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Planned Parenthood?

Fertility Intentions and Experiences Among Cohabiting Couples

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Most research on nonmarital births focuses on disadvantaged populations. This study examined the childbearing expectations and experiences of a working-class sample, drawing on in-depth interviews with 30 cohabiting couples. Few couples in the sample were attempting to conceive; most desired to defer parenting. Three responses emerged to how a pregnancy would be resolved. The largest group would be dismayed but would bear the child. A smaller set indicated that it would terminate a pregnancy. The third group disagreed on the outcome. Relationship context and partner attributes were key factors in fertility decisions. Couples who believed that they had a future together were most likely to agree that they would have the child, though not necessarily preceded by marriage; they were the most consistent users of contraception. Couples of the second and third groups (termination, nonconcurrency) were less regular or less effective contraceptive users. Results are discussed in light of public policy interest in reducing nonmarital births.

Keywords: *cohabitation; premarital birth; unintended pregnancy; fertility*

The number of births to single women reached an all-time high in the early years of the 21st century, with more than one out of three babies born to unmarried women (J. Martin et al., 2006). Although rates of teen

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childbearing have declined (Boonstra, 2002), the record level of nonmarital childbearing is driven by the growing share of births to cohabiting adults (Raley, 2001). As a result, cohabitation plays an increasingly important role in family formation. Current initiatives to promote marriage, particularly among new or prospective parents, sometimes regard cohabiting couples as prime targets of opportunity (Acs & Nelson, 2004).

An abundance of research focuses on the family-building attitudes of low-income populations (Edin, 2000; Furstenberg, 1976, 2001; Gibson-Davis, Edin, & McLanahan, 2005). Far less is known about the views and experiences of more economically advantaged youth. Class differences in the proportion of births to unmarried women have narrowed—at least for those with less than a college degree (Ellwood & Jencks, 2004; S. P. Martin, 2004). As of 2000, 25.5% of childbearing-age women in the middle third of the education distribution had experienced a nonmarital birth—a dramatic increase from 7.2% in 1960 (Ellwood & Jencks, 2004). Although marital delay is evident across the educational spectrum, the increase in cohabitation—and exposure to the risk of pregnancy—has been greatest for women with at least a high school degree or some college education. Between 1987 and 2002, the shares of women with a high school degree who were cohabiting increased 115%, whereas for women with some college but no degree, the proportions grew 93% (Bumpass & Lu, 2000; Chandra, Martinez, Mosher, Abma, & Jones, 2005).

Whether the family formation patterns prevalent among low-income populations are diffusing to the broader population should be of concern to policy makers and those seeking to better understand changes in the American family. For one thing, the literature suggests that child outcomes are compromised when births are unintended or when both partners are not in consensus regarding whether to have a child (S. S. Brown & Eisenberg, 1995; Crissey, 2006; Hummer, Hack, & Raley, 2004). Second, nonmarital births affect the union outcomes of mothers and, subsequently, the stability and economic well-being of their children. Relatively few cohabitators who bear children and do not marry before the birth subsequently wed that partner (Qian, Lichter, & Mellott, 2005). Children born to cohabiting parents are therefore considerably more likely to experience family instability, when compared to children born to married parents (Graefe & Lichter, 1999; Manning, Smock, & Majumdar, 2004). Furthermore, nonmarital births reduce women's odds of marrying men other than their children's fathers, and single mothers who do marry partner with less economically attractive mates and do not experience the same physical health benefits from entering marriage that childless women receive (Graefe & Lichter, 2002; Qian et al., 2005; Williams, Sassler, & Nicholson, 2008). The growing prevalence of childbearing among cohabiting women who

are high school graduates or who have some college education portends a further widening of class inequalities in children's economic outcomes (McLanahan, 2004).

This article addresses the gap in what is known about the parenting views of working-class cohabitators. It explores the factors affecting cohabitators' views of conception, prevention, and the timing and context of parenthood. The current study expands what is known about family formation within cohabiting unions, focusing on a population segment traditionally overlooked in the literature and incorporating the perspectives of men—via their own responses and in tandem with those of their partners—to assess the impact of couple-level dynamics. Findings are interpreted in light of current initiatives to reduce nonmarital fertility.

Linkages Among Cohabitation, Social Class, and Parenting

As of 2001, 37% of all births in the United States occurred outside marriage; more than half those births (52%) were to cohabiting couples (Mincieli, Manlove, McGarrett, Moore, & Ryan, 2007). Cohabitation has become a more prevalent environment for childbearing and rearing (Graefe & Lichter, 1999); however, because of the instability of the arrangement in the United States, scholars argue that cohabitation is not yet an alternative to marriage (Heuveline & Timberlake, 2004; Musick, 2002; Raley, 2001). As living together becomes more normative, though, responses to conceptions have changed. Whereas in the past such pregnancies often resulted in marriage before a birth (Manning, 1993), by the early 1990s the shares of cohabiting women who wed before childbirth had declined considerably (Graefe & Lichter, 1999; Lichter, Qian, & Mellott, 2006; Manning, 2001; Raley, 2001).

Studies of nonmarital childbearing have disproportionately focused on the economically disadvantaged, where it is most prevalent (e.g., Burton, 1990; Edin & Kefalas, 2005; Kendall et al., 2005; Luker, 1996), and on women (though, see Roy & Lucas, 2006; Waller, 2002). The diffusion of nonmarital parenting to a wider swath of the economic spectrum has been largely ignored. Because low-income women have fewer venues for achievement, childbearing and rearing become central mechanisms for demonstrating maturity and the attainment of adulthood (Edin & Kefalas, 2005; Kendall et al., 2005; Luker, 1996; Schoen & Tufis, 2003). That marriage often does not precede childbearing, even when it remains a desired goal, is generally attributed to the poor economic situation of available men, particularly at young ages (Edin &

Kefalas, 2005; Kendall et al., 2005), or young women's desires for economic autonomy as a source of protection in an uncertain partner market (Edin, 2000). The circumstances conditioning working-class young adults' family building and marital trajectories differ in important ways from those of low-income single mothers (Ellwood & Jencks, 2004). Because obtaining stable employment has become difficult for men with just a high school diploma or some college education (Burtless, 1990; Levy, 1995; Oppenheimer, Kalmijn, & Lim, 1997), it is increasingly important to explore whether similar family-building patterns are emerging among the working class.

