

Reproductive health: Contraception, conception and change of life - Findings from the Australian Longitudinal Study on Women's Health

Report prepared for the Australian Government Department of Health

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4. THE USE OF CONTRACEPTIVES FOLLOWING REPRODUCTIVE EVENTS

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4.1 Key points

Use of contraception by women in the 1989-95 cohort following reproductive events

- Women who had no children or other reproductive events were more likely to primarily use the OCP and condoms during their twenties.
- Women with one child were more likely to use no contraception than the OCP or condoms when they were aged 19 to 30 years.
- Women with two children were generally equally likely to use the OCP, condoms, or no contraception when they were aged 19 to 30 years.
- Women who had experienced a miscarriage were generally equally likely to use the OCP, condoms, or no contraception between the ages of 18 and 25 years, but were more likely to use no contraception after that.
- Women who had experienced a termination when aged 18-23 years were more likely to report using LARCs when aged 19-24 years. They had generally higher use of the OCP at each survey until they were 25 years, and higher use of condoms across all the surveys. Around 30% of women reported using no contraception when they were 24 to 30 years.

Use of contraception by women in the 1973-78 cohort following reproductive events

- Women who had no children were more likely to primarily use the OCP and condoms until in their mid-thirties when they were then more likely to use no contraception.
- Women with one child were most likely to use the OCP until they were aged 28 to 33 years. After this time, rates of no contraception use increased.
- Women with two children were more likely to use the OCP and condoms until they were 34 to 39 years, after which time, their use of LARC increased. Women

in this category were most likely to use no contraception when they were 25 to 30 years.

- Women with three or more children were more likely to not use any contraception until they were 28 to 33 years. After this time, rates of OCP and condom remained the same and use of LARC increased.
- Women who had experienced a miscarriage were generally equally likely to use the OCP, condoms, or no contraception between the ages of 18 and 36 years, and were more likely to use no contraception after this time.
- Women's use of OCP following termination (compared with use following live birth or miscarriage) was higher in all surveys from age 18-23 to 28-33, use of LARC was higher from age 31-36 to 34-39, and use of fertility awareness methods was lower from age 31 onwards.

4.2 Introduction

This chapter describes use of contraception among women following a reproductive event. These reproductive events include having a live child, number of children born, having any reproductive event, having a miscarriage, and having a termination (see [Appendix 11.4.1](#) for details on the survey questions used). Women were asked at each survey whether they had experienced a reproductive event. To estimate a temporal association, the data showed in the graphs represents contraception used by women who reported that they had experienced the reproductive event between the previous survey and the current survey. For example, if a woman had experienced a miscarriage between Survey 1 and 2, that miscarriage (and its possible impact on the women's contraceptive choices) would be counted only for Survey 2. 'Ever having experienced a reproductive event' were not captured in the graphs. As the prevalence of emergency contraception use, only asked of the 1973-78 cohort, is very low (N = 169 total from Survey 3 to 8), detailed analyses of this method following reproductive events was not conducted and a descriptive summary is provided in [Appendix 11.4.2](#).

4.3 Use of contraception by reproductive events by women in the 1989-95 cohort

This section presents data on the use of the different contraceptive methods by reproductive events experienced by women in the 1989-95 cohort. The reproductive events considered include:

1. Number of children born;
2. Any reproductive event (including live births, stillbirths, miscarriages and terminations);
3. A live birth at the previous survey;
4. A miscarriage; and
5. A termination.

4.3.1 Number of children

The following graphs show the prevalence of use of contraceptive methods by the total number of children a woman had prior to a survey, from Survey 1 (when the women were aged 18 to 23) to Survey 6 (when aged 24 to 30). (Note that as women could choose more than one type of contraception at any survey, the percentages do not add up to 100.)

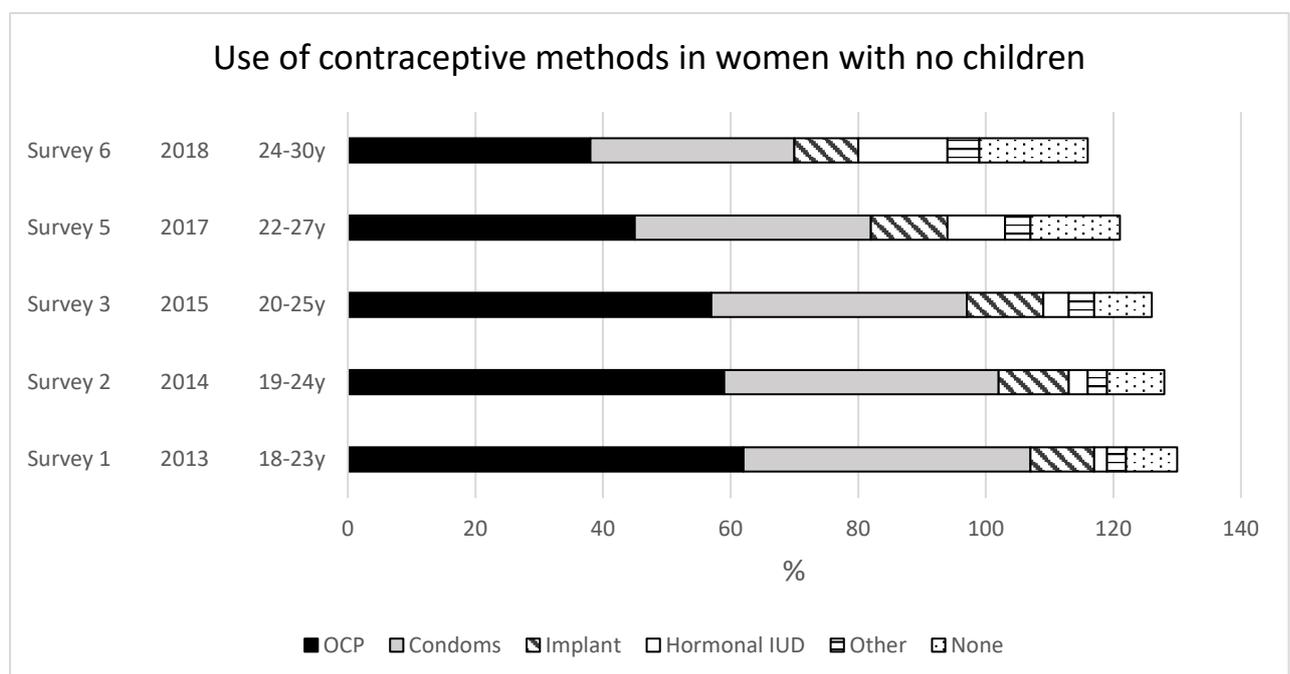


Figure 4-1 Use of contraceptive methods from Survey 1 to Survey 6 among women in the 1989-95 cohort with no children.

Note: The figure shows contraceptive use according to whether women had not had children by that survey. Thus, if a woman had a child between Survey 1 and Survey 2 they will be in this graph for Survey 1 and the following graph for Survey 2 (and so on).

When women had no children, use of the OCP and condoms were the predominant methods of contraception over the five surveys (Figure 4-1). While use of the implant and other methods remained steady across the surveys, use of the hormonal IUD and no contraception increased as the women entered their mid- to late twenties.

