

# Contraception Biographies: Women's Contraceptive Method Switching & Union Status

Larry Gibbs, [lgibbs@bgsu.edu](mailto:lgibbs@bgsu.edu)  
Department of Sociology  
Bowling Green State University

## Background

- Women are at risk of pregnancy for nearly half of their life span.<sup>1</sup>
- Approximately 70% of women of reproductive age are at risk of unintended pregnancy.<sup>2</sup>
- Maintaining a current Total Fertility Rate of 1.9 children per woman requires effective use of contraception for about 30 years.<sup>3</sup>
- A large proportion of women tend to practice contraceptive switching over their reproductive life course.<sup>4</sup>

## Rationale

- Public health perspective:<sup>5,6</sup>
  - Increased rates of unintended pregnancies and high risks of abortion for women.
- Family formation and child wellbeing perspective:<sup>7,8</sup>
  - Unintended pregnancies produce negative outcomes that affect mothers, children, and union and family quality and stability.

## Research Contributions

- Provide contemporary portrait of contraceptive method switching patterns among reproductive age women.
- Examine method switching behavior based on union status, not marital status.
- Account for all methods of contraception.

## Research Questions

- RQ1: Do married women differ from single and cohabiting women in terms of contraceptive method switching?
- RQ2: Among contraceptive method switchers, do married women differ from single and cohabiting women by type of contraception used?

