November 2025

Global trends on use of emergency contraceptive pills

A summary of available data from selected countries

Introduction

While data from population studies on the use of emergency contraceptive pills (ECPs) has become increasingly available over the past decade, it remains unsystematized and largely unpublished. Several standardized surveys provide updated insights into trends related to contraceptive use and knowledge, such as Demographic and Health Surveys (DHS) and UNICEF's Multiple Indicator Cluster Surveys (MICS). Inclusion of data related to ECP use, however, is inconsistent and remains unavailable for many countries.

The European Consortium for Emergency Contraception monitors policies and country-level data on access to emergency contraception (EC) since 2012. It has compiled data from national surveys, academic articles and other sources that include information about ECP knowledge and use. This document presents summaries of ECP*-related findings from studies from 23 countries, with data ranging from 2015 to 2024. It is not the result of a systematic review or scoping exercise, but rather a compilation of available data. Due to availability of and access to studies, the majority are from middle- and high-income countries. The summaries are listed by geographic and alphabetical order, and followed by a high-level overview of findings and trends.

Africa

Kenya

The 2022 Kenya Demographic and Health Survey (KDHS) Key Indicators report[1] presents estimates on demographics, nutrition and health indicators, including use of modern methods of contraception. The KDHS was implemented by the Kenya National Bureau of Statistics in collaboration with the Ministry of Health and other partners between February and July 2022. The survey collected data from more than 42 000 households, and it targeted women** aged 15–49 and men aged 15–54 to gather data on fertility, family planning, and reproductive health behaviours.

* Some studies presented data on use of 'emergency contraception', while others specified 'emergency contraceptive pills'. This paper assumes data on use of 'emergency contraception' refers to the pills.

** In this document the word 'woman' (and associated pronouns she/her) is used to describe all people who can get pregnant.

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The survey found that 56,9% of currently married women and 52,9% of sexually active unmarried women were using a modern method of contraception. Among these, 0,4% of married and 2,6% of unmarried women reported use of EC, which was highest among women aged 20–24, across both marital categories. Use of EC was notably higher in urban areas compared to rural areas, with the disparity especially pronounced among sexually active unmarried women. EC use also correlated with socioeconomic status, with higher usage rates observed in the upper wealth quintiles and with higher levels of education.

Americas

Argentina

A study conducted in Argentina in 2023 found that 14% of survey respondents who had ever had sex had used ECPs at least once in their lifetime, placing it the third highest ever-used contraceptive method.[2] The study examined awareness and use of contraception among 2 000 women and LGBT individuals aged 15–49. The mixed-methods approach combined an online survey and qualitative research.

Awareness of ECPs was relatively high; 36% of respondents reported awareness of the method, making it the fourth most recognized contraceptive method after pills, condoms, and injectables. Of those surveyed, 4% reported current use of ECPs. Pharmacies were the most common point of access (67%), followed by public hospitals (24%) and primary care facilities (8%).

Nearly two-thirds (64%) of respondents had to pay for their ECPs; 17% obtained them for free; and 19% had costs covered through insurance or social security. ECPs were added to the basket of contraceptive methods in Argentina in 2016 and became available over the counter in 2023.

Brazil

A study published in 2024 examined use of ECPs among 38 779 adolescents aged 13–17 who reported having initiated sexual activity.[3] The study involved a cross-sectional analysis of data from the 2019 Brazilian National Survey of School Health, a nationally representative survey of Brazilian adolescents enrolled in public and private schools. The survey contained two questions on ECPs, which were answered directly by girls and indirectly by boys, who responded based on their partners' use.

Overall, 37,9% of respondents (or their partners) had used ECPs at least once, and retail pharmacies were the primary source of access. Usage was significantly higher among adolescents aged 16–17, those who had accessed health services in the past year, and those residing in the Central-West and Southeast regions. A history of sexual violence was also associated with increased ECP use, as was living with one parent or with neither parent.

The study suggests that the high proportion of adolescents who have used ECPs could indicate the non-use of regular contraceptive methods, pointing to a need to strengthen contraceptive programmes among this age group.

