


# Improving Contraceptive Use in the United States



Source: Frost JJ, Darroch JE and Remez L, Improving contraceptive use in the United States, *In Brief*, New York: Guttmacher Institute, 2008, No. 1.

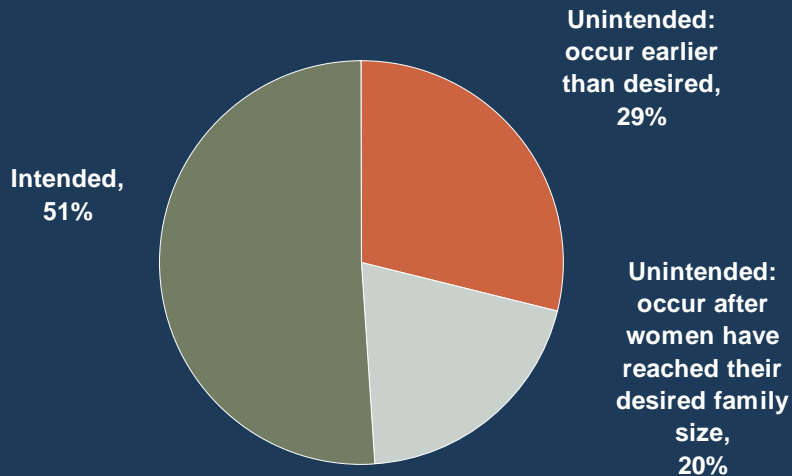


## Contraceptive Use Is Key To Reducing Unintended Pregnancy

The average American woman—who wants two children—spends about three decades trying to avoid pregnancy and only a few years pregnant or trying to become pregnant. Sexually active women who are not seeking pregnancy may nonetheless practice contraception poorly or may not use a method at all.

Nearly half of all pregnancies in the United States are unintended. Helping women avoid unintended pregnancies requires a broad-based approach that addresses women's personal feelings and beliefs, experiences with methods, fears about side effects, partner influences, cultural values and norms, and problems with the contraceptive care system.

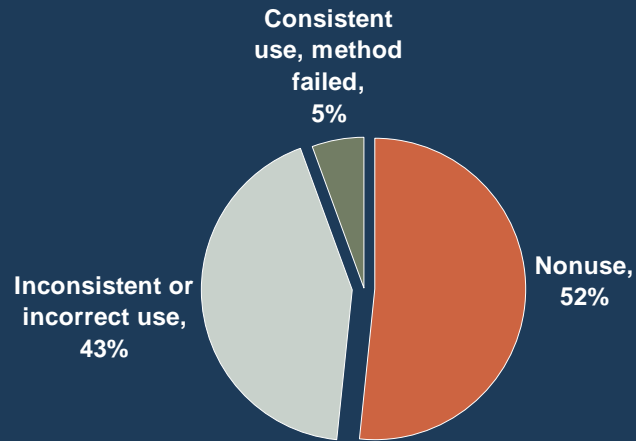
## Nearly half of pregnancies in the United States are unintended



Approximately 6.4 million pregnancies per year

Nearly half of pregnancies in the United States are unintended—they occur earlier than desired (29%) or after women have reached their desired family size (20%). In 2001, such pregnancies resulted in 1.4 million unplanned births and 1.3 million induced abortions (plus an estimated 400,000 miscarriages). By age 45, more than half of U.S. women have had one or more unintended pregnancy.

## 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

Slightly more than half of unintended pregnancies occur among women who used no method of contraception during the month in which they conceived, and more than four in 10 occur among women who used a method inconsistently or incorrectly. Only one in 20 are attributable to method failure.



## Method Use Is Difficult

The pill is the most commonly used contraceptive in the United States, followed by female sterilization, the male condom and vasectomy. For the two-thirds of users who rely on reversible methods—especially methods that are used at the time of intercourse (e.g., the condom) or the pill—consistent and correct use can be difficult even over short periods of time.

The likelihood of an unintended pregnancy is lowest (1% or less during the first year of use) among women protected by sterilization or an IUD. If used perfectly, hormonal methods, such as the pill or injectable, would also produce low probabilities of pregnancy; however, because of the realities of use, some 7–9% of pill and injectable users become pregnant during the first year of typical use. Inconsistent or incorrect use of male condoms or withdrawal can have an even higher likelihood of unintended pregnancy: Some 17–18% of users of these methods become pregnant during the first year of use, even though perfect use would result in pregnancy rates of just 2–4%.

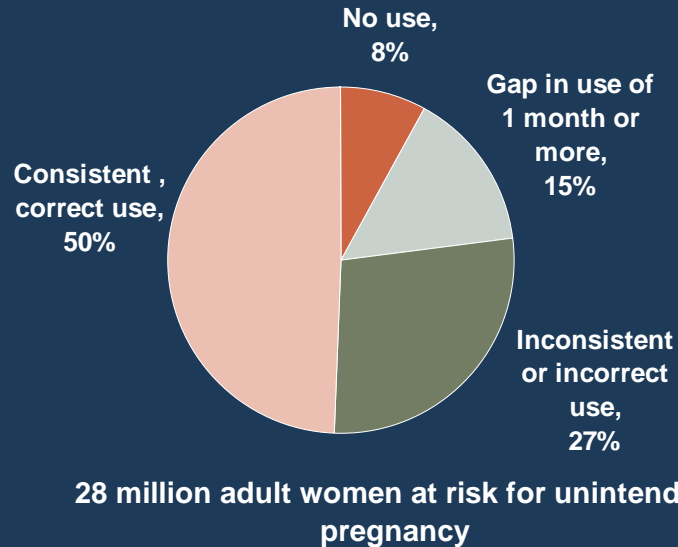
## Many women are at risk

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**Of the nearly 50 million sexually active  
18–44-year-old women in the United States today,  
28 million are at risk for unintended pregnancy**

