

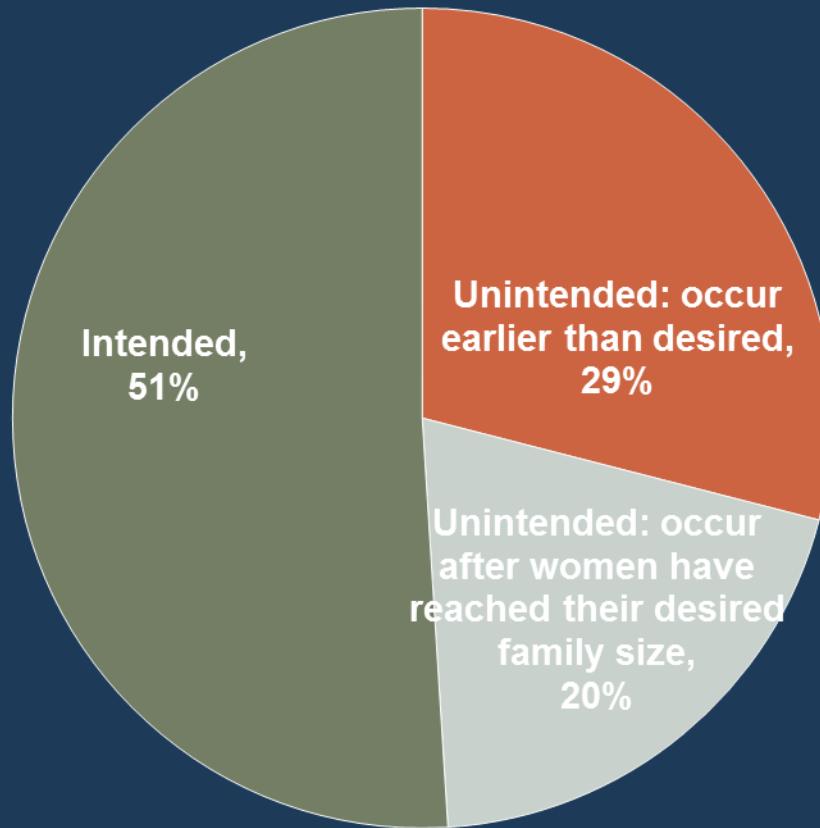


Contraceptive Use: What do we know? What do we not know? What do we do about it?



Megan Kavanaugh, DrPH
RNDMU Workshop
September 2012

Nearly half of pregnancies in the United States are unintended



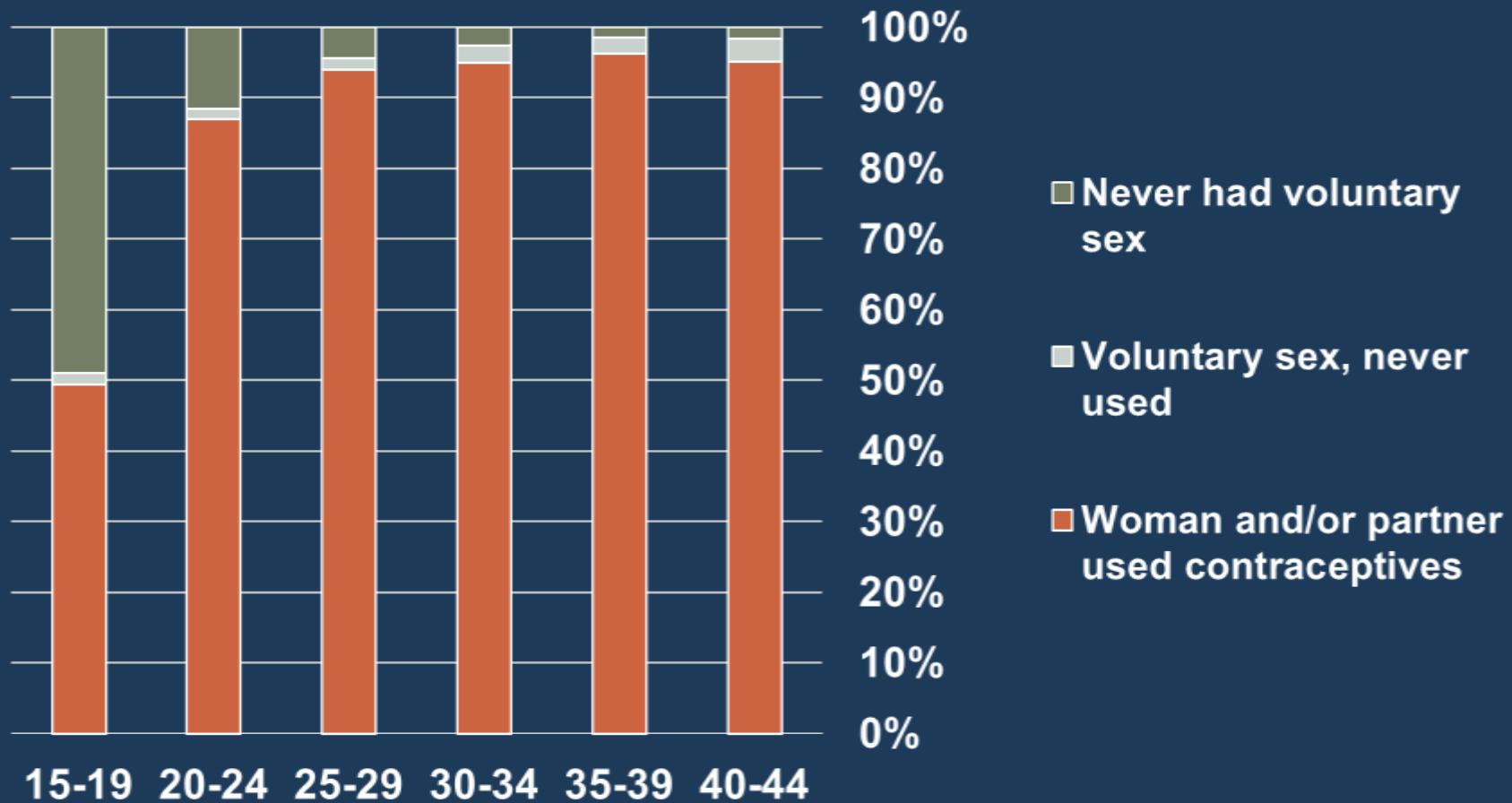
(Finer and Zolna, 2011)

What do we know?



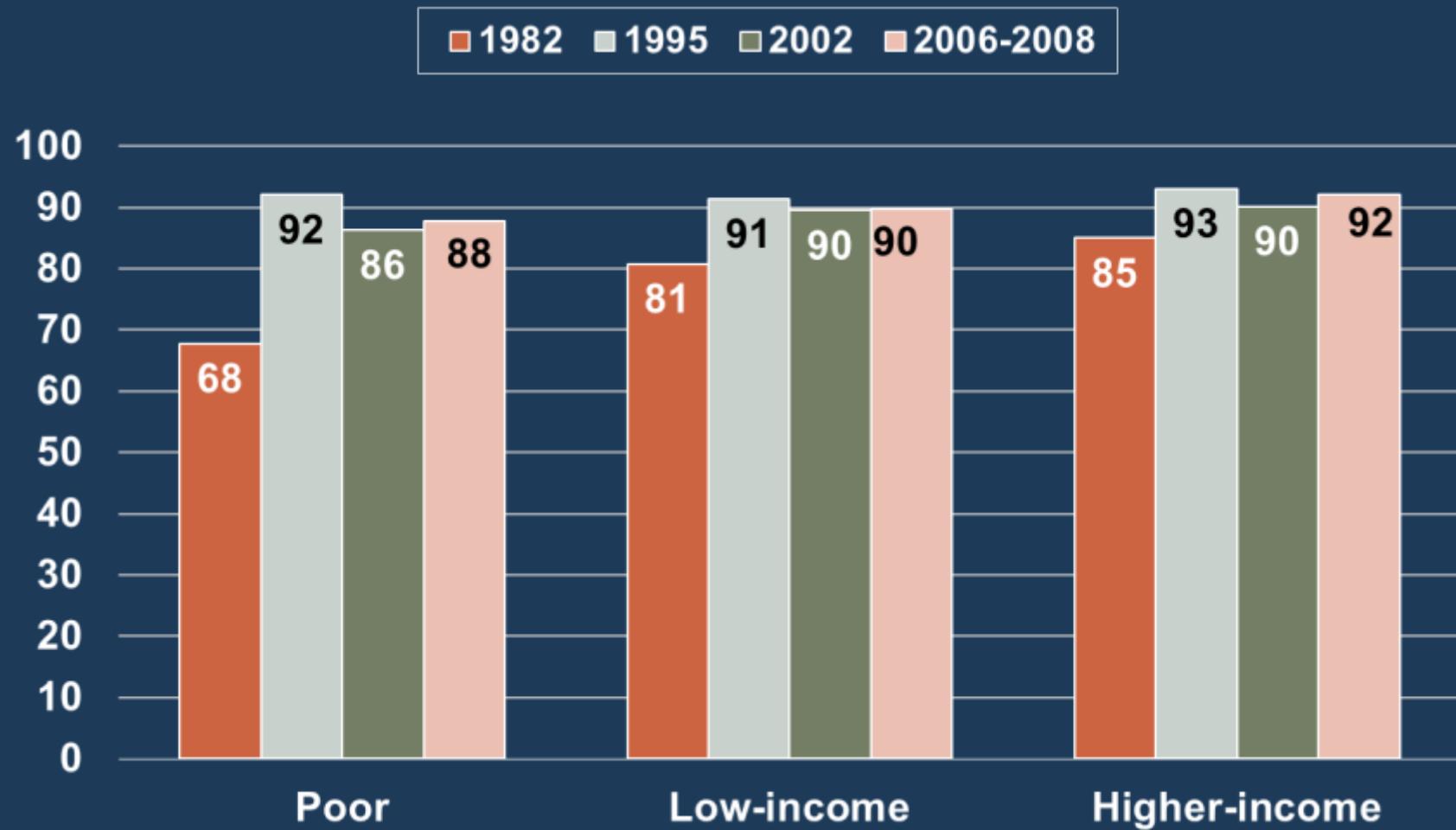
**Contraceptive Use Is Key
To Reducing
Unintended Pregnancy**

Almost all women have used contraception

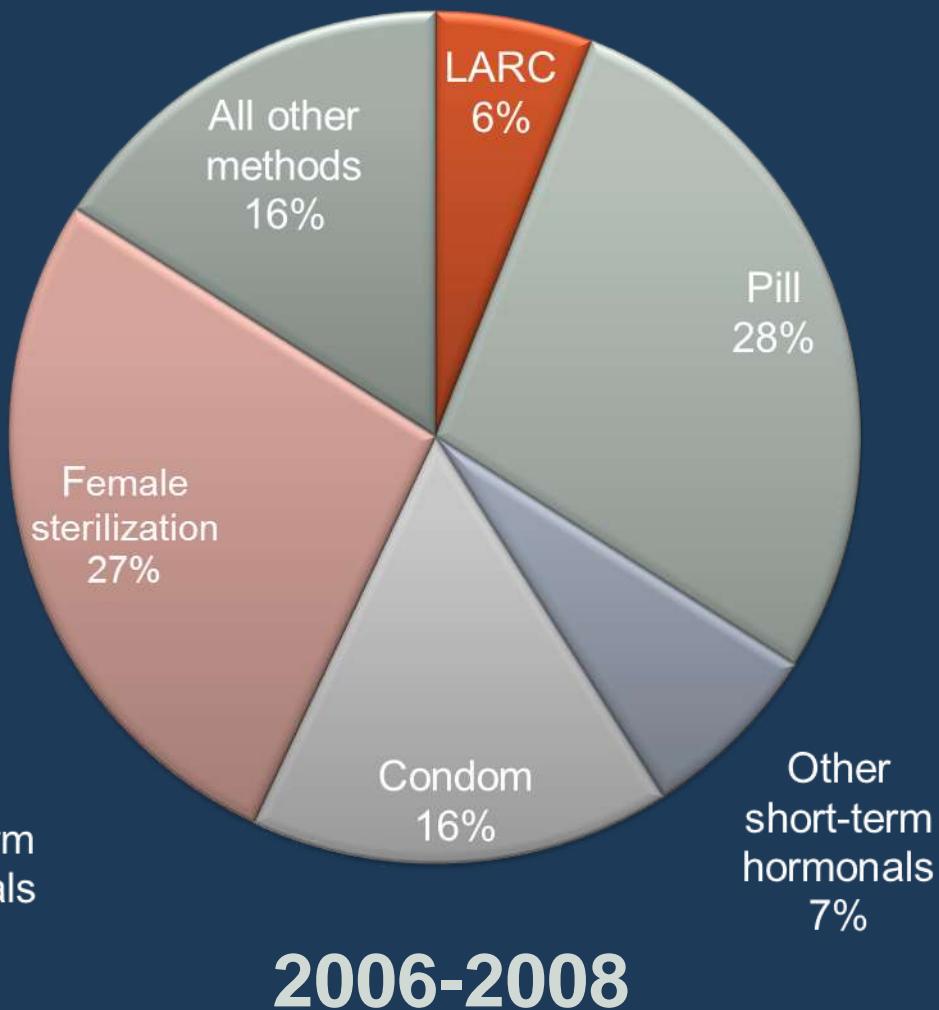
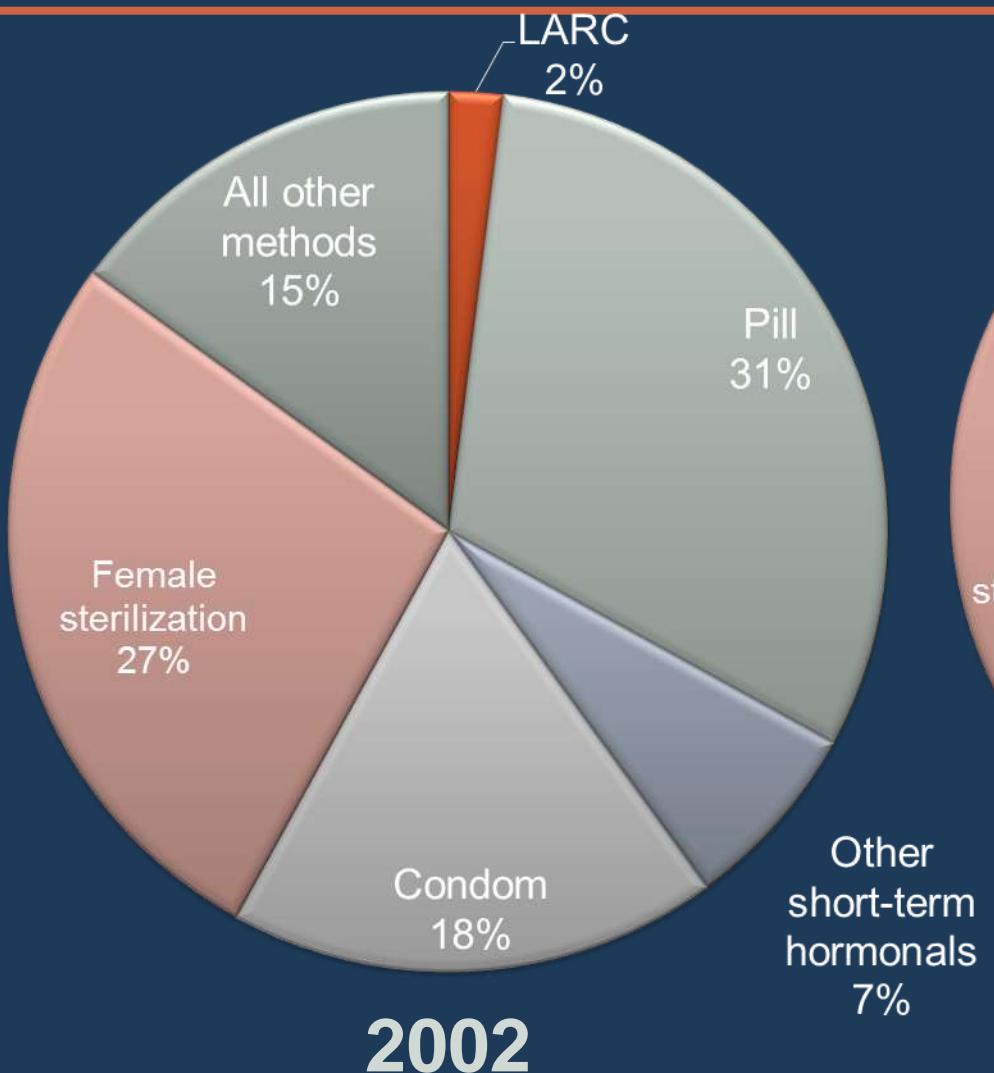


