



Couple-Focused Services in Publicly Funded Family Planning Clinics: Identifying the Need, 2009

Mia R. Zolna, Laura D. Lindberg and Jennifer J. Frost

HIGHLIGHTS

- Three complementary surveys were conducted in 2009 to assess interest in and provision of couple-focused family planning services in Title X clinics. Data were collected from a nationally representative sample of adult female clients of Title X-funded clinics; a sample of their male partners; and clinic administrators.
- Nearly two-thirds of the women receiving family planning services from Title X-funded clinics reported interest in attending couple-focused counseling or classes with their partner.
- Women were most interested in “planning when to have a baby;” but clinics were more apt to cover “choosing and using birth control” and “talking with a partner about birth control.”
- Among women in relationships, nine in 10 said their partner knew about their clinic visit; seven in 10 said their partner would accompany them if asked and another quarter said their partner would do so “if he had time.”
- Two-thirds of women in relationships said they would like their partner to see a clinician at their clinic by himself. About half said they would like their partner to come to the clinic to talk to their clinician with them, but only one in four reported that their current partner had ever done so.
- Clinic staff underestimated women’s interest in couple-focused services: Fewer than 50% of clinic administrators thought that women were interested in partner or couples’ services; however, 65% of all women reported interest in these services.
- Although two-thirds of clinics offered couple-focused counseling, fewer than 40% actively recruited partners and only about one in 10 offered couple-focused classes or workshops.
- Financial limits were the greatest barrier for clinics wanting to start or expand couple-focused services; eight in 10 clinic administrators reported that funding was inadequate, and half reported a shortage of staff trained to provide such services.
- Given financial constraints, family planning providers seeking to expand couple-focused care may want to consider allowing and encouraging more partners to attend contraceptive counseling sessions, or ensuring that partners in the waiting room receive educational materials; both are strategies that could be incorporated without significant new resources.



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Introduction

Background and significance

The United States has one of the highest rates of unintended pregnancy among developed nations: Approximately half of all pregnancies are unintended.¹ More than nine in 10 unintended pregnancies occur to sexually active women who either use no contraceptive method (52%) or who use a method inconsistently or incorrectly (43%).² Because unplanned pregnancies often lead to abortion or negative health and social outcomes for both the mother and child,^{3,4} reducing unintended pregnancy through improved contraceptive use is one of our most important national reproductive health goals.⁵

Poor women, young women and women of color often have the greatest difficulties using contraceptives effectively and avoiding unintended pregnancy. Therefore, publicly funded family planning clinics* are a critical resource in the effort to improve contraceptive use and reduce unintended pregnancy. Each year, approximately 25% of all women aged 15–44 who receive contraceptive services obtain them from publicly funded family planning clinics.⁶ In 2008, an estimated 7.1 million women received contraceptive services at publicly funded clinics; two-thirds (4.7 million) were served at sites supported by the federal Title X program.⁷ Title X is the only federal program dedicated solely to the provision of family planning care for low-income Americans. It provides funding to more than 4,000 clinics nationwide and sets the standard of care for the provision of family planning services at these sites. Finding new and innovative ways to assist women who depend on the publicly funded clinic network to use contraceptives more effectively and to plan their pregnancies more successfully could significantly decrease national rates of unintended pregnancy.

The challenge, then, is twofold: first, to improve overall

levels of contraceptive use, and second, to improve the consistency with which women use contraceptives, thereby reducing their risk of experiencing unintended pregnancy. During the past decade, publicly funded family planning providers have worked to address both of these goals, yet much work remains.

New strategies are needed for combating high rates of unintended pregnancy. One promising approach entails incorporating a couple-focused perspective into family planning service delivery, with the goal of helping women and couples use contraceptives more successfully.^{8–10} This approach differs from the more conventional “male involvement” interventions,^{11–14} by offering women and their partners family planning education and counseling services to facilitate their joint contraceptive decision making, enhance their efforts to prevent unintended pregnancy and assist them in developing shared childbearing goals.

Why have couple-focused family planning services been promoted as a strategy for reducing rates of unintended pregnancy? This service delivery approach builds on research examining the importance of partner involvement in contraceptive use, as measured by proxies such as union status,^{1,15,16} partner communication^{17–19} and joint decision making.^{20–22} Indirect evidence suggests that enhancing partner involvement in contraceptive decision making could result in more effective contraceptive use. For example, union type, which may be a partial proxy for level of partner involvement, is associated with contraceptive failure rates,¹⁵ unintended pregnancy rates¹ and other aspects of sexual and contraceptive behaviors.¹⁶ Other indirect evidence suggests that partner communication may influence method choice and frequency of use and contribute to contraceptive success by improving overall use and consistency among women already practicing contraception.^{23–25}

Evidence suggests that involving men in family planning decisions influences the type and consistency of contraceptive use. Men’s belief about their relative responsibility for contraception influences use, even use of female methods.²³ Couples in which the males worried about their female partner’s feelings about a method and its health risks were significantly more likely than others to use both male and female contraceptive methods.²⁵

*A “publicly funded family planning clinic” offers contraceptive services to the general public and uses public funds, including Medicaid, to provide free or reduced-fee services to at least some clients. Such a site may be operated by a diverse range of provider agencies, including public health departments, Planned Parenthood affiliates, hospitals, community health centers and other independent organizations. This report refers to these sites as “clinics,” whereas other Guttmacher Institute reports may use the synonymous term “center.”

Additionally, male partner support helps women use both male- and female-controlled methods.²⁶ Not involving men also has been shown to influence use; in a study of women requesting the pill at an urban family planning clinic, discontinuation rates were significantly higher among those whose partner was unaware of their planned pill use than among those whose partner was aware.²⁷ Finally, some studies have found that men's attitudes and characteristics are important predictors of couples' contraceptive use, independent of women's own direct influences.^{25,28,29} Overall, this body of indirect evidence argues that male partners contribute to contraceptive success and suggests that couple-focused strategies are a promising approach.

Very little is known about the extent to which clinics are already providing contraceptive counseling and information to both members of a couple, or the extent to which they want and are able to provide these services.⁹ Also, little is known about the potential demand for and interest in such services among clinic clients, or how this varies across subpopulations of women.

To address these gaps, we present results from a multicomponent research project investigating the potential for incorporating couple-focused services. Program planners, policymakers and clinic staff need this information to inform decisions about whether to implement or expand couple-focused services and, if so, whom such services should target.

Description of the research

Our study was designed to represent the dual but complementary perspectives of providers at Title X-funded family planning clinics and their adult clients. Both of these perspectives are essential to understanding and measuring the potential demand for and capacity to develop, implement and evaluate couple-focused services within these clinics. We collected information on two core sets of topics from the perspectives of both women and clinics: (a) interest in couple-focused services, both current and potential; and (b) factors that are likely to be strongly associated with interest in and capacity to provide these services.

Results from a nationally representative client survey (N=2,113) broadly portrayed the extent to which female clinic clients expressed a desire for programs that cater to couples. To identify women who were most receptive to couple-focused programs, we examined variation in interest and demand for such services according to types of partnerships and demographic, social and economic characteristics. This survey of women was designed to address key questions about couple-focused family planning services.

- What is the general level of interest in couple-focused family planning services and which counseling or workshop topics do women most want provided in a couples' setting?
- What subgroups of women are most interested in family planning strategies that focus on couples?
- What are current levels of partner involvement in contraceptive use and the contraceptive service delivery system?
- How are partnership characteristics associated with current partner involvement in contraceptive use and in obtaining services?
- To what extent is current partner involvement associated with women's interest in couple-focused services?

Results from a complementary survey of male partners of clients (N=181) provided some exploratory information about men's interest in couple-focused services.

Finally, results from a separate survey of Title X clinic administrators (N=68) gave an overview of provider interest and experience with couple-focused programs. Specifically, the survey was designed to assess what couple-focused counseling or service strategies clinics have already adopted, as well as clinics' perceived need for and barriers to implementing such services. We present these data as a snapshot of viewpoints among a range of clinics.

Key questions we address in the survey of clinics include:

- What types of couple-focused services are currently offered?
- How do clinics facilitate or limit partner involvement? Do clinics encourage (or prohibit) male partners to accompany female clients? Do clinics provide direct services for men? What strategies do clinics use to recruit male clients?
- What do clinic administrators perceive as the need or desire for couple-focused services among their clients?
- What do clinics perceive as the obstacles to providing couple-focused services (i.e., lack of interest on the part of clients or staff, lack of funding and space or lack of trained staff)?