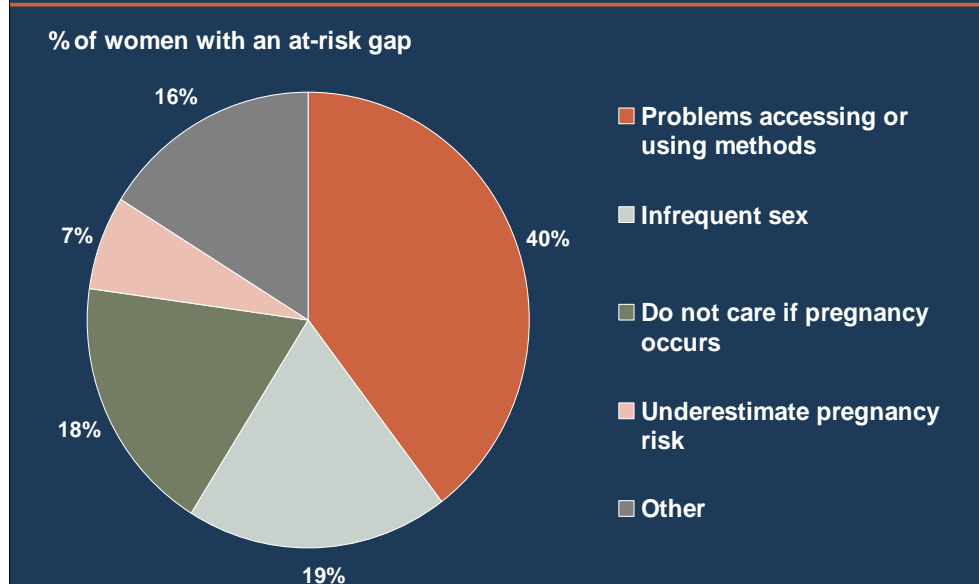
Neither contraceptive use nor level of risk for unintended pregnancy is static; over the course of a year, some women have periods when they stop method use, and some have periods when they are not at risk because of pregnancy or sexual inactivity.

## Half of women at risk are not fully protected from unintended pregnancy




Over a one-year period, half of women at risk of unintended pregnancy are adequately protected through consistent and correct contraceptive use. However, nearly one in four (more than six million women) are at high risk for becoming unintentionally pregnant because they experience a gap in contraceptive use: Eight percent use no contraceptive all year, and 15% have a gap in use of one month or longer. An additional 27% are at elevated risk for unintended pregnancy because they use their contraceptive method inconsistently or incorrectly.

## Women report a variety of reasons for contraceptive nonuse



Many women with periods of nonuse report difficulties using or accessing methods; others cite infrequent sexual activity, ambivalence about becoming pregnant or misperceptions about pregnancy risk. In addition, for more than half of women who have a gap of at least one month, the period of nonuse coincides with an important life event, such as the beginning or ending of a relationship, a move to a new home, a job change or a personal crisis.

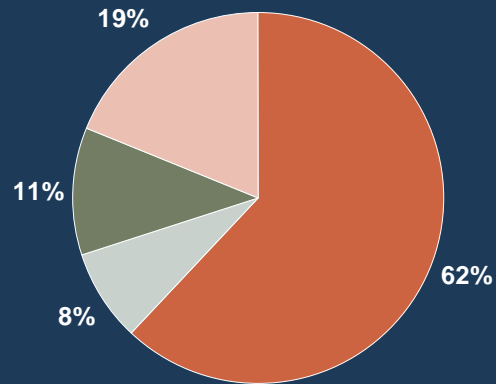


## **Inconsistent Method Use Is Common for Many Reversible Contraceptives**

Many women have difficulty using contraceptives consistently and correctly, for a wide range of reasons.

## Thirty-eight percent of women use the pill inconsistently

% of pill users according to use during the past 3 months

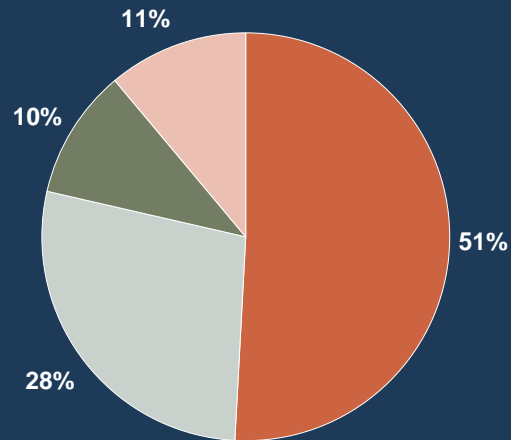


None missed 1 missed 2 missed 3+ missed

Nearly two-fifths of women who rely on the pill use their method inconsistently (i.e., they miss at least one pill during a given three month period.)

