

“Planned” and “Unplanned” Pregnancy: deconstructing experiences of conception

Sarah Earle

Abstract

This paper seeks to explore women’s experiences of conception, and to deconstruct the dichotomy between the terms “planned” and “unplanned” pregnancy. It draws on interviews with 19 primigravidae conducted as part of a wider qualitative study of women’s experiences of pregnancy and childbirth. Although the concept of pregnancy intention is widely regarded as ambiguous, and by some immeasurable, this paper draws on interview data to develop four categories of pregnancy intention. The first category [the planned pregnancy] is unambiguous and reflects the type of planned approach currently advocated by health professionals. The second category [the laissez-faire pregnancy] reflects the experiences of women who stop using contraception but adopt a more relaxed approach to pregnancy planning. The third category [the recalcitrant pregnancy] is far more ambiguous and describes the experiences of those who want to be pregnant but for whom it would not be socially acceptable to plan a pregnancy. The final category [the accidental pregnancy] is unambiguous and deals with pregnancies that could be described as unexpected, and arising due to genuine contraceptive failure. This paper concludes by highlighting the significance of pregnancy intention for health policy, health research, and for the health care providers. The importance of adopting a subjective approach to improve our understanding of women’s experiences of conception is also highlighted.

“Planned” and “Unplanned” Pregnancy: deconstructing experiences of conception

Sarah Earle

Introduction

The terms “planned” and “unplanned” pregnancy are commonly used in health policy, health services and health research as descriptors of pregnancy intention, yet previous research has highlighted that these terms are, in fact, extremely ambiguous (Barrett & Wellings, 2002). Sable (1999) concurs with this, and argues that intendedness is probably too complex a concept even to measure. However, others suggest that in spite of its complexity, there are important reasons for why researchers should continue their efforts to understand these terms (Bachrach and Newcomer, 1999; Joyce *et al.*, 2000; Santelli *et al.*, 2003).

Using data from a qualitative research study on women’s experiences of the pregnancy process (Earle, 1998), this paper seeks to explore women’s experiences of conception and deconstruct the dichotomy between the “planned” and “unplanned” pregnancy. Whilst recognising that the concept of pregnancy intention is an ambiguous one, this paper draws on interview data to develop a four-fold typology of pregnancy intention: the planned pregnancy; the laissez-faire pregnancy; the recalcitrant pregnancy; and, the accidental pregnancy. The intention here is not to provide health professionals with a new taxonomy into which individual women can be placed but simply to examine how a subjective approach can expose the false dichotomy between “planned” and “unplanned” pregnancies.

Method

Participants

This paper draws on interviews with 19 primigravidae who were recruited to the study via 12 antenatal clinics in the West Midlands, United Kingdom. Respondents have been given pseudonyms to protect their anonymity. The majority of respondents were white (n.18) and their ages ranged from 16 to 30 years; most were in their mid twenties. In addition to these

differences, different socio-economic groupings were also represented within the study including women who were in work (n.16), unemployed (n.2) and women who were not seeking work (n.1). Those who were employed included professionals and managers, clerical and manual workers. All of the women described themselves as heterosexual and all but two respondents were in long-term relationships with partners or husbands. It is worth noting, however, that during the course of the research some women moved in and out of employment, as well as in and out of different relationships.

Procedure

The research was prospective in design; participants were interviewed three times at specific stages of the pregnancy and following childbirth. The 1st stage interviews were conducted as soon as possible after the confirmation of pregnancy (between six and fourteen weeks), the 2nd stage interviews were conducted towards the end of the pregnancy (between 34 and 39 weeks) and the 3rd stage between six and fourteen weeks after childbirth. This paper is concerned solely with women's accounts of conception, which were discussed during the 1st stage interviews only.

Data collection and analysis

An in-depth interviewing technique was used to generate 'rich' descriptions of women's experiences ensuring that the data are grounded in women's own personal experiences of conception (Jones, 1993). As Stanley and Wise (1983:167) argue 'the best way to find out about people's lives is for people to give their own analytical accounts of their own experiences'. All interviews were conducted by the same interviewer; interviews were audio tape-recorded with the consent of each individual and then transcribed *ad verbatim*. Initially, open questions were asked to encourage women to discuss their experiences – these were then followed up using the respondent's own words and phrases to elicit further narration (Hollway and Jefferson, 1997).

The data were analysed using a system of 'open coding', which involves sorting the data into simple categories to form the basis for analysis (for example, see Strauss and Corbin, 1990). These categories were then grouped to form more conceptual themes and to allow that data to be compared and contrasted. The computer software package QSR NUD.IST was used to assist with data indexing, analysis and theorising.

