

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

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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



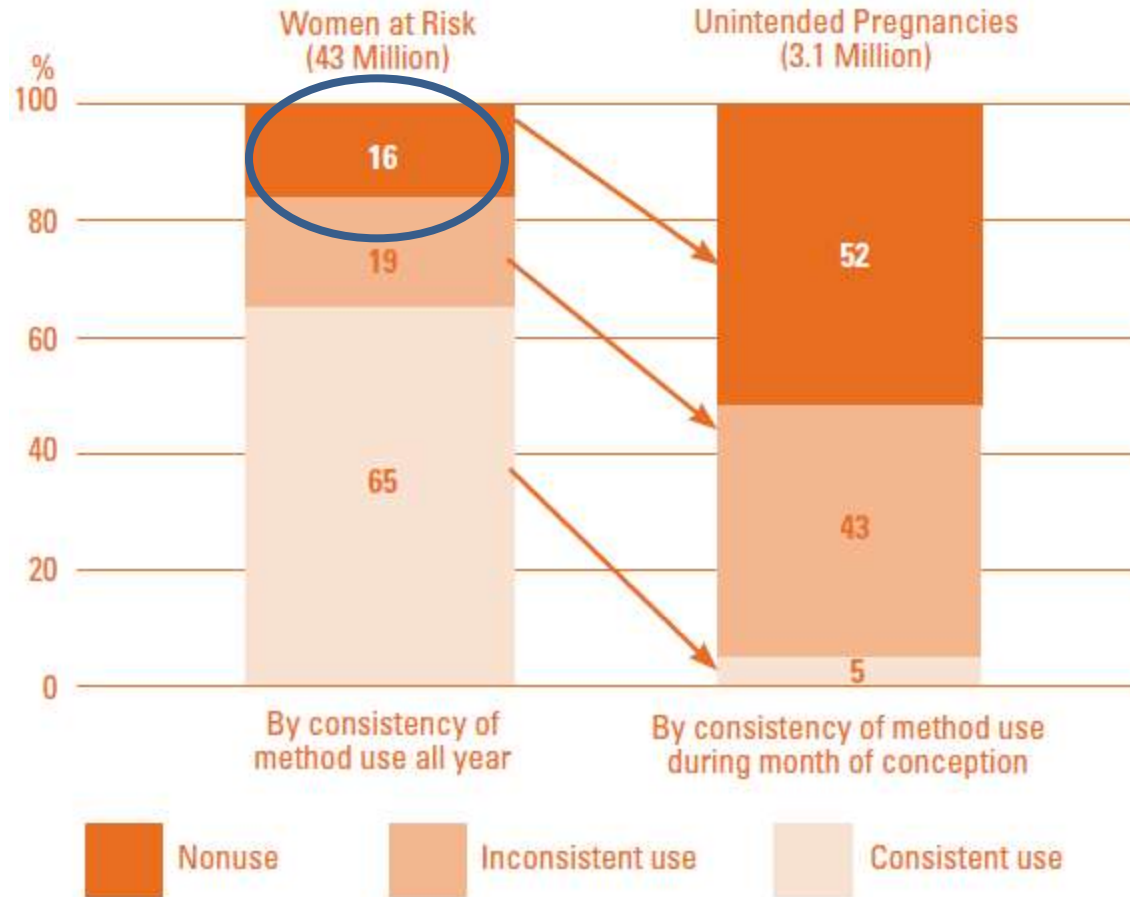
Who to Target with Effective FP?

- 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.



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



Quantitative Measures Included in NOLA Study

Variable	Question	Response Options
Intended/mistimed	Would you say this pregnancy came too soon, at about the right time, or later than you wanted?	Too soon, right time, later
Wanted/unwanted	Right before this pregnancy, did you want to have a baby any time in the future?	Yes or no
Planned pregnancy	Right before you became pregnant, did you plan to get pregnant?	Yes or no
Wanted baby with partner	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?	Yes or no
Partner wanted pregnancy	Right before your first [most recent] pregnancy, would you say that your partner wanted you to become pregnant?	Yes or no

