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Crisis Pregnancy Agency Report No. 7 Summary

Irish Contraception and Crisis Pregnancy [ICCP] Study
A Survey of the General Population
Summary

Kay Rundle, Collette Leigh, Hannah McGee and Richard Layte

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Irish Contraception and Crisis Pregnancy [ICCP] Study
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Kay Rundle, Collette Leigh, Hannah McGee and Richard Layte

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Foreword

This study was commissioned by the Crisis Pregnancy Agency. The Health Services Research Centre (HSRC) at the Department of Psychology, Royal College of Surgeons in Ireland (RCSI) and the Economic and Social Research Institute (ESRI) conducted the research. The study was completed between July 2003 and April 2004. The study authors and commissioners thank all those who assisted with the study in any way. Particular thanks are extended to those members of the public who took the time to take part in interviews.

The views expressed in this report are those of the authors and do not necessarily reflect the views or policies of the sponsors

Background

Crisis pregnancy is a complex challenge for individuals and societies alike. Its prevention and management need to be informed by up-to-date and locally applicable information on knowledge, attitudes and behaviours concerning sexual practices and contraception.

Studies of aspects of sexual health in Ireland offer the prospect of vastly increasing our understanding of the pattern of health behaviours in the area of sexuality and their relationship to both the attitudes/beliefs and socio-demographic characteristics of individuals. Such surveys can also provide guidelines on where and how to intervene to improve sexual health outcomes. They offer a benchmark against which to gauge success and to plan for future work in the area of sexual health promotion in Ireland.

A number of recent Government initiatives have highlighted the need for national data on sexual health issues. In October 2001, the Government established the Crisis Pregnancy Agency (CPA). Its primary focus is the development of a strategy to deal with crisis pregnancy, and more specifically to provide for:

- a reduction in the number of crisis pregnancies by the provision of education, advice and contraceptive services
- a reduction in the number of women with crisis pregnancies who opt for abortion by offering services and supports which make other options more attractive
- the provision of counselling and medical services after crisis pregnancy.

(Statutory Instrument No. 446, 2001)

Information on contraceptive and crisis pregnancy service availability and utilisation, and on antecedents of crisis pregnancy, is needed for the optimal planning and evaluation of services. Research findings can provide evidence-based recommendations for planning and development of appropriate initiatives.

Aim of the present study

The aim of the present study was to establish nationally representative data on current attitudes, knowledge and experience of contraception, crisis pregnancy and related services in Ireland. More specifically, the research aimed to provide nationally representative data on:

- current attitudes, knowledge and experience of crisis pregnancy and crisis pregnancy supports and services
- current attitudes, knowledge and experience of contraception and contraceptive services
- current attitudes and experiences of sex, crisis pregnancy, options facing those in crisis pregnancy and lifestyle choices
- current awareness, recognition and understanding of the Crisis Pregnancy Agency's Positive Options public information campaign.

Methodology

A cross-sectional national survey of the young adult population, using a telephone interview methodology, was selected as the most appropriate methodology to meet the aims of this study. Research Ethics Committee approval was obtained for the study.

Sample

- A sample size of 3,000 members of the public was targeted, to include equal numbers of women and men. The sample included those aged 18-45 in order to focus on those for whom contraceptive practices, service perceptions and service usage were most relevant. The age profile of the sample means that results will be particularly relevant to contemporary evaluation of services and planning for the future.

Measures

- An interview schedule, informed by key concepts relating to crisis pregnancy, was devised. Where concepts had previously been assessed elsewhere, use of questions from relevant national and international questionnaires was considered to maximise comparability of the data to be collected here.

Procedure

- Telephone interviews were conducted by an experienced telephone interview team from the Economic and Social Research Institute (ERSI). Telephone interviews provide respondents with a sense of anonymity, once it has been explained and understood that their number has been chosen at random. A sense of anonymity was considered of particular relevance due to the sensitive subject matter of this survey.
- Study verification procedures (e.g. freephone telephone access, Garda confirmation) were established in order that participants could confirm the legitimacy of the research. Interviewers monitored distress and used a range of strategies throughout the interview process to manage any participant distress.

Results I – Sex and contraception

Sample and response rate

- 3,317 interviews were completed (1,356 men (40.9%) and 1,961 women (59.1%)). The overall response rate (completed interviews) was 63.8%.
- The sample was weighted using 2002 Census figures to match the demographic structure of the Irish population. The results can thus be considered representative of the general population.

Demographic comparison of study sample with general population * by gender, age and marital status

