Atlas of Healthcare Variation

hqsc.govt.nz/atlas/contraceptive-use

Contraceptive use by women: key findings 2018

Availability, affordability, acceptability and access to contraception information and services is a human right.[1]

This Atlas domain highlights low use of the most effective contraceptive methods. When cost and access barriers to long-acting reversible contraception were addressed, uptake was high (eg, at time of abortion).

Research has concluded that 'system and clinical barriers impact on young Māori mothers' access to timely contraception resulting in multiple missed opportunities'.[2]

Reading notes:

1. Based on women aged 10–54 years living in Aotearoa New Zealand (n=1,467,375). Not all require contraception.
2. Long-acting contraception will last 3+ years. Annual figures relate to procedures during 2018.
3. The data does not include some self-funded use.

Long-acting reversible contraception

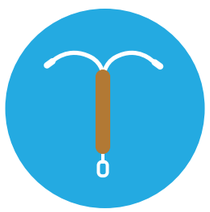
Lasts 3–5 years, is more expensive and not available in all settings. Despite effectiveness and high patient satisfaction, **rate of use was low.**

Implant (Jadelle)

9,200
(0.62%)

- **Rates varied nearly three-fold** between DHBs.
- Māori and Pacific women almost **double the rate** of non-Māori, non-Pacific women.

IUD



Numbers unknown

IUS (Mirena or Jaydess)

5,320
(0.36%)

- **Rates varied three-fold** between DHBs.

40–49 years

- **Highest use in ages** 40–49 years, lowest in ages 10–19 years.
- Pacific and Asian women **less likely to be dispensed an IUS** than Māori or European/Other women.

At time of abortion

- **47% received** long-acting reversible contraception following abortion.*
- **Māori and Pacific women more likely** (58% and 62% respectively) to receive long-acting reversible contraception following abortion than European/Other women.
- **Rates varied almost two-fold** between DHBs.
- **10% not provided any contraception** (either not offered or declined. Includes all options, pill, long-acting reversible contraception and other such as condoms).

* Includes Jadelle, Mirena and copper IUD

Permanent contraception

Sterilisation (public only)

1,900
(0.29%)

- Māori and Pacific peoples **higher rates than** European/Other.
- **Rates varied six-fold** between DHBs.

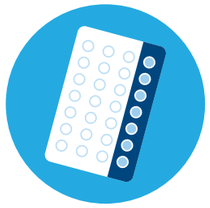
- **Rates were highest** in those aged 35–39 years.

(Women relying on male vasectomy – not known.)

Regular contraception

The most commonly used method; requires regular visits to a health care provider, regular dispensing by pharmacy and to be taken daily.

Regular oral contraception



120,370
(8.2%)

- **Highest rate (30%)** dispensed in ages 20–24 years.
- In women aged 15-19 years, European/Other **8.3** times more likely to regularly receive oral contraception than Pacific women, **6.4** times more than Asian and **2.9** times more than Māori women.

DMPA

Numbers unknown

1 United Nations. nd. Family planning. URL: www.unfpa.org/family-planning#:~:text=Access%20to%20safe%2C%20voluntary%20family%20planning%20is%20a%20human%20right.&text=UNFPA%20works%20to%20support%20family,data%20to%20support%20this%20work (accessed August 2020).

2 Lawton B, Makowharemahihi C, Cram F, et al. 2016. E Hine: access to contraception for indigenous Māori teenage mothers. *J Prim Health Care* 8(1): 52–9.

DHB = district health board; **DMPA** = depot-medroxyprogesterone acetate; **IUD** = intra-uterine device; **IUS** = intra-uterine system.

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