

## PREGNANCY STATUS AND UNWANTED BIRTHS

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### ABSTRACT

Data collected through interviews of currently married women aged 15-45 years old residing in Northern Mindanao, Philippines tended to show that pregnancy is a period that alters and enhances the woman's marital and social relationships as well as her self-image. The desirability of a pregnancy is judged by weighing the "rewards" associated with pregnancy status enhancement against the "costs". An understanding of the woman's perceptions of pregnancy provides an explanation why women continue to have children beyond their desired number. The women in the rural areas are more likely to view pregnancy as socially and psychologically beneficial; thus, despite the availability of contraceptives, these areas may continue to produce a disproportionately higher number of children than the urban women.

### INTRODUCTION

The examination of status associated with pregnancy has been largely ignored in the literature. Pregnancy status is examined here to explore its possible association with another phenomenon - unwantedness of a child. This study has two objectives: first, to determine the extent to which pregnancy is defined as status-enhancing and, second, to explore the possibility that a pregnancy may be desired more than the child it produces. The contradictions which exist are these: pregnancy may be attractive to a woman because it enhances her status in the family and in the community. On the other hand, the child produced by the pregnancy may be unwanted because the focus of family and community interest shifts from the mother to the child and the status gained during the pregnancy is lost.

This study uses the definition Rose proposed for status: "a person's prestige or influence relative to that of other persons" (Rose, 1965:39). Pregnancy status is viewed as a case of social exchange, and the scale developed to measure the status of a woman perceives as associated with pregnancy is viewed from the perspective of social exchange theory. As proposed by Blau (1964) and Homans (1961) social exchange theory holds the belief that the behavior of an individual is activated by the perception that "rewards" associated with the behavior exceed the

"cost" to accomplish it. Health risks to the pregnant woman represent a cost associated with pregnancy, along with economic costs and restriction of activities imposed by the culture during the pregnancy. Balanced against these costs are rewards bestowed upon the pregnant woman by her family and associates. The gain in status rewards may be perceived by the woman as greater than the costs associated with bearing a child, or the opposite may occur if the rewards are considered inadequate. The wantedness or unwantedness of the newborn child may or may not be associated with the wantedness or unwantedness of the pregnancy (Ballweg, 1987:141).

Benefits are bestowed upon both husband and wife through childbearing. Childbearing demonstrates a woman's femininity and the husband's masculinity (Castillo, 1979; Yu and Liu, 1980). A woman may not view herself as being feminine until she produces a child (Colman and Colman, 1971:59; Oakley, 1980:50). While the literature is replete with studies on parenthood and status associated with motherhood, there is a void on the topic of status attached to pregnancy. For the most part, pregnancy and childbearing are considered in the literature as a single episode. This study attempts to determine whether or not they are viewed as a single event or situation or from the standpoint of status control, or whether pregnancy can be viewed separately from childbearing.

Cultures tend to view pregnancy and birth as moments of grandeur and an opportunity for the pregnant woman to be revered. In China, it is said that a woman who is pregnant is "having happiness in her body" (Queen and Habenstein, 1974:82). In India, a pregnant woman is described in terms of a flower, a being who must be treated delicately for "otherwise the light may fade from her blossom" (Verrier, 1981:85). In the Philippines, a pregnant woman is also likened to a delicate creature, one who should never be upset and whose every whim must be followed. For Filipino women, pregnancy is not a medical condition, it is an "act of nature" (Hart, et al., 1965:28).

Opportunities for status enhancement among rural women are more limited than for their urban counterparts. This is particularly true in developing countries where the activities of rural women tend to revolve around homemaking, child care and field work (Yu and Liu, 1980; Castillo, 1979). Work outside the home for wages is not likely to exist, and community service recognition tends to be ascriptive rather than available through achievement.

