

Family Planning Practices among Montana Adults: Results from the Montana BRFSS, 2002 to 2010

Introduction

Family planning was one of the ten great public health achievements of the 20th century, allowing individuals to achieve desired birth spacing, family size, and improved health outcomes for infants and families.¹ Population-based information about contraceptive use and pregnancy intentions are important to help guide state programs and policies to decrease unintended pregnancies. Contraceptive use is an important determinant of unintended pregnancy.² Unintended pregnancy includes both mistimed and unwanted pregnancies at the time of conception.³ The Healthy People 2020 Family Planning objectives include increasing the proportion of intended pregnancies from 51% to 56% and decreasing the proportion of pregnancies that occur in spite of the use of reversible contraception from 12% to 10%.⁴

Objective

This report examines the prevalence of birth control use by selected population characteristics of Montana adults. In addition, pregnancy risk and desire to have a child are examined in relation to the effectiveness of chosen contraceptives. These BRFSS data can help identify populations with unmet needs for birth control to help reproductive health programs best use limited resources.

Measures

In even years from 2002 to 2010, the Montana BRFSS asked four questions about contraceptive use and desire to have a child of females younger than 45 years of age (with intact uterus and not pregnant), and of males younger than 60 years of age, although only men younger than 45 years of age are included in this analysis:

1. "Are you or your partner doing anything now to keep you\her from getting pregnant?" Respondents who said they had no partner, were not sexually active, or had a same-sex partner were not asked the remaining questions and were excluded from this analysis.
2. If "yes" to question 1, respondents were asked, "What are you or your partner doing now to keep you\her from getting pregnant?"
3. If "no" to question 1, respondents were asked, "What is your main reason for not doing anything now to keep you\her from getting pregnant?"
4. If respondents reported using reversible birth control, or their rea-

son for non-use was something other than sterilization, hysterectomy, or current pregnancy, they were asked, "How do you feel about having a child now or sometime in the future?"

Contraceptive use: Respondents were classified as users of birth control if they answered yes to the question, "Are you or your partner doing anything now to keep you\her from getting pregnant?" Respondents were also classified as users if they indicated that they or their partner had a tubal ligation or a vasectomy in answer to the question, "What is the main reason for not doing anything now to keep you\her from getting pregnant?" All other adults 18 to 44 years of age were classified as not using birth control. Respondents were excluded from this analysis if their reason for non-use was current pregnancy, hysterectomy, not being sexually active, or having a same sex partner.

Birth Control Method: The current method of birth control was ascertained by the question, "What are you or your partner doing now to keep you\her from getting pregnant?" This question allowed respondents to report only one method of birth control. The birth control method recorded was the first mentioned method. The 2002 survey included a second birth control method question allowing respondents to offer two different methods that they or their partners were using. Among birth control users in 2002, 12% reported using a second method of birth control. However, no other survey year asked about a second method of birth control. For this reason, this analysis was limited to the first method of birth control mentioned.

Birth Control Classification: Birth control methods were categorized based on their duration of action and their effectiveness. Short-acting methods require attention on a daily, weekly, monthly or quarterly basis while long-acting methods do not need such attention. Methods that had a failure rate of 5 or less pregnancies per 100 users were considered highly effective, while less effective methods were identified by failure rates ranging from 11 pregnancies per 100 users (for condoms) to 30 pregnancies per 100 users (for spermicidal foams, jellies or creams).⁵ This classification resulted in the following analytical categories: long-acting, highly effective methods (contraceptive implants, intrauterine devices (IUDs), tubal ligations, and vasectomies), short-acting, highly effective methods (pills, shots, vaginal rings, and patches), and short-acting, less effective methods (condoms, diaphragms, rhythm, withdrawal, and spermicidal foams, jellies or creams).

At risk for pregnancy: Users of birth control were considered at risk for pregnancy if they reported a non-permanent method of birth control. Non-users of birth control were considered at risk for pregnancy unless they reported any one of the following reasons for non-use: a current pregnancy, some form of sterilization, not being sexually active, or having a same sex partner. These groups were excluded from all analyses.

