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## Visits to Family Planning Clinics: United States, 1979

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The National Reporting System for Family Planning Services is conducted by the Division of Health Care Statistics of the National Center for Health Statistics. It is an ongoing system that collects data on clinic-based visits for family planning services in the United States and some of its territories (Guam, Puerto Rico, and the Virgin Islands). The scope of the National Reporting System for Family Planning Services includes medical family planning visits occurring in clinics (operated by public health departments, private organizations such as affiliates of the Planned Parenthood Federation of America, Inc., or hospitals) and in other sites that provide family planning services. Excluded from the scope of the National Reporting System for Family Planning Services are all family planning visits to private physicians' offices and visits made *only* for the detection of pregnancy or venereal disease or *only* for obtaining contraceptive supplies or counseling.

From 1972 through mid-1977 the National Reporting System for Family Planning Services (NRSFPS) was conducted as a full-count survey, collecting information for every medical family planning visit at every participating site. Since July 1, 1977, however, the system has been conducted as a sample survey. The sample design for NRSFPS is based on a stratified two-stage probability sample. The first stage was the selection of clinics; the second stage was the selection of family planning visits occurring at each sampled clinic.

This report examines visits made by women to family planning clinics in the United States in 1979. Its focus is on socioeconomic characteristics, pregnancy history, and contraceptive methods. The reader should note that data from the territories of Guam, Puerto Rico, and the Virgin Islands are excluded. Male family planning visits are also excluded because the number of male visits was too small for reliable estimates. Since the basic unit of analysis is

visits, these data represent the services provided during the visits of clinic users over the period of a year. These data should not be interpreted as representing a profile of family planning clinic patients.

Since the estimates in this report are based on a sampling of family planning clinics rather than on a complete enumeration, they are subject to sampling variability. The technical notes at the end of this report provide a brief description of sampling errors and guidelines for judging the precision of the estimates presented, as well as definitions of certain terms used in NRSFPS. A more detailed description of the sample design and other definitions are being prepared.<sup>1</sup>

1978 data from NRSFPS that focus on visits to family planning clinics<sup>2</sup> and on a patient profile<sup>3</sup> have been published. Other data on the utilization of family planning services are collected by means of two other surveys—the National Ambulatory Medical Care Survey<sup>4</sup> and the National Survey of Family Growth.<sup>5</sup> The National Ambulatory Medical Care Survey, also conducted by the Division of Health Care Statistics, collects data on visits to office-based physicians which include a family planning service. The National Survey of Family Growth, conducted by the Division of Vital Statistics, provides more detailed statistics on women who made family planning visits either to their own physicians or to organized family planning clinics in the 3 years prior to the time of the survey. Unlike the other two surveys, however, the data for the National Survey of Family Growth were collected by means of personal interviews with a national sample of women 15-44 years of age who were ever married or who had never married but who had offspring living in the household. Because of differences in the populations sampled, the definitions, and the data collection procedures, estimates on family planning visits from these data systems differ.

## Age, race, and ethnicity

Women in the United States made 8,609,000 visits to family planning clinics in 1979, representing a 16-percent increase over the number of visits reported in 1978. This increase, however, is largely attributed to the addition of 169 service sites to the universe in 1979. The majority, 89 percent, of these visits were made by women under 30 years of age: 33 percent by teenagers, and 71 percent by women under 25 years of age (table 1).

Table 1. Number and percent distributions of female family planning visits by selected socioeconomic characteristics: United States, 1979

<i>Selected characteristic</i>	<i>Number in thousands</i>	<i>Percent distribution</i>
All visits . . . . .	8,609	100.0
<b>Age</b>		
Under 20 years . . . . .	2,865	33.3
20-24 years . . . . .	3,242	37.7
25-29 years . . . . .	1,529	17.8
30 years and over . . . . .	973	11.3
<b>Race</b>		
White . . . . .	6,057	70.4
Black . . . . .	2,387	27.7
Other . . . . .	165	1.9
<b>Ethnicity</b>		
Hispanic origin or descent . . . . .	1,001	11.6
Not of Hispanic origin or descent . . . . .	7,607	88.4
<b>Education</b>		
Less than 12 years . . . . .	3,422	39.7
12 years . . . . .	3,435	39.9
13 years or more . . . . .	1,752	20.4
<b>Public assistance income</b>		
Receives public assistance . . . . .	1,208	14.0
Does not receive public assistance . . . . .	7,401	86.0

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

Seventy percent of all visits were made by white women. However, looking at visits by age, the proportion of visits made by white women declined for the two oldest age groups. The proportion of visits by white women decreased from 72 percent for women under 25 years of age to 68 percent for women aged 25-29 years and 66 percent for women aged 30 years and over (table 2). At 28 percent overall, the proportion of visits by black women did not vary significantly with age.