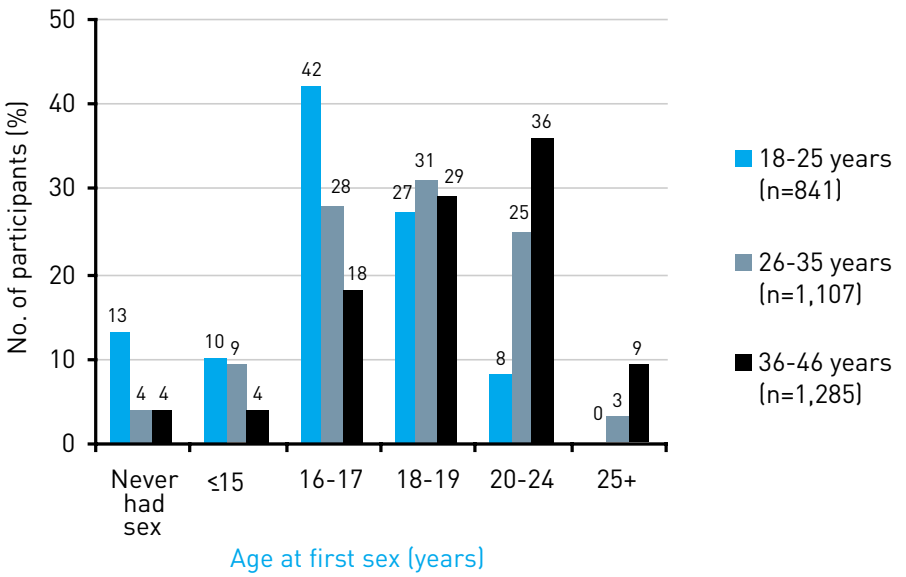
		Women %			Men %	
Demographic Characteristics	Un-weighted Sample n=1,961	Weighted Sample	General Population	Un-weighted Sample n=1,356	Weighted Sample	General Population
Gender	59.1	50.0	50.0	40.9	50.0	50.0
Age						
18-25	23.6	30.0	30.4	28.2	31.5	30.9
26-35	34.5	36.7	36.4	32.9	34.6	36.3
36-45	41.9	33.3	33.2	38.9	33.9	32.7
Marital Status						
Married/ Partner	62.3	50.5	49.8	52.2	45.5	44.5
Separated/ Divorced/ Widowed	4.1	4.6	5.1	1.8	2.3	3.2
Single	33.6	44.9	45.0	45.9	52.1	52.3
Current Employment Status						
At work	62.7	59.8	60.2	82.5	78.1	77.1
Unemployed	2.5	5.4	5.1	4.5	6.9	7.6
Student	11.1	12.3	12.3	11.3	10.7	10.5
Retired	0.2	0.6	0.1	0.1	0.3	0.1
Home duties	22.8	19.1	18.9	0.4	0.7	1.4
Other	0.8	2.8	3.5	1.1	3.2	3.3
Region						
Dublin	24.9	32.2	32.3	25.2	31.0	30.9
Border, Midlands & West	27.4	24.4	24.3	24.4	23.8	24.9
Rest of Country	47.7	43.5	43.4	50.4	45.2	44.2
Education						
Pre-Leaving Certificate	16.8	22.3	22.3	20.5	28.4	28.4
Leaving Certificate	27.7	32.0	32.0	28.7	31.5	31.5
Post-Leaving Certificate	55.5	45.7	45.7	50.8	40.0	40.0

** Central Statistics Office (2004)*

Sexual history

- Almost all study participants (93%) reported having experienced sexual intercourse (vaginal or anal), with 98.7% experiencing only heterosexual sex, 0.2% experiencing only homosexual sexual intercourse and 1.1% having experienced both.
- Women reported a significantly older age at first intercourse than men (median nineteen vs. eighteen years respectively). Age at first sex decreased for men (median age nineteen to seventeen years of age) and for women (median age twenty to eighteen years of age) from older to younger age cohorts (year of birth 1956-60 and 1981-85 respectively).

Age of first heterosexual sexual intercourse by age cohort



Contraceptive use in the last year

- The most common methods of contraception and precaution used in the last year to avoid pregnancy were condoms (55%) and the contraceptive pill (38%). Most (80%) participants said that they had always used a method of contraception or precaution when having sex in the last year.

Contraception and other precautions used in the last year to avoid pregnancy

	18-25 years n=681 %+	**26-35 years n=1,024 %+**	**36-45 years n=1,192 %+**	**Total n=2,897 %+**	
No method used (at any time)	4	12	16	11	***
Contraceptive pill	55	42	18	38	***
Condom	78	54	36	55	***
Coil/ IUD/ Mirena	3	4	10	5	***
Cap/ diaphragm	<1	<1	1	1	**
Spermicides (Gels/sprays /pessaries)	1	<1	<1	1	
Persona	0	<1	1	<1	*
Emergency contraceptive pill	5	2	<1	2	***
Safe period/ rhythm method (excl. Persona)	3	5	8	6	**
Withdrawal	4	6	6	6	
Injections/implanted capsules/patches/ring	4	3	2	3	
Sterilisation (participant or partner)	0	4	18	7	***
Abstinence	2	2	3	2	
Other method	0	<1	1	<1	*

\+ *Participants could select more than one response, thus column totals may be greater than 100%.*
* *indicates significant age group differences (p<0.05)*
** *indicates significant age group differences (p<0.01)*
*** *indicates significant age group differences (p<0.001)*

- Those who first had sex at a younger age were less likely to have always used contraception in the last year (70% of those who had first had sex at fifteen years of age or younger compared with 85% who first had sex when aged 20-24 years).
- Younger (18-25 year old) participants were less likely to report always (74%) using, and more likely to report mostly (19%) using, contraception. A concern relating to contraceptive use among 18-25 year olds is that they did not consistently use contraception every time they had sex.
- The two main explanations for non-use of contraception during the last year by those who did not want to become pregnant were that sex was not planned/they were not prepared (48%) and/or they were drinking alcohol or taking drugs (21%). These reasons were significantly more likely to be reported by younger age cohorts.

Contraceptive use with most recent partner

- 10% of those at risk of unplanned pregnancy did not use any method of contraception on the most recent occasion of sexual intercourse. Of those who used contraception on the most recent occasion of sexual intercourse, most used the condom (53%) or contraceptive pill (34%).
- Correlates of non-use of contraception on the most recent occasion were older age, lower educational level, lower social class and casual (as distinct from permanent) relationship status.
- On the most recent occasion of sexual intercourse, the most common reasons cited for non-use of contraception among those at risk of unplanned pregnancy were that sex was not planned/they were not prepared (31%) and/or because they had been drinking or taking drugs (15%).

