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## Reproductive Impairments Among Currently Married Couples: United States, 1976<sup>1</sup>

### INTRODUCTION

This report presents preliminary estimates of fecundity impairments—that is, involuntary conditions that make it difficult or impossible to have additional children—among currently married couples in the United States in 1976. These are the latest national estimates of fecundity impairments and the first since those reported from the 1960 Growth of American Families Study.<sup>2</sup> The data are based on Cycle II of the National Survey of Family Growth (NSFG) conducted in 1976 by the National Center for Health Statistics.

In 1976 about 6.9 million couples, or 25 percent of all married couples with the wife of childbearing age, had fecundity impairments (figure 1). Most of these couples had one child or more and did not want additional children (figure 2). A substantial minority of couples with impaired fecundity—about 2.7 million—wanted to have a baby or another baby. About 848,000 of these couples were childless and 688,000 had only one child. In all, couples with impaired fecundity who wanted to have a baby or another baby made up about 10 percent of the married couples with the wife of childbearing age.

Statistics on couples with fecundity impairments may be of interest in determining the degree of need for appropriate medical services, in assessing the demand for adoption, and in deter-

Figure 1. PERCENT OF ALL CURRENTLY MARRIED COUPLES WITH WIFE 15-44 YEARS OF AGE, BY FECUNDITY STATUS: UNITED STATES, 1976

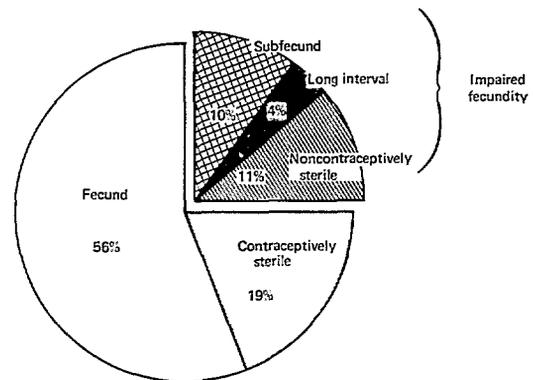
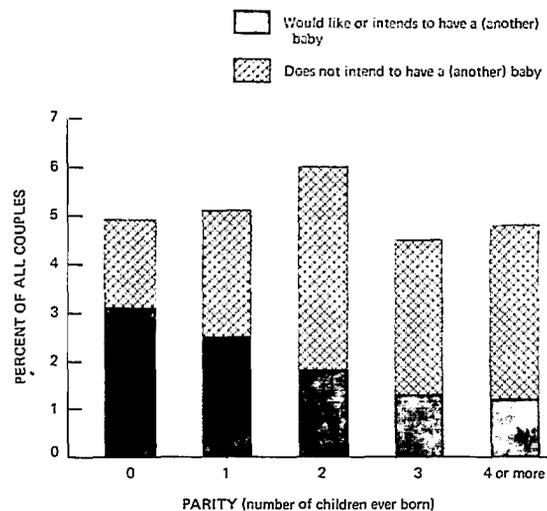


Figure 2. PERCENT OF ALL COUPLES WHO HAVE IMPAIRED FECUNDITY<sup>1</sup> AND ARE AT GIVEN PARITIES: UNITED STATES, 1976



<sup>1</sup>Includes noncontraceptively sterile, long interval, and subfecund couples.

<sup>1</sup>This report was prepared by William D. Mosher, Ph.D., Division of Vital Statistics.

<sup>2</sup>Whelpton, P. K., Campbell, A. A., and Patterson, J. E.: *Fertility and Family Planning in the United States*. Princeton, N.J. Princeton University Press, 1966, Chapter 4.

mining the potential effects of fecundity impairments on birth rates.

The NSFG is based on personal interviews with a multistage area probability sample of women 15-44 years of age in the household population of the conterminous United States. Women were eligible for inclusion in the sample if they were currently married, previously married, or were never married but had offspring presently living in the household.

The interview focused on the respondents' marital and pregnancy histories, their use of contraception and the planning status of each pregnancy, their use of maternal care and family planning services, fecundity impairments, and a wide range of social and economic characteristics. Between January and September of 1976, 3,009 black women and 5,602 women of other races were interviewed. Because the estimates of statistics in this report are based on a sample, they are subject to sampling variability. Further discussion of the survey design, definition of terms, and sampling variability can be found in the Technical Notes.

