

# Unintended Pregnancy in the Native Hawaiian Community: Key Informants' Perspectives

**CONTEXT:** Native Hawaiians experience the highest reported rate of unintended pregnancy of any ethnic group in Hawaii. Understanding the context in which they make decisions that influence pregnancy and pregnancy planning is essential to reducing this rate.

**METHODS:** A qualitative study was carried out in partnership with a community health center serving a large Native Hawaiian population to explore how Native Hawaiians conceptualize pregnancy and pregnancy planning. Between August and October 2013, semistructured interviews were conducted with 10 diverse key informants from the Hawaiian community. Content analysis was used to identify themes and patterns that emerged from the interviews.

**RESULTS:** Core Hawaiian values of children and family strongly affect how Native Hawaiians view pregnancy, pregnancy planning and unintended pregnancies. 'Ohana (families) are large and characterized by tremendous support, which is perceived to lessen the burden of an unintended pregnancy. Pregnancies, whether planned or not, are seen as blessings because children are highly valued. Because of these concepts, there is an expectation for women to continue unplanned pregnancies. Although Hawaiians ascribe value to planning pregnancies and hope that children are born under what they identify as ideal circumstances, they acknowledge that these circumstances are not necessary and often do not occur.

**CONCLUSION:** The concepts of family and children serve as core values to Native Hawaiians and are linked to the ways in which they view pregnancy and pregnancy planning.

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Medical and public health professionals recognize unintended or unplanned pregnancy as a significant public health problem associated with adverse health and socioeconomic outcomes for women, babies and their families.<sup>1</sup> Although reducing unintended pregnancy has been identified as a national health priority by the Healthy People Initiative for decades,<sup>2</sup> rates of unintended pregnancy have not changed substantially since the mid-1990s.<sup>3,4</sup> A little over half of all pregnancies in the United States are unintended, and 40% of unintended pregnancies end in abortion.<sup>4</sup> Between 2001 and 2008, despite the best efforts of public health and family planning experts, the development of new contraceptive methods and reductions in the unintended pregnancy rate among some subgroups of the population, the overall rate of unintended pregnancy in the United States increased from 49 to 54 per 1,000 women aged 15–44.<sup>4</sup> Moreover, subgroup differences (by income and educational status, for example) are increasing.

Hawaii, one of the most ethnically diverse states in the nation, had the second-highest unintended pregnancy rate in the United States in 2010 (61 per 1,000 women aged 15–44).<sup>5</sup> Although little is known about differences in unintended pregnancy rates among ethnic groups in Hawaii, data from the Pregnancy Risk Assessment Monitoring System from 2004 to 2008 indicate that some 54% of pregnancies resulting in live births among Native

Hawaiians were unintended.<sup>6</sup> The proportion was lower in the other major ethnic groups in Hawaii—36% for white women, 33% for Japanese women and 48% for Filipino women.<sup>6</sup>

Present-day Native Hawaiians are descendants of the indigenous Polynesians who lived in Hawaii prior to Western contact in 1778. Although Native Hawaiians (part or full) make up 23% of the state's population,<sup>7</sup> they represent less than 0.2% of the U.S. population.<sup>8</sup> For statistical purposes, health data on Native Hawaiians are often combined with those for other ethnic groups, such as Asians and other Pacific Islanders.<sup>9</sup> Studies have proven this practice problematic; because of the widely divergent historical and political experiences, cultures, and social and demographic characteristics of these groups, aggregation of data can mask significant adverse health outcomes.<sup>10,11</sup> Despite federal mandates calling for data disaggregation for groups such as Native Hawaiians and Pacific Islanders,<sup>12,13</sup> a 2011 review found that many health data sources are not in compliance.<sup>14</sup> Therefore, despite federal recognition of the need for better health information on Native Hawaiians, very little information exists.

In part because of the complex history of colonization in Hawaii, Native Hawaiians experience disadvantages on many socioeconomic indicators. Native Hawaiians have lower per capita income, are more likely to be living below

the poverty level and have lower college graduation rates than the rest of the state's population.<sup>7</sup> These variables are associated with unintended pregnancy,<sup>4</sup> and it is often assumed that Hawaiians experience higher rates of unintended pregnancy because of these socioeconomic disadvantages. However, stratification of 2008 U.S. unintended pregnancy rate data by income showed that disparities by ethnicity remained across all income categories;<sup>4</sup> characteristics specific to Hawaiians may also be associated with an elevated likelihood of unintended pregnancy.

