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Contraceptive Use Patterns, Prior Source, and Pregnancy History of Female Family Planning Patients: United States, 1980

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According to data from the 1980 National Reporting System for Family Planning Services, an estimated 4,977,000 women visited an organized family planning clinic in the United States at least once during the survey year. This represents almost a 15 percent increase over the number of women who received medical services from family planning clinics in the previous year.[1] Using data from this survey, the report looks at the contraceptive use patterns and pregnancy status of women during the time they visited an organized family planning clinic in 1980.

The National Reporting System for Family Planning Services (NRSFPS) is a sample survey conducted by the Division of Health Care Statistics of the National Center for Health Statistics. It was begun in 1972 for the purpose of collecting information on visits to clinics for medical family planning services in the United States and its territories. These services are set up under a variety of administrative auspices, which include local health departments, public and private hospitals, and voluntary organizations such as Planned Parenthood Federation of America, Inc., community groups, and neighborhood health centers. Medical family planning visits to private physicians' offices are excluded from the survey.

In the survey, a family planning patient is defined as a woman who made a visit for medical family planning services related to contraception, infertility treatment, or sterilization. The overwhelming majority of patients are patients seeking methods of contraception. Persons seeking only pregnancy or venereal disease tests are not counted as family planning patients, nor are persons interested only in obtaining contraceptive supplies (that is, diaphragm, foam, jelly, cream, or condom) or counseling.

The Clinic Visit Record (CVR) is the basic form used to collect data from the family planning patients in the National Reporting System for Family Planning Services. The 14 items on the Clinic Visit Record cover basic sociodemographic information about the patient and other questions pertaining to family planning. Other data in this report are based on information obtained either by observation, from medical records, or, in those clinics that collect data through participation in a computerized record system, from locally developed forms that contain the CVR items.

Although the primary sampling unit in NRSFPS is the family planning visit, an unduplicated count of patients is obtained by identifying each new patient at her first visit and each continuation and readmission patient at her first visit in the survey year. (Continuation and readmission patients are referred to as "return" patients in this report.) Data based on patients rather than on visits are inherently limited because patients' responses to NRSFPS data items may change from one visit to another.

Other data sources from the National Center for Health Statistics provide related statistics on utilization of family planning services. For example, data from the National Ambulatory Medical Care Survey, which is also conducted by the Division of Health Care Statistics, cover visits to office-based physicians' practices that include family planning services.[2] The National Survey of Family Growth, conducted by the Division of Vital Statistics in 1973 and 1976, provides more detailed statistics on women who made family planning visits to their physicians or to organized family planning clinics in the 3 years prior to each survey. Unlike those for the other two surveys, 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 never married with offspring living in the household. More details about the National Survey of Family Growth and its data pertaining to family planning visits are provided in the latest report based on the 1976 survey.[3]

Further discussion of NRSFPS survey methodology, the sampling variation associated with the statistics, and definitions of certain terms used in this report are included in the technical notes and can be found in earlier reports.[4,5]

Highlights

This report examines the contraceptive use patterns and pregnancy history of women who visited organized family planning clinics in 1980, analyzing the data according to age, race, and patient status (new patient or return patient). The 1980 patient population was relatively young—88.3 percent were under 30 years of age (figure 1). More than 54 percent had never had a live birth; only 23.6 percent had two or more children. Figure 2 shows that the majority of women who visited a family planning clinic were white women (71.4 percent); 26.1 percent were black, and 2.5 percent were of other races. More than one-third (35.7 percent) of the women who visited clinics in 1980 were new patients; 64.2 percent of the women were returning to a family planning clinic (figure 3). A more detailed presentation of the patients' characteristics is provided in a report soon to follow.[6]

