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Psychosocial Correlates of Adolescent Males' Pregnancy Intention

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Abstract

Objective—To identify psychosocial differences between sexually experienced male adolescents who indicate intentions to get someone pregnant and those who do not.

Methodology—Cross-sectional study of 101 sexually experienced adolescent males recruited from an STD clinic in northern California. Student's t-tests and regressions examined psychosocial differences between males who reported any intention versus no intention to get someone pregnant in the next six months. ANOVAs examined differences among different combinations of pregnancy plans/likelihood.

Results—Adolescents' reports of their plans for getting someone pregnant differed from their assessments of the likelihood that they would do so ($\chi^2 = 24.33$, $df = 1$, $p < .0001$). Attitudes toward pregnancy and participants' mothers' educational attainment differentiated those with clear pregnancy intentions (Planning, and Likely) from those with clear intentions to avoid pregnancy (Not Planning & Not Likely)

Conclusions—To reduce the rates of adolescent childbearing, males' pregnancy intentions must be assessed and asked about in multiple ways.

Keywords

Adolescent Males; Pregnancy Intentions; Psychosocial Variables

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Adolescent Pregnancy Intentions and Pregnancy Outcomes: A Longitudinal Examination

Although teen pregnancy rates have dropped in recent years, a sizeable number of girls, age 15 to 19, still become pregnant each year. In 2000, 330,000 girls under the age of 18 became pregnant in the United States and 166,000 gave birth (1). More than 75% of teen pregnancies are considered unplanned or unintended and approximately 35% of all teen pregnancies end in abortion (2). For adolescents continuing a pregnancy, approximately 40–60% of births are considered the result of unintended pregnancies (2–6).

The vast majority of research studies examining adolescent pregnancy have focused solely on female adolescents' pregnancy attitudes, intentions, and behaviors. However, male partners play a role in determining the frequency of sexual intercourse and (7), the use of contraceptives (8–10). Male partners also exert strong influence on female adolescents' intentions to conceive (4,11,12) as well as their decisions regarding and adjustment to a pregnancy termination (13). Male pregnancy intentions can also affect the psychological and emotional responses to the children born as a result of a given pregnancy. Research has demonstrated that disagreements in pregnancy intentions between mothers and fathers can affect infants' health and well-being. Such disagreements occur about a quarter of the time (14,15).

Studies of adolescent males indicate a range of attitudes toward pregnancy. Some indicate that getting someone pregnant is a marker of manhood (16) and making it known that they have fathered a child can elevate their social standing (even if they take no further childrearing actions) (15). Others report the potentially negative consequences for their futures (17) and recognize the additional responsibilities that they would need to take on (18,19).

Understanding male adolescents' motivations for getting someone pregnant and the factors (i.e., attitudes, beliefs, intentions) that characterize those male adolescents who indicate a desire to get someone pregnant may aid in efforts to reduce the negative health consequences of teenage childbearing in the United States. Adolescent pregnancies are often characterized by delayed initiation of prenatal care, poor prenatal health behaviors, and low birth weight infants (20–22). Recent work also suggests that even healthy infants born to teenage mothers are at increased risk of post-neonatal death (23).

Previous research examining pregnancy intentions among female adolescents and adults has identified inconsistencies in responses to questions posed at different points in time (e.g., pre-conception versus during pregnancy) and assessed in different ways (e.g., “intended” versus “planned” versus “wanted”) (22,24,25). Others have identified ambivalence on the part of adolescents when asked about their pregnancy intentions (26). Our own research found that sexually active female adolescents responded differently to questions of whether they planned to get pregnant and of their perceptions of the likelihood of their getting pregnant. This disconnect was associated with adolescent females' reports of contraceptive use. This suggests the possibility that assessing pregnancy plans may capture desires or intentions regarding pregnancy while assessing perceived likelihood of a pregnancy focuses additionally on how efficacious one feels about what is required to prevent a pregnancy (27).

We examine male adolescents' intentions to get someone pregnant (likelihood and planning) in the present study. We hypothesize that similar to their female counterparts, few sexually experienced adolescent males are expected to report planning to get someone pregnant in the next six months, but more will indicate at least some likelihood that they will get someone pregnant in the next six months; we also hypothesize that adolescent males who indicate some intention to get someone pregnant in the next six months will differ in their reports of psychosocial variables from those who do not intend to get someone pregnant in the next six

months. In particular, we were interested in determining if the interplay of planning to get someone pregnant and perceiving some likelihood of getting someone pregnant are associated with reports of condom use and intentions to use condoms in the future (as condom use is the only male-controlled contraceptive method). The findings from this study may help to broaden our understanding of pregnancy intentions among adolescent males and identify areas to target in intervention to prevent teenage pregnancies.

Methods

Participants and Recruitment

One-hundred-and-one male adolescents from a municipal STD clinic in Northern California were recruited between June 1996 and June 1998 (28). The study's protocol was approved by the Institutional Review Board at the University of California, San Francisco. Adolescents were recruited in the waiting area prior to their clinician visit. Eligibility criteria included: age between 14–19 years old, English-speaking ability, vaginal or anal intercourse in the preceding three months, and residence within the local metropolitan area. The participation rate at the STD Clinic was 90% of the 112 adolescents approached to participate.

Administration of Measures

Data were collected as part of a larger study examining perceived risk of STDs, perceived risk of pregnancy and sexual decision-making (28). After obtaining written informed consent, a research assistant conducted a structured interview with each participant in a private room and filled out corresponding questionnaires with the participants. The interview assessed demographics, perceived risk of STDs, attitudes toward condom use, perceived social norms regarding condom use, condom self-efficacy and intentions to use a condom. The pregnancy attitudes/intention, perceived risk of pregnancy, and abortion intentions items were included within this interview. Participants were offered compensation of \$15.00 to participate in the interview.

Interviews

Selection of psychosocial variables was guided by the Theory of Planned Behavior (29).

Demographics—Participants indicated their age, gender, self-identified racial/ethnic group, and their mother's educational attainment.

Condom variables—We measured *condom attitudes* using composite scores calculated by multiplying common expectancies with their corresponding values associated with condom use (30). Four multi-item scales resulted: (a) perceived condom efficacy (2 items, $\alpha = .92$), (b) trust-related issues associated with condom use (4 items, $\alpha = .71$), (c) negative aspects of condom use (6 items, $\alpha = .84$) and (d) positive aspects of condom use (6 items, $\alpha = .62$). *Condom self-efficacy* was measured with an existing 6-item scale that describes a variety of challenging situations and assessed their confidence that they could insist on the use of a condom in each situation ($\alpha = .89$)(31).

Pregnancy attitudes and intention—Attitudes toward pregnancy and pregnancy intention were assessed by scales developed for the larger study. Three 5-point Likert scale items assessed: 1) how worried, 2) how upset, and 3) how happy an adolescent would be if he got someone pregnant in the next six months. A Total Pregnancy Attitudes Score was calculated by taking the mean of these three items (worried and upset items were reverse scored) ($\alpha = .72$). Higher scores on this measure indicated more positive attitudes toward pregnancy. Pregnancy intention was measured by two items that assessed: 1) how likely he thought it was that he would get someone pregnant in the next six months and 2) the degree to which he agreed

that he planned to get someone pregnant in the next six months. Responses for these items were rated on 5-point Likert scales (ranging from “Not at all Likely”/“Definitely No” to “Extremely Likely”/“Definitely Yes”).

We measured *perceptions of risk of pregnancy* using newly developed items which included how likely participants thought they were to get someone pregnant in the next six months 1) if their partner used birth control pills every day; and 2) if they didn't use any form of contraceptive at all.

Participants' *abortion intentions* were measured by asking them to indicate if they got someone pregnant in the next six months, how likely they would be to encourage her to have an abortion and how sure they were they would or would not encourage her to have an abortion (two separate items) ($\alpha = .92$). Responses for these items were rated on 5-point Likert scales (ranging from “Not at all Likely”/“Very Sure I Will Not” to “Extremely Likely”/“Very Sure I Will”). Abortion intentions were included to measure their potential influence on pregnancy intentions.

Intentions to use condoms—Four items assessed intentions to use condoms. The items asked participants to indicate, on 5-point Likert scales, 1) how often they would use condoms, 2) how likely it is that they would use condoms every time, 3) how sure they were that they would use condoms every time, and 4) how likely it is that they would not use condoms in the next six months (reverse scored). Higher scores indicated greater intention to use condoms ($\alpha = .93$).

Previous condom use—Participants were asked how frequently they or their partners had *used condoms* in the past six months.

Data Analysis Plan

Responses to pregnancy plans and pregnancy likelihood items were dichotomized to contrast those who indicated no intention to get someone pregnant (definitely not planning or not at all likely) from those who indicated any intention to get someone pregnant (indicating any of the other four response categories of planning or likelihood) in the next six months. We initially chose to examine pregnancy plans separately from pregnancy likelihood to highlight the possible differences associated with assessing pregnancy intention using each of these questions. We then created combination pregnancy intention groups using cross-tabs of the dichotomized pregnancy intention (plan/likely) items (“Planning & Likely,” “Not Planning, but Likely,” “Planning, but Not Likely,” and “Not Planning & Not Likely”). However, since few males reported planning, but not likely, this group was dropped from further analyses. We conducted a series of one-way analyses of variance (ANOVAs) to determine psychosocial variables that would differentiate the remaining three intention groups. All analyses were conducted using SPSS 10.0 software(32).

Results

The participants ranged in age from 15 to 19 years with an average age of 18.13 ($SD = 1.11$). Forty-three percent (43) were African-American; 15.8% (16) were Caucasian; 14.9% (15) were Latino/Hispanic; 10.9% (11) were Asian American; and 13.9% (14) were Mixed /Other race/ethnicity. Over 17% (16) reported that their own mothers attended some high school, 34.8% (32) of their mothers had graduated from high school, 16.3% (15) of their mothers had attended some college, 19.6% (18) had graduated from college, 6.5% (6) of their mothers had obtained an advanced degree (masters or doctoral), and 2.2% (2) did not know their own mother's educational attainment.

Intentions to Get Someone Pregnant

There were significant differences in responses to the questions on planning versus likelihood ($\chi^2 = 24.33$, $df = 1$, $p < .0001$). While the majority of the sample of 101 (75.2%) indicated *no plans* to get someone pregnant in the next six months, more than half (56.4%) indicated that there was at least some *likelihood* that they would get someone pregnant in the next six months.

Correlates of Intentions to Get Someone Pregnant

Plan—A series of Student's t-tests were conducted to identify differences between those who indicated any plans to get someone pregnant and those with no plans to get someone pregnant in the next six months (Table 1). Those who indicated any plans to get someone pregnant in the next six months reported that their own mothers had lower educational attainment, and held both more negative attitudes toward condoms' effects on trust in relationships and less negative attitudes toward getting someone pregnant than did those who indicated no plans to get someone pregnant in the next six months.

Likelihood—Those who perceived any likelihood of getting someone pregnant in the next six months similarly reported lower educational attainment of their mothers than did those who reported no likelihood of getting someone pregnant in the next six months. They also showed less self-efficacy to use condoms in challenging situations, less negative pregnancy attitudes, greater perceived risk of getting someone pregnant who is using birth control pills and weaker intentions to use condoms in the future.

Combinations of Plan/Likelihood—To determine the interplay between pregnancy plans and pregnancy likelihood, we created pregnancy intentions groups, based on the combination of the dichotomized answers to intention items. The resulting groups were: 1) those who indicated that they were planning and likely to get someone pregnant ("Planning & Likely," $n = 24/23.8\%$), 2) those who were not planning, but at least somewhat likely to get someone pregnant ("Not Planning, but Likely," $n = 33/32.7\%$), and 3) those who were not planning and not likely to get someone pregnant ("Not Planning & Not Likely," $n = 43/42.6\%$). The group who were planning, but not likely to get someone pregnant ($n = 1/0.9\%$) was too small to include in the analyses. In a series of one-way ANOVAs we compared psychosocial variables that might differentiate the pregnancy intentions groups. There were significant differences in their mothers' educational attainment (SES), condom attitudes, and pregnancy attitudes (Table 2). Those who indicate a clear desire to get someone pregnant (Planning & Likely) reported lower educational attainment of their mothers and held less negative pregnancy attitudes than those with a clear desire to avoid getting someone pregnant (Not Planning & Not Likely).

Discussion

This study of sexually active male adolescents attending an STD clinic gives us a unique perspective on their beliefs, attitudes, values, intentions and behaviors surrounding the complex issue of pregnancy intention. Despite a majority of the teens expressing no plans to get someone pregnant in the next six months, there was substantial variability in their assessments of the likelihood that they would get someone pregnant in the next six months. Although both planning and likelihood have been considered means by which pregnancy "intentions" are measured among adolescent females (5,33,34), it is clear that they do not represent a unitary construct to adolescent males.

The inconsistency in responses between planning to get someone pregnant and perceived likelihood of causing a pregnancy could reflect ambivalence about getting someone pregnant. However, the beliefs associated with the different patterns of planning and likelihood (e.g., condom attitude; condom self-efficacy) suggest that ambivalence or lack of confidence about

one's ability to do what is required to prevent pregnancy. In this view, the "inconsistent" adolescents are not necessarily wanting to get someone pregnant more than the "no planning, no likelihood" group, but are cognizant that they or their partner may not be as likely to use contraception for a variety of reasons. Thus, the same behavior (not using contraception effectively) may reflect lack of motivation to avoid pregnancy or lack of commitment to using contraception.

