

Current Contraceptive Status Among Females Ages 15–49: United States, 2022–2023

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

Key findings

Data from the National Survey of Family Growth

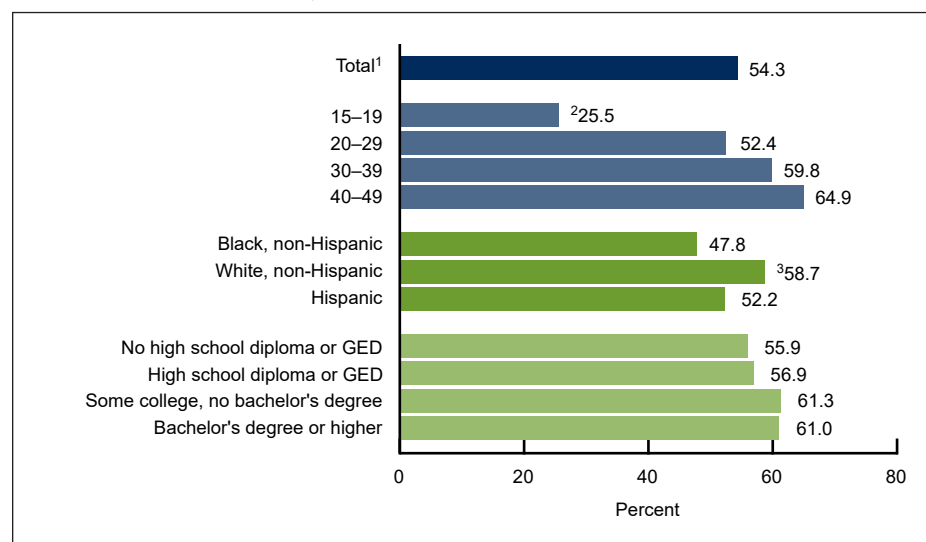
- In 2022–2023, 54.3% of females ages 15–49 in the United States were currently using contraception.
- The most common contraceptive methods were female sterilization (11.5%); oral contraceptive pills (11.4%); long-acting reversible contraceptives (LARCs), which include contraceptive implants and intrauterine devices (IUDs) (10.5%); and the male condom (7.1%).
- Current use of LARCs was higher among women ages 20–29 (13.8%) and 30–39 (12.4%) compared with females ages 15–19 (4.6%) and 40–49 (8.1%).
- Current pill use was higher among White non-Hispanic females (14.1%) compared with Black non-Hispanic (6.7%) and Hispanic (9.1%) females.
- Female sterilization declined and use of the oral contraceptive pill increased with higher education.

Nearly all females use contraception in their lifetimes (1), although at any given time, they may not be using contraception for reasons such as seeking pregnancy, being pregnant or postpartum, or not being sexually active. Using 2022–2023 National Survey of Family Growth (NSFG) data on contraceptive use or nonuse in the month of the survey, this report provides a snapshot of the current contraceptive status among females ages 15–49 in the United States. In addition to describing use of any method by selected characteristics, patterns of use are described for the most common methods used.

In 2022–2023, current contraceptive use varied by age and race and Hispanic origin.

- In 2022–2023, 54.3% of females ages 15–49 were currently using a method of contraception (Figure 1, Table 1).

Figure 1. Percentage of females ages 15–49 who were currently using any contraceptive method, by age group, race and Hispanic origin, and education: United States, 2022–2023



¹Includes people of other and multiple race and origin groups, not shown separately.

²Significant quadratic trend by age ($p < 0.05$).

³Significantly different from Black non-Hispanic and Hispanic females ($p < 0.05$).

NOTES: The population size referenced for females ages 15–49 is 74.9 million. Analyses of education are limited to women ages 22–49 at the time of survey.

