married. The higher rate of contraceptive
66% of those who had been previously
83% of those who had never married and
in the past 12 months, compared with only
For both genders, the rate of contracep-
tive use increased with age until the late 30s
and declined thereafter. While the rate of contraceptive use decreased among
women of all age-groups between 1984 and
1995, the largest decrease occurred among
women aged 30–44. The highest propor-
tions of nonusers in 1995 were among
women aged 45 and older (45%). For men,
the highest proportion of nonusers was
among 18–24-year-olds (46%). While there
were no discernible differences by gender
in patterns of contraceptive use until age
44, the higher rate of use among men aged
45 and older than among comparable
women may reflect greater reliance on va-
sectomy in 1995 among men than among
women (see Table 1).

Contraceptive users are more likely to
be married or living with a partner, re-
flecting in part a generally higher level of
sexual activity among married and co-
habiting couples. Indeed, in an unreport-
ed analysis of data from the 1996 Na-
tional Population Health Survey, we found
that more than 97% of married men and
women had had sexual intercourse with
in the past 12 months, compared with only
83% of those who had never married and
66% of those who had been previously
married. The higher rate of contraceptive
use among married and cohabiting cou-
ples may also reflect a higher proportion of
older married women in their family
planning years, or women who have reached
their desired family size. However,
between 1984 and 1995, contraceptive use fell for women of all marital sta-
tuses, most conspicuously among formerly
married women (from 65% to 49%). This
may be due to women’s increased level of
sterilization for medical reasons.

In 1984, contraceptive use increased
with parity and was high among indi-
viduals who did not desire additional chil-
dren (Table 3). In 1995, for men and for
women, there was little difference in use
between those with no children and those
with one child, although contraceptive use
was considerably greater among those
with two or more children. While there
was no marked gender difference in con-
traceptive use across parities, women’s con-
traceptive use fell between 1984 and
1995 at all parities. The reduction was par-
(N=990) (N=941) (N=491) (N=574) (N=547) (N=518)
(N=924) (N=582) (N=574) (N=582) (N=518)
(N=600) (N=643) (N=582) (N=547) (N=593)
Using reversible method 54.8 53.2
Pill 43.7 38.0 Condom 4.6 12.6
Diaphragm 0.4 0.0 Other† 0.5 0.9
Using nonreversible method 2.6 3.6
Female sterilization (tubal ligation) 1.3 0.6
Male sterilization (vasectomy) 0.9 0.5
Sterilized for medical reasons 0.4 2.5
Other 42.8 43.4
Pregnant/not using contraceptive methods 42.8 43.4
Total 100.0 100.0

†The CFS includes douche and the GSS includes the sponge. ‡Includes pregnant women.
Table 2. Percentage distribution of women aged 18–49, by current contraceptive practice, according to age-groups and year of survey

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<tr>
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<td>54.8 53.2</td>
<td>51.4 49.7</td>
<td>35.7 40.5</td>
<td>21.8 23.5</td>
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<td>26.7 29.8</td>
<td>13.1 20.9</td>
<td>5.1 6.1</td>
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<td>Condom</td>
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<td>7.5 11.8</td>
<td>5.7 10.9</td>
<td>3.5 6.7</td>
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<td>IUD</td>
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<td>6.7 3.8</td>
<td>2.8 1.9</td>
<td>1.0 2.4</td>
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<tr>
<td>Diaphragm</td>
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<td>0.7 0.5</td>
<td>1.0 1.1</td>
<td>0.4 0.0</td>
<td>1.1 1.1</td>
<td>0.5 0.0</td>
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<td>0.7 0.5</td>
<td>0.8 0.5</td>
<td>0.5 0.2</td>
<td>0.6 0.1</td>
<td>0.7 0.0</td>
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<tr>
<td>Rhythm</td>
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<td>2.1 1.3</td>
<td>1.7 1.2</td>
<td>2.0 0.5</td>
<td>1.6 0.5</td>
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<tr>
<td>Withdrawal</td>
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<td>1.4 0.9</td>
<td>0.7 0.7</td>
<td>0.4 0.6</td>
<td>0.5 0.3</td>
<td>0.7 0.2</td>
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<tr>
<td>Other†</td>
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<td>1.8 1.8</td>
<td>0.4 2.3</td>
<td>0.3 0.7</td>
<td>0.2 1.3</td>
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<tr>
<td>Using nonreversible method</td>
<td>2.6 3.6</td>
<td>18.3 14.6</td>
<td>42.7 33.0</td>
<td>65.1 54.9</td>
<td>77.6 70.7</td>
<td>77.4 74.2</td>
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<tr>
<td>Female sterilization (tubal ligation)</td>
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<td>11.1 4.8</td>
<td>26.6 11.6</td>
<td>42.4 25.6</td>
<td>46.7 29.5</td>
<td>42.8 36.1</td>
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<tr>
<td>Male sterilization (vasectomy)</td>
<td>0.9 0.5</td>
<td>5.3 4.0</td>
<td>12.5 13.5</td>
<td>13.9 16.1</td>
<td>16.5 17.6</td>
<td>9.9 12.8</td>
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<tr>
<td>Sterilized for medical reasons</td>
<td>0.4 2.5</td>
<td>1.9 5.8</td>
<td>3.6 7.9</td>
<td>8.8 13.2</td>
<td>14.4 23.6</td>
<td>24.7 25.3</td>
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<tr>
<td>Other</td>
<td>42.8 43.4</td>
<td>30.3 35.7</td>
<td>21.6 26.6</td>
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<td>Pregnant/not using contraceptive methods</td>
<td>42.8 43.4</td>
<td>30.3 35.7</td>
<td>21.6 26.6</td>
<td>13.1 21.6</td>
<td>9.7 16.2</td>
<td>12.0 19.3</td>
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<tr>
<td>Total</td>
<td>100.0 100.0</td>
<td>100.0 100.0</td>
<td>100.0 100.0</td>
<td>100.0 100.0</td>
<td>100.0 100.0</td>
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</table>

Other factors, such as education and mar-
rial status. A comparison of users and nonusers by selected individual-level
characteristics reveals that with few ex-
ceptions, levels of contraceptive use dif-
fered significantly between various social
groups (as indicated by the chi-square
values in Table 3, page 68).

Some researchers have suggested that
immigrant status may influence con-
traceptive practice, because some immi-
grants may be less comfortable with med-

*The two surveys classified medical sterilization differ-
ently: In the CFS, respondents were classified as having
had a hysterectomy or other surgical sterilization, while
in the GSS, respondents were asked if they had been ster-
ilized for contraceptive or medical purposes. Neverthe-
less, we do not believe that this difference accounts for
the substantial increase in sterilization for medical rea-
sons among all women. Formerly married women, how-
ever, are more likely than other women to be older and
are more likely to have been sterilized for medical rea-
sons. One possible explanation for the increase in ster-
ilization for medical reasons is that women who have been
surgically sterilized for contraceptive reasons are four
times as likely as other women to have had a hysterec-
tomy within five years of their sterilization. (Source: Hillis
S et al., Higher hysterectomy risk for sterilized than for
nonsterilized women: findings from the U.S. Collabora-
tive Review of Sterilization, Obstetrics and Gynecology,