



Contraceptive Use in the United States

Who Needs Contraceptives?

- There are 61 million U.S. women in their childbearing years (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 an approximately 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 62% 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 who are not using a method is highest among 15–19-year-olds (18%) and lowest among women aged 40–44 (9%).
- Eighty-three percent of black women who are at risk of unintended pregnancy currently use a contraceptive method, compared with 91% of their

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

- Among women who are at risk of unintended pregnancy, 92% of those with incomes of 300% or more of the federal poverty level are currently using contraceptives, as are 89% of those living at 0–149% of the poverty line.
- 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 cohabitators fall between married women and unmarried women who are not cohabiting with their partner: Ninety percent of at-risk cohabitators use a method.
- Contraceptive use is common among women of all religious denominations. Eighty-nine percent of at-risk Catholics and 90% of at-risk Protestants currently use a contraceptive method. Among sexually experienced religious women, 99% of Catholics and Protestants have

CONTRACEPTIVE METHOD CHOICE

Most effective method used in the past month by U.S. women, 2012

METHOD	No. of users	% of women aged 15–44	% of women at risk of unintended pregnancy	% of contraceptive users
Pill	9,720,000	16.0	23.3	25.9
Tubal (female) sterilization	9,443,000	15.5	22.6	25.1
Male condom	5,739,000	9.4	13.7	15.3
IUD	3,884,000	6.4	9.3	10.3
Vasectomy (male sterilization)	3,084,000	5.1	7.4	8.2
Withdrawal	1,817,000	3.0	4.4	4.8
Injectable	1,697,000	2.8	4.1	4.5
Vaginal ring	759,000	1.2	1.8	2.0
Fertility awareness-based methods	509,000	0.8	1.2	1.4
Implant	492,000	0.8	1.2	1.3
Patch	217,000	0.4	0.5	0.6
Emergency contraception	91,000	0.2	0.2	0.2
Other methods*	133,000	0.2	0.3	0.4
No method, at risk of unintended pregnancy	4,175,000	6.9	10.0	na
No method, not at risk	19,126,000	31.4	na	na
Total	60,887,000	100.0	100.0	100.0

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. *Includes diaphragm, female condom, foam, cervical cap, sponge, suppository, jelly/cream and other methods.

ever used some form of contraception.

- Knowledge about contraceptive methods is a strong predictor of use among young adults: In a 2012 study among unmarried women aged 18–29, for each correct response on a contraceptive knowledge scale, women’s odds of currently using a hormonal or long-acting reversible method increased by 17%, and their odds of using no method decreased by 17%.

Which Methods Do Women Use?

- Sixty-seven percent of women who practice contraception currently use nonpermanent methods, primarily hormonal methods (the pill, patch, implant, injectable and vaginal ring), IUDs and condoms. The rest rely on female (25%) or male (8%) sterilization.

- The pill and female sterilization have been the two most commonly used methods since 1982.

- Four of every 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 other hormonal methods has increased with the advent of new options in recent years. The proportion of women who had ever used the injectable increased from 4.5% 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 population subgroups. 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 metropolitan areas, and women who are publicly insured or are uninsured.

- 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 women who attend church once a month or more.

- In 2012, about 12% of women using contraceptives relied on a long-acting reversible contraceptive method, or LARC (slightly more than 10% used the IUD and just over 1% used the implant). The proportion using LARCs has risen over the past decade, from 2% in 2002 to 6% in 2007 and 9% in 2009.

- Among contraceptive users, the groups of women who most commonly use IUDs and implants are those aged 25–34, those born outside of the United States, those living in Western

states, those reporting their religious affiliation as “other” and those who have ever stopped using a non-LARC hormonal method. Sixteen percent or more of women in these groups use a LARC.

