SALIENCE OF CHILDBEARING PLANS

AND PREGNANCY OUTCOMES

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TABLE OF CONTENTS

Chapter Page

LIST OF TABLES

LIST OF FIGURES

CHAPTER I

INTRODUCTION

Childbearing in the United States, as in other industrialized countries, is typically viewed as being within women's conscious control; contraception is widely available, known, and affordable. However, at approximately 50% (Finer & Henshaw, 2006), the U.S. has the highest rate of unplanned pregnancies in the developed world (Henshaw, 1998). While previous research has documented a variety of biopsychosocial risk factors for unplanned pregnancy, including, but not limited to age (Bouchard, 2005), socioeconomic status (Henshaw, 1998), and relationship status (Pinelli & Fiori, 2008; Sassler, Miller, & Favinger, 2009; Zabin, Huggins, Emerson, & Cullins, 2000), it is important to note that this research has largely focused on teen pregnancies. Other studies from the field of demography have investigated predictors of women's childbearing intentions as well as fertility behaviors; however, these studies have typically failed to explain unplanned fertility. Using a mixed methods design, this study seeks to bridge the current gap in the literature by positing that women's experiences of planned and unplanned pregnancies exist on a continuum. Further, this study will both examine factors that predict position on the continuum as well as explore how the salience of childbearing intentions provides context for a woman's position on the intentionality continuum.

CHAPTER II

REVIEW OF LITERATURE

The construct of pregnancy intention is deceptively simple—on the surface, it refers to whether conception was intentional or unintentional at the point when it occurred. However, this construct has proved particularly difficult for researchers to define. Several articles have been written in an attempt to define what is meant by pregnancy intention. As early as the 1970's, when the abortion debate was coming to a head politically, researchers were investigating pregnancy intention and its outcomes in an effort to give empirical weight to the discussion. Miller (1974) examined whether pregnancy intention and pregnancy wantedness were truly separate constructs. In an examination of over 200 women, Miller found that intended pregnancies were nearly always wanted, while those that were unintended fell evenly along a continuum of wantedness. While Miller's sample was somewhat homogenous, it represented a strong case for making a distinction between pregnancy intention and pregnancy wantedness.

Miller (1994) further elaborated on the distinction between childbearing desires, intentions, and behaviors, which he views as interrelated and somewhat sequential. Childbearing desires consist of general feelings of wanting a (or another) child, wanting a particular number of children, and wanting specific timing of pregnancies. From this, specific plans are created to achieve the desired family structure (childbearing intentions). Finally, Miller proposes that women engage in actual behaviors (including contraceptive use, efforts to conceive, and realized pregnancies) to match their childbearing intentions. Miller's expanding model of the constructs surrounding pregnancy intention demonstrates the challenge for researchers in determining what constructs to use in their instruments.

Many research studies referred to the constructs of "intended," "unintended," "mistimed," "wanted," "unwanted," and "planned" without much standardization of their use (Klerman, 2000). This was also true for large national samples frequently used, such as the National Survey on Family Growth (NSFG) (Stanford, Hobbs, Jameson, DeWitt, & Fischer, 2000). In general, participants were placed into categories based on their answers to retrospective questions about their childbearing desires and intentions. Despite Miller's finding that wantedness and intention were separate constructs (1974), these categorical distinctions placed artificial divisions on pregnancy wantedness that ignored the separate spectrums of desire and intention (Klerman, 2000, Santelli et al., 2003). Pregnancies were typically categorized as wanted, mistimed, or unwanted—this conceptualization poses challenges for classifying pregnancies that were unintended but wanted, for example, or those that were planned but subsequently unwanted.

In an effort to obtain a more complete picture of pregnancy intention, one group of contemporary researchers has identified five dimensions of pregnancy intendedness through qualitative analysis: preconception desire for pregnancy, steps taken to prepare for pregnancy, fertility behavior and expectations, postconception desire for pregnancy, and adaptation to pregnancy and baby (Stanford et al., 2000). Further complicating matters, it was demonstrated that the standard division of pregnancy wantedness (wanted, mistimed, unwanted) demonstrated a complex relationship with the five identified dimensions, particularly in the mistimed category. This finding demonstrates the need for a more clear delineation of pregnancy intention that more accurately fits the true experiences of women (Stanford et al., 2000). Despite a widespread call for standardization of a more accurate measure of the dimensions of pregnancy intention, researchers have yet to settle on a satisfying solution.

Correlates of Childbearing Intentions

While researchers have not agreed on a standard definition for childbearing intentions, a great deal of research has been conducted in order to examine the biological, psychological, and social characteristics that may have an impact on fertility intent.

Behavioral health factors. Previous studies have described the bidirectional relationship between women's physical health or health-related behaviors and their childbearing decision making. Contraceptive use has been clearly linked to women's childbearing decisions. Women who have recently given birth to a child are more likely to use contraceptives than those who have not, possibly as a function of increased contact with health care providers (Ahluwalia, Whitehead, & Bensyl, 2007). In addition, those who report that they would be upset if they became pregnant in the near future, who have

had a recent abortion, or who have already reached the number of children they desire ("achieved parity") are more likely to choose long-lasting birth control in the form of an inter-uterine device (Grentzer, Secura, Peipert, & Madden, 2009) or even surgical sterilization (Schoen, Astone, Nathanson, Kim, & Murray, 2000). Research has demonstrated that the majority of women who experience unplanned pregnancies were either failing to use contraceptives at all or were using them ineffectively (Peterson, Gazmararian, Clark, & Green, 2001). Thus, while women who strongly desire not to have children are more likely to use contraceptives, unintended pregnancies are likely to occur in those who are not utilizing contraception at all.

