The Timing of the First Family Planning Visit

Descriptive Analyses

The percentage of women who made their first visit to a family planning provider before their first intercourse or in the same month decreased slightly over time, first falling sharply from 24% in 1978–1982 to nearly 18% in 1984–1988, and then rising slightly, to 21% in 1991–1995.

Life-table analysis indicated that for the remaining 76–83%, depending on the survey, who waited a month or more after their first intercourse to visit a provider, the length of this delay rose somewhat during the 1980s and early 1990s: The median time between first intercourse and first visit to a family planning provider occurred in 21.9 months for women interviewed in 1995, an increase from the median of 16.7 months reported by women interviewed in 1982.* Most of the increase in the median time between first intercourse and first trip to a provider occurred between the 1982 and 1988 surveys; the interval length was essentially unchanged.

Table 1. Percentage distribution of U.S. women younger than 25, by method used at first intercourse, according to timing of first family planning visit and year of National Survey of Family Growth (NSFG)

<table>
<thead>
<tr>
<th>Method</th>
<th>Before or in same month as first coitus</th>
<th>At least one month after first coitus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pill</td>
<td>40.0</td>
<td>54.3</td>
</tr>
<tr>
<td>Condom</td>
<td>12.5</td>
<td>15.7</td>
</tr>
<tr>
<td>Other*</td>
<td>9.0</td>
<td>4.4</td>
</tr>
<tr>
<td>None</td>
<td>38.5</td>
<td>25.6</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*Other methods are primarily natural family planning, withdrawal and the sponge.

Results

Descriptive Analyses

The hazard ratio for age at first intercourse was slightly less than 1.0; thus, increasing age at first intercourse had a protective effect, albeit a small one, on young women's risk of a first unintended pregnancy.

The hazard ratio for age at first intercourse was 70% higher than that of white women. The ratio for women of other racial and ethnic groups was also higher than 1.0 (1.1), so these women were at a slightly higher risk of early unintended pregnancy than white women.

The hazard ratio for making a first family planning visit was also less than one (0.57). This indicates that women who made a visit were 43% less likely than those who had not yet made one (i.e., those who remained in the previst interval) to have an unintended conception.

The hazard ratio for the interaction between the first family planning visit and the 1988 survey relative to the 1982 sur-

women who reported that the conception was “timed right” at seven months before conception (the average amount of time until conception among couples having unprotected intercourse)4; those who indicated that their first conception did not occur soon enough were censored 14 months before conception. The results of this analysis did not differ substantially from the original models (in which women were censored at the time of an intended conception); thus, only the results from the original models are presented.

As 76–83% of young women who initiated sexual activity did not see a provider before or in the same month as when they first had intercourse, the growth in contraceptive use at first intercourse among women who delayed their first visit should mirror the increase for the population as a whole, an increase that has been previously described. As Table 1 shows, this was indeed the case. The increase in method use at first coitus among women who had not seen a provider—from 51% to 75%—was almost entirely due to an increase in condom use, from 26% to 67%. However, a small proportion (2–4%) reported using the pill at first intercourse, even though these women had not yet visited a family planning provider. While some of these women may have obtained the pill from a friend, it is likely that some obtained it from a medical provider for purposes of menstrual regulation.

Notably, among the women who made a family planning visit before first intercourse or within the same month, the proportion who used any method also rose dramatically over the period, from 61% in 1978–1982 to 91% in 1991–1995. And the proportions using specific methods rose accordingly, from 12% to 30% for the condom, and from 40% to 57% for the pill. Most of this growth in pill use occurred during the 1980s, while the bulk of the increase in condom use took place between 1988 and 1995.

To assess the risk of pregnancy before a first family planning visit, we divided the women who delayed a first visit⁴ into five groups by the duration of the interval between first coitus and first visit, and calculated the proportions experiencing an unintended conception in each duration category. As Figure 1 shows, regardless of the length of delay, the percentage having an unintended conception declined between 1982 and 1995, suggesting that pregnancy risk in the previst interval fell steadily over time. As expected, the percentage experiencing an unintended pregnancy increased with the length of the interval.

Hazards Analyses

The findings imply that contraceptive use in the interval after sexual initiation but before a visit increased over time, while pregnancy risk decreased. We now turn to the question of whether young women who delayed a first visit until after their first intercourse lowered their risk of pregnancy to the same level as young women who visited a provider promptly—in other words, whether the difference in the relative risk of pregnancy for the two groups has decreased.

Table 2 shows the results of the Cox proportional hazards models. The hazard ratios, which were calculated by exponentiating the coefficients produced by the models, indicate the change in the risk of unintended pregnancy associated with a unit change in continuous variables or, for the categorical variables, the risk of pregnancy among a particular group compared with a reference group. (All coefficients were significant at p<.001.)

Looking first at the analysis that adjusted for all demographic variables and for the first family planning visit, the hazard ratio for black women (1.7) suggests that their risk of unintended pregnancy was 70% higher than that of white women. The ratio for women of other racial and ethnic groups was also higher than 1.0 (1.1), so these women were at a slightly higher risk of early unintended pregnancy than white women.