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In Table 10, data for "2002: 2 births" are revised.

Use of Contraception in the United States: 1982–2008



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

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Use of Contraception in the United States: 1982–2008

Data From the National Survey of
Family Growth

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

Hyattsville, Maryland
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Contents

Acknowledgments	vi
Abstract	1
Introduction	1
Source of the Data	2
Strengths and Limitations of the Data	3
Measurement of Contraceptive Use	3
Classifying Women by Method Use When They Are Using Two or More Methods	4
Statistical Analysis	4
Results	5
Ever-use of Contraception	5
Contraceptive Use at First Premarital Intercourse	6
Current Contraceptive Use	7
Percentage Using a Method Among Those at Risk of Unintended Pregnancy	8
Contraceptors: Trends in Contraceptive Use	9
Use of More Than One Contraceptive Method: Dual and Multiple Use	11
Stopping Use of Contraceptive Methods	13
Reasons for Nonuse of Contraception Leading to Unintended Pregnancy	14
International Comparisons	14
Summary and Discussion	15
References	17

Appendixes

I. Technical Notes	33
Sample Design and Fieldwork Procedures	33
Sampling Errors in the 2006–2008 National Survey of Family Growth	34
II. Definitions of Terms	38
III. Details on the Surveys of Contraceptive Use Shown in Table F	43

Figures

1. Percentage of sexually experienced women aged 15–44 years who have ever used the specified contraceptive method: United States, 1982, 2002, and 2006–2008	5
2. Percentage of sexually experienced women aged 15–44 years who have ever used the specified contraceptive method, by race and Hispanic origin: United States, 2006–2008	6
3. Percentage of women aged 15–44 years who used a method of contraception at their first premarital intercourse: United States, 2006–2008	6
4. Percent distribution of women aged 15–44 years, by current contraceptive status: United States, 2006–2008	7
5. Percentage of women aged 15–44 years using selected contraceptive methods, by race and Hispanic origin: United States, 2006–2008	8
6. Percentage of women aged 15–44 years at risk of unintended pregnancy who were not using contraception, by Hispanic origin and race: United States, 2006–2008	9

7.	Percentage of contraceptors aged 15–44 years using female sterilization, by age: United States, 2006–2008	10
8.	Percentage of contraceptors aged 15–44 years using the pill, by age: United States, 2006–2008.....	10
9.	Percentage of contraceptors aged 15–44 years who were using female sterilization and the pill, by parity: United States, 2006–2008.....	11
10.	Percentage of contraceptors aged 22–44 years who were using female sterilization, by education: United States, 2006–2008.....	11
11.	Percentage of contraceptors aged 22–44 years using the pill, by education: United States, 2006–2008.....	12
12.	Percentage of women aged 15–44 years whose most effective method of contraception was the condom, and percentage who used the condom with or without another method (“any use”), by marital status: United States, 2006–2008.....	13

Text Tables

A.	Estimates of 1-year typical-use failure rates for selected contraceptive methods, United States, most recent available data	4
B.	Average age and percentage childless by marital status: United States, 2006–2008	8
C.	Percentage of women using more than one contraceptive method, by marital status, race and Hispanic origin, and age: United States, 2006–2008.....	12
D.	Percentage of women whose partners used the condom or withdrawal as most effective method or any use: United States, 2006–2008.....	13
E.	Among women who did not use contraception before a recent unintended birth, percentage and standard error citing each reason for not using contraception: United States, 2006–2008.....	14
F.	Percentage of married couples using each method in selected countries with total fertility rates lower than in the United States.....	15

Detailed Tables

1.	Number of women aged 15–44 years who have ever had sexual intercourse and percentage who have ever used the specified contraceptive method: United States, 1982, 1995, 2002, and 2006–2008.....	18
2.	Number of women aged 15–44 years who have ever had sexual intercourse and percentage who have ever used the specified contraceptive method, by race and Hispanic origin: United States, 2006–2008	19
3.	Number of women aged 15–44 years whose first premarital sexual intercourse was after menarche, and percentage who used the specified contraceptive method at first intercourse, by selected characteristics: United States, 2006–2008.....	20
4.	Number of women aged 15–44 years and percent distribution by current contraceptive status and method: United States, 1982–2008.....	21
5.	Number of women aged 15–44 years and percent distribution by current contraceptive status and method, according to age at interview: United States, 2006–2008	22
6.	Number of women aged 15–44 years and percent distribution by current contraceptive status and specific method, according to race and Hispanic origin: United States, 2006–2008	23
7.	Number of women aged 15–44 years and percent distribution by current contraceptive status and specific method, according to marital and cohabitation status: United States, 2006–2008.....	24
8.	Number of women aged 15–44 years, number at risk of unintended pregnancy, and percentage of women currently using a method of contraception, by selected characteristics: United States, 2006–2008.....	25
9.	Number of women aged 15–44 years currently using contraception, and percent distribution by current contraceptive method: United States, 1982–2008	26
10.	Number of women aged 15–44 years who are currently using a method of contraception and percent distribution by method, according to selected characteristics: United States, 2002 and 2006–2008.....	27
11.	Number of women aged 15–44 years who are currently using a method of contraception and percent distribution by method, according to selected characteristics: United States, 2002 and 2006–2008.....	28
12.	Number of women aged 15–44 years, percentage currently using contraception, and percentage who used each of the specified contraceptive methods in the month of interview, according to current marital status: United States, 2006–2008.....	29
13.	Number of women aged 15–44 years, percentage currently using contraception, and percentage who used the specified contraceptive method in month of interview, according to Hispanic origin and race: United States, 2006–2008.....	30
14.	Number of women aged 15–44 years, percentage currently using contraception, and percentage who used the specified contraceptive method in month of interview, according to age at interview: United States, 2006–2008.....	31

15.	Number of women aged 15–44 years who ever used a selected method of contraception, percentage who discontinued that method due to dissatisfaction and the reasons for discontinuation, and use and discontinuation of the pill by Hispanic origin and race: United States, 2006–2008	32
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Appendix Tables

I.	Number of women aged 15–44 years who are currently using a method of contraception and percent distribution by method, according to selected characteristics: United States, 2002 and 2006–2008	34
II.	Number of women aged 15–44 years who are currently using a method of contraception and percent distribution by method, according to selected characteristics: United States, 2002 and 2006–2008	35
III.	Number of women aged 15–44 years, percentage currently using contraception, and percentage who used each of the specified contraceptive methods in the month of interview, according to current marital status: United States, 2006–2008	36
IV.	Number of women aged 15–44 years, percentage currently using contraception, and percentage who used the specified contraceptive method in the month of interview, according to Hispanic origin and race: United States, 2006–2008	36
V.	Number of women aged 15–44 years, percentage currently using contraception, and percentage who used the specified contraceptive method in month of interview, according to age at interview: United States, 2006–2008	37

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- The Eunice Kennedy Shriver National Institute of Child Health and Human Development
- The Office of Population Affairs
- The Centers for Disease Control and Prevention’s (CDC) National Center for Health Statistics
- The CDC’s Division of HIV/AIDS Prevention
- The CDC’s Division of Sexually Transmitted Disease Prevention
- The CDC’s Division of Reproductive Health
- The Children’s Bureau of the Administration for Children and Families
- The Office of the Assistant Secretary for Planning and Evaluation

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Objective

This report presents national estimates of contraceptive use and method choice based on the 1982, 1995, 2002, and 2006–2008 National Surveys of Family Growth (NSFG).

Methods

Data for 2006–2008 were collected through in-person interviews with 13,495 men and women 15–44 years of age in the household population of the United States. This report is based on the sample of 7,356 women interviewed in 2006–2008. The response rate for women in the 2006–2008 survey was about 76%.

Results

More than 99% of women 15–44 years of age who have ever had sexual intercourse with a male (referred to as “sexually experienced women”) have used at least one contraceptive method. The percentage of women who have ever used emergency contraception, the contraceptive patch, and the contraceptive ring increased between 2002 and 2006–2008.

Looking at contraceptive use in the month of interview, or current use, the leading method of contraception in the United States during 2006–2008 was the oral contraceptive pill, used by 10.7 million women; the second leading method was female sterilization, used by 10.3 million women.

While contraceptive use is virtually universal in the United States, women with different characteristics make different choices of methods—for example, college educated women are much more likely to use the pill and less likely to use female sterilization than less educated women. Age, parity, marital status, and income are also closely related to the choice of method. These method choices are related to the risk of unintended pregnancy in these groups.

Keywords: Contraceptive use • birth control • pill • National Survey of Family Growth

Use of Contraception in the United States: 1982–2008

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

Introduction

For decades, the principal task of the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics (DVS), has been to collect and publish the birth and death statistics for the United States, as required by Section 306 of the Public Health Service Act. Producing and disseminating these data helps to document population change in the United States, and provides national and state data on infant and maternal mortality, prenatal care, birthweight, and other important health outcomes.

In 1955 and 1960, nationally representative surveys of married women were conducted by private organizations, in part to understand factors behind the baby boom (1). These studies yielded important insights, and were followed by two more surveys of married women in 1965 and 1970, done by university researchers with federal funding (1,2). By this time, NCHS and others recognized the need for NCHS to conduct a larger national survey on a regular basis to collect data on factors related to trends and group differences in birth and pregnancy rates (1–4).

In response to this need, the National Survey of Family Growth (NSFG) was conducted by NCHS in 1973, 1976, 1982, 1988, 1995, 2002, and most recently, in 2006–2008. The survey collects data on factors related to birth and pregnancy rates—as well as factors affecting the occurrence of intercourse (including marriage, cohabitation, and sexual activity); and factors affecting the likelihood that

intercourse results in pregnancy and birth (including contraception, infertility, and the occurrence of miscarriage and stillbirth). In addition, a wide variety of social, demographic, and economic characteristics are collected (1,5,6).

Data from the National Vital Statistics System published by NCHS show that about 4 million births occur in the United States each year (7). About 40% of the births in the United States in recent years are to unmarried women. Hispanic and black women have higher birth rates and higher percentages of births to unmarried mothers than non-Hispanic white women (7,8). In addition to the 4 million births, about 1 million miscarriages and stillbirths occur in the United States each year, and about 1.2 million abortions are performed (5,6).

Hispanic and black women have higher birth and pregnancy rates, especially under age 25, than non-Hispanic white women (5,6). For example, in 2005 the pregnancy rate for women aged 15–44 was 84 pregnancies per 1,000 non-Hispanic white women, 146 for Hispanic women (74% higher than the rate for white women), and 139 for black women (65% higher than the rate for white women) (6). The data in this report may yield insights into some of the factors explaining these differences.

The overall pregnancy rate for women 15–44 years of age in recent years is about 100 pregnancies per 1,000 women 15–44 per year (9). In other words, about 10% of women of reproductive age get pregnant in any one year. While about one-half of pregnancies are intended, the other half are unintended, which means that the unintended pregnancy rate is about 50

unintended pregnancies per 1,000 women per year. Recent analysis shows that the unintended pregnancy rate varied from 35 per 1,000 white women to 98 per 1,000 black women and 78 per 1,000 Hispanic women per year (9). Variations in the unintended pregnancy rate by education were equally wide, ranging from 26 per 1,000 for college graduates to 76 per 1,000 for women who did not complete high school (9). Patterns of contraceptive use are closely related to these variations in unintended pregnancy rates, and patterns of contraceptive use may be understood as both a reaction to these rates of unintended pregnancy, and as a factor that helps to explain these differences.

The economic and public health significance of contraception has long been recognized. CDC published a list of “10 great public health achievements in the 20th century” in 1999, and included family planning as one of those achievements, noting that:

... smaller families and longer birth intervals have contributed to the better health of infants, children, and women, and have improved the social and economic role of women (10).

In addition to pregnancy prevention, the transmission of sexually transmitted infections, including HIV, is reduced by the use of the male condom. People who are unmarried and those with more than one partner may more frequently use condoms to protect themselves from these infections (11, Table 61). Public health program planners may use data about trends in condom use to tailor their programs to those at higher risk of these infections.

Researchers have also shown that effective contraceptive use reduces medical costs associated with unintended pregnancy and birth, and prevents the health, social, and economic costs of adverse outcomes for mothers and infants of unintended births, including teenagers and unmarried mothers (12–14). The most effective methods of contraception require visits to a doctor, so use of contraception is also connected with use of health care (15,16). Use of medical

care for birth control and related services will be the subject of a future report.

Because of the importance of contraceptive use in understanding birth rates, population change, and reproductive and infant health in the United States, NCHS has published data over several decades documenting trends in contraceptive use and its variations among subgroups of the population (15–18).

To update previous NCHS reports on contraceptive use patterns and to address the concerns discussed previously, this report shows the first results from the 2006–2008 NSFG on several aspects of contraceptive use:

- The method (if any) that was used at first premarital sexual intercourse.
- The methods women have ever used at some time in their lives.
- Whether a method of contraception was being used at the date of interview (current use).
- Whether those using contraception were using one method or more than one method.
- Reasons why women stopped using particular contraceptive methods.
- Reasons for nonuse of contraception by women who did not use contraception before a recent unintended pregnancy.

This report shows trends since 1982 in several of these measures of contraceptive use, as well as differences among groups by age, race, education, and other characteristics.

Source of the Data

This report is based on the NSFG. The NSFG is designed to collect data from a national sample on factors affecting the formation, growth, and dissolution of families—including marriage, divorce, and cohabitation; contraception, sterilization, and infertility; pregnancy outcomes; and births (1,5,6). The survey supplements and complements the data from the NCHS birth registration system by providing data that help to understand trends and group differences in birth and

pregnancy rates. The NSFG is jointly planned and funded by NCHS and several other programs of the U.S. Department of Health and Human Services (see “[Acknowledgments](#)”).

This report is based on 7,356 interviews with women 15–44 years of age, conducted from about July 1, 2006, through December 2008, and from comparable samples of women interviewed in 1982, 1995, and 2002. (In 1982, 7,969 women were interviewed; in 1995, 10,847 women were interviewed; and in 2002, 7,643 women were interviewed, along with 4,928 men.) The time trend in this report covers the period beginning in 1982, when highly comparable NSFG data on contraceptive use were available for all women regardless of marital status. This report only includes contraceptive use reported by women during heterosexual intercourse—intercourse that carries a risk of pregnancy. Contraceptive use (to prevent sexually transmitted infections) during other forms of sexual activity is outside the scope of the present report. Data on contraceptive use as reported by men were first collected in 2002 and reported in 2006 (19).

Interviewing and data processing for the 2006–2008 NSFG were conducted by the University of Michigan’s Institute for Social Research, under a contract with NCHS. In-person interviews were conducted by trained professional female interviewers in the homes of a national sample of households. Interviewers entered respondents’ answers directly into laptop computers. Interviews for women averaged about 80 minutes in length.

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 was 75%; the response rate for women was 76%. To protect the respondent’s privacy, only one person was interviewed in each selected household. The interview administered to women collected information on her births and pregnancies, marriages and

cohabitations, sterilization operations, contraceptive use, infertility, use of medical care related to birth control, infertility, prenatal care, and social and demographic characteristics.

The continuous NSFG is based on a new design and fieldwork plan in which interviewing is intended to be continuous. The sample is a nationally representative multistage area probability sample drawn from 85 areas across the country. The sample is designed to produce national, not state, estimates. Although the sample design is new, the interviewing procedures are very similar to those used in previous, periodic surveys. Further details about how the survey was conducted were published in a report in September 2009 (1). Additional information on the methods and procedures of the survey is contained in another report (20).

Strengths and Limitations of the Data

The data in this report have several strengths:

- First, the data are drawn from interviews with large national samples that were interviewed in comparable ways in 1982, 1995, 2002, and 2006–2008. The NSFG also has variables that allow us to describe trends by such characteristics as the woman's age, race, education, marital and cohabitation status, and her household's income.
- Second, the data from each survey were processed and coded in ways to make them as comparable as possible so that trends could be measured reliably.
- Third, the interviews in each cycle of the NSFG were conducted in person by female interviewers who received thorough training on the survey.
- Fourth, the response rates for women in the survey were about 80% in 1982, 1995, and 2002, and 76% in 2006–2008.
- Fifth, the survey collected a rich array of data on contraceptive use, including use of contraception at first intercourse after menarche, current use of contraception, current use of dual or back-up methods, and use of specific contraceptives at any time in the woman's life ("ever-use"). All of those measures are used here to give a more complete picture of contraceptive use in the United States.

The present report has the following limitations:

- First, the report is intended to present some basic statistical facts on trends in contraceptive use and method choice in the United States in the last two and a half decades as well as to note differences among some important demographic groups. The report is not intended to be an exhaustive treatment of this very complex subject. It presents descriptive statistics, and it does not attempt to demonstrate cause-and-effect relationships.
- Second, this report presents an overview of contraception across the ages in which 99.8% of births occur (under 45 years of age) (7). This report includes summary data on contraceptive use for teens, but a separate report will present a more detailed look at contraceptive use and sexual activity among teens.
- Third, this report does not present data on contraceptive use for individual states because the NSFG is designed to provide national, not state, data. The NSFG sample would have to be much larger than it is to provide reliable estimates for individual states.

As in any survey, a certain degree of nonsampling error may have occurred in the NSFG—including possible errors of memory, possible misunderstanding of what is being asked, and possible reluctance to report the information being asked for. As noted previously, however, extensive efforts to minimize such error were made in the design and conduct of the survey. In addition,

extensive consistency checking, both during the interview and after the data were received from the interviewer, was implemented to detect such errors, and correct them when possible (1,20).

Measurement of Contraceptive Use

The scope of this report is limited to contraceptive use (as reported by women) during heterosexual vaginal intercourse. Measuring contraceptive use during heterosexual intercourse is one of the central goals of the NSFG because it is a very important factor affecting birth and pregnancy rates and family formation. The NSFG questionnaire for women begins with some questions on demographic background characteristics, and then asks detailed questions on any pregnancies, births, marriages, or cohabitations the woman has had. The questions on contraception are next, and include:

- Whether she has ever used each of 22 methods of contraception at any time in her life (Tables 1 and 2).
- Whether she or her partner used any of these methods the first time she had intercourse after menarche with a male (Table 3).
- What method or methods she is using currently (Tables 4–14).
- Whether she has stopped using a method because of dissatisfaction with the method, and what her reasons were for that dissatisfaction (Table 15).
- For women who did not use contraception before a recent unintended pregnancy, the reasons they did not use a method (Table E).

The specific contraceptive methods discussed here are defined and described in many other sources, including some for health care professionals (21,22) and others for patients (23,24).

Classifying Women by Method Use When They Are Using Two or More Methods

The principal purpose of the classification scheme used in [Tables 4–11](#) is to measure the extent to which women are protected from unintended pregnancy by the contraceptive methods they are using. Therefore, in [Tables 4–11](#), the 8% of women who were currently using more than one method are classified by the most effective method they reported using, because the most effective method has the most influence on their risk of unintended pregnancy. This section defines effectiveness and how it is measured in the NSFG. To take the most common example, if a woman reports that she and her partner are currently using the pill and the condom, in [Tables 4–11](#), she is classified as a pill user, because the pill is more effective—it has a lower failure rate—than the condom. In [Tables 12–14](#), both methods are counted.

The ranking of the effectiveness of methods uses data on failure rates for each method when used by a national sample of users. A failure rate is simply the percentage that has an unintended pregnancy in the first 12 months of using the method. Much of this knowledge is based on analysis of data from previous cycles of the NSFG (21,22). This measure is sometimes called a failure rate during “typical use,” or “use-effectiveness”; it is the best estimate of the likely failure rate for a national cross-section of users. “Perfect use,” which is often measured in clinical trials, is the failure rate obtained when a method is used by a selected sample of participants who are instructed to use the method consistently and correctly; clinical-trial failure rates are usually lower than failure rates in representative national samples, because clinical trial participants usually use the methods more consistently than national samples do (21,22). Two recent sources (21,22) were used to obtain the typical-use failure rates shown in

Table A. Estimates of 1-year typical-use failure rates for selected contraceptive methods: United States, most recent available data

Contraceptive method	Typical use, failure rate (percent)	95% confidence interval	Rank
Female sterilization	Less than 1	NA	Highest (most effective)
Male sterilization	Less than 1	NA	
All methods other than sterilization	12.4	11.2–13.7	
Injectable	6.7	4.3–10.5	
Pill	8.7	7.2–10.5	
Male condom	17.4	14.8–20.5	
Withdrawal	18.4	13.7–24.2	
Periodic abstinence	25.3	16.1–37.5	
Spermicides	29.0	NA	Lowest (least effective)

NA = Standard error is not available.

NOTE: Typical-use failure rate is the percentage having an unintended pregnancy in 12 months of using a contraceptive method. Further details on the rankings and definitions are given in the Definitions of Terms under “Effectiveness of contraceptive methods.”

SOURCE: Reference 21, p. 15, and Reference 22, p. 226.

[Table A](#), as estimated from previous cycles of the NSFG.

In [Tables 4–11](#), if a woman reported that she and her partner had used injectable contraception and the condom in the last month, she was classified as using the injectable, because the injectable has a lower failure rate (7%) than the condom (17%). In [Tables 12–14](#), however, both the injectable use and the condom use would be recorded. In both 2002 and 2006–2008, the questions on contraceptive use asked women directly about methods used for both birth control and prevention of sexually transmitted infections, and use of up to four methods was recorded.

Statistical Analysis

Statistics for this report were produced using SAS software, Version 9.2 (<http://www.sas.com>). Like all survey data, the data in this report are affected by sampling errors. This report shows measures of sampling error (standard errors) for most of the 2006–2008 statistics presented here. The sampling errors were produced with SUDAAN software, which is designed to compute accurate sampling error estimates for complex sample designs like the NSFG (<http://www.rti.org/sudaan>). Standard errors for the data shown in [Tables 10–13](#) are shown in [Appendix Tables I–IV](#).

In simple terms, the standard error is a measure of the variation of a

statistic (such as a percentage) that occurs because the estimate is based upon a sample—in this case, because it is based on a sample of 7,356 women instead of a complete count of the more than 61 million women aged 15–44 in the United States.

The 95% confidence interval is a commonly used measure of the sampling error of a statistic. It means that in 95% of samples of the size and type used here, the estimated percentage would fall in that range. In popular accounts of surveys and polls, it is often called the “margin of error” of the survey. The 95% confidence interval of the percentages shown in this report can be estimated by multiplying the standard error by 2 and adding and subtracting it from the percentage. For example, if a statistic is 20.0% and the standard error is 1.5%, then the 95% confidence interval is 20, plus or minus 3 (1.5 times 2), or a range of 17–23%. In this example, 95% of samples of that type and size would produce estimates between 17% and 23%. The 95% confidence interval is four times as large as the standard error (in this example, $23 - 17 = 6$, which is four times as large as 1.5). When the standard error is smaller, the estimate is said to be more “reliable” or more stable.

All estimates in this report were weighted to reflect the female household population of the United States. (Women 15–44 years of age living on military bases or in institutions were not included in the survey or in this report.)

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. If the difference is significant at the 10% level but not the 5% level, the phrase “the data suggest” is used. Lack of comment regarding the difference between any two statistics does not mean that the difference was tested and found not to be significant.

Looking at tables such as [Tables 1, 4, and 9](#), which contain trend data from several surveys, readers may notice that the standard errors for comparable statistics are somewhat larger in 2006–2008 than they were in the 1995 and 2002 NSFG’s. This issue is discussed further in the “[Technical Notes](#),” but it does not pose a problem in this report or in most analyses of the 2006–2008 NSFG.

Data by race—The classification of race and Hispanic origin in this report follows the most recent OMB guidelines for the reporting of race in the federal statistical system. These guidelines call for classifying persons who report one race separately from those who report two or more. The 7,356 women in the 2006–2008 NSFG included 1,511 Hispanic women, 3,780 white women, 1,381 black women, and 684 women reporting another race or more than one race. The largest subgroup of this “other” group was 269 Asian women. The “other” group or Asians separately, are shown in the tables of this report where sample size is large enough to compute summary statistics with adequate reliability.

