CHAPTER 13

Family Planning (FP)

Lead Agency

Office of the Assistant Secretary for Health

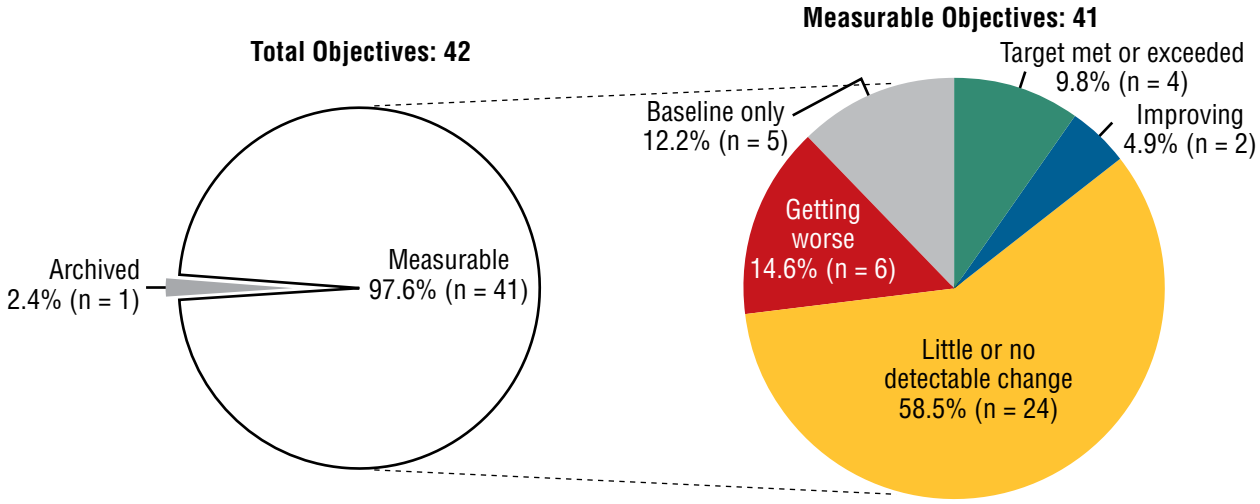
Contents

Goal: Improve pregnancy planning and spacing, and prevent unintended pregnancy.

This chapter includes objectives that monitor intended and unintended pregnancies, birth spacing, contraceptive use, services offered at publicly funded family planning clinics, adolescent behaviors related to abstinence, adolescent formal and informal education on reproductive health topics, and Medicaid eligibility for family planning services. The Reader's Guide provides a step-by-step explanation of the content of this chapter, including criteria for highlighting objectives in the Selected Findings.[1]

Status of Objectives

Figure 13–1. Midcourse Status of the Family Planning Objectives



Of the 42 objectives in the Family Planning Topic Area, 1 objective was archived[2] and 41 objectives were measurable[3] (Figure 13–1, Table 13–1). The status of the measurable objectives (Table 13–2) was as follows:

- 4 objectives had met or exceeded their 2020 targets,[4]
- 2 objectives were improving,[5]
- 24 objectives had demonstrated little or no detectable change,[6]
- 6 objectives were getting worse,[7] and
- 5 objectives had baseline data only.[8]

Selected Findings

Unintended Pregnancies and Reproductive Health Services

Two of the 10 measurable objectives monitoring unintended pregnancies and reproductive health services had improved, and 6 demonstrated little or no detectable change. Two had baseline data only, so progress toward their 2020 targets could not be assessed (Table 13–2).

- There was little or no detectable change in the proportion of **pregnancies among females aged 15–44 that were intended** (51.0% in 2002 and 51.3% in 2006) (Table 13–2, FP-1).
  - » In 2006, the disparities by race, education, and family income in the proportion of intended pregnancies among females (FP-1) were not tested for statistical significance (Table 13–3).
- Data beyond the baseline were not available for the proportion of **females aged 15–44 who experienced a pregnancy due to contraceptive failure** (FP-2) (12.4% in 2002), so progress toward the 2020 target could not be assessed (Table 13–2).
  - » In 2002, the disparities by race and ethnicity and family income in the proportion of females aged 15–44 who experienced a pregnancy due to contraceptive failure (FP-2) were not tested for statistical significance (Table 13–3).

- From 2006–2010 to 2011–2013, there was little or no detectable change in the proportion of **pregnancies among females aged 15–44 that were conceived within 18 months of a previous birth** (33.1% and 31.1%, respectively) (Table 13–2, FP-5).
  - » In 2011–2013, the disparities by race and ethnicity, family income, and disability status in the proportion of pregnancies among females aged 15–44 conceived within 18 months of a previous birth (FP-5) were not statistically significant (Table 13–3).
- The proportion of **females aged 15–44 at risk of unintended pregnancy, or their partners, who had used contraception at the most recent sexual intercourse** (FP-6) demonstrated little or no detectable change from 2006–2010 to 2011–2013 (83.3% and 83.1%, respectively) (Table 13–2).
  - » In 2011–2013, there was a statistically significant disparity by disability status in the proportion of females aged 15–44 at risk of unintended pregnancy, or their partners, who had used contraception at the most recent sexual intercourse (Table 13–3, FP-6). The disparities by race and ethnicity, education, family income, and geographic location were not statistically significant.
- From 2006–2010 to 2011–2013, the proportion of **sexually active females aged 15–44 who had received reproductive health services in the past year** (FP-7.1) demonstrated little or no detectable change (78.6% and 77.3%, respectively), as did the proportion of **sexually active males aged 15–44 who had received reproductive health services in the past year** (FP-7.2, 14.8% and 13.6%, respectively) (Table 13–2).
  - » In 2011–2013, there were statistically significant disparities by race and ethnicity and geographic location in the proportion of sexually active females aged 15–44 who had received reproductive health services in the past year (Table 13–3, FP-7.1). The disparities by education, family income, and disability status were not statistically significant.
  - » In 2011–2013, there were statistically significant disparities by race and ethnicity and family income in the proportion of sexually active males aged 15–44 who had received reproductive health services in the past year (Table 13–3, FP-7.2). The disparities by education, disability status, and geographic location were not statistically significant.
- Between 2005 and 2009, the rate of **pregnancy among adolescent females aged 15–17** (FP-8.1) decreased from 40.2 to 36.4 per 1,000 population, and the rate of **pregnancy among females aged 18–19** (FP-8.2) decreased from 116.2 to 106.3 per 1,000 population, moving toward their respective 2020 targets (Table 13–2).

Adolescent Abstinence

- There was little or no detectable change in the proportion of **adolescent females aged 15–17 who had never had sexual intercourse** (72.9% in 2006–2010 and 69.9% in 2011–2013) (Table 13–2, FP-9.1).
  - » In 2011–2013, the disparities by race and ethnicity, family income, and disability status in the proportion of adolescent females aged 15–17 who had never had sexual intercourse (FP-9.1) were not statistically significant (Table 13–3).
- The proportion of **adolescent males aged 15–17 who had never had sexual intercourse** (FP-9.2) decreased from 72.0% in 2006–2010 to 65.6% in 2011–2013, moving away from the baseline and 2020 target (Table 13–2).
  - » In 2011–2013, there was a statistically significant disparity by race and ethnicity in the proportion of adolescent males aged 15–17 who had never had sexual intercourse (Table 13–3, FP-9.2). The disparities by family income, disability status, and geographic location were not statistically significant.

Adolescent Contraceptive Use

Three of the eight measurable objectives monitoring contraceptive use by sexually active adolescents exceeded their 2020 targets, and the remaining five objectives demonstrated little or no detectable change (Table 13–2).

- From 2006–2010 to 2011–2013, there was little or no detectable change in the proportion of **sexually active adolescents aged 15–19 who had used a condom at first intercourse for females** (FP-10.1: 68.0% and 72.4%) and **for males** (FP-10.2: 79.6% and 78.1%) (Table 13–2).
  - » In 2011–2013, there were statistically significant disparities by family income, disability status, and geographic location in the proportion of sexually active adolescent females aged 15–19 who had used a condom at first intercourse (Table 13–3, FP-10.1). The disparity by race and ethnicity was not statistically significant.

  - » In 2011–2013, there were statistically significant disparities by race and ethnicity and family income in the proportion of sexually active adolescent males aged 15–19 who had used a condom at first intercourse (Table 13–3, FP-10.2). The disparities by disability status and geographic location were not statistically significant.