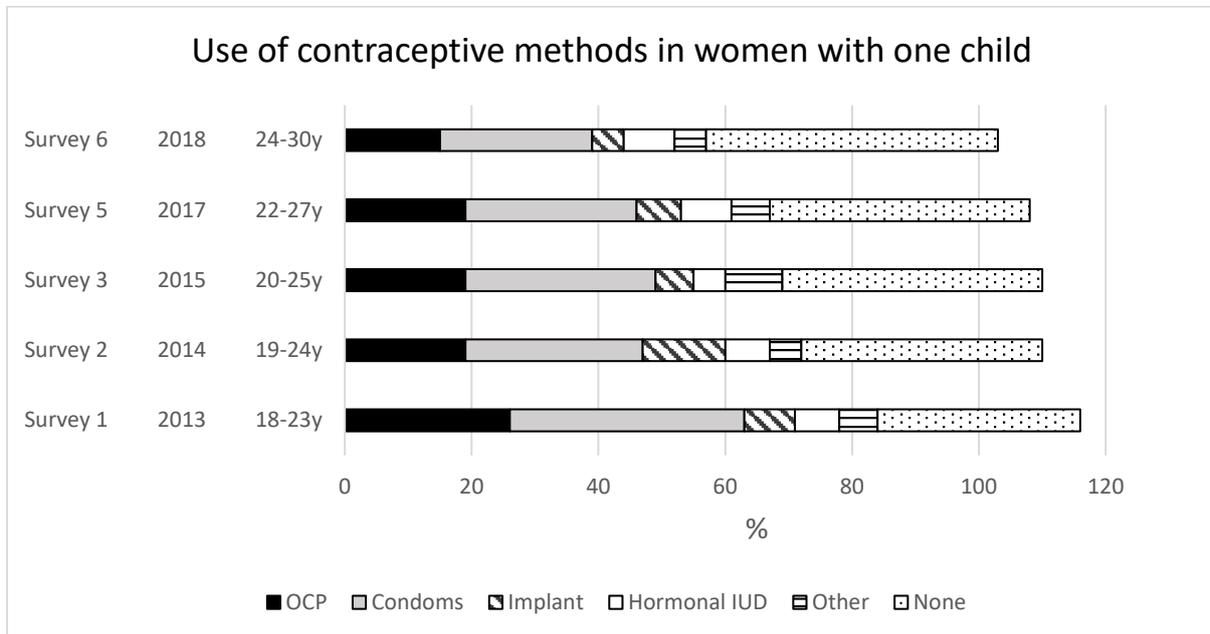


Figure 4-2 Use of contraceptive methods from Survey 1 to Survey 6 among women in the 1989-95 cohort who had given birth to one child up to that survey.

Figure 4-2 shows that when women had one child, use of the OCP, condoms, or not using a contraceptive method were the predominant methods at all surveys. Use of no contraception continued to increase as the women aged, becoming the most prevalent method from Survey 2 onwards, while use of the OCP and condoms slowly declined over the five surveys. Use of LARC or other contraceptive methods showed little change in prevalence across the surveys.

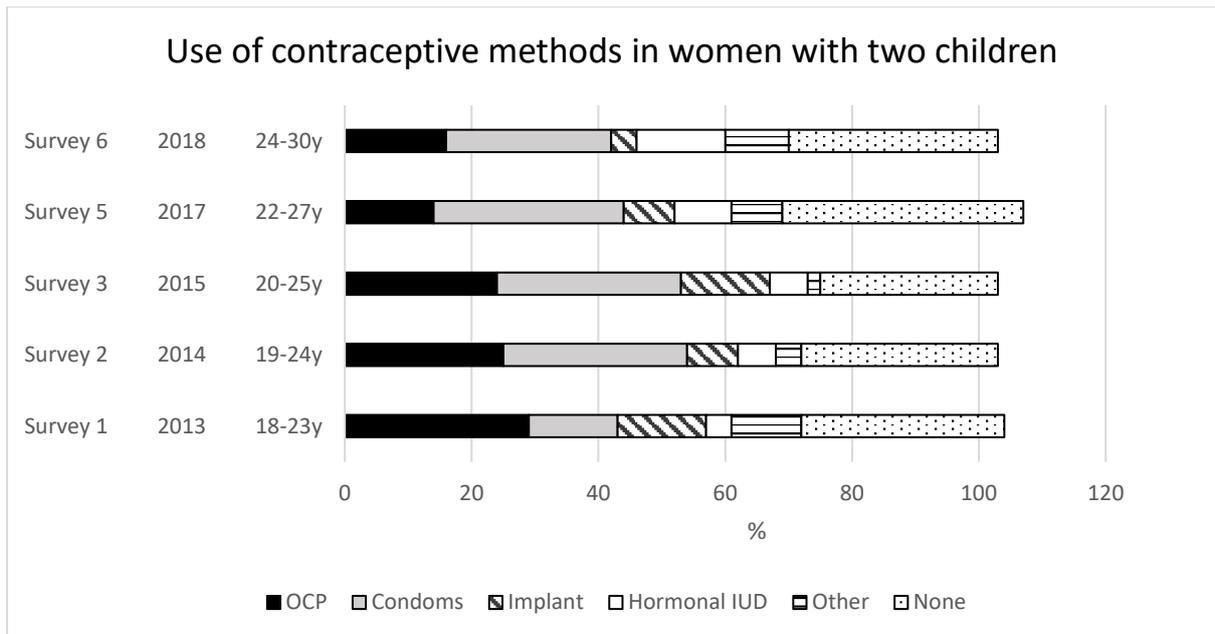


Figure 4-3 Use of contraceptive methods from Survey 1 to Survey 6 among women in the 1989-95 cohort who had given birth to two children up to that survey.

Figure 4-3 shows that for women with two children, use of the OCP or no contraceptive method were the predominant methods indicated at Survey 1. Over time, use of condoms and no contraception generally increased while use of the OCP decreased. Use of the implant was greater than the hormonal IUD until around Survey 5, when the women were 22 to 27 years. By Survey 6, use of the hormonal IUD was more than double that of the implant.

The numbers of women who had three or more children were too low to enable a meaningful graph of contraceptive methods to be presented.

4.3.2 Use of contraception after reproductive events

The following graphs show the prevalence of contraceptive methods use at each survey by whether the women had any reproductive events in the previous survey. Firstly, any reproductive event (live birth, stillbirth, miscarriage, termination) is presented, followed by separate graphs for whether they had experienced a live birth, miscarriage, or termination. Stillbirths are not graphed due to the very low number of

women reporting this experience. For comparison purposes, the first graph (Figure 4-4) presents data for women who did not experience any of these reproductive events. The time frame represented in the graphs captures any reproductive event recorded at the previous survey, or prior to the first survey for Survey 1. Note that as women could chose more than one type of contraception at any survey, the percentages do not add up to 100.