Results and discussion

The planned pregnancy

This first category describes respondents who planned conception in a way that most closely resembles that which is endorsed by the medical profession and by contemporary health promotion literature (Shorney, 1990). Nine of the respondents in the study group were in this category and could be described as 'trying' for a baby. For example:

We'd been trying for a baby for about a year but I didn't know I was pregnant until I was two months.

[Kay, aged 25]

A number of respondents sought professional pre-conception advice and others changed their life-styles in an active attempt to conceive, as illustrated by the following respondent:

We planned four or five months ahead which is probably a good thing because it gave me a chance to have a chat with the doctor and I wouldn't have known that it helps to take folic acid tablets before you conceive.

[Gayle, age 27]

The respondents in this category were consistent in the way in which they described their experiences of conception.

The laissez-faire pregnancy

Only two of the respondents could be placed into the next category of pregnancy intention. For example, when asked if she had planned her pregnancy, one respondent said:

If I said 'yes it was', I would be lying and if I said 'no it wasn't', I would be lying. It was one of those things, if it happened it happened and if it didn't, it wasn't a problem, and we are very pleased about it. But if it didn't happen it was something we were not going to get anxious about. Does that make sense? We had got plenty of time, not in any hurry, but if it happened tomorrow it wouldn't have been a problem at all.

[Jill, age 28]

Both of these respondents had stopped using contraception, but they could be described as adopting a less active, or a *laissez-faire* approach. Their responses were also more confused than those of the women in the category of 'planned pregnancy' .

The recalcitrant pregnancy

Characteristic of this small group of respondents (n. 2) was a desire to become pregnant, in spite of less-than-ideal circumstances. There is close similarity here between the 'affective dimension' (the desire for a baby) and the 'planning dimension' (the preparation for pregnancy) as described by Stanford *et al.*, (2000). It was typical amongst those who were perceived to have fertility problems and both respondents shared this belief. For example, one respondent, who was an organ transplant patient said:

I think it was because I had wanted to get pregnant, it was just the fact that it had actually happened that quick considered I thought I'd have problems. I was even beginning to think I was getting paranoid that I was never going to have kids.

[Justine, age 24]

Another respondent, Carol, had a history chlamydia, polyps and pelvic inflammatory disease, which she believed could affect her chances of conception. She said:

I went back about three times and asked the doctor if there was any way I could find out whether I could have kids or not. The doctor said I would have to be trying for two years before they could do any tests. I just wanted to put my mind at rest. I just wanted to know whether I could [conceive] or not.

[Carol, age 16]

Previous research suggests that this type of recalcitrant conception is quite common amongst women who believe that they would be discouraged from pregnancy. Holing *et al.*, (1998) have identified this trend amongst women with diabetes, for example.

Some researchers have also pointed out that this approach is common amongst teenagers and women in unstable relationships. For example, Macintyre (1977) argues that conception in single women is regarded as a social problem requiring prevention and, moreover, that single women will regard pregnancy as a personal problem. More recently, this has also been identified by Rasch *et al.*, (2001) in a study of Danish women, who argue that experiences of conception are strongly influenced by whether pregnancy is socially accepted. As the youngest member of the study group, Carol felt that being pregnant was problematic:

It's weird because I'm carrying a kid myself and sometimes I act like a kid. It's quite scary because I think I'm too young to have a baby. Maybe I'm too young to be a mother . . . My mum and dad always wanted me to have a good job and have loads of money coming in and have a nice big house and get married and have kids when I'm about twenty-five to thirty. They always said, 'don't you dare get pregnant at sixteen' ... My dad was a bit angry at first, he was saying 'oh God, oh no', all this.

[Carol, age 16]

The accidental pregnancy

Given the extremely ambiguous nature of pregnancy intention, it is difficult to determine when a pregnancy is genuinely unplanned. Holing *et al.*, (1998) suggest that many of the 'unplanned' pregnancies recorded in their study were 'consciously or subconsciously intended'. Santelli *et al.*, (2003) suggest that some of these pregnancies can be thought of as either 'unwanted' or 'mistimed'. However, six of the respondents in the study were unambiguous in their description of pregnancy as unplanned and accidental. Two of the respondents describe how they felt when they discovered their pregnancies:

I think dismayed really, because partly, it wasn't planned and partly because the travelling we had done just before, that was really rough . . . we were planning to come home in October so we didn't know whether to come home straight away. We were obviously worried about the fact that we were in a foreign place and that if I had a spontaneous abortion, that kind of thing, it was dangerous as the medical facilities aren't marvellous here.

[Tricia, age 26]

Shocked, just bad I think, yeah. I just thought about what I was going to do you know, 'cause I was working in a job where, um, you couldn't be pregnant doing it, you got to have waitressing in it being a busy restaurant so, my job really, up and running ...

