



PERGAMON

Social Science & Medicine 55 (2002) 545–557

SOCIAL  
SCIENCE  
&  
MEDICINE

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# What is a ‘planned’ pregnancy? empirical data from a British study

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## Abstract

The terms “planned”, “unplanned”, “intended”, “unintended”, “wanted” and “unwanted” are often used in relation to pregnancy in health policy, health services and health research. This paper describes the findings relating to women’s understanding of these terms from the qualitative stage of a British study. We found that when discussing the circumstances of their pregnancies, women tended not to use the above terms spontaneously. When asked to explain the terms, women were able to do so but there was considerable variation in understanding. Most, but not all, were able to apply the terms. Women applied the term “planned” only if they had met four key criteria. Intending to become pregnant and stopping contraception were not sufficient criteria, in themselves, to apply the term; partner agreement and reaching the right time in terms of lifestyle/life stage were also necessary. In contrast, “unplanned” was a widely applied term and covered a variety of circumstances of pregnancy. The other terms were less favoured, “unwanted” being positively disliked. We recommend that survey questions eliciting information on women’s circumstances of pregnancy do not rely on the above terms in isolation and, further, that a more circumspect use of the terms in policy and clinical settings is required. © 2002 Elsevier Science Ltd. All rights reserved.

*Keywords:* Unplanned pregnancy; Unintended pregnancy; Unwanted pregnancy

## Introduction

The desirability of ‘planned’ pregnancies has been an accepted tenet of family planning and maternal and child health policy in Britain and elsewhere in the world (RCOG, 1991; Department of Health, 1992; UNICEF, 1993; Brown & Eisenberg, 1995; Lee & Stewart, 1995). The assumption of such policy is that there are a number of costs to the individual and society from unplanned pregnancies. Unplanned pregnancies which result in abortion carry a financial cost to the health care system and/or the woman herself, as well as a potential personal/emotional cost and physical risk (albeit small with legal abortion) to the woman. Further, women who have unplanned pregnancies which continue to term have fewer opportunities to benefit from pre-conceptual and early antenatal care (e.g. taking folic acid, giving up

smoking), and unplanned pregnancies have been linked to poor infant outcomes (Fergusson & Horwood, 1983; Baydar, 1995). Hence the importance of good population estimates of the prevalence of unplanned pregnancy and the numerous attempts to gather such information in the 40 years since reliable contraception made pregnancy planning a realistic concept (Freedman, Whelpton, & Campbell, 1959; Cartwright, 1970, 1976, 1988; Ryder & Westoff, 1971; Bone, 1973, 1978; Westoff & Ryder, 1977; Dunnell, 1979; Cleland & Scott, 1987; Fleissig, 1991; Macro International, 1994).

In much research literature, the terms “planned”, “unplanned”, “intended”, “unintended”, “wanted”, “unwanted” and the concepts of “planning” or “intending” are treated as self-evident and unproblematic (e.g. Chow, Rider, & Hou, 1987; Metson, 1988; O’Campo, Faden, Gielen, Kass, & Anderson, 1993; Smith & McElnay, 1994; Warner, Appleby, Whitton, & Faragher, 1996; Mayer, 1997; McGovern, Moss, Grewal, Taylor, Bjornsson, & Pell, 1997). The approach

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taken in large national surveys (cited above) has been less crude; planning or intention status has tended to be elicited by means of multi-dimensional questions probing not only intentions, but also contraceptive use, reactions to pregnancy, timing of pregnancy plans and family size intentions. However, these questions have been used in various combinations and in different forms, suggesting a lack of clarity about this concept. Most of the questions have been concerned with the circumstances of births rather than abortions, the assumption being that all abortions are unplanned/unintended, despite evidence to the contrary (Price, Barrett, Smith, & Paterson, 1997). Further, most of the questions were developed for use with married women and measures are now urgently needed which take account of rapidly changing demographic trends—the increasing proportion of birth outside marriage and more fluid patterns of family formation. In the United States particularly, there has been growing concern over the validity of the survey questions used (London, Peterson, & Piccinino, 1995; Kaufmann, Morris, & Spitz, 1997; Bachrach & Newcomer, 1999; Luker, 1999; Peterson & Mosher, 1999; Sable, 1999; Trussell, Vaughan, & Stanford, 1999).

Research on how women themselves understand terms such as “planned”, “unplanned”, “intended”, “unintended”, and “wanted”, “unwanted” is limited. One US study, carried out in 1996 with 18 pregnant women using depth interviews, provided information on how women understood these terms (Fischer, Stanford, Jameson, & DeWitt, 1999). Moos, Petersen, Meadows, Melvin, & Spitz (1997) investigated concepts of planning using focus groups of young pregnant African-American women and white women of low or marginal income status in North Carolina, and in Britain the Family Planning Association commissioned a market research company to carry out focus groups and interviews with women of different ages and socio-economic status to explore attitudes to planning (FPA, 1999). Previous studies have also found that it is not always possible to fit women’s pregnancies into the dichotomous categories of “planned” and “unplanned” (e.g. Ineichen, 1986; Lester & Farrow, 1988; Macintyre & Cunningham-Burley, 1993; Katbamna, 2000), and Finlay (1996) questioned whether young women would use these terms at all if not prompted by researchers.

In this paper, we will present findings from the initial qualitative stage of a British study, which aims to develop a new measure<sup>1</sup> of pregnancy planning/intention. The main focus of our paper will be to outline women’s use and definitions of terms (e.g. planned, unplanned, etc) when talking about pregnancy, and

consider the implications of these findings for survey measurement.