Literature on the role served by cohabitation in family formation suggests that it is either a precursor to marriage (S. L. Brown, 2000; Manning & Smock, 2002) or an alternative to being single (Raley, 2001; Sassler, 2004) rather than an alternative to marriage. The empirical evidence suggests that for those in the middle education range, cohabitation has not yet become an acceptable venue for parenting. In a study of the likelihood of bearing children within cohabiting unions, Manning and Landale (1996) found that women with at least a high school degree or some college were significantly less likely to give birth in their informal unions than were women who dropped out of high school.¹ More recent qualitative research based on childless cohabitators residing in New York City who had at least a high school degree revealed that the majority of those who desired children considered marriage a necessary prerequisite, though a considerable share did not view marriage as an imperative for parenting (Sassler & Cunningham, 2008). Yet, although better-educated women are less likely to have a nonmarital birth than are women who did not complete high school, over half those who do are in cohabiting unions (Mincieli et al., 2007).

But are cohabitators actively planning on having a family within their informal unions? Rates of unintended pregnancy and abortion are high among cohabiting women, particularly among those who are younger, have less than a college degree, and are in lower-quality relationships (Bouchard, 2005; Bouchard, Bouchard, & Hébert, 2006; Finer & Henshaw, 2006; Heaton, Jacobson, & Holland, 1999; Tanfer, 1987). Estimates for 2001 suggest that 70% of cohabiting women's pregnancies were unintended and that over half these (54%) ended in abortion (Finer & Henshaw, 2006). Furthermore, among cohabiting women who carried their pregnancy to term, 44% indicated that births were mistimed, compared with only 18% of married women (Manning, 2001; Musick, 2002). Cohabiting women under the age of 30 have higher contraceptive failure rates than do married and single women, regardless of the type of contraception used (Fu, Darroch, Haas, & Ranjit, 1999). Such findings suggest the need for more in-depth and prospective examination of the factors determining cohabiting couples' fertility goals and experiences.

Of late, family scholars have questioned how pregnancy intentions are determined. In particular, researchers have begun to emphasize the need to better understand the context influencing fertility decisions (Bachrach & Newcomer, 1999; Barrett & Wellings, 2002; Zabin, Huggins, Emerson, & Cullins, 2000). Bachrach and Newcomer (1999), for example, proposed measuring intendedness and wantedness prospectively; they also suggested improving the value of retrospective information by asking respondents to recall in detail their feelings upon discovering that they were pregnant. Others have suggested the need to situate studies of fertility intentions within the broader contexts shaping how and when such decisions are made. After conducting a qualitative study of an economically diverse sample of British women, Barrett and Wellings (2002) proposed that a planned pregnancy meets four criteria: intending to become pregnant, stopping contraception, partner agreement, and reaching what the couple determines is the right time in terms of lifestyle and stage. Such an approach parallels those among researchers studying American women's fertility who acknowledge that both desiring a child and welcoming a pregnancy are intimately connected with the strength of women's intimate relationships, valuation of children, and life goals and achievement (Bachrach & Newcomer, 1999; Zabin et al., 2000).

In this study, we examined the life goals and childbearing intentions of working-class cohabiting couples. We asked where cohabiting young adults saw family fitting into their lives, if they desired children or marriage, what their views were of the ideal timing for family building, and how they would (or did) react to a pregnancy. We also inquired about contraceptive utilization and the frequency and recency of discussions with partners about birth control. Studies of married couples' intentions to have children (or to have more children) indicate the need for better data on couple-level decision making (Korenman, Kaestner, & Joyce, 2002; Schoen, Astone, Kim, Nathanson, & Fields, 1999; Thomson, 1997). Couple dynamics are important determinants of whether conceptions are carried to term and of child well-being following the birth (Korenman et al., 2002; Schoen, Kim, Nathanson, Fields, & Astone, 1997; Zabin et al., 2000). Incorporating the perspective of male partners allowed us to assess this oft-overlooked aspect of fertility decision making (Goldscheider & Kaufman, 1996). Our couple-level analysis enabled us to ascertain how relationship dynamics shaped individual cohabitators' views about children, parenting, and marriage. Incorporating the views of both partners and assessing retrospective and prospective intentions of working-class cohabiting couples differentiates our study from those focused on low-income women and couples who are already parents (Edin & Kefalas, 2005; Gibson-Davis et al., 2005), while illustrating an earlier stage in the family formation process.

Sample and Analytic Approach

Data are from in-depth interviews conducted with 30 couples in the Columbus, Ohio, metropolitan area. Respondents had been living with their partners in shared residence for at least 3 months. All participants were between the ages of 18 and 35, a period when young adults make important decisions about work, marriage, and fertility. Recruitment took place via signs posted on public information boards at a community college offering a variety of 2-year degrees.² Purposive sampling (Berg, 2004) resulted in couples who varied by race and parental status. The sample was screened on household income and occupation; specifically, we sought couples who were working in nonprofessional occupations and where neither member had a bachelor's degree.

Interviews were conducted in the summer of 2004 through the winter of 2005 by a team of three researchers, and they ranged from 1.0 to 2.5 hours. During the interview, respondents gave brief life histories and discussed plans for child-bearing and marriage with their partners, their utilization of contraceptives, and how they had or might react to pregnancy. Partners were simultaneously interviewed in separate rooms; the digitally recorded interviews were later transcribed verbatim. Respondents' names have been changed to ensure privacy.

Sample Information

Table 1 presents descriptive results of the sample. Couples had lived together for an average of 2 years. The mean age of the sample was relatively young: 26.4 for men and 24.4 for women. Eighteen of the 30 couples were racially homogamous, with 4 African American couples and 1 Hispanic couple. The remaining 12 couples consisted of partners from different racial groups, highlighting the prevalence of cohabiting unions that cross racial boundaries (Blackwell & Lichter, 2000; Joyner & Kao, 2005).³

Nearly half the couples contained at least one member who was already a parent. Five couples either shared biological children or were pregnant during the interview and were planning to give birth; in two of these couples, the male partner was also a noncustodial father. Among eight couples, one partner had a child from a previous relationship; this pattern was particularly the case for men ($n = 6$). In one couple, both partners had children from past relationships. In the 11 couples where one or both partners had at least one child from a prior relationship, two mothers and one father were the primary custodial parents. The amount of time that children spent with noncustodial parents ranged from often (i.e., every weekend) to rarely. The remaining 16 couples in our sample consisted of two childless individuals.

