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Use of Services for Family Planning and Infertility: United States, 1982

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In 1982, the annual rate of visits for family planning services was 1,077 visits per 1,000 nonsterile women. Never married women made greater use of family planning services in that year than did women who had been married (1,227 visits compared with 1,010 visits per 1,000 women, respectively). Many providers of family planning services also offer services or make referrals for infertile couples. Over 6 million ever married women in 1982 had used infertility services at some time during their reproductive years.

These and related statistics on the use of family planning and infertility services presented in this report for 1982 are preliminary results from Cycle III of the National Survey of Family Growth (NSFG), conducted by the National Center for Health Statistics. Comparative data for 1973 and 1976 are from Cycles I and II, respectively, of the NSFG.[1,2] For Cycle III, data were collected through personal interviews with a multistage area probability sample of 7,969 women aged 15–44 years in the noninstitutional population of the conterminous United States. Between August 1982 and February 1983, interviews were conducted with 3,201 black women and 4,768 women of other races. Because the estimates of statistics in this report are based on a sample, they are subject to sampling variability. Sampling variability, the design of the survey, and definitions of terms used in this report are discussed in the Technical notes.

Use of family planning services by currently married women

In the 1982 survey, a detailed series of questions was asked to obtain relatively complete estimates of the extent and type of family planning services received. The specific services included in these questions are listed in the Technical notes. Statistics on family planning services are limited to women who were able to conceive 3 years before the interview date. A woman was classified as not able to conceive (sterile) if she reported that it was impossible for her or her husband to conceive as a result of (1) an operation that occurred more than 3 years before the interview or (2) nonsurgical factors known to the respondent 3 years or more before the interview. All other women were assumed to be able to conceive at the beginning of the period for which use of family planning services was reported. These women are referred to as "nonsterile," although some will have become sterile because of an operation or nonsurgical conditions during the 3 years before the interview.

Table 1 shows the number of currently married, nonsterile women 15–44 years of age by race, Hispanic origin, and poverty level income, and the percent who used family planning services in the 3 years before the survey. Overall, 79 percent of currently married nonsterile women reported using some type of family planning service during the previous 3 years. Although white wives may have been more likely to have used family planning services (79 percent) than black (75 percent) or Hispanic (77 percent) wives, neither of these differences was statistically significant. There were no significant differences between the two income groups.

In previous cycles of the survey, use of family planning services was measured by the single question: "During the past 3 years, has a doctor or other trained person prescribed, or talked with you about a method for delaying or preventing pregnancy?" This was found to be an inadequate question because respondents apparently felt it excluded services other than formal discussions about contraception. In 1982, many women who answered "no" to the above question (the old question) nonetheless reported in response to the new series of questions using other family planning services, including pregnancy tests, and getting or renewing a method of contraception.

As a result, the older measure seriously underestimated use of family planning services, which is demonstrated by comparing the estimates based on the old and new questions. As

Table 1. Number of currently married women 15–44 years of age who were not sterile 3 years before the date of interview, percent who used family planning services in the last 3 years, and percent who talked to a doctor or other trained person about contraception in the last 3 years, by race, Hispanic origin, and poverty level income: United States, 1973, 1976, and 1982

[Statistics are based on a sample of the household population of the conterminous United States. See Technical notes for estimates of sampling variability and definitions of terms. Data for 1982 are preliminary]

Race, Hispanic origin, and poverty level income	Currently married			Used family planning services in last 3 years	Talked about contraception in last 3 years		
	1982	1976	1973	1982	1982	1976	1973
	Number in thousands			Percent			
All women[1]	[2]20,813	[2]22,923	23,863	[2]78.8	[2]49.5	[2]58.6	51.2
Race							
White	18,489	20,553	21,711	79.2	50.0	59.9	51.9
Black	1,639	1,896	1,868	74.9	44.4	46.9	44.1
Hispanic origin							
Hispanic	1,847	1,519	1,504	77.0	42.6	51.8	48.1
Non-Hispanic	18,386	21,357	22,359	78.7	50.3	59.0	51.3
Poverty level income							
Less than 150 percent	3,095	3,001	3,693	82.0	47.6	58.3	52.6
150 percent or more	15,029	17,513	20,170	78.7	50.7	60.4	50.9

[1]Includes white, black, and other races.
[2]Includes Hispanic origin and poverty level income not stated.

shown in table 1, in 1982, only about 50 percent of the women had discussed contraception with a medical professional according to the old question, compared with 79 percent of the women who used family planning services according to the new, more comprehensive questions.