Overall, we have made progress, but also some backtracking

% of women at risk of pregnancy using contraception

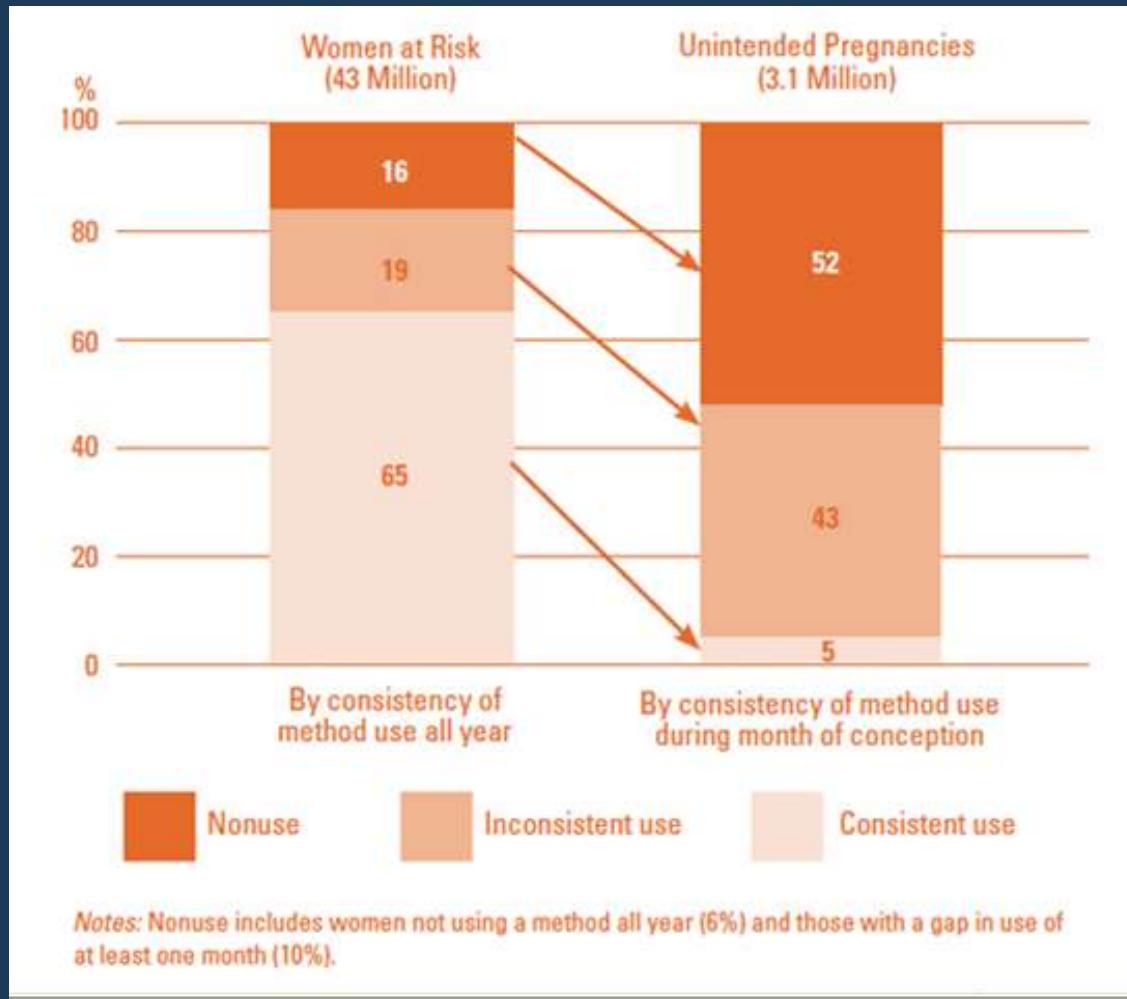


Current Contraceptive Use

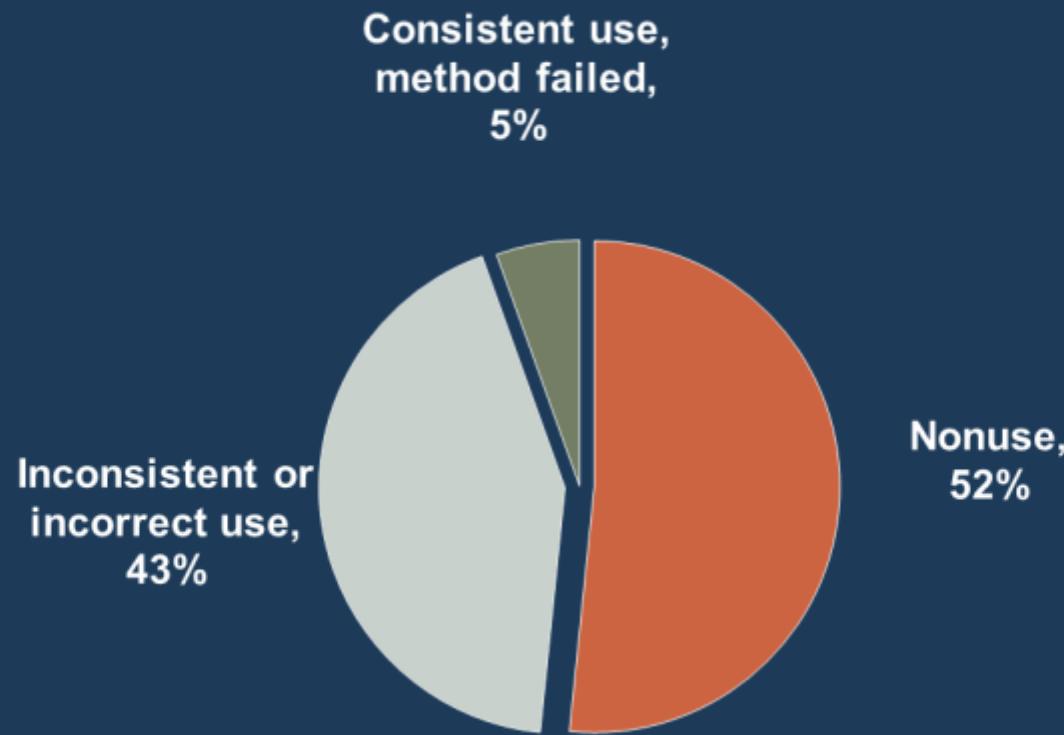


But Method Use Is Difficult

Modern contraception works



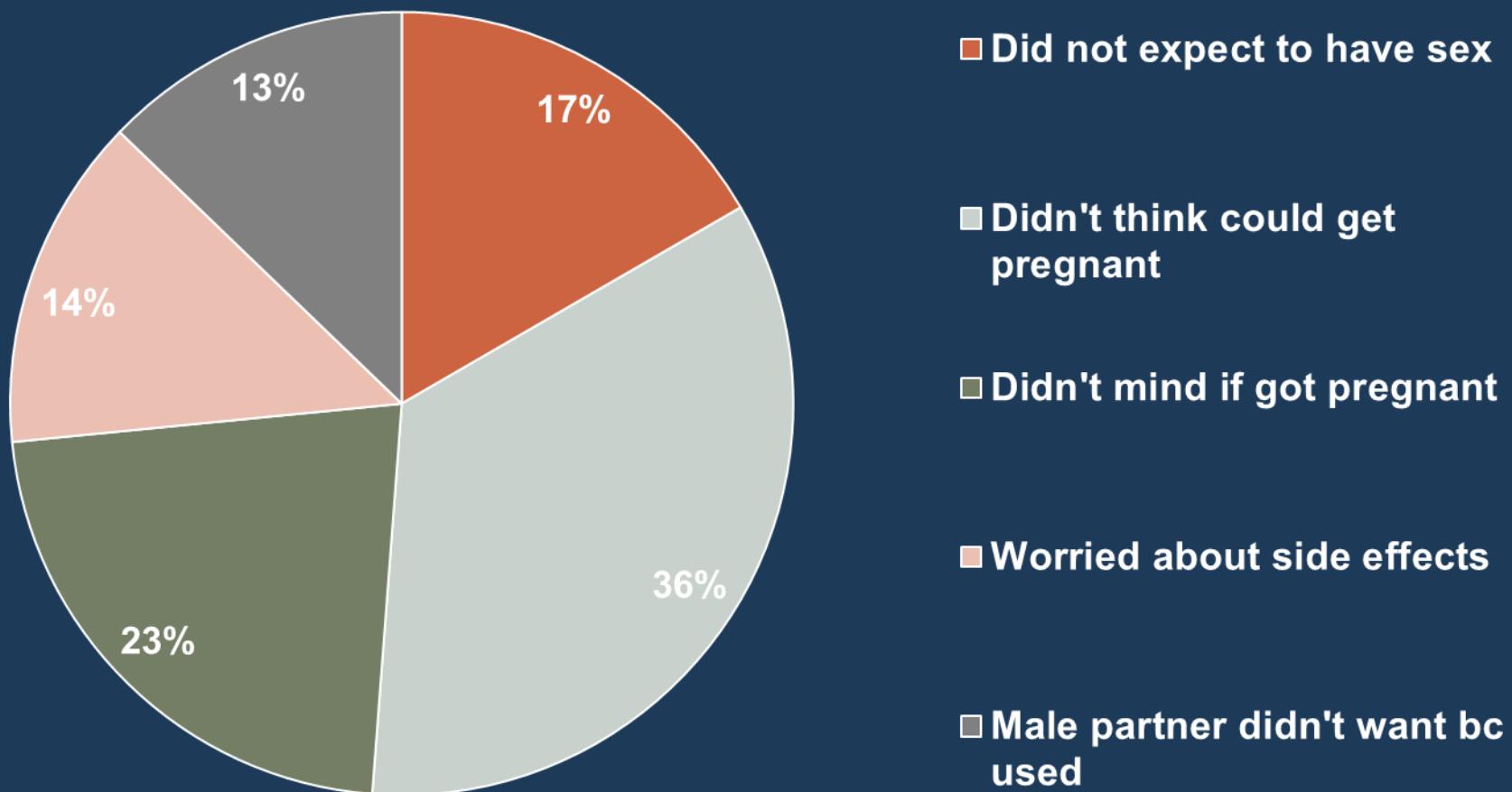
Most unintended pregnancies occur when women fail to use contraceptives or use their method inconsistently



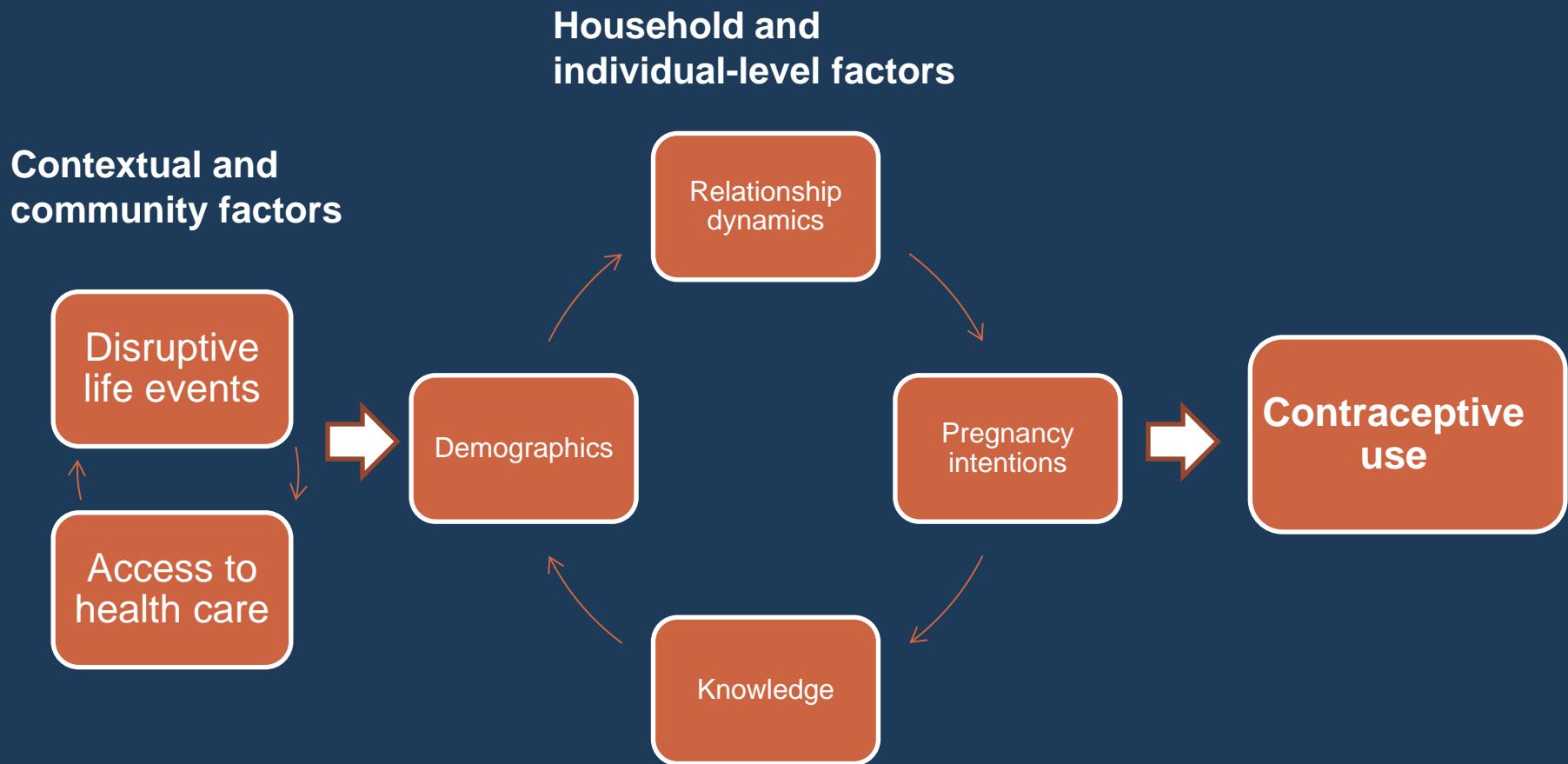
3.1 million unintended pregnancies,
by women's contraceptive use during month of conception