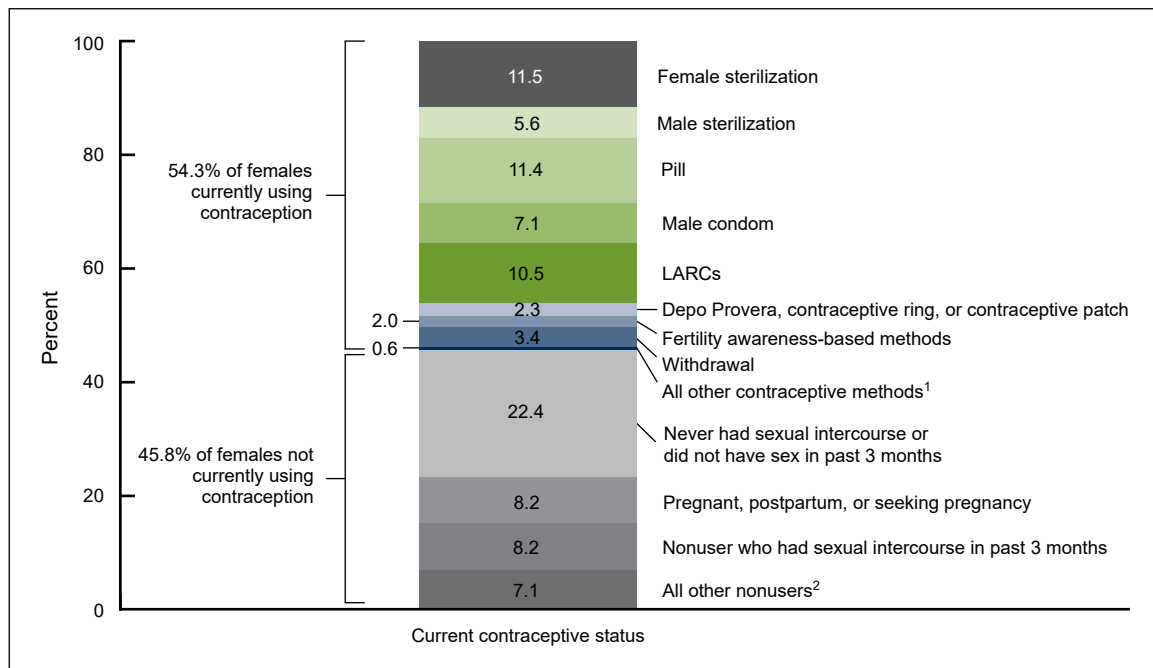
SOURCE: National Center for Health Statistics, National Survey of Family Growth, 2022–2023.

- Current contraceptive use increased with age: 25.5% among females ages 15–19, 52.4% among women ages 20–29, 59.8% among women ages 30–39, and 64.9% among women ages 40–49.
- A higher percentage of White non-Hispanic (subsequently, White) females were currently using contraception (58.7%) compared with Black non-Hispanic (subsequently, Black) (47.8%) and Hispanic (52.2%) females.
- The observed differences in current contraceptive use by education were not significant.

Female sterilization, the pill, the male condom, and long-acting reversible contraceptives were the most common methods females reported currently using in 2022–2023.

- The most common contraceptive methods currently used among females ages 15–49 were female sterilization (11.5%), the pill (11.4%), long-acting reversible contraceptives (LARCs) (10.5%), and the male condom (7.1%) (Figure 2, Table 2).
- In 2022–2023, 45.8% of females ages 15–49 were not currently using contraception, including for reasons such as seeking pregnancy, being pregnant or postpartum, or not being sexually active.

Figure 2. Percent distribution of all females ages 15–49, by current contraceptive status: United States, 2022–2023



¹Includes emergency contraception, female condom, diaphragm, and other methods.

²Includes female noncontraceptive surgically sterile, female and male nonsurgically sterile, and male sterile for unknown reasons.

NOTES: Females currently using more than one method are classified according to the most effective method they are using. Long-acting reversible contraceptives (LARCs) include contraceptive implants and intrauterine devices (IUDs). Estimates include females of other or multiple race and origin groups, not shown separately in Figure 4 in this report. Percentages may not add to 100% due to rounding.

