



Family Planning

CHAPTER 9

Lead Agency

Office of Population Affairs

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GOAL:

Improve family planning and spacing and prevent unintended pregnancy.



This chapter includes objectives that track intended pregnancies, birth spacing, infertility, and adolescent pregnancies. Contraceptive use and family planning clinic visits among adolescents and persons at risk of unintended pregnancy are also monitored, as is instruction on reproductive health issues for adolescents.

All Healthy People tracking data quoted in this chapter, along with technical information and Operational Definitions for each objective, can be found in the Healthy People 2010 database, (DATA2010), available from <http://wonder.cdc.gov/data2010/>.

More information about this focus area can be found in the following publications:

- › *Healthy People 2010: Understanding and Improving Health*, available from <http://www.healthypeople.gov/2010/Document/tableofcontents.htm#under>.
- › *Healthy People 2010 Midcourse Review*, available from <http://www.healthypeople.gov/2010/data/midcourse/html/default.htm#FocusAreas>.

Highlights

- › Progress was achieved in objectives for this Focus Area during the past decade [1]. About one half (53%) of the Family Planning objectives with data to measure progress moved toward or achieved their Healthy People 2010 targets (Figure 9-1). However, health disparities were observed among racial and ethnic population groups, as well as by income and by disability status (Figure 9-2). Some of these disparities are highlighted below [2].
- › Although several Family Planning objectives did not meet the Healthy People 2010 targets overall, some objectives met or even exceeded their targets for certain population groups. For example, in order for intended pregnancy (objective 9-1), considered as

the principal objective of the Family Planning Focus Area, to have met the 2010 target, this objective would have had to increase from 52% to 70%. This targeted increase was not achieved, and no progress was made during the decade overall. Nonetheless, married women did meet the 2010 target: 73% of their pregnancies were intended in 2002. Differential progress by marital status and income continues to be observed.

- › Contraceptive failure, the proportion of women aged 15–44 who experienced pregnancy within 12 months of continuous contraceptive use (objective 9-4), declined 20% between 1995 and 2002, from 15% to 12%, moving toward the 2010 target of 8%. Although the 2010 target was not met overall, middle/high-income women almost met the target with an 8.4% failure rate in 2002. However, the failure rate for poor women was 20%, which was almost double the overall population rate of 12%. Moreover, health disparities by income increased, as seen below [3].
 - Middle/high-income women had the lowest (best) rates of contraceptive failure among income groups, 12% in 1995 and 8.4% in 2002; whereas near-poor women had rates of 17% in 1995 and 18% in 2002, and poor women had rates of 26% in 1995 and 20% in 2002. In 2002, the rate for near-poor women was more than twice the best group rate (that for middle/high-income women), while the rate for poor women was almost two and a half times the best group rate [2]. Between 1995 and 2002, the disparity between near-poor and middle/high-income women increased 83 percentage points [3].
 - Among racial and ethnic groups, non-Hispanic white women had the lowest (best) rate of contraceptive failure, 10% in 2002. The rate for non-Hispanic black women was 21%, more than twice that of non-Hispanic white women [2].
- › Adolescent pregnancy among females aged 15–17 (objective 9-7) declined 37% between 1996 and 2005,

from 63 to 40 per 1,000 females, moving toward the 2010 target of 39 per 1,000.

- Among racial and ethnic groups, non-Hispanic white females aged 15–17 had the lowest (best) adolescent pregnancy rate, 22 per 1,000 in 2005. Hispanic or Latino and non-Hispanic black females aged 15–17 had rates of 85 and 88 per 1,000 in, respectively. The rate for Hispanic or Latino females aged 15–17 was almost four times the best group rate (that for non-Hispanic white females aged 15–17), whereas the rate for non-Hispanic black females aged 15–17 was four times the best group rate [2].
- Non-Hispanic white females aged 15–17 had adolescent pregnancy rates of 40 per 1,000 in 1996 and 22 per 1,000 in 2005, whereas Hispanic or Latino females aged 15–17 had rates of 109 per 1,000 in 1996 and 80 per 1,000 in 2005. Between 1996 and 2005, the disparity between Hispanic or Latino and non-Hispanic white females aged 15–17 increased 91 percentage points [3].

Summary of Progress

- Figure 9-1 presents a quantitative assessment of progress in achieving the Healthy People 2010 objectives for Family Planning [1]. Data to measure progress toward target attainment were available for 32 objectives. Of these:
 - Eight objectives (9-8a, 9-10c through h, and 9-11i) met or exceeded the Healthy People 2010 targets.
 - Nine objectives moved toward their targets. A statistically significant difference between the baseline and the final data points was observed for one of these objectives (9-9a). No significant differences were observed for two objectives (9-11a and o); and data to test the significance of the difference were unavailable for the remaining six objectives (9-4, 9-7, 9-8b, 9-9b, 9-10b, and 9-12).
 - Two objectives (9-6a and 9-11k) showed no change.
 - Thirteen objectives moved away from their targets. A statistically significant difference between the baseline and final data points was observed for two of these objectives (9-3 and 9-6b). No significant differences were observed for eight objectives (9-6c; 9-10a; and 9-11b through d, j, l, and p). Data to test the significance of the difference were unavailable for three objectives (9-1, 9-2, and 9-5).
- Six objectives (9-11e through h, m, and n) remained developmental [4]. Follow-up data were unavailable to measure progress for one objective (9-13).

