Public Perceptions About Unplanned Pregnancy

By Jane Mauldon and Suzanne Delbanco

A nationally representative telephone survey in 1994 of 2,002 adults indicates that 60% believe that unplanned pregnancy is a very big problem in the United States, and virtually all (90%) say it is at least a somewhat big problem. Two-thirds mistakenly believe that a larger percentage of women have unplanned pregnancies now than 10 years ago. A decline in moral standards is cited by 89% of respondents as contributing very much or somewhat to the problem. Lack of education is mentioned as a significant factor by 87%, and 88% see any of three barriers to contraceptive use—knowledge about use, access or cost—as being important factors. Never-married women with children, women in general, low-income respondents, Hispanics and those aged 65 or older are the most likely to believe that barriers to contraceptive access contribute very much to unplanned pregnancy; they are especially likely to cite cost or an inability to obtain contraceptives.

(Family Planning Perspectives, **29:**25–29 & 40, 1997)

Unplanned pregnancy is extremely common in the United States: At least 40% of births to American women between 1982 and 1988 resulted from unplanned conceptions, while a large percentage of conceptions—about 30%—ended in abortion.[1] These figures suggest that the majority of pregnancies among U.S. women in the late 1980s were unplanned.[2] Unplanned pregnancy has many consequences for individuals and for society; nonetheless, it is seen as a low-priority public policy issue. Indeed, public funding for contraceptive services has diminished since the mid-1970s. For example, between 1980 and 1994, federal expenditures for contraception (aggregated across Title X, Medicaid and the maternal and child health and social services block-grant programs) decreased by more than one-quarter (or nearly $100 million) in 1980 dollars.[3]

The topic of unplanned pregnancy has been addressed in numerous polls about teenage pregnancy and childbearing. A 1988 survey of 1,000 U.S. adults indicated great concern about unplanned adolescent pregnancy. Seventy-one percent of respondents thought that unwanted pregnancies among adolescents aged 13–18 were either an extremely serious or a very serious problem. Forty-eight percent of respondents asserted that they knew an adolescent who had experienced an unwanted pregnancy.[4] Other polls further substantiate concern about adolescent childbearing, and suggest that unplanned childbearing is typically equated with adolescents.[5]

There is little research, however, exploring knowledge about or perceptions of unplanned pregnancy among adult women. The only known poll specifically addressing beliefs about unplanned pregnancy that was not tied to adolescent pregnancy—a 1983 survey of 1,200 adults—identified an "increase in sexual freedom" in the United States as a major cause of unwanted pregnancies (a belief endorsed by 53% of respondents). Survey respondents also believed that increased sexual freedom had "led to a general breakdown in morality" (59%), "caused many unhappy marriages and divorces" (47%) and "made too many people feel they have sexual rights that they don't really have" (39%).[6]

This article reports on the results of a nationally representative telephone survey examining Americans' level of concern about unplanned pregnancy in general. We investigate the extent to which different groups share views about the problem and what they see as the primary causes of unplanned pregnancy in the United States. Finally, we examine differences in these beliefs and in the level of concern across various segments of the population.

Data and Methods

The data analyzed here come from a national household survey designed by The Henry J. Kaiser Family Foundation and Louis Harris and Associates, Inc., and conducted by the latter. The survey was administered by telephone between October 12 and November 13, 1994, and used a random-digit selection procedure to produce a representative sample of households with telephones in the 48 contiguous states.* The sample was explicitly designed to assure proportional representation of households in different regions of the country and in urban, suburban and rural areas.

All interviews were matched for the sex of the interviewer and respondent. Potential respondents were called back four times before they were discarded from the sample list. Respondents were first provided with a definition of unplanned pregnancy—"Unplanned pregnancy is a pregnancy that a woman is not actively trying to have. It could be unintended, a mistake, unwanted, or not at the right time." They were then asked to assess the magnitude of the problem: "Do you think unplanned pregnancies are a very big problem, a somewhat big problem, not a very big problem or not a problem at all in the United States?"