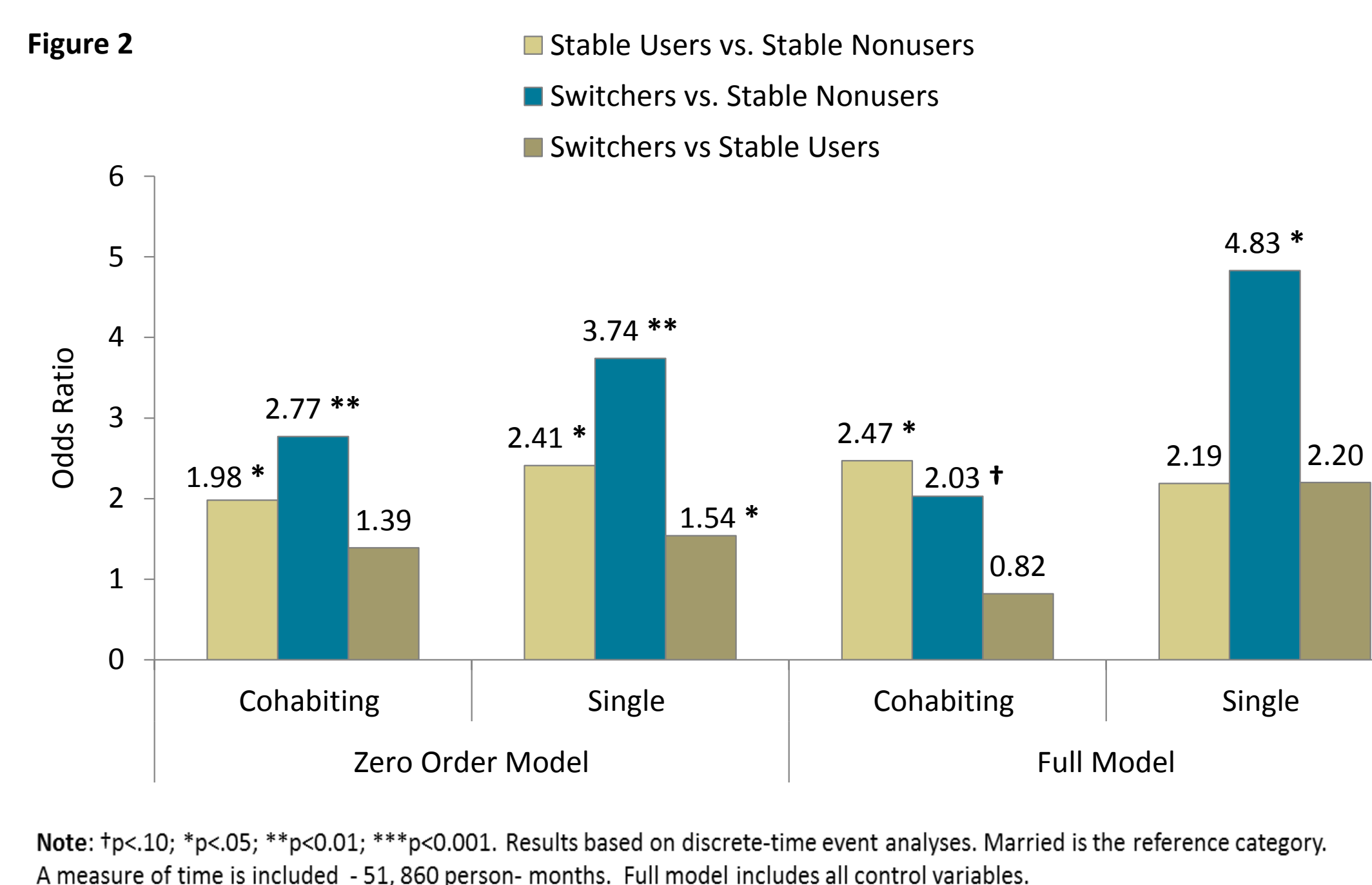
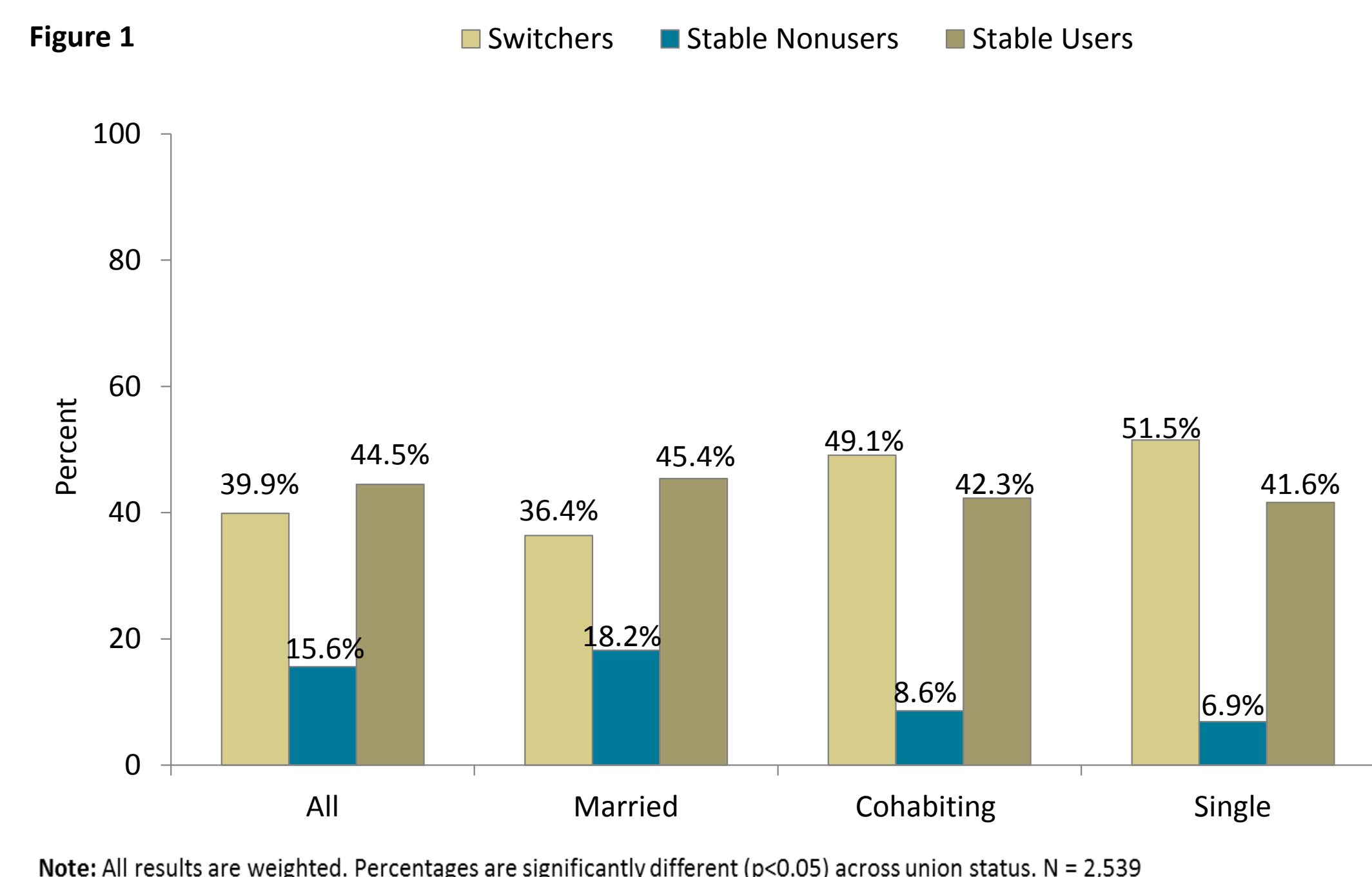
## Data

