

Patient Profile, National Reporting System for Family Planning Services: United States, 1978

by Jean E. Foster, formerly with the Division of Health Care Statistics

The National Reporting System for Family Planning Services (NRSFPS) is a sample survey conducted on a continuous basis by the Division of Health Care Statistics, National Center for Health Statistics. The NRSFPS, begun in 1972 to collect data on clinic-based visits for family planning services in the United States and some of its territories, encompasses medical family planning visits occurring in clinics. The clinics include those operated by public health departments, private organizations such as affiliates of Planned Parenthood Federation of America, Inc. or hospitals, and other sites that provide family planning services. Medical family planning visits to private physicians' offices are excluded from the survey.

The Clinic Visit Record (CVR) is the basic data collection form used in the NRSFPS. Service sites that collected NRSFPS data through participation in a computerized record system generally used a locally developed form containing the CVR items. The 14 items on the CVR cover basic socio-demographic information about the patient and include questions about family planning. In this survey, family planning patients are defined as individuals who made a visit for medical family planning services related to contraception, infertility treatment, or sterilization. Persons seeking only a pregnancy or venereal disease test are not counted as family planning patients, nor are persons interested only in obtaining contraceptive supplies or counseling.

Although the primary sampling unit in the NRSFPS is the family planning visit, an unduplicated count of patients can be obtained by identifying 1) new patients at the time of their first visit, and 2) continuation and readmission patients at the time of their first visit in the survey year. (Readmission patients are patients who last visited a family planning service site at least one calendar year prior to 1978). Data based on patients, rather than visits, is currently limited for NRSFPS data items which may change from one visit to another. Therefore, the reader should be cautious when interpreting the

data. Further discussion of the survey methodology and the sampling variation associated with the statistics, and the definitions of certain terms used in this report, are included in Technical Notes.

Patient estimates

According to NRSFPS data, about 3,831,000 patients received medical family planning services in 1978 from family planning service sites in the United States. Table 1 shows that 99.6 percent of patients

Table 1. Number, percent distribution, and enrollment rates of family planning patients by selected characteristics: United States, 1978

<i>Selected characteristic</i>	<i>Number in thousands</i>	<i>Percent distribution</i>	<i>Enrollment rate per 1,000¹</i>
All patients	3,831	100.0	18
Sex			
Female	3,815	99.6	77
Male	*17	0.4	...
All female patients	3,815	100.0	77
Age			
Under 15 years	44	1.2	...
15-19 years	1,225	32.1	119
20-24 years	1,402	36.8	139
25-29 years	669	17.5	74
30-34 years	282	7.4	35
35-39 years	117	3.1	18
40-44 years	49	1.3	8
45 years and over	27	0.7	...
Race			
White	2,616	68.6	61
Black	1,118	29.3	181
Other	81	2.1	75
Ethnicity			
Hispanic	415	10.9	133
Other	3,400	89.1	73

¹Based on the female civilian, noninstitutionalized population age 15-44 years.

NOTE: Figures may not add to totals due to rounding.

in 1978 were women and only 0.4 percent were men. Since the estimated number of male patients is too small for reliable estimates based on detailed cross-tabulations, this report focuses on female family planning patients.

Most female medical family planning patients are 20-24 years old; the enrollment rate peaks at 139 per 1,000 women in that age interval. Teenagers account for 32.1 percent of all female patients and women 45 years and over represent only about 0.7 percent. The median female patient age is 22.9 years.

Although there are proportionately more white than black female patients (68.6 percent and 29.3 percent, respectively), the black enrollment rate is 181 per 1,000 women age 15 to 44 years compared with the white enrollment rate of 61 per 1,000 women age 15 to 44 years. Women of Hispanic origin comprise 10.9 percent of all female patients, with an enrollment rate of 133 per 1,000 women age 15 to 44 years. Ethnicity is independent of racial classification and may include persons of all races.

