

# FIRST STEPS DATABASE

## UNINTENDED PREGNANCY

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More than half (55%) of all pregnancies in Washington State are unintended at conception. An unintended pregnancy is one where the woman would have preferred to become pregnant at a later time or not at all. Substantial social and financial costs are associated with unintended pregnancies. While the rate of unintended pregnancy in Washington State is similar to that for the United States, many developed countries have much lower rates of unintended pregnancy, abortion, and teen pregnancy. Understanding why those countries have lower rates can assist our efforts to try to reduce unintended pregnancy. Such a reduction is a public health goal at both the state and national levels and would have a dramatic impact on pregnancy rates and on the number of abortions. This report describes the characteristics of women at risk of having unintended pregnancies.

### KEY FINDINGS

#### **For all pregnancies in Washington State:**

- Approximately 55 percent of all pregnancies are unintended at the time of conception.
- The majority (57%) of all unintended pregnancies occur to women in their twenties.
- More than 70 percent of all pregnancies for women under the age of 25 are unintended at the time of conception.
- While the abortion rate for young teens in Washington State is now lower than their birth rate, most (85%) 15 to 17 year old teens who become pregnant did not want to become pregnant when they conceived.

#### **For all births in Washington State:**

- Of the 40 percent of births that were unintended, 60 percent of those were to women who were married.
- While one-third of births to married women were unintended at conception, two-thirds of births to unmarried women were unintended.
- More than two-thirds of births to poor women were unintended at conception, while less than one-third of births to higher income women were unintended.
- Age, marital status, and income are each related to pregnancy intention, with marital status the most important factor.
- Among unmarried women, more than half of all births were unintended for all major age and income groups, even among higher income women over 25 years old.
- Only higher income married women over 25 years old currently meet the Department of Health Year 2000 goal for less than 30 percent of births to be unintended.

## **National and State Goals for Reductions in Unintended Pregnancy**

In 1991, the Department of Health and Human Services published *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*. This publication was the product of a national collaboration among health professionals, national organizations, state health departments, and the U.S. Public Health Service to develop national health objectives for the year 2000. In the area of family planning, *Healthy People 2000* proposed that the pregnancy rate for teens 15 to 17 years old be reduced to no more than 50 per thousand and that at least 70 percent of all pregnancies be intended by the year 2000.

Washington State's Department of Health (DOH) proposed state-specific year 2000 goals in *The Health of Washington State*. In the area of unintended pregnancy DOH proposed that by the year 2000 less than 30 percent of births should be the result of unintended pregnancies. In addition, DOH proposed that the pregnancy rate for 15 to 17 year olds should be less than 45 per thousand by the year 2000. This report presents data on the status of Washington State in reaching those goals.

Washington State's Department of Social and Health Services (DSHS) is charged with implementing state and federal welfare reform efforts. A DSHS welfare reform goal goes beyond the issue of unintended pregnancies in setting a target of zero additional births to women on welfare. The intent of welfare reform is to assist people in becoming self supporting. The Washington State legislature recognizes the critical relationship between self sufficiency and prevention of unintended pregnancies.

## **Data Sources and Methods**

The information in this report draws on three data sources. Information on pregnancy intention was obtained from the Pregnancy Risk Assessment Monitoring System (PRAMS), an ongoing survey of Washington State women which started in 1993 and is conducted by the Department of Health (DOH) with funding from the Centers for Disease Control. A total of 5,781 women who gave birth in 1993-1994 were sampled for PRAMS and 65 percent responded; the survey data are weighted to project relationships for Washington State as a whole. Information on abortions was obtained from *Pregnancy and Induced Abortion Statistics 1991-1994*, a report published by the DOH Center for Health Statistics based on anonymous data collected on Washington State abortions. Information on state funded maternity care and financial support for women giving birth was obtained from the First Steps Database which is developed and maintained by the Department of Social and Health Services (DSHS) Research and Data Analysis. The First Steps Database links Medicaid claims and eligibility data to birth certificates for all Washington residents.

