Current Contraceptive Status Among Women Aged 15–49: United States, 2015–2017

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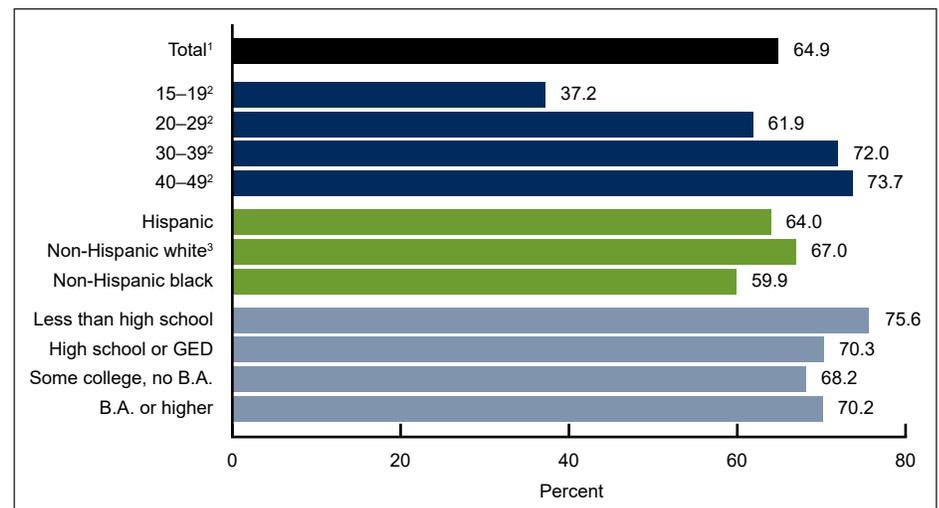
Key findings

Data from the 2015–2017 National Survey of Family Growth

• In 2015–2017, 64.9% of the 72.2 million women aged 15–49 in the United States were currently using contraception. The most common contraceptive methods currently used were female sterilization (18.6%), oral contraceptive pill (12.6%), long-acting reversible contraceptives (LARCs) (10.3%), and male condom (8.7%).

• Use of LARCs was higher among women aged 20–29 (13.1%) compared with women aged 15–19 (8.2%) and 40–49 (6.7%); use was also higher among women aged 30–39 (11.7%) compared with those aged 40–49.

• Current condom use did not differ among non-Hispanic white, non-Hispanic black, and Hispanic women (about 7%–10%).

• Female sterilization declined and use of the pill increased with higher education. Use of LARCs did not differ across education (about 10%–12%).

Nearly all women use contraception in their lifetimes (1), although at any given time, they may not be using contraception for reasons such as seeking pregnancy, being pregnant, or not being sexually active. Using data from the 2015–2017 National Survey of Family Growth (NSFG), this report provides a snapshot of current contraceptive status, in the month of interview, among women aged 15–49 in the United States. In addition to describing use of any method by age, Hispanic origin and race, and education, patterns of use are described for the four most commonly used contraceptive methods: female sterilization; oral contraceptive pill; long-acting reversible contraceptives (LARCs), which include contraceptive implants and intrauterine devices; and male condom.

In 2015–2017, approximately 65% of women aged 15–49 were currently using contraception.

Figure 1. Percentage currently using any contraceptive method among all women aged 15–49 and by age group, Hispanic origin and race, and education: United States, 2015–2017

[1]Includes persons of other and multiple race and origin groups, not shown separately.
[2]Significant linear trend across all four age groups.   [3]Significantly different from non-Hispanic black women.
NOTES: The population size referenced for women aged 15–49 is 72.2 million. Analyses of education are limited to women aged 22–44 at the time of interview. Less than high school is no high school diploma or general equivalency diploma (GED); B.A. is bachelor's degree. Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db327_tables-508.pdf#1.
SOURCE: NCHS, National Survey of Family Growth, 2015–2017.

