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Are Latina Women Ambivalent About Pregnancies They Are Trying to Prevent? Evidence from the Border Contraceptive Access Study

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Abstract

CONTEXT—Women’s retrospective reports of their feelings about a pregnancy and of its intendedness are often inconsistent, particularly among Latinas. Interpretation of this incongruence as ambivalence overlooks the possibility that happiness about the prospect of pregnancy and desire to prevent pregnancy need not be mutually exclusive.

METHODS—Data from the 2006–2008 Border Contraceptive Access Study—a prospective study of 956 Latina oral contraceptive users aged 18–44 in El Paso, Texas—were used to compare women’s planned pill use and childbearing intentions with their feelings about a possible pregnancy. Associations between women’s feelings and their perceptions of their partner’s feelings were examined using logistic regression. Prospective and retrospective intentions and feelings were compared among women who became pregnant during the study.

RESULTS—Forty-one percent of women who planned to use the pill for at least another year and 34% of those who wanted no more children said they would feel very or somewhat happy about becoming pregnant in the next three months. Perceiving that a male partner would feel very upset about a pregnancy was negatively associated with the woman’s own happiness about the pregnancy, among women who planned to continue pill use and those who wanted no more children (coefficients, -4.4 and -3.9 , respectively). Of the 36 women who became pregnant during the study, 24 reported feeling very happy about the pregnancy in retrospect, while only 14 had prospectively reported feeling happy about a possible pregnancy.

CONCLUSIONS—Intentions and happiness appear to be distinct concepts for this sample of Latina women.

The measurement and meaning of unintended pregnancy have been the subjects of much debate.^{1–3} One of the most cited contributions to this literature is Trussell, Vaughan and Stanford’s provocative analysis of women’s classifications of contraceptive failures from the 1995 National Survey of Family Growth (NSFG), in which unintended pregnancies were retrospectively classified as having had occurred too soon or at a time when no more children were wanted.⁴ According to the study, not all pregnancies resulting from contraceptive failure were reported as unintended, and 90% of women who classified a pregnancy resulting from a contraceptive failure as intended (i.e., it had occurred at the right time or too late) also professed happiness about the pregnancy. Even more surprising, only 59% of women who classified a pregnancy resulting from a contraceptive failure as unintended professed unhappiness about it. These findings raise questions about the definition and measurement of unintended pregnancy, the difference between intentions and feelings about a pregnancy, and the reliability of retrospective reports of such items.

One consideration is simply whether contraceptive use by itself should be interpreted as evidence of the intention to prevent pregnancy. The finding that many pregnancies reported as resulting from contraceptive failure are also reported as having been intended would seem to imply that some contraceptive users are not particularly intent on avoiding pregnancy. Additionally, contraceptive users who report having been happy to learn about a pregnancy that they also classify as unintended may be seen as having had mixed or ambivalent feelings toward pregnancy. Going a step further, one could speculate that the lack of a clear and strong intention to avoid pregnancy in the first place might influence the quality of contraceptive use and, thereby, the likelihood of pregnancy.⁵⁻⁷ The influence of ambivalent feelings may be particularly pronounced among adolescent populations.^{8,9}

However, other interpretations and lessons might be drawn from Trussell et al.'s findings. It is possible that the feelings women express about a pregnancy after having given birth are more positive than those expressed during or before the pregnancy,¹⁰⁻¹³ and that those feelings become increasingly positive as the child grows older.¹⁴ Thus, the apparent paradox of women's reporting happiness about a pregnancy they classify as unintended might be a function of recall bias, which might resolve if prospective data on intentions and happiness were available. Alternatively, incongruence between happiness and intention might reflect a meaningful distinction between the two concepts.¹⁵⁻¹⁷ Indeed, compared with intention, happiness is often more strongly associated with outcomes related to pregnancy decisions (notably those regarding abortion or adoption) and to maternal and child health.^{18,19}