Immediate pregnancy intentions, wherein women intend to become pregnant within the year, have also been demonstrated to be related to improved health behaviors in general, even when those behaviors are not directly related to childbearing. Specifically, women with immediate intentions are more likely to report that they are taking multivitamins, and they are more likely to have received recent healthcare in the form of a doctor's visit (Green-Raleigh, Lawrence, Chen, Devine, & Prue, 2005). Women who report more distant intentions disclose less taking of multivitamins (Green-Raleigh et al., 2005). However, some contradictory evidence exists for the relationship between health care visits and pregnancy intentions; researchers have also found that, of women who give birth, those who report their pregnancy was intended are no more likely to have visited a health care provider than those who report their pregnancy was unintended (Petersen et al., 2001). While these reports appear contradictory, it is possible that women who intend to become pregnant and do, women who become pregnant without intending to do so, and women who intentionally avoid pregnancy represent

distinct populations; if this is the case, perhaps only those who intentionally avoid pregnancy are less likely to have recent health care visits.

Finally, lifestyle health behaviors, such as drug use, alcohol use, and smoking, have been demonstrated to be related to childbearing intentions. Women who do not plan to become pregnant within the year are more likely to report smoking than those who have immediate pregnancy intentions (Green-Raleigh et al., 2005). In addition, those with distant plans of pregnancy report greater alcohol use (Green-Raleigh et al., 2005). The relationship between drug and alcohol use and childbearing behaviors has also been demonstrated in the other direction. Specifically, those who report smoking cigarettes, using marijuana, or using hard drugs at age 18 were later demonstrated to have increased likelihood of unplanned pregnancy and subsequently higher rates of abortion (Martino, Collins, Ellickson, & Klein, 2006). Those who reported marijuana use also had elevated rates of abortion even independently from unplanned pregnancy rates (Martino et al., 2006). While biological factors clearly have an impact upon women's childbearing decisions, they do not constitute the entire decision making process.

Psychological factors. Researchers have also considered the relationship of individual psychological characteristics and mental health to childbearing plans. Mental health disorders have been demonstrated to be related to fertility behaviors and outcomes. Messer, Dole, Kaufman, and Savitz (2005) found a relation between unplanned pregnancies and depression and stress. Specifically, researchers found higher levels of stress and depression among women who reported that their pregnancy was unplanned than among those who reported that their pregnancy was planned (Messer et al., 2005). Bouchard (2005) also demonstrated that women with unplanned pregnancies had more

depressive symptoms and perceived their lives as more stressful than other pregnant women. In addition, several specific coping styles were identified more often in women with unplanned pregnancies: accepting responsibility, escape avoidance, positive reappraisal, confrontative, distancing, and self-controlling coping, and were less likely to seek social support or engage in planful problem solving (Messer et al., 2005).

As with the behavioral factors, the relationship between fertility intentions and women's psychological characteristics has been shown to be bidirectional. Those who experience prolonged infertility, indicating a mismatch between their fertility intentions and outcomes, report more psychological distress (McQuillan, Greil, White, & Jacob, 2003; White & McQuillan, 2006). This relation is most evident in those who are not currently parents, suggesting it may be the lack of fulfillment of a desired role that leads to psychological distress for many women (McQuillan et al., 2003). It is possible that this lack of fulfillment represents a failure to achieve a long-term goal, which could threaten a strong tenet of identity (McQuillan et al., 2003), an idea that is supported by the authors' finding that women who are childless by choice do not experience the same elevated stress levels. Further, when fertility intentions are relinquished and infertile women no longer plan to become pregnant, the psychological distress they experience appears to be lessened (White & McQuillan, 2006).

A third psychological factor related to fertility intentions is women's personalities. Martino and colleagues (2006) examined the relation between women with unintended pregnancies and a nonconventional personality type (defined by a measure including low religiosity, deviant behaviors, low parental bonding, and low academic orientation). In addition to having more drug and alcohol use, women in this group had

more unplanned pregnancies and abortions, an effect that was independent from the relationship of drug use and unplanned pregnancies (Martino et al., 2006). Further, women with planned pregnancies have been demonstrated to be more conscientious, agreeable, and less neurotic than women with unintended pregnancies (Bouchard, 2005). An understanding of the individual psychological factors that impact childbearing decision making increases researchers' knowledge of the process, but still fails to encompass a large aspect of childbearing: the relational component.

Social or relational factors. As most childbearing is the result of a relationship between two people, it is important to consider the inherent social aspects of childbearing decision planning. Women's partner relationship involvement has been repeatedly demonstrated to be related to childbearing decision making (Pinnelli & Fiori, 2008; Sassler, Miller, & Favinger, 2009; Zabin, Huggins, Emerson, & Cullins, 2000). In general, women who are in partner relationships are more likely to become pregnant (Chuang, Weisman, Hillemeier, Comacho, & Dyer, 2009). However, even among women who have plans to eventually become a mother, immediate pregnancy intentions are related to the current partner relationship. In one study, women who reported a desire to avoid childbearing often noted that the partner with whom they had the child was important; that is, just because a woman was in a relationship with a man did not automatically indicate she desired to have children with that partner (Zabin et al., 2000). Further, women who lived with their partners, indicating a greater level of commitment in the relationship, were more likely to report a desire to bear children with their current partners (Zabin et al., 2000).

