

# Trends in Contraceptive Use, Type, and Distribution Following Implementation of the Affordable Care Act

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## Background:

- Nearly half of all pregnancies in the U.S. are unintended. The cost of these pregnancies is approximately \$12 billion per year including the cost of the birth and infant care.<sup>1</sup> In addition to the monetary cost, there are numerous societal costs incurred.
- Other costs exact a toll on families and society, but are difficult to monetize. These costs can include mental health issues, unstable relationships for the mother as well as children later in life, and physical abuse.<sup>2</sup>
- Benefits to society of contraception include increases in the educational attainment of communities and women, healthier children, and fewer abortions.<sup>3</sup>
- The Affordable Care Act (ACA) was passed by Congress in 2010 and fully implemented in August 2012. One goal of the ACA was to provide “coverage without cost-sharing” for contraceptives.<sup>4</sup>

## Purpose:

The purpose of this paper was to examine whether or not the Affordable Care Act resulted in greater numbers of women using effective methods of contraception in its first three years post-implementation (2012-2015).

## Methods:

To examine the impact of the ACA on contraceptive use, comparisons were made on summary data from the National Survey of Family Growth (NSFG).<sup>5</sup> Table 1 shows the sampling input from the NSFG and Table 2 lists the variables.

Table 1. National Survey of Family Growth Sampling Input

Years	Women in Sample
2002	7,643
2006-2010	12,279
2011-2013	5,601

Table 2. Calculated Variables from the National Survey of Family Growth

Variables
Percentage of women from the entire population, ages 15 to 44 years, that are utilizing contraceptives, and which method they are using.
Percentage of women, by age group, utilizing contraceptives, and which method they are using.
Percentage of women, by level of education obtained, utilizing contraceptives, and which method they are using.
Percentage of women by major race that are utilizing contraceptives, and which method they are using.

- Demographic variables of interest in the NSFG survey are listed in Table 3.
- Per Isaedmarie Febo-Vazquez of the CDC, the age group of 15 to 44 years was used in the NSFG because it includes over 99.7% of all births (personal communication, April 19, 2016). The subgroups within age evenly break up the age range into ten year increments (15 to 24 years, 25 to 34 years, and 35 to 44 years).
- Parsing the data by level of education attained may highlight differences in choice due to ability to pay for more effective methods. It may also confirm or dispel a common perception that increased education is associated with increased level of reproductive planning.
- Data by race and ethnicity may show differences in culture, access, or an increase in ability to get better methods due to the law. Data for women self-identifying as Hispanic, White, and Black were included for analysis.

Table 3. Description of Demographic Variables of Interest in the NSFG

Variable Name	Description	Can help identify:
Age of Contraceptors	15-24 years 25-34 years 35-44 years	Issues of physical access, cost access and length of need for contraceptives may be highlighted.
Race & Ethnicity	Hispanic White Black	Other races included in NSFG but not consistently across years.
Level of Education	No H.S. <sup>1</sup> diploma H.S. diploma or GED <sup>2</sup> Some college Bachelor's degree or higher	Does education correlate with choice of method?

Note: 1. H.S. = High School; 2. GED = General Educational Development diploma

## Results:

Figure 1 shows that in total, 61.9% ( $\pm 0.8$ ), 62.2% ( $\pm 0.8$ ) and 61.7% ( $\pm 1.1$ ) of women in the United States were using contraceptives during 2002, 2006-2010 and 2011-2013 respectively.

