

***Glamour* • Kaiser Family Foundation • Princeton Survey Research Associates**

**Survey of Women About Their Knowledge, Attitudes,
and Practices Regarding Their Reproductive Health**

Summary of Major Findings

February 1997

The Kaiser Family Foundation partnered with *Glamour* magazine on a national survey to find out how much women know about their reproductive health care needs and whether they are taking important steps to protect their reproductive health, covering such critical issues as: routine gynecological exams, contraception, emergency contraception, sexually transmitted disease, HIV/AIDS, the patient-physician relationship, health insurance coverage, and communication with sexual partners. To explore women's awareness of these issues and others, *Glamour* and the Kaiser Family Foundation designed and Princeton Survey Research Associates conducted a nationally representative telephone survey of 1,001 women in the U.S., ages 18 to 44. The survey was conducted between July 10 and July 28, 1996. The margin of error for results based on the total sample is plus or minus four percentage points. The results of the survey are reported in the February 1997 issue of *Glamour*.

The following is a summary of findings prepared by Molly Parker at the Kaiser Family Foundation and Diane Colasanto and Susan Kannel at Princeton Survey Research Associates. Topline survey results are also available free of charge from the Kaiser Family Foundation request line, 1-800-656-4KFF.

Women's Utilization of Reproductive Health Care

Almost all of the women surveyed (97%) report having had a gynecological exam at some point in their lives. Eighty-five percent have a regular health care provider who they see for gynecological exams and a majority (69%) have a regular gynecologist or obstetrician-gynecologist as opposed to another type of health provider for their reproductive care. Three-quarters (75%) report getting a gynecological exam at least once a year and 87 percent of those who have experienced some kind of reproductive health problem got medical attention immediately.

- Of the 3 percent of women ages 18-44 who have never had a gynecological exam, most are under the age of 25, and half of them have never had sex.

- Women who have had a reproductive health problem at some point in their lives are more likely than those who have not to get annual exams (81% v. 72%).

What's recommended by the American College of Obstetricians and Gynecologists and the American Academy of Family Physicians:

American College of Obstetricians and Gynecologists (ACOG) and American Academy of Family Physicians (AAFP) recommend that all women 18 and over and 13-18 year-olds who are or have been sexually active undergo an annual pap smear and pelvic examination¹. After a woman has had three or more consecutive, satisfactory pap smears with normal findings, the pap smear may be performed less frequently in a low-risk woman at the discretion of her physician². For most women this means once a year because low risk is defined as a woman who had first intercourse at age 18-20 or older and only one lifetime partner. But even if a pap smear is not needed, a woman should still have an annual exam³.

Women's Satisfaction with Reproductive Health Care

Few women voice complaints about the way their gynecological care provider interacts with them. Describing their most recent gynecological exam, almost all women say they were treated with respect (98%), felt comfortable asking a question about anything that was on their mind (95%), spent enough time with their health care provider (94%), and got all the information they needed at that visit (94%).

- Women who report having had reproductive health problems were somewhat less satisfied with the care they received as compared to women who were problem-free. Fewer of those with a current reproductive health problem were satisfied with the information they received on their last visit (80% v. 96% for those with no current problem), were content with the amount of time they had with their health care provider (84% v. 95%), and felt comfortable asking questions (87% v. 96%). Still, the large majority of women with a reproductive health problem voiced no complaints about the care they received at their most recent gynecological visit.
- Women who do not have a regular gynecological health care provider were also slightly less satisfied with their last visit than those with a regular provider, although the majority were satisfied with their visit. Among those who don't have a regular provider, 83 percent say they got all the information they needed on their last visit, 86 percent say they spent enough time with their provider, and 87 percent felt they could ask any questions they needed to.

Health Insurance Status and Coverage of Reproductive Health Care

Eighty-two percent of women surveyed had health insurance, and 69 percent report they were covered, at least in part, for routine gynecological care. Women who do not have health insurance

were less likely than insured women to have a regular gynecological care provider (72% v. 88%) and to get a gynecological examination at least once a year (67% v. 76%).

