Advance Data
From Vital and Health Statistics

Number 350 • December 10, 2004

Use of Contraception and Use of Family Planning Services in the United States: 1982–2002

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Abstract

Objective—This report presents national estimates of contraceptive use and method choice based on the 1982, 1995, and 2002 National Surveys of Family Growth (NSFG). It also presents data on where women obtained family planning and medical services, and some of the services that they received.

Methods—Data were collected through in-person interviews with 12,571 men and women 15–44 years of age in the civilian noninstitutional population of the United States in 2002. This report is based on the sample of 7,643 women interviewed in 2002. The response rate for women in the study was about 80 percent.

Results—The leading method of contraception in the United States in 2002 was the oral contraceptive pill, used by 11.6 million women; the second leading method was female sterilization, used by 10.3 million women. The condom was the third-leading method, used by about 9 million women and their partners. The condom is the leading method at first intercourse; the pill is the leading method among women under 30; and female sterilization is the leading method among women 35 and older.

More than 98 percent of women 15–44 years of age who have ever had sexual intercourse with a male (referred to as ''sexually experienced women'') have used at least one contraceptive method. Over the 20 years from 1982 to 2002, the percent who had ever had a partner who used the male condom increased from 52 to 90 percent. The proportion who had ever had a partner who used withdrawal increased from 25 percent in 1982 to 56 percent in 2002. Another important measure of contraceptive use is use at the first premarital intercourse: before 1980, only 43 percent of women (or their partner) used a method of birth control at their first premarital intercourse. By 1999–2002, the proportion using a method at first premarital intercourse had risen to 79 percent.

Keywords: contraceptive use • birth control • family planning services • National Survey of Family Growth • National Center for Health Statistics.

Highlights

- Contraceptive use in the United States is virtually universal among women of reproductive age: 98 percent of all women who had ever had intercourse had used at least one contraceptive method. In 2002, 90 percent had ever had a partner who used the male condom, 82 percent had ever used the oral contraceptive pill, and 56 percent had ever had a partner who used withdrawal.
- The leading method of contraception in the United States in 2002 was the oral contraceptive pill. It was being used by 11.6 million women 15–44 years of age; it had ever been used by 44.5 million women 15–44 years of age. The second leading method was female sterilization, used by 10.3 million women. The pill and female sterilization have been the two leading methods in the United States since 1982.
- Between 1982 and 2002, the percentage of women who had ever had a partner using the male condom rose from 52 percent in 1982 to 90 percent in 2002. The percent whose partner had ever used withdrawal increased from 25 to

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56 percent between 1982 and 2002 (figure 1). In contrast, the percentage who had ever used the Today sponge™, intrautrine device (the IUD), the Diaphragm, calendar rhythm, and spermicidal foam decreased between 1995 and 2002.

- Non-Hispanic Black or African American women and Hispanic or Latina women were somewhat less likely to have ever used the oral contraceptive pill than non-Hispanic white women, but these groups were more likely than white women to have used the 3-month injectable contraceptive called Depo-Provera™ (figure 2).
- The percentage of women who used a method of contraception at their first premarital intercourse increased from 43 percent in the 1970s to 79 percent in 1999–2002 (figure 3). Most of this increase was due to an increase in use of the male condom at first premarital intercourse, from 22 percent in the 1970s to 67 percent in 1999–2002, although use of the pill also increased.
- About 62 percent of the 61.6 million women 15–44 years of age—5 out of 8—were currently using contraception in 2002. Most of those who were not using contraception were currently pregnant, trying to become pregnant, sterile for medical (noncontraceptive) reasons, unable to conceive, or had not had intercourse recently (or ever) (figure 4).
- The percentage of all women 15–44 who were sexually active and not using contraception increased from 5.4 percent in 1995 to 7.4 percent in 2002. This represents an apparent increase of 1.43 million women between 1995 and 2002, and could raise the rate of unintended pregnancy, particularly among women 20 years of age and over, and black women.
- Non-Hispanic Black and Hispanic women were more likely to use female sterilization as a method of contraception than Non-Hispanic white women, but white women were more likely to rely on male sterilization (figure 5). But considering male and female sterilization together, about the same percentage of all three groups in figure 5 were using sterilization: 23–24 percent of each group.
- Some of the tables in this report show data on contraceptive choice among the 38 million women 15–44 years of age who were using contraception (''contraceptors'') in 2002. These data show that female sterilization is the leading method choice among those 35–44 years of age. At age 20–24 years, 4 percent of contraceptors were using female sterilization compared with 50 percent at 40–44 years of age (figure 6).
- The percentage of contraceptors using the pill in 2002 ranged from 53 percent among contraceptors 15–19 years of age to 11 percent among contraceptors 40–44 years of age (figure 7).
- The percentage of contraceptors 22–44 years of age who chose female sterilization as a method of birth control varied sharply by education. Female sterilization accounts for 55 percent of users without a high school degree in 2002 compared with just 13 percent of contraceptors with a 4-year college degree (figure 8).
- While contraceptors with less education tend to rely on female sterilization, contraceptors with more education tend to rely on the oral contraceptive pill: just 11 percent of contraceptors without a high school degree used the pill in 2002, compared with 42 percent of contraceptors with a 4-year college degree (figure 9).
- This report also shows the extent of use of the condom with other methods of birth control. About 10 percent of never married women had a partner who was using male condoms as their most effective method of contraception in 2002, but another 7 percent were using condoms along with a more effective method—such as the pill or Depo-Provera—so a total of 17 percent were using the condom (figure 10). Among married women, however, this kind of combination use was much less common (figure 10).
- Very few women rely on their partners to use withdrawal as their most effective method of contraception (only 3 percent). However, it appears that withdrawal is used as an occasional back-up method by some married and cohabiting couples and by the partners of some never married women (figure 11).
- About 42 percent of women 15–44 years of age received one or more family planning-related medical services from a medical care provider in the 12 months before the 2002 survey. The pattern of use of these services by age closely coincides with the pattern of oral contraceptive use by age: 63 percent of women 20–24 years of age and 20 percent of women 40–44 used such services in the year before the survey (figure 12).
- The percentage of women 15–44 years of age who used family planning services in the last 12 months increased from 33 percent in 1995 to 42 percent in 2002. About 29 percent of females 15–19 years of age received some family planning services in 1995 compared with 40 percent in 2002. Increases also occurred in other age groups.
- More than 34 million of the 61.6 million women 15–44 years of age (56 percent) visited private doctors for family planning or related medical services in 2002, and nearly 13.5 million (22 percent) used publicly funded clinics. One important part of the public clinic system is the U.S. Department of Health and Human Services (DHHS) Title X family planning program. This program served an estimated 4.2 million women in the 12 months before the 1995 survey, and an estimated 5.4 million in the 12 months before the 2002 survey.

Introduction

The National Center for Health Statistics (NCHS) conducts the National Survey of Family Growth (NSFG), a periodic survey that collects data on factors affecting the formation, growth, and dissolution of families—including marriage, divorce, and cohabitation; contraception, sterilization, and infertility; pregnancy outcomes; and births. (1,2) The NSFG is jointly

planned and funded by NCHS and several other programs of the DHHS (see Acknowledgments).

The NSFG was established and first conducted by NCHS in 1973. Since then, the survey has been conducted six times by NCHS—in 1973, 1976, 1982, 1988, 1995, and 2002. In 1973 and 1976 the survey interviewed women 15–44 years of age who were currently married or had been married; it was then considered too sensitive to interview never married women on these topics. In 1982 the survey was expanded to include women 15–44 years of age regardless of marital status.

This report covers the period beginning in 1982, when data on contraceptive use have been available for women of all marital status groups. The results in this report are based primarily on the 2002 NSFG, and include data from the 1982 and 1995 NSFG surveys to trace trends in the past two decades. The scope of this report only includes heterosexual intercourse—intercourse that carries a risk of pregnancy. Contraceptive use during other forms of sexual activity is outside the scope of the present report.

The use of contraception, the choice of a specific method of contraception, and how effectively those methods are used, are major factors affecting the birth and pregnancy rates in the United States (1,2). Use of barrier methods, including condoms, may also affect trends in sexually transmitted infections, including HIV. Concerns about HIV and other sexually transmitted diseases may have been one of the factors affecting the trends described in this report.

This report shows the first results from the 2002 NSFG, on several aspects of contraceptive use:

- What method (if any) was used at first premarital sexual intercourse
- What methods (if any) have ever been used (at some time in one's life)
- The method or methods (if any) that were being used at the date of interview (current use)

The NSFG questions on contraceptive use followed questions about background characteristics; pregnancies, marriages, and cohabitations (if any); sterilizing operations; and infertility.

Strengths and limitations of the data

The data in this report come from several cycles of the NSFG, and as a result they have several strengths:

- First, the data are drawn from interviews with large national samples that were interviewed in comparable ways in 1982, 1995, and 2002. The NSFG also has variables that allow us to describe these trends by such characteristics as the woman's age, race, education, marital and cohabitation status, and her household's income.
- Second, the data from each survey were processed and coded in ways to make them as comparable as possible, so that trends could be measured as reliably as possible.
- Third, the interviews in each cycle of the NSFG were conducted in person by female interviewers who received thorough training on the survey, so the quality of the data is generally very good.
- Fourth, the response rates for the survey were high—about 80 percent in 1982, 1995, and 2002.
- Fifth, the survey collected a rich array of data on contraceptive use, including use of contraception at first intercourse, current use, current use of dual or back-up methods, and use at any time in the woman's life (''ever-use'').

The present report is limited in scope:

- First, the report is intended to present some of the basic statistical facts on trends in contraceptive use and method choice in the United States in the past 2 decades, as well as differences between some important demographic groups. The report is not intended to be an exhaustive treatment of this very complex subject. It also presents descriptive statistics; it does not attempt to demonstrate cause-and-effect relationships.
- Second, there are no new data in this report on the effectiveness of contraceptive methods; those data are available elsewhere and are based on the 1995 NSFG and other sources (3–6). Future research on the 2002 survey will focus on the effectiveness of contraceptive methods.
- Third, this report presents a broad overview of contraception across the reproductive age range (15–44 years of age). A different approach and different measures are needed to adequately describe the sexual activity and contraceptive use of teenagers 15–19 years of age; teen sexual activity and contraception will be the subject of a separate report.
- Fourth, this report does not present data on contraceptive use for individual States because the NSFG is designed to provide national, not State, data. A forthcoming report from another part of the Centers for Disease Control and Prevention (CDC) will show data on current contraceptive use, derived from telephone surveys, for individual States (7).

As in any survey, a certain degree of nonsampling error may have occurred in the NSFG—including possible errors of memory, possible misunderstanding of what is being asked, and possible reluctance to report the information being asked. As noted previously, however, extensive efforts to minimize such error were made in the design and conduct of the survey. In addition, extensive consistency checking, both during the interview and after the data were received from the interviewer, was intended to detect such errors and correct them when possible (8).

Methods

In the first 5 cycles of the NSFG, in 1973, 1976, 1982, 1988, and 1995, national samples of women 15–44 years of age in the civilian noninstitutional population of the United States were interviewed. In 2002, the national sample included both women and men 15–44 years of age. This report presents data on contraception and family planning service use from the sample of

7,643 women in 2002. Subsequent reports will include data from the sample of 4,928 men in 2002, as well as data on other topics from the women's sample.

Each time the NSFG was conducted, the interviews were administered in person by trained female interviewers in the selected person's home. The 2002 sample is a nationally representative multistage area probability sample drawn from 120 areas across the country. The sample is designed to produce national, not state, estimates.

To protect the respondent's privacy, only one person was interviewed in each selected household. In 2002, teenagers and black and Hispanic adults were sampled at higher rates than others. The female questionnaire lasted an average of about 85 minutes. The response rate for the survey was about 79 percent—about 80 percent for women and 78 percent for men.

All of the data in this report were collected by Computer-Assisted Personal Interviewing (CAPI). The questionnaires were programmed into laptop computers and administered by an interviewer. Respondents in the 2002 survey were offered $40 as a "token of appreciation" for their participation. More information about the methods and procedures of the study is in the Technical Notes. More complete technical information will be published in a forthcoming report (8).

Data by race—To enhance readability, the text of this report uses shortened versions of the labels for race and origin groups. For example, the category "Hispanic or Latino" is sometimes referred to as "Hispanic," while "Non-Hispanic Black or African American" is referred to as "black" in the text; and the category "non-Hispanic White" is referred to as "white." Non-Hispanic Other races are included in the totals, but not shown separately in this report because of limited sample size.

In order to show trends over the 20-year period beginning in 1982, the data by race in this report are shown by race and origin categories that can be defined comparably over this 20-year period. For the 4 percent of respondents who reported more than one race in the 2002 NSFG, these categories use a single category to classify each person by one race—her own report of the group that best describes her. The categories shown include Hispanic or Latina, and among those who are not Hispanic or Latina, white, and black or African-American.

All tables in this report that use race data are also available on the Internet using the most recent racial classification guidelines (issued by the Office of Management and Budget, or OMB). These guidelines require separate statistics on those who report only one race and on the small proportion of the population who report more than one race. To establish a baseline for future reports using the new racial classification, data using this classification are shown on the Internet, at: www.cdc.gov/nchs/nsfg.htm. Unfortunately, however, the sample sizes in the NSFG are not large enough in most analyses to show separate statistics for those who reported that they had more than one racial origin. See the Appendix for definitions of many of the other terms used in this report.

Measurement of contraceptive use

The scope of this report is limited to contraceptive use (as reported by women) during heterosexual vaginal intercourse, and the medical care women receive that is related to their use of contraception. Measuring contraceptive use during heterosexual intercourse is one of the central goals of the NSFG because it is a very important factor affecting birth and pregnancy rates and family formation (1,2). The NSFG questionnaire for women begins with some questions on demographic background characteristics, and then asks detailed questions on any pregnancies, births, marriages, or cohabitations the woman has had. The questions on contraception are next, and include:

- Whether she has ever used each of 19 methods of contraception at any time in her life (tables 1 and 2)
- Whether she or her partner used any of these methods the first time she had intercourse with a male (table 3)
- What methods she has used in the last 3 years before the survey
- What method or methods she is using currently (tables 4–14)
- The medical visits at which she got these methods, or the prescription for them (table 15)
- What other family planning and medical services she received in the 12 months before the interview (table 16) and where she goes for these services (tables 17 and 18).

In the 2002 NSFG, up to 4 of the 19 possible methods of contraception were collected and coded for each month in a 3- to 4-year period up to the interview. (No respondent reported using more than four methods in a month.) It was therefore possible to measure the total percentage of those who used a given method of contraception, even if they were also using another method in that month.

In 1995 and 2002, the questions on contraceptive use were improved to clarify to respondents that they should report their use of methods for both birth control and prevention of sexually transmitted infections.

Classifying current contraceptive use

Women were asked to report if they were using more than one method in a given month. About 10 percent of women 15–44 years of age (about 6 million women) were using more than one method in the month of interview; the other 90 percent were using one method or no method.

The principal purpose of the classification scheme used in tables 4–10 is to measure the extent to which women are **protected from unintended pregnancy by the contraceptive methods they are using.** Therefore, in tables 4–10, women using more than one method are classified by the most effective method they reported using, because that method has the most effect on their risk of unintended pregnancy.

More information on how the methods were ranked is shown in the Technical Notes under "Effectiveness of contraception," but in summary, the ranking is based on the results of

research that has attempted to measure the failure rate for the method as it is used by representative samples of the U.S. population. In tables 11–14 of this report, if they were using more than one method currently, they were classified as using each of the methods they reported.

This report, therefore, shows trends in contraceptive use among all women 15–44 years of age, and includes ever-use, use at first intercourse, current use, and dual (or multiple) method use. It also shows data on use of medical care for family planning.

