

FIAPAC

International Federation of Professional Abortion and Contraception Associates

Measurement of Unintended Pregnancy and its Importance for Predicting Negative Life Impacts

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Current Estimates of Unintended Pregnancy

United States
2011
45% of pregnancies
mistimed or
unwanted

United Kingdom
2010-2012
1 in 6 pregnancies
unplanned

France
2010
1 in 3 pregnancies
unplanned

Uganda
2011
55% pregnancies
mistimed or unwanted

Estimation in the US and in Many Developing Countries

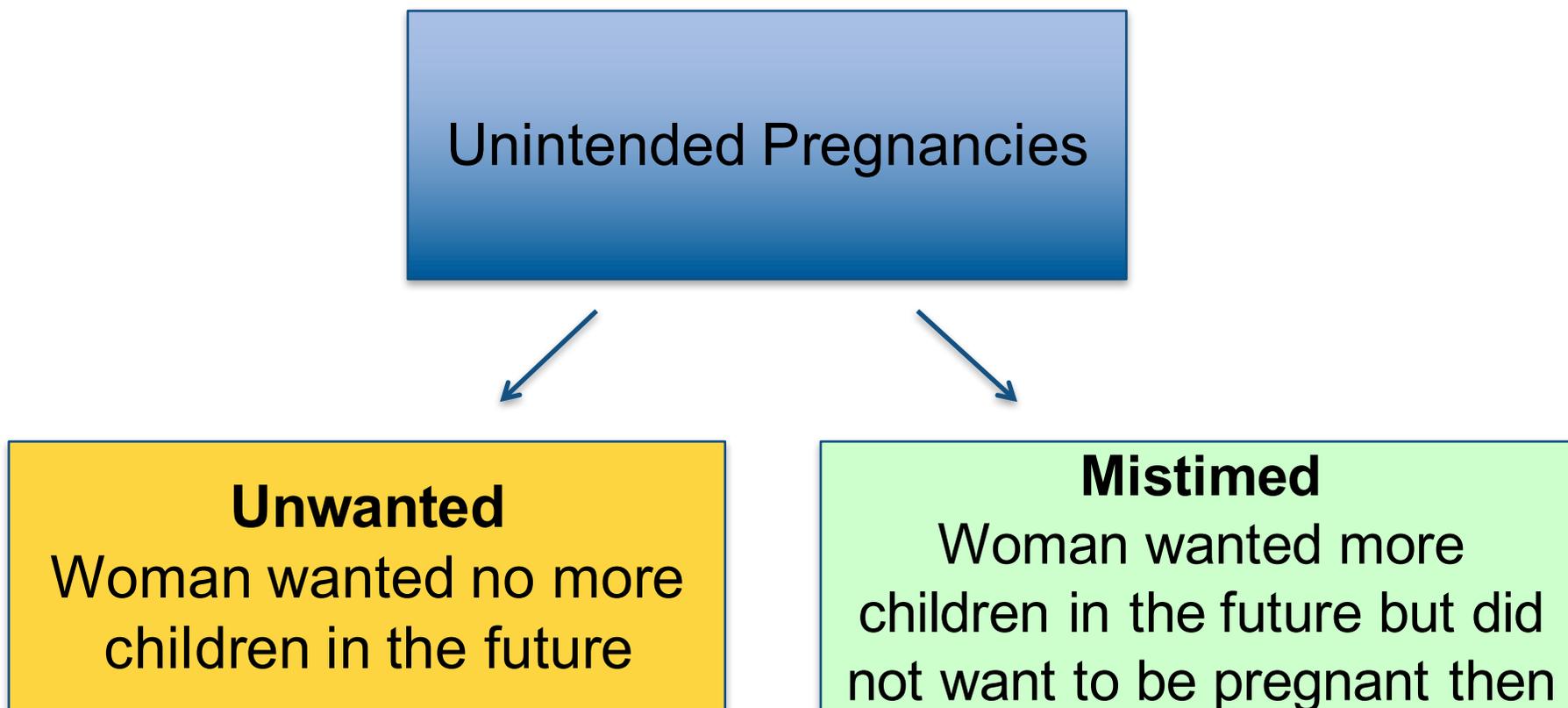
EG-6 : Right before you became pregnant (with your (NTH) pregnancy which ended in (DATE)/this time), did you yourself want to have a(nother) baby at any time in the future?

