Title of proposal

Name of applicant

**Mentor(s):** Name, Title, Department

**Background:** Unintended pregnancy is a substantial problem in the US and confers significant adverse consequences for women, their children, and society. Approximately 70% of pregnancies among African-American women are unintended compared to 40% of pregnancies among White women.\(^1\) Disparities in unintended pregnancy can contribute to the cycle of disadvantage experienced by vulnerable populations.\(^2-5\)

The proximate cause of unintended pregnancy is sexual activity in the absence of effective contraception. As AA women overall have less effective contraceptive use patterns, racial disparities in unintended pregnancy rates are directly related to differences in contraceptive use. Researchers have suggested that motivation (i.e., pregnancy intention) is the most immediate determinant of fertility-related behaviors including contraceptive use. Pregnancy intention is a complex construct. Traditional measures, however, use a simple, dichotomous scheme categorizing pregnancy as intended or unintended. Though pregnancy intention is difficult to assess quantitatively, the London Measure of Unintended Pregnancy (LMUP) is a new measure of pregnancy planning/intention that attempts to capture various nuances and dimensions of pregnancy intention. While the LMUP has been validated among British women, it is not clear if this measure accurately captures pregnancy intention among low-income black and white women in the US.

**Purpose:** To compare low-income US black and white pregnant women’s qualitative narratives about their pre-conception pregnancy intentions with their LMUP scores in order to determine the face validity and usefulness of the LMUP in this population.

**Methodology:** We have conducted 30 one-on-one interviews with low-income pregnant women (15 AA and 15 white) in Pittsburgh to gain insight about contraceptive decision-making in a population at high risk for unintended pregnancy. Participants were recruited by posting flyers at 6 clinical sites in Pittsburgh that serve low-income populations (five Magee Neighborhood Health Centers and a Planned Parenthood Clinic). The women were screened for eligibility over the phone. Interviews were conducted at the Center for Research on Health Care and were transcribed verbatim. Women were asked about the contexts in which pregnancy occurred in order to develop our understanding of the spectrum of pregnancy intention in this population and whether this varies by race. In addition, questionnaires were distributed at the end of each interview to gather information on the participants’ socio-demographic characteristics and pregnancy history and to administer the LMUP. The LMUP is a 6-item measure with scores ranging from 0 - 12 representing increasing degrees of pregnancy intention.

We will code all transcripts and inductively create typologies of pregnancy intendedness based on women’s reports of their feelings and behaviors prior to conception. These typologies will fall in a spectrum ranging from unintended on one end to intended on the other end. We will then qualitatively compare these typologies with their LMUP score to assess congruence and explore whether congruence varies by the woman’s race. We will also consult with a statistician to determine if there are appropriate quantitative tests to assess congruence.

**Impact:** This work will provide insight about the nuances and salient dimensions of pregnancy intentions in our population and determine whether these constructs vary by race. Furthermore, it will help establish if the LMUP is a useful measure of pregnancy intention among low income US women that can be used as a quantitative tool in future studies testing interventions designed to reduce unintended pregnancy in this population.

**Role of student:**

**IRB approval:**
References: