

Improving Contraceptive Use in the United States

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**It was developed by Jennifer Frost, the PI
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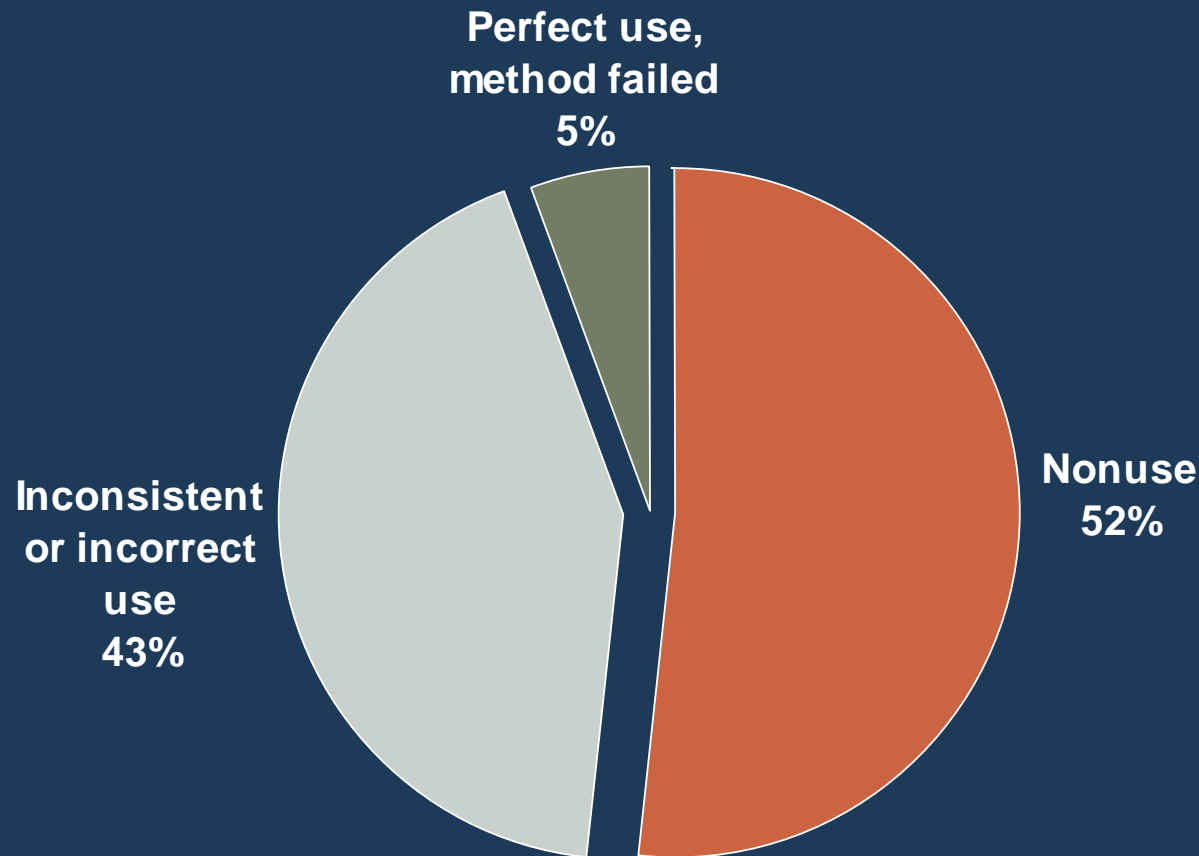


For more information, visit www.guttmacher.org

New research addresses important problems

- Unintended pregnancy remains a major problem in the US
 - Nearly half of all pregnancies are unintended
- Using contraception consistently and correctly over many years is difficult
 - Especially when relying on methods that require attention daily or use every time one has sex

Most unintended pregnancies occur when women fail to use contraception or use their method inconsistently



**3.1 million unintended pregnancies
by contraceptive use at conception**

Guttmacher Institute, 2008

The Institute surveyed women and providers

- Survey of Women, 2004
 - 1,978 women aged 18-44, sexually active, not sterile and not pregnant or trying to get pregnant
 - Nationally representative telephone sample
- Survey of Contraceptive Service Providers, 2005
 - 805 Publicly funded family planning clinics
 - 451 Private obstetrician/gynecologists and family practice doctors



