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# Survey of Family Planning Services Provided to Teenagers in Five Public Health Projects

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TEENAGERS RECEIVE FAMILY planning services through programs of the Bureau of Community Health Services, Health Services Administration—one of the six agencies of the Public Health Service. The programs function under the authority of Title V of the Social Security Act and of Title X and Section 330 of the Public Health Service Act. Many of the teenagers are served by Bureau grantees that have been specifically designated as Family Planning Projects; others receive care through comprehensive ambulatory care clinics and centers.

To stimulate and monitor many types of services provided to a wide range of clients, Joseph Califano, former Secretary of the Department of Health, Education, and Welfare (HEW), directed the establishment

of the Major Initiative Tracking System, known acronymically as MITS. A number of data collecting and reporting mechanisms fed into the MITS process. Some data related specifically to family planning activities, while others (for example, the Bureau-wide Common Reporting Requirements) dealt with a broad range of programmatic and fiscal management matters.

In February 1979, Califano expressed considerable interest in counseling activities as well as other services provided to teenagers. Discussions within the Department about the possible variances of reporting—both over- and under-reporting—led to a review of the activities of selected projects in Region VI (Arkansas, Louisiana, New Mexico, Oklahoma, and Texas).

The purpose of the review was to ascertain the relationship of reported data to actual services delivered to teenagers of both sexes. In addition, the general MITS reporting mechanisms did not allow for determinations of specific procedures such as physical examination,

hemoglobin measurement, and nutritional guidance. The documenting of an “encounter,” however commendable, says little about the content of a patient’s visit to a clinic. It was the intent of the Region VI staff to gain more precise information about the actual services delivered to the patients at the clinics, and it was of particular interest to ascertain the types of professionals who provide the counseling services.

Although primary interest centered upon projects designed and funded specifically to offer family planning services, the staff believed that a comprehensive ambulatory care clinic providing the full range of primary care services should be included in the survey for purposes of comparison. All comprehensive clinics funded by various programs of the Bureau of Community Health Services are required to provide family planning services as an integral part of their health care plan, but family planning activities constitute only a portion of total clinic activities.

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## Method

Four family planning projects in two southwestern States were chosen to represent differing organizational structures and funding sources. Two-person teams from the HEW Regional Office appeared unannounced at selected sites. They used patient registers or logs to ascertain the last 100 patients-clients 13 through 19 years of age who were entered on clinic records in calendar year 1978. Medical records, as well as all encounter forms, for each of these patients were reviewed. A checklist survey form specifically designed for the purpose was completed at the time of the record review. Project staff were requested to be available to assist in interpretation of notes and in identification of persons whose service activities were noted in the records. If a medical record was unavailable, then the next (101st) patient record was pulled. The sample size was thus 400 teenage users of the selected family planning projects.

Using the survey checklist, the teams acquired information relating to user counts, patient visits, and specific services provided. This information was then related to the reported numbers of users of family planning services. Data on the precise services actually delivered were accumulated. Record reviewers counted patient visits, and they extracted from encounter forms the number of user-counts attributed to each patient. They indicated on the survey form if at least one recorded provision of each specific listed service had occurred in the 12 months preceding the case ascertainment visit. For counseling services, reviewers identified (with project staff aid) the specific discipline and level of training of individual providers.

A single comprehensive primary care clinic, also funded by the Bureau of Community Health Services, was similarly surveyed with the



same checklist. No change was made in methodology or content for the survey of this facility. The sample consisted of 100 teenagers who used the clinic in 1978. The method of sample selection did not predispose for or against family planning patients: reasons for attending the clinic were varied and random.

## Results

Inspection of the data (see table) suggests the patterns of family planning services rendered to teenagers by the family planning projects funded by the Bureau of Community Health Services.

One striking note was that, despite our bureaucratic efforts to ensure that projects make services available to males, no men appeared in the sample from the four family planning clinics. It is our impression, not based upon the survey, that family planning is largely perceived in our culture as the purview and

responsibility of women and that the interest of many men extends at best only to encouraging women to use family planning techniques and methods. Some young men may have a culture-based reluctance to ask for such help from a clinic: to seek counseling or technical aid is to admit lack of mastery or manliness. Finally, many staff members of most family planning clinics are women, and young men may find it difficult to communicate about intimate matters in such a setting.

