



**Contraceptive Use Among Family Planning Program Users Aged
15-45+: Florida, 2017-2019**

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FPAR Findings

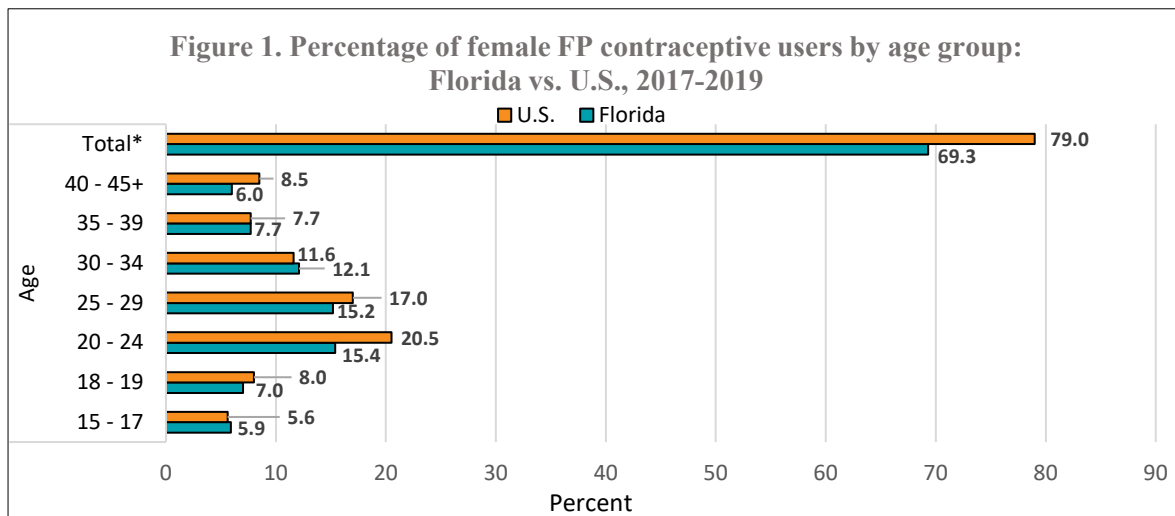
- In 2017 to 2019, 69.3% of female FP users (aged 15-45+) in Florida were using or adopted a form of contraception.
- Pills, 3-month injectables, and LARC were the most commonly used and/or adopted contraceptive methods.
- Current use of female sterilization, LARC, 3-month injectable, pills, and male condoms varied by age group.
- Contraceptive use differed by race and ethnicity.
- Contraceptive use varied by insurance type.

Contraceptive use is almost universal among women of reproductive age in the United States, with 99% of them having used at least one form of contraception within their lifetime [1]. However, many women cannot afford to pay for contraceptive services and supplies and depend on publicly funded providers to obtain the care they require. The Title X National Family Planning (FP) Program is the only federal program dedicated to providing a wide range of family planning and reproductive health services to millions of low-income or uninsured individuals. Clinics funded by Title X also provide contraceptive care, including education and counseling, to clients in need [2].

Assessment of the levels and trends in contraceptive prevalence, as well as the types of methods used; for example long-acting reversible contraceptives (LARC), is necessary for measuring the progress in meeting the need for family planning services [3]. This report uses data from the Florida Title X Family Planning Annual Report (FPAR) to provide a snapshot of contraceptive use among women ages 15-45+ served by the Title X Program from 2017 through 2019.

In 2017-2019, 69.3% of female FP users in Florida were using some form of contraception.

- In Florida, contraceptive use increased with age, from 5.9% among women aged 15-17 to 20.5% for ages 20-24, with a steady decline from 15.2% among ages 25-29 to 6.0% among ages 40-45+ (Figure 1). A similar trend is observable in the United States (U.S.) data, with a slight increase in users ages 40-45+.
- From 2017 through 2019, 69.3% of female FP users in Florida were using or adopted some form of contraception. In contrast, 79.0% of female FP users in the U.S. were using or adopted a contraceptive method [4-7].

