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Unintended pregnancy in the life-course perspective

Cornelia Helfferich^{a,*}, Angelika Hessling^b, Heike Klindworth^c,
Ines Wlosnewski^d

^a Institute for Social Science Research on Women (SoFFI F.)/Ev. Hochschule Freiburg, Bugginger Str. 38, D 79114 Freiburg, Germany

^b Federal Centre of Health Education, BZgA, Ostmerheimer Str. 220, D 51109 Köln/Cologne, Germany

^c Institute of Sociology, University of Freiburg, c/o Institute for Social Science Research on Women (SoFFI F.), Bugginger Str. 38, D 79114 Freiburg, Germany

^d Institute for Social Science Research on Women (SoFFI F.), Bugginger Str. 38, D 79114 Freiburg, Germany

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ABSTRACT

Objective: In this contribution unintended pregnancies are studied as a multidimensional concept from a life-course perspective. Standardized data on the prevalence of unwanted pregnancies in different stages of women's life course are combined with a qualitative analysis of the subjective meaning of "unwanted" and of subjective explanations of getting pregnant unintentionally.

Methods: The study "frauen leben 3" on family planning in the life course of 20–44 year old women was conducted on behalf of the Federal Centre for Health Education (BZgA) from 2011 until 2014 in four federal states in Germany. A standardized questionnaire was used to collect retrospective information on 4794 pregnancies (including induced abortions), and biographical in-depth interviews provide qualitative information on 103 unwanted pregnancies. The standardized data were analyzed with bivariate methods and multivariate logistic regression models. The qualitative procedure to construct typologies of subjective meanings consisted of contrasting cases according to the generative approach of Grounded Theory.

Main results: In contrast to unwanted pregnancies, mistimed pregnancies are characterized to a greater extent by negligence in the use of contraceptives, by a positive reaction to the pregnancy and by a more general desire to have a child. Four different subjective meanings of "unwanted" are constructed in qualitative analysis. The logistic regressions show that the selected factors that increase the likelihood of an unwanted pregnancy vary according to age and stage in the life course. The quantitative analysis reveals furthermore that relationship with a partner had a significant effect in all stages of the life course. The qualitative interviews specify the age- and life course-related aspects of these effects.

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1. Introduction

Unintended pregnancies account for an appreciable proportion of total fertility. They are also considered an

important indicator of reproductive health (Mosher, Jones, & Abma, 2012). In an international overview, 40% of all pregnancies in West Europe and 48% of those in the USA were classified as unintended (Singh, Wulf, Hussain, Bankole, & Sedgh, 2009: 52f), whereas national Studies in France and the Netherlands report a proportion of approximately one third (Dreesen & Matthijs, 2010) The majority of studies on unintended pregnancies collect information on the prevalence of unintended pregnancies

* Corresponding author. Tel.: +49 761 47812 690.

E-mail addresses: helfferich@eh-freiburg.de (C. Helfferich), angelika.hessling@bzga.de (A. Hessling), soffi@eh-freiburg.de (H. Klindworth), wlosnewski@eh-freiburg.de (I. Wlosnewski).

by means of retrospective surveys on previous pregnancies (e.g. Font-Ribera, Pérez, Salvador, & Borrell, 2007; Santelli, Duberstein Lindberg, Orr, Finer, & Speizer, 2009; Sihvo, Bajos, Ducot, Kaminski, & The COCON Group, 2003). A cross-national comparison of existing surveys is problematic because of variations in the frame of reference (all pregnancies including induced abortions, or just live births), in the retrospective timeframe and even in the definition of “unintended”.

Pregnancy and fertility intentions¹ are the subject of both demographic studies and research on reproductive health. Fertility intentions, defined as future intentions, expectations and the desire to have a certain number of children (or no children), are a key indicator for predictions of population development in demography, based on microeconomic models of sociological action theories (*Rational Choice Theory*: Huinink, 1995) or social-psychological action theories (*Theory of Planned Behavior*, *Theory of Conjunctural Action*; overview: Philipov, 2011). In contrast, the purpose of studies in reproductive health is to find the best preventative methods, such as sex education and access to contraceptives, to reduce the number of unwanted pregnancies and induced abortions. These studies focus on social and cultural framing conditions, on the procedural nature of events, and differentiate according to stage of the life course and target groups. Consequently, they emphasize the multidimensionality and complexity of pregnancy intentions (Bajos et al., 2003; BZgA, 2013; Santelli et al., 2009).