A related question is whether the reporting and the meaning of intentions and feelings toward pregnancy differ across racial and ethnic groups. According to research using the 2002 and 2006–2010 NSFG, Latina women, on average, reported greater happiness about unintended births than did black or white women.^{20,21} Indeed, insights from ethnographic and qualitative research support these empirical findings. For example, Mexican women in the 1980s generally reported wanting to have more children than they felt they could afford.²² This apparent tension between intentions and feelings might be more usefully recognized as a reflection of two constructs than taken together as a sign of ambivalence. Far from being ambivalent, some Latinas may be quite resolute that they want to avoid pregnancy, but still express happiness at the idea of becoming pregnant and having children. Other hints that Latinas may differ from other women with regard to their feelings toward pregnancy may be found in the vibrant literature on the “Hispanic paradox.”^{23,24} Many of the explanations for the much greater than expected child survival among Latinas, particularly those of Mexican origin, attribute it to positive values regarding pregnancy and childbirth.

The possibility that incongruent feelings and intentions are distinct concepts—ones that are both meaningful and useful to consider independently—has been afforded little consideration. This may represent an important oversight, as some consequential relationships between happiness and a woman's characteristics or situation might be neglected. For example, having a male partner who would welcome a pregnancy might be associated with a woman's own happiness about a pregnancy she is trying to prevent. Indeed, research on women's feelings about a current or previous pregnancy suggests that the attitudes of male partners may strongly influence how women classify¹⁷ and feel about^{18,25} their pregnancies. Further insight into the interpretation of incongruent intentions and feelings would allow more accurate measurement of unintended pregnancy from survey data, assist researchers in examining the associations between unintended pregnancy and maternal and child health outcomes, and perhaps help clinicians provide better contraceptive counseling.

In this article, we draw on a prospective survey of oral contraceptive users, conducted using a largely Latina population along the U.S.-Mexico border, to examine three questions. First, to what degree is contraceptive use associated with the desire to prevent pregnancy? Second, when women are asked prospectively about a pregnancy, how congruent are their reported intentions and feelings about the pregnancy, and to what extent are their perceptions of their partner's feelings associated with incongruence? And third, to what extent do women's retrospectively reported intentions and feelings about a pregnancy resulting from contraceptive failure correspond to their earlier reporting from prospective questions? Before we conduct our main analysis, however, we verify the hypothesis that incongruent reporting of pregnancy intentions and feelings is, in fact, more prevalent among Latinas who experience method failure than among their white peers.

METHODS

NSFG Analysis

To compare pregnancy intentions and feelings among Latinas with those of white women, we used 2006–2010 NSFG data. The NSFG sample consists of 22,682 men and women aged 15–44 living in the United States, and is described in detail elsewhere.²¹ Although prior studies have compared Latina and white women's happiness about pregnancies reported as unintended,^{20,21} none has made this comparison specifically for women who experienced method failure. The NSFG uses a 10-point scale to measure the degree of happiness participants felt when they found out they were pregnant (from 1="very unhappy" to 10="very happy"). Following Trussell et al.,⁴ we collapsed this scale into five categories (very unhappy, unhappy, neutral, happy, and very happy). Women were also asked whether they had stopped using contraceptives before becoming pregnant. We examined pregnancy-related happiness among the 389 women who had not stopped using contraceptives and had experienced method failure, and compared the distributions of Latina and whites among happiness categories using a chi-square difference of proportions test.

Latina women may have disproportionately underreported abortion in the NSFG. To address this potential source of bias, we replicated the analysis among women whose unintended pregnancy following a contraceptive method failure had resulted in a live birth. This allowed us to compare happiness about pregnancy among Latinas and whites without any potential influence of abortion underreporting.

BCAS Analysis

Data—For our main analyses, we used data from the Border Contraceptive Access Study (BCAS), which followed a sample of 1,046 women aged 18–44 who resided in El Paso, Texas, and were recruited between December 2006 and February 2008. At study entrance, all women reported using oral contraceptives for the specific purpose of preventing pregnancy. Signed informed consent was obtained, and participants completed an hour-long in-person baseline interview in either Spanish or English. Three subsequent interviews were conducted at three-month intervals; the first and second were by telephone, and the third was in person. We excluded women who did not answer the questions of interest and those not of Mexican heritage, which resulted in a final sample of 956 women. Further details regarding the BCAS may be found elsewhere.^{26,27}

Variables—We assessed women's intentions to prevent pregnancy with two questions from the baseline BCAS survey. The first referred to planned duration of pill use: "How long do you plan to continue using the pill?" Response options were "probably last pack," "1–3 months more," "four months to a year more," "at least one more year," "two or more years" and "don't know." This variable was strongly associated with method continuation

during the nine-month follow-up period.²⁸ The second question referred to childbearing intentions: “Do you plan to have more children in the future?” Participants could respond “yes,” “no” or “don’t know.” In addition, we assessed women’s perception of their likelihood of becoming pregnant in the next three months with the question “How likely is it that you will become pregnant in the next three months?” Possible responses were “very likely,” “somewhat likely,” “somewhat unlikely,” “very unlikely” and “don’t know.”