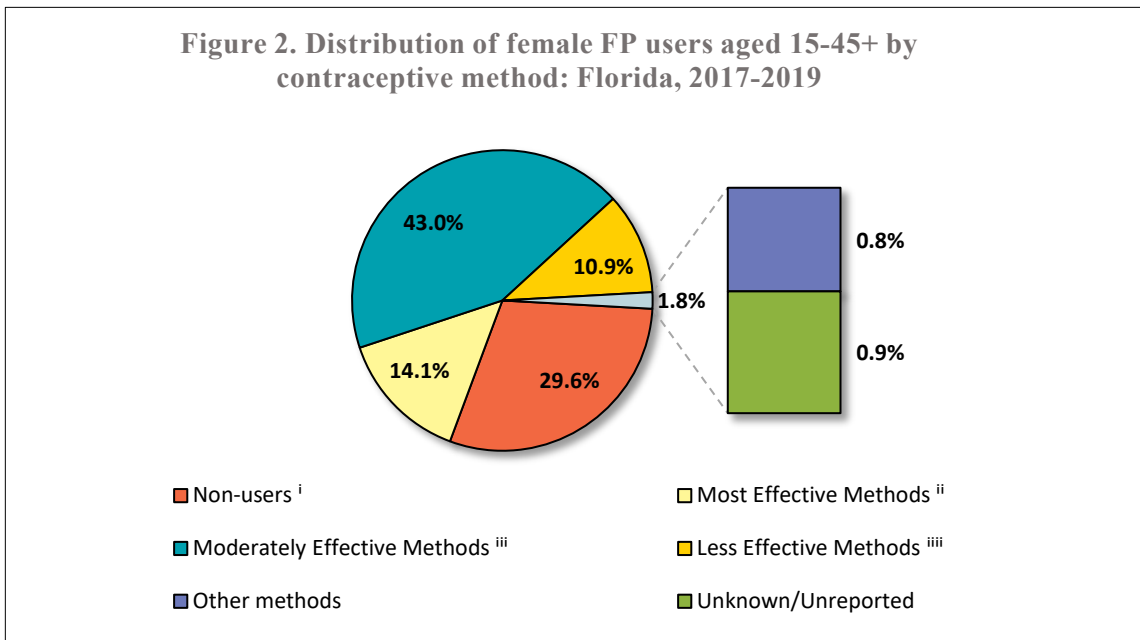


* Total excludes users who are pregnant, seeking pregnancy, abstinent, methods unknown/unreported, and ages <15 years.

Source: OPA. Title X FPAR: 2017-2019 National Summary; Florida FPAR 2017-2019 [4-7]

Oral contraceptive pills, 3-month injectables, and LARC - hormonal patch and intrauterine devices/intrauterine systems (IUD/IUS) - were the most commonly used or adopted methods.

- Moderately effective methods (43.0%) were the most commonly adopted or continuously used contraceptive methods from 2017 to 2019 (Figure 2). In comparison, from 2017-2019, 41.4% of female users in the U.S. relied on moderately effective methods; data not shown [4-7].
- The most commonly adopted or continuously used moderately effective method was the oral contraceptive pill (24.4%) compared with 23.9% relying on oral contraceptive pills in the U.S.; data not shown [4-7].
- In 2017-2019, 14.1% of female users relied on a most effective method of contraception (sterilization, hormonal implants, and IUD/IUS) compared with 19.2% of users nationally; data not shown [4-7].



Note(s): Due to rounding, total may not add up to 100 percent.

i. **Non-Users:** those who are abstinent, pregnant/seeking pregnancy, or use no method for other reasons.

ii. **Most Effective Methods:** sterilization – female (tubal ligation) /male (vasectomy), implants, and IUD/IUS.

iii. **Moderately Effective Methods:** 3-month injectables, hormonal patches, vaginal rings, oral contraceptive pills, and diaphragms.

iiii. **Less Effective Methods:** male/female condoms, spermicides, sponges, vaginal contraceptive film, or natural family planning (fertility-based awareness method (FAM) and/or lactational amenorrhea method (LAM)).

