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Current Contraceptive Use and Variation by Selected Characteristics Among Women Aged 15–44: United States, 2011–2013

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Abstract

Objective—This report describes current contraceptive use among women of childbearing age (ages 15–44) during 2011–2013. Current contraceptive use is defined as use during the month of interview, not for a specific act of sexual intercourse. This report’s primary focus is describing patterns of contraceptive use among women who are currently using contraception, by social and demographic characteristics. Data from 2002 and 2006–2010 are presented for comparison.

Methods—Data for the 2011–2013 National Survey of Family Growth (NSFG) were collected through in-person interviews in respondents’ homes. The 2011–2013 NSFG, a nationally representative survey conducted by the Centers for Disease Control and Prevention’s National Center for Health Statistics, was based on interviews with 10,416 women and men aged 15–44 in the U.S. household population. This report is based on the sample of 5,601 women interviewed in 2011–2013, with a response rate of 73.4%.

Results—Among women currently using contraception, the most commonly used methods were the pill (25.9%, or 9.7 million women), female sterilization (25.1%, or 9.4 million women), the male condom (15.3%, or 5.8 million women), and long-acting reversible contraception (LARC)—intrauterine devices or contraceptive implants (11.6%, or 4.4 million women). Differences in method use were seen across social and demographic characteristics. Comparisons between time points reveal some differences, such as higher use of LARC in 2011–2013 compared with earlier time points.

Keywords: pill • condom • long-acting reversible contraception • National Survey of Family Growth

Introduction

The National Survey of Family Growth (NSFG) is designed to provide national data that supplement and complement National Vital Statistics System data on registered births in the United States, by collecting data on the factors affecting those rates—including sexual activity, marriage, divorce, cohabitation, contraceptive use, and infertility (1). The Centers for Disease Control and Prevention’s (CDC) National Center for Health Statistics (NCHS) coordinates both of these data collection efforts. NSFG data are analyzed, in part, to understand recent changes and group differences in birth and pregnancy rates as documented in recent *National Vital Statistics Reports* (2) and *CDC Vital Signs* (3).

Use of contraception and the effectiveness of the method used to prevent pregnancy are major factors affecting pregnancy, birth rates, and the ability of women and their partners to plan their pregnancies and avoid unintended pregnancies. In 1999, family planning, defined as “the ability to achieve desired birth spacing and family size,” was noted as 1 of 10 “achievements in public health” of the 20th century because of its contributions to the health of infants, children, and



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women (4). Reducing the percentage of pregnancies that are unintended has been one of the national Healthy People health promotion objectives since they were first established in 1980 (5–7).

Although virtually all sexually experienced women in the United States have used contraception at some time in their lives (8,9), women and their partners may not always use contraception consistently or correctly when trying to avoid a pregnancy (10,11). Additionally, the chance that a woman will have an unintended pregnancy can vary by which method she or her partner uses (12–14). For example, the probability of a contraceptive failure (pregnancy) within the first 12 months of typical use of the male condom is 18% compared with 9% for the oral contraceptive pill, 0.8% for the copper intrauterine device (IUD), 0.2% for the levonorgestrel IUD, and 0.05% for the contraceptive implant, Implanon (13). Notably, in recent years considerable attention has been given to a subset of reversible contraceptive methods known as long-acting reversible contraception (LARC) that includes contraceptive implants and IUDs, given their relatively low failure rates and potential to reduce unintended pregnancies compared with other reversible contraceptive methods such as the oral contraceptive pill (14–18). Although they do not provide protection against sexually transmitted infections, LARC methods require little or no user action once inserted (14). Given the increased attention to LARC, this report highlights the use of these methods. Another recently released NCHS report using NSFG data focuses on trends in the use of LARC (19). A recent CDC *Vital Signs* report describes trends in the use of LARC among teenagers seeking contraceptive services at Title X service sites (20).

Data on contraceptive use can increase understanding of differences in birth and pregnancy rates, as well as fertility timing, unintended pregnancies, and marital and nonmarital fertility (relationship context of fertility). In addition to examining overall fertility trends and patterns, a large body of research focuses on describing and

explaining differences in fertility across social and demographic characteristics. Differences across both Hispanic origin and race and educational attainment have been of particular interest to fertility researchers (21–23). For example, looking at the relationship context of fertility, the percentage of births that were nonmarital in the 5 years before the 2011–2013 NSFG was 43.9% overall—60.7% for Hispanic, 29.8% for non-Hispanic white, and 74.3% for non-Hispanic black women (analysis not shown). These percentages are similar to those based on the 2006–2010 NSFG (24). Looking at unintended births across educational attainment finds that in the 5 years before the 2006–2010 NSFG, 37%–41% of births to women aged 22–44 who had not completed high school, had a high school diploma or General Educational Development (GED) high school equivalency diploma, or had completed some college were unintended, compared with 17% of births to women with a bachelor's degree or higher (25).

Objectives

This report describes contraceptive use among women currently using contraception in the United States. Current contraceptive use is defined as use during the month of interview, not for a specific act of sexual intercourse. A previous report using 2011–2013 NSFG data described use of contraception among all women (26). This report further describes contraceptive use by selected characteristics that are associated with contraceptive use and method choice (27). The characteristics shown in this report include selected demographic and life course variables (age, Hispanic origin and race, education, marital or cohabiting status, parity, and intentions for future births) and variables related to health care access (poverty-level income, current insurance status, and residential location). These measures are described in detail, including the specific NSFG variable names, in the “Definition of terms” in [Technical Notes](#).

Methods

Data source

This report is based primarily on the 2011–2013 NSFG, augmented by data from the 2002 and 2006–2010 NSFG to show comparisons over the past decade. 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 2011–2013 NSFG is based on a national probability sample of 10,416 women and men aged 15–44 (5,601 women and 4,815 men) in the U.S. household population. Interviewing occurred continuously from September 2011 through September 2013. The sample is designed to produce national, not state or local, estimates. People living on military bases or in institutions were not included in the survey. The fieldwork plan, interview content, and other survey procedures are similar to those used in previous surveys (1,28). NSFG data from 4,815 men interviewed during 2011–2013 are not analyzed in this report because no equivalent measure of current contraceptive status for men is available.

The NSFG interview was voluntary; all participants were provided information about the survey before being asked for consent, with signed consent required for minors aged 15–17. The survey protocol was reviewed and approved by the NCHS Research Ethics Review Board. To further protect the respondent's privacy, only one person was interviewed in each selected household. The interviews were conducted in person by female interviewers. Responses were entered directly into laptop computers. The response rate in 2011–2013 was 72.8% overall—73.4% for women and 72.1% for men.

The interviews of women collected information on pregnancies and births, marriages and cohabitations, sterilization operations, contraceptive use, infertility, use of medical care related to birth control, prenatal care, and social and demographic characteristics. The

interview asked about contraceptive use in depth, as described in the next section.

The first two tables in this report describe contraceptive use at a broad level for three time periods: 2011–2013, 2006–2010, and 2002; method use and nonuse among all women aged 15–44; and method type among women currently using contraception. The subsequent three tables provide a greater level of detail on contraceptive use and show method type by selected social and demographic characteristics. Because a greater level of detail is presented in these tables, only two time periods, 2011–2013 and 2002, are shown. This allows comparison of 2011–2013 data with information from a decade earlier, in 2002.

In the 2002 NSFG, 7,643 women were interviewed. In 2006–2010, 12,279 women were interviewed. Each survey was a national sample, representative of the 60 million to 62 million women aged 15–44 in the U.S. household population, and questions on contraceptive use across these surveys were similar (29).

Measurement of contraceptive use

Measuring contraceptive use during vaginal intercourse is one of the central purposes of NSFG, because contraception is a key factor affecting birth and pregnancy rates and family formation.

Questions on contraception in the interviews of women include:

- Whether she or a male sexual partner has ever used each of 22 contraceptive methods at any time in her life (ever use) (8,9,30).
- Whether she has stopped using a method because of dissatisfaction with the method, and the reasons for the dissatisfaction (method discontinuation) (8,9,30).
- Whether she or her partner used any methods the first time she had intercourse with a male (use at first sexual intercourse) (9,31).
- What method or methods she used during the month of the interview,

and detail about methods used during each month for up to 4 years before the interview (current contraceptive status and recent use) (27,30).