## Sixty-one percent of couples use condoms inconsistently

% of condom users by use during the past 3 months



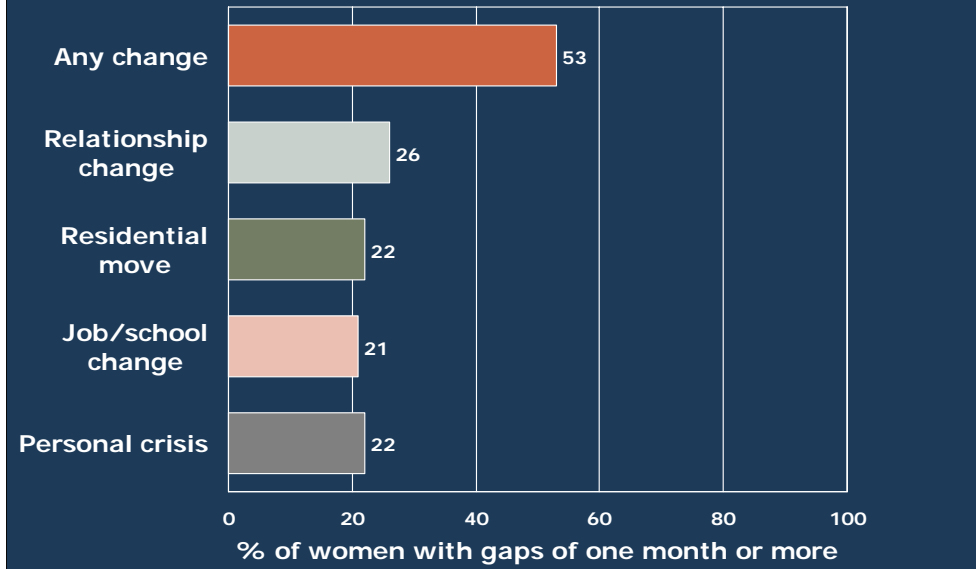
■ Every time ■ Most of the time ■ About half ■ Less than half/none

Three-fifths of women who rely on the condom use their method inconsistently (i.e., on at least one occasion in a three month period, their partner does not use a condom or puts a condom on after intercourse has begun). Twenty-eight percent of couples put the condom on late.



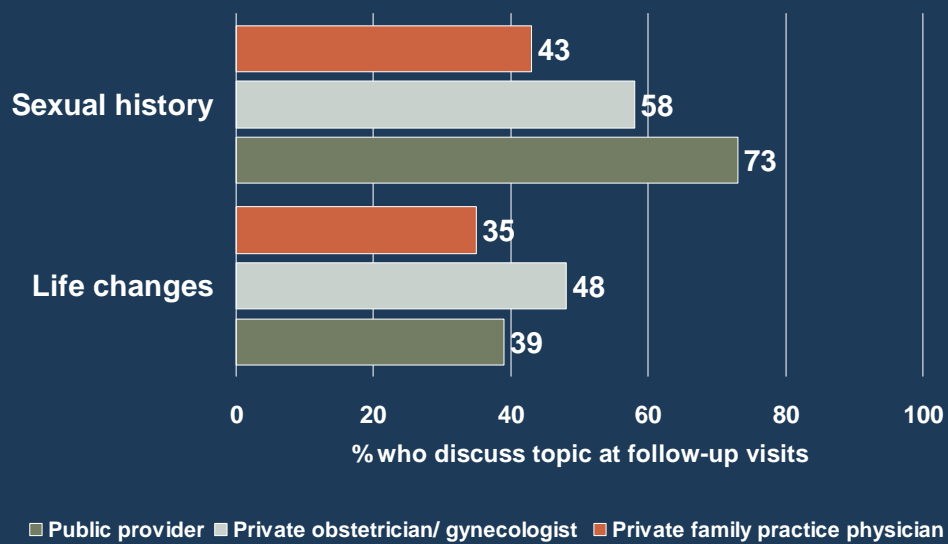
**Difficulties in Contraceptive Use  
Are Linked to Life Changes**

## Half of women with gaps in use report coinciding life changes



For more than half of women who have a gap in contraceptive use of at least one month, the period of nonuse coincides with an important life change, such as the beginning or ending of a relationship, a move to a new home, a job change or a personal crisis.

## Contraceptive providers often fail to discuss life changes with women



Most providers obtain information about their patients' sexual history, as well as about recent life changes or difficulties, at initial family planning visits. At subsequent contraceptive visits, however, providers far less commonly ask about changes in their clients' lives, such as whether they have moved or changed jobs, and instead only update women's sexual history.