To enhance readability, the text of this report uses shortened versions of the labels for race and origin groups. For example, the category “Hispanic or Latino” is usually referred to as “Hispanic,” while “non-Hispanic black or African American, single race” is referred to as “black” in the text; and the category “non-Hispanic white, single race” is referred to as “white.” Women who are “non-Hispanic other,

single race” or “non-Hispanic, multiple race” are included in the totals.

See the “[Definitions of Terms](#)” for definitions of other terms used in this report.

Results

Ever-use of Contraception

Trends in contraceptive use shown in [Table 1](#) are for women 15–44 years of age who had had intercourse at least once (referred to in the text as “sexually experienced”). The percentages shown are the proportions of sexually experienced women who reported that they (or their male partners) have ever used each method of contraception at least once, at some time in their lives.

Note that virtually all sexually experienced women have used some method of contraception: 98% in 1995 and 2002, and 99% in 2006–2008 ([Figure 1](#)). In 2006–2008, about 93% had ever had a partner use the male condom; 82% of women had used the oral contraceptive pill; and 59% had had a partner who used withdrawal. About 1 in 5 women had used the 3-month

injectable or shot, Depo-Provera™ (22%) ([Table 1](#)).

The percentage of women who had ever used emergency contraception at least once increased from 4% in 2002 to 10% in 2006–2008. Similarly, 1% had used the contraceptive patch in 2002, compared with 10% in 2006–2008. The contraceptive ring was first introduced in the United States in 2002; by 2006–2008, 6% had ever used it. A number of newer methods had ever been used by small proportions of women in 2006–2008, including implants (about 1%) and Lunelle™, a 1-month injectable (2%) ([Table 1](#)).

Data on the percentage of women in 2006–2008 who have ever used particular methods by race and Hispanic origin are presented in [Table 2](#). Only 56% of Asian women and 68% of Hispanic or Latina women have ever used the pill compared with 89% of white and 78% of black women. Fourteen percent (14%) of Hispanic women had ever used an IUD compared with 6% of white and black women and 3% of Asian women. In contrast, however, 30% of black women, 26% of Hispanic women, and 19% of white women, have ever used the 3-month injectable contraceptive, Depo-Provera™ ([Figure 2](#)).

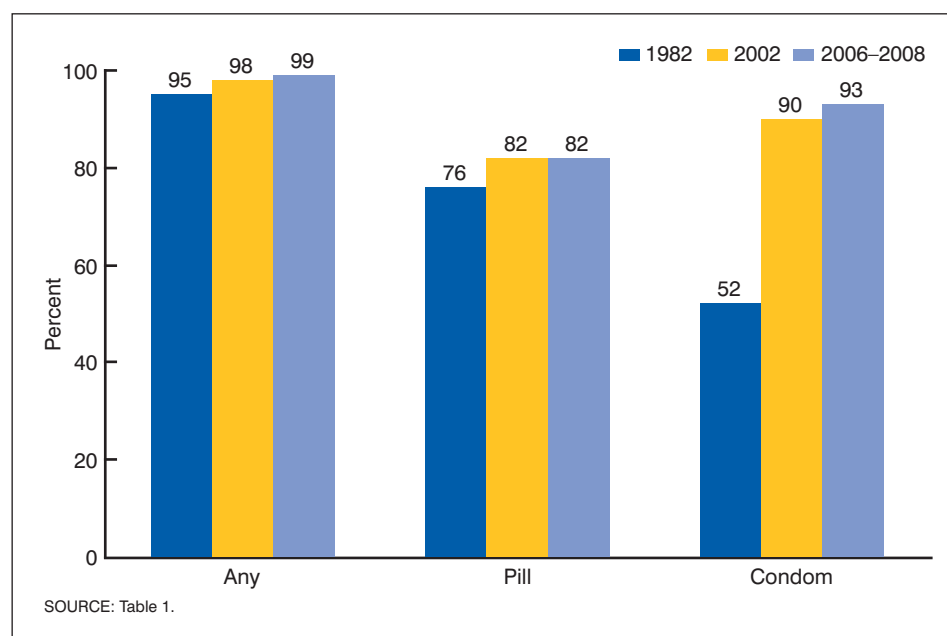


Figure 1. Percentage of sexually experienced women aged 15–44 years who have ever used the specified contraceptive method: United States, 1982, 2002, and 2006–2008

Contraceptive Use at First Premarital Intercourse

Table 3 shows the percentage of women who used (or whose partner used) a method of contraception at her first premarital intercourse after menarche. Use at first premarital intercourse is important because 94% of women 15–44 have had premarital intercourse (25), and first intercourse after menarche marks the beginning of exposure to the risk of nonmarital pregnancy and birth. Teenagers who do not use a method of birth control at first intercourse after menarche are about twice as likely to become teen mothers as teens who do use a method at first intercourse after menarche (26).

The first panel of Table 3 shows the proportion using contraception at first premarital intercourse by the year that the first intercourse occurred as a way to look at trends over the last two decades. Among women whose first premarital intercourse occurred before 1985, 56% used a method; that proportion rose to 76% in 2000–2004 and 84% in 2005–2008 (Figure 3). Much of this increase was due to an increase in condom use, from 34% before 1985 to 72% in 2005–2008.

The second panel of Table 3 shows the proportion using a method by a woman's age at her first premarital intercourse. The largest difference in this panel is that 11% of women who had their first premarital intercourse before age 16 used the pill at first intercourse after menarche, compared with 25% of women whose first intercourse was at age 20 or older.

About 84% of women whose mother had a college education used a method at first premarital intercourse. Among women whose mothers did not finish high school, only 53% used a method at first premarital intercourse. Most of this difference is in condom use (68% compared with 37%) (Table 3).

Finally, 76% of non-Hispanic white women used a method at their first premarital intercourse compared with 65% of black women and 52% of Hispanic women. The lower percentage of Hispanic women using a method at their first intercourse after

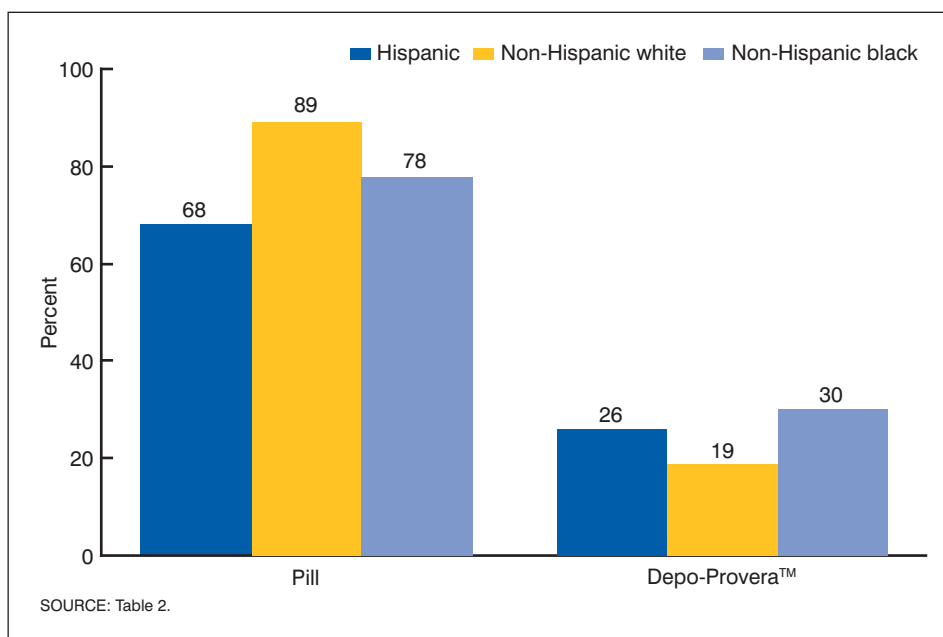


Figure 2. Percentage of sexually experienced women aged 15–44 years who have ever used the specified contraceptive method, by race and Hispanic origin: United States, 2006–2008

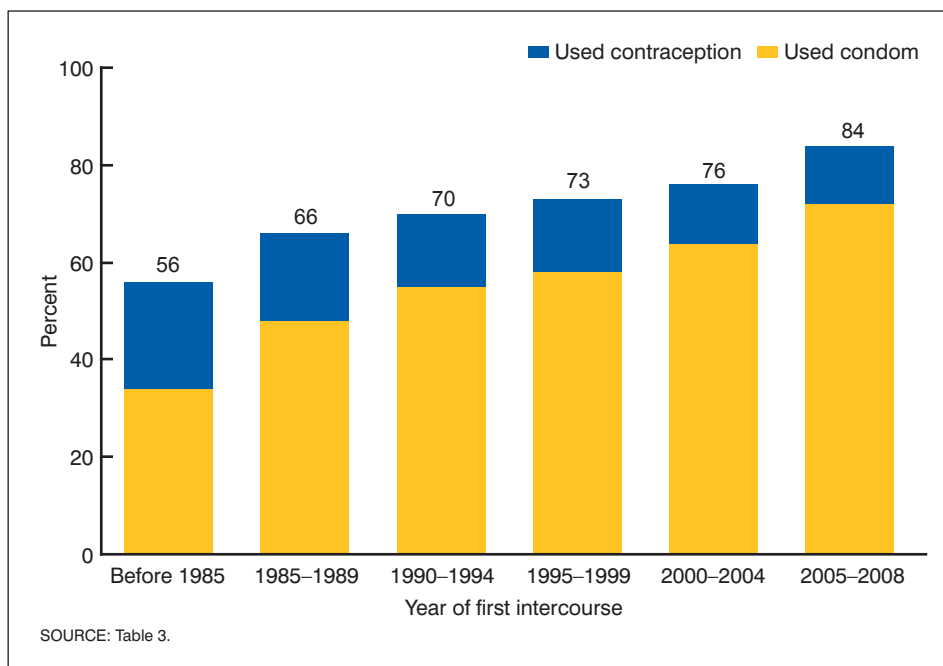


Figure 3. Percentage of women aged 15–44 years who used a method of contraception at their first premarital intercourse: United States, 2006–2008

menarche has been observed for decades (16,26,27).

The bottom panels of Table 3 present trends in use at first premarital intercourse for Hispanic, white, and black women separately, by showing use when first premarital intercourse occurred: before the year 2000 for each group, and then use when first premarital intercourse occurred in 2000

or later. For women whose first premarital intercourse occurred before the year 2000, 73% of white women and 45% of Hispanic women used a method at first premarital intercourse, a difference of 28 percentage points. For women whose first premarital sex occurred in 2000 or later, 85% of white women and 64% of Hispanic women used a method, a difference of

21 percentage points. These figures suggest that the difference, although still large, appears to be narrowing somewhat in recent years.

Current Contraceptive Use

Table 4 shows a third measure of contraceptive use: “current” use, meaning use during the month of interview, in 2006–2008. This measure, published many times before from previous cycles of the NSFG (15–18,28), shows the percentage of women aged 15–44 in each of several categories:

- First, women are classified by whether they were using a method, or not using a method in the month of interview. In 2006–2008, about 62% of these 62 million women were currently using a method of contraception, including male methods such as vasectomy, condom, and withdrawal (Table 4 and Figure 4).
- Those who were currently using a method (“contraceptors”) are shown by the method they are using. In Tables 4–11, those using more than one method are classified by the most effective method they are using. (See “Classifying women by method use when they are using two or more methods”.)
- Those who are **not** using a method in the month they were interviewed in 2006–2008 (38% as shown in Table 4 and Figure 4) were classified by the main reason they were not using contraception, including:
 - 5.4% were currently pregnant or postpartum.
 - 4.1% were trying to become pregnant.
 - 19.2% had never had intercourse, or had not had intercourse in the last 3 months.
 - 0.4% were sterile from surgery (most commonly, hysterectomy).
 - 1.7% were sterile for non-surgical reasons.

In the following statistics, all of these groups of nonusers of contraception are classified as not “at risk of unintended pregnancy.”

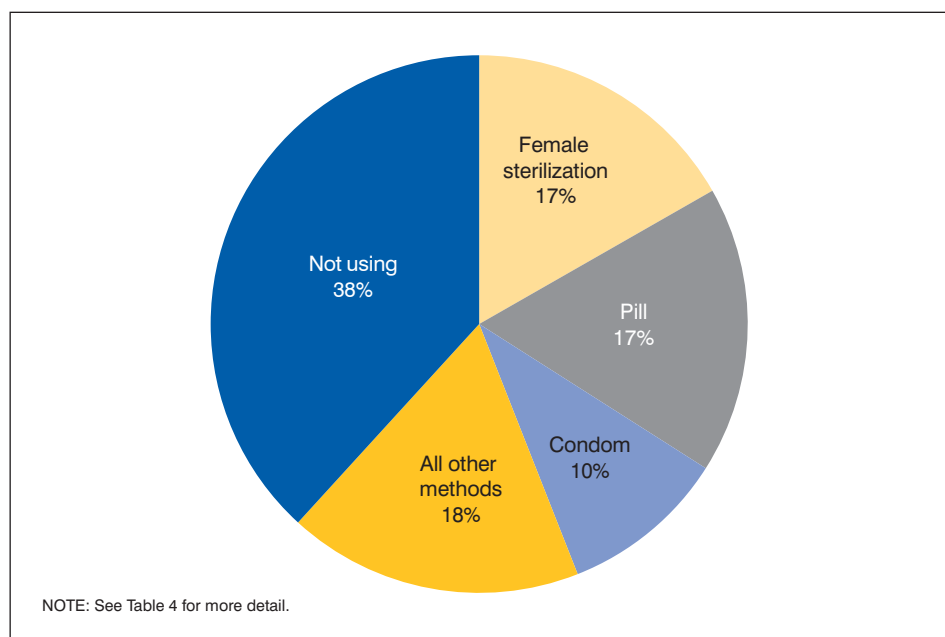


Figure 4. Percent distribution of women aged 15–44 years, by current contraceptive status: United States, 2006–2008

The remaining 7.3% (about 4.5 million women) have had intercourse in the last 3 months but were not currently using contraception. These women may be the most at risk of unintended pregnancy. This proportion was about the same in 2002 and 2006–2008.

Among the 62% of women who were using a method of contraception in 2006–2008, the leading methods currently used were:

- The oral contraceptive pill, used by 17.3%, or 10.7 million women.
- Female sterilization, used by 16.7%, or 10.3 million women.
- Male sterilization (vasectomy), used by the partners of 6.1%, or 3.7 million women.

Estimates of use of the male condom are discussed in the following text.

Current use by age, race and Hispanic origin, and marital status

Tables 5–7 show the percentage of all 62 million women by their “current contraceptive status”—using the same categories as in Table 4, for categories of age, race and Hispanic origin, and marital status.

The percentage using contraception varies by age (Table 5). At age 15–19,

only 28% were currently using contraception, because many have not had intercourse ever, or in the last 3 months. At age 20–24, the proportion using contraception rose to 55% and from 25–44, it was between 64% and 78%.

The leading methods change with age (Table 5). Among women under 30, a higher percentage of women used the pill than any other method. (For example, at age 20–24, 26% were using the pill, much higher than the percent using any other method.) At ages 30–44, the leading method was female sterilization. These patterns are comparable to findings in previous cycles of the NSFG.

The data on current contraceptive use for Hispanic or Latina women, non-Hispanic white, non-Hispanic black or African American, and other women are shown in Table 6. Asian women are shown in the table but not emphasized in the text because their smaller sample size makes their statistics subject to more sampling variation than the other groups. The three largest groups—Hispanic, white, and black—differ in the use of the pill and male and female sterilization. The proportion using female sterilization was 22% for black women, 20% for Hispanic women, and 15% for white women (Figure 5). Male

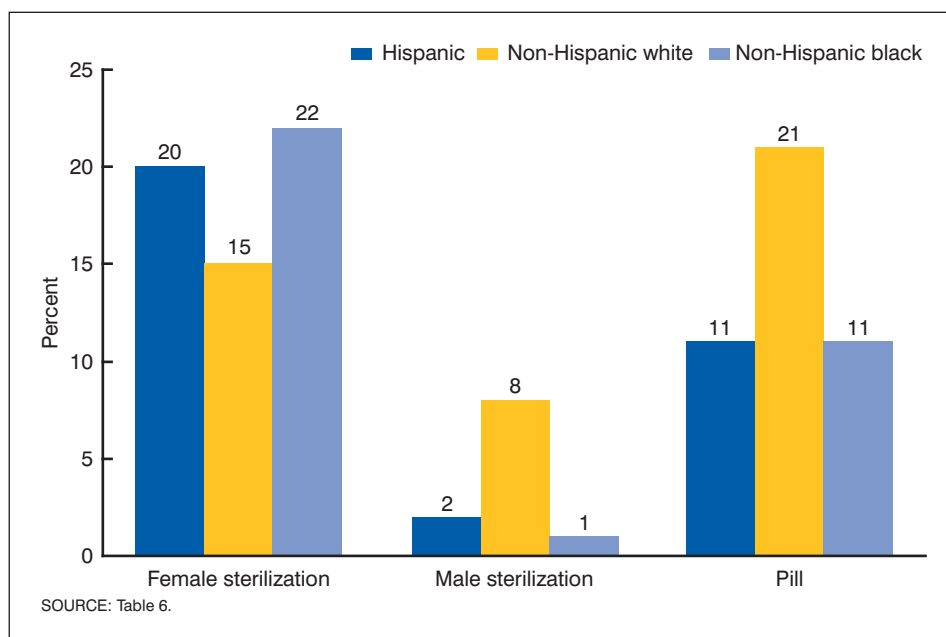


Figure 5. Percentage of women aged 15–44 years using selected contraceptive methods, by race and Hispanic origin: United States, 2006–2008

sterilization was used by 8% of the male partners of white women, but it was used by only 3% of the partners of Hispanic women and 1% of the partners of black women.

Note that the sum of the proportion using male sterilization or female sterilization was 23% for each of these three groups of women. Thus, the proportion of all three groups using sterilization was the same, but they differed in whether they used male or female sterilization.

These groups also differed in use of the pill: 21% of white women used the pill compared with 11% of Hispanic and black women. Asian women differed most from other women in their reliance on their partners to use condoms: about 9% of white, black, and Hispanic women relied on a male partner to use the condom compared with 26% of Asian women.

Table 7 shows the data by marital and cohabitation status:

- Legally married.
- Not married but currently cohabiting (living in a sexual relationship) with a man.
- Formerly married (divorced, separated, or widowed) and not cohabiting.
- Never-married and not cohabitating.

These groups vary in characteristics that affect contraceptive use, such as their age and the number of children they have had. Based on the 2006–2008 NSFG, married women aged 15–44 were 34 years of age on average at the date of the interview, and formerly married women were 36 years of age. Cohabiting women averaged 29 years of age and never married women only 23 years of age. About 80% of never married women had never had a child compared with 20% of currently married women (Table B).

The percentage using contraception varies between never married women and the other marital status groups because 46% of never married women have not had intercourse recently (or ever), while the other groups have much smaller proportions who have not had intercourse in the last 3 months (Table 7). It is sometimes desirable to determine the percentage of all women who are using particular contraceptive methods, as in Table 7. For example,

18% of never married women, 23% of cohabiting women, and 16% of married women, were using the pill in 2006–2008.

Percentage Using A Method Among Those at Risk of Unintended Pregnancy

Table 8 shows the percentage of women using any method of contraception by various characteristics. While it does not show the detailed categories for nonuse that were shown in Tables 4–7, it does show the percentage using (and not using) contraception by more characteristics of the women (for example, education and income). About 62% of all women 15–44 were using contraception in 2006–2008. The proportion is significantly lower for four groups, which are shown in Table 8: teenagers 15–19 years of age, 28%; never married, noncohabiting women (some of whom are teens), 39%; childless (parity 0) women, 44%; and women who intend to have (more) children in the future, 47%.

Since different percentages of these groups have had intercourse recently (or ever), it is often useful, especially when comparing contraceptive use patterns among groups that may differ by marital status or age, to describe the proportion of women using contraception as a percentage of those at risk of unintended pregnancy. One definition of that percentage is shown in Table 8 and discussed in the following text. An alternative definition is described in the “Definitions of Terms.”

As defined in this report (Tables 4–8), at risk of unintended pregnancy includes all women who are not using contraception but who had had intercourse in the last 3 months, plus those who are having intercourse and are using contraception. Those using

Table B. Average age and percentage childless by marital status: United States, 2006–2008

Marital status	Average age	Percent childless
Currently married	34	18.8
Cohabiting	29	35.0
Formerly married	36	16.5
Never married	23	81.2

contraception are “at risk of unintended pregnancy” because there is a risk that their use of the method could fail and result in unintended pregnancy. Women who are “not at risk” are excluded from the denominator. Women are categorized as “not at risk” if

- They were currently pregnant.
- Trying to get pregnant.
- Sterile for health reasons.
- Had never had intercourse.
- Had not had intercourse in the last 3 months.

Note that these categories are shown in [Tables 4–7](#) and that all contraceptive methods, including male and female sterilization, are included as “at risk and using a method” in this classification. For further details on this classification, and an alternative definition, see “[At risk of unintended pregnancy](#)” under “[Definitions of Terms](#)”).

[Table 8](#) shows the percentage of all women and the percentage of women at risk of unintended pregnancy who were using (and for women at risk, not using) a contraceptive method in the month of interview. The percentage of all women using a method was 62%; the percentage of those at risk using a method was 89%. While 28% of all teenagers were using contraception at the date of interview, 81% of teens at risk were using contraception. Looking at childless (parity 0) women, 44% of all childless women were using contraception, but 86% of childless women at risk of unintended pregnancy were using a method.

Still, that means that 14% of childless women who do not want to have children right away and 19% of teens who do not want children right away were not using contraception. Further, there are differences among subgroups by Hispanic origin and race. The percentage of black women at risk of unintended pregnancy who were using contraception was 84% compared with 91% of Hispanic and white women and 92% of Asian women.

Stated another way, 16% of black women, and about 9% of Hispanic, white, and Asian women at risk of unintended pregnancy were not using contraception in 2006–2008 ([Table 8](#) and

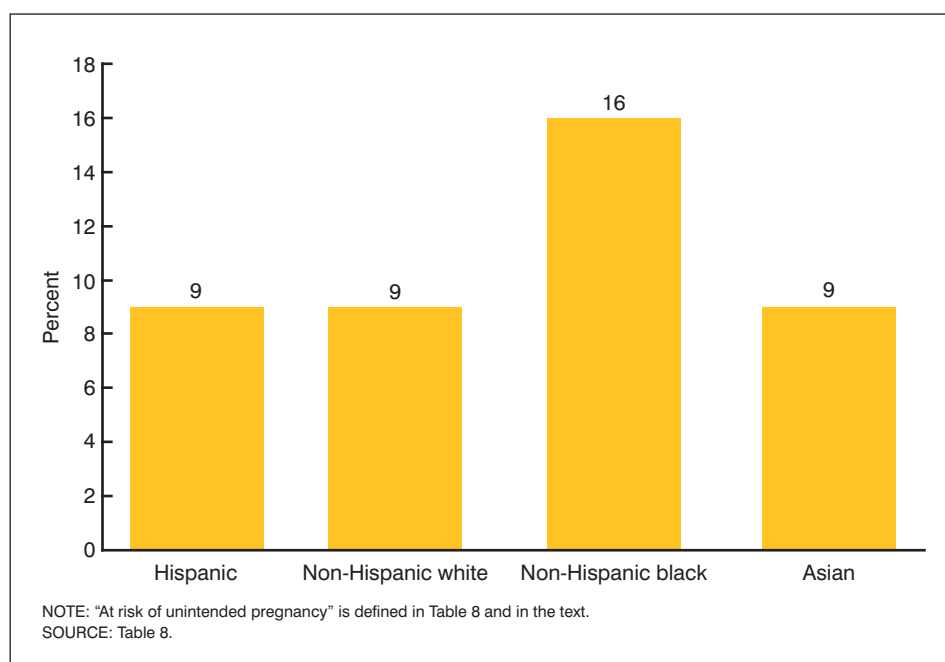


Figure 6. Percentage of women aged 15–44 years at risk of unintended pregnancy who were not using contraception, by Hispanic origin and race: United States, 2006–2008

[Figure 6](#)). This fact may be related to the higher rates of unintended pregnancy among black women compared with non-Hispanic white women (9).

