

Contraception Use Among Women in an Urban Clinic

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Degree of Doctor of Medicine

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This project is dedicated to the patients at the Wesley Health Center who agreed to help with the study, as well as those who help medical students learn on a weekly basis at the CUP clinic.

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Abstract

Ninety-nine percent of all sexually active women recently surveyed in the United States had at some point used at least one form of contraception (Mosher and Jones 2010). A great variety of contraceptive methods are available, and many factors, including side effects, reversibility, medical advice, lifestyle, culture, religion, and partner preference, play a role in each individual's method of choice. While each woman chooses a method for her own reasons, trends often emerge within particular groups of women.

Despite the wide usage and availability of contraception in the US, approximately 50% of pregnancies are unplanned. Some populations are at a higher risk of unintended pregnancies, including those with low income, less education, ethnic minorities and women at either end of the reproductive spectrum. Although data from the United States Centers for Disease Control indicates that women of all ethnicities use contraception at a relatively equal rate, socioeconomic disparities impede successful contraceptive use among some women.

The purpose of this study is to understand how female patients at a community health clinic in central Phoenix manage their reproductive health. The majority of patients served by this clinic have a low income and are Hispanic. One objective of the study is to determine what contraceptive methods these patients are currently using. A second is to ascertain what factors are important to these women when choosing contraception.

The overarching purpose of the study is to allow health care providers to better understand how these individuals make choices related to contraception and what influences their decisions.

A total of 204 women between the ages of 18 and 45 who had scheduled appointments at the Wesley Health Center were given a self-administered survey. Surveys were completed during April of 2010, and contained questions regarding demographic information, number of pregnancies and live births, past and present use of contraception and contraceptive preferences.

One hundred and ninety-seven of the 204 surveys were analyzed. Seventy four point six percent of all of the women were using at least one method to prevent pregnancy. Women used contraception at a relatively equal rate between age groups, but the

type of contraception a woman was most likely to be using varied based on age. Reliability, comfort and ease of use were the factors that women identified as most important to them in determining which method to use.

Although most women who were not currently trying to become pregnant were using contraception, it is unknown whether they are using the methods effectively. Additionally, the way in which many surveys were filled out indicated lack of understanding regarding contraceptive options in general. It is important that health care providers take time to educate each woman individually about options that are available to her, and ensure understanding regarding proper use of her method of choice.

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Introduction

Background

Reproductive health and contraception are issues that affect all women of reproductive age throughout the United States. Ninety-nine percent of all sexually active women surveyed between 2006 and 2008 had at some point used at least one form of contraception, ranging from the male condom to hormonal injections to female sterilization (Mosher and Jones 2010). According to this data provided by the Centers for Disease Control, 62% of all women were using a method to prevent pregnancy. The most common methods used among those surveyed include the pill, female sterilization, and the male condom. Patterns of use vary with age, and while the method of choice for women under age thirty tends to be oral contraceptives, female sterilization is the leading method in women over the age of 35 (Mosher and Jones 2010).

Despite the wide usage and availability of contraceptive methods in the US, approximately 50% of pregnancies are unplanned. Women of all ages, ethnicities and economic and social backgrounds are at risk for unintended pregnancies, yet some groups display higher rates of unplanned pregnancies than others. According to a study completed by Aquilino and Losch in 2005, unintended pregnancies were strongly correlated with household income, and decreased with every increase in income bracket. Unintentional pregnancy is also correlated with education, with less education relating to higher rates of unintended pregnancy. In addition, women who are at either end of the reproductive spectrum display increased numbers of unplanned pregnancies. While women in their teens and early twenties account for the majority of unintended pregnancies, 30% of pregnant women over 40 years of age reported that their pregnancy was not intentional (Aquilino and Losch 2005). Unintended pregnancies are not equal across all races and ethnicities, and minority populations tend to have higher rates of unplanned pregnancies than Caucasians. Although CDC data indicates that women of all ethnicities use contraception at a relatively equal rate, socio-economic disparities such as access to healthcare and education level most likely impede successful contraceptive use by some groups in the US.

