

## Sociodemographic Influences of Birth Control Use Among Women 18-45 in New York City in 2020

Birth control use is a critical factor in public health, as consistent and proper use can prevent unintended pregnancies and their negative impacts on women's health, education, newborn health, and socioeconomic stability. Birth control refers to methods of controlling reproduction, including abortion, sterilization, and contraceptives, which may inhibit sperm motility or ovum formation and make the endometrium nonreceptive.<sup>1</sup> Utilization of birth control can vary significantly based on sociodemographic factors such as income and education<sup>2</sup>. As a byproduct of this, in the United States, among individuals earning less than 100% of the Federal Poverty Level, 62% of pregnancies are unintended<sup>1</sup>. Racial and ethnic disparities persist, with Black and Hispanic women experiencing higher unintended pregnancy rates than White women<sup>3</sup>. Systemic barriers to birth control use, including affordability, access, and education, contribute to these inequities. However, initiatives like the Contraceptive CHOICE Project, which provides free access to and education on contraceptives, have shown success in reducing Black-White disparities in unintended pregnancy rates significantly<sup>4</sup>. This brief explores how birth control use during last sexual encounter among women ages 18-45 with at least one opposite-sex partner varies by key sociodemographic factors, such as education, income, insurance status, and race/ethnicity, using 2020 New York City Community Health Survey (CHS) data. It aims to highlight disparities in birth control use, improve reproductive health outcomes, advance health equity, and inform initiatives like NYC's Family Planning Benefit Program (FPBP), which provides free or low-cost access to contraception and reproductive health services to low-income individuals<sup>5</sup>.

**Definitions:** **Birth Control Use at Last Sex:** Self-reported use of any type of birth control, including condoms, at last sex with at least one partner of the opposite-sex among adult women aged 18-45 in New York. **Income:** Reported household annual income categorized relative to the Federal Poverty Level (FPL) as below 200%, between 200-399%, and 400+% of the FPL. **Education:** Response to the question, "What is the highest grade or year of school you completed?" with choices: Less than High School, High School Graduate, Some College or Technical School, College Graduate, and Don't Know. **Insured:** Describes type of health insurance coverage, including Private, Medicare, Medicaid, Other, Uninsured, and Don't Know. **Race/Ethnicity:** Identifies self-reported racial and ethnic groups, including White/North African/Middle-Eastern non-Hispanic, Black non-Hispanic, Hispanic, Asian/Pacific Islander non-Hispanic, and Other non-Hispanic. Participants were asked "Are you Hispanic or Latino?" and then if the response was no, they were asked "which one of more of the following would you use to describe yourself?"

(Note: The 2020 CHS data relies on self-reported answers, which may contain reporting bias, and is limited to people with a telephone or ability to use one, potentially excluding marginalized populations. Additionally, when filtering for women, the dataset relies on a birth sex variable, where respondents are categorized as male or female only, based on their sex at birth or gender identity reported.)

### Key Findings:

- In 2020, 77% of adult women with a partner of the opposite-sex used birth control at last sex.
- Birth control use at last sex was higher among white/North African/Middle Eastern (non-Hispanic) women ages 18-45 (80%) compared with Black (non-Hispanic) (75%) and Hispanic (75%) women in 2020.

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<sup>1</sup> Schreiber, C. A., & Barnhart, K. (2014). Contraception. *Yen & Jaffe's Reproductive Endocrinology*, 890-908.e3. <https://doi.org/10.1016/b978-1-4557-2758-2.00036-6>

<sup>2</sup> Haq, I., Sakib, S., & Talukder, A. (2017). Sociodemographic Factors on Contraceptive Use among Ever-Married Women of Reproductive Age: Evidence from Three Demographic and Health Surveys in Bangladesh. *Medical Sciences*, 5(4), 31. <https://doi.org/10.3390/medsci5040031>

<sup>3</sup> Dehlendorf, C., Park, S. Y., Emeremni, C. A., Comer, D., Vincett, K., & Borrero, S. (2014). Racial/ethnic disparities in contraceptive use: variation by age and women's reproductive experiences. *American Journal of Obstetrics and Gynecology*, 210(6), 526.e1–526.e9. <https://doi.org/10.1016/j.ajog.2014.01.037>

<sup>4</sup> Goodman, M., Onwumere, O., Milam, L., & Peipert, J. F. (2017). Reducing health disparities by removing cost, access, and knowledge barriers. *American Journal of Obstetrics and Gynecology*, 216(4), 382.e1–382.e5. <https://doi.org/10.1016/j.ajog.2016.12.015>