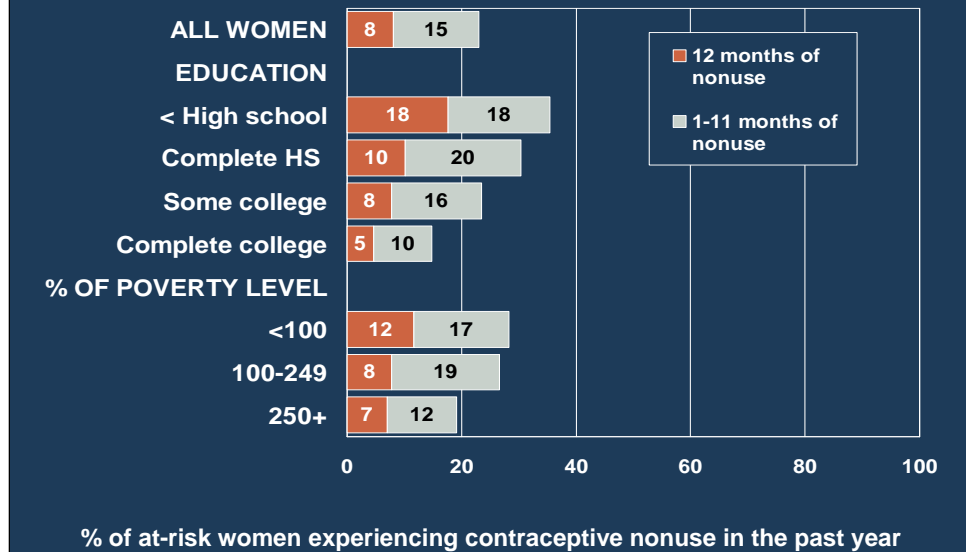


## Personal, Relationship and Cultural Issues Play a Role

Some women have more difficulty than others with continuous method use. Disadvantaged women are one example, perhaps in part because they have difficulties in accessing needed contraceptive services or information. Personal, relationship and cultural issues likely also play a role. Women who have little education, who belong to minority groups or who are poor have a relatively high likelihood of having a gap in use of at least one month, as do those who are covered by Medicaid.

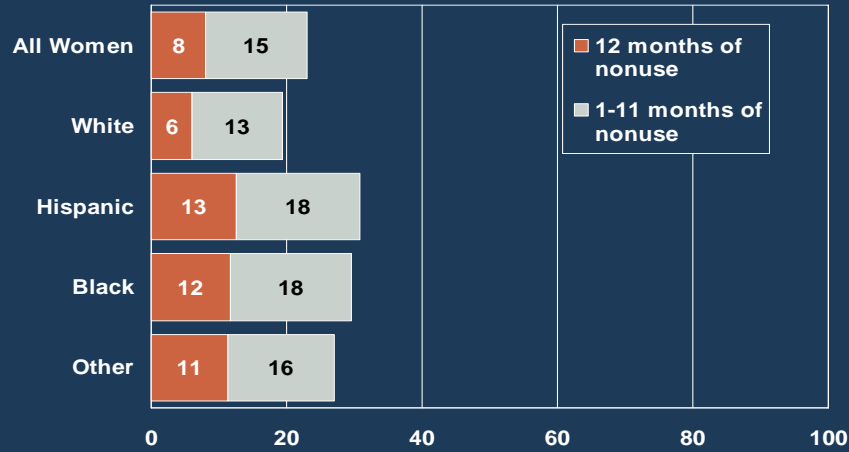
Disadvantaged women also are less likely than others to be using effective methods, such as the pill, and they are more likely than others to be using the condom. However, some of the association between disadvantage and risky use is due to disadvantaged women's being more likely than others to experience frequent life changes, be dissatisfied with methods and providers, and feel ambivalence toward pregnancy.

## Gaps in use are related to socioeconomic disadvantage



One in 10 women with gaps report cost was a factor in their consistent contraceptive use. Similarly, a majority of providers report that 10% or more clients have difficulty paying for care; more than 20% of public providers report that a majority of clients have difficulty paying for care.