Source: Florida FPAR 2017-2019 [7]

Table 1: Percentage of female FP users aged 15-45+, by contraceptive method: Florida vs. United States, 2017-2019

Table 1 provides a breakdown of percentage of users among each method within the contraception method categories represented in Figure 2.

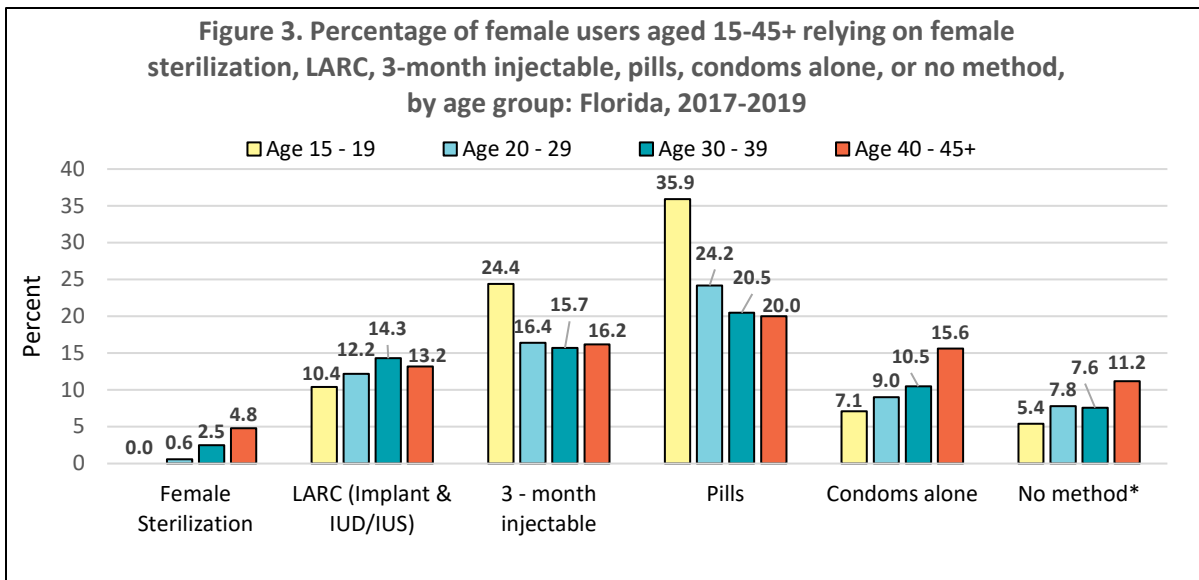
Contraceptive Methods	Florida	U.S.
Most Effective Methods	Percentage	Percentage
IUD/IUS	6.8	9.2
Hormonal Implant	5.7	6.9
Female Sterilization	1.4	2.8
Male Sterilization	0.2	0.3
Moderately Effective Methods		
Oral Contraceptive Pills	24.4	24.0
3 – Month Injectable	17.3	14.2
Vaginal Ring	0.9	2.0
Hormonal Patch	0.4*	1.3
Diaphragm	0.0*	0.0
Less Effective Methods		
Condoms Alone (Male)	9.6	15.2
Natural Family Planning (FAM/LAM)	0.8	0.5
Spermicide/Condoms	0.2*	-
Female Condom	0.1*	0.1*
Spermicide Only	0.0*	0.0*
Vaginal Contraceptive Film	0.0*	-
Sponge	0.0*	0.0*
Unknown/Other		
Unknown/Unreported	0.9	4.3
Withdrawal and Other Methods	0.8	2.4
Rely on Female Method(s)	0.1*	-
Non-Users¹		
Pregnant/Seeking Pregnancy	20.7	8.4
Abstinence	7.6	5.7
No Method	1.3	2.6

* Percentage is less than 0.5%

Source: OPA, Title X FPAR: 2017-2019 National Summary; Florida FPAR 2017-2019 [4-7]

