



Reproductive Health

Patterns of Contraceptive Consistency among Young Adult Women in Southeastern Michigan: Longitudinal Findings Based on Journal Data



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ABSTRACT

Background: We aimed to determine patterns of contraceptive consistency among heterosexually active, young adult women who do not desire pregnancy, and to identify factors associated with these patterns.

Methods: We analyzed longitudinal data from a population-based study of young adult women aged 18 and 19 who were representative of a single county in southeastern Michigan. Using multinomial logistic regression, we identified associations between contraceptive consistency (dependent outcome) and sociodemographic characteristics and personal factors.

Findings: We categorized women into three patterns of contraceptive consistency: 1) always consistent (40%; reference group), 2) sometimes consistent (49%), 3) never consistent (11%). Not being employed was associated with increased odds of being sometimes consistent (odds ratio [OR], 1.5; 95% confidence interval [CI], 1.1–2.2) and never consistent (OR, 1.9; 95% CI, 1.1–3.4). Those who reported a grade point average of 3.0 or less were more likely to be never consistent (OR, 2.5; 95% CI, 1.2–5.3). Women in a serious relationship had a two times greater odds of being sometimes consistent. Among always consistent users, the oral contraceptive pill was most often used (55%); only 4% used the intrauterine device or implant. Sometimes consistent and never consistent users most frequently relied on condoms (35%) and withdrawal (68%), respectively.

Conclusions: This analysis of longitudinal data revealed that the majority of young adult women inconsistently used short-acting or coital-specific methods; few used the most effective, long-acting methods. Interventions to improve contraceptive consistency among young adult women should include periodic assessments of personal factors (i.e., work, school, relationships) and promotion of long-acting reversible contraceptive methods when appropriate.

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Nearly one-half of the 6.6 million pregnancies that occur annually in the United States are unintended, and women aged 18 to 24 account for the highest proportion of unintended pregnancies (Finer & Zolna, 2014). Within this age group, 18- and

19-year-old women have the highest rate of unintended pregnancy after adjusting for the frequency of sexual activity (Finer, 2010). Age-level differences in reproductive knowledge, attitudes, and behavior likely contribute to this finding. For example, Craig, Dehlendorf, Borrero, Harper, and Rocca (2014) found that, among a nationally representative sample of 18- to 29-year-old women, 18- and 19-year-olds were less informed than their older counterparts regarding contraception, including the fact that insertion of an intrauterine device (IUD) does not require surgery and that oral contraceptive pills (OCP) do not provide extended

Conflicts of Interest: None.

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pregnancy protection upon stopping use. The lower level of contraceptive knowledge among 18- and 19-year-olds is concerning because young women are less likely to desire pregnancy compared with older women (Rocca, Harper, & Raine-Bennett, 2013), which is reflected by the higher percentage of unintended pregnancies among 18- to 19-year-olds compared with 20- to 24-year-olds (77% vs 64% in 2008, respectively; Finer & Zolna, 2014).

Differences in reproductive behavior between 18- and 19-year-old women and their younger counterparts have been documented as well. Gleit (1999) reported that 15- to 17-year-old females have 71% lower odds of contraceptive use compared with slightly older females. Although pregnancy rates have declined for all women younger than 20 years of age since 1990, the decline in pregnancies among 18- to 19-year-olds has been almost entirely attributed to an increase in contraceptive use, whereas for 15- to 17-year-olds, this decline has been attributed to reduced sexual activity as well as increased contraceptive use (Santelli, Lindberg, Finer, & Singh, 2007).

The cited literature supports the need for a separate and descriptive study of contraceptive behavior among 18- to 19-year-old females as they transition out of adolescence and into young adulthood. This developmental period is marked by life changes that may include moving away from home, leaving support networks, embarking on a school-to-work pathway, assuming financial independence, or pursuing secondary education (Lenz, 2001). Relatively few studies have been devoted to examining the contraceptive behavior of 18- to 19-year-old females, who are usually grouped either with younger adolescents or with women in their 20s (Frost, Singh, & Finer, 2007a, 2007b; Jones, Lindberg, & Higgins, 2014). Identifying the strongest predictors of reproductive behavior can inform policies and interventions to reduce the rate of unintended pregnancy among 18- to 19-year-olds, as well as explore factors that may be shared with younger or older women. The primary study aims were to 1) determine patterns of contraceptive consistency over a 12-month period among 18- to 19-year-old women and 2) identify the sociodemographic and personal factors associated with these patterns.