value	label	Total
.	INAPPLICABLE	3530
1	Yes	3939
5	No	1880
6	Not sure, Don't know	156
8	Refused	28
9	Don't know	10
	Total	9543

EG-10 : So would you say you became pregnant too soon, at about the right time, or later than you wanted?

value	label	Total
.	INAPPLICABLE	1980
1	Sooner	2901
2	Right time	4010
3	Later	565
4	Didn't care	80
8	Refused	1
9	Don't know	6
	Total	9543

NSFG and DHS are Timing-Based



London-Measure of Unplanned Pregnancy (LMUP)

10-12 planned
4-9 ambivalent
0-3 unplanned

Source: Barrett et al 2004

Box 1 Questions of the original version of the London Measure of Unplanned Pregnancy (24)

Question 1. At the time of conception:

- 0 Always used contraception
- 1 Inconsistent use
- 2 Not using contraception

Question 2. In terms of becoming a mother:

- 0 Wrong time
- 1 OK but not quite right
- 2 Right time

Question 3. Just before conception:

- 0 Did not intend to become pregnant
- 1 Changed intentions
- 2 Intended to get pregnant

Question 4. Just before conception:

- 0 Did not want a baby
- 1 Mixed feelings about having a baby
- 2 Wanted a baby

Question 5. Before conception:

- 0 Had never discussed children
- 1 Discussed but no firm agreement
- 2 Agreed pregnancy with partner

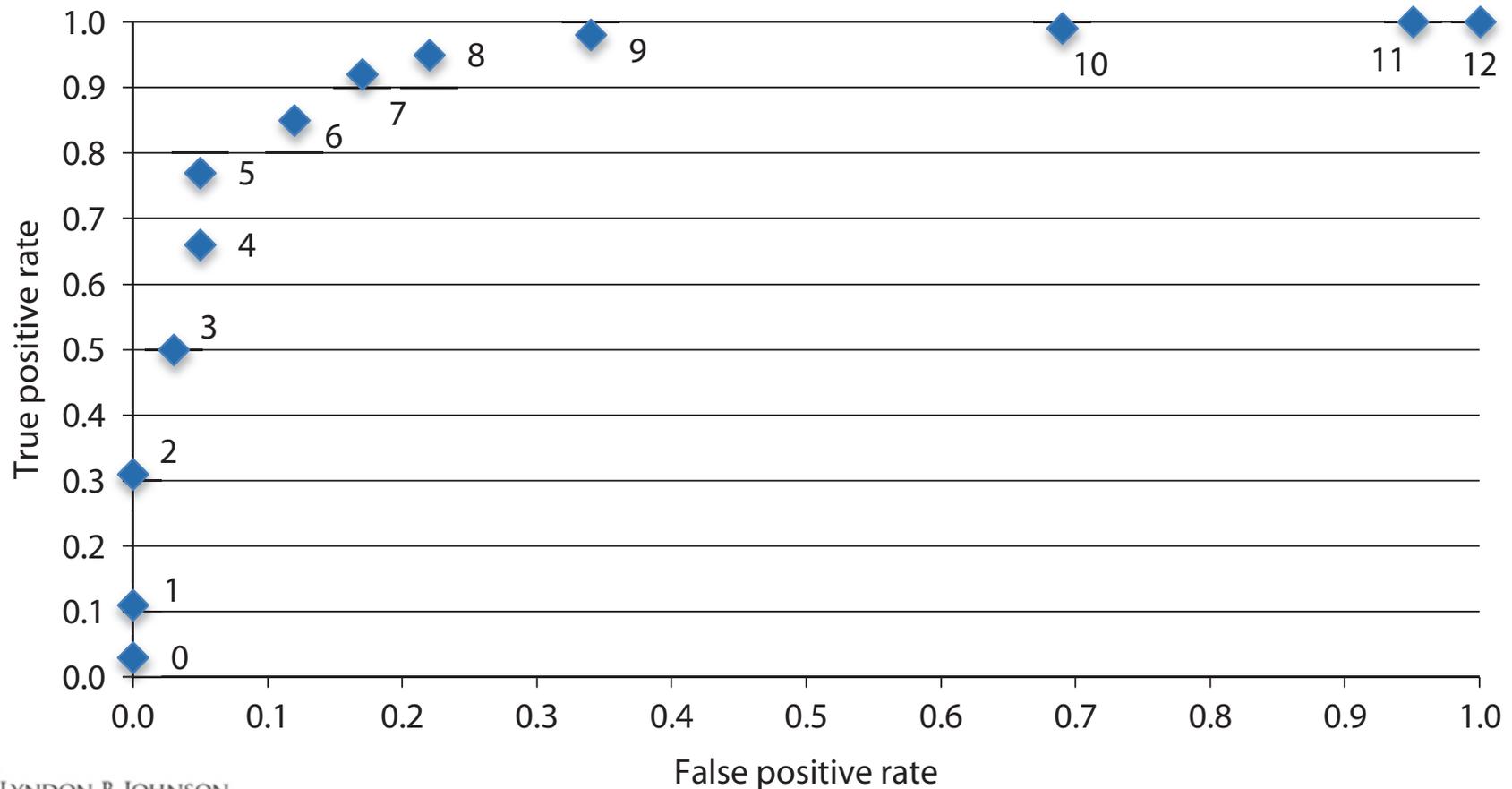
Question 6. Before conception:

- 0 No actions
- 1 Health preparations (1 action^a)
- 2 Health preparations (≥ 2 actions^a)

^aHealth preparations included the following actions: taking folic acid supplements, stopping or reducing smoking, stopping or reducing alcohol consumption, healthy eating, and seeking medical advice before conception.

Maximizing Congruence Between LMUP and Timing-based Measure

FIGURE 1. ROC curve showing how each classification of LMUP scores relates to the identification of unintended pregnancies by the TMUP



FECOND Study Measure

Had you planned this pregnancy?

- Didn't think about it
- Not at all
- Later
- At that time
- Sooner

Had you wanted this pregnancy?

- Didn't think about it
- Not at all
- Later
- At that time
- Sooner

Limitations of Current Estimates

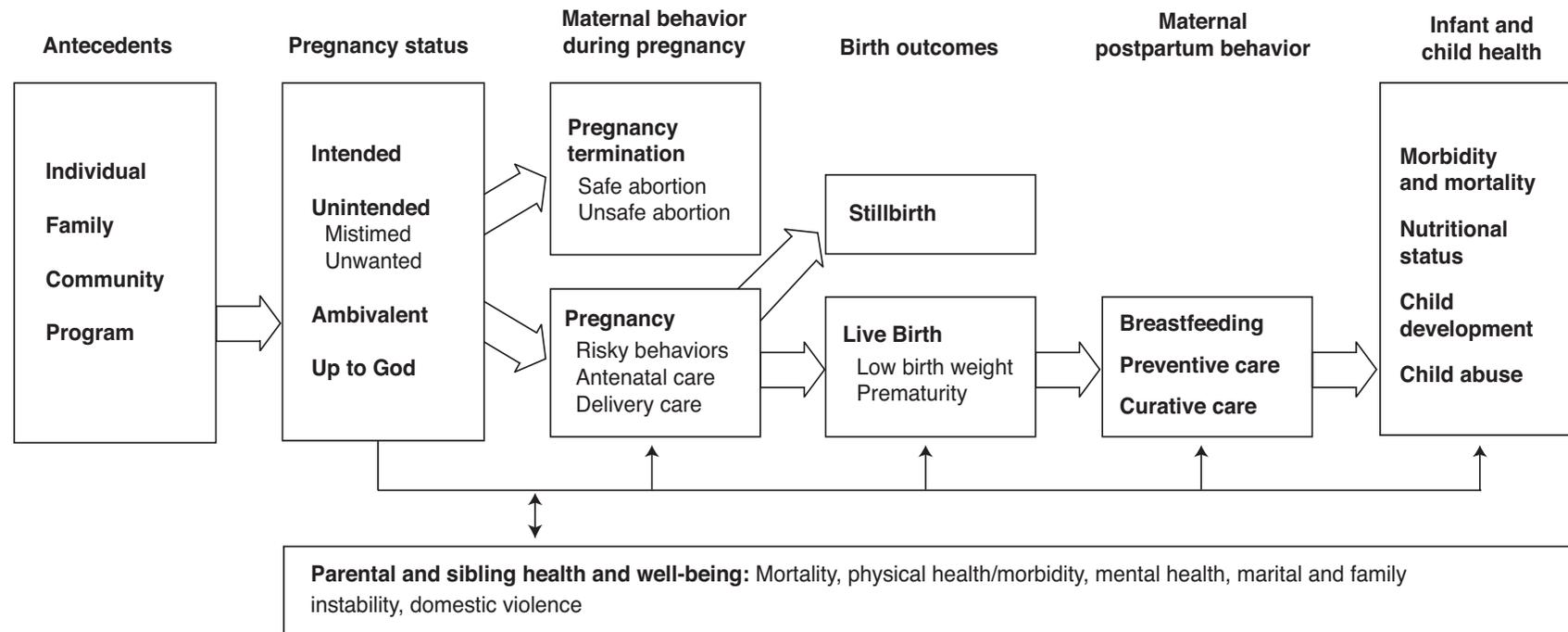
- Some take into account only timing-based intentions
- Cross-sectional
- Retrospective
- Likely subject to social desirability bias
- Pregnancies ending in abortion under-reported
- Based only on women's accounts
- In real life, women rarely describe their pregnancies in accordance with a binary distinction (“intended” vs. “unintended”)

Predictive Power of Estimates of Unintended Pregnancy

- But... much of what we do in research, policy, and practice depends on these estimates!
- So...what evidence is there that unintended pregnancy leads to adverse health outcomes for women and neonates/infants/children?

Methodological Challenges

Figure 1 Potential effects of unintended pregnancy on infant, child, and parental health outcomes



- Confounding influences
- Abortions usually not considered
- Variation in UP measurement
- Measurement nearly always retrospective and timing-based

Evidence for Adverse Infant/Neonatal Outcomes

Evidence of increased risk
Very little
Infant mortality
Inconclusive (mixed or weak)
Low birth weight
Pre-term birth
Reduced infant vaccination
Delayed child development
Moderate to Strong
Reduced initiation of breastfeeding
Poor child nutritional status

Evidence for Adverse Outcomes/Behaviors for Women

Evidence of increased risk
Very little
Maternal mortality
Inconclusive (mixed or weak)
Maternal drinking or drug use
Reduced no. of pre-natal care visits
Mental health difficulties
Intimate partner violence
Moderate to Strong
Unsafe abortion
Delayed recognition of pregnancy
Delayed initiation of pre-natal care

Many Outcomes Remain Understudied

- Obstetric Outcomes
- Birth and postpartum experiences
- Life impacts for women
- Any kinds of outcomes for men