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

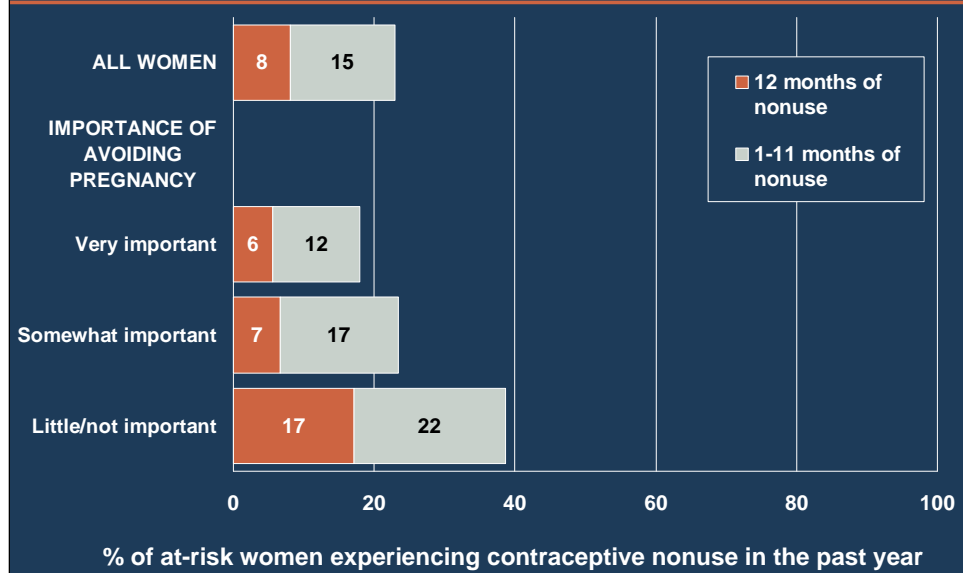


% of at-risk women experiencing contraceptive nonuse in the past year



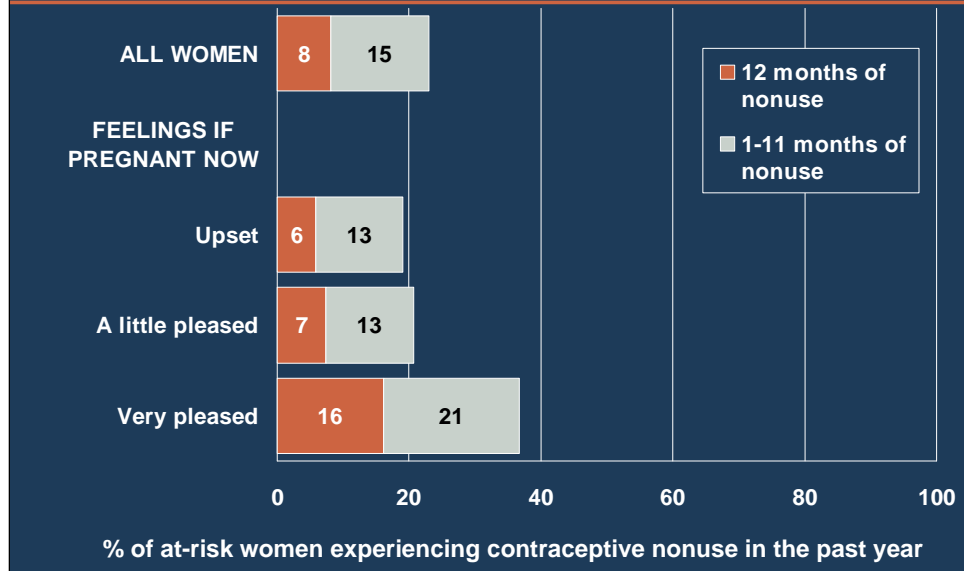
**Ambivalence About Pregnancy  
Is Associated with Difficulties in  
Contraceptive Use**

## Motivation to avoid pregnancy predicts gaps in use



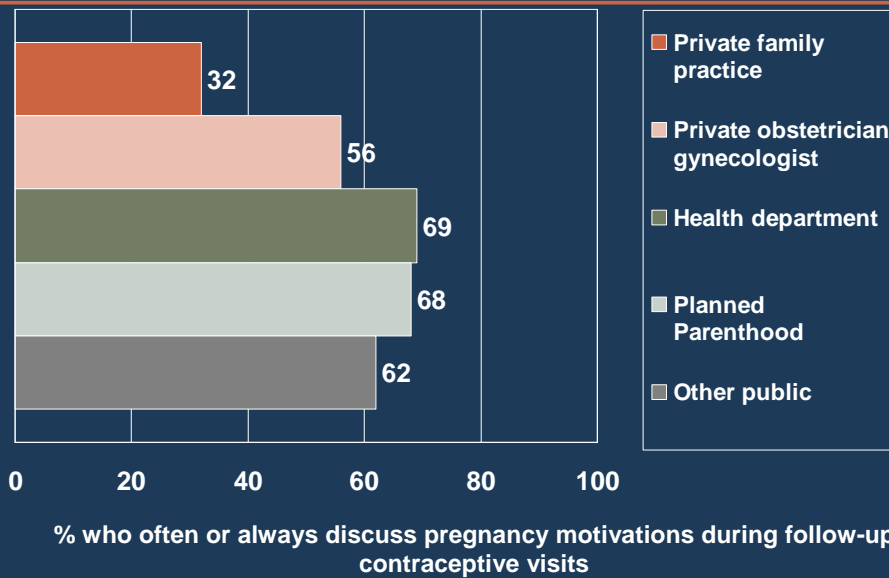
Although 62% of women consider it very important to avoid pregnancy, 20% consider it only somewhat important and 18% say it is of little or no importance. Almost four in 10 women for whom avoiding pregnancy is of little or no importance have had at least one monthlong gap in use while they were at risk or failed to use any method for a year, compared with fewer than two in 10 of those who deem it very important. The least motivated women are also less likely than others to be using the pill, and more likely to be using less effective methods. Further, when women who care little about avoiding pregnancy use condoms, they are more likely than other women to do so inconsistently.

## A gap in use may reflect ambivalence about pregnancy



Some women who do not want to become pregnant are ambivalent: More than one in five say they would be very pleased if they found out they were pregnant. Among this group, 21% have had a gap in use while they were at risk, and 16% have not used a method for an entire year.

