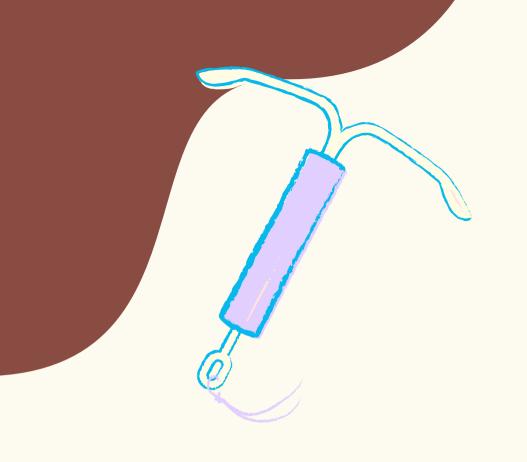
# Contraceptive Use

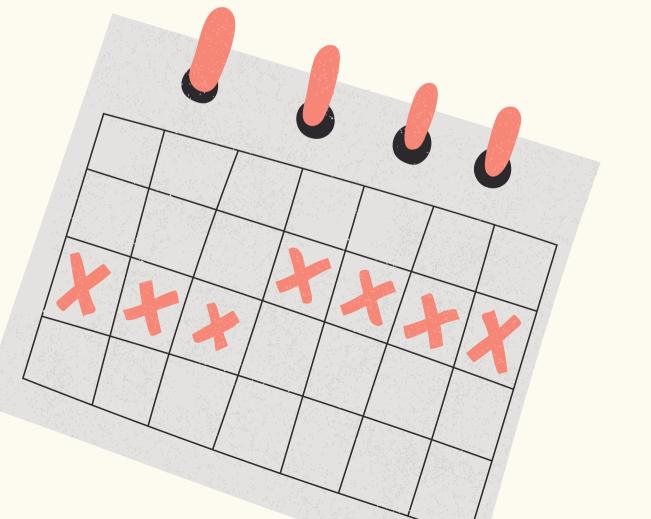






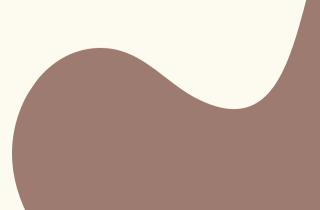
This guide was made to encourage and assist DataJam teams interested in exploring reproductive health topics relating to contraception usage. Each major contraceptive topic will be accompanied by:

Definition and overview of the topic



Potential research questions

Resources to datasets exploring the issue



# 1. Contraceptive Methods:

- There are 3 main categories of birth control types: reversible, lifestyle-based, and permanent Reversible
  - IUDs
  - Condoms
  - Birth control implant
  - Birth Control Pill
  - Birth Control Shot
  - Vaginal Ring
  - Birth Control Patch
  - Internal Condom
  - Diaphragm/Cervical Cap/ **Birth Control Sponge**
  - Spermicide Gel
  - Emergency Contraceptives

## Lifestyle

- Fertility Awareness Method
- Withdrawal
- Breastfeeding as birth control
- Outercourse/abstinence

To learn more about these types of contraceptives, visit: https://www.plannedparenthood.org/learn/birth-control



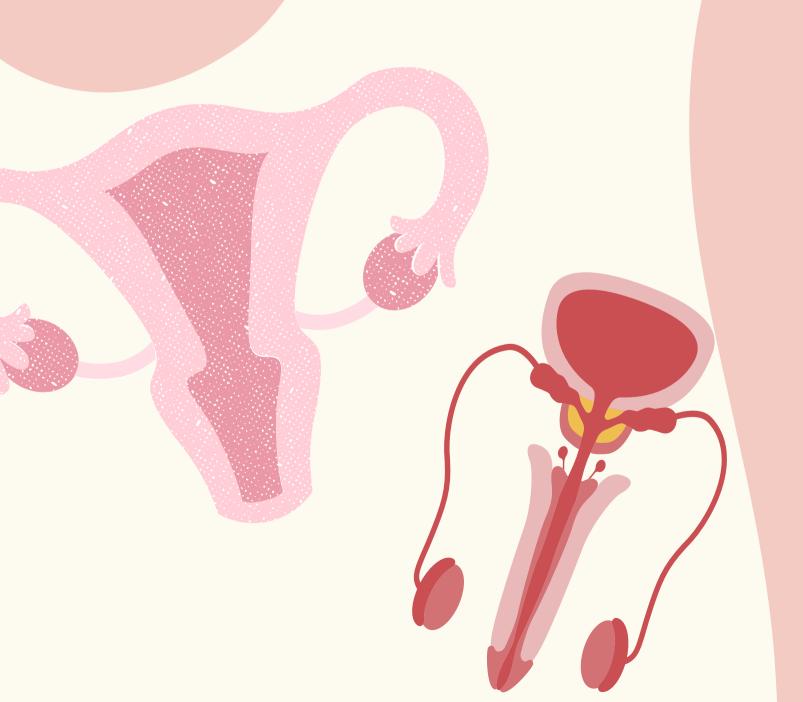
## Permanent

- Female Sterilization (tubal) ligation)
  - Can be reversed, but lasts lifelong without reversal procedure

