



PROGRESS REVIEW

Family Planning

DEPARTMENT OF HEALTH & HUMAN SERVICES ■ PUBLIC HEALTH SERVICE ■ March 3, 1999

The Assistant Secretary for Health and Surgeon General chaired the third and final review of progress in achieving Healthy People 2000 objectives for Family Planning. The review was organized by the Office of Population Affairs, Office of Public Health and Science, which serves as the lead agency for this priority area, designated as priority area 5 in the Healthy People 2000 document. The discussions addressed three principal topics—1) assuring a healthy start for every child; 2) promoting personal responsibility for healthy lifestyles and behaviors; and 3) eliminating racial disparities in health status, health care access and quality of services. Of the 12 objectives in this priority area, 9 show progress toward the targets, one shows a mixture of trends, one has moved away from the target, and one lacks an update. During the overview and discussion, attention focused on the following objectives:

5.1 The rate of pregnancies among females aged 15-17 declined from 80.3 per 1,000 in 1990 to 71.7 in 1995. The year 2000 target is 50. For females aged 10-14, the rate declined from 3.5 in 1990 to 3.0 in 1995. Related data show that the rate of live births among females aged 15-17 declined from 37.5 per 1,000 in 1990 to 32.6 (preliminary data) in 1997; for females aged 10-14, the rate declined from 1.4 to 1.2 (preliminary) over the same period. Abortions among females aged 15-17 declined from 26.5 per 1,000 in 1990 to 19.9 in 1995 and, among those aged 10-14, from 1.5 per 1,000 to 1.2 over the same period. For black females aged 15-19, the pregnancy rate per 1,000 declined from 215 in 1990 to 178 in 1995 (target, 120), and the rate of live births per 1,000, from 113 in 1990 to 90 in 1997. The rate of abortions per 1,000 for black females aged 15-17 declined from 55 in 1990 to 44 in 1995. For Hispanic females aged 15-19, the rate of pregnancies increased from 156 per 1,000 in 1990 to 163 in 1995. The rate of live births and the rate of abortions among Hispanic females aged 15-19 have changed only slightly during the decade of the 1990s.

5.2 The proportion of pregnancies that were unintended among the total female population aged 15-44 decreased from 56 percent in 1988 to 49 percent in 1995. The year 2000 target is 30 percent. For black females aged 15-44, the rate of unintended pregnancies declined from 78 percent in 1988 to 72 percent (target, 40 percent), and for Hispanic females in that age group, from 55 percent in 1988 to 48 percent in 1995 (target, 30 percent).

5.3 The prevalence of infertility in married couples with wives aged 15-44 decreased from 7.9 percent in 1988 to 7.1 percent in 1995 (target is 6.5 percent). In black married couples, infertility prevalence decreased from 12.1 percent in 1988 to 10.5 percent in 1995 (target, 9 percent). Over the same period, infertility in Hispanic married couples declined from 12.4 percent to 7.0 percent, surpassing the target of 9 percent.

5.4 Among 15-year old adolescents, the proportion of females who reported having had sexual intercourse declined from 27 percent in 1988 to 22 percent in 1995; the proportion of males declined from 33 percent in 1988 to 27 percent in 1995. The year 2000 target is 15 percent. Among 17-year-olds, the proportion of females remained much the same—50 percent in 1988 and 51 percent in 1995. The target is 40

percent. Supplemental data for in-school adolescents show mixed trends: an increase from 35 percent in 1990 to 44 percent in 1997 among 15 year-old females; a decrease from 48 percent to 42 percent among 15 year-old males over that time span; a decrease among non-Hispanic black males aged 17 from 90 percent in 1991 to 85 percent in 1997; and a decrease among non-Hispanic black 17 year-old females from 84 percent in 1991 to 73 percent in 1997.

5.5 In 1995, 27 percent of sexually-active females aged 15-17 reported abstaining from sexual intercourse for 3 months prior to the interview, as did 37 percent of sexually-active males aged 15-17. These are increases from the 1988 rates of 24 percent and 33 percent, respectively. The year 2000 target is 40 percent. Supplemental data for 1997 indicate that 23 percent of in-school sexually active females aged 15-17 and 32 percent of in-school sexually active males aged 15-17 reported such abstinence. For in-school adolescents in this age group, the data show a

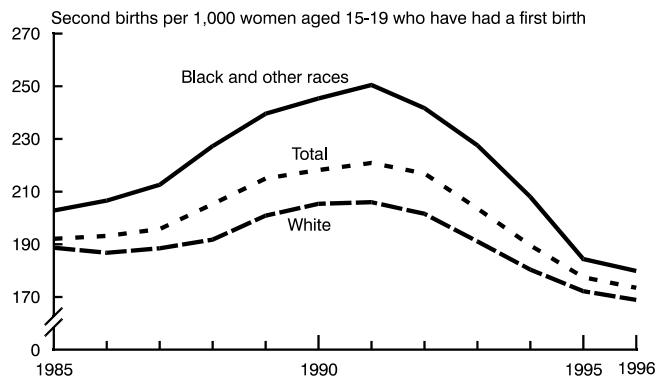
slight decrease in sexual abstinence for females and a slight increase for males during the 1990s.

