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# An Exploration of the Meaning and Consequences of Unintended Pregnancy among Latina Cultural Subgroups: Social, Cultural, Structural, Historical and Political Influences

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An Exploration of the Meaning and Consequences of Unintended Pregnancy among  
Latina Cultural Subgroups: Social, Cultural, Structural, Historical and Political Influences

by

Natalie Dolores Hernandez

A dissertation submitted in partial fulfillment  
of the requirements for the degree of  
Doctor of Philosophy  
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College of Public Health  
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## **DEDICATION**

This dissertation is dedicated to the twenty women who shared their stories for this dissertation. I admire their strength, courage, and wisdom and will always be grateful to them as they have inspired me.

In addition, this dissertation is lovingly dedicated in memory of my uncle Frank Rosario, who always believed in me and supported me. I love you far more than words can say and miss you every day.

I would like to give thanks and appreciation to my husband for his love, support, and encouragement throughout my doctoral process. Thank you for your patience, commitment, and unwavering support through the challenges, uncertainties, and for the sacrifices you made while completing the dissertation.

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## ABSTRACT

In the United States, prominent racial/ethnic and socioeconomic disparities in rates of unintended pregnancy, abortion, and unintended births exist. Recent analysis suggests that Latinas are three times more likely to experience an unintended pregnancy than non-Latina white women. More than half of pregnancies among Latinas (53%) in the United States are unintended and have higher unintended births as they are less likely than black women to have an abortion. In addition, in 2006 the unintended pregnancy rate was highest among women aged 20–24. Little research has been conducted to understand unintended pregnancy particularly among young adult Latina women.

The purpose of the study is to determine and understand the meaning of unintended pregnancy among Latina subpopulations and examine the perceived consequences and management of unintended pregnancy among Latina subpopulations. Between May 2012 and October 2012, twenty in-depth-interviews were conducted with U. S. born- Latinas between 18-25 years of age seeking a confirmation pregnancy test at clinics in which some provided abortion services.

Latinas in the study's meaning of pregnancy came from their complicated life situations, and were facilitated by Latino cultural beliefs, such as *fatalism*, religiosity and *familismo*. Many held favorable and positive meanings of their unintended pregnancy, particularly those who continued their pregnancies to term. Consistent with several other studies, the act of deliberately trying to plan a pregnancy was foreign to many of these

women, particularly because a pregnancy was something that should have been in their control and left up to God. Most of the Latinas in the study felt that women should not plan their pregnancies and doing so was going against fate and natural life course.

Public health research overwhelmingly highlights the negative maternal and child health consequences of unintended, while many women in this study perceived the negative consequences of unintended pregnancy to be primarily emotional and social. The inquiry found stigma surrounding unintended pregnancy among Latinas in this study. More than half of the women in the study resorted to termination of their pregnancy and cited fears of family reaction, fears their partner would deny paternity or responsibility, and/or desires to continue schooling, community and societal attitudes toward an unintended pregnancy and religiosity, as influencing this decision. In addition, contributing to the stigma were the stereotypes of Latinas.

Latinas decision to continue their pregnancies to term or have an abortion was provoked by diverse and interrelated factors. Although a few Latinas in the study stated their partner's had an influence on the pregnancy resolution decision, all Latina stated that ultimately they were in control over their pregnancy resolution decision. Even when Latinas partners did not agree with their decision, women still performed their intended pregnancy resolution decision.

Family planning services might benefit from intervention designs with the following features that address the cultural needs of this population; a) highlight/stress the importance and benefits of delaying a pregnancy, not discuss pregnancy planning which was found to be irrelevant to these women, b) incorporate and address cultural constructs such as *familismo* and *fatalism* as protective factors rather than risk factors,

and c) link and discuss issues such as poverty, education, insurance, stigma, and mental health issues. Many women reported these factors as perceived consequences and influencing the management of an unintended pregnancy. Interventions may be aimed at improving provider communication with Latinas about prevention of unintended pregnancy as well their pregnancy resolution options. Future public health campaigns might benefit from incorporating *promotores de salud* who had similar experiences in curriculums already discussing reproductive health. Support groups and mental health counseling was suggested as needed among participants that terminated their pregnancies. Future research should continue to focus on the multiple levels of influence and the contribution they make on the meaning and consequences of unintended pregnancy. In addition, the role of cultural protective factors in strengthening families and communities merits further exploration.

This study increased our understanding of what unintended pregnancy means in the Latino community, and explored it from a comprehensive, multi-dimensional, and structural perspective. Understanding these factors are important and first steps to addressing an issue that affects Latinas, their families, communities, and the nation-at large.

## **CHAPTER ONE: INTRODUCTION**

### *Statement of the Problem*

The ability to plan and decide when to have children is essential to women's reproductive health and rights. In the United States, prominent racial/ethnic and socioeconomic disparities in rates of unintended pregnancy, abortion, and unintended births exist. For example, from 2001 to 2006, rates of unintended pregnancy among poor and low income women increased, while rates for non-low income women decreased (Finer & Zolna, 2011). For instance, in 2006 there were 132 unintended pregnancies for every 1,000 low income women aged 15-44, compared with 120 in 2001. In 2006, low income women were nearly five times more likely to have an unintended pregnancy than middle or high income women (Finer & Zolna, 2011). While the percentage of unintended pregnancies decreased between 2001 and 2006 for women 15-17 years, it increased or stayed the same for all other women (Finer & Zolna, 2011). The largest unintended pregnancy rate occurred in women in their early twenties (Finer & Zolna, 2011).

Recent analysis suggests that Latinas are three times more likely to experience an unintended pregnancy than non-Latina white women (Finer & Henshaw, 2006; Finer & Zolna, 2011). More than half of pregnancies among Latinas (53%) in the United States are unintended (Finer & Henshaw, 2006; Finer & Zolna, 2011). While black women have the highest unintended pregnancy rates, Latinas have the highest unintended birth rates as they are less likely than black women to have an abortion (Finer & Zolna, 2011).

Unintended pregnancy is a concept that allows us to understand fertility and the disproportionate need for contraception. Unintended pregnancy is associated with an increased risk of illnesses for women and increased risk of morbidity during pregnancy as the result of unhealthy behaviors. Unintended pregnancies are also linked with short-term and long-term consequences for the mother, child, family, community, and society at large. Unintended pregnancies therefore can significantly impact the life course of a woman, and disparities in the ability to plan pregnancies as desired can contribute to the cycle of disadvantages experienced by Latinas. The prevention of unintended pregnancies among Latinas and the elimination of the disparities between Latinas and non-Latina whites are recognized priorities by the CDC and the National Campaign to Prevent Teen and Unplanned Pregnancy (Vexler & Suellentrop, 2006). In addition one of the Healthy People 2020 objectives is to “increase the number of pregnancies that are intended” as well as one of the overarching goals of achieving health equity and eliminating disparities (U. S. Department of Health and Human Services, 2010). Therefore, efforts must be made to understand the causes of these disparities and develop appropriate interventions to eliminate them.

#### *Overall Unintended Pregnancy Rates in the United States*

In 2006, nearly half (49%) of pregnancies in the U. S. were unintended (Finer & Zolna, 2011). From 2001 to 2006, the number of unintended pregnancies increased from 3.1 million to 3.2 million. This increase in unintended pregnancies is attributed to increases of unintended pregnancy among poor and minority women (Finer & Zolna, 2011). Five percent of women aged 15 to 44 years had an unintended pregnancy (Finer & Zolna, 2011). In regards to timing, 29% of the unintended pregnancies were reported



as mistimed, while 19% were reported as unwanted (Finer & Zolna, 2011). At least half of women of reproductive age will have had an unintended pregnancy by age 45 (Vexler & Suellentrop, 2006), and, at current rates, nearly one-third will have had an abortion (Jones R. K., Finer L. B., & Singh S., 2010). Abortions among unintended pregnancies have decreased. In 2001, 47% of unintended pregnancies ended in abortion, while in 2006, 43% ended in abortion. As a result of less unintended pregnancies ending in abortion and thus being carried to term, there was a small increase in the unintended birth rate between 2001 and 2006 (from 23 to 25 unintended births per 1,000 women) (Finer & Henshaw, 2006; Finer & Zolna, 2011).

Women in the U. S. spend nearly half their lives at potential risk for pregnancy (Forrest, 1993). Although unintended pregnancy is most prevalent at the ends of the fertility spectrum, unintended pregnancies occur in women of all ages across the reproductive lifespan irrespective of race/ethnicity, marital status, or socioeconomic status (Aquilino & Losch, 2005). The largest proportion of unintended pregnancies were among women 19 years and younger, with more than four of five pregnancies among these women being unintended (Finer & Zolna, 2011). Due to an increase of unintended pregnancies among women in their early twenties, the highest unintended pregnancy rate was among women aged 20 to 24 years (Finer & Zolna, 2011). A recent study found that in 2008, 55% of women in their twenties had an unplanned pregnancy, compared to teen who accounted for less than 20% of unintended pregnancies (Zolna & Lindberg, 2012). In terms of educational attainment, women with the fewest years of schooling had the highest unintended pregnancy rate (80 per 1,000 women aged 15 to 44 years) compared to a women who had a college degree (30 per 1,000 women aged 15 to 44 years) (Finer &

Zolna, 2011). Unintended pregnancy rates decreased as years of education attained increased (Finer & Zolna, 2011).

As mentioned previously there are disparities that have existed among subgroups but in recent years these disparities have grown even larger. In terms of income, poor and low-income women experienced highest and greatest increase of unintended pregnancy while women with higher incomes saw a decrease (Finer & Zolna, 2011). In 2001, the unintended pregnancy rate for poor and low-income women was 120 and 79 per 1,000 women aged 15 to 44 years, respectively. In 2006, these numbers increased to 132 and 90 per 1,000 women aged 15 to 44 years (Finer & Zolna, 2011). On the other hand the unintended pregnancy rate for women with higher incomes went from 28 to 24 per 1,000 women aged 15 to 44 between 2001 and 2006, respectively (Finer & Zolna, 2011).

A large majority of pregnancies to unmarried women in their twenties also are unintended (Finer & Henshaw, 2006). In 2006, the percentage of unintended pregnancies among single women was 81% (Finer & Zolna, 2011). A more recent study focused on unmarried women in their twenties found that among unmarried women aged 20 to 29 years, 69% of pregnancies were reported as unintended (Zolna & Lindberg, 2012). The unintended pregnancy rate among this group increased from 92 per 1,000 in 2001 to 95 per 1,000 in 2008 (Zolna & Lindberg, 2012). This translates into about 10% of unmarried women having an unintended pregnancy in 2008. When stratified by age group, women aged 20 to 24 years (73%) had a higher percentage of unintended pregnancies compared with women aged 25 to 29 years (53%) (Zolna & Lindberg, 2012).

In addition, the unintended pregnancy rate was also higher among unmarried 20 to 24 year olds than that among unmarried 25 to 29 year olds (Zolna & Lindberg, 2012).

Unintended pregnancy rates also increased and are highest among co-habiting women (Finer & Zolna, 2011). In 2001, the unintended pregnancy rate for co-habiting women was 126 per 1,000 women aged 15 to 44 years and increased to 152 per 1,000 women aged 15 to 44 years. These women are at higher risk for unintended pregnancy because they are regularly sexually active and least likely to want a child rather than a married woman (Finer & Zolna, 2011).

#### *Unintended Pregnancy Rates among Latinas*

Disparities exist in rates of unintended pregnancy by race and ethnicity. Recent analysis suggests that Latinas are nearly three times more likely to experience an unintended pregnancy than non-Latina white women (Finer & Henshaw, 2006; Finer & Zolna, 2011). More than half of pregnancies among Latinas (53%) in the U. S. were unintended compared with 40% among White women (Finer & Zolna, 2011). Latinas had a higher unintended pregnancy rate and, as a result, a higher rate of unintended birth than white women (Finer & Zolna, 2011). For example, in 2006 the unintended pregnancy rate among Latinas was 82 per 1,000 women aged 15 to 44 years, in comparison with 36 per 1,000 among white women of the same age group (Finer & Zolna, 2011). In addition, rate of unintended pregnancy increased for Latinas from 80 per 1,000 women aged 15 to 44 years in 2001 to 82 per 1,000 women aged 15 to 44 in 2006 (Finer & Zolna, 2011). While there were more pregnancies among black women, Latinas had higher unintended births as they are less likely than black and white women to have an abortion (Finer & Zolna, 2011). In 2006, Latinas unintended birth rate was 45

per 1,000, compared to 37 per 1,000 for black women and 18 per 1,000 for white women (Finer & Zolna, 2011). In 2006, the percentage of unintended pregnancies ending in abortion was 38% for Latinas compared to 52% for black women and 39% for white women (Finer & Zolna, 2011). Although poor and low-income women experience the highest unintended pregnancy rate, among Latinas the numbers were even higher. The unintended pregnancy rate for poor Latinas was more than 164 per 1,000 compared to black women (133 per 1,000) and white women (115 per 1,000) (Finer & Zolna, 2011).

Among unmarried Latinas in their twenties 51% of their pregnancies were reported as unintended (Zolna & Lindberg, 2012). In 2008, Latinas had an unintended pregnancy rate (63 per 1,000) that was double the rate among non-Latina whites (141 per 1,000) (Zolna & Lindberg, 2012). As a consequence, among unmarried Latinas in their twenties 45% of their unintended pregnancies ended in abortion (Zolna & Lindberg, 2012).

#### *Rationale for the Inquiry*

In the United States, rates of unintended pregnancy (including both mistimed and unwanted pregnancies), unintended births, and abortions disproportionately affect low income ethno-racial minority women (Finer & Henshaw, 2006; Finer & Zolna, 2011). In addition unlike adolescent pregnancy, unintended pregnancy in young adult women has received inadequate attention (Frost & Driscoll, 2006). The data highlighted earlier are a reminder that unintended pregnancy is not just an issue among adolescents. Women in their early twenties as well as poor women are having unintended pregnancies at disproportionate rates (Finer & Henshaw, 2006; Finer & Zolna, 2011). Little research has been conducted to understand unintended pregnancy particularly among young adult

Latina women. Because of the complex factors that are involved in pregnancy planning, Latinas remain vulnerable to unintended pregnancy (Finer & Henshaw, 2006). To date reasons for higher rates of unintended pregnancy among Latinas is unknown. Studies that have been conducted suggest that socio-economic inequalities and disadvantage as well as cultural norms and beliefs may be contributing factors to higher rates of unintended pregnancy among Latinas compared to other ethno-racial groups. As a result of significant social and economic barriers, Latinas are less likely to receive appropriate reproductive health care. Specifically, Latinas often lack access to health care, essential health information, and culturally and linguistically relevant services (Frost & Driscoll, 2006). Latinas are substantially more likely than non-Latina whites or African Americans to lack health insurance. For more than a decade the uninsured rates for Latina adults and children have been two to three times those for non-Latina whites (Doty, 2003). In 2009, although Latinos comprised 15% of the population (U. S. Census Bureau, 2009), they accounted for more than 30% of those who are uninsured (DeNavas-Walt, Proctor, & Lee, 2010) limiting access to care, putting them at risk for reproductive health issues, and contributing to higher rates of unintended pregnancy. Cultural beliefs and norms, such as *fatalism*, *familism*, and religiosity, which may control sexual behaviors and decisions about contraceptives, may also play a role (Gilliam, 2007). In addition, compared to other ethnic groups in the U. S., Latina women have the highest fertility rate 93.3 per 1,000 versus 58.5 per 1,000 for non-Latina whites and 68.9 per 1,000 for non-Latina blacks (Hamilton, Martin, & Ventura, 2010). Low rates of contraceptive use and high rates of contraceptive failure contribute to these high rates of unintended pregnancy (Minnis & Padian, 2001).

Culturally relevant messages are one the attributes of effective pregnancy prevention programs. Therefore understanding factors that contribute to unintended pregnancy is essential for the development of successful, culturally relevant approaches to decreasing unintended pregnancy rates among young adult Latina women. While studies that examine ethno-racial differences are useful in understanding contraception use and other factors related to unintended pregnancy, these types of studies are unconstructive in discerning the intricate and complex factors that play a role in pregnancy intentions. A majority of studies that have examined unintended pregnancy among Latinas have focused on contraceptive use patterns and behavior (Frost & Driscoll, 2006; Garcés-Palacio, Altarac, & Scarinci, 2008; Gilliam, 2007; Gonzalez, Sable, Campbell, & Dannerbeck, 2010; Grossman, Fernández, Hopkins, Amastae, & Potter, 2010; Harvey, Henderson, & Casillas, 2006; Sangi-Haghpeykar, Ali, Posner, & Poindexter, 2006; Venkat et al., 2008; Wilson, 2009). Although contraception is relevant it is only one factor that contributes to unintended pregnancy.

Research efforts regarding unintended pregnancy and family planning have largely focused on Mexican American or immigrant women despite the fact that U. S.-born Latinos are the fastest growing group of Latinos (Frost & Driscoll, 2006; Garcés-Palacio et al., 2008; Gilliam, Neustadt, Whitaker, & Kozloski, 2011; Gilliam, Warden, Goldstein, & Tapia, 2004; Gonzalez et al., 2010; Grossman, Fernández, et al., 2010; Harvey et al., 2006; Sangi-Haghpeykar et al., 2006). Despite the heterogeneity of Latina women, studies have focused largely on one group rather than looking at differences among subpopulations of Latinas. The heterogeneity of Latinas should not be overlooked

as the unique historical, socio-cultural and contextual factors of each Latina subpopulation shape the meaning of their own reproduction.

In order to understand the causes of disparities in unintended pregnancy rates we must first understand what an unintended pregnancy means to these communities. There has been considerable debate about the meaning and measurement of unintended pregnancy (Santelli et al., 2003). The definitions that exist imply basic notions about the connection between intention and behavior. This has caused a string of professionals such as demographers, anthropologists, and health care providers, to question the legitimacy of the term (Kendall et al., 2005). It is important to consider cultural expectations and community norms regarding pregnancy and motherhood passed on to young Latinas. Is unintended pregnancy even considered an issue in these communities? This study will increase our understanding of what unintended pregnancy means in the Latino community, particularly in Latina subpopulations, and examine it from a comprehensive, multi-dimensional, and structural perspective.

This study advances knowledge as it allows for an in-depth exploration of a multitude of factors that shape meanings of unintended pregnancy and the consequences associated with it. Whereas most studies on unintended pregnancy rely on standardized tools that may silence women's symbolic constructs of conditions they face, the results in this study will be framed within an emic perspective that gives voice to women's own assertions of the term unintended pregnancy, consequences, and beliefs about their current situations. A literature review conducted on Latina sexual and reproductive health suggested that new studies are needed to investigate factors that contribute to unintended pregnancy among adult Latinas and the management of unintended pregnancy

(Frost & Driscoll, 2006). In addition , as suggested by Luker (1999) “understanding better the consequences and meaning of unintended pregnancy is one of our most urgent research tasks” (Luker, 1999).

The study will also allow for comparison of the viewpoints of the meaning and consequences of unintended pregnancy from different Latina subpopulations. The outcomes of this study will be useful in designing quantitative instruments for future studies and validation for efficient and cultural assessment of viewpoints. The results of the study will provide new insight and additional information on Latina women’s views and lived experiences with an unintended pregnancy. Study findings will provide an in-depth understanding of the existing needs and challenges faced by Latinas when faced with an unintended pregnancy. Accordingly, these findings will inform the development of public health interventions that are culturally relevant and geared towards Latinas. These targeted culturally relevant interventions hope to assist Latinas in making informed decisions about their reproductive choices, reduce unintended pregnancy, and improve outcomes for Latinas. Based on the identified gaps in the literature, the following research questions were explored in this inquiry.

#### *Research Questions*

Research questions were guided by research objectives which seek to explore and understand the meaning and consequences of unintended pregnancy among Latina subpopulations in Florida. The research questions were addressed by also examining the interpersonal, intrapersonal, cultural, community, and socio-structural factors that contribute to the meaning and consequences of unintended pregnancy.



Objective 1: To determine and understand the *meaning* of unintended pregnancy among Latina subpopulations

*Research Questions:*

- a) What are Latinas thoughts, feelings and beliefs about pregnancy, motherhood, and unintended pregnancy?
- b) What factors (intrapersonal, interpersonal, institutional, community and public policy) influence Latinas meaning of an unintended pregnancy?

Objective 2: To examine the *perceived consequences* and *management* of unintended pregnancy among Latina subpopulations

*Research Questions:*

- c) What are Latinas perceived consequences of an unintended pregnancy?
- d) Among pregnant Latinas who have described their pregnancy as unintended, what attitudes, subjective norms and perceived behavioral control influence their behavioral intentions towards the pregnancy (abortion, adoption, or unintended birth)?
- e) What are the factors (intrapersonal, interpersonal, institutional, community and public policy) that influence Latinas management (abortion, adoption, or unintended birth) of an unintended pregnancy?

#### *Delimitations*

1. This study is delimited to Latina women who resided in Miami-Dade County, Florida
2. This study is delimited to Latina women between the ages of 18-25 years who resided in Miami-Dade County, Florida

3. Women included in the study self-identified as Latina
4. This study included women who were seeking services from clinics providing abortion services in Miami-Dade County, Florida.
5. Only U. S. born Latina women who volunteered to participate in the study were included.

#### *Limitations*

The following are limitations of this study:

1. The results of the study may have been influenced by the researcher's ethnicity, and personal biases. My professional and personal background such as my Latina ethnicity, attitudes, beliefs and worldviews may have influenced my interpretation of the data.
2. The study findings were based on self-reported data from study participants
3. Women who volunteered to participate in this inquiry may be different from those who do not agree to participate. Women who volunteered to participate may have been more comfortable talking about this issue.
4. The results of this study were based on the Latina women's' perceptions, recall and interpretation of their lived experiences.
5. Due to nature of the topic there may have been discomfort with disclosing personal information.
6. Selection bias may have occurred due to the use of convenience sampling methods to recruit study participants.

7. Knowledge produced might not be generalized to other Latinas or other settings (i.e., findings might have been unique to the relatively few people included in the research study).

*Definition of Relevant Terms*

1. Unintended Pregnancy: pregnancies that are reported to have been either unwanted (i.e., they occurred when no children, or no more children, were desired) or mistimed (i.e., they occurred earlier than desired).
2. Unplanned Pregnancy: one that occurred when the woman used a contraceptive method or when she did not desire to become pregnant but did not use a method.
3. Intended Pregnancy: pregnancies that are reported to be wanted at the time, or sooner, irrespective of whether or not contraception was being used.
4. Latino: Term used to identify persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, and Spanish descent; they may be of any race (U. S. Census Bureau, 2012a)
5. Cuban American: United States citizen who traces his or her "national origin" to Cuba.
6. Mainland Puerto Ricans or Stateside Puerto Ricans: are American citizens of Puerto Rican origin, including those who migrated from Puerto Rico to the United States and those who were born outside of Puerto Rico in the United States.
7. Mexican American: American citizens of Mexican descent.
8. Dominican American: American citizens who self-reports Dominican as their origin or ancestry.

9. Central American: United States citizen who traces his/her national origin to the countries Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama.
10. South American: United States citizen who identifies with being Argentinean Bolivian, Chilean, Colombian, Ecuadorian, Paraguayan, Peruvian, Uruguayan or Venezuelan.
11. Culture: A set of rules, standards, or beliefs shared by the members of a group that when acted upon by those members, produces behaviors that fall within a range considered acceptable and proper by those members (Matthews, 2004).

## **CHAPTER TWO: LITERATURE REVIEW**

A synthesis of the literature related to unintended pregnancy among Latinas is important for the development of research priorities and of informed policy recommendations. Not only are Latinas the fastest growing racial and ethnic group in the United States, but the fact that Latinas are not a homogenous group in terms of country of origin, immigration/migration history, levels of acculturation, etc. makes the study of Latinas both unique and complex.

The purpose of this chapter is to summarize key findings from important studies that have investigated or reported on unintended pregnancy and indicators of unintended pregnancy among Latinas. Priority for inclusion in this review was given to studies focusing specifically on adult Latinas and those that highlight significant differences between Latinas and other U. S. racial and ethnic groups. Priority is also given to peer-reviewed articles published since 2000. This literature review will begin by first defining and understanding the concepts of unintended pregnancy. This will be followed by statistical profile of U. S. Latinas as well as Latinas in Florida. The review will then examine the consequences associated with an unintended pregnancy. In addition the literature review will summarize studies using the ecological model of health promotion as guidance to examine factors hypothesized to contribute to unintended pregnancy among Latinas that have examined a variety of factors hypothesized to influence unintended pregnancy such as individual level factors, social, cultural, structural, historical and political factors. Lastly, this chapter will present an analysis of the

theoretical perspectives that will inform the study. The underlying theoretical frameworks are the ecological model of health promotion and the theory of gender as well as constructs from the health belief model, and the theory of planned behavior.

### *Overview of Unintended Pregnancy*

Unintended pregnancy is a critical public health problem and may occur among all women of reproductive age. It is not just a problem among teenagers, unmarried women, low income women, and ethno-racial minorities, but affects all segments of society. Despite the fact that some unintended pregnancies eventually come to be desired, many do not and result in adverse outcomes. According to the most recent estimates, roughly half (49%) of all pregnancies in the U. S. are reported as unintended (Finer & Zolna, 2011). Since 1981 the high rate of unintended pregnancy in the U.S. has been constant and is among the highest of Western industrialized nations (Schwartz, Peacock, McRae, Seymour, & Gilliam, 2010). The Healthy People 2020 objective is to “increase the proportion of pregnancies that are intended to 56%”, yet this is far from the current rate (U. S. Department of Health and Human Services, 2010).

A plethora of studies have associated unintended pregnancies with many negative health, social, and economic consequences. Negative consequences associated with a woman who has had an unintended pregnancy include delayed/no prenatal care, less likely to breastfeed, depression and other mental health issues, alcohol and substance abuse, as well as being at increased risk for partner abuse (Cheng, Schwarz, Douglas, & Horon, 2009; Gipson, Koenig, & Hindin, 2008; Humbert et al., 2010; Logan, Holcombe, Manlove, & Ryan., 2007). Children from unintended births are more likely to be born with health conditions that are present at birth such as birth defects and low birth weight

(Cheng et al., 2009; Gipson et al., 2008; Humbert et al., 2010; Logan et al., 2007). In addition as these children grow older they are likely to exhibit poor mental and physical health, have lower levels of education and more conduct disorder in their teen years (Logan et al., 2007). Furthermore, 43% of unintended pregnancies end in abortion (Finer & Zolna, 2011). The high rate of unintended pregnancy also poses a financial burden to American society. Studies have estimated that the public costs of births that is directly associated with unintended pregnancies resulted in \$11 billion for the year 2006 (according to the authors of the study this figure includes costs such as prenatal care, pre and post-partum care, and one year of infant care) (Sonfield, Kost, Gold, & Finer, 2011). Similarly a report from the Brookings Institute found that taxpayers spend about \$12 billion a year on publicly financed medical care for women who experience unintended pregnancies and consequently unintended births (Thomas & Monea, 2011). Despite the association of unintended pregnancy with adverse outcomes, little research has examined the meaning of unintended pregnancy particularly among Latinas and Latina subpopulations and how that meaning is constructed in their lives, consequences, and the management of an unintended pregnancy.

#### *Definition and Measures of Unintended Pregnancy*

The term unintended pregnancy has been traditionally defined as a pregnancy reported to be either unwanted (pregnancy occurred when the woman did not desire any or more children) or mistimed (pregnancy occurred earlier than the woman desired) (Brown & Eisenberg, 1995; Santelli et al., 2003). On the contrary, an intended pregnancy has been described as a pregnancy that happened at the right time, later than the woman desired or to women who are ambivalent about the pregnancy (Brown &

Eisenberg, 1995; Santelli et al., 2003). Another term related to unintended pregnancy used in the literature is unplanned pregnancy. An unplanned pregnancy has been explained as a pregnancy that is the result of contraceptive failure or as a result of contraceptive nonuse and not being desired (Brown & Eisenberg, 1995).

Interest in the definition and measurement of unintended pregnancy started in 1941 when fertility surveys were conducted (Brown & Eisenberg, 1995; Santelli et al., 2003). Around this time new contraceptive technology were being developed and there was an expansion of family planning programs. In recent years, the concept of unintended pregnancy has been questioned in the literature by multiple disciplines including anthropology, demography, and public health (Kendall et al., 2005).

Researchers have questioned the validity and reliability of current measures of unintended pregnancy. They have examined whether across surveys these measures are comparable and whether these measures get at the complex circumstances and desires associated with a pregnancy. Current measures of unintended pregnancy assume that women should not have children until they are ready (when they are married and financially secure). These measures of unintended pregnancy are based on the individual, their behavior, and negate contextual factors that may play a role in their intentionality (Hardin, 2000).

Pregnancy intentions are usually gathered retrospectively after the birth of a child, and determined using population-based surveys of fertility behaviors like the National Survey of Family Growth (NSFG) conducted by the National Center for Health Statistics (NCHS). In the 1965 National Fertility Survey, contrasts between the terms unwanted and mistimed were made and incorporated into the first NSFG (Santelli et al., 2003).



Since the early 1980's, the NCHS has periodically surveyed a nationally representative sample of women of reproductive age 15 to 44 years in their homes, hence the NSFG. Over the past several decades there has been an array of questions developed and used to measure pregnancy intentions. Approaches to measuring pregnancy intentions vary and range from asking a single, basic question to assessing multiple dimensions of intentions. The NSFG asks several questions that evaluate timing and desire for more children (Lepkowski, Mosher, Davis, Groves, & Van Hoewyk, 2010). The most recent 2006-2010 cycle of the NSFG asks a series of questions on intentions, contraceptive use, partners' intentions, and a scale of happiness felt at each pregnancy (Lepkowski et al., 2010). Other surveys such as The Pregnancy Risk Assessment Monitoring System (PRAMS) combines these questions into one (Centers for Disease Control and Prevention, 2008). The Demographic and Health Surveys, which collects information from 90 countries on family planning and pregnancy intentions, asks women the following question about previous pregnancies: *“At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?”* (ICF Macro, 2008). Pregnancies are placed into three distinct categories of intended, mistimed, or unintended. The Centers for Disease Control and Prevention (CDC) assisted Reproductive Health Survey also asks one question. Nonetheless, these surveys that measure pregnancy intentions do not use the term “unintended pregnancy” in their questions, and the extent of mistiming is generally not reported. In the majority of these surveys, women are asked about pregnancies during previous years, including whether contraception was being used at the time the women became pregnant.

Due to the fact that many of these surveys assess women's pregnancy intentions after the pregnancy occurs, there are concerns about possible misinformation and recall bias. Women's feelings about their pregnancy are likely to change over the course of the pregnancy and thus measures that ascertain pregnancy intentions retrospectively may be subject to inaccurate sentiments and emotions about their pregnancy. (Bankole & Westoff, 1998; Joyce, Kaestner, & Korenman, 2002; Koenig, Acharya, Singh, & Roy, 2006; Poole, Flowers, Goldenberg, Cliver, & McNeal, 2000). The questions do not distinguish how many months or year's pregnancy timing was off, nor do they reflect the intensity of the woman's feeling about the pregnancy. Previous studies have examined pregnancy intentions at multiple points in time and found that a considerable number of women changed their opinion of their pregnancy over time, most often going from unintended to intended (Schwartz et al., 2010). Researchers have also found inconsistencies in women's reports of pregnancy intentions in the same interview while using different measures (Schwartz et al., 2010). In particular, one study used pregnancy intentions measures from the NSFG and the DHS in one interview (Kaufmann, Morris, & Spitz, 1997). Researchers in the study found that a quarter of women surveyed gave conflicting responses on the NSFG and DHS questions (Kaufmann et al., 1997). The researchers concluded that the discordant answers indicate that the questions are either misunderstood or fail to assess pregnancy ambivalence (Kaufmann et al., 1997). The NSFG and PRAMS is also limited in that they have focused most of their information on pregnancy intentions from women and have excluded the male partner's feelings regarding pregnancy intentions. The NSFG assess fathers intentions but only based on the woman's perceptions of her partners intentions without directly surveying both

members of the couple (Lepkowski et al., 2010). Almost all of the published studies only considered mothers reports of pregnancy intentions in analyses. New investigations have examined men's pregnancy intentions and how their intentions are related to child health and development. In additions these studies have also examined men's pregnancy intentions and views on fertility (Huang, 2005). Huang and colleagues (2005) conducted an analysis of waves of the National Longitudinal Survey of Youth from 1982 to 2002, and found that among men who reported their partner was pregnant; ten percent reported wanted pregnancies while four percent reported unwanted pregnancies. They also found significant differences by marital status with 46% of unwanted pregnancies reported by single men compared with 21% reported by married men. This same research has also examined men's intentions and the expectant fathers role on prenatal behaviors and birth outcomes.(Bronte-Tinkew, Ryan, Carrano, & Moore, 2007).

To address pregnancy ambivalence and variations in women's attitudes toward their pregnancy, the recent NSFG has made changes. Although these changes have been made there are issues and concepts around pregnancy intentions that need to be addressed. The concept of pregnancy planning, pregnancy intentions and issues of wantedness although different are still treated and measured the same way (Lepkowski et al., 2010).

Although the NSFG is limited in the way it measures pregnancy intentions, its utility remains valuable. The measures regarding unintended pregnancy have allowed researchers to examine unintended pregnancy trends as well as differences among subgroups of populations. However as with many nationally representative surveys, there is underreporting of unintended pregnancies among women.

Intentionally has been a concept that is still not fully understood or researched. Research that has focused on the concept intention has focused on the individual and negate other factors that may have an influence on women's pregnancy intentions. Individual level theories such as the Theory of Reasoned Action (TRA) (Fishbein & Ajzen, 1975) and the Theory of Planned Behavior (TPB) (Ajzen, 1985) have been used to understand and measure pregnancy intentions. In these theories behavior is determined by intention as function of attitudes, beliefs, planning, and desires. (Miller, Severy, & Pasta, 2004). Current pregnancy intention measures are mostly focused on the individual and leave out other powerful influences that occur at other levels that may affect how women perceive their pregnancy. As such they also assume that women are in control of their desires, planning and expectations and women act solely on those beliefs. In addition, these theories do not account for the fact that intentions can change over time as well as attitudes. These theories are useful and have contributed to our current understanding of pregnancy intentions but because of its limitations to the individual, researchers have questioned the validity of these theories in understanding pregnancy intentions. (Esacove, 2008; Johnson-Hanks, 2005; Johnson & Boynton, 2009; Luker, 1975; Schwarz, 2000; Zabin, 1999). Researchers have argued that the major focus on solely intention overlooks that behavior is influenced by a myriad of factors that are interwoven including social, cultural, economic and structural factors (Bledsoe, Banja, & Hill, 1998; Esacove, 2008; Fisher, 2000; Gribaldo, Judd, & Kertzer, 2009; Johnson-Hanks, 2008). Pregnancy intentions may also be characterized by social and cultural factors such as family and gender norms which have been largely overlooked in the literature (Kendall et al., 2005).

The concept and measurement of unintended pregnancy is currently being investigated and modified by a number of researchers. Recent studies using both qualitative and quantitative approaches have been conducted with the goal of improving measures of pregnancy intentions, or measures of factors thought to be associated with an unintended pregnancy. Scales that examine pregnancy intentions using multiple items and that capture various dimensions of behaviors and emotions have been developed and validated (Barrett, Smith, & Wellings, 2004; Miller et al., 2004; Morin et al., 2003; Santelli, Lindberg, Orr, Finer, & Speizer, 2009; Speizer, Santelli, Afafe-Munsuz, & Kendall, 2004). Afafe-Munsuz and colleagues (2006) developed a measure that examined young women and early motherhood. The measure also examined their previous and current experiences with an unintended pregnancy using the conventional definition. The study found that unintended pregnancy among African American teens was associated with positive views on motherhood. Barrett et al. (2004) created a retrospective validated measure of pregnancy intention and planning using a six-item measure called the London Measure of Unplanned Pregnancy (LMUP). This measure examines multiple dimensions including personal circumstances/timing, partner influences, preconception behaviors such as folic acid intake, contraception use, pregnancy intentions, and the desire for motherhood (Barrett et al., 2004). Speizer et al. (2004) examined two different clinic populations of women in inner-city New Orleans and assessed their attitudes toward pregnancy intentions using multiple items they created. They also conducted exploratory factor analyses to determine whether the multiple measures they used represented a smaller number of factors. The study found that pregnancy intentions were related to pregnancy desire. Pregnancy desire as well as

timing of pregnancy were also found to be key dimensions in exploring pregnancy in an examination of the NSFG (Santelli et al., 2009). In an effort to create a multidimensional measure of pregnancy intentions Santelli (2009) examined multiple items in the NSFG and found that both desire and mistiming were highly also influences women management of their unindent pregnancy. Recently using Q-sort methodology, Schwartz et al. (2010) identified six distinctive viewpoints about future pregnancy. These included views about pregnancy ambivalence, whether women are avoiding or seeking a pregnancy now, familial and future goals as playing a role in intentions and control over their reproduction. These factors also proved to be significant over time and with age.

Retrospective, prospective and multidimensional measures of unintended pregnancy, however, imperfect, provide valuable information on rates and trends of reproduction. However, many measures still fail to reflect the complex circumstances and desires around pregnancy. In order to fully address these issues it is imperative that research explore multilevel of factors including social, cultural and structural determinants of unintended pregnancy and from the women's point of view. Measures of unintended pregnancy must be based on the experiences of women, be culturally relevant, and take into account the meaning women attribute to their reproductive experiences, and the environment in which they live.

#### *Latino Population in the United States*

According to the U.S. Census Bureau, Latinos are the largest and fastest growing ethno-racial group in the country. This is a result of a multitude of factors including considerable recent immigration and fertility. Currently, in the U. S. there are 52 million

Latinos (not including the 3.7 million residents of Puerto Rico), representing 16.7% of the nation's total population (U. S. Census Bureau, 2012b). There were 1.3 million Latinos added to the population between July 1, 2010, and July 1, 2011 (U. S. Census Bureau, 2012b). It is estimated that by 2050, the Latino population will grow to 132.8 million and will constitute 30% of the United States by that time (U. S. Census Bureau, 2012b) (U. S. Census Bureau, 2010). As of 2010, the U. S. ranked second as having the largest Latino population worldwide, with Mexico (112 million) leading the U. S. with a larger Latino population (50.5 million) (U. S. Census Bureau, 2012b). Latinos are a heterogeneous group with numerous cultural subgroups. Sixty three percent of the U. S. Latino population is of Mexican origin followed by 9.2% Puerto Rican, 3.5% Cuban, 3.3% Salvadoran, and 2.8% Dominican (U. S. Census Bureau, 2012b). The remaining are of Central American, South American, or other Latino origin (U. S. Census Bureau, 2012b). Latinos who are U. S. born have been on the rise, with 63% of the Latino population reporting to be native-born (U. S. Census Bureau, 2012a). More than 50% of Latinos live in three states, California, Florida and Texas (U. S. Census Bureau, 2012b). The Latino population in the United States is on average, younger than other ethno-racial groups. In 2009, the median age of Latinos in the U. S. was 27 years compared to a median age of 37 years for all other groups (U. S. Census Bureau, 2010).

Latinas are largely playing more pivotal roles and gaining influence in the U. S. population. In 2011, 25 million Latinas resided in the United States, and these numbers are expected to increase as Latinos are the fastest-growing minority in the country.

Latina women are more likely than non-Latina women to be under the age of 35 (U. S. Census Bureau, 2010). Twenty-five percent of Latina women are in their prime

reproductive age of 20-34 years, compared with less than 19% of non-Latina whites. The majority (55%) of Latina women in the U.S. spoke only English in the home or reported speaking English very well (U. S. Census Bureau, 2010). Latino immigrant women on the other hand are less likely to speak English very well with more than seven-in-ten (73%) reporting not speaking English very well. Latinas are more likely to enroll in college than their male counterparts; however, they face many challenges. Compared with other ethno-racial women of childbearing ages, Latinas lag behind in income, education and health insurance status, factors that may negatively affect their health outcomes (Frost & Driscoll, 2006).

#### *Latino Population in Florida*

Florida is ranked third as the state with the largest proportion of Latinos in the U. S. (U. S. Census Bureau, 2010). The 4,253,000 Latinos in Florida make up 23% of the state's population. Latinos in the U. S. are largely characterized as newly arrived immigrants. However, contrary to popular belief, more than half (51%) of Latinos in Florida are native-born citizens (U. S. Census Bureau, 2010). In contrast to the U. S. Latino population, which is largely of Mexican origin, only 15% of Latinos in Florida are of Mexican origin. The majority of Latinos in Florida are of Caribbean origin, followed by South American, Central American, and other Latino (55%, 16%, 11%, and 3%, respectively) (U. S. Census Bureau, 2010).

Similar to the United States, Latinos in Florida are generally younger than other ethno-racial groups in the state. In 2010, the median age of Latinos in Florida was 33 years compared to a median age of 47 for non-Latino whites (U. S. Census Bureau, 2010). The difference in median age among Latinos is based on nativity. The median



age of native-born Latinos is 20 years compared to those Latinos who are foreign-born 44 years (U. S. Census Bureau, 2010). Native-born Latinos in Florida are in their prime reproductive years, as the low median age suggests, and the community will continue to grow.

Latinas in the United States make up a great proportion of women in their reproductive years and Florida Latinas are no different. In 2010, slightly more than half (51%) of the Latino population was female (U. S. Census Bureau, 2010). In addition, there were 949,000 Latinas of reproductive age 15 to 44 years (U. S. Census Bureau, 2010). The fertility rate of Latinas in Florida is also high. In 2010, Latino births accounted for 29% of all births in Florida (U. S. Census Bureau, 2010).

Latinos income level is lower than the average income level for all Floridians. When Latino median income is compared to non-Latino whites, the difference is considerable (\$20,400 and \$30,000, respectively) (U. S. Census Bureau, 2010). Further, Latinos under the age of 17 are more likely to live in poverty than non-Latino whites (29% and 15%, respectively). Latinos face numerous barriers when attempting to access the health care system. While differences in health insurance coverage between Latinos and non-Latino whites are disparate (35% and 15%), the difference between native-born and foreign-born are even more significant (U. S. Census Bureau, 2010). Foreign-born Latinos have the highest health uninsurance rates in the state. Forty seven percent of foreign-born Latinos in Florida do not have health insurance coverage. Latino children in Florida also face considerable challenges to health insurance coverage. Seventeen percent of Latino children under 17 years of age do not have health insurance compared to 10% of non-Latino whites and 14% of non-Latino blacks. In 2010, Latino children in

Florida schools accounted for 27% of the total enrollment in grades k to12 (U. S. Census Bureau, 2010).

