Patterns of contraceptive use before and after an abortion: results from a large nationaly representative survey of women undergoing an abortion in France

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Introduction

Contraception is highly medicalized in France, where 82 % of contraceptive users use very effective methods (pill or IUD). The use of these highly effective reversible contraceptive methods is one of the highest in the world. In the same time, unintended pregnancies remain frequent: one in three pregnancies is reported to be unplanned, 62% ending in an abortion. The abortion rate in France (14.8 per 1000 women aged 15 to 49) is among the highest in Western Europe. In addition, while abortion rates have remained relatively stable since 1975 for women above 25 years, recent data suggest a slight increase in these rates among younger generations since the late 1990s.

This apparent paradox raises questions about the circumstances in which abortions occur. Previous research, based on a population based survey on contraception and abortion in France shows that 72% of abortions occurred to women who were using contraception (highly effective methods in 30% of the cases). These results reveal the difficulties women experience when using contraception, difficulties which are also reflected in the gap between perfect and typical use contraceptive failure rates.

These previous studies need further development to adjust for methodological discrepancies inherent to all population based surveys: substantial underreporting of abortion, recall bias and insufficient sample size to explore possible variations along socio-economic and demographic characteristics.

Using a recent national sample of women undergoing an abortion, this study explores the contraceptive situation of women surrounding an abortion. We will examine women's contraceptive situation at the time of the pregnancy leading to an abortion as well as after the procedure.

Population and methods

The data for this study is drawn from a national representative survey of 11340 women undergoing an elective abortion in France. The sample was selected using a multi-step procedure which consisted of first randomly selecting a sample of 254 hospital facilities performing abortions from the list of all hospital providing abortions after stratification by region and abortion activity. All abortion providers (physicians and midwives) from the selected hospitals were included in the survey. The survey also included all physicians performing abortions in a private office setting who were affiliated with the selected hospitals. All health care providers selected in the survey were asked to include all the women seen for an abortion during the study period (1 month for women over 18 who were seen in a hospital, 2 months for minors and women who underwent their abortion in a physician's private office).

Information was collected in 2 parts: a first questionnaire completed by the health professional who performed the abortion, provided medical information on the procedure (gestational age at the time of the abortion, medical protocol...). A second self-questionnaire completed by the women at the time of the abortion provided information on women's socio-demographic characteristics, contraceptive failure, and access to abortion providers. These 2 questionnaires are linked by a common identifier in order to link the medical and socio-demographic information.

Analysis

We describe and analyze women's contraceptive situation at the time the pregnancy leading to an abortion started as well as analyze the reasons that women provide to explain contraceptive failure. Special attention will be drawn to possible variations according to age (in particular for minors), socioeconomic background or women's geographical origin. We also compare women's contraceptive

situation before and after the abortion and investigate the factors associated with the use of highly effective methods after the abortion.

The analysis will be conducted using Stata software version 10 SE. The study received the approval of the Commission Nationale de l'Informatique et des Libertés (CNIL).