Trained interviewers conducted fieldwork using a computer-assisted telephone interview system. Rigorous attempts were made to follow up with eligible respondents on weekdays, weekends and evenings; as many as 25 telephone calls were made to each household to complete an interview. Women were asked to provide detailed information on a range of topics, including contraceptive use patterns, personal characteristics, sexual relationship and partner characteristics, socioeconomic characteristics and experiences with contraceptive service providers. In addition, women answered questions about their reasons for use or nonuse of contraceptives. On average, interviews lasted 30 minutes.

During data cleaning, we identified 22 respondents who were not at risk of unintended pregnancy: Two had had sterilization operations not identified during screening, and 20 gave responses to several questions later in the survey indicating that they were infertile. These women were excluded from the analysis.

**Analysis**

Although our methodology was designed to produce a nationally representative sample of all U.S. women at risk of unintended pregnancy, sampling error and differential response may have led to some subgroups’ being overrepresented or underrepresented in the final data set. Therefore, we conducted separate tabulations of the 2002 NSFG, selecting women according to our same eligibility criteria, and compared the distributions of women in our sample with those from the NSFG on key demographic characteristics. Greater proportions of the women in our sample than in the NSFG were older than 30 (55% vs. 46%), currently married (61% vs. 48%) and Latina (18% vs. 15%). Thus, to provide a more accurate picture of U.S. women’s contraceptive use patterns and characteristics, we constructed weights based on the national distribution of women from the 2002 NSFG according to age, marital status, race and ethnicity.*

On the basis of women’s responses to a series of questions about contraceptive methods used, the timing of use and nonuse, and sexual activity and pregnancy during periods of nonuse in the past year, we created a typology that classified respondents into five mutually exclusive groups: continuous users who had not switched methods, continuous users who switched methods at least once, noncontinuous users who had gaps in use when they were not at risk of unintended pregnancy, noncontinuous users who had gaps in use when they were at risk of unintended pregnancy and continuous nonusers.

To examine switching, we excluded consistent nonusers and grouped users according to method type and patterns of use. We combined methods into three broad categories: hormonal and long-acting, barrier and traditional, and no method †. We grouped women according to the method type they had used at the start of the year, the method type they had discontinued and the method type they had used at the end of the year. Dual- or multiple-method users were classified according to their most effective method ‡.

We present descriptive data for all women according to our typology of method use, the specific methods used and women’s pattern of switching between methods. The association between pattern of method use and women’s method choice and switching behavior was tested at the bivariate level, using two-tailed t tests with significance of .05 when making comparisons between proportions of women in each group. All tabulations were performed using SPSS, version 13. We adjusted t tests for multiple comparisons using the Bonferroni correction factor.§

**RESULTS**

Of the 1,978 adult women at risk of unintended pregnancy who were surveyed, 32% were aged 18–24, 40% were aged 25–34 and 28% were aged 35–44. Two-thirds were non-Hispanic white, and one-third were women of color (13% black, 14% Latina and 6% Asian or members of other racial or ethnic groups). Forty-eight percent had family incomes above 250% of the federal poverty level, 27% had family incomes between 100% and 249% of poverty, and 15% had family incomes less than 100% of poverty. 10% were unable or unwilling to provide income data. Forty-eight percent of all women were currently married, and 61% had had at least one child.

**Pattern of Method Use**

More than half of women had used a contraceptive method during each of the 12 months prior to the interview (Figure 1): Thirty-eight percent reported

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*The calculated weights were between 0.5 and 1.5 for 37 of the 58 groups categorized by age, race and marital status. The weights were between 2.0 and 2.8 in six groups, and exceeded 3.0 in one.

†Hormonal and long-acting methods are the pill, injectable, IUD, implant, patch and ring; barrier and traditional methods are condoms, the diaphragm, spermicides, withdrawal and natural family planning.

‡Hormonal and long-acting methods were considered more effective than barrier and traditional methods, which were considered more effective than no method.