

Real Choices:

**Women,
contraception
and unplanned
pregnancy**

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Conducted by:
WebSurvey

websurvey

Commissioned by:
Marie Stopes
International



**MARIE STOPES
INTERNATIONAL**

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PLEASE NOTE:

For a copy of the Detailed Findings, please contact Marie Stopes International

Marie Stopes International

Marie Stopes International is a not-for-profit organisation offering a range of sexual and reproductive health care services to men and women throughout Australia.

The Australian centres located in VIC, NSW, QLD, WA and the ACT, are part of the global Marie Stopes International Partnership – a UK based registered charity providing a full range of reproductive healthcare services to over 4 million people in 38 countries worldwide.

Australian centre services include abortion, vasectomy, sexually transmitted infection (STI) check-ups and contraception. Surplus proceeds from Australian activities support the work of the Marie Stopes International Partnership.

Unplanned pregnancy

Unplanned pregnancy is a key health issue for Australian women.

In 2006, Marie Stopes International commissioned the research 'What Women Want When Faced With An Unplanned Pregnancy'.

The research was conducted by WebSurvey and 2,003 women agreed to participate, of which 1,022 stated that they had experienced an unplanned pregnancy. This figure indicated that at any given time amongst a sample of women of reproductive age, just over half (51%) have experienced an unplanned pregnancy.

Given this finding, Marie Stopes International wanted to survey those who had experienced at least one unplanned pregnancy, and look at their attitudes about and awareness of different contraceptive methods. Of interest was their contraceptive use currently and at the time of their unplanned pregnancy.

Marie Stopes International also wanted to look at the constraints on women's decisions when they face an unplanned pregnancy and what they thought would expand their options at this difficult time.

A prime concern of the research was to set women's experiences, understandings and decisions in the context of their lives, and the broader social context in which they make their decisions.

The need for research

Data about Australian women's reproductive experiences and health gathered from representative samples of women of reproductive age is scant.

In 2003, the Australian Study of Health and Relationships was published. The research was a representative, population-based prevalence study designed to examine STI and HIV trends, and to identify attitudes about and knowledge among Australians aged 16 to 59 of STIs and HIV/AIDS.¹ It also included several questions about women's reproductive experiences, reproductive health and contraceptive practices: areas in which previous Australian data was either limited or non-existent.²

The aims of Real Choices, and consequently the design, population sampled and sampling method, differs to that of the Australian Study of Health and Relationships research. The Real Choices research focuses exclusively on women's contraceptive practices and attitudes and experience of unplanned pregnancy, and surveys only women of reproductive age who have experienced at least one unplanned pregnancy.

American researcher Kristin Luker argues that despite 'general public support' for social norms dictating the use of effective contraception in every sexual interaction where pregnancy is a possibility, 'private deviance' from such norms is 'widespread'.³ More recently, Trivedi et. al. have found that people may report what they think sex researchers want to hear.⁴

1. Smith, A. Rissel, C. Richters, J. Grulich, A. de Visser, R. (2003) "Sex in Australia: the rationale and methods of the Australian Study of Health and Relationships". Australian and New Zealand Journal of Public Health 27(2), pp. 106-117.

2. Smith, A. Rissel, C. Richters, J. Grulich, A. de Visser, R. (2003) "Sex in Australia: Reproductive experiences and reproductive health among a representative sample of women". Australian and New Zealand Journal of Public Health 27(2), p. 205; Richters, J. Grulich, A. de Visser, R. Smith, A. Rissel, C. (2003) "Sex in Australia: Contraceptive practices among a representative sample of women". Australian and New Zealand Journal of Public Health 27(2), p. 211.

3. Luker, K. (1975) "Abortion and the Decision not to Contracept". Berkely: University of California Press, p. 16.

These findings, consistent with Marie Stopes International's own understandings gained from years of working with women faced with unplanned pregnancies, led the organisation to choose a web-based survey rather than a method involving direct contact with an interviewer as the best means of maximising the percentage of women honestly answering questions about unsuccessful or non-contraceptive use and unplanned pregnancy.

Marie Stopes International commissioned WebSurvey - a data collection and research agency specialising in the provision of efficient and flexible online surveys - to independently conduct the research via an online method of surveying.

Marie Stopes International believes that Australian specific data will assist in helping governments, the medical profession, NGOs and other service providers to recognise and meet the reproductive needs of women and the needs of women when faced with an unplanned pregnancy.