In the important area of counseling, fully 98 percent of all patients of the 4 clinics had participated in one or more counseling sessions in the 12 months under review. For these family planning patients, 84 percent of the counseling was provided by nurses or nurse practitioners, 3 percent by physicians, 1 percent by social workers, and the remainder by specially trained family planning counselors. In one

Summary of services provided to teenagers by four family planning projects and one comprehensive primary ambulatory care clinic (in percentages)

Item	Family planning clinics (N = 400)	Comprehensive clinic (N = 100)
<b>Sex:</b>		
Females .....	100	66
Males .....	0	33
Average number of visits per year .....	2.1	5.2
Medical history taken .....	94	43
Blood pressure measured .....	100	98
<b>Full systems examination:</b>		
Females .....	88	71
Males .....	0	36
Gynecologic examination (females only) .....	96	74
Papanicolaou smear (females only) .....	94	59
Hemoglobin-hematocrit test .....	96	61
Pregnancy test (females only) .....	<sup>1</sup> 19	24
Nutrition, health education counseling .....	<sup>2</sup> 55	22
Family planning, counseling .....	98	18
<b>Family planning counselor:</b>		
Physician .....	3	94
Nurses, nurse practitioner .....	84	6
Social worker .....	1	...
Specially trained counselor .....	(3)	...

<sup>1</sup> 3 projects only.

<sup>2</sup> The range was 2-94 percent.

<sup>3</sup> At 2 family planning clinics special counselors provided 82 percent and 30 percent of the counseling.

Note: Family planning clients came for those specific services; comprehensive clinic patients had diverse complaints. A retrospective review of the charts was the source of these data.

project, however, the special counselors provided 82 percent of all counseling.

Of the medical services offered, 100 percent of the patients had had their blood pressure measured and a medical history was obtained from 94 percent. While 96 percent of clients received a special gynecologic examination, 88 percent received a full-systems physical examination. Papanicolaou smear services were provided to 94 percent of the 400 patients, but only 19 percent received 1 or more pregnancy tests. Hemoglobin or hematocrit determination, to check for anemia, was provided to 96 percent of patients. Nutrition counseling and health education was provided to 55 percent of all sample patients, but the projects exhibited a considerable range in this activity: one project gave nutrition counseling and health education to

only 2 percent of clients, while another project provided these services to 94 percent. In summary, a high proportion of the 400 patients of these family planning projects received rather comprehensive services.

In the smaller comprehensive ambulatory clinic sample, it should be noted that patients entered with diverse complaints, including lacerations, infections, and a variety of other disorders. The 100-patient sample of teenagers, selected in the same way as at the family planning clinics, turned out to be 66 percent female and 33 percent male. The average number of clinic visits per year was more than double the rate for the family planning clinics.

Only 18 percent of primary care patients were recorded as having received family planning counseling. All were females, probably for the same cultural reasons men-

tioned previously. Even if most comprehensive clinic patients were probably not primarily motivated to come to the clinic because they wanted family planning counseling, it is disconcerting to note the relatively small proportion of patients who received such services within the context of comprehensive primary care. It should also be mentioned that in the comprehensive clinic sample 94 percent of counseling was done by physicians.

## Discussion

From this limited survey, it can be concluded that in family planning projects a remarkably high proportion of teenage patients receive comprehensive services, including medical history, blood pressure measurement, full systems physical examination, gynecologic examination, Papanicolaou smear, a test for anemia, and family planning counseling. The major opportunity for potential improvements in family planning projects would seem to lie in efforts at nutrition counseling and health education. Increased effort to provide services to males should be considered.

Given the current high interest in the problems associated with teenage pregnancy, it would seem appropriate to urge the staffs of comprehensive primary care clinics to strive for the full range of family planning services for increased numbers of teenage patients. Active outreach programs and counseling on the occasion of each client visit, regardless of the reason for the visit, may help to attain this goal. The use of physicians to provide family planning counseling to comprehensive clinic patients should be reconsidered: the very existence of more specialized counselors or specifically designated nurses on the premises may draw attention to the availability of this service.