

Are Latina Women Ambivalent About Pregnancies They are Using Contraception to Prevent?

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Abstract

Context: Trussell et al.'s provocative analysis of women's classifications of contraceptive failures from the 1995 NSFG found inconsistent retrospective reporting of intentions and feelings. Such incongruence between happiness and intention appears to be particularly prevalent among Latinas, and is often interpreted as ambivalence about pregnancy. However, previous studies have not examined the relationship between pregnancy intentions and happiness using both prospective and retrospective data.

Methods: Data come from the Border Contraceptive Access Study, a prospective cohort study of 956 Latina pill-users, aged 18-44, residing in El Paso, Texas. Planned duration of pill use and future childbearing intentions were compared to feelings about pregnancy. Perceptions of partners' feelings about pregnancy were analyzed using regression models.

Results: Thirty-four percent of respondents who wanted no more children, and 40% who planned pill use for at least one more year said they would be very or somewhat happy about a pregnancy in the next three months. Ordinal logistic regressions show that feelings are strongly associated with partner's happiness about pregnancy (change in log odds -4.4, $p < 0.001$). For respondents who became pregnant during the study, intentions and to a lesser extent happiness, were biased in retrospect.

Conclusions: Our findings suggest that incongruent feelings and intentions do not necessarily reflect ambivalence. Rather, it is both meaningful and useful to consider happiness and intention as distinct concepts for Latina women. Future prospective-retrospective comparisons should further examine the implications of these findings for the measurement and meaning of unintended pregnancy in national surveys such as NSFG and PRAMS.

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Introduction

The measurement and meaning of unintended pregnancy have been the subjects of much recent debate (Klerman 2000; Santelli et al. 2003; Santelli et al. 2009). 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), which found that not all contraceptive failures were reported as unintended pregnancies, and furthermore, that 90% of women who classified a method failure as an intended pregnancy also professed happiness about it. Even more surprisingly, only 59% of women who classified a method failure as an unintended pregnancy professed unhappiness about it (Trussell, Vaughan and Stanford 1999). These findings raise questions about the definition and measurement of unintended pregnancy, the difference between pregnancy intentions and feelings about a pregnancy, and the reliability of retrospective reports of such items.

The first conundrum is simply whether contraceptive use by itself can 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 at the time they occurred would seem to imply that some contraceptive users were not particularly intent on avoiding pregnancy. Additionally, contraceptive users who report having been happy to learn about a pregnancy, which they also classify as unintended, may be seen as having had mixed or ambivalent feelings towards pregnancy. Moreover, these

seemingly contradictory answers cast doubt on the underlying accuracy of the report of intention. Going a step further, one could even speculate that the lack of a clear and strong intention to avoid pregnancy might have influenced the quality of contraceptive use and, thereby, the likelihood of getting pregnant (Crosby et al. 2002; Kavanaugh and Schwarz 2009; Schwarz et al. 2007). Evidence suggests that the influence of ambivalent feelings may be particularly pronounced among adolescent populations (Miller, Barber and Gatny 2012; Moreau et al. 2012).

But there are other possible interpretations of, and lessons that might be drawn from Trussell et al.'s findings. One consideration is the likelihood that measures of wantedness and happiness from the NSFG data are subject to retrospective recall bias. Feelings about a pregnancy asked about once birth has occurred tend to be more positive than those elicited during or before pregnancy (Miller 2009; Koenig et al. 2006; Joyce, Kaestner and Korenman 2002; Rosenzweig and Wolpin 1993), and become increasingly positive over time, as the child increases in age (Bankole and Westoff 1998). It might also be the case that incongruence between happiness and intention reflects a meaningful distinction between the two concepts (Fischer et al. 1999; Rocca et al. 2010; Sable and Libbus 2000). Indeed, happiness is often more consequential for the outcome of the pregnancy in terms of its association with decisions regarding abortion or adoption, and with maternal and children health outcomes (Blake et al. 2007; Sable et al. 1997).