Statistical analysis

Statistics for this report were produced using SAS software, Version 8 (www.sas.com). Like all survey data, the data in this report are affected by sampling errors. This report shows measures of sampling error (standard errors) for some of the statistics presented here. The sampling errors shown here for 1995 and 2002 were produced with SUDAAN software, which is designed to handle the complex sample design used by the NSFG (www.rti.org/sudaan). Standard errors for 1982 are from table III in reference 9. All estimates in this report were weighted to reflect the U.S. female civilian noninstitutional population of the United States. (Women 15–44 years of age living on military bases or in institutions were not included in the survey or in this report.)

Percentages were compared using two-tailed *t*-tests at the 5 percent level. No adjustments were made for multiple comparisons. Terms such as "greater than" and "less than" indicate that a statistically significant difference was found. Terms such as "similar" or "no difference" indicate that the statistics being compared were not significantly different. Lack of comment regarding the difference between any two statistics does not mean that the difference was tested and found not to be significant.

Results

Ever-use

Table 1 shows women 15–44 years of age, interviewed in 1982, 1995, and 2002, who have ever had intercourse; these women are referred to in the text as "sexually experienced" women. Table 1 shows the proportion of sexually experienced women who have ever used each method of contraception at some time in their lives. Note that virtually all sexually experienced women have used some method of contraception: 98 percent in 1995 and 98 percent in 2002. The methods most commonly ever used in 2002 were the male condom (90 percent), the oral contraceptive pill (82 percent), and withdrawal (56 percent). Methods that had been used by significant but smaller numbers of women included female sterilization (21 percent) and the 3-month injectables or shots called Depo-Provera™ (17 percent).

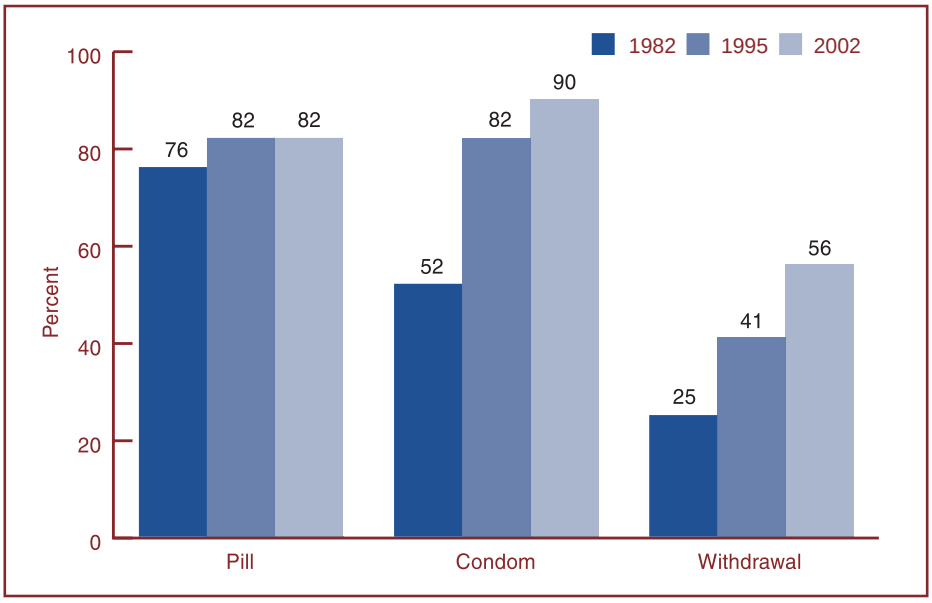

Figure 1. Percentage of sexually experienced women 15–44 years of age who have ever used the specified contraceptive method: United States, 1982, 1995, and 2002

The strongest trends in ever-use during this 20-year period were in two methods used by men: a rapid increase in ever-use of the male condom (52 percent in 1982 to 90 percent in 2002) and a steep increase in ever-use of withdrawal (25 percent in 1982 to 56 percent in 2002) (figure 1). In contrast, there were decreases between 1995 and 2002 in the percentage of women who had ever used the Today sponge™, the IUD, the Diaphragm, calendar rhythm, and foam alone (table 1).

Table 2 shows data on the percentage who have ever used particular methods for three groups of women: Hispanic or Latina, Non-Hispanic white, and Non-Hispanic black or African-American. Some differences in the percentages of sexually experienced women who have ever used these methods are noteworthy. For example, 69 percent of Hispanic or Latina women have used the pill compared with 87 percent of white and 79 percent of black women. In contrast, however, 24 percent of black and Hispanic women, and only 14 percent of white women, have ever used the 3-month injectable contraceptive (Depo-Provera™) (figure 2).

Contraceptive use at first premarital intercourse

Table 3 shows the percent of women who used (or whose partner used) a method of contraception at her first premarital intercourse. Use at first premarital intercourse is important because 90 percent of women 15–44 years of age have had premarital intercourse and because it marks the beginning of exposure to the risk of nonmarital pregnancy and birth and sexually transmitted infections. Teenagers who do not use a method of birth control at first intercourse are

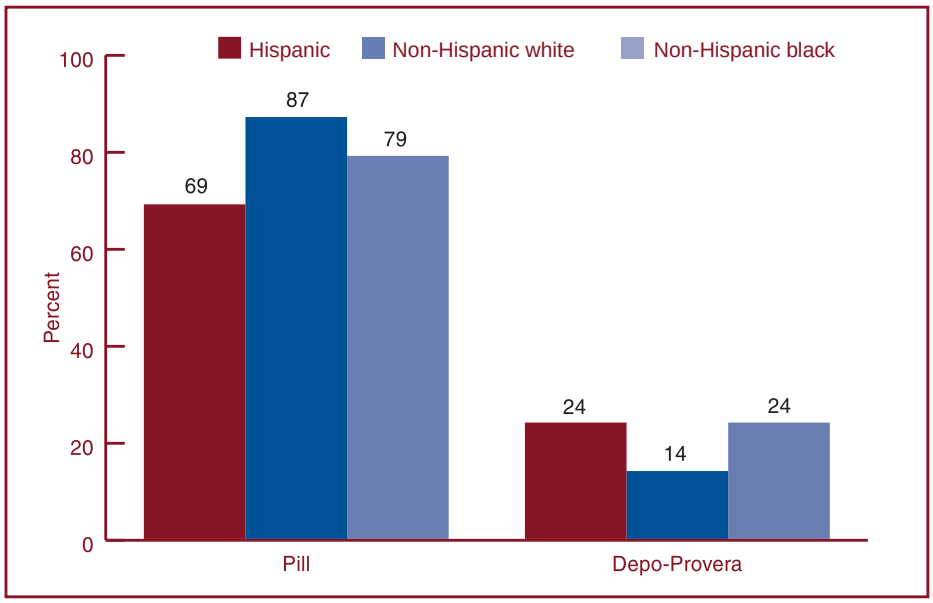

Figure 2. Percentage of sexually experienced women 15–44 years of age who have ever used the specified contraceptive method, by race and Hispanic origin: United States, 2002

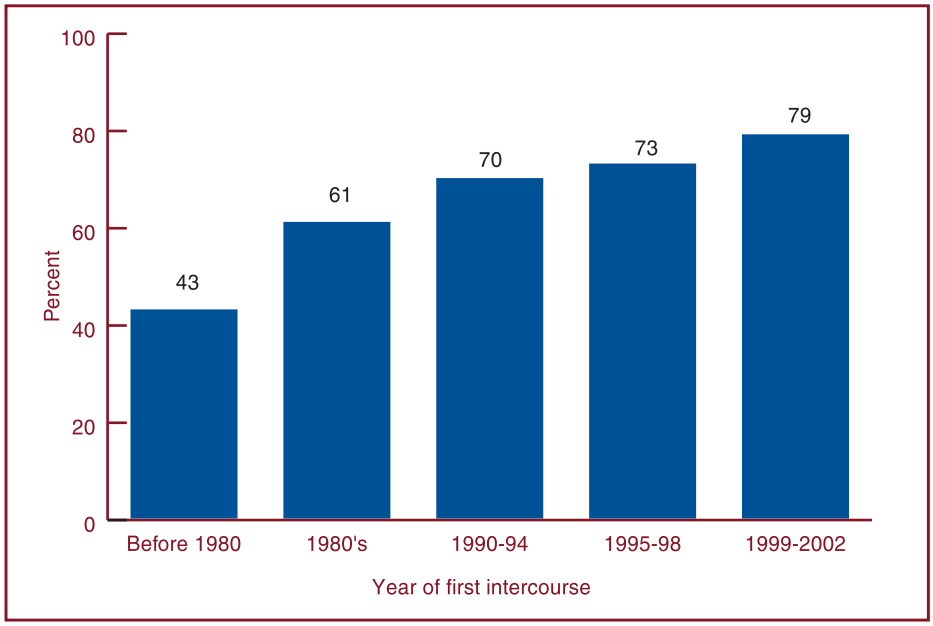

Figure 3. Percentage of women who used a method of contraception at their first premarital intercourse, by year of first intercourse: United States

about twice as likely to become teen mothers as teens who do use a method at first intercourse (10).

The first panel of table 3 shows the proportion using contraception at first premarital intercourse by the year that the first intercourse occurred. Among women whose first premarital intercourse occurred before 1980, only 45 percent used a method; that proportion has been rising steadily, to 79 percent in 1999–2002 (figure 3). Much of this increase was due to an increase in condom use, from 22 percent before 1980 to 67 percent in 1999–2002. The proportion who used both the pill and the male condom at their first intercourse was about 2 percent before 1980, 7 percent in the 1980s, 10 percent in the early 1990s, and about 14 percent in 1995–2002.

The second panel of table 3 shows that the proportion using a method tends to increase as a woman's age at first intercourse increases. About 55 percent of women whose first intercourse was before age 16 used a method, compared with 70 percent at age 19 or older. And much of the difference by age was in use of the pill—from 12 percent at under 16 years to 26 percent at 19 years of age.

The proportion using a method at first intercourse was higher for women whose mothers had their first birth at age 25 (71 percent) than for those whose mothers had their first birth before age 18 (54 percent). Similarly, about 72 percent of women whose mother had a college education used a method at first intercourse; for women whose mothers did not finish high school, that number was only 48 percent.

Finally, 67 percent of non-Hispanic white women used a method at their first premarital intercourse compared with 60 percent of black women and just 46 percent of Hispanic women. This finding is similar to findings from the 1995 NSFG (reference 1, table 40.)

Current use

Table 4 shows a third measure of contraceptive use: "current" use, meaning use during the month of interview. This measure, published many times before from previous cycles of the NSFG (9,11), shows the percentage of all women 15–44 years of age in each of several categories:

- First, women are classified by whether they are using a method, or not using a method in the month of interview (figure 4).
- Those who are currently using a method ("contraceptors") are classified by what method they are using. Those using more than one method are classified by the most effective method they are using.
- Those who are not using a method are classified by the main reason why they are not using contraception.

Table 4 shows that in 2002, about 62 percent of women were using a method of contraception (including male methods such as vasectomy, condom, and withdrawal). The other 38 percent were not using contraception (table 4):

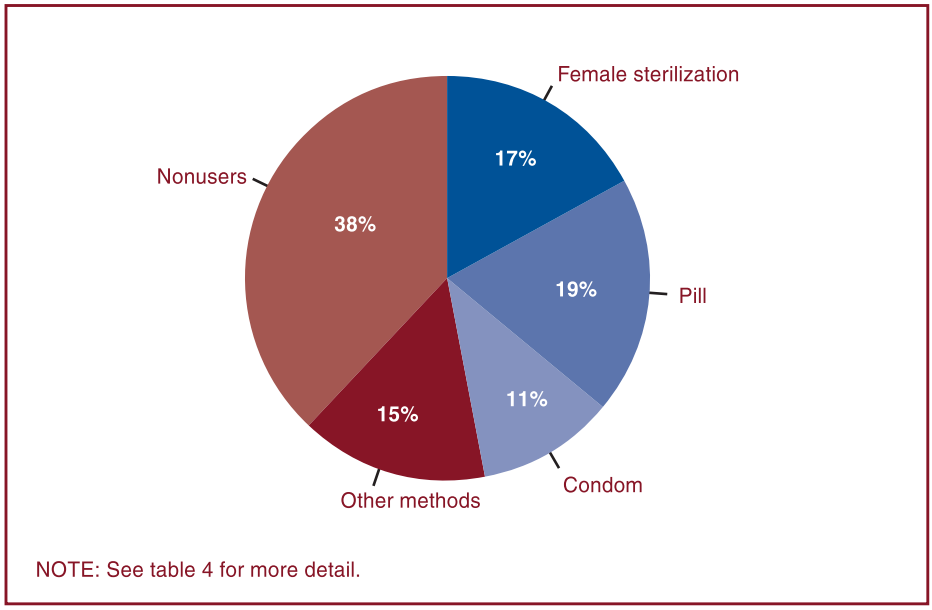

Figure 4. Percentage distribution of women 15–44 years of age, by current contraceptive status: United States, 2002

- About 1.5 percent were not using contraception because they were sterile from surgery (most commonly, hysterectomy).
- 1.6 percent were sterile for nonsurgical reasons.
- 5.3 percent were pregnant or postpartum.
- 4.2 percent were trying to become pregnant.
- 18.1 percent were not using a method because they had never had intercourse, or had not had intercourse recently.

The 7.4 percent (about 4.6 million women) who have had intercourse in the last 3 months but were still not using contraception may be the most at risk of unintended pregnancy. In table 4, 7.4 percent of all women 15–44 had had intercourse in the 3 months before the interview and were not using any method of contraception compared with 5.4 percent in 1995 (reference 1, table 41). This increase is statistically significant. It represents 3.13 million women in 1995 and 4.56 million women in 2002, an increase of 1.43 million women who were potentially at high risk for unintended pregnancy. This apparent change merits further study.

The 62 percent of women who were using a method of contraception in 2002 are shown by the most effective method they were currently using. The leading methods in current use in 2002 were:

- the oral contraceptive pill, used by 19 percent, or 11.6 million women
- female sterilization, used by 17 percent, or 10.3 million women
- the male condom, used by 11 percent, or 6.8 million women and their partners
- male sterilization (vasectomy), used by 5.7 percent, or 3.4 million

Contraceptors: trends

Table 5 shows the same data as table 4, with a different denominator. Table 4 shows the percentage of all women 15–44 using a given method, while table 5 uses as its denominator only women who are using a contraceptive method. It is therefore sometimes referred to as a table of "contraceptors" by method. These data answer the question, "Of those who are using something, what percent are using each method?"

Of those using a method in 2002, about 27 percent were using female sterilization, about the same as in 1995. The pill accounts for about 30 percent of use, which is also quite similar to the proportions found in 1982 and 1995. But there have been some marked changes: in 1982, 8 percent of U.S. contraceptors were using the Diaphragm and 7 percent were using IUDs. Use of the diaphragm has nearly disappeared in the United States, and IUD use is only 2 percent of contraceptors. Trends among subgroups of contraceptors are discussed later in this report.

Current use by age, race and Hispanic origin, and marital status

Table 6 presents the data on current contraceptive use by age in 2002, where the percentages are percent of all women, as in table 4. The percentage of women using contraception varies markedly by age. At age 15–19, only 32 percent are currently using contraception, because many have not had intercourse ever, or recently. At age 20–24, the proportion using contraception rises to 59 percent and from 25–44, it is between 68 and 71 percent.

Table 6 also shows that the leading methods change markedly with age: Among women under 30 years of age, the leading method of contraception is the pill. By age 35, the leading method is female sterilization. This is comparable to findings in previous cycles of the NSFG.

Table 7 presents the data on current contraceptive use for Hispanic or Latina women, Non-Hispanic white, and Non-Hispanic black women. The most striking differences in table 7 have to do with the pill and female sterilization. The percentage using female sterilization was 22 percent for black women and 20 percent for Hispanic women, but only 16 percent for white women. Conversely, male sterilization was used by 8 percent of white women, but only 3 percent of Hispanic women and 1 percent of black women. Finally, 22 percent of white women were using the pill compared with 13 percent of Hispanic and black women. About 11 percent of all three groups were using the condom (figure 5).

