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Meaning of Pregnancy Terms Among African-American Women

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Abstract

The concept of pregnancy intendedness is complex and may not bear the same meaning to all women. Moreover, researcher definition and women's meaning were thought to be different. Some researchers have indicated that it is unclear how well women understand and relate to questions used by the National Survey of Family Growth (NSFG) and how the classifications relate to women's lives. The purpose of this study was to explore the meaning of terms such as planned and/or intended pregnancy among African-American women of childbearing age using a qualitative exploratory descriptive method. Although African-American women want children, they are three times as likely to experience an unintended pregnancy as white women. Data extracted from transcripts were coded and analyzed for recurrent patterns and themes. For this study, the Theory of Planned Behavior (Ajzen & Fishbein, 1980) was employed to frame interview questions and to interpret data. Findings suggest participants and partners often did not have the same perceptions or meanings of pregnancy planning or intentions. These findings have implications for research and family planning policy.

Keywords

Meaning of Pregnancy Terms, Africa-American Mothers, Pregnancy Intendedness

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Meaning of Pregnancy Terms Among African-American Women

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The concept of pregnancy intendedness is complex and may not bear the same meaning to all women. Moreover, researcher definition and women's meaning were thought to be different. Some researchers have indicated that it is unclear how well women understand and relate to questions used by the National Survey of Family Growth (NSFG) and how the classifications relate to women's lives. The purpose of this study was to explore the meaning of terms such as planned and/or intended pregnancy among African-American women of childbearing age using a qualitative exploratory descriptive method. Although African-American women want children, they are three times as likely to experience an unintended pregnancy as white women. Data extracted from transcripts were coded and analyzed for recurrent patterns and themes. For this study, the Theory of Planned Behavior (Ajzen & Fishbein, 1980) was employed to frame interview questions and to interpret data. Findings suggest participants and partners often did not have the same perceptions or meanings of pregnancy planning or intentions. These findings have implications for research and family planning policy. Keywords: Meaning of Pregnancy Terms, Africa-American Mothers, Pregnancy Intendedness

Despite availability of effective birth control methods, women report giving birth to babies not consciously planned by themselves or their partners (Mosher, Jones, & Abma, 2012). Statistics, according to these authors, of unintended pregnancies in the United States are overwhelmingly skewed toward women of color. Discussions about this disparity are complicated by the lack of a consistent language about the intention of pregnancy (Santelli et al., 2003).

Researchers, particularly Sociologists, categorize pregnancies as intended, unintended, planned, unplanned, wanted, unwanted or mistimed with statistics aligned with these definitions. Unclear definitions of these primary concepts have led to marred and unclear classification of pregnancy terms (Santelli et al., 2003). Public health policy around this issue is of importance to many stakeholders.

The National Survey of Families (1973-present) is a national data base where information about intendedness has been collected over many years. However, these quantitative data do not capture women's qualitative ideas about their thoughts on the language used to categorize their childbearing wantedness. The purpose of this study was to give a voice to African-American women who have had children and to describe their understanding words such as intendedness.

Background and Purpose

Pregnancy intentions is one of those terms where a clear understanding is lacking in the literature and based on perceptions of some health care providers and researchers (Santelli et al., 2003). While this would go unnoticed in research, it is discussed quite frequently in medical literature with judgmental repercussions to the mother and family. This research sought to examine African-American mothers understanding of the term from their perspective. Pregnancy events are expected to fit within categories developed by researchers without respect for individual circumstances surrounding pregnancy or the cultural influence of the individual(s) experiencing the pregnancy. Knowledge of pregnancy intention may be relevant in the provision of prenatal health education and mother baby services (Connaughton-Espino, 2010; Hellerstedt et al., 1998).

Many births in the United States are classified as unintended, and a goal of clinicians and health educators is to influence maternal behaviors in order to optimize fetal and maternal outcomes. Pregnancy intention has been associated with pregnancy risks as women experience their pregnancies (Mosher, Jones, & Abma, 2012).

Use of judgmental terms, during a pregnancy such as unintended pregnancy, has emotional implications for mothers and may severely impact health outcomes of a pregnancy (Linberg, Maddow-Zimet, Kost, & Lincoln, 2015). As noted by Cubbin et al. (2002), an unintended pregnancy may result in a late start to behavioral changes that could positively influence pregnancy outcomes from the time of conception. These changes include the timely initiation of folic acid supplementation; elimination or reduction of alcohol and tobacco; and other behaviors that may be hazardous to fetal development and/or maternal health. A reduction in the rate of unintended pregnancies can be achieved by decreasing risky behavior, promotion of effective contraceptive methods, and improvement of use of all contraceptive methods (Guttmacher Institute Fact Sheet, 2016; Bensyl, Iuliano, Carter, Santelli, & Gilbert, 2005; Henshaw, 1998).

