

Unpacking and Moving Beyond Ambivalence: A Qualitative Study of Young Couples' Pregnancy Intentions

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Background

For decades, researchers have called for the improvement of measures of unintended pregnancy, noting that standard survey measures may misclassify the actual desires of women as a complex constellation of factors impacts whether a woman describes her pregnancy as intended or unintended (Klerman, 2000; Luker, 1978; Santelli, Lindberg, Orr, Finer, & Speizer, 2009; Santelli et al., 2003; Santelli, Speizer, Avery, & Kendall, 2006; Trussell, Vaughan, & Stanford, 1999). Pregnancy intentions are measured in a variety of ways, retrospectively and prospectively, including: happiness about pregnancy, pregnancy avoidance, whether a pregnancy is/was wanted at the time, mistimed, or not wanted at all; pregnancy desire; and parenting “readiness.” Limitations of these measures include a lack of multidimensionality and nuance; conflation of concepts; and assumptions of rationality (Aiken, Dillaway, & Mevs-Korff, 2015; Klerman, 2000; Luker, 1999; Macleod, 2015; Santelli et al., 2003).

The existing literature has described many complexities inherent to women’s pregnancy plans, desires, intentions and hopes. Numerous researchers have noted that the concept of pregnancy planning may not be salient to women (Borrero et al., 2015; Gerber, Pennylegion, & Spice, 2002; Luker, 1999; Trussell et al., 1999). These findings suggest a disconnect between the lived experiences of women and couples and current measures, which frequently serve as the basis for policymaking, advocacy and clinical practice. Additionally, qualitative research has indicated the important role of partners and relationship dynamics in determining pregnancy intentions (Stanford, Hobbs, Jameson, DeWitt, & Fischer, 2000), though research on pregnancy intentions and interventions to reduce unintended pregnancy by increasing contraceptive use nearly exclusively focus on women and typically do not take into account contextual factors like relationships.

Some studies have noted that women may be ambivalent about their intentions based on answering multiple questions in seemingly incongruent or inconsistent ways (Crosby, DiClemente, Wingood, Davies, & Harrington, 2002; Frost, Singh, & Finer, 2007; Higgins, Popkin, & Santelli, 2012; Jaccard, Dodge, & Dittus, 2003; Schünmann & Glasier, 2006; Schwarz, Lohr, Gold, & Gerbert, 2007; Zabin, 1999). The nebulously defined concept of ambivalent pregnancy intentions often appears in the literature as an alternative intention for the many individuals who cannot be neatly captured in the binaries such as planning and not planning, or avoiding pregnancy or trying to become pregnant. Yet, current conceptualizations of ambivalence face many limitations due to reliance on unidimensional measures of pregnancy intentions. For example, Aiken (2015) conducted qualitative research with Latina women in Texas who wanted no more pregnancies but believed they would be happy about an unplanned pregnancy in a survey – a “discrepancy” in measures that some researchers call ambivalence. The qualitative data revealed that this survey answers did not reflect ambivalence in pregnancy intentions but deep love of children, a belief in “God’s will,” and social pressure. Though little research has unpacked the complexities of ambivalence or identified possible subcategories, qualitative data suggest the existence of constructs that complicate the notion of ambivalence (Higgins, Popkin, & Santelli, 2012; Schwarz, Lohr, Gold, & Gerbert, 2007).

Using a mixed methods approach, the present study (known as the Young Couples Study) sets out to more fully explore and conceptualize pregnancy intentions and, ultimately, develop a more comprehensive measure of the construct. At the time of abstract submission, the study is in its qualitative phase, in which we are interviewing and collecting survey data from female and male partners regarding their relational dynamics, contraceptive patterns, and pregnancy intentions and backgrounds. Though the initial aim of the Young Couples Study was to capture ambivalence in pregnancy intentions, our preliminary qualitative data suggest that ambivalence, as traditionally conceived of, is not ambivalence at all. Rather, “incongruent” answers on traditional survey items may reflect a way to give voice to far more complex internal processes. Upon deeper reflection and analysis, most participants who appeared to be ambivalent based on answers to survey items were actually quite clear about their plans and intentions. The present analysis describes the typologies, or thematic groupings, of pregnancy intentions that emerged based on the qualitative data, including responses to open-ended questions about pregnancy desires, plans, and intentions, as well as probing to individuals’ responses to traditional survey items.

Methods

The qualitative study includes interviews and completion of a brief survey with both members of a couple. To be eligible for the study, the female partner must identify as being Latina or Hispanic, Black or African American, Asian, or White; be between the ages of 18 and 24; not be pregnant or actively attempting to become pregnant; and be able to identify a primary male partner age 18 or older with whom she is sexually active and has been in a relationship with for at least 2

months. Primary partners may include regular sexual partners, boyfriends, fiancés and husbands. Both members of the couple must reside in the San Francisco Bay Area and be willing to participate. Data collection is ongoing; at time of abstract submission, interviews with 38 of 50 couples have been completed. Participants were recruited through the use of flyers, postcards, and the generous space and cooperation of various community agencies and clinics, community colleges and universities and through Craigslist and Facebook ads. The Committee for Protection of Human Subjects at the University of California, Berkeley approved all study methods and materials.

