

Visits to Family Planning Service Sites: United States, 1978

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Data highlights

According to data collected for the National Reporting System for Family Planning Services by the National Center for Health Statistics, an estimated 7,425,000 medical family planning visits by females were made to nonmilitary family planning service sites in the United States. Excluded from the scope of the National Reporting System for Family Planning Services are family planning visits that were made to private physicians. Of these visits, 38.1 percent were made by females 20-24 years of age.

Of the family planning visits made by females, estimated 77.6 percent resulted in the adoption of an oral contraceptive pill, an intrauterine device (IUD), or sterilization, each of which is a highly effective contraceptive method requiring medical services.

About 32.7 million medical services were provided to females at an average rate of 4.4 services per visit. Four of the 11 medical services specified in the National Reporting System for Family Planning Services (the Pap smear, the pelvic examination, the breast examination, and the blood pressure check) accounted for 56.2 percent of the total medical services provided.

Introduction

Since 1972 the Division of Health Care Statistics of the National Center for Health Statistics (NCHS) has used the National Reporting System for Family Planning Services (NRSFPS) to obtain data on the utilization of family planning services provided by the Nation's family planning program.¹ NRSFPS data are also used by the Department of Health and Human Services to prepare the annual "Report on Family Planning Services and Population Research," made to Congress, as required under Section 1009 of the Public Health Service Act (Public Law 94-63).

On July 1, 1977, the NRSFPS was converted from a full-count to a sample-based survey. Figure 1 is a facsimile of the primary data collection form used. Estimates in this report are based on a sample approach for the entire year.

A brief description of the sample design and an explanation of the sampling error associated with the estimates are found in the technical notes in this report.

According to the NRSFPS definition, family planning services encompass medical services related to contraceptive methods (including sterilization) and treatment for infertility. These medical services are the Pap smear, pelvic examination, breast examination, blood pressure check, pregnancy testing, venereal disease testing, urinalysis, blood test, sterilization, infertility treatment, and other medical services. While family planning services are available through several components of the Nation's health care delivery system, the Nation's family planning program distinguishes itself from the other components by its commitment to provide family planning services to individuals regardless of economic status. The Nation's family planning program, as outlined in the 1978 report to Congress, is comprised of public and private agencies that provide family planning services through a network of family planning service sites. The U.S. Public Health Service provides a significant financial base for the provision of family planning services through grants for health services to many of these agencies.

Data on family planning services are also collected in two other surveys—the National Ambulatory Medical Care Survey (NAMCS),² and the National Survey of Family Growth (NSFG).³ NAMCS collects data on visits to office-based physicians, and NSFG collects data on family planning visits made by married women ages 15-44 years. Because of differences in the populations sampled, the definitions, and the data collection procedures, estimates on family planning visits from the three data systems may differ.

Sex, age, race, and ethnicity

In addition to the estimated 7,425,000 medical family planning visits made by females, an estimated 27,000 medical family planning visits were made by males to family planning service sites. Because the size of the NRSFPS sample is not large enough to allow a detailed analysis by various service and sociodemographic characteristics, this report is limited to family planning visits made by females. However, data on family planning visits by males have been presented in other NCHS publications.^{4,5,6}

Figure 2 shows that 88.4 percent of the family planning visits were made by females under 30 years. Of these visits made by females in this age range, 32.5 percent were made by those under 20 years, 38.1 percent were made by those 20-24 years, and 17.8 percent were made by those 25-29 years. Females aged 30 years and over accounted for 11.6 percent.