The calculation of pregnancy rates includes both pregnancies which result in births and pregnancies which are terminated in abortions. The calculation of rates of unintended pregnancy depends on estimating the proportion of births and abortions which were unintended at conception. The PRAMS survey makes possible the estimation of the

proportion of births which were unintended at the time of conception. Since most abortions are the result of unintended pregnancies (95% as estimated by Torres and Forrest, 1988), abortions are combined with the estimated number of births which were unintended at conception to estimate the total number of unintended pregnancies.

Pregnancy rates by age are calculated by dividing the number of pregnancies (both abortions and births) to women in specified age categories by the total number of women in those age categories. The proportion of pregnancies which are unintended is the number of abortions plus the estimated number of unintended births divided by the total number of pregnancies (abortions + births).

## Limitations

This report relies on answers to a key question in the PRAMS survey regarding pregnancy intention which was asked of women two to six months after delivery: "Thinking back to just before you were pregnant, how did you feel about becoming pregnant?" If a woman said that she wanted to be pregnant then or sooner, her pregnancy is categorized as intended; if she said that she wanted to be pregnant later or not at all, then her pregnancy is categorized as unintended. The validity of this question depends on the ability of women to accurately report their feelings from one year prior and the lack of ambiguity in their feelings. The question does not indicate the pregnancy intention of the male partner, nor does it indicate the wantedness of the child during pregnancy, at delivery, or at the time the woman answers the PRAMS questionnaire. A pregnancy, unintended at conception, can result in a very wanted and loved child.

## Literature Citations

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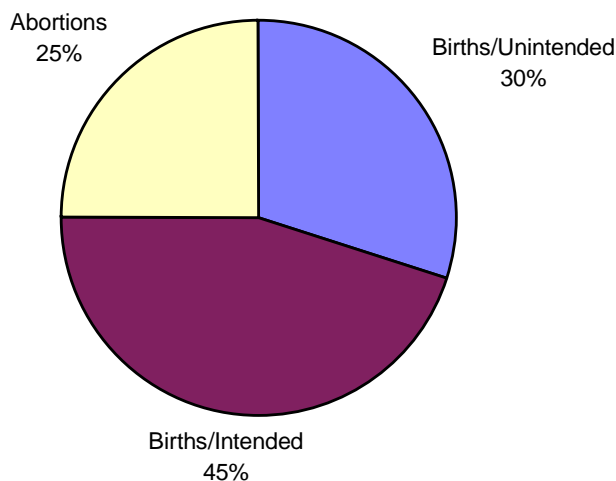
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## Unintended Pregnancy in Washington State

An annual survey recently begun by the Department of Health allows for the first time the estimation of rates of unintended pregnancy in Washington State. About 40 percent of all births to women in Washington State were unintended at the time of conception according to the PRAMS survey: of 78,000 annual births in Washington State, approximately 31,000 births are unintended. To estimate the total number of pregnancies which are unintended requires adding the number of abortions to the number of births which were unintended at conception. The Department of Health reports that about 26,000 abortions per year occur in Washington State. Adding the estimated number of births from unintended pregnancies to the number of abortions and dividing by the number of pregnancies (births + abortions) indicates that *approximately 55 percent of all pregnancies to women in the state of Washington are unintended at the time of conception.*

For Washington State to attain the goal proposed in *Healthy People 2000* for 30 percent of all pregnancies to be unintended at conception would require a dramatic change. To reach that goal, the number of unintended pregnancies would have to be cut by more than 30,000 per year, from 57,000 to 22,500.

