



“Birth Control Is Transformative”

Women Share their Experiences with Contraceptive Access

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The Affordable Care Act helped reduce financial barriers to birth control. But many women still face barriers, including real or perceived cost. In this brief, we summarize the results of in-depth interviews conducted in 2018 with 30 Survey of Family Planning and Women’s Lives respondents about their decisions related to birth control, the role of birth control in their lives, and their perceptions about future access. Key findings include the following:

- Interviewees used a range of birth control methods; they valued having options and the ability to select the method that best aligned with their preferences and needs.
- Cost was a major consideration for most interviewees, and real or perceived cost prevented some from using the birth control method of their choice.
- Some interviewees had experienced unplanned pregnancies, in part because of access challenges.
- Interviewees expressed concern that birth control might become harder to access in the coming years; some interviewees worried about losing coverage and how that would affect their access to birth control.
- Most interviewees emphasized birth control’s positive impacts on their lives, saying it had allowed them to pursue academic and professional goals, achieve financial stability, and maintain their mental and physical health.
- Interviewee perspectives are consistent with findings from the Survey of Family Planning and Women’s Lives.

Methodology

With support from the National Women’s Law Center, researchers from the Urban Institute conducted phone interviews with 30 women in August and September 2018. The Urban Institute’s Institutional Review Board approved the study before interviews began, and each participant verbally consented to participate. For this study, we selected a subset of the 2,115 women who responded to the nationally representative Survey of Family Planning and Women’s Lives (SFPWL), which provides up-to-date information on women’s perceptions of and experiences with birth control and reproductive health.¹ The SFPWL is composed of women of reproductive age (ages 18 to 44) from NORC’s AmeriSpeak consumer panel.²

All interviewees who participated in this study were women who,³ at the time they responded to the SFPWL in early 2018, reported having health insurance, had been sexually active with men within the previous six months, and did not currently want to become pregnant. Additionally, selected participants indicated that they had faced insurance- or cost-related barriers to accessing birth control and/or were concerned about their ability to pay for birth control in the coming year. We conducted these interviews to collect in-depth information about the barriers some survey participants faced getting birth control and their concerns about access to contraception in the future. The findings presented in this brief are based on a nonrandom sample of 30 women and thus cannot be generalized to a broader population. Where possible, we have included results from the nationally representative SFPWL that corroborate our interview findings.

Table 1 shows interviewees’ characteristics. Though we only contacted women who reported having health coverage in early 2018 (through a private health plan or Medicaid), two women we spoke with said they had recently become uninsured. Fifteen women were between ages 20 and 29, 12 were between ages 30 and 39, and 3 were ages 40 or older.

We asked interviewees whether they were currently using birth control and why or why not; how they chose their current method and how they accessed it; whether they had ever faced financial or other barriers to accessing their preferred method; whether they had experienced an unplanned pregnancy in the past, and whether access to birth control played any role in an unplanned pregnancy; what role birth control had played in their life generally; and if they had any concerns about accessing birth control in the future.

TABLE 1

Interviewee Characteristics

Variable	Number of interviewees
Insurance type	
Commercial	18
Medicaid	10
Uninsured	2
Age range	
20–29	15
30–39	12
40+	3
Current birth control^a method	
IUD	7
Pill	7
Only condoms ^b	6
Implant	4
No birth control	3
Tubal ligation	2
Injection	1

Source: Phone interviews with Survey of Family Planning and Women’s Lives respondents, conducted by Urban Institute researchers in August and September 2018.

Notes: IUD = intrauterine device. *N* = 30.

^a This report uses “birth control” to refer to contraceptive methods approved by the Food and Drug Administration. At the time of the interviews, the Food and Drug Administration had approved an app for fertility awareness–based pregnancy prevention, but no interviewees reported using that app. Here, birth control does not include withdrawal or abstinence. We included one woman who reported using withdrawal with women categorized as using no birth control.

^b Some women reported using condoms with another method. The six women in the “only condoms” category were not currently using any other method listed in the table.

Findings

Interviewees used a range of birth control methods; they valued having options and the ability to select the method that best aligned with their preferences and needs.