- From 2006–2010 to 2011–2013, there was little or no detectable change in the proportion of **sexually active adolescents aged 15–19 who had used a condom at last intercourse for females** (FP-10.3: 50.5% and 54.8%) and for **males** (FP-10.4: 74.1% and 77.3%) (Table 13–2).
  - » In 2011–2013, the disparity by family income in the proportion of sexually active adolescent females aged 15–19 who had used a condom at last intercourse (FP-10.3) was not statistically significant (Table 13–3).
  - » In 2011–2013, there was a statistically significant disparity by race and ethnicity in the proportion of sexually active adolescent males aged 15–19 who had used a condom at last intercourse (Table 13–3, FP-10.4). The disparity by family income was not statistically significant.
- From 2006–2010 to 2011–2013, the proportion of **sexually active adolescent females aged 15–19 who had used a condom and hormonal or intrauterine contraception at first intercourse** increased from 14.0% to 16.1% (FP-11.1), and the proportion of **sexually active adolescent males aged 15–19 who had used a condom and whose partner had used hormonal or intrauterine contraception at first intercourse** increased from 15.7% to 20.6% (FP-11.2), exceeding their respective 2020 targets (Table 13–2).
- From 2006–2010 to 2011–2013, the proportion of **sexually active adolescent males aged 15–19 who had used a condom and whose partner had used hormonal or intrauterine contraception at last intercourse** (FP-11.4) increased from 32.1% to 36.9%, exceeding the 2020 target (Table 13–2).

Adolescent Receipt of Formal Education on Reproductive Health Topics

Three of the eight measurable objectives monitoring adolescent receipt of formal education on reproductive health topics demonstrated little or no detectable change, and five objectives had worsened (Table 13–2).

- The proportion of **adolescent females aged 15–19 who had received formal education on abstinence before age 18** (FP-12.1) decreased from 88.7% in 2006–2010 to 82.2% in 2011–2013, moving away from the baseline and 2020 target (Table 13–2).
  - » In 2011–2013, there was a statistically significant disparity by family income in the proportion of adolescent females aged 15–19 who had received formal education on abstinence before age 18 (Table 13–3, FP-12.1). The disparities by race and ethnicity, disability status, and geographic location were not statistically significant.
- The proportion of **adolescent males aged 15–19 who had received formal education on abstinence before age 18** (FP-12.2) demonstrated little or no detectable change (82.5% in 2006–2010 and 83.5% in 2011–2013) (Table 13–2).
  - » In 2011–2013, there were statistically significant disparities by race and ethnicity, family income, disability status, and geographic location in the proportion of adolescent males aged 15–19 who had received formal education on abstinence before age 18 (Table 13–3, FP-12.2).
- From 2006–2010 to 2011–2013, the proportion of **adolescents aged 15–19 who had received formal education on birth control before age 18** decreased from 70.5% to 60.4% **for females** (FP-12.3), and from 60.8% to 54.8% **for males** (FP-12.4), moving away from their respective baselines and 2020 targets (Table 13–2).
  - » In 2011–2013, there was a statistically significant disparity by geographic location in the proportion of adolescents aged 15–19 who had received formal education on birth control before age 18 for both females (FP-12.3) and males (FP-12.4) (Table 13–3). For both females and males, the disparities by race and ethnicity, family income, and disability status were not statistically significant.
- From 2006–2010 to 2011–2013, the proportion of **adolescent females aged 15–19 who had received formal education before age 18 on HIV/AIDS prevention** (FP-12.5) decreased from 89.3% to 85.8%, and **on sexually transmitted diseases (STDs)** (FP-12.7), from 93.8% to 90.5%, moving away from their respective baselines and 2020 targets (Table 13–2).
  - » In 2011–2013, there was a statistically significant disparity by geographic location in the proportion of adolescent females aged 15–19 who had received formal education before age 18 on HIV/AIDS prevention (FP-12.5) and on STDs (FP-12.7) (Table 13–3). For both objectives, the disparities by race and ethnicity, family income, and disability status were not statistically significant.

- From 2006–2010 to 2011–2013, there was little or no detectable change in the proportion of **adolescent males aged 15–19 who had received formal education before age 18 on HIV/AIDS prevention** (FP-12.6: 87.9% and 86.4%) and **on STDs** (FP-12.8: 91.8% and 91.2%) (Table 13–2).
  - » In 2011–2013, the disparities by race and ethnicity, family income, disability status, and geographic location in the proportion of adolescent males aged 15–19 who received formal education before age 18 on HIV/AIDS prevention (FP-12.6) were not statistically significant (Table 13–3).
  - » In 2011–2013, there was a statistically significant disparity by geographic location in the proportion of adolescent males aged 15–19 who received formal education before age 18 on STDs (Table 13–3, FP-12.8). The disparities by race and ethnicity, family income, and disability status were not statistically significant.

Adolescent Discussion of Reproductive Health Topics with Parents

One of the eight measurable objectives monitoring adolescent discussion of reproductive health topics with parents had exceeded the 2020 target, and seven objectives demonstrated little or no detectable change (Table 13–2).

- From 2006–2010 to 2011–2013, there was little or no detectable change in the proportion of **adolescent females aged 15–19 who had talked to a parent about abstinence before age 18** (FP-13.1: 61.4% and 63.1%); the proportion of **adolescent males aged 15–19 who had talked to a parent about abstinence before age 18** (FP-13.2: 41.2% and 42.8%); the proportion of **adolescent females aged 15–19 who had talked to a parent about birth control before age 18** (FP-13.3: 51.0% and 51.8%); and the proportion of **adolescent males aged 15–19 who had talked to a parent about birth control before age 18** (FP-13.4: 29.2% and 31.1%) (Table 13–2).
  - » In 2011–2013, the disparities by race and ethnicity, family income, disability status, and geographic location in the proportion of adolescent females aged 15–19 who had talked to a parent about abstinence before age 18 (FP-13.1) were not statistically significant (Table 13–3).
  - » In 2011–2013, there was a statistically significant disparity by family income in the proportion of adolescent males aged 15–19 who had talked to a parent about abstinence before age 18 (Table 13–3, FP-13.2). The disparities by race and ethnicity, disability status, and geographic location were not statistically significant.
  - » In 2011–2013, the disparities by race and ethnicity, family income, disability status, and geographic location in the proportion of adolescent females aged 15–19 who had talked to a parent about birth control before age 18 (FP-13.3) were not statistically significant (Table 13–3).
  - » In 2011–2013, there was a statistically significant disparity by family income in the proportion of adolescent males aged 15–19 who had talked to a parent about birth control before age 18 (Table 13–3, FP-13.4). The disparities by race and ethnicity and disability status were not statistically significant.
- The proportion of **adolescent females aged 15–19 who had talked to a parent about HIV/AIDS prevention before age 18** (FP-13.5) increased from 40.9% in 2006–2010 to 46.8% in 2011–2013, exceeding the 2020 target (Table 13–2).
  - » In 2011–2013, the disparities by race and ethnicity, family income, disability status, and geographic location in the proportion of adolescent females aged 15–19 who had talked to a parent about HIV/AIDS prevention before age 18 (FP-13.5) were not statistically significant (Table 13–3).
- There was little or no detectable change in the proportion of **adolescent males aged 15–19 who had talked to a parent about HIV/AIDS prevention before age 18** (FP-13.6: 37.8% in 2006–2010 and 39.5% in 2011–2013) (Table 13–2).
  - » In 2011–2013, the disparities by race and ethnicity, family income, disability status, and geographic location in the proportion of adolescent males aged 15–19 who had talked to a parent about HIV/AIDS prevention before age 18 (FP-13.6) were not statistically significant (Table 13–3).
- From 2006–2010 to 2011–2013, there was little or no detectable change in the proportion of **adolescent females aged 15–19 who had talked to a parent about STDs before age 18** (FP-13.7: 54.2% and 57.9%); and the proportion **of adolescent males aged 15–19 who had talked to a parent about STDs before age 18** (FP-13.8: 48.1% and 49.3%) (Table 13–2).

- » In 2011–2013, the disparities by race and ethnicity, family income, disability status, and geographic location in the proportion of adolescent females aged 15–19 who had talked to a parent about STDs before age 18 (FP-13.7) were not statistically significant (Table 13–3).
- » In 2011–2013, there was a statistically significant disparity by family income in the proportion of adolescent males aged 15–19 who had talked to a parent about STDs before age 18 (Table 13–3, FP-13.8). The disparities by race and ethnicity, disability status, and geographic location were not statistically significant.