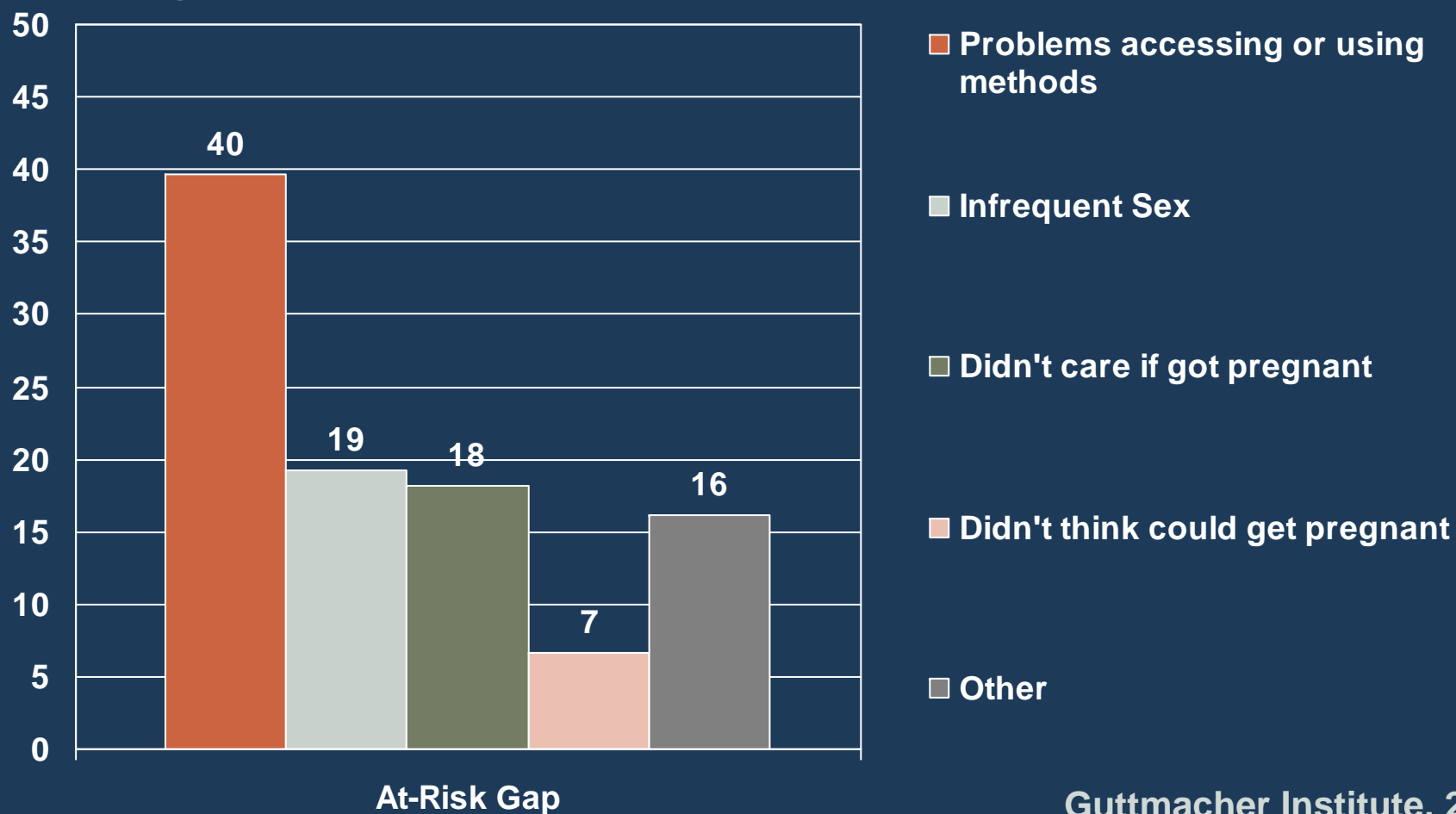
Results and Recommendations

Gaps in method use are common

- Many women who stop and start method use during the course of one year, often experience periods of time when they are at-risk of pregnancy – or an “at-risk gap in use”
- Among sexually active women who were not trying to become pregnant:
 - 8% used no method all year, and
 - 15% had an at-risk gap in method use of at least 1 month—on average, gaps were 5 months long

Women report a variety of reasons for contraceptive nonuse

% of women who
had an at-risk gap

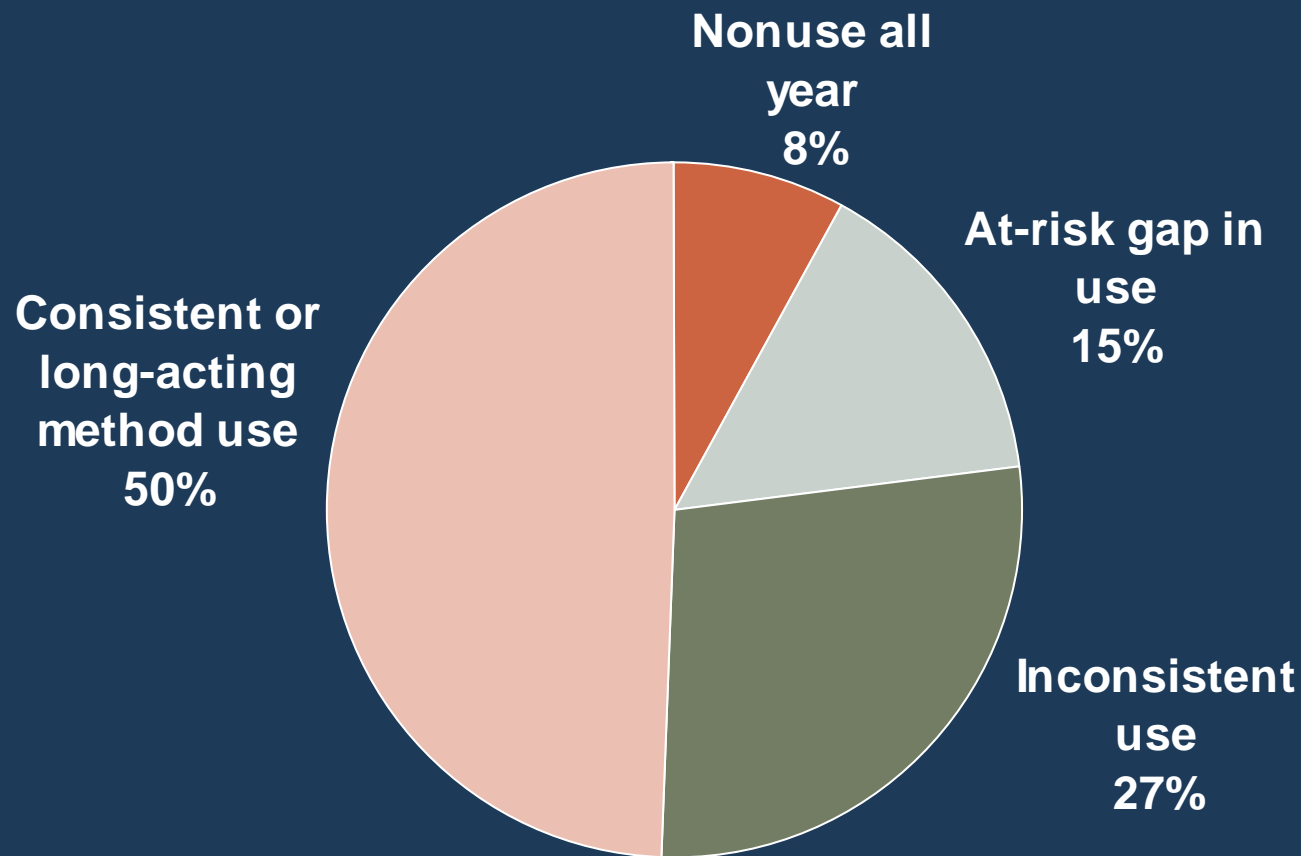


Guttmacher Institute, 2008

Inconsistent method use is common for many reversible contraceptives

- Many women have difficulty using contraceptives consistently and correctly:
 - 38% of women using oral contraceptives miss one or more active pills over a 3 month period
 - 61% of women relying on male condoms report it was not used at each act of intercourse or was put on late at least once over a 3 month period

