# Advance Data



From Vital and Health Statistics of the National Center for Health Statistics

## Wanted and Unwanted Childbearing in the United States: 1973–88

#### Data from the National Survey of Family Growth

by Linda B. Williams, Ph.D., and William F. Pratt, Ph.D., Division of Vital Statistics

#### Introduction

Of the nearly 16.5 million births to ever-married women that occurred from 1983 through 1988, approximately 5.8 million, or 35 percent, were unintended. Of those, about 30 percent were unwanted, and the other 70 percent were mistimed (wanted at a later time). Statistics from the most recent National Survey of Family Growth (NSFG) reveal an apparent increase in unwanted births for the first time since the widespread acceptance of the most effective methods of contraception. Between surveys conducted in 1973 and 1982, the proportion of recent births to ever-married women that were unwanted at the time of conception was cut almost in half, from 14.3 percent to 7.7 percent. More recent data suggest, however, that the proportion of unwanted births to that group of women has once again risen to over 10 percent. Although many of the percentage increases in unwanted conceptions observed from 1982 to 1988 fail to meet the tests of statistical

significance, the pattern of increasing proportions of unintended and unwanted births is remarkably consistent across subgroups of age, race, marital status, and level of income.

The findings presented in this report are based on data from Cycle IV of the NSFG, conducted by the National Center for Health Statistics. Data were collected from January through August 1988 using a multistage area probability sample of women ages 15-44 years. Interviews were conducted with 8,450 women of all marital statuses, 2,771 of whom were black, 5,354 of whom were white, and 325 of whom reported identification with another racial group. All belonged to the noninstitutionalized population of the United States.

Comparative data from Cycle I of the NSFG, conducted in 1973, and Cycle III, conducted in 1982, are also analyzed. Like Cycle IV, the previous cycles were based on multistage probability samples of women ages 15–44 years. Trends for never-married women are examined only for 1982 and 1988, because most never-married women were excluded from the sample in 1973 (1). Estimates discussed in this report are derived from samples and are subject to sampling variability. Information about sampling variability, the survey design, and the definitions of most of the terms utilized in this report can be found in the technical notes.

#### **Concept of wantedness**

The terms "wanted" and "unwanted" are used in this report to describe pregnancies that ended in a live birth within 5 years of the survey date, and they refer to the mother's attitude toward the pregnancy at the time of conception. It should be noted that births that were unwanted at conception do not necessarily become unwanted children. Mothers who report a pregnancy as unwanted at the time of conception nonetheless may cherish the child born as the result of that pregnancy.

Whether a birth was "wanted" was determined from a series of questions about the respondent's use or nonuse



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service Centers for Disease Control National Center for Health Statistics Manning Feinleib, M.D., Dr. P.H., Director of contraception at the time of conception and about her attitude toward her pregnancy once she found that she was pregnant. If contraception had not been used or had been discontinued before the respondent became pregnant, she was asked, "Was the reason you (had stopped/ were not) using any methods because you yourself wanted to become pregnant?" Women who answered "no" to that question were then asked, "It is sometimes difficult to recall these things but, just before that pregnancy began, would you say you probably wanted a(nother) baby at some time or probably not?" Women who said they had not used or had discontinued using contraception prior to a pregnancy because they had wanted to become pregnant and women who said they had probably wanted to have a(nother) baby at some time were then asked, "Did you become pregnant sooner than you wanted, later than you wanted, or at about the right time?"

Pregnancies that occurred at a time when a respondent had not been using or had discontinued contraception because she wanted to become pregnant were classified as

"wanted," as were those that occurred when a respondent was using contraception but still felt that she wanted (or probably wanted) to have a(nother) baby at some time. Births that were wanted but occurred sooner than the respondent would have preferred were classified as "mistimed." Those that occurred later than the respondent would have preferred are not considered mistimed for this report, because, in most cases, the delay was not the result of a failure of planning or choice. A birth was classified as "unwanted" if the respondent reported that she had not wanted (or probably had not wanted) a(nother) child at the time of conception or at any point in the future. "Unintended" births are those that were either mistimed or unwanted.

