
National Health Statistics Reports

Number 195 ■ December 14, 2023

Contraceptive Methods Women Have Ever Used: United States, 2015–2019

by Kimberly Daniels, Ph.D., and Joyce C. Abma, Ph.D.

Abstract

Objective—This report describes methods of contraception ever used by U.S. women ages 15–49 who had ever had sexual intercourse with a male partner. Estimates are shown overall and by Hispanic origin and race, education, religious affiliation and importance, and urban–rural residence. Discontinuation of selected contraceptive methods is also described.

Methods—This report focuses on information collected from the 11,695 women ages 15–49 interviewed in the 2015–2019 National Survey of Family Growth, a nationally representative survey conducted by the Centers for Disease Control and Prevention’s National Center for Health Statistics. Most estimates shown are based on data on contraceptive methods ever used by the 10,122 interviewed women who had ever had sexual intercourse with a male partner.

Results—Based on 2015–2019 data, virtually all women of reproductive age who had ever had sexual intercourse with a male partner used at least one contraceptive method at some point in their life up to the time of interview (99.2%, or 63.2 million women ages 15–49), including 87.8% who had ever used a “most or moderately effective reversible method”: the pill, an injectable, contraceptive patch, contraceptive ring, contraceptive implant, or intrauterine device. Most women had used the male condom with a partner (94.5%), the pill (79.8%), or withdrawal (65.7%). About one in four women reported ever using long-acting reversible contraception (intrauterine device or contraceptive implant) (24.9%) or emergency contraception (23.5%). The type of methods ever used varied by Hispanic origin and race, nativity among Hispanic women, education, religious affiliation and importance, and urban–rural residence. Among women who had ever discontinued use of the pill or intrauterine devices due to dissatisfaction (and not for seeking a pregnancy), side effects were the most common reason.

Keywords: contraceptive use and discontinuation • pill • condom • National Survey of Family Growth

Introduction

The National Survey of Family Growth (NSFG) is designed to complement birth certificate data collected through the National Vital Statistics System by collecting information on the factors that affect birth and pregnancy rates, including sexual activity, marriage, divorce, cohabitation, contraceptive use, and infertility (1–9). Measuring contraceptive use is one of the NSFG’s central goals because it is a key factor affecting birth and pregnancy rates (1–6). Women and their male partners may use different contraceptive methods to prevent and plan for pregnancy.

In addition to presenting use of contraception overall, this report describes the types of contraception used. Different contraceptive methods have different effectiveness rates for preventing pregnancy (10–12). This has potential implications for demographic group differences in unintended pregnancies (13–16). Contraceptive use or nonuse may also be related to desire or ambivalence about becoming pregnant (17,18). Information on ever use of barrier methods, such as male condoms, is also presented, providing a basic description of ever use of methods that can help prevent the transmission of



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sexually transmitted infections, including HIV (19).

This report is one of two complementary NSFG reports on contraceptive use produced by the National Center for Health Statistics, concerning ever use and current use of contraception. The most recent report on current use was based on survey data collected in 2017–2019 (4) and focused on the methods, if any, that women were using during the month of interview (current contraceptive status). These two reports together provide a more comprehensive description of contraceptive use, because women may use different methods over their reproductive life course.

This report provides an update on ever use of contraception based on the most recent 4 years of NSFG data; the last National Center for Health Statistics report on this topic was based on 2006–2010 data (5). In addition to describing ever use of contraception, this report also presents data on selected contraceptive methods that women tried and then discontinued due to reasons other than seeking a pregnancy. Reasons for discontinuing use of those methods are described.

Methods

Data source

This report uses data from the 11,695 female respondents ages 15–49 of the combined 2015–2017 and 2017–2019 NSFG. Most analyses in this report are based on data collected from the 10,122 women who had ever had vaginal intercourse with a male partner (sexually experienced women). Data for the combined 2015–2019 NSFG were collected through in-person interviews of a representative sample of men and women ages 15–49 in the U.S. household population. Only one person was selected for the main interview in each sampled household. Detailed information about the 2015–2017 and 2017–2019 NSFG has been published elsewhere (20,21). NSFG is jointly planned and funded by the National Center for Health Statistics and several other programs of the U.S. Department of Health and Human

Services (see Acknowledgments). The questionnaire for women collected information on their pregnancies and births, marriages and cohabitations, contraceptive use, infertility, general and reproductive health, and social and demographic characteristics (22). The overall response rate for men and women in 2015–2019 for ages 15–49 was 64.3%, and the response rate for women was 65.9% (23).

Although describing changes over time in contraceptive methods ever used is not a primary focus of this report, [Table 7](#) shows ever use of contraceptive methods for 2006–2010 and 2015–2019 among sexually experienced women ages 15–44. In 2015, the NSFG age range expanded from 15–44 to 15–49. To allow comparison with 2006–2010, data for 2015–2019 are limited to women ages 15–44. Data for 2006–2010 and 2015–2019 are shown because the midpoints of these two survey periods (2008 and 2017) are roughly a decade apart.

Measures

This report focuses on contraceptive use among sexually experienced women. The focus is on data from women because a goal of this report is to describe contraceptive methods ever used up to the time of interview (lifetime use). The questions on contraceptive use asked of men in NSFG refer to use on specific occasions (such as first or most recent sexual intercourse) or with specific partners, not lifetime use. Information on the association between contraceptive use and each of the demographic variables included in this report, including Hispanic origin and race (4,5,24–27), education (4,5,27–29), religion (4,5,30–32), and urban–rural residence (33–35), has been published elsewhere. Descriptions of variables used in this report follow.

Contraceptive use and sexual experience

The NSFG questionnaire for women asks a series of yes or no questions on whether she or a male partner had *ever* used each of more than 20 methods of contraception up to the time she was

interviewed. Respondents are instructed to report use for any reason and to answer yes even if they used the method only once. The series begins with 11 separate questions asking about the following methods: birth control pill, condom, vasectomy, Depo-Provera, withdrawal, calendar rhythm method, Standard Days or CycleBeads method, safe period by temperature or cervical mucus test, contraceptive patch, vaginal contraceptive ring, and emergency contraception. Women are then asked a “select all that apply” question listing 10 other specific methods (plus a residual “other methods” category for any method not previously asked about) to identify which she had ever used.

In addition to presenting estimates for contraceptive methods individually, a summary category is presented indicating women’s ever use of “any most or moderately effective reversible method” of contraception, defined in this report to include the pill, contraceptive implants such as Norplant and Implanon (5- and 3-year implants), 1-month injectable Lunelle, 3-month injectable Depo-Provera, contraceptive ring, contraceptive patch, and intrauterine device (IUD). These methods are included in this category because they have the lowest typical-use failure rates of available nonpermanent methods (10,11). Male and female sterilization, two of the most effective methods of contraception for preventing pregnancy (10,11), are generally nonreversible and not included in this subcategory; estimates of sterilization use are shown separately. Since the use of these most or moderately effective reversible methods requires a woman to see a medical professional to obtain the method or a prescription for the method, this summary measure also indicates the number and percentage of women who have used methods requiring periodic or regular contact with a medical professional.

The measure of sexual experience used in this report indicates ever having had vaginal intercourse with a male partner (recode variable HADSEX).

Discontinuation of contraceptive methods due to dissatisfaction

All women who ever used at least one contraceptive method were asked if they ever stopped using a method because they were not satisfied with it. Women were instructed not to count discontinuing the method because they wanted to get pregnant. Women who reported ever having discontinued use of the pill, male condom, or IUD were asked about the reason or reasons they were not satisfied with that method. Women could report more than one reason for discontinuation. Women who discontinued use of one brand or formulation of a particular method due to dissatisfaction, but then used another, are included. For example, a woman who may have stopped using one formulation of birth control pills due to side effects and then began using a different formulation would be considered to have discontinued using the pill due to dissatisfaction.

Demographic variables

Education—Categories are no high school diploma or GED, high school diploma or GED, some college, no bachelor's degree, and bachelor's degree or higher, as measured by the highest degree a woman had finished at the date of interview (recode variable HIEDUC). Results are presented only for respondents ages 22 and older because many younger women have not completed their education.

