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Social Science & Medicine

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A blessing I can't afford: Factors underlying the paradox of happiness about unintended pregnancy



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ARTICLE INFO

Article history: Available online 19 March 2015

Keywords:
United states
Unintended pregnancy
Pregnancy intentions
Pregnancy feelings
Ambivalence
Qualitative research
Latina
Non-Hispanic white

ABSTRACT

An unresolved paradox in the measurement and interpretation of unintended pregnancy is that women frequently report feeling happy about pregnancies they also classify as unintended (i.e. they have incongruent intentions and feelings). This study explores the underlying reasons why women profess such happiness and how these relate to their motivations to avoid pregnancy. Between September 2013 and February 2014, semi-structured in-depth interviews were conducted with 27 women (8 white, 19 Latina) selected from a longitudinal study measuring prospective pregnancy intentions and feelings among 403 women in Austin, Texas. Women were selected for interview on the basis of wanting no more children and consistently professing either happiness (n = 17) or unhappiness (n = 10) at the prospect of pregnancy. Interviews were coded and analyzed following the principles of grounded theory. We found that it is possible for women to express happiness at the idea of pregnancy while simultaneously earnestly trying to prevent conception. Happiness at the idea of an unintended pregnancy was explained as the result of deep and heartfelt feelings about children taking precedence over practical considerations, the perception that the psychosocial stress resulting from another child would be low, and the ability to rationalize an unintended pregnancy as the result of fate or God's plan. The major exception to the sincerity of professed happiness was that conveyed as a result of social pressure despite truly negative feelings, predominantly expressed by foreign-born Latina women. Overall, equating incongruence with ambivalence about avoiding conception may undermine the sincerity of women's intentions and their desires for highly-effective contraception. At the same time, unintended pregnancies that are greeted with happiness may have different implications for maternal and child health outcomes compared to pregnancies that are greeted with unhappiness. Identifying which unintended pregnancies are most likely to result in adverse outcomes is a target for future research.

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1. Introduction

Unintended pregnancy is a major and persistent population health issue in the United States. Almost half of the 6.7 million pregnancies occurring each year are estimated to be unintended, and this figure has remained virtually unchanged in the past decade (Finer and Zolna, 2014). Unintended pregnancy is associated with a host of adverse maternal and neonatal outcomes including delayed initiation of prenatal care, higher rates of maternal smoking and alcohol use, lower rates of breastfeeding, and premature

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birth (Dott et al., 2010), (Dye et al., 1997), (Gipson et al., 2008), (Mohllajee et al., 2007), (Orr et al., 2000). The demographic gradients associated with unintended pregnancy imply that these adverse consequences disproportionately affect the least advantaged members of the U.S. population, including women living in fragile socioeconomic circumstances and women of racial and ethnic minority groups (Finer and Henshaw, 2006), (Finer and Zolna, 2014).

A potential barrier to preventing unintended pregnancies and their associated adverse health outcomes is that women's pregnancy intentions are not straightforward to measure and interpret. While the international Demographic and Health Surveys (DHS) and the National Survey of Family Growth (NSFG) and Pregnancy Risk Assessment Monitoring System (PRAMS) in the United States measure rates of unintended pregnancy based upon timing (i.e. did

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the pregnancy occur at the right time, too soon, or was it never intended to happen at any time?), there has been much debate about the ability of discrete timing-based measures to capture the nuances of women's attitudes towards pregnancy (Santelli et al., 2003), (Santelli et al., 2009), (Barrett et al., 2004). Indeed, evidence from the United Kingdom has highlighted the wide range of meanings women may attach to terms such as "planned," "unplanned," "intended," "unintended," "wanted," and "unwanted" (Barrett and Wellings, 2002).

In the United States, studies mainly employing data from the NSFG have considered how intentions based upon timing compare with feelings about pregnancy (*i.e.* was the pregnancy greeted with happiness or unhappiness?). Intriguingly, women's answers to these questions often appear to be inconsistent or incongruent. In particular, women frequently profess happiness about pregnancies they also classify as unintended (Trussell et al., 1999). Although these constructs are measured retrospectively in the NSFG and thus such incongruence might easily be attributed to recall bias (*i.e.* the evolution of feelings after pregnancy has occurred or once a baby is born) (Rosenzweig and Wolpin, 1993), the same phenomenon has been demonstrated even when questions about intentions and feelings are asked prospectively, before pregnancy has occurred (Aiken and Potter, 2013).

