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## Use of Family Planning and Related Medical Services Among Women Aged 15–44 in the United States: National Survey of Family Growth, 2006–2010

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### Abstract

*Objective*—This report presents national estimates of the use of family planning services and related medical services among women aged 15–44 in the United States in 2006–2010. Selected indicators are compared with similar measures for 2002 and 1995 to examine changes over time.

*Methods*—Data for this report come primarily from the 2006–2010 National Survey of Family Growth (NSFG), which included 12,279 interviews with women aged 15–44. The response rate for women in the 2006–2010 NSFG was 78%.

*Results*—In 2006–2010, 43 million women aged 15–44 received a family planning or related medical service in the previous 12 months. A Pap test and a pelvic exam were the most common services received by women in the previous year, followed by receipt of a method of birth control. About 18% of women received a family planning or related medical service from a clinic in the past 12 months and one-half of these women received it from a Title X-funded clinic. In contrast, 53% of women received a family planning or related medical service in the past 12 months from a private doctor. Use of Title X-funded clinics was more common among women in cohabiting unions, black and Hispanic women, those who lived in nonmetropolitan areas, those below the poverty level, and those without health insurance.

**Keywords:** birth control method • clinic use • Title X • Pap test

### Introduction

This report presents national estimates of the use of family planning and related medical services among women aged 15–44 in the general household population of the United States for the period 2006–2010. Family planning services are important because they allow women more control

over their childbearing and help them achieve their desired birth spacing and family sizes (1–3). The use of family planning services is estimated to prevent 1.6 million unintended pregnancies each year (4). Having an unintended birth is associated with adverse social, economic, and health outcomes for both the mother and the child (5–7). In

addition, use of family planning services may facilitate access to other reproductive health services.

The National Survey of Family Growth (NSFG) has been collecting data on the use of family planning and related medical services in the United States since 1982. This report presents selected data on the use of specific family planning services and related medical services, and how they have changed over time. In addition, data are presented on the types of providers used for these services, and the demographic and behavioral profiles of women who obtain these services from these providers.

### Background

The last three decades have seen an increase in the time between when women first have sexual intercourse and when they get married or have their first child. In 1988, the median age at first sex was 17.8 years and by 2006–2010, the median age at first sex had dropped to 17.1 years (8). This drop means that women may spend a significantly larger part of their reproductive years at risk of an unintended pregnancy (9). Use of family planning services during this period of increased risk can play an important role in reducing unintended



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pregnancies and allowing women to time their fertility better.

Family planning and related medical service providers also may play a role in reducing acquisition and transmission of sexually transmitted diseases (STDs) by providing testing, counseling, and treatment for STDs, including human immunodeficiency virus (HIV). STD services may in turn help to reduce the incidence of pelvic inflammatory disease and tubal or pelvic factor infertility, especially through early detection and treatment of chlamydia (10,11). The family planning and related medical services recommended by the Institute of Medicine and other organizations include receiving methods of birth control, counseling regarding methods of birth control, and testing and treatment for STDs (12–15). Family planning services also include other medical services related to pregnancy such as pregnancy tests, prenatal care, and postpregnancy or postnatal care. Related services also include preventive reproductive health care such as screening for cervical and breast cancer (1,14,16–18). Studies have found that inadequate use of family planning and related medical services is associated with higher STD and cervical cancer rates and higher morbidity and mortality rates for mothers and infants (2,19–21).

Clinical recommendations for when to receive different reproductive screenings vary by age and behavioral characteristics, and change from time to time. Recently the U.S. Preventive Services Task Force released new cervical cancer screening guidelines recommending that young women forgo Pap tests until at least age 21 (19,22–24). The previous guidelines recommended Pap tests for young women aged 15–17 only if they were sexually active, and for women aged 18 or over regardless of sexual activity. Data on the use of family planning and related medical services are needed to monitor trends and patterns across different population subgroups.

## Variations by race, ethnicity, and income

Use of family planning services is known to vary across population subgroups by age, race and Hispanic origin, sexual experience, and income (20,25–27). A previous study found no racial differences in overall use of family planning services, but it found differences in the specific services used (21). Racial and ethnic variation in both the timing of birth and total fertility may help explain some of the differences in the type of services received.

Also, use of family planning and related medical services is found to be lower among women from lower-income households (16,28,29). This usage may be due to their inability to pay for some services or lower availability of services (30). In 1970, Title X of the Public Health Service Act was passed to provide family planning services to low-income women unable to afford those services. In 1997, Medicaid was also expanded to help pay for family planning and related medical services.

## Methods

### Data source

NSFG was established and first conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) in 1973. Since then, NCHS has conducted NSFG seven times—in 1973, 1976, 1982, 1988, 1995, 2002, and most recently, in 2006–2010. Since 1982, NSFG has included all women aged 15–44 regardless of marital status.

The 2006–2010 NSFG was based on 22,682 face-to-face interviews—12,279 with women and 10,403 with men aged 15–44 in the household population of the United States. The interviews were administered in person by trained female interviewers, primarily in the respondents' homes. The 2006–2010 sample is a nationally representative, multistage area probability sample drawn from 110 areas or “primary sampling units”

(PSUs) across the country. To protect the respondent's privacy, only one person was interviewed in each selected household. In 2006–2010, those aged 15–19 and black and Hispanic adults were sampled at higher rates than others. More details on NSFG methods and procedures have been published (31–33).

## Family planning and medical services

The data on family planning and related medical services in this report are based on a series of questions asked of all women about 14 services they may have received in the 12 months prior to the interview. These services are divided into two groups: family planning and related medical services. For the family planning services listed below, women were asked, “In the past 12 months, that is, since [month, previous year], have you received any of the following birth control services shown on card 49 from a doctor or other medical care provider?” The related medical services were shown on card 50.

In this report, data on prenatal care and postpregnancy care are not shown separately because they apply only to women who have had a pregnancy in the past 12 months. [Tables 1–3](#) examine data for all women regardless of whether they have ever had sex or have ever been pregnant. Showing separate data on prenatal and postpregnancy care for all women would be misleading because not all the women were pregnant and in need of those services in the past 12 months.

Family planning services:

- A birth control method or prescription for a method
- A checkup or medical test related to using a birth control method
- Counseling about birth control
- Counseling about getting sterilized
- Emergency contraception or the “morning-after pill,” or a prescription for it

- Counseling or information about emergency contraception or the “morning after pill”
  - A sterilizing operation
- Medical services:
- A pregnancy test
  - An abortion
  - A Pap test
  - A pelvic exam
  - Prenatal care
  - Postpregnancy care
  - Counseling, testing, or treatment for a sexually transmitted disease

For each family planning or related medical service she had received, the woman was asked where she received it. She was shown a card that listed response options for type of provider.

Provider type options:

- Private doctor’s office
- HMO facility
- Community health clinic, community clinic, or public health clinic
- Family planning or Planned Parenthood clinic
- Employer or company clinic
- School or school-based clinic
- Hospital outpatient clinic
- Hospital emergency room
- Hospital regular room
- Urgent care center, urgi-care, or walk-in facility
- Some other place

If the woman reported receiving the service at a clinic, the questionnaire routed the interviewer to a clinic database installed on the computer. If the clinic named by the respondent was listed in the database, the interviewer selected that clinic. The clinic database was structured by state, city or town, and then by clinic name. The database classified the clinic first, by whether it was funded by the federal Title X

program, and second, by the type of agency that managed it. Further work was done after the interview to identify the clinics that were not found in the database. When presenting summary statistics on provider use—Title X clinic use or private doctor visit—women who **had at least one** visit to those types of providers counted as having ever visited that type of provider. This means that in [Tables 4–6](#), some women may be represented in multiple categories if they visited more than one type of provider in the past 12 months.