Variable	Question	Response Options
Wantedness of pregnancy	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?	1 (wanted to avoid) to 5 (wanted to get pregnant)
Effort in achieving pregnancy	Right before you became pregnant for the first time [with your most recent pregnancy], how much were you trying to get pregnant?	1 (not trying to get pregnant) to 5 (really trying hard to get pregnant)
Effort in avoiding pregnancy	Right before you became pregnant for the first time [with your most recent pregnancy], how much were you trying to avoid getting pregnant?	1 (not trying to avoid) to 5 (trying to avoid)
Improve relationship	You thought that having a baby might improve your relationship with your partner.	1 (not at all) to 5 (tremendous amount)
Worry about money	You were worried that you did not have enough money to take care of this baby.	1 (not at all) to 5 (tremendous amount)

Affective Measures

Variable	Question	Response Options
Happiness	How happy did you feel when you found out you were pregnant?	1 (very unhappy) to 5 (very happy)
Surprise	When you found out you were pregnant, how surprised did you feel?	1 (not surprised) to 5 (very surprised)
Confusion	When you found out you were pregnant, how confused did you feel?	1 (not confused) to 5 (very confused)
Fear	When you found out you were pregnant, how scared did you feel?	1 (not scared) to 5 (very scared)



Measures for First Pregnancy

Variable	Question	Response Options
Hindrance	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.	1 (not at all) to 5 (tremendous amount)
New experiences	You looked forward to new experiences that having a baby would bring.	1 (not at all) to 5 (tremendous amount)
Tell friends	You looked forward to telling friends that you were pregnant.	1 (not at all) to 5 (tremendous amount)
Dread telling friends	You dreaded telling your friends you were pregnant.	1 (not at all) to 5 (tremendous amount)
Buy things for baby	You looked forward to buying things for a new baby.	1 (not at all) to 5 (tremendous amount)

What Do We Know about Measuring Pregnancy Motivations? (NOLA study)

- Single Latent factor for 1st, 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)

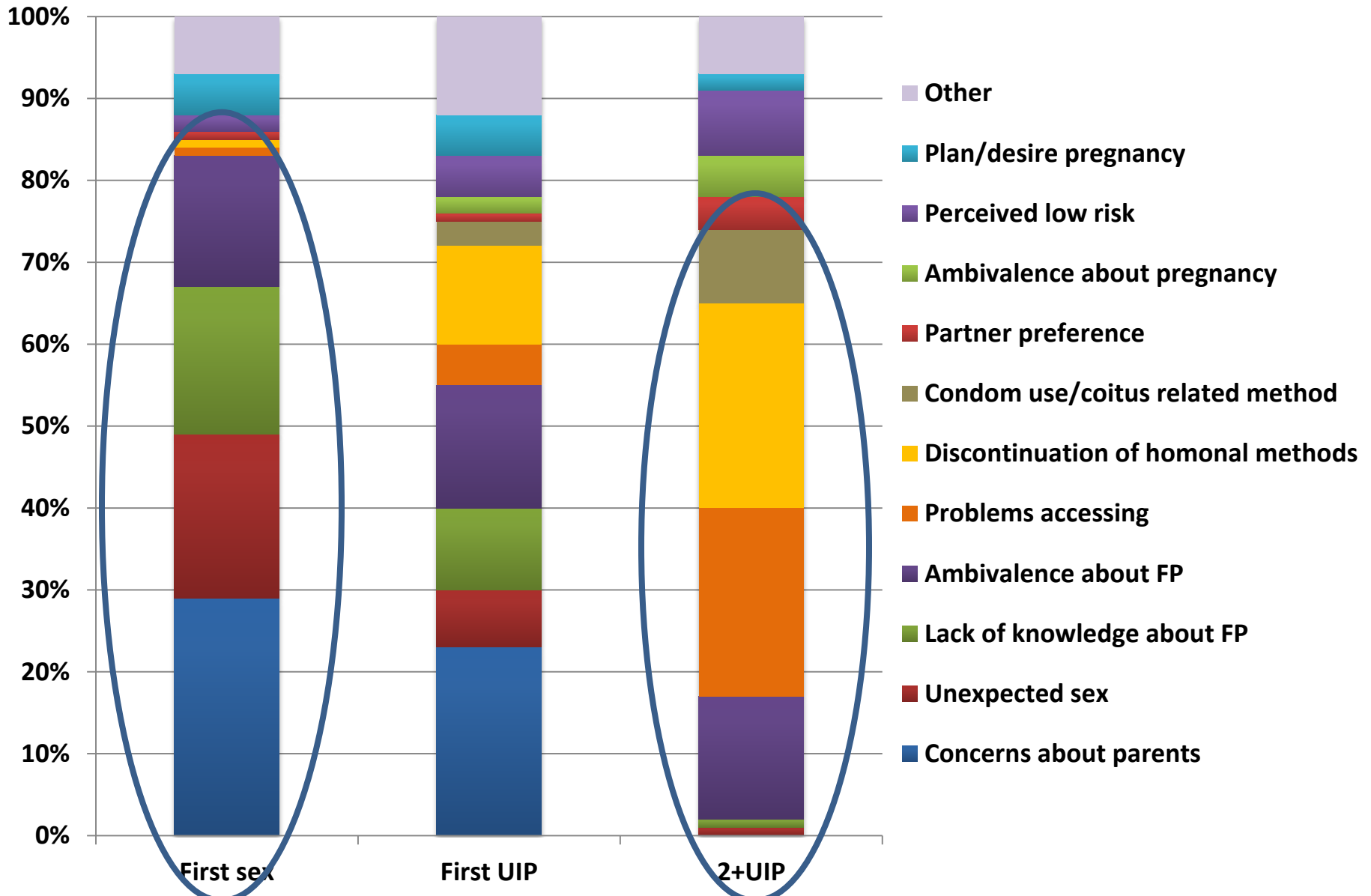
- Abortion clients vs. prenatal clients
 - Those with intended pregnancies in prenatal clinic
 - Those with unintended pregnancies in both abortion and prenatal clinic (97% of abortion clients with mis-timed/unwanted; 65% of prenatal)
 - Partner preferences/woman's preferences relate to intentions and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



