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### **ACKNOWLEDGMENTS**

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# Beyond Birth Control: The Overlooked Benefits Of Oral Contraceptive Pills

## Background

Oral contraceptive pills (OCPs) are primarily intended to prevent pregnancy. But they also offer a number of additional and immediate health benefits, particularly for women who experience menstrual-related disorders. According to the American College of Obstetrics and Gynecology (ACOG), OCPs help relieve or reduce the symptoms of severe menstrual pain (dysmenorrhea), which is experienced by up to 40% of all adult women<sup>1</sup> and can lead to absences from work and school.<sup>2</sup> The pill (as well as other hormonal contraceptives) is useful in treating excessive menstrual bleeding (menorrhagia), which can lead to anemia, and it also has the potential to reduce acne and excess hair growth (hirsutism).<sup>3</sup> Other noncontraceptive uses include prevention of menstrual-related migraines, and treatment of pelvic pain that accompanies endometriosis and of bleeding due to uterine fibroids. Additional benefits identified by ACOG are normalization of irregular periods and suppression of menstruation. For some women, predicting when they will have their period or avoiding it altogether may be a matter of convenience; for others, menstrual regulation may help prevent migraines and other painful “side effects” of menstruation.<sup>4</sup>

To date, little is known about the extent to which women use OCPs for purposes other than pregnancy prevention. To help fill this gap, we use national data from the 2006–2008 National Survey of Family Growth (NSFG) to examine how frequently women use the pill for noncontraceptive reasons. This information will provide a broader understanding of how women balance the different reasons for method use and the extent to which they overlap, and how the uses vary among women of different ages and by sexual activity.

## Findings

### Reasons women use OCPs

An estimated 11.2 million U.S. women aged 15–44, or 18% of all women, currently use OCPs.

- Birth control is the most common reason women use the pill, reported by 86% of current pill users (Figure 1, page 6). However, 14% of pill users—more

than 1.5 million women—rely on the method for only noncontraceptive purposes.

- More than half of pill users, 58%, rely on the method at least in part for purposes other than pregnancy prevention. Thirty-one percent use it for cramps or menstrual pain, 28% for menstrual regulation, 14% for acne, 4% for endometriosis, and 11% for other unspecified reasons.
- Slightly less than half of pill users, 49%, use the method for more than one reason (not shown).

### Not just for sexually active women

Use of the pill is not restricted to women who are currently sexually active, or even to women who have ever had sex.

- Among sexually experienced pill users, 9% are not currently sexually active, defined as not having had sex in the last three months (not shown); although a small minority, this group accounts for 911,000 women (Supplementary Table, page 8).
- Nearly two-thirds of this population (65%) cite birth control as a reason for use (Figure 2, page 6), perhaps because they had first started using it for purposes of pregnancy prevention and anticipated having sex in the future. But a larger proportion, 88%, take OCPs for noncontraceptive purposes, most commonly menstrual regulation (46%) and menstrual pain (40%).
- By comparison, 95% of sexually active pill users report birth control as a reason for pill use. They are substantially less likely than sexually inactive users to cite noncontraceptive reasons, although 52% also report at least one of these benefits as a reason for their use.
- Among women who have never had sex, 9% report current use of OCPs (not shown), accounting for 762,000 women (Supplementary Table, page 8). Almost all of these women, 95%, do so for only noncontraceptive benefits (Figure 3, page 7), most commonly menstrual pain (57%), menstrual regulation (43%) and acne (26%).

### **The special case of adolescents**

Menstrual-related disorders and irregular menses are particularly common during adolescence, with 70–91% of female teenagers reporting painful periods,<sup>5,6,7</sup> and 25% experiencing menstrual disturbances.<sup>4</sup>

- Reliance on birth control pills for noncontraceptive reasons is highest among pill users who are teenagers. In fact, teens are more likely to report using the pill for noncontraceptive purposes than for birth control: Some 82% of 15–19-year-olds who use OCPs say they do so for noncontraceptive reasons, compared with 67% who report using them for pregnancy prevention (Figure 4, page 7). Moreover, 33% of these teens report using the method solely for noncontraceptive purposes.
- Among pill users aged 20 and older, the overwhelming majority, 90%, report using the method for birth control, and 54% report using them for noncontraceptive benefits.
- Teenagers account for the majority of sexually inexperienced women, and among all 15–19-year-olds who have never had sex, 8% use the pill (not shown). Almost all of them do so for noncontraceptive reasons, most commonly menstrual pain (54%), menstrual regulation (33%) and acne (30%).