Reasons for not using contraception at most recent sexual intercourse

	18-25 years n=37 %+	26-35 years n=65 %+	36-45 years n=123 %+	Total n=225 %+	
Unlikely to conceive because of menopause	0	0	21	9	***
Unlikely to conceive because possibly infertile – not medically confirmed	0	3	9	5	
Don't like contraception/ methods are unsatisfactory	0	6	8	5	
Partner doesn't like or won't use contraception	0	0	2	1	
Not my responsibility	0	0	1	<1	
I/my partner forgot to take the contraceptive pill	0	1	1	1	
Difficult to discuss contraception with partner	0	0	0	0	
Can't get contraception/ contraceptive services	2	1	4	3	
Against beliefs/religion to use contraception	5	2	9	6	
Drinking alcohol/taking drugs	29	16	7	15	
Sex not planned/not prepared	46	40	17	31	*
Didn't/don't care if pregnancy happens	0	4	4	3	
Other reason	14	22	23	20	
Refused/no response	4	8	5	6	

+ Participants could select more than one response, thus column totals may be greater than 100%.
** indicates significant age group differences (p<0.05)*
*** indicates significant age group differences (p<0.01)*
**** indicates significant age group differences (p<0.001)*

Emergency contraception ('morning-after pill')

- Knowledge of the existence of the emergency contraceptive pill (ECP) was high (96%). However, specific knowledge relating to correct usage was lacking. (Only 38% identified the correct time-period for use; 44% underestimated the time limit.)
- Of those who had heard of the ECP, 29% of women had used it previously and 24% of men reported that a partner had used it.
- 31% of those who had heard of the ECP thought it would be difficult to obtain. They suggested the main barriers to accessing the ECP were locality/accessibility (66%) and attitudes of professionals (29%).

Contraceptive services

- More men (14%) than women (9%) reported that they had never obtained contraceptive supplies or sought advice. Women were more likely than men to have used a health professional route (e.g. GP, family planning clinic) to access contraceptives or advice on contraception (79% vs. 37%) and less likely to have used a commercial route (e.g. chemist, vending machine) (48% vs. 73%).
- More older men and women (37% and 82% respectively) had used a health professional route to contraceptive advice or supplies than younger men and women (16% and 71%, respectively). Younger participants were more likely to have used commercial routes than the older groups (men: 78% vs. 64%, women: 51% vs. 41%).

Sources of contraceptive supplies or advice ever used, by gender and age group (n=3,312)

	Women					Men				
	18-25 %	26-35 %	36-45 %	Total %		18-25 %	26-35 %	36-45 %	Total %	
No. of participants	**469**	**682**	**809**	**1,960**		**386**	**447**	**519**	**1,352**	
Never obtained supplies or sought advice +++	**12**	**6**	**9**	**9**	*	**14**	**11**	**18**	**14**	
Health professional route +++	**71**	**84**	**82**	**79**	***	**16**	**23**	**37**	**25**	***
Own GP +++	63	74	73	70	**	11	19	30	20	***
Another doctor at a GP's surgery +++	5	10	8	8	*	1	2	4	2	**
Family Planning/Well Woman Clinic +++	20	28	28	26	*	3	6	10	6	**
Well Man Clinic ++	0	1	<1	1		3	1	4	2	
Emergency Dept. of a hospital +	2	1	1	1		<1	0	1	<1	
Commercial route +++	**51**	**52**	**41**	**48**	**	**78**	**78**	**64**	**73**	***
Chemist shop/ pharmacy +++	46	48	39	44	*	55	68	55	59	**
Over the counter (petrol station/super-market/etc.) +++	11	12	7	10	*	26	30	20	24	***
Vending machine +++	16	11	3	10	***	50	41	26	39	***
Through the post	1	<1	<1	<1		1	0	2	1	
Personal contact route +	**27**	**22**	**11**	**20**	***	**23**	**17**	**9**	**16**	***
Supplied by sexual partner/family/ friend +	27	22	11	20	***	23	17	9	16	***
Any other service	**2**	**1**	**1**	**1**		**3**	**<1**	**1**	**2**	*

* *indicates significant differences across age groups (p<0.05)*

** *indicates significant differences across age groups (p<0.01)*

*** *indicates significant differences across age groups (p<0.001)*

\+ *indicates significant differences across gender (p<0.05)*

++ *indicates significant differences across gender (p<0.01)*

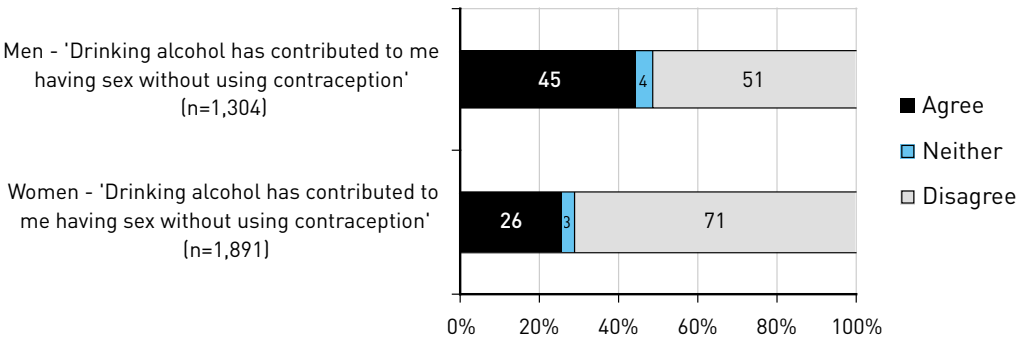
+++ *indicates significant differences across gender (p<0.001)*

- Almost all (95%) said they did not find it difficult to get contraception. Those who reported difficulty in obtaining contraception explained that accessibility and embarrassment were barriers.

Role of alcohol

- Over half of men (58%) and 38% of women agreed that drinking alcohol had contributed to them having sex. Furthermore, almost half of men (45%) and 26% of women agreed that drinking alcohol had contributed to them having sex without using contraception. Correlates of agreement were male gender, lower educational level, lower social class and currently being in a casual relationship or not in a relationship.