Patient status

Table 2 shows the relatively large proportion (61.5 percent) of continuation and readmission patients among women in 1978, which indicates the extent of previous exposure to the family planning

Table 2. Number and percent distribution of female family planning patients by patient status, according to selected characteristics: United States, 1978

Selected characteristic	All patients	Total	Patient status		
			New	Continu- ation	Re- admit
Percent distribution					
All female patients	3,815	100.0	38.4	51.9	9.6
Age					
Under 15 years	44	100.0	81.8	18.2	-
15-19 years	1,225	100.0	53.5	41.7	4.8
20-24 years	1,402	100.0	32.5	56.6	10.9
25-29 years	669	100.0	28.8	58.3	12.9
30-34 years	282	100.0	27.7	58.9	13.5
35-39 years	117	100.0	26.5	59.0	15.4
40-44 years	49	100.0	22.4	59.2	18.4
45 years and over	27	100.0	*22.2	59.3	*18.5
Race					
White	2,616	100.0	42.3	48.7	9.0
Black	1,118	100.0	28.6	60.1	11.3
Other	81	100.0	50.0	42.5	7.5
Ethnicity					
Hispanic	415	100.0	43.1	46.7	10.1
Other	3,400	100.0	37.9	52.6	9.6

NOTE: Figures may not add to totals due to rounding.

program. As expected, continuation and readmission patients tend to be older than new patients. The proportion of new patients is about 53.5 percent for the 15-19 age group and drops to about 28.8 percent for the 25-29 age group. The proportion of continuation patients levels off to about 59 percent beginning with women age 30-34. The median age for new female patients is 20.4 years, compared with 23.0 years for continuation patients and 24.1 years for readmission patients.

In 1978, a larger proportion of white female patients are new patients (42.3 percent) than among black female patients (28.6 percent). Conversely, continuation status is higher among black women (60.1 percent) than among white women (48.7 percent). There are proportionately more new patients among the Hispanic than among the non-Hispanic female patient population.

Female patient demographics

The data in table 3 show that there are at least 2 times as many white as black female patients in

Table 3. Number of female family planning patients by age and percent distribution by selected characteristics, according to age: United States, 1978

Selected characteristic	All ages	Age		
		Under 20 years	20-29 years	30 years and over
Number in thousands				
All female patients	3,815	1,269	2,071	475
Percent distribution				
Total	100.0	100.0	100.0	100.0
Race				
White	68.6	70.3	69.0	62.3
Black	29.3	28.0	28.8	35.2
Other	2.1	1.7	2.3	2.7
Ethnicity				
Hispanic	10.9	6.6	11.4	20.0
Other	89.1	93.3	88.6	80.2
Education				
Less than 12 years	39.5	61.2	25.3	42.9
12 years	38.2	30.7	42.7	38.5
13 years or more	22.3	8.0	32.0	18.1
Student status				
Student.	29.6	55.6	18.4	8.8
Not a student	70.4	44.3	81.7	90.9
Public assistance income				
Receives public assistance	14.7	14.1	14.7	16.4
Does not receive public assistance	85.3	86.0	85.3	83.8

NOTE: Figures may not add to totals due to rounding.

the two youngest age groups shown (under 20 years of age and 20-29 years of age). Also, a smaller proportion of teenage women in the youngest age group was reported as being of Hispanic origin or descent than were women in the two older age groups.

The proportion of female family planning patients with less than a high school education (39.5 percent) varied with age, with the lowest proportion in the 20-29 year age group. About three-quarters of women in the middle age group reported that they completed high school or had additional years of schooling. Public assistance income is one indicator of family income and relative economic status. Most patients are not part of families whose income includes some type of public assistance. The proportion ranged from 14.1 percent among women under 20 years of age to 16.4 percent among women 30 years of age and over.

Pregnancy history

Tables 4 and 5 present statistics on the pregnancy history of female patients by age and race, respectively. As expected, the proportion who have never had a pregnancy decreases sharply with age. A larger proportion of white women have never been pregnant than black women. The same pattern is found for live births: 59.8 percent of the white women and 39.7

Table 4. Number of female family planning patients by age and percent distribution by pregnancy history, according to age: United States, 1978

Pregnancy history	All ages	Age		
		Under 20 years	20-29 years	30 years and over
Number in thousands				
All female patients	3,815	1,269	2,071	475
Percent distribution				
Total	100.0	100.0	100.0	100.0
Number of pregnancies				
None	42.4	65.7	35.6	10.1
One	25.9	26.2	29.1	11.6
Two	15.2	6.0	19.8	20.2
Three or more	16.4	2.1	15.6	58.3
Number of live births				
None	53.9	78.3	48.1	13.3
One	21.8	18.1	25.8	14.3
Two	13.4	3.1	17.4	23.6
Three or more	10.9	*0.4	8.7	48.6
Number of fetal deaths				
None	77.4	84.8	75.0	68.2
One	17.2	13.2	18.9	20.2
Two or more	5.3	2.0	6.0	11.6

NOTE: Figures may not add to totals due to rounding.