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



28 million U.S. women at risk for unintended pregnancy

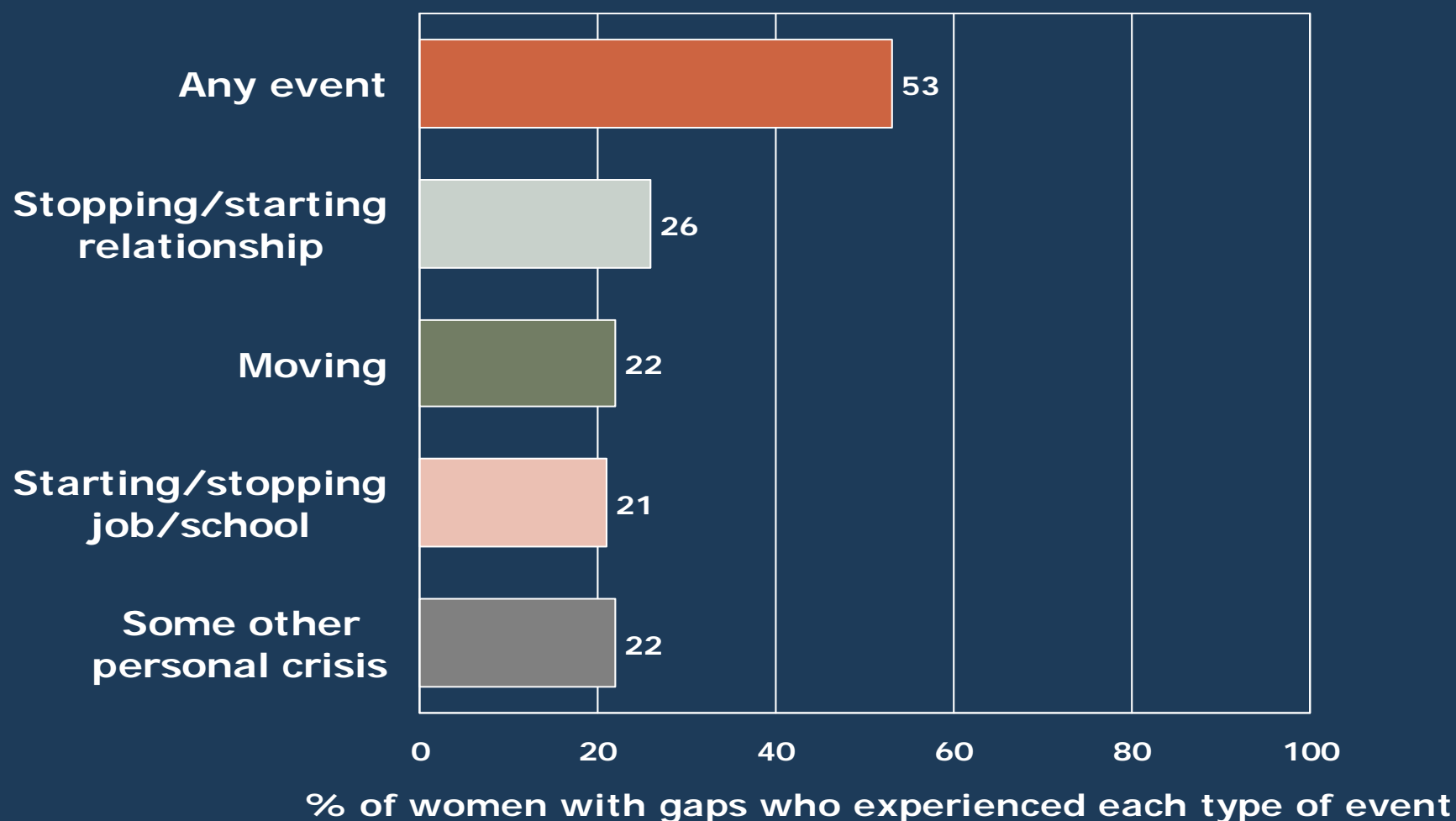
Key factors linked to inconsistent or nonuse of contraception

- Changes in women's lives
- Disadvantage and access to care
- Low or mixed motivation to avoid pregnancy
- Attitudes and experiences with methods
- Attitudes and experiences with providers