These questions allow for multiple ways of describing contraceptive use, including ever use in a woman's lifetime as shown in previous reports, and current use during the month of interview (8,9,27,30). This report focuses on current use of contraception during the month of interview, using the CONSTAT1 recode.

Table 1 describes current contraceptive status among all women and includes information about nonuse for such reasons as pregnancy seeking or nonsurgical sterility. Tables 2–5 are based on the subset of women who are currently using contraception. These tables describe the types of methods used and variation across time and characteristics such as education, Hispanic origin and race, income, and parity. The specific contraceptive methods discussed in this report are defined and described in many other sources, including some for health care professionals (14) and others for patients.

Measuring current use when two or more methods are used

In this report, women who were currently using more than one method in the month of interview 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 birth control pills and male condoms in the current month are classified as using birth control pills, because pills are more effective at preventing a pregnancy. Ranking of contraceptive methods is based on extensive clinical and population-based research showing the failure rate for each method as it is “typically used” (13). More information on the current contraceptive status measure is provided in the “Definition of terms” in [Technical Notes](#). For 2011–2013, 10.7% of women were

currently using more than one contraceptive method during the same month (analysis not shown), similar to earlier findings (8.6% of women in 2006–2010) (27).

Statistical analysis

Statistics for this report were produced using SAS software, version 9.3 (SAS Institute, Cary, N.C.). The SAS SURVEY procedures are able to handle the complex sample design used by NSFG to produce accurate standard errors. All estimates in this report were weighted to reflect the reproductive-aged female household population of the United States at the approximate midpoint of 2011–2013 interviewing. U.S. Census Bureau estimates were used to adjust the weights to the July 2012 U.S. population. Given the sample design of the 2011–2013 NSFG and the smaller number of women in this 2-year data file, the sampling errors of some statistics are larger than those produced for the 2002 and 2006–2010 NSFG. Because of the comparatively smaller sample size, some detailed comparisons shown previously are not shown here. For example, nativity status for Hispanic women and some categories of race and education were too small to show separately.

When percentages between groups were compared, significance was determined by 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. The data presented in this report are bivariate associations that may be explained by other factors not controlled for in the tables or included in the report. Statements describing an increase or decrease between two time points do not necessarily indicate a linear trend.

In this report, as in other NSFG reports, percentages are not shown if the sample denominator is fewer than 100 cases or if 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.

Results

Current contraceptive status

Table 1 shows current contraceptive use and nonuse for all women for the 2002, 2006–2010, and 2011–2013 NSFG. Those who are using contraception are shown by the contraceptive method being used; those who are not using contraception are shown by the reason for their nonuse. The estimates shown in Table 1 have been published previously (26) but are included to provide context for the remainder of this report.

For 2002, 2006–2010, and 2011–2013, about 6 in 10 (62%) women were using contraception. For 2011–2013, the oral contraceptive pill (16.0%), female sterilization (15.5%), and the male condom (9.4%) remained the most commonly used methods.

- The percentage of all women aged 15–44 using LARC increased from 3.8% to 7.2% between 2006–2010 and 2011–2013.
- Use of most other methods was similar between 2006–2010 and 2011–2013.
- In all NSFG survey years shown, about 5% of women of reproductive age were currently pregnant or postpartum at the time of interview, and about 4% were seeking pregnancy, for a total of about 9% of women.
- For all survey years shown, about 19% of women were not currently using contraception because they either did not have sexual intercourse in the 3 months before the interview or had never had sexual intercourse.

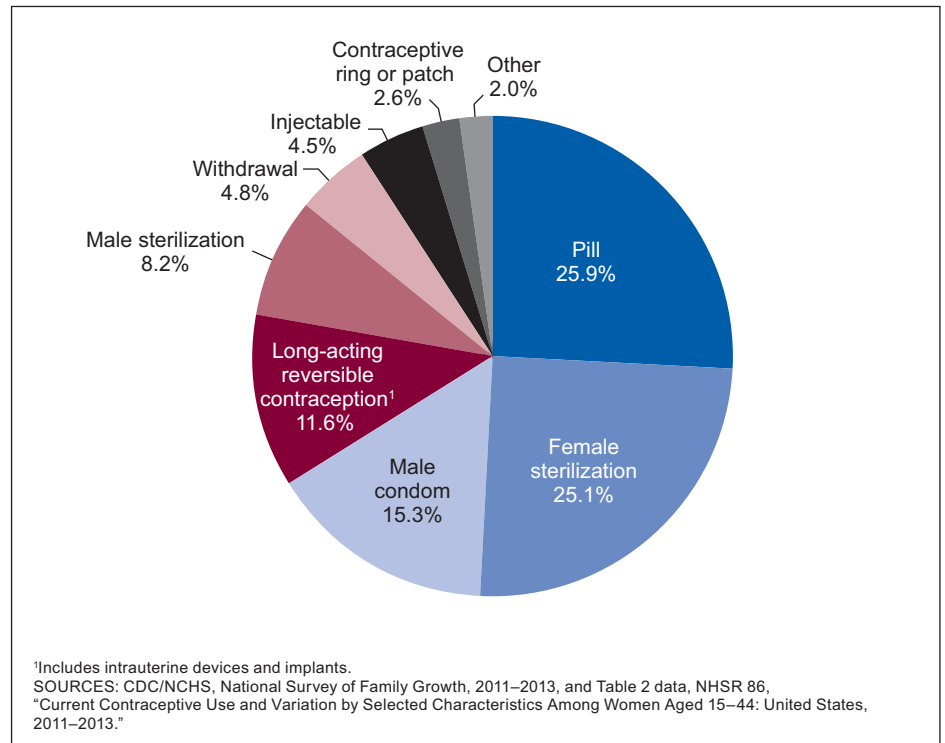


Figure 1. Percent distribution of women aged 15–44 who are currently using contraception, by type of contraceptive method used: United States, 2011–2013

Trends and subgroup differences in patterns of contraceptive use

The remaining Tables 2–5 and all figures show current contraceptive use among the 62% of women currently using contraception in Table 1 (referred to as “current contraceptors” or “current users”). This allows for comparisons of method use among only those women who are using a method.

Trends over time

Table 2 shows contraceptive use by type of method among women currently using contraception for 2002, 2006–2010, and 2011–2013. Figure 1 illustrates the percent distribution of contraceptive use by type of method shown in Table 2 for 2011–2013.

- The pill and female sterilization remain the leading methods among women using contraception. For 2011–2013, about 26% of current contraceptors are using the pill, and about 25% are relying on female

sterilization, accounting for one-half of all current contraceptive use.

- Following the pill and female sterilization, most women and their partners relied on the male condom (15.3% for 2011–2013).
- Current use of LARC has increased through the years, with 11.6% of women currently using contraception reporting use of a LARC method (10.3% using an IUD and 1.3% using an implant) during 2011–2013 compared with 6.0% for 2006–2010 and 2.4% in 2002.