### **Conclusions**

Birth control pills are mainly used to prevent pregnancy, but more than half of women who take them identify other immediate health benefits. In fact, 1.5 million women take OCPs solely for noncontraceptive reasons, such as relief from menstrual pain, treatment of acne and menstrual regulation. Although women who have never had sex make up only a small proportion of pill users, nationally they account for approximately 762,000 women; almost all report using the pill for noncontraceptive reasons. Finally, almost one million women who have not recently had sex take OCPs, and most do so at least in part for noncontraceptive purposes. This pattern may help explain why pill users are substantially less likely than users of condoms or withdrawal to discontinue contraception.<sup>8</sup> More speculatively, it is possible that women who rely on the pill for both contraceptive and noncontraceptive benefits take their pills more consistently and experience fewer contraceptive failures than women who take them only for purposes of pregnancy prevention.

Our measures may underestimate the number of women who use OCPs for reasons other than or in addition to pregnancy prevention, as many of the (less common) medical problems such as hirsutism, menstrual migraines and fibroids were not directly assessed in the NSFG.

Although these might have been captured in the “other” or menstrual regulation categories, we cannot be sure. Other hormonal methods such as the ring, patch, implant and IUD also offer noncontraceptive benefits, but the NSFG only asked about noncontraceptive uses among pill users. This, too, means that overall levels of reliance on hormonal contraception for reasons other than pregnancy prevention may be higher than what is estimated in this analysis.

In sum, use of OCPs, as well as other hormonal contraceptive methods, not only reduces the risk of unintended pregnancy, but also helps alleviate a range of immediate health problems experienced by women, and young women in particular.