Multilevel models describe the phenomenon of unintended pregnancy with a mix of individual, couple and community variables associated with conception. Behavioral models have found multiple variables associated with whether a woman or a couple uses effective contraceptives consistently.<sup>15,16</sup> Lack of insurance or access to health care can make obtaining contraceptives difficult.<sup>17,18</sup> Other variables specifically associated with not using contraceptives are higher age, lower education, and living with a partner or being unmarried.<sup>18</sup> Differences in racial and cultural backgrounds may be linked to differences in attitudes toward contraception and pregnancy intention. In an analysis of data from the 2009 National Survey of Reproductive and Contraceptive Knowledge,<sup>19</sup> Latinas had more favorable attitudes toward pregnancy and childbearing than white women did, and black and Latina women were more likely than white women to feel that the government limits minority populations by promoting contraception.

It is now recognized that individuals understand the term "pregnancy intention" differently,<sup>20,21</sup> that pregnancy intention can change over the course of a pregnancy<sup>22</sup> and that pregnancy ambivalence is associated with contraceptive method use.<sup>23,24</sup> In an analysis of data from the 2006–2010 National Survey of Family Growth,<sup>25</sup> among Latina women who stated that they had experienced failure of a birth control method and classified their pregnancy as unintended, 58% said that they had been happy or very happy when they learned that they were pregnant. A qualitative study among low-income women in 2010–2013 found that pregnancy intention and happiness about a pregnancy were separate and sometimes unrelated constructs: Many women interviewed had been happy about a pregnancy that had occurred as a result of a method failure, and some had terminated "wanted" pregnancies because of financial difficulties.<sup>26</sup> The complexities of reproductive desires and intentions are indicated by the ongoing development of different tools<sup>23,27</sup> to more adequately measure pregnancy intention.

More broadly, ethnographic examinations of various communities illustrate different contextual variables operating at the community and cultural levels that are linked to pregnancy intention and whether a woman uses contraceptives. In interviews with women in inner-city New Orleans, researchers found that the purposeful act of planning a pregnancy was irrelevant for many, because elements necessary for planning (e.g., knowledge, access, control)

were not a reality for them.<sup>28</sup> In addition, intentions regarding pregnancy and contraceptive use were influenced by relationship dynamics, perceived gender roles and perceived advantages of childbearing. Arguing that preventing unintended pregnancies requires a more thorough understanding of pregnancy and sexual decision making than just a few survey questions can provide, Santelli et al. suggest that contraceptive use is shaped by much more than a woman's consideration of pregnancy from one particular act of intercourse; they conclude that research on pregnancy intentions "should incorporate attention to how contextual factors such as poverty, racism, gender inequality and the structure of health services might constrain women's life options and access to contraceptive methods."<sup>20(p.97)</sup>

Understanding the context in which pregnancy-related decisions are made is important not only for women, but also for men. Researchers conducting focus groups with young men have asserted that "in order to understand behavior, one must not only identify and analyse individual factors; one must also examine these variables within context, which includes social interactions and perceptions."<sup>16(p.374)</sup>

Because multiple levels of variables can affect pregnancy intention, pregnancy ambivalence and, ultimately, use of contraceptives, understanding the context in which Native Hawaiian women and their communities view pregnancy, pregnancy planning and contraceptive use is needed.

## METHODS

### Study Design

This project aimed to elucidate Native Hawaiian perspectives on pregnancy and pregnancy planning through two phases—first, with key informant interviews, and second, with interviews of reproductive-aged Native Hawaiian women and focus group discussions conducted among Native Hawaiian men and women. Throughout the project, we used a community-engaged research approach. The Wai'anae Coast Comprehensive Health Center, a federally qualified community health center on Oahu that serves a predominantly Hawaiian population, was our community partner. Its community advisory group and research committee were actively involved in every step of the project from proposal development and creation of interview and focus group guides to data analysis. This input improved our research questions, research approach and study materials, and increased the project's acceptability among community members.

