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Use of Services for Family Planning and Infertility

United States, 1982

Data From the National Survey of Family Growth
Series 23, No. 13

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VITAL & HEALTH STATISTICS

Use of Services for Family Planning and Infertility

United States, 1982

Statistics, based on data collected in 1982, are presented on the use of services for family planning and infertility by women 15–44 years of age who had ever had sexual intercourse. The percent who used services is shown by race, Hispanic origin, age, and selected socioeconomic characteristics. Users of services are shown by the source of the service and socioeconomic characteristics.

Data From the National Survey of Family Growth
Series 23, No. 13

DHHS Publication No. (PHS) 87–1989

U.S. Department of Health and Human Services
Public Health Service
National Center for Health Statistics
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December 1986

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Contents

Introduction 1

Summary of principal findings 2

Source and limitations of the data 7

Ever-use of services for family planning 9
Age at first visit 9
Source of services 10
Services used 11

Visits in the last 3 years 13
Source of services 13
Changes in source of services between first and most recent visit 14
Services used 14
Source of payment for services 15

Visits in the last 12 months 16
Use of ancillary medical services 17

Use of services for infertility 18

References 19

List of detailed tables 21

Appendixes

I. Technical notes 45
II. Definitions of terms 50
III. Section E of the Under 25 questionnaire 52

List of figures

1. Percent of women 15–44 years of age who ever had sexual intercourse who ever used family planning services, by education, region of residence, and religion: United States, 1982 3
2. Percent of women 15–24 years of age who used selected services at the first family planning visit, by marital status: United States, 1982 4
3. Percent of women 15–44 years of age who used family planning services in the last 3 years, by age and race: United States, 1982 4
4. Percent of black women 15–44 years of age who used family planning services in the last 3 years, by age and source of services: United States, 1982 5
5. Family planning visits in the last 12 months per 1,000 women by women 15–44 years of age, by marital status and source of service: United States, 1982 6
6. Percent of women 15–44 years of age who used family planning services in the last 12 months who received a VD test, by race, source of service, and region of residence: United States, 1982 6
7. Percent of women 15–44 years of age who ever used family planning services who were age 17 or younger at first visit and percent of women 20–44 years of age who ever used family planning services who were age 17 or younger at first visit, by marital status and education: United States, 1982 10

List of text tables

A. Mean age at first family planning visit of all women 15–44 years of age who ever used family planning services, by selected characteristics: United States, 1982 10
B. Number of women 15–24 years of age who ever used family planning services and percent who received a pregnancy test but received neither a birth control method nor birth control counseling at first family planning visit, by income and education: United States, 1982 11
C. Number of women 15–44 years of age who ever had sexual intercourse and were not sterile 3 years before the date of interview and number of family planning visits in the last 12 months per 1,000 women, by current contraceptive method: United States, 1982 16
D. Percent of women 15–44 years of age who used family planning services in the last 12 months who received a VD test, by race, source of service, and region of residence: United States, 1982 17
E. Percent of currently married women 15–44 years of age who ever received infertility services, by infertility status and race: United States, 1982 18
F. Number of women 15–44 years of age who ever received infertility services and percent distribution by specific service received, according to race: United States, 1982 18

Symbols

- - -	Data not available
. . .	Category not applicable
-	Quantity zero
0.0	Quantity more than zero but less than 0.05
Z	Quantity more than zero but less than 500 where numbers are rounded to thousands
*	Figure does not meet standard of reliability or precision
#	Figure suppressed to comply with confidentiality requirements

Use of Services for Family Planning and Infertility

by Marjorie C. Horn, Ph.D., and William D. Mosher, Ph.D.,
Division of Vital Statistics

Introduction

The National Survey of Family Growth (NSFG) is a periodic survey conducted by the National Center for Health Statistics, and designed to produce national estimates of statistics on fertility, family planning, and aspects of maternal and child health that are closely related to childbearing. This report presents data on the following aspects of family planning and infertility services:

- The percent of persons who had ever made a family planning visit, age at first visit, and services received at first visit;
- Visits in the last 3 years, by type of service provider, kinds of services received, and source of payment;
- Annual visit rates, by provider type;
- Infertility services, including type of services received, and most recent source.

The statistics presented here are final revised data on use of family planning services by women 15–44 years of age from Cycle III of the NSFG, which was conducted in 1982, and supersede the preliminary data published in the Advance Data series.[1]

Since the mid-1960's, the proportion of births to married women that were unplanned at conception has dropped drastically, from 65 to 29 percent.[2] This dramatic reduction has been accompanied by equally sweeping changes in contraceptive use among American women—especially the shift toward sterilization, the pill, and the IUD. All of these methods require at least one visit to a doctor or a clinic to begin use.[2] Furthermore, use of the pill requires frequent follow-up visits to renew the prescription and check for side effects. Because of this close connection between the most effective methods of contraception and the need to get them from a physician, a complete understanding of contraceptive practice and family growth in the United States requires knowledge about the patterns of use of family planning services. Further, because never-married childless women were included in the sample for the first time in 1982, it was possible to determine use of family planning services for all women of childbearing age who had ever had sexual intercourse.

The birth control pill and the IUD made effective and convenient contraception available to virtually all women.[3] However, the necessity of physician services for using these methods was an important factor in their accessibility. Research in the sixties revealed that low-income women wanted about the same number of children as other women, but had more unplanned pregnancies because they had inadequate access to contraceptive services.[4,5] At the same time, other studies showed that bearing many children at relatively close intervals, or childbearing very early or very late in the reproductive years were associated with adverse health, social, and economic conditions for mothers and children alike.[5–8]

Family planning services became available through organized medical programs beginning in the mid-1960's, but the first major legislation in this area was the Family Planning Services and Population Research Act of 1970, which amended the Public Health Service Act to create Title X.[6,9,10] The major purpose of Title X was to provide family planning and infertility services on a voluntary basis to those who needed and wanted them, including adolescents, but priority was given to programs serving low-income women and their families.[9–11] Federal support for family planning services is also provided under Title XIX of the Social Security Act (Medicaid).[12] Two other important sources of funding for family planning services, Titles V (Maternal and Child Health) and XX (Social Services) were combined with other programs into block grants, which are administered by the states, under the Omnibus Budget Reconciliation Act of 1981.[13]

Data were collected in the National Survey of Family Growth to distinguish the sources of family planning services, particularly those by private physicians or group practices and those by clinics or organized medical services. The use of these different sources by various segments of the population is discussed in detail in this report.

Summary of principal findings

Of the 47 million women aged 15–44 in 1982 who had ever had intercourse, about 5 out of 6 had ever used family planning services at some time. Family planning services considered in this report are of two types. The first is advice or counseling about birth control, sterilization, sexual intercourse, or an unwanted pregnancy. The second type, which is referred to as "Medical Services," includes check-ups or tests for correct use or fit of a birth control method, or for health problems from using a birth control method; pregnancy tests; and visits to obtain a new method of birth control, or to renew the current method. Medical services are provided only by trained medical personnel in clinics or by private doctors, but advice and counseling also can be obtained from a non-medical source including, for example, a school counselor, or a minister, priest or other religious counselor. This is a broader definition of family planning services than that used in Cycles I and II of the NSFG. Previously, use of family planning services was measured by a single question on whether the respondent had talked with a doctor or other trained person about some method of birth control. Because this earlier measure seriously underestimates use of family planning services, the more inclusive measure is used in this report. Statistics on use of family planning according to both measures are included in an earlier report.[1]

Data also were collected on several ancillary medical services received at family planning visits during the 12 months before the survey. Those services—for example, a pap smear or a pelvic examination—are not included in the statistics on use of family planning services, but are reported separately. "Ever-use" of family planning services relates to all women 15–44 years of age who had ever had sexual intercourse, while data on services during either the past 3 years or the past 12 months are limited to women who had had intercourse and who were not themselves sterile, or whose husbands were not sterile, 3 years before the interview.

The typical white woman who had ever used family planning services had her first visit before she turned 21, at the offices of a private doctor. At that first family planning visit, she typically received some type of medical services, but did not obtain a method of birth control; she also received counseling, including birth control counseling. At her most recent visit in the last 3 years, she went to a private doctor and received medical services that did not include starting or renewing a method. The visit was paid for by herself, her family or friends, and insurance. In the last 12 months, she had about one visit on average for family planning, mostly to private doctors; and she received a number of ancillary medical services, including a pap smear, pelvic exam, breast exam, blood pressure test, and urinalysis.

The typical black family planning user is different in several respects. She made her first visit before age 20, to a clinic (not to a private doctor), and—like the typical white woman—she received counseling, including birth control counseling, at the first visit, as well as medical services. At the last visit in the 3 years before the survey, the typical black family planning user visited a clinic for medical services. The visit was most often paid for by herself and her family or friends, but, more often than among white women, payment was by Medicaid or other government assistance. She had, on average, about 1.3 family planning visits in the last 12 months, mostly to clinics, and she received the same list of ancillary medical services that white women did, as well as a test for venereal disease. Of course, there were many variations from these typical patterns and they will be analyzed in detail.

Over 70 percent of sexually experienced women in every age, race, and Hispanic origin group reported at least one family planning visit. Women who were never married, Catholic, or residents of the Northeast region were less likely to have ever used family planning services than ever-married women, Protestants, or women who lived in any of the other three regions of the United States. Also, women in the lowest education group were less likely to have ever used family planning services than women with at least a high school education (figure 1).

The mean age at first family planning visit was about 21 years for all women, and for white women. Black women, on average, were about a year younger (mean age of 20 years), and Hispanic women slightly older (age 21.5) at first family planning visit.

Data on source of first family planning visit show that women aged 15–24 at the survey were as likely to have had their first visit at a private doctor as at a clinic (49 compared with 48 percent). However, clinics were used more often than private doctors as the first source of family planning services for teenagers, black women, never-married women, low-income, and less-educated women. In contrast, white women aged 20–24, currently-married women, higher-income, more-educated, or Catholic women were more likely to have received services from a private medical source than from a clinic. Very few women reported a non-medical counselor as their first source of family planning services (3 percent).

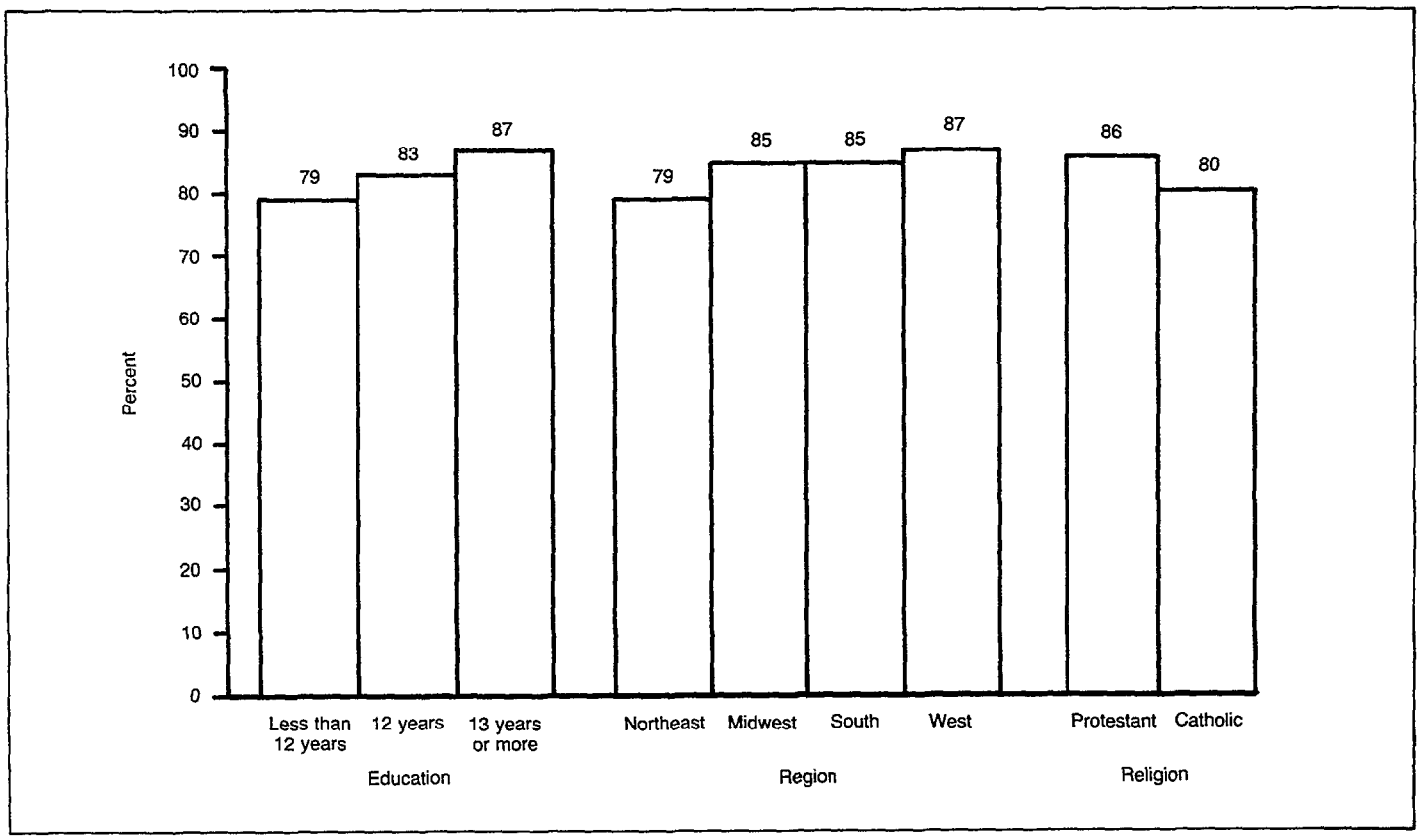


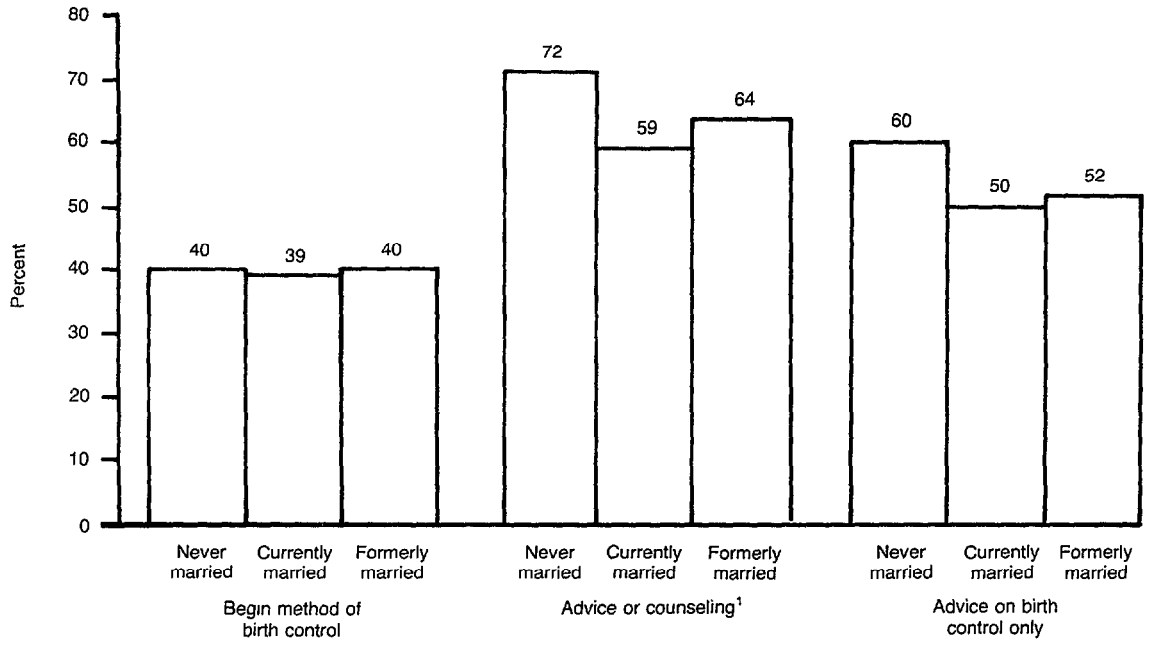
Figure 1. Percent of women 15–44 years of age who ever had sexual intercourse who ever used family planning services, by education, region of residence, and religion: United States, 1982

Within each age and race group, about the same proportion of women received medical services as received advice or counseling at the first family planning visit. The data suggest that among Hispanic women, however, a larger proportion received medical services than advice and counseling. Further, within each group, a larger percent obtained advice or counseling on birth control than accepted a method of contraception, but the difference was not significant among Hispanic women. White women were more likely than black women to have received medical services, and the data suggest they also were more likely to have obtained a birth control method at their first family planning visit. Never-married women were more likely than currently-married women to have received advice and counseling at their first visit, but were about as likely to have begun a method of birth control (figure 2). Smaller proportions of lower-income or less-educated women obtained birth control advice or counseling, or obtained a method of birth control at first visit, than did higher-income or more-educated women.

Of all women aged 15–44 who had ever had intercourse, about 37 million were non-sterile 3 years before the survey, and thus were potential recent users of family planning services. Nearly 77 percent of those women reported at least one family planning visit in the past 3 years. The percent reporting one or more visits during the past 3 years was nearly constant to age 25–34 years, and then dropped off sharply for women aged 35–44 in each race group (figure 3). Ever-married women were more likely then never-married women to have had a family planning visit in the last 3 years (79 compared with 73 percent). The percent who made a family planning visit in the past 3 years did not differ by income, but it increased with education, from 73 percent among women with less than 12 years to 79 percent among those with at least some college.

