ly proportional to a woman’s probability of selection, which was dependent on the number of women in her household and on the population in her region, province and census sector.) Thus, all results presented are weighted.

In the multivariate analyses, no corrections were made for the multistage cluster sample design because of statistical software limitations. Thus, while the coefficients in the multinomial regression models remain unbiased, the standard errors and associated z-statistics may be biased. This may lead to incorrect inferences about statistical significance. The likelihood of this happening, however, is mitigated by the inclusion of sample selection design variables, such as area and region of residence. When bivariate analyses were run unweighted, the results were only marginally different from the weighted ones. The weighted multivariate analyses are likewise unlikely to differ significantly from those using unweighted data.

**Dependent Variable**

The main outcome of the analysis, intention status, is a retrospective measure of a woman’s reproductive intentions and was determined by asking respondents to recall their feelings at the time they became pregnant. If a woman was pregnant at the time of the survey or if her pregnancy had ended in a spontaneous abortion, induced abortion or stillbirth, the interviewer asked, “Did you want to become pregnant at that time, did you want to wait more time, or did you not want this pregnancy?” If a woman’s most recent pregnancy ended in a live birth, the question was worded, “At the time you became pregnant with [child’s name], did you want the child at that time [planned], did you want to wait more time [mis- timed], or did you not want more children [unwanted]?” If a woman reported that her pregnancy occurred when it was desired or later (rather than sooner), it was categorized as a planned pregnancy.

Such a retrospective measure can be biased, since women may not remember how they felt at the time of conception or may not wish to report a conception as unwanted or mistimed, once the child born from that pregnancy has become a loved family member. In addition, women probably underreport unintended pregnancies that do not end in a live birth (i.e., induced abortion or some other outcome). In this analysis, as in other studies, a small proportion of women are assumed to incorrectly report their reproductive intentions, and thus to assert that an unintended pregnancy had been “intended.” This measurement error is likely to bias the analysis conservatively, resulting in an underestimate of the proportion of unintended pregnancies.

**Explanatory Variables**

The explanatory variables considered in the multivariate analysis of the predictors of unintended pregnancy included the woman’s area and region of residence (within the broad Sierra and Costa regions, the metropolitan areas of Quito and Guayaquil, other urban areas and rural areas); socioeconomic status (high, middle or low, based on an index of up to 10 household amenities*); parity (the number of live births before the respondent’s most recent or current pregnancy); marital status (a dichotomous variable indicating whether a woman was in a union at the time her pregnancy ended†); age-group (15–19, 20–29 and 30–49); education (a dichotomous variable measuring whether a woman had completed primary school); knowledge of family planning (number of methods with which a woman was familiar); and use of a modern method before the pregnancy under study.

**Results**

**Background Characteristics**

Among Ecuadoran women who had recently been pregnant, 25% lived in a major metropolitan area (Guayaquil or Quito), 28% resided in other urban areas and 47% lived in rural areas (Table 1). The sample was evenly divided between the two major regions. While slightly more than one-half (51%) lived in middle-income households, 20% were from lower income households and 29% from high-income ones. Fifty-three percent were in their 20s, 32% were aged 30–49 and 15% were aged 15–19. A large majority (87%) were married or in a consensual union, and most (78%) had completed primary school. Women had had, on average, 2.2 births prior to the pregnancy under study (not shown).

About one-third (35%) of the sample had used a modern method prior to their most recent pregnancy (Table 1). Moreover, women were familiar with an average of 4.4 methods (not shown).

**Pregnancy Intention Status**

Approximately 21% of the women reported that their most recent pregnancy had been unwanted, 18% characterized the pregnancy as mistimed and 62% classified it as planned (Table 2, page 30). Pregnancy intention varied significantly by all seven background characteristics considered; moreover, the women most likely to have had an unwanted pregnancy differed from those most likely to have experienced a mistimed pregnancy.

By area of residence, rural women were more likely to have an unwanted pregnancy (24%) than were either metropolitan women (20%) or those living in other urban areas (16%). Mistimed pregnancy, on the other hand, was relatively more common among metropolitan women (21%) than among nonmetropolitan urban or rural women (16–18%). Women living in the highlands were more likely than those living on the coast to report that their most

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*The index included the following 10 items—electric lighting, television, radio, refrigerator, indoor toilet, car, telephone, gas or electric stove, the availability of four or more bedrooms, and indoor plumbing (source: CEPAR, 1995, reference 2).

†A woman was considered “single” if she had never been married or in a consensual union or if she had been separated, divorced or widowed. Women who were pregnant at the time of the survey, marital status at that time was used. Women in consensual unions were grouped with legally married women. Norms of marriage and union formation vary widely by region in Ecuador, with consensual unions being far more common in the Costa (49% of women) than in the Sierra (9% of women); conversely, formal marriages are far more prevalent in the highlands (77%) than on the coast (40%).