Comparing the percentages in table 6 with those in reference 1 (table 41), the proportion who were sexually active but not using contraception was unchanged at about 7.0 percent among teenagers between 1995 and 2002, but there were increases between 1995 and 2002 among all age

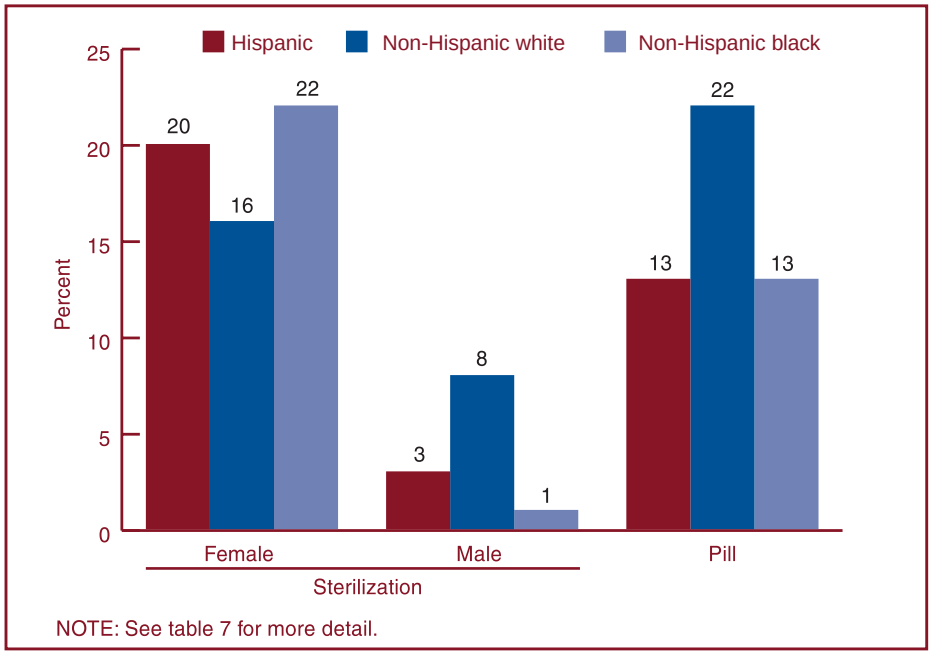

Figure 5. Percentage of women 15–44 years of age using selected contraceptive methods, by race and Hispanic origin: United States, 2002

groups of adults. For example, at age 25–29, the proportion was 4.7 percent in 1995 and 8.0 percent in 2002; at age 30–34, the proportion was 4.4 percent in 1995 and 7.0 percent in 2002. In addition, in table 7, this proportion increased from 7.0 to 10.2 percent of Non-Hispanic black women.

Table 8 shows the data by marital and cohabitation status: legally married; not married but currently cohabiting (living in a sexual relationship) with a man; never-married and not cohabitating; and formerly married (divorced, separated, or widowed). These groups vary markedly in characteristics that affect contraceptive use, such as their age and the number of children they have had. In table A below, based on the 2002 NSFG, married women 15–44 years of age were, on average, 34 years of age and formerly married women, 35 years of age. Cohabiting women averaged 28 years of age and never married women only 23 years of age. About 80 percent of never married women had never had a child compared with 18 percent of married women.

Table A. Average age and percent childless by marital status: United States, 2002

Marital or cohabiting status	Average age (years)	Percent childless
Currently married	34	18.0
Cohabiting	28	41.1
Formerly married	35	16.0
Never married	23	79.8

The percentage using contraception varies markedly between never married women and the other marital status groups because 43 percent of never married women have not had intercourse recently (or ever), while the other groups have much smaller proportions who have not had intercourse in the last 3 months. It is sometimes desirable to determine the percent of all women who are using particular contraceptive methods, as in table 8. For example, 22 percent of never married women, 24 percent of cohabiting women, and 17 percent of married women, were using the pill in 2002. Since such sharply different percentages of these groups have had intercourse recently (or ever), it is useful, especially when comparing contraceptive use patterns among groups that may differ by marital status or age, to describe contraceptive use as percentages of current contraceptors, as discussed in the following text.

Percentage using any method by demographic characteristics

Table 9 shows the percentage using any method by various characteristics. Although it does not show the detailed reasons for nonuse that were shown in tables 4 and 6–8, it does show more characteristics (like education, income, etc.) in a simpler format. About 62 percent of all women 15–44 years of age were using contraception in 2002. The proportion is lower than 62 percent for four groups in table 9:

- Teenagers (females 15–19 years of age)
- Never married noncohabiting women (many of whom are teens)
- Childless (parity 0) women (many of whom are young)
- Women who intend to have (more) children in the future

Many of these variations in the percentage of all women using a method are related to the proportion of each group who have ever had intercourse or who have had intercourse recently.

To look at the proportion using contraception while adjusting for this difference and others, table 9 also includes a column showing the percentage of those *at risk of unintended pregnancy* who were using contraception. Looking at tables 4 and 6–8, *at risk of unintended pregnancy* includes those who are using contraception, plus the last 2 lines of tables 4 and 6–8: those who were not using but had had intercourse in the last 3 months. This definition of "at risk of unintended pregnancy" is useful when comparing the proportion using contraception between groups.

About 89 percent of all women at risk of unintended pregnancy were using contraception at the date of the interview. Among those who are delaying their next birth (those who intend to have another child in the future), 86 percent were using contraception. Of those at risk of unintended pregnancy who have had all the children they want, and do not intend any more children in the future, 92 percent were using contraception (table 9).

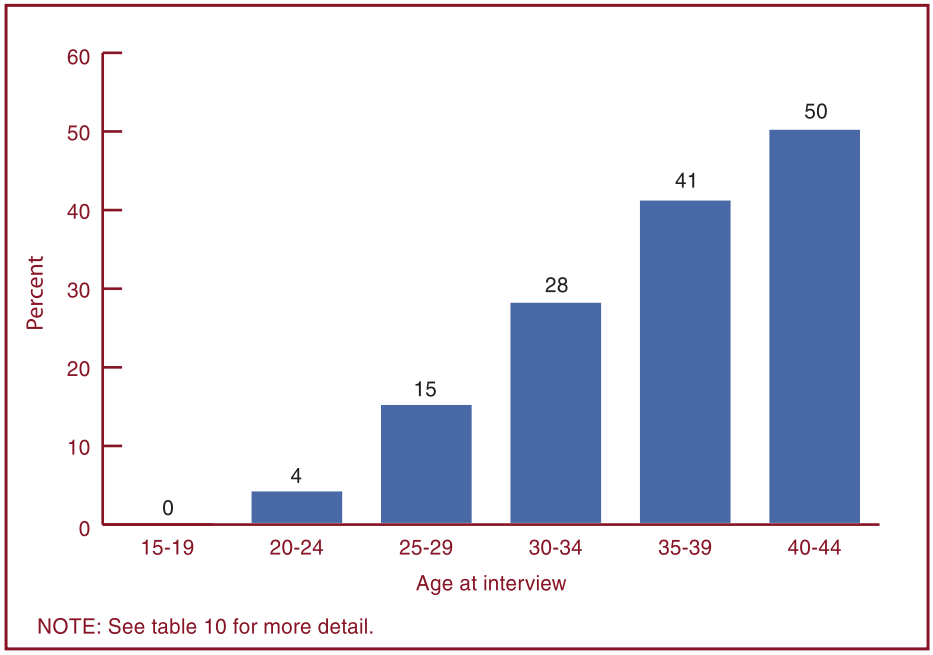

Figure 6. Percentage of contraceptors 15–44 years of age using female sterilization, by age: United States, 2002

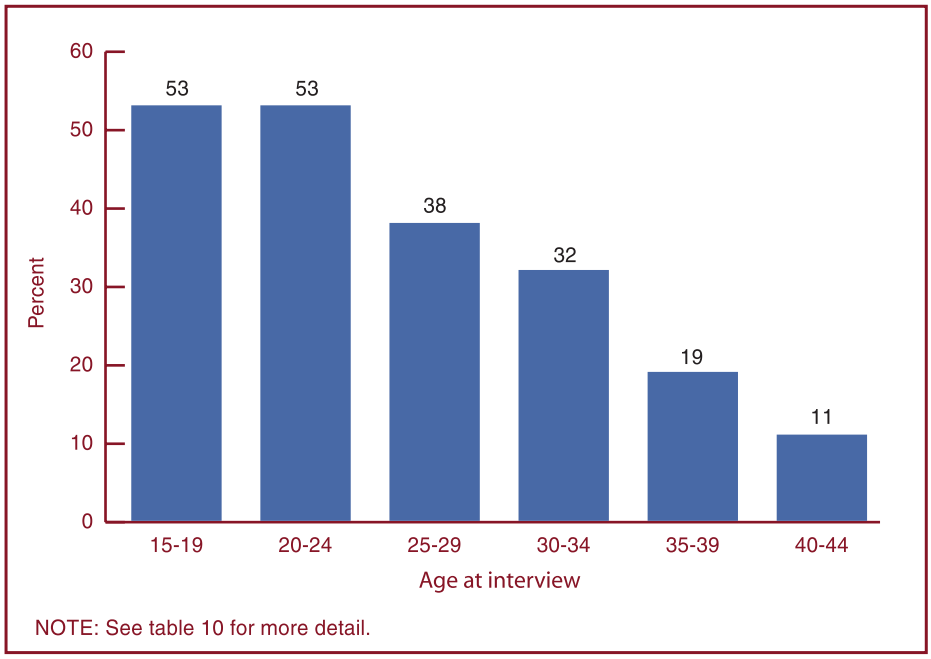

Figure 7. Percentage of contraceptors 15–44 years of age using the pill, by age: United States, 2002

Table 10 shows the percentage distribution of current contraceptive users (''contraceptors'') by several characteristics that give some insight into the factors that affect contraceptive choice.

- The percentage of contraceptors choosing female sterilization increases with age to 51 percent of contraceptors 40–44 years of age (figure 6).
- The percentage of contraceptors using male sterilization also increases with age, but more slowly, to 18 percent among men aged 40–44 years.
- Use of the pill declines with age: 53 percent of contraceptors under 25 years of age were currently using the pill compared with 11 percent at age 40–44 years (figure 7).
- The 3-month injection (Depo-Provera®) was used by 14 percent of teen contraceptors compared with 2 percent of contraceptors 40–44 years of age.
- Condom use declined from 27 percent of use among teens to 11 percent at ages 40–44.
- Among currently and formerly married women, the leading method was female sterilization; among cohabiting and never married women, the leading method was the pill.
- The pill was the leading method among those with no births (parity 0) and those who intended to have more children. Among those with two or more children and those who did not intend to have more children, female sterilization was the leading method.
- Less-educated women are much more likely to rely on sterilization than those with more education: 55 percent of women who did not finish high school were using sterilization compared with only 13 percent of those who graduated from college (figure 8).
- Use of the pill, in contrast, increased markedly as education increased, from 13 percent in the lowest education group to 43 percent in the highest group (figure 9).
- Women who intend to have children or more children, in the future, are using contraception to space or delay their next birth. One-half of these women (52 percent) were using the pill in 2002, 26 percent were using the condom, and 8 percent, the 3-month injectable (table 10).
- In contrast, women who do not intend to have more children rely primarily on female sterilization (44 percent), although many rely on male sterilization (15 percent), the pill (18 percent), or the male condom (12 percent).
- Non-Hispanic white women were less likely to rely on female sterilization, and more likely to rely on male sterilization or the pill, than Hispanic and black women (table 10). This pattern was also found in 1995.

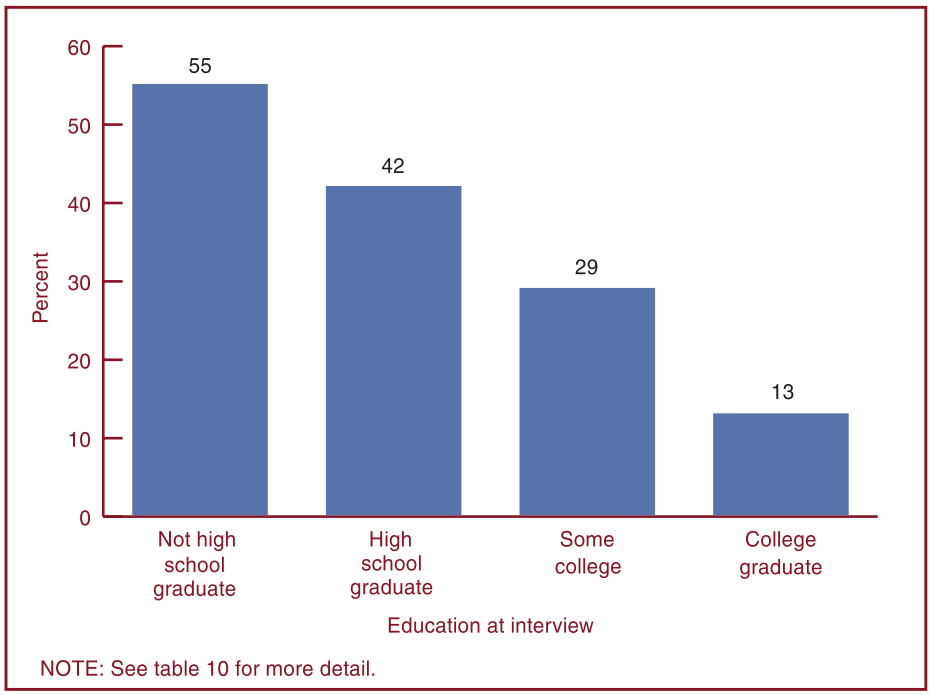

Figure 8. Percentage of contraceptors 22–44 years of age who were using female sterilization, by education: United States, 2002

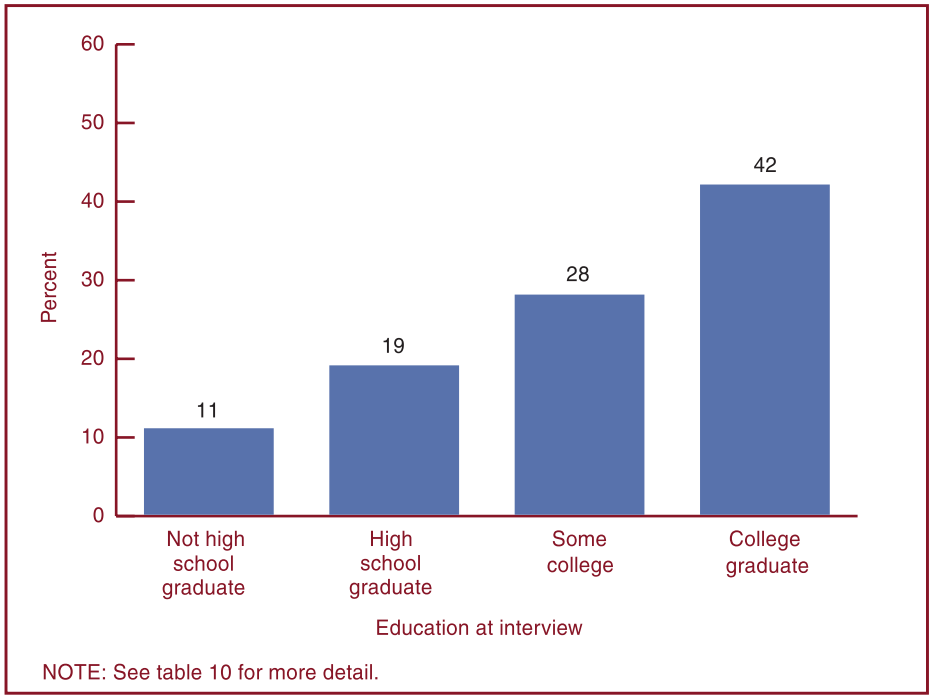

Figure 9. Percentage of contraceptors 22–44 years of age using the pill, by education: United States, 2002

For comparable data from the 1982, 1988, and 1995 NSFG, see table 44 of reference 1 and reference 11.

