



Published in final edited form as:

Cult Health Sex. 2020 August ; 22(8): 920–936. doi:10.1080/13691058.2019.1642517.

Young adult US-born Latina women’s thoughts, feelings and beliefs about unintended pregnancy

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Abstract

Current measures of unintended pregnancy underestimate the co-occurring, complex set of social, cultural, economic and structural factors that influence how women interpret unintended pregnancy. The purpose of this study was to prospectively explore young adult US-born Latinas’ thoughts, feelings and beliefs about pregnancy, specifically unintended pregnancies and the sociocultural factors identified as contributors to those beliefs. In-depth interviews (n=20) were conducted with US born, English-speaking Latinas aged 18-25 years in south Florida. Seventeen participants did not intend to get pregnant, while the remaining participants (n=3) reported that their intentions kept changing. Participants’ beliefs regarding their unintended pregnancy were influenced by social and economic hardship and cultural factors such as *fatalism* and *familismo*. Ideas and the meaning of pregnancy differed based on the woman’s pregnancy resolution decision. Many women felt the term ‘unintended pregnancy’ placed blame on women and was stigmatising. When discussing pregnancy planning, most participants felt that women should not plan their pregnancies and doing so was going against fate. Findings suggest that salient influences such as culture and the social determinants related to unintended pregnancy should be incorporated into measurements examining unintended pregnancy.

Keywords

unintended pregnancy; beliefs; feelings Latinas; context; USA

Introduction

Although there have been declines in rates of unintended pregnancy, substantial disparities in rates of unintended pregnancy continue among young adult women and Latinas in the USA (Finer and Zolna 2016). In 2011, the percentage of unintended pregnancies was 69% among US Black women, 56% among Latinas, and 42% among White women (Finer and Zolna 2016). In the same year, the percentage of unintended pregnancies for young adult women ages 20-24 years was 64% (Finer and Zolna 2016). The consequences of unintended pregnancy can include adverse health and social consequences for women and children including lower levels of prenatal care and breastfeeding, and higher levels of premature delivery, low birth weight, child abuse, intimate partner violence and maternal mental health challenges (Cheng et al. 2009; Humbert et al. 2010; Sanchez-Vaznaugh et al. 2016).

Young adults who experience an unintended pregnancy risk disruption of educational goals, employment instability, and are more likely to live in poverty and be single (Kim, Daher and Chen 2016). While unintended pregnancy has been framed as a social, economic, and health issue, a substantial amount of literature has been challenging these notions (Geronimus 2003; Geronimus 2004). Some have suggested that early childbearing can be understood as an adaptive practice that fosters protective features (Geronimus 2003; Geronimus 2004). Additionally, as suggested by Luker (1999: 249), “understanding better the consequences and meaning of unintended pregnancy is one of our most urgent research tasks”.

Studies suggest that socio-economic inequalities and disadvantage, as well as cultural norms and beliefs, may be contributing factors to higher rates of unintended pregnancy among Latinas (Miller et al. 2012; Minnis et al. 2013; Penman-Aguilar et al. 2013). While there have been studies examining Latina’s contraceptive use patterns, sexual behaviour and other factors related to unintended pregnancy, these studies have been remiss in discerning the complex factors that play a role in high rates of unintended pregnancy (Garcés-Palacio, Altarac and Scarinci 2008; Venkat et al. 2008; Wilson 2008; Wilson 2009; Gonzalez et al. 2010; Grossman et al. 2010; Masinter, Feinglass and Simon 2013; Gilliam et al. 2011; Hartnett 2012; Dina et al. 2014; Aiken, Dillaway and Mevs-Korff 2015; Vasquez et al. 2015). Although US Latinos are a heterogeneous ethnic group, most unintended pregnancy research to date focuses on Latinas of Mexican origin (Garcés-Palacio, Altarac and Scarinci 2008; Rocca et al. 2010; Martin and Garcia 2011; Aiken and Potter 2013; Aiken, Dillaway and Mevs-Korff 2015). Additionally, studies have also focused more on adolescent Latinas, and not young adult Latinas aged 18-25 years.

