

# Contraceptive Use in the United States



## Who needs contraceptives?

- There are 61 million U.S. women of reproductive age (15–44). About 43 million of them (70%) are at risk of unintended pregnancy—that is, they are sexually active and do not want to become pregnant, but could become pregnant if they and their partners fail to use a contraceptive method correctly and consistently.
- Couples who do not use any method of contraception have approximately an 85% chance of experiencing a pregnancy over the course of a year.
- In the United States, the average desired family size is two children. To achieve this family size, a woman must use contraceptives for roughly three decades.

## Who uses contraceptives?

- More than 99% of women aged 15–44 who have ever had sexual intercourse have used at least one contraceptive method.
- Some 60% of all women of reproductive age are currently using a contraceptive method.
- Ten percent of women at risk of unintended pregnancy are not currently using any contraceptive method.
- The proportion of women at risk of unintended pregnancy who are not using a method is highest among those aged 15–19 (18%) and lowest among those aged 40–44 (9%).
- Eighty-three percent of black women at risk of unintended pregnancy are currently using a contraceptive method, compared with 91% of their Hispanic

and white peers, and 90% of their Asian peers.

- Among women at risk of unintended pregnancy, 92% of those with an income of at least 300% of the federal poverty level and 89% of those living at 0–149% of poverty are currently using a contraceptive method.
- A much higher proportion of married women than of never-married women use a contraceptive method (77% vs. 42%), largely because married women are more likely to be sexually active. But even among those at risk of unintended pregnancy, contraceptive

use is higher among currently married women than among never-married women (93% vs. 83%).

- Unmarried women who are cohabiting fall between married women and unmarried women who are not cohabiting: Some 90% of at-risk women living with a partner use a method.
- Contraceptive use is common among women of all religious denominations. For example, eighty-nine percent of at-risk Catholics and 90% of at-risk Protestants currently use a method. Among sexually experienced religious women, 99% of Catholics and

## CONTRACEPTIVE METHOD CHOICE

### Most effective method used in the past month by U.S. women, 2014

METHOD	No. of women	% of women aged 15–44	% of women at risk of unintended pregnancy	% of contraceptive users
Pill	9,572,477	15.6	22.7	25.3
Tubal (female) sterilization	8,225,149	13.4	19.5	21.8
Male condom	5,496,905	8.9	13.0	14.6
IUD	4,452,344	7.2	10.6	11.8
Vasectomy (male sterilization)	2,441,043	4.0	5.8	6.5
Withdrawal	3,042,724	5.0	7.2	8.1
Injectable	1,481,902	2.4	3.5	3.9
Vaginal ring	905,896	1.5	2.1	2.4
Fertility awareness-based methods	832,216	1.3	2.0	2.2
Implant	965,539	1.6	2.3	2.6
Patch	69,106	0.1	0.2	0.2
Emergency contraception	69,967	0.1	0.2	0.2
Other methods*	234,959	0.4	0.6	0.6
No method, at risk of unintended pregnancy	4,408,474	7.2	10.5	na
No method, not at risk	19,302,067	31.4	na	na
Total	61,491,766	100.0	100.0	100.0

\*Includes diaphragm, female condom, foam, cervical cap, sponge, suppository, jelly/cream and other methods. NOTE: "At risk" refers to women who are sexually active; not pregnant, seeking to become pregnant or postpartum; and not noncontraceptively sterile. na=not applicable.

Protestants have ever used some form of contraception.

### Which methods do women use?

- Seventy-two percent of women who practice contraception currently use nonpermanent methods—primarily hormonal methods (i.e., the pill, patch, implant, injectable and vaginal ring), IUDs and condoms. The rest rely on female (22%) or male (7%) sterilization.
- The pill and female sterilization have been the two most commonly used methods since 1982.
- Four out of five sexually experienced women have used the pill.
- The pill is the method most widely used by white women, women in their teens and 20s, never-married and cohabiting women, childless women and college graduates.
- The use of hormonal methods other than the pill has increased with the advent of new options. The proportion of women who have ever used the injectable increased from 5% in 1995 to 23% in 2006–2010. Ever-use of the contraceptive patch increased from less than 1% in 2002 to 10% in 2006–2010. Six percent of women had used the contraceptive ring in 2006–2010, the first time this method was included in surveys.

