

The Relationship Between Ambivalent and Indifferent Pregnancy Desires and Contraceptive Use Among Malawian Women

CONTEXT: *Pregnancy ambivalence and pregnancy indifference are thought to be associated with nonuse of contraceptives, but their conceptualization and measurement vary, and their relationship to contraceptive use in developing countries is poorly understood.*

METHODS: *Data from the Umoyo wa Thanzi research program in rural Lilongwe, Malawi, were used to classify the pregnancy desires of 592 women aged 15–39 as antinatal, pronatal, ambivalent or indifferent, according to both the women's desire to conceive and their desire to avoid pregnancy. Logistic regression was used to assess the relationship between each of the four pregnancy desire categories and use of modern contraceptives.*

RESULTS: *Overall, 12% of women were classified as ambivalent, 32% as indifferent, 44% as antinatal and 12% as pronatal. In the logistic regression analysis, the odds of contraceptive use among women with indifferent pregnancy desires (having both a desire not to avoid pregnancy and a desire not to conceive) were twice those of women with pronatal desires (odds ratio, 2.2) and were similar to those among women with antinatal desires (2.7). In contrast, the odds of contraceptive use among women with ambivalent pregnancy desires (having both a desire to avoid pregnancy and a desire to conceive) did not differ from those of women who had pronatal desires.*

CONCLUSIONS: *Ambivalent and indifferent pregnancy desires are common in Malawi and are associated with modern contraceptive use in different ways. Understanding the complex nature of pregnancy desires may be valuable in improving family planning programs.*
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The concept of unmet need for contraception has guided the development, implementation and monitoring of family planning programs globally. According to the widely used Demographic and Health Survey (DHS) definition, married women of reproductive age (15–49 years) have an unmet need for contraception if they are sexually active, fecund, do not want a child in the next two years or at all, and are not using any method of contraception.¹ The region with the largest number of women with unmet need is Sub-Saharan Africa, where 32 million women have such need.² Use of modern contraceptives reduces the risk of unintended pregnancy, and thus of maternal mortality and morbidity, and improves educational and employment opportunities for women.³

The DHS conceptualization of unmet need relies on the assumption that a consistent association exists between pregnancy desires and contraceptive use. However, we posit that “pregnancy desires” are far too complex to be captured by current measures, and that the relationship between reproductive desires and contraceptive behavior may not provide a proper basis for understanding unmet need.⁴ Indeed, incongruent pregnancy desires—i.e., ambivalence about or indifference to pregnancy—have been identified in settings around the globe.^{5–21} Pregnancy ambivalence and pregnancy indifference are associated with inconsistent use^{14–16} and

nonuse^{9,13,18} of contraceptives and with increased risk of unintended pregnancy.^{17,19}

Because numerous quantitative strategies have been used to measure incongruent pregnancy desires, comparing results across studies is difficult. Some studies have defined ambivalence as the midpoint response in a series of bipolar scale items, such that neither positive nor negative pregnancy desires are present.^{11,16,20,21} Others have defined ambivalence as the endorsement of positive attitudes toward pregnancy in a situation in which conception is undesirable^{15,19} or as the simultaneous desire to be pregnant and to avoid pregnancy.^{7–9,13} Finally, women who are unsure of whether they want more children have been categorized as ambivalent.¹²

Pregnancy indifference, on the other hand, has received less attention in the academic literature and is often conceptualized as a dimension of ambivalence, even though the psychological literature recognizes indifference and ambivalence as distinct states of being.²² Nevertheless, pregnancy indifference is almost always considered synonymous with lack of concern about pregnancy.²² Studies have categorized women as indifferent if they are unsure about pregnancy⁵ or do not care whether they become pregnant.⁹

