



Understanding Pregnancy Intention In North Carolina:

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Table of Contents

Acknowledgements.....	3
Executive Summary.....	4
Introduction	6
Methods.....	7
Demographic Characteristics of Participants	8
Results.....	11
Planned and Unplanned Pregnancies	11
Feelings Surrounding Pregnancy	16
Timing of Pregnancies	18
Fertility Preferences.....	20
The Role of Partners	22
Contraceptive Use and Experiences	25
Recommendations from Participants	27
Conclusions	28
Limitations.....	29
Recommendations	31
Appendices.....	32

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Executive Summary

Forty-four percent off all pregnancies in North Carolina are unintended and this percentage is higher for non-White women. The purpose of this project was to understand pregnancy intention for African American, American Indian and Latina women in North Carolina and use the information to develop and target appropriate interventions. This qualitative project focused on looking at pregnancy from the perspective of women's everyday realities.

Methods

Between August 2009 and April 2010, 10 focus groups were conducted in seven counties in North Carolina with a total of 78 women. Separate focus groups were held with African American (4), American Indian (3) and Latina women (3). Three different American Indian tribes were represented in our sample. Women who were between 18 and 35 years of age and had at least one child were invited to participate. Women were recruited through local organizations and personal contacts, in the case of two of the Latina groups. Target participants were low-income women. All African American and American Indian groups were facilitated by the same person. All focus groups with Latina participants were held in Spanish and facilitated by a native Spanish speaker of Mexican descent.

Major Findings

- Pregnancy planning is desirable and women have basic knowledge about what they should do if they were planning a pregnancy (take folic acid and vitamins, quit smoking and drinking, check with doctor about any medications they have to take).
- Planned pregnancies were defined by women in all groups as those that occur when there is financial stability, mental and physical readiness, partner involvement and women are healthy.
- Unplanned pregnancies were acceptable because it is impossible to plan everything and have the ideal situation. Women also stated that resources to help plan pregnancies are uncommon.
- Small families (2-3 children) are desirable by most women from all racial/ethnic groups.
- For Latinas, giving their children more opportunities than they had is the main motivation for having small families.
- Personal finances and the absence of supportive partners were the main factors influencing family size for African American women.
- Some American Indian women turn to elders or tribal leaders for advice on planning.
- Teaching young women and girls about family planning at school is highly recommended.
- Women control reproductive health decisions and, for the most part, women want it that way.
- The pill and Depo Provera were the contraceptive methods most used by women in all groups, and they wanted other reliable options. Sterilization is currently seen by many women as their best option.

Conclusions

African American, American Indian and Latina women had many of the same reproductive health preferences. Pregnancy planning is desirable although considered somewhat unattainable due to lack of complete information, resources and support. Complete and accurate information about contraceptives is needed to help women in planning. Women see themselves as the main decision makers. Latina and American Indian women are interested in more male involvement. For all women, it was of utmost importance to provide sex education to youth to help them delay pregnancy. Future research should look at understanding pregnancy intention from the male perspective.

Introduction

According to the most recent Pregnancy Risk Assessment Monitoring System (PRAMS) data available (2006-2008), 44% of all pregnancies in North Carolina are unintended. Looking at the data by racial/ethnic group reveals huge disparities and emphasizes the importance of addressing them. The percent of unintended pregnancies is higher for African Americans (64%) than Latinas (40%) and Whites (38%). Data is not available for American Indian women. Implementing interventions, however, is not as straightforward since pregnancy intention is a topic that has generated a lot of debate in the literature in terms of how it should be measured and defined. Having a clearer understanding of pregnancy intention for women in North Carolina can help develop and target appropriate interventions.

In the spring of 2009, the North Carolina Healthy Start Foundation conducted a review of literature and carried out a pilot study to test a focus group guide on pregnancy intention. The results have been reported elsewhere. Starting in the summer of 2009, after revising the original focus group guide, the Foundation carried out a series of focus groups with the purpose of understanding the social context and cultural dimensions in which pregnancies occur and learn about reproductive health preferences. This qualitative research focused on looking at pregnancy from the perspective of women's everyday realities. By asking about women's feelings, preferences with respect to number of children, partner's roles, experiences with contraceptive use and influences on decision-making, this study aimed to better understand how women from different racial/ethnic groups perceive pregnancy planning. This study also served as an opportunity to let women speak about a topic that clearly affects them and to offer suggestions to help them better manage their reproductive health.

Methods

Between August 2009 and April 2010, 10 focus groups were conducted in seven counties in North Carolina with a total of 78 women. Figure 1 illustrates the geographic distribution of the focus groups. Separate focus groups were held with African American (4), American Indian (3) and Latina women (3). Three different American Indian tribes were represented in our sample. Women who were between 18 and 35 years of age and had at least one child were invited to participate. Women were recruited through local organizations and personal contacts, in the case of two of the Latina groups. Target participants were low-income women, although pre-screening was not conducted to determine income.

Figure 1. Geographic distribution of focus groups 2009/2010



A facilitator and a note taker attended each focus group. The purpose of the focus groups (referred to as talking circles or discussion groups when recruiting American Indian and Latina participants, respectively) was explained to participants at the beginning of each group. Each participant received a copy of an informed consent form and, after it was reviewed by the facilitator, oral consent was requested (Appendices A&B). Every focus group session was audio recorded using a digital recorder after permission to record had been granted by each group. All African American and American Indian groups were facilitated by the same person. All three groups held with Latina participants were held in Spanish and facilitated by the project coordinator, a native Spanish speaker of Mexican descent.

The facilitators used an interview guide and adapted it as needed for more in-depth questioning of each group (Appendices C&D). Each participant was also asked to answer a short demographic survey (Appendices E&F). The interview guide, demographic sheet and consent form were all translated into Spanish by the project coordinator.

Focus group participants received a \$20 gift card and a gift bag containing health education materials. Refreshments or a meal were provided (depending on the time of day). Gift cards were also provided to site coordinators.

Demographic Characteristics of Participants

▪ *Race and Ethnicity*

All participants were asked to complete a demographic survey. Participants were asked to indicate the race or ethnicity with which they most identify. The answers given in the surveys made it clear that there are nuances in terms of how women self-identify in terms of race and ethnicity. Among the Latina groups, two women identified themselves as “other” but did not specify a particular definition. However, both women did indicate they were born in Mexico. Among the American-Indian groups, two of the women self-identified as White (although one of them marked both White and American Indian), while six women in one group self-identified as African American. Follow-up with the site coordinator revealed that although women may be of American Indian descent, some of them were not tribal members and this may influence how they choose to identify. The race/ethnicity of participants is reported in Table 1 by group composition as originally proposed and by how each participant self-identified. For purpose of this report, demographic information and answers to the discussion questions will be reported as pertaining to the groups as originally proposed.

Table 1. Race/Ethnicity of Focus Group Participants.

Race/Ethnicity	Group composition as originally proposed	Self-identified
American Indian	23	12
African American	31	37
Latino	24	21
White		2
Other		2
Missing*		4
Total	78	78

*1 Latina and 3 American Indian participants did not fill out surveys.

▪ *Age*

Although our target population was women between 18 and 35 years of age, there were women in the groups who were outside of the target age range as seen on Table 2. They were still included in the analysis.

Table 2. Age of Focus Group Participants.

Race/Ethnicity	Age range	Average	# of Women >35
American Indian	24-37	30	3
African American	20-41	29	5
Latino	26-37	30	3

- **Country of Origin**

Latina participants were asked about their country of origin if not born in the United States. All participants reported being foreign born. Of the 24 participants, 20 were born in Mexico, two in Honduras, one in Costa Rica and information for one was missing. Length of time living in the United States ranged from three to fifteen years. Forty-eight percent of participants had lived in the United States 10 or more years.