At risk for unintended pregnancy: Among all adults identified as being at risk for pregnancy, adults who reported not currently using any form of birth control and reported the desire to get pregnant were classified as not at risk for unintended pregnancy. All other non-users were classified as being at risk for unintended pregnancy.

Desire to have a child: Both users of reversible birth control and non-users at risk for pregnancy were asked about their desire to have a child with the question, "How do you feel about having a child now or sometime in the future?" Response categories included not wanting a child now or any time in the future, wanting to have child in less than 12 months, wanting to have a child between 12 months and two year, wanting to have a child between two years and five years, or wanting to have a child in five or more years. Sample size restrictions required these categories to be collapsed into not wanting a child now or any time in the future, wanting to have child in less than two years, and wanting a child in two or more years.

Datasets used: Family planning questions were asked in the even years from 2002 to 2010, resulting in a sample size of 8,564 adults ages 18 to 44 years, 51% male and 49% female. For most analyses in this report, the datasets were combined in order to increase sample size and estimate precision. Desire to have a child was not asked in survey year 2002. Therefore, analyses of this question were limited to the survey years 2004, 2006, 2008, and 2010. Where feasible, trends in contraceptive use were examined on a biennial basis to assess changes over time.

Results

Contraceptive Use

Eighty-four percent of Montana adults 18 to 44 years of age reported using some form of birth control (Table 1). The demographic distributions of users and non-users of contraception were very similar. Logistic regression analysis found no significant difference in the odds of not using contraception based on educational attainment, household income, and marital status (Table 2). However, adults

ages 35 to 44 years had significantly lower odds of not using birth control compared to adults ages 18 to 34 years. Additionally, adults of a racial minority other than American Indian had significantly higher odds of not using contraception compared to White, non-Hispanic adults.

Contraceptive Methods

Forty-one percent (95% CI: 38.7%-42.6%) of Montana contraception users ages 18 to 44 years reported using long-acting and highly effective methods (Data not shown). Another 33% (31.1%-35.2%) reported using short-acting and highly effective methods. The remaining 26% (24.3%-28.3%) reported using short-acting, less effective methods including condoms, diaphragms, rhythm, withdrawal, and foams, jellies or creams. Only 8% (6.5%-9.1%) of all Montana contraception users 18 to 44 years of age reported using the least effective of these methods (rhythm, withdrawal, and foams, jellies or creams).

The five most common methods of birth control were pills [28% (26.4%-30.2%)], vasectomies [20% (18.7%-21.5%)], male condoms [18% (15.9%-19.3%)], tubal ligations [16% (14.8%-17.3%)], and IUDs [5% (4.6%-6.4%)] (Data not shown). The proportion of birth control users reporting tubal ligations, vasectomies, male

Table 1: Demographic Characteristics of Contraception Users and Non-Users, Montana Adults 18 to 44 years of Age, 2002-2010[§]

	Users of Birth Control ¹				Non-Users of Birth Control ²			
	Wt.%	LL	UL	UnWt. N	Wt.%	LL	UL	UnWt. N
All Adults:	84.2	82.8	85.5	5,119	15.8	14.5	17.2	913
Age:								
18 - 34	58.9	57.1	60.7	2,413	63.8	59.7	67.7	488
35 - 44	41.1	39.3	42.9	2,706	36.2	32.3	40.3	425
Education:								
High School or Less	36.7	34.8	38.7	1,777	40.0	35.4	44.8	333
Some College	29.1	27.3	31.0	1,507	29.6	25.7	33.8	275
College Degree	34.2	32.4	36.0	1,833	30.4	26.7	34.3	305
Income:								
<\$25,000	26.5	24.5	28.5	1,292	26.1	21.9	30.7	234
\$25,000 - \$49,999	34.1	32.2	36.0	1,690	36.7	32.2	41.4	317
\$50,000 +	39.4	37.5	41.4	1,815	37.3	33.0	41.8	301
Race/Ethnicity:								
White, non-Hispanic	88.2	86.9	89.4	4,296	85.0	80.9	88.3	748
AI/AN*	6.2	5.4	7.1	528	6.1	4.6	8.1	101
Other or Hispanic**	5.7	4.8	6.7	273	8.9	6.0	13.0	57
Marital Status:								
Married or Unmarried Couple	71.9	69.8	73.9	3,705	74.4	69.9	78.5	665
Previously Married [‡]	6.7	5.9	7.5	561	5.5	4.0	7.4	76
Never Married	21.5	19.5	23.6	847	20.1	16.2	24.6	172