➤ Figure 9-2 displays health disparities in Family Planning from the best group rate for each characteristic at the most recent data point [2]. It also displays changes in disparities from baseline to the most recent data point [3].

- Statistically significant racial and ethnic health disparities of 10% or more were observed for seven objectives (9-6b; 9-10c and d; and 9-11j through l, and p); three additional objectives (9-1, 9-4, and 9-7) had racial and ethnic health disparities of 10% or more but no data to assess statistical significance. Of these 10 objectives, the non-Hispanic white population had the best group rate for eight objectives (9-1, 9-4, 9-7, 9-10c and d, and 9-11j through l). The Hispanic or Latino population and the non-Hispanic black population each had the best group rate for the two remaining objectives (9-6b and 9-11p).
- Statistically significant health disparities of 10% or more by income were observed for five objectives (9-2, 9-3, and 9-11c, d, and k); two additional objectives (9-1 and 9-4) had a health disparity of 10% or more by income but no data to assess statistical significance. Persons with middle/high incomes had the best group rate for all seven of these objectives.
- Two objectives (9-4 and 9-7) had health disparities of 100% or more among racial and ethnic populations and/or income groups, as well as changes in disparities of 50 percentage points or more over time. These disparities are discussed in the Highlights, above.

Transition to Healthy People 2020

The focus of the Healthy People 2020 Family Planning Topic Area—increasing the proportion of pregnancies that are intended, improving pregnancy planning and spacing, and preventing unintended pregnancy—is consistent with that of the Healthy People 2010 Focus Area. As publicly funded family planning services prevent 1.94 million unintended pregnancies, including 400,000 teen pregnancies each year, new objectives addressing services provided by publicly funded family planning clinics have been added to the Healthy People 2020 Topic Area [5]. See HealthyPeople.gov for a complete list of Healthy People 2020 topics and objectives.

The Healthy People 2020 Family Planning objectives can be grouped into four sections:

- Proportion of pregnancies that are intended and the rate of adolescent pregnancy

- › Receipt of reproductive health services
- › Effective use of contraception for pregnancy prevention and protection against disease
- › Receipt of education on prevention of sexually transmitted diseases (STD) and unwanted pregnancy.

The differences between the Healthy People 2010 and Healthy People 2020 objectives are summarized below:

- › The Healthy People 2020 Family Planning Topic Area has 40 objectives, one of which is developmental, whereas the Healthy People 2010 Focus Area had 39 objectives, six of which were developmental [4].
- › Twenty-one Healthy People 2010 objectives (9-1, 9-4, 9-9a and b, 9-11a through p, and 9-13) were retained “as is” [6]. These include objectives that focus on the proportion of pregnancies that are intended, contraceptive failure within 12 months of continuous use, abstinence among adolescents, insurance coverage for contraceptive supplies and services, and reproductive health and disease prevention education. Data are not shown in the DATA2010 database for six of these objectives (including formal and informal instruction on HIV/AIDS prevention and formal instruction on sexually transmitted diseases), but data are available in Healthy People 2020.
- › One Healthy People 2010 objective, the rate of adolescent pregnancy (objective 9-7), was retained “as is” for ages 15–17 in Healthy People 2020 [6]. An additional objective on adolescent pregnancy also was added to Healthy People 2020 and focuses on ages 18–19.
- › Thirteen Healthy People 2010 objectives (9-2, 9-3, 9-5, 9-8a and b, and 9-10a through h) were modified, including the objectives on birth spacing, contraceptive use among females at risk of unintended pregnancy, emergency contraception, abstinence before age 15, pregnancy prevention, and STD protection [7,8].
- › One objective (9-12) addressing problems in becoming pregnant and maintaining a pregnancy was modified and moved to the Maternal, Infant, and Child Health Topic Area [7].
- › Three Healthy People 2010 objectives (9-6a through c) that focused on male involvement in pregnancy prevention were archived [9]. Other objectives on male involvement in family planning are spread throughout the Healthy People 2020 Topic Area.
- › Five new objectives were added to the Healthy People 2020 Topic Area:
 - One objective tracks the proportion of publicly

funded family planning clinics that offer a full range of FDA-approved contraceptive methods on-site.

- Two objectives track the proportion of sexually active persons who receive reproductive health services.
- One objective monitors the number of states that set the income eligibility level for Medicaid-covered family planning services to at least the same level used to determine eligibility for Medicaid-covered pregnancy-related care.
- One objective tracks the proportion of females in need of publicly supported contraceptive services and supplies who receive those services and supplies.

[Appendix D](#), “A Crosswalk Between Objectives From Healthy People 2010 to Healthy People 2020,” summarizes the changes between the two decades of objectives, reflecting new knowledge and direction for this area.

