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Is pregnancy fatalism normal? An attitudinal assessment among women trying to get pregnant and those not using contraception

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Abstract

Objectives—To assess factors associated with pregnancy fatalism among U.S. adult women.

Study Design—I used data from the Change and Consistency in Contraceptive Use study, which collected information from a national sample of 4,634 U.S. women aged 18–39 at baseline (59% response rate). I assessed pregnancy fatalism based on agreement with the statement: “It doesn’t matter whether I use birth control, when it is my time to get pregnant, it will happen.” I compare fatalism among all respondents to fatalism among respondents who were trying to get pregnant and those who did not want to get pregnant but were not using contraception. I used logistic regression to assess associations between nonuse of contraception and pregnancy fatalism at baseline and whether respondents were trying to get pregnant six months later.

Results—Overall, 36% of the sample expressed some degree of pregnancy fatalism, and proportions were higher for respondents trying to get pregnant (55%) and those not using contraception (57%). The association between pregnancy fatalism and trying to get pregnant was maintained after controlling for other characteristics (OR 1.4, $p=.01$), as was the association for nonuse of contraception (OR 2.08, $p<.001$). Contraceptive nonusers at baseline were more likely than users to be trying to get pregnant six months later, especially if they expressed a fatalistic outlook at baseline.

Conclusions—Pregnancy fatalism may be a common outlook among women who are trying to get pregnant. Associations between fatalism and nonuse of contraception may be more complex than previously recognized.

Implications—Gaining a better understanding of the dynamics of pregnancy planning might inform our understanding of why some women do not use contraception.

Keywords

fatalism; pregnancy planning; intended pregnancy; contraception; United States

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1. Introduction

Fatalism is the belief that life events are predetermined or controlled by outside forces such as God or fate [1,2]. Many programs and policies aimed at improving health outcomes encourage individuals to engage in healthy behaviors and change unhealthy ones—to act with *agency*—and it is often assumed that a fatalistic outlook is a barrier to positive behaviors [2]. Research on fatalism in regards to health often focuses on its role in attempting to prevent outcomes that are relatively uncommon, such as specific cancers and HIV/AIDS [2,3]. Childbearing, on the other hand, is experienced by the majority of women, and several studies suggest that fatalism – what might be thought of as the opposite of “family planning” – influences American women’s pregnancy planning and prevention strategies.

Quantitative studies of fatalism using U.S. survey data have found that a substantial proportion of individuals expressed a fatalistic outlook in regards to pregnancy and contraception, including one-third of all U.S. adult women [4,5] 40% of young adults [6,7] and more than half of women obtaining care at federally- and state-funded health clinics [8,9]. Some of these studies also found associations between fatalism and nonuse of contraception [4,8], gaps in contraceptive use [4], and inconsistent use [5], though data limited to young adults typically did not [6,7]. Researchers interpreted these associations to mean that skepticism about the ability to prevent pregnancy reduced the motivation for some (adult) individuals to use contraception.

But qualitative research suggests a more complex dynamic. Interview data reveal that fatalism about pregnancy and pregnancy prevention is common but does not necessarily remove, or even reduce, motivation to use contraception. In some cases, individuals relate that contraception can “slow down” or put off an inevitable pregnancy [10]. Others have expressed the view that pregnancy is largely under a woman’s control but contraception is not perfect; larger forces such as fate and God can result in a pregnancy even when contraception is used [11,12]. In some cases, pregnancies that occur even when contraception is used are a sign that the pregnancy was meant to happen [12,13]. Several studies have found that fatalism was also expressed in regards to the ability to get pregnant insofar as there is no guarantee a woman will be able to achieve a wanted pregnancy and fate, chance or God may be seen as the determining factor [1,12,14].

Taken together prior studies suggests that fatalism can be associated with less effective use of contraception but many individuals with fatalistic outlooks will use contraception. Additionally, fatalism may influence how women think about pregnancy in general, including the ability to get pregnant. This study uses data from a national sample of women to build on prior research. Specifically, I examine pregnancy fatalism among all women with a focus on its associations and potential roles among women trying to get pregnant and those not trying to get pregnant but not using contraception.