Use of more than one contraceptive method: dual and multiple use

Tables 4–10 show the use of one method per woman. Most women report using only one current method, but for those using two or more methods in the month of interview, tables 4–10 show the most effective method they were using. In the 2002 NSFG, in the months before the interview, up to four methods of contraception were collected and coded. It was therefore possible to measure the total percentage of those who used a given method of contraception in a given month, even if they were also using another method in that month.

When dual or multiple use occurs in the same month, it may occur for any of a number of reasons, including the following:

- Two methods are used at the same act of intercourse; for example, the oral contraceptive pill and the male condom may be used at the same act of intercourse—the pill to prevent pregnancy and the condom to prevent sexually transmitted diseases.
- One is used as a substitute for another method when the other method is not available. For example, withdrawal may be used as a substitute when the condom or pill or some other method is not available.
- When one method is used with one partner, and a second method is used with another partner.

Therefore, tables 4–10, discussed previously, show one method per woman because most contraceptive users only use one method at a time, and because the principal goal of that measure was to classify women by how well they were protected from unplanned pregnancy. In recent years, however, it has become possible to measure dual or multiple use, and it has become important to do so to measure how well protected women and men are from sexually transmitted diseases as well as unplanned pregnancy. Thus, tables 11–13 show up to four methods per woman. Table 11 shows these data by age, table 12 by Hispanic origin and race, and table 13 by marital status.

Looking at the percentages and numbers from tables 4 and 11, we find that for most methods of contraception, the totals are virtually identical in tables 4 and 11. The current contraceptive status code (tables 4–10), which shows one method per woman,

Table B. Percentage of women using more than one contraceptive method by age and marital status: United States, 2002

Age and marital status	Percent of all women using more than one method	Percent of contaceptors using more than one method
Total	10.1	14.9
Age		
15–19	10.6	31.2
20–24	12.7	18.9
25–29	10.8	14.5
30–34	9.5	13.0
35–39	8.9	11.4
40–44	8.7	10.7
Marital status		
Currently married	9.6	11.3
Never married	11.0	23.8

gives a virtually complete count of current method use for nearly all methods, except two male methods: the (male) condom and withdrawal. About 11.1 percent of women were using the male condom as their most effective method in 2002 (tables 4–10), or 6.8 million. But counting condom use with any other method, 14.7 percent, or 9.1 million, were using the condom. This is an increase of 2.3 million. Withdrawal was the most effective method used by 2.5 percent, or 1.5 million, women 15–44 years of age in 2002; but 5.4 percent or 3.3 million were using it along with any other method.

The extent of multiple use, and therefore the differences between the figures for the condom and withdrawal in tables 8 and 13, can be measured directly by tabulating the percentage of women who used more than one method in the month before the interview. These data are shown in table B.

As a share of all women, the proportion using two or more methods of contraception in the month of interview was around 10 percent in most subgroups in this report. As a share of contraceptors (women using some method of contraception), about 1 in 6, or 15 percent, were using more than one method. The proportion of contraceptors using more than one method was greatest for teenagers and for never married women.

Comparing tables 8 and 13, the differences in the percentages are generally very small and imply that dual or multiple use has little effect on the percent using each method that is shown in tables 4–10, except for two methods: the male condom and withdrawal. Figures 10 and 11 and the following data show that accounting for dual or multiple use increases the count of condom and withdrawal users, particularly for those cohabiting and never married.

These findings are useful for future studies of pregnancy rates and contraceptive failure rates; if withdrawal is used as a backup method when a more reliable method is not available, unintended pregnancy may be more likely to result than if the primary method had been used. If the male condom is used at the same act of intercourse as the pill, protection from disease is increased. Future studies should address how effective such backup use (of the condom or withdrawal) is.

One important question is which subgroups have the most of this dual or backup use, and which methods are being combined. Table 14 helps to answer this question directly, by showing use of the condom, both alone and in combination with the pill and withdrawal.

Table 14 shows the percentage of contraceptors whose partners were using the condom, and whether they were using any other methods with it. About 14 percent of contraceptors were using the condom only, but another 4 percent used the condom and the pill; 3 percent used the condom and withdrawal; and 3 percent used condoms with other methods. In all, nearly 24 percent of contraceptors (15 percent of all women 15–44 years of age) were currently using condoms, with or without some other method. This 24 percent is similar to the 23 percent of contraceptors who were currently using condoms (with or without other methods) in the 1995 NSFG (Reference 11, table 8).

The proportion of contraceptors using the condom alone was 19 percent of teenage contraceptors (15–19 years of age), but only 9 percent of contraceptors 40–44 years of age. Using the pill and the condom is often intended to prevent both pregnancy and sexually transmitted disease, particularly with a new partner. This may help to explain why the proportion of contraceptors using the pill and the condom dropped from 15 percent of teen contraceptors to 1 percent of contraceptors 40–44 years of age.

Condom use was especially common among the following groups of contraceptive users:

- Teens (45 percent of teen contraceptors used the condom)
- 20–24 year olds (36 percent of contraceptors 20–24 used condoms)
- Childless women (parity 0, 36 percent)
- Never married women (38 percent)

In each of these groups, use of the condom and pill together accounts for at least 10 percent of contraceptors.

Use of medical services for family planning and general health

Tables 15–18 show another perspective on the use of contraception—namely, the medical sources from which contraceptive methods are obtained, and the other services that are obtained at medical visits. Overall, 42 percent of women 15–44 years of age, or about 26 million women, had had at least one family planning service in the 12 months before the interview.

It is important to note that the focus of tables 15–18 is on services received: the original purpose of the visit may

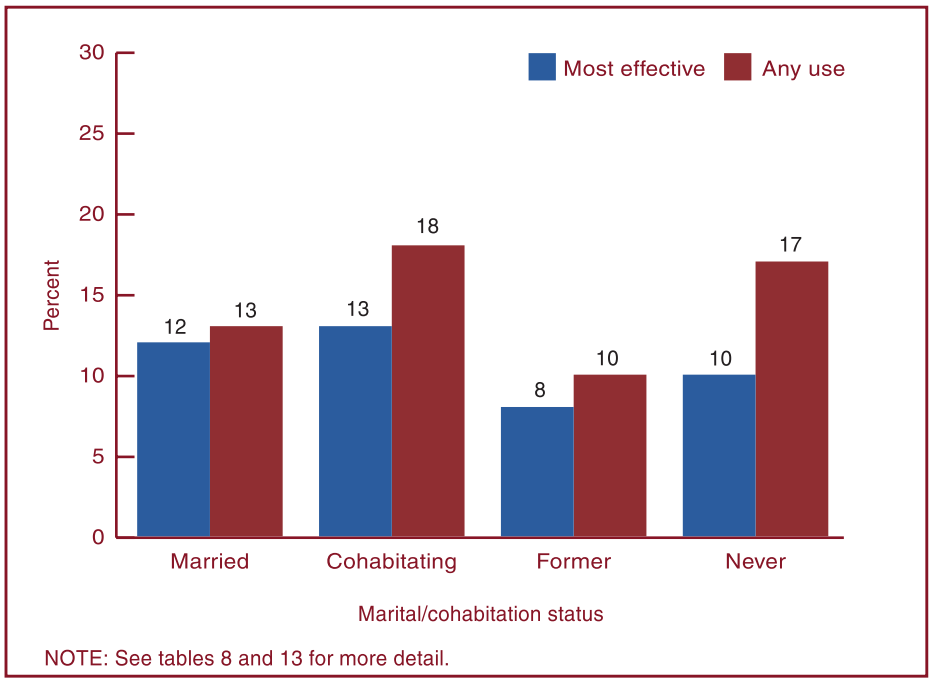

Figure 10. Percentage of women 15–44 years of age whose most effective method of contraception was the condom, and percentage who used the condom with or without another method ("any use"), by marital/cohabitation status: United States, 2002

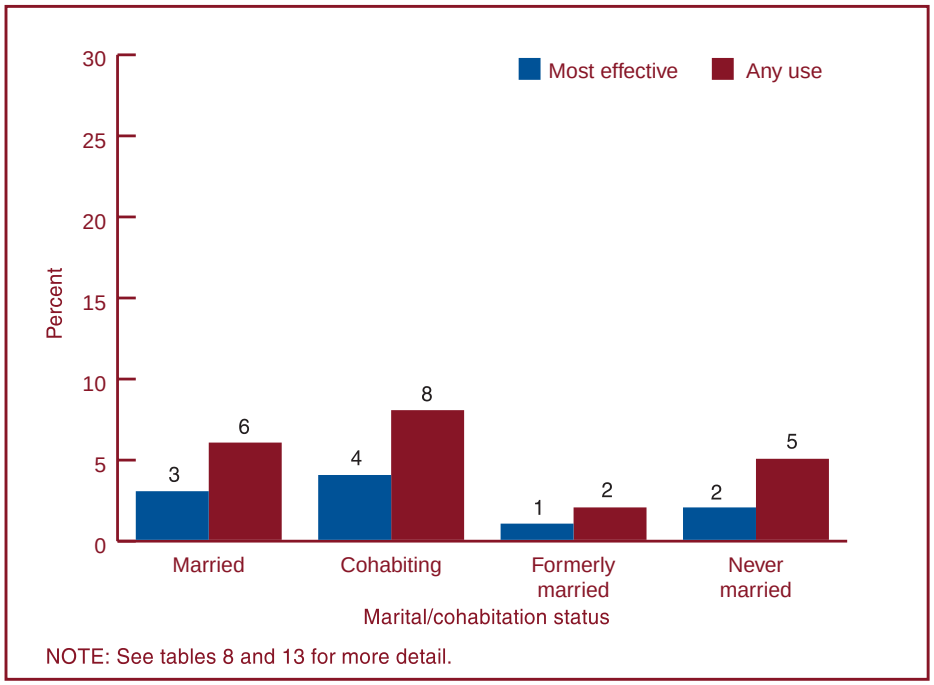

Figure 11. Percentage of women 15–44 years of age whose most effective method of contraception was withdrawal, and percentage who used withdrawal with or without another method ("any use"), by marital/cohabitation status: United States, 2002

have been for a routine checkup, or for an unrelated medical symptom or problem, or for family planning, but if family planning services were received, they are counted here. Thus, data that classify visits by their primary purpose or diagnosis may produce results that appear to differ from these data.

By age, the percentage who had received at least one family planning service in the last 12 months ranges from 63 percent at age 20–24 to 20 percent at age 40–44. It appears that the age pattern follows closely the age pattern of use of oral contraceptives and other hormonal methods of contraception, which typically require periodic visits: as pill use declines with age, so does the proportion using family planning services (figure 12).

The most common services shown in table 15 are obtaining a birth control method (34 percent of women 15–44 years of age), obtaining a birth control checkup or test (24 percent) and birth control counseling or advice (19 percent). Sterilization counseling was obtained by 5 percent, and sterilization operations, by 2 percent. However, about 9 percent of women with three children or more received sterilization advice or counseling; for those with no births, this figure was 1 percent (table 15).

Differences by income and race in the proportion who received at least one service were generally small in table 15. This finding is consistent with an interpretation that programs to provide access to family planning services have reduced disparities by income and race in access to these family planning services (13–15).

The percentage of women who received one or more family planning services was stable or slightly declining from 1982 to 1995, and then increased between 1995 and 2002, from 37 percent in 1982 (14) to 35 percent in 1988 and 33 percent in 1995 (reference 1, table 73), and then increased to 42 percent in 2002 (table 15).

The percent using services in the last 12 months increased between 1995 and 2002 in all age groups. For example, in 1995, 29 percent of all 15–19 year olds reported that they received one or more family planning services compared with 40 percent in 2002 (reference 1, table 73; and table 15 of this report.) These increases are associated with increases in visits to obtain birth control methods and to receive birth control counseling. These increases may, in turn, be related to use of the pill, the 3-month injectable, and other methods. Further research on the causes and effects of this increase is needed. Among a number of factors related to this increase may be increases

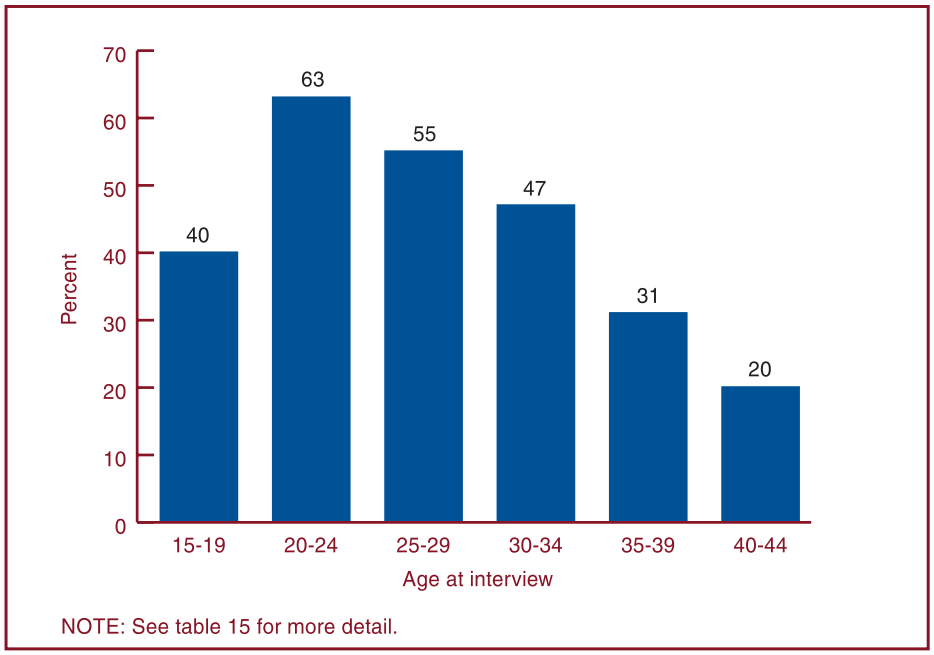

Figure 12. Percentage of women 15–44 years of age who received one or more family planning services from a medical care provider in the last 12 months, by age: United States, 2002

in Medicaid and Title X support for family planning services from 1994 to 2001 (13).

Table 16 shows the use of other medical services in the 12 months before the interview. The most common services in this group were Pap smears, received by 64 percent, and pelvic exams, received by 60 percent. In addition, 20 percent received a pregnancy test.

Table 17 shows an important aspect of use of women's health care—the type of health care provider from which they received care. About 3 out of 4 women 15–44 years of age received at least one of the family planning or medical services shown in tables 15 and 16 in the 12 months before the survey:

- 56 percent from a private doctor, private group practice, or Health Maintenance Organization (HMO)
- 22 percent from a public clinic
- 2 percent from other sources (''other sources'' include military health facilities, foreign sources of medical care, and others).

The distinction between a ''private doctor or HMO'' and a ''clinic'' is that patients who use private doctors for their health care typically pay for the visit with private health insurance, their own income, or both. Services provided by ''clinics,'' in contrast, are typically subsidized by Federal, State, or local government programs or private nonprofit organizations. Table 17 shows that 39 percent of women 20–44 years of age from poor households (0–99 percent of the poverty level) used a clinic for their family planning medical care in the last 12 months compared with 12 percent of women 20–44 years of age with incomes three times the poverty level or higher. In contrast, the proportions using private doctors were highest for those in the highest income group. Of those receiving care, roughly one-half of teens (26 out of 49 percent) and the poor (39 out of 73 percent) received their care at a clinic (table 17). In addition, 80 percent of women receiving services from Title X clinics had incomes below 300 percent of the poverty level compared with only 47 percent of those using private doctors or HMOs (table 18).

These findings suggest that many of those who use clinics do so in part because their income is too low to pay for the care themselves, or because they do not have adequate health insurance to pay those costs.

