

Summary of a research project:

Pregnancy intentions in a group of remote-dwelling Australian Aboriginal women: a qualitative exploration of formation, expression and implications for clinical practice

Formation and expression of pregnancy intentions, and implications for clinical practice

Aboriginal people face well documented inequalities in health outcomes, including reproductive health, and unintended pregnancies are associated with worse outcomes around the time of birth. When good care is provided around the time of pregnancy, the benefits for the baby extend beyond childhood into adulthood, including a reduced risk of future health problems such as chronic disease. If women do not intend to fall pregnant, highly effective forms of contraception are available.

This study builds on previous work conducted with women in the Western Desert, where we described high uptake and continuation of Long-Acting Reversible Contraception (LARC) (etonogestrel implant, or Implanon). Despite it seeming to be an acceptable option for women, a snapshot of contraception use found overall contraception use was lower than national figures (a fifth vs two thirds). Also, some women described pressure from partners to cease contraception. In this part of the study, we aimed to explore the formation and expression of women's pregnancy intentions to better understand their reproductive health needs.

We aimed to find out:

- Are women forming pregnancy intentions?
- What influences the formation, or lack of formation of pregnancy intentions?
- Are unmet needs for contraception revealed through exploration of pregnancy intentions?

How was this study done?

We conducted 27 semi-structured interviews with women from participating Western Desert communities regarding pregnancy intention, decision making, their partner's pregnancy intention and their experiences of autonomy in relationships. Each woman provided individual consent for the interviews, which were conducted separate to usual health care provision. We assessed pregnancy intention using multidimensional questions (e.g. 'wanting' a baby, 'trying for' a baby, ideal family size, ideal timing of next baby, how they would feel if they found out they were pregnant). We conducted thematic analysis then presented the results back to the community at two yarning sessions. Feedback from local women was then used to inform further analysis and prioritisation of themes.

What did we find?

When pregnancy intention was explored using a visual aid and using the multidimensional questions, most (19/27) women used or (did not use) contraception in a way that matched their pregnancy intention. Some women were reluctant to tell us they wanted to be pregnant until later in the interview, when they felt more comfortable. Others expressed some ambivalence or uncertainty. Women described pressure from partners to cease their contraception and become pregnant and frustration at jealousy from men. Although they identified that going to the clinic early when pregnant was important, they suggested that sometimes women might want to avoid the "humbug" or be hiding their pregnancy intention if their relationship was "wrong skin".

What happens now?

We are using what we've learned to prepare additional resources for preconception care and contraception counselling. These may include a Kimberley preconception care protocol, consultation support tool, checklists and flip chart, depending on what clinics feel would be most useful.

We would like to thank all the women in the participating communities for their contributions over several years, for which we are deeply grateful.

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Questions, comments and feedback to Dr Emma Griffiths (emma.griffiths@rcswa.edu.au).

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