Mexico

The 2023 National Survey on Demographic Dynamics (ENADID)[4], published by the National Institute for Statistics and Geography (INEGI) in October 2024, found that use of ECPs among women in Mexico increased significantly from 2018 to 2023. The household survey, which is conducted every five years, found that 18,4% of women of reproductive age (15–49) had used ECPs at least once in 2023, nearly double the 10,8% reported in 2018. Among these women, 27% reported use in the past 12 months, amounting to an estimated 1,6 million annual users.

Lifetime use was highest among women aged 25–29 (21,9%), followed by the 20–24-year-old age group (21,3%). ECP use during the past 12 months was heavily concentrated among young people: 57,1% of ECP users in the past 12 months were between 15 and 24 years old.

United States

KFF, a health policy organization, analysed findings from the U.S. National Survey of Family Growth from 2015 to 2023.[5] During that period, reported use of ECPs among women of reproductive age (15–49) who had ever been sexually active grew, from 22% having ever used ECPs in 2015–2017 to 33% in 2022–2023.

In 2022–2023, ECP use decreased with age: 44% of 15–24-year-olds had used ECPs at least once, compared with 40% of 25–34-year-olds and 25% of 35–49-year-olds. ECP use among Hispanic women was highest (39%), followed by 'other' (33%), white (32%) and black women (30%).

According to the national survey conducted between 2015 and 2019, educational attainment was positively associated with ECP use, ranging from 12,2% among women with less than a high school diploma to 26% among those with a bachelor's degree or higher.[6] Urban–rural differences were also recorded, with 25% of urban women reporting use versus 15,9% in rural areas.

More recently, a cohort study found that prescriptions for ECPs in U.S. retail pharmacies had fallen in states that implemented the most restrictive abortion laws following the 2022 *Dobbs v. Jackson Women's Health Organization* Supreme Court decision of July 2022.[7] The sharp decline in ECP prescriptions in the most restrictive states one year after the ruling suggests growing barriers to contraceptive access, which is likely fuelled by clinic closures and confusion regarding EC legality.

These findings highlight a need for targeted policy and public health responses to safeguard contraceptive access, particularly for ECPs, in states with severely limited abortion access.

Uruguay

A 2021 survey on contraceptive use in Uruguay found that 5,4% of women reported having ever used ECPs.[8] The survey was conducted by the *NGO Mujer Y Salud en Uruguay* (Women and Health in Uruguay) to determine trends in contraceptive use and barriers to access, particularly during the COVID-19 pandemic. The survey had 1 636 responses from people of reproductive age (15–49), 95% of whom were women.

In comparison, 58,4% of women had used oral contraceptive pills, 9,7% had used IUDs, and 5,9% had used implants. The use of modern contraceptive methods among women living in Uruguay has increased steadily over time. In 2021, about 86% of women were using a modern method.

Europe

Azerbaijan

The 2023 Azerbaijan Multiple Indicator Cluster Survey (MICS)[9] found that among currently married women aged 15–49, awareness of modern contraceptive methods was nearly universal at 99%, yet only 30% reported having heard of EC. Despite high awareness of modern contraceptive methods, current usage among this group remained low at 18%. The study findings do not include data on current use of EC.

The 2023 MICS was a nationally representative household survey implemented by the State Statistical Committee and UNICEF Azerbaijan. The survey collected data from 12 320 households in both urban and rural areas through standardized questionnaires covering women's health, fertility, contraception, and related indicators.

While disaggregated data on contraceptive use by age, education, and wealth index are presented, use of ECPs is excluded from these subgroup analyses, limiting insight into demographic or socioeconomic patterns of ECP awareness or use.

Belgium

In April 2020, a national insurance scheme in Belgium expanded eligibility for free ECPs directly from pharmacies to all individuals regardless of age[10]; it was previously limited to people under 21 with a prescription. Data from the National Institute for Health and Disability Insurance shows a subsequent spike in the number of ECPs dispensed through this programme.[11] Annual ECP dispensing under the scheme rose sharply from approximately 900 packs annually in 2017–2019 to 26 949 in 2020 and 100 513 in 2021. Nearly 80% of those dispensed in 2021 were to women over the age of 21.