Current political climate

The publication of Real Choices: Women, contraception and unplanned pregnancy brings important additional information to the debate surrounding the issues of paid maternity leave and repeated - and as yet unheeded - calls for a national comprehensive sexual and reproductive health strategy.⁵

Research implications

This research report does not contain recommendations for further action. Rather it provides evidence of contraceptive use at the time of an unplanned pregnancy, women's awareness of contraception and what is the reality of reproductive choice to inform public debate, policy and service provision.

Notwithstanding, Marie Stopes International believes the findings of the report have a number of implications:

- The finding that 60% of women were using at least one form of contraception at the time of their unplanned pregnancy, together with the finding that the largest group of women using contraception were on the pill (43%) suggests: the need to increase the current range of contraceptive options in Australia; invest in research to improve contraceptive efficacy; and implement a dedicated education campaign on the importance of correct contraceptive use.
- Of the women who did use contraception, those using more than one method were more likely than non-users or users of only one method to choose abortion when faced with an unplanned pregnancy. This finding suggests that many women who are clear they do not want to have a child go to significant effort to avoid pregnancy, though these efforts are not always successful.

4. Tivedi, N. Sabini, J. (1998) "Volunteer bias, sexuality and personality". Archives of Sexual Behavior 27(2): 181-95.

5. Public Health Association of Australia (2005). "Abortion in Australia: Public Health Perspectives". 3rd Edition. http://www.phaa.net.au/documents/phaa_abortion_kit.pdf. Family Planning Victoria, E-update 2(2) http://www.fpv.net.au/pdfs/e_Update%20August06.pdf. Allison, L. (2004) "Sex Education, Teen Pregnancy and the Abortion Debate". Online Opinion 9 December, <http://www.onlineopinion.com.au/view.asp?article=2844>; Australian Reproductive Health Alliance (2007) "Let's Talk About Sex: Recommendations to the Parliamentary Group on Population and Development". Sydney July http://www.arha.org.au/YWG-2/YWG_RECOMMENDATIONS%20TO%20PGPD.pdf

- The World Health Organisation states that even if couples use contraception correctly 100% of the time, there would be close to 6 million unplanned pregnancies every year.⁶ In this study, 60% of women were using contraception at the time of their unplanned pregnancy, with 20% seeking emergency contraception to avoid pregnancy after unprotected sex. This finding indicates that contraception and contraceptive users are fallible.
- The finding that nearly half of all women do not take into consideration protection against STIs when choosing their method of contraception, together with the fact that 1 in 10 women either rarely or never felt comfortable to ask their partner to wear a condom highlights the need for a public campaign on the rising STI rates in Australia and the importance of using condoms to avoid STIs.
- 80% of women did not seek emergency contraception at the time of their unplanned pregnancy. While there are a number of reasons why this may be so - including the difficult-to-detect failure rate of some popular contraceptive methods - low rates of emergency contraception use suggest there may be room for improvement with regard to women's knowledge of this option, and their access to it.
- The response rate again suggests that among women of reproductive age at any one time, approximately half will have experienced an unplanned pregnancy. This shows that unplanned pregnancy is a key health issue for Australian women and increased resources need to be directed towards greater access to sexual health services and invested into support services (such as paid maternity leave) for women who make the choice to parent.

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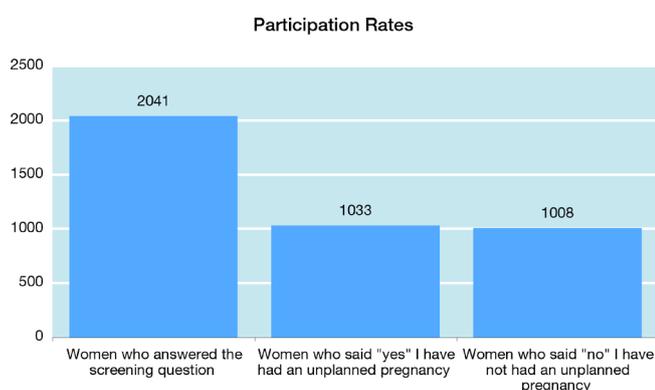
6. World Health Organization (2004) "Unsafe Abortion: global and regional estimates of incidence of unsafe abortion and associated morality in 2000". Geneva, World Health Organization. http://www.who.int/reproductive-health/publications/unsafe_abortion_estimates_04/estimates.pdf

To select the sample, WebSurvey enlisted the database of Pureprofile - an Internet-based company that facilitates direct communication between businesses and consumers.⁷

Pureprofile made the Real Choices survey available to 25,171 women on its database who were of reproductive age. To ensure the sample was weighted by age and state, they sent invitations to participate to an additional 799 women.

