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Use of Family Planning Services by Currently Married Women 15-44 Years of Age: United States, 1973 and 1976[1]

About 13,300,000 currently married women received professional family planning services during the 3 years before the 1976 National Survey of Family Growth, an increase of about 1 million, or 8 percent, above the number who made a family planning visit in the 3 years before a similar survey conducted in 1973.

Among fecund, or nonsterile, couples about 57.9 percent made a family planning visit in the 3-year period prior to the 1976 survey as compared with 51.2 percent in the 3-year period prior to 1973.

Among wives who reported making a family planning visit in the 3 years before the 1976 survey, a large majority (84 percent) reported their most recent visit was with their own physician, while a minority (16 percent) indicated the last visit was with an organized medical service. These figures are not significantly different from the comparable figures for 1973.

The statistics on use of family planning services are from the National Survey of Family Growth, Cycles I and II, conducted by the National Center for Health Statistics. Data were collected through personal interviews with a multistage, probability sample of women in the household population of the conterminous United States. Women 15-44 years of age, inclusive, who were currently married or previously married or who were never married but had offspring presently living in the household were eligible for inclusion in the sample.

The interview was highly focused on the respondent's marital and pregnancy histories, on the use of contraception and the planning status of each pregnancy, on the respondent's intentions regarding number and spacing of future births, on maternal and family planning services, and on a broad range of socioeconomic characteristics.

For Cycle I, 3,856 black women and 5,941 women of races other than black were interviewed between June 1973 and February 1974. For Cycle II, 3,009 black women and 5,602 women of other races were interviewed between January and September of 1976. The numbers of black women and women of other races interviewed in Cycle II were revised for this report and differ slightly from the numbers reported in *Advance Data* Numbers 36 and 40. The revisions do not affect any other statistics reported here or previously mentioned. Because the estimates of statistics in this report are based on a sample, they are subject to sampling variability. A further discussion of sampling variability and of the design of the survey and definitions of terms can be found in the Technical Notes.

Detailed findings on use of family planning services from Cycle I of the National Survey of Family Growth are reported in an earlier report.[2]

This report presents preliminary findings from Cycle II, with comparisons to findings from Cycle I; it will be followed by a detailed report of findings from Cycle II in Series 23 of *Vital and Health Statistics*.

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[1]This report was prepared by Gerry E. Hendershot, Ph.D., Division of Vital Statistics.

[2]National Center for Health Statistics: Utilization of family planning services by currently married women 15-44 years of age, United States, 1973, by F. Notzon. *Vital and Health Statistics*. Series 23-No. 1. DHEW Pub. No. (PHS)78-1977. Public Health Service. Washington. U.S. Government Printing Office, Nov. 1977.

Statistics used include only women who were fecund 3 years before the interview date. Consultations about problems of infertility are not included in the definition of family planning services for purposes of this report. A woman was considered to be sterile if she reported it was impossible for her and her husband to conceive as a result of an operation, accident, or illness which occurred more than 3 years before the interview—before January 1970 for Cycle I, or before January 1973 for Cycle II. All other women were considered to be fecund, able to conceive, at the beginning of the period for which their use of family planning services was reported.

Table 1 shows the number of currently married, fecund women 15-44 years of age classified by race or ethnicity, poverty level income, and age and the percents in each group who reported a family planning visit in the 3 years before the survey in 1976 or 1973, by type of place of the last visit.

Table 2 includes only wives who reported a visit in the 3 years before each survey and shows their numbers by race or ethnicity, poverty level income, and age and the percent distribution of each group by type of place of last family planning visit.

The percent of fecund wives reporting a family planning visit increased between 1973 and 1976 among white women but did not change significantly in the other racial or ethnic groups considered. In both years, white wives were more likely than black wives or wives of Hispanic origin to report a visit, although the differences between white and Hispanic women are not statistically significant. In 1976 the percents were 59.2 for white women, 51.4 for women of Hispanic origin, and 46.2 for black women.

