



## Secretariat of Pro-Life Activities

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### **Fact Sheet: Greater Access to Contraception Does Not Reduce Abortions**

#### **1. Contraceptive use is already "virtually universal among women of reproductive age."<sup>1</sup>**

89% of sexually active women of reproductive age “at risk” of becoming pregnant use contraception, and 98% have used it in their lifetime.<sup>2</sup> Among teenagers who are sexually active and do not want to become pregnant, all but 7% are using contraception.<sup>3</sup>

#### **2. With typical use, contraceptives often fail to prevent pregnancy.**

In the first 12 months of contraceptive use, 16.4% of teens will become pregnant. If the teen is cohabiting, the pregnancy (or “failure”) rate rises to 47%. Among low-income cohabiting teens, the failure rate is 48.4% for birth control pills and 71.7% for condoms.<sup>4</sup>

Forty-eight percent of women with unintended pregnancies<sup>5</sup> and 54% of women seeking abortions were using contraception in the month they became pregnant.<sup>6</sup>

Contraception expert James Trussell of Princeton says: “The Pill is an outdated method because it does not work well enough. It is very difficult for ordinary women to take a pill every single day.”<sup>7</sup> Pregnancy is so likely from even a slightly delayed dose that government guidelines advise women to use “emergency contraception” if they had unprotected intercourse within two days after taking their daily progestin-only pill 3 hours late.<sup>8</sup>

#### **3. Why contraceptives work less well than we are told**

*Contraceptive effectiveness* is often estimated on a misleading per-use basis, or as failure rates over 12 months of typical use for all women of reproductive age. This greatly understates failure rates among teens, and fails to account for *cumulative risk* from more frequent sexual activity.

*Risk compensation*: Numerous studies examining sexual behavior and STD transmission have demonstrated risk compensation behavior, i.e., a greater willingness to engage in potentially risky behavior when one believes risk has been reduced through technology.<sup>9</sup> Increasing access to contraception gives teens a false sense of security, leading to earlier onset of sexual activity and more sexual partners, which counteracts any reduction in unintended pregnancies.

#### **4. Studies show that greater access to contraception does not reduce unintended pregnancies and abortions.**

Researchers in Spain examined patterns of contraceptive use and abortions in Spain over a ten-year period from 1997-2007. Their findings, published in the journal *Contraception* in January

2011, were that a 63 percent increase in the use of contraceptives was accompanied by a 108 percent increase in the rate of elective abortions.<sup>10</sup>

In July 2009 results were published from an expensive three-year program at 54 sites, funded by England's Department of Health, seeking to "reduce teenage pregnancy" through, among other things, sex education and advice on access to family planning beginning at ages 13-15. "No evidence was found that the intervention was effective in delaying heterosexual experience or reducing pregnancies." Young women who took part in the program were more likely than those in the control group to report that they had been pregnant (16% vs. 6%) and had early heterosexual experience (58% vs. 33%).<sup>11</sup>

David Paton, author of four major studies in this area, has found "no evidence" that "the provision of family planning reduces either underage conception or abortion rates."<sup>12</sup> He sums up the U.K. experience: "It is clear that providing more family planning clinics, far from having the effect of reducing conception rates, has actually led to an increase.... The availability of the morning-after pill seems to be encouraging risky behavior. It appears that if people have access to family planning advice they think they automatically have a lower risk of pregnancy."<sup>13</sup>

K. Edgardh found that despite free contraceptive counseling, low cost condoms and oral contraceptives, and over-the-counter emergency contraception (EC), Swedish teen abortion rates rose from 17 per thousand to 22.5 per thousand between 1995 and 2001.<sup>14</sup>

Peter Arcidiacono found that among teens, "increasing access to contraception may actually increase long run pregnancy rates even though short run pregnancy rates fall. On the other hand, policies that decrease access to contraception, and hence sexual activity, may lower pregnancy rates in the long run."<sup>15</sup>

