# Contraceptive Use and Care in New Jersey

A Report for the New Jersey Family Planning League
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# Introduction

Contraceptive care is an essential component of public health, supporting people's ability to achieve their reproductive goals and promoting health equity across communities. In New Jersey, most individuals who can become pregnant use a contraceptive method, yet variation in contraceptive use and services across counties and populations points to persistent gaps in access and equity.

This chartbook synthesizes key indicators on contraceptive use, provider availability, and program reach to provide a comprehensive overview of New Jersey's contraceptive landscape. The charts are designed to inform policy, guide resource allocation, and support coordination across public health agencies, providers, and community partners.

Grounded in a reproductive justice framework, one that emphasizes the right to bodily autonomy, access to care, and the social conditions necessary to make meaningful reproductive choices, this analysis recognizes that equitable contraceptive care involves more than the availability of methods. It requires ensuring that all people have the autonomy, information, and support to make decisions consistent with their values and circumstances.

Together, the data presented here offer a foundation for strengthening New Jersey's reproductive health infrastructure and advancing contraceptive access that is patient-centered, evidence-based, and just.

# Data Sources

The analyses presented in this chart book draw on multiple sources of publicly available and state-specific data on contraceptive use and access in New Jersey. Most indicators are derived from federally funded public health surveillance systems that provide representative samples of New Jersey residents.

Additional estimates are drawn from published and new analyses of the Survey of Women in New Jersey, which includes a representative state sample and provide detailed insights into contraceptive preferences, use patterns, and barriers to care. Data on service delivery and program reach come from surveillance of publicly funded clinics, including the Title X Family Planning Program.

Together, these complementary data sources provide a robust, multidimensional picture of contraceptive care in the state—capturing both individual experiences and the system-level capacity to meet reproductive health needs.

## Acronym Guide

**BRFSS:** Behavioral Risk Factor Surveillance System

**PRAMS:** Pregnancy Risk Assessment Monitoring System

**SOW**: Survey of Women

**YRBS:** Youth Risk Behavior Survey

★ **The term Woman/Women is used throughout this report to align with the language used in the datasets referenced in the Acronym Guide. However, our team acknowledges that gender exists outside of the binary and recognizes the need for broader capturing of gender identities in reproductive health research.**

# Contraceptive Use Patterns

Lindberg and Reardon, 2026

# Most Women Aged 18–49 in New Jersey Who Had Sex in the Past 12 Months Used a Contraceptive Method at Last Sex



**16%**

**Did not use a Contraceptive Method**

The goal of reproductive justice is to give patients informed, supported choices, which includes the choice to **not use** contraceptives.

In a recent study of contraceptive non-users, **90% cited personal reasons while only 3% cited access barriers.**

**84%**

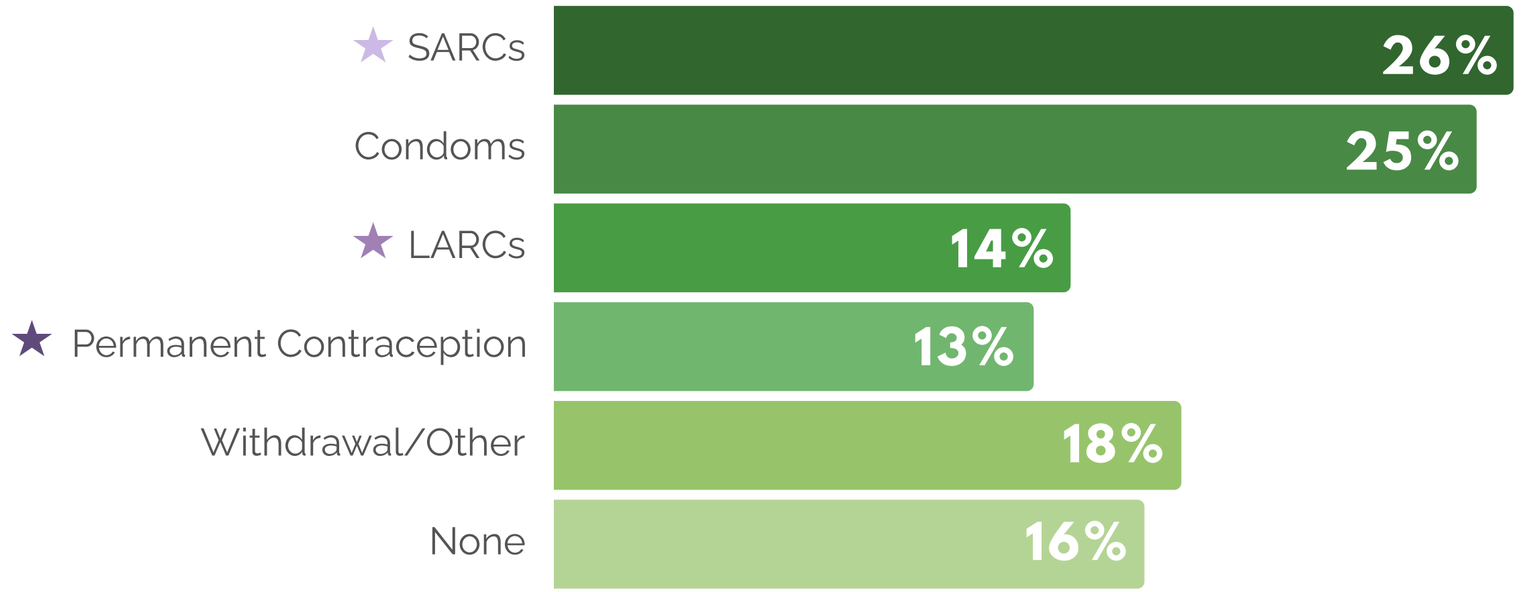
**Used a Contraceptive Method**

Authors' analysis of 2022 BRFSS

Swan et al. (2025)

# The Most Commonly Used Methods in New Jersey Are Condoms and Short-Acting Options Like the Pill

## Women's Method Use at Last Penile-Vaginal Intercourse, by Type, New Jersey 2022




Data in this figure add up to >100. Participants could report up to two method if applicable.