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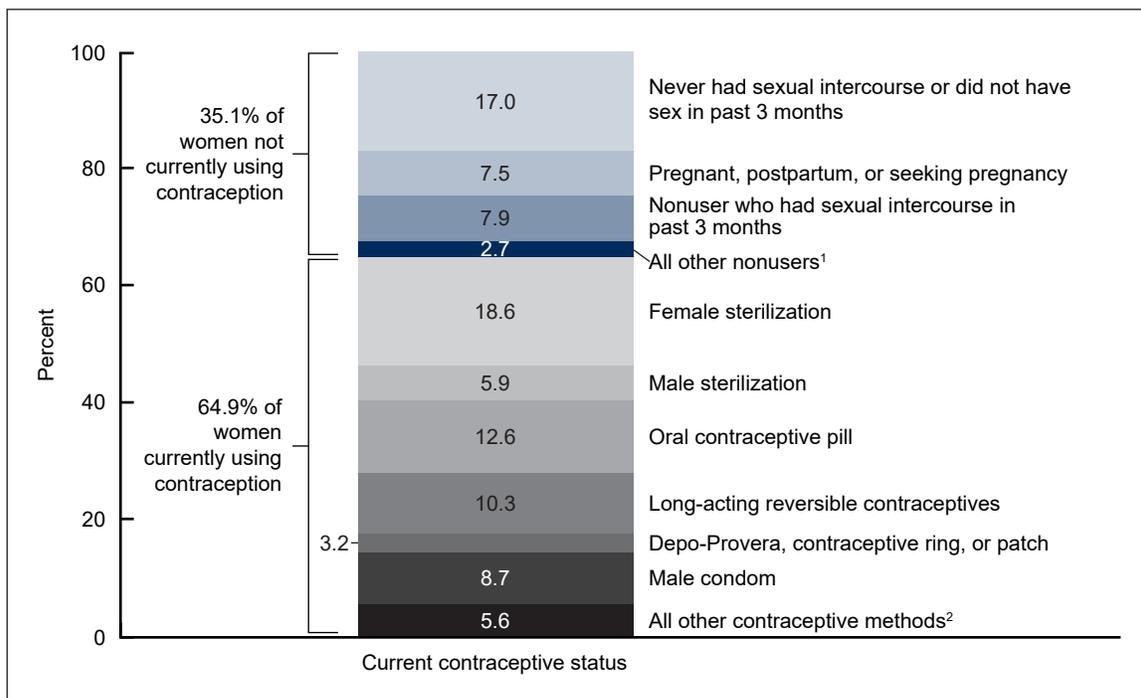National Center for Health Statistics

- In 2015–2017, 64.9%—or 46.9 million of the 72.2 million women aged 15–49 in the United States—were currently using a method of contraception (Figure 1).

- Current contraceptive use increased with age, from 37.2% among women aged 15–19 to 73.7% among women aged 40–49.

- The percentage of non-Hispanic white women currently using contraception (67.0%) was higher compared with non-Hispanic black women (59.9%), but not different from the percentage for Hispanic women (64.0%).

- Current contraceptive use did not differ significantly across education (68%–76%).

Female sterilization, the pill, the condom, and LARCs were the most common methods women reported currently using.

- The most common contraceptive methods currently used in the overall age range 15–49 were female sterilization (18.6%), pill (12.6%), LARCs (10.3%), and male condom (8.7%) (Figure 2).

- Approximately 35% of women aged 15–49 were not currently using contraception.