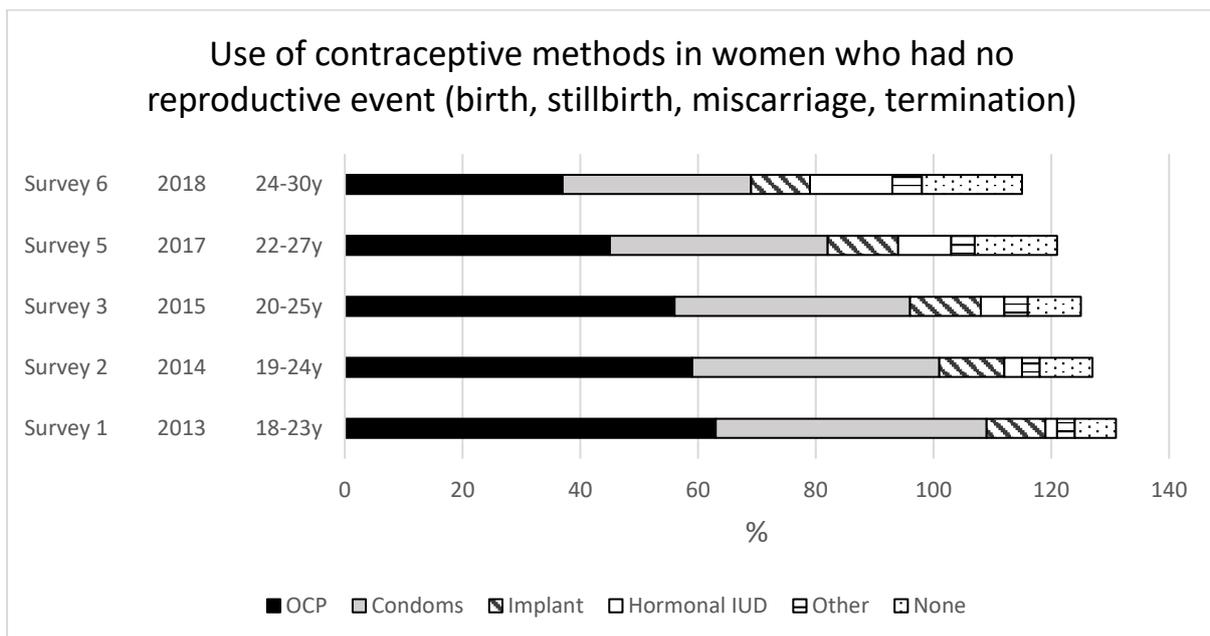


Figure 4-4 Use of contraceptive methods from Survey 1 to Survey 6 among women in the 1989-95 cohort who had not experienced a birth, stillbirth, miscarriage, or termination reported at the previous survey.

Figure 4-4 shows that among women who had not experienced any reproductive event, use of the OCP and condoms were the predominant methods of contraception over the five surveys. While use of the implant and other methods remained steady across the surveys, use of the hormonal IUD and no contraception use increased as the women entered their mid- to late twenties. This pattern of contraception use was very similar to that shown by women who had no children (see Figure 4-1).

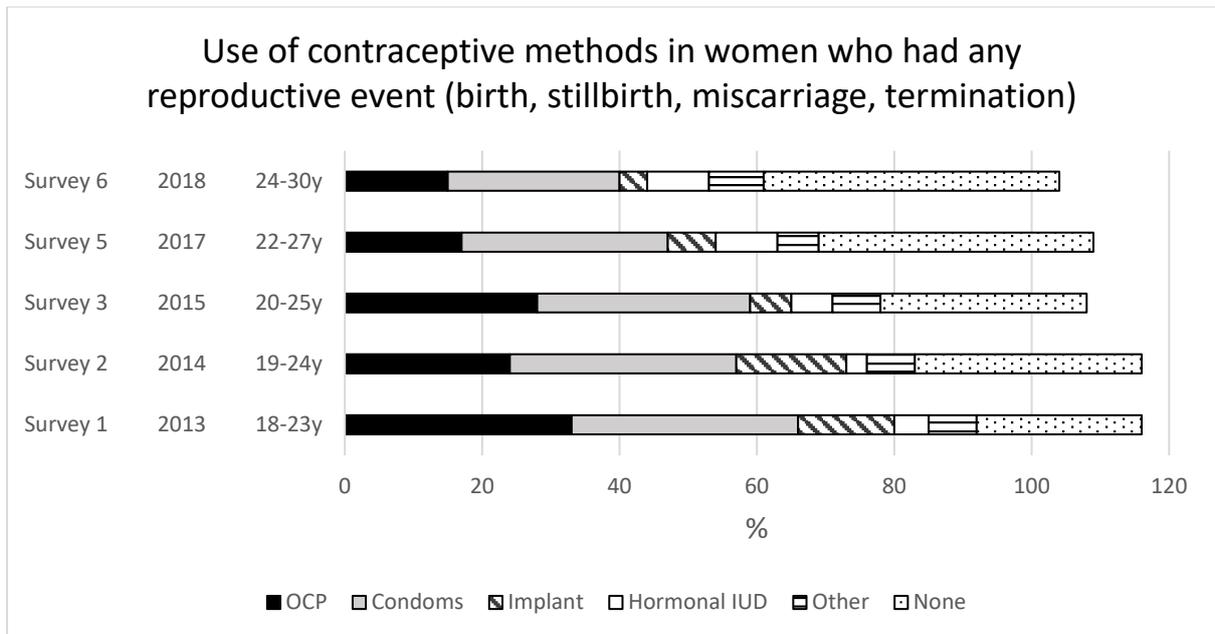


Figure 4-5 Use of contraceptive methods from Survey 1 to Survey 6 among women in the 1989-95 cohort who had experienced a birth, stillbirth, miscarriage, or termination reported at the previous survey.

Figure 4-5 shows that when women had reported any reproductive event in the previous survey, use of the OCP, condoms, or no contraceptive method were the predominant methods of contraception at all surveys. Use of no contraception increased from Survey 5 onwards, when the women were aged 22 to 27 years. Use of implant was highest when the women were younger (between 18 and 24 years) and halved as women entered their mid- to late twenties.

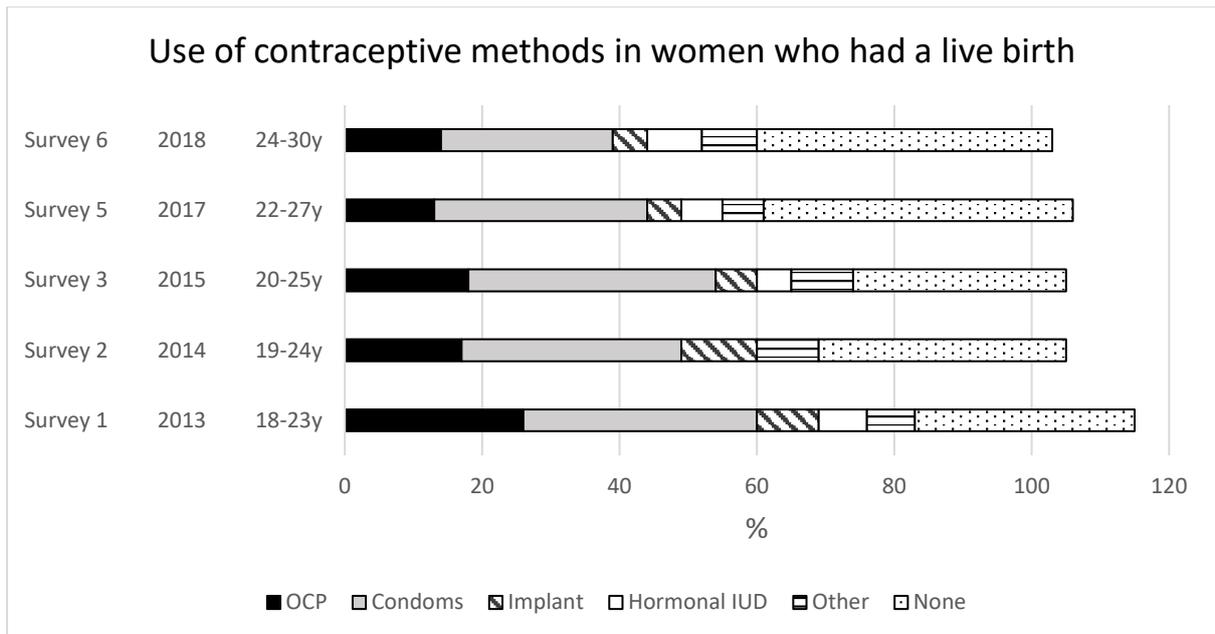


Figure 4-6 Use of contraceptive methods from Survey 1 to Survey 6 among women in the 1989-95 cohort who had a live birth reported at the previous survey.