Researchers propose that an accurate measurement of pregnancy intendedness includes women's attitudes toward pregnancy and motivations to achieve or avoid pregnancy. For example, there are trends that suggest couples are agreeing to non-marital childbearing (Daugherty & Copen, 2016) and thus intendedness may be different for different couples.

Understanding fertility-related behaviors, estimating unmet needs for contraception and building strong family planning programs are also important (Speizer, Santelli, Afable-Munsuz, & Kendall, 2004). Furthermore, allocation of additional funding for family planning services is based on pregnancy intention surveys such as the National Survey of Family Growth (NSFG) and the Pregnancy Risk Assessment Monitoring System (PRAMS; Klerman, 2000). Thus, the importance of correct language about pregnancy intendedness is germane to economic as well as public health policy. Policy responses to results of such surveys depend on understanding fertility goals of individuals and couples who could be served by more effective family planning programs.

Unintended pregnancy in the United States is a widespread problem with serious health consequences for individuals, families, and society (Sawhill & Venator, 2014; Green, Gazmararian, Mahoney, & Davis, 2002). This led to the Institute of Medicine (IOM) convening a Committee on Unintended Pregnancy to examine trends and consequences of such pregnancies with the recommendation that all pregnancies be consciously and clearly desired at the time of conception (Campbell & Mosher, 2000; Henshaw, 1998; Klerman, 2000).

A Guttmacher Institute Abortion Provider Survey (APS) and the National Survey of Family Growth (NSFG) produced a report that yielded the *Healthy People 2020* (<https://www.healthypeople.gov/>) objective of increasing the rate of intended pregnancies to 56%. This objective is lower than the previous Healthy People 2010 objective of 76%. Another

Healthy People 2020 family planning objective is to increase the proportion of females (and their partners) that uses contraception to 91.6%. The Healthy People 2010 objective was 100%. If both partners are using contraception, it doesn't leave the responsibility of preventing pregnancy on just one person in the relationship. Additionally, having both partners participate in contraception may generate the conversation regarding pregnancy planning, intendedness, and reduce the number of unintended pregnancies.

Women with unintended pregnancies are more likely than those with intended pregnancies to participate health compromising behaviors (Hellerstedt et al., 1998). Similarly, researchers suggest that unintended pregnancies are associated with poor maternal child health outcomes and behaviors such as smoking and drinking during pregnancy, delayed prenatal care, maternal morbidity, and mortality, physical/sexual abuse, premature birth, low birth weight, and small-for-gestational age births (Cubbin et al., 2002; Korenman, Kaester, & Joyce, 2002). Further, researchers (Mosher, Jones, & Abma, 2012; Korenman et al., 2002) found that women with unintended pregnancies may fail to engage in healthy behaviors, such as seeking prenatal care, because of delay in recognizing the conception or denial of the pregnancy. Additionally, women with unintended pregnancies are less likely to breastfeed than women with intended pregnancies or even mistimed pregnancies (D'Angelo, Gilbert, Rochat, Santelli, & Herold, 2004).

Unintended pregnancies are also associated with elective abortions, perinatal complications, child abuse, and problems with child development (Stanford, Hobbs, Jameson, DeWitt, & Fischer, 2000). Pallitto, Campbell and O'Campo (2005) found that unintended pregnancies are associated with less opportunities for skill development and lower-quality relationships between mother and child possibly due to mother's depressive symptoms or lack of emotional investment. They further cited 2003 estimates which indicated that up to 100,000 cases of maternal deaths and 4.6 million disability-adjusted life years would be prevented globally if women could prevent unintended pregnancies. Unintended pregnancies are not isolated occurrences affecting just those individuals involved, but rather the cost impacts both the individuals involved and the larger society (Henshaw, 1998). In a study of women in four states between 1990 and 1991, researchers found a strong relationship between physical violence and unintended pregnancy (Pallitto et al., 2005).

Rates of physical violence were higher for women who had experienced an unwanted or mistimed pregnancy as compared to women who had an intended pregnancy. Similar findings from the 1996-1997 PRAMS that included these data and 10 other states found that having an unwanted or mistimed pregnancy increased the odds of physical abuse around the time of pregnancy by 2.5 times. In such cases, the potential mechanism between abuse and adverse outcomes is through the environment of fear and male dominance. This environment in abusive relationships could impact women's ability to control their fertility, thus leading to unintended pregnancies. The consequences of unintended pregnancies here outline the great human cost of unintended pregnancy to women and infants in terms of disability and mortality (Pallitto et al., 2005).