Reasons for nonuse

Among women having an unintended birth



Conceptual framework



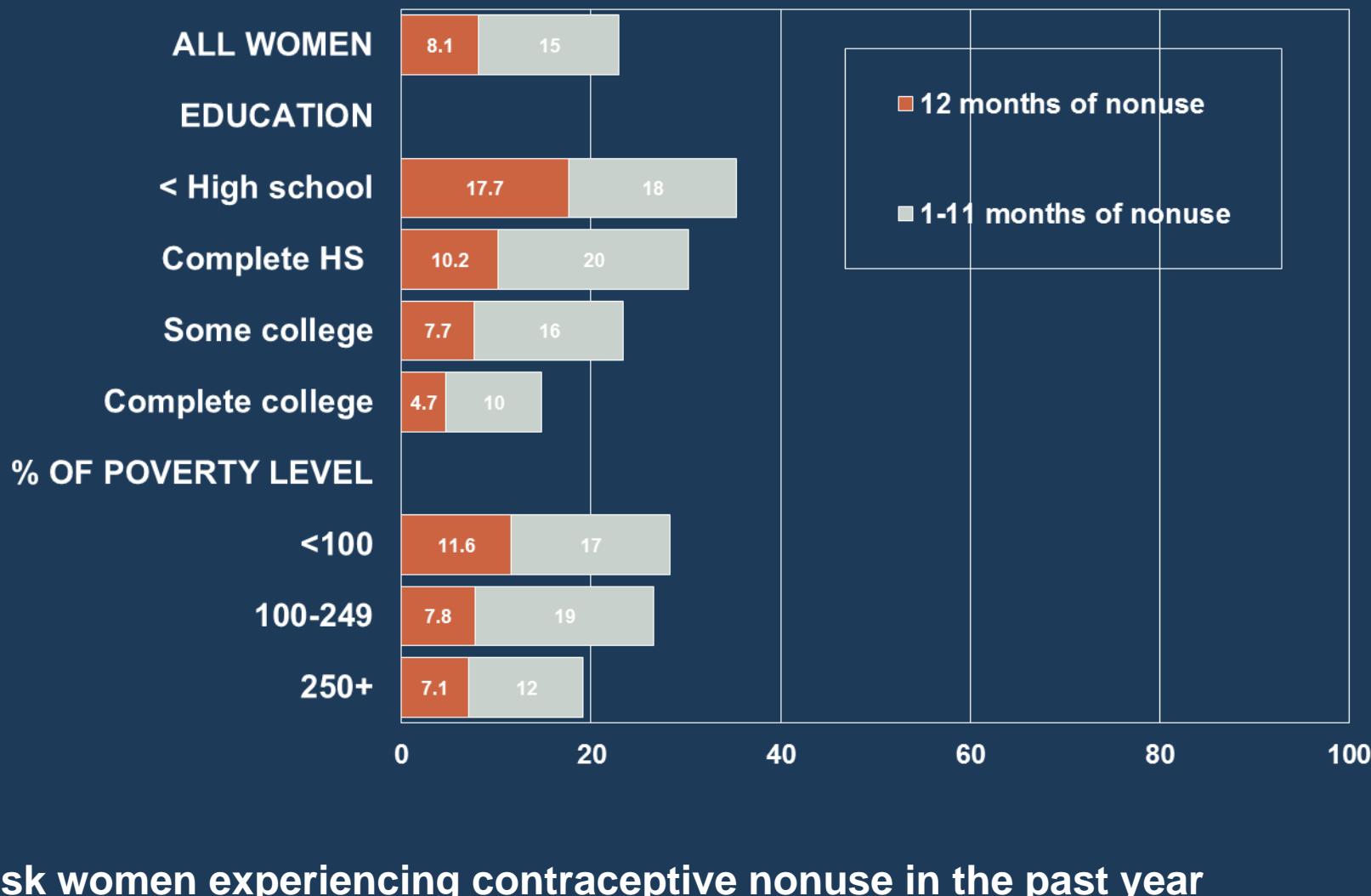
Guttmacher study: Improving Contraceptive Use

- Only a small proportion of women (8%) are consistent nonusers
- 15% experienced one or more months of risk
- Many factors associated with nonuse and gaps

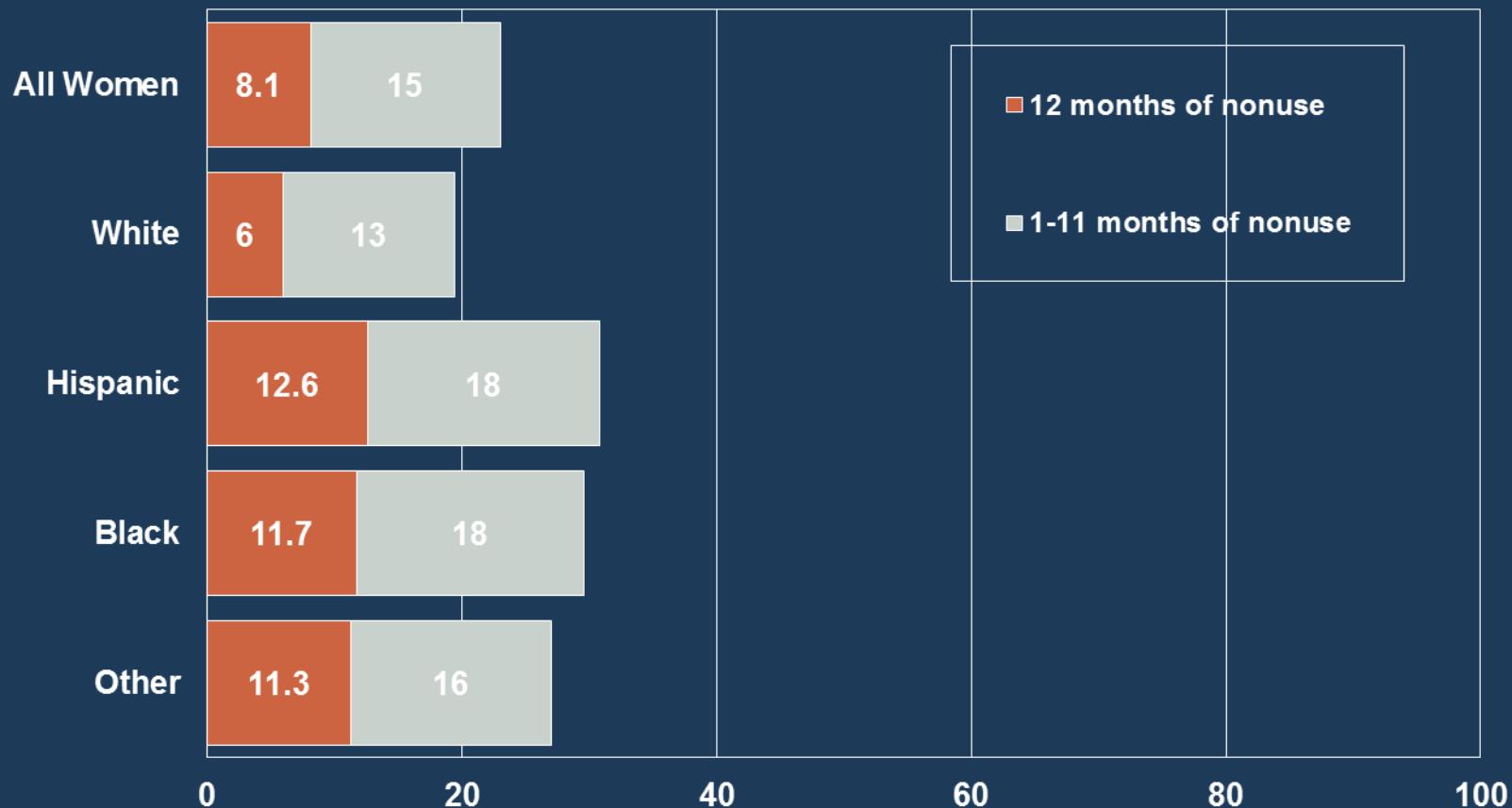


Personal, Relationship and Cultural Issues Play a Role

Gaps in use are related to socioeconomic disadvantage



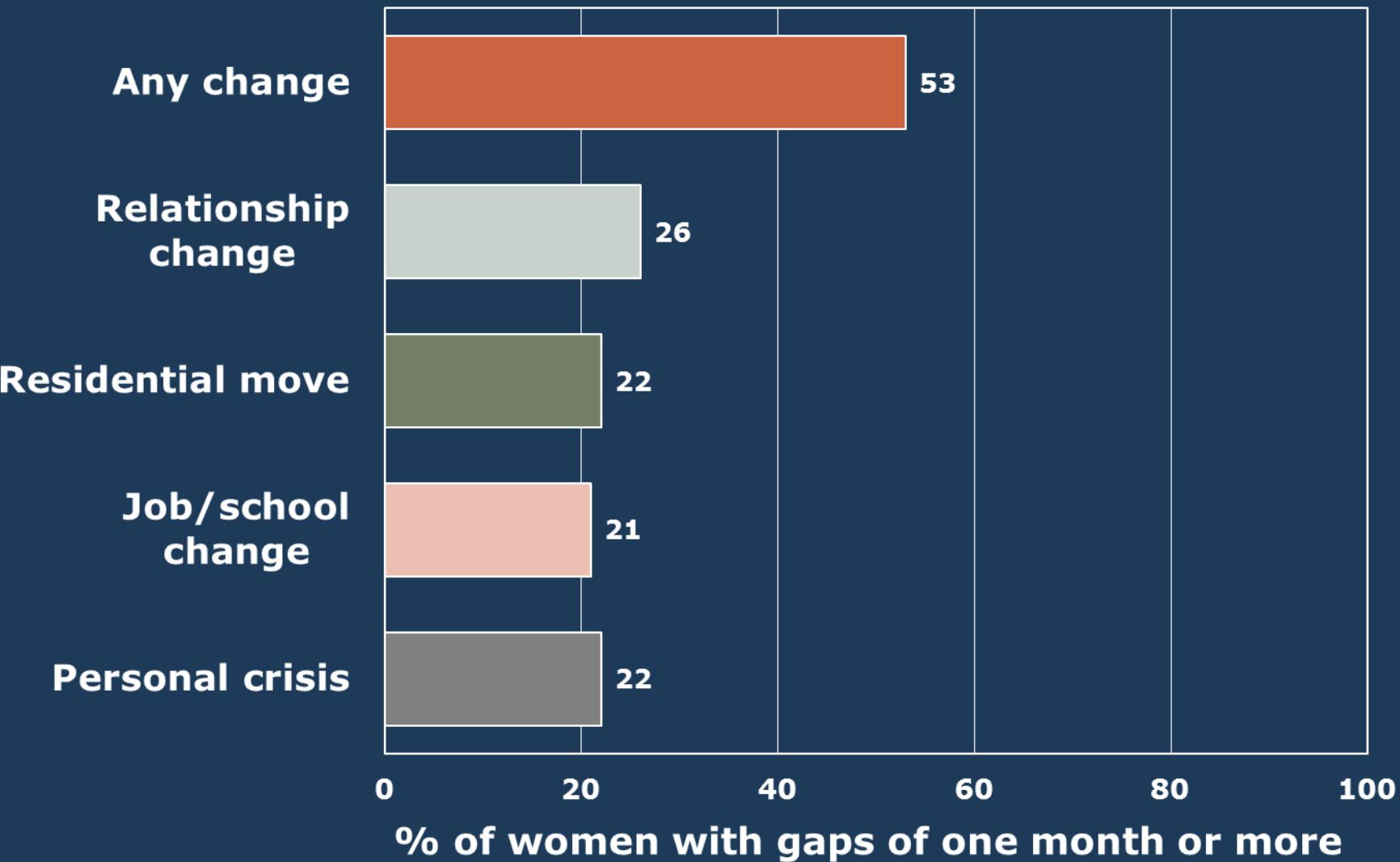
Minority women are more likely than others to have gaps in use



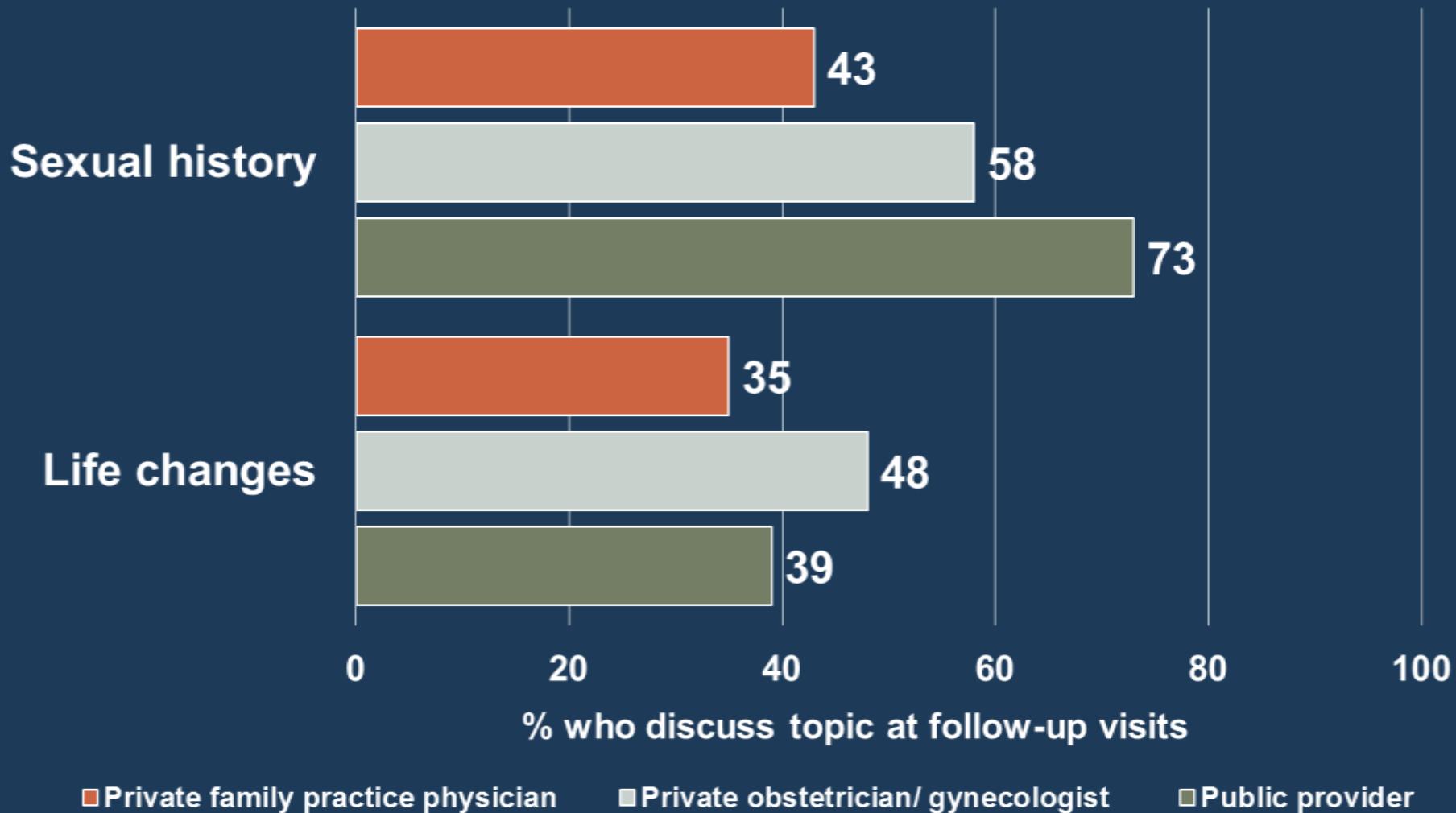
% of at-risk women experiencing contraceptive nonuse in the past year