The perceived impact on unplanned pregnancy of six different items was assessed with the following question: "Would you say that [item] contributes to unplanned pregnancies very much, somewhat or not at all?" These items consisted of two general factors (decline in moral standards and lack of education), three specific factors related to contraception (cost of birth control, ability to obtain birth control and lack of understanding about how to use birth control) and a final item addressing a woman's "genuine desire to have children." This last item was included to address the possibility that some intended births may be mischaracterized as unintended because of social desirability bias (e.g. the state of being nonmarried and intending to conceive).

The survey also used the following questions to probe respondents about their perceptions of trends in unplanned pregnancy and its prevalence in different population groups: "Compared with 10

Jane Mauldon is associate professor of public policy at the Graduate School of Public Policy, University of California, Berkeley. Suzanne Delbanco is a program officer at The Henry J. Kaiser Family Foundation, Menlo Park, CA.

*Random-digit selection procedures assure equal representation of persons in households that are listed in telephone directories, as well as persons in households that are unlisted by request or because the number was assigned after publication of the directory.

Table 1. Percentage distribution of respondents, by perception of the magnitude of the problem of unplanned pregnancy, according to selected characteristics, United States, 1994

Characteristic	N	Problem very big	Problem somewhat big	Problem not big or not a problem at all	Not sure	Total
Total	**2,002**	**60**	**30**	**7**	**3**	**100**
Sex						
Men	1,002	59	32	7	2	100
Women	1,000	62	28	7	3	100
Race/ethnicity						
White	1,602	61	31	5	3	100
Black	166	64	22	13**	2	100
Hispanic	144	50**	37	10	3	100
Other	90	52	28	13**	7	100
Parental/marital status						
Has no children	531	58	34	5	3	100
Has children						
Ever-married respondents	1,336	61	30	7	2	100
Never-married women	81	63	20	15*	3	100
Never-married men	54	63	31	6	1	100
Age						
18–29	421	61	32	7	1	100
30–45	722	60	33	6	1	100
46–64	500	61	30	8	2	100
≥65	347	61	23	7	9	100
Income						
<$15,000	336	61	26	8	5	100
$15,000–$35,000	633	62	29	6	3	100
>$35,000	916	60	33	6	1	100
Religious service attendance						
≥weekly	729	63	26	7	3	100
≥monthly	316	60	33	5	2	100
<monthly	566	57	36	5	2	100
Never	367	63	28	6	2	100
Education						
<high school	185	58	19	15	7	100
High school graduate	1,149	61	31	5	2	100
College graduate	664	59	34	6	1	100

*p≤.05. **p≤.01. *Note:* Totals may exceed 100% due to rounding.

years ago, do you feel the percentage of women in the United States who have unplanned pregnancies is now much higher, higher, about the same, lower or much lower?"; "Do you feel that married women or unmarried women are more likely to have unplanned pregnancies?"; "Do you feel that teenagers or women over the age of 19 are more likely to have unplanned pregnancies?"; "What percentage of 14-year-old females do you feel have had sexual intercourse?"; "What percentage of 18-year-old females do you feel have had sexual intercourse?"; and "Of every 100 abortions that occur in the United States, how many do you feel occur among teenagers?"

Interviewers also collected demographic information regarding the respondents' age, race and ethnicity, marital and childbearing status, income, education and attendance at religious services; religious attendance was measured with a four-item scale that ranged from "never" to "once a week or more."

For the multivariate analysis examining factors contributing to unplanned pregnancy, the three contraception items were combined into a composite measure of barriers to contraception. If a respondent indicated that any one of the three factors contributed very much to unplanned pregnancies, the composite measure was coded "very much"; if at least one of the factors was considered to have somewhat of an impact (but none contributed very much), the composite measure was coded "somewhat." The measure was rated "not at all" if this response was provided for all three items.

Among 4,051 survey-eligible women and men contacted by telephone, 1,000 women and 1,002 men completed the survey, an overall response rate of 49%. Only 181 individuals (4%) refused the survey outright, while 1,868 (46%) terminated the interview before it was completed. Terminations may have occurred because potential respondents found the survey material embarrassing or distasteful, although they could also have been due to the time required to complete the survey (an average of 25 minutes). The analyses reported here weight the data to proportionally represent the demographic characteristics of the U.S. population by gender, race, age, educational attainment and health insurance status.

