unbalanced data (i.e., when participants have different numbers of observations). Generalized estimating equations are generally valid under the assumption that outcome data are missing completely at random.14,15

Both univariate and multivariate models were fitted, and robust variance estimates, odds ratios, confidence intervals and p values were computed. The interpretation of the results is the same as for ordinary logistic regression.

Independent variables in the univariate logistic regressions included questions concerning sexual behavior and birth control use asked in each phone survey, participant age at the time of each phone survey and baseline characteristics unlikely to change over the course of the study (region, race and ethnicity, and having been offered emergency contraception at some time before baseline). Some variables that might change over time (importance of religion, level of education, employment status, receipt of income from partner, having ever been pregnant, perceived probability of getting pregnant and familiarity with emergency contraception) were included at their baseline value. Multivariate analyses included only those independent variables that related to emergency contraception use in the past 30 days at p<.2 in the univariate analyses. Because of a high degree of collinearity between main contraceptive method and contraceptive method used at last sex, only the former was used. No other variables showed collinearity.

RESULTS
Participant Characteristics
At baseline, the mean age of participants in both cohorts was 23 years (standard deviation, 5.5 years); nearly half were younger than 21. Overall, slightly fewer than half of participants (45%) attended clinics with an advance access policy. Almost half of all participants identified themselves as non-Hispanic black, and almost half as non-Hispanic white (Table 1). More than four-fifths of participants had a main partner at baseline, and one-fourth of participants were living with this main partner.