Pregnancy appears to have its greatest potential for status recognition in rural regions. The rural setting does not lend itself to status enrichment through additional educational attainment, dress and mannerisms, or occupational advancement (Castillo, 1979). Significant others in the social environment respond to behaviors with values that are accepted and rewarded by the culture. The rural woman of childbearing age carries out prescribed tasks and does not attract individual attention until she becomes pregnant. With the pregnancy, the social environment changes. Other women ask questions about her health and problems she encounters with the pregnancy, her expectations for the sex of the child, and the opinions of her husband and mother-in-law about the pregnancy (Yu and Liu, 1980; Homans, 1982). The pregnant woman becomes the center of attention. Work responsibilities are adjusted to conform to the needs of a pregnant woman, and additional assistance is provided by the husband as well as by other family members (Yu and Liu, 1980; Potts and Selman, 1979; Dozier, 1966). A special diet, which includes food avoidance is planned for the woman who is carrying a child (Hart, et al., 1965). The pregnant woman is recognized as different from other members of her

group who are not pregnant.

When childbirth takes place, the situation for the woman changes. She becomes a mother, with societal expectations for behavior as a mother - including extra responsibilities and duties towards the newborn child. Meanwhile, the peer group, relatives and husband shift attention from the pregnant woman to the product of her pregnancy - the newborn child (Oakley, 1980:227). The mother returns to her previous status as a wife, a worker, and as one of the women in the community who is not pregnant. Only through another pregnancy can she return to the status enjoyed before the birth of the child.

The research question which emerges is whether or not the mother may resent the loss of status associated with pregnancy and consider the child she produces as unwanted. This would appear most likely if earlier pregnancies produced a sufficient number of children to meet the desired family size. The possibility exists that pregnancy may be desirable while the birth is unwanted. This situation would appear to be associated more with urban than rural women because children are more of an economic asset to the rural family while desired family size is generally lower in the urban family.

The concept of unwantedness can be defined in a number of ways (Ballweg, 1987). For this study the definition used by Westoff is employed: an unwanted birth is one that is in excess of the desired number of children (Westoff, 1981:70).

### SAMPLE

Data for the study were collected in the Northern Mindanao region of the Philippines. Interviews were conducted with 590 (61 percent) rural women and 377 (39 percent) women who lived in urban areas. A two-stage cluster sampling technique was used for selection of the sample. Study design did not attempt to obtain proportional representation of rural and urban women of the Philippines, although interview totals produced a somewhat similar distribution where the urban population in the 1980 census was reported at 37.3 percent (National Census and Statistics Office, 1980).

Each sample subject was between the ages of 15 and 45 years, married, and had at least one pregnancy that resulted in a live birth. The mean number of pregnancies was nearly the same for both rural and urban women (rural = 4.14; urban = 3.97). As might be expected, rural respondents had less educational attainment, lower family income, and were slightly younger at the time of their first marriage than their urban counterparts.

In addition to demographic characteristics, a pregnancy history was assembled for each respondent. A series of statements was also presented to the respondents to provide measures of the status attached to pregnancy. Family size ideals were established by asking the respondents to indicate the number of children they would prefer if they were to begin their families again.

## PREGNANCY STATUS

To test for the existence of pregnancy status, a series of 32 statements was presented to respondents in a Likert format. Statements ranged from opinions on physical appearance and health concerns during pregnancy to attitudes of the husband and family members, along with a series of statements pertaining to social activities during pregnancy (Bautista and Ballweg, 1986). The statements were an expansion of those used during a pre-test in the Dominican Republic (Ballweg and Baez, 1982).

Factor analysis was conducted on responses to the 32 statements to establish which provided the most appropriate indicators of pregnancy as a status mechanism. Sixteen items were identified. Principal component analysis extracted three components which were given titles according to their characteristics as: "SELF", "WANT", and "OTHERS". Components of the Pregnancy Status Index (PSINDEX) are presented in Table 1.

