



## **Position Paper #37**

# **Contraceptive Use in Canada**

Several methods of contraception are used in Canada, from the classic condom to IUDs. This paper describes the use of these methods, and presumes 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 older sources: a 2006 “Canadian Contraception Survey” and “Contraceptive Use Among Canadian Women of Reproductive Age: Results of a National Survey” (2009), which analyzed the 2006 survey. Unfortunately, contraceptive method choice is not tracked by any government or private organization in Canada, so these two studies are still the only key sources available.

A follow-up study that looked at contraceptive use in 2016 is not yet published but a 2019 abstract notes:<sup>1</sup> “There have been significant changes in Canadian women's contraceptive behaviours over a 10-year period. However, Canadian women continue to use a narrow range of contraceptive methods.” The most frequently used contraceptive methods among contraception users in 2016 were condoms (48.4%), oral contraceptives (33.2%), and withdrawal (16.6%).

Note: All studies cited in this paper surveyed “sexually active women” aged 15-49. This paper uses the word “women” when referring to data from these studies, but this should be interpreted to include any sexually active person with a uterus.

The 2006 Survey found that the most commonly used methods of contraception in Canada were condoms (54%) and oral contraceptives (44%), while the third most commonly used method was withdrawal (12%).<sup>2</sup> 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 2006, the percentage of sexually active women who were not trying to conceive used these methods:<sup>3</sup>

- Male condom 54.3%
- Combined hormonal contraceptive (pill, patch, ring) 45.5%

• Withdrawal	11.6%
• Vasectomy	7.4%
• Tubal ligation	6.0%
• Natural family planning	2.5%
• Depo Provera	2.4%
• Copper IUD	2.3%
• Hormonal IUS	2.0%
• Sponge	0.8%
• Female condom	0.3%
• Diaphragm	0.2%
• Implant	0.1% *

\* The contraceptive implant Nexplanon was approved in Canada in early 2020, so while its use has increased since then, figures are not available.

## 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 by Canadian women – 1.3 million (16%) of 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 had never been pregnant compared with those who had been pregnant, as well as among Canadian-born women compared with immigrant women.<sup>4</sup>

In this 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%).”<sup>5</sup> 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?

## 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 those surveyed who were:

- 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.<sup>6</sup> Twenty-one percent of the women surveyed in this report had experienced an unintended pregnancy. Comparatively, urban residents and those with at least some college or university were more likely to always use contraception than those from rural areas and with less education.<sup>7</sup>

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.<sup>8</sup> 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 also has been an issue with a lack or delay of approval for contraceptives by Health Canada, such as for the implant Nexplanon, which was finally approved in 2020 after 10 years on the market in the U.S.

The 2006 survey showed that 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, was 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 Canadians have to pay the costs themselves unless they work for a company with health benefits.<sup>9</sup>

## 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 people with uteruses from 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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<sup>1</sup> Black, Amanda et al. Contraceptive Use and Ten-Year Trends in Canadian Women of Reproductive Age. *Journal of Obstetrics and Gynaecology Canada (JOGC)*. 2019. 41:5, pp 711-712.

[https://www.jogc.com/article/S1701-2163\(19\)30359-7/pdf](https://www.jogc.com/article/S1701-2163(19)30359-7/pdf)

<sup>2</sup> Canadian Contraception Consensus. *Chapter 1, Contraception in Canada*. Page S5.

[https://www.jogc.com/article/S1701-2163\(16\)39370-7/pdf](https://www.jogc.com/article/S1701-2163(16)39370-7/pdf)

<sup>3</sup> Canadian Contraception Consensus. *Chapter 1, Contraception in Canada*. Page S7.

[https://www.jogc.com/article/S1701-2163\(16\)39370-7/pdf](https://www.jogc.com/article/S1701-2163(16)39370-7/pdf)

<sup>4</sup> <http://www.statcan.gc.ca/pub/82-003-x/2015010/article/14222-eng.htm>

<sup>5</sup> [http://www.jogc.com/article/S1701-2163\(16\)34242-6/pdf](http://www.jogc.com/article/S1701-2163(16)34242-6/pdf) Page 3 (629).

<sup>6</sup> Black, Amanda et al. Contraceptive Use Among Canadian Women of Reproductive Age: Results of a National Survey. *Journal of Obstetrics and Gynaecology Canada (JOGC)*. 2009. 31:7, pp 627-640.

[https://www.jogc.com/article/S1701-2163\(16\)34242-6/pdf](https://www.jogc.com/article/S1701-2163(16)34242-6/pdf)

<sup>7</sup> [http://www.jogc.com/article/S1701-2163\(16\)34242-6/pdf](http://www.jogc.com/article/S1701-2163(16)34242-6/pdf) Page 5 (631)

<sup>8</sup> Canadian Contraception Consensus. *Chapter 1, Contraception in Canada*. Page S8.

[https://www.jogc.com/article/S1701-2163\(16\)39370-7/pdf](https://www.jogc.com/article/S1701-2163(16)39370-7/pdf)

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