Unintended pregnancy: Operationalised

Potential barriers to fully understanding unintended pregnancies are that women’s pregnancy intentions are difficult to measure. Although a complex concept, research has used the dichotomous terms “unintended” and “intended” to classify and simplify women’s

pregnancy planning, thus not accurately reflecting many women's lived experiences regarding their pregnancy (Santelli et al. 2003). Pregnancy intentions are usually gathered retrospectively after the birth of a child and determined using population-based surveys of fertility behaviours such as the National Survey of Family Growth (NSFG). The NSFG asks each respondent to recall whether she had wanted to have a baby right before she conceived each of the pregnancies she experienced. Since this survey assesses women's pregnancy intentions after the pregnancy occurs, these measures have been critiqued because of potential for inconsistent information, misinformation, and recall bias. The NSFG and other instruments have been criticised because they ignore the myriad of factors including social, emotional, psychological, cultural and contextual factors that may play a role in women's feelings about their pregnancies (Santelli et al. 2003; Borrero et al. 2015; Gomez et al. 2018; Arteaga, Caton and Gomez 2019).

Recent studies using qualitative and quantitative approaches have been conducted with the goal of improving measures of pregnancy intentions. Measures have been developed and validated that are multidimensional or prospective and assess various factors including behaviours and emotions (Morin et al. 2003; Barrett, Smith and Wellings 2004; Santelli et al. 2009; Miller 2011; Mann, Cardona and Gomez 2015; Finer, Lindberg and Desai 2018). However, limited research exists on how young adult Latinas lived experiences influence their notion of unintended pregnancy.

For Latinas, pregnancy intention may be a less meaningful measure; thus, it is important to formatively explore alternative pregnancy intention constructs that are deemed relevant to Latinas. Prior research suggests that compared with other women, Latinas may be more open to pregnancy and motherhood even under complex and difficult situations (Harnett 2012; Mann, Cardona and Gomez 2015; Gomez et al. 2018). Earlier studies omitted the socio-cultural context of pregnancy for Latinas, such as their cultural values of pregnancy and the overarching social determinants of health specific to unintended pregnancy.

Thus, the purpose of this study was to prospectively explore young adult US born Latinas' thoughts, feelings, and beliefs about pregnancy, specifically unintended pregnancies and the sociocultural factors identified as contributors to those beliefs among women who recently indicated they had an unintended pregnancy.

Methods

Study population

Between May and October 2012, a total of 100 women were recruited from family planning clinics in Miami-Dade County, the region in Florida with the largest proportion of Latina residents and with the highest unintended pregnancy rates (59%) (US Census Bureau 2010; Kost 2011). At the time of the study, Latinos comprised 65% of the total population of Miami-Dade (US Census Bureau 2010). English speaking, US born Latinas were selected as the target population, because they are the fastest growing demographic in the USA (US Census Bureau 2017). US born Latinas are also younger (median age 19 years) than foreign born Latinas (median age 41) and are in their prime reproductive years (Flores 2017). Eligible participants were women who a) self-identified as a US born Latina; b)

heterosexual; c) lived in Miami-Dade County, Florida; d) spoke English; e) were 18-25 years old; and f) were seeking a pregnancy test at a family planning clinic in Miami-Dade County.