Recently, a novel strategy of conceptualizing pregnancy ambivalence and pregnancy indifference as mutually exclusive categories has appeared in the literature. Miller

et al. and Moreau et al. defined ambivalence as having both a desire to avoid pregnancy and a desire to conceive, and defined indifference as having both a desire not to avoid pregnancy and a desire not to conceive. This conceptualization of pregnancy desire categorizes women who are neither ambivalent nor indifferent as having either pronatal desire (having both a desire not to avoid pregnancy and a desire to conceive) or antinatal desire (having both a desire to avoid pregnancy and a desire not to conceive).^{10,14}

The Miller et al. and Moreau et al. approach of measuring pregnancy ambivalence and pregnancy indifference has been applied only in U.S. settings. Because it allows for a more complex, multidimensional understanding of women's pregnancy desires and of the association between these desires and contraceptive use, we posit that it could be useful in non-Western settings, such as Sub-Saharan Africa. Furthermore, better identification of both pregnancy ambivalence and pregnancy indifference in low-resource contexts may lead to better contraceptive interventions and greater understanding of unmet need for contraception. For instance, family planning programs designed to reduce unmet need will be able to focus on women who are unsure if they want more children or are conflicted about when they should have their next child.

We present findings from the baseline survey of a cohort study of sexual and reproductive health decision making in rural Lilongwe, Malawi. In Malawi, reproductive and maternal health outcomes are dire for many women. Even though most women and men are aware of modern contraceptives—the availability and use of which have increased substantially in the past decade²³—Malawians continue to experience a high prevalence of unintended pregnancy (54%) and of unmet need for modern methods of contraception (43%).²⁴ Nonuse of contraceptives accounts for the vast majority (88%) of unintended pregnancies; only 7% of unintended pregnancies occur among women who report that they were using a modern contraceptive method at the time they conceived.²⁴ Unintended pregnancies may increase Malawian women's risk of maternal morbidity and mortality. In 2010, the estimated maternal mortality ratio was 675 deaths per 100,000 live births.²³ The purpose of this study was to examine the relationship between four levels of pregnancy desire—antinatal, pronatal, ambivalent and indifferent—and use of modern contraceptives among Malawian women.

METHODS

Study Setting and Population

We analyzed data from the baseline survey of the Umoyo wa Thanzi (UTHA), or Health for Life, research program. The survey was conducted in rural Lilongwe District in Central Malawi from July 2014 to February 2015.

Using stratified cluster sampling, we selected participants from the catchment area of the rural hospital that partnered with the program; the hospital serves 68 villages with a combined population of approximately 20,000 residents. To create the sampling frame for the baseline

survey, hospital staff conducted a census of the catchment area during the summer of 2013 by enumerating all households. The census data were used to create clusters of 50 to 250 households; when necessary, small villages were combined into a single cluster and large trading centers were split into multiple clusters. Clusters were randomly selected from three strata (rural areas, plantations and trading centers) until 1,000 households were included in each stratum. All women aged 15–39 who lived in the selected clusters were eligible to participate in the study. In total, 1,034 women completed the baseline survey.

Survey Development and Data Collection

The planning and development of the UTHA baseline survey began with preliminary qualitative research and community engagement. After devising survey questions, we worked with Malawian collaborators at the Malawi College of Medicine and with Malawian research assistants to adapt the questions to the Malawian cultural context and translate them into the Chichewa language. After translation, the survey was piloted extensively among Malawian community members to ensure that participants would understand the intended meanings of the questions. In addition, the survey was back-translated into English, and the accuracy of back-translations was confirmed by English-speaking team members.

In each household of the selected clusters, women of reproductive age were approached by research staff and invited to participate in the study. Once a woman was determined to be eligible and consented to participate, trained Malawian research assistants conducted the interview in or near the respondent's home. All interviews were conducted in Chichewa using a standardized survey instrument. Respondents' answers were recorded on tablet computers using the Magpi application and uploaded to a secure internet site each day by research assistants.

Measures

- **Outcome.** Our primary outcome was current use of a modern contraceptive method (condoms, pills, injectable, IUD or implant). For modeling, we created a dichotomous variable indicating current use or nonuse.

