Attitudes of women, media and society towards contraception: are we making progress?

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despite the many biologic problems in the understanding of human reproduction

it seems reasonable to assert that

progress in the control of fertility could have been more rapid than it actually has been

social factors

rather than an absence of scientific knowledge

proved the greatest barrier

Malcolm Potts and Martha Campbell. History of Contraception
Gynecology and Obstetrics, 2002
Contraceptive use continues to increase.

At the world level, 63 per cent of women of reproductive age who are married or in union are currently using a contraceptive method for a total of 716 million worldwide.

*World Contraceptive Use 2007*
*United Nations, Department of Economic and Social Affairs, Population Division*
In developed countries contraceptive prevalence has been high for many decades and its level has changed little since 1997.

In the less developed regions contraceptive prevalence has increased substantially in the past decade.
In the majority of the less developed regions, contraceptive prevalence has reached levels of at least 60 per cent. The major exceptions are Sub-Saharan Africa, Melanesia, Micronesia and Polynesia, where the levels of contraceptive prevalence are still below 30 per cent.

As a region, sub-Saharan Africa has the lowest level of contraceptive prevalence, with only 22 per cent of women of reproductive age who are married or in union using contraception.

World Contraceptive Use 2007
United Nations
• Overall, 62% of the 62 million women aged 15–44 are currently using one

• 31% of the 62 million women do not need a method because they are infertile; are pregnant, postpartum or trying to become pregnant; have never had intercourse; or are not sexually active

Thus only 7% of women aged 15–44 at risk of unwanted pregnancy

are not using contraceptives

Guttmacher Institute
Facts on Contraceptive Use Jan 2008
## Between 1995 and 2002

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condom</td>
<td>From 20% to 18% among all women</td>
</tr>
<tr>
<td></td>
<td>From 30% to 23% among never-married women</td>
</tr>
<tr>
<td>Pill</td>
<td>The proportion of use increased slightly from 27% to 31%</td>
</tr>
<tr>
<td>Female sterilization</td>
<td>27% in 2002 compared with 28% in 1988 and 1995</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>The proportion of all users declined from 6% in 1988 to 2% in 1995, and to nearly zero by 2002</td>
</tr>
</tbody>
</table>

*Use of contraception and use of family planning services in the United States: 1982–2002, Advance Data from Vital and Health Statistics, 2004*
despite the fact that the bulk of the recent decline in U.S. teen pregnancy rates

is the result of improved contraceptive use

the Bush administration and some members of Congress

want to increase funding for abstinence-only-until-marriage programs

There is no evidence base to justify current policies

let alone the well over $1 billion that the federal government has poured into

ineffective abstinence-only programs over the last decade

Heather Boonstra, Guttmacher Institute
May 2007
Birth regulation in Europe: Completing the contraceptive revolution

The transition to the dominant use of modern contraceptives by the majority of populations took place in Northern and Western Europe during the 1960s and 1970s. In Southern Europe, this occurred mostly during the 1980s and 1990s and is still ongoing in the 2000s.

http://www.demographic-research.org/Volumes/Vol19/5/
July 2008
Contraceptive use and use of modern methods, by regions in Europe, as reported in 1998 and 2005, reflecting years prior to these dates

<table>
<thead>
<tr>
<th>Region</th>
<th>Year reported</th>
<th>Percentage of couples using any method</th>
<th>Percentage of couples using modern method</th>
<th>Percentage of users employing modern methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Europe(^a)</td>
<td>1998</td>
<td>69</td>
<td>31</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>2005</td>
<td>62</td>
<td>36</td>
<td>58</td>
</tr>
<tr>
<td>Northern Europe</td>
<td>1998</td>
<td>78</td>
<td>77</td>
<td>98</td>
</tr>
<tr>
<td></td>
<td>2005</td>
<td>79</td>
<td>75</td>
<td>95</td>
</tr>
<tr>
<td>Southern Europe</td>
<td>1998</td>
<td>69</td>
<td>31</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td>2005</td>
<td>69</td>
<td>49</td>
<td>71</td>
</tr>
<tr>
<td>Western Europe</td>
<td>1998</td>
<td>75</td>
<td>71</td>
<td>94</td>
</tr>
<tr>
<td></td>
<td>2005</td>
<td>74</td>
<td>70</td>
<td>95</td>
</tr>
</tbody>
</table>


Note: \(^a\)The formerly state-socialist countries of Central and Eastern Europe.
In the second half of the 20th century, several European countries had legal restrictions on the use of contraceptive methods reflecting the position and influence of religious institutions, notably Christian churches.
In 1930 in the encyclical *Casti cannubii* (Chaste Marriage) the Vatican began down the same road of theologic accommodation to the need for contraception.

In a contrived and convoluted way the church began to approve the rhythm method of family planning.
The Vatican Council in 1962 was a major milestone in Catholic theology. The majority of Catholics and practically all theologians of stature began to develop an ethical system that embraced so-called artificial contraception.
In 1963 Pope Paul VI set up a Pontifical Commission to discuss the matter.

Pope Paul was obsessed with the prestige of his office and in the end,
he rejected the majority findings of his own commission
and endorsed a minority report by Cardinal Ottaviani, Fr. John Ford, and others.

