

TRENDS OF REASONS FOR NO USE OF CONTRACEPTION AMONG YOUNG WOMEN AND THE ROLE OF SPORADIC SEX IN MEXICO

Fatima Juarez¹, Gabriela Mejía-Pailles^{2,3}

1 Centre for Demographic, Urban and Environmental Studies, El Colegio de Mexico

2 National Population Council of Mexico (CONAPO)

3 Centre for Population Change, University of Southampton

JUSTIFICATION

The importance of using contraceptives to regulate fertility has been widely documented (Darroch, 2013). The use of contraception is a key aspect for limiting and spacing of births.

Mexico has been amply recognized for the importance given to the use of contraception. The country marked a change from a pronatalist society to one where fertility control was seen as a positive strategy for the country (1974). In the 1970s the national family planning program was launched, and the population policy endorsed the use of contraception and family planning programs within a framework of reproductive health rights (Aparicio, 2008). The constitution was amended to give all Mexicans the right to “decide in a free, responsible and informed manner the number and spacing between their children” (Gobierno de los Estados Unidos Mexicanos, 1974; Mendoza et al. 2009; Juárez and Valencia, 2010). The law established that the government had to offer family planning services, including the provision of contraceptives, at no cost in public health institutions (Gobierno de los Estados Unidos Mexicanos, 1974). During the first two decades since the initiation of the family planning program, achievements in the prevalence of contraceptive use were impressive. The proportion of married or in union women using contraception rose from 30 percent in the mid-1970s to 63% in 1997 (Consejo Nacional de Población, 2017), remaining stalled for the last 20 years at around 73% among women in union in reproductive age.

Until the mid-1970s, the total fertility rate (TFR) fluctuated around 7 children per woman (Welti, 2014; Zavala, 2014), falling rapidly ever accompanied by a remarkable increases in contraceptive prevalence. At present, the TFR has reached replacement level (2.1 children per woman). These changes occurred in combination with other important social phenomena: increasing urbanization, expansion of schooling -especially of women-, and greater participation of women in the labor market, which, together with the introduction of modern contraceptive methods, allowed women to limit their family size (Mier y Terán y García, 2012).

Other recent changes have occurred in sexual and reproductive behaviors in the country: an earlier sexual debut among women, a growing gap between sexual initiation and union, and an increase in the desire to limit childbearing at earlier ages. Despite the achievements in contraception prevalence, the progress has been unequal among age groups. Among young women, contraception prevalence is low and unplanned pregnancies remain high.

Adolescent fertility has been a recurrent concern in the fertility literature of Mexico. Fertility has fallen in all age groups but adolescent fertility was left behind, remaining at a high level, and much higher than those of developed countries (rate of 70.6 per 1000 for

women 15-19 years, ENADID 2018), and there is evidence of a recent rise of around 10% (Mier y Terán y Llanes, 2016). The higher adolescent fertility seems to be associated with low-income groups and with low levels of education (Welti, 2014; Menkes y Suárez, 2003, Juarez and Gayet, 2020).

The concern of the high adolescent fertility rate and the low levels of contraceptive use comes not only from the academic community (Welti, 2012; Stern, 2012, Juarez et al., 2018; Juarez and Gayet, 2020) but also from the government. In 2015, the government launched a National Strategy for the Prevention of Adolescent Pregnancies (Estrategia Nacional para la Prevención del Embarazo en Adolescentes- known as ENAPEA) (México Gobierno de la República, 2015) to reduce adolescent pregnancies and births and to improve adolescent reproductive health. The goal is to eradicate births in girls 10-14 years, and to reduce by 50% the adolescent fertility rate of women 15-19 years by the year 2030. Since the strategy was launched, the adolescent fertility rate has declined from 73 in 2015 to 68 births per woman in 2020, a decline of 7% in 5 years.

Despite all the interest in reducing adolescent fertility, few studies have focused on contraception use, contraception non-use, and reasons for not using contraception among women among those with unmet need for contraception. To our knowledge, no study has focused on adolescents' and young women's reasons for not using contraception. Most of the literature has centered on the estimation of the adolescent fertility rate, despite the fact that satisfying young girl's unmet need for contraception requires identifying which are the barrier they face, and an understanding of why women with unmet need are not using contraception.

Furthermore, a group of high research priority is the sexually active never-married women.. Different from married adolescents, where family planning services are available to them, never-married women find it more difficult to access these services. Their needs are more difficult to distinguish because of the taboos that still exist in the Mexican society against sexual activity outside of marriage. In addition, having a partner that is not stable or not committed, may attenuate their perception of risks of pregnancy and their need for contraceptive use. Research for developing countries (these studies do not include estimates of Mexico) has shown that unmarried young women report sporadic sex as an important reason for not using contraceptives, while married women cite side effects (Sedgh et al., 2007; Sedgh et al., 2016). However, until the present, we do not know what are the reasons adolescents and young girls with unmet need for contraception cite for not using contraception.