- The National Survey of Family Growth 2006-10:
  - Female file based on interviews with 12,279 women.
  - Use of relationship and contraceptive histories.
  - Retrospective dates to transform data for event history analyses.
- Dependent variable (RQ1): switchers, stable users, and stable nonusers.
- Dependent variable (RQ2): most effective, effective, and least effective methods of contraception.
- Analytic sample (RQ1): 2,539 women → 51,860 person-months.
- Analytic sample (RQ2): 1,604 women → 21,857 person-months.

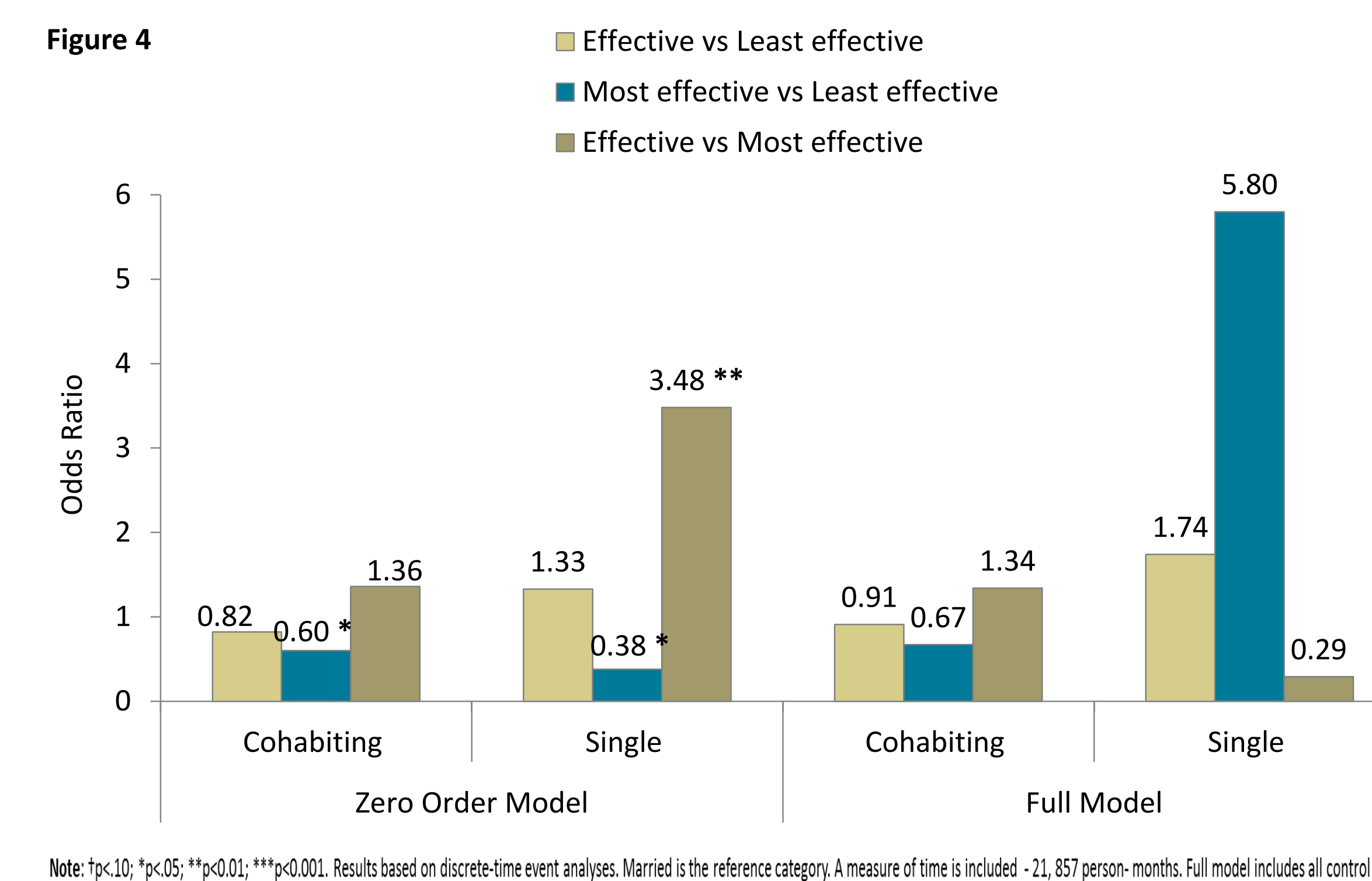
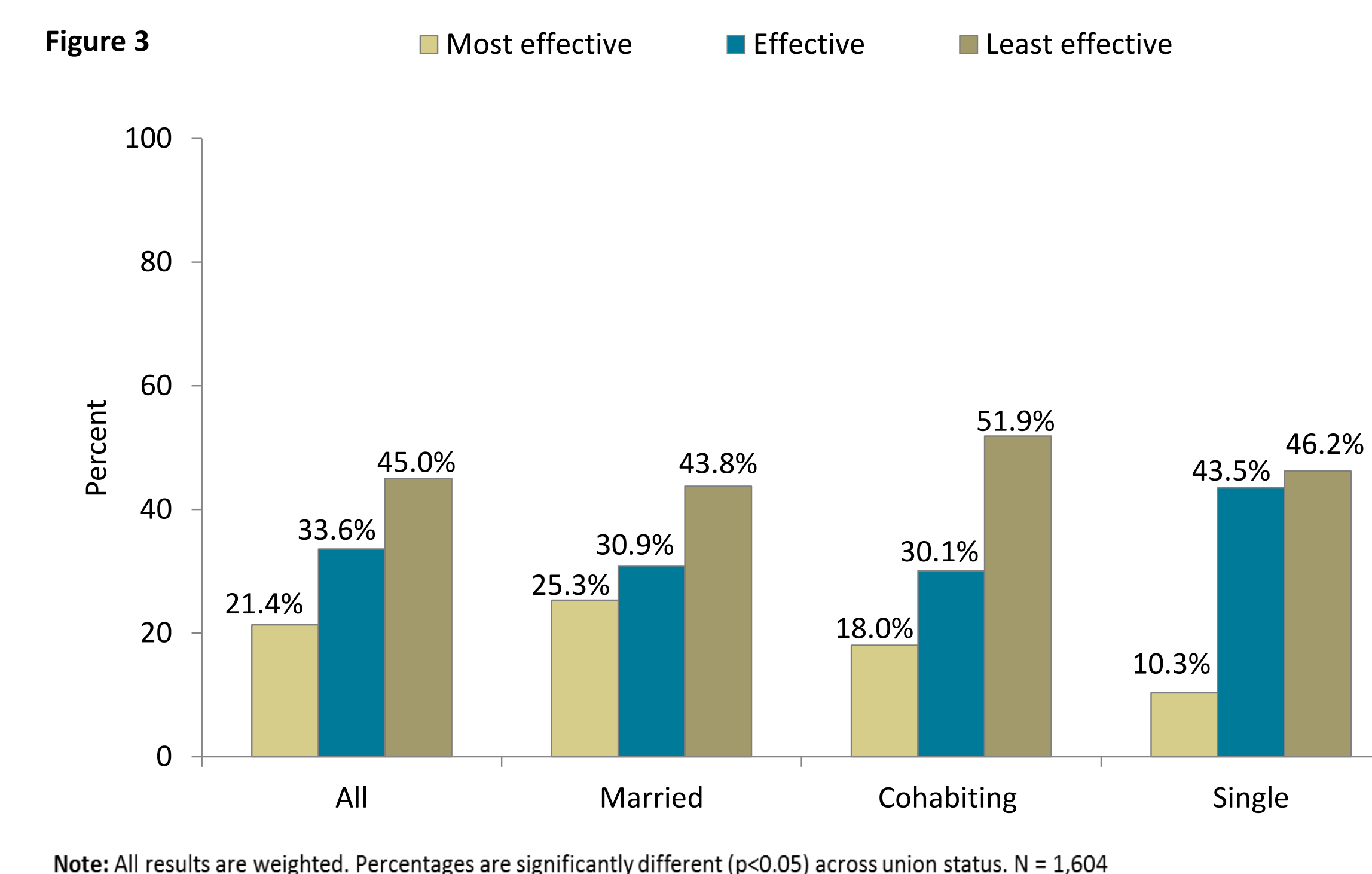
## Measures

