Motivations to Avoid Childbearing among Contraceptive Users in Honduras: Which Women Are Ambivalent?

Introduction

Recent studies from developed and developing countries have demonstrated that a number of women have ambivalent fertility desires (Trussell et al., 1999; Speizer, 2006). In particular, in 1999, Trussell and colleagues demonstrated that only 68% of U.S. women who experienced contraceptive failure (that is a pregnancy while using contraception) reported that the pregnancy was unintended. This finding initiated a discussion of whether some women had ambivalent fertility desires which potentially influenced the effectiveness with which they used their contraception (Zabin, 1999; Barrett, 2000; Sable, 1999). Others hypothesized that fertility desires are not so clearly demarcated as 'want now,' 'want to delay' (2+ years), and 'does not want children' as typically categorized by many who use fertility desires and current contraceptive use to determine which women have an unmet need for family planning (Speizer, 2006).

Based on the perception that standard methods of assessing pregnancy planning status (want now, later, never) are outdated, Barrett and colleagues undertook a mixed methods study in the United Kingdom to develop a new measure of pregnancy planning. The conceptual model that was developed based on qualitative data demonstrated six dimensions that are associated with pregnancy planning and unplanned pregnancies (Barrett et al., 2003). These six dimensions were: personal circumstances/timing; partner influences; pre-conceptual preparations; contraceptive use/non-use; expressed intentions; and desire for pregnancy/motherhood. This conceptual model was tested using quantitative data collected from women who were recently pregnant and reporting about the planning status of their most recent pregnancy. The authors demonstrate that the planning status of a pregnancy is multi-faceted and that it is important to consider the multiple factors and not simply use a measure that assesses whether the pregnancy came at the right time, later than wanted, earlier than wanted, or was not wanted at all. The fact that there are multiple dimensions that influence planning status suggests that ambivalence is likely a common scenario.

To date, most of the studies that have examined fertility desires and ambivalence have either focused on recently pregnant women reporting on the planning status or intentionality of their most recent pregnancy (Speizer et al., 2004; Trussell et al., 1999; Barrett et al., 2003), or they have compared women's future fertility desires (want now, want to delay, do not want) to their contraceptive use and sexual behaviors to determine if there is an unmet need for contraception (Westoff, 2001).

Less is known about fertility motivations and potential ambivalence among users of contraception. Contraceptive users are generally assumed to be the women who are the most motivated to avoid a future child. That said, prior research has indicated that contraceptive discontinuation is a common event estimated to occur for 33-44% of modern method users during the first twelve months of use (Vadnais et al., 2006). Moreover, as mentioned above, women who experience contraceptive failure are not necessarily unhappy with the outcome (Trussell et al., 1999).

Methods

This study examines fertility motivations among women visiting a clinical site to receive injectables and IUDs in Honduras. In 2006, baseline data were collected from multiple facilities in four cities in Honduras (Tegucigalpa, San Pedro Sula, Santa Rosa de Copan, Gracias) as part of a longitudinal study on contraceptive continuation among users of reversible female contraceptive methods (pill, injectables, and IUD). Because so few women receive the contraceptive pill in a clinic setting, users of this method were dropped from the analysis (n=55; 7%). This study includes information from 745 women; 77% of women using injectable contraception and 23% using the IUD.

All women were asked how much of a problem it would be if they became pregnant in the next few weeks. As a response, they could choose: "no problem," "small problem," or "big problem." In our analysis, this question is used to determine which of the current users are ambivalent about future childbearing. A woman is considered ambivalent if she is using the IUD or injection and reports that it would be no problem or a small problem if she became pregnant in the next few weeks.

This study uses bivariate and multivariate analyses to examine the multiple influences on ambivalence and motivations to avoid childbearing among current users of injections and IUD. The information from this study can be used to inform strategies to ensure that the women who are most motivated to avoid a pregnancy are able to meet their fertility desires.

Results

Among women visiting the family planning clinic for re-injection, IUD follow-up appointment, or to initiate the method on the day of interview, 13% of injection users and 10% of IUD users say that they want to have a child soon (within two years). These women will be the most likely to discontinue use in the near future. A large proportion of women want to delay childbearing (48%) and about a third (34%) wants no more children. In Honduras, where sterilization is the contraceptive method of choice to stop childbearing (21% of currently married women use sterilization – (SS, INE, Macro, 2006)), one could ask why women who do not want any (more) children have not adopted sterilization. One possibility for this inconsistency between fertility desires and contraceptive method choice is ambivalence, that is, some of these women may not have firm desires to stop childbearing.

Ambivalent fertility desires are observed in this sample of injection and IUD users as seen in Table 1. In particular, among women using injections who report that they want to delay childbearing two or more years, 17% report that it would be only a small problem and 27% report that it would be no problem if they became pregnant in the near future. Among injection users who report that they want to limit childbearing, 21% report a small problem and 19% report no problem if they become pregnant in the next few weeks. These women do not have firm fertility desires to limit childbearing. Similarly, among the women who want to delay and are using the IUD, 21% report a small problem and 24% report no problem with a pregnancy in the near future. The percentage of women reporting a small or no problem with a future pregnancy is smaller among IUD users who want to limit childbearing (14% and 19%), however, this group still represents a third of the sample of IUD users who want to limit.

