thus might not comply perfectly with a strict regimen for taking oral contraceptives.

Dual method users may miss two or more pills and be classified as inconsistent users even while behaving as consistent contraceptive users overall. However, it is impossible to tell from the data whether dual method users who missed two or more pills in a row protected themselves by using a second method. Similarly, to the extent that condoms were used as the second method, and were used strictly for STD protection, the problem of endogeneity would be absent; in such cases, condom use was determined by factors other than needing a backup method to protect against pregnancy. However, no information is available about the purpose, timing and other characteristics related to use of the second method.

In the analysis of users of the pill only, we assume that our consistency measure closely approximates overall contraceptive consistency because women with an inconsistent pill-taking pattern did not compensate with other methods. For this group, we assume that missing two or more pills is likely to increase the risk of pregnancy. For dual method users, we cannot assume that missing two or more pills implies greater pregnancy risk on the whole; these women may have fully protected themselves against unwanted pregnancy with a backup method. We analyze dual method users separately to learn about the pill-taking behavior of this unique group of users.

Our analysis explores whether inconsistent contraceptive use is linked to a variety of demographic and reproductive variables, as previous work has suggested. Given findings about differentials in contraceptive failure rates, we would expect inconsistent pill-taking to be associated with poverty, belonging to a racial or ethnic minority group, and young age. We would also expect that less education may be associated with inconsistency, since a woman’s ability to read and understand the information included in the oral contraceptive package may be affected by her level of education. To the extent that having experienced an unintended pregnancy may reflect a lack of a planned routine in daily living, we might expect a history of unintended pregnancy to be associated with current inconsistency. Other variables are included to explore possible underlying relationships. The results discussed below are statistically significant at the 5% confidence level unless otherwise described.

**Results**

**Bivariate Analysis**

Fifteen percent of sexually active U.S. women who use the pill also use another method (Table 1). The following subgroups are significantly more likely than other women to use an additional method along with the pill: women in their teens or early 20s, non-Hispanic black women, never-married women, childless women, women who intend a future birth, women who have intercourse infrequently and women who have never had an unintended pregnancy. Some of these characteristics are also associated with risk for STDs; therefore, it is likely that most women who use two methods use the condom for STD protection.

![Table 2. Number of sexually active women aged 15–44 who used oral contraceptives throughout the three months prior to interview, and percentage of these women who used the pill inconsistently (and standard errors), by whether another method was also used, according to selected characteristics](image-url)

*Difference between this subgroup and the subgroup with the low proportion is statistically significant at p<.05. †Standard metropolis statistical area. Notes: Table is based on weighted data. Inconsistent use is defined as having missed two or more pills in the previous three months. Some numbers do not add to totals because of missing data or rounding.*