A related question is whether intentions and feelings towards pregnancy are influenced by culture, and whether there are important differences across racial and ethnic groups in both the reporting and meaning of these items. There is reason to suspect that Latina women may be particularly likely to have incongruent feelings and intentions about a pregnancy. Focusing on Mexico, LeVine found that Mexican women in the 1980s generally

reported wanting to have a greater number of children than they felt they could afford (LeVine 1993), suggesting that discrepancy between intentions and feelings may be more usefully recognized as an unequivocal distinction rather than a reflection of ambivalence. Far from being ambivalent, Latina women may be quite resolute that they want to avoid pregnancy, but still express happiness at the idea of pregnancy and children, an idea that is supported by the 2002 and 2006-2010 NSFG, in which Hispanic women reported greater mean happiness (on a 1-10 scale) about unintended births compared to Non-Hispanic Black or White women (Hartnett 2012; Chandra et al. 2005). Other hints that Latinas may differ with regard to their feelings toward pregnancy may be found in the vibrant literature on the “Hispanic Paradox”. Many of the explanations that have been given for the much greater than expected child survival among Latinos, particularly those of Mexican origin, call on positive cultural values regarding pregnancy and childbirth (Scribner and Dwyer 1989; Zambrana et al. 1997).

In this paper, we draw on a prospective survey of oral contraceptive users conducted in a largely Latina population along the US-Mexico border that allows us to gain purchase on three questions: First, to what degree is contraceptive use associated with the desire to prevent pregnancy? Second, when asked prospectively, how much difference is there between intentions and feelings about pregnancy, and what is the meaning and significance of each concept in this population? And third, to what degree does retrospective reporting of intentions and feelings about pregnancies resulting from contraceptive failures correspond to earlier reporting from prospective questions, asked of the same women? Before turning to this analysis, we first verify the hypothesis that the incongruent reporting found by Trussell et al., is in fact, more prevalent among Latinas than non-Hispanic Whites who experienced method failure in NSFG.

Methods

Data

Our analysis of NSFG uses data from 2006-2010 collected by the National Center for Health Statistics (NCHS). The NSFG is a sample of 22,682 men and women, aged between 15-44 years, living in the United States, and is described in detail elsewhere (Chandra et al. 2005). Happiness about pregnancy was measured using a 1-10 item scale describing how happy participants felt when they found out they were pregnant (1 = very unhappy, 10 = very happy). Following Trussell et al., we collapsed this 10-item scale into 5 categories (very unhappy, unhappy, neutral, happy, very happy). Women were also asked whether they stopped using contraception before they became pregnant. We examined happiness about pregnancy among women who did not stop using contraception and experienced method failure, comparing the distributions of Hispanic and Non-Hispanic Whites among happiness categories, and conducted a chi-squared difference of proportions test.

For the remaining analyses, we use data from the Border Contraceptive Access Study (BCAS), which followed a cohort of 1046 women aged 18 to 44 years, residing in El Paso, Texas. This cohort was recruited between December 2006 and February 2008. All women were using oral contraceptive pills as their method of birth control at the time they entered this prospective study. Signed informed consent was obtained, and participants were interviewed in either Spanish or English in a one hour-long in-person baseline interview. Three subsequent interviews were conducted at 3-month intervals, the second and third by telephone, and the fourth again in person. Excluding those who declined to give a response to the questions of interest, those who were lost to follow-up between time points (10%),

and the very few women not of Mexican-origin, the final sample size for this study was 956 women. Further details regarding BCAS may be found at the ICPSR web site and in (Potter et al. 2010).

Variables

We were able to assess women's intentions with regard to preventing a future pregnancy by way of two different questions included in the baseline interview. The first referred to planned duration of pill use, and was phrased "How long do you plan to continue using the pill?" with participants asked to choose between "Probably last pack", "1-3 months more", "4 months to a year more", "At least 1 more year", "2 or more years", and "Don't know". This variable proved to be strongly associated with actual continuation on the method during the nine-month follow-up period (Potter et al. 2011). The second question referred to future childbearing intentions, which were assessed with the question "Do you plan to have more children in the future?" with participants responding "Yes", "No", or "Don't know".

At each interview, happiness about a future pregnancy was measured by asking "How would you feel if you became pregnant in the next 3 months?", with responses recorded on a five-item ordinal scale: "Very happy", "Somewhat happy", "Don't know", "Somewhat upset" and "Very upset". Previous work exploring happiness either during pregnancy, or looking back on a previous pregnancy has demonstrated that the attitudes of male partners are highly influential in how women define their pregnancies (Fischer et al. 1999), and how happy they report feeling about them (Blake et al. 2007; Stanford et al. 2000). Perceptions about partner's feelings were also elicited, using the question "How would your partner feel

if you became pregnant in the next 3 months?” with answers recorded on the same ordinal scale.