If the respondent said she did not know whether she wanted to have a(nother) child then or in the future, the "wantedness" status of the pregnancy was categorized as "undetermined." That happened only rarely, however. Of the births that had occurred during the 5 years immediately preceding each survey, only 0.1 percent in 1973 and 1982 and 0.2 percent in 1988 were classified as undetermined. Births categorized as wanted or unwanted, therefore, are basically complementary.

### Trend in wantedness of births to ever-married women

As has been noted, among ever-married women, the proportion of recent births that were unwanted at the time of conception decreased sharply, from over 14 percent to under 8 percent, from 1973 to 1982 (table 1). During the same time period, the proportion of births that were mistimed remained constant. Although the proportion of mistimed births has remained essentially unchanged since 1982, the data suggest that the proportion of recent births that were unwanted at conception has risen again to over 10 percent.

As in 1973 and 1982, the 1988 data show that the proportions of births that were unwanted at conception increased with age among ever-married women. Although the differences between contiguous age groups were not all statistically significant in 1988, all differences

Table 1. Number of children born in the last 5 years to ever-married women 15–44 years of age and percent distribution by wantedness status, according to age and race of mother: United States, 1973, 1982, and 1988

[Statistics are based on samples of the female population of the United States; see technical notes for estimates of sampling variability and definitions of terms. Because of rounding of estimates, figures may not add to totals]

					Wanted at conception								
	Births in the last 5 years		_ All	Total			Mistimed			Unwanted at conception			
Age and race	1988	1982	1973	births	1988	1982	1973	1988	1982	1973	1988	1982	1973
All races <sup>1</sup>	Numi	ber in thous	ands <sup>2</sup>					Percei	nt distribut	lion			
All ages	16,466	16,300	15,901	100.0	89.5	92.1	85.6	25.0	24.0	24.0	10.3	7.7	14.3
15–24 years 25–34 years 35–44 years	2,982 10,794 2,690	4,133 10,176 1,991	5,028 9,105 1,768	100.0 100.0 100.0	91.1 90.8 82.2	94.3 93.1 82.7	91.8 86.3 64.2	42.6 23.3 12.2	43.8 18.5 *11.3	39.4 18.3 9.5	8.6 9.0 17.6	*5.7 6.7 17.1	8.0 13.5 35.6
White													
Ali ages	13,962	14,296	13,978	100.0	91.0	93.2	87.6	25.6	23.6	23.4	8.8	6.7	12.3
15–24 years 25–34 years 35–44 years	2,599 9,131 2,231	3,666 8,862 1,767	4,297 8,164 1,517	100.0 100.0 100.0	92.3 92.0 85.1	95.2 94.1 84.4	93.3 88.3 67.6	43.4 23.6 12.7	44.1 17.6 *11.2	38.3 18.0 9.8	7.4 7.8 14.6	*4.8 5.8 15.6	6.5 11.6 32.2
Black													
All ages	1,472	1,598	1,724	100.0	76.8	83.7	69.5	26.2	28.1	28.9	22.8	15.9	30.5
15–24 years	302 909 262	410 1,020 167	702 820 202	100.0 100.0 100.0	84.4 80.2 55.9	85.3 84.2 77.5	82.5 66.5 36.6	36.3 26.4 *13.5	40.2 25.2 *16.6	45.9 20.1 *5.6	*15.6 19.1 44.1	*14.8 15.6 *20.4	17.5 33.4 63.4

<sup>1</sup>Includes white, black, and other races.

<sup>2</sup>Includes births of unknown wantedness status.

3

between the age groups 15–24 years and 35–44 years were significant, as were differences between the age groups 25–34 years and 35–44 years. The same general pattern has been observed among ever-married women at all three survey dates covered in this report, and the association between age and unwanted childbearing thus appears clear.

Conversely, the proportion of births that were mistimed consistently decreased with age among all evermarried women over time. Again, although some of the differences between adjacent age groups were not statistically significant, all of the differences between the women in the youngest and the oldest age categories were significant.

Among ever-married women, births that are reported as mistimed continue to outnumber those that were unwanted at the time of conception. Although mistimed births in the 5 years leading up to the 1973 survey were 1.7 times as prevalent as unwanted births, by 1982 they outnumbered births that were unwanted by more than 3 to 1. Even with the apparent recent increase in unwanted childbearing, mistimed births were more than twice as common as unwanted births in 1988.