Table 5. Number of female family planning patients by race and percent distribution by pregnancy history, according to race: United States, 1978

Pregnancy history	Total ¹	White	Black
Number in thousands			
All female patients	3,815	2,616	1,118
Percent distribution			
Total	100.0	100.0	100.0
Number of pregnancies			
None	42.4	46.9	31.9
One	25.9	24.7	28.9
Two	15.2	14.1	17.9
Three or more	16.4	14.3	21.2
Number of live births			
None	53.9	59.8	39.7
One	21.8	18.7	29.2
Two	13.4	12.2	16.4
Three or more	10.9	9.2	14.7
Number of fetal deaths			
None	77.4	77.5	77.3
One	17.2	17.4	16.8
Two or more	5.3	5.1	5.8

¹Includes all other races not shown separately.

NOTE: Figures may not add to totals due to rounding.

percent of the black women reported they had never borne a live child. However, the proportion of patients with one or more fetal deaths is the same for women of both races—approximately 23 percent. Among teenage patients, 15.2 percent reported at least one fetal death, whereas in the over 30 age group this proportion doubled, primarily due to longer exposure time associated with increasing age.

The proportion of women who reported three or more pregnancies or live births is highest in the over 30 age group. Approximately 58.3 percent of these patients reported three or more pregnancies compared with 15.6 percent of the patients 20-29 years of age. Differences are also apparent by race, with black patients having the larger proportion of both three or more pregnancies and three or more live births (21.2 percent and 14.7 percent, respectively).

Contraceptive use

Tables 6 and 7 present statistics on the contraceptive method used prior to the visit and the contraceptive method adopted or continued at the end of the patient's visit by age and race, respectively. These data refer to the first visit for new patients and the first visit in 1978 for all other patients. Given this limitation, table 6 indicates that teenagers are over three times more likely than either of the two older

Table 6. Number of female family planning patients by age and percent distribution by contraceptive use, according to age: United States, 1978

Contraceptive use	All ages	Age		
		Under 20 years	20-29 years	30 years and over
Number in thousands				
All female patients	3,815	1,269	2,071	475
Percent distribution				
Total	100.0	100.0	100.0	100.0
Prior contraceptive method				
Pill	57.4	48.8	64.8	48.2
IUD.	8.7	2.3	9.8	21.5
Diaphragm.	4.1	1.3	5.3	6.3
Foam, jelly, or cream.	3.4	2.4	3.4	5.9
Natural.	0.5	*0.6	*0.5	*0.4
Sterilization	1.2	*0.3	1.0	4.0
Other.	3.6	4.3	3.1	4.0
No method used regularly . . .	21.0	39.9	12.2	9.3
Current contraceptive method				
Pill	63.5	74.6	62.3	38.9
IUD.	9.3	3.7	10.1	20.8
Diaphragm.	7.4	4.2	9.0	9.3
Foam, jelly, or cream.	5.7	5.0	5.2	9.5
Natural.	0.4	*0.2	*0.4	*1.1
Sterilization	1.2	*0.2	1.0	4.8
Relying on partner	3.6	2.8	3.4	6.3
Other.	0.8	*0.5	0.8	*1.5
None	8.2	8.7	7.8	8.2

NOTE: Figures may not add to totals due to rounding.

age groups to have not used a contraceptive method regularly prior to visiting the clinic. Accordingly, 54.5 percent of the teenage patients reported they had never made a prior visit to a family planning clinic. There is no statistical difference between the proportion of white and black patients reporting no prior contraceptive method.