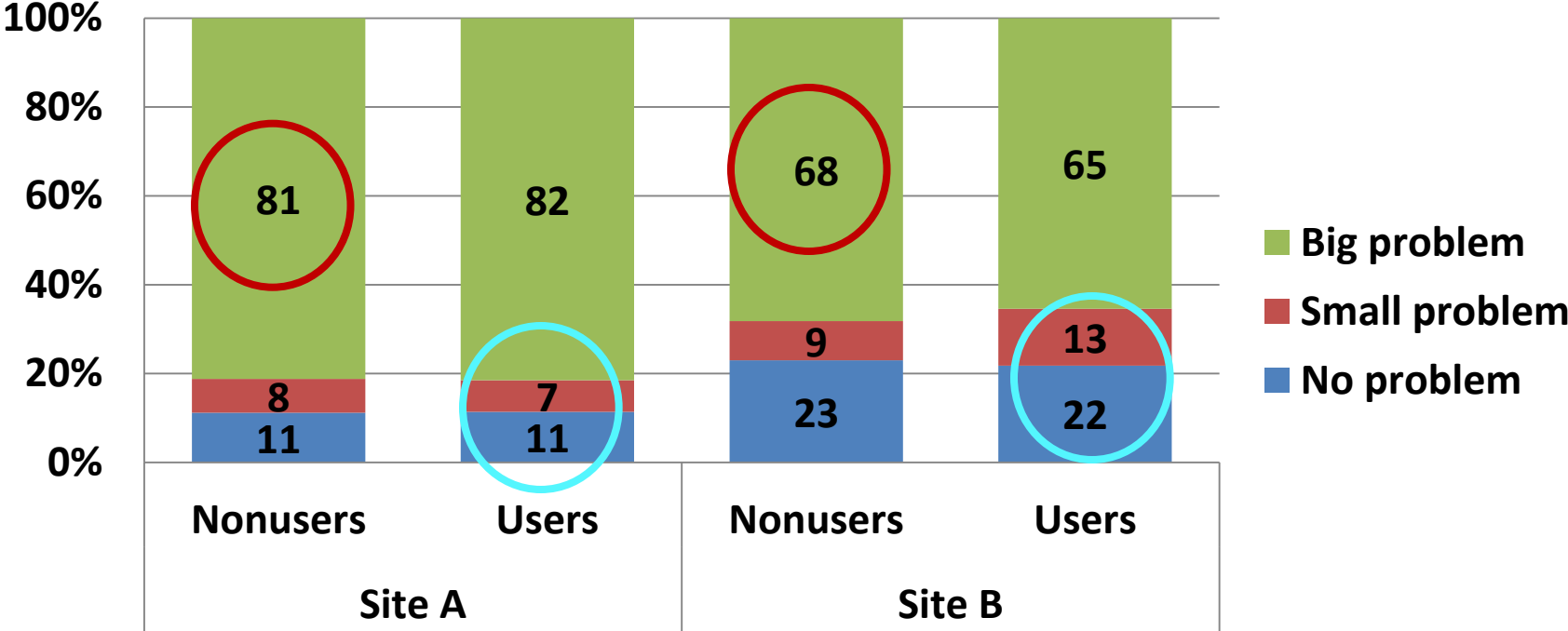
Pregnancy Desires Are Fluid, Not Firm

- 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