## Methods

The overall aim of the study was to develop a new measure of pregnancy planning/intention. In order to do this we had to begin by finding out whether women used particular concepts or terms when discussing pregnancy and if there was consensus on any particular term which could then inform the development of the measure. In order to do this we chose an inductive (qualitative) approach, which allowed women to describe their own ideas.

### *Data collection method*

Depth interviews were our data collection method of choice for the privacy and flexibility afforded to collect detailed individual histories. Two rounds of depth interviews were carried out: (1) a main round of interviews with pregnant women; and (2) follow up interviews after the birth, with women who continued their pregnancies. In this paper we will concentrate on the main round of interviews. The following topics were included on the ‘main round’ topic guide: (1) background/sociodemographic information; (2) current pregnancy situation—recruitment circumstances; (3) earliest awareness of pregnancy; (4) confirming pregnancy; (5) contraception around the time of pregnancy; (6) feelings about being pregnant; (7) decision about pregnancy; (8) orientation to motherhood; (9) timing of childbearing; (10) nature of partnership; (11) understanding of terms (planned/unplanned/intended/unintended/wanted/unwanted). The first three topics usually occurred in the order above, but the order and time spent on the rest of the topics varied widely depending on what the woman had to say. However, understanding of terms (topic 11) was always probed at the end of the interview. Until this topic, interviewers avoided introducing these terms (any mention of the terms by women before topic 11 was spontaneous). After women’s understanding of the terms had been explored, they were asked if they would apply any of the (self-defined) terms to their pregnancies.

The interviews were carried out at a time and place convenient to the woman. This tended to be at home for older women who were continuing their pregnancies and in the clinic for younger women and those undergoing abortion. All interviews were transcribed verbatim.

Geraldine Barrett, Kaye Wellings, and Rolla Khaduri carried out the interviews (31, 6 and 10, respectively). There were minor differences in interviewing style, but the content of the interviews and the themes emerging from them were consistent.

<sup>1</sup>By the term “measure” we mean a short set of questions which are valid and reliable, fulfilling psychometric criteria, which can be used in quantitative surveys.

### *Sampling strategy*

We selected a purposive sample of women with different pregnancy outcomes (continuing to term and abortion) and ensured that each group had a range of ages (i.e. at least one woman, preferably more, in each of the following age bands: 16 and under, 17–19, 20–24, 25–29, 30–34, 35–39, 40 and over). The women were drawn from antenatal clinics, termination services and one general practitioner in London, Edinburgh, Southampton, and Salisbury to ensure area diversity. The rationale for selecting a diverse group in terms of age, pregnancy outcome, and region was based on our desire to develop a measure that could be applied to any pregnant woman in Britain.

### *Ethical approval*

Multi-centre ethical approval was obtained for the study, together with approval for all local centres.

### *Analysis*

Although review of the transcripts and discussion of themes was an ongoing process during interviewing, the main process of analysis was carried out when data collection was completed. A “framework” technique developed by the National Centre for Social Research was used (Ritchie & Spencer, 1994). The first four steps of this technique were employed primarily to order and manage the data: (1) familiarisation; (2) identifying a thematic framework (and developing a coding frame); (3) indexing (applying codes systematically to the data); (4) charting (rearranging the data according to the thematic content in a way which allows within and between case analysis), in our case using Excel. The fifth step, mapping and interpretation, was the stage at which we began to develop our ideas about the data. This was a process of variously writing descriptive accounts, drawing diagrams to clarify ideas, testing these ideas back against the data and modifying where necessary, looking for associations between concepts and between concepts and women’s characteristics (e.g. age, marital/partnership status), and discussing the meaning of what we found.

In relation to women’s use and understanding of terms, we had some specific ideas we wished to explore. Firstly, we wanted to see if women did or did not use terms spontaneously, and to check if there were any patterns in those who did/did not (for example were they young, old, married, single?). Existing evidence of pregnancy planning (albeit with questions that we think have limitations) points to older, married women being more likely to have planned pregnancies (e.g. Fleissig, 1991; Brown & Eisenberg, 1995). Hence, we were interested if this relationship extended to the sponta-

neous concepts and language used by women. Secondly, we wanted to find out how women defined the terms when asked to so, to compare this with the only previous study (Fischer et al., 1999). Finally, we wanted to assess how women’s applied terms related to the main body of their interviews and to compare this with the previously offered definitions. We felt that the way in which women applied the terms to themselves might be different to the way in which they defined them more formally, and that any differences between these two might provide additional insight into how women understood the terms.

### *The sample*

Of the 47 interviewees in the main round of interviews, 28 women were continuing their pregnancies (although one had a miscarriage a couple of days before the interview). Six were in the first trimester of pregnancy (i.e. 12 weeks or less gestation), 13 were in the second trimester, and ten were in the third trimester. Of the remaining 19 women, two were about to have abortions and 17 had recently had abortions, usually in the last two weeks; all were in the first trimester except two women who were 19 and 21 weeks, respectively.

Interviewees’ ages ranged from 15 to 43. In summary, there were 11 teenagers, 15 women in their 20s, 16 women in their 30s, and five women aged 40 or over. Fifteen were married, one was separated, one was divorced, nine were cohabiting, and 21 were single. Thirteen women already had children (eight of the married women, one divorced women, and four of the single women). All 15 married women were continuing their pregnancies, as were 13 single women. Of the women having abortions, 17 were single, one was divorced, and one was separated.

The sample contained 18 women born abroad (recruited from the London and Edinburgh centres), all of whom were settled in Britain, some with British partners. Women’s countries of origin included: Ireland (one woman), other Western European countries (seven women), Australia (three women), Africa (three women), Asia (two women) and South America (two women).

The educational and occupational level of women in the sample varied widely: 21 had been, or were about to be, in higher education; 14 had been in full time education at least until the age of 18; four women were studying for GNVQs, eight women had left school at 16 or under, and one was still at school.