Minority populations tend to experience higher rates of unplanned pregnancies in the US, and Hispanics are no exception. The Hispanic population in the United States continues to grow rapidly, and Hispanics make up the majority of the patients at most of the community health centers in Phoenix. The fertility rate of Hispanics is higher than that of non-Hispanic whites and African Americans (Sangi-Haghpeykar et al 2006), and in one study half of Hispanic mothers interviewed reported unplanned pregnancies over a five year span (Aquilino and Losch 2005). A variety of literature attempts to relate patterns of contraceptive use among Hispanic women to social and cultural factors. Many have theorized that a culture that strongly values motherhood, large families and Catholicism may be responsible for decreased success of family planning among Hispanic women.

However, the percentage of Hispanic women using any form of contraception does not differ greatly from that of non-Hispanic white and black women (Mosher and Jones 2010). Differences are consistently found in choice of method, with Hispanic women less likely to use oral contraceptive pills but more likely than white women to use injectable birth control such as Depo Provera. Young Hispanic women are also less likely to use any method at first intercourse (Mosher and Jones 2010). Despite similarities in reported use of any type of contraception, Hispanic women still have fertility rates that are higher than non-Hispanic whites or blacks in the United States, and report high rates of unintentional pregnancy when compared to non-Hispanic whites (Aquilino and Losch 2005). This may be due to a variety of factors including cultural influences, income, education level and accessibility of healthcare.

If Hispanic women are not well informed about options and are not educated as to the risks, benefits and availability of different methods, they will be less likely to use barriers to conception. One study conducted in Houston, Texas found that non-US born Hispanic women had high levels of concern about efficacy and risk factors of more effective methods of birth control (Sangi-Haghpeykar, et al 2006), indicating that lack of education about these methods is a likely barrier to effective use. Another study conducted among low-income Mexican American women living in El Paso indicated that 41% of women using oral contraception and 54% of those using injectable forms procured contraception in Mexico. This indicates that price and

availability play an important role in determining usage (Potter et al 2003).

The Wesley Health Center in central Phoenix provides an ideal location for a study to investigate contraceptive use among a population of women at risk for unintended pregnancy. The Wesley Community Center is a non-profit agency that offers social programs and services to south central Phoenix residents. The Wesley Health Center is a federally-qualified community health clinic that provides healthcare to uninsured and underinsured families and is located at the community center. The majority of patients who utilize the clinic services are Hispanic and have a low household income. Between June of 2007 and June of 2008, 1869 patients utilized Wesley Health Center services, and 76% of these patients were women. Ninety-seven percent of the patient population is Hispanic, and the median age is 34. Thirty percent of all patient visits were for family planning purposes, and contraception is a topic that is discussed at many of the patient visits even without family planning as a chief complaint. Yet the population that is seen at this clinic most likely does not use contraception as consistently as the population that was included in the CDC study.

Significance

The benefits of proper use of contraception are numerous. The ability to plan the timing of desired pregnancies and avoid unplanned pregnancies greatly benefits both maternal and child health. Birth spacing is one benefit of contraception that can improve the health of a mother as well as her children. Mothers who have unplanned pregnancies are less likely to seek prenatal care and initiate and continue breastfeeding once the child is born. These babies are more likely to be exposed to alcohol or other harmful substances while in utero, and their mothers are more likely to suffer from depression and socio-economic difficulties (Aquilino and Losch 2005). In order to empower a woman with the opportunity to choose and successfully use a form of contraception, it is important to know what factors go into her decision to use or avoid a specific contraceptive method.

Aims/Goals/Hypothesis

The purpose of this study will be to understand how low-income, urban Hispanic women between the ages of 18 and 45 manage their reproductive health. One objective will be to determine what contraceptive methods these patients are currently using. A second is to ascertain what factors are important to these women when choosing contraception. An attempt will be made to determine what factors make some contraceptive methods preferable to others and to understand the real and potential barriers to successful use. We predict that the rate of successful use of contraception among the population at this clinic will be lower than that of the average US population. The goal of this study is to allow health care providers to better understand how these individuals make choices related to contraception and what influences their decisions so as to better provide reproductive health care.

