

# “THE CONDOM BROKE!” WHY DO WOMEN IN THE UK HAVE UNINTENDED PREGNANCIES?

## RESEARCH BRIEF

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## Summary

Marie Stopes International’s (MSI) research found that there are numerous reasons why women have unintended pregnancies. Decision making processes for women choosing to use or not use contraception are complex and not always within their control. For women who did use contraception, unintended pregnancies resulted from incorrect or inconsistent use of a method. The study concludes that there is urgent need to improve

quality of information about, and access to, the entire range of modern contraceptives, especially long-acting reversible contraceptives (LARCs).

The UK has high levels of reported contraceptive use, yet also has high levels of abortion. It’s estimated that nearly half of all pregnancies in England and Wales are unintended.<sup>1,2</sup> While some result from failure of a contraceptive method, most occur either because no contraception was used or because it was used inconsistently or incorrectly.<sup>1-4</sup>

Contraception in the UK is free of charge and easily available. Most women trying to avoid pregnancy claim to be using contraceptives.<sup>5</sup> Of women who present for abortion consultations, the majority say they had no desire to get pregnant, and almost all had information about and access to a choice of contraceptive methods.<sup>2</sup>

It is puzzling, therefore, why such women choose not to use contraception or do not use their chosen contraceptive method effectively.

Given the lack of understanding of the causes of unintended pregnancies in the UK, Marie Stopes International (MSI) decided to carry out research into the reasons why women requesting abortions fall pregnant unintentionally.

Between June and August 2008, MSI surveyed a representative sample of 1,964 women in the UK who booked an abortion service at a MSI centre. Women were interviewed by telephone about their contraceptive knowledge, regular contraceptive behaviour and contraceptive use at the time of the unintended pregnancy. The reasons why some women chose not to use contraception were explored; and for those who had used contraception, their perceptions as to why their contraceptive method had failed were also recorded.

## Key findings

### Knowledge of contraceptive methods

Women were asked to list contraceptive methods they could recall independent of prompting.

- the most frequently recalled methods were oral contraceptive pills (94.8%) and the male condom (86.5%). Women were less aware of other hormonal and long-acting methods such as intrauterine devices (69.9%) and contraceptive injections (59.5%)
- less than half of women reported knowledge of the female condom (45%) and the contraceptive implant (42.4%)
- other methods scored low on unprompted recall. These included the diaphragm, cap or sponge (18%) and female sterilisation (6.4%). No one surveyed independently recalled the intrauterine system (IUS)
- the fact that only 8.4% of women independently recalled emergency contraception was of particular concern in the context of preventing unintended pregnancies.

Respondents who did not mention all modern methods of contraception were then prompted about their knowledge of methods they had failed to recall. As a result, awareness of these methods increased.

- with prompting, knowledge of emergency contraception increased from 8.4% to 85.9%; knowledge of vasectomy increased from under 5% to 82.2%; female sterilisation from 6.4% to 72%; and diaphragms, caps and sponges from 18% to 52.5%.

### Source of contraceptive information

Women were asked about their key sources of information about contraceptives.

- over half of women (52.4%) cited health professionals (doctors and nurses) as a source of information; family planning centres or clinics were identified by 21.4%
- only 18.9% reported that they received contraceptive information from the school curriculum, and 17.4% from family and friends
- less than 10% indicated that their main source of information was the internet, magazines, or other printed materials
- interestingly and of relevance to recent debates in the media, a huge majority of women (94.7%) agreed that family planning methods *should* be advertised on television and/or radio.

## Contraceptive use

- more than three-quarters of women (78%) claimed to have used a regular method of contraception. The most commonly used methods were the male condom (48%) and the pill (45%). *As both rely on consistent and correct use and demand strict compliance for their effectiveness, these findings demonstrate why some women who use contraception regularly may yet experience unintended pregnancies*
- choice of method was mainly attributed to its convenience, such as ease of access and ease of use, as well as perceived safety and efficacy
- at the time of the unintended pregnancy, 62% of women reported using a contraceptive method, which was almost a 16% decrease from the 78% who reported using a regular method. *This implies that having a regular method of contraception does not necessarily mean that it will be used at every sexual encounter.*