Statistics in this report refer to women who were currently married at the time of the survey. Characteristics reported, such as age, race, number of years since first marriage, and parity (number of children ever born), all refer to the wife. Fecundity impairments were reported in response to questions on whether respondent couples had trouble having children.

### CLASSIFICATION BY FECUNDITY STATUS

For this report, fecundity is a characteristic that was measured for all currently married couples by a series of questions. All currently married couples were classified into one of five categories of fecundity status: contraceptively sterile, noncontraceptively sterile, long interval, subfecund, or fecund.

Data on fecundity impairments were obtained by asking respondents whether it was possible or impossible, or difficult or not difficult, for them to have a baby or another baby. If the respondent said it was difficult or impossible, she was asked why. With a few exceptions (explained below), respondents who said that it was impossible for them to have a baby or

another baby were classified as sterile, and those who said it was difficult were classified subfecund. The first question on fecundity impairments was the following:

"It is *physically* impossible for some couples to have children. As far as you know, is it *possible* or *impossible* for you and your husband to conceive a(nother) baby, that is, to get pregnant (again)?"

Respondents who replied that it was impossible for them to have a baby or another baby were asked:

"What is the reason you are unable to have a(nother) baby?"

If the response was that they were sterile because of a surgical procedure, they were then asked:

"What kind of operation was it?"

"Was *one* reason for the operation because you had all the children you wanted?"

### Contraceptively Sterile

This category consisted of women or their current husbands who had sterilizing operations at least partly because they had all the children they wanted. In 1976, 18.6 percent of the couples in which the wife was 15-44 years of age were contraceptively sterile. (This percent differs slightly from a preliminary estimate published in *Advance Data* Number 36, because of revisions made in the data. See "Definition of Terms.") For this report, these couples are not classified as having fecundity impairments because they have ended their fecundity voluntarily—that is, as a method of family limitation (table 1 and figure 1).

### Noncontraceptively Sterile

Of those couples with fecundity impairments, the noncontraceptively sterile was the largest group. Eleven percent of the currently married couples in 1976, or about 3.0 million, were noncontraceptively sterile (table 1 and figure 1). These couples knew of specific reasons why they were sterile. Noncontraceptively sterile women replied to the above questions that it was impossible for them to have a baby

Table 1. Number of all currently married women<sup>1</sup> 15-44 years of age and percent distribution by fecundity status, according to selected characteristics: United States, 1976

Selected characteristic	Number of women in thousands	Total	Fecund <sup>2</sup>	Contra-ceptively sterile	Impaired fecundity			
					All impaired	Noncontra-ceptively sterile	Long interval	Subfecund
<u>Age</u>		Percent distribution						
All ages.....	27,488	100.0	56.1	18.6	25.3	11.0	3.9	10.4
15-24 years.....	6,020	100.0	85.3	3.5	11.3	*0.6	*0.8	9.8
15-19 years.....	1,043	100.0	90.1	*0.8	9.1	*2.2	*0.1	8.8
20-24 years.....	4,977	100.0	84.3	4.0	11.7	7.3	*1.0	10.0
25-34 years.....	12,179	100.0	58.7	19.1	22.2	8.1	2.6	11.5
25-29 years.....	6,443	100.0	68.7	12.5	18.8	5.4	2.3	11.1
30-34 years.....	5,736	100.0	47.5	26.5	26.1	11.1	2.9	12.0
35-44 years.....	9,288	100.0	33.8	27.7	38.5	21.5	7.7	9.3
35-39 years.....	4,814	100.0	36.3	28.9	34.9	18.8	6.2	9.9
40-44 years.....	4,474	100.0	31.2	26.4	42.4	24.5	9.3	8.7
<u>Parity</u>								
0.....	5,235	100.0	73.0	*1.5	25.5	7.8	5.0	12.7
1.....	5,571	100.0	70.9	3.8	25.2	5.9	4.1	15.3
2.....	7,638	100.0	55.1	23.3	21.5	9.7	2.6	9.2
3.....	4,744	100.0	43.2	30.7	26.1	15.5	3.3	7.3
4 or more.....	4,300	100.0	32.3	36.6	31.0	18.8	5.5	5.5
<u>Years since wife's first marriage</u>								
Less than 5 years.....	7,039	100.0	86.5	1.8	11.7	2.0	*0.8	9.0
5-9 years.....	6,389	100.0	66.7	13.7	19.5	3.8	2.1	13.6
10-14 years.....	4,972	100.0	43.2	28.3	28.6	13.4	4.8	10.4
15 years or more.....	8,750	100.0	31.8	30.2	38.0	21.8	7.2	9.0
<u>Hispanic origin<sup>3</sup></u>								
Hispanic.....	1,699	100.0	63.5	10.7	25.7	8.7	4.1	13.0
Other.....	25,726	100.0	55.6	19.1	25.3	11.2	3.9	10.2

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

<sup>2</sup>Fecund is used in a different way in this report than in previous reports. See "Definition of Terms."