Results

The sample, evenly divided between men and women, was predominantly white (80%); 8% were black and 7% Hispanic. More than two-thirds of respondents were or had been married and had children, while 27% had no children. Approximately 7% were never-married parents. Seventeen percent had an annual income of less than $15,000, while 46% had an annual income greater than $35,000.

Perceived Prevalence

Sixty percent of respondents considered unplanned pregnancy a very big problem, and virtually all respondents (90%) said that the problem was either very big or somewhat big. Only 7% of respondents considered unplanned pregnancy either not a very big problem or not a problem at all. These views were consistent regardless of sex, income or age (Table 1).

Black respondents varied the most in their responses, with 64% considering unplanned pregnancy a very big problem but 13% (more than double that of other groups) viewing it as not a big problem. While 50% of Hispanics viewed unplanned pregnancy as a very big problem, they were significantly less likely than non-Hispanics to endorse this belief.

Never-married women with children were as likely as married parents and respondents with no children to perceive unplanned pregnancy as a very big problem. However, they were significantly more likely than other respondents to consider it either not a very big problem or not a problem at all (15% compared with 5–7%). Additionally, women aged 18–29 were significantly more likely than men of the same age to think it a very big problem (66% vs. 55%, data not shown).

More than two-thirds of respondents believed that the percentage of women experiencing an unplanned pregnancy was either higher (42%) or much higher (27%) at the time of the study than 10 years earlier (not shown). Only 9% thought the percentage was lower or much lower; 2% of respondents were not sure.

Respondents perceived unintended pregnancy as a problem occurring main-

ly among unmarried women and adolescents: Eighty-two percent of respondents believed that unmarried women are more likely than married women to have unplanned pregnancies, and 86% felt that adolescents are more likely than women older than 19 to experience an unplanned conception. (Data support this perception: Eighty-eight percent of pregnancies among never-married women and 82% of pregnancies among adolescents are unintended, compared with 40% of pregnancies among married women and 52% of those among women older than 19.[7])

Concern about unplanned pregnancy appeared to be related to misconceptions about adolescents' sexual and reproductive behavior. The median estimates by survey respondents of the proportion of 14-year-olds who have had sexual intercourse and the proportion of abortions that are obtained by adolescents were 41% and 49%, respectively (not shown). However, data from 1988–1990 indicate that 13% of young women have had intercourse by age 14, and 20% have done so by age 15.[8] In addition, teenagers accounted for 22% of abortions obtained in 1994–1995.[9]

Respondents who perceived unplanned pregnancy to be a very big problem were the most likely to provide higher-than-average estimates for rates of sexual activity among 14-year-olds: Women aged 18–29 had a median estimate of 51% , and black respondents had a median estimate of 55% (not shown); both figures are 10 percentage points higher than the median estimate for the sample as a whole.

Table 3. Percentage of repondents agreeing that identified factors contribute very much to unplanned pregnancy, by selected repondent characteristics

Characteristic	Barriers to contraception				Lack of education	Decline in morals	Genuine desire for children
	Any barrier	Lack of understanding about use	Access	Cost			
Total	**41**	**27**	**21**	**14**	**48**	**53**	**12**
Sex							
Male	37***	25*	16***	11***	48	51	11
Female	45	29	25	16	47	54	12
Race/ethnicity							
White	39	26	19	12	47	55	9***
Black	45	28	26*	15	50	43	23***
Hispanic	59***	37**	30**	26***	49	45	17
Other	40	26	22	15	53	53	17
Parental/marital status							
Has no children	41	26	22	9**	48	42***	10
Has children							
Ever-married respondents	40	27	19	15	47	58***	11
Never-married women	62***	31	36**	30**	49	48	26**
Never-married men	45	33	24	8	54	41	15
Age							
18–29	43	26	23	16	49	43***	11
30–45	38	26	19	10	44	51	10
46–64	37	25	17	11	49	59**	12
>65	52***	34**	26**	23***	54*	61**	15
Income							
<$15,000	51***	34**	27**	22***	48	50	19***
$15,000–$35,000	42	27	22	15	47	57*	12
>$35,000	35***	24**	17**	9***	49	51	8*
Religious service attendance†							
≥weekly	41	27	20	18**	45	65***	13
<weekly	40	27	21	13	50	48	11
Never	39	26	21	9**	47	41***	10
Education							
<high school	49*	30	29**	24***	45	47	23***
High school graduate	40	26	20	13	46	56**	10
College graduate	39	28	18	8***	56***	47	9