Family Planning Services

- Data beyond the baseline were not available for the number of **states plus the District of Columbia with income eligibility levels for Medicaid family planning services at or above 133% of the federal poverty level** (FP-14.1: 41 in 2015); nor for the number of **states plus the District of Columbia with income eligibility levels for Medicaid family planning services at or above 185% of the poverty level** (FP-14.2: 22 in 2015), so progress toward their respective 2020 targets could not be assessed (Table 13–2).
  - » Map 13–1 displays the 40 states and the District of Columbia that had income eligibility levels for Medicaid family planning services at or above 133% of the federal poverty level in 2015 (FP-14.1).
  - » Map 13–2 displays the 21 states and the District of Columbia that had income eligibility levels for Medicaid family planning services at or above 185% of the federal poverty level in 2015 (FP-14.2).

More Information

Readers interested in more detailed information about the objectives in this topic area are invited to visit the HealthyPeople.gov website, where extensive substantive and technical information is available:

- For the background and importance of the topic area, see: https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning
- For data details for each objective, including definitions, numerators, denominators, calculations, and data limitations, see: https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning/objectives *Select an objective, then click on the "Data Details" icon.*
- For objective data by population group (e.g., sex, race and ethnicity, or family income), including rates, percentages, or counts for multiple years, see: https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning/objectives *Select an objective, then click on the "Data2020" icon.*

Data for the measurable objectives in this chapter were from the following data sources:

- Bridged-race Population Estimates: http://www.cdc.gov/nchs/nvss/bridged_race.htm
- Guttmacher Institute Abortion Provider Survey: http://www.healthypeople.gov/2020/data-source/guttmacher-institute-abortion-provider-survey
- Guttmacher Institute Survey of Contraceptive Service Providers: https://www.healthypeople.gov/2020/data-source/survey-contraceptive-service-providers
- Guttmacher Institute Contraceptive Needs and Services: http://www.guttmacher.org/pubs/win/contraceptive-needs-2012.pdf
- Guttmacher Institute State Medicaid Family Planning Eligibility Expansions: http://www.guttmacher.org/statecenter/spibs/spib_SMFPE.pdf
- National Survey of Family Growth: http://www.cdc.gov/nchs/nsfg.htm
- National Vital Statistics System–Natality: http://www.cdc.gov/nchs/nvss.htm
- Surveillance Data for Abortion: http://www.cdc.gov/reproductivehealth/Data_Stats/Abortion.htm

Footnotes

[1]The Technical Notes provide more information on Healthy People 2020 statistical methods and issues.

[2]**Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

[3]**Measurable** objectives had a national baseline value.

[4]**Target met or exceeded**—One of the following, as specified in the Midcourse Progress Table:
- » At baseline the target was not met or exceeded and the midcourse value was equal to or exceeded the target. (The percentage of targeted change achieved was equal to or greater than 100%.)
- » The baseline and midcourse values were equal to or exceeded the target. (The percentage of targeted change achieved was not assessed.)

[5]**Improving**—One of the following, as specified in the Midcourse Progress Table:
» Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was statistically significant.
» Movement was toward the target, standard errors were not available, and the objective had achieved 10% or more of the targeted change

[6]**Little or no detectable change**—One of the following, as specified in the Midcourse Progress Table:
» Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was not statistically significant.
» Movement was toward the target, standard errors were not available, and the objective had achieved less than 10% of the targeted change.
» Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was not statistically significant.
» Movement was away from the baseline and target, standard errors were not available, and the objective had moved less than 10% relative to the baseline.
» There was no change between the baseline and the midcourse data point.

[7]**Getting worse**—One of the following, as specified in the Midcourse Progress Table:
» Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was statistically significant.
» Movement was away from the baseline and target, standard errors were not available, and the objective had moved 10% or more relative to the baseline.

[8]**Baseline only**—The objective only had one data point, so progress toward target attainment could not be assessed.

[9]**Informational**—A target was not set for this objective, so progress toward target attainment could not be assessed.

Suggested Citation

National Center for Health Statistics. Chapter 13: Family Planning. Healthy People 2020 Midcourse Review. Hyattsville, MD. 2016.

Table 13–1. Family Planning Objectives

LEGEND

 Data for this objective are available in this chapter's Midcourse Progress Table.

 Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.

 A state or county level map for this objective is available at the end of the chapter.

Not Applicable — Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
FP-1	Increase the proportion of pregnancies that are intended	National Survey of Family Growth (NSFG), CDC/NCHS; National Vital Statistics System–Natality (NVSS–N), CDC/NCHS; Surveillance Data for Abortion, CDC/NCCDPHP; Guttmacher Institute Abortion Provider Survey (APS), Guttmacher Institute	 
FP-2	Reduce the proportion of females experiencing pregnancy despite use of a reversible contraceptive method	National Survey of Family Growth (NSFG), CDC/NCHS; Guttmacher Institute Abortion Provider Survey (APS), Guttmacher Institute	 
FP-3.1	Increase the proportion of publicly funded family planning clinics that offer the full range of FDA-approved methods of contraception onsite	Survey of Contraceptive Service Providers, Guttmacher Institute	
FP-3.2	Increase the proportion of publicly funded family planning clinics that offer emergency contraception onsite	Survey of Contraceptive Service Providers, Guttmacher Institute	
FP-4	(Archived) Increase the proportion of health insurance plans that cover contraceptive supplies and services		Not Applicable
FP-5	Reduce the proportion of pregnancies conceived within 18 months of a previous birth	National Survey of Family Growth (NSFG), CDC/NCHS	 
FP-6	Increase the proportion of females at risk of unintended pregnancy or their partners who used contraception at most recent sexual intercourse	National Survey of Family Growth (NSFG), CDC/NCHS	 
FP-7.1	Increase the proportion of sexually experienced females aged 15 to 44 years who received reproductive health services in the past 12 months	National Survey of Family Growth (NSFG), CDC/NCHS	 
FP-7.2	Increase the proportion of sexually experienced males aged 15 to 44 years who received reproductive health services in the past 12 months	National Survey of Family Growth (NSFG), CDC/NCHS	 

Table 13–1. Family Planning Objectives—Continued

LEGEND

 Data for this objective are available in this chapter's Midcourse Progress Table.

 Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.

 A state or county level map for this objective is available at the end of the chapter.

Not Applicable — Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
FP-8.1	Reduce pregnancies among adolescent females aged 15 to 17 years	National Survey of Family Growth (NSFG), CDC/NCHS; National Vital Statistics System–Natality (NVSS–N), CDC/NCHS; Surveillance Data for Abortion, CDC/NCCDPHP; Guttmacher Institute Abortion Provider Survey (APS), Guttmacher Institute; Bridged-race Population Estimates, CDC/NCHS and Census	
FP-8.2	Reduce pregnancies among adolescent females aged 18 to 19 years	National Survey of Family Growth (NSFG), CDC/NCHS; National Vital Statistics System–Natality (NVSS–N), CDC/NCHS; Surveillance Data for Abortion, CDC/NCCDPHP; Guttmacher Institute Abortion Provider Survey (APS), Guttmacher Institute; Bridged-race Population Estimates, CDC/NCHS and Census	
FP-9.1	Increase the proportion of female adolescents aged 15 to 17 years who have never had sexual intercourse	National Survey of Family Growth (NSFG), CDC/NCHS	
FP-9.2	Increase the proportion of male adolescents aged 15 to 17 years who have never had sexual intercourse	National Survey of Family Growth (NSFG), CDC/NCHS	
FP-9.3	Increase the proportion of female adolescents aged 15 years and under who have never had sexual intercourse	National Survey of Family Growth (NSFG), CDC/NCHS	
FP-9.4	Increase the proportion of male adolescents aged 15 years and under who have never had sexual intercourse	National Survey of Family Growth (NSFG), CDC/NCHS	
FP-10.1	Increase the proportion of sexually active females aged 15 to 19 years who use a condom at first intercourse	National Survey of Family Growth (NSFG), CDC/NCHS	
FP-10.2	Increase the proportion of sexually active males aged 15 to 19 years who use a condom at first intercourse	National Survey of Family Growth (NSFG), CDC/NCHS	
FP-10.3	Increase the proportion of sexually active females aged 15 to 19 years who used a condom at last intercourse	National Survey of Family Growth (NSFG), CDC/NCHS	

Table 13–1. Family Planning Objectives—Continued

LEGEND

 Data for this objective are available in this chapter's Midcourse Progress Table.

 Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.

 A state or county level map for this objective is available at the end of the chapter.