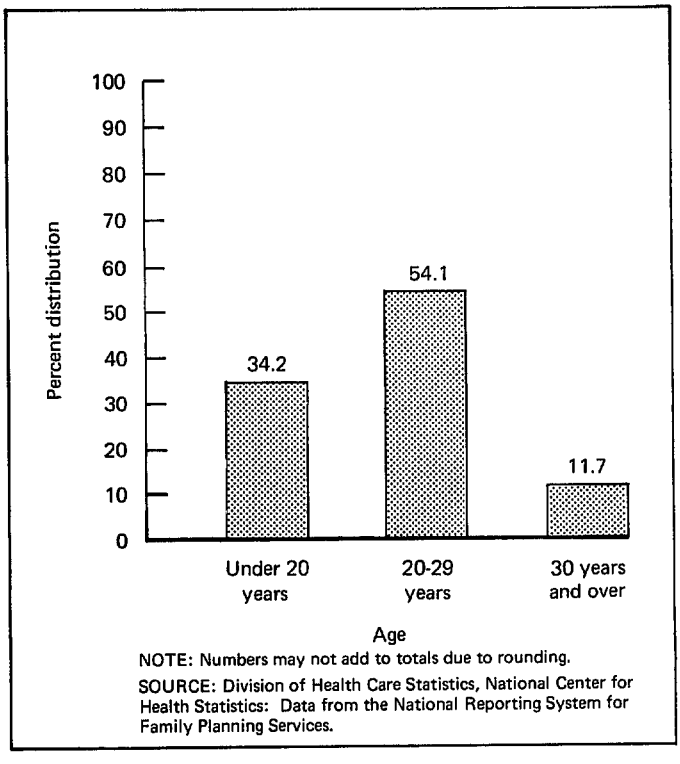

Figure 1. Percent distribution of female family planning patients by age: United States, 1980

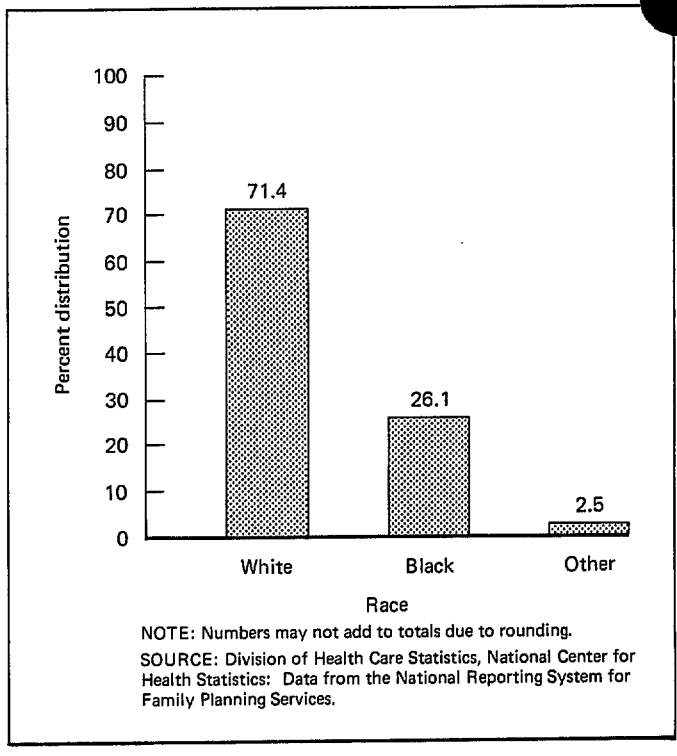

Figure 2. Percent distribution of female family planning patients by race: United States, 1980

