Nonuse of contraception among women at risk of unintended pregnancy in the United States☆

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Abstract

Objective: This paper seeks to determine factors associated with nonuse of contraception by women at risk of unintended pregnancy in the United States. This nonuse may be associated with about 900,000 unintended births in the US each year.

Study Design: The 2002 and 2006–2010 National Surveys of Family Growth were combined to yield a nationally representative sample of 9,445 women at risk of unintended pregnancy. Logistic regression analyses identified factors associated with nonuse of contraception.

Results: This analysis reveals previously undocumented patterns of nonuse: controlling for confounding variables, cohabiting women [adjusted odds ratio (AOR)=2.3, 95% confidence interval (CI)=1.45–3.52] had higher odds of nonuse than married women; women who reported a difficulty getting pregnant (AOR=2.5, 95% CI=2.01–3.01) had higher odds of nonuse than those who did not. Nonuse was also more common among women with a master's degree or more (AOR=1.5, 95% CI=1.11–2.08) compared with those with some college or bachelor's degree, and it was more common among women in their first year after first intercourse than after the first year (AOR 1.6, 95% CI=1.12–2.22). Among women who had a recent unintended birth, the most common reason for not using contraception prior to conception was that she did not think she could get pregnant.

Conclusions: This study establishes national estimates of reasons for nonuse of contraception and identifies some new subgroups at risk of nonuse.

Implications: These results may help better understand factors affecting nonuse of contraception and develop strategies for preventing unintended pregnancy in the United States.

Keywords

Women aged 15–44; Reasons for nonuse of contraception; National Survey of Family Growth; Unintended pregnancy

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1. Introduction

Virtually all women in the United States use contraception at some time in their lives [1,2]. But contraceptive use is often incorrect, inconsistent, or intermittent, resulting in unintended pregnancy. Annually, about half of the 6 million pregnancies in the United States are unintended [3,4]. Among the 4 million births each year in the US [5], about 37% are from unintended pregnancies [6]. Contraception was not used in the month of conception for about 60% of these unintended births (about 900,000 annually) [3].

This paper will seek to determine factors associated with nonuse of contraception among women at risk of unintended pregnancy and the reasons for their nonuse, using the combined 2002 and 2006–2010 National Surveys of Family Growth (NSFG), a national sample of 19,922 women of reproductive age.

1.1. Previous research

Previous research has shown that women having unintended births are more likely than those having intended births to be under age 25, unmarried, Black or Hispanic, have lower levels of education and income and pay for their deliveries with Medicaid [6–9], but nearly 80% of the mothers of unintended births are adults 20 and older, and nearly 40% are married [6, Table 9].

Most studies on nonuse of contraception among women who do not want to become pregnant are of two general types: (a) qualitative studies of small, often local samples focusing on reasons for nonuse of contraception; and (b) large surveys that provide percentages not using contraception, often with little or no data on reasons for nonuse.

First, a number of focus groups, clinic samples, and surveys, have asked small samples of women their reasons for nonuse of contraception. For example, Ayoola et al. [10] reviewed 16 small studies published between 1995 and 2005. Nettleman et al. [11] conducted a focus group designed to generate a similar list of reasons. Two other studies were based on larger samples: Foster et al. [12] obtained data on reasons for nonuse in a California telephone survey in 1998–2001, and Nettleman et al. [13] analyzed Pregnancy Risk Assessment Monitoring System data from 26 states in 2000–2002.

In these studies, women tended to mention several reasons for their nonuse: they did not believe they could get pregnant, either at that specific time or in general; they were concerned about the characteristics of contraceptive methods (including side effects); they mentioned issues with their partners; and they talked about having had sex without prior planning or preparation. These studies do not, however, give us a clear picture of the relative importance of these reasons, or the characteristics of women reporting each reason for nonuse, in part because of the limitations of their samples [10–13].