Not Applicable — Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
FP-10.4	Increase the proportion of sexually active males aged 15 to 19 years who use a condom at last intercourse	National Survey of Family Growth (NSFG), CDC/NCHS	 
FP-11.1	Increase the proportion of sexually active females aged 15 to 19 years who use a condom and hormonal or intrauterine contraception at first intercourse	National Survey of Family Growth (NSFG), CDC/NCHS	
FP-11.2	Increase the proportion of sexually active males aged 15 to 19 years who use a condom and whose partner used hormonal or intrauterine contraception at first intercourse	National Survey of Family Growth (NSFG), CDC/NCHS	
FP-11.3	Increase the proportion of sexually active females aged 15 to 19 years who use a condom and hormonal or intrauterine contraception at last intercourse	National Survey of Family Growth (NSFG), CDC/NCHS	
FP-11.4	Increase the proportion of sexually active males aged 15 to 19 years who use a condom and whose partner used hormonal or intrauterine contraception at last intercourse	National Survey of Family Growth (NSFG), CDC/NCHS	 
FP-12.1	Increase the proportion of female adolescents who received formal instruction on abstinence before they were 18 years old	National Survey of Family Growth (NSFG), CDC/NCHS	 
FP-12.2	Increase the proportion of male adolescents who received formal instruction on abstinence before they were 18 years old	National Survey of Family Growth (NSFG), CDC/NCHS	 
FP-12.3	Increase the proportion of female adolescents who received formal instruction on birth control methods before they were 18 years old	National Survey of Family Growth (NSFG), CDC/NCHS	 
FP-12.4	Increase the proportion of male adolescents who received formal instruction on birth control methods before they were 18 years old	National Survey of Family Growth (NSFG), CDC/NCHS	 
FP-12.5	Increase the proportion of female adolescents who received formal instruction on HIV/AIDS prevention before they were 18 years old	National Survey of Family Growth (NSFG), CDC/NCHS	 

Table 13–1. Family Planning Objectives—Continued

LEGEND

Data for this objective are available in this chapter's Midcourse Progress Table.

Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.

A state or county level map for this objective is available at the end of the chapter.

Not Applicable — Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
FP-12.6	Increase the proportion of male adolescents who received formal instruction on HIV/AIDS prevention before they were 18 years old	National Survey of Family Growth (NSFG), CDC/NCHS	
FP-12.7	Increase the proportion of female adolescents who received formal instruction on sexually transmitted diseases before they were 18 years old	National Survey of Family Growth (NSFG), CDC/NCHS	
FP-12.8	Increase the proportion of male adolescents who received formal instruction on sexually transmitted diseases before they were 18 years old	National Survey of Family Growth (NSFG), CDC/NCHS	
FP-13.1	Increase the proportion of female adolescents who talked to a parent or guardian about abstinence before they were 18 years old	National Survey of Family Growth (NSFG), CDC/NCHS	
FP-13.2	Increase the proportion of male adolescents who talked to a parent or guardian about abstinence before they were 18 years old	National Survey of Family Growth (NSFG), CDC/NCHS	
FP-13.3	Increase the proportion of female adolescents who talked to a parent or guardian about birth control methods before they were 18 years old	National Survey of Family Growth (NSFG), CDC/NCHS	
FP-13.4	Increase the proportion of male adolescents who talked to a parent or guardian about birth control methods before they were 18 years old	National Survey of Family Growth (NSFG), CDC/NCHS	
FP-13.5	Increase the proportion of female adolescents who talked to a parent or guardian about HIV/AIDS prevention before they were 18 years old	National Survey of Family Growth (NSFG), CDC/NCHS	
FP-13.6	Increase the proportion of male adolescents who talked to a parent or guardian about HIV/AIDS prevention before they were 18 years old	National Survey of Family Growth (NSFG), CDC/NCHS	
FP-13.7	Increase the proportion of female adolescents who talked to a parent or guardian about sexually transmitted diseases before they were 18 years old	National Survey of Family Growth (NSFG), CDC/NCHS	

Table 13–1. Family Planning Objectives—Continued

LEGEND

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Not Applicable — Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
FP-13.8	Increase the proportion of male adolescents who talked to a parent or guardian about sexually transmitted diseases before they were 18 years old	National Survey of Family Growth (NSFG), CDC/NCHS	
FP-14.1	Increase the number of States that set the income eligibility level for Medicaid-covered family planning services at or above 133% of the federal poverty level	Guttmacher Institute State Medicaid Family Planning Eligibility Expansions, Guttmacher Institute	
FP-14.2	Increase the number of States that set the income eligibility level for Medicaid-covered family planning services at or above 185% of the federal poverty level	Guttmacher Institute State Medicaid Family Planning Eligibility Expansions, Guttmacher Institute	
FP-15	Increase the proportion of females in need of publicly supported contraceptive services and supplies who receive those services and supplies	Guttmacher Institute Contraceptive Needs and Services, Guttmacher Institute	

Table 13–2. Midcourse Progress for Measurable[1] Family Planning Objectives

LEGEND

✓ Target met or exceeded[2,3] | + Improving[4,5] | ○ Little or no detectable change[6–10] | − Getting worse[11,12] | Baseline only[13] | Informational[14]

	Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target[15]	Movement Away From Baseline[16]	Movement Statistically Significant[17]
○[7]	**FP-1** Intended pregnancy (percent, females 15–44 years)	51.0% (2002)	51.3% (2006)	56.0%	6.0%		
[13]	**FP-2** Females experiencing pregnancy due to contraceptive failure (percent, 15–44 years)	12.4% (2002)		9.9%			
[13]	**FP-3.1** Publicly funded family planning clinics offering a full range of contraceptive methods onsite (percent)	53.6% (2010)		67.0%			
○[6]	**FP-3.2** Publicly funded family planning clinics providing emergency contraception onsite (percent)	79.7% (2003)	81.1% (2010)	87.7%	17.5%		No
○[6]	**FP-5** Pregnancies conceived within 18 months of a previous birth (percent, females 15–44 years)	33.1% (2006–2010)	31.1% (2011–2013)	29.8%	60.6%		No
○[8]	**FP-6** Contraceptive use at most recent sexual intercourse by females at risk of unintended pregnancy or use by their partners (percent, females 15–44 years)	83.3% (2006–2010)	83.1% (2011–2013)	91.6%		0.2%	No
○[8]	**FP-7.1** Sexually active females receiving reproductive health services (percent, 15–44 years)	78.6% (2006–2010)	77.3% (2011–2013)	86.5%		1.7%	No
○[8]	**FP-7.2** Sexually active males receiving reproductive health services (percent, 15–44 years)	14.8% (2006–2010)	13.6% (2011–2013)	16.3%		8.1%	No
+[5]	**FP-8.1** Pregnancy among adolescent females (per 1,000 population, 15–17 years)	40.2 (2005)	36.4 (2009)	36.2	95.0%		
+[5]	**FP-8.2** Pregnancy among adolescent females (per 1,000 population, 18–19 years)	116.2 (2005)	106.3 (2009)	104.6	85.3%		
○[8]	**FP-9.1** Adolescent females who have never had sexual intercourse (percent, 15–17 years)	72.9% (2006–2010)	69.6% (2011–2013)	80.2%		4.5%	No
−[11]	**FP-9.2** Adolescent males who have never had sexual intercourse (percent, 15–17 years)	72.0% (2006–2010)	65.6% (2011–2013)	79.2%		8.9%	Yes
○[8]	**FP-9.3** Adolescent females who have never had sexual intercourse (percent, ≤15 years)	85.4% (2006–2010)	79.3% (2011–2013)	93.9%		7.1%	No
○[8]	**FP-9.4** Adolescent males who have never had sexual intercourse (percent, ≤15 years)	84.3% (2006–2010)	80.4% (2011–2013)	92.7%		4.6%	No

Table 13–2. Midcourse Progress for Measurable[1] Family Planning Objectives—Continued

LEGEND

Target met or exceeded[2,3] | Improving[4,5] | Little or no detectable change[6–10] | Getting worse[11,12] | Baseline only[13] | Informational[14]

Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target[15]	Movement Away From Baseline[16]	Movement Statistically Significant[17]
[6] **FP-10.1** Condom use at first intercourse by sexually active adolescent females (percent, 15–19 years)	68.0% (2006–2010)	72.4% (2011–2013)	74.8%	64.7%		No
[8] **FP-10.2** Condom use at first intercourse by sexually active adolescent males (percent, 15–19 years)	79.6% (2006–2010)	78.1% (2011–2013)	87.6%		1.9%	No
[6] **FP-10.3** Condom use at last intercourse by sexually active adolescent females (percent, 15–19 years)	50.5% (2006–2010)	54.8% (2011–2013)	55.6%	84.3%		No
[6] **FP-10.4** Condom use at last intercourse by sexually active adolescent males (percent, 15–19 years)	74.1% (2006–2010)	77.3% (2011–2013)	81.5%	43.2%		No
[2] **FP-11.1** Condom and hormonal or intrauterine contraception use at first intercourse by sexually active adolescent females (percent, 15–19 years)	14.0% (2006–2010)	16.1% (2011–2013)	15.4%	150.0%		No
[2] **FP-11.2** Condom and hormonal or intrauterine contraception use at first intercourse by sexually active adolescent males (percent, 15–19 years)	15.7% (2006–2010)	20.6% (2011–2013)	17.3%	306.2%		No
[6] **FP-11.3** Condom and hormonal or intrauterine contraception use at last intercourse by sexually active adolescent females (percent, 15–19 years)	18.3% (2006–2010)	20.0% (2011–2013)	20.1%	94.4%		No
[2] **FP-11.4** Condom and hormonal or intrauterine contraception use at last intercourse by sexually active adolescent males (percent, 15–19 years)	32.1% (2006–2010)	36.9% (2011–2013)	35.3%	150.0%		No
[11] **FP-12.1** Adolescent females who received formal education on abstinence before age 18 years (percent, 15–19 years)	88.7% (2006–2010)	82.2% (2011–2013)	97.6%		7.3%	Yes
[6] **FP-12.2** Adolescent males who received formal education on abstinence before age 18 years (percent, 15–19 years)	82.5% (2006–2010)	83.5% (2011–2013)	90.8%	12.0%		No
[11] **FP-12.3** Adolescent females who received formal education on birth control before age 18 years (percent, 15–19 years)	70.5% (2006–2010)	60.4% (2011–2013)	77.6%		14.3%	Yes
[11] **FP-12.4** Adolescent males who received formal education on birth control before age 18 years (percent, 15–19 years)	60.8% (2006–2010)	54.8% (2011–2013)	66.9%		9.9%	Yes

Table 13–2. Midcourse Progress for Measurable[1] Family Planning Objectives—Continued

LEGEND

Target met or exceeded[2,3] | Improving[4,5] | Little or no detectable change[6–10] | Getting worse[11,12] | Baseline only[13] | Informational[14]

	Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target[15]	Movement Away From Baseline[16]	Movement Statistically Significant[17]
[11]	**FP-12.5** Adolescent females who received formal education on HIV/AIDS prevention before age 18 years (percent, 15–19 years)	89.3% (2006–2010)	85.8% (2011–2013)	98.2%		3.9%	Yes
[8]	**FP-12.6** Adolescent males who received formal education on HIV/AIDS prevention before age 18 years (percent, 15–19 years)	87.9% (2006–2010)	86.4% (2011–2013)	96.7%		1.7%	No
[11]	**FP-12.7** Adolescent females who received formal education on STDs before age 18 years (percent, 15–19 years)	93.8% (2006–2010)	90.5% (2011–2013)	95.8%		3.5%	Yes
[8]	**FP-12.8** Adolescent males who received formal education on STDs before age 18 years (percent, 15–19 years)	91.8% (2006–2010)	91.2% (2011–2013)	93.8%		0.7%	No
[6]	**FP-13.1** Adolescent females who talked to a parent about abstinence before age 18 years (percent, 15–19 years)	61.4% (2006–2010)	63.1% (2011–2013)	67.5%	27.9%		No
[6]	**FP-13.2** Adolescent males who talked to a parent about abstinence before age 18 years (percent, 15–19 years)	41.2% (2006–2010)	42.8% (2011–2013)	45.3%	39.0%		No
[6]	**FP-13.3** Adolescent females who talked to a parent about birth control before age 18 years (percent, 15–19 years)	51.0% (2006–2010)	51.8% (2011–2013)	56.1%	15.7%		No
[6]	**FP-13.4** Adolescent males who talked to a parent about birth control before age 18 years (percent, 15–19 years)	29.2% (2006–2010)	31.1% (2011–2013)	32.1%	65.5%		No
[2]	**FP-13.5** Adolescent females who talked to a parent/guardian about HIV/AIDS prevention before age 18 years (percent, 15–19 years)	40.9% (2006–2010)	46.8% (2011–2013)	45.0%	143.9%		No
[6]	**FP-13.6** Adolescent males who talked to a parent about HIV/AIDS prevention before age 18 years (percent, 15–19 years)	37.8% (2006–2010)	39.5% (2011–2013)	41.6%	44.7%		No
[6]	**FP-13.7** Adolescent females who talked to a parent about STDs before age 18 years (percent, 15–19 years)	54.2% (2006–2010)	57.9% (2011–2013)	59.6%	68.5%		No

Table 13–2. Midcourse Progress for Measurable[1] Family Planning Objectives—Continued

LEGEND

Target met or exceeded[2,3] | Improving[4,5] | Little or no detectable change[6–10] | Getting worse[11,12] | Baseline only[13] | Informational[14]

Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target[15]	Movement Away From Baseline[16]	Movement Statistically Significant[17]
[6] **FP-13.8** Adolescent males who talked to a parent about STDs before age 18 years (percent, 15–19 years)	48.1% (2006–2010)	49.3% (2011–2013)	52.9%	25.0%		No
[13] **FP-14.1** States with income eligibility levels for Medicaid family planning services at or above 133% of the federal poverty level (number of states and D.C.)	41 (2015)		51			
[13] **FP-14.2** States with income eligibility levels for Medicaid family planning services at or above 185% of the federal poverty level (number of states and D.C.)	22 (2015)		24			
[13] **FP-15** Females receiving needed publicly supported contraceptive services and supplies (percent, 13–44 years)	53.8% (2006)		64.5%			

Table 13–2. Midcourse Progress for Measurable[1] Family Planning Objectives—Continued

NOTES

See HealthyPeople.gov for all Healthy People 2020 data. The Technical Notes provide more information on the measures of progress.

FOOTNOTES

[1]**Measurable** objectives had a national baseline value.

Target met or exceeded:

[2]At baseline the target was not met or exceeded and the midcourse value was equal to or exceeded the target. (The percentage of targeted change achieved was equal to or greater than 100%.)

[3]The baseline and midcourse values were equal to or exceeded the target. (The percentage of targeted change achieved was not assessed.)

Improving:

[4]Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was statistically significant.

[5]Movement was toward the target, standard errors were not available, and the objective had achieved 10% or more of the targeted change.

Little or no detectable change:

[6]Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was not statistically significant.

[7]Movement was toward the target, standard errors were not available, and the objective had achieved less than 10% of the targeted change.

[8]Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was not statistically significant.

[9]Movement was away from the baseline and target, standard errors were not available, and the objective had moved less than 10% relative to the baseline.

[10]There was no change between the baseline and the midcourse data point.

Getting worse:

[11]Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was statistically significant.

[12]Movement was away from the baseline and target, standard errors were not available, and the objective had moved 10% or more relative to the baseline.

[13]**Baseline only:** The objective only had one data point, so progress toward target attainment could not be assessed.

[14]**Informational:** A target was not set for this objective, so progress toward target attainment could not be assessed.

[15]For objectives that **moved toward** their targets, movement toward the target was measured as the percentage of targeted change achieved (unless the target was already met or exceeded at baseline):

$$\text{Percentage of targeted change achieved} = \frac{\text{Midcourse value} - \text{Baseline value}}{\text{HP2020 target} - \text{Baseline value}} \times 100$$

[16]For objectives that **moved away** from their baselines and targets, movement away from the baseline was measured as the magnitude of the percentage change from baseline:

$$\text{Magnitude of percentage change from baseline} = \frac{|\,\text{Midcourse value} - \text{Baseline value}\,|}{\text{Baseline value}} \times 100$$

[17]Statistical significance was tested when the objective had a target and at least two data points, standard errors of the data were available, and a normal distribution could be assumed. Statistical significance of the percentage of targeted change achieved or the magnitude of the percentage change from baseline was assessed at the 0.05 level using a normal one-sided test.