Evidence for Rational Behavior and Positive Outcomes

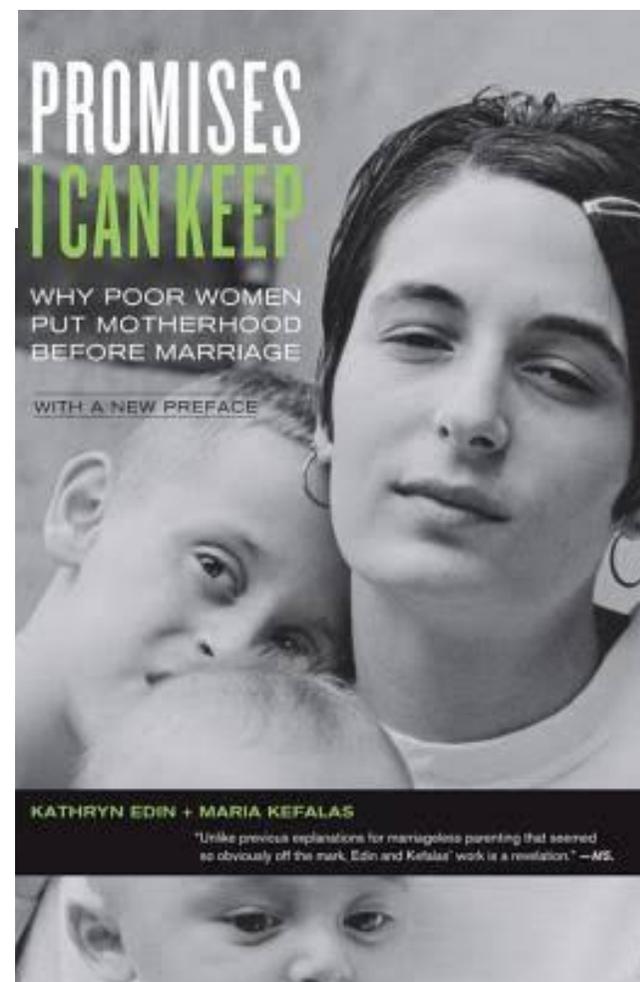


The Socioeconomic Consequences of Teen Childbearing Reconsidered

Arline T. Geronimus and Sanders Korenman
The Quarterly Journal of Economics
Vol. 107, No. 4 (Nov., 1992), pp. 1187-1214

Published by: [Oxford University Press](http://www.oxforduniversitypress.com)
Stable URL: <http://www.jstor.org/stable/2118385>

“Honestly, although she wasn’t at all planned, I think my baby girl saved me. When I think what I would be doing now if she had never have come along... ” Aiken et al. 2016



Where to go from here?

- Are we measuring the right construct?
- What other dimensions of women's perceptions of pregnancy might be important in predicting adverse outcomes?

