



Beyond Birth Control: Family Planning and Women's Lives

Access to Contraception in 2016 and What It Means to Women

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Beyond Birth Control: Family Planning and Women's Lives is a multiyear project examining the current state of access to contraception and how this access influences women's lives in the short and long term. Supported by the William and Flora Hewlett Foundation, the Urban Institute is using mixed research methods to answer two main questions under the project: how does expanded access to affordable contraception affect short- and long-term socioeconomic and health outcomes for women and their families; and what are the persistent barriers to contraceptive access and use, who faces these barriers, and how can these barriers be reduced? This brief is one of a series of *Beyond Birth Control* products that will provide new and timely information to influence policy debates and highlight areas where progress has been most challenging and where additional resources could most productively be directed.

Key Findings

- **Most women are using contraception.** In 2016, more than two-thirds of women at risk of unplanned pregnancy always used some form of contraception in the past six months, and an even larger proportion (85.1 percent) used some form of contraception over the same period. Women at risk of unplanned pregnancy are those ages 18 to 44 who have had sex with men in the past six months, are not pregnant and do not want to become pregnant in the next year, and are not sterile.
- **Most women report that health insurance or another program covered the full cost of their contraception in 2016.** More than two-thirds of women using a prescription contraceptive method reported that the full cost of their birth control was always covered.
- **Women value birth control.** The majority of women agreed that birth control has a positive effect on women's lives. Specifically, respondents noted that birth control reduces stress in

women's lives (62.5 percent), helps women keep working (56.3 percent), and has health benefits for women (54.2 percent).

- **Some women report barriers to contraception access.** Sixteen percent of women reported delayed access or inability to access contraception in 2016, but barriers were twice as common for uninsured women (32.7 percent). The most commonly cited barriers were issues with insurance coverage for birth control (45.7 percent) and the cost of birth control (41.0 percent).
- **Costs and accessibility are important to women when choosing which contraception method to use.** More than three-quarters of women reported that it was extremely or quite important that the method be easy to get, and 71.0 percent reported that it was extremely or quite important that the method be low-cost.

This brief uses data from the Urban Institute's Survey of Family Planning and Women's Lives (SFPWL) to provide estimates of self-reported access to contraception among women of reproductive age (18 to 44) and perceptions of the role of birth control in women's lives for 2016. This analysis finds high levels of access and positive perceptions of contraception in 2016 among women of reproductive age. Understanding women's access to contraception in 2016 is particularly important now, given the uncertainty of federal and state funding for, and policy decisions related to, reproductive health services in the future.

The SFPWL is a nationally representative survey of 1,990 women of reproductive age from a sample drawn from NORC at the University of Chicago's AmeriSpeak consumer panel.¹ Women were interviewed in two waves in 2016: January to February and July to September. The survey addresses women's experiences with family planning as well as their opinions about the short- and long-term effects of unplanned births and access to affordable contraception.

In this brief, we focus on access to contraception for a sample of 912 women at risk of unplanned pregnancy in 2016. This sample is defined as women ages 18 to 44 who have had sex with men in the past six months, are not pregnant and do not want to become pregnant in the next year, and are not sterile.² Women were asked to report how frequently they used any type of birth control (including IUDs, implants, pills, patches, shots, rings, emergency contraception, condoms, other barrier methods, the rhythm method, and withdrawal) in the past six months;³ how frequently health insurance or another program covered the full cost of their prescription birth control (including implants, IUDs, pills, patches, shots, rings, and emergency contraception) in the past six months;⁴ whether they had to delay getting or were unable to get birth control in the past six months; and how they viewed the effects of access to birth control.⁵

Responses are reported for all 912 women in the target group and for subpopulations based on income and insurance status. Income is measured as a percentage of the federal poverty level (FPL) and is calculated based on a woman's reported family size and total family income over the last year. Of the 912 women at risk of unplanned pregnancy, 225 have family incomes less than or equal to 138 percent of FPL, 452 have family incomes from 139 to 399 percent of FPL, and 229 have family incomes greater than or equal to 400 percent of FPL. These income ranges were selected to reflect women who may be eligible for Medicaid under the Affordable Care Act (ACA) if they reside in a state that expanded