**Pregnancy Intention**  
Washington State Births and Abortions, 1993-1994

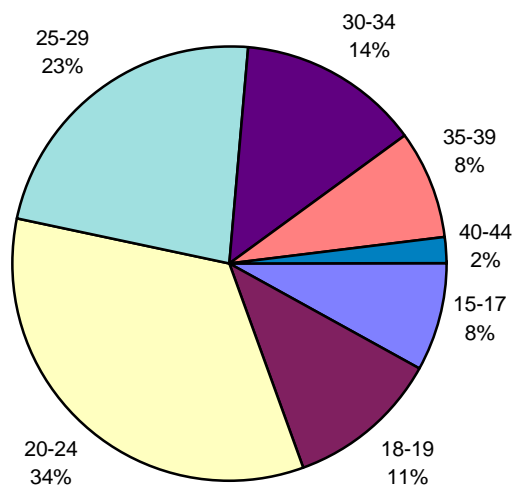


***Approximately 55 percent of all pregnancies in Washington State are unintended at the time of conception.***

## Unintended Pregnancy and Age

Recent public discussion has focused attention on unintended pregnancies among teens, but women in their twenties are at higher risk of having unintended pregnancies than are teens. *The majority (57%) of unintended pregnancies in the state of Washington occur to women in their twenties.* Nationally, teenagers account for about one-third of all unintended pregnancies. In Washington State less than 20 percent of all unintended pregnancies are to teens: approximately 8 percent to teens between 15 and 17 years of age and 11 percent to 18 or 19 year old teens. The following chart displays the distribution of unintended pregnancies by woman's age.

**Unintended Pregnancies by Woman's Age**  
Washington State Births and Abortions, 1993-1994

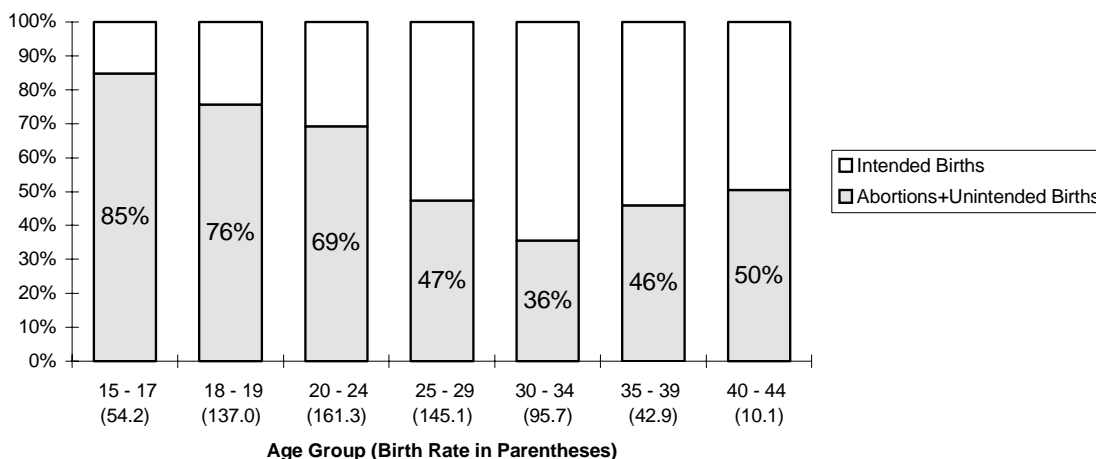


*The majority (57%) of unintended pregnancies in the state of Washington occur to women in their twenties.*

## Unintended Pregnancy and Age (continued)

The relationship between age and the proportion of pregnancies which are unintended is extremely strong. While teen pregnancies account for a small proportion of the overall number of unintended pregnancies, a very high proportion of teen pregnancies are unintended at conception. *More than 70 percent of all pregnancies for women under the age of 25 are unintended at the time of conception.* Only pregnant women in their early thirties approach the national goal proposed in *Healthy People 2000* for less than 30 percent of all pregnancies to be unintended at conception. Successful efforts to reduce unintended pregnancy will have to change the contraceptive practices or sexual activity of women and men of all ages.