Figure 2. Percent distribution of women aged 15–49, by current contraceptive status: United States, 2015–2017
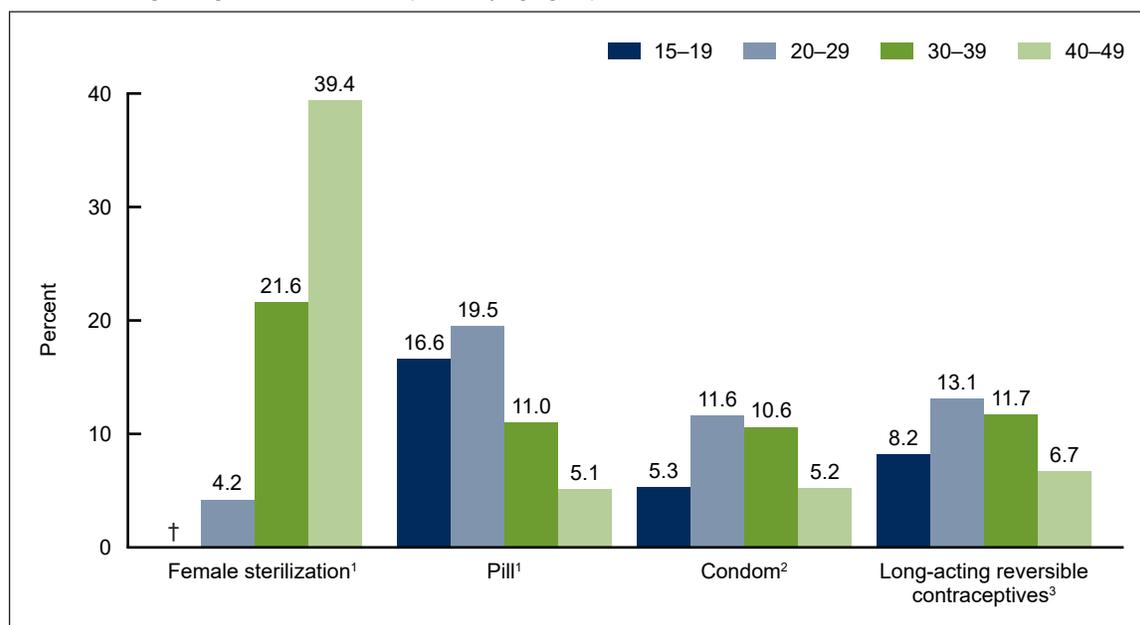

[1]Additional categories of nonusers, such as nonsurgical sterility, are shown in the accompanying data table.
[2]Other methods grouped in this category are shown in the accompanying data table.
NOTES: Percentages may not add to 100 due to rounding. Women currently using more than one method are classified according to the most effective method they are using. Long-acting reversible contraceptives include contraceptive implants and intrauterine devices. Access data table for Figure 2 at: https://www.cdc.gov/nchs/data/databriefs/db327_tables-508.pdf#2.
SOURCE: NCHS, National Survey of Family Growth, 2015–2017.

Current use of female sterilization, the pill, the condom, and LARCs varied by age.

- Female sterilization increased with increasing age (Figure 3). About 1 in 20 women aged 20–29 (4.2%), 1 in 5 women aged 30–39 (21.6%), and nearly 2 in 5 women aged 40–49 (39.4%) were relying on female sterilization for contraception.

- Pill use decreased with increasing age: 16.6% of women aged 15–19 were currently using the pill compared with 19.5% of women aged 20–29, 11.0% of those aged 30–39, and 5.1% of those aged 40–49.

- The percentages of women aged 20–29 (11.6%) and 30–39 (10.6%) who were using the condom were not different; use was lower among women aged 15–19 (5.3%) and 40–49 (5.2%).

- Use of LARCs was higher among women aged 20–29 (13.1%) compared with women aged 15–19 (8.2%) and 40–49 (6.7%), but did not differ from use among women aged 30–39 (11.7%). Use was also higher among women 30–39 (11.7%) compared with women aged 40–49 (6.7%).

Figure 3. Percentage of all women aged 15–49 who were currently using female sterilization, oral contraceptive pill, male condom, or long-acting reversible contraceptives, by age group: United States, 2015–2017