These figures are not necessarily representative of the total national dispensing data as they only include ECPs dispensed at pharmacies under this scheme. This data was presented by the Ministry of Social Affairs and Public Health in October 2022 in response to a question from a Member of Parliament.

Denmark

The Danish Health Data Agency recorded a 34,6% increase in the number of ECPs sold in the country during an eight-year period, rising from approximately 107 000 units sold in 2017 to 155 715 sold in 2024.[12]

Experts have linked this rise to greater awareness among women of contraceptive methods, including ECPs, as well as a potential decrease in use of regular oral contraceptives.[13]

The Danish Health Data Authority (Sundhedsdatastyrelsen) plays a central role in promoting transparency about the use of medicines in Denmark by systematically collecting, managing, and publishing comprehensive data on prescriptions and pharmaceutical consumption at the national level.

Germany

A report published in 2021 presented the findings of a 2019 survey carried out by the Federal Centre for Health Education (BZgA) to understand young people's attitudes and behaviour related to sexuality education and contraception. The survey, which was the ninth conducted since 1980, collected data from 6 032 young people (14–25 years old) and included questions on awareness and use of EC, which was analysed against age, educational attainment and migrant status.[14]

Of all the young people surveyed, 92% of non-migrants and 82% of migrants had heard of ECPs. Overall, ECP awareness was high among sexually active young women (95%), but significantly lower among those without sexual experience, particularly among migrants (68%) versus non-migrants (81%). Awareness also rose with age, from 69% among 14–15-year-olds to 94% among those over 18, and was notably higher among those who had already visited a gynecologist (93% vs. 66%).

ECPs have been available without prescription from pharmacies in Germany since 2015; however, lack of awareness of this policy change still exists. Only two-thirds (67%) correctly identified that ECPs were available without prescription. When asked about challenges faced when accessing ECPs, 7% cited problems finding a doctor for a prescription. Lack of awareness of the availability of ECPs without prescription presents a barrier to access.

Among sexually active young women, 27% had used ECPs, and 9% had used them more than once. ECP use increased with age and sexual experience. ECP use also increased with educational attainment. Among girls with a migrant background, 34% of those with higher education had used ECPs, compared with 17% of those with only basic education. A similar pattern was observed among girls without a migrant background, where 32% of those with higher education had used ECPs, compared with 19% with basic education. Early sexual debut (age ≤15) correlated with higher repeat use.

Ireland

According to a governmental statistical report from Ireland's public health programme, Sexual Health and Crisis Pregnancy, the significant decline in teenage pregnancy from 2000 to 2020 can be attributed to a range of factors, one of which is improved access to contraception including ECPs.[15] Since 2019, ECPs have been provided without a prescription from pharmacies, and they are free of charge for people with a national medical card that exempts them from paying for certain health services.

The report shows a 73% fall in births to teenage girls over 20 years, from 3 116 in 2000 to 830 in 2020, and a decrease in teenage births as a share of total births, from 5,7% to 1,5%. Abortion data shows a similar trend: abortions obtained by Irish-resident teenagers in England and Wales declined by 75% between 2000 and 2018.

Italy

A 2022 report[16] found that distribution of ECPs in Italy increased between 2020 to 2022, correlating with policy reforms that widened access for young people under the age of 18. The document from Italy's Ministry of Health is an annual report on implementation of maternal health and abortion law, and the 2022 version included data on ECP distribution.

The report showed a significant increase in the number of ECPs with ulipristal acetate distributed in 2022, up 28% from 2020 and 67% from 2021. Distribution of ECPs with levonorgestrel also grew modestly in 2022, with an increase of 5% since 2020 and 7% since 2021. In 2015, all EC pills were reclassified to non-prescription, pharmacy-dispensed products for individuals over 18. Age restrictions on pills with ulipristal acetate were removed in October 2020, which is likely to have led to the upward trend in distribution of this type of ECP between 2020 and 2022.