- **Independent variables.** We used two survey items to assess women's pregnancy desires. The first question (hereafter, Q1) asked the participant how strongly she wanted to avoid a pregnancy during the next year, on a scale from 1 (strongly do not want to avoid a pregnancy) to 6 (strongly want to avoid a pregnancy). The second question (Q2) asked how strongly the participant wanted to become pregnant during the next year, on a scale from 1 (strongly do not want to conceive) to 6 (strongly want to conceive).

Using these items, we created a four-level variable for pregnancy desire. Women who wanted to avoid pregnancy (i.e., answered 4, 5 or 6 on Q1) and did not want to conceive (answered 1, 2 or 3 on Q2) were categorized as antinatal. Those who did not want to avoid pregnancy (answered 1, 2 or 3 on Q1) and wanted to conceive

(answered 4, 5 or 6 on Q2) were categorized as pronatal. Those who wanted to avoid pregnancy (answered 4, 5 or 6 on Q1) and wanted to conceive (answered 4, 5 or 6 on Q2) were categorized as ambivalent. Finally, those who did not want to avoid pregnancy (answered 1, 2 or 3 on Q1) and did not want to conceive (answered 1, 2 or 3 on Q2) were categorized as indifferent.

Women also answered questions about their age, the number of living children they had and whether they desired more children. Age was coded as 19 or younger, 20–29, or 30 or older. Number of living children was categorized as 0–1, 2–3, or 4 or more. Desire for more children (or, for childless women, desire for a child) was dichotomized as “no” or “yes.”

Analysis

Data analysis was conducted using STATA 14.0. Analysis was restricted to women who were not pregnant, had not been sterilized and had had sex in the last year. We first calculated descriptive statistics to assess study participants’ demographic characteristics, current contraceptive use, desire to avoid pregnancy and desire to conceive. We ran an unadjusted logistic regression model of the relationship between the four-category pregnancy desire measure and current use of modern contraceptives. We then adjusted for demographic characteristics. Confounders were included in the model through backward elimination if they were associated with contraceptive use at the $p < .05$ level or if they altered the coefficient by more than 10%. On the basis of this approach, we included three covariates (age, number of living children and whether the woman desired more children) in the model; other variables, including education, marital status, household income and type of residence, were tested in the model, but made no significant contribution and were excluded. Model fit was assessed using the Hosmer-Lemeshow goodness-of-fit test.²⁵

RESULTS

Of the 592 women who were included in the analysis, 412 (70%) were using a modern contraceptive at the time of the survey (Table 1). Among women who were practicing contraception, the most commonly used methods were the injectable (56%) and the implant (36%); much smaller proportions of women (2–5%) were using the pill, condoms or IUD (not shown). On average, participants were 27 years old and had approximately five years of education; most had monthly household incomes of less than 20,000 Malawian kwacha (about US\$48) and were married (Table 1). About half of women had two or three living children, and two-thirds desired a child at some point in the future.

We found discordance between women’s current contraceptive behavior and their pregnancy desires. For example, we would expect current contraceptive users to strongly desire not to conceive and to strongly desire to avoid pregnancy. Yet, 16% of users reported that they strongly desired to conceive (Figure 1), and 39% reported that they strongly did not want to avoid pregnancy

TABLE 1. Selected characteristics of Malawian women aged 15–39, by contraceptive use, Umoyo wa Thanzi baseline survey, 2014–2015

Characteristic	All (N=592)	Nonusers (N=180)	Users (N=412)
Mean age	27.3	28.4	26.9
Mean yrs. of education	5.1	5.0	5.2
Monthly household income			
<5,000 MWK†	33.1	33.3	33.0
5,000–19,999 MWK	34.5	34.4	34.5
≥20,000 MWK	26.0	26.7	25.7
Missing	6.4	5.6	6.8
Marital status			
Married	99.0	98.3	99.3
Single	1.0	1.7	0.7
No. of living children			
≤1	21.8	26.7	19.9
2–3	47.8	36.7	52.7
≥4	30.4	37.2	27.4
Desires more children			
No	32.3	42.8	27.7
Yes	67.7	57.2	72.3

†5,000 MWK is approximately US\$12. Notes: All values are percentages unless otherwise indicated. MWK=Malawian kwacha.

