As expected, all three variables measuring women’s attitudes toward avoiding pregnancy were highly significant. Women who said avoiding pregnancy was a little or not important had higher odds of having been nonusers all year than those who said avoiding pregnancy was very important (odds ratio, 2.4—Table 4). Similarly, women who reported that they would be very pleased if they found out they were pregnant were more likely to have been nonusers all year than those who said they would be upset or neutral about getting pregnant (2.4), and women who agreed with the fatalistic statement about pregnancy and use of birth control were more likely to have been nonusers than were those who disagreed or were neutral (2.1).

Only two provider-related variables were significant. Women who had made no contraceptive or reproductive health visit had elevated odds of having been nonusers all year (odds ratio, 4.5), as did women who felt they could not call their providers with contraceptive use questions (3.1).

**At-risk gap versus no at-risk gap among users.** Most of the key demographic and socioeconomic variables were not significant in this model (Table 3). Education, however, remained significant; women who had less than a college education had higher odds of having experienced an at-risk gap than college-educated women (odds ratios, 1.7–2.3). Insurance coverage was also a significant predictor: Women on Medicaid were more likely than those who had private insurance to have had an at-risk gap (2.0). Four variables related to sexual partnership were significant. Cohabiting women and those who were not currently in a relationship had higher odds of having had an at-risk gap than married women and those in a relationship of more than four years (1.6 and 1.9, respectively); women who believed their current partner was not monogamous had higher odds than those who believed otherwise (1.9). Women in relationships of medium duration (between six months and four years) and those who reported having sex 2–4 times a month were less likely to have had an at-risk gap than were women in longer relationships and those who had sex two or more times a week, respectively (0.6–0.7).

Women’s attitudes toward and motivation to avoid pregnancy were also significant in this model (Table 4). Women who said that avoiding pregnancy was a little or not important and those who said it was somewhat important had elevated odds of having experienced an at-risk gap (odds ratios, 2.0 and 1.5, respectively). Women who said they would be very pleased to find out they were pregnant had elevated odds of an at-risk gap compared with those who said they would feel upset or neutral about it (1.6). Similarly, women who held a fatalistic attitude toward pregnancy and birth control were more likely to have had an at-risk gap than were those who were not fatalistic (1.4).

Women who began the year using a barrier or traditional method or using no method had higher odds of experiencing an at-risk gap than those who started the year using a hormonal or long-acting method (odds ratios, 1.8 and 2.9, respectively). Moreover, women’s satisfaction with their current or past contraceptive method was highly predictive: Those who reported being somewhat satisfied and those who were dissatisfied had elevated odds of an at-risk gap compared with those who said they would feel upset or neutral about it (1.6). Similarly, women who held a fatalistic attitude toward pregnancy and birth control were more likely to have had an at-risk gap than were those who were not fatalistic (1.4).

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