This article presents the results of the first phase of the project, which consisted of key informant interviews. Key informants, who are often community members, are commonly used in ethnography to provide insight into the groups or issues being studied.<sup>29</sup> We used key informant interview results to inform topics and questions for interview and focus group guides to be used in the second phase of our project.

Ten key informant interviews were conducted between August and October 2013. The key informants were

identified via word of mouth through the Native Hawaiian community. The first and second authors recruited the first two participants and then employed snowball sampling to identify others. Key informants were all leaders in the community, respected in their fields of study, and sought out because of their perspectives on Native Hawaiian culture and influences. Eight were Native Hawaiian, and all had had extensive experience working within the Native Hawaiian community. Two were allopathically trained reproductive health care providers, two were cultural activists trained in traditional Native Hawaiian reproductive health care, two were public health professionals with experience in family planning, one worked in education, two were trained in social work and one was a psychologist; seven were women. The interviews were semistructured, using an interview guide, and each lasted approximately one hour.

Key informants were approached by one of the authors via e-mail or phone, and all interviews were conducted by either the first or the second author. Both authors are Native Hawaiian and experienced in conducting interviews. Interviews were audio-recorded and transcribed verbatim. Demographic data on key informants were not collected; we were not interested in their personal information, but rather in discussing general concepts that they believe influence individual Native Hawaiians' decision making.

The interview guide consisted of 11 open-ended questions to elucidate as many themes and concepts as key informants felt were relevant to our study objectives (for example, "Tell me how Hawaiians view pregnancy and having children"; "What are the ideal circumstances into which a baby is born? How important is it if the baby is not born into these circumstances?" and "Do you think a lot of Native Hawaiian women have babies when they were not planning on it? If so, why do you think so?"). Although the interviews were participant-driven, if certain topics that have been shown to be associated with pregnancy intention in other populations did not spontaneously arise, we asked about them to further the discussion.

All procedures and protocols were approved by the community health center's institutional review board, community advisory group and research committee; the University of Hawaii Institutional Review Board; and the Western Institutional Review Board.

## Analysis

Content analysis, an iterative and participatory process aimed at identifying common themes and language, as well as relationships, among variables,<sup>29</sup> was used to analyze the interviews. The analyses involved repeated examinations of data and patterns, first by the project team and later by community advisory group members, to identify and explore relationships in variables, conceptual models and salient points. Recorded interviews were transcribed into text files that subsequently were imported into ATLAS.ti qualitative software. The project team generated a coding list and applied conceptual tags, discussing any divergent

coding. The team explored relationships in the data by examining patterns of codes across interviews, summarizing where possible for later validation with community members. To confirm accuracy, we also reviewed results with the key informants.

## RESULTS

### Overview

Four themes emerged in our interviews. The first theme was that Native Hawaiians are a diverse group—key informants not only hesitated to describe a single "Hawaiian" perspective, but also stressed that Hawaiians differ in ways that influence the very ideas we were exploring. While key informants emphasized these differences and recognized that these factors affect how any group experiences unintended pregnancy, many also indicated that there were cultural tenets that shape Hawaiians' views on pregnancy and pregnancy planning. The second theme was the cultural value of *'ohana* (family), and the third was the cultural value of children. These values together contribute to a community in which pregnancies—whether planned or unplanned—are perceived as blessings, and extended families work together to support them, thus mitigating the potential negative consequences of an unplanned pregnancy. The fourth theme was that the community recognizes that there are ideal circumstances under which to have children, and therefore acknowledges the value of pregnancy planning. However, achieving those ideals before childbearing is not perceived as necessary.