Despite the inadequacies of the old question, it was retained in Cycle III to permit examination of changes over time. Thus, table 1 also shows the percents of women in 1973, 1976, and 1982 who reported a discussion about contraception in the 3 years before the surveys. In 1982, approximately 10 million women reported a discussion about contraception, a decrease of about 3 million women since 1976. One-third of this difference resulted from a reduction in the number of currently married nonsterile women, and two-thirds from a decline in the percent of women who had discussed contraception. (The decrease in the number of currently married, nonsterile women results almost entirely from an increase in contraceptive sterility between the 1976 and 1982 surveys. Preliminary findings on contraception and on reproductive impairments, which will include data on sterility, will be reported in other *Advance Data* reports.)

The change between 1976 and 1982 in the percent of wives reporting a family planning discussion appears to be due primarily to changes among white wives, who reported a decline of almost 10 percentage points. The percents of black and Hispanic wives reporting a discussion about contraception may have declined as well, but the differences between 1976 and 1982 were not statistically significant. The decreases from 1976 to 1982 for white and non-Hispanic wives were about the same size as the increases between 1973 and 1976. A similar pattern was found for black and Hispanic women. As a result, there were no significant changes between 1973 and 1982 in the percent of white, black, Hispanic, or non-Hispanic women who had a discussion about contraception. The same applies to income groups: the percents increased from 1973 to 1976 and decreased between 1976 and 1982.

Given the limitations of the older measure of family planning services, the changes over time are difficult to interpret. They may represent real changes, or be artifacts of reporting errors. Specifically, it cannot be assumed that a similar trend over time characterized by a sharp peak in 1976 would have been found with the new measure. However, the proportions receiving family planning services were probably higher in 1973 and 1976 than is indicated by the old measure.

In all three survey years, white wives appeared more likely than black or Hispanic wives to have talked with a medical professional about contraception, as did wives with higher incomes compared with those with lower incomes. However, the differences between white women (50 percent) and black women (44 percent) were not statistically significant in 1982, while those between white and Hispanic wives were significant only in 1976. The percents in the income groups did not differ significantly in any of the three surveys.

Annual family planning visit rates

In addition to information on use of family planning services in the past 3 years, data were collected in Cycle III on use of services in the 12 months before the survey, to produce annual rates of family planning visits. Further, the inclusion of never married childless women made it possible to compute these rates for all women who had ever had intercourse.

Table 2 presents rates per 1,000 women for family planning visits made during the 12 months before the interview by source of service, race, age, and marital status. As in table 1, statistics in table 2 also refer to women who were not sterile 3 years or

Table 2. Number of women 15–44 years of age who ever had sexual intercourse and were not sterile 3 years before the date of interview and number of family planning visits in the last 12 months, by race, age, and marital status, and number of family planning visits in the last 12 months per 1,000 women, by source of service, race, age, and marital status: United States, 1982

[Preliminary data based on a sample of the household population of the conterminous United States. See Technical notes for estimates of sampling variability and definitions of terms]

Race, age, and marital status	Women	Visits	Source of services: All sources	Private medical services	Clinics	Counselors
	Number in thousands		Visits per 1,000 women			
ALL WOMEN[1]						
15–44 years	37,488	40,369	1,077	656	385	36
15–24 years	13,452	19,462	1,447	702	673	71
15–19 years	4,465	7,059	1,581	609	867	105
25–34 years	16,639	17,362	1,043	743	280	*21
35–44 years	7,397	3,545	479	377	95	*7
White						
15–44 years	31,111	32,125	1,033	670	323	39
15–24 years	10,912	15,192	1,392	738	573	81
15–19 years	3,512	5,352	1,524	661	736	127
25–34 years	14,009	14,024	1,001	748	232	*21
35–44 years	6,190	2,909	470	375	88	*8
Black						
15–44 years	5,277	7,039	1,334	556	754	*24
15–24 years	2,192	3,791	1,729	530	1,162	*37
15–19 years	833	1,555	1,867	451	1,387	*29
25–34 years	2,128	2,671	1,255	632	604	*19
35–44 years	956	577	*603	*444	153	*6
MARITAL STATUS						
Never married	11,529	14,143	1,227	534	636	*56
Currently married	20,806	21,212	1,020	741	251	27
Widowed, divorced, or separated	5,153	5,014	973	586	361	*26

[1] Includes white, black, and other races.

more before interview; however, unlike table 1, which includes only currently married women, table 2 refers to all women who ever had intercourse regardless of marital status. A family planning visit means that a woman went to a clinic, private medical source, or counselor to obtain one or more family planning services. (Family planning services and sources are defined in the Technical notes).