Methods

Sampling Frame and Study Period

We conducted a secondary analysis of data from the Relationship Dynamics and Social Life (RDSL) study, which focused on how the relationships, contraceptive use, and attitudes of young women relate to their risk of unintended pregnancy. The original study methods are described elsewhere (Barber, Kusunoki, & Gatny, 2011; Barber, Kusunoki, Gatny, & Yarger, 2013a; Chang et al., 2015). The RDSL was a longitudinal cohort study that collected data from a sample of young women (aged 18–19 at the time of recruitment) who were representative of a single county in southeastern Michigan. Names and contact information were randomly selected from the Michigan Department of State Driver's License and Personal Identification Card Databases. Eligible women were contacted by mail or phone and invited to participate in a baseline interview between March 2008 and March 2009. The baseline interview had a response rate of 83% and a cooperation rate of 93%. Respondents were then invited to participate in a weekly journal-based study for a period of up to 2.5 years; 79% of the original cohort completed at least 12 months of journals online and/or via phone. Although

the actual period between journals ranged from 5 to 13 days (median, 8), we refer to this period as a “week” for shorthand (Barber, Kusunoki, Gatny, & Schulz, 2013b). The follow-up period concluded in January 2012.

Data Collection

A trained interviewer obtained informed consent and conducted an approximately 1-hour-long, in-person baseline interview. Respondents answered questions regarding demographics, sexual experiences, pregnancy desires, contraceptive use, pregnancy history, and current relationship characteristics. Respondents received modest incentives (\$1–5) for participation and completion of weekly journals.

Weeks of Analysis

We included data from the first 12 months of the study when response rates remained highest (79%). Our selection criterion was designed to capture weeks during which women were at risk of unintended pregnancy, defined as being heterosexually active and not strongly desiring pregnancy. First, we excluded weeks contributed by 242 women who were abstinent during the entire 12 months. Next, we removed weeks during which women reported being pregnant (4.6% of total weeks) or having a male sexual partner who had a vasectomy (0.1% of total weeks). There were no weeks reported for female sterilization. Finally, we restricted the remaining weeks to those during which women did not strongly desire pregnancy. Our conceptualization of pregnancy desires draws on prior literature citing the need to replace binary and static survey items (e.g., do you want to have a child in the future?) with more dynamic measures of pregnancy intent that represent a spectrum of psychocognitive attitudes toward pregnancy (Kavanaugh & Schwarz, 2009; Luker, 1999; Schwartz, Peacock, McRae, Seymour, & Gilliam, 2010). Each week, women were asked to report their pregnancy desires on two dimensions (scale 0–5, where 0 = do not at all want to and 5 = really want to), reflecting their desires to both 1) get pregnant and 2) avoid getting pregnant. Based on these responses, we identified and excluded weeks during which women were the most “pronatal,” that is, reported both a strong desire to become pregnant and no desire to avoid pregnancy. This eligibility criterion was based on our prior work with the RDSL data showing that women who are the most pronatal are the most likely to report subsequent pregnancies as intended; the remaining women did not differ significantly in their classification of subsequent pregnancies (unpublished data).

Journals

The final analytic sample included 688 women who contributed 18,404 journals; 93% of women completed at least one-half of their journals within 14 days. The mean number of journals was 30.1 (median, 34; range, 2–64). Minority women and women of lower socioeconomic status completed fewer journals and had longer gaps between journals than White women and women of higher socioeconomic status. For example, the mean number of journals completed by women on public assistance was 23.1 (standard error [SE], 1.01; 95% confidence interval [CI], 21.2–25.1) and 32.9 (SE, 0.62; 95% CI, 31.7–34.1; $p < .001$) for women not on public assistance. Women who experienced changes in sexual and contraceptive behavior also were more likely to submit “late” journals (>14 days since the last journal);

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