[§] Respondents who indicated, "don't know," "not sure," or "refused" were excluded from calculation of prevalence estimates.

¹ Defined as all adults who reported using any kind of birth control method including elective sterilization.

² Defined as all adults who reported not using any kind of birth control and does not include elective sterilization.

* American Indian or Alaska Native only

** All other non-White (including multiracial) or Hispanic

[‡] Includes those that are separated, divorced, or widowed

Table 2: Adjusted† Odds Ratios of Not Using Contraception by Selected Demographic Characteristics, Montana Adults 18 to 44 yrs of Age, 2002-2010

	AOR	95% CI	
		LL	UL
Age:			
18 - 34		referent	
35 - 44	0.78	0.64	0.96
Education:			
High School or Less	1.21	0.95	1.56
Some College	1.15	0.91	1.47
College Degree		referent	
Income:			
<\$25,000	0.97	0.72	1.33
\$25,000 - \$49,999	1.07	0.85	1.35
\$50,000 +		referent	
Race/Ethnicity:			
White, non-Hispanic		referent	
AI/AN*	1.07	0.73	1.55
Other or Hispanic**	1.66	1.02	2.70
Marital Status:			
Married or Unmarried Couple		referent	
Previously Married	0.82	0.56	1.21
Never Married	0.76	0.55	1.05

† Odds ratios are adjusted for all other demographic characteristics listed in the table. Bold AOR are significantly different from 1.0.

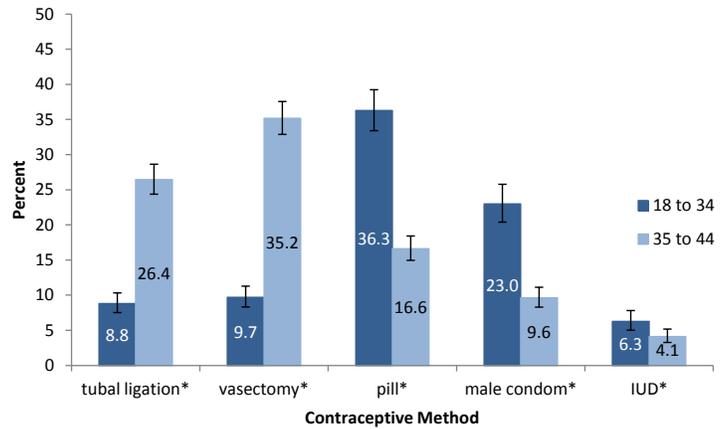
* American Indian or Alaska Native only.

** All other non-White (including multiracial) or Hispanic.

condoms, or pills has not changed significantly since 2002. However, a higher proportion of birth control users reported use of IUDs in 2008 [8% (6.0%-10.4%) and 2010 [8% (6.2%-11.3%)] than in previous years (Range: 2.4%-3.4%) (Data not shown).