Contraceptors: Trends in Contraceptive Use

[Tables 9–13](#) show similar data as in [Tables 4–7](#), with a different denominator. [Tables 4–7](#) show the percent of all 62 million women 15–44 in 2006–2008 who were using particular contraceptive methods, while [Tables 9–13](#) show the distribution by method of the 38 million women using any method of contraception. They are referred to as tables of “contraceptors.” These tables answer the question: “Of those who are using contraception, what percent are using each method?”

Of the 38.2 million women using a method in 2006–2008, about 27% were using female sterilization, a proportion that has been stable since 1995. The pill accounts for about 28% of contraceptive users; this is also similar to the proportions found in 1982, 1995, and 2002.

But there have been some changes over the last two and a half decades. In 1982, 8% of U.S. contraceptors were using the diaphragm, but by 2006–2008, use of the diaphragm had virtually

disappeared (the NSFG estimate is indistinguishable from zero). In 1982, 7% of contraceptors were using IUD’s; that figure dropped to 1% in 1995 and 2% in 2002, but by 2006–2008, 5.5% of contraceptors (2.1 million women) were currently using IUDs.

[Table 10](#) shows the percentage distribution of current contraceptive users by several characteristics that give some insight into the factors that affect contraceptive choice. The data are shown for both 2002 and 2006–2008 to measure recent trends. (Standard errors for [Table 10](#) are shown in Appendix [Table I.](#))

- The proportion of contraceptors choosing female sterilization increases with age to 50% of contraceptors at age 40–44 years. This occurred in both 2002 and 2006–2008 ([Table 10](#) and [Figure 7](#)).
- Use of the pill declines as age increases: 54% of contraceptors under 20 years were currently using the pill compared with 11% at age 40–44 ([Figure 8](#)).
- Among currently and formerly married women, the leading method was female sterilization; among cohabiting and never married women, the leading method was the pill.

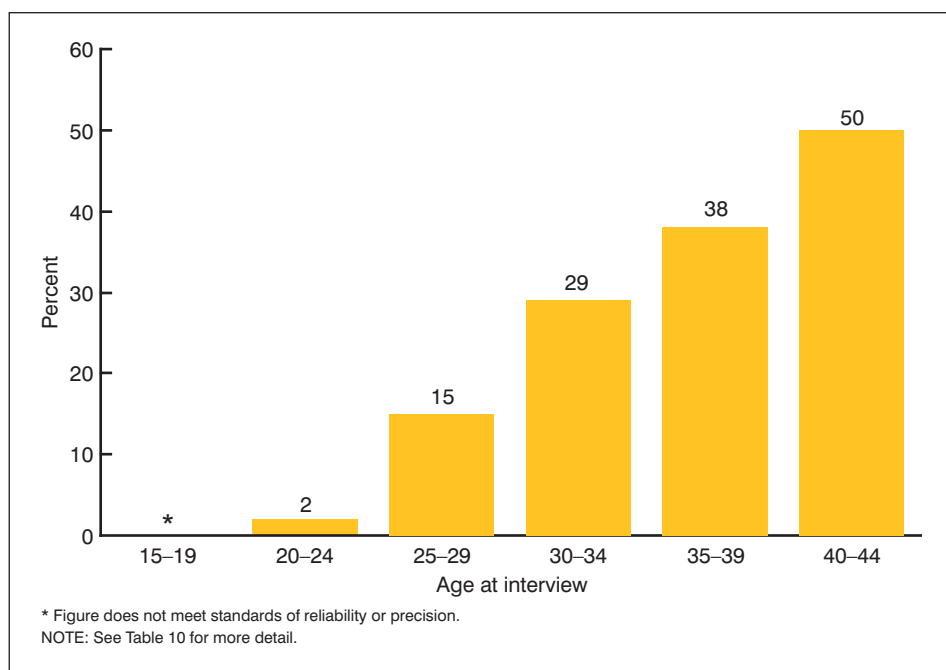


Figure 7. Percentage of contraceptors aged 15–44 years using female sterilization, by age: United States, 2006–2008

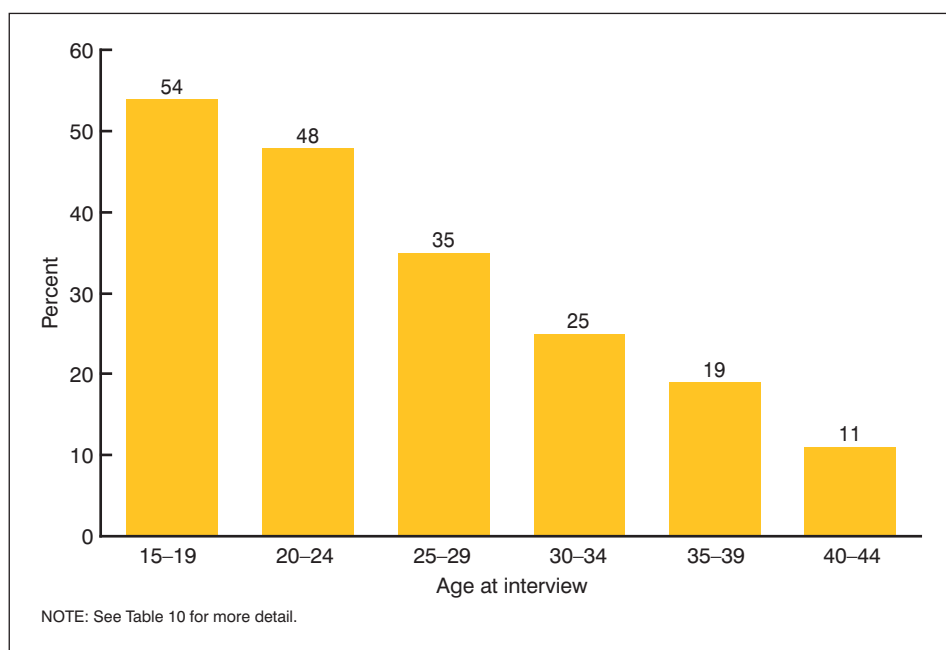


Figure 8. Percentage of contraceptors aged 15–44 years using the pill, by age: United States, 2006–2008

- Among contraceptors with no births, 55% were using the pill compared with just 8% of those with three or more births. Among women with three or more children, 59% were using female sterilization (Figure 9).
- The proportion of contraceptors using the IUD increased from 2% in 2002 to 8% in 2006–2008 among women with one child, and from 3%

to 11% among women with two children (see data by “parity” in Table 10). Smaller increases in IUD use appear to have occurred among currently married, cohabiting, and never married women (Table 10).

Table 11 shows contraceptive users by four additional characteristics of the woman: her education, her household’s

income, whether she intends to have any more births, and her race and Hispanic origin. The data are shown in both 2002 and in 2006–2008, to measure trends within these groups, and to see if the differences between groups have changed. (Standard errors for Table 11 are shown in Appendix Table II.)

- Less-educated women aged 22–44 years were much more likely to rely on female sterilization than those with more education. In 2006–2008, 55% of women who had not finished high school were using female sterilization compared with only 16% of those who had graduated from college (Figure 10 and Table 11). Findings were similar in 2002.
- Use of the pill, in contrast, increased as education increased, from 10% in the lowest education group to 35% of college graduates (Figure 11).
- Women who intend to have children (or more children) in the future are using contraception to space or delay their next birth. Nearly one-half of these women (48%) were using the pill in 2006–2008 and 27% were using the condom.
- In contrast, women who do not intend to have more children rely primarily on female sterilization (44%). An additional 16% rely on male sterilization and 16% on the pill.
- Non-Hispanic white women were less likely to rely on female sterilization, and more likely to rely on male sterilization or the pill compared with Hispanic and black women. This pattern was also found in 1995 and 2002 (15,16).
- IUD use appears to have increased from 2% to 6–7% among the top two education groups and in the top two income groups (Table 11). For example, among contraceptors with a bachelor’s degree or higher, the proportion using the IUD increased from 2% to 6% from 2002 to 2006–2008. The proportion using the IUD increased from 1.5% to 5.9% among women with household incomes of 300% of the poverty level or higher (about \$60,000 for a family of four).

Use of More Than One Contraceptive Method: Dual and Multiple Use

Most women report using at most only one contraceptive method in any given month, but for the 8% of all women who were using two or more methods in the month of interview, [Tables 4–11](#) present only the most effective method they were using. In the 2006–2008 NSFG (as in the 1995 and 2002 surveys), up to four methods of contraception were collected and coded for the month of interview and for each month in the preceding 3–4 years. It was therefore possible to measure the total percentage of women who were using a given method of contraception in these months, even if they were also using another method in that month. When multiple contraceptives are used in the same month, it may occur for any of a number of reasons, such as:

- Two methods are used at the same act of intercourse; for example, the oral contraceptive pill and the male condom may be used at the same act of intercourse—the pill to prevent pregnancy and the condom to prevent sexually transmitted infections.
- One is used as a substitute for another method when the other method is not available. For example, withdrawal may be used as a substitute when the condom is not available.
- When one method is used with one partner and a second method is used with another partner.

Thus, [Tables 4–11](#), discussed previously, show one method per woman because most contraceptive users only use one method at a time, and because the principal goal of that measure was to determine how well women were protected from unplanned pregnancy. In recent years, however, questions have been included in the NSFG that have made it possible to measure dual or multiple use. This was done in part because it has become important to measure how well protected women and men are from HIV and other sexually transmitted infections as well as unplanned pregnancies. And as

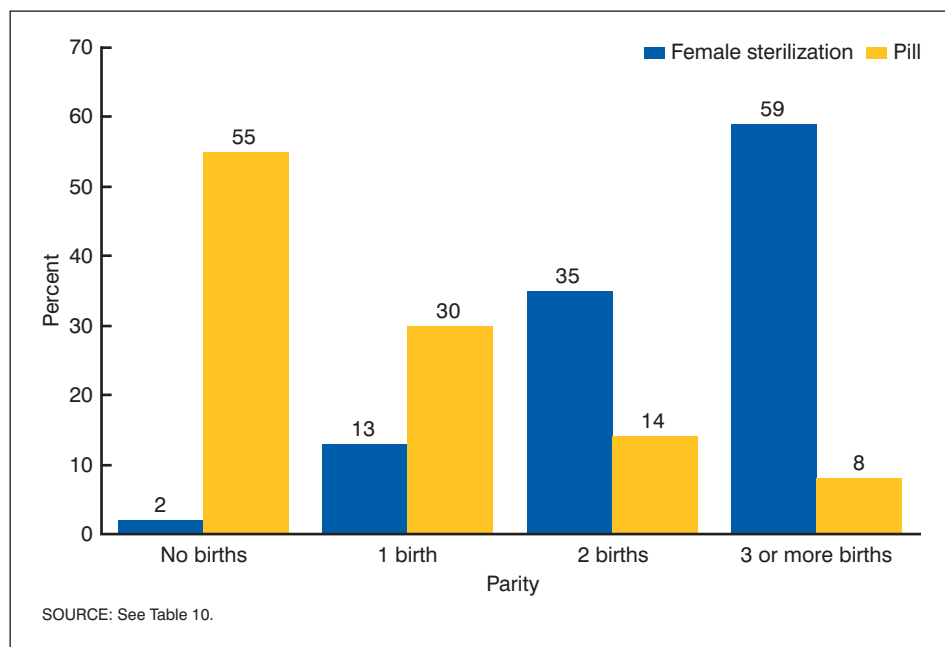


Figure 9. Percentage of contraceptive users aged 15–44 years who were using female sterilization and the pill, by parity: United States, 2006–2008

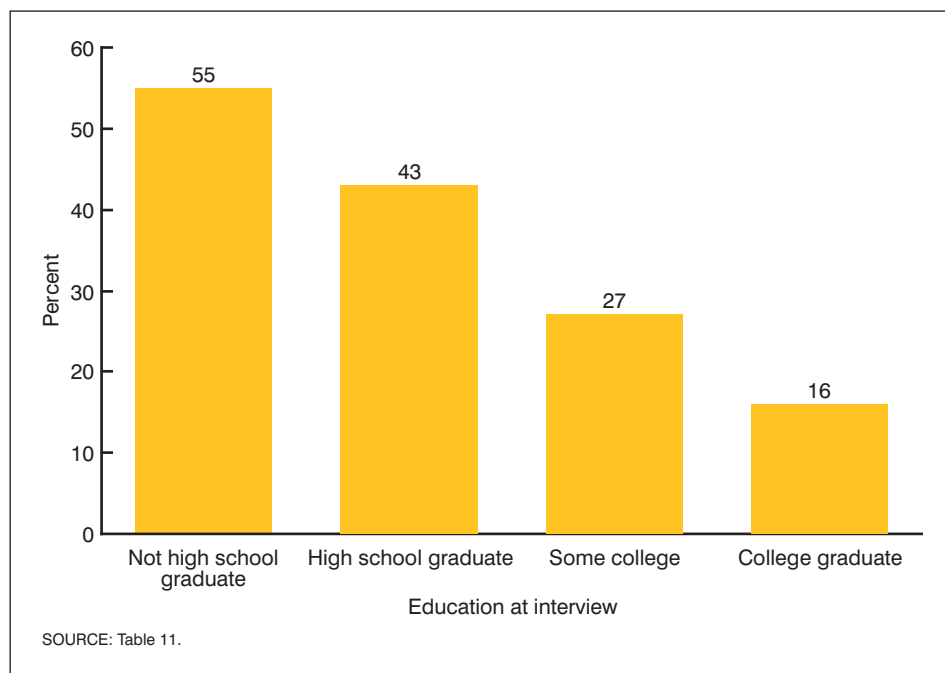


Figure 10. Percentage of contraceptive users aged 22–44 years who were using female sterilization, by education: United States, 2006–2008

shown in the following text, one important question that can be answered with these data is, “How many women’s male partners are currently using the condom?”

The extent of use of more than one current method can be measured directly by tabulating the percentage of women who used more than one method in the month of interview ([Table C](#)).

Thus, as a share of all women, the proportion using two or more methods of contraception in the month of interview was 8% overall and ranged from about 5–11% in the subgroups in [Table C](#). As a share of contraceptive users (women using some method of contraception), about 14% were using more than one method. The proportion

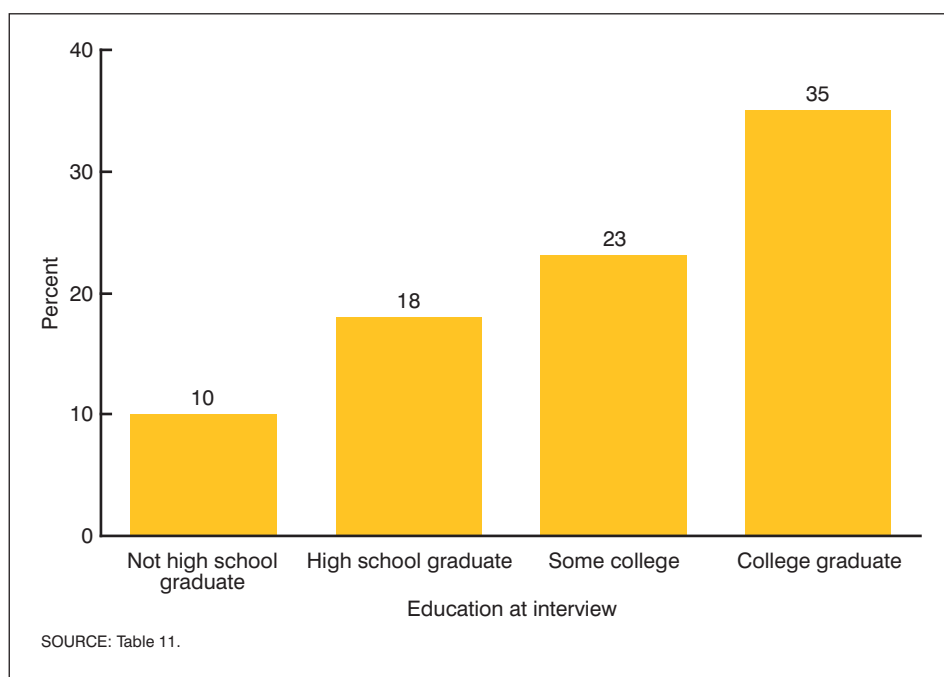


Figure 11. Percentage of contraceptive users aged 22–44 years using the pill, by education: United States, 2006–2008

Table C. Percentage of women using more than one contraceptive method, by marital status, race and Hispanic origin, and age: United States, 2006–2008

Selected characteristic	Percent of all women ¹ using more than one method	Percent of contraceptive users ² using more than one method
Total	8.4	13.5
Marital status		
Currently married	8.0	10.1
Never married	8.0	20.2
Formerly married	8.7	13.4
Cohabiting	11.5	16.0
Hispanic origin and race		
Hispanic	5.2	8.8
Non-Hispanic white, single race	9.2	14.2
Non-Hispanic black, single race	8.9	15.6
Age		
15–24 years	8.3	20.1
25–34 years	10.7	15.9
35–44 years	6.5	8.2

¹Denominator includes current contraceptive users and noncontraceptive users.

²Denominator only includes current contraceptive users.

of *contraceptors* using more than one method was greatest for never married women, black and white women, and 15–34-year-olds. The male condom is the most commonly used second method and is often used to protect the couple from sexually transmitted infections.

Table 12 shows data on use of each method by marital status; Table 13 by

Hispanic origin and race; and Table 14 by age. (Standard errors for Tables 12, 13, and 14 are shown in Appendix Tables III, IV, and V, respectively.)

Looking at the percentages in Table 12, for most methods of contraception, the figures are virtually identical regardless of whether the percentages are in the “most effective method” or the “any use”

column. However, there are at least two noticeable differences, as shown in Table D.

The current contraceptive status code used in Tables 4–8, which shows one method per woman, gives a virtually complete count of current method use for nearly all methods, except two male methods: the (male) condom, which increased from 6.2 to 8.6 million users, or by 2.4 million, when dual or multiple use is accounted for, and withdrawal, which increased from 2.0 to 3.8 million users, when multiple use is accounted for. Thus, the number of current condom users in the United States in 2006–2008 was about 6.2 million using the condom as their most effective (and usually primary) method, but the total number of women whose partner used a condom was about 8.6 million (Table D). Figure 12 and the following data show that accounting for dual or multiple use increases the proportions of women whose partners were using the male condom or withdrawal, particularly for the unmarried.

These findings are useful for future studies of contraceptive use, pregnancy rates, and contraceptive failure rates. For example, if withdrawal is used as a back-up method when a more reliable method is not available, unintended pregnancy may be more likely to result than if the primary method (e.g., the pill) had been used, but less likely than if no method were used. If the male condom is used at the same act of intercourse as the pill, protection from infection is increased. With data such as these, future studies can address how effective such back-up use (of the condom or withdrawal) is.

Among unmarried women, 14.0% were relying on their partner to use a condom, including 8.6% for whom it was their most effective method and 5.4% who were also using another, more effective method of birth control. These percentages are equivalent to 5.3 million and 3.3 million unmarried condom users, respectively (Table 12 and Figure 12).

Table 13 shows similar data by Hispanic origin and race. The proportion of black women relying on the condom as their most effective method was 8.8%, but including condom use along with another method (such as the pill), the

proportion using the condom was 14.8%, an increase of 6.0 percentage points.

At age 15–24 years, the percentage using the condom increases 5.5 percentage points—from 9.9% to 15.4%—when dual use of the condom is counted (Table 14). Among 25–34-year-olds, the proportion using the condom rises from 12.6% to 17.7% when counting dual or multiple use. But at age 35–44 years, this increase is only 1.3 percentage points, from 7.6% to 8.9% when counting dual or multiple use.

Further research on the factors leading to dual and multiple use is possible with these data, and may lead to a better understanding of how women and couples try to manage the risks of both pregnancy and sexually transmitted disease.

Stopping Use of Contraceptive Methods

Table 15 shows another important aspect of contraceptive use: the reasons why women stop using some prominent birth control methods. The table shows:

- The number of women who have ever used four prominent contraceptive methods.
- The percentage of those who discontinued the method because they were dissatisfied with it.
- For those who discontinued a method due to dissatisfaction, the proportion who gave the specific reason for stopping the method. Women were asked: “Some people try a method and then don’t use it again, or stop using it, because they are not satisfied with the method. Did you ever stop using a method because you were not satisfied with it in some way?” If she answered yes, she was asked, “What method or methods did you stop because you were not satisfied?”
- An estimated 45 million women had ever used the pill (Table 15). Of those, 30% (or 13.6 million) had discontinued the pill because they were dissatisfied with it.
- About 12 million women had ever used the 3-month injectable (Depo-Provera™), and 43% of them (5.2 million) had discontinued it.

Table D. Percentage of women whose partners used the condom or withdrawal as most effective method or any use: United States, 2006–2008

Method used	Most effective method	Any use
Male condom	10.0 (6.2 million)	13.9 (8.6 million)
Withdrawal	3.2 (2.0 million)	6.2 (3.8 million)

SOURCE: Table 12.

- About 5.4 million women had ever used the contraceptive patch, and one-half (50% or 2.7 million) had discontinued it.

The percentages that follow are percentages of the 13.6 million who stopped using the pill, the 5.3 million who stopped using the condom, the 5.2 million who stopped using the Depo-Provera™ injectable, and the 2.7 million who stopped using the patch. It should be noted that women could have used and discontinued more than one of these methods.

Table 15 shows percentages of those who discontinued the method for each of the reasons listed. Women could give more than one reason.

Pill

About two out of three (64%, or 8.6 million) of the 13.6 million women who stopped using the pill stopped because of side effects that they attributed to the

pill; in addition, 13% (1.7 million) said they stopped because they were worried about side effects. About 11% stopped because they did not like changes to their menstrual cycle when they used the pill; 10% (1.4 million) stopped because they got pregnant, and 10% stopped because they said the pill was too difficult to use (e.g., too difficult to remember to take it every day). Looking at these results for the pill for Hispanic, white, and black women (Table 15), the overall patterns are similar: the percentages of women who stopped because of side effects and the other main reasons are similar for Hispanic, white, and black women.