- **Income and Education**

The majority of focus group participants were low-income as can be seen on Table 3. The proportion may actually be somewhat higher because some women misunderstood the question and underreported the number of people supported by that income by excluding themselves, and possibly a partner, from the count.

In terms of education, the majority of African American (94%) and American Indian (85%) participants reported having a high school education or more. About 65% of Latina participants reported that they had completed some or all of middle school. Only one Latina participant reported some college education, compared to 22 African American participants and 10 American Indian participants who had some college or had completed college.

Table 3. Education and Income Level of Focus Group Participants.

Race/Ethnicity	Education (high school or more) N (%)	Household Income* <\$14,999 N (%)	Household income \$15,000 - \$24,999 N (%)	Low-income*** N (%)	Household size range
American Indian (N=20)	17 (85%)	9 (45%)	7 (35%)	14 (70%)	1-6
African American (N=31)	29 (94%)	13 (50%)	4 (15%)	16 (62%)	1-5
Latina (N=23)	4 (17%)	4 (25%)	9 (56%)	13 (81%)	2-7

*7 Latina and 5 African American participants did not answer the income question.

***Low-income status calculated as less than \$25,000 for a family of four.

▪ **Children and Pregnancies**

In the demographic survey, participants were asked to report the number of pregnancies they have had, the number of children they have and the age of the children. The majority of participants had one to two pregnancies as can be seen in Figure 2. Seventy percent of African American and American Indian participants and 56% of Latinas reported having one or two pregnancies. More Latinas (43%) reported three or four pregnancies than African American or American Indian participants.

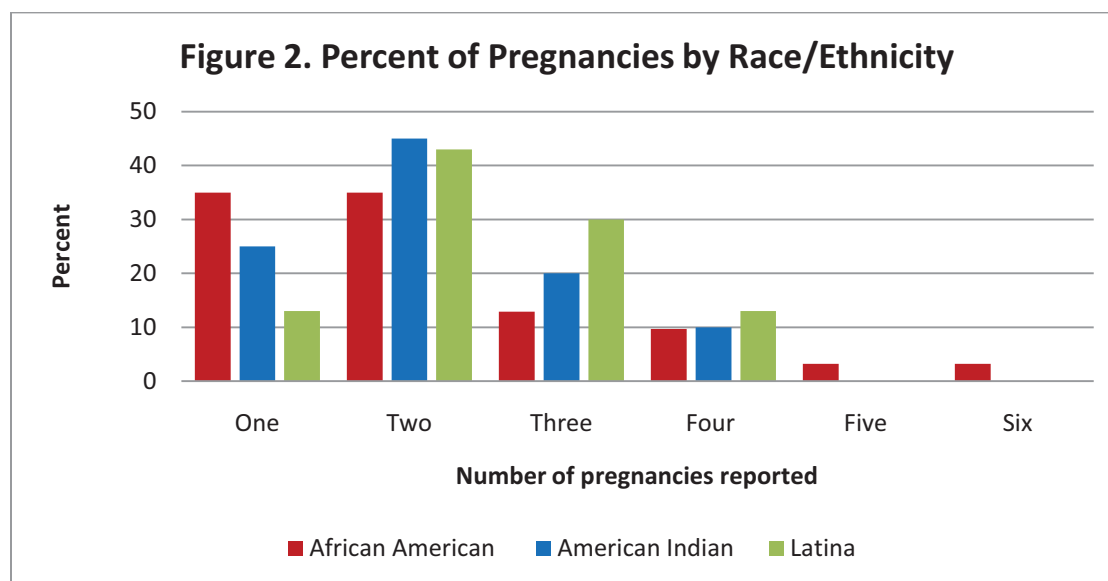


Table 4 portrays the reproductive health profile for each racial/ethnic group. Among American Indian participants, the average number of pregnancies was 2.15, with a range of 1 to 4 pregnancies. Two participants were pregnant when the focus groups took place. The age range of the children was 3 months to 20 years of age. In one of the American Indian groups, three participants shared that they had lost pregnancies. One had a fetal demise at eight months, another had suffered two miscarriages and the third had one miscarriage.

Table 4. Reproductive Health Profile of Focus Group Participants

	Average # Pregnancies (range)	Average # Children (range)	Mistimed* N (%)	Unwanted** N (%)
American Indian (N=20)	2.15 (1-4)	1.75 (0-4)	11 (55%)	1 (5%)
African American (N=29)	2.19 (1-6)	1.96 (1-5)	15 (52%)	9 (31%)
Latina (N=23)	2.4 (1-4)	2.21 (1-4)	4 (17%)	2 (9%)

*Mistimed pregnancy reported as "I wanted to be pregnant later."

**Unwanted pregnancy reported as "I did not want to be pregnant then or at any time in the future."

Among Latina participants, there were an average of 2.4 pregnancies and 2.21 children. The children ranged in age from 6 months to 30 years of age. One Latina participants reported having twins and another Latina participant indicated having had difficulties with a pregnancy and miscarried.

With African American participants, there was an average of 2.19 pregnancies, although two participants reported having 5 and 6 pregnancies respectively. Three participants were pregnant. The age of the children ranged from 5 months to 21 years.

The number of pregnancies reported by several participants did not correlate with the number of children reported. As previously stated, some participants were pregnant at the time of the focus groups and some reported miscarriages. In two cases participants indicated having had twins and in another case a tubal pregnancy. Future demographic surveys should clearly ask about current pregnancy status as well as pregnancy outcomes such as miscarriages, fetal demises and abortions in order to get a complete and accurate picture of participants' reproductive lives.

Results

Planned and Unplanned Pregnancies

PRAMS defines unintended pregnancies as those pregnancies when the mother stated that she “wanted to be pregnant later” or “did not want to be pregnant then or any time in the future.” The demographic survey provided to participants included a question adapted from PRAMS to determine pregnancy intention. Participants were asked to indicate how they felt when they got pregnant with their youngest child. Based on answers to the demographic survey (see Table 4), 83% of African American and 60% of American Indian participants reported having unplanned pregnancies. Only 26% of Latina respondents reported their pregnancies as unplanned.

A second question was asked in the demographic survey to determine pregnancy intention based on each pregnancy the women have had (see Appendix E for wording of question). Unfortunately, the way this question was asked seems to have confused a small number of participants since what they reported as their feelings for their last pregnancy did not correlate to the prior question. For example, 20% of participants in the American Indian group reported that when they got pregnant with their youngest child they wanted to be pregnant later, however, in the following question, they indicated that the pregnancy with their youngest child occurred “when wanted.” Although the results of this question should be interpreted with caution, they do seem to shed some light on comments made during the focus group discussions and answers will be reported below.

▪ ***Pregnancy Planning***

The consensus from participants in all 10 focus groups was that most women do not plan their pregnancies. Participants stated that pregnancy “just sort of happens” (African American participant)

and that “planned children are very rare ...” (Latina participant). Planning, however, was desirable and, in theory, women knew what was meant by it.

Women readily defined planned pregnancies as those taking place when you are “financially stable and mentally ready,” “well established,” “things are straight in your life,” “after you have pursued an education” and are “taking care of one-self by taking multivitamins, folic acid.” One Latina participant stated,

“...planning is to have a life project ... to have the best conditions: your partner’s support, have time with the baby, good socio-economic level, have a job, health insurance, a healthy life style...”

—Latina Participant

For Latina participants in particular, planning meant that “you can give them everything” including material things and life opportunities, that “you have things for the baby” and “you’re responsible, paying attention to the baby’s needs, give all your love.”