At each time point in the study, women were asked whether they had become pregnant since the last interview, and whether they were still currently pregnant. In the fourth interview, women were also asked retrospectively about their intentions and feelings at the time they 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?”. Responses were coded categorically as “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?”, and response categories were the same as those detailed for the prospective happiness questions.

Age, parity, and age at first birth were ascertained at baseline, as were details of country of birth, educational level, relationship status, possession of U.S. health insurance, and employment status (Potter et al. 2010).

Analyses

To assess the apparent consistency between prospective pregnancy intentions measured by duration of planned pill use and happiness about a pregnancy occurring in the next 3 months, we grouped categories of pill use duration into a dichotomous variable with categories “Less than one more year” and “At least one more year”. We then compared feelings about pregnancy for women in these two categories at baseline, and conducted a chi-squared difference of proportions test. We also examined the relationship between prospective happiness and future childbearing intentions, comparing feelings about

pregnancy for women who want more children, and those who do not want more children at baseline, again conducting a chi-squared test.

We then compared women's feelings about a pregnancy in the next three months with those of her partner or husband. In order to investigate the underlying factors associated with any apparent contradictions between intentions and happiness about a pregnancy occurring in the next three months, we used ordinal logistic regression models of two separate inconsistencies or contradictions: one focused on happiness about pregnancy in the next 3 months, given that pill use is planned for at least one year more, and the other focused on happiness about pregnancy in the next 3 months, given that no more children are planned in the future. Both used ranked categorical variables, where the hierarchy of responses runs: "Very happy", "Somewhat happy", "Don't know", "Somewhat upset", and "Very upset". "Don't know" is coded as the middle rank to represent an intermediate stage between happiness and unhappiness.

The main question addressed in these models is the association between contradictory or inconsistent happiness and the husband or partner's feelings toward pregnancy, adjusting for other respondent characteristics. Thus, the predictor variable of interest is women's perceptions of partner's feelings about a pregnancy occurring in the next 3 months, which is coded in the same ordinal fashion, with reference category "Partner would feel very happy". We selected other covariates on the basis of previous literature on intentions and feelings towards pregnancy. To control for reproductive timing and completed family size considerations, age and parity were included, coded as categorical variables with reference categories age 18-24, and parity 1. To control for influential socioeconomic and demographic characteristics, country of origin, educational level, relationship status, age at first birth, possession of U.S. health insurance, and employment status were all coded as

indicator variables, with respective reference categories: “Born in the US”, “No high school”, “Married”, “Over 25”, “Has US health insurance” and “Unemployed”). Nulliparous women were excluded from the analysis, because their happiness about a pregnancy may not be a valid comparison to that of parous women—for example, nulliparous women might express happiness about an unintended pregnancy because it would constitute a demonstration of fertility. On the contrary, parous women have clearly already demonstrated their capacity to reproduce.

Finally, for the small number of women in the BCAS cohort who became pregnant during the nine-month follow-up period and reported the pregnancy in one of the interviews, we were able to assess the consistency of the woman’s prospective report at baseline of intention and happiness with the retrospective report obtained in the fourth interview regarding this pregnancy. For this very small sub-sample, we compared retrospective classification of intention with retrospective feelings about pregnancy in the same fashion as Trussell and colleagues. To assess the validity of retrospective classification in light of prospective intentions and feelings for this sub-sample, we compared planned duration of pill use at the time point before the pregnancy occurred, (categorized as “Less than one more year” and “At least one more year”), to retrospective wantedness of last pregnancy, categorized as “Then”, “Later” or “Not at all”. Finally, we compared the same categories of retrospective wantedness with future childbearing plans before the pregnancy occurred, categorized as “Want more children in the future”, “Do not want more children in the future”, and “Don’t know”.

All regression coefficients are denoted as changes in log odds, and all analyses were performed using the R statistical software package (R Foundation for Statistical Computing, Vienna, Austria).