- Younger women are less likely to have health insurance: only about three-quarters of women ages 18 to 29 who were surveyed (77%) had health insurance as compared to 85 percent of women age 30 to 39 and 87 percent of women age 40 to 44.
- Six out of ten insured women (62%) -- both those who have already had an unplanned pregnancy and those who have not -- don't know whether their health insurance policy covers an abortion.

Typical health insurance coverage of reproductive health care:

A gynecological check up: Virtually all health maintenance organizations (HMOs) (99%) routinely cover an annual gynecological exam, but only 88 percent of point-of-service (POS) networks, 64 percent of preferred provider organizations (PPOs), and 49 percent of indemnity plans do. All HMOs and virtually all POS networks provide at least some coverage of pap smears and chlamydia cultures, but not all indemnity plans or PPOs do. And almost all HMOs and POS networks routinely cover mammograms for women older than 50, while only eight out ten PPOs and indemnity plans do⁴.

Birth control: Managed care plans -- HMOs, PPOs, and POS networks -- are much more likely to cover at least some of the cost of reversible birth control methods than traditional indemnity insurance. Half (49%) of traditional indemnity plans do not cover any birth control methods, and only 15 percent cover provider costs for the five most commonly used reversible methods (IUD, diaphragm, contraceptive implant, injection and birth control pills). In contrast, only 7 percent of HMOs provide no coverage of birth control methods, and 39 percent routinely cover all five major methods. Coverage of the various methods varies widely by type of method, from 59 percent for contraceptive implant insertion to 86 percent for IUD insertion. Among the types of managed care plans, coverage also varies: PPO coverage is closer to that of indemnity plans than HMOs, and POS networks' coverage falls between HMO and indemnity plan coverage. All types of plans tend not to offer coverage for over-the-counter contraceptives, such as condoms or spermicides, although some HMO pharmacies sell them at a discount to their members. In keeping with health insurance plans' propensity for covering surgical procedures, surgical sterilization is well covered in all types of health insurance. Tubal ligation and vasectomy are covered by 85-90 percent of all policies, regardless of type⁵. A survey of HMOs found that 97 percent of plans covered vasectomy and 98 percent covered tubal ligation⁶.

Abortion: At least two-thirds of typical managed care plans -- 67 percent of PPOs, 83 percent of POS networks, and 70 percent of HMOs -- along with two-thirds of indemnity plans, routinely cover abortion performed by dilation and curettage or suction aspiration. An additional 20 percent of HMOs and PPOs offer coverage in restricted circumstances, such as when there is a medical indication for the procedure; 5 percent of POS networks and 23 percent of indemnity plans also include these restrictions⁷. A more recent survey of managed care plans regarding their coverage of reproductive health services yielded somewhat similar results: 57 percent of HMOs cover abortions and 15 percent reported that coverage depends on certain circumstances⁸.

Comparison of Care Received by Women Who Have a Regular Provider of Gynecological Care Compared with Women Who Do Not

Women who have a regular gynecologist or other health provider who they *routinely* see for reproductive health care are more likely to have annual exams, discuss birth control options, and get tested for HIV than women who have no one they regularly see for their reproductive care.

- Women who see a gynecologist (85%) and women who use another health professional for their routine gynecological care (69%) are more likely to get an exam at least once a year than women who do not have a regular provider for this care (42%).
- Women who see a gynecologist (52%) are more likely to have discussed birth control at their last gynecological visit than women who use another health professional for their routine gynecological care (40%) or women who do not have a regular provider for this care (36%).
- Women who see a gynecologist (52%) are more likely to have had an HIV test at some point than women who use another health professional for their routine gynecological care (42%) or women who do not have a regular provider for this care (37%).
- Women who see a gynecologist (50%) are more likely to have had an STD test at some point than either women who use another health professional for their routine gynecological care (32%) or women who do not have a regular provider for this care (44%).

Care Provided by Female Health Professionals as Compared to Male

About a third (35%) of women of childbearing age who have a regular health care provider for gynecological care see a female provider and 64 percent see a male provider. Women under 30 are the most likely to see a female provider for their gynecological care (42%).