Potential participants who were awaiting confirmatory pregnancy tests were referred by the clinic staff to the Principal Investigator (PI) to complete a screening survey that included questions regarding pregnancy intentions and pregnancy resolution. Pregnancy intention was assessed by a single item-measure that asked women 'which of the following describes your current situation: a) 'I was trying to become pregnant', b) 'I wouldn't mind getting pregnant', c) 'I wouldn't mind avoiding pregnancy', or d) 'I was trying to avoid pregnancy' (Kavanaugh and Schwarz 2009). Directly following the single-item measure, the screening survey also included the prospective London Measure of Unplanned Pregnancy (pLMUP) questions, a measure of pregnancy intentions with strong evidence of validity (Kavanaugh and Schwarz 2009). In addition, women were asked to disclose their pregnancy resolution decision, with a designate of abortion, adoption, continue to term or don't know. If a pregnancy was confirmed, the woman was invited to continue with study enrolment. One hundred women who received a positive pregnancy result was referred for screening. Of those 100 women, 50 were interested and screened. Of the 50 eligible women, 20 completed interviews, with four eligible women not attending the interview appointment and 26 declining to participate. Those participants who considered terminating their pregnancy were interviewed six weeks later to ensure that study content would not influence their decision.

The institutional review board of the University of South Florida approved the study.

Data collection

Prior to the interview, written consent was obtained. Participants completed a short demographic survey containing questions about their Latina subgroup identification, marital status, educational attainment, employment, health insurance status and household income. Additionally, questions regarding reproductive history and the same questions used during the screening survey to assess pregnancy intentions including the pLMUP, were included in the demographic survey (Kavanaugh and Schwarz 2009; Morof et al. 2012).

All women were interviewed by the first author NH, who is Latina, bi-cultural, and bi-lingual, in a place and at a time that was convenient for each woman. NH has previous experience working with Latinas and easily established trust and rapport with the participants. Interviews lasted between 60 and 120 minutes and were digitally voice recorded. Women who participated were remunerated with a \$25 gift card. Participant observation and field notes were documented and transcribed.

The interview process

The interview guide was based on two guiding theoretical frameworks, the Ecological Model for Health Promotion (EMHP) and the Theory of Gender and Power (TGP), as well as constructs from the Health Belief Model (HBM) (McLeroy et al. 1988; Wingood et al. 2009; Coreil 2010). The EMHP was used to create questions and probes focused on external factors (e.g., as access to health care, education, social networks, family and community supports, organisational policies regarding contraception or abortion access) that impact Latinas' experiences with an unintended pregnancy (McLeroy et al. 1988). The TGP was

used to examine underlying social and cultural factors prevalent in Latina women's lives, such as being economically dependent on men, being in power-imbalanced relationships and other social realities such as unequal pay, stereotypes about Latina women and discriminatory practices at work. Constructs from the HBM, such as perceived susceptibility, were used to examine knowledge and beliefs of the meaning of an unintended pregnancy (Coreil 2010). An expert committee of researchers, community members and women with previous unplanned pregnancies informed the research questions, reviewed the interview guide and provided feedback on the analysis.

Storytelling was employed to expand our understanding of the context and environment that potentially influenced Latinas' thoughts and opinions about unintended pregnancies (Palacios et al. 2014). All interviews began with, 'tell me your story about your unintended pregnancy, from the beginning when you first discovered you were pregnant to today'. This method allowed women to explore their relationships, important people in their lives, including families, pregnancy outcome decisions and the various levels of influence on those decisions. Probes were used to elicit examples, such as, 'Please share a memory of how you felt and what you did when you found out you were pregnant'.

Data management and analysis

Nineteen interviews were audio recorded and transcribed verbatim by a professional transcription service; one participant opted out of being recorded. The qualitative data collected were coded and organised in ATLAS.ti v6.2. (Scientific Software Development, Berlin, Germany).

Interviews were analysed using content analysis based on predefined (a priori) codes informed by the literature and new themes that emerged during participant interviews (Ulin, Robinson and Tolley 2005). Data were examined in response to the two research questions: a) What are Latinas' thoughts, feelings, and beliefs about pregnancy, motherhood, and unintended pregnancy? and b) What factors (intrapersonal, interpersonal, institutional, community and public policy) influence Latinas' meaning of an unintended pregnancy?

Socio-demographic data (e.g. SES, Latina identity, educational background, relationship status, pregnancy intention), were analysed using SAS[®] software Version 9.2 (Cary, NC).