Use of the OCP, condoms, or no contraceptive method were the predominant methods of contraception at Survey 1 among women who had reported a live birth (Figure 4-6). Over time, use of condoms and no contraception remained the most prevalent methods, while use of the OCP declined by almost a half. Use of LARC and other methods of contraception remained fairly steady across the surveys.

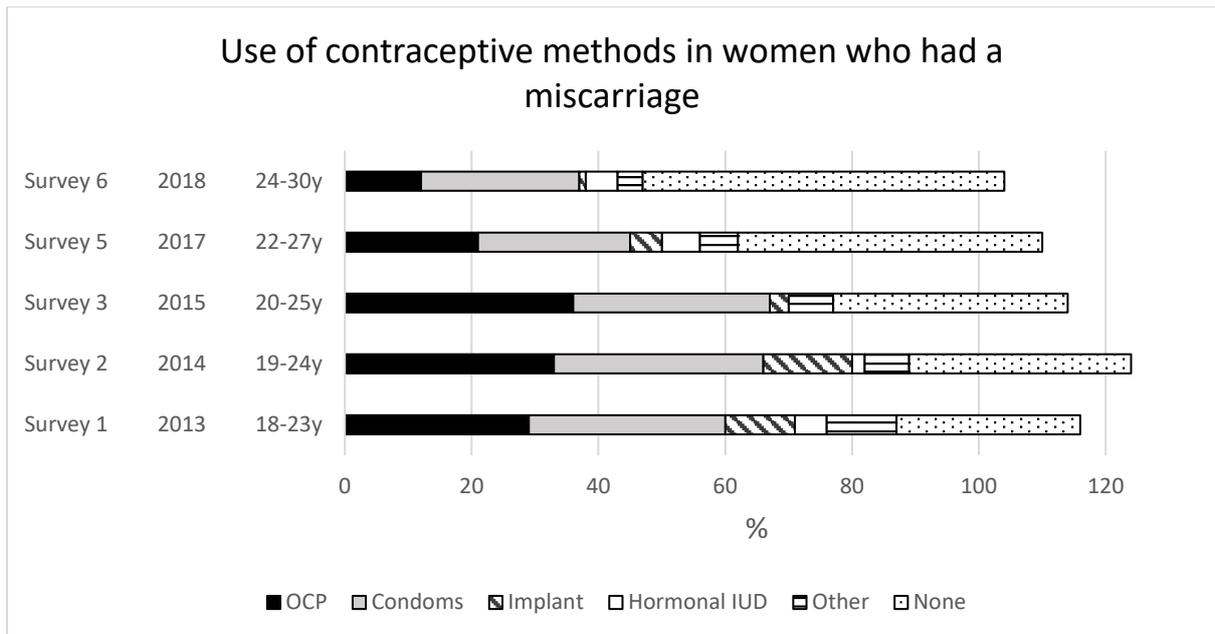


Figure 4-7 Use of contraceptive methods from Survey 1 to Survey 6 among women in the 1989-95 cohort who had a miscarriage reported at the previous survey.

Use of the OCP, condoms, or no contraceptive method were the predominant methods of contraception among women who had experienced a miscarriage, when aged 18 to 25 years (Figure 4-7). Over time, use of condoms and the OCP declined, while no contraception use increased to over 50% by the time women were 24 to 30 years. Use of the implant was highest when the women were younger (between 18 and 24 years) and more than halved as women entered their mid- to late twenties.

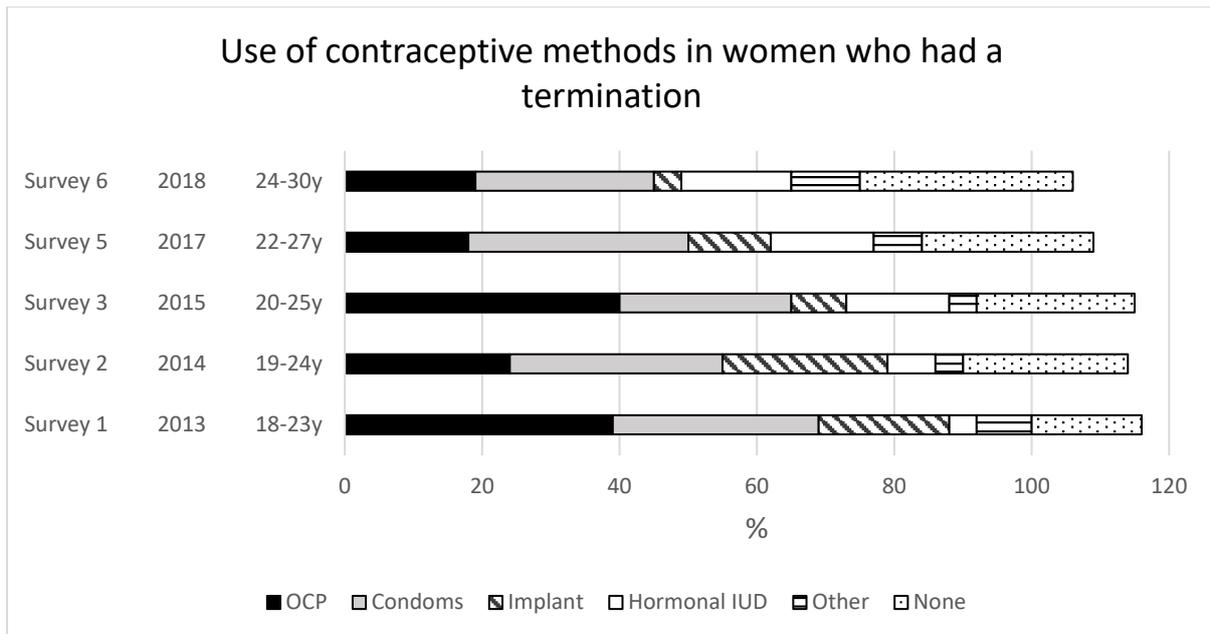


Figure 4-8 Use of contraceptive methods from Survey 1 to Survey 6 among women in the 1989-95 cohort who had a termination reported at the previous survey.

Figure 4-8 shows that at Surveys 1 and 2, use of OCP, condoms, and implant were highest among women who had had a termination. Over time, use of condoms remained fairly consistent, while use of OCP peaked at Survey 3 but then dropped. Use of no contraception and the hormonal IUD slowly increased as the women aged.

4.4 Use of contraception by reproductive events by women in the 1973-78 cohort

This section presents data on use of the different contraceptive methods by reproductive events experienced by women in the 1973-78 cohort. The reproductive events were whether the women had:

1. Number of children born;
2. Any reproductive event (including live births, stillbirths, miscarriages, and terminations);
3. A live birth at the previous survey;
4. A miscarriage; and
5. A termination.

As above, women were asked at each survey whether they had experienced a reproductive event. To estimate a temporal association, the data showed in the graphs represents contraception used by women who reported that they had experienced the reproductive event between the previous survey and the current survey. For example, if a woman had experienced a miscarriage between Survey 1 and 2, that miscarriage (and its possible impact on the women’s contraceptive choices) would be counted only for Survey 2. ‘Ever having experienced a reproductive event’ were not captured in the graphs.

4.4.1 Number of children

The following graphs show the prevalence of contraceptive method use by the number of children a woman had given birth to prior to a survey, across Surveys 1 (when the women were aged 18 to 23) to 8 (when aged 40 to 45). Note that as women could chose more than one type of contraception at any survey, the percentages do not add up to 100.

