intentionally included, and the remaining 36 districts, or primary sampling units, were sampled by stratifying districts according to socioeconomic criteria, and selecting from each stratum with probability proportional to size. Within the primary sampling units, urban and rural secondary sampling units (census enumeration districts and villages, respectively) were selected, from each of which 10 households were chosen from lists developed by the investigators. The first dwelling was selected randomly, and the remainder at regular intervals. All available household members participated in the survey. Thus, the sampling procedure was designed to provide a study population that was broadly representative of the national population, but that also included the two principal cities. In each study round, newly recruited households replaced ones that left. The turnover between rounds was 10–20%. Further details about the study methods may be found on the RLMS Web site.

**Variables**

- **Contraceptive use.** Female survey respondents were asked, “Have you used birth control in the last 30 days?” If they had, they were asked which of the following was their main method: douching, counting the fertile days of the menstrual cycle, withdrawal, condoms, oral contraceptives, IUD, implant, injectable, diaphragm, spermicide (lotions, suppositories, foam, jelly), sterilization (male or female), or other. We collapsed these methods into seven categories: traditional methods (douching, counting days, withdrawal), barrier methods (condoms, diaphragm, spermicide), hormonal methods (oral contraceptives, injectable, implant), IUD, sterilization, other methods and no method.

Women who were not using birth control were asked why this was so. Possible answers were that the woman wanted to get pregnant; was physically unable to get pregnant; had health problems; was unable to obtain a method; could not afford a method; felt that birth control was uncomfortable or unpleasant to use; had sex infrequently; had no husband or partner; or knew that as a last resort, she could have an abortion to end an unwanted pregnancy. Women who said they had used a method in the past 30 days also were asked if they had failed to use a method at any time during that period, those who replied yes were asked to give a reason from the same list.

- **Other.** We categorized women into four age-groups: 18–24, 25–34, 35–44 and 45–49. Place of residence was classified as metropolitan (Moscow and St. Petersburg) or other, and marital status as married or cohabiting, single, divorced or widowed. Educational attainment was categorized as less than secondary, completed secondary or higher. Household wealth was measured on the basis of whether the household had a color television, video recorder, car, washing machine and dacha; an asset score of 0–5 was assigned.

Women were asked whether they were current smokers, and about the frequency and quantity of their alcohol consumption, which was categorized as moderate (if they reported consuming less than 80 g of pure alcohol per occasion), binge (if they reported 80 g or more) or no alcohol consumption in the past month.

Finally, the survey included three reproductive measures: whether the woman had ever had a live birth, whether she had had an abortion in the past year and whether she wanted to have a (or another) child.

**Analyses**

Our analyses focused on women aged 18–49 who reported having had sex in the past 30 days, and excluded those who were not using contraceptives because they had no husband or sexual partner. Women who believed they were infertile or who were trying to conceive were excluded from the analyses of contraceptive use. Data from each year were analyzed separately.

We calculated the prevalence of use for the seven contraceptive categories in each study round, standardizing...