Trends and patterns by social and demographic characteristics

Table 3 shows method use among current contraceptors aged 15–44, by age, Hispanic origin and race, and education for 2002 and 2011–2013. The data for education are shown for women aged 22–44, because the majority of women aged 15–21 were attending school at the time of interview and have not yet completed their education (75% of women aged 15–21 for 2011–2013,

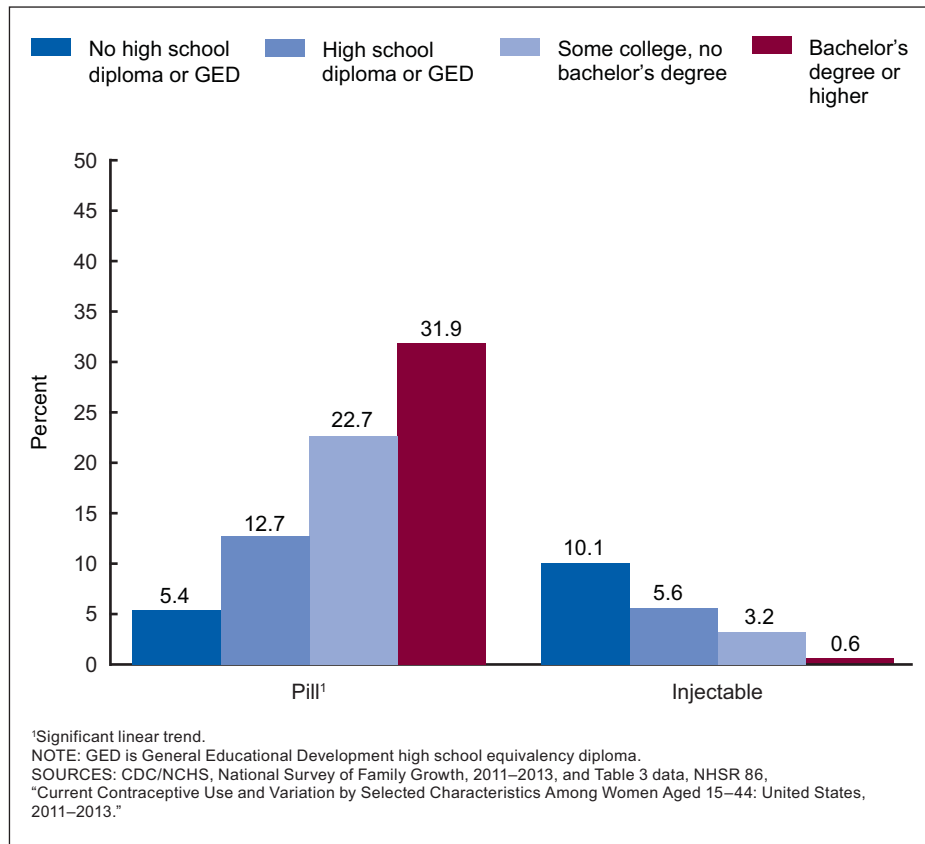


Figure 2. Percentage of contracepting women aged 22–44 who are using the pill or an injectable contraceptive method, by education: United States, 2011–2013

analysis not shown). Method use varies significantly by age, Hispanic origin and race, and education.

- Method use by age was similar between 2002 and 2011–2013. The most commonly used methods among current contraceptors aged 15–24 were the pill (47.3% for 2011–2013) and the condom (21.4% for 2011–2013). Together, these two methods account for about 7 in 10 current contraceptors aged 15–24 at both time points. At ages 35–44, about 6 in 10 current contraceptors were relying on their own or their partner's sterilization. During 2011–2013, 44.2% of women aged 35–44 using contraception were using female sterilization, and 17.9% were relying on their partner's sterilization.
- Looking across Hispanic origin and race, similar percentages of currently contracepting Hispanic (15.1%) and non-Hispanic white women (11.4%) are using LARC. Use is lower for non-Hispanic black women (8.6%)

compared with Hispanic women. The difference in LARC use between non-Hispanic black women (8.6%) and non-Hispanic white women (11.4%) is not statistically significant. In 2002, LARC use was higher for Hispanic women compared with women of all other Hispanic-origin and race groups shown.

- As in 2002, a higher percentage of women with more education relied on their partner's vasectomy during 2011–2013 (for example, 14.9% of current users with a bachelor's degree or higher compared with 7.8% of women with a high school diploma or GED for 2011–2013).
- Differences also were seen across education for use of the pill and injectables (Figure 2). Use of the pill is higher among women with more education, whereas use of an injectable is higher among women with lower levels of education. This is seen at both time points.

- Use of LARC is similar across education categories shown at both time points—for example, around 11%–14% for 2011–2013.

Table 4 presents data on type of method used among women currently using contraception across marital or cohabiting status, parity, and intentions for future births for 2002 and 2011–2013.

- Looking at variation across marital or cohabiting status in 2011–2013, 43.5% of never-married current contraceptors were currently using the pill compared with 26.1% of currently cohabiting women, 17.9% of currently married women, and 11.5% of formerly married women. About 1 in 7 women who were currently cohabiting (13.5%), currently married (12.8%), or formerly married, not cohabiting (14.5%) were using a LARC method (Figure 3).
- At both time points, current contraceptive users with more children were more likely to be using surgical sterilization (for example, 56.7% of women with three or more births compared with 9.8% of women with one birth in 2011–2013 were surgically sterile). Notably, during 2011–2013 approximately 1 in 6 women with one (17.4%) or two births (16.3%) was using a LARC method.
- A higher percentage of women who intend no future births were using nonreversible methods of birth control such as female and male sterilization than those who intend future births. This was seen at both time points.
- Women who intend future births were more likely to be using the male condom (23.5% for 2011–2013) compared with women who do not intend to have any additional births (9.3% for 2011–2013). Women who intend future births were also more likely to be using the pill than those who do not intend to have more children (43.8% compared with 12.8% for 2011–2013). These differences were seen for 2002 and 2011–2013.

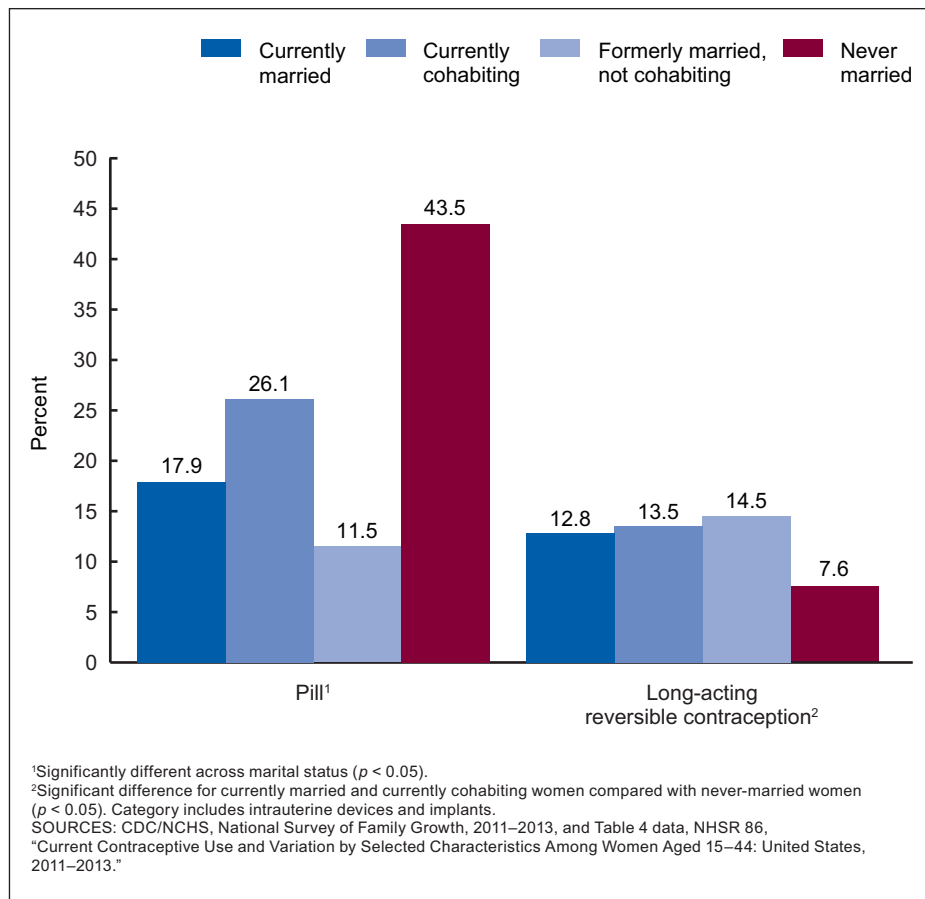


Figure 3. Percentage of contracepting women aged 15–44 who are using the pill or a long-acting reversible contraception, by current marital status: United States, 2011–2013

Table 5 shows type of method used among current contraceptors, by poverty-level income, current health insurance status, and place of residence. The data for poverty-level income and current health insurance status are shown for women aged 20–44 because reporting is less reliable for teen survey respondents.