Results

<<Insert Table 1 >>

Table 1 shows a comparison of happiness about a pregnancy resulting from contraceptive method failure for Hispanic and Non-Hispanic White women from the 2006-2010 NSFG. Among those who classed their pregnancy as unintended, 58% of Hispanic women selected either 10 (very happy), or 6-9 (happy) on the ascending happiness scale, compared with 33% of non-Hispanic white women ($p<0.05$). Only 30% of Hispanic women selected 1 (very unhappy) or 2-4 (unhappy) on the scale, compared with 46% of non-Hispanic white women ($p<0.05$). Hispanic women are thus significantly more likely than non-Hispanic white women to profess happiness about a pregnancy that resulted from method failure, even though they admit that the pregnancy was unintended. The table also shows a difference between Hispanics and non-Hispanic Whites with respect to happiness about a pregnancy that was retrospectively reported as having been intended. Again Hispanics were more likely to report being very happy about the pregnancy (74% versus 47%, $p<0.05$).

<<Insert Table 2>>

The demographic characteristics and reproductive intentions of women in the BCAS sample as recorded in the baseline interview are shown in Table 2. About half were over age 30, and all but 13% were mothers. Of the mothers, 76% had their first birth before reaching age 25. Just over 71% of the cohort was married or living in a consensual union. The proportion born in Mexico was 71%. Only 26% had any post-high school education, 57% were employed, and 17% had any US health insurance.

At baseline, 77% planned to use the pill for at least one more year, and 48% planned no more children in the future. Additionally, 86.2% stated they were “very unlikely” to get pregnant in the next 3 months, suggesting that planned duration of pill use is associated with desire to avoid pregnancy, and that women believe in the efficacy of the pill in preventing pregnancy. Forty-four percent said that they would feel “very happy” or “somewhat happy” if a pregnancy were to occur within the next 3 months, and 56% perceived that their partner would feel “very happy” or “somewhat happy” in reaction to such a pregnancy.

<<Insert Table 3>>

Table 3 shows how planned duration of pill use compares to prospective feelings about pregnancy. As expected, the percentage of women who would feel happy about a pregnancy is significantly lower among those planning longer duration of pill use than among those planning shorter duration ($p < 0.01$). Yet 41% of women who plan pill use for at least one more year still said that they would feel very or somewhat happy about a pregnancy occurring in the next 3 months. But this was not perceived to be likely, as 96% of these women stated they were unlikely to get pregnant in the next 3 months (results not shown). Similarly, although the percentage of women who would feel happy about a pregnancy is lower among those who plan no more children in the future than among those who do plan further children ($p < 0.01$), 35% of women who plan no more children still professed feeling happy at the prospect of a pregnancy in the next 3 months. Additionally, nearly 60% of these women also said that they would like to have been sterilized at the time of their last delivery (results not shown), thus making incongruent happiness and intention highly unlikely to be a reflection of ambivalence in this cohort.

<<Insert Table 4>>

To further explore the concept of happiness in the context of intention to avoid pregnancy, Table 4 shows how women's happiness about a pregnancy occurring in the next 3 months compares to their perceptions of their male partner's feelings. Within each category of happiness, the majority of couples appear to be in agreement, but where there is discordance, partner's feelings tend to be more positive than those of the women themselves, and this trend is consistent across all categories. These results suggest that partner happiness may be related to women's own happiness about an unintended pregnancy.

<<Insert Table 5>>

Table 5 shows the results of two ordinal logistic regression models formally testing the association between perceived partner's feelings and women's own feelings about a pregnancy that would not be intended. In the first model, intentions are gauged on the basis of planned duration of pill use, while in the second they are based on stated future childbearing intentions. Both models suggest that the less happy a woman perceives her partner would feel, the less happy she herself is likely to feel. Compared to those who perceive that their partner would feel very happy, each sequential category of partner unhappiness moves women further towards feeling less happy themselves: for example, those who perceive that their partner would feel "very unhappy" about a pregnancy are less likely to feel happy themselves (change in log odds = -4.4, $p < 0.01$).

The only other factors significantly associated with feelings about a pregnancy that would be unintended are being single, and having parity of 3 or greater. Both factors predict greater likelihood of unhappiness, but the magnitude and statistical significance of their coefficients are much lower than those for partner's feelings.

