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Pregnancy Attitudes and Contraceptive Use among Young Adults with Histories of Foster Care

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Abstract

Introduction: This study examined pregnancy attitudes and contraceptive use among young adults with histories of foster care.

Methods: 209 female and male young adults, aged 18–22, with histories of foster care were interviewed about their intentions and feelings towards pregnancy. Respondents were then categorized as having pro-pregnancy (i.e., having positive pregnancy intentions *and* happy feelings about pregnancy), ambivalent (either intentions *or* happy feelings), or anti-pregnancy (no intentions *and* unhappy feelings) attitudes. Participants also reported their past-year contraceptive use, and the relationship between pregnancy attitudes and contraceptive use was subsequently explored for the overall sample, and by sex and history of pregnancy using Chi-square tests.

Results: Only 13.4% of participants had positive pregnancy intentions, though 41.9% reported that they would feel happy with a pregnancy. Over half (55.9%) of participants were anti-pregnancy, a third (32.8%) were ambivalent and 11.3% were pro-pregnancy. Compared to females, males were more likely to have positive pregnancy intentions (18.6% vs. 7.8%, $p = .03$) and to be pro-pregnancy (16.5% vs. 5.6%, $p = .04$). No differences in pregnancy attitudes were found as a function of pregnancy history. Consistent contraceptive use was significantly associated with pregnancy attitudes; 22.2% of pro-pregnancy participants reported consistent contraceptive use versus 52.9% of ambivalent and 62.2% of anti-pregnancy participants.

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Discussion: In this exploratory study, few participants held pro-pregnancy attitudes and a high percentage of participants who were anti-pregnancy did not use contraception consistently. Although studies with larger samples examining this topic are needed, professionals should distinguish between young adults' intentions and feelings about pregnancy in an effort to better address contraceptive needs.

Keywords

pregnancy attitudes; contraceptive use; foster care

1. Introduction

It is well-established that youth in foster care experience elevated rates of pregnancy and parenting compared to youth in the general population [1–3]. Multiple studies have documented that approximately half of female youth with experience in foster care become pregnant during their teenage years [1, 4–5]; however, few studies explore why rates are so high and it is often proposed that this group of teens actively seeks pregnancy and parenthood as an avenue to create meaningful and permanent relationships and to demonstrate their ability to be responsible and capable individuals [6–10]. Examining the relationship between pregnancy attitudes and contraceptive use in this population may advance our understanding of why this group experiences elevated levels of early pregnancy and parenting. Such understanding is needed to develop more responsive interventions to prevent unwanted pregnancies.

In the general population, pregnancy attitudes are associated with contraceptive use, with more positive feelings and intentions toward pregnancy yielding more inconsistent contraceptive use [11–15]. Though measures of pregnancy attitudes vary, they are often operationalized to include both intentions to become pregnant and feelings about being (or the possibility of being) pregnant or causing a pregnancy [15]. Research on pregnancy attitudes finds that ambivalence towards pregnancy (i.e., incongruence between pregnancy feelings and intentions) is common [15]. For example, a person may indicate that they would be happy about a pregnancy when also not intending to become pregnant (or vice versa). Estimates suggest that roughly half of adult females [10], and 14% to 30% of adolescent females have ambivalent pregnancy attitudes [11–13]. Though ambivalent attitudes are associated with lower rates of and/or adherence to contraception [11, 14–15], research suggests that positive feelings about pregnancy do not necessarily indicate clear intention to become pregnancy at a given time [14–17]. For example, several studies have found high motivation to use effective methods to prevent pregnancy, even though women express that they would feel happy if they became pregnant, suggesting that feelings and intentions about pregnancy may be distinct components of pregnancy attitudes [14, 17].

