

Birth control options out of reach for many low-income women

November 5 2019



Canada is one of the only countries with universal health care that does not also have universal access to contraception for women. Credit: Unsplash

Young, low-income women in Canada are less likely to use more

effective methods of birth control like the pill, and more likely to use no contraception or condoms only, according to new UBC research.

The findings, published today in *CMAJ Open*, suggest that young, [low-income women](#) may not be able to afford accessing the full range of contraceptives available in Canada. Improving access to affordable contraception may decrease the number of [young women](#) at risk of unintended pregnancy due to financial barriers, the researchers say.

"We know that access to contraceptives is something that benefits public health by allowing people to plan pregnancies and plan their families according to their life circumstances," said Elizabeth Nethery, lead author of the study and a Ph.D. student in the UBC school of population and public health. "But our research shows that there may be cost barriers that could be potentially improved when it comes to [contraceptive](#) care in Canada."

Canada is one of the only countries with universal health care that does not also have universal access to contraception for women. While the United Kingdom, New Zealand and Australia have universal contraceptive care, Canada has a patchwork of limited public coverage and private coverage for women who have extended health insurance through work.

For the study, the researchers analyzed data from the 2009-2010 and 2013-2014 Canadian Community Health Surveys to compare [household income](#) and other sociodemographic factors among women using contraceptives. The data included sexually active youth between the ages of 15 and 24 who were trying to avoid pregnancy.

The contraceptive options included [oral contraceptives](#) (known as "the pill"), injectable contraceptives (such as the Depo-Provera shot), condoms only, or a dual method (condoms plus the pill or the depo shot).

Data on intrauterine devices, or IUDs—a small device put into the uterus to prevent [pregnancy](#)—was not available because nationally representative surveys have not included questions about this contraceptive method.

Among young women at risk for [unintended pregnancy](#), 59 per cent used oral contraceptives while 17 per cent used condoms only, while 29 per cent used both condoms and either the pill or the shot, and 2.5 per cent used the shot alone. Meanwhile, 14 per cent did not use any contraceptive methods at all.

The researchers found that lower household income (less than \$80,000 per year) was associated with decreased use of oral contraceptives and dual methods of contraceptives, and increased reliance on injectable contraceptive and condoms only. Lower household income was also associated with a greater risk of not using contraceptives at all.

Dr. Wendy Norman, senior author of the paper and associate professor in the UBC department of family practice, said the findings highlight a need to address the barriers to affordable contraception.

"Not only does access to affordable contraception reduce the number of high-risk pregnancies and support women to achieve healthy spacing between planned pregnancies, it also benefits our [public health](#) system by decreasing avoidable health-care spending associated with unintended pregnancies," said Norman. "Unfortunately, among the contraceptives currently available in Canada, we find that the more effective methods are also the most expensive and the least utilized, especially among disadvantaged populations."

Birth control pills can cost up to about \$50 per month, depending on the brand and insurance coverage, and are about 94 per cent effective in typical use. While condoms are more affordable at a cost of about \$1

each, they are only about 85 per cent effective in real-life conditions, meaning about 15 out of 100 people who use condoms as their only birth control method will get pregnant each year.

Injectable contraceptives, which are typically about 96 percent effective, can cost as much as \$150 per shot and last for three months. IUDs are the most effective birth control methods—more than 99 per cent effective—but are also the most expensive upfront. A hormonal IUD ranges from \$300 to \$350 and lasts for five years, while a copper IUD costs about \$80—and the most effective designs last for up to 10 years.

An estimated 30 to 40 per cent of pregnancies in Canada are unintended, according to the results of a 2009 national survey of contraceptive use among Canadian [women](#) of reproductive age. Unintended pregnancies also tend to disproportionately affect young adults, recent immigrants, rural residents and people of lower socioeconomic status.

More information: Elizabeth Nethery et al, Household income and contraceptive methods among female youth: a cross-sectional study using the Canadian Community Health Survey (2009–2010 and 2013–2014), *CMAJ Open* (2019). [DOI: 10.9778/cmajo.20190087](https://doi.org/10.9778/cmajo.20190087)

Provided by University of British Columbia

Citation: Birth control options out of reach for many low-income women (2019, November 5) retrieved 18 April 2024 from <https://medicalxpress.com/news/2019-11-birth-options-low-income-women.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.