Second, researchers have used national surveys to show percentages not using contraception at the date of interview by characteristics such as age, marital status, parity, education and income. These studies found that Black women, teenagers and never married women are more likely to be at risk of unintended pregnancy and not using a contraceptive method [14–

17]. One study found that foreign-born women had elevated odds of nonuse [15]. A telephone survey in 2004 found that Black race, low educational attainment, and the lack of a regular source of health care were associated with higher odds of nonuse [18]. Another telephone survey in 2009 found that a lack of knowledge of contraceptives and norms about contraceptive use also affected nonuse [19–21].

1.2. Approach

This research replicates and extends both types of studies:

- First, by studying the correlates of current nonuse (Tables 1 and 2) among those at risk of unintended pregnancy with a large national sample of 9,445 women; and

- Second, by examining the reasons for nonuse among a national sample of 990 women who had a recent unintended birth that followed nonuse of contraception. These data (Table 3) help interpret the findings of Tables 1 and 2.

2. Materials and methods

This paper uses the female interviews from the 2002 and 2006–2010 NSFG. The 2002 and 2006–2010 NSFG samples contain 19,922 interviews with women. The interviews were conducted in person; the response rate for women was 80% in 2002 and 78% in 2006–2010 [22–24].

All analyses were done using weights and design variables with SAS 9.3 and SAS-callable SUDAAN 11.0.0. The significance of differences among subgroups in the descriptive tables (Tables 1, 3) was determined by standard two-tailed *t* tests. Multivariate analyses were done using logistic regression in SAS PROC SURVEYLOGISTIC. These software packages take into account the complex sample design of the NSFG. Details are given in references [22–24].

2.1. Analysis population: the population at risk of unintended pregnancy

The focus of the analysis in Tables 1 and 2 is on women at risk of an unintended pregnancy at the date of interview: they were sexually active and not using contraception, as defined on a variable in the NSFG data files called *Current Contraceptive Status*, or CONSTAT1 (*n*=9675); some women (n=230) were using a method on CONSTAT1, but had not yet had their first intercourse; these women were excluded from those "at risk," reducing the number at risk to 9,445 (the denominator in Tables 1 and 2). Women "at risk of unintended pregnancy" are able to become pregnant and are not currently seeking pregnancy. They include two groups:

- Using contraception (excluding sterilization) and had sexual intercourse at least once

- Not using contraception and sexually active — had sex in the 3 months before the interview

Women "not at risk of unintended pregnancy"(n=10,477)are excluded from the analysis. They include women who are currently pregnant, trying to become pregnant, are 6 or fewer weeks postpartum or are sterile, for either contraceptive or noncontraceptive reasons. Note from the above description that contraceptively sterilized women and their partners are classified as "not at risk of unintended pregnancy" in this analysis because they are not currently "in the market" for contraception [15–17].

2.1.1.   Analysis variables—Based on results from prior studies such as those cited above [1,2,12–18,23,24], we expect that current nonuse of contraception will be associated with life-course characteristics such as age, marital status, and parity; sociodemographic characteristics such as education, income, Hispanic origin and race, being foreign born [15], lack of health insurance coverage [15] and fecundity [19,21]. We have, therefore, included each of these variables in our analysis.

2.1.2.   New variables—While most variables in this analysis are familiar to most readers, we will define three variables that are less familiar.

We defined *Time since first intercourse* for childless women as more or less than 1 year since first intercourse (Tables 1 and 2). The rationale behind the measure is that, regardless of her age, childless women in their first year after first intercourse may still be learning to use contraception and, thus, may be at elevated risk of unintended pregnancy. (Note that our multivariate models below control for age.) The findings below support this hypothesis. Women with children (parity one or more) are included in the models but not shown separately on this variable.

The second variable is the NSFG's summary measure of "fecundity status" — impaired fecundity versus fecund [25, Tables 1 and 2]. Essentially, a woman is considered to have impaired fecundity if she reports that it is physically difficult or impossible for her to become pregnant or for her husband or cohabiting partner to father a child [25].