Table 1
Demographic Characteristics of Cohabiting Couples in Sample

Variable	<i>n</i>
Duration of cohabitation (months)	
3–6	8
7–23	7
24–35	7
36 or more	8
Education	
One, high school; one, some college	6
Both, some college	20
One, college degree; one, some college	4
Race/ethnicity of couple	
Both White	13
Both Black	4
Both Latino	1
Mixed-race/mixed-ethnicity couple	12
Couple-level income ^a	
\$18,000–\$24,999	8
\$25,000–\$49,999	15
\$50,000+	7
Marital status	
Both never married	24
One never married, one previously married	6
Parental status	
Both no children	16
Have child (children) together/pregnant	3
Couple has a child together, and male partner has a nonresident child	2
Male partner has a nonresident child from a prior relationship	5
Male partner has a resident child from a prior relationship	1
Female partner has a resident child from a prior relationship	2
Both have nonresident children from prior relationships	1
Couples' pregnancy history	
No pregnancy	19
Abortion	5
Birth	5
Abortion and birth	1

Note: *N* = 30. Mean age (years): men = 26.4, women = 24.4.

a. Mean income = \$38,971.

Analytic Approach

Data were thematically coded, and common patterns of intentions, explanations, and expectations were identified through repeated readings of the

transcripts. Open coding initially helped generate topical themes and allowed sections of narratives to be classified into distinct categories. The second stage of analysis involved axial coding, or looking at the variability and linkages within topics. The third level of analysis, selective coding, integrated and refined categories and related them to other concepts—for example, the variations between couples who indicated that they would carry a pregnancy to term, their views and their partners' views regarding abortion, and the perceived strength of their relationship (Strauss & Corbin, 1998).

Results

In the section that follows, we detail actual and hypothetical responses to becoming pregnant. Because respondents from a sizable share of the sample were already parents with their current partners, we first discuss their reactions upon discovering that they were pregnant; this section includes the more curtailed narratives of respondents who reported terminating pregnancies. At least one respondent in five of the interviewed couples reported that a pregnancy had been terminated in the past. In three cases, this report came from only the man; because men face less social stigma in reporting an abortion, we include these reports in our analysis. Our reliance on both members' reports of conceptions and abortions therefore reduces the extent of underreporting on this sensitive subject.⁴ Next, we review the hypothetical reactions of cohabitators, linking these to their fertility desires and assessed relationship quality. Finally, we review how these views are related to couples' marriage orientations.

Conceptions: Were They Planned?

Nearly a third of the couples in our sample ($n = 9$ couples) became pregnant during their relationship. Three of these couples became pregnant twice, for a total of 12 reported pregnancies. Six of these were carried to term or were currently in the final trimester. If we adhere to Barrett and Wellings's definition (2002) of planned pregnancies, none of these conceptions were intended. Ambivalence about having a child was quite high—even among those who gave birth or planned to do so. Pregnancies resulted from birth control failures, lapses, misuse, or nonuse. Among couples who carried pregnancies to term, the decisions to do so were difficult and protracted. Responses indicate strong misgivings, given their current life stage—often as young students or relatively new couples. Although those

who terminated pregnancies expressed similar reservations, we discuss them separately because their outcomes differed. It is important to note, though, that some couples reported having a child and terminating a pregnancy (or suggested that outcome). The divisions between the two groups, then, are quite subjective.

Three of the nine women who carried a pregnancy to term were in their teens upon discovering that they were expecting. Two of these women (age 18) had partners who were a year older, and they were dating them rather than living together; the pregnancy led to their moving in together. Although Carly was also 18 when she realized that she was pregnant, she and her partner Vic had already been cohabiting for a few months. These women's experiences mirror those of teen mothers (Furstenberg, 1976). Upon discovering they were pregnant all these women expressed serious concerns about their youth, and each considered abortion. Those in school expressed great apprehension about how pregnancy would influence their educational pursuits. Asked how she felt upon realizing that she was pregnant, Aliyah, who was then 19, said, "That was just my main concern, what am I gonna do as far as school?" This concern was also expressed by male partners who were students.

The other two couples who gave birth were older, with both women in their midtwenties (26 years old) when they realized that they were pregnant. As with the younger couples, their decisions were not considered easy. Maria indicated that she did not want to have children, though her daughter was now a source of joy. Tanya, pregnant with her second child, described her guilt over the setback that both pregnancies imposed on her partner, Mark, who was the stay-at-home parent and had not completed college as a result. Mark indicated that he had suggested an abortion the second time that they got pregnant, whereas Tanya acknowledged that the latter pregnancy had strained their relationship. Maria's partner, Bill, also indicated that they had experienced a second pregnancy—though this one was terminated.⁵ Although both these couples were more financially established than the women who conceived as teenagers, neither of the men had yet completed his education, and financial concerns were paramount. What differentiates these older mothers from their younger counterparts is that neither woman was concerned about pregnancy disrupting her schooling. Both women were also the primary providers.

Desires to finish school and be more financially secure were concerns mentioned by couples who did not carry pregnancies to term. These couples expressed considerable apprehension about whether they were ready for a child or if they ever wanted to be parents. Furthermore, in four of the five couples where a pregnancy was terminated, at least one member conveyed insecurity about the couple's future. Jennifer, who had experienced two pregnancies

with her partner, said that her relationship with Ron has “just not been good,” a sentiment that he echoed; each discussed numerous breakups and infidelities. Robert said that he had no desire to ever marry or have children with his partner; when asked about the future of the relationship, he replied, “I think we’ll probably separate.” Current economic exigencies were not the only reasons for terminating these pregnancies. The couple’s relationship context was also paramount.

Hypothetical Pregnancy Scenarios: Desired . . . or Feared?

Retrospective assessments are likely to suffer from response bias, given that individuals might modify past desires in light of current realities. Mothers may be reluctant to describe an existing child as being unwanted, because they love the child or do not want to be perceived as uncaring parents (Bouchard, 2005; Manning, 2001; Musick, 2002).⁶ We therefore asked couples about future fertility intentions (Bachrach & Newcomer, 1999; Crissey, 2006).⁷ Of the 26 couples at risk of becoming pregnant, few agreed that they would be happy if they conceived in the near future. The majority ($n = 22$ couples) expressed varying degrees of dismay regarding a potential pregnancy. Differences were most apparent in the outcomes that respondents would pursue, which ranged from agreement that they would have the child to concurrence that a pregnancy would be terminated to disagreement over the outcome. In contrast to the literature on disadvantaged populations, as well as the nationally representative retrospective reports of intendedness (Manning, 2001; Musick, 2002), the bulk of our respondents—both parents and those who are childless—asserted that they were not intending to bear children in their informal unions.