(Figure 2). Similarly, we might expect nonusers to strongly desire to conceive and to strongly desire to not avoid pregnancy. Yet, we found that 68% of nonusers strongly did not want to conceive (Figure 1), and 51% strongly wanted to avoid pregnancy (Figure 2).

Using their responses to Q1 and Q2, we categorized women into one of the four pregnancy desire groups. Overall, we classified 12% as ambivalent, 32% as indifferent, 44% as antinatal and 12% as pronatal (Table 2). Although most responses to the two pregnancy desire items were at the extreme ends of the scales, the distribution of responses was broader among women in the ambivalent and indifferent groups than among those in the pronatal and antinatal groups (Figure 3), indicating greater variation in responses among women with ambivalent or indifferent pregnancy desires than among women in the other two groups.

Contraceptive use varied across pregnancy desire categories, with 59% of women with ambivalent desires, 61% of those with pronatal desires, 71% of those with indifferent desires and 74% of those with antinatal desires reporting use (not shown). In our adjusted logistic regression model that examined the relationship between pregnancy desire and contraceptive use (Table 3), the odds of contraceptive use among women who were indifferent to pregnancy (did not want to conceive and did not want to avoid pregnancy) were more than twice those of women who fit a pronatal profile (wanted to conceive and did not want to avoid pregnancy; odds ratio, 2.2). The odds of contraceptive use were elevated to an even greater degree (2.7) among those who had antinatal desires (did not want to conceive and wanted to avoid pregnancy). However, the likelihood of contraceptive use did not differ between women who had ambivalent desires (wanted to conceive and wanted to avoid pregnancy) and those with pronatal

FIGURE 1. Percentage distribution of responses among nonusers and users of contraceptives when asked how much they wanted to conceive in the next year