DATA SOURCES

FP-1	National Survey of Family Growth (NSFG), CDC/NCHS; National Vital Statistics System–Natality (NVSS–N), CDC/NCHS; Surveillance Data for Abortion, CDC/NCCDPHP; Guttmacher Institute Abortion Provider Survey (APS), Guttmacher Institute
FP-2	National Survey of Family Growth (NSFG), CDC/NCHS; Guttmacher Institute Abortion Provider Survey (APS), Guttmacher Institute
FP-3.1	Survey of Contraceptive Service Providers, Guttmacher Institute
FP-3.2	Survey of Contraceptive Service Providers, Guttmacher Institute
FP-5	National Survey of Family Growth (NSFG), CDC/NCHS
FP-6	National Survey of Family Growth (NSFG), CDC/NCHS
FP-7.1	National Survey of Family Growth (NSFG), CDC/NCHS
FP-7.2	National Survey of Family Growth (NSFG), CDC/NCHS
FP-8.1	National Survey of Family Growth (NSFG), CDC/NCHS; National Vital Statistics System–Natality (NVSS–N), CDC/NCHS; Surveillance Data for Abortion, CDC/NCCDPHP; Guttmacher Institute Abortion Provider Survey (APS), Guttmacher Institute; Bridged-race Population Estimates, CDC/NCHS and Census
FP-8.2	National Survey of Family Growth (NSFG), CDC/NCHS; National Vital Statistics System–Natality (NVSS–N), CDC/NCHS; Surveillance Data for Abortion, CDC/NCCDPHP; Guttmacher Institute Abortion Provider Survey (APS), Guttmacher Institute; Bridged-race Population Estimates, CDC/NCHS and Census
FP-9.1	National Survey of Family Growth (NSFG), CDC/NCHS
FP-9.2	National Survey of Family Growth (NSFG), CDC/NCHS
FP-9.3	National Survey of Family Growth (NSFG), CDC/NCHS
FP-9.4	National Survey of Family Growth (NSFG), CDC/NCHS
FP-10.1	National Survey of Family Growth (NSFG), CDC/NCHS
FP-10.2	National Survey of Family Growth (NSFG), CDC/NCHS
FP-10.3	National Survey of Family Growth (NSFG), CDC/NCHS
FP-10.4	National Survey of Family Growth (NSFG), CDC/NCHS
FP-11.1	National Survey of Family Growth (NSFG), CDC/NCHS
FP-11.2	National Survey of Family Growth (NSFG), CDC/NCHS
FP-11.3	National Survey of Family Growth (NSFG), CDC/NCHS
FP-11.4	National Survey of Family Growth (NSFG), CDC/NCHS
FP-12.1	National Survey of Family Growth (NSFG), CDC/NCHS
FP-12.2	National Survey of Family Growth (NSFG), CDC/NCHS
FP-12.3	National Survey of Family Growth (NSFG), CDC/NCHS
FP-12.4	National Survey of Family Growth (NSFG), CDC/NCHS
FP-12.5	National Survey of Family Growth (NSFG), CDC/NCHS
FP-12.6	National Survey of Family Growth (NSFG), CDC/NCHS
FP-12.7	National Survey of Family Growth (NSFG), CDC/NCHS
FP-12.8	National Survey of Family Growth (NSFG), CDC/NCHS
FP-13.1	National Survey of Family Growth (NSFG), CDC/NCHS
FP-13.2	National Survey of Family Growth (NSFG), CDC/NCHS
FP-13.3	National Survey of Family Growth (NSFG), CDC/NCHS
FP-13.4	National Survey of Family Growth (NSFG), CDC/NCHS
FP-13.5	National Survey of Family Growth (NSFG), CDC/NCHS
FP-13.6	National Survey of Family Growth (NSFG), CDC/NCHS
FP-13.7	National Survey of Family Growth (NSFG), CDC/NCHS
FP-13.8	National Survey of Family Growth (NSFG), CDC/NCHS
FP-14.1	Guttmacher Institute State Medicaid Family Planning Eligibility Expansions, Guttmacher Institute
FP-14.2	Guttmacher Institute State Medicaid Family Planning Eligibility Expansions, Guttmacher Institute
FP-15	Guttmacher Institute Contraceptive Needs and Services, Guttmacher Institute

Table 13–3. Midcourse Health Disparities[1] for Population-based Family Planning Objectives

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios[2,3] for selected characteristics at the midcourse data point

LEGEND

At the midcourse data point

- Group with the most favorable (least adverse) rate
- Group with the least favorable (most adverse) rate
- Data are available, but this group did not have the highest or lowest rate.
- Data are not available for this group because the data were statistically unreliable, not collected, or not analyzed.

Population-based Objectives	Characteristics and Groups																																
	Sex			Race and Ethnicity								Education[4]							Family Income[5]						Disability			Location		
	Male	Female	**Summary Disparity Ratio[2]**	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic	**Summary Disparity Ratio[3]**	Less than high school	High school graduate	At least some college	Associate's degree	4-year college degree	Advanced degree	**Summary Disparity Ratio[3]**	Poor	Near-poor	Middle	Near-high	High	**Summary Disparity Ratio[3]**	Persons with disabilities	Persons without disabilities	**Summary Disparity Ratio[2]**	Metropolitan	Nonmetropolitan	**Summary Disparity Ratio[2]**
FP-1 Intended pregnancy (percent, females 15–44 years) (2006)										a	a	1.840†	b	b	b		b c		1.498†			d			1.633†							
FP-2 Females experiencing pregnancy due to contraceptive failure (percent, 15–44 years) (2002)												1.797†										d			2.244†							
FP-5 Pregnancies conceived within 18 months of a previous birth (percent, females 15–44 years) (2011–2013)												1.277		b											1.168			1.044				
FP-6 Contraceptive use at most recent sexual intercourse by females at risk of unintended pregnancy or use by their partners (percent, females 15–44 years) (2011–2013)												1.031	b	b	b	b	b	b	1.044				e	f	1.082			1.149*				1.005
FP-7.1 Sexually active females receiving reproductive health services (percent, 15–44 years) (2011–2013)												1.103*	b	b	b	b	b	b	1.089				e	f	1.055			1.064				1.076*
FP-7.2 Sexually active males receiving reproductive health services (percent, 15–44 years) (2011–2013)												1.592*		b	b		b		1.072					f	1.371*			1.282				1.219
FP-9.1 Adolescent females who have never had sexual intercourse (percent, 15–17 years) (2011–2013)												1.119													1.050			1.090				
FP-9.2 Adolescent males who have never had sexual intercourse (percent, 15–17 years) (2011–2013)												1.262*													1.147			1.092				1.132

Table 13–3. Midcourse Health Disparities[1] for Population-based Family Planning Objectives—Continued

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios[2,3] for selected characteristics at the midcourse data point

LEGEND

At the midcourse data point

- Group with the most favorable (least adverse) rate
- Group with the least favorable (most adverse) rate
- Data are available, but this group did not have the highest or lowest rate.
- Data are not available for this group because the data were statistically unreliable, not collected, or not analyzed.

Population-based Objectives	Characteristics and Groups																																
	Sex			Race and Ethnicity								Education[4]							Family Income[5]						Disability			Location						
	Male	Female	**Summary Disparity Ratio[2]**	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic	**Summary Disparity Ratio[3]**	Less than high school	High school graduate	At least some college	Associate's degree	4-year college degree	Advanced degree	**Summary Disparity Ratio[3]**	Poor	Near-poor	Middle	Near-high	High	**Summary Disparity Ratio[3]**	Persons with disabilities	Persons without disabilities	**Summary Disparity Ratio[2]**	Metropolitan	Nonmetropolitan	**Summary Disparity Ratio[2]**				
FP-10.1 Condom use at first intercourse by sexually active adolescent females (percent, 15–19 years) (2011–2013)											1.133													1.207*			1.232*			1.231*			
FP-10.2 Condom use at first intercourse by sexually active adolescent males (percent, 15–19 years) (2011–2013)											1.218*													1.187*			1.020			1.005			
FP-10.3 Condom use at last intercourse by sexually active adolescent females (percent, 15–19 years) (2011–2013)																								1.036									
FP-10.4 Condom use at last intercourse by sexually active adolescent males (percent, 15–19 years) (2011–2013)											1.189*													1.027									
FP-12.1 Adolescent females who received formal education on abstinence before age 18 years (percent, 15–19 years) (2011–2013)											1.102												f	1.144*			1.054			1.071			
FP-12.2 Adolescent males who received formal education on abstinence before age 18 years (percent, 15–19 years) (2011–2013)											1.113*											e	f	1.106*			1.124*			1.102*			
FP-12.3 Adolescent females who received formal education on birth control before age 18 years (percent, 15–19 years) (2011–2013)											1.117													1.071			1.061			1.295*			
FP-12.4 Adolescent males who received formal education on birth control before age 18 years (percent, 15–19 years) (2011–2013)											1.131												f	1.188			1.109			1.274*			

Table 13–3. Midcourse Health Disparities[1] for Population-based Family Planning Objectives—Continued

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios[2,3] for selected characteristics at the midcourse data point

LEGEND

At the midcourse data point

- Group with the most favorable (least adverse) rate
- Group with the least favorable (most adverse) rate
- Data are available, but this group did not have the highest or lowest rate.
- Data are not available for this group because the data were statistically unreliable, not collected, or not analyzed.