Visits by women of Hispanic origin or descent accounted for 12 percent of the total number of visits in 1979. (It should be noted that ethnic classification is independent of racial classification and may include persons of all races. For example, a woman of Hispanic origin or descent may be of any racial category.) The proportion of visits by Hispanic women increased significantly with increasing age,

ranging from 7 percent for teenagers to 22 percent for women aged 30 years and over.

## Education

NRSFPS findings reveal that in 1979 40 percent of the visits to family planning clinics in the United States were made by women with less than a high school education, that is, less than 12 years of education. Both visits by white women (40 percent) and visits by black women (40 percent) were the same as this national total (table 3). However, there were significantly fewer visits by black women who had some additional years of education beyond high school (16 percent) than the national average (20 percent).

Educational attainment by ethnicity shows great disparity from the national average. Women of Hispanic origin who had less than 12 years of schooling made 57 percent of visits, as compared with 40 percent for the Nation, a difference of 17 percent. Also, Hispanic women who had additional years of education beyond high school made significantly fewer visits to family planning clinics (12 percent) than all women made (20 percent).

## Income

Table 2 shows that 14 percent of visits to family planning clinics in 1979 were made by women living in families receiving public assistance income. The proportion was significantly higher for women aged 30 years and over (16 percent) than for teenagers (13 percent). In addition, as is shown in table 3, a greater proportion of visits by black women were characterized by the family's receipt of public assistance income (27 percent) than visits by white women were (9 percent). However, visits made by women of Hispanic origin receiving public assistance income (14 percent) were on a par with visits made by women who were not of Hispanic origin (14 percent).

## Pregnancy history

In 1979, 43 percent of visits to family planning clinics were made by women who had never been pregnant. As expected, the proportion decreased dramatically with age, from 67 percent for teenagers to 10 percent for women aged 30 years and over (table 4). In significantly more visits by white women (47 percent) than by black women (35 percent) and in more visits by women who were not Hispanic (47 percent) than by Hispanic women (18 percent), the patient reported she had never been pregnant (table 5). The same patterns were found for live births. The proportion of visits made by women with no live births decreased with age, from 79 percent for teenagers to 13 percent for women aged 30

Table 2. Number of female family planning visits by age, and percent distributions by selected characteristics, according to age: United States, 1979

Selected characteristic	All ages	Age			
		Under 20 years	20-24 years	25-29 years	30 years and over
Number in thousands					
All visits . . . . .	8,609	2,865	3,242	1,529	973
Percent distribution					
Total . . . . .	100.0	100.0	100.0	100.0	100.0
Race					
White . . . . .	70.4	71.6	71.7	67.9	66.3
Black . . . . .	27.7	27.1	26.5	29.5	30.8
Other . . . . .	1.9	1.3	1.8	2.7	2.9
Ethnicity					
Hispanic origin or descent . . . . .	11.6	6.9	10.7	15.8	22.0
Not of Hispanic origin or descent . . . . .	88.4	93.1	89.3	84.2	78.0
Education					
Less than 12 years . . . . .	39.7	62.2	25.1	27.5	41.7
12 years . . . . .	39.9	31.1	45.1	44.7	41.0
13 years or more . . . . .	20.4	6.7	29.8	27.7	17.3
Public assistance income					
Receives public assistance . . . . .	14.0	13.0	14.1	14.8	15.5
Does not receive public assistance. . . . .	86.0	87.0	85.9	85.2	84.5

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

Table 3. Number of female family planning visits by race and ethnicity, and percent distributions by education and public assistance income, according to race and ethnicity: United States, 1979

Education and public assistance income	Total <sup>1</sup>	Race		Ethnicity	
		White	Black	Hispanic origin or descent	Not of Hispanic origin or descent
Number in thousands					
All visits . . . . .	8,609	6,057	2,387	1,001	7,607
Percent distribution					
Total . . . . .	100.0	100.0	100.0	100.0	100.0
Education					
Less than 12 years . . . . .	39.7	39.6	40.4	56.8	37.5
12 years . . . . .	39.9	38.4	43.7	31.6	41.0
13 years or more . . . . .	20.4	22.0	15.9	11.7	21.5
Public assistance income					
Receives public assistance . . . . .	14.0	9.0	26.9	13.6	14.1
Does not receive public assistance. . . . .	86.0	91.0	73.1	86.4	85.9

<sup>1</sup>Includes all other races not shown separately.