Thus, there is the need to investigate the main reasons for not using contraception among adolescents and young women in Mexico, married and unmarried, and to identify the factors that further hinder the use of contraceptives to meet their reproductive desires. Investigating the reasons for non-use of contraception is key to understanding the barriers to contraception among young women. For family planning services to respond effectively to the barriers women faces in using contraception, it is important to investigate the concerns of women regarding the use of contraceptive methods, so that program and services can respond effectively. Furthermore, the findings of this study could help guide the national strategy ENAPEA to better target their actions to adolescents, as gains after 6

years have been very modest regard contraceptive use and reduction of unmet need for contraception.

OBJETIVES

Research on contraception and reasons for not use of contraception among young women 15-24 years has been very limited in Mexico. The aim of this study is to explore the role of sporadic sex on non-use of contraception among young Mexican women married and never-married. Hence, the objectives of this study are threefold:

- a) to estimate contraceptive use and non-use among young women in Mexico and the influence of socio-economic, and demographic aspects;
- b) to examine in-depth, the main reasons for not using contraceptives and their associated factors among women with unmet need, and
- c) to identify changes in time of contraceptive prevalence and reasons for not use of contraception.

DATA AND METODOLOGY

The data comes from the 2014 and 2018 cross-sectional National Demographic Surveys of Mexico (ENADID – for its acronym in Spanish) with national, state level and urban-rural representativeness, information collected by the National Institute of Statistics and Geography (INEGI 2014 and INEGI 2018). We analyze data of women of reproductive age 15 to 24 years, in union (formal or consensual) and as well as women ‘never in union’ who reported having sexual intercourse in the last 3 months before the survey.

We first estimate the use and not use of contraception nationally and for different socio-demographic variables for married and unmarried young women to examine changes between these time points, 2014 and 2018. To study the associated factors, we will apply a binary logistic regression. The measure of unmet need for contraception has changed through time from the original conceptualization of Westoff (Bradley and Casterline, 2014). For this study, we will use the algorithm of Bradley et al. 2012, to estimate unmet need for contraception among women 15-24 in union. And for never-married women, a different algorithm is considered. We will analyze never-married women 15-24 years old who have sex in the last 3 months (Sedgh et al., 2007). Unmet need for contraception will be estimated for young married and never-married women 15-24 years for 2 points in time, 2014 and 2018. Reasons for non use of contraception among women 15-24 with unmet need will also be explored. The various reasons for not using contraception given by women will be grouped into 4 categories: sporadic sex, side-effects, opposition of partner and other reasons. A multinomial logistic regression model will be used for the main analysis on reasons for not using contraception among young women 15-24 who had unmet need for contraception in 2014 and 2018, and we will examine its associated factors: marital status, type of place of residence, schooling, poverty level, access to health services, among others. In addition, in both logistics and multinomial regression models, we will report predicted probabilities to account for the heterogeneity associated with the two independent samples.

RESULTS

At present we have some preliminary findings. We started with the analysis of the ENADID 2014, so we have some advances on this data set. We expect to complete the analysis of both data sets (ENADID 2014 AND 2018) by August, and the paper will be

ready by mid-September 2021. The results we will present next are a descriptive comparison of the two data sets of two important variables for this study, contraceptive use and reasons for not using contraception. As Mexico is not part of the DHS program, the Mexican data does not have the variable unmet need for contraception readily available in the data set, this needs to be computed by the authors and it is an elaborated measure to obtain. We have already estimated the variable of unmet need for ENADID 2014, and currently, we are in the process of starting the computing for this variable for ENADID 2018. This is an essential variable as reasons for not use are examined among women with unmet need for contraception.

Table 1 shows the prevalence of use and non-use of contraception between 2014 to 2018 for women age 15-24 years by marital status. Between 2014 and 2018, an important reduction in the proportion of women in union using contraception is observed, decreasing from 68.4% to 60.3%. Adolescents in union (15-19 years) present a more extreme situation, with a 10 percentage points decline, from 64.9% to 55.3%, which corresponds to non-use of contraception increased from 35% to 44.7% between 2014 and 2018. The trend of contraception for never-married women 15-24 years is different, as contraceptive prevalence slightly increased between 2014 and 2018 (64.0% to 64.8%). Inverse time trends are observed for adolescent and young women never in union. Never-married adolescents reported an increase in contraceptive use from 57.5% to 60.5%, while women 20-24 show a slight decrease from 67.4% to 66.8% during this period.