Currently, the number and rate of unintended pregnancies in the United States remains alarmingly high. Approximately 49% of all US pregnancies and 30% of live births in 1994 were unintended (mistimed or unwanted) at the time of pregnancy (Finer & Henshaw, 2006; Henshaw, 1998). Cubbin et al. (2002) suggested that over half of all pregnancies in the United States were unintended. The greatest prevalence of unintended pregnancies occurs among women who are unmarried, teenagers, poor, African-Americans, low educational attainment, low income, and over 40 years old (Cubbin et al., 2002; De'Angelo et al., 2004; Hellerstedt, Pirie et al., 1998; Huang, 2005; Kendall, Afaible-Munsuz et al., 2005; Speizer et al., 2004).

Past and present researchers have not been able to clearly define intendedness, unintendedness, wantedness, and unwantedness related to pregnancy intentions (Sable &

Wilkinson, 1998; D'Angelo et al., 2004). Historically, the terms intended, planned, and wanted have been used interchangeably by researchers, policy makers, and clinicians when assessing the intention status of pregnancy (Fischer, Stanford, Jameson, & DeWitt, 1999). Prior to the 1965 National Fertility Study (NFS), fertility surveys defined intendedness based on the couples' fertility histories (Campbell & Mosher, 2000). One such survey interviewed women who had large families to explore unwanted pregnancies at the end of the childbearing period (Kendall et al., 2005). The discussion of unintended pregnancy today refers to different issues than when it was introduced in the past (Kendall et al., 2005). The NFS shifted the unit of analysis from that of couples' fertility histories to the individual birth or pregnancy, and introduced the concept of determining the difference between number and timing failures (i.e., pregnancies that were unwanted at any time and those that occurred sooner than wanted) (Campbell & Mosher, 2000).

According to Campbell and Mosher (2000), there were three possible responses: (1) using contraception and did not want to become pregnant at that time, (2) not using a method but did not want to become pregnant then, and (3) stopped using a method in order to become pregnant. A pregnancy was classified as a timing failure, if she did not want to become pregnant then, but she or her husband did want another child at some time later. Today's surveys would categorize this pregnancy as mistimed. In the past if the couple had not wanted any more children, it was a number failure. In today's surveys this is an unwanted pregnancy (Campbell & Mosher, 2000).

Pregnancy terms have far reaching policy implications for the mother, the baby and society as a whole. There seems to be a gap in the literature about those women who may be most impacted by policies with the current language of pregnancy intendedness. The research design for this study was selected with the purpose of giving voice to those women.

Methodology

Research Design

Descriptive qualitative method was employed to investigate the meaning of intended/planned pregnancies among African-American mothers. Exploratory research aims to provide a better understanding of a phenomena of interest, but does not offer a definite answer. Research questions for this study included:

1. What is the meaning and significance that African-American mothers ascribe to concepts of wanted, intended, and planned, in the context of pregnancy?
2. What are the attitudes, beliefs, and values held by African-American mothers about becoming pregnant?
3. What are African-American women's views on (and experiences with) pregnancy planning?

Sampling and Data Collection

After IRB approval, individuals were recruited with flyers posted at public establishments such as libraries and restaurants in Northern Florida counties. They were invited to participate in the study by responding to an email address on the recruitment flyers placed in these establishments. The sample was one of convenience. When appropriate, a "snowballing" technique for sampling also was used. In this strategy, interviewees were asked to nominate other potential candidates for interviewing. Participants were nulligravida (a woman who has never been pregnant), African-American, English-speaking women between

the ages of 18 to 44 years. For this study, 31 interviews were conducted over an eight-month period during 2012 and 2013.

Individual face-to-face interviews were conducted with the participants in neutral locations such as public libraries, meeting rooms on a college campus, and a bookstore. A brief explanation of the research was provided during initial contact via telephone. When the participant agreed to meet the researcher at one of the identified locations, then the researcher provided more detail about the purpose of the study and that the interview would be recorded.