Ford was concerned that the Vatican could not change on birth control
because, in his words, of
“the millions we have sent to hell if these norms were not valid”

After *Humane vitae* the percentage of American Catholics attending mass on a weekly basis dropped from 71% to 50%.

By the 1970s the marital fertility rate for Catholic women in the United States was 2.27, almost identical to the 2.17 for non-Catholics.

Family planning became a common practice regardless of religion, and today the percentage of Catholic women having abortions in the United States is slightly higher than the percentage of non-Catholic women.

*Westoff CF, Jones EF: The secularization of US Catholic birth control practices. Fam PlannPerspect, 1977*

*Malcolm Potts and Martha Campbell. History of Contraception Vol. 6, Chp. 8, Gynecology and Obstetrics, 2002*
in the path of the couple there can be grave circumstances which make it prudent to delay the birth of children or even suspend it

The methods of observation, which allow the couple to determine the periods of fertility allow them to administer all that the Creator has widely inscribed in human nature without disturbing the integral meaning of sexual donation

We can ask ourselves, how is it possible that today the world, and also many of the faithful, find so much difficulty in understanding the message of the Church, which illustrates and defends the beauty of conjugal love in its natural manifestation?
the appearance of the new contraceptives introduced a fundamental change in the behaviour of couples

The key feature of modern contraceptives is not that they are more effective - traditional methods could be used quite effectively by motivated couples -

but that they are under the sole control of women

A woman using the pill or an IUD is in a permanently infertile state - until she stops using the method - and if she wishes to conceive she has to decide to end this situation

Henri Leridon
Human Reproduction Update, 2006
Ambivalence towards pregnancy is common and is associated with use of less effective contraceptive methods.

- Almost one third of women expressed ambivalence about their intentions to become pregnant.

- Being older than 30, being nonwhite and having a personal or religious objection to abortion were significantly associated with ambivalence towards pregnancy.

- Compared with women who stated they were trying to avoid pregnancy, women who expressed ambivalence were significantly less likely to have used a barrier or hormonal form of contraception at last intercourse and more likely to use the natural family planning or withdrawal.

*Prevalence and correlates of ambivalence towards pregnancy among nonpregnant women. Contraception 2007*
Lack of contraceptive knowledge and experience of contraceptive problems were associated with the choice of abortion among women requesting induced abortion in Denmark. Immigrant women seem to have more difficulties in using contraception than Danish-born women. There is a need for culturally sensitive information campaigns targeting this heterogeneous group of women.

*Hum Reprod. 2007*
Does ambivalence about becoming pregnant explain social class differentials in use of contraception?

Manual social class background has consistently been associated with markers of poorer sexual health

'Not having planned for sex' was the most commonly cited reason for non-use (47% of men and 40% of women)

'Not caring if pregnancy occurred' was cited by 11% of women and 12% of men

'took a chance' was cited by 8% of both men and women

semi and unskilled manual women more likely to report that sex was unplanned or that they 'took a chance'

Eur J Public Health. 2007
Attitudes towards contraception in three different populations

Muslim women living in Germany, Muslim women living in Greece, Christian Orthodox women living in Greece

- The use of contraceptive pills was more frequent among Muslims from Germany and Christians from Greece.
- The use of condoms was more frequent among Christians from Greece.
- The use of IUDs was more frequent among Muslims from Germany and Greece.

There are behavioral differences between race/ethnic groups and minorities regarding contraceptive practices, probably due to different cultural, socioeconomic and educational factors.

Research has demonstrated that even when a young woman's intention to avoid pregnancy is unequivocal, her attitude toward contraception has to be absolutely positive if she is not to conceive.

*Do adolescents want babies? the relationship between attitudes and behavior,* Journal of Research on Adolescents, 1993
According to the AAP adolescents spend more than 40 hours each week using the three leading forms of media among this age group:

- Television
- Music
- The Internet

Negative media reporting contributes to patient misperceptions and contraceptive discontinuation

An analysis of use of OCs and the IUD between 1970 and 1975 documented increased rates of stopping OCs after unfavorable news stories about the methods appeared in print and on television.

Pill and IUD discontinuation in the United States, 1970-1975: the influence of the media
Fam Plann Perspect, 1980
In 2000 the American College of Obstetricians and Gynecologists (ACOG) conducted the third in a series of polls regarding US women’s attitudes toward oral contraception.

In ACOG’s 1985 poll, more than three-quarters of women believed pill use carried “substantial health risks.”

In the 2000 survey, 41% of women associated substantial risk with OC use.
Pill made me blind

Doctors failed to spot rare condition that wrecked young woman’s sight
in 1995 the UK’s drug regulatory agency warned

patients about venous thromboembolism risks with OCs containing desogestrel or gestodene

the warning scared women

and caused an increase in unintended pregnancy and abortion

Update: The Media and Contraception.
The Contraception Report AUGUST 2001
The percentage of women using a contraceptive method especially a medical contraception (pill or IUD) has increased in France since 1994. Despite this high prevalence of medical contraceptive use, unplanned pregnancies remain frequent. Beyond the lack of information, which may explain part of the so-called 'misuse' of contraception, methods which are better suited to women's sexual and social lifestyle could help reduce some of these contraceptive failures due to misuse and relational issues.

The job of family planning will never be finished

America's first birth control clinic run by Margaret Sanger in Brownsville, Brooklyn, New York, in 1916
Thank you