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Patients' attitudes and experiences related to receiving contraception during abortion care

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Running head: Abortion patients and contraception

Abstract

Background: High risk for additional unintended pregnancies among abortion patients makes the abortion care setting an ideal one for facilitating access to contraception. This study documents attitudes of abortion patients about contraceptive services during their receipt of abortion services and identifies patient characteristics associated with desire for contraception and interest in using a long-acting reversible contraceptive method (LARC).
Study Design: Structured surveys were administered to 542 patients at five US abortion-providing facilities between March and June of 2010. Supplementary information was collected from 161 women who had had abortions in the past 5 years through an online survey.
Results: Among abortion patients, two thirds reported wanting to leave their appointments with a contraceptive method and 69% felt that the abortion setting was an appropriate one for receiving contraceptive information. Having Medicaid and having ever used oral contraceptives were predictive of wanting to leave with a method. Women having a second or higher-order abortion were over twice as likely as women having a first abortion to indicate interest in LARC, while black women were half as likely as white women to indicate this interest.
Conclusion: Many women are interested in learning about and obtaining contraceptive methods, including LARC, in the abortion care setting.

1. Introduction

Abortion patients represent a population at high risk for additional unintended pregnancies and abortions: among women having abortions in the United States, about one half had already had a prior abortion [1]. This level of repeat abortion may be an indication that women obtaining abortions have difficulties using contraception. One strategy for reducing future unintended pregnancies that is worth exploring is how contraceptive services might be improved in the abortion care context.

Availability of contraceptive services to abortion patients varies greatly across abortion providers in the United States [2]. Public and policy debate has focused attention on the need and value of integrating these services [3–5], but little improvement will be seen if abortion patients are not able, or do not want, to receive these services in the manner that they are offered. Surveys of abortion patients often document their contraceptive method choice and use following abortion [6–9], but little is known regarding whether they desire these services and view them as an integral component of abortion care.

There is limited information available regarding the nature of contraceptive service delivery in the abortion care context; most studies focus on the counseling component of contraceptive services. International research indicates that contraceptive counseling during abortion care either initially increases patients' contraceptive use [8,10] or makes no difference in their subsequent contraceptive use [7,11], but has no impact on repeat abortion rates [12]. A review of US literature on contraceptive counseling in the clinical setting found the existing research limited and indecisive [13], while a recent randomized controlled trial of structured contraceptive counseling showed minimal impact on method choice, initiation or continuation [14]. Existing assessments of contraceptive counseling efficacy are inconclusive and do not capture the role of patient preferences.

While the broader evidence base regarding abortion providers' efforts to provide contraceptive services is beginning to grow [2,15], research is needed to document the desire and need for these services from abortion patients' perspectives. One recent study of abortion patients in a US urban hospital found that women were significantly more likely to prefer autonomy from health care providers in their decisions about contraception as compared to their decisions about general health care [16]. A small qualitative research study in the UK demonstrated that abortion patients felt overwhelmed and had trouble absorbing contraceptive information during the short and stressful abortion care visit [17].

A primary focus of the sexual and reproductive health field's dialogue regarding the importance of integrating contraceptive and abortion services is on the immediate insertion of long-acting reversible contraception (LARC) in the abortion care setting, including intrauterine devices (IUDs) and subdermal implants [18]. A California study found that developing clinic capacity to provide immediate post-abortal IUD insertion increases uptake of that method [19] and that patients who received immediate insertion had a significantly lower rate of repeat abortion when compared to patients who selected non-IUD methods [20]. While clinic provision of LARC methods is increasingly common, abortion providers have reported that cost, clinic flow and lack of clinician training comprise significant barriers to immediate post-abortion provision [15]. As with patient interest in general contraceptive services during abortion care, however, there is limited information available on abortion patients' interest in these more effective LARC methods to complement the evidence base on providers' interests in and ability to incorporate these methods into abortion services.

The objectives of this analysis are thus threefold: to document abortion patients' attitudes about receiving contraceptive services during their abortion care, to identify characteristics of abortion patients that are associated with a desire to leave their abortion appointment with contraception and to identify characteristics of abortion patients that are associated with an interest in using a LARC method following their abortion.