Of the 2041 who answered the screening question – “have you ever had an unplanned pregnancy” – 1033 (51%) said “yes” and 1008 (49%) said “no” (Chart 1).

Chart 1



As Table 1 shows, survey participation rates by state matched the distribution of the population across the 8 Australian states and territories as ascertained by the Australian Bureau of Statistics (Table 1).

Table 1

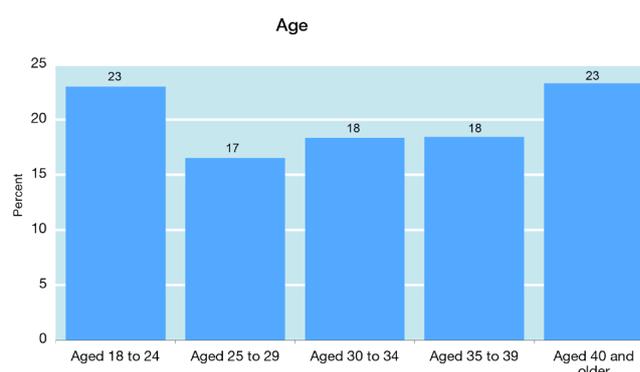
	ABS	Current Sample
NSW	33%	33%
VIC	25%	25%
QLD	19%	19%
SA	8%	10%
WA	10%	9%
ACT	2%	1%
TAS	2%	2%
NT	1%	1%

Women to whom the survey was made available when they logged in to their Pureprofile account, and those to whom the survey was sent directly, were of reproductive age (aged 18 to 50).

Previously, this sampling method had led to a sample more heavily weighted at the upper end of the age spectrum because of the increased odds that a woman would have experienced an unplanned pregnancy – and so have been eligible to complete the survey – as she matured.

This year, because the aim was to achieve a more even distribution of women through the different age brackets, an increased number of younger women were offered the opportunity to participate in the survey. As Chart 2 shows, this aim was achieved.

Chart 2



As with all Pureprofile surveys, respondents were paid for their involvement. Women were paid \$0.20 for starting the survey, but not qualifying to complete it, and \$2.00 for completing the survey.

WebSurvey hosted the online survey, and analysed the results.

The survey consisted of 30 questions, 2 open-ended and 28 pre-coded, and took women approximately 10 minutes to complete. A copy may be found at Appendix A.

7. For more information on Pureprofile, visit www.pureprofile.com.au

Highlights of research

- o Over half of all women (51%) have experienced an unplanned pregnancy.
- o At the time of their unplanned pregnancy, 60% of women were using at least one form of contraception.
- o At the time of their unplanned pregnancy, the largest group of women using contraception were on the pill (43%), while 22% were using a condom.
- o Nearly half of all women do not take into consideration protection against STIs when choosing their method of contraception.
- o 1 in 10 women either rarely or never felt comfortable to ask their partner to wear a condom.
- o 36% of women who were not using contraception at the time of their unplanned pregnancy had not been planning or expecting to have sex.
- o 17% of women who hadn't used contraception at the time of their unplanned pregnancy believed they weren't fertile, or wouldn't become pregnant.
- o 21% of the women using contraception at the time of their unplanned pregnancy were using more than one method.
- o 80% of women didn't seek emergency contraception and of those, 44% did not because they thought they would not become pregnant.
- o 63% were aged 24 or younger at the time of their unplanned pregnancy.
- o Nearly three quarters of women (74%) want governments to expand women's reproductive options by improving their access to a range of contraception, with 70% supporting guaranteed paid maternity leave.

Characteristics of women at the time of their unplanned pregnancy

More than half the sample (63%) were aged 24 or younger at the time of their unplanned pregnancy, with the greatest concentration of unplanned pregnancies found in the 20 to 24 age group. Only 1% of unplanned pregnancies occurred in women aged 40 and older.

