

Use of Family Planning in Vermont

March 2026

Family planning services help people get pregnant or prevent pregnancy, space out their pregnancies, and choose how many times they want to be pregnant. Birth control, or contraception, is one piece of family planning services, which includes actions, devices, or medicine taken to prevent pregnancy. Birth control options have varying levels of effectiveness. Read more about birth control options on [our website](#). Most females^a in Vermont who had sex in the last year used some form of birth control. This brief will describe birth control use, demographic factors affecting birth control type and use, and preferred method of birth control among Vermont females.

If you need help accessing or understanding this information, contact AHS.VDHBRFSS@vermont.gov.

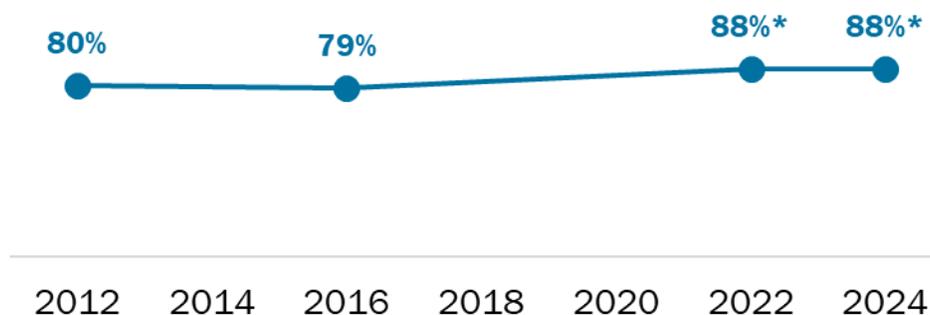
Key takeaways

- **Nine in ten (88%) Vermont females used birth control the last time they had sex.**
- **Long-acting birth control is the most common and the most preferred method of birth control among Vermont females.**
- **Two thirds of Vermont females are using their preferred method of birth control.**

Birth Control Use Over Time

In 2022 and 2024, 88% of females used birth control the last time they had intercourse. This is a significant increase from 2012 and 2016. From 2012 to 2024, the prevalence of long-acting birth control use has significantly increased, while the prevalence of permanent birth control use has significantly decreased (data not shown).

The percent of Vermont females who use birth control has significantly increased over time.



*Denotes statistically significant difference from 2012 and 2016.

Source: BRFSS, 2012^b, 2016^b, 2022^c, 2024^c.



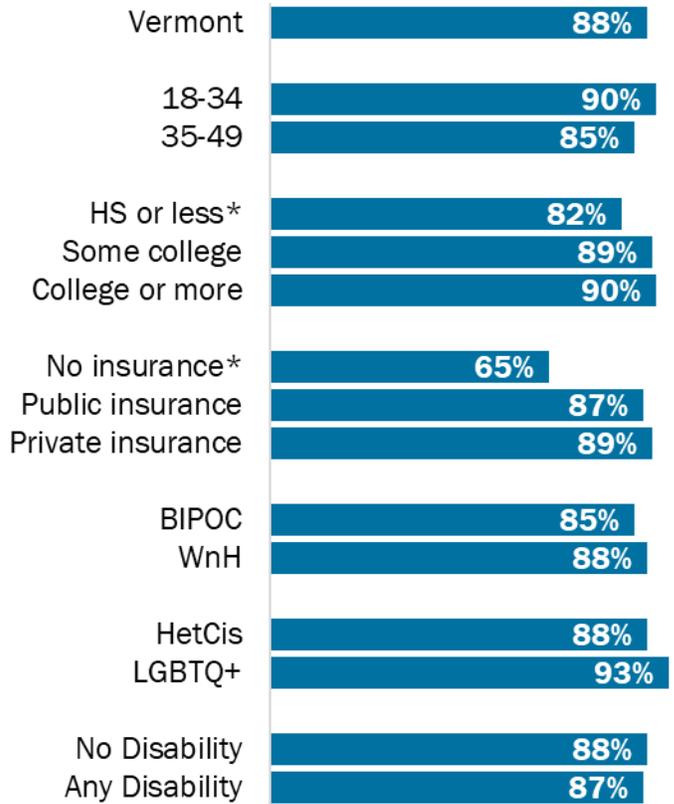
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Birth control use is lower among certain populations.