2. Materials and Methods

I used longitudinal data from the Continuity and Change in Contraceptive Use (CCCU) study, which obtained information from a national sample of 4,634 women at baseline. The

online recruitment company GfK administered the survey using their KnowledgePanel, which is composed of approximately 50,000 individuals. While the sample is intended to be representative of the U.S. population, the (baseline) sample recruited for this study was older and more educated than what would be expected based on nationally representative data [15].

In order to best capture the experiences of women at risk of pregnancy, the baseline survey was restricted to women who had ever had vaginal sex with a man, were not currently pregnant, had not had a tubal ligation and whose main male sex partner had not had a vasectomy. Respondents were not asked if they were infertile for other reasons, such as hysterectomy, and this study includes these individuals. Over a three-week period in November and December 2012, GfK invited 11,365 women to participate in the baseline survey. Of those, 6,658 answered the four screening items, yielding a response rate of 59%; 4,647 of those were eligible to participate, and 4,634 completed the full online survey. GfK asked all 4,647 respondents to participate in the follow up survey six months later, and 3,150 did so (68%). We obtained expedited approval for the study from the Guttmacher Institute's Institutional Review Board. More detailed information about the CCCU is available in previously published studies [5,16].

The dependent variable, pregnancy fatalism, is based on responses to a single item adopted from prior studies [4,6,8]: "It doesn't matter whether I use birth control, when it is my time to get pregnant, it will happen." The five response categories ranged from "strongly agree" to "strongly disagree." This item was only asked at baseline, and I excluded the 46 respondents who did not answer the question.

The two main independent variables are fertility intentions and nonuse of contraception. I assess prospective fertility intentions based on an item asking women: "Which of the following best describes your current plans regarding having another baby?" Response categories included "I am trying to get pregnant now" "I am not trying to get pregnant now but expect to try in the future," "I don't want to have any (more) children," and "I'm not sure if I want to have a(nother) baby." I excluded the 24 respondents who did not answer this item at baseline and the 18 who did not answer it at follow up from relevant analyses.

We asked all respondents if they had used any of six prescription contraceptive methods in the last 30 days (the pill, the patch, the ring, the shot, an implant or an IUD), and, among women who had had sex with a man in the last 30 days, we assessed if they or their partners had used any of five coital or male methods (pulling out/withdrawal, condoms, natural family planning, spermicide or some other barrier method and vasectomy). Emergency contraception was not assessed at baseline. I classified as nonusers individuals who did not report using any of the listed methods. Analysis using this variable did not include respondents who were at risk of unintended pregnancy, or those who were post-partum, trying to get pregnant or had not sex with a man in the last 30 days. I excluded from relevant analyses the three respondents who did not provide information about their sexual activity or contraceptive use.

Demographic variables, all measured at baseline, include age, union status (including cohabiting), number of prior births, race and ethnicity and education. I also included a measure of prior unintended pregnancy based on an item asking respondents: "Have you ever gotten pregnant when you were not planning or wanting to be pregnant (please include miscarriages and abortions in addition to births)?"

I examine a three category measure of fatalism among all women, by prospective fertility intention status and by nonuse of contraception. Using a two-category measure of fatalism (agree vs neutral and disagree) as the dependent variable, I assess unadjusted (chi-square) and adjusted (logistic regression) associations of this measure with demographic characteristics and fertility intentions. For this analysis I used the full analytical sample. I next limit the analysis to woman at risk of unintended pregnancy. I used logistic regression to assess associations between fatalism and nonuse of contraception at baseline. I then examined associations between fatalism and nonuse of contraception at baseline with fertility intention at follow up (6 months later) using cross-tabulations and logistic regression.

I conducted all analyses using Stata 15.0 (2017, College Station), and considered p values less than or equal to .05 to be statistically significant.

3. Results

Overall 36% of the sample agreed with the pregnancy fatalism statement (22% strongly so, not shown) and a slightly higher proportion, 45%, disagreed (29% strongly so) (Table 1). When examined according to fertility intentions, a fatalistic outlook was highest, 55%, among the women who were trying to get pregnant and lowest among women who wanted no (more) children, 20%. Among women who were sexually active but were not trying to get pregnant (i.e. at risk of unintended pregnancy), 7% were not using contraception; 57% of this group expressed a fatalistic outlook compared to 33% among contraceptive users. It is worth noting that 89% of individuals at risk of unintended pregnancy who expressed a fatalistic outlook were using contraception (not shown).