Multivariate logistic regression analyses demonstrate a small number of factors that distinguish ambivalent users (those who report no problem or a small problem) from users who are not

ambivalent (those who report a big problem). Models were performed for the entire sample and then stratified by type of method used (injection or IUD) (Table 2 presents stratified models). In the full sample and in the stratified analyses, younger users are less likely to be ambivalent and thus more motivated to avoid a pregnancy. Similarly, women with more prior births are also less likely to be ambivalent than women with one or no previous births.

Stratified models demonstrate differences by type of method used. In particular, among injection users, those women who report that their partner wants another child within two years are 1.6 times (OR: 1.58; 95% CI: 1.10-2.25) more likely to be ambivalent than users who report that their partner does not want a child within two years or that they do not know their partner's desire. Among IUD users, partner desire was not significantly associated with ambivalence. Conversely, among IUD users, those who were receiving the IUD for the first time on the day of the interview were significantly less likely (OR: 0.18; 95% CI: 0.08-0.40) to be ambivalent about future childbearing than those IUD users who are continuing use.

Discussion

This study demonstrates that ambivalence is common among users of injections and IUD in Honduras. Those women who are ambivalent toward future childbearing may be the most likely to discontinue use when they experience side effects or partner opposition. Moreover, women who are ambivalent about future childbearing are not considered to be ideal candidates for sterilization, even though they report a desire to limit childbearing. The objective of a family planning program should be to ensure that the women (and couples) who are the most motivated to avoid unintended childbearing are able to meet their fertility desires through a choice of family planning methods. Since many women in Honduras experience side effects with their current methods (Barden-O'Fallon et al., 2007), it is all the more crucial to offer women a variety of contraceptive choices. Finally, programs should encourage partner communication on family planning. Given that injection users who perceive that their partner wants a child soon are the most likely to be ambivalent, programs may need to encourage men to learn about and discuss their wives' (or partners') fertility desires so that their joint desires are met. The information gleaned from this study can be used to inform family planning program and policy initiatives in Honduras, thereby decreasing unmet need and ensuring that women are able to meet their fertility desires.

Table 1. Desire for a Pregnancy and Whether a Pregnancy in the Next Few Weeks Would Be a Problem by Type of Current Method

	Desire for a subsequent pregnancy			
	Wants more soon	Wants to delay (2+ years)	Wants no more	Don't know
Injection users (n=574):	(n=73)	(n=268)	(n=196)	(n=37)
Big problem	34.3	56.3	60.2	70.3
Small problem	20.6	17.2	20.9	13.5
No problem	45.2	26.5	18.9	16.2
IUD users (n=171):	(n=17)	(n=86)	(n=59)	(n=9)
Big problem	23.5	54.7	67.8	Na
Small problem	29.4	20.9	13.6	Na
No problem	47.1	24.4	18.6	Na

Table 2. Logistic regression odds ratios and confidence intervals from analyses of factors associated with reporting that it would be no problem or a small problem (ambivalence) if the woman becomes pregnant in the next few weeks by current method use

	Injection Users	**IUD Users**
Age		
15-24	0.64 (0.41-1.00)*	0.37 (0.15-0.95)*
25+ (ref)	1.00	1.00
Education		
None (ref)	1.00	1.00
Primary	0.99 (0.51-1.90)	0.56 (0.04-8.11)
Secondary +	0.90 (0.43-1.88)	0.56 (0.04-8.58)
Marital status		
Married (ref)	1.00	1.00
In union	0.82 (0.53-1.26)	0.75 (0.29-1.93)
Not in union	0.60 (0.27-1.35)	0.31 (0.04-2.55)
Parity		
None – 1 (ref)	1.00	1.00
2	0.70 (0.44-1.10)	0.63 (0.25-1.54)
3	0.62 (0.35-1.10)	0.36 (0.07-1.83)
4+	0.51 (0.27-0.96)*	0.04 (0.01-0.25)***
Income		
≤ 3000 Lpas/mo. (ref)	1.00	1.00
3001-5000 Lpas/mo.	1.12 (0.75-1.67)	2.61 (1.08-6.31)*
5000+ Lpas/mo.	1.26 (0.78-2.05)	0.91 (0.37-2.20)
Currently working		
Yes	1.07 (0.74-1.53)	1.58 (0.72-3.49)
No (ref)	1.00	1.00
Partner fertility desires		
No partner/partner doesn't want/DK	1.00	1.00
Partner wants	1.58 (1.10-2.25)*	0.99 (0.47-2.11)
New user of method		
No	1.00	1.00
Yes	0.87 (0.62-1.23)	0.18 (0.08-0.40)***
Model: N	574	171
Pseudo R^2	.0263	.1929

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