



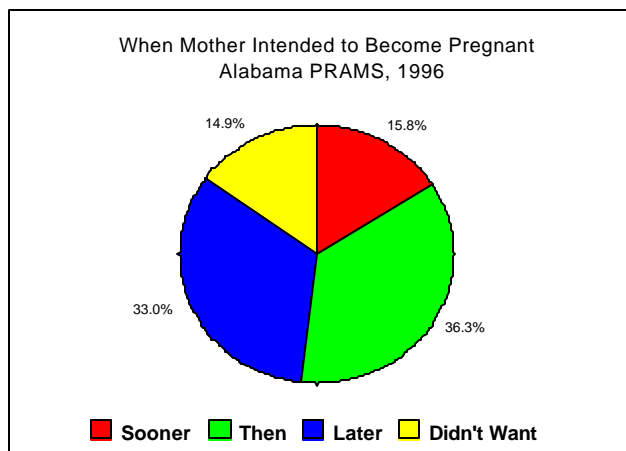
Health Statistics and Surveillance

CONTRACEPTIVE USE AND UNINTENDED PREGNANCY ALABAMA, 1996

The rates of unintended pregnancy for American women are among the highest in the industrialized world. About 60 percent, or 3.3 million, of the 5.5 million pregnancies that occur annually in the United States are unintended: that is, they occur to women who wanted to postpone childbearing until a later time (mistimed) or to women who did not ever wish to become pregnant (unwanted).¹

According to data from the Alabama Pregnancy Risk Assessment Monitoring System (PRAMS), nearly half (47.9 percent) of all Alabama babies born in 1996 resulted from unintended pregnancies--33.0 percent were mistimed and 14.9 percent were unwanted.

Figure 1.



Consequences of unintended pregnancy are serious and widespread. Although an unplanned birth is the most prevalent result, many unintended pregnancies end in induced abortion. Nearly 13,000 abortions were reported in Alabama in 1996. According to a report by the Institute of Medicine², children resulting from unintended pregnancies are more likely to be born prematurely, to die as infants, to be abused, and to live in poverty than children of planned pregnancies. Women who did not wish to become pregnant are less likely to seek adequate and timely prenatal care and are usually more prone to participate in risky health behaviors than mothers whose pregnancies are planned.² PRAMS data revealed women who experienced an unintended pregnancy in 1996 represented three-fourths of the Alabama mothers who delayed prenatal care until the third trimester, and almost 98 percent of the mothers who did not receive any prenatal care. The majority of women (59.3 percent) who consumed alcohol during the last three months of pregnancy were women whose pregnancies were unintended, and over half (53.4 percent) of all low weight births were to mothers who did not wish to become pregnant. More than 50 percent of mothers who did not breast-feed their infants were women whose pregnancies were unintended. Social and financial costs of unintended

pregnancies are also substantial. PRAMS data show Medicaid paid for approximately 67 percent of all Alabama births resulting from unintended pregnancies in 1996.

Women having unintended pregnancies varied by maternal age, race, marital status, educational attainment, economic level, and previous births. According to PRAMS data, unintended pregnancies among Alabama women having live births tended to be greater among black and other race females, mothers under the age of 20, unmarried women, mothers with a lower educational level and lower income, and women who had two or more previous births.

TABLE 1.
PERCENTAGE OF BIRTHS BY INTENDEDNESS OF PREGNANCY AND SELECTED CHARACTERISTICS OF MOTHER
ALABAMA PRAMS, 1996

Characteristics	Intended	Unintend
Total	52.1	47.9
Race		
White	63.3	36.7
Black & Other	30.5	69.5
Age		
<20 years	22.5	77.5
20-34 years	58.0	42.0
35+ years	66.6	33.4
Marital Status		
Married	66.0	34.0
Unmarried	23.2	76.8
Education		
<12 years	33.9	66.1
12 years	50.7	49.3
13+ years	62.4	37.6
Method of Payment for Delivery		
Medicaid	31.2	68.8
Non-Medicaid	70.5	29.5
Previous Live Births		
0	49.5	50.5
1	57.4	42.6
2 or more	48.4	51.6
Prenatal Care Entry		
1 st trimester	57.4	42.6
2 nd trimester	29.2	70.8
3 rd trimester	22.1	77.9
None	2.2	97.8
Low Birth Weight¹	46.6	53.4
Breast-feeding		
Yes	62.1	37.9
No ²	46.0	54.0
Smoking during Pregnancy³		
Yes	59.4	40.6
No	50.5	49.5
Drinking during Pregnancy³		
Yes	40.7	59.3
No	52.7	47.3

¹Births under 2,500 grams
²Includes breast-feeding <1 week
³During the last three months of pregnancy

Figure 2.