<sup>3</sup>Women of Hispanic origin are included in the figures for white and black women if they were identified as such by the interviewer.

or another baby because (1) the wife or husband had a sterilizing operation (such as a hysterectomy) that was *not* done because they had all the children they wanted, but for health reasons; or (2) that it was impossible for her to have a baby or another baby because of accident, illness, or some other reason.

A future report in Series 23 of *Vital and Health Statistics* will focus on the surgically

sterile by type of operation and on those who intend to have sterilizing operations.

### Long Interval

This category consists of currently married couples who, during the 3 years of continuous marriage before the interview, did not use contraception and did not have a pregnancy. Many

of these couples are sterile, but some might conceive in the future.<sup>3</sup> In 1976, 1.1 million, or 3.9 percent, of currently married couples were classified as having a long interval (table 1 and figure 1).

### Subfecund

For women in this category, it may be possible for them to conceive and/or carry a pregnancy to term, but there are specific difficulties in doing so. Most women classified subfecund responded affirmatively to the following question:

"Some people are able to have a(nother) baby, but they have *difficulty* getting pregnant or holding onto the baby. As far as you know, is there any problem or difficulty for you and your husband to conceive or deliver a(nother) baby?"

Women who answered this question affirmatively were then asked the following question:

"What is the reason it would be difficult for you to have a(nother) baby?"

An estimated 2.9 million couples, or about 10.4 percent, were classified as subfecund in 1976 (table 1 and figure 1). Of the subfecund couples, an estimated 908,000 were aware of a "physical difficulty getting pregnant," while an estimated 638,000 women had difficulty carrying the pregnancy a full 9 months.

### All Fecundity Impairments

This category includes noncontraceptively sterile couples, those with long intervals, and subfecund couples. In 1976, 25.3 percent, or 6,954,000 couples, were classified as having a fecundity impairment. As stated previously, this category does *not* include couples who have used a sterilizing operation as a method of family limitation. Those couples are called "contraceptively sterile."

<sup>3</sup>Potter, R. G. and Parker, M. P.: Predicting the time required to conceive. *Population Studies*. 18(1):99-116, July, 1964.

### Fecund

In this report, fecund means that there was no evidence as of the date of the interview that the couple had a problem in conceiving or delivering a baby. These women reported no impairments and stated that it was possible for them to have a baby, that they did not have any difficulty conceiving or carrying to term, and they did not have a 3-year (or longer) interval of non-use of contraception without pregnancy immediately before the interview. About 15.4 million, or 56.1 percent, of the currently married couples were classified as fecund in 1976. As explained in the "Definition of Terms," this definition differs from the use of the term fecund in some other reports where the subfecund and long-interval couples, for whom it may still be possible to have children or additional children, were not classified separately.

The passage of time, nonuse of contraception, or an attempt to have children increase the likelihood that couples will discover fecundity impairments. (For example, couples who have ended their fecundity by contraceptive sterilization or who have always used contraception without a pregnancy occurring may have undiagnosed impairments that would prevent, or make difficult, their having children or additional children if they later decided they wanted more.) Some effects of the passage of time and attempts to have children are indicated by age, parity, and number of years since the wife's first marriage (tables 1-3).

## FINDINGS

Table 4 distinguishes between fecundity impairments and the desire for children or additional children by showing the number and percent of women in each fecundity status-parity category who would like or intend to have a baby or another baby in the future.

A majority of couples with fecundity impairments would not like, or do not intend, to have additional children. But a substantial minority did express a desire to have a baby or another baby—39.3 percent of wives with impaired fecundity (an estimated 2.7 million women) said they would like to have a baby or another baby. This was 9.9 percent of the 27,488,000 wives 15-44 years of age in 1976.

