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## Contraceptive Methods Women Have Ever Used: United States, 1982–2010

by Kimberly Daniels, Ph.D.; William D. Mosher, Ph.D.; and Jo Jones, Ph.D., Division of Vital Statistics

### Abstract

**Objective**—This report presents national estimates of the proportion of sexually experienced women aged 15–44 who have ever used various methods of contraception in the United States. Trends are shown since 1982, and results are shown by Hispanic origin and race, education, and religious affiliation. The number of methods ever used is also shown, along with reasons for stopping use of selected methods.

**Methods**—Data for 2006–2010 were collected through in-person interviews with 22,682 women and men aged 15–44 in the household population of the United States. Interviews were conducted by female interviewers in the homes of sampled persons. This report is based primarily on the sample of 12,279 women interviewed in 2006–2010 from the National Survey of Family Growth (NSFG). Data from earlier NSFGs are presented to show trends in method choice since 1982.

**Results**—Virtually all women of reproductive age in 2006–2010 who had ever had sexual intercourse have used at least one contraceptive method at some point in their lifetime (99%, or 53 million women aged 15–44), including 88% who have used a highly effective, reversible method such as birth control pills, an injectable method, a contraceptive patch, or an intrauterine device. In 2006–2010, the most common methods that women or their partners had ever used were: the male condom (93%), the pill (82%), withdrawal (60%), and the injectable, Depo-Provera (23%). Method use varied by race and Hispanic origin, nativity among Hispanics, education, and religious affiliation, with significant proportions of women in all categories having used one or more of the most effective methods. The median number of methods ever used by women was about three, but nearly 30% have used five or more methods. Side effects were the most common reason for discontinuing use of the pill, Depo-Provera, and the patch among women who had ever discontinued using these methods due to dissatisfaction.

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

### Introduction

The Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) has conducted the National Survey of Family Growth (NSFG) seven times since 1973. The survey is designed to complement NCHS vital statistics data on registered births in the United States by collecting data on the factors that affect birth and pregnancy rates—including sexual activity, marriage, divorce, cohabitation, contraceptive use, and infertility (1–9). Information on contraceptive use has been collected in each NSFG so that trends can be monitored. This report includes data since 1982, when the survey first included all women aged 15–44 regardless of marital status.

This report complements a previous report by Jones et al. that focused on the method(s), if any, that women were using at the date of interview, referred to as their current contraceptive use (9). That report presented detailed data on trends and differences in current use of contraception by various characteristics, whereas this report on ever-use adds to knowledge of contraceptive behavior over women's lives in a number of ways. First, the methods women use vary over their reproductive life course; this report provides more information on



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women's history of contraceptive use and the number of methods women have ever used even if they are currently not using contraception, for example, if they are seeking to become pregnant, are pregnant, or are postpartum at the time of the interview. Additionally, this report includes all sexually experienced women of reproductive age, whereas Jones et al. describes contraceptive use for all women of reproductive age with detailed analysis on the 62% of women who were using a contraceptive method at the time of interview (9).

Second, this report presents data on selected contraceptive methods that women tried and subsequently discontinued using because they were not satisfied with the method in some way. In 2006–2008, nearly one-third of women who had ever used the pill discontinued use due to dissatisfaction (1). This report provides information on the reasons women have for discontinuing use of those methods.

Third, although the measure of ever-use does not describe the length of exposure, it provides a basic indicator of the population exposed to the benefits and risks of each method (10). The report by Jones et al. on current contraceptive use documents that about 17% of women aged 15–44 were using the pill at the date of interview, whereas this report shows that four-fifths of sexually experienced women have ever used the pill and have been exposed to its health benefits and risks over their reproductive life course.

Lastly, trends and differentials in ever-use of the condom since 1982 are noted to show steps women and their partners have taken not only to prevent pregnancy, but to prevent the transmission of sexually transmitted infections, including HIV. Given that the first diagnosed case of HIV was approximately 30 years ago, it is important to track use of the condom, the most-used barrier method over this time period.

## Background

The modern birth control movement originated in 1912 out of concern about the health effects of high fertility on

women and their children (11). But the fertility-control methods available around this time were limited and primarily coital dependent (e.g., the condom and withdrawal). It was not until 1960 that more modern methods of contraception, including the birth control pill and the intrauterine device (IUD), both highly effective and not coital dependent, became available (10). These were followed by other highly effective methods later in the 20th century (11). Between 1960 and 2006–2010, women had more options for birth control, provided that they could obtain these methods (12). Over this period, women wanting to use a hormonal method could choose among many types of birth control pills, as well as from implants (Implanon was approved in 2006; Norplant was approved in 1990 but withdrawn in 2002), injectables (Lunelle was introduced in 2000 and withdrawn in 2002; Depo-Provera was introduced in 1992), contraceptive patches (Ortho Evra was approved in 2002), contraceptive rings (Nuva Ring was approved in 2001), and IUDs (a copper IUD Paragard T 380A was approved in 1984; and a low-dose, progestin-only hormonal IUD Mirena was approved in 2000) (10,13). Like the pill, these newer methods are not coital dependent and are highly effective in preventing pregnancy (14,15), but unlike the pill, they do not require daily action (10).

Using data from the 2002 NSFG, Kost et al. estimated that among sexually active women, the probability of a woman having an unintended pregnancy during 1 year of no contraceptive use was 85% (14). They found that any contraceptive use lowered that probability to about 12% for 1 year of use (14). However, the risk of an unintended pregnancy varied by contraceptive method. The probability of having an unintended pregnancy while using the following methods for 1 year with typical use (also called “failure rates”) was:

- Less than 1% per year for implants and IUDs
- 7% for injectable methods (Depo-Provera)
- 9% for the pill

- 17% for the condom
- Over 20% for periodic abstinence, withdrawal, and spermicides (14)

## Methods

### Source of the data

This report uses data primarily from the 12,279 female respondents of the 2006–2010 NSFG. Data were collected through in-person interviews from a representative sample of men and women aged 15–44 in the household population of the United States from June 2006 through June 2010. Detailed information about the 2006–2010 NSFG is available (4,7,8). NSFG is jointly planned and funded by NCHS and several other programs of the U.S. Department of Health and Human Services (see “Acknowledgments”). The interview administered to women collected information on their births and pregnancies, marriages and cohabitations, contraceptive use, use of medical care related to birth control, infertility, prenatal care, and social and demographic characteristics (7,8).

The interview was voluntary; participants were provided information about the survey before being asked for signed informed consent. The survey was reviewed and approved by the NCHS and University of Michigan Institutional Review Boards. The overall response rate in 2006–2010 was 77% and the response rate for women was 78% (4). To protect the respondent's privacy, only one person in each selected household was interviewed.

In addition to the data from the 2006–2010 NSFG, some results from earlier NSFGs are shown to provide data on trends over the last three decades. The design, content, and basic procedures of these surveys, especially with respect to data on contraceptive use collected from women, were similar to the 2006–2010 NSFG (16–18).

### Questions on contraceptive use

Measuring contraceptive use during heterosexual intercourse is one of the central goals of NSFG because it is a

key factor affecting birth and pregnancy rates and family formation (1–4). This report only includes contraceptive use among women who have ever had heterosexual intercourse, in part because the questions on contraceptive use for men are less detailed than the questions for women; the questions for men do not include detail on ever-use of all methods. The NSFG questionnaire for women asks a series of questions on whether she or a partner has *ever* used each of more than 20 methods of contraception at any time in her life up to the time she is interviewed. More detail on these measures is available in the definitions of terms at the end of this report.

## Statistical analysis

Statistics for this report were produced using SAS software, Version 9.2 (available from <http://www.sas.com>). The sampling errors were produced with SUDAAN software, which is designed to handle the complex sample designs of surveys like NSFG (available from <http://www.rti.org/sudaan>). All estimates for 2006–2010 in this report were weighted to reflect the reproductive-aged female household population of the United States at the midpoint of interviewing, June 2008. Women aged 15–44 living on military bases or in institutions were not included in the survey. For a more detailed discussion of sampling errors in the 2006–2010 NSFG, see Lepkowski et al. (8).

Percentages were compared using two-tailed *t* tests at the 5% level. No adjustments were made for multiple comparisons. 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.

In the description of the results below, when the percentage being cited is below 10% or above 90%, the text will cite the percentage to one decimal point. To make reading easier and to remind the reader that the results are based on samples and subject to sampling error, percentages from 10% to 90% will generally be shown rounded to the nearest whole percentage. In this report, percentages are not shown if the sample denominator is fewer than 100 cases, or the numerator is fewer than 5 cases. When a percentage or other statistic is not shown for this reason, the table contains an asterisk (\*) signifying that the statistic does not meet standards of reliability or precision. For most statistics presented in this report, the numerators and denominators are much larger. This report presents basic descriptive statistics on the ever-use and discontinuation of specific contraceptive methods in the United States in 2006–2010 and over time; the report does not attempt to demonstrate cause-and-effect relationships.