Methodology

Sample

In order to collect data from clients at family planning clinics, we first identified a nationally representative sample of clinics and requested that each participating clinic distribute surveys to its eligible clients during a one- or two-week period. In April 2009, we selected our initial sample of 80 Title X clinics from a database of all known publicly funded family planning clinics in the United States, which includes both Title X and non-Title X facilities. The Guttmacher Institute maintains and periodically updates this database, using several clinic directories, as well as information gathered from Title X grantees and other key sources, confirming clinic names, addresses, receipt of public funding and provision of contraceptive services.³⁰

The sample universe was restricted to U.S. (excluding U.S. territories) facilities that received Title X funding at the time the sample was drawn and that served 200 or more contraceptive clients in 2006. Three variables were used in the sample design: female adult client caseload (200–1099, 1100–2099, 2100–3799 and ≥ 3800), facility type (health department, Planned Parenthood, other) and region in which the facility was located (Northeast, Midwest, South, West). The initial sample was stratified only by caseload: An equal number of clinics (20) was selected from each of the four caseload strata. If a facility declined to participate, was ineligible or failed to meet the minimum required response rate, then we replaced it with a facility from the same caseload stratum, of the same type and from the same region.

Between May and November 2009, 140 clinics were invited to participate in the study (including the initial sample and replacement clinics for sites that refused or were ineligible). Of these, 42 declined to participate, 32 agreed to participate but failed to obtain usable surveys from at least 40% of their eligible clients, and 21 were ineligible because of inadequate caseload size or because the facility was no longer a Title X recipient.

In all, 45 facilities agreed to participate. Participating clinics were fairly evenly divided by patient load and included 19 health departments, 14 Planned Parenthood clinics and 12 other types of clinics. Eight clinics are located in the Northeast, six are in the Midwest, 12 are in

the West and 19 are in the South. Compared with clinics that refused to participate, participating clinics had a slightly larger female family planning client caseload and were more likely to provide family planning services to male clients.*

Response

All survey instruments were pretested, and all were approved by the Institutional Review Board (IRB) of the Guttmacher Institute. See the Appendices (pg. 59) to view a copy of the surveys. The Appendix Tables (pg. 33-58) provide detailed survey results.

Female client survey: Data were collected in a four-page, self-administered questionnaire. Participating clinics reported that they served a total of 3,538 eligible clients during the survey period; we obtained usable data from 2,113 clients, for a response rate of 60% among eligible clients.

Male partner survey: We also asked clinic administrators to distribute a two-page partner survey to participating female clients who were in a relationship with a male partner. Of these 1,764 women, 170 (10%) had a partner who completed the survey. These women were more likely to be married or cohabiting, non-Hispanic white and slightly younger than the overall group of responding clients in a sexual relationship. Eleven additional surveys from males whose female counterpart was excluded from the client analysis because her survey was ineligible were also analyzed, resulting in a total of 181 male surveys.

Clinic survey: In addition to collecting surveys from clients and their male partners, clinic administrators were asked to complete a six-page questionnaire. Those that declined to participate in the client survey, or that failed to return surveys for at least 40% of eligible clients, were still asked to complete the clinic survey. Overall, 68 clinics completed this survey; of these, 45 successfully collected surveys from clients.

*Based on responses to a single item asked of nonrespondents.

Fieldwork protocols

Female client survey: We instructed clinic staff to distribute the questionnaire to all patients aged 18–49 seeking reproductive family planning services during the survey fielding period. Questionnaires were distributed and completed onsite and included a statement of informed consent stating that participation was voluntary and did not influence services clients would receive. Anonymity and confidentiality were ensured by requesting that clients return their questionnaires to clinic staff in a sealed envelope that researchers provided to the clinic.

Surveys were available in both English and Spanish. We provided both versions to address administrators' anticipated needs, according to their client population. While some clinics gave clients a choice of which survey to complete, other clinics distributed surveys based on clients' primary spoken language. However, not all women who self-identified as Hispanic or who said Spanish was their primary language took the Spanish language survey.

The survey consisted of mostly closed-ended questions, which addressed clients' demographic characteristics, childbearing and family planning history, as well as experience with and interest in several types of couple-focused family planning services. The survey also measured characteristics of the client's current main partner and relationship dynamics, including partner involvement in past clinic visits and contraceptive decision making.

Male partner survey: Clients were expected to ask the partner who accompanied them to their visit to either complete the survey at the clinic and return it to clinic staff in a furnished sealed envelope, or to take the survey home and mail it back later. Clients whose partner did not accompany them to their visit were given a partner survey and asked to give it to their partner to complete and return in a provided pre-addressed and stamped envelope. Participation was voluntary and responses were anonymous and kept confidential. English and Spanish language surveys were available.

A total of 109 partners completed and returned the survey at the clinic and 72 returned it by mail. The low partner response rate (10%) was not unexpected; few males waited at the clinic with their female partner. Moreover, not all clients were interested in asking their partner to participate in a study on family planning services, particularly if their partner was not very involved in contraceptive decision making or in their clinic visits.

Clinic survey: The questionnaire was to be completed by the family planning director of each clinic but was often filled out by a clinic administrator or patient care coordina-

tor. The questionnaire asked for basic information about the clinic: the number of female contraceptive clients served in the last year, the number of male clients served, the types of services and policies the clinic has adopted to address the needs of male partners and couples and the types of family planning services it offers. The survey also addressed factors that influence a clinic's ability to offer couple-focused care. Most survey items were closed-ended.

Key measures

We explored several key client demographic variables that we hypothesized were strongly associated with interest in family planning based on prior research. Our results focus on four main social and partnership factors:

Relationship status

The type of partnership is often associated with the type of contraceptive method a woman or couple chooses,^{16,31} as well as with contraceptive failure¹⁵ and unintended pregnancy.¹ Therefore, it may be a partial proxy for the level of partner involvement. It also may be associated with women's interest in and ability to include a partner when seeking family planning services.

Age

Younger and older women may have different preferences for and experiences utilizing family planning services independently or with a partner.

Race and ethnicity

We assessed variation in interest and experience with couples' services and partner involvement according to clients' race (i.e. non-Hispanic white, non-Hispanic black and non-Hispanic other), ethnicity and level of acculturation. As a proxy for the latter, we used respondents' language preference, coding separately Hispanic respondents who chose to take the English survey and those who chose to take the Spanish survey.

Potential vulnerabilities

One of the concerns about expanding couple-focused services is the potential for harm to women in vulnerable situations, such as abusive relationships.^{10,32-34} At the same time, these women could desire couple-focused services to help them develop skills for negotiating family planning issues with their partner. Little is known about women's vulnerability³⁵ and whether it influences their desire for or experience of partner involvement in contraceptive decision making. Research suggests that women utilizing sexual health services and seeking care in gynecologic

and adolescent clinics report rates of intimate partner violence that are about twice as high as population-based estimates.^{10,32,33}

We examined three measures that may represent potential vulnerabilities:

- *Satisfaction in her current relationship:* Clients were asked, “How satisfied are you with the relationship that you have with your main partner?” Responses ranged from one (very unsatisfied) to five (very satisfied). Women who reported a four or five were grouped together and considered to be satisfied with their relationship, and women who reported a one, two or three were grouped together and considered to be dissatisfied or neutral.
- *Physical or sexual abuse:* Women were asked if they had “ever been hit, kicked, slapped, choked or otherwise made to feel afraid” by a current or past partner. An additional question asked women if they had “ever been forced to have sex when [they] did not want to?” Response options were dichotomous. A yes to either question indicated that the client had been abused by a partner.
- *Current partner had sex with someone else:* Women who have a nonmonogamous partner or are unsure if their partner has other sexual partners may face an increased risk for exposure to sexually transmitted infections. These couples may be good candidates for services focused on joint decision making.²⁰ To identify clients at higher risk, women were asked, “Since you first had sex with your main partner, do you think your partner has had sex with someone else?” Yes and don’t know responses were combined and represent those at higher risk.