2. Materials and methods

Between February and June 2010, data were collected through questionnaires administered to two separate groups: a facility-based sample of abortion patients and an exploratory online sample of women who had previous abortions. The questionnaires were anonymous and collected no identifying information from respondents. Survey text in the clinic-based instrument included a reminder to those patients that their responses would have no impact on the services they would receive. The study was approved by our organization's institutional review board.

2.1. Clinic-based sample

A purposive sample of five clinics was selected from a list of all known providers in the United States. The universe was limited to facilities that provided at least 1000 abortions in 2005; while these providers comprise only 22% of US abortion providers, they account for 80% of all abortions performed nationwide [21]. The sample included clinics from three out of four main geographic regions (northeast, south and west), and was designed to be broadly, rather than statistically, representative of the large providers that serve the majority of women terminating pregnancies.

The four-page structured questionnaire was designed to elicit women's levels of interest in using and receiving contraceptive methods and counseling, and their desired timing, setting and duration of contraceptive services. In addition to basic demographic information, the survey also asked for women's past and current method use, as well as their past pregnancies, births and terminations. Interest in using specific contraceptive methods in the future was gauged as well. The clinic sample was not asked about contraceptive services received during their current visit, as some may have filled out the survey before receiving such services.

The four-page questionnaire was pretested with 12 abortion patients at a facility with patient characteristics similar to our sample facilities. Fielding for the clinic-based survey was carried out between March and May 2010. Clinic staff were instructed to offer the self-administered questionnaire to all patients obtaining abortions during the fielding period, on the day of their procedure. Patients obtaining medication abortion services completed the survey on the day that they received their first medication. Respondents were given an envelope in which to seal the survey for confidentiality before returning it to clinic personnel. Individual surveys were included in the sample only if basic demographic information was filled out and one of two key questions on the questionnaire was complete: method use in the last 3 months or desire to receive a method during the abortion appointment.

A target of 100 respondents was set for each facility; this resulted in a fielding period ranging from 2 to 4 weeks depending on patient caseload. For each week of fielding, a minimum response rate of 50% was required to ensure that the data were representative of the patient population at each facility. One facility did not reach this response rate during the 4 weeks of the fielding period and therefore fielded for an additional 2 weeks until both the required response rate and respondent sample size were met.

2.2. Online sample

For the Internet-based component of this study, women who had ever had an abortion were recruited from 10 purposively selected websites, including pro-choice abortion-related sites, blogs that serve as forums for patient stories, and sites and listservs that host research advertisements. The survey was fielded between February and June 2010. Data collection was facilitated by Snap survey software and hosted on a secure web server at our organization. The

survey instrument administered to the online sample was nearly identical to the instrument administered to the clinic-based sample with additional items to assess the content and quality of the contraceptive services they received (or did not receive) during their most recent abortion care. Online respondents were also asked about their degree of satisfaction with the services they received, post-abortion method use, and perceived barriers to service provision and method use.

2.3. Data analysis

Survey data from the facility-based questionnaires were double-entered by an external professional data entry vendor and imported into SPSS version 18 for data management, and then Stata version 11.1 for analysis. Data from the online survey were imported into SPSS version 18 for data management and analysis. We report frequencies for variables from both the clinic and online data sets. Due to the exploratory nature of the online survey, we restricted our multivariate analyses to the clinic data. We focused on two outcomes of interest: desire to receive a contraceptive method during the abortion appointment and, given the recent focus on the potential for LARC methods to reduce repeat unintended pregnancies [22], interest in using a LARC method (IUD or implant) in the future. The first outcome of interest was a dichotomous yes/no variable with responses of "don't know" coded as "no," and we dichotomized the second. We considered a response of 3–5 on a scale of 1–5 (1 = *not interested* and 5 = *very interested*) to indicate some level of interest and a response of 1 or 2 to indicate no interest for the second outcome. In instances where respondents identified more than one insurance coverage option, we prioritized coverage in the following order: private, Medicaid, other insurance and no coverage.