A Multidimensional Concept

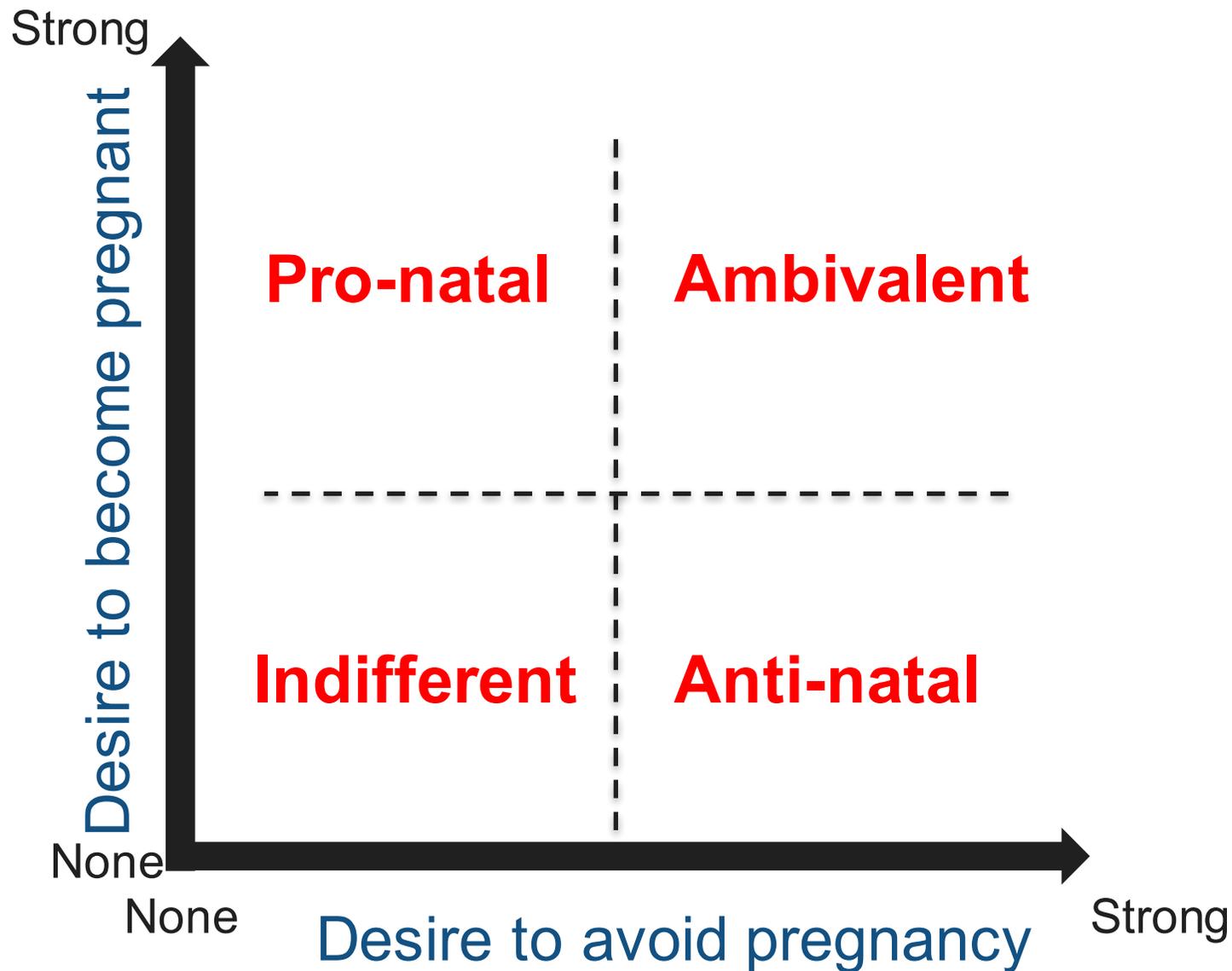
- **Plans:** Decisions about when to get pregnant and formulation of actions
- **Intentions:** Timing-based ideas about if/when to get pregnant, sometimes includes “wants”
- **Feelings:** Emotional orientations towards pregnancy
- **Desires:** Strength of inclination to get pregnant or avoid pregnancy

A Multidimensional Concept

Plans ≠ Intentions ≠ Desires ≠ Feelings

- All different concepts
- Women may find all or only some meaningful
- Often appear inconsistent with each other

Desires May be Ambivalent or Indifferent



Ambivalent and Indifferent Desires

“Sometimes I probably want to get pregnant when I’m 22 or 27... or probably soon. Who knows? Probably when my daughter starts walking, maybe.”

“I already got a kid so you know I’m not opposed to be having children. If it happens, it happens.... I’d prefer we don’t have children right now but if it happens, okay.”

Unintended May Still be Welcome

“Another pregnancy is definitely not the right path for me and I’m being very careful with birth control. But if I somehow ended up pregnant would I embrace it and think it’s for the Absolutely.”

“I don’t want more kids and was hoping to get my tubes tied. We can’t afford another one. But if it happened I’d still be happy. I’d be really excited. We’d rise to the occasion, nothing would really change.”