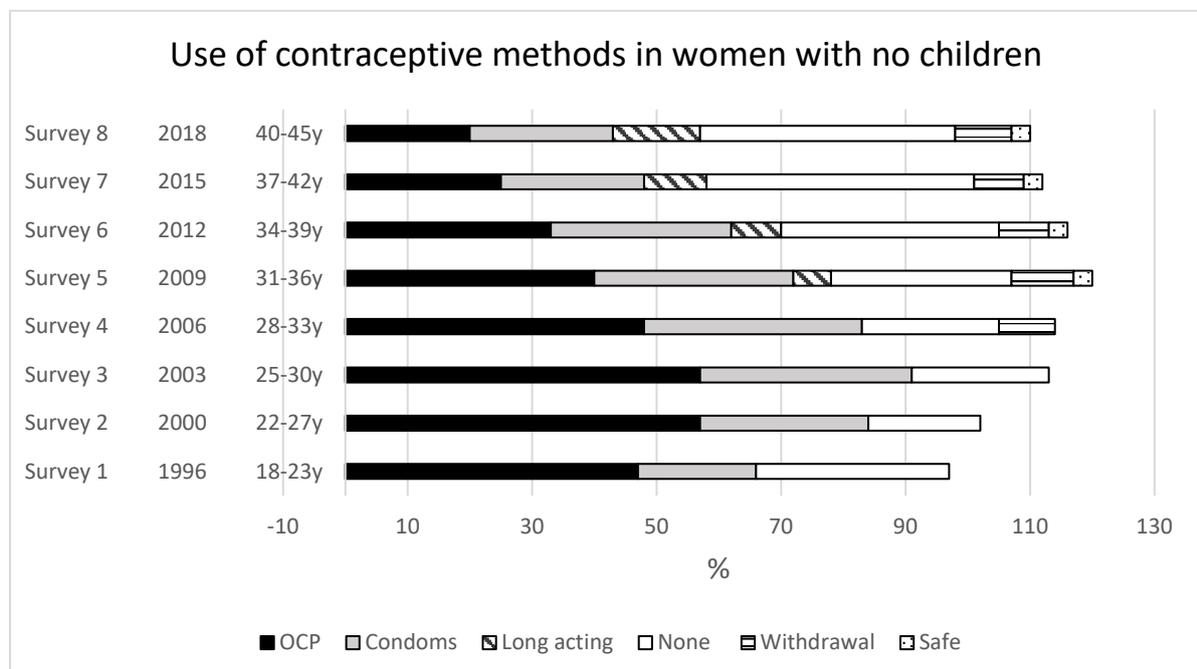


Figure 4-9 Use of contraceptive methods from Survey 1 to Survey 8 among women in the 1973-78 cohort with no children.

Figure 4-9 shows that among women with no children, the OCP was the predominant method of contraception used, followed by condoms, until the women were in their late thirties and early forties. Use of LARC doubled over time, from when the women were 31 to 36 years to when they were 40 to 45 years. Use of no contraception steadily rose from Survey 2, becoming the most prevalent form of contraception from when the women were aged 34 to 39 years.

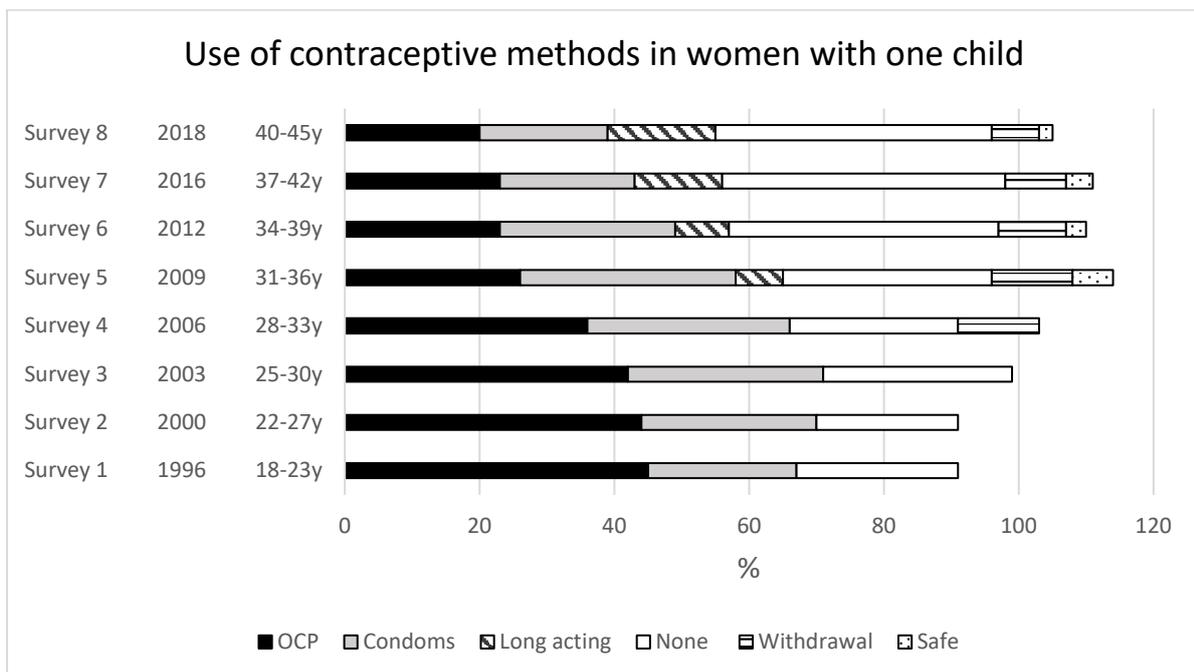


Figure 4-10 Use of contraceptive methods from Survey 1 to Survey 8 among women in the 1973-78 cohort who had given birth to one child up to that survey.

Figure 4-10 shows that when women had one child, the OCP was the predominant method of contraception used, followed by condoms, until the women were in their early to mid-thirties. Use of LARC doubled over time, from when the women were 31 to 36 years to when they were 40 to 45 years. Use of no contraception steadily rose from Survey 4, becoming the most prevalent form of contraception, from when the women were aged 34 to 39 years.