- Seven out of ten (72%) women who see a female provider for their gynecological care say gender was very (48%) or somewhat (24%) important to them in choosing their provider. By contrast, 83 percent of those with a male provider say gender was not too (17%) or not at all (66%) important in their choice of provider.

According to the women interviewed, male and female health care providers provide similar care -- they are equally attentive to their patients, equally likely to have patients who routinely have an annual

exam and who seek immediate medical care when they feel they have a reproductive health problem, and equally likely to have patients who feel comfortable asking questions during their gynecological exam.

What percentage of obstetrician-gynecologists are female?

Women accounted for 26 percent of all obstetrician-gynecologists (ob-gyns) in 1993⁹. However, the proportion of ob-gyns who are women is increasing with time: in 1994, 59 percent of all first-year ob-gyn residents were women¹⁰.

Discussions with Health Care Providers about Birth Control

Three out of ten women who are at risk for an unplanned pregnancy -- defined as currently sexually active, able to conceive, and not pregnant or trying to be -- had not talked with their health care provider about birth control at their most recent visit.

- Only about half -- 51 percent -- of women who don't use birth control every time they have intercourse talked about birth control with their health care provider at their last gynecological visit.
- Eighteen percent of women who have been surgically sterilized or are infertile report never having had a conversation about birth control with a health care provider.
- Only about half (48%) of women over age 17 who are virgins have at some point talked with a health professional about birth control; 41 percent discussed birth control at their last visit.

Discussions with Sexual Partners about STDs, Including HIV/AIDS

Fewer than half of the sexually-active women surveyed (44%) had ever had a conversation with their current partner about the risk of infecting each other with HIV, and only about a quarter talked with their partner about their risk of infecting each other with a sexually transmitted disease other than HIV (27%).

- Almost all the women who have never talked with their partner about STDs (95%) say their partner has never had an STD, yet how could they know? Fourteen percent of women who have had a conversation with their partner say their partner has been infected with an STD and close to

half (46%) of women who have had an STD say they have not discussed STDs with their current or most recent partner.

- One of the groups of women considered most at risk for STDs, unmarried women who have had 7 or more sexual partners, is more likely to have talked with their current sexual partner about the transmission of sexually transmitted diseases, including HIV. However, only 68% have talked about HIV and 52% have talked about STDs other than HIV with their partner.

Getting Tested for HIV and Other STDs

Many women may be mistaken in thinking they are being screened for HIV infection or STDs when they go for a routine gynecological exam. Five percent think HIV screening is automatically included in their exam without having to request it (another 12 percent don't know whether this is automatic or not) and 42 percent think screening for STDs is a routine part of an annual check-up (19 percent more aren't sure).

Fewer than half of the women surveyed report having ever been tested for HIV (47%) or for other sexually transmitted diseases (45%).

The most common reason women give for not being tested for HIV is that they don't think they're at risk, with two-thirds (67%) of those who haven't been tested giving this reason. The next most common reason, given by 19 percent of untested women, is that they just haven't gotten around to it yet. Relatively few women who have been tested say the reason was because they thought they have been exposed to a disease or virus (about 10 percent of women who are tested for HIV and 30 percent of women tested for an STD). Most often women say they just thought it was a good idea to get tested for HIV.

- Women who have had an STD have been tested more often than other women for HIV (65% v. 45%). Still, a third (34%) of women who have had an STD have never had an HIV test.

Are all STDs automatically tested for in an annual exam?

STD and HIV tests are not automatically included in a woman's routine gynecological exam. ACOG recommends doing tests for STDs on patients who have a history of multiple sex partners or a sex partner with multiple contacts, sex contacts with people proven to have STDs, people with a history of repeated episodes of STDs, and people who attend clinics for STDs. STDs are particularly prevalent among young women, so routine annual testing for all women 25 years old and younger is often recommended.