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

Table 4. Number of female family planning visits by age, and percent distributions by pregnancies, live births, and contraceptive methods, according to age: United States, 1979

<i>Pregnancies, live births, and contraceptive method</i>	<i>All ages</i>	<i>Age</i>			
		<i>Under 20 years</i>	<i>20-24 years</i>	<i>25-29 years</i>	<i>30 years and over</i>
Number in thousands					
All visits . . . . .	8,609	2,865	3,242	1,529	973
Percent distribution					
Total . . . . .	100.0	100.0	100.0	100.0	100.0
Number of pregnancies					
None . . . . .	43.3	67.1	42.1	22.7	10.0
One . . . . .	26.2	25.8	31.2	24.8	12.8
Two or more. . . . .	30.5	7.1	26.7	52.5	77.1
Number of live births					
None . . . . .	53.7	78.8	54.7	30.8	13.1
One . . . . .	22.4	17.8	27.2	25.3	15.2
Two or more. . . . .	23.9	3.5	18.1	43.9	71.7
Contraceptive method					
Pill . . . . .	67.5	76.8	69.5	60.5	44.5
Intrauterine device . . . . .	8.1	3.3	7.4	12.1	18.3
Diaphragm . . . . .	6.0	3.3	6.9	8.1	7.6
Foam, jelly, or cream. . . . .	5.2	4.3	4.6	5.5	9.0
Relying on partner . . . . .	3.9	3.4	3.5	4.1	6.6
Other . . . . .	2.5	1.3	1.7	3.2	7.4
None—pregnant . . . . .	3.2	4.0	3.0	2.9	2.1
None—other . . . . .	3.6	3.6	3.4	3.6	4.6

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

years and over (table 4). Also, in significantly more visits by white women (58 percent) than by black women (43 percent) and in more visits by women who were not Hispanic (58 percent) than by Hispanic women (24 percent) the patient reported having no live births.

As expected, there were significantly more visits by women aged 30 years and over who had two or more pregnancies (77 percent) and two or more live births (72 percent) than by women in any other age category. There were also significant differences by race and ethnic origin. The data show relatively more visits were made by black women who had two or more pregnancies (36 percent) and two or more live births (28 percent) than by white women (28 percent and 22 percent, respectively); and a larger proportion of visits were made by Hispanic women who had two or more pregnancies (55 percent) and two or more live births (48 percent) than by women who were not Hispanic (27 percent and 21 percent, respectively).

## Medical services

A typical visit to a family planning clinic usually included at least four different medical services. A blood pressure test was routinely given in 86 percent of visits. Other frequently provided services were pelvic examinations in 59 percent of visits, breast

examinations in 48 percent of visits, urinalyses in 48 percent of visits, and Pap smears in 46 percent of visits. Pregnancy testing (in conjunction with other medical services) was performed during only 9 percent of all family planning visits (table 6).

## Contraceptive method

During 93 percent of family planning visits some method of contraception was adopted or the use of a contraceptive method was continued. Oral contraception was the overwhelming choice of all women regardless of age, race, or ethnic background. The pill was adopted or its use was continued in about two-thirds of all family planning visits (figure 1). However, pill use did decrease significantly with age from 77 percent of teenage visits to 45 percent of visits by women aged 30 years and over. Although no differences were found by race, pill use was significantly lower for visits by Hispanic women (61 percent) than by women who were not Hispanic (68 percent).

The next most popular methods of contraception were the intrauterine device (8 percent) and the diaphragm (6 percent). In general, the proportion of visits in which an intrauterine device, diaphragm, or other methods were chosen increased from the youngest to the oldest age categories. Higher proportions of visits by black women (9

Table 5. Number of female family planning visits by race and ethnicity, and percent distributions by pregnancies, live births, and contraceptive methods, according to race and ethnicity: United States, 1979

<i>Pregnancies, live births, and contraceptive method</i>	<i>Total</i> <sup>1</sup>	<i>Race</i>		<i>Ethnicity</i>	
		<i>White</i>	<i>Black</i>	<i>Hispanic origin or descent</i>	<i>Not of Hispanic origin or descent</i>
Number in thousands					
All visits . . . . .	8,609	6,057	2,387	1,001	7,607
Percent distribution					
Total . . . . .	100.0	100.0	100.0	100.0	100.0
Number of pregnancies					
None . . . . .	43.3	46.6	35.0	17.9	46.7
One . . . . .	26.2	25.3	28.8	26.7	26.1
Two or more. . . . .	30.5	28.1	36.2	55.4	27.2
Number of live births					
None . . . . .	53.7	57.9	43.1	23.8	57.7
One . . . . .	22.4	20.1	28.5	27.9	21.6
Two or more. . . . .	23.9	22.0	28.4	48.3	20.7
Contraceptive method					
Pill . . . . .	67.5	67.3	68.8	60.6	68.4
Intrauterine device . . . . .	8.1	7.5	9.1	14.1	7.3
Diaphragm . . . . .	6.0	6.8	4.1	3.4	6.3
Foam, jelly, or cream. . . . .	5.2	4.6	6.7	6.6	5.0
Relying on partner . . . . .	3.9	4.3	2.8	7.1	3.5
Other . . . . .	2.5	2.3	2.7	2.3	2.5
None—pregnant . . . . .	3.2	3.5	2.4	2.8	3.3
None—other . . . . .	3.6	3.7	3.4	3.2	3.7

