

### **What is Prevention First Colorado?**

Prevention First Colorado is a program and coalition run by NARAL Pro-Choice Colorado Foundation. Our mission is to increase contraception use and reduce unintended pregnancies in the state of Colorado. We believe that every child should be a wanted child, and that everyone should have access to family planning services that allow for reproductive choice, greater economic self-sufficiency, and healthier families.

### **Prevention First Colorado Program Telephone Survey**

This randomized survey was the second stage in the Prevention First Colorado program's research following the clinic survey which was through Colorado clinics and preceded focus groups and 40 in-depth interviews. This telephone survey was designed to investigate barriers to contraceptive use among women who did not want to get pregnant, particularly the psychological and attitudinal barriers identified by the clinic survey (results can be found on the "Clinic Survey" page of the website). Eight hundred and one women participated in the survey. All participants were aged 18-44, sexually active with a man, not pregnant or recently pregnant, and not sterilized. Only Caucasian and Latinas were sampled enough for researchers to draw ethnicity-specific conclusions.

### **Survey Findings**

#### *Attitudinal Barriers and Behavioral Predictors*

- The survey identified three main categories of attitudinal barriers affecting contraceptive use: psychological barriers that kept women from thinking about contraception, partner communication or interaction issues, and planning or lack of planning for contraceptive use.
- Planning appeared to be the most important factor in contraceptive use. Women who scored highly on the planning section of the survey were more likely to use effective birth control methods, less likely to experience unintended pregnancy, and less likely to report having had sex without contraceptives when trying to not get pregnant.
- Psychological barriers were an issue primarily among Latinas and women on Medicaid. Both groups were likely to report that they felt they had little control over pregnancy timing. Latinas were also likely to state that contraceptive use was against their personal beliefs.
- Women with a bachelor's degree or higher reported more planning for contraception and fewer partner communication and psychological barriers than less educated women.
- Women in small towns or rural areas indicated that they plan for contraceptive use less and experience more psychological barriers than suburban women.
- Women less likely to have had sex without contraceptives when not trying to get pregnant included Latinas, women who labeled themselves housewives, women who used birth control pills at last instance of sexual intercourse, and women who have never had an unintended pregnancy.
- Women more likely to have had sex without contraceptives when not trying to get pregnant included women with military or Medicaid insurance, women who have had an abortion, women who have been pregnant, women who would be very happy if they found out they were pregnant, and women with less than a bachelor's degree.
- Women less likely to have had an unintended pregnancy included Latinas, women born in Spanish-speaking countries, and women who used birth control pills at last instance of sexual intercourse.
- Women more likely to have had an unintended pregnancy included women on Medicaid, unemployed women, women who changed their contraceptive method during the last year, women who have been pregnant at least twice or have had an abortion, women with less than a bachelor's degree, and small town or rural women.

#### *High Risk Groups*

- The three groups identified as at risk for unintended pregnancies are Caucasian women on Medicaid, rural or small town Caucasian women, and Caucasian women in their twenties.
- Women on Medicaid and Caucasian women in small towns and rural areas generally had low educational attainment (less than a bachelor's degree), which was also a risk factor for unintended pregnancy across all groups.
- All groups showed ambivalence about pregnancy, with many women saying that it was "very important" that they not get pregnant, but significantly fewer saying that they would be "very upset" if they got pregnant.
- Twenty-three percent of Caucasian women on Medicaid and 18 percent of Caucasian women in small towns or rural areas reported using no contraceptive as their primary method, as compared to 15 percent of all Caucasian women. Fifty-seven percent of Caucasian women on Medicaid had had sex without contraceptives when not desiring pregnancy, as compared to 39 percent of all Caucasian women.
- Seventy-seven percent of Caucasian women on Medicaid and 58 percent of rural and small town Caucasian women had had an unintended pregnancy, as compared to 42 percent of the full sample.
- Women on Medicaid were more worried about side effects and partners' perception of contraception, and more likely to feel that they had no control over timing of pregnancies.
- Cost and access were more significant barriers for women on Medicaid and rural or small town women than for the full sample of women.
- Caucasian women in their twenties were identified as a risk group because 75 percent of women who had had abortions had them in their twenties or earlier and 50 percent reported their age at the time of the abortion as being between 20 and 29.
- Caucasian women in their twenties were more likely to have reported having sex without contraception when not desiring pregnancy and more likely to report their reason for doing this as "just not thinking."

#### *Group Differences*

- This survey found that Latinas were less likely to report unintended pregnancy or sex without contraception when not desiring pregnancy.
- Latinas were more likely to be married and more likely to self-identify as housewives than Caucasian women. Married women and housewives of all ethnicities surveyed were less likely to report unintended pregnancy and sex without contraception when not desiring pregnancy.
- Latinas with low educational attainment were less likely to report unintended pregnancy than Latinas overall.
- Latinas were more likely to indicate that the cost of contraceptives was a barrier for them. Nineteen percent of Latinas described birth control as "very expensive."
- Latinas were less likely to use birth control pills and more likely to use no contraceptive method. They also experienced more pregnancies and had more children.

#### *Other Findings*

- For all groups surveyed, doctors were the main source of information about contraceptives.
- For all groups surveyed, more women reported that it was "very important" that they not get pregnant than that they would be upset if they got pregnant, indicating ambivalence about pregnancy.
- The most common explanation for not using a contraceptive method during sex when not desiring pregnancy was "I just wasn't thinking."

#### *Recommendations*

- Improving outreach and education in health clinics would likely reduce unintended pregnancies among rural and small-town women.
- Providers should discuss attitudes toward pregnancy with their patients, counsel them on the benefits of family planning, and explicitly address any problems with a woman's choice of contraceptive method or any communication barriers she faces with her partner.
- Because women's needs change over time, providers should regularly revisit their clients' contraceptive choices.