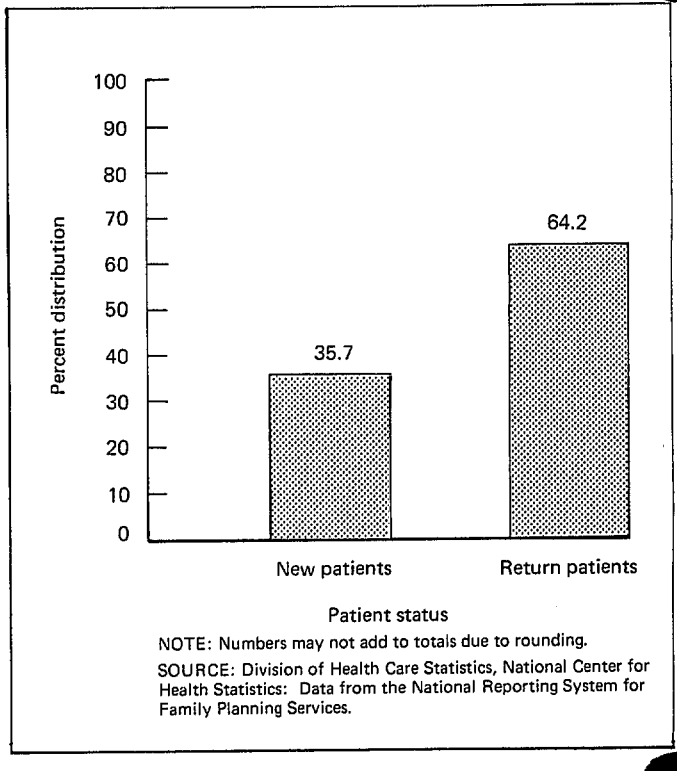

Figure 3. Percent distribution of female family planning patients by patient status: United States, 1980

Contraceptive use and prior source

Table 1 shows that more than half of the women who visited a family planning clinic (55.9 percent) in 1980 had used the pill prior to their visit. Women aged 20-29 were more likely than women of any other age group to have used the pill before their visit (63.1 percent). The IUD had been used by 7.1 percent of all the women and was more likely to have been used by women 30 years of age and over (18.9 percent) than by women under the age of 30. Other methods that had been used by the women prior to their first visit included the diaphragm (4.3 percent); foam, jelly, or cream (3.8 percent); and other or unknown methods (3.7 percent). About 1 out of 4 of the women had never used a method regularly prior to their visit to a family planning clinic. More than twice as many teenage women as women aged 20 or over had not used a method regularly before visiting a clinic (41.9 percent).

More women had received their prior method of contraception at the clinic they visited during the survey year than at any other source (39.3 percent). Almost 9 percent of the women had received their prior method from another family planning clinic, thereby making the clinic a source of prior method for about 48 percent of the women enrolled in the clinics in 1980. The remainder of the women received their prior method either from a hospital (2.0 percent), a private physician (18.4 percent), a drugstore (2.7 percent), or other (including unknown) sources (3.6 percent).

A larger proportion of women aged 20-29 (43.8 percent) and of women 30 years of age and over (43.7 percent) had obtained their prior method from the clinic in which they were enrolled at the time of the survey than had teenage women (30.6 percent). Another family planning clinic was the source of the prior method for 5.9 percent of the women under 20 years of age, for 10.7 percent of the women aged 20-29, and for 8.8 percent of the women 30 years of age and over. Women in their twenties were about as

Table 1. Number of female family planning patients and percent distribution by contraceptive use, according to age: United States, 1980

Contraceptive use	Age			
	All ages	Under 20 years	20-29 years	30 years and over
	Number in thousands			
All female patients	4,977	1,703	2,691	583
	Percent distribution			
Total	100.0	100.0	100.0	100.0
Prior contraceptive method				
Pill	55.9	49.0	63.1	42.5
IUD	7.1	1.8	7.9	18.9
Diaphragm	4.3	1.2	5.7	7.1
Foam, jelly, or cream	3.8	3.1	3.7	6.6
Other[1]	3.7	2.9	3.1	9.1
No method used regularly	25.1	41.9	16.5	15.7
Source of prior method				
Same service site	39.3	30.6	43.8	43.7
Other service site	8.8	5.9	10.7	8.8
Hospital	2.1	1.1	2.2	4.1
Private physician	18.4	14.2	20.7	20.2
Drugstore	2.7	3.1	2.4	3.1
Other[2]	3.6	3.3	3.6	4.5
No method used regularly	25.1	41.9	16.5	15.7
Contraceptive method adopted or continued				
Pill	63.7	74.1	63.1	35.7
IUD	7.1	2.2	7.9	18.2
Diaphragm	7.2	3.8	8.7	9.8
[illegible]oam, jelly, or cream	5.6	5.0	5.1	9.5
[illegible]er	2.9	1.3	2.6	8.8
[illegible]ne	13.6	13.5	12.6	18.1

[1] Includes natural methods and sterilization.
[2] Includes unknowns.

