



## Family Planning

# Are Uncertain Fertility Intentions a Temporary or Long-term Outlook? Findings from a Panel Study



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## A B S T R A C T

**Objectives:** Research suggests that a substantial minority of women are unsure if they want to have (more) children. This study examines whether this is a temporary or long-term outlook and which characteristics are associated with uncertainty about future childbearing intentions.

**Methods:** Panel data from a national sample of 2,353 nonsterilized U.S. women aged 18 to 39 years were gathered at three points in time between 2012 and 2013. Women who indicated they were “not sure” if they wanted to have any (more) children were classified as uncertain. Random effects and fixed effects logistic regression were used to determine which baseline and time-varying characteristics were associated with fertility uncertainty and changes in uncertainty.

**Results:** Although 39% of the sample reported uncertain fertility intentions on at least one survey, only 9% were uncertain at all three. Characteristics associated with uncertainty included being ages 30 and older, having one or more children, perceiving one's partner to have uncertain childbearing intentions, and having a strong desire to avoid pregnancy. Characteristics associated with a decreased likelihood of uncertainty included relationship happiness and having a recent discussion about childbearing intentions with a health care provider.

**Conclusions:** At a given point in time, a substantial minority of women is uncertain whether they want to have more children, but it seems to be a temporary or transitional stage for most.

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There is a long-standing interest in the social sciences to understand women's and couples' plans to have (more) children. Information on fertility intentions has been used to make population projections, identify unmet need for contraception, and to understand how couples negotiate childbearing goals, among other things (Zabin, 1999). Many studies of fertility intentions are informed by a rational choice model, which assumes that women and couples have well-defined childbearing goals and act on them accordingly; for example, by having sex during the woman's fertile window when they want to get pregnant or by using contraception when they want to avoid or delay childbearing. However, research has established that a sizeable minority of women are unsure whether they want to have (more) children (Bhrolchain & Beaujouan, 2015; Foster, Biggs, Ralph, Arons, & Brindis, 2008; Frost & Darroch, 2008; Kavanaugh & Schwarz, 2009; Patel, Laz, & Berenson, 2015), and this has implications for efforts to understand fertility-related behaviors. For example,

what types of contraception, if any, would these women and couples be expected to use, and would they use them less consistently? In recent years, health care providers, and especially those specializing in women's health, have been encouraged to assess patient's fertility intentions and respond with appropriate counseling and health information (Bellanca & Hunter, 2013). Knowledge of the extent to which women report uncertainty, and whether it is sustained, would suggest a need to develop counseling guidelines for women who express this outlook.

The frequency with which women report uncertain fertility intentions is variable across studies. One nationally representative study of British women ages 18 to 44 found that 30% responded “don't know” when asked if they expected to have children in the future, and comparable levels of uncertainty have also been observed in the United States and other developed countries (Bhrolchain & Beaujouan, 2015). By contrast, Frost and Darroch (2008) found that 8% of U.S. women ages 18 to 44 who were at risk of unintended pregnancy (e.g., not sterilized) were unsure whether they wanted to have any (more) children, which is comparable with the 7% of family planning clients in California

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(Foster et al., 2008). However, studies of women at reproductive health clinics which tend to serve younger and lower income populations have found levels of uncertainty ranging from 38% to 58% (Kavanaugh & Schwarz, 2009; Patel et al., 2015). Only a few of these studies have examined the characteristics of women who are unsure if they want to have more children, and cross-national data (which included the United States) suggest that younger women and those without children are more likely to be uncertain (Bhrolchain & Beaujouan, 2015; Patel et al., 2015). Interestingly, one national U.S. study found that levels of uncertainty were approximately equal among women who were both not trying to get pregnant and those who reported ambivalent fertility intentions (insofar as they were “okay either way” about getting pregnant), 14% and 17%, respectively, and lowest among those trying to get pregnant (3%; McQuillan, Greil, & Shreffler, 2011). These patterns suggest that women wishing to avoid pregnancy can be as uncertain about their fertility intentions as women who are openly ambivalent.

Several studies using cross-sectional data suggest fertility intentions can change over a relatively short period of time. When Shreffler, Greil, Mitchell, and McQuillan (2015) retrospectively examined intentions across individual women's pregnancies, they found that 60% of women did not report the same intention for all pregnancies. Morgan (1982) examined fertility intentions stratified by age and parity across several data sources, and his findings suggested that uncertain fertility intentions represent a transitional stage from childbearing to post-childbearing.