Table 1. Proportion of women currently using contraception. Mexico, ENADID 2014 and ENADID 2018.

Current contraceptive use	2014			2018		
	No	Yes	Total	No	Yes	Total
<i>Currently in Union</i>						
Age group						
1.00 15-19	35.1%	64.9%	100.0%	44.7%	55.3%	100.0%
2.00 20-24	30.5%	69.5%	100.0%	38.7%	61.3%	100.0%
Total	31.6%	68.4%	100.0%	39.7%	60.3%	100.0%
<i>Never in Union</i>						
Age group						
1.00 15-19	42.5%	57.5%	100.0%	39.5%	60.5%	100.0%
2.00 20-24	32.6%	67.4%	100.0%	33.2%	66.8%	100.0%
Total	36.0%	64.0%	100.0%	35.4%	64.6%	100.0%

Note: Own calculations. Pregnant women not included. Estimates for never-married women refer to those sexually active.

Table 2 presents the reasons reported by women aged 15-24 years associated with non-use of contraception, for the period 2014 and 2018. Reasons were classified into four major groups, and they significantly differ for young women currently in union and women never in union. Without considering the category of “other” reason¹ among women never in union, the main reason given for not using contraception was sporadic sex, followed by side effects or health risks. A similar pattern and level are observed in both periods (73% reported sporadic sex and 8% side effects for 2014, and 71% and 8% respectively for 2018). Nevertheless, reasons given by women currently in union for not using contraception have significantly changed in time. In 2014, among women in union aged 15-24, the two main reasons for not using contraception were side effects, followed by the opposition of the husband/partner (18% and 11%, respectively). However, in 2018, the

¹ The category “other” reasons for not using contraception combines diverse types of reasons that we will not be examined here, but in the paper, a larger description of this group will include.

main reasons for non use of contraception among women in union vary greatly from the previous period. Sporadic sex has become the dominant reason reported, followed by side effects (42% and 13%, respectively). Changes of this nature, an increase in the reason for sporadic sex among married women, have been documented in other countries, where migration has had an impact on contraceptive behavior (Sedgh et al., 2016). Many changes are occurring in Mexico, but the absence of the partner seems to be a major motive impacting contraceptive non-use among married young women.

Table 2. Proportion of women not currently using contraception and reasons for not use. Mexico, ENADID 2014 and 2018.

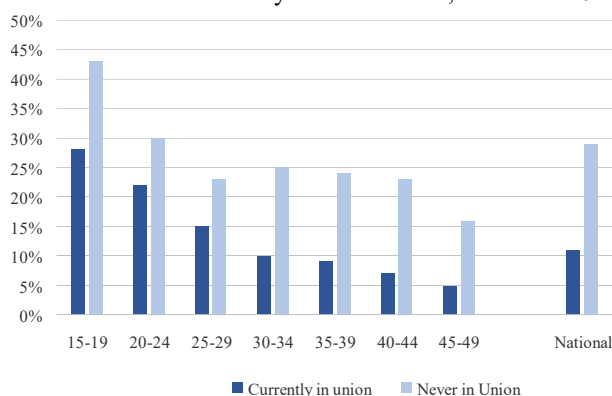
Reasons for not using a contraceptive method	2014					2018				
	Sporadic Sex	Side Effects	Opposition	Other	Total	Sporadic Sex	Side Effects	Opposition	Other	Total
<i>Currently in Union</i>										
Age group										
1.00 15-19	8.8%	16.4%	13.9%	61.0%	100.0%	52.9%	6.8%	8.4%	31.9%	100.0%
2.00 20-24	9.1%	19.1%	10.1%	61.7%	100.0%	40.0%	14.7%	4.3%	40.9%	100.0%
Total	9.0%	18.4%	11.1%	61.5%	100.0%	42.3%	13.4%	5.0%	39.4%	100.0%
<i>Never in Union</i>										
Age group										
1.00 15-19	76.1%	5.5%	4.7%	13.7%	100.0%	70.5%	5.5%	4.4%	19.6%	100.0%
2.00 20-24	70.9%	9.6%	1.5%	18.0%	100.0%	71.4%	8.9%	2.6%	17.2%	100.0%
Total	73.1%	7.9%	2.8%	16.2%	100.0%	71.1%	7.5%	3.3%	18.1%	100.0%

Note: Own calculations. Pregnant women not included. Estimates for never-married women refer to those sexually active.