Table 18 shows the numbers of women receiving care from each type of source, and a profile of the characteristics of women obtaining care from each source. About 44.75 million women obtained medical or family planning services in 2002—34.4 million from private doctors and HMOs, 13.5 million from clinics, and 1.2 million from other sources.

Of the 13.5 million who obtained services from a clinic, an estimated 5.4 million obtained these services from a clinic funded by the DHHS Title X family planning program, which is designed to serve low-income women. This estimate of 5.4 million compares with an estimated 4.2 million in 1995, and represents an increase of about 29 percent (13).

The profile of patients obtaining care from private doctors and HMOs contrasts sharply with those who used clinics—8 percent are teenagers, 11 percent are poor, and 23 percent are black or Hispanic.

In contrast, women who used clinics tended to have different characteristics—19 percent were teenagers, 33 percent were poor, and 43 percent were black or Hispanic.

Conclusion

These data are only the first to be published from the 2002 NSFG. They reveal the richness of these data for describing contraceptive use and related medical care, but there is much more to be learned about such topics as trends in use among subgroups of the population; patterns of dual and multiple use of contraceptive methods; patterns of use of services; and the effectiveness of use among subgroups of the population. Further studies of the 2002 data will shed more light on contraceptive use and a variety of other topics.

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Table 1. Number of women 15–44 years of age who have ever had sexual intercourse and percentage (with standard error) who have ever used the specified contraceptive method: United States, 1982, 1995, and 2002

Method	1982	1995	2002
		Number in thousands	
All women	46,684	53,800	54,190
		Percent (with standard error) who have ever used specified method	
Any method	94.8 (0.4)	98.2 (0.2)	98.2 (0.2)
Female sterilization	22.3 (0.8)	23.4 (0.5)	20.7 (0.7)
Male sterilization	10.1 (0.6)	14.6 (0.4)	13.0 (0.7)
Pill	76.3 (0.8)	82.2 (0.5)	82.3 (0.6)
Norplant implant	NA	2.1 (0.2)	2.1 (0.2)
1-month injectable (Lunelle™)	NA	NA	0.9 (0.1)
3-month injectable (Depo-Provera™)	NA	4.5 (0.2)	16.8 (0.8)
Emergency contraception	NA	0.8 (0.1)	4.2 (0.3)
Contraceptive patch	NA	NA	0.9 (0.1)
Today™ sponge	NA	12.0 (0.4)	7.3 (0.4)
Intrauterine device (IUD)	18.4 (0.8)	10.0 (0.4)	5.8 (0.4)
Diaphragm	17.1 (0.8)	15.2 (0.5)	8.5 (0.5)
Condom	51.8 (1.0)	82.0 (0.5)	89.7 (0.6)
Female condom	NA	1.2 (0.1)	1.9 (0.2)
Periodic abstinence-calendar rhythm	17.0 (0.8)	24.3 (0.5)	16.2 (0.6)
Periodic abstinence-natural family planning	2.3 (0.3)	4.2 (0.3)	3.5 (0.3)
Withdrawal	24.5 (0.8)	40.6 (0.6)	56.1 (1.0)
Foam alone	24.9 (0.8)	18.3 (0.5)	12.1 (0.4)
Jelly/cream alone	5.8 (0.4)	9.1 (0.3)	7.3 (0.4)
Suppository/insert	9.7 (0.6)	10.6 (0.3)	7.5 (0.5)
Other methods	9.3 (0.6)	0.3 (0.1)	1.0 (0.1)

NA - Data not available (method not available in the United States in that year).

Table 2. Number of women 15–44 years of age who have ever had sexual intercourse and percentage (with standard error) who have ever used the specified contraceptive method, by race and Hispanic origin: United States, 2002

Method	Hispanic	Non-Hispanic white	Non-Hispanic black
		Number in thousands	
All women	7,887	35,789	7,693
		Percent (with standard errors) who have ever used specified method	
Any method	96.5 (0.7)	98.8 (0.2)	97.3 (0.5)
Female sterilization	24.1 (1.8)	19.4 (1.0)	26.6 (1.5)
Male sterilization	4.4 (0.5)	16.7 (0.9)	4.9 (0.9)
Pill	68.5 (1.8)	87.1 (0.7)	79.2 (1.5)
Implant	4.0 (0.6)	1.4 (0.2)	3.2 (0.7)
1-month injectable (Lunelle™)	3.1 (0.4)	0.5 (0.1)	0.9 (0.4)
3-month injectable (Depo-Provera™)	24.3 (1.8)	13.7 (0.9)	23.9 (1.6)
Emergency contraception	3.8 (0.5)	4.3 (0.4)	4.0 (0.8)
Contraceptive patch	1.1 (0.3)	0.7 (0.2)	1.3 (0.4)
Today™ sponge	2.7 (0.4)	8.8 (0.6)	6.2 (0.8)
Intrauterine device (IUD)	10.0 (0.9)	4.7 (0.5)	5.5 (0.7)
Diaphragm	3.4 (0.6)	10.3 (0.7)	6.9 (0.9)
Condom	78.2 (1.7)	92.2 (0.6)	92.0 (1.1)
Female condom	1.4 (0.3)	1.2 (0.2)	5.3 (0.7)
Periodic abstinence-calendar rhythm	16.2 (1.1)	16.6 (0.8)	13.9 (1.4)
Periodic abstinence-natural family planning	4.7 (0.7)	3.6 (0.4)	1.9 (0.4)
Withdrawal	47.2 (1.9)	59.7 (1.3)	50.6 (1.8)
Foam alone	8.2 (0.7)	12.7 (0.6)	15.4 (1.2)
Jelly/cream alone	3.4 (0.5)	7.8 (0.5)	9.7 (0.8)
Suppository/insert	4.5 (0.5)	8.1 (0.6)	8.6 (0.8)
Other methods	1.3 (0.3)	0.8 (0.2)	1.3 (0.4)

Table 3. Number of women 15–44 years of age who have ever had premarital sexual intercourse and percentage who used the specified contraceptive method at first intercourse, by selected characteristics: United States, 2002

Characteristic	Number in thousands	Used any method	Pill	Condom	Withdrawal	All other methods
		Percent				
All women[1]	48,649	63.0	17.8	45.0	7.7	3.4
Year of first sexual intercourse						
1999–2002	5,942	78.8	21.1	67.3	9.6	5.6
1995–98	6,528	72.8	18.8	61.1	6.0	3.4
1990–94	8,427	70.3	16.3	57.9	4.0	3.3
1980–89	18,412	61.3	19.9	38.1	8.3	3.2
Before 1980	9,338	43.0	12.5	21.7	10.0	2.3
Age at first intercourse						
Under 16 years	14,722	54.8	12.4	40.8	7.8	2.6
16 years	9,344	62.3	15.4	46.6	9.0	2.4
17 years	8,007	65.6	19.7	47.5	8.4	1.9
18 years	6,690	69.0	20.2	49.2	5.7	4.6
19 years	3,577	69.7	26.1	47.8	4.9	5.0
20 years or older	6,309	70.1	24.7	43.6	8.6	6.2
Mother's age at first birth						
Under 18 years	8,034	53.8	18.6	38.8	5.0	2.8
18–19 years	9,821	61.4	17.9	41.6	8.9	3.6
20–24 years	20,667	63.5	17.2	45.0	7.7	3.4
25 years or older	9,422	71.4	18.5	54.0	8.6	3.6
Mother's education						
No high school diploma or GED[2]	11,396	48.4	15.7	31.5	6.1	2.9
High school diploma or GED[2]	18,465	64.5	18.3	46.4	7.7	3.4
Some college, no bachelor's degree	10,397	69.7	18.5	50.3	8.3	3.6
Bachelor's degree or higher	8,079	72.3	18.9	55.1	9.4	3.8
Family structure at age 14						
Both parents (continuously from birth)	33,771	64.0	17.8	45.2	7.8	3.9
Other	14,878	60.8	17.8	44.7	7.5	2.2
Race and Hispanic origin						
Hispanic	6,373	46.2	9.5	33.1	6.1	4.4
Non-Hispanic white	32,677	67.2	18.8	47.8	8.6	3.2
Non-Hispanic black	7,524	60.0	22.4	43.9	4.4	3.0

[1]Includes women of other or unknown race and origin groups, women reporting no mother or mother-figure, and women whose mother-figures had no biological children.
[2]GED is General Educational Development high school equivalency diploma.

NOTE: This table refers to first sexual intercourse after menarche.

Table 4. Number of women 15–44 years of age and percent distribution (with standard error) by current contraceptive status and method: United States, 1982, 1995, and 2002

Contraceptive status and method	Year of survey		
	1982	1995	2002
	Number in thousands		
All women	54,099	60,201	61,561
	Percent distribution (with standard error)		
Total	100.0	100.0	100.0
Using contraception (contraceptors)	55.7 (1.0)	64.2 (0.6)	61.9 (0.8)
Female sterilization	12.9 (0.6)	17.8 (0.4)	16.7 (0.6)
Male sterilization	6.1 (0.4)	7.0 (0.3)	5.7 (0.4)
Pill	15.6 (0.8)	17.3 (0.4)	18.9 (0.7)
Implant, Lunelle®, or Patch[1]	NA	0.9 (0.1)	0.8 (0.1)
3-month injectable (Depo-Provera®)	NA	1.9 (0.1)	3.3 (0.3)
Intrauterine device (IUD)	4.0 (0.4)	0.5 (0.1)	1.3 (0.2)
Diaphragm	4.5 (0.4)	1.2 (0.1)	0.2 (0.1)
Condom	6.7 (0.6)	13.1 (0.4)	11.1 (0.5)
Periodic abstinence-calendar rhythm	1.8 (0.3)	1.3 (0.1)	0.7 (0.1)
Periodic abstinence-natural family planning	0.3 (0.3)	0.2 (0.1)	0.2 (0.1)
Withdrawal	1.1 (0.3)	2.0 (0.2)	2.5 (0.3)
Other methods[2]	2.7 (0.3)	1.1 (0.1)	0.6 (0.1)
Not using contraception	44.3 (1.0)	35.8 (0.6)	38.1 (0.8)
Surgically sterile—female (noncontraceptive)	6.3 (0.4)	3.0 (0.2)	1.5 (0.2)
Nonsurgically sterile—female or male	1.2 (0.3)	1.7 (0.2)	1.6 (0.2)
Pregnant or postpartum	5.0 (0.3)	4.6 (0.3)	5.3 (0.4)
Seeking pregnancy	4.2 (0.4)	4.0 (0.2)	4.2 (0.3)
Other nonuse:			
Never had intercourse or no intercourse in 3 months before interview	19.5 (0.8)	17.1 (0.5)	18.1 (0.7)
Had intercourse in 3 months before interview	7.4 (0.4)	5.2 (0.2)	7.4 (0.4)
All other nonuse[3]	0.7 (0.3)	0.2 (0.0)	0.0 (0.0)

0.0 = Quantity greater than zero but less than 0.05.
NA—Data not available (method not available in the United States in that year).
[1]1995 percentage only includes Norplant implant.
[2]Includes Today sponge®, cervical cap, female condom, and other methods.
[3]Includes male sterility of unknown origin and other small groups, not shown separately.

NOTE: Percents may not add to 100 because of rounding.

Table 5. Number of women 15–44 years of age using contraception, and percent distribution (with standard error) by current contraceptive method: United States, 1982, 1995, and 2002

Contraceptive status and method	Year of survey		
	1982	1995	2002
	Number in thousands		
All women using contraception	30,142	38,663	38,109
	Percent distribution		
Using contraception (contraceptors)	100.0	100.0	100.0
Female sterilization	23.2 (0.8)	27.8 (0.6)	27.0 (0.9)
Male sterilization	10.9 (0.6)	10.9 (0.4)	9.2 (0.6)
Pill	28.0 (0.9)	26.9 (0.6)	30.6 (0.9)
Implant, Lunelle™, or Patch[1]	NA	1.3 (0.2)	1.2 (0.2)
3-month injectable (Depo-Provera®)	NA	3.0 (0.2)	5.3 (0.5)
Intrauterine device (IUD)	7.1 (0.4)	0.8 (0.1)	2.0 (0.3)
Diaphragm	8.1 (0.6)	1.9 (0.2)	0.3 (0.1)
Condom	12.0 (0.6)	20.4 (0.5)	18.0 (0.7)
Periodic abstinence-calendar rhythm	3.3 (0.4)	2.0 (0.2)	1.2 (0.2)
Periodic abstinence-natural family planning	0.6 (0.3)	0.3 (0.1)	0.4 (0.1)
Withdrawal	2.0 (0.3)	3.1 (0.2)	4.0 (0.4)
Other methods[2]	1.3 (0.3)	1.7 (0.2)	0.9 (0.2)

NA—Data not available (method not available in the United States in that year).
[1]1995 percentage only includes Norplant implant.
[2]Includes Today sponge®, cervical cap, female condom, and other methods.

NOTE: Percents may not add to 100 because of rounding.

Table 6. Number of women 15–44 years of age and percent distribution by current contraceptive status and method, according to age at interview: United States, 2002

Contraceptive status and method	Age in years						
	15–44	15–19	20–24	25–29	30–34	35–39	40–44
	Number in thousands						
All women	61,561	9,834	9,840	9,249	10,272	10,853	11,512
	Percent distribution						
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Using contraception (contraceptors)	61.9	31.5	60.7	68.0	69.2	70.8	69.1
Female sterilization	16.7	–	2.2	10.3	19.0	29.2	34.7
Male sterilization	5.7	–	0.5	2.8	6.4	10.0	12.7
Pill	18.9	16.7	31.9	25.6	21.8	13.2	7.6
Implant, Lunelle™, or Patch	0.8	0.4	0.9	1.7	0.9	0.5	0.2
3-month injectable (Depo-Provera®)	3.3	4.4	6.1	4.4	2.9	1.5	1.1
Intrauterine device (IUD)	1.3	0.1	1.1	2.5	2.2	1.0	0.8
Diaphragm	0.2	–	0.1	0.3	0.1	–	0.4
Condom	11.1	8.5	14.0	14.0	11.8	11.1	8.0
Periodic abstinence-calendar rhythm	0.7	–	0.8	0.3	0.9	1.1	1.2
Periodic abstinence-natural family planning	0.2	–	–	0.4	0.2	0.3	0.4
Withdrawal	2.5	0.8	3.1	5.3	2.6	2.4	1.0
Other methods[1]	0.6	0.6	0.2	0.4	0.4	0.5	1.1
Not using contraception	38.1	68.5	39.3	32.0	30.8	29.2	30.9
Surgically sterile—female (noncontraceptive)	1.5	–	0.0	0.4	0.9	2.1	4.9
Nonsurgically sterile—female or male	1.6	0.7	0.7	0.9	1.4	1.2	4.4
Pregnant or postpartum	5.3	3.5	9.5	8.4	6.9	3.8	0.8
Seeking pregnancy	4.2	1.2	2.8	5.5	7.0	5.1	3.3
Other nonuse:							
Never had intercourse or no intercourse in 3 months before interview	18.1	56.2	17.9	8.9	7.6	9.1	10.8
Had intercourse in 3 months before interview	7.4	6.9	8.4	8.0	7.0	7.7	6.7
All other nonuse[2]	0.0	–	–	–	–	0.1	0.1

0.0 = Quantity greater than zero but less than 0.05.
– Quantity zero.
[1]Includes Today sponge®, cervical cap, female condom, and other methods not shown separately.
[2]Includes male sterility of unknown origin and other small groups, not shown separately.

Note: Percents may not add to 100 because of rounding.