Results

Demographic information

Most participants identified as Mixed (n=5), Cuban (n=4), Puerto Rican (n=3) and Dominican (n=2) (Table 1). The average age of the participants was 22 years and 14 women reported they were never married. More than half (n=11) were not employed at the time of the interview. In addition, 16 participants lacked health insurance and 16 reported not having a regular healthcare provider. Most of the participants had a household income at or below the 2011 federal poverty guideline, with more than 12 reporting an income of less than \$15,000.

All women who participated were either currently pregnant or had recently terminated their pregnancy. Fourteen participants stated that they were trying to avoid a pregnancy, prior to their pregnancy. Four reported they would not mind avoiding a pregnancy, while only two women stated they would not mind getting pregnant. Regarding pregnancy intentions, seventeen participants did not intend to get pregnant, while the remaining participants (n=3) reported that their intentions kept changing. Twelve participants decided to terminate their pregnancies. Table 2 provides information on participants' reproductive history and the circumstances and feelings participants reported regarding their unintended pregnancy. Reproductive history queried women's' recollection of total number of pregnancies, abortions, and number of live births that occurred in their lifetime including their most recent pregnancy.

Social and cultural influences on pregnancy beliefs for Latinas

Familismo—Whether a woman terminated or continued her pregnancy to term, most women described being shocked and scared when they found out they were pregnant.

‘When I found out I was really scared, I was more freaking out’ cause I’m a realistic person’ (Maria, 22-year-old, Cuban, single, continued pregnancy)

‘I was shocked. I was depressed for like three or four days. Super scared for not knowing what I was going to do—even if I wanted to keep the child or not, you know’ (Natalia, 25-year old, Colombian, single, continued pregnancy)

Fear and anxiety surrounding unintended pregnancy was most impacted upon by familial perception, principally parental reaction. Almost all women expressed that their anxiety related to familial reactions to their unintended pregnancy influenced how they perceived their own pregnancy. Women did not want to project shame onto their families and did not want to disappoint their families.

Basically, my mom. She’s - I don’t know. My mom and my oldest sister I would say - first their faces came into my head, because I guess - It’s not that they think so highly of me, but they expect - They see where my head’s at. They know that I’m very ambitious and I want to succeed in life. So, for them to already know what level I am at, what I’m trying to do, trying to develop a great career. I just didn’t want to bring them that disappointment” (Juliana, 21-year-old, Peruvian, Single, Terminated pregnancy)

Fatalism—To explore perceptions of pregnancy and unintended pregnancy, women were asked about the word ‘pregnancy’ and what it meant to them. The question elicited a variety of emotions, ranging from happiness to being worried. Although all women described their pregnancies as unintended, seven women had a positive connotation toward pregnancy. Ideas and meanings of pregnancy, however, were different based on the woman’s pregnancy resolution decision. For women who continued their pregnancy, the meaning of pregnancy was fatalistic as defined and reflected in comments as the ‘will of God’ or a ‘blessing,’ rather than an outcome that women could consciously control or could ‘plan’.

‘I was meant to be a mother. I think it’s meant for me. This is what God has [planned] for me.’ (Olga, 20 -year-old, Puerto Rican, single, continued pregnancy)

Two women positively associated physical changes to the body indicative of pregnancy and the mother/foetus bond as favourable pregnancy symbolism.

I think it's an exciting time 'cause you're waiting. It leads up to your life changing completely because you're gonna have somebody else that you're gonna be responsible for. I think it's a beautiful time for the mother, seeing her body change, and seeing her belly grow and knowing that there's a baby in there. (Suri, 22-year-old, Cuban, single, continued pregnancy)

The meaning of pregnancy elicited a great deal of diverse emotions for women who decided to terminate (n=12) their pregnancies:

'I have a lot of mixed emotions about the word pregnancy. Good, fear, anxiety, pressure, stress, joy. That is what pregnancy means to me right now' (Susana, 25-year-old, Panamanian, married, terminated pregnancy)

For some women who terminated their pregnancy, the meaning of pregnancy was described as a lack of readiness for a child. Many of the women felt they could not provide for their child and related their meaning of pregnancy to their social circumstances. They perceived delaying motherhood, to prioritise educational or career pursuits.