Data Considerations

Education and income are the primary measures of socioeconomic status in Healthy People 2010. Most data systems used in Healthy People 2010 define income as a family’s income before taxes. To facilitate comparisons among groups and over time, while adjusting for family size and for inflation, Healthy People 2010 categorizes income using the poverty thresholds developed by the Census Bureau. Thus, the three categories of family income that are primarily used are:

- › Poor—below the Federal poverty level
- › Near poor—100% to 199% of the Federal poverty level
- › Middle/high income—200% or more of the Federal poverty level.

These categories may be overridden by considerations specific to the data system, in which case they are modified as appropriate. See *Healthy People 2010: General Data Issues*, referenced below.

Information on data issues is available from the following sources:

- › All Healthy People 2010 tracking data can be found in the Healthy People 2010 database, DATA2010, available from <http://wonder.cdc.gov/data2010/>.
- › Detailed information about the data and data sources used to support these objectives can be found in the Operational Definitions on the DATA 2010 website, available from <http://wonder.cdc.gov/data2010/focusod.htm>.

- › More information on statistical issues related to Healthy People tracking and measurement can be found in the [Technical Appendix](#) and in *Healthy People 2010: General Data Issues*, which is available in the General Data Issues section of the NCHS Healthy People website under Healthy People 2010; see http://www.cdc.gov/nchs/healthy_people/hp2010/hp2010_data_issues.htm.

References and Notes

1. Displayed in the Progress Chart (Figure 9-1), the percent of targeted change achieved expresses the difference between the baseline and the final value relative to the initial difference between the baseline and the Healthy People 2010 target. As such, it is a relative measure of progress toward attaining the Healthy People 2010 target. See the [Reader's Guide](#) for more information. When standard errors were available, the difference between the baseline and the final value was tested at the 0.05 level of significance. See the Figure 9-1 footnotes, as well as the [Technical Appendix](#), for more detail.
2. Information about disparities among select populations is shown in the Health Disparities Table (Figure 9-2). Disparity from the best group rate is defined as the percent difference between the best group rate and each of the other group rates for a characteristic. For example, racial and ethnic health disparities are measured as the percent difference between the best racial and ethnic group rate and each of the other racial and ethnic group rates. Similarly, disparities by sex are measured as the percent difference between the better group rate (e.g., female) and the rate for the other group (e.g., male). Some objectives are expressed in terms of favorable events or conditions that are to be increased, while others are expressed in terms of adverse events or conditions that are to be reduced. To facilitate comparison of health disparities across different objectives, disparity is measured only in terms of adverse events or conditions. For comparability across objectives, objectives that are expressed in terms of favorable events or conditions are re-expressed using the adverse event or condition for the purpose of computing disparity, but they are not otherwise restated or changed. For example, objective 1-1, to increase the proportion of persons with health insurance (e.g., 72% of the American Indian or Alaska Native population under age 65 had some form of health insurance in 2008), is expressed in terms of the percentage of persons without health insurance (e.g., $100\% - 72\% = 28\%$ of the American Indian or Alaska Native population under age 65 did not have any form of health insurance in 2008) when the disparity from the best group rate is calculated. See the [Reader's Guide](#) for more information. When standard errors were available, the difference between the best group rate and each of the other group rates was tested at the 0.05 level of significance. See the Figure 9-2 footnotes, as well as the [Technical Appendix](#), for more detail.
3. The change in disparity is estimated by subtracting the disparity at baseline from the disparity at the most recent data point and, therefore, is expressed in percentage points. See the [Reader's Guide](#) for more information. When standard errors were available, the change in disparity was tested at the 0.05 level of significance. See the Figure 9-2 footnotes, as well as the [Technical Appendix](#), for more detail.
4. To be included in Healthy People 2010, an objective must have a national data source that provides a baseline and at least one additional data point for tracking progress. Some objectives lacked baseline data at the time of their development but had a potential data source and were considered of sufficient national importance to be included in Healthy People. These are called “developmental” objectives. When data become available, a developmental objective is moved to measurable status and a Healthy People target can be set.
5. Guttmacher Institute. *In Brief: Facts on Publicly Funded Contraceptive Services in the United States*. Washington, D.C.: Guttmacher Institute. April 2010. Available from http://www.guttmacher.org/pubs/fb_contraceptive_serv.pdf.
6. As of the Healthy People 2020 launch, Healthy People 2020 objectives that were retained “as is” from Healthy People 2010 had no change in the numerator or denominator definitions, the data source(s), or the data collection methodology. These include objectives that were developmental in Healthy People 2010 and are developmental in Healthy People 2020, and for which no numerator information is available.
7. As of the Healthy People 2020 launch, objectives that were modified from Healthy People 2010 had some change in the numerator or denominator definitions, the data source(s), or the data collection methodology. These include objectives that went from developmental in Healthy People 2010 to measurable in Healthy People 2020, or vice versa.
8. Objectives 9-8a and b (abstinence *before* age 15) are defined as abstinence *by* age 15 in Healthy People 2020.
9. Archived objectives had at least one data point in Healthy People 2010 but were not carried forward into Healthy People 2020.