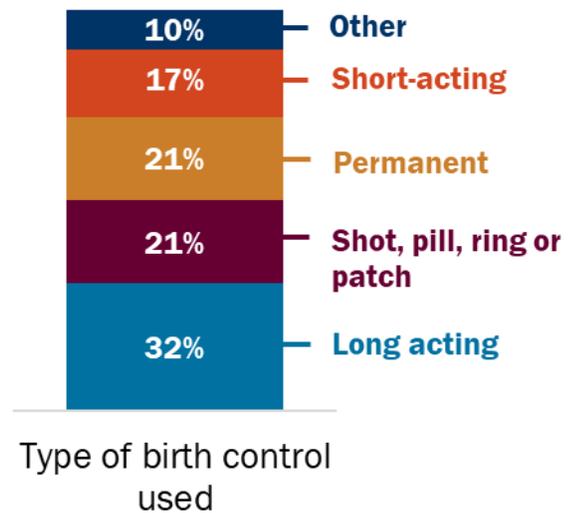
- Females ages 18-49 with a high school (HS) education or less are significantly less likely to use birth control, compared to females with a college degree or more.
- Females without insurance are significantly less likely to use birth control compared to females with private or public insurance.
- There are no differences in birth control use by age, race, sexual orientation and gender identity, or disability status.
- BIPOC refers to individuals who are Black, Indigenous, and People of Color. WnH refers to people who are white, non-Hispanic. HetCis refers to individuals who are heterosexual and cisgender. LGBTQ+ refers to individuals who are lesbian, gay, bisexual or pansexual, transgender, and/or queer.

Birth control use by demographics



Types of Birth Control Used in Vermont

- One third of Vermont females (32%) ages 18-44 use a long-acting birth control method (including a contraceptive implant or intrauterine device (IUD)).
- One in five (21%) use the shot, pill, ring or patch.
- One in five (21%) report having had tubal ligation or their partner having a vasectomy, this is considered permanent birth control.
- Seventeen percent use a short-acting method (including a condom, diaphragm, cervical cap, foam, jelly, film, cream or emergency contraception).



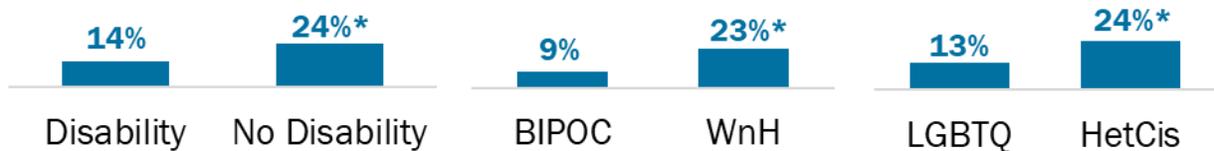
*Denotes statistically significant difference.

Source: BRFSS 2022, 2024.

- One in ten (10%) use other forms of birth control, including but not limited to withdrawal or fertility awareness.
- Regardless of disability status, sexual orientation and gender identity, race, and rurality, the most used method of birth control is long-acting (data not shown).

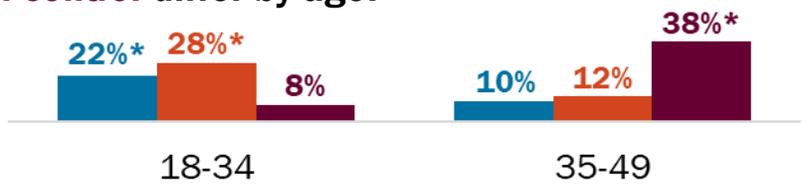
Type of birth control use varies by demographics.

Permanent forms of birth control are significantly higher among certain populations.