Research Materials and Methods

Data for this study were collected at the Wesley Health Center across a four week time span in April of 2010. Women between the ages of 18 and 45 were approached while waiting for their appointments, and invited to fill out the three page, twenty-one item questionnaire. Pregnant women were not asked to participate. The survey was available in Spanish and English. Participants were assured that their answers would remain anonymous, and no names or other identifying information was collected. Help with reading the survey as well as an explanation of the questions was available if participants asked. Otherwise the surveys were completed by the participants. The surveys were collected immediately after they were completed and if participants had questions regarding contraception as a result of the survey, their questions were answered and they were counseled accordingly. Data was analyzed using Epi Info, publically available statistical software developed by the Centers for Disease Control and Prevention.

Results

A total of 204 surveys were filled out. Of these, five did not have an age listed, and therefore were not included in analysis. Two surveys were inadvertently collected from pregnant women and excluded as well. Of the women surveyed, 45 were between the ages of 18 and 24, 79 were between the ages of 25 and 34 and 73 were between 35 and 45 years of age. One-hundred and sixty participants were born in Mexico (83.9%), 10 were born in another Latin American country (5.2%), 20 were born in the US (10.4%), and three participants listed a different country of origin. Of those who were not born in the United States, 62.6% have lived here for greater than ten years while only 2.6% have been in the US for less than one year. The majority of respondents listed high school as the highest education level completed (44.2%). Twenty-seven percent of participants did not complete high school, and 12.7% had attended college. Fifty point six percent of those surveyed listed household income as less than one thousand dollars per month, while only 1.9% listed a household income of more than five thousand dollars per month.

With respect to current use of contraception, at the time the survey was administered, 147 women were using at least one method, ranging from natural family planning to oral contraceptive pills (OCPs) to tubal ligations. One hundred and thirty two of those currently using a method were using it to prevent pregnancy. Only twelve women said that they were using a method to regulate menstruation, and an additional twelve indicated that they were using a method to prevent sexually transmitted diseases. The most commonly selected method of contraception was a condom, with 41 respondents selecting this option. The second most common was OCPs, with 33 users, followed by intra uterine device (IUD) (27) and tubal ligation (25).

Seventy-five point six percent of women between the ages of 18 and 24 were current users, while 70.9% between 25 and 34 and 78.1% of the women 35 and older said they were currently using contraception. Of those older than 35, the most commonly selected method was tubal ligation, followed by OCPs, condoms and IUDs. Among the youngest age group, condoms were more commonly used than any other method, followed by withdrawal and OCPs. Among

women between 25 and 34, condoms were the most commonly selected method, followed by OCPs and IUDs.

Percentages of women who were using a method of contraception did not vary greatly based on level of education. For each education level (less than high school, finished high school, trade school, and at least some college) the percentage of women using contraception was consistently between seventy and eighty.

The women who filled out the survey were also asked which three factors were most important to them when choosing a method. Most of the women responded that reliability was the most important factor, followed by ease of use, comfort, side effects and price.