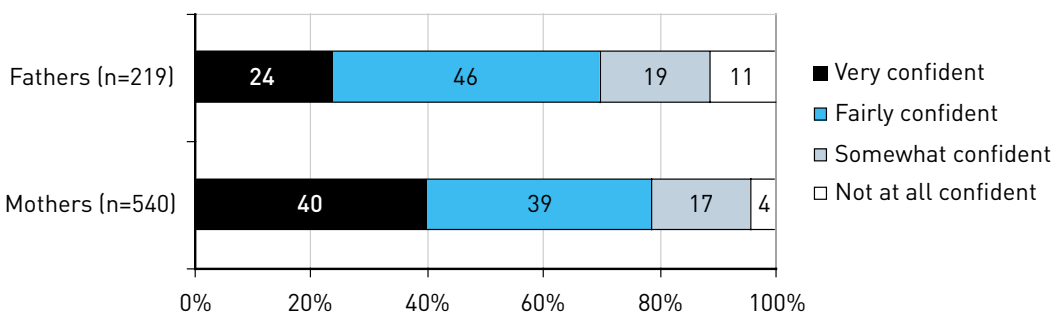
Role of alcohol in experiences of sex without using contraception



Learning about sex

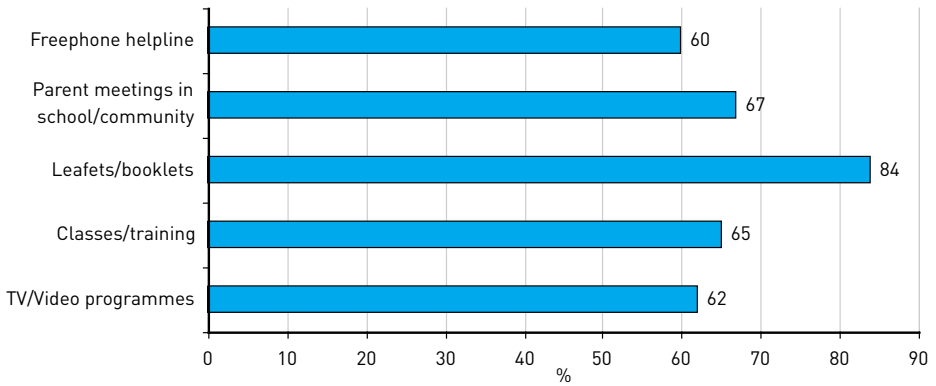
- Most participants (80%) agreed that it is mainly the responsibility of parents to educate their children about sexual matters.
- Most parents (82%) of twelve to eighteen year olds had spoken to their children about sexual matters. Of the remainder, 43% indicated that they planned to talk to them about sexual matters in the future, with 23% stating that someone else had already provided sex education to their children.
- Most parents (75%) felt confident as sex educators of their own children.

Parental ratings of their ability to talk to their children about sexual matters



- However, most parents would also welcome support to carry out this role. Suggested supports were leaflets/booklets (84%), parent meetings in the school/community (67%) and classes/training (65%).

Parental agreement that specific support resources would help parents to talk to their children about sexual matters (n=737)



Attitudes to using contraception

- Many men (43%) and 27% of women said that condoms reduce sexual pleasure.
- More women (38%) than men (23%) said that using the contraceptive pill (or their partner using it) did not appeal to them, with older participants more likely to agree.
- Half of participants (50%) agreed that the contraceptive pill has dangerous side effects, with older participants more likely to agree. Moreover, two-thirds (67%) of participants believed that taking a break from the contraceptive pill is a good idea, with older age groups more likely to agree.

Social context of contraceptive use

- Most participants (79%) disagreed that it is mainly the man's responsibility to ensure that contraception is used regularly, with more men (19%) than women (7%) agreeing.
- Nearly one-quarter of participants (23%) agreed that if a woman carries condoms while not in a relationship it gives the message that she is looking for sex or is "easy".
- Very few participants (6%) agreed that they would find it difficult to talk to a sexual partner about contraception, with the majority (92%) disagreeing. Similarly, most participants (83%) disagreed with the statement that 'it would be too embarrassing for someone like me to buy or obtain condoms'.

Knowledge of fertility

- Just over half of participants (54%) correctly identified the most fertile time in a woman's menstrual cycle (i.e. about half way between menstrual periods), with women and older participants more likely to respond correctly. However, a high number of female participants (35%) could not identify when they were most likely to become pregnant during the menstrual cycle.

Knowledge concerning fertility (time during menstrual cycle a woman is most likely to become pregnant)

Age (years)	Wiley & Merriman (1996) [sample 1993 – women] n=2,988 % incorrect/don't know	ICCP (2004) [sample 2003 – women] n=1,955 % incorrect/don't know	Age (years)
18-24	33.0	43.4	18-25
25-29	18.2	32.7	26-35
30-34	21.7		
35-39	17.4	28.6	36-45
40-44	21.1		
Total	**23.1**	**34.6**	**Total**

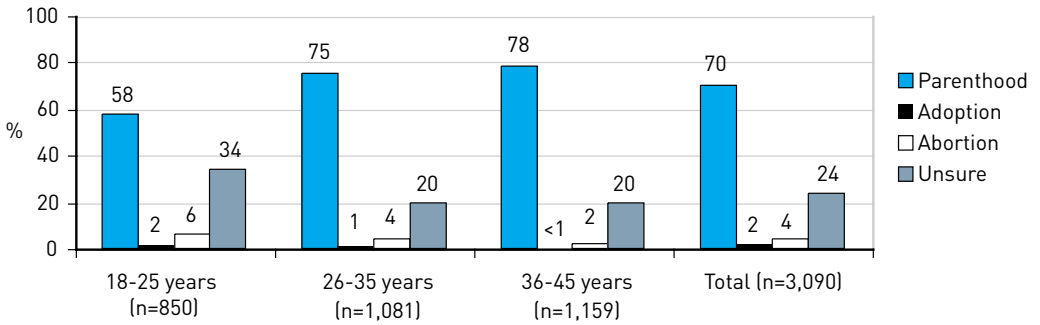
Crisis pregnancy service access and awareness

- Almost half of participants (47%) indicated that the preferred method of finding out information about crisis pregnancy services was face-to-face or one-to-one. Over a quarter of participants (28%) preferred the telephone/helpline option. Less preferred methods of obtaining information were electronic methods such as the Internet and text messaging. These methods preclude interaction.
- A minority (23%) of participants had seen or heard advertising for the CPA's Positive Options campaign. However, a larger percentage (36%) of the Agency's target group (18-30-year-old women) had seen or heard advertising or promotions for Positive Options. This survey was conducted across the time period when the CPA television advertisement campaign commenced. Exposure rates are thus likely to be higher at this time.