Comprehensive Summary of Objectives: Family Planning

Objective	Description	Data Source or Objective Status
9-1	Intended pregnancy (females 15–44 years)	National Survey of Family Growth (NSFG), CDC, NCHS; National Vital Statistics System—Nativity (NVSS-N), CDC, NCHS; Abortion Provider Survey, Guttmacher Institute; Abortion Surveillance Data, CDC, NCCDPHP.
9-2	Births occurring within 24 months of a previous birth (females 15–44 years)	National Survey of Family Growth (NSFG), CDC, NCHS.
9-3	Contraceptive use—Females at risk of unintended pregnancy (15–44 years)	National Survey of Family Growth (NSFG), CDC, NCHS.
9-4	Contraceptive failure within 12 months of continuous use—Females experiencing pregnancy (15–44 years)	National Survey of Family Growth (NSFG), CDC, NCHS; Abortion Provider Survey, Guttmacher Institute.
9-5	Emergency contraception provided by family planning agencies	Guttmacher Institute.
9-6a	Involvement in pregnancy prevention among unmarried males 15–24 years—Family planning clinic visit with female partner in last 12 months	National Survey of Family Growth (NSFG), CDC, NCHS.
9-6b	Involvement in pregnancy prevention among unmarried males 15–24 years—Family planning clinic visit for himself in last 12 months	National Survey of Family Growth (NSFG), CDC, NCHS.
9-6c	Involvement in pregnancy prevention among unmarried males 15–24 years—Advice/counseling from a doctor on birth control in last 12 months	National Survey of Family Growth (NSFG), CDC, NCHS.
9-7	Adolescent pregnancy (per 1,000 population, 15–17 years)	National Survey of Family Growth (NSFG), CDC, NCHS; National Vital Statistics System—Nativity (NVSS-N), CDC, NCHS; Abortion Provider Survey, Guttmacher Institute; Abortion Surveillance Data, CDC, NCCDPHP.
9-8a	Abstinence before age 15—Females (15–19 years)	National Survey of Family Growth (NSFG), CDC, NCHS.
9-8b	Abstinence before age 15—Males (15–19 years)	National Survey of Adolescent Males (NSAM), Urban Institute; National Survey of Family Growth (NSFG), CDC, NCHS.
9-9a	Abstinence among adolescents 15–17 years—Females	National Survey of Family Growth (NSFG), CDC, NCHS.
9-9b	Abstinence among adolescents 15–17 years—Males	National Survey of Adolescent Males (NSAM), Urban Institute; National Survey of Family Growth (NSFG), CDC, NCHS.
9-10a	Pregnancy prevention and STD protection in unmarried adolescents 15–17 years—Condom use (partner) at first intercourse, females	National Survey of Family Growth (NSFG), CDC, NCHS.
9-10b	Pregnancy prevention and STD protection in unmarried adolescents 15–17 years—Condom use at first intercourse, males	National Survey of Adolescent Males (NSAM), Urban Institute; National Survey of Family Growth (NSFG), CDC, NCHS.
9-10c	Pregnancy prevention and STD protection in unmarried adolescents 15–17 years—Condom use (partner) and hormonal method use at first intercourse, females	National Survey of Family Growth (NSFG), CDC, NCHS.
9-10d	Pregnancy prevention and STD protection in unmarried adolescents 15–17 years—Condom use and hormonal method (partner) at first intercourse, males	National Survey of Adolescent Males (NSAM), Urban Institute; National Survey of Family Growth (NSFG), CDC, NCHS.

Comprehensive Summary of Objectives: Family Planning (continued)

Objective	Description	Data Source or Objective Status
9-10e	Pregnancy prevention and STD protection in unmarried adolescents 15–17 years—Condom use (partner) at last intercourse, females	National Survey of Family Growth (NSFG), CDC, NCHS.
9-10f	Pregnancy prevention and STD protection in unmarried adolescents 15–17 years—Condom use at last intercourse, males	National Survey of Adolescent Males (NSAM), Urban Institute; National Survey of Family Growth (NSFG), CDC, NCHS.
9-10g	Pregnancy prevention and STD protection in unmarried adolescents 15–17 years—Condom use (partner) and hormonal method at last intercourse, females	National Survey of Family Growth (NSFG), CDC, NCHS.
9-10h	Pregnancy prevention and STD protection in unmarried adolescents 15–17 years—Condom use and hormonal method (partner) at last intercourse, males	National Survey of Adolescent Males (NSAM), Urban Institute; National Survey of Family Growth (NSFG), CDC, NCHS.
9-11a	Reproductive health and disease prevention education among young adults 15–19 years—Formal education on abstinence, females	National Survey of Family Growth (NSFG), CDC, NCHS.
9-11b	Reproductive health and disease prevention education among young adults 15–19 years—Formal education on abstinence, males	National Survey of Family Growth (NSFG), CDC, NCHS.
9-11c	Reproductive health and disease prevention education among young adults 15–19 years—Formal education on birth control methods, females	National Survey of Family Growth (NSFG), CDC, NCHS.
9-11d	Reproductive health and disease prevention education among young adults 15–19 years—Formal education on birth control methods, males	National Survey of Family Growth (NSFG), CDC, NCHS.
9-11e	Reproductive health and disease prevention education among young adults 15–19 years—Formal education on HIV/AIDS prevention, females	Developmental.
9-11f	Reproductive health and disease prevention education among young adults 15–19 years—Formal education on HIV/AIDS prevention, males	Developmental.
9-11g	Reproductive health and disease prevention education among young adults 15–19 years—Formal education on sexually transmitted diseases, females	Developmental.
9-11h	Reproductive health and disease prevention education among young adults 15–19 years—Formal education on sexually transmitted diseases, males	Developmental.
9-11i	Reproductive health and disease prevention education among young adults 15–19 years—Informal education on abstinence, females	National Survey of Family Growth (NSFG), CDC, NCHS.
9-11j	Reproductive health and disease prevention education among young adults 15–19 years—Informal education on abstinence, males	National Survey of Family Growth (NSFG), CDC, NCHS.
9-11k	Reproductive health and disease prevention education among young adults 15–19 years—Informal education on birth control methods, females	National Survey of Family Growth (NSFG), CDC, NCHS.