In all three racial or ethnic groups, wives with a visit were more likely to have had the last visit with their own physician than with an organized medical service in both 1976 and 1973. In both years, however, organized medical services had a larger share of last visits among black wives (37.0 percent of last visits in 1976) and wives of Hispanic origin (32.7 percent in 1976) than among white wives (14.1 percent in 1976).

The share of last visits to organized medical services did not change significantly in any of the three racial or ethnic groups. However, the decline among black wives from 42.2 percent in 1973 to 37.0 percent in 1976 approaches statistical significance, and is consistent with trends in methods of contraception—increasing percents of black women are using traditional methods such as the condom and the diaphragm, which are less likely than other methods to be obtained from organized medical services. (For further discussion of these trends, see *Advance Data* No. 36, "Contraceptive Utilization in the United States, 1973 and 1976.")

The percent reporting a family planning visit increased between 1973 and 1976 among women whose family income was 150 percent or more of the poverty level and among women whose family income was below that level. In neither 1973 nor 1976 was there a significant difference between the two income groups in the percent reporting a visit.

There was a difference between the income groups, however, in the place of last family planning visit (figure 1): among the poorer women, about one-third (33.5 percent in 1976) of women with a visit had the last visit with an

Figure 1. PERCENT OF CURRENTLY MARRIED FECUND WOMEN 15-44 YEARS OF AGE WITH A FAMILY PLANNING VISIT IN THE LAST 3 YEARS WHOSE LAST VISIT WAS WITH AN ORGANIZED MEDICAL SERVICE, BY POVERTY LEVEL INCOME: UNITED STATES, 1973 AND 1976

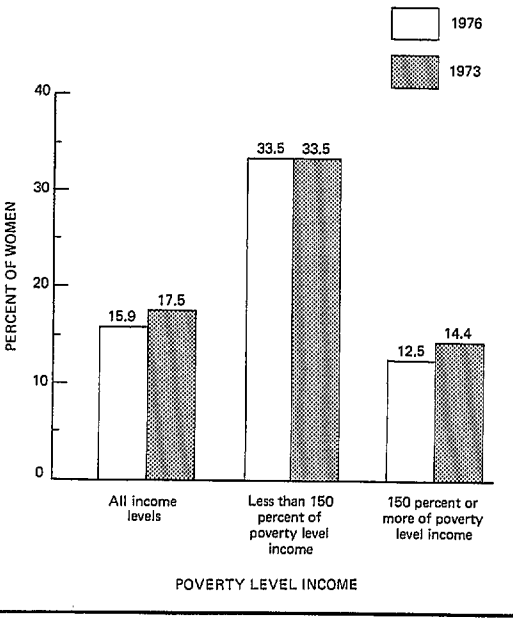


Table 1. Number of currently married fecund women 15-44 years of age and percent with a family planning visit in the last 3 years, by place of most recent family planning visit, race or ethnicity, poverty level income, and age: United States, 1973 and 1976