## Results

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

Before discussing ever-use of contraceptive methods, it is helpful to define the group of women described in the tables in this report. The tables present ever-use of methods for the 53 million women aged 15–44 in the United States who have ever had sexual intercourse with a male, i.e., they are sexually experienced women. Analysis is limited to sexually experienced women because the focus of the survey on contraceptive use relates specifically to pregnancy prevention and birth spacing. [Table A](#) shows the percentage of all women in various age groups who have ever had sexual intercourse, the percentage who have ever used contraception (regardless of whether they have had sex), and the percentage of sexually experienced women who have ever used a method of contraception. In the second column, the percentage of all women who have had sexual intercourse is shown. For women aged 25 and over, 97.8% have had sexual intercourse. Among the full sample of NSFG, 87% of women aged 15–44 have ever had sexual intercourse.

The third column of [Table A](#) shows the percentage of *all women*—whether they have had intercourse—who have ever used contraception. Women may take the pill or use another hormonal

**Table A. Percentage of women aged 15–44 who have ever had sexual intercourse, percentage who have ever used contraception, and percentage of sexually experienced women who have ever used contraception, by age: United States, 2006–2010**

	All women			Sexually experienced women	
	Have had sexual intercourse		Have used contraception	Have used contraception	
	Number in thousands	Percentage (standard error)	Percentage (standard error)	Number in thousands <sup>1</sup>	Percentage (standard error)
All women, 15–44 years . . . . .	61,755	86.6 (0.7)	88.2 (0.6)	53,475	99.1 (0.1)
15–17 years . . . . .	5,837	27.1 (1.8)	35.4 (2.0)	1,584	97.5 (1.5)
18–19 years . . . . .	4,641	63.5 (2.6)	69.1 (2.7)	2,948	99.6 (0.2)
20–24 years . . . . .	10,365	86.2 (1.7)	89.0 (1.4)	8,930	99.0 (0.3)
25–44 years . . . . .	40,912	97.8 (0.3)	97.7 (0.3)	40,014	99.2 (0.1)

<sup>1</sup>Computed on the basis of unrounded percentages.

method not only as a contraceptive, but to regulate their menstrual cycles or to treat other health conditions that benefit from taking estrogen (19,20). The proportion of all women who have used any contraceptive method rose from 35% among teenagers aged 15–17, to 69% at ages 18–19, to 89% at ages 20–24, and to 97.7% at ages 25–44, paralleling the rise by age in the percentage of women who have ever had intercourse.

The percentage of women who have used contraception exceeds the percentage that have had intercourse primarily at ages 15–17 and 18–19, because small percentages of younger women have used contraceptive methods before first intercourse—typically to treat acne, to regulate menstrual periods, or to prepare for first intercourse (19,20). Most importantly, among women aged 15 and over who have had sexual intercourse at least once, virtually all have ever used contraception (99.1%), including 97.5% of those aged 15–17.

### Ever-use of contraceptive methods among sexually experienced women

Throughout their childbearing years, women may use different contraceptive methods to control when they have their first birth, to limit the number of children they bear, to control the spacing of those children, and to prevent sexually transmitted infections. In 2006–2010, 99.1% (53.0 million) of sexually experienced women had used at least one contraceptive method (Table 1). This compares with 94.8% of sexually experienced women in 1982, and 98.2% in 1995 and 2002.

Table 1 also includes a summary measure indicating women's ever-use of any highly effective, reversible method of contraception for 2002 and 2006–2010. This category includes the pill and other hormonal methods such as Norplant and Implanon (5- and 3-year implants), Lunelle and Depo-Provera (1- and 3-month injectables), the contraceptive patch, the contraceptive ring, and the IUD. Both hormonal and nonhormonal IUDs are now available,

but the 2006–2010 NSFG did not ask about the type of IUD used. Because many of these methods were not available in 1982 or had only recently been approved in 1995 (13), this summary measure was not calculated for those years to avoid confounding limited availability and nonuse. Male and female sterilization, two other highly effective contraceptive methods, are generally nonreversible and are not included in this measure; sterilization data are shown separately.

The methods presented together in the summary measure of any highly effective, reversible method are also shown individually in the table and described in the results separately. Because the use of highly effective, reversible methods requires a woman to see a medical professional to obtain the method or the prescription for the method, this summary measure also serves as an indicator of the number and percentage of women who have used methods that require regular or periodic contact with medical professionals. In 2006–2010, 88% of sexually experienced women reported ever having used a highly effective, reversible method of contraception, similar to 2002 (86%).

### Hormonal method use

Hormonal methods include birth control pills and most other highly effective, reversible methods such as implantable and injectable contraceptives, contraceptive patches, and contraceptive rings. Table 1 shows the percentage of women who had ever used each of these methods in 2006–2010 and charts trends in use over time.

- About four of every five sexually experienced women have used the pill, and this percentage has remained stable since 1995. Specifically, the proportion of sexually experienced women aged 15–44 who had ever used the pill was 76% in 1982. In 1995, 2002, and 2006–2010, the pill had been used by 82% of sexually experienced women, remaining constant even with the introduction of additional highly effective, reversible methods during this time period.

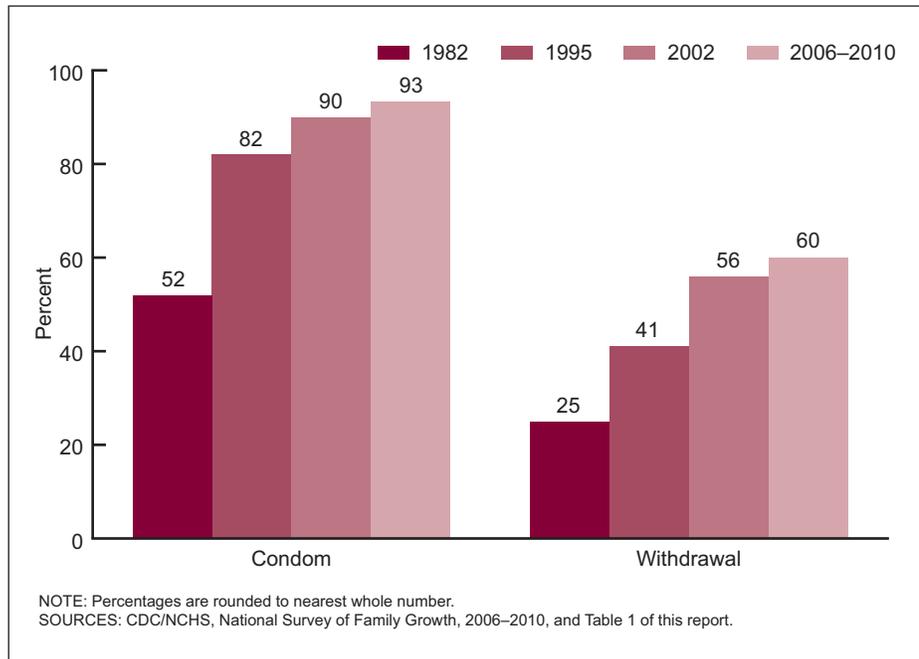
- Depo-Provera, a 3-month injectable contraceptive first available in 1992, had been used by 4.5% of women in 1995 and by 23% in 2006–2010.
- Ever-use of the contraceptive patch increased from 0.9% in 2002 to 10% in 2006–2010, and the contraceptive ring (first asked about in the 2006–2010 NSFG) had been used by 6.3% of women.

### Condom use

One of the most striking changes in individual method use over time was the increase in the proportion of women who had ever had a male partner use the condom—from 52% in 1982, to 82% in 1995, and 93.4% in 2006–2010 (Table 1, Figure 1).

### Other results

- Ever-use of the IUD declined from 1982 (18%) through 2002 (5.8%), but increased between 2002 and 2006–2010 (7.7%). The hormonal IUD became an option during this time period, but the type of IUD used was not asked about in the survey.
- The ever-use of withdrawal also increased significantly between 1982 and 2006–2010 (Figure 1). In 1982, about 25% of sexually experienced women had ever used withdrawal compared with 60% in 2006–2010. The increase in the use of withdrawal may be associated with the increase in condom use mentioned above, because these methods are sometimes used together. For example, looking at current use rather than ever-use, 60% of women's partners who used a condom in the month of interview also used withdrawal (analysis not shown).
- Similar percentages of women had ever used periodic abstinence by calendar in 2006–2010 (18%) as had in 1982 (17%).
- The use of barrier and spermicidal periodic methods such as the diaphragm, female condom, cervical cap, foam, jelly, suppository, and sponge either remained at low levels or declined from 1982 to 2006–2010. For example, 17% of women had ever used the diaphragm in 1982, but



**Figure 1. Percentage of sexually experienced women aged 15-44 whose partner has ever used a condom or withdrawal: United States, 1982-2010**

this proportion decreased to 3.1% by 2006-2010.

- By 2006-2010, 11% of women had used emergency contraception.

To gain additional understanding of the contraceptive methods ever used by women shown in Table 1, Table B shows the median and percent distribution of the number of contraceptive methods ever used among the 53.5 million sexually experienced women aged 15-44 in the United States. As mentioned previously, women may switch methods as their reasons for

contraceptive use change, such as delaying a first pregnancy or spacing between one pregnancy and the next, helping prevent sexually transmitted infections, or discontinuing a method due to dissatisfaction. Table B shows that the median number of methods used for all women is 3.1. Less than 1% of women aged 15 and over who have ever had sex have never used any method, 5.4% have used one method, 15% have used two methods, 26% have used three, 23% have used four, and about 29% have used five or more (Table B, Figure 2).