<sup>1</sup>Includes all other races not shown separately.

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

Table 6. Number and percent of female family planning visits, by medical services provided: United States, 1979

<i>Medical services</i>	<i>Number in thousands</i>	<i>Percent</i>
All visits . . . . .	8,609	100.0
Pap smear . . . . .	3,980	46.2
Pelvic examination . . . . .	5,078	59.0
Breast examination . . . . .	4,137	48.1
Blood pressure test . . . . .	7,394	85.9
Pregnancy test . . . . .	745	8.7
Venereal disease testing . . . . .	3,592	41.7
Urinalysis . . . . .	4,139	48.1
Blood test . . . . .	3,474	40.4
Sterilization . . . . .	*12	*0.1
Infertility services . . . . .	*5	*0.1
Other medical services . . . . .	4,758	55.3

NOTE: Figures do not add to total since each visit may involve more than one medical service.

percent) and Hispanic women (14 percent) were associated with intrauterine device usage than visits by white women (8 percent) and by women who were not Hispanic (7 percent) were. More visits by white women (7 percent) and women who were not Hispanic (6 percent) were associated with diaphragm usage than visits by black women (4 percent) and by Hispanic women (3 percent) were.

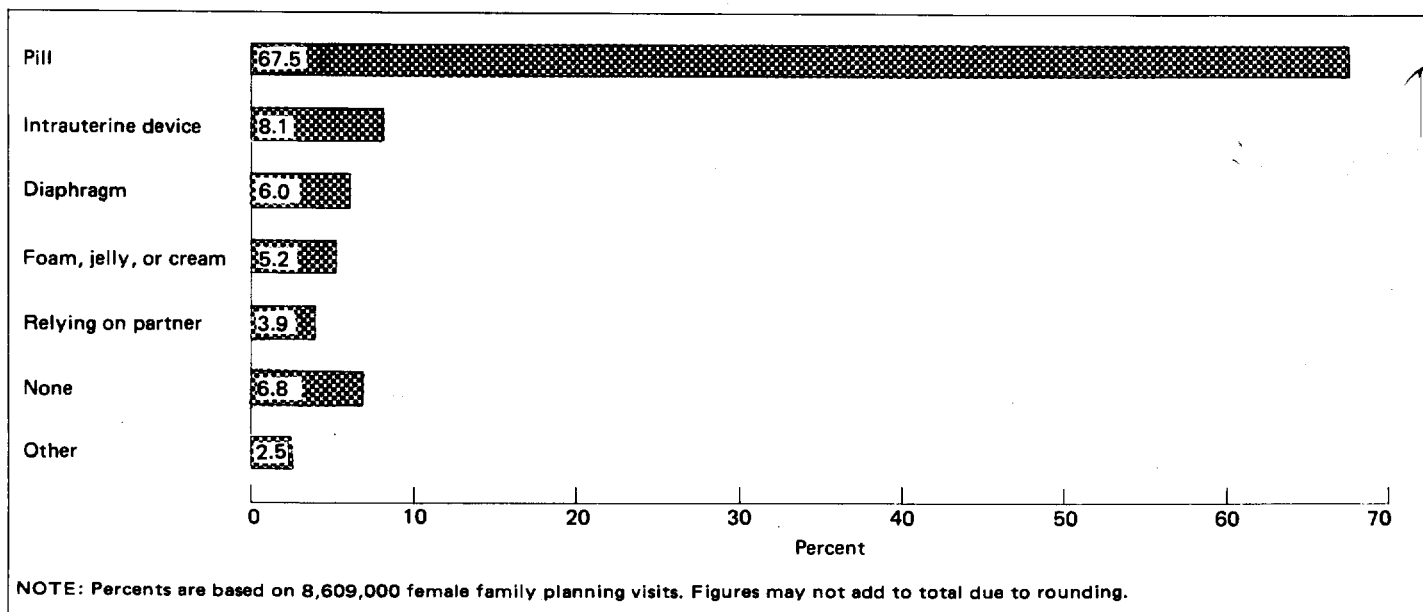


Figure 1. Percent distribution of female family planning visits at which a contraceptive method was adopted or continued by method chosen: United States, 1979

## References

<sup>1</sup>National Center for Health Statistics: Teenagers who use organized family planning services: United States, 1978, by E. Eckard. *Vital and Health Statistics*. Series 13-No. 57. Public Health Service, DHHS, Hyattsville, Md. In preparation.