HIV tests cannot be run by a clinician without the patient's prior consent, unless the patient is unable to consent and there is a need to know if the patient is HIV positive¹¹. In addition, for reasons of confidentiality, HIV tests are often not provided as part of a routine gynecological exam. Patients at high risk for HIV, and for whom testing is recommended, are people seeking treatment for STDs, people with past or present drug use by injection, people with a history of prostitution, women whose past or present partners are HIV positive or bisexual or injection drug users, people with long-term residence or birth in an area with a high prevalence of HIV infection, and people with a history of transfusion between 1978 and 1985¹².

Close to half (45%) of the women surveyed said they would be "very likely" to use a new home HIV test if they thought there was a chance they had been infected with the HIV virus. Over a third (35%) say they would be not too likely or not likely at all to use this new test. Women who have never been tested for HIV are no more likely to want to use the home test than those who already have been tested.

- The main reason women give for not being likely to use a home HIV test is that they prefer to see a physician about HIV testing (53%). In addition, over a quarter (28%) of those who feel they're not likely to use a home test say they would be worried about its accuracy.

New HIV home tests introduced:

Two HIV antibody home tests have been approved by the Food and Drug Administration (FDA). On May 14, 1996, the FDA approved the first HIV test system to include an over-the-counter home-use specimen collection kit. The test, called Confide, is manufactured and distributed by Direct Access Diagnostics (DAD), a subsidiary of Johnson & Johnson, and is available nationwide in local pharmacies or by calling 1-800-THE-TEST¹³.

With Confide, the user mails a laboratory a blood sample from a finger prick. A week later, the user can obtain their test results by telephone. Confide is thought to be extremely accurate -- only one person in 1,000 is expected to test falsely positive and no one is expected to test falsely negative. Over the phone post-test counseling is included in the cost of Confide¹⁴.

On June 6, 1996, the FDA approved the OraSure oral HIV antibody home testing kit, produced by Epitome Inc. OraSure is an oral HIV test that allows testing for HIV without blood or needles. The user places a specially treated pad between their cheek and gum for 2 minutes, and then mails the pad in a preservative vial to the laboratory for analysis. Results are available within 3 days. In clinical trials, OraSure accurately indicated a person's HIV status in 99.97 percent of 3,570 people. OraSure costs about the same as a blood test for HIV. It will be marketed by SmithKline Beecham Consumer Healthcare. The test is currently available only through certain physicians¹⁵.

On August 6, 1996, the FDA approved Sentinel, a test which detects antibodies to HIV present in simple plastic-cup specimens of urine. The FDA approved the test as a supplemental diagnostic test because it is not meant to substitute for the standard blood test to screen donors at blood banks. The test can only be used by doctors in public health clinics, hospitals and private practices. It cannot be used in homes or workplaces and it is against the law to test someone for HIV without their consent.

Unplanned Pregnancy

Unplanned pregnancies are common among American women from all walks of life:

- Forty-two percent of sexually active women age 18 to 44 report having had an unplanned pregnancy. Another 23 percent of women have taken a pregnancy test at some point in their lives but never experienced an unplanned pregnancy, indicating that they also suspected they were unintentionally pregnant one or more times.

Yet, many American women are not aware that unplanned pregnancies are as widespread as they are.

- Fifty-six percent think an average woman is more likely to get a sexually transmitted disease than to have an unplanned pregnancy, compared to only 31 percent who think it's more likely she'll have an unplanned pregnancy (and 13 percent who don't know).
- Most women (65%) know that unplanned pregnancies are more common than fertility problems, although about a third (35%) mistakenly think the opposite is true or say they don't know which is more common.

How prevalent are unplanned pregnancies? How prevalent are STDs?

According to the Alan Guttmacher Institute, 46 percent of all U.S. women aged 15-44 have ever experienced an unplanned pregnancy that ended in birth or abortion¹⁶. In contrast, about one in four - and possibly up to one in two -- Americans will contract an STD in their lifetime¹⁷. Since women account for about half of all sexually transmitted infections every year¹⁸, between 25-50 percent of all women will experience an STD in their lifetime.

Birth Control Use

Seventy-three percent of women surveyed who are at risk for an unplanned pregnancy say they use birth control every time they have sexual intercourse (13% use it sometimes, and 12% never use birth control).

