Women's socioeconomic factors associated to the choice of contraceptive method in Spain

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Objective: To describe the influence of socioeconomic characteristics on the choice of the contraceptive method used among women in Spain in 2006.

Methods: This is a cross-sectional study of women aged 15-49 who reported the contraceptive method used during the first sexual intercourse (n = 3352) and during the 4 weeks prior to the interview (n = 2672). Data were analyzed taking into account women's socioeconomic characteristics.

Results: The mostly used method during the first sexual intercourse was the condom. Women from developing countries more frequently used the pill than native-born Spanish women. The condom was also the most commonly used method in the 4 weeks prior to the interview. The use of other contraceptive methods increased with age. Being older and having children were both associated with an increased use of permanent methods.

Conclusions: The choice of a specific contraceptive method seems to be more strongly influenced by women's stage of life than by socioeconomic characteristics.
In this context, the aim of the present study was to describe the influence of women’s socioeconomic characteristics on the choice of the contraceptive method used among women in Spain in 2006.

Methods

This is a population-based cross-sectional study of non-institutionalised women aged 15-49 years in Spain in 2006. The source of information was the 2006 fecundity interview developed by the Centro de Investigaciones Sociológicas. From an initial sample of 9737 interviewees, we selected women aged 15-49 years who reported the contraceptive method used during their first sexual intercourse (n = 3352) and during the four weeks prior to the interview (n = 2672). Full details of the survey have been reported elsewhere.4

Two dependent variables were analyzed, the contraceptive method used during first sexual intercourse and during sex in the four weeks prior to the interview. After having reported using contraception, women were asked if they used any of the following methods: condom, pill, withdrawal, injection, intrauterine device (IUD), emergency contraception, periodic abstinence, male sterilization, female sterilization, cream/foam spermicides or sponge, diaphragm, any other method. We selected women who had used a single method and compared these methods both individually and in groups of methods: condom/pill; condom/pill/IUD; ineffective (withdrawal, periodic abstinence and cream/foam spermicides or sponge)/effective (all the other methods of the previous list except the category ‘any other method’, as we do not know the effectiveness of the methods included in that category); permanent (male and female sterilization)/reversible (methods defined previously as effective).

Details of the selection of independent variables and explanation about categories have been reported previously.4 The variables used in the analysis of first sexual intercourse were: level of education, country of origin, religiousness and age at first intercourse; and during the four weeks prior to the interview: all the variables mentioned above, partner number, child use of contraception at first intercourse. All analyses were stratified by age.

We performed a descriptive analysis using the Chi-squared test. Bivariate, multivariate and multinomial logistic regression models were fitted, and crude and adjusted odds ratios (aOR) with 95% confidence intervals (95%CI) were calculated for each group of age. Final adjusted models include all independent variables.

All statistical analyses were performed using STATA, version 10.1. Missing values were excluded from the analysis.

Results

Table 1 shows the prevalence of the most common contraceptive methods used during the first experience of sexual intercourse stratified by selected variables, Spain, 2006.

Table 2 shows the prevalence of the contraceptive methods most commonly used during the first sexual intercourse stratified by selected variables, Spain, 2006.
Table 2
Prevalence of the contraceptive methods most commonly used during the four weeks prior to the survey interview, stratified by selected variables, Spain, 2006.