### Demographic variables used in this report

The data on use of family planning services presented in this report are shown with respect to several key demographic characteristics including age, Hispanic origin and race, marital status, parity, metropolitan residence, health insurance, and poverty level. These characteristics were measured at the time of the interview.

The definition of Hispanic origin and race used in this report takes into account the reporting of more than one race, in accordance with the 1997 guidelines from the Office of Management and Budget (34). Separate estimates are presented for single-race, non-Hispanic respondents who are black or white.

The strengths of the data in this report, based primarily on the 2006–2010 NSFG, include that they are based on a large nationally representative sample of women, and are collected and processed in comparable ways so that trends could be measured reliably. Interviewers were supplied with visual aids, such as “show-cards,” life-history calendars, and “help screens” containing definitions of terms and other guides. These aids were especially helpful for the content of this report, which includes detailed data on family planning and medical services.

The data in this report also have some limitations. Like all survey data, these data are subject to sources of nonsampling error. Because NSFG is a cross-sectional survey, questions rely on respondents’ recall when reporting past

experiences. Given the detail asked of the women, NSFG used the life history calendar to help them remember specific dates by writing down other key demographic markers (e.g., dates of high school graduation, marriages and dissolutions, and children’s births) to help their recall. And given the complexity and level of detail involved with reporting family planning services obtained, and to aid recall, the survey asked only about services received in the past 12 months. Despite these considerations, errors of recall are possible.

### Statistical analysis

All estimates in this report were weighted to represent the characteristics of the 62 million women aged 15–44 in the household population of the United States in 2006–2010. Statistics for this report were produced using SAS software, version 9.3 (<http://www.sas.com>). For most tables, PROC SURVEYFREQ was used to account for NSFG’s complex sampling design when estimating standard errors for each percentage. Each table in this report includes standard errors as measures of the sampling error of each point estimate.

The significance of differences among subgroups was determined by standard two-tailed *t* tests using point estimates and their standard errors. No adjustments were made for multiple comparisons. The difference between any two estimates is mentioned in the text only if it is statistically significant. However, if a comparison is not made, it may or may not have been tested. Otherwise, terms such as “similar” or “no significant differences” are used to indicate that the estimates being compared were not significantly different.

In the description of the results below, when the percentage being cited is below 10%, the text cites the exact percentage to one decimal point. To make reading easier and to remind the reader that the results are based on samples and subject to sampling error, percentages above 10% will generally be shown rounded to the nearest whole percent. Readers should pay close

attention to the sampling errors for small population groups. In this report, percentages are not shown if the sample denominator is less than 100 cases or the numerator is less than 5 cases. When a percentage or other statistic is not shown for this reason, the table contains an asterisk signifying that the “statistic does not meet standards of reliability or precision.” For most statistics presented in this report, the numerators and denominators are much larger. This report is intended to present selected statistics on trends and differences in the use of family planning services in the 12 months prior to the interview among U.S. women in 2006–2010. The results presented in this report are bivariate and do not attempt to demonstrate cause-and-effect relationships.

## Results

### Trends in use of family planning services

Among the approximately 62 million women aged 15–44 in the

United States in 2006–2010, the percentage of women who received a family planning or related medical service in the 12 months prior to the interview increased slightly between 1995 (69%) and 2002 (73%) and decreased slightly to 70% between 2002 and 2006–2010 (Table 1). This decrease may be the result of a population decline during this period among U.S. women aged 25–44—the ages when women’s use of family planning services is highest (35). This decrease is also supported by the lack of change in the use of family planning and related medical services between 2002 and 2006–2010 among women aged 25–44 (data not shown). Nonetheless, this translates into 43 million women in 2006–2010 who received a family planning service in the past 12 months, compared with 45 million women in 2002.

- Following increases between 1995 and 2002, there was **no change** between 2002 and 2006–2010 in the percentage of women who obtained a

method of birth control or a prescription, a birth control checkup or test, counseling on emergency contraception, a pregnancy test, or a sterilizing operation (Figure 1 and Table 1). The period between 2002 and 2006–2010 saw **increases** in the percentage of women who received emergency contraception (from 0.9% to 2.2%, for a 144% increase) and STD counseling, testing, or treatment (from 13% to 16%, for a 27% increase).

- The percentage of women who received birth control counseling, sterilization counseling, a pelvic exam, or a Pap test **declined** between 2002 and 2006–2010.
- The period between 1995 and 2002 also saw an increase in STD counseling, testing, or treatment, but this was likely due to a change in the survey question that added “counseling,” thereby broadening the scope of the question.

Table 2 shows characteristics of women who received family planning

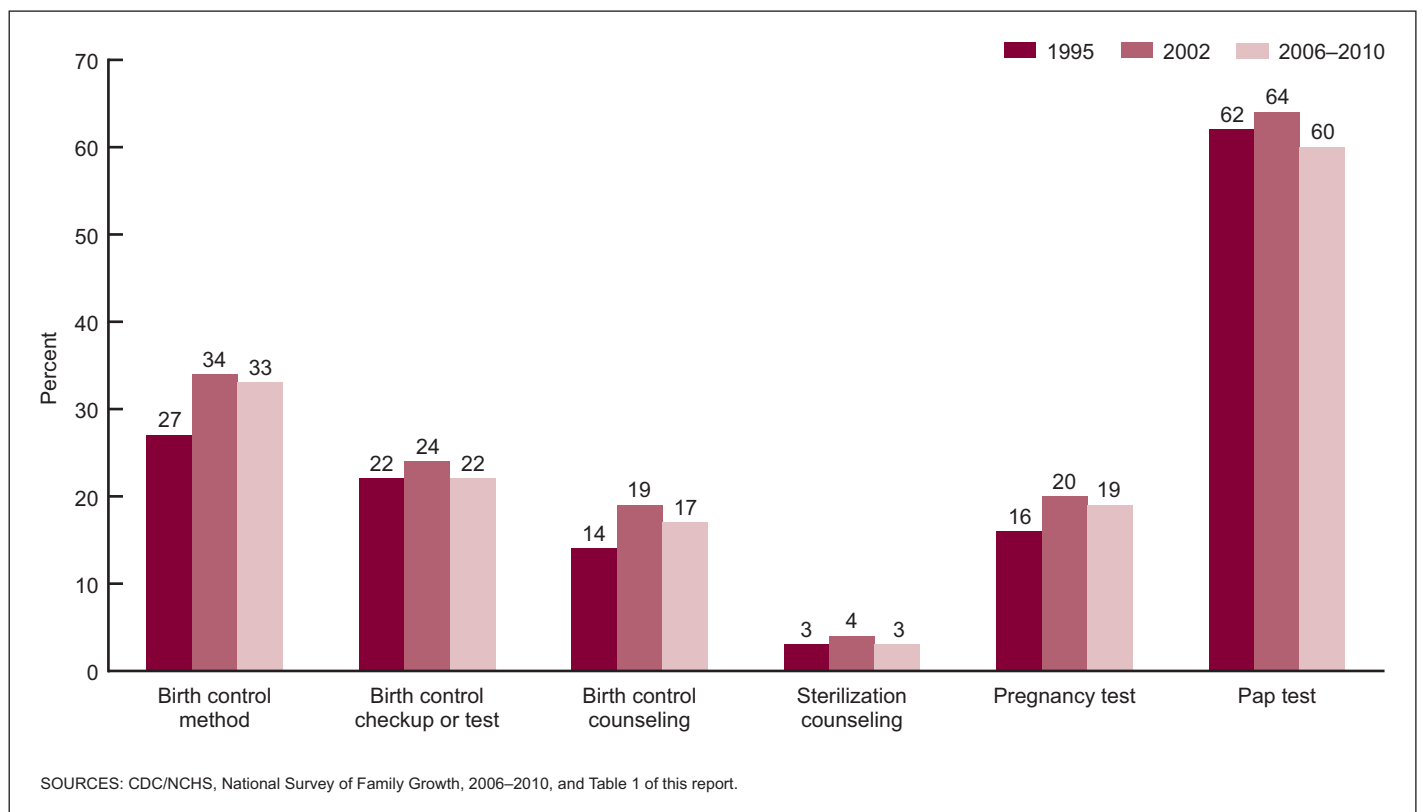


Figure 1. Percentage of all women receiving selected family planning or medical services in the past 12 months: United States, 1995, 2002, and 2006–2010

services in the past 12 months. The most common services were obtaining a birth control method (33% of women aged 15–44 or about 21 million women in a year), obtaining a birth control checkup or test (22% or about 14 million women), and receiving birth control counseling (17% or about 10 million women in a year).