It was clear that participants in all groups knew what women should do if they were planning a pregnancy:

- Take folic acid and vitamins
- Get healthy
- Quit smoking and drinking
- Stop taking medications or find out if you can continue your medication while pregnant

Most participants in all 10 groups agreed that it is important to plan and that not planning had consequences. Some African American participants felt that “planning is important in this era” and “if you don’t plan, the responsibility might shift to someone else.” One American Indian participant said that when there is “not a lot planning ... great grandmas [are] raising the kids.” In one Latina group, participants stated that “if you do not plan, then you’ll have a lot of children and not be able to give them education” and “if you don’t plan, you will just have one [baby] after another.”

Planning a pregnancy, however, is not always easy according to the participants. You can try, but “most of the time you can’t plan a pregnancy.” Participants focused their comments about planning to have a pregnancy and not on how to plan not to get pregnant. Concerns were brought up about lack of time for couples who plan another child and don’t have time together; about the stress of trying to get pregnant; knowing when you are ovulating; and whether it is possible to plan the time of year you want the baby to come.

Participants also commented that you can be planning a pregnancy but then circumstances change:

“I made up my mind that I did want a child but I wasn’t married ... I waited like 3 months but did not get pregnant, then I got in an argument with the guy I was living with and changed my mind and within that month I got pregnant ... this ain’t [sic] what I planned!”

—American Indian participant

“Me and my husband got married and I wanted to be a momma. Me and my husband got in an argument and I said I am not having any more babies for you ... I went to the doctor and I was pregnant. I cried for a whole week. I was ready for it and then I wasn’t ready for it ... and I was scared.”

—American Indian participant

Despite the agreement that it was better to plan pregnancies, many participants in all groups equally felt that it was fine if pregnancy just happened. One American Indian participant stated that “it is ok if it happens naturally” and another in a different group said “It’s ok to plan but no matter how much we think we’re prepared we’re never really prepared for it.” Some participants, particularly Latinas, also seemed resigned to accept an unplanned pregnancy:

“Ok if it just happens, then it is meant to be.”

—African American participant

“Over [the bad] feeling when they get here, they are yours and you love them.”

—African American participant

“You got to deal with it if it happens, you have to prepare for it once it is coming.”

—American Indian participant

“When you are pregnant you have to see how to get ahead.”

—Latina participant

“One just accepts it if you are already pregnant.”

—Latina participant

"If you are already pregnant you have to have [it] because it is done."

—Latina participant

"You think, I already am, oh well."

—Latina participant

At the same time, there were a few participants who commented that women know that a pregnancy can happen and pregnancy should not be seen as a surprise or considered an accident:

"Women know what they do can create a baby."

—American Indian participant

"I call something an accident when you don't know it is going to happen ... if you are with your husband you know what is going to happen ... it is not an accident."

—Latina participant

"Some people out here just have kids to have them and say it was 'at God's will' but they can't afford them. In some instances it is not ok [not to plan]."

—African American participant

▪ ***Planning begins after you become pregnant once***

For several participants, planning began after their first pregnancy. Latina participants, in particular, shared that their first pregnancies were not planned. In one Latina group, the women shared that they did not get information from their mothers about what would happen once they got married and it was not something they felt comfortable talking about with their husbands when they were first married. "After the first pregnancy you are more willing to talk." This group stated that the lack of sex education is a big factor. In Latino families "you don't even say the word [sex]." One participant talked about being embarrassed:

"I was close minded; I was embarrassed to talk about those things. I knew that if I got married I would have children, but I did not make a plan..."

In a group with African American participants, a couple of women also stated that their second children were planned, but did not offer a particular reason:

"I was shocked. The first one only, my second was somewhat planned."

"When I got pregnant with my second child I was at an ok point in my life. I was excited."

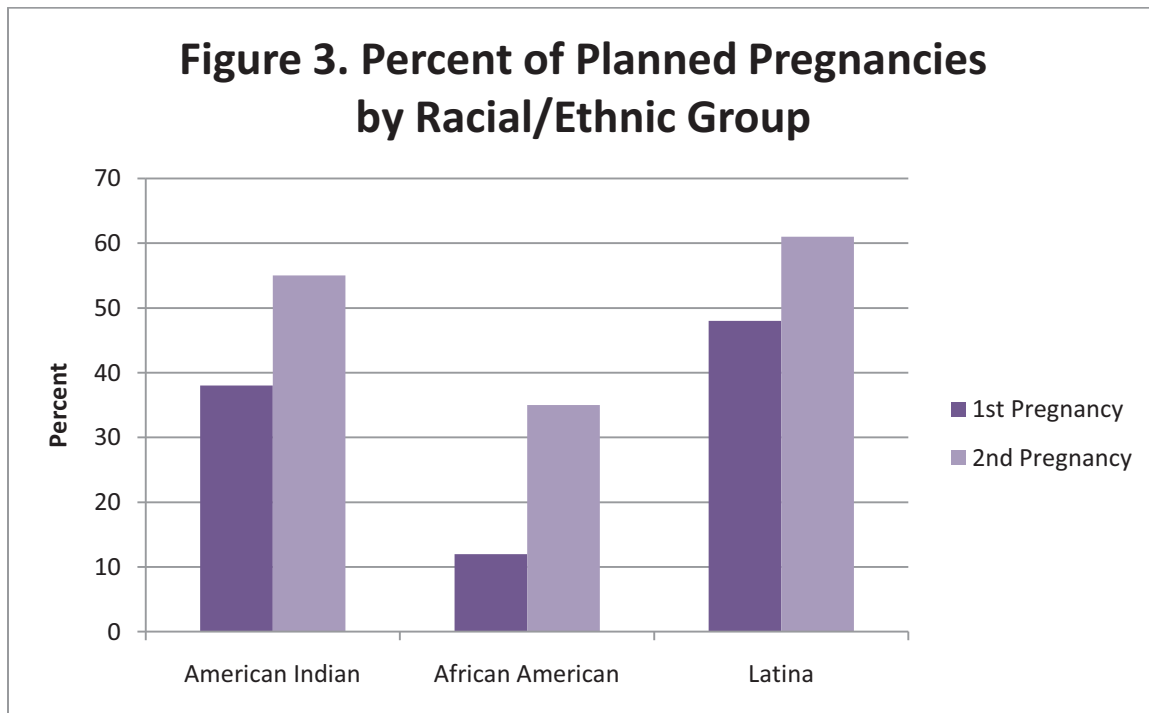
In one American Indian group, the participants felt that getting older and becoming more mature helped them plan subsequent pregnancies. One woman said that at her age of 32 she did plan, but “when I had my first son...at 20...no.” Another participant added,

“More people are planning now, planning their pregnancies and their lives and waiting on children because you can raise them better when you are older and mature and more settled in. There’s more focus on getting a career started.”

—American Indian participant

By age 20, almost half of all participants had at least one child. Twenty-three percent of African American participants had a child by age 16.

As mentioned before, the demographic survey asked a question to determine pregnancy intention based on each pregnancy. The results should be interpreted with caution as previously stated but, as Figure 3 shows, they do illustrate that more participants consider their second pregnancy planned, compared to their first. The data also illustrates that more Latina participants considered their second pregnancy planned than African American or American Indian participants.



Feelings Surrounding Pregnancy

Being scared was a common response from most participants on how women feel when they find out they are pregnant. Other words used to describe these feelings were:

- terrified
- nervous breakdown
- pissed off
- panic
- shocked
- denial
- frightened
- overwhelmed
- stressed
- devastated
- confused
- scared
- worried
- dread
- depressed

These feelings are not surprising when pregnancy is unexpected. Participants' feelings had to do with dealing with the costs and the responsibilities that came along with a pregnancy; the worry of whether the partner would stay; concern that the mother was not in good enough health to have the baby, fear of what other people (partner, parents) would think; and just the basic anxiety surrounding most pregnancies. For some participants, each pregnancy was different, but would still provoke negative feelings. One participant who had five pregnancies said,

“Which time? The first time I was young and confused...when I got older you’re with someone that’s going to be with you, well, you think you are with someone who is going to be with you, with the last one I was depressed...”