At each time point, women’s feelings toward a future pregnancy were measured with the question “How would you feel if you became pregnant in the next three months?” In addition, women’s perceptions of their partner’s feelings were elicited using the question “How would your partner feel if you became pregnant in the next three months?” For both questions, responses were recorded on a five-point ordinal scale consisting of “very happy,” “somewhat happy,” “don’t know,” “somewhat upset” and “very upset.” Also, women were asked whether they had used the pill continuously since their last interview. Those who reported having discontinued use were asked when and why they had stopped; women who selected “got pregnant” as the reason were classified as having experienced method failure.

In the final interview, women were asked about their intentions and feelings at the time they had learned of their last pregnancy. Intentions were captured using the question “At the time of your last pregnancy, did you want the child then, later or not at all?” Response options were “then,” “later,” “not at all” or “don’t know.” Happiness about the pregnancy was assessed with the question “How did you feel when you became pregnant the most recent time?” Possible responses were the same as those for the prospective happiness questions. Parous women who reported wanting no more children or did not know whether they wanted more children were asked “Would you like to have been sterilized at the time of your last delivery?” Participants could respond “yes,” “no” or “don’t know.”

Women’s age, parity and age at first birth were ascertained at baseline, as were their relationship status, country of birth, educational attainment, employment status and U.S. health insurance status.

Analyses—To assess the relationship between prospective pregnancy intentions (measured by duration of planned pill use) and happiness about a pregnancy occurring in the next three months, we recategorized pill use duration to create a dichotomous variable that classified intended use as “less than one more year” and “at least one more year.” We then compared feelings about pregnancy between women in these two categories at baseline and conducted a chi-square difference of proportions test. We also conducted a chi-square test to compare feelings about pregnancy between women who, at baseline, had wanted more children and those who had not.

Next, we compared women’s feelings about a pregnancy in the next three months with their perceptions of their partner’s feelings. To investigate the variables associated with apparent contradictions between childbearing intention and happiness about a pregnancy occurring in the next three months, we used two ordinal logistic regression models: one among women who had planned to use the pill for at least one year more, and the other among women who did not want more children. The response variable in both models was women’s happiness about a pregnancy, which was coded as a categorical variable with five ranks: “very happy,” “somewhat happy,” “don’t know,” “somewhat upset” and “very upset;” “don’t know” was coded as the middle rank to represent an intermediate stage between happiness and unhappiness.

The main question addressed in these models was the association between women’s contradictory or inconsistent feelings toward pregnancy and their perception of their

partner's feelings toward pregnancy, after adjustment for other respondent characteristics. Thus, the predictor variable of interest was women's perception of their partner's feelings about a pregnancy occurring in the next three months, coded in the same ordinal fashion as above. We selected other covariates found in previous research to be associated with intentions and feelings about pregnancy.^{17,18,29} Age, parity and age at first birth were included to control for reproductive timing and completed family size; social and demographic controls included relationship status, country of birth, educational attainment, employment status and U.S. health insurance status. We excluded nulliparous women from the analysis because comparing their happiness about a pregnancy with that of parous women may not be valid. For example, women who have not given birth might express happiness about an unintended pregnancy because it would demonstrate fertility;^{30,31} parous women have already demonstrated their capacity to reproduce.