- Just over half (54%) of at-risk women age 40-44 say they use birth control all of the time (compared with 79% of women age 18-29 and 73% of women in their 30s).
- The 42 percent of women in the survey who said they had experienced an unplanned pregnancy were no more likely than the others to use birth control every time they have sex: only 70 percent of these women say they use birth control all of the time.

The most common reason women who don't use birth control all the time say they don't is that they wouldn't mind it if they got pregnant (39%). Other common reasons include: some birth control methods have unpleasant side effects (28%); the woman relies on having sex only during the "safe time" of the month (26%); birth control ruins the spontaneity of sex (25%) or interrupts the "moment" (23%). Nineteen percent of women who don't always use contraception did not give a reason.

Just over half (57%) of at-risk women use condoms and half (50%) use birth control pills. Both condoms and birth control pills are methods more likely to be used by women under 30 than over 30.

- Never-married women are almost twice as likely as married women to use condoms (79% v. 44%). However, single women who have been married before, i.e., those who are widowed, divorced, or separated, use condoms much less frequently (56%) than never-married women.

How often do women using birth control experience unplanned pregnancies?

47 percent of all unplanned pregnancies occur among women who report using a reversible method of birth control¹⁹.

Awareness of Emergency Contraception

Relatively few women know that emergency contraceptive pills (ECPs, also sometimes called "morning after" pills) are available to prevent pregnancy after intercourse has occurred. Only 37 percent of women of childbearing age say they know a woman can do something to prevent a pregnancy after having had unprotected sex. When prompted by the interviewer, 66 percent say they have heard of "morning after" pills. But, just 27 percent of these women say "morning after" pills are available now in the United States.¹ The large majority of those who know these pills are already available (85%) also know that a prescription is required for their use. Only 1 percent of all women of childbearing age say they have ever used "morning after" pills.

¹ The interviewing for this survey was conducted shortly after a U.S. Food and Drug Administration Advisory Panel approved the use of some birth control pills to prevent pregnancy within 72 hours of unprotected sex.

What are emergency contraceptive pills?

Emergency contraceptive pills (ECPs), or birth control pills taken postcoitally, reduce the risk of pregnancy by 75 percent if taken within 72 hours of unprotected intercourse. The six brands of birth control pills which can be used as ECPs are Ovral, Nordette, Lo/Ovral, and Triphasil, all made by Wyeth, and Levlen and Tri-Levlen, made by Berlex Laboratories. A toll-free hotline (1-800-584-9911) sponsored by the Reproductive Health Technologies Project and Bridging the Gap Communications provides women with information about emergency contraceptives and offers a list of health care providers who prescribe them²⁰.

Concerns about Confidentiality of Medical Information

There are steps women can take to protect the confidentiality of their medical information, if they do not want it made available to their employer, family or insurance company. However, most women may think their information is completely confidential though it may not be: 81 percent of women believe information about their gynecological concerns or problems would never be available to their employer, their insurance company, or family members.

Can information about gynecological concerns or problems be made available to women's employers, insurance companies, or families?

Yes, but it depends on the plan type and the specific plan within that type. An employer, spouse or parent may have access to some information pertaining to the enrollee or a dependent of their plan. Because of doctor-patient confidentiality, the information a patient gives a health provider and the results of tests are confidential in most cases.

Employers: A small percentage of plans (4% of HMOs, 5% of POS networks, and 6% of indemnity plans and PPOs) notify employers of the names of individuals who have received specific medical services (these data reflect the insurers' practices, not those of the employers)²¹.

Family members: Seventy-one percent of HMOs keep patients' medical information confidential from family members by offering to mail the bill or summary statement directly to the dependent of the primary enrollee, rather than to the primary enrollee. However, the dependent -- a spouse or child of at least 18 years of age -- must *specify* that they want their confidentiality protected. In the remaining one-third of HMOs, the primary enrollee is likely to be notified, either in a bill or a summary statement sent by the HMO, of the medical care his/her family members received. In contrast to HMOs, only 10 percent of POS networks and 12 percent of PPOs offer dependents confidentiality by sending the explanation of benefits form and the reimbursement amount directly to the dependent, rather than to the primary enrollee. The remainder of POS networks and PPOs -- the large majority -- *require* that the form be sent to the primary enrollee. Similarly, only 12 percent of traditional indemnity plans offer confidentiality to dependents by allowing them to sign the claim form and receive the explanation of benefits directly.²²

