higher probability of contraceptive use than having less frequent sex; the effect was largest among the youngest adolescents. The effect of partner’s age on contraceptive use was found to be driven largely by teenagers younger than 18: Having a partner more than three years older substantially decreased the probability of contraceptive use in this age-group (67%), but had little effect among women 18 and older (94–96%). Other potential interactions did not significantly improve the fit of the model; excluding sterilized women from the model eliminated significant age-group differences in nonuse, but did not otherwise substantially change the results (not shown).

In the model estimating uninterrupted use, there were significant interactions between age-group and relationship status, although the magnitudes of the effects were very small. Relative to those not in union, the likelihood of uninterrupted use among married women was similar among all women aged 18 and older; however, married teenagers aged 15–17 were somewhat less likely to report uninterrupted use, probably due in part to characteristics that select women into marriage at very young ages. Excluding sterilized women from the analysis had little effect on the results (not shown).

Age-group interactions clarify somewhat the positive association between history of nonvoluntary intercourse and effective method use. Having ever experienced nonvoluntary sex increased the probability of using an effective rather than some other contraceptive method among women aged 25–34, but decreased the probability among women aged 20–24 with a similar history. Bivariate analyses among adult women aged 25–34 who were uninterrupted users revealed that 45% of those who had ever experienced nonvoluntary intercourse were contraception sterilized, compared with only 31% of those who had never experienced nonvoluntary sex (not shown). When sterilized women were excluded from the model, lifetime nonvoluntary sexual experience was significant only among women aged 20–24, who were less likely to use effective methods than to use other methods. In addition, married and cohabiting women no longer significantly differed from single women, indicating that more effective use among women in stable unions was due to stabilization.

**Alternative Specifications**

A potential problem in measuring contraceptive use pattern is differential exposure to the risk of unintended pregnancy. For example, women with a full 12 months of exposure are more likely to be classified as sporadic users than are women with shorter periods of exposure, simply because they are assessed over a longer period of time. This problem disproportionately affects two groups: women who got pregnant in the past year and those who had first intercourse in the past year. To assess the sensitivity of results to differential exposure, two alternative specifications were estimated.

First, the start of exposure was extended back two years prior to the interview, thus allowing for up to 12 months of exposure.* This specification increased exposure for women who had become pregnant in the

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*Exposure is measured by counting backward from the date of the interview until either 12 months of risk have accumulated or a point 24 months prior to the interview is reached.

†The relationship between contraceptive use and the number of sexual partners in the past year takes a quadratic form, indicated by the significant coefficient on the squared term. The negative sign of the term suggests that the curve is convex. To determine the point at which it peaks, the function is differentiated with respect to logarithm of the number of partners, the derivative is set equal to zero, and solved for the logarithm of the number of partners. The figure is exponentiated to translate it into the number of partners.

‡A change from 100% of poverty to 200% of poverty corresponds to a 0.69 increase in the log of income as a percentage of the poverty level.