- Women with higher incomes had higher use of the pill and lower use of an injectable for 2002 and 2011–2013.
- Women who had Medicaid, Children’s Health Insurance Program, or a state-sponsored plan in 2011–2013 were more likely to be using female sterilization as a birth control method (40.9%) than those with private insurance (22.3%). Similar percentages of women with each type of insurance were using LARC, about 11%–16%.

- The percentages for female sterilization were similar across residential location for 2011–2013, about 25%. This differs from 2002, when a higher percentage of current contraceptors in nonmetropolitan residential areas (37.9%) were relying on female sterilization compared with women in metropolitan areas (about 25%).

Discussion and Conclusion

This report presents a snapshot of current contraceptive status (based on the month of interview) among women in the peak years of childbearing, primarily using data collected in the 2011–2013 NSFG. Contraceptive use in the United States remains virtually universal—99% of women who have ever had sexual intercourse have ever used contraception, and previous reports

show that most women have used about three different methods in their lives (8). However, at any given time, some women (and their partners) are not using contraception because they are not sexually active or are pregnant, postpartum, or trying to become pregnant. Some women are surgically sterile for noncontraceptive reasons, or nonsurgically sterile and unable to have children. Women and their partners also may not be using contraception because they are ambivalent about becoming pregnant, have health-related or other concerns about using contraception, or perceive themselves to have low risk of becoming pregnant. During 2011–2013, about 62% of women aged 15–44 were currently using contraception.

Contraceptive use and method choice may change over time for various reasons, including the availability of new methods and larger societal changes in fertility patterns. For example, the average age at first birth for women in the United States has increased in recent decades at least partially because of an increase in first births to women aged 35 and over (32). This suggests potential changes over time in the use of contraception by age as first births are delayed.

While the most commonly used methods—female sterilization, the pill, and the male condom—appear to remain consistent over time, an increase has been noted in the use of LARC methods, primarily the IUD. Although the tables in this report present bivariate associations that may be explained by other factors not controlled for in the tables or included in the report, describing variation in contraceptive use over time and across social and demographic characteristics is potentially useful for understanding changes and differences in unintended pregnancies. Some notable differences across social and demographic characteristics include higher use of the contraceptive pill among younger women and those with higher educational attainment and income relative to the poverty level. Younger women and those intending future births have higher use of male condoms

compared with older women and those who do not intend any future births. Similar percentages of women are relying on male condoms across income levels and types of health insurance coverage.

This report highlights use of LARC methods given the recent attention to these methods and their potential to reduce unintended pregnancies among women using reversible contraceptive methods. Among women currently using contraception, use of LARC increased from 6.0% for 2006–2010 to 11.6% for 2011–2013. Use of IUDs makes up the bulk of this category, with 10.3% of current contraceptors using an IUD during 2011–2013. Of the social and demographic characteristics described in this report, current use of IUDs among women currently using contraception appears highest among women aged 25–34 and women with one or two births. Current use of LARC methods is similar across the education groups presented in this report as well as health insurance coverage. Other recent reports also describe LARC use, including more detail about trends over time (19,26).

Additional highly effective reversible contraceptive methods have become available in recent decades, offering women (and their partners) increased options for planning their pregnancies and avoiding unintended pregnancies. This report provides updated information on the contraceptive methods women and their partners are using during a time period with increased method choices. This report also provides information that furthers understanding of patterns and trends seen in NCHS *National Vital Statistics Reports* based on birth certificate data. Understanding trends over time in contraceptive use and method choice, as well as variation across social and demographic characteristics, offers potential insight into larger population patterns including birth rates, unintended pregnancies, and the relationship context in which children are born.

References

1. 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.
2. Martin JA, Hamilton BE, Osterman MJK, MJK, et al. Births: Final data for 2013. National vital statistics reports; vol 64 no 1. Hyattsville, MD: National Center for Health Statistics. 2015.
3. CDC. Vital Signs: Teen pregnancy, United States, 1991–2009. *MMWR* 60(13):414–20. 2011. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6013a5.htm>.
4. CDC. Achievements in public health, 1900–1999: Family planning. *MMWR* 48(47):1073–80. 1999. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4847a1.htm>.
5. U.S. Department of Health and Human Services, Public Health Service. Promoting health/preventing disease: Objectives for the nation. Washington, DC: U.S. Government Printing Office. 1980.
6. U.S. Department of Health and Human Services. Healthy People 2000: National health promotion and disease prevention objectives. Washington, DC: U.S. Government Printing Office. 1990.
7. U.S. Department of Health and Human Services. Healthy People 2020, 2020 topics and objectives: Family planning. Available from: <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=13>.
8. Daniels K, Mosher WD, Jones J. Contraceptive methods women have ever used: United States, 1982–2010. National health statistics reports; no 62. Hyattsville, MD: National Center for Health Statistics. 2013.
9. Chandra A, Martinez GM, Mosher WD, Abma JC, Jones J. 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.
10. Finer LB, Zolna MR. Shifts in intended and unintended pregnancies in the United States, 2001–2008. *Am J Public Health* 104 Suppl 1:S43–8. 2014.
11. Finer LB, Zolna MR. Unintended pregnancy in the United States: Incidence and disparities, 2006. *Contraception* 84(5):478–85. 2011.
12. 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.
13. Trussell J. Contraceptive failure in the United States. *Contraception* 83(5):397–404. 2011.
14. Hatcher RA, Trussell J, Nelson AL, Cates W Jr, Stewart F, Kowal D. *Contraceptive technology*, 20th ed. New York, NY: Ardent Media. 2011.
15. Higgins JA. Celebration meets caution: LARC's boons, potential busts, and the benefits of a reproductive justice approach. *Contraception* 89(4):237–41. 2014.
16. CDC. U.S. medical eligibility criteria for contraceptive use, 2010. *MMWR Recomm Rep* 59(No. RR-4):1–86. 2010.
17. Secura GM, Allsworth JE, Madden T, Mullersman JL, Peipert JF. The Contraceptive CHOICE Project: Reducing barriers to long-acting reversible contraception. *Am J Obstet Gynecol* 203(2):115.e1–7. 2010.
18. Speidel JJ, Harper CC, Shields WC. The potential of long-acting reversible contraception to decrease unintended pregnancy. *Contraception* 78(3):197–200. 2008.
19. Branum AM, Jones J. Trends in long-acting reversible contraception use among U.S. women aged 15–44. NCHS data brief, no 188. Hyattsville, MD: National Center for Health Statistics. 2015.
20. Romero L, Pazol K, Warner L, Gavin L, Moskosky S, Besera G, et al. Vital signs: Trends in use of long-acting reversible contraception among teens aged 15–19 years seeking contraceptive services—United States, 2005–2013. *MMWR* 64(13):363–9. 2015. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6413a6.htm?s_cid=mm6413a6_w.

