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Advance Data

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Use of Family Planning Services in the United States: 1982 and 1988

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Introduction

About 20 million women had one visit or more for family planning services in the 12 months before the 1988 National Survey of Family Growth. This was about the same number who had one visit or more in the 12 months before a similar survey conducted in 1982. Women 20–24 years of age were most likely to have had a visit for family planning in the last year (59 percent), and women 40–44 were least likely (only 6 percent). Black women were more likely to have received services in the past year than white women (39 versus 34 percent). About two-thirds of women who used services in the last year (64 percent) received their most recent family planning services at the offices of a private doctor, group of doctors, or Health Maintenance Organization (HMO); another one-third (36 percent) received that service from a clinic. Black women, poor women, and teenagers were more likely to rely on clinics for their family planning services than white, higher-income, and older women.

These findings are based on preliminary data from Cycle IV of the National Survey of Family Growth (NSFG), conducted by the National Center for Health Statistics. They are the most recent estimates of the use of family planning services in the United States. The 1988 data in this report are from Cycle IV of the survey, which was based on personal interviews conducted between January and August of 1988 with 8,450 women 15–44 years of age in the civilian noninstitutionalized population of the United States. The other data in this report are from Cycle III of the National Survey of Family Growth, conducted in 1982. The NSFG interview includes information on a number of topics related to childbearing, family planning, and maternal and infant health. The design of the 1988 survey and estimates of sampling errors are discussed further in the technical notes.

Findings

In the 1982 and 1988 surveys, a detailed series of questions was asked on family planning services that women received in the 12 months before the interview; services received at the last visit, regardless of when it occurred; and services received at the first family planning visit the woman ever had. The specific services asked about are listed in the technical notes, but the major ones are getting a new method of birth control, continuing a method already being used, checking for side effects of a method, and birth control counseling.

Table 1 shows the number of women 15–44 years of age in 1982 and 1988 and the percent who had one or more family planning visits in the 12 months before the survey. In both years, about 20 million women had one or more family planning visits. The proportion of women who had a family planning visit in the last 12 months was not significantly different in 1982 (37 percent) and 1988 (35 percent). In fact, *none* of the changes between 1982 and 1988 in table 1, either overall or by age or poverty level income, was statistically significant at the 5-percent level. In other words, there was no significant change between 1982 and 1988 in the proportion who used family planning services in any age or income group.

However, use of family planning services varied strongly by age in both 1982 and 1988. In 1988, the percent

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Table 1. Number and percent of women who had 1 family planning visit or more in the last 12 months, by age, poverty level income, and race: United States, 1982 and 1988

Age and poverty level income	All races[1]		White		Black	
	1988	1982	1988	1982	1988	1982
Age	Number in thousands					
15–44 years	57,900	54,099	47,077	45,367	7,679	6,985
15–19 years	9,179	9,521	7,313	7,815	1,409	1,416
20–24 years	9,413	10,629	7,401	8,855	1,364	1,472
25–29 years	10,796	10,263	8,672	8,569	1,459	1,335
30–34 years	10,930	9,381	9,010	7,916	1,406	1,144
35–39 years	9,583	7,893	7,936	6,697	1,170	884
40–44 years	7,999	6,412	6,745	5,515	872	734
Poverty level income						
0–149 percent	13,561	13,843	9,052	10,093	3,601	3,338
150 percent or more	44,339	40,256	38,024	35,275	4,078	3,647
Age	Percent					
15–44 years	34.5	36.5	34.3	35.8	39.3	43.0
15–19 years	30.4	30.6	29.2	28.6	40.9	43.4
20–24 years	59.0	56.2	59.8	54.9	65.5	65.1
25–29 years	53.0	55.7	54.5	55.9	52.1	56.7
30–34 years	34.9	33.9	34.8	33.4	38.0	38.3
35–39 years	17.0	19.4	17.0	19.4	15.6	20.0
40–44 years	6.0	7.0	5.7	7.0	8.0	7.9
Poverty level income						
0–149 percent	36.2	40.0	35.7	39.2	39.9	43.8
150 percent or more	34.0	35.3	34.0	34.8	38.8	42.2