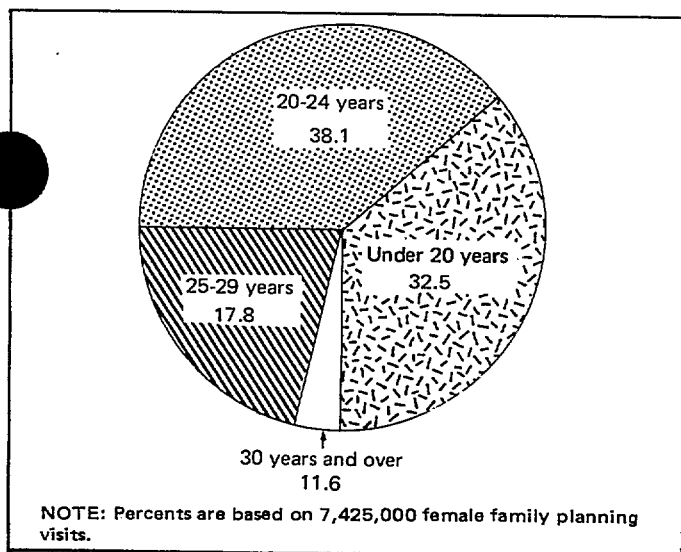


Figure 2. Percent distribution of female family planning visits by age: United States, 1978

An estimated 66.5 percent of the visits were made by white females and 31.7 percent by black females. The remaining 1.8 percent were made by females of other races. Data for white females (table 1) show that 67.8 percent of the visits were made by those under 20 years. In addition, two-thirds of the visits were made by those aged 20-29 years, and white females also accounted for a large proportion (61.0 percent) of the visits made by females aged 30 years and over.

An estimated 9.9 percent of the visits were made by females of Hispanic origin or descent. The proportion of these visits ranged by age from 5.8 percent to 19.0 percent.

Table 1. Number and percent distribution of female family planning visits by race, ethnicity, and education, according to age: United States, 1978

Race, ethnicity, and education	All ages	Age			
		Under 20 years	20-24 years	25-29 years	30 years and over
Number in thousands					
All visits	7,425	2,410	2,831	1,321	864
Percent distribution					
Total	100.0	100.0	100.0	100.0	100.0
Race					
White	66.5	67.8	68.3	63.7	61.0
Black	31.7	30.8	30.0	34.0	36.7
Other	1.8	1.4	1.7	2.3	2.3
Ethnicity					
Hispanic origin or descent . . .	9.9	5.8	9.0	13.6	19.0
Not of Hispanic origin or descent	90.1	94.2	91.0	86.4	81.0
Education					
Less than 12 years	39.7	61.4	25.3	28.6	43.5
12 years	39.0	31.3	43.5	43.1	39.5
13 years or more	21.3	7.3	31.2	28.2	17.0

Education

Table 1 shows that 78.7 percent of the visits were made by females with 12 years of education or less. For ages 20 years and over, the proportion of visits made by females with more than 12 years of education decreased with increasing age.

Pregnancy history

A large proportion (41.8 percent) of the visits were made by females who had never been pregnant (table 2). As expected, the proportion of visits

Table 2. Percent distribution of female family planning visits by number of pregnancies, and number of live births, according to age: United States, 1978

Pregnancies and live births	All ages	Age			
		Under 20 years	20-24 years	25-29 years	30 years and over
Total pregnancies	100.0	100.0	100.0	100.0	100.0
Never pregnant	41.8	64.3	41.4	21.8	10.4
One pregnancy	26.8	27.6	31.6	25.1	11.6
Two pregnancies or more . . .	31.4	8.2	26.9	53.0	77.9
Total live births	100.0	100.0	100.0	100.0	100.0
No live births	53.2	77.6	55.3	30.4	13.5
One live birth	22.6	18.8	26.8	26.0	14.4
Two live births or more	24.1	3.6	17.9	43.6	72.0

made by females who had never been pregnant decreased with age, however, the proportion of visits made by females with two or more pregnancies increased with age. Approximately 64.3 percent of the visits were made by teenagers (under 20 years of age) who reported they had never been pregnant, however, 8.2 percent were made by teenagers who reported two or more pregnancies. Of those visits made by females 30 years and over, about 10.4 percent reported they had never been pregnant, compared with 77.9 percent who reported two or more pregnancies. The proportion of visits made by females who had had one pregnancy was about the same for all age groups, except those visits made by females aged 30 years and over (11.6 percent).

About 53.2 percent of the reported visits were associated with nulliparous females. A large proportion (77.6 percent) of visits by teenagers were made by those who had never had a live birth, compared with 3.6 percent who reported two live births or more (table 2). The proportion of visits made by females 30 years and over was larger than visits made by those under 30 years who reported one or more live births (86.4 percent and 41.6 percent, respectively).