Differences in family planning visit rates by age, race, and marital status reflect the different distributions of contraceptive methods used in these groups, which are described in another NSFG report.[3] For example, the oral contraceptive pill is the leading method among young and never married women, and it requires repeated visits to a doctor or clinic to renew the prescription and check for side effects. Sterilization, the leading method among older married women, requires fewer visits. Contracepting black women rely more on methods requiring medical services (except the diaphragm) than white women, and this is reflected in the visit rates by race.

Nonsterile women aged 15–44 who had ever had sexual intercourse used family planning services of all types at the rate of 1,077 visits per 1,000 women per year. Teenagers had the highest annual visit rate (1,581 per thousand) of any age group for all sources of family planning services combined. Visit rates declined sharply with age, from 1,447 at 15–24 years to 479 at ages 35–44. Similar declines with age also were found in the visit rates for white and black women separately. Nevertheless, the annual visit rate for black women (1,334 per 1,000 women) was significantly higher than the rate for white women (1,033). Visit rates for black women also were higher than those for white women within each age group (although for ages 35–44 the difference is not significant). The highest overall visit rate in table 2 was for black women 15–19 years of age (1,867 per 1,000 women).

The visit rate of 1,227 per 1,000 never married women was higher than that for either currently married or previously married women (1,020 and 973, respectively). This suggests that the observed differences in visit rates by age may reflect, in part, the effects of marital status, because a large majority of the youngest age group has never been married. It also may be the case that visit rates are higher among never married women because they are younger, as a group, than ever married women.

Nearly two-thirds of all family planning visits were to private medical sources. Teenagers of all races had higher family planning service visit rates to clinics than to private medical services, as did black women aged 15–24 years. White teenagers also may have been more likely to obtain services from clinics than from private medical services (736 compared with 661 visits

per 1,000), but the difference was not significant. White women aged 20 years and older had higher visit rates to private medical services than to clinics.

Visit rates to private medical services were higher among women aged 25–34 than among women 15–19 years and 35–44 years old. Visit rates to clinics were highest among 15–19 year olds. A similar pattern was found when rates by age were examined separately for white and black women, but not every difference was statistically significant.

Never married women had higher visit rates to clinics than currently or formerly married women. Currently married women were more likely than either never or previously married women to obtain family planning services from private medical sources.

In each age and race category, women were least likely to obtain family planning services from counselors, who are not able to offer as wide a range of services as doctors and clinics. The highest visit rates to counselors were found for teenagers, perhaps because teenage women may be more likely than other women to turn to nonmedical counselors for information about family planning methods.

Overall, white women had higher visit rates to private medical services than black women (at the 0.10 level of significance), while black women had higher visit rates to clinics. These differences by race were statistically significant for teenagers separately and for women aged 15–24. In addition, clinic visit rates for black women were higher than rates for white women among women 25–34 years of age.

Infertility services

Family planning includes infertility services as well as services for limiting the number and planning the spacing of births. Data also were collected in 1982 on use of medical services for infertility by women who had difficulty in conceiving or in carrying a pregnancy to term. About 1 million ever married women had one or more infertility visits in the 12 months before the interview; about 825,000 of these were to private medical services. During the 3 years before interview, about 1.9 million women had infertility visits, 1.5 million of which were to private medical services. Table 3 shows the percent of ever married women who had used services for infertility at any time, according to the most recent source of those services, race, Hispanic origin, and age. The statistics include infertility visits made at any time in the past because there were not enough cases to make statistically reliable estimates of infertility visits in the last 12 months or 3 years for the subgroups of the population shown in table 3.

About 6.3 million ever married women 15–44 years of age had used infertility services at some time. The percents ever using services were higher for women aged 25–34 years and 35–44 years compared with younger women. The same pattern is reflected when white women are considered separately. A higher proportion of white women (19 percent) than black women (14 percent) had ever used infertility services. This difference is due primarily to the high percent of white women aged 35–44 who had used infertility services; comparisons between other age groups yield no significant differences. Although non-Hispanic women appeared more likely than Hispanic women to have used infertility services, none of the comparisons yielded significant differences. For all ever married women, as well as for white and black women separately, infertility services were much more likely to be secured from private medical sources than from clinics.