The county where the study took place has the largest proportion of Latinos in the state. In 2010, there were currently there were 1,623,859 Latinos, accounting for 65% of the county's population. Between 2000 and 2010, the Latino population in Miami-Dade county increased by 26% (U. S. Census Bureau, 2010).

Despite sharing a common heritage of conquests by the Spanish and Portuguese and geographic closeness, U. S. Latinos groups differ in national origin and history including when they arrived in the U. S., demographic characteristics, and their immigration experiences. It is these differences that account for differences in the health status among Latinos (Organista, 2007).

#### *Historical Context of Latino Groups in the U. S.*

Differences in health status among Latino cultural subgroups in the United States have been attributed to systematic discrepancies in allocation of social resources, influences of norms, beliefs, and ideologies, and determinative human experiences over the life course (Vega, Rodriguez, & Gruskin, 2009). Latinos in the U. S. differ in socio-demographics factors (e. g. age and social class), place of birth (e. g. native vs. foreign born status), and relationship to country of origin. Some of these differences relate to the circumstances of arrival into the U. S. Understanding the history of Latino cultural subpopulations is important in understanding the differences and levels of health and social well-being of U. S. Latinos.

### *Mexican Americans*

Mexican Americans have been in the U. S. for 50 years predating all other Latino sub groups. Like Native Americans, Mexican people in the U. S. were native to what is now the southwestern portion of the U. S. They are the only other minority group in the United States history to be occupied by conquest and to have their rights “safeguarded” by treaty. Major forms of conflict included international war, major loss of land holdings, and continuous exploitation of labor, still highly evident in farm work as well as the urban sector (Organista, 2007). Mexican immigrants came to the U. S. for several reasons including civil war, temporary labor agreements with the U. S., and economic instability.

Mexicans and Mexican Americans have endured over a century and a half of exploitation and oppression. Despite the conflict between Anglos and Mexicans in the United States, significant Mexican immigration in the United States continues to present day. In the decades following the war with Mexico, hundreds of thousands of Mexicans, pushed by political unrest and lack of work, were pulled into the U. S. for the need of unskilled labor (Organista, 2007). Mexican labor was essential to the early economic growth of the Southwest in industries such as agriculture, canning, mining and the railroad (Organista, 2007).

Most Americans have little knowledge of the how important and essential Mexican labor was and continues to be to the growth of the American economy. Most Americans are unaware of the historical exploitation of Mexican labor that continues fueling debates and conflict, including strong anti-immigrant sentiment.

## *Puerto Ricans*

Puerto Ricans on the other hand have endured a double legacy of being conquered and colonized. Puerto Ricans are unique in that they are a group composed of a blending of races, including indigenous, European, and African heritage. Puerto Ricans are not immigrants but U. S. citizens, a direct consequence of the Spanish American War in 1898 when Puerto Rico became a possession of the U. S. (Organista, 2007). Soon thereafter the United States appointed an American governor, made English the official language and reserved the right to veto any locally elected legislature (Organista, 2007). Within 30 years, Puerto Ricans went from owning 90% of the islands farmlands to 33% (Feagin & Booher Feagin, 1999). Although most Puerto Ricans favored independence during the first half of the twentieth century, in 1971 the Jones Act granted Puerto Ricans American citizenship on time to be drafted into World War I (Feagin & Booher Feagin, 1999).

Similar to Mexican American history Puerto Ricans have been exploited for their labor for many years. Due to this exploitation Puerto Rico reached levels of poverty where 50% needed government assistance in the form of food stamps and health aid (Feagin & Booher Feagin, 1999). Today Puerto Rico remains a commonwealth and although there is some autonomy, the United States controls most Puerto Rican affairs.

To understand the creation of today's Puerto Rican underclass in the U. S., we must understand not just colonization of Puerto Ricans in the U. S. but the racialization of Puerto Ricans in the U. S. and poor timing of migration as a result of labor market shifts (Organista, 2007). Puerto Rican migrants were perceived and treated as Blacks and faced anti-black and anti-Latino discrimination (Organista, 2007). Labor unions often excluded Puerto Ricans or greatly restricted their participation. And like African Americans before

them Puerto Ricans faced significant housing discrimination, resulting in “hypersegregation” alongside African Americans (Organista, 2007). U. S. Census data clearly show that whereas both Mexicans and Cubans are highly segregated from blacks, Puerto Ricans are less segregated from blacks and more segregated from whites (Organista, 2007). Today, almost 40% of Puerto Ricans in the U. S. lives in poverty, with high rates of single female headed households, patterns similar to African Americans (U. S. Census Bureau, 2009). Puerto Ricans now represent the second largest group of Hispanics in Florida, after Cubans, and the largest one in Central Florida, particularly in the Orlando metropolitan area.

### *Cuban Americans*

The immigration history of Cuban Americans is significantly different than other U. S. Latino cultural subgroups. Cuban Americans have had many successes in the U.S. and have even been called, “the Latino model minority”. Cuban Americans are the third largest Latino group in the United States and also the third-largest group of White Latinos (U. S. Census Bureau, 2009). Many Cubans immigrated to U. S., specifically Florida which is 90 miles from Cuba, during the Castro regime, between 1959 and 1965 (Feagin & Booher Feagin, 1999). Cubans immigrated to the U. S. in waves, with the first wave of Cubans being white and middle to upper class (the targets of Castro’s wealth redistribution campaigns) whereas subsequent waves were more diverse (Feagin & Booher Feagin, 1999). The U. S. government responded to the immediate needs of first wave Cubans by allocating federal funds to create the Cuban Refugee Emergency Center in Miami (Feagin & Booher Feagin, 1999). Cuban exiles were given more government

assistance than people born in the U. S. between 1959 and 1965 (Feagin & Booher Feagin, 1999).

Cuban adaptation to the U. S. began with self-imposed segregation and retention of culture. Cuban Americans rapidly integrated into all aspects of American society (Organista, 2007). Cuban Americans more privileged status results from a combination of high socioeconomic status, higher levels of education, and high government investment in Cuban adjustment to the U. S. Today, over half of all Cuban Americans continue to live in southern Florida. Although they are highly integrated into the political, economic, and social networks of their environment, Cubans have remained faithful to their culture given their history as exiles (Organista, 2007).

#### *New Latino Immigrant Populations*

Since the 1960s new groups of Latino immigrants have been migrating and settling into the United States. This new wave of immigrants has created an increasingly diverse mix of Latinos from multiple national origins, different races, and socioeconomic statuses.

Dominicans have been migrating to the Northeast region of the U. S. since the 1960s due to political and economic instability in the Dominican Republic, but the largest influx of Dominican immigrants to the United States happened during the 1980s. Over 250,000 Dominicans came to the United States in a span of almost twenty years. According to the 2010 U. S. Census Bureau, 1.5 million Dominicans reside in the United States. Dominicans are the fifth largest Latino cultural subgroup living in the U. S. accounting for 3% of U. S. Latinos (U. S. Census Bureau, 2010). The states with sizable Dominican populations include New York, New Jersey, Florida, Massachusetts,

and Pennsylvania (U. S. Census Bureau, 2010). Miami Florida has a substantial Dominican population(U. S. Census Bureau, 2010). Dominicans are more prone to racialization due to their darker skins and are also more likely to maintain Spanish as their primary language. As a result of this they face much discrimination and acculturative stress (Dawson & Panchanadeswaran, 2010).

During the 1980s Central Americans began to immigrate to the United States reaching over 2 million by the year 2000. Many Central Americans immigrated to the United States as a result of civil wars and government repression. The majority of Central American immigrants are Salvadorans followed by Guatemalans, Nicaraguans, and Hondurans (U. S. Census Bureau, 2012a). A smaller number of Central Americans from Belize, Costa Rica and Panama have immigrated to the U. S. Central Americans in the United States face considerable challenges including low levels of educational attainment, limited English proficiency, and an overall concentration in jobs that have experienced substantial employment losses during the economic crisis of the past three years (U. S. Census Bureau, 2012a). Central Americans in the U. S. are concentrated mainly in California, Texas, and Florida (U. S. Census Bureau, 2012a).

Unlike other Latino cultural subgroups, South Americans make up a small proportion of Latinos in the U. S., but their numbers are growing. South American countries that experience economic crises prompt immigration to the United States in search of opportunities. The largest groups of South Americans in the United States are Colombians followed by Ecuadorians, Peruvians, Argentineans and Venezuelans. Although there are differences among these countries in regards to language, race, class and education South Americans in the United States tend to have higher socioeconomic

status and educational levels. The South American population in Florida has grown significantly. Data from the 2010 Census revealed that populations of Colombians, Venezuelans and Peruvians more than doubled, making South Americans Florida's third-largest Hispanic group (U. S. Census Bureau, 2010).

The predominant Latino cultural subgroups are Mexican, Puerto Rican, and Cuban (U. S. Census Bureau, 2012a). Although many Latino subpopulations share many aspects of a common heritage such as language and emphasis on extended family, Latino culture differs significantly by country of origin. These differences may be due in part to historical and life course trajectories of these groups. For instance, Cubans relative to Mexicans, Puerto Ricans, and Central and South Americans are older, have higher levels of education, smaller percentages of families living below poverty level and experiences greater restrictions accessing their country of origin (Rumbaut, 1996). Their health profiles are also distinct with Puerto Ricans suffering disproportionately from asthma, HIV/AIDS, and infant mortality (Pleis, Lucas, & Ward, 2009), while Mexican Americans suffer disproportionately from diabetes (Pleis et al., 2009).

Despite these differences Latinos are continued to be researched in terms of homogenous groups and public health data in the U. S. are seldom stratified by national origin. Due to the larger proportion of Latinos in living in Florida, this study is a unique opportunity to get at Latina sub population differences. In addition, Miami-Dade County has a diverse population of Latinos as well the highest concentrations of Latinos in Florida. This is important because most of the research conducted has assumed that Latinas come from homogenous groups and, thus, generalize to all Latina populations.



Latinas are heterogeneous groups with diverse cultures, assets, and achievements. They have different immigration and migration histories.

The social inequities, growth of the Latina population, as well as high fertility rates, have implications for the unintended pregnancy rate disparities that persist among Latinas in the United States. The concentration of unintended pregnancy among Latina women in the United States has important connotations for the stability of these women to choose their life paths. The impact of heterogeneity and diversity within the U.S. Latino population is largely unaccounted for in research regarding unintended pregnancy among Latinas. To reduce these disparities, research must focus on the cultural subgroup differences within the Latino population that may account for the high rates of unintended pregnancy and consequences of these groups. In order to make informed decisions on how to deal with a public health issue we must understand the socio-cultural and historical framework of how this issue is defined and to what extent it affects their lives.

#### *Unintended Pregnancy in Florida*

More than half (59%) of all pregnancies in Florida are unintended (Finer & Kost, 2011), this is higher than national estimates. In 2006, Florida had 223,000 unintended pregnancies (Finer & Kost, 2011). Although unintended pregnancy rates and trends in these rates vary significantly among states, Florida's unintended pregnancy rates were among some of the highest in the United States (Finer & Kost, 2011). The unintended pregnancy rate in Florida is 64 per 1,000 women aged 15 to 44 living in Florida which is high compared to other states; while Florida also had a relatively low intended pregnancy rate of 45 per 1,000 women aged 15 to 44 living in Florida.

Unintended pregnancy falls into two categories, mistimed or unwanted. In Florida the proportion of unintended pregnancies that were mistimed was much larger than the proportion that was unwanted (67% and 33%, respectively) (Finer & Kost, 2011). Trends in unintended pregnancy in Florida have showed little change between 2002 and 2006, with only a 2% increase (Finer & Kost, 2011). In the United States the median proportion of unintended pregnancies ending in birth was 58%, and the median proportion ending in abortion was 29%. In contrast, Florida had a lower proportion than the U. S. median of unintended pregnancies ending in birth (49%) and more than the U. S. median of unintended pregnancies ending in abortion (40%) (Finer & Kost, 2011). The abortion rate is interesting to note since Florida has many restrictive policies around abortion and 72% of Florida counties have no abortion provider (Jones & Kooistra K, 2011). In 2011, Governor Rick Scott signed into law a bill that mandates ultrasounds to be performed prior to an abortion. In addition, during the 2011 Florida legislative session, the House passed six restrictive abortion bills, which included: barring abortion providers from doing third-trimester abortions; a bill posing difficulty for minors to obtain a court waiver allowing them to obtain an abortion without parental consent; a bill with a ballot measure regarding amendments to the Florida constitution regarding a ban of public funding for abortions; a bill granting money from Choose Life license plates to the non-profit Choose Life Inc.; and a bill with restrictions on insurance coverage for abortions (Guttmacher Institute, 2013; Hill, 2012).

In a recent study, Finer and Kost (2011) suggest that differences among state unintended pregnancy rates may be attributed to variation in demographic and socioeconomic factors such as race/ethnicity, age of the population, and poverty. Florida

is unique in that it has one of the largest proportions of Latinos in the United States, who are also known to have high unintended pregnancy rates, be young, and be more likely to live in poverty than non-Latina whites. The demographic profile of Latinas may have contributed to Florida's high unintended pregnancy rates. The high rates of unintended pregnancy in Florida is alarming and should be cause for concern among the Florida community, the public health community, health care providers, policy makers, and the nation as a whole.

#### *Unintended Pregnancy in Miami-Dade, Florida*

County-level estimates on unintended pregnancy are based on the 2004-2005 PRAMS data-set. The information is not stratified by socio-demographic information because of the small sample size of county-level data. Approximately 50% of new moms in Miami-Dade County reported that their pregnancy was either mistimed or unwanted, (Florida Department of Health, 2005). This percentage is slightly higher than the state and national percentages of unintended pregnancy during that time (46% and 49%, respectively)(Florida Department of Health, 2005).

#### *Disparities in Unintended Pregnancy and Management of Unintended Pregnancy*

Almost all adverse family planning outcomes-unintended pregnancy, unintended births, abortions, and teen pregnancies-occur more frequently among minority and low SES women (Finer & Henshaw, 2006). The most recent NSFG data reported that 69% of pregnancies among blacks and 54% of pregnancies among Latinas are unintended, compared with 40% among white women (Finer & Henshaw, 2006). Having low-income and low levels of education are also associated with increased risk for unintended pregnancies. Sixty-two percent of pregnancies among women earning less than 100% of

the federal poverty level (FPL) were unintended, compared to 38% of pregnancies in those earning more than 200% of the FPL (Finer & Henshaw, 2006). Race/ethnicity was found to be a predictor of unintended pregnancies even within each income group, and having a lower income was found to be a predictor of unintended pregnancies within each racial/ethnic group (Dehlendorf, Rodriguez, Levy, Borrero, & Steinauer, 2010).

The higher rate of unintended pregnancies among minority and lower income women result in higher rates of unintended births and abortions. Births to Latinas and blacks as well as women with lower levels of education are more likely to be reported as unintended and these differences have increased over time. Abortion rates are also strikingly different across racial/ethnic groups; thirty percent of abortions occur to non-Hispanic black women, 36% to non-Hispanic white women, 25% to Hispanic women and 9% to women of other races. Forty-two percent of women obtaining abortions have incomes below 100% of the federal poverty level (\$10,830 for a single woman with no children). Twenty-seven percent of women obtaining abortions have incomes between 100 and 199% of the federal poverty level (Jones & Kavanaugh, 2011). There are also differences in age because women in their twenties have higher rates of unintended pregnancy; they also had higher rates of abortion. Women in their twenties account for more than half of all abortions; women aged 20 to 24 obtain 33% of all abortions, and women aged 25 to 29 obtain 24% (Jones & Kavanaugh, 2011).

Although there has been progress in improving contraceptive use among young adult women, and reducing the unintended pregnancy rate this rate has been stagnated and/or reversed for minorities in particular. All of which suggests that our nation cannot afford to become complacent in its efforts to reduce the disparities in unintended

pregnancy rates, which has serious consequences for child and family well-being. We must concentrate additional efforts to support various racial and ethnic communities that are disproportionately affected by an unintended pregnancy and parenthood. By preventing unintended pregnancy, we can make progress on other troubling social issues that also disproportionately affect minority communities such as poverty and lack of education.

### *Social Implications of Unintended Pregnancy among Latinas*

Unintended pregnancies demand our attention as they are associated with adverse results for both the mother and the child including interfering with a woman's education, lack of financial independence, and increased poverty limiting a woman's ability to support herself and her family (Gilliam, 2007). Despite having a rich culture and growing influence, the Latino community disproportionately suffers from a variety of troubling social indicators. At present, less than six in ten Latino adults living in the United States have a high school diploma and Latino teens are more likely to drop out of high school than their non-Latina counterparts (Kaufman, Alt, & Chapman, 2001). In 2009, more than one in five Latinos were living below the poverty level compared to nine percent of non-Latino whites and twenty six percent of blacks (DeNavas-Walt et al., 2010). Both the number in poverty and the poverty rate increased for Latinos—12.4 million (25.3%) were in poverty in 2009, up from 11.0 million (23.2%) in 2008 (DeNavas-Walt, et al., 2010). Furthermore, almost thirty percent of Latino children live in poor families (DeNavas-Walt, et al., 2009). Preventing unintended pregnancy and parenthood is one of the most direct and effective ways to improve these trends.

### *Health Implications of Unintended Pregnancy among Latinas*

Unintended pregnancy is associated with negative prenatal and perinatal outcomes such as inadequate or late prenatal care, ectopic pregnancies, miscarriages, preeclampsia, low birth weight babies, anemia, and low breastfeeding rates (Gipson et al., 2008; Logan et al., 2007). A considerably large body of literature has examined these associations between pregnancy intentions and a host of prenatal and perinatal outcomes and outcomes for the child at the time of the birth (Gipson et al., 2008; Logan et al., 2007). Unfortunately only a handful of studies have examined associations between unintended pregnancy and health among Latinas.

#### *Prenatal care*

Prenatal care has long been championed as a means to identify mothers at risk of delivering a preterm or growth-retarded infant and to provide a multitude of available medical, nutritional, and educational interventions intended to reduce the determinants and incidence of LBW and other adverse pregnancy conditions and outcomes (Alexander & Korenbrot, 1995). Beginning prenatal care early in the pregnancy and receiving the adequate number of prenatal care visits is essential for infant health. Prenatal care is a vital and basic component of comprehensive reproductive health care, and yet Latinas are less likely to utilize this service than white women (McGlade, Saha, & Dahlstrom, 2004). Over 23% of Latinas do not begin prenatal care in the first trimester (Centers for Disease Control and Prevention, n. d.). Due to the importance of prenatal care to an infant's health, researchers have examined the association between pregnancy intentions and prenatal care.

To date there are no studies focused on Latinas that examine the association of unintended pregnancy and prenatal care use. Studies on the general populations have found that women with unwanted or mistimed pregnancies are less likely to use any maternal and child health services than women with intended pregnancies (Logan et al., 2007). Specifically, research shows that women who have unwanted and mistimed pregnancies are more likely to delay the initiation of prenatal care analogous to women with intended pregnancies (Cheng et al., 2009; Korenman, Kaestner, & Joyce, 2002; Korenman, Kaestner, & Joyce, 2001; Kost, Landry, & Darroch, 1998).

While the definition of delayed prenatal care is inconsistent across studies the findings, for instance, some measures examine delay prenatal care as care obtained after eight weeks, while others measure delayed prenatal care as care obtained after the first trimester, the relationship between unintended pregnancy and delayed prenatal care remain consistent (Logan et al., 2007). Overall, all these studies show a consistent association between unintended pregnancy and delayed prenatal care despite using diverse samples and methodologies (Logan et al., 2007). Evidence is still needed among Latinas to show that there is an association between unintended pregnancy and prenatal care utilization since Latinas have both higher rates of unintended pregnancy and low levels of prenatal care use.

#### *Prenatal health behaviors*

Pregnancy intention status is a key determinant of pregnancy-related behavior. Not adhering to health promoting behaviors during pregnancy has been shown to negatively affect infant outcomes such as birth weight and preterm birth. Some studies have shown that women are more likely to smoke during pregnancy if their pregnancy is

unintended (Logan et al., 2007). A study of economically high-risk women found that women with an unwanted pregnancy were more likely to smoke cigarettes, initiate prenatal care in the third trimester and use alcohol and illicit drugs (Orr, James, & Reiter, 2008). Humbert and colleagues, (2010) found similar results showing that women who had unwanted pregnancies were twice as likely to have smoked during pregnancy, compared to women who had a wanted pregnancy (Humbert et al., 2010).

Although current guidelines recommend that all women of childbearing age consume folic acid daily to prevent major birth defects in the case of unintended pregnancy, one study showed that only 15% of mothers with unwanted pregnancies met these recommendations (Cheng et al., 2009). After controlling for socio-demographic variables, this same study found that mothers with unintended pregnancies were more likely to report inadequate daily consumption of folic acid before pregnancy compared to mothers with intended pregnancies (Cheng, et al., 2009). This is important to note since Latinas have higher rates of children born with neural tube defects, due to lack of folic acid intake (Fleischman & Oinuma, 2011).

### *Preterm birth*

Being born too soon and/or too small is a significant risk factor for early mortality and morbidity as well as developmental delay for the child. Premature babies face an increased risk of lasting disabilities, such as mental retardation, learning and behavioral problems, cerebral palsy, lung problems, and vision and hearing loss (Adams, Alexander, Kirby, & Wingate, 2009). Two recent studies suggest that premature babies may be at increased risk of symptoms associated with autism (social, behavioral and speech problems) (Limperopoulos et al., 2008; Schendel & Bhasin, 2008). Studies also suggest



that babies born very prematurely may be at increased risk of certain adult health problems, such as diabetes, high blood pressure, and heart disease. Patterns of preterm birth vary substantially between various racial and ethnic groups. Among Hispanic groups, 2007 preterm rates ranged from 11.9% of infants born to mothers of Mexican origin to 14.5% of infants born to mothers of Puerto Rican origin (Centers for Disease Control and Prevention (CDC), 2011).

There is research that indicates that women with unwanted or seriously mistimed pregnancies are at a higher risk of delivering a preterm baby than women whose pregnancies were intended. A systematic review of studies examining pregnancy intentions and preterm birth found that seven studies reported a significant increase in the odds of preterm birth among unintended pregnancies versus intended pregnancies (Shah et al., 2011). One study that included Latinas using population-based information from a diverse sample of postpartum women from California, found that women with unintended pregnancies had a higher likelihood of preterm birth and this relationship varied by women's racial and ethnic group (Afable-Munsuz & Braveman, 2008). After adjustment for socioeconomic and demographic variables, pregnancy intention was significantly related to preterm birth among immigrant Latinas, but not among white, black, or U. S. born Latina women (Afable-Munsuz & Braveman, 2008). Possible reasons for this may be due to the varying roles socioeconomic status plays in relation to pregnancy intendedness and preterm birth (Afable-Munsuz & Braveman, 2008). In addition, the authors also related this finding to the Hispanic paradox where good birth outcomes are still not fully understood in the context of low socioeconomic status among Latinos (Afable-Munsuz & Braveman, 2008). These findings both support and conflict

with previous studies that found the association between unintended pregnancy and preterm birth disappearing after adjustment for socioeconomic factors.

### *Birth weight*

The close relationship between an infant's birth weight and the risk of dying within the first year of life has long been recognized, and birth weight is used by researchers as a measure of mortality risk (Adams et al., 2009). At light and heavy birth weights, an infant's risk of mortality soars. Very low birth weight (VLBW) infants continue to be at grave risk of mortality, morbidity, and long-term developmental problems (Adams, et al., 2009). They experience a significantly increased risk of severe problems, including physical and visual difficulties, developmental delays, and cognitive impairment, requiring increased levels of medical, educational, and parental care (Adams, et al., 2009). There are large disparities in LBW (<2500 g) by race and ethnicity in the U. S. (Hamilton et al., 2010). Rates of LBW vary among women of different ancestral origins. Women of Latina descent have rates on par with those of non-Latina whites (the rate for Latinas in 2009 was 6.94%), but within that broad group rates vary widely. Among those of Latina origin, Puerto Rican infants were the most likely to be LBW (9.9 %) (Hamilton, et al., 2010).

A study examining differences in pregnancy intentions and perinatal outcomes among Latinas and non-Latina whites using PRAMS data in Utah found that among foreign born Latinas and whites, women with unintended pregnancies were significantly more likely to have a LBW infant than those with intended pregnancies (Flores et al., 2010). After adjusting for maternal age, parity, education, poverty, marital status, maternal conditions, pregnancy complications, smoking/alcohol use, and pre-pregnancy

body mass index, foreign born Latinas with unintended pregnancies remained significantly more likely to have a LBW infant than foreign born Latinas with intended pregnancies (Flores, et al., 2010). Similar to findings on prematurity, some studies found that although there is a relationship between unintended pregnancy and LBW in bivariate analyses, the association is no longer significant once mothers' adverse health behaviors are controlled for, suggesting that the association between unwanted pregnancy and birth weight actually functions through other factors (such as smoking, drinking, inadequate vitamin intake, and insufficient weight gain) (Logan et al., 2007).

### *Breastfeeding*

Breastfeeding is the optimal source of nutrition for newborns (American Academy of Pediatrics, 2005). Researchers have documented breastfeeding advantages for infants, mothers, families, and society (American Academy of Pediatrics, 2005). Breastfeeding decreases the incidence and/or severity of a number of infant infections (American Academy of Pediatrics, 2005). In addition breastfeeding improves cognitive development (American Academy of Pediatrics, 2005). A longer duration of breastfeeding provides even greater protection against newborn infections and childhood illnesses (American Academy of Pediatrics, 2005). Economic benefits of breastfeeding include decreased health care costs (American Academy of Pediatrics, 2005). The numbers of Latina mothers who breastfeed their infants are higher than those of other women (Centers for Disease Control and Prevention (CDC), 2006). Although Latina breastfeeding rates are high, there are differences within the Latina population. Breastfeeding rates in Puerto Rico are lower than those in the U. S., and breastfeeding

initiation and duration rates are lower in Puerto Rican mothers living in the U. S. compared with other U. S. dwelling Latina mothers (Gill, 2009).

Nearly all studies in the U. S. assessing the association of pregnancy intentions and breastfeeding have concluded that children who are born from unintended pregnancies are less likely to be breastfed or are more likely to be breastfed for a shorter duration compared with children whose birth was intended (Gipson et al., 2008; Logan et al., 2007).

In addition to infant outcomes unintended pregnancy has also been associated with negative outcomes for the child. Unintended pregnancies have implications for the child from early childhood through adolescence and adulthood including poor physical health, poor mental health, greater risk of abuse and neglect for the offspring, and poor school performance (Gipson et al., 2008; Logan et al., 2007).

#### *Families and couples*

Unintended pregnancies can also have negative effects on the mother, father, and couple (Logan, et al., 2007). An unintended birth can have negative consequences for a mother's mental health and the relationship between the mother and father (Gipson et al., 2008; Logan et al., 2007). Among couples in a cohabiting relationship who had an unintended pregnancy resulting in a birth, one-third split up within two years of the child's birth (Logan, et al., 2007). Children born following an unintended pregnancy are significantly more likely to have mothers and fathers who suffer from depression, relationship conflict, and poor relationship quality compared to children born following a planned pregnancy, controlling for background factors (Logan, et al., 2007). Unintended pregnancy places both mothers and fathers at greater risk of educational hardship and

failure to achieve education and career goals (Santelli, et al., 2003). Women who experience an unintended pregnancy may also be at increased risk of domestic violence compared to women who have an intended pregnancy (Pallitto, Campbell, & O'Campo, 2005).

### *Financial implications*

Unintended pregnancies are a costly problem in the U. S. The direct medical costs of unintended pregnancies are high (five billion dollars) (Trussell, 2007). The total, five billion dollars, comprises \$3,924 million for births, \$797 million for induced abortions and \$266 million for fetal losses (Trussel, 2007). Unintended pregnancies are also costly to employers (Trussel, 2007). Women take time off to obtain medical care during pregnancy and take additional time off for maternity leave. Some women will quit their jobs, resulting in additional costs for recruitment and training.

A recent study examined the amount of money spent by taxpayers on medical care provided to women with unintended pregnancies and their infants. The study found that annual taxpayers spend about twelve billion dollars on publicly financed medical on unintended pregnancies and its consequences (Thomas & Monea, 2011).

### *Mental health*

Women in the United States who experience unintended pregnancies are almost twice as likely to suffer from post-partum depression (Hayes, Ta, Hurwitz, Mitchell-Box, & Fuddy, 2009). Women who experience unintended pregnancies are at a high risk for antenatal depression, which is a significant risk factor for post-partum depression (Rich-Edwards et al., 2006). Depression of this kind may lead to more serious implications such as increased risk of suicide, homicide, and intimate partner violence (Korenman et

al., 2001). It can also lead to the disruption of the mother infant relationship leading to poorer childhood and adolescent development such as poor school performance and neglect and abuse (Crissey, 2005).

### *Factors Contributing to Unintended Pregnancy among Latinas*

Latinas are diverse with significant differences in language, values, cultural norms, ethnic backgrounds and attitudes toward sexuality (U. S. Census Bureau, 2010). Understanding these differences are important to understanding the way people think and behave. Several national organizations and numerous local groups are dedicated to improving Latino health, however significant gaps exist in the breadth and depth of information available on Latina sexual and reproductive health, particularly unintended pregnancy. Although there have been books and articles written on Latina health, little has been devoted to sexual and reproductive health (Aguirre-Molina & Molina, 2003). There is literature available that has examined cultural, familial, and individual factors that shape sexual and reproductive health of Latinas (Afable-Munsuz & Brindis, 2006; Driscoll, Biggs, Brindis, & Yankah, 2001; Frost & Driscoll, 2006). One literature review focused on Latino adolescent's sexual and reproductive health (Driscoll et al., 2001), while the other converged acculturation and sexual and reproductive health of Latino youth (Afable-Munsuz & Brindis, 2006). A general literature review sought to examine all sexual and reproductive health issues of Latina adolescents and adults (Frost & Driscoll, 2006). Neither of these reviews directed attention solely on Latina adults and unintended pregnancy as well as socio-cultural concepts. The concepts of unintended pregnancy among Latinas may vary between specific Latina cultural subgroups and the research regarding these differences remains scarce.

There are multiple factors that play a role in high rates of unintended pregnancy among Latinas. These include structural, environmental, cultural, interpersonal, and individual levels that facilitate or impede Latinas women's fertility. Many of these factors have been studied in isolation and the knowledge base among Latinas has been limited to teen pregnancy. To date there have been no studies identified that focus solely on Latina adults and their experiences with unintended pregnancy. Therefore, further research investigating non-individual factors that influence unintended pregnancy is essential. The next section will use the ecological model of health promotion as a guide to examine the literature related to factors influencing unintended pregnancy among Latinas. The ecological model of health behavior is a framework that examines multiple levels (e.g., public policy, community, institutional, interpersonal, and intrapersonal factors) that may influence rates of unintended pregnancy (McLeroy, Bibeau, Steckler, & Glanz, 1988).

#### *Intrapersonal factors*

Much of the literature and theoretical frameworks related to unintended pregnancy among Latinas have been focused on the intrapersonal level. Largely, the focus on this body of literature has been related to Latinas women's individual knowledge, attitudes, values, beliefs, and behavior around contraception and family planning

High rates of unintended pregnancy among Latinas are due to a number of complex factors and etiologies, including contraceptive nonuse or misuse, socioeconomic (Finer & Henshaw, 2006), lower levels of education (Finer & Henshaw, 2006) and even race/ethnicity (Finer & Henshaw, 2006).

A factor contributing to higher rates of unintended pregnancy among Latinas that is studied more frequently is contraception nonuse, misuse and misconceptions about contraception. There is evidence to support that Latina women, particularly low income women are less likely to use contraceptive methods, have higher rates of contraceptive failure, and have misconceptions about contraception (Dehlendorf et al., 2010). In the 2002 NSFG, among Latinas at risk for pregnancy (i.e., sexually active and of reproductive age), 12% reported that they were currently using no method of contraception an increase of 3% from the 1995 NSFG cycle (Mosher, Martinez, Chandra, Abma, & Wilson, 2004). Similarly, other studies found that Latinas were either less likely to use any contraceptive method or were inconsistent users of contraception (Raine, Minnis, & Padian, 2003; Wu, Meldrum, Dozier, Stanwood, & Fiscella, 2008).

The majority of studies on contraceptive use among Latinas have examined the behavior of adolescents. The few studies that exist among Latina adults may help further our understanding of the determinants of that behavior. Early studies exploring factors associated with contraceptive use among Latinas found a number of different factors that may influence their contraception decision making, such as education, marital status, number of children, desired family size, social support for contraceptive use, contraceptive use self-efficacy, and acculturation (Garcés-Palacio et al., 2008; Gilliam, 2007; Gilliam et al., 2011; Gilliam et al., 2004; Grossman, Fernández, et al., 2010). Although studies conducted with Latina immigrants are limited, one study conducted with Latina immigrants found that marital status, number of children, and knowledge about contraceptives played a role in the use of contraceptives among low-income (Garcés-Palacio et al., 2008)



Other studies examining contraceptive behavior among Latinas have found that concerns about side effects and health risks have been identified as a barrier to contraceptive use among Latina women (Driscoll et al., 2001; Garcés-Palacio et al., 2008; Gilliam, 2007; Gilliam et al., 2011; Grossman, Fernández, et al., 2010; Guendelman, Denny, Mauldon, & Chetkovich, 2000; Harvey et al., 2006; Rivera, Méndez, Gueye, & Bachmann, 2007; Sable, Havig, Schwartz, & Shaw, 2009; Sangi-Haghpeykar et al., 2006; Venkat et al., 2008; Wilson & McQuiston, 2006). For many Latinas, concerns about their health may be a reason not to initiate birth control or to discontinue them when side effects occur. Similarly, not understanding how to correctly use contraception and poor compliance may lead to side effects and further noncompliance. The lack of understanding regarding the risks, benefits, and effectiveness of contraceptives should not be underestimated. One study of young Mexican-American women found that women tend to underestimate the benefits of contraceptive and overestimate the risks (Gilliam et al., 2011). For some Latinas, language, culture and socioeconomics may pose challenges and difficulties to using contraception effectively. Level of education, health literacy and lack of cultural sensitivity and competence among providers may pose additional barriers in some circumstances, particularly for Latina immigrants.

In order to understand variation in contraceptive behavior and experiences, a number of studies have examined Latinas attitudes toward contraception, decision-making around contraception, differences in contraception use and knowledge, and experiences with contraception (Garcés-Palacio et al., 2008; Gilliam, 2007; Gilliam et al., 2011; Grossman, Fernández, et al., 2010; Guendelman et al., 2000; Harvey et al., 2006;

Sangi-Haghpeykar et al., 2006; Venkat et al., 2008). Differences in knowledge and attitudes about contraception may contribute to disparities in unintended pregnancy rates. Across these studies, Latina women reported less knowledge about birth control (Garcés-Palacio et al., 2008; Gilliam, 2007; Gilliam et al., 2011; Grossman, Fernández, et al., 2010; Guendelman et al., 2000; Harvey et al., 2006; Sangi-Haghpeykar et al., 2006; Venkat et al., 2008). In a study examining differences in contraception knowledge and use between low-income Latina immigrants and low-income non-Latinas, Latinas were less knowledgeable about reproduction and contraception (Garcés-Palacio, et al., 2008). Latinas answered only about half of the knowledge statements correctly, whereas non-Latinas answered about 80% correctly (Garcés-Palacio, et al., 2008). These results are consistent with Sangi-Haghpeykar and colleagues (2006) who found that immigrant Latinas display less knowledge or more misconceptions compared to non-Latina women. The authors observed that immigrant Latina women had less knowledge with respect to contraceptives than non-Latina white women (Sangi-Haghpeykar, et al., 2006). Specifically, they were misinformed about oral contraceptives and the mechanics of condom use (Sangi-Haghpeykar, et al., 2006). Furthermore, Venkat and colleagues (2008) found that most women in their study had little confidence in the safety and efficacy of various contraceptive methods including oral contraceptive pills, injectable contraception, intrauterine device and the Orthro-Evra patch. Latinas in their study demonstrated more negative beliefs about the side effects of oral contraceptives and injectables (Venkat, et al., 2008). They were concerned with weight gain, irregular bleeding and infertility as a result of use (Venkat, et al., 2008).

Concerns about side effects and safety serve as key barriers to consistent use of contraception. Research findings on perceptions of safety, misconceptions and misinformation are similar across several studies (Rivera, et al., 2007; Sangi-Haghpeykar, et al., 2006; Venkat, et al., 2008). Safety concerns for some Latina groups are shaped by beliefs and mistrust of contraceptive methods (Dehlendorf et al., 2010). Earlier studies conducted with Latinas found that negative attitudes towards contraception have been associated with contraception nonuse (Gilliam et al., 2004; Guendelman et al., 2000). A recent study by Grossman and colleagues (2010) evaluated the medical validity of Latina women's perceptions about the safety of hormonal contraceptive. About 31% of the women in this study believed that the pill was medically unsafe and only a small portion of these women had a real side effect (Grossman, et al., 2010). Women who were not using contraception had safety perceptions that were not accurate (Grossman, et al., 2010). These findings are important to note because concerns and inaccurate knowledge about side effects may be a significant barrier to contraceptive use. Low levels of knowledge about how contraception works may lead to contraception failure. Studies have found that even when using the same method of contraception, minority, and poor women experience higher rates of method failure and discontinuation (Dehlendorf, et al., 2010).

Although Latina women are concerned about side effects, they are most likely to rely on drastic permanent measures such as tubal sterilization as a method of contraception than white women (Borrero et al., 2010). Borrero and colleagues (2010) found that unintended pregnancy is a powerful predictor of subsequent tubal sterilization and may explain why Latina women are more likely to entertain tubal sterilization. Their

findings also suggest that minority women with higher rates of unintended pregnancy choose sterilization in response to their experiences with an unintended pregnancy (Borrero, et al., 2010).

Various authors examined factors other than side effects and their association with contraceptive use. An investigation using 1995 NSFG data examined factors associated with planned and unplanned childbearing among unmarried women stratified by race and ethnicity (Musick, 2002). Among unmarried Latinas, higher levels of education were associated with fewer planned births; while being in a cohabiting relationship was highly predictive of being both planned and unplanned births (Musick, 2002). For planned births, the effects of cohabitation were much stronger among Latinas than either whites or blacks, suggesting that among Latinas, cohabitation is viewed as similar to marriage in terms of childbearing (Musick, 2002). Research by Harvey and colleagues (2006) investigated important individual determinants as well as relationship determinants that influence contraception use. Relationship duration was positively associated with effective contraception use. Latina women who had been in a relationship for one year or more years were significantly more likely to use effective contraception. In addition, Latina women who were involved in making decisions about pregnancy prevention and contraceptive use and who discussed contraception with partners were more likely to use effective birth control (Harvey et al., 2006).

While a number of Latina women uses effective contraception methods, scores of them do not use them as regularly or consistently as do non-Latina white and blacks do (Rivera et al., 2007). Concerns about contraception, as well as difficulty using contraception effectively may be partly a result of less knowledge about birth control

among Latinas. Differences in knowledge may be related to broader societal factors, including lower levels of education, culturally-based myths and differences in how one communicates about reproductive health (Dehlendorf, et al., 2011).

There are few studies regarding Latinas attitudes toward family planning and unintended pregnancy (Rivera et al., 2007; Sable et al., 2009; Wilson & McQuiston, 2006). These studies found that Latinas understood and were aware of the concept of family planning and were highly motivated to plan their families (Rivera et al., 2007; Sable et al., 2009; Wilson & McQuiston, 2006). The primary consideration in family planning was the desire to give children a good life, not only financially but emotionally (Sable, et al., 2009; Wilson & McQuiston, 2006). Sable and colleagues (2009) found that concerns for economic well-being and readiness influenced family planning decisions. Participants in this study described the conflict they faced juggling the demands of parenting and working which may contribute to decisions about family size (Sable et al., 2009). These same factors were reiterated in another study that examined Mexican immigrant woman attitudes toward family planning and factors that influence fertility preferences in the context of migration (Wilson & McQuiston, 2006). In this study, the authors found that women's experiences with migration intensified the need to plan pregnancies because of economic struggles and lack of social support in the U. S. (Wilson & McQuiston, 2006).

Notably, the role of the woman in family planning also varied. Personal aspirations were not cited by women as reasons for planning their pregnancies (Wilson & McQuiston, 2006). Instead Latina women were more concerned about their children's aspirations and providing a better life for their children. The reason these participants are

less focused on their own self-fulfillment may be primarily socioeconomic reasons (Wilson & McQuiston, 2006). In the Rivera, Méndez, Gueye, & Bachmann study (2007), half of the women were told by their family to strive for a traditional maternal lifestyle, while only slightly more than a quarter got the message to pursue a career (Rivera et al., 2007). Motherhood was more highly regarded than a career. The potential social roles for these women seem limited.

Several studies that have explored how religious affiliation affects contraception use revealed significant differences in contraceptive use styles among Catholics, Protestants, Jews, and those of no religious affiliation. More than two-thirds of Hispanics (68%) identify themselves as Roman Catholics (Pew Hispanic Center and Pew Forum on Religion and Public Life, 2007). Given the large number of Latinas who identify themselves as Catholic, the church's teachings provide an important religious context for the reproductive health decision of Latina women. By the 1970s, the gap in fertility rates between US Protestants and Catholics began to disappear as Catholic women had fewer children (Westoff & Bumpass, 1973). More recently, evidence suggests that greater fertility rates among women, including Latinas, may be linked to higher religiosity. In their study of a random sample of 245 Latinas, Hines and Gave (1998), found that women who reported a religious affiliation were less likely to use contraceptives than non-religious women (Hines & Graves, 1998). Another study that analyzed data from the 2002 NSFG found that the importance of religion in the lives of women was a strong predictor of fertility desire and family size than denominational difference and family and other cultural factors (Hayford & Morgan, 2008).