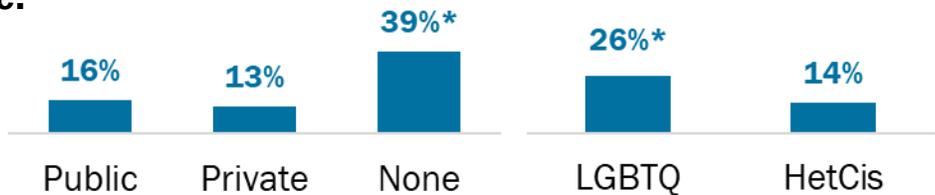
Females without a disability, who are white, non-Hispanic, or who are heterosexual and cisgender, are significantly more likely to use permanent forms of birth control, compared to their counterparts.

Use of short-acting birth control, the shot, pill, ring or patch, and permanent forms of birth control differ by age.



Individuals ages 18-34 are more than twice as likely to use short-acting birth control and the shot, pill, ring or patch, compared to those ages 35-49. Individuals ages 35-49 are more than four times as likely to report permanent forms of birth control, compared to those ages 18-34.

Short-acting birth control use is significantly higher among those without insurance.



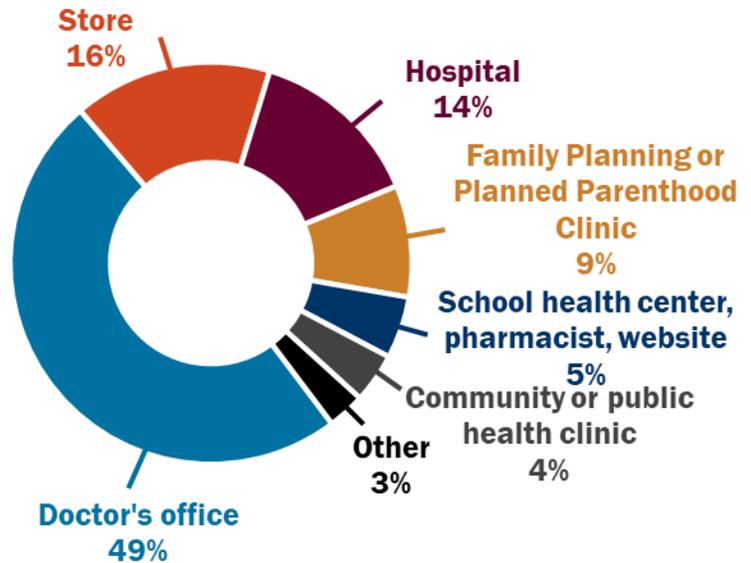
Females without insurance are more than twice as likely to use short-acting forms of birth control compared to females with insurance. LGBTQ+ females are significantly more likely to use short-acting birth control, compared to those who are heterosexual and cisgender. There are no significant differences in the type of birth control used by education level or federal poverty level (FPL). There are no significant differences in the prevalence of long-acting birth control use by demographics (data not shown).

*Denotes statistically significant difference

Females get birth control from a variety of locations and resources.

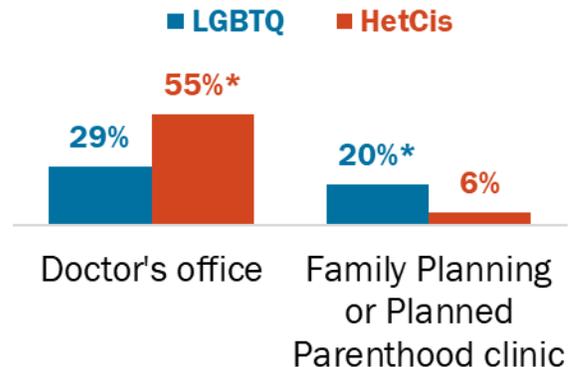
The most popular place to receive birth control is the **doctor's office**.