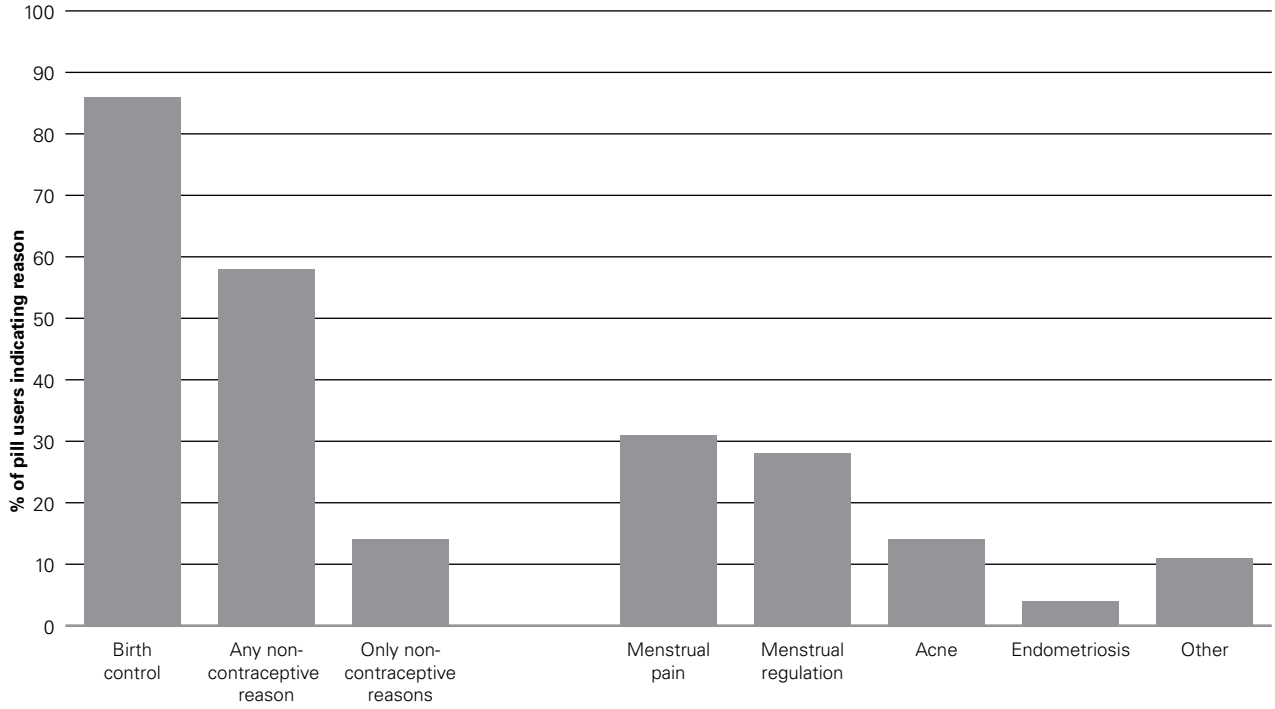
### **Data source and methodology**

This report is based on data from the 2006–2008 National Survey of Family Growth (NSFG). The NSFG is designed and administered by the National Center for Health Statistics (NCHS) to provide information about factors affecting pregnancy, including sexual activity and contraceptive use. Data were gathered using in-person interviews with 7,356 women aged 15–44 between June 2006 and December 2008. All data used for this analysis were weighted, and the findings are nationally representative. The analysis is restricted to current pill users, defined as women who reported using the pill in the month of the survey. (Some current pill users reported using a more effective contraceptive method during the month. For example, a small number also reported partners’ vasectomy as a contraceptive method. In reports published by NCHS,<sup>9</sup> these women are counted as relying on the more effective method, but for this analysis, they are considered to be pill users.) Reasons for pill use were assessed using the following item: “Now I would like to know all of the reasons for your recent pill use. Have you used it for birth control, cramps or pain during menstrual period, treatment for acne, treatment for endometriosis, to regulate your menstrual periods, or for some other reason?” Women could indicate multiple reasons for use.

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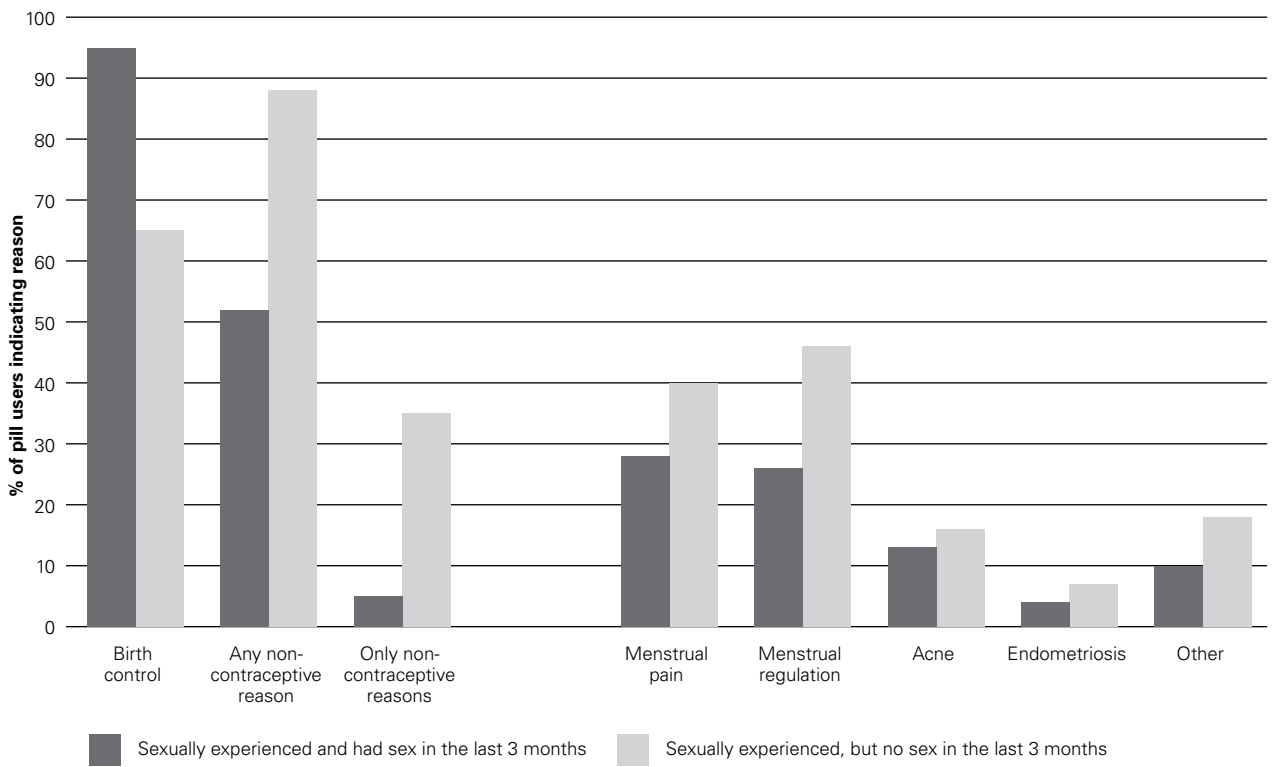
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**FIGURE 1. Reasons women use oral contraceptive pills**



