The state of hormonal contraception today: overview of unintended pregnancy

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Unintended pregnancy in the United States is a persistent health care problem that has not diminished in recent decades. Each year more than 3 million (or about 1 in 20) women, 15 to 44 years of age, experience an unintended or unplanned pregnancy (that is a pregnancy that is mistimed— occurring sooner than desired, or a pregnancy that is unwanted— occurring after reaching desired family size.) By the time women reach the end of their childbearing years, about half of them will have had at least 1 unintended pregnancy. The rate of unintended pregnancy remained unchanged between 1994 and 2001 at about 51 unintended pregnancies per 1000 women aged 15 to 44 years. About half of these unintended pregnancies end in abortion.

Unintended pregnancy rates, as well as overall pregnancy rates, vary by age. The highest percentage of pregnancies that are unintended occurs among teenaged women: 82% of pregnancies in women aged 15 to 19 years were unintended, compared with 60% of pregnancies in women 20 to 24 years of age, and 43% of pregnancies in women 25 to 29 years of age (Figure 1). Although unintended pregnancy rates are lowest among women more than 30 years of age, they still represent about one-third of pregnancies in this age group.

Furthermore, rates of unintended pregnancy vary by income level and race/ethnicity. In a study of measures of pregnancy and outcomes for 2001, women whose income was below 100% of the federal poverty level had an unintended pregnancy rate of 112 per 1000 women compared with an unintended pregnancy rate of 29 per 1000 among those whose income was at least twice the poverty level. Similarly, the rate of unintended births declined among women with greater income, whereas the proportion of unintended pregnancies ending in abortion increased at higher income levels. Rates of unintended pregnancy also vary with race, with higher rates for black and Hispanic women than for non-Hispanic white women, even after controlling for income.

Who is at risk for unintended pregnancy

Unintended pregnancies occur among women at all stages of their reproductive lives. Women who are sexually active, fecund and not trying or intending to become pregnant are at risk for unplanned pregnancy. Because women in the United States, on average, want only 2 children, the period when they are at risk for unintended pregnancy spans over 3 decades of their lives. Maintaining a consistent effective regime of contraceptive use over this lengthy period is often challenging. The majority of unintended pregnancies happen when women are either not using contraception or using their method inconsistently or incorrectly. Slightly more than half of unintended pregnancies occur among women who are not using any form of contraception, whereas the other half of women who become pregnant unintentionally do so while using some form of birth control during the month of conception.

Gaps in method use

Although virtually all women use some form of contraception during their reproductive lives, gaps in use and inconsistent and incorrect use are common; as a result, such lapses are the leading cause of unintended pregnancy. In fact, a 2004 telephone survey of a nationally representative sample of women at risk for unintended pregnancy found that, over a 1-year period, only half of women were adequately protected with consistent and correct contraceptive use. Twenty-three percent were inadequately protected from pregnancy risk because they experienced a gap in contraceptive use: 8% used no contraceptive method during the entire year and 15% had a gap in use of 1 month or longer. In addition to clear gaps in contraception use, another 27% were inadequately protected from pregnancy risk because they used their contraceptive method inconsistently or incorrectly. Understanding how to overcome these factors is at the core of effecting a change in the high rates of unintended pregnancy.

Factors contributing to nonuse and inconsistent use of contraception

A number of factors contribute to the difficulties that women and couples have adhering to the practices necessary for consistent and correct method use throughout their reproductive
lives. Using the data from the Guttmacher Institute telephone survey discussed previously, the researchers found that, when asked directly about reasons for gaps in use, the 23% of women at risk who reported having had a gap in contraception cited several contributing factors: about 40% said that some kind of method-related issue caused them to have a lapse in use (including problems using methods, not liking their method or its side effects, or difficulties related to the cost or availability of the method), 19% said gaps were related to having infrequent sex, and 18% said they did not care that much whether they got pregnant.

In addition, half of the women who reported gaps in their contraceptive use reported that 1 or more life changes coincided with the gap: beginning or ending a relationship (26%), moving to a new house or community (22%), stopping or starting a job (21%), or having a personal crisis (22%).

The same survey examined associations between demographic, socioeconomic, and partnership characteristics and women’s likelihood of having different patterns of contraceptive method use. Disadvantaged women, compared with more advantaged women, were more likely to have had gaps in contraceptive use (Figure 2). For example, higher proportions of Hispanic and black women and less educated women had gaps in contraceptive use, compared with white and college-educated women.

Similarly, older women, women not currently in a relationship, and those reporting infrequent sexual intercourse (once a month or less) were more likely to have had gaps in contraceptive use, compared with younger women, those in relationships of more than 4 years, or more sexually active women, respectively.

Method choice and method satisfaction are also related to successful method use. Many women end up choosing a method because they are frustrated or dissatisfied with the other available options. In the survey conducted in 2004, 38% reported choosing their method mostly because they did not like any of the other choices, and about 40% of women reported being dissatisfied with their current contraceptive method. Being dissatisfied with one’s current contraceptive method is associated with incorrect and inconsistent use. Among pill users, 48% of dissatisfied users reported skipping at least 1 pill in the past 3 months, compared with 35% of satisfied pill users. Among dissatisfied condom users, 66% reported that they did not use a condom every time they had sex or
used it incorrectly, compared with 55% of completely satisfied condom users.²

Women’s attitudes about pregnancy also have an effect on their behavior with contraceptive use and nonuse. In the 2004 survey, women who were ambivalent or had mixed motivation about avoiding pregnancy were more likely to have had a lapse in contraceptive use.⁶

Finally, women’s experiences with family-planning service providers were associated with contraceptive use and nonuse. Women who made no visit to a reproductive clinic or provider were more than 3 times as likely to be nonusers of contraceptives as were those who sought reproductive services.⁶ Women who thought that they could call their clinic or clinician with questions about contraceptive methods were substantially better in their contraceptive method use than were women who did not feel that they could make such a call.⁶

**Improving contraceptive use and encouraging family planning**

The evidence from these studies as to why women have unintended pregnancies and fail to use contraception consistently suggests a number of service delivery strategies for improving contraception use. For example, in choosing and using contraceptive methods, women need ongoing counseling support from their contraceptive service providers that is based on regular assessments of their overall life situation and their reproductive health plan. Providers should also try to anticipate and manage method side effects, recognize the fluidity of women’s reproductive goals, and address the logistic and cost barriers to effective birth control. Additional practical strategies for helping women practice effective and consistent contraceptive use are provided in other sections of this supplement.

**REFERENCES**