<table>
<thead>
<tr>
<th>Level of education</th>
<th>15-19 years</th>
<th>20-24 years</th>
<th>25-34 years</th>
<th>35-49 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>C</td>
<td>P</td>
<td>IUD</td>
</tr>
<tr>
<td>Less than primary</td>
<td>16</td>
<td>61.4</td>
<td>27.2</td>
<td>0.0</td>
</tr>
<tr>
<td>Primary</td>
<td>91</td>
<td>67.1</td>
<td>26.3</td>
<td>0.65</td>
</tr>
<tr>
<td>Secondary (or more if 15-19)</td>
<td>47</td>
<td>74.4</td>
<td>24.9</td>
<td>0.0</td>
</tr>
<tr>
<td>University</td>
<td>70</td>
<td>60.2</td>
<td>35.8</td>
<td>2.5</td>
</tr>
<tr>
<td>Level of education</td>
<td>15-19 years</td>
<td>20-24 years</td>
<td>25-34 years</td>
<td>35-49 years</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>C</td>
<td>P</td>
<td>IUD</td>
</tr>
<tr>
<td>Country of origin</td>
<td>138</td>
<td>68.4</td>
<td>27.5</td>
<td>0.0</td>
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<tr>
<td></td>
<td>18</td>
<td>66.2</td>
<td>20.2</td>
<td>3.21</td>
</tr>
<tr>
<td>Religiousness</td>
<td>24</td>
<td>74.8</td>
<td>21.4</td>
<td>2.46</td>
</tr>
<tr>
<td></td>
<td>133</td>
<td>67.0</td>
<td>27.6</td>
<td>0.0</td>
</tr>
<tr>
<td>Age at first intercourse</td>
<td>&lt;16 years</td>
<td>56</td>
<td>58.4</td>
<td>31.3</td>
</tr>
<tr>
<td></td>
<td>80</td>
<td>70.7</td>
<td>26.2</td>
<td>0.0</td>
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<tr>
<td></td>
<td>15</td>
<td>77.5</td>
<td>22.5</td>
<td>0.0</td>
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<tr>
<td></td>
<td>27</td>
<td>57.2</td>
<td>27.8</td>
<td>6.4</td>
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<tr>
<td>Living with partner</td>
<td>18</td>
<td>53.8</td>
<td>37.9</td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td>139</td>
<td>70.0</td>
<td>25.2</td>
<td>0.0</td>
</tr>
<tr>
<td>Number of children</td>
<td>0</td>
<td>149</td>
<td>69.2</td>
<td>27.1</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>61.9</td>
<td>33.7</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Use at first intercourse</td>
<td>Yes</td>
<td>10</td>
<td>72.8</td>
<td>19.9</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>146</td>
<td>67.8</td>
<td>27.2</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>157</td>
<td>68.2</td>
<td>26.6</td>
</tr>
</tbody>
</table>

C: condom; P: pill; IUD: intrauterine device; OERM: other effective reversible methods; Perm: permanent methods; IM: ineffective methods.

Totals may differ from the sum of categories because of missing values and sample weights. The percentages may not sum to 100 because the category 'any other method' of contraception is not included.
Only being from a developing country influences the choice of a specific contraceptive method seems to be more influenced by the choice of a particular contraceptive method.

What is already known?

There are inequalities in the use of contraception at first intercourse and during the four weeks prior to the interview in Spain. We do not know if these inequalities are also influencing the choice of a particular contraceptive method.

What this paper adds?

The choice of a specific contraceptive method seems to be more influenced by the woman's stage of life than by her socioeconomic characteristics. It would be necessary to explore regional differences in the choice of contraceptive method.

Discussion

During first sexual intercourse women mostly used condom at all ages, as has been previously reported in Spain and other European countries. Only being from a developing country influences the prioritisation of the pill over the condom, as has been shown previously among women from Latin America.

Condom is also the method most used in the four weeks prior to the interview, although an increase with age was found in the use of other contraceptive options. Condom use is higher in Spain than other European countries, possibly as a result of “safe sex” campaigns implemented to prevent sexually transmitted infections, specially among younger women. Only being older and having children are associated with choosing a method in recent intercourse, preferring a permanent method to a reversible one.

Recent hormonal methods and long-acting reversible methods could be a good alternative for some specific groups, but they are not commonly used in Spain, or in other European countries, mainly because of a lack of being offered by professionals. The main limitations of the study are related to design of the survey. Full details have been reported elsewhere.

Contraceptive counselling is one of the most important factors affecting the choice of a contraceptive method. There is no information about counselling in the survey, and the different Autonomous Communities could be dealing with counselling in very different ways. It would be necessary to explore regional differences in the choice of the contraceptive method, as differences in the use of contraception have been found at this level.

To conclude, this study indicates that although socioeconomic characteristics of women are associated with the use of contraception in Spain, the choice of a specific contraceptive method seems to be more influenced by the woman's stage of life.

Authorship contributions

D. Ruiz-Muñoz performed the data analysis, participated in the interpretation of the data and drafted the manuscript. G. Pérez reviewed the analysis, participated in the interpretation of the data and in the drafting of the manuscript. The two authors have read and approved the final version of the manuscript.

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Conflict of interest

None.

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References