21. Sweeney MM, Raley RK. Race, ethnicity, and the changing context of childbearing in the United States. *Annual Review of Sociology* 40:539–58. 2014.
22. Mincieli L, Manlove J, McGarrett M, Moore KA, Ryan S. The relationship context of births outside of marriage: The rise of cohabitation. *Child Trends Research Brief* 2007–13. 2007.
23. Musick K, England P, Edgington S, Kangas N. Education differences in intended and unintended fertility. *Soc Forces* 88(2):543–72. 2009.
24. Martinez G, 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.
25. Mosher WD, Jones J, Abma JC. Intended and unintended births in the United States: 1982–2010. *National health statistics reports; no 55*. Hyattsville, MD: National Center for Health Statistics. 2012.
26. Daniels K, Daugherty J, Jones J. Current contraceptive status among women aged 15–44: United States, 2011–2013. *NCHS data brief, no 173*. Hyattsville, MD: National Center for Health Statistics. 2014.
27. Jones J, Mosher W, 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*. Hyattsville, MD: National Center for Health Statistics. 2012.
28. 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.
29. 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.
30. Mosher WD, Jones J. Use of contraception in the United States: 1982–2008. *National Center for Health Statistics. Vital Health Stat* 23(29). 2010.
31. Martinez GM, Chandra A, Abma JC, et al. Fertility, contraception, and fatherhood: Data on men and women from Cycle 6 (2002) of the National Survey of Family Growth. *National Center for Health Statistics. Vital Health Stat* 23(26). 2006.
32. Mathews TJ, Hamilton BE. First births to older women continue to rise. *NCHS data brief, no 152*. Hyattsville, MD: National Center for Health Statistics. 2014.
33. Cohen RA, Makuc DM, Bernstein AB, et al. Health insurance coverage trends, 1959–2007: Estimates from the National Health Interview Survey. *National health statistics reports; no 17*. Hyattsville, MD: National Center for Health Statistics. 2009. Available from: <http://www.dev.cdc.gov/nchs/data/nhsr/nhsr017.pdf>.
34. Office of Management and Budget. Revisions to the standards for the classification of federal data on race and ethnicity. *Fed Regist* 62(210):58782–90. 1997. Available from: https://www.whitehouse.gov/omb/fedreg_1997standards/.

Table 1. Number and percent distribution of women aged 15–44, by current contraceptive status and method used during month of interview: United States, 2002–2013

Characteristic	2002	2006–2010	2011–2013
	Number (thousands)		
All women	61,561	61,755	60,887
	Percent distribution (standard error)		
Total	100.0	100.0	100.0
Using contraception	61.9 (0.77)	62.2 (0.79)	61.7 (1.10)
Female sterilization	16.7 (0.59)	16.5 (0.77)	15.5 (1.01)
Male sterilization	5.7 (0.38)	6.2 (0.43)	5.1 (0.50)
Pill	19.0 (0.66)	17.1 (0.62)	16.0 (0.89)
Long-acting reversible contraception	1.5 (0.19)	3.8 (0.31)	7.2 (0.53)
Intrauterine device	1.3 (0.16)	3.5 (0.28)	6.4 (0.48)
Implant	0.3 (0.07)	0.3 (0.08)	0.8 (0.16)
Injectable (Depo-Provera) ¹	3.4 (0.28)	2.4 (0.19)	2.8 (0.26)
Contraceptive ring or patch ²	0.4 (0.08)	1.8 (0.15)	1.6 (0.28)
Diaphragm	0.2 (0.06)	0.1 (0.05)	*
Condom	11.1 (0.45)	10.2 (0.42)	9.4 (0.57)
Periodic abstinence—calendar rhythm	0.7 (0.14)	0.6 (0.09)	0.7 (0.11)
Periodic abstinence—natural family planning	0.2 (0.07)	0.1 (0.05)	0.1 (0.06)
Withdrawal	2.5 (0.26)	3.2 (0.26)	3.0 (0.30)
Other methods ³	0.6 (0.12)	0.2 (0.06)	0.3 (0.11)
Not using contraception ⁴	38.1 (0.77)	37.8 (0.79)	38.3 (1.10)
Surgically sterile—female (noncontraceptive)	1.5 (0.17)	0.4 (0.09)	0.7 (0.15)
Nonsurgically sterile—female or male	1.6 (0.18)	1.7 (0.17)	2.2 (0.26)
Pregnant or postpartum	5.3 (0.41)	5.0 (0.25)	5.0 (0.45)
Seeking pregnancy	4.2 (0.28)	4.0 (0.25)	4.5 (0.37)
Other nonuse:			
Never had intercourse	10.9 (0.46)	11.8 (0.65)	10.8 (0.78)
No intercourse during 3 months before interview	7.2 (0.56)	7.3 (0.32)	8.2 (0.55)
Had intercourse during 3 months before interview	7.4 (0.40)	7.7 (0.40)	6.9 (0.35)

* Figure does not meet standards of reliability or precision.

¹In 2002 and 2006–2010, this category included Lunelle.²In 2002, this category did not include the contraceptive ring.³Includes other methods available during that time period, not shown separately above.⁴Includes all other reasons for nonuse not included below.

NOTES: Percentages may not add to 100 due to rounding. The unweighted sample size is 7,643 for 2002, 12,279 for 2006–2010, and 5,601 for 2011–2013.

SOURCE: CDC/NCHS, National Survey of Family Growth, 2002, 2006–2010, and 2011–2013.

Table 2. Number of women aged 15–44 currently using contraception, and percent distribution by current contraceptive method used during month of interview: United States, 2002–2013

Characteristic	2002	2006–2010	2011–2013
	Number (thousands)		
All women using contraception	38,109	38,394	37,586
	Percent distribution (standard error)		
Using contraception	100.0	100.0	100.0
Female sterilization	27.0 (0.92)	26.6 (1.17)	25.1 (1.49)
Male sterilization	9.2 (0.61)	10.0 (0.65)	8.2 (0.76)
Pill	30.6 (0.93)	27.5 (1.02)	25.9 (1.34)
Long-acting reversible contraception	2.4 (0.31)	6.0 (0.48)	11.6 (0.87)
Intrauterine device	2.0 (0.27)	5.6 (0.44)	10.3 (0.78)
Implant	0.4 (0.11)	0.5 (0.12)	1.3 (0.26)
Injectable (Depo-Provera) ¹	5.5 (0.44)	3.8 (0.30)	4.5 (0.43)
Contraceptive ring or patch ²	0.6 (0.44)	2.9 (0.25)	2.6 (0.45)
Diaphragm	0.3 (0.09)	0.1 (0.08)	*
Condom	18.0 (0.70)	16.3 (0.67)	15.3 (0.96)
Periodic abstinence—calendar rhythm	1.2 (0.23)	1.0 (0.15)	1.2 (0.18)
Periodic abstinence—natural family planning	0.3 (0.11)	0.2 (0.08)	0.2 (0.09)
Withdrawal	4.0 (0.41)	5.2 (0.40)	4.8 (0.48)
Other methods ³	0.9 (0.20)	0.4 (0.09)	0.5 (0.18)

* Figure does not meet standards of reliability or precision.

¹In 2002 and 2006–2010, this category included Lunelle.

²In 2002, this category did not include the contraceptive ring.

³Includes other methods available during that time period, not shown separately above.

NOTE: Percentages may not add to 100 due to rounding.

SOURCE: CDC/NCHS, National Survey of Family Growth, 2002, 2006–2010, and 2011–2013.

Table 3. Number of women aged 15–44 currently using a method of contraception during month of interview, and percent distribution by method, according to age, Hispanic origin and race, and educational attainment: United States, 2002 and 2011–2013