Hispanic origin and race—Classified according to 1997 Office of Management and Budget guidelines for the presentation of race and ethnicity data in federal statistics (36). These guidelines allowing respondents to report more than one racial or ethnic origin are reflected in the recode variable, public-use recode HISPRACE2. The NSFG question asking about race includes 14 response options and allows the respondent to choose one or more options. A separate question asks about Hispanic origin. The recode variable HISPRACE2 collapses this information into four categories: Hispanic; non-Hispanic White, single race; non-Hispanic Black, single race; and non-Hispanic other or multiple races. HISPRACE2 along with additional

nonpublic variables are used to define the categories presented in [Table 2](#): Asian non-Hispanic single race (subsequently, Asian), Black non-Hispanic single race (subsequently, Black), White non-Hispanic single race (subsequently, White), and Hispanic (including by nativity).

Nativity among Hispanic women—All NSFG respondents are asked if they were born outside of the United States (variable BRNOUT). In this report, nativity is presented only for Hispanic women.

Urban–rural residence—A respondent's place of residence at the time of interview in NSFG is categorized as a principal city of a metropolitan statistical area (MSA), other MSA, and not MSA (recode variable METRO). For this report, principal city of MSA and other MSA were classified as urban residence, and not MSA was classified as rural residence. The respondent's address was classified according to U.S. Census 2010 population counts using Office of Management and Budget definitions (37).

Religious affiliation—Presented as four groups: no religion, Catholic, Protestant, and other religion, based on the categories in the RELIGION recode variable.

Importance of religion in daily life—Based on responses to a question (RELDLIFE) asked only of respondents who reported some religious affiliation: “Currently, how important is religion in your daily life? Would you say it is very important, somewhat important, or not important?”

Statistical analysis

Statistics for this report were produced using SAS software, Version 9.4 (38). All estimates for 2015–2019 were weighted to reflect the reproductive-age female household population of the United States for July 2017, the approximate midpoint of 2015–2019 interviewing. More detailed information on sampling errors in NSFG has been published elsewhere (22).

Percentages were compared using two-tailed *t* tests at the 5% level. No adjustments were made for multiple comparisons. Survey clusters minus strata were used as the degrees of freedom

for significance testing of pairwise comparisons. A weighted least squares regression method was used to test for linear trends across education, using the number of categories minus two as the degrees of freedom. Terms such as “greater than” and “less than” indicate that a statistically significant difference was found. Terms such as “similar” or “no difference” indicate that the statistics being compared were not significantly different. Lack of comment regarding the difference between any two statistics does not mean that the difference was tested and found not to be significant. All estimates presented meet National Center for Health Statistics guidelines for presentation of proportions (39).

This report presents basic descriptive statistics on the ever use and discontinuation of use for specific contraceptive methods in the United States using data from 2015–2019. It does not attempt to demonstrate cause-and-effect relationships. Estimates have not been standardized for differences across groups, such as by age. Changes between the two time points in [Table 7](#) do not necessarily indicate linear trends. Except for some detailed race information shown in [Table 2](#), all data shown in this report are available to download from the public-use files on the NSFG website: https://www.cdc.gov/nchs/nsfg/nsfg_questionnaires.htm.

Results

Percentage of women who ever had sexual intercourse and ever used contraception

The [Table](#) provides the percentage of all women by age who ever had sexual intercourse with a male, the percentage who had ever used contraception (regardless of whether they have had sexual intercourse with a male), and the percentage of sexually experienced women who had ever used a method of contraception. Among the full sample of women ages 15–49, 88.0% of women had ever had sexual intercourse, including 97.2% of women ages 25 and older.

The percentage of all females who had used a method of contraception—

Table. Number and percentage of all women ages 15–49 who have ever had sexual intercourse or ever used contraception, and percentage of sexually experienced women who have ever used contraception, by age: United States, 2015–2019

Age (years)	All women			Sexually experienced women	
	Ever had sexual intercourse		Ever used contraception	Ever used contraception	
	Number in thousands	Percent (standard error)	Percent (standard error)	Number in thousands	Percent (standard error)
15–49	72,420	88.0 (0.51)	89.9 (0.52)	63,703	99.2 (0.14)
15–17	5,494	25.0 (2.20)	38.0 (2.58)	1,371	*
18–19	3,946	62.8 (3.18)	71.8 (2.88)	2,478	99.8 (0.13)
20–24	10,028	83.7 (1.56)	86.5 (1.51)	8,393	99.6 (0.19)
25–49	52,952	97.2 (0.27)	97.3 (0.27)	51,460	99.1 (0.16)

* Estimate does not meet National Center for Health Statistics standards of reliability.

NOTE: Ever had sexual intercourse and sexually experienced refer in this report to having had vaginal intercourse with a male partner.

SOURCE: National Center for Health Statistics, National Survey of Family Growth, 2015–2019.

regardless of whether they had sexual intercourse with a male—increased with age, from 38.0% among teenagers ages 15–17 to 71.8% at 18–19, 86.5% at 20–24, and 97.3% at 25–49.

The percentage of females who had used contraception exceeded the percentage who had sexual intercourse at ages 15–17 and 18–19, because some females use contraceptive methods before first sexual intercourse for reasons such as regulating menstrual periods or reducing cramps or pain during menstrual periods, or in preparation for first intercourse (6). Among women ages 15–49 who ever had sexual intercourse with a male, virtually all had ever used contraception (99.2%).

Ever use of contraceptive methods among sexually experienced women

Table 1 presents estimates of ever use of any method of contraception and specific methods of contraception for sexually experienced women ages 15–49. In addition, Table 1 includes estimates for selected subcategories, including use of a most or moderately effective reversible method, long-acting reversible contraception, IUDs, and fertility awareness-based methods.

- About one in five sexually experienced women had a female sterilization procedure (21.3%), and 14.6% of sexually experienced women had sexual intercourse with a male partner who had a sterilizing procedure (Table 1).

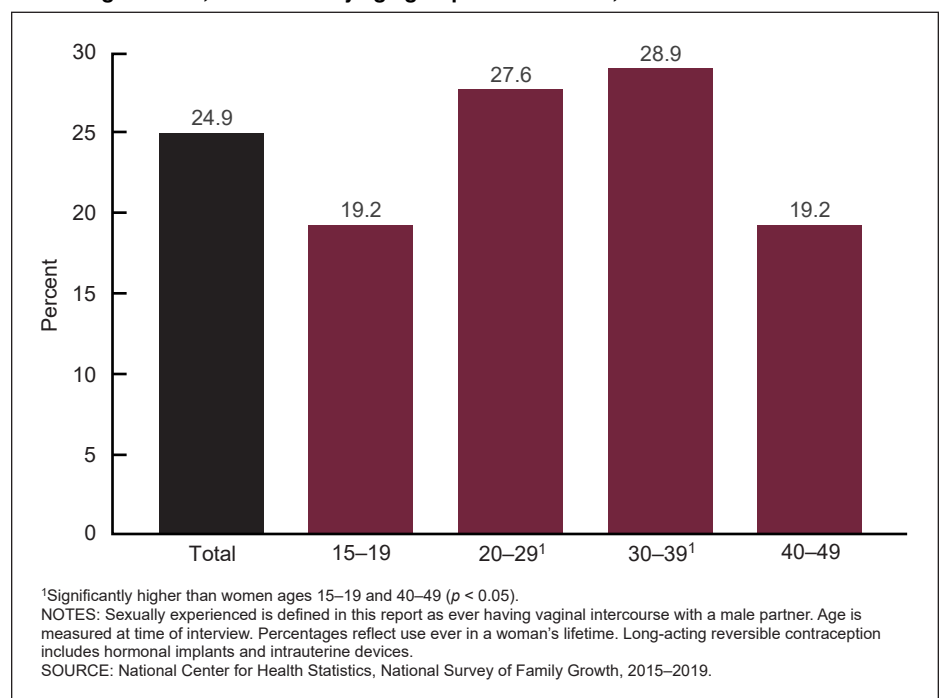
- Nearly 9 in 10 sexually experienced women had ever used a most or moderately effective reversible method of contraception (87.8%).
- One in four sexually experienced women had ever used long-acting reversible contraception (contraceptive implant or IUD) (24.9%) (Figure 1). Higher percentages of sexually experienced women ages 20–29 (27.6%) and 30–39 (28.9%) had ever used long-acting reversible contraception compared with sexually experienced women ages 15–19 and 40–49 (19.2% each).