### Diversity

The Native Hawaiian community is large and heterogeneous, with many perspectives on pregnancy and pregnancy planning, and every key informant mentioned this diversity. Key informants expressed reluctance to present a monolithic perspective. One, who struggled in answering some questions, stated:

"It really depends on the generation that you're working with. I have found that the different generations, and the different areas, even the geographic areas in Hawaii, have different perceptions and beliefs about having children, about family planning, about using birth control. So there's no one belief or perspective from the Native Hawaiian population, just as there's no one belief or perspective from the general population."—*Female, public health administrator*

Another key informant was asked at what age Hawaiian women start having babies, and she responded in this way:

"It depends. When you say 'Hawaiian community,' there's all different kinds of Hawaiian community; I belong to multiple Hawaiian communities. I'm part of an academic Hawaiian community, where most of the women have their babies in their 30s. I'm part of a family Hawaiian women network, where most of us are having babies a little bit earlier, like in our 20s. I'm part of, just spatially, our Hawaiian community, where most are having babies really young, probably too young."—*Female, traditional Hawaiian health practitioner*

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Hawaiians are represented in every socioeconomic class, every educational level and every religion. As within any population, according to the key informants, differences among Native Hawaiians affect their views and behaviors regarding pregnancy and pregnancy planning. For example, socioeconomic status was discussed by every key informant as significant to how the Hawaiian community experiences unintended pregnancies. In the informants' view, people with opportunities for education or professional careers are often more motivated than others to delay or prevent pregnancy. A male educator suggested that Hawaiian women of higher socioeconomic status who are students probably use contraceptives because they "know their college is at stake." Looking to the future, he continued, they may be able to see how "a baby would hinder them from obtaining" their goals. This same key informant, when asked what the ideal age is for Hawaiians to start having children, stated:

"I think it could be more a socioeconomic thing than a race thing.... I would probably think it would be 28–38 for upper and middle [socioeconomic status], and lower and middle would probably be 14–24."

Key informants repeatedly answered questions by saying "it depends," emphasizing the heterogeneity of the community. They also recognized that these differences influence how a community experiences unintended pregnancy and are not unique to Hawaiians. In response to being asked why Native Hawaiians experience more unintended pregnancies than other groups, one key informant stated:

"What is it in their lives that plays a significant role and impacts their health?... It's many of the different things that we just talked about—your income, your education, your opportunities. What are your opportunities?... All those kinds of factors play a role, even in the decision making of whether to have sex or not, whether to continue a pregnancy or not.... So while you can talk about very specific things that contribute to pregnancy and having sex, there's so many more environmental issues that a person has to deal with."—*Female, public health administrator*

#### **'Ohana as a Core Value**

'Ohana means family in Hawaiian, and the importance of 'ohana to Native Hawaiians often drives individuals' decisions. Conceptually, 'ohana is somewhat different from the Western idea of a nuclear family, highlighting the collectivist nature of Hawaiian communities. As has always been the tradition, 'ohana is not limited to the nuclear family, but includes large, extended networks of family and friends. Hawaiians tend to desire many children, and families include multiple generations that frequently live in close proximity or even in the same household. Grown children often live with their parents or in the same neighborhood as their parents and siblings. 'Ohana also includes close family friends. As a female reproductive health care provider explained, "It's more than just [people's] blood family, their birth family. It's whoever else is involved in their life."

One key informant illustrated the differences between 'ohana and the Western nuclear family by stating:

"Whoever invented the nuclear family didn't understand something that my ancestors did. And that is collective, and community, and sharing and eating together, and generational connection and generational responsibility. And the mind-set of abundance, so that there's always enough.... There's always this sense of abundance [that] was not part of the nuclear family setup, that the nuclear family lives in this one structure and they have two parents and two and a half children and a dog—and don't forget the fucking fence!"—*Female, traditional Hawaiian health practitioner*

As in other collectivist cultures, a Hawaiian individual's identity is strongly defined by his or her collective—the 'ohana. Consequently, in decisions about career, education and pregnancy, the 'ohana's needs and priorities may be more important than the individual's. According to one informant:

"Growing up as a Native Hawaiian, family was everything. It's all around you. I don't recall ever hearing the conversation of college.... It's really family and children. If you're going to do anything else ... for most families, they prefer that it works around the family plan. Not the other way around."—*Male, psychologist*

These characteristics of 'ohana translate into tremendous support for a Hawaiian woman whose pregnancy is unplanned or occurs in less than ideal circumstances. The Hawaiian community, the key informants reported, recognizes that some conditions are preferable before a woman has a baby. However, if these conditions are not met, the pregnancy is still desired, and the 'ohana will assist in whatever way is needed. When asked why unplanned pregnancy may occur more often among Native Hawaiians than among other groups, a male social work administrator suggested that it may be more acceptable to Native Hawaiians because they "will have family there to raise the child." There is the sense that "we'll take care of it, we'll deal with it when it happens."