Race or ethnicity, poverty level income, and age	1976				1973			
	Number of women in thousands	With family planning visit in last 3 years			Number of women in thousands	With family planning visit in last 3 years		
		Total	Own physician	Organized medical services		Total	Own physician	Organized medical services
		Percent				Percent		
RACE OR ETHNICITY AND AGE								
Total								
All ages 15-44 years	22,923	57.9	48.7	9.2	23,863	51.2	42.2	9.0
15-24 years	5,978	75.6	58.0	17.6	5,953	75.5	58.5	17.0
15-19 years	1,042	76.5	48.8	27.7	1,028	69.6	50.5	19.1
25-34 years	10,869	61.4	54.1	7.3	10,797	54.5	47.0	7.6
35-44 years	6,076	34.0	29.6	4.5	7,113	25.8	21.5	4.3
White								
All ages 15-44 years	20,553	59.2	50.8	8.3	21,711	51.9	43.8	8.1
15-24 years	5,379	77.2	61.1	16.0	5,361	76.9	61.1	15.8
15-19 years	918	77.5	50.7	26.8	915	71.8	54.1	17.7
25-34 years	9,778	62.8	56.2	6.6	9,873	55.4	48.6	6.8
35-44 years	5,396	34.7	30.8	3.9	6,478	25.9	22.4	3.5
Black								
All ages 15-44 years	1,896	46.2	29.1	17.1	1,868	44.1	25.5	18.6
15-24 years	500	60.1	31.5	28.6	546	61.9	33.4	28.4
15-19 years	98	70.7	45.5	*25.2	96	47.4	*16.1	31.4
25-34 years	846	48.3	33.3	15.0	784	46.5	30.7	15.8
35-44 years	550	30.3	20.3	10.1	539	22.6	9.9	12.7
Hispanic origin[1]								
All ages 15-44 years	1,519	51.4	34.6	16.8	1,504	48.1	30.9	17.2
15-24 years	465	57.0	32.7	24.3	412	66.6	48.4	18.2
15-19 years	91	*42.0	*9.4	*32.5	96	49.1	*30.9	*18.2
25-34 years	679	59.1	41.2	17.9	563	54.1	33.6	20.5
35-44 years	375	30.7	25.4	*5.2	529	27.3	14.3	13.0
POVERTY LEVEL INCOME AND AGE								
149 percent of poverty income and below								
All ages 15-44 years	3,001	57.7	38.4	19.3	3,693	52.6	35.0	17.6
15-24 years	1,075	76.2	44.7	31.5	1,198	72.8	46.0	26.8
15-19 years	299	69.8	24.9	44.9	285	66.2	41.8	24.3
25-34 years	1,257	53.5	40.4	13.1	1,510	52.3	38.0	14.3
35-44 years	669	35.8	24.3	*11.5	986	28.7	17.1	11.6
150 percent of poverty income and above								
All ages 15-44 years	17,513	59.8	52.3	7.5	20,170	50.9	43.6	7.3
15-24 years	4,345	78.0	63.8	14.2	4,755	76.2	61.7	14.5
15-19 years	595	82.2	61.9	20.2	743	71.0	53.9	17.1
25-34 years	8,501	63.9	57.5	6.4	9,287	54.9	48.4	6.5
35-44 years	4,667	35.3	32.0	3.3	6,128	25.3	22.2	3.1

[1]Includes all women reporting any Hispanic origin, regardless of race or other ethnic origins reported.

Table 2. Number of currently married fecund women 15-44 years of age with a family planning visit in the last 3 years and percent distribution by place of most recent family planning visit, according to race or ethnicity, poverty level income, and age: United States, 1973 and 1976

Race or ethnicity, poverty level income, and age	1976				1973			
	Number of women with visit in thousands	Place of visit			Number of women with visit in thousands	Place of visit		
		Total	Own physician	Organized medical services		Total	Own physician	Organized medical services
RACE OF ETHNICITY AND AGE		Percent distribution				Percent distribution		
Total								
All ages 15-44 years--	13,262	100.0	84.1	15.9	12,216	100.0	82.5	17.5
15-24 years----------	4,520	100.0	76.8	23.2	4,493	100.0	77.5	22.5
15-19 years----------	797	100.0	63.8	36.2	716	100.0	72.6	27.4
25-34 years----------	6,674	100.0	88.1	11.9	5,889	100.0	86.1	13.9
35-44 years----------	2,069	100.0	86.9	13.1	1,833	100.0	83.3	16.7
White								
All ages 15-44 years--	12,164	100.0	85.9	14.1	11,268	100.0	84.5	15.5
15-24 years----------	4,152	100.0	79.2	20.8	4,122	100.0	79.4	20.6
15-19 years----------	711	100.0	65.4	34.6	657	100.0	75.4	24.6
25-34 years----------	6,139	100.0	89.4	10.6	5,469	100.0	87.6	12.4
35-44 years----------	1,873	100.0	88.7	11.3	1,676	100.0	86.7	13.3
Black								
All ages 15-44 years--	875	100.0	63.0	37.0	824	100.0	57.8	42.2
15-24 years----------	300	100.0	52.4	47.6	338	100.0	54.0	46.0
15-19 years----------	69	100.0	64.4	*35.6	45	100.0	*33.9	66.1
25-34 years----------	408	100.0	69.0	31.0	364	100.0	66.0	34.0
35-44 years----------	167	100.0	66.8	33.2	122	100.0	43.9	56.1
Hispanic origin[1]								
All ages 15-44 years--	782	100.0	67.3	32.7	724	100.0	64.2	35.8
15-24 years----------	265	100.0	57.3	42.7	275	100.0	72.7	27.3
15-19 years----------	38	100.0	*22.5	77.5	47	100.0	62.9	*37.1
25-34 years----------	401	100.0	69.7	30.3	304	100.0	62.1	37.9
35-44 years----------	115	100.0	82.9	*17.1	145	100.0	52.3	47.7
POVERTY LEVEL INCOME AND AGE								
149 percent of poverty income and below								
All ages 15-44 years--	1,731	100.0	66.5	33.5	1,944	100.0	66.5	33.5
15-24 years----------	819	100.0	58.7	41.3	872	100.0	63.2	36.8
15-19 years----------	209	100.0	35.7	64.3	189	100.0	63.2	36.8
25-34 years----------	672	100.0	75.5	24.5	790	100.0	72.6	27.4
35-44 years----------	240	100.0	67.9	32.1	283	100.0	59.6	40.4
150 percent of poverty income and above								
All ages 15-44 years--	10,469	100.0	87.5	12.5	10,272	100.0	85.6	14.4
15-24 years----------	3,388	100.0	81.8	18.2	3,622	100.0	81.0	19.0
15-19 years----------	489	100.0	75.4	24.6	527	100.0	75.9	24.1
25-34 years----------	5,435	100.0	90.0	10.0	5,099	100.0	88.2	11.8
35-44 years----------	1,646	100.0	90.6	9.4	1,551	100.0	87.6	12.4