Despite the perception that religion strongly influences sexual practices of Latinas, many studies have challenged these cultural stereotypes about religion as a major influence on birth control. Amaro (1998) asserts that most Catholic Latina women use contraception (Amaro, 1988). In a survey of 508 Latina women who were mostly catholic, investigators found no relationship between religious identity and condom use (Flaskerud, Uman, Lara, Romero, & Taka, 1996). A study of 234 pregnant Latinas living in the southwestern region of the U. S., 77% of whom identified themselves as Catholic, found no relationship between religious factors and contraceptive use (Romo, Berenson, & Segars, 2004). Wilson and colleagues (2008) found there was no relationship between religiosity and contraceptive use. These findings echo more recent studies that revealed that religiosity did not rule their Latina women's views towards attitudes and behaviors related to family planning and birth control (Sable, et al., 2009). In fact, a study found that 66% of participants reported that religious beliefs did not play a role in their contraceptive choices (Rivera, et al., 2007). Although the majority of the participants in another study were Catholic, these participants did not follow Catholicism's teachings governing birth control (Sable, et al., 2009). Taken together, these findings suggest there is little consensus about the role of religion in the reproductive health decisions of Latina women.

### *Interpersonal factors*

The interpersonal factors associated with unintended pregnancy encompasses primary groups including family members, friends, partners, and peers who provide social identity, support and role, for example examining the role a partner has on a woman's and non-use of contraceptive method.

Numerous studies support the notion that a women's partner may have a major impact on her use or non-use of a contraceptive method. Contraceptive use and effectiveness depend directly on men's involvement. Of all contraceptive methods available to men, vasectomy is the only one under complete male control. With the use of condoms and withdrawal, some degree of negotiation is involved, and cooperation is necessary for the method to be used effectively. The use of female-centered methods, such as oral contraceptives, intrauterine devices, etc., may be significantly influenced by male partners in that men may mediate economic resources required to access these methods, or may even prohibit the use of these methods (Dudgeon & Inhorn, 2004). Furthermore, the absence of a stable male partner may be one of the most important determinants of a women's desire to avoid a pregnancy, especially for women with few resources (Dudgeon & Inhorn, 2004).

It is important to examine Latinas contraceptive behavior not only in the context of culture and family but also in the context of their intimate relationships. One area of particular interest is the role of machismo or patriarchal beliefs and practices on contraception use among Latinas. A literature review that included Latinas as participants found a key reason for not using contraception during intercourse was a male's partner's opposition to contraception (Ayoola, Nettleman, & Brewer, 2007). This included the partner not wanting to use contraception or wear a condom and partner disapproval of a specific method (Ayoola, et al., 2007). The literature review also discovered that in some cases the woman was afraid to ask a partner to use a condom (Ayoola, et al., 2007).



Current studies have found that Latinas are not discussing contraception with their partners. For instance, Sable and colleagues (2009) uncovered that many participants in their study felt that the male was in control and this control had a great impact on their family planning choices. The participants were aware of male power and control and linked these concepts to family life, family planning and men's reluctance to take responsibility for contraception. In addition, Sangi-Haghpeykar, Posner, and Poindexter, (2006) discovered that male partners are an integral part of contraceptive decision making among Latinas (Sangi-Haghpeykar et al., 2006). The authors found that although male partners exert a great influence on contraceptive decision making within foreign-born Latinas, a clear reduction in such influences is seen among U. S. born Latinas (Sangi-Haghpeykar, et al., 2006). However, despite changes in male partners' influences and in their increased willingness to use contraception, U. S. born Latinas, similar to foreign born Latinas, appear to have less desire to involve male partners in family planning and believe that birth control use is the responsibility of the woman (Sangi-Haghpeykar, et al., 2006). Gilliam (2007) similarly found that women felt they have to be the ones responsible for pregnancy prevention although they frequently voiced a feeling of powerlessness in their inability to negotiate consistent contraception use with their partners (Gilliam, 2007). In an exploratory study of partner influence in a mostly Hispanic population, Kerns and colleagues (2003) found that Latina women whose partners were unaware of their plans to initiate pill use had elevated odds of discontinuing prematurely (Kerns, Westhoff, Morroni, & Murphy, 2003).

Conversely, a recent study that examined the influence of patriarchal behavior on birth control found that patriarchal practices did not discourage the use of birth control

methods among Latino immigrants (Gonzalez et al., 2010). Not only did these immigrants have knowledge and information about contraception, but also had favorable attitudes about gender quality (Gonzalez, et al., 2010). These findings underscore the critical role that power dynamics may have in the extent to which Latina women can protect themselves from the negative consequences of unprotected sex. Women who do not participate in contraceptive decision-making with their partners may be at higher risk for unintended pregnancy.

Gilliam and colleagues (2011) investigated familial, cultural and psychosocial influences of effective contraceptive use among Mexican-American adolescents and adults (Gilliam et al., 2011). They found a positive relationship between number of children and use of very effective contraception (Gilliam et al., 2011). These findings suggest that young Latina adults who already have children may have a greater determination to plan or prevent future childbearing.

Several studies have underscored the importance of social networks and personal experiences in women's behaviors regarding contraception. These studies have found that Latina women commonly rely on advice about contraception from family and their social network. On the basis of these networks Latina women make their decisions with information about contraception effectiveness, side effects, safety and even instructions on use. Personal experiences of their social network are also highly valued sources of information and misinformation. Myths, such as those about hormonal methods causing birth defects or causing infertility, may influence decisions. Attitudes of and information from ones' social network may be considered more reliable and convincing than information from health care providers, particularly with regard to side effects. Sable and

colleagues (2009) found that participants relied on informal networks for sharing resources and information on birth control. In three qualitative studies, Latina and non-Latina women perceived their personal safety and side effects related experiences and those experiences of their social network to be more valuable and relevant than those of medical providers (Gilliam et al., 2011; Sable et al., 2009; Yee & Simon, 2010). Yee & Simon (2010) found that the opinions of friends, mothers and sisters were considered more valuable or more “true” than the recommendations of clinicians. Latina women were more likely to use friends as preferred sources of information about contraception (Yee & Simon, 2010).

#### *Socio-Structural factors*

Access to family planning services is limited among vulnerable segments of our population, with inequities across racial/ethnic, socioeconomic, and immigrant groups in the United States. While on the policy level, changes in federal legislation have resulted in improved family planning services for women in low socioeconomic groups, access is still limited, and there remains a large demand for publicly funded contraception (Dehlendorf et al., 2011). Poverty and lack of health insurance have long been associated with the inability to receive necessary family planning services. This problem most always disproportionately affects minority ethnic populations and populations of color long before pregnancy occur, thus making these women especially vulnerable to pregnancy.

While there are highly effective methods of contraception available, Latina women face multiple personal, economic, and social barriers to using available methods. In addition to lack of contraceptive knowledge or fears about contraceptive side effects,

lack of contraceptive insurance coverage and lack of money to purchase contraception pose significant challenges to contraceptive use. More than half of U.S. women of reproductive age (36.2 million) were in need of contraceptive services and supplies and almost 17% of these women were Latina (Guttmacher Institute, 2010). Between 2000 and 2008, the number of women in need of contraceptive services who were Latina increased by 27% (Guttmacher Institute, 2010). The disparities in unintended pregnancy rates result mainly from similar disparities in access to and effective use of contraceptives. As of 2002, 12% of Latina women at risk of unintended pregnancy (i.e., those who are sexually active, fertile and not wanting to be pregnant) were not practicing contraception, compared with 9% of non-Latina whites (Finer & Henshaw, 2006). These figures—and the disparities among them—are significant given that, nationally, half of all unintended pregnancies result from the small proportion of women who are at risk but not using contraceptives (Finer & Henshaw, 2006).

Geographic access to services is a factor for some women; however, for many, it is more a matter of being able to afford the more effective—usually more expensive—prescription methods. A polling done by Planned Parenthood found that more than one-third (34%) of American women voters have struggled with the cost of prescription birth control at some point in their lives, and as a result, have used birth control inconsistently (Hart Research Associates, 2010). Among Latinas, that number increases dramatically with 57% of young Latina women 18 to 34 struggling with the cost of prescription birth control (Hart Research Associates, 2010). Out-of-pocket costs for birth control can be very expensive especially for many low-income Latina women. Insurance co-payments for birth control pills typically range between \$15 and \$50 per month, and for other

methods, such as IUDs, co-pays and other out-of-pocket expenses can reach into the hundreds of dollars (Hart Research Associates, 2010). Latina women are more likely to live in poverty and this limits Latinas women's access to reproductive health care services and the ability to pay for the high costs of contraception (DeNavas-Walt et al., 2010).

Lack of health insurance is perhaps the primary reason that Latinas have difficulty accessing reproductive health care services. It is estimated in the U. S. that one in three Latina women do not have health insurance (DeNavas-Walt, et al., 2010). Uninsurance is a barrier to prescriptive contraceptive use, which are more effective than nonprescription methods (Culwell & Feinglass, 2007). An analysis of the 2002 Behavioral Risk Factor Surveillance System found that uninsured women 18 to 44 years of age who were at risk for unintended pregnancy were 30% less likely than their counterparts to use prescription contraception (Culwell & Feinglass, 2007). A more recent study found similar results but also found that those who were covered by certain government plans (Medicare, military, other) were no more likely to use prescription contraceptives than their uninsured peers, which could be related to comprehensiveness of coverage (Nearn, 2009). Even when women have private health insurance plans, there remain significant gaps in the scope of benefit coverage for reproductive health care (Misra, 2001). Lack of insurance coverage for contraception is a likely contributor to disparities among Latinas in unintended pregnancy.

Another contributing factor to lack of quality reproductive care is the issue of cultural competence. Cultural competence in health care is defined as “the ability to provide care to patients with diverse beliefs and behaviors, including tailoring delivery to

meet patients' social, cultural, and linguistic needs" (NARAL Pro-Choice America Foundation, 2003, p. 3). However, language barriers for women with limited English proficiency and cultural issues are factors that have a detrimental effect upon women seeking family planning services. For example, a qualitative study examining women's perspectives on family planning service found the availability of Spanish-speaking staff or interpreters was a critical factor affecting Spanish-speaking Latinas care experiences (Becker & Tsui, 2008). There were problems with interpreters and also embarrassment to revealing personal information in front of the interpreter (Becker & Tsui, 2008). Lack of interpreters and of Spanish language materials prohibit Latinas from fully engaging in the health care system. These barriers contribute to the lack of awareness and knowledge about unintended pregnancy because of limited effective communication between provider and patient. The lack of culturally appropriate care and bias within the health care system impair access to quality reproductive health care for women of color across socioeconomic lines. Provider bias, language barriers, and the lack of cultural competency training inhibit many women of color from getting the reproductive health care they need.

Latina immigrants face unique challenges to access family planning services. Key legislative changes over the last decade have eroded immigrant's access to health care. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 restricts many legally present immigrants from accessing government-funded programs for their first five years of residence (Dehlendorf et al., 2010). Even though immigrants pay taxes to support the system, they are denied access during a period in which they are most vulnerable and working to establish themselves in

their new country. New immigrants are only eligible for Emergency Medicaid, which covers acute illness and obstetrical deliveries, but does not cover preventive care such as contraception (Dehlendorf, et al., 2010). These policies persist despite research that has shown that restricting access to contraception for immigrants is not cost effective.

Experiences of discrimination or stigmatization, fear of legal actions such as deportation or prison, further impede access to contraceptive services. Even eligible legal immigrants do not access services for fear of not being able to normalize their status later on.

### *Cultural factors*

Culture is another factor that influences meaning and consequences of an unintended pregnancy. In modern Western culture, a biomedical model is used to treat illness and understand health. This biomedical approach may be inadequate for understanding the perception of illness and health behaviors of some Latinos and other ethnic minorities (Karlner, Edmonds Crewe, Pacheco, & Cruz Gonzalez, 1998). Latinos tend to have a holistic approach of health where the mind and body are seen as one. This challenges the idea that health is unidimensional and suggests that health is a complex construct, similar to how unintended pregnancy is thought of. This is important to know because when conducting research or developing interventions for Latinos we must take into account the cultural beliefs and expectations of Latino culture.

The literature on family planning attitude of Latinas consistently found that they center on the theme of family. *Familismo* (familism) is considered to be one of the most important cultural values among Latinos and involves the strong identification and attachment to nuclear and extended family (Triandis, Martin, Betancourt, Lisansky, & Chang, 1982). Latinos place importance on family as a primary social unit and source for

support. Loyalty, reciprocity, and solidarity among members of the family are associated with this attachment (Marin & Marin, 1991; Marin & Triandis, 1985; Triandis et al., 1982). Fundamentally, those within a family have a moral responsibility to give support to other members of the family experiencing difficult types of problems including financial, health conditions, and other life issues, including sexuality (Marin & Marin, 1991; Marin & Triandis, 1985; Triandis et al., 1982).

While traditionally the Latino male has been acknowledged as the unquestioned authority figure in the family, contemporary research proposes that gender roles in Hispanic families are changing. Women are still considered the center of the family and are assuming more authority for decision-making within the family, and they generally feel that decisions about when to have children, the use of contraception, and the decision to have an abortion should be made by the woman and not the man (Burk, Wieser, & Keegan, 1995). Wilson & McQuiston (2006) found that Mexican immigrant women in their study had a strong familial orientation. The high value they place on family was their primary motivation for pregnancy planning. Studies have also found that Latina women commonly rely on advice about contraception from family (Gilliam et al., 2011; Guendelman et al., 2000; Yee & Simon, 2010). Gilliam (2007) found that Latinas look to family members for advice and information about on pregnancy decision making. In a study with African American and Hispanic women with unplanned pregnancies, women suggested that the opinions of mothers and sisters were considerable more valuable than recommendations of health care providers (Yee & Simon, 2010). Parental involvement in Latinos lives is central to their decision to delay sex, use contraception, and/or otherwise avoid pregnancy (Gilliam et al., 2011).



It is well known that a factor contributing to higher rates of unintended pregnancy among Latinas is low rates of contraceptive use. However emerging research is suggesting that Latina women may chose not to use contraceptives because they consciously desire large families. In Latino culture the role of motherhood is particularly important. Traditional Latino culture emphasizes the important role of motherhood and marriage in young Latinas' lives (Driscoll et al., 2001). In Mexican American culture, the mother-child bond is the central relationship in families and many women consider motherhood essential to both their identity and to their happiness (Wilson & McQuiston, 2006). Due to this notion, Latinas failure to use contraception may be a purposeful attempt to become pregnant rather than a lack of knowledge about or access to contraceptives. Some Latina women, especially those with lower levels of education, may believe that childbearing will bring respect from their community, ensure love and commitment from the father of the baby, fulfill their expected role as women, and ensure they will have someone to care for them (Driscoll et al., 2001; Rosengard, Pollock, Weitzen, Meers, & Phipps, 2006). These findings are similar to a recent study conducted with young, urban, low-income African Americans. In that study, Afable-Munsuz and colleagues (2006) found that pregnancy in their population was viewed as an opportunity to feel more loved and bring a woman closer to her family and her boyfriend. This positive orientation toward motherhood is associated with an increased likelihood of pregnancy among young women even after controlling for SES. In particular, the perception that a pregnancy was a way to assert responsibility was associated with an increased likelihood of experiencing only unintended pregnancies (Afable-Munsuz, Speizer, Magnus, & Kendall, 2006). This is why it is important to understand the cultural

meanings Latina women ascribed to an unintended pregnancy. Future research on unintended pregnancy among Latinas and family planning attitudes must take into account all the factors that shape attitudes and behaviors and this includes the cultural importance of families.

### *Acculturation*

Acculturation is the process by which a group integrates the cultural practices of another group into their own (Lara, Gamboa, Kahramanian, Morales, & Bautista, 2005). In this case, it refers to the process through which Latino immigrants adopt American culture into their own, similar to assimilation, which is defined as a process of by which individuals from one cultural group enter or merge into a second group. (Lara et al., 2005). Acculturation can be measured through variables such as generational status (e.g.: first generation immigrant, second generation, etc.), time in the U. S, and language preference (Lara, et al., 2005). Many studies have attempted to research the link between acculturation and sexual behavior of Latino adolescents (Afaible-Munsuz & Brindis, 2006; Driscoll et al., 2001; Lara et al., 2005). Fewer studies have examined the association of acculturation and unintended pregnancy among adult Latinas. Wilson (2008) explored the relationship between acculturation and feelings about any pregnancies that occur among Mexican American women. Among first generation immigrant women, a significantly higher proportion of pregnancies were intended (72%) than among US born women (56%) (Wilson, 2008). First generation women were also significantly more likely to be happy about their pregnancies (Wilson, 2008). Findings from this study suggest that likelihood of pregnancy decreases with acculturation

(Wilson, 2008). These shifts in childbearing and childbearing preferences were embedded in the context of changes in the circumstances of these women's lives.

In addition to pregnancy intendedness and feelings about pregnancy, there have been a few studies that examined acculturation status and birth control. Grossman, et al., (2008) examined acculturation status and beliefs about contraception. Less acculturated women had more negative beliefs about oral contraceptives and intrauterine devices (Grossman et al., 2008). They also had a lack of access to adequate, culturally sensitive and language specific education (Grossman, et al., 2008). As other studies have demonstrated, these women depended on narratives from social networks in making contraceptive choices (Grossman, et al., 2008). A recent study conducted with Latina female's ages 13 to 25 examining culturally relevant factors associated with contraception use found acculturation to have a strong protective effect on effective contraception use among Latina young adults (Gilliam, et al., 2011). The relationship between acculturation and effective contraception use suggests that integration into American culture through acceptance and use of the English language can positively influence contraceptive use among Latina young adults (Gilliam, et al., 2011). These findings are consistent with other older studies demonstrating that greater acculturation has been linked to personal autonomy and control in healthcare decision making, as well as to improved contraceptive self-efficacy and trust in effectiveness of hormonal methods of contraception among Latinas (Gilliam, et al., 2011).

#### *Management of Unintended Pregnancy among Latinas*

In the event of an unintended pregnancy, a woman and often her partner and significant other—face essentially three options: to terminate the pregnancy, to have and

parent the child (sometimes with considerable help from others), or to place the child for adoption. The major factors that may influence how a pregnancy is managed may be personal attitudes and beliefs about abortions, the support, influence, or pressure of significant others such as parents and partners, and access to and utilization of pregnancy and adoption counseling, abortion, and prenatal services. In addition, the broader societal context of cultural values and social policies plays an important role in whether or not abortion or adoption is considered.

### *Abortion*

To date little is known in regards to Latinas' experiences with an unwanted pregnancy as well as the decision-making process behind the management of an unintended pregnancy. Understanding Latinas' experiences with abortion is important in order to dispel stereotypes and ensure that Latinas have timely, safe access to abortion services. Abortion rates among Latinas are higher than those among non-Latina white women. Latinas have more than twice the abortion rate (28 abortions per 1000 women) of white women (11/1000); (Henshaw & Kost, 2008) this is explained in part by Latinas' higher pregnancy rate overall (146.3 per 1,000 women) compared to white women (84.3 pregnancies per 1,000 women) (Ventura, Abma, Mosher, & Henshaw, 2009). In 2004, 22% of Latinas' pregnancies ended in abortion, compared to 15% of pregnancies among white women (Henshaw & Kost, 2008). Inequities in health care access explain differences in reproductive health outcomes between Latinas and whites.

Latinas in the United States face several barriers to safe and affordable abortion services. Scores of Latinas in the United States are low income and as a result have disproportionately low rates of health insurance coverage. This limits a Latina's range of

reproductive health services she can acquire. In addition, immigrant women may not get the health services they need because of immigrant eligibility requirements, fear of using healthcare services because of their or a family member's immigration status, and among some immigrant women, there is a lack of knowledge about laws regarding their right to abortion services. This lack of knowledge and confusion may be attributed to lack of understanding about the U. S. healthcare system as well laws on abortion in their country of origin. A recent study found that Puerto Rican women, who are legal citizens in the United States, were misinformed and incorrectly believed abortion was illegal (Grossman, Holt, et al., 2010). In addition, the Hyde amendment, which passed in 1977, prohibits federal funds from being used to pay for abortion (Dehlendorf, et al., 2010). The Hyde amendment makes it almost impossible for women with low-incomes to access abortion services (Dehlendorf, et al., 2010). While some states cover these services with their own funds, poor women still bear the financial responsibility and additional burden of finding a provider that accepts Medicaid (Dehlendorf, et al., 2010). Difficulty in making financial arrangements is commonly cited reason for delay in obtaining abortion, which results in poor women having later, and therefore unsafe abortion procedures. As a result, many Latina women are more likely to carry an unintended pregnancy to term, and while there are many socio-cultural factors that may play a role in this difference, evidence supports that difficulty in paying for abortions is an important factor.

An additional barrier to access to abortion care is geography. Eighty-seven percent of all counties in the United States do not have an abortion provider, and the number of facilities providing abortion has been decreasing over time (Guttmacher Institute, 2011). Florida mirrors the United States in this regard. In 2008, there were 91

abortion providers in Florida (Guttmacher Institute, 2011). This represents a 12% decline from 2005, when there were 103 abortion providers (Guttmacher Institute, 2011).

Geography is also an issue in Florida, where 72% of Florida counties had no abortion provider (Jones & Kooistra K, 2011). Twenty five percent of Florida women lived in these counties. The need to access these services and travel to counties where abortion is provided represents a burden and additional barrier to women who need these services the most.

There are also many restrictions with abortions in Florida. In 2011, eighteen bills were introduced to congress and six bills passed through the house that prohibits and/or limit women's access to abortion services (Hill, 2012). The bills in Florida are also some of the most extreme in the country and will create barriers to preventive care. These bills will affect women who are already vulnerable and disenfranchised. These bills include measures that require an ultrasound before performing an abortion, barring abortion providers from doing third-trimester abortions; imposing difficulties with access to an abortion for minors trying to obtain a judge's waiver in lieu of parental consent, ballot measures regarding amendments to the Florida constitution regarding a ban of public funding for abortions; funneling money from Choose Life license plates to the non-profit Choose Life Inc., rather than the counties in which these vehicles are registered and restrictions on insurance coverage for abortions (Guttmacher Institute, 2013; Hill, 2012).

As a result of the various restrictions and barriers imposed on women with access to abortion services, a recent study conducted mostly with Latinas in the United States found that women were attempting to end their pregnancies by self-inducing abortions. Latinas cited various reasons for self-inducing abortions including wanting to avoid an

abortion clinic, concerns about confidentiality, stigma, financial barriers, not being sure about insurance coverage (Grossman, Holt, et al., 2010; Kaplan, Erickson, Stewart, & Crane, 2001). Other obstacles mentioned were immigration status, language, and distance to a clinic. Despite these social and policy realities, popular perceptions of Latinas as being hugely against abortion or as not ever considering abortion because of religious or conservative beliefs persist. Recent data show that these popular perceptions are not true. In fact, the National Latina Institute for Reproductive Health's polling data shows that 53% of Latinas actively identify as pro-choice and a larger percentage are opposed to any restrictions on abortion rights. In addition, a recent study among low-income, Spanish-speaking women in New York found that medical abortion was highly acceptable (Teal, Harken, Sheeder, & Westhoff, 2009).

Although knowing that Latinas support abortion rights is important, there is still a dearth of research available documenting the experiences and perspectives of Latinas, regarding access and utilization of abortion information and services. Research exploring Latinas' attitudes and experiences with unintended pregnancy as well as the management of an unintended pregnancy is important for empowering and lifting the voices of women. Research in this area can play a vital role in destigmatizing issues such as abortion by recognizing they are normative parts of women's lives.

### *Adoption*

Adoption has undergone a dramatic evolution in the past 50 years. In the 1950s, adoption was done in secrecy and some faced humiliation. Birth mothers struggled to maintain their dignity and rights; however, after many years of adoption legislative reform, birth parents now enjoy a range of adoption options, as well as a legally

protected, participatory role within the adoption process (Spaulding for Children, 2005). Although the legal climate now favors adoption, according to 1995 national data, less than one percent of children were placed for adoption between 1989 and 1995 (Chandra, Abma, Maza, & Bachrach, 1999). Although adoptions are not as common as before, it is critical that researchers understand the factors and experiences women face in making this decision.

Studies examining management of an unintended pregnancy by adoption have been mostly conducted with adolescents. One dated study of 430 young women found that those who made adoption placements tended to be White, tended to be of more advantaged background, and tended to have a positive attitude toward adoption (Kalmuss, Namerow, & Cushman, 1991). The women in the aforementioned study consistently reported that their choice would increase the likelihood of education and financial benefit for themselves; and that the child would likely benefit in emotional development. These young women were encouraged to make adoption placement plans by parents and boyfriend (Kalmuss et al., 1991).

One literature review examined trends and recent declines in adolescent pregnancy, abortion, and adoption relinquishment (Miller & Coyl, 2000). It also looked at contextual factors around personal attitudes and socialization about abortion, parenting, and adoption, and the influence of significant others (parents and partners), that increase or decrease the likelihood of teen parents choosing adoption. This review found that race, education and income level, future career and educational aspirations, and the influence of significant others (e. g., the mothers and birth fathers) have been found to be associated with choosing adoption as a pregnancy resolution decision. White women



have been much more likely to relinquish infants for adoption to unrelated persons than Black and Hispanic women. The review also found that most of the decline in adoption in recent decades is due to White women becoming more like women of other races in terms of adoption relinquishment. Historically, rates of relinquishment to unrelated persons among unmarried Black and Hispanic women always have been low. Recent decreases in adoption relinquishment among unmarried White women have virtually eliminated what were previously large racial differences (Miller & Coyl, 2008). To date there is a paucity of studies that examine adoption relinquishment among young adult Latinas.

#### *Strengths and Weaknesses of Previous Research*

Although research exists on unintended pregnancy among Latina adults, it is very limited and narrow in its scope. Each study looked at one factor, rather than at how various factors are connected and important to unintended pregnancy prevention. The goal of this literature review was to briefly summarize the information that exists in order to identify areas where more work needs to be done. A majority of studies were quantitative and examined contraceptive knowledge and use. Additional studies on contraception are needed but should be conducted to understand the most important barriers to contraceptive use. Barriers to effective use include not only knowledge, but also difficulties that women encounter when attempting to access services, as well as personal, cultural, or structural factors that restrict their ability to even begin the process of seeking care. In context of the political situation in the U. S. currently, studies examining anti-immigration legislation and national health care policies are warranted. Additional research is also needed on Latinas perspectives and experiences with

unintended pregnancy. New studies need to be conducted to understand and determine what pregnancy planning means to the Latino community.

Another issue with the literature that exists is that most studies were done with other populations and not specifically focused on Latinas. In order to counter questions about social and cultural factors affecting Latinas, studies should be conducted with the target population in mind. Studies should also use measures that are culturally appropriate and that assess values, beliefs, and attitudes regarding health behaviors of that culture. This can advance knowledge on the role of culture on behavioral risk factors. Many studies did not address social, economic, and the cultural realities of Latinas. Behavioral theories and models were also lacking in the studies reviewed. Instead the notion of unintended pregnancy was used as a practical tool in family planning. Unintended pregnancy needs to be examined from a more comprehensive multi-dimensional and structural perspective. Utilizing a conceptual framework can broaden the perspective. Comprehensive exploration also demands multi-method design, combining qualitative and quantitative methods.

#### *Purpose of the Inquiry*

Although Latinas experience high rates of unintended pregnancy, less is known about the complexity of the notion of unintended pregnancy among this group of women. An exploration that examines the critical assumptions embedded in constructs such as intendedness of pregnancy is necessary. The purpose of this study is to conduct exploratory research to generate formative data on the meaning Latinas place on unintended pregnancy, factors that contribute to those meanings and unintended pregnancy, and the consequences associated with unintended pregnancy. This study

further seeks to explore potential variability in the meaning and consequences of unintended pregnancy among Latina sub-populations. Most studies of Latino culture emphasize strong positive views of motherhood and childbearing, and yet little research has been conducted to examine Latinas' attitudes toward that very notion. In addition, most of the research on unintended pregnancy among Latinas has been limited to adolescents.

Little is known about the socio-cultural beliefs, knowledge, and attitudes related to unintended pregnancy among Latina subpopulations in the U.S. Much of the current literature assumes homogeneity among Latinas and does not account for distinct ethnicity. While there are different and similar socio-cultural experiences across cultural sub-groups, the differences need to be identified and specific interventions and prevention messages developed accordingly. There is an urgent need to address the knowledge gaps that stand in the way of the design and implementation of effective programs and policies for Latina sexual and reproductive health. Addressing these needs of this population will be a major step in achieving the overarching Healthy People 2020 goal of eliminating health disparities (U. S. Department of Health and Human Services, 2010).

This study, therefore, furthers the body of knowledge as it allows for an in-depth exploration of the social, cultural, contextual, and behavioral health factors that influence the meaning of unintended pregnancy and consequences of unintended pregnancy among Latina subpopulations. The outcomes of this study will be used to design quantitative instruments for future studies and validation for efficient and cultural assessment of viewpoints. The results of the study will provide new insight and additional information

on Latina women's perspectives and experiences with an unintended pregnancy. The outcomes of this research will provide understanding of the current needs and challenges confronted by Latinas when faced with an unintended pregnancy. Consequently, these findings will inform the development of viable and culturally relevant educational intervention strategies and approaches geared towards Latinas. These targeted culturally relevant interventions hope to assist Latinas make informed decisions about their reproductive choices, reduce unintended pregnancy and improve outcomes for Latinas.

#### *Theoretical Frameworks Informing the Inquiry*

While there are multiple factors that interact as influences on unintended pregnancy, studies that have examined unintended pregnancy and its meaning have been focused solely on individual level theories such as Theory of Reasoned Action (Fishbein & Ajzen, 1975) and the Theory of Planned Behavior (TPB) (Ajzen, 1985). Some have argued that the major focus on intentional action ignores the fact that human behavior, including reproductive behavior, involves a complex set of social, cultural, economic and structural factors that are interwoven (Bledsoe et al., 1998; Esacove, 2008; Fisher, 2000; Gribaldo et al., 2009; Johnson-Hanks, 2008). Pregnancy intentions may be characterized by social and cultural factors such as family and gender norms. Thus, this study will focus on two conceptual frameworks: the Ecological Model for Health Promotion and Theory of Gender and Power as well as constructs from Health Belief Model and the Theory of Planned Behavior. The overarching theory for this study, the Ecological Model for Health Promotion, examines multiple levels of influences that interact across different levels. Nested within this model, the Theory of Gender and Power as well as constructs from Health Belief Model and the Theory of Planned Behavior will be used to

theorize how all levels interact to influence experiences of women facing an unintended pregnancy and the consequences associated with an unintended pregnancy. Constructs from Health Belief Model and Theory of Planned Behavior are appropriate for the study because of their ability to identify critical determinants of any given behavior on any given population that influence unintended pregnancy and the consequences of this phenomenon. The Theory of Gender and Power is suitable for this study because it will explore these underlying social and cultural factors prevalent in Latina women's lives, such as being economically dependent on males, being in power-imbalanced relationships, and other social realities that contribute to the meaning of an unintended pregnancy and also factors that place Latina women at risk for an unintended pregnancy. These two frameworks as well as constructs together consider dynamic interplays between the individual, social relationships, gender norms and the environment as determinants of health-related behavior.

#### *Ecological Model for Health Promotion*

Ecological models of human interaction can be used to study complex community issues that affect health disparities. Ecological models of research have become increasingly popular over the last two decades and have been applied to several emerging health concepts. Ecological models allow researchers to develop comprehensive approaches to health issues and to consider multiple levels and solutions. Social ecological research on health covers several disciplines including medicine, public health, urban planning, environmental design, public policy, and the behavioral and social sciences (Best et al., 2003).

The Social Ecology Model incorporates several concepts extracted from systems theory (e.g. interdependence, homeostasis, negative feedback, and deviation simplification) to understand the interrelations among people and their environments (Best et al., 2003). Systems analysis suggests that the health of a community and the well-being of individuals in that community are jointly influenced by multiple aspects of the physical environment and social environment (Best et al., 2003). Efforts to improve health should be based on an understanding of the relationships among diverse environmental and personal factors rather than on analyses focused exclusively at each level. The key ideas behind the social ecology model are threefold: 1) Factors at multiple levels affect human behavior, 2) It is essential to understand and address barriers and constraints to behavior change at multiple levels, and 3) It is unrealistic to expect individuals to change behavior if barriers at higher levels are insurmountable. Therefore, multi-level intervention recognizes the dynamic interplay between the behavior and environment and that understanding both are essential to support each other in a social and behavioral change process (Best et al., 2003). Ecological models are useful because they can also incorporate constructs from theories and models that focus on psychological, social, cultural, and organizational levels of influence to provide a comprehensive framework for integrating multiple theories, along with considerations of environments and policy in the broader arena.

McLeroy and colleagues (1988) developed an ecological model for health promotion that links health promotion strategies that target individual behavior and environmental influences. The ecological model consists of five levels of analysis related

to health behaviors and potential interventions (McLeroy et al., 1988). Depicted in Figure 1 below, the model is comprised of five concentric spheres of influence.

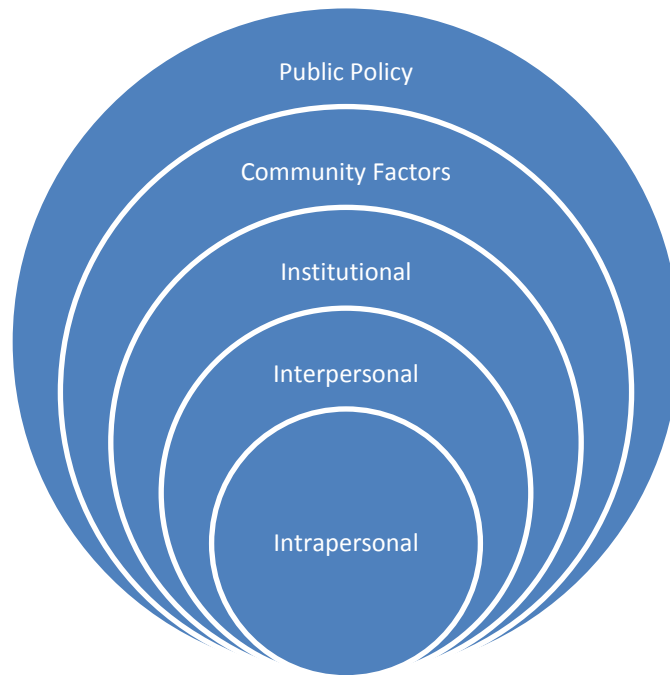


Figure 1: Ecological Model for Health Promotion (McLeroy et al., 1988)

The *intrapersonal* level of the model includes an individual's knowledge, attitudes, values, skills, behavior, self-concept, and beliefs. The *interpersonal* level encompasses primary groups including family members, friends, partners and peers who provide social identity, support and role, for example examining the influence her family has on the idea of motherhood. The *institutional* level includes rules, regulations and informal structures that may influence behavior, such as school sex education, family planning clinics and religious institutions. The *community* level is comprised of community resources, neighborhood organizations, and social and health services. The

*public policy* constitutes relevant legislation, policies, and regulatory agencies, for example legislative history of contraceptive coverage, health insurance, media, etc.

The ecological model for health promotion provides a way to analyze the connections between factors at different levels and the mechanisms by which these factors impact individual Latina women (Bronfenbrenner, 1979). It helps in conceptualizing the relationships among structural, community, and individual-level factors that impact health (Bronfenbrenner, 1979). It emphasizes the need to examine multiple levels of influence on individual behavior and recognizes that individual behavior and decisions cannot be isolated from the context of factors at higher analytic levels (Bronfenbrenner, 1979). This model is useful for developing ideas about the connections among various factors at the structural, environmental, cultural, interpersonal, and individual levels that facilitate or impede Latinas women's fertility that will be explored in this research (Koren & Mawn, 2010). For the purposes of this study, the ecological model for health promotion will be modified to produce a more comprehensive conceptualization of the socio-ecological factors that influence unintended pregnancy among Latinas. For example, women's ability to manage her unintended pregnancy may be hindered or helped by factors at each of the ecological levels: poverty and religion, the absence or presence of supportive family members or partners, community programs regarding parenthood, availability of quality contraceptive services providing a full range of safe methods of contraception, educational policies regarding sexual health education and societal values regarding being a single parent (Koren & Mawn, 2010). The modified ecological model for health promotion is depicted in Figure 2 below.



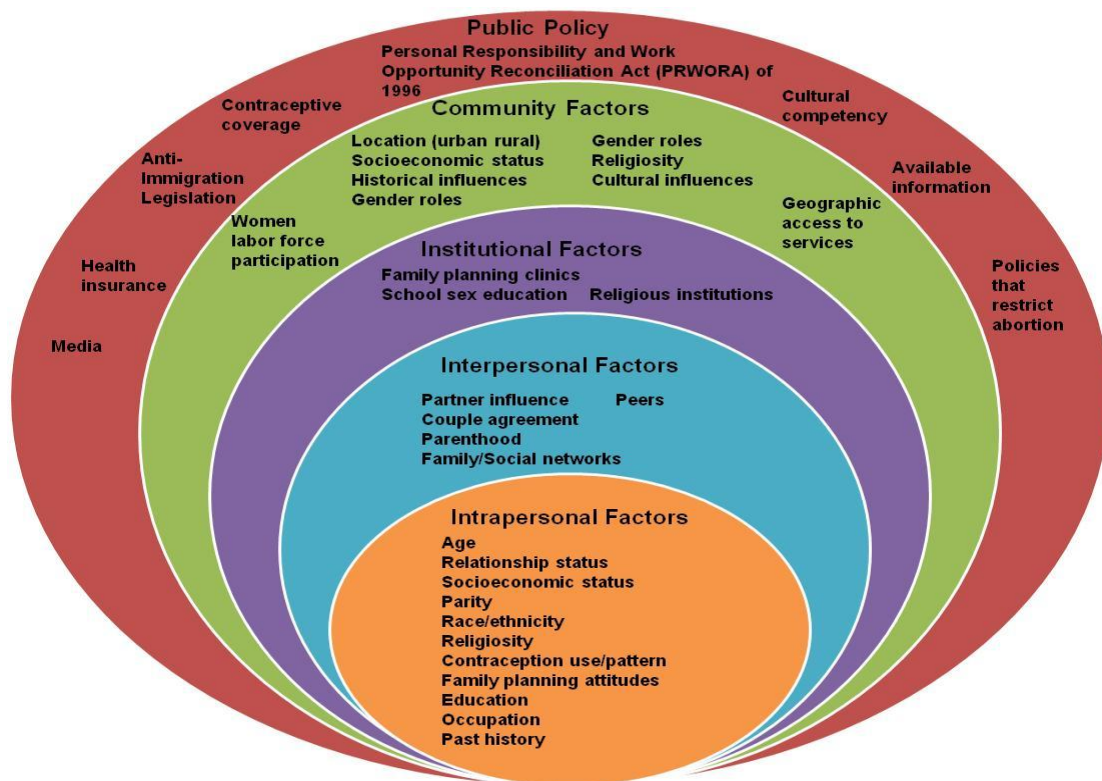


Figure 2: An Adapted Ecological Model of Factors Influencing Unintended Pregnancy Among Latinas (Koren & Mawn, 2010)

In addition, the ecological model for health promotion assists us in our understanding of health disparities. The primary causes of health inequalities across groups of individuals are likely due to the economic and political institutions and policies that create, enforce, and enable economic and/or social privilege and inequality throughout a society (Link & Phelan, 1996). The CDC has identified socioeconomic status, transportation, housing, access to services, discrimination by social grouping, and social or environmental stressors as key social determinants of health (Centers for

Disease Control and Prevention, 2005). Latina women, when compared to non-Latina whites, are more likely to face social and environmental challenges (e.g. poverty, lack of education, and lack of health insurance coverage) that place them at increased risk for poorer health. Although persistent racial disparities in health are often attributed to lifestyle behaviors of Latinas, they are also a consequence of poorer social conditions as well as of barriers in access to health. The complex interplay of racial, economic, and gender-specific barriers has resulted in Latina women experiencing social conditions that adversely affect their health. These health effects are also cumulative over Latina women's life course. An ecological framework will shift viewing that life-style behavior as resulting only from individual decision-making to the recognition that external factors play a role in individual motivations and behaviors (Centers for Disease Control and Prevention, 2005).

Applying this framework to unintended pregnancy among Latinas focuses attention to these external factors (such as access to health care, education, social networks, family and community supports for family planning, organizational policies regarding contraceptive or abortion access, structural policies such as Welfare Reform Act and Anti-Immigration Legislation) that impact whether Latina women experience an unintended pregnancy and, if they do, how they are able to manage the pregnancy rather than narrowly focusing on Latina's women's use or non-use of contraception as the sole reason for the occurrence of unintended pregnancies.

The ecological model of health promotion in various forms has been used to examine unintended pregnancy, but most of these studies have focused on sexual initiation, contraceptive use behaviors, and focused on adolescents (Corcoran, Franklin,

& Bennett, 2000; Driscoll et al., 2001). Gilliam, et al. (2011) utilized a multi-factorial framework to understand factors that contribute to young Latinas decisions regarding contraception use. A recent study applied the ecological model of health promotion to examine factors associated with unintended pregnancy among married women (Koren & Mawn, 2010). The ecological model of health promotion has not been widely used to assess and understand factors that contribute to the meaning Latinas ascribed to unintended pregnancy. Utilizing such a framework provides a novel approach for investigating the multilevel factors that contribute to the decision-making behind the consequences of an unintended pregnancy. The individual level, cognitive approaches to understanding the meaning and consequences of an unintended pregnancy, are not sufficient to address the multidimensional factors such as families, institutions, policy, and social norms that affect decision-making and consequences. The ecological model of health promotion provides a theoretical framework within which unintended pregnancy and management of an unintended pregnancy can be viewed through a multilevel, multidimensional lens.

The study will be grounded in the tenets of the ecological model of health behavior. Nested within this framework, the Theory of Gender and Power combined with constructs from the Health Belief Model and the Theory of Planned Behavior will be used to theorize how all levels interact to influence Latinas experiences of an unintended pregnancy and the consequences of an unintended pregnancy. In addition it will be fused with other cultural concepts and research for understanding issues that specifically affect Latinas, such as acculturation. This will lay the groundwork for assessing and understanding problems in historical, social, and cultural context; developing

interventions that are consistent with the lived-experience of Latinas; and advancing social justice.