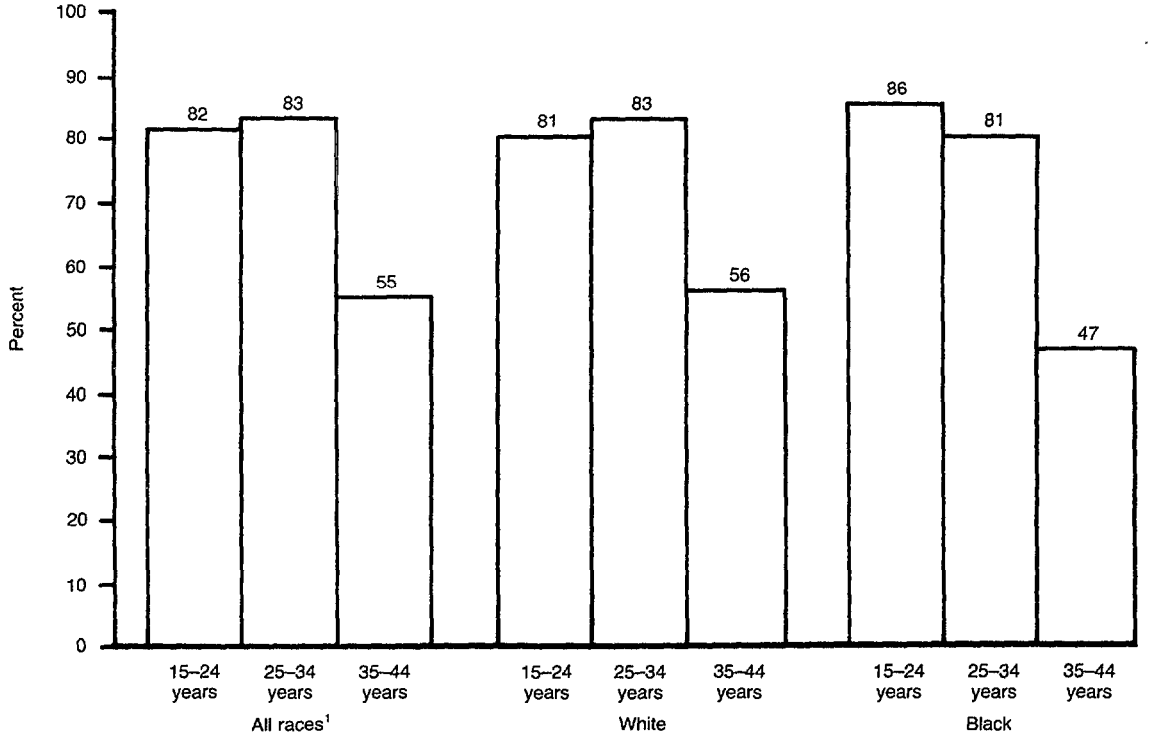
At the most recent family planning service visit, private medical services were used by two-thirds of women and clinics by one-third in contrast to the even distribution between clinics and private doctors at the first family planning visit. Teenagers are a major exception. Women 15–19 were equally as likely to report a clinic as a private doctor as the most recent family planning source. Black women as a group were more likely to have visited a clinic than a private medical source at the most recent visit, due primarily to heavy clinic use by young black women; black women age 25–44 were more likely to obtain services from a private medical source (figure 4).

Data also were collected on the source of payment for the most recent family planning visit. The results show that women who obtained services from clinics—teenagers, black women, never-married women, and those in the lowest income and education groups—were more likely to have paid for the visit through Medicaid or other governmental sources than were women who obtained family planning services from private medical sources.



[1]Advice or counseling for: problems or worries about sexual intercourse, an unwanted or mis-timed pregnancy, a sterilizing operation, or birth control.

Figure 2. Percent of women 15–24 years of age who used selected services at the first family planning visit, by marital status: United States, 1982



[1]Includes white, black, and other races.

Figure 3. Percent of women 15–44 years of age who used family planning services in the last 3 years, by age and race: United States, 1982

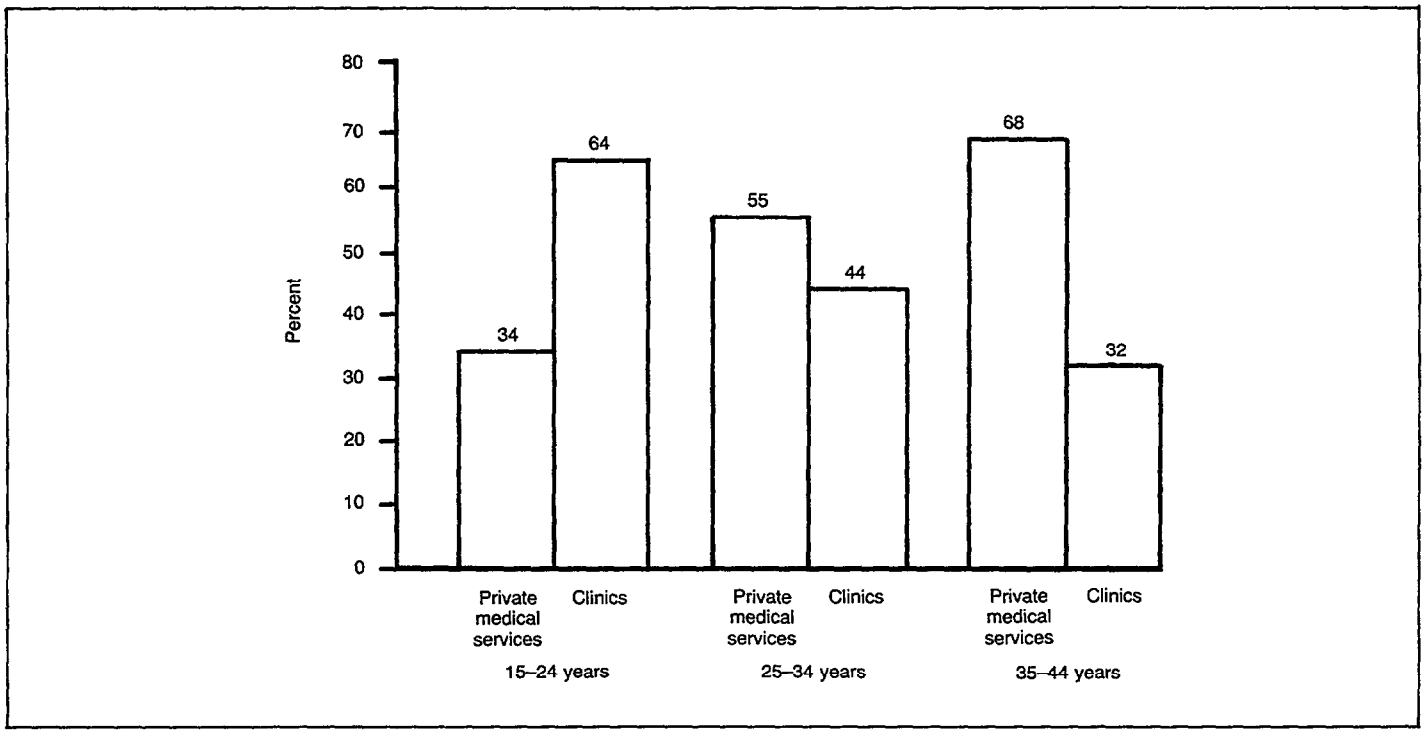


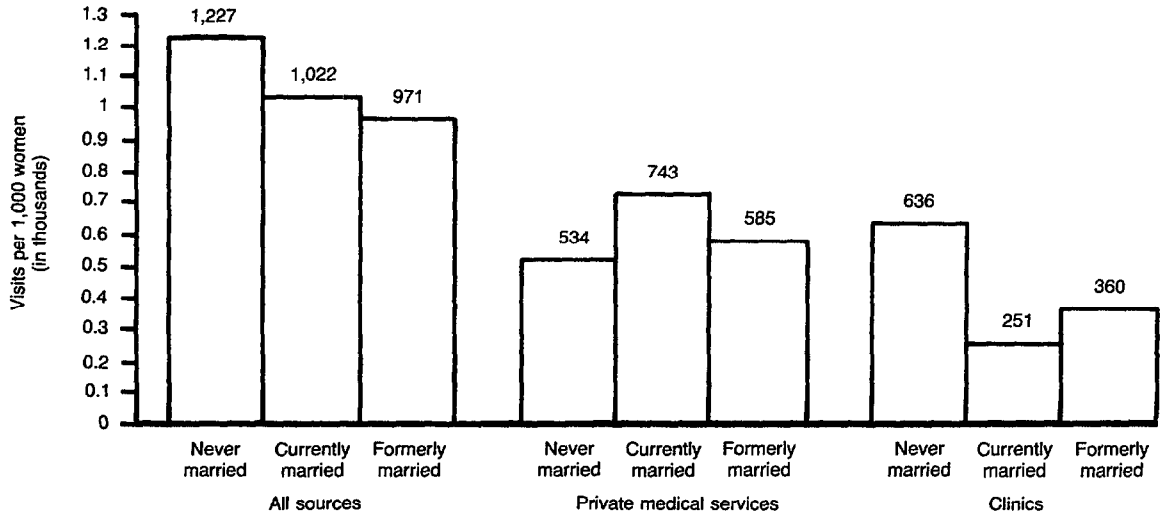
Figure 4. Percent of black women 15–44 years of age who used family planning services in the last 3 years, by age and source of services: United States, 1982

On average, sexually active women who were not sterile 3 years before the survey used family planning services at a rate of slightly more than one visit per woman annually (1,078 visits per 1,000 women per year) during the last 12 months. Never-married women made more visits for family planning services than did women who had been married (1,227 compared with 1,012 visits per 1,000 women, respectively). Teenagers had the highest annual visit rate of any of the age groups (1,581 per thousand). Annual visit rates also were higher for black and low-income women, compared with white women and higher-income women.

Visit rates also differed by source of services. Overall, during the 12 months before the interview, women visited private medical sources for family planning services at a higher rate than clinics (657 compared with 385 visits per 1,000 women). However, visit rates by source of family planning service varied by age, race, marital status, income level, and education. Among teenagers, black women, never-married women, and those with less education, clinic visit rates were higher than visit rates to private medical services. In contrast, visit rates to private medical services were higher than clinic visit rates among women aged 25–44, white women, ever-married women, higher-income, and more-educated women. Differences in sources of family planning services by marital status are shown in figure 5.

In addition to services that directly meet their family planning needs, during family planning visits many women obtain other services that are important screening procedures for maintaining reproductive health. Over 80 percent of women in virtually every socioeconomic group who had made a family planning visit during the past 12 months had had a pap smear, pelvic and breast exams, blood pressure test and urinalysis during a family planning visit, but only 50 percent reported a test for venereal disease. The percent who had a VD test differed sharply by race, source of service, and region of residence. A higher percent of black women reported a VD test compared with white women; women who received services from a clinic were more likely than those who went to a private medical service to have had a test for venereal disease; women living in the South were more likely to have had a VD test than women living in the other three regions (figure 6).

About 14 percent of women 15–44 years of age had ever used services for infertility. In general, the type of service received was advice or treatment to help the woman get pregnant rather than to avoid miscarriage. A smaller percent of women aged 15–24 had ever received services for infertility compared with women aged 25–44. Above age 24, black women were less likely than white women to have ever used infertility services. Never-married, low-income, and less-educated women were less likely to have ever received infertility services than ever-married women, those with higher incomes, or those with 12 years or more of schooling. Women who had ever received infertility services received them primarily from private medical sources.



[1]Includes private medical services, clinics, and counselors.

Figure 5. Family planning visits in the last 12 months per 1,000 women by women 15–44 years of age, by marital status and source of service: United States, 1982

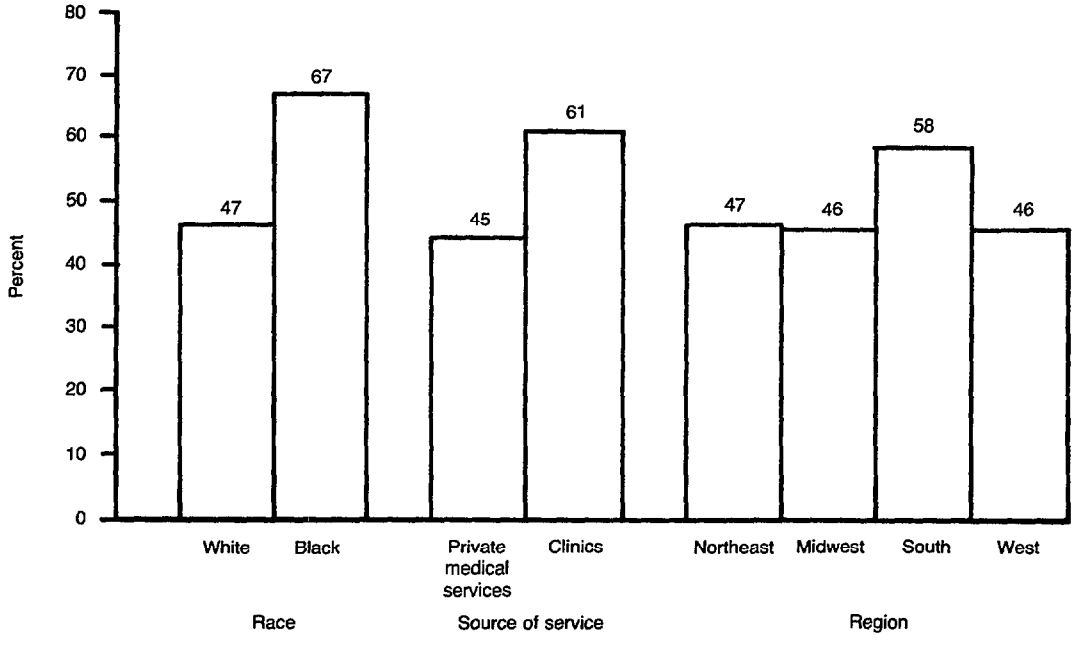


Figure 6. Percent of women 15–44 years of age who used family planning services in the last 12 months who received a VD test, by race, source of service, and region of residence: United States, 1982

Source and limitations of the data

Cycle III of the National Survey of Family Growth was based on personal interviews with a multistage area probability sample of 7,969 women 15–44 years of age in the noninstitutionalized population of the conterminous United States. For the first time, women were eligible for the interview regardless of their marital status.

Between August of 1982 and February of 1983, 4,577 white, 3,201 black, and 191 women of other races were interviewed. Women 15–19 years of age and black women were sampled at higher rates than other women, to increase the reliability of the statistics for these groups. The interview focused on the respondents' marital and pregnancy histories, their use of contraception, whether each pregnancy was planned at the time of conception, their use of family planning and infertility services, their physical ability to bear children, and a wide range of social and economic characteristics. Interviews were conducted in person by trained female interviewers and lasted an average of 1 hour.

The statistics in this report are estimates for the national population from which the sample was drawn. Because the estimates are based on a sample, they are subject to sampling variability. Also, nonsampling errors may have been introduced during data collection, processing, and analysis, although quality control measures were used at each stage to minimize error. Further discussion of the survey design, definition of terms, and sampling variability can be found both in appendixes I and II of this report and in a special report on the design of the survey.[14]

The term "similar" means that any observed difference between two estimates being compared is not statistically significant; terms such as "greater," "less," "larger," and "smaller" indicate that the observed differences are statistically significant at the 5-percent level using a 2-tailed *t*-test with 39 degrees of freedom. Statements about differences that are qualified in some way (e.g., "the data suggest" or "some evidence") indicate that the difference is significant at the 10-percent level but not at the 5-percent level.

For convenience in writing, women from households with incomes of less than 150 percent of poverty level income are classified here as "low-income women." Those from households with income of 150 percent or more of poverty income are referred to as "high-income women." Similarly, women with fewer than 12 years of schooling are characterized as "less-educated" while those with at least a high school education are called "more-educated."

The statistics on use of family planning and infertility services in this report are based on a series of questions reproduced in appendix III. The data presented here relate to use of family planning services at several points in time. Statistics on ever-use of family planning services apply to all women aged 15–44 who had ever had intercourse, while data on family planning services during either the past 3 years or the past 12 months are limited to women who had had intercourse and who were not sterile and whose husbands were not sterile 3 years before the interview. A woman was classified as sterile if she reported that it was impossible for her to conceive as a result of: (1) an operation, on herself or her husband, that occurred more than 3 years before the interview; or (2) non-surgical factors known to her 3 or more years before the interview. All other women were assumed to be able to conceive at the *beginning* of the 3-year period for which use of family planning services was reported, and are referred to as "non-sterile" throughout this report. Nevertheless, some of these women will have become sterile because of an operation that occurred or non-surgical condition that developed during the 3 years before the interview.

Data on family planning services also are available from two other surveys conducted by NCHS. Data from the National Reporting System for Family Planning Services (NRSFPS) were collected annually from 1972 through 1980 from a sample of clinics that provided family planning services. These data excluded family planning visits to private physicians' offices, visits for pregnancy tests only, and visits made only to obtain contraceptive supplies or counseling. Data on family planning visits and on women who use family planning clinics are available from NRSFPS for 1980 and some earlier years.[15,16] The National Ambulatory Medical Care Survey (NAMCES) obtains data on visits for family planning services from reports from a sample of office-based physicians.[17,18] Data on family planning services from the NSFG differ in many respects from the other two surveys. The differences include the following: the NRSFPS was terminated in 1981 and covered only clinics; the NAMCES covers only private doctor's offices and omits clinics, while the NSFG covers both public and private sources. The other two systems used a narrower definition of a family planning visit than the NSFG. In addition, the other two surveys were based on reports from providers, while the NSFG is based on information from recipients of services. Because of these differences in collection procedures and definitions of terms, data from these sources may differ.

Estimates of annual numbers of visits to private physicians' offices for infertility in 1968–1980 from the National Disease and Therapeutic Index (NDTI) were published in an article in the Journal of the American Medical Association,[19] and later updated through 1983.[20] These data are not comparable with the statistics in this report because they refer to visits, and women may have more than one visit in a year; because the NDTI data refer only to visits made at private physicians' offices and the NSFG data include clinic visits; and because both estimates, being based on samples, are subject to sampling variability.

In this report, tables 1 and 2 present statistics on ever-use of family planning services, and on age at first family planning visit. More detailed data on the first visit are presented in tables 3–6 for women aged 15–24. These women would have made their first family planning visit more recently than women aged 25–44 and, therefore, were expected to be able to recall the details of that visit more accurately than older women. In addition to ever-use, two measures of recent use of family planning services are employed: use of services during the past 3 years, and use during the past 12 months. Tables 7–13 present statistics on family planning services during the past 3 years; data on visits during the past 12 months are shown in tables 14–17. Statistics on use of infertility services are found in tables 18–21.

Ever-use of services for family planning

Family planning services are used by the majority of American women at some time in their reproductive lives. In the 1982 NSFG, women were asked a detailed series of questions to determine the extent and type of family planning services they had ever received. Family planning services are not limited to supplying effective means of contraception. In this report, family planning services are classified as either "Medical Services" or "Advice or Counseling." In addition to obtaining a method of birth control, "Medical Services" include check-ups or medical tests for correct use or fit of a contraceptive method, or for side-effects from a method, and pregnancy tests. "Advice or Counseling" includes counseling concerning problems with sexual intercourse, an unwanted pregnancy, sterilization, and birth control. A full list of services included in these categories is included in appendix II.

Providers of family planning services are of three types: private doctors, clinics, and non-medical counselors (such as a school counselor, a priest, a minister, or another religious counselor). Both medical services and advice or counseling are provided by doctors or clinics, but only family planning services classified as advice and counseling are available from non-medical counselors.

Of the approximately 47 million women 15–44 years of age in 1982 who had ever had intercourse, 84 percent or 39 million reported having had a family planning visit at least once (table 1). Over 70 percent of women in all age, race, and Hispanic origin groups reported at least one family planning visit. This high level of use is not surprising in light of the heavy reliance of American women on contraceptives requiring medical intervention, such as the pill, the IUD, and sterilization. In fact, of American women who use contraception, 2 out of 3 (69 percent) use these three methods.[2]

As shown in table 1, the percent of women who had ever used family planning services increased with age from 78 percent among women 15–19 years of age to 91 percent among women 25–34 years of age, and then declined to 75 percent among women aged 35–44 years. A steady increase to age 25–34, with a sharp drop at ages 35–44, is also present among white women; among black women the increase with age is less marked. Nevertheless, black women older than 34 years were less likely to have ever used family planning services than black women aged 15–34.