Difficulties in Contraceptive Use Are Linked to Life Changes

Half of women with gaps in use report coinciding life changes

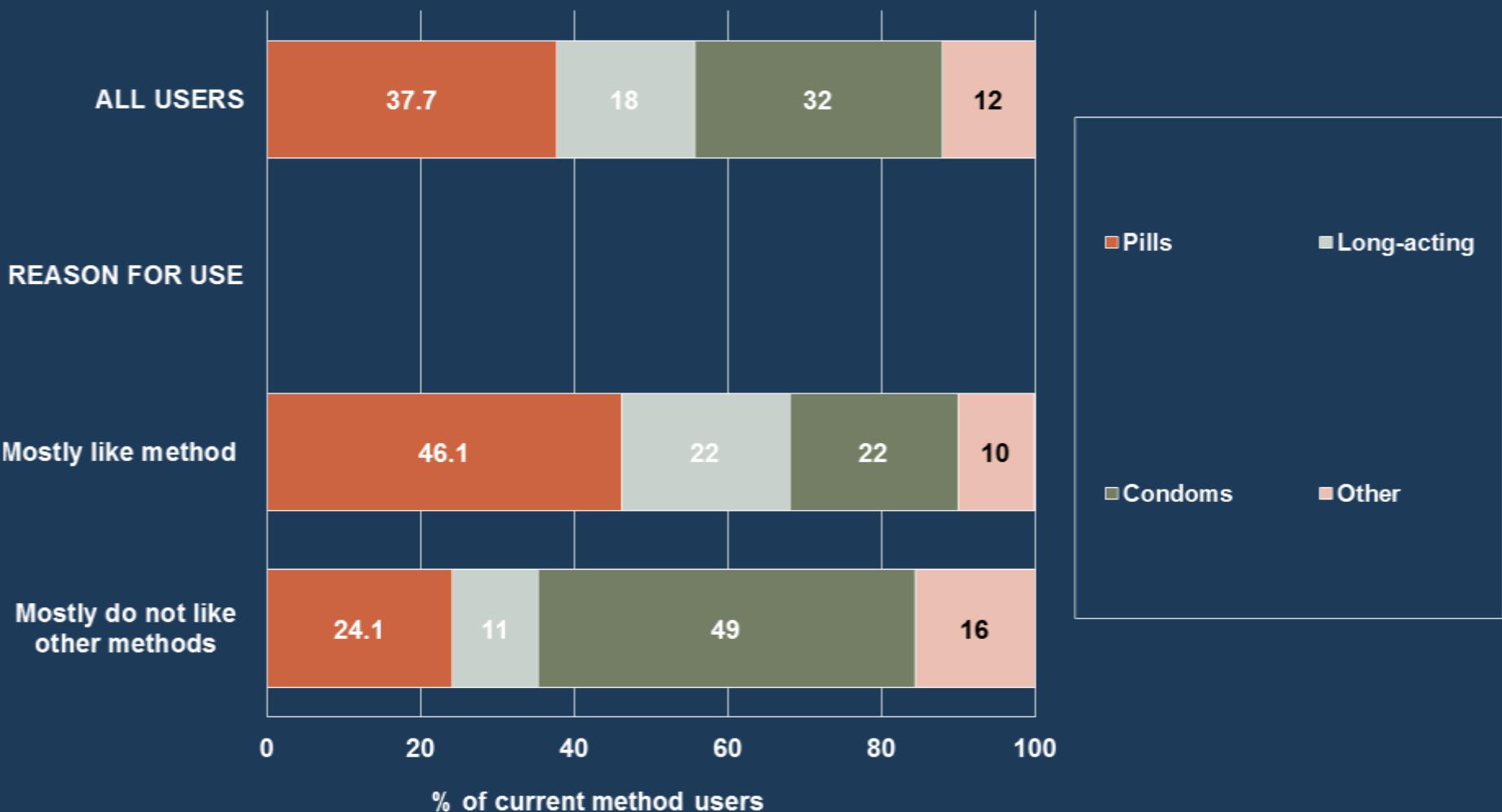


Contraceptive providers often fail to discuss life changes with women

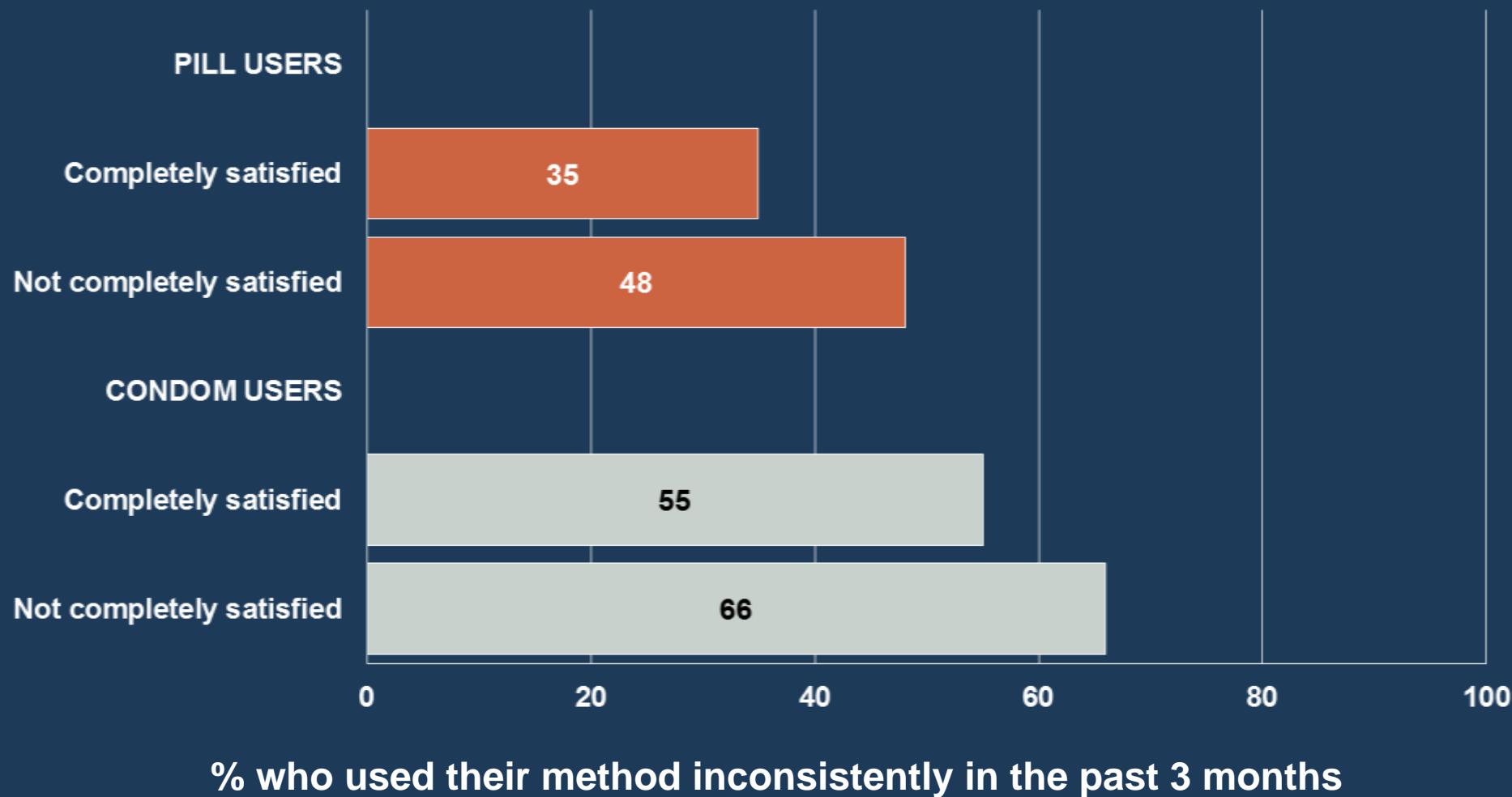


Attitudes Toward and Experiences with Methods Are Linked to Contraceptive Use Patterns

Women who are unhappy with method options often rely on less effective methods

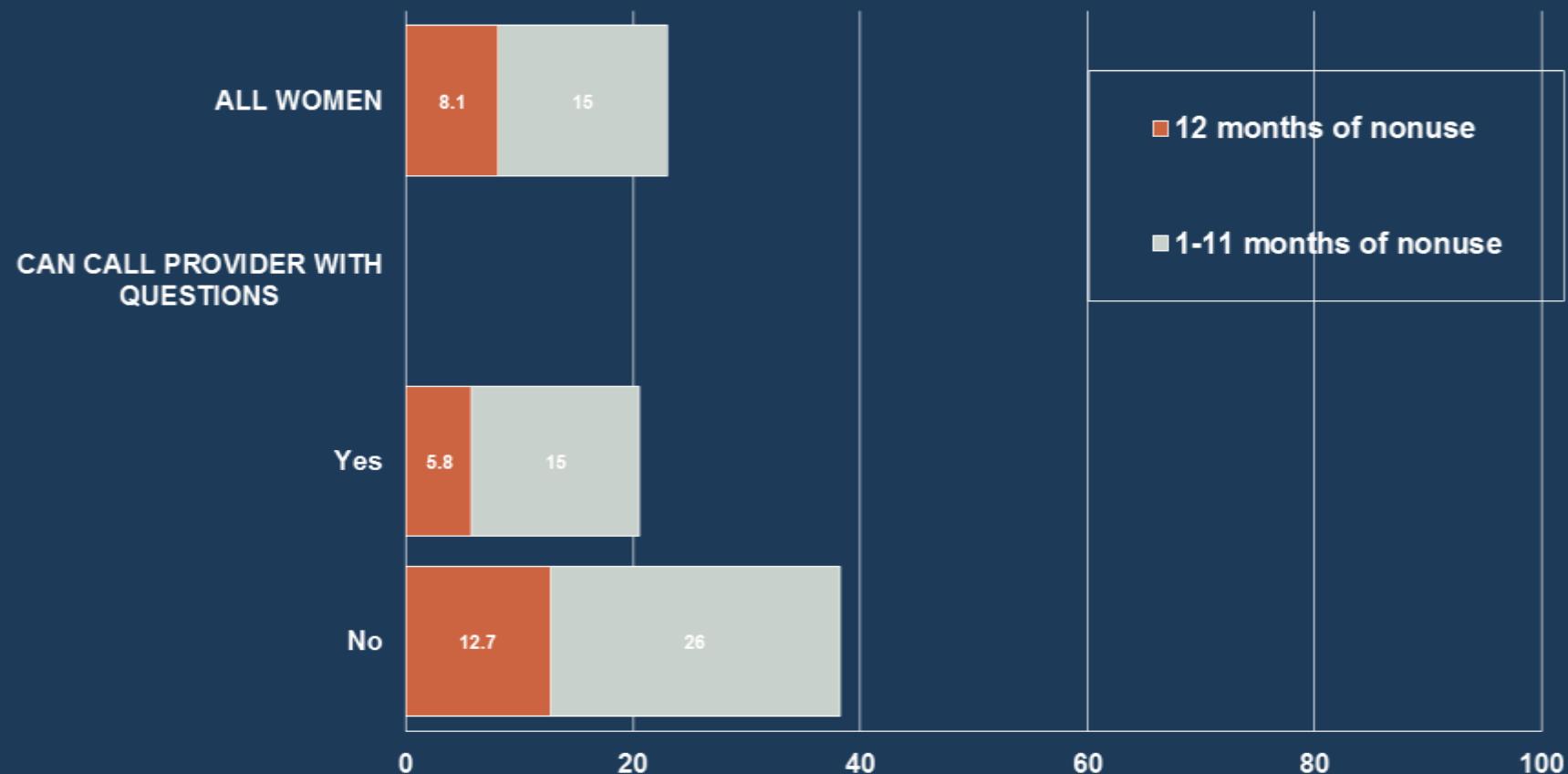


Inconsistent method use is elevated among women not satisfied with their method



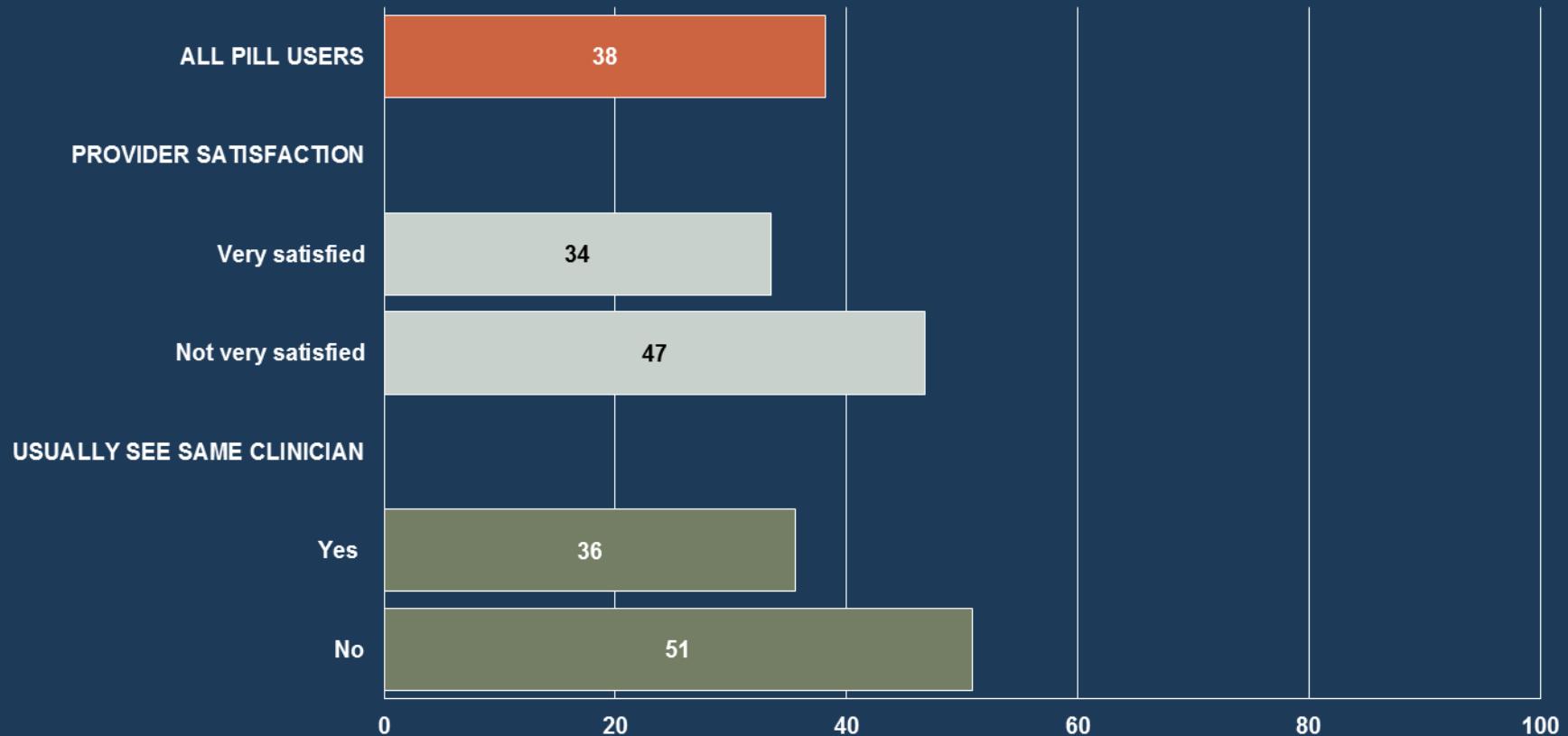
**Attitudes Toward and Experiences
with Providers
Are Linked to
Contraceptive Use Patterns**

