Unraveling Pregnancy Motivation: Loose Threads? Or a Woven Tapestry?

Ilene S. Speizer

RNDMU Workshop: New and missed opportunities for contraceptive counseling: How can we help Title X clients understand their fertility decision-making and achieve their reproductive health goals?
Outline of Presentation

• Unintended pregnancy – why it matters
• The role of effective family planning use to reduce UIP
• Findings from NOLA study
  – Qualitative
  – Quantitative
• Challenges for FP programs:
  – Pregnancy desires are fluid, not firm
  – Ambivalence
• What does this mean for Region IV programs?
Extent of Unintended Pregnancy

• Half of women 15-44 in the U.S. have had at least one unintended pregnancy

• Prevalence of UIP has remained relatively stable, however, disparities exist in UIP rates:
  – UIP is higher among teens (77%) than among women 20-24 (50%) and women 25-44 (25%)
  – Unmarried have highest UIP proportion
  – Less educated have higher UIP
  – Lower wealth have higher UIP
Supporting Effective Family Planning Use

• Half of UIP are the result of contraceptive failure
• Half of UIP are the result of failure to use any contraceptive in the month before conception

• Need approaches to improve FP use to avoid UIP
• We need to be able to measure pregnancy intentions to identify FP needs
Who to Target with Effective FP?

- Women (and men) with an “Unmet Need”
- Unmet need:
  - Sexually active, fecund women
  - Report a desire to delay (2+ years) or stop childbearing
  - Not using any method of family planning
- ~16% of women in U.S. at risk of UIP, not using FP – contributes ~1/2 of UIP
Modern Contraception Works

The two-thirds of U.S. women at risk of unintended pregnancy who practice contraception consistently and correctly account for only 5% of unintended pregnancies.

<table>
<thead>
<tr>
<th>Women at Risk (43 Million)</th>
<th>Unintended Pregnancies (3.1 Million)</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>52</td>
</tr>
</tbody>
</table>

By consistency of method use all year:
- Nonuse: 65%
- Inconsistent use: 19%
- Consistent use: 16%

By consistency of method use during month of conception:
- Nonuse: 43%
- Inconsistent use: 5%
- Consistent use: 52%

Notes: Nonuse includes women not using a method all year (6%) and those with a gap in use of at least one month (10%).
Considerations for FP Programs

• Unmet need useful at population level but not so much at the individual level
• Develop appropriate strategies to identify women (and men) most in need through tailored health messages (Garbers, 2012)
• What factors are the most important to know?
  – Are there a clear set of factors to use?
  – Do the factors differ for different target audiences?
  – Do we ask different questions to pregnant/non-pregnant women?
Findings from NOLA Study

• Qualitative and Quantitative data collected from inner-city women in New Orleans in 2002:
  – Prenatal clinic clients (n=671)
  – Family planning clinic clients (n=701)
• Quantitative data from abortion clients (n=1017)
• Provides perspectives on pregnancy planning, pregnancy experience, and pregnancy intentions (current and previous pregnancy)
NOLA STUDY – QUALITATIVE DATA
Multiple Domains Influence Pregnancy Intentions

• The classification of pregnancies as intended, mistimed, or unwanted was a difficult task

• Multiple domains
  – Experiences with sex/sexuality
  – Values around childbearing/motherhood
  – Relationship with partners
  – Experiences with contraception
  – Attitudes toward abortion
Multiple Influences on Pregnancy Planning

When I got pregnant when I was 17 I had an abortion. I wanted to graduate HS and go off to college. ...The second time I got pregnant I was 24 and I felt like I was old enough to have that baby. I was in school and I didn’t think it would change things too much. I was in a bad relationship with that baby’s father so I knew I would have to have it by myself but I wanted her. Even though I didn’t plan on getting pregnant I wanted her once I did. It was different than the first time. I wasn’t using birth control and so I knew it was possible I would get pregnant, that’s why I was taking pregnancy tests every 2 months. With me, I didn’t plan on getting pregnant and I did, but it was because I wasn’t using birth control so I knew it was possible and it happened, so I didn’t really plan it but I didn’t really prevent it either. (26 year old single mother –NOLA study)
Experience with Contraception