Table 3. Number of ever married women 15–44 years of age, percent who ever used services for infertility, and percent distribution by most recent source of services, according to race, Hispanic origin, and age: United States, 1982

[Preliminary data based on a sample of the household population of the conterminous United States. See Technical notes for estimates of sampling variability and definitions of terms]

Race, age, and Hispanic origin	Ever married women	Most recent source of services: All sources	Most recent source of services: Private medical services	Most recent source of services: Clinics
ALL WOMEN[1]	Number in thousands	Percent		
15–44 years	34,937	18.1	14.9	3.2
15–24 years	5,500	10.7	*7.0	*3.8
15–19 years	682	*3.1	*1.4	*1.8
25–34 years	15,998	18.9	15.4	3.5
35–44 years	13,439	20.2	17.7	*2.5
White				
15–44 years	30,419	18.6	15.7	2.9
15–24 years	4,975	10.5	*7.0	*3.6
15–19 years	621	*3.4	*1.5	*1.9
25–34 years	13,819	19.2	16.3	*2.9
35–44 years	11,626	21.3	18.8	*2.5
Black				
15–44 years	3,442	13.5	9.0	4.5
15–24 years	427	*10.7	*3.9	*6.9
15–19 years	39	0.0	0.0	0.0
25–34 years	1,630	14.8	8.7	6.1
35–44 years	1,385	12.8	10.9	*1.8
HISPANIC ORIGIN				
Hispanic				
15–44 years	2,790	*13.6	*9.7	*3.9
15–29 years	1,240	*11.8	*7.0	*4.8
30–44 years	1,550	*15.0	*12.0	*3.1
Non-Hispanic				
15–44 years	31,191	18.5	15.4	3.1
15–29 years	11,525	14.9	11.6	*3.3
30–44 years	19,666	20.7	17.7	2.9

[1] Includes white, black, and other races; also includes origin not stated.

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Technical notes

Survey design

The National Survey of Family Growth (NSFG) is conducted periodically by the National Center for Health Statistics to collect data on fertility, family planning, and related aspects of maternal and child health. Field work for Cycle I was conducted under contract in 1973 by the National Opinion Research Center. Field work for Cycles II and III was conducted by Westat, Inc., in 1976 and 1982, respectively.

In all cycles, personal interviews were conducted with a multistage area probability sample of women 15–44 years of age in the noninstitutional population of the conterminous United States. In Cycles I and II, ever married women and never married women with offspring living in the household were eligible for the survey. In Cycle III, all women aged 15–44 years were eligible regardless of marital status or the presence of offspring. Women living in group quarters (such as college dormitories) were excluded from the samples in Cycles I and II, but included in Cycle III. Interviews were conducted with 7,797 women in Cycle I, 8,611 women in Cycle II, and 7,969 women in Cycle III. The sample designs of Cycles I and II are described in more detail in other NCHS reports.[4,5]

Field work for Cycle III was conducted between August 1982 and February 1983. Black women and women aged 15–19 years were oversampled. Interviews were conducted by trained female interviewers and lasted an average of 1 hour. The interview focused on a woman's pregnancy history; use of contraceptives in each pregnancy interval; ability to bear children; future childbearing expectations; use of family planning and infertility services; marital history; labor force participation; and a wide range of social, economic, and demographic characteristics.

Reliability of estimates

Because the statistics presented in this report are based on a sample, they may differ from the statistics that would result if all 54 million women represented by the NSFG had been interviewed. The standard error of an estimate is a measure of such differences. The standard error of an estimated number or percent presented in this report may be calculated by using the appropriate values of A and B from table I in the equations

$$SE_{(N')} = \left(A + \frac{B}{N'}\right)^{1/2} \cdot N'$$

NOTE: A list of references follows the text.

Table I. Parameters used to compute estimated standard errors and relative standard errors of numbers and percents of women, by marital status, age, and race: National Survey of Family Growth

Year, race, marital status, and age	Parameter	
	A	B
1982		
White; all races:		
All marital statuses	−0.0003935957	21306.4134
Ever married	−0.0010973290	39809.1677
Never married	−0.0009351043	17608.8833
15–19 years	−0.0014564930	13862.1044
Black:		
All marital statuses; ever married; never married	−0.0009086323	6346.0484
15–19 years	−0.0033223630	4727.0569
1976		
Currently married:		
All races	−0.0001858989	6751.0619
White	−0.0002056235	7021.1665
Black	−0.0006310400	2798.6440
1973		
Currently married:		
All races; white	0.0000176130	4493.7916
Black	0.0000402190	1600.4393

and

$$SE_{(P')} = \left(B \cdot P' \cdot \frac{100 - P'}{X'}\right)^{1/2}$$

where N' is the number of women, P' is the percent, and X' is the number of women in the denominator of the percent. Approximate standard errors for estimated percents of women of all races in Cycle III are shown in table II.