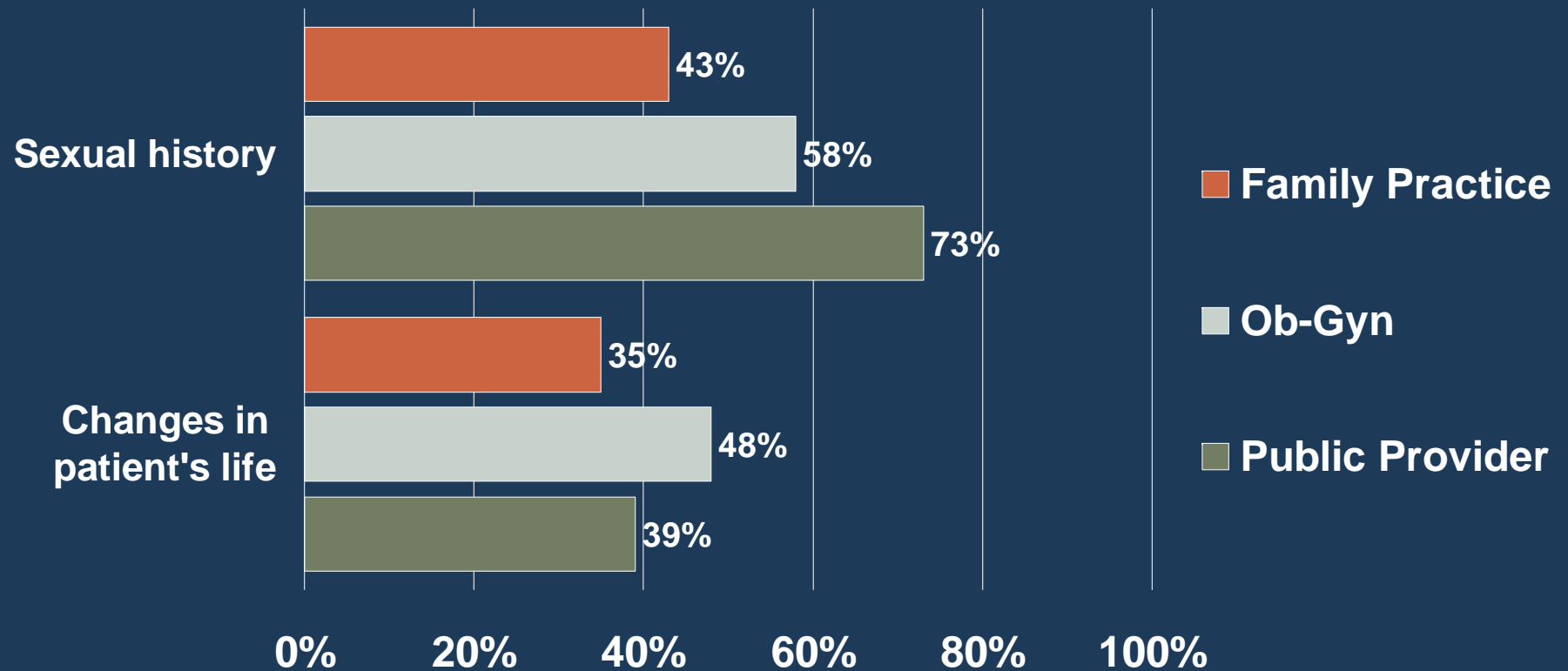


Life Changes are Linked to Difficulties in Contraceptive Use

Half of women with gaps in use report life changes around gap



Contraceptive providers often fail to discuss life changes with women



% of providers who discuss topic at follow-up visits

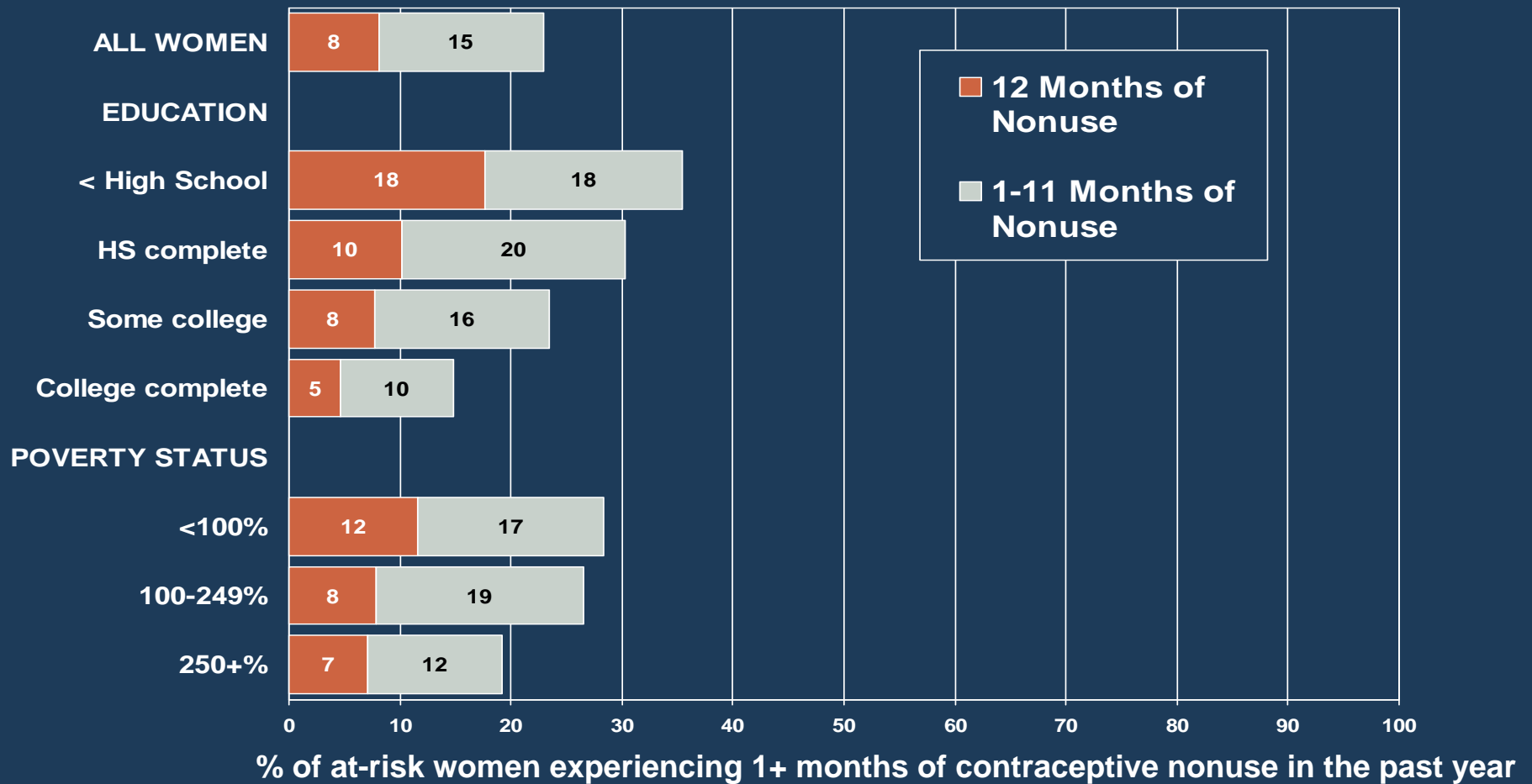
Ways providers could reduce the impact of life changes on successful contraceptive use

- 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 and/or EC
- Help women who have sex infrequently be better prepared with appropriate methods



Disadvantage and Difficulties Accessing Care are Linked to Difficulties in Contraceptive Use

Disadvantaged women are more likely to have gaps in use



Other evidence: Disadvantage

- Disadvantage is linked to using less effective methods
- Disadvantage is not so important in predicting inconsistent use of methods
- One in 10 women with gaps report cost was a factor
- Over 20% of public providers report that a majority of clients have difficulty paying for care

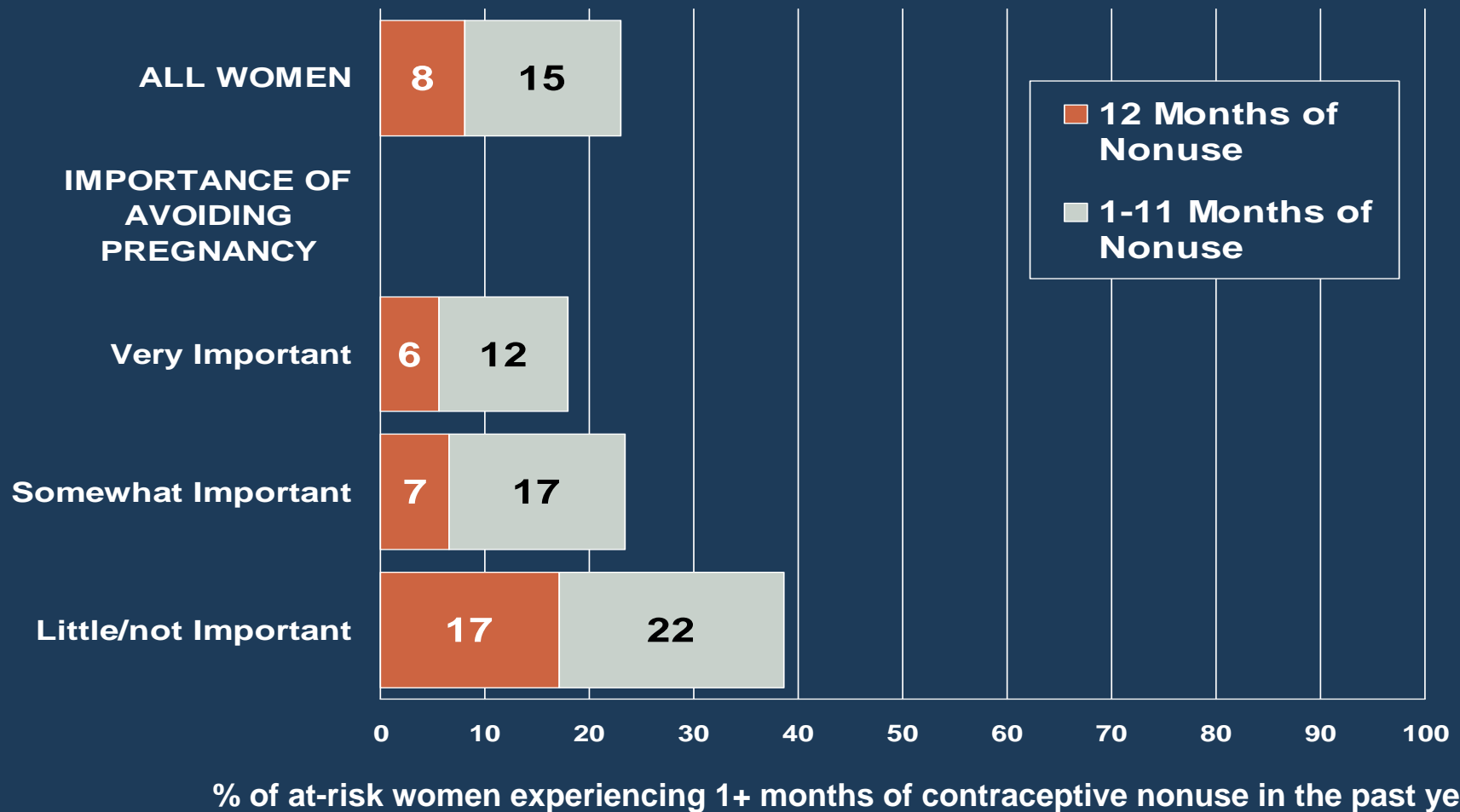
Ways providers can reduce the impact of disadvantage on contraceptive use