Women use additional methods as they age; around age 25, the pace of using additional methods plateaus at a median of slightly more than three. Nearly one-half of these women have used three or four methods. Among the oldest age group, 40-44, 1.3% of women have not used any contraceptive method.

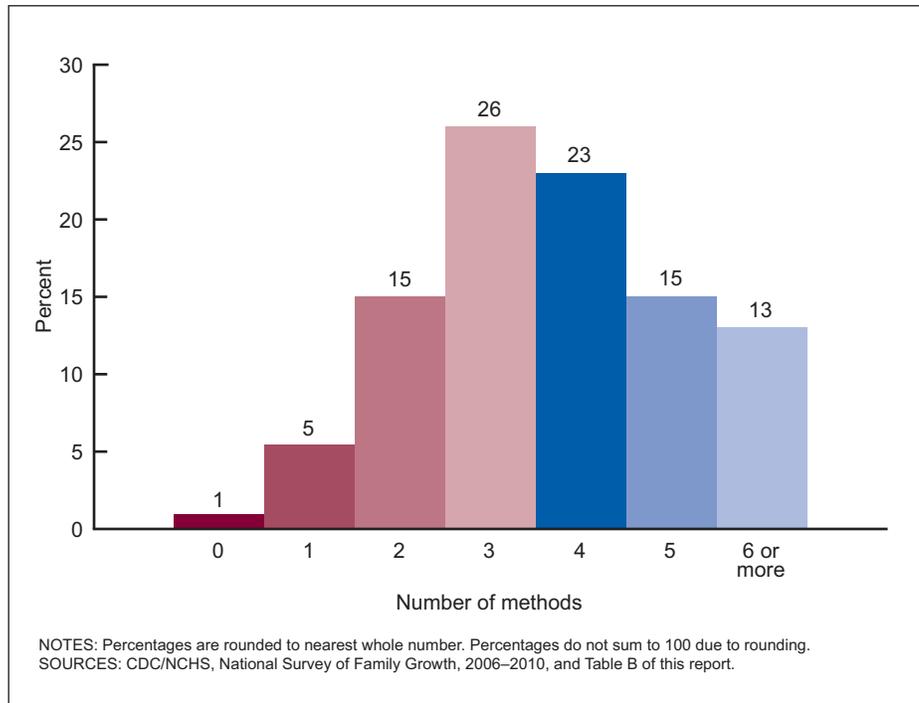
### Differences by Hispanic origin and race

Differences in the proportion of sexually experienced women who have ever used specific methods of contraception by Hispanic origin and race, and by nativity for Hispanic women, are shown in Table 2. The proportion who have ever used any method of contraception ranges from 97.1%-99.6% across the groups, and the following differences are seen:

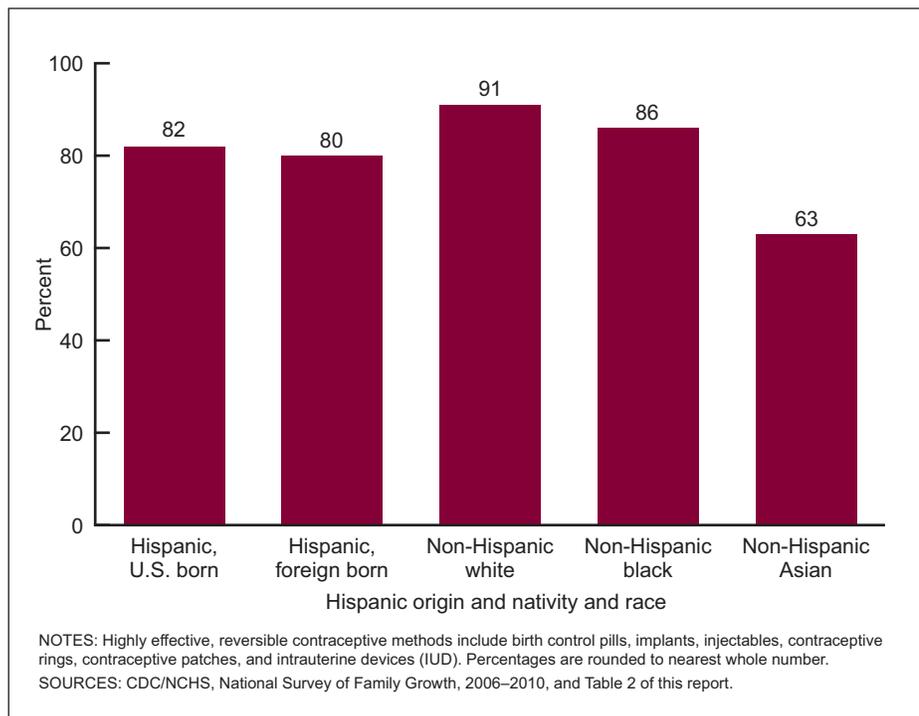
- White women (91.3%) have most frequently used any highly effective, reversible method, compared with 81% of all Hispanic women and 63% of Asian women (Figure 3 and Table 2).
- A higher proportion of white women (89%) have used the pill compared with all other racial and ethnic groups (Figure 4 and Table 2).
- Black women (44%) and Hispanic women (38%) have the highest proportions of those who had ever used a hormonal method other than

**Table B. Median and percent distribution of the number of contraceptive methods ever used among sexually experienced women aged 15-44: United States, 2006-2010**

	Number of women in thousands	Median number of methods used	Total	Percent distribution (standard error)							
				0	1	2	3	4	5	6 or more	
Total	53,475	3.1 (0.04)	100.0	0.9 (0.1)	5.4 (0.4)	15.4 (0.6)	26.1 (0.7)	23.4 (0.7)	15.4 (0.6)	13.4 (0.5)	
Age											
15-17 years	1,584	1.9 (0.10)	100.0	2.5 (1.5)	20.0 (2.6)	29.4 (3.0)	29.7 (2.6)	13.2 (2.1)	3.4 (1.0)	1.9 (0.7)	
18-19 years	2,948	2.4 (0.08)	100.0	0.4 (0.2)	8.6 (1.4)	30.5 (2.1)	29.5 (2.4)	19.8 (2.1)	6.4 (1.1)	4.7 (1.0)	
20-24 years	8,930	2.8 (0.07)	100.0	1.0 (0.3)	6.5 (1.0)	19.1 (1.3)	28.8 (1.7)	23.6 (1.5)	12.3 (1.3)	8.7 (0.9)	
25-44 years	40,014	3.3 (0.04)	100.0	0.8 (0.1)	4.3 (0.4)	12.9 (0.6)	25.1 (0.7)	24.1 (0.7)	17.3 (0.7)	15.5 (0.6)	
25-29 years	10,088	3.1 (0.07)	100.0	0.6 (0.2)	4.6 (0.7)	15.5 (1.2)	27.1 (1.3)	23.6 (1.4)	17.0 (1.2)	11.5 (1.0)	
30-34 years	8,990	3.2 (0.06)	100.0	0.9 (0.3)	4.6 (0.6)	14.5 (1.2)	24.0 (1.3)	24.7 (1.3)	17.7 (1.5)	13.7 (1.1)	
35-39 years	10,401	3.3 (0.06)	100.0	0.6 (0.2)	4.9 (0.9)	11.9 (1.1)	24.7 (1.3)	25.1 (1.4)	17.4 (1.3)	15.4 (1.1)	
40-44 years	10,535	3.5 (0.09)	100.0	1.3 (0.3)	3.3 (0.7)	9.8 (1.0)	24.6 (1.6)	23.1 (1.7)	17.1 (1.3)	21.0 (1.5)	



**Figure 2. Percent distribution of the number of methods ever used among sexually experienced women aged 15–44: United States, 2006–2010**



**Figure 3. Percentage of sexually experienced women aged 15–44 who have ever used any highly effective, reversible contraceptive method, by Hispanic origin and nativity and race: United States, 2006–2010**

the pill, whereas Asian women (19%) have the lowest (Figure 4 and Table 2).