Feeling unable to call a provider with questions is linked to contraceptive nonuse



% of at-risk women experiencing contraceptive nonuse in the past year

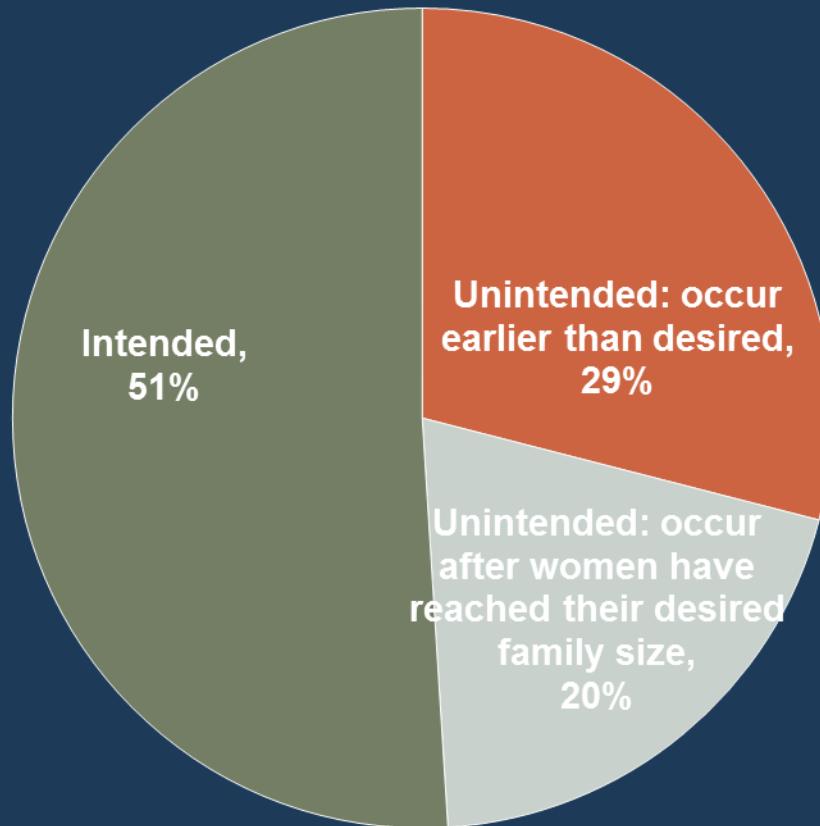
Inconsistent pill use is linked to low levels of provider satisfaction and continuity of care



% of pill users who missed ≥ 1 pills during the past three months

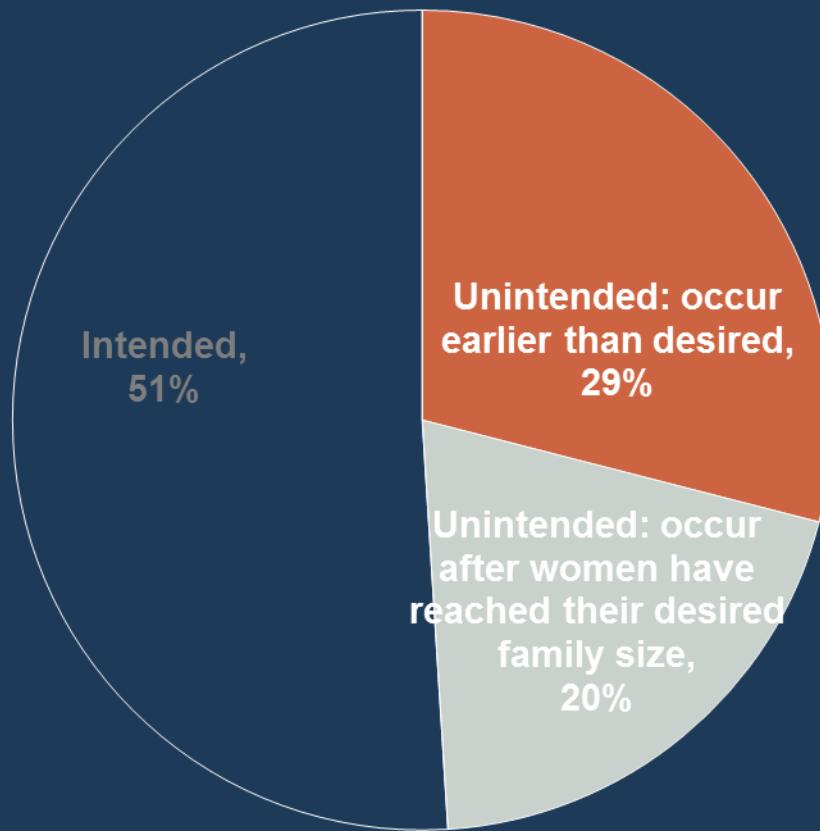
What do we not know?

Nearly half of pregnancies in the United States are unintended



(Finer and Zolna, 2011)

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What is an “unintended” pregnancy?

- “Intended”: a pregnancy that was desired at about the time that it occurred
- “Unintended”: The sum of...
 - “Mistimed”: a pregnancy that was wanted at some point, but occurred sooner than desired
 - “Unwanted”: a pregnancy that was not desired when it occurred or at any point in the future

How is unintended pregnancy measured?

Standard measure

- “*Right before you became pregnant..., did you yourself want to have a(nother) baby at any time in the future?*”
 - No = **unwanted**
 - Yes –
 - “*So would you say that you became pregnant too soon, at about the right time, or later than you wanted?*”
 - Too soon = **mistimed**
 - Right time, later, didn’t care = **intended**

What is an “unintended” pregnancy? (cont.)

- 32% of pregnancies resulting from contraceptive failures are intended
- 1/5 women with unintended pregnancies from a contraceptive failure reported they were very happy when they discovered pregnancy

Measurement Limitations

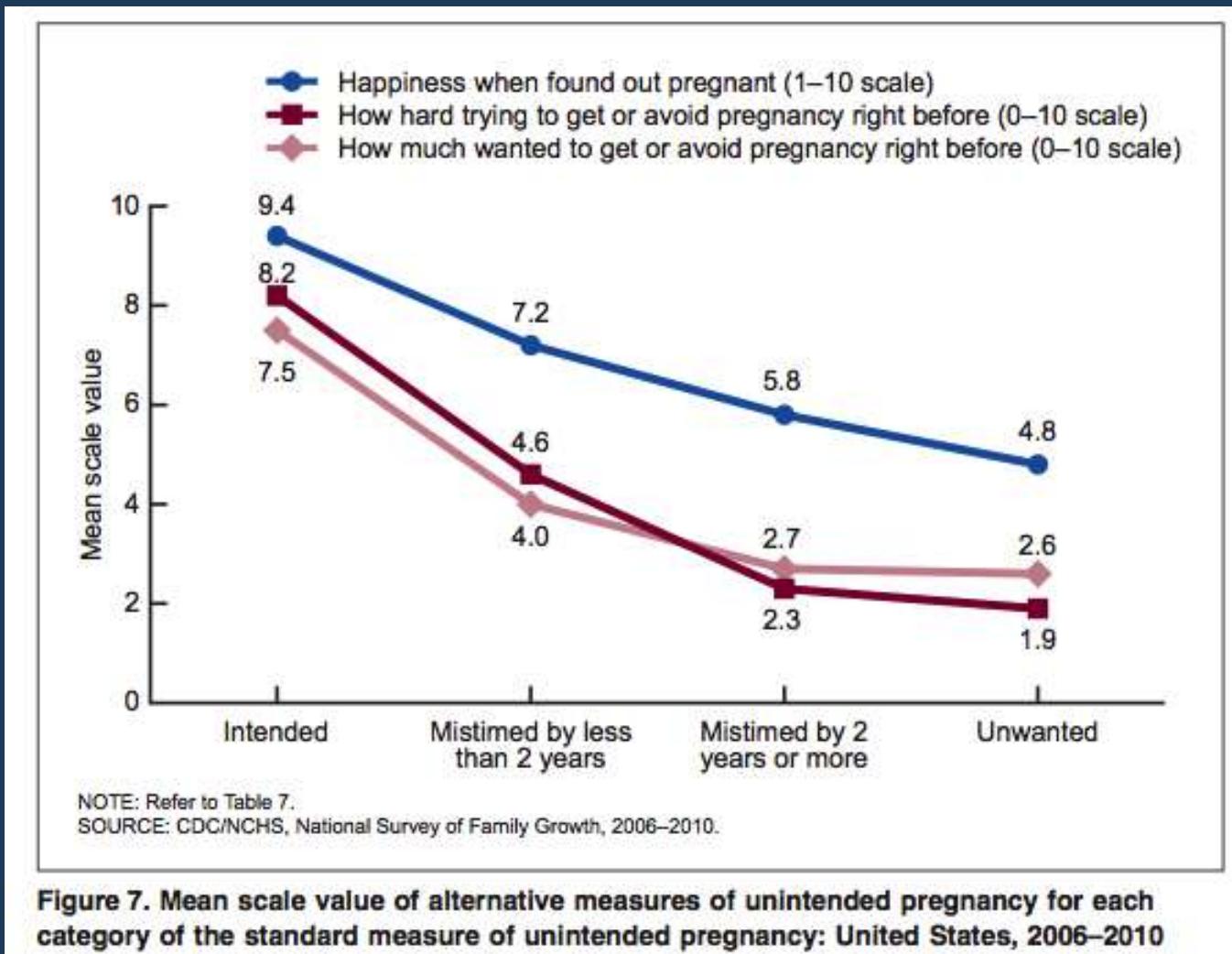
- Interchangeable use of concepts “wanting,” “planning,” “intending,” “trying”
- Measuring these as dichotomous
- Commonly measured retrospectively
- Applying above concepts universally across very different subpopulations of women
- “Planning,” in particular, does not resonate with many women

How is unintended pregnancy measured?

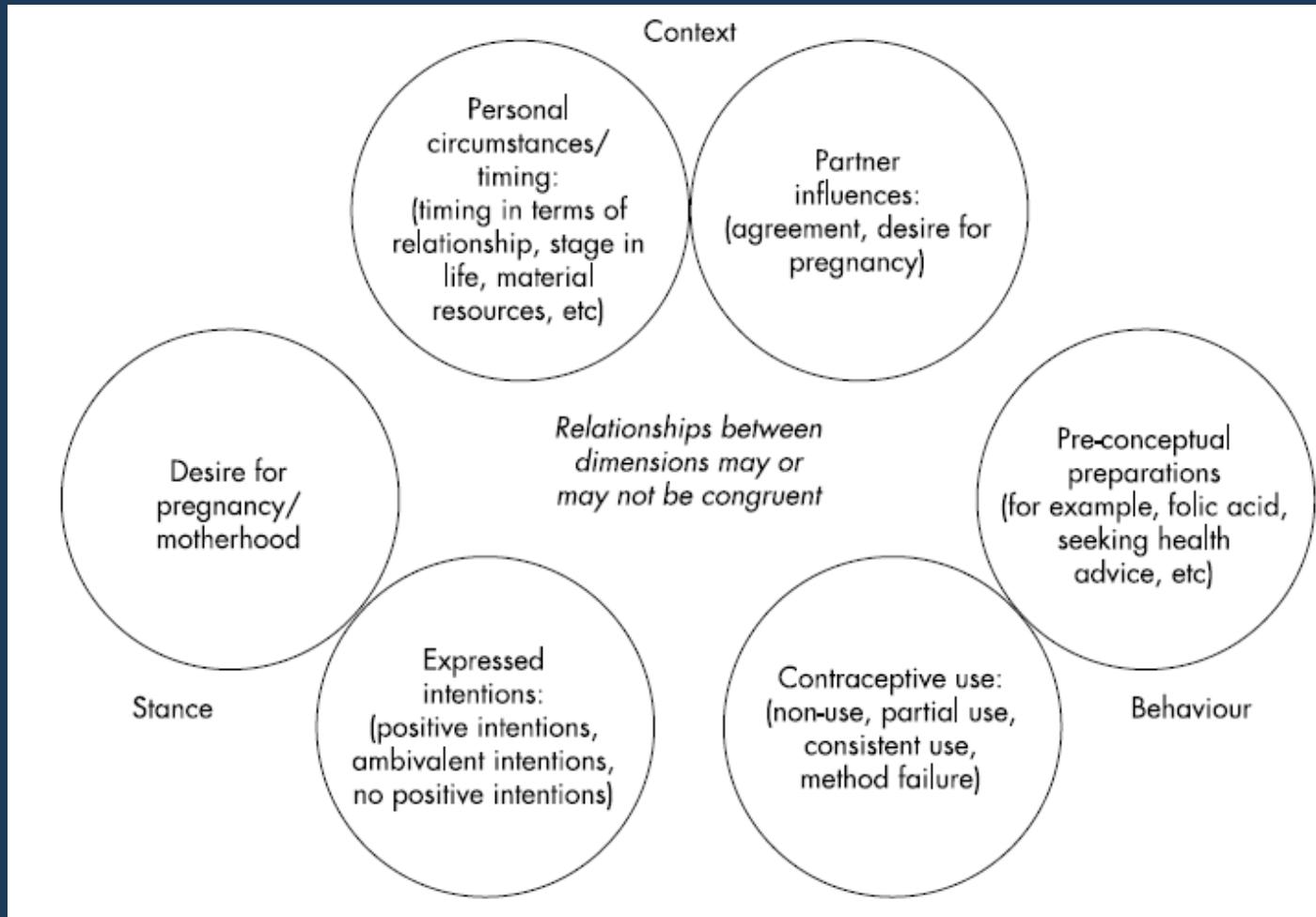
Alternative measures

- Trying scale
 - *If you had to rate how much you were trying to get pregnant or avoid pregnancy, how would you rate yourself (on scale of 0 – 10)?*
- Wanting scale
 - *If you had to rate how much you wanted or didn't want a pregnancy right before you got pregnant that time, how would you rate yourself (on scale of 0 – 10)?*
- Happiness scale
 - *Look at scale...1 means that you were very unhappy to be pregnant and a 10 means that you were very happy to be pregnant. Tell me which number best describes how you felt when you found out you were pregnant.*

Comparison of alternative and standard measures



London Measure of Unplanned Pregnancy (Barrett)