- 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)

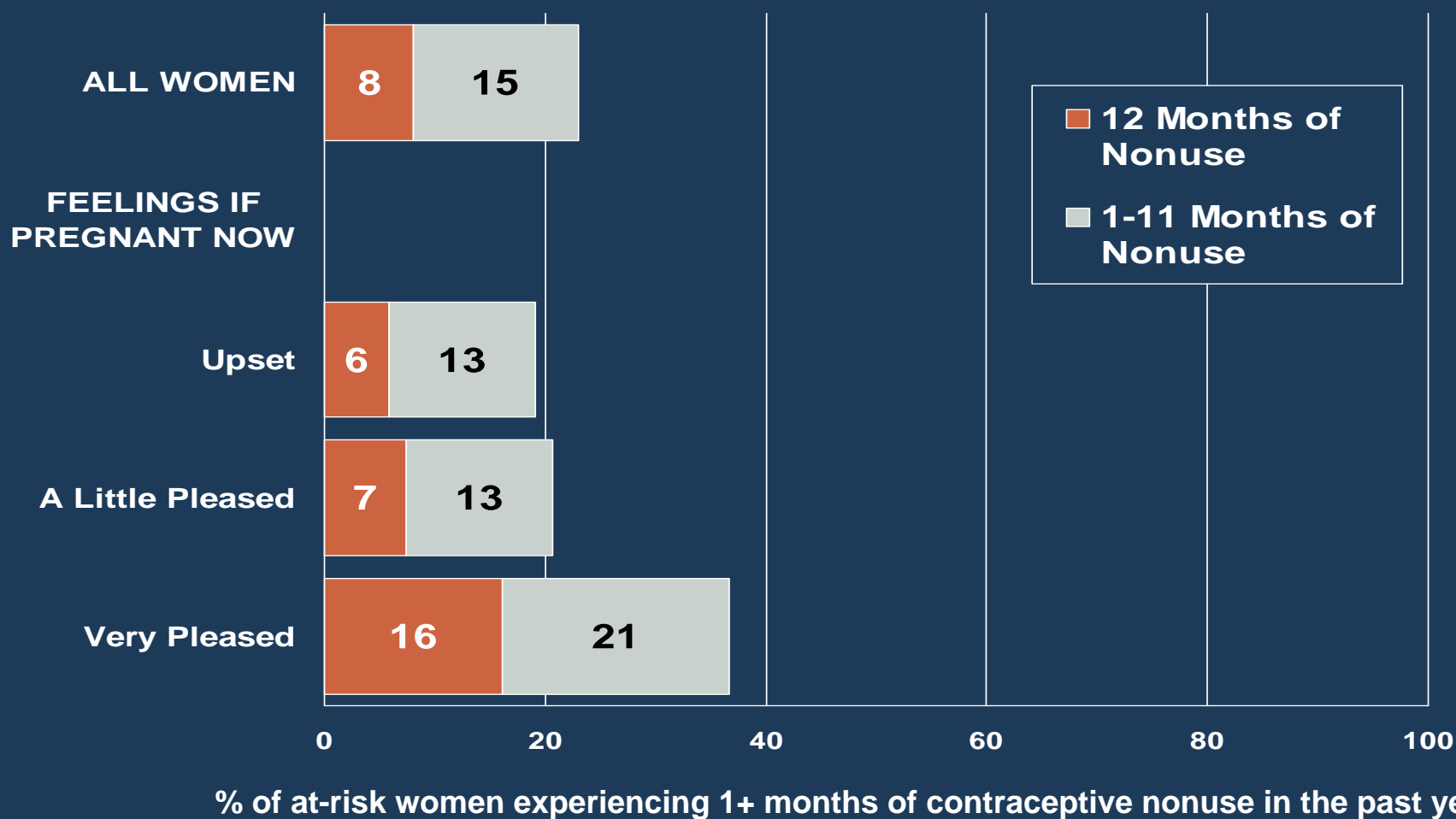


**Low or Mixed Motivation to Avoid
Pregnancy is Associated with
Difficulties in Contraceptive Use**

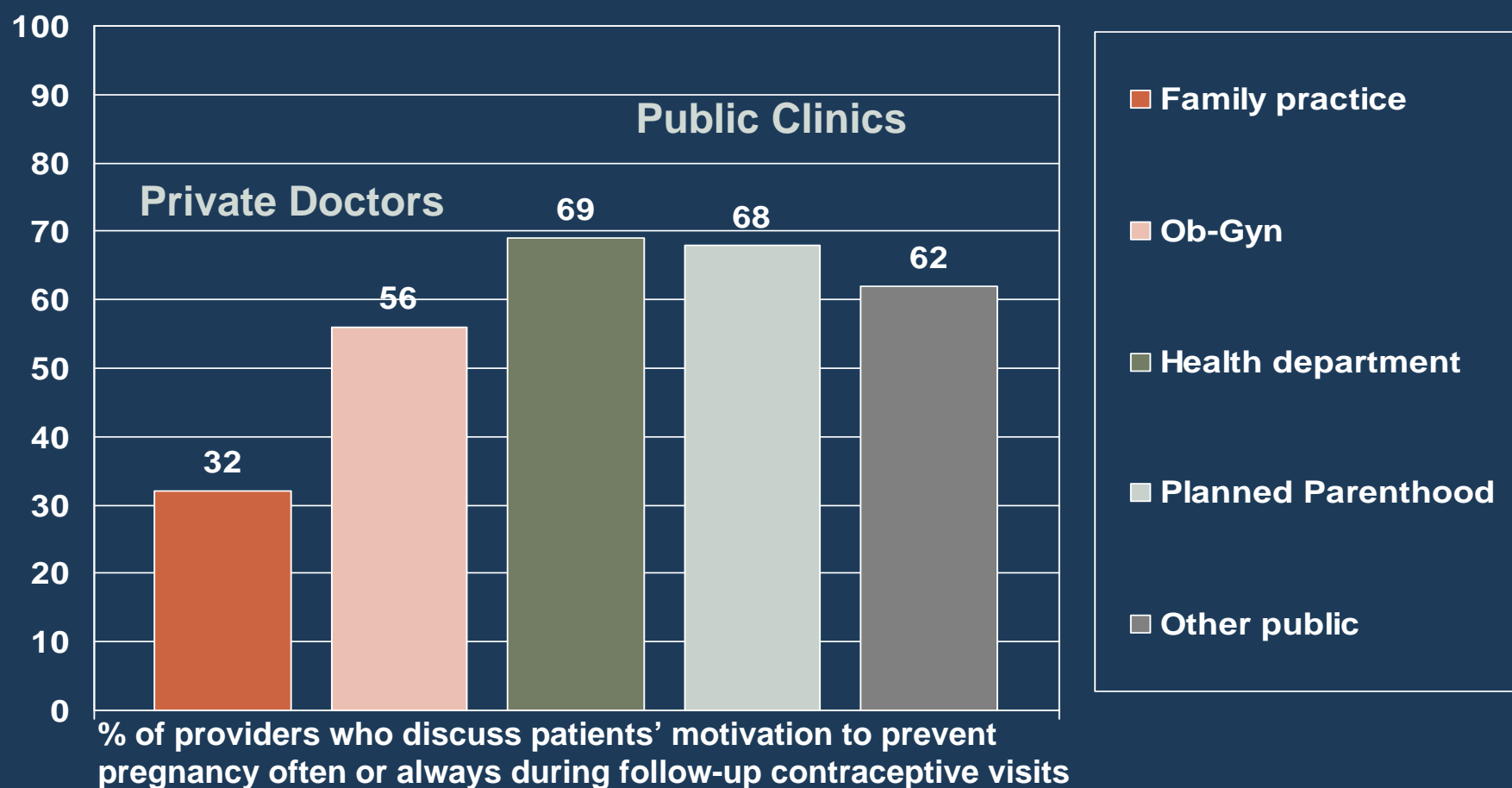
Women who say that avoiding pregnancy is not so important are more likely to have a gap in use