Characteristic	Number (thousands)	Using any method	Sterilization		Long-acting reversible contraception			Contraceptive ring or patch ¹	Injectable (Depo-Provera) ²	Condom	Withdrawal	Other method	
			Female	Male	Pill	Subtotal	Intrauterine device						Implant
All women													
Percent distribution (standard error)													
2011–2013	37,586	100.0	25.1 (1.49)	8.2 (0.76)	25.9 (1.34)	11.6 (0.87)	10.3 (0.78)	1.3 (0.26)	2.6 (0.45)	4.5 (0.43)	15.3 (0.96)	4.8 (0.48)	2.0 (0.31)
2002	38,109	100.0	27.0 (0.92)	9.2 (0.61)	30.6 (0.93)	2.4 (0.31)	2.0 (0.27)	0.4 (0.11)	0.6 (0.14)	5.5 (0.44)	18.0 (0.70)	4.0 (0.41)	2.7 (0.32)
Age group (years)													
2011–2013:													
15–24	9,421	100.0	1.6 (0.40)	* 47.3 (2.60)	10.5 (1.14)	7.6 (1.13)	2.9 (0.56)	4.2 (1.11)	8.5 (1.03)	21.4 (1.97)	4.7 (0.95)	1.7 (0.71)	
25–34	14,011	100.0	21.7 (2.30)	3.8 (0.60)	25.0 (1.64)	16.5 (1.63)	15.1 (1.46)	1.4 (0.44)	3.1 (0.78)	4.8 (0.82)	17.1 (1.60)	6.0 (0.87)	1.9 (0.36)
35–44	14,155	100.0	44.2 (2.34)	17.9 (2.02)	12.4 (1.91)	7.6 (1.31)	7.4 (1.30)	*	1.0 (0.44)	1.6 (0.64)	9.4 (1.32)	3.7 (0.64)	2.2 (0.54)
2002:													
15–24	9,071	100.0	2.4 (0.46)	0.5 (0.20)	52.5 (2.19)	1.3 (0.25)	1.3 (0.24)	*	1.0 (0.32)	11.7 (1.24)	24.4 (1.69)	4.2 (0.73)	1.9 (0.39)
25–34	13,396	100.0	21.7 (1.26)	6.8 (0.68)	34.3 (1.41)	4.3 (0.63)	3.4 (0.56)	0.8 (0.26)	0.9 (0.32)	5.4 (0.67)	18.7 (1.24)	5.6 (0.76)	2.3 (0.45)
35–44	15,643	100.0	45.8 (1.62)	16.3 (1.39)	14.7 (0.99)	1.5 (0.38)	1.3 (0.36)	*	*	1.9 (0.50)	13.6 (1.15)	2.4 (0.59)	3.5 (0.68)
Hispanic origin and race													
2011–2013:													
Hispanic	6,894	100.0	32.9 (3.12)	3.5 (1.16)	19.0 (2.79)	15.1 (2.03)	13.2 (1.84)	1.9 (0.58)	2.1 (0.52)	4.7 (1.07)	15.0 (1.82)	6.4 (1.13)	1.4 (0.40)
Non-Hispanic													
White, single race	22,652	100.0	21.4 (1.95)	11.9 (1.26)	29.0 (1.80)	11.4 (1.17)	10.5 (1.09)	0.9 (0.26)	2.4 (0.57)	3.1 (0.61)	14.2 (1.39)	4.5 (0.63)	2.1 (0.49)
Black, single race	4,917	100.0	36.8 (2.71)	1.5 (0.38)	17.0 (1.85)	8.6 (1.17)	6.5 (1.21)	2.1 (0.60)	3.1 (1.45)	10.0 (1.61)	16.3 (2.33)	5.1 (1.13)	1.7 (0.50)
All other single race and multiple race	3,124	100.0	16.7 (3.38)	2.3 (1.14)	32.0 (4.50)	10.6 (2.58)	9.1 (2.30)	1.5 (0.50)	4.7 (1.78)	6.0 (2.21)	22.0 (2.93)	3.3 (1.07)	2.4 (1.08)
2002:													
Hispanic	5,370	100.0	33.8 (2.48)	4.4 (0.69)	22.0 (1.40)	7.1 (1.14)	5.3 (0.89)	1.8 (0.63)	0.8 (0.38)	7.8 (1.42)	18.5 (1.69)	3.7 (0.64)	1.9 (0.50)
Non-Hispanic													
White, single race	25,513	100.0	23.9 (1.19)	11.7 (0.83)	34.4 (1.17)	1.7 (0.30)	1.5 (0.29)	0.2 (0.08)	0.4 (0.14)	4.3 (0.53)	16.6 (0.92)	3.9 (0.52)	3.1 (0.47)
Black, single race	4,754	100.0	39.2 (2.05)	2.3 (0.87)	22.7 (1.92)	1.5 (0.54)	1.5 (0.53)	*	0.8 (0.36)	9.4 (1.20)	19.8 (1.43)	2.6 (0.57)	1.6 (0.46)
All other single race and multiple race	2,472	100.0	20.9 (2.88)	7.0 (2.82)	25.4 (2.62)	2.1 (0.80)	1.5 (0.70)	*	*	5.1 (1.34)	27.7 (3.21)	7.4 (2.68)	2.6 (0.84)
Education ³													
2011–2013:													
No high school diploma or GED	3,293	100.0	49.4 (3.92)	1.1 (0.59)	5.4 (1.10)	11.8 (3.12)	11.2 (3.12)	*	*	10.1 (2.61)	15.1 (2.96)	5.5 (1.65)	*
High school diploma or GED	7,927	100.0	40.5 (2.85)	7.8 (1.84)	12.7 (1.61)	11.6 (2.14)	10.3 (2.07)	1.3 (0.45)	2.2 (1.07)	5.6 (1.41)	11.8 (2.33)	6.1 (1.14)	1.7 (0.87)
Some college, no bachelor's degree	10,274	100.0	29.3 (2.11)	8.5 (1.47)	22.7 (2.05)	13.7 (1.80)	12.1 (1.77)	1.6 (0.46)	3.4 (0.94)	3.2 (0.73)	12.3 (1.61)	5.3 (0.79)	1.7 (0.43)
Bachelor's degree or higher	10,394	100.0	15.4 (2.22)	14.9 (1.92)	31.9 (2.23)	11.3 (1.40)	11.0 (1.36)	*	3.0 (0.81)	0.6 (0.25)	16.5 (1.71)	3.6 (0.76)	3.0 (0.88)
2002:													
No high school diploma or GED	3,887	100.0	55.2 (3.24)	2.8 (1.10)	10.6 (1.44)	4.6 (1.21)	2.5 (0.64)	2.1 (0.94)	1.7 (0.87)	7.5 (1.58)	13.2 (1.67)	3.1 (0.83)	1.3 (0.77)
High school diploma or GED	9,996	100.0	41.4 (1.58)	10.8 (0.96)	19.0 (1.34)	2.8 (0.62)	2.5 (0.59)	0.3 (0.17)	0.3 (0.11)	5.2 (0.78)	13.1 (1.06)	5.5 (0.90)	2.0 (0.74)
Some college, no bachelor's degree	9,954	100.0	28.7 (1.71)	12.1 (1.59)	27.6 (1.76)	2.7 (0.57)	2.3 (0.54)	0.4 (0.14)	0.6 (0.25)	3.3 (0.51)	17.9 (1.38)	4.1 (0.85)	2.9 (0.69)
Bachelor's degree or higher	8,741	100.0	12.8 (1.43)	12.8 (1.47)	41.8 (1.88)	2.1 (0.46)	2.0 (0.46)	*	*	2.1 (0.40)	20.8 (1.81)	2.8 (0.55)	4.5 (0.76)

* Figure does not meet standards of reliability or precision.

¹In 2002, this category did not include the contraceptive ring.²In 2002, this category included Lunelle.³Limited to women aged 22–44 at time of interview. GED is General Educational Development high school equivalency diploma.

SOURCE: CDC/NCHS, National Survey of Family Growth, 2002 and 2011–2013.

Table 4. Number of women aged 15–44 currently using a method of contraception during month of interview, and percent distribution, by method, according to marital or cohabiting status, parity, and intent to have more children: United States, 2002 and 2011–2013