Partner relationships need not be marriages to affect childbearing intentions; those who cohabit are also likely to consider their partner relationships when making fertility decisions. While most of the couples interviewed by Sassler, Miller, and Favinger (2009) did not have immediate fertility intentions, those who felt they had a future together were more likely to report they would continue a pregnancy, were they to unexpectedly conceive, indicating relationship satisfaction is important in childbearing decision making. Regardless, the support an intimate partner provides to the mother is important: When women are working outside the home, the involvement of a husband or male partner in childcare and domestic activities is significantly correlated with higher intentions of having a second child (Pinelli & Fiori, 2008).

As most pregnancies are the result of a dyadic union, one would expect a woman's partner's intentions to be important to her childbearing decision making as well. Research has demonstrated this to be true (Hohmann-Marriott, 2009; Schoen, Astone, Kim, Nathanson, & Fields, 1999). In general, when a woman's spouse has immediate pregnancy intentions, the probability of conception and birth is raised; when partner intentions are low, the likelihood of a birth is similarly decreased (Schoen et al., 1999). Further, when partner intentions are unmatched and the pregnancy is thus unintended by one partner, there is a greater risk of complications. Specifically, when partners do not share intentions, or when neither partner intends to become pregnant, but conception occurs, there is an increased risk of poor prenatal care and preterm birth (Hohmann-Marriott, 2009); these risks were compounded when the partners were unmarried or when the mother did not tell the father about the pregnancy.

Overall social support, even beyond the couple relationship, is related to greater fertility intentions. Those who are deciding to have a child are positively influenced by having someone in their social network who is at a similar stage of reproductive intentions, or who has already recently taken the step of having a first child (Buhler & Fratczak, 2007). This relationship is especially strong for those who are deciding to have a first child. Those with the most resources for assistance in educating, feeding, and generally rearing their child were shown to be most likely to intend to have a child (Buhler & Fratczak, 2007). A lack of social support can be difficult for those who have children without a strong support network; this is especially unfortunate in light of another of Messer et al.'s (2005) findings, that women whose pregnancies were unintended were less likely to seek social support for assistance in problem solving.

Ambivalence and Unintended Pregnancies

By age 45, more than half of U.S. women have had at least one unplanned pregnancy (Jones et al., 2006). There are often negative consequences associated with unplanned pregnancies, including difficult abortion decisions, higher likelihood of living in poverty, relationship instability, and child health and development issues (National Campaign to Prevent Teen Pregnancy, 2007). More than half of unplanned pregnancies occur among women who were not using any method of contraception in the month they conceived, and more than four in 10 occur among women who used chosen contraception methods inconsistently or incorrectly (Kost, 2008).

Recent evidence also suggests that ambivalence about avoiding a pregnancy—in other words, not caring whether pregnancy occurs or not—is also linked to contraceptive use. Approximately four in 10 women who reported that avoiding pregnancy is of "little

or no importance" had at least one month-long gap in contraceptive use in a year while they were at risk for pregnancy, compared with fewer than two in 10 who reported avoiding a pregnancy as "very important" (Frost, Darroch, & Remez, 2008). However, research has not investigated whether ambivalence about avoiding a pregnancy is related to fertility intentions (i.e., ambivalence about avoiding a pregnancy may be correlated with low fertility intentions) or to the salience of the intentions (i.e., how important is to behave in accordance with one's fertility intentions?).

Theoretical Perspective

Conceptually, all contemporary models of fertility behavior feature choice: individuals choose to have children (Thomson & Brandreth, 1995). Rational choice approaches to fertility largely take for granted the importance of intentions (Friedman, Hechter, & Kamazawa 1994; Schoen et al., 1997), but an individual's intentions regarding childbearing strongly correlate with actual reproductive behavior (Schoen, Stone, Kim, & Nathanson, 1999), especially when those intentions are held with the greatest certainty. At the same time, half of all pregnancies in the U.S. are unintended (Finer & Henshaw, 2006), suggesting that a rational choice approach to the study of fertility ignores the large proportion of pregnancies that are not planned. Azjen's theory of planned behavior (1991) proposes that intentions to complete certain behaviors can be predicted by subjective norms, perceptions of behavioral control, and attitudes toward the behavior. Thus far, research has not examined the importance or salience of women's intentions or plans in relation to subsequent fertility. It is possible that some women maintain an attitude that it is simply unimportant to plan for their pregnancies, which could in part explain the great number of unintended pregnancies in this country.

This study proposes to build upon a dominant theoretical perspective used to predict health behavior: the integrative model of behavioral prediction from a reasoned action approach (Fishbein, 2008). The integrative model is an iteration of a reasoned action approach to understanding behavior, which purports that most behavior is based upon reasoned decision-making and specific intentions. While the integrative model assumes that intentions are the immediate antecedents of behavior, it recognizes that individual and environmental factors can moderate the intention-behavior relationship, including attitudes, perceived normative pressure and self-efficacy. When applied to childbearing decision-making, this model would suggest that many of the attitudes toward childbearing and other personal factors could be moderators between intentions and actual outcomes (confer Figure 1). Using a mixed methods approach, this study proposes to extend the theoretical model by specifically considering that the salience of intentions may also be an important predictor of behavior.