Women who say they would be pleased to be pregnant are more likely to have a gap in use



Clinics are more likely to discuss pregnancy motivations with patients



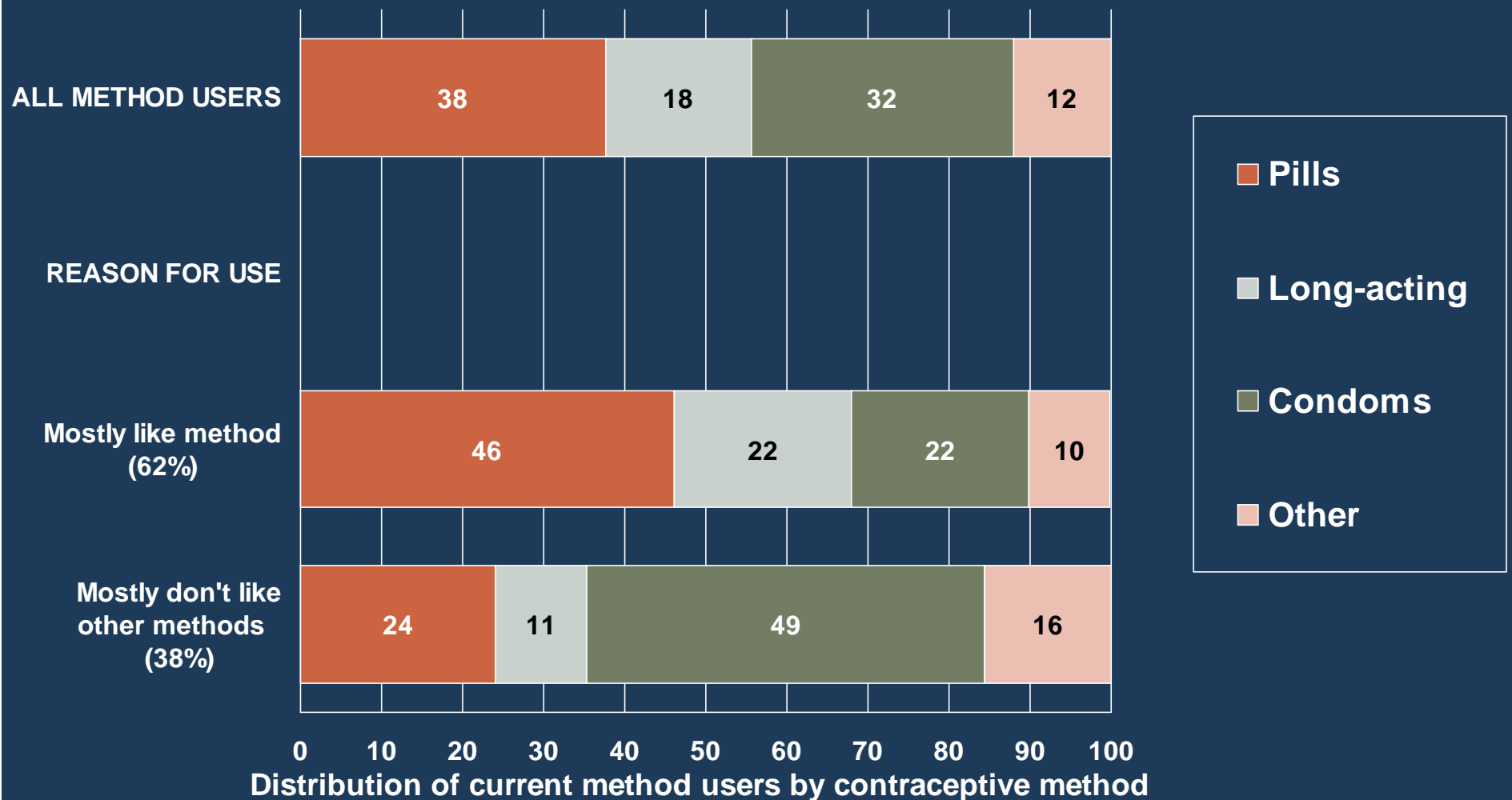
Ways providers can reduce the impact of low or mixed pregnancy motivation

