

Intro

WHAT WE DID AND WHY



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Background

Becoming pregnant—or causing a pregnancy—and having a child is a critical, life-changing event with generational effects, to say nothing of significant economic consequences. At a minimum, common sense suggests that steps of this magnitude should be thought about carefully and intentionally in advance, not stumbled into or approached casually.

Yet at present, half of *all* pregnancies in the United States are reported by women themselves to have been unintended at the time they became pregnant—that is, the pregnancies were unplanned and sometimes fully unwanted. This is particularly true for women who are not married. Seven in 10 pregnancies to unmarried women in their 20s are unplanned, and nearly 10% of all unmarried women younger than age 30 get pregnant unexpectedly each year, resulting in 393,000 births, 595,000 abortions, and 142,000 miscarriages.¹

The Centers for Disease Control and Prevention (CDC) lists the development of modern methods of contraception as one of the greatest public health achievements of the past century. The ability to control when pregnancy occurs—typically through family planning—is directly linked to decreased poverty and increased educational and workforce opportunities for women especially, greater opportunities for preconception care and

prenatal care, and more adequate spacing of pregnancies—all of which benefit women, their children, and families as well.² There are also many significant consequences of unplanned pregnancy that cause concern. Children born following an unplanned pregnancy are significantly less likely to be raised in healthy, low conflict, two-parent families and more likely to experience adverse health and developmental consequences as a result.³ In addition, the vast majority of abortions in the United States follow an unplanned pregnancy.

Seven in 10 Americans support the goal of reducing unplanned pregnancy and most cite the wellbeing of children as the primary reason.⁴ Not only is there strong support for family planning, there are also more than 15 family planning methods currently available in this country.⁵ Despite this positive environment, it is apparent that a significant proportion of sexually active, unmarried young adults—who themselves say they do not want to be parents right now—are not fully protecting themselves from pregnancy. Some take a pass on family planning altogether, at least some of the time, and while others are more conscientious, they are often not careful or consistent enough.

The question is *why*. Why are so many pregnancies unplanned? Many point to cost and access as barriers to securing methods of family planning. Experience and research suggest that the cost and availability of contraception affect its use. In addition, of course, some women become pregnant unintentionally due to contraceptive failure. Moreover, family planning services are embedded in the larger U.S. health care system, which can be chaotic, expensive, and poorly coordinated, with insufficient attention paid to health promotion and prevention.

But research suggests that there are other barriers as well.⁶ Individuals also must have sufficient motivation and knowledge to use contraception effectively—factors that, in turn, are influenced by a broader set of attitudes, aspirations, and perceived social norms, such as young adults' views of relationships, family formation, and related issues. To date, however, there have been few national data available to fully assess these issues in detail and how they link to unplanned pregnancy among unmarried young adults. And absent robust data on these issues, discussions about the causes of—and remedies for—unplanned pregnancy have often neglected these influences.

To help fill this gap, The National Campaign to Prevent Teen and Unplanned Pregnancy commissioned a survey of unmarried young adults age 18–29. The results reported here address:

- the knowledge, attitudes, and expectations about contraception among unmarried young adults;
- their perceptions of the relative benefits and risks associated with various methods of contraception;
- how these perceptions influence their contraceptive behavior; and
- whether misperceptions and myths about contraception overall may be a significant barrier to preventing unplanned pregnancy.

Although the topics covered in the survey summarized here are not necessarily *more* important than cost and access barriers, it is surely true that *both* domains are critically important and that they interact with each other in significant, although poorly understood, ways.

We hope researchers, policymakers, health administrators, parents, and, perhaps even more importantly, those who work with young adults will use the new information presented in this report to help young adults plan their pregnancies more successfully than they are doing at present. It is also true that there are many lessons and findings still to be drawn from the rich amount of information collected in this survey. To this end, over the next year The National Campaign will release several additional reports that focus on specific groups of interest (such as men). We also expect to make the data publically available in the near future. We encourage those who want to explore in more depth the findings of this survey to visit our website (www.TheNationalCampaign.org/FogZone) in the coming months for updates on data availability.

The Survey Itself

DESIGN. This national survey of fertility and contraceptive knowledge—the first of its kind to focus in depth on the attitudes and behavior of unmarried young adults regarding pregnancy planning, contraception, and related issues—was commissioned by The National Campaign and conducted by the Guttmacher Institute (www.Guttmacher.org). It gathered detailed results from a nationally representative probability sample of 1,800 unmarried men and women age 18–29, of whom 177 were reached through random digit dialing of landline phone numbers, 903 through a sample of landline numbers with a high probability of containing unmarried twenty-something residents, and 720 by cell phone. (Appendix 1 describes in greater depth the methodology used for this survey and contains a table showing the number of young adults included in the survey by age, gender, and race/ethnicity.)

The method used to select the sample was designed so that the weighted results are statistically representative of the overall population of unmarried young adults 18–29, as well as unmarried young adults by age, gender, and race/ethnicity. African American and Hispanic young adults were over-sampled to allow greater ability to analyze these subgroups. The questionnaire was reviewed by national experts in the field of reproductive health, approved by the Guttmacher Institute’s Institutional Review Board, and field-tested to make sure the questions were clear. The survey was offered in both English and Spanish.

THE QUESTIONS. The questions were developed based on a theoretical model developed by the Guttmacher Institute (see Appendix 1 for full model). Most of the questions asked in the survey focused on such areas as when young adults last had sex education and what was covered; their knowledge about fertility and the risk/probability of pregnancy; and their knowledge of specific contraceptive methods including how to use them, their effectiveness, and possible side effects.

In addition, they were asked about their sexual activity and pregnancy history; what contraceptive methods they had ever used themselves and how carefully they had used them; their personal expectations for marriage and childbearing; the sources of health information they trust most; and a series of more general questions about their overall lives as well. Questions were also included about their basic demographic and socio-economic characteristics as well as their living arrangements and their connections to work, education, the health care system, public assistance, and faith communities.

Whenever possible, the survey used questions asked in other national surveys, such as the National Survey of Family Growth (NSFG) conducted by the CDC’s National Center for Health Statistics. This was done, in part, to assess how the results reported here compare to those of others. The good news is that, as a general matter, the characteristics of the young adults in this survey are similar to those reported in other national surveys, adding confidence to the view that this survey is indeed representative of unmarried young adults in general. (The actual wording of the survey questions appears in many of the charts throughout the report and a full list of survey questions is available at www.TheNationalCampaign.org/FogZone).

IMPORTANT NOTE. Readers should note that the results presented in this report are for *unmarried young adults aged 18–29* and various subgroups as noted.

Outline of the Report

This report has four sections:

- 1** **Section One** presents a brief overview of who was surveyed, along with some of the key characteristics of the survey population—especially those attributes that are most directly related to pregnancy planning and prevention (such as sexual experience) as well as more distal influences (such as living arrangements and religious affiliation).
- 2** **Section Two** details the gap between young adults’ intent and both their contraceptive and sexual behavior.
- 3** **Section Three** describes in depth eight core findings that help to explain the gap between intent and behavior among unmarried young adults, which in turn often leads to unplanned pregnancy.
- 4** **Section Four** offers some concluding thoughts and a list of practical things to do that the data suggest would help young men and women be more planful and intentional about pregnancy and parenthood.