Overall, 79.0 percent of all female patients reported that some method of contraception was used prior to their visit. Among contraceptors in all age and racial groups, the pill is the most prevalent method used regularly prior to the family planning visit. However, reported pill use varies considerably by age. It was the most common prior method used by women in the 20-29 age range. About 56.5 percent of the white patients and 59.8 percent of the black patients reported the pill as their prior contraceptive method.

The contraceptive method adopted or continued after the visit, as mentioned above, represents only a minimal level of contraceptive services provided at service sites; method changes which may have occurred at return visits during the year are not represented in the statistics presented in this report. The proportion of patients reporting no method dropped from

Table 7. Number of female family planning patients by race and percent distribution by contraceptive use, according to race: United States, 1978

Contraceptive use	Total ¹	White	Black
Number in thousands			
All female patients	3,815	2,616	1,118
Percent distribution			
Total	100.0	100.0	100.0
Prior contraceptive method			
Pill	57.4	56.5	59.8
IUD	8.7	7.8	10.7
Diaphragm	4.1	4.7	2.9
Foam, jelly, or cream	3.4	3.5	3.1
Natural	0.5	0.6	*0.2
Sterilization	1.2	1.1	*1.4
Other	3.6	4.3	2.1
No method used regularly	21.0	21.5	19.9
Current contraceptive method			
Pill	63.5	63.2	64.7
IUD	9.3	8.5	11.1
Diaphragm	7.4	8.6	4.9
Foam, jelly, or cream	5.7	5.0	7.2
Natural	0.4	*0.4	*0.4
Sterilization	1.2	1.0	1.6
Relying on partner	3.6	3.9	2.8
Other	0.8	0.8	*0.6
None	8.2	8.6	6.7

¹Includes all other races not shown separately.

NOTE: Figures may not add to totals due to rounding.

21.6 percent before the visit to 8.2 percent after the visit; the comparable figures for teenage patients are 39.9 percent and 8.7 percent, respectively. The proportion of noncontraceptors did not differ significantly by race.

Oral contraception is the method most commonly adopted or continued by all age and race groups; 63.5 percent of all female family planning patients chose the pill.

More women under 20 years of age (74.6 percent) than women 30 years of age and over (38.9 percent) opted to use the pill, whereas the proportions choosing the IUD, diaphragm, and other methods generally increases with age. With the exception of a higher proportion of white patients that adopted or continued use of the diaphragm, there were no statistically significant differences between the races in the choice of birth control methods.

The three most effective methods—the pill, IUD, and sterilization—account for 74.0 percent of all female patients. The proportion of patients choosing or continuing these methods is 78.5 percent for women under 20 years of age, 73.4 percent for women 20-29 years of age, and 64.5 percent for women 30 years of age and over.

Technical Notes

Sampling design

The 1978 National Reporting System for Family Planning Services estimates are based on a stratified two-stage sampling design. In the first stage, a probability sample of 1,195 (about 1 in 4, nationally) family planning service sites was selected from a stratified sampling frame developed in 1976.

In the second stage of the sampling plan, family planning visits occurring at each sample site were systematically selected. The sampling rate assigned by NCHS to each sample site depended on the site's reported visit volume and the State in which the site was located. Overall, there were 14 visit sampling rates used to determine the proportion of each site's family planning visits needed for the survey; the visit sampling rates ranged from 1/1 to 1/30. The 1978 National Reporting System for Family Planning Services sample for the United States encompassed 138,129 female patient records. A report delineating the NRSFPS background, development, and evolution has been published.¹

Estimation

The statistics provided by the NRSFPS for 1978 are derived by a complex-estimation procedure. The estimation procedure used to produce essentially unbiased national estimates for the NRSFPS has two principal components—inflation by the reciprocal of the probability of sample selection and imputation for nonresponse.

Sampling error

The statistics presented in this report are based on a sample survey and therefore differ from those that would be obtained from a full-count (100 percent) survey using the same data collection procedures and definitions.

The standard error is primarily a measure of the variability that occurs by chance because a sample rather than the entire universe is surveyed. While the standard error, as calculated for this report, reflects some of the random variation inherent in the measurement process, it does not measure any systematic error that is present in the NRSFPS data. The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is sometimes expressed as a per-

centage of the estimate. The chances are about 0.68 that the interval specified by the estimate plus or minus one standard error of the estimate contains the figure which would be obtained through a full-count survey of the sampling frame. The chances are about 0.95 that the interval specified by the estimate plus or minus two standard errors of the estimate contains the figure which would be obtained through a full-count survey of the sampling frame.