Comprehensive Summary of Objectives: Family Planning (continued)

Objective	Description	Data Source or Objective Status
9-11i	Reproductive health and disease prevention education among young adults 15–19 years—Informal education on birth control methods, males	National Survey of Family Growth (NSFG), CDC, NCHS.
9-11m	Reproductive health and disease prevention education among young adults 15–19 years—Informal education on HIV/AIDS prevention, females	Developmental.
9-11n	Reproductive health and disease prevention education among young adults 15–19 years—Informal education on HIV/AIDS prevention, males	Developmental.
9-11o	Reproductive health and disease prevention education among young adults 15–19 years—Informal education on sexually transmitted diseases, females	National Survey of Family Growth (NSFG), CDC, NCHS.
9-11p	Reproductive health and disease prevention education among young adults 15–19 years—Informal education on sexually transmitted diseases, males	National Survey of Family Growth (NSFG), CDC, NCHS.
9-12	Problems becoming pregnant and maintaining a pregnancy—Wives of married couples (15–44 years)	National Survey of Family Growth (NSFG), CDC, NCHS.
9-13	Insurance coverage for contraceptive supplies and services	Guttmacher Institute.

Figure 9-1. Progress Toward Target Attainment for Focus Area 9: Family Planning

Objective	Percent of targeted change achieved ²	2010 Target	Baseline (Year)	Final (Year)	Baseline vs. Final		
					Difference ³	Statistically Significant ⁴	Percent Change ⁵
9-1. Intended pregnancy (females 15–44 years)		70%	52% (1995)	51% (2002)	-1	Not tested	-1.9%
9-2. Births occurring within 24 months of a previous birth (females 15–44 years)		6%	11% (1995)	16% (2006–08)	5	Not tested	45.5%
9-3. Contraceptive use—Females at risk of unintended pregnancy (15–44 years)		100%	93% (1995)	89% (2006–08)	-4	Yes	-4.3%
9-4. Contraceptive failure within 12 months of continuous use—Females experiencing pregnancy (15–44 years)		8%	15% (1995)	12% (2002)	-3	Not tested	-20.0%
9-5. Emergency contraception provided by family planning agencies		90%	80% (1999)	79% (2003)	-1	Not tested	-1.3%
9-6. Involvement in pregnancy prevention among unmarried males 15–24 years							
a. Family planning clinic visit with female partner in last 12 months	0.0%	22%	21% (2002)	21% (2006–08)	0	No	0.0%
b. Family planning clinic visit for himself in last 12 months		37%	31% (2002)	25% (2006–08)	-6	Yes	-19.4%
c. Advice/counseling from a doctor on birth control in last 12 months		37%	21% (2002)	20% (2006–08)	-1	No	-4.8%
9-7. Adolescent pregnancy (per 1,000 population, 15–17 years)		39	63 (1996)	40 (2005)	-23	Not tested	-36.5%
9-8. Abstinence before age 15							
a. Females (15–19 years)		88%	81% (1995)	89% (2006–08)	8	Not tested	9.9%
b. Males (15–19 years)		88%	79% (1995)	85% (2006–08)	6	Not tested	7.6%
9-9. Abstinence among adolescents 15–17 years							
a. Females		75%	62% (1995)	72% (2006–08)	10	Yes	16.1%
b. Males		75%	57% (1995)	71% (2006–08)	14	Not tested	24.6%

Figure 9-1. Progress Toward Target Attainment for Focus Area 9: Family Planning (continued)