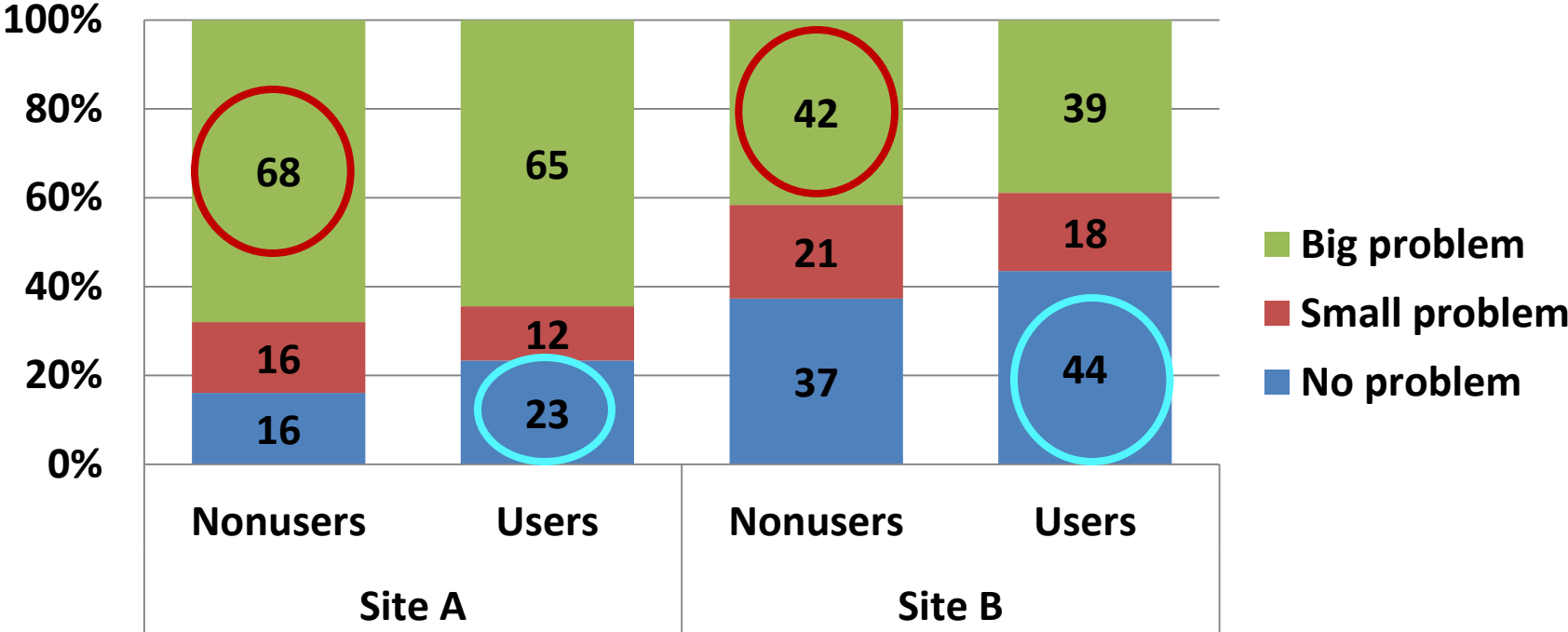
Considering Ambivalence: Strength of Fertility Desires