- Reliance on female sterilization varies among subgroups of women. It is most common among blacks and Hispanics, women aged 35 or older, ever-married women, women with two or more children, women

living below 150% of the federal poverty level, women with less than a college education, women living outside of a metropolitan area, and those with public or no health insurance.

- Some 68% of Catholics, 73% of Mainline Protestants and 74% of Evangelicals who are at risk of unintended pregnancy use a highly effective method (i.e., sterilization, the pill or another hormonal method, or the IUD).
- Only 2% of at-risk Catholic women rely on natural family planning; the proportion is the same even among those who attend church at least once a month.
- In 2014, about 14% of women using a contraceptive relied on a long-acting reversible contraceptive method, or LARC (12%

used the IUD and 3% used the implant). This follows a trend in increasing proportions of women using LARCs, from 2% in 2002 to 6% in 2007 and 9% in 2009.

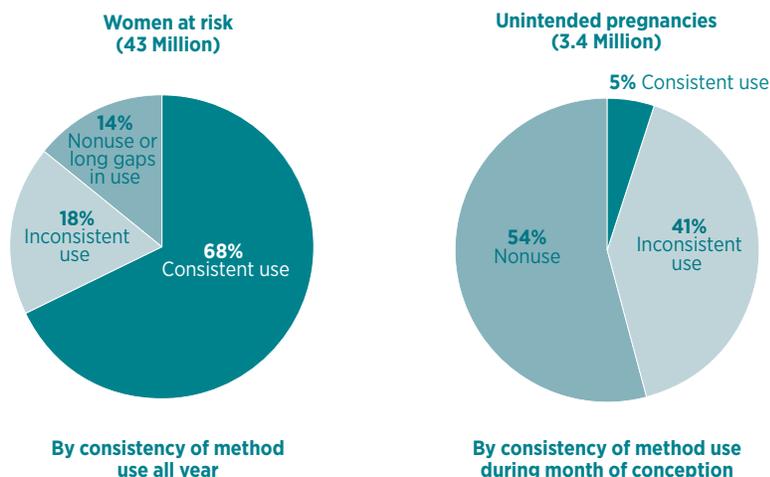
- Among contraceptive users, the groups of women who most commonly use an IUD or implant are 25–34-year-olds, those born outside of the United States, those living in a Western state, those who report their religious affiliation as “other” and those who have ever stopped using a non-LARC hormonal method. At least 16% of women in these groups use a LARC method.
- Among female contraceptive users in the United States, those most likely to use a LARC method are women who have had a child and those who have ever stopped using a non-LARC hormonal method.

Some 5.5 million women rely on the male condom. Condom use is most common (i.e., at least 25% greater than the national average of 15%) among 15–19-year-olds, those who report their religious affiliation as “other,” those born outside of the United States, college graduates, those who are uninsured and those who are nulliparous or are expecting at least one (more) child.

- Ever-use of the male condom increased from 52% in 1982 to 93% in 2006–2010.
- Dual method use offers protection against both pregnancy and STIs. Some 8% of women of reproductive age simultaneously use multiple contraceptive methods (most often the condom combined with another method).

### MODERN CONTRACEPTION WORKS

## In 2008, the two-thirds of U.S. women at risk of pregnancy who used contraceptives consistently accounted for only 5% of unintended pregnancies.



NOTES: “Nonuse” includes women who were sexually active, but did not use any method of contraception. “Long gaps in use” includes women who did use a contraceptive during the year, but had a gap in use of a month or longer when they were sexually active. “Inconsistent use” includes women who used a method in all months that they were sexually active, but missed taking some pills, or skipped use or incorrectly used their barrier method or condom during some acts of intercourse. “Consistent use” includes women without any gaps in use who used their method consistently and correctly during all months when they were sexually active, including those who used a long-acting or permanent method.