Earlier authors have intimated that growing numbers of mistimed

births, especially among younger evermarried women, might accompany shifts in contraceptive use away from more effective methods and toward barrier methods (2), such as the diaphragm, cervical cap, condom, or foam. Although that explanation may have been plausible during the 1970's, more recent evidence suggests that the current trend in contraception favors more effective methods such as the pill and sterilization, and many of the less effective methods have become less popular (3).

Births in the 5 years before the survey that were considered unwanted at the time of conception were almost twice as common among formerly married women as they were among currently married women in 1973 and more than twice as common among formerly married women as among currently married women in both 1982 and 1988 (table 2). Although the pattern of differences between those currently and formerly married was the same among both white and black women, only the differences among white women were statistically significant.

In previous research, a possible link has been noted between the occurrence of out-of-wedlock births, many of which are unwanted at conception, and the likelihood that couples who later marry will eventually separate or divorce (4). Because formerly married women tend to be older and to have borne more children than currently married women and because increases in both age and parity are associated with increases in unwanted childbearing (2), it has also been argued that the associations between these variables warrant further study.

Although the proportion of unwanted births to both currently married white women and currently married black women decreased significantly from 1973 to 1982, there has been no statistically significant change since that time. In addition, the gap appears to have narrowed somewhat between levels of unwanted childbearing among formerly married white women and formerly married black women. Although differences between the two groups were statistically significant through 1982, that was not the case in 1988.

Currently married black women, on the other hand, have consistently reported higher proportions of unwanted births than have currently married white women at all three survey dates. As of 1988, unwanted births were more than twice as prevalent (as a percentage) among currently married black women as among currently married white women.

Table 2. Number of children born in the last 5 years to ever-married women 15–44 years of age and percent distribution by wantedness status, according to marital status and race of mother: United States, 1973, 1982, and 1988

[Statistics are based on samples of the female population of the United States; see technical notes for estimates of sampling variability and definitions of terms. Because of rounding of estimates, figures may not add to totals]

					Wanted at conception								
	Births in the last 5 years			_ A!!	Total			Mistimed			Unwanted at conception		
Marital status and race	1988	1982	1973	births	1988	1982	1973	1988	1982	1973	1988	1982	1973
	Numl	ber in thous	ands <sup>1</sup>					Percei	nt distribu	tion			
All races <sup>2</sup>	16,466	16,300	15,901	100.0	89.5	92.1	85.6	25.0	24.0	24.0	10.3	7.7	14.3
Currently married	14,427 2,039	14,442 1,858	14,248 1,653	100.0 100.0	91.1 77.8	93.2 84.5	86.9 74.4	24.4 28.8	22.5 36.4	23.4 29.0	8.7 21.9	6.7 15.4	13.0 25.2
White	13,962	14,296	13,978	100.0	91.0	93.2	87.6	25.6	23.6	23.4	8.8	6.7	12.3
Currently married	12,489 1,473	12,921 1,374	12,854 1,124	100.0 100.0	92.1 81.4	93.7 87.6	88.2 80.3	25.1 29.4	22.1 37.4	22.8 29.9	7.7 18.6	6.1 *12.3	11.7 19.2
Black	1,472	1,598	1,724	100.0	76.8	83.7	69.5	26.2	28.1	28.9	22.8	15.9	30.5
Currently married	1,010 462	1,173 425	1,195 529	100.0 100.0	80.5 68.5	88.0 72.0	72.8 62.1	25.2 28.1	27.3 30.5	29.7 27.3	19.5 30.1	11.7 27.3	27.2 37.9

<sup>1</sup>Includes births of unknown wantedness status.

<sup>2</sup>includes white, black, and other races.

Among all ever-married women, the gap between the level of unwanted childbearing among black women and white women diminished from 1973 to 1982, then widened considerably from 1982 to 1988. In 1973, unwanted births were more prevalent among black women than among white women by 18 percentage points. By 1982, that difference had narrowed to 9 percentage points, but the size of the difference between the two groups has since risen to 14 percentage points.