We conducted bivariate and multivariate analyses to examine the association of demographic and reproductive characteristics with our two outcomes of interest. Results were considered significant at $p<.05$. We constructed two models at the multivariate level and used logistic regression to model the relationships between respondent characteristics and our two outcomes of interest. One independent variable, payment for abortion, was condensed at the multivariate level and, in instances where respondents indicated more than one form of payment for their abortion services, prioritization in coding was as follows: private insurance, Medicaid, out of pocket or other payment and financial assistance. For both models, we included all respondent demographic measures as independent variables in the models. Sexual and reproductive health measures with a p value $<.10$ in bivariate analyses were also included in the multivariate models. After confirming through testing that the models did not significantly change when omitting independent variables not significantly associated with the outcomes at the multivariate level, we report adjusted odds ratios for the relationship between select respondent characteristics and our two outcomes of interest.

3. Results

3.1. Sample characteristics

During the fielding period, 542 out of 723 eligible abortion patients completed the clinic-based survey, for a response rate of 75%. Out of 306 women who responded to the online questionnaire, 162 met the eligibility criterion of indicating that they had had an abortion in the 5 years prior to completing the questionnaire (since January 2005).

Characteristics of the clinic-based population were largely reflective of the most recent demographics of abortion patients at the national level [1] (Table 1). Specifically, the majority of clinic-based respondents were in their twenties (61%), unmarried (87%) and had at least some college or associate degree education (56%). Most abortion patients in the sample were either non- Hispanic white (45%) or non-Hispanic black (34%). A substantial proportion were poor (38%), almost one third indicated that they had no insurance coverage (31%) and the majority of

women paid out-of-pocket for their abortion services (68%). Although 37% indicated that they had private insurance coverage and over a quarter reported having Medicaid insurance coverage (28%), only 11% of women used their private insurance and only 12% used Medicaid to pay for their abortion services. Over half of clinic patients were already mothers (61%) and half had had a previous abortion. The majority of women were accessing surgical abortion services (83%), and 86% were obtaining abortions under 12 weeks gestation (data not shown). At the time of receiving abortion services, avoiding pregnancy was extremely important to the majority of women (89%) and slightly less than a third of women (30%) never wanted to become pregnant again. Accordingly, most women indicated that they had used some form of contraception in the last 3 months (78%), most commonly condoms (42%) or a short-term hormonal method (26%).

Women completing the online questionnaire received abortion services during the past 5 years at facilities across the country, with the largest proportion of women receiving services in the south (29%) and the smallest proportion accessing abortion in the northeast (21%) (data not shown). The majority of women in the online sample were also in their twenties (68%), but a substantially smaller proportion than in the clinic sample (7%) were less than 20 years old. Moreover, relative to the clinic sample, and to abortion patients nationally, the online sample was more likely to be white (61%), were more educated (40% had a college degree) and a smaller proportion had children (38%). Higher percentages of women in the online sample reported having private insurance (44%) or being uninsured (38%), as compared to the clinic sample. Most women (76%) paid out-of-pocket for their abortion services over the past 5 years. Just over a quarter of the women had had more than one abortion (27%). Similar to the clinic sample, 71% reported that they had been using a form of contraception in the 3 months prior to their abortion; among this subgroup, equal proportions reported using condoms, short-term hormonal methods and other method types.

3.2. Attitudes about, and experiences with, receiving contraceptive services during abortion care

Most women in the clinic sample desired and expected contraceptive services during their abortion care (Table 2). This expectation did not differ for women obtaining first or higher-order abortions (data not shown). Slightly more than half of women in the clinic sample (52%) indicated that they preferred to receive contraceptive services (including information and methods) during their abortion care as compared to other health care settings. Women most commonly preferred to discuss contraceptive information in a one-on-one format with staff at the abortion facility (40%) in a short period of time; over half of women (54%) indicated that 1–5 min was an appropriate amount of time for this discussion. Just under one third were not interested in discussing contraception while obtaining abortion care. These women were no more likely to be single or have had infrequent sex than women who expressed interest (data not shown). A substantial proportion of abortion patients (37%) expected to receive information on contraceptive methods during their abortion appointment. While two thirds of women (67%) wanted to leave their appointment with a contraceptive method, only 44% expected to do so. The top three methods women reported being interested in using following their abortion were condoms (63%), the pill (59%) and the IUD (37%).