Four typologies of couples emerged from the data with regard to their stated reactions to hypothetical pregnancies. The first group included 4 couples, and it consisted of those who indicated they would be happy if they became pregnant and would thus have the child. The second group comprised 11 couples in which both partners agreed that they would not be happy upon finding out they were pregnant but would nonetheless have the child and, in the words of several, “deal with it,” even if the timing was not ideal. The third group was composed of 7 couples who concurred that their response to a pregnancy would be so negative that they would most likely have an abortion. The final group of 4 couples disagreed over the outcome.⁸ This range of responses highlights the importance of utilizing couple-level data. Couples not in agreement regarding important outcomes such as marriage and childbearing are generally lost to follow-up in longitudinal studies (Sassler & McNally, 2003).

Happy about conception. Only four couples mentioned that they would be happy if they were to become pregnant. This select group expressed real excitement about the prospect of becoming parents, and two were not using any form of birth control in pursuit of that goal. All talked about children quite positively. Stan indicated how happy both he and his partner, Keisha, would be if they were to become pregnant: "She'd be just outrageous with it. . . . So I think we'd both be ecstatic about it." Even though three of the four couples expressed some reservations about their financial readiness to become parents, all four affirmed that they would definitely have the child. Couples in this group demonstrated the greatest consistency between views regarding pregnancy outcomes and behaviors. Only one of these couples was currently contracepting, mainly because the woman wanted to be married before having a child. The remaining three couples attributed their nonuse to readiness for children, with two actually describing their recent lapse in birth control as a way of tempting fate. Asked why he was no longer using condoms, Randy replied, "I don't know, we're just, yeah, if it happens, it happens. We'd be fine with it."

Three of the four couples who would be happy about a pregnancy and were actively trying or "not preventing" pregnancy were in their late 20s and early 30s and had lived together for at least 3 years. In three couples, one member had a child from a prior relationship and wanted another within the current relationship. All the informal stepparents spoke quite positively about their step-parenting experiences. These couples also expressed confidence in their future together. Even if they did not think that a pregnancy would push them to marry, all of them were engaged or believed that they would wed. These couples demonstrated the greatest alignment with Barrett and Wellings's definition (2002) of what constitutes a planned pregnancy. Only one respondent in this group wanted to defer childbearing until a desired stage had been attained, namely, marriage. The other three couples expressed strong desires to become parents, concurred regarding this goal, and were not using contraception.

Dismayed. The largest portion of cohabitators in our sample ($n = 11$ couples) would not be happy if they became pregnant in the near future, but they did agree that they would bear the children and resolve the situation as best they could. Most couples in this group wanted to have children with their partners someday but viewed their late 20s to mid-30s as the optimal age for parenting. They first wanted to complete contemporary prerequisites of adulthood—finishing school and landing good jobs—as well as the series of events commonly deemed important for childbearing—buying a house and getting married (Gibson-Davis et al., 2005; Smock et al., 2005). Julie, 30, explained that she and her partner were not ready for children: "It would be totally ideal if it could be, well marriage, marriage one, actually

be married, then finances, then school. . . . At that point, I would want to start having children.” Her partner Ray agreed about what should be in place before having children: “I know that I want to finish school. I want to be making enough money to where I can support a wife and kids.”

Asked how they would respond to a hypothetical pregnancy, all in this group indicated that they would be quite dismayed. Eric, 23, had plans to marry his partner, Dawn, but said that if she were to get pregnant now, “I think my chest would feel pretty heavy.” Others mentioned how much stress a pregnancy now would create, even if they wanted children together in the future. These respondents believed that their partners would feel the same way. Sheryl, 29, who said, “I would be an emotional wreck,” thought that her partner, Adam, would respond “exactly the same. . . . He would probably feel very panicky.”

Despite wanting to defer becoming parents, most in this group thought that they would have the child and work things out, perhaps because 10 of the 11 couples in this group believed that they had a future together. Dawn said that although she would be unhappy if she discovered that she was pregnant, she and her partner would have the child: “I feel like I am at the stage where we are close enough; we know that we are going to get married anyways.” Artie provided a male perspective on this point, saying that if his partner, Brandi, became pregnant, “I would help her out and, you know, and stick it out with her.” These respondents believed that their relationships were strong enough to withstand an unintended (or mistimed) pregnancy. As such, the relationship context was important in determining their views about having children before they were ready.

Sentiments toward abortion colored these respondents’ beliefs that they would bear a mistimed child, as seven couples concurred that they did not believe in abortion for themselves. Brandi said that she and her partner discussed what they would do if they became pregnant: “We both had the same feeling that we didn’t want to abort it or anything like that.” Such negative views outweighed concerns about their relationships. The one respondent in this group who expressed reservations about remaining with her partner made it clear that if faced with an unexpected pregnancy, she would carry the child to term: “For myself, I don’t believe in abortion. . . . I could never do it.” Her partner concurred with her stance on abortion and, therefore, the outcome of an unplanned pregnancy. In the remaining four couples, the man believed that it was not his decision to make, whereas the woman said that she would have the child. Asked how he would respond if his partner were to get pregnant, 27-year-old Jake said,

As far as I'm concerned, whether she would want to have a child at that point is really her choice, and she's the one that would have to have the child. We're both pretty much pro-choice people, but I'm not sure that she would want to have, like, an abortion.

Stephanie, 23, said that if she became pregnant, "I think we'd both be pretty devastated," but thought she would end up having a baby, though she did not want to bear children. Opposition to abortion appeared to trump other considerations—the disruption of life plans that a pregnancy would cause, the progression of the relationship, and even relationship uncertainty.

Most of the reasons that these couples gave for carrying a pregnancy to term were based on assessments of the strength of their relationship and expected future together or on their views of abortion, not because they would be happy to have a child at the time. All the couples who did want children together thought that babies should ideally come after other life goals had been reached, including marriage, schooling, and financial stability. Those who did not plan on having children together or who were unsure about their relationship would have the child because of their views on abortion.