CHAPTER III

METHODOLOGY

Sample

The sample included 55 women of childbearing age (18-45) from a medium-sized city in the Midwest. The data were collected in 2008-2009 using quota sampling techniques to ensure adequate representation of a variety of childbearing experiences, including having had at least one unplanned pregnancy, all planned pregnancies, and childless with and without intent to give birth. Participants were recruited through flyers and, primarily, Craig's List advertisements. 85 women participated in the study; the sample for this paper was restricted to women who provided information on the importance of planning their pregnancies. The quantitative component of the data collection was comprised of a questionnaire focusing on demographic, ideological, relationship, employment and fertility variables. Two research assistants also conducted an interview with participants based on a structured interview guide. Participants were compensated $50 for their completion of the questionnaire and $50 for the interview.

Measures

This study utilized multiple self-report measures in an extended questionnaire format in order to measure a wide range of behaviors and characteristics that the researchers hypothesized may be associated with pregnancy planning salience.

Psychosocial well-being. *Self-rated health* was measured using the question, "In general, would you say that your health is excellent, very good, good, fair, or poor?" and dichotomized into 1=excellent or very good; 0=good, fair, or poor health. *Depression* was measured using a modified 10-item CES-D scale (Radloff, 1977) and ranges from 11 (low depression) to 33 (high depression). The full CES-D scale has high internal consistency (r = .85) in the general population, as well as moderate test-retest reliability (r = .53).

Childbearing experience. *Number of children* represents a count of the number of children a respondent has, with 0 for no children. *Ever unplanned* is a dichotomous variable where 1= ever having an unplanned pregnancy. *Multiple unplanned* is a dichotomous variable where 1= more than one unplanned pregnancy. Pregnancy wantedness is quantitatively measured using a continuous variable where 1 = unplanned, unwanted or unpleasant surprise pregnancies, 2 = unplanned pleasant surprise or mis-timed pregnancies, and 3 = planned pregnancies or no unplanned pregnancies (for non-mothers who intend to have children). Qualitative responses provided context for understanding the importance of planning pregnancies.

Control/background variables. *Age* was measured in years. *Race/ethnicity* was measured by dummy variables for "black," "Native American" and "other" with "white" as the reference category. *Union status* was included as dummy variables for "married"

and "cohabiting." *Education* and *household income* were measured by categorical variables. Values of the *importance of children*, *importance of career*, and *importance of leisure* in the respondents' lives are continuous variables that range from 1 (*not at all important*) to 4 (*very important*). Religious influence, or the degree that religion influences respondents' lives, is a dichotomous variable, represented by 1 (*very much or quite a bit*), and 0 (*some, a little, or not at all*).

Qualitative interview. Qualitative interviews were conducted by trained researchers with women in childbearing age (18-45). Interviewers utilized a structured interview guide that included a grand tour question "Tell me as much as you feel comfortable about your childbearing plans and decision-making and if things happened or are happening as you had planned" as well as further probes. For this analysis, answers to the probe, "Was or is planning your pregnancies important to you? Why or why not?" were of primary focus. The interviews lasted about an hour on average. Interviews were transcribed with identifying information removed, and transcripts were used for data analysis.

Analytic Strategy

In order to determine the differences between women based on the importance placed on planning for pregnancies, the sample first was divided into three primary groups based on qualitative reports of the salience of planning pregnancies: high, moderate, and low salience of planning. This division was based on coding of participants' responses to the question "Was or is planning your pregnancies important to you? Why or why not?" The first group (n = 12, 21%) was made up of women who reported very little or no importance placed on planning for their pregnancies. Women in

this group expressed that planning their pregnancies was not important to them. The second group (n = 15, 27%) included women who placed a moderate level of importance on planning. Women placed in this group had some sort of a plan, but it remained vague—for example, one women stated, "After a certain amount of time we will just start trying, and if it works out it works out, whatever… I'd rather get into marriage, see how things are going, and then plan for children afterwards." Another participant, who had a plan that wasn't strict, stated, "Who cares? What's 3 or 4 months? … It isn't that big of a deal." In addition, almost half of this group (n = 7, 47%) is made up of those who have experienced a drastic change in the importance placed on pregnancy planning. Some reported that, after the occurrence of multiple unplanned pregnancies, they took permanent measures to prevent any further pregnancy, because they felt strongly that they were finished with childbearing. Others had faced prolonged infertility and experienced a dramatic decrease in their planning salience. One woman in the moderate level group, a 31-year old who had never been pregnant, stated: "I thought [planning my pregnancies] was very important. So I planned in my way, but things did not go my way [due to infertility]… Now I think I would advise somebody to don't… because life doesn't work like that. So, now I would say that, but that is a change in me." The final group (n = 29, 52%) was composed of women who reported strong importance for pregnancy planning.

Quantitative analysis. Means and standard deviations of study variables by planning salience were computed. Chi-Square (for categorical variables), Analysis of Variance F-tests, and Tukey's HSD post hoc tests (for continuous variables) were conducted to determine significant differences by planning salience.