- About one in four sexually experienced women had ever used the injectable contraceptive Depo-Provera (24.5%).
- About four out of five sexually experienced women had ever used the pill (79.8%).
- About one in five sexually experienced women had used an IUD (20.4%).
- Nearly all sexually experienced women had ever used a condom with a male partner (94.5%).
- About two in three women had ever used withdrawal as a method of contraception with a partner (65.7%).
- About one-quarter of sexually experienced women had ever used emergency contraception (23.5%).
- About 19% of women had used a fertility awareness-based method of contraception (18.5%), including counting cycle days or safe period by temperature or cervical mucus test (symptothermal method).

Differences by Hispanic origin and race

Differences in the percentage of sexually experienced women who had ever used specific methods of

Figure 1. Ever use of long-acting reversible contraception among sexually experienced women ages 15–49, overall and by age group: United States, 2015–2019



contraception by Hispanic origin and race are shown in [Table 2](#). The percentage of sexually experienced women who ever used any method of contraception ranged from 96.8% to 99.4% across Hispanic-origin and race groups.

- Similar percentages of White (21.1%), Hispanic (22.8%), and Black (23.4%) women had female sterilization ([Table 2](#)). The percentage among foreign-born Hispanic women (27.4%) was higher than that for White women. The percentage of Asian women who had female sterilization (12.8%) was lower than the percentages for White, Black, and foreign-born Hispanic women.
- The use of any most or moderately effective reversible method was highest for White women (92.4%) compared with 86.0% for Black, 79.5% for Hispanic, and 69.1% for Asian women.
- A higher percentage of White women had ever used the pill (87.5%) than other racial and Hispanic-origin groups shown in the table ([Figure 2](#)). A lower percentage of Hispanic women born outside the United States (61.5%) had ever used the pill than Black (73.1%) and U.S.-born Hispanic (69.0%) women.
- Higher percentages of Hispanic (27.2%) and Black (41.2%) women had ever used Depo-Provera, the 3-month injectable, compared with White (20.3%) and Asian (7.1%) women.
- Similar percentages of Hispanic (23.5%) and White (21.1%) women had ever used an IUD, both higher than the percentages among Black (16.9%) and Asian (11.3%) women.
- Among Hispanic women, a higher percentage of U.S.-born women (95.7%) compared with foreign-born women (81.3%) had ever used a condom with a partner.
- A higher percentage of Hispanic women had ever used emergency contraception (28.0%) compared with Black women (20.8%). Among Hispanic women, a higher percentage of those born in the United States had ever used emergency contraception (35.6%) compared with Hispanic women born outside the United States (18.9%).
- About 31% of Asian women and 23% of Hispanic women born outside the United States (30.7% and 22.9%, respectively) had ever used

the fertility awareness-based method of counting cycle days for pregnancy prevention.

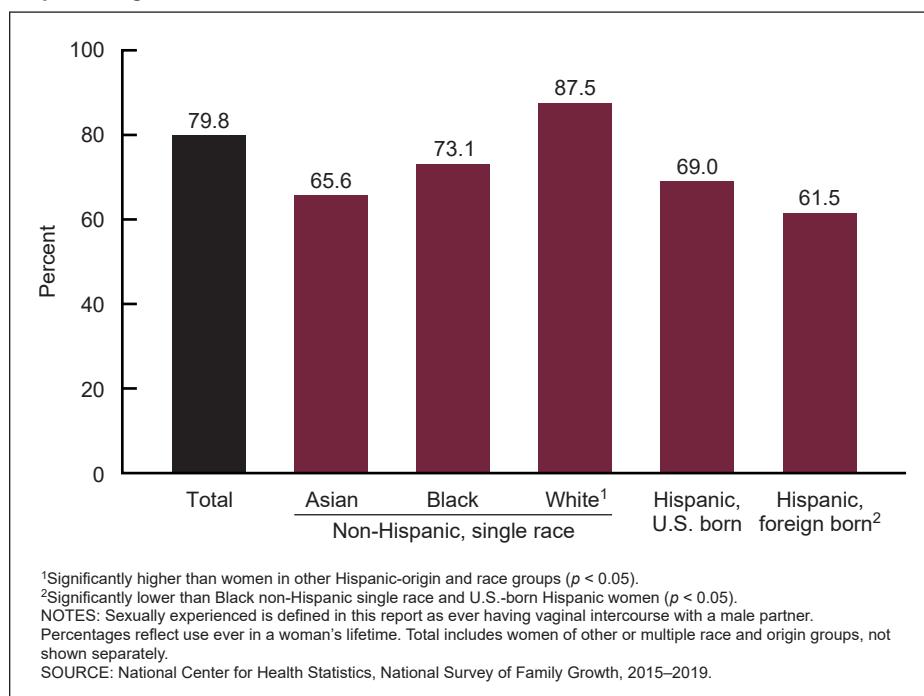
- U.S.-born Hispanic women (71.4%) and White (67.2%), Black (66.7%), and Asian (65.0%) women had higher percentages of ever having had a partner who had used withdrawal compared with foreign-born Hispanic women (46.2%).

Differences by education

Ever use of contraceptive methods is shown among sexually experienced women ages 22–49 by educational attainment in [Table 3](#).

- The total percentage of women ages 22–49 who had ever used any contraceptive method ranged from 97.3% to 99.6% across educational attainment.
- The percentage of women who had used female sterilization decreased with greater education, from 41.7% for women with less than a high school diploma or GED to 13.1% for women with a bachelor's degree or higher.
- A lower percentage of women without a high school diploma or GED had ever used the pill (67.1%) compared with women with higher levels of education (86.8% for women with a bachelor's degree or higher).
- The percentage of women who had ever used Depo-Provera decreased with additional education, from 39.9% of women with less than a high school diploma or GED to 12.7% for women with a bachelor's degree or higher.
- The percentage of women with less than a high school education who had ever used withdrawal (47.2%) was lower than the percentage among women with higher education levels. The percentages among women with a high school (65.2%) or college (65.0%) education were not significantly different from each other.
- An increasing trend was seen in the use of emergency contraception by education, ranging from 12.2% for women without a high school

Figure 2. Ever use of the pill among sexually experienced women ages 15–49, overall and by Hispanic origin and race: United States, 2015–2019



diploma or GED to 26.0% for women with a bachelor's degree or higher.

- Ever use of fertility awareness-based methods for pregnancy prevention increased with educational attainment (Figure 3). An increasing trend in use was seen by education, from 11.1% for women without a high school diploma or GED to 23.6% for women with a bachelor's degree or higher.

Ever use by current religious affiliation and importance of religion

Table 4 shows the percentage of sexually experienced women who had ever used specific methods of contraception by current religious affiliation and the importance of religion in daily life.

- Across religious affiliations, 99.7% of women with no religious affiliation, 99.3% of Protestant women, 98.8% of Catholic women, and 97.6% of women affiliated with other religions had ever used a contraceptive method (Table 4).
- The percentages of Catholic (20.8%) and Protestant (25.7%) women who

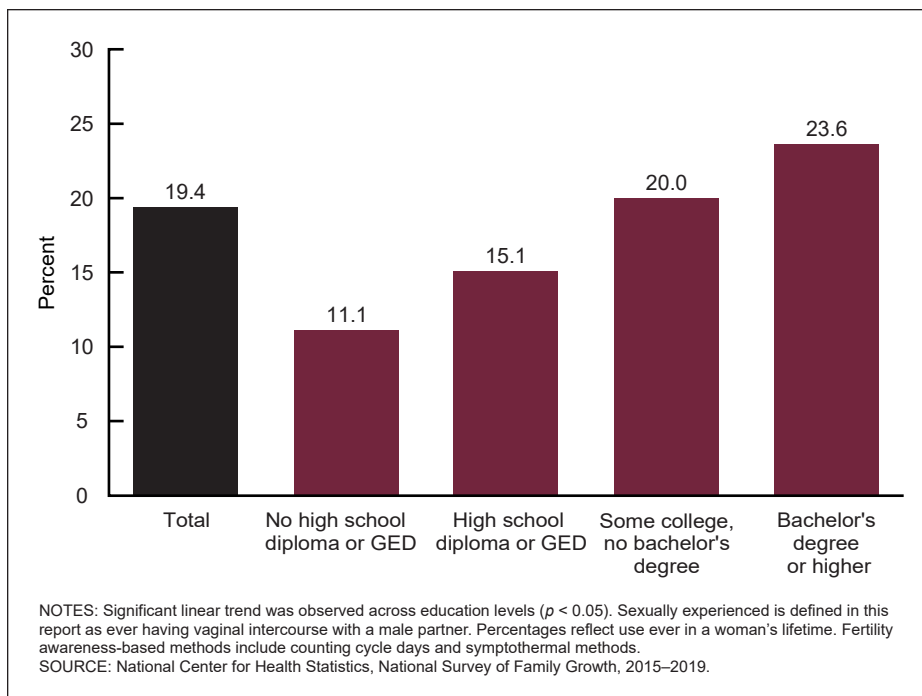
had female sterilization were higher than the percentage for women with no religious affiliation (14.2%). The percentage of Protestant women who had female sterilization was also higher than the percentage among women with other religious affiliations (17.8%).