Adapted LMUP measure for prospective use

Question	Answer (paraphrased)
Q1. Since my last period:	Always used contraception Inconsistent use of contraception Not used contraception
Q2. If I am pregnant, in terms of becoming a mother:	Wrong time Ok, but not quite right time Right time
Q3. If I am pregnant, in terms of becoming pregnant:	Did not intend to get pregnant Intentions kept changing Intended to get pregnant
Q4. If I am pregnant, in terms of becoming pregnant with partner:	Had never discussed having children together Discussed having children together, but no agreement Agreement with partner on becoming pregnant
Q5. Since my last period:	No actions Health preparations (one action*) Health preparations (two or more actions*)

Single item measure

- Which of the following best describes your current situation?
 - Trying to get pregnant
 - Wouldn't mind getting pregnant
 - Wouldn't mind avoiding pregnancy
 - Trying to avoid getting pregnant
 - Don't know

Ambivalence

- Which of the following best describes your current situation?
 - Trying to get pregnant
 - Wouldn't mind getting pregnant
 - Wouldn't mind avoiding pregnancy
 - Trying to avoid getting pregnant
 - Don't know

Comparison of measures

Single-item measure	pLMUP category			Total %
	Not planning	Ambivalent	Planning	
Trying to avoid pregnancy	76	23	1	100
Ambivalent	21	62	17	100
Trying to become pregnant	4	11	85	100

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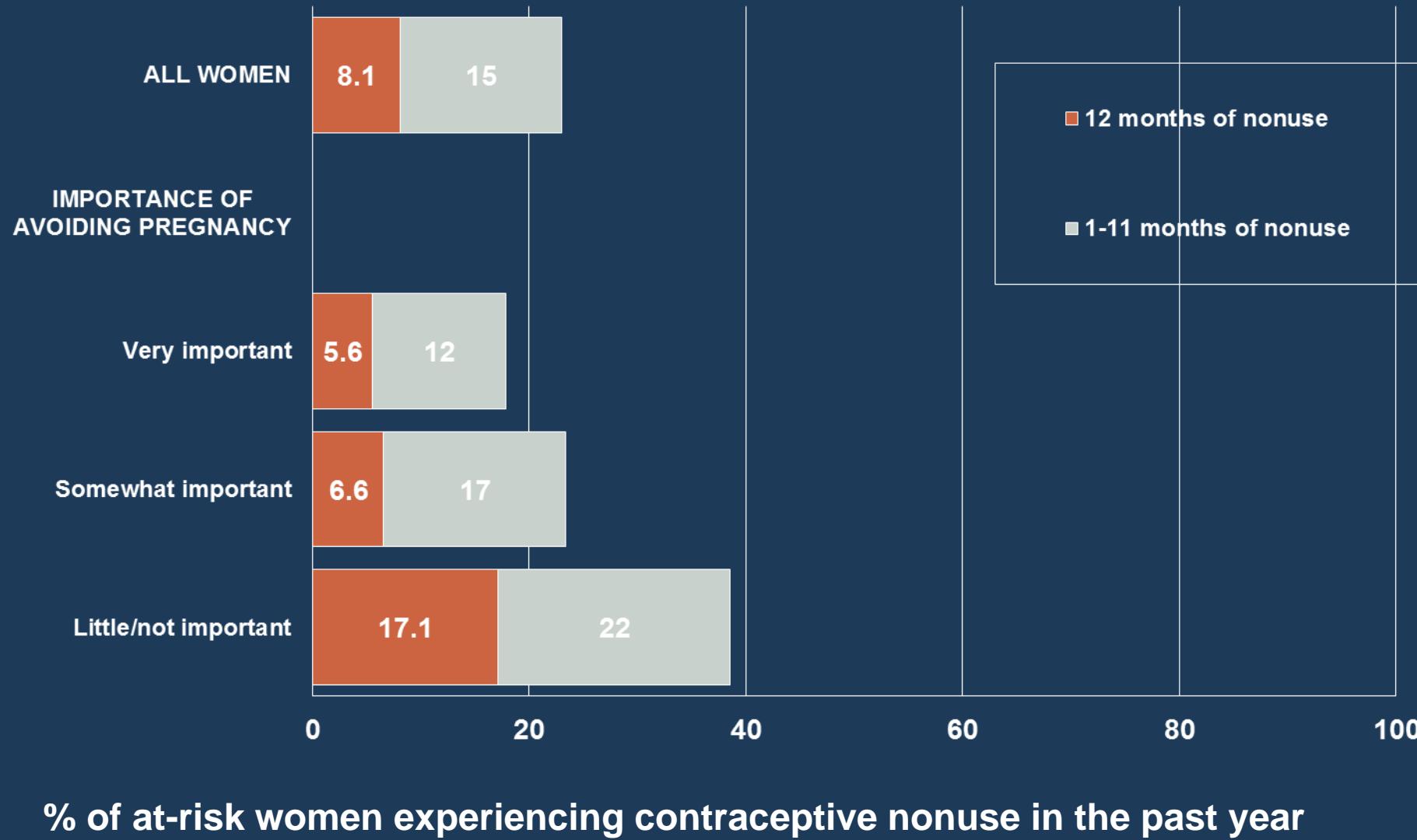
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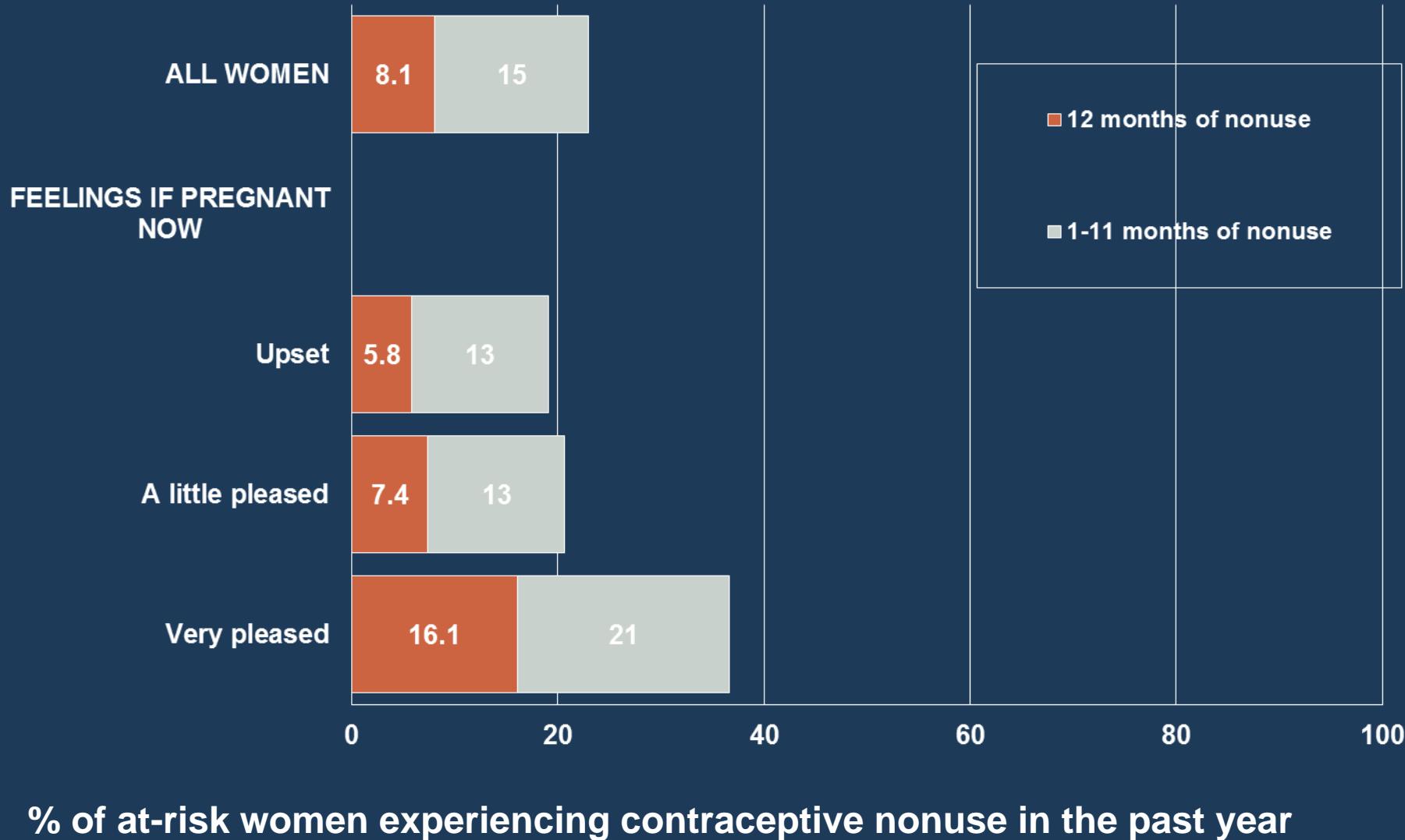
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Ambivalence About Pregnancy Is Associated with Difficulties in Contraceptive Use

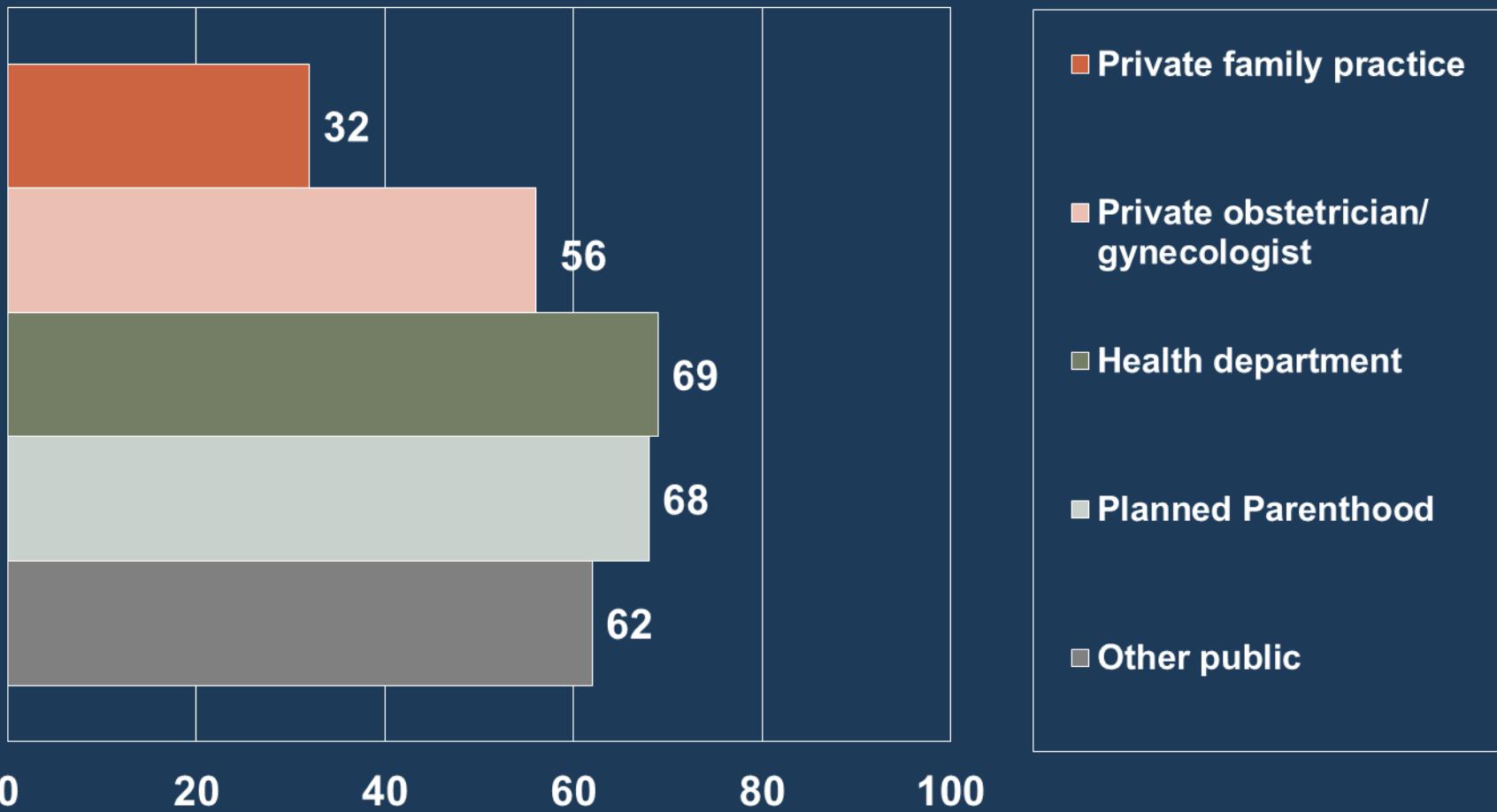
Motivation to avoid pregnancy predicts gaps in use



A gap in use may reflect ambivalence about pregnancy

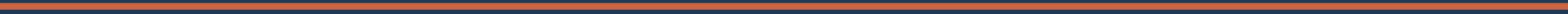


Public providers are the most likely to discuss pregnancy motivations with patients



% who often or always discuss pregnancy motivations during follow-up contraceptive visits

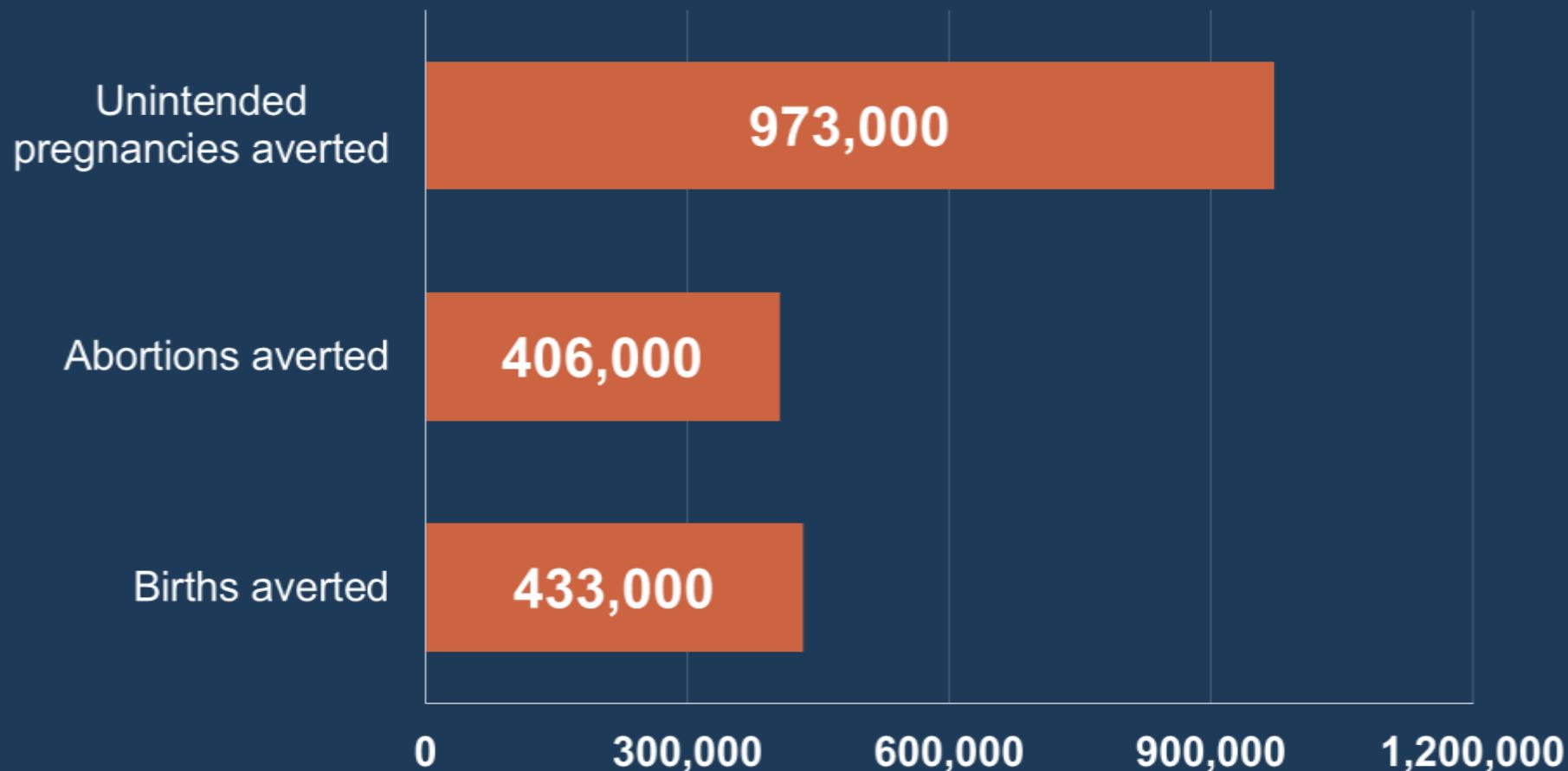
What can we do about it?