Medical services

According to the NRSFPS classification of family planning medical services, there were an estimated 32.7 million medical services provided during 7.4 million female family planning visits.

The vast majority of these visits included services related to contraception, and only 0.1 percent of the visits included treatment for infertility.

A Pap smear, a breast examination, and a blood pressure check—basic medical services for female contraceptors—were provided at 48.2 percent, 50.2 percent, and 86.1 percent of the visits, respectively (figure 3). Furthermore, a pelvic examination was provided at 63.2 percent of the visits. It should be noted that any one family planning visit may involve several medical services. Thus the percentages in figure 3 do not add to 100 percent.

The medical service of sterilization was not commonly provided to females at family planning visits (0.2 percent) and was not generally available at most service sites.

Venereal disease testing was commonly provided at family planning visits (44.1 percent), but the NRSFPS did not collect information on test results.

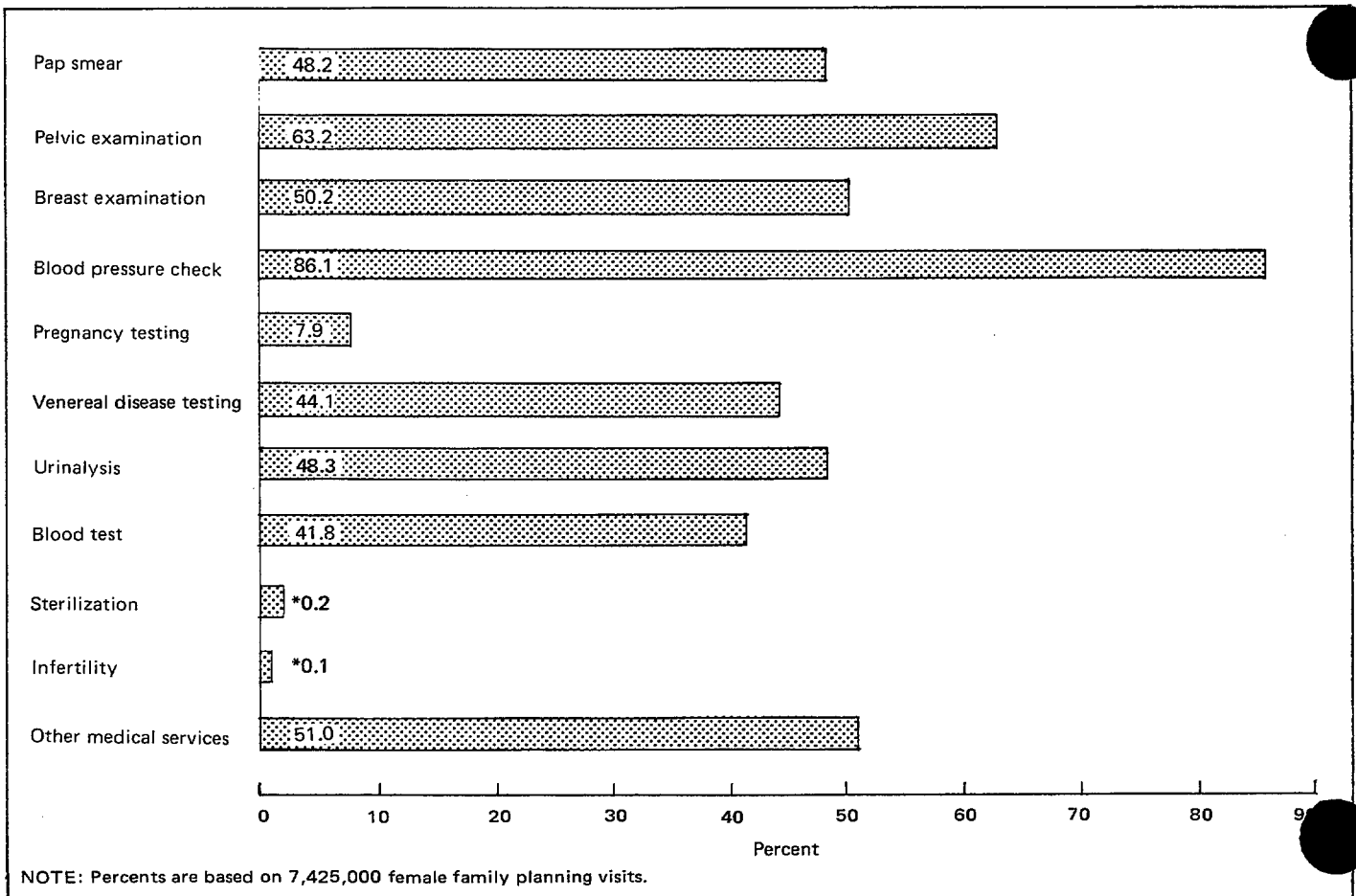


Figure 3. Percent of female family planning visits, by type of medical services provided: United States, 1978

Pregnancy testing was provided at a smaller proportion of the visits (7.9 percent).

The category "other medical services" comprises those medical family planning services not otherwise specified by the NRSFPS. Other medical services were provided at 51.0 percent of the family planning visits.

Contraceptive method adopted or continued