This study uses longitudinal data from a national sample of 2,353 U.S. women to assess fertility uncertainty three times over a 12-month period. At any given point in time, 22% to 26% of women were unsure whether they wanted to have (more) children, but fewer than one-half of that amount were uncertain on all three surveys. Multivariate analyses were used to determine which characteristics and circumstances were associated with uncertainty and with transitioning to or from an uncertain outlook.

## Methods and Materials

Data for this analysis comes from the Continuity and Change in Contraceptive Use (CCCU) study. The CCCU was administered three times between November 2012 and December 2013 to a national sample of women ages 18 to 39. The Guttmacher Institute subcontracted with GfK, an online recruitment company, to administer the survey using their KnowledgePanel, which is composed of approximately 50,000 individuals and is intended to be representative of the U.S. population.

To best capture the experiences of women at risk of pregnancy, the baseline survey was restricted to women who had ever had vaginal sex with a man, were not currently pregnant, had not had a tubal ligation, and who did not currently have a male sexual partner who had had a vasectomy. Over a 3-week period in November and December of 2012, 11,365 women were invited to participate. Of those, 6,658 answered the four screening items, yielding a response rate of 59%; 4,647 of those were eligible to participate, and 4,634 completed the full survey. Subsequent surveys were conducted 6 and 12 months later, with response rates of 69% and 75%, respectively; 2,398 women (52% of the original sample) completed all three surveys.

The 2011 through 2013 National Survey of Family Growth (NSFG) is a nationally representative survey of women aged 15 to 44. Relative to the comparable NSFG population (e.g., women

aged 18–39, sexually experienced, not sterilized and not currently pregnant), the baseline sample of the CCCU was slightly older (28.3 compared with 27.3 years in the NSFG), substantially more educated (41% had college degrees compared with 27% in the NSFG), and also more likely to be married or cohabiting (67% compared with 50% in the NSFG; data not shown). Thus, although the sample is national, it cannot be considered to be nationally representative.

The dependent variable is based on an item asked on all three surveys: “Which of the following best describes your current plans regarding having a(nother) baby?” Response categories included: “I am trying to get pregnant now,” “I am not trying to get pregnant now but expect to try in the future,” “I don't want to have any (more) children,” and “I'm not sure if I want to have a(nother) baby.” Women who indicated the last response were considered to be uncertain. On the follow-up surveys, women were provided with the option of indicating “I am currently pregnant”; these respondents were excluded from relevant analyses.

The analyses include basic demographic characteristics of age, highest educational degree, race and ethnicity, and number of prior births (as measured at baseline). Many women make decisions about childbearing and fertility in the context of their romantic relationships (Dudgeon & Inhorn, 2004; Kraft et al., 2010; Kusunoki & Upchurch, 2011; Sassler & Miller, 2014), and I include several measures intended to capture these dynamics. The measure of relationship status is time varying and distinguishes between women who were married, cohabiting, in a dating relationship, or single at the time of the survey. At each survey, all women who were not single were asked how happy they were in their relationship and how committed they were to the relationship. Both items were answered according to a 6-point scale (1–6), and women who answered “5” or “6” were considered to be committed and happy, respectively, and compared with women giving all other responses. I also included an item asked at each survey assessing respondents' perceptions of whether their partners wanted to have (more) children with them.

Three measures of pregnancy experiences and attitudes (apart from number of births) were examined. The baseline survey assessed whether women had ever had an unintended pregnancy (including miscarriages and abortions), and this was included because this experience could influence women's certainty about having another child. Pregnancy attitudes are likely to be related to fertility intentions as both are tapping into different dimensions of pregnancy desires (Bachrach & Newcomer, 1999). At each survey women were asked how important it was to avoid pregnancy and how happy they would be if they found out they were pregnant. Both items were answered according to a 6-point scale (1–6), and respondents who answered “5” or “6” were considered to be motivated to avoid pregnancy or happy about a potential pregnancy. Women who were pregnant at either follow-up survey were not asked these two items and were excluded from relevant analyses.

Finally, two time-varying health care-related measures were included. Having a gap in health insurance coverage over the last 6 months could represent reduced access to health care as well as social instability, both of which could be associated with uncertainty about having children. Additionally, discussions with health care providers about childbearing might reflect women's concerns about fertility and/or influence their future fertility expectations. Respondents who had made a visit for women's health care during the last 6 months were asked if, during that

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