The third variable is the intendedness of the birth (Table 3), classified into four categories: intended, unwanted, mistimed less than 2 years and mistimed 2 years or more [6,7]. Recent studies have shown that births mistimed by less than 2 years tend to have less serious consequences than those mistimed 2 years or more [6,9,26]. These categories of mistiming are also associated with women's reasons for nonuse, as shown in Table 3.

We used logistic regression to study the multivariate predictors of nonuse of contraception among women at risk of an unintended pregnancy. This analysis allows us to include all of the predictor variables, including those with some relatively small categories (such as foreign-born Black women and time since first intercourse for childless women). We used a backwards elimination strategy for choosing variables for this analysis, dropping variables that did not add significantly to the model. Dropping these variables had little to no effect on the results for the variables remaining in Table 2. For example, repeating the analysis in Table 2 with three categories of poverty level income added had no effect on the results, so the variable was dropped.

The data in Table 3 are a different subset of women in the NSFG than the data in Tables 1 and 2. The data in Table 3 consist of 990 women who had an unintended birth in the 3 years before the interview and who did not use a contraceptive method in the month before they became pregnant. These women were shown a card listing common reasons for not using contraception (drawn from studies like those in references [10–13])when they became pregnant. Thus, reasons for non use are assessed for women who had an unintended birth in the last 3 years that was preceded by nonuse.

3. Results

3.1. Correlates of nonuse of contraception

Table 1 is based on the 9,445 women in the sample who were at risk of unintended pregnancy at the date of interview. Among these women, 16.5% were not using contraception. By age, the percentage not using a method of contraception for teens and those over 35 (20% or more) was higher than for women 20–34 years of age (13%–14%). Among cohabiting women, the percentage not using contraception was substantially higher than for currently married women (26% vs. 14%, pb.001).

A new finding appears in Table 1: about 22% of nulliparous women who began having intercourse 0–12 months before the interview were nonusers, compared with 15% of childless women who have been having sex for more than 1 year before the interview ($p^<$.01).

By race, 25% of Black women compared with 14% of White women were not using contraception (pb.001). Among foreign-born Black women, 30% were not using contraception, also significantly higher than for White women (pb.001).

A second new finding is that among fecund women at risk of an unintended pregnancy, 15% were not using a contraceptive method, compared with 30% of women with impaired fecundity who were at risk (pb.001, Table 1).

Table 1 shows a third new finding: the relationship between education and nonuse of contraception is curvilinear. At the lowest level of education, 24% of women were not using contraception, compared with 12% percent of women with a bachelor's degree ($p^<$.001), and 18% of women with a master's degree or higher ($p^<$.01).

3.1.1. Logistic regression analysis—A logistic regression analysis of nonuse among the 9,445 women at risk of unintended pregnancy is shown in Table 2. Age, race, education, insurance coverage, fecundity and time since first sex remained significant predictors of nonuse in multivariate models, although the size of their effects varies.

Age is a significant predictor of nonuse (net of other variables). The adjusted odds for women 35–39 are double those of 20–24 year olds [adjusted odds ratio (AOR)=2.0, $p^<$.001]. By marital and cohabiting status, those who are not currently married have elevated odds of nonuse — particularly cohabiting women (AOR=2.3, pb.001) and never married (AOR=2.1, pb.001) women, confirming the findings in Table 1.

Controlling for age, marital status and other covariates, women at risk of unintended pregnancy who have not had a birth and had their first intercourse less than a year before interview are about 1.6 times as likely (p<.01) to be at risk and not be using a method as childless women who have been sexually active longer.

The multivariate results by race and ethnicity in Table 2 indicate that foreign-born Black women have 2.4 times the odds of nonuse as non-Hispanic White women (p<.001), consistent with previous research [15], and US-born Black women have 1.5 times the odds (p<.001), net of all the other variables in this equation (Table 2).

Controlling for age and other variables, women who reported fecundity impairments have 2.5 times the odds of being nonusers of contraception as women who report no fecundity impairments (p<.001).