Qualitative analysis. Qualitative data analysis was guided by Coliazzi's steps to phenomenological approach to qualitative analysis (as cited in Creswell, 1998). Once the three groups were formed, researchers isolated excerpts of the interviews that specifically pertained to the participants' perceptions on the importance of pregnancy planning. Participants were specifically asked, "Is planning your pregnancies important to you?" An excerpt of the full interview was selected from the point that this question was asked until the interviewer directed participants to another topic area. The author used open coding procedures to identify primary themes that emerged from interviews in each group. To reduce presentation bias and increase internal consistency, the excerpts were coded twice, once in chronological order, and a second time in reverse chronological order within the separate groups.

After each phase of open coding, an internal auditor checked the analysis for consistency and reasonable accuracy. Consulting with the internal auditor led author to more clarity and direction in the coding process, and discussing the themes identified aided in solidifying the constructs as they emerged. Upon completion of the analysis, an external auditor reviewed the analysis for further trustworthiness and accuracy. The external auditor's feedback prompted the author to re-examine whether the women fit into the categories suggested (no participants were moved) and aided in developing the hierarchical structure of themes.

CHAPTER IV

RESULTS

Quantitative Findings

Table 1 summarizes descriptive statistics by planning salience. None of the background variables was significant by group, though this may be due in part to the small sample; trends such as increasing education and income and decreasing importance of children with increasing planning salience should be investigated in future studies with larger samples. However, results indicate that childbearing experiences and psychosocial well-being differ significantly by planning salience. Women who reported that planning pregnancies was not important had significantly more children ($M = 2.15$) than women in the moderate ($M = 0.79$) or high salience ($M = 0.75$) group. Women in the low salience group were also more likely than women in the high salience group to have ever had an unplanned pregnancy (85% compared to 48%, respectively) and more than one unplanned pregnancy (46% compared to 14%, respectively). Women in the low salience group were less likely to report excellent or very good health than women in the moderate salience group (38% vs. 86%) and more likely to be depressed than women in the moderate and high salience groups ($M = 21.62$, $M = 16.79$, $M = 17.56$, respectively).

Qualitative Findings

Through open coding, several strong themes related to salience emerged. While most of the themes differed between groups, there were two particular themes that were consistently mentioned across salience groups. Women consistently described *considering aspects of their partner relationship* and their *partner's direct influence* when they were discussing the importance of planning. Participants who mentioned relationship considerations described having goals or plans for the partner relationship. Some women expressed wanting to be married before having children; others described weighing the strength of the relationship and considering whether it needed time to grow before introducing children to the family. Others discussed evaluating whether their partner was a desirable co-parent when making childbearing decisions.

Partner influence also consistently emerged as a strong theme in each group. Women who mentioned this theme specifically referred to consideration of their partner's childbearing intentions. Many discussed the influence of their partner wanting a child or not being ready to have a child. Some participants specifically stated that they would like to make the decision jointly with their partner. At times, this concluded with women describing the decision not to have a child (either through prevention or abortion) because of their partners' influence. One participant experienced a contradictory partner influence. A 41-year old woman in the moderate salience group stated, "I had two abortions because he didn't want to do any of the birth control stuff and [I] ended up pregnant twice." In this case, while the woman's partner did not want to prevent pregnancy through the use of birth control, he also did not want to have children, leading the woman to terminate two pregnancies. In most cases, women's partner considerations

echoed those of a married participant with two planned children, who stated, "Planning [our pregnancies] is important to us, especially to my husband… We choose long-term birth control to make sure that…we're both ready."

Differences among groups. While commonalities across groups existed, many themes emerged that represented distinct differences among the three groups. These themes fell under the following dominant categories: *personal factors (*aspects of the woman who is making childbearing decisions) and *situational factors* (elements of the context within which the decisions are made). To illustrate the differences among the groups in these salient themes, proportional percentages will be presented where appropriate. Confer Table 2 for a visual representation of the differences between groups.

Personal factors. When explaining the importance of planning their pregnancies, many women reported considerations that were directly related to their own individual characteristics. These *personal factors* included aspects such as age, personality, and attitude. One strong theme with regard to a woman's stated salience of childbearing was *age*. Women in the high salience group more frequently described their age as a reason why they wanted to plan for their pregnancies (27%, $n = 8$) than those in the low (17%, $n = 2$) or moderate (13%, $n = 2$) groups. One participant, a 45-year old woman who had her first child at age 20, described the role of age in her later two pregnancies stating: "It was the age frame for the last two. It was very important that they get planned and done pretty quick." It should be noted that while *age* was not significantly related to childbearing experience, this variable measured the women's age at the time of the study, not age when previously planning or preparing for pregnancies.

Another theme that emerged in the category of personal factors is *the woman's personality*. While women in both the low (21%, *n* = 3) and high (17%, *n* = 5) salience groups mentioned the influence of their personality on the importance of pregnancy planning, women in the low salience group generally described a laid-back personality and a desire not to feel as if they were forcing particular childbearing outcomes. One participant, who had experienced multiple marriages and had low planning salience, stated: "Every decision I made in the past 25 years was in the moment, fly by the seat of my pants." In contrast, women in the high salience group generally described themselves as planners who liked to be in control, using terms including: "anal-retentive" and "control freak."

One theme related to personality that emerged as significantly different in the various groups is a *laissez-faire attitude*. This attitude was most present in the low salience (58%, *n* = 7) and moderate salience groups (46%, *n* = 7), and was rarely mentioned by women in the high salience group (10%, *n* = 3). Women who mentioned a laissez-faire attitude expressed the idea that they were neither planning for nor trying to prevent pregnancy. One participant in the low salience group stated that she and her partner "weren't trying, but we were open to it." Another low salience woman stated, "We haven't been actively trying, but we haven't not tried, either."