We also examined the extent to which clients in each of the demographic groups listed above reported partner interference with contraceptive use. Partner interference may include a range of behaviors, from birth control sabotage to verbal pressure not to use a particular method or any method. We based this measure on women’s responses to the statement “He tries to interfere with my birth control use,” referring to their main male partner. Responses ranged from one (strongly disagree) to five (strongly agree) on a five-point Likert scale and were condensed into a dichotomous variable: Women who reported a four or five were grouped together and considered to have a partner who interfered with their contraceptive use, and women

who reported a one, two or three were grouped together and considered to have a noninterfering partner.

Because we were interested in partner interference in women’s use of birth control, we limited our analysis of this measure to women in a relationship using a female-based contraceptive method (i.e., birth control pill, patch, ring, Depo Provera or natural family planning).

Statistical analyses

Analyses were performed using Stata statistical software.³⁶ All client-level analyses were weighted to represent the universe of women obtaining services from Title X-funded family planning clinics that serve 200 or more adult patients annually. We used the `svy` series of commands to account for the stratified and clustered survey design. Because of the relatively small number of responding clinics, we did not attempt to weight the clinic-level data to be representative of all publicly funded clinics. We used the standard methodological convention of reporting statistically significant differences as measured by student t tests at $p < 0.05$, as well as those significant at $p < 0.01$. Missing data accounted for roughly 5% of client responses to the key survey items.

Client Survey Results

Characteristics of survey population

In this section, we provide descriptive information about the female respondents to our survey, examining the reason for their clinic visit, as well as key demographic characteristics (i.e., relationship status, age, race and ethnicity). Additionally, we examine the extent to which these family planning clients face potential vulnerabilities that might be relevant to the provision of couple-focused services.

In later sections of this report, we consider the extent to which each of these factors relates to clients' experiences with couple-focused services, and their level of and interest in partner involvement in family planning. Additional descriptive information about clients is available in Appendix Table 1 (pg. 33).

Key findings

Reason for current clinic visit

- Almost half of the female clients surveyed were at the clinic for a birth control-related visit, including obtaining a new contraceptive method (Table 1, pg. 22).
- Forty percent of clients were at the clinic to obtain general gynecological care.
- Fourteen percent of women visited the clinic for a pregnancy test and 11% for STD-related services.

Relationship status

- Nearly half of the women surveyed were either married or cohabiting.
- An additional 28% of women described themselves as being in a steady relationship but were not cohabiting.
- One in 10 women reported being in a casual relationship or having multiple partners.
- Sixteen percent of clients reported that they did not have a male sexual partner at the time of their clinic visit. Even so, nearly half of these women reported being at the clinic for a birth control-related reason (not shown).

Age

- The female respondents surveyed were aged 18–49, spanning the reproductive age range.*
- The majority of women were in their 20s.
- Women 35 or older accounted for 12% of clients.

Race and ethnicity

- Slightly more than half of the family planning clients surveyed self-identified as non-Hispanic white women; minority women comprised the remainder of the survey population.
- One-quarter of respondents were Hispanic; about half chose to take the survey in Spanish and half chose to take it in English.

Potential vulnerabilities

- Overall, 29% of female family planning clients reported ever having been physically or sexually abused by a partner. Few clients reported physical abuse by a current partner. (Sexual abuse by a current partner was not measured).
- Among women with a current partner, about one in five reported being dissatisfied with or neutral about their relationship.
- Fourteen percent of women reported that their partner had sex with someone else since their relationship began.

The distribution of women by relationship status, age, and race and ethnicity is very similar to the distribution reported in the most recent Family Planning Annual Report,³⁰ which identifies the national population of women receiving publicly funded services in 2008.

Women's interest in couple-focused services

In this section, we examine female clients' interest in specific types of couple-focused services and identify which subpopulations of women are most interested in these services.

Women were asked to indicate their interest in individual or couple-focused counseling for each of the following three topics:

*Clients younger than 18 were excluded from the survey design.

- 1) choosing and using birth control;
- 2) talking with a partner about birth control; and
- 3) planning when to have a baby.

The purpose of these three distinct measures was to distinguish between services that focused on contraceptive technology, partner communication about contraception, and the timing and decision making that are associated with achieving desired fertility.

In addition, women were asked a parallel set of three questions about their interest in attending individual or couple-focused classes on the same topics.

Key findings

Across nearly all individual and couple-level characteristics examined, the majority of women reported interest in couple-focused services on at least one topic (Table 2, pg. 23 and Figure 1, pg. 10).

Overall, clients slightly favored couple-focused counseling (63%, Figure 1) over couple-focused classes (57%). When considering each topic separately, the level of interest in couple-focused counseling is very similar to the level of interest in couple-focused classes. Accordingly, we have combined the results and report interest in couple-focused services for either counseling or classes.

The combined results show that about two-thirds of female clients reported interest in either counseling or attending a class with a partner on at least one of the specified topics. The majority of women (58%) expressed interest in couple-focused services addressing planning when to have a baby. Additionally, nearly half of women reported interest in couples' services addressing talking with a partner about birth control, and four in 10 would like such services to address choosing and using birth control.

Relationship status

- More than two in three women who were married, cohabiting or in a steady relationship were interested in at least one couple-focused service.
- Women with no current partner were the least likely to express interest in couple-focused services. Still, 50% were interested in services on at least one topic.

Age

- Women 35 and older were the least likely to report interest in any couple-focused services (46%). Compared with younger women, this age-group was significantly less likely to be interested in couples' services dedicated to planning when to have a baby; this likely reflects their greater parity.*

Race and ethnicity

- Overall interest in couple-focused services did not differ significantly among non-Hispanic women of different races.
- Hispanic women who took the English survey reported interest levels similar to those of the non-Hispanic groups.
- Hispanic women who took the Spanish language survey were significantly more likely than other women to express interest in couples' services for birth control.

Potential vulnerabilities

Although women who were potentially more vulnerable expressed relatively less interest in receiving couple-focused services, the majority were interested in such services.

- Women's report of abuse (physical or sexual) was not associated with their interest in couples' services overall or by topic.
- Women who were dissatisfied with their current relationship were significantly less interested in couple-focused services than women who reported satisfaction with their relationship.
- Women who said their partner had sex with someone else, or who were unsure if their partner had sex with someone else, were significantly less interested in couple-focused services than women who believed that their partner did not have sex with anyone else.

Desired and actual partner involvement with medical staff at clinic

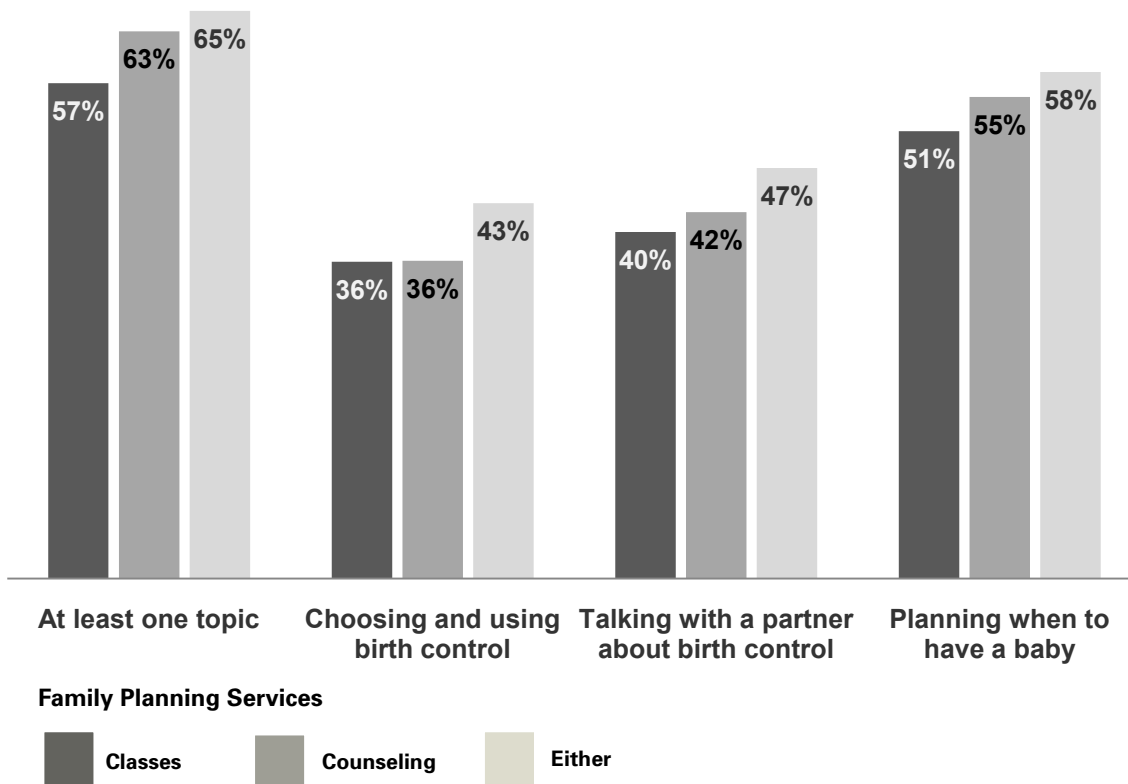
We asked women if they were interested in having their male partner involved with the medical staff at the clinic, either alone or with them. Women with partners were asked: "Would you like it if a partner could see a doctor or nurse at this clinic on their own?" and "Would you want your main partner to come to the clinic to talk to your doctor or nurse with you?" To identify whether or not there is a gap between women's desire for partner involvement and actual partner involvement, we also asked women if their current partner had ever talked with their clinician at the clinic.