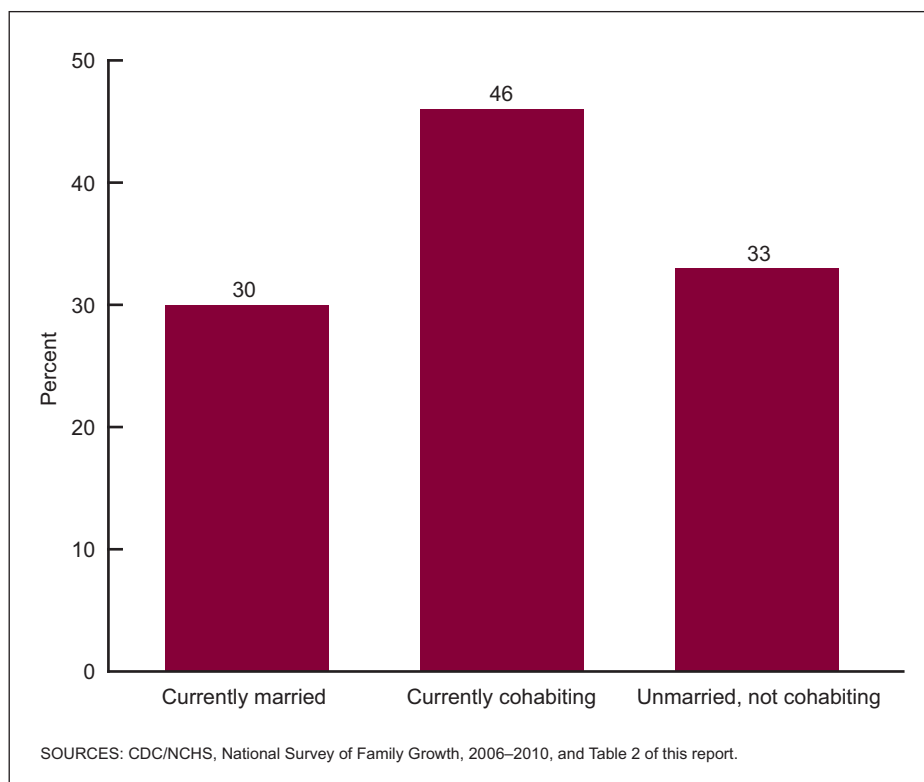
- Sterilization counseling (received by 3% of women), sterilization operation (received by 2%), emergency contraception (obtained by 2%), and emergency contraception counseling (received by 3%) were used rarely, and will not be discussed further. Use of emergency contraception is described in a recent report using NSFG data (36).
- By age, the percentage of women who received at least one family planning service in the past 12 months ranged from 58% (ages 20–24) to 31% (ages 40–44).
- Differences by Hispanic origin and race and income in the proportion of

women who received at least one family planning service in the past year were generally small, but non-Hispanic white women were more likely to have received a family planning service.

- Currently cohabiting women were more likely to have obtained a method of birth control in the past 12 months (46%) than unmarried (33%) or currently married women (30%) (Figure 2).

### Other related medical services

The percentage of women who received other medical services in the 12 months before the interview is shown in Table 3. The most common services among this group were Pap tests (received by 60% of women or about 37 million women in a year) and pelvic exams (received by 55% of women). In addition, 19% received a pregnancy test and 16% received counseling, testing, or treatment for an STD.



**Figure 2. Percentage of all women receiving a birth control method in the past 12 months, by marital status: United States, 2006–2010**

- Teenagers were less likely (33%) to have received one of these medical services in the past 12 months compared with the majority of women aged 20 and over (71%–77%).
- Non-Hispanic black women (72%) were more likely than white (67%) and Hispanic (61%) women to report receiving one of these medical services in the past 12 months, particularly counseling, testing, and treatment for STDs (Table 3).
- Women with children (73%) were also more likely to have received a service in the past 12 months compared with those without children (57%). This also may help explain the differences by Hispanic origin and race, because black women are more likely than white women to have had a child.
- A higher proportion of cohabiting women received at least one medical service; a Pap test; a pregnancy test; or STD counseling, testing, or treatment compared with women who were currently married or those that were unmarried.

Table 4 shows the types of health care providers from which women received care in the past 12 months. About 18% of women received a service from at least one clinic in the past 12 months and about one-half of these women received a service from at least one Title-X funded clinic. In contrast, 53% of women received a service from at least one private doctor or HMO. For distinction, patients who use private doctors or HMOs for their health care typically pay for the visit with private insurance, their own income, or both. Clinics, on the other hand, are typically subsidized by federal, state, or local government programs, or private nonprofit organizations (9).

- In 2006–2010, 31% of women aged 20–44 from households less than 101% of the poverty level used at least one clinic for their family planning or related medical care in the last 12 months, compared with 9.4% of women with the highest income (251% or higher than the poverty level). In contrast, the

proportions using at least one private doctor were highest for those in the highest income group.

- Women in cohabiting unions (31%) were more likely than women who were unmarried and not cohabiting (20%) and those who were currently married (12%) to have received their family planning and related medical services from at least one clinic provider. In contrast, currently married women were more likely to have received their services from a private doctor or HMO (65%).
- Hispanic (27%) and black (23%) women were more likely than white (13%) women to have received their family planning and related medical services from at least one clinic provider.
- Women in cohabiting unions (17%), black (13%) and Hispanic (13%) women, those who lived in nonmetropolitan areas (14%), those below the poverty level (16%), and those who were uninsured at any time in the past 12 months (16%) more commonly received a family planning and related medical service from at least one Title X-funded clinic.

Table 5 provides a demographic profile of users and nonusers of family planning and related medical services based on the 12 months prior to the interview.

- Users were more likely than nonusers to be currently married or cohabiting (first two columns). For example, 45% of users were currently married compared with 33% of nonusers.
- Users and nonusers did not vary significantly with respect to race and Hispanic origin or metropolitan residence. However, users (50%) were more likely to have incomes at 251% of the poverty level or higher compared with nonusers (39%).
- Women who visited at least one clinic (specifically at least one Title X-funded clinic) for their family planning or medical services in the past year were disproportionately younger than those who visited a private doctor or HMO for their services. Over one-half (56%) of those who visited at least one private

doctor or HMO were aged 30–44, compared with 33% of those who visited at least one clinic and 32% of those who visited at least one Title X-funded clinic.

- Women visiting at least one Title X-funded clinic for their services in the past year were more likely to have incomes at or below the poverty level (38%), compared with 15% of those visiting at least one private doctor or HMO.
- Title X clinic users were more likely to live in nonmetropolitan areas than were patients of private doctors. Thirty-one percent of Title X clinic users were from nonmetropolitan areas compared with 18% of those who visited a private doctor.
- Women visiting at least one Title X-funded clinic for their family planning or related medical services in the past year were less likely to be white (49%) compared with those visiting at least one private doctor or HMO (68%).

Behavioral characteristics of users and nonusers of family planning and medical services in the past year are shown in Table 6. These characteristics are useful as profiles of the medical and behavioral backgrounds that these groups may bring to their use of family planning and other medical services.