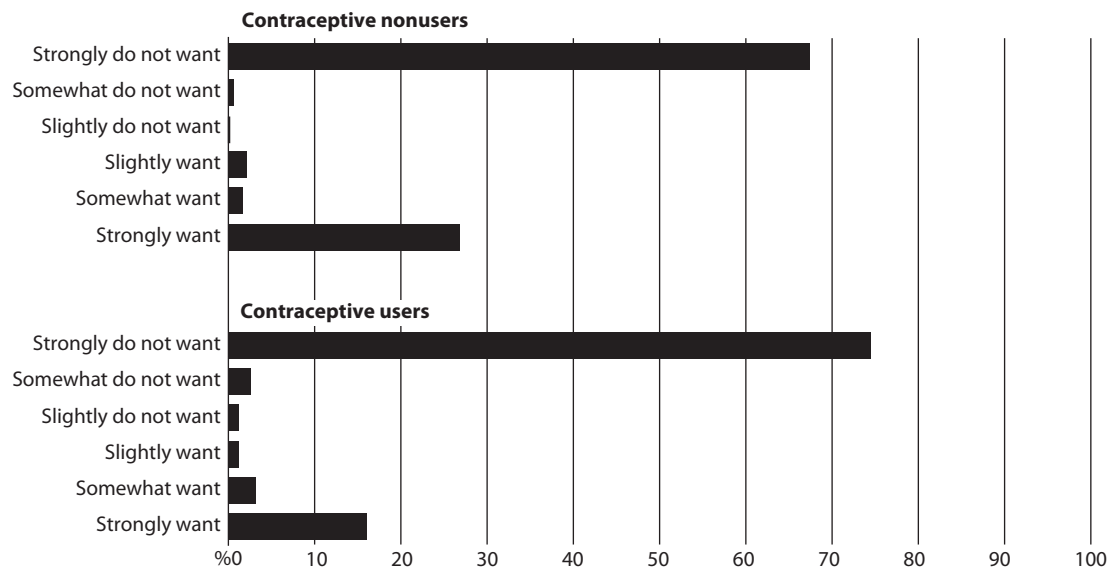
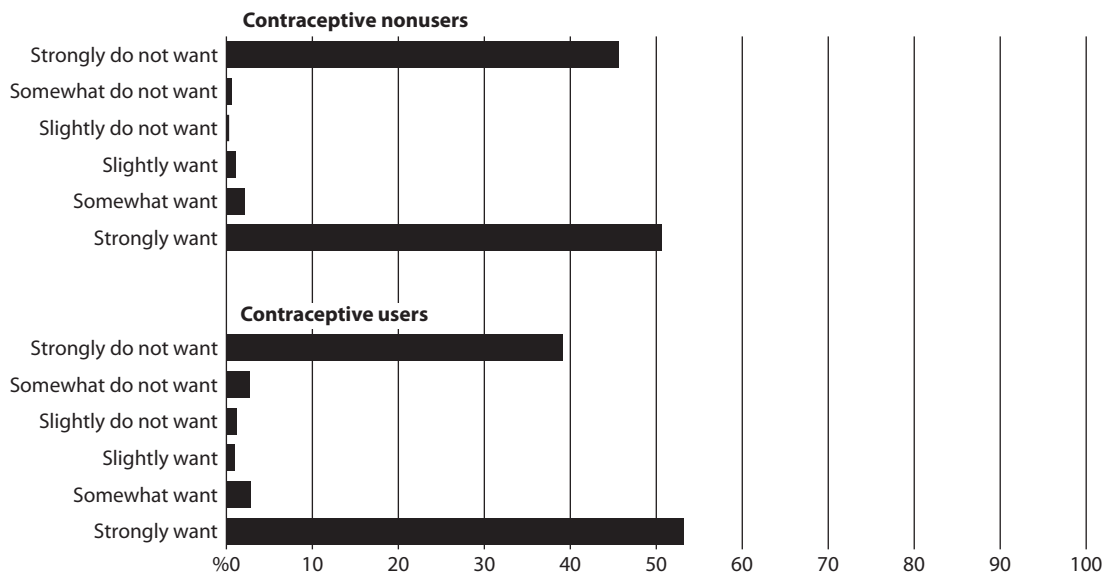


FIGURE 2. Percentage distribution of responses among nonusers and users of contraceptives when asked how much they wanted to avoid pregnancy in the next year



desires. Contraceptive use was positively associated with having a greater number of living children, being aged 20–29 and desiring more children. No heterogeneity of effect was evident in the relationship between pregnancy desires and contraceptive use when women were stratified according to their number of living children (not shown).

DISCUSSION

More than two in five women in this rural Malawian cohort had pregnancy desires that were either indifferent (they wanted neither to conceive nor to avoid pregnancy) or ambivalent (they wanted both to conceive and to avoid pregnancy). We also found that all four pregnancy desire categories—antinatal, pronatal, ambivalent and indifferent—were represented among both contraceptive users and nonusers. Overall, women with indifferent pregnancy

TABLE 2. Percentage distribution of Malawian women aged 15–39 at risk of pregnancy, by pregnancy desires, according to contraceptive use

Pregnancy desire	All	Nonusers	Users
Ambivalent	11.7	15.6	10.0
Indifferent	31.8	30.6	32.3
Antinatal	44.4	38.3	47.1
Pronatal	12.2	15.6	10.7
Total	100.0	100.0	100.0

Note: Percentages may not total 100.0 because of rounding.

desires most closely resembled those with antinatal desires with respect to contraceptive use; both groups were more likely than women with pronatal desires to be using contraceptives. Women with ambivalent pregnancy desires were as likely as those with pronatal desires, and less likely than those in the other two groups, to be using contraceptives.