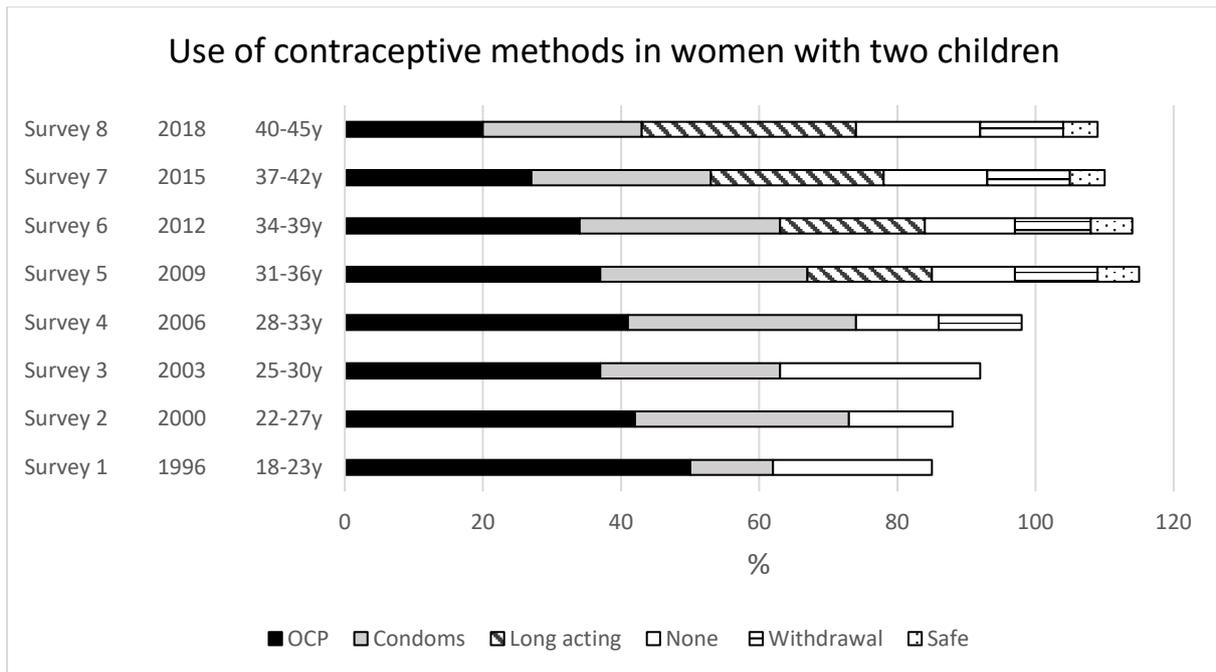


Figure 4-11 Use of contraceptive methods from Survey 1 to Survey 8 among women in the 1973-78 cohort who had given birth to two children up to that survey.

Figure 4-11 shows use of contraceptive methods from Survey 1 to Survey 8 when women in the 1973-78 cohort had two children. The figure shows that for women with two children, the OCP, condoms, and no contraception were the predominant methods of contraception used until the women were 25 to 30 years. By Survey 7, almost equal proportions of women used the OCP, condoms, and LARC, with LARC becoming the most prevalent method used as the women aged.

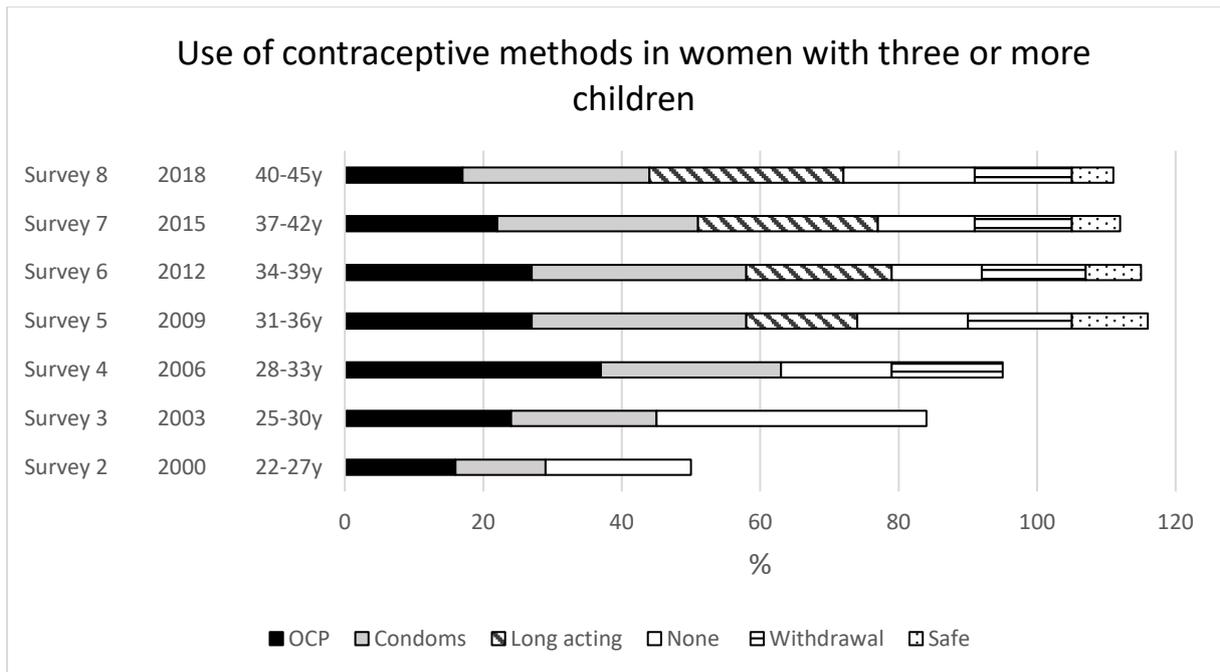


Figure 4-12 Use of contraceptive methods from Survey 2 to Survey 8 among women in the 1973-78 cohort who had given birth to three or more children up to that survey.

Figure 4-12 shows that for women with three or more children, use of no contraception was highest between the ages of 22 to 27 and 25 to 30. These data start from Survey 2, as there were insufficient numbers at Survey 1 (N = 14). Use of the OCP and condoms were the next most prevalent methods used, until the women were 34 to 39 years. Similar to women with two children, by Survey 7, more equivalent proportions of women used the OCP, condoms, and LARC, with LARC and condoms becoming the most prevalent methods used as the women aged.

4.4.2 Use of contraception after reproductive events

The following graphs show the prevalence of contraceptive methods use at each survey by whether the woman had experienced any reproductive event (birth, stillbirth, miscarriage, termination), and then separately by whether a woman had a birth, miscarriage, or a termination at the previous survey, across Surveys 1 (when the women were aged 18 to 23) to 8 (when aged 40 to 45). Stillbirth data were not included due to the very low number of women reporting this experience. For comparison, the

first graph presents data for women who did not experience any of these reproductive events. Note that as women could chose more than one type of contraception at any survey, the percentages do not add up to 100.

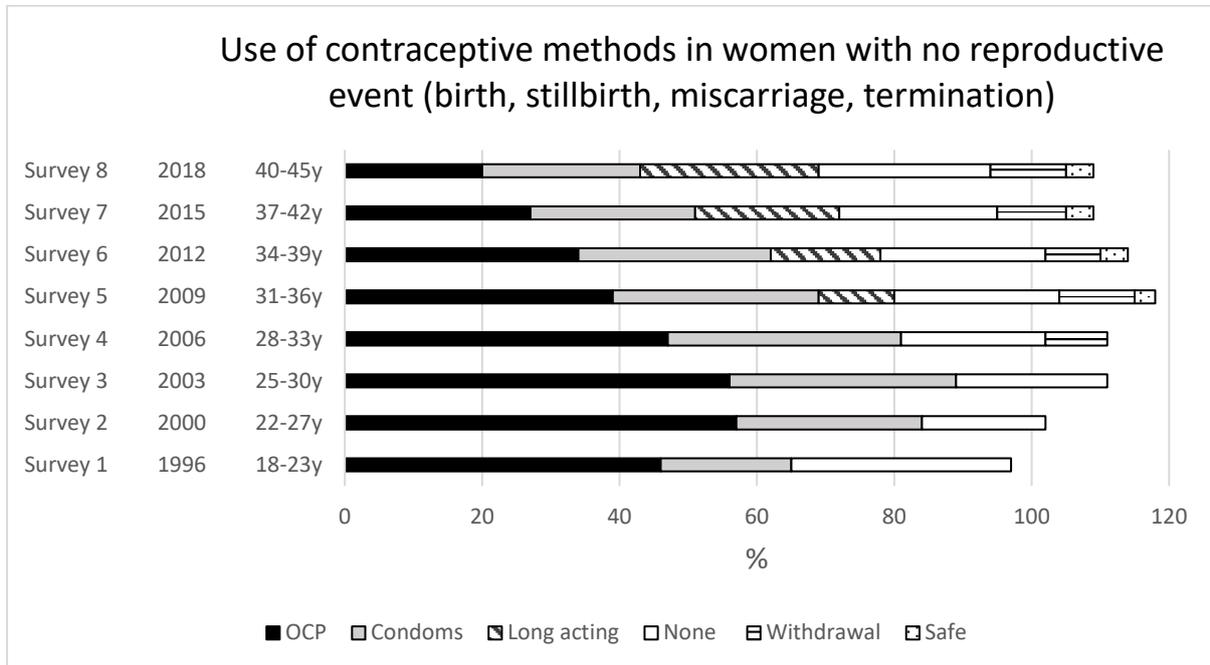


Figure 4-13 Use of contraceptive methods from Survey 1 to Survey 8 among women in the 1973-78 cohort who had not experienced a birth, stillbirth, miscarriage, or termination reported at the previous survey.