Interview participants reported using various birth control methods, and some used multiple methods (e.g., both hormonal and barrier methods), as shown in table 1. Intrauterine devices (IUDs) and the birth control pill were the most common methods, with 7 women reporting using each. Together, more than one-third of the women we spoke with were currently using one of two long-acting reversible contraceptive methods, either an IUD or a birth control implant. Though a quarter of interviewees reported currently using the birth control pill, nearly half reported having tried the birth control pill. Only one interviewee was currently receiving birth control injections and no one reported currently using a vaginal ring or patch, though several had previously used these methods. Three women were not currently using any birth control.

Many said they had tried different birth control methods over the years before settling on their preferred method. For example, several women who currently had IUDs reported that they had previously tried the pill but stopped because of negative side effects (e.g., weight gain, migraines) or because they had trouble remembering to take it regularly. For these women, the IUD was a desirable option because of fewer perceived side effects and its longer efficacy.

Women appreciated having birth control options and emphasized that method choice is highly individualized, noting that what is best for one person might not work well for another. Most said they were currently using their “top choice” method, even if it took several years to find it. Some said that their lives improved when they finally began using their preferred method.

When choosing a birth control method, interviewees considered many factors and asked for advice from their health care providers and peers.

Interviewees considered various factors when selecting a birth control method. Many had past experience with some methods, which helped inform their current method choice. Most said they trusted their provider’s recommendations, and many ultimately chose a method their provider helped them select. Women also researched online and spoke with friends and family about their experiences using various methods.

I started a little forum on Facebook with my friends, inquiring about [the IUD], and I also talked with my doctor. I know there are several birth control options, and I wanted to see what would work best for me and my lifestyle.

– 33 years old; Medicaid covered; ultimately chose birth control injections

Women said they considered how long the method would provide protection, its side effects, and how it worked. For example, some women did not want a long-acting method and instead preferred to use something they could stop taking or remove relatively easily. Others specifically sought out the IUD because they wouldn’t need to “think about it for years,” said one 33-year-old commercially insured interviewee using an IUD.

Some women were uncomfortable with hormonal birth control methods broadly or with the idea of implanting a physical device and reported choosing a barrier method instead (e.g., condoms, spermicidal foam).

“I personally have not had the desire to [use an IUD or implant] because I just don’t like the idea of having something in my body for such a long time. It creeps me out.”

– 21 years old; commercially insured; currently using condoms

“We try to be as natural as possible. I’m very sensitive hormonally to things. I just did not want to get out of whack mentally, [so I didn’t want to try the hormonal IUD].”

– 42 years old; uninsured; currently using condoms

Most interviewees received a birth control prescription from their usual source of obstetric-gynecological or primary care and subsequently filled the prescription at a pharmacy or made an appointment to have an IUD or implant inserted. Four interviewees said they usually got a prescription

for birth control through a local Planned Parenthood clinic. Some of these interviewees reported having other regular sources of care but preferred to get birth control at Planned Parenthood.

“It was just too much hassle to [see my primary care provider], and Planned Parenthood was super close. To get birth control through my insurance [from my primary care provider], I’d just have to go meet with my doctor, and it was too much of an inconvenience compared to just going to Planned Parenthood.”

– 25 years old; commercially insured; currently using an IUD

Interviewees who used condoms typically purchased them at a supermarket or drugstore, and several lamented what they perceived to be high out-of-pocket costs. One interviewee noted that condoms were more expensive than the free hormonal methods of birth control she could access through her insurance.

Cost was a major consideration for most interviewees, and real or perceived cost prevented some from using the birth control method of their choice.

Women enrolled in health plans that comply with the Affordable Care Act’s birth control benefit should have coverage of at least one product within each of the Food and Drug Administration–approved birth control methods, without cost sharing. That coverage should include education, counseling, and all associated costs like insertion or removal of a contraceptive device. For most women, this provision of the Affordable Care Act works as intended and has effectively removed the cost barrier to accessing birth control.

“I went in and said I wanted an IUD...A week after the consultation, they did it in their office. Insurance fully covered it.”

– 22 years old; commercially insured; currently using an IUD

For many who had insurance coverage of birth control with no copay, eliminating cost barriers has been essential to consistent use. Most interviewees said they could not recall having to pay anything for birth control in the last five years, and some said they relied on accessing it for free.

I’d be very concerned if I couldn’t get the pill for free. When I asked my pharmacist how much it cost, I learned it was \$27 per pack. That’s a lot of money.

– 43 years old; commercially insured; currently using oral contraception

But for others, perceived cost was a deterrent. These perceptions, however, were not necessarily verified, either by women or their health care providers, or may have owed to misinformation from their health insurer or their insurer’s noncompliance with the law.