Table 2. Number of currently married white women 15-44 years of age and percent distribution by fecundity status, according to selected characteristics: United States, 1976

Selected characteristic	Number of women in thousands	Total	Fecund <sup>1</sup>	Contra-ceptively sterile	Impaired fecundity			
					All impaired	Noncontra-ceptively sterile	Long interval	Subfecund
<u>Age</u>		Percent distribution						
All ages.....	24,795	100.0	56.1	19.3	24.6	11.0	3.5	10.1
15-24 years.....	5,412	100.0	86.5	3.5	10.0	*0.6	*0.6	8.9
15-19 years.....	918	100.0	90.7	*0.8	8.5	*0.0	*0.1	8.4
20-24 years.....	4,493	100.0	85.6	4.0	10.4	0.7	*0.7	9.0
25-34 years.....	10,993	100.0	58.1	20.1	21.8	8.1	2.3	11.4
25-29 years.....	5,806	100.0	68.2	13.1	18.6	5.2	2.0	11.3
30-34 years.....	5,187	100.0	46.7	27.9	25.4	11.4	2.6	11.5
35-44 years.....	8,390	100.0	33.8	28.5	37.7	21.5	7.0	9.2
35-39 years.....	4,339	100.0	36.2	30.0	33.9	18.2	5.7	10.0
40-44 years.....	4,051	100.0	31.3	26.9	41.8	25.0	8.5	8.3
<u>Parity</u>								
0 .....	4,874	100.0	73.9	*1.5	24.6	7.7	4.9	12.0
1 .....	4,922	100.0	71.5	4.2	24.3	5.7	3.5	15.0
2 .....	6,939	100.0	54.6	24.9	20.5	9.5	2.1	8.9
3 .....	4,330	100.0	41.8	31.8	26.4	15.7	3.3	7.4
4 or more.....	3,729	100.0	31.6	37.5	30.9	19.7	4.7	6.5
<u>Years since wife's first marriage</u>								
Less than 5 years.....	6,253	100.0	87.2	1.8	11.1	2.0	*0.7	8.4
5-9 years.....	5,740	100.0	67.4	14.6	18.0	3.4	1.5	13.1
10-14 years.....	4,512	100.0	42.6	29.4	27.9	13.3	4.4	10.2
15 years or more.....	8,048	100.0	31.7	30.7	37.6	22.0	6.5	9.0

<sup>1</sup>Fecund is used in a different way in this report than in previous reports. See "Definition of Terms."

However, a majority of *childless* couples with fecundity impairments (63.5 percent, or about 848,000) would like to have a baby, and 49.0 percent (688,000) of couples with fecundity impairments who have one child (parity one) would like to have another (table A). The percent of couples wanting a baby or another baby declined with parity in each category of fecundity impairments. The one exception, in the long interval category, is not statistically significant.

Since noncontraceptively sterile couples are not able to bear a child or another child, these wives were asked: "Do you intend to adopt any children?" Overall, 12.2 percent responded affirmatively, including 39.1 percent of noncontraceptively sterile wives at parity zero, 14.8

percent at parity one, 7.0 percent at parity two, and 6.5 percent at parity three or more.

Subfecund wives were asked: "In the past 3 years, have you talked with a doctor or other trained person about *increasing* your chances of having a baby?" About 1 in 4, or 26.2 percent, responded affirmatively; this represents about 749,000 women. This percent also declined with parity, from 50.7 percent of subfecund wives at parity zero to 34.9 percent at parity one, 11.1 percent at parity two, and 5.5 percent at parity three or more.

Calculations based on table 1 (but not shown here) showed that couples with impaired fecundity were older than fecund couples. Fecund wives, of whom about 38 percent were 30-44 years of age, were the youngest of the

Table 3. Number of currently married black women 15-44 years of age and percent distribution by fecundity status, according to selected characteristics: United States, 1976