Depo-Provera™

For the 3-month injectable, 5.2 million women discontinued the method because they were dissatisfied with it. As with the pill, most women who stopped did so because of side effects

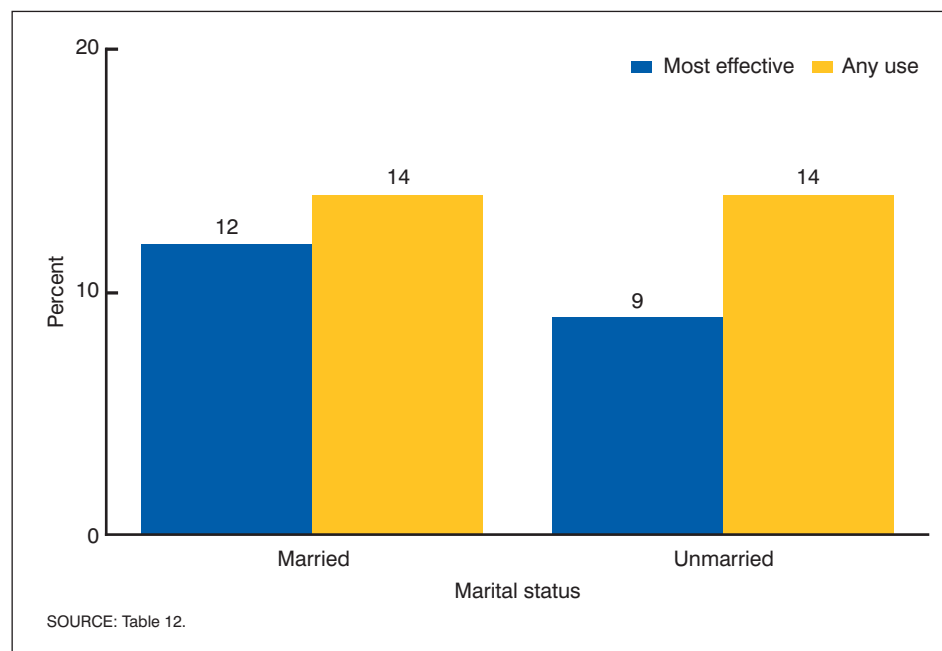


Figure 12. Percentage of women aged 15–44 years whose most effective method of contraception was the condom, and percentage who used the condom with or without another method (“any use”), by marital status: United States, 2006–2008

(76%, or 4.0 million) and one-fourth (26% or 1.3 million) stopped because they didn't like the changes to their menstrual cycles. Very few (2%) stopped because they got pregnant.

Condom

As might be expected, the patterns of reasons for stopping use of the condom are different than for the hormonal methods: the leading reasons for stopping use of the condom were that the partner did not like using condoms (41%, 2.2 million) and that it decreased sexual pleasure (40%, or 2.1 million). The next-most cited reason was that the woman "worried that the method would not work" (23%, or 1.2 million). Only 5.2% stopped using the condom because they got pregnant. None stopped because it was too difficult to obtain.

Reasons for Nonuse of Contraception Leading to Unintended Pregnancy

Women in the NSFG who had had an unintended pregnancy in the 3–4 years before the interview were asked whether she or her partner were using contraception when she became pregnant. If she said that they were not using a method, she was shown a card with a list of frequently cited reasons for nonuse. Those reasons were:

- "You did not expect to have sex."
- "You did not think you could get pregnant."
- "You didn't really mind if you got pregnant."
- "You were worried about the side effects of birth control."
- "Your male partner did not want you to use a birth control method."
- "Your male partner did not want to use a birth control method."

Table E shows the results of this inquiry into the reasons for nonuse of contraception that lead to unintended pregnancy. The statistics in this table are based on 842 women in the NSFG sample, compared with thousands in most other tables in this report, so small differences should be interpreted

Table E. Among women who did not use contraception before a recent unintended birth, percentage and standard error citing each reason for not using contraception: United States, 2006–2008

Reason for not using contraception	Percent	Standard error
Did not expect to have sex	14.1	3.11
Did not think you could get pregnant	43.9	6.14
Didn't really mind if you got pregnant	22.8	4.68
Worried about side effects of birth control	16.2	3.64
Male partner didn't want <u>you</u> to use birth control	7.3	2.07
Male partner didn't want to use birth control	9.6	3.06

NOTE: Percentages add to more than 100 because women were allowed to give more than one reason for nonuse of contraception.

with caution. However, the general pattern is clear: the leading reason given for nonuse of contraception was "You did not think you could get pregnant," cited by 44% of these women who had unintended pregnancies in recent years. About 14% said that they did not expect to have sex, 23% said they "didn't really mind" if they got pregnant, and 16% said they were "worried about the side effects" of birth control methods. The proportions of women citing the other reasons were smaller.

Given these findings—that many women who became pregnant did not think they could get pregnant—further research on factors related to nonuse and inconsistent use of contraception could be useful. A recent report on a national telephone survey suggested some possible explanations of nonuse and inconsistent use of contraception among unmarried males and females 18–29 years of age in the United States (29).

International Comparisons

The persistence of the patterns of contraceptive use in the United States in the last two decades raises questions about whether these patterns are similar to those in other high-income countries with birth rates as low or lower than in the United States. Data on contraceptive use in many countries of the world are compiled and published by the United Nations Population Division (30). Similar compilations are published by the Population Reference Bureau (31,32). In Table F, the data from the United Nations (30) are compared with data from this report for the United States.

The total fertility rate (or TFR) is the average number of births per woman, based on current age-specific birth rates. In the United States in 2005 and 2006, the TFR was about 2.1 children per woman (7,30). Table F shows data for the most recent year available for a number of developed countries that had birth rates (TFRs) as low as or lower than the United States (30–33), from a recent United Nations compilation of data on contraceptive use in many countries of the world. The data in Table F are based on national surveys conducted by government agencies. Results are based on large samples, and are adjusted to national population totals. (Further details are given in Table F and in "Appendix III.") While international comparisons always require caution because of differences in such procedures as sampling methods, data collection procedures, and question wording, some patterns seem clear from these data:

- In several of these countries, the proportion using the pill was much higher than the 16–17% in the United States. For example, the proportion using the pill was over 40% in France, Belgium, the Netherlands, and Portugal, and over 30% in Norway.
- In two of these countries, France and Norway, the proportion using the IUD was over 20% compared with just 5% in the United States in 2006–2008.
- In the United States, 11–13% of married couples were using male sterilization and 22–24% were using female sterilization (a total of 33–35% or about one-third of couples). The proportion using sterilization was 28% in Australia

Table F. Percentage of married couples, and percentage of all women, using each method in selected countries with total fertility rates lower than in the United States

Selected countries	TFR	Any method	Pill	IUD	Condom	Male sterilization	Female sterilization	All other methods ¹
Percent								
Married couples								
United States, 2006–2008	2.1	79	16	5	12	13	24	9
France, 2000	2.0	82	44	22	5	NA	NA	11
Netherlands, 2003	1.8	67	41	4	8	8	4	2
Spain, 2006	1.3	66	17	6	25	8	6	4
United Kingdom 2007–2008	1.8	82	29	6	27	19	9	0
All marital statuses								
United States, 2006–2008	2.1	76	21	4	12	8	21	10
Belgium, 2004	1.7	75	45	10	NA	NA	NA	20
Norway, 2005	2.0	88	31	23	13	0	8	13
Portugal, 2005–2006	1.3	67	45	6	9	0	0	7
Australia, 2001–2002	1.8	71	24	1	15	14	14	¹ 3

¹“All other methods” includes male and female sterilization for countries with NA (meaning “not available”) in the male and female sterilization columns. In the data for Belgium, male condom use is included under “all other methods.”

NOTES: Data for all countries listed are from national surveys in the years indicated. Results are based on large samples and are adjusted to national totals in each country. Further details are shown in the Appendix. For “all marital statuses,” data are limited to women who had sex in the past 3 or 12 months. See Appendix III.

SOURCES: For 2006–2008 U.S. contraception data, see Table 7 of this report. For 2002 U.S. contraceptive data, see Mosher et al., Table 8. For data on Total Fertility Rates (TFR), see Reference 30. For data on contraceptive use in selected countries, see UN Population Division, “Contraceptive Prevalence, 2009,” available from: <http://www.un.org/esa/population/publications/WCU2009/Main.html>.

and the United Kingdom, but use of male and female sterilization as a method of birth control was much less common in the other countries.

- The proportion relying on the male condom was about 25% in Spain and 27% in the United Kingdom, about double the proportion in the United States (12%).

These differences undoubtedly have many causes, including cultural and legal factors, economic conditions, and patterns of health care use and payment; the reader is referred to the references for further discussion (14,29,34,35). But the comparisons do suggest that countries with TFRs as low as or lower than in the United States often use sterilization less than in the United States. These countries also often rely more on the pill, and sometimes on the IUD or condom, than in the United States.

Summary and Discussion

This is the first report of findings from the 2006–2008 National Survey of Family Growth (NSFG). The findings are based on interviews with a national sample of 7,356 women aged 15–44. Future reports based on

the interviews with both men and women will describe many other aspects of fertility and family life in the United States.

Contraceptive use in the United States is virtually universal among women of reproductive age: 99% of all women who had ever had intercourse had ever used at least one contraceptive method in their lifetime (Table 1 and Figure 1. In 2006–2008, 93% (49.5 million) had ever had a partner who used the male condom, 82% (43.8 million) had ever used the oral contraceptive pill, and 59% (31.3 million) had ever had a partner who used withdrawal.

But that does not mean that contraceptive use in the United States is completely consistent or effective. One-half of all pregnancies in the United States are unintended (9), and the average probability of an unintended pregnancy in 12 months of contraceptive use in the United States is 12%, unchanged from 1995 (21). Most pregnancies among contraceptive users are caused by inconsistent or incorrect use, not by a failure of the method itself (22). Further, differences (e.g., by Hispanic origin, race, and income) between groups in the effectiveness of contraceptive use in the United States have been persistent (21).

- The leading current method of contraception in the United States in 2006–2008 was the oral contraceptive pill. It was **currently** being used by 10.7 million women aged 15–44 years. The second leading current method of contraception was female sterilization, used by 10.3 million women. The pill and female sterilization have been the two leading methods in the United States since 1982.
- The typical (most common) pattern of contraceptive use in the United States is to use the condom at first intercourse, the pill to delay the first birth, and female sterilization when the woman has had all the children she wants. But there are wide variations in these patterns by the woman’s education, race and Hispanic origin, and other characteristics.
- Between 2002 and 2006–2008, the percentage of women who had **ever** used emergency contraception rose from 4% to 10% (5.2 million). In addition, the percentage who had ever used the contraceptive patch rose from 1% to 10% (5.3 million) (Table 1).
- Hispanic, black, and Asian women were less likely to have ever used the oral contraceptive pill than non-Hispanic white women. Black

women were more likely than white women to have used the 3-month injectable contraceptive, Depo-Provera™ (Table 2 and Figure 2).

- The proportion of women who used a method of contraception at their first premarital intercourse increased from 56% before 1985, to 76% in 2000–2004 and 84% in 2005–2008 (Figure 3). Most of this increase was due to an increase in use of the male condom at first premarital intercourse, from 34% to 72%.
- About 62% of the 61.9 million women aged 15–44 years were currently using contraception (at the date of interview) in 2006–2008. The other 38% were not using contraception for a variety of reasons. These included women who were “not at risk of unintended pregnancy” because they were currently pregnant or postpartum, trying to become pregnant, sterile for medical (noncontraceptive) reasons, unable to conceive, or had not had intercourse recently or ever (Table 4 and Figure 4).
- The 7.3% of women “at risk of unintended pregnancy” because they had been having intercourse in the last 3 months and were not using contraception are notable because these 4.5 million women account for a large proportion of all unintended pregnancies; the remaining unintended pregnancies occurred to the 38.2 million contraceptive users, primarily because of inconsistent or incorrect contraceptive use (14,21,22,29).
- Non-Hispanic black women were more likely to use female sterilization as a method of contraception than non-Hispanic white women, and less likely to rely on male sterilization than white women (Figure 5). However, considering male and female sterilization together, about the same percentage of white, black, and Hispanic women were using sterilization: 23% of each group.
- Among women at risk of unintended pregnancy (i.e., excluding women who were currently pregnant, trying to get pregnant, or sterile for health reasons), 9% of Hispanic, white, and Asian women were not currently using contraception compared with 16% of at-risk black women (Table 8 and Figure 6). This finding may be related to higher rates of unintended pregnancy among black women than white women (9).
- Some of the tables in this report show data on contraceptive choice among the 38.2 million women 15–44 years of age who were using contraception in 2006–2008 (“contraceptors”). They answered the question, “Of those who are using a method, what percentage is using each method?” These data show that female sterilization is the leading method among those 30–44 years of age (Table 10). By age 40–44 years, 50% of contraceptors were using female sterilization (Figure 7).
- The percentage of contraceptors using the pill in 2006–2008 ranged from 54% at ages 15–19 to 11% of contraceptors at ages 40–44 (Figure 8).
- More than one-half of childless contraceptive users (55%) were currently using the pill in 2006–2008 compared with 8% of contraceptors with three or more children. Conversely, 2% of childless contraceptors and 59% of contraceptors with three or more children were using female sterilization (Figure 9).
- One noteworthy trend between 2002 and 2006–2008 was an increase in IUD use among women with one or two children. IUD use increased from 2% to 8% among contraceptors with one child, and from 3% to 11% of contraceptors with two children (Table 10).
- The proportion of contraceptors 22–44 years of age who chose female sterilization as a method of birth control varied by education. Female sterilization was used by 55% of contraceptive users without a high school diploma in 2006–2008 compared with just 16% of contraceptors with a 4-year college degree (Figure 10).
- While contraceptors with less education tend to rely on female sterilization, contraceptors with more

education tend to rely on the oral contraceptive pill: just 10% of contraceptors without a high school diploma used the pill in 2006–2008 compared with 35% of contraceptors with a 4-year college degree (Figure 11).

- This report also shows the extent of use of the condom with other methods of birth control. About 9% of unmarried women had a partner who was using male condoms as their most effective method of contraception in 2006–2008, but another 5% were using condoms along with a more effective method—such as the pill or Depo-Provera™—so a total of 14% were using the condom. Among married women, however, this kind of combination use was much less common (Figure 12).
- Among women who stopped using the pill, injectable, and patch, most stopped because of side effects that they attributed to the method. A variety of other reasons were also offered. Among those who stopped using the condom, the leading reasons for stopping were that the woman’s male partner did not like it, it decreased the woman’s sexual pleasure, and fear that the method would not work (Table 15).
- The international comparisons shown in Table F show that in some European countries with lower birth and abortion rates than in the United States (30–33), there is greater reliance on the pill and IUD and lower use of sterilization. However, the data do not show the specific causes of those differences.

The explanation of the patterns of contraceptive use in the United States and internationally is beyond the scope of this report, but these observations and the references cited here (14,29,33–35) suggest that further research may yield insights that could improve contraceptive method choice and use in the United States in the years ahead, particularly for those groups in which rates of unintended pregnancy are especially high.

References

1. Groves RM, Mosher WD, Lepkowski JM, Kirgis NM. Planning and development of the continuous National Survey of Family Growth. National Center for Health Statistics. *Vital Health Stat* 1(48). 2009.
2. Westoff CF. The yield of the imperfect: The National Fertility Study. *Demography* 12(4):573–80. 1975.
3. Report of the Commission on Population Growth and the American Future. New York: Signet. 1972.
4. U.S. National Committee on Vital and Health Statistics. Statistics needed for national policies related to fertility. National Center for Health Statistics. *Vital Health Stat* 4(18). 1978.
5. Ventura SJ, Mosher WD, Curtin SA, Abma JC, Henshaw S. Trends in pregnancies and pregnancy rates by outcome: Estimates for the United States, 1976–96. National Center for Health Statistics. *Vital Health Stat* 21(56). 2000.
6. Ventura SJ, Abma JC, Mosher WD, Henshaw SK. Estimated pregnancy rates for the United States, 1990–2005: An update. National Vital Statistics Reports; vol 58, no 4. Hyattsville, MD: National Center for Health Statistics. 2009.
7. Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Kirmeyer S, Mathews TJ. Births: Final data for 2006. National Vital Statistics Reports; vol 57, no 7. Hyattsville, MD: National Center for Health Statistics. 2009.
8. Ventura SJ. Changing patterns of nonmarital childbearing in the United States. NCHS data brief, no 18. Hyattsville, MD: National Center for Health Statistics. 2009.
9. Finer L, Henshaw SK. Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. *Perspect Sexual Reprod Health* 38(2):90–6. 2006.
10. CDC. Achievements in public health, 1900–99: Family Planning. *MMWR* 48(47):1073–80. 1999.
11. 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.
12. Brown SS, Eisenberg MR. The best intentions: Unintended pregnancy and the well-being of children and families. Washington, DC: National Academy Press. 1995.
13. Trussell J. The cost of unintended pregnancy in the United States. *Contraception* 75:168–70. 2007.
14. Trussell J. Reducing unintended pregnancy in the United States. *Contraception* 77:1–5. 2008.
15. Abma JC, Chandra A, Mosher WD, Peterson LS, Piccinino LJ. Fertility, family planning, and women's health: New data from the 1995 National Survey of Family Growth. National Center for Health Statistics. *Vital Health Stat* 23(19). 1997.
16. Mosher WD, Martinez GM, Chandra A, Abma JC, Willson SJ. 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, Maryland: National Center for Health Statistics. 2004.
17. Mosher WD, Westoff CF. Trends in contraceptive practice: United States, 1965–1976. National Center for Health Statistics. *Vital Health Stat* 23(10). 1982.
18. Mosher W, Bachrach C. Contraceptive use: United States, 1982. National Center for Health Statistics. *Vital Health Stat* 23(12). 1986. Available from: <http://www.cdc.gov/nchs/nsfg.htm>. 1986.
19. Martinez GM, Chandra A, Abma JC, Jones J, Mosher W. 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.
20. Lepkowski JM, Mosher WD, Davis KE, Groves RM, Van Hoewyk J. 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.
21. 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.
22. Hatcher RA, Trussell J, Stewart F, et al. Contraceptive technology, 18th Revised Edition. New York: Ardent media. Chapter 9, “The Essentials of Contraception,” and table 9–2. 2004.
23. Hatcher, RA. Contraceptive choices. Dawsonville, GA: Bridging the gap communications. 2003.
24. American College of Obstetricians and Gynecologists. Birth control: A woman's choice. Washington, DC. 2003.
25. Finer LB. Trends in premarital sex in the United States, 1954–2003. *Public Health Rep* 112(1):73–8. 2007.
26. Abma JC, et al. Teenagers in the United States: Sexual activity, contraceptive use, and childbearing, 2002. National Center for Health Statistics. *Vital Health Stat* 23(24). 2004.
27. Mosher WD, McNally JW. Contraceptive use at first premarital intercourse: United States, 1965–1988. *Fam Plann Perspect* 23(3):108–16. 1991.
28. Piccinino LJ, Mosher WD. Trends in contraceptive use in the United States: 1982–1995. *Fam Plann Perspect* 30(1):4–11, 46. 1998.
29. National campaign to prevent teen and unplanned pregnancy. The fog zone: How misperceptions, magical thinking, and ambivalence put young adults at risk for unplanned pregnancy. Washington, DC. 2009. Available from: <http://www.thenationalcampaign.org/fogzone/>.
30. United Nations, Department of Economic and Social Affairs, Population Division. World contraceptive use. 2009. Available from: <http://www.un.org/esa/population/publications/WCU2009/Main.html>.
31. Population Reference Bureau. 2009 World population data sheet. Washington, DC. 2009. Available from: <http://www.prb.org>.
32. Population Reference Bureau. Family planning worldwide: 2008 data sheet. Washington, DC. 2008. Available from: <http://www.prb.org/Publications/Datasheets/2008/familyplanningworldwide.aspx>.
33. Sedgh G, Henshaw S, Singh S, Bankole A, Drescher J. Legal abortion worldwide: Incidence and recent trends. *Int Fam Plan Perspect* 35(3):106–16. 2007.
34. Nelson AL. Editorial: Buyer beware. *Contraception* 80(6): 495–6. 2009.
35. Grimes DA. Forgettable contraception. *Contraception* 80(6):497–9. 2009.
36. U.S. Census Bureau. Statistical abstract of the United States: 2009. 128th Edition. Washington, DC. Tables 222, 223, 262, 569, 602, 669, 689, 699. 2009.
37. Mosher W, Deang L, Bramlett M. Community environment and women's health outcomes: Contextual data. National Center for Health Statistics. *Vital Health Stat* 23(23). 2003.

Table 1. Number of women aged 15–44 years who have ever had sexual intercourse and percentage who have ever used the specified contraceptive method: United States, 1982, 1995, 2002, and 2006–2008

Method	1982	1995	2002	2006–2008
Number in thousands				
All women.	46,684	53,800	54,190	53,240
Percent (standard error) who have ever used specified method				
Any method.	94.8 (0.4)	98.2 (0.2)	98.2 (0.2)	99.1 (0.2)
Female sterilization	22.3 (0.8)	23.4 (0.5)	20.7 (0.7)	19.9 (1.1)
Male sterilization.	10.1 (0.6)	14.6 (0.4)	13.0 (0.7)	13.4 (0.8)
Pill	76.3 (0.8)	82.2 (0.5)	82.3 (0.6)	82.3 (1.1)
Norplant™ or Implanon™ implant	---	2.1 (0.2)	2.1 (0.2)	1.4 (0.3)
1-month injectable (Lunelle™)	---	---	0.9 (0.1)	1.9 (0.5)
3-month injectable (Depo-Provera™)	---	4.5 (0.2)	16.8 (0.8)	22.2 (1.1)
Emergency contraception	---	0.8 (0.1)	4.2 (0.3)	9.7 (0.7)
Contraceptive patch.	---	---	0.9 (0.1)	10.0 (0.7)
Contraceptive ring	---	---	---	6.3 (0.6)
Today™ sponge	---	12.0 (0.4)	7.3 (0.4)	4.7 (0.5)
Intrauterine device (IUD)	18.4 (0.8)	10.0 (0.4)	5.8 (0.4)	7.4 (0.7)
Diaphragm	17.1 (0.8)	15.2 (0.5)	8.5 (0.5)	3.1 (0.4)
Condom	51.8 (1.0)	82.0 (0.5)	89.7 (0.6)	93.0 (0.6)
Female condom	---	1.2 (0.1)	1.9 (0.2)	1.9 (0.3)
Periodic abstinence—calendar rhythm	17.0 (0.8)	24.3 (0.5)	16.2 (0.6)	19.4 (1.1)
Periodic abstinence—natural family planning	2.3 (0.3)	4.2 (0.3)	3.5 (0.3)	4.6 (0.5)
Withdrawal	24.5 (0.8)	40.6 (0.6)	56.1 (1.0)	58.8 (1.4)
Foam alone.	24.9 (0.8)	18.3 (0.5)	12.1 (0.4)	6.6 (0.5)
Jelly or cream alone	5.8 (0.4)	9.1 (0.3)	7.3 (0.4)	4.7 (0.6)
Suppository or insert	9.7 (0.6)	10.6 (0.3)	7.5 (0.5)	3.4 (0.4)
Other methods ¹	9.3 (0.6)	0.3 (0.1)	1.0 (0.1)	0.8 (0.2)

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

¹Includes 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 women aged 15–44 years who have ever had sexual intercourse and percentage who have ever used the specified contraceptive method, by race and Hispanic origin: United States, 2006–2008

Method	Hispanic	Non-Hispanic			
		White, single race	Black or African American, single race	Other single race or multiple race	
				Total	Asian, single race
Number in thousands					
All women.	9,169	32,152	7,309	4,611	2,094
Percent (standard error) who have ever used specified method					
Any method.	97.2 (1.0)	99.7 (0.1)	99.0 (0.5)	98.5 (0.4)	98.6 (0.7)
Female sterilization	23.1 (2.9)	17.7 (1.3)	25.8 (2.1)	18.8 (4.7)	13.9 (7.6)
Male sterilization.	6.6 (1.2)	18.1 (1.0)	4.8 (1.1)	8.6 (2.6)	5.4 (3.0)
Pill	68.2 (1.9)	88.8 (0.9)	78.4 (2.1)	71.3 (4.1)	56.4 (6.8)
Norplant™ or Implanon™ implant	0.8 (0.3)	1.4 (0.4)	1.7 (0.5)	2.1 (0.9)	*
1-month injectable (Lunelle™)	7.4 (2.0)	0.7 (0.2)	0.6 (0.2)	1.6 (1.0)	*
3-month injectable (Depo-Provera™)	26.2 (2.4)	19.0 (1.2)	29.5 (1.8)	25.3 (4.4)	16.6 (7.3)
Emergency contraception	11.0 (1.3)	9.8 (0.9)	6.5 (0.9)	11.7 (2.8)	14.2 (4.8)
Contraceptive patch.	9.6 (2.0)	9.2 (0.8)	14.4 (1.5)	8.9 (2.2)	4.4 (2.2)
Contraceptive ring	5.0 (1.1)	6.7 (0.8)	6.5 (1.1)	5.7 (2.2)	8.6 (4.6)
Today™ sponge	1.4 (0.4)	6.5 (0.7)	2.4 (0.5)	2.2 (1.1)	—
Intrauterine device (IUD).	14.0 (1.2)	6.3 (1.0)	5.5 (1.2)	5.0 (1.4)	2.6 (0.9)
Diaphragm	1.6 (0.6)	3.7 (0.5)	2.5 (0.5)	3.1 (1.3)	4.0 (2.4)
Condom	80.5 (1.9)	96.4 (0.6)	94.9 (1.4)	90.7 (2.3)	89.4 (3.0)
Female condom	2.1 (0.7)	1.1 (0.3)	4.8 (1.0)	2.4 (1.3)	*
Periodic abstinence—calendar rhythm	16.6 (1.6)	19.3 (1.5)	18.2 (1.5)	28.2 (4.7)	42.1 (7.4)
Periodic abstinence—natural family planning	3.4 (0.9)	4.5 (0.6)	2.5 (0.6)	10.5 (4.0)	17.6 (7.8)
Withdrawal	52.6 (2.2)	62.0 (2.0)	56.7 (2.4)	51.8 (5.1)	49.6 (6.3)
Foam alone.	3.4 (0.6)	7.8 (0.7)	8.0 (1.1)	3.0 (1.1)	*
Jelly or cream alone	2.3 (0.7)	5.7 (0.8)	5.2 (1.2)	1.8 (0.8)	*
Suppository or insert	2.7 (0.6)	3.5 (0.5)	4.8 (1.0)	2.3 (1.4)	*
Other methods ¹	*	1.1 (0.3)	*	*	*

* Figure does not meet standard of reliability or precision.