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

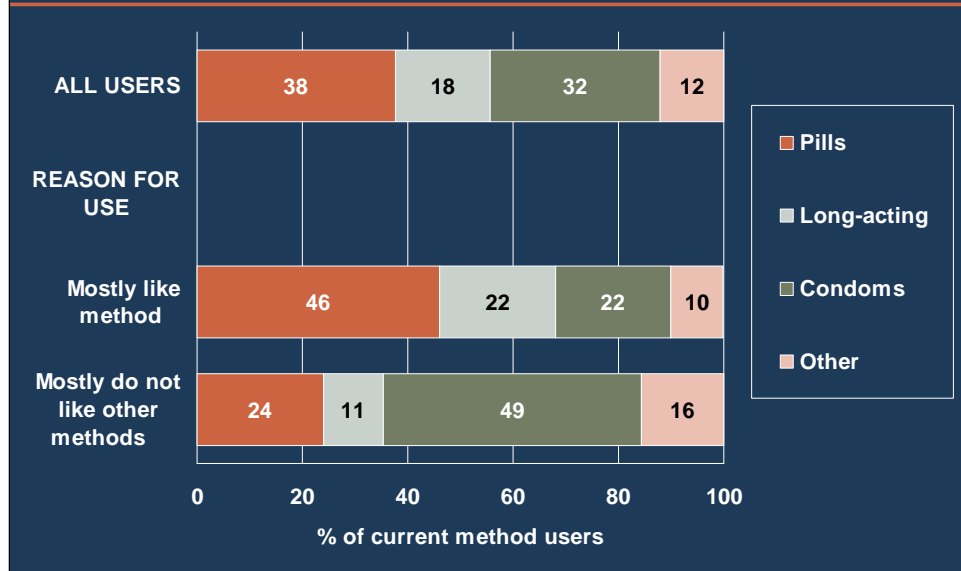


Both public and private providers appear to recognize that ambivalence about pregnancy is relatively common. More than half think that a sizable minority of their patients are ambivalent about avoiding pregnancy. To address this potential ambivalence, providers nearly always go over clients' pregnancy desires during initial contraceptive visits. During follow-up visits, however, motivation to prevent pregnancy is not always discussed: Sixty-six percent of public family planning clinics and 56% of private obstetrician-gynecologists often or always discuss this topic with continuing clients, compared with 32% of private family practice physicians.



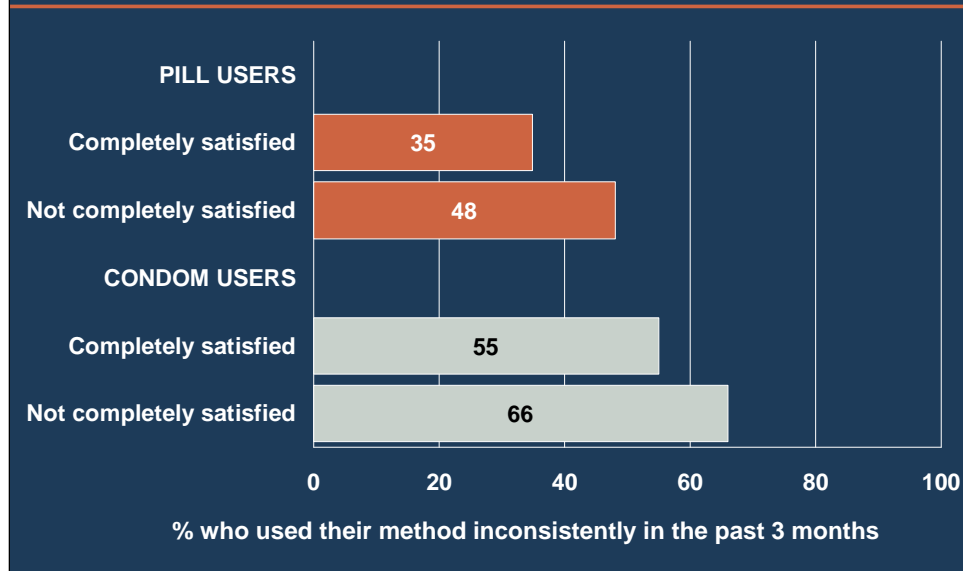
**Attitudes Toward and Experiences  
with Methods Are Linked to  
Contraceptive Use Patterns**

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



Unfortunately, for many women, the choice of a method is not a positive one, but is made out of frustration or dissatisfaction with available options or after a negative experience with a method. Almost two-fifths of women (38%) chose their current method mostly because they did not like any other available option. Current users of the condom or a natural family planning method are far more likely than women relying on the pill and long-acting methods (IUD, implant, injectable and patch) to have actively chosen their method because of dislike of other options (24% vs. 49–58%).

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



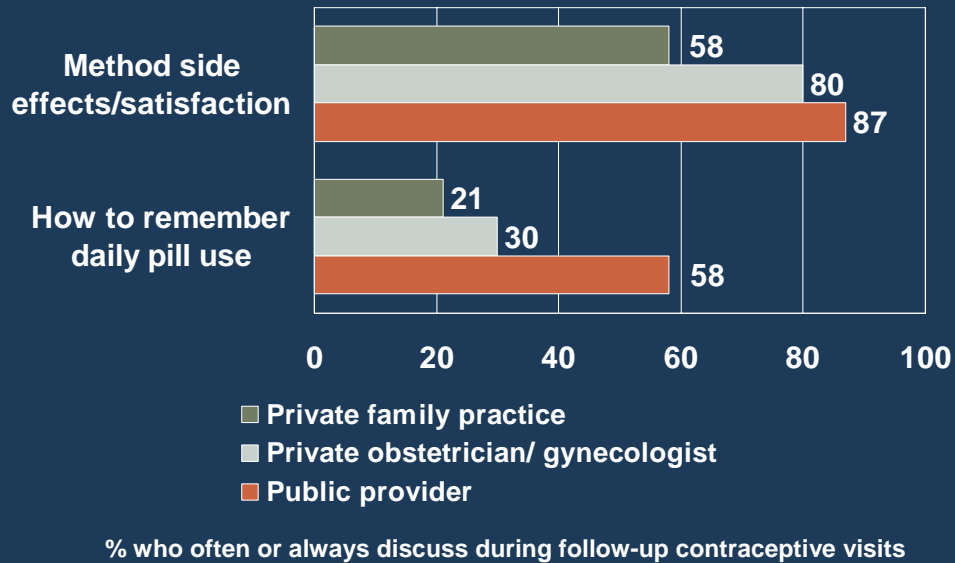
Although a majority of users are completely satisfied with their current method, nearly four in 10 are not. Actual or anticipated side effects, difficulty of use, worry about effectiveness and reduced sexual pleasure are just some of the many reasons women give for being dissatisfied. Users who are not completely satisfied are more likely than satisfied users to put themselves at high risk for unintended pregnancy (e.g., 30% of neutral or dissatisfied users have had a gap in use while they were at risk, compared with 12% of completely satisfied users).