Selected characteristic	Number of women in thousands	Total	Fecund <sup>1</sup>	Contra-ceptively sterile	Impaired fecundity			
					All impaired	Noncontra-ceptively sterile	Long interval	Subfecund
<u>Age</u>		Percent distribution						
All ages.....	2,169	100.0	55.9	12.6	31.4	11.1	8.2	12.2
15-24 years.....	509	100.0	74.8	*4.0	21.2	*1.5	*4.0	15.7
15-19 years.....	99	100.0	82.6	*1.2	*16.2	*2.3	*0.0	13.9
20-24 years.....	410	100.0	72.9	*4.7	22.4	*1.3	*5.0	16.2
25-34 years.....	912	100.0	64.9	9.6	25.5	8.5	5.6	11.4
25-29 years.....	484	100.0	72.8	6.8	20.4	8.4	*4.2	7.8
30-34 years.....	428	100.0	56.0	12.8	31.2	8.6	*7.1	15.4
35-44 years.....	749	100.0	32.1	22.2	45.7	20.7	14.2	10.8
35-39 years.....	368	100.0	36.7	22.0	41.3	19.8	11.8	9.7
40-44 years.....	381	100.0	27.6	22.4	50.0	21.5	16.5	12.0
<u>Parity</u>								
0 .....	242	100.0	57.4	*0.8	41.8	14.8	*9.7	17.2
1 .....	526	100.0	66.0	*0.7	33.3	7.4	8.5	17.4
2 .....	565	100.0	63.3	9.1	27.6	10.1	6.4	11.2
3 .....	312	100.0	54.7	20.1	25.2	12.3	*5.0	*7.9
4 or more.....	524	100.0	37.8	29.4	32.7	13.4	10.9	8.4
<u>Years since wife's first marriage</u>								
Less than 5 years.....	585	100.0	81.6	*2.6	15.8	2.4	*2.1	11.3
5-9 years.....	503	100.0	62.5	7.0	30.5	6.8	7.9	15.8
10-14 years.....	368	100.0	48.5	15.4	36.1	17.1	*4.9	14.1
15 years or more.....	627	100.0	32.5	25.1	42.4	17.5	15.4	9.5

<sup>1</sup>Fecund is used in a different way in this report than in previous reports. See "Definition of Terms."

fecundity status categories. Subfecund wives, with about 54 percent at 30-44 years of age, were somewhat older. Noncontraceptively sterile wives, of whom 87 percent were 30-44 years of age, were the oldest of the fecundity status groups.

Among those with fecundity impairments, the distribution of the types of impairments changes over time. For example, for those married less than 5 years before the interview, subfecund couples accounted for about three-fourths of all couples with fecundity impairments (table 1). However, for those married 15 years or more subfecundity accounted for about one-fourth. These observations suggest that some couples may discover, as well as develop, impairments as they grow older, thereby moving from subfecund to noncontraceptively sterile.

Tables 1, 2, and 3 show the distribution of currently married couples of reproductive age in 1976, by fecundity status and selected characteristics of the wife. The prevalence of fecundity impairments increases with the age of the wife. Table 1 shows that for couples of all races the percent with impairments increased from 11.7 percent at ages 20-24 years to 42.4 percent at ages 40-44. The percent fecund decreased from 84.3 percent to 31.2 percent at the same ages, but much of that decrease was due to contraceptive sterility, which is not classified as a fecundity impairment.

The estimated number of couples in which the wife had no children (was of zero parity) and a fecundity impairment was about 1,335,000, or 4.9 percent of all couples in 1976. Of these, about 408,000, or 1.5 percent of all

Table 4. Number and percent of currently married women 15-44 years of age with fecundity impairments who intend or would like to have a future baby, by fecundity status and parity: United States, 1976

Parity	Total	Non-contraceptively sterile	Long interval	Sub-fecund
Number who would like or intend a future baby in thousands				
All parities.....	2,733	1,270	239	1,224
0 .....	848	238	118	490
1 .....	688	176	*46	468
2 .....	506	324	*37	145
3 .....	347	264	*12	*71
4 or more.....	343	267	*27	*40
Percent who would like or intend a future baby				
All parities.....	39.3	42.0	22.3	42.8
0 .....	63.5	58.4	45.2	73.7
1 .....	49.0	53.4	20.3	55.1
2 .....	30.8	43.8	18.8	20.6
3 .....	28.0	35.9	7.8	20.5
4 or more.....	25.7	33.0	11.4	16.8

NOTE: Numbers may not add to the totals due to rounding. Denominators of these percents were calculated from the numbers and percents in table 1.

couples, were noncontraceptively sterile and had no children.

The fecundity status of couples was associated with the number of years between the wife's first marriage and the interview date (table 1). For wives married less than 5 years before the interview date, 11.7 percent of the couples had fecundity impairments; this percent increased about 10 percentage points for each 5 years to 38.0 percent for women first married 15 years or more before the interview.

For wives of Hispanic origin, 25.7 percent reported fecundity impairments compared with 25.3 percent for other wives; this difference is not statistically significant. Noncontraceptive sterility was reported by 8.7 percent of Hispanic wives compared with 11.2 percent of other wives, not a statistically significant difference.