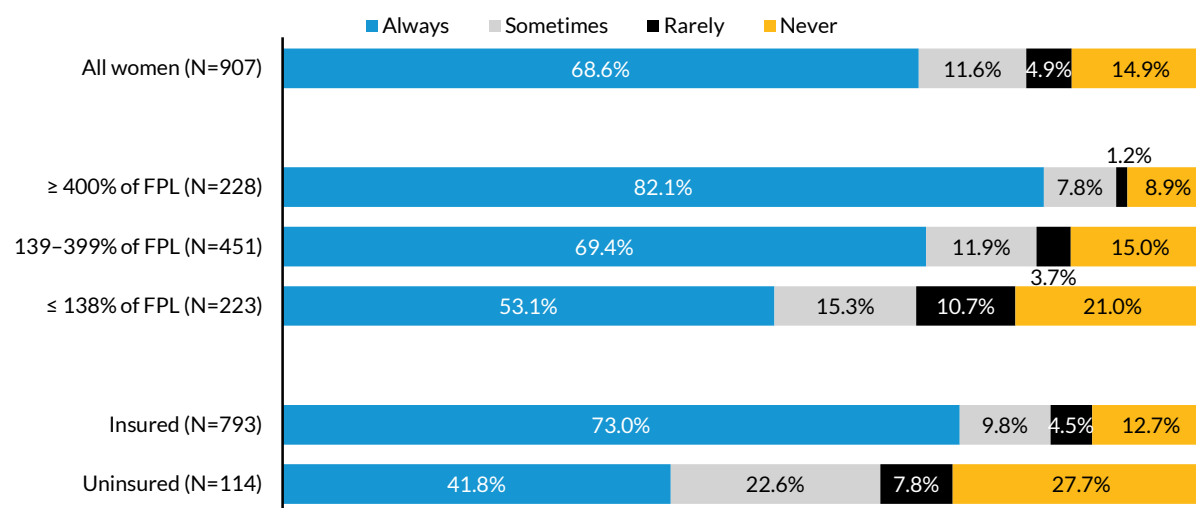
Medicaid (138 percent of FPL and below), women eligible for subsidies for the purchase of health insurance coverage through the Marketplace (139 to 399 percent of FPL), and women with incomes too high to qualify for either of these ACA programs (400 percent of FPL and above). However, because of measurement error surrounding income and our inability to account for modified adjusted gross income (MAGI), these income ranges do not precisely reflect women’s eligibility for these programs. Insurance status is based on women’s reported health insurance coverage status at the time of the survey. Of the 912 women at risk of unplanned pregnancy, 796 had health insurance and 116 were uninsured.

Just over two-thirds (68.6 percent, figure 1) of women in the target group reported that they always used contraception in the past six months. A larger share of women (85.1 percent) reported some type of contraception use over the same period. Low-income women were less likely to report always using contraception (53.1 percent) than women with family incomes at or above 400 percent of FPL (82.1 percent). Only four in ten uninsured women (41.8 percent) reported always using contraception, compared with nearly three-quarters (73.0 percent) of insured women.⁶

FIGURE 1

Frequency of Use of Any Birth Control Method in the Past Six Months among Women at Risk of Unplanned Pregnancy, 2016

Thinking of the past six months, how often do you and your partner(s) use any type of birth control?



Source: Survey of Family Planning and Women’s Lives 2016.

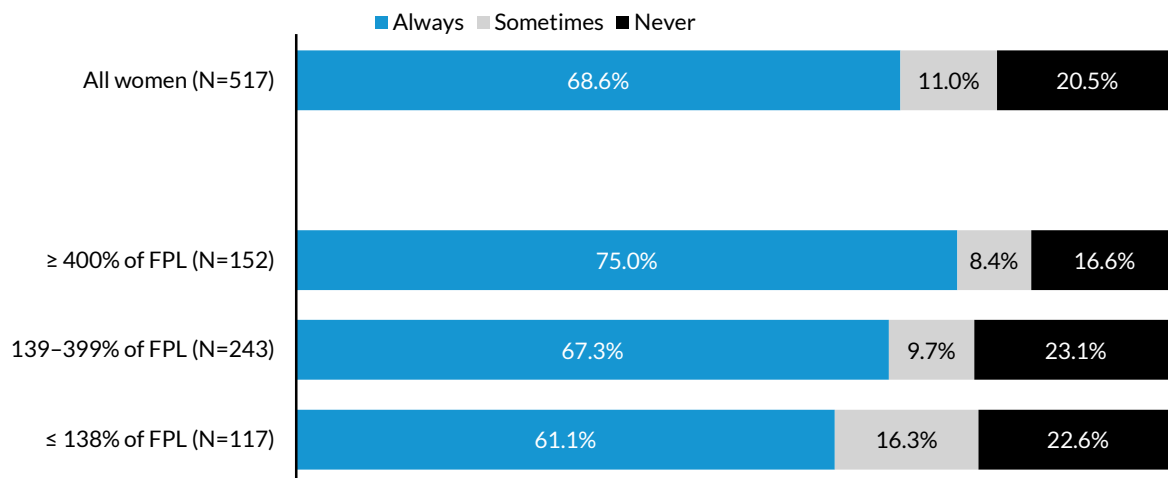
Notes: FPL = federal poverty level. N = 912 women ages 18 to 44 who have had sex with a man in the past six months, are not pregnant and do not want to become pregnant in the next year, and are not sterile. Birth control methods include IUD, implant, pill, patch, shot, ring, emergency contraception, condoms, other barrier methods, the rhythm method, and withdrawal. Women’s responses report the use of any type of birth control in the past six months. Women who skipped the question, refused to answer, or responded “don’t know” (less than 1 percent of the sample) were excluded from analysis. Of the 116 uninsured women at risk of unplanned pregnancy in our sample (114 of whom responded to this question), 70 confirmed that they are uninsured, and 46 did not; the latter may have been uncertain of their coverage status. Twelve uninsured women reported birth control-only coverage. These subgroups of uninsured women are not analyzed separately because of the small sample size.