Current attitudes to pregnancy

- Many participants (41%) felt it would be positive or very positive if they or their partner became pregnant now, despite the pregnancy being unplanned. Most of those at risk of pregnancy (70%) stated that the most likely outcome of an unplanned pregnancy would be parenthood, with 2% stating adoption and 4% abortion. A quarter (24%) did not know what they would do in this situation. There were significant age differences in choices.

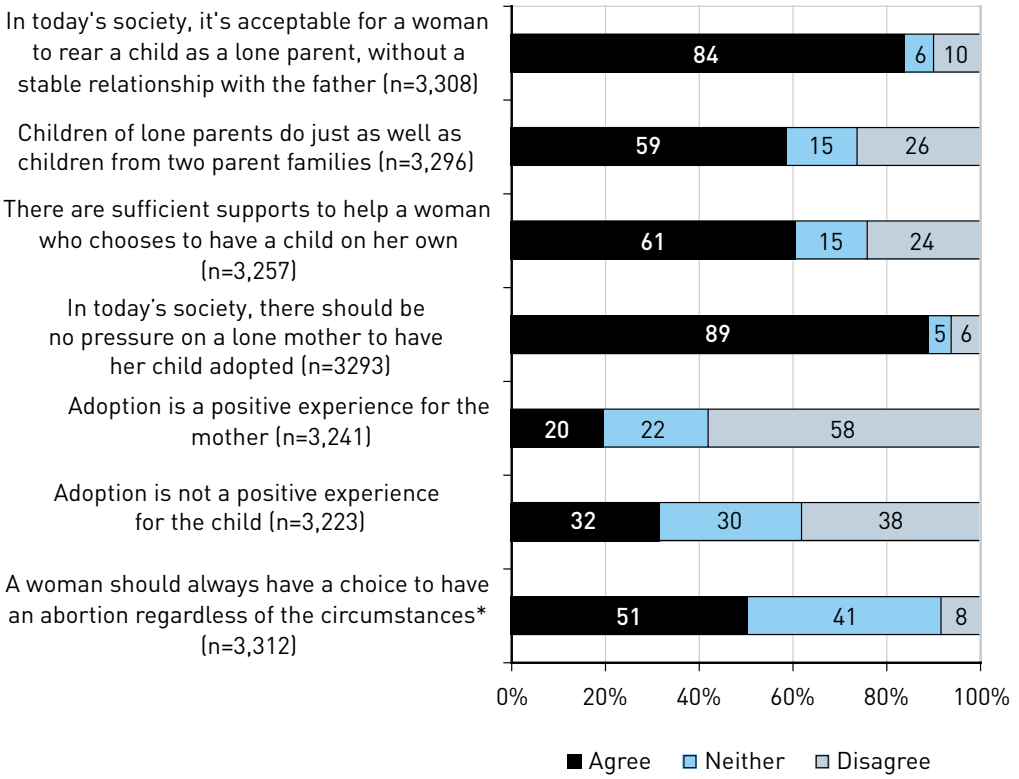
Most likely outcome of an unplanned or unwanted pregnancy at this time



Attitudes to crisis pregnancy-related outcomes

- Most participants (84%) believed that in today's society it is acceptable for a woman to rear a child as a lone parent, without a stable relationship with the father. Over half (59%) agreed that children of lone parents do just as well as children of two-parent families, with 26% disagreeing. 61% felt that there are sufficient supports to help a woman who chooses to have a child on her own. Finally, a large majority (89%) agreed that in today's society there should be no pressure on a lone mother to have her child adopted.
- A minority of participants (20%) believed that adoption is a positive experience for the mother, with 58% disagreeing. One-third (32%) of participants agreed that adoption is not a positive experience for the child; 38% disagreed with the statement.
- Half of participants (51%) thought that a woman should always have a choice to have an abortion, regardless of the circumstances, 8% felt women should never have this choice, 2% had no opinion and the remaining proportion (39%) felt there should be choice in certain circumstances.

Attitudes to crisis pregnancy/lone parenting outcomes



** For this question 'neither' refers to those who felt that abortion should only be available in certain circumstances (39%) and those who did not know/had no opinion (2%).*

- Experience of crisis pregnancy in one's personal and social setting was common. Two-thirds (68%) of participants knew someone personally who had experienced a crisis pregnancy; 58% knew someone who had experienced a crisis pregnancy and kept the baby, 6% knew someone who had had the baby adopted and 24% knew someone who had had an abortion.

Disclosure of crisis pregnancy

- The majority of women (91%) said they definitely or probably would tell the sexual partner involved if they experienced a crisis pregnancy. Three-quarters (75%) reported that they would definitely or probably tell family about a crisis pregnancy. More women (73%) than men (66%) indicated that they would definitely or probably tell friends.
- More women (92%) than men (78%) would definitely or probably tell a doctor if they experienced a crisis pregnancy, and 43% of women and 37% of men would definitely or probably tell a crisis pregnancy service. The majority of participants (66%) indicated that they would prefer to go to a GP for professional help if they were to experience a crisis pregnancy in the future.