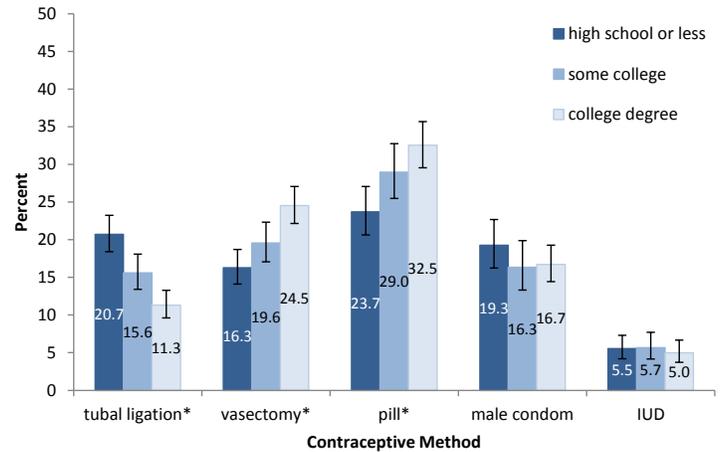
Choice of contraceptive method varied significantly by demographic characteristics assessed. Younger adults age 18 to 34 years reported using pills, male condoms and IUDs more frequently than did older adults age 35 to 44 years (Figure 1). Conversely, adults age 35 to 44 years reported using tubal ligations and vasectomies more frequently than did adults age 18 to 34 years. Reported vasectomies and use of pills increased as educational attainment increased and tubal ligations decreased as educational attainment increased (Figure 2). Reported vasectomies increased as household income increased while tubal ligations and use of male condoms decreased as household income increased (Figure 3).

Figure 1: Method of Contraception by Age Group, Montana Adults 18 to 44 yrs of Age, 2002-2010.



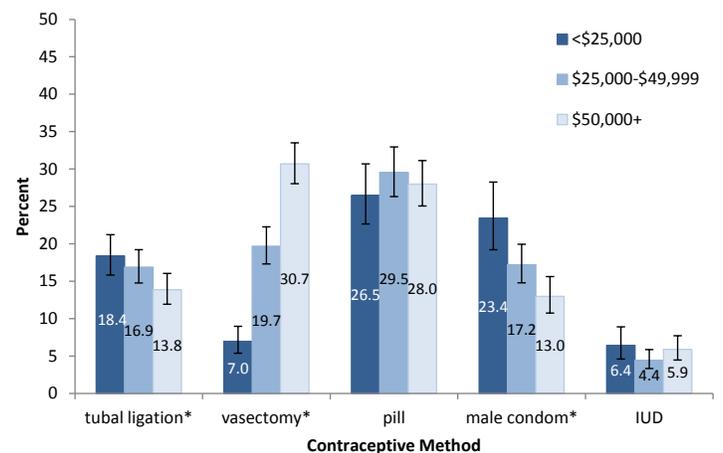
*p-value from chi square analysis was <0.05, indicating a difference between age subgroups.

Figure 2: Method of Contraception by Educational Attainment, Montana Adults 18 to 44 yrs of Age, 2002-2010.



*p-value from linear trend analysis was <0.05.