## **Findings and discussion**

We present and discuss our findings in four main sections. The first describes women’s spontaneous use of

terms during the interviews and factors related to this. The second, largely descriptive, section presents women's explanations of the terms. The third describes how women applied the terms to their pregnancies when asked to do so and how these applied terms fitted with the actions and feelings they described earlier in the interview; and the fourth section reflects on women's attitudes towards pregnancy planning.

(1) *Women's spontaneous use of terms during the interview.*

Throughout the interviews, women were able to talk at length about the circumstances of their pregnancies. Most did not use the terms "planned", "unplanned", "intended", "unintended", "wanted" or "unwanted" to classify their pregnancies. Unprompted, only 13 women used the terms (or their related verbs) at all. Three of these women explicitly classified their pregnancies as "planned", one of whom also used the term "intended". All three were married, aged over 30, and educated to degree level. Eight women spontaneously used terms such as "unplanned", "unintended", "was not planned", and "not planned" to describe their pregnancies. These women ranged in age from 17 to 37, had varied levels of educational attainment, and included both pregnancies which were being continued and terminated. Two of the eight women (both continuing pregnancy) and a further four women (all terminating) also described their pregnancies as "accidents" or "mistakes". Finally, two women referred to "planning" in passing in their interviews but did not classify their pregnancies; both women were older and educated to degree level. Our data support Finlay's (1996) hypothesis that these terms are not spontaneously used by women. In his study of 62 pregnant teenagers in Northern Ireland, only one used the term "unplanned" spontaneously, leading him to conclude:

"My unease with the dichotomy between planned and unplanned pregnancy arose from the suspicion that these were not truly 'emic' categories for most respondents. Although they [interviewees] understood the terms, respondents would probably not have used them had the interviewer not introduced them" (Finlay, 1996, p. 79).

Our data show that Finlay's suspicion applies not only to teenagers, but to women of a range of ages.

(2) *Women's explanations of the terms.*

This section presents the explanations of the terms "planned", "unplanned", "intended", "unintended", "wanted", and "unwanted" provided by the women at the end of the interview when presented with the terms and asked what they understood by them.

*"Planned" and "unplanned"*

Women were most likely to say a "planned" pregnancy was a pregnancy which a woman and her partner had discussed and agreed beforehand, that there had been a conscious decision to become pregnant, and/or it was a pregnancy where a longer term view had been taken about how the baby would fit into the woman's/couple's life. Other definitions were also offered (Fig. 1) and generally overlapped the main areas. A few women suggested that it was possible to plan a pregnancy without a partner, but it was seen as unusual, the norm being planning with a partner.

In contrast to "planned", the explanations offered for "unplanned" pregnancy tended to reflect the woman's stance—i.e. her lack of intention—rather than any positive action she may have taken. The words "accident" and "mistake" were commonly used by way of explanation (Fig. 2). This finding is interesting in light of Judith Green's (1997) work on the social construction of accidents. In everyday conversation accidents are characterised as unmotivated and unpredictable events, and therefore "the victim, in an ideal accident, has no previous knowledge of the misfortune and therefore cannot be held responsible" (1997, p. 2). However, Green goes on to demonstrate that, in practice, accidents are neither necessarily unmotivated or unpredictable and are, in fact, surrounded by moral enquiry. Debate about the extent of individual responsibility for an "accidental" or "unplanned" pregnancy can be seen in the women's explorations of the terms. Some women stated that an unplanned pregnancy could be caused by a failure of a method of contraception and some said it could include failure to use contraception, however a minority of women did not accept that failure to use a method of contraception could be a valid criterion with which to define an unplanned pregnancy, e.g.:

"If you weren't intending to become pregnant and you were not using contraception, then you're being irresponsible [laughs], and by default you must have been intending to become pregnant, because you weren't doing anything about not becoming pregnant" (GB109).

There was also a minority view that an "unplanned" pregnancy could include some degree of desire for a pregnancy or acceptance if it occurs or having children had been discussed but a specific time has not been set, e.g.:

"...an unplanned pregnancy I would say, fair enough, it was not planned but maybe it was something they were thinking about in .. in the not too far future, that is how I would say it. That's something they had discussed, the couple's probably discussed it and they think it means six months down