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

NOTE: For definitions of terms see technical notes. Because of rounding of estimates, figures may not add to totals.

who had a family planning visit in the last year increased from 30 percent at ages 15–19 to 59 percent at ages 20–24, and then decreased to 35 percent at ages 30–34, 17 percent at ages 35–39, and 6 percent at ages 40–44. In 1988, this general age pattern, with a peak at ages 20–24 and a low at ages 40–44, was observed for both white and black women (table 1). The pattern was similar in 1982, but the peak at ages 20–24 was less pronounced in that year.

The age pattern observed in table 1 is probably a result of the contraceptive methods used by women in the various age groups. Ages 20–24, the peak of the use of family planning services, are the ages when the oral contraceptive pill is the leading method (1). Using the pill requires regular visits to a doctor to renew the prescription and check for side effects. As women age and complete their families, use of the pill declines and use of sterilization increases. By ages 35–44, over half of women or their husbands are sterile from operations, either for contraceptive or health-related reasons (2). As sterility becomes more common (at the older ages), fewer women seek out family planning services.

In both 1982 and 1988, black women were significantly more likely than white women to have had a family planning visit in the past year. In 1988, 39 percent of black women and 34 percent of white women had had a visit in the past 12 months. The difference by race was largest among teenagers: in 1988, 41 percent of black teenagers and 29 percent of white teenagers had had a family planning visit in the last 12 months (table 1). One possible reason for this difference may be that higher proportions of black teenagers begin intercourse at an earlier age than white teenagers (3), and are therefore more likely to need family planning services during their teenage years. Differences by race at ages 20 and over were not statistically significant in 1988.

In 1982, low-income women were significantly more likely to have had a family planning visit than high-income women (40 versus 35 percent). The difference by poverty level income in 1982 was significant only at the 10-percent level for white women (39 versus 35 percent), and it was not significant for black women. In 1988, 36 percent of low-income women and 34 percent of high-income women had had a family planning visit in the last 12 months. This is not a significant difference; further, the differences by poverty level income for white and black women separately are also not statistically significant in 1988. Apparently in 1988, the two income groups were about equally likely to use family planning services of some kind. However, they differed strongly in where they obtained their family planning services, as shown below.

Most recent source of service

Women who reported in the survey that they had received family planning services were shown a card that listed the different kinds of clinics, doctors' offices, and counselors where women might get these services. The types of clinics listed included hospital clinics, family planning clinics, community health center clinics, public health department clinics, and other clinics. The types of doctors' offices included private doctor, private group practice, co-op, and HMO. Counselors included minister, priest, or religious counselor, school counselor, youth center, and other counselor. While visits to private doctors are usually paid for by insurance and the patient's own income, visits to clinics are often subsidized by Federal, State, or local governments and by private charitable groups. Tables 2–4 show some of the characteristics of women who use clinics and those who use private doctors.

Table 2 shows the 20 million women who used family planning services in the last 12 months, by whether they used a private doctor, clinic, or counselor for their most recent visit. About 64 percent of women used a private doctor for their most recent visit; 36 percent used a clinic; and less than 1 percent used a counselor. Black women were much more likely to use clinics than white women in both 1982 and 1988. In 1988, 53 percent of black women and

Table 2. Number of women who have had 1 family planning visit or more in the last 12 months and percent distribution by the most recent source of service, according to race: United States, 1982 and 1988

Race	Number of women in thousands	All sources	Private medical service	Clinic	Counselor
1988		Percent distribution			
All races[1]	19,991	100.0	64.1	35.5	0.4
White	16,151	100.0	67.5	32.1	0.4
Black	3,018	100.0	46.5	53.2	0.3
1982					
All races[1]	19,762	100.0	67.7	31.1	1.3
White	16,224	100.0	72.0	26.6	1.3
Black	3,001	100.0	44.4	54.5	1.1

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

NOTE: For definitions of terms see technical notes.