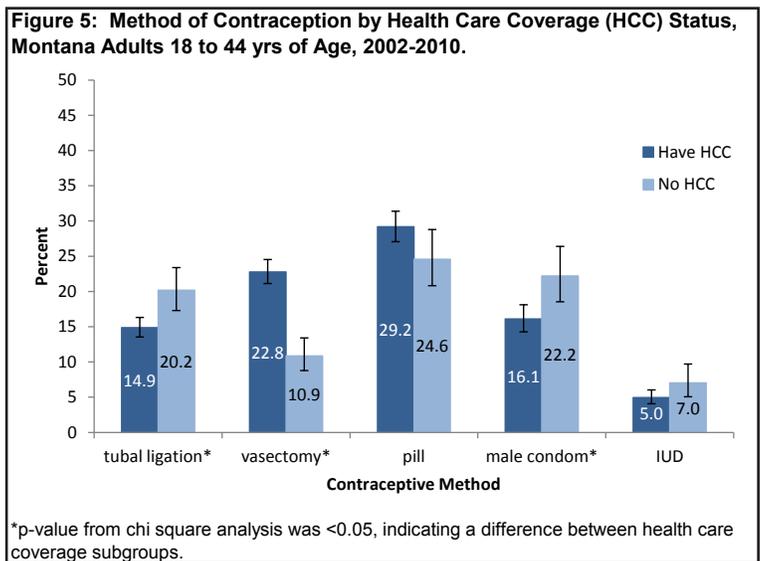
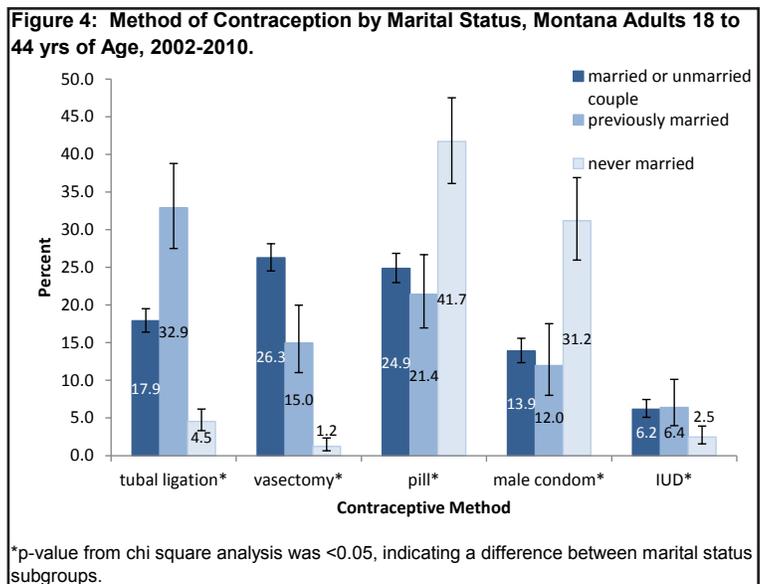
Figure 3: Method of Contraception by Household Income, Montana Adults 18 to 44 yrs of Age, 2002-2010.



*p-value from linear trend analysis was <0.05.

Adults who were never married reported using pills and male condoms more frequently than did adults of other marital statuses (Figure 4). Adults who were previously married reported tubal ligations more frequently than did adults of other marital statuses. Adults who were currently married or part of an unmarried couple reported vasectomies more frequently than did adults of other marital statuses. Both previously married and currently married adults reported use of IUDs more frequently than did never married adults. Adults with no health care coverage reported tubal ligations and use of male condoms more frequently than did adults with health care coverage (Figure 5). Conversely, adults with health care coverage reported vasectomies more frequently than did adults with no health care coverage.

Multiple logistic regression analysis evaluated the combined effect of age, education, household income, marital status, and health care coverage status on choice of contraceptive method (Data not shown). Analysis revealed no change in the relationship between the marital status or the age of the respondent and the reported method of birth control. However, some associations between choice of contraceptive method and demographic characteristics were different after controlling for all other demographic factors. Users with differing educational levels no longer had differing odds of choosing vasectomies. Users with household incomes of \$50,000 or more now had higher odds of choosing pills compared to users with household income less than \$25,000. There was no longer a difference in the odds of choosing male condoms based on household income. Finally, there was no longer a difference in the odds of choosing tubal ligations or male condoms based on health care coverage status.



Reasons for Not Using Contraception

Sixteen percent of Montana adults 18 to 44 years of age reported not using any form of birth control (Table 1). The most frequently reported reason for not using birth control was the desire for a pregnancy (38%) (Table 3). The other commonly reported reasons for not using birth control were that the respondents did not care about getting pregnant (11%), the belief that

either the respondents or their partner could not get pregnant (8%), and not having a regular partner (7%). A small proportion of non-users (5%) reported the main reason for not using birth control was not liking birth control, a fear of side effects, not wanting to use birth control, or not being able to pay for birth control. However, more than one-quarter of respondents (29%) reported some other reason for not using birth control; unfortunately, the specific reason was not recorded to allow further analysis.