All characteristics were associated with having a fatalistic outlook in the bivariate analysis (Table 2). In the multivariate model, characteristics associated with an increased likelihood of expressing a fatalistic attitude included having one or more births, having a prior unintended pregnancy, and having a high school degree or less. While women of color were more likely than white respondents to express a fatalistic outlook, it is worth noting that nearly one-third of white respondents (30%) agreed with the statement. Characteristics associated with a reduced likelihood of having a fatalistic outlook included currently cohabiting or having never been married and having a college degree. Once all demographic and socioeconomic characteristics were taken into account, women who were trying to get pregnant were significantly more likely than those with future fertility intentions to express a fatalistic outlook, though the odds ratio was small (OR 1.4, $p=.01$); respondents who were unsure or wanted to have no (more) children were substantially less likely to express a fatalistic outlook (ORs of .46 and .22, respectively, $p<.001$).

Many of the same factors associated with a fatalistic attitude in Table 2 were exhibited in the regression model restricted to women who were at risk of unintended pregnancy (Table 3). Even after controlling for demographic characteristics and prospective fertility intentions, women who were not using contraception were significantly more likely to express a fatalistic outlook than those who were using contraception (OR 2.08, $p<.001$).

Among the group of respondents at risk of unintended pregnancy, I next examined associations between fatalism and nonuse of contraception at baseline with fertility intentions six months later. Overall, 4% of the sample was trying to get pregnant at follow up (after excluding respondents whom had been trying at baseline) (Table 4). Among women not using contraception at baseline, 16% were trying to get pregnant at follow up. I generated an interaction term to assess whether the association of contraceptive use on pregnancy intentions at follow up varied by levels of fatalism. The odds ratios for this variable suggests that both characteristics were associated with trying to get pregnant six months later, and the association for nonuse was strongest among those who were fatalistic (OR 10.8, $p<.001$). It is worth noting that the confidence intervals for the odds ratios were quite large, suggesting some degree of imprecision.

4. Discussion

Approximately one-third of women in the study expressed a fatalistic outlook in regards to becoming pregnant while using birth control. This view was expressed by a majority of women who were trying to get pregnant and those who were not using contraception even though they were not trying to get pregnant.

There are several potential explanations for the higher level of pregnancy fatalism among women trying to get pregnant. It could be that “trying to get pregnant” is the most common outlook for women who are fatalistic because, if pregnancy cannot be prevented, then being sexually active means one is trying to get pregnant. But qualitative research suggests an alternative explanation. There is no guarantee that a wanted pregnancy can be achieved even if a woman engages in behaviors that increase the likelihood of it happening [1,12,14]. Thus, factors outside of individual control—which may take the form of God, luck or fate—may become more salient among women who are trying to get pregnant. This dynamic may be particularly true for women who have spent years trying to prevent pregnancy.

Prior research using this same measure of fatalism has found it to be associated with less effective use of contraception [4,5,8]. Presumably, some women who do not think contraception is particularly effective at preventing pregnancy are less motivated to use it. But other findings from this study suggest that the association may be more complicated, at least for some individuals. Women who were not using contraception at baseline were more likely than those using a method to report that they were trying to get pregnant at follow up, especially if they had expressed a fatalistic outlook. In this context, higher levels of fatalism among women at risk of unintended pregnancy may reflect perceptions of having little control over achieving a wanted pregnancy in the near future. Nonuse of contraception could be a sign that a woman is open to the idea of getting pregnant even if she does not report that she is purposely trying to do so. Some situations where women are not actively trying to get

pregnant but not using contraception might be considered a type of “passive” pregnancy planning [17,18].

