Virginia Contraceptive Utilization Survey Data

The Issue: Access to contraception is an essential public health intervention to help reduce mistimed or unintended pregnancies and to treat other medical conditions.

- FDA-approved methods of contraception are extremely effective at preventing pregnancies when used consistently and correctly. Only 5% of unintended pregnancies occur among people using contraception consistently and correctly (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2386600).
- Hormonal contraception is also used to treat medical conditions such as endometriosis, polycystic ovarian syndrome, and dysmenorrhea (severe and frequent menstrual cramps).
- Barrier methods such as condoms are effective at preventing both pregnancy and sexually transmitted infections and are conveniently available over the counter.
- Benefits of contraceptive access include improved health and well-being, reduced global maternal mortality, health benefits of pregnancy spacing, female engagement in the workforce, and economic self-sufficiency for women.

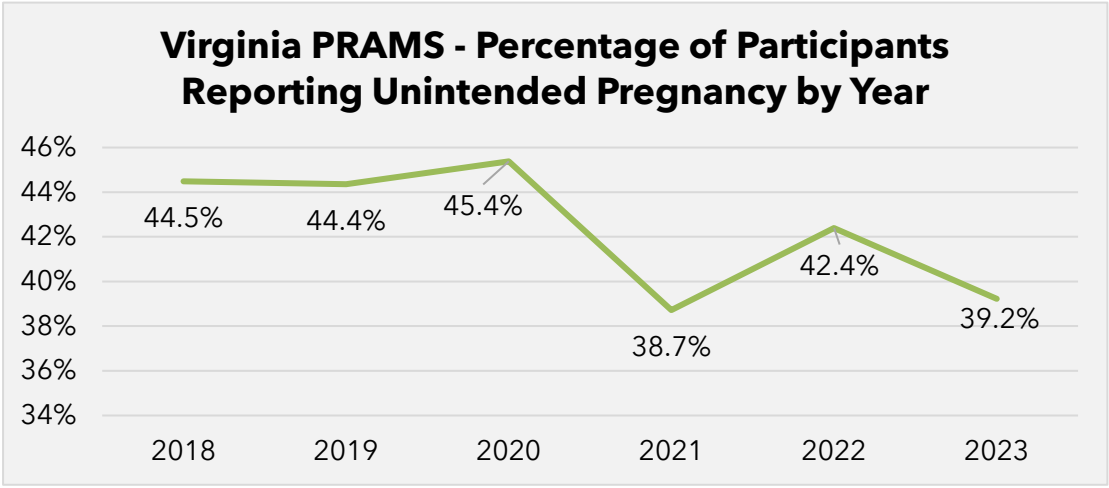
The Virginia Department of Health (VDH) has identified increasing access to contraception as a key public health strategy to advance positive health outcomes.

State efforts to expand contraceptive access include:

- VDH's Title X Family Planning Program supports clinical family planning services at approximately 110 clinics across the Commonwealth. Title X clinics offer contraception at no cost or on a sliding scale based on income. Patients are never turned away for inability to pay. Title X is funded by the federal Office of Population Affairs (OPA).
- The Contraceptive Access Initiative (CAI) offers free contraceptive care to uninsured patients with incomes under 250% of the federal poverty level. The CAI was supported by Temporary Assistance for Needy Families (TANF) funds prior to July 1, 2025, and state general funds after July 1, 2025.
- The Title V Maternal and Child Health Program, funded by the federal Health Resources and Services Administration (HRSA), includes strategies to improve access to contraception.
- The Virginia Maternal Health Strategic Plan, published in 2021, centers a key strategy around increasing access to comprehensive reproductive counseling and contraception choice (https://jchc.virginia.gov/2.%20Virginia's%20Maternal%20Health%20Strategic%20Plan-1.pdf).