At the time of their unplanned pregnancy, 60% of women were using at least one form of contraception, while 40% were not using any contraception. Of the 615 women who were using contraception at the time of their unplanned pregnancies, close to four/fifths (79%) were using a single method while 21% were using more than one method.

Incidence of unplanned pregnancy and profile of women's choices

Just over half (51%) of women who agreed to complete the survey qualified to do so because they had experienced an unplanned pregnancy.

This figure is a snapshot of the number of Australian women of reproductive age who have had an unplanned pregnancy at any given moment in time, suggesting that were Australian women surveyed at the end of their reproductive lives, the percent who would have experienced an unplanned pregnancy would actually be higher.

Parenting was the most common means by which Australian women of all ages resolve unplanned pregnancy, with nearly half the sample (49%) choosing parenthood, 31% abortion, 18% experience a miscarriage and just 2% choosing adoption.

While the most common reason women gave for choosing parenthood was being happy to parent (84%), 8% felt pressured by significant others to parent, while 7% said they chose parenthood because they lacked information about abortion or access to abortion services.

The most common reason given by women for choosing abortion was their lack of readiness for parenthood (70%). The second most nominated reason was the desire to avoid being a single mother (32%), and the third the woman's status as a student (28%).

Only a small number of women chose adoption. For 44% their partner's unwillingness to parent was a reason for their choice, while 31% said they resolved their pregnancy by adoption because they were unable to have an abortion. Lack of support from partner to parent (19%), being unemployed (19%), being pressured by significant others to adopt (19%) and lack of support from parents/relatives/friends/clergy for parenting (6%) were among the other reasons women gave for choosing adoption.

Regardless of the choice of contraceptive method, women were more likely to choose parenthood than abortion in the event of an unplanned pregnancy. The only exception to this trend were the significant number of women (21%) who had been using more than one method of contraception at the time of their unplanned pregnancy. These women were just as likely to choose abortion as parenting if they fell pregnant, suggesting that some women with a clear desire to avoid having a child may take extra steps to avoid unplanned pregnancy.

Contraceptive use at time of unplanned pregnancy

At the time of their unplanned pregnancy, the largest group of women using contraception were on the pill 43%, while 22% were using a condom. Twenty-one percent (21%) were using more than one method of contraception.

For women using multiple methods of contraception, the most common combinations were pill and condom (21%), withdrawal and condom (17%) and withdrawal and pill (11%).

Multiple users of contraception were the most likely to have considered protection from sexually transmitted infections (STIs) when choosing their methods, while those using a method categorised as 'other' or no method were least likely to have given consideration to STI protection.

Women without employment (the unemployed and stay at home mothers) were the largest group of those using no contraceptive method at the time of their unplanned pregnancy (44%). The largest group of women using multiple methods at the time of their unplanned pregnancy were students.

Thirty-six percent (36%) of women who were not using contraception at the time of their unplanned pregnancy had not been planning or expecting to have sex. Seventeen percent (17%) hadn't used contraception because they believed that they weren't fertile or would not become pregnant. Nine percent (9%) said alcohol or drugs had impaired their judgement, 8% found the side effects of their contraceptive method unacceptable, 8% had partners unwilling to use contraception, 4% were too embarrassed to ask for it or to purchase contraception at the chemist while 3% gave their doctor's unwillingness to help them obtain a method as the reason they had not used one.

One fifth of the sample (20%) sought emergency contraception at the time of their unplanned pregnancy, while 80% did not.

Women using methods of contraception that enabled easier detection of contraceptive failure were more likely than those using less detectable methods to seek emergency contraception. Users of multiple methods - one easier and one harder to detect method failure - were the most likely to seek emergency contraception.

In general, younger women were more likely to use emergency contraception than older ones.

Women who were less comfortable to request that their partners wear a condom were less likely to seek emergency contraception. The relationship between comfort and seeking emergency contraception was most clearly seen in women who rarely felt comfortable requesting their partner to wear a condom. Only 6% of this group sought emergency contraception at the time of their unplanned pregnancy as against the 26% of women who usually or sometimes felt comfortable who had sought emergency contraception.

Women's reasons for not thinking about protection from STIs when choosing their current contraceptive method included being in a monogamous relationship (72%), while an additional 16% said the monogamous nature of the relationship and the fact that both partners had been tested for STIs was their reason for not giving STIs consideration.

The vast majority of women (93%) said they felt comfortable talking to their partner about contraception, with only 7% of women saying they did not feel comfortable.