This study has several limitations. While the data come from a large, national sample, they are not nationally representative, and it is unclear to what extent these dynamics apply to all U.S. women. The sample was large, but some of the outcomes examined were uncommon (e.g., trying to get pregnant at follow up), meaning the cell sizes were quite small and the estimates less reliable. The survey assessed fatalism using one item and only did so at one point in time. While the fatalism item has been used in prior studies [4,6,8] it may not adequately represent the underlying construct of pregnancy fatalism, at least as interpreted by the author. For example, it would be useful to know if and how the measure used in this study correlates with a more “global” measure of fatalism and whether pregnancy fatalism is independently associated with the outcomes assessed in this study. Similarly, findings from this and other studies suggest that pregnancy fatalism may be more complex than can be adequately captured in one question. Future longitudinal studies might monitor fatalism over time to determine if changes in this outlook correspond with changes in fertility intentions. Survey non-response could have introduced bias if individuals who did not participate in the survey differed systematically on demographic characteristics or on the fatalism measure. The data were gathered in 2012 (and 2013), and somewhat dated, but since the prevalence of pregnancy fatalism among adult women seems to be consistent over time [4,5], it is likely that the findings regarding this measure have not changed substantially.

Individuals who are trying to get pregnant undoubtedly represent a substantial proportion of the 2.5 million intended U.S. births [19,20]. In turn, pregnancy fatalism may be normal for some women at certain points in their reproductive lives. While most women who express fatalistic outlooks use contraception, it is still possible that helping individuals understand how contraception reduces the risk of pregnancy could result in better use of methods among those who do not. Regardless of the context, health care providers should recognize that some women (and likely men) hold complex views about pregnancy and pregnancy prevention.

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Table 1

Pregnancy fatalism among all women aged 18-39, and by fertility intention status and contraceptive use (n=4,601)

	Pregnancy fatalism [†]			Total
	Agree	Neutral	Disagree	
Total	1,661	879	2,061	4,601
	36.1 (34.7–37.5)	19.1 (18.0–20.3)	44.8 (43.4–46.2)	100
Fertility intentions				
Trying to get pregnant	54.7 (49.5–59.8)	18.8 (15.1–23.1)	26.5 (22.2–31.3)	362
Expect to try in future	42.0 (39.9–44.0)	18.5 (16.9–20.1)	39.6 (37.6–41.6)	2,264
No (more) kids	20.4 (17.8–23.4)	18.0 (15.5–20.9)	61.6 (58.1–64.9)	783
Unsure/don't know	29.3 (34.7–37.5)	21.2 (18.0–20.3)	49.6 (43.4–46.3)	1,168
Contraceptive use (among those at risk of unintended pregnancy)				
Nonuser	57.4 (51–63.5)	21.9 (17.1–27.7)	20.7 (16.0–26.3)	237
User	33.1 (31.5–34.7)	18.4 (17.1–19.7)	48.5 (46.9–50.2)	3,404

[†]Based on item asking: It doesn't matter whether I use birth control, when it is my time to get pregnant, it will happen

Pregnancy fatalism by selected characteristics and odds ratios examining associations between pregnancy fatalism, women aged 18-39, 2012 (n=4,601)

Table 2

	Pregnancy fatalism [†]					p	Odds ratio	95% CI	p
	Agree	Neutral	Disagree	Total	%				
All	36.1	19.1	44.8						
Age					0.006				
18–24	37.6	18.6	43.8	100			0.96	(.81–1.14)	0.62
25–29	36.7	17.5	45.8	100			1.00		
30–34	37.6	19.8	42.7	100			1.05	(.88–1.27)	0.57
35–39	30.5	22.6	46.9	100			0.96	(.78–1.19)	0.71
Union status						<.001			
Married	39.1	20.9	40	100			1.00		
Cohabiting	38.1	18.9	43.1	100			0.75	(.63–.91)	<.001
Previously married	36.9	18.7	44.4	100			0.89	(.64–1.24)	0.50
Never married	29.7	16.5	53.8	100			0.60	(.49–.72)	<.001
Prior births						<.001			
0	30	18.2	51.9	100			1.00		
1	42.2	19.2	38.5	100			1.33	(1.10–1.59)	<.001
2 or more	42	20.6	37.4	100			1.64	(1.35–2.00)	<.001
Prior unintended pregnancy						<.001			
No	32.2	19.6	48.2	100			1.00		
Yes	43.6	18.1	38.3	100			1.20	(1.03–1.40)	0.02
Race / Ethnicity						<.001			
White, Non-Hispanic	30.1	19	51	100			1.00		
Black, Non-Hispanic	51.2	16.9	31.9	100			2.50	(2.00–3.11)	<.001
Other, Non-Hispanic	37.9	21.4	40.7	100			1.60	(1.25–2.04)	<.001
Hispanic	47.2	19.8	33	100			1.73	(1.45–2.05)	<.001
Education						<.001			
Less than HS	55.8	22.3	21.9	100			1.66	(1.23–2.25)	<.001
High school	48.6	22.5	28.9	100			1.40	(1.16–1.69)	<.001