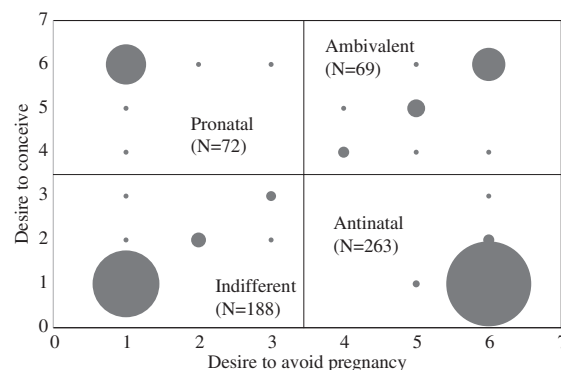
Together, these findings link contraceptive use to a lack of desire to conceive (the characteristic shared by women with antinatal desires and those with indifferent desires), rather than to a desire to avoid pregnancy (the characteristic shared by women with ambivalent desires and those with antinatal desires). In other words, a lack of desire to conceive may be a more important contributor to contraceptive use than is a strong desire to avoid pregnancy.

The pregnancy desires reported by this rural cohort of Malawian women were consistent with findings from other studies analyzing the relationship between pregnancy desires and contraceptive use^{9,10,13-16,18} in that the contraceptive behaviors of women who were ambivalent did not differ from those of women who were pronatal. However, in our conceptualization, we chose to focus on ambivalence in desires, whereas other studies have focused on ambivalence in feelings or affective dimensions,^{4,6,7,9,21} which may produce different findings. For example, Higgins et al. assessed women's perceptions of the importance of not becoming pregnant and their emotional responses to a prospective pregnancy (dimensions not captured by our measurement), and did not find an association between this conceptualization of ambivalence and contraceptive use.

We found that lack of desire to conceive, but not the desire to avoid pregnancy, was consistently associated with contraceptive use. This contrasts with other research that has identified the desire to avoid pregnancy as an important motivator for consistent contraceptive use¹⁰ and pregnancy.¹⁷ For example, Miller et al. found that wanting to avoid pregnancy and wanting to conceive were of equal importance in predicting pregnancy among relatively young women.¹⁷ Moreover, other factors may be more important than pregnancy desire in the decision of whether to use contraceptives.^{2,8,26} As previous research has demonstrated, contraceptive behaviors are not simply a reflection of pregnancy desires;⁵ indeed, we found that 61% of women with pronatal desires and 59% of women with ambivalent desires were using contraceptives, while 26% of women with antinatal desires and 29% of women with indifferent desires were not using contraceptives. These nonusers would fit the standard definition of having an unmet need for contraception. Our findings indicate that women's desires regarding pregnancy may be complex and nuanced, and highlight the limitation of assuming that pregnancy intentions can be measured by just one question. Because the standard definition of an unmet need for contraception utilizes a single question about pregnancy desire, we argue that the measure inadequately assesses contraceptive need.

We note several characteristics of our measure of pregnancy desire. First, our measurement of desire differed from that used in other studies in that women may have reported the desire to have a pregnancy even if they did not think it would be a good idea to become pregnant. In other words, we did not assess women's thoughts on

FIGURE 3. Scatter plot depicting Malawian women's pregnancy desires, conceptualized as interaction between the desire to conceive and the desire to avoid pregnancy



Note: Larger circles indicate greater number of responses.

whether they should actually conceive in the next year, which may be different from whether they wanted to conceive. Second, we asked participants to report how much they wanted to avoid pregnancy and conceive within the next year, as opposed to within the next two years (the time frame used in the DHS and similar surveys) or within the next month (the time frame used by Miller et al.¹⁷ and Moreau et al.¹⁰). Women's pregnancy desires may be modified by their economic and social constraints, which often are marked with uncertainty⁵ and fluctuate with time. It may be easier to assess one's future circumstances for a one-year period than for a two-year period, but it may not be easier than doing so for a one-month time frame. Our data did not permit us to assess if such differences in time frame produce different responses. Longitudinal studies with frequent follow-ups will help untangle these questions. Finally, our study is the first, to our knowledge, to use these pregnancy desire questions in the Malawian