Figure 4-13 shows that among women who had not experienced any of the specified reproductive events, use of the OCP was the predominant method of contraception, followed by condoms, until the women were in their late thirties and early forties. Use of LARC doubled over time, from when the women were 31 to 36 years to when they were 40 to 45 years. No contraception use steadily rose from Survey 2, becoming the second most prevalent response to questions about contraception when the women were aged 40 to 45 years. Use of the withdrawal and fertility awareness period methods remained steady across the surveys where they were asked.

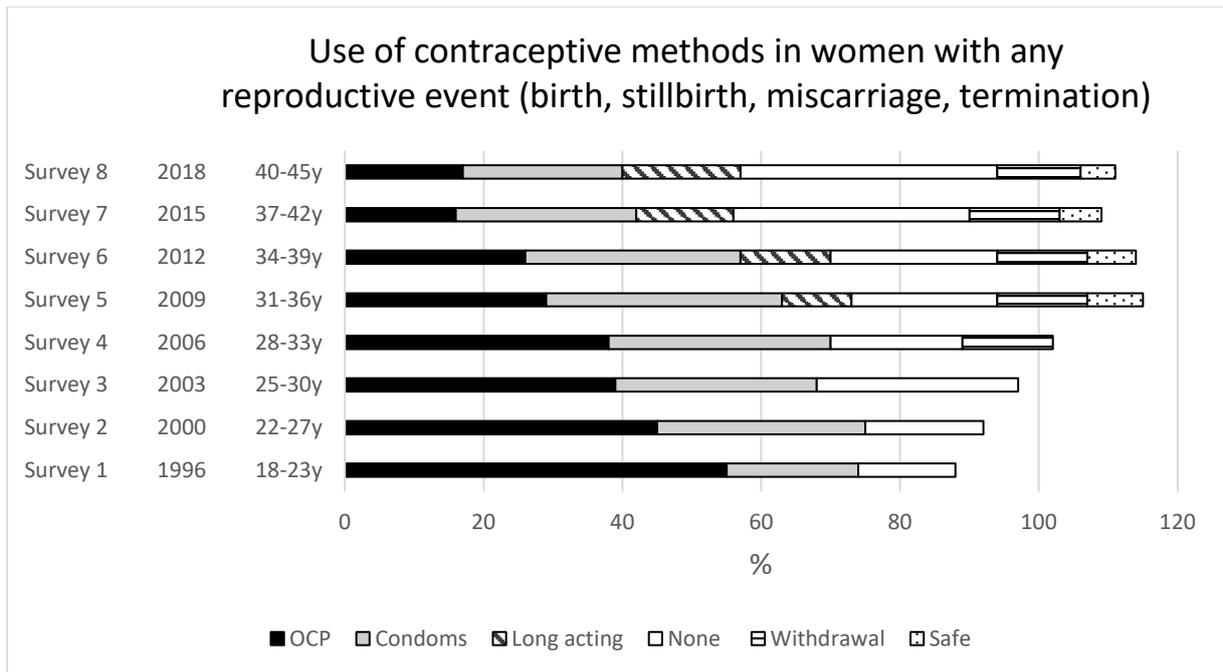


Figure 4-14 Use of contraceptive methods from Survey 1 to Survey 8 among women in the 1973-78 cohort who had experienced a birth, stillbirth, miscarriage, or termination reported at the previous survey.

This graph shows prevalence of use of contraceptive methods by women who had reported any of the specified reproductive events at the previous survey, from Survey 1 to Survey 8. For women who had experienced any reproductive event in the previous survey, use of the OCP, condoms, or no contraceptive method were the predominant methods of contraception when the women were aged from 18 to 39 years. Use of LARC gradually increased from Survey 5 (when LARC data were first captured) onwards so that by Survey 8, when the women were aged 40 to 45, the rate of LARC use was identical to that of the OCP. Use of the withdrawal and fertility awareness period methods remained steady across the surveys where they were asked.

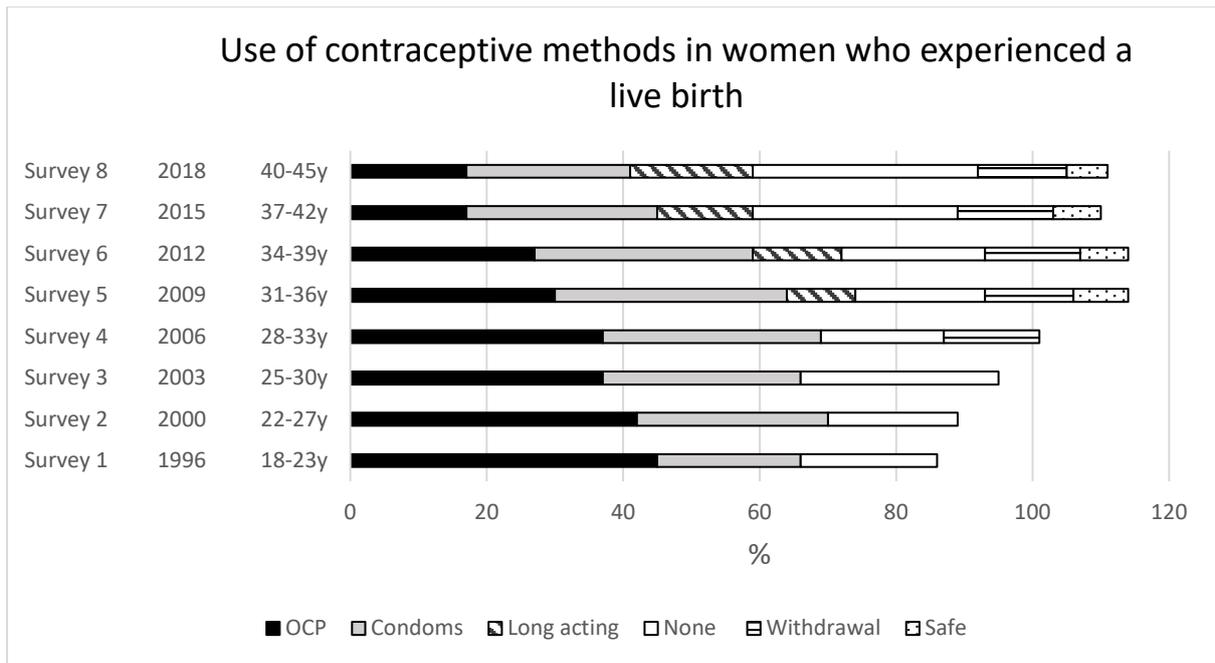


Figure 4-15 Use of contraceptive methods from Survey 1 to Survey 8 among women in the 1973-78 cohort who had reported a live birth at the previous survey.

Figure 4-14 shows the OCP and condoms were the main contraceptive methods used by women who had reported a live birth at the previous survey, from when they were 18 to 39 years. After this time, use of no contraception was reported by the most women (about 30%). Use of LARC gradually increased from Survey 5 onwards so that by Survey 8, when the women were aged 40 to 45, LARC use was similar to that of the OCP, but still used less than condoms. Use of the withdrawal and fertility awareness period methods remained steady across the surveys.