Compared with women with some college or a bachelor's degree, women with a high school diploma or less education have 1.6 times the odds of nonuse (AOR=1.6, pb.001) compared with women with some college or a bachelor's degree, as previous studies suggested. Women with master's degrees or more also have higher odds of nonuse (AOR=1.5, pb.01), even after controlling for other variables. This finding is consistent with the cross-tabulation in Table 1. It has not been reported before, to our knowledge.

Women with no health insurance at the date of interview also have elevated odds of nonuse of contraception, controlling for other variables (AOR=1.3, pb.01).

3.2. Why did women not use contraception before an unintended birth?

Table 3 shows the reasons women gave for the nonuse of contraception that led to their unintended pregnancy in the 3 years before the interview. About 7% of these women gave more than one reason. The reasons reported for not using a method were:

- 41% said they "did not think I could get pregnant;"

- 24% said they "did not expect to have sex,"

- 20% said they "didn't really mind getting pregnant,"

- 12% said that their male partner did not want her to use birth control or he did not want to use birth control himself and

- 10% were "worried about the side effects of birth control."

The most common reason women gave for not using contraception was that she "did not think (she) could get pregnant." Interestingly, this answer varied significantly by race: half of Hispanic women (50%) gave this reason, compared with 29% of Black women (p<.001).

The second most common reason for nonuse of contraception is that the woman did not expect to have sex when she became pregnant. Unmarried women who were not cohabiting were two to three times as likely as married or cohabiting women to report that they did not expect to have sex when their unintended pregnancy began (42% compared with 12% or 16%, both comparisons, p<.001).

The third most common reason women reported for nonuse was that she "didn't really mind" getting pregnant. The percentage who reported that they did not really mind getting pregnant differs significantly across categories of women in ways that shed light on the reasons for nonuse.

For example, among women whose pregnancy was mistimed by less than 2 years, 46% said they did not really mind getting pregnant, compared with only 12% of those who said the pregnancy was mistimed by 2 years or more ($p^< .001$), and 8% of those whose pregnancy was unwanted ($p^< .001$).

Among teenage mothers, 11% said they did not really mind getting pregnant, compared with 21% of women in their 20's ($p^< .01$). Similarly, just 7% of single women ("neither married nor cohabiting") said they did not really mind getting pregnant, compared with 29% of married women ($p^< .001$, Table 3).

Women of lower socioeconomic status were also less likely to say that they did not really mind getting pregnant: in the two lower education groups, 18–19% of women said they did not really mind getting pregnant compared with 51% of college graduates ($p^< .001$). Similarly, 37% of women in households with incomes three or more times the poverty level said they did not really mind getting pregnant, compared with just 16% of women living in poverty ($p^< .001$, Table 3).

White women are also more likely to say that they did not really mind getting pregnant compared with Hispanic women ($p^< .05$) and Black women ($p^< .001$).

Concerns about side effects (10%) and male unwillingness to use birth control (12%) were the other main reasons for nonuse. There were no significant differences between the groups shown in Table 3 in these reasons.

4. Discussion

The data presented here are national estimates, and they address many of the limitations of previous studies based on smaller, more limited samples. Other studies have found that race, age, marital status, and lower education levels (among other factors) are correlated with contraceptive nonuse among women at risk of unintended pregnancy [12–15], and some studies have listed reasons that women gave for their nonuse of contraception [10,11]. However, this study has replicated and extended both types of studies using a large national sample and some variables and subgroups not studied before in national samples.

The group in Table 3 represents about 22% of all births in the US, derived by multiplying the percent of recent US births that are unintended (37%, reference [6], cited in the Introduction) by the percent of unintended births associated with nonuse of contraception (60%, reference [3], cited in the Introduction). Applying the 41% from Table 3 to the resultant 22% yields the following: in 2010 there were 3.99 million births in the US; women who said they "did not think I could get pregnant" would have accounted for approximately 9%, or 360,000, of those births. Using similar computations, women who did not expect to

have sex accounted for 5% of births, and women who did not really mind getting pregnant accounted for 4%. These are national estimates of the prevalence of each reason for nonuse.