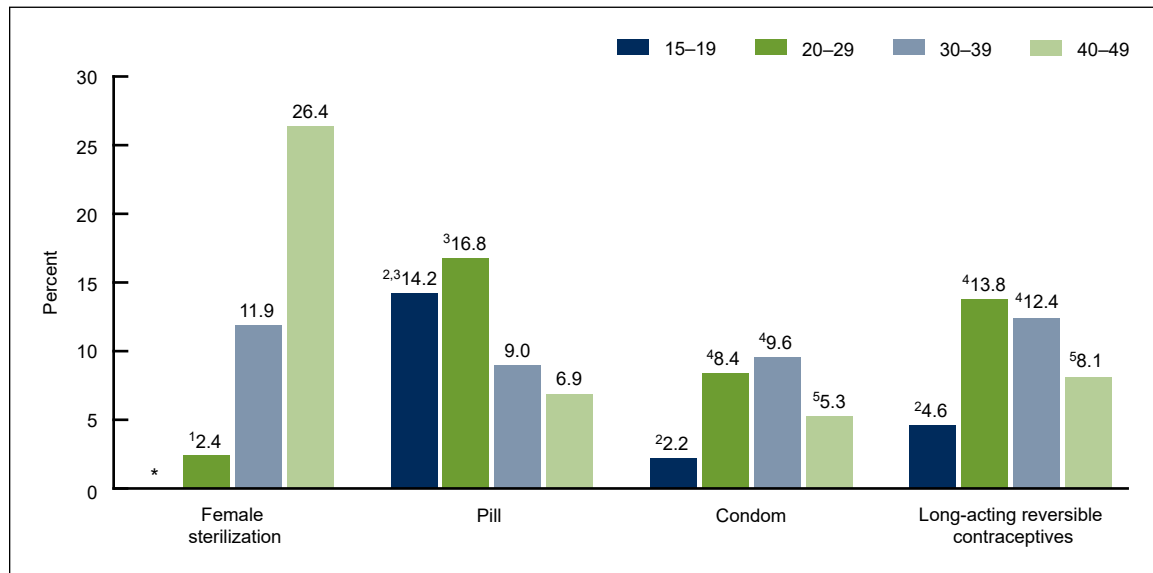
SOURCE: National Center for Health Statistics, National Survey of Family Growth, 2022–2023.

- Nearly one in four females (22.4%) were not using contraception because they had never had sexual intercourse or did not have sexual intercourse in the past 3 months.

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

- Female sterilization increased with increasing age: About 1 in 4 women ages 40–49 were using female sterilization for contraception (26.4%) compared with about 1 in 10 women ages 30–39 (11.9%) (Figure 3, Table 3).
- Pill use generally decreased with increasing age: The percentages for women ages 15–19 (14.2%) and 20–29 (16.8%) were higher than for women ages 30–39 (9.0%) and 40–49 (6.9%).
- Male condom use increased from 2.2% among females ages 15–19 to 8.4% and 9.6% among those ages 20–39 and 30–39, respectively, and then declined to 5.3% among those ages 40–49.
- Use of LARCs increased from 4.6% among females ages 15–19 to 13.8% and 12.4% among women ages 20–29 and 30–39, respectively, and then declined to 8.1% among women ages 40–49.

Figure 3. Percentage of females ages 15–49 who were currently using female sterilization, oral contraceptive pills, the male condom, or long-acting reversible contraceptives, by age group: United States, 2022–2023



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

¹Significant linear trend by age ($p < 0.05$).

²Significant quadratic trend by age ($p < 0.05$).

³Significantly different from ages 30–39 and 40–49 ($p < 0.05$).

⁴Significantly different from ages 15–19 and 40–49 ($p < 0.05$).

⁵Significantly different from ages 15–19 ($p < 0.05$).

