What is the Relationship Between Contraceptive Programs and Abortions in the United States?

Zeinab Altmieme & Lorietta Nweke-Muse
University of Ottawa-Faculty of Health Sciences

uOttawa

uOttawa

Abstract

Introduction/Context: This literature review was conducted to determine/assess the relationship between contraceptive programs and abortion, especially those resulting from unplanned pregnancies, in the United States due to its high abortion rates regardless of the prevalence of modern contraception and contraceptive programs.

Methods: A systematic review of the literature regarding trends in reproductive health services among adult women was conducted, with attention on contraception program and abortion rates, in order to determine whether or not there is a correlation between contraceptive educational programs and abortions resulting from unplanned pregnancies.

Results: 10 articles pertinent to the research question were found. Of the 10, one of them reported the positive effects that programs that provided contraceptives had on its use and abortion. Whereas other articles mainly reported a negative correlation between the two variables and the demographic influence on contraceptive use and thus abortion rates, one article reported a positive correlation between the variables.

Conclusions: Based on the systematic review conducted, overall, there is a negative correlation between the two variables such that a decline in the use of contraceptives and family planning services is associated with an increase in abortion rates.

Keywords: abortion, contraception, contraceptives, emergency contraceptives, abortion trends, contraceptive trends, contraceptive programs, contraceptives and abortion relationships, contraceptive use, birth control and abortions, unplanned pregnancies, and contraceptive education.

Introduction

The association between contraceptive use and abortion is one that has always been, especially in developing and developed countries (Kavanaugh & Schwarz, 2008). The United States, which is a developed country, is one where this association is quite common and still relevant. Although there has been a reported decline over the years, USA still has one of the highest abortion rates. Regardless of the presence of modern contraception programs, the rate of abortion is still high, with variations/varying levels (in terms of race, education and age) across the country. Research shows these two variables influence each other such that an increase in one factor is associated with a parallel increase in other (positive correlation/linear relationship), or an increase in one is associated with/influences a decrease in the other (negative correlation/inverse relationship).

Methods

We conducted a systematic review of the literature. We decided to focus our search on the United States due to the fact that it has one of the highest rates of abortions.
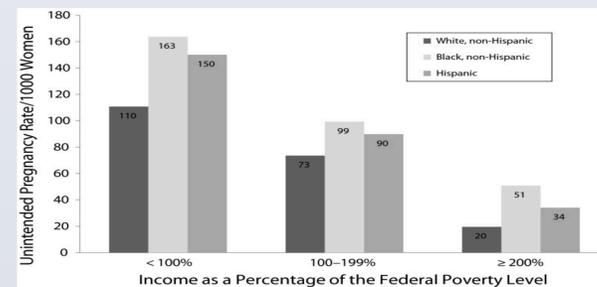
We then chose which databases to use. We specifically decided to use databases that specialized in the health sciences, specifically in epidemiology and population health. We searched through PubMed, JSTOR, Academic OneFile, The Cochrane Library, and Scopus.

Search keywords included: abortion, contraception, contraceptives, emergency contraceptives, abortion trends, contraceptive trends, contraceptive programs, contraceptives and abortion relationships, contraceptive use, birth control and abortions, unplanned pregnancies, and contraceptive education.

We further narrowed down our search by focusing on articles that were published in the 2000s. We wanted to focus on this cohort due to the fact that there have been many advancements in contraceptive programs and abortion acceptance, since the 1990s. There was a lack of contraceptive programs and awareness in the 1990s. In contrast, there are many programs available in the 2000s, that offer information and resources for contraceptives.

Once we had collected relevant articles, we conducted a systematic review and sorted the articles in terms of relevancy to the topic. We ranked them by tiers (tier 1 being the most relevant, and tier 3 being the least relevant). We then focused on the tier 1 and tier 2 articles and comprehensively reviewed them.