Results II – Crisis pregnancy

Overview of pregnancy experiences

- Over half of all participants (54%) had had sexual intercourse that had resulted in a pregnancy, with more women (61%) than men (46%) having had sex that resulted in a pregnancy.

Lifetime pregnancy experiences and outcomes for all participants who had experienced heterosexual sex, by gender and current age

	Women				Men			
	18-25 yrs n=401 %	26-35 yrs n=664 %	36-45 yrs n=798 %	Total n=1863 %	18-25 yrs n=333 %	26-35 yrs n=431 %	36-45 yrs n=502 %	Total n=1266 %
Never pregnant	77	37	11	39	92	51	26	54
Live birth	18	59	88	58	4	42	71	40
Adoption	0	<1	1	<1	0	<1	<1	<1
Miscarriage	3	15	23	14	3	11	21	12
Stillbirth	0	1	2	1	0	1	1	1
Abortion	4	4	2	3	1	5	3	3
Currently pregnant	4	5	2	4	2	5	3	4
Other	0	<1	2	1	0	<1	0	<1

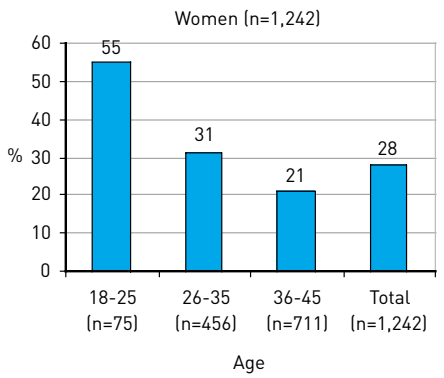
- Of participants who had experienced pregnancy, younger participants were more likely than older participants to have experienced an abortion (women: 15% vs. 2% respectively; men: 10% vs. 4%). Conversely, younger men and women were less likely to have experienced a live birth than older groups (women: 77% vs. 98%; men: 51% vs. 96%).

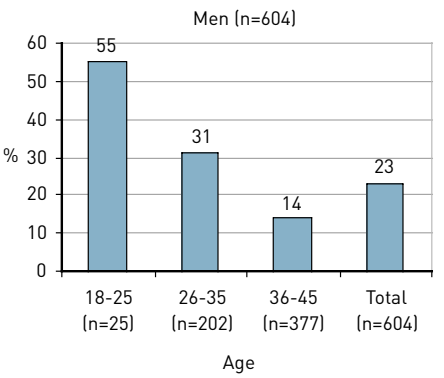
Lifetime pregnancy outcomes for participants who had experienced pregnancy, by gender and current age

	Women				**Men**			
	18-25 yrs n=77 %	**26-35 yrs n=458 %**	**36-45 yrs n=722 %**	**Total n=1,257 %**	**18-25 yrs n=25 %**	**26-35 yrs n=203 %**	**36-45 yrs n=378 %**	**Total n=606 %**
Live birth	77	93	98	94	51	85	96	89
Adoption	0	<1	1	<1	0	<1	<1	<1
Miscarriage	14	23	25	23	40	22	28	26
Stillbirth	0	2	2	2	0	2	2	2
Abortion	15	6	2	5	10	9	4	7
Currently pregnant	16	8	2	6	24	11	4	8
Other	0	<1	2	1	0	<1	0	<1

- Of participants who had experienced pregnancy, 28% of women and 23% of men had experienced a crisis pregnancy. Over half of 18-25-year-old men and women (55%) had experienced one or more crisis pregnancies, compared with 21% of women and 14% of men aged 36-45 years. Of participants who had experienced crisis pregnancy, 14% of women (range 1-6 crisis pregnancies) and men (range 1-3) had experienced more than one crisis pregnancy.

Participants who had experienced one or more crisis pregnancies, as a percentage of all those experiencing pregnancy





- Of all pregnancies reported by women, 83% ended in live birth, 12% in miscarriage, 2% in abortion, 1% in stillbirth and <1% adoption, with 2% currently pregnant. Of all pregnancies reported by men, 79% resulted in live birth, 14% in miscarriage, 3% in abortion, 1% stillbirth and <1% adoption, with 3% currently pregnant.

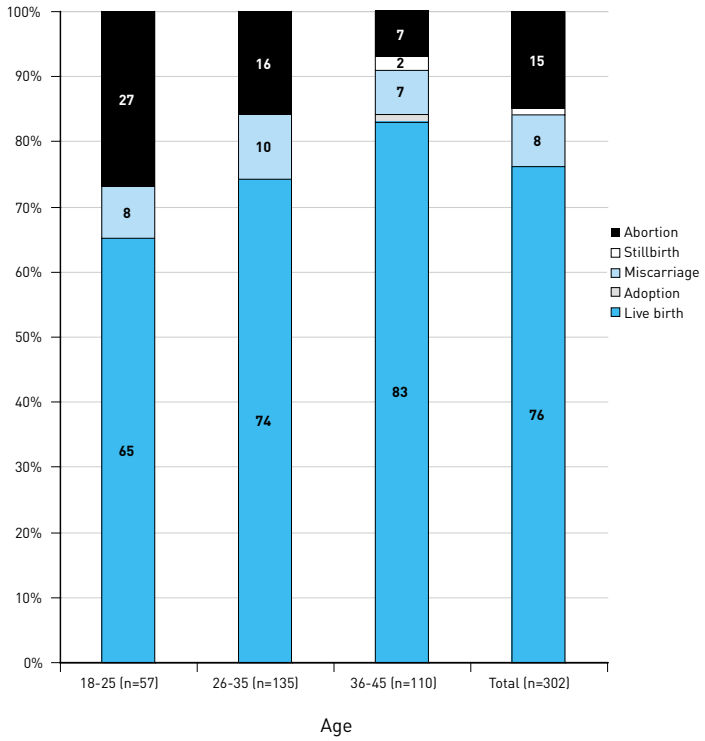
Pregnancy outcomes of all pregnancies reported by participants, by current age