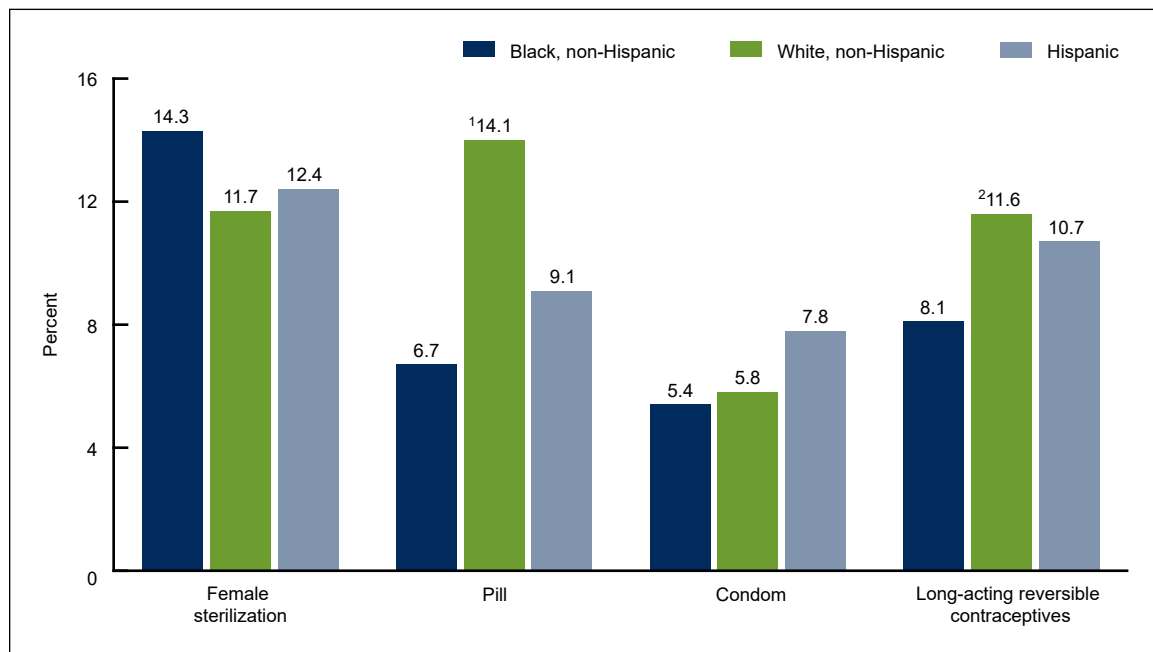
NOTES: Females currently using more than one method are classified according to the most effective method they are using. Long-acting reversible contraceptives include contraceptive implants and intrauterine devices (IUDs).

SOURCE: National Center for Health Statistics, National Survey of Family Growth, 2022–2023.

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

- The observed difference in female sterilization among Black (14.3%), White (11.7%), and Hispanic (12.4%) females was not significant (Figure 4, Table 4).
- Current use of the pill was higher among White females (14.1%) than among Hispanic (9.1%) and Black (6.7%) females.
- The observed differences in male condom use among Black (5.4%), White (5.8%), and Hispanic (7.8%) females were not significant.
- Current use of LARCs was significantly lower for Black females (8.1%) compared with White females (11.6%).

Figure 4. Percentage of females ages 15–49 who were currently using female sterilization, oral contraceptive pills, the male condom, or long-acting reversible contraceptives, by race and Hispanic origin: United States, 2022–2023



¹Significantly different from Black non-Hispanic and Hispanic females ($p < 0.05$).

²Significantly different from Black non-Hispanic females ($p < 0.05$).

NOTES: Females currently using more than one method are classified according to the most effective method they are using. Long-acting reversible contraceptives include contraceptive implants and intrauterine devices (IUDs).

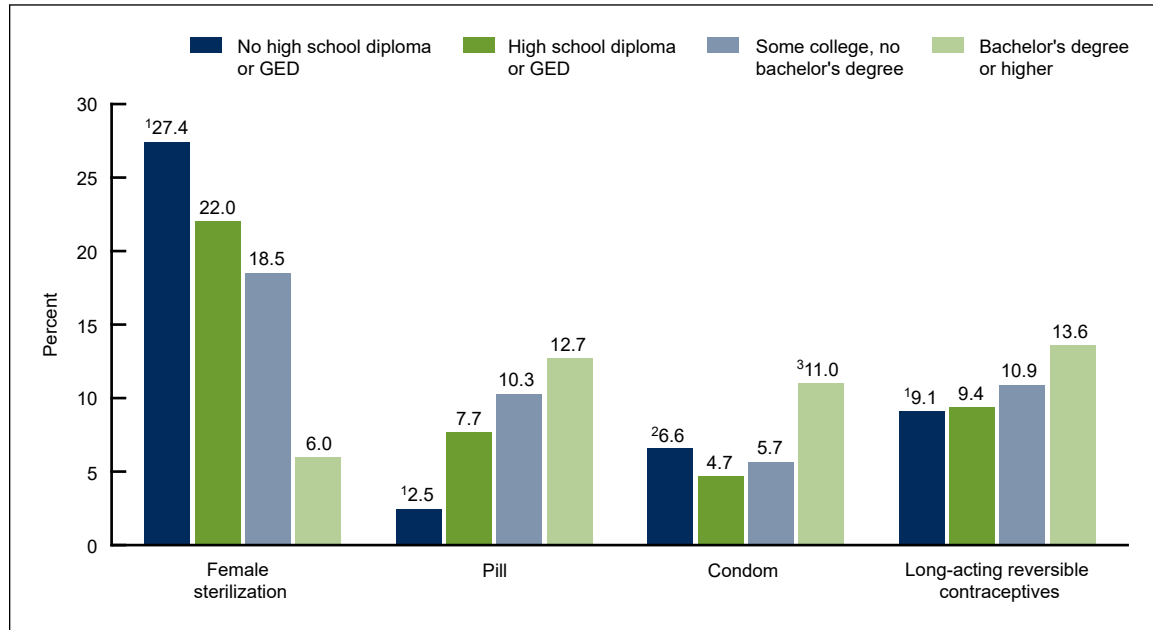
SOURCE: National Center for Health Statistics, National Survey of Family Growth, 2022–2023.

