will not lose any services or benefits available to you from Public Health – Seattle & King County, DSHS, or any other agency. We will not use your name or any other information that could identify you in reports about this study.

We will pay you \$35 for taking part in the interview.

If you have questions about this study at any time, please call Christie Spice at 205-0673. She will answer any questions or concerns you might have. To protect your privacy, you do not need to sign your name on this form. We will give you a copy of the form to keep.

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Signature of Researcher

Date

### **Participant's Statement**

The study described above has been explained to me. I voluntarily consent to take part in the interview. I can refuse to answer any question or stop the interview at any time without penalty. I have had a chance to ask questions. If I have questions at any time about the study or about my rights as someone who takes part, the researchers listed above will answer them. I have been told that the researchers will be required to make a report if they are concerned about abuse of a child or dependent adult, or if I might hurt myself or someone else. I have been told that I do not need to sign this form, and that I will be paid \$35 for taking part in an interview.

### **Interviewer Certification**

By signing below, I certify that I have reviewed this consent form with the woman who has agreed to take part in this study. I have answered her questions truthfully and completely. By signing below I also certify that this person has voluntarily agreed to take part in this study.

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Signature of Interviewer

Date

cc: Participant

Researcher's Files

## APPENDIX B

### INTERVIEW GUIDE FOR UNINTENDED PREGNANCY QUALITATIVE STUDY

1. What are some reasons a woman may want to become pregnant? What are some reasons a woman may not want to become pregnant?

2. When you and your friends talk about the possibility of getting pregnant, what do you talk about? What gets said?

Can you remember a conversation that you can tell me about?

Do you and your friends think it would be good or bad at this time in your lives?

What makes it a good or bad time?

Has that conversation changed over time?

3. What goes through **your** head when you think about whether or not to get pregnant?

What thoughts and feelings come up when you think about getting pregnant?

4. How much of getting pregnant is up to a woman? [Is it in a woman's hands or up to someone or something else?]

How much of it is up to a man?

Up to other things, such as fate or God?

5. Sometimes women leave getting pregnant up to chance. Can you think of a time when you would leave it up to chance? When would that time be?

6. Do you have a boyfriend or husband right now? **If yes:** Do you and your [husband/boyfriend] ever discuss the possibility of you getting pregnant? **If no:** Think back to men you've been with in the past – do you recall ever talking about the possibility of getting pregnant?

What do you talk about? Can you think of a conversation you can tell me about?

What gets said? What do you say? What does he say?

Do you tend to agree or disagree with each other when you're talking about getting pregnant?

[If they don't talk about it]: So how do you feel about that? What do you think keeps the two of you from talking about it? Can you think of some reasons you don't talk about it?

7. This next question is about times you've been pregnant in the past, including times you had a baby or an abortion or a miscarriage. Have you ever been pregnant? **If yes:** Okay, can you think back to that time? How did you feel when you found out you were pregnant?

Have you been pregnant any other times? What was that like? Did you feel the same or different?

[For women who haven't ever been pregnant]: Have you ever thought you *might* be pregnant? How did you feel? What went through your head at that point?

8. These are some words that we use in the health department and other settings to talk about pregnancy – but we're not sure what these words mean to different people. I'd like to know what you think. What do the following words mean to you when you think about becoming pregnant? [Read words out loud as participants look at card.]

Wanted Planned Intended Prepared
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Unwanted Unplanned Unintended Unprepared
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## APPENDIX C

### CODE BOOK FOR UNINTENDED PREGNANCY QUALITATIVE STUDY

- (1) Reasons to get pregnant
  - (1.1) Create an impact on the partnership (“trapping a man,” strengthening bond)
  - (1.2) Someone to love, someone to love me
  - (1.3) “I love kids”
  - (1.4) Other reasons (welfare, peer influence, playmate for child, experience motherhood, complete family/home)
- (2) Reasons not to get pregnant
  - (2.1) Responsibility
  - (2.2) Career, school first
  - (2.3) Finances
  - (2.4) Other reasons (bad experiences as a child, danger in world)
- (3) Timing of pregnancy
  - (3.1) Good times to get pregnant
  - (3.2) Bad times to get pregnant
  - (3.3) Being “ready” or ”not ready”
  - (3.4) Birth spacing
- (4) Intentions (attitudes) regarding pregnancy
  - (4.1) Ambivalence about getting pregnant
  - (4.2) “If it happens, it happens”
  - (4.3) Leaving it up to chance (definition, examples of when)
  - (4.4) Mutual intentions with partner
  - (4.5) “No more kids”
- (5) Impact of pregnancy on a woman’s life
  - (5.1) On lifestyle/life choices (job, school, other plans/goals – including hindsight: “I wish I had done it differently”)
  - (5.2) On relationship with partner or family

- (5.3) Changing attitudes (due to experience of pregnancy/parenting, learning responsibility, growing up)
  - (5.4) Other attitudes
- (6) Women's ideals and expectations about pregnancy (how women view pregnancy in their lives – their hopes, dreams, fantasies, and realities)
  - (6.1) Early impressions
  - (6.2) Current expectations
  - (6.3) Dreams for the future
- (7) Values about marriage and family (including family size)
- (8) Delayed knowledge about pregnancy
- (9) Male partners
  - (9.1) Involvement with pregnancy/children/family
  - (9.2) Influence on decisions about pregnancy
  - (9.3) Stress in relationship (including stress related to pregnancy)
  - (9.4) Conversations about pregnancy
  - (9.5) Pregnancy occurring early in new relationship
- (10) Reactions to pregnancy
  - (10.1) What women did in response
  - (10.2) How they felt
- (11) Environment in which women are living
  - (11.1) Peer influence – what friends/siblings are doing
  - (11.2) Teen pregnancy (first pregnancy as a teen)
  - (11.3) Poverty/finances (and resulting stress/hardship; single motherhood)
  - (11.4) Domestic violence
  - (11.5) Social support (or lack of)
  - (11.6) Welfare/welfare reform
  - (11.7) Alcohol, drug use
- (12) Birth control and pregnancy
  - (12.1) Used for prevention of pregnancy (including method failure)
  - (12.2) No birth control used (including discontinuation due to side effects)
  - (12.3) Pregnant while breastfeeding



- (12.4) Sterilization (including desire for)
- (13) Pregnancy outcomes
  - (13.1) Abortion
  - (13.2) Miscarriage
- (14) Women's control over pregnancy
  - (14.1) Female vs. male control over pregnancy planning/prevention
  - (14.2) Female vs. male "responsibility" during pregnancy and parenting
  - (14.3) Influence of God/fate on pregnancy (there's a reason for everything, God's will, larger plan)
- (15) Words used to describe unplanned pregnancy
  - (15.1) Unwanted
  - (15.2) Unplanned
  - (15.3) Unintended
  - (15.4) Unprepared
- (16) Words used to describe planned pregnancy
  - (16.1) Wanted
  - (16.2) Planned
  - (16.3) Intended
  - (16.4) Prepared
- (17) Miscellaneous