



CWHS

# Data Points

RESULTS FROM THE CALIFORNIA WOMEN'S HEALTH SURVEY

Contraceptive use is an important factor in preventing unintended pregnancy and - when condoms are used consistently and correctly - sexually transmitted diseases (STDs). In the United States, contraceptive use is nearly universal, with 98 percent of women ages 15-44 who have ever had sexual intercourse having used at least one contraceptive method at some point in their lives.<sup>1</sup> However, the seven percent of American women at risk of unintended pregnancies and not using contraception account for almost half of the country's unintended pregnancies.<sup>2</sup> Thus, examining the reasons for contraceptive non-use will help in developing appropriate interventions to increase contraception use among women at risk of unintended pregnancy.

The Office of Family Planning in the California Department of Public Health included contraceptive use questions

asked of non-pregnant, potentially fertile respondents<sup>3</sup> in the 2006 and 2007 California Women's Health Surveys (CWHS). Two questions were analyzed: (1), "Are you or your male sex partners currently using a birth control method to prevent pregnancy?" and (2) if respondents answered "No" to this first question, they were asked: "What is the MAIN reason that you are not CURRENTLY using birth control?" A total of 5,283 women ages 18-49 from the combined 2006 and 2007 CWHS were included in the analyses. Results were weighted in these analyses by age and race/ethnicity to reflect the 2000 California adult female population.

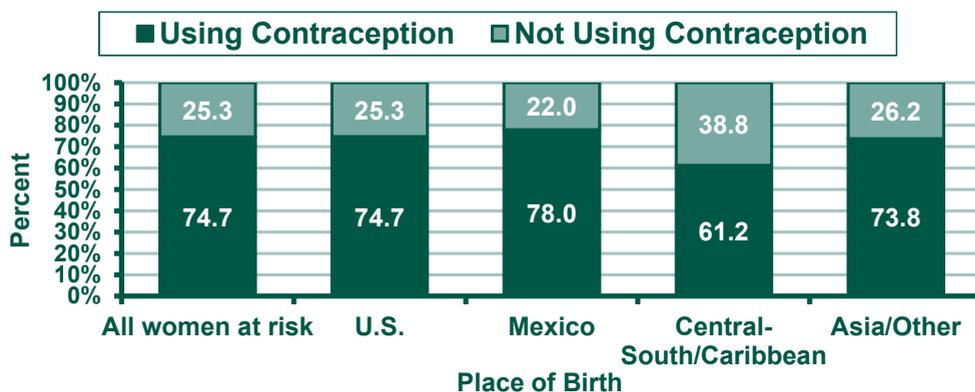
Half of women ages 18-49 were at risk of unintended pregnancy; that is, they were sexually active in the past 12 months and neither pregnant, seeking pregnancy, sterilized, nor infertile. Of these women, three quarters (74.7 percent) were using

## Contraceptive Prevalence and Reasons for Contraceptive Non-use Among California Women, 2006-2007

California Department of Public Health  
Office of Family Planning

**Public Health Message:** Women at risk of unintended pregnancy could benefit from contraceptive counseling and education that provides accurate information and addresses any misconceptions and ambivalence these women might have about contraception. Additionally, health care providers need to be sensitive to women's concerns and issues about their current contraception and provide a range of contraceptive options that are compatible with women's needs.

Figure 1 **Contraceptive Prevalence Among California Women at Risk of Unintended Pregnancy, Ages 18-49, 2006-2007**