## “Planned” pregnancy - definitions offered\*

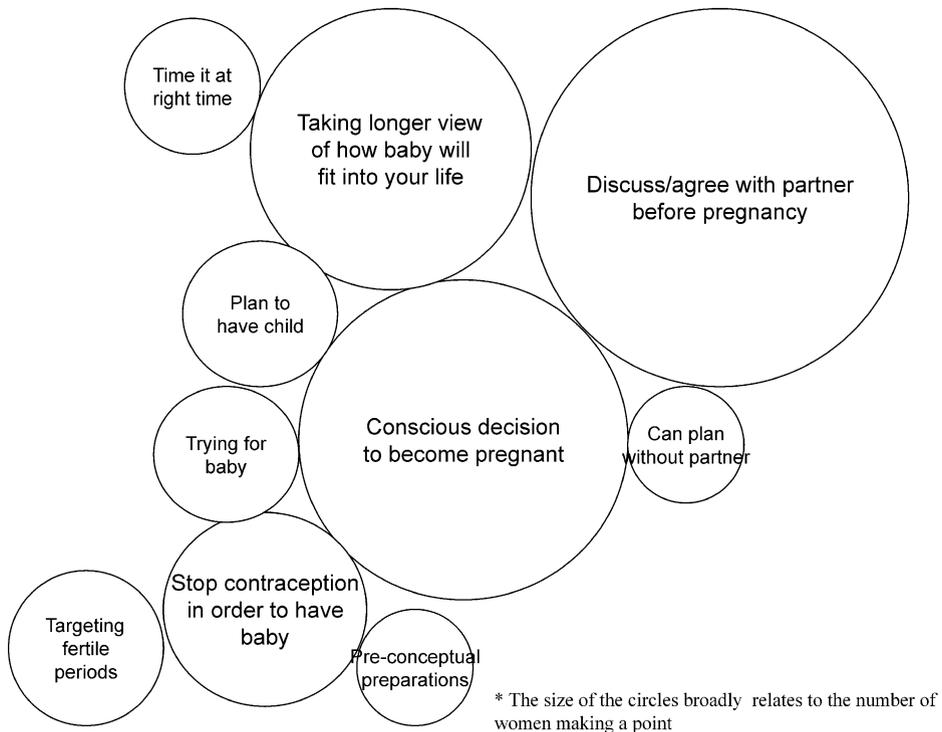


Fig. 1. “Planned” pregnancy-definitions offered.\*

## “Unplanned” pregnancy - definitions offered

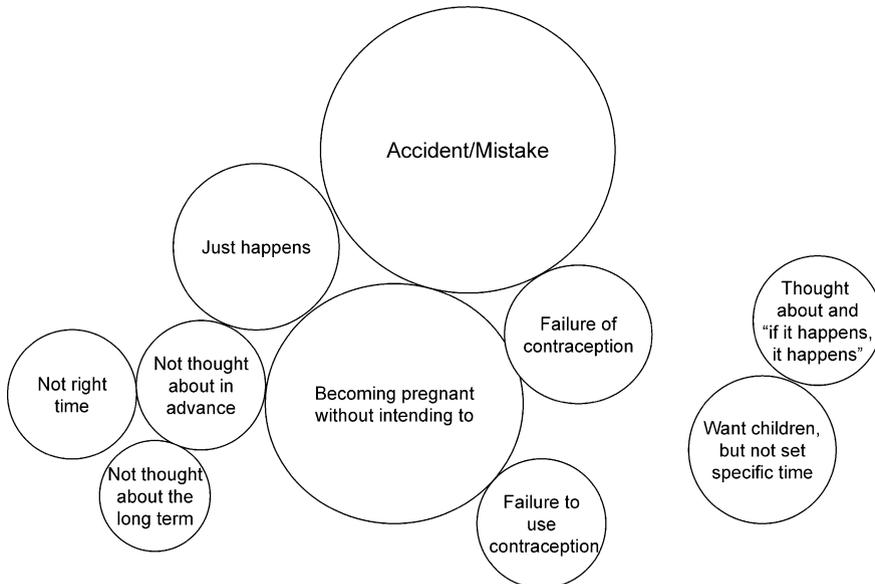


Fig. 2. “Unplanned” pregnancy-definitions offered.

the line but it happens within a couple of months but it wasn't planned to have one straight away but they are pleased that it's happened" (GB124).

### *Intended and unintended*

On the whole, women were less sure about the definition of an "intended" pregnancy, and tended to take longer in offering their explanations. Many women thought that the term "intended" was interchangeable with the term "planned". Other definitions were also similar to those offered for "planned", e.g. deliberately not using contraception, actively trying to become pregnant, etc. However, a few women saw the term "intended" as distinct from "planned". Where a distinction was made, the additional dimensions to planning were more action orientation, greater deliberation and more precise timing. For example, one woman described the possible difference:

"... you could always intend to get pregnant but you actually might not have been planning to do it from June 1998 onwards. So perhaps not every intended pregnancy is planned. That's the only thing I would say, that they are not absolutely interchangeable, but on the other hand, loosely speaking one might use them [interchangeably]" (GB101).

We also found there was a minority view that "intended" meant keeping the baby, regardless of the circumstances. The term "intended" was disliked by some women, who said they would never use it in relation to pregnancy.

The relationship between the terms "unintended" and "unplanned" was similar to that between "intended" and "planned". Many women felt that the term "unintended" was interchangeable with the term "unplanned". As with "unplanned" pregnancy, "unintended" could include the failure of a method of contraception or failure to use contraception, and again, a minority of women did not accept that simple non-use of a method of contraception could be part of the definition. A few women described "unintended" as not wanting the baby. The word "unintended" was similarly disliked by some who said they would never use the word in relation to pregnancy. Conversely, some felt that "unintended" was preferable to "unplanned".

### *"Wanted" and "unwanted"*

Many women found it difficult to define a "wanted" pregnancy, using the same word to explain the term, e.g. wanted is "when you want the baby" (GB122). There was agreement that a pregnancy could become "wanted", despite being unplanned or unintended. It

was also equated by some with choosing to continue the pregnancy, rather than opt for an abortion. However, there was also some criticism of the term; some women feeling that it was a weak or emotional term. Similarly, some women believed it could be difficult to apply the term "wanted" to a pregnancy as there could be simultaneous feelings of "wanted" and "unwanted"; it was possible to want a pregnancy but not want it now or with this partner. A minority of women understood "wanted" to be the same as planned and intended, or the direct consequence of planned and intended.

The term "unwanted" produced the strongest emotional reaction and the most disagreement among women in our study. Some women saw it as a harsh, judgemental term, associating it with children rather than pregnancy, e.g.:

"...because it's like wanted child or unwanted child. Unwanted child, it means it reminds me of something like the homeless children or orphans [...] It's like you are deserting your children" (GB103).

This sort of emotional response came both from women who were continuing their pregnancies and women terminating them.