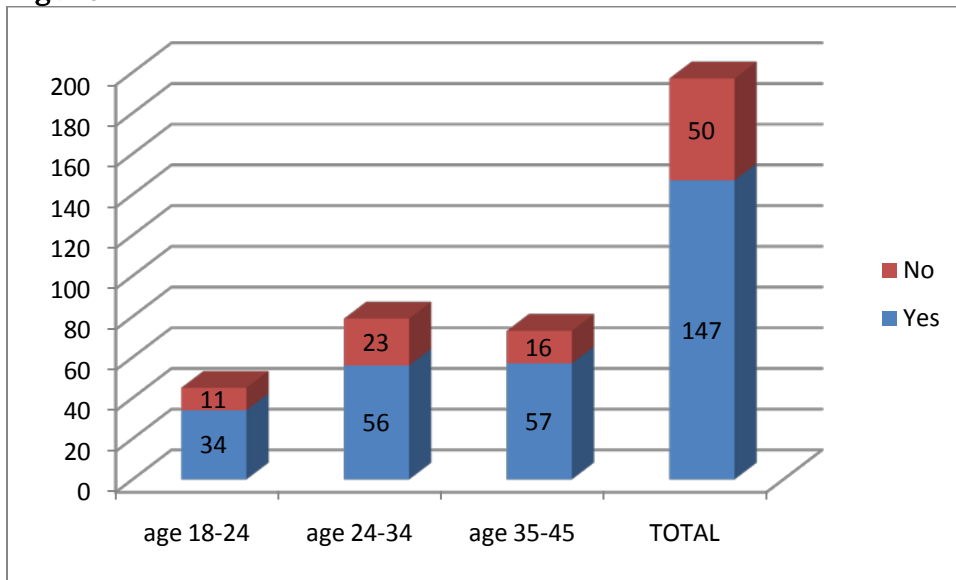
Fifty women were not using any method. Of these women, 17 currently desired a pregnancy, 16 were not sexually active, and 9 wrote that they were not using contraception because they did not understand their options.

With respect to past use, the most common previously used methods were OCPs and Depo Provera. The most common reason selected for stopping a method was side effects. When asked whether they would prefer to receive information about contraceptive options from a brochure, a nurse or a physician, the majority (122) preferred to speak to a physician.

Table 1*	Mexico	Other LA	US	Other	Total
Age: 18-24	34	2	9	0	45
Age: 25-34	65	4	6	2	77
Age: 35-45	61	4	5	1	71
Education Level: College	13	3	8	2	26
Education Level: Trade	24	1	2	1	28
Education Level: HS	78	2	6	2	28
Education Level: Less than HS	45	0	4	4	53
Monthly Income: Less than 1000	71	5	3	0	79
Monthly Income: 1000-2000	52	4	6	1	63
Monthly Income: 2000-3000	7	0	5	1	13
Monthly Income: >than 3000	0	0	1	2	3
Number of children: None	15	1	8	1	25
1 child	28	1	5	1	35
2 children	49	3	3	1	56
3 children	45	4	3	0	52
4 or more children	21	1	1	0	23
Married	82	6	10	2	100
Single	12	0	7	0	19
Divorced	4	0	1	0	5
Not married, in a relationship	61	4	2	1	68
Country of Origin	160	10	20	3	193

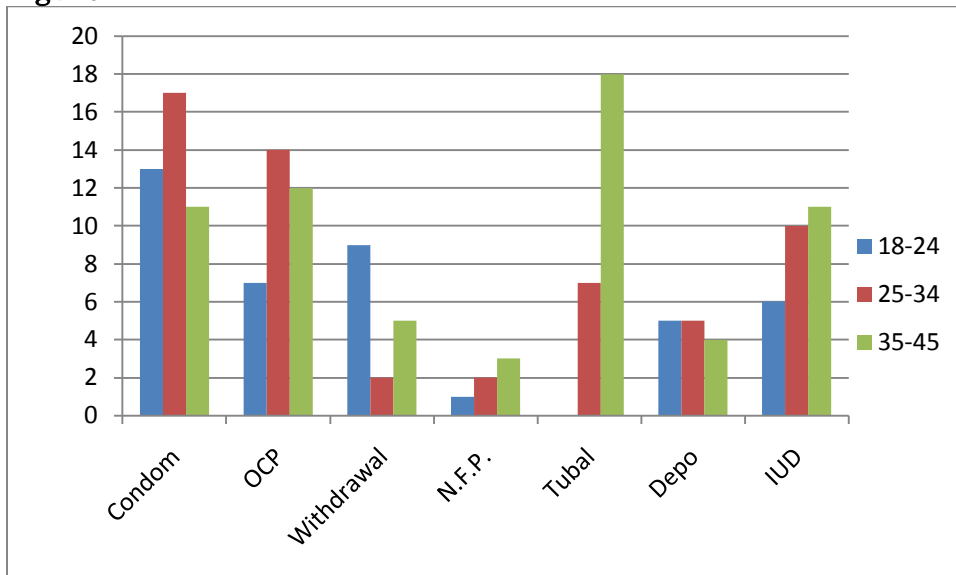
**Demographic info of all participants stratified by country of origin*