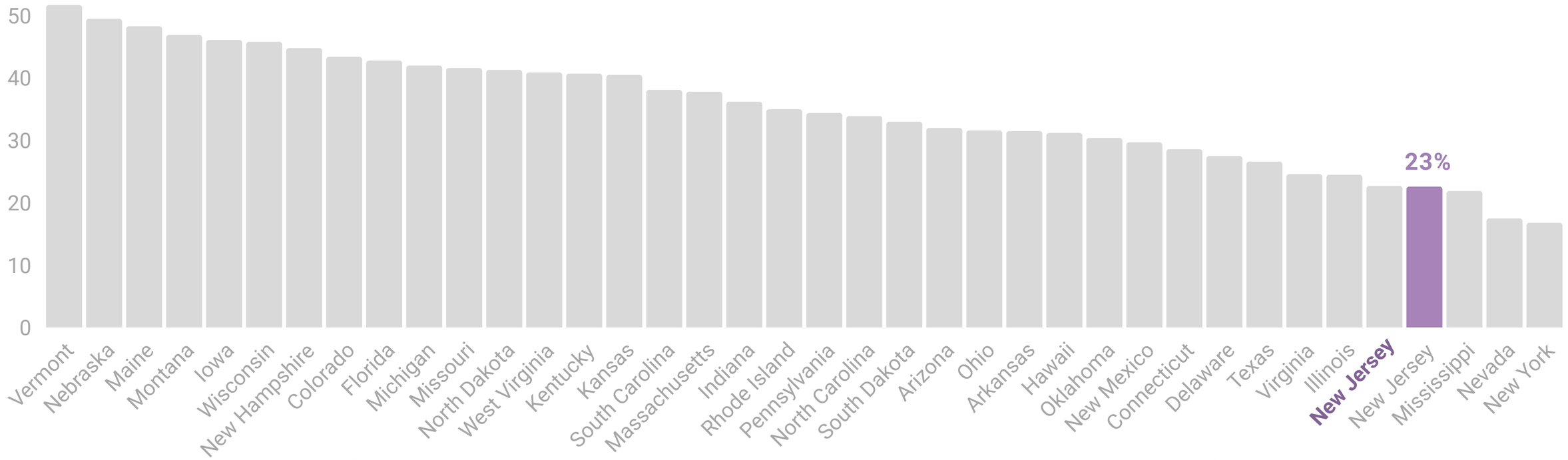
★ Short- acting reversible contraception (Pill, Shot, Patch, Ring, Diaphragm, Sponge, Emergency Contraception)
★ Long- acting reversible contraception (IUD, Implant)
★ Permanent contraception includes tubal ligation, Essure, and vasectomy.

Authors' analysis of 2022 BRFSS

# Prescription Contraceptive Use Among High School Students Is Lower in New Jersey Than in Most Other States

**Differences may reflect variation in access, confidentiality protections, service availablity, and institutional practices**

**Percent of High School Students Using Prescription Methods★ of Contraception, by State★**




**New Jersey generally requires parental consent for minors to access prescription contraception, though confidentiality protections and implementation vary by setting.**

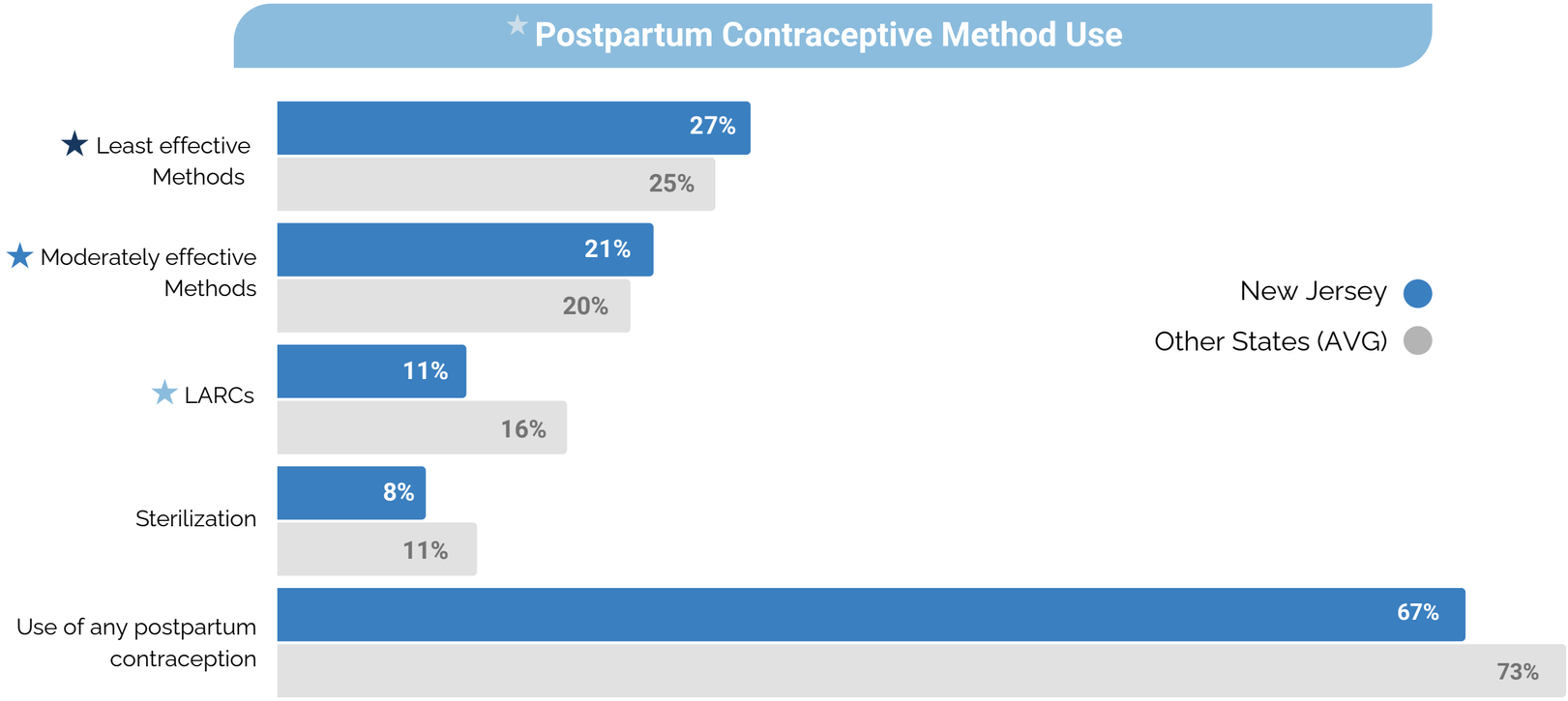
★ Prescription Methods Include: Pills, IUDs, Implants, Shots, Patches and, Ring

★ New Jersey (2023); Other states reflect most recent available data (2023 or 2021)

Author's analysis of 2023 YRBS

# Postpartum Contraceptive Access Is an Area for Improvement in New Jersey

## Differences may reflect variation in access, confidentiality protections, service availablity, and institutional practices




*US average calculated from 33 jurisdictions (U.S. states, DC, NYC, and U.S. territories).

★ Postpartum defined as the time the PRAMS survey was completed, usually 3-5 months after a birth.

★ Least effective methods include condoms, withdrawal, spermicides, and other traditional or behavioral methods.

★ Moderately effective methods include injectables, oral pills, patches, and rings.

★ LARCS: Long-acting reversible contraceptives (IUDs and implants) that provide effective, long-term pregnancy prevention.