**Pregnancy Intention by Age**  
Washington State Births and Abortions, 1993-1994



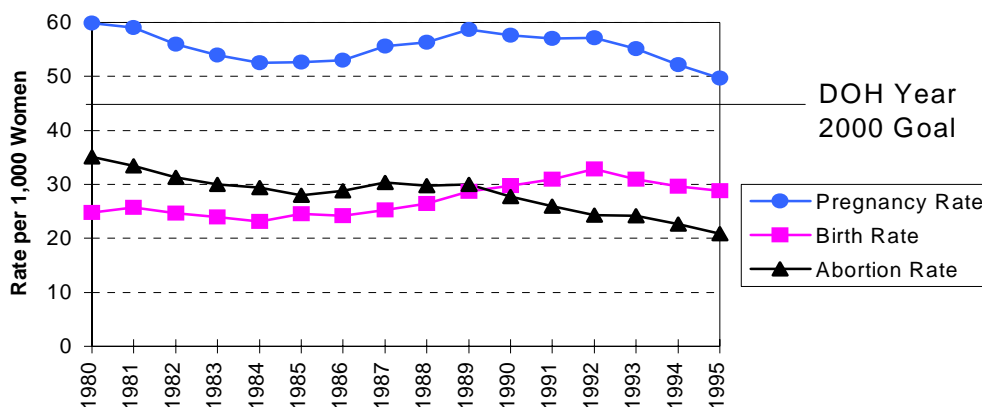
***More than 70 percent of all pregnancies for women in Washington State under the age of 25 are unintended at the time of conception.***

## Pregnancy rate for 15 to 17 year old teens

The pregnancy rate for 15 to 17 year old teens in Washington State has been declining since the late 1980s and may reach the Department of Health's stated goal of 45 per 1,000 by the year 2000. Despite this decline, the pregnancy rate for 15 to 17 year old teens in Washington State is extremely high compared to that for many developed countries: 50 per 1,000 for Washington State compared to 27 per 1,000 for England and Wales, 19 per 1,000 for France, 28 per 1,000 for Canada, 20 per 1,000 for Sweden, and 7 per 1,000 for Netherlands (Jones, 1985).

The recent decrease in teen pregnancy rates is driven by a drop in abortion rates combined with a recent trend of lowering birth rates among young teens. *While the abortion rate for young teens in Washington State is now lower than their birth rate, most (85%) 15 to 17 year old teens who become pregnant did not want to become pregnant when they conceived.* Since such a high proportion of teen pregnancies are unintended, efforts to reduce rates of unintended pregnancy for women in Washington could have a significant effect on teen pregnancy.

**Pregnancy Rate for 15 to 17 Year Old Teens**  
Washington State Births and Abortions, 1980-1995



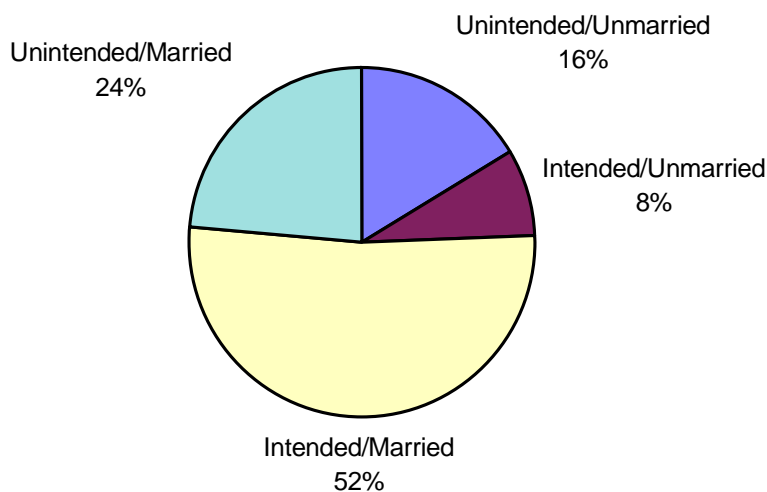
***While the abortion rate for young teens in Washington State is now lower than their birth rate, most (85%) 15 to 17 year old teens who become pregnant did not want to become pregnant when they conceived.***

## Pregnancy Intention and Marital Status for Women Giving Birth

The issue of unintended pregnancy is often linked to concern about pregnancy among unmarried women and low income women. Since information on income and marital status is not known for women having abortions, the following discussion is limited to women who give birth.