† No cases of female sterilization were found among those aged 15–19.
[1]Significant linear trend.
[2]Percentages for age groups 20–29 and 30–39 are significantly different from that for 15–19. Percentages for age groups 20–29 and 30–39 are significantly different from that for 40–49.
[3]Percentages for age groups 15–19 and 40–49 are significantly different from that for 20–29. Percentage for age group 30–39 is significantly different from that for 40–49.
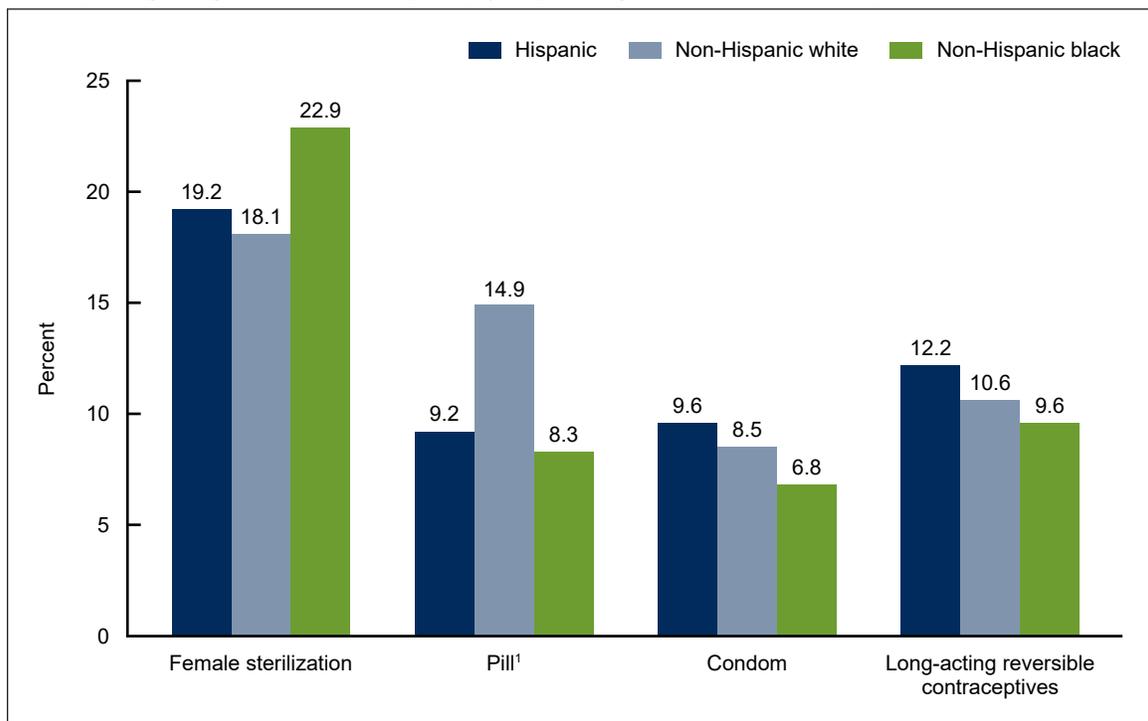NOTES: Women currently using more than one method are classified according to the most effective method they are using. Long-acting reversible contraceptives include contraceptive implants and intrauterine devices. Access data table for Figure 3 at: https://www.cdc.gov/nchs/data/databriefs/db327_tables-508.pdf#3.
SOURCE: NCHS, National Survey of Family Growth, 2015–2017.

Current use of the pill varied by Hispanic origin and race.

- Female sterilization ranged from 18.1% to 22.9% according to Hispanic origin and race group. The observed difference between non-Hispanic black women and non-Hispanic white or Hispanic women was not statistically significant (Figure 4).

- Current use of the pill was higher among non-Hispanic white women (14.9%) than among Hispanic (9.2%) and non-Hispanic black women (8.3%).

- Current condom use did not differ by Hispanic origin and race, at around 7%–10%.

- Current use of LARCs did not differ by Hispanic origin and race, at around 10%–12%.