- Of the most effective methods, LARC had the highest number of users; with IUD/IUS users making up 6.8% and hormonal implant users making up 5.7% of all users (Table 1). Nationally, IUD/IUS users made up 9.2% and implant users made up 6.9% of all users in the U.S. for 2017 through 2019 [4-6].
- Of the less effective methods, females relying on condoms alone made up 9.6% of all users in Florida; compared with 15.2% of users relying on male condoms alone nationally [4-6].
- Users whose method is unknown or unreported made up 0.9% of all Florida users, compared with 4.3% of users with unknown/unreported method in the U.S. [4-6].

Current use or adoption of voluntary female sterilization, LARC, 3-month injectable, oral contraceptive pills, and condoms varied by age group. Also, non-use of contraception differed by age group.



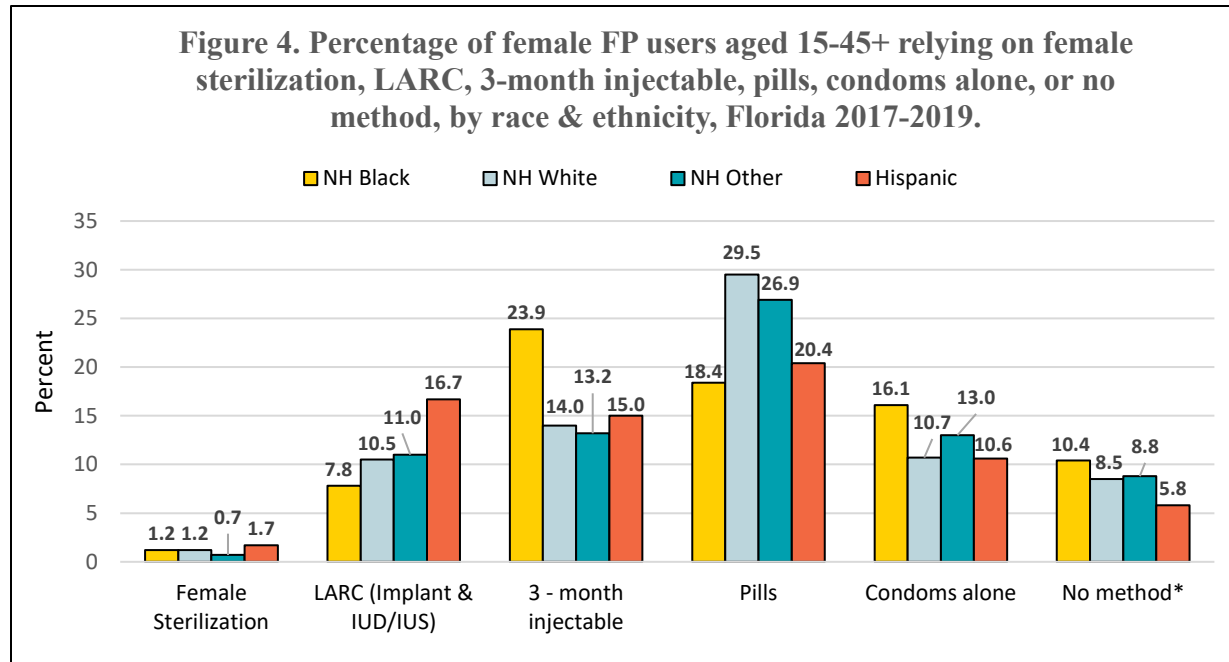
* No method excludes those who are pregnant/seeking pregnancy and method unknown/unreported.

Note(s): 1) Condoms alone represent users relying only on external (male) condoms; excludes female condom users. 2) Women currently using more than one method are classified according to the most effective method they are using.