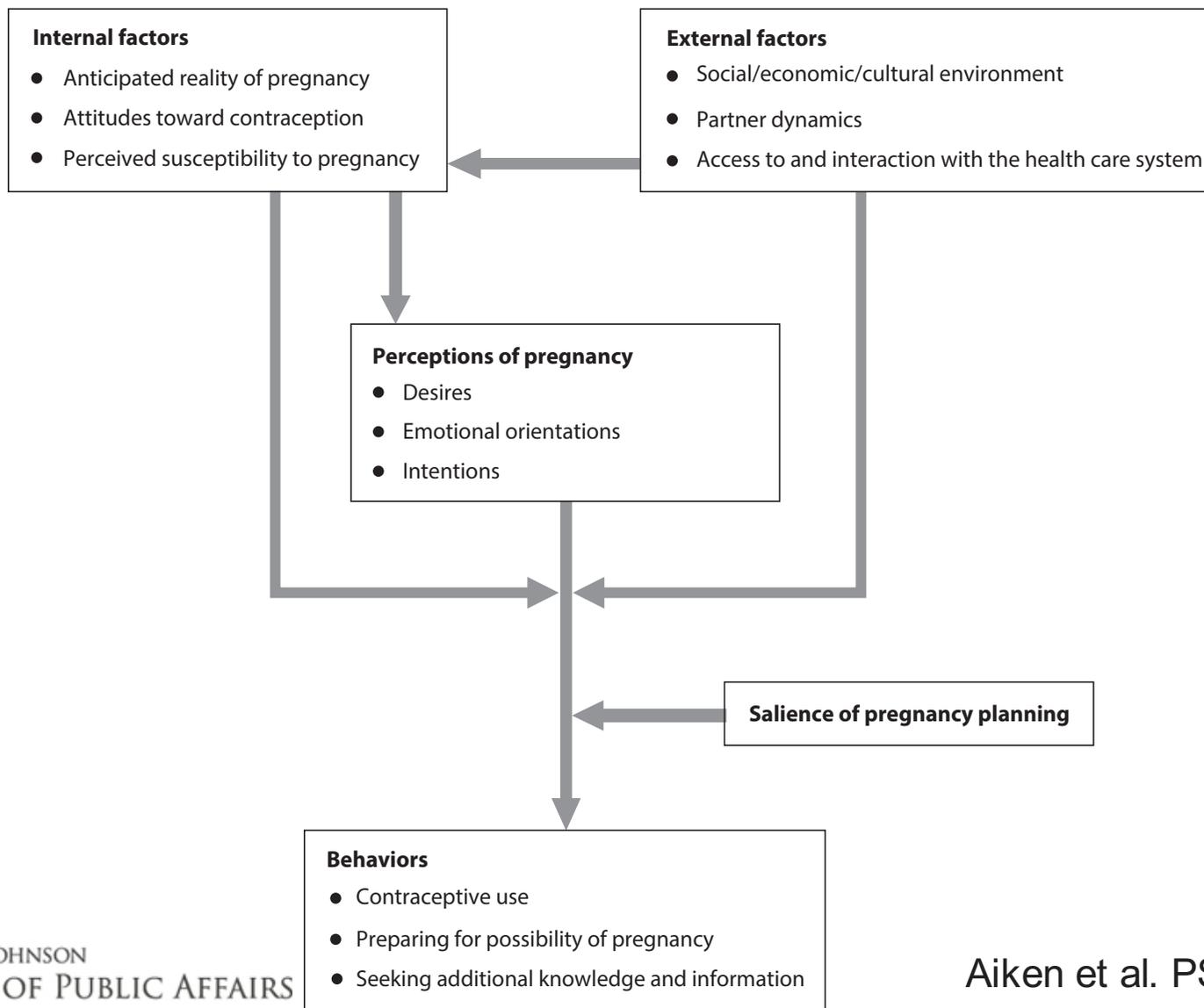
Aiken et al. 2015
Social Science & Medicine