One of the new findings in this research is that nonuse is higher among both women with low levels of education, as in previous studies [12–20], and among women with a master's degree or more (Tables 1 and 2). The data in Table 3 suggest an explanation: women with higher levels of education and women who had a birth that was mistimed by less than 2 years were more likely to say that they did not really mind getting pregnant with an unintended pregnancy than other women. Research suggests that having a birth that is unintended by less than 2 years generally indicates a weaker motivation to avoid pregnancy, a higher risk of nonuse, and less negative outcomes, than if the birth was unwanted or was mistimed by several years [6,9,26,27].

Second, our findings confirm those of earlier studies that never married women have higher odds of nonuse of contraception than married women [1,14]. But this study also shows that higher odds of nonuse are found for cohabiting women as well (AOR=2.3 in Table 2, $p^<$. 001). Cohabiting women [4] have much higher unintended pregnancy rates than other marital status groups, and our findings suggest that those high rates are at least partly due to nonuse of contraception among cohabiting couples.

Third, the increased odds of nonuse among both foreign-born Black women and among women who had their first intercourse less than a year ago may also merit further research. Both findings are new and were confirmed in the multivariate analysis.

Our study does have limitations. First, women defined as at risk of unintended pregnancy and not using contraception were not pregnant, or trying to get pregnant or sterile because of surgery or other conditions. But direct questions on why the woman is not using contraception at the date of interview, or on how she would feel if she got pregnant now, would be helpful in clarifying their current reasons for nonuse.

Second, among the subgroup of women who had a recent unintended birth (Table 3), the leading reason for nonuse was that the woman did not think she could become pregnant. Did she think she was permanently sterile? Did she think it was the wrong time in her monthly cycle? Follow-up questions are needed to determine why nonusers believed they were unable to become pregnant. This information could be useful to clinicians.

For now, however, these data show that nonuse is more prevalent in specific groups of women at risk of unintended pregnancy — some of which had not been specified before. Further research on the characteristics and motivations associated with nonuse may help researchers and practitioners reduce nonuse and thus help prevent unintended births that follow nonuse of contraception.

Acknowledgement

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Table 1

Percent who are not currently using a method of contraception, by selected characteristics, among women 15–44 years of age at risk of an unintended pregnancy: NSFG, 2002 and 2006–2010 (combined).

Characteristic	Sample size	Percent (weighted) not using a method	Significance (p<...)
Total [1/]	9445	16.5	
Interview year			
2002	3641	16.2	Ref
2006–2010	5804	16.8	NS
Age			
15–19 years	1192	20.4	0.001
20–24 years	2263	13.4	Ref
25–29 years	2188	13.5	NS
30–34 years	1689	13.8	NS
35–39 years	1252	19.7	0.001
40–44 years	861	24.0	0.001
Marital or cohabiting status			
Currently married	3423	13.5	Ref
Currently cohabiting	261	26.0	0.001
Formerly married, not cohabiting	1889	16.4	0.001
Never married, not cohabiting	3872	19.9	0.001
Time since first intercourse (parity 0 only) [2/]			
0–12 months since 1st sex	372	21.8	0.01
13 months or more since 1st sex	3864	15.0	Ref
Education [3/]			
No high school diploma or GED	1001	23.9	0.001
High school diploma or GED	1801	20.5	0.001
Some college, no bachelor's degree	2221	13.6	Ref
Bachelor's degree	1722	11.5	NS
Master's degree or more	2064	18.0	0.01
Current health insurance status [4/]			
Private insurance	5102	14.2	Ref
Other insurance	1399	21.0	0.01
Not insured	1749	19.0	0.01
Fecundity status			
Impaired fecundity	1211	29.5	0.001
Fecund	8234	14.5	Ref
Race and Hispanic origin and nativity			
Hispanic	2010	16.6	NS
Foreign born	977	16.7	NS
US born	1029	16.6	NS
Non-Hispanic			

Characteristic	Sample size	Percent (weighted) not using a method	Significance (p<...)
White, single race	4918	14.3	Ref
Foreign born	248	13.0	NS
US born	4664	14.4	NS
Black, single race	1789	24.8	0.001
Foreign born	168	30.2	0.001
US born	1621	24.1	0.001

Abbreviations: NS, not significant; GED, General Educational Development.