- The percentage of Catholic women who had ever used a condom with a male partner (91.3%) was similar to the percentage for women with other religious affiliations (89.8%), and both were lower than the percentages for women with no religious affiliation (96.3%) or Protestant affiliations (95.8%).
- Similar percentages of women across religious affiliations shown in Table 4 had ever used a fertility awareness-based method (17.9%–20.2%).
- The percentage of women who had ever used the pill was 76.3% for Catholic women, lower than the percentage among Protestant women (81.8%). Percentages were similar for Catholic women compared with women with no religious affiliation (80.2%) or other religious affiliation (75.9%).
- A higher percentage of women with no religious affiliation had ever

used the IUD (24.6%) than Catholic (19.3%) or Protestant (18.2%) women.

- A higher percentage of women for whom religion was very important in their daily lives had a female sterilization (27.0%), compared with those for whom religion was somewhat important (19.8%) or not important (14.6%) (Figure 4).
- Women for whom religion was very important had a lower percentage of ever using any most or moderately effective reversible contraceptive method (86.1%) compared with those for whom religion was not important (90.8%).
- The percentage of women for whom religion was very important who had ever used the pill (78.0%) was lower than the percentage among those for whom religion was somewhat important (81.2%) or not important (84.4%).
- The percentage of women who had ever used the male condom with a partner was lower for women for whom religion was very important (92.2%), compared with those for whom it was not important (97.7%) or somewhat important (95.9%).
- Ever use of fertility awareness-based methods was higher for those for whom religion was very important (20.7%) compared with those for whom religion was not important (12.6%) or somewhat important (17.1%).

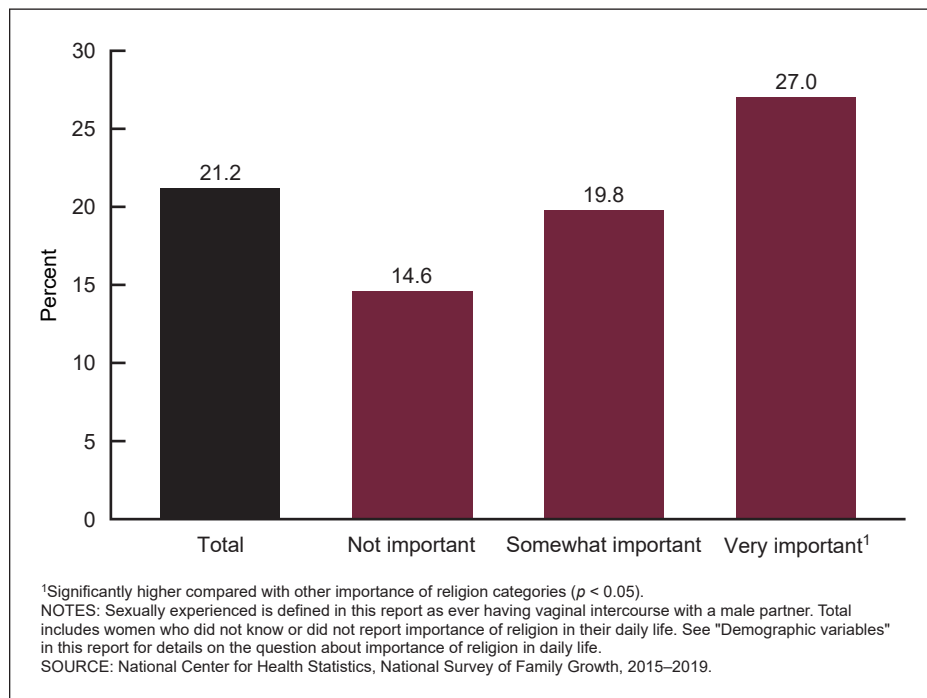
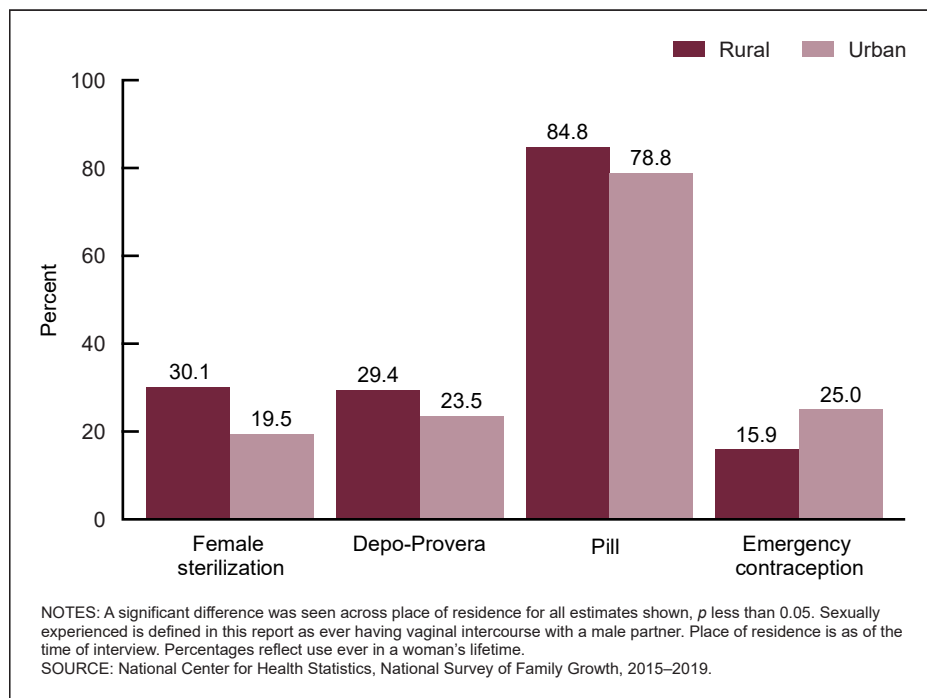
Figure 3. Ever use of fertility awareness-based methods among sexually experienced women ages 15–49, overall and by education: United States, 2015–2019



Ever use by place of residence

Table 5 shows contraceptive methods ever used among sexually experienced women based on place of residence at the time of interview, categorized as urban or rural residence. Figure 5 also presents estimates for ever use of selected methods by place of residence at the time of interview.

- Nearly one in three women living in rural areas had female sterilization (30.1%), higher than the percentage for women living in urban areas (19.5%) (Table 5, Figure 5).
- A higher percentage of women living in rural areas had ever used the pill

Figure 4. Ever use of female sterilization among sexually experienced women ages 15–49, overall and by importance of religion in daily life: United States, 2015–2019**Figure 5. Ever use of selected methods among sexually experienced women ages 15–49, by place of residence at time of interview, 2015–2019**

- (84.8%) compared with women in urban areas (78.8%).
- A higher percentage of women living in rural areas had ever used the 3-month injectable Depo-Provera (29.4%) compared with women living in urban areas (23.5%).

- A higher percentage of women living in urban areas had ever used emergency contraception (25.0%) compared with women in rural areas (15.9%).
- Similar percentages of women in urban and rural areas had ever used a condom (94.5% and 94.9%,

respectively) or withdrawal (64.8% and 65.9%) with a partner (Table 5).

Discontinuation of contraceptive methods

Table 6 shows the percentage of women who had ever discontinued the pill, condom, or IUD due to dissatisfaction (not due to seeking a pregnancy) among those who had ever used the method, as well as reasons for discontinuation.