The pronounced drop at age 35–44 years in the percents who had ever used family planning services suggests a recent increase in the use of services at younger ages. If there had been no change, women aged 35–44 would have higher cumulative rates of use than younger women. It seems likely that the change stems both from the greater availability of family planning services and from the increased reliance among younger women on contraceptives that require a prescription.[2,21]

The proportion of women who had ever used family planning services also varied with their socioeconomic characteristics, as shown in table 2. Ever-use of family planning services increased with level of education from 79 percent of women with less than 12 years of school to 87 percent among women with 1 or more years of college. In addition, never-married women were less likely to have used services than currently- or previously-married women, as were Catholics compared with Protestants, and women living in the Northeast region compared with other regions of the country (79 percent compared with 85 or 87 percent) (figure 1). The difference between the Northeast and the other three regions is partly the result of differences in religious composition. Over half the women in the Northeast region were Catholic (51 percent) compared with 33 percent, 20 percent and 30 percent in the Midwest, South, and West regions, respectively.

Religious composition, in turn, undoubtedly has influenced use of family planning services through differences in contraceptive methods. For example, Catholics were much less likely than Protestants to have ever used the pill (68 compared with 81 percent), and were more likely to have ever used periodic abstinence (23 compared with 16 percent).[22] Use of the pill requires frequent visits to clinics or doctors to check for side-effects and to renew the prescription; in contrast, periodic abstinence, a non-medical method, does not necessarily require even one family planning visit.

Age at first visit

Over half of women ages 15–44 had their first family planning visit as a teenager; 26 percent had their first visit before age 18, and 28 percent at ages 18–19 (table 1). An additional 33 percent made a first visit at ages 20–24. The mean age at first family planning visit was about 21 years for all women and for white women (table A). Black women were younger, with a mean age of about 20 years at first use of family planning services, and Hispanic women were slightly older (21.5 years). The difference by race in mean age at first use of family planning reflects variation in the initiation of sexual activity. The mean age at first intercourse among black women was 17 years, compared with 18.6 years among white women.

Table A. Mean age at first family planning visit of all women 15–44 years of age who ever used family planning services, by selected characteristics: United States, 1982

Characteristic	Mean age	
	15–44 years	*20–44 years*
All women[1]	20.7	21.1
Race		
White	20.8	21.1
Black	19.9	20.4
Origin		
Hispanic	21.5	22.2
Non-Hispanic	20.6	21.0
Marital status		
Never married	18.9	19.8
Currently married	21.3	21.4
Widowed, divorced, or separated	21.1	21.2
Education		
Less than 12 years	19.5	20.5
12 years	20.6	20.9
13 years or more	21.3	21.4
Poverty level income		
149 percent or less	19.7	20.4
150 percent or more	21.0	21.3

[1]Includes white, black, and other races.

Overall, 87 percent of women who had ever used family planning services were younger than 25 years of age at their first visit, as were the majority of women in all subgroups shown in table 2. Statistics in table 2 show a tendency for women who were never married, had low income, or who had less than a high school education at the time of the survey to have made their first family planning visit at a young age. However, these results are partly due to the fact that never-married women and women with less than a high school education were younger at the survey and thus had less opportunity to make a visit at ages older than 17 years. The effects of current age may be seen in figure 7, which shows the percents of all women and the percents of women ages 20–44 who first obtained family planning services at age 17 or younger, by marital status and education. When teenagers are excluded, the proportion of never-married women and of women with less than a high school education whose first visit for family planning occurred at age 17 or younger drops sharply. The effects of the age distribution also are seen in the younger mean age at first visit for these groups. Table A shows that the mean ages for currently- and formerly-married women are about 21 years, while that for never-married women is only 19 years. When teenagers are excluded, however, the mean age at first visit for never-married women rises to nearly 20 years, and the mean age for women with low education increases from 19.5 to 20.5 years.

Source of services

As noted in the introduction, a major purpose of publicly funded family planning programs is to ensure access of all women to reproductive health services. Although the programs emphasize services to low-income women, they also serve adolescents. Especially in the case of teenagers, family planning clinics are often the entry point into the adult health care system.[11] To examine the initial contact with reproductive health services in more detail, women 15–24 years of age were asked questions about the source and type of services received at the first visit. The questions were limited to these ages because the younger women would have made their first family planning visit more recently and, therefore, should be able to recall that visit more accurately than older women.

Overall, first visits were about equally divided between private medical sources and clinics (49 and 48 percent, respectively, table 3). Only 3 percent first received services from a non-medical counselor. The most outstanding difference in table 3 is that by race: black women were far more likely

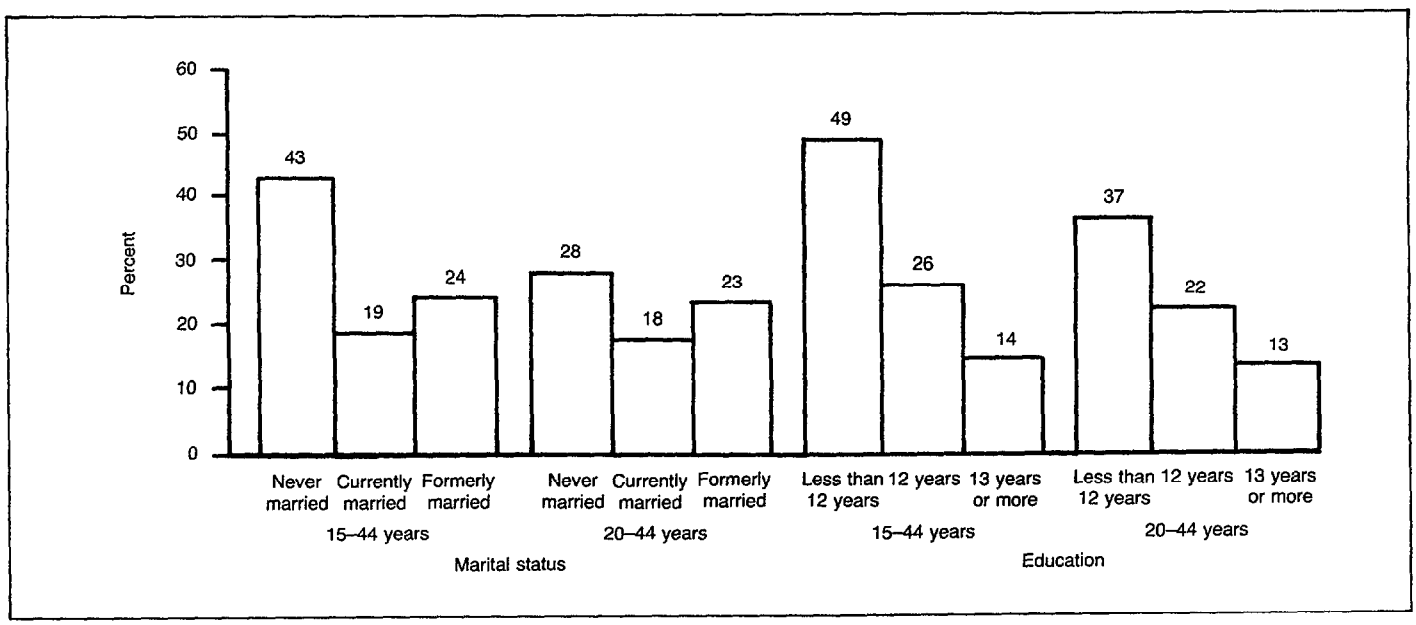


Figure 7. Percent of women 15–44 years of age who ever used family planning services who were age 17 or younger at first visit and percent of women 20–44 years of age who ever used family planning services who were age 17 or younger at first visit, by marital status and education: United States, 1982

than white women, at each age, to use clinics at the first family planning visit (71 compared with only 43 percent).

There are only a limited number of studies that examine the reasons for choice of family planning service provider, and the data available relate primarily to teenagers. However, over 80 percent of women of all races, ages 15–24, made their first family planning visit as a teenager (table 1). The studies of teenagers suggest that cost of the services, desire for confidentiality, and lack of knowledge of alternative sources were influential reasons for going to a clinic rather than to a private medical doctor for family planning services.[23–25] Our results, which show a greater propensity for teenagers, black women, never-married women, and those in the lowest income and education groups to select a clinic as their first source of family planning services, are consistent with those studies (tables 3 and 4). In contrast, white women age 20–24, currently-married women, those in the higher income groups, women with 12 years of education, and Catholics were more likely to have obtained services from a private medical source at their first family planning visit.

Services used

As discussed at the beginning of this section, family planning services include both medical services and advice or counseling on various aspects of family planning. Statistics presented here are based on all family planning services reported, and many women reported more than one type. Two-thirds of women aged 15–24 obtained medical services at their first family planning visit, and two-thirds received advice or counseling (table 5). However, 56 percent received counseling on birth control at the first visit, while only 40 percent actually obtained a method of birth control.

The same general pattern of services used at first family planning visit is found for most of the groups in table 5. The exception is Hispanic women, who appear to be more likely to report receiving medical services than advice or counseling at first visit. For all of the groups shown, a larger percent reported that they received advice or counseling on birth control than reported that they began a birth control method at the first visit, although the difference is not significant for Hispanic women.

Overall and for white women, teenagers were less likely than women aged 20–24 to have begun a method of birth control at the first visit, but for black women, the difference is not significant (30 compared with 37 percent).

A larger proportion of white than black women received medical services at the first family planning visit (68 compared with 60 percent). In addition, white women were slightly more likely than black women to have obtained a method of birth control.

Never-married women were more likely to have obtained counseling than medical services at their first visit (72 compared with 65 percent), while the reverse was true for currently-married women (table 6). About 69 percent of currently-married women aged 15–24 reported receiving medical services at their first family planning visit, while only 59 percent obtained advice or counseling. Women in the highest education and income groups at the time of the survey are more likely to report that they received advice or counseling than medical services at their first family planning visit, but the differences are not significant.

The percents of women who received advice or counseling on birth control are larger than the percents who obtained a method of birth control in all of the subgroups shown in table 6, although a few of the differences are not statistically significant. Despite this common pattern, there are sharp differences between some groups in the percent who received particular services. Never-married women are much more likely than currently-married women to have obtained advice or counseling at the first visit (72 compared with 59 percent), and are also more likely than married women to have received advice or counseling specifically on birth control (60 percent compared with 50 percent) (figure 2).

Women in the low income group at the survey were less likely to report birth control advice or counseling or obtaining a birth control method at their first family planning visit than were women with higher incomes. A smaller percent of women received birth control advice among those with less than 12 years of education compared with women with more than a high school education (48 and 62 percent, respectively). The trend by level of education is even more pronounced for the percent who obtained a method of birth control at the first visit, which rises from 27 percent at the lowest educational level to 51 percent at the highest.

It appears that many low-income, less-educated women were seeking other types of services besides contraception in their initial contact with a family planning services provider. A suspected pregnancy seems to be a primary reason for first seeking out family planning services among those not seeking contraception advice or supplies (table B). About 31 percent of less-educated women compared with only 8 percent of more-educated women had a pregnancy test but

Table B. Number of women 15–24 years of age who ever used family planning services and percent who received a pregnancy test but received neither a birth control method nor birth control counseling at first family planning visit, by income and education: United States, 1982

Income and education	*Number of women in thousands*	*Percent with pregnancy test*[1]
All women	11,342	19.4
Poverty level income		
149 percent or less	4,435	26.6
150 percent or more	6,907	14.8
300 percent or more	3,680	11.8
Education		
Less than 12 years	3,228	31.2
12 years	4,776	19.4
13 years or more	3,338	8.0

[1]Percent who received a pregnancy test, but not a birth control method or birth control counseling.

received neither a new method of birth control, nor advice or counseling on contraception at first visit. These results are consistent with statistics on use of contraception at first intercourse. Only 32 percent of women aged 15–24 who had less than a high school education at the time of the survey reportedly used a method of contraception at first intercourse, compared with 61 percent among women with 13 years or more of schooling. Similarly, low-income women were less likely than higher-income women to report use at first intercourse (40 compared with 59 percent).[22]

Visits in the last 3 years

In addition to estimating ever-use of family planning services among all women who had ever had sexual intercourse, it is also important to determine the extent of more recent use. To obtain estimates of recent use of family planning, a series of questions was asked on use of services and source of services during the 3 years before the survey. To define more precisely the population of potential users of services, this sequence of questions was asked only of women who had ever had intercourse and were not sterile themselves and whose husbands were not sterile 3 years before the survey.

Of the 37 million women aged 15–44 in 1982 who were potential users of family planning services in the past 3 years, 29 million or 77 percent reported at least one visit in those 3 years (table 7). About four out of five women aged 15–34 had used family planning services during the 3 years before the survey; after age 35, this percent dropped sharply to 55 percent. This pattern also is found for white and black women separately (figure 3). The same reduction with age in recent use of family planning services is found for non-Hispanic and Hispanic women at ages 30–44, although the difference is not statistically significant among Hispanics.

Although the population considered in table 7 excludes women who were sterile 3 years before the survey, women who became sterile because of an operation or a non-surgical condition during the 3-year reference period are included. The majority of such women were undoubtedly in the age group 35–44 years, which may be responsible in part for the smaller percent of this group who used services compared with women younger than 35 years.

Overall, there is no difference by race or ethnic origin in the proportion of non-sterile women who used family planning services at least once during the past 3 years. However, there is some variation by socioeconomic characteristics. Ever-married women were more likely than never-married women (73 percent) to have used family planning services during the past 3 years, as were currently-married compared with previously-married women (79 and 77 percent, respectively). It is important to note that there is no difference by income in the percent who have used services in the past 3 years. However, the proportion increases steadily with education from 73 percent for women with less than a high school education to 79 percent for women with 13 years or more.

Of the four geographic regions, the lowest percent reporting use of services in the past 3 years is found in the Northeast (about 70 percent), and the highest percent in the West (81 percent). As suggested in the case of ever-use of family planning services, the low proportion of women in the Northeast who report a family planning visit during the last 3 years is due in part to differences in religious composition. In contrast to the 79 percent of Protestants who reported a recent visit, only 73 percent of Catholics had a family planning visit in the last 3 years.

Source of services

About two out of three women visited a private medical source at their most recent family planning visit (69 percent compared with 30 percent who went to a clinic, table 7). With the exception of teenagers, women in every age group were most likely to have received services from a private medical source at last visit. Furthermore, the percent who reported a private doctor as the most recent provider increased sharply with age, from 46 percent among teenagers to 84 percent among women 35–44 years of age. Similarly, the percent who received services from a clinic dropped steadily with age, from 50 percent among teenagers to 16 percent among women aged 35–44. This pattern holds for all women, and for black and white women considered separately.

As in the case of all women, larger percentages of white women, overall and in each age group, report a private medical service as their most recent family planning source, but the difference is not significant among teenagers. The data suggest that black women, however, are more likely to have obtained services from a clinic instead of a private medical source (52 percent compared with 47 percent). This is primarily because such large proportions of young black women report a clinic as their most recent source. About 73 percent of black teenagers last received services from a clinic. Black women aged 25–44 are more likely to have obtained services from a private medical source at their last visit (figure 4). Nevertheless, black women were twice as likely as white women to report a clinic as their most recent source of family planning services (52 compared with 26 percent). Furthermore, a higher percent of black than white women in every age group went to a clinic at their most recent visit.

Women in the lowest education group were about equally likely to have visited a private medical service at their most recent visit as they were a clinic (table 8). For the other education groups, a larger proportion reported a private medical provider than a clinic as the most recent source of family planning services.

Despite this similarity, there are some sharp differences

between subgroups in the most recent source, as shown in table 8. For example, never-marrried women are more likely to have visited a clinic than ever-married women, while a greater proportion of currently-married women used a private medical service than either formerly- or never-married women. Compared with other regions, a significantly higher proportion of women in the South most recently had obtained services from a clinic. The percent who reported a clinic as the most recent source of family planning decreased as income and education increased.

In summary, although there is little variation by race, ethnic origin, or socioeconomic characteristics in recent use of family planning services overall, there are sizeable differences in the source of those services especially by race, income level, and education.

Changes in source of services between first and most recent visit

Although clinics are frequently the first source of family planning services for teenagers and for low-income women, there is a tendency to shift from clinics to private medical sources after the initial visit. This is shown by comparing data on first source of family planning services with data on most recent source of services for women 15–24 years of age (tables 3 and 7). To facilitate that comparison, table 9 contains statistics on most recent source of services by first source, by age and race. Overall, 89 percent of women who reported a private medical source as their first family planning provider also went to a private medical source at the most recent visit. Of all women who first visited clinics for family planning service, only 72 percent went to a clinic for their most recent visit. Most of the remainder reported a private medical service as the most recent source (27 percent). Clearly, continued preference for the initial source of service is greater among those women who start out with a private medical source than among those whose initial family planning visit is to a clinic.

Among those 15–19 years of age, the proportion of women who reported the same source at most recent visit as that at initial visit does not differ by provider type (88 percent of those whose first source was a private medical service, and 84 percent of those who initially went to a clinic). Nevertheless, in some instances the first and the most recent family planning visits are one and the same, and this is most likely to be true in the case of teenagers. In addition, to the extent that women substitute private medical sources for less expensive public-sector clinics as social and economic circumstances improve, teenagers have experienced a shorter time period during which such changes could occur.

The shift toward private medical sources is clear for women aged 20–24. Only 11 percent of women aged 20–24 who reported a private medical service as their first family planning source went to a clinic for their most recent visit. This is much lower than the perent who switched from a clinic to a private medical source (33 percent). White women also were more likely to change from clinics to private medical sources than to switch from a private medical service to a clinic (31 and 11 percent, respectively). On the other hand, black women were equally likely to shift from a clinic to a private source as they were to switch from a private source to a clinic.

Services used

The categories for type of services received at last family planning visit are similar to those at first family planning visit. In both cases, medical services and advice or counseling are the major categories, but for most recent visit, an additional category has been added for visits to renew or to continue a birth control method. This category was not applicable for services received at the first visit.

Women were less likely to receive counseling and more likely to receive medical services at the most recent visit than at the first visit, which is seen clearly when tables 5 and 10 are compared. At the most recent visit, about three-fourths of women reported receiving medical services (76 percent), but fewer than half received advice or counseling (47 percent). Further, for all of the groups shown in tables 10 and 11, the percent who received medical services was higher than the percent who received advice or counseling, with the exception of black women aged 35–44 years.

Overall and for white and black women separately, a larger percent of women continued a method of birth control than began a new method at their most recent visit (31 percent compared with 20 percent for all women). Among teenagers and women aged 35–44, however, the percents who continued a method or began a new method were similar. This is also the case when white and black women are considered separately. We have already noted that for many teenagers, the most recent visit may be their first visit, so it is not surprising that as large a percent begin as renew a method. Among older women, it is likely that the reason for the similarity in the percents beginning a new method and renewing an old method is that many women aged 35–44 obtain a sterilization as a means of preventing further births. The distribution of services according to selected characteristics in table 11 also show that with only two exceptions, women in most subgroups were more likely to continue than to begin a method of birth control at their most recent visit.

As was true for services received at first visit, there are some noteworthy differences between groups in the percent who reported receiving particular services at the most recent visit. The types of services received varied little by race, but there were some significant differences at the youngest age groups (table 10). White teenagers were more likely than black teenagers to have begun a birth control method at their most recent visit (32 and 19 percent, respectively). As a result, larger percents of white women aged 15–24 years and 15–19 years received medical services at their most recent visit compared with black women.