NOTE: For definition of *at risk of unintended pregnancy,* see the text on "The population at risk of unintended pregnancy."

[1/] Total includes women of other or multiple race and origin groups, not shown separately.

[2/] Parity 1 or more not shown separately, but included in multivariate model in Table 2.

[3/] Education data are limited to women aged 22–44 at interview.

[4/] Health insurance data are limited to women aged 20–44 at interview.

Table 2

AORs for nonuse of contraception among women at risk of an unintended pregnancy: NSFG, 2002 and 2006–2010 (combined) (sample *n*=9445).

Characteristic	AOR (95% CI)	Significance (p<...)
Age: (reference: 20–24 years)		
15–19 years	1.3 (1.01–1.71)	0.05
25–29 years	1.2 (0.89–1.54)	NS
30–34 years	1.4 (1.02–1.81)	0.05
35–39 years	2.0 (1.48–2.82)	0.001
40–44 years	2.7 (1.90–3.74)	0.001
Marital or cohabiting status: (reference: currently married)		
Currently cohabiting	2.3 (1.45–3.52)	0.001
Formerly married, not cohabiting	1.3 (1.06–1.62)	0.01
Never married, not cohabiting	2.1 (1.69–2.68)	0.001
Time since first sex, parity 0: (reference: 13 months or more since 1st sex)		
0–12 months since 1st sex	1.6 (1.12–2.22)	0.01
Parity 1 or more [1]	~	
Intentions for (more) children: (reference: intends no more)		
Intends more	1.0 (0.80–1.26)	NS
Do not know intentions [2]	~	
Race and Hispanic origin andnativity: (reference: non-Hispanic White, single race)		
Hispanic	1.0 (0.85–1.29)	NS
Non-Hispanic Black, single race,Foreign born	2.4 (1.46–4.03)	0.001
Non-Hispanic Black, single race, US born or do not know/refused natality	1.5 (1.18–1.89)	0.001
Non-Hispanic other or multiple race [1]	~	
Fecundity status: (reference: fecund)		
Impaired fecundity	2.5 (2.01–3.01)	0.001
Education: (reference: some college or bachelor's degree) [2]		
High school diploma or GED or less education	1.6 (1.33–1.98)	0.001
Master's degree or more	1.5 (1.11–2.08)	0.01
Age 15–21 [3]	~	
Current insurance coverage: (reference: private insurance)		
Other insurance	1.2 (0.97–1.57)	0.01
No insurance	1.3 (1.09–1.63)	0.01
Do not know if covered by insurance [2]	~	

NOTE: For definition of *at risk of unintended pregnancy,* see the text on "The population at risk of unintended pregnancy." AORs are adjusted for all other variables in the table.

[1] Category is not meaningful for the covariate being analyzed but kept in the model to preserve sample ns.

[2] "Don't know" category is not meaningful for interpretation but is kept in the model to preserve sample ns.

[3] Education categories limited to women aged 22–44 years at interview as education is still ongoing for the majority of women aged 15–21 years.

Table 3

Percent of women reporting specified reasons for not using contraception (women who had an unintended birth in the 3 years before the survey and were not using any contraception at the time of the pregnancy): combined 2002 and 2006–2010 NSFGs.