Preliminary findings for unmet need for contraception for 2014 are shown in Figure 1. This indicator corroborates the need to focus on adolescent and young women's contraceptive use in Mexico. Figure 1, presents this indicator for women in union and never-married women. For all women in reproductive age, unmet need for contraception is 11.4% in 2014, not a high level compared to other less developed countries. But unmet need for contraception for women 15-24 years is remarkably high, and more so for adolescents.

Among women never in union, 15 to 19 years reported the greatest unmet need for contraception. Almost half of them had unmet need for contraception and were exposed to an unplanned pregnancy. Similarly, women in union aged 15-19 years presented a high unmet need for contraception but not as extreme as those never in union (28.1%). Women in the age group 20-24 lower percentages of unmet need were reported, but level for women in union and never-married, 21.7% and 28.7% respectively, continue to be very high.

Figure 1. Unmet need for contraception among married and never-married women sexually active. Mexico, ENADID 2014.



Note: Own calculations. Estimates refer to never in union women sexually active.

Results of the multinomial analysis of factors associated with the reasons for non-use of contraception among women 15-24 for 2014 are presented in Table 3 and summarized next (as mentioned earlier results for 2018 will be completed soon).

Once adjusted for selected covariates, women who said their reason for not using contraception was “sporadic sex” compared to those who reported that the reason was “side effects”(reference category):

- Marital status and type of residence were statistically significant
- Young never-married women compared with women in union were more likely to report sporadic sex than side effects
- Young urban women compared with rural women were less likely to cite sporadic sex than side effects.

For women who reported that their “partner opposed” to the use of contraception compared to those who reported “side effects”:

- Age group, educational level and parity were statistically significant
- Women 20-24 years compared with adolescents 15-19 years were less likely to declare opposition than side effects
- More educated women compared with less educated women were less likely to report opposition than side effects
- Women with at least a child compared with childless women were less likely to have opposition than side effect.

For women who reported “other” reason” for not using contraception (lack of knowledge/access to contraception/breastfeeding/postpartum amenorrhea) compared to those who reported having “side effects”:

- Age group, type of residence and educational level were statistically significant
- Women 20-24 compared with 15-19 years were less likely to mention “other reasons” than side effects
- Urban women compared with rural women were less likely to report “other reasons” than side effects
- Women with at least 1 born child compared with childless women were more likely to cite “other reason” than side effects.

Table 3. Relative Risk Ratios for Reasons for not use of contraception among women 15-24 years with unmet need for contraception, Mexico, ENADID 2014.

Covariates	Reason for not use of contraception							
	Side Effects		Sporadic Sex		Opposition		Other	
	RRR	p-value	RRR	p-value	RRR	p-value	RRR	p-value
Age group								
15-19			1.00		1.00		1.00	
20-24			0.80	0.295	0.53	0.008	0.47	0.002
Marital status								
In union			1.00		1.00		1.00	
Never in union			17.53	0.000	0.56	0.101	0.64	0.346
Type of residence								
Rural			1.00		1.00		1.00	
Urban			0.60	0.031	0.62	0.059	0.46	0.001
Education								
<10 years			1.00		1.00		1.00	
10+ years			1.14	0.530	0.46	0.002	0.84	0.446
No. of CEB								
0			1.00		1.00		1.00	
1+			0.93	0.770	0.53	0.019	3.80	0.000
No. of partners								
1			1.00		1.00		1.00	
2			1.13	0.624	1.08	0.838	1.12	0.706
3 or more			1.28	0.433	0.99	0.987	1.55	0.331

Note: Own calculations.

IMPLICATIONS FOR POLICY

As seen by the preliminary findings, providing evidence on reason for not use of contraception among young women with unmet need may be used to promote policy and programs to reduce the barriers to contraception for young women, in particular, adolescents. Given the Mexican government's priority to prevent unwanted pregnancies and births among adolescents, the findings of this study may help better target actions for adolescents through adequate contraceptive programs and policies.