Moreover, being dissatisfied with one's method is associated with incorrect or inconsistent use: Forty-eight percent of dissatisfied pill users have skipped at least one pill in the past three months, compared with 35% of completely satisfied pill users. And 66% of dissatisfied condom users did not use a condom every time they had sex or used it incorrectly, compared with 55% of completely satisfied users. (That a majority of even completely satisfied condom users use their method inconsistently or incorrectly highlights the inherent difficulty involved with effective use of that method.)

Using barrier contraceptives and other less effective methods is associated with an increased likelihood that women will experience at least a monthlong gap in protection during a year. Women who begin the year using condoms or other less effective methods are much more likely than those who start the year using pills or long-acting methods to have a gap in use while they are at risk (21% vs. 12%). This finding is partly related to differences in the ease of stopping and starting use between less effective methods and more effective methods. However, it probably also reflects that barrier method users are more likely than users of other methods to be dissatisfied with the available options.


Finally, consistent and correct use is related to another aspect of satisfaction: how long women have been using their method. Those who have been using the pill or the condom for fewer than two years are more likely than longer term users to report inconsistent use.

## Providers vary widely in counseling about method difficulties



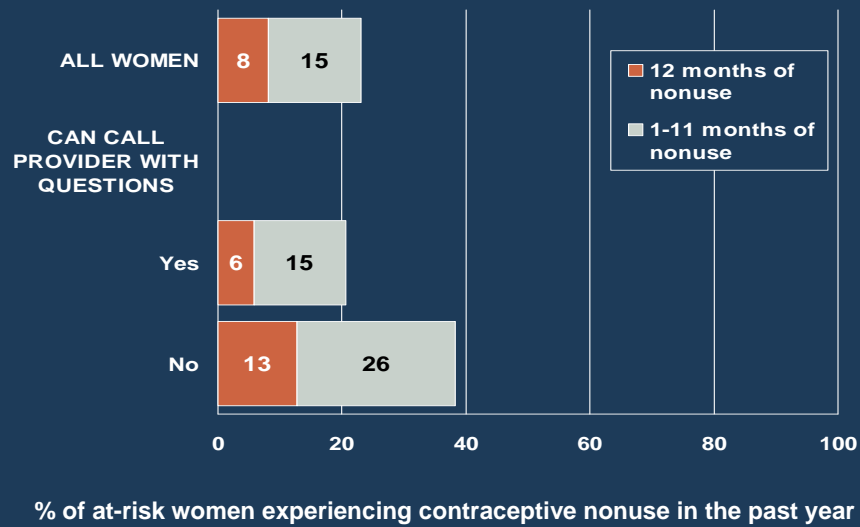
Providers differ widely in their counseling practices for continuing contraceptive clients: Public providers and private obstetrician-gynecologists are more likely than private family practice physicians to often or always discuss method side effects and satisfaction with continuing clients.

Public and private providers differ widely on counseling protocols for continuing pill users. Some 58–64% of public providers often or always discuss four important topics with their pill clients—the availability of different formulations, ways to cope with side effects, protocols for missed pills and ways to remember to take the pill daily. The proportions are far lower among private providers: Although 55% of obstetrician-gynecologists generally discuss different formulations, just 30–37% cover each of the other topics. Among family practice physicians, the proportions are even lower— 37% discuss different pill formulations, and 21–28% discuss each of the other topics. Similar differences are found for counseling about condom instruction.