Figure 1*



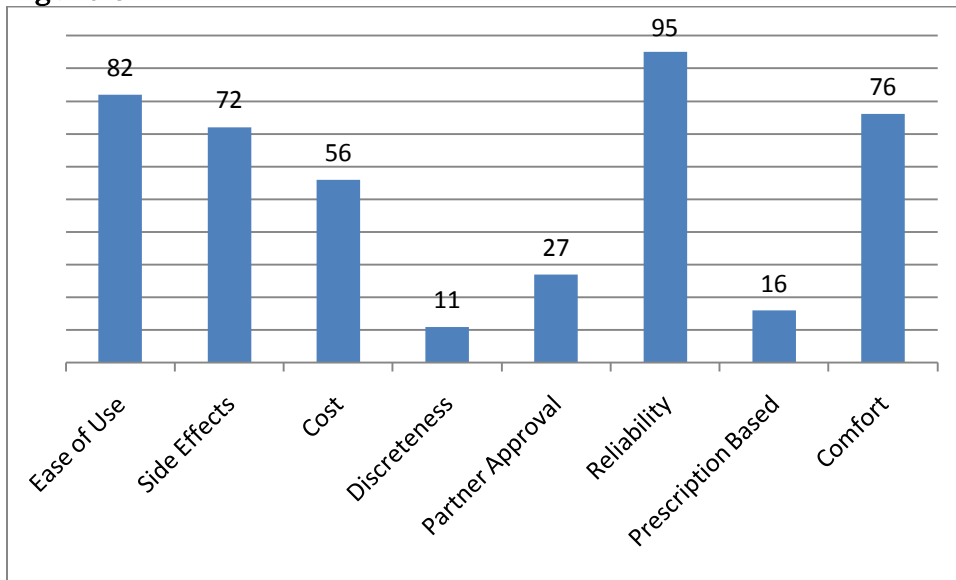
**Number of women in each age group answered yes to current contraceptive use vs. those who answered no.*

Figure 2*



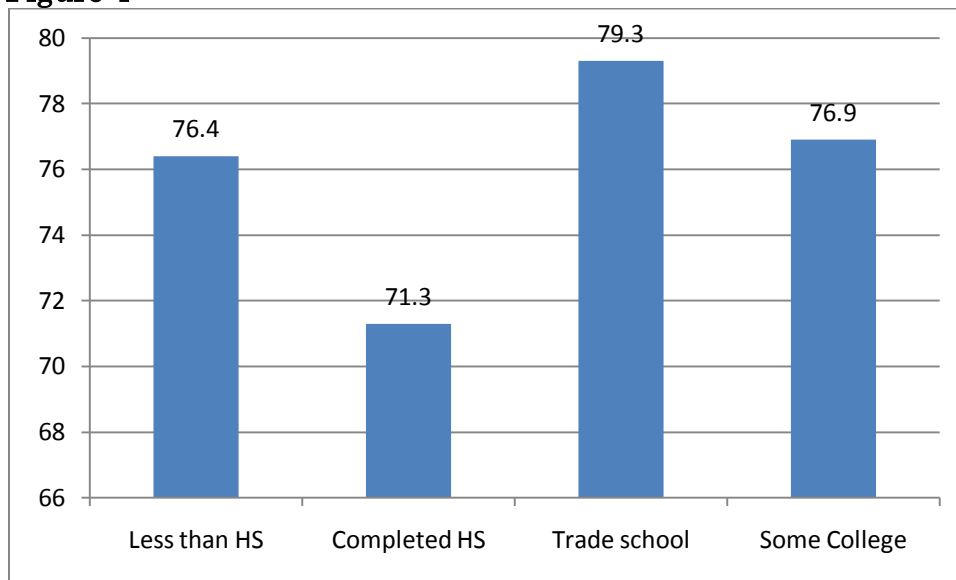
** Number of women reporting current use of each contraceptive method, stratified by age group.*