“I’ve heard good things about the implant, but they’re pricey.”

– 29 years old; commercially insured; currently using oral contraception

In one case, misinformation about what was covered resulted in an unplanned pregnancy.

“I [had wanted the IUD] but thought it’d be expensive...Because of that, I didn’t even consider it as an option. Instead, I was relying on birth control pills, but I was inconsistent in using them, which is how I ended up pregnant. Later I learned that my insurance actually did cover the IUD!”
– 25 years old; commercially insured; currently using an IUD

Sometimes costs for certain methods and provider visits deterred women from using birth control.

“Absolutely [the cost of birth control has affected my decision about whether to use it]. The copay, the actual pill, going in every three months, taking time off work, paying for gas...It’s too much. At those times, I had to rely on abstinence.”
– 33 years old; commercially insured; currently using an IUD

Insurance considerations also shaped women’s contraceptive choices. Several interviewees reported times when they had delayed getting or did not get birth control because they were uninsured or unsure if their insurance was active.

“There was a time a couple months ago where I didn’t have insurance, so I had to skip a couple days of the pill.”
– 31 years old; Medicaid covered; currently using oral contraception

One previously Medicaid-covered woman wanted an IUD but did not believe Medicaid would cover it, so she did not pursue it. When she got access to private insurance, however, she had an IUD inserted at no cost to her.

“I was iffy about what [Medicaid] would cover, so we were just using things available over the counter. I waited until I had insurance through my employer before I went to get the IUD. Cost is always a concern when you live right above the [Medicaid eligibility cutoff].”
– 39 years old; commercially insured; currently using an IUD

Some interviewees had experienced unplanned pregnancies, in part because of access challenges.

Nearly half of the women we spoke with (14 out of 30) had experienced one or more unplanned pregnancies within the last five years. These pregnancies resulted from birth control failure, incorrect use of birth control, or having sexual intercourse without using contraception or while using less effective forms of contraception, like condoms.

Some women reported that the method of birth control they used had failed to prevent pregnancy.

“My daughter is proof that condoms don’t always work.”
– 33 years old; Medicaid covered; currently using birth control injections

And that they used birth control inconsistently or incorrectly, resulting in a pregnancy.

“I was on Depo [birth control injections] for about nine months and got pregnant in the days between receiving shots. I was supposed to get Depo on Friday, and I probably conceived on Monday. I don’t want to go down that road again.”
– 28 years old; Medicaid covered; currently using birth control implant

I knew I wasn't the best at taking the pill. Some days I would just completely forget or I'd take it at different times, even though I know that you're supposed to take them at the same time. I needed a better option, but I heard that the IUD was expensive.

– 25 years old; commercially insured; currently using an IUD

Some women wanted to be on birth control at the time they got pregnant but said that the cost was prohibitive.

“[When I experienced an unplanned pregnancy], I wished we had the money to use birth control more regularly. I wouldn't care how sick it made me, I just didn't want to be pregnant. But we couldn't do it, [because we couldn't afford it].”

– 40 years old; uninsured; currently not using birth control

Others asserted that better access to birth control certainly would have prevented their unplanned pregnancies.

I was not on birth control when I became pregnant with my son, because I didn't have insurance and was unable to be covered. It was an “oops.” If I had been insured, I would not have had a pregnancy.

– 33 years old; commercially insured; currently using an IUD

The finding that some women did not use birth control as prescribed because of an access issue is consistent with findings from the 2018 SFPWL (N = 2,115). Analysis of that data revealed that approximately one-fifth of survey respondents said that they would be very or somewhat unlikely to be able to access their preferred birth control method on the same day they ask for it (Johnston et al. 2019b).

Interviewees expressed concern that birth control might become harder for them to access in the coming years; some interviewees worried about losing coverage and how that would affect their access to birth control.

“Soon I’ll be too old to be on my parent’s insurance, and at that point I’ll have to get my own. The expense of birth control will be a big issue. My financial situation has been iffy in the past and it can be again, so I’m absolutely concerned about something happening in my life when I’m off my parent’s insurance.”

– 22 years old; commercially insured; currently using an IUD

I’m concerned [about getting birth control in the future] because I’m on Medicaid, because I’m still in school. If I get another job and the insurance changes, it could change how much birth control is and how much I have to pay for it.

