



The Annie E. Casey Foundation



GUIDE TO USING PLANNING FOR CHILDREN MODULE

Unexpectedly bringing a new child into the family presents a serious challenge to low-income couples who are trying to attain family stability. In spite of that fact, few, if any, relationship or marriage education programs include a focus on pregnancy planning and prevention. This module was created to fill that void and provide a much-needed supplement to comprehensive relationship and marriage education programs. The overall goals of the module are:

- To promote the importance of timing pregnancies in order to reach family goals and achieve family stability.
- To enable couples to get on the same page (create a shared vision) about if or when to have another child and the use of contraception to achieve their vision.

The module was developed collaboratively in 2009 by the Center for Urban Families (CFUF), the Brookings Institution Center for Children and Families (CCF), The National Campaign to Prevent Teen and Unplanned Pregnancy (The National Campaign), and the Annie E. Casey Foundation (AECF). AECF funded this project and acknowledges that the findings and conclusions presented in this report are those of the author(s) alone, and do not necessarily reflect the opinions of the Foundation. The National Campaign also helped fund the project.

WHY FOCUS ON PREGNANCY PLANNING AND PREVENTION?

A look at statistics reveals that the United States is doing an inadequate job of preparing folks to plan and control when they have children. Shockingly, half of all pregnancies in the U.S. are unplanned. While we have been understandably concerned about teen pregnancy rates, it is also true that many adults experience unplanned pregnancies. The National Campaign reports that:

- 7 in 10 pregnancies to unmarried women in their 20s are unplanned.
- There are more than 1 million unplanned pregnancies to unmarried women ages 20-29.
- Two-thirds of unplanned pregnancies in this age group are to women in the lowest income brackets.¹
- Unplanned pregnancy is not just an issue for women who have never been pregnant before: 72% of all unplanned pregnancies to unmarried women in their twenties are to women who have already had at least one pregnancy.²

Unplanned pregnancy has serious consequences for the parents involved, as well as for their children. For example, there is reduced opportunity to pursue pre-conception care as well as care in-between pregnancies. Directly relevant to relationship and marriage education programs, among couples in a cohabiting relationship who had

an unplanned pregnancy resulting in a birth, one-third split up within two years of the child's birth. In addition, children born following an unplanned pregnancy are significantly more likely to have mothers and fathers who suffer from depression, relationship conflict, and poor relationship quality compared to children born following a planned pregnancy, controlling for background factors. Furthermore, unplanned pregnancy places both mothers and fathers at greater risk of educational hardship and failure to achieve education and career goals.³

Poor women are significantly more likely to face an unintended pregnancy than those who are better off, and rates of unplanned pregnancy have increased among low-income women in recent years.⁴ According to authors Kathryn Edin and Maria Kefalas, low-income women tend to place very high value on children and childbearing and they see “spacing pregnancies” to accomplish life goals as something middle class white women do.⁵

In a briefing paper on unmarried couples with children, Edin and England reported that:

- The more serious the relationship, the more likely the couple will have a pregnancy.
- Women who are ambivalent (think they would feel very glad about a pregnancy even though they don't want to have a child at this time) are less likely to use contraception.
- When individuals/couples say they don't want a pregnancy now, they often don't use contraception effectively.⁶

Attempting to influence such beliefs and norms is challenging, but critically important. Low-income couples who decide to attend relationship or marriage education programs are motivated to create a better life for themselves and their families. These settings therefore offer a “reachable moment” for addressing this issue within the context of the couple's relationship and to include men—the other half of the equation—in pregnancy planning. Most importantly, this module can help couples assess how unplanned childbearing affects their attempts to become financially stable and achieve other plans.

Although specifically tailored for low-income couples, the basic information and activities in the module are also relevant for couples from higher socio-economic backgrounds. Unplanned pregnancies occur in every income bracket and they can have powerful consequences for couple relationships. More than a quarter of pregnancies among married couples are unplanned. The rates are twice as high among cohabiting couples. Facilitators can adapt the materials to reflect their population, most specifically, by creating new case studies and scenarios.