KEY FINDINGS

The more comfortable a woman was in talking to her partner about contraception the less likely she was to seek emergency contraception. This may be because women who were more comfortable talking to their partners about contraception at the time of a sexual encounter were more likely to use contraception, meaning they had less need to seek emergency contraception later.

Emergency contraception was more likely to be sought by women who had considered STIs when choosing their contraception than women who had not.

Current experience of contraception

Just over half the sample (52%) of women currently use contraception, while just under half (48%) were not using contraception at the time of the survey.

The current study replicates others that have identified high rates of sterilisation among older Australian men and women, and a view among some that a sexual encounter where one partner has been sterilised is properly described as an encounter where contraception has not been used.⁸ In the current study, among those not using contraception, 47% gave as their reason that either they or their partner were sterilised.

Not being sexually active (21%), trying to conceive (13%), being pregnant (11%), being post-menopausal (4%) being a lesbian (2%) and breastfeeding (2%) were the reasons given by the remainder of this group.

Women from non-English speaking backgrounds were most likely to use condoms, while none used withdrawal as a method of contraception.

Of those using contraception, the vast majority of the sample (76%) were either very satisfied (41%) or satisfied (35%) with their current method of contraception. Only 5% were either dissatisfied (4%) or very dissatisfied (1%) with their current method.

Those comfortable talking to their partner about contraception were more likely to be using contraception at the time of the survey than those uncomfortable talking to their partners about contraception (61% as

against 42%).

One quarter of the small group of women who said they did not feel comfortable talking to their partner about contraception gave as their reason that their partner was too hard to talk to, or that they avoided talking to him because they feared what he might say, or knew what he might say and didn't want to hear it. Other reasons women gave for feeling uncomfortable were that they didn't have a partner (21%), other reasons (19%), were too embarrassed (15%), felt contraception was "private" or a woman's responsibility (8%) or that talking to their partner was unnecessary because they couldn't get pregnant anyway (8%).

Nearly three quarters of the sample (74%) either always or usually felt comfortable to ask their partner to wear a condom, while just 10% either rarely (5%) or never (5%) felt comfortable to ask their partner to wear a condom.

Women's awareness of contraception

Women in the sample had extremely high awareness of oral contraception (95%) and condoms (94%), while significant numbers knew about the diaphragm/cap/sponge (79%), the withdrawal method (77%), contraceptive implants (74%), natural family planning/the rhythm method (70%), IUD (69%), contraceptive injection (66%) and spermicidal gels and creams (63%). Only about a third of the sample (33%) knew about the plastic intrauterine system (IUS).

Expanding women's reproductive options

More than half of women in the sample (61%) believed governments should respond to rates of unplanned pregnancy by guaranteeing paid maternity leave.

Nearly three quarters of the sample (74%) wanted governments to expand women's reproductive options by improving their access to a range of contraception, with 70% supporting guaranteed paid maternity leave. Only 11% of women felt government funding of abstinence-only sex education in schools would expand women's reproductive options.

8. Andrology Australia's recent Men in Australia Telephone Survey (MATeS) of 6000 men revealed 31 per cent of men aged 40 to 60 had undergone the procedure. "Men in Australia Telephone Survey (MATeS): a national survey of the reproductive health and concerns of middle-aged and older Australian men" (2005) *The Lancet*, Volume 366, Issue 9481, Pages 218-224. An internet survey of 1000 conducted for Marie Stopes International found the rate was 29 per cent among 40 to 49-year-olds and 34 per cent among 50 to 59-year-olds. "Australian men's attitudes to contraception and vasectomy". Marie Stopes International September 2005. www.mariestopes.com.au. Significant rates of female sterilization were identified in the 2001 Australian National Health Survey. Yusuf, F., Siedlecky, S. (2006) "Patterns of contraceptive use in Australia: analysis of the 2001 national health survey". (2006). *Journal of Biosocial Science* 39(5):735-44.

APPENDIX A: Questionnaire

Real Choices: Women, contraception and unplanned pregnancy

WebSurvey is conducting a survey on unplanned pregnancy and contraception. The survey is being conducted with the aim of improving the quality and range of reproductive health care services available to women. Some questions might be of a personal and sensitive nature. The survey should take you no longer than 10 minutes to complete. Your responses are important to us and we ask that you answer the following questions honestly and thoughtfully. We respect your privacy. All responses are anonymous and will be kept confidential. They will not be linked to your personal profile. Please contact WebSurvey on 03 9340 9001 or email support@websurvey.com.au if you have any questions about this survey.