	Women				**Men**			
	18-25 yrs n=140* %	**26-35 yrs n=913 %**	**36-45 yrs n=1,623 %**	**Total n=2,676 %**	**18-25 yrs n=65 %**	**26-35 yrs n=594 %**	**36-45 yrs n=1,162 %**	**Total n=1,821 %**
Live birth	68	80	87	83	58	77	81	79
Adoption	0	<1	<1	<1	0	<1	<1	<1
Miscarriage	10	14	11	12	24	13	14	14
Stillbirth	0	1	1	1	0	1	1	1
Abortion	11	2	<1	2	5	4	2	3
Currently pregnant	11	3	1	2	13	5	2	3
Other	0	<1	<1	<1	0	<1	0	<1
Total	100	100	100	100	100	100	100	100

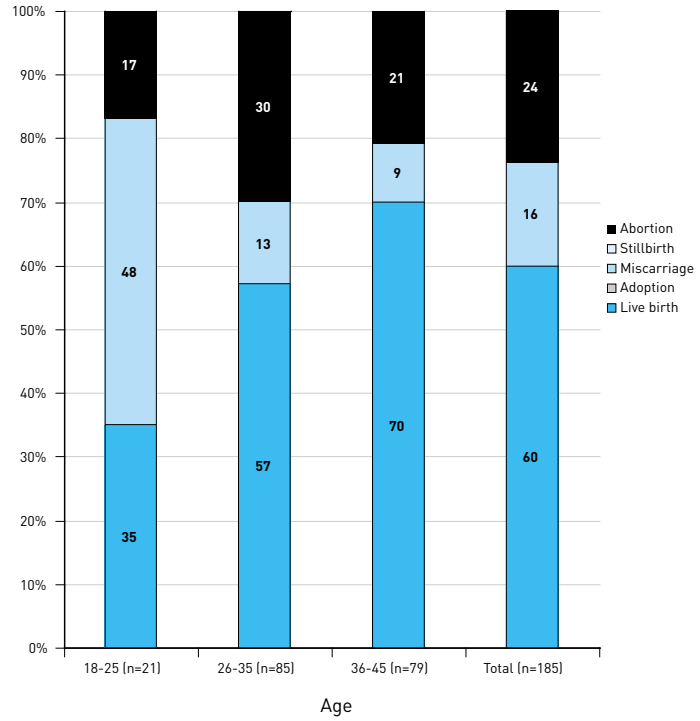
** n refers to weighted number of pregnancies*

- 12% of all pregnancies experienced by women were experienced as a crisis. The percentage experienced as crises decreased with age (42% for 18-25 year olds vs. 7% for 36-45 year olds). 10% of all pregnancies experienced by men were crisis pregnancies, with 31% of 18-25 year olds, compared with 7% of 36-45 year olds reporting experience of a crisis pregnancy.
- The percentage of crisis pregnancies resulting in live births increased across age groups for both men and women. Abortion as an outcome of crisis pregnancy decreased with age for women, but not for men.

Outcomes of crisis pregnancies reported by women, by current age



Outcomes of crisis pregnancies reported by men, by current age



Crisis pregnancy outcomes

- 245 women and 90 men provided additional information concerning their experience of their (most recent) crisis pregnancy.
- Of the women who recounted their experience of a crisis pregnancy, 75% gave birth, 15% had an abortion, 6% had a miscarriage, 1% a stillbirth and 3% were currently pregnant. Over half of crisis pregnancies reported by men (57%) resulted in birth, 24% in abortion, 17% in miscarriage and 2% were currently experiencing a crisis pregnancy.
- The most recent crisis pregnancy was experienced at a mean age of 23.4 years for women and 24.6 years for men.
- There were significant differences in pregnancy outcomes across age at crisis pregnancy: 22% of 18-25 year olds chose abortion, compared with 7% of those under eighteen years of age, 7% of 26-35 year olds and 8% of 36-40 year olds.

Describing a crisis pregnancy

- When describing why the pregnancy was a crisis, women (41%) and men (39%) explained that it was not planned. Other common themes were being too young, being unmarried, having relationship difficulties or being in a relationship that was new or not steady.
- Older women (at time of crisis pregnancy) were more likely to report that the pregnancy was experienced as a crisis because they believed that their family was already complete. Meanwhile, younger participants were more likely to report actual or anticipated negative family reactions, not being married and being too young as reasons that it was experienced as a crisis.

Reasons why participants described pregnancy as a crisis pregnancy

	Women (n=245) %	**Men (n=90) %**
Very young or new baby/gave birth recently	8	1
Existing children/family complete	7	5
Too young	20	22
Not married	16	10
Relationship difficulties	15	9
School/college commitments/plans	8	7
Financial reasons/unemployment	5	14
Not planned	41	39
Work commitments/plans	3	2
Family reaction – actual or anticipated reaction	8	6
Relationship new/not steady	8	13
Emotionally difficult experience	5	4
Did not want baby/pregnancy	6	3
Medical difficulties	6	6

Relationship status

- Many women (41%) had a steady relationship with the sexual partner at the time of conception, 24% had known the sexual partner for a while but did not have a steady relationship and 24% were married or engaged. Similarly, many men (47%) had a steady relationship with the sexual partner at the time, with 22% married or engaged and 12% knowing each other but not having a steady relationship.

Relationship status at time of conception

	Women (n=245) %	Men (n=90) %
Just met or met recently	4	7
Known for a while, but no steady relationship	24	12
Steady relationship	41	47
Living together	6	11
Married or engaged	24	22
Extra-marital affair	<1	0
Other	1	1
Total	100	100

- The majority of women who were married or engaged (99%) or living together (93%) at the time of conception gave birth, compared with 69% of those who were not in a relationship.

