methods and 11 (0.2%) were using four.

Table 8 shows the most common two-method combinations reported in the NSFG. (The table excludes 104 cases—that had imputed values on current contraceptive status.) As the table indicates, more than two-thirds of those using the condom (16% out of 23%) were relying on the condom alone. But virtually all users of multiple contraceptives were using the condom as one of their methods.

When coding was based on whether condoms were used at all rather than on whether condoms were the primary (most effective) method, the proportion reporting condom use rose from 20% (see Table 2) to 23% (Table 8), and the number of users rose from 7.9 million to 9.0 million.

The main difference between the two sets of statistics is that nearly 3% of contraceptive users were using oral contraceptives along with the condom in 1995 and were therefore classified as pill users in Table 2. About 16% used the condom only, while 0.4% used the condom and foam.

One might expect that dual method use would be more effective than use of a single method, but this may not always be the case. For example, 2% of 1995 NSFG respondents used the condom and withdrawal, while 1% used the condom and calendar rhythm; it is not clear a priori that these combinations are markedly more effective than using the condom alone. A few women reported combining the condom with other methods; these combinations are not shown separately, but are included in the totals in the first column of Table 8. The only numerically important combination that did not include the condom was the calendar rhythm and withdrawal, which was used by 1% of contraceptive users (about 380,000).

Who uses these combinations? Table 8 indicates that the contraceptive users most likely to rely on the combination of the pill and the condom were the young (9% of teenagers and 7% of 20–24-year-olds) and the unmarried (7% of the never-married, most of whom were 15–24, and 8–9% of unmarried women with two or more sexual partners in the previous 12 months).

The contraceptive users who most commonly reported relying on the condom–withdrawal combination were teenagers (8%), the never-married (4%) and the childless (4%). The proportions using this combination were 3% or lower in all other categories. The condom–calendar rhythm combination and the condom and foam pairing were used less frequently and did not appear to be markedly concentrated in any of the groups shown in the table.

Discussion

The principal trend in contraceptive method choice in 1988–1995 was an increase in condom use, especially among women who were younger than 25, black or Hispanic, or unmarried. In contrast, there was little change in condom use among married couples. Further, the increase in condom use was accompanied by a decrease in other methods that do not prevent HIV and STDs—particularly the pill and the diaphragm. Finally, use of the condom at first premarital intercourse increased dramatically in the 1980s and 1990s.

Taken as a whole, the data suggest that concern about HIV and STDs was one of the principal factors prompting these trends; detailed research to test this speculation is needed. Among unmarried white women, the rise in condom use was associated with a decrease in use of the pill and the diaphragm. Increases in use of the condom, the implant and the injectable offset a very sharp decrease in pill use among never-married black women. Hispanic women also experienced more widespread condom use and declines in use of the IUD and the pill.

This brief, broad description of recent trends in contraceptive use suggests a number of questions for further research. Have individual women and their partners stopped using the pill and diaphragm and switched to the condom? Individual patterns of method switching could be reconstructed using the method histories in the 1995 NSFG. Or are the trends described in this article a result of one generation being replaced by younger cohorts of women who have different patterns of method use?

If public concern about HIV abates, will unmarried women return to the pill in large numbers? How will changes in the delivery of health care affect method choice and the effectiveness of contraceptive use?

Since the 1960s, there has been a trend (continued on page 46)