Table 7. Number of women 15–44 years of age and percent distribution by current contraceptive status and specific method, according to race and Hispanic origin: United States, 2002

Contraceptive status and method	All women[1]	Race and Hispanic origin: Hispanic	Non-Hispanic white	Non-Hispanic black
	Number in thousands			
All women	61,561	9,107	40,420	8,587
	Percent distribution			
Total	100.0	100.0	100.0	100.0
Using contraception (contraceptors)	61.9	59.0	64.5	57.4
Female sterilization	16.7	19.9	15.5	22.3
Male sterilization	5.7	2.6	7.5	1.4
Pill	18.9	13.0	22.2	12.9
Implant, Lunelle™, or Patch	0.8	1.8	0.5	0.5
3-month injectable (Depo-Provera™)	3.3	4.3	2.7	5.6
Intrauterine device (IUD)	1.3	3.2	0.9	0.8
Diaphragm	0.2	–	0.2	0.1
Condom	11.1	10.9	10.7	11.4
Periodic abstinence-calendar rhythm	0.7	0.6	0.8	0.3
Periodic abstinence-natural family planning	0.2	0.3	0.2	0.1
Withdrawal	2.5	2.2	2.5	1.5
Other methods[2]	0.6	0.3	0.7	0.5
Not using contraception	38.1	41.0	35.5	42.6
Surgically sterile—female (noncontraceptive)	1.5	0.9	1.7	1.5
Nonsurgically sterile—female or male	1.6	1.7	1.7	1.5
Pregnant or postpartum	5.3	6.9	4.6	5.9
Seeking pregnancy	4.2	5.2	3.9	4.2
Other nonuse:				
Never had intercourse or no intercourse in 3 months before interview	18.1	18.7	17.0	19.4
Had intercourse in 3 months before interview	7.4	7.7	6.7	10.2
All other nonusers[3]	0.0	–	0.0	0.1

0.0 = Quantity greater than zero but less than 0.05.
– Quantity zero.
[1]Includes women of other or unknown race and origin groups, not shown separately.
[2]Includes Today sponge™, cervical cap, female condom, and other methods not shown separately.
[3]Includes male sterility of unknown origin and other small groups, not shown separately.

Note: Percents may not add to 100 because of rounding.

Table 8. Number of women 15–44 years of age and percent distribution by current contraceptive status and specific method, according to marital or cohabiting status: United States, 2002

Contraceptive status and method	All marital statuses	Marital/cohabitation status			
		Currently married	Currently cohabiting	Never married	Formerly married
		Number in thousands			
All women	61,561	28,327	5,570	21,568	6,096
		Percent distribution			
Total	100.0	100.0	100.0	100.0	100.0
Using contraception (contraceptors)	61.9	72.9	72.5	44.0	64.4
Female sterilization	16.7	21.7	18.4	4.4	35.3
Male sterilization	5.7	11.2	2.2	0.4	2.2
Pill	18.9	17.2	24.1	21.8	12.3
Implant, Lunelle™, or Patch	0.8	1.0	1.1	0.4	0.5
3-month injectable (Depo-Provera®)	3.3	2.2	6.8	4.2	1.7
Intrauterine device (IUD)	1.3	1.9	1.3	0.2	1.9
Diaphragm	0.2	0.2	0.0	0.2	–
Condom	11.1	12.0	13.1	10.3	8.0
Periodic abstinence-calendar rhythm	0.7	1.3	0.7	0.2	0.3
Periodic abstinence-natural family planning	0.2	0.4	0.0	0.0	–
Withdrawal	2.5	3.0	4.1	1.6	1.3
Other methods[1]	0.6	0.7	0.8	0.2	0.9
Not using contraception	38.1	27.1	27.5	56.0	35.6
Surgically sterile—female (noncontraceptive)	1.5	2.1	1.3	0.4	3.0
Nonsurgically sterile—female or male	1.6	2.0	1.4	1.0	2.5
Pregnant or postpartum	5.3	7.5	8.7	2.3	2.2
Seeking pregnancy	4.2	6.9	5.3	0.8	2.0
Other nonuse:					
Never had intercourse or no intercourse in 3 months before interview	18.1	2.3	2.4	42.9	17.7
Had intercourse in 3 months before interview	7.4	6.3	8.3	8.5	8.2
All other nonusers[2]	0.0	0.0	–	0.0	0.1

0.0 = Quantity greater than zero but less than 0.05.
– Quantity zero.
[1]Includes Today sponge®, cervical cap, female condom, and other methods not shown separately.
[2]Includes male sterility of unknown origin and other small groups, not shown separately.
Note: Percents may not add to 100 because of rounding.

Table 9. Number of women 15–44 years of age, number at risk of unintended pregnancy, and percent of women currently using a method of contraception, by selected characteristics: United States, 2002

Characteristic	Number in thousands	Percent currently using a method	Number at risk of unintended pregnancy	Percent currently using a method
All women[1]	61,561	61.9	42,683	89.3
Age				
15–19 years	9,834	31.5	3,775	82.0
20–24 years	9,840	60.7	6,798	87.9
25–29 years	9,249	68.0	7,028	89.5
30–34 years	10,272	69.2	7,829	90.8
35–39 years	10,853	70.8	8,524	90.2
40–44 years	11,512	69.1	8,728	91.1
Marital or cohabiting status				
Currently married	28,327	72.9	22,426	92.1
Currently cohabiting	5,570	72.5	4,501	89.7
Never married, not cohabiting	21,568	44.0	11,331	83.8
Formerly married, not cohabiting	6,096	64.4	4,425	88.7
Parity				
0 births	25,622	46.0	13,759	85.7
1 birth	11,193	59.9	7,840	85.5
2 births	13,402	77.7	11,205	93.0
3 or more births	11,343	81.2	9,879	93.2
Education[2]				
No high school diploma or GED[3]	5,627	69.1	4,376	88.8
High school diploma or GED[3]	14,264	70.1	11,283	88.6
Some college, no bachelor's degree	14,279	69.7	10,900	91.3
Bachelor's degree or higher	13,551	64.5	9,642	90.7
Poverty-level income[4]				
0–149 percent	14,582	65.3	10,779	88.4
0–99 percent	9,262	65.7	6,918	88.0
150–299 percent	14,502	68.9	11,094	90.1
300 percent or more	22,643	68.4	17,035	90.9
Intent to have more children				
Intends more	28,231	50.3	16,594	85.7
Intends no more	32,391	72.1	25,484	91.7
Race and Hispanic origin				
Hispanic	9,107	59.0	6,075	88.4
Non-Hispanic white	40,420	64.5	28,755	90.6
Non-Hispanic black	8,587	57.4	5,800	84.9

[1]Includes women of other or unknown race and origin groups, not shown separately.
[2]Limited to women 22–44 years of age at time of interview.
[3]GED is General Educational Development high school equivalency diploma.
[4]Limited to women 20–44 years of age at time of interview.

NOTE: "At risk of unintended pregnancy" is defined as codes 1–21 and 42 on CONSTAT1, the recode for current contraceptive status. These codes represent all current contraceptors plus women who have had sex in the last 3 months but are not current contraceptors.

Table 10. Number of women 15–44 years of age who are currently using a method of contraception and percent distribution by method, according to selected characteristics: United States, 2002

Characteristic	Number in thousands	Using any method	Sterilization		Pill	Condom	3-month Injectable	Other methods
			Female	Male				
		Percent distribution						
All women[1]	38,109	100.0	27.0	9.2	30.6	18.0	5.3	9.9
Age								
15–19 years	3,096	100.0	–	–	52.8	27.0	13.9	6.3
20–24 years	5,975	100.0	3.6	0.8	52.3	23.1	10.1	10.1
25–29 years	6,291	100.0	15.1	4.2	37.6	20.5	6.5	16.2
30–34 years	7,105	100.0	27.5	9.2	31.5	17.1	4.2	10.7
35–39 years	7,688	100.0	41.2	14.2	18.6	15.7	2.1	8.2
40–44 years	7,955	100.0	50.3	18.4	10.9	11.5	1.6	7.3
Marital or cohabiting status								
Currently married	20,655	100.0	29.8	15.4	23.6	16.4	3.1	11.7
Currently cohabiting	4,039	100.0	25.4	3.1	33.2	18.1	9.3	11.0
Never married, not cohabiting	9,491	100.0	10.0	0.9	49.4	23.4	9.6	6.7
Formerly married, not cohabiting	3,924	100.0	54.9	3.3	19.1	12.5	2.7	7.5
Parity								
0 births	11,786	100.0	2.0	3.2	56.8	24.4	5.7	7.9
1 birth	6,702	100.0	13.0	4.7	33.0	22.4	10.0	17.0
2 births	10,415	100.0	38.2	15.5	17.9	14.3	3.8	10.4
3 or more births	9,205	100.0	56.4	13.2	9.8	10.6	3.2	6.9
Education[2]								
No high school diploma or GED[3]	3,887	100.0	55.3	2.8	10.6	13.2	7.4	10.7
High school diploma or GED[3]	9,996	100.0	41.5	10.8	19.0	13.1	4.9	10.8
Some college, no bachelor's degree	9,954	100.0	28.7	12.1	27.6	17.9	3.2	10.4
Bachelor's degree or higher	8,741	100.0	12.8	12.8	41.8	20.8	1.9	10.0
Poverty-level income[4]								
0–149 percent	9,525	100.0	40.5	4.7	20.8	15.0	6.9	12.1
0–99 percent	6,088	100.0	42.1	5.0	20.4	13.7	7.1	11.8
150–299 percent	9,998	100.0	33.4	9.4	25.3	16.1	5.0	10.8
300 percent or more	15,490	100.0	19.9	13.7	35.6	19.1	2.8	8.8
Intent to have more children								
Intends more	14,213	100.0	0.0	0.2	51.4	26.8	8.3	13.3
Intends no more	23,361	100.0	44.0	14.9	17.7	12.3	3.5	7.6
Race and Hispanic origin								
Hispanic	5,371	100.0	33.8	4.4	22.0	18.5	7.3	14.1
Non-Hispanic white	26,062	100.0	24.0	11.6	34.4	16.6	4.3	9.2
Non-Hispanic black	4,925	100.0	38.9	2.4	22.5	20.0	9.8	6.5

0.0 = Quantity greater than zero but less than 0.05.
– Quantity zero.
[1]Includes women of other or unknown race and origin groups, not shown separately.
[2]Limited to women 22–44 years of age at time of interview.
[3]GED is General Educational Development high school equivalency diploma.
[4]Limited to women 20–44 years of age at time of interview.

Table 11. Number of women 15–44 years of age, percentage currently using contraception, and percentage who used specified contraceptive method in the month of interview, by age at interview: United States, 2002

Contraceptive method	Age in years						
	15–44	15–19	20–24	25–29	30–34	35–39	40–44
	Number in thousands						
All women	61,561	9,834	9,840	9,249	10,273	10,853	11,512
	Percent						
Currently using contraception	61.9	31.5	60.7	68.0	69.2	70.8	69.1
Female sterilization	16.7	–	2.2	10.3	19.0	29.2	34.7
Male sterilization	6.3	–	0.6	3.1	6.6	11.5	13.9
Pill	19.2	16.9	31.9	25.7	22.3	13.6	7.6
Implant, Lunelle™, or Patch	0.8	0.4	0.9	1.7	0.9	0.5	0.2
3-month injectable (Depo-Provera®)	3.3	4.4	6.2	4.5	2.9	1.5	1.1
Intrauterine device (IUD)	1.3	0.1	1.1	2.5	2.6	1.0	0.8
Diaphragm	0.4	–	0.1	0.4	0.2	0.5	0.9
Condom	14.7	14.1	21.8	17.4	14.5	12.6	9.3
Periodic abstinence-calendar	1.3	0.4	1.4	0.9	1.4	1.4	1.9
Periodic abstinence-temperature	0.2	–	–	0.4	0.2	0.4	0.4
Withdrawal	5.4	4.7	7.2	9.6	5.3	4.6	2.1
Other methods	1.0	1.1	0.6	1.1	0.9	0.8	1.6

– Quantity zero.

NOTE: Percents may not add to the total who were currently using contraception because more than one method could have been used in the month of interview. Up to four methods were coded in recodes CONSTAT1–4.

Table 12. Number of women 15–44 years of age, percentage currently using contraception, and percentage who used specified contraceptive method in the month of interview, by race and Hispanic origin: United States, 2002

Contraceptive status and method	All women[1]	Race and Hispanic origin		
		Hispanic	Non-Hispanic white	Non-Hispanic black
	Number in thousands			
All women	61,561	9,107	40,420	8,587
	Percent			
Currently using contraception	61.9	59.0	64.5	57.4
Female sterilization	16.7	19.9	15.5	22.3
Male sterilization	6.3	2.8	8.3	1.6
Pill	19.2	13.0	22.5	13.1
Implant, Lunelle™, or Patch	0.8	1.8	0.5	0.5
3-month injectable (Depo-Provera®)	3.3	4.3	2.8	5.6
Intrauterine device (IUD)	1.3	3.2	1.1	0.8
Diaphragm	0.4	–	0.5	0.1
Condom	14.7	14.2	14.1	17.0
Periodic abstinence-calendar	1.3	0.8	1.5	0.3
Periodic abstinence-temperature	0.2	0.3	0.3	0.1
Withdrawal	5.4	3.7	6.1	2.7
Other methods	1.0	0.7	1.1	1.1

– Quantity zero.

[1]Includes women of other or unknown race and origin groups, not shown separately.

NOTE: Percents may not add to the total who were using contraception because more than one method could have been used in the month of interview. Up to four methods were coded in recodes CONSTAT1–4.

Table 13. Number of women 15–44 years of age, percentage currently using contraception, and percentage who used specified contraceptive method in the month of interview, by marital or cohabitation status: United States, 2002

Contraceptive status and method	All women	Marital or cohabitation status			
		Currently married	Currently cohabiting	Never married	Formerly married
		Number in thousands			
All women	61,561	28,327	5,570	21,568	6,096
		Percent			
Currently using contraception	61.9	72.9	72.5	44.0	64.4
Female sterilization	16.7	21.7	18.4	4.4	35.3
Male sterilization	6.3	12.0	3.1	0.4	3.3
Pill	19.2	17.5	24.3	21.9	12.7
Implant, Lunelle™, or Patch	0.8	1.0	1.1	0.4	0.5
3-month injectable (Depo-Provera™)	3.3	2.2	6.8	4.3	1.7
Intrauterine device (IUD)	1.3	1.9	1.3	0.2	2.6
Diaphragm	0.4	0.6	0.2	0.2	0.1
Condom	14.7	13.3	18.2	16.9	10.4
Periodic abstinence-calendar	1.3	2.0	0.7	0.6	0.6
Periodic abstinence-temperature	0.2	0.5	0.0	0.0	–
Withdrawal	5.4	5.9	7.7	5.2	2.3
Other methods	1.0	1.3	1.2	0.7	1.2

– Quantity zero.

NOTE: Percents may not add to the total who were using contraception because more than one method could have been used in the month of interview. Up to four methods were coded in recodes CONSTAT1–4.

