in their homes being 4.5 times as likely as those who delivered in a medical facility to never use contraceptives, their type of union (with women in consensual unions being nearly three times as likely as formally married women to be nonusers) and family structure (with the odds of nonuse being about 80% lower among 40–49-year-olds living in extended families, compared with those living in nuclear families).

Three of these four factors—schooling, place of last delivery and family structure—also independently affected the probability of nonuse among the youngest women in the sample. However, marital status had no effect on the likelihood of nonuse. Instead, age at first pregnancy predicted nonuse among 15–24-year-olds. For example, those who first became pregnant at age 17 or later were 2.1–4.1 times as likely as those who became pregnant at age 16 or younger to have never practiced contraception.

Among women in the middle age-group (25–39 years)—relatively few of whom had never practiced contraception, but who make up the largest part of the overall sample—variables other than education (which did not reach statistical significance) appeared to explain contraceptive nonuse. For example, not working outside the home, becoming pregnant for the first time at age 20 or older, experiencing the death of at least two children, living in an extended family, living in a home with dirt floors and giving birth at home each independently raised the likelihood of contraceptive nonuse among 25–39-year-olds. Most of these variables correspond to impoverished socioeconomic conditions.

Discussion

Although the trend data indicated that education was strongly linked to the likelihood of nonuse in the bivariate analysis (p<.003), only no education at all independently predicted nonuse in the multivariate analysis using the overall sample. In addition, delivering at home, giving birth for the first time at age 20 or older, experiencing the death of at least two children, living in an extended family, not working outside the home and living in a home with uncovered floors all independently raised the likelihood of contraceptive nonuse among women in the Border Region of Chiapas. In turn, each of these variables was correlated with schooling.

What is behind this strong and consistent association between late first birth and never-use in the Border Region of Chiapas? In this region, children are highly valued and contraceptives are used primarily to limit rather than to space births. We speculate that women who are older when they first become pregnant are more likely than others to never practice contraception because they have fewer years to accomplish their reproductive goals, and thus are more likely to have reached the end of their reproductive lives without adopting a method.

The results for several variables were not consistent by age-group. Among the youngest women, those aged 15–24, no schooling at all emerged as an explanatory variable, along with the place of last delivery, family structure and age at first pregnancy. Among the 25–39-year-olds, the factors that explained nonuse were family structure, place of last birth, type of flooring in the home, employment, child mortality and age at first pregnancy. Finally, among the 40–49-year-olds, no schooling also played an important role, together with the place of last delivery, occurred, type of union and family structure. The opposite results in the family structure variable by age–group—in which living in a nuclear family predicted nonuse among women aged 40–49, but residing in an extended family predicted nonuse among younger women—are probably explained by the changes in family living arrangements that occur over the life cycle in this region.* That is, many of the older women who were liv-