Source: California Women's Health Survey, 2006-2007

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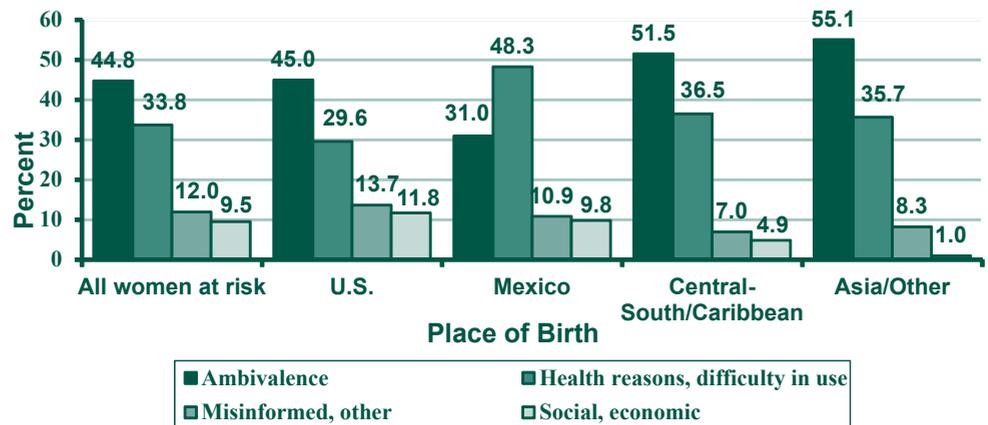
some form of contraception and the remaining one quarter (25.3 percent) were not (see Figure 1).

The following highlights describe contraceptive prevalence among California women at risk for unintended pregnancy and reasons for non-use of contraception:

- Women’s age was significantly associated with contraceptive use,<sup>4</sup> while race/ethnicity was not.
- Women ages 25-29 who were at risk of unintended pregnancy had the highest contraceptive prevalence (79.4 percent), while older women ages 45-49 had the lowest (63.2 percent).
- White (76.1 percent) and Asian/Pacific Islander (76.4 percent) women had nearly equal prevalence of use, while it was slightly less among Hispanic (72.4 percent) and African American/Black (70.3 percent) women.
- While no difference in contraceptive use prevalence was observed between U.S.-born and foreign-born women (74.7 percent) for both groups, there was significant variation by the birthplace<sup>5</sup> of foreign-born women. Contraceptive use was highest among women born in Mexico (78.0 percent) and lowest among women born in the Central/South America/Caribbean group (61.2 percent).
- Women at or below 200 percent of federal poverty level (FPL) more frequently cited health reasons and difficulty in use<sup>6</sup> as a reason for contraceptive non-use (38.3 percent) than women above 200 percent of FPL (29.6 percent). However, women above 200 percent FPL more frequently cited ambivalence<sup>7</sup> (49.5 percent) than those below 200 percent of FPL (37.7 percent).<sup>8</sup>
- Nearly half of women born in Mexico (48.3 percent) cited health reasons or difficulty in using a method as the reason for non-use versus U.S.-born women (29.6 percent; see Figure 2).
- Ambivalence was more prevalent among women born in Asia/Other (55.1 percent), Central/South America/Caribbean (51.5 percent), and the United States (45.0 percent) than women born in Mexico (31.0 percent).

Figure 2

**Reasons for Contraceptive Non-use Among California Women at Risk of Unintended Pregnancy, Ages 18-49, 2006-2007**



Source: California Women’s Health Survey, 2006-2007

*Contraceptive Prevalence  
and Reasons for  
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- 1 Mosher W, Martinez G, Chandra A, Abma J, Willson S. Use of contraception and use of family planning services in the United States; 1982-2002. *Adv Data*. December 2004;350:1-46.
- 2 Sonfield A. Preventing Unintended Pregnancy: The Need and the Means. *Guttmacher Rep Public Policy*. December 2003;6(5):7-10.
- 3 Defined as women ages 18-49 who reported they had not had a hysterectomy.
- 4  $p < 0.01$  chi-square test
- 5  $p < 0.05$  chi-square test
- 6 Included answers such as "It causes headache, don't like the side effects, it's inconvenient".
- 7 Included answers such as "It's OK to get pregnant, we don't need it, nature's plan".
- 8  $p < 0.02$  chi-square test

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