- Of the 52.6 million women who had ever used the pill, 34.1% ever discontinued use because of dissatisfaction with the method (Table 6).
 - The three most common reasons for discontinuing the pill due to dissatisfaction were side effects (64.1%), difficulty using the method (such as taking the pill as directed) (15.7%), and disliking changes to their menstrual cycle (12.4%).
- Of the 60.2 million women who had ever used a condom with a partner, 8.5% had ever discontinued use due to dissatisfaction.
 - Of the women who discontinued using condoms due to dissatisfaction, the most common reasons were that the method decreased their sexual pleasure (44.3%), and their partner did not like using them (35.7%).
 - Among women who had ever used the condom, 14.7% had discontinued use due to worry that the method would not work.
- Of the 13.0 million women who had ever used the IUD, 32.8% had ever discontinued use because they were not satisfied with the method.
 - Of women who discontinued the IUD, 64.4% cited side effects. One in five women who discontinued the IUD did not like the changes to their menstrual cycle (19.9%).

Trends

The focus of this report is on describing women's contraceptive experience using 2015–2019 NSFG data rather than on trends over time. However, [Table 7](#) offers some comparisons of changes over time between 2006–2010 and 2015–2019 surveys in ever use of contraceptive methods for women ages 15–44. Most estimates shown for 2006–2010 are taken from a previously published report (5).

- Similar percentages of sexually experienced women ages 15–44 had ever used any method of contraception in 2006–2010 (99.1%) and 2015–2019 (99.2%) ([Table 7](#)).
- The percentage of women ages 15–44 reporting ever use of emergency contraception over the two time periods increased from 10.8% in 2006–2010 to 26.6% in 2015–2019.
- The percentage of women who had ever used the IUD in 2015–2019 (21.4%) was almost three times the percentage in 2006–2010 (7.7%).
- Ever use of withdrawal and the male condom increased between the two time periods: 59.6% of women had ever used withdrawal as of 2006–2010 compared with 66.9% in 2015–2019, and 93.4% of women had ever used the condom with a partner as of 2006–2010 compared with 95.1% in 2015–2019.
- A lower percentage of women had ever used the pill in 2015–2019 (78.2%) compared with 2006–2010 (81.9%).

Summary

This report provides a description of ever use of contraceptive methods in a woman's lifetime up to the time of interview using NSFG data from 2015–2019, the most recent data available. Information is presented on the types of methods women used at any time in their lives for any reason, as well as similarities and differences in contraceptive method use by Hispanic origin and race, nativity for Hispanic women, education, place of residence, and religious affiliation and

importance. Information is also shown for discontinuation of the pill, condom, and IUD due to dissatisfaction with each method.

The main findings of this report can be grouped into three broad areas. First, virtually all sexually experienced women had ever used contraception (99.2%). This held true across Hispanic origin and race, education, religious affiliation, and urban–rural residence. Additionally, nearly 9 out of 10 sexually experienced women had ever used a most or moderately effective reversible method of birth control.

Second, variation in the specific types of methods ever used was seen across Hispanic origin and race, education, religious affiliation and importance, and urban–rural residence. Similar percentages of Hispanic and White women had ever used an IUD, higher than the percentages for Black and Asian women. Looking at education, female sterilization was about three times as common among women without a high school diploma or GED (41.7%) compared with those with a bachelor's degree or higher (13.1%). Ever use of Depo-Provera was roughly three times as common among women without a high school diploma or GED (39.9%) compared with those with a bachelor's degree or higher (12.7%). Higher percentages of women living in rural than in urban areas reported having female sterilization (30.1% compared with 19.5%) and ever using the pill (84.8% compared with 78.8%). A higher percentage of women living in urban areas had ever used emergency contraception (25.0%) compared with women in rural areas (15.9%).

Third, as noted previously, among the 52.6 million women who had ever used the pill, 34.1% (or 17.9 million) discontinued use because of dissatisfaction with the method, most often because of side effects (64.1% of the women who stopped using it), difficulty using the method (such as taking the pill as directed) (15.7%), and disliking changes to their menstrual cycle (12.4%). Side effects were also the most common reason for discontinuation of the IUD among women who had ever discontinued its use.

This report on the ever use of contraception, along with the earlier report on current contraceptive status for 2017–2019 (4), provide two key pieces of the portrait of contraceptive use for reproductive-age women in the United States. The report on current use describes contraceptive methods being used during the month of interview among women and provides a detailed view of recent contraceptive status. This report on ever use provides a description of contraceptive methods ever used throughout women's lives up to the date of interview among all women who had ever had vaginal intercourse with a male partner. Together, these reports provide a more complete description of recent and lifetime contraceptive use among women in the United States.

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Table 1. Number of women ages 15–49 who ever had sexual intercourse and percentage who ever used specified contraceptive method: United States, 2015–2019

Characteristic	2015–2019
All sexually experienced women:	Number in thousands
Ages 15–49	63,703
	Percent (standard error)
Method	
Any method	99.2 (0.14)
Male sterilization ¹	14.6 (0.65)
Female sterilization ¹	21.3 (0.91)
Any most or moderately effective reversible method ²	87.8 (0.60)
Long-acting reversible contraception ³	24.9 (0.75)
Contraceptive implant (Norplant or Implanon)	5.7 (0.33)
Intrauterine device (IUD) ⁴	20.4 (0.67)
Hormonal IUD	15.3 (0.61)
Copper IUD	5.7 (0.38)
Injectable	24.5 (0.80)
1-month injectable (Lunelle)	0.2 (0.08)
3-month injectable (Depo-Provera)	24.5 (0.80)
Pill	79.8 (0.72)
Contraceptive patch	8.2 (0.42)
Contraceptive ring	10.4 (0.52)
Condom	94.5 (0.39)
Withdrawal	65.7 (0.93)
Emergency contraception	23.5 (0.70)
Fertility awareness-based methods	18.5 (0.71)
Counting cycle days ⁵	17.6 (0.68)
Symptothermal ⁶	3.5 (0.35)
Today sponge	1.5 (0.19)
Diaphragm	1.7 (0.21)
Female condom	1.0 (0.15)
Foam alone	2.7 (0.28)
Jelly or cream alone	2.5 (0.27)
Suppository or insert	1.2 (0.15)
Other methods ⁷	0.3 (0.07)

¹Male sterilization includes vasectomy or any other operation that makes it impossible to father a baby. Female sterilization includes tubal sterilization, hysterectomy, ovary removal, and any other operation that makes it impossible to have a baby.

²Includes contraceptive implant, IUD, injectable, pill, contraceptive patch, and contraceptive ring.

³Includes contraceptive implant and IUD.

⁴Includes ever use of other or unknown type of IUD, not shown separately, and ever using one or more types of IUD.

⁵Includes calendar rhythm, Standard Days, or CycleBeads methods.

⁶Includes safe period by temperature or cervical mucus test.

⁷Includes cervical cap and other methods.

NOTE: Sexually experienced is defined in this report as ever having vaginal intercourse with a male partner.

SOURCE: National Center for Health Statistics, National Survey of Family Growth, 2015–2019.

Table 2. Ever use of specified contraceptive methods among sexually experienced women ages 15–49, by Hispanic origin and race: United States, 2015–2019

