of teenagers who had just met their first sexual partner used no method, compared with almost one-quarter (24–25%) who were going steady or who went out once in a while. Generally, greater proportions of adolescents in more casual relationships (“just met” or “just friends”) than in more serious relationships did not use any method of contraception at first intercourse. Yet, a larger proportion of those who were engaged than those who were going steady or going out did not use a method at first intercourse.

An examination of methods used by teenagers who reported practicing contraception at first intercourse reveals that consistent with prior research, the most common contraceptive method used at first intercourse was the condom (used by 75%). Seventeen percent relied on the pill; 10% of the sample used only the pill and condoms (not shown). Almost all of the dual users reported the pill as their primary method. Interestingly, engaged couples most often reported dual use of the pill and condoms (11%); when dual users were counted as condom users, 78% of engaged couples usedcondoms.

Of methods used, condoms were selected most frequently by adolescents who went out once in awhile (82%) and least often by adolescents who were engaged (68%) or who had just met their first sexual partner (63%, Table 1). Women who had just met their first sexual partner or who were engaged to their first sexual partner chose the pill most often (25% and 27%, respectively).

Most of the sample was going steady with their first sexual partner (74%); only 2% were engaged (Table 2). A considerable share (16%) had just met or were just friends.

The mean age of the respondents at first intercourse was 15. The majority of the sample was white and reported living with two biological parents. Approximately three-quarters of the sample had a mother and a father who had a high school education or more. Respondents’ sexual partners were on average almost 18 years old at the respondents’ first intercourse, and most often partners were older than participants. Typically, the age gap at first intercourse was not large, averaging 1–3 years (not shown). The distribution of partner’s race or ethnicity mirrors that of the females: Fewer than one-fifth of respondents reported first sexual intercourse with someone from a different racial or ethnic group (Table 2).

Respondents’ average grade was 3.4, which translates to almost halfway between the categories of “mostly Bs” and “mostly Bs and Cs.” Approximately three-quarters of the sample had birth control education prior to sexual activity. (Most of the sexual partners had less than 12 years of education, often because they were still in high school. Therefore, we excluded this variable from the multivariate analyses due to its colinearity with age.)

Model 1 of the logistic regression estimates predicting contraceptive use at first sexual intercourse shows that adolescents who had just met their partner or who were just friends had significantly reduced odds of practicing contraception at first intercourse, compared with the odds for those who were going steady with their first partner (Table 3, page 108). Adolescents who had just met their first sexual partner had 65% lower odds of using contraceptives than did girls who were going steady with their first sexual partner. We found no significant differences in contraceptive use between respondents who were going steady and those who went out once in a while.

In Model 2, which includes the background covariates, the effects of partner relationship remain about the same as in the first model. Respondents who first had sex at age 13 or younger had lower odds of using a contraceptive than those who were 16–17. In addition, white women were more likely than black or Hispanic women to practice contraception at first intercourse. Adolescents living with a stepparent had lower odds of contraceptive use than those living with two biological parents. Women who had a mother or a father with a low level of education were less likely than teenagers who had one or both parents with 12 years of schooling to practice contraception at first intercourse. Religiosity while growing up and place of residence did not influence contraceptive use at first intercourse.

Addition of the traditional school and risk predictors (Model 3) shows that relationship with first sexual partner maintains a similar pattern of effects as found in the prior models. Smoking or being expelled from school were not significantly related to contraceptive use. Women who had birth control education prior to first intercourse were significantly more likely to practice contraception. Respondents who earned low grades had reduced odds of using a contraceptive at first intercourse. When homogamy between the respondent and her first sexual partner is taken into account (Model 4), racial and ethnic heterogamy was not significantly associated with contraceptive use at first inter-