Source: Florida FPAR 2017-2019 [7]

- Female users aged 15-19 relied on 3-month injectables (24.4%) and contraceptive pills (35.9%) the most out of all available contraceptive methods (Figure 3). Nationally, 29.9% of female users aged 15-19 relying on oral contraceptive pills and 20.1% using hormonal injectables – includes 3-month and 1-month injectables; data not shown [4-6].
- Oral contraceptive pill use was the most relied upon method across all age groups, with 35.9% of users aged 15-19, 24.2% of users aged 20-29, 20.5% of users aged 30-39, and 20.0% of users aged 40-45+. A similar trend is present nationally, with oral contraceptive use declining as age increases; 29.9% of female users aged 15-19, 26.5% of users aged 20-29, 20.2% of users aged 30-39, and 14.1% of users aged 40-45+; data not shown [4-6].
- Female users aged 30-39 (14.3%) relied on LARC as their chosen method of contraception. In contrast, 17% of female users aged 30-39 relied on LARC in the U.S.; behind 17.3% of users aged 20-29 who relied on LARC; data not shown [4-6].
- Female users aged 40-45+ relied more on female sterilization (4.8%), condoms alone (15.6%), and no method (11.2%) than all other user groups. A similar trend is present nationally, as female users aged 40-45+ relied more on female sterilization (12.6%), condoms alone (16.5%), and no method (11.5%) than all other user groups; data not shown [4-6].

Current use of oral contraceptives differed by Hispanic Origin and Race



* No method excludes those who are pregnant/seeking pregnancy, abstinent, and method unknown/unreported.

Note(s): 1) 'NH' represents 'Non-Hispanic.' 2) 'NH Other' and 'Hispanic' groups include users from multiple race and ethnic origins and race unknown. 3) Condoms alone represents users relying on external (male) condoms only; excludes female condom users. 4) Women currently using more than one method are classified according to the most effective method they are using.

- Of all Non-Hispanic White female users, 29.5% rely on oral contraceptive pills as their chosen method. The second largest group of oral contraceptive users was the Non-Hispanic Other female users, making up 26.9% of users; and Non-Hispanic Black female users making up the smallest group of oral contraceptive users, at 18.4% (Figure 4).
- The 3-month injectable was most relied upon method of contraception among Non-Hispanic Black female users, accounting for 23.9% of the users from this group. In contrast, Non-Hispanic Other females made up only 13.2% of those who relied on this contraceptive method.
- More Hispanic female users relied upon LARC than any other group, with 16.7% of Hispanic females relying on this method. In contrast, only 7.8% of the Non-Hispanic Black female users relied on this method of contraception.
- Along with the 3-month injectable method, more Non-Hispanic Black females relied on condoms alone (16.1%) and no method (10.4%) than any other racial ethnic group. Conversely, Hispanic females relied on condoms alone (10.6%) and no method (5.8%) less than all other racial ethnic groups.
- Female sterilization was the least relied upon method among all race/ethnic groups.

Providers within the Title X Family Planning program serve a population with low rates of insurance [4-6]. In 2019, 53.5% of users served in Florida had public insurance, 19.3% had private insurance, and 26.4% were uninsured [7]. Contraception use varied by insurance type.

Table 2. Percentage of female FP users aged 15-45+, by insurance type and method, Florida 2019.

	Insurance Type			
Most Effective Methods	Public	Private	None	Unknown
IUD/IUS	6.7	5.2	8.2	4.4
Hormonal Implant	5.2	5.5	6.0	5.0
Female Sterilization	1.2	1.2	0.8	0.7
Male Sterilization	0.2*	0.4*	0.2*	0.1*
	Insurance Type			
Moderately Effective Methods	Public	Private	None	Unknown
Oral Contraceptive Pills	22.4	26.6	33.7	25.4
3 – Month Injectable	21.9	25.5	22.6	31.5
Vaginal Ring	0.9	1.1	1.3	1.0
Hormonal Patch	0.4*	0.6	0.2*	0.9
Diaphragm	0.0*	0.0*	0.0*	0.1*
	Insurance Type			
Less Effective Methods	Public	Private	None	Unknown
Condoms Alone (Male)	8.3	9.7	10.4	8.1
Female Condom	0.1*	0.2*	0.2*	0.1*
Natural Family Planning (FAM/LAM)	0.2*	0.3*	0.3*	0.0*
Spermicide Only	0.1*	0.1*	0.1*	0.1*
Sponge	0.0*	0.0*	0.0*	0.0*
	Insurance Type			
Unknown/Other Methods	Public	Private	None	Unknown
Unknown/Unreported	1.2	1.5	0.1*	2.2
Withdrawal and Other Methods	0.5	0.7	1.2	1.2
	Insurance Type			
Non-Users Methods	Public	Private	None	Unknown
Pregnant/Seeking Pregnancy	24.9	14.1	8.3	14.4
No Method	4.6	5.8	4.0	3.9
Abstinence	1.2	1.5	1.6	1.0