Finally, among women who reported becoming pregnant because of a contraceptive method failure during the nine-month follow-up period, we assessed the consistency of prospective and retrospective childbearing intentions and feelings about the pregnancy. Two women who were lost to follow-up were excluded from this analysis. For the remaining subsample of 36 women, we compared their feelings about a possible pregnancy—reported at the survey point before the pregnancy occurred—with their feelings about their last pregnancy—reported retrospectively at the nine-month follow up. We compared women's planned duration of pill use at the survey point before the pregnancy occurred (categorized as “less than one more year” and “at least one more year”) with the level of wantedness of their last pregnancy (categorized as “then,” “later” or “not at all”) reported retrospectively at the nine-month follow-up. In addition, we compared women's childbearing intentions at the survey point before the pregnancy occurred (categorized as “want more children in the future,” “do not want more children in the future” and “don't know”) with the same categories of retrospective wantedness as above.

All regression coefficients are denoted as changes in log odds, and all analyses were performed using the R statistical software package, version 2.14.1.

RESULTS

NSFG Findings

Among women in the 2006–2010 NSFG sample who experienced method failure and classified their pregnancy as unintended, 58% of Latina women reported feeling either happy or very happy when they learned that they were pregnant, compared with 33% of whites (Table 1). Only 30% of Latinas with an unintended pregnancy reported feeling unhappy or very unhappy, compared with 46% of white women. In addition, a greater proportion of Latinas than of whites reported being very happy about a pregnancy that they retrospectively reported as intended, even though it had resulted from method failure (74% vs. 47%). In analyses that restricted the sample to women who had live births, we found that Latinas were still more likely than white women to report having felt happy about an unintended pregnancy resulting from method failure (not shown).

BCAS Findings

At baseline, half of women in the BCAS sample of current pill users were aged 30 or older (Table 2). Eighty-seven percent had had a child; of those, 76% had had their first birth before age 25. Seventy-one percent of women were married or cohabiting, and the same proportion had been born in Mexico. Only 26% had any post-high school education, 57% were employed and 17% had U.S. health insurance.

About half of women (48%) did not want any more children, and 77% planned to use the pill for at least one more year. Eighty-six percent thought it very unlikely that they would get pregnant in the next three months. Forty-four percent said that they would feel very or somewhat happy if they became pregnant within the next three months, and 56% said that their partner would feel very or somewhat happy about such a pregnancy. Of those who had had at least one child, and wanted no more children or did not know if they wanted more children, 70% wished they had been sterilized at their last delivery.

As would be expected, the proportion of women who felt happy about the prospect of a pregnancy in the next three months was smaller among those planning to use the pill for longer than a year than among those planning to use the method for less time (Table 3). Yet, 41% of women who planned to use the pill for at least one more year said that they would feel very or somewhat happy about a pregnancy (although 87% of women who planned pill use for at least another year thought it very unlikely that they would become pregnant in the next three months—not shown). Similarly, although it was not surprising that the proportion of women who felt very or somewhat happy about becoming pregnant in the next three months was smaller among those who did not want more children than among those who did, 34% of women who wanted no more children professed that they would be very or somewhat happy about a pregnancy. Additionally, 61% of those who wanted no more children said that they would like to have been sterilized at their last delivery (not shown), suggesting that the incongruity between happiness and intention is unlikely to be a reflection of ambivalence in this sample.

The majority (55%) of women perceived their partner's feelings about a pregnancy in the next three months to be similar to their own. When there was discordance, women tended to believe that their partner's feelings were more positive than their own; this trend was consistent across all happiness categories. For example, among women in the "somewhat happy" category, 36% believed that their partner would be very happy and 10% that he would be somewhat or very upset; among women in the "somewhat upset" category, 43% believed that their partner would be somewhat or very happy and 11% that he would be very upset.

In ordinal logistic regression analyses, perceived partner happiness was associated with women's own happiness, both among those who planned to use the pill for at least one more year and among those who did not want any more children (Table 4). Specifically, for both groups, descending categories of perceived partner happiness were associated with an increasingly negative change in log odds for women's own happiness. For example, among women who planned to use the pill for at least one more year and among those who wanted no more children, perceiving that a partner would be very upset about a pregnancy (compared with perceiving that he would be very happy) was associated with a decrease in the log odds that the respondent herself would feel happier (coefficients, -4.4 and -3.9 , respectively). One exception was that, among women who did not want more children, perceiving that a partner would be somewhat happy (compared with very happy) was not associated with the respondent's happiness.