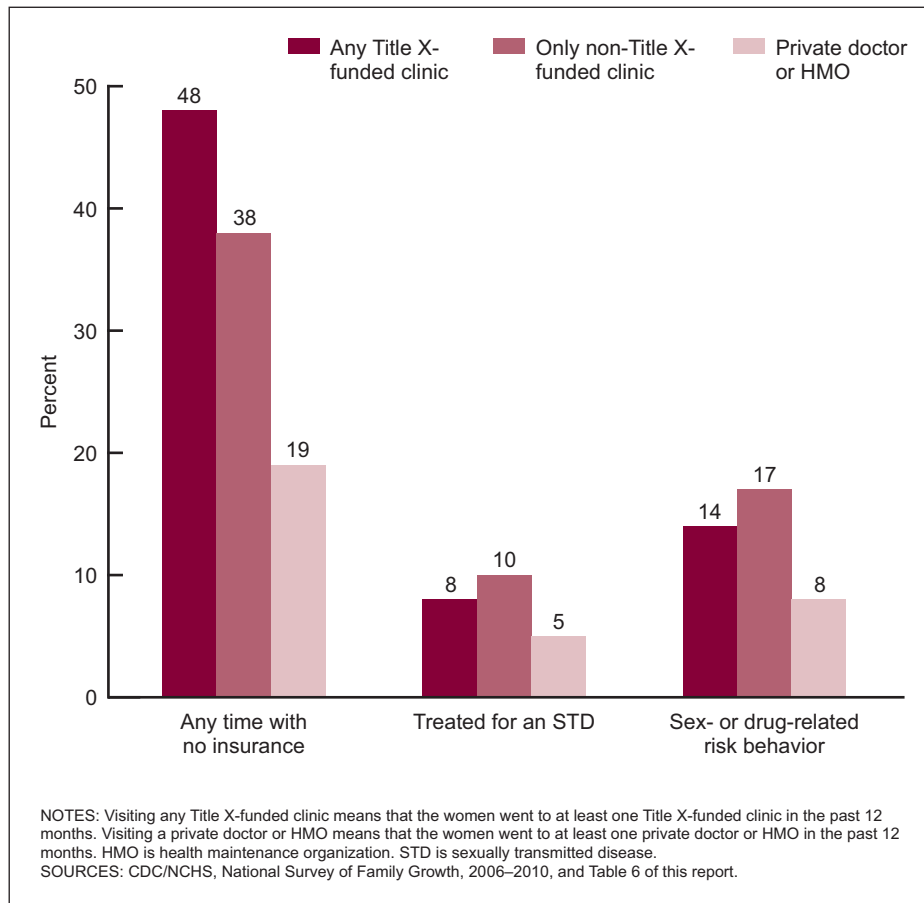
- Users of these services in the past year were more likely than nonusers to have ever been pregnant, to have had a birth, and to have had an unintended birth. These users also were more likely to have ever used the pill or a condom and to have ever been tested for HIV outside of blood donation.
- Users of family planning and medical services in the past year were more likely than nonusers to have been treated for an STD in the past year (5.5% compared with 0.6%), and were more likely to have engaged in any sexual or drug-related HIV risk behavior in the past year (9.6% compared with 4.3%).
- Women who received at least one of their recent family planning or medical services from a Title X-funded clinic were nearly twice as

likely (14%) as those who visited a private doctor or HMO (7.5%) to have engaged in any sexual or drug-related HIV risk behavior in the past year. Title X-funded clinic users also were more likely than private doctor or HMO users to have been treated for an STD in the past year (8.2% compared with 4.5%) (Figure 3).

- Almost one-half (48%) of women who visited at least one Title X-funded clinic for their family planning or medical services in the past year had spent some time without health insurance in the past year, compared with 19% of those who visited a private doctor or HMO (Figure 3).
- Women receiving family planning or medical services from at least one Title X-funded clinic were less likely than women who received services from at least one private doctor or HMO to have received Pap tests or pelvic exams in the past year.

Women in the 2006–2010 NSFG who received a Pap test or pelvic exam in the past year were asked whether a doctor or medical care provider talked with them about birth control or emergency contraception during their visit (Figure 4 and Table 7).

- Younger women aged 15–19 who received a Pap test or pelvic exam in the past year more commonly reported having had their provider discuss both topics than those aged 30–44 who received a Pap test or pelvic exam. Seventy percent of those aged 15–19 discussed birth control compared with 38% of women aged 30–44. About 18% of teenagers aged 15–19 discussed emergency contraception compared with 4.9% of women aged 30–44.
- Unmarried and not-cohabiting women were more likely to have had their provider discuss these topics, followed by cohabiting women, and currently married women. Similarly, both topics were more commonly discussed among childless (no births) women than among those with children.



**Figure 3. Profile of women who went to any Title X clinic, only non-Title X clinics, or a private doctor or HMO in the last 12 months, by selected characteristic or behavior in the past 12 months: United States, 2006–2010**

- Among women whose provider talked to them about **birth control, there were no** statistically significant differences by the characteristics shown in Table 7. However, there were significant variations among women who discussed emergency contraception by metropolitan residence, health insurance coverage, poverty level, and Hispanic origin and race.
  - Women living in metropolitan central cities were nearly twice as likely (11%) as those in nonmetropolitan areas (5.8%) to have had their provider discuss emergency contraception during their visit for a Pap test or pelvic exam.
  - Women who spent some time without health insurance were twice as likely (14%) as those with continuous coverage (7.0%) to have had their provider discuss emergency contraception.
  - Women with household incomes at or below 150% of the poverty level were more likely to have had their provider discuss emergency contraception. For example, 13% of those with incomes below 101% of the poverty level discussed emergency contraception compared with 4.9% of those 251% or above the poverty level.
  - Hispanic (18%) and black (12%) women were more likely than white (5.7%) women to have had their provider discuss emergency contraception.

## Conclusion

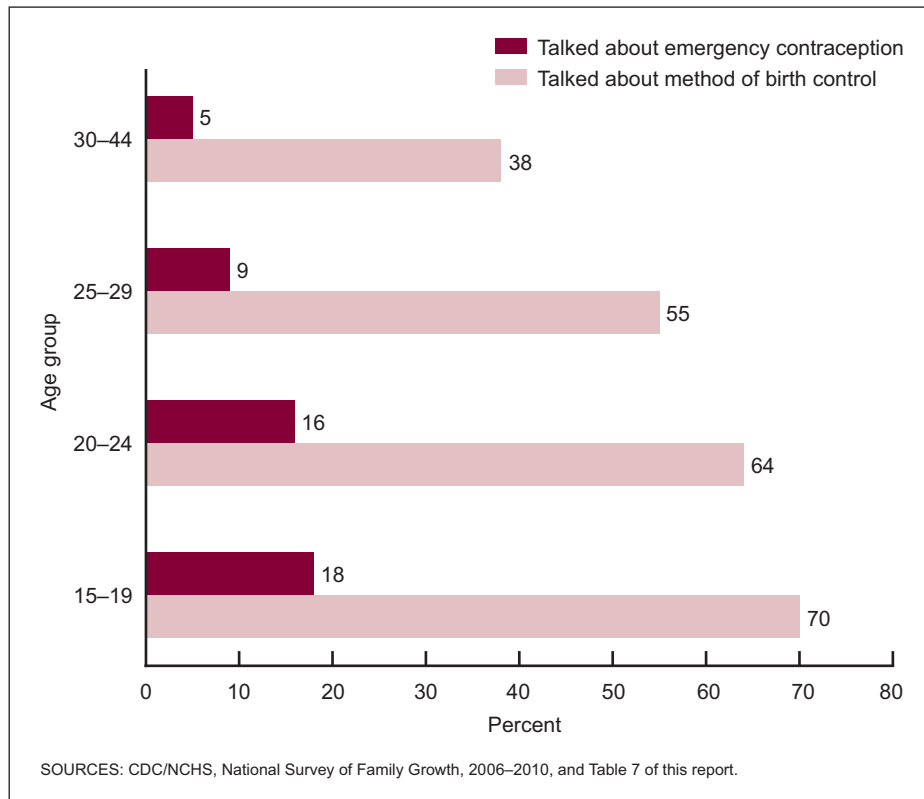
This report presents data from the 2006–2010 NSFG on the use of family

planning and related medical services among women aged 15–44 in the United States. It focuses on the use of specific family planning and medical services in the 12 months prior to the interview, changes over time, types of providers used, and characteristics of women who visited each type of provider in the past year. The experiences of women with family planning and medical services in the past 12 months differ by characteristics including Hispanic origin and race, poverty level, residence, and insurance coverage.

