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Contraceptive Use in the United States

August 2013

WHO NEEDS CONTRACEPTIVES?

- There are 62 million U.S. women in their childbearing years (15–44). [1] 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.[2]
- Couples who do not use any method of contraception have an approximately 85% chance of experiencing a pregnancy over the course of a year.[3]
- The typical U.S. woman wants only two children. To achieve this goal, she must use contraceptives for roughly three decades.[4]

WHO USES CONTRACEPTIVES?

- More than 99% of women aged 15–44 who have ever had sexual intercourse have used at least one contraceptive method.[5]
- Some 62% of all women of reproductive age are currently using a contraceptive method.[2]
- Eleven percent of women at risk of unintended pregnancy are not currently using any contraceptive method.[2]
- 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%).[2]
- 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 Asian women.[2]
- Ninety-two percent of at-risk women with incomes of 300% or more of the federal poverty level are currently using contraceptives, compared with 89% among those living at 0–149% of the poverty line.[2]
- A much higher proportion of married than of never-married women use a contraceptive method (77% vs. 42%). This is 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%).[2]
- Cohabitors fall between married women and unmarried noncohabitators; 10% of at-risk cohabitators are not using a method.[2]
- 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 ever used some form of contraception. [6]
- Knowledge about contraceptive methods is a strong predictor of use among young adults: Among unmarried women aged 18–29, for each correct response on a contraceptive knowledge scale, the odds of currently using a hormonal or long-acting reversible method increased by 17%, and of using

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no method decreased by 17%.[7]

WHICH METHODS DO WOMEN USE?

- Sixty-four percent of women who practice contraception currently use nonpermanent methods, primarily hormonal methods (the pill, patch, implant, injectable and vaginal ring), the IUD and condoms. The rest rely on female (27%) or male (10%) sterilization.[2] (See [Table 1](#))
- The pill and female sterilization have been the two most commonly used methods since 1982.[8]

Contraceptive Method Choice			
Method use among U.S. women who practice contraception, 2010			
Method	No. of users (in 000s)	% of all women 15-44	% of all contraceptive users
Pill (combined estrogen and progestin)	10,540	17.1	27.5
Tubal (female) sterilization	10,200	16.5	26.6
Male condom	6,280	10.2	16.3
Vasectomy (male sterilization)	3,860	6.2	10.0
Intrauterine device (IUD)	2,140	3.5	5.6
Withdrawal	1,990	3.2	5.2
Injectable	1,450	2.4	3.8
Vaginal ring	830	1.3	2.2
Patch	290	0.5	0.7
Implant	180	0.3	0.5
Fertility awareness-based methods	440	0.7	1.1
Other methods*	200	0.3	0.5
No method	23,360	37.8	—
Total number of women 15-44	61,750	100.0	100.0

*Includes emergency contraception, female condom, spermicides, diaphragm and contraceptive sponge.

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- Four of every five sexually experienced women have used the pill.[5]
- 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.[2]
- 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. [5]
- 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 that are publicly insured or are uninsured.[2]
- 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).[6]
- 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.[6]
- In 2009, 8.5% of women using contraceptives relied on long-acting reversible contraceptive (LARC) methods (the implant and the IUD), rising from 5.5% in 2007 and 2.4% in 2002. Most of the women who use long-acting reversible methods rely on IUDs (nearly 8% of women use the IUD and less than 1% use the implant). [9]
- IUDs and implants are used most by women aged 25–39, married and cohabiting women, women covered by Medicaid, and women with no religious affiliation.[9]
- Foreign-born women are three times as likely to have ever used an IUD compared with U.S.-born women. [5]
- Some 6.2 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.[8]
- Ever-use of the male condom has increased from 52% in 1982 to 93% in 2006–2010. [5]
- 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).[10]

- The proportion of all sexually experienced women who had ever used withdrawal increased from 25% in 1982 to 60% in 2006–2010. [5]
- Seven percent of men aged 15–44 have had a vasectomy; this rate increases with age, and is 16% among men aged 36–45. [11]

TEEN CONTRACEPTIVE USE

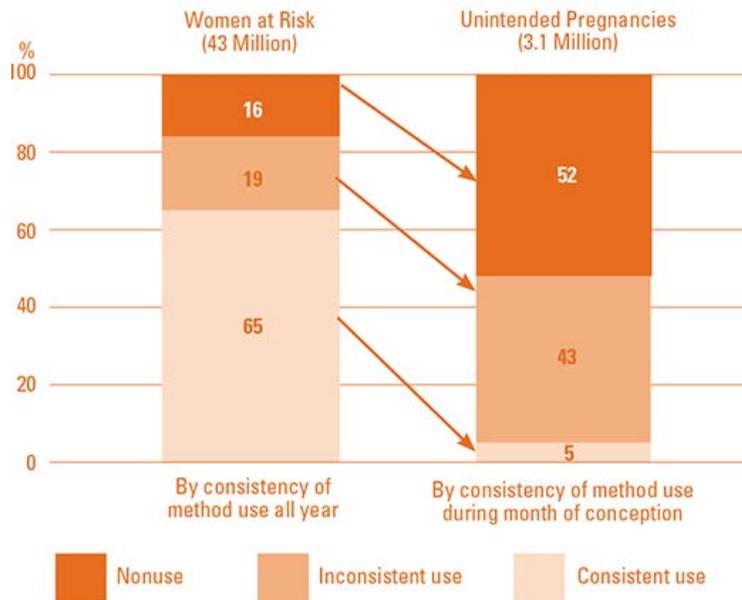
- Among teenage women who are at risk of unintended pregnancy, 82% are currently using a contraceptive method; 59% of at-risk teens reported use of a highly effective contraceptive method. [2]
- Teenagers who do not use a contraceptive method at first sex have twice as high odds of becoming teen mothers as those who use a method. [12]
- Among sexually experienced teenagers, 78% of women and 85% of men used contraceptives the first time they had sex. Eighty-six percent and 93%, respectively, did so the last time they had sex. [12]
- The male condom is the most commonly used method at first sex and at most recent sex among both teenage men and women. [12]
- Of the 3.2 million teenage women who use contraceptives, 53% rely on the pill; 16% rely on other hormonal methods, including the implant, injectable, patch and ring; and 3% rely on the IUD. [2]
- 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. [12]
- In 2009, 4.5% of female teen contraceptive users relied on long-acting reversible contraceptives, including IUDs and implants. This is an increase from 1.5% in 2007 and just 0.3% in 2002. [13]
- For more information on teens, see [Facts on American Teens' Sexual and Reproductive Health](#).

CONTRACEPTIVE EFFECTIVENESS

- When used correctly, modern contraceptives are very or extremely effective at preventing pregnancy. The two-thirds of U.S. women 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. The 19% of women at risk who use contraceptives but do so inconsistently account for 44% of unintended pregnancies, while the 16% of women at risk who do not use contraceptives at all account for 52%. [14] (See [Figure 1](#))

Modern Contraception Works

The two-thirds of U.S. women at risk of unintended pregnancy who practice contraception consistently and correctly account for only 5% of unintended pregnancies.



Notes: Nonuse includes women not using a method all year (6%) and those with a gap in use of at least one month (10%).

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- Contraceptive failure rates are defined as the percentage of users who will become pregnant over the course of one year. "Perfect-use" failure rates apply to users who use a method consistently and correctly. "Typical-use" failure rates take into account when users fail to use a method consistently or use it incorrectly.
- The contraceptive implant and IUD are the most effective reversible contraceptive methods available, with failure rates of less than 1% for both perfect and typical use. The typical-use failure rates for these methods are low because they don't require user intervention. [3,15,16] (See [Table 2](#))
- Oral contraceptive pills, the hormonal patch and the vaginal ring all have failure rates of less than 1% with perfect use. With typical use, these methods are 91% effective. [3,15,16]
- The male condom is 98% effective with perfect use. However, the method failure rate increases to 18% with typical use. The male and female condoms are the only contraceptive methods available that also protect against STIs and HIV. [3,15,16]

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.

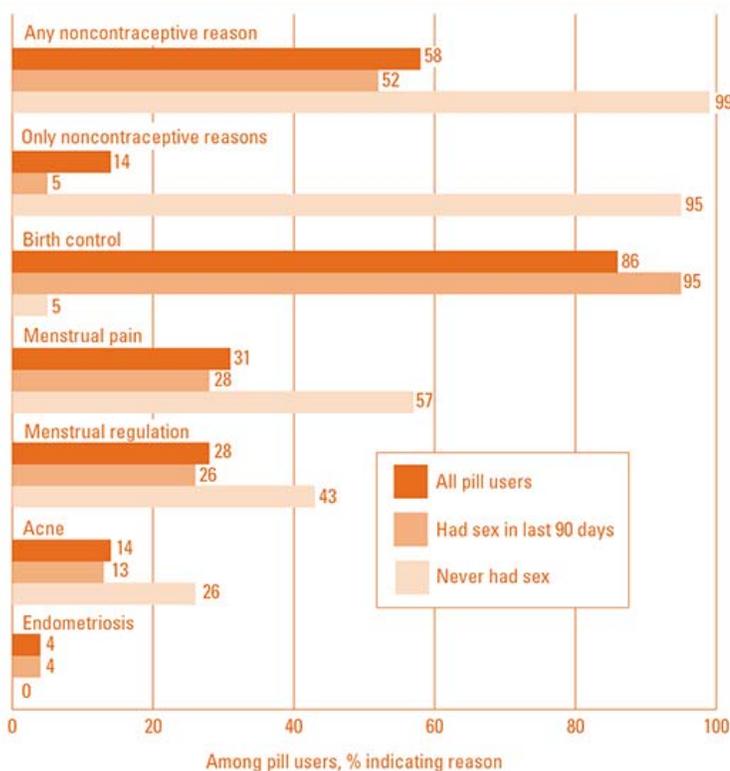
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THE BROAD BENEFITS OF CONTRACEPTIVE USE

- Women and couples use contraceptives to have healthier pregnancies, to help time and space births, and to achieve their desired family size.[17]
- 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.[17]
- The ability to delay and space childbearing is crucial to women's societal 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 the well-being of their children. However, the evidence also 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 antipoverty and social justice efforts. [18]
- 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.[19] (See [Figure 2](#).)
- The most common reason women use oral contraceptives is to prevent pregnancy (86%); however, 58% of pill users also cite noncontraceptive health benefits as reasons for using the method.[19]
- Fourteen percent of oral contraceptive users—1.5 million women—rely on this method exclusively for noncontraceptive purposes.[19]
- Some 762,000 women who have never had sex use the pill (representing 9% of pill users), and they do so almost exclusively for noncontraceptive reasons.[19]

Noncontraceptive Benefits of Birth Control Pills

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



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EMERGENCY CONTRACEPTION

- Use of emergency contraceptive pills is a way to prevent pregnancy after unprotected sex or contraceptive failure. The pills have no effect on an established pregnancy.[20]
- 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 effective 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 effective for up to five days.[20]
- As of June 2013, some formulations of emergency contraception are available over the counter, while others are available behind the counter from the pharmacist or with a prescription. [20]
- Nonhormonal copper IUDs, inserted up to five days after unprotected intercourse, can also act as emergency contraception.[20]
- One in nine sexually experienced women of reproductive age have used emergency contraception as of 2010. The majority of these women had used emergency contraception only once (59%).[21]
- Women aged 20–24 and never-married women are more likely than others to have used this method, with 23% and 19%, respectively, reporting use.[21]
- There were two main reasons reported for use of emergency contraception: 45% of women feared failure of their regular method, while 49% cited unprotected sex as their reason for use. [21]

WHO PAYS FOR CONTRACEPTION?

- The cost of contraceptive services and supplies can be considerable. The most effective, long-acting methods can cost hundreds of dollars up front. Costs even for methods that are relatively inexpensive on an individual basis (such as condoms) can add up to substantial amounts over a year, much less the 30 years that the typical woman spends trying to avoid pregnancy.[17]
- In 2010, an estimated 19.1 million women were in need of publicly funded services and supplies because they either had an income below 250% of the federal poverty level or were younger than 20 (and are assumed to have a low personal income). The federal and state governments provide

funding for family planning services and supplies to help women meet these challenges. [22]

- Publicly funded family planning services help women to avoid pregnancies they do not want and to plan pregnancies they do. In 2010, these services helped women avoid 2.2 million unintended pregnancies, which would likely have resulted in about 1.1 million unintended births and 760,000 abortions.[22]
- Every \$1.00 invested in helping women avoid pregnancies they did not want to have saved \$5.68 in Medicaid expenditures that otherwise would have been needed. [22]
- For more information on these services, see **Facts on Publicly Funded Contraceptive Services in the United States**.
- Millions of U.S. women rely on private insurance coverage to help them afford contraceptive services and supplies. Nine in 10 employer-based insurance plans cover a full range of prescription contraceptives.[23]
- As of July 2013, 28 states have laws in place requiring insurers that cover prescription drugs in general to cover the full range of FDA-approved contraceptive drugs and devices. [24]
- Under the Affordable Care Act, a designated list of preventive services must be covered, without out-of-pocket costs to the consumer, by most private health plans written on or after August 1, 2012. Those services include provision of all FDA-approved contraceptive methods, along with sterilization procedures and contraceptive counseling to all women. [25]

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Table: Contraceptive Method Choice

Source: Jones J, Mosher W and Daniels K, Current contraceptive use in the United States: 2006–2010, and changes in patterns of use since 1995, *National Health Statistics Reports*, 2012, No. 60, <<http://www.cdc.gov/nchs/data/nhsr/nhsr060.pdf>>, accessed July 12, 2013; and special tabulations of the 2006–2010 National Survey of Family Growth.

Figure: Modern Contraception Works

Source: Gold RB et al., *Next Steps for America's Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System*, New York: Guttmacher Institute, 2009.

Figure: Noncontraceptive Benefits of Birth Control Pills

Source: Jones RK, *Beyond Birth Control: The Overlooked Benefits of Oral Contraceptive Pills*, New York: Guttmacher Institute, 2011.

Table: Contraceptive Effectiveness

Sources: Hatcher RA et al., *Contraceptive Technology*, 20th ed., New York: Ardent Media, 2011.