Key findings

Overall, women in a relationship expressed high levels of interest in having their partner involved with the medical staff at the clinic (Table 3, pg. 24). However, a larger

*Seventy-eight percent of women aged 35 or older had at least one birth, compared with 41% of women aged 18–34.

FIGURE 1. Percentage of female clients reporting interest in classes, counseling or either type of family planning service for couples overall and by topic, 2009.



Source: 2009 Survey of Partner and Couple Services—Women

proportion of women wanted their main partner to see a clinician at the same clinic on his own than to talk to their clinician with them. Additionally, we found a substantial gap between desired and actual partner involvement; twice the proportion of women wanted their partner to speak with their clinician (48%) than reported that their current partner had ever actually done so (24%).

Relationship status

- Regardless of relationship status, about two-thirds of women wanted their partner to talk to a clinician by himself.
- Compared with married women, women in steady or casual relationships were significantly less likely to want their partner to talk to their clinician with them.
- Unmarried women reported substantial gaps between their desired and actual partner involvement with medical staff.

Age

- There were no significant differences by age in the share of women wanting their partner to talk to a

clinician, either by himself or with them.

- However, there was a larger gap between desired and actual partner involvement among younger women.

Race and ethnicity

- Minority women were significantly more likely than white women to want a partner to talk to a clinician with them, (except for Hispanic women who took the English survey) or to see a clinician by himself.
- Women who took the Spanish language survey were very likely to want their partner to talk with a clinician by himself or with them, and they were significantly more likely than all other women to report that their partner had previously talked with their clinician.

Potential vulnerabilities

- Women who reported being dissatisfied with their current relationship were less likely than others to want their partner to talk to their clinician with them, and less likely to report that this had ever occurred.

- Women who had experienced abuse or who had a nonmonogamous partner did not differ from other women in their interest in involving their partner with the medical staff.

Partner’s knowledge of and involvement in client’s clinic visit

In this section, we examine how and how extensively women’s current partners were involved in the women’s use of contraceptive services. (Table 4, pg. 25). We asked women about their partner’s involvement in the current clinic visit. Here, partner involvement referred narrowly to attending the visit (i.e., being at the clinic) or having had knowledge about the specific clinic visit. Attending the clinic visit did not necessarily (or even likely) mean accompanying a woman into the exam room or interacting with a clinician. To explore this issue, we investigated whether the partner had ever gone into the exam room at the clinic with the female client.

All of the following measures focus on women with a current partner and exclude the 16% who did not have a current partner.

Key findings

- Among all women with a current partner, about one in five reported being accompanied by their partner to the current clinic visit.*
- An additional 72% reported that although their partner did not come to the clinic, he knew about the visit. Women were evenly divided between those whose partner knew the reason for their visit and those who did not (not shown).
- The remaining 9% of female clients reported that their partner did not know they were at the clinic.
- Among all women in a relationship, one in four reported that their current partner had ever accompanied them in the exam room during a clinic visit.

Relationship status

Women with casual or multiple partners were significantly less likely than women in other types of relationships to report partner involvement in the clinic visit.

- Only 8% reported that their partner attended the current clinic visit.
- About 40% reported that their partner did not know about their visit.
- Unmarried women were significantly less likely than married women to report that their current partner had ever gone into the exam room with them.

Age

Although there were few significant differences by age, we note some interesting findings.

- The likelihood of a partner attending the visit was slightly higher for the youngest clients (aged 18–19) and slightly lower for the oldest women.
- In contrast, the likelihood of a partner knowing about the visit was slightly lower for women aged 18–19.
- Young women aged 18–19 were significantly less likely to have a partner who has ever gone into the exam room with them.

Race and ethnicity

- Only about one in 10 partners of non-Hispanic black women came with the client to the current clinic visit, which is a significantly smaller proportion compared with other racial/ethnic groups.
- Non-Hispanic women who reported belonging to other racial/ethnic groups were most likely to report that their partner did not know about their clinic visit.
- There was no difference among Hispanic women who took the survey in Spanish and those who took the English version in the share whose partner came to the current visit; however, women who took the survey in Spanish were more likely than those who took the English version to report that their partner had ever accompanied them to the exam room during a clinic visit. This might suggest a need for assistance with translation or other language issues for the latter group of Hispanic women.

Potential vulnerabilities

- Women who were dissatisfied with their current relationship were less likely than those who were satisfied to report that their partner accompanied them to the clinic during the current visit or in the past, and were more likely to report that their partner did not know about the clinic visit.
- Women who thought that their current partner may have had sex with someone else reported less partner involvement in the current family planning visit than those who thought otherwise. They also were more likely to have a partner who did not know about the current clinic visit.
- Partner involvement in current or past clinic visits did not vary significantly by women’s history of abuse.

*When we consider the 16% of women without a current partner, involvement is reduced slightly. Among all women—including those without a partner—the percentage that had a partner attend the current visit dropped from 19% to 14%.

Most women (69%) believed that their partner would accompany them to a clinic visit if they asked. Twenty-four percent said he would “come if he had time.” The remaining 7% said their partner would not accompany them to the clinic, even if asked (Figure 2).

Partner’s involvement in contraceptive use

Thus far, we have described men’s involvement in clinic visits. Next, we will examine the extent to which male partners are actively involved in women’s contraceptive use. We asked women if their current partner was involved in any of the following: using a male-centered method of contraception—condoms or withdrawal; reminding them to use a female-centered contraceptive method (i.e., the birth control pill, patch, ring, hormonal shot or natural family planning); or helping them pay for contraceptives or a clinic visit. We also asked women if their current partner tries to interfere with her use of a female-centered method. Finally, we asked women directly if they would like their partner to be more involved in using birth control.

Key findings

Half of women used a male-centered method, such as a condom, at last sex (Table 5, pg. 26). Among women using a female-centered method, 64% said their partner had reminded them to use birth control; about a third said their partner helped pay for birth control or their clinic visit. Nearly one in 10 women using a female method reported that their partner tried to interfere with their use of birth control. Finally, one-quarter of women reported wanting their partner to be more involved in using birth control.

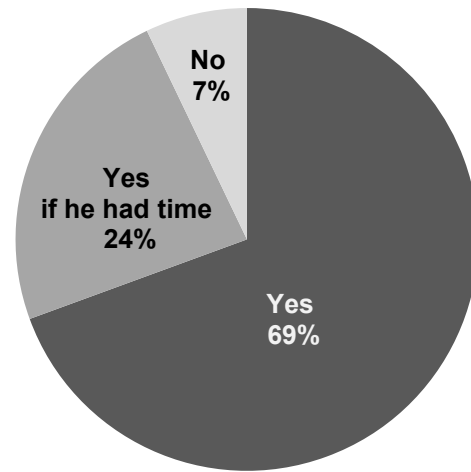
Relationship status

- Women in a steady, casual or multiple partner relationship reported greater use of a male-centered method at last sex, compared with married and cohabiting women.
- Nearly three out of four partners of married and cohabiting women reminded clients to use their contraceptive method; only 25% in a casual or multiple partner relationship did so.
- Married women were significantly more likely than others to report that their husbands helped pay for contraceptives (which might indicate joint financial resources).

Age

- Reliance on a male-centered contraceptive method was less common for older than younger age-groups.

FIGURE 2. Percentage of female clients in a sexual relationship reporting that their partner would come to the clinic if they asked him to come, 2009.