Of the 912 women at risk of unplanned pregnancy, 519 (57.5 percent) reported using a contraception method that may require a prescription or other interaction with a health care provider: implants, IUDs, pills, patches, shots, rings, or emergency contraception. Just over two-thirds (68.6 percent, figure 2) of these women reported that their insurance or another program, such as federal Title X family planning programs, Medicaid-funded family planning programs, or publicly funded community health centers, always covers the full cost of their birth control.⁷ Low-income women were somewhat less likely to report that their costs were always covered (61.1 percent) than women with family incomes at or above 400 percent of FPL (75.0 percent). Only four in ten uninsured women (40.0 percent) reported that their birth control costs were always covered (e.g., through programs that are not considered health insurance coverage), compared with 71.8 percent of insured women (data not shown).

FIGURE 2

Insurance or Other Program Coverage of the Full Cost of Prescription Birth Control in the Past Six Months among Women at Risk of Unplanned Pregnancy, 2016

In the past six months, how often has insurance or another program covered the full cost of your birth control?



Source: Survey of Family Planning and Women’s Lives 2016.

Notes: FPL = federal poverty level. Prescription birth control includes implants, IUDs, pills, patches, shots, rings, and emergency contraception. N = 519 women ages 18 to 44 who have had sex with a man in the past six months, are not pregnant and do not want to become pregnant in the next year, are not sterile, and reported current use of an implant, IUD, pill, patch, shot, ring, or emergency contraception. Women who skipped the question, refused to answer, or responded “don’t know” (less than 1 percent of the sample) were excluded from analysis.

Among women at risk of unintended pregnancy who wanted birth control, the majority reported that in the past six months, they did not have to delay or forgo obtaining birth control (84.0 percent, figure 3). However, 16.0 percent of women reported delayed access or inability to access birth control in 2016. Low-income and uninsured women were more likely to report experiencing barriers to access,

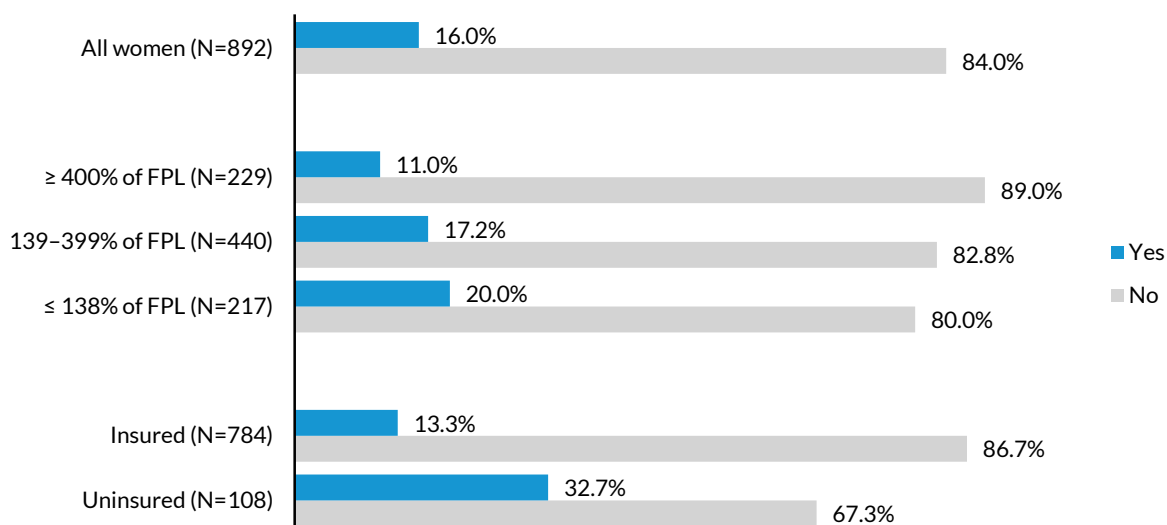
with two in ten (20.0 percent) low-income women and almost one-third (32.7 percent) of uninsured women reporting delayed access or inability to access contraception.