References

- Aparicio, R. (2008) "Necesidades no satisfechas de anticoncepción: ¿una limitante para el ejercicio de los derechos reproductivos?" in Susana Lerner (Coord.) *Salud reproductiva y condiciones de vida en México*, El Colegio de México, Volume 1, pp217-285.
- Bradley, S. E., Croft, T. N., Fishel, J. D., and Westoff, C. F. (2012), *Revising Unmet Need for Family Planning* (DHS Analytical Studies No. 25 ed.). Calverton, Maryland, USA: ICF International.
- Bradley, S. E., and Casterline, J. B. (2014), "Understanding unmet need: history, theory, and measurement", *Studies in family planning*, 45(2), 123-150.
- Consejo Nacional de Población (2016), *Situación de la Salud Sexual y Reproductiva*, CONAPO. http://www.gob.mx/cms/uploads/attachment/file/170177/Situacion_SS_y_R_2016.pdf. Accessed 4 September 2017.
- Darroch JE, (2013), "Trends in contraceptive use". *Contraception*, 87(3):259-263.
- Gobierno de los Estados Unidos Mexicanos, Constitución Política de los Estados Unidos Mexicanos (1974), Capítulo I de los Derechos Humanos y sus Garantías, Artículo 4, (Reformado Mediante Decreto Publicado en el Diario Oficial de la Federación el 31 de diciembre de 1974), 1974.
- Juárez F and Valencia J (2010), "Las usuarias de métodos anticonceptivos y sus necesidades insatisfechas de anticoncepción", in Chávez Galindo AM and Menkes C, eds., *Procesos y tendencias poblacionales en el México contemporáneo. Una mirada desde la ENADID 2006*, Ciudad de México: Centro Regional de Investigaciones Multidisciplinarias (CRIM), Universidad Autónoma de México (UNAM), pp. 201–235.
- Juarez, F., C. Gayet and Mejia-Pailles (2018) Factors associated with unmet need for contraception in Mexico: evidence from the National Survey of Demographic Dynamics 2014, *BMC Public Health*, 18: 546. <https://doi.org/10.1186/s12889-018-5439-0>
- Juárez. F. and C. Gayet (2020) "De la fecundidad a la salud reproductiva: tendencias y temas actuales", en Giorguli, Silvia and Jaime Sobrino (eds.), *Dinámica demográfica de México en el siglo XXI. Volume I*, Chapter 4, Mexico City, El Colegio de México. pp. 163-208.
- Instituto Nacional de Estadística y Geografía (2014), "Encuesta Nacional de la Dinámica Demográfica (ENADID) 2014", in *Encuesta Nacional de la Dinámica Demográfica 2014*. INEGI. <http://www.beta.inegi.org.mx/contenidos/proyectos/enchogares/especiales/enadid/2014/doc/presentacion.pdf>. Accessed 4 September 2017.
- Instituto Nacional de Estadística y Geografía (2018), "Encuesta Nacional de la Dinámica Demográfica (ENADID) 2018", in *Encuesta Nacional de la Dinámica Demográfica 2018* INEGI. <https://www.inegi.org.mx/programas/enadid/2018/>. Accessed 16 June 2019.
- Menkes, Catherine and Leticia Suárez (2003), "Sexualidad y embarazo adolescente en México", *Papeles de población*, Vol. 35, Number 1, pp. 1-31.
- Mendoza D et al. (2009), "35 años de planificación familiar en México", in: CONAPO, ed., *La situación demográfica de México 2009*, Ciudad de México: CONAPO, pp. 39–52.
- México Gobierno de la República (2015), *Estrategia Nacional para la Prevención del Embarazo en Adolescentes*, Gobierno de la República.

- Mier y Terán Rocha M, García Guerrero VM (2012), “Changements démographiques récents et perspectives futures au Mexique”, *Problèmes d'Amérique Latine*, 5(87):49-78.
- Mier y Terán Rocha, Marta and Nathaly Llanes Díaz (2016), “La fecundidad de las adolescentes mexicanas: ¿en aumento o descenso paulatino?”, *Coyuntura demográfica*, Number 11, pp. 35-40.
- Sedgh G, Hussain R, Bankole A and Singh S (2007), “Women with an unmet need for contraception in developing countries and their reasons for not using a method”, *Occasional report*, 37:5-40.
- Sedgh G, Ashford LS and Hussain R (2016), “Unmet need for contraception in developing countries: Examining women’s reasons for not using a method”, NY: Guttmacher Institute.
- Stern, Claudio (2012). *El "problema" del embarazo en la adolescencia. Contribuciones a un debate*, México: El Colegio de México.
- Welti Chanes, Carlos (2012), “Análisis de la fecundidad en México con los datos del Censo de Población y Vivienda 2010”, *Papeles de Población*, Number July-September, pp. 1-31.
- Welti Chanes, Carlos (2014), “Cambios recientes de la fecundidad en México. Estimaciones y problemáticas no resueltas”, in José Luis Ávila, Héctor Hernández Bringas, and José Narro Robles, *Cambio demográfico y desarrollo de México*, México: UNAM, pp.123-189.
- Zavala, María Eugenia (2014), “La transición demográfica de 1895-2010: ¿una transición original?”, in Cecilia Rabell (Coord.), *Los mexicanos. Un balance del cambio demográfico*, México: Fondo de Cultura Económica, pp. 80-114.