The nine variables that loaded high on the first component were designated the name SELF since these variables reflect the woman's feelings about pregnancy and her evaluation of how her husband and neighbors relate to her during the pregnancy. The second component, WANT, reflects how the desire to produce a child influenced pregnancy. The

WANT component consisted of three variables. Finally, the third component, OTHERS, included four variables. This factor indicated the woman's feelings on how strangers, tradespeople, and people in general treated her. The Eigenvalue for the three components showed that they account for 51.3 percent of the variance in pregnancy as a social status. Pregnancy Status Index (PSINDEX) scores were computed by adding the scores for each variable over the number of items answered (Bautista and Ballweg, 1986).

An analysis of the components indicates that rural residents were more likely than urban residents to provide a higher evaluation on all three components of PSINDEX. Such a finding highlights a significant research question by underlining the greater reliance of rural women on pregnancy as a means for improving marital and social relations as well as for personal importance. Indeed, as women perceive pregnancy as a means to better interpersonal relationships, their self-image (e.g., being more beautiful and happy when pregnant) is likewise affected.

When the three components of PSINDEX were examined for each residential category, SELF was considered the most important category for both urban and rural residents. A comparison of the means for SELF showed that rural residents considered themselves slightly more important than urban residents did (rural = 4.65; urban = 4.54). The difference was not statistically significant.

Those in the rural areas evaluated pregnancy highly because it improved relationships with significant others and enhanced their self-image. The respondents who evaluated pregnancy highly were younger, less modern, and less socially active. They also came from lower socio-economic classes, had less education, and had been married for a longer period of time. These women reported a lower number of live births and a greater number of pregnancies with a higher number of death loss among their live-born children.

Similar to the rural women, the urban respondents who considered SELF evaluation as much more important tended to be younger, less educated, less socially active, less modern, and less economically well-off. These urban respondents reported a lower

Table 1. -- Components of Pregnancy Status Index (PSINDEX)

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**FACTOR 1: SELF (Feelings about pregnancy and perceived opinions of others)**

- Variable 58: husband helps in household chores
- Variable 62: neighbors friendly and helpful
- Variable 63: feels envious when sees pregnant woman
- Variable 67: very happy whenever pregnant
- Variable 68: husband consults
- Variable 70: feels free to do activities
- Variable 71: husband follows decisions
- Variable 76: husband and family make woman comfortable
- Variable 80: husband prepares food

**FACTOR 2: WANT (Desire for children)**

- Variable 75: husband and family want child
- Variable 74: feels closer to mother-in-law
- Variable 83: husband's family wants pregnancy

**FACTOR 3: OTHERS (Treatment by other people)**

- Variable 81: doesn't mind if strangers stare and become friendly
- Variable 82: people come and talk more
- Variable 84: tradespeople offer more bargains
- Variable 69: feels everybody loves her

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number of live births and pregnancies while also reporting a higher number of infant and childhood deaths. However, in the urban areas, women who had been married for a lesser number of years were found to favor pregnancy for its psychological and social benefits more than women who were married for longer periods.

Preliminary bivariate analysis utilizing zero-order correlations was conducted to identify the characteristics of women who held positive or negative attitudes toward pregnancy. Findings indicate that in the rural areas, women who had less education and who were from the lower socio-economic classes indicated a higher regard for pregnancy. For those women who were younger, who married at a younger age, and had been married for a shorter period of time, pregnancy was also viewed more positively. These characteristics of respondents were also apparent among urban residents who held

more positive perceptions of pregnancy.

When fertility behavior was considered, it was found that women with a lesser number of children, higher number of infant deaths, and lower number of pregnancies exhibited higher evaluations of pregnancy. Respondents with higher pregnancy attitudes were also found to have a lower number of unwanted births.

### **STRUCTURAL EQUATION MODEL**

A regression analysis was conducted to identify the variables which are important determinants of unwanted births. Stepwise regression revealed that PSINDEX, number of live births, number of years married, and the respondent's educational attainment had significant effects on unwanted births.

From findings of the regression analysis and the

literature dealing with the research question, a structural equation model was developed. Figure 1 presents the model and its associated structural equations.