Source: 2009 Survey of Partner and Couple Services—Women

- A partner’s financial support for contraceptives was more common for older than younger women.

Race and ethnicity

- Women who identified as non-Hispanic black or as members of another non-Hispanic group reported the greatest reliance on a male-centered method at last sex.
- Partners of Hispanic women who took the Spanish survey were more involved in encouraging contraceptive use and providing financial support for contraceptives than partners of those who took the English survey.
 - More than three-quarters of Hispanic women who took the Spanish survey had a partner remind them to use a contraceptive.
 - These women were at least twice as likely as other women to have a partner who helped pay for birth control or a clinic visit.
 - Hispanic women who took the Spanish survey were about five times as likely as all other women to report partner interference with contraceptive use. However, this group of women was also the most likely to want their partner to be more involved in using birth control.

Potential vulnerabilities

- Compared with women who were dissatisfied in their relationship, satisfied women reported that their partner was significantly more likely to remind them to use birth control and that he was more likely to share the financial responsibility of purchasing a method.
- Sexual abuse was not significantly associated with any of these measures of current partner involvement.
- Women with nonmonogamous partners were more likely than others to report use of a male-centered contraceptive method and attempted interference with their method use. Additionally, their partners were less likely than others to remind women to use contraceptives. These women were almost twice as likely as others to want their partner to be more involved in using birth control.

Women’s attitudes about men’s role in contraceptive use

Women’s attitudes about men’s role in contraceptive use may encourage participation in couple-focused services or act as barriers. We asked women to respond to three survey items to assess their attitudes in this area.

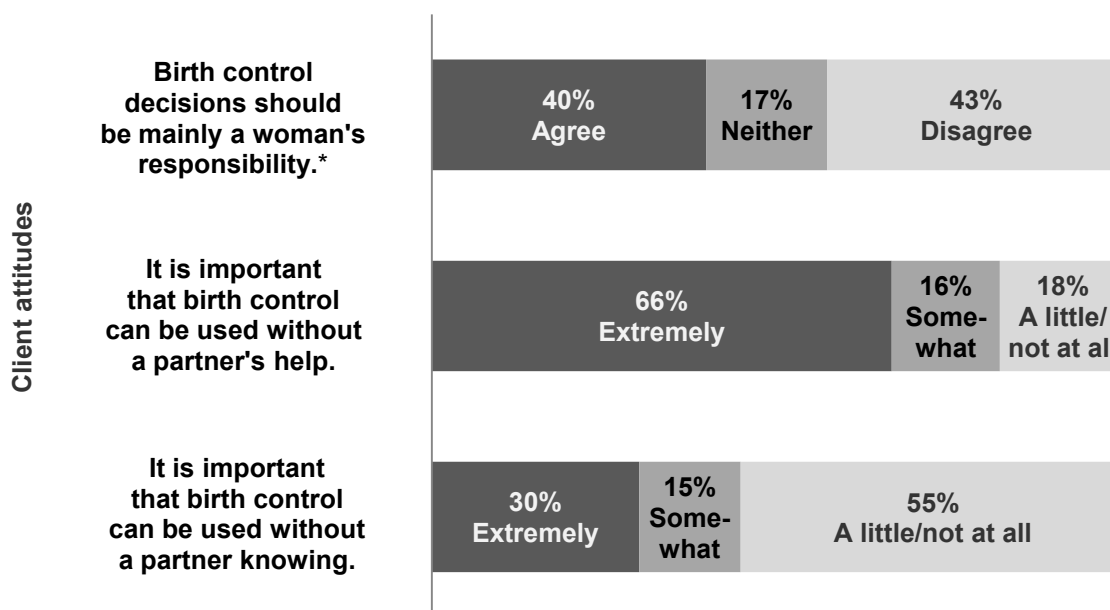
- I think that it should be mainly a woman’s responsibility to make decisions about birth control. *(Five response options ranged from “disagree strongly” to “agree strongly.”)*
- How important is it to you that your birth control method can be used without a partner’s help? *(Four response options ranged from “extremely important” to “not at all important.”)*
- How important is it to you that your birth control method can be used without a partner knowing? *(Four response options ranged from “extremely important” to “not at all important.”)*

Key findings

Women in a relationship were almost evenly split between agreeing and disagreeing that birth control should be mainly a woman’s responsibility: Forty percent agreed, and 43% disagreed, while 17% were neutral (Figure 3). There were no significant differences in this attitudinal measure among the key subgroups.

Two-thirds of all women—regardless of relationship status—felt that it was extremely important that their method of birth control could be used without a male partner’s help. Almost a third of all women believed that it was extremely important that their birth control method could be used without a partner knowing.

FIGURE 3. Percentage of female clients according to their attitudes about male partner’s role in contraceptive use, 2009.



*Excludes women who are not currently in a sexual relationship with a male partner. Source: 2009 Survey of Partner and Couple Services—Women

Women's interest in couples' services based on selected indicators of partner involvement

Women's interest in services for couples may be influenced by their current partner's level of involvement in family planning activities. For example, women's interest may be related to their partner's experience with contraceptives, his involvement in her clinic visits or facilitation of her contraceptive use. Women's beliefs about who is responsible for contraception and their desire for a partner to see a clinician on his own may also affect their level of interest in couple-focused services.

In this section of the analysis, we introduce a composite measure of partner involvement. We consider a client to have a current partner who is involved in contraceptive services if she reported that he has ever engaged in at least one of the following activities: helped pay for her birth control method or clinic visit; driven her to a clinic appointment; accompanied her to the clinic and waited during her appointment; gone into the exam room with her at the clinic; or talked with her clinician. Overall, 56% of women had a partner who was engaged in at least one of these activities (not shown).

Key findings

Current partner involvement

- Clients who used a contraceptive method at last sex reported greater interest in couples' services focused on talking with a partner about birth control, compared with clients who reported no method use at last intercourse (Table 6, pg. 27).
 - Whether the contraceptive method used at last sex was male- or female-centered was not associated with interest in couples' services (not shown).
- Compared with women who had no current partner involvement (which includes 44% of women in a relationship, data not shown), we found that women with a partner who was involved either in a clinic visit or by means of financial support reported greater interest in couples' services overall and for each topic.

Client beliefs regarding partner involvement

- Women who believe that birth control decisions should be mainly a woman's responsibility were less likely to report interest in couple-focused services addressing birth control, compared with women who did not hold this belief.
- However, women reported similar levels of interest in couples' services focused on planning when to have a baby, regardless of their beliefs about who is most responsible for making birth control decisions.
- Women who want their partner to visit the clinic on his own to talk to a clinician reported high levels of interest in couple-focused services.

Male Partner Survey Results

While this study was designed to explore the dual and complementary perspectives of providers and their female clients, we wanted to gather information from male partners as well. We surveyed partners of clients to get their perspective on their own interest and involvement in family planning. However, because male partners received the survey only if their female partner felt comfortable giving it to them, and did not receive any incentive to complete it, the results represent a self-selected group. We expected that the interest and involvement reported by these men would be higher than among all male partners, since their participation in the study could be considered an indicator of interest or participation in family planning-related matters. However, their responses offer some insights into the potential for generally involving male partners at the clinic and in family planning. Further descriptive information about male partners is available in Appendix Table 2, (pg. 43).

Past and potential clinic involvement

Males reported having received a range of health services on their own from family planning clinics, and many indicated a willingness to attend with their partner (Table 7, pg. 28).

- Among partners that responded to the survey, a third reported having received condoms directly from a clinic, almost one in four had talked to clinic staff about condoms or birth control and more than one in five had received testing or treatment for STDs, including HIV.
- Twenty-six percent reported having received a general physical exam at a clinic.
- However, nearly one in three reported having never received any services from a family planning clinic.
- The majority (71%) of male partner respondents feel that their partner would like them to go to the clinic with her.
- Although 19% of partners reported that they would be uncomfortable at their female partner's family planning clinic, nearly all said that they would go if asked by their partner.

General interest in family planning

A male partner's interest in family planning can be expressed through his desire for information or attitudes about and involvement in the contraceptive decision-making process.

- More than four in 10 partners wanted to know more about pregnancy prevention or said they would like their female partner to know more about it.
- The majority (60%) of partner respondents disagreed that it should be a woman's responsibility to make decisions about birth control.
- Nearly half reported being directly involved in helping to choose the couple's current contraceptive method and one in three wanted to talk more with their female partner about birth control.