Characteristic	Number (thousands)	Using any method	Sterilization		Pill	Long-acting reversible contraception			Contraceptive ring or patch ¹	Injectable (Depo-Provera) ²	Condom	Withdrawal	Other method		
			Female	Male		Subtotal	Intrauterine device	Implant							
Marital or cohabiting status														Percent distribution (standard error)	
2011–2013:															
Currently married	17,191	100.0	28.8 (2.07)	15.7 (1.59)	17.9 (2.01)	12.8 (1.45)	12.0 (1.41)	0.8 (0.23)	2.3 (0.64)	1.7 (0.50)	12.7 (1.32)	5.5 (0.64)	2.7 (0.50)		
Currently cohabiting	6,242	100.0	19.2 (2.57)	4.4 (1.71)	26.1 (3.31)	13.5 (1.78)	10.8 (1.72)	2.7 (0.73)	2.4 (0.99)	6.1 (1.53)	21.6 (3.15)	5.3 (1.46)	1.3 (0.49)		
Formerly married, not cohabiting	3,591	100.0	57.9 (3.67)	2.2 (0.83)	11.5 (2.03)	14.5 (3.79)	14.1 (3.80)	0.5 (0.24)	*	2.3 (0.78)	7.5 (1.24)	2.8 (0.99)	0.9 (0.35)		
Never married	10,562	100.0	11.5 (1.45)	0.3 (0.15)	43.5 (2.15)	7.6 (0.91)	6.0 (0.81)	1.6 (0.39)	4.0 (1.06)	9.0 (1.22)	18.3 (1.82)	4.2 (0.69)	1.6 (0.60)		
2002:															
Currently married	20,655	100.0	29.8 (1.50)	15.4 (1.07)	23.6 (1.13)	3.1 (0.43)	2.6 (0.40)	0.5 (0.18)	0.7 (0.22)	3.2 (0.44)	16.4 (0.97)	4.2 (0.57)	3.5 (0.53)		
Currently cohabiting	4,039	100.0	25.4 (2.40)	3.1 (0.78)	33.2 (2.33)	2.5 (0.69)	1.7 (0.50)		*	9.6 (1.60)	18.1 (1.97)	5.7 (1.27)	2.1 (0.59)		
Formerly married, not cohabiting	3,924	100.0	54.9 (2.32)	3.3 (1.15)	19.1 (1.97)	3.1 (0.92)	2.9 (0.90)		*	3.0 (0.68)	12.5 (1.77)	2.0 (0.57)	1.8 (0.76)		
Never married	9,491	100.0	10.0 (1.29)	0.9 (0.22)	49.4 (2.33)	0.7 (0.25)	0.5 (0.23)		* 0.6 (0.26)	9.8 (1.07)	23.4 (1.40)	3.6 (0.75)	1.5 (0.36)		
Parity															
2011–2013:															
0 births	12,614	100.0	2.1 (0.55)	2.0 (0.63)	52.2 (2.33)	5.9 (1.05)	4.8 (0.92)	1.1 (0.40)	3.5 (0.85)	5.2 (0.73)	23.2 (1.98)	4.2 (0.77)	1.6 (0.56)		
1 birth	6,170	100.0	9.8 (1.67)	5.6 (1.19)	24.3 (2.84)	17.4 (1.82)	14.5 (1.62)	2.9 (0.72)	4.2 (1.35)	7.0 (1.62)	20.0 (3.24)	10.0 (1.67)	1.6 (0.55)		
2 births	9,396	100.0	34.4 (2.76)	12.8 (2.09)	13.0 (1.89)	16.3 (1.78)	15.4 (1.72)	0.9 (0.27)	1.8 (0.73)	4.0 (1.09)	11.1 (1.83)	3.8 (0.67)	2.8 (0.64)		
3 or more births	9,406	100.0	56.7 (3.01)	13.6 (2.03)	4.4 (0.83)	10.9 (2.04)	10.0 (1.99)	0.9 (0.36)	1.1 (0.69)	2.5 (0.91)	5.8 (1.09)	3.3 (0.72)	1.8 (0.69)		
2002:															
0 births	11,786	100.0	2.0 (0.42)	3.1 (0.53)	56.8 (1.85)	0.6 (0.23)	0.5 (0.22)		* 0.7 (0.27)	5.8 (0.72)	24.4 (1.43)	4.6 (0.76)	2.0 (0.42)		
1 birth	6,702	100.0	13.0 (1.35)	4.7 (0.91)	33.0 (1.91)	2.8 (0.66)	2.4 (0.62)	0.4 (0.18)	0.8 (0.35)	10.5 (1.26)	22.4 (1.54)	7.3 (1.13)	5.6 (1.36)		
2 births	10,415	100.0	38.2 (1.84)	15.5 (1.69)	17.9 (1.43)	3.9 (0.62)	3.3 (0.57)	0.6 (0.30)	0.4 (0.19)	3.9 (0.54)	14.3 (1.32)	3.3 (0.67)	2.6 (0.50)		
3 or more births	9,205	100.0	56.4 (2.03)	13.2 (1.37)	9.8 (1.05)	3.0 (0.65)	2.3 (0.51)	0.6 (0.28)	0.7 (0.31)	3.3 (0.59)	10.5 (1.39)	1.5 (0.55)	1.6 (0.48)		
Intent to have more children ³															
2011–2013:															
Intends more	15,602	100.0	–	*	43.8 (2.21)	12.8 (1.21)	11.0 (1.12)	1.8 (0.45)	3.7 (0.74)	6.5 (0.88)	23.5 (1.59)	7.2 (0.92)	2.3 (0.45)		
Intends no more	21,742	100.0	43.4 (2.09)	14.1 (1.36)	12.8 (1.45)	10.8 (1.14)	9.9 (1.10)	0.9 (0.23)	1.8 (0.55)	3.1 (0.59)	9.3 (1.19)	3.1 (0.41)	1.6 (0.40)		
2002:															
Intends more	14,213	100.0	*	0.2 (0.13)	51.4 (1.56)	2.8 (0.42)	2.0 (0.34)	0.8 (0.26)	1.1 (0.32)	8.5 (0.86)	26.8 (1.40)	6.2 (0.72)	2.9 (0.41)		
Intends no more	23,361	100.0	44.0 (1.26)	14.9 (0.95)	17.7 (0.94)	2.3 (0.41)	2.1 (0.39)	0.2 (0.10)	0.2 (0.05)	3.7 (0.45)	12.3 (0.76)	2.4 (0.37)	2.6 (0.47)		

* Figure does not meet standards of reliability or precision.
 – Quantity zero.
¹In 2002, this category did not include the contraceptive ring.
²In 2002, this category included Lunelle.
³Estimates for respondents who answered “don’t know/refuse” to the intent question are not shown separately.
 SOURCE: CDC/NCHS, National Survey of Family Growth, 2002 and 2011–2013.

Table 5. Number of women aged 15–44 currently using a method of contraception during month of interview and percent distribution, by method, according to poverty level income, current health insurance status, and place of residence: United States, 2002 and 2011–2013