Figure 3*



**Women were given a list of factors that might be important for them to consider when choosing a method of contraception, and told to select their top three. The number of women who selected each factor is represented in the figure.*

Figure 4*



**Percentages of women currently using contraception, broken up by education level.*

Discussion

The majority of the women surveyed stated that they were using at least one method of contraception to prevent pregnancy. Although relatively equal percentages from each age group were using contraception, the most commonly used methods differed between age groups. Condoms and withdrawal were the most commonly selected methods among women in the younger age group. Both of these methods do not require a physician's intervention, indicating that younger women may be less likely to visit a doctor's office in order to acquire contraception. Women from this age group were also less likely to have children. Prenatal and postnatal visits provide many women with opportunities to learn about contraceptive options and acquire contraception from their physicians. Indeed, among women from the older age groups, more had children and more were using methods requiring physician intervention. Among women in the middle of the reproductive spectrum, condoms, OCPs and IUDs were the most commonly used methods. Women over age 35 were most likely to be using tubal ligation, OCPs, IUDs and condoms.

Many women listed side effects as their primary reason for discontinuing a method of birth control. This is consistent with findings from multiple studies which document that Hispanic women were often very concerned about safety and side effects of more effective forms of birth control such as hormonal contraceptives. Spanish-speaking Latina women were more likely to be uncertain about the safety of the pill, and more likely than non-Latina women to report emotional side effects of the pill (Guendelman et al 2000). Many women believed that the pill had side effects that have not been documented, and were unable to name any of the well-known benefits of the pill (Sangi-Haghpeykar, et al 2006).

In the survey administered at the Wesley Health Center, another very commonly selected reason for discontinuing a method of contraception was the desire for a more reliable method. Yet oftentimes participants had discontinued one of the more effective methods in favor of a less effective method, indicating lack of understanding. It is important that health care workers spend time educating patients regarding the different methods that are available. The medication information insert that comes with distributed medications is often too complicated for patients to understand, and it

is often necessary to use other methods to ensure patient understanding. Researchers in Contra Costa California developed a brochure complete with illustrations in order to communicate information to patients with low levels of literacy (Denny-Garamendi, et al 2007). A brochure such as this may also benefit the patient population targeted by this study. Follow-up within a few weeks of starting a new method is also important, allowing the physician to discuss potential side effects and encourage compliance.

Limitations of this study stem mostly from survey format and administration. Upon review of the surveys, it became apparent that many women did not understand the concepts behind some of the questions. For example, they would answer “no” to the question of whether or not they were using any form of contraception, and on the following question circle options indicating that they were currently using condoms, withdrawal, or natural family planning. It seems that many participants understand the word contraception in reference to hormonal forms of contraception only. In future studies, this could be avoided by explicitly defining “contraception” in the context of the study, and/ or administering the survey orally, in interview format.

The format of the survey also limited the analysis of some factors that might have impacted the contraceptive choices that the participants made. Women were asked to rate the importance of religion in their daily lives, and to list their household incomes. Due to the way in which these questions were presented in the survey, the results were not reliable enough to analyze. Women were asked to rate the importance of religion in their daily lives on a scale of one to ten. Yet many were confused by this question, and it did not lead to results that lent themselves to analysis of groups. A better way to present this question may be to ask directly whether or not religion impacted their choice of contraception. As for income, the groupings of income levels used in the survey also did not lead to data that was strong enough to analyze. In future studies, reworking these questions could lead to interesting findings.

