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Contraceptive Use in the United States

WHO NEEDS CONTRACEPTIVES?

- There are 62 million U.S. women in their childbearing years (15–44). Those who 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](#), are at risk of unintended pregnancy.[1,2]
- Forty-three million women of childbearing age (69%) are at risk of unintended pregnancy.[2]
- Thirty-one percent of women of reproductive age do not need a contraceptive method because they are infertile; are pregnant, postpartum or trying to become pregnant; have never had [intercourse](#); or are not sexually active.[1,2]
- 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.[2]
- The proportion of all women of reproductive age who are currently using a contraceptive method increased from 56% in 1982 to 64% in 1995. It declined to 62% in 2002 and remained at that level in 2006–2008.[2]
- Among women who are at risk of unintended pregnancy, 89% are currently using contraceptives.[2]
- About one in 10 women at risk of unintended pregnancy are currently not using any contraceptive method. The proportion is highest among 15–19-year-olds (19%) and lowest among women aged 40–44 (8%).[2]
- Eighty-four 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 92% of Asian women.[2]
- A smaller proportion of at-risk women who do not have a high school [diploma](#) than of those with at least a bachelor's degree are currently using a contraceptive method (89% vs. 92%).[2]
- Ninety-two percent of at-risk women living at 300% or more of the federal poverty line are currently using contraceptives, compared with 88% among those living at 0–149% of poverty.[2]
- A much higher proportion of married than of never-married women use a contraceptive method (79% vs. 39%). 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. 82%).[2]
- The proportion not using a method is more than twice as high among at-risk never-married women who are not cohabiting as among at-risk married women (18% vs. 7%).[2]
- Ninety-three percent of at-risk mothers with two children and 86% of at-risk women with no children use contraceptives.[2]
- Contraceptive use is common among women of all religious denominations. Some 68% of Catholics who are at risk, 73% of Mainline Protestants and 74% of Evangelicals use a highly effective method (i.e., sterilization, the pill or another hormonal method, or the IUD).[5]
- 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.[5]

- More than four in 10 at-risk Evangelicals (41%) rely on male or female sterilization, the greatest proportion among religious groups.[5]
- 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 no method decreased by 17%. [6]

TEEN CONTRACEPTIVE USE

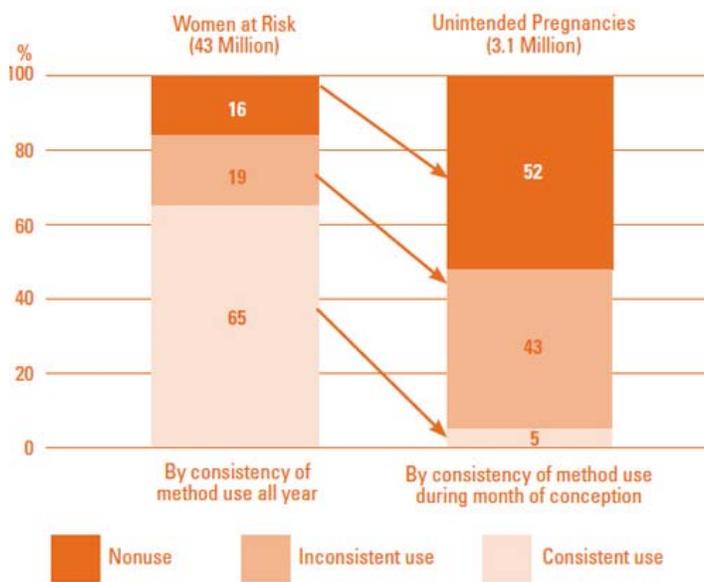
- Among teenage women who are at risk of unintended pregnancy, 81% are currently using a contraceptive method.[2]
- Teenagers who do not use a contraceptive method at first sex have twice as high odds of becoming teen mothers as those who use a method.[7]
- Among sexually experienced teenagers, 78% of 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.[8]
- The male condom is the most commonly used method at first sex and at most recent sex among both teenage men and women.[8]
- Of the 2.9 million teenage women who use contraceptives, 54% rely on the pill.[2]
- For more information on teens, see [Facts on American Teens' Sexual and Reproductive Health](#).

THE BROAD BENEFITS OF CONTRACEPTIVE USE

- Family planning has well-documented 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.[9]
- Women use contraceptives to have healthier pregnancies, and couples use them to help time and space births, and achieve their desired family size.[9]
- When used correctly, modern contraceptives are extremely effective at preventing pregnancy. 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.[10]
- Many hormonal methods—the pill, vaginal ring, patch, implant and IUD—offer a number of health benefits in addition to contraceptive effectiveness.[11]
- The most common reason women use oral contraceptives is to prevent pregnancy; however, 58% of pill users also cite noncontraceptive health benefits as reasons for using the method. These include treatment for excessive menstrual bleeding, menstrual pain and acne.[11]

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.



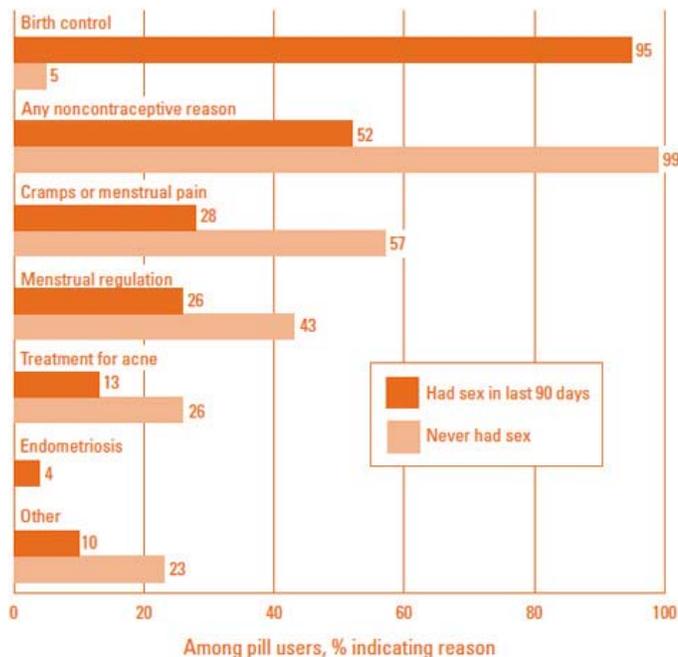
Notes: Nonuse includes women not using a method all year (6%) and those with a gap in use of at least one month (10%).

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- Fourteen percent of oral contraceptive users—1.5 million women—rely on this method exclusively for noncontraceptive purposes.[11]
- Some 762,000 women who have never had sex use the pill, and they do so almost exclusively for noncontraceptive reasons.[11]
- When asked all of the reasons they use the pill, 82% of teen women cite noncontraceptive purposes, and 67% birth control. Moreover, 33% of teen pill users report using the pill solely for noncontraceptive purposes.[11]

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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WHICH METHODS DO WOMEN USE?

- Sixty-three percent of women who practice contraception use nonpermanent methods, primarily hormonal methods (the pill, patch, implant, injectable and vaginal ring), the IUD and condoms. The rest rely on female or male sterilization.[2]
- The pill and female sterilization have been the two most commonly used methods since 1982.[2]
- 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 and women with less than a college education.[2]
- The pill is the method most widely used by whites, women in their teens and 20s, cohabiting women, childless women and college graduates.[2]
- As of 2009, 8.5% of women using contraceptives rely on long-acting reversible methods (the implant and the IUD). In 2002, this proportion was 2.4%.[12]

Contraceptive Method Choice

Method use among U.S. women who practice contraception, 2006-2008

Method	No. of users (in 000s)	% of users
Pill	10,700	28.0
Tubal sterilization	10,400	27.1
Male condom	6,200	16.1
Vasectomy	3,800	9.9
IUD	2,100	5.5
Withdrawal	2,000	5.2
Three-month injectable (Depo-Provera)	1,200	3.2
Vaginal ring (NuvaRing)	900	2.4
Implant (Implanon or Norplant), one-month injectable (Lunelle) or patch (Evra)	400	1.1
Periodic abstinence (calendar)	300	0.9
Other*	200	0.4
Periodic abstinence (natural family planning)	100	0.2
Diaphragm	†	†
TOTAL	38,214	100.0

*Includes emergency contraception, female condom (or vaginal pouch), foam, cervical cap, Today sponge, suppository or insert, and jelly or cream (without diaphragm). †Figure does not meet standards of reliability or precision.

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- 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.[12]
- 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).[12]
- 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.[2]
- The proportion of women using contraceptives who relied on condoms decreased from 20% to 16% between 1995 and 2006–2008.[2]
- Some 8% of women of reproductive age use dual contraceptive methods (most often the condom combined with another method).[13]
- The proportion of contraceptive users relying on withdrawal increased between 2002 and 2006–2008, from 4% to 5%.[2]

EMERGENCY CONTRACEPTION

- Use of emergency contraceptive pills is a way to prevent pregnancy after unprotected sex or contraceptive failure. The pills consist of a concentrated dosage of one or more of the same hormones found in birth control pills, and they have no effect on an established pregnancy.[14]
- Three products currently on the market (Plan B, Plan B One-Step and Next Choice) are effective when taken within 72 hours after unprotected sex (though they are decreasingly effective up to five days). A fourth product (ella) is effective for up to five days.[14]
- Individuals younger than 17 need a prescription for emergency contraceptives, while older women and men do not. However, ella is available only by prescription.[14]
- One in 10 women of reproductive age have used emergency contraception. Women aged 18–29, the age-group at greatest risk for unintended pregnancy, are more likely than other women to have used this backup method.[15]
- Nonhormonal, copper IUDs, inserted up to five days after unprotected intercourse, can also act as emergency contraception.[14]

WHO PAYS FOR CONTRACEPTION?

- The costs 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.[6]

First-Year Contraceptive Failure Rates

Proportion of women who will become pregnant during their first year of use, by method

Method	Perfect use	Typical use
Implant (Implanon)	0.05	0.05
Vasectomy	0.10	0.15
Tubal sterilization	0.5	0.5
IUD		
Copper-T (ParaGard)	0.6	0.8
Levonorgestrel-releasing (Mirena)	0.2	0.2
Injectable (Depo-Provera)	0.2	6
Vaginal ring (NuvaRing)	0.3	9
Patch (Ortho Evra)	0.3	9
Pill (combined estrogen and progestin)	0.3	9
Diaphragm	6	12
Male condom	2	18
Female condom	5	21
Sponge		
Women who have had a child	20	24
Women who have never had a child	9	12
Withdrawal	4	22
Fertility awareness–based methods	u	24
Standard Days Method (calendar)	5	u
TwoDay Method (postovulation)	4	u
Ovulation method	3	u
Symptothermal method	0.4	u
Spermicides	18	28
No method	85	85

Notes: u = unavailable. First-year users include women who have used a given method in the past. "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).

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- The federal and state governments provide funding for family planning services and supplies to help women meet these challenges. In 2008, an estimated 17.4 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).[16]

- 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; this proportion is three times that of just a decade ago.[17]
- As of July 2012, some 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.[18]
- Federal employees are guaranteed insurance coverage for contraceptives.[19]
- Under the Affordable Care Act, a designated list of preventive services must be covered, without out-of-pocket costs to the consumer, by all 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.[20]

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Figure 1: 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 2: Noncontraceptive Benefits of Birth Control Pills

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

Figure 3: Contraceptive Method Choice

Source: Mosher WD and Jones J, Use of contraception in the United States: 1982–2008, *Vital and Health Statistics*, 2010, Series 23, No. 29, <http://www.cdc.gov/nchs/data/series/sr_23/sr23_029.pdf>, accessed June 25, 2012.

Figure 4: First Year Contraceptive Failure Rates

Sources: Trussell J, Contraceptive failure in the United States, *Contraception*, 2011, 83(5):397–404; Trussell J, Estimates of contraceptive failure from the 1995 National Survey of Family Growth, *Contraception*, 2008, 78:85; and Kost K et al., Estimates of contraceptive failure from the 2002 National Survey of Family Growth, *Contraception*, 2008, 77(1):10–21