Table 3. Number of women 15–44 years of age who had 1 family planning visit or more in the last 12 months and percent who used a clinic at their most recent family planning visit, by race, age, and poverty level income: United States, 1982 and 1988

Age and poverty level income	All races[1]		White		Black	
	1988	1982	1988	1982	1988	1982
Age	Number in thousands					
15–44 years	19,991	19,762	16,151	16,224	3,018	3,001
15–19 years	2,787	2,915	2,136	2,236	576	614
20–24 years	5,558	5,972	4,424	4,866	894	958
25–29 years	5,724	5,722	4,727	4,790	761	757
30–44 years	5,923	5,154	4,864	4,332	787	672
Poverty level income						
0–149 percent	4,911	5,533	3,229	3,959	1,437	1,462
150 percent or more	15,080	14,229	12,921	12,265	1,581	1,539
Age	Percent					
15–44 years	35.5	31.1	32.1	26.6	53.2	54.5
15–19 years	62.2	51.0	60.6	44.0	65.4	73.7
20–24 years	42.2	36.3	38.2	31.7	62.4	58.9
25–29 years	29.4	26.7	25.3	22.9	51.6	49.3
30–44 years	22.5	18.6	20.6	16.1	35.6	36.8
Poverty level income						
0–149 percent	60.2	48.0	56.1	40.1	67.0	67.9
150 percent or more	27.4	24.5	26.1	22.3	40.7	41.8

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

NOTE: For definitions of terms see technical notes. Because of rounding of estimates, figures may not add to totals.

only 32 percent of white women used a clinic at their most recent visit. For both white and black women, nonmedical counselors not located in medical clinics or doctors' offices were not an important source of family planning services, probably because they cannot provide medical services and supplies that are needed for the contraceptive methods that most women use.

Table 3 shows the number of women who used family planning services in the last 12 months by the age, race, and poverty status (income) of the woman, and focuses on the percent who used a clinic at their most recent visit. The percent of black women using clinics was substantially higher than the percent of white women using clinics in every age category (except teenagers in 1988) and every income group in both 1982 and 1988 (table 3). Explaining the greater reliance of black women than white women on clinics is complex and is an appropriate subject for further research. Some studies have suggested, however, that black women are more likely to rely on clinics for family planning services because they are less likely than white women to have health insurance coverage or sufficient income to pay the fees of private doctors (4). Another recent study cited lack of insurance coverage and lack of a regular source of medical care as major reasons why some women use clinics rather than private doctors (5). Other factors, such as the location of clinics and private doctors' offices, may also help to explain the greater use of clinics by black women.

In 1982, black teenagers were much more likely to use clinics than white teenagers (74 versus 44 percent). But the difference shrank from 30 percentage points in 1982 to only 4 percentage points in 1988 (65 versus 61 percent: not significant). This shrinkage was the result of two changes. First, there was a sharp and significant increase, from 44 to 61 percent, in use of clinics by white teenagers between 1982 and 1988. There was also an apparent decrease, which was not statistically significant, in the proportion of black teenagers who used clinics (from 74 percent in 1982 to 65 percent in 1988).

However, at age 20 and older, the differences by race in the percent using a clinic were quite large in both 1982 and 1988. For example, in 1988, 62 percent of black women and 38 percent of white women ages 20–24 used a clinic at their most recent visit.

By age, the percent using a clinic is highest for teenagers and declines sharply and significantly as age increases. In 1988, 62 percent of teenagers and 23 percent of women 30 and over used a clinic at their most recent visit. In 1982, 51 percent of teenagers and 19 percent of women 30 and over used a clinic. Previous studies (cited in reference 4) suggest that many teenagers use clinics because clinics cost less than private doctors, and because clinics promise that the visit will remain confidential.