Authors analysis of 2023 PRAMS

# Key Takaways

- **Most women in New Jersey use contraception, primarily short-acting methods and condoms.**
- **Adolescent and postpartum contraceptive use trail other states, signaling gaps in timely and equitable access.**
- **Advancing equitable access across the life course is essential to supporting reproductive autonomy.**

Understanding use patterns is only part of the picture.
Aligning services with people's preferences and experiences is equally critical.

Lindberg and Reardon, 2026

# Barriers and Care Quality

Lindberg and Reardon, 2026

# Nearly Half of Women in New Jersey Rely on Online Sources for Contraceptive Care

## Channels known to vary widely in accuracy



**49%**

of reproductive age women in New Jersey recieved contraceptive information from **social media or other online sources** in prior 3 months.

Online spaces can **increase access to contraceptive information**—but they also **expose people to misinformation** and misleading claims about contraception.

### Online sources commonly share contraceptive misinformation such as:

- Claims that hormonal birth control causes infertility
- Messages suggesting IUDs are unsafe for young people
- Overstated risks of cancer or long-term harm from contraception
- Inaccurate assertions that “natural” methods are as effective as clinical methods

Authors’ analyses of the 2023 New Jersey Survey of Women

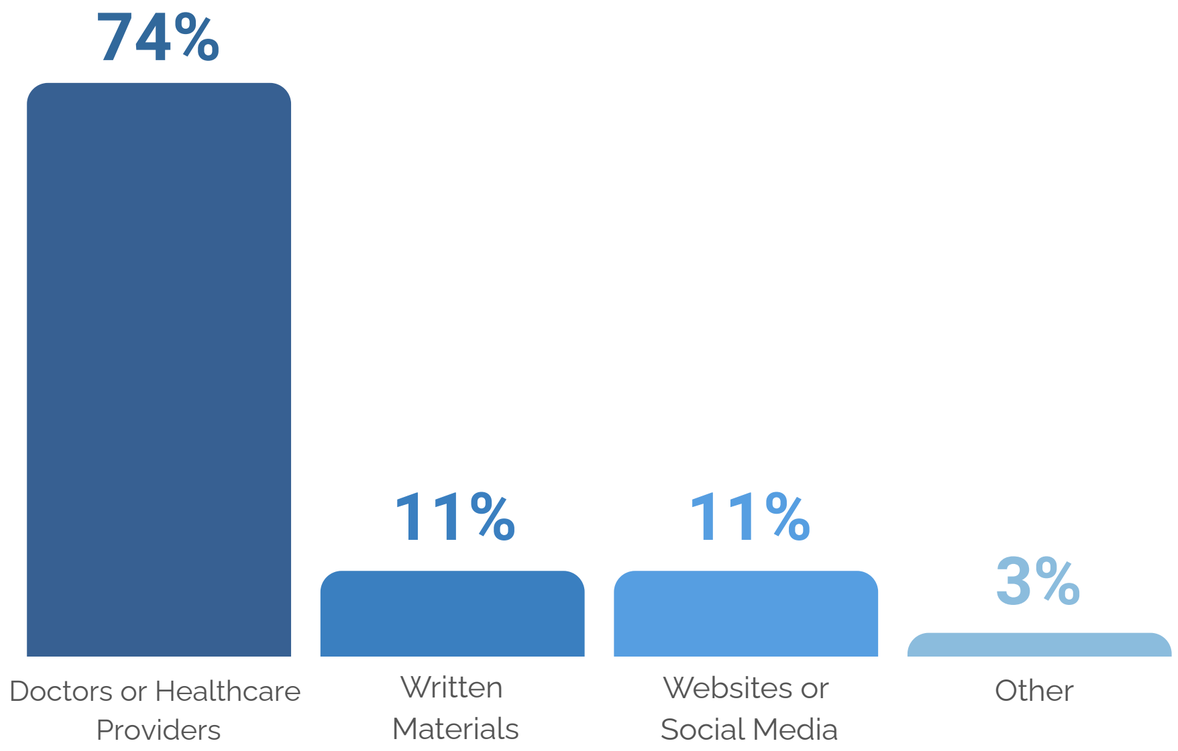
Lindberg and Reardon, 2026

# Nationally, Many Contraceptive Users Would Like More Information Before Choosing Their Method

**70%**

Of reproductive age contraception users reported they **did not have all the information they needed** to chose a contraceptive method.

## Doctors and Healthcare Providers Are the Preferred Sources for Contraceptive Information




Frederiksen et al. (2022)

Lindberg and Reardon, 2026

# Meeting People's Contraceptive Preferences

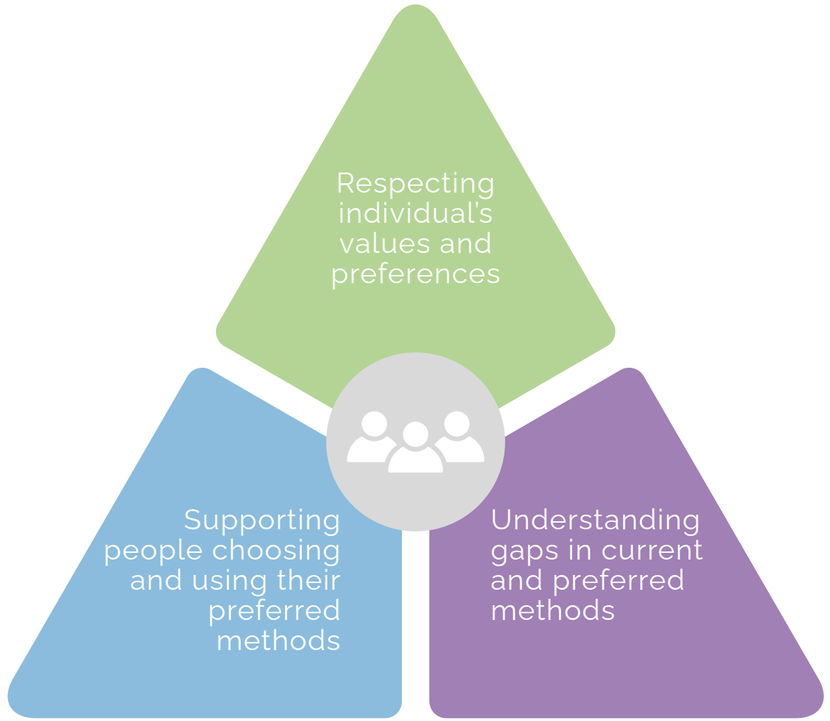
Contraception is a key factor in enabling individuals to achieve their **reproductive health goals.**

Contraceptive services should be designed to reflect **patients' values and priorities,** supporting their autonomy and decision-making.

Individuals' ability to use their preferred contraceptive method is a **key measure** of patient-centered care.

