



Editor's Choice

The Best of Intentions: A Structural Analysis of the Association between Socioeconomic Disadvantage and Unintended Pregnancy in a Sample of Mothers from the National Longitudinal Survey of Youth (1979)


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A B S T R A C T

Objectives: Births to less educated women are more likely to be classified as unintended than other births. We question a common interpretation that this association reflects a lack of contraceptive knowledge or self-efficacy among less educated women. We theorize that differences in early life educational advantages structure pregnancy desires and the salience and opportunity costs of precise fertility timing. We hypothesize that net of covariates indicative of early educational disadvantage, mothers with less education are not more likely to report births as unintended compared with mothers who have attained higher levels of education before becoming mothers.

Methods: Using multivariate regression, we analyze a sample of women in the National Longitudinal Survey of Youth (1979) who had their first births by 1994. We test whether an index measure of educational advantage in youth predicts unintended first birth.

Results: Unadjusted results confirm well-documented associations between educational disadvantage and greater likelihood of unintended pregnancy. However, once covariates are controlled, those with high educational advantage in youth are more likely to report their first birth as mistimed (relative risk ratio, 1.57).

Discussion: Educational advantage captures expectations about how much education a young woman will obtain before giving birth and is a structural dynamic that precedes proximate factors related to family planning access and behaviors.

Conclusions: These findings highlight the need to incorporate structural factors that condition perceptions of pregnancy intention in the study of unintended pregnancy and to critically reevaluate the conceptualization and interpretation of pregnancy intention measures.

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Questions pertaining to pregnancy intention were first included in U.S. population-based surveys during the post World War II Baby Boom, initially designed to help study the high fertility rates associated with that period (Campbell & Mosher, 2000). In contrast, such information collected today can be interpreted as a woman's conscious intention to become a

mother for the first time (Luker, 1999). Unintended pregnancy—pregnancy reported by mothers on national surveys² to have occurred too soon or when not wanted—is associated with early childbearing, socioeconomic disadvantage, delayed prenatal care, smoking during pregnancy, low birth weight, and not breastfeeding (Brown & Eisenberg, 1995; Mohllajee, Curtis,

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² Prominent examples include the National Survey of Family Growth (NSFG) and Pregnancy Risk Assessment Monitoring System (PRAMS).

Morrow, & Marchbanks, 2007). Under the assumption that unintended pregnancy is an important cause of these adverse outcomes (Black, Gupta, Rassi, & Kubba, 2010), its reduction has been a national public health priority since 1980 (Healthy People, 2020). Yet, more than 35 years later, according to conventional pregnancy intention measures, nearly one-half of all pregnancies in the United States remain classified as unintended (Finer & Zolna, 2016).

The seeming intractability of unintended pregnancy may stem from the complex interplay of several logical possibilities: 1) a conceptual misconstruing of what common pregnancy intention questions measure, 2) an insufficiently tested interpretation of the association between unintended pregnancy and adverse outcomes as causal, or 3) a misdiagnosis of appropriate intervention methods to address unintended pregnancy. Regarding conceptualization, the majority of pregnancies classified as unintended are pregnancies that the mother reports to have wanted later, rather than not wanted at all (Finer & Zolna, 2016). As we will elaborate, characterizing all pregnancies reported as “wanted later” or “not at all” in a forced choice format as equivalently unintended ignores complex and interwoven social, economic, and cultural factors that impact both the desire for children and the salience of precise fertility timing (Geronimus, 2003; Kendall et al., 2005; Luker, 1978; Moos, Petersen, Meadows, Melvin, & Spitz, 1997).

In terms of causality, because women most likely to report births classified as unintended disproportionately come from socioeconomically disadvantaged or racially marginalized backgrounds, prior socioeconomic disadvantage or other correlates of racial marginalization, rather than pregnancy intention, may account for the higher risk of poor outcomes (Joyce, Kaestner, & Korenman, 2000; Kearney & Levine, 2012; Kendall et al., 2005). Without accounting for these fundamental determinants, interventions that aim to reduce unintended pregnancy as a means to improve socioeconomic and health outcomes may be ineffectual (Moos, Bartholomew, & Lohr, 2003; Raymond, Trussell, & Polis, 2007).

