

Prevalence and determinants of contraceptive use/non-use among women in California

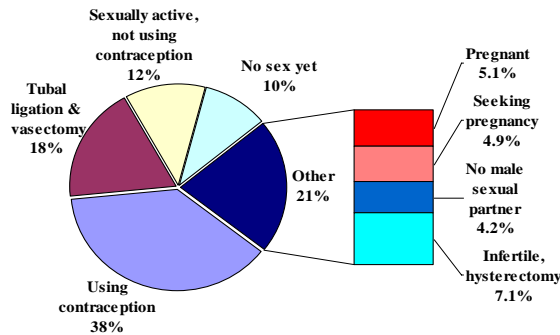
Marina J. Chabot, Diane Swann, Heike Thiel de Bocanegra, Carrie Lewis, Philip Darney

University of California, San Francisco

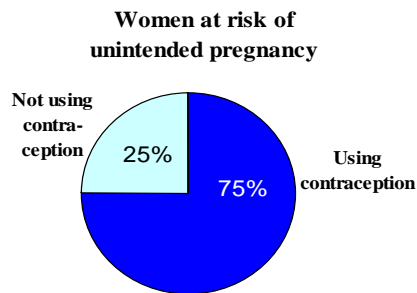
California Women's Health Survey

The California Women's Health Survey (CWSH) is an on-going annual telephone survey since 1997 that collects information on a wide variety of health related attitudes and behaviors from a randomly selected sample of adult women ages 18 and above. Data used in this analysis came from the combined 2006-07 CWSH (n=5,283).

Reproductive Status of California Women Ages 18-49

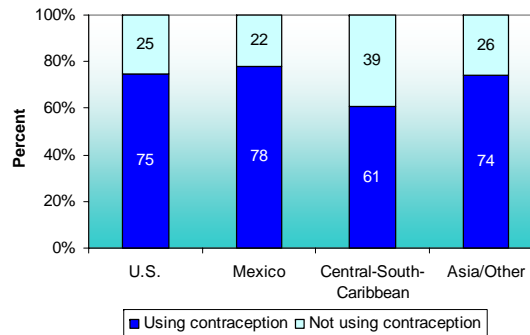


Contraceptive Prevalence among California Women Ages 18-49



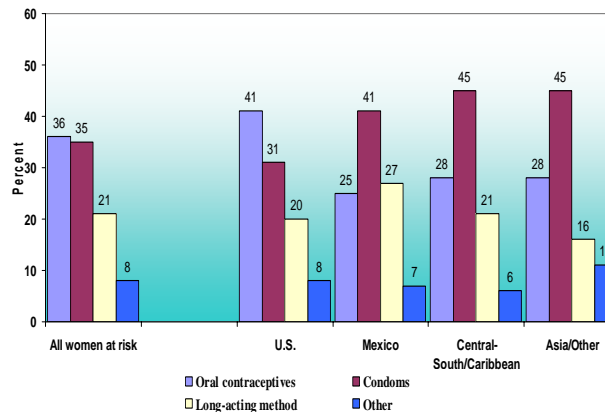
❖ Women are considered at risk of unintended pregnancy if they were sexually active in the last 12 months and neither pregnant, seeking pregnancy, sterilized, nor infertile.

Contraceptive Prevalence by Women's Place of Birth



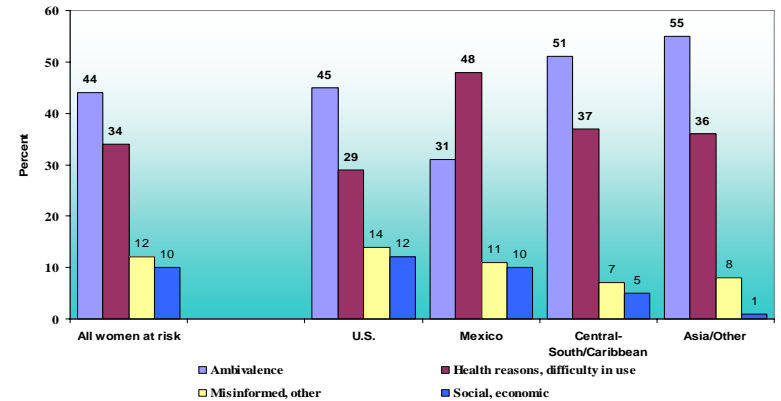
❖ Contraceptive prevalence among women at risk of unintended pregnancy is lowest among foreign-born women from Central-South America & the Caribbean at 61%.

Use of contraception among women at risk of unintended pregnancy



❖ Foreign-born women from Mexico are the least likely pill-users as compared to U.S.-born women (25% vs. 41%); however, they are more likely to use condom than are U.S.-born women (41% vs. 31%).

Reasons for contraceptive non-use



❖ Nearly half (48%) of women born in Mexico cited health reasons or difficulty in using a method as reason for non-use as compared to 29% of U.S.-born women (included answers such as "It causes headache, Don't like the side effects, It's inconvenient").

❖ Ambivalence is more prevalent among women born in Central/South America/Caribbean (51%) and Asia/Other (55%) than among women born in Mexico (31%) (included answers such as "It's OK to get pregnant, We don't need it, Nature's plan").

❖ U.S. born women below 200% FPL are more likely to cite health reasons and difficulty in use as reason for contraceptive non-use than their higher-income counterparts (38% vs. 25%); those above 200% FPL are more likely to cite ambivalence as compared to low-income women (51% vs. 34%). Not shown in chart.

* FPL - Federal Poverty Level

Conclusion

❖ Health care providers need to be sensitive to women's concerns about contraception, and provide a wide range of contraceptive options compatible with women's need.

❖ Women from Central-South America and the Caribbean have the lowest contraceptive prevalence and are more likely to indicate ambivalence as a reason for non-use than women born in the U.S. or Mexico; they may need different interventions to increase contraceptive use.

❖ Women at risk of unintended pregnancy could benefit from contraceptive counseling and education that provide accurate information and address any misconceptions women might have.