



Perceptions of susceptibility to pregnancy among U.S. women obtaining abortions



Lori Frohwirth^{a,*}, Ann M. Moore^a, Renata Maniaci^b

^a The Guttmacher Institute, 125 Maiden Lane, 7th Floor, New York, NY 10038, USA

^b Mailman School of Public Health, Columbia University, Department of Sociomedical Sciences, 722 West 168th Street, New York, NY 10032, USA

ARTICLE INFO

Article history:

Available online 17 October 2013

Keywords:

United States
Contraceptive use
Health Belief Model
Fertility
Qualitative methods

ABSTRACT

More than half (52%) of unintended pregnancies in the United States (U.S.) occur among the 10.7% of women using no contraceptive method. We interviewed a sample of women obtaining abortions in the U.S. in 2008 ($n = 49$) and explored their attitudes toward and beliefs about their risk of pregnancy. We found that most respondents perceived themselves to have a low likelihood of becoming pregnant at the time that the index pregnancy occurred. Respondents' reasons for this perceived low likelihood fell into four categories: perceived invulnerability to pregnancy without contraceptive use, perceptions of sub-fecundity, self-described inattention to the possibility of conception and perceived protection from their current use of contraception (although the majority in this subgroup were using contraception inconsistently or incorrectly). About half of the women discussed more than one reason when explaining why they perceived themselves to have a low risk of pregnancy at that time. We propose a modified Health Belief Model to account for women's low perceived susceptibility to pregnancy based on our results. Further research is needed to quantify the proportion of women who are at risk of pregnancy who do not believe they are at risk and their reasons why, so as to be able to better address women's misconceptions about fecundity and conception with the goal of preventing unintended pregnancy.

© 2013 Elsevier Ltd. All rights reserved.

Introduction

Nearly half of all pregnancies in the United States (U.S.) are unintended, and about four in ten of these end in induced abortion (Finer & Zolna, 2011). Approximately 37% of live births from 2006 to 2010 were unintended at the time of conception (Mosher, Jones, Abma, & Division of Vital Statistics, 2012). More than half (52%) of unintended pregnancies in the U.S. occur among the 10.7% of women using no contraceptive method (Finer & Henshaw, 2006); the remaining pregnancies are attributable to inconsistent or imperfect use, or to contraceptive failure (Trussell & Wynn, 2008).

Many studies have looked at reasons for nonuse, or discontinuation, of contraception. Jaccard (2009) summarized a large body of existing literature on the topic in 2009, and presented a basic theoretical framework for contraceptive behavior. He posited that contraceptive use is influenced by distal (structural or external barriers such as lack of access to methods including cost and medical contraindications), near-distal (personal attributes that do not directly relate to contraceptive use such as personality traits, general goals and health factors), near proximal (factors relating to

why an individual does or does not intend to contracept) and the binary proximal factor (whether or not the individual intends to contracept). Jaccard considers couple-based frameworks and the specific dynamics they create separately from the individual-level factors each person brings to the interaction. Couple-level factors inhibiting contraceptive use which have been identified in the literature to date include male partners' objections, fear that the suggestion of condoms or pregnancy prevention in general is an indication of infidelity, fear that contraceptive use "would have a negative impact on the relationship" (Nettleman, Chung, Brewer, Ayoola, & Reed, 2007, p.363), or outright pregnancy promotion by the partner (Moore, Frohwirth, & Miller, 2010; Nettleman, Brewer, & Ayoola, 2007; The National Campaign to Prevent Teen and Unplanned Pregnancy, 2009). Apart from distal factors, most reasons for nonuse that have been examined in the literature are near-proximal factors and can be classified as a broad dislike of contraceptive methods or objection to the notion of controlling one's fertility at all. This paper is interested in further unpacking these reasons for contraceptive nonuse.

Fear of side effects and difficulties with methods have been identified by virtually every study on contraceptive nonuse (Frost, Darroch, & Remez, 2008; Huber et al., 2006; Jaccard, 2009; Jones, Darroch, & Henshaw, 2002; Kaye, Suellentrop, & Sloup, 2009; Nettleman, Brewer, et al., 2007; Nettleman, Chung, et al., 2007).

* Corresponding author.

E-mail address: lfrohwirth@guttmacher.org (L. Frohwirth).

More recently, studies have identified women's distrust of the promotion of contraceptives both in advertising and by healthcare professionals among various U.S. subgroups (Frost, Duberstein, & Finer, 2012; Huber et al., 2006; Jaccard, 2009; Kaye et al., 2009; Nettleman, Brewer, et al., 2007).

A less frequently identified reason for contraceptive nonuse is whether people perceive avoiding a pregnancy is indeed even possible. "Fatalism" about pregnancy, a belief that one has a predestined time to become pregnant or cause a pregnancy and that contraceptive use has limited power to influence this predestination; forty percent of young adults (38% of young men and 42% of young women) in the U.S. currently using a method agreed with the statement: "It doesn't matter whether you use birth control or not, when it is your time to get pregnant, it will happen" (Frost et al., 2012, p.110; Kaye et al., 2009, p.10). Fatalism has been shown to negatively affect actual and expected contraceptive use (i.e., the percentage of respondents who reported that it is likely that they will have unprotected sex within the next three months) (Frost et al., 2012; Kaye et al., 2009; Nettleman, Chung, et al., 2007).