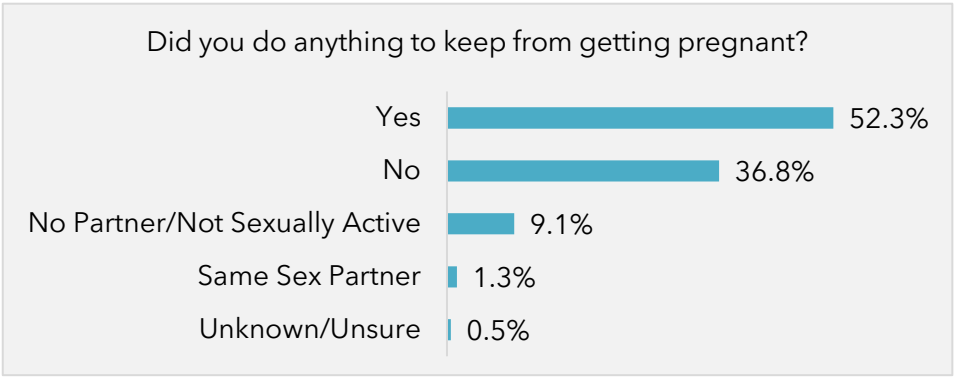
Data

Pregnancy Risk Assessment Monitoring System (PRAMS) is a national survey in which individuals who recently gave birth are randomly selected to share information about their experiences and behaviors before, during, and after their pregnancies. According to Virginia PRAMS, approximately 39.2% of pregnancies were unintended in 2023, representing a decrease from the previous year and an overall downward trend.



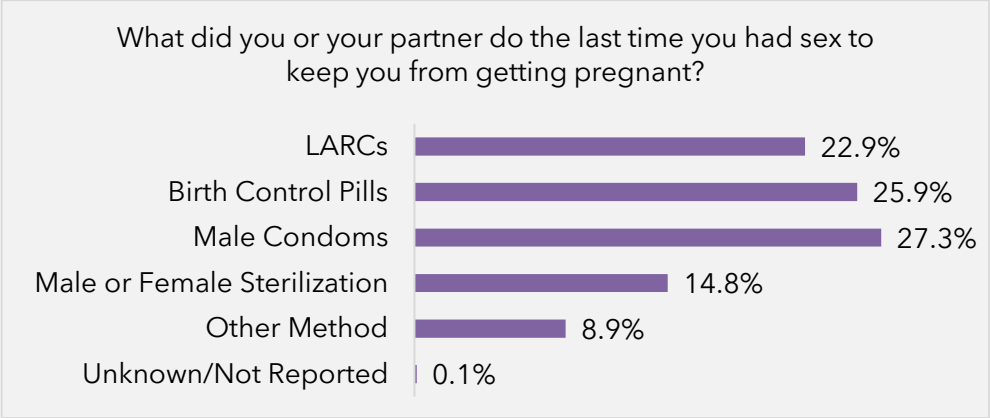
To learn more about PRAMS data and issues facing recently pregnant Virginians, visit https://www.vdh.virginia.gov/prams/data-dashboards/ .

The Behavioral Risk Factor Surveillance System (BRFSS) is a national survey in which adults aged 18 years or older are randomly selected to share information about a variety of health behaviors, including access to contraception. This report summarizes key findings about contraceptive utilization among Virginians ages 18-49 during the years 2020 and 2021. For more information about Virginia BRFSS data, visit https://www.vdh.virginia.gov/brfss/.



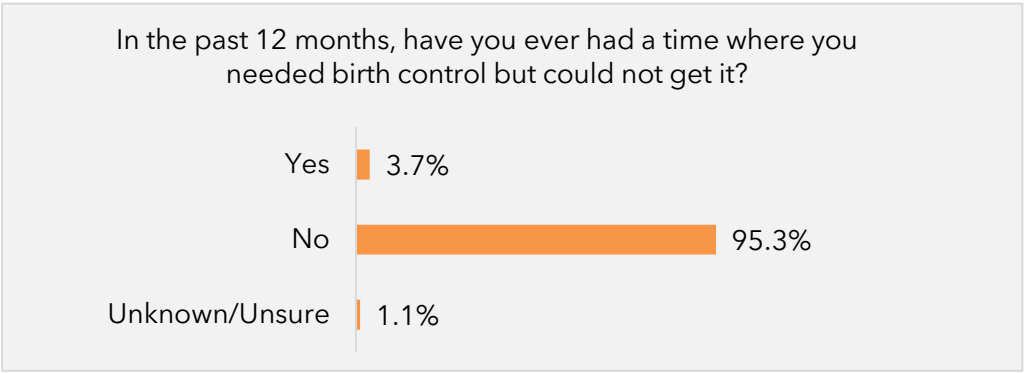
Findings:

1. The majority of sexually active respondents reported that they used a method of birth control.
2. Virginians with no health care coverage were less likely to use a method of birth control.
3. Virginians with less than a high school education were less likely to use a method of birth control.
4. Virginians identifying as Hispanic were less likely to use a method of contraception to avoid pregnancy compared to other race/ethnicities.
5. No significant differences were reported among regions, income levels, or age groups.