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

likely as women over 20 years of age to have seen a private physician for their prior method (each about 20 percent), while 14.2 percent of the teenage women had visited a physician's office for a method prior to visiting a clinic. The smallest proportion of all women, regardless of age, had obtained their prior method from a hospital, a drugstore, or other sources.

The majority of women who visited a family planning clinic (63.7 percent) adopted or continued to use the pill as a method of contraception. Women under 20 years of age were more likely than other women to adopt or continue with the pill (74.1 percent). Sixty-three percent of the women in their twenties adopted or continued with the pill, while only 35.7 percent of the women 30 years of age and over chose this method. The IUD, chosen by 7.1 percent of all of the women, was more popular among the older women (18.2 percent) than for women under 30. The diaphragm was adopted or continued by 7.2 percent of the women enrolled in family planning clinics. The teenage women were not as likely as the women 20 years of age or over to choose the diaphragm. A little fewer than 6 percent of the women adopted foam, jelly, or cream as a contraceptive method and another 3 percent of the women chose other methods. As many as 13.6 percent of all women who visited the clinics did not choose a method after the visit. The reasons for not doing so included being pregnant, trying to become pregnant, or relying on a partner for a contraceptive method. More of the women over 29 than women in their twenties or younger were in this category.

Table 2 shows the pattern of contraceptive use for white and black women separately. It can be seen that the proportion of white women using the various methods differed only slightly from the overall pattern because most patients at the clinics were white. A larger proportion of black women used the pill prior to visiting a clinic in 1980 than did the white women who visited a clinic (58.9 percent compared with 55.0 percent). The proportion of black women who used the IUD prior to their visit was slightly more than 8 percent, compared with 6.5 percent of white women having used this method. A larger proportion of white women (4.9 percent) than of black women (2.9 percent) used the diaphragm prior to their visit. There was no significant difference in the proportions of black or white women whose

Table 2. Number of female family planning patients and percent distribution by contraceptive use, according to race: United States, 1980

Contraceptive use	*Race*		
	All races	*White*	*Black*
	Number in thousands		
All female patients	4,977	3,552	1,301
	Percent distribution		
Total	100.0	100.0	100.0
Prior contraceptive method			
Pill	55.9	55.0	58.9
IUD	7.1	6.5	8.3
Diaphragm	4.3	4.9	2.9
Foam, jelly, or cream	3.8	3.9	3.5
Other[1]	3.7	3.9	3.2
No method used regularly	25.1	25.7	23.2
Source of prior method			
Same service site	39.3	37.0	46.1
Other service site	8.8	8.7	9.3
Hospital	2.1	1.5	3.5
Private physician	18.4	19.9	14.0
Drugstore	2.7	3.2	1.5
Other[2]	3.6	4.0	2.5
No method used regularly	25.1	25.7	23.2
Contraceptive method adopted or continued			
Pill	63.7	63.5	65.0
IUD	7.1	6.6	8.0
Diaphragm	7.2	8.1	4.9
Foam, jelly, or cream	5.6	4.8	7.7
Other	2.9	2.7	3.0
None	13.6	14.3	11.4

[1] Includes natural methods and sterilization.
[2] Includes unknowns.

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

prior method was foam, jelly, or cream or in the proportions who used other methods. A slightly larger proportion (although not statistically significant) of white women than of black women had never used a method regularly prior to their clinic visit (25.7 percent compared with 23.2 percent).

Table 2 also shows that the clinic, either the one of current enrollment or some other clinic, was the source of prior method for a larger proportion of black women than for white women. About 46 percent of the black women had obtained their prior method from the same clinic, and another 9.3 percent of them had obtained the method from another clinic. Thirty-seven percent of white women obtained their prior method from the same clinic, and 8.7 percent from another clinic. While only 1.5 percent of the white women visited hospitals for their prior method, 3.5 percent of black women did so. It is clear that black women who were enrolled in a family planning clinic were more likely than white women to have previously sought services of a family planning clinic. On the other hand, a larger proportion of white women (19.9 percent) than of black women (14.0 percent) had visited a private physician for their prior method. Black women also were less likely than white women to have obtained a prior method from a drugstore or from other sources.