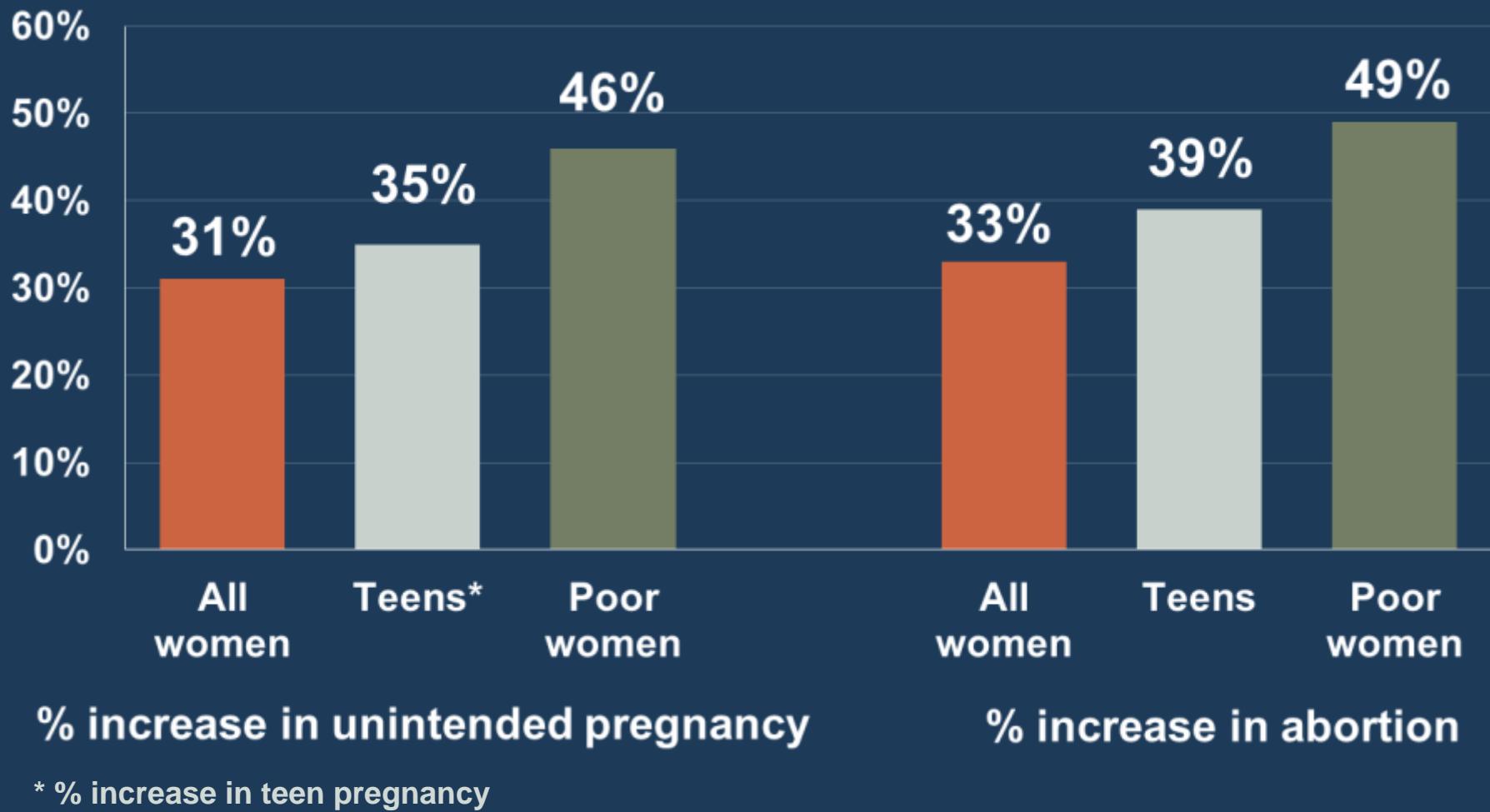
Title X funding is key

Each year, Title X centers prevent nearly 1 million unintended pregnancies

Events averted by Title X centers



Without Title X, unintended pregnancies and abortions would rise



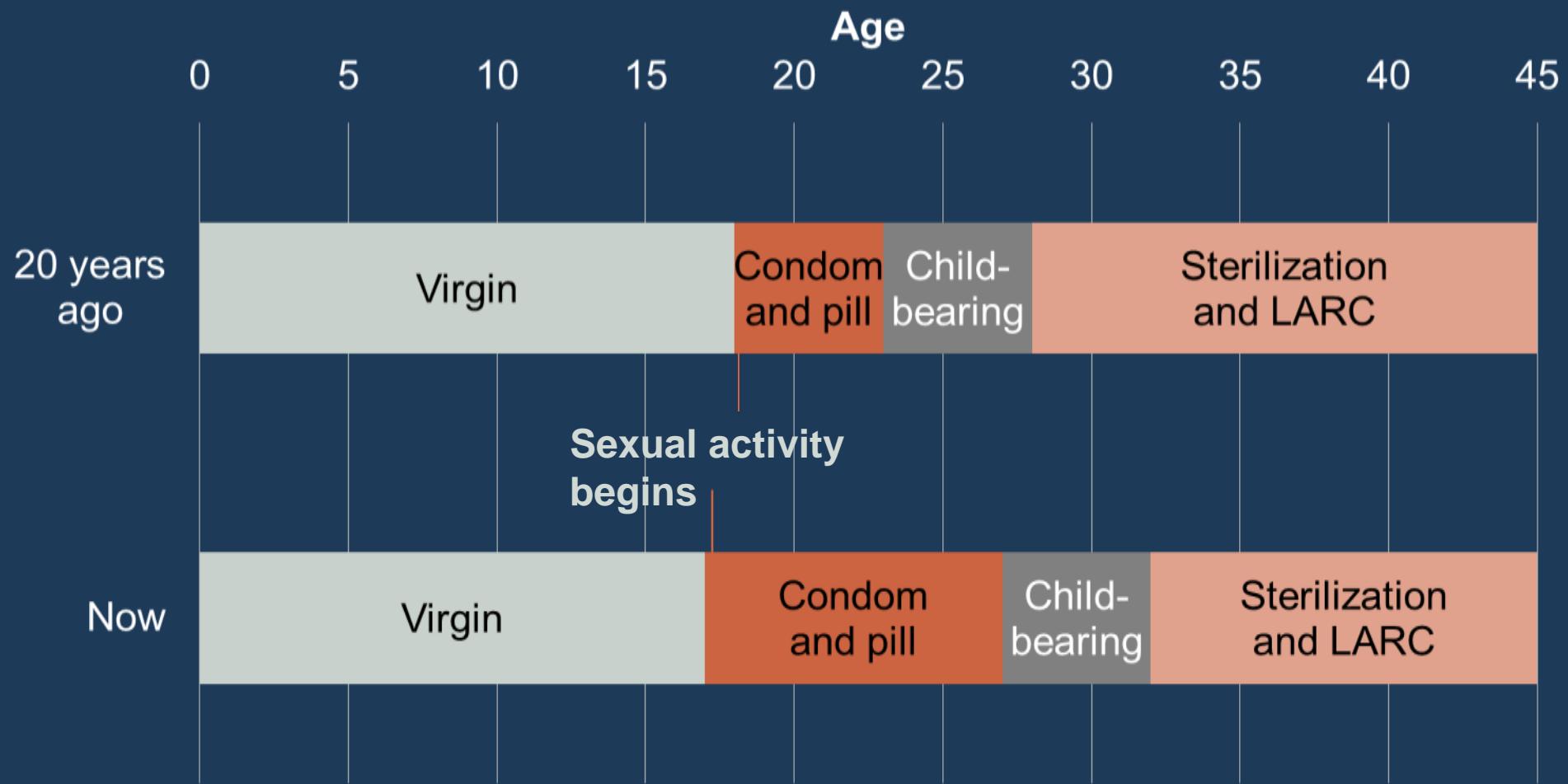
Benefits of LARC methods

Why focus on LARC methods?

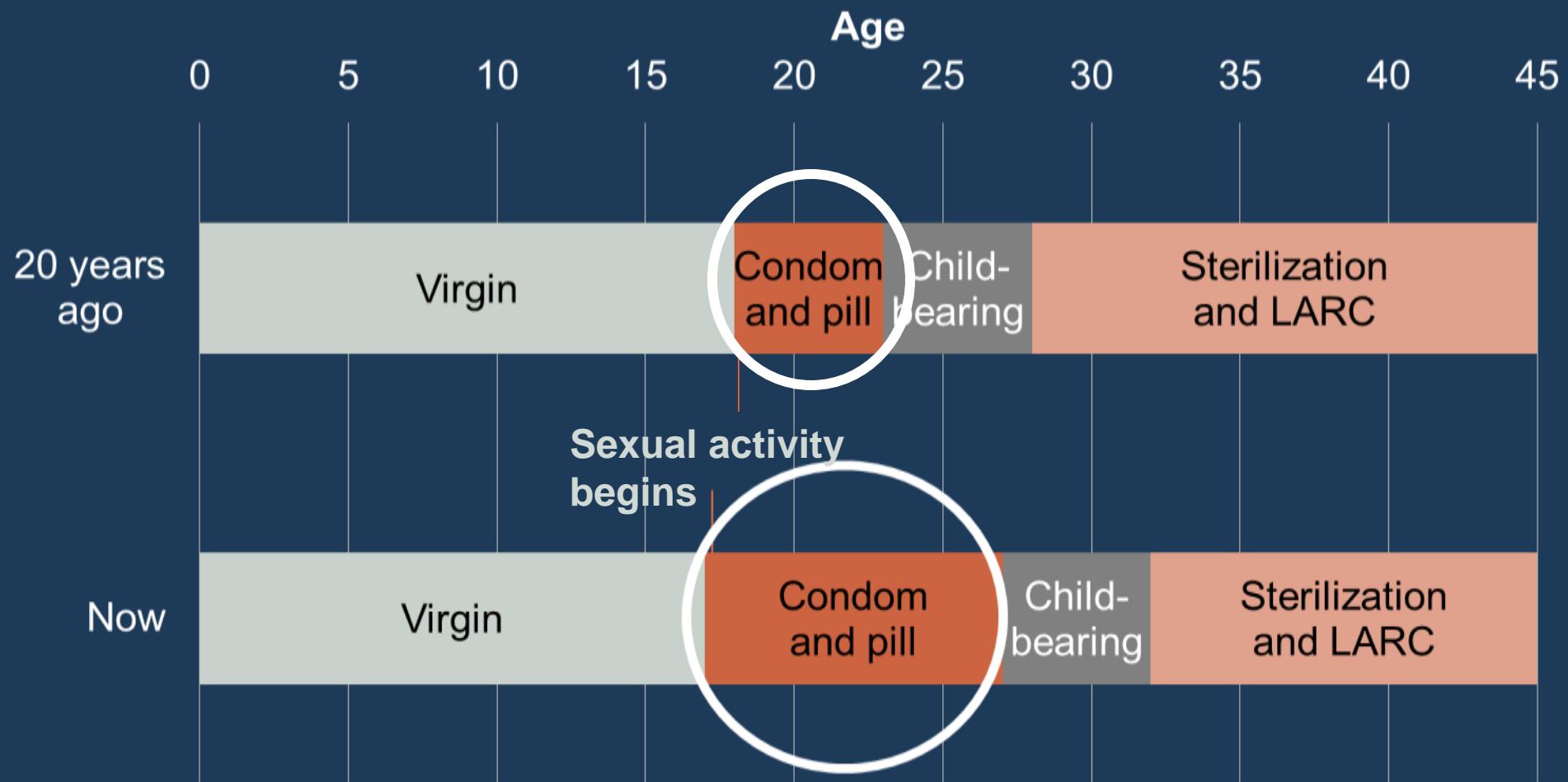
- Persistent high rates of unintended pregnancy
- Evidence that inserting LARC methods post-abortion reduces repeat abortion rates
- Many unintended pregnancies due to user error, not method failure
- Other pros:
 - High efficacy
 - High compliance, continuation rates
 - High satisfaction
 - Few side effects
 - Rapid return to fertility



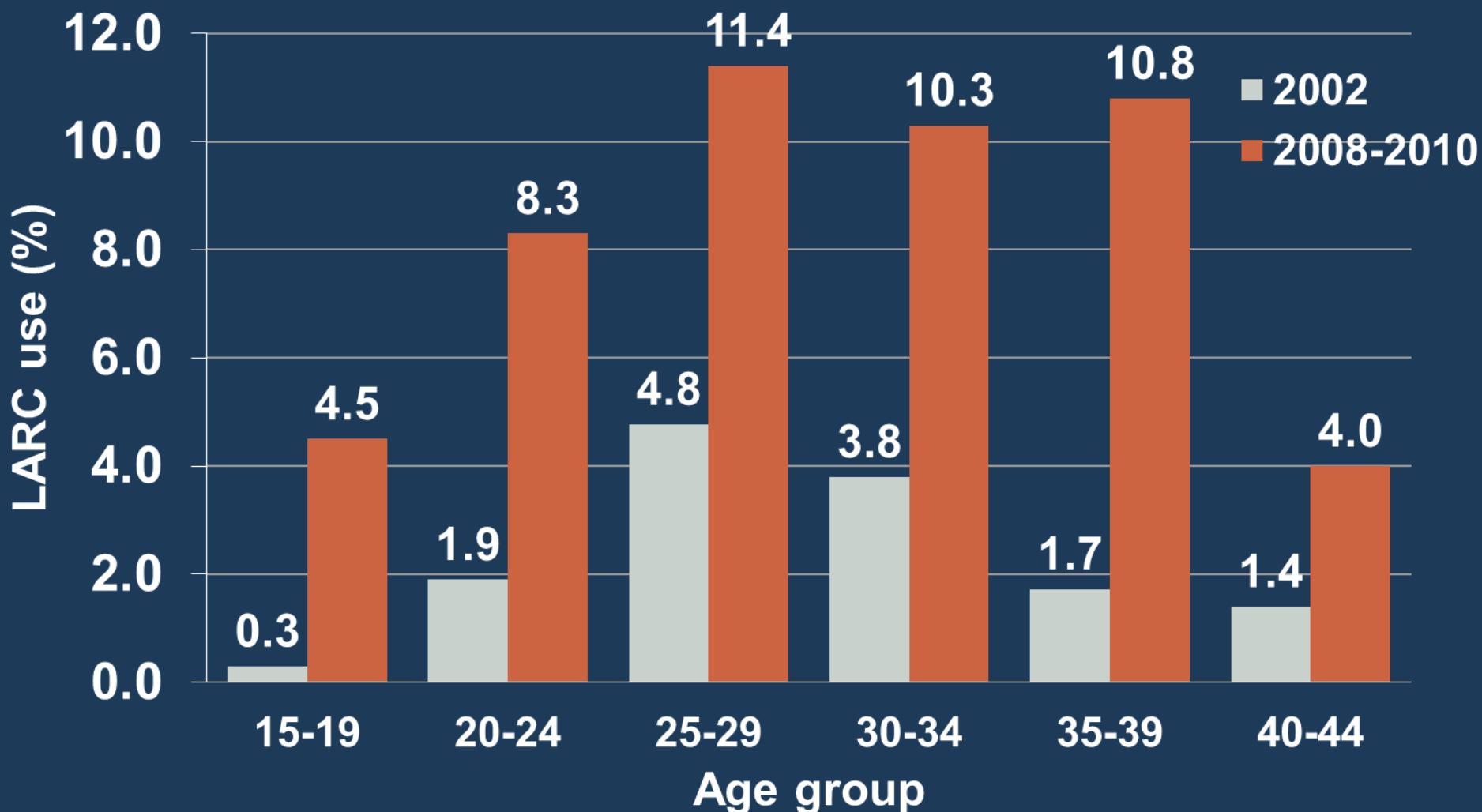
What *might* be happening as childbearing shifts later?