Only two variables other than perceived partner happiness were significant in these analyses. Among women who planned to use the pill for at least one more year, having had three children or four or more children (compared with one) were negatively associated with women's happiness (coefficients, -0.7 and -0.6 , respectively). In addition, among women who wanted no more children, being single (compared with married) was negatively associated with the outcome (-0.7).

Finally, in our analyses of the 36 women who became pregnant because of method failure during the study, the comparison of retrospective classifications of pregnancy intendedness with prospective plans for pill use and childbearing intentions revealed considerable reporting bias. Eleven of the 27 women who reported planning to use the pill for at least one more year later classified their pregnancy as having been wanted “then,” and seven of the 10 who reported wanting no more children subsequently classified their pregnancy as having been wanted “then or later” (not shown). In addition, women’s happiness about a pregnancy was augmented in retrospect. All seven women who reported that they would be somewhat or very upset if they became pregnant felt more positively after the fact (Table 5). Twenty-four women reported feeling very happy about their pregnancy in retrospect, although only 14 had said before becoming pregnant that they would feel that way.

DISCUSSION

Trussell et al.’s analysis of 1995 NSFG data pointed out an apparent contradiction in the retrospective reporting of contraceptive failures: Some women reported being happy about pregnancies they had been using contraceptives to prevent, and some even reported such pregnancies as having been intended.⁴ Our results show that this phenomenon persisted in the 2006–2010 survey rounds, and was more pronounced among Latinas than among whites. This difference is consistent with previous research on all unintended births in the NSFG,²⁰ as well as with ethnographic studies of Latina or Mexican attitudes toward childbearing and families.^{32–34}

In our main analyses, it seemed clear that almost all Latina pill users were using the method specifically to prevent pregnancy, given their reported plans to continue pill use, their desire not to have more children, their perception that they were unlikely to become pregnant in the near future and their high demand for postpartum sterilization. Yet, a substantial proportion also said that they would be somewhat or very happy if they were to become pregnant in the next three months. The apparent contradiction between feelings and intentions was especially striking in the prospective reports from women planning to use the pill for more than a year and those who wanted no more children.

However, in light of these women’s seemingly clear intentions, interpreting their positive feelings about a pregnancy as somehow contradicting their desire to avoid conception seems unsatisfactory. Instead, we propose that feelings and intentions may be distinct concepts for most of the women in our sample. For women who are earnestly trying to prevent a pregnancy, perhaps because they cannot afford it or because it would be inconvenient, the prospect of pregnancy may nevertheless be something joyful.

Women’s perceptions of their partner’s happiness regarding pregnancy appear to be strongly associated with their own feelings; however, the BCAS data did not allow us to determine whether partners’ feelings were, in fact, concordant with those of women themselves. That women were less likely to profess happiness about a pregnancy if they believed that their partner would feel unhappy is likely a reflection of the potential impact of an unintended pregnancy on the relationship. Given the NSFG data showing that Latina women were more likely than whites to retrospectively profess happiness about an unintended pregnancy, as well as our own findings that the same phenomenon was present prospectively for our sample of Latina women, we do not believe that these feelings simply reflect a socially or culturally normative response about motherhood or childbearing.

A key implication of our findings is that women’s prospective or retrospective survey responses regarding feelings about pregnancy should not necessarily be used as an indicator of their ambivalence or lack of seriousness about avoiding pregnancy. On the contrary,

women may feel happiness about a pregnancy while being motivated to avoid conception. Previous research examining racial and ethnic variation in motivation to avoid pregnancy calls for further investigation into the relationship between Latina women's predicted emotional response to pregnancy and the seriousness of their intent to avoid pregnancy among.³⁵ Our study provides evidence that a positive emotional response to the prospect of pregnancy and serious intention to prevent conception can exist simultaneously. Higgins, Popkin and Santelli used happiness about the prospect of pregnancy to construct a measure of ambivalence, but found that the measure was not associated with contraceptive use, at least for females.³⁶ Moreover, in an analysis of factors associated with pill continuation among BCAS participants, planned duration of pill use at baseline was strongly associated with continuation, but feelings were not.²⁸ Similarly, a study of the relationship between feelings about a possible pregnancy and contraceptive discontinuation found no association.³⁷