Tables 2 and 3 show data for white couples and black couples, respectively. Among black couples, 31.4 percent reported fecundity impair-

ments compared with 24.6 percent of white couples. However, most of this 6.8 percentage point difference is due to the larger percent of black couples with long intervals (8.2 percent compared with 3.5 percent of white couples). The rest of the difference is due to a slightly (but not significantly) higher percent of black couples classified as subfecund (12.2 percent compared with 10.1 percent). The percent of couples reporting noncontraceptive sterility was not significantly different by race (11.1 percent of black couples and 11.0 percent of white couples).

The percent of white and black couples who were noncontraceptively sterile was not significantly different in any of the 10-year age groups (tables 2 and 3). (To reduce sampling variability, the comparisons by race are discussed here in 10-year age groups.) The main differences between black and white couples are in the subfecund and long interval categories. At 15-24 years of age, the principal difference is that black couples have a higher percent subfecund than white couples do—15.7 percent compared with 8.9 percent. In the age group 35-44 years, the percent of black couples with long intervals was 14.2 compared with only 7.0 percent of white couples.

Finally, the percent of wives reporting fecundity impairments was 11.2 percentage points higher for black couples than for white couples at 15-24 years of age, and 8.0 percentage points higher at 35-44 years of age, but only 3.7 percentage points higher at 25-34 years of age. This difference at ages 25-34 years was almost entirely due to a higher percent of black couples with long intervals.

The percent of all currently married couples who had no children (were of parity zero) and were noncontraceptively sterile was not significantly different by race. In 1976, the estimated number was about 375,000, or about 1.5 percent, of the 24,795,000 white couples, and about 36,000, or approximately 1.7 percent, of the 2,169,000 black couples.

The percent of white and black couples who reported a fecundity impairment and had no children (parity zero) was not significantly different—4.8 percent of white couples and 4.7 percent of black couples. Thus black couples were no more likely than white couples to be childless and have fecundity impairments.

The percent of couples with one or more children who were noncontraceptively sterile was slightly (but not significantly) lower for black couples than for white couples—11.8 percent of the 19,920,000 white couples with one child or more compared with 10.6 percent of the 1,927,000 black couples with one child or more.

Black wives 15-44 years of age had a larger average number of children than white wives in 1976. For example, 11 percent of black couples had no children (were at parity zero), compared with 20 percent of white couples; and 24 percent had 4 or more children compared with 15 percent of white couples. Further, the percent of couples at parity one or more with impairments was higher for black couples than for white couples—30.2 percent of the 1,927,000 black couples with one child or more compared with 24.7 percent of the 19,920,000 white couples with one child or more. Thus the higher

percent of all black couples with impairments (31.4 percent compared with 24.6 percent of white couples) appears to be due to a higher percent of black couples with children who are subfecund or have long intervals.

The prevalence of impairments was higher for black wives than for white wives in each 5-year interval since the wife's first marriage, although the differences at less than 5 years and 15 years or more are not statistically significant. In each case at least half of the difference was due to the long interval and subfecund categories.

A detailed report on fecundity impairments is planned to appear in Series 23 of *Vital and Health Statistics*. That report will present findings on the relation of fecundity status to other characteristics of couples with special emphasis on parity and the desire for additional children.

### TECHNICAL NOTES

Cycle II of the National Survey of Family Growth (NSFG) was based on interviews with a multistage area probability sample of women 15-44 years of age in the household population of the United States. The interviews were conducted between January and September of 1976. The sampling and estimation procedures for Cycle I, conducted in 1973, are described in preceding reports based on the NSFG, and described in detail in "National Survey of Family Growth, Cycle I: Sample Design, Estimation Procedures, and Variance Estimation," Series 2, No. 76, of *Vital and Health Statistics*. A similar report is planned for Cycle II.

Since the estimates in this report are based on a sample of the population rather than on the entire population, they are subject to sampling error.

Sampling error, or the extent to which samples may differ by chance from a complete count, is measured by a statistic called the standard error of estimate. Approximate standard errors for estimated numbers and percents from Cycle I are shown in tables I and II for white women and women of all races combined and in

tables III and IV for the black population. Provisional estimates of standard errors for Cycle II for white women and women of all races combined can be obtained by multiplying the standard errors for these women from Cycle I by factors of 1.09 for the latter and 1.06 for white women. Similarly, provisional estimates of standard errors for Cycle II for black women can be obtained by multiplying the standard errors for black women from Cycle I by a factor of 1.14.