• Side effects, mis-information, costs of FP

(23 year old, family planning client, 2 children)

I got on the pill at 15, before I was sexually active. It was a birthday present from my Aunt and Grandmother. I was seeing a boy and they brought me for pills. Then I got big on the pills so I stopped them. I was using condoms on and off and got pregnant at 18. After my son was born I got on Depo, it was good, no side effects, I liked it. I lost my Medicaid and couldn’t afford to get the shot at my doctors, it was $60 a visit and $20 a shot. So I got off it. They told me there that I wouldn’t get pregnant for a year after stopping, 6 months later I got pregnant.
Role of Partners

• Role of partner involvement
  – Partner pressures/expectations to have sex
  – Desire for a pregnancy with a specific partner
  – Low expectations of father of baby (among prenatal)

• Reports of condom breakage/slippage/sabotage
  – Lack of confidence in condoms as FP method
Complex Story

- Idealized expectations about motherhood
- Poverty and poor career opportunities
- Gaming with the risk of conception
- Pressure (by men/boys) to have sex
- High prevalence of teen pregnancy (normative)
- Volatility of relationships/marriage
- Imperfect contraceptive use
- Rejection of abortion
Different Spectrum of Choices

• Pregnancy is the inevitable consequence of sexual intercourse, no matter the woman’s intent
• Ambivalence toward contraception; leads to pregnancy risk
• Rejection of abortion and acceptance of a pregnancy (intended or not)
• Pregnancy intentions: feel like rationalization after discovering a pregnancy rather than the outcome of a deliberate and voiced choice.
• Resulting in high UIP (61% of 1st and 53% higher order pregnancies)
NOLA STUDY – QUANTITATIVE DATA
<table>
<thead>
<tr>
<th>Variable</th>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intended/mistimed</td>
<td>Would you say this pregnancy came too soon, at about the right time, or later than you wanted?</td>
<td>Too soon, right time, later</td>
</tr>
<tr>
<td>Wanted/unwanted</td>
<td>Right before this pregnancy, did you want to have a baby any time in the future?</td>
<td>Yes or no</td>
</tr>
<tr>
<td>Planned pregnancy</td>
<td>Right before you became pregnant, did you plan to get pregnant?</td>
<td>Yes or no</td>
</tr>
<tr>
<td>Wanted baby with partner</td>
<td>In the month before your first [most recent] pregnancy, would you say that you wanted to have a baby with your partner at the time?</td>
<td>Yes or no</td>
</tr>
<tr>
<td>Partner wanted pregnancy</td>
<td>Right before your first [most recent] pregnancy, would you say that your partner wanted you to become pregnant?</td>
<td>Yes or no</td>
</tr>
<tr>
<td>Variable</td>
<td>Question</td>
<td>Response Options</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Wantedness of pregnancy</strong></td>
<td>If you had to rate from 1 to 5 how much you wanted or did not want a pregnancy right before your first [most recent] pregnancy, how would you have rated yourself?</td>
<td>1 (wanted to avoid) to 5 (wanted to get pregnant)</td>
</tr>
<tr>
<td><strong>Effort in achieving pregnancy</strong></td>
<td>Right before you became pregnant for the first time [with your most recent pregnancy], how much were you trying to get pregnant?</td>
<td>1 (not trying to get pregnant) to 5 (really trying hard to get pregnant)</td>
</tr>
<tr>
<td><strong>Effort in avoiding pregnancy</strong></td>
<td>Right before you became pregnant for the first time [with your most recent pregnancy], how much were you trying to avoid getting pregnant?</td>
<td>1 (not trying to avoid) to 5 (trying to avoid)</td>
</tr>
<tr>
<td><strong>Improve relationship</strong></td>
<td>You thought that having a baby might improve your relationship with your partner.</td>
<td>1 (not at all) to 5 (tremendous amount)</td>
</tr>
<tr>
<td><strong>Worry about money</strong></td>
<td>You were worried that you did not have enough money to take care of this baby.</td>
<td>1 (not at all) to 5 (tremendous amount)</td>
</tr>
</tbody>
</table>
## Affective Measures