Women's expressed *desire to feel prepared* for childbearing was also a theme within the category of personal factors. This desire was only articulated in the high salience group (21%, *n* = 6); it was not mentioned in the low or moderate groups. Women who indicated a desire to feel prepared described strong negative connotations regarding unplanned pregnancies and stated a specific desire to avoid feeling surprised.

One woman, a 32-year old with no previous pregnancies, stated, "I don't want to just wake up and say I'm pregnant by mistake. … All the t's and i's have to be crossed."

Situational Factors. In addition to *personal factors*, women also frequently referred to aspects of the context within which they make childbearing decisions. These *situational factors* include goals, employment, the timing of pregnancies with regard to other life circumstances, and financial standing. One strong situational theme that was particularly varied between the three groups was women's *goals*. While no low and only two moderate (13%, $n = 2$) salience participants mentioned personal goals as a concern for planning pregnancies, nearly a fourth of women (24%, $n = 8$) in the high salience group referred to goals that they wanted to achieve before having children. A 22-year old student who had never been pregnant stated, "That's the steps I want to do: married, have fun, travel, accomplish...our goals together." Many women in the high salience group also mentioned goals specific to *work* (24%, $n = 7$), while no participants in the low salience group and only one participant in the moderate salience group mentioned work as a consideration. One 22-year old graduate student with no previous pregnancies and high planning salience stated, "I want to be able to get a job. I will be teaching in a school so I want to be able to start trying to conceive in the fall. Then, hopefully by the time that I get pregnant I will have had a job for one school year cycle."

In addition to plans for goals they wanted to achieve before their first pregnancies, many of the women in the high salience group (31%, $n = 9$) described specific plans about the *timing* of their pregnancies, compared to none in the low salience group and few (13%, $n = 2$) in the moderate group. One participant, a 49-year old woman who had experienced five pregnancies, said of the only one that was unplanned: "At the time that

that pregnancy came along, I wanted to give the second child those same advantages [as for my first] and we couldn't at the time. I thought, 'I am not ready for this baby.' So I had an abortion." A strong situational theme related to timing is the *specificity* of timing. Several women in the high salience group (21%, $n = 6$) stated that they had a very specific time frame for when they want to have children. One high salience participant with no previous pregnancies stated: "October… I want to conceive in October 2010."

A final situational factor that showed distinct differences among the three groups is that of *financial standing*. While only one low and two moderate salience group participants mentioned finance, many women in the high salience group (41%, $n = 12$) wanted to ensure that they were financially stable before having children. One married participant with no previous pregnancies had very specific financial goals. She stated: "[We] put a little bit of money back, and my plan is to have both of my vehicles paid off by the time I have kids. [I plan to] replace that big payment with a payment for the kids, and that's about $1,000, so it works out."

CHAPTER V

DISCUSSION AND CONCLUSIONS

Pregnancy outcomes have been linked to many different factors, including childbearing intentions, health, religiosity, employment, and relationship status. Intentions are one of the biggest predictors of outcomes, yet only about half of all pregnancies in the U.S. are planned. A dearth of information remains on the incongruence between childbearing plans and pregnancy outcomes for those who have unplanned pregnancies. While many researchers have examined the impact these factors have on fertility intentions and others have analyzed contraceptive behavior and/or unplanned pregnancy, studies have failed to consider the link between these fields (i.e., one's contraceptive behavior may be strongly associated with her degree of childbearing "intentionality" or importance of planning).

In this study, women were interviewed about the scope of their childbearing planning and decision making. It became evident that the importance of planning for childbearing is not consistent across all women, and three distinct groups emerged—high, medium, and low salience groups. Further, this study analyzed the differences between salience groups to determine the behavioral, psychological, and sociological factors that could contribute to these differences. Findings suggest that the salience of women's childbearing decision making, like their overall childbearing behavior, is linked to different constellations of behavioral and psychosocial factors.

Women who placed the least importance on planning tended to partially attribute this attitude to their personality, describing their choices as "[flying] by the seat of [their] pants" or as having somewhat of a *laissez-faire* attitude, allowing their childbearing to unfold naturally without intervention. They rarely mentioned personal goals as being tied to their decision making or their current financial situation. In contrast, the defining feature of most women in the moderate salience group was that they had experienced some sort of pronounced change in the importance they placed on planning their pregnancies. Some women had placed very high importance on planning previously, but regretted that choice after experiencing fertility struggles, while others had multiple unplanned pregnancies before deciding to permanently alter their fertility potential (e.g. through surgical sterilization).

Those who placed the highest priority on planning also had the most clearly defined reasons for this attitude. They attributed the importance of planning to their age, enjoying a feeling of being in control, and desiring to be prepared for childbirth. They also described goals for their future, finances, and employment, as well as the specific

timing of their pregnancies—at times, as specific as the month or season in which they desired to give birth.

Interestingly, aspects of their partner relationship were relevant to all women's childbearing planning salience. Women across groups consistently mentioned their partner's direct influence on their planning, as well as aspects of their current relationship, as influencing the importance of planning. Women considered goals for their relationship status, as well as whether their current partner would make a good co-parent. They also described wanting to make decisions jointly with their partners, or accepting their partner's influence regarding childbearing planning. It seems that social or relational factors are related to the importance of childbearing planning for women across the spectrum of salience.