Table I. Approximate standard errors for estimated numbers for white women and women of all races combined: 1973 National Survey of Family Growth

Size of estimate	Relative standard error	Standard error
50,000.....	30.0	15,000
100,000.....	21.2	21,000
200,000.....	15.0	30,000
500,000.....	9.5	47,000
1,000,000.....	6.7	67,000
2,000,000.....	4.8	95,000
5,000,000.....	3.0	151,000
10,000,000.....	2.2	216,000
20,000,000.....	1.5	311,000

Table II. Approximate standard errors for estimated percents expressed in percentage points for white women and women of all races combined: 1973 National Survey of Family Growth

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.....	3.0	4.6	6.4	8.5	9.7	10.4	10.6
500,000.....	1.3	2.1	2.8	3.8	4.3	4.6	4.7
1,000,000.....	0.9	1.5	2.0	2.7	3.1	3.3	3.3
3,000,000.....	0.5	0.8	1.2	1.5	1.8	1.9	1.9
5,000,000.....	0.4	0.6	0.9	1.2	1.4	1.5	1.5
7,000,000.....	0.3	0.5	0.8	1.0	1.2	1.2	1.3
10,000,000.....	0.3	0.5	0.6	0.8	1.0	1.0	1.1

Table III. Approximate standard errors for estimated numbers for black women: 1973 National Survey of Family Growth

Size of estimate	Relative standard error	Standard error
25,000.....	25.3	6,000
50,000.....	17.9	9,000
100,000.....	12.7	13,000
150,000.....	10.3	16,000
250,000.....	8.0	20,000
350,000.....	6.8	24,000
500,000.....	5.7	28,000
750,000.....	4.7	35,000
1,000,000.....	4.0	40,000

Table IV. Approximate standard errors for estimated percents expressed in percentage points for black women: 1973 National Survey of Family Growth

Base of percent	Estimated percent						
	2 or 98	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
5,000.....	7.9	12.3	17.0	22.6	25.9	27.7	28.3
10,000.....	5.6	8.7	12.0	16.0	18.3	19.6	20.0
50,000.....	2.5	3.9	5.4	7.1	8.2	8.8	8.9
100,000.....	1.8	2.7	3.8	5.1	5.8	6.2	6.3
300,000.....	1.0	1.6	2.2	2.9	3.3	3.6	3.6
500,000.....	0.8	1.2	1.7	2.3	2.6	2.8	2.8
700,000.....	0.7	1.0	1.4	1.9	2.2	2.3	2.4
1,000,000.....	0.6	0.9	1.2	1.6	1.8	2.0	2.0

The chances are about 68 out of 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 out of 100 that the differences between the sample estimate and a complete count would be less than twice the

standard error. The relative standard error is the ratio of the standard error to the statistic being estimated. In this report, numbers and percents which have a relative standard error that is more than 25 percent of the estimate itself are considered unreliable. They are marked with an asterisk to caution the user but may be combined to make other types of comparisons of greater precision.

For Cycle II of the NSFG, missing data items were not imputed, and percent distributions are based on cases with known data. The fecundity status of about 15,000 women out of an estimated 31,847,000 total ever-married women (less than 0.1 percent) was not ascertained.

More extensive "Technical Notes" and "Definition of Terms" can be found in any of the earlier NSFG reports—for example, *Advance Data* Numbers 36, 43, and 45.

### DEFINITION OF TERMS

*Fecundity.*—In this report, fecundity is a characteristic of a currently married couple. It refers to the ability of the couple to reproduce, that is, to have live-born children, at the date of the interview. Fecundity was measured using a series of questions. The responses to these questions permit the classification of couples into 5 categories: contraceptively sterile, noncontraceptively sterile, long interval, subfecund, or fecund.

*Fecundity status.*—This refers to the category of fecundity in which a couple is classified.

*Fecundity impairment.*—A fecundity impairment, or reproductive impairment, is any medical, physical, or behavioral condition that damages or diminishes a couple's ability to have children. Contraceptive sterilization operations, that is, operations done for purposes of contraception (family limitation) are not classified as fecundity impairments. The conditions discussed, except for the long interval category, were limited to conditions reported by women in response to the questions quoted in the text.