— Quantity zero.

¹Includes the cervical cap and other methods.

Table 3. Number of women aged 15–44 years whose first premarital sexual intercourse was after menarche, and percentage who used the specified contraceptive method at first intercourse, by selected characteristics: United States, 2006–2008

Characteristic	Number in thousands	Used any method	Pill	Condom	Withdrawal	All other methods
Percent (standard error)						
All women ¹	47,145	69.7 (1.21)	18.0 (0.88)	53.6 (1.26)	6.3 (0.60)	3.0 (0.35)
Year of first sexual intercourse after menarche						
2005–2008	4,615	84.1 (2.66)	19.2 (2.43)	71.5 (3.84)	9.0 (1.88)	6.9 (2.00)
2000–2004	8,461	75.8 (2.21)	20.2 (1.90)	63.5 (2.46)	3.0 (0.64)	3.5 (0.74)
1995–1999	8,051	72.5 (2.12)	20.3 (2.08)	58.0 (2.46)	5.9 (1.01)	2.2 (0.56)
1990–1994	8,615	69.7 (2.67)	17.9 (1.88)	54.8 (2.48)	5.2 (1.09)	2.9 (0.69)
1985–1989	9,504	66.0 (2.82)	15.1 (1.76)	47.5 (3.00)	7.5 (1.62)	2.5 (0.94)
Before 1985	7,899	56.3 (2.73)	16.4 (2.01)	34.0 (2.73)	8.6 (1.43)	1.9 (0.58)
Age at first sexual intercourse after menarche						
Under 16 years	12,880	63.9 (1.93)	10.7 (1.24)	51.5 (2.02)	6.6 (1.14)	2.9 (0.56)
16–17 years	16,673	69.8 (1.57)	17.8 (1.64)	57.0 (1.95)	4.8 (0.57)	2.1 (0.40)
18–19 years	10,460	74.8 (2.24)	22.5 (1.82)	53.5 (2.55)	8.3 (1.35)	4.3 (1.04)
20 years or older	7,132	72.3 (3.82)	25.1 (2.86)	49.6 (3.57)	6.6 (1.82)	3.4 (1.07)
Mother's education ²						
No high school diploma or GED	10,883	52.8 (3.20)	13.1 (2.05)	37.1 (2.62)	5.7 (1.11)	2.9 (0.61)
High school diploma or GED	15,988	69.3 (1.67)	17.8 (1.23)	53.0 (1.76)	7.0 (1.02)	3.1 (0.71)
Some college, no bachelor's degree	10,759	75.5 (2.04)	22.5 (1.81)	59.4 (2.87)	5.8 (1.06)	2.6 (0.66)
Bachelor's degree or higher	9,213	83.9 (1.84)	19.3 (2.03)	67.8 (2.49)	6.3 (0.88)	3.6 (0.94)
Race and Hispanic origin						
Hispanic	7,541	51.5 (3.31)	10.6 (1.61)	37.9 (2.74)	6.0 (1.08)	1.7 (0.50)
Non-Hispanic:						
White, single race	29,011	76.4 (1.34)	20.2 (1.10)	59.3 (1.64)	6.8 (0.80)	3.1 (0.51)
Black, single race	6,762	64.8 (1.80)	20.9 (2.08)	49.3 (2.12)	5.6 (1.12)	2.1 (0.35)
All other single race and multiple race	3,830	63.0 (6.55)	11.3 (2.00)	48.7 (6.92)	4.8 (1.50)	6.3 (1.59)
Year of first sexual intercourse after menarche and race and Hispanic origin						
First sexual intercourse after menarche before 2000:						
Hispanic	34,069	66.2 (1.45)	17.3 (1.05)	48.7 (1.44)	6.8 (0.71)	2.4 (0.33)
Non-Hispanic:	5,013	45.4 (3.59)	9.4 (2.06)	30.6 (2.81)	5.9 (1.42)	1.9 (0.87)
White, single race	21,490	73.4 (1.57)	18.5 (1.22)	55.4 (1.79)	7.5 (0.94)	2.3 (0.39)
Black, single race	4,876	61.0 (2.14)	23.8 (2.60)	41.7 (2.48)	6.5 (1.31)	1.5 (0.42)
First sexual intercourse after menarche in 2000 and later:						
Hispanic	13,076	78.7 (1.53)	19.9 (1.36)	66.3 (1.98)	5.1 (0.80)	4.7 (0.90)
Non-Hispanic:	2,528	63.6 (3.67)	13.1 (2.29)	52.3 (3.55)	6.2 (1.80)	1.1 (0.59)
White, single race	7,521	85.0 (1.90)	24.8 (2.19)	70.3 (2.62)	5.0 (1.02)	5.6 (1.40)
Black, single race	1,887	74.5 (3.52)	13.2 (2.97)	68.9 (3.66)	3.1 (1.76)	3.8 (0.88)

¹Includes women with missing information on date of first sex after menarche, with no mother or mother-figure, and whose mother-figures had no biological children.²GED is General Educational Development high school equivalency diploma.

Table 4. Number of women aged 15–44 years and percent distribution by current contraceptive status and method: United States, 1982–2008

Contraceptive status and method	Year of survey			
	1982	1995	2002	2006–2008
	Number in thousands			
All women	54,099	60,201	61,561	61,864
	Percent distribution (standard error)			
Total	100.0	100.0	100.0	100.0
Using contraception (contraceptors)	55.7 (1.0)	64.2 (0.6)	61.9 (0.8)	61.8 (1.2)
Female sterilization	12.9 (0.6)	17.8 (0.4)	16.7 (0.6)	16.7 (1.0)
Male sterilization	6.1 (0.4)	7.0 (0.3)	5.7 (0.4)	6.1 (0.5)
Pill	15.6 (0.8)	17.3 (0.4)	18.9 (0.7)	17.3 (0.8)
Implant, Lunelle™, or patch ¹	---	0.9 (0.1)	0.8 (0.1)	0.7 (0.1)
3-month injectable (Depo-Provera™)	---	1.9 (0.1)	3.3 (0.3)	2.0 (0.2)
Contraceptive ring	---	---	---	1.5 (0.2)
Intrauterine device (IUD)	4.0 (0.4)	0.5 (0.1)	1.3 (0.2)	3.4 (0.5)
Diaphragm	4.5 (0.4)	1.2 (0.1)	0.2 (0.1)	*
Condom	6.7 (0.6)	13.1 (0.4)	11.1 (0.5)	10.0 (0.6)
Periodic abstinence—calendar rhythm	1.8 (0.3)	1.3 (0.1)	0.7 (0.1)	0.5 (0.1)
Periodic abstinence—natural family planning	0.3 (0.3)	0.2 (0.1)	0.2 (0.1)	0.1 (0.1)
Withdrawal	1.1 (0.3)	2.0 (0.2)	2.5 (0.3)	3.2 (0.3)
Other methods ²	2.7 (0.3)	1.1 (0.1)	0.6 (0.1)	0.2 (0.1)
Not using contraception	44.3 (1.0)	35.8 (0.6)	38.1 (0.8)	38.2 (1.2)
Surgically sterile—female (noncontraceptive)	6.3 (0.4)	3.0 (0.2)	1.5 (0.2)	0.4 (0.1)
Nonsurgically sterile—female or male	1.2 (0.3)	1.7 (0.2)	1.6 (0.2)	1.7 (0.3)
Pregnant or postpartum	5.0 (0.3)	4.6 (0.3)	5.3 (0.4)	5.4 (0.4)
Seeking pregnancy	4.2 (0.4)	4.0 (0.2)	4.2 (0.3)	4.1 (0.3)
Other nonuse:				
Never had intercourse or no intercourse in 3 months before interview	19.5 (0.8)	17.1 (0.5)	18.1 (0.7)	19.2 (1.2)
Had intercourse in 3 months before interview	7.4 (0.4)	5.2 (0.2)	7.4 (0.4)	7.3 (0.6)
All other nonuse ³	0.7 (0.3)	0.2 (0.0)	0.0 (0.0)	*

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

* Figure does not meet standard of reliability or precision.

0.0 Quantity greater than 0 but less than 0.05.

¹1995 percentage only includes Norplant™ implant.

²Includes emergency contraception, female condom or vaginal pouch, foam, cervical cap, Today™ sponge, suppository or insert, jelly or cream (without diaphragm), and other methods.

³Includes male sterility of unknown origin and other small groups, not shown separately.

NOTE: Percentages may not add to 100 due to rounding. Percentages (standard errors) for 1982, 1995, and 2002 are from Mosher et al., 2004, Table 4.

Table 5. Number of women aged 15–44 years and percent distribution by current contraceptive status and method, according to age at interview: United States, 2006–2008

Contraceptive status and method	Age in years						
	15–44	15–19	20–24	25–29	30–34	35–39	40–44
	Number in thousands						
All women	61,864	10,431	10,140	10,250	9,587	10,475	10,982
	Percent distribution (standard error)						
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Using contraception (contraceptors)	61.8 (1.21)	28.2 (1.91)	54.7 (2.81)	64.2 (1.85)	70.3 (2.32)	75.0 (2.23)	77.8 (1.75)
Female sterilization	16.7 (0.96)	*	1.3 (0.41)	9.6 (1.13)	20.6 (2.35)	28.2 (2.39)	39.1 (2.67)
Male sterilization	6.1 (0.53)	—	0.4 (0.16)	2.1 (0.53)	5.8 (0.97)	12.4 (1.71)	15.3 (2.33)
Pill	17.3 (0.83)	15.2 (1.54)	26.2 (2.02)	22.6 (1.79)	17.4 (1.79)	14.4 (1.81)	8.6 (1.55)
Implant, Lunelle™, or patch	0.7 (0.12)	0.5 (0.20)	0.8 (0.22)	1.3 (0.39)	0.9 (0.44)	0.3 (0.14)	*
3-month injectable (Depo-Provera™)	2.0 (0.24)	2.6 (0.49)	2.8 (0.64)	3.3 (0.65)	1.6 (0.36)	0.7 (0.34)	0.9 (0.32)
Contraceptive ring	1.5 (0.22)	1.0 (0.51)	3.4 (0.96)	2.0 (0.46)	1.7 (0.61)	0.7 (0.33)	0.3 (0.14)
Intrauterine device (IUD)	3.4 (0.52)	1.0 (0.58)	3.2 (0.70)	4.0 (0.74)	4.7 (1.19)	4.4 (1.57)	3.2 (0.89)
Condom	10.0 (0.63)	6.4 (0.71)	13.4 (1.29)	13.1 (1.33)	12.0 (1.71)	8.4 (1.50)	6.8 (1.19)
Periodic abstinence—calendar rhythm	0.5 (0.10)	*	0.2 (0.09)	0.7 (0.39)	0.7 (0.28)	0.9 (0.40)	0.5 (0.24)
Periodic abstinence—natural family planning	0.1 (0.06)	—	—	—	0.6 (0.33)	*	*
Withdrawal	3.2 (0.33)	1.1 (0.27)	2.8 (0.62)	5.1 (0.82)	3.7 (0.80)	4.3 (1.27)	2.5 (0.75)
Other methods ¹	0.3 (0.09)	*	*	0.4 (0.16)	0.7 (0.38)	*	*
Not using contraception	38.2 (1.21)	71.8 (1.91)	45.3 (2.81)	35.8 (1.85)	29.7 (2.32)	25.0 (2.23)	22.2 (1.75)
Surgically sterile—female (noncontraceptive)	0.4 (0.13)	—	—	*	*	0.4 (0.23)	1.7 (0.68)
Nonsurgically sterile—female or male	1.7 (0.28)	0.5 (0.24)	1.5 (0.47)	2.6 (1.15)	1.6 (0.49)	2.2 (0.63)	1.8 (0.38)
Pregnant or postpartum	5.4 (0.37)	3.9 (0.52)	10.0 (1.52)	7.7 (1.27)	8.1 (1.73)	1.9 (0.42)	1.7 (0.57)
Seeking pregnancy	4.1 (0.30)	0.9 (0.48)	4.3 (1.02)	6.3 (1.11)	5.9 (1.18)	5.1 (0.89)	2.5 (0.63)
Other nonuse:							
Never had intercourse or no intercourse in 3 months before interview	19.2 (1.22)	60.0 (2.12)	20.4 (3.08)	10.6 (1.28)	8.7 (1.14)	7.4 (1.12)	8.0 (1.11)
Had intercourse in 3 months before interview	7.3 (0.58)	6.5 (0.84)	9.1 (1.49)	8.6 (1.32)	5.3 (0.78)	8.0 (1.33)	6.4 (1.23)

* Figure does not meet standard of reliability or precision.

— Quantity zero.

¹Includes diaphragm (with or without jelly or cream), emergency contraception, female condom or vaginal pouch, foam, cervical cap, Today™ sponge, suppository or insert, jelly or cream (without diaphragm), and other methods.

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

Table 6. Number of women aged 15–44 years and percent distribution by current contraceptive status and specific method, according to race and Hispanic origin: United States, 2006–2008

Contraceptive status and method	Total	Hispanic	Non-Hispanic			
			White, single race	Black, single race	Other single race or multiple race	
					Total other single race or multiple race	Asian only
Number in thousands						
All women	61,864	10,377	37,660	8,452	5,375	2,493
Percent distribution (standard error)						
Total	100.0	100.0	100.0	100.0	100.0	100.0
Using contraception (contraceptors)	61.8 (1.21)	58.5 (1.90)	64.7 (1.59)	54.5 (2.54)	59.2 (3.00)	63.9 (4.67)
Female sterilization	16.7 (0.96)	19.6 (2.09)	14.9 (1.22)	21.8 (1.89)	16.1 (3.70)	11.6 (6.45)
Male sterilization	6.1 (0.53)	3.4 (0.91)	8.3 (0.71)	1.1 (0.42)	3.9 (1.73)	4.5 (2.58)
Pill	17.3 (0.83)	11.4 (1.53)	21.2 (1.11)	11.4 (1.13)	10.9 (1.88)	11.1 (2.33)
Implant, Lunelle™, or patch	0.7 (0.12)	1.5 (0.43)	0.5 (0.09)	0.6 (0.16)	1.0 (0.55)	—
3-month injectable (Depo-Provera™)	2.0 (0.24)	2.6 (0.52)	1.4 (0.20)	4.1 (0.84)	1.8 (0.52)	*
Contraceptive ring	1.5 (0.22)	1.2 (0.42)	1.6 (0.33)	1.7 (0.69)	0.8 (0.31)	*
Intrauterine device (IUD)	3.4 (0.52)	4.8 (0.77)	3.3 (0.67)	2.8 (0.95)	2.2 (0.46)	1.9 (0.74)
Condom	10.0 (0.63)	9.4 (0.98)	9.5 (0.78)	8.8 (1.30)	16.2 (3.16)	26.1 (5.48)
Periodic abstinence—calendar rhythm.	0.5 (0.10)	0.6 (0.33)	0.5 (0.13)	*	1.0 (0.52)	2.1 (1.08)
Periodic abstinence—natural family planning	0.1 (0.06)	*	*	*	*	*
Withdrawal	3.2 (0.33)	3.0 (0.47)	3.3 (0.49)	2.1 (0.47)	5.1 (1.23)	4.8 (1.61)
Other methods¹	0.3 (0.09)	0.5 (0.35)	0.3 (0.07)	*	*	*
Not using contraception	38.2 (1.21)	41.5 (1.90)	35.3 (1.59)	45.5 (2.54)	40.8 (3.00)	36.1 (4.67)
Surgically sterile—female (noncontraceptive)	0.4 (0.13)	0.7 (0.47)	0.2 (0.09)	0.4 (0.28)	*	—
Nonsurgically sterile—female or male	1.7 (0.28)	1.8 (0.47)	1.6 (0.39)	1.8 (0.55)	1.9 (0.62)	1.2 (0.81)
Pregnant or postpartum	5.4 (0.37)	8.3 (1.24)	4.9 (0.54)	5.7 (0.81)	3.4 (0.91)	2.9 (1.19)
Seeking pregnancy	4.1 (0.30)	6.2 (1.26)	3.5 (0.33)	4.4 (0.79)	4.1 (0.93)	3.0 (1.13)
Other nonuse:						
Never had intercourse or no intercourse in 3 months before interview	19.2 (1.22)	18.8 (1.35)	18.3 (1.63)	22.6 (2.02)	21.2 (2.81)	23.1 (4.01)
Had intercourse in 3 months before interview.	7.3 (0.58)	5.8 (0.86)	6.7 (0.69)	10.6 (1.18)	9.5 (1.69)	5.9 (2.74)

— Quantity zero.

* Figure does not meet standard of reliability or precision.

¹Includes diaphragm (with or without jelly or cream), emergency contraception, female condom or vaginal pouch, foam, cervical cap, Today™ sponge, suppository or insert, jelly or cream (without diaphragm), and other methods.

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

Table 7. Number of women aged 15–44 years and percent distribution by current contraceptive status and specific method, according to marital and cohabitation status: United States, 2006–2008

Contraceptive status and method	All marital statuses	Marital and cohabitation status			
		Currently married	Currently cohabiting	Formerly married	Never married
Number of women in thousands	61,864	27,006	6,821	5,190	22,847
Percent distribution (standard error)					
Total	100.0	100.0	100.0	100.0	100.0
Using contraception (contraceptors)	61.8 (1.21)	78.6 (1.25)	71.2 (2.07)	60.6 (2.80)	39.3 (2.31)
Female sterilization	16.7 (0.96)	23.6 (1.82)	16.3 (2.11)	35.3 (2.96)	4.5 (0.69)
Male sterilization	6.1 (0.53)	12.7 (1.14)	2.2 (0.63)	2.3 (0.71)	0.3 (0.11)
Pill	17.3 (0.83)	16.3 (1.46)	23.2 (2.42)	11.4 (1.88)	18.1 (1.44)
Implant, Lunelle™, or patch	0.7 (0.12)	0.7 (0.20)	1.0 (0.36)	*	0.6 (0.16)
3-month injectable (Depo-Provera™)	2.0 (0.24)	1.4 (0.32)	3.1 (0.61)	2.6 (0.64)	2.2 (0.30)
Contraceptive ring	1.5 (0.22)	1.0 (0.25)	3.7 (1.25)	0.8 (0.30)	1.5 (0.39)
Intrauterine device (IUD)	3.4 (0.52)	5.3 (0.85)	4.7 (1.51)	2.1 (0.87)	1.1 (0.33)
Condom	10.0 (0.63)	11.7 (1.03)	10.2 (1.41)	4.1 (0.86)	9.1 (0.81)
Periodic abstinence—calendar rhythm	0.5 (0.10)	1.0 (0.23)	0.4 (0.22)	*	0.2 (0.09)
Periodic abstinence—natural family planning	0.1 (0.06)	0.2 (0.07)	*	*	*
Withdrawal	3.2 (0.33)	4.5 (0.69)	5.3 (0.96)	1.4 (0.55)	1.5 (0.29)
Other methods ¹	0.3 (0.09)	0.3 (0.10)	*	*	0.2 (0.07)
Not using contraception	38.2 (1.21)	21.4 (1.25)	28.8 (2.07)	39.4 (2.80)	60.7 (2.31)
Surgically sterile—female (noncontraceptive)	0.4 (0.13)	0.3 (0.13)	*	1.0 (0.41)	0.4 (0.25)
Nonsurgically sterile—female or male	1.7 (0.28)	1.0 (0.22)	2.2 (0.79)	2.7 (0.86)	2.1 (0.61)
Pregnant or postpartum	5.4 (0.37)	7.2 (0.85)	10.5 (1.63)	2.6 (0.83)	2.6 (0.31)
Seeking pregnancy	4.1 (0.30)	6.4 (0.52)	7.1 (1.30)	0.8 (0.37)	1.3 (0.37)
Other nonuse:					
Never had intercourse or no intercourse in 3 months before interview	19.2 (1.22)	0.9 (0.20)	1.8 (0.65)	21.1 (2.55)	45.6 (2.58)
Had intercourse in 3 months before interview	7.3 (0.58)	5.5 (0.63)	6.9 (1.23)	11.3 (2.57)	8.7 (1.03)

* Figure does not meet standard of reliability or precision.

¹Includes diaphragm (with or without jelly or cream), emergency contraception, female condom or vaginal pouch, foam, cervical cap, Today™ sponge, suppository or insert, jelly or cream (without diaphragm), and other methods.

