

HIGHLIGHTS:

- Women spend almost 80% of their reproductive years trying to avoid pregnancy.²
- Women have different needs for contraception and STI protection at different stages in their lives.
- The unpredictability of first intercourse and low contraceptive use at this event highlights the importance of providing education and counseling to young women before they become sexually active.^{4,5}
- As women near menopause, contraception is especially important because of increased health risks to the woman and fetus.
- Among those receiving services for long-acting and permanent contraceptives, women in their early thirties were more likely to receive them than women younger or older than that. This is shortly after the average age of third birth for American women.



Fact Sheet on Female Contraceptive Methods Over the Lifespan

Background

Women in the United States spend nearly forty years – from menarche to menopause – at potential risk of pregnancy.¹ Most are pregnant or trying to become pregnant for only a small portion of this time. In fact, women typically spend almost 80% of their reproductive years trying to avoid pregnancy.² Women’s contraceptive needs change as their life situations and childbearing goals change. California, through its Family PACT Program, seeks to ensure that low-income women have access to the contraceptive methods of their choice throughout their reproductive years.

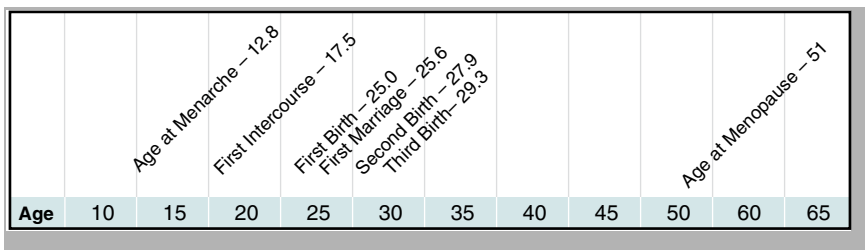
Family PACT Program

The Family PACT Program provides reproductive health services at no cost to eligible residents, filling a critical gap in health care for the indigent, low-income, and working poor. Women and men are eligible if they reside in California, are at risk of pregnancy or causing pregnancy, have a gross family income at or below 200% of the federal poverty guideline, and have no other source of health care coverage for family planning services. Family PACT is administered by the California Department of Public Health, Office of Family Planning.

Contraceptive Needs at Different Stages of Life

During their reproductive lives women pass through several social and biological stages, marked by key events including the initiation of sexual activity, often marriage, and childbirth.¹ Each stage is characterized by distinct fertility goals and situations that affect the need for contraception and protection from sexually transmitted infections (STIs). Women’s contraceptive choices are likely to change at different stages in their lives as they place different levels of importance on specific method characteristics, such as efficacy in preventing pregnancy or STIs, reversibility, or ease of use.³

Mean age of American women at major sexual and reproductive events



Sources: Mean age at menarche and first intercourse was based on 2006-2008 National Survey of Family Growth (NSFG). Mean age at marriage was from the United Nations Economic Commission for Europe (UNECE) Statistical Division Database for 2008. Data on mother’s age at births was based on Martin JA, Hamilton BE, Sutton PD, et al. Births: Final data for 2007 National vital statistics reports; vol 58 no 24. Hyattsville, MD: National Center for Health Statistics. 2010. Mean age at menopause was based on data from Am. J. Epidemiol. (15 November 2006) 164(10): 1003-1011. doi: 10.1093/AJE/KWJ282.

- **Menarche to first intercourse.** Women in this stage are fertile but not sexually active, and therefore not yet at risk of unintended pregnancy or STIs. However, the unpredictability of first intercourse and low contraceptive use at this event highlight the importance of providing education and counseling to young women before they become sexually active.⁴
- **First intercourse to first birth.** In this stage, women are sexually active and may seek to postpone childbearing while protecting future fertility. Before establishing a long-term monogamous relationship, women are at especially high risk and usually need contraceptive methods that are reversible, easy to use, and highly effective in preventing both pregnancy and STIs.¹ In recent decades, earlier initiation of sexual activity has increased the amount of time the typical American woman spends in this high-risk stage (almost 8 years in 2007).⁴ Women are likely to choose methods that are reversible and highly effective in preventing pregnancy, but do not necessarily provide protection from STIs.

- **First birth to last birth.** Women in this stage are primarily concerned with spacing their births while preserving fertility. These women will continue to seek reversible methods, but depending on the number of and interval between desired children, may be willing to consider less effective methods.³
- **Last birth to menopause.** Women in this stage have achieved their desired family size, and are primarily concerned with avoiding future pregnancy. While fertility declines as women near menopause, the increased health risks for the woman and her fetus underscores the importance of contraception for older women.⁶ Since women usually spend half of their reproductive years in this stage, they are more likely to consider long-term methods, including sterilization, which may not be appropriate for women in other stages.^{2,3}

Fertility goals and sexual behaviors over the lifespan

Stage	Fertility Goals		Sexual Behavior		
	Births	Future Fertility	Partners	Coital Frequency	Coital Predictability
Menarche to first intercourse	Postpone	Preserve	None	None	Low
First intercourse to first birth	↓	↓	Multiple?	Moderate/High	Moderate
			One?	High	High
First birth to last birth	Space	↓	↓	Moderate/High	↓
Last birth to menopause	Stop	Not Important	↓	Moderate/High	↓

Source: Forrest, J.D., Timing of reproductive life stages. *Obstetrics & Gynecology*. 1993;82(1):105-11