Women in the online sample typically received both education about contraception (71%) and a contraceptive method (70%) during their abortion care (Table 3). Among women who indicated that they had received information on contraception, the discussion typically occurred at the abortion facility in a one-on-one format (82%) and at the follow-up visit (35%). Over half of the women reported that the discussion took between 1 and 5 min (54%) and that the contraceptive information received was an appropriate amount (58%). Interestingly, 30% indicated they had all the contraceptive information they needed at the time of the abortion, which is comparable to the 31% of clinic patients not interested in this information. Pills (40%), condoms (24%) and rings (10%) were the three most common methods received by women

during their abortion appointments, and 30% indicated that they had not received any method. A small proportion of women (11%) reported feeling pressured to use contraception by staff at the abortion facility, and this pressure was most often associated with the pill (data not shown). About half of women who had had an abortion in the past 5 years indicated that they had received referral information for future contraceptive services during their abortion care.

3.3. Patient characteristics associated with desire for contraceptive methods

We used the clinic data to conduct bivariate and multivariate analyses to identify demographic and reproductive health characteristics of abortion patients associated with the desire to leave abortion care with a contraceptive method (Table 4). At the bivariate level, income level, insurance coverage at the time of receiving abortion services, history of abortion and past method use were all associated with a desire to leave the abortion appointment with a contraceptive method. Specifically, poor women and women on Medicaid were almost twice as likely as women with higher incomes and women with private insurance, respectively, to indicate this desire. Women who had had a previous abortion were 1.5 times more likely and women who had ever used the pill and/or EC were 2.2 and 2.1 times more likely, respectively, to want to leave the abortion appointment with a contraceptive method. Neither future pregnancy intentions nor the desire to avoid pregnancy at the time of the survey were associated with the desire to receive contraception during abortion care.

At the multivariate level, income level, having had a previous abortion and past EC use were no longer associated with the outcome. Controlling for age and race/ethnicity, having Medicaid insurance and having ever used the pill were both significant predictors of wanting to leave with a contraceptive method. We found similar results when we ran an alternative model excluding insurance coverage; however, income level remained significant at the multivariate level in this alternative model, indicating that income level and insurance coverage were likely representing similar concepts (data not shown).

3.4. Patient characteristics associated with interest in LARC methods

Next we sought to determine characteristics of abortion patients associated with an interest in using a LARC method (Table 5). The majority of women (68%) indicated that they had heard of one or both LARC methods (data not shown). At the bivariate level, race/ethnicity, history of abortion, knowledge of LARC methods and past method use were all significantly associated with interest in using a LARC method. Specifically, compared to white women, black women were about half as likely and women reporting other races and/or ethnicities were almost four times as likely to indicate an interest in LARC methods. History of abortion, having heard of LARC methods, and having ever used the pill or the ring were each significantly associated with the outcome of interest.

At the multivariate level, past method use was no longer significantly associated with the outcome. After controlling for age, union status, pregnancy intention and having heard of an IUD or implant, black women were still half as likely as white women and women of other ethnicities were over five times as likely as white women to indicate interest in LARC methods post-abortion. Finally, women having a second or higher-order abortion were 2.3 times as likely as women who were having a first abortion to indicate this interest.

4. Discussion

A majority of abortion patients are interested in highly effective contraceptive methods, and slightly more than half identified the abortion clinic as the preferred setting for receiving contraceptive information. Additionally, most women wanted to leave the clinic with a method.

This desire was initially stronger for poor women as well as those with Medicaid or with no health insurance. For some women, and particularly those without health insurance, the abortion clinic may provide one of their few contacts with the health care system and, in turn, opportunities to access contraception. Notably, in the multivariate analysis, the association between an increased desire to leave with a contraceptive method was only maintained for women with Medicaid coverage. As about half of abortion clinics do not accept Medicaid for contraception [2], depending on the methods women with Medicaid coverage were most interested in obtaining, it is likely that some of these patients' desires were not met at the time of their abortion.

A substantial minority of women, 33%, were interested in using highly effective LARC methods. That black women in our sample were substantially less likely than white women to indicate interest in LARC is notable, especially in light of recent evidence that, among women of low socioeconomic status, black women were more likely than white women to have an IUD recommended for them by a health care provider [23]. These findings suggest two potential strategies. First, as this population is at particularly high risk of unintended pregnancy, it is possible that black women would benefit from information campaigns about these methods. At the same time, providers should be sensitive to this lower level of interest. Medical mistrust is higher among black women due, in part, to a legacy of medically unethical practices such as involuntary sterilization of poor and minority women [24], and purposely failing to treat black men with syphilis [25].