### *Theory of Gender and Power*

Unintended pregnancy is a rights issue. One fundamental reproductive right is the right to be in control of one's own fertility. The exercise of this right depends not only on ensuring access to information and actual contraception, but also on the individual freedom to make decisions regarding sexuality and reproduction (Glasier, Gülmezoglu, Schmid, Moreno, & Van Look, 2006; Gruskin, 2008; Hunt & Bueno de Mesquita, 2006). Both access to and freedom of reproductive health are highly influenced by social factors such as socioeconomic status and gender relations (Goicolea & San Sebastian, 2010). A theory that also incorporates multiple social ecological levels as well examines gender relations is the Theory of Gender and Power (Wingood, Camp, Dunkle, Cooper, & DiClemente, 2009). Developed by Robert Connell, the theory of gender and power asserts that power relationships between genders and within genders arise from a patriarchal society (Wingood et al., 2009). Theory of Gender and Power is a social structural model that views the differences in labor, power dynamics, and relationship-investment between women and men as structures that can produce inequalities for women and increase women's risk and vulnerability to unintended pregnancy (Wingood, et. al, 2009). Connell emphasized that none of these structures is or can be independent from the others (Wingood & DiClemente, 2000). The three interlinked structures consist of the 1) sexual division of labor (financial inequality), 2) the sexual division of power (authority) and 3) cathexis (structure of social norms and affective attachments) (Coreil, 2010; Wingood, et. al, 2009). Each of the three structures

proposed by the theory of gender and power is associated with economic, physical, or social exposures and socioeconomic, behavioral, or personal risk factors for negative health outcomes (Coreil, 2010; Wingood et. al, 2009).

The *sexual division of labor* states that the economic disparities that exist between men and women are linked to the structure of labor (Coreil, 2010). This, in turn, increases a woman's risk of living in poverty, being unemployed or underemployed, and working in high stress environments. Unintended pregnancy among Latinas occurs mostly with women who have lower incomes and are less educated (Finer & Henshaw, 2006). The rate of unintended pregnancy, among women whose income was below the federal poverty line was three times that of women whose income was at least double the poverty line, and among those who live in poverty Latinas had the highest unintended pregnancy rate (Finer & Henshaw, 2006). Unintended pregnancy among low-income women is linked to lack of access to reproductive health services, low quality reproductive services and not being able to access effective contraceptive (Nearn, 2009).

The *sexual division of power* focuses on unequal power relations between men and women, leading to risks for women such as those stemming from male abuse of authority and control in intimate relationships (Wingood, et al., 2009). For example women have limited control over sexual behaviors, such as the use of contraception, because of unequal negotiating power in their relationships with their male partners. A literature review of studies examining reasons for unprotected sex found a key reason among Latina women for not using contraception during intercourse was a male's partner's opposition to contraception (Ayoola, et al., 2007). This included the partner not wanting to use contraception or wear a condom, and partner disapproval of a specific

method (Ayoola, et al., 2007). The literature review also identified that in some cases the woman was afraid to ask a partner to use a condom (Ayoola, et al., 2007). In addition, the sexual division of power may lead to unintended pregnancy as a result of Latina's vulnerability to physical violence. A study conducted in Ecuador found that living in a municipality with high rates of male patriarchal control significantly increased women's odds of having an unintended pregnancy by almost four times (Pallitto & O'Campo, 2005).

The *structure of cathexis* is related to the social rules about women's sexual behavior and is characterized by the emotional and sexual attachments that women have with men (Coreil, 2010; Wingood, et al., 2009). At an institutional level of examination, the structure of social norms and affective attachments is most apparent in institutions such as social and sexual relationships, the family, and faith-based institutions (Wingood, et al., 2009). According to this structure, women who are more accepting of conventional norms and beliefs will be more likely to experience adverse health outcomes (Wingood, et al., 2009). In this study, perceived gender roles among Latinas will be examined in relation to unintended pregnancy, particularly the cultural concepts of *marianismo* and *machismo* and how these concepts factor into how Latinas view unintended pregnancy and how they manage their unintended pregnancies. This study will explore domains of sexuality including sexual stigma and the over-sexualization of Latina women and the role that may have on Latina women's view of themselves.

Each factor of the Theory of Gender and Power individually has the potential to increase the risk of an unintended pregnancy, but together, they substantially increase the risk of unintended pregnancies among Latinas. Nested within the ecological model of

health behavior, this theory will be used at multiple levels to explore underlying social factors prevalent in Latina women's lives. At the individual level it can be used to explore factors such as being economically dependent on males. At the interpersonal level it can be used to examine power-imbalanced relationships and how these relationships influence the meaning and consequences of an unintended pregnancy. The structure of cathexis will be explored at the community level and how social norms regarding men and women's roles may influence how Latinas manage their unintended pregnancies. At the policy level due to the of the sexual division of power, policies that are created and mostly by men, put women at increased risk of facing an unintended pregnancy as well as limit their options to managing their pregnancies. The theory of gender and power allows for the exploration of so many other social realities that place Latina women at risk for unintended pregnancy, contribute to their meaning of an unintended pregnancy and influences how they manage their unintended pregnancies. Utilizing this theory gets at the issue of unintended pregnancy not only at multiple levels but also from a social justice perspective.

The Theory of Gender and Power has been utilized in the public health literature to examine women's health issues. The theory has mostly been used domestically and internationally to examine HIV-related issues and behaviors such as condom use behavior among young women, exposures and risk factors among women, and gender differences in condom use (Robillard, 2012; Weine et al., 2012; Wingood & DiClemente, 2000). The theory of gender and power has also been utilized to explore intimate partner violence. Raj and colleagues (1999) proposed the theory of gender and power to explain intimate abuse within heterosexual relationships (Raj, Silverman, Wingood, &

Diclemente, 1999). Their results indicated that greater relative economic power (*sexual division of labor*) increases men's likelihood of being abusive. The strongest predictors of intimate partner violence were variables related to gender-based power differentials in the relationship. The *structure of cathexis* was also highly associated with domestic abuse. Women who had higher levels of perceived male unavailability, and placed great importance on childbearing were likely to have less relationship power and more likely to experience intimate partner violence.

#### *Health Belief Model*

Latinas women's knowledge, attitudes and perceptions toward unintended pregnancy are important and have not been fully explored. The Health Belief Model (HBM) is useful in exploring Latina women's personal beliefs and perceptions about unintended pregnancy and consequences of an unintended pregnancy. It was developed in the 1950s by a group of U.S. Public Health Service social psychologists who wanted to explain why so few people were participating in programs to prevent and detect disease (Janz, Champion, & Strecher, 2002). HBM is a good model for addressing problem behaviors or conditions that evoke health concerns (e.g., unintended pregnancy and low birth weight). The HBM posits that individuals' likelihood of engaging in a healthful behavior is influenced by a number of key factors including whether people consider themselves susceptible to the condition (*perceived susceptibility*), whether the condition is perceived as having serious personal consequences (*perceived severity*), whether a specific action is expected to reduce the risk of getting the condition or the consequences of it (*perceived benefits*), and whether the perceived benefits of the action outweigh the subjective costs or barriers to taking the action (*perceived barriers*) (Coreil, 2010;



Sharma & Romas, 2008a). More recently other constructs have been added to the model including individual factors that that may affect the condition such as culture, educational level, past experiences, skills, motivation, (to name a few) (*modifying factors*), events, people, or things that move people to change their condition (*cues to action*), and the perceived ability to successfully do something (*self-efficacy*) (Sharma & Romas, 2008a).

The HBM would be useful for examining relationships of factors and unintended pregnancy among Latinas. Assessing these factors and the roles they play on the causal pathway can elucidate the mechanisms by which factors influence the meaning Latinas attribute to unintended pregnancy and the factors that play into the decision-making process behind the management of an unintended pregnancy. In this study, *perceived susceptibility* will be used to examine knowledge and beliefs of the ability to have an unintended pregnancy. The construct of *perceived severity* will be used to examine the emotional, social, and financial consequences of an unintended pregnancy. *Perceived benefits* will be assessed to determine whether Latinas believe there are benefits to an unintended pregnancy or whether they feel accessing reproductive health services or using contraceptives can reduce the risk of an unintended pregnancy. *Cues to Action* will be explored to examine how seeking counsel from peers, family and friends influences the management of an unintended pregnancy and *self-efficacy* will be assessed to determine if they have the ability to manage the unintended pregnancy. The HBM can also assess how culture, education, past experiences with an unintended pregnancy, and other individual factors play a role or can influence their perceptions of an unintended pregnancy. The HBM is summarized in Figure 3. It shows the connectivity between the

variables and visually explains the movement from individual perceptions to likelihood of action.

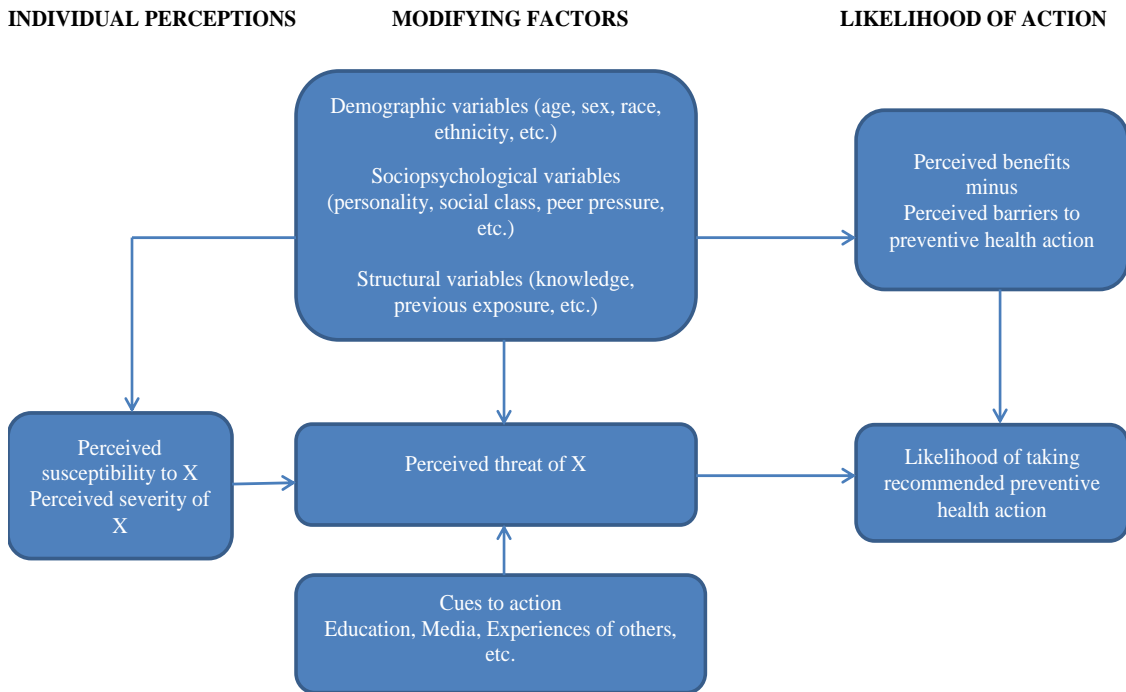


Figure 3: The Health Belief Model (Sharma & Romas, 2008a)

*Theory of Planned Behavior*

In order to explore consequences of an unintended pregnancy and the decision-making that influences the management of an unintended pregnancy the study will use constructs of the Theory of Planned Behavior (TPB). The TPB gives primary attention to cognitive factors that influence an individual’s intention to perform a behavior (Sharma & Romas, 2008b). Intention is singled out as the most important determinant of behavior because health-related actions are usually adopted in a conscious or planned manner (Coreil, 2010). This theory posits that intentional behavior is determined by three antecedents: attitude toward the behavior, subjective social norms, and perceived behavioral control (Coreil, 2010).

Attitudes regarding the specific behavior are determined by beliefs about the behavior and the strength of the beliefs (Coreil, 2010; Sharma & Romas, 2008b). Ajzen (1985) distinguish between attitudes: general attitudes towards physical objects (e. g., abortion/ unintended pregnancy) and attitudes toward performing a specific behavior (e. g., having an abortion, unintended birth or adoption). Attitude is a learned association in memory between a positive or negative association with an object, person or process (Ajzen, 1985). In relation to this inquiry it means that everyone has an attitude toward this pregnancy resolution option that was learned from childhood upbringing, personal experience, religious beliefs, or morals; however attitudes vary from woman to woman and may be vast along the continuum. We know that a vast majority of women with an unintended pregnancy do obtain abortions; however we do not know if attitudes towards obtaining an abortion affect emotional reaction. Also, as a woman ages she obtains more life experience, encounters more situations and possibly changes her belief systems, which may affect her attitude toward abortion.

Subjective social norms are based on individuals' beliefs that significant persons or groups either support or condemn the behavior and measure the extent to which the individual is motivated to comply with significant others' wishes (Coreil, 2010; Sharma & Romas, 2008b). If a behavior is not supported by society, partners or families, the behavior is more difficult to perform or follow through with. However, if the behavior is acted out and the normative beliefs are not in sync with the behavior, the reaction to the behavior may be negative. If a decision was made to have an abortion, these women who then proceed with that decision encounter anti- abortion picketers outside clinics they

may experience greater levels of anxiety, depression, and as a result regret as a result of the conflicting attitude of society with their chosen behavior.

Perceived behavior control is concerned with perceived ease or difficulty in performing the behavior and is determined by both past experience and expectations regarding the future (Coreil, 2010; Sharma & Romas, 2008b). If a Latina woman's personal attitude and social surroundings are not supporting the behavior (i. e., abortion), she may back out of the abortion; however, if she continues with the abortion more ambivalence and negative feelings can be expected. Even women with the strongest of religious beliefs and convictions seek and obtain abortions, but their emotional reactions usually vary greatly from the women who are pro-choice.

Using constructs of the TPB in this study with Latinas will be useful in exploring the consequences of an unintended pregnancy and how Latina women manage their unintended pregnancies. This theory views behavior as the end result of a sequence beginning with motivations, attitudes, and beliefs that then gives rise to desires, intentions, and behaviors. Desires represent what an individual wants, while intentions, the conscious commitment to try to achieve a goal at some time in the future, takes into account the perceived desires of others as well as situational factors. Utilizing this theory will be useful in understanding the decision-making process of how Latinas manage an unintended pregnancy. Reasons for various pregnancy outcomes may involve feelings about and experiences with specific pregnancy resolution options, issues involving relationships with their partner, and a general discomfort with pregnancy resolution options-all of which have more to do with emotion, attitude, and belief than access or specific knowledge about pregnancy resolution options. Different pregnancy resolution

options have pluses and minuses and that it is the net effect of how each of these variables is valued, by the individual and couple, that determines ultimate outcome (i.e. unintended birth, abortion, or adoption). The TPB is summarized below in Figure 4.

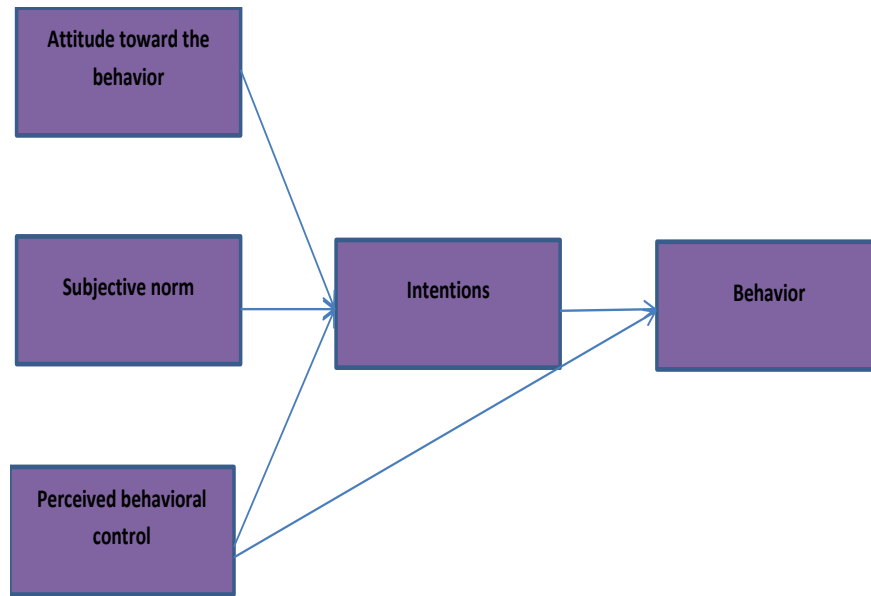


Figure 4: Theory of Planned Behavior (Sharma & Romas, 2008b)

The following theories described above were useful in a number of ways, for instance by directing the research objectives and questions and facilitating in our understanding of the meaning and management of unintended pregnancy among Latinas. In order to adequately address the meaning and consequences of an unintended pregnancy among Latinas multiple theories and frameworks were needed. In order to fully explore unintended pregnancy among Latinas combining more than one theory and framework made the greatest impact on the research.

## CHAPTER THREE: METHODS

### *Research Questions*

Research questions were guided by research objectives which seek to explore and understand the meaning and consequences of unintended pregnancy among Latina subpopulations in Florida. The research questions were also addressed by examining the interpersonal, intrapersonal, cultural, community, and socio-structural factors that contribute to the meaning and consequences of unintended pregnancy.

Objective 1: To determine and understand the *meaning* of unintended pregnancy among Latina subpopulations.

#### *Research Questions:*

- a) What are Latinas thoughts, feelings and beliefs about pregnancy, motherhood and unintended pregnancy?
- b) What factors (intrapersonal, interpersonal, institutional, community and public policy) influence Latinas meaning of an unintended pregnancy?

Objective 2: To examine the *perceived consequences* and *management* of unintended pregnancy among Latina subpopulations.

#### *Research Questions:*

- c) What are Latinas perceived consequences of an unintended pregnancy?
- d) Among pregnant Latinas who have described their pregnancy as unintended, what attitudes, subjective norms and perceived behavioral control influence their

behavioral intentions towards the pregnancy (abortion, adoption, or unintended birth)?

- e) What are the factors (intrapersonal, interpersonal, institutional, community and public policy) that influence Latinas management (abortion, adoption, or unintended birth) of an unintended pregnancy?

Table 1: Research Questions and Theoretical Constructs

Research Questions	Ecological Model of Health Promotion	Theory of Gender and Power	Health Belief Model	Theory of Planned Behavior
1. What are Latinas thoughts, feelings and beliefs about pregnancy, motherhood and unintended pregnancy?	X		X	
2. What factors (intrapersonal, interpersonal, institutional, community and public policy) influence Latinas meaning of an unintended pregnancy?	X	X		
3. What are Latinas perceived consequences of an unintended pregnancy?	X		X	
4. Among pregnant Latinas who have described their pregnancy as unintended, what attitudes, subjective norms and perceived behavioral control influence their behavioral intentions towards the pregnancy (abortion, adoption, or unintended birth)?	X	X		X
5. What factors (intrapersonal, interpersonal, institutional, community and public policy) influence Latinas management (abortion, adoption, or unintended birth) of an unintended pregnancy?	X	X	X	

### *Overview of the Research Design*

The purpose of this study was to conduct exploratory research to generate formative data on the meaning Latinas place on unintended pregnancy, factors that contribute to those meanings and unintended pregnancy, and the consequences associated with unintended pregnancy. This study further sought to explore potential variability in the meaning and consequences of unintended pregnancy among Latina subpopulations. There is a paucity of research addressing the socio-cultural and contextual factors that influence the meanings Latina women ascribed to unintended pregnancy and how these might affect pregnancy resolution. Most studies of Latino culture emphasize its strong positive view of motherhood and childbearing, and yet little research has been conducted to examine Latinas attitudes toward that very notion. There is a paucity of research that addresses the extent to which factors such as cultural, structural, and institutional specifically affect Latina women and how they view unintended pregnancies. Even fewer studies have addressed the influence of these factors on the meaning of unintended pregnancy by sub-populations. While the original objective was to conduct focus-group discussions and interviews with U. S. born, English speaking Latina women from three predominant ethnic subgroups (Cuban, Mexican-American, Puerto and Rican) between 18 and 25 years of age seeking a confirmation pregnancy test at either a prenatal clinic or a clinic providing abortion services, the researcher came across recruitment challenges and changes to the research methodology and study population had to be made.



### *Pilot Study*

*"Do not take the risk. Pilot test first."*

~De Vaus (1993: 54)

In order to determine the feasibility of the study, procedures, and instruments being used, a pilot study was conducted. The pilot test assisted the researcher in determining if there were flaws, limitations, or other weaknesses with the in-depth interview and allowed necessary revisions to be made prior to the implementation of the study (Kvale, 2007). Pilot study participants (n=4), two women who obtained abortions and two women who continued their pregnancy, were representative of the study population being included in the study. Women participated in a mock in-depth interview and were asked to respond regarding the appropriateness of questions being asked, the research process, and the researcher (whether the researcher exhibited any biases). After each interview, women were asked about their opinions and for improvements regarding the interview. Participants had minor suggestions regarding the order of questioning. These comments were considered and the ordering of question, as well as additional probing, was added to the interview guide. The pilot interviews were transcribed and analyzed as if it were the actual data. These pilot interviews facilitated in highlighting gaps and wastage in data collection, and in considering broader and highly significant issues such as research validity, ethics, and representation.

### *Study Population*

Original intentions were to include women from the three predominate Latino groups, (Cuban, Mexican-American, Puerto and Rican) for focus group discussion but due to the sensitive nature of the research topic, recruitment of women proved to be

difficult. After recruiting women to participate, several attempts were made to organize focus groups with these sub-populations but a majority of the women canceled. The researcher met with the expert committee and it was advised to proceed and recruit any Latina woman that met inclusion criteria and not specific to the three predominant Latina groups, thus differences among sub-population could not be explored in the interpretation of the data.

The study population consisted of U. S. born, English speaking Latina women between 18 and 25 years of age seeking a confirmatory pregnancy test at clinics in which some provided abortion services. English speaking, U. S. born Latinas were selected as the study population because this is the fastest growing demographic in the U. S. (U. S. Census Bureau, 2012b). This age group was selected because the unintended birth rates are highest among women in their early twenties. A large majority of pregnancies to unmarried women in their twenties also are unintended (Finer & Zolna, 2011). A total of 20 women were interviewed.

The data support the argument that these age groups contain women with the highest rates of unintended pregnancy. Based on these observations, it was imperative for research to be conducted among this population to determine factors that contribute to these high rates to understand the meaning and consequences of unintended pregnancy.

#### *Location of the Study*

This study was conducted in Miami-Dade County which has one of the largest proportions of Latinas in Florida as well as high unintended pregnancy rates. In 2009, Miami-Dade Latinos accounted for 62% of the county's population (U. S. Census Bureau, 2010). In addition, according to 2004-2005 PRAMS data, approximately 50%

of new moms in Miami-Dade County reported that their pregnancy was either mistimed or unwanted. These percentages are higher than the state's and similar to national percentages of unintended pregnancy during that time (46% and 49%, respectively) (Florida Department of Health, 2005).

#### *Inclusion Criteria for In-Depth Interview*

Eligibility criteria for inclusion in this study included: a) female b) self-identify as Latina; c) self-identify as heterosexual; d) reside in Miami-Dade County ; f) able to speak English; g) 18 to 25 years of age; h) U. S. born and; i) women who were seeking a confirmatory pregnancy test at clinics in which some provided abortion services.in Miami-Dade County, Florida.

#### *Exclusion Criteria for In-Depth Interview*

Latina women who were younger than 18 and older than 25 years of age were not included in the study. Women were not considered for the study if they did not identify as Latina. Further the study excluded women who did not identify as heterosexual and did not reside in Miami-Dade County. Because the researcher was interested in Latina women who are acculturated, non-English speaking and foreign-born women were not included.

#### *Sample for In-Depth Interviews*

Non-probability sampling such as quota and case sampling techniques were utilized to determine the sample for the in-depth interviews. Quota sampling was used to achieve a specific number of women in predetermined categories that reflect the pregnancy resolution outcome. A quota sampling matrix was used to differentiate the predetermined categories and the number of cases needed for the inquiry (Table 2).

Table 2. Quota Sampling Matrix of In-Depth Interviews

<b>Pregnancy Resolution Outcome</b>	<b>Total</b>
Continued pregnancy	8
Abortion	12

In addition to quota sampling, critical case sampling techniques were employed. Critical case sampling is defined as “the process of selecting a small number of important cases - cases that are likely to yield the most information and have the greatest impact on the development of knowledge" (Patton, 2001, p. 236). Critical case sampling assisted the researcher in obtaining participants that provided credible information because they experienced an unintended pregnancy. It was also important to select women who were willing to be open and honest about their experience. This was a good method to use because it provided enough cases with restricted funding and time and only a few cases were needed to understanding the meaning of unintended pregnancy as this study was exploratory. Although one of the limitations with critical sampling is generalizability, it does provide a personal understanding and various perspectives of the topic of interest. Only a small number of in-depth interviews were needed to reach theoretical saturation (Sandelowski, 1995). Creswell (2012) also stated to understand a phenomenon, in this case unintended pregnancy, a sample of five to 25 participants is acceptable (Creswell, 2012).

### *Recruitment*

Between May 2012 and October 2012, a total of 100 women, who were seeking a confirmatory pregnancy test, were recruited from family planning clinics in which some provided abortion services. These clinics were chosen to oversample women who (many of who were low-income) who were more likely to terminate confirmed pregnancies due to the presence of the abortion clinic and the fact that many of these women were hypothesized to not participate due to sensitivity of topic. Women were recruited into the study by the researcher while they were waiting to be seen for their pregnancy test, as well as through flyers, referrals, and word of mouth. Unintended pregnancy was not mentioned on the recruitment flyers due to the stigma associated with an unintended pregnancy. The flyers, however, described the purpose, procedures, and incentive for participation, in addition to contact information such as an e-mail and phone number (see Appendix A for flyer). Women who agreed to participate were contacted and screened to determine whether they met the eligibility criteria for the study (refer to inclusion/exclusion criteria section above). Participants were contacted by phone calls, text messages, and emails to schedule an interview.

Fifty women were contacted and found to be ineligible because they did not meet the inclusion criteria (i. e. foreign-born, did not speak English). Of the remaining women, ten were never contacted because they did not answer phone calls or called the researcher back. Sixteen women were eligible but refused to be interviewed. These women expressed they were not ready to be interviewed about their experience because it was too soon and the interview may be too emotional for them. Four women never made it to the interview, even after rescheduling and confirming multiple times. In all

contacting, scheduling, confirming, and rescheduling interviews involved more than 650 calls, text messages, and emails. Twenty women completed the interviews, which were carried out at a time and place convenient to the woman (See Figure 5 for Recruitment Process Diagram). Interviews were also completed with women who already made their pregnancy resolution decision to ensure there was no influence on the women and her decision. Participants were remunerated with a \$25 gift card for their participation in the interview. Furthermore, dependent on their pregnancy resolution decision, participants were provided with information and a gift from Healthy Start Coalition on prenatal care or pamphlets and information on post abortion care and counseling.

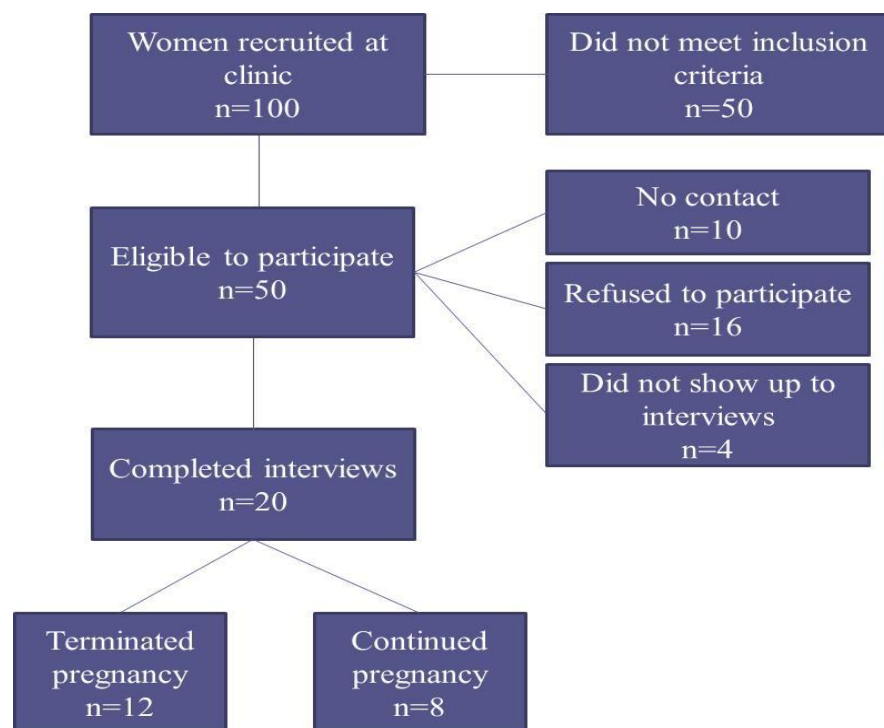


Figure 5: Recruitment Process Diagram

### *Data Collection Procedures*

As discussed above, participants were recruited into the study by the researcher while they were seeking a confirmatory pregnancy test at the clinics. All women in the

waiting room who appeared to fit the study criteria were invited to participate in the study. In addition, women were recruited through flyers, referrals, and word of mouth. Participants who expressed interest in the study were screened with an eligibility assessment (See Appendix B) either in person, on the phone or by email to determine whether they met the inclusion criteria and were eligible to participate in the study. Women who were interested and eligible to participate were then scheduled for an interview.

### *Setting*

Most interviews were conducted at coffee shops and private meeting rooms at the clinics. Women were called, texted or emailed a day prior, to remind them of their interview. Once at the interview, the researcher developed rapport with the women and began interviewing only after participants were comfortable and ready. The researcher reviewed and discussed the informed consent form (Appendix C), purpose of the study, time the interview would take (90 minutes), plans for using the research results, answered any questions from the participant. Women who participated signed an informed consent form, a copy of which was given to them. Interviews lasted between 35 to 120 minutes.

### *Participant Demographic Survey*

Prior to the start of the interview, women were asked to complete a participant demographic survey which contained closed-ended questions about their Latina subgroup identification, marital status, educational attainment, employment status, health insurance status, total household income. In addition questions regarding their reproductive history as well as items adapted from the London Measure of Unplanned Pregnancy (LMUP), a validated measure of pregnancy intentions were included in the demographic form (see

Appendix D)(Kavanaugh & Schwarz, 2009; Morof et al., 2012). All women completed the participant demographic survey.

### *Individual In-Depth Interviews*

In-depth interviews provided the researcher an opportunity to gain insight into Latina women's lives and experiences with an unintended pregnancy. This was accomplished by listening and understanding women's descriptions of their experiences, what led them to be where they are at now, and having them reflect on their attitudes, beliefs, and factors that influenced their experience with an unintended pregnancy (Ulin et al., 2005).

In-depth interviews enabled the researcher to explore the complexity of unintended pregnancy and allowed for ideas to emerge that had not been predetermined (Berg, 2009; Esterberg, 2002). Face-to-face interviews allowed the researcher to record expressive and non-verbal responses to questions or topics, indicating what was important to participants (Berg, 2009; Esterberg, 2002). These reactions influenced probing and additional questions the researcher asked.

With an in-depth interview, participants' point of view on why they do what they do can be ascertained. The ways respondents describe and explain their decisions, actions, and interactions with others regarding the meaning of unintended pregnancy and how they managed their unintended pregnancy can be captured. Collecting data in this way makes it possible to examine and interpret the motivations behind respondents' actions and identify the various barriers they face (Berg, 2009; Esterberg, 2002). By understanding and contrasting respondents' motivations and explanations for their behavior, the researcher can understand the meaning of unintended pregnancy among



Latinas. Face-to-face in-depth interviews offer a way to explore people's lives and the contexts in which they make decisions and yield "thick descriptions" of social life (Hesse-Biber & Leavy, 2006). Interviews are essentially "conversations with a purpose" (Ulin et al., 2005 p. 82). The semi-structured interview involves a number of predetermined questions that the researcher had identified as important for this inquiry. These questions are asked sequentially, but the researcher has the freedom to probe beyond the responses provided (Berg, 2004).

#### *Interview guide*

The design of the interview guide was based on two guiding theoretical frameworks the Ecological Model for Health Promotion and Theory of Gender and Power as well as constructs from Health Belief Model and the Theory of Planned Behavior. The interview guide provided an outline of the discussion to be held and intended to help the interviewer organize thoughts in sufficient depth (Creswell, 2007; Ulin et al., 2005). Interview questions were open-ended, to elicit the lived experiences and opinions of the participants. The interview was also an active interview, which is not a distinct methodology, but rather a term to emphasize that all interviews are reality-constructing, meaning making, and engaging (Ulin et al., 2005). Interviews were conducted using the interview guide that was pilot tested before it was implemented (see Appendix E for the interview guide).

As an icebreaker and to ease the participants into the research process, the interview began with an attribute listing. Interviewers can use attribute listing as a way to obtain detailed information on important domains of culture, in this case it was of the woman (Schensul, Schensul, & LeCompte, 1999). Attribute listing assisted the

researcher in understanding who these women were, build rapport, and get at the participants biases. Participants were prompted to list ten things about themselves. The ten things they said about themselves were reflected in how they answered other questions. In addition the interviewer asked participants why they named those attributes and what those attributes meant to them. Attribute listing was then followed by storytelling of their experiences.

Storytelling was employed to enable the women to have some control over the interview and thus fully communicate their complicated life situations. The interviews began with, “tell me your story about your unintended pregnancy, from the beginning when you first discovered you were pregnant to today”. This method allowed the women to explore their relationships, important people in their lives including their families, pregnancy outcome decisions and the various levels of influence on those decisions. The open-endedness of questioning also allowed the transfer of the power of the researcher back to the participant in directing what meanings and experiences were important. This was important because quantitative research only measures what the researcher finds important. This methodology also tied back to the Theory of Gender and Power.

Hypothetical vignettes were used to elicit attitudes, beliefs, and cultural norms about specific situation participants might otherwise find difficult to discuss, in this the topic was about the management of an unintended pregnancy (abortion, adoption and childrearing). Hypothetical vignettes are used in social sciences to elicit responses about very sensitive and difficult subjects such as abortion, childbearing, relationships and gender roles. Hypothetical vignettes are scenarios presented to research participants who are then asked to respond to it. Hypothetical vignettes are useful in revealing attitudes,

values, beliefs, and perceptions about certain topics and do so in a non-threatening way. The participant as a result of the non-directive questioning feels free to answer questions without fear of being judged. Some studies that have examined unintended pregnancy have used this methodology previously (Kavanaugh et al., 2012; Kendall et al., 2005). For this study participants were asked to respond to a scenario by stating what they believed the woman who had an unintended pregnancy should do. These vignettes were developed around actual experiences, by using situations provided by participants in the pilot study. The vignettes considered the sample population and were culturally relevant (see Figure 6 below for Hypothetical Vignette). For the full interview guide refer to Appendix F.

Sofia (20) and Jorge (23) have been dating for 1 year. Sofia is a full time student and Jorge has a part time job. Sofia just found out she is accidently pregnant. Since Sofia is in school and the first to graduate from college she is having reservations about continuing the pregnancy and is considering having an abortion. What do you think Sofia should do?

Figure 6: Hypothetical Vignette

### *Technical Research Process*

#### *Recording Interviews*

Prior to the start of the interviews and after informed consent was obtained, the purpose of audio recording was explained and participants were asked if they were opposed to being audio recorded. Audio recording and transcribing permitted detailed content analyses and provided a check of the performance of the interview process. Recording interviews reminded the researcher about events. In addition, having the data

stored allowed the researcher to listen and immerse herself with the data as well as link the recordings to the transcripts for detailed analysis.

Participants were free to use a pseudonym and not provide their real name, in order to prevent participant reluctance to express their feelings freely and any other undesirable notions of recording. Most participants chose a pseudonym and only one participant refused to be recorded.

### *Transcription*

Recordings were transcribed immediately after the interview was conducted. Nineteen interviews were audio recorded and the electronic recording was sent to a Verbal Ink for professional transcription services. The researcher worked closely with the transcriber to ensure that the transcripts were an accurate reproduction of the interviews. Once complete, the researcher read the transcriptions while the audio recordings were played back to determine accuracy and added non-verbal data, such as field notes.

### *Field Notes*

Field notes were the primary means of recording participant observation data. Participant observation data included the setting (e. g. interactions between clinic staff and patients, wait times, etc.), the interaction between participants with others waiting at the clinic, the presence of a partner/companion and their interaction with one another as well as notes about the women including their facial expressions and reactions to questions and demeanor. Field notes were thorough, understandable, and descriptive to enhance the research process and made it easier for the researcher to remember events and their feelings and thoughts. The researcher jotted down brief notes about the

highlights of the observation period while in the clinic and in the communities in which the participants resided. The jottings were descriptive and reflective, and served as memory joggers when writing actual field notes at a later time. Complete field notes included descriptions of the research process; where participants were sitting, and how the researcher recruited women. The researcher's feelings and thoughts were also recorded to assist with review on likelihood of researcher bias at the time.

### *Establishing Trustworthiness*

Lincoln and Guba (1985) posit that trustworthiness of a research study is important to evaluating its worth. Lincoln and Guba (1985) provide four criteria for evaluating the trustworthiness of qualitative inquiry: credibility, transferability, dependability, and confirmability. These criteria were applied in this study.

### *Credibility*

Credibility refers to confidence in the 'truth' of the findings. Synonymous to the concept of face validity, credibility refers to the soundness of the design and methods of a qualitative study. Credibility of the researcher refers to the training, experience and the presentation of self. Establishing credibility requires the use of rigorous methods that produce rich data (Patton, 2001). In this study, the researcher used member checking to establish credibility.

### *Member checking*

Member checking is the process by which feedback is solicited from participants on the researcher, research process and researchers findings. Member checking occurred throughout the research process including the pilot study, data collection, and analysis of data. Member checking was used as a means of validity on women's accounts of their

unintended pregnancy experiences. Lincoln and Guba (1985) affirmed member checking was a central way of establishing credibility. Member checking assisted throughout the data collection process whereby participants (n=5) provided feedback on the findings and interpretation of the data.

### *Transferability*

Transferability refers to showing that the research findings have applicability in other contexts (Lincoln and Guba, 1985). This concept is parallel to the concept of generalizability in quantitative research. Because qualitative research is firmly context specific, some researchers believe it is not possible to make inferences to other populations. This was addressed in the study by providing thick descriptions of the research context, the study participants, the social interactions, and the physical environment so that other researchers can decide how transferable the findings might be to another study context.

### *Dependability*

Dependability is showing that the findings are consistent and could be repeated (Lincoln and Guba, 1985). The goal is not to replicate the result of the study but to be able to replicate the processes used to obtain the results (Ulin et al., 2005). To establish dependability, the researcher made sure to document the research process in detail, enabling a future researcher to repeat the study if future researchers were interested in the same phenomenon. In addition, the researcher used external researchers with experience in qualitative research and sexual and reproductive health. These researchers evaluated the research process, data collection, and analysis. Issues that arose or disagreements on processes and data were discussed in detail until consensus was established.

Furthermore, the researcher established relationships with experts in the field of unintended pregnancy that reviewed the process and product of the research study.

### *Confirmability*

*"A researcher's background and position will affect what they choose to investigate, the angle of investigation, the methods judged most adequate for this purpose, the findings considered most appropriate, and the framing and communication of conclusions" (Malterud, 2001, p. 483-484).*

Confirmability is established by ensuring that the researcher's preferences and characteristics of the participant's experiences are not reported but rather the experiences and ideas of the actual participants. Confirmability in this study was established using reflexivity. The researcher developed a reflexive journal where the researcher made regular entries on her predispositions during the research process. In these entries, the researcher recorded methodological decisions and the reasons for them, the logistics of the study, and reflection upon what was happening in terms of her own values and interests.

### *Qualitative Data Analysis*

The qualitative data collected were coded using emerging codes in *Atlas Ti v6.2*, a qualitative data analytical software program. Five principles outlined by Ulin and colleagues (2005) served as a foundation for data analysis: 1) Reality is experienced and understood differently by individuals; 2) Theory guides and results from qualitative analysis; 3) Contextual factors can shape knowledge and behaviors; 4) Human behavior can unfold in nonlinear fashion; analysis is iterative; and 5) Exceptions in data can highlight different truths (Ulin, Robinson, & Tolley, 2005). In addition, five steps outlined by Ulin (2005) were followed for qualitative data analysis: 1) reading; 2) coding; 3) displaying; 4) reducing; and 5) interpreting. The

five steps relate to one another in that they are structured and flexible (Ulin et al. 2005). The five steps build upon one another but researchers may loop back to refine codes, reread texts, and revise certain aspects of the analysis.

Data analysis was thematic and was examined in response to the five research questions proposed. Data collection and analysis went on simultaneously. The researcher immersed oneself in the data by reviewing transcripts and listening to audio recordings repeatedly. This assisted the researcher with familiarization of the data and in fully understanding women's experiences. As the data was read and listened to, an initial list of codes were generated to concepts from text. Important codes that were related were put into a variety of categories, including descriptive, interpretative, and explanatory. The data were then displayed to detail each category identified and then reduced to the most essential points.

A second coder with a doctoral degree in Public Health and expertise in qualitative research and analysis was used to code 30% (n=6) of the interviews using the same code book developed by the researcher as well as her own emerging codes. Interviews were coded separately from the researcher by the second coder. The two coders discussed the codes and themes and came to an agreement on final list of codes. In addition, new codes that were agreed upon were merged to create a summary of codes and themes. Finally, an overall interpretation of the data was presented outlining the themes identified and the relationship between these themes.

Socio-demographic data (e.g. SES, Latina identity, educational background, relationship status, pregnancy intention), were analyzed using SAS<sup>®</sup> software Version



9.2 (Cary, NC). Demographic data was entered into Microsoft Excel and transferred into SAS software for analysis. The results were tabulated and reported in tables.

### *Data Interpretation*

“Interpretation is the act of identifying and explaining the data’s core meaning” (Ulin et al., 2005 p. 162). Data interpretation involves the identification of how the themes and data fit and what it all means. It is moving from coded data to meaningful data. During this phase, the researcher must make “sense” out of what was just uncovered and compile the data into sections or groups of information (Creswell, 2003, 2007). As a foundation for interpretation, the researcher used the following four questions as guidance: 1) What is important in the data?; 2) Why is it important?; 3) What can be learned from it?; and 4) So what?