– 20 years old; Medicaid covered; currently using an IUD

Interviewees also expressed concern that their preferred birth control method might become harder to access. Several specifically mentioned hearing news of Planned Parenthood clinics closing and were concerned this indicated a trend toward limiting access to birth control. One interviewee who characterized herself as politically conservative was frustrated that Planned Parenthood has become a partisan issue.

“A lot of people who are conservative are against Planned Parenthood, but they don’t understand that it helps conservative people too. I was a newlywed and in a monogamous relationship and had no way to get birth control. I was able to get it through Planned Parenthood...They need to know that it was also utilized [by] a smart, conservative girl who is pursuing an education. It’s...for everyone.”

– 31 years old; commercially insured; currently using oral contraception

Several women said they were worried about what they characterized as a changing political climate growing more hostile to women and their reproductive rights.

“I’m concerned because of the general climate for women’s health, how everyone is antiabortion and pro–however many children God wants you to have. I’m worried that birth control might become more expensive as it becomes more scarce.”

– 29 years old; commercially insured; currently using oral contraception

“The political environment concerns me because they’re trying to control women a lot more. I’m definitely concerned. If they told me I couldn’t get an IUD, that’d be devastating.”

– 39 years old; commercially insured; currently using an IUD

This finding that many women are increasingly concerned about their ability to access birth control is also consistent with results from the 2018 SFPWL, which found that 39.7 percent of women ages 18 to 44 surveyed in early 2018 were at least somewhat concerned that accessing birth control would become more difficult in the next year (Johnston et al. 2019a).

Most interviewees emphasized birth control’s positive impacts on their lives, saying it had allowed them to pursue academic and professional goals, achieve financial stability, and maintain their mental and physical health.

We asked all interviewees to rank the importance of birth control in their lives on a scale of 1 to 10, where 1 is “not at all important” and 10 is “extremely important.” Of the 30 interviewees, all but 4 ranked it as a 9 or 10. Those who ranked the importance of birth control as less than a 9 were either in a monogamous partnership and not worried about becoming pregnant or had negative experiences with birth control.

The 26 interviewees who ranked birth control’s importance as a 9 or 10 emphasized the positive impact it had in their lives, saying it had allowed them to pursue academic and professional goals, achieve financial stability, and maintain their mental and physical health. This sentiment echoed findings from earlier Urban Institute research involving focus groups with hundreds of women, which suggested that women’s motivations for avoiding unplanned pregnancy included concerns about financial burden, potential strain on their relationships, and potential disruptions to their education and career goals.⁴

Interviewees for this study said that an unplanned pregnancy or restricted access to birth control would have a serious, negative impact on their lives.

“Birth control is transformative. I have freedom that I never would have had if I couldn’t have sex without getting pregnant. I’ve been able to travel and not have to worry about children. It also means I can live on a lower income. This country doesn’t do a good job taking care of mothers. I’ve been able to be economically independent because of birth control.”

– 42 years old; uninsured; currently using condoms

“If I became pregnant, it’d be pretty catastrophic. Pregnancy would fundamentally alter my life, my goals, my finances, you know...Birth control is very important to me.”

– 38 years old; commercially insured; currently using an IUD

“Birth control has made my mental and physical health status better. I...get fewer menstrual-related migraines, have fewer cramps, and my face is clear. It definitely makes things a lot more convenient for me. Birth control is also important because it’s allowed me to pursue career goals without dealing with an unintended pregnancy. It has contributed to me being able to focus on myself without the risk of having a child or committing to a guy that I wasn’t intending to.”

– 29 years old; commercially insured; currently using oral contraception

Some referenced the peace of mind that unobstructed access to birth control afforded them, freeing up mental space to dedicate to other needs.

“Having birth control is so freeing...I’m considering taking a couple college classes, and I’m able to consider that because I can save money for myself, and I don’t have to worry about a child getting in the way of those plans. I don’t have to worry about suddenly getting pregnant and the cost of having a child or the emotional cost of getting an abortion.”

– 22 years old; commercially insured; currently using an IUD

Some interviewees told us they had achieved their desired family size and that additional children would pose challenges. Others said they never wanted children and appreciated that birth control allowed them to take charge of their reproductive health. One interviewee described how access to birth control helped her avoid becoming trapped in an abusive relationship.