Studies suggest that pregnancy ambivalence varies among populations, with higher ambivalence among populations that often overlap with youth in foster care, such as women of color [13], low-income women [12], and those experiencing homelessness [18–20]. It is often posited that youth in foster care hold pro-pregnancy attitudes and desire to have a child in order to have someone to care for and to create a family of their own [6–10]. However,

these findings are largely based on retrospective reports and small qualitative samples. In two large studies of youth who were transitioning from foster care, almost two-thirds of participants who experienced/caused a pregnancy retrospectively reported that they wanted to become pregnant or were ambivalent about their most recent pregnancy [5, 21]. Retrospective reports of pregnancy attitudes, however, are known to be more pro-pregnancy than concurrent reports, as they are likely influenced by the meaning associated with pregnancy/parenting and the presence of the infant [15]. Youth in foster care may also feel a need to demonstrate that they are responsible parents [6]. Of course, some youth in foster care may deliberately choose pregnancy and parenthood; however, no known studies have examined concurrent pregnancy attitudes and contraceptive use among this group. Additionally, few studies, even among the general population, examine pregnancy attitudes among males.

Several studies using large, representative samples provide approximations of contraceptive use for youth who were transitioning from foster care. In a sample of 19 year olds transitioning from foster care, about 60% of females and 75% of males self-reported that they or their partners used contraception *all or most of the time* over the past year [21]. In a follow up with this sample at age 21, sex differences dissipated, and nearly 60% of all participants reported using contraception *all or most* of the time [22]. These percentages were not significantly different from a nationally representative sample of youth at age 19, although at age 21, males and females with histories of foster care were less likely to use contraception than males and females in the general population [21–22]. How contraceptive use relates to pregnancy attitudes, and whether disconnects exist between attitudes and contraceptive use, has not yet been explored among young adults with foster care experience.

For marginalized groups, such as young adults with a history of foster care, social disadvantage plays a crucial role in the relationship between pregnancy attitudes and contraceptive use. A 2017 study examined unmet contraceptive need in the U.S. and found that women of color and women with low incomes had greater unmet need for contraception [23]. For such groups, attaining affordable and effective contraception may be more difficult regardless of pregnancy intention [15]. Young adults with a history of foster care may have missed typical opportunities in schools and with their families to learn about sexual health education and services and may experience salient instrumental barriers (such as disruptions in housing, maltreatment, and lack of trusted adults), irrespective of pregnancy attitudes. This may, in turn, prevent this vulnerable group's access to sexual education and contraceptive services, thus resulting in unmet sexual and reproductive health needs [6, 24–25].

This exploratory study examined pregnancy intentions and feelings, contraceptive use, and the relationship between these variables among young adults (both male and female) with a history of foster care, in order to better understand the high rates of pregnancy and parenting among this marginalized population. Given that pregnancy and parenting is an entirely different experience for males and females, and that young adults with pregnancy histories may have different pregnancy attitudes and contraceptive use, we explored each variable by biological sex and pregnancy history. The study specifically examined:

1. Pregnancy intentions and feelings towards pregnancy, and the percentage of young adults who were pro-pregnancy, ambivalent, or anti-pregnancy by biological sex and pregnancy history.
2. Proportions of consistent contraceptive use, and types of contraception used by biological sex and pregnancy history.
3. The relationship between pregnancy attitudes and contraceptive use.

2. Materials and Method

2.1 Participants

Eligible participants included young adults who were enrolled in the Fostering Healthy Futures (FHF) study between 2002–2009 during pre-adolescence [26]. Participants were recruited for the original FHF study if they were 9–11 years old and had been court-ordered into foster care in four Metro Denver, Colorado counties within the preceding 12 months. FHF enrolled 91% of all eligible children at baseline. For the current follow-up study, conducted an average of 9.4 years post-baseline, participants from the original FHF study ($N = 426$) who were between the ages of 18 and 22 during the study period were eligible. Of the 243 eligible participants, 215 (88.5%) were re-interviewed in young adulthood; seven refused to participate, eight aged out of the eligibility criteria before being interviewed, and 13 were unable to be located. Over 30 analyses were conducted (on demographic factors, type of maltreatment, mental health and behavior functioning, adverse childhood experiences, etc.) to compare the baseline characteristics of the 28 participants who attrited to those of the 215 participants who were interviewed; no statistically significant differences were found. Five participants were excluded from this analysis due to being incarcerated at the time of the interview (because incarceration impacts one's ability to become/cause a pregnancy and to parent, and may impact pregnancy attitudes). One participant had missing data on study questions. Thus, 209 participants were included in the analyses. The study was IRB-approved and participants were paid \$100 for the interviews, which lasted between 3 and 4 hours.