Additionally, the women surveyed for this study are those who have scheduled appointments for themselves at a health center. These individuals are not necessarily representative of the population as a whole, and are probably more likely to be using a method to prevent pregnancy than those who do not regularly see a physician.

Future Directions

There are many aspects of the collected data that were not analyzed within the context of this study. The main demographic factors that were included in this study were age and education level. However, participants were also asked questions regarding income, religious values, and number of children. These data could be used to further analyze factors that may impact contraceptive preferences. No questions in this study addressed past history of unwanted pregnancies. It would be interesting to investigate how past pregnancy history affects current behavior. Delving further into this idea, one could look into whether or not past history of contraceptive failure leading to unplanned pregnancies affects current use of contraception. Additionally, a study that directly tests patient's knowledge of the various methods that are available would be very informative.

Conclusions

The women who were surveyed for this study represent a population that is urban, low income, and mostly Hispanic. The majority of the women surveyed were using a form of contraception, and the proportion of women who were using a method to prevent pregnancy did not vary greatly between age groups or education levels. Women from different age groups did tend to prefer different methods, and older women were more likely to be using more reliable methods. The study did not closely examine whether or not the participants knew how to use their method of choice effectively, but the manner in which many surveys were filled out indicated a lack of understanding regarding many available methods of contraception. It is very important that health care workers dedicate time to educating these patients, to ensure that every woman who wishes to prevent pregnancy is able to select and effectively use the contraceptive method of her choice.

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Contraception Use Among Women in an Urban Clinic

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Abstract

Ninety-nine percent of all sexually active women recently surveyed in the United States had at some point used at least one form of contraception (1). A great variety of contraceptive methods are available, and many factors – including side effects, reversibility, medical advice, lifestyle, culture, religion, and partner preference – play a role in each individual's method of choice.

Despite the wide usage and availability of contraception in the US, approximately 50% of pregnancies are unplanned. Some populations are at a higher risk of unintended pregnancies, including those with low income, less education, ethnic minorities, and women at either end of the reproductive spectrum.

The purpose of this study is to understand how female patients at a community health clinic in central Phoenix manage their reproductive health. The majority of patients served by this clinic have a low income and are Hispanic. One objective of the study is to determine what contraceptive methods these patients are currently using. A second is to ascertain what factors are important to these women when choosing contraception.

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The overarching purpose of the study is to allow health care providers to better understand how these individuals make choices related to contraception and what influences their decisions.

Methods

Data for this study were collected at the Wesley Health Center across a four week time span in April of 2010. Women between the ages of 18 and 45 were approached while waiting for their appointments, and invited to fill out the three pages, twenty-one item questionnaire. Pregnant women were not asked to participate. The survey was available in Spanish and English. The surveys were collected immediately after they were completed and if participants had questions regarding contraception as a result of the survey, their questions were answered and they were counseled accordingly. Results were analyzed using Epi-Info.

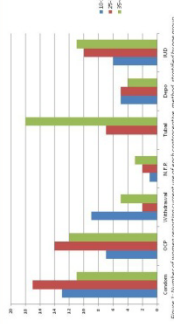
Results

A total of 204 surveys were filled out. Of the women surveyed, 45 were between the ages of 18 and 24, 79 were between the ages of 25 and 34 and 73 were between 35 and 45 years of age. One-hundred and sixty participants were born in Mexico (83.9%), 10 were born in another Latin American country (5.2%), 20 were born in the US (10.4%), and three participants listed a different country of origin. The majority of respondents listed high school as the highest education level completed (44.2%). Twenty-seven percent of participants completed high school, and 12.7% had attended college. Fifty point six percent of those surveyed listed household income as less than one thousand dollars per month, while only 1.9% listed a household income of more than five thousand dollars per month. The population surveyed is likely to be a good representation of the general population of this clinic.