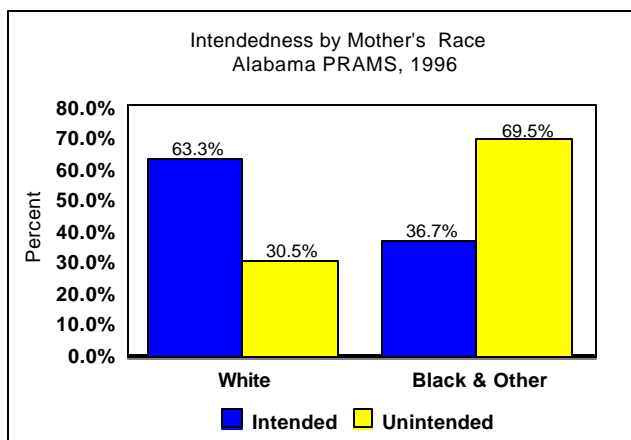


Figure 3.

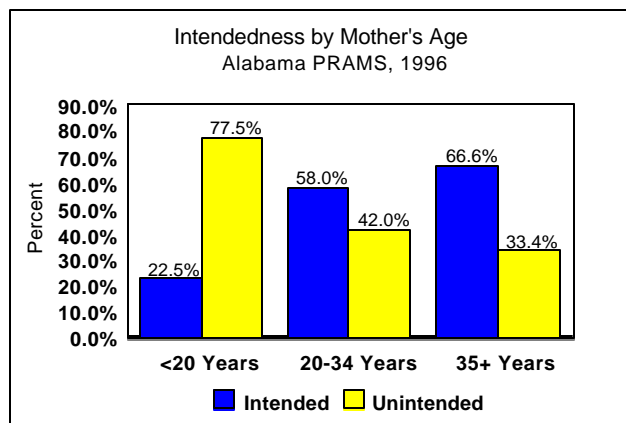
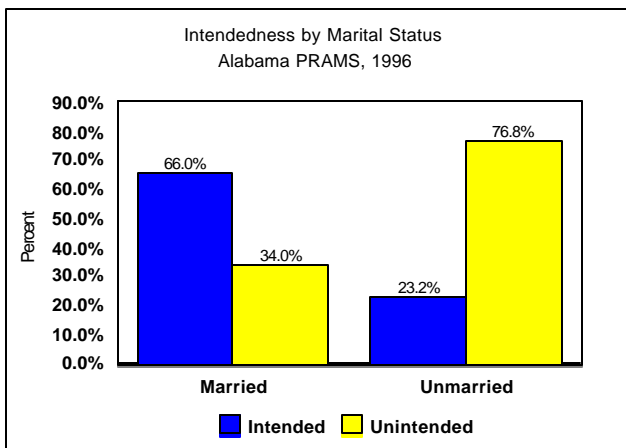


Figure 4.

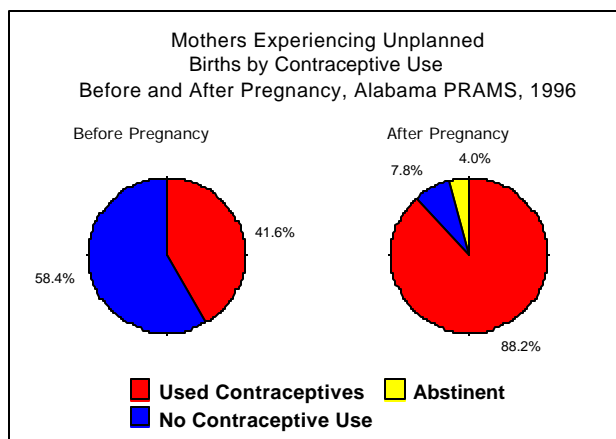


PRAMS data indicate the percentage of unintended pregnancies in Alabama has consistently decreased since 1993. However, improvement is still needed to achieve the national year 2000 objective of reducing unintended pregnancies to no more than 30 percent.³ Contraception is an effective tool in producing such a reduction. This has already been realized by a majority of women, as evidenced by the Alan Guttmacher Institute's statement that, nationally, approximately nine in ten women at risk of unintended pregnancy or their partners use contraceptives. Only

two percent of all high-risk women aged 15-44 have never used any form of contraception.¹

PRAMS data suggest that the experience of having an unintended pregnancy had a profound impact on contraceptive use in Alabama. Only 41.6 percent of women who had an unintended pregnancy in 1996 used contraceptives before becoming pregnant, yet following an unintended pregnancy and subsequent birth, contraceptive use dramatically increased to 88.2 percent.

Figure 5.