Documenting the gap between the methods individuals currently use and those they would prefer to use is an important step in guiding future programmatic and policy interventions to **enhance access to high-quality, patient-centered contraceptive care.**

**PATIENT-CENTERED APPROACH TO CONTRACEPTIVE CARE**



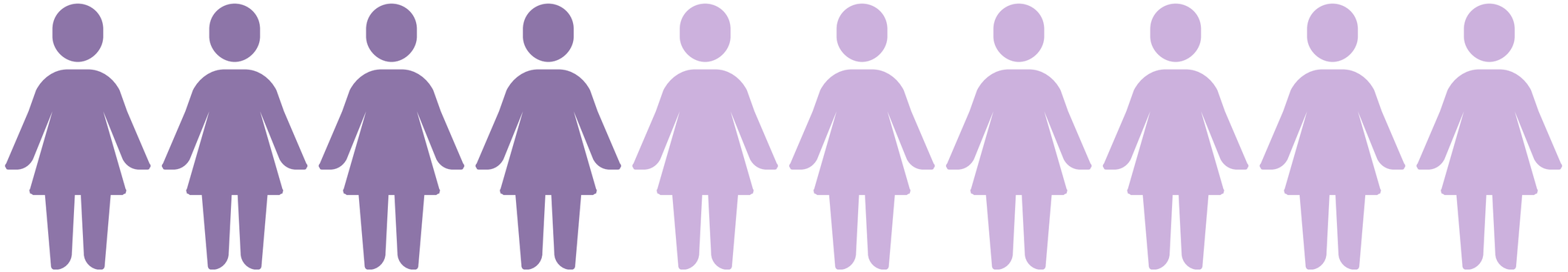

CDC (2014)

Lindberg and Reardon, 2026

# A Gap Between Contraceptive Preference and Use In New Jersey

**44%**

of people at risk of pregnancy are *not* using their preferred contraception in New Jersey.