Regarding appropriate interventions, many interpret pregnancies classified as unintended as largely attributable to limited access to modern contraception or ineffective contraceptive use among disadvantaged women who would otherwise not become pregnant. Although the subject of scholarly critique (Luker, 1999; Petersen & Moos, 1997), this inference persists, understandably pointing to the promotion of modern contraceptive methods as the frontline approach to reduce unintended pregnancy among socially and economically disadvantaged women, for example, women who are young, poor, uneducated, and Black or Latina (Cohen, 2008; Gubrium et al., 2015; Guttmacher Institute, 2016). Through this lens, robust associations between educational attainment and pregnancy intention have been interpreted to suggest that highly educated women are more skilled and have greater self-efficacy at planning pregnancies compared with their less-educated peers (Cohen, 2008).

However, differing levels of advantage in childhood constrain or amplify socioeconomic opportunities, affecting women's attitudes toward the timing of motherhood and their motivations toward contraceptive use. Studies show that students with greater cultural and social capital—community, family, and school resources—are more likely to be successful academically (Andersen & Hansen, 2012; Dumais, 2002; Roscigno & Ainsworth-Darnell, 1999; Zimdars, Sullivan, & Heath, 2009). College-educated parents have the social and political influence to assist their children in navigating school systems, and a high-

income household can provide supplemental tutoring and enrichment programs (Andersen & Hansen, 2012; Roksa & Potter, 2011). College-educated parents often introduce their children to college and employment networks (Orfield & Eaton, 1996). Additional structural factors also impact the amount and quality of education children receive, and may underlie their divergent academic trajectories. Such factors include unequal historical and institutionalized access to economic and community resources and the power of racialized and gendered ideologies in influencing relevant policies and laws. To illustrate, institutional and historical racism and enforced residential segregation influence a girl's likelihood of having college-educated parents or accessing strong neighborhood schools (Williams & Collins, 2001). Resource inequities across schools are stark and lead to educational achievement gaps by socioeconomic status, race, and place (Darling-Hammond, 2004). Moreover, some find that the material, health, and economic benefits of educational attainment are unequally distributed across racial/ethnic groups (Pearson, 2008).

Early educational advantages also condition social norms, attitudes, and expectations regarding fertility timing. Academically successful young women, who look forward to more prestigious occupations or identities to which they have access, may not view motherhood as a primary social role (Edin & Kefalas, 2011). Qualitative evidence suggests that educational resources and support conferred on female adolescents in home and school settings provide ideals for success that often precede motherhood; however, achieving these ideals also requires delaying childbearing. Youth who experience high levels of scholastic support are more likely to prioritize schooling and economic success, and thus be motivated to delay motherhood through vigilant use of contraception and/or limited sexual contact to prevent pregnancies (Thompson, 1996). In contrast, structurally disadvantaged students have fewer ways to control their academic trajectory and tend to have lower expectations for educational or economic success, which may reduce the opportunity costs and the salience associated with a “poorly timed” pregnancy. Thus, differing ideals for success and motherhood shaped by educational advantage and its precursors precede proximate family planning behaviors, and contraception use in particular. These early formed ideals may be a more apt explanation of the associations between increased educational attainment and reliable pregnancy timing.

If the construct of intended versus unintended pregnancy is more salient to those whose socioeconomic background provides them greater opportunities for investing in social roles other than motherhood (Edin & Kefalas, 2011; Thompson, 1996), the problem with interpreting education primarily as a means to contraceptive knowledge and skill is that it does not consider that vigilant pregnancy prevention among educated women likely reflects a broader strategic response to structured privilege. Studies that document associations between socioeconomic status and pregnancy intention typically use conventional measures of education—years of education or credentials completed. However, studies that measure current level of educational attainment among mothers cannot distinguish the extent to which variations in unintended births by educational level reflect structured educational opportunities, including those associated with race in a race-conscious educational system, that long preceded their pregnancies.

To address the possibility that childhood educational inequities, rather than simply educational attainment, condition whether a pregnancy is classified as unintended, we test the

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