The impact of personal characteristics on contraceptive choice and use over 5 years
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Abstract

Background: Worldwide, there is an unintended pregnancy rate of 40%. That rate is higher in some areas, such as in the United States (U.S.) – where it is nearly 50%. These pregnancies have potentially negative outcomes for the mother and child that include health, economic, social, and psychological aspects. Long-acting reversible contraception (LARCs) are highly reliable methods of contraception. Identifying personal characteristics associated with choices of LARCs is postulated to better address the unintended pregnancy rates.

Methods: A retrospective chart audit was conducted on 268 randomly-selected records, half of which were each from the years 2009 and 2014. One Midwestern U.S. family planning clinic was the site of the research. The characteristics derived from the chart audits were derived from the literature. Results: Key differences between the years 2009 and 2014 included an increase in the number of LARCs prescribed at a statistically significant level. There was a significant relationship between the choice of a LARC in those using one in the past. Personal characteristics influencing LARC birth control choice included minority females, those with a history of a teen pregnancy, and those below the poverty level. Conclusion: The findings of an increase choice of a LARC in populations at high risk for unintended pregnancy is important for addressing the cycle of continued poverty and other untoward outcomes that often result from these pregnancies. The results will influence the development of tailored interventions for adolescents and women at high risk for unintended pregnancy.

Conclusion

• There were differences between the years of 2009 and 2014 in that there were fewer riskier health behaviors and most of those with a new sexual partner in the past 3 months.
• The results also underscore the need to encourage condom use in our population in order to reduce health risks for those not seeking pregnancy due to the early sexual initiation of this population (15 years v 17 year national mean) and the large number of clients seeking service after initiating relations with a new partner.
• There was an increase in the number of LARCs prescribed at a statistically significant level.
• A higher rate of LARC use was identified in those using a LARC in the past, those below poverty and those who had a teen pregnancy.
• Higher rates of LARC use were also identified in the White-Hispanic population across the years.
• These results will influence the development of tailored interventions for adolescents and women at high risk for unintended pregnancy.