<<Insert Table 6>>

Turning to the retrospective reports obtained in the final BCAS interview regarding pregnancies that were reported during the observation period, Table 6 compares retrospectively classified intentions and happiness for the 36 women who became pregnant during the study due to method failure. The table is a BCAS analog of the NSFG data displayed in Table 1, and the pattern closely resembles the NSFG data for Hispanic women reporting a method failure. Seventeen out of 36 women classified their pregnancy as intended, and nearly all of them reported feeling “very happy” when they learned of the pregnancy. Also, as in the earlier table considerable happiness was expressed even among the 19 women who reported the pregnancy as having been unintended.

<<Insert Table 7>>

Comparing retrospective intentions to prospective planned duration of pill use and prospective future childbearing intentions indicates considerable reporting bias, with 11 out of 27 women who planned to use the pill for at least one more year classing their pregnancy as wanted “then”, and 7 out of 10 women who wanted no more children in the future classed their pregnancy as wanted “then or later” (figures not shown). Table 7 compares retrospective feelings for the 36 women who became pregnant during the study due to method failure with the feelings they professed at the prospect of pregnancy before they became pregnant. Here we see that happiness is augmented in retrospect: the small number who said they would be unhappy prospectively switched to happiness in retrospect, and the number feeling “very happy” about the pregnancy increased from 14 to 24. However, the majority of retrospective happiness about unintended pregnancies is consistent with

prospective reporting, and happiness does not appear to exhibit the same degree of bias as intention.

Discussion

Trussell et al.'s analysis of contraceptive failures in the 1995 NSFG pointed out an apparent contradiction in the retrospective reporting of contraceptive failures: the phenomenon of women reporting being happy about pregnancies they were using contraception to prevent, and even reporting many of these pregnancies as having been intended. Our results show that this phenomenon persists in the most recent rounds of NSFG, and is more pronounced among Hispanics than non-Hispanic Whites. This difference is consistent with that found by Hartnett for all unintended births with NSFG (Hartnett 2012), as well as with ethnographic studies of Latina or Mexican attitudes toward childbearing and families (Amaro 1988; Hondagneu-Sotelo 1994; Guendelman et al. 2001).

Our remaining analyses made use of an unusual data set for a cohort of Latina oral contraceptive users that included prospective assessments of feelings and intentions, and also permitted us to look at retrospective reporting of intentions and feelings for the small number of women who actually experienced a contraceptive failure during this prospective study. It seems clear from the responses that the women in this cohort gave regarding how long they planned to use the pill, as well as how likely they felt it was that they would become pregnant during the next three months that all but a very small percentage were using the pill with an understanding that it would prevent pregnancy. Yet 44% percent of the cohort said they would be either 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.

In light of these women's unequivocal intentions, interpretation of their positive feelings about a pregnancy as contradictory indicators of some underlying desire to avoid pregnancy is unsatisfactory. The only interpretation we can offer for these findings is that rather than being contradictory indicators of some underlying desire to avoid pregnancy, feelings and intentions are indeed distinct concepts for most of the BCAS study participants. In our reading, these women are earnestly trying to prevent a pregnancy that they could not afford, or which would be inconvenient, but nevertheless the prospect of pregnancy is something joyful. Our exploration of the latent influences underlying the concept of happiness for women who are using contraception to prevent pregnancy, or who want no more children, suggests that a key factor is women's perceptions of their partner's happiness. That women are less likely to profess happiness about a pregnancy if they perceive their partner would feel unhappy is perhaps a reflection of the meaning of an unintended pregnancy for the wellbeing of the relationship. Thus, these feelings may be seen as something of a romantic concept, the normative response for which is happiness, but which may be over-ridden by relationship impact considerations.

A key implication of our findings is that survey responses regarding feelings about either a past or prospective pregnancy should not necessarily be used as an indicator of ambivalence, or lack of seriousness about avoiding pregnancy. In a recent paper, Higgins, Popkin, and Santelli did use happiness at the prospect of pregnancy to construct a measure of ambivalence, but found that the measure was not a significant predictor of contraceptive use, at least for females (Higgins, Popkin and Santelli 2012). Moreover, in an analysis of factors associated with continuation on the pill among BCAS participants, the baseline

response concerning how long they planned to use the pill was a strong predictor of continuation while feelings had no predictive power (Potter et al. 2011).