Clinic Survey Results

We received completed surveys from 68 Title X family planning clinics. These clinics were randomly selected from sites serving at least 200 female family planning clients per year. Of the clinic respondents, 24 were health departments, 28 were Planned Parenthood sites, one was a hospital, six were community health centers and nine were other nonaffiliated community or women's health clinics. Further descriptive information about these clinics is available in Appendix Table 3 (pg. 51).

Services for male clients

- Overall, about 80% of clinic respondents reported serving male family planning clients, providing them with either contraceptive or STD services, or both. Table 8 (pg. 29) indicates the diversity among sites in the extent to which they served male clients directly.
- Although most clinics served male clients, fewer than half reported special funding or staff training to deliver male contraceptive services.
- Although some clinics offered reproductive health programs specifically designed for men, they were more likely to offer men nonreproductive health services.
- A small minority of clinics also reported a variety of recruitment efforts tailored to male clients, including offering special hours.

Couple-focused services and other partner-involvement efforts

Two-thirds of clinics—68%—(Figure 4) reported that they offer couple-focused counseling (in which the female client and her male sexual partner receive counseling together) on at least one of the following topics: choosing and using birth control, talking with a partner about birth control or planning when to have a baby. However, relatively few—13%—reported offering couple-focused classes or workshops that address at least one of these topics. Moreover, many clinics said that couple-focused counseling was not routinely utilized and that including male partners in the clinic setting was still the exception (Table 9, pg.30).

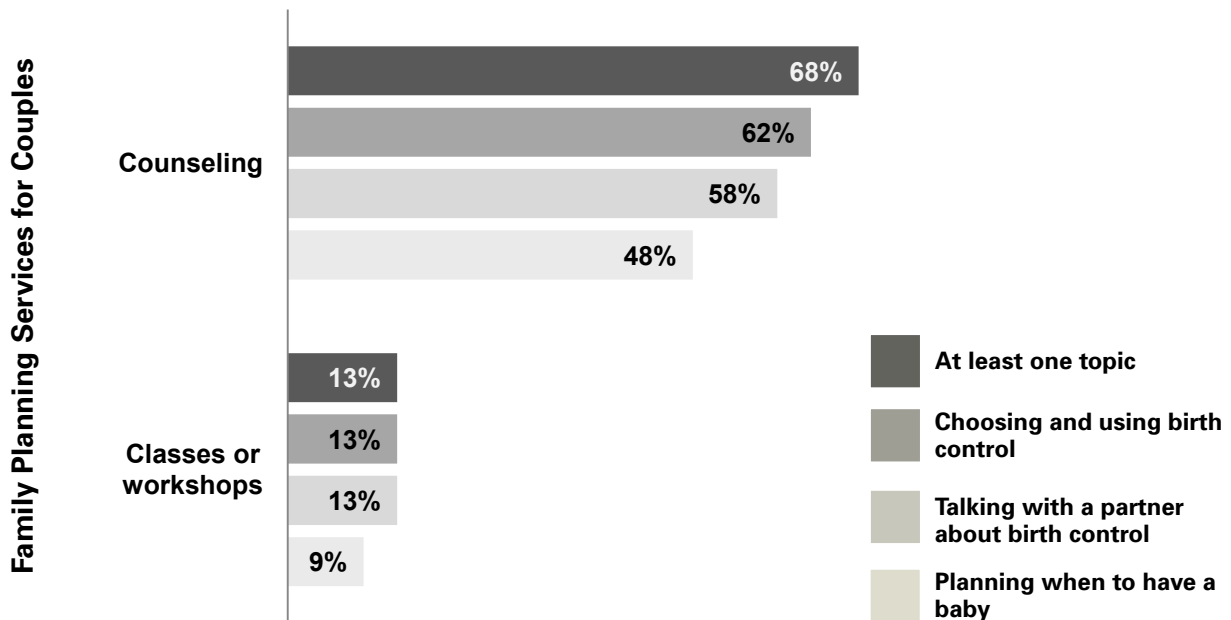
- Only 9% of clinics reported that their staff had received recent training in the provision of couple-focused counseling (not shown).
- Clinics were more likely to offer couple-focused counseling on choosing and using a contraceptive method than on planning when to have a baby, and about a third (35%) reported that they offered counseling on these topics for men alone (not shown).
- Although it was common for clinics to report that male partners occasionally attended at least part of a client's session, 16% of clinics reported that male partners never attended any part of a client's clinic session.
- Only 1–7% of clinics reported often or sometimes having a male partner attend contraceptive counseling sessions separate from a female client, and only 5–9% of clinics reported often or sometimes providing education classes or workshops for male partners alone; many clinic administrators said that it was fairly common for male partners to remain in the waiting room and not receive any services or materials.
- About half of clinics reported often or sometimes distributing patient education materials to male partners.

Clinic policies regarding partner involvement

To better understand the patterns of partner involvement at clinics, we asked administrators if their clinic had specific policies prohibiting or allowing different types of partner involvement during family planning visits (Table 10, pg. 31).

- One third of clinics reported having a policy that explicitly allowed the male partner to accompany the female client at all times.
- About the same proportion reported limiting partner involvement during clinic visits in some way, such as, not allowing male partners in the exam room with a female client at any time or during an exam, or not allowing male partners to participate in counseling sessions with a female client.

FIGURE 4. Percentage of facilities that provide family planning counseling, classes or workshops for couples, overall and by topic, 2009.



Source: 2009 Survey of Partner and Couple Services in Title X Clinics

- About one in five clinics said they did not have any explicit policy regarding male partner involvement during the female client’s clinic visit.

Barriers to providing couple-focused services

We asked clinic administrators about barriers they faced in providing contraceptive services to male partners or couples. They identified a number of barriers related to client or partner knowledge and interest, clinician attitudes and beliefs, and resource constraints.

Client and partner knowledge and interest

Clinic administrators perceived low levels of knowledge and interest in couples’ and partner services on the part of women and their partners (Table 11, pg. 32).

- Seventy-eight percent of clinics reported that their clients’ male partners did not know that services were available, and 73% reported that it was difficult to find and recruit male partners.
- More than half perceived low interest from women and 76% perceived low interest from their partners in couple-focused services.
- Some clinics believed that men were uncomfortable at the clinic and that inconvenient clinic hours for partners also presented a barrier.

- The potential for partner abuse deterred some clinics from offering couples’ services.

Clinician attitudes and beliefs

Administrators felt that staff were not always supportive of expanded couples’ services.

- One in five reported that staff were not interested in providing couples’ services.
- Some clinics felt that evidence of the effectiveness of couples’ services was scant.
- Lack of administrative support was considered a limitation by about a third of administrators.

Resource constraints

Clinics reported that lack of resources limited their ability to offer couples’ services.

- The most common barrier to providing couples’ services was inadequate funding; nearly eight in 10 clinics reported this constraint.
- Half of clinics cited a shortage of providers who could serve couples.

Discussion

Female clients at Title X–funded clinics expressed a somewhat strong interest in being able to access services that involve their partner. Nearly two-thirds of all respondents were interested in some type of couple-oriented program. Almost as many clients expressed interest in attending a class with their partner as were interested in attending private counseling sessions as a couple. The topic that women most wanted addressed in a couples’ setting was “planning when to have a baby” (58%); a significant minority of women (43%) was interested in couples’ services addressing “choosing and using birth control.” These findings highlight how seriously women take their decisions and responsibilities regarding pregnancy planning and contraceptive use, and the importance many women attach to involving their partners in the decision-making process. The high interest in couples’ services for pregnancy planning suggests that partner communication on this topic may be difficult for some women and may be an area where professional assistance is desired. It also complements the increasing practice among clinicians (which is recommended by the Centers for Disease Control and Prevention)³⁷ of encouraging women to think about their “reproductive life plan,” and suggests that some women would like to have such discussions with their partners.

In addition to expressing a strong overall interest in couples’ programs, female clients in relationships expressed similarly high interest (65%) in clinics providing medical services for males that their partners could access on their own, suggesting that more male services may be needed.