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

Table 8. Number of women aged 15–44 years, number at risk of unintended pregnancy, and percentage of women currently using a method of contraception, by selected characteristics: United States, 2006–2008

Characteristic	All women			Women at risk of unintended pregnancy ¹				
	Number in thousands	Percent currently using a method	(Standard error)	Number in thousands	Percent currently using a method	(Standard error)	Percent not currently using a method	(Standard error)
All women ²	61,864	61.8	(1.21)	42,756	89.4	(0.76)	10.6	(0.76)
Age								
15–19 years	10,431	28.2	(1.91)	3,618	81.3	(2.18)	18.7	(2.18)
20–24 years	10,140	54.7	(2.81)	6,475	85.7	(1.93)	14.3	(1.93)
25–29 years	10,250	64.2	(1.85)	7,468	88.2	(1.65)	11.9	(1.65)
30–34 years	9,587	70.3	(2.32)	7,245	93.0	(1.07)	7.0	(1.07)
35–39 years	10,475	75.0	(2.23)	8,701	90.3	(1.63)	9.7	(1.63)
40–44 years	10,982	77.8	(1.75)	9,251	92.4	(1.45)	7.6	(1.45)
Marital or cohabiting status								
Currently married	27,006	78.6	(1.25)	22,730	93.4	(0.76)	6.6	(0.76)
Currently cohabiting	6,821	71.2	(2.07)	5,329	91.1	(1.55)	8.9	(1.55)
Formerly married, not cohabiting	5,190	60.6	(2.80)	3,730	84.3	(3.40)	15.7	(3.40)
Never married, not cohabiting	22,847	39.3	(2.31)	10,967	81.9	(1.71)	18.1	(1.71)
Parity								
0 births	26,882	44.3	(1.95)	13,860	86.0	(1.36)	14.0	(1.36)
1 birth	10,350	59.5	(2.26)	7,305	84.4	(2.14)	15.6	(2.14)
2 births	12,843	81.7	(1.20)	11,287	92.9	(0.99)	7.1	(0.99)
3 or more births	11,789	81.8	(1.79)	10,305	93.6	(1.26)	6.4	(1.26)
Education ³								
No high school diploma or GED	6,210	67.1	(2.44)	4,731	89.1	(1.89)	11.9	(1.89)
High school diploma or GED	11,793	73.5	(1.80)	9,557	90.7	(1.36)	9.3	(1.36)
Some college, no bachelor's degree	13,537	68.9	(2.21)	10,260	90.9	(1.50)	9.1	(1.50)
Bachelor's degree or higher	15,543	70.5	(1.80)	11,942	91.8	(1.13)	8.2	(1.13)
Poverty level income ⁴								
0%–149%	16,109	61.7	(1.65)	11,331	87.7	(1.56)	12.3	(1.56)
0%–99%	10,407	59.5	(2.26)	7,084	87.4	(1.78)	12.6	(1.78)
150%–299%	15,360	70.3	(2.21)	12,035	89.7	(1.27)	10.3	(1.27)
300% or more	19,965	72.8	(1.51)	15,773	92.1	(0.88)	7.9	(0.88)
Intent to have more children								
Intends more	30,148	47.3	(1.68)	16,697	85.4	(1.39)	14.6	(1.39)
Intends no more	30,866	75.8	(1.08)	25,462	91.8	(0.83)	8.2	(0.83)
Race and Hispanic origin								
Hispanic	10,377	58.5	(1.90)	6,669	91.1	(1.24)	9.0	(1.24)
Non-Hispanic:								
White, single race	37,660	64.7	(1.59)	26,889	90.6	(0.92)	9.4	(0.92)
Black, single race	8,452	54.5	(2.54)	5,504	83.7	(1.86)	16.3	(1.86)
All other single race and multiple race	5,375	59.2	(3.00)	3,694	86.2	(2.39)	13.8	(2.39)
Asian, single race	2,493	63.9	(4.67)	1,739	91.5	(3.85)	8.5	(3.85)

¹“At risk of unintended pregnancy” is defined as codes 1–22 and 42 on CONSTAT1, the recode for current contraceptive status. These codes represent all current contraceptors plus women who have had sex in the last 3 months but are not current contraceptors.

²Includes women who do not know whether they intend to have more children, not shown separately.

³Limited to women 22–44 years of age at time of interview.

⁴Limited to women 20–44 years of age at time of interview.

Table 9. Number of women aged 15–44 years currently using contraception, and percent distribution by current contraceptive method: United States, 1982–2008

Contraceptive status and method	Year of survey			
	1982	1995	2002	2006–2008
	Number in thousands			
All women using contraception	30,142	38,663	38,109	38,214
	Percent distribution (standard error)			
Using contraception (contraceptors)	100.0	100.0	100.0	100.0
Female sterilization	23.2 (0.8)	27.8 (0.6)	27.0 (0.9)	27.1 (1.5)
Male sterilization	10.9 (0.6)	10.9 (0.4)	9.2 (0.6)	9.9 (0.8)
Pill	28.0 (0.9)	26.9 (0.6)	30.6 (0.9)	28.0 (1.3)
Implant, Lunelle™, or patch ¹	---	1.3 (0.2)	1.2 (0.2)	1.1 (0.2)
3-month injectable (Depo-Provera™)	---	3.0 (0.2)	5.3 (0.5)	3.2 (0.4)
Contraceptive ring	---	---	---	2.4 (0.4)
Intrauterine device (IUD).	7.1 (0.4)	0.8 (0.1)	2.0 (0.3)	5.5 (0.8)
Diaphragm	8.1 (0.6)	1.9 (0.2)	0.3 (0.1)	*
Condom	12.0 (0.6)	20.4 (0.5)	18.0 (0.7)	16.1 (0.9)
Periodic abstinence—calendar rhythm	3.3 (0.4)	2.0 (0.2)	1.2 (0.2)	0.9 (0.2)
Periodic abstinence—natural family planning	0.6 (0.3)	0.3 (0.1)	0.4 (0.1)	0.2 (0.1)
Withdrawal	2.0 (0.3)	3.1 (0.2)	4.0 (0.4)	5.2 (0.5)
Other methods ²	1.3 (0.3)	1.7 (0.2)	0.9 (0.2)	0.4 (0.1)

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

* Figure does not meet standards of reliability or precision.

¹1995 percentage only includes Norplant™ implant.

²Includes emergency contraception, female condom or vaginal pouch, foam, cervical cap, Today™ sponge, suppository or insert, jelly or cream (without diaphragm), and other methods.

NOTE: Percents may not add to 100 due to rounding. Percentages (standard errors) for 1982, 1995, and 2002 are from Mosher et al., 2004, Table 5.

Table 10. Number of women aged 15–44 years who are currently using a method of contraception and percent distribution by method, according to selected characteristics: United States, 2002 and 2006–2008

Characteristic	Number in thousands	Using any method	Sterilization		Pill	Condom	3-month injectable	IUD	Other methods
			Female	Male					
Percent distribution									
All women ¹									
2006–2008:	38,214	100.0	27.1	9.9	28.0	16.1	3.2	5.5	10.2
2002	38,109	100.0	27.0	9.2	30.6	18.0	5.3	2.0	7.9
Age									
2006–2008:									
15–19 years	2,941	100.0	*	–	54.1	22.8	9.4	3.6	10.1
20–24 years	5,548	100.0	2.4	0.7	48.0	24.5	5.1	5.9	13.4
25–29 years	6,583	100.0	15.0	3.3	35.1	20.5	5.2	6.2	14.7
30–34 years	6,737	100.0	29.3	8.3	24.8	17.1	2.2	6.6	11.7
35–39 years	7,859	100.0	37.6	16.5	19.3	11.2	1.0	5.8	8.6
40–44 years	8,547	100.0	50.2	19.6	11.1	8.8	1.1	4.2	5.1
2002:									
15–19 years	3,096	100.0	–	–	52.8	27.0	13.9	*	6.0
20–24 years	5,975	100.0	3.6	0.8	52.3	23.1	10.1	1.8	8.3
25–29 years	6,291	100.0	15.1	4.2	37.6	20.5	6.5	3.7	12.4
30–34 years	7,105	100.0	27.5	9.2	31.5	17.1	4.2	3.1	7.5
35–39 years	7,688	100.0	41.2	14.2	18.6	15.7	2.1	1.5	6.8
40–44 years	7,955	100.0	50.3	18.4	10.9	11.5	1.6	1.1	6.2
Marital or cohabiting status									
2006–2008:									
Currently married	21,238	100.0	30.0	16.2	20.7	14.9	1.7	6.7	9.8
Currently cohabiting	4,855	100.0	22.9	3.2	32.5	14.3	4.4	6.6	16.2
Formerly married, not cohabiting	3,144	100.0	58.2	3.8	18.9	6.7	4.2	3.5	4.7
Never married, not cohabiting	8,978	100.0	11.5	0.8	46.0	23.2	5.7	2.7	10.1
2002:									
Currently married	20,655	100.0	29.8	15.4	23.6	16.4	3.1	2.6	9.1
Currently cohabiting	4,039	100.0	25.4	3.1	33.2	18.1	9.3	1.7	9.3
Formerly married, not cohabiting	3,924	100.0	54.9	3.3	19.1	12.5	2.7	2.9	4.6
Never married, not cohabiting	9,491	100.0	10.0	0.9	49.4	23.4	9.6	0.5	6.2
Parity									
2006–2008:									
0 births	11,919	100.0	2.0	2.0	55.3	24.6	3.3	0.3	12.6
1 birth	6,163	100.0	12.8	9.0	29.8	22.1	4.2	8.4	13.7
2 births	10,490	100.0	34.9	17.4	14.4	12.0	3.3	10.9	7.2
3 or more births	9,643	100.0	58.7	12.1	7.9	6.3	2.3	4.2	8.5
2002:									
0 births	11,786	100.0	2.0	3.2	56.8	24.4	5.7	0.5	7.5
1 birth	6,702	100.0	13.0	4.7	33.0	22.4	10.0	2.4	14.6
2 births	10,415	100.0	38.2	15.5	17.9	14.3	3.8	3.3	7.1
3 or more births	9,205	100.0	56.4	13.2	9.8	10.6	3.2	2.4	4.5

* Figure does not meet standards of reliability or precision.

– Quantity zero.

¹Includes women of other or multiple race and origin groups and women who do not know whether they intend to have more children, not shown separately.

NOTE: Standard errors are in Appendix Table I.

Table 11. Number of women aged 15–44 years who are currently using a method of contraception and percent distribution by method, according to selected characteristics: United States, 2002 and 2006–2008

Characteristic	Number in thousands	Using any method	Sterilization		Pill	Condom	3-month injectable	IUD	Other methods
			Female	Male					
Percent distribution									
Education ¹									
2006–2008:									
No high school diploma or GED	4,166	100.0	55.4	3.1	10.4	9.5	6.2	4.0	11.3
High school diploma or GED	8,669	100.0	42.5	13.0	18.4	10.1	2.9	4.9	8.3
Some college, no bachelor's degree	9,324	100.0	27.4	11.1	23.4	15.7	2.7	7.2	12.5
Bachelor's degree or higher	10,962	100.0	16.3	13.6	34.7	20.2	0.7	5.7	8.6
2002:									
No high school diploma or GED	3,887	100.0	55.3	2.8	10.6	13.2	7.4	2.5	8.3
High school diploma or GED	9,996	100.0	41.5	10.8	19.0	13.1	4.9	2.5	8.3
Some college, no bachelor's degree	9,954	100.0	28.7	12.1	27.6	17.9	3.2	2.3	8.1
Bachelor's degree or higher	8,741	100.0	12.8	12.8	41.8	20.8	1.9	2.0	8.0
Poverty level income ²									
2006–2008:									
0%–149%	9,941	100.0	42.7	4.0	18.6	14.9	5.2	5.5	9.3
0%–99%	6,191	100.0	44.9	1.9	20.1	12.0	6.9	4.8	9.5
150%–299%	10,800	100.0	31.6	11.7	21.0	15.9	2.3	5.5	12.0
300% or more	14,533	100.0	18.5	14.6	34.4	15.7	1.3	5.9	9.6
2002:									
0%–149%	9,525	100.0	40.5	4.7	20.8	15.0	6.9	3.4	8.7
0%–99%	6,088	100.0	42.1	5.0	20.4	13.7	7.1	4.1	7.7
150%–299%	9,998	100.0	33.4	9.4	25.3	16.1	5.0	2.1	8.7
300% or more	15,490	100.0	19.9	13.7	35.6	19.1	2.8	1.5	7.3
Intent to have more children									
2006–2008:									
Intends more	14,260	100.0	–	0.3	47.6	26.7	4.4	5.7	15.3
Intends no more	23,382	100.0	44.2	16.0	15.8	9.6	2.5	5.0	6.9
2002:									
Intends more	14,213	100.0	*	0.2	51.4	26.8	8.3	2.0	11.3
Intends no more	23,361	100.0	44.0	14.9	17.7	12.3	3.5	2.1	5.5
Race and Hispanic origin									
2006–2008:									
Hispanic	6,072	100.0	33.5	5.8	19.5	16.1	4.4	8.3	12.4
Non-Hispanic:									
White, single race	24,353	100.0	23.0	12.9	32.7	14.7	2.1	5.1	9.6
Black, single race	4,605	100.0	39.9	1.9	20.9	16.2	7.5	5.2	8.4
All other single race and multiple race	3,184	100.0	27.3	6.6	18.4	27.3	3.0	3.7	13.8
2002:									
Hispanic	5,370	100.0	33.8	4.4	22.0	18.5	7.3	5.3	8.8
Non-Hispanic:									
White, single race	25,513	100.0	23.9	11.7	34.4	16.6	4.2	1.5	7.8
Black, single race	4,754	100.0	39.2	2.3	22.7	19.8	9.4	1.5	5.2
All other single race and multiple race	2,472	100.0	20.9	7.0	25.4	27.7	5.2	1.5	12.4

– Quantity zero.

* Figure does not meet standards of reliability or precision.

¹Limited to women 22–44 years of age at time of interview.²Limited to women 20–44 years of age at time of interview.

NOTE: Standard errors are in Appendix Table II.

Table 12. Number of women aged 15–44 years, percentage currently using contraception, and percentage who used each of the specified contraceptive methods in the month of interview, according to current marital status: United States, 2006–2008

Contraceptive status and method	Marital and cohabitation status					
	All women		Currently married		Not currently married	
	Most effective method used	Used specific method ¹	Most effective method used	Used specific method ¹	Most effective method used	Used specific method ¹
Number of women in thousands	61,864		27,006		34,858	
	Percentage that used the method					
Currently using contraception	61.8	61.8	78.6	78.6	48.7	48.7
Female sterilization.	16.7	16.7	23.6	23.6	11.4	11.4
Male sterilization	6.1	6.7	12.7	13.7	1.0	1.3
Pill	17.3	17.9	16.3	17.4	18.1	18.3
Norplant™, Lunelle™, or patch	0.7	0.7	0.7	0.7	0.7	0.7
3-month injectable (Depo-Provera™).	2.0	2.0	1.4	1.4	2.4	2.5
Contraceptive ring	1.5	1.5	1.0	1.1	1.8	1.8
Intrauterine device (IUD)	3.4	3.4	5.3	5.3	1.9	2.0
Condom	10.0	13.9	11.7	13.8	8.6	14.0
Periodic abstinence—calendar rhythm	0.5	1.1	1.0	1.8	0.2	0.6
Periodic abstinence—natural family planning	0.1	0.4	0.2	0.7	*	*
Withdrawal	3.2	6.2	4.5	7.3	2.2	5.4
Other methods ²	0.3	0.5	0.3	0.6	0.2	0.3

* Figure does not meet standards of reliability or precision.

¹Percentages will not add to the total who were using contraception because more than one method could have been used in the month of interview. Respondents could list as many as four current contraceptive methods.

²Includes diaphragm (with or without jelly or cream), emergency contraception, female condom or vaginal pouch, foam, cervical cap, Today™ sponge, suppository or insert, jelly or cream (without diaphragm), and other methods.

NOTE: Standard errors are in Appendix Table III.

Table 13. Number of women aged 15–44 years, percentage currently using contraception, and percentage who used the specified contraceptive method in the month of interview, according to Hispanic origin and race: United States, 2006–2008

Contraceptive status and method	Non-Hispanic							
	Hispanic		White, single race		Black, single race		Other single race or multiple race	
	Most effective method used	Used specific method ¹	Most effective method used	Used specific method ¹	Most effective method used	Used specific method ¹	Most effective method used	Used specific method ¹
Number of women in thousands.	10,377		37,660		8,452		5,375	
Percentage that used the method								
Currently using contraception	58.5	58.5	64.7	64.7	54.5	24.5	59.2	59.2
Female sterilization	19.6	19.6	14.9	14.9	21.8	21.8	16.1	16.1
Male sterilization	3.4	3.6	8.3	9.1	1.1	1.3	3.9	4.6
Pill	11.4	11.5	21.2	22.0	11.4	11.9	10.9	11.0
Norplant™, Lunelle™, or patch	1.5	1.5	0.5	0.5	0.6	0.6	1.0	1.0
3-month injectable (Depo-Provera™)	2.6	2.6	1.4	1.4	4.1	4.1	1.8	1.8
Contraceptive ring	1.2	1.2	1.6	1.7	1.7	1.7	0.8	0.8
Intrauterine device (IUD)	4.8	4.8	3.3	3.3	2.8	3.0	2.2	2.2
Condom	9.4	11.3	9.5	13.6	8.8	14.8	16.2	19.6
Periodic abstinence—calendar rhythm.	0.6	1.5	0.5	1.0	*	0.5	1.0	2.1
Periodic abstinence—natural family planning	*	*	*	0.4	*	*	*	*
Withdrawal	3.0	5.7	3.3	6.7	2.1	3.4	5.1	8.5
Other methods ²	0.5	0.6	0.3	0.5	*	*	*	0.5

* Figure does not meet standards of reliability or precision.

¹Percentages will not add to the total who were using contraception because more than one method could have been used in the month of interview. Respondents could list as many as four current contraceptive methods.²Includes diaphragm (with or without jelly or cream), emergency contraception, female condom or vaginal pouch, foam, cervical cap, Today™ sponge, suppository or insert, jelly or cream (without diaphragm), and other methods.

NOTE: Standard errors are in Appendix Table IV.

Table 14. Number of women aged 15–44 years, percentage currently using contraception, and percentage who used the specified contraceptive method in month of interview, according to age at interview: United States, 2006–2008

Contraceptive status and method	15–24		25–34		35–44	
	Most effective method used	Used specific method ¹	Most effective method used	Used specific method ¹	Most effective method used	Used specific method ¹
Number of women in thousands	20,570		19,837		21,457	
	Percentage that used the method					
Currently using contraception	41.3	41.3	67.2	67.2	76.5	76.5
Female sterilization	0.7	0.7	14.9	14.9	33.8	33.8
Male sterilization	0.2	0.2	3.9	4.4	13.9	15.2
Pill	20.7	20.7	20.1	20.9	11.5	12.5
Norplant™, Lunelle™, or patch	0.6	0.6	1.1	1.1	0.4	0.4
3-month injectable (Depo-Provera™)	2.7	2.7	2.5	2.5	0.8	0.9
Contraceptive ring	2.2	2.2	1.9	1.9	0.5	0.5
Intrauterine device (IUD)	2.1	2.1	4.3	4.4	3.8	3.8
Condom	9.9	15.4	12.6	17.7	7.6	8.9
Periodic abstinence—calendar rhythm	0.2	0.3	0.7	1.5	0.7	1.5
Periodic abstinence—natural family planning	—	*	0.3	0.4	0.1	0.6
Withdrawal	1.9	5.3	4.4	8.4	3.3	5.0
Other methods ²	0.2	0.2	0.5	0.9	0.2	0.3

— Quantity zero.

* Figure does not meet standards of reliability or precision.

¹Percentages will not add to the total who were using contraception because more than one method could have been used in the month of interview. Respondents could list as many as four current contraceptive methods.²Includes diaphragm (with or without jelly or cream), emergency contraception, female condom or vaginal pouch, foam, cervical cap, Today™ sponge, suppository or insert, jelly or cream (without diaphragm), and other methods.

NOTE: Standard errors are in Appendix Table V.

Table 15. Number of women aged 15–44 years who ever used a selected method of contraception, percentage who discontinued that method due to dissatisfaction and the reasons for discontinuation, and use and discontinuation of the pill by Hispanic origin and race: United States, 2006–2008

Reason	Method				Pill		
	Pill	Condom	Depo-Provera™	Patch	Hispanic	Non-Hispanic	
						White, single race	Black or African American, single race
Number in thousands							
Total who ever used the method	45,082	49,521	12,050	5,415	6,382	29,510	5,802
Percent (standard error)							
Percentage who discontinued method.	30.1 (1.08)	10.8 (1.02)	43.4 (2.14)	50.4 (2.78)	35.2 (2.80)	28.5 (1.34)	29.8 (2.43)
Number in thousands							
Total who stopped using the method due to dissatisfaction.	13,589	5,340	5,234	2,728	2,247	8,411	1,729
Reason for discontinuation	Percent (standard error)						
Too expensive	2.9 (0.57)	2.9 (1.42)	2.0 (1.48)	3.4 (1.87)	3.4 (1.63)	3.3 (0.71)	1.4 (0.92)
Insurance did not cover it	2.1 (0.57)	*	*	*	*	2.6 (0.65)	*
Too difficult to use	9.9 (1.47)	7.7 (1.86)	*	8.7 (2.14)	10.2 (3.04)	9.3 (2.02)	13.6 (2.53)
Too messy.	0.3 (0.12)	8.9 (1.67)	0.4 (0.19)	5.9 (1.91)	*	*	*
Your partner did not like it	1.4 (0.43)	41.4 (4.63)	*	*	*	1.3 (0.45)	*
You had side effects.	63.7 (1.83)	12.0 (2.52)	75.5 (3.15)	42.2 (5.09)	65.8 (4.30)	63.1 (2.75)	59.1 (3.23)
You were worried you might have side effects	12.5 (1.46)	*	8.3 (1.78)	8.2 (2.40)	16.6 (4.47)	12.7 (1.78)	8.4 (2.50)
You worried the method would not work	2.5 (0.58)	23.0 (4.03)	1.0 (0.36)	7.6 (2.98)	2.6 (0.92)	2.1 (0.80)	5.0 (1.91)
The method failed, you became pregnant	10.1 (1.32)	5.2 (1.75)	2.4 (0.50)	11.2 (3.40)	10.9 (3.21)	10.4 (1.89)	11.2 (2.22)
The method did not protect against disease	1.8 (0.74)	—	0.5 (0.31)	*	*	2.2 (1.17)	1.7 (0.96)
Doctor told you not to use the method again.	5.7 (1.12)	1.7 (0.92)	5.1 (1.23)	5.0 (1.65)	4.3 (1.13)	6.6 (1.65)	5.6 (1.53)
Decreased your sexual pleasure	5.4 (0.86)	40.0 (4.71)	4.2 (1.15)	*	4.4 (1.42)	6.3 (1.31)	4.2 (2.90)
Too difficult to obtain	2.1 (0.56)	—	*	*	*	2.6 (0.87)	2.5 (1.08)
Did not like changes to menstrual cycle.	10.6 (1.37)	*	25.5 (2.90)	8.4 (2.81)	9.2 (2.66)	11.0 (1.77)	10.6 (2.38)
Other.	9.8 (1.08)	10.8 (2.89)	5.7 (1.04)	15.0 (2.85)	7.6 (2.37)	10.9 (1.63)	9.5 (1.56)

* Figure does not meet standards of reliability or precision.

— Quantity zero.

Appendix I. Technical Notes

Sample Design and Fieldwork Procedures

The 2006–2008 National Survey of Family Growth, or NSFG, was based on 13,495 face-to-face interviews—7,356 with women and 6,139 with men—aged 15–44 years in the household population of the United States. The interviews were administered in person by trained female interviewers in the selected persons' homes. The 2006–2008 sample is a nationally representative multistage area probability sample drawn from 85 areas across the country. The sample is designed to produce national, not state, estimates.

Persons were selected for the NSFG in five major steps:

- Large areas (counties and cities) were chosen first.
- Within each large area or “Primary Sampling Unit,” groups of adjacent blocks, called segments, were chosen at random.
- Within segments, addresses were listed and some addresses were selected at random.
- The selected addresses were visited in person, and a short “screener” interview was conducted to see if anyone 15–44 years of age lived there.
- If so, one person was chosen at random for the interview and was offered a chance to participate.

To protect the respondent's privacy, only one person was interviewed in each selected household. In 2006–2008 as well as in 2002, teenagers and black and Hispanic adults were sampled at higher rates than others.

The NSFG questionnaires and materials were reviewed and approved by the NCHS Research Ethics Review Board (formerly known as the Institutional Review Board or IRB), and by the IRB at the University of Michigan. The female questionnaire lasted an average of about 70 minutes.

All respondents were given written and oral information about the survey and were informed that participation was voluntary. Adult respondents 18–44 years of age were asked to sign a consent form but were not required to do so. For minors 15–17 years of age, signed consent was required first from a parent or guardian, and then signed assent was required from the minor. Consent forms were signed electronically on the interviewer's computer. The overall response rate for the survey was about 75%—about 76% for women and 73% for men.