Among never-married women, both the percent who began a method and the percent who continued a method were higher than those for currently-married women. Significantly smaller percents of low-income and less-educated women continued a method at their most recent visit, compared with women

with higher incomes and those with at least 12 years of education. However, there were no significant differences by income or education in the percent who began a method of birth control at their most recent visit.

Source of payment for services

Data presented thus far on the source of family planning services (tables 3, 4, 7, and 8) have shown that teenagers, black women, never-married women, and those in the lowest income and education groups often were more likely to use clinics than private medical services. On the other hand, women who were age 20 and older, currently married, white, with high income and with at least a high school education were more likely to obtain family planning services from private medical sources.

Many of these differences by age, race, and background characteristics also are found when source of payment for the most recent family planning visit is examined. In general, the data on source of payment (tables 12 and 13) show that groups of women who tend to visit clinics for family planning services are more likely to have paid for the visit through Medicaid, other governmental sources, or "Other" sources including no payment, than were women who obtained family planning services from private doctors. (Because respondents were permitted to report more than one source of payment, percents for particular groups may add to more than 100.) For example, women 15–24 years of age were more likely to have reported Medicaid, other government, or "Other" as the source of payment for the most recent family planning visit, and less likely to report private medical insurance as the source, compared with women aged 25 and over (table 12). The age differential is sharper still if the sources of payments for teenagers alone are compared with the percents for women aged 25–44.

The general pattern by age also is found for both white women and black women, although not all of the differences are statistically significant. On the other hand, as shown in table 12, much larger percents of black women than white women reported Medicaid and other government as the sources of payment (21 versus 4 and 17 compared with 7 percent). Furthermore, the percents of white women who reported self, family, friend (67 percent), or insurance (34 percent) as the source of payment for family planning exceeded the percents of black women who reported those sources of payment (44 percent by self, family, or friends, and 23 percent by insurance).

The sharpest distinctions in source of payment for services in table 13 are those by income and education. Much larger percentages of women in the lowest income or education groups reported Medicaid or other government sources and smaller percentages reported medical insurance or self, family, or friends as the source of payment for their most recent family planning visit, compared with the percents reported by high-income women or by women with at least a high school education. For example, 18 percent of low-income women and only 3 percent of high-income women reported using Medicaid to pay for their last visit.

Payment sources also differ by marital status (table 13). About 43 percent of currently-married women reported medical insurance as the source of payment, compared with only 17 percent of never-married women. Both never-married and formerly-married women were more likely than currently-married women to have had the expenses for the most recent family planning visit covered by Medicaid or other government sources.

The correspondence between source of family planning services and source of payment is also reflected in a cross-classification of these two variables, shown in table 12. Of those women whose most recent family planning source was a private medical service, about 70 percent reported self, family, or friends as a payment source compared with 49 percent among women who most recently obtained services from a clinic. In addition, about 15 percent of women who obtained services from a clinic reported Medicaid as the source of payment, and 19 percent reported other government sources. Of women who obtained their services from a private medical service, only 3 percent reported that payment was made by Medicaid or other government sources.

To the extent that black women, poor women, those with less education, and teenagers depend on Medicaid, it is not surprising that they obtain family planning services from clinics. A recent survey of private physicians in specialties relevant to reproductive health care found that only 50 percent offer contraceptive services to Medicaid patients, and only 15 percent offer services at reduced fees for poor women who are not eligible for Medicaid.[26] Thus, among the poor, access to reproductive health care in the private sector is severely limited. Publicly funded clinics, including those supported under Title X, for many women are the only available source of family planning service.

Visits in the last 12 months

Percents of women using services in the last 12 months or 3 years do not necessarily reveal the frequency of family planning visits. In order to measure these "visit rates," data also were collected on the number of family planning visits in the past 12 months to private doctors, clinics, and counselors.

Overall, women used family planning services at the rate of about one visit per woman per year (1,078 visits per 1,000 women). Teenagers had the highest annual visit rate (1,581 per 1,000) of any age group for all sources of family planning services combined (table 14). Visit rates declined sharply with age, from 1,447 at 15–24 years to 482 at ages 35–44. Similar declines with age were found in the visit rates for white and black women separately.

The annual visit rate for black women (1,337 per 1,000 women) was significantly higher than the rate for white women (1,034). Visit rates for black women also were higher than those for white women within each age group (although for ages 35–44 the difference is not significant). The highest overall visit rate was for black teenagers (1,867 per 1,000 women).

Visit rates to all sources were higher among never-married women and women in the lowest income category, compared with ever-married women and those with higher incomes (table 15). The visit rate was lower in the Northeast than in the other three regions. Although the visit rate for Catholics was not significantly lower than that for Protestants, the lower visit rate in the Northeast may be due in part to the higher proportion of Catholics in that region, in combination with the lower proportion using the pill in the Northeast.[22] There were no significant differences in the visit rates to all sources by Hispanic origin or education, or between metropolitan and non-metropolitan places of residence.

Differences in family planning visit rates by age, race, marital status, and income reflect different patterns of contraceptive use by these groups. For example, the leading method among young and never-married women is the oral contraceptive pill,[27] which requires repeated visits to a doctor or clinic to renew the prescription and check for side effects. As shown in table C, women who were currently using the pill had the highest annual visit rate of all contraceptive method groups—1,891 visits per 1,000 women. Visit rates for the diaphragm (1,317) and IUD (1,058) were also higher than the visit rates for women using methods which do not require medical intervention. Sterilization, the leading method among older married women, requires few visits over a short period (in connection with the surgery); women who were contraceptively sterile had an annual visit rate of 714 per 1,000, and those who relied on male sterilization visited family planning providers at the rate of only 442 visits per 1,000 women. Black women using contraception rely more on methods requiring medical services (except the diaphragm) than white women. Of black women using contraceptives, about 78 percent use one of the more effective methods (the pill, IUD, or sterilization) compared with 67 percent among white women using contraceptives.[2] The visit rate of black women is higher than that of white women, partly because black women are more likely to use the more effective female methods which require more frequent visits (table 14). Nevertheless, even after adjustment for current method, age, marital status, education, income, source of payment, and region of residence, the race differential in family planning visit rates persists.[28]

Table C. Number of women 15–44 years of age who ever had sexual intercourse and were not sterile 3 years before the date of interview and number of family planning visits in the last 12 months per 1,000 women, by current contraceptive method: United States, 1982

Current method used	*Ever had intercourse and was not sterile 3 years before the date of the interview*	
	Number in thousands	Visits per 1,000 women
All women[1]	37,467	1,078
Female sterilization	2,595	714
Male sterilization	1,396	442
Pill	8,431	1,891
IUD	2,153	1,058
Diaphragm	2,436	1,317
Condom	3,608	545
Other	3,219	747

[1]Includes women who were pregnant, post partum, seeking pregnancy, non-surgically sterile, and other non-users at the date of interview, in addition to current users of contraception.

Life cycle factors may also influence visit rates by age and marital status. Young and never-married women may make family planning visits in order to learn about contraceptive methods. They may need a pregnancy test, or they may make frequent visits because their family planning needs change often if they move in and out of periods of intercourse, or if they change sexual partners.

With respect to the source of services, overall, women visited private medical services at a higher rate than clinics (657 compared with 385 visits per 1,000 women). However, visit rates per 1,000 women by source varied by age, race,

marital status, income, and education. The visit rates for teenagers were 867 to clinics and only 609 to private doctors. Visit rates to clinics also were higher than those to private doctors among black women, those in the lowest education group, and never-married women, although the difference by marital status was significant only at the .10 level. For example, the clinic visit rate for black women was 756 compared with a visit rate of 557 to private doctors. Visit rates for less educated women were 630 and 463 to clinics and private doctors, respectively. In contrast, ever-married women and women ages 25–44 made the majority of their visits to private practitioners. Among all ever-married women, the visit rate to private doctors was 712, compared with a rate of only 273 to clinics. White women and those who had completed at least 12 years of education also had higher visit rates to private doctors than to clinics. For example, among white women the visit rate to private doctors was 671, and the rate to clinics was only 323.

Use of ancillary medical services

In addition to services that directly meet their family planning needs, during a family planning visit women often receive a number of ancillary medical services that are important screening procedures for maintaining reproductive health. As shown in tables 16 and 17, over 80 percent of women who used family planning services during the past 12 months also had had a pap smear, pelvic and breast exams, blood pressure test, and urinalysis at a family planning visit. However, only 50 percent of women reportedly had had a test for venereal disease. This percent varied little by group. A notable exception is race, with 67 percent of black women reporting a test for VD compared with only about 47 percent of white women (figure 6). Women who live in the South also were more likely to have had a VD test than women living in other regions (58 compared with 46 or 47 percent).

The underlying reasons for either the low percent who report a test for VD or the sharp differences by race and region are not known. During a pelvic exam, some women may not realize a VD test has been performed, which would account for the low percent who report a test. As for the difference by race, some evidence suggests that rates of venereal disease are higher among blacks.[29] However, screening for venereal disease also may be better for black women. Among women who received services from a clinic, the percent who reported a VD test is much greater than among women who went to a private medical source (61 compared with 45 percent), and black women are more likely to have obtained services from clinics. The regional difference also may be the result of racial composition. About 21 percent of women living in the South are black, compared with 11 percent in the Northeast and fewer than 10 percent in either the Midwest or West regions. While race alone is an important factor, the percent of women of both races who had a VD test is higher for clinic patients and residents of the South compared with women who received services from private doctors and who lived in other regions, as shown in table D.

Table D. Percent of women 15–44 years of age who used family planning services in the last 12 months who received a VD test, by race, source of service, and region of residence: United States, 1982

Source of service and region of residence	*White*	*Black*
	Percent	
All[1]	46.6	67.1
Source of service		
Private medical services	42.6	62.9
Clinics	57.1	71.0
Region of residence		
Northeast	43.7	66.2
Midwest	43.9	65.6
South	53.5	69.4
West	43.3	61.1

[1]Includes private medical services, clinics, and counselors.

Use of services for infertility

Family planning includes infertility services as well as services for limiting the number and planning the spacing of births. Data are presented in this section on use of medical services for infertility by women who had difficulty in conceiving or in carring a pregnancy to term. Statistics include infertility visits made at any time in the past because there were too few cases to make statistically reliable estimates of visits in the last 12 months or 3 years for the population subgroups presented here.

About 6.6 million, or 14 percent of women 15–44 years of age reported that they or their husband had ever used infertility services (table 18). If only ever-married women are considered, the proportion who had ever used infertility services is 18 percent, as reported previously.[1] It is difficult to relate these statistics to the population in need of infertility services, because the data on fecundity impairments and infertility refer to the date of interview, and the date of the first infertility treatment and its efficacy were not asked. However, some insight may be gained from table E, which shows the percent of currently-married women who have ever received infertility services by infertility status. Nearly half of infertile couples (45 percent) had sought services, and undoubtedly more will do so in the future. About 13 percent of fecund women had sought services, which suggests that for many the advice or treatment that they sought was successful.

For all women, a higher proportion of white women reported ever-use of infertility services compared with black women (15 and 10 percent respectively), shown in table 18. The race difference occurs primarily over age 24. Relatively small percents of either black or white women under age 25 had ever used infertility services. The percents of never-married, low-income, or less-educated women who reported use of services for infertility were significantly lower than the percents among ever-married women, those with higher incomes, or those with higher educational attainment (table 19).

About two-thirds of all infertility services were advice or treatment to facilitate conception, rather than services to help prevent miscarriage (table 18). As shown in table F, the services most frequently obtained by women were advice on the timing of intercourse, general health advice, and drugs to induce ovulation. The most frequently reported service for husbands was a sperm count.

The majority of women who had ever used infertility services reported a private medical practitioner as the most recent source, as shown in tables 20 and 21. This is true for all groups except black women 15–24 years of age, but the proportion of that group who had ever used infertility services is quite small—less than 5 percent.

Table E. Percent of currently married women 15–44 years of age who ever received infertility services, by infertility status and race: United States, 1982

Infertility status and race	*Number of women in thousands*	*Percent who ever received services*
Total[1]	28,231	18.2
Infertility status		
Surgically sterile		
Contraceptive	7,862	16.2
Noncontraceptive	3,116	25.5
Infertile	2,391	44.6
Fecund	14,862	13.4
Race		
White	25,195	18.5
Black	2,130	13.9

[1]Includes white, black, and other races.

Table F. Number of women 15–44 years of age who ever received infertility services and percent distribution by specific service received, according to race: United States, 1982

Infertility service[1]	*All women*[2]	*White*	*Black*
Number in thousands	6,455	5,656	563
	Percent distribution		
Total	100.0	100.0	100.0
Drugs to induce ovulation	16.7	17.3	5.9
Treatment or surgery to open Fallopian tubes	3.5	3.4	5.2
Other surgery	3.9	3.8	3.8
Tests	12.0	13.1	3.9
Other treatment	8.6	8.1	13.8
Advice on the timing of intercourse	18.9	19.1	17.9
Advice to stop or start contraception	3.5	3.5	3.3
General health advice	18.1	17.4	27.6
Other advice	14.9	14.3	18.8

[1]Excludes women who reported that only their husbands had received infertility services.
[2]Includes white, black, and other races.

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List of detailed tables

1. Number of women 15–44 years of age who ever had sexual intercourse, percent who ever used family planning services, and percent distribution of women who ever used family planning services by age at first use, according to race, Hispanic origin, and age: United States, 1982 23
2. Number of women 15–44 years of age who ever had sexual intercourse, percent who ever used family planning services, and percent distribution of women who ever used family planning services by age at first use, according to selected characteristics: United States, 1982 24
3. Number of women 15–24 years of age who ever had sexual intercourse and ever used family planning services, and percent distribution by first source of family planning services, according to race, Hispanic origin, and age: United States, 1982 25
4. Number of women 15–24 years of age who ever had sexual intercourse and ever used family planning services, and percent distribution by first source of family planning services, according to selected characteristics: United States, 1982 26
5. Number of women 15–24 years of age who ever had sexual intercourse and ever used family planning services, and percent who used selected services at the first family planning visit, by race, Hispanic origin, age, and source of service: United States, 1982 27
6. Number of women 15–24 years of age who ever had sexual intercourse and ever used family planning services, and percent who used selected services at the first family planning visit, by selected characteristics: United States, 1982 28
7. Number of women 15–44 years of age who ever had sexual intercourse and were not sterile 3 years before the date of interview, percent and number who used family planning services in the last 3 years, and percent distribution by most recent source in the last 3 years, according to race, Hispanic origin, and age: United States, 1982 29
8. Number of women 15–44 years of age who ever had sexual intercourse and were not sterile 3 years before the date of interview, percent and number who used family planning services in the last 3 years, and percent distribution by most recent source of family planning services in the last 3 years, according to selected characteristics: United States, 1982 30
9. Number of women 15–24 years of age who used family planning services in the last 3 years and percent distribution by most recent source of family planning services, according to age and first source of family planning services: United States, 1982 31
10. Number of women 15–44 years of age who used family planning services in the last 3 years and percent who used selected services at the latest family planning visit, by race, Hispanic origin, source of service, and age: United States, 1982 32
11. Number of women 15–44 years of age who used family planning services in the last 3 years and percent who used selected services at the latest family planning visit, by selected characteristics: United States, 1982 33
12. Number of women 15–44 years of age who used family planning services in the last 3 years and percent by source of payment for the most recent family planning visit, by race, Hispanic origin, source of service, and age: United States, 1982 34
13. Number of women 15–44 years of age who used family planning services in the last 3 years and percent by source of payment for the most recent family planning visit, by selected characteristics: United States, 1982 35
14. Number of women 15–44 years of age who ever had sexual intercourse and were not sterile 3 years before the date of interview, and number and rate of family planning visits in the last 12 months, by source of service, race, Hispanic origin, and age: United States, 1982 36
15. Number of women 15–44 years of age who ever had sexual intercourse and were not sterile 3 years before the date of interview, and number and rate of family planning visits in the last 12 months, by source of service and selected characteristics: United States, 1982 37
16. Number of women 15–44 years of age who used family planning services in the last 12 months and percent who received selected ancillary medical services at a family planning visit in the last 12 months, by race, Hispanic origin, source, and age: United States, 1982 38
17. Number of women 15–44 years of age who used family planning services in the last 12 months and percent who received selected ancillary medical services at a family planning visit in the last 12 months, by selected characteristics: United States, 1982 39
18. Number of women 15–44 years of age who ever had sexual intercourse and percent who ever used services for infertility, by type of service, race, Hispanic origin, and age: United States, 1982 40
19. Number of women 15–44 years of age who ever had sexual intercourse and percent who ever used services for infertility, by type of service and selected characteristics: United States, 1982 41

20. Number of women 15–44 years of age who ever had sexual intercourse and percent who ever used services for infertility, by most recent source of service, race, Hispanic origin, and age: United States, 1982 42

21. Number of women 15–44 years of age who ever had sexual intercourse and percent who ever used services for infertility, by most recent source of service and selected characteristics: United States, 1982 43

Table 1. Number of women 15–44 years of age who ever had sexual intercourse, percent who ever used family planning services, and percent distribution of women who ever used family planning services by age at first use, according to race, Hispanic origin, and age: United States, 1982

[Statistics are based on a sample of the noninstitutionalized population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms]

Race, Hispanic origin, and age	*Ever had intercourse*	*Ever used family planning services*		*Age at first use of family planning services*					
				Total	*17 years or less*	*18–19 years*	*20–24 years*	*25–29 years*	*30 years or more*
All women[1]	Number in thousands		Percent	Percent distribution					
15–44 years	46,684	39,290	84.2	100.0	25.5	28.0	33.1	9.2	4.3
15–24 years	13,547	11,342	83.7	100.0	51.0	30.7	18.3	-	-
15–19 years	4,467	3,469	77.7	100.0	77.8	22.2	-	-	-
25–34 years	19,118	17,414	91.1	100.0	19.7	32.2	36.0	10.4	1.7
35–44 years	14,019	10,534	75.1	100.0	7.7	18.0	44.3	17.0	13.0
Race									
White									
15–44 years	39,031	32,915	84.3	100.0	23.8	28.8	34.1	9.3	4.1
15–24 years	10,992	9,094	82.7	100.0	48.6	32.0	19.4	-	-
15–19 years	3,512	2,685	76.5	100.0	76.6	23.4	-	-	-
25–34 years	16,084	14,758	91.8	100.0	18.6	33.0	36.4	10.5	*1.5
35–44 years	11,954	9,063	75.8	100.0	7.3	18.6	44.9	16.8	12.4
Black									
15–44 years	6,263	5,329	85.1	100.0	37.4	24.4	27.4	6.6	4.2
15–24 years	2,207	1,961	88.9	100.0	63.6	24.2	12.2	-	-
15–19 years	835	696	83.4	100.0	83.2	16.8	-	-	-
25–34 years	2,446	2,197	89.8	100.0	27.8	29.8	32.7	7.7	*2.1
35–44 years	1,610	1,171	72.7	100.0	11.4	14.6	43.1	15.8	15.2
Origin									
Hispanic									
15–44 years	3,713	2,995	80.7	100.0	25.1	18.3	37.4	12.1	*7.1
15–29 years	1,966	1,644	83.6	100.0	39.2	25.3	28.7	*6.9	-
30–44 years	1,747	1,351	77.3	100.0	*8.1	*9.7	47.9	18.6	15.7
Non-Hispanic									
15–44 years	42,970	36,295	84.5	100.0	25.5	28.8	32.8	8.9	4.0
15–29 years	21,510	18,979	88.2	100.0	40.5	33.8	22.4	3.3	-
30–44 years	21,461	17,316	80.7	100.0	9.1	23.3	44.1	15.0	8.4

[1]Includes white, black, and other races.