Clinical Applications

Because the age range within women make childbearing decisions lasts for so long, this research is applicable to a large percentage of clients seen for therapy. Women and their partners must make decisions about their childbearing activity and contraceptive use, and these decisions may be especially important to consider when a relationship is in distress, which impacts women's desire to bear children with their current partner (Zabin et al., 2000). Marriage and family therapists (MFTs) should encourage clients to consider these decisions carefully in order to aid them in being intentional about their childbearing decision making. Further, because the scope of childbearing decision making is so broad, clinicians should not merely ask if couples are trying to conceive, but should thoroughly assess the scope of intentions from both partners regarding their childbearing plans and

intentions. By merely considering behavior, one may miss the importance of understanding intentions and attitudes.

This research demonstrates that women's attitude toward planning their pregnancies is one key to explaining the frequent mismatch between pregnancy intentions and behavior. It would be helpful for therapists to explore clients' attitudes toward childbearing decision making, and whether it is important to them to plan their pregnancies. Previous research has demonstrated that the effects of unplanned pregnancy can be serious: unintended pregnancy has been associated with preterm birth (Afable-Munsuz & Braveman, 2008) poor prenatal care (Joyce, Kaestner, & Korenman, 2000), and poor infant health at birth (Keeton & Hayward, 2007). In situations where previous research has demonstrated higher risks for unplanned pregnancies, or where clients express ambivalence about contraceptive use, MFTs can play a critical role in bridging the gap between childbearing attitudes, intentions, and behaviors.

Further, it is likely that there is a pile-up of stressors occurring. While no background variables were significantly related to childbearing decision making, the trend was toward a relationship between lower income women and lower salience of planning. Thus, those women of lower socio-economic status are less likely to plan for their pregnancies, which is related to more unplanned births. Further, women in the low-salience group were also less likely to report having good health and were more likely to be distressed. The relationship between these characteristics indicates that women may experience a grouping of stressors that are interrelated and co-occurring. Therapists should be attentive to this stress pile-up and aid clients in processing the multiple stressors that they experience, as the transition to parenthood is itself a stressful stage in

the life course (Holzman, Eyster, Tiedje, Roman, Seagull, & Rahbar, 2003) and could multiply these stressors in the event that an unplanned pregnancy occurs.

While this study only examined the importance of planning to women, clinicians should also consider male partners' childbearing decision making process and the importance of planning to them as well. Women in each salience group discussed the influence of their relationships or their partners on their childbearing decision making. Research has demonstrated that partners are not always aware of one another's intentions (Wilson, Shreffler, & Schwerdtfeger, 2010), and mismatch in couple pregnancy intention can have detrimental effects to the child (Korenman, Kaestner, & Joyce, 2002), including increased risk of poor prenatal care and preterm birth (Hohmann-Marriott, 2009). MFTs are in the position to facilitate conversations between partners that may aid in helping couples recognize and respect one another's intentions, making a decision that is beneficial for both individuals.

Limitations

This study is currently limited by dependence on non-representative, retrospective cross-sectional data. Further research studies with larger, longitudinal samples that ask appropriate questions about planning salience are needed to ascertain whether salience affects behaviors that contribute to the risk of having an unplanned pregnancy. Further, the inherent difficulty in defining pregnancy intention adds complication to this study. While the wanted/mistimed/unwanted categorization utilized in this study remains the conventional division of understanding pregnancy intention, a more complex conceptualization and measurement of these constructs would be preferential, and should be utilized in future studies. Finally, number of participants who fell into each group

formed a small sample size, which made quantitative comparison between groups difficult. Further research should ensure that each group has a sufficient number of participants to be able to conduct these analyses in such a way that the differences in characteristics between groups may be further explored.

Implications

These results suggest implications for policy related to unplanned pregnancy. There is a great deal of literature supporting the connection between a pregnancy intendedness and child outcomes. In addition to being associated with a woman's decision whether to continue or terminate the pregnancy (Santelli, Speizer, Avery, & Kendall, 2006), unintended pregnancy has been associated with preterm birth (Afable-Munsuz & Braveman, 2008), poor prenatal care (Joyce, Kaestner, & Korenman, 2000), and poor infant health at birth (Keeton & Hayward, 2007; Korenman, Kaestner, & Joyce, 2002).

To effectively reduce the number of unplanned pregnancies, policies or programs aimed at reducing unplanned pregnancies should go beyond making contraception more affordable and available and perhaps offer information as to how women and families benefit by planning their pregnancies. Programs that empower women to have goals and other reasons to plan for their pregnancies may be more effective at preventing unplanned pregnancies than those that merely seek to inform women about the ways in which planning is possible.

Conclusions and Future Direction

This study has demonstrated the relationship between the salience that women place on pregnancy planning and childbearing experiences. It has been shown that

planning childbearing is not important to some women. In addition, many of the women in this group have had at least one unplanned pregnancy. When explaining their planning salience, women describe both personal and situational factors as impacting the importance of planning their pregnancies. It seems that the importance of planning for fertility varies among women based on some of the same factors that have been shown to impact fertility intentions themselves. Future research should further clarify the relationship between personal and situational characteristics and fertility intentions while bearing in mind that planning salience seems to serve as a moderator of that relationship.