The contraceptive behavior of couples in this group was, for the most part, in line with their desires to prevent pregnancy. Of the 11 couples, 8 reported using a method every time they had intercourse, and 1 reported using birth control most of the time. Six couples used hormonal methods, such as birth control pills or Depo-Provera, whereas 3 couples relied exclusively on condoms. These couples expressed confidence that they were effective contraceptors, regardless of the method used. Asked how she would respond if she found out that she was pregnant, Stephanie retorted, "I'd be pissed! 'Cause I pay every month for my little pill, and I take it on time, and I really don't want to give birth." The men expressed similar levels of certainty in condoms, though their partners conveyed greater apprehension; condoms were the method used by the one couple that reported less than 100% compliance. Overall, such responses highlight adherence to the belief that fertility can be controlled to fit into a desired time frame.

The two couples not utilizing hormonal or barrier birth control methods relied mainly on withdrawal, and neither couple was aware of the inherent risks.⁹ Asked if they were using any protection against getting pregnant at the current time, Sheryl replied, "Not currently, no. When we do have sex, we're careful as you can be." She indicated that sometimes they used condoms and sometimes they did not; she said that she had used birth control pills in the past, explaining, "I was, and I stopped for really no reason, 'cause I'm bad about taking pills, too." The other couple that was relying on withdrawal were

in their early 20s and were quite religious. Valencia had taken the pill for a brief time but indicated that it had made her sick. In general, these two couples seemed less aware of their pregnancy risks and did not indicate the determination expressed by the others to prevent mistimed conception.

Distraught. More than a quarter of the couples who were at risk of conceiving ($n = 7$ couples) expressed extreme unhappiness at the thought of becoming pregnant and agreed that if a pregnancy were to occur, it would be aborted. Three of these couples had terminated pregnancies in their current relationships, and one woman discussed an abortion with a past partner. As compared to the previous two groups, these respondents were younger, most in their early 20s. Only one had a child (with a previous partner). All seven couples expressed extremely negative feelings at the possibility of becoming pregnant (or becoming pregnant again). When Tracy was asked how she would respond to discovering that she was pregnant, her response was typical: "Freak the hell out! I would freak out. . . . I would be mentally obliterated." Natalie described the couple's reaction to a past pregnancy scare as being "the worst thing ever!" This indisposition to parenthood unified these couples. Two couples were not sure if they ever wanted children, whereas one or both members of the remaining five couples were adamant that they will not have children with their partners or anyone else. Robert was representative of this group: "I don't want any kids. . . . It's not something I picture; it's not something I would even want." In two couples, the women were opposed to having children. This group was also characterized by relationship uncertainty, with at least one partner in five of the couples specifying that the relationship would end.

Unlike respondents who would have the child and "deal," these couples preferred other options. Both partners in six couples expressed with certitude that they would terminate a pregnancy. Beth asserted, "Without even asking Mitch, I would get an abortion because ultimately it's me and my child." Mitch is aware of his partner's view and is in agreement with it. Asked what would happen if they had an unplanned pregnancy, he stated, "Abortion. . . . She said that she would get an abortion if she got pregnant right now, and of course, it's her choice, you know, but I would push for it. I wouldn't want a child." The seventh couple, Jackie and Chad, implied that abortion would be the outcome, and both partners indicated a previously terminated pregnancy (Jackie's), though when asked if she would consider abortion, Jackie replied, "Maybe. I really don't know." Both she and her partner Chad were ambivalent about children and unsure if they ever wanted to have them.

Respondents in this group mentioned two reasons to justify why they would terminate any pregnancy: Their partners would not make good parents,

and they were not yet responsible enough for children. Explaining how she would resolve an unexpected pregnancy, Patty, 18, pointed to her partner's deficits: "I don't think [Josh] is the person who has himself together enough that he could be able to teach somebody growing up what their responsibilities need to be and what they need to do with their life." Vanessa, whose partner, Robert, had no desire for children, believed that he would walk away from the relationship: "I wouldn't know about Robert really sticking around for the whole entire pregnancy," she surmised. Robert concurred with her assessment, saying, "To have kids with me wouldn't be good because I wouldn't be a good father." This was well-traveled terrain for them; they had already terminated a pregnancy. Ron explained his indisposition for children: "I haven't found the woman that I wanna have kids with." These respondents suggested that becoming a parent without having the right partner was unwise. The women in particular wanted to avoid having a child with someone who may leave them as single parents.

Others viewed abortion as the most responsible thing to do. Sandra explained, "I need to have money before I have kids. I'm not raising kids in poverty." Shane emphasized the financial aspects, saying that he was unable to provide for a child: "I couldn't give them the doctor's appointments they need. I couldn't buy all the clothes and food they need. I couldn't support them," he explained. Andre, too, asserted that he would not want to have a child in his current financially unstable situation. Quite a few of these respondents indicated that family members would disapprove if they were to get pregnant, particularly because they were not married. Stacy said that her mother would always hold it against her should she become pregnant: "She'd be like, 'You are *so* irresponsible. Look what you have done.'" Her partner, Andre, also feared his parents' censure: "They know that I am in no way, in no position, to support a child right now. And they would probably end up having to pay for part of it if we ended up keeping it ultimately." For these couples, terminating pregnancies was preferable to having children whom they could not afford to raise considering their current financial instability. Their expressions indicated an adherence to the view that one has to be financially able to support a child before having one. They also did not view reliance on public assistance as an acceptable or respectable fallback.

Notwithstanding their aversion to having children, five of these couples discussed lapses in birth control use. Several expressed resentment about their partners' lack of responsibility regarding contraception. Robert's response demonstrates that both partners lacked efficacy: "We kinda discussed it, and for a while she was taking the pill. But that didn't work out because she would always forget. And for a while I would wear condoms. But then I just kinda

quit.” Similar patterns were revealed by other couples in this group. Only two women reported regularly using birth control pills, though neither appeared completely secure with this strategy. Patty asserted that she would prefer to return to her and her partner’s earlier usage of pills and condoms. As with other aspects of their relationships, the two women who were utilizing more effective methods assumed sole responsibility for birth control, but their narratives suggest that at times these responsibilities were overwhelming. In general, these couples were not as efficacious as the previous groups regarding their life plans, partner selection, and relationship quality, and this finding is reflected in their prior conceptions and birth control utilization. All seven women had experienced at least one pregnancy scare in the past. Two of these women subsequently began using the NuvaRing. Further attention to the couple-level nature of contraceptive utilization may shed light on additional reasons behind the higher contraceptive failure rates experienced by cohabiting women (Fu et al., 1999), particularly, those in low-quality or unstable unions.