Table 3: Main Reason for Not Using any Contraception, Montana Adults Age 18 to 44 years, 2002-2010

	Wt.%	95% CI			UnWt. N
		LL	UL	UnWt. N	
Want a pregnancy	37.8	33.6	42.3	328	
Don't care about getting pregnant	10.7	8.0	14.2	92	
Believe cannot get pregnant or too old	8.3	6.3	10.9	94	
No regular partner	7.1	4.7	10.5	54	
Don't want or can't afford contraception	4.7	3.1	7.0	45	
Breastfeeding or postpartum	2.9	1.7	4.9	24	
Other reason	28.5	24.5	32.8	276	

Risk for Unintended Pregnancy

Fifteen percent of Montana adults who are at risk for pregnancy (including users of reversible contraception and non-users who are not sterilized or currently pregnant) were at risk for unintended pregnancy (Table 4). The demographic distributions of users of reversible birth control and non-users at risk for unintended pregnancy were significantly different. Logistic regression analysis indicated that adults ages 35 to 44 years had nearly

three times higher odds of being at risk for unintended pregnancy compared to adults ages 18 to 34 years (Table 5). Adults with a high school education or less had three times higher odds and adults with only some college had two times higher odds of being at risk for unintended pregnancy compared to adults with a college degree. Adults who reported wanting to have a child less than two years from now had over three times higher odds of being at risk for unintended pregnancy compared to adults who reported not wanting a child now or any time in the future.

Table 4: Demographic Characteristics of Users of Reversible Birth Control and Non-Users at Risk for Unintended Pregnancy, Montana Adults 18 to 44 years of Age, 2002-2010[§]

	Users of Reversible Birth Control ¹				Non-User At Risk For Unintended Pregnancy ²			
	Wt.%	95% CI		UnWt. N	Wt.%	95% CI		UnWt. N
		LL	UL			LL	UL	
All Adults:	76.3	74.3	78.2	2,805	14.7	13.1	16.4	585
Age:								
18 - 34	75.6	73.7	77.5	1,790	58.4	52.7	63.9	272
35 - 44	24.4	22.5	26.3	1,015	41.6	36.1	47.3	313
Education:								
High School or Less	35.8	33.1	38.6	904	45.1	39.0	51.3	231
Some College	29.9	27.3	32.6	833	28.8	23.8	34.3	171
College Degree	34.4	31.9	36.9	1,066	26.1	21.9	30.9	183
Income:								
<\$25,000	31.4	28.5	34.3	785	28.2	22.7	34.4	164
\$25,000 - \$49,999	34.1	31.4	36.8	962	35.6	29.8	41.9	196
\$50,000 +	34.6	31.9	37.3	875	36.2	30.7	42.0	184
Race/Ethnicity:								
White, non-Hispanic	86.8	85.0	88.5	2,306	85.0	79.4	89.3	472
AI/AN*	6.7	5.6	8.1	314	5.2	3.8	7.1	67
Other or Hispanic**	6.4	5.2	7.9	173	9.7	5.9	15.7	40
Marital Status:								
Married or Unmarried Couple	62.5	59.5	65.4	1,820	65.7	59.4	71.4	380
Previously Married [‡]	5.5	4.6	6.5	263	7.1	5.0	10.0	61
Never Married	32.1	29.2	35.1	718	27.3	21.7	33.6	144
Desire to Have a Child:								
Don't Want a Child	44.2	40.7	47.7	934	37.2	30.6	44.4	164
Want a Child in < 2 yrs	18.9	16.3	21.7	348	35.7	28.7	43.4	133
Want a Child in 2 + yrs	37.0	33.2	40.9	449	27.1	19.9	35.7	59

[§] Respondents who indicated, "don't know," "not sure," or "refused" were excluded from calculation of prevalence estimates.

¹ Defined as adults who reported using any form of contraception other than sterilization.

² Defined as adults who reported not using any form of contraception and do not desire a pregnancy.

* American Indian or Alaska Native only.

** All other non-White (including multiracial) or Hispanic.

[‡] Includes those that are separated, divorced, or widowed.

Desire to Have a Child

Users of reversible birth control showed some inconsistency between their desired timing for having a child and their chosen type of contraception. Among users who reported not wanting a child now or anytime in the future, 37% reported using short-acting, less effective methods of birth control, 46% reported using short-acting, highly effective methods, and only 17% reported using long-acting, highly effective methods (Figure 6). Additionally, 7% of users who reported wanting a child in less than two years also reported using long-acting birth control methods, which are typically effective for up to five years.

