

Highlights:

- Women spend about three-quarters of their reproductive years trying to avoid pregnancy.
- 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 highlight the importance of providing education and counseling to young women before they become sexually active.^{1,2}
- As women near menopause contraception is especially important because of increased health risks to the woman and fetus.
- In the Family PACT Program women of all ages use oral contraceptives and barrier methods, such as condoms, more often than other methods.

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.³ Most are pregnant or trying to become pregnant for only a small portion of this time. In fact, women typically spend about three-quarters of their reproductive years trying to avoid pregnancy.⁴ Women’s contraceptive needs change as their life situations and childbearing goals change. California’s Family PACT Program seeks to ensure that uninsured residents have access to the contraceptive methods of their choice throughout the reproductive years.

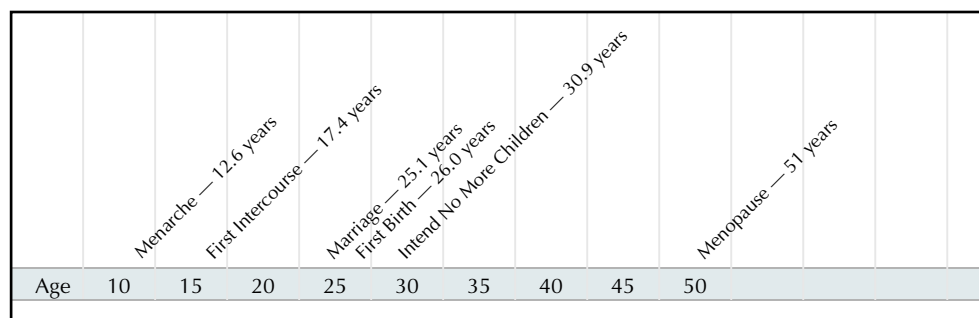
Family PACT Program

California’s Family PACT Program provides clinical services for family planning reproductive health at no cost to eligible uninsured 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 level, and have no other source of health care coverage for family planning services. The Family PACT Program is administered by the Department of Health Services, 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 childbearing.³ 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.⁵

Median age of American women at major sexual and reproductive events⁴



- **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.^{6,7}
- **First intercourse to first birth.** In this stage, women are sexually active and seeking to postpone childbearing while protecting 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.³ In recent decades, earlier initiation of sexual activity and delayed marriage have increased the amount of time the typical American woman spends in this high-risk stage (almost 8 years in 1995). Women in this stage may be seeking to postpone childbearing while protecting future fertility. Women are likely to choose methods that are reversible and highly effective in preventing pregnancy, but which 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 flexibility of their childbearing goals (number of and interval between desired children), may be willing to consider less efficacious methods.⁵
- **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.⁸ Since women usually spend half of their reproductive years in this stage (almost 18 years in 1995), they are more likely to consider long-term methods, including sterilization, which may not be appropriate for women in other stages.^{4,5}

Each reproductive stage is associated with distinct fertility goals and sexual behaviors. Women do not necessarily pass through these stages in sequential order.

Fertility goals and sexual behaviors over the lifespan³

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/Low	↓

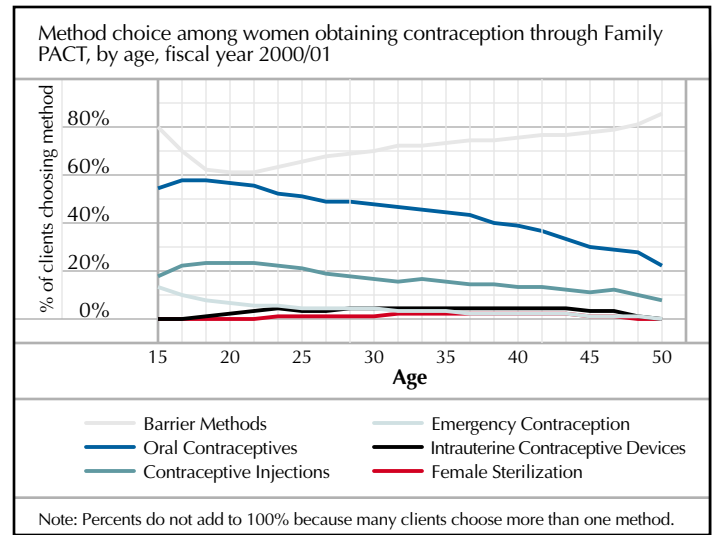
Method Choice at Different Ages

All temporary and permanent contraceptive methods are available through Family PACT. In fiscal year 2001/02,

over one million women obtained family planning method related services and of those, over 922,000 women received at least one contraceptive method through the program.⁹

- Oral contraceptives and barrier methods were the most popular methods for women of all ages.
- Young clients were much more likely to obtain emergency contraceptive pills than older clients.¹⁰
- The peak years for obtaining an intrauterine contraceptive device was 25 – 34 years, and 28 – 45 years for female sterilization.

At all ages, female clients use oral contraceptives and barrier methods, such as condoms, more often than other methods.



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 eight hundred thousand eligible uninsured 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.

This information was compiled by the University of California, San Francisco, Center for Reproductive Health Research & Policy under contract #00-90982 with the California Department of Health Services – Office of Family Planning.

¹ Abma J, Chandra A, Mosher W, et al. Fertility, family planning, and women's health: New data from the 1995 National Survey of Family Growth. *Vital Health Stat* 23. 1997;No. 19.
² 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.
³ Forrest JD. Timing of reproductive life stages. *Obstetrics & Gynecology*. 1993;82(1):105-11.
⁴ Based on median age tabulations of the 1995 National Survey of Fertility Growth published in: The Alan Guttmacher Institute (AGI). *In Their Own Right: Addressing the Sexual and Reproductive Health Needs of American Men*. New York, NY: AGI; 2002:82. Median age refers to the age at which half of the women surveyed in the 1995 NSFG experienced an event. Since the NSFG does not survey women older than 44, median age at menopause (51 years) is drawn from: Speroff L, Glass RH, Kase NG. *Clinical Gynecologic Endocrinology and Infertility*. 5th ed. Baltimore: Williams & Wilkins Co.; 1994. Out of a typical reproductive lifespan of 38.4 years, women seek to avoid pregnancy for 8.6 years (22%) after they become sexually active but prior to motherhood, and an additional 20.1 years (52%) after achieving their desired family size but prior to menopause.
⁵ Hatcher RA, Trussell J, Stewart F, et al. *Contraceptive Technology*. 17th rev. ed. New York: Ardent Media, Inc.;1998:234- 244.
⁶ Abma J, Chandra A, Mosher W, et al. Fertility, family planning, and women's health: New data from the 1995 National Survey of Family Growth. *Vital Health Stat* 23. 1997;No. 19.
⁷ 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.
⁸ Riphagen F, Fortney J, Koelb S. Contraception in women over forty. *J Biosoc Sci*. 1988;20(2):127-42.
⁹ Family PACT data presented in this fact sheet are drawn from Family PACT enrollment and claims data.
¹⁰ Based on data to date for this new option