- 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



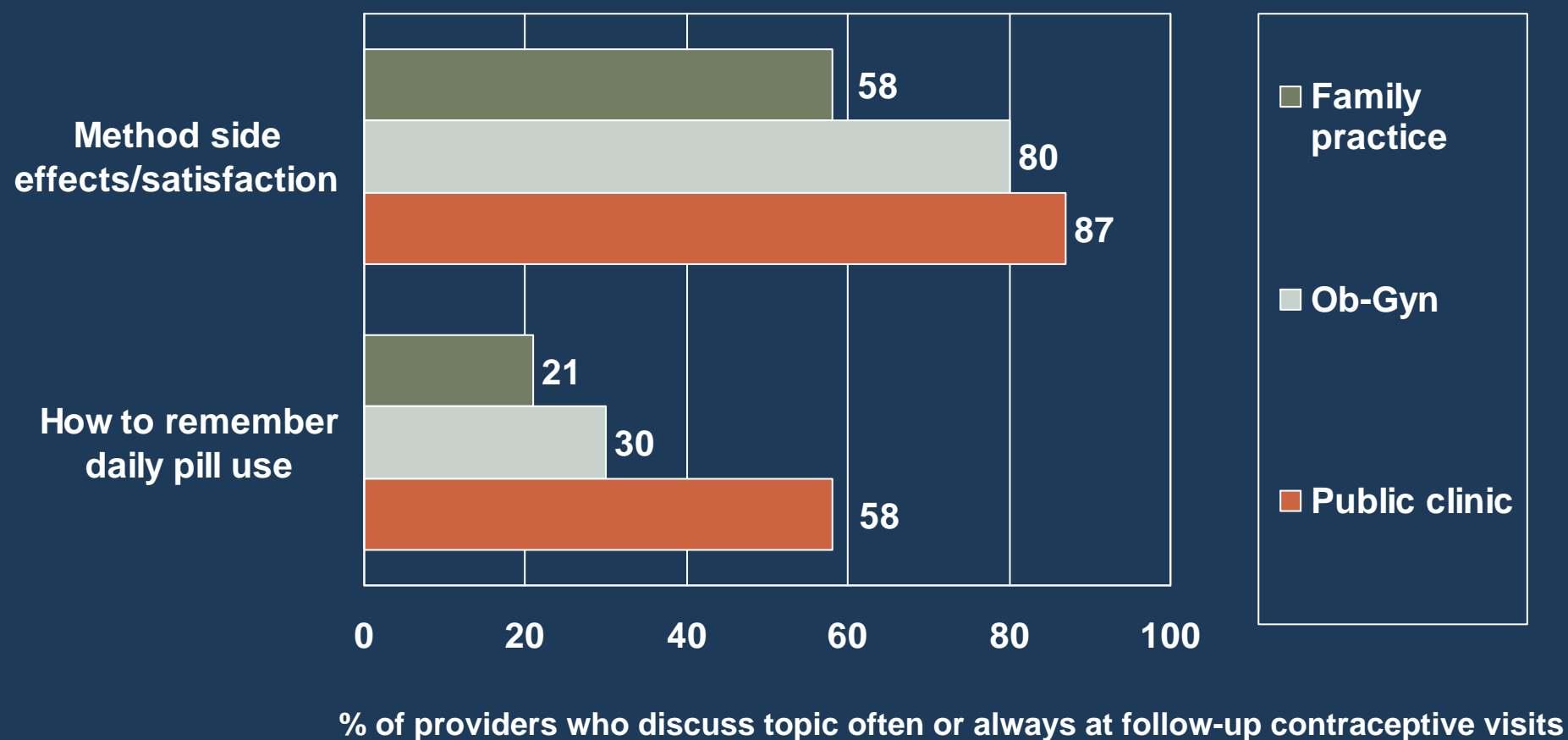
Attitudes and Experiences with Methods are Linked to Contraceptive Use Patterns