BACKGROUND

The idea for the *Planning for Children Module* arose when Joe Jones, CEO of the CFUF was taking a low-income couple with him to testify at a briefing on Capitol Hill. This particular couple had been participating in CFUF's Building Strong Families (BSF) program, which is a comprehensive intervention that includes intensive case management as well as small group relationship education. In conversation en route to the briefing the couple informed a shocked Joe Jones that they were pregnant again. As the conversation continued, the couple acknowledged that the pregnancy was unplanned, that it would challenge their ability to get on their feet financially, and that they would have appreciated an opportunity to explore these issues in BSF. Mr. Jones later entered into a partnership with The National Campaign, CCF, and AECF to develop this curriculum module. Pamela Wilson, an independent consultant, was selected to author the module because of her background and experience with the target audience, relationship education programs, and family planning. The author gratefully acknowledges the staff, facilitators, and couples at CFUF for their role in developing the module.

NEEDS ASSESSMENT

We used multiple strategies to help inform the content of the module:

- An advisory committee meeting with family planning professionals, Dr. Vanessa Cullins and Michael McGee, as well as staff from CFUF, The National Campaign, and AECF. Michael McGee also served as family planning content specialist to the project and helped develop some of the facilitator resources.
- Focus group sessions with five couples who were currently attending CFUF’s BSF program.
- Interviews with key staff from The National Campaign and the BSF program, as well as with the couple who spurred the idea for this module.
- A review of the literature that revealed important information about barriers to using contraception among low-income women and couples.

These strategies were invaluable in helping shape the content of the module. Advisors clearly told us that the curriculum sessions alone would be insufficient to influence low-income couples to undertake pregnancy planning effectively. They strongly recommended that pregnancy planning become a focus within the more comprehensive program. Case managers would need to include the issue of pregnancy planning as they help couples assess their current family situation and establish goals to attain family stability. The focus groups steered us away from ambiguous language, such as “family planning,” which did not mean the timing and spacing of pregnancies to most participants. Focus group participants also provided us with attitudes, myths, language, and anecdotes to be incorporated into the sessions.

The module was pilot tested with couples from CFUF’s BSF program. They responded very favorably and gave important feedback and recommendations which were incorporated into the final version.

MODULE CONTENT AND FORMAT

The Planning for Children Module consists of three 2-hour sessions, which includes an optional introductory session on sexuality. The CFUF staff recommended including a session on sexuality because they had encountered some basic misinformation and discomfort about these issues with BSF participants. Please note, the session on sexuality contains language that some may consider direct and frank. The writing is intentional and designed to meet the needs of participants. This section may not be a good fit with all people and in all places and that is why this section is optional. Below are the activities and objectives for each of the three sessions:

Session 1: Let’s Talk About Sex (Optional)	
Newlywed Game	Identify the strengths and gaps in their couple communication about sexuality
Man/Woman Talk	Increase participants’ knowledge of and comfort with female and male sexual anatomy, physiology, and sexual response
Myth-Information Game	Distinguish between facts and myths about male and female sexuality and conception
Partner Conversations	Couples identify what their partner wants more and less of in their sexual relationship

Session 2: Planning for Children I	
In Their Shoes	Identify the impact of common obstacles encountered by low-income couples with children when they have unplanned pregnancies
Same-Gender Conversations	Explore gender-based attitudes about childbearing, dispel myths, and increase knowledge of male birth control methods and longer-acting female methods; describe ways that men can support the use of effective birth control
Partner Conversations	Identify whether they are or aren't actively trying to prevent pregnancy at this time

Session 3: Planning for Children II	
Myths & Facts About Birth Control	Differentiate between myths and facts about birth control
Case Studies	Identify some strategies for communicating/negotiating with their partner about contraception in tough situations
Partner Conversations	Partners formulate their plan for preventing or delaying pregnancy

MODULE FORMAT

This module has been designed to be respectful, interactive, engaging, relevant, and fun. Our experience has taught us that group sessions must not seem at all like school. They cannot be dry or boring and they must be respectful of the life experiences that participants bring to the program. These sessions work best when the facilitator is enthusiastic, sensitive, and welcoming.

In addition, because the program deals with the sensitive topics of sexuality and pregnancy planning, we pay careful attention to creating a safe and comfortable learning environment, so that participants will be able to participate without fear of being judged or ridiculed. It is vital that the facilitator be able to create this kind of environment in the group.

Each session ends with an opportunity for couples to sit together, knee to knee, and talk, so that by the end of the module they are on the same page with their vision and plan for timing and spacing any future pregnancies.

CHANGING BEHAVIOR

According to behavioral scientist Thomas Coates, there are six factors that contribute to and support any kind of behavior change:

1. Information regarding the need to change behavior.
2. Motivation to change.
3. Skills to initiate and sustain new behavior (both technical and social skills).