Population-based Objectives	Characteristics and Groups																																		
	Sex			Race and Ethnicity								Education[4]							Family Income[5]						Disability			Location		
	Male	Female	**Summary Disparity Ratio[2]**	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic	**Summary Disparity Ratio[3]**	Less than high school	High school graduate	At least some college	Associate's degree	4-year college degree	Advanced degree	**Summary Disparity Ratio[3]**	Poor	Near-poor	Middle	Near-high	High	**Summary Disparity Ratio[3]**	Persons with disabilities	Persons without disabilities	**Summary Disparity Ratio[2]**	Metropolitan	Nonmetropolitan	**Summary Disparity Ratio[2]**
FP-12.5 Adolescent females who received formal education on HIV/AIDS prevention before age 18 years (percent, 15–19 years) (2011–2013)											1.023												f	1.080			1.036			1.164*
FP-12.6 Adolescent males who received formal education on HIV/AIDS prevention before age 18 years (percent, 15–19 years) (2011–2013)											1.029											e	f	1.087			1.046			1.161
FP-12.7 Adolescent females who received formal education on STDs before age 18 years (percent, 15–19 years) (2011–2013)											1.025												f	1.091			1.058			1.145*
FP-12.8 Adolescent males who received formal education on STDs before age 18 years (percent, 15–19 years) (2011–2013)											1.035											e	f	1.070			1.009			1.124*
FP-13.1 Adolescent females who talked to a parent/guardian about abstinence before age 18 years (percent, 15–19 years) (2011–2013)											1.026													1.155			1.037			1.008
FP-13.2 Adolescent males who talked to a parent about abstinence before age 18 years (percent, 15–19 years) (2011–2013)											1.206												f	1.318*			1.054			1.194
FP-13.3 Adolescent females who talked to a parent about birth control before age 18 years (percent, 15–19 years) (2011–2013)											1.094													1.147			1.117			1.040
FP-13.4 Adolescent males who talked to a parent about birth control before age 18 years (percent, 15–19 years) (2011–2013)											1.186													1.526*			1.071			

Table 13–3. Midcourse Health Disparities[1] for Population-based Family Planning Objectives—Continued

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios[2,3] for selected characteristics at the midcourse data point

LEGEND

At the midcourse data point

- Group with the most favorable (least adverse) rate
- Group with the least favorable (most adverse) rate
- Data are available, but this group did not have the highest or lowest rate.
- Data are not available for this group because the data were statistically unreliable, not collected, or not analyzed.

Population-based Objectives	Characteristics and Groups																														
	Sex			Race and Ethnicity								Education[4]							Family Income[5]						Disability			Location		
	Male	Female	**Summary Disparity Ratio[2]**	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic	**Summary Disparity Ratio[3]**	Less than high school	High school graduate	At least some college	Associate's degree	4-year college degree	Advanced degree	**Summary Disparity Ratio[3]**	Poor	Near-poor	Middle	Near-high	High	**Summary Disparity Ratio[3]**	Persons with disabilities	Persons without disabilities	**Summary Disparity Ratio[2]**	Metropolitan	Nonmetropolitan	**Summary Disparity Ratio[2]**
FP-13.5 Adolescent females who talked to a parent/guardian about HIV/AIDS prevention before age 18 years (percent, 15–19 years) (2011–2013)											1.178													1.147			1.020			1.294
FP-13.6 Adolescent males who talked to a parent about HIV/AIDS prevention before age 18 years (percent, 15–19 years) (2011–2013)											1.212													1.274			1.138			1.021
FP-13.7 Adolescent females who talked to a parent about STDs before age 18 years (percent, 15–19 years) (2011–2013)											1.108													1.092			1.086			1.265
FP-13.8 Adolescent males who talked to a parent about STDs before age 18 years (percent, 15–19 years) (2011–2013)											1.064												f	1.337*			1.086			1.048

Table 13–3. Midcourse Health Disparities[1] for Population-based Family Planning Objectives—Continued

NOTES

See HealthyPeople.gov for all Healthy People 2020 data. The Technical Notes provide more information on the measures of disparities.

FOOTNOTES

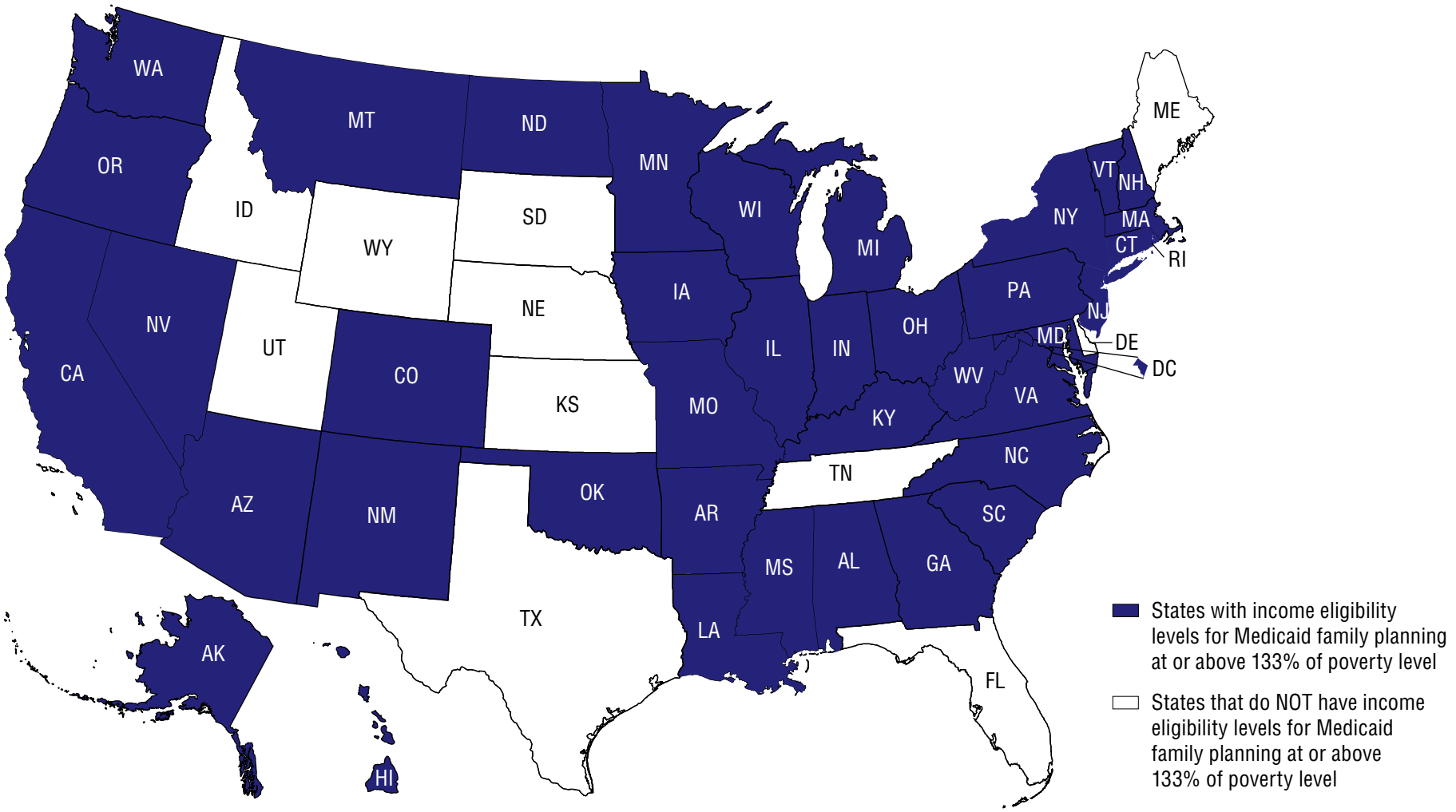
[1]**Health disparities** were assessed among population groups within specified demographic characteristics (sex, race and ethnicity, educational attainment, etc.). This assessment did not include objectives that were not population-based, such as those based on states, worksites, or those monitoring the number of events.
[2]When there were only two groups (e.g., male and female), the **summary disparity ratio** was the ratio of the higher to the lower rate.
[3]When there were three or more groups (e.g., white non-Hispanic, black non-Hispanic, Hispanic) and the most favorable rate (R_b) was the highest rate, the **summary disparity ratio** was calculated as R_b/R_a, where R_a = the average of the rates for all other groups. When there were three or more groups and the most favorable rate was the lowest rate, the summary disparity ratio was calculated as R_a/R_b.
[4]Unless otherwise footnoted, data do not include persons under age 25 years.
[5]Unless otherwise footnoted, the poor, near-poor, middle, near-high, and high income groups are for persons whose family incomes were less than 100%, 100%–199%, 200%–399%, 400%–599%, and at or above 600% of the poverty threshold, respectively.
*The summary disparity ratio was significantly greater than 1.000. Statistical significance was assessed at the 0.05 level using a normal one-sided test on the natural logarithm scale.
†The summary disparity ratio was not tested for statistical significance because standard errors of the data were not available or normality on the natural logarithm scale could not be assumed.
[a]Data include persons of Hispanic origin.
[b]Data do not include persons under age 20 years.
[c]Data are for persons who graduated from college or above.
[d]Data are for persons whose family income was 200% or more of the poverty threshold.
[e]Data are for persons whose family income was 400% to 499% of the poverty threshold.
[f]Data are for persons whose family income was 500% or more of the poverty threshold.