	Mexico	Other LA	US	Other	Total
Age: 18-24	34	2	9	0	45
Age: 25-34	65	4	6	2	77
Age: 35-45	64	4	5	1	74
Education Level: College	33	3	8	2	46
Education Level: Trade	24	1	2	1	28
Education Level: HS	78	2	6	2	88
Education Level: Less than HS	45	0	4	4	53
Monthly Income: Less than 1000	71	5	3	0	79
Monthly Income: 1000-2000	52	4	6	1	63
Monthly Income: 2000-3000	7	0	5	1	13
Monthly Income: >3000	0	0	1	2	3
Number of children: None	15	1	8	1	25
1 child	28	1	5	1	35
2 children	49	3	3	1	56
3 children	45	4	3	0	52
4 or more children	21	1	1	0	23
Married	82	6	10	2	100
Single	22	0	7	0	29
Divorced	4	0	1	0	5
Not married, in a relationship	61	4	2	1	68
Country of Origin	160	10	29	3	193

Table 1: Demographic info of all participants stratified by country of origin

At the time the survey was administered, 147 women were currently using at least one contraceptive method, ranging from natural family planning to oral contraceptive pills (OCPs) to tubal ligations



The most commonly selected method of contraception was a condom, with 41 respondents selecting this option. The second most common was OCPs, with 33 users, followed by intra uterine device (IUD) (27) and tubal ligation (25). Seventy-five point six percent of women between the ages of 18 and 24 were current users, while 70.9% between 25 and 34 and 78.1% of the women 35 and older said they were currently using contraception. Of those older than 35, the most commonly selected method was tubal ligation, followed by OCPs, condoms and IUDs. Among the youngest age group, condoms were more commonly used than any other method, followed by withdrawal and OCPs. Among women between 25 and 34, condoms were the most commonly selected method, followed by OCPs and IUDs.

Percentages of women who were using a method of contraception did not vary greatly based on level of education. For each education level (less than high school, high school, college, and postgraduate), the percentage of women using some college, the percentage of women using contraception was between seventy and eighty.

The women who filled out the survey were also asked which three factors were most important to them when choosing a method. Most of the women responded that reliability was the most important factor, followed by ease of use, comfort, side effects and price.

Fifty women were not using any method. Of these women, 17 currently desired a pregnancy, 16 were not sexually active, and 9 wrote that they were not using contraception because they did not understand their options.

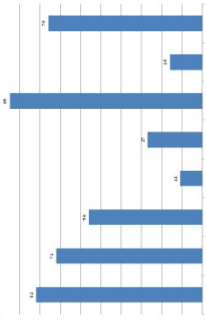


Figure 2: Women were given a list of factors that might be important for them to consider when choosing a method of contraception, and told to select their top three. The number of women who selected each factor is represented in the figure.

Discussion

Although contraception use did not greatly vary based on education level, method of choice did vary by age. Older women were more likely to be using more effective methods, which generally require a physician visit. Older women are likely to be more comfortable scheduling an appointment with a physician for family planning purposes.

Many responses on the surveys indicated a general lack of understanding regarding contraception. The study did not closely examine whether or not the participants knew how to use their method of choice effectively. A potential future direction for a similar study would be to directly test patients' knowledge of the various methods that are available. It is very important that health care workers dedicate time to educating these patients, to ensure that every woman who wishes to prevent pregnancy is able to select and effectively use the contraceptive method of her choice.

Conclusions

- The majority of the women surveyed were using a form of contraception, and the proportion of women who were using a method to prevent pregnancy did not vary greatly between age groups or education levels.
- Women from different age groups did prefer different methods. Older women were more likely to be using more reliable methods. Younger women were more likely to be using condoms or withdrawal, while older women were more likely to use OCPs, tubal ligations and IUDs.
- The manner in which many surveys were filled out indicated a lack of understanding regarding many available methods of contraception.

Acknowledgements

This study would not have been possible without the help and support of the staff at the Wesley Center, you as well as the rest of the staff at the Wesley Center, for your overall support and for your help finding potential study participants.

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