Each respondent completed a brief survey and participated in an in-depth, individual interview guided by a semi-structured interview guide. Couples were scheduled for interviews at the same time but completed their interviews separately for reasons of privacy and confidentiality. Each respondent received an incentive of \$30. Interviewers of the same gender as the participant conducted the interviews. Digital audio recordings were transcribed and de-identified for analytic purposes. Qualitative data analysis is ongoing.

Preliminary results

In Table 1, socio-demographic characteristics are presented for the 38 couples included in the preliminary analysis. Our sample includes individuals who are parents and non-parents, highly educated and less educated, and identify as White/Caucasian, Black/African American, Latino/Hispanic, Asian and Native American, including multi-racial individuals. The diversity of the sample allows for variation in perspectives on and conceptualization of pregnancy planning.

Table 1. Sample demographics		
	Female (n= 38)	Male (n= 38)
Mean age (in years)	21.5	23.6
Highest Educational Attainment		
Less than or currently in high school	5% (n=2)	3% (n=1)
High school degree or GED	16% (n=6)	24% (n=9)
Some college (but no degree)	42% (n=16)	45% (n=17)
Associate degree	5% (n=2)	3% (n=1)
4-year college degree (BA or BS)	21% (n=8)	26% (n=10)
Other	8% (n=3)	-
Race/Ethnicity¹		
White/Caucasian	37% (n=14)	32% (n=12)
Black/African American	24% (n=9)	24% (n=9)
Latina/Hispanic	53% (n=20)	43% (n=16)
Asian/Pacific Islander	21% (n=8)	8% (n=3)
Native American	8% (n=3)	5% (n=2)
Other	-	11% (n=4)
Parental Status		
Has children	34% (n=13)	39% (n=15)
Does not have children	66% (n=25)	61% (n=23)
Pregnancy Avoidance		
Currently trying to get pregnant	3% (n=1)	3% (n=1)
Wouldn't mind if I/my partner got pregnant	11% (n=4)	8% (n=3)
Wouldn't mind avoiding pregnancy	3% (n=1)	5% (n=2)
Trying to avoid pregnancy	84% (n=32)	84% (n=32)
<i>Note:</i> ¹ Participants may report multiple racial and ethnic identities, thus the sum of all categories exceeds 100%.		

Our preliminary analysis of the data represents recurrent themes in the data as well as *initial* typologies, or categorical conceptualizations, of pregnancy intentions. Notably, these typologies are impacted by gender and power dynamics, and male and female partners may have differing typologies. Additionally, each individual and couple can be considered to have multiple typologies simultaneously, which allows the complicated and nuanced nature of these intentions to be more fully captured. Initial analysis suggests the following typologies and emerging subcategories:

- **Avoidant:** Avoidant individuals and couples actively state that they do not intend to get pregnant at the current moment. The different sub-typologies of avoidance intentions include:
 - **Totally Avoidant:** These individuals/couples express no desire for pregnancy at the current moment, as well as an adamant desire to prevent pregnancy that is corroborated by consistent usage of a birth control method.
 - **Avoidant (But...):** Other couples or individuals are on some level avoiding pregnancy but also express discrepancies between their desires, intentions, and behaviors. Participants in this typology may express wanting to actively avoid pregnancy, but may be inconsistent with contraceptive behavior, or may have very inconsistent desires and intentions for pregnancy, while consistently using an effective form of birth control.
- **“S/He’s Not the One” and Other Relational Factors:** For these participants, the primary motivating factor in avoiding pregnancy may be that they cannot envision having children with their current partner, and may feel as though s/he is not “the one.” This category also includes participants who are experiencing too much relational strife at the current moment to plan for pregnancy. One participant, who was currently using an intrauterine device, noted that she would love to have two more babies with her partner and said, “If we’re able to go past our differences and the jealousy or the insecurities or his lies. But I don’t know, it probably will never happen.”
- **“If Things Were Different in My Life...”:** Other individuals or couples may be clearly trying to avoid pregnancy, even though they have express desires to become pregnant and face structural impediments. These participants do not simply express desire to become pregnant in the future or when they are older; rather, they point to specific structural barriers that prevent them from planning a pregnancy. One participant explained, “My career choices would have to be different. My living conditions would have to be different. I would not want to be living with my parents and having a second child...I would have to be making maybe double what I’m making now. Basically my entire life would have to be different in order for me to see myself having another...And if they were different, I’d be happy having another child.”
- **“Whatever Happens, Happens”:** The phrase most associated with ambivalence in pregnancy intentions in the literature – “whatever happens, happens” – did appear frequently in interviews. However, upon further questioning, the phrase was typically revealed to be a stand in for more complex processes, such as:
 - **Self-Protection:** For these participants, responses to interview questions may clearly illuminate a desire to become pregnant, but fear of infertility or difficulties with conception skew the way they frame their intentions for themselves. Out of self-protection, these participants may “whatever happens, happens” in regards to their pregnancy intentions so as to avoid disappointment if they are unable to conceive. One participant with polycystic ovarian syndrome (PCOS) expressed, “For me it’s like I have to accept the fact that I might not be able to have children. I have to be okay with not having them as well as if I am able to. So that’s why I say like, I’m okay either way. Don’t get me wrong, I would love it, especially with my situation, but just like that’s not for me to choose.”
 - **Fatalism and Religion:** Similarly, participants with high religiosity also frequently describe their intentions in the terms of “whatever happens, happens.” For these participants there is an intense belief that pregnancy is in the hands of God, and that if they are meant to get pregnant it will happen, regardless of their contraceptive use. One participant with strong religious beliefs remarked, “Like the way that we saw it was like, if God really wants us to have a baby, he’s going to give us a baby. Like if he can get Mary pregnant and she didn’t even have sex I can get pregnant even if I was using the shot.”
 - **Ambivalence:** Preliminary data suggest there are some instances of ambivalence, or multiple fully formed, yet differing desires and wishes for pregnancy. These participants may expressly want to avoid pregnancy while also having some desire to conceive. It is important to note that no individual or couple was singularly coded as ambivalent.
 - **Apathy:** For these participants, there is no formed opinion of desiring or not desiring a pregnancy and often indications that s/he does not care either way.
 - **Whatever S/He Wants:** Other individuals defer their pregnancy intentions and decision-making to their partner and often use the terms of “whatever s/he wants.” These participants do not express opinions of their own and defer to their partner’s desires. One participant described that in the event of an unintended pregnancy, she would ask her partner, “What do you want to do, keep it or do you want to go get an abortion? And ultimately it doesn’t matter what I want, I want to do what he wants. Because I don’t want to live with his resentment.”

- **Trying but Not Naming It:** For these individuals and couples, there is an active expression of pregnancy intentions and desires as well as corresponding contraceptive behavior (not using or infrequently using a birth control method); however, they may appear to be ambivalent based on survey measures. A few participants had medical conditions, such as PCOS, that caused them to not describe themselves as actively trying to become pregnant due to self-protection (as described earlier). For other participants, the experience of interpersonal trauma has caused disruptions in attachment and led them to desire a pregnancy in order to create a sense of love, stability, and family. One participant with a complex history of trauma expressed, “Like I have so many lives took from me, like the people I love, and now it’s like now, I get to bring somebody else in. Like I can’t really replace them but I can kind of, like we lost somebody, we can bring another baby into the world, and that could be another part of my family that we lost.”

Case Study

Because multiple typologies appear within all couples, it is useful to illustrate the complexity of pregnancy intentions through a case study of a couple whose pregnancy intentions cannot be defined in simple terms of “planning” or “avoiding” and who truly embody multiple typologies: Alisha and Jeremy (pseudonyms). Alisha, 21, and Jeremy, 23, both state that they are trying to avoid pregnancy and though they could see having a child with each other, now is not the right time (*avoidant*). They are both concerned about structural barriers to pregnancy preparedness, and want to wait until Jeremy’s divorce is finalized, they have secure housing together, and they are more financially stable before actively planning a pregnancy (*if things were different in my life...*). Though these factors would suggest that they are totally avoidant, their current contraceptive practices consist of occasional withdrawal and condom usage (*avoidant, but...*). Jeremy goes on to say that while he doesn’t want Alisha to get pregnant right now, he would be happy if she did get pregnant, and feels as though “whatever happens, happens.” Alisha also expresses discrepancies around her initial claims that she is avoiding pregnancy, by sometimes stating active desires to have a child with her partner in the near future even though she says she would allow him to decide the outcome of a pregnancy (*ambivalence & whatever he wants*). She also states feeling worried that her diagnosis of endometriosis will prevent her from being able to conceive, and because she has concerns about infertility, expresses that she would feel happy if she got pregnant, whenever that happened for her (*self-protection*). She also feels that her condition is its own form of birth control, because she has often engaged in unprotected sex with her partner without getting pregnant. Even so, Alisha and Jeremy are both aware that their inconsistent contraceptive use could lead to pregnancy, and both express acceptance of that possibility.