—African American participant

Yet participants themselves stated that feelings may also vary based on pregnancy intention (“it depends on whether the pregnancy is planned or not”). When it is planned, “you are more connected to the child, I was reading everything.” Most women stated that even if a pregnancy is planned women feel anxious, nervous and even scared. Women worried about whether the pregnancy would go well, if the baby would be healthy, if there were risks because they were older and if they would know how to raise a child. A few Latina participants talked about crying when they were told they were pregnant, but because they were so overwhelmed with happiness. Latina participants were more likely than other participants to first talk about feeling excited and happy.

For some participants, unplanned pregnancies also stirred up a mix of emotions, from sadness, to happiness, to guilt:

“With an unplanned pregnancy, a woman knows she is pregnant and worries. She may be mad at first and then happy.”

—African American participant

"I was happy but sad. I wanted it to be in the future. Happy but sad."

—African American participant

"I was happy but did not expect to get pregnant right after getting married."

—Latina participant

"Excited, although I became pregnant young, at 18. When I got pregnant with my second, I was on the pill, I decided I was happy but I did not want more than two children."

—Latina participant

"At the beginning I was worried. I was on medication...I did not want to be pregnant because I had not been taking care of myself...this should not have happened. I lost it [the pregnancy] after two months...and I think it was my fault because I worried so much, so God said 'she doesn't want it'..."

—Latina participant

▪ **Abortion**

Participants were not asked directly about abortion, but the topic came up during the discussion of feelings in 6 of the 10 groups. For many of the respondents who spoke up, "termination of pregnancy is not an option" but some American Indian and African American participants shared that they had either had an abortion or had considered having one. One American Indian participant shared that when she became pregnant for the second time at age 16 she *"could not face the fact...to have another baby. I called places from the yellow pages...but I could not go through with it."* For another American Indian woman, her second pregnancy was "not as exciting" as her first and stated that she thought *"do I want it? How much will it cost to get rid of it? Do I want it? How much more headache am I going to have?"* For one African American participant it was clear that her pregnancy was at the wrong time in her life as she commented, *"I was going through a lot and I got rid of mine. I was not financially stable. I didn't want anyone to help me. I was pissed off with it. I was scared."*

In the groups with Latinas, one participant stated "some women don't want to be pregnant and even think about abortion." This opinion was echoed in a different Latina group, with one participant saying "there are women who don't want to be pregnant and have abortions." A heated discussion ensued among participants in one of the groups. One participant stated that women have more abortions in the United States because "it is easy," while another participant stated that women in rural areas in Mexico know who to go see to get abortive herbs. After a statement had been made that promiscuous women are the ones who have abortions, another participant shared that the women she knows who have had abortions have been married. None of the Latina participants shared that they had considered having an abortion or had one. Two participants from different groups made it very clear that they were against abortion and recommended that counseling should be made available to women to not have an abortion when they find themselves with an unplanned pregnancy.

Timing of Pregnancies

Most participants did not hesitate to talk about when it is “not the right time” to become pregnant and why a woman would not want to be pregnant.

According to participants, pregnancy should be avoided in the following situations:

- Have relationship problems
- If living with parents
- Not married
- Partner doesn't want children
- Abusive relationship
- Too old (after 30)
- Too young (under 18)
- Still in high school
- In the middle of career
- Don't have the right education or enough education
- Want to study
- Don't have a job
- In a recession
- Dependent on Medicaid
- Don't have enough money or space
- Trying to get a job
- Want to work
- If taking medicine
- Have health issues
- Have been raped
- After a miscarriage or fetal demise
- At 6-week check up
- Have small children
- Have children with special health needs

Avoiding pregnancy when there are relationship problems was a shared concern across racial/ethnic groups. The need for some sort of stability in the relationship was mentioned.

“I wish I had listened in church and had listened to my parents, there is a lot that goes on that you don't realize until it is too late, when you have sex with somebody you're becoming a part of that person, if there are complications in the relationship, then you don't have a daddy for your child, it all works together, I agree, you need to be stable...”

—African American participant

Yet, it was also clear to some of the women that “a lot of people just aren't going to get married” (American Indian participant) or that “just because you say ‘I do’ doesn't mean it's going to last” (African American participant).

Completing an education and meeting personal goals was also very important for all participants. “Women want to do something, be something in life” (American Indian participant). Women should “wait until after you reach your goals, finish school first” (African American). Some participants talked about having their dreams truncated as a result of an unplanned pregnancy.

“I did not even finish high school. I finished middle school. Unfortunately many of us are not prepared. We got pregnant at an age when we were not mentally ready to raise a baby and to give what the baby needs...It is not enough, I don't have the tools to raise my child. I don't have an education and I have to clean bathrooms, clean windows...I want to study”

—Latina participant.

“I graduated in the top 10% of my class, had a scholarship and a week after I graduated I found out I was pregnant.”

—African American participant

▪ **Teen pregnancy**

Teen pregnancy was a common concern in most of the focus groups. Being “too young” was frequently mentioned as a situation in which to avoid pregnancy. For some participants being “too young” was under 18 but for others it included women 18 to 21. The relevance of pregnancy planning seemed to be very clear when talking about adolescents. A common sentiment was that young girls needed to plan. Many of the participants had experienced pregnancy at a young age and did not recommend it to the younger generations. Participants stated that:

- Being young and not married added another stress.
- Teens needed to be safe and be on birth control.
- Teens should get out of school first.
- Girls “should not be playing house so young.”
- Young women incorrectly believed “that’s not going to happen to me.”

All groups expressed the importance of giving complete and accurate information to their children and that sex education needed to be taught in schools, every year. In one of the groups with American Indians, participants felt that young girls do not know about planning and this education needed to start in the school system and at home. In both, African American and American Indian groups, the importance of an approach that included messages from the church, family and community members was important to help girls delay pregnancy. Latinas felt that here in the United States Latino parents should be more willing to talk to their children. Latinas had the perception that American parents are very open with their children on the topic of sex and that they should strive to be the same.

“It is bad information [to talk about] seeds, storks...”

—Latina participant

“If as mothers we do not talk [to our daughters] they are going to ask elsewhere, they are going to experiment, it will be too late...”

—Latina participant

Fertility Preferences

As reported earlier, most participants had between one and two children. During the discussion, the magic number for many of the participants was two, and three in a few cases:

“You need two, they get along better, they will have someone.”

—African American participant

“It is good for the child to grow up with a sibling.”

—African American participant

“One would be too lonely, should have a companion.”

—Latina participant

In one American Indian group, participants did not provide a specific number and made statements such as “that’s up to the couple” and “didn’t grow up thinking about how many babies.” In a different American Indian group, participants expressed that the number of children they had was “God’s will.” One participant however, clarified that accepting all the children that God sends “only works if you are married, if not you are a burden on the system.”

For Latina participants in only one of the focus groups, fertility preferences changed as a result of living in the United States. Participants felt that they were better situated in the United States to provide for their children, thus felt that they could support 3 to 4 children here, versus 1 to 2 children back home. The women hoped that in the U.S. their children could go to school and university. Interestingly, the same reasoning of providing more opportunities was used by participants in the other two Latina groups to explain why they would have fewer children than their mothers back home:

“Love would not be lacking, but with another one, you can’t give everyone what they deserve. You can offer a better future to three not four”

—Latina participant

A recurring theme that influenced ideal family size in all three Latina groups was the importance of giving their children more opportunities than they had, as well as the “necessary attention and love.”

Finances were the main factor influencing family size for African American women. Responses about desired number of children included “as many as you can afford,” “[one is] better on my pocketbook” and “depends on finances.”

As for when was the best time to have children, all groups agreed that before 30 was ideal. As one participant put it, “after 30 you’ll be walking on a cane trying to raise a baby.” Having the energy and patience to play with their children, as well as avoid complications of pregnancy were mentioned as

reasons to have babies “young, but not too young.” There was no agreement on a specific age to start having children. Suggested ages ranged from 18 to 28. Participants agreed that women should be mature and know who they are before they start to have children.

Spacing of children was mentioned by some participants. Waiting 4 to 5 years before having the next baby was mentioned by many Latinas and some African American women.

- **Family Influences**

Across all groups, family and family size growing up was a big factor informing the women’s preferences. In general, most of the women expressed that coming from large families influenced their desire for small families. Also, women shared that the economic situation now is very different from the time when their parents and grandparents had large families.

“My family is big on both sides, that’s what made me not want a lot of children... It was hard for them [her parents]... and it is harder now.”

—African American participant

“Women back then were more self-sufficient, they were living off the farm, they had gardens and a lot of them were married and had help from their family.”

—African American participant

“All those people having a whole lot of kids was [sic] from back in the day because they farmed, they made their own clothes, they did not have all those things kids want now...my grandma had 10 kids.”

—American Indian participant

“In my case...my mom had nine, my older brothers were strangers...so less [children] and closer together so they grow up together and have communication.”

—Latina participant

“Our mothers tell us don’t have many children. They counsel us not to have such a big family.”

—Latina participant

“My mother tells me, why did you have a third? You should have stayed with two.”

—Latina participant

For a few participants in all the groups, having been an only child made them want a large family.

- ***Cesarean sections***

There were participants who wanted larger families but had circumstances outside of their control that kept their number of children under three, including miscarriages, inability to get pregnant, and having had previous cesarean sections.

The topic of cesarean sections came up in the groups with American Indian and Latina women. The women who raised the subject had gotten the message from providers that having a previous C-section put subsequent pregnancies at risk. One American Indian woman shared that after four pregnancies; three of them C-sections, her niece had been advised “to have her tubes tied.” One Latina participant, who had a cesarean in Mexico, understood from her doctor that the vertical incision on her abdomen could cause problems in future pregnancies and had only one more child in the United States. Several participants expressed confusion about this advice from doctors and wanted more explanation.

The Role of Partners

In many of the groups, the participation of male partners did not come up until the facilitator specifically asked about men, an indication of how most of the women felt about the role of partners in planning and their fertility preferences.

The comments from African American women illustrate a greater divide in their relationships. The women felt that men try to control the women, are not fulfilling their roles as fathers and skip out on their responsibilities. This question definitely pushed a button for participants.

“He wanted to keep me pregnant ‘cause he knew if I was pregnant I wouldn’t cheat on him.”

“Mine was stupid. He was just stupid. That’s all I have to say. He acted like a fool. He was just beastly. Thinks he is all tough...”

“It’s a fairy tale that both partners want a baby.”

“Some think paying child support is compensating for not being a father.”

“When you’re pregnant, they swear they are going to do so much, but you’re the one stuck with their baby.”

For the most part, African American women shared that they did not discuss pregnancy with their partners as “it just happened.” In one group, the women felt that it did not make sense to talk to the men because men just tell “a bunch of lies.”

Many of the African American participants did not feel that the partners should have an opinion since males often had ideas that for the women were ridiculous:

“Mine said four, but I knew he was talking out of his head.”

“My boyfriend had so many that by the time I got pregnant it didn’t really matter [what he wanted].”

“He wants a football team but that ain’t going to happen.”

Raising children on their own was not a problem mentioned by Latinas. For Latinas, more communication was needed with their partners. Latino men often want more children than the women do, as in the case of African Americans, or expect women to be the ones in charge of not getting pregnant. The husband tells the wife “take care of yourself” and doesn’t share the responsibility. One group said that women are the ones who go to the clinic to ask about contraceptive methods. There were women in all the Latina groups who shared that they had initiated talks with their husbands about not having any more children, but again, they had the responsibility of figuring out how to avoid a pregnancy. Only a few women shared that they were no longer with the father of their children. Women in one group said that they did not know any single Latina moms. The preference and reality for most Latina participants was that the man was present, even if not fully involved in reproductive health decisions.

The role of males in the American Indian groups was mixed. In one group, the women were very vocal and shared some of the same sentiment as African American women:

“The daddy of my first two kids wanted two little boys. As soon as he got them he split.”

“Guys want to have a legacy, at least replace themselves.”

“They just like to have them.”

This group never answered the question of whether both partners plan how many children to have. In a second group, the women were all married and they thought that couples should decide together. Two participants said that because the male is the bread winner he would have the ultimate decision, and he would probably choose to have fewer children. In the third group a few women shared that their partners wanted more children than they did but ended up compromising and had two or three. For the most part, American Indian participants did not comment much about the role of partners.

Across racial/ethnic groups, it was clear that women controlled reproductive health decisions. For the most part, women wanted it that way.

“It’s up to the women.”

—American Indian participant

“Mine wanted six...I don’t see it happening.”

—American Indian participant

“The woman has the last word.”

—Latina participant

“When there’s no communication, if a woman wants another [baby] she can still get pregnant.”

—Latina participant

“Women are the ones who get pregnant.”

—Latina participant

“Both have to decide on a plan...but ultimately it is the woman’s decision.”

—African American participant

“Actually the woman’s decision is made before you even start the conversation with him—you just need to make him lean your way. You ain’t lying.”

—African American participant

“If he wants a child or more children and you are not quite ready, you have to be in charge of that situation. In other words we manipulate the situation. We will get pregnant only if we want to.”

—African American participant

“You just smile, knowing all along that you don’t plan to. You’re just not telling the truth, say we took the pill or got the Depo.”

—African American participant

Contraceptive Use and Experiences

Women in all the groups had a lot to say about birth control and the great majority of participants had used or was currently using a hormonal contraceptive method. For most though, the side effects of hormonal contraceptives were troublesome and the women complained that they were never given full information about the side effects. The majority wanted to learn and understand more about the methods. For those women who had eventually received information it helped them make a decision. “It helped me and my husband to better understand what I had been feeling and going through. I was weaned off one birth control and put on ortho tri-cyclen.” The side effects mentioned by participants are listed in Table 5.

Table 5. Side Effects of Contraceptive Methods Mentioned by Focus Group Participants

Method	Side effects
Pill	Headaches, leg cramps, hair loss, altered menstrual cycle, weigh gain, break out, mood swings, nausea, difficulty getting pregnant after stopping use, bleeding,
Depo	Hair loss, bleeding, weight gain, altered menstrual cycle, muscle cramps, vision problems
Implanon	Weight gain, headaches
Patch	Skin irritation

The pill and Depo shot were the methods most participants mentioned as having used but also the methods they most often did not like. For some participants it was hard to remember to take the pill and others were worried about long-term effects of the pill. Several participants from all racial/ethnic groups liked the convenience of the Depo shot, but hated the side effects. One American Indian woman said she had used it as a teen and stated that she had problems with weight gain but “that was minor compared to getting pregnant. I would never go on Depo now.” An African American woman stated “I liked the Depo until I started having side effects.” Several American Indian participants in one group stated that Depo had not worked for them and had still gotten pregnant and wondered if the shot had been given incorrectly.

Participants also felt that there was a lack of guidance on birth control from healthcare providers:

“They just give you a brochure and ask you what you want.”

—African American participant

“When you go to the doctor and ask about birth control, they say there’s this kind, this kind and here’s a bag of condoms.”

