

Original research article

“It just happens”: a qualitative study exploring low-income women’s perspectives on pregnancy intention and planning[☆]

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Abstract

Objective: Unintended pregnancy is common and disproportionately occurs among low-income women. We conducted a qualitative study with low-income women to better typologize pregnancy intention, understand the relationship between pregnancy intention and contraceptive use, and identify the contextual factors that shape pregnancy intention and contraceptive behavior.

Study design: Semistructured interviews were conducted with low-income, African–American and white women aged 18–45 recruited from reproductive health clinics in Pittsburgh, PA, to explore factors that influence women’s pregnancy-related behaviors. Narratives were analyzed using content analysis and the constant comparison method.

Results: Among the 66 participants (36 African–American and 30 white), we identified several factors that may impede our public health goal of increasing the proportion of pregnancies that are consciously desired and planned. First, women do not always perceive that they have reproductive control and therefore do not necessarily formulate clear pregnancy intentions. Second, the benefits of a planned pregnancy may not be evident. Third, because preconception intention and planning do not necessarily occur, decisions about the acceptability of a pregnancy are often determined after the pregnancy has already occurred. Finally, even when women express a desire to avoid pregnancy, their contraceptive behaviors are not necessarily congruent with their desires. We also identified several clinically relevant and potentially modifiable factors that help to explain this intention–behavior discrepancy, including women’s perceptions of low fecundity and their experiences with male partner contraceptive sabotage.

Conclusion: Our findings suggest that the current conceptual framework that views pregnancy-related behaviors from a strict planned behavior perspective may be limited, particularly among low-income populations.

Implications: This study identified several cognitive and interpersonal pathways to unintended pregnancy among low-income women in Pittsburgh, PA, including perceptions of low reproductive control, perceptions of low fecundity and male partner reproductive coercion.

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Keywords: Pregnancy intention; Race; Pregnancy planning; Reproductive coercion

1. Introduction

Over the past several decades, the proportion of pregnancies in the United States (US) that are unintended

has remained stubbornly high at approximately 50% [1]. Furthermore, unintended pregnancy continues to be disproportionately experienced by low-income populations and racial minorities [1]. As unintended pregnancy confers significant adverse social and health consequences for women and their families, disparities in unintended pregnancy can contribute to the cycle of disadvantage experienced by vulnerable populations [2–5].

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The proximate cause of unintended pregnancy is sexual activity in the absence of effective contraception. Thus, efforts to reduce unintended pregnancy have primarily focused on improving education and knowledge about methods or on increasing access to contraceptive services and methods [6,7]. These efforts, however, have not to date made a substantial dent in the national rate of unintended pregnancy. Although hopes remain that widespread access to no-cost contraception under the Affordable Care Act may yet change the national landscape, there is a clear need to also consider the larger sociocultural contexts in which pregnancy and contraceptive decision making occurs.

Most approaches to understanding pregnancy decision making are grounded in a planned behavior framework [8]. In this framework, pregnancy intention has been posited as the most immediate determinant of fertility-related behaviors including contraceptive use [9–12]. Women are viewed as formulating pregnancy intention (either antipregnancy or pro-pregnancy intention) and then acting, to the extent possible, in accordance with this intention. However, as women's thoughts about pregnancy are often complicated and may even be contradictory, some researchers have called for a more nuanced characterization of intention to include various categories of sub- or ambiguous intention in order to better inform pregnancy prevention efforts [13–15]. Therefore, we conducted a qualitative study with low-income African-American (AA) and white women in Pittsburgh, PA, to better typologize pregnancy intention, understand the relationship between pregnancy intention and contraceptive use, and identify the contextual factors that shape pregnancy intention and contraceptive behavior in a population at high risk of unintended pregnancy.

2. Methods

2.1. Recruitment

Flyers advertising the study were posted in seven reproductive health clinics that serve low-income populations in Western Pennsylvania. Women responding to advertisements were screened for eligibility over the phone and were considered eligible if they were between the ages of 18 and 45; self-identified as either AA or white; and were currently pregnant, had an abortion within the prior 2 weeks, or were not pregnant but had been sexually active with a man in the previous 12 months. We excluded women who were not fluent in English and who had a household income above 200% of the federal poverty level.

In qualitative studies, sample size is driven by thematic saturation, and many researchers suggest that thematic saturation will be reached by 12–15 interviews per group [16]. Therefore, we conducted interviews with at least 15 women from each racial group (AA and white) and from each pregnancy category (pregnant and nonpregnant). We also used a sampling matrix to ensure that we heard the perspectives of participants from each race who varied with

respect to age, parity and, among pregnant women, whether they planned to continue or terminate their pregnancy.

2.2. Interview procedures

Semistructured interviews were conducted between June 2010 and January 2013 by a skilled interviewer (C.N.) with extensive experience collecting qualitative data on sensitive topics such as sexuality, pregnancy and contraception in diverse populations. Using the Theory of Planned Behavior as framework [8], we developed an interview guide to explore factors that might influence women's conceptualization around pregnancy intention including: (a) thoughts about pregnancy and motherhood; (b) contraceptive use, including perceived barriers to and facilitators of contraceptive use; (c) nature of relationship with partner and partner influence on contraceptive behavior and pregnancy decisions and (d) attitudes toward and perceived social norms regarding sexuality, pregnancy, contraception, abortion and partnerships. For pregnant or recently pregnant women, we emphasized that we were interested in hearing about their preconception thoughts and behaviors, although we also explored how these may have evolved throughout the pregnancy.

All sessions were audio-recorded and transcribed verbatim except that participants' names were omitted for confidentiality. At the end of the interview, each participant was asked to complete a brief paper-based sociodemographic questionnaire. All participants received \$50 as compensation for her time. This study was approved by the University of Pittsburgh Institutional Review Board.

2.3. Data analysis

Study transcripts were analyzed using content analysis. This method involves the breakdown of interview text into "units" which are formulated into thematic categories. These categories represent an exploration of both predefined areas of study inquiry as well as new themes that emerged during participant interviews [17]. A codebook, reflecting primary categories and subcategories, was developed and refined as new themes emerged. Two coders independently coded 50% of the transcripts using Atlas.ti qualitative coding software (GmbH, Germany) and compared their coding to determine whether there were any inconsistencies, which were typically resolved through discussion. The principal investigator (S.B.) was available to adjudicate any differences in interpretation between the coders and to review the coding scheme. The primary coder (C.N.) then coded the remaining half of the transcripts. As codes were classified into larger themes, we also searched for meaningful patterns by race and pregnancy status using the constant comparison method, a central analytical approach in which codes are compared across participant types, thus leading to relational discovery [18].

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