Our analysis identified some important variations in interest in couple-focused services among subgroups of clients. For example, Spanish-speaking women, women who were married or in other long-term relationships and women who were more satisfied with their relationship expressed greater interest than other women in attending couple-focused services. However, significant percentages of all women expressed some interest in attending counseling or classes with a partner; so, targeting these services to narrow subgroups of women may not be an effective strategy for implementation. Women with partners who were already involved in their contraceptive services also expressed the most interest in couple-focused ser-

vices, suggesting their desire to continue building on their partner’s involvement.

Although most Title X–funded clinics offer couple-focused counseling, few offer classes or workshops. Moreover, we found a disconnect between what respondent clients wanted and what services were available to them. For example, more than half of clinic administrators reported that they did not think their clients were interested in couple-focused services, but two-thirds of clients expressed an interest in such services. In addition, clinics were more likely to offer couples’ counseling about “choosing and using birth control” than about pregnancy planning, which was the reverse of what clients said they wanted. Furthermore, while 57% of clients reported interest in attending a couple-focused class on at least one topic, only 13% of clinics reported offering such classes. Finally, even though most clinics offer or allow male partners to attend counseling sessions, few actively recruited partners to participate in the counseling session, and some (16%) actually prohibited men from attending counseling sessions with their partners.

We identified a number of barriers that limit clinics’ ability to offer couple-focused services; paramount among these is the lack of financial resources. Four out of every five clinic administrators surveyed reported inadequate funding for couples’ services; and half reported a shortage of staff who are able to provide couples’ services. Amidst post-recession economic uncertainty, funding cuts and shortages on a number of fronts, many clinics are unable to find the resources needed for these services, especially those that go beyond direct patient care and involve organizing classes, recruiting male partners or providing additional staff training in couples’ counseling. Clinic staff also described the difficulty of recruiting partners and said that most partners were not aware of the services that are available to men and couples, highlighting the need for improved outreach. Other barriers to implementing couples’ services, which were cited by 20–30% of clinic administrators, included clinic staff’s disinterest in such services, lack of evidence supporting the effectiveness of such services and concern about the potential for partner abuse among some couples who might participate.

Clearly, many female clients of Title X–funded clinics

are interested in services that would include their partners. Such services would likely facilitate more communication between partners and would educate more men about contraception and pregnancy planning. Evidence suggests that greater partner communication, as well as sexual and reproductive health knowledge, contribute to more effective use of contraceptives.³⁸ However, cash-strapped clinics may not be able to readily implement such services without additional and dedicated funding. Resources are needed on many levels before such services can be implemented more widely. First, one or more demonstration studies of feasible, scalable interventions, along with dissemination of their results, may be needed to illustrate the practical aspects of implementation and help broaden interest among clinic staff. Second, staff will need more training and time to develop and implement the actual services, whether they are classes or workshops or targeted counseling that include both partners. Finally, to implement or expand couples' services, clinics will need to devote adequate resources to informing women and their partners about the availability of such services and encouraging participation.

Our study points to a number of areas in which increased attention and sensitivity may be needed from clinics that are considering implementing or expanding couple-focused services. Race and ethnic variation in both partner involvement and client interest suggests that clinics may need to address or consider the cultural competencies of staff involved in couples' services and be aware of any cultural differences that might influence partner involvement. Clinics also need to address the issues of client vulnerabilities, and partner involvement or interference

with birth control. Some clients may be at risk for abuse if, for example, something about them that was heretofore unknown to their partner is revealed in a class or counseling session. Although clinic staff are typically aware of and sensitive to individual female clients who may be experiencing intimate partner violence, dealing with these issues in a couples' setting poses an additional challenge.

In sum, clients' strong interest in couple-focused services points to a need for such care. However, serious financial constraints facing family planning providers, including potential cuts in both federal and state funding, present a challenge for providers seeking to meet this need. Providers that are unable to find the resources for large-scale expansion and integration of these services may want to assess low-cost strategies that might be possible—such as changing policies to allow partner participation and encouraging partners to attend the regularly scheduled contraceptive counseling portion of a woman's visit. At a minimum, providers should try to capitalize on the presence of partners in the waiting room and provide them with educational materials.

Given the persistently high rates of unintended pregnancy in the United States, new family planning service delivery strategies are needed. Couple-focused care may be one strategy that could be successfully offered to some clients. Clinics and their administrative agencies will need to assess whether they have or can obtain the resources to add these services, and to evaluate the trade-off between expanding couples' care or implementing other types of new service delivery strategies versus simply maintaining the current level and format of care.

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TABLE 1. Percentage distribution of adult female clients served at Title X-funded family planning clinics by selected characteristics, 2009

Demographic and socioeconomic characteristics		
	No.	%
Sample size	2,113	
Population size	4,522,433	
Reason for current clinic visit*		
Birth control-related	1,001	48
General or annual gynecological care	717	40
Pregnancy test	298	14
STD-related	255	11
Other	52	3
Relationship status†		
Married	399	18
Cohabiting	550	28
Steady relationship	600	28
Casual or multiple partner	215	10
No current male sexual partner	306	16
Age		
18–19	316	16
20–24	824	37
25–29	476	24
30–34	241	11
≥35	256	12
Race and ethnicity‡		
White non-Hispanic	1,097	55
Black non-Hispanic	244	15
Other non-Hispanic	93	4
Hispanic (took English survey)	309	14
Hispanic (took Spanish survey)	352	13
Satisfaction in current relationship§		
Dissatisfied or neutral	341	21
Satisfied	1,333	79
Ever been physically or sexually abused**		
No	1,434	71
Yes	536	29
Current partner had sex with someone else§		
No	1,136	69
Yes	248	14
Don't know	292	17

*Respondents were allowed to provide more than one response. †Fourty-three respondents did not report their relationship status. ‡Eighteen respondents did not report their race or ethnicity. §Distributions are based on women currently in a sexual relationship with a male partner (N=1,764). **Physical abuse is described as being hit, kicked, slapped, choked or otherwise made to feel afraid. *Notes:* Ns are unweighted. Distributions are based on weighted Ns. Percentages may not add up to 100% due to rounding. *Source:* 2009 Survey of Partner and Couple Services—Women

TABLE 2. Percentage of female clients reporting interest in family planning counseling or classes for couples overall, by topic and selected characteristics, 2009

Characteristic	No.	% of clients interested in attending couples counseling or classes with a male sexual partner on:			
		at least one topic	choosing and using birth control	talking with a partner about birth control	planning when to have a baby
All women	2,113	65	43	47	58
Relationship status					
Married (ref)	399	67	52	56	62
Cohabiting	550	73	49	53	66
Steady relationship	600	68	44	45 *	58
Casual or multiple partners	215	60	32 **	36 *	51
No current male sexual partner	306	50 **	29 **	37 **	43 **
Age					
18–19	316	70	43	53	63
20–24	824	71	46	48	61
25–29 (ref)	476	63	39	44	57
30–34	241	67	51	54	62
≥35	256	46 **	32	35	38 **
Race and ethnicity					
White non-Hispanic (ref)	1,097	66	39	44	58
Black non-Hispanic	244	62	47	49	51
Other non-Hispanic	93	63	45	48	53
Hispanic (took English survey)	309	68	42	47	64
Hispanic (took Spanish survey)	352	68	58 **†	60 **†	65
Satisfaction in current relationship‡					
Dissatisfied or neutral	341	60 *	38 *	43	54 *
Satisfied (ref)	1,333	71	49	51	63
Ever been physically or sexually abused§					
No (ref)	1,434	66	43	47	58
Yes	536	67	43	46	60
Current partner had sex with someone else‡					
No (ref)	1,136	71	49	51	63
Yes, or don't know	540	64 *	42 *	44 **	57

*p<0.05. **p<0.01. †Significant difference from Hispanic women who took the Spanish survey at p<0.01. ‡Percentages are based on women currently in a sexual relationship with a male partner (N=1,764). §Physical abuse is described as being hit, kicked, slapped, choked or otherwise made to feel afraid. Notes: Ns are unweighted. Percentages are based on weighted Ns. ref=reference group. Source: 2009 Survey of Partner and Couple Services—Women

TABLE 3. Percentage of female clients in a sexual relationship reporting desired or past partner involvement with clinic medical staff, by demographic and partnership characteristics, 2009