Characteristic	Number (thousands)	Using any method	Sterilization		Pill	Long-acting reversible contraception			Contraceptive ring or patch ¹	Injectable (Depo-Provera) ²	Condom	Withdrawal	Other method
			Female	Male		Subtotal	Intrauterine device	Implant					
Poverty-level income ³			Percent distribution (standard error)										
2011–2013:													
0%–149%	12,738	100.0	36.8 (2.27)	3.6 (1.08)	14.1 (1.25)	13.3 (1.48)	11.4 (1.36)	1.9 (0.36)	3.2 (0.87)	7.3 (0.95)	14.9 (1.50)	5.5 (0.83)	1.3 (0.28)
0%–99%	8,856	100.0	37.0 (2.51)	2.7 (1.00)	14.0 (1.39)	14.0 (1.62)	12.0 (1.54)	2.0 (0.43)	2.8 (1.02)	7.0 (1.20)	15.6 (1.98)	5.5 (1.07)	1.3 (0.38)
150%–299%	8,587	100.0	28.4 (2.78)	9.1 (1.59)	23.0 (2.10)	13.2 (1.87)	11.8 (1.83)	1.3 (0.56)	2.7 (0.94)	3.4 (0.76)	12.4 (1.49)	4.6 (0.83)	3.2 (0.77)
300% or more	13,086	100.0	17.7 (2.06)	14.1 (1.67)	31.7 (2.42)	10.8 (1.42)	10.2 (1.32)	0.6 (0.29)	2.1 (0.64)	0.9 (0.30)	16.4 (1.92)	4.3 (0.90)	2.0 (0.70)
2002:													
0%–149%	9,525	100.0	40.5 (2.18)	4.7 (1.12)	20.7 (1.60)	4.4 (0.70)	3.4 (0.53)	1.0 (0.38)	1.0 (0.40)	7.2 (0.99)	15.0 (1.16)	3.5 (0.68)	2.8 (0.82)
0%–99%	6,088	100.0	42.1 (2.65)	4.9 (1.62)	20.4 (1.92)	5.2 (1.03)	4.0 (0.73)	1.2 (0.60)	1.5 (0.59)	7.6 (1.27)	13.7 (1.45)	3.9 (0.91)	0.7 (0.30)
150%–299%	9,998	100.0	33.4 (1.91)	9.4 (1.23)	25.3 (1.54)	2.5 (0.70)	2.1 (0.66)	0.4 (0.17)	0.6 (0.21)	5.1 (0.74)	16.1 (1.31)	5.3 (0.89)	2.2 (0.50)
300% or more	15,490	100.0	19.9 (1.23)	13.7 (0.97)	35.6 (1.34)	1.6 (0.31)	1.5 (0.30)	*	0.3 (0.18)	2.9 (0.50)	19.1 (1.29)	3.7 (0.61)	3.1 (0.55)
Current health insurance status ³													
2011–2013:													
Private insurance or Medigap	20,578	100.0	22.3 (1.96)	12.3 (1.18)	29.2 (1.80)	11.8 (1.19)	10.7 (1.08)	1.0 (0.36)	1.9 (0.48)	1.9 (0.52)	14.4 (1.46)	4.0 (0.49)	2.2 (0.50)
Medicaid, CHIP, or state-sponsored plan	4,692	100.0	40.9 (2.99)	1.8 (0.67)	10.2 (1.53)	12.0 (1.43)	10.0 (1.39)	2.0 (0.66)	4.9 (2.15)	13.9 (2.55)	12.0 (2.14)	3.0 (0.87)	1.4 (0.60)
Medicare, military health, or other government plan	1,712	100.0	30.8 (3.86)	3.6 (1.56)	23.7 (3.91)	15.6 (3.55)	12.7 (3.19)	2.9 (1.19)	5.5 (2.18)	3.3 (1.36)	10.1 (1.86)	4.9 (1.55)	*
Uninsured, single-service plan, or Indian health service	7,428	100.0	32.4 (3.11)	5.4 (1.56)	13.8 (1.74)	13.3 (2.03)	12.2 (2.01)	1.1 (0.24)	2.8 (1.09)	3.2 (0.74)	19.0 (2.24)	8.2 (1.32)	2.0 (0.51)
2002 ⁴ :													
Private insurance or Medigap	24,896	100.0	25.1 (1.19)	12.5 (0.94)	32.8 (1.22)	2.0 (0.36)	1.7 (0.32)	0.3 (0.10)	0.5 (0.15)	3.4 (0.41)	17.2 (0.87)	3.2 (0.45)	3.3 (0.47)
Medicaid, CHIP, or state-sponsored plan	3,234	100.0	43.8 (3.36)	1.1 (0.50)	15.9 (2.25)	4.1 (1.03)	3.7 (1.05)		*	*	11.8 (1.73)	16.0 (1.95)	5.0 (1.37)
Medicare, military health, or other government plan	1,187	100.0	38.3 (5.43)	6.8 (2.31)	20.2 (3.60)				–	–	8.2 (2.36)	17.1 (2.88)	6.8 (3.96)
Uninsured, single-service plan, or Indian health service	5,649	100.0	37.9 (2.34)	4.9 (1.25)	19.4 (1.64)	4.8 (1.15)	3.7 (0.95)	1.1 (0.57)	1.0 (0.44)	5.7 (0.95)	17.7 (1.85)	7.1 (1.25)	1.5 (0.41)
Residential location													
2011–2013:													
Metropolitan area, central city	12,209	100.0	24.5 (2.30)	4.2 (1.12)	25.8 (2.24)	14.2 (1.47)	11.9 (1.24)	2.3 (0.60)	3.1 (0.82)	5.2 (0.77)	16.4 (1.42)	5.3 (0.69)	1.2 (0.37)
Metropolitan area, not central city	19,671	100.0	23.9 (1.80)	10.8 (1.17)	27.6 (1.94)	10.5 (1.12)	9.7 (1.06)	0.8 (0.22)	2.2 (0.51)	2.7 (0.44)	14.5 (1.43)	4.9 (0.65)	2.8 (0.54)
Not metropolitan area	5,706	100.0	30.5 (4.01)	7.8 (1.84)	19.8 (2.22)	10.3 (2.46)	9.3 (2.44)	1.0 (0.34)	2.7 (1.39)	9.1 (1.53)	15.4 (3.27)	3.5 (1.20)	*
2002:													
Metropolitan area, central city	12,451	100.0	25.1 (1.86)	6.1 (0.77)	31.3 (1.66)	2.7 (0.53)	2.4 (0.49)	0.3 (0.15)	1.0 (0.32)	5.2 (0.76)	22.1 (1.30)	5.1 (0.99)	1.5 (0.34)
Metropolitan area, not central city	18,487	100.0	24.0 (1.32)	11.4 (1.22)	31.0 (1.26)	2.3 (0.33)	1.8 (0.27)	0.5 (0.19)	0.6 (0.17)	5.1 (0.61)	18.0 (1.01)	4.1 (0.51)	3.5 (0.55)
Not metropolitan area	7,172	100.0	37.9 (2.20)	9.2 (1.67)	28.2 (2.79)	2.5 (0.86)	2.0 (0.85)	0.5 (0.23)	*	6.9 (1.40)	10.7 (1.27)	1.6 (0.56)	2.9 (0.72)

* Figure does not meet standard of reliability or precision.

– Quantity zero.

¹In 2002, this category did not include the contraceptive ring.²In 2002, this category included Lunelle.³Limited to women aged 20–44 at time of interview. CHIP is Children's Health Insurance Program.⁴For 2002, estimates for women who did not report their insurance coverage are not shown separately; see Technical Notes for more detail.

SOURCE: CDC/NCHS, National Survey of Family Growth, 2002 and 2011–2013.

Technical Notes

Definition of terms

Age—The recode variable AGER indicates the respondent's age at the time of interview.

Current contraceptive status—The recode variable CONSTAT1 measures the contraceptive method used (if any) in the month of interview. In some tables, only the subset of women currently using a method are included.

Current health insurance coverage—The recode variable CURR_INS follows the collapsing rules of the National Health Insurance Survey and is the type of insurance coverage the woman has at the time of interview. The four categories are created hierarchically and include:

1. Private insurance or Medigap
2. Medicaid, Children's Health Insurance Program, or a state-sponsored health plan
3. Any other public insurance (including military insurance) (33)
4. No insurance—Indian Health Service coverage or a single-service plan (for example, dental, vision, or prescription coverage) are considered as not having insurance in this analysis

In 2002, the CURR_INS variable was created after the data file was released. Therefore, the variable was not imputed like other recode variables. Cases with missing data for 2002 are not shown separately in this report.

Education—The recode variable HIEDUC provides a measure of the woman's education, based on the highest degree she has finished, at the date of interview. Results are presented only for respondents aged 22 and over because many younger women have not completed their education.

Hispanic origin and race—The recode variable HISPRACE2 classifies Hispanic origin and race according to Office of Management and Budget (OMB) guidelines for the presentation of race and origin data in federal

statistics. The 1997 OMB guidelines that allow respondents to report more than one race or ethnic origin are followed (34). In this report, the categories Hispanic, non-Hispanic white, non-Hispanic black, and non-Hispanic other single or multiple race are shown.

Intent to have more children—The recode variable INTENT indicates intentions for additional births. Only two categories are shown in this report: intends more and intends no more. Women who reported not knowing their fertility intentions are not shown separately.

Marital and cohabiting status—The recode variable RMARITAL indicates the woman's marital and cohabiting status at the time of interview.

Metropolitan residence—The recode variable METRO is based on the woman's address at the time of interview and is classified according to 2000 (for 2002 National Survey Family Growth [NSFG]) or 2010 (for 2011–2013 NSFG) U.S. census population counts. OMB defines metropolitan statistical areas.

Parity—The recode variable PARITY gives the total number of live births the woman has had at the time of interview.

Poverty-level income—The recode variable POVERTY gives the household's income expressed as a percentage of the poverty-level threshold for a household of that size. The woman reported her total family income for the previous calendar year in the self-administered "audio computer-assisted self interview," or ACASI, portion of the interview. Her reported income, in conjunction with the number of persons living in the household, is compared to the annual weighted poverty threshold table for families of the same size as published by the U.S. Census Bureau.

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