Figure 4. Percentage of all women aged 15–49 who were currently using female sterilization, oral contraceptive pill, male condom, or long-acting reversible contraceptives, by Hispanic origin and race: United States, 2015–2017
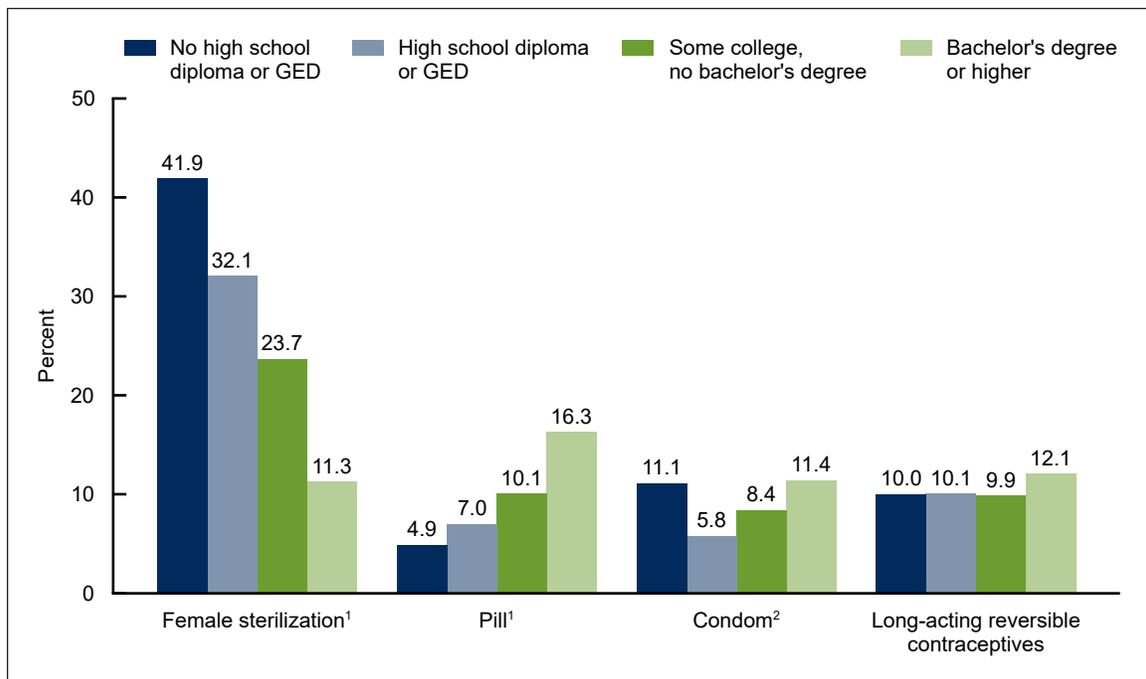

[1]Percentages for Hispanic and non-Hispanic black are significantly different from percentage for non-Hispanic white.
NOTES: Women currently using more than one method are classified according to the most effective method they are using. Long-acting reversible contraceptives include contraceptive implants and intrauterine devices. Access data table for Figure 4 at: https://www.cdc.gov/nchs/data/databriefs/db327_tables-508.pdf#4.
SOURCE: NCHS, National Survey of Family Growth, 2015–2017.

Current use of female sterilization, the pill, and the condom varied by education, while LARC use did not.

- Female sterilization declined with higher education; for example, 32.1% of women with a high school diploma or general equivalency diploma (GED) were using female sterilization for contraceptive reasons compared with 11.3% of women with a bachelor's degree or higher (Figure 5).

- Current pill use increased with higher education—4.9% of women without a high school diploma or GED were using the pill compared with 16.3% of women with a bachelor's degree or higher.

- The percentage of women using condoms was lower among women with a high school diploma or GED (5.8%) compared with women without a high school diploma or GED (11.1%) and women with a bachelor's degree or higher (11.4%).

- Use of LARCs did not differ by education (10%–12%).

Figure 5. Percentage of all women aged 22–49 who were currently using female sterilization, oral contraceptive pill, male condom, or long-acting reversible contraceptives, by educational attainment: United States, 2015–2017

[1]Significant linear trend.
[2]Percentages for no high school diploma or GED and bachelor's degree or higher are significantly different from that for high school diploma or GED.
NOTES: Women currently using more than one method are classified according to the most effective method they are using. Long-acting reversible contraceptives include contraceptive implants and intrauterine devices. GED is general equivalency diploma. Access data table for Figure 5 at:
https://www.cdc.gov/nchs/data/databriefs/db327_tables-508.pdf#5.
SOURCE: NCHS, National Survey of Family Growth, 2015–2017.

Summary

In 2015–2017, approximately 65% of women aged 15–49 were using some type of contraceptive method, while 35% were not currently using a method. As shown in Figure 2, most women who were not using contraception had reasons for not doing so, such as seeking pregnancy, being pregnant or postpartum, or not being sexually active. Current use of any method of contraception was higher among older women and non-Hispanic white women compared with younger women and non-Hispanic black women. The most commonly used methods were female sterilization (18.6%), pill (12.6%), LARCs (10.3%), and male condom (8.7%). Use of these methods varied across age, Hispanic origin and race, and education.