The researcher ensured that the data captured and reflected the women’s experiences accurately. Interviews were analyzed not only by themes but also included the woman’s narratives. The researcher connected the overall findings and themes to the women’s personal experiences. The researcher searched for patterns and themes in the data but also looked for contrasts and irregularities. These findings between themes and subthemes were examined through diagrams and other visual representations. In addition, the researcher sought colleagues and independent researchers to review the data analysis and provide critique on what was being reported. Data interpretation provided answers and assisted in generalizing and theorizing from the data.

### *Use of Pseudonyms*

Due to importance of the confidentiality of participants and Institutional Review Board, quotes from Latina participants are presented using pseudonyms instead of their

real names. Most pseudonyms were chosen by the participants. Using pseudonyms was very important to the participants with regard to protecting the privacy of their unintended pregnancy.

#### *Protection of Human Subjects*

An IRB application was submitted and approved by the Institutional Review Board committee at the University of South Florida. The application included: a description of the purpose, design, methods, data collection, and analysis procedures of the study. Informed consent was obtained from each study participant. All efforts were made to ensure confidentiality of the participants. Participants were recruited on a voluntary basis. Each participant was read the informed consent form, the purpose and procedures, and potential risks and benefits of participation. Participants were also given the opportunity to withdraw from the study at any time without any penalty.

#### *Data Management*

All data gathered including transcripts were kept in a secured, locked file cabinet to which only the primary investigator had access. Additionally, once data was entered into computer, electronic files were kept in a secured, password protected file to which only the researcher had access.

## CHAPTER FOUR: RESULTS

*“The female, once impregnated, is never again in a zero or not-ever-gravid state (a never impregnated state). She may miscarry, elect to abort, or carry to term, but physiologically and psychologically, she can never again be a not-ever-pregnant self”*  
(Kirkpatrick, 1980, p.189)

Individual interviews were conducted with Latina women to examine the *meaning* and *perceived consequences* of unintended pregnancy among this ethnic group. This section will provide the findings related to each research question as well as a demographic overview of the study sample.

### *Demographic Information*

A total of 20 interviews were completed. The participants were diverse in terms of identifying with Hispanic subgroups. The majority of the participants identified with being Cuban, Dominican, Puerto Rican and other central and South American countries. A quarter of the respondents were mixed subgroups which all included being some part Cuban. Age of participants ranged from 18 to 25 years. Almost half of the respondents were between the ages of 22 and 23, with the average age of 22. The majority of the women (70%) reported they were never married/single. Forty percent of the women had completed high school while 40% also completed college. More than half the women (55%) were not employed at the time of the interview. In addition, 80% of the women lacked health insurance and 80% did not have a regular health care provider. Most of these women had a household income at or below the 2011 federal poverty guideline with more than 50% reporting a total household income of less than \$15,000. Detailed

demographic data on marital status, educational level, and household income are presented in Table 3 below.

Table 3: Demographic Information on the study sample of Latinas with an unintended pregnancy (N=20)

<b>Participant Characteristics</b>	<b>N</b>	<b>Percent</b>
Hispanic sub-group identified with		
Puerto Rican	3	15%
Dominican	2	10%
Colombian	2	10%
Cuban	4	20%
Peruvian	1	5%
Honduran	1	5%
Mexican	1	5%
Panamanian	1	5%
Mixed	5	25%
Age (years range 18-25)		
18-19	5	25%
20-21	2	10%
22-23	8	40%
24-25	5	25%
Marital Status		
Married	2	10%
Not married but living with sexual partner	2	10%
Separated	1	5%
Divorced	1	5%
Never married/single	14	70%
Education Level		
High school graduate	8	40%
Trade/technical college	3	15%
College	8	40%
Graduate professional degree	1	5%
Employment Status		
Unemployed	11	55%
Employed full time	6	30%
Employed part time	3	15%
Health Insurance Status		
Uninsured	16	80%
Insured	4	20%

Table 3 continued

<b>Participant Characteristics</b>	<b>N</b>	<b>Percent</b>
Regular Health care provider		
No	16	80%
Yes	4	20%
Household Income		
Less than \$5,000	5	25%
5,000-10,000	4	20%
10,001-15,000	3	15%
15,001-20,000	2	10%
20,001-25,000	1	5%
25,001-30,000	1	5%
30,001-35,000	3	15%
40,001-45,000	1	5%

In addition to demographic data, participants were asked questions about their feelings and circumstances of their current unintended pregnancy. All women who participated in the in-depth interviews were either currently pregnant or had recently terminated their pregnancy. Seventy percent of the women stated that before the current pregnancy they were trying to avoid a pregnancy. Twenty percent reported they would not mind avoiding a pregnancy while only two women stated they would not mind getting pregnant. Nine women stated their pregnancy happened at the wrong time, while the rest thought their pregnancy was ok but not quite the right time. In terms of pregnancy intentions, 85% of the participants did not intend to get pregnant while the remaining number of reported their intentions kept changing. Only one woman reported she intended to get pregnant. As for management of their pregnancy, 60% of the women decided to terminate their pregnancies. This may be attributed to the fact that women were recruited from clinics that did provide abortion services, in addition due to sensitivity of the topic and difficult recruiting women who terminated their pregnancies were oversampled. A few women (45%) reported having had a least one prior

pregnancy, five percent reported giving birth at least once and a quarter of the women reported ever having an abortion. Table 4 below provides detailed information on the women circumstances and feelings on their unintended pregnancy as well as their reproductive history.

Table 4: Latinas Circumstances and Feelings of Unintended Pregnancy (N=20)

Hispanic sub-group identification	Current situation	Timing of pregnancy	Pregnancy intentions	Pregnancy outcome decision	Previous Pregnancies	Previous unintended pregnancies	Previous times given birth	Previous miscarriage	Previous abortions
<b>Cuban</b>	wouldn't mind getting pregnant	ok	did not intend	continue pregnancy	1	1	0	1	0
<b>Colombian</b>	wouldn't mind avoiding a pregnancy	ok	did not intend	continue pregnancy	0	0	0	0	0
<b>Panamanian</b>	wouldn't mind avoiding a pregnancy	wrong time	intentions kept changing	abortion	3	2	3	0	0
<b>Mexican</b>	trying to avoid a pregnancy	wrong time	did not intend	abortion	3	3	1	1	1
<b>Honduran</b>	trying to avoid a pregnancy	wrong time	did not intend	abortion	0	0	0	0	0
<b>Peruvian/Cuban</b>	trying to avoid a pregnancy	wrong time	did not intend	abortion	0	0	0	0	0

Table 4 continued

<b>Peruvian</b>	trying to avoid a pregnancy	ok	did not intend	abortion	0	0	0	0	0
<b>Colombian</b>	trying to avoid a pregnancy	ok	did not intend	abortion	0	0	0	0	0
<b>Puerto Rican</b>	trying to avoid a pregnancy	wrong time	did not intend	continue pregnancy	1	1	0	0	1
<b>Puerto Rican/Cuban</b>	wouldn't mind avoiding a pregnancy	ok	did not intend	continue pregnancy	0	0	0	0	0
<b>Cuban/Nicaraguan</b>	trying to avoid a pregnancy	wrong time	did not intend	abortion	1	1	0	0	1
<b>Puerto Rican</b>	trying to avoid a pregnancy	ok	did not intend	abortion	0	1	0	0	0
<b>Dominican</b>	trying to avoid a pregnancy	ok	did not intend	continue pregnancy	3	3	1	2	0
<b>Dominican</b>	trying to avoid a pregnancy	ok	did not intend	abortion	0	0	0	0	0



Table 4 continued

<b>Cuban</b>	trying to avoid a pregnancy	wrong time	did not intend	abortion	0	0	0	0	0
<b>Cuban/Ecuadorian</b>	trying to avoid a pregnancy	wrong time	intended to get pregnant	abortion	2	2	0	0	2
<b>Cuban</b>	wouldn't mind avoiding a pregnancy	wrong time	did not intend	abortion	0	0	0	0	0
<b>Cuban</b>	trying to avoid a pregnancy	ok	did not intend	continue pregnancy	0	0	0	0	0
<b>Puerto Rican/Cuban</b>	trying to avoid a pregnancy	ok	did not intend	continue pregnancy	1	0	1	0	0
<b>Puerto Rican</b>	wouldn't mind getting pregnant	ok	my intentions kept changing	continue pregnancy	1	1	0	0	1

### *Attribute Listing*

In addition to the socio-demographic information as well as reproductive histories, an attribute listing was conducted to fully understand the women who participated in the study. When women were asked to name ten things about themselves, the most commonly cited items were personality characteristics. Many of the women described themselves as open-minded, hardworking and outgoing. A majority of the women also described themselves in “labels”, identifying themselves through their ethnic identity, age, or the fact that they were a part of a family. In addition, a great deal of women reported their values and most of these values were related to the notion of family and the importance of family.

Latinas in the study were educated and from their responses in the attribute listing valued education. Many identified themselves as a student or discussed some aspect of schooling. In addition, these women also listed aspirations such as becoming a doctor or social worker. Some women even expressed their likes and dislikes, such as pickles and the color pink. As a result of the attribute listing the researcher was able to understand the women in the study and why they answered the questions they did. These attributes were included in the interpretation of data (see Table 5 below for a full list of self-reported attributes).

Table 5: Self-Reported Attributes of Participants (N=20)

ID	"Labels"	Behaviors	Values	Physical	Personality characteristics	Likes/Dislikes	Aspirations	Pregnancy outcome
1	Hispanic	Act older	Put others before myself		Hard worker Independent Set goals for myself Caring			Continued pregnancy
2	Puerto Rican/Cuban  One of ten kids  Having a baby girl				Outgoing  Social  Hilarious  Fun			Continued pregnancy
3	Puerto Rican  One of five kids		Most important thing is family		Shy  Outgoing  Determined Nice Happy			Continued pregnancy

Table 5 continued

ID	"Labels"	Behaviors	Values	Physical	Personality characteristics	Likes/Dislikes	Aspirations	Pregnancy outcome
4	Civil engineer major  From New York  Nineteen Dominican  Lives with uncle  Yankees fan	Play softball				Loves pink  Love to eat		Terminated pregnancy
5	International known journalist     Adopted				Indecisive   Outdoorsy  People person	I hate pickles   I like my personality	I want to be a writer	Terminated pregnancy

Table 5 continued

ID	"Labels"	Behaviors	Values	Physical	Personality characteristics	Likes/Dislikes	Aspirations	Pregnancy outcome
6	Cuban-Ecuadorian Twenty-four Big family Student Major in medicine/ biology Sell airplane parts	I party a lot			Friendly Adventurous			Terminated pregnancy
7	Latina		Being a mom  I love to be around family  Non-drinker		Talkative	Basketball	I want to go back to school	Continued pregnancy

Table 5 continued

ID	"Labels"	Behaviors	Values	Physical	Personality characteristics	Likes/Dislikes	Aspirations	Pregnancy outcome
8	Teacher Daughter Student Caregiver Sister Friend		Being a friend Personal life		Open-minded Optimistic		Career	Terminated pregnancy
9	Cuban Student Engaged Lived in Texas Boyfriend is in the Coastguard Twenty-two						Sonographer	Continued pregnancy to term

Table 5 continued

ID	"Labels"	Behaviors	Values	Physical	Personality characteristics	Likes/Dislikes	Aspirations	Pregnancy outcome
10	Eighteen  Student  Live with mom  Cuban Sister				Funny  Outgoing  Cool  Smart	Likes going out  Love my personality		Terminated pregnancy
11					Fun  Outgoing Crazy at times Loveable			Continued pregnancy

Table 5 continued

ID	"Labels"	Behaviors	Values	Physical	Personality characteristics	Likes/Dislikes	Aspirations	Pregnancy outcome
12		Worry a lot	See positive in everything  Grateful  Open-minded	Pretty	Open minded  Learner  Organized  Happy Good listener			Continued pregnancy
13	Puerto Rican  Best friend  Have a Master's degree	Go to church  Pray every night	Spiritual		Overly sensitive  Spiritual	Love sweets		Continued pregnancy



Table 5 continued

ID	"Labels"	Behaviors	Values	Physical	Personality characteristics	Likes/Dislikes	Aspirations	Pregnancy outcome
14					Indecisive  Family-oriented	Love going to school	My ultimate goal is to live happily	Terminated pregnancy
15	Born in St. Louis  Lived in Tulsa  Parents don't speak Spanish  Grandparents from Mexico	Took flute lessons for ten years					I want to be a pharmacist	Terminated pregnancy

Table 5 continued

ID	"Labels"	Behaviors	Values	Physical	Personality characteristics	Likes/Dislikes	Aspirations	Pregnancy outcome
16	Latina Self-investor Unemployed Just graduated			Shorter than average	Hard worker  Outgoing Genuine Honest			Terminated pregnancy
17	Got associates degree Single		Love kids		Responsible  Insecure Caring Helpful Ambitious		I want to be a social worker	Terminated pregnancy
18			Family is a priority	Gets compliments	Sweet  Playful Caring Good person	Love nail polishes  Shopping Dancing	I want to be a doctor	Terminated pregnancy

Table 5 continued

ID	"Labels"	Behaviors	Values	Physical	Personality characteristics	Likes/Dislikes	Aspirations	Pregnancy outcome
19		I can't spread myself too much Secretive Responsible with schoolwork Task Manager			Organized Responsible Shy Quiet Indecisive Independent Clean freak			Terminated pregnancy
20			Have a lot of friends		Hard worker Pleasant Friendly Determined Family oriented Boring Homebody	Love my job Like school		Terminated pregnancy

## *Findings*

The following guide is provided to assist the reader in understanding the prevalence of each theme: “a couple” refers to two women, “a few” references three or four women, “some” or “several” refers to five to seven women, and “many” or “most” refers to eight or more women.

*Research Question 1: What are Latinas thoughts, feelings and beliefs about pregnancy, motherhood and unintended pregnancy?*

### *Meaning of Pregnancy and Motherhood*

To explore Latinas perceptions of pregnancy, motherhood, and unintended pregnancy, women were asked about the word pregnancy and what it meant to them. The question elicited a variety of emotions from these women ranging from happiness to being worried. Although all women described their pregnancies as unintended, several of the women in the study had a positive orientation toward pregnancy and motherhood. Ideas and meaning of pregnancy however were different based on the woman’s pregnancy resolution decision. For those women who continued their pregnancy, the meaning of pregnancy was defined and reflected in comments as the “*will of God*” or a “*blessing*” rather than something over which women may have control or could “*plan*”. These women focused on the “*miraculous*” concept of pregnancy rather than the negative circumstances under which they had occurred.

*That I was meant to be a mother. I think it’s meant for me. This is what God has in plan for me. (20 -year-old, Puerto Rican, single, continued pregnancy)*

*A blessing from God, or just it was meant to be, so whatever I have to do to take care of my baby is what I've got to do to provide. (18 -year-old, Puerto Rican-Cuban, single, continued pregnancy)*

*It's a blessing. End of the day, even if I was considering abortion, my child is a blessing, because like I said, there's a million and one women wishing they had babies and they can't and I've been blessed again to be a mom so it's a blessing. (23-year-old, Dominican, married, continued pregnancy)*

A couple of women describe the meaning of their pregnancy as an exciting and life-changing experience. These women also positively associated physical changes to the body and the relationship between herself and her fetus to their favorable meaning of pregnancy.

*I think it's an exciting time 'cause you're waiting. It leads up to your life changing completely because you're gonna have somebody else that you're gonna be responsible for, and I think it's a special time. I think it's a beautiful time for the mother, seeing her body change, and seeing her belly grow and knowing that there's a baby in there. I think it's very special. (22-year-old, Cuban, single, continued pregnancy)*

*You just completely amazed of how things happen inside. It's like, I'm sitting here and I'm just talking to you and then there's a whole factory going on inside of things growing and so... How would I describe it? Wow. I wouldn't even have a word. I would have many words but so far, I think it's kind of - it's amazing that so much is happening and I never realized how, I guess, special it was. (25-year-old, Colombian, Single, continued pregnancy)*

The meaning of pregnancy was different for women who decided to terminate their pregnancies. Many of these women had mixed feelings about the meaning of pregnancy and motherhood.

*Pregnancy is something real big, a big responsibility. It's like now you have to, even if they're a little, it's a little seed in you, you know it's a person and it's someone you have to care about. I don't care what anyone says, you have to care about it and I just chose not to think about it so I wouldn't care and get attached to it (18-year-old, Cuban-Nicaraguan, single, terminated pregnancy)*

*I have a lot of mixed emotions about the word pregnancy. Good, fear, anxiety, pressure, stress, joy. That is what pregnancy means to me right now (25-year-old, Panamanian, married, terminated pregnancy)*

*I think it means magic. I don't know. Women make it seem like there's this expected, wonderful thing despite everything that comes with it. I felt some of it (22-year-old, Peruvian-Cuban, single, terminated pregnancy)*

For some of these women that terminated their pregnancy, the meaning of pregnancy was described as a lack of readiness for a child and as a responsibility they were not prepared for. For these women, the meaning of pregnancy may have been confounded by the social and economic factors they are currently experiencing. Many of the women felt they could not provide for their child and related their meaning of pregnancy to their social circumstances. They perceived that they had to halt many aspects of their current life to be a mother, often citing educational or career pursuits as their priority. An eighteen year old single Cuban woman who decided to terminate her pregnancy stated:

*It's something you should be ready for. You should be prepared. You should be financially stable and if you're gonna have a kid - I didn't. I grew up with what my mom could give me. She didn't have a good job and all that. She gave me basically what she could and I wanna get my kid everything I could give 'em, you know, more than what I got. I don't know. It's just something you need to be prepared for and you need to be mentally there for 'em. I'm going to school now and so me, having a kid right now, is not gonna be - I'm going to school*

#### *Attitudes and Thoughts on the Term Unintended Pregnancy*

Although all women classified their pregnancies as unintended, many of them did not agree with the term. When solicited to describe their thoughts about the words unintended pregnancy or what they would call their pregnancy, reactions were deeply personal and each had their own meaning. A majority of the women stated that the term, “unintended pregnancy” implied something negative and had highly negative connotations and that although they used the term, it was not reflective of their personal experiences. These women expressed that while the pregnancy may not have been

planned, it was not considered problematic. For the majority of these women their pregnancies occurred at the wrong time. An eighteen year old single Puerto Rican-Cuban woman who continued her pregnancy illustrates this point as follows:

*It is unplanned, because we definitely didn't intend on having a baby right now.*

Rather than characterize the pregnancy itself as unintended, many women felt that it should be defined simply as a situation. An eighteen year old single Cuban woman who terminated her pregnancy describes how she would define her unintended pregnancy as a situation:

*I would define it as a pregnancy that happens in a situation that's not supposed to. Not really an unwanted pregnancy, not really - I guess it could be an unplanned pregnancy. I guess you could say it's that. But I don't know it's just wrong time, wrong place situation. That's how I would define it.*

They expressed that labeling the pregnancy put blame on the woman, without recognizing the situation's complexity. In addition, many of these women did not want to label the pregnancy as unintended, as this simultaneously classified the child as a mistake. A twenty-three year old married Dominican woman who continued her pregnancy to term stated:

*I wouldn't call it unintended. I mean directly, yes, it's unintended, but I just feel like that's such a bad name, because you're kind of like calling your child a mistake, so I would definitely say it's just not like planned. Just say it wasn't something I planned, but it's something that's happening, and I'm embracing it. I really wouldn't give it a name, really, because, like I said, unintended is like, oh, this is a mistake, and no child is a mistake, that's a blessing.*

The women in the study considered the term “unintended pregnancy” to be hurtful and irresponsible. When questioned what other words or phrases they would use to describe their current situation, the women provided an array of responses including; “surprise”, “unfortunate”, “accident”, “an oops”, “a mess”, “it just happened”, “error”,

*“unplanned”, “my fault”, “unexpected”, and “irresponsible”*. A nineteen year old single Puerto Rican woman who continued her pregnancy described what she would call her pregnancy:

*I would say it’s definitely an obstacle. It’s not an easy thing. It’s very hard but it’s very manageable, maybe at first it’s a negative thing but I don’t think it’s all going to be bad.*

Overall, when asked if there had to be a term used most of the women preferred the term, *“unplanned pregnancy”*.

Maggie, 21 year-old single Peruvian woman, was at a loss of words for a couple of minutes when this question was posed to her. Maggie described herself as a caring, helpful, and ambitious woman. She loves children and wants to be a social worker. She accidentally got pregnant with her partner of four months due to contraception non-use. She decided to terminate her pregnancy and since then has had a lot of regret and feels ashamed of her situation. During the interview she sobbed throughout because this was the first time she had spoken to anyone about her situation. When asked the question again she paused, and stated that her pregnancy and situation would be described as, *“It would be the ugliest word ever”*.

#### *Attitudes on Intentions and Planning*

##### *Pregnancy Planning and Timing*

The majority of women did not think the timing of when women get pregnant is something women plan. A woman’s meaning about timing and pregnancy was more often expressed as *“it just happens”* as articulated by the following women:

*I think it just happens, unless they’ve been trying for years and years, but even that, I think it’s chance. (25-year-old, Colombian, single, continued pregnancy)*



*I think more often than not it just happens. As much as a lot of people would hate to admit it, I was a mistake. My four or five siblings were a mistake. My pregnancy was a mistake. All three of my siblings were a mistake. Like, it was - The people I know, it was never planned for it to happen, and usually, when it's planned, doesn't happen, so I think it's tends to be mistakes, in a sense, but happy mistakes, to some people, and not so happy to others. (18-year-old, Cuban, single, continued pregnancy)*

Some women expressed that they believe there is no right time to have a child.

This feeling came from the fact that nothing is certain in life and it is impossible to be fully prepared for any new life experience. For example, a 23 year old married Dominican woman who continued her pregnancy, described her thoughts on timing as such:

*It's never a good time to have a baby. I always tell people, my friends, like, we're going to have a baby, and they always tell me there's never the right time. You're never going to be financially or fully support that child ever. You're ready when it happens, so. I feel like everyone who plans their pregnancy, it is not planning because like I said you're never fully ready. How could you be fully ready to provide for every single thing unless you're a billionaire? You're never really fully ready, I don't think so. I think you're ready when it happens, so.*

For many of the women interviewed, pregnancy planning was not a part of their experience. As such, many women did not believe in the concept of pregnancy planning and it was not salient in their lives. When inquired if women should plan their pregnancies, women either felt they should not plan pregnancies or were uncertain, as illustrated by the following two women:

*Not necessarily, but it's good to have it when you are ready (25-year-old, Colombian, single, continued pregnancy)*

*I will say yes and no. I think you should plan it to be when you're older and when you're more stable but that doesn't necessarily mean that when you're older and stable you have to plan exactly when. (20-year-old, Puerto Rican, single, continued pregnancy)*

Reasons cited for why pregnancies should be plan included readiness, age, and emotional and financial stability. Many women expressed the notion of planning in the ideas about fate and natural life course. Several women thought that sometimes planning a pregnancy does not work for the woman and leads to disappointment. For example, Luisa, a twenty-two year old woman single Cuban woman who continued her pregnancy referred to her personal life and stated:

*I think if we planned it, it wouldn't happen, because we would save our bodies out, personal, that's what I believe. I think if I had planned on getting pregnant I never would have gotten pregnant, that type of situation.*

#### *Feelings of Happiness about Pregnancy*

Women spoke ardently and at length about what makes a women feel one way or another about their pregnancy. All women reported that a woman is happy about being pregnant if she is supported by her male partner. A male partner's stability, positive feelings toward his partner's pregnancy and emotional and financial support were all reported as having an impact on a woman's positive feelings about her pregnancy. An eighteen year old, single, Dominican woman who terminated her pregnancy described how support from a partner determines a woman's feeling about her pregnancy:

*I think what makes her feel happy, one, the support from the partner because that's like the person that needs to support because if nobody supports you he needs to be there because it's his fault, too. So the support from the partner. Family support and the fact that you can provide both economically and emotional support to the children.*

Women expressed the difficulty of an unintended pregnancy and ill feelings that come along with it when support is from their partner is lacking. In addition many expressed the reality of single motherhood.

*I think if you have someone that's supporting you and there for you and you're not by yourself, then it's a lot easier to be happy about your pregnancy, whereas*

*if you're by yourself and have no family and your parents are not supportive, and you have no husband, no one to father your child, then I can see why it's a lot harder to kind of feel excited, because you feel like you have nothing to offer your child, and so. (23-year-old, Dominican, married, continued pregnancy)*

Feelings of happiness about pregnancy were also mentioned if a woman receives emotional and financial support from her family. A twenty two year old single Cuban woman who continued her pregnancy stated below how support from her partner and family made her happy:

*I think it's definitely - or at least how I felt it - I think if you have support from your family, it definitely makes you feel a lot better as opposed to being alone and not having support from your partner or your family.*

*Research Question 2: What factors (intrapersonal, interpersonal, institutional, community and public policy) influence Latinas meaning of an unintended pregnancy?*

There was a set of complex intrapersonal and interpersonal factors that contributed to Latinas meaning of an unintended pregnancy. Latinas that had positive meanings of pregnancy and acceptance of their unintended pregnancy were more likely to be ambivalent about pregnancy, have a stable relationship with their male partner, and parents who were supportive and embraced their pregnancy.

### *Intrapersonal Factors*

#### *Pregnancy Ambivalence*

For some of the women, their meaning of an unintended pregnancy was influenced by ambivalence toward pregnancy. Although the women classified their pregnancy as unintended, several of the women had some ambivalence about their situation. More than half of the women were accepting of the pregnancy, but some women did feel it was the wrong time. The majority of the women stated they had been trying to avoid a pregnancy, while several stated they were okay if they had gotten

pregnant or not. It seemed that these women's feelings about their pregnancy were not fully formed yet, which may explain the mixed feelings some women had about the meaning of pregnancy. Women that had ambivalent feelings toward their pregnancy also had more positive meanings of their unintended pregnancy. One woman who stated that she would not have minded getting pregnant described her situation described meaning of pregnancy as the following:

*I think it's beautiful. I mean, it's part of life. I mean, it happens. It happen now. I wish it would have happened when I was more stable. It's not something - I don't know. I feel like once you are - at least for me - I couldn't avoid it. (23-year-old, Cuban, single, continued pregnancy)*

Ambivalence was evident in one woman as she discussed the term unintended pregnancy in the context of her situation. She was on birth control pills even though she was inconsistent and constantly misused. She felt that although she was taking precautions, she was not concerned about getting pregnant and did not mind if she did. It was in this conversation where she expressed a strong reaction to the term unintended pregnancy as she feels it implies negativity. She indicated that even though her pregnancy was not planned, it was not a bad thing. Her ambivalence is expressed in the following quote:

*I was happy. I think unconsciously we were trying to, like, so, unconsciously, yeah. (25-year-old, Puerto Rican, single, continued pregnancy)*

#### *Timing*

Timing also influenced Latinas meaning of their unintended pregnancy. Latinas in the study who had a negative meaning of unintended pregnancy were women who expressed that it was not an ideal time to have a baby. Many of these women expressed that having a baby at that moment would not allow them to fulfill personal and

professional goals. They felt that an ideal time for a pregnancy is when they have stability in their lives, have a steady job, financial security, stable relationship, and are ready to raise a child.

A woman who defined her pregnancy as “*unprepared*” cited various factors that contributed to her defining her unintended pregnancy in that way, including interference with school, lack of full-time employment, and her relationship with her parents.

*And so many stuff. I thought [her partner] wasn't ready, and me, I was in school. I don't even have a part time job. I work in a hospital, but I'm per diem, so I usually work when they call me. So I don't make that much money either, and I was like in school full time student. It was a bunch of stuff, and plus, my parents like - that was the main issue. (23-year-old, Colombian, single, terminated pregnancy)*

Another woman who described her unintended pregnancy as , “*irresponsible, unintended, unplanned, error*”, cited interruption of future aspirations as influencing the meaning of her pregnancy.

*I really wasn't thinking of having a baby and it never really came across me, 'cause I was so focused on my future. (21-year-old, Peruvian, single, terminated pregnancy)*

In addition to personal and professional goals, some women mentioned the timing of the social and relationship context within which the pregnancy occurs. Women who did not have a stable relationship or whose partner was not in the picture had unfavorable perceptions. A woman who had been having issues in her relationship with her male partner described pregnancy as “*a big, big, responsibility*”. She discussed her lack of readiness and how it would be ideal to only pursue having a child with her partner once she has completed her personal and professional goals.

*I was like, "Yeah, I'll have a kid with you once I have my job, my house, my everything, my career. (18-year-old, Dominican, single, terminated pregnancy)*

Another woman who used a list of negative terms including the word “error”, to describe her pregnancy, cited future uncertainty with her partner as impacting her perception of her situation.

*I don't know what's going to happen in the future. I don't know if after having this baby we'd still be together for that long, especially how specifically people who are having babies earlier don't really last with their partner. I don't know. I didn't want to be part of any numbers either. When I have a baby with someone I want to be with that person.* (21-year-old, Peruvian, single, terminated pregnancy)

### *Interpersonal Factors*

#### *Family Influence*

One of the principal influences of the meaning of pregnancy and their unintended pregnancy was acceptance from the family. Although many of the women expressed shock and confusion regarding their pregnancy, especially when they first discovered they were pregnant, their feelings changed to be a positive experience as time went on because of support from family and friends. Women whose families and friends had positive reactions to their pregnancy were more likely to have a positive meaning regarding their unintended pregnancy. One participant who described her unintended pregnancy as a blessing stated:

*Everybody took it in well, and it wasn't like a big deal. They were happy, if anything, and I'm happy and I can't wait to have my little girl* (18-year-old, Puerto Rican-Cuban, single, continued pregnancy)

Another participant that described pregnancy as “beautiful” and “a part of life” also admitted that her parent’s reaction influenced how she viewed her situation.

*My family's happy, I am happy now..Stressful. But it is happy. Like, I don't know. I am happy. At first I wasn't. It took me a while, but I felt like once my family got supportive about it and they were happy with me and call me and make sure everything's okay and if I need anything they definitely - it's a weight off my shoulders.* (23-year-old, Cuban, single, continued pregnancy)

Luisa's positive meaning of pregnancy was influenced by both her family and her partner's family. Although Luisa did not feel ready to have the baby at this time, her family's happy and supportive reaction changed her feelings toward the pregnancy.

*My mom said Oh, this baby's gonna be a blessing,' all this stuff. So now I'm all pumped up about the baby (22-year-old, Cuban, single, continued pregnancy)*

She continued to discuss the reactions of her and her partner's family. When she conferred the pregnancy with her partner's family they also had favorable reactions to her pregnancy. As she stated:

*His dad was super happy. His family was super happy for us.*

The expectation of a negative reaction to their situation influenced and molded women's pessimistic views of their unintended pregnancy. Aisha, an 18 year old Dominican woman who described her pregnancy as a "lifelong responsibility", stated that her views about her pregnancy were influenced by her mom's experiences.

Witnessing the struggles her mom faced as a single mom raising two kids shaped her perceptions on pregnancy and motherhood and what she did not want for herself. In addition, her expectations of her mother's reaction to the situation also influenced how she felt about her pregnancy. As she remarked:

*I was afraid to tell my mom because my mom is really, really strict. She's like very - she's a single mom so you know how she is. She's like mother and father. She's very, very strict. It's scary.*

### *Male Partner Influence*

Attitudes and behaviors of male partners also influenced the meaning of pregnancy. Women who had a partner who had a positive reaction to the pregnancy and supported her through the experience had more positive feelings about the pregnancy.

Sandra, a single, 23 year old Cuban woman who continued her pregnancy, said at first

she was not happy about her pregnancy but once her partner seemed excited and supportive about the pregnancy, she viewed her pregnancy in a different way: Below is how Sandra describes her partner's reactions to the pregnancy:

*He was more excited than I was. He was smiling and I was crying.*

Although these women acknowledged the future uncertainty of these relationships, their partner's confirmatory reactions to their pregnancy influenced the acceptance of their unintended pregnancy.

On the contrary, women who did not have support from their partners or feared their partners' reactions had negative feelings toward their unintended pregnancy. Crystal, a shy, funny, laid back, 18 year old Cuban American woman who terminated her pregnancy, was with her partner only once. She lost communication with him after their sexual encounter and he did not to acknowledge her existence when she informed him of the pregnancy

*Then I went to go to contact him and he was, like, he basically, like, disappeared off the face of the earth. He was like, "Oh, I'm back with my girlfriend,"*

When questioned about what pregnancy or her unintended pregnancy meant to her, she described it as, "a mess" and "her fault". Crystal believed that a pregnancy should be something special in a women's life and because of her unfortunate situation with her male partner, this pregnancy would not have had that heartening meaning. Women who had similar situations to Crystal also expressed that those experiences lead them to have a negative reaction to their unintended pregnancy and equated pregnancy with being unfortunate to their lives at this time.



Regardless of positive or negative meanings of pregnancy, most women in the study expressed that a pregnancy is more meaningful when you have reached your ideal life course. Though the women in the study understood the importance of delaying pregnancy until they were fully ready, most of the unintended pregnancies had occurred under less than optimal conditions often times with financial constraints and while the women were in school.

*Research Question 3: What are Latinas perceived consequences of an unintended pregnancy?*

Unintended pregnancy is associated with a number of social, emotional, and economic consequences. This study explored the consequences the women experienced from the discovery of their unintended pregnancy to their pregnancy resolution outcome. Reports from the women indicated that they experienced an array of consequences ranging from emotional distress to delayed prenatal care. Findings also indicated that consequences differed between women who continued their pregnancy to term and those who terminated their pregnancies.

*Emotional Consequences*

*Distress*

A majority of the women in the study expressed emotional consequences of an unintended pregnancy. Many of the women revealed a significant amount of emotional distress and expressed that they were scared, devastated, shocked, and confused. Much of this distress was manifested when they first discovered they were pregnant and continued through their pregnancy resolution decision. For example, Noelia, 23 year old

single Cuban women who continued her pregnancy, described her reaction to her pregnancy as follows:

*I was more freaking out 'cause I'm a very realistic person. I think about money and finances and how everything's gonna work.*

Monica an 18-year-old, single Cuban-Puerto Rican woman who continued her pregnancy stated:

*I was scared because I'm so young, and like I said, me and him were broken up, so I didn't know what was gonna happen, like if he was gonna be there or not, and I didn't know how my mom was gonna take it or my family, or the friends that I had. So, it was a little shocking.*

Several of the women said discovering they were pregnant caused them to become depressed or caused an emotional breakdown. As an 18 year old single Cuban woman who terminated her pregnancy remarked below:

*It just came out positive, and I kept on crying in the bathroom. It was like 8:00 AM and I just broke down really bad and I started calling my roommate and she would not pick up and I was crying and I was crying like I couldn't accept it. It was so shocking.*

Another woman described how her denial of her pregnancy motivated her to go to the clinic to verify her at home pregnancy tests:

*So I was in complete denial of the fact that it came out positive. I didn't want to believe it until I went to the clinic and the lady told me and then when she told me I just burst into tears and it was really bad. (18-year-old, Cuban, single, terminated pregnancy)*

Diana's story is no different. Diana, a 23-year-old Dominican, articulated that she loves being a mom, cooking, watching basketball, and being around her family. She was adamant about being a mom and stated that her son saved her life because she was headed in the wrong direction. Diana is the mom to a 10 month old son with a developmental disorder. He was conceived after she had been with her then partner, who is now her husband, for three months. She was kicked out of her mother's house and had

been struggling financially. She is now three months pregnant with her second child and became depressed and distraught as a result of this second unintended pregnancy. As she stated:

*So I literally felt like I wanted to die, like cause in a way I feel like I'm taking away from my son, because I'm not like - I'm not giving myself the opportunity to be a mom to him, because he's so young, and already, I'm having another child that I'm going to have to take care of. So I feel like I'm taking away from him, and that's kind of what hurt me the most.*

Furthermore, although home pregnancy tests are pretty reliable most of the women interviewed mentioned they took multiple home tests in addition to the confirmation pregnancy test at the clinic. Nearly all of the women had the feeling of disbelief before the reality of the pregnancy sank in. Monica, an 18 year old Puerto Rican-Cuban single woman who continued her pregnancy described her process of taking multiple pregnancy tests as she stated:

*Take ten more pregnancy tests and make sure, and go to the doctor, and make sure.*

Maria, a 23 year old single Colombian woman who terminated her pregnancy described her experience with her pregnancy test as follows:

*Yeah, and I thought it was a joke. I realized after the second one - like I did the second one, and I'm like, "Oh, crap." I'm like, "Oh, I can't believe it," and then I did the third one, and it was positive, too. I'm like, "Oh my God, it is real.*

#### *Regret*

More than half of the women discussed their feelings of regret as a result of their unintended pregnancy and these feelings were stronger among women who terminated their pregnancies. These women expressed regret about their sexual encounter and contraception non-use and their pregnancy resolution decision. Some women brought up that they regretted having to share this experience with their male partner. All of these

regrets led women to look back and think about what their life could have been like.

Crystal, an 18 year old single Cuban woman who terminated her pregnancy, describes her regret as follows:

*I sat here and I regretted everything from that day up until that point, but then I realized this is an experience I needed to go through, because if it wouldn't have happened now, it would've happened later, and it might not have been in this situation, it might have been in a worse situation.*

Victoria a 24 year old single Cuban-Ecuadorian woman, who terminated her pregnancy, went into length about her regret and sobbed when describing her feelings of regret. As she stated:

*Now that I'm 24, you get (crying) maturing I guess. You start thinking about it even more. And you just start thinking about (crying) what you could have done. And then you just have to just fight those thoughts, just be like, you couldn't do anything, because you could have gotten a job, you could have, you know.*

These feelings were particularly strong when the barriers they once faced, such as lack of employment, were removed. Bianca, a 22 year old single Puerto Rican woman who terminated her pregnancy, whose reason for terminating her pregnancy was lack of employment describes her regret once she found a job.

*So I had no job offers [at the time] and now I had three job offers. So I was like - now I'm thinking with regret. I was like, "Why couldn't this have happened a week ago," because I kept telling him, "If I had a job right now I'm keeping my child," because that was one of the biggest struggles for me was that financial aspect*

### *Guilt*

A considerable amount of women expressed that they felt guilt over the entire unintended pregnancy experience. Women felt guilt about getting pregnant. Leticia, a 22 year old single Honduran woman who terminated her pregnancy, described her guilt after she discovered she was pregnant:

*I felt guilty. I felt wrong because of the thoughts that were going through my mind and like I just wanted to sleep. I just wanted to sleep. I didn't wanna wake up. I wanted it to be a dream, basically, when I saw the plus sign.*

In addition to the actual pregnancy some women felt guilty because they could not disclose their situation to their families. They did not want to disclose their unintended pregnancy to their families because they did not want to disappoint them. They felt ashamed about their experience and felt even worse that they were hiding something from the people they loved. For example, Dora, a 22 year old single Peruvian woman who terminated her pregnancy, described her situation as follows:

*My mom and me, as much as I tried to be the person I used to be it's very hard because it's like a big secret I'm keeping from her. So our relationship is still very good but I feel like I let her down so bad because her religious views would not tolerate that. As much as it was my decision I know she would pressure me to have it. Right now looking at her or spending a lot of time with her I'm so guilty. I feel so guilty - so guilty.*

### *Social Consequences*

#### *Personal growth*

Since their pregnancy, more than half of the women expressed that this experience has made them mature and that they experienced a personal of who they are as a woman. Though the median age of the women was 22, several of them illustrated this experience as an entrance to adulthood. Leticia, a 22 year old single Honduran woman who terminated her pregnancy, reported thinking of pregnancy as something only experienced by adults.

*Yeah, I felt like I grew up. I felt things wouldn't happen to me at this age, happened to me.*

Some of the women stated that their unintended pregnancy made them think about critical life decisions, including their pregnancy resolution outcome, financial situation, in addition to all the other responsibilities that accompany a pregnancy. Having to make

those decisions or managing those responsibilities made them mature faster, as Diana, a 23 year old married Dominican woman who continued her pregnancy, described below:

*Well, I've kind of grown up more than what I thought I was going to grow up. I mean I thought my son really matured me, but this - I guess matured me even more, because now it's not one person depending on me, it's two, and I got to do for two people myself, it's me and them two, you know? So it's made me grow up quick, I've matured really fast because of that, because of this. I thought my son made me grow up fast, but that's just with my son, my pregnancy was really hard, and that's what made me grow up quickly, but this one is like, okay, pregnant again, you're going to be a mom and you're not even - my son doesn't even walk yet and it's like all these things coming together is making me strong. I guess you could say it's making me really strong.*

Some women expressed that the experience improved their outlook on life, made them more responsible, less naïve and better able to handle situations more seriously. A couple of participants mentioned how their unintended pregnancy changed and influenced their views and use of contraception. One woman who reported never using contraception because she didn't think it would be easy to get pregnant, articulated that this experience has changed that perspective and she is now actively on birth control.

*Well, we - like what's changed is just be more careful, taking precautions and having protected sex. (22-year-old, Peruvian-Cuban, single, terminated pregnancy)*

While this experience has changed some of the women in this regard, it has not for others. Victoria is a 24 year-old student, who is outgoing, friendly, adventurous, and a partier. In the last five years, Victoria has had three abortions and currently uses Plan B as a method of birth control. Victoria stated that she just likes to have sex and most of it happens when she is out partying, drunk, and high. She does not like to use "protection" and mentioned sometimes unconsciously she would like to get pregnant. When I asked her about this last unintended pregnancy and if it has affected her life, she got emotional and stated "it's just sex" and claimed her life has not changed.

*No, it hasn't changed. I just had sex with two different people this weekend, unprotected, and they came inside me, so now I don't even - it hasn't changed.*

Unlike Victoria, a number of women in the study reported that they have a new sense of who they are and what their worldview is. They understand themselves as grown-up in their thoughts, relationships, actions, and self.

#### *Personal lifestyle choices*

For the most part, women discussed how their unintended pregnancy had affected their personal lifestyle choices. Some women were motivated to finish or go back to school, get a steady job, and engage in more healthy behaviors, such as establishing better food choices.

*I mean, it's mostly like my personal life, you know, because now I have to watch what I eat and I can't do the things that I would normally do, like, lift up heavy things, things like - all those crazy pregnancy things that they tell you not to do. Eating healthier, taking all my vitamins everyday - I have to remember to take my vitamins. (25-year-old, Colombian, Single, continued pregnancy)*

Furthermore, some women went from a more party lifestyle to a straight-edge lifestyle. They gave accounts of abstaining from alcohol, drugs, and tobacco use. Some women reported changing their group of friends and being more cognizant of the people that they are surrounded by.