That women obtaining repeat abortions were significantly more likely to desire to leave with a method and be interested in LARC methods suggests these women are aware of their risk of unintended pregnancy. Women with prior abortions may be particularly receptive to contraceptive services in abortion care settings and to LARC methods in particular. Abortion clinics might devote extra time to counseling this population to make sure they obtain the information and contraceptive services they need.

While abortion patients were interested in a range of methods, the findings from the exploratory online sample suggest that they were most likely to leave with pills or condoms or with nothing at all. This discrepancy could be due to several factors including a mismatch in clinic and online abortion patient populations, with the latter being whiter and more educated. Alternately, women may find that abortion facilities are unable to provide them with methods they are interested in; for example, only 52% of specialized abortion clinics offer IUDs and 19% Implanon [2]. It is also possible that once women obtain more information about the less common methods (e.g., health indications, side effects), they may decide they would prefer the more conventional ones. Finally, many women may desire methods but find that they cannot afford them. For example, one third of US abortion patients lack health insurance [1], and this group may be limited to low-cost methods or those that are available as samples. Additionally, 27% of specialized abortion clinics do not accept private insurance for contraception and an even larger proportion, 49%, do not accept Medicaid for these purposes [2]. Thus, access during the abortion visit to the most effective methods, and LARC in particular, are probably not feasible for many women, despite their interest.

While the majority of women in our sample were interested in receiving at least a few minutes of contraceptive counseling and expected to leave the abortion clinic with a method, almost one third were not interested in this information and more than one in five did not expect to obtain a method. These patterns parallel the online post-abortion sample, where 30% indicated they already had the contraceptive information they needed at the time of the abortion, and, additionally, 30% did not leave the clinic with a method. It is possible that these women were satisfied with their current method or preferred to obtain contraceptive services and information from their regular health care provider, or at least outside of an abortion care context. Alternately, this population may be overly confident in their knowledge of contraception, and

newer methods in particular, and might be in need of qualitatively different contraceptive information than is provided for the majority of patients.

Our findings must be interpreted in light of some shortcomings. Our clinic study sample was not nationally representative. At the same time, our clinic sample did resemble the profile of abortion patients nationally, and, in turn, it is likely that our findings are applicable to a substantial number of abortion patients, particularly the 70% who access services at abortion clinics [21]. It is possible that noninterest in methods is even greater than 30%. For example, a substantial minority of women did not answer items about their interest in using a range of contraceptive methods. While supplemental analysis suggests that including these women as "uninterested" does not change the associations between demographic characteristics and interest in methods, it is possible that levels of noninterest in using methods were higher than those suggested. Finally, our findings from the online study sample must be interpreted with caution, as this sample is not representative of all women having abortions and responses to the online survey items are subject to recall bias because respondents were asked about abortion experiences in the past. Those women who had had more positive experiences with their abortion care, as well as those who had more interest in contraceptive services, may have been more likely to participate in the online survey as well as to report favorable experiences with contraceptive services during abortion care.

This study provides evidence that many women are interested in learning about and obtaining contraceptive methods, including long-acting methods, in the abortion care setting. These findings highlight the importance of incorporating contraceptive services into abortion care and should serve as a basis for interventions to help abortion providers meet the needs of their patients.

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Table 1. Characteristics of the study population by recruitment setting

Demographic characteristics	Clinic (n = 542) %	Online (n = 162) %
Age group, years		
< 20	14	7
20-24	35	38
25-29	26	30
30-34	13	14
35+	12	11
Race and ethnicity		
Non-Hispanic white	45	61
Non-Hispanic black	34	17
Non-Hispanic other	5	3
Hispanic	16	19
Union status		
Married	12	NA
Cohabiting, not married	34	NA
Never married, not cohabiting	46	NA
Previously married, not cohabiting	7	NA
Education		
<12th grade	15	3
High school graduate or GED	29	12
Some college or associate degree	38	45
College graduate or above	18	40
Income level		
< 100% of poverty level	38	NA
100-199% of poverty level	25	NA
≥ 200% of poverty level	36	NA
Insurance coverage[a]		
Private	37	44
Medicaid	28	15
Uninsured	31	38
Other	4	3
Payment for abortion[b]		
Private insurance	11	15
Medicaid	12	10
Out-of-pocket	68	76
Financial assistance	12	11
Other	1	1

Table 1 cont.