Understanding variation in contraceptive use across social and demographic characteristics offers potential insight into larger fertility patterns, including birth rates and incidence of unintended pregnancies. The chance that a woman not seeking a pregnancy will have an unintended pregnancy varies by whether any method of contraception is used and which method she or her partner uses (2). This report provides a snapshot of current contraceptive status among women aged 15–49 in the United States using the most recent data available from NSFG in an effort to increase understanding of contraceptive use.

Definitions

Age: The respondent's age at the time of the interview. The recode variable used was AGER.

Current contraceptive status: Measures contraceptive status in the month of the interview (not at a specific act of sexual intercourse). This variable includes either use of specific methods or, if the woman did not use a method in the month of interview, nonuse of contraceptive methods using the following subcategories: pregnant, seeking pregnancy, postpartum, noncontraceptive sterility, sexual inactivity (ever or in the past 3 months), or sexually active in the past 3 months and no method used in the month of interview. If a woman was not sexually active but used a noncoital-dependent method of contraception (e.g., LARC or female sterilization), she is classified according to the method she used. In this report, as in prior NSFG reports (3), women who were currently using more than one method are classified by the method that was most effective in preventing pregnancy, because that method has the greatest impact on their risk of unintended pregnancy. For example, women who report using both oral contraceptive pills and male condoms in the current month are classified as using pills, because pills are more effective at preventing a pregnancy. In 2015–2017, 10.1% of women who were currently using contraception used more than one contraceptive method during the same month. The recode variable used was CONSTAT1. Although not done in this report, the set of recodes CONSTAT1–CONSTAT4 (for each method used in the month of interview) also allows for analyses of any use of each specific method.

Education: Educational attainment at the time of interview, indicating the highest degree or grade finished. Results are presented only for women aged 22 and over because many younger women have not completed their education (79.8% of women aged 15–21 were in school at the time of interview, analysis not shown). The recode variable used was HIEDUC.

<u>Hispanic origin and race</u>: The 1997 Office of Management and Budget guidelines for the presentation of race and Hispanic-origin data in federal statistics are used for these classifications (4). The guidelines allowing respondents to report more than one race or ethnic origin are followed in the recode variable, HISPRACE2. Due to the diversity of women categorized as non-Hispanic other single and multiple race, those results are not shown separately here, and the report presents separate results only for women who are Hispanic, non-Hispanic white single race, and non-Hispanic black single race.

Data source and methods

This report is based on data from the 5,554 women in the female respondent file of the 2015–2017 NSFG. The 2015–2017 NSFG is the first data file released since the age range was expanded from 15–44 to 15–49 in September 2015. Some estimates of current contraceptive use for the 15–44 age range for 2015–2017 data are provided on the NSFG key statistics webpage to allow for comparisons with past years, available from: https://www.cdc.gov/nchs/nsfg/key_ statistics.htm. Among other information, NSFG provides detailed information about contraceptive use among U.S. women aged 15–49. The fieldwork plan, interview content, and other survey procedures are similar to previous surveys (5). NSFG is jointly planned and funded by the National Center for Health Statistics (NCHS) and several other programs of the U.S. Department of Health and Human Services. All estimates in this report are weighted to reflect the female household population aged 15–49 of the United States at the midpoint of 2015–2017 interviewing (July 2016). The response rate for the 2015–2017 NSFG was 65.3% overall, 66.7% for female respondents, and 63.6% for male respondents.

Statistics for this report were produced using the SURVEY procedures in SAS software version 9.3. Percentages were compared using two-tailed *t* tests at the 5% level. No adjustments were made for multiple comparisons. A weighted least squares regression was used to test differences across age and education. The data presented in this report are bivariate associations that may be explained by other factors not controlled for in the figures or included in the report. For example, women at older ages are more likely to have completed their childbearing compared with women at younger ages. Therefore, women at younger ages would be more likely to choose nonpermanent contraceptive methods including the pill, condom, and LARCs compared with female sterilization, a mostly permanent form of contraception (2). All estimates presented meet NCHS guidelines for presentation of proportions (6).

About the authors

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