*I haven't gone out clubbing. I went - The first time I ever went clubbing was actually in college, it was three nights in a row, I haven't gone out since. I changed my whole group of friends, actually. I don't hang out with smokers. I don't hang out with drinkers. I personally don't do that stuff, so it kind of makes sense that I shouldn't hang out with them anyways, because by association, if they ever get caught, I'm in trouble, even if I don't do anything. So my whole group of friends changed and now I'm just hanging out with people that are really calm. (18-year-old, Cuban, single, terminated pregnancy)*

Many of women interviewed stated they changed their surrounding environment to help them deal with this unintended pregnancy experience. Some felt the change could even possibly erase the situation from their minds.

#### *Family bonding*

Several women reported that their unintended pregnancy made their relationship with their family stronger. Going through this difficult experience compelled the women to seek out their families, and in doing so allowed the woman and her family to bond. The family was also instrumental in providing both tangible and emotional support for these women. Valentina, a single 20 year old Puerto Rican woman who continued her pregnancy, describes how her unintended pregnancy helped her to bond with her family:

*Family wise I would say I actually brought my family closer because it made me grow up a lot. Being a teenager all I want to do is just go out, hang out with my friends but now that I'm pregnant all I want to do really is be with the people who support me the most and who can be there for me which is my family. So it's brought me a lot closer to them.*

In some instances there was also a belief that the unintended pregnancy improved strained social relationships within the family. Some women also bonded with their mom in particular as they served as referents on pregnancy and in assisting them with their pregnancy resolution decision. Aisha, an 18 year old single Dominican woman who terminated her pregnancy, described below how her unintended pregnancy strengthened her relationship with her mother:

*Me and my mom have gotten a lot closer. I guess it took something bad - not bad because I don't feel like a child's bad but I guess the whole abortion thing I still feel is bad. I kind of regret doing it but I know it was for the best at the end of the day but we've been so much closer. We talk every day. We're more open with everything.*

As a result of this bonding and support, women reported feeling less stressed and anxious about their unintended pregnancy.



### *Relationship status*

In addition to family bonding, some of the women expressed that their unintended pregnancy made their relationship with their male partner stronger. Facing the challenges and consequence of an unintended pregnancy allowed them to understand and work together to make one of the most important decisions they will face as a couple. A couple of women expressed that this experience brought out an emotional side to their partner which assisted with their bonding.

*With my partner, interesting. It brought us closer definitely because it was like, "Man, we've really experienced it all together." It was like we went through will you be like this and now we're having a child and us having an abortion. It was crazy. So we grew closer in that aspect where it was like we learned to appreciate each other a lot more and to kind of be really sensitive to each other. I would just say maybe in our friendship and everything. That we're just a lot more honest with each other and how we talk to each other and just more sensitive. I think we just grew so more compassion and more understanding of one another. (23-year-old, Puerto Rican, single, terminated pregnancy)*

*(22-year-old, Peruvian-Cuban, Single, terminated pregnancy)  
Even that like that actually - that pregnancy did change our relationship or it didn't change it, but it just made both of us realize how important our relationship was. I guess, in that aspect, it did change my life also because we both - like if this were in a different time, like if we had like - if this was two years ahead and we both had fulltime employment, I mean we're settled then we definitely would have it, but because it was in the wrong time, we both feel strongly for each other (22-year-old, Peruvian-Cuban, single, terminated pregnancy)*

On the contrary, there were women who reported that their unintended pregnancy actually tore their relationship apart. Women who were in an unstable relationship or who got pregnant as a result of a casual sexual experience reported feeling distant from their male partner. These were also women who did have some hesitation in disclosing their pregnancy to their partner or feared their partner's reaction to the news of their

pregnancy. For some, there had been no communication with their male partner since the pregnancy. As stated:

*And ever since that day I just stopped talking to him. I didn't call him or nothing like that. He never called me and then I just called him the day that I got rid of it and I told him. He didn't pick up and then I texted him, like, "Oh, I got rid of the issue here, like, you don't have to worry about it, even if you were worrying about it in the beginning" but, yeah, that's pretty much it. (18-year-old, Cuban, single, terminated pregnancy)*

Mariana, 25 year old single Mexican woman who terminated her pregnancy, seemed very frustrated and upset when she discussed her relationship with her male partner. She was asked to elaborate about her relationship and she simply stated:

*Well, I'm not talking to him no more*

A couple of woman reported that their relationship ended because of lack of agreement in regards to the resolution of their pregnancy. Participants whose male partner did not agree with the woman's decision were more likely to express discontent in their relationship. They expressed a significant amount of frustration in their male partner's lack of response to their needs. In some instances women felt that they had to end their relationship with their partner and that this person was someone they could not be with any longer. They articulated that that lack of agreement made them realize the selfishness and lack of support they were receiving from their male partner during this difficult experience. As one woman stated:

*It's affected my relationship with my current boyfriend because we're not on the same page anymore. He wants me to do certain things that I used to do to him when I was younger because I was younger. I wanted to do everything for him. And now I have like a different mentality than him and it's just we're not on the same page anymore. (18-year-old, Cuban-Nicaraguan, single, terminated pregnancy)*

For several of these women their relationships were unstable and many accepted that because of this instability in their relationships they will or eventually become a single mother. For the most part, even if their relationships did not last, women who continued their pregnancy were determined to raise their child on their own. For women who terminated their pregnancies it was these unstable relationships and unreliable partners that influenced their decision.

#### *Interference with school*

More than half of the women interviewed were currently in school and this pregnancy served as interference and affected their performance in school. For many women, it was difficult to attend class and reported missing classes due to emotional distress, sickness as a result of the pregnancy, and not being able to concentrate on their school work. The women were preoccupied with their situation so it made it difficult to complete their school work.

*I go to school here and there and then on and off. It's kinda hard for me to focus on the school. (23-year-old, Cuban, single, continued pregnancy)*

*I would want to sleep all the time and then I wasn't really focused, so I felt like I just wanted to go home. I didn't want to deal with anything. I just - I felt like in a sinking hole. Like I just felt like everything - you know when you feel like there's - your ground or your foundation is steady ground, and then all of the sudden, one thing happens and all the sudden everything just comes down. (22-year-old, Honduran, single, terminated pregnancy)*

Some women who were already in school had to postpone their educational goals until they had their baby. These women did not seem disappointed as their unintended pregnancy brought meaning into their lives and their first priority was now being a mother. For example, Luisa, a single 22 year old Cuban women who continued her pregnancy, stated:

(22-year-old, Cuban, Single, continued pregnancy)

*Well, it's definitely postponing me finishing my bachelor's because once I have the baby, I want to at least wait until the baby's one before going back to school because I just don't feel comfortable putting such a small kid in daycare and anything like that. The first years are crucial, but at least that first year, I wanna be a stay-at-home mom and be with the baby, and then after that, go back to school.*

### *Judgment*

Many women reported feelings of judgment from their peers, families, religion, community and society at large. Several of the women felt that they were being criticized for having sex and getting pregnant and described feelings of distress and hurt.

Some women pointed out that they were afraid to disclose to their families and peers because of fear that they would be judged by them. In many cases, the women expressed that they would be judged for thinking about being a mom or even considering abortion, it did not matter what decision they made. When one woman expressed to her best friend that she was considering an abortion, she felt her friend judged her even though she said she would be supportive of her regardless of her pregnancy resolution decision.

*I knew it that although she would not voice it because she wanted to support me to some extent she had some judgmental thoughts of me. (23-year-old, Puerto Rican, single, terminated pregnancy)*

Another woman expressed that she did not disclose to anyone because she thought she would be criticized for continuing her unintended pregnancy while raising a child who was under the age of one.

*Because I felt like everybody was going to be like, damn, your son's not even one and she's already f%#&\*g pregnant again. (23-year-old, Dominican, married, continued pregnancy)*

Some women felt they were judged specifically because they were young pregnant Latinas. Women detailed their prior experiences with stereotypes and general

classifications of Latinas as always pregnant. Monica, an 18 year old single Puerto Rican-Cuban woman who continued her pregnancy, said she felt people were always looking at her or treated her differently than her white counterparts' in a similar situation because it was expected of her to get pregnant. She stated:

*Just being judged, I guess. I feel like Hispanic women are more judged than a white woman, so the looks and the judging and the secrets would affect you in a way.*

On the other hand, a couple of women discussed that sometimes their own communities are the most judgmental. One woman referred to religiosity as contributing to the community's judgment. In addition, women discussed generational differences and how older Latinos may not understand the complex factors associated with making a pregnancy resolution decision. One woman described how judgmental her community of Latinos would have been about her decision to terminate her pregnancy if they would have known.

*I feel like certain Hispanics are very judgmental with that, not just because they're Latino but because of their religion and because they might be like antique parents (18-year-old, Cuban-Nicaraguan, single, terminated pregnancy)*

#### *Relationship with peers*

For many of the participants their unintended pregnancy affected their relationship with their peers. Some felt it brought them closer, while others felt it negatively impacted their friendships. Women who felt closer to their friends were women who were able to disclose their unintended pregnancies and felt that their friends were supportive.

*So my relationship with her kind of grew more from that experience. We would talk more often. Sometimes we talked once a week but throughout that whole ordeal she would call every day. (23-year-old, Puerto Rican, single, terminated pregnancy)*

In addition, women grew closer to their friends because these were peers who had been through a similar experience. They felt that they can go to these peers for advice and receive support from them since they understood what they were going through.

*I had one of the girls who also went through a process like this. She went through the surgical process. So she really - Both of them really walked me through it and I was entirely grateful. As much as they weren't my best friends they were very supportive. (21-year-old, Peruvian, single, terminated pregnancy)*

Some participants noted that their unintended pregnancy impacted their relationship with their friends in a negative way. For those who continued their pregnancies to term, many felt secluded from their friends when the demands of their pregnancy increased. Similarly, for those who terminated their pregnancies, they felt since their friends did not agree or support their decision they became distant. Some expressed that because of lifestyle changes they lost some friendships.

*It has affected my relationship with friends because, obviously, they go out more and party and do stuff that I can't do right now, so that's okay with me. (18-year-old, Puerto Rican-Cuban, single, continued pregnancy)*

*With my friends I've lost a lot of friends because of it because now I can't do the things that they do. So I guess they don't really have time for me. (19-year-old, Puerto Rican, single, continued pregnancy)*

#### *Decision-making on pregnancy resolution outcome*

A significant consequence associated with an unintended pregnancy was experiencing the difficult decision-making process regarding the outcome of the pregnancy. Many of the women expressed that making a choice on what to do with their unintended pregnancy was the most difficult decision they had to make in their lives. Most of the women reported they were anxious about making the decision and did not want to regret it in the future. Half of the women expressed they were confused and uncertain about their decisions. Much of this confusion came from lack of information

on where to seek help, being beleaguered by the various outcome options, and emotionally consumed by figuring what was right for them. Feelings and values were cited as factors that drove them to make their decisions, while other cited their personal and social circumstances. Some women were sure and absolute that they were going to terminate their pregnancy.

Many women reported thinking about the pros and cons of the choice they would make. Often times the pros and cons were associated with whether or not they were ready for the responsibility of parenthood. Many women mentioned they considered factors such as their age, financial situation, support system, family experiences, and relationship status. One participant explained her thought process:

*I'm going to school now and so me, having a kid right now, is not gonna be - I'm going to school. I don't have a job. I don't have. I'm not gonna be able to take care of a kid myself.* (18-year-old, Cuban, single, terminated pregnancy)

Some women even considered terminating their pregnancy but when it came to action; they could not go through with it. As one woman put it:

*I did consider abortion, but I just I couldn't decide on it. I couldn't go through with it.* (22-year-old, Cuban, single, continued pregnancy)

The decision-making process led to a great deal of personal distress for these women. Women sought many avenues and looked for sources of information, including advice from family and friends. Many also reported learning from other's women's experiences that faced a similar situation.

When it came to influencing their decision, most women mentioned they felt they themselves had the most influence as illustrated with the following quote:

*So all in all, I think it was really me that influenced my own decision, thinking about everything I know about adoption and that lifestyle, been thinking about my*

*financial situation, cause I really was technically on my own and they weren't really doing anything to help. (18-year-old, Cuban, single, terminated pregnancy)*

A majority of the women did discuss their pregnancy resolution options with their partners and some women stated that their partner had an equal influence on their decision.

*I think I made a mutual decision. We both came up to a mutual decision. We both discussed the possibilities, the pros and cons. (22-year-old, Honduran, single, terminated pregnancy)*

Although some participants pointed out that their partner had a role in their decision, most women stated that the final responsibility of the pregnancy outcome was their own.

### *Abortion*

A consequence of an unintended pregnancy is elective termination of pregnancy. Similar to national estimates, more than half of the women interviewed terminated their pregnancies. Most women in the study based their decision on a number of factors with the most cited being not financially stable and lack of readiness for childrearing. All women who chose to terminate their pregnancies felt the most responsible thing they could do was to wait to have a child when they were better situated and stable. Although they made this decision to terminate, many of the women expressed that there were against abortions and thus described their abortion experience as posing moral and ethical problems. But many of the women felt that it was necessary and their only option at the time. When inquired about their abortion experience, women described the process as emotionally difficult. Several of the women went through this abortion experience alone as they felt it was a private matter and something you did not discuss with anyone, thus making the experience even more difficult. When probed about their experience, rather



than discuss emotional aspects, many of the women described the procedure and their experience as painful and expensive as demonstrated by the following quotes.

*It was horrible. It was one of the worst experiences of my life. I don't remember anything. I'm not going to lie to you because I don't remember nothing. She said I was conscious, the doctor. I can't tell you whether she's lying or not because I don't know if it was anesthesia or whatever. I don't remember.* (18-year-old, Dominican, single, terminated pregnancy)

*So I'm in a lot of pain. I'm in a lot of pain. I felt very disoriented because I guess I had swallowed all those pills and then I had huge chunks from the dissolved in my mouth. It started to kick in really fast. So I'm there. I'm sitting on the toilet and I'm holding on to my aunt and she's just rubbing my back. She's rubbing my back and I'm crying because I'm in so much pain.* (22-year-old, Puerto Rican, single, terminated pregnancy)

Many of the women had realistic expectations of their decisions and although some came to regret their decision, they ultimately thought it was the best for them.

#### *Unintended childbearing*

Less than half of the women reported that they were going to continue their pregnancies to term and raise the child. Women who made this decision were most likely to have partner and family support. Although, several of the women reported receiving different, and often conflicting, messages from their partners and family about whether it was the right time to have a child. As such, the majority of these women contemplated having an abortion but could not go through with it. Several of the women thought they were sure about their decisions and sought information about their options. Some women even scheduled appointments to terminate their pregnancies but then changed their minds.

*I started contemplating not having it and I just couldn't do it. I went to the clinic and I freaked and I took the clipboard and everything because I just couldn't. I couldn't even put my name on the paper. It was scary. So, then at that point, I knew that I just couldn't do it.* (23-year-old, Cuban, single, continued pregnancy)

Women who had a previous abortion or miscarriage were also more likely to continue their pregnancy to term and raise a child. They felt as though they were given a second chance and did not want to risk losing it.

*So when I got pregnant I said I'm definitely not gonna have another abortion because it took me a very long time to get over the first one so I was very happy and I felt like it was God's way of giving me another chance so I decided to have it. (24-year-old, Puerto Rican, single, continued pregnancy)*

All women acknowledged that childbearing was going to be difficult and pose numerous challenges, but these women declared that they were willing to do whatever it took to be a successful parent. A number of these women also acknowledged the possibility that they may become a single parent and persisted that they will were willing to raise the child on their own.

*But my intentions really was to do it on my own, which I still have that intention. If something happens along the way that the baby's born or if something happens, my intention is to do it completely alone. (25-year-old, Colombian, single, continued pregnancy)*

### *Health Consequences*

#### *Delayed or no prenatal care*

Women who continued their pregnancy to term expressed frustration with accessing prenatal care and thus delaying prenatal care. A couple of women reported there is limited information or available options regarding insurance coverage and pregnancy. One woman even mentioned policy and institutions as having an effect on coverage.

*I just wish there was something that was like - not like, in your face, ready, just sign up. But like, at least more information available or more options available, you know? It's either an insurance plan that doesn't even cover it, 'cause it's considered a preexisting condition or Medicaid. Or you pay out of pocket, which is like, over \$16,000.00. Or even maybe like a place where you can go to and*

*they can help you out and figure something out would be nice. I don't know. Doing research online, there's nothing really accessible, I don't know, easily. (23-year-old, Cuban, single, continued pregnancy)*

Many of the women recruited into the study at the time were obtaining a confirmatory pregnancy test to obtain access to public services. Most of these women were low-income, students, and unemployed thus having to rely on publicly funded services such as Medicaid. Many expressed frustration and challenges with accessing these types of services. A couple of women mentioned that they have been trying to access Medicaid for months and still had not received anything.

Luisa, who was four months pregnant and had no access to care, has been trying to get Medicaid since the discovery of her pregnancy. Luisa moved to Texas for a few months to be with her partner but moved back to Miami as soon as she found out she was pregnant. Since her return, she has faced many obstacles in accessing prenatal care. At the time of the interview, she still had not seen a doctor for her pregnancy. Luisa described her story in the following way:

*I applied [for Medicaid] as soon as I got here, which was early September, and then it took weeks to hear back from them, which I didn't really hear back from them. I didn't get any letters or anything. It was more like I checked my mom's case on because I applied under her case, and it said that my case was closed because I didn't live there. And then I went, and I applied again for Medicaid, but I applied for Medicaid that is specifically for pregnant women, which is supposed to come a lot faster because the one I applied with my mom was full Medicaid. And I haven't really heard back from that, and I don't know if they like just merged the case together since it was the same person, and now they're just gonna give me full Medicaid. I'm not sure. My mom got a letter a couple of days ago saying that - and it's asking for proof of pregnancy again, so that's why I went today. And later today, I'm gonna go fax the papers to them. So hopefully, it doesn't take any longer 'cause I'm already four months, so - you know. No. I've been taking my prenatal vitamins. That's what everybody has told me that I've spoken to, but I haven't seen a doctor or anything.*

One woman was so frustrated and she had to pretend that something was wrong with her pregnancy so she get care and assistance.

*I have yet to have any prenatal care. I had one ultrasound, because I went to the hospital and had to pretend something was wrong with me to get an ultrasound, but other than that, don't know really what's going on with my baby. I don't know the dynamics of my pregnancy. And that sucks, because it's like I'm just sitting here waiting for my Medicaid to be approved, and time is ticking. Like I'm going to be having a baby now. (23-year-old, Dominican, married, continued pregnancy)*

Although these women had difficulty accessing care, many knew the urgency and importance of early prenatal care. Lacking insurance and financial resources limited their access to these necessary services.

*Research Question 4: Among pregnant Latinas who have described their pregnancy as unintended, what attitudes, subjective norms and perceived behavioral control influence their behavioral intentions (abortion, adoption, or unintended birth) towards the pregnancy?*

A key component of this inquiry was to understand what attitudes, norms and perceived behavioral control factors would influence a women's pregnancy outcome decision. To generate an understanding of attitudes, norms, and the perceived behavioral control factors towards a pregnancy resolution outcome a hypothetical vignette was used. The hypothetical vignette described a 20-year-old full time college student, Sofia, and her boyfriend of one year, Jorge. In the vignette, Sofia gets pregnant accidentally and is concerned because she is the first in her family to attend college, and her boyfriend has a part time job. After hearing Sofia's story, the participant was then prompted to share their opinion in regards to what Sofia should do in relation to her unintended pregnancy given her circumstances. Findings revealed that personal beliefs and experiences with abortion,

childbearing, and religion in addition to familial, community, and societal attitudes toward abortion and unintended pregnancy influenced women's pregnancy outcome decisions.

### *Personal Attitudes towards Unintended Childbearing*

In response to the hypothetical vignette, almost all participants stated that that right thing for Sofia to do would be to continue her unintended pregnancy and raise the baby even despite the difficulties her situation would present, such as difficulty continuing her schooling.

Participants also identified pros and cons regarding Sofia's decision to continue her pregnancy and raise her child. The most common positive answers were related to religiosity and the experience of "creating life." Furthermore, many women referenced the personal connection of pregnancy as a benefit. A couple of women stated that a baby was an opportunity for Sofia to have someone to love who will reciprocate that love. In addition, they expressed that her pregnancy was an opportunity to bring her and her partner, Jorge, closer together.

Other women discussed how Sofia's pregnancy would impact her schooling. For example, one woman said that Sofia was close to her goal of completing college so continuing her pregnancy should not present an obstacle.

*Because she's already close to her goal. She's already almost there, so what's the point of having an abortion to then once you get to where you want to be, try to get pregnant together - that's a lot of emotional distress. (24-year-old, Puerto Rican, single, continued pregnancy)*

While the women mentioned Sofia's unintended childbearing as an obstacle they still tried to put a positive spin on it. So even though they were mentioning a "con" they were

trying to rationalize it as a “pro”, or at the very least something that could become a “pro”.

Although some participants reported the potential for positive pregnancy outcomes, others expressed that pregnancy is not without challenges that should be noted. Many women revealed that while it would be difficult for Sofia to meet her personal and career goals, support from her family and partner would assist her in accomplishing her goals. These women generally assumed that Sofia would have the support she needed to become a mother and complete her schooling, and therefore should carry her child to term, rather than terminate her pregnancy. As Camila, a 23 year old Cuban respondent who continued her pregnancy, stated:

*I think she should keep it. I think it would be difficult to be in school in that circumstance but I feel like if she has people helping her it would work out. I don't think you should give up one or the other. She should finish school definitely but I don't think she should abort it. I think it is possible.*

A few women suggested that Sofia should “own up to her mistake,” and “take responsibility for her actions”. They suggested that despite inevitable variations in the timing of completing her goals, it did not mean these goals could not be accomplished.

One woman said:

*I think Sofia should continue and you know, just how she was not careful enough to get pregnant, I think she should live up to her responsibilities. And just because something - a little bump in the road comes along doesn't mean that you have to stop your whole life. It's just like any other mistake. I think she should continue. Just 'cause your car breaks down doesn't mean you can't find other ways to get to school. (25-year-old, Colombian, single, continued pregnancy)*

The reoccurring theme of schooling was a dominant topic throughout the interviews. Sofia’s vignette resonated with many of the women. This could possibly be

because half of them were pursuing their own college degrees, or had recently graduated from college.

### *Familial Beliefs towards Unintended Childbearing*

Familial beliefs were intertwined with religious beliefs. Women discussed their beliefs and attitudes coming from both. Most Latinas in the study consistently discussed familial influence in relation to their pregnancy and abortion attitudes. These women reported that expectations of their family's reactions to their unintended pregnancy would influence their decisions. In regards to the hypothetical vignette, many women pointed out that Sofia's parents would want her to finish college, particularly because she would be the first to graduate. It was clear that as the women would discuss the vignette they would relate it to their own experiences. Some women who terminated their pregnancies stated, their pregnancy resolution decision was greatly influenced by their parents, specifically not wanting to disappoint them because they were the first in their families to pursue a college degree.

Although most women in the study did not see themselves as religious, many women stated that their religious and moral beliefs played a huge role in shaping their attitudes toward unintended childbearing. They attributed their religious beliefs and morals to their parents and upbringing. Many of the women stated that religion would make it harder for Sofia to continue the pregnancy, especially if she was an unwed mother. For many families, religion provides guidance on how to live as an individual and within the context of a family. One woman's experience clearly illustrates the role religion played in her grandfather's disappointment with her when she disclosed her unintended pregnancy to him:

*I just think from my personal experience, like, my family's Catholic and my grandfather's very religious and very traditional and when he found out, you know, he didn't approve. He asked me if I was going to get married and everything because it is a big factor. It's what they believe in. (22-year-old, Cuban, single, continued pregnancy)*

Another woman also expressed how religion and the idea of marriage would be a factor for Sofia and carrying her pregnancy to term:

*Religion - kind of because she's not married. There you go. There's a religious factor where you've got to be married to have a baby which I honestly don't care about getting married before having a baby because getting married is a big commitment. It would be completely against the religion to be pregnant at that age, at that time. (22-year-old, Peruvian, single, terminated pregnancy)*

Many women suggested that being an unwed mother would be a disappointment to their families. They described that in traditional, Latino culture if you are pregnant then it is usually expected that your male partner marry you, even if you are not in a loving situation. Women expressed that in their families, marriage is viewed far more desirable than being single. If a woman is not married by a certain age then the family assumes something must be wrong with her. But according to religious women, having an abortion is much worse than being an unwed mother, as illustrated by this woman's comments:

*You know, we're very religious and our family, they don't do that. You know, if you have to raise your child on your own, then you have to do it. Just like any other mistake that you make. (25-year-old, Colombian, single, continued pregnancy)*

### *Community and Societal Attitudes towards Unintended Pregnancy*

A great concern for women in the study was the stigmatization of an unintended pregnancy. They expressed apprehension about how their peers and community would perceive them. Many women mentioned that people seem to have an opinion about



unintended pregnancy and abortion, and are quick to judge and cast you out of the community.

When questioned about the community or societal attitudes towards Sofia's decision to continue the pregnancy, almost all participants felt that Sofia was in double jeopardy of being judged because she was single and Latina. Both factors made her more vulnerable to the social stigma her surrounding unintended pregnancy. One woman suggested that Sofia might be able to counter such social stigma because she was a college student:

*Community, probably a little judgmental but I think that to some extent they will give her a little credit because she's in college and that's opposed to a girl that's raising kids as kids and on welfare and it's not really trying to do something to be able to provide for this child. But I think that they will be a little bit more accepting because she is a student and she's trying to do some sort of betterment for her life. (22-year-old, Puerto Rican, single, continued pregnancy)*

Most women affirmed the stereotypes of Latinas, and how these stereotypes perpetuate social stigma related to unintended pregnancy. Many women described that the portrayal of young Latinas as always pregnant (i.e., baby-makers) perpetuates such social stigma among their peers and society at large.

*So if a Hispanic gets pregnant and they're under 23, automatically, they're judged. Automatically, they're fitting into the culture and they know they're a young age and all these different things, and it's stereotypical, but there's things that become a big, big problem. (18-year-old, Cuban, single, terminated pregnancy)*

*Some people might say, "Oh, you know, she's stupid. She's gonna graduate and now she's gonna have a baby and she fits into a stereotype," blah-blah-blah. (24-year-old, Puerto Rican, single, continued pregnancy)*

One woman mentioned how the judgment of family pales in comparison to the judgment within her community:

*They're going to judge her, at first, because they're not going to expect that from her. Especially the community more than anything, cause I feel like family sometimes is judgmental but the community is judgmental forever, they're going to always judge you, based on the outside, because really in reality the community is from the outside the community they don't know the basis of what the situation is. So I think the community or anyone is going to judge her, but as far as her family, they'll probably be judgmental for the moment, but accepting in the long run. That's what I think. (23-year-old, Dominican, married, continued pregnancy)*

This sentiment was also expressed by numerous women, who reported that while their family was judgmental, a family's reaction was immediate and temporary, but community and societal judgment was long-term.

#### *Personal Attitudes towards Abortion*

Although more than half of the women in the study terminated their pregnancies, the majority of them had strong views about abortion. Of the twenty women who responded to the vignette, seventeen were opposed to Sofia getting an abortion. Most Latinas in the study expressed their opposition to abortion in a similar way as expressed by these two women:

*I really don't believe in abortions. (18-year-old, Dominican, single, terminated pregnancy)*

*It crossed my mind for a moment, but I knew that it wasn't in me. I didn't have it in me to get rid of what was inside of me. (18-year-old, Puerto Rican-Cuban, single, continued pregnancy)*

While the majority of women were opposed to abortion, there were a couple of women who had favorable attitudes toward abortion. These women also often reported being certain about abortion as their pregnancy resolution outcome. Victoria, who described herself as "*prochoice, all day, every day*" went as far as to suggest she that will continue to obtain abortions until she has reached her personal goals even though she is aware of the consequences:

*I will continue to get an abortion until I reach my goal of whatever I need to do, and I know there's consequences, and I know there's gonna be things I'm gonna have to deal with later on if this continues in this same pattern. (24-year-old, Cuban-Ecuadorian, single, terminated pregnancy)*

Personal attitudes toward abortion varied amongst these women. Although many women proclaimed they were against abortion, some did believe it was a woman's right and choice.

### *Religiosity and Abortion*

Religiosity is an important factor when a woman is considering terminating her pregnancy. Some women expressed that their religious beliefs created anxiety and confusion over their pregnancy resolution decision. For the women that did terminate their pregnancies, many expressed that in the days leading up to, and even after the abortion, they battled their strong moral beliefs as the result of their upbringing. They stated that in principle, they knew it was morally wrong, but in reality when faced with an unintended pregnancy they expressed they had to change their views. Their lack of readiness for children and the impact unintended childbearing would have on their lives became a stronger motivation than their moral beliefs, as illustrated by this woman:

*I was against abortion. since I'm against abortion, like I think it's more like you have to be in the situation to really form your actual beliefs about it, because now, before, I started out with I'm completely against it, and now I see that there are certain situations where you have to - you wouldn't want someone to grow up in that type of situation. (18-year-old, Dominican, single, terminated pregnancy)*

For these women, their religious beliefs made them feel as though their faith was being tested. As a result, some women felt hypocritical. Leticia, 22 year old Honduran woman, feared that she would be punished for terminating her pregnancy, as she stated:

*I think religion is a big factor. One of the main things I thought was like I thought God was going to punish me. I thought that this was just a test that I should have to pass, but I knew I couldn't, so I just - I guess I didn't take the offer. I feel like -*

*I still feel it like maybe, when I grow up and I want to have a kid, I'm going to go through a problem or this is going to affect me somehow. I feel like God might punish me.*

#### *Familial Beliefs towards Abortion*

Many of the women in the study expressed that their families were against abortion. Despite this, many women felt that their mothers would be more supportive and forgiving of their decision to terminate their pregnancy because they did not want the pregnancy to interfere with their daughter's life goals. A couple of women, who disclosed their unintended pregnancies to their mothers and decided to terminate their pregnancies, mentioned that their mothers assisted them both emotionally and financially. Although they mentioned that they were afraid, a couple of women felt it was unfair to keep it from their mother, in addition to feeling that they needed their mother's support.

Leticia, who described her relationship with her mom, was really torn about the situation, but knew she wanted to terminate the pregnancy. Her biggest concern was disappointing her mother because she felt she was an only child with a mother that would hold her to high standards. Leticia was a go-getter; she graduated high school with honors and had recently completed her associate's degree. She felt awful about disclosing her pregnancy to her mother because her grandfather had recently passed away, and her mother was dealing with numerous economic issues. Leticia said she did not know what to expect from her mother, but was glad that her mom supported her when she disclosed her pregnancy.

*I tell her, "Mom, guess what?" She's like, "What? Please don't tell me something bad." I'm like, "No, Mom, of course not. Of course there's nothing bad." She's like, "You got back with Victor. You got back with your boyfriend." I'm like, "No, we're getting married." She's like, "What's next? You're going to tell me you're pregnant, too?" And I got quiet, so I'm like, "Mom, I need you to listen to me." And she's like, "Oh, God." We were in the car, and we just started*

*talking. I told my mom, and I just felt like - you know how Hispanic moms are. I just like she was just going to look at me and be disappointed or ashamed of me, but she wasn't. She supported me. Like she just sat there and just told me - she cried a lot. She told me that she wishes I would keep it because she could have helped me out, but in the position we were in, we couldn't. And we did it. She came with me. She did everything with me. She was there.*

In addition to mothers, other female figures in the family were listed as being supportive of participants' termination decisions, including their aunts and sisters.

Several women expressed that fathers on the other hand were more likely to have negative attitudes of abortion. Many described that Sofia's father would be torn apart and would not want her to go that route. Some women stated that Sofia's father would be more upset about Sofia obtaining an abortion than about her unintended pregnancy. One woman, who terminated her pregnancy, discussed her father in that context and related Sofia's situation to hers:

*My dad does not know anything, and he would make me keep it, even though you can't make people keep it he would make me keep it. (24-year-old, Cuban-Ecuadorian, single, terminated pregnancy)*

#### *Community Attitudes towards Abortion*

The majority of women interviewed suggested that Latinos are more conservative on the issue of abortion. Many women attributed these negative views of abortion to their parents' religious beliefs, and also suggested that their views may come from their parents' home countries, where in some instances abortion is illegal.

*Hispanic's are very close and very at least my side, are very Catholic. So, abortion and anything like that would be out of the question. That's actually one thing that my mom, I guess I would say, like, applauded me for. She's very against abortions. So, her first reaction was - she like, thanked me for making the right decision and taking responsibility and she told me, "I would never forgive you or your sisters or anybody that I knew for going through with an abortion." (25-year-old, Colombian, single, continued pregnancy)*

One woman shared that in her community many of her Latina friends who had unintended pregnancies continued their pregnancies to term because of their parents firm stance and opposition to elective abortion.

*They'd rather have the baby because they are raising such a religious household. I feel like that's what a lot of the girls that I've met and that I'm friends with who are having babies. They were Hispanic and I feel like that played a big part of why they kept the babies - because their family didn't give them that decision like my mom would've. And abortion - yeah they're very against it. It's not much of an option. It's either you have it or you can adopt it. I feel like they can slightly lean into adoption but not as much. (22-year-old, Peruvian, single, terminated pregnancy)*

A couple of Latinas mentioned that they believe there are some Latinos whose attitudes toward abortion are changing. Several of them suggested that Latinos that lived in the U. S. longer and were more established were more open to the idea of abortion. One Cuban woman mentioned that in her family and community, academic goals and career success take precedence over a pregnancy. When she disclosed to her family that she was unintentionally pregnant, some members in her family suggested she should have an abortion so she can finish school.

*Cubans, specifically, I feel like they wouldn't want their daughters to have a baby at a young age, and definitely, they would want their daughters to finish school. So I think they would be more open to having an abortion, and you know. (22-year-old, Cuban, single, continued pregnancy)*

#### *Partner Attitudes towards Abortion*

A couple of women mentioned that a challenge Sofia might face is that her partner's views on abortion as a pregnancy resolution outcome may not be congruent with her own. Some women expressed that their partners did not agree with their decisions, and often times made them feel bad about it even though partners also said they supported whatever decision the women made:

*My partner does not believe in abortion whatsoever. He's like not - I mean he supported me when I felt like that's what I needed to do, but he said that I wanted to do it for all the wrong reasons. (22-year-old, Puerto Rican, single, terminated pregnancy)*

Although some of their partners seemed supportive, some women expressed that they still did not feel their partner really supported their decision to have an abortion. They expressed that this sometimes caused tension in their relationship.

### *Surgical vs. Medical Abortion*

Some women who terminated their pregnancies discussed the difference between surgical and medical abortion. These women often cited that social and cultural beliefs against abortion made them hesitant to obtain an abortion until they learned about a medical abortion. Most women reported that they learned about a medical abortion while conducting research on-line, or when they went to undergo a surgical abortion. They expressed that they chose the medical abortion option because it could be done privately, and concealed from people they knew to avoid the stigma attached to an abortion.

However, one woman who was hesitant about a surgical abortion described her hesitation:

*Abortion I know is surgery, and then - Online, like it says - And a lot of places, there's a risk of dying from the surgical abortion, and it psyched me out big time, and I was like, I don't want to do this, I really don't, I don't want to die. So initially I was just really, really scared. I didn't accept it at all. And then I find out that I didn't have to do the surgery. All I had to do is take a pill and it was so relieving for me, because I've never even broken a bone, so the surgery itself scared me, like to pieces. (18-year-old, Cuban, single, terminated pregnancy)*

A couple of women also mentioned that they preferred the medical abortion because since it was a pill it did not seem like an abortion. They stated they did not know there were options like a "pill" that would make the process of having an abortion easier in comparison to undergoing a medical procedure. Since the "pill" was less invasive

than a surgical abortion, they considered it to be safer and easier to do. Many also mentioned they did not agree with a surgical abortion because of the vacuum aspect and the medical abortion felt more natural. One woman mentioned that in her mind it did not feel like an abortion, as she described below:

*So I go and I check out the procedure or whatever and I see that there's a pill. I'm like, "Oh man, there's a pill." I was like, "Interesting. I never knew about this." So I call my aunt. I tell her about it or whatever. She was like, "Yeah, but do you really want to go through that." She's like, "If you're going to go through that why don't you just go through the in-clinic?" I was like, "Auntie I just don't have the heart." So I was like, "Yeah, it sounds very hypocritical. At the end of the day I'm doing the same thing but I just find it to be a little harsh." Not harsh but I felt it to be a little more personal I guess is probably what I'm looking for where I was like to have that experience, something kind of be sucked out of me. I knew that's the impression I'm under because that's just what I've been told that's what it's like. I was like, "At least if I just swallow a pill I'm kind of forcing myself to a miscarriage as opposed to sucking it out or whatever. (22-year-old, Puerto Rican, single, terminated pregnancy)*

Several women echoed this participant's feeling about the medical abortion. They found it to be more natural than a surgical abortion. Although women did report experiencing great amounts of pain and bleeding, many said they would use the method again if they needed another abortion because they felt emotionally better about it.

#### *Personal Attitudes towards Adoption*

The majority of the women reported that they did not consider adoption. Some women stated that they felt they could not carry a pregnancy to term and then give up the baby easily.

*Just absolutely not. I felt like it would be I'm having my child. This is my child. I'm just not having the child. If that baby came to this world without a doubt it was going to be in my hands. It just didn't cross my mind. (22-year-old, Puerto Rican, single, terminated pregnancy)*

Women that did consider adoption stated that although they contemplated the idea, the personal and emotional attachment to the pregnancy was a barrier to adoption.



They would rather have an abortion than go through the emotional distress of giving up a child. One woman who considered adoption described her thought process:

*I did. I really did, but I felt like the attachment of nine months would grow so much that I didn't know if I could let that go. (22-year-old, Peruvian, single, terminated pregnancy)*

Sandra, an 18 year old Cuban respondent who terminated her pregnancy, reported that her personal experience with adoption shaped her attitudes about adoption. Sandra's negative experience with her own adoption led her to never consider it as an option. As she articulated:

*I'm adopted. I know the system, I know what my brother went through, cause I was adopted right away but he wasn't. He was in the foster system. My mom used to foster kids all the time. Majority of the time, parents just take them, just for the money. They get the child they spend it on themselves, don't spend it on the kids, it's not a good situation to put your child in. You never know who they're going to be with. I mean I've seen cases where adopted children end up either dead or starving or worse foster system actually. So I - it's - if this happens again and it's a better financial system, I'd end up keeping it rather than adoption, because, for me, knowing the system, and knowing everything, it's not a good situation to put a kid in. And I don't know if it's because I'm biased about it, because I personally been through things or what, but it's a personal thing for me.*

#### *Perceived Behavioral Control*

Women were asked what would make it easy or hard for Sofia to proceed with her pregnancy outcome decision. Participants who believed Sofia should carry her pregnancy to term mentioned a variety of factors previously discussed that would make it difficult for Sofia to do so. These included lack of social support from her partner and family, traditional cultural barriers (e.g., norms about unwed mothers), and the financial difficulties of raising a child. Several women mentioned that the confluence of a set of factors would make it difficult for Sofia to continue her pregnancy to term. One woman

pointed out that nothing makes any pregnancy outcome decision easy. She then reflected on the challenges Sofia might face if she wanted to continue her pregnancy to term:

*Well, it might be hard for her to find employment if she has a child so the reality is depending - I don't know what she's studying, what kind of field she's gonna go in but for her to meet demands and work schedules and things like that with a newborn or, well, she's still in school so I don't know what year she's in but - well, just to finish eh demands of school and then, after that, to try to find work right after, she's gonna have a young child so that's gonna be hard. (24-year-old, Puerto Rican, single, continued pregnancy)*

Another woman mentioned that Sofia's issues mirrored her life when she was deciding to continue her pregnancy:

*If she doesn't have any health insurance; if she doesn't have a job or money, or whatever; no food; then yeah, it will be hard. If she doesn't have a good support system. (22-year-old, Puerto Rican-Cuban, single, continued pregnancy)*

Another huge issue mentioned by several women was lack of access to care.

Many women reported that Sofia would incur many expenses related to care for her pregnancy, including all the doctors' visits, and labor and delivery costs. Many women acknowledged that if Sofia did not have health insurance, her pregnancy would lead to a huge financial burden, as described in the following quotes:

*Healthcare, what if she doesn't have any. That's a huge factor because you need that. Actually a lot of people don't have health insurance. (20-year-old, Puerto Rican, single, continued pregnancy)*

*Definitely health access is a big part. That would be hard because it's hard to get health insurance nowadays and it's expensive nowadays especially in the U.S. (22-year-old, Peruvian, single, terminated pregnancy)*

*Research Question 5: What are the factors (intrapersonal, interpersonal, institutional, community and public policy) that influence Latinas management (abortion, adoption, or unintended birth) of an unintended pregnancy?*

In-depth interviews revealed multiple influences of management of unintended pregnancies among Latinas in this study. Overlapping factors were most prevalent within the domains of financial instability, unemployment, interference with school and future life goals, their past pregnancy experiences, cultural attitudes, societal attitudes, relationship issues, and policy level factors such as access to health care.

#### *Intrapersonal Factors*

##### *Age*

When inquired about what would make a woman choose to terminate or continue their unintended pregnancy to term, age was the most frequently cited answer:

*They're not ready to be a mother. They're too young. 'Cause even if you're older, you might not ready to be a mother yet - being too young, not finishing school, or not doing all that they wanted to do before they settled down and had children. (22-year-old, Cuban, single, continued pregnancy)*

Many women stated that their age had an influence on the management of their unintended pregnancy. All women reported feeling too young to be a mom, although some of them were continuing their pregnancies. Women who chose to terminate their pregnancies expressed a lack of readiness for childbearing. Many stated it interfered with their ideal life course as one participant described:

*I wanted nothing - to get married or have kids until I was 30 pretty much. So when this came up I was so devastated. I was - I'm 21. I would never think I would ever be in this position even though I did not take precaution. I just thought it wasn't meant for me to have kids. (21-year-old, Peruvian, single, terminated pregnancy)*

Conversely, while some women thought they were too young for childbearing those who continued their pregnancy to term said that it was because they ultimately had approval and support from their family.