Sexual and reproductive health characteristics	Clinic (n = 542) %	Online (n = 162) %
Lifetime births		
0	40	62
1	27	18
2+	34	20
Lifetime abortions		
1[c]	50	73
≥ 2	50	27
When want to become pregnant again		
Never	30	NA
In the next 1-2 years	9	NA
In the next 3+ years	35	NA
Unsure	27	NA
Ever got pregnant using a non-LARC method		
No	63	32
Yes	37	68
Avoiding pregnancy is extremely important		
No	11	NA
Yes	89	NA
Past method use[b]		
Pill	70	84
Condom	79	91
Injectable	25	19
Patch	14	19
Ring	12	27
Implant	1	0
IUD	5	14
Rhythm	4	18
Withdrawal	33	64
EC	13	42
Other[d]	1	6
Never used a method	4	1
Method use at time of this pregnancy[e,f]		
LARC method	1	0
Non-LARC hormonal method	26	23
Condom	42	24
Other	9	24
Not using any method	22	29

NA - question not asked of online sample. LARC - long-acting reversible contraception.

[a] If respondent indicated more than one type of insurance coverage at the time of receiving abortion services, responses were prioritized as follows: private, Medicaid, other insurance, no coverage.

[b] Percentages add to >100 because multiple response options were allowed.

[c] For clinic sample, number includes abortion for which patient is seeking services at the time of the survey.

[d] Includes female sterilization and non-hormonal, non-barrier methods.

[e] If respondent indicated more than one method, responses were prioritized according to the most effective method.

[f] Clinic respondents were asked about method use during the last 3 months, regardless of gestational age.

Table 2. Percentage of women in clinic sample reporting attitudes about contraceptive services during abortion care

	All (n = 542) %
Preferred setting for discussing contraceptive information	
At abortion facility	52
Regular health care provider	35
Family planning provider	11
Other health care provider	3
Best time during abortion appointment for contraceptive discussion	
On the phone before or after visit	11
At facility in group setting	2
At facility one-on-one	40
At facility at follow-up visit	15
No desire for contraceptive discussion	31
Ideal time spent discussing contraception during abortion care (min)	
0	19
1-5	54
6-15	22
>15	5
Contraceptive service expect to leave abortion with*	
Information on pregnancy prevention methods	37
Method(s) of pregnancy prevention	44
Referral to another health care provider for pregnancy prevention services	5
Don't know	35
Wants to leave abortion appointment with contraceptive method	
No or don't know	33
Yes	67
Interest in using contraceptive methods after abortion*	
Condom	63
Pill	59
IUD	37
Injectable	33
Ring	33
Implant	27
EC	26
Patch	24
Withdrawal	14
Rhythm	13

* Percentages add to >100 because multiple response options were allowed.

Table 3. Percentage of women in online sample reporting experiences with contraceptive services received during abortion care

	All (n = 162) %
Received staff education on pregnancy prevention during last abortion	
No	24
Yes	71
Don't know	5
When was contraceptive discussion during abortion appointment[a, b]	
On the phone before or after the visit	9
At the facility in group setting	3
At the facility one-on-one with staff	82
At the facility at a follow-up visit	35
Time spent discussing contraception during abortion care (min)[a]	
1-5	54
6-15	39
>15 min	7
Level of information on contraception received during abortion care[a]	
Too much information	2
As much information as desired	58
Not enough information	10
Already had all the information needed	30
Method(s) received following abortion[b]	
Condoms	24
Pill	40
IUD	6
Injectable	3
Ring	10
Implant	1
Patch	3
Referral	3
Other	2
None	30
Felt pressured by staff to use a method following abortion	
No	86
Yes	11
Don't know	3
Received referral information for future contraceptive care	
No	44
Yes	49
Don't know	7

[a] Limited to the 71% of women who had indicated that they had received staff education on contraception during abortion care.
[b] Percentages add to >100 because multiple response options were allowed.