Characteristic	Total ¹	Non-Hispanic, single race			Total Hispanic	Hispanic, U.S. born	Hispanic, foreign born
		Asian	Black or African American	White			
Number in thousands							
All sexually experienced women	63,703	2,806	8,710	35,768	12,588	7,009	5,738
Percent (standard error)							
Any method	99.2 (0.14)	96.8 (0.97)	99.1 (0.29)	99.5 (0.17)	98.6 (0.34)	99.4 (0.28)	97.7 (0.66)
Male sterilization ²	14.6 (0.65)	*	7.7 (1.05)	18.7 (0.87)	8.6 (0.88)	9.6 (1.19)	7.4 (1.31)
Female sterilization ²	21.3 (0.91)	12.8 (3.07)	23.4 (1.54)	21.1 (1.34)	22.8 (1.50)	19.0 (1.87)	27.4 (2.48)
Any most or moderately effective reversible method ³	87.8 (0.60)	69.1 (3.72)	86.0 (1.16)	92.4 (0.59)	79.5 (1.38)	81.0 (1.73)	77.5 (2.00)
Long-acting reversible contraception ⁴	24.9 (0.75)	12.8 (2.30)	23.3 (1.37)	25.1 (0.95)	28.3 (1.48)	27.3 (2.04)	29.7 (2.04)
Contraceptive implant (Norplant or Implanon)	5.7 (0.33)	1.8 (0.66)	7.4 (0.76)	5.2 (0.48)	6.6 (0.78)	6.7 (0.98)	6.4 (1.09)
Intrauterine device (IUD) ⁵	20.4 (0.67)	11.3 (2.31)	16.9 (1.38)	21.1 (0.89)	23.5 (1.31)	22.3 (1.78)	25.0 (1.91)
Hormonal IUD	15.3 (0.61)	8.0 (2.01)	12.5 (1.15)	17.0 (0.82)	14.0 (1.18)	16.4 (1.60)	11.2 (1.59)
Copper IUD	5.7 (0.38)	*	3.9 (0.76)	5.0 (0.51)	9.3 (0.93)	6.1 (0.81)	13.3 (1.67)
Injectable	24.5 (0.80)	7.2 (1.64)	41.2 (1.70)	20.3 (0.98)	27.5 (1.49)	26.2 (1.99)	29.2 (2.42)
1-month injectable (Lunelle)	0.2 (0.08)	0.1 (0.13)	0.1 (0.06)	0.1 (0.03)	0.8 (0.38)	0.6 (0.36)	1.1 (0.50)
3-month injectable (Depo-Provera)	24.5 (0.80)	7.1 (1.64)	41.2 (1.70)	20.3 (0.97)	27.2 (1.45)	26.1 (1.99)	28.6 (2.43)
Pill	79.8 (0.72)	65.6 (3.81)	73.1 (1.37)	87.5 (0.72)	65.7 (1.53)	69.0 (1.99)	61.5 (2.45)
Contraceptive patch	8.2 (0.42)	*	11.8 (1.00)	7.1 (0.55)	9.8 (0.99)	9.0 (1.24)	10.8 (1.45)
Contraceptive ring	10.4 (0.52)	3.5 (1.04)	8.8 (1.00)	11.6 (0.73)	9.3 (0.80)	10.9 (1.25)	7.4 (1.15)
Condom	94.5 (0.39)	87.5 (3.03)	95.5 (0.85)	96.5 (0.38)	89.2 (1.09)	95.7 (0.70)	81.3 (2.21)
Withdrawal	65.7 (0.93)	65.0 (3.40)	66.7 (1.91)	67.2 (1.12)	60.0 (1.87)	71.4 (2.32)	46.2 (2.73)
Emergency contraception	23.5 (0.70)	22.2 (3.11)	20.8 (1.66)	22.1 (0.90)	28.0 (1.54)	35.6 (1.87)	18.9 (2.23)
Fertility awareness-based methods	18.5 (0.71)	31.2 (4.20)	18.0 (1.49)	17.1 (0.90)	20.2 (1.43)	17.1 (1.52)	24.1 (2.34)
Counting cycle days ⁶	17.6 (0.68)	30.7 (4.21)	17.3 (1.42)	16.2 (0.87)	19.1 (1.43)	16.0 (1.41)	22.9 (2.34)
Symptothermal ⁷	3.5 (0.35)	*	2.9 (0.61)	4.0 (0.49)	2.5 (0.60)	2.4 (0.90)	2.7 (0.74)
Today sponge	1.5 (0.19)	0.8 (0.54)	1.6 (0.62)	2.0 (0.28)	0.5 (0.20)	0.6 (0.29)	0.4 (0.20)
Diaphragm	1.7 (0.21)	1.3 (0.97)	0.6 (0.21)	2.3 (0.33)	0.5 (0.19)	0.7 (0.24)	0.2 (0.19)
Female condom	1.0 (0.15)	0.4 (0.20)	2.0 (0.36)	0.7 (0.14)	1.4 (0.43)	1.9 (0.71)	0.8 (0.35)
Foam alone	2.7 (0.28)	1.1 (0.56)	2.4 (0.49)	3.2 (0.38)	1.9 (0.39)	2.7 (0.66)	1.0 (0.34)
Jelly or cream alone	2.5 (0.27)	2.5 (0.81)	2.8 (0.57)	2.9 (0.41)	1.6 (0.35)	2.4 (0.62)	0.6 (0.22)
Suppository or insert	1.2 (0.15)	*	0.7 (0.18)	1.5 (0.23)	0.5 (0.17)	0.3 (0.11)	0.7 (0.36)
Other methods ⁸	0.3 (0.07)	0.5 (0.45)	0.2 (0.12)	0.3 (0.10)	0.3 (0.14)	0.5 (0.26)	0.0 (0.03)

* Estimate does not meet National Center for Health Statistics standards of reliability.
 0.0 Quantity more than zero but less than 0.05.
¹Includes women of other or multiple race and origin groups, not shown separately.
²Male sterilization includes vasectomy or any other operation that makes it impossible to father a baby. Female sterilization includes tubal sterilization, hysterectomy, ovary removal, and any other operation that makes it impossible to have a baby.
³Includes contraceptive implant, IUD, injectable, pill, contraceptive patch, and contraceptive ring.
⁴Includes contraceptive implant and IUD.
⁵Includes ever use of other or unknown type of IUD, not shown separately, and ever using one or more types of IUD.
⁶Includes calendar rhythm, Standard Days, or CycleBeads methods.
⁷Includes safe period by temperature or cervical mucus test.
⁸Includes cervical cap and other methods.

NOTES: Sexually experienced is defined in this report as ever having vaginal intercourse with a male partner. People of Hispanic origin may be of any race.
 SOURCE: National Center for Health Statistics, National Survey of Family Growth, 2015–2019.

Table 3. Ever use of specified contraceptive methods among sexually experienced women ages 22–49, by education: United States, 2015–2019

Characteristic	Total	No high school diploma or GED	High school diploma or GED	Some college, no bachelor's degree	Bachelor's degree or higher
			Number in thousands		
All sexually experienced women	56,786	5,106	2,372	17,549	20,679
			Percent (standard error)		
Method					
Any method	99.2 (0.14)	97.3 (0.75)	98.8 (0.40)	99.5 (0.15)	99.6 (0.11)
Male sterilization ¹	16.2 (0.72)	7.2 (1.39)	15.8 (1.29)	17.0 (1.22)	18.0 (1.16)
Female sterilization ¹	23.8 (1.02)	41.7 (2.62)	33.0 (1.86)	24.2 (1.46)	13.1 (1.06)
Any most or moderately effective reversible method ²	89.6 (0.54)	82.6 (1.87)	88.7 (0.99)	90.6 (0.83)	91.1 (0.83)
Long-acting reversible contraception ³	25.8 (0.78)	25.5 (2.21)	24.3 (1.24)	27.3 (1.31)	25.6 (1.24)
Norplant or Implanon implant	5.1 (0.32)	9.3 (1.31)	5.5 (0.69)	5.8 (0.56)	3.1 (0.43)
Intrauterine device (IUD) ⁴	22.1 (0.71)	18.9 (2.05)	19.9 (1.23)	23.1 (1.24)	23.4 (1.16)
Hormonal IUD	16.5 (0.66)	11.2 (1.92)	14.9 (1.14)	18.2 (1.08)	17.4 (1.05)
Copper IUD	6.2 (0.41)	6.6 (1.04)	5.7 (0.66)	5.4 (0.73)	7.2 (0.74)
Injectable	25.3 (0.86)	40.4 (2.31)	33.8 (1.81)	29.2 (1.39)	12.7 (1.01)
1-month injectable (Lunelle)	0.2 (0.09)	1.2 (0.79)	0.3 (0.14)	0.1 (0.07)	0.1 (0.04)
3-month injectable (Depo-Provera)	25.2 (0.85)	39.9 (2.29)	33.7 (1.80)	29.2 (1.38)	12.7 (1.01)
Pill	82.5 (0.67)	67.1 (2.47)	79.1 (1.25)	84.6 (1.05)	86.8 (0.84)
Contraceptive patch	8.8 (0.47)	11.1 (1.34)	8.9 (0.89)	10.4 (0.95)	6.7 (0.76)
Contraceptive ring	11.2 (0.59)	4.4 (0.97)	8.5 (0.89)	12.7 (0.92)	13.3 (0.93)
Condom	94.5 (0.44)	81.8 (2.26)	94.9 (0.66)	96.6 (0.47)	95.5 (0.67)
Withdrawal	65.3 (0.96)	47.2 (2.65)	65.2 (2.02)	71.1 (1.28)	65.0 (1.23)
Emergency contraception	22.7 (0.75)	12.2 (1.41)	18.1 (1.20)	25.4 (1.17)	26.0 (1.32)
Fertility awareness-based methods	19.4 (0.76)	11.1 (1.40)	15.1 (1.11)	20.0 (1.08)	23.6 (1.22)
Counting cycle days ⁵	18.4 (0.87)	10.7 (1.40)	14.4 (1.11)	19.4 (1.07)	22.0 (1.14)
Symptothermal ⁶	3.8 (0.38)	1.0 (0.34)	2.0 (0.42)	3.8 (0.69)	5.6 (0.63)
Today sponge	1.7 (0.21)	0.5 (0.25)	0.8 (0.21)	1.8 (0.45)	2.4 (0.42)
Diaphragm	1.9 (0.23)	1.3 (0.48)	0.7 (0.21)	2.4 (0.52)	2.3 (0.40)
Female condom	1.0 (0.14)	1.8 (0.45)	1.2 (0.26)	1.1 (0.21)	0.7 (0.21)
Foam alone	3.1 (0.31)	2.0 (0.47)	2.5 (0.43)	4.0 (0.67)	2.9 (0.44)
Jelly or cream alone	2.7 (0.29)	1.6 (0.44)	2.7 (0.53)	3.3 (0.74)	2.5 (0.35)
Suppository or insert	1.3 (0.17)	0.9 (0.43)	1.2 (0.30)	1.7 (0.35)	1.3 (0.30)
Other methods ⁷	0.4 (0.08)	0.0 (0.03)	0.3 (0.16)	0.4 (0.11)	0.5 (0.14)