Attitudes regarding the term unintended pregnancy

Personal blame—Women were provided with a standard public health definition of unintended pregnancy and asked what their thoughts were about that definition (CDC 2016). When asked to describe their thoughts about the words 'unintended pregnancy', reactions were deeply personal, and each had their own meaning. Seventeen women stated that the term unintended pregnancy carried highly negative connotations and, although they used the term, it was not reflective of their personal experiences.

Rather than characterise the pregnancy as unintended, most participants felt that it could be better characterised as a situation and preferred an array of terms, including 'surprise', 'unfortunate', 'accident', 'an oops', 'a mess', 'it just happened', 'error', 'unplanned', 'my fault', 'unexpected', and 'irresponsible'. Overall, the preferred term by Latina women was 'unplanned pregnancy'. Sandra, an 18-year old single Cuban who terminated her pregnancy described the situation thus:

I would define it as a pregnancy that happens in a situation that's not supposed to. Not really an unwanted pregnancy, I guess it could be an unplanned pregnancy. I don't know-- it's just [the] wrong time, [the] wrong place/situation. That's how I would define it.

Attitudes regarding pregnancy planning

Participants found it hard to believe that women could effectively plan a pregnancy to coincide with their readiness to be a mother

I think more often than not it just happens. As much as a lot of people would hate to admit it, I was a mistake. My four or five siblings were a mistake. My pregnancy was a mistake. All three of my siblings were a mistake. The people I know, it was

never planned for it to happen, and usually, when it's planned, doesn't happen, so I think [pregnancies] tend to be mistakes, in a sense, but happy mistakes, to some people, and not so happy to others. (Rosa, 18-year-old, Cuban, single, continued pregnancy)

Some women expressed that there is no right time to have a child. A notion fortified by life's uncertainty, which makes being prepared for unforeseen circumstances difficult. For example, Tati, a 23-year old married Dominican who continued her pregnancy described her experience:

It's never a good time to have a baby. I always tell people, my friends, we're going to have a baby, and they always tell me there's never a right time. You're never going to be financially [able to] fully support that child. You're ready when it happens. I feel like everyone who plans their pregnancy is not planning, because like I said you're never fully ready.

During the telling of their unintended pregnancy stories, women were probed about their use of contraception. Fourteen out of the 20 women were not using any contraceptive method and the remaining six women who were using contraceptives reported periodically missing a pill or running out of pills. Participants who were trying to avoid a pregnancy were not averse to contraception but either forgot to employ their contraceptive method and/or did not have a condom when sex occurred.

Several participants thought that sometimes planning a pregnancy does not work for the woman and leads to disappointment. For example, Stacey, a 22-year old single Cuban who continued her pregnancy stated:

'I think if we planned [the pregnancy], it wouldn't happen, because we would save our bodies. I think if I had planned on getting pregnant, I never would have gotten pregnant.'

Feelings of happiness about pregnancy

All participants reported that a woman is happy about being pregnant if her partner supports her. A male partner's emotional/financial stability and support, and his positive affirmations toward pregnancy were reported as having positive impact on women's own perception of her pregnancy.

I think what makes [a woman] feel happy, one, the support from [her] partner, because that's the person that needs to support. If nobody supports you, he needs to be there because it's his fault, too...Family support and the fact that you can provide both economically and emotional support to the children. (Chula, 18-year old, single, Dominican, terminated pregnancy)

Women expressed the difficulty of coping with an unintended pregnancy and the subsequent resentment that emerged when support from their partner was lacking.