Disagreement. A small number of couples who were at risk of getting pregnant ($n = 4$ couples) did not concur regarding their preferences should they accidentally conceive (or conceive again). In two couples, the women said that they would terminate any pregnancy, but the men’s experiences with fatherhood colored their feelings toward abortion. Anthony said that he would welcome another child, even though the timing would not be optimal: “After having one child—and she’s just so awesome—I couldn’t see, like, how could you [have an abortion].” His partner, Diana, thought differently: “It’s hard taking care of just one kid, let alone two, when you’re going to school full-time and working.” Spencer said that although he reacted irrationally when he found out that he was going to be a father the first time (with a prior partner), he still did not want his current partner to have an abortion. His partner, Brittany, was adamant about not wanting children.

For the other two couples, the men indicated a preference for abortion that did not concur with their partners’ views. Terrell did not want any more children with Aliyah, owing to the numerous complications surrounding the birth of their first daughter; Aliyah, however, said that if she became pregnant again, “I just don’t think I could [have an abortion].” The final couple in this group was the only one that did not already have children. Although Vickie said that she would have opted for an abortion in the past, she currently expressed a disinclination for terminating a pregnancy now, one not shared by her partner. Asked why, she replied, “I just kinda feel like I think we’re at the point now where we are a little bit more secure.” Her partner, Howard, expressed uncertainty over his future with Vickie: “Hopefully, she would agree with me and opt for an abortion at this stage.”

Generally lacking for this group was communication regarding outcomes in the face of an unexpected pregnancy (or another one). Asked if he and his partner had discussed options should a pregnancy occur, Spencer replied, "No, 'cause we don't wanna jinx ourselves." Only one couple, Anthony and Diana, were aware of their divergent views regarding how they would want to handle a conception. The others had not discussed what they would do, even though all had lived together for over a year and each had had pregnancy scares. Furthermore, the men realized that although they may have opinions about the ultimate outcome, their partners may not always accede to their views. Despite these differences in opinions, contraceptive utilization was inconsistent. Only one couple had used birth control throughout their relationship and currently used a method every time they had sex. Two other couples reported lapsed birth control as resulting in their first pregnancy, but they remained irregular in their current usage. These four disagreeing couples highlight the importance of examining couple-level views of pregnancy want-edness. Nonetheless, such dissonant views are often lacking in studies, given the greater union instability of such couples.

Several features distinguished these 4 couples from the 7 couples who concurred that they would terminate a pregnancy (the distraught group) and the 11 couples who believed they would have the child and "deal with it" (the dismayed group). Two of these 4 couples already shared children; a man from a third couple had a child from his first marriage; and all these parents had their first child before turning 20. Couples in the other two groups were far less likely to be parents, particularly custodial ones.¹⁰ Respondents in this smallest group were considerably younger than their counterparts (mean age of 22.5, compared with 23.6 and 25.2 for the distraught and dismayed groups, respectively). They were also least likely to rely on the most effective forms of contraception and to be consistent users; only one couple reported using the pill. What is perhaps most notable is that concern with the couple's context is completely absent among the discussions of the four couples who disagreed regarding the outcome of an unplanned pregnancy (or another one). This is in marked contrast to the reasoning of couples in the other two groups.¹¹ These distinctions are consistent with prior research that finds that women with unplanned pregnancies score high on neuroticism and low on agreeableness; they also evidence attachment styles that hinder effective communication (Bouchard, 2005). Our results further indicate the challenges to better understanding unplanned pregnancies. Although more attention to the couple's context is needed, an individual's fertility desires play an important role in pregnancy outcomes. Additional study is needed to determine

how prevalent discussion and disagreement regarding childbearing plans and outcomes are—research that would have to be at the couple level.

Views of Marriage: The Decline of the Shotgun Wedding?

Much ethnographic research on the lives of unmarried single mothers highlights the growing disconnect between parenting and marriage. For example, Edin and Kefalas's sample (2005) comprised women who were already mothers, and their study focused on those who were economically disadvantaged. Such women generally have less than a high school education and are frequently reliant on public assistance or have been in the recent past. Even though the women in our sample were currently working class, and the majority were not mothers; should they dissolve their unions following a cohabiting birth, many would likely end up in poverty (Avellar & Smock, 2005). The small number of cohabiting couples in our sample who became parents together provides an interesting comparison to Edin and Kefalas's sample. Of the five couples who shared children or were currently in their last trimester, only one had seriously considered getting married before their child's birth.¹² Two other mothers who got pregnant as teenagers asserted that they were too young to have gotten married at that time. Both Diana and Aliyah indicated that they would prefer to marry after finishing school, a sentiment echoed by Diana's partner, Anthony. Maria, who was in her mid-20s upon getting pregnant, said that Bill had asked her to marry him several times but that she had repeatedly said no. "I want this to be because you're marrying me, not because you're marrying me because I'm pregnant," she remembered telling him. Mark and Tanya, currently expecting their second unplanned child, both asserted that they did not consider marriage either time. Although these were retrospective recollections of what transpired around the pregnancy, their justifications for not marrying did not differ much from those proffered by more disadvantaged parents (Gibson-Davis et al., 2005).

Responses of cohabiting couples who would carry a pregnancy to term differed in important ways from the views expressed by those who had already become parents while unmarried. Their answers suggest that adherence to normative sequencing for marriage before parenting persists in this working-class sample. Support for "shotgun weddings"—marriages precipitated by pregnancies—remained evident, though couples did not always concur with such an outcome. Of the 15 couples stating that they would have a child if they got pregnant, only 5 agreed that they would definitely marry before the birth. Such respondents would be absent from studies of cohabiting parents. This proportion (33%) is somewhat higher than that of national estimates of women

who became pregnant in the early 1990s and were married by the birth of the child (27%; Raley, 2001). Among this select group, those in their early 20s stated that family pressures would encourage them to marry quickly; others mentioned their religious views. Several justified this outcome by saying that it would be better for the child, as well as the relationship, if the couple were formally married. Stephanie emphasized the child's well-being, saying, "It'll be better for the kid, and you know, so we might agree that that was the best thing for the child, if we were actually legally together." Eugene explained, "If I'm gonna have a child with somebody, I wanna be married to 'em." None of these five couples had children from prior relationships.