### Male Vasectomy

• Can be reversed, but lasts lifelong without reversal procedure

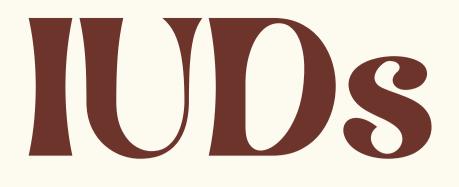
# Reverisble Nethods



## What is "reversible" birth control?

- pregnancy without lasting effects

 Reversible birth control is any method of birth control designed to temporarily prevent Reversible birth control includes barrier methods, medications, and medical devices



• IUDs are small, T shaped devices that are inserted into the uterus through the vagina by a medical professional and prevent pregnancy for long periods of time

### **Pros**:

- Over 99% effective
- Hormonal IUDs last between 3 and 7 years
- Non-hormonal copper IUD lasts 10 years

### Cons:

 Does not protect against sexually transmitted infections





## Example Research Question: IUDS

## Is IUD usage related to educational background?





- 1. Data is separated by contraceptive type.
- 2. In the data table:
  - a. "No method"=lifestyle methods including the pull out method; no method also includes emergency contraceptive usage only (ie. Plan B pill).
  - b."Less effective methods"=condoms, spermicide, other barrier methods. c. "Moderately effective methods"=medications such as the pill, patch, or shot. d. "Highly effective methods"=IUDs, implant, and sterilization.



# Birth Control Implant

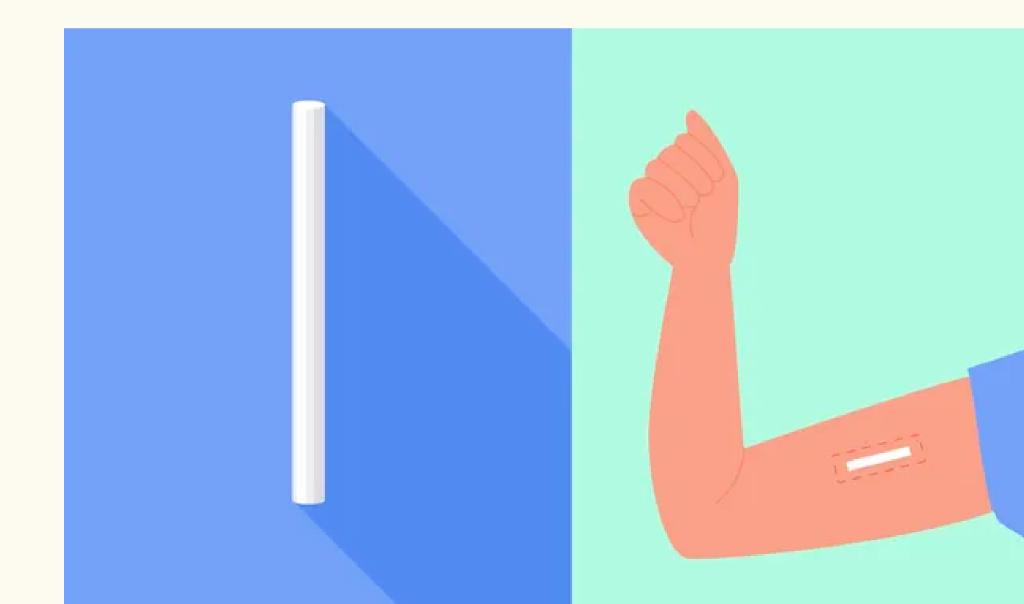
 Birth control implant is a small medical implant that is inserted into your arm by a medical professional that releases hormones to prevent pregnancy

### **Pros:**

- Over 99% effective
- lasts for 3 years

### Cons:

 Does not protect against sexually transmitted infections





# Condoms

- Considered a "barrier method"
- Covers penis to prevent pregnancy

### **Pros:**

- Easily accessible at grocery stores, gas stations, and convenience stores
- 98% effective
- Made from latex and non-latex materials for people with latex allergies
- Also protects against sexually transmitted Infections

Cons:

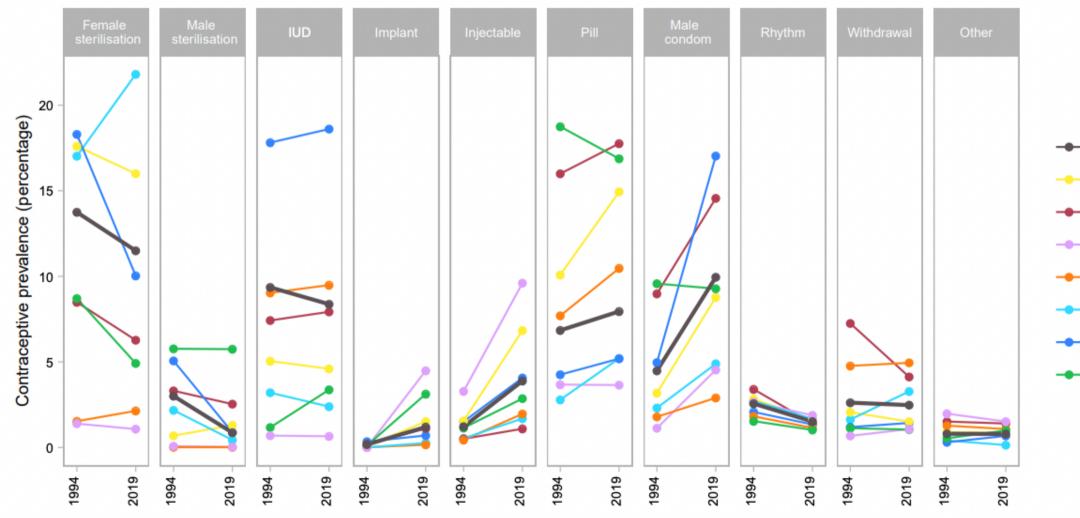
- Pay attention to the expiration date!
- Can break



## **Example Research Question:** Condoms How do global trends in condom usage compare between

Latin America and Asia?

Figure 4. Trends in contraceptive prevalence by method among women of reproductive age (15-49 years), by region, 1994 and 2019



Data source: Calculations are based on the data compilation World Contraceptive Use 2019, additional tabulations derived from microdata sets and survey reports and estimates of contraceptive prevalence for 2019 from Estimates and Projections of Family Planning Indicators 2019. Population-weighted aggregates.



- World
- Latin America and the Caribbean
- ---- Europe and Northern America
- —— Sub–Saharan Africa
- Northern Africa and Western Asia
- Central and Southern Asia
- Eastern and South-Eastern Asia
- Oceania

## How to use:

United Department of Economic and Social Affairs

1. Table is separated by contraceptive type 2. The line between the two data points in 1994 and 2019 helps represent the change in usage per type over the 25 year period



# Birth Control Shot

• The birth control shot (Depo-Provera) is a reversible female birth control that is injected by a medical professional every 12-13 weeks to prevent pregnancy

### **Pros**:

 Over 99% effective when appointments are scheduled consistently

### Cons:

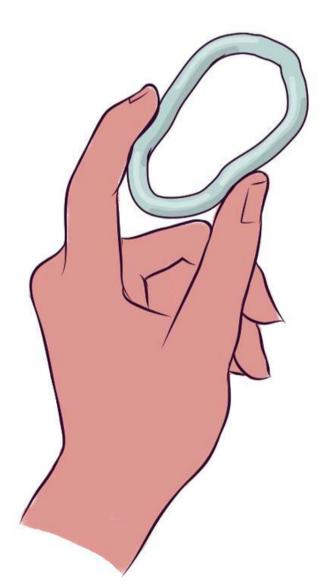
- Missed appointment decreases next shot's effectiveness to 94%
- Does not protect against sexually transmitted infections



# Birth Control Ring

- Birth control rings are vaginally insertable devices which prevent unintended pregnancy for 1-3 months
- Pros:
  - 91-94% effective when used correctly
  - Does not require a doctor's assistance to use
- Cons:
  - Does not protect against sexually transmitted infections

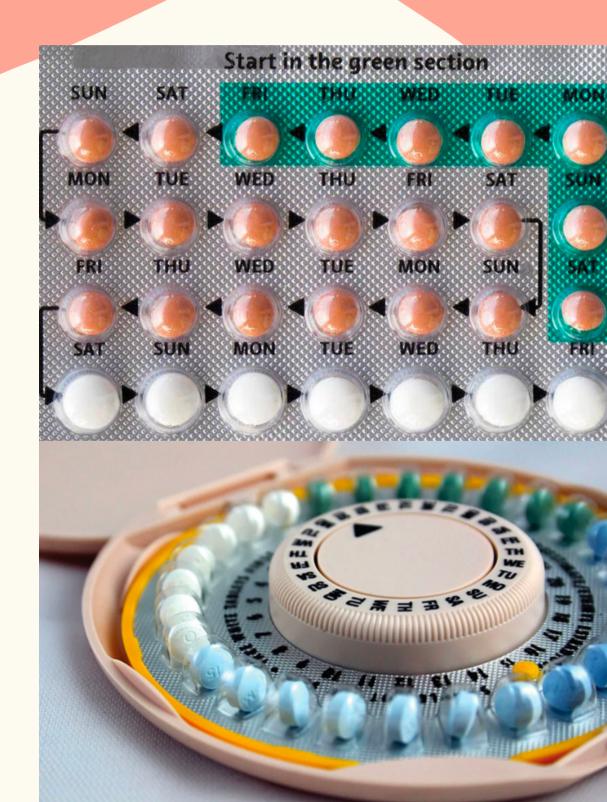




# Birth Control Pils

- Birth control pills are daily ingested pills containing hormones which prevent pregnancy
- Pros:
  - With proper daily usage, over 99% effective
- Cons:
  - Missed days and taking at inconsistent times can reduce the pills' effectiveness to 91%
  - Doesn't prevent against sexually transmitted infections
  - Vomiting for any reason reduces effectiveness







# **Example Research Question: Birth Control Pills**

Does usage of birth control pills vary by race/ethnicity?



**ORIGIN AND RACE. 2015–2017** 

## How to use:

1. Data is separated by contraceptive type.

2. Data is <u>not</u> separated by age group; only race/ethnicity.

3. All ages from 15-49 years old are represented in this table. Note: female sterilization is the most common form of birth control for females over 40; this method is typically not used for younger people and is not available to females under 21

# Birth Control Patch

• The birth control patch is a small, stick-on patch you change once a week that contains hormones to prevent pregnancy

### • Pros:

- Over 99% effective
- Can be worn anywhere on body

## • Cons:

- Can fall off (although unlikely)
- Effectiveness drops to 93% when used inconsistently



# Internal Condoms

- Another type of "barrier method"
- Inserted vaginally to prevent pregnancy
- Pros:
  - 95% effective
  - Also prevents against sexually transmitted infections
- Cons:
  - Pay attention to expiration date!
  - Can break



# Emergency Contraceptives

- A pill taken within 3 days of unprotected sex to reduce chances of pregnancy
- Not a primary form of birth control
- Pros:
  - 89% effective
- Cons:
  - Effectiveness may be reduced if user is over 165 pounds
  - Does not protect against sexually transmitted infections





Contains 1 Tablet 1.5mg

## take action™ LEVONORGESTREL 1.5mg

Reduces chances of pregnancy after unprotected sex. NOT FOR REGULAR BIRTH CONTROL

One Tablet. One Dose. Contains 1 Tablet 1.5mg

5 pounds fections

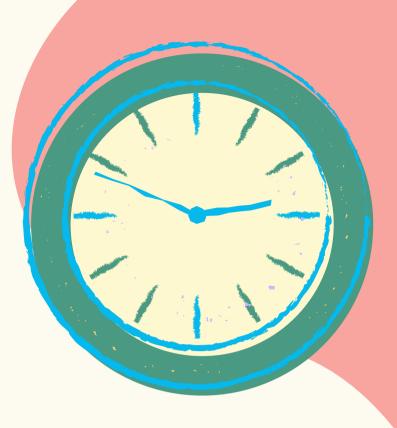


## **Example Research Question:** Emergency Contraceptives What factors influenced increases in usage of emergency contraceptive pills?



## How to use:

1. Data is separated by age, ethnicity/race, and poverty level. 2. Below the data table, changes in trends are listed with relevant statistics. 3. At the bottom of the fact sheet, you can find policy developments and laws that have improved access to emergency contraceptive pills by year





# Spermicide Gel

- A gel/foam product that you apply deep in your vagina before sex to prevent pregnancy
- Works best when used with other methods like condoms
- Pros:
  - 79% effective
  - Do not need a prescription
- Cons:

Does not protect against sexually transmitted infections



# Diaphragm/ Cervical Cap/ Sponge

- Inserted vaginally every time you have sex to prevent pregnancy
- "Barrier methods"
- Pros:
  - 71-88% effective
- Cons:

 Do not prevent against sexually transmitted infections







## **Reversible Methods Wrap-Up Research Question**

For people with disabilities in California, does having access to government financial assistance programs influence birth control usage?



CONTRACEPTIVE CARE USE FOR WOMEN BY DISABILITY STATUS, CONTRACEPTIVE TYPE, AND AGE GROUP

## How to use:

 "Disability Status" column indicates whether the person is receiving supplemental income (SSI=receiving support; No SSI=not receiving support)
Data is separated by age group, disability status, and contraceptive type

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