### **5. Emergency Contraception (EC) does not reduce unintended pregnancy and abortion.**

Twenty-three studies published between 1998 and 2006, and analyzed by James Trussell's team at Princeton University, measured the effect of increased EC access on EC use, unintended pregnancy, and abortion. Not a single study among the 23 found a reduction in unintended pregnancies or abortions following increased access to emergency contraception.<sup>16</sup> For more information, including the conclusions of individual studies and researchers on this point, see "Fact Sheet: Emergency Contraception Fails to Reduce Unintended Pregnancy and Abortion," at [www.usccb.org/prolife/issues/abortion/factsheetec21607.shtml](http://www.usccb.org/prolife/issues/abortion/factsheetec21607.shtml).

### **6. A decline in teen sexual activity *does* reduce teen (or unwed) pregnancies and abortions.**

Concludes one analysis of the decline in non-marital pregnancies among teens from 1991 to 1995: "The reduction in numbers of 15-19 year olds having intercourse accounts for 67% of the decline in pregnancy rate."<sup>17</sup> The U.S. Centers for Disease Control found that from 1991 to 2001 "53% of the decline in pregnancy rates can be attributed to decreased sexual experience."<sup>18</sup>

Uganda's success in combating the epidemic of HIV/AIDS has lessons for reducing unintended pregnancies and abortions among teens and young adults. According to 150 experts in this field, "when targeting young people, for those who have not started sexual activity the first priority should be to encourage abstinence or delay of sexual onset, hence emphasising risk avoidance as the best way to prevent HIV and other sexually transmitted infections as well as unwanted pregnancy. After sexual debut, returning to abstinence or being mutually faithful with an uninfected partner are the most effective ways of avoiding infection."<sup>19</sup>

## Notes

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<sup>1</sup> Centers for Disease Control and Prevention, Advance Data No. 350, Dec. 10, 2004: "Use of Contraception and Use of Family Planning Services in the United States: 1982-2002"; [www.cdc.gov/nchs/data/ad/ad350.pdf](http://www.cdc.gov/nchs/data/ad/ad350.pdf).

<sup>2</sup> Guttmacher Institute, *Abortion in Women's Lives*, [www.guttmacher.org/pubs/2006/05/04/AiWL.pdf](http://www.guttmacher.org/pubs/2006/05/04/AiWL.pdf), at 6-7.

<sup>3</sup> Id., "Facts on Contraceptive Use," January 2008; [www.guttmacher.org/pubs/fb\\_contr\\_use.html](http://www.guttmacher.org/pubs/fb_contr_use.html).

<sup>4</sup> H. Fu et al., "Contraceptive Failure Rates: New Estimates from the 1995 National Survey of Family Growth," *Family Planning Perspectives* 31 (1999): 56-63 at 61.

<sup>5</sup> *Abortion in Women's Lives*, note 2 supra, at 7.

<sup>6</sup> Guttmacher Institute, "Facts on Induced Abortion in the United States," July 2008, [www.guttmacher.org/pubs/fb\\_induced\\_abortion.html](http://www.guttmacher.org/pubs/fb_induced_abortion.html).

<sup>7</sup> D. Rose, "The Pill 'has had its day as an effective contraceptive'," *The Times* (UK), June 26, 2008; [www.timesonline.co.uk/tol/news/uk/health/article4215441.ece?articleid=4215441](http://www.timesonline.co.uk/tol/news/uk/health/article4215441.ece?articleid=4215441).

<sup>8</sup> National Guideline Clearinghouse, "The use of contraception outside the terms of the product license" (2005), Recommendation No. 18; [www.guideline.gov/summary/summary.aspx?ss=15&doc\\_id=7488&nbr=4433](http://www.guideline.gov/summary/summary.aspx?ss=15&doc_id=7488&nbr=4433).