The extent of the family support lessens the burden of an unplanned pregnancy and may decrease motivation for Native Hawaiian women to prevent pregnancies in general.

#### **Children as a Core Value**

Children are highly desired in the Native Hawaiian community. A female social worker stated, "There is an expectation. Have children. Have a lot of children." Children provide more help for the family, and they perpetuate the family line and the Hawaiian race. A male social work administrator noted, "Having a child is seen as ... something that connects you to your ancestors and continues the line of your family." Consequently, pregnancies, whether they are planned or unplanned, are viewed as blessings. Unplanned pregnancies, according to our key informants, do not carry the same stigma in the Native Hawaiian community as they do in other communities. They are not always an enormous burden that one woman or couple bears alone,

but a blessing upon the entire 'ohana. A female traditional Hawaiian health practitioner expressed the sentiment of most when she said that many Native Hawaiian women do not feel shame about not planning pregnancies. However, she said, "I think in many of our other ethnic communities ... there would be extreme shame to admit that you did not plan [a] pregnancy."

Possibly because of the lack of stigma surrounding unplanned pregnancies in the Native Hawaiian community, several key informants struggled to differentiate between planned and unplanned pregnancies. When asked about unplanned pregnancies, most brought up adolescent pregnancies. Only after prompting did they consider that older women experience unplanned pregnancies as well. When asked what term Hawaiians might use to describe an unplanned pregnancy, many shrugged and said "*hāpai*" ("pregnant").

This relative lack of differentiation between planned and unplanned pregnancies speaks to the motivation, or lack thereof, that Native Hawaiians may have to prevent unintended pregnancies. A key informant explained:

"In the Hawaiian community, the whole notion of family is very, very important. I don't know if that is more important than it is in other cultures or other races, but I think it may override a lot of, and contribute to a lot of, reasons why unintended pregnancies occur. There's less stigma and less negative perceptions attached to it. It's another baby; it's another child to love; it's another blessing."—*Male, social work administrator*

The value of children, combined with support from the 'ohana, makes continuing an unplanned pregnancy the preferred option over termination, adoption or *hānai* (a traditional Hawaiian approach to adoption, in which the child is raised by someone within the family). Even if the baby will strain family finances, the family will work things out. One key informant described some of her patients who felt pressure from family members to continue an unplanned pregnancy:

"There is a lot of pressure to continue the pregnancy despite her own feelings of not wanting to.... They could say, 'No, it would be easy to give that baby to another family member.' Just like the *hānai* system. Actually, I've seen that frequently with the younger Hawaiian women as well, that parents or family members may come with them to the visit and discourage ... terminating the pregnancy."—*Female, reproductive health care provider*

Echoing the sentiments that abortion is a less desirable choice, another key informant stated:

"I'm for all Hawaiian children being born. If the natural parents don't want them, then there are homes for these Hawaiian children.... We can find other ways besides abortion, like adoption or *hānai*"—*Female, traditional Hawaiian health practitioner*

Many key informants stated that abortion is a rare occurrence in the Hawaiian community. A female public health researcher suggested that abortion is less common among Native Hawaiians than among other ethnic groups, adding

that "it's not that [Hawaiian girls] were against abortion, but they were pro-kids."

### Value of Planning Pregnancy

We asked the key informants whether there were ideal circumstances under which children should be born, and all acknowledged that most Native Hawaiians hope community members have achieved certain goals prior to starting childbearing. The most common conditions mentioned were financial stability, relationship stability and completion of high school. Many noted, however, that although these are desired circumstances prior to a couple's having a child, they are not necessary and often do not occur. All key informants said that many Native Hawaiian women have unplanned pregnancies or pregnancies at less than ideal times, but many exercised caution in interpreting such pregnancies as adverse events. As one said:

"I don't think [planning a pregnancy at the right time is] necessary. It may not be a negative thing to say you're not planning on it, but if it happens, it happens."—*Female, reproductive health care provider*