Table 14. Number of women 15–44 years of age who are currently using contraception and percent distribution by specified method or method combination, according to selected characteristics: United States, 2002

Characteristic	Number in thousands	Total	Condom only	Condom and pill	Condom and with-drawal	Condom and other methods	All other users	Percent using condom at all
		Percent distribution						
All women[1]	38,109	100.0	14.3	4.1	2.7	2.7	76.2	23.8
Age								
15–19 years	3,096	100.0	19.4	14.5	7.2	3.7	55.4	44.6
20–24 years	5,975	100.0	20.3	11.1	1.9	2.6	64.0	36.0
25–29 years	6,291	100.0	16.5	3.3	3.7	2.0	74.5	25.5
30–34 years	7,105	100.0	13.2	1.8	3.2	2.8	79.0	21.0
35–39 years	7,688	100.0	12.2	0.9	2.0	2.8	82.2	17.8
40–44 years	7,955	100.0	9.1	0.5	1.2	2.7	86.5	13.5
Marital or cohabiting status								
Currently married	20,655	100.0	12.7	1.3	2.6	1.7	81.7	18.3
Currently cohabiting	4,039	100.0	13.9	3.7	3.4	4.1	74.9	25.1
Never married, not cohabiting	3,924	100.0	19.2	11.4	3.6	4.2	61.6	38.4
Formerly married, not cohabiting	9,491	100.0	11.2	1.3	0.8	2.8	83.8	16.2
Parity								
0 births	11,786	100.0	18.5	10.7	4.8	2.2	63.8	36.2
1 birth	6,702	100.0	19.2	2.6	2.3	3.0	73.0	27.0
2 births	10,415	100.0	11.4	0.6	1.7	2.5	83.8	16.2
3 or more births	9,205	100.0	8.7	0.7	1.5	3.3	85.8	14.2
Education[2]								
No high school diploma or GED[3]	3,887	100.0	12.0	0.6	0.5	4.6	82.3	17.8
High school diploma or GED[3]	9,996	100.0	9.5	1.1	3.0	2.6	83.9	16.1
Some college, no bachelor's degree	9,954	100.0	14.1	3.3	2.4	2.6	77.6	22.4
Bachelor's degree or higher	8,741	100.0	17.2	4.4	2.4	1.9	74.2	25.9
Poverty-level income[4]								
0–149 percent	9,525	100.0	12.9	2.8	1.6	3.6	79.1	20.9
0–99 percent	6,088	100.0	12.2	3.0	1.0	4.3	79.6	20.4
150–299 percent	9,998	100.0	13.3	2.9	2.1	2.6	79.1	20.9
300 percent or more	15,490	100.0	14.8	3.6	2.9	1.9	76.8	23.3
Race and Hispanic origin								
Hispanic	5,370	100.0	15.5	2.4	2.0	4.2	75.9	24.1
Non-Hispanic white	26,062	100.0	12.7	4.3	3.1	1.7	78.2	21.8
Non-Hispanic black	4,925	100.0	17.9	4.5	1.0	6.2	70.4	29.6

[1]Includes women of other or unknown race and origin groups, not shown separately.
[2]Limited to women 22–44 years of age at time of interview.
[3]GED is General Educational Development high school equivalency diploma.
[4]Limited to women 20–44 years of age at time of interview.

NOTE: Percents may not add to 100 because of rounding.

Table 15. Number of women 15–44 years of age, percentage who received at least one family planning service from a medical care provider in the 12 months prior to interview, and percent who received specified family planning services, by selected characteristics: United States, 2002

Characteristic	Number in thousands	Services received in past 12 months: At least one family planning service	Birth control method	Birth control counseling	Birth control checkup or test	Sterilization counseling	Sterilization operation
		Percent					
All women[1]	61,561	41.7	33.9	18.6	23.6	4.4	1.9
Age							
15–19 years	9,834	39.9	31.1	22.1	22.0	1.1	–
15–17 years	5,819	31.8	22.2	19.0	15.8	0.9	–
18–19 years	4,016	51.6	43.9	26.5	31.0	1.4	
20–24 years	9,840	63.3	54.0	30.6	35.7	3.6	1.2
25–29 years	9,249	55.4	46.3	23.8	30.2	7.1	2.2
30–34 years	10,272	47.0	39.1	18.3	27.2	6.6	2.6
35–39 years	10,853	30.5	23.9	12.7	18.6	5.2	3.0
40–44 years	11,512	19.5	14.0	7.0	10.8	3.0	2.0
Marital or cohabiting status							
Currently married	28,327	39.5	31.5	16.0	21.3	5.8	2.5
Currently cohabiting	5,570	50.4	43.2	21.5	30.2	4.6	1.8
Never married, not cohabiting	21,568	44.4	36.4	22.5	25.4	2.4	0.7
Formerly married, not cohabiting	6,096	34.5	28.0	14.3	22.0	4.7	3.1
Parity							
0 births	25,622	45.3	38.8	20.8	27.1	1.3	0.3
1 birth	11,193	51.0	43.0	22.9	27.6	4.5	1.4
2 births	13,402	38.1	29.3	16.5	21.4	6.3	3.7
3 or more births	11,343	28.6	19.5	11.8	14.5	9.2	3.8
Poverty-level income[2]							
0–149 percent	14,582	39.3	29.7	20.1	21.4	7.3	2.8
0–99 percent	9,262	40.4	29.9	20.6	21.5	7.8	3.0
150–299 percent	14,502	39.3	31.9	16.5	22.2	5.3	2.3
300 percent or more	22,643	45.5	39.3	17.4	26.6	3.4	1.8
Race and Hispanic origin							
Hispanic	9,107	39.7	28.9	22.6	20.6	7.0	2.3
Non-Hispanic white	40,420	43.2	36.4	17.4	25.4	3.7	1.7
Non-Hispanic black	8,587	39.6	30.6	20.7	21.5	5.0	2.2

0.0 = Quantity greater than zero but less than 0.05.
– Quantity zero.
[1]Includes women of other or unknown race and origin groups, not shown separately.
[2]Limited to women 20–44 years of age at time of interview.

Table 16. Number of women 15–44 years of age and percent who received the specified medical services from a medical care provider in the 12 months prior to interview, by selected characteristics: United States, 2002

Characteristic	Number in thousands	At least one medical service	Pregnancy test	Pap smear	Pelvic exam	Counseling/ test/treatment for STD[1]
		Percent				
All women[2]	61,561	69.1	19.7	64.4	59.7	12.6
Age						
15–19 years	9,834	40.6	18.3	34.6	27.0	15.2
15–17 years	5,819	28.0	11.4	23.2	17.9	11.1
18–19 years	4,016	58.9	28.2	51.2	40.2	21.1
20–24 years	9,840	75.7	31.5	69.7	60.6	22.3
25–29 years	9,249	75.9	30.2	70.7	66.0	16.6
30–34 years	10,272	78.1	22.2	72.7	69.7	12.2
35–39 years	10,853	71.5	13.6	68.3	65.9	6.9
40–44 years	11,512	71.8	5.9	69.4	67.0	4.4
Marital or cohabiting status						
Currently married	28,327	77.2	21.1	73.1	69.8	8.1
Currently cohabiting	5,570	77.2	31.0	72.2	64.7	20.3
Never married, not cohabiting	21,568	55.8	16.5	50.7	43.9	15.9
Formerly married, not cohabiting	6,096	71.0	14.1	66.0	64.0	14.4
Parity						
0 births	25,622	59.6	17.4	54.7	49.3	14.4
1 birth	11,193	81.4	32.1	76.3	70.2	14.6
2 births	13,402	75.8	18.8	72.6	68.9	10.2
3 or more births	11,343	70.3	13.7	65.1	61.9	9.3
Poverty level income[3]						
0–149 percent	14,582	69.2	23.2	63.0	57.0	14.8
0–99 percent	9,262	68.7	23.3	61.8	55.9	15.5
150–299 percent	14,502	71.3	19.7	67.3	63.0	11.6
300 percent or more	22,643	79.9	18.1	76.4	73.4	10.6
Race and Hispanic origin						
Hispanic	9,107	63.4	24.3	57.1	48.5	12.5
Non-Hispanic white	40,420	70.0	17.5	65.9	63.1	12.0
Non-Hispanic black	8,587	74.5	23.7	69.2	58.9	16.1

[1]STD is sexually transmitted diesease.
[2]Includes women of other or unknown race and origin groups, not shown separately.
[3]Limited to women 20–44 years of age at time of interview.

Table 17. Number of women 15–44 years of age, percentage who received at least one family planning or medical service in the 12 months prior to interview, and percentage who used the specified type of provider, by selected characteristics: United States, 2002

Characteristic	Number in thousands	At least one family planning or medical service	Type of provider: Clinic: Total	Type of provider: Clinic: Title X	Type of provider: Private doctor or HMO[1]	Type of provider: Other[2]
		Percent				
All women[3]	61,561	72.7	21.9	8.4	56.0	2.0
Age						
15–19 years	9,834	48.9	26.1	12.4	26.9	2.1
15–17 years	5,819	37.6	21.6	10.9	17.6	2.3
18–19 years	4,015	65.1	31.0	14.6	40.4	1.9
20–24 years	9,840	80.5	33.0	14.4	55.6	3.1
25–29 years	9,249	79.3	26.6	10.5	59.7	2.2
30–34 years	10,272	81.1	19.1	6.8	66.8	1.7
35–39 years	10,853	73.8	16.0	5.9	61.4	2.2
40–44 years	11,512	72.5	12.9	4.0	63.2	0.7
Marital or cohabiting status						
Currently married	28,327	79.9	16.2	5.5	68.5	1.7
Currently cohabiting	5,570	79.1	37.3	16.3	50.9	2.0
Never married, not cohabiting	21,568	61.5	24.6	11.3	41.1	2.2
Formerly married, not cohabiting	6,096	73.3	24.1	8.3	55.0	2.3
Parity						
0 births	25,622	64.6	21.3	9.2	47.2	2.1
1 birth	11,193	84.6	24.8	9.1	66.6	2.7
2 births	13,402	77.3	20.2	7.6	63.1	1.4
3 or more births	11,343	73.8	22.3	8.8	56.8	1.6
Poverty-level income[4]						
0–149 percent	14,582	72.8	35.2	14.9	43.4	2.4
0–99 percent	9,262	72.5	39.0	16.9	39.1	2.5
150–299 percent	14,502	74.1	20.5	8.0	59.6	1.8
300 percent or more	22,643	82.1	12.3	3.7	74.4	1.7
Race and Hispanic origin						
Hispanic	9,107	68.6	34.5	13.5	37.7	2.0
Non-Hispanic white	40,420	73.2	16.9	6.7	61.8	1.9
Non-Hispanic black	8,587	77.1	30.1	14.2	52.9	2.0

[1]HMO is Health Maintenance Organization.
[2]Other may include hospitals, school or university health centers, military health facilities, and other sources.
[3]Includes women of other or unknown race and origin groups, not shown separately.
[4]Limited to women 20–44 years of age at time of interview.

These weighted numbers were incorrect in the initial report.

Table 18. Number of women 15–44 years of age who received at least one family planning or medical service from the specified type of provider in the 12 months prior to interview, and percent distribution by selected characteristics: United States, 2002

Characteristic	At least one family planning or medical service	Type of provider			
		Clinic		Private doctor or HMO[1]	Other[2]
		Total	Title X		
	Number in thousands				
All women[3]	44,747	13,453	5,393	34,444	1,214
	Percent distribution				
Age					
Total	100.0	100.0	100.0	100.0	100.0
15–19 years	10.7	19.1	22.6	7.7	17.1
15–17 years	4.9	9.8	11.7	3.0	10.8
18–19 years	5.8	9.3	10.8	4.7	6.3
20–24 years	17.7	24.1	26.2	15.9	24.7
25–29 years	16.4	18.3	18.0	16.0	17.0
30–34 years	18.6	14.6	13.0	19.9	14.4
35–39 years	17.9	12.9	11.9	19.4	19.8
40–44 years	18.6	11.0	8.4	21.1	7.0
Marital or cohabiting status					
Currently married	50.6	34.1	28.8	56.3	40.6
Currently cohabiting	9.8	15.5	16.8	8.2	9.0
Never married, not cohabiting	29.6	39.5	45.0	25.7	38.7
Formerly married, not cohabiting	10.0	10.9	9.4	9.7	11.6
Parity					
0 births	37.0	40.5	43.7	35.1	44.7
1 birth	21.2	20.6	18.8	21.7	24.9
2 births	23.2	20.1	18.9	24.6	15.6
3 or more births	18.7	18.8	18.6	18.7	14.8
Poverty-level income[4]					
0–149 percent	26.6	47.2	52.1	19.9	35.3
0–99 percent	16.8	33.2	37.5	11.4	22.6
150–299 percent	26.9	27.3	27.6	27.2	26.3
300 percent or more	46.5	25.6	20.3	52.9	38.4
Race and Hispanic origin					
Hispanic	14.0	23.4	22.7	10.0	15.0
Non-Hispanic white	66.1	50.8	50.1	72.5	63.4
Non-Hispanic black	14.8	19.2	22.6	13.2	14.4

. . . Category not applicable.
[1]HMO is Health Maintenance Organization.
[2]Other may include hospitals, school or university health centers, military health facilities, and other sources.
[3]Includes women of other or unknown race and origin groups, not shown separately.
[4]Limited to women 20–44 years of age at time of interview.

NOTE: Percents may not add to 100 because of rounding.

Technical Notes

Sample design and fieldwork procedures

The 2002 National Survey of Family Growth, or NSFG, was based on 12,571 interviews with men and women 15–44 years of age in the noninstitutional population of the United States. The interviews were administered in person by trained female interviewers in the selected persons' homes. The 2002 sample is a nationally representative multistage area probability sample drawn from 120 areas across the country. The sample is designed to produce National, not State, estimates.

Persons were selected for the NSFG in five major steps:

- Large areas (counties and cities) were chosen first.
- Within each large area or ''Primary Sampling Unit,'' groups of adjacent blocks, called segments, were chosen at random.
- Within segments, addresses were listed, and some addresses were selected at random.
- The selected addresses were visited in person, and a short ''screener'' interview was conducted to see if anyone 15–44 years of age lived there.
- If so, one person was chosen at random for the interview and was offered a chance to participate.

To protect the respondent's privacy, only one person was interviewed in each selected household. In 2002, teenagers and black and Hispanic adults were sampled at higher rates than others.

The NSFG questionnaires and materials were reviewed and approved by the CDC/NCHS Research Ethics Review Board (formerly known as an Institutional Review Board or IRB), and by a similar board at the University of Michigan. The female questionnaire lasted an average of about 85 minutes. All respondents were given written and oral information about the survey and were informed that participation was voluntary. Adult respondents 18–44 years of age were asked to sign a consent form but were not required to do so. For minors 15–17 years of age, signed consent was required first from a parent or guardian, and then signed assent was required from the minor. The response rate for the survey was about 79 percent—about 80 percent for women and 78 percent for men.

Over 200 female interviewers were hired and trained by the survey contractor, the University of Michigan's Institute for Social Research, under the supervision of NCHS. Interviewing occurred from March 2002 until the end of February 2003. All of the data in this report were collected by Computer-Assisted Personal Interviewing, or CAPI. The questionnaires were programmed into laptop computers and administered by an interviewer. Respondents in the 2002 survey were offered $40 as a ''token of appreciation'' for their participation. More detailed information about the methods and procedures of the study will be published in a forthcoming report (8).

Definitions of terms

Direct quotations from the NSFG questionnaire are shown in *italics*.

Age—In this report, ''age'' (recode=AGER) is classified based on the respondent's age as of the date of the screener interview. Sampled persons were eligible for the 2002 NSFG if they were 15–44 years of age when their household roster was listed.

Age at first sexual intercourse—For this report, age at first sexual intercourse is defined as the woman's age at her first intercourse after menarche. It is based on the following question:

"thinking about the very first time in your life that you had sexual intercourse with a man, how old were you?"

If the first intercourse was before her first menstrual period, she was asked about the first intercourse after menarche.

Contraceptive use at first sexual intercourse—This variable is defined only for women who have ever had intercourse. The recodes used are SEX1MTHD1–4, which describe whether a method was used at all the first time a woman had intercourse, and if so, what method(s). If she did report using a method at first intercourse, she was asked what method she used and what other method(s) she used at the same time, if any. In addition, table 3, which is based on this variable, also excludes women whose first intercourse occurred after marriage.

Current contraceptive status—The purpose of this recode (CONSTAT1) is to measure contraceptive use, as reported by women, during heterosexual vaginal intercourse, primarily to measure risk of pregnancy and secondarily to measure risk of sexually transmitted diseases. All respondents are classified by current contraceptive status, first into those who are using contraception in the month of interview, and those who are not. Those who are not using contraception are classified by the following reasons for not using: they are currently pregnant, trying to become pregnant, they have never had intercourse, or have not had intercourse recently, or they or their partner is sterile, or other reasons.

Those who are using contraception are classified by the method or methods they are using. Those who are using more than one method (about 10 percent of women) are classified by the most effective method they are using. If multiple contraceptive methods are being used at the time of interview, up to three additional methods are coded into separate variables (CONSTAT2-CONSTAT4), in order of their effectiveness. (Very few respondents reported three or four methods in a month, and none reported more than four.)