There are several reasons why large differences remain between the proportions of unwanted births to white women and to black women. Black teens initiate sexual activity before white teens do, and therefore they are exposed to the risk of childbearing at an earlier age and generally reach their desired family size earlier. In addition, black teens are less likely than white teens to use contraception, and their pregnancies are less apt to end in abortion (4). Although black teens are more likely than white teens to have had a family planning visit in the past year (5), such visits among either group may occur

as the result of an unintended pregnancy rather than as an attempt to prevent one. Why the gap between the two racial groups has widened since 1982 is not known, however.

Data illustrating the pattern of change in unintended childbearing among ever-married women having different levels of income relative to poverty are presented in table 3. Although it appears that the unwanted portion of unintended childbearing has increased among all ever-married women since 1982, recent percentage point increases have been most pronounced among women living below the poverty level. From 1982 to 1988, the proportion of unwanted births among women in poverty rose by almost 75 percent.

At the time of the first NSFG, differences in unwanted childbearing by race were observed across income categories. In 1973, ever-married black women reported more unwanted pregnancies than did white women at every level of income. By 1982, differences by race within income groups were no longer statistically significant, except among women with incomes below the poverty level, and the differences that remained between black women and white women in that category were significant only at the 0.10 level. According to data from 1988, however, the levels of unwanted childbearing among ever-married black women and white women in poverty have again diverged; the percentage among poor black women is once again more than double that observed among poor white women (35 and 17 percent, respectively).

## Trend in wantedness of births to never-married woman

The data suggest that, since 1982, unwanted births to never-married black women 20–24 years of age have also increased (table 4). No statistically significant changes have taken place in the proportions of mistimed births to never-married women in any age category.

Notably, however, unintended childbearing among never-married white women over the age of 24 has declined. Although the percentagepoint decrease in mistimed births to women in that age group was not statistically significant, unwanted

Table 3. Number of children born in the last 5 years to ever-married women 15–44 years of age and percent distribution by wantedness status, according to poverty status and race of mother: United States, 1973, 1982, and 1988

[Statistics are based on samples of the female population of the United States; see technical notes for estimates of sampling variability and definitions of terms. Because of rounding of estimates, figures may not add to totals]

						Wanted at conception							
	Births in the last 5 years		_ All .	Total			Mistimed			Unwanted at conception			
Poverty level income and race	1988	1982	1973	births	1988	1982	1973	1988	1982	1973	1988	1982	1973
All races <sup>1</sup>	Numl	oer in thous	ands <sup>2</sup>					Perce	nt distribul	ion			
All levels	16,466	16,300	15,901	100.0	89.5	92.1	85.6	25.0	24.0	24.0	10.3	7.7	14.3
Below poverty	2,489 1,763 2,173 10,042	2,790 2,007 2,291 9,212	2,271 2,010 2,403 9,217	100.0 100.0 100.0 100.0	78.9 85.8 91.6 92.2	88.1 86.9 94.4 94.0	73.6 82.7 85.6 89.2	34.3 32.3 22.9 21.8	31.5 33.7 22.1 20.2	25.3 27.6 24.8 22.7	20.7 14.1 8.3 7.5	11.9 12.4 *5.5 6.0	26.1 17.3 14.2 10.7
White													
All levels	13,962	14,296	13,978	100.0	91.0	93.2	87.6	25.6	23.6	23.4	8.8	6.7	12.3
Below poverty	1,901 1,417 1,890 8,753	2,226 1,699 2,037 8,334	1,619 1,637 2,165 8,558	100.0 100.0 100.0 100.0	82.2 67.5 92.8 93.1	89.8 88.0 95.3 94.7	80.5 84.5 87.1 89.6	37.3 32.4 24.0 22.3	31.0 33.3 21.5 20,2	27.5 25.1 24.9 21.8	17.4 12.4 7.2 6.7	*10.2 *11.2 *4.7 5.4	19.1 15.5 12.6 10.2
Black													
All levels	1,472	1,598	1,724	100.0	76.8	83.7	69.5	26.2	28.1	28.9	22.8	15.9	30.5
Below poverty	422 223 162 666	494 257 212 634	637 326 214 547	100.0 100.0 100.0 100.0	63.8 75.0 75.5 85.9	78.4 77.0 85.1 90.1	56.2 72.3 73.1 81.9	27.1 *35.7 *27.9 22.0	31.5 32.0 *26.2 24.5	20.3 38.1 26.7 34.3	35.3 *24.0 *24.3 *14.1	21.0 *23.0 *14.0 *9.6	43.8 27.6 26.8 18.0

Includes white, black, and other races.