Among the 62 million women aged 15–44 in the United States in 2006–2010, 43 million received a family planning or related medical service in the 12 months prior to the interview. The most common services obtained by women during this time were a Pap test, a pelvic exam, a method of birth control or a prescription, and a checkup or medical test related to using a birth control method. Use of family planning or medical services from a Title X-funded clinic was more common among Hispanic and black women, cohabiting women, women who lived in nonmetropolitan areas, those below the poverty level, and those who spent any time without health insurance in the past year.

A higher percentage of women who received a family planning or related medical service from a Title X-funded clinic also reported risky behaviors in the past 12 months. For example, they were more likely to have engaged in any sexual or drug-related HIV risk behaviors, to have been treated for an STD, and were less likely to have received a Pap test compared with women who used a private doctor or HMO for their services.

Some of the variations by race and Hispanic origin described in this report in the use of family planning and related medical services may be attributable to the widely documented differences in fertility patterns among Hispanic, white, and black women. In 2010, the fertility rate for non-Hispanic white women was 58.7 births per 1,000 women aged 15–44, compared with 66.6 births per 1,000 for non-Hispanic black women



**Figure 4. Percentage of women who received a Pap test or Pelvic exam in the past 12 months and whose provider talked to them about a method of birth control or emergency contraception, by age group: United States, 2006–2010**

and 80.2 births per 1,000 for Hispanic women (37). Hispanic and non-Hispanic black women were less likely to have received any family planning service in the past 12 months compared with non-Hispanic white women. Hispanic women were less likely than black and white women to have received any other medical services including a Pap test or Pelvic exam, the most common services received by women. Whereas white women were more likely to have received their family planning services from a private doctor, Hispanic and black women were more likely to visit a Title X-funded clinic for their services.

NSFG is currently in the field collecting data on the use of family planning services and provider type. The survey will continue to track women's use of reproductive health care; their type of provider; and their use of clinics, Title X-funded clinics, and private providers for their primary source of care.

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**Table 1. Number of women aged 15–44 and percentage receiving specified family planning or medical services from a medical care provider in the 12 months prior to interview: United States, 1995, 2002, and 2006–2010**

Service	1995	2002	2006–2010
All women 15–44 . . . . .	60,201	61,561	61,755
		Percent (standard error)	
Any family planning or medical service <sup>1</sup> . . . . .	69.0 (0.6)	72.7 (0.7)	70.0 (0.9)
Family planning service			
Any family planning service . . . . .	32.6 (0.5)	41.7 (0.7)	39.8 (0.8)
Birth control method . . . . .	27.4 (0.5)	33.9 (0.7)	33.4 (0.7)
Birth control checkup or test . . . . .	22.2 (0.5)	23.6 (0.7)	22.3 (0.6)
Birth control counseling . . . . .	14.4 (0.4)	18.6 (0.7)	16.7 (0.6)
Sterilization counseling . . . . .	3.3 (0.2)	4.4 (0.3)	3.1 (0.2)
Sterilization operation . . . . .	1.8 (0.1)	1.9 (0.2)	1.8 (0.2)
EC (emergency contraception). . . . .	---	0.9 (0.1)	2.2 (0.2)
EC counseling. . . . .	---	3.2 (0.3)	3.3 (0.3)
Medical service			
Any medical service . . . . .	66.8 (0.6)	69.1 (0.7)	65.9 (0.8)
Pregnancy test . . . . .	16.0 (0.4)	19.7 (0.6)	18.6 (0.5)
Pap test . . . . .	61.9 (0.6)	64.4 (0.8)	60.4 (0.9)
Pelvic exam . . . . .	61.3 (0.6)	59.7 (0.7)	55.2 (0.9)
Counseling, testing, or treatment for STD <sup>2</sup> . . . . .	7.6 (0.3)	12.6 (0.5)	16.0 (0.6)

--- Data not available.

<sup>1</sup>Receipt of any family planning or medical service includes receipt of prenatal or postpregnancy care, not shown separately.

<sup>2</sup>The word "counseling" was not included in 1995. STD is sexually transmitted disease.

**Table 2. Number of women aged 15–44 and percentage who received specified family planning services from a medical care provider in the 12 months prior to interview, by selected characteristics: United States, 2006–2010**