## Contraceptive failure

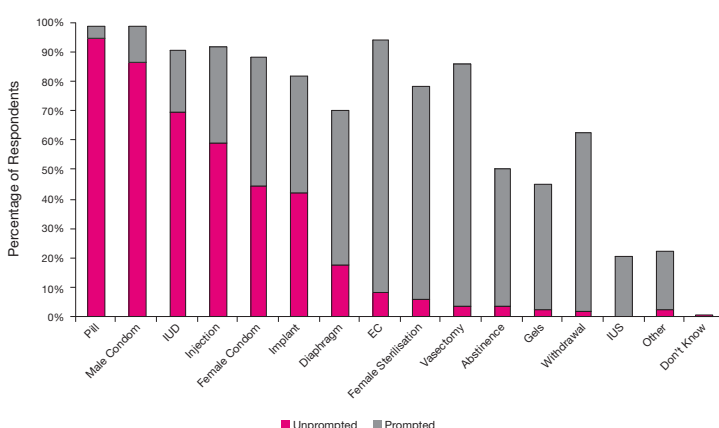
- the largest proportion of women who said they had used a contraceptive method at the time of the unintended pregnancy did not know why it had failed to prevent pregnancy (41.1%). Another third of contraceptive using respondents cited method-technical difficulties as a reason for failure, such as “the condom broke” or “slipped off” (34%); only 13% mentioned incorrect use.

## Contraceptive non-use

There were significant differences in background characteristics between women who reported using contraception and those who reported not using contraception.

- age, marital status and ethnicity were significantly associated with not using a regular method.

Figure 1. Awareness of methods of contraception during an unprompted and prompted questionnaire among 1,964 women



Women aged 40 years and above; women who were currently married; and women of “Black” or “Black British” ethnic origin were **less likely** to use a regular method

- a higher proportion of women who were single and of “Asian” or “Asian British” ethnicity were most likely **not** to have used contraception **at the time of the unintended pregnancy**. *This reflects a different socio-demographic profile from those women most likely not to have used regular contraception (as above)*
- women who had knowledge of **five or less contraceptive methods** were more likely **not** to use a regular method, or to have used contraception at the time of this pregnancy
- women who cited school curriculum as a main source for contraceptive information were **more likely** to use a regular method compared to those who did not cite it.

### Reasons for not using contraception

- **22% of respondents** (n=432) said that they did **not use a regular method of contraception**. Almost half of these women cited user-related reasons (**48.4%**), including: lack of thought and preparation and perceived low risk of getting pregnant. Almost one third cited method-related issues (**31.7%**), such as systemic and local side effects, and technical difficulties
- user-related explanations ranged from simply “no reason” or “I haven’t got round to it”, to “it just happened” and “I will be getting the coil fitted soon, but am waiting for my appointment”. Some perceived themselves at low risk of getting pregnant: “I have been with my partner for four years and don’t really use it”; “I did not think I could get pregnant at my age.”

- method-related reasons included systemic or local side effects, technical difficulties, and concerns about various methods, such as the following quotes: *“I have high blood pressure and so was advised not to use the pill”; “I stopped taking the pill as do not want to put on weight”; “I have tried various methods that don’t agree with me. I’ve heard bad things about other methods.”*
- **almost four out of every 10 women** had not used a method of contraception at the time of this pregnancy (**36.9%**). Of these, **42.1%** cited user related issues and **28.7%** mentioned method related factors as reasons for not using contraception. A recurring theme in the user-related category was lack of thought given to using contraception, such as “no reason”, “drunk” and “unexpected sex”. This category also included reasons such as attitude toward pregnancy - “...it won’t happen to me”; “thought it was my infertile period” and “thought I was too old to get pregnant.”