<sup>2</sup>Includes births of unknown wantedness status.

Table 4. Number of children born in the last 5 years to never-married women 15–44 years of age and percent distribution by wantedness status, according to age and race of mother: United States, 1982 and 1988

[Statistics are based on samples of the female population of the United States; see technical notes for estimates of sampling variability and definitions of terms. Because of rounding of estimates, figures may not add to totals]

					Wanted at conception				
	Births in the last 5 years		A!!	Total		Mistimed		Unwanted at conception	
Age and race	1988	1982	births	1988	1982	1988	1982	1988	1982
All races <sup>1</sup>	Number in	thousands <sup>2</sup>				Percent	distribution		
All ages	2,481	2,141	100.0	74.5	74.6	39.8	47.1	25.4	25.3
15–19 years 20–24 years 25–44 years	428 1,162 891	473 1,022 646	100.0 100.0 100.0	76.8 73.9 74.0	75.5 83.9 59.1	63.5 42.6 24.6	54.7 51.4 34.8	*23.2 26.1 25.7	24.5 16.1 40.6
White									
All ages	991	953	100.0	85.5	79.7	45.7	54.9	14.5	20.3
15–19 years 20–24 years 25–44 years	122 505 364	218 424 311	100.0 100.0 100.0	89.7 83.6 86.8	85.1 91.5 59.9	70.6 49.5 32.0	61.3 59.6 44.1	*10.3 16.5 13.2	*14.9 *8.5 40.1
Black									
All ages	1,363	1,117	100.0	64.0	69.1	34.5	39.9	35.7	30.8
15–19 years 20–24 years 25–44 years	269 588 505	245 537 335	100.0 100.0 100.0	67.9 62.5 63.8	68.2 76.1 58.4	57.5 36.3 *20.3	49.2 44.1 26.2	*32.1 37.5 35.6	31.8 23.9 41.1

Includes white, black, and other races.

<sup>2</sup>includes births of unknown wantedness status.

births to women in that group decreased by about 27 percentage points, or 67 percent. If there has been a real increase in the proportion of wanted births among these women, it raises the possibility that the rising rates of births among unmarried women reflect deliberate choices to accept single parenthood. Among unmarried women ages 25-29 years, the birth rate rose from 26.8 births per 1,000 women in 1976 to 44.3 per 1,000 women in 1987. Among unmarried women ages 35–39 years, the birth rates rose from 9.0 to 13.5 per 1,000 in the same years (6).

#### References

- French DK. National Survey of Family Growth, Cycle I: sample design, estimation procedures, and variance estimation. National Center for Health Statistics. Vital Health Stat 2(76). 1978.
- 2. Pratt WF, Horn MC. Wanted and unwanted childbearing: United States,

1973–82. Advance data from vital and health statistics; no 108. Hyattsville, Maryland: National Center for Health Statistics. 1985.

- Mosher WD, Pratt WF. Contraceptive use in the United States, 1973–88. Advance data from vital and health statistics; no 184. Hyattsville, Maryland: National Center for Health Statistics. 1990.
- Farley R, Allen WR. The color line and the quality of life in America. New York: Oxford University Press. 1989.
- Mosher WD. Use of family planning services in the United States: 1982 and 1988. Advance data from vital and health statistics; no 184. Hyattsville, Maryland: National Center for Health Statistics. 1990.
- National Center for Health Statistics. Advance report of final natality statistics, 1987. Monthly vital statistics report; vol 38 no 3, suppl. Hyattsville, Maryland: Public Health Service. 1989.
- 7. U.S. Bureau of the Census. Characteristics of the low-income

population, 1973. Current population reports; series P-60, no 98. Washington: U.S. Department of Commerce. 1975.

- Munson ML. Wanted and unwanted births reported by mothers 15-44 years of age: United States, 1973. Advance data from vital and health statistics; no 9. Hyattsville, Maryland: National Center for Health Statistics. 1977.
- U.S. Bureau of the Census. Money income and poverty status of families and persons in the United States, 1982. Current population reports; series P-60, no 140. Washington: U.S. Department of Commerce. 1983.
- Mosher WD, Bachrach CA. Contraceptive use, United States, 1980. National Center for Health Statistics. Vital Health Stat 23(12). 1986.
- U.S. Bureau of the Census. Poverty in the U.S.: 1987. Current population reports; series P-60, no 163. Washington: U.S. Department of Commerce. 1989.

