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### UNINTENDED PREGNANCY

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# Unintended Pregnancy



## What is this indicator?

An intended pregnancy is one where a woman (and hopefully her partner) has made a conscious decision to become pregnant. All other pregnancies are considered unintended. An unintended pregnancy is not necessarily an unwanted pregnancy. Most unintended pregnancies are considered mistimed: the woman would like to be pregnant eventually, but was not planning for it at that specific moment.

## What are key findings?

The Centers for Disease Control (CDC) reported (2001) that approximately one-half of pregnancies in the United States were unintended (Finer, 2006).

In 2006, 78.6% of callers to Babyline (a program scheduling first prenatal appointments for pregnant low-income women throughout Tulsa) reported that they had not been trying to become pregnant.

The Free Pregnancy Testing Program (FPT) conducts over 7,000 pregnancy tests per year in the Tulsa area. In 2006, 51.6% of a sample of FPT respondents was pregnant. Among those who were pregnant, 49.9% reported that they wanted to be pregnant

now, 42.9% wanted to be pregnant later, and 7.2% reported that they never wanted to be pregnant. Among all FPT program participants (pregnant and non-pregnant) reporting, 72.6% were not using birth control.

The Pregnancy Risk Assessment Monitoring System (PRAMS), "administered by the Centers for Disease Control and Prevention, is an ongoing, state-specific, population-based surveillance system of maternal behaviors and experiences before, during and after pregnancy" (PRAMS, 1999, p.1). Oklahoma PRAMS using 2000-2003 data found that 37.1% of respondents reported an unintended pregnancy, 27.8% did not mind being pregnant, and 35.1% of the pregnancies were intended (Oklahoma PRAMS, 2006, p. 1).

The PRAMS data indicates that women under the age of 20 were more likely to report that their pregnancy was unintended (63.7%). One-quarter of those 30 years of age and older reported an unintended pregnancy.

African Americans were more likely to report that their pregnancy was unintended (55.4%); over one-third of Caucasian women reported an unintended pregnancy. There seems to be little difference in the percentage of women reporting unintended pregnancies based on ethnicity.

Women who were married, had more than a 12th grade education, did not receive Medicaid, and were at or above 185% of the federal poverty level (FPL) were less likely to report unintended pregnancies. However, one-fifth of those who were married, one-quarter of those with more than a 12th grade education, one-quarter of those who did not qualify for Medicaid, and almost one-fifth of those at or above 185% FPL had an unintended pregnancy. While these findings point to populations that may have greater problems with unintended pregnancies, the issue is significant for all women of child bearing age.

**Pregnancy Intention by Selected Maternal Characteristics (Oklahoma PRAMS, 2000-2003)**

Characteristic	Unintended	Did Not Mind	Intended
<b>Age, years</b>			
< 20	63.7%	23.4%	12.9%
20-24	43.1%	30.4%	26.6%
25-29	26.8%	27.9%	45.3%
=>30	24.9%	27.1%	48.0%
<b>Race</b>			
White	34.4%	27.5%	38.0%
African American	55.4%	26.4%	18.1%
American Indian	44.7%	29.8%	25.5%
<b>Hispanic Ethnicity</b>			
Yes	35.2%	22.1%	42.7%
No	37.3%	28.4%	34.2%
<b>Marital Status</b>			
Married	22.7%	28.6%	48.7%
Other	57.5%	26.7%	15.8%
<b>Education, years</b>			
<12	53.6%	23.3%	23.1%
12	40.5%	31.3%	28.3%
>12	25.2%	27.1%	47.7%

PRAMS data shows associations between unintended pregnancy and several indicators of healthy pregnancy.

- Women who did not begin their prenatal care until the second (70%) and third (63%) trimesters were more likely to have had an unintended pregnancy. The same was true for women who reported barriers to receiving prenatal care (70%).
- Of those women who reported smoking during the third trimester of pregnancy, 66% had an unintended pregnancy.
- 60% of those who did not initiate breastfeeding had an unintended pregnancy.

The Family Health Coalition (FHC) conducted a study of Unintended Pregnancy in Tulsa County. The study included a review of available data, a survey, and three focus groups. Surveys were distributed at professional conferences and given to case managers to distribute among their clients. The final survey sample was 232 women residing in Tulsa County who reported that they had been pregnant at least one time. One focus group was held with adult women, the other two with teens. Racial minorities were over-represented in the survey data and those of Hispanic ethnicity were under-represented. Educational attainment was somewhat higher than the birth certificate data which would be expected for the lifetime perspective of many survey respondents. A higher percentage of survey respondents were either Medicaid recipients or uninsured than available comparison data.