—American Indian participant

Some women felt second-guessed when they went to the clinic and asked for a specific method. A few women expressed that their obstetrician had given them a variety of choices.

- **Men and Birth Control**

As stated previously, women felt that they had to be responsible for birth control because “men don’t know about birth control.” Women in the American Indian and Latina groups expressed that men were unwilling to get vasectomies because “they are afraid they’ll lose their manhood.” Latinas in one group were surprised to hear from one woman whose husband had gotten the operation.

For participants in these groups, condom use seemed to be a viable option. A few Latinas stated that after trying various hormonal methods they preferred to use condoms. When asked about how their partners felt about this one woman said, “Men prefer that women take care of themselves but if it is between wearing a condom or not having [sexual] relations, then men are willing to wear a condom.” For African American women, the use of condoms meant that “you are protected on both fronts” and with condoms you “ain’t catching nothing.”

- **Long-term and Permanent Options**

Given all the contraceptive side effects experienced by women in these groups, it was no surprise that many were looking for other options. Some women mentioned abstinence, withdrawal and natural family planning but others wanted something more reliable. A few women mentioned the IUD and many wanted more information. A couple of women (one Latina, one American Indian) who had used the IUD said they found it uncomfortable and had it removed. An African American woman said “after three years, my Mirena is working but all methods have side effects.” Worries about the safety of the IUD also came up in two groups with Latina and American Indian women. Lack of information and experience with this method meant that the participants did not see it as a viable option.

For the most part, “getting your tubes tied” was mentioned as the best option to prevent another pregnancy. There were varied experiences with this method. Some American Indian women said that they were told that they “could not have more [children]” and were “told to have [their] tubes tied.” An African American woman said “I got my tubes tied because I couldn’t stop.” Two Latinas mentioned that they were given the option of the operation because they were going to have a cesarean section anyway. One American Indian woman said that she had wanted to get the operation at 21, when she already had 4 children, but was told she was not old enough. In general, this option was seen as very desirable by most participants and others wanted to have complete information, including risks, costs, and age when women can get this operation.

“When I turned 21, I got my tubes tied and have not looked back since.”

—American Indian participant

“I’d get my tubes tied if I got someone to pay for it.”

—American Indian participant

“Getting an operation gets you out of taking pills.”

—Latina participant

- **Plan B**

Emergency contraception was only mentioned by Latina participants in two different groups. It was clear from their comments that they did not really understand what Plan B was and incorrectly believed that it caused an abortion. One woman said that after forgetting to take her regular pills she called the clinic and was told that Plan B would “take care of it.” She assumed this meant it would cause her to have an abortion and did not keep her appointment. Another woman mentioned that she was told at her clinic that if she ever needed it she could get a pill at her clinic. Again, the woman understood the clinic staff was offering a pill to cause an abortion.

Recommendations from Participants

Participants were asked for their suggestions on what or who would help them or other women with planning pregnancies. This opportunity to give ideas and suggestion was embraced by some but not all participants, probably because the idea that someone would help them plan was uncommon. As one woman stated,

“I have never come across a resource to talk about planning. I go to my family. We usually come here [the health department] after pregnancy, never been presented like ‘come talk to us about what you want to do.’”

—African American participant

For most of the women, family (especially sisters and mothers) and friends were the most obvious choice for seeking help. African American women mentioned religion, the Lord and Jesus. A couple of American Indian women said they would seek help from a tribal elder or mothers in Talking Circles. Latinas mentioned clinics or doctors as sources of help in planning a pregnancy.

When participants were further encouraged to make recommendations, a long list emerged. Across the groups, the main suggestion was to get the message about planning to young girls. Participants felt that girls needed to learn the reality of having a baby, the problems of being a single parent and how a pregnancy changes your dreams. Ideas were given for programs where a male figure or other trusted adult talks to the girls. A Latina participant felt that the best option would be to “immunize adolescents from getting pregnant.” Additional recommendations for helping women plan are listed on the next page in Table 6 by racial/ethnic group. Most of the recommendations involve intensive approaches for sharing information and support, such as classes and talks.

Table 6. Participant Recommendations to Help in Pregnancy Planning

African American	American Indian	Latina
Help people understand what it means to plan a family	Knowing costs of raising a child	Family planning talks when you go to your annual visit or when you take your child for immunizations
Organizations to teach how to take care of family and children	Getting more information on pregnancy	Campaign to explain tubal ligation
“Family prevention” not family planning	Use of social media, internet and text messages	Free or low-cost tubal ligation
Organizations for guys	Access to insurance	Provide better and more respectful services at clinics
Support groups	TV messages about planning/services	Help and guidance to parents/classes for parents and youth together
Knowing the options for birth control	Talk about pregnancy planning in schools	More opportunities to ask questions at the clinic
Make mentors available		Support groups for young girls
Getting parents involved/activities for parents and children		Information on television, talk-show style
		Talks that include men

Conclusions

Is pregnancy planning of limited relevance to some women? Our study indicates that African American, American Indian and Latina women consider the idea of planning a pregnancy important. The key steps for planning (quit bad habits, take folic acid, finish school, etc) were mentioned by most participants. Yet, planning a pregnancy is a concept that still remains abstract and therefore women do not really know how to do it. In particular, in the discussion about planning, participants focused their comments about planning to have a pregnancy and not on how not to get pregnant. The need for more information on how to prevent pregnancy only came up during the discussion about birth control and not as part of the overall discussion of what planning means.

Participants see unplanned pregnancies as scary but, at the same time, many are resigned or willing to accept them and figure out how to move on after such an event. For many participants it was important to assume the responsibility of motherhood, even though they recognized it meant giving up their own dreams and desires. At the same time, having control of their reproduction was important to women and for several participants sterilization was the only solution to end the “danger” of becoming pregnant again. Clearly, this solution ignores the structural barriers that from the onset make it difficult for women to plan their pregnancies.

The structural barriers that stand out from our study are the role of the male partner, lack of complete sexual and reproductive health information that leads to early age at sexual initiation, and knowledge and understanding of contraception and related side effects.

Male involvement

For the most part, women saw themselves as the ones responsible for reproduction. Latina and American Indian women seemed to have a stronger desire for male involvement than African American women. Latinas felt it was important for any interventions to include men. For some African American participants men just needed to get more information, but joint efforts were not mentioned.

Sexual education for youth

With the benefit of hindsight, participants felt it was of utmost importance to provide girls and young women with the information to delay pregnancy. Having girls hear this information from respected community members, trusted adults and men were some of the main suggestions. That the youth receive the information in schools was suggested by many. For Latinas, parental involvement was important but recognized that parents needed to gain the knowledge first. For African American women, organizations that provided support to families were important. A comprehensive approach that included church, family and community was key for American Indian and African American participants.

Contraception

Having complete and accurate information on all contraceptive methods available was mentioned by all participants. Participants had incomplete knowledge on most methods. A majority had mostly used the pill and Depo. For many getting sterilized seemed to be the best option, even though they also had incomplete information on this procedure.

Limitations

Although there seemed to be some reproductive health differences by race and ethnic group, it is difficult to make any overarching conclusions since the sample is not representative of all women in North Carolina and because other demographic factors are involved which prevent generalizability to a particular race or ethnic group. For example, in our African American groups, over 65% of participants had some college education and over 80% had unplanned pregnancies. Almost half of all Latina participants had lived in the United States ten years or more and almost 90% of participants were born in Mexico. Almost half of American Indian participants did not identify as such.

There are also other limitations to this study. The use of focus group methodology allows us to capture a variety of comments and ideas from many women. However, the down side is that some of the comments and ideas remain general. Some women were more outspoken than others and were willing to elaborate and even share their own stories, while other women were not. When controversial topics, such as abortion, came up many women remained silent and it is impossible to know if there were

women who had different ideas but did not speak up against what seemed to be the prevailing sentiment. Also, when there were women who shared their personal stories, while enriching to the conversation, they also made it impossible, in some instances, to delve deeper into answers to other questions. Finally, although efforts were made for geographic diversity, this was not a priority for group selection and the results only reflect the opinion of women in seven counties in North Carolina.