Family PACT's Services for Different Ages

The Family PACT Program makes all temporary and permanent contraceptive methods available. Program Standards also require that each client be provided adequate information to make an informed choice about family planning methods. In fiscal year 2008-09:

- Over 1.5 million women obtained family planning method related services and of those over 1.1 million received at least one contraceptive method through the program.⁷
- Young clients were much more likely to obtain emergency contraceptive pills than older clients.⁷
- The mean age for obtaining an intrauterine contraceptive device was 27 years and the mean age for obtaining a female sterilization was 33 years.⁸

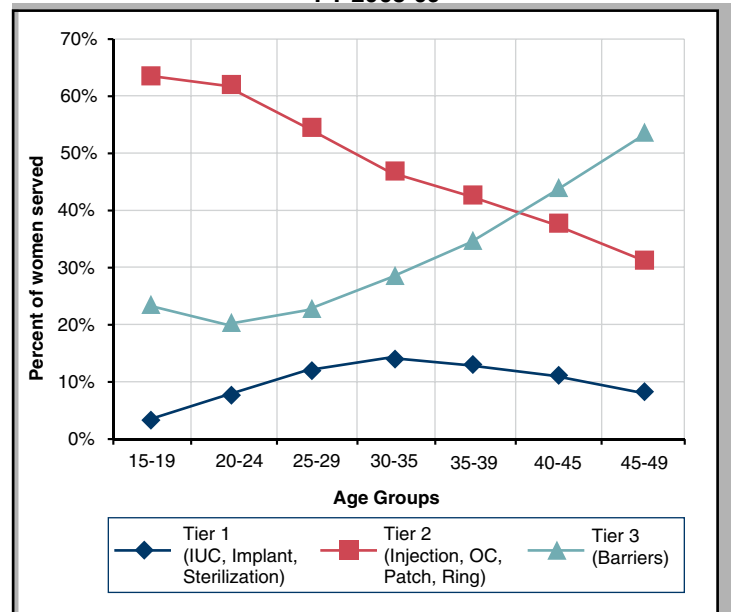
References

1. Forrest JD. Timing of reproductive life stages. *Obstetrics & Gynecology*. 1993;82(1):105-11.
2. Out of a typical reproductive lifespan of 38.2 years, women seek to avoid pregnancy for 7.6 years (20%) after they become sexually active, but prior to motherhood and an additional 23.1 years (60%) after achieving their desired family size but prior to menopause. Mean age at menarche was based on 2006-2008 National Survey of Family Growth (NSFG). Data on mother's age at births was based on Martin JA, Hamilton BE, Sutton PD, et al. Births: Final data for 2007. National vital statistics reports; vol 58 no 24. Hyattsville, MD: National Center for Health Statistics. 2010. The 80% calculation assumes an average of 2.2 births per woman to account for the time a woman is not avoiding pregnancy, based on Dye, Jan L., Fertility of American Women. June 2008, *Current Population Reports*, P20-563, U.S. Census Bureau, Washington, DC.
3. Hatcher RA, Trussell, J, Stewart F., et al. *Contraceptive Technology*. 17th rev.ed. New York: Ardent Media, Inc.; 1998 234-244
4. Abma, J.C., Martinez, G.M., Copen, C.E. Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing, 2006-2008 NSFG. National Center for Health Statistics. *Vital Health Stat 23 (30)*. 2010.
5. Potts, M., Rooks, J., Holt, B. How to improve family planning and save lives using a stage-of life approach. *International Family Planning Perspectives*. 1998; 24(4):195-197.
6. Riphagen, F., Fortney, J., Koelb, S. Contraception in women over forty. *J Biosoc Sci*. 1988;20(2):127-42.
7. Bixby Center for Global Reproductive Health, University of California, San Francisco. *Family PACT Program Report*, FY 08/09. Sacramento, CA 2010.
8. Family PACT claims and enrollment data, FY 08/09.

Family PACT clients were grouped into three tiers based on the most effective contraceptive services (Tier 1) to the least effective contraceptive services (Tier 3). Tier 1 includes IUC, implant, sterilization; Tier 2 includes injections, OC, patch, and ring; and Tier 3 includes all barriers.

- During their most fertile years, women in Family PACT are more likely to receive services related to Tier 2 than services related to Tier 3. In their less fertile years, above age 40, women still seeking contraception are more likely to receive services related to Tier 3 methods.
- Among those receiving services for long-acting and permanent Tier 1 contraceptives, women in their early thirties were more likely to receive them than women younger or older than that. This age range is shortly after the average age of third birth for American women.

Women receiving contraceptive services by tier,^a (single most effective method of the year) by age group, FY 2008-09



^a Clients are grouped into method tiers based on the efficacy of the single most effective method for which they receive services within the year. Tiers are ranked from most effective (Tier 1) to least effective (Tier 3).

Source: Family PACT Enrollment and Claims Data

Conclusion

Women's needs for contraception and STI protection change as their life situation and childbearing goals change. Each year, California's Family PACT Program provides more than a million eligible women with their choice of contraception at no charge. This innovative public health program has made significant progress toward promoting reproductive health, meeting women's needs throughout their reproductive years, and protecting couples from unintended pregnancies and STIs.

Fact sheet on Female Contraceptive Methods Over the Lifespan, Version 2, updated July 2011. This information was compiled by the University of California, San Francisco, Bixby Center for Global Reproductive Health, under contract #10-95221, with the California Department of Public Health, Office of Family Planning.

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