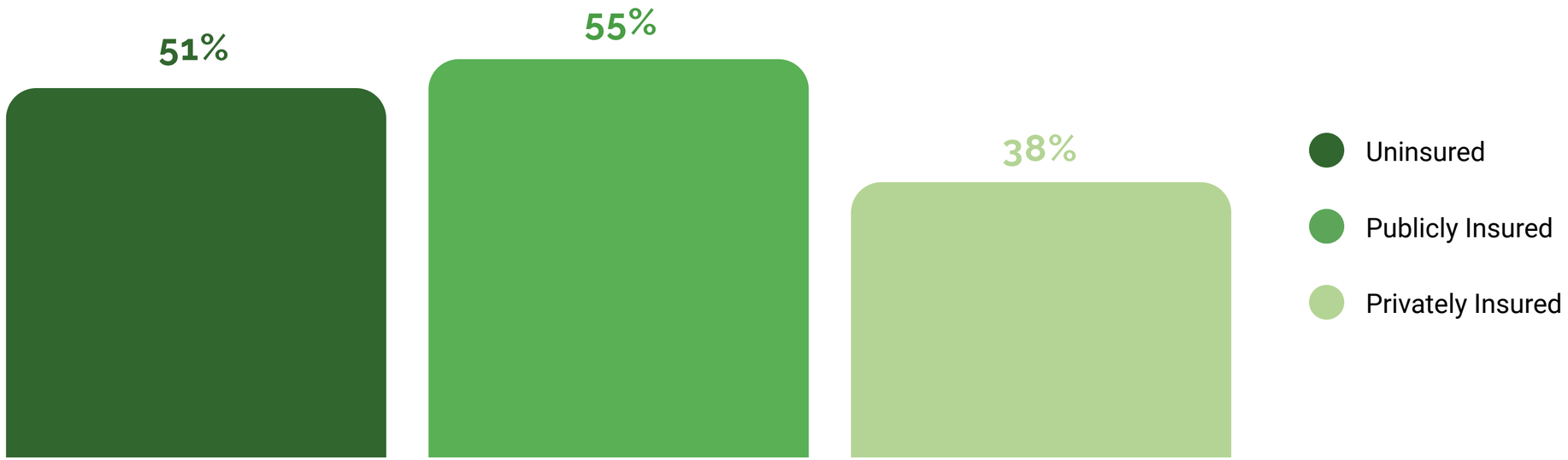


Lindberg and Reardon, 2026

Authors analysis of 2022 BRFSS

# Preferred Contraception Use Is Lower Among Uninsured and Publicly Insured In New Jersey

**Percent of Women Not Using Their Preferred Contraceptive Method in New Jersey, by Insurance Type**

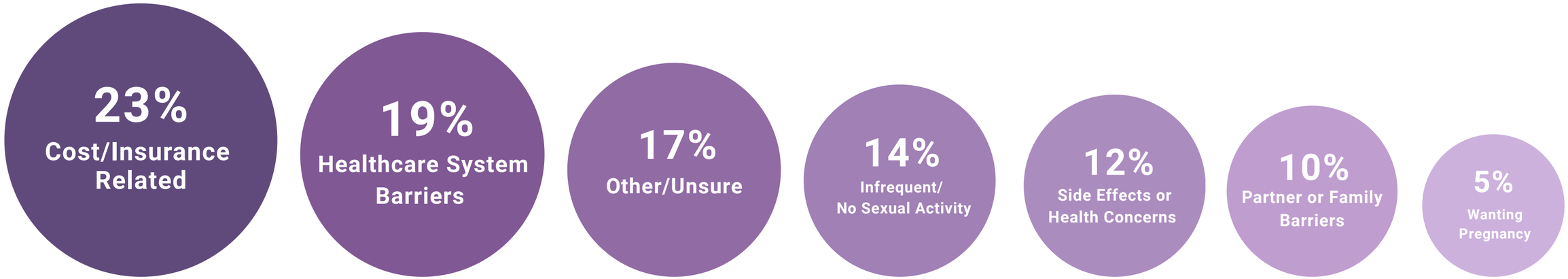



This pattern reflects multiple structural, relational, and contextual factors

Authors analysis of 2022 BRFSS

# Non-Use of Preferred Contraceptive Methods Reflects Structural and Social Barriers

## Reasons for Not Using a Preferred Method of Contraception:

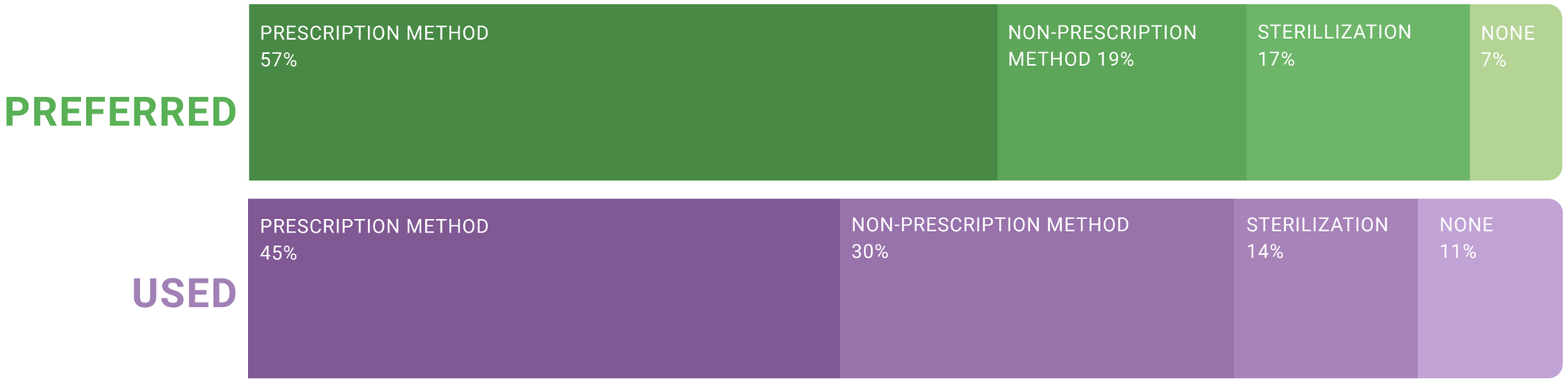



This is combined data from New Jersey, Arizona, Iowa and Wisconsin.

Kavanaugh et al (2024)

# Gaps Between *Preferred* and *Used* Methods Highlight Unmet Contraceptive Needs in New Jersey

In New Jersey, women are more likely to prefer prescription contraceptives, yet many rely on non-prescription options. Overall, preferences vary widely, underscoring that **contraception is not "one-size-fits all".**




This gap between preferred and used methods highlights the need for systems that better align availability and access to individual preferences.

Authors analysis of 2022 BRFSS

# Person-Centered Contraceptive Care Quality Has Declined in New Jersey Post-*Dobbs*

**Self- Reported Percentages of Receiving High-Quality Contraceptive Care in New Jersey**

**53%**
Pre-Dobbs (2021)



**48%**
Post-Dobbs (2022-2023)

The **decline in quality** indicates challenges in maintaining person-centered reproductive health care in the post-*Dobbs* era.

Kavanaugh et al. (2024)

# Key Takaways

- Many women are not using their preferred contraceptive method.
- Gaps between preferred and used methods are more common among women facing financial or insurance-related constraints.
- Structural, relational, and informational factors - including online misinformation - shape contraceptive decision-making.
- Person-centered contraceptive care has become more difficult to sustain in the post-Dobbs environment.

Ensuring that people's contraceptive preferences can be realized requires a strong and equitable service infrastructure.

Lindberg and Reardon, 2026

# Use of Publicly Funded Family Planning Services

Lindberg and Reardon, 2026

# What Are Publicly Funded Clinics?

**Publicly funded clinics** are healthcare sites that receive government funding to provide low-cost or free reproductive health care, especially for people who are uninsured or underinsured.



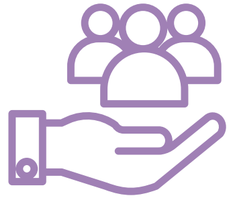
## Types of  Publicly Funded Clinics:

Community health centers

Health department clinics

Planned Parenthood health centers

Federally Qualified Health Centers



## What are Common Services Provided?

Contraceptive services

HIV prevention (PrEP)

STI testing and treatment

Cancer screenings

Pregnancy testing and counseling

Screenings for substance use, mental health, and intimate partner violence

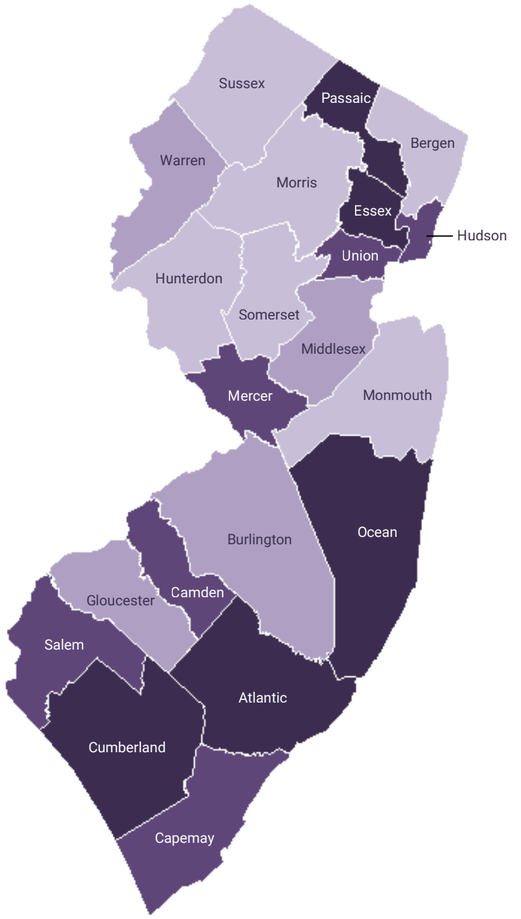
# Need for Publicly Supported Contraceptive Care Varies Across New Jersey

Among those who need contraceptive care, nearly

**400,000**

**women in New Jersey are estimated to have a likely need for publicly supported contraceptive services and supplies, with substantial variation by county.**

## Likely Need for Publicly Funded Family Planning Services Across New Jersey Counties




Counties with higher percentages represent areas where a larger share of women may need for publicly supported care.

- 23-29 % (lowest demand)
- 30-34 %
- 34-39 %
- 40-44 % (highest demand)

Blades et al. (2025)

# In New Jersey, Women With a Need for Publicly Funded Services Are Often Young, Low-Income, and From Communities of Color



**123,540** Are under 20 years old

**269,080** Are 20-49



**99,800** Live below the poverty line

**269,080** Live below 200% of the federal poverty Line



**208,880** Identify as black or Hispanic

**144,570** Identify as white

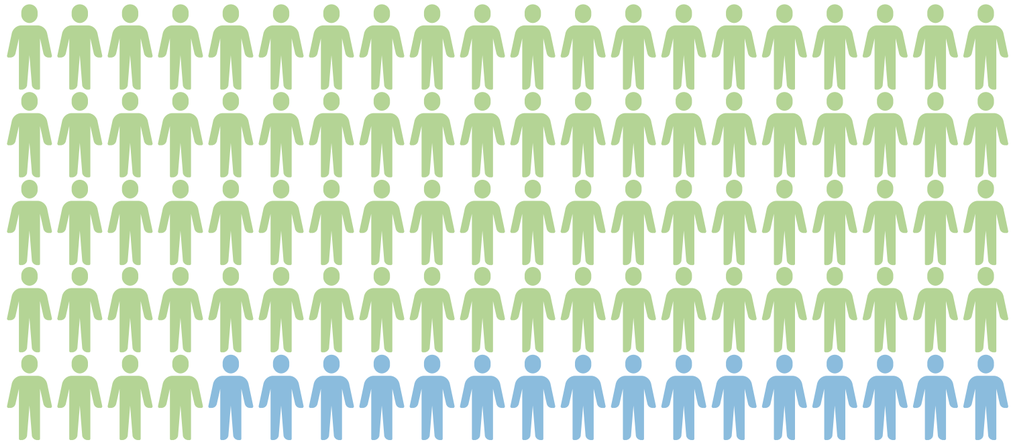
Blades et al. (2025)