### *Relationship Status*

Relationship status was a commonly cited factor for influencing the management of their unintended pregnancy. Some women reported that concerns about their relationships or how healthy their relationship were major factors in determining their pregnancy resolution outcome. Some women stated the stability and belief in the longevity of their relationships impacted their pregnancy resolution outcome. If they believe their relationship was healthy and they were likely to continue they opted to continue their pregnancy. However, for those who were unsure of their relationship status or the health of their relationship these factors influenced their decision to terminate their pregnancy:

*I think one of the major reasons is just your relationship. Your relationship plays a big role like if you're - if you don't want to be with the guy, if you don't feel like commitment. If you feel like, oh, my gosh, forever I'm going to be with this guy, I had a kid. I would want to have a kid with him, like those are the women, I think my friends would say like, "You know you're stuck with him forever. Are you ready for that?" And it's like don't mind it. (22-year-old, Honduran, single, terminated pregnancy)*

A few of the respondents' partners, particularly those who had a casual sexual encounters, denied paternity and broke off communication as they did not want to have a child. One woman reported after disclosing her unintended pregnancy her male partner suggested she terminate her pregnancy by drinking vinegar and then ceased communication with her permanently:

*He was like, "Oh, drink vinegar." That's what he told me. I swear he told me drink vinegar. I'm like, "Uhh, no. I need money to get rid of this shit. Are you*

*kidding me? Really? Drink vinegar is what you're gonna tell me?" And ever since that day I just stopped talking to him. He basically, like, disappeared off the face of the earth. (18-year-old, Cuban, single, terminated pregnancy)*

Several women reported their unintended pregnancy occurred early in their relationship with their male partner. A couple of women got pregnant after one casual sexual encounter and in terms of relationships, the earliest pregnancy occurred after two months of dating. Many of the women that terminated their pregnancies cited their relationship status as a reason for their decision:

*We're not at that point to have a baby. We, first of all, just started dating. (22-year-old, Peruvian-Cuban, single, terminated pregnancy)*

Some expressed they did not want to “ruin their partner’s life”, while others expressed they were uncertain about their relationship with their partner and did not want to end up being a single mother. Some women expressed a sense of skepticism about their relationships and felt they made the right decision.

#### *Financial Status*

The financial status of women at the time of pregnancy was reported as an influencing factor for pregnancy resolution decision. Many women who terminated their pregnancies felt that they could not afford a child at the time. Most study participants lived below the federal poverty line, worked part-time, or unemployed. In addition many women reported not having a partner to help financially, financially unstable families, being unable to continue to work because of pregnancy and lacking health insurance. Several of these women felt overwhelmed, stressed, and limited by their financial circumstances, as illustrated in the following accounts:

*Yes because financially it's just - My mom is not - She would help out but it wouldn't be enough. I feel like I would not have sufficient funds for this baby. Not only that but like health wise. I don't have health insurance. I wouldn't know how to go about it. (21-year-old, Peruvian, single, terminated pregnancy)*

*I don't have a job. I don't have. I'm not gonna be able to take care of a kid myself. (18-year-old, Cuban, single, terminated pregnancy)*

Bianca, a 23 year old Puerto Rican respondent who terminated her pregnancy, became emotional and expressed that in her heart she wanted to continue her pregnancy to term but financially it would have been impossible:

*If I had a job right now I'm keeping my child, because that was one of the biggest struggles for me was that financial aspect.*

#### *Interference with Education/Future Aspirations*

The majority of the women in the study were either currently in school or recent graduates from college/technical school and cited educational interference as a contributing factor to how they managed their unintended pregnancies. Women, who terminated their pregnancies, cited wanting to finish their education before they have a child:

*I'm so young and I'm only a sophomore in college. So there's so much stuff I haven't done yet. (18-year-old, Dominican, single, terminated pregnancy)*

*And you know I have so many plans that I had in my life. I finished my Associates degree and the next thing I would want to do is go to Florida State to do my social work Bachelors and do my Masters. (21-year-old, Peruvian, single, terminated pregnancy)*

For women who continued their pregnancy, several mentioned that the pregnancy had caused them to postpone their educational goals.

*Well, it's definitely postponing me finishing my bachelor's because once I have the baby, I want to at least wait until the baby's one before going back to school. (22-year-old, Cuban, single, continued pregnancy)*

Although schooling and other personal goals had been postponed for these women, many did not seem disappointed about these events.

### *Past Pregnancy History*

Women who had a history of once being pregnant were most likely to report continuing their unintended pregnancy. A couple of women expressed that they felt they had to continue their pregnancy because they had been given a second chance. One woman who previously had an abortion explained this sentiment:

*The only thing I was really worried about was what everybody else was gonna think because I had just met my partner so -- but I was very happy because I felt like God had forgiven me. (24-year-old, Puerto Rican, single, continued pregnancy)*

Another woman who previously had a miscarriage had intentions of getting an abortion but could not go through with it as described below:

*I knew that I just couldn't do it. But I had a past experience. I got pregnant when I was 19 and I had a miscarriage and that definitely changed me. (23-year-old, Cuban, single, continued pregnancy)*

### *Interpersonal Factors*

#### *Partner Influence*

Several of the women reported that their male partner had an influence on how they managed their unintended pregnancy. All women expressed that emotional and financial support from their partner was a major factor in determining their pregnancy resolution outcome decision. Women whose male partner agreed with them and supported them in their decision were more likely to continue their pregnancies to term.

*I think my boyfriend. Yeah, because I think if he would've been - and there's some men who would be like, "Oh, not right now. It's not the right time," and would discourage you. You can still choose whether you want to keep it or not, but I think if your partner is supporting you and is telling you, "Let's have this baby," then that's a big help. (22-year-old, Cuban, single, continued pregnancy)*

One woman who was leaning towards terminating her pregnancy described how her partner influenced her to her change her pregnancy resolution outcome decision:

*I would ask him, like, what do you want to do? Do you want to have a baby? Do you not want to have a baby? And he would just never give me an answer. He would never give me a direct answer. I guess he didn't want to tell me let's have the baby and then be against me, and he didn't want to tell me let's not have the baby and make me feel like he was making me get an abortion. So he did influence it a lot, because he's very direct and to the point, and every time I would ask him that specific question, he would never give me an answer. So I already knew subconsciously what the answer was. (23-year-old, Dominican, married, continued pregnancy)*

The women often expressed concern about their expectations of their partner's reactions and thoughts to their unintended pregnancy resolution decision. Once women felt their partner responded in the way that was pleasing to them they felt that ultimately influenced their decision. This was the case for Gabriela, a single 25 year old Colombian who continued her pregnancy, she stated:

*I think he did influence me more. Definitely. Because that was my first thought was what he was gonna say and if he was gonna support me or not. Whether - you know, if he didn't support me, it would have hurt me a great deal even though I didn't expect him to because, you know, like I said, we hadn't spoken in about a month and we didn't end well. So, my first - I was kind of mostly scared about what he was gonna say and me having to do it alone pretty much because I would like - I would like that support because I didn't get pregnant by myself.*

### *Family Influence*

The majority of women interviewed expressed high levels of family connectedness, particularly with their mothers. Thus explaining why almost all women expressed that their families and expectations of their family's reactions to their unintended pregnancy influenced how they managed it. All women who continued to term expressed that although their parents might not have been supportive in the beginning, all their families had since provided both financial and emotional support to



them. One woman even expressed how her family had even become excited about her decision to continue her pregnancy:

*Just my family's support; how excited they were made me excited. It took a lot of stress off my back, and it was just a relief, so that made things way easier. (18-year-old, Puerto Rican-Cuban, single, continued pregnancy)*

For the women that terminated their pregnancies, although it was difficult for both the woman and her family, the support she received from her family assisted her decision and made it easier for her:

*I spoke to my mom about it and she was very understanding and she knew - she knows how I am. Nobody ever knows you more than your mother. Your mother is always going to help you to find ways to know yourself, and she mainly understand that despite it hurting both emotionally and physically and everything, it's something that you needed to do and not because you wanted it. You have to understand that. There are reasons why it happened. (22-year-old, Honduran, single, terminated pregnancy)*

For some women, the influence of family was so strong that their reason for terminating their pregnancies was so that they did not disappoint their families. The thought of hurting their families was the driving force behind this important decision as one woman details:

*(21-year-old, Peruvian, Single, Terminated pregnancy)*  
*I mean basically my mom. She's - I don't know. My mom and my oldest sister I would say - first their faces came into my head because I guess - It's not that they think so highly of me but they expect - They see where my head's at. They know that I'm very ambitious and I want to succeed in life. So for them to already know what level I am at, what I'm trying to do, trying to develop a great sense of like when it comes to my career and just always going forward. I just didn't want to bring them that disappointment.*

Claudia, an 18 year old Cuban-Nicaraguan woman who terminated her pregnancy, reported that her mom's past experiences influenced how she managed her pregnancy. Knowing that her mom suffered and would not want the same for her influenced her to terminate her pregnancy.

*My mom influenced it but it's just much that we spoke about it from like, the past and we spoke about it a lot of times. She would always tell me, she was like, "Do you see how your brothers take care of their kid? They're not there for them," and she went through - their father raped her and she had a child at 15 or 16 and she said that she didn't know anything about it and she said that she didn't want me going through what she went through, waking up early in the morning, doing all the things she went through for them and stuff like that. So that's, I guess that's how I got influenced by it.*

In addition, some women expressed general cultural attitudes about family and unintended pregnancy. Some women expressed that Latinas expectation of disappointment from their families is what usually drives Latinas to terminate their pregnancy. They felt that if Latinas did not feel their families would be disappointed in them over their situation, there would be more Latinas who would feel comfortable to continue their pregnancy to term. Two women explain below:

*I think it's really important for females that are not going through with their pregnancy to ask if their family has a big influence in their life. Are they doing it because they want to? Or are they doing it because they're scared of what their family is going to say if they find out that they're pregnant? A lot of girls have abortions and their family has no idea. So I think that's really important. I think a lot of people wouldn't have abortions, I guess they felt like their family was going to be accepting of their pregnancy. I think that's really a big thing. (23-year-old, Dominican, married, continued pregnancy)*

*Some people are just brought up knowing that it's wrong and maybe they're too scared to tell their parent and they get rid of it. Or - my mom told me about a girl that her mom found out and told her she had to get rid of it or she'll never speak to her again because it was wrong in her family, you know? And she was Hispanic as well and I don't know. (23-year-old, Cuban, single, continued pregnancy)*

### *Institutional Factors*

#### *Religion*

Numerous women interviewed reported that religion may play a role in women's management of an unintended pregnancy. Women who considered themselves to be religious or their families had strong faith were more likely to continue their pregnancies

to term and reference their pregnancies as blessing from God. As such one woman who was discussing why she could not get an abortion because she felt blessed that she was able to produce a child while some woman cannot:

*Well there are a lot of women who actually want to have babies that can't and it's funny how life is because a lot of the times the people who get pregnant are people who are not ready for babies. So I think that if God gave me this blessing that I should take it because it's an opportunity regardless of how old I am really. (20-year-old, Puerto Rican, single, continued pregnancy)*

Women who described themselves as non-religious also identified religion as strong influence in Latina families and in dictating their reproductive choices, especially when it came to the issue of abortion. In some instances, however, the educational dream of their parents may overpower their religious beliefs.

*Just that, if the religious factor played in my case, then I would have kept the baby but, thankfully, I'm not religious, and no one I know is heavily religious, so I don't feel like I've let anyone down, although I know that my mom is against it. She's against the act of the abortion, but I think that, in certain cases such as mine, she would be in my favor. She would still be let down on various - she would be disappointed, but it would be the right choice. (22-year-old, Peruvian-Cuban, single, terminated pregnancy)*

For the most part, Latinas in the study shared the same belief of religiosity and stated that education is sometimes seen as more important than the ethical issue of an abortion.

#### *Societal Attitudes towards Latinas and Unintended Pregnancy*

The majority of women discussed stereotypes of Latinas as playing a role and having an effect on Latinas management of an unintended pregnancy. Many of the women reported that as Latinas they are faced with these stereotypes every day and it affected how people perceived and treated them. They acknowledged that Latinas are often portrayed as “*hypersexual beings*” and perceived as “*always being pregnant*” as two women illustrated:

*First of all, we're looked at more sexual, sexually, okay? There's no other race in my mind that is looked at in a sexual view than Latinas. Sexy or the word sexy or you say the word sexy you think dark hair Latina girl. I mean it's more for - So people associate our Latin women as sex, we're always having sex, and we're always pregnant with these guys and have so much kids. So definitely I think we get treated differently. They just probably think Latino looking at you like oh here comes another Latin girl who's pregnant, you know? (24-year-old, Cuban-Ecuadorian, single, terminated pregnancy)*

*I think we also, since we're a minority, we also have to endure like, you know, the stereotypes - if you're too young and if you get pregnant in high school and you're a Latino, then it's kinda like, "Oh, that's that Hispanic girl. She got pregnant." We're seen as just girls that, "You're not gonna get anywhere in life" (22-year-old, Cuban, single, continued pregnancy)*

They expressed that because of the stereotypes they were treated differently when seeking care regarding their unintended pregnancy. For them it was difficult because they felt awkward, uncomfortable, and ashamed knowing they had fallen into those stereotypes. Many felt there was a lack of respect because of the stereotypes and were treated as less deserving because, *"they were just another pregnant Latina"*.

*Because I feel like a lot of people view Hispanic women like, oh, what the hell, another Spanish girl having a baby, especially if you're young. That's really what, unfortunately, what you see mostly nowadays. Not only Hispanic women, but Hispanic and African-American women. Just minorities, period. When you go, when you're pregnant, and you're a minority, and especially if you're young, it's like people expect that from you, so they don't treat you any kind of special way or make the experience kind of special for you, because you're like they're like you're just another Spanish b\*%#ch having a baby, like I see a million of you a day. (23-year-old, Dominican, married, continued pregnancy)*

*Just because we're Hispanic. This is like expected of us. So it's like, "Ugh, here comes another one." That's probably how we look to them. (20-year-old, Puerto Rican, single, continued pregnancy)*

For some women this was especially hard because at a time when they needed the most empathy was the time they felt most judged. Many women already felt ashamed and uncomfortable with their situation and the lack of respect based on these stereotypes

made this experience even more difficult for them, particularly because some women felt they succumbed to the stereotype.

### *Community Factors*

#### *Cultural Values and Expectations of Latina Women*

Latinas in the study expressed the pressure of having to follow Latino culture's prescribed rules of how as women they were to act. They mentioned this idea of a woman as being self-sacrificing, religious, a virgin, and raising children. Women acknowledged that in addition to traditional values, parents often held education as a dream they wanted them as women to fulfill. Some stated the cultural expectations for Latinas should follow a certain timeline, first is to graduate from school, get a great job, get married, and then have children. If for some reason a woman does not meet her parents' expectations, then there is disappointment and shame put on the family. Some women mentioned that they did not want to get married or even have children and if they ever expressed that to their families it would not be welcomed.

One woman was afraid to disclose her unintended pregnancy to her mother because she knew her mom would make her continue her pregnancy even if she did not want to. She described her mom as a traditional Cuban woman who had rigid views on gender roles. She illustrates in the following quote her mother's expected reactions if she would have disclosed her unintended pregnancy:

*I would have had to go through it, and I would have gotten disowned. Both at the same time. So I couldn't tell her. (18-year-old, Cuban, single, continued pregnancy)*

For some women although they did not agree with these expectations and "rules" to go against them would be to go against their family and everyone they love. Latinas in the

study were always afraid to disappoint their families because they described how much they sacrificed for them to have a better life. When they went against their cultural expectations it was seen as killing the dream of their families.

*I feel like they're very affected if their child says that they're going to do something and then have those goals set for themselves and they choose a different path or something happens along the way. (23-year-old, Cuban, single, continued pregnancy)*

### *Policy Factors*

#### *Lack of Information and Resources*

When inquired where women sought information when they discovered they were pregnant, women stated they had to do a great deal of research. All Latinas in the study reported that there was a lack of information and resources available when faced with an unintended pregnancy, specifically when it came to information about abortion.

*There is lack of information, no posters with information about where to get abortions. Lack of information of different options. (23-year-old, Panamanian, married, terminated pregnancy)*

*I had to go out and look for it [information] myself. It's not like it was something that, "Hey, do you know about a new abortion clinic?" You wouldn't have this type of conversation with just anyone anyways but I don't think - so I think it was very difficult for me to even find the option. I had to go through Google and research. (23-year-old, Puerto Rican, single, terminated pregnancy)*

Much of the information and resources available were for women who would continue their pregnancy but not about various pregnancy resolution options, such as abortion and adoption. Women sought information from the internet because the information wasn't available elsewhere and also liked the privacy the internet provided for this sensitive matter.

*I mean the internet. The internet's a huge resource. That's the first thing, the first thing you do. Go to the internet. I don't know. There's not like a lot of ads or anything like that, so you need to promote abortions or even the idea to promote abortions. A lot of - Actually, a lot of - I think a lot of ignorant not in a bad way a lot of ignorant women that don't have even access to computers, don't have access to internet, which is a lie, go to Little Havana and see a lot of these Latina women don't even know how to use a computer. They don't have - They have no other option but to have the baby because they think it's just such a hard obstacle to even find a clinic. (24-year-old, Cuban-Ecuadorian, single, terminated pregnancy)*

Due to the lack of available information several women sought information regarding their pregnancy resolution options from their social networks and peers who had experienced an unintended pregnancy. The opinions and information of their friends, mothers, and female family members were considered valuable and influenced their pregnancy resolution decision.

*I found out through one of my friends, one of her friends, I don't know who she is, that she had, like, the same issue where she has to go get an abortion and all that. I don't know what her arrangement with the city was but, like, she just went to the clinic and all that so she was like, "Oh, you're going through this? Go to the clinic. Maybe they can help you out," and, basically, that's how I found out. I found out through a friend. I didn't really research too much or nothing like that. (18-year-old, Cuban, single, terminated pregnancy)*

*I didn't. I thought. Actually I turned to a cousin who already had an abortion. (23-year-old, Puerto Rican, single, terminated pregnancy)*

In addition, women who terminated their pregnancies, after the interview did mention that they lacked information about post-abortion counseling. For some women this was the first time they had discussed their abortion with anyone and had hoped there was information available but these women pointed out that it was limited.

### *Health Care Access Issues*

High rates of poverty among the women interviewed contributed to the fact that many women faced difficulty with accessing health care. Several women discussed the

high out of pocket costs related to the management of their unintended pregnancy. All women expressed that prior to their unintended pregnancy they lacked health insurance. For a couple of women their unintended pregnancy was the reason why they sought health insurance coverage. Lack of health insurance contributed to some of the women's inability to receive necessary services related to the management of their unintended pregnancy, including prenatal care. Some women expressed that it has been hurting them financially:

*Like myself, I don't have healthcare, so I have to provide everything. Sometimes I need to go the doctor, and I have to spend so much money just to go for a general. (23-year-old, Colombian, single, continued pregnancy)*

Women who terminated their pregnancies also expressed financial difficulty related to their pregnancy management decision. Some women expressed shock and lack of knowledge with the high cost of abortion services and were not aware that Medicaid or other state-assisted health insurance did not cover the cost of abortion services. As a result due to financial instability, many women struggled to pay for their abortion:

*I had to go and start calling up people and asking for money and calling up people that owe me money and it was really hard to even get the whole \$150.00 - like I don't even have \$20.00 for the visit on Friday. It was just scary. (18-year-old, Cuban, single, terminated pregnancy)*

One woman expressed that she believes that these high costs of services present barriers to women in accessing pregnancy termination services and may lead to more unintended births:

*Some women don't have the money to do it and for those people, I feel bad because they're probably feeling the same way I feel and they can't do, they can't do what I did and then they gonna have to stick to pregnancy and then they might not even care for that kid and the kid might come out sick and I feel like that affects a lot of children and I wouldn't want to - like, I don't like seeing sick children because I feel that, like they didn't have help. They didn't have anything. So that's the kind, I feel like that's a struggle they have that they can't do it*



*because of the money. (18-year-old, Cuban-Nicaraguan, single, terminated pregnancy)*

### *Policies that Restrict Access to Abortion*

At the time of the interviews there were 18 anti-abortion bills introduced in Florida that sought to restrict and prohibit access to reproductive health care. Some women expressed that these bills and the false information created by media at the time might have been influencing women and their decision to terminate their pregnancy. They felt that anti-abortion protesters may have caused greater levels of anxiety and confusion, and as a result change the woman's mind regarding her decision.

*I guess social influence like especially the antiabortion lobbyists are really strong in putting out their word, and for some weak women, that may affect them. I don't know. (22-year-old, Peruvian-Cuban, single, terminated pregnancy)*

In addition to what was happening at the local level, nationally there was the 2012 Presidential election. One of the candidates held strong conservative views including his pro-life position and the fact that he wanted to defund Planned Parenthood. As a concern regarding healthcare and their pregnancy resolution decision, a couple of women brought up the defunding of Planned Parenthood during the interviews. Some women expressed concern and fear that they would lose a service they find beneficial, particularly because they were low income and Planned Parenthood was one of the few places they thought was affordable. As one participant blatantly uttered:

*Well, the way it is now with Planned Parenthood, it's pretty accessible. After the elections, who knows since Romney's gonna get rid of Planned Parenthood. (18-year-old, Cuban, single, terminated pregnancy)*

For this women and a couple of others this was a direct threat to their health because Planned Parenthood was their primary health care provider.

## CHAPTER FIVE: DISCUSSION

The discussion is divided into four sections. Section I provides a summary of the major research findings for the five research questions. Section II analyzed the findings with cross-cutting themes. Section III outlines the strengths and limitations of the study. Section IV provides implications for future research, policy, and health education practice. In addition, this section will end with concluding statements in relation to relevance of issue given the growing Latino population in the US.

### *Section I: Summary of Major Findings*

*Research question 1: What are Latinas' thoughts, feelings and beliefs about pregnancy, motherhood and unintended pregnancy?* Overall, Latinas in the study reported having an array of simultaneous and contradictory desires, beliefs, feelings, and experiences regarding pregnancy. These various ideas and meaning of pregnancy were dependent on the women's pregnancy resolution decisions. Fatalism defined women's meanings of pregnancy. Women who continued their pregnancies had more positive meanings of pregnancy; and women who terminated their pregnancies exhibited more negative and mixed feelings regarding pregnancy.

The term unintended pregnancy elicited negative responses from the women in this study. Unintended pregnancy held a negative connotation to these women, who stated it was not reflective of their personal lives. Many women suggested that although their pregnancy may not have been planned, it was not problematic and most were able to

adapt to their situation. Many women felt that rather than characterize the pregnancy, it should be simply defined as a situation. Women linked their pregnancy to words, but they preferred the term “unplanned”. Many women felt that the timing of pregnancy should not be planned and articulated pregnancy as something that just happens. For the most part, the notion of pregnancy planning was irrelevant to these women suggesting women had mixed feelings about planning pregnancies. Support or lack of support, from both the partner and family played a role in women’s feelings about their pregnancies. In addition, due to lack of support from their partners, many women acknowledged the possibility of single motherhood. Due to strain in their current relationships or the fact that many of these women were in new relationships, they understood the possibility of the father sticking around was not a great one.

*Research question 2: What factors (intrapersonal, interpersonal, institutional, community and public policy) influence Latinas’ meaning of an unintended pregnancy?*

This study suggested that intrapersonal and interpersonal factors were critical in influencing Latinas women’s meaning of pregnancy. These factors worked together to make a woman feel either happy or sad about their pregnancy. Latinas who had more positive meanings about pregnancy were more likely to be ambivalent about their pregnancy, have emotional and financial support from their family and partner, and appeared to adapt well to their situation, although the timing of their pregnancy was not ideal. Latinas who had negative meanings about pregnancy did not have support from their partners and family and related their meaning of pregnancy to their social and economic circumstances.

*Research question 3: What are Latinas' perceived consequences of an unintended pregnancy?* In this study, unintended pregnancy among Latinas was associated with a number of social, emotional, and economic consequences, which differed by their pregnancy resolution outcome decision. Women expressed experiencing distress, regret, and guilt through discovery of pregnancy and pregnancy resolution decision. Women who terminated their pregnancies were most likely to report these emotional consequences, particularly those of regret and guilt. Social consequences of an unintended pregnancy included personal growth and development, changes in personal lifestyles choices, family bonding, interference with school and personal life goals, stigma, and changes in relationships with male partners. Another major consequence was the decision-making process regarding their pregnancy resolution outcome. Women described this process as very difficult and discussed their experience with abortion and the decision for unintended childbearing. For women who chose to continue their pregnancies, lack of or delayed prenatal care was also expressed as a consequence of unintended pregnancy.

*Research question 4: Among pregnant Latinas who have described their pregnancy as unintended, what attitudes, subjective norms and perceived behavioral control influence their behavioral intentions (abortion, adoption, or unintended birth) towards the pregnancy?* Findings from this inquiry revealed that familial, community and societal attitudes toward abortion and unintended childbearing, personal experiences, religious beliefs, and perceived behavioral control all influenced their behavioral intentions. Cultural beliefs such as *familismo* (importance of family), religiosity, and *fatalism* influenced Latinas' attitudes toward abortion and unintended childbearing. In

addition, women stated that societal attitudes and community attitudes toward abortion and unintended childbearing influenced their pregnancy outcome decision. The study found that Latinas' decisions to terminate their pregnancies were not supported by their male partners. Women who had positive attitudes and beliefs toward medical abortion stated this influenced their management of an unintended pregnancy. Almost all women reported that they did not consider adoption and cited personal and emotional attachment to the pregnancy as a barrier. Several women mentioned a complex set of interrelated factors made it either easy or hard to manage an unintended pregnancy. Factors most commonly mentioned were partner and family support, lack of financial resources and health care access issues.

*Research question 5: What are the factors (intrapersonal, interpersonal, institutional, community and public policy) that influence Latinas' management (abortion, adoption, or unintended birth) of an unintended pregnancy?* Research findings suggest that multiple levels of influence were at play that influenced how Latinas managed their unintended pregnancy. Factors that had an influence on Latinas meaning of unintended pregnancy were the same factors that had an influence on how Latinas in this study managed their unintended pregnancies. In addition, these factors were similar for women who decided to continue their pregnancies as well as for women who terminated their pregnancies. The factors overlapped between intrapersonal, interpersonal, institutional, community and public policy levels and included domains of financial instability, unemployment, interference with school and future life goals, age, past pregnancy experiences, cultural and societal attitudes, relationship issues, and policy level factors such as access to healthcare.

## *Section II: Analysis of Research Findings*

This study provides exploratory and in-depth accounts of the meaning and consequences of unintended pregnancy from primarily unmarried Latina women in their twenties, a group identified as being the most vulnerable to unintended pregnancy. Data from the study point to the intricate and complex factors that play a role in the meaning women make of their unintended pregnancy to the decisions they make regarding the outcome. As this study suggests, it is not sufficient to examine unintended pregnancy from an individual level alone. In fact, this study highlights the interpersonal, institutional, community and policy level factors that dynamically interact to influence women's pregnancy experiences, and are thus essential in understanding unintended pregnancy among Latinas.

### *Meaning of Pregnancy and Influences*

The meanings of pregnancy among Latinas in this study were shaped by their own lived experiences. These meanings came from women's complicated life situations, and were facilitated by Latino cultural beliefs, such as *fatalism*, religiosity and *familismo*. Many held favorable and positive meanings of their unintended pregnancy, particularly those who intended to continue their pregnancies to term. Many other women held fatalistic beliefs over pregnancy, and as such defined pregnancy as a miraculous concept such as the "*will of God*," rather than something that they planned. This finding is consistent with other studies that have examined attitudes toward childbearing and found this idea of "pregnancy fatalism" among women (Guzzo & Hayford, 2012; Rocca & Harper, 2012; Sawhill, Thomas, & Monea, 2010). Women who had more favorable meanings of their pregnancy also expressed excitement and attachment to their

pregnancies. These women were also most likely to indicate receiving support from their family and partner, suggesting their pregnancy was more acceptable to loved ones who could offer support. Women who had more negative and confused meanings of pregnancy were also women who terminated their pregnancies.

Social and economic hardships were interwoven with the meaning of pregnancy for these women. Negative meanings of unintended pregnancy among Latinas in the study were influenced by an unsupportive partner and family, lack of readiness, and timing, which in some studies has not been found to be associated with meanings of pregnancy (Fischer, Stanford, Jameson, & DeWitt, 1999). Consistent with lack of partner support, stability, and negative responses to Latinas pregnancy negatively influenced how a Latinas' in this study viewed their pregnancies (Clear, Williams, & Crosby, 2012).

In addition, expectations of family's reactions were a strong indication of the meaning Latinas placed on their pregnancies. The expectation of a negative reaction to their pregnancy from their families molded these pessimistic views of their pregnancy. Although these factors and reactions are indicative of an unwanted pregnancy in most studies, Latinas in this study were not comfortable using that term.

#### *Meaning of Unintended Pregnancy*

Unintended pregnancy as a concept caused a great deal of emotion for the women interviewed, who perceived it to not be reflective of their personal experiences and desires. The term, for many, did not capture the confusion and conflicting desire related to pregnancy that some women expressed in this study. Latinas in the study suggested the term "unintended pregnancy" had a highly negative connotation and made the pregnancy seem problematic. Latinas in the study also re-conceptualized the definition

of unintended pregnancy as a situation or circumstance, rather than a definition of the pregnancy. Women expressed that defining the pregnancy negated the circumstances and complexities experienced to get to that point. In their opinion, the term was simplistic and did not capture their lived experiences such as the economic circumstances under which the pregnancy had occurred, or the fact that a couple of these women did use contraception but it failed. Many of the women's thoughts and experiences described here parallel those found by other studies that examined the concepts of unplanned pregnancy (Earle, 2004). Some women described that they felt ambivalent about their pregnancy, although unconsciously it was desired, socially it was unacceptable. Women linked their situation to action-oriented rather than emotional words. Words such as: *"surprise"*, *"unfortunate"*, *"accident"*, *"oops"*, *"a mess"*, *"it just happened"*, *"error"*, *"unplanned"*, *"unexpected"*, and *"irresponsible"* were used to describe their pregnancies.

### *Pregnancy Planning*

Consistent with several other studies conducted with non-Latina populations, the notion of planning a pregnancy was irrelevant to these women (Barrett & Wellings, 2002; Kendall et al., 2005). The act of deliberately trying to plan a pregnancy was foreign to many of these women, particularly because a pregnancy was something that should not be in their control and left up to God. Most of the Latinas in the study felt that women should not plan their pregnancies and doing so was going against fate and natural life course. Several women suggested that until it happened they did not consider the possibility of pregnancy or did not think it would happen to them at this point in their



lives. For some women, planning a pregnancy was seen as a set-up for disappointment and shame if you did not meet the expectations of when you should get pregnant.

On the contrary, other studies conducted mostly with immigrant Spanish-speaking Latinas found that these women understood and were aware of the concept of family planning and were highly motivated to plan their families (Rivera et al., 2007; Sable et al., 2009; Wilson & McQuiston, 2006). Motivations to plan families centered around the desire to give children a good life, not only financially but emotionally (Sable, et al., 2009; Wilson & McQuiston, 2006). Sable, et al., (2009) found that concerns for economic well-being and readiness influenced family planning decisions. Participants in this study described the conflict they faced juggling the demands of parenting and working which may contribute to decisions about family size (Sable et al., 2009). These same factors were reiterated in another study that examined Mexican immigrant woman attitudes toward family planning and factors that influence fertility preferences in the context of migration (Wilson & McQuiston, 2006). In this study, the authors found that women's experiences with migration intensified the need to plan pregnancies because of economic struggles and lack of social support in the U. S. (Wilson & McQuiston, 2006). These populations are different from the Latinas in this study who were acculturated and may exhibit family planning attitudes similar to African Americans.

This lack of relevance of family planning among Latinas in this study was consistent with the lack of contraceptive use. Fourteen out of the twenty women were not using any contraception method, and the remaining women who were using contraceptives reported misuse. Contraception non-use among the women in the study may reflect misconceptions and lack of information regarding effective methods and the

lack of access to contraceptive methods that require a healthcare provider. Similar to the women in the study, there is evidence to support that Latina women, particularly low income women are less likely to use contraceptive methods, have higher rates of contraceptive failure, and have misconceptions about contraception (Dehlendorf et al., 2010). Although there have been improvements in regards to contraceptive knowledge among U. S. born Latinas, Latinas in this study reported contraceptive misuse. These findings are similar to a recent study that found there have not been significant improvement in contraceptive use among U. S. born Latinas who should have less barriers than immigrant Latinas (Sangi-Haghpeykar et al., 2006).

#### *Perceived Consequences of Unintended Pregnancy*

Public health research overwhelmingly highlights the negative maternal and child consequences of unintended pregnancy (Gipson et al., 2008; Logan et al., 2007), while many women in this study perceived the negative consequences of unintended pregnancy to be primarily emotional and social. Perceived consequences associated with an unintended pregnancy were described as occurring from the discovery of their pregnancy through their pregnancy resolution decision.

#### *Emotional Consequences*

Almost all Latinas in the study expressed experiencing psycho-social conditions such as disbelief, depression, anxiety and panic. These result are consistent with studies that have linked unintended pregnancy and childbearing to depression, anxiety, and other psycho-social conditions (Gipson et al., 2008). Many of these conditions were manifested with discovery of pregnancy and seemed to be resolved after a woman's pregnancy resolution decision.

In addition to emotional distress, women reported feelings of regret and guilt. While able to resolve their feelings of distress, many women expressed they were not able to overcome their guilt. Latinas expressed guilt over their pregnancy, guilt over their abortion, and the most prevalent guilt of not being able to disclose their experience to their families.

While most women reported relief and positive emotions following the termination of their pregnancy, less than half of them reported feelings of regret. These feelings of regret were based on women's different lived experiences, including disapproval of their choice by their families and loss or strain in their relationship with their partner as a result of their pregnancy resolution decision. These results mirrored a similar study of women experiencing abortion regret (Kimport, 2012). Kimport (2012) found that woman's source of difficulty and regret surrounding her abortion was based on 1) social disapproval; 2) relationship loss; and 3) practical and emotion conflict regarding her decision to terminate.

### *Social Consequences*

Though the median age of the women in the study was twenty-two years, several of the women illustrated their unintended pregnancy as an entry to adulthood. The unintended pregnancy and pregnancy resolution decision turned out to be maturing experience for Latinas in the study. This sentiment was also expressed by African America teens in another study where their pregnancy was associated with becoming mature and more responsible (Spear & Lock, 2003; Spear, 2004). This idea of adulthood was based on the notion that these women would have to make critical life choices

including their pregnancy resolution decision and other responsibilities associated with adults.

Study findings reveal that a majority of the women in the study reported their unintended pregnancy as occurring early in their relationship. These findings are consistent with earlier studies conducted with mostly non-Latino white populations that examined couples and their relationship with an unplanned pregnancy (Bouchard, 2005). An unintended pregnancy caused strain to Latinas' romantic relationship with her partner and created a sense of skepticism about their future together.

The inquiry found stigma surrounding unintended pregnancy among Latinas in this study. More than half of the women in the study resorted to termination of their pregnancy and cited fears of family reaction, fears their partner would deny paternity or responsibility, and/or desires to continue schooling, community and societal attitudes toward an unintended pregnancy and religiosity, as influencing this decision.

In addition, contributing to the stigma were the stereotypes of Latinas. Women in the study acknowledged that Latinas are often portrayed as "*hypersexual beings*" and perceived as "*always being pregnant*". As such, Latinas reported being treated with a lack of respect and as less deserving when they sought care regarding their unintended pregnancy. Stereotypes contributed to their lack of trust of their healthcare providers and lack of quality care. These findings are consistent with studies that examined stereotypes and experiences with health care (Stephens & Thomas, 2011).

#### *Influences on Management of an Unintended Pregnancy*

Latinas decision to continue their pregnancies or have an abortion was provoked by diverse and interrelated factors. Socio-cultural, structural, and financial factors

interplayed and assisted in Latinas decision-making regarding her unintended pregnancy outcome decision.

### *Financial Factors*

Overlapping factors were most prevalent with the domains of financial instability, unemployment, interference with educational and future life goals, and personal life experiences. In-depth interviews revealed that women in this study had complicated life situations where the majority of women expressed four or more of these domains working together to influence their pregnancy resolution outcome. For example, one woman reported her lack of employment, support from family, lack of health insurance and relationship issues with her partner as influencing her decision to terminate her pregnancy. Latinas largely based their reason for abortion on their lack of emotional and financial support from their partner and family, financial circumstances and interference with educational and personal life goals. Latinas recognized the convolution of their decision and did not want to make it seem that financial factors were of big concern, but they did have a huge impact on their decision. The women described the decision-making process as complicated and intense, but in the end, the responsibility they had to themselves and their future was the driving factor. These factors and reasons are supported by a study examining reasons for abortion among a nationally representative sample of abortion patients (Finer, Frohworth, Dauphinee, Singh, & Moore, 2005). In this mixed methods study the authors found that various and interrelated reasons motivated a women to obtain an abortion, including the themes of “*responsibility to others*” and “*resource limitations*”(Finer et al., 2005).

### *Socio-Cultural Factors*

Latinas in the study discussed the central role cultural factors play in the management of their unintended pregnancies. Women in this study expressed a high level of connectedness with their families and particularly with their mothers, also known as *familismo*. Consistent with literature of *familismo* the family in this context was viewed as an important source of support for Latinas (Marin, 1989). Although unintended pregnancy is not ideal, support from their family made it easier and more accepting by them. *Familismo* was valued so much that many Latinas in this study based their pregnancy resolution outcome on the expectations of disappointment and shame to their families. In some instances, families expressed disappointment particularly if the woman was to be an unwed mother, but the value of motherhood was even greater and superseded these feelings of discontent within the family.

In addition, women expressed family's emphasis on education and disappointment if they were not able to finish school. Many of the women in the study were first generation Latinas and the first to attend college. Disappointment of the unintended pregnancy by parents may come from the idea of their daughter not being able to fulfill the idea of the American Dream and thus a better future. Many Latino families immigrate to the United States for this very reason. One study found that *familismo* and the personal stories of their family's struggles, facilitates success and academic achievement (Aretakis, 2011). These ideas of family and the fact that these Latinas' education may be ceased or postponed created the disappointment of unintended pregnancy among these families. Additionally, this study found some Latinas felt

conflicted in their decision because although motherhood is embraced, education was always emphasized.

Feeling stigmatized by their family was particularly difficult for these women. This situation is worrisome as it eliminates family members and friends as potential sources of support to assist the women with the emotional and social consequences of unintended pregnancy. Acknowledging the potentially positive role that social support has on assisting these women emotionally and financially and the importance of *familismo*, stigmatization by families and friends can be particularly damaging to Latinas with an unintended pregnancy.

Another important cultural factor was religion. In Latino culture, it provides guidance on how to live as an individual and within the context of a family (Hayford & Morgan, 2008). Religious beliefs created anxiety and confusion over their pregnancy resolution decision as some women battled their moral beliefs. Lack of readiness and the impact of unintended childbearing supersede religion and their beliefs. Although most women in the study did not see themselves as religious, many women stated that their religious and moral beliefs played a huge role in shaping their attitudes toward unintended childbearing.

Previous studies conducted with mostly Mexican American women, found that only a small number of women ever had an abortion, while in this study more than half reported obtaining an abortion (Kaplan et al., 2001). It is also likely that the inclusion criteria of U. S. born Latinas could have contributed to this result. Other studies have reported that U. S. born Latinas are more likely than immigrant Latinas to obtain an abortion (Minnis & Padian, 2001). These results could be attributed to recruitment

strategies. Women who participated in the study were recruited from family planning clinics in which some provided abortion services. In addition, women who terminated their pregnancies were oversampled due to concerns of not obtaining enough women who terminated their pregnancies to participate because of the sensitive nature and stigma associated with an abortion.

#### *Barriers to Access and Utilization of Health Care*

Many women reported barriers to access and utilization of health care when trying to make a resolution decision. Ninety percent of the women in the study report having no health insurance. Many Latinas in the study did not have health insurance because they were unemployed and if employed could not afford to purchase private or employee sponsored insurance (Carillo, Treviño, Betancourt, & Coustasse, 2001). For some women this was a deciding factor as they expressed high out of pocket medical costs associated with a pregnancy. Latinas who chose to continue their pregnancy reported difficulty in accessing public assisted programs (e.g. Medicaid). Many expressed aggravation and confusion caused by the technical process necessary to enroll in these programs (Carillo et al., 2001) and as a result some women received no or delayed prenatal care.

#### *Lack of available information and resources for abortion services*

Latinas in the study reported a lack of information and resources available when faced with an unintended pregnancy, specifically when it came to information about abortion. Much of the information and resources available were for women who were continuing their pregnancy but not about various pregnancy resolution options, such as abortion and adoption. In addition, a couple of women expressed their frustration with the lack of information or services to support women after an abortion. Women sought



information from the internet because the information was not available elsewhere. They also liked the privacy the internet provided for this sensitive matter. Given the lack of available information Latinas sought advice regarding their pregnancy resolution options from their social networks and peers who had experienced an unintended pregnancy. The opinions and information of their friends, mothers, and female family members were considered valuable and influenced their pregnancy resolution decision. The role of social network has been found to be influential in decision-making for contraception among Latinas (Gilliam et al., 2004; Yee & Simon, 2010). These studies have reported that Latinas based their decisions on the experiences and advice of their social network and consider their personal experiences more valuable than information from health care providers (Yee & Simon, 2010).

#### *Perception of Control over Pregnancy Resolution Decision*

Utilizing the Theory of Gender and Power in the study sought to examine the relationships between women and their male partners and how these relationships might have influenced their meaning and their management of an unintended pregnancy. It also sought to examine social norms regarding men and women's roles and the influence those roles have on the management of unintended pregnancy among Latinas. In the literature, Latinas are often portrayed as self-sacrificing and lacking power in their relationships with men particularly over decision-making regarding their reproductive health (Hurtado, 2003). However, contrary to previous study findings Latinas in this study did not prescribed to those gender roles. Latinas in this study were highly educated, and during the attribute listing described themselves as "*independent*", "*open-minded*", and "*outgoing*". In addition many of the women alluded to their aspirations

and goals. Although a few Latinas in the study stated their partner's had an influence on the pregnancy resolution decision, all Latina stated that ultimately they were in control over their pregnancy resolution decision. This could have been attributed to the fact that many of the women in this study did report being single and in short term relationships so these factors could have also played a role in the perception of control over their unintended pregnancy. Even when Latinas partners did not agree with their decision, women still performed their intended pregnancy resolution decision. Some Latinas felt that they had more control over their pregnancy because they bear the physical burden of pregnancy and, ultimately, the responsibility for parenting. Some women admitted that having that control and making the decision put a strain in their relationship. Latinas in this study described themselves as a "positive", "determined", "focused", and "ambitious". These positive and strong allocations of who they perceived themselves to be were in fact expressed through their actions and influenced their pregnancy resolution outcome.