Table 4. Percentage of patients from clinic sample reporting desire to leave abortion appointment with a contraceptive method by demographic and reproductive characteristics, and odds ratios (and p values) from bivariate and multivariate logistic regressions assessing relationships between these characteristics and the desire to leave the abortion appointment with a contraceptive method (n = 522)

	Wanted to leave appointment with contraceptive method				
Demographic characteristics	Bivariate percentage	Bivariate odds ratio	p	Multivariate odds ratio	p
Age group (years)					
< 20	60	Ref		Ref	
20-24	69	1.47	0.180	1.41	0.273
25-29	73	1.81	0.054	1.90	0.051
30-34	71	1.58	0.200	1.58	0.230
35+	50	0.66	0.228	0.64	0.236
Race and ethnicity					
Non-Hispanic White	65	Ref		Ref	
Non-Hispanic Black	66	1.03	0.895	1.06	0.807
Non-Hispanic other	60	0.80	0.612	1.18	0.740
Hispanic	75	1.61	0.098	1.70	0.092
Union status					
Married	63	Ref			
Cohabiting, not married	69	1.32	0.361		
Previously married, not cohabiting	64	1.06	0.890		
Never married, not cohabiting	67	1.21	0.520		
Education					
<12th grade	63	Ref			
HS grad or GED	72	1.50	0.176		
Some college or associate degree	67	1.19	0.530		
College graduate or above	60	0.88	0.691		
Income level					
< 100% of poverty level	75	**1.86**	0.010		
100-199% of poverty level	68	1.28	0.341		
≥ 200% of poverty level	62	Ref			
Insurance coverage[a]					
Private	63	Ref		Ref	
Medicaid	74	**1.72**	0.023	**2.03**	0.008
Uninsured	67	1.20	0.399	1.21	0.426
Payment for abortion[b]					
Private insurance	60	Ref			
Medicaid	75	1.93	0.096		
Out-of-pocket and other	64	1.19	0.545		
Financial assistance	78	2.33	0.051		

Table 4 cont.

Sexual and reproductive health characteristics	Wanted to leave appointment with contraceptive method				
	Bivariate percentage	Bivariate odds ratio	p	Multivariate odds ratio	p
Prior births					
0	65	Ref			
1	68	1.14	0.582		
2+	68	1.17	0.486		
Lifetime abortions					
1[c]	62	Ref			
≥ 2	72	**1.52**	0.027		
When want to become pregnant again					
Never	67	Ref			
in the next 1-2 years	60	0.72	0.33		
in the next 3+ years	72	1.23	0.39		
Unsure	62	0.81	0.378		
Ever got pregnant using a non-LARC method					
No	64	Ref			
Yes	71	1.40	0.097		
Avoiding pregnancy is extremely important					
No	66	Ref			
Yes	68	1.07	0.823		
Past method use					
Condom	67	1.03	0.911		
Pill	72	**2.17**	<0.001	**2.82**	<0.001
LARC	73	1.37	0.457		
Injectable	73	1.49	0.080		
Ring	72	1.27	0.426		
Patch	76	1.66	0.087		
EC	80	**2.10**	0.019		
Withdrawal	69	1.14	0.524		
Other[c]	65	0.91	0.843		
Never used a method	52	0.52	0.148		
Method use at time of this pregnancy[d,e]					
Never used a method	64	Ref			
LARC method	75	1.72	0.643		
Non-LARC hormonal method	74	1.62	0.085		
Condom	63	0.96	0.870		
Other	69	1.26	0.530		

LARC - long-acting reversible contraception.
[a] If respondent indicated more than one type of insurance coverage, responses were prioritized as follows: private, Medicaid, no coverage.
[b] If respondent indicated more than one form of payment for their abortion services, responses were prioritized as follows: private insurance, Medicaid, out of pocket or other payment and financial assistance.
[c] Includes rhythm, female sterilization and non-hormonal, non-barrier methods.
[d] If respondent indicated more than one method, responses were prioritized according to the most effective method.
[e] Respondents were asked about method use during the last three months, regardless of gestational age.