The researcher asked participants to sign a consent form after discussion. Utilizing the research questions, the researcher asked participants to elaborate on their knowledge and understanding of the meaning of intended/planned pregnancy. Length of interviews varied depending on how much information each participant was willing to share. Average length of time to interview a participant was approximately 30-60 minutes. At times, the researcher had to redirect participants to return to interview questions. An audit trail was created by maintaining both paper and electronic files of the recorded interviews. Reflexivity was accomplished by journaling. The researcher kept a journal detailing her thoughts and feelings about each interview and the information shared by the participants. The journal also contained information about the location of the interviews as well as verbal and nonverbal communication of the participants.

Data Analysis

Recorded interviews were transcribed by a court reporter. The researcher read each of the transcribed interviews and extracted data to be coded and identified recurrent patterns and themes. This method of data extraction is known as the constant comparative method. According to Bitsch (2005) "Constant comparison serves to uncover and explain patterns and variations" (p. 79). The transcriptions were reviewed by two other transcribers who also performed data extraction and analysis and compared for differences to ensure the maintenance of inter-rater reliability (consensus) and validity during the coding process (Paré, 2002). Coding and analysis were completed in by hand over several months.

Interview Guide

An interview guide developed by Gerber, Pennylegion and Spice (2002) and based on constructs of the Theory of Planned Behavior (TPB), was used in this study. Permission was obtained through the Washington Public Health Department to utilize the eight-question interview guide for this study. Open discussion toward the end of each interview was encouraged to allow interviewees to ask questions and add any comments they might want to add. Supplementary questions were added to the interview guide as additional factors were uncovered during data collection. Each scheduled interview lasted between 30 minutes to one hour and took place in a public library conference room or another private place chosen by the participant. Interviews were audio-taped with participants' permission, and transcribed.

Sample interview questions included: What are some reasons a woman may want to become pregnant? When you and your friends talk about the possibility of getting pregnant, what do you talk about? Can you think of a time when you would leave getting pregnant up to chance? During transcription, however, all personal identifying information was removed and all identity was coded.

The Theory of Planned Behavior (TPB)

It was posited that the TPB would be a good fit with the phenomena of study and thus the interview guide contained questions that were aligned with the theory. TPB outlines the relationship between beliefs, attitudes, intentions, behaviors (Ajzen & Fishbein, 1980) and behavioral intentions as the key determinant of a person's behavior. The Theory of Planned Behavior (TPB) was developed by Ajzen and Fishbein (1980) to describe behaviors that people don't have complete control over. Montañó and Kasprzyk (2002) explained that even in the presence of high motivation, a person may not be able to carry out a behavior at will due to external conditions that may negatively influence will. Influences beyond an individual's power that may impact actions or intents either negatively or positively is accounted for with the addition of perceived behavioral control to the TRA. Table 1 contains four constructs of the TBA and how they are conceptualized for this study.

Table 1. Theory of Planned Behavior Constructs

Concept	Construct	Pregnancy Planning Example
Attitude toward the behavior	Beliefs about outcomes or attributes of performing the behavior	Attitudes about the practice and outcomes of contraceptive use
Subjective norm	Belief about whether most people approve or disapprove of the behavior	Perceptions that family, and friends are supportive of the plan to have a baby
Perceived behavioral control	Perceived personal control over the behavior	Ability to utilize contraception to control fertility
Behavioral intention	Perceived likelihood of performing a behavior	Planning a wanted pregnancy, supported by family and friends.

(Adapted from Cottrell & McKenzie, 2005.)

Trustworthiness

The researcher coded and analyzed data extracted from transcripts for recurrent patterns and themes. Although the themes were initially generated deductively from theory, it was anticipated that some of the theoretical constructs may be influenced, altered, or reshaped by the data (Goodson, 2010). An audit trail, that is records that are kept regarding what was done in an investigation, was implemented at the beginning of the research project (Lincoln & Guba, 1985). Lincoln and Guba (1985) suggested that the value of a research study is strengthened by its trustworthiness. Trustworthiness involves establishing *credibility* or confidence in the "truth" of the findings; *transferability* or ability to apply the findings to other contexts; *dependability* or showing consistent findings that can be repeated and; *confirmability* or the extent to which the findings are shaped by the participants and not researcher bias, motivation, or interest. Some of the techniques to establish trustworthiness include peer debriefing, journaling, thick description, audit trail and triangulation.

Peer debriefing involves the process of engaging in dialog with colleagues outside of a research project who have experience with the topic, population or methods being utilized (Creswell, 2003; Li, 2004; Lincoln & Guba, 1985). After the first ten interviews were completed and transcribed for the present study, transcripts were analyzed and discussed with three reviewers. During this meeting, reviewers discussed interview processes and determined

whether questions asked were adequate to accumulate enough information to answer the research questions. Additional suggestions, to the interviewer, included limiting interviewer input to the conversation thus allowing the participants' responses not to be influenced by the responses of the interviewer. The researcher's personal feelings regarding certain responses given by the participants were also discussed by peer reviewers during debriefing.

