neighborhoods and word-of-mouth referrals from neighbor-
hood contacts and other study participants. We also
sent notices to community-based electronic mailing lists,
including those of parent-teacher associations, commu-
nity advisory boards, youth organizations and church
groups. The notices were then forwarded, as intended, to
many people beyond the original recipients. Potential
participants called the telephone number provided and
were informed of the inclusion criteria: Participants had
to be 18 or older and had to have used some type of
pregnancy prophylaxis in the past 12 months. Individuals
also provided information on the sampling variables of
interest.

Interview Protocol
Before beginning the interview, respondents read and
signed a consent form. The study protocol and interview
instruments were reviewed and approved by the institu-
tional review board at Emory University.

Interviews were conducted in participants’ homes or in
public places near their homes or workplaces. Each
interview took approximately three hours to complete,
so a total of 104 hours of interviews were digitally
recorded and transcribed. At the completion of the
interview, which usually took place over two or three
sessions, participants were paid $40.

The semistructured interview guide elicited informa-
tion on relationship, sexual and reproductive histories,
including questions on all contraceptive methods used
and on every pregnancy experienced, whether intended
or unintended. Respondents reported on the circum-
stances surrounding each pregnancy, including the rela-
tionship, financial and emotional contexts. Further, for
each sexual or romantic partner described, regardless of
whether a pregnancy was involved, respondents were
asked to report any thoughts they had had about having
a baby with that person. The guide was designed so that
topics moved from less to more sensitive, as a way to
enhance rapport and data validity. We also administered
closed-ended questionnaires that collected information
on income level, receipt of public assistance and highest
level of education completed.

Analysis
An ethnographic, inductive approach was used in analyz-
ing the data, meaning that the analyses were informed
by both preexisting themes from the literature and the
research questions and themes that arose from the data
themselves. We first read, reread and summarized the
transcripts and field notes from each interview. We then
extracted excerpts of transcribed interviews relating to each
pregnancy in the sample and coded these detailed observa-
tions using the preexisting classifications of intended-
ness, unintendness, happiness and unhappiness. In
working with the data, we identified three types of pleasure
relating to pregnancy ambivalence and unintended preg-
nancy: active eroticization of pregnancy risk, passive
romanticization of the notion of having a baby with a
particular partner and desire to be swept away from one’s
current life circumstances. We then used these categories
to code other relevant areas of the transcripts that might
contain these themes (e.g., descriptions of romantic
partners, or reasons offered for intermittent use of contra-
ceptives). Once coding was complete, we compared both
individuals and subgroups on the basis of gender and
class using descriptive and analytic cross-case analysis.29

RESULTS
Past Unintended Pregnancies
At least 17 respondents had been involved in at least one
unintended pregnancy (Table 2). Further, since several
respondents had been involved in multiple unintended
pregnancies, more than half of reported pregnancies (28
of 49) were unintended. In this sample, class and gender
discrepancies were apparent: Whereas nine of the 12 less
socially advantaged women had experienced at least one
unintended pregnancy, only five of the 12 socially
advantaged women had done so. Among the men, three
out of 12 confirmed their involvement in an unintended
pregnancy, but the reports of another three suggested
that they likely had been involved in one, as well. For
example, two men said that a partner had indicated to
them that she was pregnant, but that she had had an
abortion or miscarriage before paternity had been con-
firmed. Only one socially advantaged man reported
involvement in a suspected or confirmed unintended
pregnancy (not shown).

Pregnancy and Pleasure
Relationships between pleasure and pregnancy shaped
contraceptive practices. Some of the respondents’ nonuse
or intermittent use of contraceptives was associated with
ambivalence about pregnancy or the pleasures associated

<table>
<thead>
<tr>
<th>Measure</th>
<th>Less socially advantaged women (N=12)</th>
<th>Socially advantaged women (N=12)</th>
<th>Men (N=12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥1 lifetime unintended pregnancy</td>
<td>9</td>
<td>5</td>
<td>3 (3)</td>
</tr>
<tr>
<td>Total pregnancies</td>
<td>25</td>
<td>13</td>
<td>11 (1)</td>
</tr>
<tr>
<td>Unintended pregnancies, by outcome</td>
<td>All</td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>Abortion</td>
<td>6</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Birth</td>
<td>9</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Miscarriage/stillbirth</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Births</td>
<td>18</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

Notes: Numbers in the last column are low estimates, as some men did not
know whether their partners had experienced these events. Numbers in paren-
theses represent unconfirmed but likely pregnancies.