Our findings concerning the differences between prospective assessments of feelings and intentions regarding a possible pregnancy and those assessed after a pregnancy that was likely unintended raise doubts about the ability to assess either intentions or feelings retrospectively in a survey. Although, of course, we cannot be sure about women's intentions at the moment of conception, the retrospective reports of intendedness for many of these pregnancies represent a substantial departure from the motivational state that one would logically infer from baseline responses of planned pill use or future childbearing desires. Similarly, the retrospective reports of happiness—although not entirely an artifact of a postpregnancy adjustment or rationalization—show a clear shift toward greater happiness about pregnancy. This consistent pattern of expressing greater positivity about the result of a pregnancy than about the prospect of a pregnancy suggests likely underreporting of unintended pregnancy in retrospective data.

Limitations

These data have a number of limitations. First, even for prospective reporting, social desirability and acquiescence bias may occur during interviews about personal and sensitive issues,³⁸ and evidence suggests that these types of biases may be particularly common among Mexican-American respondents.³⁹ Future research could attempt to circumvent these issues by using techniques such as anchoring vignettes (i.e., descriptions of hypothetical people or situations about which study participants can express their opinions or feelings) to make it easier for women to express their intentions and feelings.⁴⁰ Second, participants were recruited from a single city and were first- or second-generation immigrants of Mexican origin, which limits the generalizability of our findings. Moreover, because few women became pregnant during the study, we were able to compare prospective and retrospective reports for just a small number of women. Thus, while our results suggest that retrospective surveys, such as the NSFG and the Pregnancy Risk Assessment Monitoring System, might underestimate unintended pregnancy, more comparisons of prospective and retrospective data are clearly needed to confirm this inference.

Conclusion

These analyses bring to light evidence from prospective data that viewing happiness and intention as distinct concepts may be both meaningful and useful when measuring and interpreting pregnancy intentions in a Latina population. Using contraceptives to prevent pregnancy and feeling happy about the prospect of becoming pregnant may not be mutually exclusive, and this apparent contradiction should not automatically be considered a sign of ambivalence. Our findings highlight concerns regarding both the accuracy of retrospective reporting of pregnancy intentions and the interpretation of pregnancy intentions and feelings from retrospective data.

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TABLE 1

Percentage distribution of U.S. women aged 15–44 who experienced a pregnancy resulting from contraceptive failure, by their feeling upon learning of the pregnancy, according to ethnicity and retrospective pregnancy intention, National Survey of Family Growth, 2006–2010

Feeling about pregnancy	Hispanic		White	
	Intended (N=43)	Unintended (N=100)	Intended (N=74)	Unintended (N=172)
Very happy	74.4	24.0	47.3	8.1
Happy	11.6	34.0	44.6	25.0
Neutral	7.0	12.0	4.1	20.9
Unhappy	4.7	14.0	4.1	22.1
Very unhappy	2.3	16.0	0.0	23.8
Total	100.0	100.0	100.0	100.0

$\chi^2(4)=17.92$

**
p<.01

Note: Percentages may not add to 100.0 because of rounding.

TABLE 2

Percentage distribution of oral contraceptive users of Mexican heritage, by selected baseline characteristics, El Paso, Texas, Border Contraceptive Access Study, 2006–2008

Characteristic	% (N=956)
Age	
18–24	27.7
25–29	22.2
30–34	20.9
35–44	29.2
Parity	
0	13.4
1	17.2
2	29.0
3	23.2
4	17.2
Age at first birth[†]	
<25	75.9
25	24.1
Relationship status	
Married	51.2
Cohabiting	19.5
Single	20.3
Separated/divorced/widowed	9.1
Country of birth	
Mexico	71.0
United States	29.0
Educational attainment	
<high school	19.5
Some high school	29.7
High school graduate	24.8
>high school	26.0
Employed	
Yes	57.3
No	42.7
Has U.S. health insurance	
Yes	16.6
No	83.4
Wants more children	
Yes	47.0
No	48.0
Don't know	5.0
Planned duration of pill use	

Characteristic	% (N=956)
2 years	54.1
1–2 years	23.4
4–12 months	5.8
1–3 months	1.8
Last pack	0.4
Don't know	14.5
Perceived likelihood of pregnancy in next 3 months	
Very unlikely	86.2
Somewhat unlikely	6.5
Somewhat likely	3.8
Very likely	0.7
Don't know	2.8
Feeling about a pregnancy in next 3 months	
Very happy	18.8
Somewhat happy	25.5
Don't know	11.2
Somewhat upset	13.5
Very upset	31.0
Perception of partner's feelings about a pregnancy in next 3 months.	
Very happy	32.3
Somewhat happy	23.4
Don't know	10.4
Somewhat upset	12.6
Very upset	21.3
Wishes had been sterilized at last delivery	
Yes	70.2
No	27.3
Don't know	2.5

[†] Among parous women (N=827).