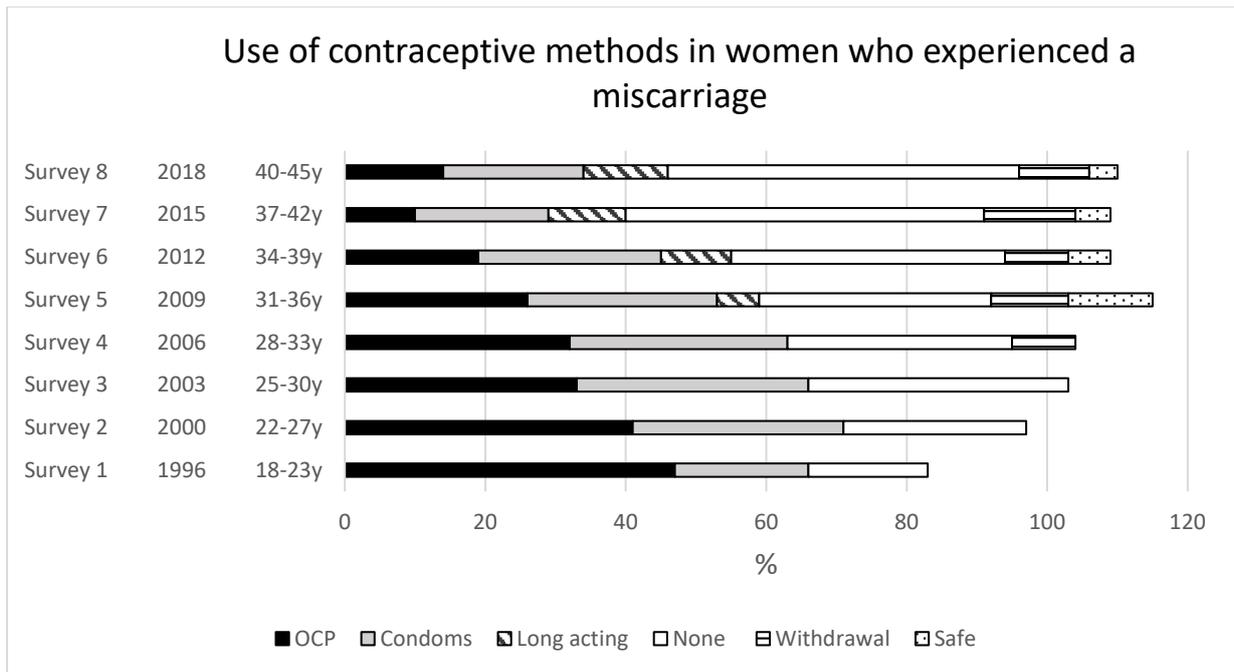


Figure 4-16 Use of contraceptive methods from Survey 1 to Survey 8 among women in the 1973-78 cohort who had experienced a miscarriage reported at the previous survey.

Figure 4-15 shows that for women who had reported a miscarriage at the previous survey, use of the OCP was the predominant method of contraception at Survey 1, when they were 18 to 23 years of age. From this time onwards, more women reported using condoms or no contraception. By Surveys 7 and 8, about 50% of women used no contraception, while less than 20% used the OCP and condoms. Use of LARC doubled over time, from when the women were 31 to 36 years to when they were 40 to 45 years.

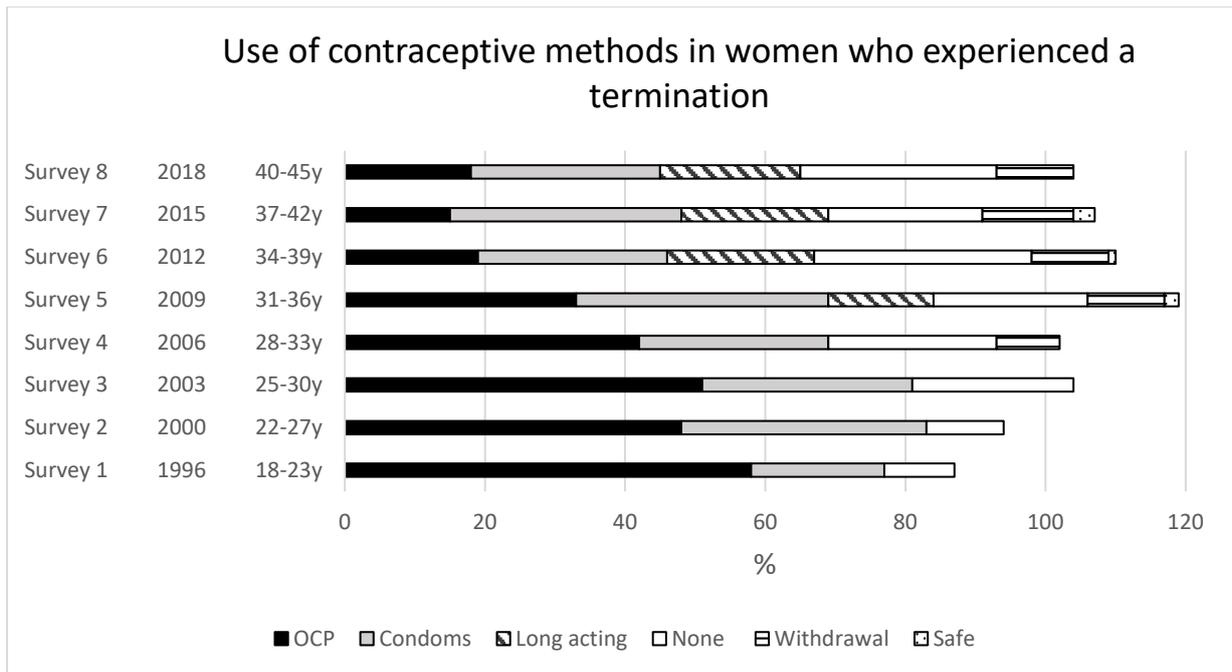


Figure 4-17 Use of contraceptive methods from Survey 1 to Survey 8 among women in the 1973-78 cohort who had experienced a termination reported at the previous survey.

Figure 4-17 shows that for women who had reported a termination at the previous survey, the OCP and condoms were the predominant methods of contraception used across Surveys 1 to 5 (when the women were aged between 18 and 36 years). After this survey, while use of the OCP dropped, use of condoms remained relatively steady at around 30%. Rates of no contraceptive use increased gradually across the surveys so that by Survey 8, they were equivalent to that of condom use. Use of LARC was reported by around 20% of women aged between 34 and 45 years.

4.5 Summary

This chapter has presented the prevalence of different types of contraception use among women in Australia following various reproductive events. Use of the OCP and condoms across women's reproductive lives was highest in those born 1989-95 and 1973-78 who had not had children or any other reproductive event. For women who had given birth or experienced other reproductive events, different patterns of contraceptive use were evident. In both cohorts, women who had one child were more likely to use no contraception, likely reflecting the desire to have another child or children. In the 1989-95 cohort and 1973-78 cohort, when they were of similar age, women with two children, the use of contraception and no contraception were more equal. For women born 1973-78, those with two or three children showed increasing use of LARC as they aged. Women's use of contraception following reproductive events showed distinct patterns depending on the type of reproductive event. Women in both cohorts who experienced miscarriage were equally likely to use contraception and no contraception, with use of no contraception increasing as they aged. Of women who experienced a termination however, use of LARC was notably higher at younger ages in both cohorts. Longitudinal analysis of trends in LARC use is presented in the next chapter.



Australian Longitudinal Study
on Women's Health

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