Costs and accessibility are important to women when choosing which contraception method to use. Of all 1,990 women of reproductive age, 78.7 percent reported that it was extremely or quite important that the method be easy to get (data not shown), and 71.0 percent reported that it was extremely or quite important that the method be low-cost. Of the 122 women (16.0 percent, figure 3) who reported delays or inability to access contraception, 45.7 percent cited issues with insurance coverage for birth control (data not shown), and 41.0 percent indicated that birth control was too expensive or they could not afford it (data not shown).

FIGURE 3

Delayed Access or Inability to Access Birth Control among Women at Risk of Unplanned Pregnancy Who Wanted Birth Control, 2016

In the past six months, have you wanted birth control but had to delay getting it or were unable to get it at all?



Source: Survey of Family Planning and Women’s Lives 2016.

Notes: FPL = federal poverty level. N = 912 women ages 18 to 44 who have had sex with a man in the past six months, are not pregnant and do not want to become pregnant in the next year, and are not sterile. Women who skipped the question, refused to answer, or responded “don’t know” (less than 2 percent of the sample) were excluded from analysis. Of the 108 uninsured women at risk of unplanned pregnancy in this subsample, 68 confirmed that they are uninsured, and 40 did not; the latter may have been uncertain of their coverage status. Twelve uninsured women reported birth control-only coverage. These subgroups of uninsured women are not analyzed separately because of the small sample size.

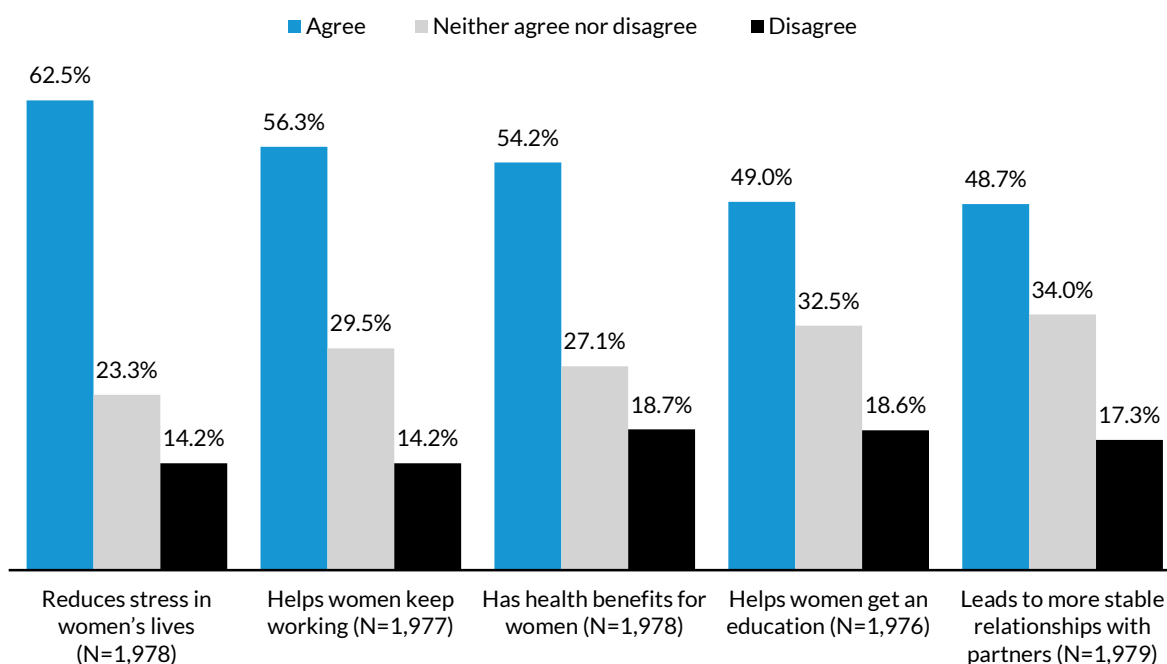
Finally, among all 1,990 women of reproductive age who responded to the survey, the majority agreed that birth control reduces stress in women’s lives (62.5 percent, figure 4), helps women keep working (56.3 percent), and has health benefits for women (54.2 percent). About half of respondents further agreed that birth control helps women get an education (49.0 percent) and leads to more stable

relationships with partners (48.7 percent). The 912 women at risk of unintended pregnancy were consistently more likely to agree with these five statements than women overall, with between 51.2 percent and 65.5 percent of survey respondents at risk of unplanned pregnancy agreeing with each of the reported benefits of birth control (data not shown). Higher-income women were more likely than low-income women to agree with the positive perceptions of birth control's benefits, with the vast majority of higher-income women agreeing that birth control reduces stress in women's lives (80.1 percent, data not shown).