*p≤.05. **p≤.01. ***p≤.001. †Although religious service attendance was measured with a four-item scale, in this table, attendance ≥monthly and <monthly have been combined into <weekly.

Reasons for Unplanned Pregnancy

When asked to evaluate reasons for unplanned pregnancy, most respondents endorsed more than one possible cause. Eighty-nine percent of respondents believed that a decline in moral standards contributed very much or somewhat to unplanned pregnancy, while 87% believed that lack of education was somewhat or very much a contributing factor (Table 2).

Table 2. Percentage distribution of respondents, by their views on how much certain factors contribute to unplanned pregnancy

Factor	Very much	Somewhat	Not at all	Not sure	Total
Decline in morals	53	36	10	1	100
Lack of education	48	39	12	1	100
Barriers to contraception†	41	47	11	1	100
Lack of understanding about use	27	50	22	2	100
Access	21	45	33	2	100
Cost	14	40	45	2	100
Genuine desire to have children	12	48	37	4	100

†The level of this composite variable is the highest level reported for any of the constituent variables. *Note:* Totals may exceed 100% due to rounding.

Barriers to contraceptive use were cited as contributing very much or somewhat by 88% of respondents: Lack of understanding about how to use birth control was mentioned by 77% of respondents, while 66% believed that an inability to obtain contraceptives was a contributing factor and 54% said that cost was a likely obstacle.

That unplanned pregnancies were the result of a genuine desire to have children received less support than any of the other potential contributing factors. Only 12% believed that this factor contributed very much, while 48% thought it contributed somewhat and about 40% thought it was not at all important or were unsure.

The likelihood that any one of the three identified barriers to contraception was rated as an important factor contributing to unplanned pregnancy varied according to respondents' demographic characteristics (Table 3). Forty-five percent of female respondents thought that at least one of the barriers to obtaining and using contraceptives contributed very much to unplanned pregnancy, compared with 37% of men. The gender gap was largest among young adults aged 18–29: Forty-six percent of women in this age-range thought that barriers to contraception contributed very much, compared with 36% of men; the cost of contraceptives was cited nearly twice as often among these women (20%, compared with 11% among men), while 28% of these women, compared with 17% of men, felt that access to contraceptives was a significant influence (not shown).

Fifty-nine percent of Hispanic respondents rated at least one of the barriers to

Table 4. Logistic regression coefficients (and t-ratios) and odds ratios predicting whether a respondent believes a decline in morals or barriers to contraception contribute very much to unplanned pregnancy, by selected characteristics

Characteristic	Decline in morals		Barriers to contraception	
	Coefficient	Odds ratio	Coefficient	Odds ratio
Sex				
Female	na	1.00	na	1.00
Male	0.011 (0.111)	1.01	–0.268 (–2.713)	0.77**
Race/ethnicity				
White	na	1.00	na	1.00
Black	–0.535 (–3.404)	0.59***	0.063 (0.404)	1.07
Hispanic	–0.380 (–2.158)	0.68*	0.766 (4.403)	2.15***
Other	0.118 (0.478)	1.13	0.022 (0.092)	1.02
Parental/marital status				
Has no children	na	1.00	na	1.00
Has children				
Ever-married respondent	0.273 (2.179)	1.31*	–0.126 (–0.999)	0.88
Never-married women	0.018 (0.077)	1.02	0.737 (3.079)	2.09**
Never-married men	–0.242 (–0.881)	0.79	0.377 (1.402)	1.46
Age				
18–29	–0.500 (–3.313)	0.61***	0.020 (0.134)	1.02
30–45	–0.243 (–1.961)	0.78*	–0.078 (–0.624)	0.93
46–64	na	1.00	na	1.00
≥65	0.065 (0.410)	1.07	0.462 (3.016)	1.59**
Income				
<$15,000	–0.002 (–0.015)	1.00	0.421 (3.053)	1.52**
$15,000–$35,0000	0.289 (2.618)	1.34**	0.175 (1.593)	1.19
>$35,000	na	1.00	na	1.00
Education				
<high school	–0.333 (–2.151)	0.72*	0.038 (0.247)	1.04
High school	na	1.00	na	1.00
College graduate	–0.343 (–2.736)	0.71**	0.015 (0.121)	1.02
Religious service attendance†	0.331 (7.705)	1.39***	0.017 (0.391)	1.02
Constant	*–0.353 (1.935)*	*0.70*	*–0.492 (2.687)*	*0.61*