● About 27% of Hispanic and 34% of black women have ever used Depo-Provera, compared with 20% of

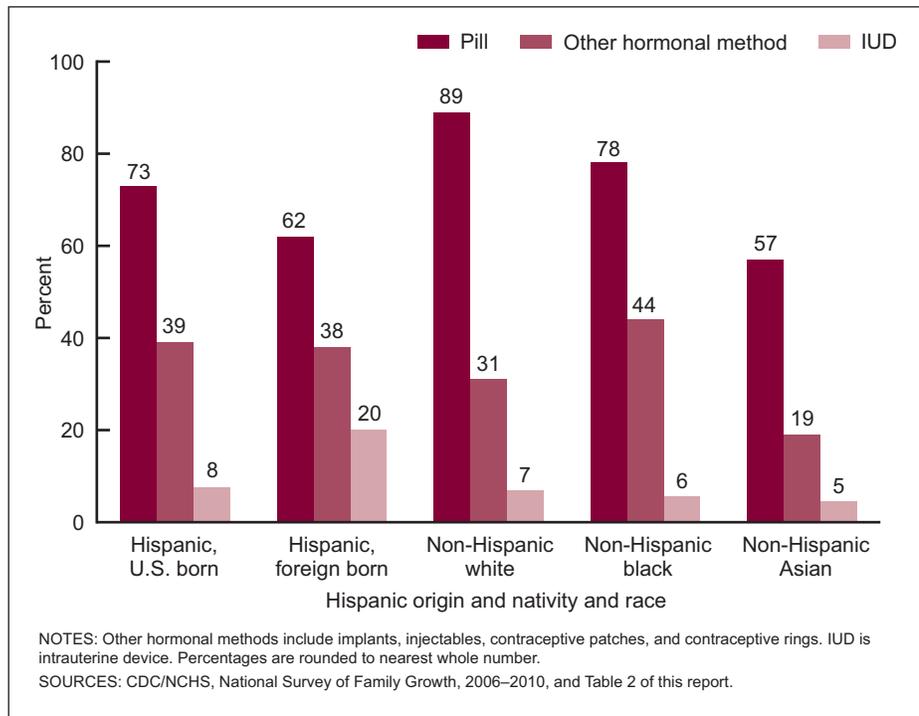
white women and 10% of Asian women (Table 2).

- Foreign-born Hispanic women were up to three times as likely to have used IUDs (20%) compared with all other groups (7.6% of U.S.-born Hispanic women, 6.8% of white women, 5.5% of black women, and 4.6% of Asian women) (Figure 4 and Table 2).
- Most white (96.5%) and black (95.7%) women have had a partner use a condom during sexual intercourse. By comparison, 75% of foreign-born Hispanic women, 89% of U.S.-born Hispanic women, and 88% of Asian women have ever had a partner use a condom.
- As shown in Table 2, one in three Asian women (35%) had ever used the calendar method of periodic abstinence for pregnancy prevention. This percentage is approximately double the percentages of other racial groups.
- White women (64%), U.S.-born Hispanic women (60%), and black women (55%) are more likely to have had a partner who had used withdrawal compared with foreign-born Hispanic women (44%).

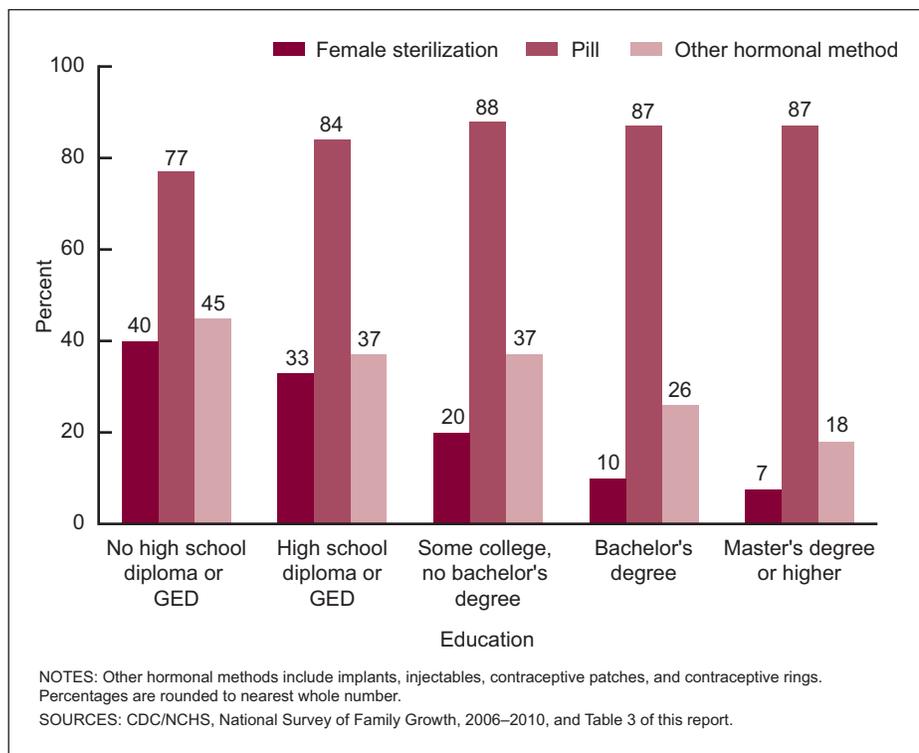
### Ever-use by education

Ever-use of contraceptive methods is shown among sexually experienced women aged 22–44 by educational attainment (Table 3). The percentage of women in each education group who have ever used any method; any highly effective, reversible method; and any of the individual methods are presented. The percentage of women in each education group who have ever used any method is similar, around 99%, but these groups vary in the percentages that have used particular methods.

- The percentage of women who have used female sterilization decreased with greater educational attainment. The percentage was 40% for women with less than a high school diploma, and 7.4% for women with a master’s degree or higher (Table 3 and Figure 5).



**Figure 4. Percentage of sexually experienced women aged 15–44 who have ever used birth control pills, other hormonal methods, or IUDs, by Hispanic origin and nativity and race: United States, 2006–2010**



**Figure 5. Percentage of sexually experienced women aged 22–44 who have ever used female sterilization, birth control pills, or other hormonal methods, by education: United States, 2006–2010**

- Fewer women without a high school diploma or GED have ever used the pill (77%) compared with women

with higher levels of education (e.g., 87% for women with a bachelor's

degree or higher) (Table 3 and Figure 5).

- Although use of the pill is lower among women with less education, they report higher ever-use of other hormonal methods (Table 3 and Figure 5). Nearly one-half of women with less than a high school education reported use of other hormonal methods (45%) compared with 18% of women with a master's degree or higher.
- Among the other hormonal methods, the highest percentages of women used Depo-Provera, ranging from 36% for women with less than a high school diploma to 8.6% for women with a master's degree or higher (Table 3). Women with a high school diploma and those with some college attendance but no bachelor's degree had similar levels of ever-use of Depo-Provera (27%).
- The ever-use of periodic abstinence methods for pregnancy prevention increased with educational attainment. The percentage who had ever used calendar rhythm types of periodic abstinence (counting the days from the start of the last menstrual period) was 13% among women with less than a high school diploma, compared with 28% among women with a master's degree or higher. Similarly, 2.9% of women in the lowest-attaining education group had used natural family planning (basal body temperature or cervical mucus tests), compared with 12% of women with a master's degree or higher.

### Ever-use by current religious affiliation

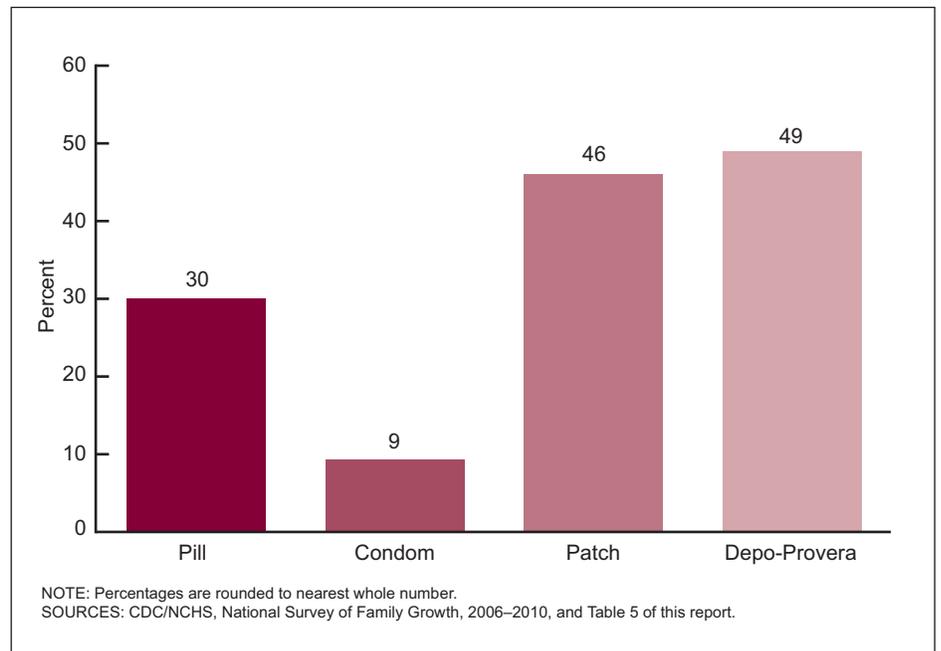
There is a substantial body of research on the association of religious affiliation with contraceptive use (21,22). Previous research shows differences in the use of particular methods by religious affiliation, but high levels of overall contraceptive use among all groups (21,22). The findings in Table 4, which shows the percentage of sexually experienced women who have ever used any method of contraception; any highly effective, reversible method; and selected

individual methods by current religious affiliation, are consistent with previous research. Religious affiliation is classified into four broad groups: 1) no religious affiliation, 2) Catholic, 3) Baptist and fundamentalist Protestant denominations, and 4) other Protestant denominations. The diverse group of other religious affiliations is not shown separately, but is included in the total. In each of the groups shown, 99% of women aged 15–44 who have ever had sexual intercourse have ever used a contraceptive method. Specifically, 98.6% of Catholic women, 99.4% of women with no religious affiliation, 99.4% of women affiliated with a Baptist or fundamentalist Protestant denomination, and 99.5% of women affiliated with other Protestant denominations had ever used a method.