About 100 female interviewers were hired and trained by the survey contractor, the University of Michigan's Institute for Social Research, under the supervision of NCHS. Interviewing occurred from about July 1, 2006, through December 2008. All of the data in this report were collected by computer-assisted personal interviewing (CAPI). The questionnaires were programmed into laptop computers and administered by an interviewer, usually in the respondent's home. Respondents in the 2006–2008 survey were offered \$40 as a “token of appreciation” for their participation. More detailed information about the methods and procedures of the study has been described in a report on the planning and development of the continuous NSFG (1) and another report on the continuous NSFG's sample design, weighting, imputation, and variance estimation (20).

All weighted numbers in this report were individually rounded to the nearest thousand. In addition, all percentages were rounded to the nearest tenth (e.g., 23.1%). Aggregate numbers and percentages may not always add to the total because of this rounding.

Sampling Errors in the 2006–2008 National Survey of Family Growth

Looking at [Tables 1, 4, and 9](#), which contain trend data from several NSFG surveys, readers may notice that the standard errors (and therefore the confidence intervals) of comparable

statistics are somewhat larger in 2006–2008 than they were in the 1995 and 2002 NSFG surveys. This is a predictable result of the design of the 2006–2008 NSFG, which has been interviewing in a smaller number of areas (85 areas, or “Primary Sampling Units,” in 2006–2008 compared with 120 areas in 2002 and 198 areas in 1995). This use of a smaller number of areas at a time reduces the cost of the NSFG and increases quality control, but it increases sampling errors.

For most statistics in this report, these increased sampling errors do not pose a problem, because most groups shown in this report are based on large sample sizes. If an analyst wishes to examine a very small segment of the population, such as Hispanic female contraceptive users 20–24 years of age, it may be worthwhile to use a somewhat larger group, such as Hispanic female contraceptive users 20–29 years of age, to compensate for the larger standard errors.

The next NSFG data file is expected to be released in 2011. That file will have the 13,495 interviews completed in 2006–2008, plus another 9,000 or more conducted from January 2009 through June 2010, for a total of approximately 22,500 interviews drawn from 110 areas. Sampling errors using those data are expected to be significantly smaller because of the larger sample size, and the larger number of areas from which the interviews are drawn. That sample will allow analyses of small subgroups for both men and women.

Standard errors for the statistics are shown in most of the tables of this report. In [Tables 10–14](#), however standard errors were omitted to make the tables easier to read. The standard errors for the statistics in [Tables 10–14](#) are shown in Appendix [Tables I–V](#).

Table I. Number of women aged 15–44 years who are currently using a method of contraception and percent distribution by method, according to selected characteristics: United States, 2002 and 2006–2008

Characteristic	Number in thousands	Using any method	Sterilization		Pill	Condom	3-month injectable	IUD	Other methods
			Female	Male					
Percent distribution (standard errors)									
All women ¹									
2006–2008	38,214	100.0	27.1 (1.46)	9.9 (0.83)	28.0 (1.32)	16.1 (0.94)	3.2 (0.38)	5.5 (0.83)	10.2 (0.70)
2002	38,109	100.0	27.0 (0.92)	9.2 (0.61)	30.6 (0.93)	18.0 (0.70)	5.3 (0.45)	2.0 (0.27)	7.9 (0.51)
Age									
2006–2008:									
15–19 years	2,941	100.0	*	–	54.1 (3.63)	22.8 (2.59)	9.4 (1.67)	3.6 (2.02)	10.1 (2.04)
20–24 years	5,548	100.0	2.4 (0.73)	0.7 (0.31)	48.0 (2.87)	24.5 (1.91)	5.1 (1.17)	5.9 (1.20)	13.4 (1.93)
25–29 years	6,583	100.0	15.0 (1.74)	3.3 (0.81)	35.1 (2.53)	20.5 (1.94)	5.2 (1.01)	6.2 (1.18)	14.7 (1.76)
30–34 years	6,737	100.0	29.3 (3.17)	8.3 (1.27)	24.8 (2.39)	17.1 (2.45)	2.2 (0.53)	6.6 (1.69)	11.7 (1.51)
35–39 years	7,859	100.0	37.6 (3.18)	16.5 (2.13)	19.3 (2.33)	11.2 (2.01)	1.0 (0.44)	5.8 (2.09)	8.6 (2.14)
40–44 years	8,547	100.0	50.2 (3.23)	19.6 (2.97)	11.1 (1.94)	8.8 (1.53)	1.1 (0.41)	4.2 (1.13)	5.1 (1.09)
2002:									
15–19 years	3,096	100.0	–	–	52.8 (3.31)	27.0 (2.89)	13.9 (2.36)	*	6.0 (1.24)
20–24 years	5,975	100.0	3.6 (0.71)	0.8 (0.31)	52.3 (2.58)	23.1 (1.99)	10.1 (1.34)	1.8 (0.32)	8.3 (1.28)
25–29 years	6,291	100.0	15.1 (1.45)	4.2 (0.71)	37.6 (2.12)	20.5 (1.93)	6.5 (0.90)	3.7 (0.77)	12.4 (1.52)
30–34 years	7,105	100.0	27.5 (1.75)	9.2 (1.17)	31.5 (1.95)	17.1 (1.30)	4.2 (0.87)	3.1 (0.74)	7.5 (0.98)
35–39 years	7,688	100.0	41.2 (2.19)	14.2 (1.66)	18.6 (1.66)	15.7 (1.49)	2.1 (0.66)	1.5 (0.46)	6.8 (1.18)
40–44 years	7,955	100.0	50.3 (2.57)	18.4 (2.00)	10.9 (1.13)	11.5 (1.63)	1.6 (0.72)	1.1 (0.57)	6.2 (1.27)
Marital or cohabiting status									
2006–2008:									
Currently married	21,238	100.0	30.0 (2.19)	16.2 (1.41)	20.7 (1.90)	14.9 (1.26)	1.7 (0.41)	6.7 (1.11)	9.8 (1.05)
Currently cohabiting	4,855	100.0	22.9 (2.97)	3.2 (0.88)	32.5 (3.16)	14.3 (1.92)	4.4 (0.90)	6.6 (2.09)	16.2 (2.28)
Formerly married, not cohabiting	3,144	100.0	58.2 (3.66)	3.8 (1.19)	18.9 (3.00)	6.7 (1.35)	4.2 (1.05)	3.5 (1.47)	4.7 (0.99)
Never married, not cohabiting	8,978	100.0	11.5 (1.54)	0.8 (0.29)	46.0 (2.16)	23.2 (1.86)	5.7 (0.68)	2.7 (0.83)	10.1 (1.29)
2002:									
Currently married	20,655	100.0	29.8 (1.50)	15.4 (1.07)	23.6 (1.13)	16.4 (0.97)	3.1 (0.43)	2.6 (0.40)	9.1 (0.77)
Currently cohabiting	4,039	100.0	25.4 (2.40)	3.1 (0.78)	33.2 (2.33)	18.1 (1.97)	9.3 (1.57)	1.7 (0.50)	9.3 (1.45)
Formerly married, not cohabiting	3,924	100.0	54.9 (2.32)	3.3 (1.15)	19.1 (1.97)	12.5 (1.77)	2.7 (0.64)	2.9 (0.90)	4.6 (0.94)
Never married, not cohabiting	9,491	100.0	10.0 (1.29)	0.9 (0.22)	49.4 (2.33)	23.4 (1.40)	9.6 (1.09)	0.5 (0.23)	6.2 (0.89)
Parity									
2006–2008:									
0 births	11,919	100.0	2.0 (0.41)	2.0 (0.40)	55.3 (2.22)	24.6 (1.94)	3.3 (0.60)	0.3 (0.10)	12.6 (1.39)
1 birth	6,163	100.0	12.8 (1.89)	9.0 (2.03)	29.8 (2.60)	22.1 (2.82)	4.2 (0.89)	8.4 (1.81)	13.7 (1.49)
2 births	10,490	100.0	34.9 (2.31)	17.4 (2.08)	14.4 (2.04)	12.0 (1.30)	3.3 (0.69)	10.9 (2.33)	7.2 (0.82)
3 or more births	9,643	100.0	58.7 (3.10)	12.1 (2.09)	7.9 (1.53)	6.3 (1.18)	2.3 (0.54)	4.2 (0.66)	8.5 (1.83)
2002:									
0 births	11,786	100.0	2.0 (0.42)	3.2 (0.53)	56.8 (1.85)	24.4 (1.43)	5.7 (0.72)	0.5 (0.22)	7.5 (0.90)
1 birth	6,702	100.0	13.0 (1.35)	4.7 (0.91)	33.0 (1.91)	22.4 (1.54)	10.0 (1.28)	2.4 (0.62)	14.6 (1.67)
2 births	10,415	100.0	38.2 (1.84)	1.5 (1.69)	17.9 (1.43)	14.3 (1.32)	3.8 (0.54)	3.3 (0.57)	7.1 (0.85)
3 or more births	9,205	100.0	56.4 (2.03)	13.2 (1.37)	9.8 (1.05)	10.6 (1.39)	3.2 (0.58)	2.4 (0.51)	4.5 (0.93)

* Figure does not meet standards of reliability or precision.

– Quantity zero.

¹Includes women of other or multiple race and origin groups and women who do not know whether they intend to have more children, not shown separately.

NOTE: Standard errors are for percentages in Table 10.

Table II. Number of women aged 15–44 years who are currently using a method of contraception and percent distribution by method, according to selected characteristics: United States, 2002 and 2006–2008

Characteristic	Number in thousands	Using any method	Sterilization		Pill	Condom	3-month injectable	IUD	Other methods
			Female	Male					
Percent distribution (standard errors)									
Education ¹									
2006–2008:									
No high school diploma or GED.	4,166	100.0	55.4 (3.72)	3.1 (1.13)	10.4 (1.75)	9.5 (1.64)	6.2 (1.53)	4.0 (1.46)	11.3 (2.14)
High school diploma or GED.	8,669	100.0	42.5 (2.58)	13.0 (1.77)	18.4 (2.29)	10.1 (1.35)	2.9 (0.62)	4.9 (0.86)	8.3 (1.58)
Some college, no bachelor's degree	9,324	100.0	27.4 (2.20)	11.1 (2.00)	23.4 (1.99)	15.7 (1.53)	2.7 (0.79)	7.2 (1.38)	12.5 (1.59)
Bachelor's degree or higher	10,962	100.0	16.3 (3.26)	13.6 (1.70)	34.7 (2.23)	20.2 (2.25)	0.7 (0.25)	5.7 (1.62)	8.6 (1.15)
2002:									
No high school diploma or GED.	3,887	100.0	55.3 (3.24)	2.8 (1.10)	10.6 (1.44)	13.2 (1.67)	7.4 (1.59)	2.5 (0.64)	8.3 (1.59)
High school diploma or GED.	9,996	100.0	41.5 (1.58)	10.8 (0.96)	19.0 (1.34)	13.1 (1.06)	4.9 (0.78)	2.5 (0.59)	8.3 (1.15)
Some college, no bachelor's degree	9,954	100.0	28.7 (1.71)	12.1 (1.59)	27.6 (1.76)	17.9 (1.38)	3.2 (0.50)	2.3 (0.54)	8.1 (1.16)
Bachelor's degree or higher	8,741	100.0	12.8 (1.43)	12.8 (1.47)	41.8 (1.88)	20.8 (1.81)	1.9 (0.41)	2.0 (0.46)	8.0 (1.01)
Poverty level income ²									
2006–2008:									
0%–149%	9,941	100.0	42.7 (2.47)	4.0 (0.79)	18.6 (1.55)	14.9 (1.65)	5.2 (0.81)	5.5 (1.06)	9.3 (1.34)
0%–99%	6,191	100.0	44.9 (3.50)	1.9 (0.83)	20.1 (2.63)	12.0 (1.41)	6.9 (1.14)	4.8 (1.12)	9.5 (2.06)
150%–299%	10,800	100.0	31.6 (2.66)	11.7 (1.79)	21.0 (1.91)	15.9 (1.43)	2.3 (0.56)	5.5 (0.74)	12.0 (1.55)
300% or more.	14,533	100.0	18.5 (2.02)	14.6 (1.53)	34.4 (1.92)	15.7 (1.53)	1.3 (0.37)	5.9 (1.55)	9.6 (1.15)
2002:									
0%–149%	9,525	100.0	40.5 (2.18)	4.7 (1.12)	20.8 (1.60)	15.0 (1.16)	6.9 (0.97)	3.4 (0.53)	8.7 (1.16)
0%–99%	6,088	100.0	42.1 (2.65)	5.0 (1.62)	20.4 (1.92)	13.7 (1.45)	7.1 (1.22)	4.1 (0.73)	7.7 (1.30)
150%–299%	9,998	100.0	33.4 (1.91)	9.4 (1.23)	25.3 (1.54)	16.1 (1.31)	5.0 (0.74)	2.1 (0.66)	8.7 (0.97)
300% or more.	15,490	100.0	19.9 (1.23)	13.7 (0.97)	35.6 (1.34)	19.1 (1.29)	2.8 (0.49)	1.5 (0.30)	7.3 (0.83)
Intent to have more children									
2006–2008:									
Intends more	14,260	100.0	—	0.3 (0.14)	47.6 (1.98)	26.7 (1.71)	4.4 (0.66)	5.7 (0.97)	15.3 (1.40)
Intends no more	23,382	100.0	44.2 (2.14)	16.0 (1.34)	15.8 (1.47)	9.6 (0.97)	2.5 (0.36)	5.0 (0.90)	6.9 (0.90)
2002:									
Intends more	14,213	100.0	*	0.2 (0.13)	51.4 (1.56)	26.8 (1.40)	8.3 (0.83)	2.0 (0.34)	11.3 (0.89)
Intends no more	23,361	100.0	44.0 (1.26)	14.9 (0.95)	17.7 (0.94)	12.3 (0.76)	3.5 (0.46)	2.1 (0.39)	5.5 (0.58)
Race and Hispanic origin									
2006–2008:									
Hispanic	6,072	100.0	33.5 (3.47)	5.8 (1.55)	19.5 (2.45)	16.1 (1.53)	4.4 (0.87)	8.3 (1.25)	12.4 (1.54)
Non-Hispanic:									
White, single race	24,353	100.0	23.0 (1.76)	12.9 (1.01)	32.7 (1.68)	14.7 (1.15)	2.1 (0.32)	5.1 (1.04)	9.6 (0.91)
Black, single race	4,605	100.0	39.9 (2.71)	1.9 (0.76)	20.9 (1.65)	16.2 (2.48)	7.5 (1.56)	5.2 (1.75)	8.4 (1.34)
All other single race and multiple race	3,184	100.0	27.3 (5.89)	6.6 (2.89)	18.4 (3.25)	27.3 (5.06)	3.0 (0.93)	3.7 (0.82)	13.8 (2.33)
2002:									
Hispanic	5,370	100.0	33.8 (2.48)	4.4 (0.69)	22.0 (1.40)	18.5 (1.69)	7.3 (1.35)	5.3 (0.89)	8.8 (0.96)
Non-Hispanic:									
White, single race	25,513	100.0	23.9 (1.19)	11.7 (0.83)	34.4 (1.17)	16.6 (0.92)	4.2 (0.54)	1.5 (0.29)	7.8 (0.70)
Black, single race	4,754	100.0	39.2 (2.05)	2.3 (0.87)	22.7 (1.92)	19.8 (1.43)	9.4 (1.20)	1.5 (0.53)	5.2 (0.77)
All other single race and multiple race	2,472	100.0	20.9 (2.88)	7.0 (2.82)	25.4 (2.62)	27.7 (3.21)	5.2 (1.34)	1.5 (0.70)	12.4 (3.01)

– Quantity zero.

* Figure does not meet standards of reliability or precision.

¹Limited to women 22–44 years of age at time of interview.²Limited to women 20–44 years of age at time of interview.

Table III. Number of women aged 15–44 years, percentage currently using contraception, and percentage who used each of the specified contraceptive methods in the month of interview, according to current marital status: United States, 2006–2008

Contraceptive status and method	Marital and cohabitation status					
	All women		Current married		Not currently married	
	Most effective method used	Used specific method ¹	Most effective method used	Used specific method ¹	Most effective method used	Used specific method ¹
Number of women in thousands	61,864		27,006		34,858	
Percentage (standard error) that used the method						
Currently using contraception	61.8 (1.22)	61.8 (1.21)	78.6 (1.25)	78.6 (1.25)	48.7 (1.91)	48.7 (1.91)
Female sterilization	16.7 (0.96)	16.7 (0.96)	23.6 (1.82)	23.6 (1.82)	11.4 (0.92)	11.4 (0.92)
Male sterilization	6.1 (0.53)	6.7 (0.58)	12.7 (1.14)	13.7 (1.23)	1.0 (0.19)	1.3 (0.27)
Pill	17.3 (0.83)	17.9 (0.86)	16.3 (1.46)	17.4 (1.50)	18.1 (1.16)	18.3 (1.15)
Norplant™, Lunelle™, or patch	0.7 (0.12)	0.7 (0.12)	0.7 (0.20)	0.7 (0.20)	0.7 (0.14)	0.7 (0.14)
3-month injectable (Depo-Provera™)	2.0 (0.24)	2.0 (0.24)	1.4 (0.32)	1.4 (0.32)	2.4 (0.27)	2.5 (0.28)
Contraceptive ring	1.5 (0.22)	1.5 (0.22)	1.0 (0.25)	1.1 (0.26)	1.8 (0.36)	1.8 (0.36)
Intrauterine device (IUD)	3.4 (0.52)	3.4 (0.52)	5.3 (0.85)	5.3 (0.85)	1.9 (0.46)	2.0 (0.46)
Condom	10.0 (0.63)	13.9 (0.69)	11.7 (1.03)	13.8 (1.13)	8.6 (0.62)	14.0 (0.84)
Periodic abstinence—calendar rhythm	0.5 (0.10)	1.1 (0.16)	1.0 (0.23)	1.8 (0.30)	0.2 (0.07)	0.6 (0.16)
Periodic abstinence—natural family planning	0.1 (0.06)	0.4 (0.13)	0.2 (0.07)	0.7 (0.28)	*	*
Withdrawal	3.2 (0.33)	6.2 (0.42)	4.5 (0.69)	7.3 (0.79)	2.2 (0.31)	5.4 (0.53)
Other methods ²	0.3 (0.09)	0.5 (0.11)	0.3 (0.10)	0.6 (0.15)	0.2 (0.11)	0.3 (0.11)

* Figure does not meet standards of reliability or precision.

¹Percentages will not add to the total who were using contraception because more than one method could have been used in the month of interview. Respondents could list as many as four current contraceptive methods.²Includes diaphragm (with or without jelly or cream), emergency contraception, female condom or vaginal pouch, foam, cervical cap, Today™ sponge, suppository or insert, jelly or cream (without diaphragm), and other methods.**Table IV. Number of women aged 15–44 years, percentage currently using contraception, and percentage who used the specified contraceptive method in the month of interview, according to Hispanic origin and race: United States, 2006–2008**

Contraceptive status and method	Race and Hispanic origin							
	Hispanic		Non-Hispanic					
			White, single race		Black, single race		Other single race or multiple race	
	Most effective method used	Used specific method ¹	Most effective method used	Used specific method ¹	Most effective method used	Used specific method ¹	Most effective method used	Used specific method ¹
Number of women in thousands	10,377		37,660		8,452		5,375	
Percentage (standard error) that used the method								
Currently using contraception	58.5 (1.90)	58.5 (1.90)	64.7 (1.59)	64.7 (1.59)	54.5 (2.54)	24.5 (2.54)	59.2 (3.00)	59.2 (3.00)
Female sterilization	19.6 (2.09)	19.6 (2.09)	14.9 (1.22)	14.9 (1.22)	21.8 (1.89)	21.8 (1.89)	16.1 (3.70)	16.1 (3.70)
Male sterilization	3.4 (0.91)	3.6 (0.92)	8.3 (0.71)	9.1 (0.76)	1.1 (0.42)	1.3 (0.50)	3.9 (1.73)	4.6 (1.82)
Pill	11.4 (1.53)	11.5 (1.53)	21.2 (1.11)	22.0 (1.12)	11.4 (1.13)	11.9 (1.39)	10.9 (1.88)	11.0 (1.88)
Norplant™, Lunelle™, or patch	1.5 (0.43)	1.5 (0.43)	0.5 (0.09)	0.5 (0.09)	0.6 (0.16)	0.6 (0.16)	1.0 (0.55)	1.0 (0.55)
3-month injectable (Depo-Provera™)	2.6 (0.52)	2.6 (0.53)	1.4 (0.20)	1.4 (0.21)	4.1 (0.84)	4.1 (0.84)	1.8 (0.52)	1.8 (0.53)
Contraceptive ring	1.2 (0.42)	1.2 (0.42)	1.6 (0.33)	1.7 (0.33)	1.7 (0.69)	1.7 (0.69)	0.8 (0.31)	0.8 (0.31)
Intrauterine device (IUD)	4.8 (0.77)	4.8 (0.77)	3.3 (0.67)	3.3 (0.67)	2.8 (0.95)	3.0 (0.96)	2.2 (0.46)	2.2 (0.46)
Condom	9.4 (0.98)	11.3 (1.08)	9.5 (0.78)	13.6 (0.88)	8.8 (1.30)	14.8 (1.55)	16.2 (3.16)	19.6 (3.27)
Periodic abstinence—calendar rhythm	0.6 (0.33)	1.5 (0.43)	0.5 (0.13)	1.0 (0.20)	*	0.5 (0.20)	1.0 (0.52)	2.1 (0.72)
Periodic abstinence—natural family planning	*	*	*	0.4 (0.20)	*	*	*	*
Withdrawal	3.0 (0.47)	5.7 (0.75)	3.3 (0.49)	6.7 (0.63)	2.1 (0.47)	3.4 (0.61)	5.1 (1.23)	8.5 (1.66)
Other methods ²	0.5 (0.35)	0.6 (0.35)	0.3 (0.07)	0.5 (0.12)	*	*	*	0.5 (0.26)

* Figure does not meet standards of reliability or precision.

¹Percentages will not add to the total who were using contraception because more than one method could have been used in the month of interview. Respondents could list as many as four current contraceptive methods.²Includes diaphragm (with or without jelly or cream), emergency contraception, female condom or vaginal pouch, foam, cervical cap, Today™ sponge, suppository or insert, jelly or cream (without diaphragm), and other methods.

Table V. Number of women aged 15–44 years, percentage currently using contraception, and percentage who used the specified contraceptive method in month of interview, according to age at interview: United States, 2006–2008

Contraceptive status and method	Age					
	15–24		25–34		35–44	
	Most effective method used	Used specific method ¹	Most effective method used	Used specific method ¹	Most effective method used	Used specific method ¹
Number of women in thousands	20,570		19,837		21,457	
	Percentage (standard error) that used the method					
Currently using contraception	41.3 (2.19)	41.3 (2.19)	67.2 (1.46)	67.2 (1.46)	76.5 (1.36)	76.5 (1.36)
Female sterilization	0.7 (0.20)	0.7 (0.20)	14.9 (1.41)	14.9 (1.41)	33.8 (1.94)	33.8 (1.94)
Male sterilization	0.2 (0.08)	0.2 (0.08)	3.9 (0.56)	4.4 (0.59)	13.9 (1.40)	15.2 (1.43)
Pill	20.7 (1.43)	20.7 (1.42)	20.1 (1.21)	20.9 (1.18)	11.5 (1.30)	12.5 (1.46)
Norplant™, Lunelle™, or patch	0.6 (0.15)	0.6 (0.15)	1.1 (0.29)	1.1 (0.29)	0.4 (0.19)	0.4 (0.19)
3-month injectable (Depo-Provera™)	2.7 (0.40)	2.7 (0.40)	2.5 (0.40)	2.5 (0.41)	0.8 (0.25)	0.9 (0.25)
Contraceptive ring	2.2 (0.55)	2.2 (0.55)	1.9 (0.35)	1.9 (0.35)	0.5 (0.18)	0.5 (0.18)
Intrauterine device (IUD)	2.1 (0.58)	2.1 (0.58)	4.3 (0.70)	4.4 (0.70)	3.8 (0.92)	3.8 (0.92)
Condom	9.9 (0.79)	15.4 (1.02)	12.6 (1.14)	17.7 (1.34)	7.6 (0.97)	8.9 (1.00)
Periodic abstinence—calendar rhythm	0.2 (0.07)	0.3 (0.12)	0.7 (0.25)	1.5 (0.34)	0.7 (0.23)	1.5 (0.33)
Periodic abstinence—natural family planning	—	*	0.3 (0.16)	0.4 (0.18)	0.1 (0.06)	0.6 (0.34)
Withdrawal	1.9 (0.37)	5.3 (0.55)	4.4 (0.55)	8.4 (0.91)	3.3 (0.75)	5.0 (0.74)
Other methods ²	0.2 (0.07)	0.2 (0.08)	0.5 (0.20)	0.9 (0.26)	0.2 (0.08)	0.3 (0.10)

— Quantity zero.