Table 2. Number of women 15–44 years of age who ever had sexual intercourse, percent who ever used family planning services, and percent distribution of women who ever used family planning services by age at first use, according to selected characteristics: United States, 1982

[Statistics are based on a sample of the noninstitutionalized population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms]

Characteristic	Ever had intercourse	Ever used family planning services		Age at first use of family planning services: Total	17 years or less	18–19 years	20–24 years	25–29 years	30 years or more
	Number in thousands		Percent	Percent distribution					
Total[1]	46,684	39,290	84.2	100.0	25.5	28.0	33.1	9.2	4.3
Marital status									
Never married	11,749	9,306	79.2	100.0	43.2	30.2	21.8	3.0	*1.7
Currently married	28,231	24,296	86.1	100.0	19.1	27.5	37.5	10.9	5.0
Widowed, divorced, or separated	6,704	5,687	84.8	100.0	23.8	26.4	32.7	11.8	5.2
Poverty level income									
149 percent or less	11,931	9,962	83.5	100.0	36.3	29.5	24.1	6.8	3.3
150 percent or more	34,753	29,328	84.4	100.0	21.8	27.5	36.2	9.9	4.6
300 percent or more	20,386	17,190	84.3	100.0	19.1	26.2	39.3	10.8	4.6
Education									
Less than 12 years	9,668	7,680	79.4	100.0	49.1	19.6	19.3	6.8	5.2
12 years	18,557	15,470	83.4	100.0	25.9	30.2	31.1	8.6	4.2
13 years or more	18,459	16,140	87.4	100.0	13.9	29.8	41.6	10.9	3.8
Religion									
Protestant	27,458	23,638	86.1	100.0	27.3	29.7	30.8	8.2	4.0
Catholic	14,395	11,455	79.6	100.0	21.3	23.5	39.1	11.1	5.0
Geographic region									
Northeast	9,873	7,764	78.6	100.0	20.6	21.0	38.9	12.3	7.3
Midwest	12,009	10,251	85.4	100.0	24.1	29.8	33.8	8.9	3.4
South	15,220	12,937	85.0	100.0	29.0	30.7	28.8	7.8	3.7
West	9,581	8,338	87.0	100.0	26.4	28.0	33.6	8.6	3.3
Place of residence									
Metropolitan	37,100	31,318	84.4	100.0	24.6	27.9	33.7	9.8	4.0
Nonmetropolitan	9,584	7,972	83.2	100.0	29.0	28.3	30.7	6.5	5.5

[1]Includes Protestant, Catholic, other religions, and no religion.

Table 3. Number of women 15–24 years of age who ever had sexual intercourse and ever used family planning services, and percent distribution by first source of family planning services, according to race, Hispanic origin, and age: United States, 1982

[Statistics are based on a sample of the noninstitutionalized population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms]

Race, Hispanic origin, and age	*Ever had intercourse and used services*	*First source of services*			
		All sources	*Private medical services*	*Clinics*	*Counselors*
All women[1]	Number in thousands	Percent distribution			
15–24 years	11,342	100.0	49.0	48.4	2.6
15–19 years	3,469	100.0	41.7	53.4	*4.8
20–24 years	7,873	100.0	52.3	46.2	*1.6
Race					
White					
15–24 years	9,094	100.0	54.0	43.3	2.7
15–19 years	2,685	100.0	45.7	48.9	*5.3
20–24 years	6,409	100.0	57.5	40.9	*1.6
Black					
15–24 years	1,961	100.0	27.0	70.9	*2.1
15–19 years	696	100.0	24.9	71.6	*3.5
20–24 years	1,265	100.0	28.2	70.4	*1.4
Origin					
Hispanic	794	100.0	49.1	48.6	*2.4
Non-Hispanic	10,547	100.0	49.0	48.4	2.6

[1]Includes white, black, and other races.

Table 4. Number of women 15–24 years of age who ever had sexual intercourse and ever used family planning services, and percent distribution by first source of family planning services, according to selected characteristics: United States, 1982

[Statistics are based on a sample of the noninstitutionalized population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms]

Characteristic	*Ever had intercourse and used services*	*First source of services*			
		All sources	*Private medical services*	*Clinics*	*Counselors*
	Number in thousands	Percent distribution			
Total[1]	11,342	100.0	49.0	48.4	2.6
Marital status					
Never married	6,154	100.0	40.8	55.4	3.8
Currently married	4,458	100.0	60.4	38.5	*1.0
Widowed, divorced, or separated	729	100.0	49.0	49.7	*1.4
Poverty level income					
149 percent or less	4,435	100.0	41.2	56.6	*2.2
150 percent or more	6,907	100.0	54.1	43.1	*2.8
300 percent or more	3,680	100.0	56.5	41.6	*1.9
Education					
Less than 12 years	3,228	100.0	40.1	57.0	*2.9
12 years	4,776	100.0	54.5	43.4	*2.1
13 years or more	3,338	100.0	49.9	47.3	*2.8
Religion					
Protestant	6,741	100.0	48.0	49.3	*2.7
Catholic	3,426	100.0	55.8	41.7	*2.6
Geographic region					
Northeast	2,032	100.0	49.2	48.6	*2.2
Midwest	3,137	100.0	55.3	41.6	*3.0
South	3,821	100.0	46.7	50.4	*2.9
West	2,353	100.0	44.4	53.9	*1.7
Place of residence					
Metropolitan	8,978	100.0	48.5	48.9	2.6
Nonmetropolitan	2,363	100.0	51.2	46.5	*2.3

[1]Includes Protestant, Catholic, other religions, and no religion.

Table 5. Number of women 15–24 years of age who ever had sexual intercourse and ever used family planning services, and percent who used selected services at the first family planning visit, by race, Hispanic origin, age, and source of service: United States, 1982

[Statistics are based on a sample of the noninstitutionalized population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms]

Race, Hispanic origin, source, and age	Ever had intercourse and used services	Services used at first visit			
		Medical services		Advice or counseling	
		All medical services[1]	Begin birth control method	All advice or counseling[2]	Birth control advice or counseling
All women[3]	Number in thousands	Percent			
15–24 years	11,342	66.7	39.7	66.2	55.5
15–19 years	3,469	62.0	32.4	69.8	55.7
20–24 years	7,873	68.8	43.0	64.7	55.5
Race					
White					
15–24 years	9,094	68.3	41.0	66.6	55.6
15–19 years	2,685	63.1	33.3	70.7	55.9
20–24 years	6,409	70.5	44.2	64.8	55.4
Black					
15–24 years	1,961	60.2	34.7	65.2	55.2
15–19 years	696	57.0	29.7	66.0	53.6
20–24 years	1,265	62.0	37.4	64.8	56.1
Origin					
Hispanic	794	71.4	35.5	52.2	43.5
Non-Hispanic	10,547	66.4	40.1	67.3	56.4
Source					
Private medical services	5,562	69.6	42.9	64.0	57.6
Clinics	5,489	67.4	38.7	66.7	53.5
Counselors	291	-	-	100.0	54.0

[1]Includes birth control services and other medical services related to family planning.
[2]Includes birth control advice or counseling and other counseling related to family planning.
[3]Includes white, black, and other races.

Table 6. Number of women 15–24 years of age who ever had sexual intercourse and ever used family planning services, and percent who used selected services at the first family planning visit, by selected characteristics: United States, 1982

[Statistics are based on a sample of the noninstitutionalized population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms]

Characteristic	Ever had intercourse and used services	Services used at first visit: Medical services: All medical services[1]	Services used at first visit: Medical services: Begin birth control method	Services used at first visit: Advice or counseling: All advice or counseling[2]	Services used at first visit: Advice or counseling: Birth control advice or counseling
	Number in thousands	Percent			
Total[3]	11,342	66.7	39.7	66.2	55.5
Marital status					
Never married	6,154	65.2	40.1	72.1	59.9
Currently married	4,458	69.1	39.2	58.5	50.1
Widowed, divorced, or separated	729	65.6	40.3	63.9	51.8
Poverty level income					
149 percent or less	4,435	65.9	31.1	61.2	49.3
150 percent or more	6,907	67.2	45.3	69.5	59.5
300 percent or more	3,680	64.9	45.3	73.1	63.2
Education					
Less than 12 years	3,228	64.8	27.1	60.6	47.9
12 years	4,776	67.4	40.7	65.3	55.9
13 years or more	3,338	67.6	50.6	73.0	62.4
Religion					
Protestant	6,741	65.1	41.3	66.4	56.3
Catholic	3,426	68.3	36.6	65.7	54.7
Geographic region					
Northeast	2,032	69.3	32.7	64.0	52.5
Midwest	3,137	72.8	47.7	64.5	54.1
South	3,821	62.1	38.2	65.9	56.5
West	2,353	63.9	37.8	71.0	58.4
Place of residence					
Metropolitan	8,978	66.4	39.9	68.4	57.0
Nonmetropolitan	2,363	67.8	39.0	58.0	49.9

[1]Includes birth control services and other medical services related to family planning.
[2]Includes birth control advice or counseling and other counseling related to family planning.
[3]Includes Protestant, Catholic, other religions, and no religion.

Table 7. Number of women 15–44 years of age who ever had sexual intercourse and were not sterile 3 years before the date of interview, percent and number who used family planning services in the last 3 years, and percent distribution by most recent source in the last 3 years, according to race, Hispanic origin, and age: United States, 1982

[Statistics are based on a sample of the noninstitutionalized population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms]

Race, Hispanic origin, and age	*Ever had intercourse and not sterile 3 years before the date of interview*	*Used family planning services in the last 3 years*	*Most recent source*			
			All sources	*Private medical services*	*Clinics*	*Counselors*
All women[1]	Number in thousands	Percent	Percent distribution			
15–44 years	37,467	76.9	100.0	69.3	29.5	1.3
15–24 years	13,455	81.7	100.0	57.5	40.5	*1.9
15–19 years	4,465	77.0	100.0	46.1	50.2	*3.7
25–34 years	16,664	82.6	100.0	74.3	24.7	*1.1
35–44 years	7,349	55.3	100.0	84.0	16.0	*0.1
Race						
White						
15–44 years	31,089	77.0	100.0	73.1	25.6	1.3
15–24 years	10,915	80.9	100.0	62.7	35.5	*1.9
15–19 years	3,512	75.9	100.0	51.9	44.0	*4.1
25–34 years	14,026	82.9	100.0	77.1	21.7	*1.2
35–44 years	6,149	56.4	100.0	86.4	13.6	-
Black						
15–44 years	5,267	76.6	100.0	46.5	52.0	*1.5
15–24 years	2,192	85.7	100.0	33.6	63.8	*2.6
15–19 years	833	82.4	100.0	24.2	73.1	*2.7
25–34 years	2,125	80.5	100.0	55.1	44.4	*0.5
35–44 years	949	47.2	100.0	67.5	32.0	*0.5
Origin						
Hispanic						
15–44 years	3,252	74.6	100.0	61.0	37.9	*1.1
15–29 years	1,945	79.3	100.0	61.9	37.4	*0.7
30–44 years	1,308	67.5	100.0	59.5	38.7	*1.9
Non-Hispanic						
15–44 years	34,215	77.1	100.0	70.0	28.7	1.3
15–29 years	20,907	84.1	100.0	63.3	35.0	1.7
30–44 years	13,308	66.3	100.0	83.5	16.1	*0.4

[1]Includes white, black, and other races.

Table 8. Number of women 15–44 years of age who ever had sexual intercourse and were not sterile 3 years before the date of interview, percent and number who used family planning services in the last 3 years, and percent distribution by most recent source of family planning services in the last 3 years, according to selected characteristics: United States, 1982

[Statistics are based on a sample of the noninstitutionalized population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms]

Characteristic	*Ever had intercourse and not sterile 3 years before the date of interview*	*Used family planning services in the last 3 years*				
			Most recent source			
			All sources	*Private medical services*	*Clinics*	*Counselors*
	Number in thousands	Percent	Percent distribution			
Total[1]	37,467	76.9	100.0	69.3	29.5	1.3
Marital status						
Never married	11,528	72.8	100.0	50.5	47.0	2.5
Currently married	20,774	79.1	100.0	79.0	20.6	0.4
Widowed, divorced, or separated	5,165	77.3	100.0	68.9	29.2	1.9
Poverty level income						
149 percent or less	10,179	77.6	100.0	51.7	46.2	2.1
150 percent or more	27,288	76.7	100.0	75.9	23.2	0.9
300 percent or more	15,648	76.5	100.0	79.0	20.0	1.0
Education						
Less than 12 years	7,845	73.1	100.0	48.7	49.2	2.1
12 years	14,164	76.3	100.0	73.0	25.7	1.2
13 years or more	15,458	79.4	100.0	75.6	23.5	0.9
Religion						
Protestant	21,022	78.7	100.0	68.8	29.8	1.4
Catholic	12,313	72.8	100.0	71.8	26.9	1.3
Geographic region						
Northeast	8,412	69.7	100.0	70.8	27.3	1.9
Midwest	9,494	79.0	100.0	72.8	26.2	1.1
South	11,968	77.8	100.0	63.7	35.3	1.0
West	7,593	81.0	100.0	72.0	26.7	1.3
Place of residence						
Metropolitan	29,865	76.7	100.0	70.0	28.6	1.4
Nonmetropolitan	7,602	77.7	100.0	66.4	32.8	0.7

[1]Includes Protestant, Catholic, other religions, and no religion.

Table 9. Number of women 15–24 years of age who used family planning services in the last 3 years and percent distribution by most recent source of family planning services, according to age and first source of family planning services: United States, 1982

[Statistics are based on a sample of the noninstitutionalized population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms]

Age and first source	Used services in last 3 years	Most recent source of services: All sources	Private medical services	Clinics	Counselors
All women[1]	Number in thousands	Percent distribution			
All sources	10,995	100.0	57.5	40.5	*1.9
Private medical services	5,403	100.0	88.6	11.1	*0.3
Clinics	5,314	100.0	26.9	71.5	*1.5
Counselors	278	100.0	*39.3	*20.2	*40.5
Age					
15–19 years					
All sources	3,439	100.0	46.1	50.2	*3.7
Private medical services	1,437	100.0	87.6	*11.9	*0.5
Clinics	1,834	100.0	15.3	83.6	*1.1
Counselors	168	100.0	*26.8	*13.7	*59.5
20–24 years					
All sources	7,556	100.0	62.8	36.1	*1.1
Private medical services	3,966	100.0	89.0	10.8	*0.3
Clinics	3,480	100.0	33.1	65.2	*1.7
Counselors	110	100.0	*58.5	*30.1	*11.4
Race					
White					
All sources	8,830	100.0	62.7	35.5	*1.9
Private medical services	4,767	100.0	89.1	10.5	*0.4
Clinics	3,830	100.0	31.0	67.5	*1.5
Counselors	233	100.0	*43.1	*18.6	*38.3
Black					
All sources	1,878	100.0	33.6	63.8	*2.6
Private medical services	514	100.0	84.1	15.9	-
Clinics	1,323	100.0	14.7	83.4	*1.9
Counselors	42	100.0	*14.7	*30.2	*55.1

[1]Includes white, black, and other races.

Table 10. Number of women 15–44 years of age who used family planning services in the last 3 years and percent who used selected services at the latest family planning visit, by race, Hispanic origin, source of service, and age: United States, 1982

[Statistics are based on a sample of the noninstitutionalized population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms]

Race, Hispanic origin, source, and age	Used services in last 3 years	Services used at latest visit: Medical services: All[1] medical services	Medical services: Birth control: Begin method	Medical services: Birth control: Continue method	Advice or counseling: All[2] advice or counseling	Advice or counseling: Birth control advice or counseling
All women[3]	Number in thousands	Percent				
15–44 years	28,820	75.9	19.7	30.6	47.0	31.6
15–24 years	10,995	82.5	23.2	33.3	42.8	35.8
15–19 years	3,439	78.0	30.4	25.9	49.3	43.0
25–34 years	13,763	73.6	18.2	32.1	47.8	29.7
35–44 years	4,062	65.5	15.3	18.3	55.9	27.3
Race						
White						
15–44 years	23,925	76.6	19.8	31.3	47.1	31.7
15–24 years	8,830	84.3	23.8	34.4	42.5	35.7
15–19 years	2,665	80.1	32.3	26.9	49.8	43.6
25–34 years	11,624	73.8	18.4	32.6	48.1	30.2
35–44 years	3,470	66.3	14.6	19.4	55.4	26.6
Black						
15–44 years	4,037	73.4	18.4	29.9	47.4	32.1
15–24 years	1,878	73.7	19.8	30.4	47.3	38.1
15–19 years	686	69.1	19.2	24.3	49.5	42.5
25–34 years	1,711	76.3	16.7	33.1	43.7	25.0
35–44 years	448	61.1	19.2	15.5	62.3	34.1
Origin						
Hispanic						
15–44 years	2,426	76.4	16.5	25.4	43.1	31.4
15–29 years	1,543	78.6	16.9	28.5	40.6	33.6
30–44 years	883	72.6	*16.0	*20.1	47.6	27.6
Non-Hispanic						
15–44 years	26,394	75.8	20.0	31.1	47.4	31.7
15–29 years	17,577	80.1	22.1	34.0	44.6	34.0
30–44 years	8,818	67.2	15.8	25.2	52.9	27.0
Source						
Private medical services	19,962	76.7	20.0	32.3	47.2	31.5
Clinics	8,497	77.1	19.8	27.8	44.5	31.7
Counselors	361	...	...	...	100.0	*38.1

[1]Includes birth control services and other medical services related to family planning.
[2]Includes birth control advice or counseling and other counseling related to family planning.
[3]Includes white, black, and other races.