For women giving birth in Washington State in 1993-1994, approximately 40 percent did not want to become pregnant at the time they conceived. Three-quarters of all births are to married women, representing over 85 percent of all intended births and 60 percent of all unintended births. Compared to births to married women, a greater proportion of births to unmarried women are unintended at conception. *While one-third of births to married women were unintended at conception, two-thirds of births to unmarried women were unintended at conception.*

**Distribution of Births by Pregnancy Intention and Marital Status**  
Washington State Births, 1993-1994



*Of the 40 percent of births that were unintended, 60 percent of those were to women who were married.*

*While one-third of births to married women were unintended at conception, two-thirds of births to unmarried women were unintended at conception.*



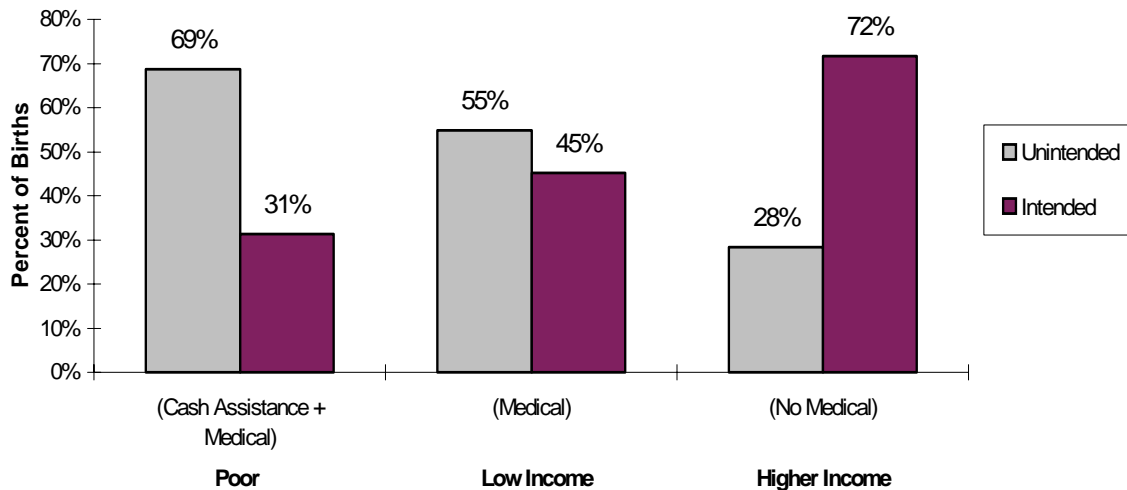
## Relationship of Unintended Pregnancy to Income

State and federal tax dollars fund maternity care for about 40 percent of women who give birth in Washington State. In addition to providing medical care, some of these women also receive cash assistance. To qualify for cash assistance a woman's family income must be below 60 percent of the Federal Poverty Level (\$9,630 for a family of four in 1997), while to qualify for medical coverage a woman's family income must be below 185 percent of the Federal Poverty Level (\$29,693 for a family of four in 1997).

To examine the relationship between income and unintended pregnancy, women giving birth were divided into three groups: women receiving both publicly funded maternity care and cash assistance were defined as **poor**, women receiving publicly funded maternity care but no cash assistance were defined as **low income**, and women receiving neither were defined as **higher income**.

Income and pregnancy intention are strongly associated: *more than two-thirds of births to poor women were unintended at conception, while less than one-third of births to higher income women were unintended.* Among women with family incomes between those two groups, over half the births were unintended.