*p<.05. **p<.01. ***p<.001. *Note:* na=not applicable. †Religious service attendance is a continuous variable.

contraceptive use as contributing very much, compared with 45% of blacks and 39% of whites. Black respondents were significantly more likely than either whites or Hispanics to believe that barriers to contraception do not contribute substantially to unplanned pregnancy (not shown).

Never-married women with children were significantly more likely than others in the sample to identify barriers to contraception as an important factor contributing to unplanned pregnancy; 62% of these women rated at least one of the barriers as contributing very much, compared with 40–45% of other respondents. Thirty percent of never-married women with children thought cost very important, while 36% cited difficulty in getting contraceptives.

Respondents aged 65 and older were significantly more likely than younger respondents to believe that each of the barriers to contraceptive use contributed very much to unintended pregnancies. Respondents whose yearly household income was below $15,000 were significantly more likely than respondents with incomes above this level to identify any one of the barriers to contraception as being important.

Table 3 also shows the proportions of certain respondents who felt that other selected factors contributed very much to unplanned pregnancy. Lack of education was the factor most consistently viewed as important: Regardless of their age, race, income or marital and childbearing status, approximately half of the survey respondents believed lack of education to make a very important contribution to unplanned pregnancy. The only significant deviation from this uniformity of opinion was among individuals aged 65 and older, who were more likely than younger respondents to perceive lack of education as a primary causal factor.

Lack of moral standards was the factor seen by the largest proportion of people (53%) as contributing very much to unplanned pregnancy, however. This attitude was most common among ever-married individuals with children (58%), those with incomes between $15,000 and $35,000 (57%) and respondents older than 45 (59–61%).

Finally, a genuine desire for children was considered very important by 12% of people, with significantly larger proportions among never-married women with children (26%), blacks (23%) and low-income respondents (19%). In contrast, only 8% of high-income respondents and 9% of white respondents strongly endorsed this factor.

Multivariate Models

We used multivariate logistic regression to examine the relative contributions of different characteristics to respondents' views about the factors that contribute to unplanned pregnancy. Table 4 presents the odds ratios representing the likelihood of agreeing that a decline in moral standards or barriers to contraceptive use contribute very much to unplanned pregnancy. The regressions controlled for all variables considered in the bivariate analyses.

Men and women were equally likely to perceive unplanned pregnancy as a result of declining morals, while black and Hispanic respondents were significantly less likely than whites to endorse this belief. Married respondents with children were more likely than respondents without children to perceive moral decline as a factor, and individuals 45 and younger were less likely to do so than those aged 46–64. Respondents with incomes between $15,000 and $35,000 were more likely than others to believe that moral decline contributes to unplanned pregnancy. Both college-educated respondents and those who did not complete high school were less likely than high school graduates to attribute unplanned pregnancy to a decline in moral standards. In addition, the probability of endorsing this belief increased along with the respondents' frequency of attendance at religious services.

The factors associated with identifying barriers to contraception as contributing to unplanned pregnancy were quite different from those influencing the moral perspective. Women were significantly more likely than men to identify barriers to contraception as a cause of unplanned pregnancy. Hispanic respondents were twice as likely as whites to identify this factor as important, and unmarried women with children were more than twice as likely as childless respondents to do so. Being older than 65 also predicted support for barriers as a very important factor. Lastly, respondents with an annual income below $15,000 were more likely than those with an income greater than $35,000 to believe barriers to contraception contribute to unplanned pregnancy. The effects of education and attendance at religious services were not significant.