Table 11. Number of women 15–44 years of age who used family planning services in the last 3 years and percent who used selected services at the latest family planning visit, by selected characteristics: United States, 1982

[Statistics are based on a sample of the noninstitutionalized population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms]

Characteristic	Used services in last 3 years	Services used: Medical services: All[1] medical services	Medical services: Birth control: Begin method	Medical services: Birth control: Continue method	Advice or counseling: All[2] advice or counseling	Advice or counseling: Birth control advice or counseling
	Number in thousands	Percent				
Total[3]	28,820	75.9	19.7	30.6	47.0	31.6
Marital status						
Never married	8,395	79.2	23.6	36.1	49.1	41.8
Currently married	16,431	75.7	17.5	27.8	44.2	26.7
Widowed, divorced, or separated	3,994	69.5	20.4	30.6	54.5	30.8
Poverty level income						
149 percent or less	7,900	73.6	19.3	23.9	48.3	32.2
150 percent or more	20,920	76.7	19.8	33.1	46.6	31.4
300 percent or more	11,964	78.6	19.8	35.7	44.7	31.2
Education						
Less than 12 years	5,738	71.8	19.1	20.4	49.5	32.5
12 years	10,804	75.0	19.8	33.3	47.4	30.3
13 years or more	12,278	78.5	19.9	33.0	45.5	32.4
Religion						
Protestant	16,541	74.6	18.2	30.9	46.7	29.7
Catholic	8,967	76.8	20.9	30.2	47.6	34.5
Geographic region						
Northeast	5,868	76.6	17.1	28.2	46.0	31.7
Midwest	7,496	74.8	20.4	34.3	47.8	30.8
South	9,309	76.3	20.9	31.8	46.9	31.7
West	6,148	75.8	19.5	26.7	47.3	32.4
Place of residence						
Metropolitan	22,913	76.1	20.0	30.8	47.4	32.5
Nonmetropolitan	5,907	75.1	18.4	29.9	45.7	28.2

[1]Includes birth control services and other medical services related to family planning.
[2]Includes birth control advice or counseling and other counseling related to family planning.
[3]Includes Protestant, Catholic, other religions, and no religion.

Table 12. Number of women 15–44 years of age who used family planning services in the last 3 years and percent by source of payment for the most recent family planning visit, by race, Hispanic origin, source of service, and age: United States, 1982

[Statistics are based on a sample of the noninstitutionalized population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms]

Race, Hispanic origin, source, and age	Used services in last 3 years	Sources of payment for the latest visit				
		Self, family or friends	Medical insurance	Medicaid	Other Government	Other or no payment
All women[1]	Number in thousands	Percent[2]				
15–44 years	28,820	63.4	32.9	6.6	8.1	3.6
15–24 years	10,995	61.1	20.4	9.8	11.0	6.5
15–19 years	3,439	56.9	11.0	13.6	13.3	9.6
25–34 years	13,763	65.6	39.3	5.3	6.6	1.9
35–44 years	4,062	62.5	45.4	2.4	*5.4	*1.2
Race						
White						
15–44 years	23,925	67.2	34.2	4.2	6.5	3.7
15–24 years	8,830	65.4	22.1	5.9	9.2	7.0
15–19 years	2,665	62.3	11.8	9.3	10.4	10.5
25–34 years	11,624	69.1	39.6	3.6	5.3	*1.9
35–44 years	3,470	65.4	46.6	*1.5	*3.4	*1.3
Black						
15–44 years	4,037	43.5	22.8	21.2	16.8	2.6
15–24 years	1,878	40.7	11.1	29.0	18.6	3.8
15–19 years	686	36.4	*6.8	30.8	22.7	*5.6
25–34 years	1,711	45.7	33.1	15.4	14.7	*1.8
35–44 years	448	47.4	32.8	*10.8	17.1	*0.3
Origin						
Hispanic						
15–44 years	2,426	62.9	27.0	11.4	9.3	*2.6
15–29 years	1,543	61.6	23.9	*12.3	*10.5	*2.9
30–44 years	883	65.1	32.4	*9.7	*7.3	*2.0
Non-Hispanic						
15–44 years	26,394	63.5	33.5	6.2	8.0	3.7
15–29 years	17,577	63.0	27.8	7.9	9.0	5.0
30–44 years	8,818	64.4	44.8	2.8	5.9	*1.1
Source						
Private medical services	19,962	69.9	40.8	3.0	3.3	1.3
Clinics	8,497	49.4	15.7	14.6	19.3	7.7
Counselor	361	*34.4	*5.1	*20.5	*10.0	*34.9

[1]Includes white, black, and other races.
[2]Percents may add to more than 100 because some women reported more than one source of payment.

Table 13. Number of women 15–44 years of age who used family planning services in the last 3 years and percent by source of payment for the most recent family planning visit, by selected characteristics: United States, 1982

[Statistics are based on a sample of the noninstitutionalized population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms]

Characteristic	Used services in last 3 years	Sources of payment for the most recent visit				
		Self, family or friends	Medical insurance	Medicaid	Other government	Other or no payment
	Number in thousands	Percent[2]				
Total[1]	28,820	63.4	32.9	6.6	8.1	3.6
Marital status						
Never married	8,395	61.4	17.3	13.1	10.0	6.4
Currently married	16,431	66.0	42.7	1.8	5.9	2.4
Widowed, divorced, or separated	3,994	57.3	25.6	12.7	13.4	*2.4
Poverty level income						
149 percent or less	7,900	50.3	16.5	17.6	16.0	6.6
150 percent or more	20,920	68.4	39.1	2.5	5.1	2.4
300 percent or more	11,964	69.8	41.3	*1.7	3.4	2.7
Education						
Less than 12 years	5,738	48.3	19.3	16.7	17.6	5.3
12 years	10,804	66.4	32.5	5.9	7.7	2.3
13 years or more	12,278	67.8	39.7	2.5	4.0	3.9
Religion						
Protestant	16,541	61.1	32.2	6.9	9.7	3.7
Catholic	8,967	66.7	34.3	5.9	5.0	3.4
Geographic region						
Northeast	5,868	62.0	39.0	6.1	*3.5	5.0
Midwest	7,496	62.4	36.3	5.4	6.1	3.2
South	9,309	66.7	23.5	8.1	10.9	3.8
West	6,148	61.0	37.2	6.3	10.6	*2.3
Place of residence						
Metropolitan	22,193	63.3	33.8	6.7	8.0	3.7
Nonmetropolitan	5,907	63.8	29.6	6.2	8.5	*3.2

[1]Includes Protestant, Catholic, other religions, and no religion.
[2]Percents may add to more than 100 because some women reported more than one source of payment.

Table 14. Number of women 15–44 years of age who ever had sexual intercourse and were not sterile 3 years before the date of interview, and number and rate of family planning visits in the last 12 months, by source of service, race, Hispanic origin, and age: United States, 1982

[Statistics are based on a sample of the noninstitutionalized population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms]

Race, Hispanic origin, and age	*Ever had intercourse and not sterile 3 years before the date of interview*	*Number of family planning visits in the last 12 months*	*Source of service*			
			All sources	*Private medical services*	*Clinics*	*Counselors*
All women[1]	Number in thousands		Visits per 1,000 women			
15–44 years	37,467	40,384	1,078	657	385	36
15–24 years	13,455	19,465	1,447	702	673	71
15–19 years	4,465	7,059	1,581	609	867	105
25–34 years	16,664	17,374	1,043	743	279	*21
35–44 years	7,349	3,545	482	380	96	*7
Race						
White						
15–44 years	31,089	32,140	1,034	671	323	39
15–24 years	10,915	15,194	1,392	738	573	81
15–19 years	3,512	5,352	1,524	661	736	127
25–34 years	14,026	14,036	1,001	748	232	*21
35–44 years	6,149	2,909	473	377	88	*8
Black						
15–44 years	5,267	7,039	1,337	557	756	*24
15–24 years	2,192	3,791	1,729	530	1,162	*37
15–19 years	833	1,555	1,867	451	1,387	*29
25–34 years	2,125	2,671	1,257	633	605	*19
35–44 years	949	577	608	448	154	*6
Origin						
Hispanic						
15–44 years	3,252	3,941	1,212	673	524	*15
15–29 years	1,945	2,756	1,417	809	582	*26
30–44 years	1,308	1,186	907	470	437	-
Non-Hispanic						
15–44 years	34,215	36,443	1,065	656	372	38
15–29 years	20,907	27,490	1,315	732	529	53
30–44 years	13,308	8,953	673	535	123	*14

[1]Includes white, black, and other races.

Table 15. Number of women 15–44 years of age who ever had sexual intercourse and were not sterile 3 years before the date of interview, and number and rate of family planning visits in the last 12 months, by source of service and selected characteristics: United States, 1982

[Statistics are based on a sample of the noninstitutionalized population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms]

Characteristic	*Ever had intercourse and not sterile 3 years before the date of interview*	*Number of family planning visits in the last 12 months*	*Source of service*			
			All sources	*Private medical services*	*Clinics*	*Counselors*
	Number in thousands		Visits per 1,000 women			
Total[1]	37,467	40,384	1,078	657	385	36
Marital status						
Never married	11,528	14,143	1,227	534	636	*56
Currently married	20,774	21,227	1,022	743	251	28
Widowed, divorced, or separated	5,165	5,014	971	585	360	*26
Poverty level income						
149 percent or less	10,179	12,638	1,242	549	638	*55
150 percent or more	27,288	27,746	1,017	697	290	29
300 percent or more	15,648	16,022	1,024	747	242	35
Education						
Less than 12 years	7,845	8,854	1,129	463	630	*35
12 years	14,164	14,996	1,059	666	354	39
13 years or more	15,458	16,534	1,070	747	288	34
Religion						
Protestant	21,022	23,401	1,113	678	395	40
Catholic	12,313	12,296	999	632	326	*41
Geographic region						
Northeast	8,412	7,512	893	540	312	*41
Midwest	9,494	10,094	1,063	669	363	32
South	11,968	13,762	1,150	655	463	32
West	7,593	9,017	1,188	775	369	44
Place of residence						
Metropolitan	29,865	32,580	1,091	663	387	40
Nonmetropolitan	7,602	7,804	1,027	633	374	*20

[1]Includes Protestant, Catholic, other religions, and no religion.

Table 16. Number of women 15–44 years of age who used family planning services in the last 12 months and percent who received selected ancillary medical services at a family planning visit in the last 12 months, by race, Hispanic origin, source, and age: United States, 1982

[Statistics are based on a sample of the noninstitutionalized population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms]

Race, Hispanic origin, source, and age	Used services in last 12 months	Ancillary medical services						
		Total	Pap smear	Pelvic exam	Breast exam	Blood pressure test	Urinalysis	Venereal disease test
All women[1]	Number in thousands	Percent						
15–44 years	19,762	97.4	92.2	92.1	89.8	94.6	83.9	50.0
15–24 years	8,886	97.0	90.8	89.0	87.7	93.2	82.6	52.5
15–19 years	2,915	95.7	83.3	83.7	82.0	91.9	82.9	49.9
25–34 years	8,900	98.1	93.3	94.7	91.4	96.0	85.0	48.4
35–44 years	1,975	96.4	93.2	94.4	92.5	94.6	84.5	45.8
Race								
White								
15–44 years	16,224	97.3	92.0	92.4	89.8	94.4	82.6	46.6
15–24 years	7,101	96.9	90.5	89.1	87.7	92.7	81.5	49.2
15–19 years	2,236	95.6	82.1	83.0	82.1	91.9	82.6	46.2
25–34 years	7,435	97.9	93.2	95.2	91.2	96.0	83.4	45.2
35–44 years	1,687	96.2	93.3	94.3	92.5	94.7	83.6	41.9
Black								
15–44 years	3,001	97.8	92.6	90.1	88.8	94.9	89.6	67.1
15–24 years	1,572	96.9	90.6	86.9	86.3	94.2	87.9	66.8
15–19 years	614	95.4	85.8	84.5	81.1	90.9	82.3	64.1
25–34 years	1,195	99.1	95.6	93.7	91.7	96.3	92.2	67.0
35–44 years	234	96.8	91.2	93.2	91.4	92.4	87.4	69.9
Origin								
Hispanic								
15–44 years	1,690	96.3	88.6	89.6	84.0	93.6	85.3	49.6
15–29 years	1,202	97.9	89.0	91.3	86.9	95.0	86.7	52.5
30–44 years	488	92.2	87.5	85.5	76.9	90.0	81.7	42.6
Non-Hispanic								
15–44 years	18,072	97.5	92.5	92.3	90.4	94.7	83.8	50.0
15–29 years	13,406	97.2	92.0	90.8	89.3	93.8	82.7	50.4
30–44 years	4,666	98.5	93.9	96.7	93.4	97.2	87.0	48.9
Most recent source[2]								
Private medical services	13,372	98.6	94.1	95.2	92.4	95.8	83.4	45.1
Clinics	6,140	95.7	89.1	87.2	86.0	93.0	85.7	60.5
Counselors	250	79.0	61.5	48.0	45.8	67.9	64.5	52.6

[1]Includes white, black, and other races.
[2]Not necessarily the source that provided the particular ancillary service, if the respondent used more than one source in the last 12 months.

Table 17. Number of women 15–44 years of age who used family planning services in the last 12 months and percent who received selected ancillary medical services at a family planning visit in the last 12 months, by selected characteristics: United States, 1982

[Statistics are based on a sample of the noninstitutionalized population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms]

Characteristic	Used services in last 12 months	Ancillary medical services						
		Total	Pap smear	Pelvic exam	Breast exam	Blood pressure test	Urinalysis	Venereal disease test
	Number in thousands	Percent						
Total[1]	19,762	97.4	92.2	92.1	89.8	94.6	83.9	50.0
Marital status								
Never married	6,569	97.0	90.3	88.5	86.4	92.5	82.1	54.2
Currently married	10,711	98.0	93.1	94.4	92.0	96.1	84.9	46.3
Widowed, divorced, or separated	2,482	96.3	93.2	91.7	89.4	93.5	84.4	54.7
Poverty level income								
149 percent or less	5,533	96.5	90.7	90.4	87.4	94.5	86.3	54.8
150 percent or more	14,229	97.8	92.7	92.8	90.8	94.6	83.0	48.1
300 percent or more	8,260	98.7	94.6	94.2	92.3	95.5	84.8	47.8
Education								
Less than 12 years	3,962	95.8	86.4	85.5	80.9	89.9	84.5	51.5
12 years	7,405	97.6	93.2	93.0	91.3	95.9	85.6	50.6
13 years or more	8,396	98.1	93.9	94.4	92.8	95.7	82.1	48.8
Religion								
Protestant	11,314	97.8	91.9	91.2	89.5	95.1	84.3	51.1
Catholic	6,101	96.3	91.8	92.5	89.0	93.5	83.7	46.7
Geographic region								
Northeast	3,797	96.7	92.8	92.6	91.6	94.7	82.5	46.6
Midwest	5,168	96.0	90.7	91.1	87.4	92.6	82.5	46.4
South	6,573	98.0	92.0	91.7	90.6	95.7	86.3	57.7
West	4,224	99.0	93.6	93.5	90.0	95.3	83.1	45.5
Place of residence								
Metropolitan	15,767	98.1	93.1	92.8	90.9	95.5	84.2	50.9
Nonmetropolitan	3,995	94.9	88.3	89.2	85.5	91.2	82.8	46.6

[1]Includes Protestant, Catholic, other religions, and no religion.

Table 18. Number of women 15–44 years of age who ever had sexual intercourse and percent who ever used services for infertility, by type of service, race, Hispanic origin, and age: United States, 1982

[Statistics are based on a sample of the noninstitutionalized population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms]

Race, Hispanic origin, and age	Number in thousands	Type of infertility service: All types	Advice or treatment to conceive	Advice or treatment to avoid miscarriage
		Percent		
All women[1]				
15–44 years	46,684	14.2	10.9	3.3
15–24 years	13,547	5.4	3.7	1.7
15–19 years	4,467	*2.0	*0.8	*1.2
25–34 years	19,118	16.6	13.4	3.2
35–44 years	14,019	19.5	14.5	4.9
Race				
White				
15–44 years	39,031	14.9	11.6	3.4
15–24 years	10,992	5.5	3.8	*1.7
15–19 years	3,512	*2.1	*0.7	*1.4
25–34 years	16,084	17.0	13.9	3.1
35–44 years	11,954	20.8	15.6	5.2
Black				
15–44 years	6,263	9.6	6.6	2.9
15–24 years	2,207	4.8	*2.6	*2.2
15–19 years	835	*1.8	*1.2	*0.6
25–34 years	2,446	12.7	9.1	3.5
35–44 years	1,610	11.3	8.4	*2.9
Origin				
Hispanic				
15–44 years	3,713	11.9	9.7	*2.2
15–29 years	1,966	*9.3	*7.4	*1.9
30–44 years	1,747	14.8	12.3	*2.5
Non-Hispanic				
15–44 years	42,970	14.4	11.0	3.4
15–29 years	21,510	9.2	6.8	2.5
30–44 years	21,461	19.6	15.3	4.3

[1]Includes white, black, and other races.

Table 19. Number of women 15–44 years of age who ever had sexual intercourse and percent who ever used services for infertility, by type of service and selected characteristics: United States, 1982

[Statistics are based on a sample of the noninstitutionalized population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms]

Characteristic	Number in thousands	Type of infertility service: All types	Advice or treatment to conceive	Advice or treatment to avoid miscarriage
		Percent		
Total[1]	46,684	14.2	10.9	3.3
Marital status				
Never married	11,749	2.7	*1.5	*1.1
Currently married	28,231	18.2	14.5	3.7
Widowed, divorced, or separated	6,704	17.7	12.4	5.3
Poverty level income				
149 percent or less	11,931	10.4	7.3	3.2
150 percent or more	34,753	15.5	12.2	3.3
300 percent or more	20,386	16.4	13.2	3.2
Education				
Less than 12 years	9,668	9.2	7.1	*2.1
12 years	18,557	14.7	11.4	3.3
13 years or more	18,459	16.4	12.4	3.9
Religion				
Protestant	27,458	14.4	10.7	3.7
Catholic	14,395	14.7	11.8	2.9
Geographic region				
Northeast	9,873	13.5	11.1	2.4
Midwest	12,009	15.9	11.8	4.1
South	15,220	14.3	10.5	3.7
West	9,581	12.7	10.2	2.5
Place of residence				
Metropolitan	37,100	14.3	10.7	3.6
Nonmetropolitan	9,584	14.0	11.7	*2.3

[1]Includes Protestant, Catholic, other religions, and no religion.

Table 20. Number of women 15–44 years of age who ever had sexual intercourse and percent who ever used services for infertility, by most recent source of service, race, Hispanic origin, and age: United States, 1982

[Statistics are based on a sample of the noninstitutionalized population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms]

Race, Hispanic origin, and age	Number in thousands	Most recent source of service		
		Total	Private medical services	Clinics
		Percent		
All women[1]				
15–44 years	46,684	14.2	11.7	2.6
15–24 years	13,547	5.4	3.5	1.9
15–19 years	4,467	*2.0	*1.2	*0.8
25–34 years	19,118	16.6	13.5	3.1
35–44 years	14,019	19.5	17.0	2.5
Race				
White				
15–44 years	39,031	14.9	12.7	2.3
15–24 years	10,992	5.5	3.8	*1.8
15–19 years	3,512	*2.1	*1.3	*0.8
25–34 years	16,084	17.0	14.5	2.5
35–44 years	11,954	20.8	18.3	2.5
Black				
15–44 years	6,263	9.6	6.0	3.5
15–24 years	2,207	4.8	*1.9	*2.9
15–19 years	835	*1.8	*0.9	*0.9
25–34 years	2,446	12.7	7.3	5.4
35–44 years	1,610	11.3	9.8	*1.6
Origin				
Hispanic				
15–44 years	3,713	11.9	8.8	*3.2
15–29 years	1,966	*9.3	*5.9	*3.5
30–44 years	1,747	14.8	12.0	*2.8
Non-Hispanic				
15–44 years	42,970	14.4	11.9	2.5
15–29 years	21,510	9.2	7.1	2.2
30–44 years	21,461	19.6	16.8	2.8

[1]Includes white, black, and other races.