Figure 1. Unintended Pregnancy Rate by Race.Ethnicity and Poverty Status Among U.S. Women 2008 (Finer & Zolna, 2014)

Figure 2. Number of Total and Unintended Pregnancies, % of Pregnancies That Were Unintended, and Pregnancy Rate by Intention for All US Women, by Demographic Characteristics: 2001 and 2008 (Finer & Zolna, 2014)

Results

Article Title & Author(s)	Pop. & Design	Results	Critiques
Cultural adaption among Hispanic women as related to awareness and acquisition of emergency contraception **-Ward et al.**	•Cross Sectional •959 Women between 16-24 years old, who were patients in family planning clinics.	•Income, education, and acculturation significantly predicted awareness of EC	•Study was cross-sectional and correlational so no causal conclusions can be drawn
How commonly do US abortion clinics offer contraceptive services? **-Kavanaugh et al.**	•Cross sectional & mixed methods •251 abortion facilities	•56% of facilities provided abortion patients with a birth control method	•Self report aspect can cause data to be biased
Insertion of intrauterine contraceptives immediately following first and second trimester abortions. **-Drey et al.**	•Cohort study •206 women with an IUD/IUC inserted after an abortion	•93.8% of the subjects were satisfied with the IUD/IUC	•Low follow up rate (51%) •Self report aspect can cause data to be biased
Discouraging trends in reproductive health service use among adolescent and young adult women in the USA 2002-2008 **-Hall et al.**	•Population based survey •4421 women aged 15-24 years	•Decline in the use of reproductive health services from 2002-2008	•Self report aspect can cause data to be biased
The Impact of programs to increase contraceptive use among adult women: A review of experimental and quasi-experimental studies **-Kirby**	•Systematic review •Adult women of reproductive age in the United States	•Intervention had a positive, but short term impact on birth control use.	•May not reflect majority of studies due to certain limitations.
Implementing an advance emergency contraception policy: what happens in the real world? **-Whittaker et al.**	•Interviews, surveys •211 patients & 22 staff from 4 Title X- funded clinics, 111 staff from 46 clinics	•80% would use, 46% think it is a form of abortion, half of staff offered very often. •Barriers: staff, time, clinic procedure	•Qualitative nature of the study may have allowed for biases like the interview bias.
Attitudes toward over-the-counter access to oral contraceptives among a sample of abortion clients in the United States. - Grindlay et al.	•Survey •651 women aged 15-46 seeking abortion services at 6 clinics.	•High support for and level of interest in OTC access to oral contraceptives	•Data was correlational so no causal conclusions can be drawn
Relationships between contraception and abortion: a review of the evidence - Marston et al.	•Empirical study •13 countries with reliable abortion data were examined.	•Abortion rate increases/ declines as contraceptive prevalence increases.	•Study was limited to only countries with reliable information
The underutilization of emergency contraception. - Devine	•Was not included.	•Failure to use, incorrect use of contraception, rape contribute to unplanned pregnancy.	•Lack of inclusion of methodology or precise results.
Counseling about and use of emergency contraception in the United States. - Kavanaugh & Schwarz	•7643 women aged 15-44 participating in the 2002 National Survey of Family and Growth	•3% of women counselled by a clinician; receiving counselling reduced if you were 30+ years old, black, hispanic, or married.	•Biases may have ensued due to sensitivity of the topic and the methodology (interviews).

Discussion

In this systematic review, the overall trend that was observed was a negative correlation between both variables such that the higher the availability of contraception and contraceptive programs, the higher its usage, and thus a reduction in abortion. The awareness of contraceptives was predicted by an individual's socioeconomic status and their acculturation (Ward et al., 2010). Individuals with a high socioeconomic status were more likely to be using contraceptives and/or contraceptive programs than those with lower socioeconomic status. In turn, this led to a decreased rate of abortions from unplanned pregnancies. In addition to this, abortion clinics that distributed or made various forms of contraceptives (such as IUCs and oral contraceptives) available reported positive results, as ~93% of the patients were satisfied with their IUCs and had continued to use it (Drey et al., 2009). This shows that contraceptive programs have an impact on contraceptive use/reduction in unplanned pregnancies leading to abortions. However, the programs must be targeted at a primary intervention level, rather than at a secondary level. Many of the programs were done at abortion clinics, subsequent to the individual having an abortion. The outcomes following the contraceptive education at the abortion clinics led to positive use with contraceptives, but it was only a short-term impact (Kirby, 2008). Thus, contraceptive educational programs need to be implemented at an early stage, in order to ensure that women understand why they are beneficial and make it a habit to use them. In turn, this should help lessen the rate of abortions resulting from unplanned pregnancies as the relative risk of abortions dramatically increase when contraceptives are not utilized or effectively utilized. Lastly, not a lot of values and calculations (e.g. Odds ratio) were encountered in our study because they aren't pertinent to our research question and topic.