Recommendations

Recommendations for Action

- 1) *Promote partner involvement and communication.* Use traditional male events, such as sports leagues, male-oriented church groups or other culturally appropriate venues to provide information to men and encourage them to communicate with their partners about pregnancy intentions and family planning.
- 2) *Support the implementation of the Healthy Youth Act.* All groups expressed the importance of giving complete and accurate information to their children and that sex education needed to be taught in schools, every year. Legislation to achieve this was approved in 2009 in North Carolina and implementation should be supported.
- 3) *Give parents the tools to talk to their kids about pregnancy prevention.* Clearly the mothers in our groups want to stress the importance of pregnancy planning, but don't feel capable without receiving additional information.
- 4) *Offer effective contraceptive counseling.* Counseling women about all their contraceptive options, as well as about side effects, can help women choose a method that is right for them. Initial group counseling sessions can get women initial information and can be followed up with individual sessions to answer personal questions. The American Reproductive Health Association offers online updates and tips on effective counseling.
- 5) *Offer complete information on long-acting reversible contraception.* Women seem to think their only options are pills, Depo or sterilization. Encouraging women to try long-acting reversible contraception will give women another option to consider.
- 6) *Empower women in decision-making and avoid second-guessing their decisions.* Use language that indicates to women that they can make decisions and offer resources to help them.

Recommendations for Future Research

- 1) Understanding pregnancy intention from the male perspective is clearly needed. Many interventions and programs are only focused on women and as a result are leaving a key player out.
- 2) Individual interviews with both men and women would be helpful in teasing out reproductive health preferences and experiences and allow for control of demographic factors. In addition, through individual interviews a complete reproductive health history could be obtained from participants.
- 3) Any collection of demographic information should clearly ask about current pregnancy status as well as pregnancy outcomes such as miscarriages, fetal demises and abortions in order to get a complete and accurate picture of participants' reproductive lives.

Appendix A — Consent Form, English

Consent to Participate in a Focus Group on Pregnancy and Planning Your Family

What is the purpose of this focus group?

The purpose of the focus group is to learn about women's expectations, hopes, values and fears surrounding pregnancy and motherhood. This information will be used by the North Carolina Healthy Start Foundation to improve our public education campaigns. The information will also be used by the N.C. Division of Public Health, Women's and Children's Health Section to improve how women receive information and get services on pregnancy and planning their families.

Why have you been asked to take part?

You have been asked to be in this focus group because you belong to a community group which was chosen by the focus group planners or because you expressed interest in participating.

What will you be asked to do?

You are being asked to participate in one focus group discussion that will take about 2 hours of your time. We will ask you about women's expectations, hopes, values and fears surrounding pregnancy and motherhood. Your ideas and opinions are important to us, so we want you to say what's on your mind. There are no right or wrong answers to any of the questions.

What are the benefits of participating?

We do not promise you any direct benefit from participating. The focus group, however, may allow you to explore your feelings and beliefs about pregnancy and motherhood and what it means to plan for pregnancies. Other people may benefit in the future because the information from this focus group may increase our understanding of the best ways to talk to people about pregnancy and planning their families.

Are there any risks?

There are no physical risks from participating in the focus group. The only risk you may encounter is if during the discussion you remember anything that may upset you. If that is the case, the facilitator will refer you to a resource telephone line that can help you.

Are there any costs?

No. There is no cost to participate.

Will you receive any compensation?

Yes. You will receive a \$20 gift card to thank you for participating.

Right to refuse or withdraw from the focus group

Participation in this focus group is voluntary. You have the right to withdraw your consent or stop participating at any time without penalty.

Confidentiality:

All the information you provide will be kept confidential. The only exception is if you express the intent to harm yourself or others. You do not need to tell us your name and you may use a fake name if you wish. Audio-taping is preferred for all focus groups, however, you may ask to stop the tape recording at anytime. All tapes will be transcribed (typed up) without names or other identifying information to protect your confidentiality. Every effort will be taken to protect the identity of the participants in the focus group. However, there is no guarantee that the information cannot be obtained by legal process or court order. You will not be identified in any report or publication of this focus group or its results.

Who can I contact to answer questions about the focus group?

If you have questions about this focus group, you may call Ms. Janice Freedman, Executive Director of the North Carolina Healthy Start Foundation at 919-828-1819.

Appendix B — Consent Form, Spanish

Consentimiento para participar en el grupo de discusión sobre embarazo y planificación de familia.

¿Cuál es el propósito de este grupo de discusión?

El propósito de este grupo de discusión es aprender sobre las expectativas, deseos, valores y preocupaciones de las mujeres con respecto al embarazo y ser madre. La información que obtengamos será utilizada por la Fundación Healthy Start de Carolina del Norte para mejorar nuestras campañas de información para el público. La información también será usada por la Sección de Salud de Mujeres y Niños de la División de Salud Pública en Carolina del Norte para mejorar la manera en que las mujeres reciben información y obtienen servicios de embarazo y de planificación familiar.

¿Por qué le hemos pedido participar?

Le hemos pedido participar en este grupo de discusión porque usted es parte de un grupo en la comunidad escogido por la coordinadora del grupo de discusión o porque mostró interés en participar.

¿Qué le pediremos hacer?

Le estamos pidiendo participar en un grupo de discusión que tomará más o menos 2 horas de su tiempo.

- Le haremos preguntas sobre las expectativas, deseos, valores y preocupaciones de las mujeres con respecto al embarazo y ser madre.
- Sus ideas y opiniones son importante para nosotros y queremos escuchar lo que está pensando. No hay respuestas correctas o equivocadas a cualquiera de nuestras preguntas.

¿Cuáles son los beneficios de participar?

Nosotros no prometemos ningún beneficio directo por participar. Sin embargo, el grupo de discusión le puede permitir explorar sus sentimientos y creencias acerca del embarazo y ser madre y sobre lo que significa planear los embarazos. En el futuro otras personas podrán beneficiarse, porque la información de estos grupos de discusión puede mejorar la manera en que se da información sobre el embarazo y planificación familiar.

¿Existe algún riesgo?

No. No hay riesgos físicos por participar en grupos de discusión. Sin embargo, para algunos participantes pueden ser incómodo responder a ciertas preguntas. Usted no tiene que contestar ninguna pregunta que la haga sentir incómodo. También es posible que la plática cause memorias o sentimientos incómodos. Si esto sucede, hable con la coordinadora del grupo al final para recibir información sobre servicios que pueden ayudarle.

¿Tiene algún costo?

No. Participar no tiene ningún costo.

¿Recibirá usted alguna compensación?

Sí. Después de terminar el grupo de discusión, cada participante recibirá una tarjeta regalo por \$20.

El derecho a rechazar o retirarse del grupo de discusión

La participación en este grupo de discusión es voluntaria. Usted tiene el derecho de dejar de participar en cualquier momento sin que existan represalias.

Confidencialidad

Si acepta participar en este grupo de discusión, por favor recuerde que su participación es voluntaria. Toda la información que nos proporcione se mantendrá en confidencialidad. La única excepción es si usted manifiesta la intención de hacerse daño a si misma o a otros.

Quisiéramos grabar toda la discusión del grupo, sin embargo, usted puede detener la grabación en cualquier momento. Haremos todo lo posible para proteger la identidad de las participantes en el grupo de discusión. Sin embargo, no hay garantía de que la información no pueda obtenerse a través de un proceso legal u orden judicial. Usted no será identificada en ninguna de las notas del proyecto, reporte o publicación.