The percentage of Catholic women who had ever used a condom with a male partner was 89%, compared with 94.6%–96.6% of the Protestant groups. About 22% of Catholic women had ever used a periodic abstinence method, compared with 18%–19% of the other groups. And about 76% of Catholic women had ever used the pill, compared with 86% of the Protestant groups.

## Discontinuation of contraceptive methods

One reason women may switch to a new method of contraception is if they are dissatisfied with their current method. Overall, 47% of women who have used at least one method of contraception have discontinued using a method due to dissatisfaction (analysis not shown), but there is wide variation in discontinuation among specific methods. [Table 5](#) and [Figure 6](#) show the percentage of women who have ever discontinued using the pill, the condom, Depo-Provera, or the contraceptive patch due to dissatisfaction among those who have ever used the method. [Table 5](#) also shows women's reasons for discontinuation of the method. Women could give more than one reason. Only cases where a woman stopped using one of the contraceptive methods shown because of dissatisfaction and not because she wanted to become pregnant



**Figure 6. Percentage of women aged 15–44 who discontinued use of the selected contraceptive method among women who had ever used that method: United States, 2006–2010**

are presented. Women who stopped using one brand or formulation of a particular method due to dissatisfaction, but then used another, are included.

Of the 45 million women who have ever used the pill, 30% discontinued use because of dissatisfaction. Nearly one-half of the 12.5 million women who had used Depo-Provera (46%) and the 5.6 million women who had used the contraceptive patch (49%) discontinued use due to dissatisfaction. This compares with 9.3% of the 50 million women whose partners had used the condom.

The most common reasons for discontinuation of the condom due to dissatisfaction were that usage decreased their sexual pleasure (43%), their partner did not like using condoms (41%), and concern that the method would not work (17%).

Of the women who had ever used and discontinued using Depo-Provera, 74% cited side effects as a reason. The second most frequently given reason was that women did not like the changes to their menstrual cycles (31%).

Side effects were also the most commonly cited reason why women discontinued use of the other two hormonal methods—63% among those

who discontinued using the pill and 45% among those who discontinued using the contraceptive patch.

## Summary and Discussion

This report provides a description of the ever-use of contraceptive methods among sexually experienced women aged 15–44 with the most recent data available from 2006–2010. Information is presented on the types and number of methods women have used at any time in the past up to when they were interviewed, as well as similarities and differences in contraceptive method use by Hispanic origin and race, Hispanic nativity, education, and religious affiliation. The most substantial results presented in this report can be grouped into four broad areas.

First, virtually all (99.1%) sexually experienced women have ever used contraception. This holds true across the groups described here. Additionally, nearly 9 out of 10 sexually experienced women reported ever having used a highly effective, reversible method of birth control. This, however, does not mean that they always or consistently

used a form of contraception when trying to avoid a pregnancy. Sexually experienced women aged 15–44 used a median of three methods.

Second, women are increasingly using the newer methods (those available in roughly the last two decades). For example, by 2006–2010, nearly one in four sexually experienced women had ever used the Depo-Provera injectable, introduced in 1992. However, ever-use of the birth control pill, available since 1960, has remained stable in the last 15 years (about four out of five women), despite increased availability of highly effective, hormonal alternatives. Additionally, use of some older, coital-dependent methods remains high. Nearly all women have ever had a partner who used condoms (93.4%), which in addition to contraceptive benefits, also help prevent sexually transmitted infections.

Third, whereas similar percentages of women have ever used any method of contraception across race and across education groups, there is substantial variation in the specific types of methods ever used. This variation has potential implications for group differences in unintended pregnancies (23–25). For example, Asian and Hispanic women are less likely to have ever used highly effective, reversible methods compared with women of other racial backgrounds. Additionally, foreign-born Hispanic women are more likely to have used an IUD and less likely to have had a partner who used a condom. Looking at education, similar percentages of women in each education group have ever used at least one highly effective method, but differences in the use of specific methods are shown. For example, female sterilization is approximately four times as common among women without a high school diploma or GED compared with those with a bachelor's degree. Ever-use of Depo-Provera is nearly three times as common among women without a high school diploma or GED compared with those with a bachelor's degree.

Finally, among the 45 million women who have used the pill, 30% (13.7 million) discontinued use because of dissatisfaction with the method—

most often because of side effects (63%), concerns about side effects (12%), menstrual cycle changes (12%), and because the method failed and they became pregnant (11%). Side effects were also given as the most common reason for discontinuation of Depo-Provera and the patch among women who had ever discontinued using these methods due to dissatisfaction.

This report on the ever-use of contraception, coupled with a previous report on current use (9), provides two pieces of the portrait of contraceptive use. The first report by Jones et al. describes usage at the date of the interview for all women and gives a detailed view of usage among currently contracepting women at one point in time. This report adds to that research by describing contraceptive use throughout women's lives up to the date of the interview among all sexually experienced women. This report provides information on the types and number of methods women have ever used, provides the percentage and number of women who try certain contraceptive methods and discontinue using them because of dissatisfaction, and offers some indication of the population of women exposed to the health benefits and risks of various contraceptive methods. Finally, this report provides a description of ever-use of the condom during a period of heightened awareness and concern for preventing sexually transmitted infections, including HIV.

## References

1. Mosher WD, Jones J. Use of contraception in the United States: 1982–2008. National Center for Health Statistics. Vital Health Stat 23(29). 2010. Available from: [http://www.cdc.gov/nchs/data/series/sr\\_23/sr23\\_029.pdf](http://www.cdc.gov/nchs/data/series/sr_23/sr23_029.pdf).
2. Chandra A, Martinez GM, Mosher WD, et al. Fertility, family planning, and reproductive health of U.S. women: Data from the 2002 National Survey of Family Growth. National Center for Health Statistics. Vital Health Stat 23(25). 2005. Available from: [http://www.cdc.gov/nchs/data/series/sr\\_23/sr23\\_025.pdf](http://www.cdc.gov/nchs/data/series/sr_23/sr23_025.pdf).
3. Mosher WD, Martinez GM, Chandra A, et al. Use of contraception and use of family planning services in the United States, 1982–2002. Advance data from vital and health statistics; no 350. Hyattsville, MD: National Center for Health Statistics. 2004. Available from: <http://www.cdc.gov/nchs/data/ad/ad350.pdf>.
4. Martinez GM, Daniels K, Chandra A. Fertility of men and women aged 15–44 years in the United States: National Survey of Family Growth, 2006–2010. National health statistics reports; no 51. Hyattsville, MD: National Center for Health Statistics. 2012. Available from: <http://www.cdc.gov/nchs/data/nhsr/nhsr051.pdf>.
5. Martinez G, Copen CE, Abma JC. Teenagers in the United States: Sexual activity, contraceptive use, and childbearing, 2006–2010. National Survey of Family Growth. National Center for Health Statistics. Vital Health Stat 23(31). 2011. Available from: [http://www.cdc.gov/nchs/data/series/sr\\_23/sr23\\_031.pdf](http://www.cdc.gov/nchs/data/series/sr_23/sr23_031.pdf).
6. Copen CE, Daniels K, Vespa J, Mosher WD. First marriages in the United States: Data from the 2006–2010 National Survey of Family Growth. National health statistics reports; no 49. Hyattsville, MD: National Center for Health Statistics. 2012. Available from: <http://www.cdc.gov/nchs/data/nhsr/nhsr049.pdf>.
7. Groves RM, Mosher WD, Lepkowski JM, Kirgis NG. Planning and development of the continuous National Survey of Family Growth. National Center for Health Statistics. Vital Health Stat 1(48). 2009. Available from: [http://www.cdc.gov/nchs/data/series/sr\\_01/sr01\\_048.pdf](http://www.cdc.gov/nchs/data/series/sr_01/sr01_048.pdf).
8. Lepkowski JM, Mosher WD, Davis KE, et al. The 2006–2010 National Survey of Family Growth: Sample design and analysis of a continuous survey. National Center for Health Statistics. Vital Health Stat 2(150). 2010. Available from: [http://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_150.pdf](http://www.cdc.gov/nchs/data/series/sr_02/sr02_150.pdf).
9. Jones J, Mosher WD, Daniels K. Current contraceptive use in the United States, 2006–2010, and changes in patterns of use since 1995. National health statistics reports; no 60. National Center for Health Statistics. 2012. Available