Insurance companies: Your insurance company may or may not have access to the results of your tests, but generally does not have access to the information written in your medical chart. A medical record release -- which would provide medical record copies -- is almost always included as part of a new application for insurance. Once an application includes this information, it may be "posted" in the central data base.²³

Women's Overall Knowledge Levels about Reproductive Health

Most women are generally well-informed about reproductive health issues, but lack awareness of some key facts that could help them avoid unplanned pregnancies and protect their future fertility. Overall, about a quarter (27%) of women age 18-44 received high scores on a knowledge test about reproductive health; 42 percent scored moderately well and 31 percent received low scores.²

Women who are more knowledgeable about reproductive health take more measures to protect their health than others. Those who scored high on the knowledge test are more likely to have conversations with their sexual partner about HIV (48% v. 44% for those with moderate scores and 38% for those with low scores) and about STDs (34% v. 27% for those with moderate scores and 21% for those with low scores).

THE LARGE MAJORITY OF REPRODUCTIVE-AGE WOMEN KNOW THAT:

1. A woman can get an STD through vaginal intercourse (99% correct).

² The knowledge test included 14 questions. High scorers gave at least 11 correct answers, while low scorers gave fewer than 9 correct answers.

The real facts:

Vaginal intercourse is considered “safe” if a latex or synthetic condom is used consistently and correctly, that is the condom is placed on the man’s penis well before it has any contact with his partner’s vagina, since his pre-ejaculatory fluid can contain HIV and other STDs and her vaginal fluid can contain those pathogens as well²⁴.

2. STDs can have long term health effects (87% correct). However, only 70 percent can actually name a long term effect from an STD.

The real facts:

STDs can have long-term effects on a woman’s health. Some of those long-term effects may be infertility (sterility or difficulty getting pregnant); death; pregnancy and birth-related complications; increased risk of cancer; serious neurological disease which would include mental illness, brain damage, neurological damage, and depression; increased risk of HIV infection; and pelvic inflammatory disease (PID)²⁵.

3. A woman can get an STD through oral sex (82% correct).

The real facts:

Oral sex on a man or a woman is considered “safe” when a latex or synthetic barrier, such as a male condom, female condom or dental dam, is used. If a person has *unprotected* oral sex, he or she is at high risk for gonorrhea, syphilis, chancroid, herpes simplex virus, human papilloma virus, and cytomegalovirus²⁶.

4. The purpose of a pap smear is to detect cancer (81% correct).

The real facts:

The papanicolaou smear (pap smear) is a screening test for cervical cancer in which cells scraped from the surface of the cervix are placed onto a slide and examined under a microscope. (The pap test may also detect cancer of the uterus, ovary, or vagina; infections; or the level of estrogenic stimulation of the cervix.)²⁷

5. Age affects fertility (79% correct).

The real facts:

Age affects fertility. Only 0.5 percent of women age 15-19 are physically unable to have a child because of illness or surgery other than contraceptive sterilization, whereas 11.7 percent of women age 35-39 and 18.2 percent of women 40-44 are unable to²⁸. The effects of age on fertility are moderate, and do not begin until the late 30s²⁹.

6. Some STDs have no symptoms (79% correct).

The real facts:

The following STDs may have no symptoms:

Chlamydia
Trichomoniasis
Gonorrhea
Human papillomavirus
Genital herpes
Hepatitis B
HIV (in early stages)

A MAJORITY OF REPRODUCTIVE-AGE WOMEN KNOW THAT:

1. Having an STD can affect fertility (71% correct).

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- Women who have actually had an STD are more likely to know this than those who have not (81% v. 69%).