Formulating Plans or Intentions May be Irrelevant

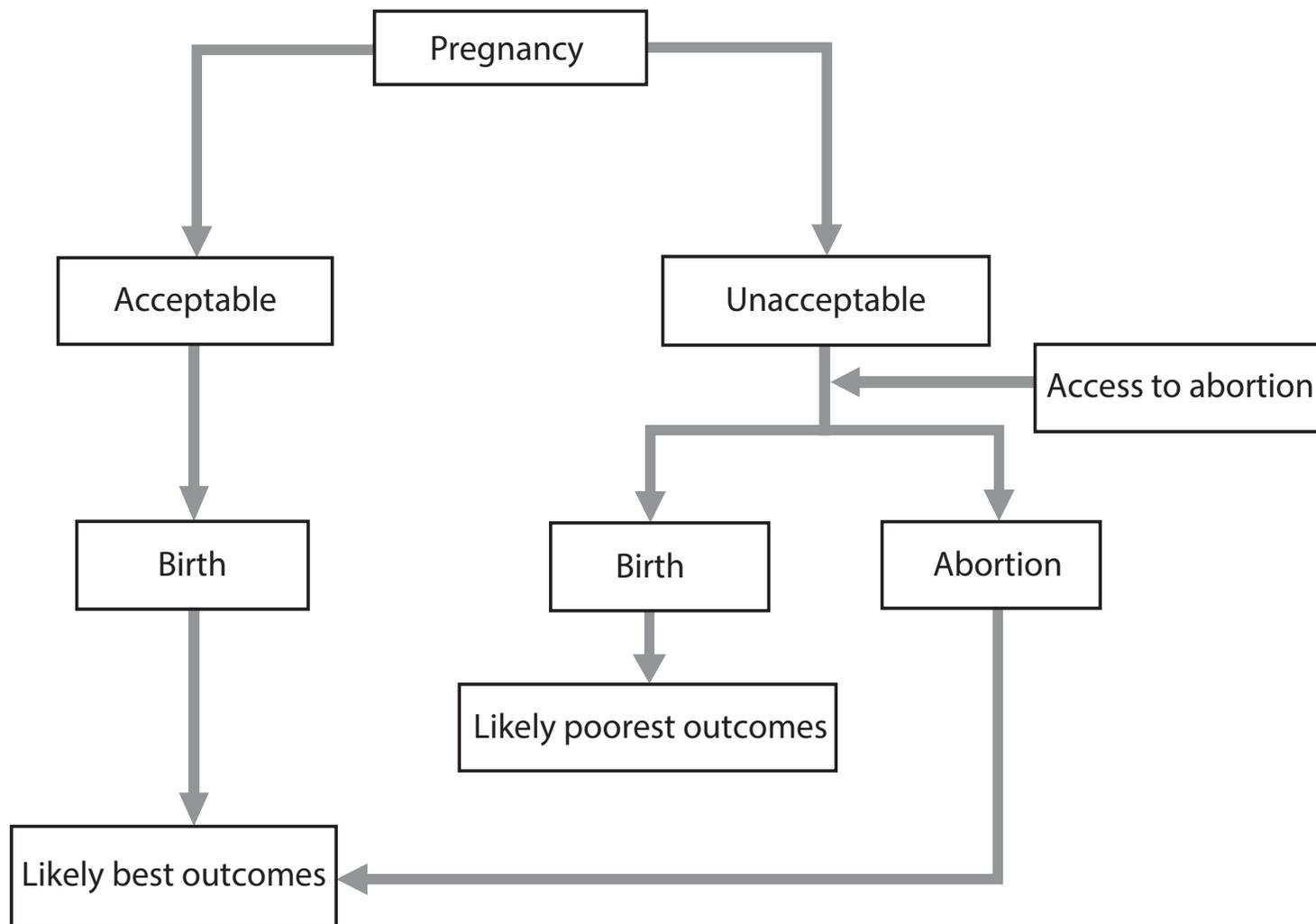
“If you are meant to have a kid, you are meant to have a kid. Why take something to prevent it?”

“Nobody can really plan for a pregnancy, like, you could try but a lot of people that wanna get pregnant don't get pregnant...then there's a lot of people that don't want to get pregnant and it just happens.”

A Woman-Centered Approach to Assessing Perceptions of Pregnancy



Linking Women's Perceptions to Outcomes



Conclusions

- Complicated, conflicting, and fluctuating pregnancy desires are common, normal, and difficult to measure in retrospective surveys
- Evidence for a relationship between unintended pregnancy, measured using timing-based constructs, and adverse health outcomes is weak overall

Conclusions

- Dimensions beyond timing-based intentions may prove better predictors: desires, emotional orientations, anticipated life impacts etc.
- Both public health and individual rights approaches are important, but they will be strongest when integrated through a women (and men)-centered approach