Table 2 also shows the type of method adopted or continued according to race. The pill was the method adopted by most women, regardless of race. More than 3 out of 5 white women and black women adopted or continued to use the pill over any other method. Looking at the two other effective methods (the IUD and diaphragm), there is no significant difference between the proportion of white and black women who chose the IUD; a larger proportion of white women than of black women chose the diaphragm. On the other hand, black women were more likely than white women to choose foam, jelly, or cream after the visit. A larger proportion of white women than black women (14.3 percent compared with 11.4 percent) chose no method after their visit, suggesting that they may already have been pregnant, were trying to become pregnant, or were relying on their partner for contraception. A small proportion of both racial groups chose other methods (2.7 percent of white women and 3.0 percent of black women).

Data in table 3 reveal strong evidence that the

Table 3. Number of female family planning patients and percent distribution by contraceptive use, according to patient status: United States, 1980

Contraceptive use	Patient status		
	All patients	*New patients*	*Return patients*
	Number in thousands		
All female patients	4,977	1,779	3,197
	Percent distribution		
Total	100.0	100.0	100.0
Prior contraceptive method			
Pill	55.9	31.5	69.5
IUD	7.1	2.9	9.4
Diaphragm	4.3	2.4	5.4
Foam, jelly, or cream	3.8	4.3	3.5
Other[1]	3.7	4.2	3.5
No method used regularly	25.1	54.6	8.7
Source of prior method			
Same service site	39.3	...	61.1
Other service site	8.8	...	13.7
Hospital	2.1	...	3.2
Private physician	18.4	32.7	10.5
Drugstore	2.7	5.5	1.2
Other[2]	3.6	7.3	1.6
No method used regularly	25.1	54.6	8.7
Contraceptive method adopted or continued			
Pill	63.7	60.3	65.5
IUD	7.1	4.1	8.8
Diaphragm	7.2	7.5	7.0
Foam, jelly, or cream	5.6	6.8	4.9
[illegible]her	2.9	2.6	3.0
[illegible]ne	13.6	18.6	10.8

[1] Includes natural methods and sterilization.
[2] Includes unknowns.

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

family planning clinics provide most of their patients with the most effective means of contraception currently available—the pill, the IUD, or the diaphragm. More than twice as many return patients as new patients had used the pill (69.5 percent compared with 31.5 percent). Another 14.8 percent of the return patients had used either the IUD or the diaphragm prior to their visit; only 5.3 percent of the new patients had done so. Before visiting a family planning clinic, more than half of the new patients (54.6 percent) had never used a method regularly. However, after enrolling in an organized family planning clinic, close to 72 percent of the new patients chose the pill, the IUD, or the diaphragm—three of the most effective methods.

The greatest proportion of the new patients who had used a method prior to their visit had obtained it from a private physician (32.7 percent). An overwhelming majority of return patients, as expected, had obtained their prior method from the same site of current visit (61.1 percent) or from another service site (13.7 percent). Only 3.2 percent of the return patients had visited a hospital for their prior method. About 1 out of 10 of the return patients received their prior method from a private physician, despite previous enrollment in an organized family planning clinic. A considerably larger proportion of the new patients than of the return patients had obtained a prior method either from a drugstore or from other sources (12.8 percent compared with 2.8 percent).

Unlike the new patients, the proportion of return patients adopting or continuing to use the pill or the IUD decreased after their visit. A higher proportion of new patients adopted or continued with foam, jelly, or cream as a method than had used it before the clinic visit (6.8 percent compared with 4.3 percent). The proportion of return patients who chose this method also increased after the visit, but still was a smaller proportion than that of new patients who adopted foam, jelly, or cream. Further, a larger proportion of new patients than of return patients chose no method at the end of the visit (18.6 percent compared with 10.8 percent).

Pregnancy history

Tables 4, 5, and 6 show the number of pregnancies, live births, and fetal deaths for women according to age, race, and patient status. Table 4 shows that a larger proportion of women under 20 years of age than of older women had had no pregnancies, no live births, and no fetal deaths. This suggests the importance of the family planning services for preventing a first pregnancy among teenage women. However, close to one-third (31.7 percent) of the teenage patients had been pregnant at least once before visiting a clinic. More than half of all the women (56.5 percent) had been pregnant at least once, but fewer than half had had a live birth. As many as 22.7 percent of the women had had at least one fetal death.