Table 21. Number of women 15–44 years of age who ever had sexual intercourse and percent who ever used services for infertility, by most recent source of service and selected characteristics: United States, 1982

[Statistics are based on a sample of the noninstitutionalized population of the conterminous United States. See appendixes for discussion of the sample design, estimates of sampling variability, and definitions of terms]

Characteristic	Number in thousands	Most recent source of service		
		Total	Private medical services	Clinics
		Percent		
Total[1]	46,684	14.2	11.7	2.6
Marital status				
Never married	11,749	2.7	*1.9	*0.8
Currently married	28,231	18.2	15.5	2.7
Widowed, divorced, or separated	6,704	17.7	12.5	5.2
Poverty level income				
149 percent or less	11,931	10.4	7.5	2.9
150 percent or more	34,753	15.5	13.1	2.4
300 percent or more	20,386	16.4	14.2	2.2
Education				
Less than 12 years	9,668	9.2	6.4	2.8
12 years	18,557	14.7	11.8	2.9
13 years or more	18,459	16.4	14.3	2.1
Religion				
Protestant	27,458	14.4	11.7	2.7
Catholic	14,395	14.7	12.2	2.5
Geographic region				
Northeast	9,873	13.5	11.8	*1.8
Midwest	12,009	15.9	13.1	2.8
South	15,220	14.3	11.6	2.6
West	9,581	12.7	9.8	3.0
Place of residence				
Metropolitan	37,100	14.3	11.7	2.6
Nonmetropolitan	9,584	14.0	11.5	2.5

[1]Includes Protestant, Catholic, other religions, and no religion.

Appendixes

Contents

I. Technical notes . . . 45
- Background . . . 45
- Statistical design . . . 45
- Measurement process . . . 46
- Data reduction . . . 46
- Reliability of estimates . . . 46
  - Estimation of standard errors . . . 46
  - Testing differences . . . 47
- Nonsampling error . . . 48
  - Interview nonresponse . . . 48
  - Item nonresponse . . . 48

II. Definitions of terms . . . 50
- Demographic terms . . . 50

III. Section E of the Under 25 questionnaire . . . 52

List of appendix tables

I. Estimates of parameters *A* and *B* for relative standard error curves, by type of statistic, marital status, and race . . . 47

II. Approximate relative standard errors and standard errors for estimated number of women of all races combined: 1982 National Survey of Family Growth . . . 47

III. Approximate standard errors for estimated percents expressed in percentage points, for women of all races: 1982 National Survey of Family Growth . . . 47

Appendix I.
Technical notes

Background

This report is one of a series based on the National Survey of Family Growth (NSFG) conducted by the National Center for Health Statistics (NCHS). The NSFG was designed to provide data on fertility, family planning, and aspects of maternal and child health that are closely related to childbearing.

The NSFG is a periodic survey based on personal interviews with a nationwide sample of women. The NSFG has been conducted three times, in 1973, 1976, and 1982. The present report is based on Cycle III of NSFG. A detailed report on Cycle III is contained in "National Survey of Family Growth, Cycle III: Sample Design, Weighting, and Estimation Procedures," Series 2, *Vital and Health Statistics*.[14] A detailed description of the methods and procedures used in Cycle I can be found in "National Survey of Family Growth, Cycle I: Sample Design, Estimation Procedures, and Variance Estimation," Series 2, No. 76, of *Vital and Health Statistics*.[30] A detailed description of methods and procedures of Cycle II can be found in "National Survey of Family Growth, Cycle II: Sample Design, Estimation Procedures, and Variance Estimation," Series 2, No. 87 of *Vital and Health Statistics*.[31] This appendix presents a summary of the more important technical aspects of the 1982 NSFG.

Fieldwork for Cycle III was carried out under a contract with NCHS by Westat, Inc., between August of 1982 and February of 1983. For the first time, the sample represented all women 15–44 years of age, regardless of marital status, including never-married women, in the noninstitutionalized population of the conterminous United States. Women living in group quarters, such as college dormitories, were included in Cycle III. Interviews were conducted with 7,969 women; 3,201 were black, 4,577 were white, and 191 were of other races.

Interviews were conducted by trained female interviewers in respondents' homes and lasted an average of one hour. The interview focused on a woman's pregnancy history, her use of contraceptives in each pregnancy interval, her physical ability to bear children, her expectations of bearing children in the future, her use of family planning and infertility services, her marital history, labor force participation, and a wide range of social, economic, and demographic characteristics.

Statistical design

The NSFG is based on a multistage area probability sample. Black households and households with resident teenage women were sampled at higher rates than other households so that reliable estimates of statistics could be presented separately for black and teenage women. In addition, the sample was designed to provide tabulations for each of the four major geographic regions of the United States.

The first stage of the sample design consisted of drawing a sample of primary sampling units (PSU's). A PSU consisted of a county, a small group of contiguous counties, or a standard metropolitan statistical area as defined by the U.S. Bureau of the Census in 1970. The second and third stages of sampling were used to select several segments (clusters of 15 to about 60 dwelling units) within each PSU. A systematic sample of dwelling units was then selected from each segment. Each sample dwelling unit was visited by an interviewer who listed all household members. The interviewer then consulted a computer-generated sampling table to determine which women, if any, should be interviewed.

The statistics in this report are estimates for the national population and were computed by multiplying each sample case by the number of women she represented in the population. The multipliers, or final weights, ranged from under 500 to over 50,000 and averaged about 7,000. They were derived by using three basic steps:

- Inflation by the reciprocal of the probability of selection.—The probability of selection is the product of the probabilities of selection of the PSU, segment, household, and sample person within the household.
- Nonresponse adjustment.—The weighted estimates were ratio adjusted for nonresponse by a multiplication of two factors. The first factor adjusted for nonresponse to the screener by imputing the characteristics of women in responding households to women in nonresponding households in the same PSU and stratum. The second factor adjusted for nonresponse to the interview by imputing the characteristics of responding women to nonresponding women in the same age-race-marital status category and PSU. Response to the screener was 95.1 percent; the response to the interview was 83.5 percent, yielding a combined response rate of approximately 79.4 percent.
- Poststratification by marital status, age, and race.—The estimates were ratio adjusted within each of 24 age-race-marital status categories to independent estimates of the population of women 15–44 years of age. The independent estimates were derived from U.S. Bureau of the Census Current Population Surveys.

NOTE: A list of references follows the text.

The effect of the ratio-estimating process was to make the sample more closely representative of the noninstitutionalized population of women 15–44 years of age in the conterminous United States. The final poststratification reduced the sample variance of the estimates for most statistics.

All figures were individually rounded; aggregate figures (numbers) were rounded to the nearest thousand. Aggregate numbers and percents may not sum to the total because of the rounding.

Measurement process

Field operations for Cycle III were carried out by Westat, Inc., under contract with NCHS; these operations included pretesting the interview schedule, selecting the sample, interviewing respondents, and performing specified quality control checks. Interviewers, all of whom were female, were trained for 1 week prior to field work. The first five interview schedules done by each interviewer were reviewed; after a high level of quality was achived by an interviewer, this review was reduced to a sample of questionnaires, unless an unacceptable level of error was found. A 10-percent sample of respondents was recontacted by telephone to verify that the interview had taken place and that certain key items were accurately recorded.

A portion of the interview schedule applicable to this report is reproduced in appendix III. Two forms of the questionnaire were used, one for women 15–24 years of age, and one for women 25–44 years of age. The questionnaire for women 15–24 years of age included a few additional items that referred to early experiences that women over 25 could not be expected to remember accurately.

Data reduction

The responses of each woman to the interview questions were translated into predetermined numerical codes, and these code numbers were recorded on computer tapes. The first few questionnaires coded by each coder were checked completely; after an acceptable level of quality was reached, verification of coding was performed on a systematic sample of each coder's questionnaires. The data were edited by computer to identify inconsistencies between responses, as well as code numbers that were not allowed in the coding scheme; these errors were corrected.

Missing data on all variables used in this report were imputed in order to provide consistent national estimates. (To speed release of the public use computer tape, however, not all variables on the computer tape were imputed.) If the level of missing data is relatively high (more than 5 percent), this fact is noted in the "Definitions of terms." Only two items are so affected: poverty level income, and age (or date) of first intercourse.

Reliability of estimates

Because the statistics presented in this report are based on a sample, they may differ somewhat from the figures that would have been obtained if a complete census had been taken using the same questionnaires, instructions, interviewing personnel, and field procedures. This chance difference between sample results and a complete count is referred to as sampling error.

Sampling error is measured by a statistic called the standard error of estimate. The chances are about 68 out of 100 that an estimate from the sample will differ from a complete count by less than the standard error. The chances are about 95 out of 100 that the difference between the sample estimate and a complete count will be less than twice the standard error. The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself, and is expressed as a percent of the estimate. Numbers and percents that have a relative standard error that is more than 30 percent are considered unreliable. These figures are marked with an asterisk to caution the user, but may be combined to make other types of comparisons of greater reliability.

Estimation of standard errors

Because of the complex multistage design of the NSFG sample, conventional formulas for calculating sampling errors are inapplicable. Standard errors were, therefore, estimated empirically by using a technique known as balanced half-sample replication. This technique produces highly reliable, unbiased estimates of sampling errors. Its application to the NSFG has been described elsewhere.[30,31]

Because it would be prohibitively expensive to estimate, and cumbersome to publish, a standard error for each percent or other statistic by this technique, standard errors were computed for selected statistics and population subgroups that were chosen to represent a wide variety of demographic characteristics and a wide variation in the size of the estimates themselves. Curves were then fitted to the relative standard error estimates (ratio of the standard error to the estimate itself) for numbers of women according to the model

$$\mathrm{RSE}(N') = (A + B/N')^{1/2}$$

where N' is the number of women and A and B are the parameters whose estimates determine the shape of the curve. Separate curves were fitted for women of all races combined and white women, and for black women, because a different sampling rate was used for black women. Separate curves were fitted for teenagers for the same reason. The estimates of A and B are shown in table I.

To calculate the estimated standard error or relative standard error of an aggregate or percent, the appropriate estimates of A and B are used in the equations:

$$\mathrm{RSE}_{N'} = (A + B/N')^{1/2}$$

$$\mathrm{SE}_{N'} = (A + B/N')^{1/2}(N')$$

$$\mathrm{RSE}_{p'} = (B/P' \bullet (100 - P')/X')^{1/2}$$

$$\mathrm{SE}_{p'} = (B \times P' \bullet (100 - P')/X')^{1/2}$$

NOTE: A list of references follows the text.

where N' = number of women

P' = percent

X' = number of women in the denominator of the percent

SE = standard error

RSE = relative standard error

Tables II and III show some illustrative standard errors of aggregates and percents of women of all races from Cycle III of the NSFG.

Table I. Estimates of parameters *A* and *B* for relative standard error curves, by type of statistic, marital status, and race

Type of statistic, marital status, and race	*Parameter A*	*Parameter B*
Women aged 15–44 years by marital status and race		
All races and white:		
All marital statuses	−0.0003935957	21306.413351
Ever married	−0.0010973290	39809.167683
Never married	−0.0009351043	17608.883330
Black:		
All marital statuses; ever married; never married	−0.0009086323	6346.048380
Women aged 15–19 years		
All races and white	−0.001456493	13862.104404
Black	−0.003322363	4727.056926

Table II. Approximate relative standard errors and standard errors for estimated number of women of all races combined: 1982 National Survey of Family Growth

Size of estimate	*Relative standard error*	*Standard error*
50,000	65.2	33,000
100,000	46.1	46,000
500,000	20.5	102,000
1,000,000	14.5	144,000
3,000,000	8.2	245,000
5,000,000	6.2	310,000
7,000,000	5.1	359,000
10,000,000	4.2	416,000
30,000,000	1.8	532,000

Testing differences

The standard error of a difference between two comparative statistics, such as the proportion surgically sterile among white couples compared with black couples, is approximately the square root of the sum of the squares of the standard errors of the statistics considered separately, or calculated by the formula, if

$$d = P'_1 - P'_2$$

then

$$S_d = \sqrt{(P'_1)^2 \cdot (\mathrm{RSE}_{p'_1})^2 + (P'_2)^2 \cdot (\mathrm{RSE}_{p'_2})^2}$$

where P'_1 is the estimated percent for one group and P'_2 is the estimated percent for the other group, and $\mathrm{RSE}_{p'_1}$ and $\mathrm{RSE}_{p'_2}$ are the relative standard errors of P'_1 and P'_2, respectively. This formula will represent the actual standard error quite accurately for the difference between separate and uncorrelated characteristics although it is only a rough approximation in most other cases.

A difference among comparable proportions or other statistics from two or more subgroups is considered to be statistically significant when a difference of that size or larger would be expected by chance in less than 5 percent of repeated samples of the same size and type, if no true difference existed in the populations sampled. Such a difference would be statistically significant at the 0.05 level. By this criterion, if the observed difference or a larger one could be expected by chance in more than 5 percent of repeated samples, then one cannot be sufficiently confident to conclude that a real difference exists between the populations. When an observed difference is large enough to be statistically significant, the true difference in the population is estimated to lie between the observed difference plus or minus 2 standard errors of that difference in 95 out of 100 samples.

Although the 5-percent criterion is conventionally applied, it is in a sense arbitrary; depending on the purpose of the particular comparison, a different level of significance may be more useful. For greater confidence one would test for significance at the 0.01 (1-percent) level, but if one can accept a 10-percent chance of concluding a difference exists when there actually is none in the population, a test of significance at the 10-percent level would be appropriate.

Table III. Approximate standard errors for estimated percents expressed in percentage points, for women of all races: 1982 National Survey of Family Growth

Base of percent	*Estimated percent*						
	2 or 98	*5 or 95*	*10 or 90*	*20 or 80*	*30 or 70*	*40 or 60*	*50*
100,000	6.5	10.1	13.8	18.5	21.2	22.6	23.1
500,000	2.9	4.5	6.2	8.2	9.5	10.1	10.3
1,000,000	2.0	3.2	4.4	5.8	6.7	7.1	7.3
5,000,000	0.9	1.4	2.0	2.6	3.0	3.2	3.3
10,000,000	0.6	1.0	1.4	1.8	2.1	2.3	2.3
30,000,000	0.4	0.6	0.8	1.1	1.2	1.3	1.3
50,000,000	0.3	0.4	0.6	0.8	0.9	1.0	1.0

Example of use of table III: If 30 percent of women in a specific category were using the pill and the base of that percent was 10,000,000, then the 30-percent column and the 10,000,000 row indicate that 1 standard error is 2.1 percentage points and 2 standard errors are twice that, or 4.2 percentage points. Therefore, the chances are 95 out of 100 that the true percent in the population was between 25.8 and 34.2 (30.0 percent plus or minus 4.2 percent). This is called a 95-percent confidence interval. In addition, the relative standard error of that 30-percent estimate is 2.1 percent divided by 30 percent, or 7.0 percent.

The term "similar" means that any observed difference between two estimates being compared in not statistically significant, but terms such as "greater," "less," "larger," and "smaller" indicate that the observed differences are statistically significant at the 0.05 level, by using a two-tailed *t*-test with 39 degrees of freedom. Statements about differences that are qualified in some way (e.g., by the phrases "the data suggest" or "some evidence") indicate that the difference is significant at the 0.10 level but not the 0.05 level.

When a substantial difference observed is found not to be statistically significant, one should not conclude that no difference exists, but simply that such a difference cannot be established with 95-percent confidence from this sample. This is especially important in Cycle III because the number of ever-married women in the sample is 4,651 in Cycle III, compared with 7,970 in Cycle II—a reduction of 42 percent. This means that the standard errors in Cycle III are larger than in Cycle II, so it is harder to establish significant differences in Cycle III than in Cycle II. Lack of comment in the text about any two statistics does not mean that the difference was tested and found not to be significant.

The number of replicates in the balanced half-sample replication design minus one (39 in Cycle III) can reasonably be used as an estimate of the number of degrees of freedom, although the exact value of the degrees of freedom is unknown. Therefore, in this report, differences between sample statistics are compared by using a two-tailed *t*-test with 39 degrees of freedom.

Example: In 1982, 68.8 percent of 25,195,000 currently-married white women were using some method of contraception, compared with 61.0 percent of the 2,130,000 currently-married black women. To test this racial difference at the .05 level of significance, compute

$$t = \frac{68.8 - 61.0}{\sqrt{(68.8)^2 \cdot \mathrm{RSE}^2_{(68.8)} + (61.0)^2 \cdot \mathrm{RSE}^2_{(61.0)}}}$$

Relative standard errors are computed using the appropriate values for *B* from table I:

$$\mathrm{RSE}_{(68.8)} = \sqrt{\frac{(39809.1677) \cdot (100 - 68.8)}{(68.8) \cdot (25{,}195{,}000)}} = 0.027$$

and

$$\mathrm{RSE}_{(61.0)} = \sqrt{\frac{(6346.0484) \cdot (100 - 61.0)}{(61.0) \cdot (2{,}130{,}000)}} = 0.044.$$

Thus

$$t = \frac{68.8 - 61.0}{\sqrt{(68.8)^2 \cdot (0.027)^2 + (61.0)^2 \cdot (0.044)^2}} = 2.39$$

The two-tailed .95 critical value ($1-\alpha$) for a *t* statistic with 39 degrees of freedom is 2.02. Therefore, the difference is significant at the 5 percent level.

Nonsampling error

Although sampling error affects the reliability of survey estimates, nonsampling error may introduce bias. The results of any survey are subject to at least four types of potential nonsampling error, including interview nonresponse; nonresponse to individual questions or items within the interview; inconsistency of responses to questions; and errors of recording, coding, and keying by survey personnel.

To minimize nonsampling error, stringent quality control procedures were introduced at every stage of the survey including a check on completeness of the household listing; extensive training and practice of interviewers; field editing of questionnaires; short verification interviews with a subsample of respondents; verification of coding and editing; an independent recode of a sample of questionnaires by NCHS; keypunch verification; and an extensive computer "cleaning" to check for inconsistent responses, missing data, and invalid codes. A detailed description of some of these procedures follows; others were previously discussed.

Interview nonresponse

Interview nonresponse occurs when no part of an interview is obtained. It can result from failures at any of three principal steps: (1) failing to list all households in sample segments, (2) failing to screen all listed households, and (3) failing to interview an eligible woman in each screened household. A discussion of these steps follows.

The completeness of listing cannot be tested directly because it requires an independent, accurate enumeration of the households that should have been listed. In the NSFG, listing completeness and accuracy were tested by the missed dwelling unit (DU) procedure at the time of screening: If the first structure in a segment was included in the sample, the whole segment was checked to see if any structures had been missed in the listing process; if the first structure was a multiple-DU structure, and if the first-listed unit in the building was included in the sample, the entire structure was checked for missed DU's.

Of the original sample of 34,641 DU's screened, 3,614 were found vacant or not DU's. Of the 31,027 occupied DU's, 4.9 percent were not screened successfully. Screening was completed in 29,511 households; 9,964 of these contained eligible respondents who were selected for interview. Interviews were not completed with 16.5 percent of these cases, because of refusals by respondents (8.3 percent) and by the parents of respondents under 18 years of age (1.5 percent), no contact after repeated calls (2.8 percent), or other problems (4.0 percent).

