said they were infertile in response to the previous question about contraceptive use were considered to be infertile. Whether the partner had been sterilized was accounted for if respondents answered this same question by choosing the response “I don’t need to because I or my partner cannot have children.” Furthermore, women were asked whether they had ever had a miscarriage and how many pregnancies had been terminated by abortion.

Use of different contraceptive methods was assessed by the question “What kind of contraceptive method did you use during your last sexual intercourse?” Respondents were allowed to choose several answers if they had used a combination of methods. Those who had used the IUD, the pill or condoms were classified as having used a reliable contraceptive. Those who had used the calendar method, spermicides, emergency contraception, withdrawal or douching were classified as having used an unreliable method. No women reported having used the injectable, implant, patch or ring.

Separate questions asked women if they had received sex education at home or at school. Possible answers were “yes, even too much”; “yes, sufficient”; “yes, too little”; “no, but I would have wished it”; and “no, and I wouldn’t have wished it.” Respondents who chose the first or second response were defined as having received sex education, and those who gave other responses were considered not to have received sex education. Women were also asked whether they preferred to visit the women’s clinic in their area, a private health care provider or a public health center.

Women were defined as being at risk of unintended pregnancy if they were sexually active, were fertile, did not want to have (more) children, and were not pregnant or breast-feeding a baby younger than two months, and if neither they nor their partner had been sterilized. Women who said they would not mind if they got pregnant were not considered at risk. Only respondents who were at risk of unintended pregnancy were included in the analysis of contraceptive practice.

In bivariate analyses, chi-square tests were used to assess the statistical significance of differences between age-groups. Logistic regression analyses were used to calculate odds ratios assessing associations between women’s characteristics and the use of specific contraceptive methods at last intercourse, as well as between characteristics and women’s abortion history. Condom use at first intercourse was considered for the analysis of method use at last intercourse, because it is a strong predictor for later contraceptive use, whereas use of any method at first intercourse was considered for abortion outcomes. All regression models were adjusted for age, marital status and parity; SPSS, version 12, was used to conduct the analyses.

RESULTS

Twenty-six percent of sample respondents were aged 18–24, 30% were 25–34 and 43% were 35–44. Nearly half of the women were married; the proportion ranged from 21% of 18–24-year-olds to 63% of 35–44-year-olds (Table 1).

The lowest proportions of single and cohabiting women were found in the oldest age-group (7% and 10%). Half of all respondents had received 14 or more years of education, and seven in 10 were employed. Seventy percent were in the low or middle income level.

Sexual and Reproductive Characteristics

A higher proportion of women in the youngest age-group than in the oldest age-group had their first sexual intercourse when they were younger than 18 (50% vs. 17%—Table 2, page 54). Among sexually experienced women, 57% of 18–24-year-olds, 42% of 25–34-year-olds and 17% of 35–44-year-olds had first sex before turning 18; the mean age at first sex ranged from 17 among the youngest age-group to 20 among the oldest age-group (not shown). Of the 1,147 study participants, 96% were sexually experienced and were included in further analysis. The proportion of women who were sexually experienced did not differ among age-groups.

As expected, the proportion of sexually experienced women who had had children increased with age, from 23% in the youngest cohort to 91% in the oldest. The proportion who had had a miscarriage increased from 4% to 20% across cohorts, while the proportion of all women who said they wanted to have children in the future was 79% in the youngest group and only 6% in the oldest. Furthermore, among sexually experienced respondents,