As expected, a larger proportion of women 30 years of age or over had had two or more pregnancies or two or more live births than had younger women. About three-quarters of the women over 29 years of age had had two or more pregnancies, compared with 35.6 percent of the women 20-29 years of age and 7.4 percent of the women under 20. About 70 percent of the women aged 30 years or over had had two or more live births, compared with 26.2 percent of the women in their twenties and 3.6 percent of women under 20 years of age.

The majority of women in every age group had not experienced a fetal death. The proportion of women who had had at least one fetal death, however, increased with age, probably because the proportion of women who had one or more pregnancies also increased with age. Thus for the women 30 years of age or over, who had had more pregnancies, there had also been more fetal deaths than among women under 30 years of age.

In table 5 the number of pregnancies, live births, and fetal deaths are distributed according to race. A larger proportion of white women than of black women had never had a pregnancy (46.8 percent compared with 34.0 percent) or a live birth (58.7 percent compared with 42.1 percent). Conversely, a larger proportion of black women than of white women had had two or more pregnancies and two or more live births. However, there is no significant difference in the proportions of white and black women who have had at least one fetal death (22.3 percent and 24.0 percent, respectively).

Table 6 shows the number of pregnancies, live births, and fetal deaths for women according to whether the woman was a new or a return patient. More than half of the new patients (55.7 percent) had not had a pregnancy, compared with 36.7 percent of return patients. This means that a higher proportion of the return patients (63.3 percent) than of the new patients (44.3 percent) had had at least one pregnancy. This is also the case with number of live births. The majority of new patients (55.7 percent) had not had a live birth at the time of their visit, and fewer than half of return patients had not had one (48.5 percent). Because return patients were more likely to have been pregnant than were new patients, it is understandable that return patients were also more likely to have experienced at least one fetal death (25.4 percent compared with 17.9 percent).

Table 4. Number of female family planning patients and percent distribution by pregnancy history, according to age: United States, 1980

Pregnancy history	Age			
	All ages	Under 20 years	20-29 years	30 years and over
	Number in thousands			
All female patients	4,977	1,703	2,691	583
	Percent distribution			
Total	100.0	100.0	100.0	100.0
Number of pregnancies				
0	43.5	68.3	34.9	10.9
1	25.8	24.3	29.5	13.0
2 or more	30.7	7.4	35.6	76.1
Number of live births				
0	54.3	79.4	47.0	15.0
1	22.1	17.0	26.8	15.1
2 or more	23.6	3.6	26.2	69.9
Number of fetal deaths				
0	77.3	85.9	74.0	67.1
1	16.9	12.2	19.1	20.6
2 or more	5.8	1.9	6.9	12.2

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

Table 5. Number of female family planning patients and percent distribution by pregnancy history, according to race: United States, 1980

Pregnancy history	Race		
	All races	White	Black
	Number in thousands		
All female patients	4,977	3,552	1,301
	Percent distribution		
Total	100.0	100.0	100.0
Number of pregnancies			
0	43.5	46.8	34.0
1	25.8	25.0	28.5
2 or more	30.7	28.2	37.5
Number of live births			
0	54.3	58.7	42.1
1	22.1	19.8	28.8
2 or more	23.6	21.5	29.1
Number of fetal deaths			
0	77.3	77.7	76.0
1	16.9	16.8	17.5
2 or more	5.8	5.5	6.5

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

Table 6. Number of female family planning patients and percent distribution by pregnancy history, according to patient status: United States, 1980

Pregnancy history	Patient status		
	All patients	New patients	Return patients
	Number in thousands		
All female patients	4,977	1,779	3,197
	Percent distribution		
Total	100.0	100.0	100.0
Number of pregnancies			
0	43.5	55.7	36.7
1	25.8	22.6	27.6
2 or more	30.7	21.7	35.7
Number of live births			
0	54.3	64.8	48.5
1	22.1	18.9	23.8
2 or more	23.6	16.3	27.7
Number of fetal deaths			
0	77.3	82.0	74.6
1	16.9	13.4	18.8
2 or more	5.8	4.5	6.6

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

References

[1]National Center for Health Statistics, E. Eckard: Women who use organized family planning services: United States, 1979. *Vital and Health Statistics.* Series 13-No. 62. DHHS Pub. No. (PHS) 82-1723. Public Health Service. Washington. U.S. Government Printing Office, Jan. 1982.