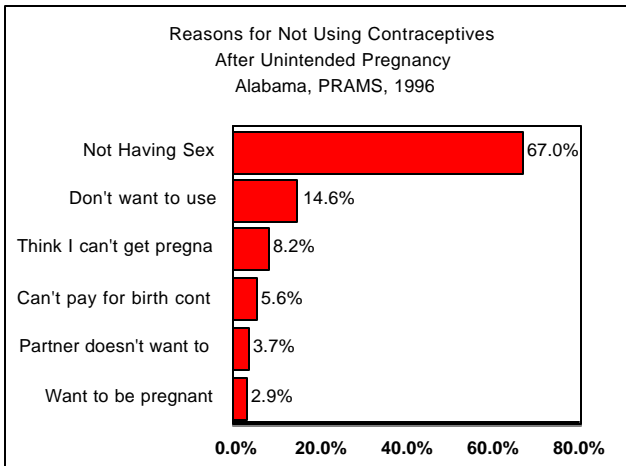
Women who were not using any form of birth control at the time of unintended conception were more likely to have lower educational levels and lower income. In contrast, when examining post-pregnancy contraceptive use, higher percentages of non-usage were seen in women who had some college education and higher income. First-time mothers were less likely to use contraception both before and after an unintended pregnancy than multiparous women.

TABLE 2.
PERCENTAGE OF MOTHERS WHO EXPERIENCED UNINTENDED PREGNANCY AND WERE NOT USING CONTRACEPTION BY SELECTED CHARACTERISTICS AND TIMING RELATIVE TO PREGNANCY ALABAMA PRAMS, 1996

Characteristics	Before Pregnancy	After Pregnancy
Total	58.4	11.8
Race		
White	55.3	11.3
Black & Other	61.5	12.4
Age		
Under 20 years	63.7	14.7
20-34 years	55.5	10.3
35+ years	62.5	13.7
Marital Status		
Married	52.5	6.8
Unmarried	63.8	16.3
Education		
Under 12 years	66.5	11.2
12 years	59.3	9.8
13+ years	50.2	14.5
Method of Payment for Delivery		
Medicaid	59.8	11.2
Non-Medicaid	55.5	13.2
Previous Live Births		
0	60.1	14.6
1	58.9	10.7
2 or more	54.0	7.2

Abstinence, which some consider to be a method of contraception in itself, was the primary reason given by Alabama mothers who were not using contraception after an unintended pregnancy (67.0 percent). Some Alabama mothers simply did not wish to use contraception (14.6 percent) or their partner did not want to use contraception (3.7 percent). A small portion of these mothers believed they were not fertile (8.2 percent). Cost was a small deterrent to contraceptive use (5.7 percent). Almost three percent (2.9) of mothers were not using contraception since they were seeking another pregnancy at the time of survey.

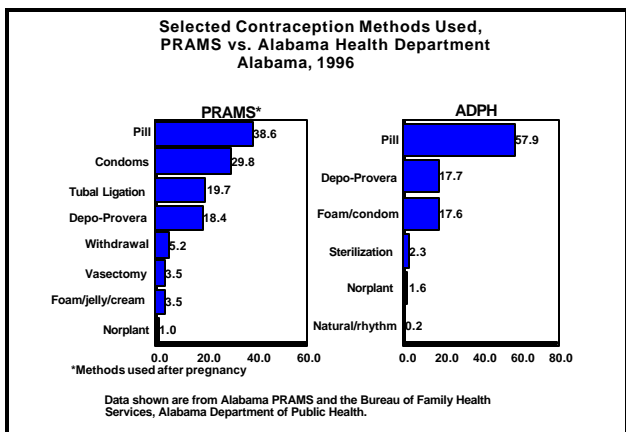
Figure 6.



Several reliable methods of contraception are now available; however, due to their ease and safety of use, some methods are more popular than others. Irreversible methods such as tubal ligation, hysterectomy and vasectomy provide the greatest contraceptive protection against unintended pregnancy, yet reversible methods (the pill, condoms, Depo-Provera®, Norplant®, IUDs, diaphragms, spermicides, etc.) provide individuals with the opportunity to choose which method is more accommodating and effective in preventing unintended pregnancy and sexually transmitted diseases.

According to 1996 data from the Alabama Department of Public Health, Bureau of Family Health Services, the preferred method among health department family planning patients was oral contraceptives or the pill (57.9 percent), followed by Depo-Provera®, 17.7 percent and foam/condoms, 17.6 percent. The pill was also the most preferred method of contraception (38.6 percent) used by Alabama mothers after having a pregnancy and birth according to PRAMS data.

Figure 7.



Condoms were the second leading method used (29.8 percent), followed by female sterilization or tubal ligation (19.7 percent). Injectable and implanted contraceptive devices are also effective, yet were less prevalently used.