As noted, virtually all of the visits made by females to family planning service sites were to obtain medical services related to contraception. The pill was adopted or continued for about 67.1 percent of the reported visits (figure 4 and table 3). The next most popular method was the intrauterine device. The diaphragm and foam, jelly, or cream (considered as methods used independently) were the contraceptive methods adopted or continued at 6.4 and 4.8 percent of the visits, respectively. Sterilization was the contraceptive method adopted or continued at 1.0 percent of the visits; however, it should be noted that females who have elected sterilization as their method of contraception generally have less need to make routine followup visits than females on other methods. Overall, 89.8 percent of the visits resulted in the continuation or adoption of some contraceptive method.

Table 3 shows that although the pill was the most frequently adopted or continued contraceptive method in each age interval, generally the proportion of visits involving its use declined with increasing age, from 77.0 percent of the visits made by females under 20 years of age to 45.3 percent of the visits made by females 30 years and over.

While figure 4 shows that 10.2 percent of family planning visits resulted in neither the adoption nor the continued use of a contraceptive method, table 3 shows that 3.2 percent of these visits were made by

females who relied on their partner's method for contraceptive protection. In addition, about 2.9 percent of these visits were made by females who were pregnant, and the remaining 4.1 percent reported other reasons for no contraceptive method.

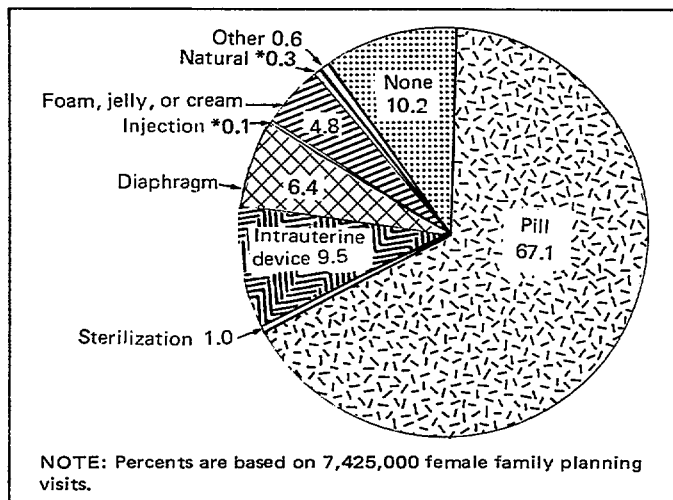


Figure 4: Percent distribution of female family planning visits at which a contraceptive method was adopted or continued, by method chosen: United States, 1978.