This study reviewed distribution data obtained from national pharmaceutical traceability systems, reflecting package distribution volumes rather than individual usage patterns. Therefore, the study was unable to provide demographic breakdowns of usage patterns (for example, by age or usage frequency).

North Macedonia

The most recent MICS survey from North Macedonia (2018–2019)[17] found significant knowledge gaps between women living in Roma settlements and those in the overall population. While 67,7% of 15–49-year-old women (non-Roma population) had heard of ECPs, only 26,7% of women in Roma populations had. Similar differences in awareness occurred with other modern contraceptive methods, including injectables (64,0% vs. 30,1%), female condoms (42,9% vs. 15,9%) and implants (39.7% vs. 12,7%).

Norway

In 2023, approximately 129 000 packages of ECPs were sold in Norway, according to *Drug Consumption in Norway 2019–2023*.[18] This report presents analyses of sales data from the Norwegian Drug Wholesales Statistics, with select contextual figures from the Norwegian Prescribed Drug Registry (NorPD). It measures sales in daily defined doses (DDD), which is a standard measure used to compare how much of a medicine people typically use in a day.

There was a gradual decline in ECP sales (in DDDs) from 2015 to 2021. This decline continued a downward trend in ECP sales since 2009, which has been attributed to growth in long-acting reversible contraceptive (LARC) use following recommendations to prescribe LARCs to young people.[19] However, sales of ECPs rebounded in 2022 and 2023, with sales in DDDs 13% higher in 2023 than in 2019. This recent uptick contrasts with ongoing reductions in hormonal contraceptive use, though causality is unclear.

Data in the report also illustrates a shift in recent years in type of ECP sold. In 2019, two-thirds (67%) of ECPs sold were ulipristal acetate. This proportion declined annually, and in 2023, there was a relatively even split between ECPs with levonorgestrel (48%) and ulipristal acetate (52%).

Serbia

In Serbia, the awareness gap between Roma populations and the general population is even more drastic than in North Macedonia. According to the country's 2020 MICS, only 30,1% of Roma women had heard of ECPs, compared with 91,4% of women in the general population.[20] There were also significant gaps in awareness of injectables (60,1% vs. 32,3%), female condoms (61,5% vs. 18,0%) and implants (47,4% vs. 14,3%) between non-Roma and Roma populations.

Spain

Since 2013, the Spanish Society of Contraception (SEC) and the Spanish Foundation of Contraception (FEC) have commissioned regular national surveys on contraceptive use among women of reproductive age (15–49). These are conducted through telephone surveys and include questions about use of ECPs, which have been available without prescription in Spain since 2009. According to the surveys, ever-use of ECPs among women of reproductive age has increased steadily since 2013: 14,7% (2013[21]), 28% (2018[22]), 31,4% (2022[23]) and 39,7% (2024[24]). This continued trend suggests an increase in awareness and availability. Knowledge of ECPs in Spain is high: in 2016, 97% of women and girls surveyed knew about ECPs, compared with 69% who had heard of long-acting methods.[25]

In recent years, the age group reporting the highest use of ECPs was 30–34-year-olds (49,4% in 2024 and 48,3% in 2022). In 2024, this was also the age group that most commonly reported having unprotected sex. In 2022, women reported use of ECPs more frequently when their usual contraceptive method was the vaginal ring (40%) or condoms (36%).

Among the younger population, data from a 2019 study[26] showed that 29,7% of young women (16–25) had ever used ECPs, with use increasing with age: 14,4% of 16–18-year-olds; 19,9% of 19–21-year-olds; and 34,5% of 22–25-year-olds. On average, Spanish youth had used ECPs an average of 1,49 times in their life. Reported reasons for using ECPs was condom rupture (68,5%), misuse or non-use of regular contraceptive methods (22,7%), and having missed their oral contraceptive pill (5,2%).

Sweden

A peer-reviewed article published in 2025[27] presents findings from a repeated cross-sectional survey conducted at a gynecology clinic in Uppsala, Sweden, spanning 1989 to 2023. Data was collected through anonymous online surveys during six points in time, with the most recent wave in 2023. A consistent set of questions enabled longitudinal analysis of sexual behaviour and contraceptive trends.