- The most common place to get birth control is the doctor's office, followed by the store, hospital, family planning clinic, school health center, pharmacist or website, community or public health clinic, or other location.
- Females get their birth control from the doctor's office at similar rates, regardless of disability status, type of insurance, race and ethnicity, age, education level, FPL, rurality, and employment status (data not shown).



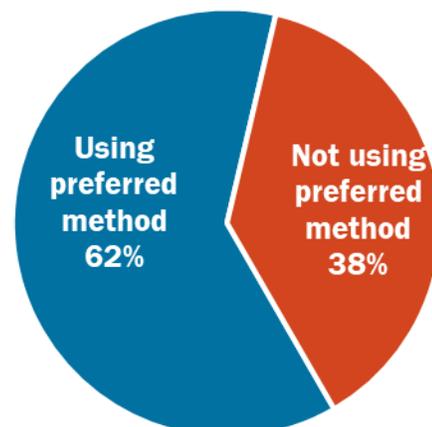
Sexual orientation and gender identity significantly affect where people get their birth control.

- LGBTQ+ females are significantly less likely to get birth control from a doctor's office and significantly more likely to get it from a family planning or Planned Parenthood clinic, compared to those who are heterosexual and cisgender.



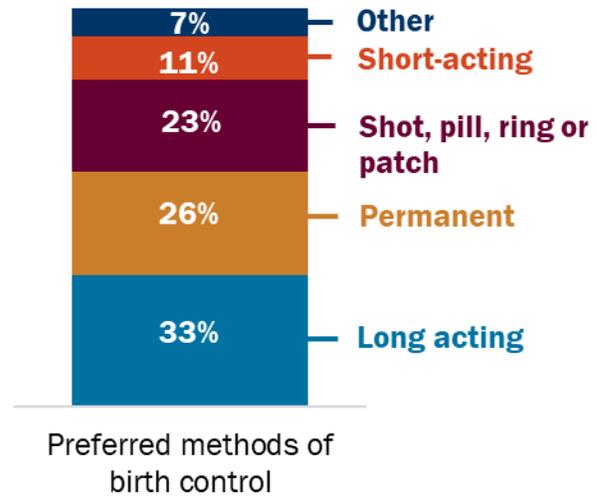
Use of Preferred Method of Birth Control

- Among females using birth control, about two thirds are using their preferred method of birth control (62%).
- About one third of females using birth control are not using their preferred method of birth control (38%).
- The most preferred method of birth control is long acting (33%), followed by



permanent methods (26%), the shot, pill, ring or patch (23%), short acting (11%), and other (7%).

- The percentage of females using their preferred method of birth control does not differ by disability status, sexual orientation and gender identity, insurance type, race and ethnicity, age, education level, FPL, rurality, and employment status (data not shown).



Key takeaways

Most (88%) Vermont females ages 18-49 who had sex in the last year used some form of birth control. This is a significant increase compared to the 80% of females in 2012. Rates of birth control use differ by education level and insurance status. The most common form of birth control used is long-acting birth control (including contraceptive implants and intra-uterine devices (IUDs)). This is also the most preferred form of birth control among Vermont females. Despite the high rates of birth control use, only two in three Vermont females are using their preferred method of birth control, regardless of demographic factors.

Data notes

- Throughout this report, Vermont females refer to females ages 18-44^b or 18-49^c depending on data year (see below) who a) were not currently pregnant or did not know or refused to answer if they were pregnant, and b) never had a hysterectomy or did not know or refused to answer if they had a hysterectomy.
- Questions were asked among females ages 18-44. To be comparable to 2022 and 2024, data were limited to females who a) were not currently pregnant or did not know or refused to answer if they were pregnant, and b) never had a hysterectomy or did not know or refused to answer if they had a hysterectomy.
- Questions were asked among females ages 18-49 who a) were not currently pregnant or did not know or refused to answer if they were pregnant, b) never had a hysterectomy or did not know or refused to answer if they had a hysterectomy, and c) had sexual intercourse (defined as sex where a penis is inserted into the vagina) in the last 12 months. To be comparable to 2012 and 2016, data were limited to females ages 18-44.