[Angela, age 19]

Conclusions

Analysis of the interview data reveals that although pregnancy intention is complex, there are four categories into which women's experiences of conception can be organised. It is worth noting here that this research does not seek to be representative, or typical, of all women's experiences. However, it seeks to explore conception using the process of 'logical inference' (Mitchell, 1983), which refers to the generating of theoretical generalisations from the analysis of a sample that is not statistically representative - producing *theoretically* rigorous conclusions, rather than statistically generalisable conclusions (Sharp, 1998).

The measurement of pregnancy intention is relevant to health promotion and health researchers, as well as to providers of health care before, during and after pregnancy. Kost *et al.*, (1998) argue that intention may be linked to maternal behaviour and foetal outcome. For example, they suggest that there may be a relationship between "unplanned" pregnancy and the likelihood that women will smoke, or follow professional advice on nutritional intake, alcohol consumption and antenatal care. However, this is disputed by others who argue that there is no link between intendedness and pregnancy outcomes (Sable, 1999).

There is an expectation that a pregnancy should only occur in the right economic and social circumstances (Earle and Letherby, 2002), and as noted elsewhere (Bachrach and Newcomer, 1999), this may encourage women to produce the 'correct' social response when asked about pregnancy intention, regardless of true intentions. This paper has identified a typology of four categories through which women's experiences of conception can be better understood. This

typology should not be used to injudiciously 'classify' women but to explore the falsehood between the categories of "planned" and "unplanned" pregnancy. As Bachrach and Newcomer (1999) suggest it may be more useful to see these categories at extreme ends of a relatively diverse continuum.

Concurring with previous findings, the analyses of interview data suggest that pregnancy intention is, indeed, a complex phenomenon. However, by using a qualitative approach, it is argued that the concept of pregnancy intention can be deconstructed to develop a more subjective understanding of women's experiences of conception.

References

- Bachrach CA and Newcomer S (1999) Intended pregnancies and unintended pregnancies: distinct categories or opposite ends of a continuum? *Family Planning Perspectives* **31(5)** 251-252.
- Barrett G and Wellings K (2002) What is a 'planned' pregnancy? empirical data from a British study *Social Science & Medicine* **55(4)** 545-557.
- Earle S (1998) *The Body in Pregnancy and Childbirth: Corporeality and Self-Identity* Unpublished PhD Thesis, Coventry University, UK.
- Earle S and Letherby G (2002) Whose choice is it anyway? Decision making, control and conception *Human Fertility* **5** 39-41.
- Holing EV, Beyer CS, Brown ZA and Connell FA (1998) Why don't women with diabetes plan their pregnancies? *Diabetes Care* **21(6)** 889-95.
- Hollway W and Jefferson T (1997) Eliciting Narrative Through the In-Depth Interview *Qualitative Inquiry* **3(1)** 53-70.
- Jones KB (1993) *Compassionate Authority: Democracy and the Representation of Women* Routledge, London.
- Joyce TJ, Kaestner R and Korenman S (2000) The effect of pregnancy intention on child development *Demography* **37(1)** 83-94.
- Kost K, Landry DJ and Darroch JE (1998) Predicting maternal behaviours during pregnancy: does intention status matter? *Family Planning Perspectives* **30(2)** 79-88.
- Macintyre S (1977) *Single and Pregnant* Croom Helm, London.
- Mitchell JC (1983) Case study and situational analysis *Sociological Review* **31(2)** 187-211.
- Rasch V, Knudson LB and Wielandt H (2001) Pregnancy planning and acceptance among Danish pregnant women *Acta Obstetrica et Gynecologica Scandinavica* **80(11)** 1030-50.
- Sable MR (1999) Pregnancy intentions may not be a useful measure for research on maternal and child health outcomes *Family Planning Perspectives* **31(5)** 249-250.

- Santelli J, Rochat R, Hatfield-Timajchy K, Colley Gilbert B, Curtis K, Cabral R, Hirsch JS and Schieve L (2003) The measurement and meaning of unintended pregnancy *Perspectives on Sexual and Reproductive Health* **35(2)** 94-101.
- Sharp K (1998) The case for case studies in nursing research: the problem of generalisation *Journal of Advanced Nursing* **27** 785-789.
- Shorney J (1990) Preconception care – the embryo of health promotion. In J Alexander, V Levy and S Roch (Eds) *Antenatal care: a research based approach* Macmillan, London.
- Stanford JB, Hobbs R, Jameson P, DeWitt MJ and Fischer RC (2000) Defining dimensions of pregnancy intendedness *Maternal and Child Health Journal* **4(3)** 183–190.
- Stanley L and Wise S (1983) *Breaking out: Feminist consciousness and feminist research* Routledge, London.
- Strauss A and Corbin J (1990) *Basics of Qualitative Research: Grounded Theory Procedures and Techniques* Sage, London.

Acknowledgements

I thank the two anonymous referees and the Editorial Board Member of this Journal for their helpful comments on this paper. I thank the women who took part in this study.