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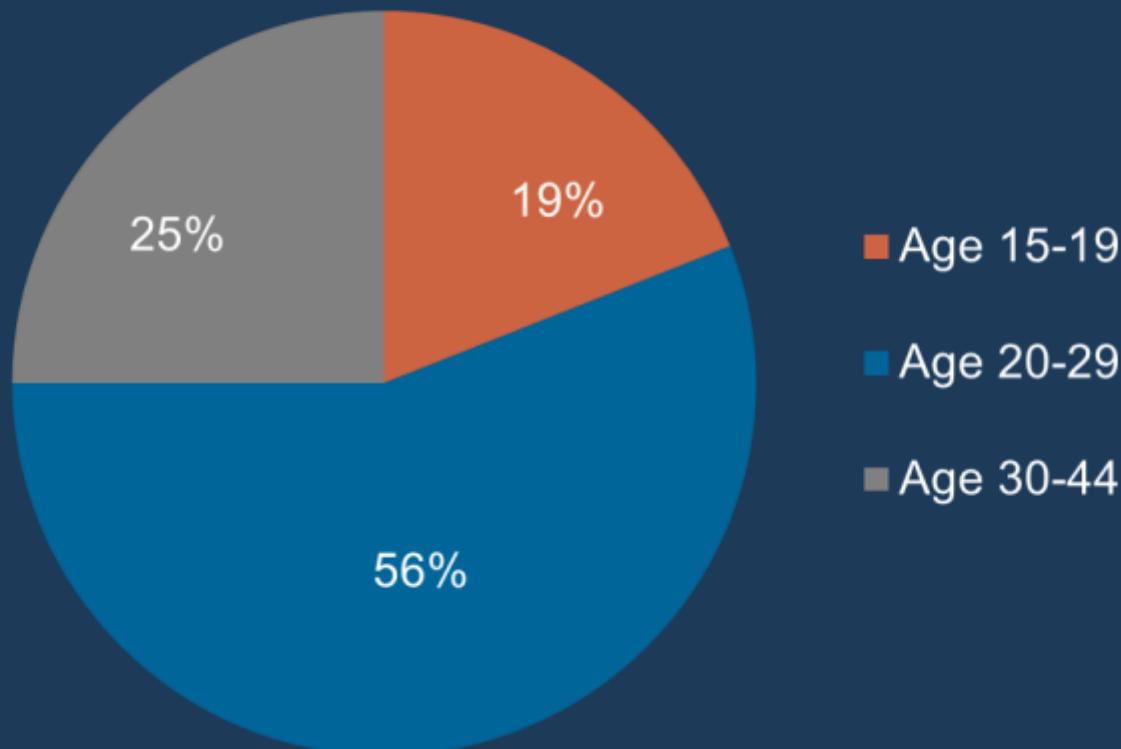
Since 2002, LARC use has increased within all age groups



Focus on high risk populations

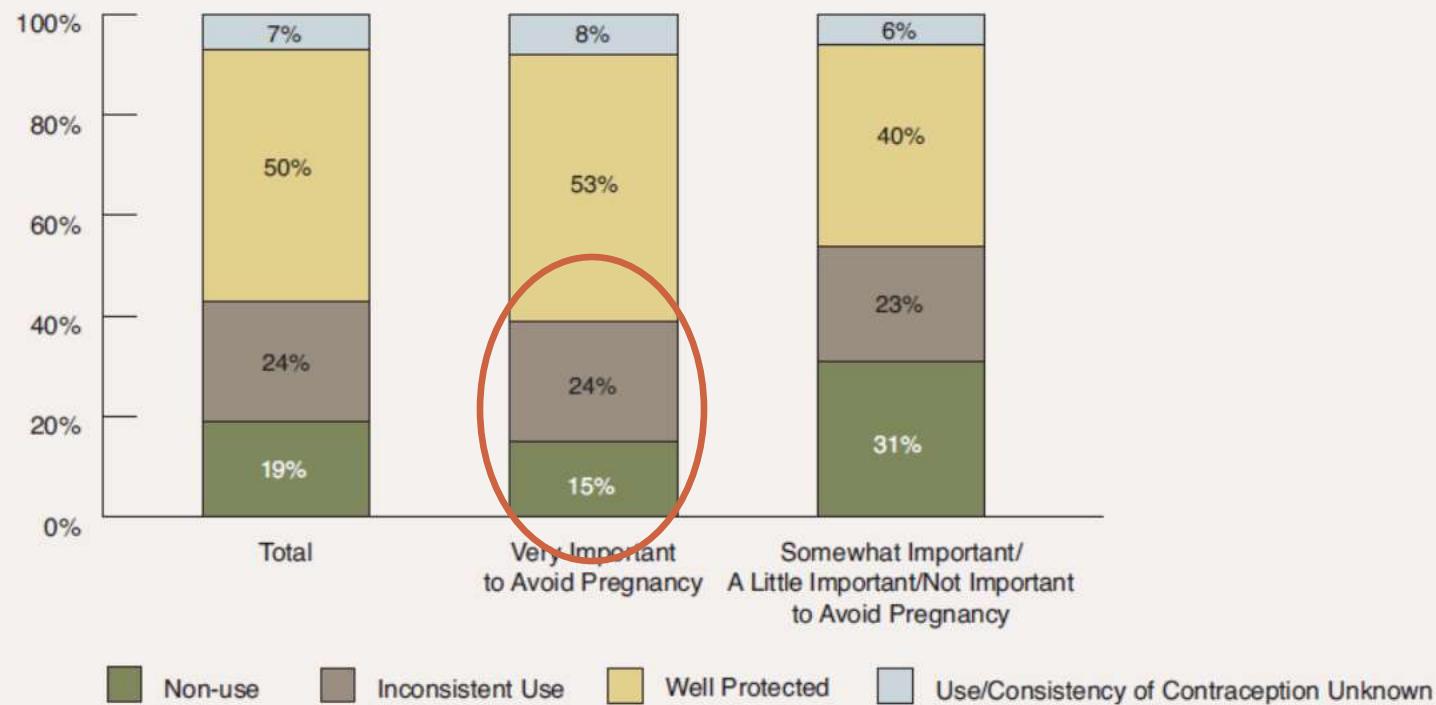
Women in their 20s account for more than half of all unintended pregnancies

Share of All Unintended Pregnancies



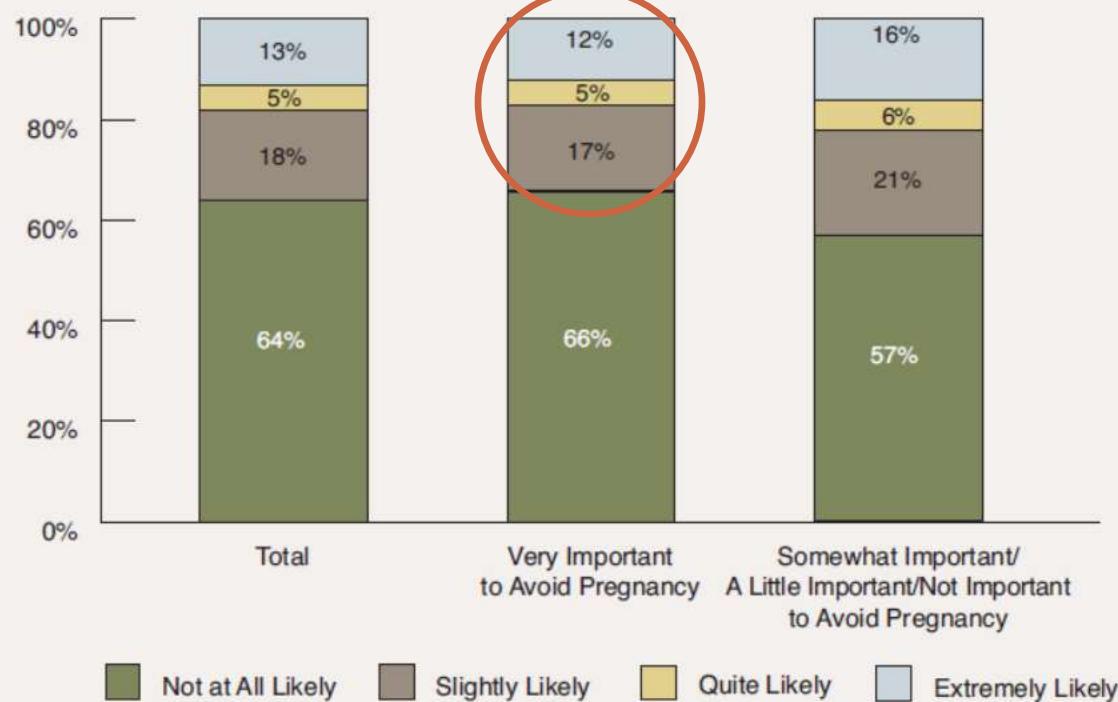
Young adults in Fog Zone (1)

CHART 8 Pregnancy Protection Status Among Young Adults Age 18–29 in a Current Sexual Relationship and Not Pregnant or Trying to Get Pregnant, by Reported Importance of Avoiding Pregnancy Right Now



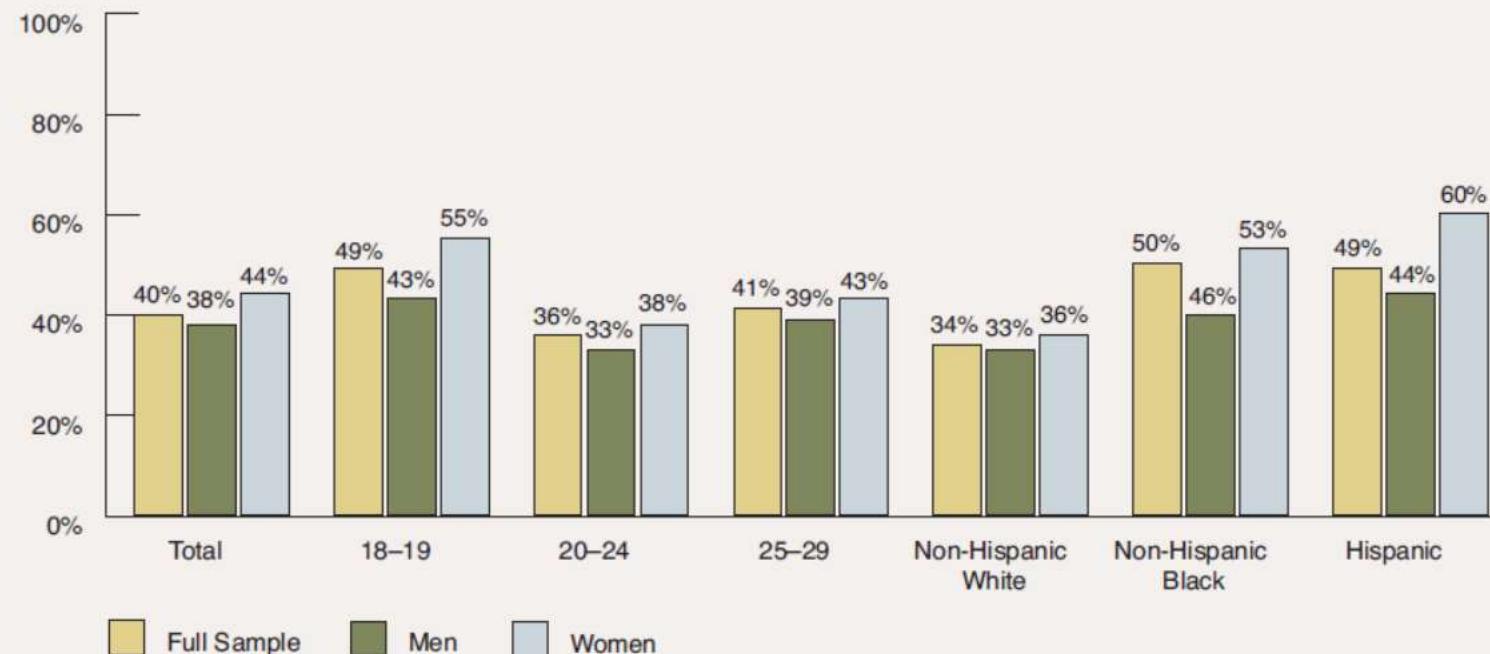
Young adults in Fog Zone (2)

CHART 10 Among Unmarried Young Adults Age 18–19, Report of the Likelihood of Having Sex Without Birth Control in the Next 3 Months by Their Reported Importance of Avoiding Pregnancy Right Now



Pregnancy fatalism

CHART 25 Unmarried Young Adults Age 18–29 Who Agree With the Statement: “It doesn’t matter whether you use birth control or not, when it is your time to get pregnant, it will happen,” by Gender



Agree is a combination of respondents who answered “strongly agree” and “somewhat agree” from a choice set of “strongly agree, somewhat agree, neither, disagree, strongly disagree.”

Patients presenting for EC and pregnancy tests

- Are at high risk for unintended pregnancy
 - 75% between ages 15-24
 - 80% minority women
 - 68% poor or low income
- Have high rates of pregnancy ambivalence (regardless of how it is measured)
- Have low rates of contraceptive use



So they are ideal candidates for discussions about reproductive plans and contraception



Thank you

www.guttmacher.org