Lindberg and Reardon, 2026

# Title X Funded Clinics Serve Nearly 123,000 New Jersey Residents Annually

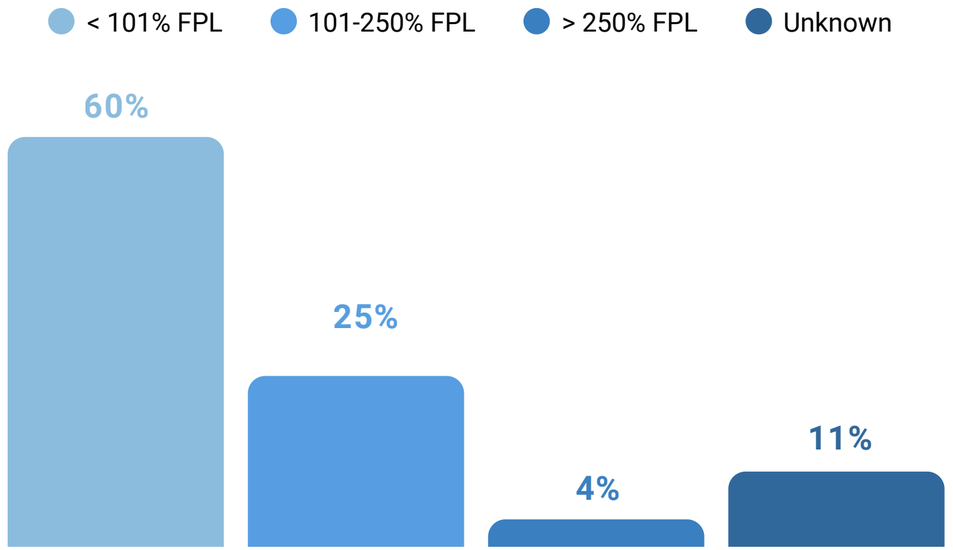
**Title X clinics provide affordable contraceptive and reproductive health services to New Jersey residents**

## Title X Users By Sex



**84%** of Title X users are **women**.

## Title X Users by Income

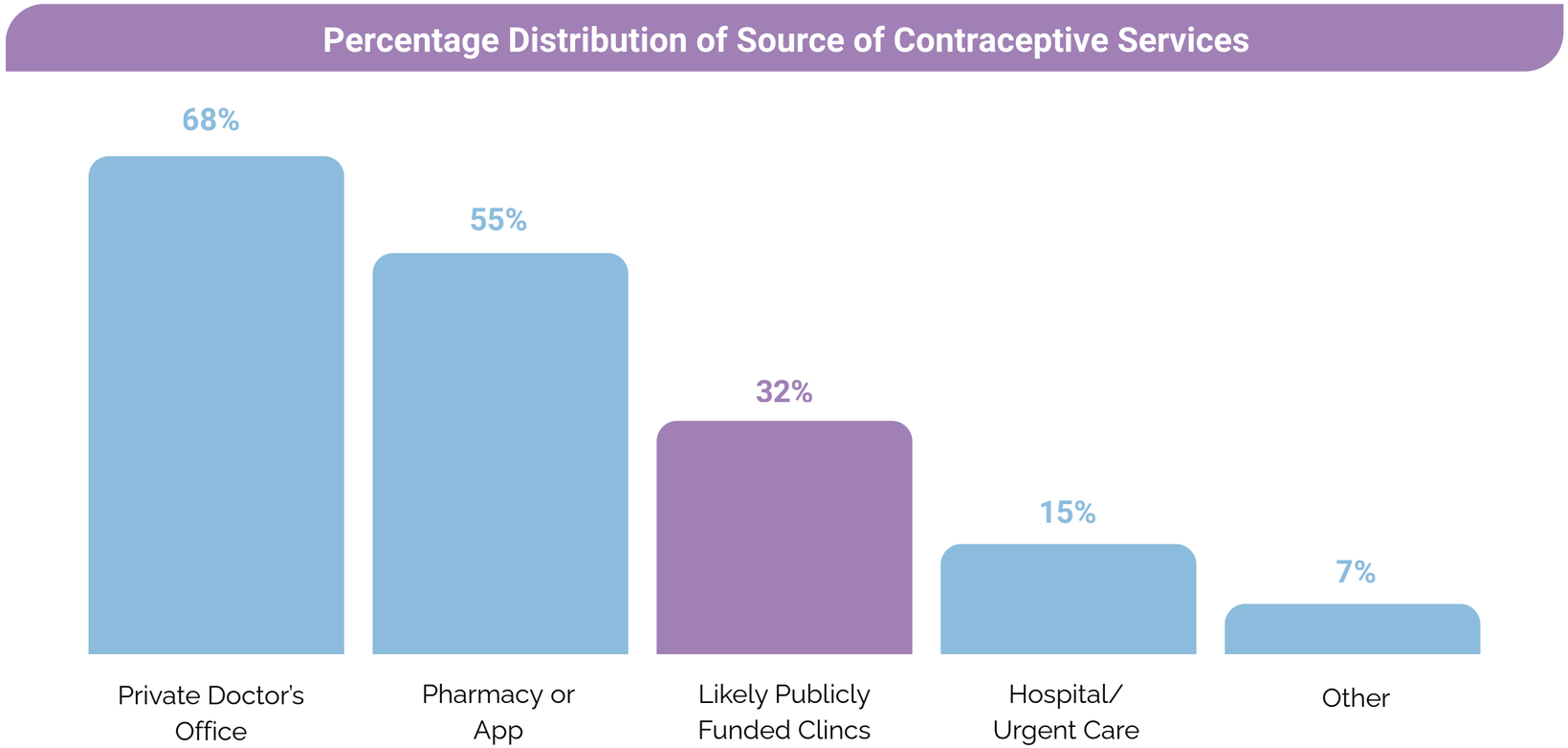



New Jersey Family Planning League, unpublished data (2024).