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

- Among women ages 22–49, female sterilization declined with higher education, from 27.4% among women without a high school diploma or GED to 6.0% of women with a bachelor's degree or higher (Figure 5, Table 5).
- Current pill use increased with higher education, from 2.5% of women without a high school diploma or GED to 12.7% of women with a bachelor's degree or higher.

- Current male condom use was higher for those with a bachelor's degree or higher (11.0%) compared with those with no high school diploma or GED (6.6%), a high school diploma or GED (4.7%), and some college but no bachelor's degree (5.7%).
- Current use of LARCs increased with higher education, from 9.1% among women without a high school diploma or GED to 13.6% among women with a bachelor's degree or higher.

Figure 5. Percentage of women ages 22–49 who were currently using female sterilization, oral contraceptive pills, the male condom, or long-acting reversible contraceptives, by education: United States, 2022–2023



¹Significant linear trend by education ($p < 0.05$).

²Significant quadratic trend by education ($p < 0.05$).

³Significantly different from all other education groups ($p < 0.05$).

NOTES: Women currently using more than one method are classified according to the most effective method they are using. Long-acting reversible contraceptives include contraceptive implants and intrauterine devices (IUDs).

SOURCE: National Center for Health Statistics, National Survey of Family Growth, 2022–2023.

Summary

In 2022–2023, about 54% of females ages 15–49 were currently using some type of contraceptive method. Current use of any method of contraception was higher among older females and White females compared with younger females and Hispanic and Black females. The most commonly used methods were female sterilization (11.5%), the pill (11.4%), LARCs (10.5%), and the male condom (7.1%). Current use of female sterilization and the male condom varied by age and education. Current use of the pill and LARCs varied by age, race and Hispanic origin, and education.

Understanding variation in contraceptive use across social and demographic characteristics offers potential insight into larger fertility patterns, including birth rates and incidence of unintended pregnancies. The chance that a sexually active female not seeking a pregnancy will have an unintended pregnancy varies by whether any method of contraception is used and which method she or her partner uses (2).

Definitions

Current contraceptive status: Contraceptive status in the month of the survey, not necessarily at a specific act of sexual intercourse (recode variable CONSTAT1). This variable includes either use of specific methods or, if the woman did not use a method in the month of survey, nonuse of contraceptive methods with the following subcategories: pregnant, seeking pregnancy, postpartum, noncontraceptive sterility, no sexual activity with a male partner (ever or in the past 3 months), or sexually active in the past 3 months and no method used in the current month. In this report, as in previous NSFG reports, females who were currently using more than one method are classified by the method that was most effective in preventing pregnancy, because that method has the greatest impact on their risk of unintended pregnancy (2). In 2022–2023, 22.1% of females who were currently using contraception used more than one contraceptive method during the same month.

Education: Highest degree attained or grade finished at the time of the survey (recode variable HIEDUC). Results by education are presented only for women ages 22–49, as many younger females have not completed their education.

Race and Hispanic origin: The 1997 Office of Management and Budget guidelines for the presentation of race and origin data in federal statistics are used for these classifications (3). Recode variable HISPRA2 categorizes respondents as Hispanic; White non-Hispanic, single race; Black non-Hispanic, single race; and non-Hispanic other or multiple races. Given the wide variety of females categorized as non-Hispanic other or multiple races, this category is not presented separately in the report.

