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Reasons for ineffective pre-pregnancy contraception use in patients seeking abortion services

Juell B. Homco, Jeffrey F. Peipert, Gina M. Secura, Vanessa A. Lewis, Jenifer E. Allsworth*

Division of Clinical Research, Department of Obstetrics and Gynecology, Washington University in St. Louis School of Medicine, St. Louis, MO 63110, USA

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Abstract

Background: We sought to better understand reasons for not obtaining desired contraception among women presenting for a pregnancy termination.
Study Design: A survey was completed by women prior to having an abortion procedure. Reasons for lack of access were categorized as institutional, individual and compliance issues. Descriptive statistics were calculated and variables compared using χ^2 tests.
Results: Participants (n=298) ranged in age from 18 to 48 years. One third reported contraceptive use prior to pregnancy (37%). Approximately 72% of women reported some reason for not obtaining desired contraception, while 34% reported two or more. The distribution of reported individual, institutional, and compliance reasons were 44%, 28%, and 24%, respectively. Report of at least one reason was associated with a 35% increase in non-use (RR=1.35; 95% CI, 1.02–1.80) after adjusting for age, race, education, parity, and prior abortion.
Conclusions: Many reasons for not obtaining desired contraception exist and are associated with non-use of contraception. Removing these reasons may help reduce unintended pregnancies and rates of pregnancy termination.

Keywords: Contraception; Pregnancy termination; Health disparities; Race; Women's health; Gynecology

1. Introduction

Despite safe and effective contraception in the United States, contraception non-use and inconsistent use are prevalent among women not desiring pregnancy. In fact, over half of unintended pregnancies occur among women not using contraception preconception [1]. An additional 40% of unintended pregnancies occur among women using their contraception method inconsistently or incorrectly [1].

The United States has one of the highest unintended pregnancy rates among developed countries [2]. In fact, recent reports indicate that one half (49%) of all pregnancies in the United States are unintended [3], and approximately 80% of teenage pregnancies are unintended [2]. Roughly half of the unintended pregnancies in the United States end in abortion [3]. The US teen pregnancy rate, despite recent declines, remains the highest among the most developed countries in the world [2].

Unintended pregnancies and subsequent abortions have a notable impact on society. Both are more common among young, unmarried, low income, and educationally disadvantaged women [4]. Furthermore, unintended pregnancies are associated with negative prenatal parental behavior and negative health and social outcomes for both mother and child [3].

The consistently high level of unintended pregnancy and subsequent abortion can be explained, in part, by the barriers women face when obtaining their desired birth control method [1,3,4]. These barriers, or reasons for not obtaining desired contraception, include limited knowledge and access to the most effective methods available, especially methods that do not require daily or weekly compliance. The purpose of this study was to determine the contraceptive methods used at the time of unintended pregnancy and identify potential obstacles to contraceptive access. Specifically, women seeking an abortion were

* Corresponding author. Division of Clinical Research, Department of Obstetrics and Gynecology, Washington University School of Medicine, Campus Box 8219, St. Louis, MO 63110, USA. Tel.: +1 314 747 6434; fax: +1 314 747 4019.
E-mail address: allsworthj@wudosis.wustl.edu (J.E. Allsworth).

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asked to record what prevents them from obtaining their desired contraception. These reasons were assessed using a cross-sectional survey in order to fully address issues surrounding access to contraception.

2. Materials and methods

This study was a conducted as a preliminary survey during the planning phase of a large prospective cohort study, the Contraceptive CHOICE Project. Participants in this survey were recruited from women seeking abortion services at a single clinic that provides medical and surgical abortions. Women were eligible if English-speaking, 18 years of age or older, and willing to complete the survey. Eligible participants were given a two-page survey at check-in for their pre-procedure visit; a visit that is required by Missouri law and must occur a minimum of 24 h before any procedure. The survey described the purpose of the study and explained that participation was voluntary and anonymous, and would not affect the services that the woman would receive. The survey included self-reported questions regarding contraception use and reasons for not obtaining and/or using the desired contraceptive method prior to conception. Data collection occurred from April through June 2007. This study was approved by the Washington University in St. Louis Human Research Protection Office.

2.1. Procedure

Participants were instructed to complete the section of the survey regarding contraception use and reasons for not obtaining desired contraception. Specifically, participants indicated whether or not they were using birth control at the time of conception. Survey participants reporting contraception use prior to conception then indicated their method(s) of contraception. Methods of contraception included: condoms, birth control pills, contraceptive vaginal ring, depo-medroxyprogesterone acetate (DMPA) injection, birth control patch, intrauterine device (IUD), withdrawal, rhythm or natural family planning, emergency contraception, and other. Because of high failure rates with typical use, withdrawal, rhythm or natural family planning, and emergency contraception were not considered effective methods of contraception in this analysis. Short-acting hormonal contraception was defined as use of birth control pills, patch, ring or DMPA.

Participants were asked to identify specific reasons for not obtaining their desired birth control method. Participants were allowed to select as many reasons as were applicable. Reasons associated with lack of access were categorized into three groups: *institutional*, *individual*, and *compliance*. *Institutional* reasons included did not know how to get, too expensive, too hard to get and needed a prescription. *Individual* reasons included worry about side effects, worry about weight gain, partner did not want, family did not want, had side effects in the past and that participant did not think she could get pregnant. *Compliance* reasons included too hard to remember or that participant was not planning to have sex (e.g., factors related to a women's imperfect or lack of use).

After the participant completed her survey, a study representative or clinician completed the second section of the survey. This section included questions regarding basic demographic characteristics of the participant, clinician assessment of contraceptive use and a brief reproductive history of the participant.

2.2. Statistical analyses

Descriptive statistics were calculated and variables were compared using χ^2 tests. Participants who did not complete the portion of the survey pertaining to why they did not obtain desired contraception were excluded from this analysis. The odds ratio for no contraception prior to pregnancy was estimated using log binomial regression. When an outcome is common (>10%), this approach yields an unbiased estimate of the relative risk [5]. Analyses were performed using SAS, version 9.1 (SAS Institute, Cary, NC).

3. Results

Two hundred ninety-eight surveys were collected from April 23, 2007, through June 15, 2007. Those that completed the survey were similar in race, education, parity, and abortion history compared to the general clinic population. Forty-one percent of those seeking services at the clinic were black, 47% had graduated high school and 33% completed some college or more. Forty-two percent of the patient population had a parity of 0, 27% had a parity of 1 and 31% had a parity of 2 or more. Forty-two percent of the patient population were presenting for a repeat abortion. There was a slight difference in the age of study participants compared to the patient population since only women over 18 were eligible to complete the survey. Thirty-seven surveys were excluded from analyses because the section of the survey regarding reasons for not obtaining desired contraception was not filled out. Women with this section of their survey not completed did not differ significantly by age, race, education, gravidity, parity or prior abortion from those with complete survey information.

Participant characteristics are shown in Table 1. Participants had a median age of 24 years; 13% were 18–19 and 39% were 20–24 years of age. Respondents were from diverse backgrounds: 42% were white, 43% black, 2% Asian and 13% reported some other racial background. In addition, approximately 1% of participants were of Hispanic ethnicity. Respondents were well educated: 58% completed some college or more, 29% graduated high school and only 12% completed less than high school. Forty percent of women