In a survey of women in the childbearing years, success in measuring fecundity impairments depends on the amount of medical information respondents have about themselves, on their interest in having children in the future,

and on the opportunities they have had to detect that a problem exists. Nonetheless, most respondents do know the answers to the questions asked in the NSFG interview: whether or not they have had a sterilizing operation, accident, illness, or congenital problem; whether or not they have been trying to get pregnant and have not used contraception for a substantial period of time; and whether or not a doctor has told them they have medical conditions that would make having a(nother) child difficult or dangerous. Data of this kind can be grouped into categories such as those used in this report, with which to make comparisons between population groups, and for use in making estimates of needed services such as infertility services.

*Fecund.*—In this report a couple was classified as fecund if the respondent reported that (1) it was possible to have a baby or another baby, (2) there was no difficulty having a(nother) baby, and (3) the couple had used contraception sometime in the 3 years before the interview or the wife had been pregnant in that period of time. This is a more restricted use of the term fecund than in previous NSFG reports,<sup>4</sup> which used a 2-category classification—"sterile" and "fecund." In those reports, "fecund" (meaning not sterile) included all women classified in this report as fecund and subfecund, and most of those with long intervals.

Fecundity may be viewed as a characteristic of a couple that ranges from zero to high (or unimpaired). Couples classified as fecund have no reported impairments and no 3-year interval of nonuse of contraception without conception. As shown in the text, the likelihood that a couple will be classified as fecund is partly a function of the amount of time since the wife's first marriage, whether and how many times she has attempted to have a child, whether contraception has been used, etc.

*Subfecund.*—Women (or couples) classified as "subfecund" reported that they were not sterile but that they had a problem or difficulty in conceiving or delivering a(nother) baby for some specific reason; or that a pregnancy in the future would be so dangerous to the woman, or the baby, or both that she would have a sterilizing operation or abortion if another preg-

nancy occurred. Thus subfecund couples are not sterile, but they have some reason to believe that their ability to reproduce is diminished or impaired.

*Long interval.*—Currently married couples are classified "long interval" if they have been continuously married for 3 years or more immediately before the interview, have not used contraception, and have not conceived. About three-fourths of these women reported that it was possible for them to have a baby or another baby. Most of the couples with long intervals are sterile, but a small proportion might conceive in the future.<sup>5</sup>

*Noncontraceptively sterile.*—Women were classified as "noncontraceptively sterile" if they indicated that it was impossible for them to have a baby or another baby for some specific reason other than family limitation—such as a medically necessary operation, or a nonsurgical reason such as accident, illness, or natural menopause. For a few respondents, the contraceptive intent of their sterilizing operation was not ascertained.

*Contraceptively sterile.*—Couples classified as "contraceptively sterile" are *not* included among those with fecundity impairments because they have had a sterilizing operation at least partly as a method of contraception or family limitation. As noted in the text, the number and percent of currently married couples classified as contraceptively and noncontraceptively sterile in this report differs slightly from numbers and percents given in *Advance Data* Number 36, because data on sterilizations of married couples in which both husband and wife had been surgically sterilized were recoded to give priority to the wife's operation. This procedure provides a complete count of surgical sterilizations among ever-married women. A complete estimate of vasectomies cannot be obtained from this survey because not all ever-married men are represented. Where both spouses had been sterilized, the husband's sterilization generally occurred first and for contraceptive (family limitation) reasons; the wife's operation followed some time later for therapeutic reasons. Consequently, giving priority to the wife's operations has lowered somewhat the percent of couples with con-

<sup>4</sup>*Advance Data* Numbers 36 and 45.

<sup>5</sup>See reference cited in footnote 3.

traceptive sterilizations compared with the previously published figures.

*Would like (or intend) to have a(nother) baby.*—Noncontraceptively sterile women were asked: “even though it is unlikely or impossible for you to have a(nother) baby, would you like to have a(nother) baby?” Subfecund women and women with long intervals were asked: “Do you and your husband intend to have a(nother) baby?” It is assumed that these questions ascertain a desire for additional children in reasonably comparable ways.

*Parity.*—Parity refers to the number of live births the respondent has had.

*Years since wife’s first marriage.*—This refers to the number of years between the wife’s first marriage and the interview date.

*Marital status.*—This report is based only upon currently married women. Couples who are temporarily separated for reasons other than marital discord, such as vacation, illness, or Armed Forces, are classified as married.

SYMBOLS	
Data not available-----	---
Category not applicable-----	...
Quantity zero-----	-
Quantity more than 0 but less than 0.05----	0.0
Figure does not meet standards of reliability or precision-----	*

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