The real facts:

Having once had an STD can affect fertility. Gonorrhea and chlamydia are major causes of cervicitis (inflammation of the cervix) and PID (pelvic inflammatory disease) in women. These infections account for between 10 percent and 90 percent of all infertility, depending on the geographic region and particular group studied. Human papillomavirus, or genital warts, is a frequent precursor to cervical dysplasia and cancer. The impact on fertility depends on the treatment for this condition, which may lead to hysterectomy (removal of the uterus). Cervical treatment may also reduce fertility because of scarring and/or damage to cervical cells, which can contribute to pre-term deliveries or possible pregnancy loss³⁰.

2. It's not possible to get an STD from a toilet seat (70% correct).

The real facts:

No, it is not possible to get an STD from a toilet seat. STDs are fragile and do not live long outside the body. They are present in high enough concentrations to infect a person only in blood, semen or vaginal secretions. Bacteria or viruses responsible for STDs are transmitted through vaginal, oral, or anal sex or mucous membrane-to-mucous membrane contact with an infected person or sharing injection drug needles with an infected person. They are not airborne or food borne, and they are not caused by casual contact with a toilet seat³¹.

3. It is important for gynecological care providers to know about the number of sexual partners a woman has had when recommending a method of birth control because of her risk for STDs, including HIV (68% correct).

- Women who have had many sexual partners (11 or more) are no more likely to say that's important information a health provider should know. In fact, a quarter (24%) say the number of sexual partners a woman has had is private information that a health care provider doesn't need to know.

The real facts:

A woman's number of sexual partners is important information her health professional should know, according to *Contraceptive Technology* (1994) and ACOG's *Guidelines for Women's Health Care* (1996). *CT* recommends asking *every* patient how many sexual partners he/she has had in the last year. ACOG's guidelines also recommend a clinician ask every patient about his/her sexual history and practices, which includes their number of sexual partners. ACOG states that a patient's number of sexual partners may not only indicate STD risk, but also help determine the best method of contraception for her.

4. It's not possible to get an STD through kissing (65% correct).

The real facts:

Dry kissing is considered a "safe" sexual activity for prevention of sexually transmitted diseases, including HIV. Wet kissing when both partners do not have broken skin, cracked lips or damaged mouth tissue, is considered "possibly safe." However, kissing and all other sexual activities are considered completely "safe" when both partners are monogamous, and known by testing to be free of STDs and HIV³². Regarding HIV transmission, the CDC National Center for HIV Prevention advises that casual contact through closed-mouth or "social" kissing is not a risk. It recommends against "French" or open-mouthed kissing with an infected person because of the possibility of contact with blood. However, no case of AIDS reported to CDC can be attributed to transmission through any kind of kissing³³.

FEWER THAN HALF OF REPRODUCTIVE-AGE WOMEN KNOW THAT:

1. The best time for a woman to get a pelvic exam is two weeks after her period starts (45% correct).

The real facts:

A pap smear and other tests performed in a pelvic exam may be performed at any time when a patient does not have heavy bleeding. However, optimal timing is midcycle (2 weeks after a woman's period starts) and when a woman has not had intercourse for 24 hours or placed anything in her vagina for at least 48 hours (including a tampon)³⁴.

2. Smoking affects fertility (41% correct).

The real facts:

Smoking affects fertility. Smoking is associated with lower conception rates and increased rates of spontaneous abortion. Smoking also appears to increase slightly the risk of placenta previa (implantation of the placenta near or over the cervix, which can result in premature delivery) and negatively affects the developing fetus, which results in some cases in low birth weight babies. In addition, smoking may cause poor semen quality in men³⁵.

3. Having an abortion does not affect later fertility (34% correct).

The real facts:

Having an early abortion does not affect fertility, unless the woman experiences serious complications such as infection. Such complications are very rare and research suggests that when safe and legal abortions are available, abortion has no impact on fertility risk statistics. However, post-abortion infections, caused by unsafe abortions, can be a major cause of infertility in countries where abortions are performed in unsafe or illegal conditions (CT, 1994). There are still some questions about the impact of late abortions (after 13 weeks) on future fertility.