Table 5: Adjusted[†] Odds Ratios of Being at Risk for Unintended Pregnancy by Selected Demographic Characteristics, Montana Adults 18 to 44 yrs of Age, 2002-2010

	95% CI		
	AOR	LL	UL
Age:			
18 - 34		referent	
35 - 44	2.95	2.01	4.34
Education:			
High School or Less	2.75	1.79	4.23
Some College	1.85	1.22	2.81
College Degree		referent	
Income:			
<\$25,000	0.91	0.53	1.57
\$25,000 - \$49,999	0.99	0.66	1.51
\$50,000 +		referent	
Race/Ethnicity:			
White, non-Hispanic		referent	
AI/AN*	0.80	0.46	1.40
Other or Hispanic**	1.96	0.82	4.68
Marital Status:			
Married or Unmarried Couple		referent	
Previously Married	1.38	0.77	2.47
Never Married	0.85	0.52	1.39
Desire to Have a Child:			
Don't Want a Child		referent	
Want a Child in < 2 yrs	3.30	2.13	5.11
Want a Child in 2 + yrs	1.43	0.84	2.44

[†] Odds ratios are adjusted for all other demographic characteristics listed in the table. Bold AOR are significantly different from 1.0.

* American Indian or Alaska Native only.

** All other non-White (including multiracial) or Hispanic.

Discussion

Most Montana adults between 18 and 44 years of age (84%) reported using some form of contraception. The most common methods are very effective and reliable in preventing pregnancy when used appropriately. Only 8% of users in Montana reported using the least effective methods of birth control (withdrawal, rhythm, and foam, jelly, or cream).

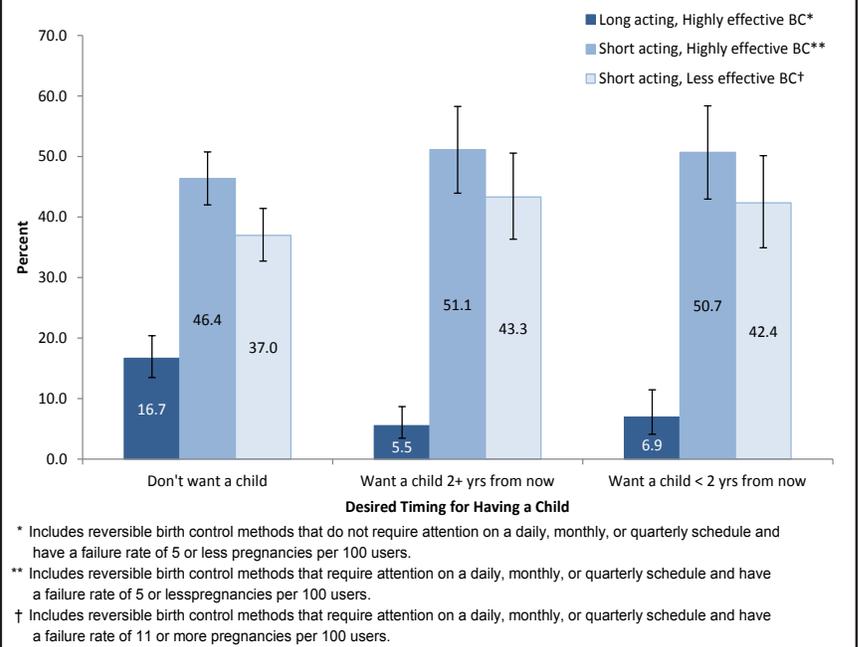
Contraceptive choice has been associated with a range of socioeconomic characteristics and partnership circumstances.⁶ Age, education, income, marital status, and health care coverage status were significantly associated with contraception choice among Montana adults. Health insurance policy changes due to the Affordable Care Act may have an effect on people's contraceptive choices. Starting on August 1, 2012, the Affordable Care Act will require all private insurance plans to cover all FDA-approved contraceptive methods as prescribed by a health care provider without cost to patients.⁷ The policy changes also include coverage of sterilization procedures, patient education, and counseling services.