Results presented in Table 2 report the maximum-likelihood estimates (using LISREL) of the coefficients in Figure 1. The LISREL analysis indicated a substantially good-fitting model. The chi-square with 10 degrees of freedom is 6.80 ( $P > .44$ ) and the goodness-of-fit index is .997. The high adjusted goodness-of-fit (.991) and a lower root mean residual (.010) point to a model that describes the data very substantially.

With such a good-fitting model, an important research question addressed was: How important are the variables, particularly PSINDEX, in explaining reported unwanted births among the rural respondents? A second question was: How do the findings from the rural areas compare to those from the urban areas?

Among the rural respondents, the data suggest that the number of live births had the most significant direct effect on unwanted births. The path is .505 ( $p < .005$ ). It was hardly surprising that a strong influence emanating from the number of live births existed since each birth increases the possibility of unwantedness. An important and central finding, however, concerns the role of the perceived status attached to pregnancy in understanding reported unwanted births. As the model shows, pregnancy status directly affects unwanted births. The path for pregnancy status (.109) was significant beyond the .005 level, thus verifying that PSINDEX provides a significant intervening variable that can explain why women have lower or higher numbers of unwanted births. In general, the higher the score on the pregnancy status index, the lower the probability of having one or more unwanted births.

Birth is a natural consequence of pregnancy, and while a pregnancy may have been desired, the birth associated with that pregnancy need not be desired. As the data show, part of the answer is the number of live births a woman has produced; and another part concerns her perceived attitude and feelings toward the pregnancy. A woman who has seven children may consider that pregnancy no longer serves as a means for status-enhancement because

her desired number of children has been reached or exceeded. Succeeding pregnancies may, in fact, be viewed negatively. As Blau states "social rewards do not have a point of complete satisfaction; as more of them are obtained, their significance declines" (Blau, 1964:148). Indeed, the negative path between the number of live births and PSINDEX indicates that this is indeed the case.

The diminished lure of pregnancy as a means for status-enhancement was apparent among the more educated women in the rural areas. Pregnancy was viewed more negatively by educated women and those with a greater number of children. Births were likewise not as frequently required to meet desired family size. In the urban areas, education had a significant direct effect on unwanted births, whereas in the rural areas, education had an effect on unwanted births only through its influence on PSINDEX (see Table 3).

Overall, the LISREL analysis verified that for women who had been married longer, who had less education, and who had lesser numbers of children, pregnancy was recognized as an important factor in unwanted births -- a period when self-importance is increased and status is enhanced through marital and other social relationships.

Comparison of the rural and urban models revealed at least one unexpected result. While the values for the chi-square, root mean square residual, and the goodness-of-fit-index indicated that the rural model was a better-fitting model than the urban one, the rural model explained only 29 percent of the variation in unwanted births in contrast to 61 percent shown by the urban model. Examination of each factor included in the models explains why this is so. For example, one would expect that the influence of number of births upon unwanted births would be stronger in urban than in rural areas. The same expectations are supported; stronger and significant influences were found among the urban women than was the case for those coming from rural areas.

## SUMMARY AND CONCLUSIONS

Three main points emerge from the findings: first, pregnancy is a period--separate from mother-