But the weakening hold of normative expectations for marriage before parenting is evidenced by the greater number of those who do not view childbearing as a proper impetus for marriage, as well as for couples who, though agreeing that they would have the child, did not concur whether marriage would precede a birth. Research based on the 1995 National Survey of Family Growth found that nearly two thirds of the women who became pregnant while cohabiting during the early 1990s were not married at the birth of the child (Raley, 2001). Dissonance in desires for marital births suggests that proportions could be similar for the working-class cohabitators in our sample. Seven of the couples in the sample were not in concurrence regarding their views of marriage. In four of these couples, the women expressed a stronger preference for marriage in that situation; three of the four men in this group already had a child from a prior relationship, though none were previously married. If prior behavior is any guide, these women may enter the ranks of unmarried cohabiting mothers, should they conceive.¹³ For the remaining three couples, the men expressed a certainty that marriage would precede the birth, which their partners did not mirror. Two of these women echoed the sentiment expressed by Maria, an unmarried mother, stating that they did not want to marry because they were pregnant. Because these women were already engaged, with their partners preferring births to occur within marriage, their statements may reflect their idealization of what marriage represents. Though they expressed views in accord with more disadvantaged women, their own social contexts differed enough to raise the strong possibility that they would marry before having a child, should an unexpected pregnancy occur.

Only three couples asserted that marriage was not an important prerequisite for them, should they get pregnant. In two of these couples, one partner already had a child from a prior relationship, and one couple indicated that they would not want a pregnancy to impinge on their wedding plans. The other two couples did not believe that married parents would be any different from cohabiting ones. They also questioned whether having a baby was

the best motivation. In Brian's words, "you need to have way better reasons than having a kid to get married." Asked what grounds might suffice, he stated, "Like 'I love you and I'm gonna love you for the rest of my life, and support you, and, you know, do whatever it takes to make it work.'" Among these two couples, two partners questioned their futures with their companions. Their views may therefore be more a reflection of relationship uncertainty, one linked to the partner rather than the institution of marriage.

Our findings suggest the need to better understand the processes resulting in marriage among some pregnant couples and not others. The narratives provide evidence indicating that couples in general often consider the option of marriage should they get pregnant; their actual behavior, though, is likely to be quite different. Nonetheless, these working-class couples did not generally consider cohabitation as an acceptable alternative to marriage when children are involved. The numbers of couples who agreed that a pregnancy would precipitate marriage—as well as the larger numbers of couples whose views differed with their partners but who were negotiating marital outcomes—are far greater than the share of those who rejected marriage as a necessary prerequisite for children. A large number of respondents also thought that pregnancy was not in itself a reason to wed. As a result, cohabitators' actual outcomes may not differ much from those of less advantaged parents, should a pregnancy occur.

Discussion and Conclusion

Despite significant growth in nonmarital childbearing among cohabitators and those with at least a high school diploma but no college degree, research has been scant on the fertility desires of these populations. Our study reveals the unique challenges facing cohabitators from the middle education tier, who differ in important ways from disadvantaged youth as well as their more advantaged, college-educated counterparts. Few of the cohabitators in our sample intended to get pregnant at the present time or in their informal unions. The importance of being financially established before parenting was a central concern for all respondents, though it was emphasized most among those in their early to mid-20s. Perhaps because they desire more expansive life opportunities than what they currently have, these couples were aware that becoming parents in their current unions would impose an abundance of sacrifice and few socially acknowledged rewards.

Notwithstanding their expressed desires, contraceptive utilization appeared to be only weakly linked to pregnancy intentions. Birth control utilization was

most consistent among couples who would be dismayed but would have children. Erratic contraception usage was most evident for those asserting that they would terminate a pregnancy, for those who had done so in the past, or for those who had children resulting from unplanned pregnancies. Many of those who had gotten pregnant claimed to have been utilizing birth control at the time. Efforts to reduce unplanned pregnancies must focus on determining the barriers to consistent and effective contraceptive utilization among such couples. Those with the most consistent contraceptive utilization reported regular and positive communication with partners regarding methods, believed that they had a future together, had the resources to purchase contraception (or ask a partner for assistance, if means were lacking), and persevered in finding methods that were most comfortable for them. Among the various reasons reported for less-than-consistent usage of contraception were forgetfulness, presuming that prevention was the partner's responsibility, and poor communication between the couple. Women who reported accidental pregnancies while on the pill demonstrated little knowledge of the need to take the pill at the same time each day; others who expressed discomfort with hormonal methods and discontinued use were frequently unaware of ways to alleviate unpleasant side effects (e.g., nausea) or were tentative about how to find a contraceptive option that would be more comfortable. Unfortunately, we cannot determine whether this lacuna results from inadequate education in secondary schools. Nonetheless, contraceptive knowledge appeared spotty across the age spectrum and not just for the youngest respondents most affected by changes in sexuality education (Luliano, Speizer, Santelli, & Kendall, 2006). Reaching young adults no longer in the educational system with information about birth control is necessary to reduce the number of unplanned pregnancies and abortions that cohabiting couples undergo. Public information campaigns and educational efforts based in popular magazines might help address these knowledge gaps.

Because the nature of courtship has changed so dramatically and many young adults increasingly believe that they need to be established before marrying—that is, finished with school, on a career path, with money in the bank, and with, potentially, a house—once-normative sequences of adulthood have been upended. Young adults often become parents before getting married. In fact, a considerable share of those in our sample already had children, and most had not been married upon becoming parents. Furthermore, over half the couples in our sample said that they would bear the child were they to become pregnant. What might distinguish these couples from their more economically disadvantaged counterparts is their propensity to marry. Yet fewer than half the couples who said that they would have the child agreed that the birth would be

preceded by marriage. A common refrain mentioned by both women and men was that a child is not an adequate reason for marriage; instead, the couple's relationship is paramount. Such sentiments highlight the challenges facing those who promote marriage by emphasizing the importance to children rather than for the adults involved. Greater assistance for young adults seeking to become financially established—more generous aid for higher education or skills training, guidance in pursuing home ownership, efforts to reduce reliance (or overreliance) on credit—could go a long way toward providing a firmer economic foundation for these couples while removing the barriers impeding many of those who would like to wed.