#### 6 Advance Data

#### Technical notes

The National Survey of Family Growth (NSFG) is a periodic survey conducted by the National Center for Health Statistics (NCHS). During the survey, data are collected on factors affecting childbearing, contraception, infertility, and related aspects of maternal and infant health. The survey is jointly planned and funded by the National Center for Health Statistics. the National Institute for Child Health and Human Development, and the Office of Population Affairs. All are part of the U.S. Department of Health and Human Services. Fieldwork was conducted under contract by Westat, Inc., in 1982 and 1988, and by the National Opinion Research Center in 1973.

Cycle IV interviews were conducted with a national sample of women who were 15-44 years of age as of March 15, 1988. The interviews took place from January through August of the same year. In 1973 and 1982, the population represented was women 15-44 years of age in the civilian noninstitutionalized population of the conterminous United States. In 1988, Alaska and Hawaii were included, so the population represented was the civilian noninstitutionalized population of the entire United States. Interviews were completed with 9,797 women in 1973, 7,969 women in 1982, and 8,450 women in 1988.

Households selected for Cycle IV of the survey had been interviewed in the National Health Interview Survey (NHIS), conducted from October 1985 through March 1987. (NHIS is also conducted by NCHS.) As in previous cycles of the NSFG, black women were oversampled. Interviews were conducted in person, generally in . the respondents' homes, by trained female interviewers. Interviews lasted an average of 70 minutes and focused on the woman's pregnancy history: past and current use of contraception; ability to bear children (fecundity and infertility); use of medical services for family planning, infertility, and prenatal care; 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 (SE) of an estimate is a measure of such differences. The SE 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

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

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

	Parame	ter
Race	A	В
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 births to total or white women, and table III, which shows preliminary estimates of standard errors for percents of black women. A similar table for Cycle III (1982) is included in (2).

The chances are about 68 out of 100 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 if all people in the population were interviewed. Differences among percents discussed in this report were found to be statistically significant at the 5-percent level using a two-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 level (or 10-percent level), but not the 0.05 level (or 5-percent level). Lack of comment in the text about any

Table II. Preliminary estimates of standard errors for percents of pregnancies of total or white women: 1988 National Survey of Family Growth

	Estimated percent											
Base of percent	2 or 98	5 or 95	10 or <del>9</del> 0	20 or 80	30 or 70	40 or 60	50					
	Standard error in percentage points											
100,000	5.1	7.9	10.9	14.5	16.7	17.8	18.2					
250,000	3.2	5.0	6.9	9.2	10.5	11.3	11.5					
500,000	2.3	3.5	4.9	6.5	7.5	8.0	8.1					
1,000,000	1.6	2.5	3.4	4.6	5.3	5.6	5.7					
5,000,000	0.7	1.1	1.5	2.1	2.4	2.5	2.6					
10,000,000	0.5	0.8	1.1	1.5	1.7	1.8	1.8					
20,000,000	0.4	0.6	0.8	1.0	1.2	1.3	1.3					
30,000,000	0.3	0.5	0.6	0.8	1.0	1.0	1.0					
50,000,000、	0.2	0.4	0.5	0.7	0.7	0.8	0.8					
75,000,000、	0.2	0.3	0.4	0.5	0.6	0.7	0.7					
100,000,000	0.2	0.3	0.3	0.5	0.5	0.6	0.6					

Table III. Preliminary estimates of standard errors for percents of pregnancies of black women: 1988 National Survey of Family Growth

	Estimated percent											
Base of 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	2.9	4.6	6.3	8.4	9.6	10.3	10.5					
250,000	1.9	2.9	4.0	5.3	6.1	6.5	6.6					
500,000	1.3	2.0	2.8	3.8	4.3	4.6	4.7					
1,000,000	0.9	1.4	2.0	2.7	3.0	3.3	3.3					
5,000,000	0.4	0.6	0.9	1.2	1.4	1.5	1.5					
10,000,000	0.3	0.5	0.6	0.8	1.0	1.0	1.0					
25,000,000	0.2	0.4	0.5	0.7	0.8	0.8	0.9					

two statistics does not mean that the difference was tested and found not to be statistically 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 (1)).