Discussion

Our findings indicate that about two-thirds of a nationally representative sample of U.S. adults said when asked in a 1994 survey that they believed that the incidence of unplanned pregnancy had risen in recent years. The available national data do not support this view. The overall incidence of unplanned pregnancy rose only slightly during the 1980s, from 55.5% of conceptions mistimed or unwanted in 1982 to 57.3% in 1987. There was, however, an increase in the proportion of births that were unplanned over that period, from 37% in 1982 to 39% in 1988 and to 44% in 1990.[10]

It may be that respondents had unplanned births rather than unplanned pregnancies in mind when answering the survey questions. Those respondents who believed that unplanned pregnancy is more common now than in the past may have also equated unplanned pregnancy with nonmarital childbearing (which has increased markedly) or with adolescent childbearing. If respondents equated unplanned pregnancy with nonmarital or adolescent childbearing, this may have contributed to their considering a decline in moral standards (i.e., more sex outside of marriage and among adolescents) to be a critical determinant.

Nevertheless, we found a remarkable degree of consensus among respondents that unplanned pregnancy is a serious problem: Nearly nine out of 10 adults believed this to be the case. Furthermore, while there are significant differences of opinion between groups, these differences are small relative to the general agreement that prevails on most questions. It is important to note, however, that this apparent consensus may represent a degree of self-selection into the study; only 49% of those contacted for the interview ultimately completed it. Individuals who refused the interview or terminated it prematurely may have been less concerned about unplanned pregnancy than participants who completed the interview.

Our data did not identify respondents who had actually had an unplanned pregnancy. However, available survey data indicate that rates of unintended pregnancy vary by socioeconomic and demographic characteristics. For example, 88% of pregnancies among never-married women are unintended, whereas among currently married women, this proportion is 40%.[11] There are equally large differences by income status: Seventy-five percent of pregnancies and 60% of births to women below the poverty threshold are unintended, compared with 64% of pregnancies and 43% of births to women just above (between 100% and 199%) the poverty level. In contrast, among women with incomes more than 200% of the poverty level, 45% of pregnancies and 32% of births are unintended.[12] Finally, age is also a factor: Eighty-two percent of pregnancies and 65% of births to teenagers are unintended.[13]

Given these patterns, the greater importance attributed to barriers to contraception by women in general, by younger women, by low-income respondents, by Hispanics and by never-married women with children is striking. Greater familiarity with unplanned pregnancy—whether first-hand or through peers—may underlie these findings. Since women bear more of the consequences of an unplanned pregnancy and birth than do men, they are likely to make greater efforts to avoid an unwanted conception. In doing so, they are apt to learn from experience about specific barriers to obtaining and using effective contraceptives. Notably, this belief was also held by older Americans, who perhaps recall a time when contraceptives were prohibited by law and difficult and costly to obtain.

In contrast, respondents from groups with the lowest rates of unplanned pregnancy and those most likely to have the resources or the flexibility to mitigate the consequences of unplanned pregnancy (i.e., higher-income and white respondents, as well as men and childless individuals) placed relatively less weight on barriers to contraceptive use as a cause of unplanned pregnancy.

Lack of understanding about how to use contraception was the barrier to use most often indicated by survey respondents; more than one-quarter of respondents in all groups thought this very important, and more than three-quarters believed that it contributed very much or somewhat. These views corroborate expert opinion on the degree of skill required to effectively use reversible methods and the need for improved information and public education.[14] Accordingly, family planning service providers should continue to advocate for reimbursement policies that adequately cover patient education. Our findings also suggest that the need to develop and make available contraceptives that are both effective and easy to use is a perception that is widely shared.