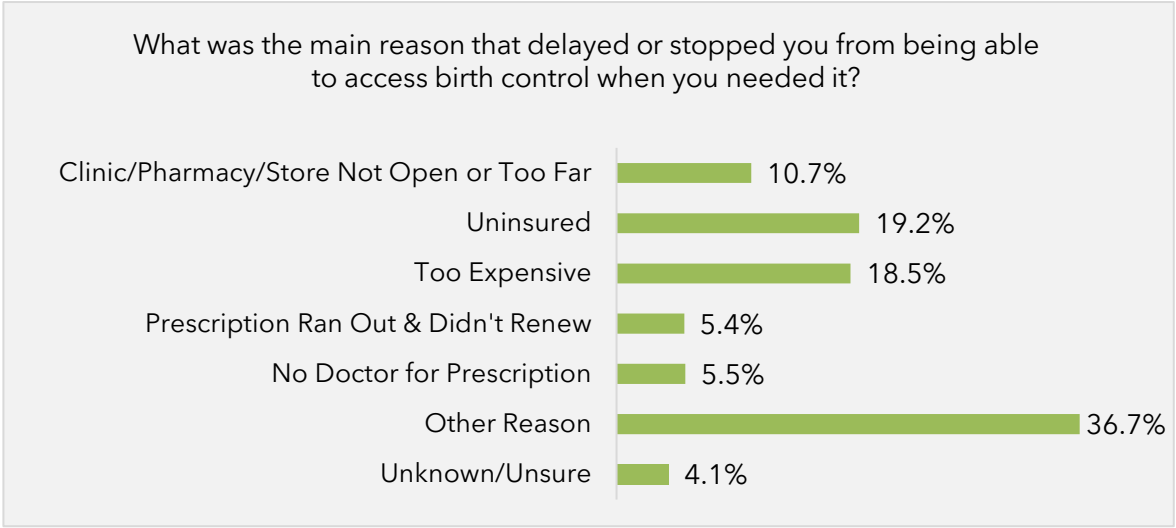
Findings:

1. Virginians responding to the BRFSS survey most often reported using male condoms followed closely by contraceptive pills and long-acting reversable contraception (LARCs).
2. LARC utilization was twice as high among respondents with health care coverage as patients without health care coverage.
3. Respondents reported some regional differences in contraceptive methods. Virginians in the southwest region were less likely to use LARCs than other regions in the Commonwealth. Virginians in the northwest region were significantly less likely to use male condoms.
4. No significant differences were reported among racial or ethnic groups, income levels, education levels, or age groups.



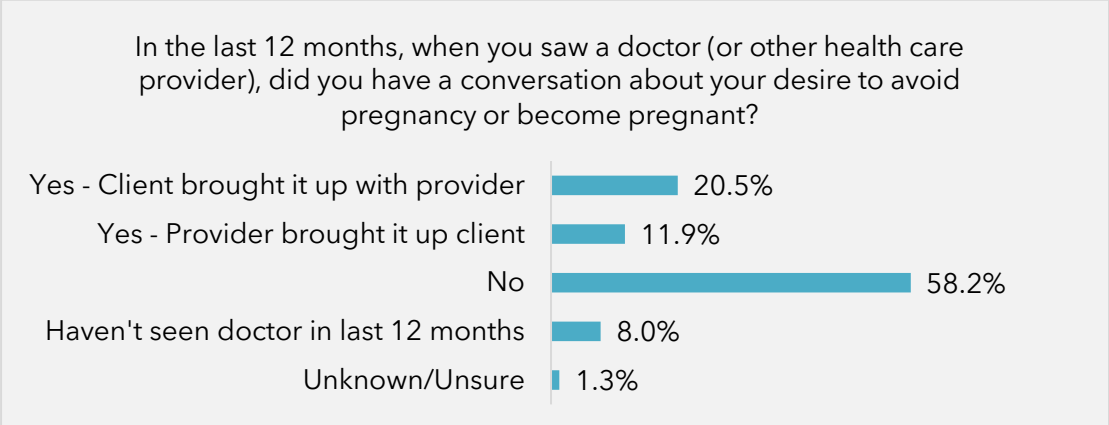
Findings:

1. Most respondents reported that they could access birth control when they needed it.
2. No significant differences were reported among regions, racial or ethnic groups, income levels, education levels, or age groups.