**Distribution of Births by Pregnancy Intention and Income**  
Washington State Births, 1993-1994



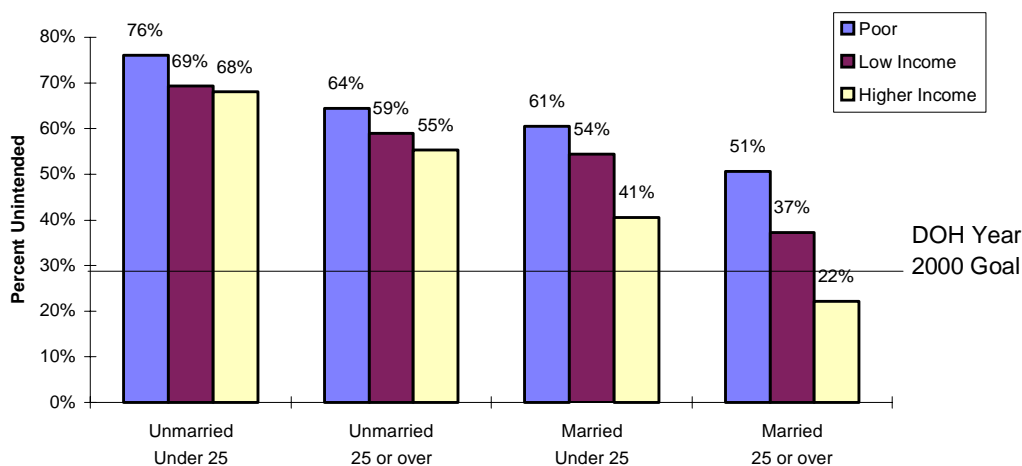
*More than two-thirds of births to poor women were unintended at conception, while less than one-third of births to higher income women were unintended.*

## Relationship of Unintended Pregnancy to Income, Age, and Marital Status

Age, marital status, and income are interrelated. Women who are young when they give birth are more likely to be unmarried and to be poor than are women who are over twenty-five years old. The discussion so far suggests that age, marital status, and income are each strongly related to pregnancy intention. The following graph displays the relative importance of all three variables—age, marital status, and income—to pregnancy intention. Marital status appears to be the factor most closely linked to pregnancy intention.

Among unmarried women, more than half of all births were unintended for all major age and income groups, even among higher income unmarried women over 25 years old. Among married women, both age and income are important, with rates of unintended pregnancy much higher for the younger and poorer groups than for married women with higher income or over 25 years of age. Only higher income married women over 25 years old currently meet the Department of Health Year 2000 goal for less than 30 percent of births to be unintended.

**Percent of Births Which are Unintended**  
By Marital Status, Age, and Medicaid Status  
Washington State Births, 1993-1994



***Age, marital status, and income are each related to pregnancy intention, with marital status the most important factor.***

*Among unmarried women, more than half of all births were unintended for all major age and income groups, even among higher income women over 25 years old.*

*Only higher income married women over 25 years old currently meet the Department of Health Year 2000 goal*

*for less than 30 percent of births to be unintended.*

## Discussion

For Washington State to reach the national goal stated in *Healthy People 2000* for 70 percent of all pregnancies to be intended at conception, the number of unintended pregnancies will have to be cut by more than half. Such a substantial cut would require dramatic changes in the contraceptive practices or sexual activity of women and men of all ages and would have an impact in many areas of great social concern. It would result in a decrease in the number of births to teens, unmarried women and low income women, as well as in the number of abortions.

The high rate of unintended pregnancy in the United States is most evident among women under 25 years of age and drives the high birth rate among young women in the United States compared to other developed countries. While young women in the United States are not unusual in their age of initiation of sexual activity or their frequency of intercourse, they differ from young women in other countries in both their frequency of use of birth control and their use of effective methods.