Have you ever experienced an unplanned pregnancy?

If no, Exit

If yes:

Q1. At the time of your unplanned pregnancy, were you using a contraceptive method? (If you have had more than one unplanned pregnancy, please answer all questions for the most recent.)

Yes No

**If you answered "No", skip to Q3

Q2. What method of contraception were you using? (tick all that apply)

- Withdrawal
- Abstinence during fertile periods (natural family planning, rhythm method)
- Oral contraception (the Pill)
- Contraceptive Implant (Implanon)
- Contraceptive injection (Depo-Provera)
- UD (plastic and copper intrauterine device commonly known as Multiload in Australia)
- IUS (T shaped, plastic intrauterine system commonly known as Mirena? in Australia)
- Diaphragm/cap/sponge
- Condom

- Spermicidal gels and creams
- Other (please specify)

**Once completed, skip to Q4

Q3. If you weren't using contraception at the time of your unplanned pregnancy, what was your reason for this? (tick all that apply)

- I wasn't planning/expecting to have sex
- I didn't consent/was forced to have sex
- I forgot to take it with me
- I forgot/was unable to organise/buy it
- I didn't think I would get pregnant from the one time
- It wasn't a priority at the time
- My partner didn't want to use contraception
- I was unable to get to chemist to fill script/purchase method
- I was unable to get to the doctor to be prescribed/obtain a method
- My judgment was impaired by alcohol or drugs
- I didn't think I was fertile and could get pregnant
- I was too young/poorly informed to understand how pregnancy happened
- I felt embarrassed to have contraception around or to carry it with me
- I felt embarrassed to ask for it/buy it at the chemist
- I found the method I use difficult to use properly
- I found the method I use inconvenient to use at all or properly
- The method I use has side effects I find unacceptable
- I'm opposed to it on moral grounds
- Other (please specify)

Q4. At the time of your unplanned pregnancy, did you seek emergency contraception (the morning after pill)?

Yes No

**If you answered "Yes", skip to Q6

Q5. Why not? (tick all that apply)

- I didn't think I would get pregnant
- I didn't think it would be effective
- I thought I could only take it the morning after

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- By the time I thought of it, it was too late
- I didn't have time/too busy to get it
- I didn't know where to get it
- I don't know what emergency contraception is
- I was too embarrassed to ask my doctor for it
- I was too embarrassed to ask for it/purchase it at the chemist
- It wasn't available at the time
- I wasn't aware it existed at that time
- I wasn't sure it was safe
- I didn't know how to use it
- I asked the chemist for it, but my request was denied
- I asked a doctor for it, but my request was denied
- I'm opposed to it on moral grounds
- Other (please specify)

**Once completed, skip to Q7

Q6. Why do you think emergency contraception failed to prevent your unplanned pregnancy? (tick all that apply)

- I took it too late
- I didn't take it correctly
- It made me ill, so I don't think I absorbed it
- I don't know
- Other (please specify)

Q7. What method(s) of contraception are you aware of? (tick all that apply)

- Withdrawal
- Abstinence during fertile periods (natural family planning, rhythm method)
- Oral contraception (the Pill)
- Contraceptive Implant (Implanon)
- Contraceptive injection (Depo-Provera)
- IUD (plastic and copper intrauterine device commonly known as Multiload in Australia)
- IUS (T shaped, plastic intrauterine system commonly known as Mirena in Australia)
- Diaphragm/cap/sponge
- Condom
- Spermicidal gels and creams
- Other (please specify)

Q8. Are you using contraception currently?

- Yes No

**If you answered "Yes", skip to Q9

Q8a. If no, why not?

**Skip to Q12

Q9. What method(s)? (tick all that apply)

- Withdrawal
- Abstinence during fertile periods (natural family planning, rhythm method)
- Oral contraception (the Pill)
- Contraceptive Implant (Implanon)
- Contraceptive injection (Depo-Provera)
- IUD (plastic and copper intrauterine device commonly known as Multiload in Australia)
- IUS (T shaped, plastic intrauterine system commonly known as Mirena? in Australia)
- Diaphragm/cap/sponge
- Condom
- Spermicidal gels and creams
- Other (please specify)

Q10. How satisfied are you with the method of contraception you currently use? (if you use more than one, please answer for the method you use most often)

- Very satisfied
- Satisfied
- Neither satisfied or dissatisfied
- Dissatisfied
- Very dissatisfied

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Q11. Did you think about protection against sexually transmitted infections when choosing your current method of contraception?