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

[3]National Center for Health Statistics, G. E. Hendershot and K. E. Bauman: Use of services for family planning and infertility: United States. *Vital and Health Statistics.* Series 23-No. 8. DHHS Pub. No. (PHS) 82-1984. Public Health Service. Washington. U.S. Government Printing Office, Dec. 1981.

[4]National Center for Health Statistics, B. J. Haupt: Background and development of the National Reporting System for Family Planning Services. *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.

[5]National Center for Health Statistics, E. Eckard: Teenagers who use organized family planning services: United States, 1978. *Vital and Health Statistics.* Series 13-No. 57. DHHS Pub. No. (PHS) 81-1718. Public Health Service. Washington. U.S. Government Printing Office, Aug. 1981.

[6]National Center for Health Statistics, B. Bloom: Basic data on women who use family planning clinics: United States, 1980. *Vital and Health Statistics.* Series 13-No. 67. Public Health Service, DHHS, Hyattsville, Md. To be published.

Symbols

- - -	Data not available
. . .	Category not applicable
-	Quantity zero
0.0	Quantity more than zero but less than 0.05
Z	Quantity more than zero but less than 500 where numbers are rounded to thousands
*	Figure does not meet standards of reliability or precision
#	Figure suppressed to comply with confidentiality requirements

Technical notes

Sampling design

The 1980 National Reporting System for Family Planning Services (NRSFPS) estimates are based on a stratified two-stage sampling design. In the first stage, a probability sample of 1,381 (about 1 in 4, nationally) family planning service sites was selected from a stratified sampling frame developed in 1976 and updated for 1980.

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 1980 NRSFPS sample for the United States encompassed 220,303 female patient records. A report delineating the NRSFPS background, development, and evolution has been published.[4]

Estimation

The statistics provided by NRSFPS for 1980 are derived by a complex-estimation procedure. The estimation procedure used to produce essentially unbiased national estimates for the NRSFPS has two principal components—inflation by the reciprocal of the probability of sample selection and adjustment for nonresponse.

Sampling error

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

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

To derive standard errors that would be applicable to a wide variety of statistics and could be derived at moderate costs, several approximations were required. For the basic 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 patients is 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.

Rounding

Aggregate estimates of family planning patients in the tables are rounded to the nearest thousand. The

Table I. Number of female family planning patients and relative standard error, by age, race, and patient status: United States, 1980

Age, race, and patient status	*Number of patients in thousands*	*Relative standard error in percent*
Age		
All ages	4,977	3.8
Under 20 years	1,703	4.0
20-29 years	2,691	3.9
30 years and over	583	4.8
Race		
White	3,552	4.0
Black	1,301	4.7
Patient status		
New patient	1,779	4.4
Return patient	3,197	4.0

NOTE: A list of references follows the text.

Table II. Approximate standard error of percent of female family planning patients, by age, race, and patient status: United States, 1980

Age, race, and patient status	Estimated percent of patients					
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	50
	Standard error in percentage points					
Age						
All ages	0.2	0.4	0.5	0.7	0.8	0.9
Under 20 years	0.2	0.5	0.6	0.9	1.0	1.1
20-29 years	0.2	0.4	0.5	0.7	0.8	0.9
30 years and over	0.3	0.7	1.0	1.3	1.5	1.6
Race						
White	0.2	0.4	0.6	0.8	0.9	1.0
Black	0.4	0.8	1.1	1.4	1.6	1.8
Patient status						
New patient	0.2	0.5	0.6	0.9	1.0	1.1
Return patient	0.2	0.5	0.6	0.8	1.0	1.1

Example of use of table: An estimate of 50 percent based on all teenage patients has a standard error of 1.1 percent, or a relative standard error of 2.2 percent (1.1 percent ÷ 50 percent).

percents were computed based on unrounded estimates, and thus the figures may not sum to the totals.

Definitions

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

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

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

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