marital status and parity distributions of women in the United States as of October 1995, using sampling weights derived by the National Center for Health Statistics. Variance estimates were computed using SUDAAN, because unlike standard statistical analysis packages that assume data are derived from simple random samples of the population, SUDAAN provides estimates and sampling errors that are appropriate for the complex sample design used in the 1995 NSFG.*

**Data Limitations**

The NSFG has the advantage of using a large, nationally representative sample. Because of its cross-sectional design, the survey provides a snapshot of the sexual and reproductive history of women living in the United States at a particular point in time. However, for the purposes of this analysis, the NSFG presents a number of limitations. Most critically, it does not provide any time references for the sequence of events. We cannot determine, for example, when a respondent was diagnosed with gonorrhea, chlamydia or PID, how many times she had a bacterial STD, whether condom use occurred before or after an STD was diagnosed or if the bacterial STD reported in the interview preceded treatment for PID. The inability to establish a temporal order of events precludes an examination of causal relationships in this data set. Thus, the analyses presented below focus on correlates of the outcomes of interest.

There also are limitations with individual items. For example, data on the frequency of exposure to infection (i.e., frequency of intercourse) were obtained only if the woman indicated that she had been sexually active in the three months prior to the interview, and only for that time period. Consequently, we do not know about a respondent’s coital frequency and potential exposure to STDs unless she had had sex in the recent past.†

Finally, there are problems associated with self-reported data on bacterial STDs. Prevalence estimates of gonorrhea and chlamydial infections were calculated from two questions: “Has a doctor ever told you that you have gonorrhea?” and “Has a doctor ever told you that you have chlamydia?” Self-reports are likely to underestimate the true prevalence of infection for several reasons: The stigma associated with STDs may reduce the likelihood that a woman will report a history of a bacterial STD to an interviewer; the ability to remember a specific diagnosis may decrease over time; the information delivered or understood at the time of diagnosis may have been incomplete; and the infection may have been asymptomatic and thus never diagnosed. Despite these limitations, the NSFG is the only current data set based on a nationally representative sample of women that contains information about bacterial STDs, PID and behavioral risk factors.

**Results**

Table 1 summarizes the demographic and behavioral characteristics of the women in our sample. Three-quarters of participants were aged 25–44. Approximately one-quarter had completed college, one-quarter had some college education, one-third had completed high school and 17% had not obtained a high school diploma. The majority of participants were white (80%), the proportion of black participants (14%) was slightly higher than that found nationally. More than half of respondents (55%) were married or living with a partner, and slightly less than one-third of sexually active women (30%) had never been married.

**Sexual Behavior**

On average, women initiated intercourse at 17.4 years of age (not shown). The majority (71%) were sexually active before age 19; 14% first had intercourse before age 15. Twenty-eight percent of respondents had had one sexual partner in their life, and an equal proportion of women had had more than five partners. For women who were sexually active during the three months prior to interview, almost 40% had intercourse more than once a week, while about the same proportion (38%) had intercourse less than once per week.

The vast majority of women (82%) had used a condom at some time in their life, and almost half had done so to prevent disease. Thirty-seven percent of women who were sexually active in the three months prior to interview had used a condom at last intercourse.

Black women initiated intercourse at a younger age than did white women (16.4 years vs. 17.5 years, not shown), and the proportion of black participants initiating sex before age 15 was almost twice that of white participants (22.8% vs. 11.8%).

**Risk Factors and Disease Prevalence**

Six percent of sexually active women had a history of a bacterial STD: Five percent had a history of chlamydia, 2% had a history of PID. 20% had a history of gonorrhea. 3% had a history of both PID and gonorrhea. The vast majority of women (82%) had used a condom at some time in their life, and almost half had done so to prevent disease. Thirty-seven percent of women who were sexually active in the three months prior to interview had used a condom at last intercourse.

Black women initiated intercourse at a younger age than did white women (16.4 years vs. 17.5 years, not shown), and the proportion of black participants initiating sex before age 15 was almost twice that of white participants (22.8% vs. 11.8%).

*This analysis represents a first approximation of a model predicting PID. We were constrained methodologically by the fact that while SUDAAN is one of the few software packages that takes into account complex sample designs in calculating parameter estimates and standard errors, it does not include a procedure to estimate probit models, which, when used in a two-stage procedure, would be an appropriate way of addressing the problem of endogeneity existing in the PID model.

†We used marital status as an imperfect proxy for coital frequency, but it did not contribute significantly to the bacterial STD model. Therefore, we do not include this proxy measure in the final analyses.