

Relationship between insurance status and IUD-related knowledge, attitudes, and behaviors

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Executive Summary

Rates of unintended pregnancy among women in the United States remain remarkably and unacceptably high. Increased use of long-acting methods like the intrauterine device (IUD) may decrease these rates. However, national rates of IUD use are low. Insurance coverage may mitigate the high upfront costs of IUDs, thus facilitating uptake. We examined the relationship between insurance type and current IUD use in a national sample of unmarried young women.

Using weighted multivariable logistic regression, we assessed the relationship between insurance type (public, private, or none) and current IUD use among sexually experienced female respondents of the 2009 National Survey of Reproductive and Contraceptive Knowledge (n=656), a nationally representative, racially diverse sample of unmarried young adults ages 18-29. Covariates included sociodemographic characteristics, relationship status, age at first sex, parity, history of unintended pregnancy, pregnancy knowledge and awareness of contraceptive methods. We excluded women who had never had sex, were sterilized, identified as homosexual, were pregnant or trying to become pregnant. Since the aims of the project are to examine current IUD use, those that were excluded were not likely to be currently using an IUD.

Unadjusted rates of current IUD use were 8.0% among uninsured women, 5.5% for publicly insured women and 2.7% for privately insured women; comparisons did not reach statistical significance. In multivariable analysis current IUD use was not associated with insurance type, age, race/ethnicity, current relationship status, or parity. However, odds of current IUD use increased with the number of contraceptive methods women heard of ($p=0.01$).

Insurance type does not appear to be an independent correlate of IUD use among young adult women. Higher rates of IUD use in uninsured women may indicate that publicly funded clinics are playing a key role in fulfilling demand. However, rates of IUD use were low overall, reflecting the need for continued education and counseling to facilitate uptake of IUDs among women at high risk of unintended pregnancy. Increasing women's overall contraceptive knowledge may help achieve this goal.