In many instances, the term "unwanted" was associated with an outcome of abortion or, more rarely, adoption (Fig. 3). There was an acceptance by a number of women that "unwanted" was a term that only came into play once the pregnancy had occurred, and could be associated with being unhappy about the pregnancy or not wanting the baby. A few women said it was possible for a planned/intended pregnancy to become unwanted (in contrast to the much greater acceptance that an unplanned/unintended pregnancy could become wanted).

### *Summary*

Overall, there was no uniform agreement about the definition of any term, although there seemed to be most agreement about the term "planned". There was less agreement about the terms "unplanned", "unintended" and "intended", and least agreement about the terms "wanted" and "unwanted". On the basis of this evidence, since women interpret and understand these terms in a variety of ways, using these terms alone to discover the circumstances of women's pregnancies would be inadvisable.

### *Fischers et al.'s study*

Only one other study has attempted to explore women's concepts of the above terms. The study was carried out in 1996 in Salt Lake City, Utah with 18 pregnant women (13 continuing pregnancy, five about to

## “Unwanted” pregnancy - definitions offered

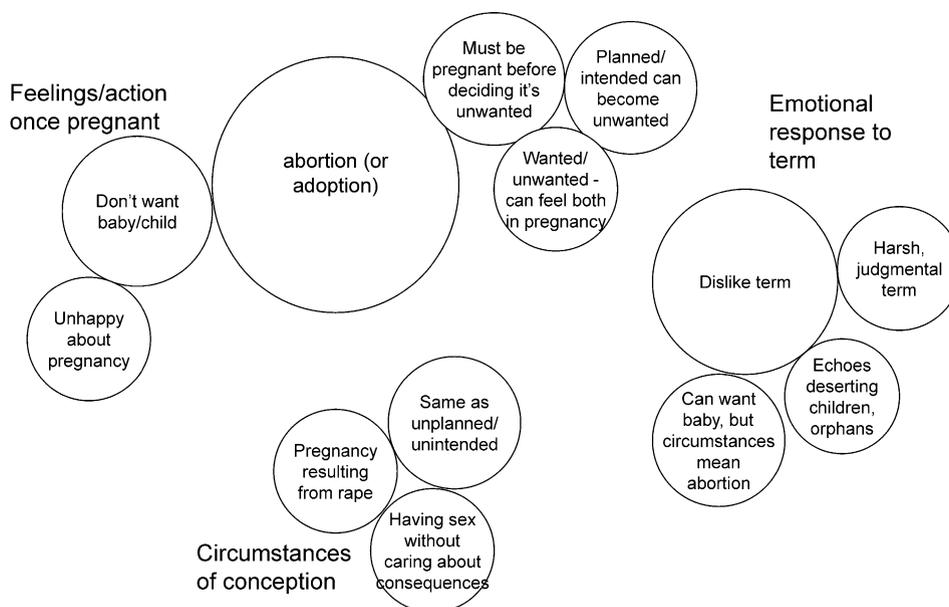


Fig. 3. “Unwanted” pregnancy-definitions offered.

undergo abortion) using depth interviews (Fischer et al., 1999). They similarly found that women understood the terms in a variety of ways and that “no two women placed the exact same value on factors associated with characterizing a pregnancy as intended, planned, or wanted” (1999, p. 119). In the detail of the definitions offered by women, there were similarities and differences between the two studies—the main difference being that in our study women’s definitions were more diverse. Also, Fischer et al. did not report any criticism of the terms “wanted” and “unwanted” and stated that women equated these terms with continuing or terminating the pregnancy. The findings or our study are clearly different in this respect. This may be due to methodology, sample size, or simply the different views of women in Salt Lake City. However, the broad similarity—that women define these terms in a variety of ways—has obvious implications for survey methodology. It is also interesting to note that these studies are from two developed English-speaking countries, where ideas about pregnancy planning have been current in health policy for over 40 years, and where survey questions about pregnancy planning have been developed and exported worldwide (e.g. Cleland & Scott, 1987; Macro International, 1994). Variation in an international context may be even greater.

### (3) How women applied the terms when asked to do so.

When invited to apply the terms “planned”, “unplanned”, “intended”, “unintended”, “wanted”, or

“unwanted” to their pregnancies at the end of the interview, 43 women did so. In summary, 11 applied “planned”, eight applied “intended”, 29 applied “unplanned”, 14 applied “unintended”, 15 applied “wanted” and eight applied “unwanted”. The way in which women applied the terms usually related to the way in which they have previously defined them (although not always, as some women subtly changed their definitions at this point), and related to personal preference for terms. For instance, a woman might have defined two terms as interchangeable (e.g. planned and intended) but still chose to apply one term ahead of another, e.g.:

“I think maybe unintended would be... I like...unplanned doesn’t bother me at all but unintended, for me, would be the one that I’d pick” (GB127).

Generally, the terms “planned” and “unplanned” were preferred to “intended” and “unintended”.

Three women felt that none of the terms satisfactorily described the circumstances of their pregnancies, and their accounts of the circumstances of their pregnancies reflected much ambivalence, e.g.:

“I couldn’t say... I couldn’t use as strong a term as planned, in that I didn’t ‘unplan’ a pregnancy, but I don’t know if I went as far as to actively plan one .... but having said that, I know enough about contraception to know that if I definitely didn’t want to get

pregnant I would have been using a... or at least been consistently using contraception, rather than inconsistently using it" (GB106)

"...I mean it was on one level I supp... I wanted and I would like to have another child....I'd like her to have a sibling. I have two sisters.... I know what she's going to miss out on, but I wouldn't say planned or intended" (KW101).

