first had sexual intercourse, how would you describe your relationship with him? Would you say you had just met, were just friends, went out once in a while, were going together or going steady, or engaged?” These five response categories were coded as a series of dummy variables. This measure is based on the respondent’s perception of her relationship. A limitation of this work is that the respondent’s view of the relationship may shift as time passes, but the extent to which first sexual relationships are later recharacterized remains unknown. Unfortunately, the NSFG had no measure of how the respondent characterized the type of relationship precisely at the time of sexual onset.

We also examined other independent variables that have been found to be associated with contraceptive use. An important measure related to sexual activity and contraceptive use is age at first intercourse. We coded respondent’s race or ethnicity into four groups: non-Hispanic black, non-Hispanic white, Hispanic and other. Family structure, which was measured one year prior to first intercourse, included the following categories: living with two biological parents; living with a stepparent; living with a single parent; and other. Mothers’ and fathers’ education was divided into less than 12 years of education, 12 years and more than 12 years. We included additional categories to indicate whether information on the educational level of a specific parent was missing. The respondent’s religiosity at age 14 was measured by how frequently she attended religious services, with responses ranging on a five-point scale from never (one) to more than once per week (five). A dichotomous variable indicated whether the respondent grew up in a rural or urban area.

We included several measures of school-related behaviors. An important advantage of the NSFG is that it enabled us to measure all of these activities prior to first sexual intercourse. Women who reported receiving higher grades in school may have had greater motivation to avoid pregnancies and to practice contraception at first intercourse. We included grades received in school as a continuous variable, with one indicating mostly As to nine indicating mostly Fs. As measures of risk, we included a dummy variable indicating whether the respondent smoked regularly prior to first intercourse and a dummy variable measuring whether the respondent was ever expelled or suspended from school. A central variable was whether the respondent had any birth control education in school prior to first intercourse.

The relationship between sex education and later contraceptive use is not conclusively established in the literature, but it appears that HIV and sex education programs are often associated with increased contraceptive use. The strength of the association seems to depend upon specific programmatic features. We did not have measures of intensity or specific content of courses, so we simply coded birth control education as a dichotomous variable, indicating whether the respondent had exposure to such a course while in school.

Another important set of independent variables we included are the socioeconomic characteristics of the respondents’ first sexual partner. These characteristics include race or ethnicity, age, education and religion. It is important to note that all of these measures are proxy reports of the partner’s characteristics and may not represent the partner’s actual characteristics. Yet respondents’ perceptions of their partner’s characteristics could be as influential as his actual characteristics. For the purpose of understanding contraceptive behavior, we assume that it matters more what a young woman believes about her partner than what true characteristics her partner possesses.

We used two complementary strategies to examine how partners’ characteristics influence contraceptive use. First, we simply included variables measuring the male’s socioeconomic circumstances as independent variables. We used the same four racial categories (black, Hispanic, non-Hispanic white and other), and religiosity parallels the measure we used for main respondents. Education was divided into less than 12 years of schooling, 12 years and more than 12 years. (We did not include this variable in the final analyses because it was highly correlated with partner’s age.)

Second, we analyzed partner’s influence on contraceptive use by creating variables that measure social and demographic homogamy (or similarity) between the male and female sexual partner. Because previous research has turned attention to older male sexual partners and teenage pregnancy, we included dummy variables that indicate whether the partner was younger, the same age, 1–2 years older, 3–5 years older or six or more years older than the respondent. Race or ethnicity is simply a measure of whether the respondent and sexual partner are from the same racial and ethnic group. We also created measures of religious homogamy, but we ultimately excluded this variable from the final analyses because of missing data.

**Methods**

We used logistic regression to test models predicting whether a contraceptive was used. We used multinomial logistic regression to test our models that predict the type of contraceptive used at first intercourse. In the tables, we report the odds ratios, which represent the exponentiated value of the coefficients, and the standard errors.

Our analytic strategy is parallel for each of our dependent variables. We first test a zero-order model that includes only the variable measuring the relationship with the first sexual partner. The next model includes the characteristics of the respondent: age at first intercourse, race and ethnicity, and background characteristics. The third model incorporates the school-related measures, and in the final model we substitute the partner homogamy measures for the partner socioeconomic characteristics to evaluate whether they contribute to the fit of the models, and present the independent effects of these variables on contraceptive use.

**Results**

Approximately three in 10 young women used no method of contraception at first intercourse (Table 1). Roughly half (52%)