Lindberg and Reardon, 2026

# Publicly Funded Clinics Are an Important Part of New Jersey's Contraceptive Care Landscape

**Nearly one in three women received contraceptive care in the past year from a clinic likely receiving public funds**

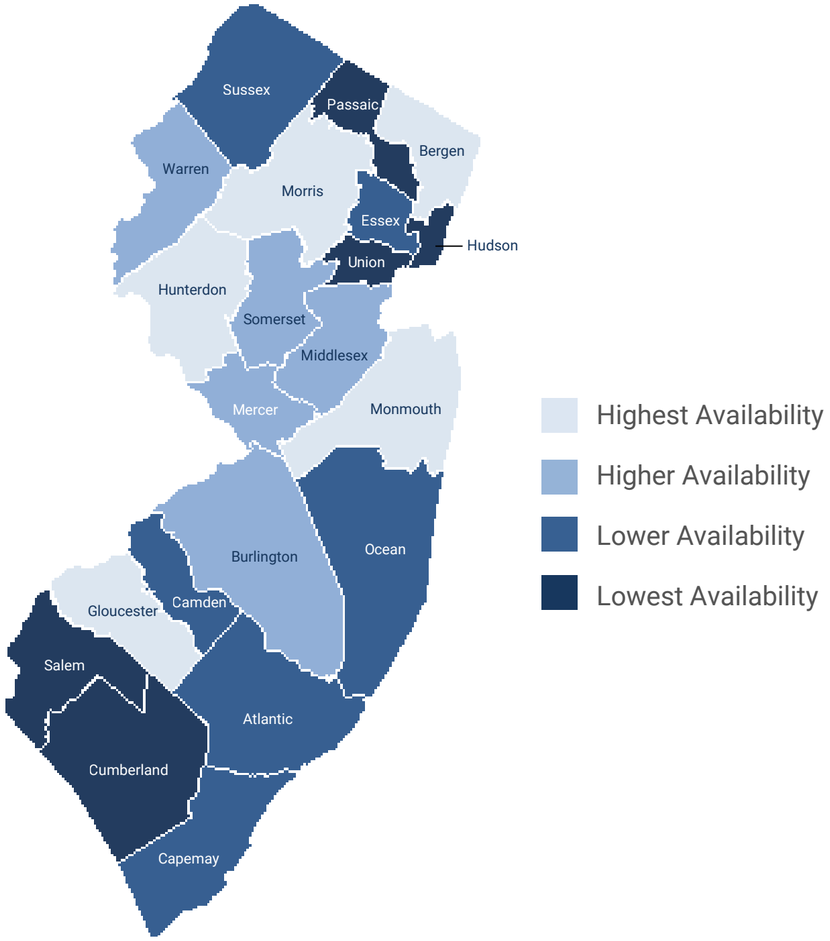



Authors' analyses of the 2023 New Jersey Survey of Women

# Medicaid Users in New Jersey Face Unequal Access to Contraceptive Providers

**Medicaid coverage does not ensure adequate local access to providers**

## County Variation in Medicaid Contraceptive Provider Availability




**Medicaid** is New Jersey's public health insurance program for low-income individuals and families. It covers family-planning services for enrollees, typically with no cost-sharing.

Access to clinicians who provide contraceptive care to Medicaid enrollees varies widely across New Jersey counties, as measured by the **Medicaid Provider-to-Population Ratio**.

Countries with darker colors have a lower ratio of medicaid providers to the population of reproductive age women.

Lindberg and Reardon, 2026

Luo et al. (2025)

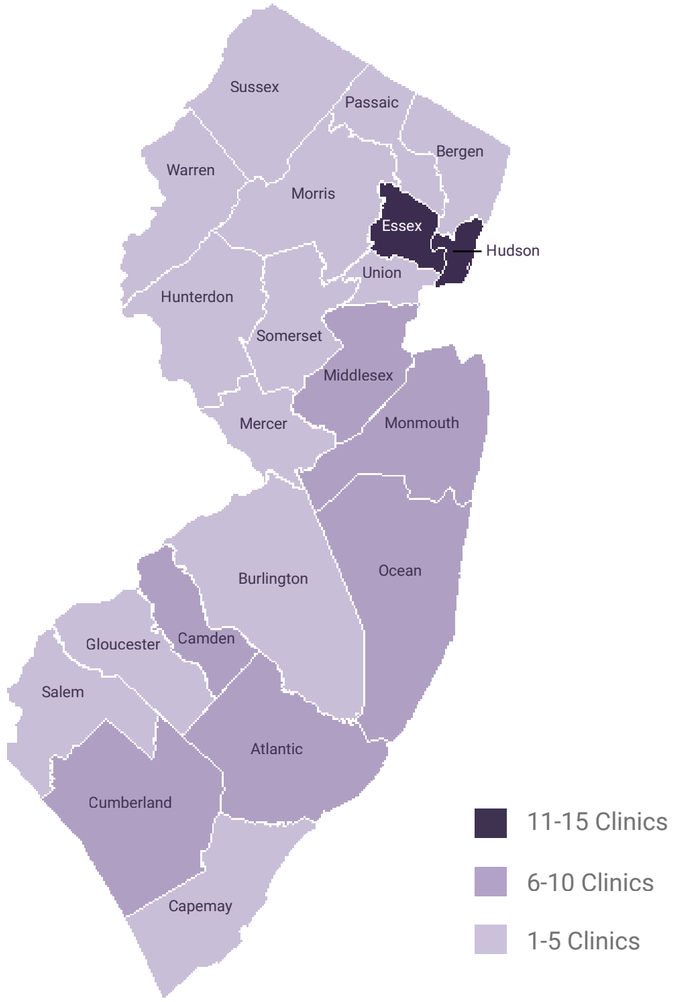
# Publicly Funded Contraceptive Clinics Are Unevenly Distributed Across New Jersey

## Title X clinics represent a smaller, but critical layer of family planning services

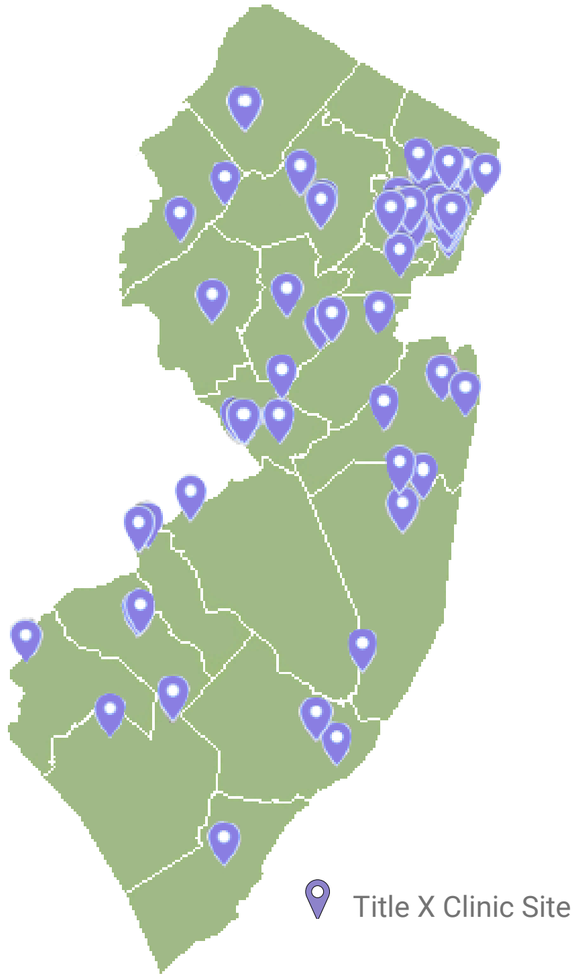
**Uneven clinic distribution** can increase travel distances, lengthen wait times, and limit timely access to reproductive and preventive health care.

