contraception may continue to use it even when they are not sexually active. There could be a similar explanation concerning men’s condom use: Even when men are not sexually active, they may report the condom to be their method if they have used it in the past or intend to use it in the future.  However, the lack of information about sexual activity precluded us from testing this assumption. Recent studies of women and men living in either a marital or a nonmarital union have suggested that couples tend to make joint decisions on their method of contraception, and there is little variation in contraceptive practices when partners are interviewed separately. However, studies of women and men of all marital statuses have shown a discrepancy of approximately five percentage points in reports of contraceptive use or sexual activity and history.  

Prior research has shown that spacing between the first and second births is relatively short for Canadian women. The increase in rates of contraceptive nonuse among women with no children or only one child may reflect an increased desire to have children born closer together. Indeed, recent Canadian data have shown an increase in fertility among women in their 30s. In other words, women who have delayed childbirth into their 30s may not want a long interval between the birth of their first and second births.

An increase in socioeconomic status tends to be associated with an elevated level of contraceptive use. This supports the notion that socioeconomic status influences the family planning decision process. The costs and benefits associated with having children, when weighed against other goals, may lead individuals to delay marriage and childbearing until their education is complete and their careers are fully established, or until they have purchased their first home.  

Sterilization, oral contraceptives and the condom appear to have remained Canadians’ primary contraceptive choices since the 1960s, when the contraceptive revolution began. Our analysis suggests that between 1984 and 1995, rates of contraceptive use declined somewhat among women of reproductive age. While this overall decline is consistent with previous research, it should be interpreted with caution, due to the differences in the surveys. That contraceptive use seems to be declining in Canada may be of some concern. Indeed, among industrialized countries, Canada now has one of the lowest levels of contraceptive use (see Figure 1). Prevalence is even lower than in the United States; this is surprising, given that Canada’s universal health care system provides Canadians with free access to medical services, including contraceptive prescriptions and sterilization procedures, while the United States has no universal health care system.  

The decline in contraceptive practice is particularly evident for tubal ligation. One possible explanation for this overall decline is a change in the method of sterilization. Previous research found a decline in tubal ligations among women who were married or living in a consensual union, and suggested that younger couples are more likely to choose vasectomy over tubal ligation than are older couples.  

Canada’s changing age structure may also have played a role. The fertility rate has been below replacement level since the mid-1970s. Moreover, as the postwar baby boom cohort ages, the segment of the sexually active population who are in their reproductive years has declined. For example, between 1984 and 1995, the number of women aged 15–34 declined from 18% to 15% of the population.  While the rate of nonuse tends to be higher among younger women than among older women, the largest decline in contraceptive use over the past decade occurred among women aged 30 and older. Thus, the overall decline in contraceptive use may result from a larger segment of the reproductive population (women older than 30) not practicing contraception. Why would older women not be practicing contraception? The substantial decline in rates of tubal ligation and increase in rates of sterilization for medical reasons among these women suggest that while these women are not practicing contraception, they may nonetheless be protected from unplanned pregnancy. Also, the substantial decline in rates of contraceptive use among formerly married women may indicate that these women were either sexually inactive or medically sterilized. This finding should be interpreted with caution, however, due to differences between surveys in the wording of questions concerning sterilization.

Our results suggest a substantial increase in condom use between 1984 and 1995, although the rise in condom use did offset the overall decline in reliance on other methods. The largest increase in condom use occurred among women younger than age 30. This increase does not appear to have been at the expense of women’s use of the pill. Rather, the decline in use of such methods as the IUD, withdrawal and rhythm, combined with the reduction in pill use among women younger than 25, accounts for much of this shift.

The rise in condom use may be indicative of increased concerns and awareness of STDs, including HIV and AIDS, and is consistent with prior research. That this rise was most dramatic among young women is particularly encouraging. However, without knowing about multiple method use or sexual activity and history, we cannot know what proportion of...