- The proportion of all sexually experienced women who have ever used withdrawal increased from 25% in 1982 to 60% in 2006–2010.
- Seven percent of men aged 15–44 have had a vasectomy; this proportion increases with age, reaching 16% among men aged 36–45.

### Adolescent contraceptive use

- Among women aged 15–19 who were at risk of unintended pregnancy in 2006–2010, 82% were using a contraceptive method, and 59% were using a highly effective method.
- Among sexually experienced 15–19-year-olds during that period, 78% of women and 85% of men reported having used a contraceptive the first time they had sex; 86% and 93%, respectively, said they did so the last time they had sex.
- In 2006–2010, the odds of giving birth before age 20 were twice as high for adolescent women who had not used a contraceptive method at first sex as for those who had.
- The male condom was the most commonly used method at first sex and at most recent sex among both adolescent men and women in 2006–2010.
- Among the 2.5 million sexually active women aged 15–19 who reported current (i.e., within the last three

months) use of contraceptives in 2011–2013, 55% relied on the condom; 35% on the pill; 20% on withdrawal; 8% on the injectable, patch or ring; and 3% on the IUD.

- In 2006–2010, 20% of sexually active females aged 15–19 and 34% of sexually active males the same age reported having used both the condom and a hormonal method the last time they had sex.

### Contraceptive effectiveness

- When used correctly, modern contraceptives are very effective at preventing pregnancy. Among U.S. women at risk of unintended pregnancy, the 68% who use contraceptives consistently and correctly throughout the course of any given year account for only 5% of all unintended pregnancies; in contrast, the 18% who use contraceptives inconsistently account for 41% of unintended pregnancies, and the 14% who do not use contraceptives at all or have a gap in use of at least one month account for 54% of unintended pregnancies.
- Contraceptive failure rates are defined as the percentage of users who will become pregnant within the first 12 months of initiating use. Perfect-use failure rates apply to those who use a method consistently and correctly. Typical-use failure rates take into account inconsistent and incorrect use by some users.

- The contraceptive implant and the IUD are the most effective reversible contraceptive methods available, with failure rates of around 1% for both perfect and typical use. These methods

have low typical-use failure rates because they do not require user intervention.

- The pill and the injectable have typical use failure rates of 7% and 4%, respectively; both methods have a perfect-use failure rate of less than 1%. The male condom is 98% effective with perfect use; however, the method's failure rate increases to 13% with typical use. Male and female condoms are the only contraceptive methods available that prevent pregnancy and protect against STIs, including HIV.

### The broad benefits of contraceptive use

- Women and couples use contraceptives to have healthier pregnancies, to help time and space births, and to achieve their desired family size.
- Family planning has well-documented health benefits for mothers, newborns, families and communities. Pregnancies that occur too early or too late in a woman's life and those that are spaced too closely negatively affect maternal health and increase the risk of low birth weight.
- The ability to delay and space childbearing is crucial to women's social and economic advancement. Women's ability to obtain and effectively use contraceptives has a positive impact on their education and workforce participation, as well as on subsequent outcomes related to income, family stability, mental health and happiness, and children's well-being. However, the evidence suggests that the most disadvantaged U.S. women do not fully share

## CONTRACEPTIVE EFFECTIVENESS

### Proportion of women who will become pregnant over one year of use, by method

METHOD	Perfect use	Typical use
Implant	0.05	0.05
Vasectomy (male sterilization)	0.10	0.15
Intrauterine device (IUD)		
Levonorgestrel-releasing	0.2	0.2
Copper-T	0.6	0.8
Tubal (female) sterilization	0.5	0.5
Injectable	0.2	4
Pill	0.3	7
Vaginal ring	0.3	9
Patch	0.3	9
Diaphragm	6	12
Sponge**	9/20	12/24
Male condom	2	13
Female condom	5	21
Withdrawal	4	20
Fertility awareness methods***	0.4–5	24
Spermicides	18	28
Emergency contraception	*	*
No method	85	85