Characteristic	Number	Family planning services received in past 12 months								
		At least one family planning service in the past 12 months <sup>1</sup>	Birth control method	Birth control counseling	Birth control checkup or test	Sterilization counseling	Sterilization operation	Emergency contraception	Emergency contraception counseling	
		Percent (standard error)								
Total <sup>2</sup>	61,755	39.8 (0.8)	33.4 (0.7)	16.7 (0.6)	22.3 (0.6)	3.1 (0.2)	1.8 (0.2)	2.2 (0.2)	3.3 (0.3)	
Age										
15–19	10,478	36.0 (1.6)	29.4 (1.5)	16.9 (1.2)	19.6 (1.2)	0.4 (0.1)	0.0	2.5 (0.4)	4.2 (0.6)	
20–24	10,365	57.7 (1.8)	50.8 (1.8)	25.8 (1.4)	34.0 (1.5)	1.5 (0.4)	0.8 (0.3)	5.0 (0.9)	6.4 (1.0)	
25–29	10,535	52.0 (1.5)	44.2 (1.3)	22.1 (1.2)	30.7 (1.5)	3.4 (0.5)	2.2 (0.4)	3.2 (0.6)	4.0 (0.6)	
30–44	30,378	30.7 (1.0)	25.0 (1.0)	11.6 (0.7)	16.4 (0.8)	4.6 (0.4)	2.7 (0.3)	0.8 (0.2)	1.6 (0.2)	
Hispanic origin and race										
Hispanic or Latina	10,474	36.1 (2.2)	29.1 (1.8)	18.2 (1.3)	17.6 (1.3)	4.5 (0.6)	2.4 (0.4)	3.2 (0.6)	5.9 (0.8)	
Not Hispanic or Latina										
White, single race	37,384	42.4 (1.0)	36.6 (0.9)	16.2 (0.7)	24.8 (0.9)	2.9 (0.4)	1.7 (0.2)	1.9 (0.3)	2.3 (0.3)	
Black or African American, single race	8,451	36.3 (1.3)	28.7 (1.4)	18.4 (1.2)	21.9 (1.2)	2.9 (0.5)	1.8 (0.5)	1.4 (0.3)	3.0 (0.4)	
Marital or cohabiting status										
Currently married	25,605	36.5 (1.2)	30.0 (1.1)	14.7 (0.8)	19.9 (1.1)	4.3 (0.5)	2.5 (0.4)	0.6 (0.2)	1.5 (0.3)	
Currently cohabiting	6,910	53.3 (1.8)	45.7 (1.9)	23.2 (1.5)	31.3 (1.5)	5.1 (0.7)	2.8 (0.6)	3.4 (0.7)	4.7 (0.8)	
Unmarried, not cohabiting	29,240	39.4 (1.2)	33.4 (1.1)	16.9 (0.8)	22.3 (0.9)	1.6 (0.2)	1.0 (0.2)	3.3 (0.4)	4.4 (0.4)	
Parity										
No births	27,401	43.3 (1.2)	38.3 (1.1)	17.1 (0.8)	25.8 (0.9)	0.5 (0.1)	0.1 (0.1)	3.6 (0.4)	4.3 (0.5)	
One or more births	34,353	36.9 (1.0)	29.5 (0.9)	16.3 (0.7)	19.6 (0.8)	5.3 (0.4)	3.2 (0.3)	1.1 (0.2)	2.4 (0.3)	
Residence										
Metropolitan, central city	20,024	40.8 (1.3)	34.1 (1.1)	18.7 (0.8)	22.2 (0.8)	2.6 (0.3)	1.5 (0.3)	3.0 (0.4)	4.8 (0.6)	
Metropolitan, suburb	29,497	38.6 (1.0)	32.5 (1.1)	15.9 (0.7)	21.7 (0.9)	3.2 (0.3)	1.7 (0.2)	2.2 (0.3)	3.0 (0.3)	
Nonmetropolitan	12,234	40.8 (2.1)	34.2 (1.8)	15.3 (1.6)	24.0 (1.4)	3.9 (0.8)	2.6 (0.5)	0.8 (0.3)	1.3 (0.3)	
Poverty level <sup>3</sup>										
Less than 101%	10,727	39.2 (1.7)	32.6 (1.7)	17.7 (1.2)	21.8 (1.3)	5.4 (0.6)	3.4 (0.5)	2.2 (0.4)	4.1 (0.5)	
101%–150%	6,116	36.7 (1.9)	29.7 (1.9)	17.0 (1.3)	19.2 (1.7)	4.6 (0.8)	3.1 (0.6)	1.8 (0.5)	4.2 (0.9)	
151%–200%	5,330	37.4 (2.1)	32.0 (1.9)	15.9 (1.4)	22.7 (1.7)	2.3 (0.7)	1.5 (0.5)	2.9 (0.8)	2.5 (0.7)	
201%–250%	5,064	39.3 (2.2)	33.8 (1.9)	17.4 (1.8)	22.4 (1.7)	4.3 (1.0)	2.9 (0.8)	2.1 (0.8)	2.3 (0.5)	
251% or higher	24,039	43.0 (1.1)	36.6 (1.0)	16.1 (0.8)	24.5 (1.0)	2.9 (0.4)	1.4 (0.3)	2.0 (0.3)	2.6 (0.3)	
Any time with no health insurance in the past year										
Yes	16,668	36.1 (1.3)	29.6 (1.2)	16.9 (0.9)	20.1 (1.1)	2.8 (0.4)	1.8 (0.3)	3.0 (0.5)	4.2 (0.5)	
No	44,755	41.3 (0.8)	35.0 (0.8)	16.7 (0.7)	23.2 (0.7)	3.3 (0.3)	1.8 (0.2)	1.9 (0.2)	2.9 (0.3)	

0.0 Quantity more than zero but less than 0.05.

<sup>1</sup>Family planning services include sterilizing operation, birth control method, checkup or medical test for birth control, counseling about birth control, counseling about getting sterilized, emergency contraception, or counseling about emergency contraception. Percentages may not add to total because women may have received more than one service.

<sup>2</sup>Includes women missing information on health insurance coverage and women of other or unknown race and origin groups, not shown separately.

<sup>3</sup>Limited to women aged 20–44 at time of interview.

**Table 3. Number of women aged 15–44 and percentage who received specified medical services from a medical care provider in the 12 months prior to interview, by selected characteristics: United States, 2006–2010**

Characteristic	Number	Medical service				
		At least one medical service in the past 12 months <sup>1</sup>	Pregnancy test	Pap test	Pelvic exam	Counseling, testing, or treatment for STD
		Percent (standard error)				
Total <sup>2</sup> . . . . .	61,755	65.9 (0.8)	18.6 (0.5)	60.4 (0.9)	55.2 (0.9)	16.0 (0.6)
Age						
15–19 . . . . .	10,478	33.1 (1.5)	14.8 (1.1)	26.1 (1.4)	20.5 (1.3)	14.3 (1.1)
20–24 . . . . .	10,365	73.8 (1.8)	30.7 (1.6)	66.2 (2.0)	57.2 (1.9)	30.0 (1.8)
25–29 . . . . .	10,535	77.4 (1.2)	27.4 (1.5)	71.3 (1.4)	65.8 (1.6)	22.2 (1.3)
30–44 . . . . .	30,378	70.6 (1.1)	12.7 (0.7)	66.5 (1.2)	62.8 (1.2)	9.5 (0.5)
Hispanic origin and race						
Hispanic or Latina . . . . .	10,474	60.5 (2.0)	21.9 (1.3)	53.4 (1.9)	45.4 (2.2)	15.8 (1.0)
Not Hispanic or Latina						
White, single race . . . . .	37,384	66.8 (1.1)	16.7 (0.6)	62.0 (1.2)	59.1 (1.1)	14.6 (0.8)
Black or African American, single race . . . . .	8,451	72.3 (1.3)	24.7 (1.2)	66.4 (1.5)	54.7 (1.9)	23.2 (1.3)
Marital or cohabiting status						
Currently married . . . . .	25,605	74.1 (1.3)	19.6 (0.8)	69.8 (1.3)	65.4 (1.5)	9.6 (0.7)
Currently cohabiting . . . . .	6,910	79.9 (1.5)	29.9 (1.8)	74.1 (1.7)	65.9 (1.8)	27.0 (1.8)
Unmarried, not cohabiting . . . . .	29,240	55.4 (1.3)	15.0 (0.7)	49.1 (1.3)	43.7 (1.1)	18.9 (0.8)
Parity						
No births . . . . .	27,401	57.0 (1.3)	17.0 (0.8)	51.1 (1.4)	45.9 (1.2)	17.3 (1.0)
One or more births . . . . .	34,353	73.1 (1.0)	19.8 (0.7)	67.9 (1.0)	62.6 (1.2)	14.9 (0.6)
Residence						
Metropolitan, central city . . . . .	20,024	67.8 (1.7)	19.7 (1.0)	61.9 (1.7)	55.8 (1.5)	19.3 (1.2)
Metropolitan, suburb . . . . .	29,497	63.9 (1.0)	17.8 (0.7)	58.4 (1.1)	54.3 (1.3)	14.5 (0.7)
Nonmetropolitan . . . . .	12,234	67.6 (1.8)	18.6 (1.2)	63.0 (1.8)	56.4 (2.1)	14.0 (1.4)
Poverty level <sup>3</sup>						
Less than 101% . . . . .	10,727	68.8 (1.8)	22.6 (1.2)	62.9 (1.6)	54.3 (1.9)	19.5 (1.3)
101%–150% . . . . .	6,116	66.1 (1.7)	19.4 (1.4)	60.2 (1.7)	54.4 (1.7)	17.6 (1.5)
151%–200% . . . . .	5,330	69.0 (2.1)	19.7 (1.7)	63.3 (2.2)	55.9 (2.2)	19.3 (1.9)
201%–250% . . . . .	5,064	71.3 (2.0)	21.1 (2.0)	65.5 (1.9)	59.7 (2.3)	15.3 (1.8)
251% or higher . . . . .	24,039	77.1 (1.3)	17.5 (0.8)	72.7 (1.4)	69.8 (1.3)	14.1 (0.9)
Any time with no health insurance in the past year						
Yes . . . . .	16,668	60.2 (1.3)	19.4 (0.9)	53.1 (1.4)	47.5 (1.6)	19.0 (1.1)
No . . . . .	44,755	68.4 (0.9)	18.4 (0.6)	63.5 (0.9)	58.4 (1.0)	14.9 (0.7)

<sup>1</sup>Medical services include pregnancy test; Pap test; pelvic exam; counseling, testing, or treatment for STDs; prenatal care; postnatal care; and abortion. Percentages may not add to total because women may have received more than one service.