* Percentage is less than 0.5%

Note(s): 1) Due to rounding, percentages may not add up to 100%. 2) 2017-2018 data not available.

Source: Florida FPAR 2019 [7]

- In 2019, individuals with public insurance had the highest percentage of non-users that are pregnant and/or are seeking pregnancy, at 24.9% (Table 2).

- The percentage of oral contraceptive pill users was highest among those who are uninsured (33.7%) or have private insurance (26.6%). In contrast, only 22.4% of individuals with public insurance rely on oral contraceptives.
- Individuals with unknown insurance coverage had the highest percentage of users among the following methods: 3-month injectable (31.5%), hormonal patch (0.9%), and those with unknown/unreported methods (2.2%).
- The highest percentage of LARC (hormonal implant and IUD/IUS) use was among uninsured users, at 14.2%; compared to users with public insurance (11.9%), private insurance (10.7%), and unknown insurance (9.4%).

Summary

From 2017 through 2019, approximately 69.3% of female users in Florida were using or adopted a form of contraception, while 30.7% were not (Figure 1). Reasons for non-use of contraception can range from being currently pregnant, seeking pregnancy and practicing abstinence. In fact, 22.0% of female users not relying on some form of contraception in Florida were either pregnant, seeking pregnancy, or abstinent [7]. During this time, moderately effective methods (oral contraceptive pills, 3-month injectable, and LARC) were the most commonly adopted or continuously used forms of contraception, with 43.0% of users relying on them (Figure 2). Use of these methods, among others, varied across race and Hispanic origin, age, and insurance type.

According to the Office of Population Affairs, “contraception is a highly effective clinical preventive service that can help women achieve their personal reproductive health goals, including preventing teen and unintended pregnancy and achieving healthy spacing of births” [9]. Tracking and monitoring variation in contraceptive use across social and demographic characteristics helps measure the progress in meeting the need for quality contraception care. Utilizing this information can help guide strategic planning in prioritizing and providing quality care to women in need. This report provides a snapshot of contraceptive status among women aged 15-45+ in Florida for 2017 through 2019, while also using national data from the Office of Population Affairs (OPA) Title X FPAR National Summary for 2017 through 2019 to compare recent trends in contraception use.

Terminology

Primary Method of Family Planning – The primary method of family planning is the user’s method—adopted or continued—at the time of exit from his or her last encounter in the reporting period. If the user reports that he or she is using more than one family planning method, report the most effective one as the primary method. Family planning methods include the following:

- **Abstinence** – Female users who rely on abstinence as their primary family planning method or who are not currently sexually active and therefore not using contraception.
- **Cervical Cap or Diaphragm** – Female users who use a cervical cap or diaphragm (with or without spermicidal jelly or cream) as their primary family planning method.
- **Contraceptive Patch** – Female users who use a transdermal contraceptive patch as their primary family planning method.
- **Contraceptive Sponge** – Female users who use a contraceptive sponge as their primary family planning method.
- **Female Condom** – Female users who use female condoms (with or without spermicidal foam or film) as their primary family planning method.
- **Female Sterilization** – Female users who rely on female sterilization as their primary family planning method. Female sterilization refers to a contraceptive surgical (tubal ligation) or non-surgical (implant) procedure performed on a female user in the current or any previous reporting period.
- **Fertility Awareness Method (FAM) OR Lactational Amenorrhea Method (LAM)** – Fertility awareness methods (FAMs) refer to family planning methods that rely on identifying the fertile days in each menstrual cycle when intercourse is most likely to result in a pregnancy. FAMs include Standard Days, Calendar Rhythm, Two-Day, Billings Ovulation, and Sympto-Thermal methods. The Lactational Amenorrhea Method (LAM) is the proactive application of exclusive breastfeeding during lactational amenorrhea for the first six months after delivery.
- **Hormonal Implant** – Female users who use a long-term, subdermal hormonal implant as their primary family planning method.
- **Intrauterine Device/Intrauterine System (IUD/IUS)** – Female users who use a long-term hormonal or other type of intrauterine device or implant as their primary family planning method.
- **Male (External) Condom** – Female users who rely on their sexual partner to use male condoms (with or without spermicidal foam or film) as their primary family planning method.
- **Male Sterilization** – Female users who rely on male sterilization (vasectomy) as their (partner’s) primary family planning method. Vasectomy refers to conventional incisional or no-scalpel vasectomy performed on a male user, or the male partner of a female user, in the current or any previous reporting period.

- **Method Unknown or Not Reported** – Female users for whom the primary family planning method at exit from the last family planning encounter is unknown or not reported.
- **No Method – Other Reason** – Female users who are not using any family planning method to avoid pregnancy due to reasons other than pregnancy or seeking pregnancy, including if either partner is sterile without having been sterilized surgically, if either partner has had a non-contraceptive surgical procedure that has rendered him or her unable to conceive or impregnate, or if the user has a sexual partner of the same sex.
- **One-month Hormonal Injection** – Female users who use one-month injectable hormonal contraception as their primary family planning method. Not included in Florida FPAR data.
- **Oral Contraceptive** – Female users who use any oral contraceptive, including combination and progestin-only (“mini-pills”) formulations, as their primary family planning method.
- **Pregnant or Seeking Pregnancy – No Method** – Female users who are not using any family planning method because they or their partners are pregnant or seeking pregnancy.
- **Rely on Female Method(s)** – Male family planning users who rely on their female partners’ family planning methods as their primary methods. “Female” contraceptive methods include female sterilization, IUD/IUS, hormonal implants, one- and three-month hormonal injections, oral contraceptives, the contraceptive patch, the vaginal ring, cervical cap or diaphragm, the contraceptive sponge, female condoms, LAM, and spermicides.
- **Spermicide (Used Alone)** – Female users who use only spermicidal jelly, cream, foam, or film (i.e., not in conjunction with another method of contraception) as their primary family planning method.
- **Three-month Hormonal Injection** – Female users who use 3-month injectable hormonal contraception as their primary family planning method.
- **Vaginal Ring** – Female users who use a hormonal vaginal ring as their primary family planning method.
- **Withdrawal and Other Methods** – Female users who use withdrawal or other methods not listed in the tables as their primary family planning method.

Private Health Insurance - Refers to health insurance coverage through an employer, union, or direct purchase that provides a broad set of primary medical care benefits for the enrolled individual. Private insurance includes insurance purchased for public employees or retirees or military personnel and their dependents.

Public Health Insurance - Federal, state, or local government health insurance programs that provide primary medical care benefits for eligible individuals. Examples of these programs include Medicaid, Medicare, the Children’s Health Insurance Program (CHIP), and other state or local government programs that provide a broad set of benefits.

Uninsured - Refers to users who do not have a public or private health insurance plan that covers broad, primary medical care benefits.

Data Source

This report is based on data from the 225,856 women (aged 15-45+) in the 2017-2019 Family Planning Annual Report (FPAR) reported by the Maternal and Child Health section of the Florida Department of Health. The FPAR is the only source of uniform reporting required of all Title X Family Planning services grantees. Some national comparisons of contraceptive use were obtained from the OPA Title X FPAR National Summary: 2017-2019.

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