Because many clinics also provide other essential services, geographic gaps affect **overall community health access.**

**All Publicly Funded Clinics**




**Title X Clinics**

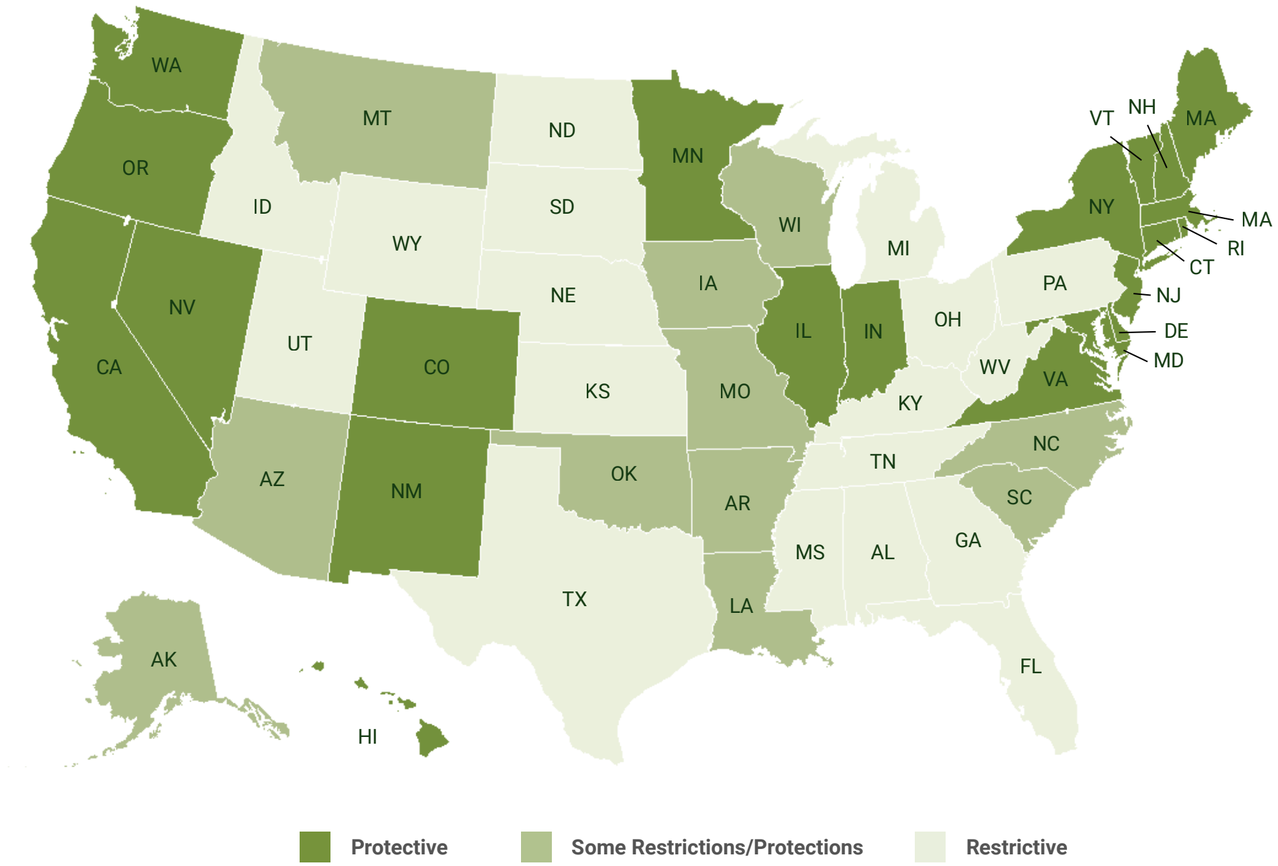



Blades et al. (2025)

U.S. Department of Health & Human Services (2025)

# New Jersey Has Stronger Protections for Contraceptive Access Compared with Many Other States

## US Contraceptive Policy Scorecard, by State




The State of Access ***Contraceptive Policy Scoreboard*** assesses state policy environments demonstrating where access to contraception is most protected or restricted through laws, affordability, availability, and environment of care.

New Jersey ranks as a ***highly*** protective state with mostly protective laws compared to other US states.

| New Jersey Contraceptive Policy Scorecard | |
|---|---|
| **Affordability Policies** | |
| Medicaid Expansion | **Protective** |
| Contraceptive Coverage | **Protective** |
| Family Planning Medicaid Expansion | **Protective** |
| **Availability Policies** | |
| Prescriptive Authority | **Some Protections/Restrictions** |
| Emergency Contraception | **Protective** |
| Extended Supply of Contraceptives | **Protective** |
| **Environment of Care Policies** | |
| Minor Consent | **Restrictive** |
| Refusal Clauses | **No Policy** |
| Sex Education | **Protective** |

Lindberg and Reardon, 2026

Population Reference Bureau (2025)

# Key Takaways

- Publicly supported contraceptive services are a critical component of New Jersey's reproductive health system.
- Need is concentrated among young people, lower-income communities, and communities of color, and is unevenly distributed across the state.
- Medicaid coverage and protective policies provide a strong foundation, but do not guarantee equitable local access.
- Geographic variation in provider availability highlights the importance of sustained investment and system coordination.

Building on these findings, targeted policy and system strategies can strengthen contraceptive access and quality statewide.

Lindberg and Reardon, 2026

# Five Recommendations for Strengthening Contraceptive Care in New Jersey

1. **Center preferences and quality:**
   Provide high-quality, non-coercive contraceptive care that respects individual preferences and reproductive autonomy.

2. **Advance geographic equity:**
   Reduce regional inequities by expanding contraceptive access in rural and underserved communities.

3. **Ensure postpartum contraceptive access:**
   Support equitable access to desired postpartum contraception across prenatal, delivery, and postpartum care settings.

4. **Protect adolescent autonomy:**
   Enable adolescents to obtain prescription contraception affordably, with privacy protections, and without unnecessary barriers.

5. **Counter contraceptive misinformation:**
   Actively counter misinformation through accurate, culturally-responsive education and trusted communication channels.

Lindberg and Reardon, 2026

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