

GYNECOLOGY

Sporadic contraceptive use and nonuse: age-specific prevalence and associated factors

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OBJECTIVE: The purpose of this study was to characterize age-group specific patterns in the stability of contraceptive use and to evaluate whether factors that are associated with nonuse and sporadic use, compared with stable use, differ by age among women who are at risk for unintended pregnancy.

STUDY DESIGN: We used data from the 2006-2010 National Survey of Family Growth to characterize the prevalence of stable and sporadic contraceptive use and nonuse by age over a 1-year period. We used polytomous logistic regression models to assess the odds of contraceptive nonuse and sporadic use vs stable use. Age-stratified models were used to show age-group differences in associated characteristics.

RESULTS: Over a 1-year period, stable contraceptive use decreased across age groups from 80% for teens 15-19 years old to 74% for women 20-24 years old, and 70-71% for women 25-34 and 35-44 years old. Contraceptive nonuse increased across age groups from 5% for teens 15-19 years old to 9-20% for older women. By contrast, sporadic use was least common for women 35-44 years old (10%

compared with 16-17% for younger women). Among teens 15-19 years old, a history of method discontinuation because of dissatisfaction was associated with nonuse. Among older women, intentions to have children in the future and reported difficulty achieving pregnancy were associated with nonuse and sporadic use.

CONCLUSION: Because the stability of contraceptive use and associated factors differ by age, providers may need to consider these differences when talking to women about contraception. To address nonuse, helping teens identify a method that they are comfortable using may be especially important; for older women, discussing the potential for continuing fertility may be more important. To address sporadic use, discussing the benefits of user-independent methods may be helpful, with a particular emphasis on long-acting reversible contraceptives for younger women and teens who are less likely to have completed their desired childbearing and who have tended to rely on methods that are more difficult to use consistently.

Key words: adolescent, age difference, contraceptive counseling, perimenopause

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Recent estimates for the United States indicate that 51% of all pregnancies are unintended.¹ Unintended pregnancy rates are highest for women 18-24 years old,¹ and public concern has focused on teens.²⁻⁵ However, among older women, the proportion of

pregnancies that are unintended and the ratio of pregnancies that end in abortion vs live birth remains high.^{6,7} Similarly, although the consequences of unintended pregnancy for teens have received substantial attention, negative health outcomes are also more likely for

older women and their children.⁸⁻¹¹ The prevention of unintended pregnancy should be a public health priority for women of all ages.

Only 5% of unintended pregnancies are due to contraceptive failure; the remaining 95% occur among women who did not use any contraception, who experienced gaps in use of contraception, or who used contraception incorrectly or inconsistently.¹² However, age differences in contraceptive use patterns have not been well explored. Only a few studies have tracked contraceptive use over time to differentiate between non-use and gaps in use^{2,5,13} or examined whether the factors that are associated with incorrect or inconsistent use and nonuse differ by age.¹⁴ Understanding these differences is important; addressing

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the reasons for gaps in use, nonuse, and inconsistent or incorrect use may require different strategies, and the most significant barriers to contraceptive use may change over time with women's contraceptive preferences, relationships, and reproductive intentions.

The objectives of this analysis were to (1) characterize the age-group specific prevalence of contraceptive nonuse and sporadic use as compared with stable use among women at risk for unintended pregnancy over a 1-year period and (2) evaluate whether the associations between particular characteristics and contraceptive nonuse or sporadic differ by age.

MATERIALS AND METHODS

We used data from the 2006-2010 National Survey of Family Growth (NSFG). The NSFG uses a stratified, multistage probability sample of women and men 15-44 years old to create nationally representative estimates of sexual behavior and contraceptive use in the United States. For women, the final sample included 12,279 interviews, with a 78% response rate.¹⁵

We defined months at risk for unintended pregnancy for the 12 months before each woman's interview using the retrospective calendar data on sexual activity and contraceptive use. We considered a woman to be at risk during any month she had intercourse, unless she was pregnant or seeking pregnancy, was sterile, or had a partner who was sterile (by any means, including a tubal sterilizing operation or a vasectomy). Of the 12,279 women who were interviewed, 4821 women were excluded because they were not at risk during any month. An additional 72 women were excluded because of missing calendar data, for a final sample of 7386 women.

Our outcome of interest was the stability of contraceptive use over the past 12 months. Contraceptive 'nonusers' were women who did not use contraception during any month in which they were at risk. 'Sporadic users' were women who used contraception during some but not other at-risk months and women who used contraception at some point during every at-risk month but

not the last time they had intercourse, if this occurred during an at-risk month. 'Stable users' were women who used contraception at some point during every at-risk month and the last time they had intercourse, if this occurred during an at-risk month.

The primary characteristic of interest in our analysis was age (15-19, 20-24, 25-34, or 35-44 years old). We also included characteristics that we considered likely to influence contraceptive use to evaluate whether the associations between these variables and patterns of use differed by age. The characteristics that we selected had been found previously to be associated with contraceptive use^{2,4,5,13,14,16,17} and were related to method dissatisfaction (history of ever discontinuing a method because of dissatisfaction), access to contraceptive services (health insurance coverage and receipt of birth control services in the past year), relationship stability and predictability of intercourse (number of partners in the past year, periods of sexual inactivity in the past year, and marital status), future childbearing intentions (intends to have children in the future), and reported difficulty achieving pregnancy. Additional control variables included parity, household income, education, and race/ethnicity.

We used NSFG sample weights to calculate the age-group specific prevalence of each characteristic in our analysis and the age-group specific prevalence of nonuse, sporadic use, and stable use. We used chi-squared tests with an adjusted Wald-F statistic¹⁸ to detect age differences. We constructed multivariable polytomous logistic regression models to assess the adjusted odds of nonuse vs stable use and sporadic use vs stable use, comparing women 15-19, 20-24, and 35-44 years old with those 25-34 years old. Because very few women had not ever used a contraceptive method in their lives, we excluded these women from regression analyses to allow our models to include a variable for ever having discontinued a method because of dissatisfaction. In addition, because very few women were uncertain whether they wanted to have children in the future, for our

regression analyses, we placed these women in the same category as women who did not want to have children in the future and then compared them with women who did want to have children in the future. Based on univariable associations, findings from previous literature, and the absence of multicollinearity, we retained our full set of covariates. To assess whether the association between particular characteristics and patterns of contraceptive use differed by age, we constructed a multivariable model for each characteristic that we considered likely to influence contraceptive use in which we added an interaction term for age and that characteristic. To further evaluate characteristics with interaction terms that reached a significance level of a probability value of $< .15$, we constructed a series of age-stratified models. All analyses were conducted with SAS callable SUDAAN software (version 9.3; SAS Institute Inc, Cary, NC), which accounts for the complex sample and design variables of the NSFG to produce unbiased standard errors.

This study was reviewed by an Institutional Review Board of the Centers for Disease Control and Prevention and was determined to be research that did not involve human subjects.

RESULTS

The prevalence of characteristics that we considered likely to influence contraceptive use and other demographic variables differed significantly by age (Table 1). Teens 15-19 years old had the lowest prevalence of having ever discontinued a method because of dissatisfaction and having no health insurance in the past year. Women in the 2 oldest age groups had the highest prevalence of private health insurance but the lowest prevalence of having received birth control services in the past year. The prevalence of having only 1 partner in the past year, being married, and experiencing few months (0-2) of sexual inactivity in the past year increased across age groups from younger to older women. Intentions to have children in the future decreased across age groups.

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