The four surveys conducted from 1999 to 2014 showed a gradual increase in ECP ever-use: 22% in 1999, 52% in 2004, 67% in 2009 and 72% in 2014. However, this declined significantly to 57% by the most recent survey in 2023. This decline correlates with increased uptake of other modern contraceptive methods during the same period. In Sweden, contraception has been provided for free for those under 21 since 2017.[28]

Turkmenistan

The 2019 Turkmenistan MICS[29] found that 23,5% of ever-married women aged 15–49 years old had heard of ECPs. Of the 11 different modern methods of contraception included in the survey, EC was the sixth most known method.

United Kingdom (England only)

National data on provision of ECPs through Sexual and Reproductive Health (SRH) Services and prescriptions filled in community pharmacies in England shows an overall downward trend in ECPs dispensed by these provider types over the past 10 years.[30] Analysis was conducted using data from England's Sexual and Reproductive Health Activity Dataset and the Prescription Cost Analysis system. The data excludes ECPs dispensed without a prescription, thus drastically limiting insight into overall trends on ECP use.

Since 2001, ECPs have been available over the counter in retail outlets, but this data is not publicly available. Earlier studies showed a significant rise in the proportion of women obtaining their ECPs from a retail pharmacy in the years following the policy reform, a trend that would explain the decline in pills dispensed by SRH services and through prescriptions.[31]

In 2023–24, 94 429 ECPs were dispensed via SRH services, with the 20–24-year-old age group remaining the predominant users at 10 per 1 000 population. This is a 13% rise from the previous year but remained 20% below 2013–14 numbers (117 978). The number of ECPs dispensed in SRH services fell gradually each year from 2013–14 to 2019–20, with a sharper decline during the COVID-19 pandemic in 2020–21. Since then, numbers have gradually increased again year-on-year. Use among those under 16 declined significantly over the 10-year period, from 10 680 ECPs dispensed in 2013–14 to 1 951 in 2023–24.

Community prescribing data shows an ongoing annual decline in the number of ECPs dispensed over the last 10 years. In 2023, 65 623 items were dispensed, down 11% from 2022 and 69% lower than 2013 levels.

Uzbekistan

According to the 2021–2022 Uzbekistan MICS[32], 26,6% of all women aged 15–49 had heard of EC. Awareness differed greatly between married (30,2%) and unmarried (15,6%) women, a trend among all 11 modern methods of contraception listed in the survey. Among all women, EC was the sixth most known method.

South-East Asia

India

The 2019–2021 National Family Health Survey conducted in India for the Federal Ministry of Health found that knowledge of EC is moderate, but usage is low.[33] The survey employed structured interviews with women and men aged 15–49 nationwide and used standardized Demographic and Health Survey protocols to offer representative, cross-sectional insights into health and family planning.

While 47,6% of all women and 47,2% of all men aged 15–49 reported knowledge of EC, fewer than 1% of women reported ever having used that method. The rate is slightly higher among urban women (0,9%) than rural women (0,7%). Only 0,4% had used ECPs in the past 12 months, and of those, 63% had done so two or more times.

Usage patterns reveal EC as the least utilized among modern methods, with a prevalence of just 0,1%. In contrast, female sterilization stands at 38%, male condoms at 9,5%, and oral contraceptive pills at 5,1%. The private sector—mainly pharmacies and drugstores—serves as the primary access point for ECPs (44%), followed by government institutions (25%) and private doctors or clinics (16%).

These findings underscore a significant gap between awareness and utilization of EC.

Western Pacific

Fiji

According to the 2021 Fiji MICS,[34] 43,5% of 15-49-year-old women and girls had heard of EC. Knowledge of ECPs was reported by 45,2% of respondents in urban areas, compared with 40,6% in rural areas. Of the nine modern contraceptive methods included in the survey, knowledge of EC was the lowest. Knowledge of EC increased with education: 33,1% among those with primary or lower education, 39,1% for those with secondary, and 52,6% for those with post-secondary education. Knowledge was also higher among women aged 20 years and older, those currently married or in union, and women who had children. Variations by wealth quintile were not as pronounced.

