

## Unintended Pregnancy and Contraceptive Use: Perceptions & Prevention

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### Introduction

According to the National Survey of Growth, unintended pregnancies are defined as pregnancies that are unplanned, unwanted or mistimed at the time of conception. As of 2008, unintended pregnancies accounted for over half of all pregnancies, which have not changed considerably since 2001 [1]. This is a major public health concern because of the enormous burden they place on women, their families and the health care system as a whole. It is estimated that unintended pregnancies cost \$11.1 - 11.3 billion dollars per year when accounting for prenatal care, labor and delivery and infant care [2]. This estimate is only a fraction of the cost as it does not include the long term financial, emotional or health costs. Women with unintended pregnancies who go on to have live births are more likely to receive late or insufficient prenatal care, engage in tobacco or alcohol use during pregnancy, have infants with low birth weight and are less likely to breastfeed [2,3]. Inadequate or late prenatal care is associated with increased risk of infant mortality [3]. Low birth weight is associated with cognitive and physical disabilities and lower educational attainment. Children born secondary to unintended pregnancies have lower self-esteem as young adults and are more likely to suffer from depression in their 20s and 30s [4].

It is clear that the burden falls disproportionately on minority women. In 2008, 69% of pregnancies in African American women were unintended compared with 56% in Hispanic and 42% in white women, where African American women were 3.4 times more likely and Hispanic women were 2.6 times more likely to have an unintended pregnancy [5]. It has previously been thought that these disparities were secondary to socioeconomic differences among ethnic groups. However, recent studies have shown that even when controlling for income, minority women had higher rates of unintended pregnancy with black women having the highest rate at 163 per 1000 women [6].

These differences in unintended pregnancy rates can be partially explained by differences in contraceptive methods among ethnicities. According to the 2006–2008 National Survey of Family Growth, 16% of sexually active, reproductive age black women who were not trying to conceive were not using any form of contraception compared with 9% of Hispanics and 9% of whites [5]. In addition, to being less likely to use contraception in general, minority women using contraception are less likely to choose the most effective methods. After adjustment for age and parity, white women are more likely than Latina, black or Asian

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women to receive the pill, ring or IUD, while Latina and black women were more likely than whites to receive the injectable, patch or barrier methods [1]. Although there have been studies to assess the differences in contraception use, few studies have addressed why these differences in contraception use exist. The most common theories have suggested that the differences are secondary to socioeconomic status and education level. However, unpublished data suggests that there may be additional reasons including cultural factors and beliefs that may contribute to the decreased likelihood of African Americans to use contraception and to choose certain methods [7].

With that said, there is a continued need to better understand the fertility of populations and the unmet need for contraception and family planning. It is important for all women of reproductive age to adopt healthy behavior but most importantly to prevent unintended pregnancies where using effective contraception is necessary to delay or avoid pregnancy. With the Healthy People 2020 goals, the United States has established objectives of increasing the proportion of intended pregnancies to 56% by improving access to as well as encouraging the correct and consistent use of contraception among those who are sexually active but wish to postpone or avoid pregnancy [8]. With 2020 rapidly approaching, it is uncertain whether we will meet these goals; therefore, further research needs to be focused on a

better understanding of pregnancy intention, how it is measured and disparities in contraception use. As one study suggests, “A better understanding of the multiple dimensions of unintended pregnancy also may lead to a better understanding of the

consequences of these pregnancies” [9].

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