<sup>2</sup>Includes women missing information on health insurance coverage, those who received prenatal or postpregnancy care, and women of other or unknown race and origin groups, not shown separately.

<sup>3</sup>Limited to women aged 20–44 at time of interview.

NOTE: STD is sexually transmitted disease.

**Table 4. Type of provider used by women aged 15–44 for any family planning or medical service received in the past 12 months, by selected characteristics: United States, 2006–2010**

Characteristic	Number	Type of provider			
		Clinic			
		Ever visited a clinic in last 12 months	Ever visited a Title X clinic in last 12 months	Only visited a non-Title X clinic in last 12 months	Ever visited a private doctor or HMO in last 12 months
		Percent (standard error)			
Total <sup>1</sup>	61,755	17.8 (0.8)	8.8 (0.6)	8.9 (0.7)	52.5 (1.1)
Age					
15–19	10,478	16.3 (1.2)	7.8 (0.8)	8.5 (1.1)	28.1 (1.5)
20–24	10,365	29.4 (1.8)	15.2 (1.3)	14.2 (1.5)	50.2 (1.7)
25–29	10,535	24.4 (1.2)	12.6 (1.1)	11.8 (1.2)	57.4 (1.5)
30–44	30,378	12.0 (0.7)	5.7 (0.5)	6.3 (0.6)	60.1 (1.4)
Marital or cohabiting status					
Currently married	25,605	11.5 (1.0)	5.2 (0.6)	6.3 (0.8)	65.0 (1.6)
Currently cohabiting	6,910	31.0 (1.9)	16.8 (1.8)	14.2 (1.6)	54.5 (2.4)
Unmarried, not cohabiting	29,240	20.1 (1.0)	10.2 (0.7)	10.0 (0.8)	41.2 (1.2)
Hispanic origin and race					
Hispanic or Latina	10,474	26.8 (1.7)	12.7 (1.5)	14.0 (1.6)	38.9 (2.0)
Not Hispanic or Latina					
White, single race	37,384	13.1 (0.8)	7.1 (0.6)	6.0 (0.5)	58.9 (1.4)
Black or African American, single race	8,451	23.4 (1.6)	13.0 (1.3)	10.4 (1.0)	50.1 (1.9)
Parity					
No births	27,401	17.8 (0.9)	9.0 (0.7)	8.7 (0.8)	45.4 (1.3)
One or more births	34,353	17.8 (1.0)	8.7 (0.7)	9.1 (0.9)	58.2 (1.4)
Residence					
Metropolitan, central city	20,024	20.6 (1.2)	9.3 (0.8)	11.3 (0.9)	50.3 (1.5)
Metropolitan, suburb	29,497	13.3 (0.8)	6.4 (0.5)	6.9 (0.7)	55.8 (1.4)
Nonmetropolitan	12,234	23.9 (2.5)	14.0 (1.9)	9.9 (2.5)	48.4 (3.6)
Poverty level <sup>2</sup>					
Less than 101%	10,727	31.2 (1.5)	16.3 (1.4)	14.9 (1.3)	41.8 (1.8)
101%–150%	6,116	25.6 (1.9)	11.2 (1.4)	14.4 (1.8)	42.7 (1.9)
151%–200%	5,330	21.0 (1.9)	11.2 (1.5)	9.8 (1.5)	49.7 (2.6)
201%–250%	5,064	19.5 (1.8)	12.4 (1.7)	7.1 (0.9)	56.6 (2.2)
251% or higher	24,039	9.4 (0.7)	4.1 (0.5)	5.2 (0.5)	70.3 (1.4)
Any time with no health insurance in the past year					
Yes	16,668	28.4 (1.2)	15.8 (1.2)	12.6 (0.9)	36.3 (1.3)
No	44,755	13.8 (0.9)	6.3 (0.5)	7.5 (0.8)	59.0 (1.4)

<sup>1</sup>Includes women of other or unknown race and origin groups, not shown separately.<sup>2</sup>Limited to women aged 20–44 at time of interview.

NOTE: HMO is health maintenance organization.

**Table 5. Demographic profile of users and nonusers of family planning and medical services in the last 12 months: United States, 2006–2010**

Characteristic	Did not use any family planning or medical service in the last 12 months (all nonusers)	Used at least one family planning or medical service in the last 12 months (all users)	Type of provider			
			Ever visited a private doctor or HMO in last 12 months	Clinic users		
				Ever visited a clinic in last 12 months	Ever visited a Title X clinic in last 12 months	Only visited a non-Title X clinic in last 12 months
			Number			
Total <sup>1</sup>	18,513	43,242	32,450	10,973	5,464	5,509
			Percent distribution (standard error)			
	100.0	100.0	100.0	100.0	100.0	100.0
Age						
15–19	31.7 (1.2)	10.6 (0.4)	9.1 (0.4)	15.5 (0.8)	14.9 (1.2)	16.2 (1.4)
20–24	12.1 (0.9)	18.8 (0.8)	16.0 (0.9)	27.8 (1.4)	28.9 (1.9)	26.6 (2.0)
25–29	10.7 (0.7)	19.8 (0.7)	18.6 (0.8)	23.5 (1.2)	24.4 (1.7)	22.6 (1.7)
30–44	45.5 (1.6)	50.8 (1.1)	56.2 (1.1)	33.2 (1.3)	31.8 (1.9)	34.6 (2.1)
Hispanic origin and race						
Hispanic or Latina	20.0 (2.7)	15.6 (1.5)	12.5 (1.3)	25.6 (2.9)	24.4 (2.3)	26.7 (4.6)
Not Hispanic or Latina						
White, single race	58.4 (2.6)	61.5 (1.8)	67.8 (1.6)	44.7 (2.8)	48.7 (2.8)	40.7 (4.0)
Black or African American, single race	11.5 (1.1)	14.6 (1.2)	13.1 (1.0)	18.0 (2.1)	20.1 (2.6)	15.9 (2.4)
Marital or cohabiting status						
Currently married	32.8 (1.4)	45.2 (1.1)	51.3 (1.3)	26.8 (1.6)	24.3 (2.1)	29.3 (2.2)
Currently cohabiting	6.1 (0.7)	13.4 (0.6)	11.6 (0.7)	19.5 (1.3)	21.2 (1.8)	17.8 (1.8)
Unmarried, not cohabiting	61.2 (1.4)	41.4 (1.0)	37.1 (1.2)	53.7 (1.7)	54.4 (2.6)	52.9 (2.4)
Residence						
Metropolitan, central city	30.9 (2.5)	33.1 (1.8)	31.0 (1.9)	37.5 (2.3)	34.1 (2.6)	40.9 (3.7)
Metropolitan, suburb	50.7 (2.7)	46.5 (2.1)	50.7 (2.2)	35.8 (2.8)	34.6 (3.0)	37.1 (4.0)
Nonmetropolitan	18.3 (2.2)	20.4 (2.2)	18.3 (2.3)	26.7 (3.5)	31.3 (4.2)	22.0 (5.1)
Poverty level <sup>2</sup>						
Less than 101%	23.8 (1.7)	20.0 (0.9)	15.2 (0.8)	36.1 (1.7)	37.6 (2.1)	34.5 (2.4)
101%–150%	14.9 (1.1)	11.0 (0.6)	8.8 (0.5)	16.9 (1.3)	14.8 (1.6)	19.1 (1.9)
151%–200%	12.1 (1.0)	9.9 (0.6)	9.0 (0.6)	12.1 (1.1)	12.8 (1.6)	11.3 (1.4)
201%–250%	10.4 (0.9)	9.7 (0.5)	9.7 (0.5)	10.6 (1.1)	13.5 (1.9)	7.8 (1.0)
251% or higher	38.8 (1.8)	49.5 (1.4)	57.3 (1.5)	24.3 (1.6)	21.4 (1.9)	27.3 (2.7)

<sup>1</sup>Includes women of other or unknown race and origin groups, not shown separately, and women who used other types of providers.

