

### **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 Interviews**

The fourth phase of research was a series of individual interviews. These interviews were preceded by a survey distributed in clinics throughout Colorado, a statewide randomized phone survey, and four focus groups. The interviews were designed to examine in-depth the psychological and attitudinal barriers that kept women from using contraceptives when they do not want to get pregnant. They were conducted in person, using open-ended questions. Fliers for recruiting women participants were placed around the Denver area offering \$50 for a completed interview. Interested parties placed calls to the Prevention First Colorado phone line and callers were screened using a form asking several demographic questions. In total there were 101 completed screening forms, out of those 40 women were selected based on matching the demographic criteria (race, age, ability to reproduce, currently sexual active with a man, on or recently on Medicaid and from the Denver area) making for a 39 percent validity rate. During the selection and interview process there were seven no-shows, one disqualified after a secondary screening process, 13 waitlisted, and 40 that did not qualify during the initial screening process based on their demographic information. Information from these interviews aided in the creation of a social marketing campaign in Denver to promote contraceptive use.

### **Interview Findings**

#### *Methods of Birth Control, Attitudes, and History*

- At some point during their lives, 65 percent of women surveyed had used birth control pills, 50 percent had used Depo-Provera®, 15 percent had used Norplant™, 12.5 percent had used an IUD, five percent had used a contraceptive patch, and 2.5 percent had used the NuvaRing®. Among less effective methods<sup>1</sup>, 85 percent of women had used condoms, 32.5 percent had used periodic abstinence, 30 percent had used withdrawal, and 10 percent had used the rhythm method.
- A total of 92.5 percent of women reported that for some period of their lives, they had used no contraceptive method despite not wanting to become pregnant, while 22.5 percent were using no contraceptives at the time of the interview.
- Among the 40 women surveyed, there were 116 pregnancies and 88 children. Three women reported having had one or more abortions, while eight women reported having had one or more miscarriages.

#### *Physiological Barriers*

- Physical side effects of contraceptive methods were the most reported barrier to contraceptive use.
- Feared or experienced side effects included weight gain and loss, bleeding or spotting, and moodiness.
- Feared long-term health consequences included infertility, risk of stroke from the contraceptive patch, and the myth that hormonal birth control may cause cancer.
- Some women were deterred from contraceptive use by the belief that it is unnatural or “weird.”

#### *Psychological Barriers*

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<sup>1</sup> Effectiveness was based on the article, “Estimates of contraceptive failure from 2002 National Survey of Family Growth.” Journal of Contraception by Kost, Kathryn, Singh, Susheela, Vaughan, Barbara, Trussell, James, Bankole, Akinrinola. Sept. 2007.

- Some types of contraceptives were described as inconvenient and hard to use consistently. For example, women who had used birth control pills often forgot to take them or could not take them at the same time every day, while women who had tried Depo-Provera often forgot to get the shot every three months.
- Many women lacked accurate information about contraceptives. Women who used the rhythm method or withdrawal were often misinformed about the effectiveness of these methods. Women who conceived while using birth control incorrectly or inconsistently often concluded that contraceptives did not “work for them.”
- Many women revealed that their doctors had not given them enough information about their contraceptive options, or had not warned them about side effects.
- Other reasons cited by women for not using birth control included the inconvenience of obtaining it, the belief that it is wrong for their body, or simply “laziness.”

#### *Influence of Others*

- The negative experiences of friends or family members often deterred women from using contraceptives. Women whose family members had become pregnant while using birth control (even inconsistently) were especially likely to feel that birth control would not work for them.
- Social norms discouraged some women from using contraceptives. Women reported that no one they knew used birth control or planned their pregnancies, or that their families or communities disapproved of contraceptives.
- Some women reported that they could not discuss contraception with their partners, or that their partners discouraged its use. Women also reported that their partners disliked condoms or could feel the NuvaRing® or IUD string during intercourse.
- Some doctors discouraged contraceptive use by not providing sufficient information about various options, or by not following up with women after one method of contraception didn’t work for them. Multiple women reported wanting tubal ligations but being denied by doctors. Some women received services from Catholic hospitals, which would not provide tubal ligations or IUD insertion.

#### *Risk Assessment*

- Many women failed to use contraceptives at some point because they concluded that they wouldn’t get pregnant or were “just not thinking.” Some women who had unprotected sex without getting pregnant concluded that they could “get away with it” again.
- Some women were ambivalent about pregnancy and did not feel strongly about avoiding it. Others stated that pregnancy was determined by fate or God’s will, and therefore did not try to control pregnancy. Many women thought that planning pregnancy was only important outside of marriage, and that within a marriage every pregnancy was “intended.”
- Some women did not use contraceptives because they believed that they were infertile. In several cases, this led to unintended pregnancy.

#### *Practical Barriers*

- Cost was the most reported practical barrier to contraceptive use cited in this study.
- Many women faced problems with their insurance not covering contraceptives. Losing Medicaid coverage was a frequent cause of discontinuing contraceptive use.
- Access was also an issue, as several women stated that contraceptives were difficult to obtain because of clinic hours or because they lived far from clinics or pharmacies.

#### *Abortion and STIs*

- Most women said that they would not have an abortion. Reasons for this included a belief that unintended pregnancy was the consequence of their irresponsibility, a belief that adoption is a better option for them, and discouragement of obtaining an abortion from their family and partners.
- Several women said that they had considered or would consider having an abortion, but most who had considered it in the past ultimately decided to carry the pregnancy to term.
- Many women stated that preventing STIs was a more important reason to use contraceptives than preventing pregnancy. Perception of risk of disease was often high with a new partner, but decreased as familiarity with their partner increased.

#### *Encouraging Contraceptive Use*

- Women stated that the overall cost of raising children was a major incentive to use birth control, and concluded that making women aware of this cost would increase contraceptive use.
- Women also concluded that asking women to think seriously about the effect pregnancy would have on their future would encourage the use of contraceptives. Often, women who said this stated that they had been denied opportunities to further their own education or career because they had children.

#### *Medicaid*

- Most women said that Medicaid was easy to use and affected their lives positively.
- Complaints about Medicaid included the time required to get approved for Medicaid, difficulty of the reapplication process, waiting periods and short terms of coverage which sometimes prevented women from getting necessary treatment during the time in which they were covered, and difficulty of finding doctors who accept Medicaid.
- Some women on Medicaid reported that the co-pays were too burdensome, or they perceived they were treated poorly by doctors and medical staff because they were using Medicaid as their insurance.