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

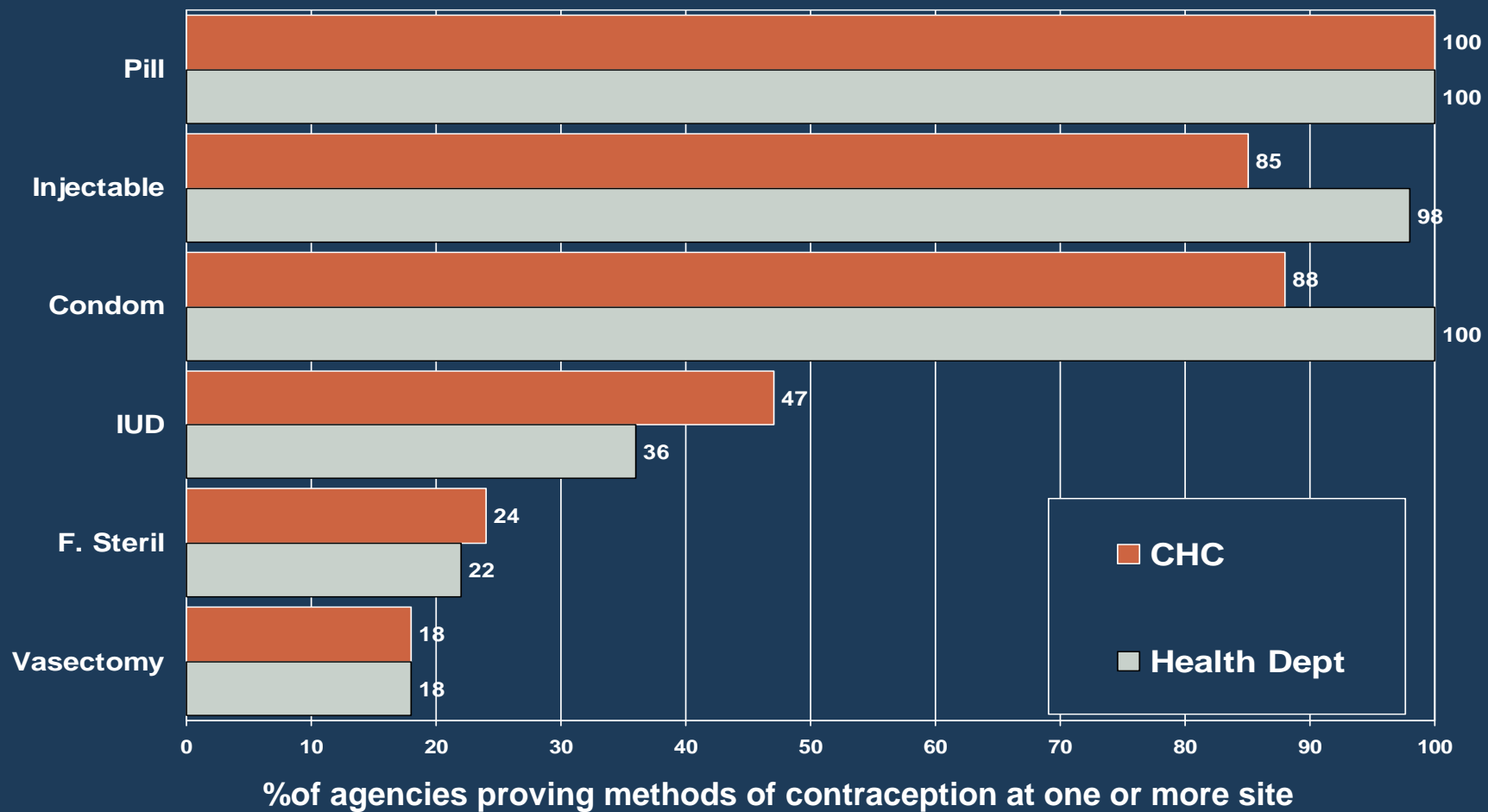


Guttmacher Institute, 2008

Providers vary widely in counseling about method difficulties



CHCs less likely to provide a range of contraceptives than Health Departments



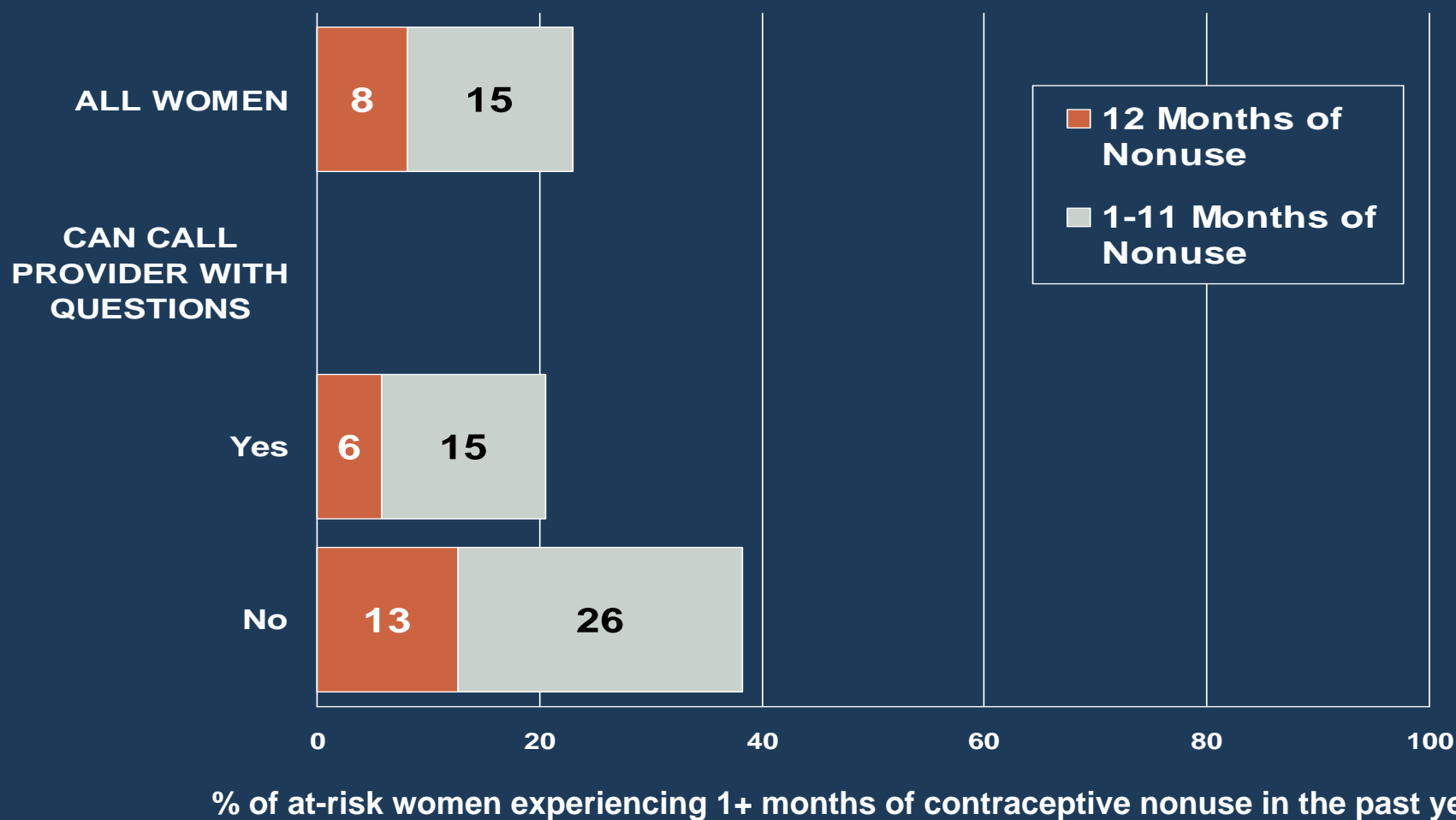
Ways providers can reduce the impact of method choice and experiences on contraceptive use

- Assess women's motivations for choosing methods and ensure 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 and affordable by each woman

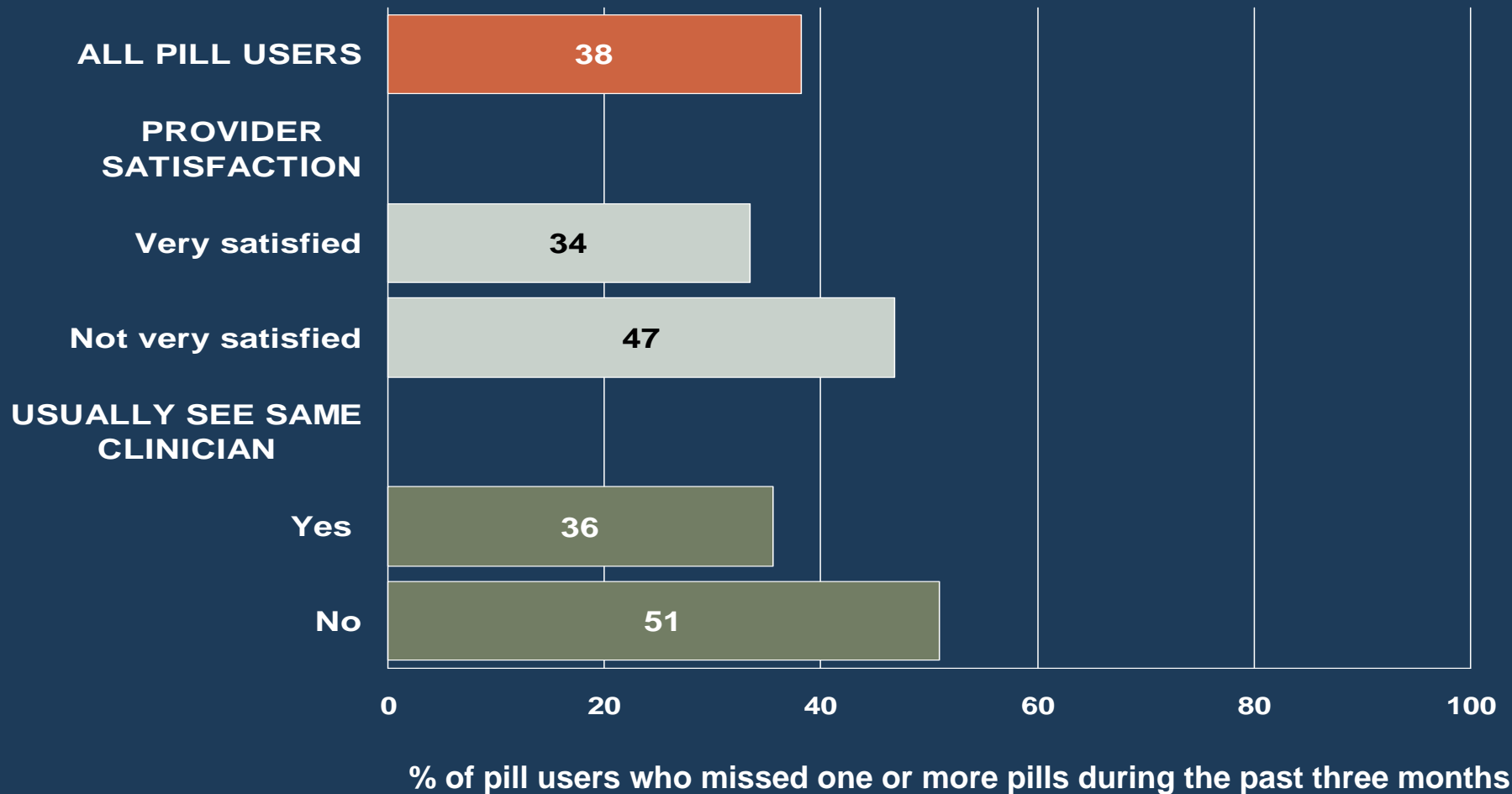


Attitudes and Experiences with Providers are Linked to Contraceptive Use Patterns

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



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



Ways providers can improve women's experiences with contraceptive care

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