We find considerable support for Barrett and Wellings's proposal (2002) regarding the necessity of examining a range of criteria in determining the extent to which cohabitators' pregnancies were planned. In particular, our evidence highlights the need for much greater attention to couple-level agreement and the role of life stage in shaping birth intentions. Many of our respondents intend to have children together in the future. Determining the appropriate or ideal time for such decisions remains at issue, given the sometimes differing desires of men and women for school completion, financial readiness, and engagement. For those couples intending to have children together, these factors determine specific pregnancy intentions and use of birth control. Nonetheless, ascertaining the nature of partner agreement can be challenging. Male concurrence often seems to take the form of assigning decision making regarding pregnancy outcomes to the woman. It is therefore essential to acknowledge that couple-level agreement can take a variety of forms.

Further study that focuses on cohabiting couples is clearly warranted. Many determinants of contraceptive utilization are important elements of relationship quality—not only the kind used but also the partner's support (emotional and financial) and discussions regarding outcomes should protection fail. Less efficacious users of birth control may have weaker relationship skills or may be less able to winnow out poor matches. Ascertaining contraceptive utilization from both members of the couple may provide more accurate assessments of effectiveness, unexpected pregnancies, and abortions. Such data could also allow researchers to explore whether gender differences emerge regarding marital desires following conception and how these translate to behavioral outcomes.

Our results must be interpreted with caution, given the small nonrepresentative nature of our sample. Because we focused on those currently in cohabiting unions, we cannot ascertain whether and how cohabitators who wed after experiencing an unplanned pregnancy differ from our sample of cohabiting parents. Our sample overrepresents longer-term cohabiting couples who

have had more time to discuss contraception. Although our findings may be location specific, the results are consistent with studies of moderate-income cohabitators in other locations (Sassler & Cunningham, 2008; Smock et al., 2005). The time has clearly come to move studies of unplanned pregnancies beyond their narrow focus on low-income women. Better understanding of class differences in family formation ideals and behaviors is needed to shed light on why family formation patterns increasingly result in divergent opportunities for contemporary adults and the children they bear.

Notes

1. They were, however, significantly more likely to do so than cohabiting women with college degrees (see Musick, 2002).

2. Those who attend community college are more likely to come from families with fewer economic resources; they are less likely to have been on an academic track in high school; and they have lower rates of attaining a 4-year degree, when compared to students who start out attending a 4-year institution (Lee & Frank, 1990).

3. Among all these couples, one respondent self-identified as White; four partners were Hispanic, two were Black, and two were Asian. In four couples, one partner indicated being of partial Native American ancestry, whereas the other was White. Although the share of Ohio residents who claimed Native American ancestry was quite small in the 2000 census (0.2%), about 40,000 Ohio residents claimed to be multiracial, with some Native American identification. We relied on respondents' self-reports of their race/ethnicity and did not assess whether such identities were symbolic. In three of the four couples, the respondents were unaware of their partners' claims to having partial Native American ancestry.

4. Women's tendency to underreport abortions is well known in social research. As few as 35% of women in the National Survey of Family Growth who had had an abortion reported the experience when surveyed (Guttmacher Institute, 1997). By using couple-level data, reports of past abortions may be more accurate. It remains possible that there were couples where neither partner acknowledged a past abortion.

5. Although Bill was forthright about the termination of this second pregnancy, his partner did not mention getting an abortion, instead discussing it as a scare. This underscores the benefit of relying on couple interviews.

6. This form of bias did not appear to affect our sample couples, perhaps owing to the nature of our in-depth interviews, which allowed respondents to express initial misgivings as well as current sentiments about the child (e.g., Maria's testimony). Another serious form of bias resulting from our retrospective assessments of pregnancy wantedness was that information was obtained only from couples who remained together but did not marry following the pregnancy. Very different reports might have been proffered from couples who married following conception but before birth; such births might have been more likely to be discussed as being mistimed. Reports from individuals whose relationship broke up following a conception may have reflected even more negative sentiments, if the couple bore the child or reported receiving an abortion. Finally, decisions about unintended pregnancies (particularly, abortion) might have been affected by dynamics such as domestic violence, substance abuse, and infidelity (Cherlin, Burton, Hurt, & Purvin, 2004; Kenney & McLanahan, 2006). We did not ask

about these issues in our interviews; therefore, we do not discuss their possible contribution to fertility decision making (e.g., decisions to terminate pregnancies).

7. Of the 30 couples, we excluded 4 who were not at risk of pregnancy with each other. In 2 couples, the woman was currently pregnant. In the remaining 2 couples, one partner was surgically sterilized; one woman had a tubal ligation; and one man had obtained a vasectomy.

8. Our findings regarding couple-level agreement regarding fertility intentions are consistent with findings from studies of married couples. For example, Schoen, Astone, Kim, Nathanson, and Fields (1999) found that over three quarters of married couples stated identical fertility intentions when independently assessed about plans for and desired timing of children. Thomson (1997) indicated that less than 20% of married couples in the National Survey of Family Growth disagreed regarding fertility intentions.

9. Research on contraceptive failure describes withdrawal as the least effective contraceptive method because it is considerably less effective than use of condoms and oral contraceptives (Dailard, 2003; Ranjit, Bankole, Darroch, & Singh, 2001). Withdrawal has a perfect-use effectiveness of 96%; however, because the average person does not always use the method correctly or consistently, its typical-use effectiveness is considerably lower (Dailard, 2003). In other words, 27 of 100 women who rely on withdrawal will become pregnant within the first year of utilizing that method; the estimated typical-use effectiveness of condoms is 15 in 100 women, and for oral contraceptives (i.e., the pill), the equivalent rate is 8 in 100 women (Dailard, 2003; Fu, Darroch, Haas, & Ranjit, 1999).

10. Only one partner in the distraught group was a father (noncustodial). Three men in the dismayed group were also parents, as was one woman who was partnered with one of the fathers. None had full-time custody.

11. Respondents in the distraught group referenced uncertainty about their partners or their relationships as justification for reported responses to an unplanned conception, whereas in the dismayed group, relationship strength and a belief in a shared future were reasons for carrying a child to term, even if it was mistimed or unplanned.

12. This couple indicated that their reliance on Medicaid to cover the costs of the birth deterred them from marrying before the event. They subsequently informed us that they had married.

13. One woman whose partner did not think that marriage was a necessary precedent for parenting was quite adamant that she wanted to be married before having a child, and she stated that she was on Depo-Provera. This respondent presented a prime example of efficacious use of contraceptives in pursuit of a particular fertility goal—childbearing only after marriage.

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