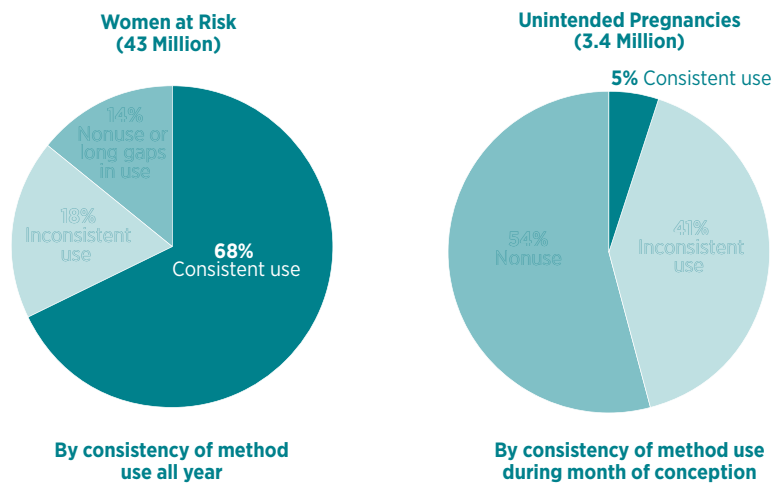
- Among U.S. female contraceptive users, those most likely to use LARC methods are women who have had a child and women who have ever stopped using a non-LARC hormonal method.

- Some 5.7 million women rely on the male condom. Condom use is especially common among teens and women in their 20s, women with one or no children, and women with at least a college education.

- Ever-use of the male condom increased from 52% in 1982 to 93% in 2006–2010.

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 gaps 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.

- Dual method use offers protection against both pregnancy and STIs. Some 8% of women of reproductive age use multiple contraceptive methods (most often the condom combined with another 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.

2006–2010, 82% were using a contraceptive method, and 59% were using a highly effective contraceptive method.

- Among sexually experienced teenagers during that period, 78% of women and 85% of men reported having used contraceptives 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 becoming a teen mother were twice as high for teenagers who did not use a contraceptive method at first sex as for those who did use a method.

Teen Contraceptive Use

- Among teenage women who were at risk of unintended pregnancy in
- The male condom was the most commonly used method at first sex and at

most recent sex among both teenage men and women in 2006–2010.

- Among the 2.5 million sexually active teenage women who reported current use of contraceptives (within the last three months) 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, one in five sexually active female teens (20%) and one-third of sexually active male teens (34%) reported having used both the condom and a hormonal method the last time they had sex.

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 less than 1% for both perfect and typical use. These methods have low typical-use failure rates because they don't require user intervention.
- Oral contraceptive pills, the hormonal patch and the vaginal ring all have perfect-use failure rates of less than 1%. With typical use, these methods are still 91% effective.

For more information on teens, see our fact sheet on *American Teens' Sexual and Reproductive Health*.

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	6
Pill	0.3	9
Vaginal ring	0.3	9
Patch	0.3	9
Diaphragm	6	12
Sponge**	9/20	12/24
Male condom	2	18
Female condom	5	21
Withdrawal	4	22
Fertility awareness methods***	0.4–5	24
Spermicides	18	28
Emergency contraception	*	*
No method	85	85

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). *The effectiveness of emergency contraception (EC) is not measured on a one-year basis like other methods. EC 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 if for women who have given birth. ***Includes cervical mucus methods, body temperature methods and periodic abstinence.