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<thead>
<tr>
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<tbody>
<tr>
<td>Happiness</td>
<td>How happy did you feel when you found out you were pregnant?</td>
<td>1 (very unhappy) to 5 (very happy)</td>
</tr>
<tr>
<td>Surprise</td>
<td>When you found out you were pregnant, how surprised did you feel?</td>
<td>1 (not surprised) to 5 (very surprised)</td>
</tr>
<tr>
<td>Confusion</td>
<td>When you found out you were pregnant, how confused did you feel?</td>
<td>1 (not confused) to 5 (very confused)</td>
</tr>
<tr>
<td>Fear</td>
<td>When you found out you were pregnant, how scared did you feel?</td>
<td>1 (not scared) to 5 (very scared)</td>
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# Measures for First Pregnancy

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<tr>
<td><strong>Hindrance</strong></td>
<td>You thought that a new baby would keep you from doing the things that you were used to doing like working, going to school, going out and so on.</td>
<td>1 (not at all) to 5 (tremendous amount)</td>
</tr>
<tr>
<td><strong>New experiences</strong></td>
<td>You looked forward to new experiences that having a baby would bring.</td>
<td>1 (not at all) to 5 (tremendous amount)</td>
</tr>
<tr>
<td><strong>Tell friends</strong></td>
<td>You looked forward to telling friends that you were pregnant.</td>
<td>1 (not at all) to 5 (tremendous amount)</td>
</tr>
<tr>
<td><strong>Dread telling friends</strong></td>
<td>You dreaded telling your friends you were pregnant.</td>
<td>1 (not at all) to 5 (tremendous amount)</td>
</tr>
<tr>
<td><strong>Buy things for baby</strong></td>
<td>You looked forward to buying things for a new baby.</td>
<td>1 (not at all) to 5 (tremendous amount)</td>
</tr>
</tbody>
</table>
What Do We Know about Measuring Pregnancy Motivations? (NOLA study)

• Single Latent factor for 1\textsuperscript{st}, recent, and adolescent pregnancy

• Different measures important for various outcomes:
  – For all – desire to have a baby with partner and happiness with pregnancy matters
Important Measures by Outcome

• Adolescent pregnancy:  Happiness  Wanted baby with partner

• First pregnancy:  Happiness  Wanted baby with partner
  Effort in achieving pregnancy  Tell friends  Intended/mistimed

• 2+ order pregnancy:  Happiness  Wanted baby with partner
  Effort in achieving pregnancy  Wantedness of pregnancy  Planned pregnancy
What Do We Know about Pregnancy Motivations? (NOLA study)

• Abortion clients vs. prenatal clients
  – Those with intended pregnancies in prenatal clinic
  – Those with unintended pregnancies in both abortion and prenatal clinic (97% of abortion clients with mis-timed/unwanted; 65% of prenatal)
  – Partner preferences/woman’s preferences relate to intentions and outcome of pregnancy

• FP programs trying to identify those most in need/at risk of UIP need to consider partners
Non-Use of FP (NOLA study)

- Reasons women give for non-use of contraception at: (see figure)
  - First Sex
  - First Unintended Pregnancy
  - Higher Order Unintended Pregnancy
- Younger age at first sex/first UIP – more parent concerns
- Need to address gaps in access (physical and social) in this setting
80%: Parents, Unexpected, Knowledge, Ambivalence FP

Ambivalence FP, Access, Discontinuation, Coitus = 70%
Ambivalence toward Pregnancy