Data source and methods

This report is based on data from the 5,586 females surveyed in the 2022–2023 NSFG and is an update of an earlier report (4). Details about the survey content, administration, response rates, planning, and funding can be found in the documentation on the NSFG website (5,6). All estimates in this report are representative of the household population of females ages 15–49 of the United States in 2022, except those for education, which are representative of women ages 22–49 (5).

Statistics for this report were produced using SAS-callable SUDAAN software version 11.0.3 to account for the complex sample design of NSFG. Differences between percentages were evaluated using two-tailed *t* tests at the 5% level. No adjustments were made for multiple comparisons. Survey clusters minus strata were used as the degrees of freedom for significance testing of pairwise comparisons. Linear and quadratic trends by age and education were evaluated using orthogonal polynomials. Statistical power to detect differences between groups was limited for some comparisons. The data presented in this report are bivariate associations that may be explained by other factors not controlled for in the figures or included in the report. Due to the change in survey design to multimode and lower response due to a number of factors (5), comparisons of these results with previous NSFG data releases should be made with caution. All estimates presented meet National Center for Health Statistics guidelines for presentation of proportions (7).

About the authors

Kimberly Daniels and Joyce C. Abma are with the National Center for Health Statistics, Division of Health Interview Statistics.

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Figure tables

Data table for Figure 1. Percentage of females ages 15–49 who were currently using any contraceptive method, by age group, race and Hispanic origin, and education: United States, 2022–2023

Characteristic	Number (thousands)	Percent	Standard error
Total ¹	74,937	54.3	0.90
Age group			
15–19.	10,490	² 25.5	1.94
20–29.	21,625	52.4	1.50
30–39.	22,337	59.8	1.41
40–49.	20,485	64.9	1.37
Race and Hispanic origin			
Black, non-Hispanic	9,807	47.8	1.89
White, non-Hispanic	39,411	³ 58.7	1.37
Hispanic.	16,206	52.2	1.48
Education			
No high school diploma or GED	4,916	55.9	3.45
High school diploma or GED	10,830	56.9	2.33
Some college, no bachelor's degree	17,427	61.3	1.63
Bachelor's degree or higher	26,968	61.0	1.28

¹Includes people of other and multiple race and origin groups, not shown separately.

²Significant quadratic trend by age ($p < 0.05$).

³Significantly different from Black non-Hispanic and Hispanic females ($p < 0.05$).

NOTES: The population size referenced for females ages 15–49 is 74.9 million. Analyses of education are limited to women ages 22–49 at the time of survey.

SOURCE: National Center for Health Statistics, National Survey of Family Growth, 2022–2023.

Data table for Figure 2. Percent distribution of females ages 15–49, by current contraceptive status: United States, 2022–2023

Characteristic	Percent	Standard error
Total	100.0	...
Not currently using contraception	45.8	0.90
Never had sexual intercourse or did not have sex in the past 3 months	22.4	0.68
Never had intercourse	16.0	0.66
No intercourse in past 3 months	6.4	0.40
Pregnant, postpartum, or seeking pregnancy	8.2	0.45
Nonuser who had sexual intercourse in past 3 months	8.2	0.50
All other nonusers ¹	7.1	0.37
Currently using contraception	54.3	0.90
Female sterilization	11.5	0.85
Male sterilization	5.6	0.50
Pill	11.4	0.64
Male condom	7.1	0.43
Long-acting reversible contraceptives	10.5	0.62
Intrauterine device (IUD)	8.1	0.53
Implant	2.5	0.27
3-month injectable (Depo-Provera), contraceptive ring, or patch	2.3	0.24
Fertility awareness-based methods	2.0	0.25
Counting cycle days ²	1.6	0.21
Symptothermal ³	0.4	0.11
Withdrawal	3.4	0.31
Other methods ⁴	0.6	0.15

... Category not applicable.

¹Includes female noncontraceptive surgically sterile, female or male nonsurgically sterile, and male sterile for unknown reasons.

²Includes calendar rhythm, Standard Days, or CycleBeads methods.

³Includes determining safe period by temperature or cervical mucus test.

⁴Includes emergency contraception, female condom, diaphragm, and other methods.