Many of the Federal, State, and local programs that fund clinic services are intended to serve low-income women (4). Table 3 also shows the percent who used a clinic at last visit by poverty level income—the total family income divided by the poverty level, expressed as a percent. Low-income women were much more likely than high-income women to rely on

Table 4. Number of women 15–24 years of age who have ever had a family planning visit and percent who used a clinic at their first visit, by race and age at first visit: United States, 1982 and 1988

Age	All races[1]		White		Black	
	1988	1982	1988	1982	1988	1982
	Number in thousands					
15–24 years	9,960	9,440	7,828	7,597	1,761	1,613
Under 18 years	4,761	4,903	3,492	3,750	1,114	1,066
18–19 years	3,304	2,869	2,679	2,410	475	365
20–24 years	1,895	1,637	1,657	1,408	172	182
	Percent					
15–24 years	57.8	47.3	54.4	42.5	70.2	69.4
Under 18 years	66.4	55.2	63.2	50.0	72.7	72.9
18–19 years	56.8	40.3	54.9	36.1	64.7	62.7
20–24 years	38.0	36.6	34.8	34.3	68.8	62.7

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

NOTE: For definitions of terms see technical notes. Because of rounding of estimates, figures may not add to totals.

clinics for their family planning services. For example in 1988, 60 percent of low-income women used a clinic for their most recent visit, compared with only 27 percent of women with incomes of 150 percent of poverty or more. The proportion using a clinic was 56 percent for low-income white women and only 26 percent for higher-income white women, and 67 versus 41 percent for black women.

Looking at trends in table 3, the apparent drop in the percent of black teenagers using a clinic (from 74 percent in 1982 to 65 percent in 1988) was not statistically significant. As noted above, the increase for white teenagers, from 44 to 61 percent, was significant. Changes in other age groups were smaller and none were significant.

The percent of low-income white women using a clinic increased significantly, from 40 percent in 1982 to 56 percent in 1988 (which means that low-income white women were relying more on clinics for their family planning services in 1988 and were less likely to use private doctors). In the much larger group with incomes of 150 percent of poverty level or more, the change was not significant, and was much smaller (22 to 26 percent).

An additional question was asked of women who used a clinic at the most recent visit, to determine the name and address of the clinic. The name and address of the clinic was then used to determine whether the clinic was funded by Title X of the Public Health Service Act, also called the Population Research and Voluntary Family Planning Programs Act. An estimated 3.74 million women used a Title X clinic at their last visit in the last 12 months; of these, 2.57 million were white, 1.05 million were black, and the rest were of other races. The characteristics of Title X and other clinic users will be explored further in future reports.

First visit

As indicated earlier, family planning services include getting a new method of birth control, renewing a prescription for a method already being used, checking for side effects of method use, counseling on birth control methods, and other services. Women 15–24 years of age at the date of the survey were asked the type of doctor's office, clinic, or counselor they went to the first time they received any family planning services.

In 1988, about 58 percent of women 15–24 who had ever had a family planning visit used a clinic at their first visit (table 4); about 42 percent used a private doctor, and less than 1 percent used a nonmedical counselor (not shown). As at the most recent visit, black women were much more likely than white women to use clinics at the first visit (70 percent of black women and 54 percent of white women used a clinic at the first visit; table 4). The higher use of clinics at the first visit by black women in 1982 has been reported before (4, 6, 7).

For women of all races combined and for white women, but not for black women, the percent using a clinic at their first visit was highest at the youngest ages (table 4). For example, in 1988, 66 percent of women who made their first visit before they were 18 used a clinic at that first visit, compared with 57 percent at ages 18–19 and only 38 percent at age 20 and older. For black women, especially as reported in the 1988 survey, there was no significant variation by age at the first visit in the percent using a clinic.