#### **Definitions of terms**

Wantedness—For this report, pregnancies that ended in a live birth within 5 years of the survey date have been classified as either "wanted" or "unwanted." A pregnancy was classified as wanted at conception if the woman had stopped, or had not used, contraception because she wanted a pregnancy, or if she had become pregnant while using contraception but nonetheless had wanted, or probably wanted, a(nother) baby at some time. Similarly, a

pregnancy was classified as unwanted at conception if the woman had stopped, or had not used, contraception for reasons other than seeking pregnancy, or if she had become pregnant while using contraception and had not wanted, or probably had not wanted, a(nother) baby at some time. Births that were wanted but occurred sooner than desired have been subclassified as "mistimed." If the woman had become pregnant later than desired, the pregnancy was not classified as mistimed because it did not represent a failure in family planning and was not subject to contraceptive control. Births that were either unwanted or mistimed have been classified as "unintended." If the respondent said she did not know whether she wanted to have a(nother) child then or in the future, the wantedness status of the pregnancy was categorized as undetermined. Pregnancies that ended in multiple births have been counted only once because only the pregnancy was subject to contraceptive control.

Births within 5 years of the survey-In Cycle IV, interviews were conducted from January through August 1988. Births that occurred within 5 years of the exact date on which the woman was interviewed were considered "births in the past 5 years" for the sake of this analysis. For the 1988 survey, the births counted in this way occurred during the period January 1983 through August 1988, which is just over 5 1/2years. However, because the births to each woman interviewed were counted over only 5 years, not all births from January through August of either 1983 or 1988 are included. Thus, the estimated numbers of births in this report are equivalent to the births that occurred from May 1, 1983, through May 1, 1988. The same definition was used to define births that occurred within 5 years of the survey date both in 1982 and in 1973.

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

Race-Race refers to the race of the woman interviewed and is reported 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. In Cycle I, race was classified by the observation of the interviewer. Data from Cycles III and IV indicate that results using the two methods of classification are very similar.

Marital status-Women were classified by marital status as married, widowed, divorced, separated, or never married. In the three cycles analyzed in this report—Cycle I (1973), Cycle III (1982), and Cycle IV (1988)—informally married or cohabiting women, who reported that they were not married but were living with their sexual partner, were classified by their legal marital status. Women who were married but separated from their spouse were classified as separated if the reason for the separation was marital discord; otherwise they were classified as currently married.

*Poverty status*—The poverty index ratio was calculated by dividing the total family income by the weighted average poverty threshold income of nonfarm residents in households headed by persons under age 65. For Cycle I, the ratio was based on the poverty levels defined by the U.S. Bureau of the Census in Current Population Reports, Series P-60, No. 98 (7), as discussed in a previous NCHS report (8). The definition of poverty status took into account the sex of the family head and the number of persons in the family. Total family income includes income from all

#### 8 Advance Data

sources for all members of the respondent's family. For Cycle III, the ratio was expressed as a percent of poverty levels defined by the U.S. Bureau of the Census in *Current Population Reports*, Series P-60, No. 140 (9), as discussed in a previous NCHS report (10). In Cycle IV, the ratio was based on the poverty levels shown in *Current Population Reports*, Series P-60, No. 163 (11).

#### **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, Office 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 500 where numbers are rounded to thousands
  - Figure does not meet standard of reliability or precision
- # Figure suppressed to comply with confidentiality standards

#### Suggested citation

Williams LB and Pratt WF. Wanted and unwanted childbearing in the United States: 1973–88. Advance data from vital and health statistics; no 189. Hyattsville, Maryland: National Center for Health Statistics, 1990.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service Centers for Disease Control National Center for Health Statistics 6525 Belorest Road Hyattsville, Maryland 20782

OFFICIAL BUSINESS PENALTY FOR PRIVATE USE, \$300

To receive this publication regularly, contact the National Center for Health Statistics by calling 301-436-8500

DHHS Publication No. (PHS) 90-1250

#### Copyright information

This report may be reprinted without further permission.

BULK RATE POSTAGE & FEES PAID PHS/NCHS PERMIT No. G-281