NOTES: Females currently using more than one method are classified according to the most effective method they are using. Estimates include females of other or multiple race and origin groups, not shown separately in Figure 4 and Table 4 in this report. Percentages may not add to 100% due to rounding.

SOURCE: National Center for Health Statistics, National Survey of Family Growth, 2022–2023.

Data table for Figure 3. Percentage of females ages 15–49 who were currently using female sterilization, oral contraceptive pills, the male condom, or long-acting reversible contraceptives, by age group: United States, 2022–2023

Age group	Number (thousands)	Female sterilization		Pill		Condom		Long-acting reversible contraceptives	
		Percent	Standard error	Percent	Standard error	Percent	Standard error	Percent	Standard error
15–19	10,490	*	*	^{2,3} 14.2	1.68	² 2.2	0.73	⁴ 4.6	1.10
20–29	21,625	¹ 2.4	0.76	³ 16.8	1.36	⁴ 8.4	0.98	⁴ 13.8	1.21
30–39	22,337	11.9	1.34	9.0	0.94	⁴ 9.6	0.87	⁴ 12.4	1.04
40–49	20,485	26.4	2.03	6.9	0.80	⁵ 5.3	0.74	⁵ 8.1	1.06

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

¹Significant linear trend by age ($p < 0.05$).

²Significant quadratic trend by age ($p < 0.05$).

³Significantly different from ages 30–39 and 40–49 ($p < 0.05$).

⁴Significantly different from ages 15–19 and 40–49 ($p < 0.05$).

⁵Significantly different from ages 15–19 ($p < 0.05$).

NOTES: Females currently using more than one method are classified according to the most effective method they are using. Long-acting reversible contraceptives include contraceptive implants and intrauterine devices (IUDs).

SOURCE: National Center for Health Statistics, National Survey of Family Growth, 2022–2023.

Data table for Figure 4. Percentage of females ages 15–49 who were currently using female sterilization, oral contraceptive pills, the male condom, or long-acting reversible contraceptives, by race and Hispanic origin: United States, 2022–2023

Race and Hispanic origin	Number (thousands)	Female sterilization		Pill		Condom		Long-acting reversible contraceptives	
		Percent	Standard error	Percent	Standard error	Percent	Standard error	Percent	Standard error
Black, non-Hispanic.	9,807	14.3	1.70	6.7	1.04	5.4	0.92	8.1	1.35
White, non-Hispanic	39,411	11.7	1.15	¹ 14.1	1.04	5.8	0.49	² 11.6	0.79
Hispanic.	16,206	12.4	1.38	9.1	1.02	7.8	0.97	10.7	1.34

¹Significantly different from Black non-Hispanic and Hispanic females ($p < 0.05$).

²Significantly different from Black non-Hispanic females ($p < 0.05$).

NOTES: Females currently using more than one method are classified according to the most effective method they are using. Long-acting reversible contraceptives include contraceptive implants and intrauterine devices (IUDs).

SOURCE: National Center for Health Statistics, National Survey of Family Growth, 2022–2023.

Data table for Figure 5. Percentage of women ages 22–49 who were currently using female sterilization, oral contraceptive pills, the male condom, or long-acting reversible contraceptives, by education: United States, 2022–2023

Education	Number (thousands)	Female sterilization		Pill		Condom		Long-acting reversible contraceptives	
		Percent	Standard error	Percent	Standard error	Percent	Standard error	Percent	Standard error
No high school diploma or GED.	4,916	¹ 27.4	2.82	¹ 2.5	0.87	² 6.6	1.78	¹ 9.1	1.97
High school diploma or GED.	10,830	22.0	2.64	7.7	1.34	4.7	1.14	9.4	1.61
Some college, no bachelor's degree	17,427	18.5	1.77	10.3	1.15	5.7	0.65	10.9	1.47
Bachelor's degree or higher.	26,968	6.0	0.76	12.7	1.04	³ 11.0	0.69	13.6	1.00

¹Significant linear trend by education ($p < 0.05$).

²Significant quadratic trend by education ($p < 0.05$).

³Significantly different from all other education groups ($p < 0.05$).

NOTES: Women currently using more than one method are classified according to the most effective method they are using. Long-acting reversible contraceptives include contraceptive implants and intrauterine devices (IUDs).

SOURCE: National Center for Health Statistics, National Survey of Family Growth, 2022–2023.

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