TABLE 3. Odds ratios (and 95% confidence intervals) from logistic regression analyses examining associations between selected characteristics and current use of modern contraceptives

Characteristic	Unadjusted	Adjusted
Pregnancy desire		
Pronatal (ref)	1.00	1.00
Ambivalent	0.93 (0.47-1.83)	0.91 (0.45-1.82)
Indifferent	1.54 (0.87-2.72)	2.22 (1.17-4.21)*
Antinatal	1.79 (1.03-3.09)**	2.70 (1.45-5.02)**
No. of living children		
≤1 (ref)	1.00	1.00
2-3	1.88 (1.20-2.96)**	1.99 (1.18-3.37)*
≥4	0.97 (0.60-1.55)	2.07 (1.02-4.12)*
Age		
≤19	0.81 (0.40-1.62)	0.85 (0.35-2.06)
20-29	2.26 (1.55-3.27)***	1.91 (1.16-3.14)*
≥30 (ref)	1.00	1.00
Desires child in future		
No (ref)	1.00	1.00
Yes	1.95 (1.36-2.82)***	2.83 (1.66-4.85)***

*p<.05. **p<.01. ***p<.001. Note: ref=reference category.

context. We took extensive measures to ensure accurate cultural interpretation and linguistic translation of the survey items. Future use of these measures of pregnancy desire would provide additional insight into their utility in Malawi.

The present study has important limitations. Our findings may not be generalizable beyond married women who live in a rural area and have had sex in the last year. (Nevertheless, we note that many millions of women in Sub-Saharan Africa fit this profile.) In addition, we did not include men's fertility desires in this analysis. Male partners influence childbearing and contraceptive decisions,²⁷⁻³⁰ and men's ambivalence regarding pregnancy is an important influence on contraceptive use.^{8,9} However, some evidence suggests that men are much less likely than women to report incongruent pregnancy feelings.¹³ Regardless, inclusion of women's partners in fertility desire research may provide a better understanding of how couples resolve ambivalence about and indifference to pregnancy and how these competing desires influence contraceptive behavior.

Furthermore, unlike Miller et al. and Moreau et al., we did not measure consistency in contraceptive use over time. We observed that indifferent pregnancy desires were associated with increased odds of using contraceptives, which is inconsistent with other scholars' findings. The inconsistencies could be due to differences in methodology, although it is also plausible that in Malawi the relationship between contraceptive use and indifference differs from that in the United States because of the importance of fertility and childbearing in Malawian society.

In this study, participants' answers to the questions regarding the desires to conceive and to avoid pregnancy were concentrated at the extremes, particularly among women in the antinatal category. In their analysis, Miller et al. found that participants who were concentrated at the antinatal pole had a lower risk of pregnancy than other participants within the antinatal quadrant; they concluded that any deviation from the antinatal pole results in increased risk of pregnancy. Because of our sample size, we could not examine this relationship in our study. However, it may be that antinatal individuals whose responses to Q1 and Q2 are at the extremes have different contraceptive practices than do antinatal women whose responses are not concentrated at the poles. These hypotheses should be tested in future studies.

Finally, because our study design was cross-sectional, we cannot ascertain causal relationships. Over the reproductive lifespan, women's desires and behaviors change, and women likely enter into each of the four pregnancy desire categories at some time in their lives. Moreover, contraceptive use may be fluid or inconsistent, but we have data for only one point in time. Longitudinal studies are needed to determine if ambivalence and indifference influence family planning outcomes.

This analysis highlights the importance of examining multidimensional pregnancy desires. Women who are indifferent to or ambivalent about pregnancy may need to be approached in different ways than antinatal and pronatal women in community and clinical contexts to address contraceptive need. Reports of unmet need for contraception, based on a limited measure of pregnancy desire, may over- or underestimate the true demand for contraceptives and fail to target the women who have the greatest need. Policies and programs may be more effective if they acknowledge the mixed nature of pregnancy desires, and offer family planning messages and interventions that are tailored for a range of these desires.