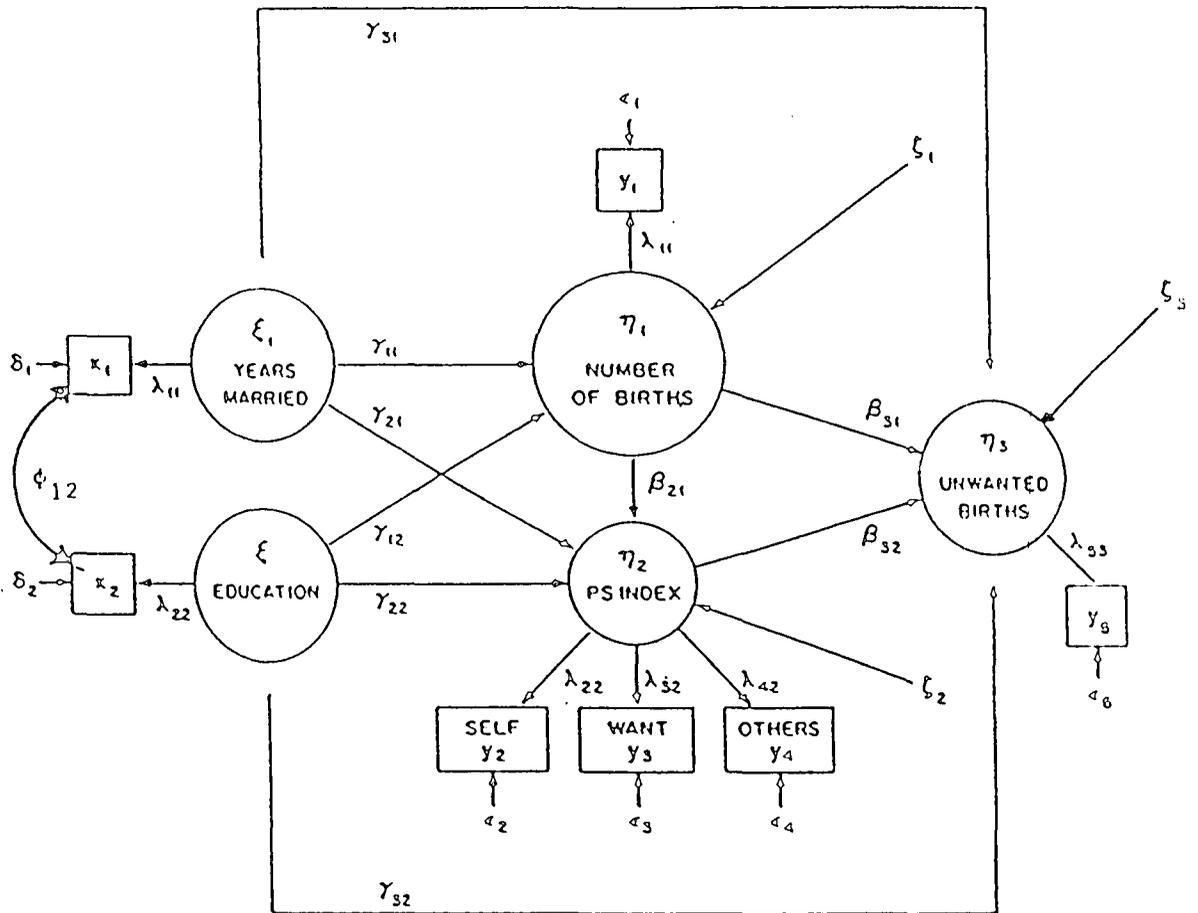


FIGURE 1. STRUCTURAL EQUATION MODEL FOR UNWANTED BIRTHS

Table 2. -- Maximum Likelihood for the Structural Equation Model

Rural Respondents		Urban Respondents	
Coefficient	Values	Coefficient	Values
$\gamma_{11}$	.730*	$\gamma_{11}$	.711*
$\gamma_{21}$	.092	$\gamma_{21}$	.043
$\gamma_{31}$	.013	$\gamma_{31}$	-.010
$\gamma_{12}$	-.091*	$\gamma_{12}$	-.062*
$\gamma_{22}$	-.299*	$\gamma_{22}$	-.242*
$\gamma_{32}$	-.013	$\gamma_{32}$	.096*
$\beta_{21}$	-.259*	$\beta_{21}$	-.276*
$\beta_{31}$	.505*	$\beta_{31}$	.780*
$\beta_{32}$	-.109*	$\beta_{32}$	-.104*
$s_1$	.415*	$s_1$	.462*
$s_2$	.904*	$s_2$	.913*
$s_3$	.709*	$s_3$	.394*
$\phi_{12}$	-.335*	$\phi_{12}$	-.325*

\*Significant at .05 level

\*Significant at .05 level

Chi-square with 10 degrees  
of freedom = 6.80Chi-square with 10 degrees  
of freedom = 13.76