- other reasons for not using contraception regularly, as well as at this pregnancy, were also shown to be influenced by relationship or partner issues (**10% and 9.5% respectively**), such as being in a long term relationship or a partners decision to use contraception - “My partner refuses to use

*condoms. He does not like contraception”; “My boyfriend told me he was infertile.”*

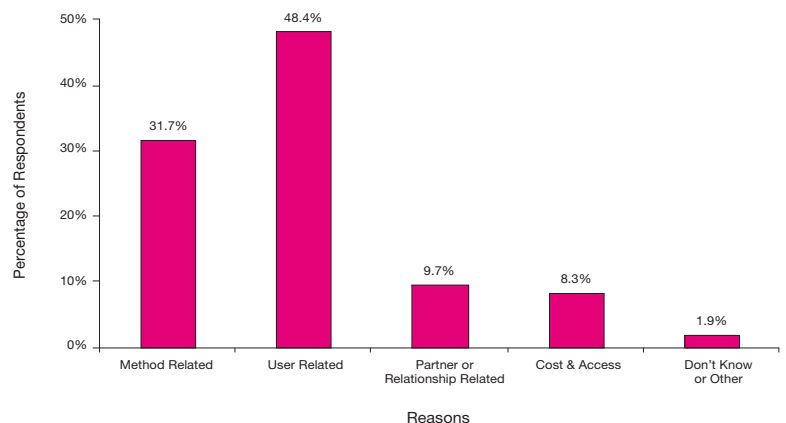
- access to or cost of contraception services (**8.3% and 8.7% respectively**) were also factors. This suggests that the decision to use or not use contraception is not always within the woman’s control. *“I haven’t got on well with other methods, and asked for implants at my GP, but the surgery does not do it”; “I was not given much advice from my GP. He did not give me many options”; “I wanted to take the morning after pill, but could not get to my doctor’s in time. It is too expensive from the pharmacy”.*

### Future use of contraception

Post-abortion family planning is important for preventing future unintended pregnancies. The survey revealed that motivation to take up contraception post-abortion is high:

- a large proportion of women (**97%**) reported they would use contraception in the future, which is **17%** more than the number of women who were using a regular method at the time of the abortion
- among women who planned to use contraception post-abortion, over two thirds (**68%**) said they would prefer to obtain future methods from their GP.

Figure 5. Reasons for not using a regular method of contraception among 432 women



# Conclusions and recommendations

Clearly, there are multiple reasons why women have unintended pregnancies. Underlying decision-making processes for a woman choosing to use or not to use contraception are complex and not always within her control.

- the findings of this study highlight the cross-cutting links between the individual, and interpersonal and societal behaviours regarding women's knowledge of, relationship with and access to, contraceptive services
- the majority of women in the study reported using a form of contraception at the time of pregnancy (mainly the pill and male condom), suggesting a substantial level of incorrect or inconsistent use and method failure. This finding underscores the importance of providing women and their partners with the information and services they need to select methods that are most likely to be successful for them, as well as the continuing need to improve use of current methods and for development of additional method choices
- more work is required to ensure women and their partners have knowledge of and access to emergency contraception, as well as strengthening education about contraception, fertility and sexuality through the school curriculum, and most importantly via programming and advertisements in the media (print, television and radio)
- health professionals – who play a vital role in determining contraceptive use – need to promote and increase acceptability of long-acting reversible contraception (LARC) such as implants and IUDs, which rely less on compliance and are more effective in preventing pregnancy in the long term. Health providers also need to be sensitive to the concerns women may have about contraception and understand that unprotected intercourse may occur for a variety of reasons
- the findings demonstrate that interventions should adopt a multi-pronged approach going beyond addressing women's needs at individual level, but to also consider the influence of interpersonal relationships and access issues around information and supply of contraception.

Reducing the number of unintended pregnancies in the UK is a desirable and achievable goal. Ultimately, success in reaching this goal will depend upon increased prioritisation and funding of family planning services and far-reaching sex education programmes and campaigns.

A full report of the survey findings is available at [www.mariestopes.org/Health\\_programmes/Research.aspx](http://www.mariestopes.org/Health_programmes/Research.aspx)

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## Marie Stopes International

Marie Stopes International is the UK's leading provider of abortion services outside the NHS, seeing approximately one third of the annual caseload in England and Wales.

The organisation currently manages nine centres in the UK, and has been a pioneering force in improving women's access to, and choices in, abortion treatment and care over the past three decades.

As a registered charity, surplus funds generated through Marie Stopes International's UK operations are devoted towards improving

services in the UK or in support of a Global Partnership currently working in over 40 countries worldwide to provide comprehensive sexual and reproductive health services to approximately 6 million people every year.

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