As shown in Table 1, most participants were still in their teenage years with an average age of 19.5. There was a fairly equal sex distribution and substantial racial/ethnic diversity among the study sample. The majority of participants identified as heterosexual/straight, and over half had a high school diploma or GED. More than 90% of participants reported ever having had sex by their own choice, and over 80% had heterosexual sex in the past year. Nearly half of the female participants (48.0%) had ever been pregnant and one third of the male participants (32.7%) had ever caused a pregnancy. At the time of the interview, 11.8% of females and 9.3% of males were currently expecting a child; 32.4% of females had given birth and 20.6% of males had a partner who had given birth.

2.2 Measures

Pregnancy attitudes: The following items measuring pregnancy attitudes were project-designed, though commonly used to assess such constructs [14–15, 27]. To measure pregnancy intentions, participants were asked, “Would you like to become pregnant or father

a child in the next year?” Answer options included: *Yes, No, Currently pregnant/will do so*. To measure feelings about pregnancy, participants were asked, “How would you feel if you became pregnant or fathered a child now?” Answer options included *Very Unhappy (1), Somewhat Unhappy (2), Somewhat Happy (3) and Very Happy (4)*. These were recoded into a dichotomous variable: *Unhappy* (options 1 & 2) and *Happy* (options 3 & 4). A measure of pregnancy attitudes was then created to assess whether participants were pro-pregnancy, ambivalent, or anti-pregnancy. Participants were coded as *Pro-Pregnancy* if they indicated pregnancy intent and happy feelings toward pregnancy, *Ambivalent* if they indicated no intent or happy feelings (but not both), and *Anti-Pregnancy* if they indicated no pregnancy intent and unhappy feelings about a potential pregnancy.

Contraceptive use: To measure contraceptive use, participants who endorsed having heterosexual sex in the last year were asked the project-designed question, “In the last year, how often did you and your partner(s) use protection for the purpose of birth control?” Response options included: *Never, Less than half the time, About half the time, More than half the time, Always*. This item was subsequently recoded into a dichotomous variable: *Consistent Users*, those who reported *always* using protection for the purposes of pregnancy prevention, and *Inconsistent Users*, those who reported one of the other four options. Participants who reported ever using protection for the purpose of pregnancy prevention were also asked what types of methods they used (i.e., condoms, pills, IUD, depo-provera/implant, withdrawal). These were not mutually exclusive categories, and participants selected all methods used over the past year. Though depo-provera shots and the depo-provera implants are distinct methods, these were combined as a single item.

2.3 Analysis

We used descriptive statistics to summarize the sample characteristics and to calculate the proportion of pregnancy attitudes and consistency of contraceptive use. To examine whether attitudes and contraceptive use differed by sex and prior pregnancy history, and to explore associations between attitudes and contraceptive use, we conducted chi-square tests. Participants who were currently expecting ($n = 22$) were excluded from analyses on pregnancy attitudes and consistency of contraceptive use. We established a .05 criterion of statistical significance; however, given the small sample size, we also noted potential statistical trends at $p < .10$. Given the exploratory nature of this study, we did not include a power analysis. Also, when cell sizes were less than 5, we used Fisher’s exact test.

3. Results

3.1 Pregnancy Attitudes

Of participants not currently expecting a child ($n = 187$), the majority (86.6%) of participants reported no intentions for pregnancy/parenting in the next year (Table 2). Males were more likely to indicate pregnancy/parenting intention compared to females (18.6% vs. 7.8%, $p = .03$), and participants with and without a history of pregnancy were similar in regards to current intentions for pregnancy/parenting (16.1% vs. 12.0%, $X^2(1) = 0.61$ $p = .44$).