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Technical notes

The National Survey of Family Growth (NSFG) is a periodic survey conducted by the National Center for Health Statistics to collect data on factors affecting childbearing, contraception, infertility, and related aspects of maternal and infant health. The survey is jointly funded by the National Center for Health Statistics, the National Institute of Child Health and Human Development, and the Office of Population Affairs, all of the U.S. Department of Health and Human Services. Fieldwork was conducted under contract by Westat, Inc., in both 1982 and 1988.

For the 1988 survey (Cycle IV) personal interviews were conducted with a national sample of women who were 15–44 years of age on March 15, 1988. The interviews were conducted between January and August of 1988. In 1982, the population covered was women 15–44 years of age living in the civilian noninstitutionalized population of the conterminous United States. In 1988, Alaska and Hawaii were included, so the population covered was the civilian noninstitutionalized population of the entire United States. Interviews were completed with 7,969 women in 1982 and 8,450 women in 1988. Further details on the sample design and procedures of the 1982 survey are given in references 7 and 8.

Interviews for Cycle IV of the survey were conducted between January and August of 1988 from households that had been interviewed in the National Health Interview Survey (NHIS) between October of 1985 and March of 1987. The NHIS is also conducted by NCHS. As in previous cycles of the NSFG, black women were oversampled. Interviews were conducted in person in the respondent women's homes by trained female interviewers and lasted an average of about 70 minutes. The interview focused on the woman's pregnancy history; her past and current use of contraception; ability to bear children (fecundity and infertility); use of medical services for family planning, infertility, and prenatal care; her marital history, occupation and labor force participation, and a wide range of social, economic, and demographic characteristics.

Reliability of estimates

Because the statistics presented in this report are based on a sample, they may differ by chance variations from the statistics that would result if all 57.9 million women represented by the NSFG had been interviewed. The standard error of an estimate is a measure of such differences. The standard error of an estimated number or percent is calculated by using the appropriate values of A and B from table I in the equations,

$$SE(N) = \sqrt{(A + B/N)}\ N$$

and

$$SE(P) = \sqrt{\frac{B\ P\ (100-P)}{X}}$$

where N = the number of women
P = the percent
X = the number of women in the denominator of the percent

Table I. Preliminary estimates of the parameters A and B for estimating standard errors for women, by race

Race	Parameters	
	A	B
Total or white . . .	−0.00018	10,738
Black.	−0.000626	5,181

The parameters shown in table I were used to generate table II, which shows preliminary estimates of standard errors for percents of total or white women, and table III, which shows preliminary estimates of standard errors for percents of black women.

A similar table for the Cycle III (1982) survey is given in reference 7.

The chances are about 68 in 100 (about 2 in 3) that a sample estimate would fall within one standard error of a statistic based on a complete count of the population represented by the NSFG. The chances are about 95 in 100 that a sample estimate would fall within two standard errors of the same measure obtained if all people in the population were interviewed. Differences between percents discussed in this report were found to be statistically significant at the 5-percent level using a 2-tailed normal deviate test. This means that in repeated samples of the same type and size, a difference as large as the one observed would occur in only 5 percent of samples if there were, in fact, no difference between the percents in the population.

In the text, terms such as "greater," "less," "increase," or "decrease" indicate that the observed differences are statistically significant at the 0.05 level using a two-tailed normal deviate test. Statements using the phrase "the data suggest" indicate that the difference is significant at the 0.10 (10 percent) level but not the 0.05 (5 percent) level. Lack of comment in the text about any two

Table II. Preliminary estimates of standard errors for percents of total or white women: 1988 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
	Standard error in percentage points						
100,000	4.6	7.1	9.8	13.1	15.0	16.1	16.4
500,000	2.1	3.2	4.4	5.9	6.7	7.2	7.3
1,000,000	1.5	2.3	3.1	4.1	4.7	5.1	5.2
5,000,000	0.6	1.0	1.4	1.9	2.1	2.3	2.3
10,000,000.	0.5	0.7	1.0	1.3	1.5	1.6	1.6
30,000,000.	0.3	0.4	0.6	0.8	0.9	0.9	0.9
50,000,000.	0.2	0.3	0.4	0.6	0.7	0.7	0.7
53,000,000.	0.2	0.3	0.4	0.5	0.6	0.7	0.7