Reflexivity journaling is defined by Horsburgh 2003 (p. 308) as "active acknowledgement by the researcher that her/his own actions and decisions will inevitably impact upon the meaning and context of the experience under investigation" (p. 308). The researcher maintained a journal detailing her thoughts and feelings about each interview and the information shared by the participants. The journal also contained information about the location of interviews as well as verbal and participant nonverbal communication.

Thick description is the process of paying attention to contextual detail in observing and interpreting social meaning when conducting qualitative research. The term was first introduced into the literature of qualitative research by the noted anthropologist Clifford Geertz in the early 1970s. By describing a phenomenon in sufficient detail one can begin to evaluate the extent to which the conclusions drawn are transferable to other times, settings, situations, and people (Lincoln & Guba, 1985).

An "audit trail" clearly describes the steps taken throughout the data analysis process (Lietz & Zayas, 2010). An audit trail is an important part of establishing rigor in qualitative work as it describes the research procedures (Johnson & Waterfield, 2004). An audit trail was created for this study by maintaining both paper and electronic files of the recorded interviews. Each reviewer analyzed the transcripts from the first ten interviews creating separate code lists. Each code list was then compared to discover similarities and differences among the lists. A code book was developed from the agreed upon codes. Codes were used by the interviewer in the identification of key themes and the data analyses of the 31 interviews.

Triangulation was conducted by assigning two to three coders to examine data extracted from transcribed interviews. Coders compared differences to ensure the maintenance of inter-rater reliability (consensus) and validity during the coding process (Paré, 2002).

The method for this study contained several components not found in other studies of this nature. Alignment with TPB, the use of exploratory qualitative research to extrapolate meaning for African-American mother's voices, and a detailed plan for trustworthiness of data are representative differences of this research.

Results

Demographics

A confidential demographic (age, # of children, marital status) form was completed prior to the interview. The sample consisted of 31 African-American, non-pregnant females between the ages of 23-44 years with an average age of 31.5 years. Close to half (48.3%) of the participants were in their thirties. Twelve of the women were in their twenties and three were in their forties. Almost 68% of the women were single. Levels of education ranged from completion of high school to having a doctorate degree. The lowest annual salary reported was \$0 and the highest annual salary reported was \$120,000. The highest number of children reported by the women was four and there were nine women who did not have any children.

Findings

Prior to initiating the study the researcher thought the more educated women and perhaps those women who were married would provide the textbook answers to the questions,

but discovered that regardless of educational achievement, background, and life experiences most had the same perception of what it means to have an intended/planned pregnancy. Some of the women became emotional during the interviews as they shared how they had hoped that pregnancy (or having the baby) would create a bond with the men in their lives. Failure to establish the sought-after bond left them feeling alone, but hoping that the next man would be the one. For these women, the pregnancies were “intended” on their part, but not on the part of their partners.

Reasons to Get Pregnant and Have Children

Suggestions offered to explain why a woman may want to become pregnant varied. The two most common reasons given by participants included wanting to have someone to love them, followed by the desire to start a family. Other reasons shared included the desires of husbands/significant others to have children, and because some women felt the birth of a child would add to or help the relationship with their husbands or significant others.

Someone to Love Them

The desire to give and receive unconditional love was mentioned most frequently by participants as the reason some women may want to become pregnant. They speculated that the desire to become pregnant may also be stimulated by loneliness especially during adolescence. “Well, a mother may want to become pregnant for the love. The love that you get from a child is undying. It never ends. It’s a love like no other” (Married, Age 34).

To Start a Family

Some participants indicated it is a natural instinct for a woman to want to become pregnant and have children. In this sample, some indicated that women want to become pregnant to fill that role of a woman and to satisfy a life fulfillment. Just to start or extend their families was given as a prime reason for women wanting to become pregnant. “One of the reasons that a woman might want to become pregnant is so she can expand her family or start a family...” (Single, age 29).

To Impact Relationships

Women reported that the desire to become pregnant may be attributed to some women’s attempts to advance their relationships with their male partners or to try to secure their relationships. Some believe having a child because their male partner wanted a child, especially if not married, would cause the male to stay around. No one reported feeling pressured or otherwise influenced by peers, family members or societal norms to have a baby. “Some reasons a woman may want to become pregnant is so they can have a significant other in their life, or to hold on to them” (Married, age 34).