I think if you have someone that's supporting you and there for you and you're not by yourself, then it's a lot easier to be happy about your pregnancy. Whereas, if you're by yourself, you have no family, your parents are not supportive, you have

no husband, and no one to father your child, then I can see why it's a lot harder to kind of feel excited, because you feel like you have nothing to offer your child.
(Sana, 23-year-old, Dominican, married, continued pregnancy)

Discussion

Data from this study identify the complex factors that impact how young adult Latina women conceptualise and rationalise unintended pregnancy. This study highlights the various kinds of influence that affect Latina women's pregnancy experiences.

Social and cultural influences on pregnancy beliefs for Latinas

The meaning of pregnancy reported by Latinas in this study were shaped by their own lived experiences (e.g. lack of employment, lack of partner support), and facilitated by cultural beliefs. Some women held favourable and positive ideas about their unintended pregnancy, particularly those who intended to continue their pregnancy. For these participants, children were viewed as a gift. The same ideals have been found to be common among low-income women in general (Edin and Kefalas 2005). Other women held fatalistic beliefs about pregnancy defining pregnancy as a miraculous conception or the 'will of God,' rather than something that they could or should plan. The concept of *fatalismo* and expressions of God's will, as an integral part of Latino culture has been documented in other contexts, particularly regarding cancer screening and prevention efforts (Espinosa de los Monteros 2011).

Fatalism has often been viewed as a passive reaction to health in the face of powerlessness; however, recent research has identified how poor and racial/ethnic minority populations have elevated fatalism due to uncertainty and stress in their lives (Keeley, Wright and Condit 2009). Although some participants viewed their pregnancy as the "will of God", participants in the study still terminated their pregnancies. Many felt that their circumstances were desperate enough to warrant an abortion, even if they didn't want to have an abortion or did not agree with the act. The experiences expressed reinforce the idea that reproductive decision-making and pregnancy intent are complex constructs. Latinas have often been portrayed as holding strong traditional cultural values leading to a greater propensity for rejecting abortion. However, participants articulated that ultimately, they controlled their pregnancy resolution decision.

Most of our study participants' thoughts and experiences parallel those found by other studies examining the concepts of unplanned pregnancy (Aiken, Dillaway and Mevs-Korff 2015). Some women described that they felt unsure about their pregnancy; although they may have desired to be pregnant, socially, particularly through the lens of mainstream society they perceived being pregnant as unacceptable.

The Latino cultural concept of *familismo*, which places family and community relationships at the centre of one's identity and is a person's primary source of support, was essential in understanding study participants' experiences with their unintended pregnancy (Campos et al. 2008). The importance of family was consistently mentioned by every woman during interviews. If the participants expected their families' reaction to their pregnancy as optimistic, then they had attitudes that were more approving and expressed happiness toward

their unintended pregnancy. Our results are supported by another study exploring *familismo* and its association with social support, in which the authors found *familismo* to be positively associated with Latinas feeling more supported and less anxious about pregnancy (Rivera et al 2007). The expectation of a negative reaction to their pregnancy from their families moulded pessimistic views of their pregnancy

Social and economic hardships were interwoven with the meaning of pregnancy for many interviewed women. Most experienced a complex web of social determinants (e.g. unemployment; limited/no transportation; under/uninsured) that interacted to influence how they felt about their unintended pregnancy. The Miami-Dade communities that engaged with the study were majority Latino (65%) and came from poverty, unstable housing, crime, low levels of educational achievement, high levels of unemployment and poor health status indicators (US Census Bureau, 2014).

Attitudes regarding term unintended pregnancy

Current discourse surrounding unintended pregnancy is presented as a problem as opposed to social determinants that often surround it, such as poverty and lack of access to timely and quality health care. Participants alluded to these realities through their stories and as self-reported in the demographic data. They described their struggles with finance, work, school and health insurance. These were similar concerns expressed by young adults in a recent study with a sample of Latino participants. Gomez et al. (2018) reported housing as a factor that influenced unacceptability of a pregnancy. Large descriptive studies that only focus on sexual behaviour and leave out the social and cultural context, construct the identities of these young women as irresponsible, out of control, and in need of public services. This inaccurate narrative makes it difficult to develop programmes and solutions that get to the root causes of unintended pregnancy disparities.