DATA SOURCES

FP-1	National Survey of Family Growth (NSFG), CDC/NCHS; National Vital Statistics System–Natality (NVSS–N), CDC/NCHS; Surveillance Data for Abortion, CDC/NCCDPHP; Guttmacher Institute Abortion Provider Survey (APS), Guttmacher Institute
FP-2	National Survey of Family Growth (NSFG), CDC/NCHS; Guttmacher Institute Abortion Provider Survey (APS), Guttmacher Institute
FP-5	National Survey of Family Growth (NSFG), CDC/NCHS
FP-6	National Survey of Family Growth (NSFG), CDC/NCHS
FP-7.1	National Survey of Family Growth (NSFG), CDC/NCHS
FP-7.2	National Survey of Family Growth (NSFG), CDC/NCHS
FP-9.1	National Survey of Family Growth (NSFG), CDC/NCHS
FP-9.2	National Survey of Family Growth (NSFG), CDC/NCHS
FP-10.1	National Survey of Family Growth (NSFG), CDC/NCHS
FP-10.2	National Survey of Family Growth (NSFG), CDC/NCHS
FP-10.3	National Survey of Family Growth (NSFG), CDC/NCHS
FP-10.4	National Survey of Family Growth (NSFG), CDC/NCHS
FP-12.1	National Survey of Family Growth (NSFG), CDC/NCHS
FP-12.2	National Survey of Family Growth (NSFG), CDC/NCHS
FP-12.3	National Survey of Family Growth (NSFG), CDC/NCHS
FP-12.4	National Survey of Family Growth (NSFG), CDC/NCHS
FP-12.5	National Survey of Family Growth (NSFG), CDC/NCHS
FP-12.6	National Survey of Family Growth (NSFG), CDC/NCHS
FP-12.7	National Survey of Family Growth (NSFG), CDC/NCHS
FP-12.8	National Survey of Family Growth (NSFG), CDC/NCHS
FP-13.1	National Survey of Family Growth (NSFG), CDC/NCHS
FP-13.2	National Survey of Family Growth (NSFG), CDC/NCHS
FP-13.3	National Survey of Family Growth (NSFG), CDC/NCHS
FP-13.4	National Survey of Family Growth (NSFG), CDC/NCHS
FP-13.5	National Survey of Family Growth (NSFG), CDC/NCHS
FP-13.6	National Survey of Family Growth (NSFG), CDC/NCHS
FP-13.7	National Survey of Family Growth (NSFG), CDC/NCHS
FP-13.8	National Survey of Family Growth (NSFG), CDC/NCHS

Map 13–1. States With Income Eligibility Levels for Medicaid-funded Family Planning Services at or Above 133% of the Federal Poverty Level: 2015

Healthy People 2020 Objective FP-14.1 ● National Target = 51 (states and the District of Columbia) ● National Total = 41 (states and the District of Columbia)

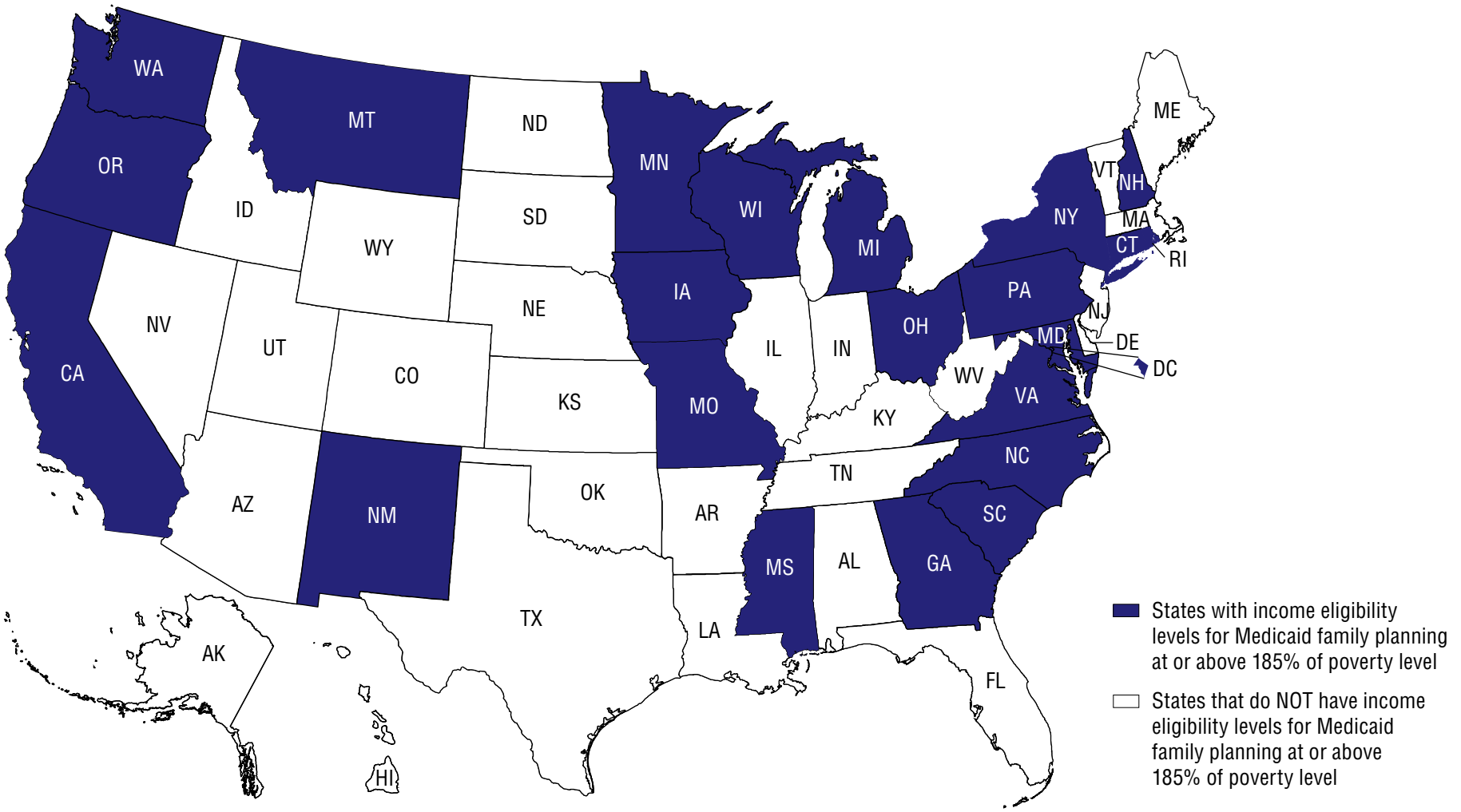


NOTE: Data are for states that set the income eligibility level for Medicaid-funded family planning services at or above 133% of the federal poverty level in 2015. Data are displayed by a modified Jenks classification for U.S. states which creates categories that minimize within-group variation and maximize between-group variation. The Technical Notes provide more information on the data and methods.

DATA SOURCES: Guttmacher Institute, State Medicaid Family Planning Eligibility Expansions, Kaiser Family Foundation; Medicaid Income Eligibility Limits for Adults as a Percent of the Federal Poverty Level

Map 13–2. States With Income Eligibility Levels for Medicaid-funded Family Planning Services at or Above 185% of the Federal Poverty Level: 2015

Healthy People 2020 Objective FP-14.2 ● National Target = 24 (states and the District of Columbia) ● National Total = 22 (states and the District of Columbia)



NOTE: Data are for states and the District of Columbia that set the income eligibility level for Medicaid-funded family planning services at or above 185% of the federal poverty level in 2015. Data are displayed by a modified Jenks classification for U.S. states which creates categories that minimize within-group variation and maximize between-group variation. The Technical Notes provide more information on the data and methods.

DATA SOURCES: Guttmacher Institute, State Medicaid Family Planning Eligibility Expansions, Kaiser Family Foundation; Medicaid Income Eligibility Limits for Adults as a Percent of the Federal Poverty Level