Despite availability and use of contraceptives, the overall unintended pregnancy rate in the United States has remained stable and is one of the highest in the industrialized nations (52 per 1000 women age 15 to 44 annually).^{8,9} Unintended pregnancies can occur when no contraceptives are used or when contraceptives are used inconsistently or incorrectly. Unintended pregnancies occur most commonly among U.S. women between the ages of 20 and 24 years, those with less than a high school education, and those living at less than 200% of the federal poverty level.⁹

Among Montana adults, non-users of birth control who are at risk for unintended pregnancy tended to be older and less educated compared to users of reversible contraception. These findings suggest that family planning messaging and programs may need to target Montana adults 35 to 44 years of age. In addition, non-users of birth control who are at risk for unintended pregnancy tended to report wanting a child sometime in the next two years rather than not wanting a child at any time in the future. This suggests that mistimed pregnancy may be a more important concern for Montana adults than unwanted pregnancy.

Family planning programs and health care providers should ensure that Montana birth control users are educated about the duration and effectiveness of the different birth control methods. The majority of reversible birth control users who reported not wanting a child now or anytime in the future were using short-acting contraceptive methods. Even highly effective, short-acting methods require regular attention and increase the potential for misuse. Choosing short-acting contraception puts

Figure 6: Desire to Have a Child By Birth Control Type, Montana Adults 18 to 44 years of Age Who Use Reversible Birth Control, 2004-2010



users with no desire for having a child at increased risk for unintended pregnancy compared to users that choose long acting methods. Conversely, users who want to have a child within the next two years need to be aware that long-acting methods are designed to be effective for up to five years and may inhibit their fertility when they are ready to have a child.

Government sponsored programs fill a vital role in educating the public about reproductive health and in providing direct services. The Montana Department of Public Health and Human Services provide comprehensive reproductive health services, including family planning, to Montana residents. Fees are assessed on a sliding scale to accommodate individuals of low income or without insurance coverage. To locate a family planning clinic near you go to: <http://www.dphhs.mt.gov/publichealth/wmh/familyplanningtitlexclinics.shtml>

Why is family planning important?

- It saves public money - \$4 is saved for every \$1 spent on family planning services.¹⁰
- Promotes planned, healthy pregnancies.
- Promotes overall reproductive health among both men and women.

Background:

The Montana Behavioral Risk Factor Surveillance System (BRFSS) has been collecting and reporting state-specific, population-based estimates of health-related data since 1984. The purpose of this statewide telephone survey of Montana residents aged 18 and older is to gather information regarding personal health risk behaviors, selected medical conditions, and the prevalence of preventive health care practices among Montana adults. A full set of Montana yearly questionnaires and health indicators can be found on the Department of Public Health and Human Services (DPHHS) BRFSS database query system website at www.brfss.mt.gov. The CDC website also provides national, state, and some local area prevalence estimates of health indicators, as well as access to downloadable datasets for further analyses at: www.cdc.gov/brfss.

Survey Limitations:

The BRFSS relies on self-reported data. This type of survey has certain limitations: many times, respondents have the tendency to under-report some behaviors that may be considered socially unacceptable (e.g., smoking, heavy alcohol use); conversely, respondents may over-report behaviors that are desirable (e.g., physical activity, nutrition). Cross-sectional design makes causal conclusions impossible. In addition, the sample sizes used to calculate the estimates in this report vary as respondents who indicated, “don’t know,” “not sure,” or “refused” were excluded from most of the calculation of prevalence estimates. BRFSS data collected through 2008 excludes households without land-line telephones.

Acknowledgements:

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Endnotes:

1. Centers for Disease Control and Prevention. Achievements in public health, 1900–1999: Family planning. *MMWR Weekly*. 1999 Dec 3;48(47):1073-80. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4847a1.htm>.
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