<sup>9</sup> J. Richens et al., "Condoms and Seat Belts: the Parallels and the Lessons," *The Lancet* 355 (2000): 400-403; M. Cassell et al., "Risk compensation: the Achilles' heel of innovations in HIV prevention?," *British Medical Journal* 332 (2006): 605-607; for extract see [www.bmj.com/cgi/pdf\\_extract/332/7541/605?ct](http://www.bmj.com/cgi/pdf_extract/332/7541/605?ct).

<sup>10</sup> J. Dueñas et al., "Trends in the Use of Contraceptive Methods and Voluntary Interruption of Pregnancy in the Spanish Population during 1997-2007," 83 (2011) *Contraception* 82-87.

<sup>11</sup> M. Wiggins et al., "Health Outcomes of Youth Development Programme in England: Prospective Matched Comparison Study," *British Medical Journal* 339.72 (2009): b2534; advance online publication (7 July 2009): 1-8 at 1; [www.bmj.com/cgi/reprint/339/jul07\\_2/b2534](http://www.bmj.com/cgi/reprint/339/jul07_2/b2534).

<sup>12</sup> D. Paton, "The Economics of Family Planning and Underage Conceptions," *J. of Health Economics*, 21.2 (March 2002): 207-225; abstract at [www.sciencedirect.com/science/article/B6V8K-4537PJR-3/2/7b0ac0ed4b84065fae3119e1663e50bc](http://www.sciencedirect.com/science/article/B6V8K-4537PJR-3/2/7b0ac0ed4b84065fae3119e1663e50bc). This study examined 16 regions of the U.K. over a 14-year period, and also focused on the effect of the Gillick ruling, which from 1984 to 1985 required parental consent for girls under 16 to obtain contraception in England (but not in Scotland). Predictably, a heavy drop in clinic visits occurred among English girls under 16. Many expected to see increased pregnancies and abortions in this group, compared to older girls in England and girls under 16 in Scotland; instead the study found no increase in pregnancies or abortions in the former group, and no decrease in underage pregnancies or abortions overall from greater access to contraception.

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- <sup>13</sup> Quoted in K. Ahmed, "Abortions rise in under-age sex crisis," *The Observer* (UK), 17 March 2002; [www.guardian.co.uk/uk/2002/mar/17/medicalseience.socialsciences](http://www.guardian.co.uk/uk/2002/mar/17/medicalseience.socialsciences).
- <sup>14</sup> K. Edgardh et al., "Adolescent Sexual Health in Sweden," *Sexually Transmitted Infections* 78 (2002): 352-6; available at <http://sti.bmjournals.com/cgi/content/full/78/5/352>.
- <sup>15</sup> P. Arcidiacono et al., "Habit Persistence and Teen Sex: Could Increased Access to Contraception Have Unintended Consequences for Teen Pregnancies?," Working Paper, Duke University Department of Economics (Oct. 3, 2005): 1-38 at 31; [www.econ.duke.edu/~psarcidi/teensex.pdf](http://www.econ.duke.edu/~psarcidi/teensex.pdf).
- <sup>16</sup> E. Raymond et al., "Population Effect of Increased Access to Emergency Contraceptive Pills: A Systematic Review," *Obstetrics & Gynecology* 109.1 (January 2007): 181-8.
- <sup>17</sup> J. Mohn et al., "An analysis of the causes of the decline in non-marital birth and pregnancy rates for teens from 1991-1995," *Adolescent and Family Health* 3.1 (Spring 2003): 339-47 at xx.
- <sup>18</sup> J. Santelli et al., "Can Changes in Sexual Behaviors Among High School Students Explain the Decline in Teen Pregnancy Rates in the 1990s?," *Journal of Adolescent Health* 35 (2004): 80-90 at 80.
- <sup>19</sup> D. Halperin et al., "The time has come for common ground on preventing sexual transmission of HIV," *The Lancet* 364.9449 (27 November 2004): 1913-1915 at 1913.

3/17/11