#### *Women who applied the terms "planned" and "intended"*

Of the 11 women who applied the term "planned" to their pregnancies, all were continuing their pregnancies, all were married, most were in their 30s and 40s, and most were educated to degree level. Looking at the main body of their interviews (i.e. all the conversation before the topic on terms was introduced), it emerged that these women had four key criteria in common:

- (1) they all stated they had had a clear intention to become pregnant;
- (2) they had not used contraception in order to become pregnant;
- (3) they had all discussed and agreed with their partners that they would try to conceive; and
- (4) they had all made wider lifestyle preparations/reached the right time in their life (e.g. got married, got the right job/house etc).

Some women reported other actions (e.g. take folic acid), but these were minority activities (Fig. 4).

Of the 11 women who applied the term "planned", seven also applied the term "intended". Another woman described her pregnancy as "intended" but not as "planned":

"I think it would be intended. I intend, you know, but it's not like I've planned it because I'm thinking of getting married in November and I don't want to be that big by then or, you know, just have a baby at that time and it was intended but it wasn't planned" (GB111).

By looking at the information this woman gave across her whole interview, it was possible to see that she fitted three, but not all four, of the key criteria outlined above. She did not have the same level of discussion and agreement with her partner about her trying to conceive as the women who described their pregnancies as "planned". She and her partner had a loose background agreement that it would be acceptable to have children in the relationship, but the actual decision of when to get pregnant was left to the woman. She only told her partner about the (potential) pregnancy once she suspected she was pregnant, nearly a year after beginning to try to conceive.

Comparing the explanations offered for "planned" pregnancy with the key criteria for applying the term shows many similarities and some differences. In the explanations offered for "planned" (Fig. 1), discussion/agreement with partner, conscious decision making, and taking a longer view are major criteria; they become the key criteria for applying the term, along with deliberate non-use of contraception (Fig. 4). Similarly, targeting

## Criteria for applying the term "planned"

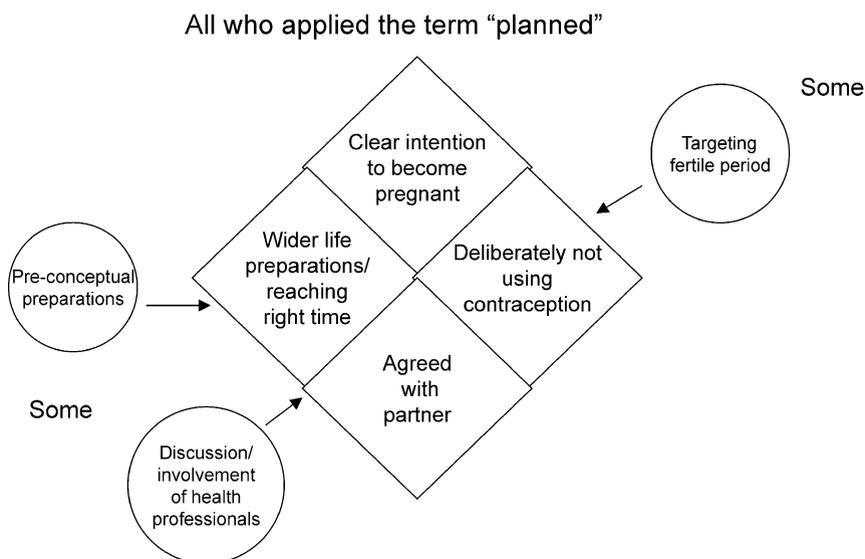


Fig. 4. Criteria for applying the term "planned".

fertile periods and pre-conceptual preparations are minor criteria and they do not become key criteria for applying the term. Planning without a partner, which was seen as a less usual, but possible, situation in the offered definitions, was not borne out when applying the term; planning with a partner was a key criterion (Fig. 4). In fact, when applying the term “planned”, women seem to have interpreted the (self-imposed) criteria required for “planning” very strictly. Intending to become pregnant and stopping contraception in order to become pregnant were not, in themselves, sufficient criteria for applying the term “planned”; agreement with a partner and wider life preparations/reaching the right time were also necessary. Even when women met all four criteria, an element of doubt about applying the term “planned” could arise if events were not perceived as being fully under human control (by choice or otherwise). For example, the following two women both applied the term “planned” to their pregnancies (and therefore met the four key criteria), yet felt the need to debate and defend the “planned” status of their pregnancies:

“I had a boss, who him and his wife—and he used to tell us this, whether it was true or not I don’t know—um, but him and his wife planned their pregnancies so that the child would be born at a certain time in the year—this is the honest truth—so that they could get into a sort of school term. And all three children were planned—PLANNED—like that. And I think ‘Oh God no!’. We’re just nothing like that. Ours was just, ‘Oh yeah, once we’ve moved house we’ll have a baby’. That ... you know, that was about as, you know, and we won’t use contraception and see how it goes. That was about as planned as we managed to get” (RK101).

[was being investigated for fertility problems]  
 “...even though I didn’t know I was pregnant for three months I would still say our pregnancy was planned... because when I say to people I didn’t know for three months, ‘oh it wasn’t planned?’ I said ‘well yes it was planned (laughs) but not in the way that most people plan it’ (GB115).

It is worth noting that in women’s descriptions, “planning” was sometimes associated with producing a birth at a specific time (e.g. see extracts GB111, GB113, GB115, GB129). This presentation was not consistent throughout individual interviews or across interviewees, nor was apparent in women’s offered definitions (Fig. 1), but was something, which some women moved in and out of in their descriptions. This consideration may indicate a latent criterion of planning, which although not widely accepted by women, may at times influence their interpretation of the term.

The way in which women applied the term “intended” to their pregnancies was largely in line with the offered definition (see previously) in that most women applied the term in the same way as “planned” and one did not. Overall, the term “intended” was not the term of choice.