	Sample size	Did not think you could get pregnant		Did not expect to have sex		Did not really mind if you got pregnant		Worried about side effects of birth control		Male partner did not want birth control used [a]	
		Percent	(s.e.)	Percent	(s.e.)	Percent	(s.e.)	Percent	(s.e.)	Percent	(s.e.)
Total [b]	990	40.8	(1.91)	23.6	(2.30)	20.1	(1.93)	10.2	(109)	12.0	(1.42)
Unintended status at time of conception											
Mistimed less than 2 years	215	39.4	(4.00)	14.6	(3.86)	45.7	(4.89)	6.2	(1.66)	12.0	(2.82)
Mistimed 2 or more years	379	44.1	(3.45)	21.1	(2.96)	12.2	(2.21)	10.1	(1.70)	14.2	(2.25)
Unwanted	382	38.7	(3.50)	33.0	(4.45)	8.0	(2.08)	13.7	(2.35)	7.9	(2.35)
Age at delivery											
Under 20	213	41.2	(4.17)	31.3	(4.46)	10.8	(2.65)	9.0	(2.01)	14.4	(3.76)
20–29 years	575	39.8	(3.05)	21.3	(2.74)	21.1	(2.52)	11.5	(1.58)	12.9	(1.64)
30–44 years	202	42.4	(4.46)	22.6	(5.41)	25.0	(4.60)	8.2	(2.38)	8.6	(3.09)
Marital or cohabiting status at time of delivery											
Married	328	43.9	(3.31)	15.7	(3.32)	29.1	(3.51)	8.6	(1.80)	10.5	(2.36)
Cohabiting	277	42.0	(4.01)	11.7	(2.54)	21.7	(3.01)	14.0	(2.90)	14.4	(2.82)
Neither married nor cohabiting	385	35.8	(3.65)	42.3	(4.17)	7.1	(1.44)	9.6	(1.67)	12.4	(2.26)
Education at time of interview [c]											
High school diploma or GED or less education	469	43.0	(3.08)	24.4	(3.65)	17.5	(2.21)	11.2	(1.97)	13.4	(2.40)
Some college	195	40.3	(5.02)	21.0	(4.63)	18.9	(3.47)	8.8	(2.17)	9.6	(2.35)
Bachelor's degree or more education	85	30.3	(6.11)	14.2	(4.30)	50.6	(7.14)	9.5	(3.57)	6.3	(2.85)
Household income as percent of poverty level [d]											
0–99 percent (below poverty)	398	40.5	(3.43)	27.1	(3.63)	15.5	(2.64)	11.2	(196)	10.8	(1.72)
100–299 percent	372	41.1	(3.29)	17.7	(2.85)	21.5	(3.30)	10.5	(1.84)	12.9	(2.27)
300 percent or higher	102	40.1	(6.74)	25.5	(7.32)	37.4	(6.52)	7.5	(2.79)	7.7	(2.71)
Race and Hispanic origin											

	Sample size	Did not think you could get pregnant		Did not expect to have sex		Did not really mind if you got pregnant		Worried about side effects of birth control		Male partner did not want birth control used [a]	
		Percent	(s.e.)	Percent	(s.e.)	Percent	(s.e.)	Percent	(s.e.)	Percent	(s.e.)
Hispanic	302	50.3	(4.01)	19.9	(3.83)	16.5	(3.06)	8.9	(1.95)	12.3	(1.93)
Non-Hispanic:											
White, single race	327	40.5	(3.22)	20.8	(3.82)	27.7	(3.63)	8.8	(1.80)	11.7	(2.55)
Black, single race	299	29.3	(2.91)	31.4	(4.00)	11.8	(2.58)	14.3	(2.35)	11.0	(2.54)

Abbreviation: s.e., standard error.

[a] Combines "Male partner did not want you (the respondent) to use birth control" and "Male partner did not want to use birth control himself."

[b] Percentages are weighted. Summing across reasons will not equal 100.0% because some women reported more than one reason. Total includes women with missing data on amount of mistiming and women of other or multiple race and origin groups, not shown separately.

[c] Education data are limited to women 22–44 years of age at time of interview.

[d] Income is reported for the calendar year preceding the year the woman was interviewed and is limited to women 20–44 years of age at time of interview.