Attitudes regarding pregnancy planning

During interview, participants mentioned not using contraception or using methods inconsistently. Some women detailed that they were using contraception in the beginning of their relationship, but once the relationship became a little serious or after a couple of months of dating, they discontinued use. The findings mirror that of Edin and Kefalas 2005, whose participants with similar demographics, reported the same types of experiences with contraception. Today, while we have more contraceptive options, cultural and linguistic differences make Latinas vulnerable to misinformation or misunderstanding contraceptive options.

The act of deliberately trying to plan a pregnancy was unfamiliar to many of the participants. Arteaga, Canton and Gomez (2019), also reported similar findings among young adults in their study, found while many participants thought the idea of family planning was ideal, it was just not a relevant concept. The idea of pregnancy planning not being salient to these women does not mean that all women were open to a pregnancy. Particularly because fourteen women stated, they were trying to avoid pregnancy. To address pregnancy avoidance, Rocca and Colleagues (2019), developed a scale examining degrees to which

women have a preference to avoid pregnancy. The scale addresses the gaps identified in the literature for improved measures of pregnancy intentions (Rocca et al. 2019)

For some women, planning a pregnancy could evoke a feeling of disappointment and shame if they did not conceive according their desired timeline. When discussing this disappointment, women referenced other women they knew who had unsuccessful attempts to get pregnant when the pregnancy was planned.

Feelings of happiness about pregnancy

Many participants felt women are happier about their pregnancy if they have social support and acceptance from their partners and family. However, many women in this study reported not having a current partner and reported not feeling happy about their unintended pregnancy. This contrasts with another study that found many foreign-born Latinas reported being much happier about unintended pregnancy than others (Harnett 2012). The findings observed highlight the complexities of investigating happiness regarding pregnancy and that there may be differences based on nativity.

Limitations

This study is not devoid of limitations. First, the results of the study may be influenced by the interviewer's Latina ethnicity and personal biases. To minimise biases, field notes were kept reflecting on the researcher's own subjectivity. In addition, the researcher performed member checks and collaborated with an expert committee to enhance the validity of the analysis. Second, women who volunteered to participate in this inquiry may be different from those who did not agree to participate. Third, the study findings were based on participants' perceptions, recall and interpretation of their lived experiences so details of experiences or events may have been omitted. Despite these weaknesses and the fact that a relatively small number of women interviewed, we are confident of having achieved thematic saturation due to the recurring mention of specific concepts among participants.

Implications

Public health approaches to unintended pregnancy benefit from intervention designs that are culturally responsive to needs of the population and focus on the importance of the social and cultural determinants of health related to their unintended pregnancy. Such programmes may assist women with access to and navigating reproductive health care services, particularly from community health centres and Title X clinics (Cohen 2011). These clinics are an essential source of reproductive care and preventive services for low -income women. This would promote not just reproductive care but also access to other health services. Second, public health messages and campaigns should aim to incorporate cultural constructs such as *familismo* and *fatalism* as protective rather than risk factors, by valuing ethnic identity and strong family values.

Although the terms unintended pregnancy and family planning are widely used in public health research, health policy, and health services, these concepts did not resonate with and elicited strong negative reactions from the women in the study (Aiken et al. 2016). Participants felt like these terms did not capture the complexities of their situations and were

stigmatising. Although inquiries on how young adult women understand concepts such as *intended* and *unintended* have been conducted there is still little emphasis placed on first generation young adult Latinas and how they perceive these constructs (Gomez et al. 2018). More research is needed to understand how these may dichotomous concepts differ among Latinas and by nativity status and lived experience, as unintended pregnancy disparities persist. Latinas are not a homogenous group and their pregnancy perspectives are needed to better understand their family planning needs and the barriers to overcome them. This study only began to explore these concepts and its relevance to Latinas.