### *Section III: Strengths and Limitations of the study*

#### *Study Limitations*

This study had several limitations that should be noted. First, the results of the study may be influenced by the researcher's ethnicity and personal biases. The researcher's professional and personal background such as ethnicity, attitudes, beliefs and worldviews may influence the interpretation of the data. To minimize these biases, field notes were kept to reflect on the researcher's own subjectivity. In addition, the researcher performed member checks and collaborated with an expert committee to enhance the validity of the analysis.

Second, women who volunteered to participate in this inquiry may be different from those who did not agree to participate. Women who volunteered to participate may be more comfortable talking about the sensitive issues that were addressed in the study.

Third, the study findings were based on Latina women's' perceptions, recall and interpretation of their lived experiences. Because such experience is not directly accessible, the analysis involves an interpretation of the participants' experiences.

Fourth, it is important to note that the participants were recruited through purposive sampling, and therefore there was a larger representation of women who terminated their pregnancies, rather than women who chose to continue their pregnancy. Due to the sensitivity of the topic of abortion, the researcher oversampled women who terminated their pregnancies. In addition, participants were recruited from family planning clinics in which some provided abortion services and provided a greater number of women who were seeking termination services. Women who access services from these places might be more comfortable or share more liberal views about abortion and thus may be reflected in the findings. In addition, the study did not limit women according to parity so experiences of women with an unintended pregnancy may have been very different for a nulliparous woman versus a multiparous woman.

Finally, there is a possibility that there was some social desirability bias. Due to the sensitive nature of the topic participants might have given answers that were conducive to normative beliefs. The researcher used hypothetical vignettes and indirect questioning to decrease the likelihood of social desirability bias.

### *Strengths of the Study*

This study fills a significant gap in the literature with its in-depth exploration of Latinas women's experiences of intrapersonal, interpersonal, socio-cultural, structural, historical, and political factors that shape their *meanings* and *consequences* of unintended pregnancy. A number of studies have focused on Latinas and risk of unintended pregnancy, however they narrowly focus on contraceptive use patterns (Gilliam et al., 2011) and exclusively on Latina adolescents (Afable-Munsuz & Brindis, 2006; Frost & Driscoll, 2006; Garcés-Palacio et al., 2008; Gilliam, 2007; Gonzalez et al., 2010; Grossman, Fernández, et al., 2010; Harvey et al., 2006; Sangi-Haghpeykar et al., 2006; Venkat et al., 2008; Wilson, 2009). Recent studies have been conducted that included young adult women (Frost, Lindberg, & Finer, 2012; Rocca, Harper, & Raine-Bennett, 2013), but these studies used nationally representative surveys that include Latinas to elicit information on contraceptive use, and none have been focused solely on Latinas (Rocca et al., 2013). Research efforts regarding unintended pregnancy and family planning have largely focused on Mexican American or immigrant women despite the fact that U. S.-born Latinos are the fastest growing group of Latinos (Frost & Driscoll, 2006; Garcés-Palacio et al., 2008; Gilliam et al., 2011; Gilliam et al., 2004; Gonzalez et al., 2010; Grossman, Fernández, et al., 2010; Harvey et al., 2006; Sangi-Haghpeykar et al., 2006)

This study was focused exclusively on a diverse group of young adult, U. S. born Latinas and went beyond contraception use patterns. Inquiries explored young adult Latina women's perspectives and experiences with an unintended pregnancy and found

that culture plays a significant role in shaping Latinas attitudes and beliefs toward the meaning of pregnancy and their pregnancy resolution decision.

Novel methodological approaches were used to explore Latinas meaning of unintended and perceived consequences associated with their unintended pregnancy. Attribute listing allowed the researcher to understand more these women, how they define themselves, and get their biases might. Storytelling approach was employed which enabled women to have control over the structure and content of the interviews. This method allowed Latinas to communicate their complicated life situations, while also enabling them to set limits around what they were prepared to reveal. Qualitative research as such is useful if experience and subjectivity are actively sought (Bowling, 2002). Hypothetical vignettes were used to provide a less personal and less threatening way of exploring sensitive topics such as abortion. These methods combined provided a wealth of information regarding these women's lived experiences and revealed attitudes and beliefs that otherwise would have been difficult to elicit. These qualitative methods also enabled the researcher to develop a rich understanding of the interplay of factors at the intrapersonal, interpersonal, institutional, community, and policy level that influences these women's lives and thus influenced their pregnancy resolution decision.

Another strength of the study included the rigor based on engagement in the community of interest, participant observation, and member checks. Persistent observations were made in communities where Latinas were recruited, including inside the clinics where women accessed services. This allowed the researcher to explore misconceptions and validation of data. This was done by documenting activities and processes when Latina women were accessing services in the clinics. It ensured a more

comprehensive understanding of the women's experiences as well as useful in triangulating the activities, behaviors, and physical aspects the women described in their stories. Over a year was spent on data collection and analysis. Member checks on data procedures, the researcher and research process, as well as validation and clarification of emerging themes improved credibility of the results. Findings are presented in a detailed manner and include direct quotes from participants. Accuracy of data was also maintained through field notes and constant engagement of peers and expert committee in debriefings.

The study was innovative in its qualitative application of the Theory of Planned Behavior to explore culturally specific attitudes, subjective norms, and perceived behavioral control constructs related to the management of an unintended pregnancy. While the Theory of Planned Behavior has been used in predicting behaviors, qualitative studies are also important to comprehend the core cultural beliefs and processes associated with the management of an unintended pregnancy. However, few studies exploring unintended pregnancy qualitatively have used the Theory of Planned Behavior (Lifflander, Gaydos, & Hogue, 2007).

This study was also unique in that it explored women's experiences with an unintended pregnancy and abortion. Experts and researchers on Latina sexual and reproductive health highlighted this as research priority and important in providing Latina advocates research and tools to confront cultural taboos and address sexual and reproductive health issues (Foulkes, Donoso, Fredrick, Frost, & Singh, 2005). Until this study, to date there has not been a study that examines Latinas lived experiences with an unintended pregnancy and abortion.

## *Section IV: Future Implications*

### *Public Health Education and Practice*

The findings of this study have several implications for public health education. Health education programs on unintended pregnancy have focused on expanding knowledge about contraception and access to contraceptive services but mostly among teens (Allen & Philliber, 2001; Lavin & Cox, 2012; Philliber, Kaye, Herrling, & West, 2002). These programs include Latinos as a population but only a handful of these programs are targeted towards this population (Tortolero et al., 2010; Villarruel, Loveland, & Ronis, 2010). Although rates of unintended pregnancy are improving for other populations among vulnerable populations like Latinos the disparities are continuing to widen (Finer & Zolna, 2011). While these interventions are important this research shows that efforts to reduce rates of unintended pregnancy might not succeed without addressing the complex array of desires, motivations, and pressures both to conceive and to avoid conception. In addition, interventions for teens may not be applicable and conducive to the experiences of women in their twenties. One reason for persistently high rates of unintended pregnancy among Latinas may be our failure to adequately understand the meaning, relevance, and experience of an "unintended pregnancy" among the women we target for family planning services.

Prevention programs and interventions should be targeted towards Latinas and be culturally sensitive. These culturally appropriate interventions should provide not only information and options, but resources, such as culturally relevant information, free or discounted contraceptives, or assistance for transportation, removing the barriers the women mentioned to assist in making informed decisions about their reproductive

choices. Despite improvements in knowledge and attitudes toward contraception among Latinas, for instance, Latinas are using condoms consistently but not more effective methods such as hormonal methods or long acting reversible methods (Sangi-Haghpeykar et al., 2006). In addition, although Latinas use emergency contraception, they still have limited knowledge or faulty knowledge on how to use it correctly and how it actually works (Dehlendorf et al., 2011; Jackson, Bimla Schwarz, Freedman, & Darney, 2000). The findings of the study point to the need to increase Latinas knowledge and use of effective contraceptives and this might require a multipronged approach.

Family planning services might benefit from intervention designs with the following features that address the cultural needs of this population. First these programs may highlight/stress the importance and benefits of delaying a pregnancy, not discuss pregnancy planning which was found to be irrelevant to these women. Second, public health messages and campaigns may incorporate and address cultural constructs such as *familismo* and *fatalism* as protective factors rather than risk factors, by valuing ethnic identity and strong family values but still incorporating messages about smaller families and delaying childbearing. Although the women expressed that motherhood was important and a blessing, many women thought it was just not an ideal time for childbearing. Their future aspirations and the importance of education were seen as equally important. Public health campaigns can emphasize these types of sentiments by highlighting cultural values. Lastly intervention designs should link and discuss issues such as poverty, education, insurance, stigma, and mental health issues. Many women perceived these factors as consequences thus influencing the management of an unintended pregnancy.



Many women reported experiencing discrimination due to stigma surrounding their unintended pregnancy as the stereotypes of Latinas. Women discussed feeling lack of respect and trust from healthcare providers. To advance Latina health, it is essential that health care providers recognize and address the unique culture, language and health literacy of Latinas. Healthcare providers might benefit from interventions and trainings that address cultural norms, dispel stereotypes of Latinas, and understand the differences of Latino subgroups and how to interact with them. In addition, trust is a considerable issue for Latinas particularly when it comes to issues related to sexuality. Healthcare providers could benefit by personalizing interactions with their patients as a way of building trust and rapport. It could be advantageous for healthcare providers to ask a nonmedical question or even a short attribute listing to build or reestablish their relationships with patients. Health care providers should want to engage Latinas in a discussion of their aspirations and pregnancy intentions at that current time. It is in this conversation where a healthcare provider can provide Latinas with the information and tools needed in providing the most appropriate and effective intervention. Many of the Latinas in the study expressed different life circumstances and thus may need different types of services from healthcare providers. Understanding the unique needs of each woman is important for healthcare providers in tailoring services to meet the needs of each woman.

Future public health campaigns might benefit from incorporating *promotores de salud* in curricula already discussing reproductive health. There are a few programs that exists that utilize *promotores de salud* and discuss sexual communication but these programs have been focused specifically on HIV prevention and education (Rios-Ellis et

al., 2011). Latinas in the study sought information from their social networks and peers who had experienced an unintended pregnancy. The opinions and information of their friends, mothers, and female family members were considered valuable and influenced their pregnancy resolution decision. Health education campaigns should utilize young adult women who had similar experiences to disseminate these messages. There are a variety of programs that discuss prevention (e.g. contraception) of pregnancy, but very few that address the possible negative health, educational or social consequences associated with an unintended pregnancy and ways to overcome these consequences. These types of programs will be useful for women who don't have the social networks or family support regarded as influential in the study and which provide the women with tools to deal with the various consequences she will encounter.

In addition, *promotores de salud* can also be positive role models within the family that have avoided a pregnancy and have had positive outcomes. Latinas in the study emphasized that their families were important in influencing the meaning and management of an unintended pregnancy. Public health campaigns can use the values women mentioned such as family and their future aspirations as effective messages in the importance of delaying childbearing. One of the first places where a person finds a role model is within the family. The *promotores de salud* can be mothers, sisters, aunts, and other women in the family who Latinas in the study referenced as been supportive and who they sought advice from.

Latinas cited the lack of information available on various pregnancy resolution options and providers. Health education programs should consider incorporating this type of information in their programs as well as information about anti-choice “crisis

pregnancy center”. Latinas in the study acknowledged that anti-choice protesters and crisis centers as make it difficult for women to perform their pregnancy resolution decision. Interventions could provide information and teach women to work with advocates to ensure Latinas reproductive choices are being protected.

Some of the women in the study mentioned that they did not know of services for post-abortion care, mainly mental health services. For some of the women, particularly those who terminated their pregnancies, emotional distress, guilt and regret were reported as a consequence of unintended pregnancy. Some women expressed that the in-depth interview was the first time they were able to open up and speak to someone about their abortion experience. Women articulated that it would be useful to have someone to discuss their emotions and circumstances with after the abortion. Due to lack of funding from the state, programs that provided such a service were cut. Support groups and mental health counseling are needed among participants that terminated their pregnancies. Psycho-social consequences associated with an abortion deserve attention.

#### *Public Health Research*

Future research should continue to focus on the multiple levels of influence and the contribution they make on the meaning and consequences of unintended pregnancy. Very few studies exist that explore unintended pregnancy through a socio-ecological approach. Current studies have been focused simply on intrapersonal and interpersonal factors and contraception. In order to fully understand the complexities of unintended pregnancy research must extend beyond these levels. Future research should consider examining how restrictive policies on access to contraception and abortion contribute to high unintended birth rates among Latinas.

Although the term *unintended pregnancy* and *family planning* are used in public health research, health policy, and health services, these concepts did not resonate with the women in the study and elicited strong negative reactions from the women. Women in the study felt like these terms did not fit or captured the complexities of their situations. Inquiries on how women understand concepts such as *wanted*, *unwanted*, *planned*, *unplanned*, *intended*, and *unintended*, is limited and even more so among Latinas. This study only began to explore these concepts and its relevance to Latinas. More in-depth analyses of these terms and what they mean to Latina women are needed. There are several questions these data raise. Do Latinas as a group see *unintended pregnancy* as a problem? What does the concept of family planning mean and is this the approach public health professionals and health care providers should be utilizing with Latina women? The study findings point to a reassessment of our current approach to family planning.

Despite the heterogeneity of Latina women, studies have focused largely on one group rather than looking at differences among subpopulations of Latinas. The heterogeneity of Latinas should not be overlooked as the unique historical, socio-cultural and contextual factors of each Latina subpopulation shape the meaning of their own reproduction. The original intentions and premise of this study were to examine the meaning and management of unintended pregnancy among Latina subpopulations but with recruitment challenges that aspect of the study could not be conducted. Although the sample size of the study was not large enough to examine subgroup differences, the unique lived experiences of the women provided some insight on how those experiences

of the various groups of Latinas in the study shape the various meanings of an unintended pregnancy and attitudes towards unintended childbearing and abortion, but more in-depth research is warranted. Future research may consider focus-group discussion with various Latino-subgroups on the meaning of pregnancy, motherhood, and unintended pregnancy. Using focus groups will allow researchers to understand the shared meaning of these concepts by different cultures. This information will also be useful for developing prevention messages that resonate with the community and with each subpopulation. Each Latino group has its unique culture and history, as it is these factors that contribute to the health status of these groups.

Latinas partner and families played a role in influencing how Latinas manage their unintended pregnancies. Research should be conducted with these two groups to understand their perspectives on unintended pregnancy and what they perceived their role to be with these decisions. To date very few studies have examined the men's pregnancy intentions and the influence they have on women (Rosengard, Phipps, Adler, & Ellen, 2005). There are a few studies that have explored power in relationships and how that may influence contraception use and sexual decision making (Harvey, Branch, Hudson, & Torres, 2013; Warren, Harvey, & Bovbjerg, 2011). In addition, research conducted with Latino families and unintended pregnancy has also been focused on adolescents. (Guilamo-Ramos, Goldberg, Lee, McCarthy, & Leavitt, 2012). In addition to families and partners, understanding community norms and attitudes toward unintended pregnancy, abortion and childbearing are also critical. Latinas in the study expressed that community norms and attitudes were influential in the management of an unintended pregnancy. Further research is needed in examining these attitudes and beliefs as they

will be useful in understanding the community's role in the management of an unintended pregnancy.

Cultural factors were mentioned throughout the interviews and had an influence on how Latinas managed their unintended pregnancy. More research should focus on how cultural factors play a role in the meaning and management of unintended pregnancy, particularly how they can be used in a positive way. Current research has examined how cultural factors have put Latinas at risk for an unintended pregnancy, rather than how these cultural factors can assist Latinas (Driscoll et al., 2001; Frost & Driscoll, 2006). Such research will have an impact in shaping prevention and intervention messages for Latina women and their families. Likewise, the role of cultural protective factors in strengthening families and communities merits further exploration. In regards to culture and pregnancy planning, future research should investigate the concept of pregnancy planning and timing among Latinas. Emphasis should be place on Latinas fatalistic beliefs as relevant in exploring pregnancy planning and intentions.

Questions on nationally representative surveys should be adapted in ways that capture the complexity regarding pregnancy intention. Women in the study often felt confused about their unintended pregnancy. Many expressed they were ambivalent towards their pregnancy. In recent years, some surveys, such as the National Survey on Family Growth, have modified their questions on pregnancy intention to capture nuanced and ambivalent feelings but social-cultural and environmental factors are still not captured. Questions may be adapted to inquire about some of the beliefs Latinas in the study mentioned as influencing their meanings including questions related to pregnancy

fatalism, concept of family planning, life circumstances, and questions about family and social support.

In addition, there is a dearth of studies that have focused on the negative health consequences of an unintended pregnancy exclusively on Latinas. There have been studies that have included Latinas but these studies have been inconclusive on the health effects of unintended pregnancy among Latinas (Gipson et al., 2008; Logan et al., 2007). Quantitative approaches are needed to examine the consequences of unintended pregnancy. This may include an examination of the National Survey of Family Growth and items related to pregnancy intentions and maternal and child health outcomes as well as an examination of Latina subgroup differences. This type of research may make significant contributions to the research and policy agenda regarding unintended pregnancy among Latinas.

#### *Policy Recommendations*

Latinas in this study faced a number of social and economic disadvantages that placed them at risk of an unintended pregnancy. Rather than interventions and programs to decrease rates of unintended pregnancies among Latinas, policies focused at the population level may prove beneficial. These policies can address barriers that Latinas currently experience such as lack of contraception coverage, affordability and limited resources available for abortion and lastly prenatal care. Providing these types of services are essential to low-income women who are at increased risk of an unintended pregnancy and lack options due to financial constraints. These policies will remove monetary barriers that prevent women from making choices based on what they want and not by limitations in access to different types of care.

The Affordable Care Act (ACA) may improve health care among Latinas and reduce the barriers Latinas in the study reported (Koh & Sebelius, 2010). The ACA may improve access to health insurance coverage, which many Latinas in the study lacked, by making it affordable and expanding benefits (Schoen, Doty, Robertson, & Collins, 2011). It is expected that ACA will expand insurance coverage to millions of people who are uninsured and provide subsidies for individuals who lack employer sponsored insurance, but this does not mean all women will be insured and many low-income individuals may remain without coverage (Schoen et al., 2011). In addition, lack of coverage for low-income individuals may be exacerbated by the fact that states can choose whether or not to expand their Medicaid programs (Sonfield & Gold, 2011).

Some Latina women mentioned the difficulty in accessing care and one woman even revealed that when she was looking into health insurance programs, she read that her pregnancy would be considered a pre-existing condition. ACA will stop companies from denying coverage because of pre-existing conditions, which may assist women who are looking to continue their pregnancies and access timely and needed prenatal care (Johnson, 2010).

Under ACA, preventive services for women such as contraceptives and preventive screenings (e.g. mammograms and cervical cancer screenings) are guaranteed with no deductibles and co-pays (Koh & Sebelius, 2010). Although ACA will cover a range of preventive services, current guidelines regarding this benefit allow insurance plans the freedom to use cost-control measures that may reduce a woman's capacity to choose and access the most effective contraceptive method for her (Johnson, 2010). This is because not all FDA approved methods, such as long acting reversible contraceptive



methods will be covered. Although women in this study did not discuss issues related to affordability of effective contraceptives, the literature has found high costs of effective contraceptives to be a barrier to use (Sangi-Haghpeykar et al., 2006).

In addition through ACA more low-income women, like the Latinas in the study, should have timely access to family planning services, including contraception services and resources, by simplifying the process for states to expand Medicaid eligibility for family planning services (Johnson, 2010). In addition, ACA will also ensure that insurance companies contract with community providers such as women's health centers, community health centers, and public hospitals that serves primarily medically underserved and low-income populations like the women included in the study (Johnson, 2010; Koh & Sebelius, 2010).

One of the barriers Latinas in the study discussed was also the high costs associated with obtaining an abortion. In the debate over ACA abortion was the most contentious, and as a result the law imposes restrictions on insurance providers who offer plans that include abortion coverage (Johnson, 2010). Although the implementation of ACA is still not fully understood, it has important implications for Latinas in the study. It may alleviate many of the concerns and barriers Latinas in the study expressed such as expanding insurance coverage, making improvements in reproductive care, increasing funding for community health centers and women's health centers, which for some of these women may be their primary source of care, and increasing diversity and culturally competency among providers.

Although, the ACA improves some access issues there are still broad social determinant of health that still impede Latinas and contribute to high rates of unintended

pregnancy. As such, broadly focused initiatives are still needed that improve housing conditions, increase overall education of women regarding their sexual and reproductive health, and support for mothers' return to the school and work, may also help women achieve the type of stability that the women in this study described as lacking. In order to address the consequences of unintended pregnancy reported by Latinas in the study, public health researchers and educators, health care providers, and policy makers must begin to account for the social and cultural context of women's lives in both research and interventions.

*Relevance of Issue Given the Growing Latino Population in the U. S.*

Family planning was identified as one of the ten great public health achievements of the 20th century (Centers for Disease Control and Prevention, 1999), yet nearly half (49%) of pregnancies in the U. S. were unintended (Finer & Zolna, 2011). For Latinas this rate is even higher with more than half of pregnancies being unintended (Finer & Henshaw, 2006; Finer & Zolna, 2011). Because of the complex factors that are involved in pregnancy planning, Latinas remain vulnerable to unintended pregnancy (Finer & Henshaw, 2006). This study allowed for an in-depth exploration of the interpersonal, intrapersonal, socio-cultural, structural, historical, and political factors that shape the *meanings* and *consequences* of unintended pregnancy among primarily unmarried Latina women in their twenties, groups identified been the most vulnerable to unintended pregnancy. The findings from the study addressed cultural expectations and community norms regarding pregnancy and motherhood. This study increased our understanding of what unintended pregnancy means in the Latino community, and explored it from a comprehensive, multi-dimensional, and structural perspective. Understanding these

factors are important and first steps to addressing an issue that affects Latinas, their families, communities, and the nation-at large. U.S. born-Latinas are the fastest growing segment in our country and are at promise of significant accomplishments and contributions to our society if their public health is intact. Public health researchers and educators, health care providers, and policy makers must all work together and become contributors to the desired reproductive health status of Latinas.

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## **APPENDICES**



A collage of four overlapping rectangular panels. The top-left panel is dark green with yellow text: "Join us for a 'platica' &amp; be a part of an important research study". The top-right panel is yellow with a black and white photo of five young women smiling. The bottom-left panel is yellow with black text: "We need your attitudes and opinions about important health issues such as sexual health, and relationships in the Latina community". The bottom-right panel is dark green with white text: "We are looking for women who are:" followed by a bulleted list: "• Between 18-25 years of age", "• Self-identify as Latinas", "• Born in the U. S.", and "• Live in Miami-Dade". A horizontal strip of various national flags is positioned between the top and bottom panels.

Results from the research study will be used to help develop programs for Latinas.



You will be asked to participate in an interview that will last between 90 to 120 minutes.

The interview will be held at your location of choice.  
You will receive a \$25 gift card for your participation

If you are interested in participating or need more information please contact Natalie D. Hernandez at 941-286-4162 or [nhernan1@health.usf.edu](mailto:nhernan1@health.usf.edu).

Appendix B: Eligibility Form

**eIRB# 00008239**  
**ELIBILITY FORM**

**The criteria below will be used to determine the inclusion or exclusion of *women* from the study.**

- Do you consider yourself to be Hispanic/Latina? \_\_\_\_\_ (Yes)
- Were you born in the United States? \_\_\_\_\_ (Yes)
- Are you between the ages of 18 and 25 years? \_\_\_\_\_ (Yes)
- Do you reside in Miami-Dade County? \_\_\_\_\_ (Yes)
- Are you able to understand/speak English? \_\_\_\_\_ (Yes)
- Are you here today for a pregnancy test? \_\_\_\_\_ (Yes)

Which of the following best describes your current situation?

- Trying to get pregnant
- Wouldn't mind getting pregnant
- Wouldn't mind avoiding a pregnancy**
- Trying to avoid a pregnancy**
- Don't know**

If you are pregnant, do you feel this pregnancy happened at?

- The right time
- Ok, but not quite right time**
- Wrong time**

If respondents answer according to the responses indicated in brackets and bolded, they qualify for the study.

If qualify, ask the person to provide a first name that they would like to be referred as at the time of the interview. \_\_\_\_\_,

Participant

address:\_\_\_\_\_.

Participant phone number:\_\_\_\_\_.

Schedule a date, time, and location for the interview.

\_\_\_\_\_

If their responses do not correspond to the answers in brackets they do not qualify for the interview. Thank the participant for their time and inform them that they do not qualify for the study.

*Appendix C: Informed Consent Form*



**Informed Consent to Participate in Research  
Information to Consider Before Taking Part in this Research Study**

**IRB Study # Pro00008239**

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You are being asked to take part in a research study. Research studies include only people who choose to take part. This document is called an informed consent form. Please read this information carefully and take your time making your decision. Ask the researcher or study staff to discuss this consent form with you, please ask him/her to explain any words or information you do not clearly understand. We encourage you to talk with your family and friends before you decide to take part in this research study. The nature of the study, risks, inconveniences, discomforts, and other important information about the study are listed below.

We are asking you to take part in a research study called: A Multilevel Exploration of the Meaning and Consequences of Unintended Pregnancy among Latina Cultural Subgroups: Social, cultural, structural, historical and political influences  
The person who is in charge of this research study is Natalie D. Hernandez. This person is called the Principal Investigator. However, other research staff may be involved and can act on behalf of the person in charge. She is being guided in this research by Ellen Daley.  
The research will be conducted at different places in Miami-Dade County.

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**Purpose of the study**

The purpose of this study is to:

- We are asking you to help us understand more about the experiences of women who have had unintended pregnancy. Should you agree to participate, we will ask you questions about your views, beliefs, and attitudes toward unintended pregnancy. We will also ask you to share your experiences relating to the pregnancy and how you managed the pregnancy including who and what influenced your decisions.
- In addition, this study is also being done by a student for a dissertation.

**Study Procedures**

If you take part in this study, you will be asked to participate in a one-on-one interview with a trained interviewer in order to get your opinion, attitudes, beliefs, and experiences related to an unintended pregnancy and its management. In order to participate in the study you have to be pregnant at the time of recruitment. In addition, you will also need to go through an eligibility checklist to make sure you qualify to participate in the study. You will also be asked to complete a short survey that asks general questions about you.

**How long will you be asked to stay in the study?**

The interview will take 1½ – 2 hours to complete. The demographic form will take 5 -10 minutes.

### *Appendix C (Continued)*

#### **Where and when the research will be done?**

The research will take place either at the research site where you were asked to participate or at place convenient for you.

#### **Will I be audio taped?**

The entire interview will be audio taped. If you do not want to be audio taped, you have the right to not to agree to be recorded. Only personnel involved in the study will have access to the audiotapes. After the interview the audiotape will be stored in the investigators office and will be destroyed after all data has been transcribed. Your full name will never be attached to the tape.

#### **Total Number of Participants**

A total of 72 individuals will participate in the study at all sites.

#### **Alternatives**

You do not have to participate in this research study.

#### **Benefits**

**We are unsure if you will receive any benefits by taking part in this research study.** The purpose of this study is to understand the beliefs, perceptions and experiences of Latina women and unintended pregnancy. By participating in this interview, you will be providing information that will be useful in developing programs and information to create policies that may help prevent unintended pregnancy as well as ensure the improvement and protection of the sexual and reproductive health of Latina women.

#### **Risks or Discomfort**

This research is considered to be minimal risk. That means that the risks associated with this study are the same as what you face every day. However, some of the interview questions about sexual experiences, beliefs and perceptions about unintended pregnancy may make you uncomfortable. Please remember that your participation is voluntary and you are free to decline to answer any questions or to stop your participation in the study at any time. Should you experience any discomfort during the interview, you will be referred to mental health resources in your community.

#### **Compensation**

You will be paid a \$25 gift card if you complete the study. You will be paid immediately after you complete the interview.

#### **Cost**

There will be no additional costs to you as a result of being in this study.

#### **Privacy and Confidentiality**

We will keep your study records private and confidential. Certain people may need to see your study records. By law, anyone who looks at your records must keep them completely confidential. The only people who will be allowed to see these records are:

**The research team, including the Principal Investigator, study coordinator, and all other research staff.**

**Certain government and university people including the Department of Health and Human Services, who need to know more about the study. For example, individuals who provide oversight on this study may need to look at your records. This is done**

*Appendix C (Continued)*

**to make sure that we are doing the study in the right way. They also need to make sure that we are protecting your rights and your safety.**

**The USF Institutional Review Board (IRB) and its related staff, who have oversight responsibilities for this study, staff in the USF Office of Research and Innovation, USF Division of Research Integrity and Compliance, and other USF offices who oversee this research.**

We may publish what we learn from this study. If we do, we will not include your name. We will not publish anything that would let people know who you are.

**Voluntary Participation / Withdrawal**

You should only take part in this study if you want to volunteer. You should not feel that there is any pressure to take part in the study. You are free to participate in this research or withdraw at any time. There will be no penalty or loss of benefits you are entitled to receive if you stop taking part in this study.

**You can get the answers to your questions, concerns, or complaints**

If you have any questions, concerns or complaints about this study, or experience an adverse event or unanticipated problem, call Natalie Hernandez at 941-286-4162.

If you have questions about your rights as a participant in this study, general questions, or have complaints, concerns or issues you want to discuss with someone outside the research, call the USF IRB at (813) 974-5638.

**Consent to Take Part in this Research Study**

It is up to you to decide whether you want to take part in this study. If you want to take part, please sign the form, if the following statements are true.

**I freely give my consent to take part in this study.** I understand that by signing this form I am agreeing to take part in research. I have received a copy of this form to take with me.

\_\_\_\_\_  
Signature of Person Taking Part in Study

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Taking Part in Study

\_\_\_\_\_  
Date

**Statement of Person Obtaining Informed Consent**

I have carefully explained to the person taking part in the study what he or she can expect from their participation. I hereby certify that when this person signs this form, to the best of my knowledge, he/ she understands:

- What the study is about;
- What procedures will be used;
- What the potential benefits might be; and
- What the known risks might be.

I can confirm that this research subject speaks the language that was used to explain this research and is receiving an informed consent form in the appropriate language. Additionally, this subject reads well enough to understand this document or, if not, this person is able to hear and understand when the form is read to him or her. This subject does not have a medical/psychological problem that would compromise comprehension and therefore makes it hard to understand what is being explained and can, therefore, give legally effective informed



*Appendix C (Continued)*

consent. This subject is not under any type of anesthesia or analgesic that may cloud their judgment or make it hard to understand what is being explained and, therefore, can be considered competent to give informed consent.

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Signature of Person Obtaining Informed Consent

---

Date

---

Printed Name of Person Obtaining Informed Consent

---

Date

*Appendix D: Participant Demographic Form*

**PARTICIPANT DEMOGRAPHIC FORM**  
**eIRB# 00008239**

Welcome!!! Thank you very much for participating in today's Focus Group or Interview. In order to get an idea of the participants who are joining our focus group or interview, we would like know some general questions about you. The Participant Demographic Form is voluntary and you do not have to complete it to be able to continue to participating in today's focus group or interview. However, if you do decide to complete the Participant Demographic Form, your answers will remain confidential. Please do not out your name anywhere on this page.

- 1) What Hispanic subgroup do you identify with? (examples: Puerto Rican, Mexican, Cuban, etc) \_\_\_\_\_
- 2) How old are you? \_\_\_\_\_
- 3) Are you currently?  
 Married             not married but living with sexual partner             separated  
 divorced`             widowed             never married/single
- 4) What is the highest level of schooling you have completed or degree you have been awarded?  
 none             elementary/middle school             high school  
 trade/technical college             college             graduate/professional degree
- 5) Are you currently employed?  Yes  No             Don't know  
    a. If yes, full-time or part-time?             full-time             part-time
- 6) Do you currently have health insurance?  Yes             No             Don't know
- 7) Do you have a regular health care provider? ?  Yes             No             Don't know
- 8) In the past year, what was your approximate total yearly household income?  
 less than \$5,000     \$5,000-\$10,000             \$10,001-\$15,000  
 \$15,001-\$20,000     \$20,001-\$25,000             \$25,001-\$30,000  
 \$30,001-\$35,000     \$35,001-\$40,000             \$40,001-\$45,000  
 \$45,001-\$50,000     More than \$50,000

*Appendix D (Continued)*

***Below are some questions about your circumstances and feelings. For each one, please check the statement which applies to you most.***

9) Which of the following best describes your current situation?

- Trying to get pregnant
- Wouldn't mind getting pregnant
- Wouldn't mind avoiding a pregnancy
- Trying to avoid a pregnancy
- Don't know

10) Do you feel this pregnancy happened at?

- The right time
- Ok, but not quite right time
- Wrong time

11) In terms of getting pregnant:

- I intended to get pregnant
- My intentions kept changing
- I did not intent to get pregnant

12) What did you decide to do?

- Have an abortion
- Continue the pregnancy, planning for adoption
- Continue the pregnancy, planning to parent
- Don't know

***Below are some questions about your reproductive history. For each one try to remember the total number this has occurred to you over your lifetime.***

13) How many times have you been pregnant? \_\_\_\_\_

14) How many times have you been pregnant when you preferred not to be? \_\_\_\_\_

15) How many times have you given birth? \_\_\_\_\_

16) How many times have you had a miscarriage? \_\_\_\_\_

17) How many times have you've had an abortion? \_\_\_\_\_

**Thank-you!**

*Appendix E: Interview Guide*

Interviewer \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy)

Time: \_\_\_\_\_ (AM / PM)

**A Multilevel Exploration of the Meaning and Consequences of Unintended Pregnancy among Latina Cultural Subgroups: Social, cultural, structural, historical and political influences**

**eIRB# 00008239**

**Interview Guide**

**INTRODUCTION**

Duration: 5 minutes

Thank you for taking the time to meet with me for this interview. I recognize that your time is valuable and appreciate your participation. Before I start, let me take some time to introduce myself and explain why I am here to speak with you.

Introduce myself

Introduce project

My name is Natalie D. Hernandez, from the University of South Florida, I am conducting a research study to learn more about your views, beliefs, and attitudes toward unintended pregnancy. This interview is one of many interviews throughout Miami-Dade county that will take place over the next three months. I want to know what are your thoughts, opinions and experiences when it comes to health in your community. There is no right or wrong answer. I am interested in finding out what you think. This is a “platica” or conversation so feel free to say what you think.

The information I gather will be summarized and shared with the community, groups that deal with health and others to find better ways to serve the Latino/Hispanic community.

The interview should not last more than 60 minutes.

When you entered, there was a fact sheet with more detailed information on the project and my name and phone number if you would like more information after you leave here today. Did you get one?

**Confidentiality:**

The comments you make today will remain confidential. I will only report summaries of what was said by and will not identify who said what or who participated in the interview. Please use only your first name or an “alias” during the interview.

*Appendix E (Continued)*

In order to accurately interpret and analyze the data, I will be taking notes and tape recording the session. Your input is important and I want to make sure I do my best to accurately record your comments. You do not have to answer a question if you do not want to and if you would like to make a comment without having the tape recorder on just let me know and I will stop the recorder. After this interview the tapes will be stored in the investigators office and will be destroyed after all data has been transcribed. Your full name will never be attached to the tape. Is this ok with you?

**Ground Rules:**

You don't have to answer any question you don't want to.

If at any point you feel uncomfortable or want to end the interview, please let me know.

Speak clearly and loudly.

If you cannot hear what I am saying or unclear about what I am asking, please ask me to speak up or explain it to you again.

Do you have any questions about anything I have said so far?

**SECTION 1: BACKGROUND/ATTRIBUTE LISTING** Duration: 10 minutes

*INTERVIEWER SAY:* In order to get to know you please introduce yourself and list 10 things about yourself.

*Probe:* I am a mother, sister, Hispanic, etc.

- 1) Why did you tell me those specific things about yourself?
- 2) What do those things you listed mean to you?

**SECTION 2: STORYTELLING** Duration: 30 minutes

*INTERVIEWER SAY:* Every woman has a story on how they got to be in the position that they are in now. Tell me a bit about your current situation. Tell me the story, all the way from the beginning to today

*Probes:* please address important people, situations, barriers, facilitators, thoughts, concerns, feelings, etc...

*Probe:* Tell me more

- 1) Did you contemplate having an abortion, keeping it or even adoption?
- 2) Were you using any birth control methods?
- 3) Did you ever speak to your partner about a situation like this before?

**SECTION 3: PERCEIVED CONSEQUENCES**

Duration: 25 minutes

*INTERVIEWER SAY: Now I am going to ask you specific questions about your pregnancy.*

- 1) How did you first feel when you heard you were pregnant?
- 2) Tell me about what kinds of things you thought about when you first discovered you were pregnant?
- 3) How has your life been since finding out about your pregnancy?
- 4) What does your pregnancy mean to you?
- 5) Who did you discuss your pregnancy with after you found out?  
*Probe: Did you tell your partner, family, friends, etc*
  - i. IF NO, Why not?
- 6) Do you know anyone else who had an unintended pregnancy? What did they do in that situation?
- 7) Who do you think influenced your decision regarding your pregnancy?
- 8) Can you talk to me about the ways this experience affected you?  
*Probe: school, relationships with friends, peers, partner, family, etc.*
- 9) Did it significantly affect any other aspect of your life we haven't covered?
- 10) What factors helped you cope with this situation?
- 11) Some women are happy to be pregnant while others are not. What do you think makes women feel one way or another about their pregnancy?
- 12) Do you think the timing of when women get pregnant is something women plan or it just happened? Should women plan pregnancies?

**SECTION 3: HYPOTHETICAL VIGNETTE**

Duration: 20 minutes

*INTERVIEWER SAY: Thank you for sharing. You have been very helpful to me today by responding to my questions. I want you to put yourself in this persons shoe as I read the scenario to you out loud. I will follow up with some questions about that scenario. Are you ready?*

*INTERVIEWER READ: Sofia (20) and Jorge (23) have been dating for 1 year. Sofia is a full time student and Jorge has a part time job. Sofia has just found out she is accidentally pregnant. Since Sofia is in school and the first to graduate from college she is having reservations about continuing the pregnancy and is considering having an abortion. What do you think Sofia should do?*

- 1) What do you think would be positive and negative outcomes of her pregnancy outcome decision?
- 2) What do you think friends, family, community, etc. would feel about that decision? How would they react to her decision?
- 3) Do you think other factors such as faith, religion, healthcare access, the community would make it hard or easy for Sofia to go through with her decision?
- 4) What do think are some barriers Latina women, like Sofia, face when they have to make such a decision?
- 5) If you were in that situation, who or what do think would have had the biggest influence or play a role in that decision-making process?

*Appendix E (Continued)*

- 6) What factors make it hard or easy to proceed with that pregnancy outcome decision? What would be facilitators or barriers?
- 7) What are some barriers you are currently experiencing with the decision you made?
- 8) What do you think are reasons why a woman would terminate a pregnancy or keep a child?
- 9) What do you think would be some approaches for public health professionals, doctors, etc. should understanding when comes to cultural values and Latina women regarding pregnancy?

**SECTION 4: COMMUNITY RESOURCE** Duration: 15 minutes

1. When Latinas are faced with a pregnancy where do they seek help or information about their options in your community?
2. How do you feel Latinas are treated when they seek healthcare?
3. In your opinion, what do think are major issues Latina women in your community face?

**SECTION 5: CLOSING** Duration: 5 minutes

*INTERVIEWER SAY: Thanks for being willing to talk about these things with me. Before we end our conversation I'm wondering if there's anything else you think it's important for me to know about women, pregnancy and family planning?*

- 1) Do you think there are questions I should ask other women?
- 2) Do you have any questions for me about the study?

Thank you so much for sharing

Appendix F: IRB Approval Letter



DIVISION OF RESEARCH INTEGRITY AND COMPLIANCE  
Institutional Review Boards, FWA No. 00001669  
12901 Bruce B. Downs Blvd. MDC035 • Tampa, FL 33612-4799  
(813) 974-3630 • FAX (813) 974-3610

May 29, 2012

Natalie Hernandez  
Community and Family Health  
13201 Bruce B. Downs Blvd., MDC 56

RE: **Expedited Approval for Initial Review**  
IRB#: Pro00008239  
Title: A Multilevel Exploration of the Meaning and Consequences of Unintended  
Pregnancy among Latina Cultural Subgroups: Social, cultural, structural, historical and political  
influences

Dear Natalie Hernandez:

On 5/28/2012 the Institutional Review Board (IRB) reviewed and **APPROVED** the above  
referenced protocol. Please note that your approval for this study will expire on 5/28/2013.

Approved Items:  
Protocol Document(s):

[Natalie Hernandez Dissertation Proposal](#) 5/15/2012 11:01 AM 0.02

**Consent/Assent Documents:**

Name	Modified	Version
<a href="#">Informed Consent Focus Group.pdf</a>	5/29/2012 8:46 AM	0.01
<a href="#">Informed Consent Interview.pdf</a>	5/29/2012 8:46 AM	0.01

Please note, the informed consent/assent documents are valid during the period indicated by the  
official, IRB-Approval stamp located on the form - which can be found under the Attachment  
Tab. Valid consent must be documented on a copy of the most recently IRB-approved consent  
form.



*Appendix F (Continued)*

It was the determination of the IRB that your study qualified for expedited review which includes activities that (1) present no more than minimal risk to human subjects, and (2) involve only procedures listed in one or more of the categories outlined below. The IRB may review research through the expedited review procedure authorized by 45CFR46.110 and 21 CFR 56.110. The research proposed in this study is categorized under the following expedited review category:

(6) Collection of data from voice, video, digital, or image recordings made for research purposes.

(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

As the principal investigator of this study, it is your responsibility to conduct this study in accordance with IRB policies and procedures and as approved by the IRB. Any changes to the approved research must be submitted to the IRB for review and approval by an amendment.

We appreciate your dedication to the ethical conduct of human subject research at the University of South Florida and your continued commitment to human research protections. If you have any questions regarding this matter, please call 813-974-5638.

Sincerely,



John Schinka, PhD, Chairperson  
USF Institutional Review Board

Cc: Various Menzel, CCRP  
USF IRB Professional Staff