[1]Includes all women reporting any Hispanic origin, regardless of race or other ethnic origins reported.

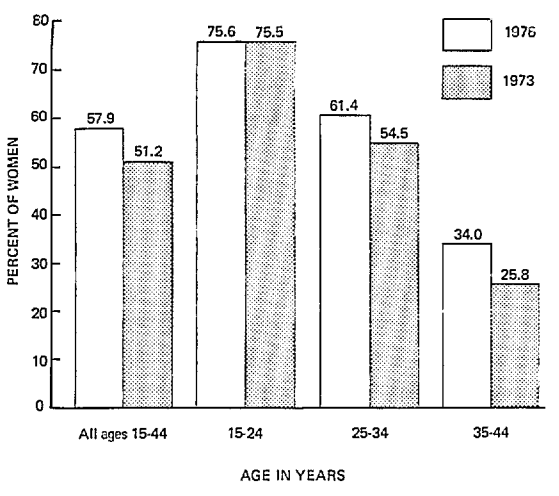
organized medical service, but among the women with higher income, only 1 in 8 (12.5 percent in 1976) had the last visit with an organized medical service. (See the Technical Notes for a discussion of limitations to comparing 1973 and 1976 income data.)

The percents of women reporting a family planning visit in the last 3 years vary with age, women aged 15-24 years being most likely to report a visit and women aged 35-44 years being least likely (figure 2). The pattern, which is observed in both survey years and most racial, ethnic, and income groups, may reflect a decline in women's need for services as they gain experience and grow older, the differential impact of recent growth in service programs for younger women just beginning to plan their families, or the departure of older women from the fecund population needing services by means of sterilizing operations.

Whatever the explanation for age differences in use of family planning services, differences were reduced between 1973 and 1976; in that period use of services increased in age groups 25-44 years, but it did not change significantly among women aged 15-24 years, narrowing the gap between them (table 1).

Age differences in the distribution of last visits by type of place are less pronounced; in both age groups 25-34 years and 35-44 years about 1 in 8 last visits were to an organized medical service in 1976, about the same as in 1973. In the age group 15-24 years, also, the percent of the last visits which were to organized medical services was unchanged between 1973 and 1976, but at a higher level, more than 1 in 5.