- Methods of Contraception:
  - Most effective methods (sterilization and hormonal methods)
  - Effective methods (pill and condom)
  - Least effective methods (other and none)
- Union Status - at the start of the 3-year observation period:
  - Married
  - Cohabiting
  - Single
- Control variables:
  - Religious affiliation, family structure, mother's education, age, race/ethnicity, education, poverty, union history, age at menarche, parity, and fertility intentions

## Descriptive & Multivariate Results: RQ1



## Descriptive & Multivariate Results: RQ2



## Summary of Results

- Almost 40% of all women switch contraception during a 3-year period.
- Single and cohabiting women compared to married women are more likely to switch contraception than remain as stable nonusers.
- Most women (45%) switch to least effective methods (i.e., none and other methods).
- There are 3 distinctive patterns of contraceptive use among switchers:
  - Married women are more likely to switch to most effective methods (i.e., sterilization and hormonal methods).
  - Cohabiting women are more likely to switch to least effective methods (i.e., other and none).
  - Single women are more likely to switch to effective methods (i.e., pill and condom).

## Conclusion

- Contraceptive method switching is significantly associated with union status.
- Single women, relative to married and cohabiting women, are at greater risk of unintended pregnancy due to high probability of switching.
- Contraceptive and reproductive behaviors of married and cohabiting women are becoming even more similar.
- Among women who switch contraception, there are no statistical differences in the types of contraception used.

## Future Research

- Examining method switching behavior of women across union status based on type of contraception used at start of observation period.
- Estimating the time (in months) for switching to occur from:
  - Nonuse to any contraceptive use.
  - Any use to most effective, effective and least effective use.

## References

1. Hatcher, R. A., Trussell, J., Nelson, A., Cates, W., Stewart, F., & Kowal, D. (2007). Contraceptive technology. 19th revised edition. New York (NY), p.41.
2. Jones J., Mosher W. D., & Daniels K. Current contraceptive use in the United States, 2006–2010, and changes in patterns of use since 1995, National Health Statistics Reports, 2012, No. 60, <<http://www.cdc.gov/nchs/data/nhsr/nhsr060.pdf>>, accessed Mar. 20, 2013.
3. Population Reference Bureau. (2012). World population data sheet. <http://www.prb.org/DataFinder/Geography/Data.aspx?loc=312>
4. Grady, W. R., Billy, J. O. G., & Klepinger, D. H. (2002). Contraceptive Method Switching in the United States. Perspectives on Sexual and Reproductive Health, 34(3):135-145.
5. Finer, L., & Henshaw, S. (2006). Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. Perspectives on Sexual and Reproductive Health, 38(2):90-96.
6. D'Angelo, D., Gilbert, B., Rochat, R., Santelli, J., & Herold, J. (2004). Differences between mistimed and unwanted pregnancies among women who have live births. Perspective on Sexual and Reproductive Health, 36(5):192-7.
7. Logan, C., Holcombe, E., Manlove, J., & Ryan, S. (2007). The consequences of unintended childbearing: A white paper. Washington, DC: Child Trends, and the National Campaign to Prevent Teen and Unplanned Pregnancy.
8. Brown, S. S., & Eisenberg, L. (1995). Unintended Pregnancy and Wellbeing of Children and Families. Institute of Medicine, National Academy Press, Washington DC.

This research was supported in part by the Center for Family and Demographic Research, Bowling Green State University, which has core funding from the Eunice Kennedy Shriver National Institute of Child Health and Human Development (R24HD050959).