- Yes No

**If you answered "Yes", skip to Q12

Q11a. If no, why not? (tick all that apply)

- I'm in a monogamous relationship
 I'm in a monogamous relationship and we were both tested for STIs at the start of the relationship
 My partner and I were virgins before we began having sex
 My partner is unlikely to have anything contagious
 My partner and I have both had relatively few sexual partners
 I'm not at risk of anything that's out there
 I'm not worried about catching something because whatever you can get is curable these days
 I had an STI test a while back, so I know I'm OK
 My partner was tested for STIs a while back so I know he's OK
 Neither of us have any symptoms so it is not an issue
 I've never really thought about it
 Other (please specify)

Q12. Do you feel comfortable talking to your sexual partner about contraception?

- Yes No

**If you answered "Yes", skip to Q13

Q12a. If no, why not?

Q13. Thinking about all past sexual experiences with a partner, would you say that you have:

- always felt comfortable to request that your partner wear a condom
 usually felt comfortable to request that your partner wear a condom
 sometimes felt comfortable to request that your partner wear a condom
 rarely felt comfortable to request that your partner wear a condom
 never felt comfortable to request that your partner wear a condom

Q14. How satisfied are you with available contraceptive options?

- Very satisfied
 Satisfied
 Neither satisfied or dissatisfied
 Dissatisfied
 Very dissatisfied

Q15. How was your unplanned pregnancy resolved?

- Parenting
 Abortion
 Adoption
 Miscarriage

**If you answered "Parenting" skip to Q15.1

**If you answered "Abortion" skip to Q15.2

**If you answered "Adoption" skip to Q15.3

**If you answered "Miscarriage" skip to Q16

Q15.1 – Unplanned pregnancy resolve by parenting

Thinking about the decision you made at that time, what factors influenced that decision? (tick all that apply)

- I was happy to parent
 I was opposed to abortion
 I was opposed to adoption
 I sought an abortion, but was denied it
 I considered abortion, but couldn't get enough information about it to feel comfortable choosing it
 I wanted an abortion, but couldn't get information about where to get one

APPENDIX A: Questionnaire

- I couldn't afford an abortion
- I believed/ was told I was too late in pregnancy to obtain an abortion
- Abortion was illegal at that time
- My partner pushed me to parent
- Significant others (parents/relatives/friends/clergy) pushed me to parent
- My partner was opposed to abortion/pressured me not to abort
- My parents/relatives/friends/clergy were opposed to abortion/pressured me not to abort
- Significant others (parents/partners/relatives/friends/clergy) were opposed to my continuing the pregnancy and adopting/pressured me not to continue and then adopt
- Other (please specify)

** Once completed, skip to Q16

Q15.2 - Unplanned pregnancy resolve by abortion

Thinking about the decision you made at that time, what factors influenced that decision? (tick all that apply)

- I don't believe in adoption
- I didn't think I could handle adoption
- My partner/the father of the child was not willing to parent
- I was not ready to be a parent
- I was single and didn't want to be a single mother
- My partner/the father of the child would not support me to parent
- Partner/father would not be part of the child's life
- Partner/father would provide no financial support
- My parents wouldn't support me to have the child
- I was single
- I was unemployed
- I was still at school/university
- I didn't have maternity leave
- My workplace wouldn't let me take time off/work in family-friendly way
- My workplace discriminated against pregnant women
- Other (please specify)

**once completed, skip to Q16

Q15.3 Unplanned pregnancy resolve by adoption

Thinking about the decision you made at that time, what factors influenced that decision? (tick all that apply)