[‡] Among parous women who reported not wanting any more children or not knowing if they wanted any more children (N=520).

Note: Percentages may not add to 100.0 because of rounding.

TABLE 3

Percentage distribution of women, by feeling about becoming pregnant in the next three months, according to planned duration of pill use and childbearing intention

Feeling about pregnancy	Planned duration of pill use			Wants more children		
	<1 more year (N=215)	1 more year (N=741)	1 more year (N=449)	Yes (N=458)	No (N=49)	Don't know (N=49)
Very happy	26.0	16.7	26.7	11.6	13.0	13.0
Somewhat happy	31.6	23.8	29.0	22.7	18.5	18.5
Don't know	13.5	10.5	9.1	11.6	24.1	24.1
Somewhat upset	12.6	13.8	11.0	16.4	18.5	18.5
Very upset	16.3	35.2	24.3	37.8	26.0	26.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
	$\chi^2(4)=32.53^{***}$					
	$\chi^2(4)=50.26^{***}$					

p<.001.

Note: Percentages may not add to 100.0 because of rounding.

TABLE 4

Coefficients (and standard errors) from ordinal logistic regression analyses examining associations between selected characteristics and women's happiness about becoming pregnant in the next three months, by women's pill use and childbearing intentions

Characteristic	Women who plan pill use for 1 more year	Women who want no more children
Perception of partner's feeling about a pregnancy in next 3 mos.		
Very happy	ref	ref
Somewhat happy	-0.65 (0.21) ***	-0.28 (0.25)
Don't know	-1.15 (0.26) ***	-0.71 (0.31) *
Somewhat upset	-2.22 (0.26) ***	-1.77 (0.29) ***
Very upset	-4.43 (0.30) ***	-3.90 (0.35) ***
Age		
<24	ref	ref
25-29	0.37 (0.24)	-0.13 (0.36)
30-34	0.44 (0.27)	-0.13 (0.35)
35	0.57 (0.28)	-0.09 (0.34)
Parity		
1	ref	ref
2	-0.40 (0.23)	-0.12 (0.41)
3	-0.70 (0.27) *	-0.19 (0.42)
4	-0.64 (0.31) *	-0.64 (0.45)
Age at first birth		
<25	-0.41 (0.28)	-0.32 (0.31)
25	ref	ref
Relationship status		
Married	ref	ref
Cohabiting	0.06 (0.20)	-0.05 (0.27)
Single	-0.44 (0.25)	-0.70 (0.35) *
Separated/divorced/widowed	0.14 (0.29)	0.23 (0.33)
Country of birth		
Mexico	-0.25 (0.21)	0.01 (0.26)
United States	ref	ref
Educational attainment		
<high school	ref	ref
Some high school	-0.18 (0.22)	-0.37 (0.24)
High school graduate	-0.38 (0.24)	-0.49 (0.27)
>high school	-0.27 (0.27)	-0.56 (0.32)
Employed		
Yes	0.08 (0.18)	-0.05 (0.21)
No	ref	ref

Characteristic	Women who plan pill use for 1 more year	Women who want no more children
Has U.S. health insurance		
Yes	ref	ref
No	0.17 (0.24)	-0.40 (0.30)

*
p<.05.

p<.001.

Note: ref=reference category.

TABLE 5

Number of women who experienced a pregnancy resulting from contraceptive failure, by their prospective and retrospective feelings about becoming pregnant

Feeling about pregnancy	Prospective	Retrospective
Total	36	36
Very happy	14	24
Somewhat happy	13	8
Don't know	2	4
Somewhat upset	4	0
Very upset	3	0