Objective	Percent of targeted change achieved ²					2010 Target	Baseline (Year)	Final (Year)	Baseline vs. Final			
	0	25	50	75	100				Difference ³	Statistically Significant ⁴	Percent Change ⁵	
9-10.Pregnancy prevention and STD protection in unmarried adolescents 15–17 years												
a. Condom use (partner) at first intercourse, females						75%	69% (1995)	62% (2006–08)	-7	No	-10.1%	
b. Condom use at first intercourse, males			72.7%			83%	72% (1995)	80% (2006–08)	8	Not tested	11.1%	
c. Condom use (partner) and hormonal method use at first intercourse, females			200.0%			9%	7% (1995)	11% (2006–08)	4	No	57.1%	
d. Condom use and hormonal method (partner) at first intercourse, males			366.7%			11%	8% (1995)	19% (2006–08)	11	Not tested	137.5%	
e. Condom use (partner) at last intercourse, females			220.0%			49%	39% (1995)	61% (2006–08)	22	Yes	56.4%	
f. Condom use at last intercourse, males			166.7%			79%	70% (1995)	85% (2006–08)	15	Not tested	21.4%	
g. Condom use (partner) and hormonal method at last intercourse, females			225.0%			11%	7% (1995)	16% (2006–08)	9	Yes	128.6%	
h. Condom use and hormonal method (partner) at last intercourse, males			525.0%			20%	16% (1995)	37% (2006–08)	21	Not tested	131.3%	
9-11.Reproductive health and disease prevention education among young adults 15–19 years												
a. Formal education on abstinence, females			50.0%			88%	86% (2002)	87% (2006–08)	1	No	1.2%	
b. Formal education on abstinence, males						85%	83% (2002)	81% (2006–08)	-2	No	-2.4%	
c. Formal education on birth control methods, females						73%	70% (2002)	69% (2006–08)	-1	No	-1.4%	
d. Formal education on birth control methods, males						70%	66% (2002)	62% (2006–08)	-4	No	-6.1%	
i. Informal education on abstinence, females			120.0%			62%	57% (2002)	63% (2006–08)	6	Yes	10.5%	
j. Informal education on abstinence, males						49%	45% (2002)	42% (2006–08)	-3	No	-6.7%	
k. Informal education on birth control methods, females			0.0%			57%	51% (2002)	51% (2006–08)	0	No	0.0%	
l. Informal education on birth control methods, males						38%	33% (2002)	31% (2006–08)	-2	No	-6.1%	
o. Informal education on sexually transmitted diseases, females			44.4%			60%	51% (2002)	55% (2006–08)	4	No	7.8%	
p. Informal education on sexually transmitted diseases, males						57%	52% (2002)	49% (2006–08)	-3	No	-5.8%	
9-12.Problems becoming pregnant and maintaining a pregnancy—Wives of married couples (15–44 years)			66.7%			10%	13% (1995)	11% (2006–08)	-2	Not tested	-15.4%	

Figure 9-1. Progress Toward Target Attainment for Focus Area 9: Family Planning (continued)

NOTES

See the [Reader's Guide](#) for more information on how to read this figure. See DATA2010 at <http://wonder.cdc.gov/data2010> for all HealthyPeople 2010 tracking data. Tracking data are not available for objectives 9-11e through h, 9-11m, 9-11n, and 9-13.

FOOTNOTES

¹ Movement away from target is not quantified using the percent of targeted change achieved. See [Technical Appendix](#) for more information.

$$^2 \text{ Percent of targeted change achieved} = \frac{\text{Final value} - \text{Baseline value}}{\text{Healthy People 2010 target} - \text{Baseline value}} \times 100.$$

³ Difference = Final value – Baseline value. Differences between percents (%) are measured in percentage points.

⁴ When estimates of variability are available, the statistical significance of the difference between the final value and the baseline value is assessed at the 0.05 level. See [Technical Appendix](#) for more information.

$$^5 \text{ Percent change} = \frac{\text{Final value} - \text{Baseline value}}{\text{Baseline value}} \times 100.$$

DATA SOURCES

- 9-1. National Survey of Family Growth (NSFG), CDC, NCHS; National Vital Statistics System—Natality (NVSS-N), CDC, NCHS; Abortion Provider Survey, Guttmacher Institute; Abortion Surveillance Data, CDC, NCCDPHP.
- 9-2–9-3. National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-4. National Survey of Family Growth (NSFG), CDC, NCHS; Abortion Patient Survey, Guttmacher Institute.
- 9-5. Guttmacher Institute.
- 9-6a–c. National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-7. National Survey of Family Growth (NSFG), CDC, NCHS; National Vital Statistics System—Natality (NVSS-N), CDC, NCHS; Abortion Provider Survey, Guttmacher Institute; Abortion Surveillance Data, CDC, NCCDPHP.
- 9-8a. National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-8b. National Survey of Adolescent Males (NSAM), Urban Institute; National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-9a. National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-9b. National Survey of Adolescent Males (NSAM), Urban Institute; National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-10a. National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-10b. National Survey of Adolescent Males (NSAM), Urban Institute; National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-10c. National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-10d. National Survey of Adolescent Males (NSAM), Urban Institute; National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-10e. National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-10f. National Survey of Adolescent Males (NSAM), Urban Institute; National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-10g. National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-10h. National Survey of Adolescent Males (NSAM), Urban Institute; National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-11a–d. National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-11i–l. National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-11o–p. National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-12. National Survey of Family Growth (NSFG), CDC, NCHS.

Figure 9-2. Health Disparities Table for Focus Area 9: Family Planning

Disparities from the best group rate for each characteristic at the most recent data point and changes in disparity from the baseline to the most recent data point.