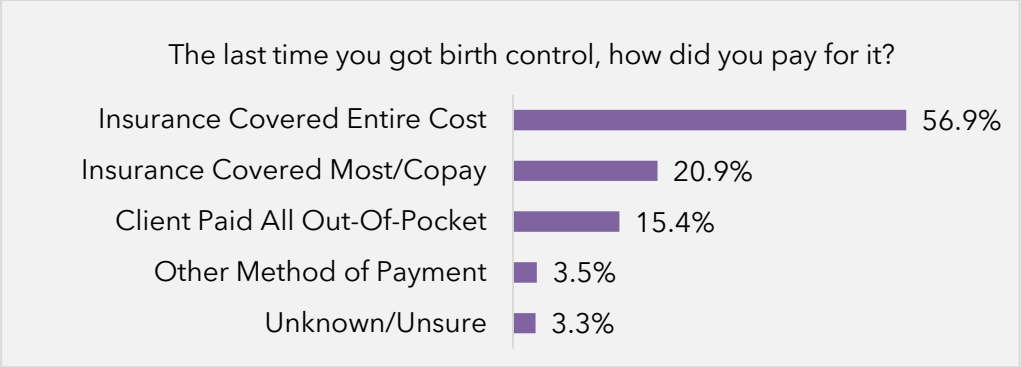
Findings:

1. Among Virginians who reported that they could not access birth control when they needed it, respondents most often cited "other reason," insurance status, and cost as barriers. Additional investigation is needed to understand patient experiences categorized under "other reason."
2. No significant differences were reported among regions, racial or ethnic groups, income levels, education levels, or age groups.



Findings:

1. Over 90% of respondents stated that they had seen a health care provider in the last 12 months, and the majority stated that they did not discuss their pregnancy desires with their providers.
2. When patients had these discussions with their providers, patients were more likely to initiate the discussion than their providers.
3. Virginians identifying as Hispanic were less likely to have a conversation with a health care provider about their desire to avoid pregnancy or become pregnant compared to other race/ethnicities.
4. No significant differences were reported among regions, income levels, education levels, or age groups.



Findings:

1. The majority of Virginians reported that their insurance covered the full cost of birth control.
2. Virginians identifying as Hispanic were more likely to pay out-of-pocket for their contraceptive method than other racial or ethnic groups.
3. Virginians who reported no health care coverage were more likely to pay for their method out-of-pocket than those with health care coverage.
4. No significant differences were reported among age groups, income levels, and education level.

Conclusions

- Virginians largely reported that they could access birth control when they needed it, despite the high out-of-pocket costs for uninsured patients. This suggests that Virginia's network of publicly funded family planning clinics, all of which provide free or low-cost services for uninsured patients, meets a critical public health need in the Commonwealth.

- A person's insurance status is a significant predictor of contraceptive access. Among survey respondents, most patients, regardless of income, relied on their insurance to pay for contraceptive care. When respondents wanted contraception but could not access it, cost and insurance status were named as significant reasons.

- Respondents in southwest Virginia were less likely to use LARC methods. This disparity may be due to a limited number of health providers trained in LARC insertions and removals in this region.

- Male condoms and contraceptive pills were the most popular methods among respondents. Condoms are effective at preventing STIs, available over the counter, and do not require a visit with a provider. The Food and Drug Administration (FDA) approved one brand of contraceptive pill, Opill, for over-the-counter use in 2023. Additional monitoring is necessary to determine the effects of OPill availability on contraceptive utilization.

- Virginia providers are unlikely to initiate conversations with adults of reproductive age about contraception, regardless of the patient's region, racial or ethnic groups income levels, education levels, or age groups. When these conversations occur, the patient is more likely to initiate them. Providers may benefit from additional training and education about the important role of contraception in the health of individuals and communities.

Contact information: Office of Family Health Services, reproductivehealth@vdh.virginia.gov