Wanted, Intended, Planned, Prepared (Pregnancy Descriptors)

Terms such as wanted, intended, planned and prepared have been used in the past to categorize pregnancy status among women. The meaning given to these terms by health care providers and researchers is often not the meaning given by women when they are asked to define the terms. Participants’ understanding of the terms often varied from woman to woman.

Wanted Pregnancy

Participants were asked what the word “wanted” meant to them when thinking about becoming pregnant. Some women gave descriptions that indicated the baby was desired before conception by either or both parents.

As indicated by some women the term “wanted” was used to signify acceptance of the pregnancy after conception occurred. Most women spoke of wanting the baby after learning of positive conception. Others equated “wanted” to other terms such as planned, unplanned, prepared and unprepared. Some women defined “wanted” from the viewpoint of themselves being wanted by either their babies or the male partner. “Emotionally, spiritually, and financially you are ready to have a baby and you have prepared to make sure that everything is on track for that child” (Married, age 40).

Intended Pregnancy

Many participants gave examples of “intended” that included a negative connotation. Some participants viewed “intended” pregnancies as underhanded manipulations of either one of partners to make a pregnancy occur without the other partner’s willingness. “A woman decides to have a child without letting the father of the child know that they wanted to get pregnant” (Single, age 28).

Planned Pregnancy

When discussing the term “planned” most participants gave positive responses. Their perception of the meaning of “planned” evolved around both partners in the relationship making the decision together to procreate. For some women, planned pregnancies involved organizing and following a course of action to achieve conception and therefore give birth. “That you actually sit down hopefully with your spouse and plan out the family that you want” (Married, age 44).

Prepared Pregnancy

For a few women being “prepared” is equated with financial, mental, and physical stability and having everything in place prior to becoming pregnant. Other participants talked about having the material things needed for the baby’s impending birth and arrival home after birth. A few women found similarities in the term “prepared” and other terms used as descriptors of pregnancy. “It means all my ducks are in a row. I am financially stable. I am mentally stable, and emotionally stable and prepared for what a child can bring to the table” (Single, age 28).

Summary and Recommendations

This research suggests that African-American women’s understanding of the concepts of wanted, intended, and planned in the context of pregnancy are unclear. It also suggests that their understanding is not as complex or as detailed as the meaning ascribed to the terms by health care professionals and researchers.

When referring to the word “wanted” some women talked about wanting the baby or “the life growing inside,” but others talked about themselves being wanted by their mates and the child. Overall, the general understanding of the word relates to wanting the baby after

conception has occurred. The word intended was almost always seen as dishonest or deceitful in nature with one partner keeping the other in the dark about the attempts to become pregnant.

The most common attitude or belief held by these African-American women about becoming pregnant is that babies are a blessing, but they are expensive. Some women are desirous of becoming pregnant and having children, but they are hoping for the ideal situation in which to become pregnant. They desire stable relationships with the fathers of their children, preferably marriage. They are hopeful for financial stability as well as emotional support and involvement of the fathers. While they realize that the majority of responsibilities of parenting generally fall on the woman, they would like to avoid the stress and hardship of single parenting. Those who are single parents spoke of wanting more children, but also wanting to do it the “right way,” the next time. Their definition of the “right way” is being married prior to becoming pregnant. These African-American women reported their value of marriage and having involvement of fathers in the lives of their children.

Seemingly, the value of pregnancy planning is recognized among practicing providers of women’s health care. Consensus among participants was that pregnancies should be planned. However, not many respondents who have been pregnant reported that their pregnancies had indeed been planned. Only a few participants stated they had engaged in conversations with their mates regarding pregnancy planning. It is believed that becoming pregnant and having children is the expectation for all women so if it happens it happens and the planning begins after conception. Mostly women reported that they were not necessarily attempting to become pregnant, but at the same time there were no efforts to prevent pregnancies either. Some women actually stated, “if it happens, it happens,” and once conception occurred then the wanting and planning would begin.

Recommendations for Public Health

Definition of words used to determine women’s pregnancy intentions are not clear. Adding to the confusion, women and their partners often do not have the same perceptions of meanings of pregnancy planning or intentions. Public health officials believe that rational thought and planning precede pregnancy intentions and behaviors which then result in intended pregnancies and positive pregnancy outcomes. Women in this study did not identify desires to become pregnant as their reasons for engaging in unprotected sexual intercourse. Often the sexual encounters are not planned, hence no thought is given to consequences of their actions and pregnancies that occurred as a result were unintended. Women talked of pregnancy planning after conception occurred whether intended or not. Study participants thought phrases planned and intended pregnancy implied a one-sided, deceitful decision on the part of the individual who goes about getting pregnant in this way.