Probability = .744

Probability = .184

Goodness-of-fit = .997

Goodness-of-fit = .990

Adjusted goodness-of-  
fit = .991Adjusted goodness-of-  
fit = .971Root Mean Square  
Residual = .010Root Mean Square  
Residual = .021

hood--which introduces a change in status in and of itself. Unless terminated, pregnancy is inevitably linked to childbirth and motherhood but behavior and social relationships are not the same for pregnancy and motherhood. Pregnancy is an experience that brings about changes in and enhancement of the woman's marital and social relationships as well as her self-image. The components of PSINDEX underscore the importance of pregnancy in this respect. However, a woman's perception concerning her relationship with significant others and her own feelings during a

pregnancy clearly have been central to the extent in which pregnancy is regarded as either status-enhancing or not. Thus, it is not so much the birth itself or the fulfillment of her family's desire for a child that is central during a pregnancy. Status is associated with the social benefits the woman herself believes will be derived from the pregnancy period. As Yu and Liu (1980) point out, pregnancy is a time when the woman can effectively reassert her power over the spouse and establish her position more firmly in the family. Thus, the woman weighs the "rewards" associated with pregnancy status en-

Table 3. Summary of Effects for Structural Equation Model

		Direct	Indirect	Total
<b>I. Rural Respondents</b>				
$E_1 \rightarrow$	$n_1$	.730		.730
	$n_2$	.092	-.189	-.097
	$n_3$	.013	.380	.393
$E_2 \rightarrow$	$n_1$	-.091		-.091
	$n_2$	-.299		-.299
	$n_3$	-.013	.033	.020
$n_1 \rightarrow$	$n_2$	-.259		-.259
	$n_3$	.505	.028	.533
$n_2 \rightarrow$	$n_3$	-.109		-.109
<b>II. Urban Respondents</b>				
$E_1 \rightarrow$	$n_1$	.711		.711
	$n_2$	.043	-.196	-.153
	$n_3$	-.010	.570	.560
$E_2 \rightarrow$	$n_1$	-.062		-.062
	$n_2$	-.242		-.242
	$n_3$	.096	.025	.121
$n_1 \rightarrow$	$n_2$	-.276		-.276
	$n_3$	.780	.029	.809
$n_2 \rightarrow$	$n_3$	-.104		-.104

hancement against the “costs”, and may judge the pregnancy as desirable. Yet, the “rewards” for a birth may not match “costs” when the child exceeds the desired family size.

Secondly, the woman’s perception of pregnancy is an important link in understanding unwantedness of certain births. For women married for longer periods of time, the number of unwanted births increases as the number of children increases. At the same time, the social status associated with pregnancy appears to diminish with higher-order pregnancies. Yet, even higher-order pregnancies are perceived as status-enhancing. This may provide a possible explanation for findings in earlier studies that women continue to produce children even after they respond in surveys that they want no additional children. These studies suggest that the lack of available contraceptive services or family pressure were the reasons for bearing children beyond the desired number (Laing, 1981). An alternative explanation could be status associated with a pregnancy. As long as women are not overly fearful of health problems, they may be attracted by status “rewards” associated with a pregnancy. Thus, the pregnancy could be desired (thereby leading to a certain reluctance to adopt family planning) even though the child which it inevitably produces is not.

Women in the rural areas are more likely to perceive pregnancy as both socially and psychologically beneficial. Having worked with the soil, fertility and pregnancy are perceived at a more personal level. They believe fruits are borne out of pregnancy experiences; the fruit and power over certain relationships and, more importantly, over the fertility process itself. Therefore, despite the introduction of contraceptives to the countryside, these areas may continue to produce a disproportionate number of offspring because births are not consciously (or unconsciously) prevented. Ultimately, it relates to the pregnancy experience. Births are regarded more highly by the rural women as the fulfilling phase of pregnancy.

While findings from this study do not produce conclusive evidence for differential fertility or unwantedness of a birth, they do provide an alternative explanation which appears worthy of further exploration.

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