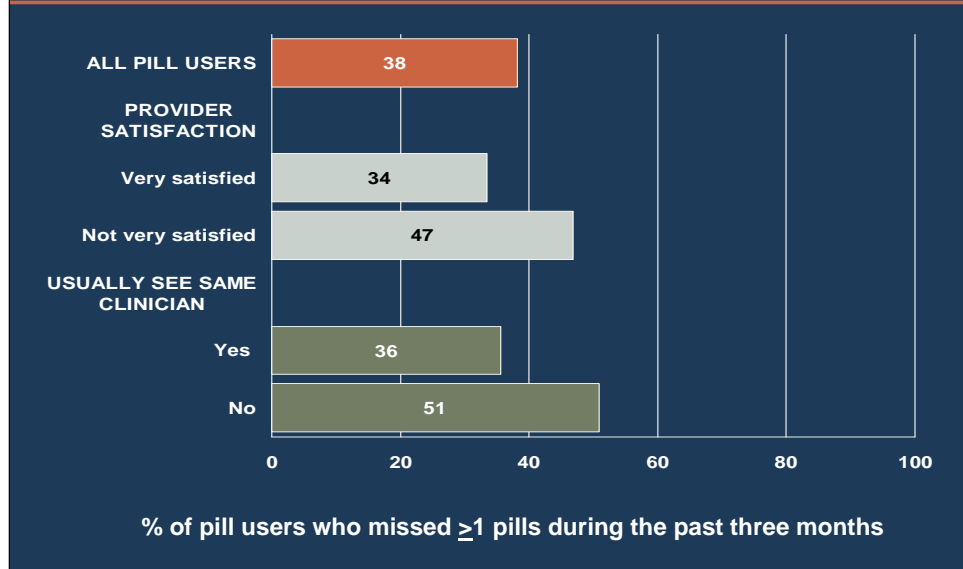
**Attitudes Toward and  
Experiences with Providers  
Are Linked to  
Contraceptive Use Patterns**

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



Although providers universally report that they (or their staff) are available to answer contraceptive use questions phoned in by their patients, this is not the perception of all women. Six percent feel that they cannot call their provider with questions, and these women are more likely than those who feel otherwise to have a gap in method use while they are at risk.

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



Nearly two-thirds of women who make a contraceptive visit to a medical provider are very satisfied with their experience. Provider satisfaction has a strong association with consistency of use, at least among pill users. For example, nearly half of pill users who are somewhat satisfied or very dissatisfied with their provider use the pill inconsistently, compared with one-third of those who are very satisfied. In addition, pill users who see different clinicians at each visit are more likely than those who usually see the same clinician to be inconsistent users (51% vs. 36%).



# Recommendations for Providers

## Reduce the impact of life changes on successful contraceptive use

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- Provide ongoing support
- Counseling is key to success
- Help women to be better prepared

- Provide more ongoing support for contraceptive use, including regular assessment of changes in women's lives.
- Counsel women about potential impact of life events on contraceptive use, and help them be prepared with backup methods or emergency contraception.
- Help women who have sex infrequently be better prepared with appropriate methods.

## Improve women's experiences with contraceptive care

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- Share best practices
- Offer communications training
- Address questions fully

- Develop mechanisms for sharing best practices around contraceptive care.
- Offer communications training to improve client-provider interaction.
- Confirm that all questions have been addressed, and implement ways for clients to contact staff with later concerns.

## Reduce the impact of disadvantage on contraceptive use

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- Assess ability to pay
- Tell women about subsidized funding
- Tap available insurance reimbursements

- Assess women's ability to pay for contraceptive services and supplies.
- Ensure that women know about and use available subsidized services and funding sources for which they are eligible.
- Know about and use existing mechanisms for obtaining insurance reimbursements (especially for counseling).

## Reduce the impact of ambivalence

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- Recognize the fluidity of women's reproductive goals
- Provide counseling
- Educate women about the importance of preconception planning

- Recognize the fluidity of many women's reproductive goals, and discuss pregnancy attitudes and motivation at all visits.
- Provide counseling to women with low or mixed motivation to prevent pregnancy that addresses their pregnancy risks and the value of preconception planning.

## Anticipate and address method-related barriers to contraceptive use

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- Assess motivation for method choice
- Review experiences and satisfaction
- Facilitate method switching as needed

- Assess women's motivations for choosing methods, and ensure that positive choices are being made.
- Review patients' method experiences and satisfaction at each visit, and promptly address problems.
- Facilitate method switching to find the option best suited to and affordable by each woman.



## **What Women Can Do To Improve Their Contraceptive Use**

# Method choice

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- The “right” method varies by individual
- Discuss life changes with provider
- Ask about back-up methods

- Choose a method that is right for you now; be aware that this may change as your situation and relationships change.
- Talk to your provider about factors or changes in your life that affect your contraceptive use.
- Ask your provider about backup methods or emergency contraception that you can keep at home for later use if needed

# Dissatisfaction

- Talk to your provider
  - Help using method
  - Find another option
- Do not skip use!

• If you are having problems with your method or are not satisfied, immediately talk to your provider. She or he may be able to

- find ways to help you remember to use your method or help you deal with side effects, or

- provide you with a new method or a new type of pill.

• Do not wait until you are so dissatisfied that you skip use and risk becoming pregnant.

# Risk of pregnancy

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- Sex without contraception = high risk
- Chances are you will become pregnant
- Preconception planning is important

- Remember that you are at high risk of becoming pregnant any time you have sex without using a method.
- Unless actively trying NOT to become pregnant, you probably will become pregnant.
- Discuss preconception planning, including contraceptive use, with your provider.

# Insurance and public funding

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- Know your insurance plan
- Seek out low-cost providers
- Talk to your provider about cost concerns

- Be familiar with your insurance coverage for contraceptive services and supplies.
- Find out about free or low-cost contraceptive providers in your community.
- Tell your provider if cost or other access issues make it hard to use your chosen method.
- Ask for referrals to providers that may be better able to serve you.

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