"If it happens, it happens" was a sentiment expressed by most of the key informants when discussing whether Native Hawaiians plan their pregnancies. One explained it in the following way:

"Well, when you're trying to have babies, every aunty [female elder, not necessarily a relative] will tell you to stop trying, and it will happen. And so even that in itself is an indicator of the cultural perspective [on] pregnancy intention.... 'Who am I to plan my pregnancy? *Akua* [God] decides!' So there's something wrong with the question. Even if I planned or didn't plan, this is a blessing; I need to honor it as a blessing. This is a gift from *Akua*, a gift from my ancestors.... I am not *Akua*, I cannot plan for this."—*Female, traditional Hawaiian health practitioner*

The value of the future child to the family overcomes many negative consequences of not having the child under ideal circumstances. One key informant stated:

"I've seen so many families where even if [there are] so-called detriments or negatives to having more children, the 'ohana will step in, or someone else will help take care within the family."—*Female, social worker*

When asked to describe the ideal circumstances into which a child is born, a key informant explained that these circumstances may not be necessary because of the way Native Hawaiians approach unplanned pregnancies:

"Others view Hawaiians as being a little 'looser' on things. 'What's wrong with those Hawaiians? They're letting their kids get pregnant young' and so forth, when nothing's wrong with Hawaiians; everything is wrong with the way [Western] society is set up."—*Male, psychologist*

Many Hawaiians hope for these ideal circumstances; therefore, planning for pregnancy has some benefit. However, these circumstances are not viewed as necessary because of the value of children and the societal construct of the 'ohana.



## DISCUSSION

This study provides insight into the possible factors behind unintended pregnancy disparities in Hawaii. Although socioeconomic status and education were discussed as major influences on pregnancy intention among Native Hawaiians, as they are in many other communities, there also appear to be themes specific to Native Hawaiians that affect pregnancy, pregnancy planning and pregnancy prevention; the centrality of these themes in how the community perceives pregnancy and pregnancy planning is distinctly “Hawaiian.”

***“If [pregnancy] happens, it happens” was a common sentiment.***

The themes that emerged in these discussions centered on the values of ‘ohana and children in the Native Hawaiian community. One consequence of strong extended families is that members feel they have obligations to the family, which may translate into less ability to make individual decisions. Furthermore, individual decisions may not be as valued in this community as in others. Public health and medical professionals generally consider reproductive health decisions to be individual decisions, and supporting individual decision making is the crux of many family planning efforts. Our findings, however, suggest that recognizing how the cultural values of family and children may supersede individual priorities is crucial to any family planning efforts in the Native Hawaiian community. For example, a patient interaction may call for asking what a pregnancy right now would mean to the family, rather than to the woman herself. Policy and program planners should take these cultural values into account and create programs that build on them. Through culturally relevant public health efforts, a shift from unintended pregnancies to intended pregnancies may nevertheless occur. Although we know of no published studies comparing how collectivist and individualistic cultures view pregnancy, one study raised the concern that informed choice regarding prenatal testing may not have the same value in the former as it does in the latter.<sup>30</sup>

Our data suggest that the importance of the values of ‘ohana and children adds to the benefits of childbearing in the Hawaiian community. The benefit-to-cost ratio is further increased when the typical disadvantages of an unplanned pregnancy, such as financial burden or difficulty caring for a baby, are largely ameliorated by ‘ohana support. A 2005–2008 study of California women aged 15–24 found that young women who perceive benefits to childbearing may engage in activities that place them at higher risk for pregnancy, even if they state that they do not intend to become pregnant, and even if they are using contraceptives.<sup>31</sup> In addition, Asian and Pacific Islander women, black women and Latinas all perceived more benefits to childbearing than white women.<sup>31</sup>

