

Contraception: patterns of use

November 2007

As there are no comprehensive published health service statistics on patterns of contraceptive use in the UK, the main sources used in this factsheet are the Office for National Statistics (ONS) Omnibus Survey¹ covering Great Britain, and the Continuous Household Survey² covering Northern Ireland.

Great Britain

In 2006/07, three quarters (76 per cent) of women aged 16-49 in Great Britain used at least one form of contraception (see table 1). The most used methods were oral contraceptives, sterilisation and male condoms, but this varies by age group¹ (see table 2).

Oral contraceptives

The pill first became available in Great Britain in 1961 and its use increased rapidly. Between 1962 and 1969, the number of women using the pill rose from an estimated 50,000 to around one million³ and in 2000 was about three and three quarter million.

Pill usage declines steeply with age, from two-thirds of women aged 20-24, to 11 per cent of women in their late 40s. Women over 35 who smoke should not take the combined pill, but there is no upper age limit for healthy non-smoking women with no medical contraindications. Misinformation among women and contraceptive providers can lead to age alone being given as a reason for not taking the combined pill.

An enormous number of studies have been published over the last 30 years into the benefits and possible adverse health risks of the pill. Studies on adverse health risks usually receive widespread publicity which can result in troughs in pill usage as women, worried by the reports, stop using the method^{4,5,6}.

In general, most women don't use the pill consistently through their lifetime, tending to stop and start according to their life circumstances, relationships and child bearing.

Condoms (male and female)

Before the pill became widely available in Great Britain, the most used contraceptive methods were condoms, withdrawal and diaphragms/caps. A survey of married women in 1967-68 showed that 47 per cent of women using any method were using condoms⁷.

However, by 1983, more than twice as many women used the pill as used condoms (28 per cent compared with 13 per cent). Since then, increased awareness about sexually transmitted infections (STIs), including HIV/AIDS and the promotion of safer sex messages have led to increased condom use and by 2006/07, nearly one third of women (30 per cent) who were using contraception were using this method, sometimes in addition to another form of contraception. Condoms are not used only as a primary method of contraception and in the Omnibus Survey two fifths (43 per cent) of men aged 16-69 said they had used them in the previous year. While nine out of ten said they had used them to prevent pregnancy, nearly half said it was to prevent infection. 60 per cent of men and women said that they always used condoms. In the National Survey of Sexual Attitudes and Lifestyles (Natsal)⁸ a quarter of men and one in five women reported consistent condom use in the past four weeks.

The female condom was introduced in the UK in 1992. Less than 1 per cent of women use this method.

Sterilisation (male and female)

Male and female sterilisation have been available under the NHS for many years,

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although originally these would have been performed on medical grounds rather than by choice. The choice of sterilisation for contraceptive purposes alone became available in the early 1970s.

There is no centralised statistical collection of the number of sterilisation operations performed in the UK, as a large number are carried out privately. In 2005, over 18,000 female sterilisations and over 28,000 vasectomies were performed in NHS hospitals or clinics⁹.

The proportion of couples where one or other has been sterilised has more than doubled since the early 1970s, and has remained around 10 per cent since 1986. In 2006/07, 12 per cent of women who used contraception had been sterilised, while 15 per cent relied on their partner's sterilisation.

Over half of couples aged 40 and over rely on sterilisation. This proportion has been steadily increasing over the last 20 years, particularly among women in their late 40s. Among couples in their 30s, there has been a drop in the number using sterilisation since the mid-1980s, reflecting the fact that more couples are delaying having children until their 30s.

Few younger people are sterilised. Clinical guidelines suggest additional care when counselling people under the age of 30 without children who request sterilisation, due to the possible increased incidence of regret¹⁰.

When men aged 16–69 were surveyed separately¹ 17 per cent reported having had a vasectomy. This was more common in men aged 45–49 (33 per cent) than either younger or older men. The fact that only 22 per cent of men in their late 60s had had a vasectomy suggests that this is becoming more popular¹.

Long-acting reversible contraceptive methods

Long-acting reversible methods (LARC) include injections, implants, intrauterine devices (IUDs) and the hormonal intrauterine system (IUS). Use of these methods has remained relatively low over the last few years. In 2006/07, 14 per cent

of women using contraception were using a LARC method. Guidance from the National Institute of Health and Clinical Excellence in 2005 stressed that these methods, which are more cost effective than oral contraceptives, should be offered to all women¹¹.

Research has shown that many health professionals are unwilling to prescribe LARC because they lack good information about, and experience of using these methods^{11, 12}.

Other methods

Use of other methods remains relatively low. In the 2006/07 Omnibus Survey, 1 per cent of women using contraception used the patch, 1 per cent caps or diaphragms, and 3 per cent natural family planning.