Table 5. Percentage of patients from clinic sample reporting interest in using a LARC method in the future by demographic and reproductive characteristics, and odds ratios (and p values) from bivariate and multivariate logistic regressions assessing relationships between these characteristics and interest in using a LARC method in the future (N = 355)

	Interest in using a LARC method in the future				
Demographic characteristics	Bivariate percentage	Bivariate odds ratio	p	Multivariate odds ratio	p
Age group (years)					
< 20	35	Ref		Ref	
20-24	45	1.48	0.239	1.01	0.968
25-29	49	1.80	0.098	0.98	0.958
30-34	33	0.92	0.844	0.45	0.107
35+	53	2.07	0.103	1.05	0.932
Race and ethnicity					
Non-Hispanic White	47	Ref		Ref	
Non-Hispanic Black	32	**0.53**	0.011	**0.51**	0.018
Non-Hispanic other	78	**3.98**	0.019	**5.81**	0.012
Hispanic	48	1.05	0.870	1.01	0.981
Union status					
Married	55	Ref		Ref	
Cohabiting, not married	47	0.73	0.428	0.58	0.250
Never married, not cohabiting	52	0.90	0.835	0.75	0.622
Previously married, not cohabiting	38	0.52	0.087	0.44	0.071
Education					
<12th grade	40	Ref			
HS grad or GED	43	1.17	0.677		
Some college or associate degree	46	1.29	0.469		
College graduate or above	42	1.10	0.806		
Income level					
< 100% of poverty level	38	0.77	0.336		
100-199% of poverty level	52	1.38	0.270		
≥ 200% of poverty level	44	Ref			
Insurance coverage[a]					
Private	43	Ref			
Medicaid	39	0.86	0.561		
Uninsured	49	1.26	0.367		
Payment for abortion[b]					
Private insurance	49	Ref			
Medicaid	53	1.17	0.734		
Out-of-pocket and other	42	0.75	0.434		
Financial assistance	43	0.81	0.650		

Table 5 cont.

Sexual and reproductive health characteristics	Interest in using a LARC method in the future: Bivariate percentage	Bivariate odds ratio	p	Multivariate odds ratio	p
Prior births					
0	42	Ref			
1	47	1.19	0.528		
2+	43	1.03	0.906		
Lifetime abortions					
1[c]	35	Ref		Ref	
≥ 2	53	**2.04**	0.001	**2.29**	0.001
Heard of either IUD or implant					
No	30	Ref		Ref	
Yes	49	**2.21**	0.002	**2.13**	0.009
When want to become pregnant again					
Never	43	Ref		Ref	
in the next 1-2 years	23	0.40	0.056	0.39	0.081
in the next 3+ years	46	1.14	0.634	1.53	0.210
Unsure	46	1.13	0.671	1.64	0.147
Ever got pregnant using a non-LARC method					
No	42	Ref			
Yes	47	1.27	0.292		
Avoiding pregnancy is extremely important					
No	47	Ref			
Yes	43	0.87	0.673		
Past method use					
Condom	43	0.93	0.790		
Pill	48	**1.96**	0.007		
LARC	50	1.32	0.569		
Injectable	44	1.04	0.871		
Ring	58	**1.94**	0.041		
Patch	50	1.36	0.318		
EC	47	1.17	0.601		
Withdrawal	42	0.93	0.730		
Other[c]	57	1.77	0.299		
Never used a method	46	1.12	0.844		
Method use at time of this pregnancy[d,e]					
Not using any method	46	Ref			
LARC	100	(omitted)			
Non-LARC hormonal method	47	1.01	0.973		
Condom	43	0.88	0.679		
Other	29	0.48	0.110		

LARC - long-acting reversible contraception.

[a] If respondent indicated more than one type of insurance coverage, responses were prioritized as follows: private, Medicaid, no coverage.

[b] If respondent indicated more than one form of payment for their abortion services, responses were prioritized as follows: private insurance, Medicaid, out of pocket or other payment and financial assistance.

[c] Includes rhythm, female sterilization and non-hormonal, non-barrier methods.

[d] If respondent indicated more than one method, responses were prioritized according to the most effective method.

[e] Respondents were asked about method use during the last 3 months, regardless of gestational age