<sup>2</sup>Limited to women aged 20–44 at time of interview.

NOTE: HMO is health maintenance organization.

**Table 6. Behavioral profile of nonusers and users of family planning and medical services in the last 12 months: United States, 2006–2010**

Characteristic and behavior	Did not use any family planning or medical service in the last 12 months (all nonusers)	Used at least one family planning or medical service in the last 12 months (all users)	Type of provider			
			Ever visited a private doctor or HMO in last 12 months	Clinic users		
				Ever visited a clinic in last 12 months	Ever visited a Title X clinic in last 12 months	Only visited a non-Title X clinic in last 12 months
Total <sup>1</sup>	18,513	43,242	32,450	10,973	5,464	5,509
			Number			
			Percent (standard error)			
Ever						
Been pregnant	48.6 (1.7)	67.9 (1.2)	69.2 (1.3)	65.7 (1.8)	65.7 (2.6)	65.7 (2.6)
Had a live birth	45.6 (1.6)	59.9 (1.2)	61.6 (1.3)	55.6 (2.0)	54.8 (2.7)	56.5 (2.7)
Had an unintended birth	27.0 (1.3)	32.8 (1.1)	31.4 (1.1)	38.8 (1.8)	39.1 (2.7)	38.5 (2.5)
Used the pill for any reason	46.8 (1.6)	84.1 (0.7)	86.8 (0.6)	77.6 (1.3)	77.9 (1.8)	77.2 (1.6)
Used the condom	59.2 (1.5)	90.1 (0.6)	90.9 (0.6)	89.9 (1.1)	92.4 (1.0)	87.4 (1.7)
Been treated for PID	2.3 (0.3)	5.1 (0.4)	4.8 (0.4)	6.6 (0.8)	7.1 (1.1)	6.2 (1.1)
Tested for HIV outside of blood donation	39.1 (1.5)	67.7 (0.9)	67.4 (1.1)	70.4 (1.6)	70.0 (2.5)	70.9 (2.1)
In the past year						
Had any time with no health insurance	32.1 (1.6)	25.0 (1.0)	18.5 (0.9)	43.4 (2.2)	48.4 (2.2)	38.3 (3.1)
Had a Pap test	...	86.3 (0.5)	88.9 (0.5)	82.5 (1.0)	84.5 (1.4)	80.5 (1.6)
Had a pelvic exam	...	78.8 (0.9)	82.9 (0.8)	69.3 (1.6)	71.7 (2.1)	66.9 (2.2)
Had an HIV test outside of blood donation	4.3 (0.4)	28.8 (0.9)	27.1 (1.0)	38.5 (1.4)	40.0 (2.2)	36.9 (2.0)
Was treated for an STD	0.6 (0.2)	5.5 (0.4)	4.5 (0.4)	8.9 (0.8)	8.2 (1.1)	9.6 (1.2)
Had five or more male partners	1.1 (0.3)	2.1 (0.2)	1.5 (0.2)	3.6 (0.5)	3.1 (0.6)	4.0 (0.8)
Engaged in any sexual or drug-related HIV risk behavior	4.3 (0.5)	9.6 (0.5)	7.5 (0.5)	15.4 (0.9)	14.2 (1.3)	16.5 (1.4)
Smoked at least a few (two to four) cigarettes a day	21.4 (1.3)	22.4 (0.8)	20.5 (0.9)	28.2 (1.7)	31.0 (2.3)	25.4 (2.3)
Had five or more drinks within couple of hours	33.2 (1.6)	42.9 (1.1)	41.1 (1.2)	49.3 (1.7)	48.6 (2.1)	50.0 (2.6)
Smoked marijuana at all	13.4 (1.0)	17.2 (0.7)	14.9 (0.8)	24.9 (1.4)	23.5 (1.9)	26.2 (2.1)
Smoked marijuana at least once a month	4.8 (0.5)	5.7 (0.4)	4.7 (0.3)	8.6 (0.8)	8.2 (0.9)	9.1 (1.3)
Used cocaine at all	2.2 (0.4)	2.6 (0.2)	2.1 (0.3)	3.9 (0.6)	3.7 (0.8)	4.0 (0.9)

... Category not applicable.

<sup>1</sup>Family planning services and related medical care includes sterilizing operation; birth control method; checkup or medical test for birth control; counseling about birth control; counseling about getting sterilized; emergency contraception; counseling about emergency contraception; abortion; pregnancy test; Pap test; pelvic exam; counseling, testing, or treatment for STDs; prenatal care; and postnatal care.

NOTES: HMO is health maintenance organization. PID is pelvic inflammatory disease. STD is sexually transmitted disease.

**Table 7. Number of aged women 15–44 who received a Pap test or pelvic exam in the 12 months prior to interview and percentage who talked to a doctor about these topics, by selected characteristics: United States, 2006–2010**

Characteristic	Number	When received a Pap test or a pelvic exam, doctor or medical provider discussed using:	
		Birth control	Emergency contraception
Percent (standard error)			
Total <sup>1</sup> . . . . .	38,835	48.5 (1.1)	8.7 (0.5)
Age			
15–19 . . . . .	2,973	69.9 (3.0)	17.8 (2.2)
20–24 . . . . .	7,195	63.8 (1.9)	15.5 (1.5)
25–29 . . . . .	7,770	55.1 (1.7)	9.2 (1.1)
30–44 . . . . .	20,897	37.8 (1.4)	4.9 (0.6)
Marital or cohabiting status			
Currently married . . . . .	18,452	41.3 (1.5)	5.0 (0.6)
Currently cohabiting . . . . .	5,265	51.9 (2.2)	10.6 (1.4)
Unmarried, not cohabiting . . . . .	15,117	56.2 (1.7)	12.5 (0.8)
Parity			
No births . . . . .	14,733	57.7 (1.7)	11.2 (0.9)
One or more births . . . . .	24,102	42.9 (1.2)	7.2 (0.6)
Residence			
Metropolitan, central city . . . . .	12,907	48.8 (1.5)	10.8 (0.9)
Metropolitan, suburb . . . . .	18,017	50.0 (1.5)	8.5 (0.8)
Nonmetropolitan . . . . .	7,911	44.8 (3.5)	5.8 (0.7)
Poverty level <sup>2</sup>			
Less than 101% . . . . .	10,727	46.6 (2.1)	12.5 (1.1)
101%–150% . . . . .	6,116	49.1 (3.0)	12.1 (1.7)
151%–200% . . . . .	5,330	46.9 (2.9)	8.3 (1.6)
201%–250% . . . . .	5,064	46.6 (2.5)	9.6 (1.5)
251% or higher . . . . .	24,039	46.3 (1.5)	4.9 (0.5)
Any time with no health insurance in the past year			
Yes . . . . .	9,311	50.6 (1.7)	14.2 (1.1)
No . . . . .	29,465	47.9 (1.3)	7.0 (0.5)
Hispanic origin and race			
Hispanic or Latina . . . . .	5,919	49.2 (2.0)	17.9 (1.3)
Not Hispanic or Latina			
White, single race . . . . .	23,990	49.0 (1.5)	5.7 (0.6)
Black or African American, single race . . . . .	5,817	46.7 (2.0)	11.5 (1.3)

<sup>1</sup>Includes women of other or unknown race and origin groups, not shown separately.<sup>2</sup>Limited to women aged 20–44 at time of interview.



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