Emergency contraception

In 2006/07, 6 per cent of women in Great Britain had used emergency contraception at least once during the last year. The majority of these had used hormonal methods. Use of emergency contraception was highest in women in their twenties, 10 per cent of whom had used it at least once in the previous year.

Emergency hormonal contraception was licensed as a pharmacy product in January 2001, making it available without prescription to women aged 16 and over. The proportion of women who obtained the method from a pharmacy or chemist increased from 20 per cent in 2001/02 to 55 per cent in 2006/07, while fewer women obtained the method from general practice (35 per cent) or community contraceptive clinics (6 per cent).

(Due to the small sample size, the recent figures should be used with caution.)

Northern Ireland

Contraception was last included in the Continuous Household Survey in 2003/04², when women aged 16-49 were asked about contraceptive use in the previous two years. 6 per cent had been sterilised, and 6 per cent had a partner who had been

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sterilised. The methods used by the remaining women who were not pregnant nor trying to get pregnant were: 40 per cent oral contraceptives, 26 per cent condoms, 6 per cent IUDs, 6 per cent injectables, 5 per cent natural family planning, and 2 per cent diaphragms.

11 per cent had used emergency contraception at least once in the previous two years. Two thirds of these (66 per cent) had obtained it from general practice, and a quarter (28 per cent) from community contraceptive clinics. Pharmacists are not mentioned as a source.

References

- 1 Lader D, *Contraception and Sexual Health 2006-07* (London: Office for National Statistics, 2007). <<http://www.statistics.gov.uk>>
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- 3 Wellings K, 'Trends in contraceptive usage since 1970', *British Journal of Family Planning*, vol 12, no 2 (1986), 15–22.
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- 5 Wellings K, 'Help or hype: an analysis of media coverage of the 1983 'pill scare'', *British Journal of Family Planning*, vol 11, no 3 (1985), 92–98.
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- 8 Johnson A et al, 'Sexual behaviour in Britain: partnerships, practices and HIV risk behaviours', *Lancet*, vol 358, 1 December (2001), 1835–1842.
- 9 Information Centre, *NHS Contraceptive Services, England 2006–07* (Leeds: IC, 2007). <<http://www.ic.nhs.uk>>
- 10 Royal College of Obstetricians and Gynaecologists, *Male and Female Sterilisation. Evidence Based Clinical Guidelines 4* (London: RCOG, 2004). <<http://www.rcog.org.uk>>
- 11 National Collaborating Centre for Women's and Children's Health, *Long-acting Reversible Contraception: the Effective and Appropriate Use of Long-acting Reversible Contraception* (London: RCOG Press, 2005) <<http://www.nice.org.uk>>
- 12 Wellings K et al, 'Attitudes towards long-acting reversible methods of contraception in general practice in the UK', *Contraception*, vol 76, no 3 (2007), 208-214.

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Contraception: patterns of use (cont)

Current use of Contraception	Age							Total
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	
	%	%	%	%	%	%	%	%
Uses at least one method	63	84	79	73	77	77	77	76
Does not use method	37	16	21	27	23	23	23	24
Base	<i>127</i>	<i>133</i>	<i>160</i>	<i>186</i>	<i>198</i>	<i>215</i>	<i>232</i>	<i>1252</i>

Current use of Contraception	Age							Total
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	
	%	%	%	%	%	%	%	%
Non-surgical								
Pill	48	64	55	48	28	17	11	35
Male condom	63	39	37	28	26	20	16	30
Withdrawal	5	2	5	8	1	6	4	4
IUD	7	2	5	6	4	6	7	6
Injection	3	11	6	5	2	3	1	4
Implant	4	5	4	2	1	-	-	2
Patch	5	-	-	-	1	-	-	1
Safe period/ rhythm method/Persona	2	4	3	4	5	3	3	3
Cap/diaphragm	-	-	-	1	1	-	3	1
Foams/gels	-	1	2	-	-	-	-	0
Hormonal IUS	-	1	2	2	6	1	1	2
Female condom	-	-	-	-	-	1	-	0
Emergency contraception	5	0	2	0	0	0	0	1
Surgical								
Sterilised	-	2	4	5	11	18	29	12
Partner sterilised	-	-	1	8	20	30	28	15
Base	<i>80</i>	<i>112</i>	<i>126</i>	<i>136</i>	<i>153</i>	<i>165</i>	<i>178</i>	<i>951</i>

Percentages sum to more than 100 as respondents could give more than one answer.

Shaded figures indicate the estimates are unreliable and any analysis using these figures may be invalid.

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