4. Feeling that change is possible...empowerment/self efficacy.
5. Supportive changes in community norms...peer group.
6. Policy structure changes that support educational efforts and new behaviors.

This module has the potential to address all of these factors:

1. The module provides simple information about methods of contraception, dispels myths, and provides a strong rationale for actively planning or preventing pregnancy.
2. Couples can increase their motivation to actively prevent pregnancy at this point in their relationship by engaging in experiential activities that help them confront their ambivalence and that dramatize the impact of unplanned childbearing.
3. Couples work on the skill of communicating with each other about pregnancy planning. If case managers also take on this issue, they can refer couples to family planning agencies in the community who can provide them with the technical skills for using contraception effectively.
4. When participants hear peers in the group discuss their positive experience with a contraceptive method, they begin to feel that change is possible...that they could also use a method successfully.
5. When a cohesive relationship or marriage education group buys into the importance of timing pregnancies in order to accomplish family goals, they become their own supportive peer group.
6. By including a focus on pregnancy planning in case management, organizations can provide couples with ongoing institutional support and assistance that extends beyond the two or three group sessions.

At the end of the module, couples create a “family plan” that outlines their goals with respect to spacing and timing any future pregnancies as well as actions both partners will take to reach these goals. Case managers can play a critical role in helping couples follow through with their plans, just as they would with other goals identified by couples in their caseloads.

USING THE MODULE

The ideal strategy for using this module is to incorporate the sessions into a comprehensive program that includes case management, such as Building Strong Families. Programs can decide whether or not to implement the optional session on sexuality.

Other uses for the module include:

- Stand-alone relationship or marriage education programs: Facilitators in these programs might decide to use all or part of the module in their program. We encourage you to build partnerships with family planning agencies in the community so you can make referrals and follow-up appropriately.
- Family planning programs: In our research prior to designing the module, we were unable to find materials specifically aimed at low-income couples. We hope that family planning educators will find new ideas and strategies for working with low-income women and their partners.

Regardless of the nature of your particular program, it will be important to ensure that facilitators are prepared to facilitate these sessions in a nonjudgmental fashion and with comfort and skill. They will need to have basic information about sexuality, conception, and birth control. They will need to be able to educate in an informal and lively fashion without conveying their personal values or biases. For all of these reasons, it is important to choose facilitators who already have these skills or to provide specialized training to facilitators in the areas of sexuality

and family planning. Facilitators also need adequate preparation time to study and digest the procedures involved in conducting the module activities effectively.

ADDRESSING PREGNANCY PLANNING WITHIN CASE MANAGEMENT

The following strategies are considerations for case managers who want to address pregnancy planning in their work with couples:

- As a part of your assessment process, ask questions to find out how couples feel about having additional children in the near future:
 - Do you plan to have any additional children? If so, when would be a good time for this to happen. (Next 1-2 years? 5 years?)
 - How would bringing another child into the family affect you financially? How would it affect your relationship? Your ability to complete other goals?
 - How would you feel (happy or upset) if you got pregnant before you were ready?
 - Are you using any birth control right now? If yes, how is that working out? If no, would you be interested in getting more information about birth control?
- Build partnerships with family planning providers in your community so that you can make referrals and follow up appropriately.
- Get training on family planning and contraception. Ideally, case managers and facilitators can attend any training on sexuality and contraception at the same time.
- Follow up with couples after they have completed their “family plan” in which they establish goals and action steps for spacing and timing any future pregnancies. Work with them over time to help ensure that they follow through with their plan.

A FINAL WORD

We hope that you will decide that “planning for children” is an important issue to include in your relationship or marriage education program. As you use the module, we welcome your comments, feedback, and suggestions. While it was carefully developed based on available information and experience, as well as valuable input from program staff and participants at CFUF, the module has not yet been evaluated and, as such, should be considered an early version. We hope to do some assessment in 2010. In the meantime, we are making this version available to the field and plan to use any feedback we receive in future revisions. Please email your comments to communications@thenc.org with “Planning for Children” in the subject line.

If you are interested in receiving training to conduct this module, contact Pamela Wilson at pamwilson@comcast.net or the Center for Urban Families (CFUF) Training and Technical Assistance Department at 410-367-5691, ext 1380. CFUF will also be providing training on this module as part of the *Blueprint: A Guide to Family Stability & Economic Success* curriculum. For more information about working with low-income individuals and couples, visit the Center for Urban Families’ website at www.cfuf.org. For more information about preventing unplanned pregnancy, visit The National Campaign’s website at www.TheNationalCampaign.org.

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