¿A Quién puedo contactar para responder preguntas acerca de la entrevista?

Si usted tiene preguntas acerca de esta entrevista, usted puede llamar la Coordinadora Tania Connaughton-Espino, o a la Sra. Janice Freedman, Directora Ejecutiva de la Fundación Healthy Start de Carolina del Norte al 919-828-1819.

Appendix C — Focus Group Guide, English

Ice breaker: Ask each participant to share her name, how many children she has and her age. (For Latinas, ask country of origin)

1. Do you think most women your age or women you know plan their pregnancies? What does a planned pregnancy mean?
2. Do you think it is important to plan for pregnancy or is it OK if pregnancies just happen?
3. What kinds of feelings do women have when they find out they are pregnant? How are these feelings different if the pregnancy is a surprise?
4. What times in life do you feel is not the “right time” to become pregnant?
5. Are there situations when a woman would not want to become pregnant? What kind of situations?
6. What ideas do you have about how many children is a good number to have and when to have them?
7. What kinds of things influence how many children a woman would like to have and when to have them?

Probes: If needed, suggest some of the following to start conversation: woman’s age, financial concerns, personal aspirations, partner involvement, how long a woman has been with her partner, family expectations, or is it just something that happens?

Latinas: Do you think coming to the US changes women’s ideas about how many children they would like to have and when they would like to have them? Would you think differently if you were still in your home country? Why?

8. How did the father of your child feel about how many children he would like to have and when? How do you both decide on a plan for your family?
9. What did you do to keep from becoming pregnant when you did not want to? If you have had experience with birth control, what was your experience with birth control like? How easy or difficult was it to get, use, and stick with?
10. If you do want to plan your pregnancy, who do you go to for advice or what helps you to plan? What would make it easier to plan?

Appendix D — Focus Group Guide, Spanish

Rompe hielo: Pida que cada participante comparta su nombre, de que país es originaria, el número de hijos que tiene y su edad.

1. ¿Ustedes piensan que la mayoría de mujeres de su edad o mujeres que ustedes conocen planean sus embarazos? ¿Qué significa para ustedes un embarazo planeado?
2. ¿Creen que es importante planear los embarazos o es aceptable que una mujer quede embarazada sin haberlo planeado?
3. ¿Cómo se sienten las mujeres cuando se enteran que están embarazadas? (Describan los sentimientos) ¿Cómo cambian estos sentimientos si el embarazo es una sorpresa?
4. ¿En qué momentos de la vida piensan ustedes que no es el “momento correcto” para quedar embarazada?
5. ¿Existen situaciones cuando a una mujer no le gustaría quedar embarazada? ¿En qué tipo de situaciones?
6. ¿Cuáles son sus ideas sobre el número de hijos que es bueno tener y cuando tenerlos?
7. ¿Qué cosas influyen sobre el número de hijos que a una mujer le gustaría tener y cuando tenerlos? **Probes:** Si es necesario, sugerir: edad de la mujer, preocupaciones financieras, aspiraciones personales, si la pareja está involucrada, el tiempo que la mujer lleva con su pareja, expectativas familiares, o ¿es nada más algo que pasa?
8. ¿Creen que cuando las mujeres vienen a Estados Unidos cambian sus ideas del número de hijos que les gustaría tener y cuando tenerlos? ¿Pensarían de otra manera si todavía estuvieran en su país de origen? ¿Por qué?
9. Hablando de sus parejas, ¿Qué ideas tenía el padre de sus hijos sobre cuántos hijos quería tener y cuando? ¿Cómo pueden decidir los dos juntos sobre un plan para su familia?
10. ¿Qué han hecho para evitar quedar embarazadas cuando no querían? Si han usado métodos anticonceptivos, ¿cuál y cómo ha sido su experiencia con los métodos anticonceptivos? ¿Qué tan fácil o difícil ha sido obtener un método, usarlo y continuar el uso de éste?
11. ¿Si ustedes quieren planear sus embarazos, con quien hablan para pedir consejos o ayuda con sus planes? ¿Qué les ayudaría planear?

Appendix E — Demographic Survey, English

1. How old are you? _____

2. What is your race/ethnicity? (Please check the one you most identify with)

White/Caucasian

African American

American Indian

Latino

Other

If not born in the U.S., what country were you born in? _____

How long have you lived in the U.S.? _____

If you were born in the U.S., what generation are you? _____

3. How many pregnancies have you had? _____

4. How many children do you have? _____

5. How old are your children? _____

6. Thinking back to just before you got pregnant with your **youngest child**, how did you feel about becoming pregnant? (Please check box)

I wanted to be pregnant sooner

I wanted to be pregnant later

I wanted to be pregnant then

I did not want to be pregnant then or at any time in the future

7. With any of your pregnancies, have you ever: (check appropriate statement for each pregnancy you have had)

	1 st pregnancy	2 nd pregnancy	3 rd pregnancy	4 th pregnancy	5 th pregnancy
Become pregnant sooner than I wanted					
Become pregnant later than I wanted					
Become pregnant when I wanted to					
Become pregnant when I didn't want to be pregnant					

8. What is the highest level of education you have completed?

- | | |
|---|---|
| <input type="checkbox"/> Some Elementary School | <input type="checkbox"/> Some High School |
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> High School |
| <input type="checkbox"/> Some Middle school | <input type="checkbox"/> Some College |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> College |

9. What is your household income?

- \$14,999 or less
- \$15,000 - \$24,999
- \$25,000 - \$49,999
- \$50,000 or more

10. How many people live in your house that depend on this income? _____

Appendix F — Demographic Survey, Spanish

1. ¿Cuántos años tiene? _____

2. ¿Cuál es su raza o etnia? (Marque el grupo con quien más se identifica)
 - Blanco
 - Afro-Americano
 - Indio Americano
 - Latino
 - Otro

3. ¿En qué país nació? _____

4. ¿Cuánto tiempo ha vivido en Estados Unidos? _____

5. Si nació en los Estados Unidos, ¿Qué generación es? _____

6. ¿Cuántos embarazos ha tenido? _____

7. ¿Cuántos hijos tiene? _____

8. ¿Qué edades tienen sus hijos? _____

9. Piense en el momento antes de quedar embarazada con su hijo más pequeño, ¿cómo se sintió cuando supo que estaba embarazada? (Marque con una palomita ✓ la oración que corresponda)
 - Quería quedar embarazada más pronto
 - Quería quedar embarazada después
 - Quería quedar embarazada en ese momento
 - No quería quedar embarazada en ese momento o en ningún momento en el futuro

10. Con sus embarazo, alguna vez (por cada embarazo que ha tenido marque la oración que corresponda):

	Primer embarazo	Segundo embarazo	Tercer embarazo	Cuarto embarazo	Quinto embarazo
Quedo embarazada antes de que quería					
Quedo embarazada más tarde de que quería					
Quedo embarazada cuando quería					
Quedo embarazada cuando no quería estar embarazada					

11. 8. ¿Qué nivel de estudios ha completado?

- | | |
|---|---|
| <input type="checkbox"/> Algo de Primaria | <input type="checkbox"/> Algo de Preparatoria |
| <input type="checkbox"/> Primaria | <input type="checkbox"/> Preparatoria |
| <input type="checkbox"/> Algo de Secundaria | <input type="checkbox"/> Algo de Universidad |
| <input type="checkbox"/> Secundaria | <input type="checkbox"/> Universidad |

12. ¿Cuál es el ingreso en su hogar?

- \$14,999 o menos
- \$15,000 - \$24,999
- \$25,000 - \$49,999
- \$50,000 o más

13. ¿Cuántas personas viven en su hogar que dependen de este ingreso?