* Figure does not meet standards of reliability or precision.

¹Percentages will not add to the total who were using contraception because more than one method could have been used in the month of interview. Respondents could list as many as four current contraceptive methods.²Includes diaphragm (with or without jelly or cream), emergency contraception, female condom or vaginal pouch, foam, cervical cap, Today™ sponge, suppository or insert, jelly or cream (without diaphragm), and other methods.

Appendix II. Definitions of Terms

Age

In this report, age (*recode* = *AGER*) is based on the respondent's age as of the date of the interview. This may differ slightly from the respondent's age at the time of the household screening interview. Persons were eligible for the main NSFG interview if they were 15–44 years of age when the household screening interview was conducted.

Age at first sexual intercourse

In this report, age at first sexual intercourse (*recode* = *SEX1AGE*) is defined as the woman's age at her first intercourse after menarche. It is based on the following question:

“Thinking back after your first menstrual period, how old were you when you had sexual intercourse for the first time?”

At risk of unintended pregnancy

As discussed in the text surrounding [Tables 4–8](#), this term (*recode* = *CONSTAT1*) refers to women who have a chance of becoming pregnant at the date of interview, but do not want to become pregnant now: they are either (a) using a contraceptive method or (b) they are not using contraception but they have had intercourse in the 3 months before the interview and are not pregnant or trying to become pregnant. “Risk of unintended pregnancy” is measured by combining several categories of the *CONSTAT1* recode in the NSFG data file. Calculating contraceptive use or nonuse as a proportion of those who are “at risk of unintended pregnancy” allows better comparisons between groups of women by age, race, parity, marital status, and other characteristics.

Women who are **not** at risk of unintended pregnancy at the date of interview are those who are not using contraception because they are:

- Currently pregnant or postpartum (5.4%).
- Trying to become pregnant (4.1%).
- Had never had intercourse, or had not had intercourse recently (19.2%).
- Were sterile from surgery (most commonly, hysterectomy) (0.4%).
- Were sterile for nonsurgical reasons (1.7%).

Those who are “at risk of unintended pregnancy” include two groups:

- The 62% of women who are currently using contraception (because method use does sometimes result in unintended pregnancy).
- The 7.3% of women who have had intercourse in the last 3 months but were not currently using contraception.

In this report, women using all contraceptive methods, including male and female sterilization, are classified as “at risk and using a method.” This was done for several reasons: first, because female sterilization is the second most commonly used method, and male sterilization is the fourth most commonly used; together they account for 37% of all contraceptive users in the United States. It is inaccurate to say that this large group is not using contraception. Second, sterilization has a low but non-zero risk of failure (22), so it can be viewed as appropriate to consider these women as “at risk and using a method.”

An alternative definition of “at risk of unintended pregnancy” can be constructed that classifies those using male or female sterilization as “not at risk of unintended pregnancy.” If we were to define “at risk of unintended pregnancy” this way, then the proportion using contraception is 84% and the proportion “at risk but not using” is 16% overall (compared with 11% using the definition used in [Table 8](#)), 14% for Hispanic and non-Hispanic white women, and 25% for black women. Given how common sterilization is in the United States, however, this definition was not used in this report.

Contraceptive use at first sexual intercourse

This variable (*recode* = *SEX1MTHDI-4*) is defined only for women who have ever had intercourse after menarche. The recodes used are *SEX1MTHDI-4*, which describe whether a method was used at all the first time a woman had intercourse after menarche, and if so, what method(s). If she did report using a method at first intercourse after menarche, she was asked what method she used and what other method(s) she used at the same time, if any.

Current contraceptive status

This recode (*recode* = *CONSTAT1*) is a measure of current contraceptive use during heterosexual vaginal intercourse. The primary purpose of this recode is to measure risk of pregnancy; the secondary purpose is to measure risk of sexually transmitted diseases. All respondents are classified by current contraceptive status, first into those who are using contraception in the month of interview and those who are not.

Those who are not using contraception are classified into the following categories, which may be viewed as “not at risk of unintended pregnancy”:

- They are currently pregnant or postpartum.
- They are trying to become pregnant.
- They have never had intercourse or they have not had intercourse within the 3 months before the interview.
- They or their partner is sterile—either nonsurgically or surgically for noncontraceptive reasons.

A final category of nonusers comprises those who are not using, but they have had intercourse in the 3 months before the interview. These are generally classified as “at risk of unintended pregnancy.”

Those who are using contraception are classified by the method or methods they are using. Those who are using more than one method are classified by the most effective method they are using. If multiple contraceptive methods

are being used at the time of interview, up to three additional methods are coded into separate variables (CONSTAT2–CONSTAT4), in order of their effectiveness. (Very few respondents reported four methods in a month, and none reported more than four.)

This report presents results from the CONSTAT1 recode (the most effective method currently used) in [Tables 4–11](#), and the results of CONSTAT1–4 (all methods currently used) in [Tables 12–14](#). The categories of current contraceptive status are defined in the following way, in two broad groups—those not using contraception and those using contraception. The categories of nonusers of contraception are described first.

Noncontraceptors

Nonsurgically sterile—A woman was classified as nonsurgically sterile if she reported that it was impossible for her or her husband or cohabiting partner to have a baby for any reason other than surgical sterilization. Nonsurgical reasons for sterility include menopause; sterility from accident, illness, congenital causes; or unexplained inability to conceive.

Surgically sterile (female–noncontraceptive)—If a woman was surgically sterile at the time of interview for noncontraceptive reasons, then she was classified as surgically sterile (female–noncontraceptive). “Surgically sterile” means that the woman is completely unable to have a baby due to an operation. “Noncontraceptive” reasons include medical reasons such as trouble with female reproductive organs and high likelihood of miscarrying or having an unhealthy baby. Most of those classified in this category were women who had had a hysterectomy.

Pregnant—The recode RCURPREG was defined as “yes, currently pregnant” if the woman answered “yes” to either of these questions:

“Are you pregnant now?” or for those in doubt, *“Do you think you are probably pregnant or not?”* If the recode RCURPREG = “yes,” then CONSTAT1 was coded “pregnant.”

Seeking pregnancy—A woman was classified as seeking pregnancy if she reported that she was not using a method at the time of interview because she or her partner wanted her to become pregnant as soon as possible.

Postpartum—A woman was classified as postpartum if she reported that she was not currently using a method, was not trying to become pregnant, and her last pregnancy had ended 6 weeks or less before the time of interview.

Other nonusers—Women who reported that they were using no contraceptive methods for any reason in the month of interview and could not be otherwise classified were considered nonusers. Included are:

- Women who never had (voluntary) intercourse since their first menses.
- Women who have had intercourse, but not in the 3 months prior to interview.
- Women who had intercourse at some time in the 3 months prior to interview but were not using a method in the month of interview.

Contraceptors

Women in the NSFG used a “Life History Calendar” to record the month and year in which significant events happened in their lives, including marriages and cohabitations, and births and other pregnancies. Women used their life history calendars to help them answer more accurately about contraceptive use, both ever in their lives, and in the 3–4 years prior to the date of interview (for example, January 2003 to the month of interview for women interviewed in 2006). The interviewer asked whether the respondent had ever used each of about 22 methods, and showed her a card listing these 22 methods (all the methods that were currently available in the United States). Next, the interviewer asked the respondent to record on the life history calendar the contraceptive methods the respondent used each month from January 2003 (or her first intercourse if it was later than January 2003) to the month of interview, if she was interviewed in 2006. If she was interviewed in 2008, she would be asked to record the methods she used in

January 2005 to the month of interview. The interviewer would read the following to the respondent and help her fill in the information on the life history calendar.

ED-4b. “I need to find out about the birth control methods you used each month between (DATE OF FIRST METHOD USE OR JANUARY xxxx) and (DATE OF INTERVIEW). Remember to include methods men use—such as condoms, vasectomy, and withdrawal—in your answer.

Looking at the methods on Card 37, please write the methods you used each month on the calendar. I need to know about all the methods you used, so if you used more than one method in a month, please record all the methods you used that month.”

They then reviewed the entries for each month and the interviewer entered the methods into the computer for each month. This recording continued through the month of the interview. **The method or methods used in the month of interview comprise the methods used in the current contraceptive status classification in [Table 4–14](#).**

If the woman reported using two or more methods in the month of interview, she was classified by the most effective method she used for CONSTAT1. Priority was given to contraceptive methods in the following order:

Female (contraceptive) sterilization had the highest priority, followed by male (contraceptive) sterilization, Norplant™ or Implanon™ implant, Lunelle™ (1-month injectable), Depo-Provera™ (3-month injectable), pill, contraceptive patch, contraceptive ring, morning-after pill (emergency contraception), IUD, diaphragm (with or without jelly or cream), male condom, female condom or vaginal pouch, foam, cervical cap, Today™ sponge, suppository or insert, jelly or cream (without diaphragm), periodic abstinence by natural family planning or temperature rhythm methods, periodic abstinence by calendar rhythm method, withdrawal, and other methods.

Thus, in [Tables 4–11](#), if a woman or couple was using the pill and the male condom, they would be classified as using the pill, because it has a lower failure rate. In [Tables 12–14](#), however, the use of both methods would be recorded.

Education

Highest grade or degree (*recode* = *HIEDUC*). This is based on a series of questions that measure the highest degree received as well as the highest grade or year of school completed. The categories of *HIEDUC* were defined as follows:

No high school diploma or

GED—The woman has not received a high school degree, General Educational Development high school equivalency diploma (GED), or college diploma.

High school diploma or GED—The highest degree the woman obtained is a high school diploma or GED, and her highest completed grade of school is 12 or lower.

Some college, no bachelor's degree—The highest degree the woman obtained is a high school diploma or GED, but the highest grade of school completed is higher than 12, or the highest degree is an Associate's degree.

Bachelor's degree or higher—The woman reported having a college or university degree at the bachelor's level or higher, regardless of highest grade completed.

The tables in this report show data for education only for women aged 22–44 years at interview because large percentages of women 15–21 years of age are still attending school. Using the full age range of 15–44 would misclassify many young women still attending school as having low educational attainment.

Education of respondent's mother

This is a measure (*recode* = *EDUCMOM*) of the respondent's mother's (or mother-figure's)

educational attainment. For women who had not lived with both biological or both adoptive parents from birth or adoption to age 18, this question was asked to determine whether she had a mother or mother-figure:

“Who, if anyone, do you think of as the woman who mostly raised you when you were growing up?”

Response categories included: biological mother, adoptive mother, stepmother, father's girlfriend, foster mother, grandmother, other female relative, female nonrelative, no such person, or other.

All respondents, except for those who did not identify a mother figure, were then asked:

“Please look at Card 11. What is the highest level of education (your mother/she) completed?”

- *Less than high school*
- *High school graduate or GED*
- *Some college but no degree*
- *2-year college degree (e.g., Associate's degree)*
- *4-year college graduate (e.g., BA, BS)*
- *Graduate or professional school*

These were combined into the same four categories as was the respondent's education: less than high school; high school graduate or GED; some college including 2-year degrees; and Bachelor's degree or higher.

Effectiveness of contraceptive methods

The 13.5% of contraceptive users who were using more than one method in the month before the interview were classified in [Tables 4–11](#) by the most “effective” method they were using. This section defines “effectiveness,” and how it is measured in the NSFG.

The ranking of the effectiveness of methods uses data (when available) and other knowledge to estimate the failure rate for each method when used by a national sample of users. A failure rate is simply the percent who have a pregnancy in the first 12 months of using the method. Much of this

knowledge is based on analysis of data from previous cycles of the NSFG and from clinical trials (e.g., 21,22). This measure is sometimes called “typical use,” or “use-effectiveness,” and is the best estimate of the likely failure rate for a national cross-section of users. “Perfect use,” which is often measured in clinical trials, is the failure rate obtained when a method is used by a selected sample of participants who are instructed how to use the method consistently and correctly; clinical-trial failure rates are usually lower than failure rates in representative national samples (21,22).

Two recent sources (21,22) were used to obtain the typical-use failure rates as estimated from previous cycles of the NSFG. These rates are shown in [Table A](#) in the text. They are: female sterilization and male sterilization (less than 1%, most effective), implant (1%), injectable (7%), pill (9%), male condom (17%), withdrawal (18%), periodic abstinence (25%), and spermicides (29%, least effective).

Along with the failure rates shown previously, two other factors were considered: One of these was an attempt to preserve comparability with previous cycles of the NSFG. Priority was given to comparability when the differences in failure rates between some methods were very small. The rankings for the newer methods and those used by very small proportions of women were assigned based on the best information available. Therefore, if a woman reported that she had used the pill and the condom in the last month, in [Tables 4–11](#), she was classified as using the pill, because the pill has a lower failure rate (9%) than the condom (17%). In [Tables 12–14](#), however, both the pill use and the condom use would be recorded.

Ever-use of birth control methods

These data are based on multiple series of questions, the first of which begins like this:

“Card 30 lists methods that some people use to prevent pregnancy or to prevent sexually transmitted disease. As I read each one, please tell me if

you have ever used it for any reason. Please answer yes even if you have only used the method once.

- *Have you ever used birth control pills?*
- *Have you ever used condoms or rubbers with a partner?*
- *Have you ever had sex with a partner who had a vasectomy?*
- *Have you ever used Depo-Provera™, an injectable (or shot) given once every 3 months?*
- *Have you ever used Lunelle™, a once-a-month injection?*
- *Have you ever had sex with a partner who used withdrawal or “pulling out”?”*

This series of questions continued until 11 methods had been asked about individually. Then, the respondent was asked the following:

“On the right side of Card 30 is a list of some other methods of birth control. Which, if any of the methods listed on that side of the card have you ever used? Please tell me the method even if you have only used it once.”

The methods that were listed on the right side of the card are: Hormonal implant (Norplant™ or Implanon™); IUD, coil, loop; cervical cap; diaphragm; female condom, vaginal pouch; foam; jelly or cream; suppository, insert; Today™ sponge, and other method. The interviewer would record every method that the respondent had used.

Other sections of the interview, which captured a woman’s use of contraceptive methods at specific instances or periods of intercourse, were used to ensure that “ever use” of these methods were complete. The additional information came from her life history calendar, a month-by-month record of birth control; the method she used the first time she had intercourse; the method she used the last time she had intercourse; and whether she had stopped using the method because of dissatisfaction.

Marital status at interview

This variable (*Recode = RMARITAL*) is based on the following question in the interview:

“Now I’d like to ask about your marital status and living together. Please look at Card 1. What is your current marital or cohabiting status?”

- *Married*
- *Not married but living together with a partner of the opposite sex*
- *Widowed*
- *Divorced*
- *Separated, because you and your spouse are not getting along*
- *Never been married.*

In this report, the categories widowed, divorced, and separated were combined into the “formerly married” category because of limitations of sample size.

Parity

This refers to the number of live births (*recode = PARITY*) the woman has had. For example, a woman classified as “parity 0” has never had a live birth. “Parity 1” means that she has had one live birth.

Poverty level income at interview

The poverty index ratio (*recode = POVERTY*) is measured for the year before the year of interview. It was calculated by dividing the total family income by the weighted average threshold income of families whose head of household was under 65 years of age, based on the poverty levels defined by the U.S. Census Bureau for the year preceding the interview. That is, if the interview took place in 2006, the respondent was asked to provide the total family income for 2005 and POVERTY would be calculated using the 2005 Census definitions. This definition of poverty status takes into account the number of persons in the family. Total family income includes income from all sources for all members of the respondent’s family.

For example, the Census-defined poverty threshold for a family of four in 2005, was \$19,971. So, if the total family income was \$40,000, the income relative to the poverty level would be 200 ($\$40,000/\$19,971 \times 100 = 200.29$) and a respondent would be classified in the category “150–299%.”

The tables in this report show data by poverty-level income only for women aged 20–44 years at interview. Reports of income by younger women are likely to be inaccurate because younger respondents are more likely to be trying to report the income of their parent(s) and less likely to be contributors to family income themselves.

For 1,452 (781 women and 671 men) of the 13,495 respondents, or 10.8%, total family income for the year preceding the NSFG interview was not ascertained, and was imputed.

Race and Hispanic origin

Women were classified into a Hispanic origin or race category, based on the recode variable (*recode = HISPRACE2*), HISPRACE, and the intermediate variable, NUMRACE (a count of the number of races the respondent chose). HISPRACE has these values:

- 1 = Hispanic
- 2 = Non-Hispanic white
- 3 = Non-Hispanic black
- 4 = Non-Hispanic other

NUMRACE is dichotomous: 1 = single race, 2 = multiple races.

For respondents who were Hispanic (HISPRACE = 1) or who were of only 1 race (NUMRACE = 1), HISPRACE2 = HISPRACE. If NUMRACE = 2, then HISPRACE2 = 4. The categories of HISPRACE2 are:

- 1 = Hispanic (regardless of race reporting)
- 2 = Non-Hispanic white, single race
- 3 = Non-Hispanic black, single race
- 4 = Non-Hispanic other single race or multiple race

For some tables, there are sufficient numbers of non-Hispanic Asian, single-race respondents to report statistical

results for this subgroup of category 4, non-Hispanic other single or multiple race. There are too few respondents in the other subgroups to report results for them separately.

Interpretation of data by race and Hispanic origin

Data are shown by race and Hispanic origin in the tables because NCHS is frequently asked to provide data separately for white, black, and Hispanic women. Race is associated with a number of indicators of social and economic status. Measures of socioeconomic status (e.g., education and income) are not always available for the point in time when the event being studied occurred. While characteristics such as education and income change over time, race and ethnicity do not change, so they can be used at all points in time as proxies for socioeconomic status. Differences among white, black, and Hispanic women in the variables presented in the tables may be related to the lower income and educational levels of black and Hispanic women (36, Tables 222, 223, 262, 569, 602, 669, 671, 689, 699) their limited access to health care and health insurance, the communities in which they live (37), and other factors.

Sexually experienced

In this report, a female is sexually experienced if she has ever had vaginal, heterosexual intercourse at least once in her life after menarche. [Tables 1](#) and [2](#) of this report are based on this group of women. This is measured by the HADSEX recode.

Sexual intercourse

In this report, sexual intercourse only includes vaginal intercourse between a male and a female.

Appendix III. Details on the Surveys of Contraceptive Use Shown in Table F

The United Nations Population Division, Section on Fertility and Family Planning, provided the following details on the surveys summarized in Table F of this report. See the website cited in Table F for more information.

Australia

Name of survey: Australian Study of Health and Relationships.

Data collection period: Mid-2001 to mid-2002.

Data collection method: Computer-assisted telephone interview.

Sample size: 19,307 men and women. Questions on contraceptive use were administered to 9,134 sexually active women aged 16–59.

Sample weights: Data were adjusted to match the Australian population (age, sex, area of residence) based on the 2001 Census.

Response rate: 77.6%.

Contraceptive methods: Respondents were allowed to indicate more than one contraceptive method. The survey indicated that the overall contraceptive prevalence was 70.8%. Questions were asked of women who had had intercourse in the last 12 months.

Belgium

Name of survey: Enquête de santé par interview.

Data collection period: 2004.

Data collection method: Self-reported paper questionnaire.

Sample size: 12,650 persons. Questions on contraceptive use were administered to sexually active women aged 15–49.

Sample weights: Data were adjusted to match basic population characteristics.

Response rate: 61.4% of households contacted.

Contraceptive methods: Questions refer to methods used during the previous 12 months. Respondents were allowed to indicate more than one contraceptive method. The tabulated results did reclassify methods by main method. Questions were asked of women who had had intercourse in the last 12 months.

France

Name of survey: Enquête Cohorte Contraception 2000.

Data collection period: October 2000 and January 2001.

Data collection method: Computer-assisted telephone interview.

Sample weights: Data were adjusted after post-stratification to make the structure of the sample more comparable to that of the female population of metropolitan France. Data were also adjusted for age, marital status, activity status, and educational attainment.

Sample size: 3,155 women aged 18–44.

Response rate: Around 90%.

Contraceptive methods: The questionnaire did not distinguish between sterilizations for contraceptive and medical reasons. Data on contraceptive use to women married or in union were provided to the United Nations by INSERM.

Netherlands

Name of survey: Geboorteregeling 2003 (Birth Control in the Netherlands Survey 2003).

Data collection period: February to May 2003.

Data collection method: Computer-assisted personal interview.

Sample weights: Data were adjusted to match the population (age, sex, area of residence, nationality, and marital status of women).

Sample size: 14,221 households (men and women aged 18–62). Questions on contraceptive use were administered to women aged 18–45.

Response rate: 57%.

Norway

Name of survey: Survey on Contraceptive Use 2005.

Data collection period: October 2005.

Data collection method: Web panel.

Sample size: 5,000 women aged 20–44 who were sexually active in the previous 3 months.

Response rate: 41%.

Contraceptive methods: Women who provided no information on the contraceptive method used were classified as not using contraception.

Portugal

Name of survey: Inquérito Nacional de Saúde 2005–2006.

Data collection period: February 2005 and February 2006.

Data collection method: Computer-assisted personal interview.

Sample size: 41,193 Portuguese residents. Questions on contraceptive use were administered to women aged 15–55.

Response rate: 76%.

Contraceptive methods: United Nations Population Division (UNPD) estimated the contraceptive prevalence for women 20–49 based on data on contraceptive prevalence for 5-year age groups using the UNPD publication “World Population Prospects 2006” as the population weights for women in different age groups. The data published by the United Nations refer to all women of reproductive age, regardless of marital status or recent sexual activity.

Spain

Name of survey: Encuesta de Fecundidad y Valores 2006.

Data collection period: 17 April to 31 May 2006.

Data collection method: Face-to-face interview.

Sample weights: Data were adjusted to ensure that the weighted sample distribution across 50 provinces matched the population.

Sample size: 10,000 women aged 15 or over residing in Spain. Questions on contraceptive use were administered to women aged 15–49.

Response rate: Over 90%.

United Kingdom

Name of survey: 2007 Omnibus Survey.

Data collection period: Modules on contraception and sexual health were administered in August, October, and December 2007 and March 2008.

Data collection method: Computer-assisted personal interview.

Sample weights: Data were adjusted to ensure that the weighted sample distribution across regions and across age-sex groups matched that in the overall population.

Sample size: 1,200 adults aged 16 or over. Questions on contraceptive use were administered to women aged 16–49.

Response rate: Around 70%.

Contraceptive methods: Respondents were allowed to indicate more than one contraceptive method. The survey indicated that the overall contraceptive prevalence (the percent using any contraceptive method) for married or in union women was 82%.

United States

The data shown for the United States in [Table F](#) were taken from [Table 7](#). For married couples, the data were taken directly from [Table 7](#). For all marital statuses, the data are from the total column of [Table 7](#), divided by the proportion who had intercourse in the last 3 months (80.8%). This makes the percentages for the United States more comparable to the percentages for Australia, Belgium, and Norway.

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For answers to questions about this report or for a list of reports published in these series, contact:

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