Furthermore, several studies have found that groups may experience pregnancy intention and pregnancy ambivalence differently, and that these differences are linked to behaviors that may result in unintended pregnancy.<sup>23,24</sup> Among a cohort of Latina hormonal contraceptive users, 41% of women who planned to use the pill for more than a

year, and 34% of those who wanted no more children, said they would feel happy if they found out they were pregnant in the next three months.<sup>25</sup> The authors concluded that women can be serious about their desire to avoid pregnancy and still be happy if a pregnancy occurs. This disparity was also found among a group of low-income black and white women who expressed happiness about pregnancies regardless of intention,<sup>26</sup> suggesting that pregnancy intention, happiness and pregnancy acceptability are distinct concepts. Although no studies like this have been done among Native Hawaiian women, all of the key informants described pregnancies, whether planned or unplanned, as blessings, a term with positive connotations. If the community as a whole views all pregnancies this way, individual Native Hawaiian women may feel similarly or may feel pressure to view all pregnancies this way as well. This perception is an important area of future research for this community.

Although the key informants described all pregnancies as positive events, they also identified ideal circumstances for having children and noted that these ideals are frequently not met. “If [pregnancy] happens, it happens” was a common sentiment. A similar attitude was found among low-income women interviewed in another study, and the researchers found several reasons for it—most commonly, a perceived lack of reproductive control among participants.<sup>26</sup> It is unclear in our study if this fatalistic attitude is a product of culture or socioeconomic status, but key informants did not mention lack of reproductive control in the Native Hawaiian community. Whether individuals in the community perceive a lack of control is an area for further research. Furthermore, this gap between ideal circumstances and reality points to the potential benefit of family planning initiatives in this community.

The most striking finding from this study is the overwhelming sentiment that an unintended pregnancy means something different to the Native Hawaiian community than it does to the public health and medical communities, and possibly than it does to other communities in Hawaii. Similar findings have been reported among other minority groups in the United States. In the 2009 National Survey of Reproductive and Contraceptive Knowledge, women and men aged 18–29 who were (or whose partners were) not pregnant or trying to get pregnant were asked how they would feel about an unexpected pregnancy; 58% of foreign-born Hispanics would have been very pleased, compared with 13% of whites, 14% of blacks and 25% of U.S.-born Hispanics.<sup>32</sup> Similarly, studies of Latina women have found that they are more likely to report happiness about an unintended pregnancy than are black or white women.<sup>25,33</sup> If unintended pregnancies are more accepted in the Native Hawaiian community than in others, this may translate into less motivation to avoid them on an individual level. Program planners and policymakers should avoid focusing on “reducing unintended pregnancies,” and should instead seek approaches that emphasize the community’s values, including the importance of social

support. Such approaches might include optimizing family health and encouraging pregnancy planning.

### Strengths and Limitations

One of the biggest strengths of this project is the community-engaged research framework, a methodology emerging as vital to addressing health disparities in underserved populations.<sup>34</sup> Acknowledging that many health disparities are rooted in socioeconomic inequalities,<sup>34–36</sup> this framework allows community members to voice their perspectives about life within the community. Especially for groups that have been hurt or stigmatized by research in the past, such as Native Hawaiians, this approach ensures that the research remains ethical and relevant to the community.<sup>37</sup> The community-engaged research methodology was essential to the success of this project, and it fostered relationships that will enable future family planning research endeavors in this community.

Although key informant interviews are a useful and valid research tool,<sup>29</sup> our sample included only 10 individuals, and they are not representative of the entire Native Hawaiian population. In addition, key informants were asked about generalities within the Hawaiian community, as opposed to personal information. Therefore, there may have been a tendency to idealize the community and deemphasize phenomena that can be perceived as negative or hurtful to it. For example, statements about abortions' being rare among Native Hawaiians are statistically inaccurate, although it is possible that the abortion rate is lower among Native Hawaiians than among other groups in Hawaii.<sup>38</sup>

### Conclusion

This project is the first we are aware of to examine an understudied population that accounts for a large portion of unintended pregnancies in Hawaii, the state with the second-highest unintended pregnancy rate in the nation.<sup>5</sup> Although Native Hawaiians are diverse, with perspectives as varied as their backgrounds and experiences, our interviews with community leaders revealed cultural tenets that affect how many Hawaiians conceptualize pregnancy. To optimize the effectiveness of family planning initiatives in this community, programmers will need to prioritize cultural relevance and consider how Native Hawaiians perceive unplanned pregnancies and how these cultural values affect behaviors related to pregnancy and pregnancy planning.

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