Contraceptive Effectiveness

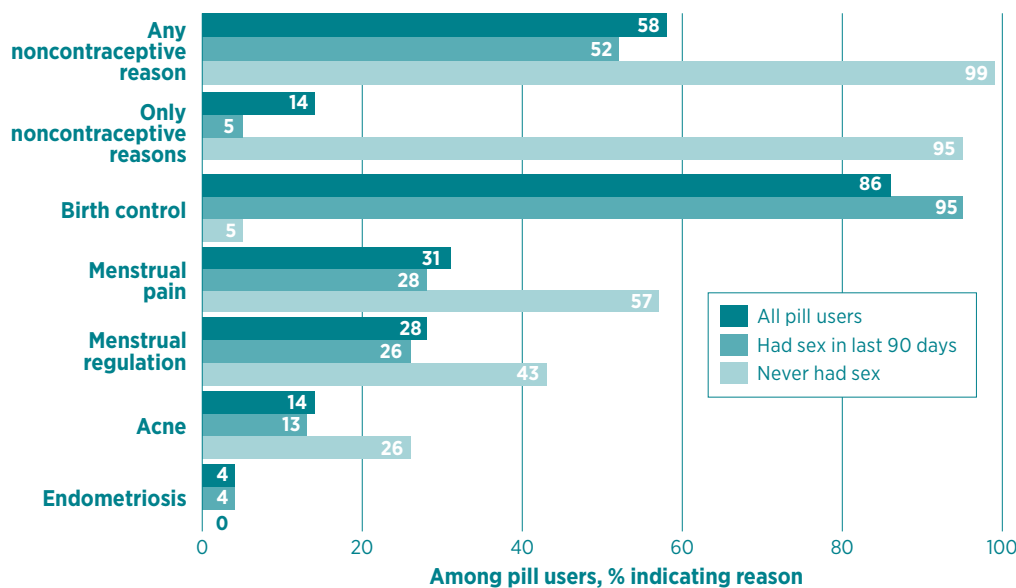
- When used correctly, modern contraceptives are very effective at preventing pregnancy. The two-thirds of U.S. women (68%) at risk of unintended pregnancy who use contraceptives consistently and correctly throughout the course of any given year account for only 5% of all unintended pregnancies. In contrast, the 18% of women at risk who use contraceptives but do so inconsistently account for 41% of unintended pregnancies, and the 14% of women at risk who do not use contraceptives at all or have a gap in use of one month or longer account for 54% of unintended pregnancies.

- The male condom is 98% effective with perfect use. However, the method's failure rate increases to 18% with typical use. Male and female condoms are the only contraceptive methods available that protect against STIs and HIV in addition to preventing pregnancy.

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, or that are spaced too closely, negatively affect maternal health and increase the risk of prematurity and low birth weight.
- Contraceptive failure rates are defined as the percentage of users who will become pregnant over the course of one year.

Many women use oral contraceptive pills for noncontraceptive reasons, including women who have never had sex.



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

- In 2006–2008, the most common reason women used the pill was to prevent pregnancy (86%); however, 58% of pill users also cited noncontraceptive health benefits as reasons for use.
- Fourteen percent of pill users—1.5 million women in 2006–2008—relied on this method for exclusively noncontraceptive purposes.
- Nine percent of pill users in 2006–2008 (762,000 women) had never had sex and used the method almost exclusively for non-contraceptive reasons.

Emergency Contraception

- Emergency contraception is a way to prevent pregnancy after unprotected sex or contra-ceptive 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 (though they are decreasingly effec-tive for up to five days after unprotected sex). These pills consist of a concen-trated dosage of one of the same hormones found in birth control pills. Another product, containing ulipris-tal acetate, is also effective for up to five days.

- As of June 2013, some emergency contraception pills are available over the counter, while others are available behind the counter from the pharmacist or with a prescription.
- Nonhormonal copper IUDs, inserted up to five days after unprotected intercourse, can also act as emergency contraception.
- One in nine sexually experi-enced women of repro-ductive age have used emergency contraception, as of 2010. The majority of these women used emer-gency contraception only once (59%).

- Use is highest among women aged 20–24 and never-married women, among whom 23% and 19%, respectively, report having ever used emer-gency contraception.
- Women report two main reasons for using emer-gency 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 pov-erty level or were younger than 20 (and thus were likely to have had a height-ened need—for reasons of confidentiality—to obtain care without depending on their family’s resources or private insurance). The fed-eral and state governments provide funding for family planning services and sup-plies to help women meet these challenges.
- Publicly funded family plan-ning 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 2016, 28 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.

For more information on these services, see our fact sheet on *Publicly Funded Contraceptive Services in the United States*.

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>



Good reproductive health policy starts with credible research

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