of those who did not use a contraceptive at first intercourse experienced a pregnancy within 12 months, compared with 13% of those who did. Long-term contraceptive use pattern over the 12-month period following first intercourse, however, provides greater differentiation of pregnancy risk. Among the same group of women, 85% of long-term nonusers became pregnant within 12 months at risk after first intercourse, compared with 33% of sporadic users and fewer than 15% of uninterrupted users.

There was some agreement between current contraceptive use pattern and consistency of method use in the last three months. Nearly half of uninterrupted users rely on a method for which consistency of use is not applicable (i.e., sterilization, the implant or an IUD). However, among the remaining uninterrupted users, nearly 70% report consistent use (i.e., always using the method or never missing a pill in the three-month period), and an additional 14% report semicon- sistent use (i.e., using the method more than half of the time or missing only one pill in three months). Similar figures among sporadic users are 41% and 12%, respectively, with an additional 22% reporting consistent pill use but no method use at all during at least one month.

Multivariate Analyses
In the first multivariate model, which compared current contraceptive users (uninterrupted and sporadic users) with nonusers (Table 3, page 78), teenagers younger than 18 had 71% lower odds of contraceptive use than women aged 25–34. Those aged 18–19 and those aged 20–24 also had lower odds of contraceptive use than older women. The coefficient for older teenagers, however, was not statistically significant, probably due to smaller sample size.

The logged number of sexual partners in the past year and its quadratic term suggest that the likelihood of contraceptive use initially increases with the number of partners. The effect peaks at 1.9 partners and then begins to decline, indicating that having more than two partners decreases the odds of contraceptive use (Figure 3, page 79).

Frequency of intercourse was a strong predictor of contraceptive use. Among women who had intercourse at least once a week, the odds of using contraceptives were nearly three times as high as those among women having sex once a month or less. Women who had recently experienced nonvoluntary intercourse for the first time had 66% lower odds of using contraceptives than did those who had not had such an experience. Women with a current partner more than three years their senior had 36% lower odds of practicing contraception than did women who had partners close in age to or younger than themselves.

In the model comparing uninterrupted use to sporadic use among contraceptive users (Table 3), women aged 15–17 had 82% lower odds of uninterrupted use than those aged 25–34, while women aged 18–19 and those aged 20–24 had 55–60% lower odds than the reference group. Women who had intercourse at least once a week had greater than two and a half times the odds of uninterrupted rather than sporadic contraceptive use than women who had intercourse no more than once a month.

Finally, the comparison of uninterrupted use of effective methods versus use of other methods (among uninterrupted users) indicates that teenagers and women aged 20–24 were less likely to use effective methods rather than other methods than were women aged 25–34. High levels of sterilization among women aged 25 and older explain this finding: Among uninterrupted users, more than one-third of women aged 25–34 and two-thirds of those aged 35 and older were contraceptively sterilized. When these women were excluded from the model, the model effect among teenagers was no longer significant, and women aged 20–24 were more likely than women aged 25–34 to be using effective methods rather than other methods (not shown).

Married and cohabiting women were more likely to use effective rather than other methods than were single women. Women having intercourse at least once a week had nearly twice the odds of effective rather than other use as those having intercourse less than once a month. Women who had recently initiated intercourse had 73% lower odds of effective use than women who had become sexually active less recently. Having recently experienced nonvoluntary intercourse for the first time lowered the odds of using an effective rather than some other method by 54%. Contrary to expectations, having ever experienced nonvoluntary intercourse was positively related to using an effective rather than some other method.

Interaction Effects
Effects related to relationship stability, sexual experience and sexual coercion may differ across age-groups. Consequently, potential interactions between age-groups and selected characteristics were explored. Predicted probabilities based on these models are presented in Table 4 (page 79): a model predicting any contraceptive use and including an interaction between age-group and current partners age; a model predicting uninterrupted use among contraceptive users and including interactions between age-group and marital status; and a model predicting effective use among uninterrupted users and including interactions between age-group and history of nonvoluntary intercourse.

On average, the vast majority of women are expected to use contraceptives, regardless of age: The predicted probabilities ranged from 92% among 15–17-year olds to 97% among women aged 25–34. Among all women, having intercourse at least once a week was associated with a