Findings from the FHC survey data included:

- 49.7% of pregnancies were unintended.
- There was little variation between unintended pregnancy by race or ethnicity. Approximately 25% of Hispanic, Asian and Caucasian women surveyed reported no unintended pregnancies. A similar percentage of Native American (12.1%) and African American (15%) women reported no unintended pregnancies. Caution must be used when reviewing these percentages since survey numbers by race and ethnicity were small for some groups.
- Of those survey respondents who reported an unintended pregnancy, 59.6% reported one and 24% reported two unintended pregnancies. It is concerning that 16.3% reported three or more unintended pregnancies.

**Number of Unintended Pregnancies**

Number	Frequency	Percent
0	54	24.0
1	102	45.3
2	41	18.2
3	13	5.8
4	10	4.4
5	4	1.8
6	1	.4
<b>Total</b>	<b>225</b>	<b>100.0</b>
<b>Missing Total</b>	<b>7</b>	
	<b>232</b>	

Maternal age differed between the survey respondents and PRAMS data. PRAMS data indicates that unintended pregnancy is more likely among teens, but among survey respondents the average age at the first unintended pregnancy was 20.7 years, the average age for a second unintended pregnancy was 22.9 years, and the average age for a third unintended pregnancy was 26.4 years. Unintended pregnancies were reported at over 30 years of age by 6% of survey respondents.

The most frequently cited contributors to unintended pregnancy were:

- “I didn’t think I could get pregnant”
- “I didn’t know where to go (for birth control)”
- “I was unsure how to use (birth control method)”
- “I was afraid my parents would learn (that I was sexually active)”
- “Partner’s opinion”

At the time they unintentionally became pregnant, the most frequent birth control methods reported were:

- Birth control pills
- The natural method
- Condoms
- None

At the time of a first unintended pregnancy 74.6% of respondents reported they were not using their birth control method consistently or correctly.

Current barriers to family planning were different from research literature on unintended pregnancy. They included cost (67.1%), religion (11.4%), “don’t know where to go” (10%), and transportation (10%).

The following information was gathered through the focus groups:

- Great care needs to be taken when discussing unintended pregnancy that it does not become confused with unwanted pregnancy. This seemed to happen at the start of some of the focus groups and the response was understandably defensive. This seemed to be particularly true of teen mothers.
- Most participants did not initially think of unintended pregnancy as a potential concern. There were numerous comments that suggested an external locus of control regarding pregnancy and having babies. Having a baby was “fate” or “God’s will;” “if it was meant to happen it would;” or “children are a blessing, they can’t be wrong.” These views seemed particularly strong among (yet not exclusive to) teens.

- Views regarding men’s participation in the responsibility of family planning were mostly negative. Men were seen as not caring, not taking responsibility, and being primarily interested in having sex.
- Concepts about birth spacing seem to be extremely varied, with little knowledge about recommendations for spacing births at least two years apart.

The greatest reasons cited for unintended pregnancy were:

- Not thinking about the need for birth control
- Not remembering to use birth control
- Psychological denial (“it won’t happen to me”)
- A belief (more medical than psychological denial) that for one reason or another “I’m not able to get pregnant”

### What are the implications?

The Perinatal Periods of Risk Report (TFIMR, Tulsa Health Department, 2004) demonstrated that one of the most important factors leading to infant mortality and morbidity is the health of the mother before she becomes pregnant. A woman planning to become pregnant usually places a higher priority on her health.

- She may improve her nutrition, stop smoking, abstain from alcohol use, and/or make financial and lifestyle choices that will prepare her for a healthy pregnancy.
- If the woman has a medical condition such as diabetes or hypertension, or is taking a prescribed medication, she may talk with her physician about how to reduce complications to her pregnancy.
- A woman may begin taking vitamins with folic acid.
- A woman with a planned pregnancy may face fewer stressors during pregnancy because she has thought through expected challenges and is prepared to face them.

A woman who is not intending to become pregnant will not take steps to improve her health. She may not be taking folic acid and she may be using a medication incompatible with pregnancy. Most women may not realize they are pregnant for 6 weeks or more. During the time prior to learning she is pregnant, a woman with an unintended pregnancy may have health behaviors that directly endanger the fetus. A woman with an unintended pregnancy may be under considerable stress as she learns she is pregnant and begins to prepare for motherhood.

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***Census questions?***

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