¹Male sterilization includes vasectomy or any other operation that makes it impossible to father a baby. Female sterilization includes tubal sterilization, hysterectomy, ovary removal, and any other operation that makes it impossible to have a baby.

²Includes contraceptive implant, IUD, injectable, pill, contraceptive patch, and contraceptive ring.

³Includes contraceptive implant and IUD.

⁴Includes ever use of other or unknown type of IUD, not shown separately, and ever use of one or more types of IUD.

⁵Includes calendar rhythm, Standard Days, or CycleBeads methods.

⁶Includes safe period by temperature or cervical mucus test.

⁷Includes cervical cap and other methods.

NOTE: Sexually experienced is defined in this report as ever having vaginal intercourse with a male partner.

SOURCE: National Center for Health Statistics, National Survey of Family Growth, 2015–2019.

Table 4. Number of women ages 15–49 who ever had sexual intercourse and percentage who ever used specified contraceptive method, by current religious affiliation and importance of religion in daily life: United States, 2015–2019

Characteristic	Number in thousands	Any method	Any most or moderately effective reversible method ¹	Female sterilization ²	Pill	Intrauterine device	Condom	Fertility awareness-based methods ³
Total ⁴	63,703	99.2 (0.14)	87.8 (0.60)	21.2 (0.91)	79.8 (0.72)	20.4 (0.67)	94.5 (0.39)	18.5 (0.71)
Current religious affiliation:								
None	16,012	99.7 (0.11)	89.0 (0.95)	14.2 (1.04)	80.2 (1.26)	24.6 (1.43)	96.3 (0.65)	17.9 (1.25)
Catholic	12,760	98.8 (0.30)	85.3 (1.22)	20.8 (1.35)	76.3 (1.68)	19.3 (1.22)	91.3 (1.05)	20.2 (1.75)
Protestant	29,737	99.3 (0.18)	89.3 (0.70)	25.7 (1.17)	81.8 (0.82)	18.2 (0.82)	95.8 (0.40)	17.9 (0.80)
Other religions	5,193	97.6 (1.01)	81.5 (2.76)	17.8 (2.38)	75.9 (2.55)	23.0 (2.56)	89.8 (1.64)	20.1 (2.51)
Importance of religion in daily life:								
Not important	3,251	99.9 (0.05)	90.8 (1.99)	14.6 (2.44)	84.4 (2.32)	22.0 (2.55)	97.7 (1.03)	12.6 (2.07)
Somewhat important	17,667	99.4 (0.16)	88.5 (0.94)	19.8 (1.33)	81.2 (1.14)	20.1 (1.07)	95.9 (0.53)	17.1 (1.24)
Very important	26,788	98.6 (0.30)	86.1 (0.84)	27.0 (1.24)	78.0 (1.04)	17.9 (0.85)	92.2 (0.68)	20.7 (1.07)

¹Includes contraceptive implant, IUD, injectable, pill, contraceptive patch, and contraceptive ring.

²Includes tubal sterilization, hysterectomy, ovary removal, and any other operation that makes it impossible to have a baby.

³Includes calendar rhythm, Standard Days, or CycleBeads methods, or safe period by temperature or cervical mucus test.

⁴Includes women who did not know or did not report the importance of religion in their daily life.

NOTES: Ever had sexual intercourse is defined in this report as ever having vaginal intercourse with a male partner. See "Demographic variables" in this report for details on the question about the importance of religion in daily life.

SOURCE: National Center for Health Statistics, National Survey of Family Growth, 2015–2019.

Table 5. Ever use of specified contraceptive methods among sexually experienced women ages 15–49, by urban–rural residence: United States, 2015–2019

Characteristic	Total	Urban	Rural
		Number in thousands	
All sexually experienced women.....	63,703	52,850	10,853
		Percent (standard error)	
Method			
Any method	99.2 (0.14)	99.2 (0.13)	99.0 (0.47)
Male sterilization ¹	14.6 (0.65)	14.2 (0.70)	16.3 (1.72)
Female sterilization ¹	21.3 (0.91)	19.5 (0.98)	30.1 (2.16)
Any most or moderately effective reversible method ²	87.8 (0.60)	86.7 (0.70)	93.0 (0.91)
Long acting reversible contraception ³	24.9 (0.75)	24.8 (0.86)	25.0 (1.51)
Norplant or Implanon implant	5.7 (0.33)	5.2 (0.34)	7.8 (0.86)
Intrauterine device (IUD) ⁴	20.4 (0.67)	20.8 (0.78)	18.9 (1.43)
Hormonal IUD	15.3 (0.61)	15.4 (0.73)	15.0 (1.25)
Copper IUD	5.7 (0.38)	6.1 (0.44)	3.9 (0.94)
Injectable	24.5 (0.80)	23.5 (0.84)	29.6 (2.01)
1-month injectable (Lunelle)	0.2 (0.08)	0.2 (0.04)	0.5 (0.43)
3-month injectable (Depo-Provera)	24.5 (0.80)	23.5 (0.84)	29.4 (1.97)
Pill	79.8 (0.72)	78.8 (0.83)	84.8 (1.55)
Contraceptive patch	8.2 (0.42)	8.2 (0.43)	8.6 (1.19)
Contraceptive ring	10.4 (0.52)	10.6 (0.57)	9.2 (1.07)
Condom	94.5 (0.39)	94.5 (0.43)	94.9 (0.86)
Withdrawal	65.7 (0.93)	65.9 (1.08)	64.8 (2.19)
Emergency contraception	23.5 (0.70)	25.0 (0.76)	15.9 (1.71)
Fertility awareness-based methods	18.5 (0.71)	19.3 (0.82)	15.1 (1.44)
Counting cycle days ⁵	17.6 (0.68)	18.3 (0.78)	14.5 (1.41)
Sympto-thermal ⁶	3.5 (0.35)	3.8 (0.41)	2.0 (0.51)
Today sponge	1.5 (0.19)	1.4 (0.19)	1.8 (0.66)
Diaphragm	1.7 (0.21)	1.6 (0.20)	1.8 (0.76)
Female condom	1.0 (0.15)	1.0 (0.16)	1.0 (0.35)
Foam alone	2.7 (0.28)	2.6 (0.30)	3.5 (0.74)
Jelly or cream alone	2.5 (0.27)	2.6 (0.30)	2.2 (0.56)
Suppository or insert	1.2 (0.15)	1.3 (0.17)	1.0 (0.28)
Other methods ⁷	0.3 (0.07)	0.3 (0.08)	0.2 (0.13)

¹Male sterilization includes vasectomy or any other operation that makes it impossible to father a baby. Female sterilization includes tubal sterilization, hysterectomy, ovary removal, and any other operation that makes it impossible to have a baby.

²Includes contraceptive implant, IUD, injectable, pill, contraceptive patch, and contraceptive ring.

³Includes contraceptive implant and IUD.

⁴Includes ever use of other or unknown type of IUD, not shown separately, and ever using one or more types of IUD.

⁵Includes calendar rhythm, Standard Days, or CycleBeads methods.