Our findings with respect to the difference between prospective assessments of feelings and intentions regarding a future pregnancy and those assessed retrospectively after what in all likelihood was an unintended pregnancy raise doubts about our ability to assess either intention or feelings retrospectively. While, of course, we cannot be sure about intentions at the moment of conception, the retrospective reports of intention for many of these pregnancies represent a substantial departure from the motivational state that one would logically infer from their baseline responses. Similarly, the retrospective reports of happiness, while not entirely an artifact of a post-pregnancy adjustment or rationalization, show a recognizable shift toward greater happiness about pregnancy. This pattern suggests likely under-reporting of unintended pregnancy when retrospective data are relied upon.

Although the BCAS data afforded us a good opportunity to assess intention and feelings about pregnancy prospectively, there are a number of limitations. The participants were recruited from a single city, and were composed of either first or second-generation women of Mexican origin. Moreover, due to the small number of women who became pregnant during the study, we had only a few opportunities to compare prospective and retrospective reports. Thus, while our results suggest that estimates of unintended pregnancy based on retrospective surveys such as NSFG and the CDC-originated Pregnancy Risk Assessment Monitoring System (PRAMS) might be underestimates, more such prospective versus retrospective comparisons are clearly needed to strengthen this inference.

Conclusion

These analyses bring to light evidence from prospective data that viewing happiness and intention as distinct and separate concepts is both meaningful and useful when measuring and interpreting pregnancy intentions among Latinas. Using contraception to prevent pregnancy, yet feeling happy at its prospect, are not mutually exclusive, nor should they automatically be considered a sign of ambivalence. 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 Women who Experienced Method Failure by Their Feelings About the Pregnancy, 2006-2010 NSFG (n= 389)

Feelings about pregnancy	Hispanic		Non-Hispanic White	
	Intended n=43	Unintended n=100	Intended n=74	Unintended n=172
Very unhappy (1)	2.33	16.0	0.00	23.84
Unhappy (2-4)	4.65	14.0	4.06	22.09
Neutral (5)	6.98	12.0	4.06	20.93
Happy (6-9)	11.63	34.0	44.59	25.00
Very happy (10)	74.42	24.0	47.30	8.14
Total	100.0	100.0	100.0	100.0

Difference by ethnicity is statistically significant. $\chi^2(4, N=389)= 17.92, p<0.01$

Table 2—BCAS Sample Characteristics at Baseline (n=956)

Participants at Baseline (figures in percentages)	
Age	
18-24	27.7
25-29	22.2
30-34	20.9
35+	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
Living Together	19.5
Single	20.3
Separated/Divorced/Widowed	9.1
Place of Birth	
Mexico	71.0
U.S.	29.0
Educational Level	
No High School	19.5
Some High School	29.7
Completed High School	24.8
Post-High School	26.0
Work Status	
Employed	57.3
Not Employed	42.7
U.S. Health Insurance Status	
U.S. Health Insurance	16.6
No U.S. Health Insurance	83.4
Future Childbearing Intentions	
More Children Wanted in Future	47.0
No More Children Wanted in Future	48.0
Don't Know	5.0
Planned Duration of Pill Use	
2 or more years	54.0
At least 1 more year	23.0
4 months to 1 year more	6.0
1-3 months more	2.0
Don't Know	15.0
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
Feelings About 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
<hr/>	
Perception of Partner's Feelings About 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
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Table 3—BCAS Baseline Comparison of Planned Duration of Pill Use and Future Childbearing Intentions with Feelings About Pregnancy (n=956)

		Feelings About Pregnancy in Next 3 Months				
		Very Happy	Somewhat Happy	Don't Know	Somewhat Upset	Very Upset
Duration of Planned Pill Use	Less than 1 year more (n=215)	26.0	31.6	13.5	12.6	16.3
	At least 1 year more (n=741)	16.7	23.8	10.5	13.8	35.2
Children Planned in Future	Yes (n=449)	26.7	29.0	9.1	11.0	24.3
	No (n=458)	11.6	22.7	11.6	16.4	37.8
	Don't Know (n=49)	13.0	18.5	24.1	18.5	26.0

Figures are in percentages. Percentages are calculated separately for each category of intention.