<sup>5</sup> ACCESS NYC. (2024). Nyc.gov. <https://access.nyc.gov/programs/family-planning-benefit-program-fpbp/>

- Women 18-45 with higher household income (400+% of the federal poverty level) used birth control at last sex more (81%), but women with lower household income (<200%) (73%) and women with middle household income (200-399%) (73%) used birth control at the same rate.
- The use of birth control at last sex was more prevalent among women ages 18-45 who graduated college (79%) than those with less than high school education (60%) in 2020.
- Women ages 18-45 who were uninsured had lower use of birth control (73%) than those who had private insurance (79%) or Medicare (78%) in 2020.

**New York City women with low household income used birth control at last sex at a lower rate than those with a high household income.**

- Women in NYC with household incomes of <200% and 200-399% of the Federal Poverty Level (FPL) used birth control at last sex at a rate of about 73%, just under three quarters of the population, while women with household incomes of 400+% of FPL used birth control at a rate of approximately 80%.

**Disparities in use of birth control at last sex among women ages 18-45 were highly prevalent among education levels.**

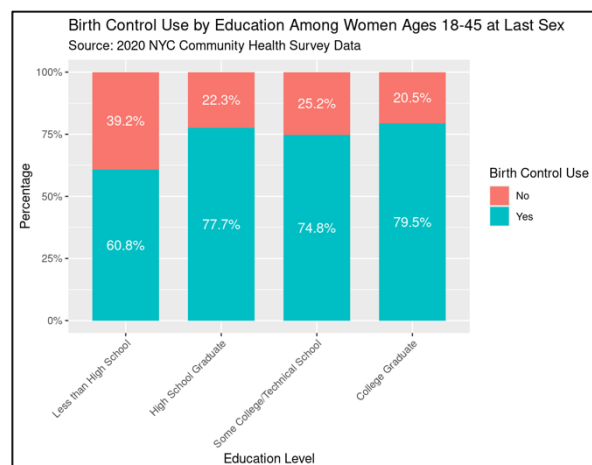
- Women with less than a high school education used birth control at last sex at a rate of 60.8%, nearly 20% less than women who graduated college, who used birth control at a rate of 79.5%.

**Women in New York City who were uninsured used birth control as last sex least.**

- Uninsured women used birth control at last sex at a rate of about 73%, those with Medicaid used at a rate of about 75%, those with Medicare used at a rate of about 78%, and those with private insurance used birth control at a rate of about 79%.

**Among women in New York City with a partner of the opposite-sex, Hispanic and Black women used birth control at last sex least.**

- While white/N Afri/Mid-Eastern women used birth at a rate of 80.33%, Hispanic and Black women used birth control at last sex at a rate of 74.35% and 74.89% respectively.
- Asian/Pacific Islander and other women used birth control at last sex with a partner of the opposite-sex at a rate of 78.74% and 77.27% respectively.



Birth Control Use Rates Among Women Ages 18-45 by Race/Ethnicity at Last Sex					
Characteristic	White (Non-Hispanic) N = 300 <sup>†</sup>	Black (Non-Hispanic) N = 227 <sup>†</sup>	Hispanic <sup>†</sup> N = 425	Asian/PI (Non-Hispanic) N = 174 <sup>†</sup>	Other (Non-Hispanic) N = 44 <sup>†</sup>
Used Birth Control at Last Sex	80.33%	74.89%	74.35%	78.74%	77.27%
<sup>†</sup> Frequency (%)					
Source: New York City Community Health Survey, 2020					
Note: The 'White' category includes individuals of North African and Middle Eastern origin.					

**Implications:** Findings from the 2020 NYC Community Health Survey show that social determinants of health, including education, income, insurance, and race/ethnicity, shape disparities in birth control use at last sexual encounter among women 18-45 with opposite-sex partners. Education had the largest apparent effect on birth control use, as women with less education reported significantly lower rates of use compared to those with higher education levels. These disparities reflect systemic barriers rooted in historical inequities in reproductive healthcare access and affordability. Expanding access to birth control, particularly through education-focused interventions, can increase health literacy and help prevent unintended pregnancies. Policies that integrate comprehensive family planning education, alongside efforts to expand Medicaid and increase affordable contraception programs, can address these inequities. These efforts aim to promote equity in reproductive health through education that empowers women to make informed decisions about their well-being.