FIGURE 4

Perceived Benefits of Birth Control among Women Ages 18 to 44, 2016

Please indicate whether you agree or disagree with the following statements about the potential effects of birth control. Having access to birth control...



Source: Survey of Family Planning and Women's Lives 2016.

Notes: N = 1,990 women ages 18 to 44. Women who skipped or refused to answer the question (less than 2 percent of the sample) were excluded from analysis.

This analysis finds high levels of access and positive perceptions of contraception among women of reproductive age. Understanding women's access to contraception in 2016 is particularly important now, given the uncertainty of federal and state funding for, and policy decisions related to, reproductive health services in the future (Hasstedt 2016). Though this analysis presents a snapshot of access to contraception at a point in time and cannot assess what share of this access is attributable to provisions of the ACA, the law has expanded health insurance coverage to millions of Americans and required

coverage of prescription contraception without cost-sharing by most insurers (Garrett and Gangopadhyaya 2016; Sobel, Salganicoff, and Rosenzweig 2017). Thus, repealing the ACA could increase financial barriers to contraception by increasing the number of uninsured women—particularly low-income women—and by eliminating the requirement that health insurance cover prescription contraception and family planning counseling at no cost to women (Blumberg, Buettgens, and Holahan 2016; Sobel, Salganicoff, and Rosenzweig 2017). In addition to uncertainty generated by the potential repeal of the ACA, the proposed exclusion of Planned Parenthood from the Medicaid program could lead to immediate reductions in access to reproductive health services, especially for low-income women (Guttmacher Institute 2016; Stevenson et al. 2016).

Notes

1. Because of its small sample size and relatively low response rate (8.7 percent), SFPWL has been benchmarked against federal survey data. SFPWL estimates and variation across subgroups are generally consistent with estimates from federal survey data, which confirms SFPWL's standing as a source of timely and reliable information about women's experiences with contraception and reproductive health. For more information about the survey's design and methodology, see the technical appendix to this brief series (Shartzter and Johnston 2016). For more information about the AmeriSpeak panel, see Michael Dennis, "Technical Overview of the AmeriSpeak Panel, NORC's Probability-Based Research Panel" (Chicago: NORC), updated November 25, 2015, <http://www.norc.org/PDFs/AmeriSpeak%20Technical%20Overview%202015%2011%2025.pdf>.
2. This sample excludes 402 women who reported that they have ever used or are currently using surgical sterilization as their method of contraception. Of these sterilized women, 92.4 percent were insured, 7.6 percent were uninsured, 33.5 percent had family incomes at or below 138 percent of FPL, and 66.5 percent had family incomes above 138 percent of FPL.
3. Measured as women's responses to the question, "*Thinking of the past six months, how often do you and your partner(s) use any type of birth control?*" These responses were not limited to methods considered to be effective.
4. Emergency contraception can be obtained with or without a prescription but is included in this analysis because the cost of prescription emergency contraception may be fully covered by a woman's health insurance or another program.
5. The full survey instrument for the 2016 Survey of Family Planning and Women's Lives is available at <http://www.urban.org/sites/default/files/survey-of-family-planning-and-womens-lives-instrument-2016.pdf>.
6. Including 402 sterilized women in the sample and classifying them as always using contraception increases the percentage of all women always using contraception to 78.0 percent (data not shown). The largest increases in "always" use are observed for low-income women (68.6 percent) and uninsured women (52.6 percent).
7. Including 226 sterilized women in the sample decreases the percentage of all women for whom the full cost of birth control was always covered to 64.3 percent (data not shown). The largest decreases in "always" use are observed for higher-income women (54.1 percent) and insured women (54.6 percent). These women may have undergone sterilization before the six-month period for which the survey asks about coverage of birth control costs. Excluding 17 women using emergency contraception from the sample increased the percentage of all women for whom the full cost of birth control was always covered from 68.6 percent (figure 2) to 72.5 percent (data not shown). The largest increases in "always" use are observed for lower-income women (from 61.1 percent to 64.9 percent) and insured women (from 71.8 percent to 76.0 percent).

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