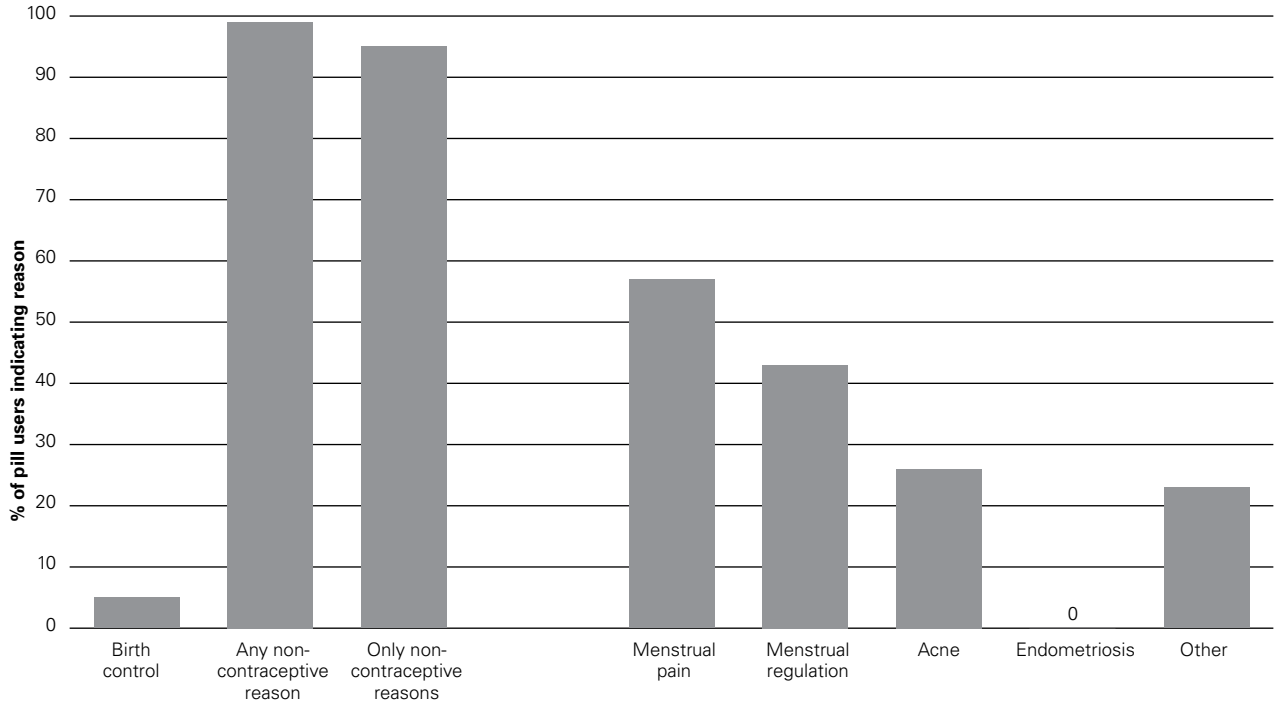
Note: Supplementary table is on page 8.