To derive standard errors that would be applicable to a wide variety of statistics and could be derived at moderate costs, several approximations were required. For the three basic age categories of patients presented in this report, estimates of totals and relative standard errors of totals are shown in table I. The standard error for estimated percentages of patients are shown in table II.

Table I. Number of female family planning patients and relative standard error, by age: United States, 1978

Age	Number of patients in thousands	Relative standard error in percent
All ages	3,815	4.1
Under 20 years	1,269	4.3
20-29 years	2,071	4.4
30 years and over	475	3.9

Table II. Approximate standard error of percent of female family planning patients, by age: United States, 1978

Age	Estimated percent of patients					
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	50
	Standard error in percentage points					
All ages	0.2	0.4	0.6	0.8	0.9	0.9
Under 20 years	0.3	0.7	1.0	1.3	1.5	1.6
20-29 years	0.3	0.6	0.8	1.0	1.2	1.3
30 years and over	0.4	0.9	1.2	1.6	1.8	2.0

Example of use of table: An estimate of 90 percent based on all teenage patients has a standard error of 1.0 percent or a relative standard error of 1.1 percent ($1.0 \text{ percent} \div 90 \text{ percent}$).

Nonsampling error

While nonsampling error is present in most sample surveys, the NRSFPS was particularly subject to error associated with a gap between the survey's universe and sampling frame. This gap existed because the sampling frame did not include sites that began providing services after the frame was finalized in early

¹National Center for Health Statistics: Background and development of the national reporting system for family planning services, by B. J. Haupt. *Vital and Health Statistics*, Series 1—No. 13. DHEW Pub. No. (PHS) 78-1313. Public Health Service. Washington. U.S. Government Printing Office, Apr. 1978.

1976. Other nonsampling error includes that due to service site nonresponse, item nonresponse, information incompletely or inaccurately recorded, and processing error. Through an evaluation study conducted during 1980, several problems associated with the collection of data for the NRSFPS were identified (i.e., adherence to NRSFPS definitions). While the study results are not directly applicable to the 1978 NRSFPS results, they are indicative of the difficulties inherent in the 1978 NRSFPS data collection effort.

Rounding

Aggregate estimates of family planning visits in the tables are rounded to the nearest thousand. The percentages were computed based on rounded estimates; thus, the figures may not add to the totals.

Definitions

Family planning service site.—A family planning service site is the location where medical family planning services are provided on a regular basis under the supervision of a physician. Private physicians' offices and group medical practices are not considered sites unless they receive support through a Department of Health and Human Services grant for the provision of family planning services. Military service sites are excluded from the survey.

Family planning visit.—A family planning visit is a visit to a family planning service site in which medical services related to contraception, infertility treatment, or sterilization are provided.

Family planning patient.—A family planning patient is an individual who has made one or more family planning visits.

Medical services.—Medical services include Pap smears, pelvic exams, breast exams, blood pressure tests, pregnancy tests, venereal disease tests, sterilizations, infertility treatments, urinalyses and blood tests (unless included as part of another service), and other medical services.

Related data

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 that provide family planning services. These data systems use information from the providers of family planning services; however, 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
0.0	Quantity more than 0 but less than 0.05
*	Figure does not meet standards of reliability or precision

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

No. 72. Visits to Family Planning Service Sites, 1978 (In preparation)

No. 71. Health Care Coverage Under Private Health Insurance, Medicare, Medicaid, and Military or Veterans Administration Health Benefits: United States, 1978 (In preparation)

No. 70. Utilization of Short-Stay Hospitals in Treatment of Mental Disorders (In preparation)

No. 69. Office Visits for Preventive Care: National Ambulatory Medical Care Survey: United States, 1977-78 (Issued: April 1, 1981)

No. 68. Stroke Survivors Among the Noninstitutionalized Population 20 Years of Age and Over: United States, 1977 (Issued: May 13, 1981)