Figure 2. PERCENT OF CURRENTLY MARRIED FECUND WOMEN 15-44 YEARS OF AGE WITH A FAMILY PLANNING VISIT IN THE LAST 3 YEARS, BY AGE: UNITED STATES, 1973 AND 1976



Because of recent interest in family planning among teenagers, the statistics in tables 1 and 2 are shown separately for women aged 15-19 years. However, these data include only women who were married at the time of the interview; therefore many teenage women who were users, or potential users, of family planning services are not included. Also, the numbers of sample women in this age group are small, so statistics estimated from them are less reliable than other statistics in this report.

An earlier report by Jaffe and Dryfoos indicated that teenagers' use of family planning, especially from organized medical services, increased in the period 1973-1975.[3] In preparing this report, it was anticipated that the trend continued into 1976 and would be reflected in comparisons of statistics from Cycles I and II of the National Survey of Family Growth. It was found that the proportion of teenage wives reporting a family planning visit in the 3-year period before the interview increased from 69.6 percent to 76.5 percent between 1973 and 1976. The trend toward greater use of family planning services occurred among both black and white teenage wives but was stronger among black women, among whom the percent reporting a visit increased from 47.4 in 1973 to 70.7 in 1976.

Like other women, most teenage wives reported their last family planning visit was with their own physician (63.8 percent in 1976); however, organized services' share of last visits by teenage wives was substantial and increasing —from 27.4 percent in 1973 to 36.2 percent in 1976. This trend is observed for white teenagers and for teenagers with family income below 150 percent of the poverty level; for other groups of teenage wives the differences between 1973 and 1976 in the share of last visits held by organized services are not statistically significant.

[3] Jaffe, F.S., and Dryfoos, J.G.: Fertility control services for adolescents, access and utilization. *Fam. Plann. Perspect.* 8(4):167-175, July-Aug. 1976.

TECHNICAL NOTES

The Survey Design

The National Survey of Family Growth (NSFG) was designed to provide data on fertility, family planning, and related aspects of maternal and child health. Fieldwork for Cycle I was carried out by the National Opinion Research Center between June 1973 and February 1974. Fieldwork for Cycle II was carried out by Westat, Inc., between January and September of 1976.

A multistage probability sample of women in the household population of the conterminous United States was used in both cycles. Each time, approximately 33,000 households were screened to identify the sample of women who would be eligible for the NSFG, i.e., women aged 15-44 years, inclusive, who were either currently married, previously married, or never married but had offspring presently living in the household. In households with more than one eligible woman, a random procedure was used to select only one to be interviewed. Since the interviews were always conducted with the sample person, the term "respondent" is used as synonymous with sample person. For Cycle I, interviews were completed with 3,856 black women and 5,941 women of races other than black. For Cycle II, interviews were completed with 3,009 black women and 5,602 women of other races. A detailed description of the sample design for Cycle I is presented in "National Survey of Family Growth, Cycle I: Sample Design, Estimation Procedures, and Variance Estimation," Series 2, No. 76, in the *Vital and Health Statistics* series. A similar report is in preparation for Cycle II.

The interview was highly focused on the respondent's marital and pregnancy histories, on the use of contraception and the planning status of each pregnancy, on the respondent's intentions regarding the number and spacing of future births, on maternal and family planning services, and on a broad range of socioeconomic characteristics. While the interviews varied greatly in the time required for their completion, they averaged about 70 minutes for Cycle I and about 58 minutes for Cycle II.

Quality control procedures were applied at all stages of the survey. These included a verification of listing completeness with unlisted dwelling units being brought into the sample, a preliminary field review of completed questionnaires for possible missing data or inaccurate administration, a 10-percent sample recheck of all households to be screened in the survey, observation of interviews in the field, and an independent recoding of a 5-percent subsample of completed interviews.

Reliability of Estimates

Since 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. In addition, the results are also subject to nonsampling error due to respondent misreporting, data processing mistakes, and nonresponse. It is very difficult, if not impossible, to obtain accurate measures of nonsampling errors. These types of error were kept to a minimum by the quality control procedures and other methods incorporated into the survey design and administration.