<sup>2</sup>National Center for Health Statistics: Visits to family planning service sites: United States, 1978, by B. L. Hudson. *Advance Data From Vital and Health Statistics*, No. 72. DHHS Pub. No. (PHS) 81-1250. Public Health Service. Hyattsville, Md. June 29, 1981.

<sup>3</sup>National Center for Health Statistics: Patient profile, National Reporting System for Family Planning Services: United States, 1978, by J. E. Foster. *Advance Data From Vital and Health Statistics*, No. 73. DHHS Pub. No. (PHS) 81-1250. Public Health Service. Hyattsville, Md. June 10, 1981.

<sup>4</sup>National Center for Health Statistics: Office visits for family planning, National Ambulatory Medical Care Survey: United

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<sup>5</sup>National Center for Health Statistics: Use of family planning services by currently married women 15-44 years of age: United States, 1973 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.

<sup>6</sup>National 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.

## Technical notes

### Sample design

The 1979 National Reporting System for Family Planning Services (NRSFPS) estimates are based on a stratified two-stage sample design. In the first stage, a probability sample of family planning service sites was selected from a stratified sampling frame that was developed in 1976 and updated for 1979. In the second stage of the sampling plan, family planning visits occurring at each sample site were systematically selected. The sampling rate assigned by the National Center for Health Statistics 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 1979 NRSFPS sample for the United States encompassed 376,472 female family planning visits. A report delineating NRSFPS background, development, and evolution has been published.<sup>6</sup>

## Estimation

The statistics provided by NRSFPS for 1979 are derived by a complex-estimation procedure. The estimation procedure used to produce essentially unbiased national estimates for 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 present in 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 percent 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 that 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 that 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 approximations were required. For the four 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 percents of visits are shown in table II.

## Nonsampling error

Nonsampling error is present in most sample surveys and includes errors due to service site nonresponse, item nonresponse, information incompletely or inaccurately recorded, and processing error. Through an unpublished evaluation study conducted in 1980, several problems associated with the collection of data for NRSFPS (for example, adherence to NRSFPS definitions) were identified. While the study results are not applicable to the 1979 NRSFPS per se, they indicate the difficulties inherent in the data collection effort.

## Rounding

Aggregate estimates of family planning visits in the tables are rounded to the nearest thousand. Because percents were computed according to unrounded estimates, figures may not add to totals.

Table I. Number of female family planning visits and relative standard error, by age: United States, 1979

Age	Number in thousands	Relative standard error
All ages . . . . .	8,609	4.2
Under 20 years . . . . .	2,865	5.1
20-24 years . . . . .	3,242	4.4
25-29 years . . . . .	1,529	3.5
30 years and over . . . . .	973	3.9

Table II. Approximate standard errors of percents of estimated number of female family planning visits, by age: United States, 1979

Age	Estimated percent					
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	50
Standard error in percentage points						
All ages . . . . .	0.1	0.3	0.4	0.5	0.6	0.7
Under 20 years . . . . .	0.2	0.4	0.6	0.8	0.9	1.0
20-24 years . . . . .	0.2	0.5	0.6	0.9	1.0	1.1
25-29 years . . . . .	0.3	0.6	0.8	1.1	1.3	1.4
30 years and over . . . . .	0.3	0.7	0.9	1.2	1.4	1.5

Example of use of table: An estimate of 20 percent of all teenage visits has a standard error of 0.8 percent or a relative standard error of 4.0 percent (0.8 percent ÷ 20 percent).

## Definitions

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

**Medical family planning services.**—Medical family planning services include Pap smears, pelvic examinations, breast examinations, blood pressure tests, pregnancy tests, tests for venereal disease, sterilization, infertility treatment, urinalyses and blood tests (unless included as part of another service), and other medical services.

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

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Symbols

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- - -	Data not available
. . .	Category not applicable
-	Quantity zero
0.0	Quantity more than 0 but less than 0.05
Z	Quantity more than 0 but less than 500
*	Figure does not meet standards of reliability or precision

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