\*The effectiveness of emergency contraception is not measured on a one-year basis like other methods. It is estimated to reduce the incidence of pregnancy by approximately 90% when used to prevent pregnancy after one instance of unprotected sex. \*\*For sponge, first figure is for women who have not given birth and second is for women who have given birth. \*\*\*Includes cervical mucus methods, body temperature methods and periodic abstinence. NOTES: u=unavailable. "Perfect use" denotes effectiveness among couples who use the method both consistently and correctly; "typical use" refers to effectiveness experienced among all couples who use the method (including inconsistent and incorrect use).

in these benefits, which is why unintended pregnancy prevention efforts need to be grounded in broader anti-poverty and social justice efforts.

- Many hormonal methods—the pill, vaginal ring, patch, implant and IUD—offer a number of health benefits in addition to contraceptive effectiveness, such as treatment for excessive menstrual bleeding, menstrual pain and acne.
- In 2015, the most common reason women aged 18–24 gave for using the pill was to prevent pregnancy (93%); however, 70% of pill users also cited noncontraceptive health benefits as reasons for use. Some 7% of pill users aged 18–24 relied on the method for exclusively noncontraceptive purposes.

## Emergency contraception

- Emergency contraception is a way to prevent pregnancy after unprotected sex or contraceptive failure; it has no effect on an established pregnancy.
- The majority of dedicated emergency contraceptive products currently on the market are effective when taken within 72 hours of unprotected sex (although they are decreasingly effective for up to five days after unprotected sex). These pills consist of a concentrated dosage of one of the same hormones found in birth control pills. Another product, containing ulipristal acetate, is also effective for up to five days.
- Nonhormonal copper IUDs inserted up to five days after unprotected intercourse can also act as

emergency contraception.

- One in nine sexually experienced women of reproductive age have used emergency contraception, as of 2010. The majority of these women used emergency contraception only once (59%).
- Use is highest among 20–24-year-olds and never-married women, of whom 23% and 19%, respectively, report having ever used emergency contraception.
- Women report two main reasons for using emergency contraception: Forty-five percent fear that their regular method will fail, and 49% report having had unprotected sex.

## Who pays for contraception?

- Contraceptive services and supplies can be costly. The most effective, long-acting methods can cost hundreds of dollars up front. Even methods that are relatively inexpensive on a per-unit basis (such as condoms) can cost substantial amounts over a year, not to mention over the 30 years that a woman typically spends trying to avoid pregnancy.
  - In 2014, an estimated 20 million women were in need of publicly funded contraceptive services and supplies because they either had an income below 250% of the federal poverty level or were younger than 20 (and thus were likely to have had a heightened need—for reasons of confidentiality—to obtain care without depending on their family’s resources or private insurance). The federal and state governments provide funding for family
- planning services and supplies to help women meet these challenges.
  - Publicly funded family planning services help women to avoid pregnancies they do not want and to plan pregnancies they do. In 2014, these services helped women avoid nearly two million unintended pregnancies, which would likely have resulted in 900,000 unplanned births and nearly 700,000 abortions.
  - In 2010, every \$1.00 invested in helping women avoid pregnancies they did not want to have saved \$7.09 in Medicaid expenditures that would otherwise have been needed to pay the medical costs of pregnancy, delivery and early childhood care.
  - Millions of U.S. women rely on private insurance coverage to help them afford contraceptive services and supplies. The Affordable Care Act requires most private health plans to cover a designated list of preventive services without out-of-pocket costs to the consumer, including all FDA-approved contraceptive methods and contraceptive counseling for women.
  - As of July 2018, some 29 states also have laws in place requiring insurers that cover prescription drugs in general to cover the full range of FDA-approved contraceptive drugs and devices.

## SOURCES

*These data are the most current available. References are available in the HTML version: <https://www.guttmacher.org/fact-sheet/contraceptive-use-united-states>*



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