Table 3. Percent distribution of female family planning visits by contraceptive method adopted or continued, according to age: United States, 1978

Method	All ages	Age			
		Under 20 years	20-24 years	25-29 years	30 years and over
Total	100.0	100.0	100.0	100.0	100.0
Pill	67.1	77.0	68.6	60.1	45.3
Intrauterine device	9.5	4.4	8.9	13.5	20.0
Diaphragm	6.4	3.7	7.3	8.3	7.8
Foam, jelly, or cream	4.8	4.2	4.2	5.1	8.3
Other	2.0	0.8	1.4	2.7	5.8
None-pregnant	2.9	3.4	2.9	2.3	1.9
None-relying on partner	3.2	2.6	2.8	3.7	5.7
None-other	4.1	3.8	3.9	4.2	5.2

References

¹National Center for Health Statistics: Background and development of the National Reporting System for Family Planning Services, United States, 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.

²National Center for Health Statistics: Office visits for family planning, National Ambulatory Medical Care Survey, United States, 1977, by K. Cypress. *Advance Data from Vital and Health Statistics*, No. 49. DHEW Pub. No. (PHS) 79-1250. Public Health Service, Hyattsville, Md. Apr. 16, 1979.

³National Center for Health Statistics: Use of family planning services by currently married women 15-44 years of age, United States, 1977 and 1976, by G. E. Hendershot. *Advance Data from Vital and Health*

Statistics, No. 45. DHEW Pub. No. (PHS) 79-1250. Public Health Service, Hyattsville, Md. Feb. 7, 1979.

⁴National Center for Health Statistics: 1974 Annual Report, National Reporting System for Family Planning Services, by B. J. Haupt. DHEW Pub. No. (HRA) 77-1238. Health Resources Administration, Washington. U.S. Government Printing Office, May 1977.

⁵National Center for Health Statistics: 1975 Annual Report, National Reporting System for Family Planning Services, by B. J. Haupt. DHEW Pub. No. (HRA) 78-1238. Health Resources Administration, Washington. U.S. Government Printing Office, Sept. 1977.

⁶National Center for Health Statistics: 1976 Provisional Data from the National Reporting System for Family Planning Services, January 1976-December 1976.

Technical notes

Sampling design

The 1978 National Reporting System for Family Planning Services estimates are based on a stratified two-stage sampling design. The 1978 NRSFPS sample for the United States encompassed 276,619 female visit records. A clinic visit record was completed for each sample family planning visit. 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. This procedure, which was 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 adjustment for nonresponse.

Sampling error

The statistics presented in this report are based on a two-stage stratified sample survey and therefore differ from those that would be obtained based on 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 population 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 reader is directed to refer to "Nonsampling Error" in this section for additional information on measurement error. 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 percentage 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.

In order to derive standard errors that would be applicable to a wide variety of statistics and that could be derived at moderate costs, several approxi-

mations were required. For the categories by age of female family planning visits presented in this report, estimates of totals and relative standard errors of totals are shown in table I. The standard errors for estimated percentages of visits are shown in table II.

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

Age	Number of visits in thousands	Relative standard error in percent
All ages	7,425	3.4
Under 20 years	2,410	3.7
20-24 years	2,831	3.5
25-29 years	1,321	3.6
30 years and over	864	3.3

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

Age	Estimated percent of visits					
	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	0.3	0.5	0.6	0.7	0.8
Under 20 years	0.2	0.5	0.7	0.9	1.0	1.1
20-24 years	0.2	0.5	0.6	0.9	1.0	1.1
25-29 years	0.3	0.7	1.0	1.3	1.5	1.6
30 years and over	0.4	0.8	1.1	1.4	1.6	1.8

Example of use of table: An estimate of 90 percent based on all teenage visits has a standard error of 0.7 percent or a relative standard error of 0.8 percent (0.7 percent ÷ 90 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 1976. Other nonsampling error includes error due to service site nonresponse, item nonresponse, information incompletely or inaccurately recorded, and processing error. Through a study conducted during 1980 which included site visits to a probability subsample of the NRSFPS sample sites, several problems associated with the collection of data for the NRSFPS were identified. While the study results are not applicable to the 1978 NRSFPS per se, they are probably indicative of the

A list of references follow text.

difficulties inherent in the 1978 NRSFPS data collection efforts.

Rounding

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

Definitions

Family planning service site.—A family planning service site is a location or place where medical

family planning services are provided on a regular basis under the supervision of a physician. Private physician's 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.

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

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