#### *Women who applied the terms “unplanned” and “unintended”*

Of the 29 women who applied the term “unplanned”, 13 also applied the term “unintended”. One woman applied the term “unintended” but not “unplanned”; she said that although she understood the two words to mean the same thing she felt “unintended” was a “nicer” term. Of the 30 women who applied one or both of the terms, 13 were continuing and 17 were terminating their pregnancies, their ages ranged from 16 to 42, and they included all categories of marital/partnership status. Looking at the main body of their interviews (i.e. all the conversation before the topic on terms was introduced), it was possible to see that the majority of women applying the terms had reported that they had not intended or not wanted to become pregnant. This bore no relationship to their contraceptive situation (i.e. the whole range of contraceptive users and non-users were included) or, linked to this, to women’s perceptions of contraceptive risk taking. There was, however, one interesting case of a 25 year old woman who reported that she had intended to become pregnant, but defined her pregnancy as “unplanned”. She was clear that her intention had been to get pregnant, she had discussed and agreed the decision to try to conceive with her husband, and had deliberately stopped contraception (three of the four key criteria of women who applied the term “planned”). At one point in the main body of her interview (i.e. before the topic 11) she even uses the word “planning”:

“Well I kept sort of checking [i.e. pregnancy tests] because I thought ‘um’, well I kept checking every couple of weeks, I don’t know why. We had sort of thought about it. And I guess once you make .. people say ‘Oh, had you planned it?’. And I said ‘Well, we’d thought about it’. I guess once you start thinking about it, then you are planning it, aren’t you, really” (GB113).

However, later when asked to apply the terms she defines the pregnancy as “unplanned” because she felt she did not fit the strict criteria of “planning”:

“[planned is] when you make a conscious effort and you sit down and you say, ‘OK we’re going to plan to work it in with my cycle and then we’re going to do that, and we’re going to move into the house’, and just forward planning I think. Unplanned is when you haven’t really planned about it, you haven’t done

that, you haven't sat down and said 'OK, this, this and I'll put this in my schedule', but you still... still thought about it. It's still in the back of your mind, and I would call ours unplanned... in the sense that you've thought about it, and if it happens it happens and it's good, if it doesn't happen... that's how I would separate them (GB113).

By looking at the information this woman gave across her whole interview, it was possible to see that she differed from those who defined their pregnancies as "planned" in that she and her husband had taken action so that she would become pregnant, but her not becoming pregnant was an acceptable outcome for them. Also, they had not made wider life preparations/reached the right time in the same way as other couples; the pregnancy, in fact, seemed to disrupt their prior plans for living and working in England.

The way in which women applied the terms "unplanned" or "unintended" was in line with their offered definitions (see earlier), i.e. the woman's intention/desire not to become pregnant was the prime criteria for applying either of the terms, and did not necessarily relate to contraceptive behaviour. As with "planned" and "intended", "unplanned" was generally favoured ahead of "unintended". In the previous offered definition of "unplanned", there was a minority view that an "unplanned" pregnancy could include some degree of desire of acceptance of a pregnancy and this was borne out in the applied definitions by one woman applying the term "unplanned" yet having reported intending to become pregnant.

#### *Women who applied the terms "wanted" and "unwanted" to their pregnancies*

Of the 15 women who applied the term "wanted", all were continuing their pregnancies. Six of these women also described their pregnancies as "planned" and nine as "unplanned" or "unintended". Three women, including one who described her pregnancy as "planned", described how it took them some time before they felt they could describe their pregnancies as "wanted". Women who applied the term varied in age and marital/relationship status. Overall, "wanted" was not a greatly favoured term by the women, but the way in which it was applied was close to the definition previously offered by them (see earlier).

Only eight women applied the term "unwanted" to their pregnancies, some of whom did so reservedly. All eight women were terminating their pregnancies. They were aged from 19 to 42, five were single, two were divorced or separated, and one was cohabiting. It is notable that 11 of the 19 women who were terminating their pregnancies chose *not* to apply the term

"unwanted". The quote below illustrates women's reasoning for not doing so:

"I think the 'unwanted' one is a bit... I... I don't like it that much because a lot of the time it's not that I don't want the baby, it's that I can't have it... well not 'can't', that's another word I should put in, but it's not within my means to have it, and I think it's for the baby's best. But I think 'unwanted'... it's not that I don't want it at all. I love it just as much because, you know, if I could have it, and I would love to be able to have it, so I think 'unwanted' it a bit of a kind of harsh word in my head." (GB119).

On the whole, the way in which women applied the term "unwanted" was much like the offered definition (Fig. 3). Women's reluctance to apply the term "unwanted" is interesting in light of the way in which the term "unwanted" is often used as a euphemism for pregnancies ending in abortion in the medical literature (e.g. Smith, 1990; Sulak & Haney, 1993).

#### *(4) Reflections on women's attitudes to pregnancy planning*

The US study by Moos et al. (1997) and the recent British FPA study (FPA, 1999) suggested that lower income women were less likely to plan or wish to plan their pregnancies. Moos et al. went so far as to say that even the concept of a "planned" pregnancy was not meaningful some lower socioeconomic group women. Whilst our data generally support the hypothesis that lower income women are less likely to plan their pregnancies, they suggest a more complex picture. The women in our study who had "planned" pregnancies did, it is true, tend to be married, older and more highly educated, but equally there were some older, more highly educated women in our sample with pregnancies which were not "planned". Also, it was not possible to neatly classify women as planners and non-planners in terms of their pregnancy histories. Of the 11 women who currently had "planned" pregnancies, two had previous pregnancies which they described as "unplanned" and ended in abortion—one woman when she was aged 18 and single, the other when she was aged 30 and married. Of the other 37 women in our study, sixteen had previously been pregnant, four of whom describing one or more of their previous pregnancies as "planned".