The cost of contraception was the least-mentioned barrier to use. However, those most likely to endorse this belief were again those most likely to have experienced or observed an unplanned pregnancy. Moreover, those with the lowest income were the most likely to experience cost as a barrier to method use. This finding is of particular interest, given the paucity of data on both the elasticity of demand for contraceptives and the role that cost plays in decisions about method use. Given recent research demonstrating that the costs associated with providing contraceptives are far less than those associated with unplanned pregnancy,[15] initiatives that would eliminate cost as a barrier to contraceptive use would make for fiscally sound public policy.

Our findings suggest that a substantial majority of Americans perceive that unplanned pregnancy is a serious concern, and a considerable number believe that barriers to contraception contribute significantly to the problem. Nonetheless, public funding for family planning services—one of the most effective means for averting unplanned pregnancies[16]—has declined by more than one-quarter since 1980, such that the federal allocation of family planning services is, in real terms, 65% of its 1980 level.[17] Moreover, legislators have recently attempted to further reduce family planning allocations; during discussion of the FY1996 omnibus spending bill, the House Appropriations Committee attempted (and failed) to eliminate all Title X funding and instead distribute the funds to the maternal and child health and the community and migrant health center block-grant programs.[18]

It is possible that this inconsistency between public perception and federal response might be explained by the linking in public discourse of family planning with abortion services.[19] It seems that in the heat of debate about the politically divisive issue of abortion, public consensus about the importance of providing family planning information and services has been ignored. It may also be the case that family planning advocates have not made full use of the public's support for access to contraceptives and reproductive services, and may have staked their claims on the most controversial aspects of reproductive health care.

References

1. J.D. Forrest and S. Singh, "The Sexual and Reproductive Behavior of American Women, 1982–1988," *Family Planning Perspectives*, **22:**206–214, 1990; and *Statistical Abstract of the United States*, 1992, Bureau of the Census, U.S. Department of Commerce.

2. S.S. Brown and L. Eisenberg, eds., *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*, Committee on Unintended Pregnancy, Institute of Medicine, National Academy of Sciences, 1995.

3. T. Sollom, R.B. Gold and R. Saul, "Public Funding for

(continued on page 40)

Public Perceptions About…

(continued from page 29)

Contraceptive, Sterilization and Abortion Services, 1994," *Family Planning Perspectives*, **28:**166–173, 1996.

4. National Association of Private Psychiatric Hospitals/Riter Research, "Survey on Teenagers at Risk," Aug. 14–21, 1988.

5. The Upjohn Company/David Michaelson & Associates, "Survey on Americans and Birth Control," Jan. 20–22, 1995; and Kids Pac/Peter D. Hart Research Associates, "Survey on Childhood Issues," June 17–24, 1987.

6. Merit/Audits & Surveys, "The Merit Report," October 15–20, 1983.

7. S. S. Brown and L. Eisenberg, 1995, op. cit. (see reference 2).

8. Special tabulations from the 1988 National Survey of Family Growth and the Youth Risk Behavior Survey.

9. S. K. Henshaw and K. Kost, "Abortion Patients in 1994–1995: Characteristics and Contraceptive Use," *Family Planning Perspectives*, **28:**140–147 & 158, 1996.

10. J. D. Forrest, "The Epidemiology of Unintended Pregnancy and Contraceptive Use," *American Journal of Obstetrics and Gynecology*, **170:**1485–1488, 1994; and S. S. Brown and L. Eisenberg, 1995, op. cit. (see reference 2).

11. Ibid.

12. Ibid.

13. Ibid.

14. Ibid.

15. J. Trussell et al., "The Economic Value of Contraception: A Comparison of 15 Methods," *American Journal of Public Health*, **85:**494–503, 1985.

16. J. D. Forrest and R. Samara, "Impact of Publicly Funded Contraceptive Services on Unintended Pregnancies and Implications for Medicaid Expenditures," *Family Planning Perspectives*, **28:**188–195, 1996.

17. T. Sollom, R. B. Gold and R. Saul, 1996, op. cit. (see reference 3).

18. Women's Policy, Inc., "The Legislative Status Report: The 104th Congress on Women and Family Issues," Washington, D. C., Nov. 15, 1996.

19. M. McKeegan, *Abortion Politics: Mutiny in the Ranks of the Right*, The Free Press, New York, 1992.