



Choosing Unintended Pregnancy: Women's Agency, Spirituality, and the Discourse of Public Health

Anne Hardison-Moody, MTS, PhD candidate; Iman Roushdy Hammady, PhD; Don Seeman, PhD; Laura M. Gaydos, PhD; Winifred Wilkins Thompson, PhD; Carol J.R. Hogue, PhD



ABSTRACT

Establishing a plausible model of women's agency in reproductive decision making is crucial to both public health and medical anthropology research. Ethnography at a shelter for homeless, mostly African-American mothers in the Southeastern United States points to the inadequacy of rational choice models that emphasize intentionality and planning, but are at odds with the vernacular ethos of pregnancy as a "blessing" or unplanned gift. While public health scholarship has recently begun to accommodate a more nuanced understanding of women's intentionality in reproduction, this has not generally extended to the paradoxical embrace of unintended pregnancy that is influenced by religious and spiritual attitudes, by the realities of socioeconomic disadvantage, and by the experience of pregnancy as an event that can catalyze positive life change. Without ignoring the public health consequences of "unintended pregnancy," this research seeks to develop a more experience-near account of what such pregnancy means in the lives of homeless African-American women. This ethnographic study constitutes one module of an interdisciplinary research project involving anthropologists, public health researchers, and academic scholars of religion.

INTRODUCTION

This research aims to interrogate the relationship between women's experience and public health discourse around issues of reproductive planning and intentionality.

Public Health Discourse

- Planning and intentionality are keywords in the contemporary public health discourse on pregnancy and contraception.
- Unplanned or unintended pregnancies have been pathologized in US public health discourse by pointing to data that correlate mothers' pregnancy intention and wantedness with factors like late entry into prenatal care, maternal smoking during pregnancy, child abuse, developmental delays (Collier & Hogue 2006), and low birthweight (Sable & Wilkinson 2000).
- This research also points to the complex social costs associated with unintended pregnancy, including the impoverishment of women who care for too many children, or for children who are born at the "wrong time" in their mother's life-course (Lifflander, Gaydos, Hogue).

Homeless Women's Experiences of Pregnancy

- Ethnographic research for this project demonstrates that rather than defining pregnancies in terms of timing and wantedness, homeless African-American women at a shelter in the Southeastern United States describe their pregnancies:
 - using religiously or spiritually inflected language like "blessing" that seems to embrace the idea of a pregnancy that cannot be planned
 - defining childbirth even under difficult circumstances as an event that can catalyze life-change for the better.

METHODOLOGY

- This ethnography is one component of a larger study that brings together researchers in public health, medical anthropology, and the academic study of religion. The study is sponsored by the Religion and Public Health Collaborative, which is funded by the Emory University Strategic Initiatives.
- Aspects of the project that will be discussed in other venues include a survey of 441 low income women who used the Women, Infant and Children (WIC) services at the DeKalb County Health Department in the State of Georgia, as well as a series of focus groups involving women drawn from that sample.
- Ethnography was conducted at Genesis shelter (for homeless women with children) in Atlanta, GA, from November 2007 to December 2008. It included:
 - traditional participant observation of shelter life, including ethnographic participation in classes and discussion groups
 - a focus group led by researchers
 - interviews with shelter staff members
 - fifteen in-depth interviews with female shelter residents, ranging in age from 18 to 37.

FINDINGS

"He's Still Not Ready": On Being a Mother and the Choice of Fatherhood

Women *become* mothers upon becoming pregnant or having a baby, whether or not they are financially and emotionally prepared for it, while men must choose to accept or reject fatherhood in a much more active way:

- It was stressful, and then when the kids came it just became stressful. I don't believe Ryan was ready for, you know, and he's still not ready. But the kids are here. Like, once I became pregnant with Jacob, I was like, OK, I'm going to be a mom. All right. "

"I couldn't stick to my guns": Women's Agency in Contraception

Men's agency was stressed not just in the decision to act or refrain from acting as a father, but also in decisions about contraceptive use, especially condoms. When we asked women if their partners used condoms during sex, many said that men they were with did not like using them because they found them to be uncomfortable or they were allergic.

- "He didn't like to. He was allergic to latex, you know, it was all these things. So it's like, OK, but you'll, but you'll cheat and use a condom but, OK, yeah."

In the absence of such ideal relationships, however, it must also be emphasized that men's dislike of condoms was exacerbated by women's resistance to certain forms of contraception that were available to them.

- Depo Provera injections and the patch were reported to cause "bad headaches" and hair loss. Norplant and some other oral contraceptives are offered without charge at local clinics, yet women expressed considerable reserve with respect to possible side effects

FINDINGS, CONTINUED

Unintended Blessings

Essentially free and spontaneously given, the unintended blessing of children allowed some women to reframe their fractured narratives of homelessness, histories of violence, and loneliness:

- "I believe that children are a blessing. I believe He [God] blessed me, you know, with three babies, you know. It's an honor to be a mom, you know, a mother, it is."

Whether they are described as religious or as spiritual values in local discourse, we are actually talking about broad cultural schemata that may be rooted in particular Christian or Black Christian theologies, but are now broadly accessible through the common culture and life experience of many homeless, African-American women.

Loneliness and the Life Course

While two thirds of our interviewees invoked at least some motifs of a caring and transcendent order, the five other women discovered new dimensions of care and order within social networks that led to a sense that pregnancy and children might help them to attain a sense of stability and wholeness in what were otherwise difficult lives.

- "Like, before, it's like now I feel like it was a, a reason for me to have kids. Because the way that I was, I was just outrageous, it's like kicked down to jail and, you know, different things like that. So, I feel like it was, you know, helping me out to have a child because it slows me down from doing all the other things that I used to do, you know."

CONCLUSIONS

- Although we began with an interest in how religious ideas or institutions might affect women's choices about pregnancy and contraception, our findings echoed those of other researchers (Fehring et al. 1987, Jesse, 1999, Thompson, W.W. et al., 2006) who have concluded that diffuse notions of "spirituality" are often more important than specific church doctrines or practices.
- We have found that all such considerations were embedded within highly personal depictions of the individual life course, which have not always received the attention they deserved in previous research.
- Some resistance to contraceptive use and to the discourse of planning was grounded in experiences of contraceptive failure, perceived difficulties with the medical system, a strong vernacular discourse of unintended pregnancy as a "gift," and a perception that pregnancy can sometimes help poor or homeless women to improve their lives.

Ethnography can help to generate a more adequate description of what is at stake for these women in social-experiential terms, as they decide—or resist having to decide—whether and when to have babies.

ACKNOWLEDGEMENTS

We would like to thank the Genesis: A New Life Shelter in Atlanta, Georgia, for their support of this project, particularly Dr. Lynn Scott, Clinical Director of Counseling Services and Ms. Katrina Brantley, Acting Executive Director.