Sampling error, or the extent to which samples may differ by chance from a complete count, is measured by a statistic called the standard error of estimate. Approximate standard errors for estimated numbers and percents from Cycle I are shown in tables I and II for white women and women of all races combined and in tables III and IV for the black population. Provisional estimates of standard errors for Cycle II for white women and women of all races combined can be obtained by multiplying the standard errors for these women from Cycle I by factors of 1.09 for the latter and 1.06 for white women. Similarly, provisional estimates of standard errors for Cycle II for black women can be obtained by multiplying the standard errors for black women from Cycle I by a factor of 1.14.

Table I. Approximate standard errors for estimated numbers for white women and women of all races combined: 1973 National Survey of Family Growth

Size of estimate	Relative standard error	Standard error
50,000	30.0	15,000
100,000	21.2	21,000
200,000	15.0	30,000
500,000	9.5	47,000
1,000,000	6.7	67,000
2,000,000	4.8	95,000
5,000,000	3.0	151,000
10,000,000	2.2	216,000
20,000,000	1.5	311,000

Table III. Approximate standard errors for estimated numbers for black women: 1973 National Survey of Family Growth

Size of estimate	Relative standard error	Standard error
25,000	25.3	6,000
50,000	17.9	9,000
100,000	12.7	13,000
150,000	10.3	16,000
250,000	8.0	20,000
350,000	6.8	24,000
500,000	5.7	28,000
750,000	4.7	35,000
1,000,000	4.0	40,000

The chances are about 68 out of 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 out of 100 that the differences between the sample estimate and a complete count would be less than twice the standard error. The relative standard error is the ratio of the standard error to the statistic being estimated. In this report, numbers and percents which have a standard error that is more than 25 percent of the estimate itself are considered unreliable. They are marked with an asterisk to caution the user but may be combined to make other types of comparisons of greater precision.

In this report, terms such as "similar" and "the same" mean that any observed difference between two estimates being compared is not statistically significant. Similarly, terms such as "greater," "less," "larger," and "smaller," indicate that the observed differences are statistically significant. The normal deviate test with a .05 level of significance was used to test all comparisons which are discussed in the text. A statistically significant difference is one large enough that in repeated samples of the same size and type as this one such a large difference would be expected to be found in less than 5 percent of the samples. Lack of comment in the text between any two statistics does *not* mean the difference was tested and found not to be significant.

Adjustment for nonsampling error due to nonresponse was made in two ways. Nonrespondent cases, as distinct from missing data items, were imputed by weighting for nonresponse within each primary sampling unit, stratum, and age-race category. In the 1973 survey, codes for missing items were imputed for

Table II. Approximate standard errors for estimated percents expressed in percentage points for white women and women of all races combined: 1973 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	3.0	4.6	6.4	8.5	9.7	10.4	10.6
500,000	1.3	2.1	2.8	3.8	4.3	4.6	4.7
1,000,000	0.9	1.5	2.0	2.7	3.1	3.3	3.3
3,000,000	0.5	0.8	1.2	1.5	1.8	1.9	1.9
5,000,000	0.4	0.6	0.9	1.2	1.4	1.5	1.5
7,000,000	0.3	0.5	0.8	1.0	1.2	1.2	1.3
10,000,000	0.3	0.5	0.6	0.8	1.0	1.0	1.1

Table IV. Approximate standard errors for estimated percents expressed in percentage points for black women: 1973 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
5,000	7.9	12.3	17.0	22.6	25.9	27.7	28.3
10,000	5.6	8.7	12.0	16.0	18.3	19.6	20.0
50,000	2.5	3.9	5.4	7.1	8.2	8.8	8.9
100,000	1.8	2.7	3.8	5.1	5.8	6.2	6.3
300,000	1.0	1.6	2.2	2.9	3.3	3.6	3.6
500,000	0.8	1.2	1.7	2.3	2.6	2.8	2.8
700,000	0.7	1.0	1.4	1.9	2.2	2.3	2.4
1,000,000	0.6	0.9	1.2	1.6	1.8	2.0	2.0

each woman by assigning the reported value of a case randomly selected from among women with similar characteristics. In the 1976 survey, for this report, cases with missing data are allocated among the cells of a table in proportion to the distribution of known cases with the same characteristics.