⁶Includes safe period by temperature or cervical mucus test.

⁷Includes cervical cap and other methods.

NOTE: Sexually experienced is defined in this report as ever having vaginal intercourse with a male partner.

SOURCE: National Center for Health Statistics, National Survey of Family Growth, 2015–2019.

Table 6. Women ages 15–49 who ever used specified contraceptive methods, total number and percentage who discontinued the method due to dissatisfaction, and specific reasons for discontinuation: United States, 2015–2019

Characteristic	Pill	Condom	Intrauterine device
		Number in thousands	
Total who used the method	52,574	60,219	13,042
Total who discontinued the method due to dissatisfaction	17,942	5,102	4,290
		Percent (standard error)	
Percentage who discontinued the method due to dissatisfaction	34.1 (0.90)	8.5 (0.53)	32.8 (1.54)
Reason for discontinuation ¹ :			
Too expensive	2.3 (0.48)	3.6 (1.05)	1.0 (0.87)
Insurance did not cover it	1.5 (0.26)	1.1 (0.52)	0.9 (0.49)
Too difficult to use	15.7 (1.01)	9.3 (1.81)	1.4 (0.59)
Too messy	0.2 (0.08)	10.8 (1.93)	1.2 (0.46)
Your partner did not like it	0.9 (0.28)	35.7 (2.39)	4.8 (0.96)
You had side effects	64.1 (1.60)	21.0 (2.42)	64.4 (2.94)
You were worried you might have side effects	9.5 (0.83)	1.2 (0.69)	4.4 (0.94)
You were worried the method would not work	4.0 (0.66)	14.7 (2.04)	1.5 (0.59)
The method failed, you became pregnant	9.1 (0.95)	8.0 (1.62)	6.6 (1.64)
The method did not protect against disease	1.7 (0.38)	0.4 (0.40)	0.2 (0.09)
Doctor told you not to use the method again	5.7 (0.75)	0.5 (0.22)	8.2 (1.46)
Decreased your sexual pleasure	3.4 (0.47)	44.3 (2.82)	4.9 (0.86)
Too difficult to obtain	3.3 (0.60)	0.8 (0.38)	0.3 (0.15)
Did not like changes to menstrual cycle	12.4 (0.98)	–	19.9 (2.18)
Other	8.7 (0.82)	10.3 (1.50)	17.6 (2.40)

– Quantity zero.

¹Women could give more than one reason for discontinuing the method.

SOURCE: National Center for Health Statistics, National Survey of Family Growth, 2015–2019.

Table 7. Number of women ages 15–44 who ever had sexual intercourse and percentage who ever used specified contraceptive method: United States, 2006–2010 and 2015–2019

Characteristic	2006–2010	2015–2019
	Number in thousands	
All sexually experienced women.....	53,475	53,350
	Percent (standard error)	
Method		
Any method.....	99.1 (0.11)	99.2 (0.15)
Male sterilization ¹	13.3 (0.67)	11.5 (0.53)
Female sterilization ¹	19.5 (0.88)	16.7 (0.82)
Any most or moderately effective reversible method ²	87.5 (0.58)	87.3 (0.62)
Long-acting reversible contraception ³	9.4 (0.54)	26.3 (0.88)
Contraceptive implant (Norplant or Implanon).....	1.9 (0.23)	6.3 (0.39)
Intrauterine device (IUD) ⁴	7.7 (0.48)	21.4 (0.77)
Hormonal IUD.....	---	16.5 (0.67)
Copper IUD.....	---	5.4 (0.39)
Injectable.....	24.0 (0.83)	25.6 (0.87)
1-month injectable (Lunelle).....	1.6 (0.31)	0.2 (0.07)
3-month injectable (Depo-Provera).....	23.2 (0.82)	25.5 (0.87)
Pill.....	81.9 (0.70)	78.2 (0.75)
Contraceptive patch.....	10.4 (0.57)	9.3 (0.47)
Contraceptive ring.....	6.3 (0.36)	11.6 (0.55)
Condom.....	93.4 (0.46)	95.1 (0.38)
Withdrawal.....	59.6 (0.91)	66.9 (1.00)
Emergency contraception.....	10.8 (0.51)	26.6 (0.80)
Fertility-based awareness methods.....	19.7 (0.65)	18.0 (0.72)
Counting cycle days ⁵	18.1 (0.63)	17.2 (0.68)
Symptothermal ⁶	4.1 (0.30)	3.2 (0.35)
Today sponge.....	4.3 (0.32)	0.5 (0.14)
Diaphragm.....	3.1 (0.29)	1.2 (0.20)
Female condom.....	1.7 (0.21)	1.1 (0.16)
Foam alone.....	6.8 (0.41)	2.3 (0.29)
Jelly or cream alone.....	4.2 (0.33)	2.2 (0.27)
Suppository or insert.....	3.4 (0.25)	1.0 (0.15)
Other methods ⁷	0.8 (0.14)	0.3 (0.07)

--- Data not available; type of IUD ever used was not asked in 2006–2010.

¹Male sterilization includes vasectomy or any other operation that makes it impossible to father a baby. Female sterilization includes tubal sterilization, hysterectomy, ovary removal, and any other operation that makes it impossible to have a baby.

²Includes contraceptive implant, IUD, injectable, pill, contraceptive patch, and contraceptive ring.

³Includes contraceptive implant and IUD.

⁴For 2015–2019, includes ever using other or unknown type of IUD, not shown separately, and ever using one or more types of IUD. Type of IUD ever used was not asked in 2006–2010.

⁵Includes calendar rhythm method for 2006–2010. Includes calendar rhythm, Standard Days, or CycleBeads methods for 2015–2019.

⁶Includes safe period by temperature or cervical mucus test.

⁷Includes the cervical cap and other methods.

NOTE: Ever had sexual intercourse is defined in this report as ever having vaginal intercourse with a male partner.

SOURCE: National Center for Health Statistics, National Survey of Family Growth, 2006–2010 and 2015–2019.

**U.S. DEPARTMENT OF
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Centers for Disease Control and Prevention
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National Health Statistics Reports ■ Number 195 ■ December 14, 2023

Acknowledgments

The 2015–2019 National Survey of Family Growth was conducted by the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS), with the support and assistance of numerous other organizations and individuals. Interviewing and other tasks were carried out by the University of Michigan's Institute for Social Research, under a contract with NCHS. The 2015–2019 National Survey of Family Growth was jointly planned and funded by the following programs and agencies of the U.S. Department of Health and Human Services:

- National Center for Health Statistics, CDC
- Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health
- Office of Population Affairs
- Division of HIV/AIDS Prevention, CDC
- Division of Sexually Transmitted Disease Prevention, CDC
- Division of Reproductive Health, CDC
- National Center on Birth Defects and Developmental Disabilities, CDC
- Division of Cancer Prevention and Control, CDC
- Children's Bureau, Administration for Children and Families
- Office of Planning, Research and Evaluation, Administration for Children and Families
- Office on Women's Health
- Division of Nutrition, Physical Activity, and Obesity, CDC
- Division of Adolescent and School Health, CDC

NCHS gratefully acknowledges the contributions of these programs and agencies, and all others who assisted in designing and carrying out the 2015–2019 National Survey of Family Growth. This report was prepared in the Division of Vital Statistics under the general direction of Paul D. Sutton, Acting Director; Isabelle Horon, Chief, Reproductive Statistics Branch; and Anjani Chandra, Team Lead, National Survey of Family Growth Team, Reproductive Statistics Branch. The authors are grateful for the valuable comments provided by Andrés Berruti, Associate Director for Science, and Amy Branum, NCHS Associate Director for Science. The NCHS Office of Information Services, Information Design and Publishing staff edited and produced this report: editor Jane Sudol and typesetter and graphic designer Simon McCann.

Suggested citation

Daniels K, Abma JC. Contraceptive methods women have ever used: United States, 2015–2019. National Health Statistics Reports; no 195. Hyattsville, MD: National Center for Health Statistics. 2023. DOI: <https://doi.org/10.15620/cdc:134502>.

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National Center for Health Statistics

Brian C. Moyer, Ph.D., *Director*
Amy M. Branum, Ph.D., *Associate Director for Science*

Division of Vital Statistics

Paul D. Sutton, Ph.D., *Acting Director*
Andrés A. Berruti, Ph.D., M.A., *Associate Director for Science*