**FIGURE 2. Reasons for pill use, by sexual activity status**



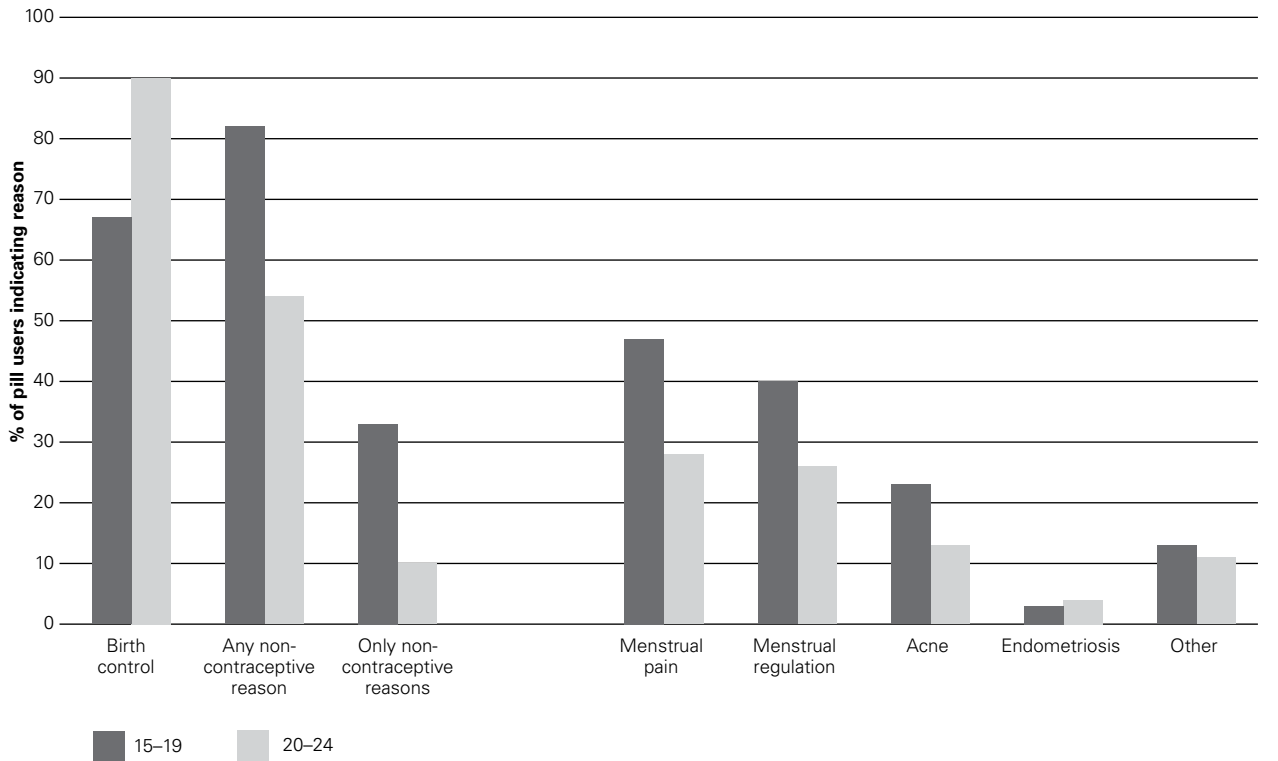
Note: Supplementary table is on page 8.

**FIGURE 3. Reasons for pill use among women who have never had sex**



Note: Supplementary table is on page 8.

**FIGURE 4. Reasons for pill use, by age-group**



Note: Supplementary table is on page 8.

**Supplementary table to figures. Proportion of U.S. women 15–44 using the pill, by reason, 2006–2008 NSFG**

Reason	All women	Pill users					
		All	Ever had sex		Never had sex	Age-group	
			Sex in last 3 mos.	No sex in last 3 mos.		15–19	20–44
Birth control	16	86	95	65	5	67	90
Menstrual pain	6	31	28	40	57	47	28
Menstrual regulation	5	28	26	46	43	40	26
Acne	3	14	13	16	26	23	13
Endometriosis	1	4	4	7	0	3	4
Other	2	11	10	18	23	13	11
Any noncontraceptive reason	10	58	52	88	99	82	54
Any noncontraceptive, excluding other	9	51	46	76	87	74	47
Only noncontraceptive reasons	2	14	5	35	95	33	10
Only noncontraceptive, excluding other	2	9	3	24	72	23	7
Unweighted N	7,354	1,270	1,040	140	90	216	1,054
Population (in 000s)	61,810	11,219	9,546	911	762	1,621	9,598





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