The chances are about 68 in 100 that a sample estimate would fall within one standard error, and about 95 in 100 that it would fall within two standard errors of a statistic based on a complete count of the population represented by the NSFG. Differences between percents discussed in this report were found to be statistically significant at the 95-percent confidence level using a two-tailed t-test with 39 degrees of freedom. This means that in repeated samples of the same type and size, a difference as large as the one observed would occur in only 5 percent of samples, if there were in fact no difference between the percents in the population.

Table II. Approximate standard errors for estimated percents expressed in percentage points for women of all races: National Survey of Family Growth, Cycle III

Base of percent	Estimated percent						
	2 or 98	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
100,000	6.4	10.0	13.8	18.4	21.1	22.6	23.0
500,000	2.9	4.5	6.2	8.2	9.4	10.1	10.3
1,000,000	2.0	3.2	4.4	5.8	6.7	7.1	7.3
5,000,000	0.9	1.4	2.0	2.6	3.0	3.2	3.3
10,000,000	0.6	1.0	1.4	1.8	2.1	2.3	2.3
30,000,000	0.4	0.6	0.8	1.1	1.2	1.3	1.3
50,000,000	0.3	0.4	0.6	0.8	0.9	1.0	1.0

The relative standard error of a statistic is the ratio of the standard error to the statistic and is usually expressed as a percent of the estimate. In this report, statistics with relative standard errors of 30 percent or larger are indicated with an asterisk (*). These estimates are considered unreliable by themselves, but may be combined with other estimates to make comparisons of greater precision.

Statistics in this report also may be subject to nonsampling error, that is, errors or omissions in responding to the interview, recording answers, and processing data. The data have been adjusted for nonsampling error due to nonresponse by means of adjustments to the sample weights assigned to each case. Other types of nonsampling error were minimized by a series of stringent quality control measures similar to those used in Cycles I and II.[4,5]

Definitions of terms

Family planning services—In Cycle III, to obtain more complete estimates of the extent and types of family planning services, women were asked a series of questions about their use of specific services. These included the following: (1) advice or counseling about any problems or worries about sexual intercourse, an unwanted pregnancy or one that occurred at a bad time, having a sterilization operation, or birth control; (2) check-up or medical test to check for correct use, fit, or position of a birth control method; health problems from using a birth control method; or pregnancy; and (3) visit to a doctor or clinic to renew a method of birth control the woman was already using or to obtain a new method of birth control. Women who reported receiving one or more of these services were classified as having used family planning services. This is the basis for the statistics on use of family planning services reported in table 1 and for the visit rates in table 2. The new family planning use measure based on these services will be retained in future cycles.

Talked about contraception in the last 3 years—In Cycles II and III, women were asked, "During the past 3 years, has a doctor or other trained person prescribed, or talked with you about a method for delaying or preventing a pregnancy?" In Cycle I, women were asked the same question except that a period of 5 years was specified rather than 3 years. Women who answered that question affirmatively also were asked, "When was the last time you talked about methods of family planning with a doctor or trained person?" Women who answered that question with a date less than 3 years before the interview were considered to have made a family planning visit in the last 3 years. This measure was retained in 1982 to produce time series data between 1973 and 1982. It will be replaced in future cycles by the measure based on the full range of family planning services.

Source of family planning services—Women who had received family planning services in the last 12 months were shown a card containing the following list of types of places: "Clinics" included hospital, family planning, community health center, public health department, military health service, and student

NOTE: A list of references follows the text.

health service clinics; "private medical sources" included visits to private doctors, private group practices, co-ops, or privately owned clinics; service providers classified as "counselors" included minister, priest, religious counselor, school counselor, family and social service agency, and youth center.

Age—Age is classified by the age of the respondent at her last birthday before the date of interview.

Race—Race refers to the race of the woman interviewed and is reported as black, white, or other. In Cycle III, race was classified according to the woman's report of the race that best described her. In Cycles I and II, race was classified by the observation of the interviewer. Cycle III data indicated that results using either method of classification were found to be very similar.