DEFINITIONS OF TERMS

Family planning visit in the last 3 years.—In Cycle II, women were considered to have made a family planning visit in the last 3 years if they answered affirmatively to the question "During the last 3 years, has a doctor or other trained person prescribed or talked with you about a method for delaying or preventing pregnancy?" In Cycle I, women were asked the same question except that a period of 5 years was specified rather than 3 years. Women who answered affirmatively to that question were also asked, "When was the last time you talked about methods of family planning with a doctor or trained person?" Women who answered that question with a date less than 3 years before the interview were considered to have made a family planning visit in the last 3 years.

Place of last family planning visit.—Women with a family planning visit in the last 3 years were asked where the last (most recent) visit took place. "Own physician" includes visits of the respondent with her own physician, whether in the physician's office or in a hospital; it includes group practices and prepaid medical organizations. "Organized medical services" includes visits to all other places: general clinics, family planning clinics, hospitals, or elsewhere. Place of last family planning visit was not ascertained for about 1 percent of women with a visit in Cycle I and about 5 percent in Cycle II; cases without place information were allocated to place categories in proportion to the distribution of similar cases with complete place information.

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

Race.—Classification by race was based on interviewer observation and was reported as black, white, or other. Race refers to the race of the woman interviewed.

Hispanic origin.—A respondent was classified as being of Hispanic origin if she reported her origin or descent as Mexicano, Chicano, Mexican American, Puerto Rican, Cuban, or other Spanish, regardless of whether she also mentioned any other origin.

In tables where data are presented for women according to race and Hispanic origin, women of Hispanic origin are included in the statistics for white and black women if they were identified as such by the interviewer.

Marital status.—Persons are classified by marital status as married, widowed, divorced, separated, or never married. Married persons include those who report themselves as married or as informally married (living with a partner or common-law spouse and the like). Persons who are temporarily separated for reasons other than marital discord, such as vacation, illness, or Armed Forces, are classified as married.

Fecundity.—For this report, a woman was considered to be sterile if she reported it was impossible for her and her husband to conceive as a result of an operation, accident, or illness which occurred more than 3 years before the interview—before January 1970 for Cycle I, or before January 1973 for Cycle II. All other women were considered to be fecund, able to conceive, at the beginning of the period for which their use of family planning services was reported.

Poverty level.—The poverty index ratio was calculated by dividing the total family income by the weighted average threshold income of nonfarm families with the head 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. 106, "Money Income in 1975 of Families and Persons in the United States, " table A-3 (for Cycle II), and No. 98, "Characteristics of the Low-Income Population, 1973," table A-3 (for Cycle I). 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 substantial numbers of respondents (7 percent in Cycle I and 16 percent in Cycle II), total family income was not ascertained. In Cycle I, values

were imputed where missing, using a known value of another similar, randomly selected respondent; in Cycle II, however, missing values of family income were not imputed, and only cases with known values are included in statistics on poverty income level. Because of this difference, estimates of aggregate numbers in categories of poverty income level cannot be compared between the two surveys; percents may be compared, but such comparisons may be affected by the differences in imputation procedures in the two surveys.

Household population.—The household population consists of persons living in households. A household is a person or a group of persons, provided no more than five are unrelated to the head of the household, who occupy a room or group of rooms intended as separate living quarters; that is, the occupants do not live and eat with any other persons in the structure, and there is either (1) direct access from the outside of the building or through a common hall or (2) complete kitchen facilities for the exclusive use of the occupants of the household.

RELATED DATA

Data on family planning services are also collected in two other surveys conducted by the National Center for Health Statistics. Data for the National Ambulatory Medical Care Survey come from reports from a sample of office-based physicians; data for the National Reporting System for Family Planning Services come from a sample of medical organizations which provide family planning services. Whereas these data systems use information from the providers of family planning services, the National Survey of Family Growth uses information from recipients of the services. Because of this difference and differences in collection procedures and definitions of terms, statistics on family planning visits from the three data systems may differ.

SYMBOLS

Data not available	- - -
Category not applicable	. . .
Quantity zero	-
Quantity more than 0 but less than 0.05	0.0
Figure does not meet standards of reliability or precision	*

Recent Issues of *Advance Data From Vital and Health Statistics*

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