Almost half of participants (41.9%) reported that they would feel happy if they learned they were pregnant. One-third (32.3%) reported that they would feel very unhappy, 25.8% sort of unhappy, 32.8% sort of happy, and 9.1% very happy. There was a trend for males to be more likely than females to be happy (48.5% vs. 34.8%, $p = .06$). Participants with and without a prior history of pregnancy had exactly the same percentage reporting that they would feel happy (41.9%).

In terms of pregnancy attitudes, over half the sample fell into the anti-pregnancy category, about one-third had ambivalent pregnancy attitudes, and only 11.3% were pro-pregnancy. Of the 61 ambivalent participants, 57 reported no intentions but happy feelings, and four reported intentions for pregnancy but unhappy feelings. Males were more likely to hold pro-pregnancy attitudes than females (16.5% vs. 5.6%, $p = .04$); however, no significant differences were found in pregnancy attitudes by history of pregnancy, $X^2(2) = 1.26$, $p = .53$. Though participants *currently* expecting a child ($n = 22$) were excluded from analyses on pregnancy attitudes, it is of note that all retrospectively reported that they felt happy about being pregnant.

3.2 Contraceptive Use

Of the young adults who engaged in heterosexual sex over the past year and were not currently pregnant ($n = 152$, 81.3%), 54.6% used contraception consistently (i.e., always) (Table 2). Of the remaining, 16.4% reported using contraception more than half the time, 8.6% about half the time, 10.5% less than half the time, and 9.9% reported never using any form of contraception over the past year when having heterosexual sex. Reports of consistent use were nearly identical between males and females. Participants with a history of pregnancy were less likely to report consistent contraceptive use compared to those with no pregnancy history (35.0% vs. 67.4%, $X^2(1) = 15.37$, $p < .001$).

Among participants reporting any contraceptive use over the past year ($n = 152$), condoms were the most common method for males and females. In examining contraceptive use among participants and their partners, significantly more females reported use of depoprovera/implants (21.0% vs. 36.6%, $p = .03$), and fewer females reported using condoms for contraception (91.4% vs. 77.5%, $p = .02$). Participants with a pregnancy history were less likely to report condoms (75.0% vs. 91.3%, $X^2(1) = 7.52$, $p < .01$) and pills (16.7% vs. 44.6%, $X^2(1) = 12.68$, $p < .01$), but more likely to use IUDs (25.0% vs. 4.3%, $X^2(1) = 14.16$, $p < .01$) compared to participants without a pregnancy history.

3.3 Pregnancy Attitudes and Contraceptive Use

Table 3 displays results of the chi-square analysis of pregnancy attitudes by contraceptive use. As shown in the table, there is a significant association between positive pregnancy attitudes and consistent contraceptive use ($p < .01$). Of participants with pro-pregnancy attitudes, 22.2% were consistent contraceptive users versus 52.9% of participants with ambivalent attitudes and 62.2% of participants with anti-pregnancy attitudes. In post-hoc analyses that examined differences between each group, ambivalent participants had a significantly greater proportion of consistent contraceptive use than pro-pregnancy participants, $X^2(1) = 5.07$, $p = .03$. Ambivalent and anti-pregnancy participants did not have

significantly different percentages of consistent contraceptive use, $X^2(1) = 1.11, p = .29$. Despite higher percentages of consistent contraceptive use among ambivalent and anti-pregnancy groups, almost half (47.1%) of the ambivalent group (which largely lacked intentions) and over one-third (37.8%) of the anti-pregnancy group were inconsistent users. Combining the ambivalent and anti-pregnancy participants, 41.4% did not use contraception consistently.