Kiribati

In Kiribati, 32,2% of women aged 15–49 had heard of EC, according to the country's 2018–2019 MICS.[35] EC was the least known modern method of contraception. Awareness increased based on marital status: among married women, 37,4% had heard of EC, compared with 31,1% among sexually active unmarried women.

Among married women who had heard of any contraceptive method, women in urban areas were more likely to have heard of EC than those in rural areas (38,6% vs 33,2%, respectively). Survey data showed a similar trend among unmarried women, with 25,2% of those from urban areas aware of EC, compared with 19,8% of those from rural areas. Awareness of EC also correlated to educational attainment. Of the married women who had heard of any contraceptive method, 40,6% of those with at least senior secondary education had heard of EC, compared with 32,2% with a lower level of education. Knowledge also rose among women aged 20 years and older, women who already had children, and those in the highest income group.

Findings

Due to the wide range of sources and data points, it is difficult to conduct a comparative analysis or draw concrete conclusions. However, the studies give an overview of ECP knowledge and use in different settings, and they lend some insight into potential factors that impact awareness of ECPs and the extent to which people access and use this method of contraception.

ECP use trends

There are significant variations among countries in the proportion of women who have ever used ECPs. In the five countries where studies presented ever-use for all survey respondents, this ranged from 1% (India) to 57% (Sweden). Two additional studies presented data on ever-use among women who had already had sex (14% and 33%), and a further two studies reported on ever-use among sexually active young people (27% and 37,9%).

In six countries where there is data on trends over time (Belgium, Denmark, Italy, Mexico, Spain, United States), an increase in ECP use in recent years is observed. In Belgium and Italy, these increases have been linked to regulatory changes that removed prescription and economic barriers to access (see below). In Norway and Sweden, ECP use has fluctuated, with declines correlating with increased uptake of other modern contraceptive methods.

In England, the number of ECPs dispensed through public SRH clinics has declined steadily over the past decade.

Age

Of the four studies that analysed ECP use against age, three (Kenya, Mexico, United States) found that use was highest among younger age groups, whereas in Spain, use was highest among 30–34-year-olds.

Population type

Eight studies examined ECP knowledge or use across population groups, revealing consistent disparities. In Fiji and Kiribati, awareness was higher among urban than rural residents. In India, Kenya, and the United States, ECP use was also greater in urban areas. Studies from Germany, North Macedonia, and Serbia found higher ECP awareness among the general population compared with Roma and migrant groups.

Educational attainment

Studies conducted in Fiji, Germany, Kiribati, and the United States included educational attainment in their analyses and found that individuals with higher levels of education were more likely to use or be aware of ECPs than those with lower levels of education.

Removal of barriers to access

In Belgium and Italy, the use of ECPs increased following regulatory reforms that removed age restrictions on prescription-free and/or cost-free access. In Germany, however, a study found that despite the removal of the prescription requirement, a substantial proportion of young people remained unaware of the policy change.

Conclusion

The use of ECPs is increasing in many, though not all, countries. Greater knowledge and use of ECPs are associated with higher levels of education and residence in urban areas.

Multiple factors influence ECP use, including availability, regulatory frameworks, and the uptake of other modern contraceptive methods. Removing barriers such as cost, prescription requirements, and age limits can enhance access. Further analysis of existing data should inform policies aimed at reducing these barriers. Greater transparency and accessibility of data on ECP use and sales are also needed; at present, only Norway and Denmark regularly publish detailed, publicly available information on ECPs and other medicines.

Efforts to increase awareness of ECPs and their availability are needed, particularly among populations living outside urban areas or mainstream communities, and among those with lower levels of education. Similarly, policy reforms must be widely communicated to ensure that everyone is informed about changes in ECP availability.

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The European Consortium for Emergency Contraception (ECEC) is a community of practice that aims to increase knowledge of and access to emergency contraception. ECEC is hosted by the East European Institute for Reproductive Health (1 Moldovei St, 540493 Tirgu Mures, Romania).

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