Public health officials need to alter definitions about pregnancy planning to accurately capture constructs articulated by respondents and accurately reflect participants understanding of the meaning of these words. Such actions include, eliminating words that are similar in meaning when categorizing pregnancy intentions, which provides unambiguous definitions of the selected terms used. Thus, we recommend that information be presented to women prior to being surveyed so that their responses are based on their meaning and understanding. This we believe and according to these findings, would be more aligned with the definitions and women’s understandings.

Recommendations for Future Research

Currently, women are surveyed after birth regarding their pregnancy intentions. Retrospective surveying poses a problem because may forget intendedness. These events, when

happy, may cause a woman to under report true intentions at the time of conception. Our recommendation is to interview women at the time of a positive pregnancy test which may garner more accurate information about pregnancy intentions. Future research studies might also include a multiple sites, replication, and instrument development based on mothers' definition of terms.

A better understanding of factors associated with unintended pregnancy will: 1) Enhance the health care provider's ability to tailor information that encourages early onset pregnancy planning; 2) Assist with the Healthy People 2020 goal of increasing the proportion of pregnancies that are intended; thereby reducing the consequences of unintended pregnancy and; 3) Allow for improved classifications of pregnancies resulting in better allocation of funds to provide education and family planning services.

Conclusion

The body of knowledge related to pregnancy definitions is astronomical. Moreover, much of this information is quantitatively discussed without the input of mothers and their perceptions. Women who are most affected by the language of intended pregnancy include African-American women. Their voices are heard in this study and the literature will now include their beliefs about intentions and pregnancy. Interviewing, coding and analyzing were completed to extract meaning of intendedness from participants. With this wealth of information, recommendations for public health are presented for further discussion and research.

References

- Ajzen, I., & Fishbein, M. (1980). *Understanding attitudes and predicting social behavior*. Englewood Cliffs, NJ: Prentice Hall.
- Bensyl, D., Iuliano, A., Carter, M., Santelli, J., & Gilbert, B. (2005). Contraceptive use: United States and territories, behavioral risk factor surveillance system. *Morbidity and Mortality Weekly Review*, 54, 1-72.
- Bitsch, V. (2005). Qualitative research: A grounded theory example and evaluation criteria. *Journal of Agribusiness*, 23, 75-91.
- Campbell, A., & Mosher, W. (2000). A history of the measurement of unintended pregnancies and births. *Maternal and Child Health Journal*, 4, 163-169.
- Connaughton-Espino, T. (2010). Understanding pregnancy intention in North Carolina. *North Carolina Healthy Start Foundation*. Retrieved from www.NCHealthyStart.org
- Cottrell, R. R., & McKenzie, J. F. (2005). *Health promotion & education research methods: Using the five-chapter thesis/dissertation model*. Boston, MA: Jones & Bartlett Publishers.
- Creswell, J. W. (2003). *Research design: Qualitative, quantitative and mixed methods approaches* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Cubbin, C., Braveman, P., Marchi, K., Chavez, G., Santelli, J., & Gilbert, B. (2002). Socioeconomic and racial/ethnic disparities in unintended pregnancy among postpartum women in California. *Maternal and Child Health Journal*, 6, 237-245.
- D'Angelo, D., Gilbert, B., Rochat, R., Santelli, J., & Herold, J. (2004). Differences between mistimed and unwanted pregnancies among women who have live births. *Perspectives on Sexual and Reproductive Health*, 36, 192-197.
- Daugherty, J., & Copen, C. (2016). Trends in attitudes about marriage, childbearing, and sexual behavior: United States 2002, 2006-2010, and 2011-2013. *National Health Statistics Reports*, 92, 1-6.