The nonresponse adjustment for interview nonresponse described earlier imputes the characteristics of responding women of the same age group, race, marital status, and geographic area to nonresponding women.

Item nonresponse

Item nonresponse may have occurred when a respondent refused to answer a question or did not know the answer

to a question, when the question was erroneously not asked or the answer was not recorded by the interviewer, or when the answer could not be coded. Nonresponse to individual questions was very low in Cycle III as it was in Cycle II. Some examples of item nonresponse among a total of 7,969 respondents are: religion of respondent, 11 cases; respondent's occupation, 37 cases. The item with the most item nonresponse was family income (from which poverty level income was derived), with 1,767 cases. Missing data were imputed for all data items in this report. For those few items where the proportion of cases imputed was high, this fact is noted in the appropriate section of the definitions.

As with all survey data, responses to the NSFG are subject to possible deliberate misreporting by the respondent. Such misreporting cannot be detected directly, but can be detected indirectly by the extensive computer "cleaning" and editing procedures used in the NSFG.

Appendix II. Definitions of terms

Family planning services—In Cycle III, in order to obtain estimates of the extent and types of family planning services, women were asked a series of questions about their use of specific services. These included: (1) advice or counseling for: problems or worries about sexual intercourse, an unwanted or mistimed pregnancy, a sterilizing operation, or birth control; (2) a check-up or medical test to check for: correct use, fit, or position of a birth control method; health problems from using a birth control method; or pregnancy; and (3) a visit to a doctor or clinic to renew a method of birth control the woman was already using or to obtain a new method of birth control. Women who reported receiving one or more of these services were classified as having used family planning services.

Source of family planning services—Women who had received family planning services during the last 3 years and in the last 12 months were shown a card containing the following list of types of places: "Clinics" included hospitals, family planning clinics, community health centers, public health departments, military health service, and student health service clinics; "private medical sources" included private doctors, private group practices, co-ops, or privately-owned clinics; service providers classified as "counselors" included minister, priest, religious counselor, school counselor, family and social service agency, and youth center.

Ancillary medical services—Women who had made at least one family planning visit during the 12 months before the survey were also asked whether they also had received other, related medical services during a family planning visit. Those services include: a pap smear, a pelvic exam, a breast exam, a blood pressure test, urinalysis, and a test for venereal disease.

Age at first family planning visit—Age at first family planning visit was ascertained by the question: "Thinking back to the very *first* time you received any of the family planning services on this card, when was that?" Women who could not recall the month (or season) and year were asked their age at first visit and whether or not it occurred before or after the birthday for the given age. Age at first family planning visit was calculated from the month (or season) and year, if given, or taken from the follow-up questions on age. Age was classified according to the woman's age at her last birthday before her first family planning visit.

Sterility—For this report, use of family planning services in the last 3 years was considered inapplicable if a woman was sterile 3 years or more before the interview; that is, if she reported it was impossible for her and her husband to conceive as a result of an operation, accident, or illness that occurred more than 3 years before the interview—before January 1979 for Cycle III. All other women were classified as able to conceive at the beginning of the period for which their use of family planning services was reported.

Infertility services—A woman was classified as having used infertility services if she answered either of the following questions affirmatively: "Have you (or your husband) ever been to a doctor or clinic to talk about ways to help you become pregnant?"; or "(Not counting routine care or advice about a pregnancy), have you (or your husband) ever been to a doctor or clinic to talk about ways to help you prevent a miscarriage?" Such women may not be currently infertile; for example, if the advice or treatment was successful.

Demographic terms

Age—Age is classified by the age of the respondent at her last birthday before the date of interview.

Race—Race refers to the race of the woman interviewed and is reported as black, white, or other. In Cycle III, race was classified according to the woman's report of which race best described her. In Cycles I and II, race was classified by the observation of the interviewer. Comparisons of the results of Cycle III using both definitions indicate that results of both methods of classification are very similar.

Marital status—Persons were classified by marital status as married, widowed, divorced, separated, or never married. In Cycles I and II, informally-married women—women who volunteered that they were sharing living quarters with their sexual partner—were classified as currently married. These women constituted about 2 percent of currently married respondents in Cycle I and 3 percent in Cycle II. In Cycle III, such women were classified according to their legal marital status.

In all cycles, women who were married but separated from their spouse were classified as separated if the reason for the separation was marital discord, and as currently married otherwise.

Hispanic origin—A respondent was classified as being of Hispanic origin if she reported that her only or principal national origin was Puerto Rican, Cuban, Mexican American, Central or South American, or other Spanish. In tables where data are presented for women by race, women of Hispanic origin are included in the statistics for white and black women if they were classified as such by race.

Region of residence—Data are classified by region of residence into the four major Census regions: Northeast, Midwest, South, and West. Sample size greatly restricts the possibility of meaningful analyses by social characteristics among smaller geographic divisions. The areas constituting these four major geographic regions are

Geographic region and division	*States included*
Northeast	
New England	Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut.
Middle Atlantic	New York, New Jersey, Pennsylvania.
Midwest	
East North Central	Ohio, Indiana, Illinois, Michigan, Wisconsin.
West North Central	Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, Kansas.
South	
South Atlantic	Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida.
East South Central	Kentucky, Tennessee, Alabama, Mississippi.
West South Central	Arkansas, Louisiana, Oklahoma, Texas.
West	
Mountain	Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada.
Pacific	Washington, Oregon, California.

Place of residence—Data are classified by place of residence into two categories, metropolitan and non-metropolitan areas, using 1980 census population counts. A respondent's place of residence is metropolitan if the Census classified the area as part of a standard metropolitan statistical area (SMSA), as established by the U.S. Office of Management and Budget, and non-metropolitan if it is not in an SMSA. Non-metropolitan areas may include both rural and urban places.

Education—Education was classified according to the highest grade or year of regular school or college that was completed. Determination of the highest year of regular school or college completed by the respondent was based on responses to a series of questions concerning (a) the last grade or year of school attended and (b) whether that grade was completed.

Religion—Women were classified by religion in response to the question, "Are you Protestant, Roman Catholic, Jewish, or something else?" In addition to the three major religious groupings, two other categories—other and none—were used. Because the category of Protestant includes numerous individual denominations, these respondents were further asked to identify the denomination to which they belonged. Those who answered "other" to the original question and named a Protestant denomination were included as Protestant. Although specific denominational names were obtained and recorded, the numbers of cases for most denominations were too few to produce reliable estimates; therefore they were combined in larger categories.

Poverty level income—The poverty index ratio was calculated by dividing the total family income by the weighted average threshold income of families with the head of household under 65 years of age based on the poverty levels shown in U.S. Bureau of the Census *Current Population Reports*, Series P–60, No. 140, "Money Income and Poverty Status of Families and Persons in the United States, 1982," table A–3.[32] This definition takes into account the sex of the family head and the number of persons in the family. Total family income includes income from all sources for all members of the respondent's family. For a substantial number of respondents (22 percent), total family income was not ascertained. These missing values were imputed using a known value of another similar, randomly selected respondent. Because of these high levels of missing data, small differences by poverty level income should be interpreted with caution.

NOTE: A list of references follows the text.

Appendix III. Section E of the Under 25 questionnaire

In this survey, we are also talking with women about family planning services. Some women have used these services to help them become pregnant, and others have used them to plan the pregnancies they want, or to prevent pregnancies they do not want.

BEGIN CARD 18

E-1. Have you (or your husband) ever been to a doctor or clinic to talk about ways to help you become pregnant?

Yes. 1
No . . . . . 2 — 18

E-2. (Not counting routine care or advice about a pregnancy), have you (or your husband) ever been to a doctor or clinic to talk about ways to help you prevent a miscarriage?

Yes. 1
No . . . . . 2 — 19

BOX 46. IF NO TO BOTH E-1 AND E-2, GO TO BOX 47. OTHERWISE, CONTINUE.

E-3. What kinds of medical treatment or advice have you (or your husband) had to help you (become pregnant/prevent miscarriage)? (RECORD VERBATIM AND CIRCLE APPROPRIATE CODE.) — 20

_____
_____
_____

Respondent only received advice/ treatment. 1
Husband only received advice/ treatment. 2
Both received advice/treatment 3

21-24

25-28

E-4. When was the last time you (or your husband) visited a doctor or clinic for this treatment or advice?

_____ / _____
MONTH YEAR — 29-32

E-5. To which of the places on this card did you go for that visit?

HAND CARD 19

A. Community health center clinic. 01
B. Public health department clinic 02
C. Family planning clinic. 03
D. Student health service clinic 04
E. Military health service clinic. 05
F. Hospital clinic 06
G. Private doctor. 07
H. Private group practice, co-op, or private clinic 08
I. Other (SPECIFY) _____ 09

_____

33-34

BOX 47. IF R OR HUSBAND BECAME STERILE OR HAD OPERATION BEFORE JANUARY 1979 (SEE D-4, PAGE 47, AND D-13, PAGE 49), GO TO E-19, PAGE 58. OTHERWISE, CONTINUE.

35

E-6. During the past three years, that is, since (MONTH/YEAR), has a doctor or other trained person prescribed, or talked with you about a method for delaying or preventing a pregnancy?

Yes. 1
No . . . . . 2 — 36

E-7. This card shows a list of services that are provided to women for their family planning needs. Please look it over with me. In the past three years, that is, since (MONTH/YEAR), have you talked with a counselor, a doctor or some other trained person for advice or counseling about . . .

HAND CARD 20

	YES	NO	
A. Any problems or worries about sexual intercourse?	1	2	37
B. An unwanted pregnancy or one that occurred at a bad time?.	1	2	38
C. Having a sterilizing operation?	1	2	39
D. Whether or not to have an abortion?	1	2	40
E. Birth control?.	1	2	41

E-8. In the past three years, have you had a check-up or medical test to check for . . .

HAND CARD 20

	YES	NO	
F. Correct use, fit, or position of a birth control method?. .	1	2	42
G. Health problems from using a birth control method?.	1	2	43
H. A pregnancy test?	1	2	44

E-9. In the past three years have you visited a doctor or clinic . . .

HAND CARD 20

	YES	NO	
I. To renew a method of birth control you were already using, like getting a new prescription or replacing an IUD?	1	2	45
J. To get a method of birth control or a prescription for a method?	1	2	46

BOX 48. IF R REPORTED NO VISITS IN E-7, E-8, AND E-9, GO TO E-19, PAGE 58. OTHERWISE, CONTINUE.

E-10. You told me that in the past three years you have received the following family planning services: (READ LETTERS FOR SERVICES REPORTED IN E-7, E-8, AND E-9). Thinking now about the past 12 months, which of these services, if any, did you receive since (MONTH/YEAR)? (CIRCLE ALL THAT APPLY.)

HAND CARD 20

Advice or counseling on:

A. Any problems or worries about sexual intercourse . . 01
B. An unwanted pregnancy or one that occurred at a bad time 02
C. Having a sterilizing operation 03
D. Whether or not to have an abortion 04
E. Birth control. 05

Check-up or medical test for:

F. Correct use, fit, or position of a birth control method 06
G. Health problems from using a birth control method. . 07
H. Pregnancy test 08

I. Renewing an old method of birth control 09
J. Getting a method of birth control 10

(E-11)

No services in past 12 months 96 (E-16)

47-48 | 49-50 | 51-52 | 53-54

E-11. This card lists the different kinds of counselors, clinics, and doctor's offices where women may get (this/these) service(s). In the past 12 months, that is, since (MONTH/YEAR), at which of the places on this card have you received (this/these) family planning service(s)? (CIRCLE ALL THAT APPLY. IF NECESSARY, PROBE BY READING SERVICES REPORTED IN E-10.)

HAND CARD 21

Counselors:

A. Minister, priest, religious counselor. 01
B. School counselor 02
C. Family and social services agency. 03
D. Youth center 04
E. Other counselor (SPECIFY) _____ 05

_____

Clinics:

F. Hospital clinic. 06
G. Family planning clinic 07
H. Community health center clinic 08
I. Abortion clinic. 09
J. Public health department clinic. 10
K. Military health service clinic 11
L. Student health service clinic. 12
M. Other clinic (SPECIFY) _____ 13

_____

Private Medical Services:

N. Private doctor 14
P. Private group practice, co-op, or private clinic . . 15

55-56

57-58

E-12. During the past 12 months, how many different times altogether have you visited a counselor, clinic, or doctor for (this/these) family planning service(s)? (IF NECESSARY, PROBE BY READING SERVICES REPORTED IN E-10.)

One visit. 1 (E-15)

Two or more visits . . . _____ (BOX 49)
NUMBER

59

BOX 49. IF ONLY ONE KIND OF PLACE REPORTED IN E-11, GO TO E-15. OTHERWISE, CONTINUE.

E-13. How many of these visits in the last 12 months were to clinics, such as those listed under "clinics" on the card?

HAND CARD 21

_____
NUMBER

60

BOX 50. IF NUMBER GIVEN IN E-13 EQUALS NUMBER GIVEN IN E-12, GO TO E-15. OTHERWISE, CONTINUE.

E-14. How many of these visits in the last 12 months were to a private doctor's office or a private medical practice?

_____
NUMBER

61

E-15. In the past 12 months, during a visit for family planning services, have you had a . . .

	YES	NO	
A. Pap smear?	1	2	62
B. Pelvic exam?	1	2	63
C. Breast exam?	1	2	64
D. Blood pressure test?	1	2	65
E. Urinalysis?.	1	2	66
F. Test for venereal disease or VD?	1	2	67

BOX 51. CHECK E-12. NUMBER OF VISITS IN LAST 12 MONTHS:

ONE. 1 (E-18)
TWO OR MORE. 2 (E-16)

E-16. Thinking now about the last time you visited a counselor, clinic or doctor for family planning services, which of the services shown on the card did you receive? Please tell me the letter for each service you received. (CIRCLE ALL THAT APPLY.)

BEGIN CARD 19

HAND CARD 20

Advice or counseling on:

A. Any problems or worries about sexual intercourse . . 01
B. An unwanted pregnancy or one that occurred at a bad time 02
C. Having a sterilizing operation 03
D. Whether or not to have an abortion 04
E. Birth control. 05

18-19

20-21

Check-up or medical test for:

F. Correct use, fit, or position of a birth control method 06
G. Health problems from using a birth control method 07
H. Pregnancy test 08
I. Renewing an old method of birth control 09
J. Getting a method of birth control 10

22-23

24-25

E-17. To which of the places on the card did you go for that last visit? Please tell me the letter that describes the place. (CIRCLE ONLY ONE RESPONSE.)

HAND CARD 21

Counselors:

A. Minister, priest, religious counselor. 01
B. School counselor 02
C. Family and social services agency. 03
D. Youth center 04
E. Other counselor (SPECIFY) _____ 05

_____

Clinics:

F. Hospital clinic. 06
G. Family planning clinic 07
H. Community health center clinic 08
I. Abortion clinic. 09
J. Public health department clinic. 10
K. Military health service clinic 11
L. Student health service clinic. 12
M. Other clinic (SPECIFY) _____ 13

_____

26-27

Private Medical Services:

N. Private doctor 14
P. Private group practice, co-op or private clinic. . . 15

E-18. This card lists some of the ways in which medical bills are paid. When you last visited a counselor, clinic or doctor for family planning services, in which of these ways was the bill paid? (IF BILL HAS NOT BEEN PAID, PROBE: In which of these ways will the bill be paid? CIRCLE ALL THAT APPLY AND PROBE: What other ways?)

HAND CARD 8

A. Your (or your husband's) own income . . . 01
B. Partner/boyfriend or his family 02
C. Insurance (which you carry or is carried for you) 03
D. No charge -- paid by Medicaid 04
E. Government assistance other than Medicaid (state or local) 05
F. Military. 06
G. Parents or other relatives. 07
H. Some other way (SPECIFY) _____ 08

_____

(E-20)

28-29 30-31 32-33

E-19. (This card lists services that are provided to women for their family planning needs.) Have you ever visited a counselor, a clinic or a doctor for any of these family planning services?

HAND CARD 20

Yes. 1 (E-20)
No 2 (E-24)

34

E-20. Thinking back to the very first time you received any of the family planning services on this card, when was that?

_____ | _____ (E-21)
MONTH (SEASON) YEAR

35-38

Don't know. 9898 (E-20a)

E-20a. How old were you at that time?

_____
AGE

39-40

E-20b. Was it before your _____th birthday or after?

Before 1
After. 2

41

E-21. At that first visit, which of the services on the card did you receive? Please tell me the letter that describes each service you received at that first visit. (CIRCLE ALL THAT APPLY.)

HAND CARD 20

Advice or counseling on:

A. Any problems or worries about sexual intercourse . . 01
B. An unwanted pregnancy or one that occurred at a bad time 02
C. Having a sterilizing operation 03
D. Whether or not to have an abortion 04
E. Birth control. 05

Check-up or medical test for:

F. Correct use, fit, or position of a birth control method 06
G. Health problems from using a birth control method 07
H. Pregnancy test 08

I. Renewing an old method of birth control 09
J. Getting a method of birth control 10

42-43 44-45 46-47 48-49

-22. To which of the places on the card did you go that first time? Please tell me the letter that describes the place. (CIRCLE ONLY ONE RESPONSE.)

HAND CARD 21

Counselors:

A. Minister, priest, religious counselor. 01
B. School counselor 02
C. Family and social services agency. 03
D. Youth center 04
E. Other counselor (SPECIFY) _____ 05

_____

Clinics:

F. Hospital clinic. 06
G. Family planning clinic 07 50-51
H. Community health center clinic 08
I. Abortion clinic. 09
J. Public health department clinic. 10
K. Military health service clinic 11
L. Student health service clinic. 12
M. Other clinic (SPECIFY) _____ 13

_____

Private Medical Services:

N. Private doctor 14
P. Private group practice, co-op or private clinic. . . 15

E-23. In which of the ways on this card did you learn about or were you referred to this (PLACE) for your first visit? (CIRCLE ALL THAT APPLY.)

HAND CARD 9

A. Private doctor or medical service. 01
B. Family planning clinic 02
C. Another kind of clinic 03
D. School counselor or teacher. 04
E. Husband, partner, or boyfriend . . . . . 05 [ ][ ] 52-53
F. (Other) friend 06
G. Parents. 07
H. Another relative . . . . . 08 [ ][ ] 54-55
I. Newspaper or magazine. 09
J. Telephone directory. 10
K. Other (SPECIFY) _____ 11

_____

E-24. To get a complete picture of childbearing and women's health in this country, we also need to know about the treatment women have received for health problems that could affect their childbearing. Have you ever been treated in a doctor's office, clinic, or emergency room for an infection in your fallopian tubes, womb, or ovaries, also called a pelvic infection, pelvic inflammatory disease or PID? (IF DON'T KNOW, PROBE: a female infection causing abdominal pain or lower stomach cramps.)

Yes. 1 (E-25) 56
No 2 (E-26)

E-25. How many different times have you been hospitalized one day or longer for a pelvic infection? Would you say . . .

Never, ... 1
Once,. 2
2-3 times, ... 3
Or, more than 3 times? 4 57

E-26. Have you ever been treated in a doctor's office, clinic, or emergency room for gonorrhea?

Yes. 1
No 2 58

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