Limitations

Interpretation of our findings should take into account a number of limitations. We relied on self-report data that can be influenced by social desirability. Additionally, our study sample was an older sexually experienced adolescent group who attended an urban STD clinic in an AIDS-epicenter, our results may not generalize to other younger adolescent populations who are not yet sexually-active, who have health insurance and access to more health care resources (and would, therefore, not attend a STD clinic), or who live in other geographical areas. Because the original aims of the larger study did not include a focus on males' pregnancy intentions, per se, we were not able to characterize the adolescents in our sample with respect to all of the issues that might have influenced their intentions to get someone pregnant (e.g., their view of fatherhood as positive or negative, past experiences with getting someone pregnant and/or previously encouraging someone to get an abortion). Due to the cross-sectional nature of our study we were also unable to relate our psychosocial variables (attitudes, values, and intentions) to subsequent behavior. Future work should address these questions in a longitudinal study where it would be possible to ascertain whether those adolescent males' with inconsistent intentions to get someone pregnant use condoms and/or contraceptives or if they get someone pregnant. Additionally, because of the relatively small sample size, we may not have had enough power to detect significant differences where they might have existed—several variables approached significance in the expected direction of relationship with pregnancy intentions, but did not reach statistical significance. Finally, though we were unable to relate attitudes and intentions to use condoms to future condom use behaviors, previous research of adolescents suggests significant positive association between attitudes, condom intentions and subsequent condom use even up to a year later. (35)

Conclusions

Reproductive health services and discussions with adolescent males regarding their sexual health needs are relatively rare. In one study, although 71% of the males, aged 15 – 19 years had received a physical exam in the past year, only 39% had received any reproductive health services (36). Discussions with adolescent males regarding their intentions to get someone pregnant are currently not routine in clinical practice, but are likely to provide significant information about their intentions to use condoms in the future and can provide clinicians with insight into other sexual and reproductive health attitudes of their adolescent male patients. Targeting discussions particularly to those adolescent males' whose mothers have lower educational attainment (a proxy for lower socioeconomic status) and younger adolescents (who tended to report more inconsistent pregnancy intentions) may be most fruitful.

Given that the responses to questions of pregnancy plan and perceived pregnancy likelihood were not always the same, assessing males' pregnancy intentions using a number of questions is important in order to capture the meaning of these different concepts for adolescent boys who are at risk for causing a pregnancy. Clearly, if clinicians or counselors simply ask adolescent boys if they are planning to get someone pregnant, they are likely to be missing important aspects of pregnancy intentions that might be captured in also assessing their perceptions of likelihood regarding pregnancy. By asking both questions, clinicians or counselors may be able to focus their interventions on discussing the realities of how to prepare for a healthy pregnancy and baby (among those with clear intentions to get someone pregnant)

or the adolescent male's ability to avoid causing a pregnancy (among those with clear intentions to avoid pregnancy) and a broader discussion of the ambivalence that some adolescent males might feel about their desires for and abilities to prevent impregnating someone.

Interventions to alter intentions to get someone pregnant among adolescent males ought to focus particularly on the modifiable influences on pregnancy plans (i.e., attitudes toward condoms and pregnancy) and on perceptions of pregnancy likelihood (i.e., self-efficacy to use condoms, attitudes toward pregnancy, perceived risk of pregnancy, and intentions to use condoms). Interventions aimed at enhancing condom self-efficacy and positive attitudes toward condoms and encouraging greater condom use in sexually experienced adolescent males could be effective in reducing the occurrence of adolescent pregnancy.

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Table 1

Differences in Baseline Variables Between Those Who Intend (Plan or Likely) to Get Someone Pregnant (Any) and Those Who Do Not Intend (Plan or Likely) to Get Someone Pregnant (None) in the Next Six Months (n = 101)