This report presents results from the CONSTAT1 recode (the most effective method) in tables 4–10, and the results of CONSTAT1–4 (all methods currently used) in tables 11–14. The categories of current contraceptive status are defined in the following way:

Noncontraceptors

Nonsurgically sterile—A woman was classified as nonsurgically sterile if she reported that it was impossible for her or her husband or cohabiting partner

to have a baby for any reason other than surgical sterilization. Nonsurgical reasons for sterility include menopause; sterility from accident, illness, or congenital causes; or unexplained inability to conceive.

Surgically sterile (female—noncontraceptive)—If a woman was surgically sterile at the time of interview for noncontraceptive reasons, then she was classified as surgically sterile (female—noncontraceptive). ''Surgically sterile'' means that the woman is completely unable to have a baby due to an operation. ''Noncontraceptive'' reasons include medical reasons such as trouble with female reproductive organs and a high likelihood of miscarrying or having an unhealthy baby. Most of those classified in this category were women who had had a hysterectomy.

Pregnant—The recode RCURPREG was defined as ''yes, currently pregnant'' if the woman answered ''yes'' to either of these questions:

"Are you pregnant now?" or for those in doubt, "Do you think you are probably pregnant or not?" If the recode RCURPREG="yes" then CONSTAT1 was coded "pregnant."

Seeking pregnancy—A woman was classified as seeking pregnancy if she reported that she was not using a method at the time of interview because she or her partner wanted to become pregnant as soon as possible.

Postpartum—A woman was classified as postpartum if she reported that she was not currently using a method, was not trying to become pregnant, and her last pregnancy had ended 6 weeks or less before the time of interview.

Other nonusers—Women who reported that they were using no contraceptive methods for any reason in the month of interview and could not be otherwise classified were considered nonusers. Included are:

- Women who never had (voluntary) intercourse since their first menses
- Women who had intercourse, but not in the 3 months prior to interview
- Women who had intercourse at some time in the 3 months prior to interview but were not using a method in the month of interview

Contraceptors

Women in the NSFG used a ''Life History Calendar'' to record the month and year that significant events happened in their lives, including marriages and cohabitations, and births and other pregnancies. Women used their Life History Calendars to help them answer more accurately about contraceptive use, both ever in their lives, and in the 3–4 years up to the date of interview (1999–2002). The interviewer asked whether the respondent had ever used each of 19 methods, and showed her a card listing the same 19 methods (all the methods that were currently available in the United States). Next, the interviewer asked the respondent to record on the Life History Calendar the contraceptive methods the respondent used each month from January 1999 (or her first intercourse if it was later than January 1999), to the month of interview:

ED-4. "I need to find out about the birth control methods you used each month between (DATE OF FIRST METHOD USE OR JANUARY 1999) and (DATE OF INTERVIEW). Remember to include methods men use—such as condoms, vasectomy, and withdrawal—in your answer....Looking at the methods on Card 43, please write the methods you used each month on the calendar. I need to know about all the methods you used, so if you used more than one method in a month, please record all the methods you used that month."

They then reviewed the entries for each month, and the interviewer entered the methods into the computer for each month. This recording continued through the month of the interview. **The method or methods used in the month of interview comprise the methods used in the current contraceptive status classification.**

If the woman reported using two or more methods in the month of interview, she was classified by the most effective method she used. Priority was given to contraceptive methods in the following order: female (contraceptive) sterilization had the highest priority, followed by male (contraceptive) sterilization, Norplant implant, IUD, Lunelle™ 1-month injectable, Depo-Provera™ 3-month injectable, pill, contraceptive patch, morning-after pill, male condom, Diaphragm (with or without jelly or cream), female condom (vaginal pouch), Today sponge™, cervical cap, natural family planning or temperature rhythm methods, calendar rhythm, withdrawal, foam, suppository or insert, jelly or cream, and other methods, in that order.

Thus, in tables 4–10, if a woman or couple was using the pill and the male condom, in the month of the interview, they would be classified as using the pill, because it has a lower failure rate. In tables 11–14, however, their use of both methods would be recorded.

Education: *Highest grade or degree (recode=HIEDUC)*—This is based on a series of questions that measure the highest degree received as well as the highest grade or year of school completed. The categories of HIEDUC were defined as follows:

- No high school diploma or general equivalency diploma (GED): The woman has not received a high school degree, GED, or college diploma.
- High school diploma or GED: The highest degree the woman obtained is a high school diploma or GED, and her highest completed grade of school is 12 or lower.
- Some college, no bachelor's degree: The highest degree the woman obtained is a high school diploma or GED, but the highest grade of school completed is higher than 12, or the highest degree is an Associate's degree.
- Bachelor's degree or higher: The woman reported having a college or university degree at the bachelor's level or higher.

The tables in this report show data by education only for women aged 22–44 years at interview, because large percentages of women 15–21 years of

age are still attending school. Using the full age range of 15–44 would potentially underestimate the percentage of women with a college degree.

Education of respondent's mother—"Mother's education" is based on the recode EDUCMOM, "mother's (or mother-figure's) education." It is based on two questions in the interview:

"Who, if anyone, do you think of as the woman who mostly raised you when you were growing up?" (The respondent was shown a series of categories including "Biological mother" and several others.) and:

"Please look at Card 17. What is the highest level of education (she/your mother) completed?"

- *Less than high school*
- *High school graduate or GED*
- *Some college but no degree*
- *2-year college degree*
- *4-year college graduate*
- *Graduate or professional school*

Women were classified into four categories: less than high school; High school graduate or GED; some college but less than a 4-year degree; and 4-year bachelor's degree or higher.

Effectiveness of contraceptive methods—The 10 percent of women who were using more than one method in the month before the interview were classified in tables 4–10 by the most "effective" method they were using. This section explains what "effectiveness" means, and how it is measured in a survey such as the NSFG.

The ranking of the effectiveness of methods uses data (when available) and other knowledge to estimate the failure rate for each method when used by a national sample of users in the United States. A failure rate is simply the probability of having a pregnancy in the first 12 months of using the method. Much of these data are from previous cycles of the NSFG (for example, references 4 and 6). This measure is sometimes called "typical use," or "use-effectiveness," and is the best estimate of the likely failure rate for a national cross section of users in the United States. "Perfect use," which is often measured in clinical trials, is the failure rate obtained when a method is used by a selected sample of participants who are instructed on how to use the method consistently and correctly; these failure rates are usually lower than failure rates in representative national samples (3).

Two recent studies (reference 6, table 1; reference 4) were used to obtain the failures rates in typical use as estimated from previous cycles of the NSFG. These rates were:

	Failure rate (Percent)	Rank
Female sterilization	Less than1	Highest (most effective)
Male sterilization	Less than1	
Implant	1	
Injectable	3	
Pill	8	
Male condom	15	
Periodic abstinence	25	
Withdrawal	27	
Spermicide	29	Lowest (least effective)

Along with the failure rates shown above, two other factors were considered: one of these was an attempt to preserve comparability with previous cycles of the NSFG. Priority was given to comparability when the differences in failure rates between some methods were very small. Secondly, the rankings for the newer methods and those used by very small proportions of women were assigned based on the best information available. Therefore, if a woman reported that she had used the pill and the condom in the last month, in tables 4–10, she was classified as using the pill, because the pill has a lower failure rate (8 percent) than the condom (15 percent). In tables 11–14, however, both the pill use and the condom use would be recorded.

Ever-use of birth control methods—These data are based on a series of questions that begins like this:

"Card 30 lists methods that some people use to prevent pregnancy or to prevent sexually transmitted disease. As I read each one, please tell me if you have ever used it for any reason. Please answer yes even if you have only used the method once.

Have you ever used birth control pills?

Have you ever used condoms or rubbers with a partner?

Have you ever had sex with a partner who had a vasectomy?

Have you ever had sex with a partner who used withdrawal or 'pulling out'?

Have you ever used Depo-Provera™ or injectables (or shots)?"

This series of questions continued until 19 methods had been asked about—the methods listed in tables 1–14.

Family planning and medical services—Women were asked whether they had received family planning or medical services in the last 12 months from a medical care provider.

Family planning services included:

(1) A birth control method or prescription for a method

(2) A checkup or medical test related to using a birth control method

(3) Counseling about birth control

(4) Counseling about getting sterilized

(5) Emergency contraception or the "morning-after pill" or a prescription for it

(6) Counseling or information about emergency contraception or the "morning after" pill

(7) A sterilizing operation

Women who reported receiving one or more of these services were classified as having received family planning services.

Medical services included:

"(1) A pregnancy test

(2) An abortion

(3) A Pap smear

(4) A pelvic exam

(5) prenatal care,

(6) Post-pregnancy care

(7) Counseling, testing, or treatment for a sexually transmitted disease."

Women who received one or more of these services were classified as having received medical services.

For each family planning or medical service she had received, the woman was asked where she received it, and how she paid for it. She was shown a card that listed response options for type of provider (that is, where she received it), and how she paid for it.

For type of provider, the options listed were:

(1) "Private doctor's office

(2) HMO facility

(3) Community health clinic, community clinic, public health clinic

(4) Family planning or Planned Parenthood clinic

(5) Employer or company clinic

(6) School or school-based clinic

(7) Hospital outpatient clinic

(8) Hospital emergency room

(9) Hospital regular room

(10) Urgent care center, urgi-care or walk-in facility

(11) Some other place."

For payment methods, the options were:

(1) "Insurance

(2) Copayment, or out-of-pocket payment

(3) Medicaid

(4) No payment required

(5) Some other way."

The woman could report up to four methods of payment for each service she had received.

If the woman reported receiving the service at a clinic, the questionnaire routed the interviewer to a clinic database installed on the interviewer's computer. If the clinic named by the respondent was listed in the database, the interviewer coded that clinic. The clinic database was structured by State, city or town, and then clinic name. The database allowed the clinic to be classified in two ways: first, whether each clinic was funded by the Federal Title X program, and second, by the type of agency that managed the clinic.

Marital status at interview (Re-code=RMARITAL)—This variable is based on the following question in the Interview:

"Now I'd like to ask about your marital status. Please look at Card 1. What is your current marital status?"

"Married

Not married but living together with a partner of the opposite sex

Widowed

Divorced

Separated because you and your spouse are not getting along

Never been married."

In this report, the categories widowed, divorced, and separated were not shown separately because of limited sample size. These categories were combined and labeled as "formerly married."

Parity (recode=PARITY)—This refers to the number of live births the woman has had. For example, a woman classified as "parity 0" has never had a live birth. "Parity 1" means that she has had one live birth.

Poverty level income at interview (recode=POVERTY)—The poverty index ratio was calculated by dividing the total family income by the weighted average threshold income of families whose head of household was under 65 years of age, based on the 2001 poverty levels defined by the U.S. Census Bureau. This definition of poverty status takes into account the number of persons in the family. Total family income includes income from all sources for all members of the respondent's family. For example, for a family of four in 2001, the poverty level was $18,104. So, if a family of four had an income of $40,000, their poverty-level income would be

($40,000/18,104) × 100, or 220 percent.

This respondent would be classified in the category "150–299 percent."

The tables in this report show data by poverty-level income only for women aged 20–44 years at interview. This is because reports of income by younger women are likely to be less accurate. One reason is that they are more likely to be trying to report the income of their parent(s), and less likely to be contributors to family income themselves. For 1,044 of the 12,571 respondents, or 8.3 percent, total family income at the date of the NSFG interview in 2002 was not ascertained, and was imputed.

Race and Hispanic origin (recode=HISPRACE)—Women were classified as Hispanic, Non-Hispanic white, Non-Hispanic black, or Non-Hispanic other race, based on two other recoded variables, HISPANIC and RACE. All respondents who answered "yes" to the following question were coded as "Hispanic": *"Are you of Hispanic or Latino, or of Spanish origin?"*

The RACE recode was based on responses to the following question:

"Which of the groups (below) describe your racial background? Please select one or more groups."

The racial groups shown were:

- *American Indian or Alaskan Native*
- *Asian*
- *Native Hawaiian or other Pacific Islander*
- *Black or African American*
- *White*

Up to four groups could be coded. Respondents who identified themselves with more than one racial group were asked to select one group that *best* describes them, and the RACE and HISPRACE recodes reflected this response. Because of limited sample size, Asian, Pacific Islander, Alaskan native, and American Indian women are not shown in this report; these groups are, however, included in the totals of

all tables. They are referred to as ‘‘Non-Hispanic other’’ races.

New OMB guidelines on the classification of race require statistical reports to separate those who reported only one race from the small proportion of the population who reported more than one race. Large data sets such as the U.S. Census, the National Vital Statistics System, and some very large surveys can produce reliable statistics on mixed-race respondents. Unfortunately, the NSFG’s sample size of 12,571 respondents cannot produce reliable statistics for very small subgroups such as mixed-race women. However, to establish a baseline for future reports using the new racial classification, data using this classification are shown on the Internet at www.cdc.gov/nchs/nsfg.htm.

Interpretation of data by race and Hispanic origin—Data are shown by race and Hispanic origin in the tables because NCHS is frequently asked to provide data separately for white, black, and Hispanic women. Race is associated with a number of indicators of social and economic status. Measures of socioeconomic status (for example, education and income) are not always available for the point in time when the event being studied occurred. While characteristics such as education and income change over time, race and ethnicity do not change, so they can be used at all points in time as proxies for socioeconomic status. Differences among white, black, and Hispanic women in the phenomena presented in the tables are related to the lower income and educational levels of black and Hispanic women, (Reference 16, tables 227, 228, 684, 687, 697) their limited access to health care and health insurance (reference 16, table 152), the communities in which they live (17), and other factors.

Sexually experienced—In this report, a female is sexually experienced if she has ever had (vaginal, heterosexual) intercourse at least once in her life. Tables 1 and 2 of this report are based on this group of women. This is measured by the HADSEX recode in the NSFG data file.

Sexual intercourse—In this report, sexual intercourse only includes vaginal intercourse between a male and a female.

Acknowledgments

The 2002 National Survey of Family Growth (NSFG) was conducted by the National Center for Health Statistics (NCHS), the Centers for Disease Control and Prevention (CDC), with the support and assistance of a number of other organizations and individuals. Interviewing and other tasks were carried out by the University of Michigan's Survey Research Center, Institute for Social Research, under a contract with NCHS. The 2002 NSFG was jointly planned and funded by the following programs and agencies of the U.S. Department of Health and Human Services: The National Institute for Child Health and Human Development (NICHD); the Office of Population Affairs; the CDC's National Center for Health Statistics, the CDC's National Center for HIV, STD, and TB Prevention; the CDC's Division of Reproductive Health; the CDC's Office of Women's Health; the Office of Planning, Research, and Evaluation of the Administration for Children and Families (ACF); the Children's Bureau of the ACF; and the Office of the Assistant Secretary for Planning and Evaluation (OASPE). NCHS gratefully acknowledges the contributions of these programs and agencies and all others who assisted in designing and carrying out the NSFG.

This report was prepared under the general direction of Charles J. Rothwell, Director of the Division of Vital Statistics, and Stephanie J. Ventura, Chief of the Reproductive Statistics Branch of DVS. Thomas Dunn, TJ Mathews, Sharon Kirmeyer, Martha L. Munson, and Yashodhara Patel provided content review. This report was edited by Gail V. Johnson, typeset by Annette F. Holman, and graphics were produced by Dorothy M. Day of the Information Design and Publishing Branch, Division of Information Services.

Trade name disclaimer

The use of trade names is for identification only and does not imply endorsement by the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

Suggested citation

Mosher WD, Martinez GM, Chandra A, Abma JC, Willson SJ. Use of contraception and use of family planning services in the United States, 1982–2002. Advance data from vital and health statistics; no 350. Hyattsville, Maryland: National Center for Health Statistics. 2004.

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DHHS Publication No. (PHS) 2005-1250
05-0015 (12/04)

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