

Extended abstract

Unintended pregnancy in El Salvador: a comparison of men and women

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Introduction

Unintended pregnancies are those pregnancies that were either mistimed (came too early) or unwanted at the time of conception. Unintended pregnancy has been linked with various negative outcomes for mother and child (e.g. abortion, delayed prenatal care) and has become a key public health indicator both in the U.S. and abroad (e.g. Healthy People 2010 and USAID's strategic goals).

Most data on pregnancy intention have been collected from women. With the advent of the HIV/AIDS epidemic and a growing consensus about the importance of men to many MCH and reproductive health issues, more data are being collected from men. Such research efforts provide new opportunities to incorporate men's perspectives on various key topics, including pregnancy intention. This research utilizes recent data from El Salvador to shed light on men's perspectives on unintended pregnancy and compare the prevalence, predictors, and potential consequences of unintended pregnancy for men and women. Is the problem of unintended pregnancy different for men and women?

Data and Methodology

The data for this analysis come from two national reproductive health surveys – one of men and one of women -- conducted in El Salvador in 2002-2003 with technical assistance from the Centers for Disease Control and Prevention. Both surveys included questions about the intendedness of all pregnancies that ended in a live birth in the 5 years preceding the survey. This comparison primarily relies on the traditional pregnancy intention question: "When you/your partner got pregnant with X, did you want the pregnancy then, want to wait more time, or did you not want the pregnancy at all?"

For the analysis, we estimated the prevalence of unintended pregnancy for men and for women and assessed risk factors (predictors) of unintended pregnancy. Risk factors included measures of SES, educational attainment, religion, rural-urban residence, age, child's birth order, and relationship to partner at the time of the pregnancy (men) or birth (women). We also examined for the two samples the relationship between pregnancy intention and 3 pregnancy-related behaviors: attendance at any prenatal care visit, reports of the father's legal recognition of the child, and attendance at any postpartum care visit.

Results

The prevalence of unintended pregnancy among men (23%: 12% mistimed, 11% unwanted) was much lower than it was among women (43%: 18% mistimed, 25%

unwanted). Many of the risk factors were associated in similar ways for men and women. For example, in both samples, higher birth order pregnancies were more likely to be unintended than lower birth order pregnancies, and pregnancies conceived when the couple was in union or married were less likely to be unintended than pregnancies conceived when the couple had a different relationship. There were two exceptions: age and SES, which related in different patterns for men and women. Unintended pregnancy was significantly associated with pregnancy-related behaviors among men. For example, 61% of men with an intended pregnancy attended at least one prenatal care visit during that pregnancy, compared to 50% and 30% of men with mistimed and unwanted pregnancies, respectively; this association persisted in multivariate analyses. The results for prenatal care among women were similar. The results for legal recognition of the child were also similar for the male and female sample, whereby children whose pregnancy was unintended were less likely to be legally recognized than those whose pregnancy were intended. Regarding its role as a predictor of postpartum care, pregnancy intention was significant for men but not for women.

Conclusions

Unintended pregnancy among men was less common than it was among women and as a result may be perceived as less of a problem by men. Risk factors for unintended pregnancy were somewhat similar for men and women, and both men and women exhibited worse pregnancy-related behaviors for unintended pregnancies. These results strengthen the case for targeting men in programs for the prevention of unintended pregnancy and for involvement in improving pregnancy outcomes.