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Position Paper #37

Contraceptive Use in Canada

Several methods of contraception are used in Canada, from the classic condom to IUDs. This paper will describe the use of these methods in Canada, presuming an understanding of what these methods consist of (see ARCC's Position Paper #36 – Contraceptive Methods).

Overview: The Most Commonly Used Contraceptives

Most data from this paper comes from two surveys: "Canadian Contraception Survey of 2015" and "Contraceptive Use Among Canadian Women of Reproductive Age: Results of a National Survey", as contraceptive method choice is not tracked by any government or private organization in Canada.

The 2015 Survey found that the most commonly used methods of contraception in Canada were oral contraceptives (44%) and condoms (54%), while the third most commonly used method was withdrawal (12%).[1] According to the survey, "there are significant variations in use of effective contraception in Canada, with low rates of use ('high unmet need') among vulnerable populations such as youth, those living in rural and remote territories, recent immigrants, and those of lower socio-economic status."

As of 2015, the percentage of sexually active Canadian women who were not trying to conceive used these methods:[2]

- Male Condom 54.3%
- Oral Contraceptive (including patch and ring) 45.5%
- Withdrawal 11.6%
- Vasectomy 7.4%
- Tubal Ligation 6%
- Natural Family Planning 2.5%
- Depo Provera 2.4%
- IUD 2.3%
- IUS 2%
- Sponge 0.8%
- Female Condom 0.3%
- Diaphragm 0.2%
- Implant 0.1%

Economic and Regional Factors

One of the major drawbacks women and transgender people suffer in terms of effective use of contraception are regional and economic situational differences. Analysis of the national survey revealed significantly higher odds of no contraceptive use in women:

- Over 40 years of age
- Without higher education
- Living in PEI or Newfoundland
- Married or living common-law
- Having annual household incomes under $100,000

This suggests that a lack of education and access is a factor in contraceptive use.[3] Twenty-one percent of the surveyed women in this report had experienced an unintended pregnancy. Comparatively, urban women and women with at least some college or university were more likely to always use contraception than those from rural areas and with less education.[4]

Other regional differences include access. In Quebec and British Columbia, registered nurses can provide contraception, unlike in more rural communities where doctors are scarce and have limited hours.[5] It is not helpful that our Canadian healthcare system is broken up by Province in this regard, where funding of sexual health initiatives can change based on the party in power. There is also an issue with the lack or delay of approval towards contraceptive implants and other pharmaceutical contraceptives by Health Canada, meaning some newer options are not available.

For example, only 4.3% of women use IUS or IUD as their method of contraception, the highest being Quebec (7%) and the lowest Saskatchewan (1%). Married women (6.7%) prefer this method over single women (2.3%). The rationale for this discrepancy, according to the national survey, is accessibility, especially in rural areas. Also, the Common Drug Review does not sanction easier contraceptive methods such as the contraceptive patch and the vaginal contraceptive ring, so most Canadian women have to pay the costs themselves unless they work for a company with health benefits.[6]

The Pill

Oral contraceptives (OCs) have been available in Canada for more than 50 years. From 2007-2011, Health Canada conducted a survey on the use of oral contraceptives on Canadian women – 1.3 million (16%) non-pregnant women aged 15 to 49 used OCs in the previous month of the study. OC use was significantly higher among single compared with married/previously married women, and among women who have never been pregnant (nulliparous) compared with those who have been pregnant (parous), as well as among Canadian-born women compared with immigrant women.[7] In the national survey, "more than 30% of women were using both condoms and oral contraceptives, with the rate of combined OC and condom use highest in the group aged 15 to 19 years (47%)."[8] This suggests that women, especially younger women, are well aware of the risks of sexual activity regarding pregnancy and willing to take extra measures to prevent it. But what about when those methods fail?

Sexual Education

There is a massive disparity between sexual education programs across Canada, contributing to the use (or lack thereof) of contraception. For more details, see ARCC Position Paper #39 – Sex Education.

Conclusion

The studies presented in this paper show that women and transgender people with a range of lifestyles, ages, and economic backgrounds are taking measures to prevent pregnancy. They have control over their bodies and sexual health, but are not always afforded the ability to do so to their best ability.

Contraceptive methods will never be 100% effective, and human nature will always increase the failure rate, but contraception is basic preventive healthcare that should be free and easy to obtain. The legal availability of contraception serves as a guarantee that sex will not result in unwanted pregnancy. When contraception fails for whatever reason, including lack of availability or affordability, abortion is a necessary backup method of birth control and a vital part of our healthcare in Canada.

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[1] Canadian Contraception Consensus. No. 329, October 2015. https://sogc.org/wp-content/uploads/2015/11/gui329Pt1CPG1510E.pdf Page 5.

[2] Canadian Contraception Consensus. No. 329, October 2015. https://sogc.org/wp-content/uploads/2015/11/gui329Pt1CPG1510E.pdf Page 7.

[3] Amanda Black. "Contraceptive Use Among Canadian Women of Reproductive Age: Results of a National Survey." *Journal of Obstetrics and Gynaecology Canada* (JOGC), 2009-07-01, Volume 31, Issue 7, Pages 627-640. http://www.jogc.com/article/S1701-2163(16)34242-6/pdf

[4] http://www.jogc.com/article/S1701-2163(16)34242-6/pdf Page 5 (631)

[5] Canadian Contraception Consensus. No. 329, October 2015. https://sogc.org/wp-content/uploads/2015/11/gui329Pt1CPG1510E.pdf Page 8.

[6] http://www.jogc.com/article/S1701-2163(16)34242-6/pdf. Page 8-9 (634-635)

[7] http://www.statcan.gc.ca/pub/82-003-x/2015010/article/14222-eng.htm

[8] http://www.jogc.com/article/S1701-2163(16)34242-6/pdf Page 3 (629).