4. Discussion

In this sample, over half of the young adults with experience in foster care held anti-pregnancy attitudes, one-third held ambivalent attitudes, and just over 10% held pro-pregnancy attitudes. These proportions of pro-pregnancy and ambivalent attitudes fall within ranges typical for the general population. For example, studies have found that 14% to 30% of adolescents (aged 15 to 19) express ambivalence [11, 13], and 8% express pro-pregnancy attitudes [11], though studies vary in their measurement of pregnancy attitudes and ambivalence. Given that the current sample was older (ranging from 18 to 22 versus 15 to 19), and that pregnancy attitudes are more positive in adult women [14], greater positivity towards pregnancy is expected for this older sample. These results offer a different perspective from prior qualitative and retrospective research with this population, which has suggested that young adults with foster care experience have substantial desire to become pregnant [6–10]. Qualitative research documents a narrative that youth in foster care often view pregnancy/parenting as a way to build meaningful relationships [6–10], and retrospective reports of pregnancy attitudes show that one-third of pregnancies among youth transitioning from foster care are reported as wanted/planned [5, 21]. Though over half of participants in this sample expressed that they would feel happy if they were involved in a pregnancy, almost 90% of them lacked intentions to become pregnant. In addition to the difference in measurement (i.e., retrospective versus concurrent), it is possible that differences in sample characteristics also contribute to discrepancies in findings. Future research using concurrent and prospective reports is needed to delineate such discrepancies.

Not surprisingly, pregnancy attitudes were related to contraceptive behavior, with participants who held pro-pregnancy attitudes more likely to report inconsistent contraceptive use. Though ambivalent participants' consistent contraceptive use was significantly greater than pro-pregnancy participants, it was similar to those who were anti-pregnancy (52.9% and 62.2%, respectively). This mirrors findings from the general population. In a study among young adults in the general population, the likelihood of use of contraception over the past month was similar for females who were ambivalent and anti-pregnancy; however, the likelihood of past month contraceptive use was significantly lower among male participants who were ambivalent (compared to those who were anti-pregnancy) [27]. In another study of adolescents, pregnancy attitudes were only weakly linked to contraceptive use [11].

Despite the relationship between anti-pregnancy attitudes and more consistent contraceptive use, 41.4% of those who were anti-pregnancy or ambivalent reported inconsistent use. Though this study does not measure the construct of “unmet contraceptive need” the fact that nearly half of participants who reported no intentions and/or negative feelings toward

pregnancy did not use contraception consistently suggests potential needs around contraceptive education, support and access. In addition, the majority of participants were not using the most effective forms of contraceptives, such as IUDs or implants. Condoms were the most commonly reported form of contraception, likely because they are more accessible and do not require a visit to a healthcare provider. Also, condoms are the one modern form of contraception that males do not have to depend upon their partners to use. Although condoms hold the additional benefit of protection against sexually transmitted infections and pregnancy, the question asked of participants was specific to pregnancy prevention. Condoms as a method of pregnancy prevention place individuals at greater risk of inconsistent contraceptive use and contraceptive failure compared to other modern methods, as one needs to plan to always have one with them [29]. This may be particularly difficult for young adults whose lives are often filled with disruptions in living situations, which may include frequent placement moves and changes in access to resources. Such findings highlight a need for providers to turn attention to contraceptive needs, and specifically for the most effective forms of contraception (i.e., implants and IUDs) among this group.

Finally, data on pregnancy attitudes and contraceptive use among males are particularly scarce. Notably, in this sample, males and females reported similar proportions of consistent contraceptive use, but males reported more pro-pregnancy attitudes. Prior research in the general population suggests that young men are more likely to report negative views regarding pregnancy in comparison to young women [28]. Among marginalized groups, however, patterns by sex or gender may be different. For example, in a study of homeless youth, results mirrored the current study's findings, such that males were approximately five times more likely to report positive pregnancy attitudes when compared to females [19]. The theory of why youth who have experienced maltreatment and foster care may want to become pregnant has largely been applied to and explored among females. However, the desire for a family and belonging may also influence males, who may also be less connected to the realities of pregnancy and parenting than females. This combination may lead young men to hold more pro-pregnancy attitudes compared to women. Further research on sex-based differences as well as the integration of males in addressing unmet sexual and reproductive health needs is urgent.