Eighty percent of the women in the study lacked health insurance and did not have a regular health care provider. The Patient Protection and Affordable Care Act extended much needed access to many women who previously were unable to receive care (Johnson 2010). However, in the absence of the Medicaid expansion, particularly in states with the largest Latino populations, poor uninsured Latinas will not gain a new coverage option and likely remain uninsured and continue to face barriers to accessing needed care. Additionally, there continues to be a deficit of healthcare providers who understand the cultural and linguistic needs of diverse communities, which may contribute to miscommunication and poorer reproductive health outcomes for Latinas (Sonfield 2017). Rather than policies only focused on pregnancy planning, policies that focus on poverty, fair employment, affordable housing, social protection and the living environment will have the greatest impact on these women.

US-born Latinas are the fastest growing population segment in the USA. Understanding their thoughts and feelings about unintended pregnancy and the factors that contribute to those attitudes may help to improve public health and prevention programmes. This study is timely and informs the unique ecology and related determinants that influence reproductive health behaviours in this priority population. Traditionally, programmes have been developed for Latinas without input from Latinas. It is important they we continue to invest in and build capacity with Latina communities to inform comprehensive approaches and solutions that can address health disparities.

Acknowledgements

This study was funded by an internal research award from the Department of Community & Family Health, University of South Florida College of Public Health.

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Table 1:

Demographic Information on the study sample (N=20)

Participant Characteristics	N	Percent
Hispanic sub-group identified with		
Puerto Rican	3	15%
Dominican	2	10%
Colombian	2	10%
Cuban	4	20%
Peruvian	1	5%
Honduran	1	5%
Mexican	1	5%
Panamanian	1	5%
Mixed	5	25%
Age (years range 18-25)		
18-19	5	25%
20-21	2	10%
22-23	8	40%
24-25	5	25%
Marital Status		
Married	2	10%
Not married but living with sexual partner	2	10%
Separated	1	5%
Divorced	1	5%
Never married/single	14	70%
Highest Educational Level		
High school graduate	8	40%
Trade/technical college	3	15%
College	8	40%
Graduate professional degree	1	5%
Employment Status		
Unemployed	11	55%
Employed full time	6	30%
Employed part time	3	15%
Health Insurance Status		
Uninsured	16	80%
Insured	4	20%
Regular Health care provider		
No	16	80%

Participant Characteristics	N	Percent
Yes	4	20%
Household Income		
Less than \$5,000	5	25%
5,000-10,000	4	20%
10,001-15,000	3	15%
15,001-20,000	2	10%
20,001-25,000	1	5%
25,001-30,000	1	5%
30,001-35,000	3	15%
40,001-45,000	1	5%

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Table 2:

Participants Reproductive History and Circumstances of Pregnancy (N=20)

Participant Characteristics	N	Percent
<i>Current Situation</i>		
Trying to avoid a pregnancy	14	70%
Wouldn't mind avoiding a pregnancy	4	20%
Wouldn't mind getting pregnant	2	10%
<i>Timing of Pregnancy</i>		
Okay	11	55%
Wrong Time	9	45%
<i>Pregnancy Intentions</i>		
Did not intend	17	85%
Intentions kept changing	2	10%
Intended to get pregnant	1	0.5%
<i>Pregnancy Outcome Decision</i>		
Continued pregnancy	8	40%
Abortion	12	60%
<i>Previous Pregnancies</i>		
Zero	11	55%
One	5	25%
Two	1	0.5%
Three or more	3	15%
<i>Previous Unintended Pregnancies</i>		
Zero	11	55%
One	5	25%
Two	2	10%
Three or more	2	10%
<i>Previous Times Given Birth</i>		
Zero	16	80%
One	3	15%
Two	1	0.5%
Three or more	1	0.5%
<i>Previous Miscarriage</i>		
Zero	17	85%
One	2	10%
Two	1	0.5%
Three or more	0	0%
<i>Previous Abortions</i>		

Participant Characteristics	N	Percent
Zero	15	75%
One	4	20%
Two	2	10%
Three or more	0	0%

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