4. The long term use of birth control pills does not affect later fertility (23% correct).

The real facts:

Research indicates that long-term use of birth control pills does not affect a woman's fertility. A woman taking birth control pills may, however, take longer (2-3 months) to become pregnant after discontinuing pills compared to women who were using barrier contraceptives or contraceptive implants. There is also no evidence to suggest that a woman's return of fertility is improved by periodically taking a break from pills. Pills, in fact, can protect a woman's future fertility by helping to prevent some causes of infertility, such as pelvic infections, uterine fibroids, ectopic pregnancies, ovarian cysts, endometrial cancer, and possibly endometriosis.

Reproductive Health Profiles for Different Types of Women³

	Unmarried Women				Married Women		
	1-2	3-6	7+		1-2	3-6	7+
	partners	partners	partners	partners	partners	partners	
High score on the knowledge test	17%	29%	29%	27%	27%		32%
Have a gyn. exam at least once a year	70%	81%	80%	76%	74%		76%
Always use birth control if at risk	69%	74%	72%	70%	73%		75%
Use condoms if at risk	68%	77%	72%	46%	45%		39%
Have had an STD test	39%	51%	76%	32%	48%		62%
Have had an HIV test	47%	52%	69%	36%	50%		60%
Have talked with partner about STDs	37%	32%	52%	10%	26%		38%
Have talked with partner about HIV	49%	58%	68%	28%	42%		46%
Number of women interviewed	76	94	102	316	179		150

³ Classification of women by marital status and number of sexual partners combined was more revealing than one based on age and marital status combined.

Other Findings about the Reproductive Health of Childbearing-age Women

According to this survey, only about a third (36%) of childbearing-age women say their overall health is currently excellent. Half (53%) say their health is good, and 11 percent say it is only fair or poor. Over a quarter (27%) report having had a reproductive health problem at some point (9% have one now) and 11 percent report having had a sexually transmitted disease.

Ninety-three percent of women age 18 to 44 are sexually active; seventy-eight percent have had sexual intercourse in the last three months. About a fifth (22%) of sexually active women age 18-44 have had only one sexual partner. About as many (25%) have had 7 or more partners, and 12 percent have had 11 or more partners.

Four percent are pregnant now and three percent are trying to get pregnant. Two-thirds (67%) have had a child already. Among women who are currently trying to get pregnant, almost two-thirds (64%) have had pre-conception counseling. Those who have had pre-conception counseling are no more knowledgeable about fertility than other women with the exception that they are somewhat more likely to know that smoking adversely affects fertility (46% v. 38%).

Half (50%) of women age 18 to 44 are at risk for an unplanned pregnancy. Those considered not at risk are either not having sexual intercourse, sterilized, infertile, pregnant, trying to get pregnant, or have a partner who is sterilized or infertile.

A quarter (26%) of the women surveyed report being sterilized or are infertile. The incidence of sterilization and infertility rises dramatically with age (from 5% for women age 18 to 24 to 46% for women age 40 to 44) and is higher for women who have already had a child than it is for childless women (37% v. 6%).

Divorced, Separated, and Widowed Women

Women who are widowed, divorced and separated report more concerns about their reproductive health, but are less likely than other women to take some important steps to protect themselves. These “newly single women” are the most likely to have had a test for HIV (67% v. 45% for married women and 44% for never-married women). However, they are less likely than never-married women to use condoms (56% v. 79%) and they are more likely to have had an unplanned pregnancy (50% v. 43% of married women and 34% of never married women).⁴

⁴ The unplanned pregnancies for newly single women did not necessarily occur after their marriage ended.

Methodology

This survey was designed and analyzed by the Kaiser Family Foundation, *Glamour* magazine, and Princeton Survey Research Associates (PSRA). The survey was conducted by PSRA. The results are based on telephone interviews with a nationally representative sample of 1,001 women age 18-44. Interviews were conducted during the period July 10 through July 28, 1996. All interviews were conducted by female interviewers.

The margin of sampling error for results based on the total sample is plus or minus four percentage points, at the 95 percent level of confidence. The margins of sampling error for sub-groups of the total sample are larger than four points. Besides sampling error, question wording and the practical difficulties involved in conducting surveys can also produce error in survey estimates.

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A Summary of Findings

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