Future directions

Current available measures of pregnancy intentions have been inadequate at capturing the complexity of conception-related desires, intentions, and behaviors, and often ignore how relational factors and structural barriers to pregnancy preparedness impact these competing facets of intention formulation. Our preliminary results of intention typologies illustrate these complexities. By the PAA 2016 conference, we will have concluded data collection and expect to complete this analysis, deepening and refining our understandings of pregnancy intentions through the emergent typologies.

References

- Aiken, A. R. A., Dillaway, C., & Mevs-Korff, N. (2015). A blessing I can't afford: Factors underlying the paradox of happiness about unintended pregnancy. *Social Science & Medicine*, *132*, 149-155. doi: <http://dx.doi.org/10.1016/j.socscimed.2015.03.038>
- Borrero, S., Nikolajski, C., Steinberg, J. R., Freedman, L., Akers, A. Y., Ibrahim, S., & Schwarz, E. B. (2015). "It just happens": A qualitative study exploring low-income women's perspectives on pregnancy intention and planning. *Contraception*, *91*(2), 150-156. doi: 10.1016/j.contraception.2014.09.014
- Crosby, R. A., DiClemente, R. J., Wingood, G. M., Davies, S. L., & Harrington, K. (2002). Adolescents' ambivalence about becoming pregnant predicts infrequent contraceptive use: A prospective analysis of nonpregnant African American females. *American Journal of Obstetrics and Gynecology*, *186*(2), 251-252.
- Frost, J., Singh, S., & Finer, L. (2007). Factors associated with contraceptive use and nonuse, United States, 2004. *Perspectives on Sexual and Reproductive Health*, *39*(2), 90-99. doi: 10.1363/3909007
- Gerber, A., Pennylegion, M., & Spice, C. (2002). "If it happens, it happens": A qualitative study of unintended pregnancy among low-income women living in king county: Public Health.
- Higgins, J. A., Popkin, R. A., & Santelli, J. S. (2012). Pregnancy ambivalence and contraceptive use among young adults in the United States. *Perspectives on Sexual and Reproductive Health*, *44*(4), 236-243. doi: 10.1363/4423612
- Jaccard, J., Dodge, T., & Dittus, P. (2003). Do adolescents want to avoid pregnancy? Attitudes toward pregnancy as predictors of pregnancy. *Journal of Adolescent Health*, *33*(2), 79-83.
- Klerman, L. V. (2000). The intendedness of pregnancy: A concept in transition. *Maternal and Child Health Journal*, *4*(3), 155-162. doi: 10.1023/A:1009534612388
- Luker, K. (1978). *Taking chances: Abortion and the decision not to contracept*. Berkeley, CA: University of California Press.
- Luker, K. (1999). A reminder that human behavior frequently refuses to conform to models created by researchers. *Family Planning Perspectives*, *31*(5), 248-249.
- Macleod, C. I. (2015). Public reproductive health and 'unintended' pregnancies: Introducing the construct 'supportability'. *Journal of Public Health*. doi: 10.1093/pubmed/fdv123
- Santelli, J., Lindberg, L., Orr, M., Finer, L., & Speizer, I. (2009). Toward a multidimensional measure of pregnancy intentions: Evidence from the United States. *Studies in Family Planning*, *40*(2), 87-100.
- Santelli, J., Rochat, R., Hatfield-Timajchy, K., Gilbert, B. C., Curtis, K., Cabral, R., . . . Schieve, L. (2003). The measurement and meaning of unintended pregnancy. *Perspect Sex Reprod Health*, *35*(2), 94-101.
- Santelli, J., Speizer, I., Avery, A., & Kendall, C. (2006). An exploration of the dimensions of pregnancy intentions among women choosing to terminate pregnancy or to initiate prenatal care in new orleans, louisiana. *American Journal of Public Health*, *96*(11), 2009.
- Schünmann, C., & Glasier, A. (2006). Measuring pregnancy intention and its relationship with contraceptive use among women undergoing therapeutic abortion. *Contraception*, *73*(5), 520-524.
- Schwarz, E. B., Lohr, P. A., Gold, M. A., & Gerbert, B. (2007). Prevalence and correlates of ambivalence towards pregnancy among nonpregnant women. *Contraception*, *75*(4), 305-310.
- Stanford, J. B., Hobbs, R., Jameson, P., DeWitt, M. J., & Fischer, R. C. (2000). Defining dimensions of pregnancy intendedness. *Maternal and Child Health Journal*, *4*(3), 183-189. doi: 10.1023/A:1009575514205
- Trussell, J., Vaughan, B., & Stanford, J. (1999). Are all contraceptive failures unintended pregnancies? Evidence from the 1995 National Survey of Family Growth. *Family Planning Perspectives*, *31*(5), 246-260.
- Zabin, L. S. (1999). Ambivalent feelings about parenthood May lead to inconsistent contraceptive use - and pregnancy. *Fam Plann Perspect*, *31*(5), 250-251.