<b><u>Birth Rate (per 1,000)</u></b>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>
(Washington State, 1993-4)	(52.1)	(112.9)	(116.2)
U.S.	53.6	111.5	113.4
Canada	22.8	79.6	120.6
England and Wales	32.3	94.9	124.4
France	9.5	83.0	143.0
Netherlands	5.6	44.3	122.4
Sweden	11.4	90.5	147.2

(Source: United Nations, *Patterns of Fertility in Low-Fertility Settings*, 1992)

Any reduction in unintended pregnancies will have many consequences. Almost half of all unintended pregnancies are terminated, so reductions in unintended pregnancies will impact the number of abortions. Over three-quarters of all teen pregnancies are unintended, and a reduction in unintended pregnancies will affect numbers of births to teens. Similarly, a high proportion of pregnancies among unmarried, young, and poor women are unintended. Many of these groups at high risk of unintended pregnancies—teens, unmarried women, and lower income women—are groups where the failure to prevent unintended pregnancies results in substantial public costs. In addition to the direct cost of providing state and federally funded medical care or cash assistance, indirect costs include diminished educational and life opportunities.

A general consensus exists over the desirability of reducing unintended pregnancies, abortions, and teen pregnancies, but what programs and policies should be supported remains controversial. Research suggests that many factors contribute to the high rate of unintended pregnancies in the United States, including reduced access to contraceptives, low expectations among poor women, high levels of risk-taking behavior, and the failure of the media to encourage responsible attitudes toward sexual activity and reducing pregnancy risk. To effect change will require development of a community consensus around both the

importance of reducing unintended pregnancies and the best strategies for achieving a reduction. The polarization over abortion and ambivalence about sexual activity have hampered efforts to develop such a consensus.

The debate surrounding programs to reduce teen pregnancy is illustrative. While many people support programs which include abstinence, contraceptive information, and sex education, others are opposed to anything but exclusively abstinence-based programs. The few studies which examine abstinence-only programs have not found that these programs delay the initiation of sexual activity or reduce pregnancy among at-risk teens (Kirby, 1997). A recent editorial (Ehrhardt, 1996) in the *American Journal of Public Health* concluded that the promotion of abstinence-based programs “without comprehensive sex education (including information on contraceptives and family planning) is futile.” Despite the evidence that programs which encourage abstinence while also providing information about contraceptive use may delay initiation of sexual activity and encourage the use of contraception, discussions about how to reduce teen pregnancy quickly become enmeshed in questions of morality rather than effectiveness. The new federal welfare law only contains money for abstinence-based sex education (The Personal Responsibility and Work Opportunity Reconciliation Act of 1996, PL 104-193). On the other hand, the 1995 report by the Institute of Medicine calls for building a consensus for programs which encourage communication between the sexes and between teens and their parents about sexual behavior in addition to school-based “comprehensive, age-appropriate programs of family life and sex education.”

A general consensus already exists in Washington State about the need to reduce rates of teen pregnancy and abortion. Those rates are driven by a high rate of unintended pregnancy. DSHS and DOH support the objective that all pregnancies should be consciously and clearly desired at the time of conception. Challenges remain to build public support for effective programs which can help Washington move toward that objective.

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The First Steps Database (FSDB) has been developed to serve as a program monitoring tool for agencies involved in the implementation of First Steps. The database links measures of pregnancy outcomes to descriptions of maternity care services (from Medicaid claims) and background information on the mothers' health and socio-demographic status (from birth and death certificates for all Washington residents). The Pregnancy Risk Assessment Monitoring System (PRAMS) of the Department of Health was linked to FSDB for this report. To request copies of this report (#9-55) contact DSHS Research and Data Analysis at (360) 902-0713.

This report was prepared for and funded by the Medical Assistance Administration, Department of Social and Health Services. For questions about Medical Assistance's family planning efforts, contact Diana Larsen-Mills at (360) 586-2606.