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RESUMEN

Contexto: Se considera que la ambivalencia y la indiferencia respecto al embarazo están asociadas al no uso de anticonceptivos, pero hay variaciones en su conceptualización y medición, y su relación con el uso de anticonceptivos en los países en desarrollo es muy poco comprendida.

Métodos: Se usaron datos del programa de investigación Umoyo wa Thanzi en la zona rural de Lilongüe, Malawi, con el propósito de clasificar los deseos de embarazo de 592 mujeres en edades de 15–39 años de edad como antinatalista, pronatalista, ambivalente o indiferente, en base al deseo de las mujeres de concebir así como a su deseo de evitar el embarazo. Se usó regresión logística para analizar la relación entre las cuatro categorías de deseo del embarazo y el uso de anticonceptivos modernos.

Resultados: En general, 12% de las mujeres se clasificaron como ambivalentes, 32% como indiferentes, 44% como antinatalistas y 12% como pronatalistas. En el análisis de regresión logística, las probabilidades de uso de anticonceptivos en mujeres con deseos indiferentes de embarazo (tener el deseo tanto de no evitar el embarazo como de no concebir) fueron el doble que las probabilidades de las mujeres con deseos pronatalistas (razón de probabilidades, 2.2), y fueron similares a las de las mujeres con deseos antinatalistas (2.7). En contraste, las probabilidades de uso de anticonceptivos en mujeres con deseos ambivalentes de embarazo (tener el deseo tanto de evitar el embarazo como el deseo de concebir) no difirieron de las probabilidades de las mujeres con deseos pronatalistas.

Conclusiones: Los deseos ambivalentes e indiferentes respecto al embarazo son comunes en Malawi y están asociados, de diferentes maneras, con el uso de anticonceptivos modernos. Comprender la naturaleza compleja de los deseos de embarazo puede ser de gran valor para mejorar los programas de planificación familiar.

RÉSUMÉ

Contexte: L'ambivalence et l'indifférence vis-à-vis de la grossesse semblent associées à l'absence de pratique contraceptive. Leur conceptualisation et leur mesure varient cependant et le rapport avec la pratique contraceptive dans les pays en développement n'est pas bien compris.

Méthodes: Les données du programme de recherche Umoyo wa Thanzi dans les milieux ruraux de Lilongwe (Malawi) ont servi à classifier le désir de grossesse de 592 femmes âgées de 15 à 39 ans comme étant anti-natal, pro-natal, ambivalent ou indifférent, suivant leur désir de concevoir aussi bien que d'éviter une grossesse. Le rapport entre les quatre catégories de désir de grossesse et l'usage de contraceptifs modernes a été évalué par régression logistique.

Résultats: Dans l'ensemble, 12% des femmes ont été classifiées comme ambivalentes, 32% comme indifférentes, 44% comme anti-natales et 12% comme pro-natales. Dans l'analyse de régression logistique, la cote de la pratique contraceptive parmi les femmes présentant un désir de grossesse indifférent (soit celles présentant à la fois un désir de ne pas éviter de grossesse et un désir de ne pas concevoir) représente deux fois celle des femmes présentant un désir pro-natal (RC, 2,2) et est similaire à celle des femmes présentant un désir anti-natal (2,7). Par contre, cette cote parmi les femmes présentant un désir ambivalent (ayant à la fois un désir d'éviter une grossesse et un désir de concevoir) ne diffère pas de celle des femmes présentant un désir pro-natal.

Conclusions: Les désirs de grossesse ambivalents et indifférents sont courants au Malawi et sont associés de différentes manières à la pratique contraceptive moderne. Comprendre la nature complexe des désirs de grossesse pourrait être utile à l'amélioration des programmes de planification familiale.

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