- Finer, L. B., & Henshaw, S. (2006). Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. *Perspectives on Sexual and Reproductive Health*, 38(3), 90-96.
- Fischer, R., Stanford, J., Jameson, P., & DeWitt, M. (1999). Exploring the concepts of intended, planned, and wanted pregnancy. *Journal of Family Practice*, 48, 117-122.
- Gerber, A., Pennylegion, M., & Spice, C. (2002). *If it happens, it happens: A qualitative assessment of unintended pregnancy in South King County*. Prepared by The Family Planning Program and The Epidemiology, Planning and Evaluation Unit. Public Health – Seattle & King County Healthy People, Healthy Communities.
- Goodson, P. (2010). *Theory in health promotion research and practice: Thinking outside the box*. Boston, MA: Jones and Bartlett Publishing.
- Green, D., Gazmararian, J., Mahone, L., & Davis, N. (2002). Unintended pregnancy in a commercially insured population. *Maternal and Child Health Journal*, 6, 181-187.
- Guttmacher Institute. (2016). State facts about unintended pregnancy. Retrieved from <https://www.guttmacher.org/fact-sheet/state-facts-about-unintended-pregnancy>
- Hellerstedt, W., Pirie, P., Lando, H., Curry, S., McBride, C., Grothus, L., & Clark-Nelson, J. (1998). Differences in preconceptional and prenatal behaviors in women with intended pregnancies. *American Journal of Public Health*, 88, 663-668.
- Henshaw, S. (1998). Unintended pregnancy in the United States. *Family Planning Perspectives*, 30, 24-29, 46.
- Horsburgh, D. (2003). Evaluation of qualitative research. *Journal of Clinical Nursing*, 12(2), 307-312.
- Huang, C. (2005). Pregnancy intention from men's perspectives: Does child support enforcement matter? *Perspectives on Sexual and Reproductive Health*, 37(3), 119-124.
- Kendall, C., Afable-Munsuz, A., Speizer, I., Avery, A., Schmidt, N., & Santelli, J. (2005). Understanding pregnancy in a population of inner-city women in New Orleans: Results of qualitative research. *Social Science & Medicine*, 60, 297-311.
- Klerman, L. (2000). The intendedness of pregnancy: A concept in transition. *Maternal and Child Health Journal*, 4, 155-162.
- Korenman, S., Kaestner, R., & Joyce, T. (2002). Consequences of infants of parental disagreement in pregnancy intention. *Perspectives on Sexual and Reproductive Health*, 34, 198-205.
- Johnson, R., & Waterfield, J. (2004). Making words count: The value of qualitative research. *Physiotherapy Research International*, 9(3), 121-131.
- Lietz, C. A., & Zayas, L. E. (2010). Evaluating qualitative research for social work practitioners. *Advances in Social Work*, 11(2), 188-202.
- Linberg, L., Maddow-Zimet, I., Kost, K., & Lincoln, A. (2015). Pregnancy intentions and maternal child health: An analysis of longitudinal data in Oklahoma. *Maternal Child Health Journal*, 19(5), 1087-1096.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.
- Montaño, D. E., & Kasprzyk, D. (2002). The theory of reasoned action and the theory of planned behavior. In K. Glanz, B. K. Rimer, & F. M. Lewis (Eds.), *Health behavior and health education: Theory, research, and practice* (3rd ed., pp. 67-98). San Francisco, CA: Jossey-Bass.
- Mosher, W., Jones, J., & Abma, J. (2012). Intended and unintended births. *National Health Statistics Reports*, 55, 1-15.
- Pallitto, C., Campbell, J., & O'Campo, P. (2005). Is intimate partner violence associated with unintended pregnancy? *Trauma, Violence, & Abuse*, 6, 217-235.
- Paré, G. (2002). Enhancing the rigor of qualitative research: Application of a case methodology to build theories of IT implementation. *The Qualitative Report*, 7(4), 1-30. Retrieved

- from <http://nsuworks.nova.edu/tqr/vol7/iss4/5>
- Sable, M., & Wilkinson, D. (1998). Pregnancy intentions, pregnancy attitudes, and use of prenatal care in Missouri. *Maternal and Child Health Journal*, 2, 155-165.
- Santelli, J., Rochat, R., Hatfield-Timajchy, B., Gilbert, C., Curtis, K., Cabral, R., ... Schieve, L. (2003). The measurement and meaning of unintended pregnancy. *Perspectives on Sexual and Reproductive Health*, 35(2), 94-101.
- Sawhill, I., & Venator, J. (2014). Reducing unintended pregnancies for low-income women. *Brookings Report*. Retrieved from <https://www.brookings.edu/>
- Speizer, I., Santelli, J., Afafe-Munsuz, A., & Kendall, C. (2004). Measuring factors underlying intendedness of women's first and later pregnancies. *Perspectives on Sexual and Reproductive Health*, 36, 198-205.
- Stanford, J. B., Hobbs, R., Jameson, P., DeWitt, M. J., & Fischer, R. C. (2000). Defining dimensions of pregnancy intendedness. *Maternal and Child Health Journal*, 4, 183-189.

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