Despite the prevalence of this apparent paradox—in particular for Latinas, among whom happiness about unintended pregnancies appears to be more common when compared to non-Hispanic whites (Chandra et al., 2005) (Hartnett, 2012) -- the question of how to interpret incongruence in pregnancy intentions and feelings is unresolved. In the current literature, a number of related vet distinct possibilities have emerged. Pregnancy desires may not be fully established, or there may be equivocal feelings about avoiding pregnancy, including motivational ambivalence and psychological complexity in pregnancy desires and attitudes towards risk (Miller et al., 2012), (Kavanaugh and Schwarz, 2009), (Higgins et al., 2008). Yet it is also possible that feeling happy at the prospect of a pregnancy while wanting no more children are not mutually exclusive (Sable and Libbus, 2000), (Aiken and Potter, 2013), (Yoo et al., 2014). For these women, mixed feelings about pregnancy may represent distinct concepts i.e. they may be earnestly trying to avoid conception yet still view pregnancy or childbearing as a joyous event.

Differentiating between these possibilities and understanding their underpinnings is important for accurately interpreting women's reports of their pregnancy desires, ensuring access to desired methods of contraception, and targeting preventative strategies to those pregnancies that are most likely to result in adverse maternal and child health outcomes. In light of this importance, the objective of this study is to explore pregnancy intentions and feelings about pregnancy from women's own perspectives with a view towards shedding further light upon the paradox of incongruence. Through in-depth interviews with women who want no more children, we assess women's pregnancy intentions, including contraceptive use and desires, and investigate the factors underlying their feelings about a future pregnancy. By including both Latina and non-Hispanic white women, and women with both public and private health insurance, we also examine similarities and differences in feelings and intentions across sociodemographic groups.

2. Methods

Between September 2013 and February 2014, we conducted indepth interviews with 27 women who wanted no more children in the future (n=23) or for at least four years (n=4). Participants were selected from the Postpartum Contraception Study (PPC), a

longitudinal survey of 403 women who were recruited immediately following delivery from St. David's Hospital in Austin, Texas, and followed up at regular intervals over 24 months. Further details regarding the PPC study can be found in Potter et al. 2014 (Potter et al., 2014). At each follow-up, the survey assessed contraceptive use, desires, and prospective pregnancy intentions and feelings about pregnancy (asked for the first time at the 6 month follow-up). Women were selected for in-depth interview just after the 12month follow-up survey had been completed. Only women who wanted no more children ever or for at least four years, whose feelings at the prospect of a pregnancy were happy or unhappy (not don't know, since this category likely represents a different type of ambivalence involving incompletely established desires), and whose intentions and feelings were consistent across the 6, 9 and 12-month interviews were eligible for participation. Six of the women selected for interview had already become unintentionally pregnant again.

The major comparison of interest was between women with incongruent intentions and feelings (i.e. women who wanted no more children ever or for at least four years, but professed happiness at the prospect of a pregnancy in the next few months) and women with congruent intentions and feelings (i.e. women who wanted no more children ever or for at least four years, and professed unhappiness at the prospect of a pregnancy in the next few months). To allow comparison of the factors influencing feelings about pregnancy between Latina and white women, participants within the incongruent and congruent groups were further selected on the basis of ethnicity (Latina vs. non-Hispanic white), and language spoken (English vs. Spanish). To account for differences in ability to implement childbearing plans through access to contraception and to allow comparison across socioeconomic strata, participants were also selected on the basis of insurance status at the time of delivery (public vs. private). By the time of the interviews, most of those women who had been covered by public insurance (mainly Medicaid or Emergency Medicaid) at the time of delivery had lost all insurance coverage.

Potential participants were contacted by telephone and asked if they would be willing to be interviewed. All of the women contacted agreed to take part in the study and all gave their informed consent to be interviewed. Human Subjects approval for the study was granted by the Institutional Review Board at the University of Texas at Austin.

The sample matrix of interview participants is shown in Table 1. Seventeen women with incongruent intentions and feelings and ten women with congruent intentions and feelings were selected and interviewed. Among incongruent women, 13 were Latina (7 of which were Spanish-speaking), and 4 were white. Thirteen had public insurance, and 4 had private insurance. Among congruent women, 6 were Latina (of which 3 were Spanish-speaking), and 4 were white. Six had public insurance, and 4 had private insurance.

The interview sample was also diverse in terms of age, parity, relationship status, and level of educational attainment, and the distribution of these characteristics was similar between the incongruent and congruent groups (Table 2).

Interviews lasted between 45 and 90 minutes, were conducted in either English or Spanish, and took place in person in participants' homes. Participants were offered \$30 as a token of appreciation for their time. The interviewing process was semi-structured, ensuring that key topics such as the influences underlying participants' intentions and feelings were explored, while allowing sufficient flexibility for other interesting avenues to be spontaneously pursued. Pregnant participants were asked about both their prospective feelings and intentions on the basis of their answers to the survey questions and how they felt about the pregnancy at the time of the in-depth interview, and none reported any change in their

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