Jones

	Pregnancy fatalism [†]			Total	p	Odds ratio	95% CI	p
	Agree	Neutral	Disagree					
	%	%	%					
Some college	39.5	19	41.4	100		1.00		
College graduate	25.8	17.5	56.7	100		0.57	(.48–.66)	<.001
Fertility intentions					<.001			
Trying to get pregnant	54.7	18.8	26.5	100.0		1.40	(1.10–1.77)	0.01
Expect to try in future	42.0	18.5	39.6	100.0		1.00		
No (more) kids	20.4	18.0	61.6	100.0		0.22	(.18–.28)	<.001
Unsure/don't know	29.3	21.2	49.6	100.0		0.46	(.39–.55)	<.001
Total	1,661	879	2,061	4,601				

[†]Based on item asking: It doesn't matter whether I use birth control, when it is my time to get pregnant, it will happen

Table 3

Logistic regression model examining associations for fatalism and nonuse of contraception among women at risk of unintended pregnancy (n=3,608)

	Fatalistic outlook [†]		
	Odds ratio	95% CI	p
Age			
18–24	0.97	(.81–1.14)	0.78
25–29	1.00		
30–34	1.04	(.88–1.27)	0.74
35–39	1.04	(.78–1.19)	0.77
Union status			
Married	1.00		
Cohabiting	0.77	(.63–.91)	0.01
Previously married	0.97	(.64–1.24)	0.87
Never married	0.62	(.49–.72)	<.001
Prior births			
0	1.00		
1	1.29	(1.10–1.59)	0.02
2	1.80	(1.35–2.00)	<.001
Prior unintended pregnancy			
No	1.00		
Yes	1.21	(1.03–1.40)	0.03
Race / Ethnicity			
White, Non-Hispanic	1.00		
Black, Non-Hispanic	2.48	(2.00–3.11)	<.001
Other, Non-Hispanic	1.51	(1.26–2.04)	<.001
Hispanic	1.71	(1.45–2.05)	<.001
Education			
Less than HS	1.68	(1.23–2.25)	<.001
High school	1.39	(1.16–1.69)	<.001
Some college	1.00		
College graduate	0.60	(.48–.66)	<.001
Fertility intentions			
Expect to try in future	1.00		
No (more) kids	0.21	(.17–.27)	<.001
Unsure/don't know	0.46	(.38–.56)	<.001
Using contraception			
Yes	1.00		
No	2.08	(1.56–2.79)	<.001
Total	3,608		

[†]Based on item asking: It doesn't matter whether I use birth control, when it is my time to get pregnant, it will happen

Table 4

Cross tabulations and logistic regression interaction terms (ORs) for associations between fatalism and contraceptive use at baseline and trying to get pregnant at follow up (n=2,497)

	Trying to get pregnant at follow up [†]			
	%	95% CI	p	N
Total	4.3	(3.5–5.1)		2,497
Fatalism (baseline)			0.000	
Agree	7.2	(5.6–9.2)		808
Neutral	3.0	(1.7–4.9)		461
Disagree	2.7	(1.9–3.8)		1228
Contraceptive use (baseline)			0.000	
Using	3.5	(2.8–4.3)		2,351
Not using	16.4	(11.3–23.4]		146
Interaction of fatalism and contraceptive nonuse at baseline [‡]	Odds ratio			
Agree, user	3.23	(1.49–6.98)	0.003	
Agree, nonuser	10.82	(4.25–27.59)	<.001	
Neutral, user	1.00			
Neutral, nonuser	9.02	(2.66–30.60)	<.001	
Disagree, user	1.40	(.63–3.11)	0.408	
Disagree, nonuser	6.31	(1.74–22.74)	0.005	
Total	2,484			

[†]Excludes individuals also trying to get pregnant at baseline.

[‡]Logistic regression model includes interaction term for fatalism and nonuse, and controls for age, union status, prior births, prior unintended pregnancy, race and ethnicity and education.