Dislike of contraception, mistrust of contraception and fatalism about preventing a pregnancy have been explored in detail, but individuals' perceptions of *their own need* for contraception have not been well documented. Several studies have found that respondents report feeling that they thought they were unlikely to become pregnant at the time of the study, or at a time when they did become pregnant (Kaye et al., 2009; Mosher et al., 2012; Nettleman, Brewer, et al., 2007; Nettleman, Chung, et al., 2007; The National Campaign to Prevent Teen and Unplanned Pregnancy, 2009; Wu, Meldrum, Dozier, Stanwood, & Fiscella, 2008). As part of the Pregnancy Risk Assessment Monitoring System (PRAMS, which is a stratified systematic sample of new mothers drawn from all birth certificates from 26 states, updated every month and covering 2000 through 2002), women with a recent birth who's pregnancies were unintended were asked why they had not used birth control. Forty two percent of the respondents either thought that they could not get pregnant at the time of conception (33%) or that their partner was sterile (10%) (Nettleman, Chung, et al., 2007). In a nationally representative study of all women having births in 2010, women who reported that their most recent births were unintended and who were not using contraception at the time that they became pregnant were asked why they had not done so. Thirty-six percent of these women said that it was because they did not think they could get pregnant at that time (Mosher et al., 2012). Not feeling at risk for pregnancy is also a primary reason why women obtaining abortions did not use contraception in the month they became pregnant. When asked about their perception of their likelihood of becoming pregnant, two nationally representative surveys of abortion patients found just over a third of women thought they were at low risk for an unintended pregnancy (Jones et al., 2002; Jones, Frohwirth, & Moore, 2012). Low perceived susceptibility to pregnancy has been found among family planning clinic clients as well: a recent study found that, of the nearly half of clients who said that they had had unprotected intercourse within the last three months, 42% cited a belief that they could not get pregnant as a reason (Biggs, Karasek, & Foster, 2012). In a study using focus groups to identify reasons why adult women at risk of unintended pregnancy have unprotected intercourse, two primary user-related reasons for unprotected intercourse emerged: women thought that they were at low risk of pregnancy, and "lack of thought or preparation" (Nettleman, Brewer, et al., 2007, p.149). A small qualitative study of young Scottish women explored perceptions of pregnancy risk in the context of using of emergency contraception (EC) (Williamson, Buston, & Sweeting, 2009). Williamson et al. found that misperception of the risk of pregnancy was common among their

respondents, and that it was somewhat paradoxically more common (and more commonly led to EC use) among those who were having frequent unprotected intercourse than among those who had unprotected sex as a one-time event or who had experienced an obvious condom failure.

Some women are under the impression that they are not at risk for pregnancy because they believe that they are subfecund, that is, that they are less fertile than other women and/or that they would experience some difficulty becoming pregnant. Kaye et al. (2009) used behavioral and opinion data from a nationally representative telephone survey of 1800 unmarried 18–29 year olds in the U.S. to explore conceptual issues related to contraceptive use. They found that, while only 10% of young women aged 15–29 in the U.S. are estimated to have impaired fecundity (Chandra, Martinez, Mosher, Abma, & Jones, 2005), almost 60% of young women say that it is at least "slightly likely" that they are infertile, and over three-quarters of these women were not basing this belief on medical information received from a doctor. Polis and Zabin's (2012) examination of the same data reveal that 19% of young women believe that it is "very likely" that they are infertile. Moore et al.'s qualitative study, which looked specifically at perceptions of fecundity, found that it was common that female respondents had doubted their fecundity at some point in time. When pressed as to why they held these beliefs, some respondents pointed to medical conditions and prior abortions which they presumed may have left their fecundity damaged, but most were using the logic that they had had unprotected sex at some point and had not become pregnant (Moore, Singh, & Bankole, 2011). Beliefs about subfecundity have also been shown to affect contraceptive behavior: A small study of U.S. adolescent girls found that the 10% who believed themselves to be infertile were significantly more likely to report having sex without a condom (Downs, Bruine de Bruin, Murray, & Fischhoff, 2004).

Apart from beliefs about subfecundity, the meanings of the response category "I did not think I would get pregnant" are not well understood (Biggs et al., 2012; Jones et al., 2002, 2012; Mosher et al., 2012; Nettleman, Chung, et al., 2007). Most studies that have documented the presence of this belief are quantitative, and therefore cannot provide details about what this concept means to women. A near-proximal factor that is often theorized to explain why people who claim to intend to contracept sometimes do not do so is ambivalence about pregnancy intentions (defined as "unresolved feelings about whether one wants to have a child at this time," (Higgins, Hirsch, & Trussell, 2008, p.130)). Pregnancy ambivalence has been identified both as a factor in contraceptive misuse and contraceptive nonuse in multiple studies (Bruckner, Martin, & Bearman, 2004; Campo, Askelson, Spies, & Losch, 2012; Finer & Henshaw, 2006; Frost et al., 2012; Higgins et al., 2008; Huber et al., 2006; Jaccard, 2009; Mosher et al., 2012; Trussell & Wynn, 2008), although some research has not found this connection (Zabin, 1999). Abortion patients provide an interesting population with whom to examine potential reasons for contraceptive nonuse, as these women are clearly motivated not to have a child at that time (Jones et al., 2002; Schunmann & Glasier, 2006). We use in-depth interviews (IDIs) from the 2008 Abortion Patient Survey to provide new evidence about women's reasons for perceiving themselves to have a low susceptibility to pregnancy.

Methods

Study design and sample

We conducted 49 semi-structured face-to-face IDIs with women at abortion clinics either on the day of their abortion procedure ($n = 39$) or when they returned to the clinic for their follow-up

Download English Version:

<https://daneshyari.com/en/article/7336223>

Download Persian Version:

<https://daneshyari.com/article/7336223>

[Daneshyari.com](https://daneshyari.com)