Though participants with a history of pregnancy reported less consistent contraceptive use, they also made up the bulk of participants who used IUDs – a highly effective method of contraception. The smaller proportion of young adults with a pregnancy history reporting consistent use may be a result of this sub-group simply being less likely to secure and consistently use methods that require regular and consistent behaviors. In regards to greater use of IUDs, it may be that medical interactions during or after their prior pregnancies resulted in the use of these effective methods.

4.1 Limitations

Although this study provides a foundation for understanding the relationship between pregnancy attitudes and contraceptive use in a sample of young adults with a history of foster care, it has clear limitations involving the sample and measurement. Our sample,

though relatively large for a vulnerable population, was too small to examine differences between subgroups in relation to pregnancy attitudes and contraceptive use and also precluded examining these relationships by biological sex or prior pregnancy. The data were also cross-sectional, and thus, we were unable to assess prospective relations between our variables of interest or determine if pregnancy attitudes lead to certain contraceptive behaviors; rather, we can only speak to general associations. The sample was also drawn from four urban Colorado counties, and thus the findings are not generalizable to all young adults with a history of foster care. Finally, it is possible that there were differences by biological sex in the accuracy of reporting of contraceptive use; for example, males may not reliably report use or consistency of female-controlled contraceptive methods.

Related to measures, we were limited to crude, single-item, project-designed and self-reported measures of sensitive and often stigmatized topics, and thus the derived measure of ambivalence may not accurately represent such a complex construct. For contraceptive use, our measure of consistent use over the past year may be difficult to report accurately given the long period of time. Dual methods of contraceptive use were not measured in the current study, which may in turn fail to capture important information regarding the use of concurrent contraceptive methods to prevent pregnancy. Finally, although interviewers were master's-level social work or psychology students with extensive training, it is possible that social desirability impacted responses to the questions; for example, participants who stated that they did not intend to get pregnant in the next year may have overestimated their use of contraception.

4.2 Implications for Practice and Future Research

Results from the current study have important implications for practice and future research. While some young adults with experience in foster care may see pregnancy as a positive path forward, and may hold positive feelings about pregnancy, this does not necessarily indicate a plan or intention for pregnancy. Such results parallel research with the general U.S. population of women, suggesting that positive feelings about pregnancy do not necessarily indicate a desire for pregnancy at a specific time [14–17]. Given that few young adults in this sample reported pro-pregnancy attitudes, professionals working with young adults with a history of foster care should clarify both feelings and intentions around pregnancy. Providers and especially caseworkers should not assume that positive feelings about pregnancy mean that a youth currently desires to become a parent; such assumptions may diminish professionals' perceptions of the level of contraceptive need among this vulnerable group. Rather, professionals should work collaboratively with youth to enhance pregnancy prevention strategies and should deliberately assess youths' pregnancy intentions and feelings in ways that are contextualized to meet the specific needs and challenges (which often include a lack of information and resources) for this population. Integrating sexual health education and unplanned pregnancy prevention into child welfare programming may be a promising approach to reaching this marginalized population. In particular, males should be consistently included in such education and information. Providers, of all kind, should engage with youth of all sexes and genders regarding reproductive health and pregnancy planning and offer (or refer youth to) contraceptive counseling. Even for youth who may desire pregnancy or parenting, understanding their

contraceptive options is imperative, as pregnancy attitudes are known to shift and change frequently [14–15].

4.3 Conclusion

In summary, though youth with experience in foster care are often characterized as desiring pregnancy, this study found that few participants held pro-pregnancy attitudes, and that feelings about a potential pregnancy were different from intentions for pregnancy. Further, a substantial proportion of young adults who lacked pregnancy intentions used contraception inconsistently, highlighting the need for increased access to services and education. These findings are exploratory though, and studies with larger samples from more diverse areas are needed to render a full picture of pregnancy attitudes and their association with contraceptive use among young adults with a history of foster care. For all people, but especially for young and vulnerable groups, contraceptive use and pregnancy is the product of an individual's attitudes and behaviors, as well as intersecting social and economic factors that influence one's options and access to education and contraceptive services [15]. This research suggests that programs aiming to *prevent* pregnancy should focus on increasing access to services and education, and on enhancing the agency of the individual. This includes a focus on healthy relationships and parenting, particularly for those expressing pro-pregnancy attitudes.

