difference between the questions in 1988 and 1995 has little effect on most of the data presented here, but may contribute to the rise in reported use of condoms between 1988 and 1995. However, it is likely that the change in the percentage using condoms captured a real increase in use in response to concerns about HIV and other sexually transmitted diseases (STDs).

The vast majority of contraceptive users (91% in 1995) were using only one method in the month of interview. To provide comparable measures across time, we classify women relying on more than one method as using the method that is more effective at preventing pregnancy. For example, a woman who was using the pill and the condom in the month of interview was classified as using the pill, because the pill has a lower contraceptive failure rate than the condom.4 We do, however, describe the principal findings on use of more than one method in 1995 in the last table in this article.

**Contraceptive Use**
The proportion of all women aged 15–44 who were currently practicing contraception was about 56% in 1982, 60% in 1988 and 64% in 1995 (Table 1). The increase between 1982 and 1995 in the proportion using contraceptives occurred in all age-groups and among Hispanic, white and black women. The timing of the increase, however, varied among groups. For example, all of the increase in contraceptive use among Hispanic women and among women aged 25–34 occurred between 1988 and 1995, but among white and black women and women aged 20–24 or 35 or older, the increase occurred over the entire period from 1982 to 1995.

In 1995, 36% of women were not using a contraceptive method in the month of interview. About 5% were sterile because of hysterectomy or for other noncontraceptive reasons. Another 9% were currently pregnant, postpartum or trying to become pregnant. Eleven percent had never had intercourse. About 6% were sexually experienced, but had not had intercourse in the last three months and were not using contraceptives, while 5% had had intercourse in the three months preceding the interview but were not using a method.

This last group, women who had had intercourse in the prior three months but were not using a method, is often described as at risk of unintended pregnancy. The bottom panel of Table 1 shows little change in this category among white women between 1982 and 1995; however, the proportion of black women who were having intercourse but not using a method fell by almost half between 1988 and 1995, from nearly 14% to 7%.

**Overall Trends**
In 1982, about 30 million women aged 15–44 were practicing contraception; the number of contraceptive users grew to 35 million in 1988 and to almost 39 million in 1995 (Table 2). Between 1988 and 1995, most of the increase in contraceptive prevalence was in the number of condom users, which rose from 5.1 to 7.9 million.

In 1995, the most commonly reported methods were female sterilization, used by about 10.7 million women, and oral contraceptives, used by about 10.4 million women. The male condom and male sterilization were the next most widely used methods. The implant, the IUD, the diaphragm, foam, periodic abstinence and “other” methods were each used by fewer than one million women in 1995. The IUD was used by only 0.3 million women, and the diaphragm by 0.7 million, although each had been used by more than two million women in 1982.

Given that Cycles 4 and 5 of the NSFG were conducted seven years apart (in 1988 and 1995), the distribution of contraceptive users by method changed remarkably little. The overall proportions using female and male sterilization, foam, periodic abstinence, withdrawal and other methods in the two years were similar in 1988 and 1995.

The principal changes were the continued increase in condom use (from 12% in 1982 to 15% in 1988 and 20% in 1995) and the sharp decline in use of the IUD and the diaphragm. Two new methods—the implant and the injectable—were used by small numbers of women in 1995. However, between 1988 and 1995, trends in use varied considerably among subgroups, including the populations served by public family planning providers.

**Use of Individual Methods**
We now examine trends over time in use of individual methods, according to seven variables. Four (age, marital status, parity and intention to have more children) are indicators of life-cycle stage; the others (education, race and ethnicity, and ratio of household income to the federal poverty level) may be viewed as indicators of socioeconomic status. All have been