	<i>Pregnancy Plans</i>		<i>Pregnancy Likelihood</i>	
	None (76)	Any (25)	None (44)	Any (57)
Demographics				
Age (mean years)	18.06 (1.18)	18.33 (0.81)	17.91 (1.25) [†]	18.30 (0.96)
Race/Ethnicity				
○ African-American	29 (39.0%)	13 (54.2%)	23 (52.3%)	20 (35.1%)
○ White	14 (18.2%)	2 (8.3%)	5 (11.4%)	11 (19.3%)
○ Hispanic/Latino	12 (15.6%)	3 (12.5%)	4 (9.1%)	11 (19.3%)
○ Asian	8 (10.4%)	0 (0%)	5 (11.4%)	6 (10.6%)
○ Mixed/Other	13 (16.9%)	5 (12.5%)	7 (15.9%)	9 (15.8%)
SES (mother's educ.) (med.)	4.00 [*]	2.00	4.00 ^{**}	3.00
Individual Variables				
Condom Attitudes				
○ Efficacy	40.06 (8.88)	41.96 (5.99)	41.66 (6.98)	39.63 (9.15)
○ Effects on Trust	26.72 (11.25) ^{**}	34.08 (13.75)	26.56 (12.13)	29.95 (12.22)
○ Negative Aspects	46.09 (19.32) [†]	54.67 (20.58)	44.73 (21.41) [†]	50.75 (19.19)
○ Positive Aspects	79.65 (19.69)	84.83 (17.66)	83.14 (18.53)	79.14 (19.80)
Condom Self-Efficacy	4.4 (0.68) [†]	4.15 (0.63)	4.50 (0.72) [*]	4.23 (0.69)
<u>Pregnancy Attitudes</u>	3.99 (0.72) ^{**}	3.37 (0.75)	4.10 (0.94) ^{**}	3.67 (0.76)
Perceived Risk of Pregnancy				
○ Using OCPs	2.32 (0.91)	2.61 (1.09)	2.16 (0.94) [*]	2.57 (0.92)
○ No contraceptives	4.71 (0.59)	4.77 (0.43)	4.77 (0.52)	4.69 (0.47)
Perceived Risk of STDs	40.35 (32.84) [†]	52.88 (27.18)	42.25 (33.55)	44.16 (30.85)
Abortion Intentions	3.38 (1.25) [†]	2.75 (5.55)	3.40 (1.34)	3.14 (1.27)
Behavioral Variables				
Condom Use	3.72 (1.57)	3.80 (1.61)	3.67 (1.64) [*]	3.80 (1.53)
Condom Intentions	4.19 (0.94)	3.85 (1.12)	4.43 (0.80) ^{**}	3.86 (1.06)

[†] = $p < .10$;

^{*} = $p < .05$;

^{**} = $p < .01$

Underlined variables distinguish both “planning” and “likelihood”

Table 2
Baseline Comparisons Among Plan and Likelihood Combination Groups

	Planning & Likely (n = 24) M (SD) or N(%)	Not Planning, But Likely (n = 33) M (SD) or N(%)	Not Planning & Not Likely (n = 43) M (SD) or N(%)
Demographics			
Age (years)	18.25 (1.03)	18.33 (0.92)	17.93 (1.26)
Race/Ethnicity			
○ African-American	15 (40.5%)	19 (22.6%)	30 (37.5%)
○ White	3 (8.1%)	11 (13.1%)	12 (15.0%)
○ Hispanic/Latino	9 (24.3%)	19 (22.6%)	14 (17.5%)
○ Asian	4 (10.8%)	17 (20.2%)	12 (15.1%)
○ Mixed/Other	5 (13.5%)	18 (21.5%)	10 (12.5%)
SES (parents' education) (median) **	2.00 ^a	3.00	4.00
Individual Variables			
Condom Attitudes			
○ Efficacy [†]	41.71 (6.15)	38.12 (10.67)	41.67 (7.03)
○ Effects on Trust **	33.38 (13.32)	27.45 (10.89)	26.00 (11.71)
○ Negative Aspects [†]	54.17 (19.90)	48.27 (18.57)	43.74 (19.57)
○ Positive Aspects	83.83 (17.44)	75.72 (20.95)	82.74 (18.57)
Condom Self-Efficacy [†]	4.19 (0.63)	4.26 (0.73)	4.52 (0.62)
Pregnancy Attitudes **	3.46 (0.76) ^a	3.79 (0.74)	4.52 (0.62)
Perceived Risk of STDs	52.79 (27.18)	37.88 (32.22)	42.00 (33.91)
Perceived Risk of Pregnancy			
○ with OCPs [†]	2.61 (1.09)	2.55 (0.83)	2.16 (0.95)
○ with no contraceptives	4.78 (0.43)	4.64 (0.49)	4.77 (0.53)
Abortion Intentions	2.94 (1.42)	3.24 (1.19)	3.45 (1.35)
Behaviors/Intentions			
Condom Use	3.81 (1.60)	3.81 (1.55)	4.48 (0.70)
Condom Intentions	3.69 (1.03)	3.89 (1.03)	4.48 (0.70)

[†] = $p < .10$;

* = $p < .05$;

** = $p < .01$

^a Significantly different from Not Planning & Not Likely at $p < .05$