- from: <http://www.cdc.gov/nchs/data/nhsr/nhsr060.pdf>.
10. Hatcher RA, Trussell J, Nelson AL, Cates J, Stewart F, Kowal D. Contraceptive technology. Revised 18th Edition. New York: Ardent Media. 2004.
  11. Achievements in public health, 1900–1999: Family planning. *MMWR* 48(47):1073–80. Dec 3, 1999. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4847a1.htm>.
  12. Committee on Preventive Services for Women, Institute of Medicine. Clinical Preventive Services for Women: Closing the Gaps. 2011. Available from: <http://www.iom.edu/Reports/2011/Clinical-Preventive-Services-for-Women-Closing-the-Gaps.aspx>.
  13. U.S. Food and Drug Administration. Drugs@FDA: FDA approved drug products. 2012. Available from: <http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm>.
  14. Kost K, Singh S, Vaughan B, Trussell J, Bankole A. Estimates of contraceptive failure from the 2002 National Survey of Family Growth. *Contraception* 77(1):10–21. 2008.
  15. Trussell J. Contraceptive failure in the United States. *Contraception* 83(5):397–404. 2011.
  16. Potter FJ, Iannacchione VG, Mosher WD, et al. Sample design, sampling weights, imputation, and variance estimation in the 1995 National Survey of Family Growth. *National Center for Health Statistics. Vital Health Stat* 2(124). 1998. Available from: [http://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_124.pdf](http://www.cdc.gov/nchs/data/series/sr_02/sr02_124.pdf).
  17. Lepkowski JM, Mosher WD, Davis KE, et al. National Survey of Family Growth, Cycle 6: Sample design, weighting, imputation, and variance estimation. *National Center for Health Statistics. Vital Health Stat* 2(142). 2006. Available from: [http://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_142.pdf](http://www.cdc.gov/nchs/data/series/sr_02/sr02_142.pdf).
  18. Bachrach CA, Horn MC, Mosher WD, Shimizu I. National Survey of Family Growth, Cycle III: Sample design, weighting, and variance estimation. *National Center for Health Statistics. Vital Health Stat* 2(98). 1985. Available from: [http://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_098.pdf](http://www.cdc.gov/nchs/data/series/sr_02/sr02_098.pdf).
  19. Kaunitz AM. Oral contraceptive health benefits: Perception versus reality. *Contraception* 59(1):29S–33S. 1999.
  20. Maguire K, Westhoff C. The state of hormonal contraception today: Established and emerging noncontraceptive health benefits. *Am J Obstet Gynecol* 205(4):S4–8. 2011.
  21. Goldscheider C, Mosher WD. Patterns of contraceptive use in the United States: The importance of religious factors. *Stud Fam Plann* 22(2):102–15. 1991.
  22. Jones RK, Dreweke J. Countering conventional wisdom: New evidence on religion and contraceptive use. New York: Guttmacher Institute. 2011.
  23. Finer LB, Henshaw SK. Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. *Perspect Sex Reprod Health* 38(2):90–6. 2006.
  24. Finer LB, Zolna MR. Unintended pregnancy in the United States: incidence and disparities, 2006. *Contraception* 84(5):478–85. 2011.
  25. Mosher WD, Jones J, Abma JC. Intended and unintended births in the United States: 1982–2010. *National health statistics reports; no 55*. National Center for Health Statistics. 2012. Available from: <http://www.cdc.gov/nchs/data/nhsr/nhsr055.pdf>.
  26. Office of Management and Budget. Revisions to the standards for the classification of federal data on race and ethnicity. *Fed Regist* 62FR58781–90. Statistical policy directive 15. 1997. Available from: [http://www.whitehouse.gov/omb/fedreg\\_1997standards/](http://www.whitehouse.gov/omb/fedreg_1997standards/).

**Table 1. Number of women aged 15–44 who have ever had sexual intercourse and percentage who have ever used the selected contraceptive method: United States, 1982, 1995, 2002, and 2006–2010**

Contraceptive method	1982	1995	2002	2006–2010
	Number in thousands			
All sexually experienced women . . . . .	46,684	53,800	54,190	53,475
	Percentage (standard error)			
Method				
Any method . . . . .	94.8 (0.4)	98.2 (0.2)	98.2 (0.2)	99.1 (0.1)
Female sterilization . . . . .	22.3 (0.8)	23.4 (0.5)	20.7 (0.7)	19.5 (0.9)
Male sterilization . . . . .	10.1 (0.6)	14.6 (0.4)	13.0 (0.7)	13.3 (0.7)
Any highly effective, reversible method <sup>1</sup> . . . . .	...	...	85.5 (0.6)	87.5 (0.6)
Pill . . . . .	76.3 (0.8)	82.2 (0.5)	82.3 (0.6)	81.9 (0.7)
Other hormonal methods . . . . .	---	---	18.9 (0.9)	33.8 (0.9)
Norplant or Implanon implant. . . . .	---	2.1 (0.2)	2.1 (0.2)	1.9 (0.2)
1-month injectable (Lunelle) . . . . .	---	---	0.9 (0.1)	1.6 (0.3)
3-month injectable (Depo-Provera) . . . . .	---	4.5 (0.2)	16.8 (0.8)	23.2 (0.8)
Contraceptive patch . . . . .	---	---	0.9 (0.1)	10.4 (0.6)
Contraceptive ring . . . . .	---	---	---	6.3 (0.4)
Intrauterine device (IUD) <sup>2</sup> . . . . .	18.4 (0.8)	10.0 (0.4)	5.8 (0.4)	7.7 (0.5)
Emergency contraception . . . . .	---	0.8 (0.1)	4.2 (0.3)	10.8 (0.5)
Today sponge . . . . .	---	12.0 (0.4)	7.3 (0.4)	4.3 (0.3)
Diaphragm . . . . .	17.1 (0.8)	15.2 (0.5)	8.5 (0.5)	3.1 (0.3)
Condom . . . . .	51.8 (1.0)	82.0 (0.5)	89.7 (0.6)	93.4 (0.5)
Female condom . . . . .	---	1.2 (0.1)	1.9 (0.2)	1.7 (0.2)
Periodic abstinence, calendar rhythm . . . . .	17.0 (0.8)	24.3 (0.5)	16.2 (0.6)	18.1 (0.6)
Periodic abstinence, natural family planning <sup>3</sup> . . . . .	2.3 (0.3)	4.2 (0.3)	3.5 (0.3)	4.1 (0.3)
Withdrawal . . . . .	24.5 (0.8)	40.6 (0.6)	56.1 (1.0)	59.6 (0.9)
Foam alone . . . . .	24.9 (0.8)	18.3 (0.5)	12.1 (0.4)	6.8 (0.4)
Jelly or cream alone . . . . .	5.8 (0.4)	9.1 (0.3)	7.3 (0.4)	4.2 (0.3)
Suppository or insert . . . . .	9.7 (0.6)	10.6 (0.3)	7.5 (0.5)	3.4 (0.3)
Other methods <sup>4</sup> . . . . .	9.3 (0.6)	0.3 (0.1)	1.0 (0.1)	0.8 (0.1)

... Category not applicable. The percentage was not calculated (see text for details).

--- Data not available (method not available in the United States in that year).

<sup>1</sup>Includes birth control pills, Norplant and Implanon implants, 1-month (Lunelle) and 3-month (Depo-Provera) injectables, contraceptive patches, contraceptive rings, and IUDs.

<sup>2</sup>Women reporting IUD use may have used a hormonal IUD or a nonhormonal IUD. Because this information is unknown, IUD is not included in "Other hormonal methods" category.

<sup>3</sup>Includes safe period by basal body temperature or by cervical mucus test.

<sup>4</sup>Includes the cervical cap and other methods.

NOTE: Percentages (standard errors) for 1982, 1995, and 2002 are from Mosher et al., 2004, Table 1.

**Table 2. Number of sexually experienced women aged 15–44 and percentage who have ever used the selected contraceptive method, by Hispanic origin and nativity and race: United States, 2006–2010**