"Planning" behaviour in relation to pregnancy was broadly understood by all women in our study (unlike Moos et al., 1997) and all were able to offer a definition of a "planned" pregnancy when asked to do so. Only two women (both young white working class women) actually indicated an open resistance to pregnancy "planning". One described it as "too clinical" (GB114) and the other wanted the pregnancy to be a surprise. However, this attitude is not entirely consistent because both indicated there were circumstances in which they

might engage in “planning” behaviour, as the following extract from one of the women (discussing the offered terms) demonstrates:

R: I’d never plan a pregnancy. Even if I was older, I’d like it to be a surprise.

GB: Oh right.

R: ... To me. I’m not going to sit there and say ‘Come on let’s try for a baby’. I... I don’t ... It doesn’t really appeal to me that sort of... [...] I don’t want to come in and say ‘Oh... my temperature’s fine, come on we have to go now ‘cause I... it’s the most chance I have to get pregnant’. I just want it like... one day so you go to the clinic and they say - ‘Oh you’re pregnant’. It’s like a surprise to me, instead of me planning it and then I go to the clinic and say ‘Oh I knew that anyway’. It’s just, it’s not a surprise to me.

[Later in interview:] GB: Ok... there’s just one thing I want to go back to. Thinking about the future and having children in the future and... preferring not to plan a pregnancy... can you... how does that fit with like contraception, say you’re on the pill or something... say you’re married, or in the right relationship, and all the circumstances are right... you’re on the pill... how does that happen then? [*earlier interviewee had indicated that she wanted to use contraception in future/not have another abortion and had described her ideal circumstances for pregnancy*]

R: Well—if, if I was married and it was all the right circumstances and I was still on the pill and I knew that I wanted to get pregnant I would take myself off it... discuss it with my husband or my partner whoever, discuss it with them and say... like at the minute I do want a child but I’m not prepared to plan it but I will take myself off the pill, so that if it happens it happens and if it don’t it don’t. [...] I wouldn’t set myself an exact date to get pregnant but say if I wanted to get pregnant and my ideal age was for next year I’d take myself off now so it could happen from anytime from here to next year” (GB129).

The resistance to planning expressed by these two young women may reflect fatalistic beliefs about health as found in previous studies (e.g. Pill & Stott, 1982, 1985) but the adoption of planning behaviour some of the time suggests that pregnancy planning is an available choice. *Not* planning may have particular advantages in certain contexts and needs further investigation.

## Limitations

In this qualitative stage of our study, we asked pregnant women to reflect on the circumstances of their pregnancies. It is possible that by the time they talked to us, women may have recast their thoughts in light of an ongoing pregnancy or subsequent abortion. However, there are obvious methodological difficulties in interviewing women about their feelings towards pregnancy *before* they are pregnant. Interviewing a sample of women and following up those who become pregnant could be achieved in a longitudinal study, but this would be slow and costly. Also, it is possible that participating in a long-term study, periodically describing one’s thoughts and feelings about pregnancy could effect behaviour change that would not otherwise occur. Our choice of interviewing women once they were pregnant then was the most appropriate method given the methodological/practical constraints and also more compatible with the way a measure of pregnancy planning/intention can be used practically in the future.

## Conclusions

Awareness that there may be significant problems of validity relating to questions used in national and international studies to elicit pregnancy planning/intention status (e.g. Cleland & Scott, 1987; Cartwright, 1988; Macro International, 1994) provided the impetus to this study. Our primary purpose, as stated above, was to establish how terms such as “planned” and “intended” were understood and used by women. We found that the terms tended not to be used spontaneously. When presented to the women, the terms were broadly understood but there was considerable variation in understanding. Women attached particular nuances of meaning to the terms which could change during the course of conversation and had preferences for particular terms that were not possible to predict. Most (but not all) women were able to apply the terms to their pregnancies and this revealed further variation. We were somewhat surprised to find that intending to become pregnant and stopping contraception were not sufficient, in themselves, for women to apply the term “planned” to their pregnancies; two additional criteria were also necessary (see Fig. 4). On this evidence, there is a danger that a survey question such as “Was your pregnancy planned?” is likely to elicit a positive response from only a proportion of women who actually had positive intentions of becoming pregnant. In contrast “unplanned”, which was a widely applied term in our study is likely to include both women with positive and negative intentions. For this reason, we believe that relying on terms such as “planned” and “unplanned” in

isolation, to collect information about pregnancy circumstances should be avoided.

Despite the research-related aim of this study, it has prompted some interesting reflections on the terminology of pregnancy in the public health context. The terms “planned”, “unplanned”, “intended”, “unintended”, “wanted” and “unwanted” are widely used in the context of policy and clinical practice and are similarly assumed to be unproblematic and straightforward. This analysis shows this not to be the case and we argue that these terms, as Finlay (1996) suspected, are not truly “emic” categories and not a prominent part of the perspective from which women view their pregnancies.

Not only are these terms which may not be used by the majority of women, but this study raises questions relating to women’s acceptance of the underlying concept of pregnancy planning. We found some evidence of resistance to pregnancy planning on the part of some women. We believe that attitudes to pregnancy planning would be a fruitful line of future research, providing a backdrop against which to understand the outcome of reproductive health and family planning service provision.

### Acknowledgements

We wish to acknowledge the valuable contribution of our project collaborators: Karen Dunnell, Penny Edgington, Anna Glasier, Isaac Manyonda, Catherine Paterson, Connie Smith, and R. William Stones. We would also like to thank the many others who helped with this project, including: Audrey Brown, Rolla Khadduri, Sunethra Kossine, Jan Sanders, Margaret Thorogood, and Maddy Ward.

This project was supported by a Medical Research Council/London Region special training fellowship in health services research.

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