Contraceptive use

- A third of women (36%) reported that contraception had been used when the crisis pregnancy occurred, 62% said that it had not been used and 2% were unsure. Many men (44%) also reported that contraception had been used, with 56% saying that it had not been used.
- Of those who had used contraception, 31% of women and 18% of men said they did not know why it had failed. Others reported condom failure (23% of women, 22% of men), contraceptive pill failure (20% of women, 7% of men), or that they had thought it was a safe period (9% of women, 16% of men).
- Of those who had not used contraception, women (51%) and men (52%) said that the reason for non-use was that sex was not planned or they were not prepared, with 17% of women and 26% of men explaining that non–use was as a result of drinking alcohol or taking drugs.
- In total, 41% of women and 55% of men reported alcohol or drug use at the time of conception of the crisis pregnancy.

Confirming the crisis pregnancy

- Over half of women (57%) first thought they might be pregnant in the month following the sexual experience, with 89% having the pregnancy confirmed in the first three months following the sexual experience. The woman's GP confirmed the pregnancy in 38% of cases, with 34% visiting a Family Planning or Well Woman clinic and 17% using a home-testing kit.

Emotional experience of crisis pregnancy

- Women experienced a number of negative emotions during their crisis pregnancy: 43% reported mostly feeling 'very nervous' or 'downhearted and blue' and 29% mostly felt 'so down in the dumps that nothing could cheer them up'.

Personal and professional supports and services

- Over half of women (55%) first told the sexual partner involved about the crisis pregnancy, with 19% first telling a friend.
- A minority (16% of women and 13% of men) had contact with a Family Planning or Well Woman clinic during their crisis pregnancy. A further 9% of women and 1% of men had had contact with Cura, and 2% of women with Cherish.
- There were differences in the supportiveness of sexual partners across pregnancy outcomes, with 71% of those who gave birth and 67% of those experiencing a miscarriage or stillbirth reporting that the sexual partner had been supportive, compared with 33% of those who had an abortion.
- More (72%) of those who gave birth reported that their parents had been supportive or very supportive than those who had an abortion (30%) or a miscarriage/stillbirth (20%). Many of those who had an abortion (45%) or a miscarriage/stillbirth (52%) did not tell their parents about the pregnancy.
- Almost half of women (46%) said there was nothing that would have made the situation easier at the time, 26% said that counselling or having someone to talk to at the time would have helped, with 10% suggesting information on all their options. 7% said that money would have helped, 6% suggested local pregnancy services, 6% said family support and 5% that partner support or a committed relationship may have made the situation easier at the time.
- Almost of third (29%) of women felt they needed ongoing support or services after the crisis pregnancy. There was no difference in need for support based on the outcome of the pregnancy (birth or abortion).

Outcome of crisis pregnancy

- Women who gave birth reported partner/family/relationship support and moral/personal beliefs as factors influencing the outcome of the pregnancy.

Support provided to women experiencing crisis pregnancy, by pregnancy outcome

	Support from								
	Sexual Partner			Parents			Friends		
	Birth n=192 %	Abortion n=28 %	Miscarriage /stillbirth n=22 %	Birth n=187 %	Abortion n=28 %	Miscarriage /stillbirth n=22 %	Birth n=189 %	Abortion n=28 %	Miscarriage /stillbirth n=22 %
Very supportive	55	33	50	47	28	15	59	52	35
Supportive	16	1	16	25	2	5	27	19	18
Neither	3	17	14	8	6	1	6	9	10
Unsupportive	8	14	6	6	18	21	3	11	0
Very Unsupportive	13	7	14	9	2	5	1	2	0
Did not tell	5	28	0	5	45	52	4	9	37

- Women whose crisis pregnancy resulted in abortion reported existing life commitments/plans, being too young, having relationship difficulties/no stable relationship as factors influencing the outcome. Not being ready for motherhood/not wanting a child were also influencing factors.
- The majority of women who gave birth (98%) and of those who had an abortion (95%) felt that the outcome of the pregnancy was the right one.
- When asked about their current views, 92% of women who gave birth and 68% of those who had an abortion reported no regrets at the final outcome of the crisis pregnancy. Men were more likely to have regrets across pregnancy outcome options.

Recommendations

Recommendations were developed from consideration of the findings of this study in a wider research and cultural context.

Recommendation 1: Health promotion strategies are needed to reduce the number of unprotected sexual encounters where pregnancy is not intended or desired.

Recommendation 2: Health promotion strategies concerning contraception need to be targeted appropriately to reach distinct groups in Irish society.

Recommendation 3: Health promotion strategies need to encompass the concept of contraceptive choice, given the very varied range of attitudes concerning the acceptability of various forms of contraception.

Recommendation 4: Health promotion strategies need to foster more responsible public attitudes to planning for contraception and safe sex.

Recommendation 5: Health promotion strategies need to foster more responsible public behaviour concerning alcohol and drug use, given their role in unprotected sexual encounters.

Recommendation 6: Education concerning pregnancy risk and decisions about when and how to use contraception, including emergency contraception, is needed.

Recommendation 7: Knowledge about basic aspects of reproduction, sexual behaviour and contraception, and protection practices in distinct population sub-groups should be evaluated.

Recommendation 8: Parents need to be acknowledged as primary sex educators of their children and supported in this task through school-and community-based initiatives.

Recommendation 9: A public debate is needed on unprotected sex, contraception, crisis pregnancy and its outcomes in contemporary Ireland.

Recommendation 10: Counselling and other support services need to be available to and accessible by women and their partners both during and after crisis pregnancy.

Recommendation 11: Accessibility of information on crisis pregnancy services needs to be assessed.

Recommendation 12: Research activities concerning contraception and crisis pregnancy in Ireland should be integrated to ensure the best use of public resources in developing a knowledge base capable of informing policy and practice.

Notes

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