Contraceptive method	Total <sup>1</sup>	Hispanic			Non-Hispanic		
		Total Hispanic	Hispanic, U.S. born	Hispanic, foreign born	White, single race	Black or African American, single race	Asian, single race
Number in thousands							
All sexually experienced women . . . . .	53,475	9,119	4,398	4,721	32,432	7,383	1,966
Percentage (standard error)							
Any method. . . . .	99.1 (0.1)	97.9 (0.5)	98.8 (0.5)	97.1 (0.8)	99.6 (0.1)	99.0 (0.4)	98.3 (0.7)
Female sterilization . . . . .	19.5 (0.9)	22.7 (2.1)	19.3 (2.4)	26.0 (2.3)	18.2 (1.1)	23.8 (1.8)	8.2 (2.8)
Male sterilization. . . . .	13.3 (0.7)	6.7 (0.8)	6.9 (1.1)	6.4 (1.0)	17.8 (0.9)	4.6 (0.6)	7.2 (2.2)
Any highly effective, reversible method <sup>2</sup> . . . . .	87.5 (0.6)	80.8 (1.2)	81.5 (1.8)	80.2 (1.7)	91.3 (0.6)	85.9 (1.1)	62.6 (4.7)
Pill . . . . .	81.9 (0.7)	66.8 (1.6)	72.6 (2.1)	61.5 (2.0)	88.5 (0.6)	77.8 (1.3)	56.9 (4.6)
Other hormonal methods . . . . .	33.8 (0.9)	38.2 (1.8)	38.6 (2.0)	37.9 (2.7)	30.5 (1.2)	44.1 (1.8)	19.3 (3.4)
Norplant or Implanon implant . . . . .	1.9 (0.2)	1.0 (0.3)	1.0 (0.3)	1.1 (0.5)	1.8 (0.3)	2.7 (0.5)	* *
1-month injectable (Lunelle) . . . . .	1.6 (0.3)	5.8 (1.3)	3.7 (1.6)	7.8 (1.3)	0.6 (0.1)	0.7 (0.2)	* *
3-month injectable (Depo-Provera) . . . . .	23.2 (0.8)	27.2 (1.9)	27.4 (1.9)	27.0 (2.9)	20.0 (1.0)	33.6 (1.7)	10.2 (2.8)
Contraceptive patch . . . . .	10.4 (0.6)	10.4 (1.5)	12.0 (1.6)	9.0 (1.8)	9.5 (0.7)	15.1 (1.0)	4.5 (1.8)
Contraceptive ring . . . . .	6.3 (0.4)	4.7 (0.7)	6.3 (1.2)	3.3 (0.8)	7.0 (0.5)	6.7 (0.8)	5.4 (1.9)
Intrauterine device (IUD) <sup>3</sup> . . . . .	7.7 (0.5)	13.8 (0.9)	7.6 (1.1)	19.5 (1.7)	6.8 (0.7)	5.5 (0.8)	4.6 (1.7)
Emergency contraception . . . . .	10.8 (0.5)	11.4 (0.8)	16.1 (1.7)	7.0 (0.9)	11.0 (0.7)	7.9 (0.9)	15.6 (2.9)
Today sponge . . . . .	4.3 (0.3)	1.2 (0.3)	2.3 (0.7)	0.2 (0.1)	5.7 (0.5)	2.8 (0.5)	* *
Diaphragm . . . . .	3.1 (0.3)	1.5 (0.4)	2.2 (0.7)	1.0 (0.4)	3.8 (0.4)	2.0 (0.4)	3.1 (1.8)
Condom . . . . .	93.4 (0.5)	81.9 (1.3)	89.3 (1.5)	74.9 (1.7)	96.5 (0.4)	95.7 (0.7)	88.3 (2.3)
Female condom . . . . .	1.7 (0.2)	1.6 (0.3)	1.9 (0.6)	1.2 (0.4)	0.9 (0.2)	5.7 (0.9)	* *
Periodic abstinence, calendar rhythm . . . . .	18.1 (0.6)	17.1 (1.2)	14.5 (1.8)	19.5 (1.4)	17.8 (0.9)	16.8 (1.0)	34.5 (3.9)
Periodic abstinence, natural family planning <sup>4</sup> . . . . .	4.1 (0.3)	3.0 (0.6)	2.4 (0.7)	3.5 (0.8)	4.5 (0.4)	3.0 (0.5)	7.8 (2.3)
Withdrawal . . . . .	59.6 (0.9)	51.9 (1.6)	60.2 (2.1)	44.2 (2.6)	63.5 (1.1)	54.9 (1.3)	51.6 (4.0)
Foam alone . . . . .	6.8 (0.4)	3.3 (0.5)	4.6 (0.9)	2.1 (0.4)	8.2 (0.6)	6.4 (0.8)	* *
Jelly or cream alone . . . . .	4.2 (0.3)	2.3 (0.5)	4.2 (1.0)	0.5 (0.2)	4.9 (0.4)	4.5 (0.8)	1.7 (0.7)
Suppository or insert . . . . .	3.4 (0.3)	3.0 (0.5)	3.8 (1.0)	2.2 (0.6)	3.6 (0.4)	3.9 (0.6)	* *
Other methods <sup>5</sup> . . . . .	0.8 (0.1)	0.3 (0.2)	* *	* *	1.0 (0.2)	0.3 (0.2)	* *

\* Figure does not meet standards of reliability or precision.

<sup>1</sup>Includes women of other or multiple race and origin groups, not shown separately.<sup>2</sup>Includes birth control pills, Norplant and Implanon implants, 1-month (Lunelle) and 3-month (Depo-Provera) injectables, contraceptive patches, contraceptive rings, and IUDs.<sup>3</sup>Women reporting IUD use may have used a hormonal IUD or a nonhormonal IUD. Because this information is unknown, IUD is not included in "Other hormonal methods" category.<sup>4</sup>Includes safe period by basal body temperature or by cervical mucus test.<sup>5</sup>Includes the cervical cap and other methods.

**Table 3. Number of sexually experienced women aged 22–44 and percentage who have ever used the selected contraceptive method, by education: United States, 2006–2010**

Contraceptive method	Total	No high school diploma or GED	High school diploma or GED	Some college, no bachelor's degree	Bachelor's degree or higher		
					Total	Bachelor's degree	Master's degree or higher
Number in thousands							
All sexually experienced women . . . . .	45,552	6,796	11,377	13,144	14,235	10,390	3,845
Percentage (standard error)							
Any method . . . . .	99.2 (0.1)	98.5 (0.5)	98.8 (0.3)	99.6 (0.1)	99.3 (0.2)	99.3 (0.2)	99.3 (0.4)
Female sterilization . . . . .	22.9 (1.0)	40.2 (2.2)	32.8 (1.7)	19.9 (1.2)	9.5 (1.1)	10.3 (1.4)	7.4 (1.4)
Male sterilization . . . . .	15.3 (0.8)	9.5 (1.6)	17.0 (1.3)	17.3 (1.2)	14.8 (1.3)	14.8 (1.5)	14.8 (2.3)
Any highly effective, reversible method <sup>1</sup> . . . . .	89.9 (0.6)	87.3 (1.4)	90.3 (1.0)	92.0 (0.8)	88.9 (1.0)	89.1 (1.1)	88.3 (1.8)
Pill . . . . .	85.1 (0.7)	76.5 (1.7)	84.3 (1.2)	88.2 (1.0)	87.1 (1.0)	87.2 (1.2)	86.7 (1.8)
Other hormonal methods . . . . .	33.9 (1.0)	44.6 (1.9)	36.9 (1.6)	37.1 (1.7)	23.6 (1.4)	25.9 (1.6)	17.5 (2.1)
Norplant or Implanon implant . . . . .	2.1 (0.3)	1.9 (0.4)	3.0 (0.6)	2.7 (0.5)	0.9 (0.3)	1.1 (0.4)	*
1-month injectable (Lunelle) . . . . .	1.8 (0.3)	5.1 (1.3)	1.9 (0.6)	1.1 (0.2)	0.7 (0.2)	0.8 (0.3)	*
3-month injectable (Depo-Provera) . . . . .	23.4 (0.9)	36.0 (2.0)	26.8 (1.6)	26.5 (1.6)	11.9 (1.0)	13.1 (1.4)	8.6 (1.5)
Contraceptive patch . . . . .	10.0 (0.6)	11.0 (1.4)	10.9 (1.0)	10.6 (0.9)	8.2 (0.9)	8.6 (0.9)	7.1 (1.5)
Contraceptive ring . . . . .	6.5 (0.4)	3.2 (0.5)	5.0 (0.7)	7.5 (0.7)	8.3 (0.8)	9.5 (1.1)	5.1 (1.1)
Intrauterine device (IUD) <sup>2</sup> . . . . .	8.4 (0.5)	11.0 (1.1)	8.5 (0.9)	8.8 (0.9)	6.7 (0.8)	6.1 (0.9)	8.4 (1.7)
Emergency contraception . . . . .	9.5 (0.5)	5.5 (0.8)	7.1 (0.8)	11.0 (0.9)	11.9 (0.9)	11.5 (1.1)	12.8 (1.8)
Today sponge . . . . .	4.9 (0.4)	1.4 (0.4)	3.2 (0.6)	6.4 (0.7)	6.6 (0.7)	5.6 (0.8)	9.3 (1.6)
Diaphragm . . . . .	3.6 (0.3)	1.3 (0.4)	3.1 (0.6)	4.2 (0.6)	4.5 (0.6)	4.7 (0.8)	4.2 (1.0)
Condom . . . . .	92.9 (0.5)	83.6 (1.9)	92.0 (0.8)	95.4 (0.6)	95.9 (0.7)	95.8 (0.8)	96.0 (1.2)
Female condom . . . . .	1.8 (0.2)	3.3 (0.7)	1.9 (0.4)	1.5 (0.3)	1.3 (0.3)	1.2 (0.4)	1.4 (0.6)
Periodic abstinence, calendar rhythm . . . . .	18.9 (0.7)	12.6 (1.4)	16.4 (1.2)	19.0 (1.4)	23.7 (1.5)	22.0 (1.5)	28.2 (2.7)
Periodic abstinence, natural family planning <sup>3</sup> . . . . .	4.6 (0.4)	2.9 (0.7)	3.0 (0.6)	4.1 (0.6)	7.3 (0.8)	5.6 (0.8)	11.9 (2.1)
Withdrawal . . . . .	59.9 (0.9)	50.9 (2.4)	61.7 (1.6)	64.2 (1.7)	58.8 (1.5)	59.1 (2.0)	58.3 (2.3)
Foam alone . . . . .	7.8 (0.5)	7.7 (1.1)	8.1 (0.9)	8.3 (0.8)	7.2 (0.8)	6.6 (0.8)	8.8 (1.5)
Jelly or cream alone . . . . .	4.7 (0.4)	2.8 (0.7)	4.3 (0.7)	5.6 (0.8)	5.0 (0.5)	4.4 (0.5)	6.7 (1.4)
Suppository or insert . . . . .	3.9 (0.3)	2.9 (0.7)	3.7 (0.7)	4.8 (0.7)	3.7 (0.4)	2.9 (0.5)	6.0 (1.2)
Other methods <sup>4</sup> . . . . .	0.8 (0.2)	1.1 (0.5)	0.8 (0.3)	0.7 (0.2)	0.9 (0.2)	0.7 (0.2)	1.3 (0.4)

\* Figure does not meet standards of reliability or precision.