Hispanic origin—In Cycle III, a respondent was classified as being of Hispanic origin if she reported that her only or principal national origin was Puerto Rican, Cuban, Mexican American, Central or South American, or other Spanish. In Cycles I and II, if a respondent reported her origin or descent as Puerto Rican, Cuban, Mexican American, Central or South American, or other Spanish, she was classified as being of Hispanic origin, whether or not it was her principal origin. In tables where data are presented for women according to race and Hispanic origin, women of Hispanic origin are included in the statistics for white and black women if they were classified as such by race.

For a small number of respondents (0.1 percent in Cycles and II and 3 percent in Cycle III), origin was not ascertained. In Cycle I, values were imputed where missing, using a known value of another similar, randomly selected respondent; in Cycle II and in this report for Cycle III, however, missing values of Hispanic origin were not imputed, and only cases with known values are included in statistics on Hispanic origin.

Marital status—Persons were classified by marital status as married, widowed, divorced, separated, or never married. In Cycles I and II, informally married women—women who volunteered that they were sharing living quarters with their sexual partner—were classified as currently married. These women constituted about 2 percent of currently married respondents in Cycle I and 3 percent in Cycle II. In Cycle III, such women were classified according to their legal marital status. Thus, statistics on currently married women for 1982 shown in this report are not strictly comparable to those for 1973 and 1976. However, reclassifying women in the 1973 and 1976 surveys according to the 1982 definition of marital status makes little difference in the distributions of currently married women by other characteristics for these years.

In all cycles, women who were married but separated from their spouse were classified as separated if the reason for the separation was marital discord, and as currently married otherwise.

Sterility—For this report, use of family planning services in the last 3 years was considered inapplicable if a woman was sterile 3 years or more before the interview; that is, she reported it was impossible for her and her husband to conceive as a result of an operation, accident, or illness that occurred more than 3 years before the interview—before January 1970 for Cycle I, before January 1973 for Cycle II, or before January 1979 for Cycle III. All other women were classified as able to conceive at the beginning of the period for which their use of family planning services was reported.

Poverty level income—The poverty level index was calculated by dividing the total family income by the weighted average threshold income of families with the head of the family under 65 years of age based on the poverty levels published by the U.S. Bureau of the Census.[6–8] This definition takes into account the sex of the family head and the number of persons in the family. Total family income includes income from all sources for all members of the respondent's family. For substantial numbers of respondents (7 percent in Cycle I, 16 percent in Cycle II, and 22 percent in Cycle III), total family income was not ascertained. In Cycle I, values were imputed where missing, using a known value of another similar, randomly selected respondent; in Cycle II and in this report for Cycle III, however, missing values of family income were not imputed, and only cases with known values are included in statistics on poverty income level. Because of these high levels of missing data, small differences by poverty level income should be interpreted with caution.

Infertility services—A woman was classified as having used infertility services if she answered either of the following questions affirmatively: "Have you (or your husband) ever been to a doctor or clinic to talk about ways to help you become pregnant?" or "(Not counting routine care or advice about a pregnancy), have you (or your husband) ever been to a doctor or clinic to talk about ways to help you prevent a miscarriage?" Such women may not be currently infertile; for example, if the advice or treatment was successful.

Related data

Data on family planning services also are available from two other surveys conducted by NCHS. Data from the National Reporting System for Family Planning Services were collected annually from 1972 through 1980 from a sample of medical organizations that provide family planning services. These data excluded family planning visits to private physicians' offices, visits for pregnancy tests only, and visits the sole purpose of which was to obtain contraceptive supplies or counseling.[9] The National Ambulatory Medical Care Survey obtains data on visits for family planning services from reports from a sample of office-based physicians.[10,11] Both data systems use information from the providers of family planning services, in contrast to the NSFG, which uses information from recipients of services. Because of this difference and differences in collection procedures and definitions of terms, data from these sources may differ but they do provide complementary perspectives on family planning visits. Recent estimates of annual numbers of visits to private physician's offices for infertility were published in an article in the *Journal of the American Medical Association*.[12] The data in the cited article may differ from the statistics in this report because they refer to a different period of time; because they refer to visits, and women may have more than one visit in a year; and because both estimates, being based on samples, are subject to sampling variability.

NOTE: A list of references follows the text.

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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 standard of reliability or precision (30 percent or more relative standard error)

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