Choosing the most effective contraceptive method is important, yet consistent and correct usage of available contraceptive methods is equally as critical in preventing unintended pregnancy. PRAMS data showed over 40 percent of women who experienced an unintended pregnancy were using some method of contraception, but their chosen method failed, possibly due to improper and/or inconsistent usage.

Although abstinence is the greatest protection, contraception in all of its various types provides an effective secondary defense against unintended pregnancy. Contraceptive use can have a profound effect on individual health and well-being. For females who should not conceive due to medical reasons, contraception can decrease morbidity and possibly even mortality. Contraception gives individuals the option to choose whether and when they want to become parents, thus allowing for the completion of education, establishment of careers, or attainment of other goals which could be interrupted by an unintended pregnancy.

The reduction of unintended pregnancies can indeed be achieved, yet it relies heavily on education emphasizing how pregnancy occurs, what consequences could develop from an unintended pregnancy, what contraception methods are available and how to properly use those methods. In the matter of contraception, it can be truly said that "an ounce of prevention is worth a pound of cure."

For additional information on contraception and family planning, please contact the Alabama Department of Public Health, Bureau of Family Health Services at (334) 206-5661. For more statistical information or data please call the PRAMS office at the Center for Health Statistics at (334) 206-2700.

Pamphlets on the contraceptive options available can be obtained by calling the Info Connection, 1-800-545-1098. Sources of additional information include the following:

Sulak, Patricia J., *et. al.* "Unwanted Pregnancies: Understanding Contraceptive Use and Benefits in Adolescents and Older Women," *American Journal of Obstetrics & Gynecology*, Vol. 168 (6-2): 2042-2048, June 1993.

Trussell, James, *et. al.* "The Economic Value of Contraception: A Comparison of 15 Methods", *American Journal of Public Health*, Vol. 85 (4): 494-503, April 1995.

¹Donovan, Patricia. *The Politics of Blame: Family Planning, Abortion and the Poor*. New York, NY: The Alan Guttmacher Institute, 1995.

²Brown, Sarah S. and Eisenberg, Leon. *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*. Washington, D.C.: National Academy Press, 1995.

³Public Health Service. *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*. Washington, D.C.: U.S. Department of Health and Human Services, Public Health Service, 1991: DHHS Publication No. (PHS) 91-50212.

TECHNICAL NOTES

The intendedness of pregnancy data presented in this report were derived from answers to a question from the Pregnancy Risk Assessment Monitoring System (PRAMS) questionnaire. The question reads as follows: Thinking back to just before you got pregnant, how did you feel about becoming pregnant? Check the best answer.

- ' I wanted to be pregnant sooner
- ' I wanted to be pregnant later
- ' I wanted to be pregnant then
- ' I didn't want to be pregnant then or at any time in the future
- ' I don't know.

Those who answered "later" or "not at all" comprised the unintended category. Those who responded "I don't know" were excluded.

The Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing population-based surveillance system which collects information on maternal behaviors and attitudes during pregnancy and early infancy. Each month a stratified systematic sample with a random start is used to select approximately 200 mothers who recently had live births. A total of 2,513 mothers were sampled in 1996. Of these, 1,894 surveys were completed, yielding a response rate of 75.4 percent. Analysis weights were applied to adjust for selection probability and non-response to obtain estimates for the state. The data used in this report are for calendar year 1996. The PRAMS project is funded under a grant from the Centers for Disease Control and Prevention, cooperative agreement number U50/CCU407103-02.

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Informational materials in alternative formats will be made available upon request.

CONTRACEPTION TERMS

ABSTINENCE: Deciding not to have sex.

DEPO-PROVERA®: A shot given to a female every three months to stop the release of eggs.

"THE PILL": Medicine taken by mouth daily by females to prevent pregnancy.

NORPLANT®: Tiny capsules put in the arm which prevent pregnancy for up to five years.

CONDOM: Latex sheath (rubber) worn over the male penis to catch sperm during intercourse.

DIAPHRAGM: Cap-shaped device placed over the female cervix to block sperm from entering the womb during sex.

SPERMICIDES: (foam, jellies, cream, suppositories and film): Sperm-killing medicine placed in the vagina before sex.

TUBAL LIGATION: Surgical procedure which makes a woman permanently unable to have children in the future through closure of the female's fallopian tubes.

HYSTERECTOMY: Surgical procedure which permanently disables a woman to bear children through removal of the female's ovaries.

VASECTOMY: Surgical procedure which makes a man permanently unable to father children through closure of the tubes that carry sperm.

IUD (intrauterine device): Tiny plastic and copper device placed in the female uterus which prevents egg implantation in the uterus.

NATURAL FAMILY PLANNING ("The Rhythm Method"): Method of determining which days a woman is most likely to conceive and then abstaining from sex on those days.

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