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Highlights

- Few emerging adults (13.4%) with a history of foster care desired to become pregnant or a parent in the next year.
- Nearly half (41.4%) of participants with negative feelings or intentions towards pregnancy did not use contraception consistently.
- Professionals should distinguish between young adults' intentions and feelings about pregnancy in an effort to better address contraceptive needs.
- Professionals should not assume that young people who do not use consistent contraception desire pregnancy.

Table 1.Participant Characteristics (*N* = 209)

Characteristic	<i>n</i> (%) / <i>m</i> (<i>sd</i>)
Age, years	19.5 (.92)
Sex	
Female	102 (48.8)
Male	107 (51.2)
Race/ Ethnicity (non-exclusive categories)	
Latino/Hispanic	112 (53.5)
White	100 (47.8)
American Indian	60 (28.7)
Black	56 (26.8)
Sexual Orientation	
Hetero s exu al/Straight	186 (89.0)
Lesbian/Gay/Bisexual/Questioning	23 (11.0)
Education - GED/ high school diploma	127 (60.8)
Ever had sex by own choice	192 (91.9)
Had heterosexual sex in past year	174 (83.3)
Relationship status	
Married/Engaged	23 (11.0)
Boyfriend/girlfriend	99 (47.6)
No significant other	86 (41.3)
History of pregnancy	84 (40.2)
Currently pregnant/expecting	22 (10.5)
Pregnancy resulting in a live birth	55 (26.3)

Table 2.

Descriptive Statistics by Males and Females

	<i>Total n (%)</i>	<i>Males n (%)</i>	<i>Females n (%)</i>	<i>Chi-square to compare males/ females</i>
Intent for Pregnancy ^a (n = 187)	25 (13.4)	18 (18.6)	7 (7.8)	4.7 *
Happy Pregnancy Feelings ^a (n = 186)	78 (41.9)	47 (48.5)	31 (34.8)	3.5
Pregnancy Attitudes ^a (n = 186)				
Pro-pregnancy	21 (11.3)	16 (16.5)	5 (5.6)	6.5 *
Ambivalent	61 (32.8)	33 (34.0)	28 (31.5)	
Anti-pregnancy	104 (55.9)	48 (49.5)	56 (62.9)	
Contraception used by participants who had heterosexual sex over past year (n = 152)				
Condoms	129 (84.9)	74 (91.4)	55 (77.5)	5.7 *
Pills (oral contra)	51 (33.6)	32 (39.5)	19 (26.8)	2.8
Depo-provera/Implant	43 (28.3)	17 (21.0)	26 (36.6)	4.6 *
Withdrawal	28 (18.5)	16 (20.0)	12 (16.9)	0.2
IUDs	19 (12.5)	7 (8.6)	12 (16.9)	2.4
Consistent contraceptive use over past year (n = 152)	83 (54.6)	44 (54.3)	39 (54.9)	0.0

Note.

^a Analyses on pregnancy intentions, feelings, and attitudes excluded participants currently pregnant/expecting.

^{*} $p < .05$

Table 3.Proportion of Past Year Consistent Contraceptive Use by Pregnancy Attitudes ($n = 151$)

	Consistent Users n (%)	Inconsistent Users n (%)	Chi-s quare
Pro-pregnancy ($n = 18$)	4 (22.2)	14 (77.8)	9.51 **
Ambivalent ($n = 51$)	27 (52.9)	24 (47.1)	
Anti-pregnancy ($n = 82$)	51 (62.2)	31 (37.8)	

Note. Analyses excluded participants currently expecting ($n = 22$) and participants who had not had heterosexual sex in the past year ($n = 35$).

**
 $p < .01$