Duration of Planned Pill Use: $\chi^2(4, N=956) = 32.53, p<0.001$

Children Planned in Future: $\chi^2(4, N=956) = 50.26, p<0.001$

Table 4—Comparison of Prospective Feelings About Pregnancy for Women in BCAS who Plan to use the Pill for Least one More Year, with Their Perceptions of Their Partners' Feelings, (n=741)

Women's Feelings About Pregnancy in Next 3 Months	Partner's Feelings About Pregnancy in Next 3 Months				
	Very Happy	Somewhat Happy	Don't Know	Somewhat Upset	Very Upset
Very Happy (n=124)	73.0	18.5	5.6	2.0	2.0
Somewhat Happy (n=176)	39.8	46.0	4.0	8.0	2.3
Don't Know (n=78)	27.0	11.5	52.3	4.0	5.1
Somewhat Upset (n=102)	26.5	16.7	4.2	42.2	10.8
Very Upset (n=261)	10.3	12.3	4.2	11.1	62.0

Figures are in percentages, and percentages are calculated separately for each category of happiness

Table 5—Ordinal Logistic Regressions Assessing the Association Between Perceptions of Partner’s Happiness and Women’s Prospective Happiness About Pregnancy, for Women in BCAS who Plan to use the Pill for at Least one More Year, and for Women who Want no More Children

	Pill Use Planned for at Least One Year More (n=741)		No Further Pregnancies Wanted in the Future (n=458)	
Age 25-29	0.37	(0.24)	-0.13	(0.36)
Age 30-34	0.44	(0.27)	-0.13	(0.35)
Age 35+	0.57	(0.28)	-0.09	(0.34)
Para 2	-0.40	(0.23)	-0.12	(0.41)
Para 3	-0.70*	(0.27)	-0.19	(0.42)
Para 4+	-0.64*	(0.31)	-0.64	(0.45)
Partner would feel somewhat happy	-0.65***	(0.21)	-0.28	(0.25)
Don’t know partner’s feelings	-1.15***	(0.26)	-0.71*	(0.31)
Partner would feel somewhat upset	-2.22***	(0.26)	-1.77***	(0.29)
Partner would feel very upset	-4.43***	(0.30)	-3.90***	(0.35)
No US health insurance	0.17	(0.24)	-0.40	(0.30)
Single	-0.44	(0.25)	-0.70*	(0.35)
Living Together	0.06	(0.20)	-0.05	(0.27)
Separated/Divorced	0.14	(0.29)	0.23	(0.33)
Born in Mexico	-0.25	(0.21)	0.01	(0.26)
Employed	0.08	(0.18)	-0.05	(0.21)
Age at first birth < 25	-0.41	(0.28)	-0.32	(0.31)
Some High School Education	-0.18	(0.22)	-0.37	(0.24)
Completed High School Education	-0.38	(0.24)	-0.49	(0.27)
Post-High School Education	-0.27	(0.27)	-0.56	(0.32)

Standard errors in parentheses. *** $p < .001$, ** $p < .01$, * $p < .05$

For Duration of pill use: Cut-Points: very upset | somewhat upset: -3.60, somewhat upset | DK: -2.63,

DK | somewhat happy: -1.98, somewhat happy | very happy: 0.13

Residual Deviance: 1064.6, AIC: 1104.6

For Future intentions: Cut-Points: very upset | somewhat upset: -1.7443, somewhat upset | DK: -0.7384,

DK | somewhat happy: 0.0550, somewhat happy | very happy: 1.6014

Residual Deviance: 1149.049, AIC: 1183.049

Table 6— Frequency Distribution of Women who Experienced Method Failure in BCAS by Their Retrospective Feelings About the Pregnancy (n=36)

Retrospective Happiness	Retrospective Intentions	
	Intended	Unintended
Very Upset	0	0
Somewhat Upset	0	0
Don't Know	0	4
Somewhat Happy	1	7
Very Happy	16	8
Total	17	19

Table 7—Comparison of Prospective and Retrospective Happiness for Women who Became Pregnant due to Method Failure in BCAS (n=36)

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

