Causes of unintended pregnancies in the UK

Summary
Research reveals that contraceptive failure is a major cause of unintended pregnancies, due to the prevalence of methods with high user failure rates and inadequate sexual and reproductive health (SRH) education. The cost of unintended pregnancies to the individual and the wider community should prompt government commitment to improving SRH services and education.

Introduction
Society is changing. People are becoming parents later, but having sexual relations earlier, leading to a growing period of time where people wish to prevent conception. Despite this increasing gap, pregnancy rates among teenagers have been falling in developed countries since the 1990s, attributed to greater awareness of condoms post-AIDS crisis and the rise of the Internet, which makes information on contraception more available. In the absence of evidence of declining sexual activity, this indicates that those having sex are using contraceptives more frequently and effectively than in the past.1

Despite a 48 per cent drop in teen pregnancy rates since 1998, more remains to be done and it is vital that momentum is not lost.2 Further, research suggests that declining birth rates may be more closely associated with rising abortion rates than declining conception rates. Just over half of pregnancies among under-18s end in abortion, placing an unnecessary burden on women and the National Health Service (NHS).3

This briefing will consider the causes of unintended pregnancies and identify some measures to target them. A study of five developed countries by the Guttmacher Institute found contraceptive use to be the main explanatory variant in levels of adolescent pregnancy and childbearing, compared to data on sexual activity.4 For this reason, this briefing will focus on use of contraceptive variants.

Contraception
Marie Stopes International is a leading reproductive agency in the UK, and is the largest provider of abortion services outside the NHS. The agency carried out a survey of women who booked an abortion service at one of their clinics, providing an insight into the causes of unintended pregnancies. More than three quarters of women surveyed claimed to have used a regular method of contraception, mainly the male condom (48 per cent) and the hormonal pill (45 per cent), both of which rely on consistent and correct use.5 At the time of unintended pregnancy the number of women who reported using a method of contraception declined, to 62 per cent, revealing an issue with regular use, particularly in popular methods with a high user failure rate, such as the contraceptive pill.

1 http://www.bbc.co.uk/news/magazine-30275449
4 https://www.guttmacher.org/pubs/journals/3324401.html
1. Demographic profile
Contraceptive choices are likely to be affected by the characteristics of the individual. The Marie Stopes International survey found that certain demographic groups were less likely to use a regular method of contraception: single women, women aged over 40 and women of Asian, Asian British, Black or Black British ethnicity.

In the US, unintended pregnancy rates are highest among low-income, minority or cohabiting women, and those aged between 18 and 24. The UK’s rate of unintended pregnancies is lower than the US, partly due to the free provision of contraception by the NHS. However, the social and economic status of women is still likely to affect women in the UK, as marginalisation is mirrored by health inequities, increasing the risk of unintended pregnancies. Correlations are visible between deprived socio-economic backgrounds and rates of sexually transmitted diseases, teenage conceptions and abortions, but the relative influences of income level, social marginalisation or other factors are unclear. Choice of contraception varies with level of education, and women with no qualifications are less likely to use contraception than women with qualifications at GCSE level or above.

A study based in East London, an area with high ethnic diversity, found that ethnic identity alone is not sufficient to explain differences in contraceptive use, pointing instead to a complex mix of factors that increase risk of unprotected sex and thus unintended pregnancies.

2. Access to contraception
Women’s reasons for choosing contraception are complex, and cannot be reduced solely to the individual. Structural issues also need to be taken into consideration to understand the options that are available to women, or that women feel are available to them.

Across the UK disparities in teenage pregnancy reflects the provision and availability of sexual and reproductive health (SRH) services. Societal attitudes towards SRH are an important determinant of access to contraceptive services, particularly in relation to teenagers. Studies among young people have found that embarrassment inhibits them from using contraceptive services. It is, therefore, crucial to tackle the environment in which contraception is provided, as well as the supply and service.

3. Methods of contraception
The proportion of sexually active adolescents not using any method of contraception is relatively low in the UK, between 4-7 per cent, compared to 20 per cent in the US. This, together with continuing high rates of unintended pregnancies, suggests that teenagers are using methods of contraception incorrectly or inconsistently. The most frequently known methods of contraception, the contraceptive pill and male condom, are

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6 https://www.guttmacher.org/pubs/FB-Unintended-Pregnancy-US.html
7 http://www.wellcome.ac.uk/News/Media-office/Press-releases/2013/Press-releases/WTP054814.htm
8 http://dera.ioe.ac.uk/5808/1/RW42b.pdf
9 http://dera.ioe.ac.uk/5808/1/RW42b.pdf
perceived to be the most convenient for ease of use and access as well as perceived efficacy and safety, but often these perceptions do not take account of user error.\textsuperscript{14}