- I was not ready to be a parent
- My partner was unwilling to parent
- I was single and didn't want to be a single mother
- I don't believe in abortion
- I didn't think I could handle abortion
- I couldn't access an abortion
- I couldn't afford to pay the cost of an abortion
- I believed/was told I was too late in pregnancy for an abortion
- Abortion was illegal at that time
- My partner/father of the child was opposed to abortion/pressured me not to abort
- My partner/father of the child was opposed to/ wouldn't support me to parent
- My parents/relatives/friends/clergy were opposed to abortion/pressured me not to abort
- My parents/relatives/friends/clergy were opposed to/wouldn't support me to parent
- My parents/relatives/friends/clergy were opposed to abortion/pressured me not to abort
- I was unemployed
- I was still at school/university
- I didn't have maternity leave
- My workplace discriminated against pregnant women',
- My workplace wouldn't let me take time off/work in family-friendly way
- Other (please specify)

Q16. Research has shown that over half of all Australian women of reproductive age will experience an unplanned pregnancy. How do you think governments should respond to this statistic? (tick all that apply)

- Governments should ensure all women have access to paid maternity leave
- Governments should invest in improving women's access to contraception
- Governments should invest in expanding women's contraceptive options ',
- Governments should invest in reducing the incidence of sexual violence against women

APPENDIX A: Questionnaire

- Abortion should be made legal and accessible
- Governments should fund free, confidential, professional telephone counselling for women or their partners facing an unplanned pregnancy
- Governments should ensure Medicare fund counselling by a qualified GP or allied health provider for women facing an unplanned pregnancy
- Governments should fund comprehensive balanced sex education in schools
- Governments should fund abstinence-only education in schools
- Governments should do nothing
- Other (please specify)

Q17. As a woman of reproductive age, what do you think Australian governments should do to expand women's reproductive options? (tick all that apply)

- Guarantee all women paid maternity leave
- Guarantee all men paid paternity leave
- Improve women/couples access to contraception
- Improve the affordability of contraception
- Improve range of contraceptive devices available
- Decriminalise abortion and improve the procedure's affordability and accessibility
- Reduce the incidence of sexual violence against women
- Fund free, confidential telephone counselling for women or their partners facing an unplanned pregnancy
- Fund counselling with a qualified GP or allied health provider for women facing an unplanned pregnancy
- Fund comprehensive balanced sex education in schools
- Fund abstinence-only education in schools
- Guarantee parents flexible, family friendly work conditions
- Improve job security
- Ensure pay equity for women
- Guarantee secure affordable housing
- Make the single parent payment more generous and easier to get
- Increase the Medicare rebate for abortion

- Increase funding for infertility treatment for women and couples
- Remove legal restrictions on single women's access infertility treatment
- Governments should do nothing
- Other (please specify)

Q18. At the time of your unplanned pregnancy, where were you living?

- Victoria
- Tasmania
- New South Wales
- Northern Territory
- Australian Capital Territory
- Queensland
- Western Australia
- South Australia
- Torres Straight or other Australian Islands
- Overseas (not in Australia)

Q19. At the time of your unplanned pregnancy, were you living in a

- Capital city
- Suburbs outside a capital city
- Regional city
- Suburbs outside a regional city
- Rural area
- Remote area

Q20. How old were you at the time of your unplanned pregnancy? If you are unsure of your exact age, please estimate. If you have had more than one unplanned pregnancy, please answer all questions for the most recent one

- 14 years old or younger
- Aged 15 to 17
- Aged 18 to 19
- Aged 20 to 24
- Aged 25 to 29
- Aged 30 to 34
- Aged 35 to 39
- Aged 40 and older

APPENDIX A: Questionnaire

Q21. What is the highest level of education you have obtained?

- School leaver
- Secondary/high school
- Diploma/certificate/trade qualification
- Undergraduate
- Postgraduate

Q22. How would you classify your job?

- Manager/administrator
- Professional
- Associate professional (engineer, business administrator/sales manager, health and welfare worker)
- Tradespersons and related workers (food tradespersons, agricultural and horticultural workers)
- Advanced clerical and service workers
- Intermediate clerical, sales and service workers (plant and machine operators, drivers)
- Intermediate production and transport workers
- Elementary clerical, sales and service workers
- Labourers and related workers (cleaners, elementary food preparation, factory workers, mining and construction)
- Student
- Stay-at-home parent
- I am temporarily unemployed
- I have been unemployed long-term
- Other

Q23. What is your age?

- 14 years old or younger
- Aged 15 to 17
- Aged 18 to 19
- Aged 20 to 24
- Aged 25 to 29
- Aged 30 to 34
- Aged 35 to 39
- Aged 40 and older

Q24. Growing up, was English the main language spoken at home?

- Yes No