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APPPENDICES

Table 1

Study Variables by Planning Salience

	Low salience (n=13)		Moderate salience (n=14)		High salience (n=28)			Tukey
Variables	*M*	*SD*	*M*	*SD*	*M*	*SD*	*p*	*HSD*
Background								
Age	34.91	7.16	28.58	7.03	31.48	8.62		
Race								
White	0.77	0.44	0.79	0.43	0.68	0.48		
Black	0.15	0.38	0.07	0.27	0.14	0.36		
Native American	0.08	0.28	0.07	0.27	0.14	0.36		
Other race	0.00	0.00	0.07	0.27	0.04	0.19		
Union status								
Married	0.46	0.52	0.50	0.52	0.64	0.49		
Cohabiting	0.15	0.38	0.14	0.36	0.14	0.36		
Socioeconomic status								
Education	5.15	0.80	5.50	1.40	5.86	1.24		
Family income	4.85	3.16	5.29	2.55	6.36	3.13		
Values								
Importance of children	0.85	0.38	0.71	0.47	0.64	0.49		
Importance of career	0.31	0.48	0.43	0.51	0.43	0.50		
Importance of leisure	0.23	0.44	0.50	0.52	0.39	0.50		
Religious influence	0.54	0.52	0.71	0.47	0.46	0.51		
Childbearing experience								
Number of children	2.15	2.03	0.79	0.97	0.75	0.93	**	[a, b]
Ever unplanned	0.85	0.38	0.64	0.50	0.48	0.51	±	[b]
Multiple unplanned	0.46	0.52	0.29	0.47	0.14	0.36	±	[b]
Psychosocial well-being								
Self-rated health	0.38	0.51	0.86	0.36	0.68	0.48	*	[a]
Depressed	21.62	6.05	16.79	3.72	17.56	5.00	*	[a, b]

Note: **p<.01; *p<.05; ±<.10

[a]=significant difference (p<.10) between low and moderate salience; [b]=significant difference between low and high salience; [c]=significant difference between moderate and high salience.

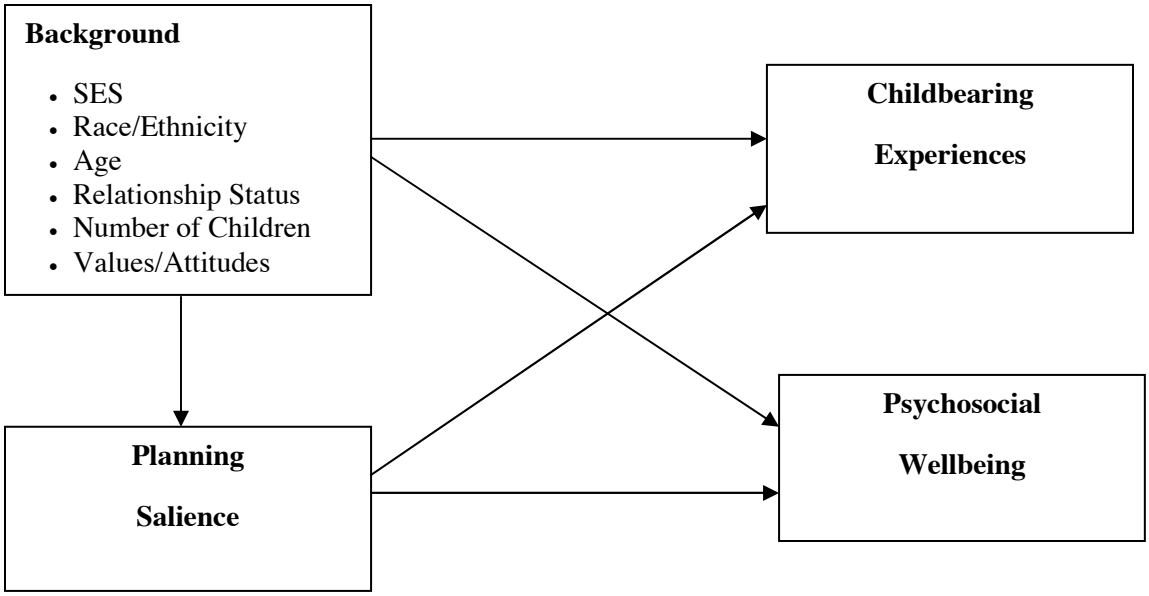
Table 2

Qualitative Themes

Theme	Low Group	Moderate Group	High Group
Desired age at conception	17%	13%	27%
The woman's personality	21%	0%	17%
Laissez Faire attitude	58%	46%	10%
Desire to feel prepared	0%	0%	21%
Goals	0%	13%	24%
Timing of pregnancies	0%	13%	31%
Specificity of timing	0%	0%	21%
Concern with financial standing	8%	13%	41%

Figure 1

Conceptual Model of Pregnancy Intentionality



VITA

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Scope and Method of Study: Despite widespread availability of contraception, the unplanned pregnancy rate in the United States is nearly 50%. While previous research has separately examined women's fertility intentions and risk factors for unplanned pregnancy, little has been done to study characteristics influencing intentions and childbearing outcomes. Utilizing a mixed-methods approach, this study examines the salience of women's fertility intentions and their pregnancy outcomes.

Findings and Conclusions: The results suggest that women who reported unplanned pregnancies did not report a high level of importance with regard to planning; childless women demonstrated the most planning. Women described both personal and situational factors that influenced their planning salience.

ADVISER'S APPROVAL: Dr. Karina Shreffler