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



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**

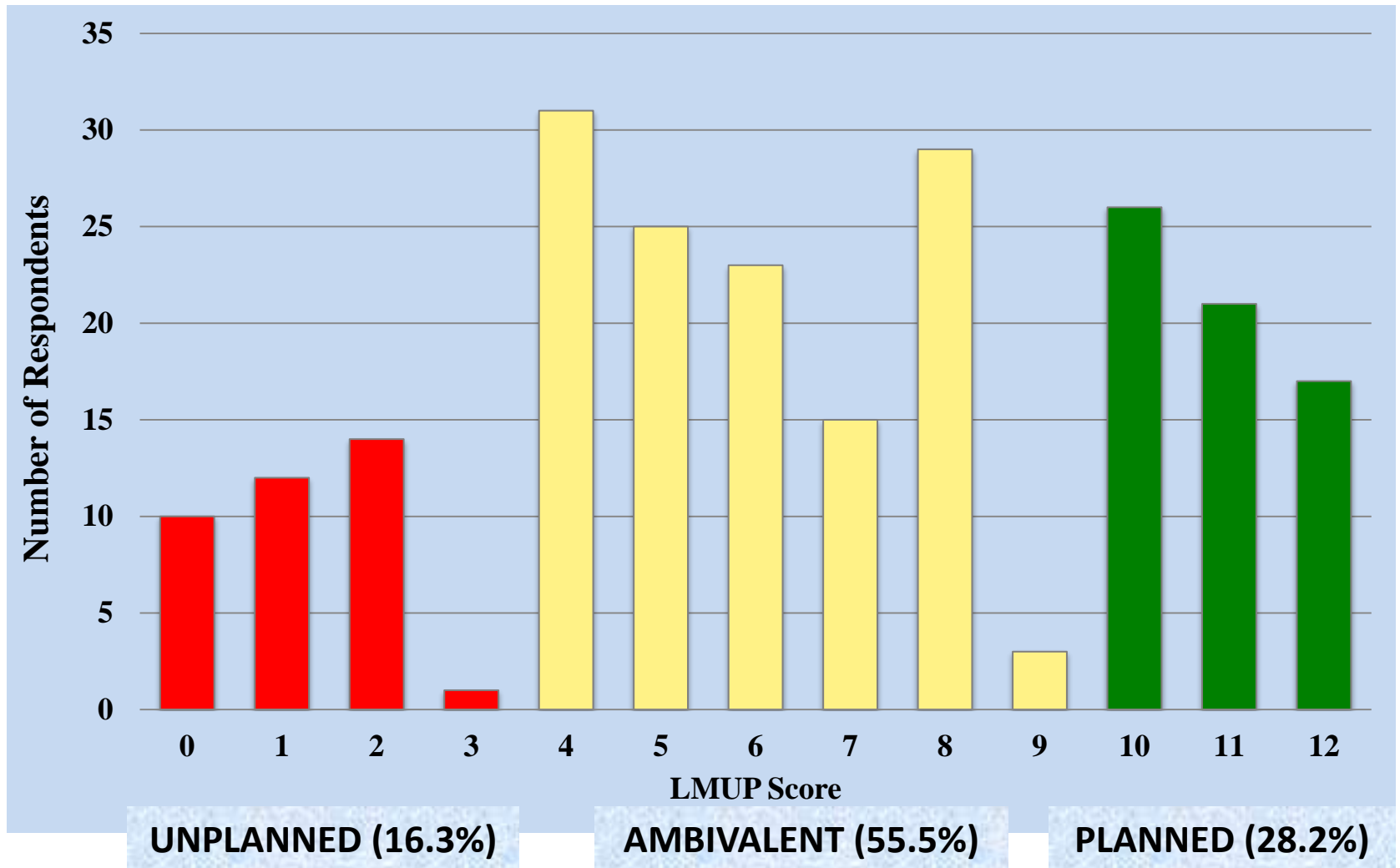


Ambivalence toward Pregnancy vs. Ambivalence toward Contraception

- 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



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?