<sup>1</sup>Includes birth control pills, Norplant and Implanon implants, 1-month (Lunelle) and 3-month (Depo-Provera) injectables, contraceptive patches, contraceptive rings, and IUDs.<sup>2</sup>Women reporting IUD use may have used a hormonal IUD or a nonhormonal IUD. Because this information is unknown, IUD is not included in "Other hormonal methods" category.<sup>3</sup>Includes safe period by basal body temperature or by cervical mucus test.<sup>4</sup>Includes the cervical cap and other methods.**Table 4. Number of sexually experienced women aged 15–44 and percentage who have ever used the selected contraceptive method, by current religious affiliation: United States, 2006–2010**

Characteristic	Number in thousands	Any method	Any highly effective, reversible method <sup>1</sup>	Pill	Other hormonal method <sup>2</sup>	IUD <sup>3</sup>	Condom	Any periodic abstinence <sup>4</sup>
Total <sup>5</sup> . . . . .	53,475	99.1 (0.1)	87.5 (0.6)	81.9 (0.7)	33.8 (0.9)	7.7 (0.5)	93.4 (0.5)	19.7 (0.7)
Current religious affiliation								
None . . . . .	9,928	99.4 (0.2)	87.3 (1.3)	81.7 (1.4)	36.4 (1.7)	8.9 (1.2)	95.1 (0.6)	17.9 (1.4)
Catholic . . . . .	13,285	98.6 (0.3)	84.3 (1.2)	76.4 (1.4)	33.2 (1.5)	8.2 (0.8)	88.5 (1.1)	22.2 (1.3)
Baptist and fundamentalist Protestant denominations <sup>6</sup> . . . . .	11,270	99.4 (0.3)	90.5 (0.9)	85.6 (1.0)	37.6 (1.7)	6.1 (0.7)	94.6 (0.7)	17.9 (1.1)
Other Protestant denominations <sup>7</sup> . . . . .	14,519	99.5 (0.2)	89.8 (0.8)	85.7 (0.9)	32.8 (1.7)	6.2 (0.8)	96.6 (0.5)	18.7 (1.3)

<sup>1</sup>Includes birth control pills, Norplant and Implanon implants, 1-month (Lunelle) and 3-month (Depo-Provera) injectables, contraceptive patches, contraceptive rings, and intrauterine devices (IUD).<sup>2</sup>Includes Norplant and Implanon implants, 1-month (Lunelle) and 3-month (Depo-Provera) injectables, contraceptive patches, and contraceptive rings.<sup>3</sup>Includes hormonal and nonhormonal IUDs.<sup>4</sup>Includes rhythm or safe period by calendar, NFP (natural family planning), or safe period by basal body temperature or by cervical mucus test.<sup>5</sup>Includes women of other religious affiliations, not shown separately.<sup>6</sup>Includes Baptist, Southern Baptist, and other Fundamentalist Protestant denominations.<sup>7</sup>Includes Methodist, Lutheran, Presbyterian, and other mainline Protestant denominations.

**Table 5. Number of women aged 15–44 who have ever used the selected contraceptive method, percentage and number who used and discontinued the method, and reasons for discontinuation: United States, 2006–2010**

	Contraceptive method			
	Pill	Condom	Depo-Provera	Contraceptive patch
	Number in thousands			
Women who used selected method . . . . .	45,021	49,932	12,529	5,631
	Percentage (standard error)			
Percentage who used and discontinued the method due to dissatisfaction . . . . .	30.4 (0.8)	9.3 (0.5)	45.8 (1.4)	48.5 (2.0)
	Number in thousands			
Women who discontinued using the method due to dissatisfaction . . . . .	13,696	4,660	5,733	2,732
	Reason for discontinuation <sup>1</sup>			
	Percentage (standard error)			
Too expensive . . . . .	3.4 (0.5)	2.7 (0.8)	0.9 (0.5)	2.9 (1.1)
Insurance did not cover it . . . . .	2.6 (0.5)	*	0.5 (0.2)	1.4 (0.7)
Too difficult to use. . . . .	10.0 (1.0)	9.9 (1.6)	0.4 (0.2)	11.1 (2.1)
Too messy . . . . .	0.4 (0.2)	10.1 (1.5)	0.3 (0.1)	5.3 (1.1)
Your partner did not like it. . . . .	1.2 (0.4)	41.1 (3.0)	0.4 (0.2)	*
You had side effects . . . . .	62.9 (1.3)	13.3 (1.6)	74.0 (2.0)	44.7 (3.0)
You were worried you might have side effects . . . . .	11.8 (0.9)	*	5.9 (0.9)	8.5 (1.7)
You worried the method would not work . . . . .	2.6 (0.5)	16.9 (2.1)	0.9 (0.3)	9.3 (1.9)
The method failed, you became pregnant . . . . .	11.3 (1.0)	5.2 (1.2)	4.3 (0.9)	9.3 (1.9)
The method did not protect against disease. . . . .	1.8 (0.4)	*	0.7 (0.3)	*
Doctor told you not to use the method again . . . . .	5.7 (0.8)	1.3 (0.5)	4.6 (0.9)	5.9 (1.3)
Decreased your sexual pleasure. . . . .	5.1 (0.6)	43.0 (2.6)	4.8 (1.0)	1.5 (0.7)
Too difficult to obtain . . . . .	2.4 (0.4)	*	*	0.4 (0.2)
Did not like changes to menstrual cycle . . . . .	11.5 (1.1)	*	30.5 (2.1)	8.7 (1.6)
Other . . . . .	10.9 (0.8)	11.2 (1.4)	6.9 (1.2)	13.9 (1.9)

\* Figure does not meet standards of reliability or precision.

<sup>1</sup>Women could give more than one reason for discontinuing selected method.

## Technical Notes

### Definition of terms

*Education*—Refers to a woman's education, as measured by the highest degree she has completed at the date of interview. Results are presented only for respondents aged 22 and over, as many younger women have not completed their education. The recode variable was **HIEDUC**.

*Ever-use of contraceptive methods*—These data are based on a series of individual questions asking whether the woman had ever used 11 specific methods—birth control pills, Depo-Provera, Lunelle, rhythm or safe period by calendar, natural family planning or safe period by temperature or cervical mucus test, contraceptive patches, vaginal contraceptive rings, emergency contraception, condoms, withdrawal, or vasectomy. Women were also asked a question listing nine other methods asking them to identify which of these they had ever used. Women were asked separately about their own sterilizing operations. For the measure of ever-use of the pill and condom, the recode variables **PILLR** and **CONDOMR** were used.

*Ever had sexual intercourse since menarche*—Whether the woman ever had heterosexual vaginal intercourse since her first menstrual period. The recode variable used was **HADSEX**.

*Hispanic origin and race*—Classified according to Office of Management and Budget (OMB) guidelines for the presentation of race and origin data in federal statistics (26). The 1997 OMB guidelines that allow respondents to report more than one race or ethnic origin are followed, and the recode variable **HISPRACE2** was used. In this report, the categories Hispanic, and single-race non-Hispanic white, non-Hispanic black, and non-Hispanic Asian are shown. For convenience in writing, the term “black” or “non-Hispanic black” is used instead of the full phrase “non-Hispanic black or African American, single race.” Similarly, the term “white” or “non-Hispanic white” is

used instead of the full phrase “non-Hispanic white, single race.”

*Nativity among Hispanic women*—Whether the woman was born outside of the United States, based on **BRNOUT** (raw variable). All women were asked this question, however nativity is only presented for Hispanic women.

*Religious affiliation*—Religious affiliation is derived from **RELCURR** (intermediate variable). It combines Fundamentalist Protestant with Baptist or Southern Baptist denominations into one group, and all other Protestant denominations into another. The residual category, all other religious affiliations, is not analyzed because of the diversity of religions of which it is comprised, e.g., Jewish, Muslim, and Mormon. Members of these religious groups have different patterns of contraceptive method use that are masked when combined.

**U.S. DEPARTMENT OF  
HEALTH & HUMAN SERVICES**

Centers for Disease Control and Prevention  
National Center for Health Statistics  
3311 Toledo Road  
Hyattsville, MD 20782

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**National Center for Health Statistics**

Edward J. Sondik, Ph.D., *Director*  
Jennifer H. Madans, Ph.D., *Associate Director for Science*

**Division of Vital Statistics**

Charles J. Rothwell, M.S., *Director*

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