In St. Louis, US, over 1,400 teenagers were selected to participate in a project providing contraceptives at no cost. Over 72 per cent of participants opted for a long-lasting, reversible contraceptive (LARC), and after one year, 86 per cent of those had continued to use the same method, compared to 55 per cent of those using a non-LARC method. Continuation of use is used as a proxy for satisfaction, and women who had stopped using the selected method were considered unsatisfied. Those using a LARC or the contraceptive injection had the lowest rates of unintended pregnancies for the three years after receiving the method, while contraceptive pill, patch and ring users had significantly higher unintended pregnancy rates.\textsuperscript{15}

Research in 2010 found a five-fold increase in the number of women using hormone implants, a LARC, for contraception across England.\textsuperscript{16} This should be encouraged for women of all ages, as LARCs reduce failure rates to between 0.005 per cent and 0.5 per cent, making them much more effective at preventing unintended pregnancies than popular alternatives, such as the oral contraceptive.\textsuperscript{17}

Health professionals should encourage use of LARCs by providing patients with more information about their options. However, staff members require additional training to fit and remove LARCs and, without additional funding, increased provision seems unlikely.\textsuperscript{18}

4. Emergency contraception
As we noted in Emergency Contraception in the UK, emergency contraception is an important opportunity to reduce unintended pregnancies that should be championed. Despite legislation to increase the availability of emergency contraceptive pills, price and stigma remain significant barriers to use. The intrauterine device is a LARC that can also be used as an emergency contraceptive but remains rare as most women seeking emergency contraception are not offered this option.\textsuperscript{19} To effectively reduce unwanted pregnancies, emergency contraception needs to be included as part of the strategy.

5. Education and information
Women who are well informed about their contraceptive choices are more likely to be satisfied with their chosen method, and continue to use it effectively.\textsuperscript{20} SRH advice and guidance is, therefore, crucial and healthcare providers need to address pervasive myths and gaps in knowledge surrounding contraception. It is important to discuss side effects, as they may lead to women discontinuing with use. However, limits to consultation times can leave insufficient time for a thorough review of benefits, side effects and method initiation with patients.

\textsuperscript{14}http://www.thelancet.com/pdfs/journals/lancet/PiIS0140-6736(13)62071-1.pdf
\textsuperscript{15}http://www.choiceproject.wustl.edu/
\textsuperscript{16}http://www.theguardian.com/society/2010/dec/03/hormone-implants-contraception-condoms
\textsuperscript{17}http://www.guidelinesinpractice.co.uk/jan_13_con_10ly_contraception_jan13#.VWdVfIn8zGc
\textsuperscript{18}http://www.guidelinesinpractice.co.uk/jan_13_conno_lly_contraception_jan13#.VWdVfIn8zGc
\textsuperscript{19}http://www.arhp.org/Publications-and-Resources/Contraception-Journal/April-2012-2
\textsuperscript{20}http://humupd.oxfordjournals.org/content/17/1/121.full.pdf+html
The timing of counselling is also important to consider. Post-abortion contraceptive advice is likely to be more effective, as 97 per cent of women surveyed at Marie Stopes International abortion clinic responded that they would use contraception in the future.

SRH education in schools has garnered attention through the bill proposed by Caroline Lucas MP in July 2015, which is due a second reading in February 2016, to make PSHE compulsory in all state funded schools. School provides an important point of reaching young people and providing them information related to their sexual health. PSHE is an important opportunity to teach both sexes how to prevent unintended pregnancies.

**Recommendations**

Reducing unintended pregnancies is an important national goal, to improve the wellbeing of women and families, and decrease the burden on the NHS. To achieve this, SRH services must be prioritised through:

- Reducing unmet need for contraception
- Compulsory personal social health education in schools
- Improving training for healthcare workers on method initiation, correct use and removal.
- Promoting LARCs, and increasing the number of health professionals trained to fit and remove.
- Non-judgemental SRH advice.

Research points to several causes of unintended pregnancies, including lack of information and poor use of contraception. Women who are well informed about contraceptive options are more likely to use the method correctly and continuously, reducing the likelihood of unintended pregnancy.

Reducing rates of unintended pregnancies will require a multi-pronged approach, considering the individual and her choices but also the environment in which contraception is provided. The UK Government must recognise the importance of SRH services, and demonstrate a commitment to reducing unintended pregnancies through increased funding, and education programmes and campaigns.

**Conclusion**

Incorrect and inconsistent contraceptive use appears to be the primary cause of unintended pregnancies in the UK. Despite progress that has been made, the UK Government must do more to further reduce rates of unintended pregnancies. Correlations between poorer socio-economic backgrounds and higher rates of unintended pregnancies reveal the negative impact of unplanned pregnancies on both the individual and wider society. Efforts should be made to improve knowledge about contraception through SRH education and to promote LARCs instead of methods prone to user failure.