Population-based objective	Race and Ethnicity							Summary index	Income			Summary index	Disability		
	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic		Poor	Near poor	Middle/high income		Persons with disabilities	Persons without disabilities	
9-1. Intended pregnancy (females 15–44 years) (1995, 2002) [†]						i	B ⁱ								
9-2. Births occurring within 24 months of a previous birth (females 15–44 years) (1995, 2006–08) ^{1‡}									←←←	←	B	←←			B
9-3. Contraceptive use—Females at risk of unintended pregnancy (15–44 years) (1995, 2006–08) ^{1*}											B				
9-4. Contraceptive failure within 12 months of continuous use—Females experiencing pregnancy (15–44 years) (1995, 2002) [†]					↑	↑	B	↑	↑	↑	B	↑	↑		
9-6a. Involvement in pregnancy prevention among unmarried males 15–24 years—Family planning clinic visit with female partner in last 12 months (2002, 2006–08) [*]					B					B ⁱⁱ				B	
b. Involvement in pregnancy prevention among unmarried males 15–24 years—Family planning clinic visit for himself in last 12 months (2002, 2006–08) [*]					B ⁱⁱ				B ⁱⁱ					B	iii
c. Involvement in pregnancy prevention among unmarried males 15–24 years—Advice/counseling from a doctor on birth control in last 12 months (2002, 2006–08) [*]						B					B ⁱⁱ				
9-7. Adolescent pregnancy (per 1,000 population, 15–17 years) (1996, 2005) [†]					↑↑	↑	B	↑							
9-8a. Abstinence before age 15—Females (15–19 years) (1995, 2006–08) ^{1‡}														iii	B
b. Abstinence before age 15—Males (15–19 years) (1995, 2006–08) ^{1,2‡}															
9-9a. Abstinence among adolescents 15–17 years—Females (1995, 2006–08) ^{1*}															
b. Abstinence among adolescents 15–17 years—Males (1995, 2006–08) ^{1,2‡}															
9-10a. Pregnancy prevention and STD protection in unmarried adolescents 15–17 years—Condom use (partner) at first intercourse, females (1995, 2006–08) ^{1*}															
b. Pregnancy prevention and STD protection in unmarried adolescents 15–17 years—Condom use at first intercourse, males (1995, 2006–08) ^{1,2‡}															
c. Pregnancy prevention and STD protection in unmarried adolescents 15–17 years—Condom use (partner) and hormonal method use at first intercourse, females (1995, 2006–08) ^{1*}							B ⁱⁱ				B ⁱⁱ				
d. Pregnancy prevention and STD protection in unmarried adolescents 15–17 years—Condom use and hormonal method (partner) at first intercourse, males (1995, 2006–08) ^{1,2‡}					↑		B ⁱⁱ	↑			B	v			

Figure 9-2. Health Disparities Table for Focus Area 9: Family Planning (continued)

Population-based objective	Race and Ethnicity							Income				Disability		
	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic	Summary index	Poor	Near poor	Middle/high income	Summary index	Persons with disabilities	Persons without disabilities
e. Pregnancy prevention and STD protection in unmarried adolescents 15–17 years—Condom use (partner) at last intercourse, females (1995, 2006–08) ^{1*}														
f. Pregnancy prevention and STD protection in unmarried adolescents 15–17 years—Condom use at last intercourse, males (1995, 2006–08) ^{1,2‡}														
g. Pregnancy prevention and STD protection in unmarried adolescents 15–17 years—Condom use (partner) and hormonal method at last intercourse, females (1995, 2006–08) ^{1*}														
h. Pregnancy prevention and STD protection in unmarried adolescents 15–17 years—Condom use and hormonal method (partner) at last intercourse, males (1995, 2006–08) ^{1,2‡}														
9-11a. Reproductive health and disease prevention education among young adults 15–19 years—Formal education on abstinence, females (2002, 2006–08) [*]														
b. Reproductive health and disease prevention education among young adults 15–19 years—Formal education on abstinence, males (2002, 2006–08) [*]														
c. Reproductive health and disease prevention education among young adults 15–19 years—Formal education on birth control methods, females (2002, 2006–08) [*]											B			B
d. Reproductive health and disease prevention education among young adults 15–19 years—Formal education on birth control methods, males (2002, 2006–08) [*]							B				B			B
9-11i. Reproductive health and disease prevention education among young adults 15–19 years—Informal education on abstinence, females (2002, 2006–08) [*]						b	B				B ⁱⁱ			
j. Reproductive health and disease prevention education among young adults 15–19 years—Informal education on abstinence, males (2002, 2006–08) [*]							B			B ⁱⁱ	B			
k. Reproductive health and disease prevention education among young adults 15–19 years—Informal education on birth control methods, females (2002, 2006–08) [*]							B				B			
l. Reproductive health and disease prevention education among young adults 15–19 years—Informal education on birth control methods, males (2002, 2006–08) [*]							B				B			
9-11o. Reproductive health and disease prevention education among young adults 15–19 years—Informal education on sexually transmitted diseases, females (2002, 2006–08) [*]					B ⁱⁱ	b					B ⁱⁱ			
p. Reproductive health and disease prevention education among young adults 15–19 years—Informal education on sexually transmitted diseases, males (2002, 2006–08) [*]					iv	B	iv	iv			B ⁱⁱ			
9-12. Problems becoming pregnant and maintaining a pregnancy—Wives of married couples (15–44 years) (1995, 2006–08) ^{1‡}														

NOTES

See DATA2010 at <http://wonder.cdc.gov/data2010> for all Healthy People 2010 tracking data. Disparity data are either unavailable or not applicable for objectives 9-5, 9-11e through h, 9-11m and n, and 9-13.