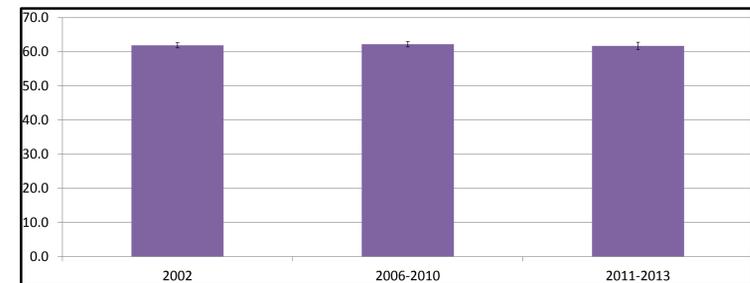


Figure 1. Total contraceptors, ages 15 to 44 years, 2002, 2006-10, and 2011-13.<sup>5</sup>

- No statistically significant change in the use of contraceptives over this time period

Figure 2 highlights changes in the contraceptive methods being chosen by women.

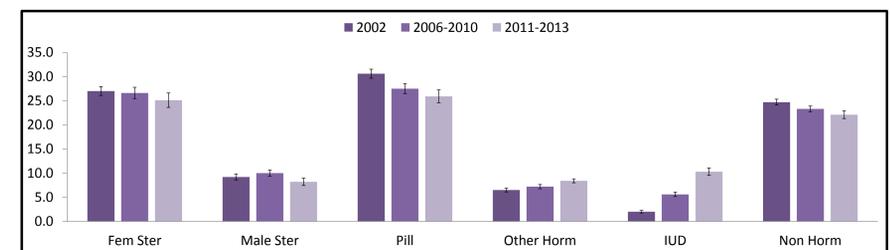


Figure 2. Total contraceptors by method used during 2002, 2006-10, and 2011-13.<sup>5</sup>  
Notes : Fem Ster (Female Sterilization), Male Ster (Male Sterilization), Other Horm (Other Hormonal Method), Non Horm (Non-Hormonal Method)

- No significant change in rates of women or men using sterilization
- Decrease in use of the pill and non-hormonal methods
- Increase in other hormonal methods (Vaginal Ring, Patch, Insert, Depo-Provera) and IUDs

Pill use has fallen across all age ranges while IUD use has increased (Figure 3).

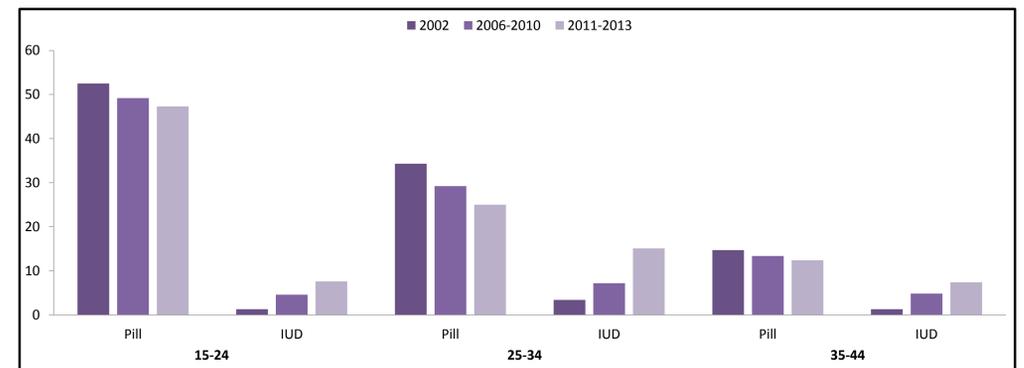


Figure 3. Changes in pill and IUD utilization across age ranges and time periods.

## Discussion:

- Data indicate movement to more effective forms of contraception across all variables.
- Movement to IUDs started prior to implementation of the ACA due to recommendations by the American College of Obstetrics and is increasing post-implementation.
- Non-high school educated women are seeing the largest increase in utilization of more effective methods post-implementation of the ACA.
- Black women still lag behind White women in overall rate of contraception (57.9% vs. 65.3%) and in IUD utilization (6.5% vs. 10.5%).
- Final ACA implementation occurred in August 2012 and the data in this analysis cover only through 2013; it may be too early to see the true impact of the ACA on overall utilization and method choice of contraceptives.

## References:

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