5.6 Among sexually-active females aged 15-19, the rate of contraceptive use at first intercourse increased from 65 percent in 1988 to 76 percent in 1995. Use of contraceptives by this group at most recent intercourse declined from 78 percent in 1988 to 71 percent in 1995. Among sexually-active males aged 15-19, the rate of use of contraceptives at most recent intercourse showed little change between 1990 (78 percent) and 1995 (79 percent). The year 2000 target is 90 percent. Supplementary

HIGHLIGHTS

- Many people in need of family planning services are uninsured. Medicaid is the largest source of funding for reproductive health services in the U.S., but the working poor, adolescents and families without children are usually excluded from coverage because of eligibility requirements. Private health insurance plans usually do not provide coverage for contraceptive services.
- Title X of the Public Health Service Act supports a network of 4,600 clinics providing comprehensive family planning services to 4.5 million people each year, 85 percent of whom are low-income and a third of whom are adolescents.
- Almost one-half of pregnancies in the U.S. are unintended; 23 percent of these end in abortion. Adolescents account for less than half of the total number of unintended pregnancies.
- Since 1991, the rate of first and second births to females aged 15-19 has declined. This trend correlates closely with increased use of contraceptives and delays in initiation of sexual intercourse.
- "Contraceptive switching" significantly increases the risk of unintended pregnancy. One study showed that 64 percent of women switching from one form of contraception to another had an unintended pregnancy during the interval.
- Ninety-three percent of women at risk of unintended pregnancy use some form of contraception. The remaining 7 percent of women account for 47 percent of all unintended pregnancies.

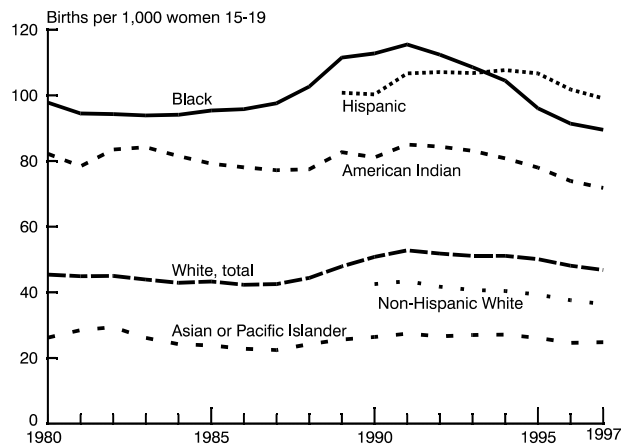
Rate of Second Births to Teens



NOTE: Data for black and other races include American Indian and Asian or Pacific Islander teens; in 1996, 91% of teen mothers of black and other races were black.

Source: CDC/NCHS, National Vital Statistics System, 1985-96

Birth Rate for Teens 15-19 by Race and Hispanic Origin



Source: CDC/NCCDPHP, National Vital Statistics System, 1980-97

data from school interviews show an increase from 78 percent in 1990 to 85 percent in 1997 in the proportion of in-school, sexually-active females aged 15-17 who used contraceptives at most recent intercourse. For in-school, sexually-active males in this age group, the proportion using contraceptives at most recent intercourse decreased slightly between 1991 to 1997 (from 83 to 81 percent).

5.7 The proportion of women aged 15-44 experiencing a pregnancy despite use of a reversible contraceptive method decreased from 14 percent in 1988 to 12 percent in 1995. The year 2000 target is 7 percent for all women. In 1995, contraceptive failure resulting in pregnancy was experienced by 15 percent of Hispanic women (down from 16 percent in 1988) and by 19 percent of black women (an increase from 18 percent in 1988). The target for both groups is 8 percent.

5.11 In 1994, 81.8 percent of Title X funded family planning clinics provided pretest counseling on HIV to their clients, an increase from 66 percent in 1990. HIV testing for clients was provided by 73.5 percent of these clinics, compared with 60 percent in 1990. Also in 1994, the proportions of these clinics providing STD services was as follows: 95 percent, testing; 98 percent, counseling; 93 percent, treatment.

5.12 Between 1982 and 1995, the proportion of females aged 15-44 at risk of unintended pregnancy who used contraception increased as follows: for all females, from 88.2 percent to 92.5 percent; for black females, from 78.9 percent to 89.9 percent (of non-Hispanic blacks only in 1995); for females with income below the poverty level, from 79.6 percent to 92.1 percent. For at-risk females aged 15-19 under 200 percent of the poverty level, the proportion using contraception increased from 67.4 percent in 1982 to 84.8 percent in 1995. The year 2000 target is 95 percent for all groups.

FOLLOW-UP

- Increase public awareness of the benefits of family planning.
- Support coordination of health care delivery systems for all women, but particularly for the uninsured. Increase the integration of STD and HIV screening and referral into family planning services.
- Design family planning services to reflect the perspective of male partners and increase their involvement in these programs.
- Improve private health insurance coverage for contraceptive supplies and services.

- To help women with contraceptive decision-making and effective use of chosen methods, strengthen the training of health care practitioners who provide family planning services. Ensure the inclusion of cultural proficiency in this training.
- Achieve better translation and implementation of findings from research and evaluation into effective, sustained family planning strategies.
- Encourage family planning providers to use community-based organizations to serve hard-to-reach populations.

PARTICIPANTS

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 Louisiana Office of Public Health
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 National Black Women's Health Project
 National Latina Institute for Reproductive Health
 Office of the Assistant Secretary for Planning and Evaluation
 Office of Disease Prevention and Health Promotion
 Office of Minority Health
 Office of Public Health and Science
 Office of Population Affairs
 Office of the Regional Health Administrator, Region IV
 Office of the Regional Health Administrator, Region VIII
 Office on Women's Health
 National Institutes of Health
 The Alan Guttmacher Institute
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