• The NOLA study demonstrated that “planning” was not always meaningful
• Lots of post-hoc rationalization/acceptance of a pregnancy (timing of measurement matters)
• Difficult to identify which pregnancies are “intended” – depends on definition
• Difficult to know if women are ambivalent toward pregnancy, toward contraception, or both
Pregnancy Desires Are Fluid, Not Firm

• Longitudinal studies in the global context:
  – France (5 year follow-up):
    • Women who intended a birth – 73% had one
    • Among those who did not intend a birth – 20% had one
  – Nigeria (2-year follow-up):
    • Women who wanted more children – 55% had a birth
    • Women who wanted no more – 17% had a birth
  – Morocco (2 year follow-up):
    • Women who wanted more – 62% had a birth
    • Women who wanted no more – 29% had a birth
  – India (data from urban Uttar Pradesh) (2 year follow-up):
    • Women who wanted more – 56% pregnant/birth
    • Women who wanted no more – 17% had pregnancy/birth
Considering Ambivalence: Strength of Fertility Desires

How much of a problem would it be if you got pregnant in the next few weeks: Among women who want no more children

<table>
<thead>
<tr>
<th></th>
<th>Nonusers</th>
<th>Users</th>
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<tbody>
<tr>
<td>Site A</td>
<td>81</td>
<td>82</td>
</tr>
<tr>
<td>Site B</td>
<td>68</td>
<td>65</td>
</tr>
</tbody>
</table>

- **Big problem**
- **Small problem**
- **No problem**
Considering Ambivalence: Strength of Fertility Desires

How much of a problem would it be if you got pregnant in the next few weeks: Among women who want to delay (2+ years) childbearing

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<td>68</td>
<td>12</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>65</td>
<td>21</td>
<td></td>
<td>42</td>
<td>37</td>
<td>39</td>
</tr>
<tr>
<td>40%</td>
<td>60%</td>
<td></td>
<td>80%</td>
<td>100%</td>
<td></td>
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- **Big problem**
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[UNC Gillings School of Global Public Health]
Ambivalence toward Pregnancy vs. Ambivalence toward Contraception

- Not clear what these graphs are reflecting
  - Could be ambivalence toward a subsequent pregnancy
  - Could be ambivalence toward contraception (current methods)
  - Could be both

- Ambivalence toward both contraception and pregnancy found in Sable study on women seeking pregnancy tests (these women did not want to be pregnant)

- Consistency in facility-based studies (and population-based ones as well)
London Measure of Intendedness Score
Kentucky Family Planning Clinic Surveys, 2011

Number of Respondents

LMUP Score

0 1 2 3 4 5 6 7 8 9 10 11 12

UNPLANNED (16.3%)
AMBIVALENT (55.5%)
PLANNED (28.2%)
What Does this Mean for Region IV?

• With so many unplanned and ambivalent pregnancies, what does that mean for FP programming?

• Two main points of contact:
  – Currently pregnant women (or women getting pregnancy tests)
    • Use multiple measures (e.g., LMUP) to determine FP needs (post test or post-pregnancy outcome)
  – Family planning clients (in the clinic or through outreach)
    • Use multiple measures to fully appreciate fertility desires and pregnancy motivations; ensure access to effective FP methods particularly for most motivated

• What to ask:
  – Fertility desires with partners (and perceived partner desires)
  – Need level of motivation to get pregnant and level of motivation to avoid a pregnancy
Loose Threads or Woven Tapestry?

• Loose threads – i.e., do not expect close correlation between desires and behaviors
• Woven tapestry – greater predictability in women’s desires and behaviors
• Looks like my favorite, old carpet: a little of both!
• Discussion:
  – Should we be trying to ‘reduce unintended pregnancies’ or simply trying to ensure that all women have FP when they need it (recognizing that unintended pregnancy will happen)?
  – Where can women most in need be identified, ideally before they experience an UIP?