In this contribution we continue the tradition of research on retrospectively reported unintended pregnancy as an aspect of reproductive health and follow Font-Ribera et al. (2007) and Sihvo et al. (2003) in adopting a life-course approach. We report on both standardized and qualitative findings on unintended pregnancy. The contribution forges a link between empirical studies of pregnancy intentions in the field of reproductive health and studies of fertility intentions in the field of demography.

We can add to discussions in the field of demography on how behavioral models of fertility could be improved in four ways. First, inconsistencies – there is no desire for a child but a pregnancy occurs – are an explicit issue of our research. In demographic research, Philipov and Bernardi (2011, 553ff) propose extending the central term “fertility intention” to include not only intentions that are clearly conscious, can be explicitly formulated and (potentially) implemented without ambivalence. Neutral intentions (neither intending to have a child nor not to have a child) and ambivalent intentions (alternating between the desire for and the fear of a child, conflicting goals) should be regarded, too. Second, the behavioral elements of sexual activity and (non-)contraception assume a prominent position in research on unintended pregnancy. This supports Miller and Pasta (1995) who propose these

behaviors instead of births as the predictable measures in the Theory of Planned Behavior. They criticize that conception or birth is not a behavior in the proper sense, but rather an event. Third, a differentiation according to social position and life-course stage is central to research with a preventative orientation. This is in accordance with Morgan’s (2001) critical call for specifying fertility intentions for different social groups and for considering changes in fertility intentions over the life course in demographic studies. Fourth, our findings provide a better insight in the importance of the relationship as a context of pregnancy or fertility intentions, which is also increasingly sought after by demographers.

After the outline of the theoretical background and the research questions (Section 2), data and methods are described (Section 3). The presentation of results (Section 4) starts with the comparison of the two most important subtypes of unintended pregnancies: mistimed and unwanted pregnancies (Section 4.1). In the next step (Section 4.2), logistic regressions are used to model constellations of explanatory factors for conceiving an unwanted pregnancy in different stages of the life course. Reconstructing the meaning of unwanted pregnancies from qualitative, biographical interviews (Section 4.3) contributes to the explanation of statistical correlations and clarifies subjective meanings of unwantedness. In the closing section (Section 5) the results and conclusions for demography are discussed.

2. Background and research questions

The definition of unintended pregnancy and its operationalization varies between different studies. However, a standard measure comprising three categories has become established: intended, mistimed and unwanted (Mosher et al., 2012: 3f for the National Survey of Family Growth (NSFG) in the USA, with a further differentiation between “moderately” and “seriously mistimed” as more than or less than two years too early). The frequently used term “unintended” encompasses “unwanted” and “mistimed” (and sometimes additionally “undecided”). The key dimensions for operationalizing the NSFG definition are – in addition to the desire (wanting) to have a child – the dimensions contraception and timing of the pregnancy (Santelli et al., 2003). Pregnancies that occur in spite of contraception are termed unwanted as are pregnancies with “no contraception and no desire for a child”. Furthermore, it is suggested to include the scaled indicator “Happiness at being pregnant” as an emotional response to conceiving (Santelli et al., 2003). In the “London Measure of Unplanned Pregnancies”, Barrett, Smith, and Wellings (2004) allocate scores to the six dimensions of contraceptive behavior – timing, intention and feelings about having a baby, partner communication and preparation for pregnancy –, all of which are related to intendedness. The overall score is a summed value between 0 (highly unwanted) and 12 (highly wanted) that can be considered a quantified degree of planning. But Dreesen and Matthijs (2010) criticize that the dimensions are independent of each other and should therefore be separated analytically. Furthermore, in case of inconsistencies between dimensions an overall score

¹ We adopt the terminology employed by Santelli et al. (2009) who use the term “pregnancy intentions” in the context of retrospective reporting of experienced pregnancies and the term “fertility intentions” for demographic forecasts of population development.

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