Figure 9-2. Health Disparities Table for Focus Area 9: Family Planning (continued)

Years in parentheses represent the baseline and most recent data years (if available).

Disparity from the best group rate is defined as the percent difference between the best group rate and each of the other group rates for a characteristic (e.g., race and ethnicity). The summary index is the average of these percent differences for a characteristic. Change in disparity is estimated by subtracting the disparity at baseline from the disparity at the most recent data point. Change in the summary index is estimated by subtracting the summary index at baseline from the summary index at the most recent data point. See [Technical Appendix](#) for more information.

LEGEND			
The “best” group rate at the most recent data point.		The group with the best rate for specified characteristic.	
		Most favorable group rate for specified characteristic, but reliability criterion not met.	
		Reliability criterion for best group rate not met, or data available for only one group.	
Percent difference from the best group rate			
Disparity from the best group rate at the most recent data point.		Less than 10%, or difference not statistically significant (when estimates of variability are available).	
		10%–49%	
		50%–99%	
		100% or more	
Changes in disparity over time are shown when: (a) disparities data are available at both baseline and most recent time points; (b) data are not for the group(s) indicated by “B” or “b” at either time point; and (c) the change is greater than or equal to 10 percentage points and statistically significant, or when the change is greater than or equal to 10 percentage points and estimates of variability were not available. See Technical Appendix .		Increase in disparity (percentage points)	
		10–49 points	
		50–99 points	
		100 points or more	
	Decrease in disparity (percentage points)		
		10–49 points	
		50–99 points	
		100 points or more	
Availability of Data			
		Data not available.	
		Characteristic not selected for this objective.	

FOOTNOTES

- * Measures of variability were available. Thus, the variability of best group rates was assessed, and statistical significance was tested. Disparities of 10% or more are displayed when the differences from the best group rate are statistically significant at the 0.05 level. Changes in disparities over time are indicated by arrows when the changes are greater than or equal to 10 percentage points and are statistically significant at the 0.05 level. See [Technical Appendix](#).
- † Measures of variability were not available. Thus, the variability of best group rates was not assessed, and statistical significance could not be tested. Nonetheless, disparities and changes in disparities over time are displayed according to their magnitude. See [Technical Appendix](#).
- ‡ Measures of variability were available only for the most recent data. Thus, the variability of best group rates was assessed only for the most recent data, and statistical significance was tested only for the most recent data. Disparities of 10% or more are displayed when the differences from the best group rate are statistically significant at the 0.05 level. Changes in disparities over time are displayed according to their magnitude, since measures of variability were not available at baseline and therefore statistical significance of changes in disparity could not be tested. See [Technical Appendix](#).
- ¹ Baseline data by disability status are for 2002. Measures of variability were available for disability, see footnote * above.
- ² Baseline data by income are for 2002. Measures of variability were available for income, see footnote * above.
- ⁱ Data include persons of Hispanic origin.
- ⁱⁱ The group with the best rate at the most recent data point is different from the group with the best rate at baseline. Both rates met the reliability criterion. See [Technical Appendix](#).
- ⁱⁱⁱ Reliability criterion for best group rate not met, or data available for only one group, at baseline. Change in disparity cannot be assessed. See [Technical Appendix](#).
- ^{iv} At baseline, persons reported only one race or reported more than one race and identified one primary race. Therefore, disparities at the most recent and the baseline data points may not be directly comparable.
- ^v Change in the summary index cannot be assessed. See [Technical Appendix](#).

DATA SOURCES

- 9-1. National Survey of Family Growth (NSFG), CDC, NCHS; National Vital Statistics System—Nativity (NVSS-N), CDC, NCHS; Abortion Provider Survey, Guttmacher Institute; Abortion Surveillance Data, CDC, NCCDPHP.
- 9-2–9-3. National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-4. National Survey of Family Growth (NSFG), CDC, NCHS; Abortion Patient Survey, Guttmacher Institute.
- 9-6a–c. National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-7. National Survey of Family Growth (NSFG), CDC, NCHS; National Vital Statistics System—Nativity (NVSS-N), CDC, NCHS; Abortion Provider Survey, Guttmacher Institute; Abortion Surveillance Data, CDC, NCCDPHP.
- 9-8a. National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-8b. National Survey of Adolescent Males (NSAM), Urban Institute; National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-9a. National Survey of Family Growth (NSFG), CDC, NCHS.

Figure 9-2. Health Disparities Table for Focus Area 9: Family Planning (continued)

- 9-9b. National Survey of Adolescent Males (NSAM), Urban Institute; National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-10a. National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-10b. National Survey of Adolescent Males (NSAM), Urban Institute; National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-10c. National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-10d. National Survey of Adolescent Males (NSAM), Urban Institute; National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-10e. National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-10f. National Survey of Adolescent Males (NSAM), Urban Institute; National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-10g. National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-10h. National Survey of Adolescent Males (NSAM), Urban Institute; National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-11a–d. National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-11i–l. National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-11o–p. National Survey of Family Growth (NSFG), CDC, NCHS.
- 9-12. National Survey of Family Growth (NSFG), CDC, NCHS.