Table III. Preliminary estimates of standard errors for estimated percents of black women: 1988 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
	Standard error in percentage points						
100,000	3.2	5.0	6.8	9.1	10.4	11.2	11.4
500,000	1.4	2.2	3.1	4.1	4.7	5.0	5.1
1,000,000	1.0	1.6	2.2	2.9	3.3	3.5	3.6
5,000,000	0.5	0.7	1.0	1.3	1.5	1.6	1.6
7,500,000	0.4	0.6	0.8	1.1	1.2	1.3	1.3

statistics does not mean that the difference was tested and found not to be significant.

The relative standard error (or coefficient of variation) of a statistic is the ratio of the standard error to the statistic, and usually is expressed as a percent of the estimate. In this report, statistics with a relative standard error of 30 percent or more are indicated with an asterisk (*). These estimates may be viewed as unreliable by themselves, but they may be combined with other estimates to make comparisons of greater precision.

Statistics in this report also may be subject to nonsampling error, that is, errors or omissions in responding to the interview, recording answers, and processing data. The data have been adjusted for nonresponse by means of adjustments to the sample weights assigned to each case. Other types of nonsampling error were minimized by a series of quality control measures as described in reports on Cycle III (such as reference 7).

Definitions of terms

Family planning services—In the 1982 and 1988 surveys, women were asked a series of questions about whether they had used any of the following services: to get a new method of birth control, renew a prescription, or get supplies for a method already being used; to get a sterilizing operation; to check for correct use or fit of a method or for side effects of a method; or to get counseling about birth control, about having a sterilizing operation, or what to do about a pregnancy. Women who reported receiving one or more of these services were classified as having used family planning services. These questions were asked separately about services received in the 12 months before the interview, services at the last (most recent) visit, and the first visit ever. Women were also asked if they received a pregnancy test. This is not considered a family planning service, but is often the main reason women first go to a family planning provider. First visits at which women received only a pregnancy test, and no other family planning services, were not counted as family planning visits in this report or in another analysis (6).

Source of family planning services—Women who had received family planning services were shown a card containing the following list of types of places: "Clinics" included hospital clinics, family planning clinics, community health center clinics, public health department clinics, and other clinics. Private medical services or private doctors included private doctors in solo or group practices, HMO's (health maintenance organizations), and co-ops. "Counselors" included minister, priest, or religious counselor, school counselor, social or family service agencies, youth centers, and other counselors, at places where medical family planning services are not offered.

Age at first visit—This is the woman's age in completed years at the time she made her first visit for family planning services.

Demographic terms

Age—Age is classified by the age of the respondent in completed years as of March 15, 1988, the approximate midpoint of interviewing.

Race—Race refers to the race of the woman interviewed and is classified as black, white, or other. In Cycles III (1982) and IV (1988), race was classified according to the woman's report of the race that best described her.

Poverty level income—The poverty level index is calculated by dividing the total family income in 1987 by the 1987 poverty level threshold for the woman's family size, as published by the U.S. Bureau of the Census. This definition takes into account the number of persons in the family (9). For a substantial number of respondents (22 percent in 1982 and 11 percent in 1988), total family income was not ascertained. Missing values of poverty level income were imputed from similar respondents with known data. Because of these relatively high levels of missing data, small differences between poverty level income categories should be interpreted with caution.

Cooperating agencies

Cycle IV of the National Survey of Family Growth was supported in part by the National Institute of Child Health and Human Development, National Institutes of Health, and the Office of Population Affairs, Offfice of the Assistant Secretary of Health. These agencies also participated in the design of the questionnaire.

Symbols

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

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