The main type of limitation that was encountered was a methodological limitation. There was a lack of prior research on this topic. Many of the articles examined abortions and various types of contraceptives available. However, there was a lack of sufficient research on contraceptive programs linking to abortions. In addition to this, there were language barriers as well. Many of the articles of interest were not written in English and could not be used. Also, there were many articles with relevant abstracts, but we did not have access to them because they required payments and were outside of the university's database.

Conclusion

Although there has been an overall decline in abortion rates, it is still pretty high due to restricted access, lack of appropriate information, and insufficient contraceptive programs. Overall, it was observed that there is a negative correlation between these two variables and most individuals were satisfied with the use of contraceptives, if appropriately informed. Therefore, a need for the implementation of more contraceptive programs is apparent based on the results of this systematic review. Additionally, it was observed that most interventions that have already been implemented have had short term impacts. Consequently, more interventions with long term impacts need to be implemented. For example, early targeting - the younger population should be targeted and educated to enhance the reduction of the abortion rate in the long run. However, more research needs to be done on this topic to make information more available and guide the successful implementation of these programs

References

Devine, K. (2012). The Underutilization of Emergency Contraception. *AJN, American Journal of Nursing, 112*(4), 44-50. DOI:10.1097/01.NAJ.0000413459.37863.02

Drey, E., Reeves, M., Ogawa, D., Sokoloff, A., Darney, P., & Steinauer, J. (2009). Insertion of intrauterine contraceptives immediately following first- and second-trimester abortions. *Contraception, 79*(5), 397-402. DOI: 10.1016/j.contraception.2008.11.019

Finer, L., & Zolna, M. (2014). Shifts in Intended and Unintended Pregnancies in the United States, 2001–2008. *American Journal of Public Health, 104*, S43-S48. DOI: 10.2105/AJPH.2013.301416

Grindlay, K., Foster, D., & Grossman, D. (2014). Attitudes toward over-the-counter access to oral contraceptives among a sample of abortion clients in the United States. *Perspectives On Sexual and Reproductive Health, 46*(2), 83-89. DOI: 10.1363/46e0714

Hall, K., Moreau, C., & Trussell, J. (2011). Discouraging trends in reproductive health service use among adolescent and young adult women in the USA, 2002-2008. *Human Reproduction, 26*(9), 2541-2548. DOI: 10.1093/humrep/der184

Kavanaugh, M., Jones, R., & Finer, L. (2010). How commonly do US abortion clinics offer contraceptive services? *Contraception, 82*(4), 331-336. DOI: 10.1016/j.contraception.2010.04.008

Kavanaugh, M., & Schwarz, E. (2008). Counseling About And Use Of Emergency Contraception In The United States. *Perspectives on Sexual and Reproductive Health, 40*(2), 81-86. DOI: http://www.jstor.org/stable/30043015

Kirby, D. (2008). The Impact of Programs to Increase Contraceptive Use Among Adult Women: A Review of Experimental and Quasi-Experimental Studies. *Perspectives on Sexual and Reproductive Health, 40*(1), 34-41. DOI:10.13634003408

Marston, C., & Cleland, J. (2003). Relationships between Contraception and Abortion: A Review of the Evidence. *International Family Planning Perspectives, 29*(1), 6-13.DOI:

Ward, K., Roncancio, A., & Berenson, A. (2010). Cultural adaptation among Hispanic women as related to awareness and acquisition of emergency contraception. *Contraception, 82*(6), 534-537. DOI: 10.1016/j.contraception.2010.05.012

Whittaker, P., Armstrong, K., & Adams, J. (2008). Implementing an Advance Emergency Contraception Policy: What Happens in the Real World? *Perspectives on Sexual and Reproductive Health, 40*(3), 162-170. DOI: 10.1363/4016208.