I was in an abusive relationship for four years, and if I had had a child with him, I would not have been able to get out. So the fact that I was consistently able to take the pill when I was with him was very good, because he didn't always use condoms when I wanted him to. I am so, so thankful that the pill allowed me to be safe to some degree.

– 22 years old; commercially insured; currently using an IUD

Finally, another interviewee added that seeking birth control allowed her to access her primary care physician for other basic services.

“Having birth control opens up doors to see doctors for other health reasons. When you go in for birth control, they give you a physical, check you from head to toe, mammogram...It's not just about birth control.”

– 28 years old; Medicaid covered; currently using birth control implant

The positive impacts of birth control described by our interviewees align with findings from the 2018 SFPWL. Specifically, most survey participants ages 18 to 44 agreed that birth control reduces stress in women's lives, helps keep women working, benefits women's health, helps women achieve educational goals, and leads to more stable relationships with partners.⁵

Discussion

Women we spoke with highly valued birth control and the ability to decide when to have children and how many to have, if any. Many had tried different methods before finding the one that worked best for them and appreciated the opportunity to choose. Women tended to trust their providers and friends for recommendations, and experience with different methods strongly influenced their choices. Among the 11 women using a long-acting reversible contraceptive (either an IUD or birth control implant), 7 had experienced an unplanned pregnancy within the last 5 years, suggesting that women who experienced unplanned pregnancies subsequently sought or were offered longer-acting birth control methods.

In some cases, cost influenced interviewees' birth control choices. Some women were explicitly aware of the Affordable Care Act's birth control benefit and were confident that they could access Food and Drug Administration-approved birth control methods free of out-of-pocket costs. Others believed

or had been told that certain birth control methods were more expensive and, as a result, had not attempted to access them. Some women acknowledged they had not investigated whether their insurance covered a particular method, and some women's experiences indicated they may have received inaccurate information from their providers or health insurance companies regarding coverage, or that their insurance provider did not fully comply with the Affordable Care Act's birth control benefit requirements .

If birth control were to become unaffordable or unavailable to women, many interviewees did not know how they would prevent unplanned pregnancy, besides forgoing sex. Though most women we spoke with said they would choose abstinence instead of engaging in sex without contraception, we also spoke with several women who had already experienced unplanned pregnancy when they did not have access to birth control, suggesting that planning for abstinence is not always a reliable strategy for preventing pregnancy. Even within our small group of interviewees, it was clear that limited access to affordable birth control options might result in unplanned pregnancies.

Looking to the future, several interviewees said they were worried about their access to birth control changing, either because of shifting personal circumstances (e.g., income, job), because they would lose eligibility under a parent's insurance, or because of changes in the political landscape. Almost uniformly, women said that birth control had positively impacted their lives, from improving job prospects to enabling financial security to allowing women to feel physically and mentally healthy. One woman said that losing access to birth control would be "catastrophic," a sentiment echoed by most other interviewees. Women said that access to affordable birth control allowed them to plan for and control their reproductive decisions. Though these findings are based on a small number of interviews, they suggest that birth control coverage is a critical component of encouraging access to contraceptives, and its absence could negatively impact women's lives.

Notes

¹ Urban Institute researchers developed the Survey of Family Planning and Women's Lives, which is funded by the William and Flora Hewlett Foundation. To learn more about the Survey of Family Planning and Women's Lives and its methodology, see Shartzler and Johnston (2016).

² NORC at the University of Chicago developed the "AmeriSpeak Panel," a nationally representative panel of the US population. More information is available at <https://amerispeak.norc.org/Pages/default.aspx>.

³ The SFPWL does not ask participants to disclose their gender identity. This brief uses "women" as shorthand for the interview participants, but we do not have data to confirm each interviewee's gender identity. We recognize that cisgender women are not the only people who use birth control. Some transgender men and gender-nonconforming people also use birth control to prevent pregnancy and for its additional health benefits.

⁴ Benatar, Sarah, Brigitte Courtot, Ian Hill, Rebecca Peters, Morgan Cheeks, Jenny Markell, et al., "Women Call for More Education, Contraceptive Choices to Prevent Unplanned Pregnancy," Urban Institute, March 7, 2019, <https://www.urban.org/features/women-call-more-education-contraceptive-choices-prevent-unplanned-pregnancy>.

⁵ Unpublished data from the 2018 Survey of Family Planning and Women's Lives.

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