Characteristic	No.	% of clients in a relationship who would like their partner to:		% of clients whose current partner has talked to her clinician
		see a clinician at her clinic by himself	talk to her clinician with her	
All women in relationships	1,764	65	48	24
Relationship status				
Married (ref)	399	67	58	53
Cohabiting	550	66	54	28 **
Steady relationship	600	64	42 **	10 **
Casual or multiple partner	215	67	26 **	6 **
Age				
18–19	257	66	51	18
20–24	700	67	43	18
25–29 (ref)	396	61	50	25
30–34	208	70	59	45 *
≥35	203	63	42	28
Race and ethnicity				
White non-Hispanic (ref)	889	59	40	18
Black non-Hispanic	189	73 *	57 **	26
Other non-Hispanic	80	76 *	60 *	14
Hispanic (took English survey)	272	68 *	43	25
Hispanic (took Spanish survey)	321	79 **	71 **†	52 **†
Satisfaction in relationship				
Dissatisfied or neutral	341	63	36 **	16 **
Satisfied (ref)	1,333	66	50	26
Ever been physically or sexually abused‡				
No (ref)	1,208	64	45	23
Yes	431	68	50	23
Current partner had sex with someone else				
No (ref)	1,136	64	49	25
Yes, or don't know	540	69	45	21

*p<0.05. **p<0.01. †Significant difference from Hispanic women who took the English survey and Hispanic women who took the Spanish survey at p<0.01. ‡Physical abuse is described as being hit, kicked, slapped, choked or otherwise made to feel afraid. *Notes:* Percentages are based on women currently in a sexual relationship with a male partner (N=1,764). Ns are unweighted. Percentages are based on weighted Ns. ref=reference group. *Source:* 2009 Survey of Partner and Couple Services—Women

TABLE 4. Percentage distribution of female clients in a sexual relationship, according to current partner involvement in and knowledge of current clinic visit, by demographic and partnership characteristics, 2009

Characteristic	% of clients in a relationship whose current partner:				has ever gone into the exam room with her
	came to current visit	knows client is at current visit	does not know about current visit	Total	
All women in relationships	19	72	9	100%	26
Relationship Status					
Married (ref)	19	78	3	100%	57
Cohabiting	26	69	5	100%	33 **
Steady relationship	14	76	10 *	100%	10 **
Casual or multiple partner	8 *	52 **	41 **	100%	5 **
Age					
18–19	26	64	10	100%	14 *
20–24	19	73	8	100%	24
25–29 (ref)	17	73	10	100%	29
30–34	20	66	14	100%	44
≥35	13	79	8	100%	30
Race and ethnicity					
White non-Hispanic (ref)	19	74	7	100%	20
Black non-Hispanic	11 *	74	15	100%	29
Other non-Hispanic	23	59 *	18 *	100%	19
Hispanic (took English survey)	23	63 *	14	100%	28
Hispanic (took Spanish survey)	21	73 †	6	100%	57 ** ‡
Satisfaction in relationship					
Dissatisfied or neutral	9 **	68	23 **	100%	16 **
Satisfied (ref)	21	73	6	100%	30
Ever been physically or sexually abused§					
No (ref)	19	72	9	100%	26
Yes	19	70	11	100%	23
Current partner had sex with someone else					
No (ref)	21	74	5	100%	29
Yes, or don't know	14 *	67 *	19 **	100%	24

*p<0.05. **p<0.01. †Significant difference from Hispanic women who took the English survey and Hispanic women who took the Spanish survey at p<0.05. ‡Significant difference from Hispanic women who took the English survey and Hispanic women who took the Spanish survey at p<0.01. §Physical abuse is described as being hit, kicked, slapped, choked or otherwise made to feel afraid. *Notes:* Distributions are based on women currently in a sexual relationship with a male partner (N=1,764). Distributions are based on weighted Ns. ref=reference group. *Source:* 2009 Survey of Partner and Couple Services—Women

TABLE 5. Percentage of female clients, according to current partner involvement in, support of or interference with contraceptive use and desire for increased involvement, by demographic characteristics, 2009

Characteristic	% of clients in a relationship whose current partner:				% of clients who want their current partner to be more involved in using contraceptives
	used a male-centered method at last sex	reminded client to use her contraceptive method†	helped pay for her contraceptives† or clinic visit	tries to interfere with her contraceptive use†	
All women in relationships	50	64	37	8	23
Relationship status					
Married (ref)	38	72	75	15	27
Cohabiting	42	73	40 **	6 *	21
Steady relationship	56 **	62	20 **	7	19
Casual or multiple partner	75 **	25 **	9 **	4	29
Age					
18–19	59 **	68	25 *	2	22
20–24	58 **	67	33	3	21
25–29 (ref)	42	63	41	9	23
30–34	41	63	54	20	27
≥35	33	46	45	17	24
Race and ethnicity					
White non-Hispanic (ref)	48	61	31	2	13
Black non-Hispanic	62 *	63	30	8	30 **
Other non-Hispanic	63	64	31	6 **	22
Hispanic (took English survey)	49	60	36	8 *	24 *
Hispanic (took Spanish survey)	44	80 ‡	72 **§	37 **§	55 **§
Satisfaction in relationship					
Dissatisfied or neutral	54	40 **	25 **	7	27
Satisfied (ref)	49	71	42	8	21
Ever been physically or sexually abused††					
No (ref)	51	64	38	8	22
Yes	48	62	29	4	21
Current partner had sex with someone else					
No (ref)	48	69	41	5	18
Yes, or don't know	54 *	55 *	33	14 **	34 **

*p<0.05. **p<0.01. †Limited to women using a female-based contraceptive method, such as a birth control pill, patch, ring, Depo Provera or natural family planning (N=1,107). ‡Significant difference from Hispanic women who took the English survey and Hispanic women who took the Spanish survey at p<0.05. §Significant difference from Hispanic women who took the English survey and Hispanic women who took the Spanish survey at p<0.01. ††Physical abuse is described as being hit, kicked, slapped, choked or otherwise made to feel afraid. *Notes:* Percentages are based on women currently in a sexual relationship with a male partner (N=1,764). Percentages are based on weighted Ns. ref=reference group. *Source:* 2009 Survey of Partner and Couple Services—Women

TABLE 6. Percentage of female clients who are in a sexual relationship and report interest in family planning counseling or classes for couples overall, by topic and by selected indicators of male partner involvement, 2009

Characteristic	% of clients interested in attending couples counseling or classes with a male sexual partner on:			
	at least one topic	choosing and using birth control	talking with a partner about birth control	planning when to have a baby
All women in relationships	68	46	49	61
Used any method at last sex				
No (ref)	65	34	35	56
Yes	69	48	51 *	62
Any current partner involvement in contraceptive services†				
No (ref)	59	31	35	52
Yes	76 **	56 **	58 **	68 **
Client believes birth control decisions should be mainly a woman's responsibility				
Disagree or neither (ref)	70	51	53	63
Agree	67	40 **	43 **	58
Client would like main partner to see a clinician at her clinic by himself				
No (ref)	54	32	34	49
Yes	77 **	55 **	58 **	69 **

*p<0.05. **p<0.01. †Current male partners that engaged in one or more of the following activities were considered to be involved in contraceptive services: helped pay for client's clinic visit or birth control method, drove client to a clinic appointment, went with her to the clinic and waited during her appointment, went into the exam room with her at the clinic, and talked with her clinician at the clinic. *Notes:* Percentages are based on women currently in a sexual relationship with a male partner (N=1,764). Percentages are based on weighted Ns. ref=reference group. *Source:* 2009 Survey of Partner and Couple Services—Women

TABLE 7. Number and percentage of male sexual partners interested in select aspects of family planning, 2009

Partner information	No.	%
All partners	181	100
Ever received the following service from a family planning clinic*†		
Obtained condoms	47	33
Talked to staff about condoms or birth control	32	23
Received testing or treatment for STDs or HIV	30	21
Received some other service	13	9
Physical exam	37	26
Never received a service	44	31
Female partner would like him to go to clinic with her		
Dissagree or neither	50	29
Agree	122	71
Would be uncomfortable at female partner's family planning clinic		
Dissagree or neither	139	81
Agree	32	19
Would go to clinic with partner if asked		
No	11	6
Yes, if it fit his schedule	20	11
Yes	149	83
Wants to know more about preventing pregnancy		
Dissagree or neither	102	57
Agree	76	43
Wants female partner to know more about preventing pregnancy		
Dissagree or neither	96	54
Agree	81	46
Birth control decisions should be a woman's responsibility		
Dissagree or neither	107	60
Agree	71	40
Helped choose current contraceptive method		
Dissagree or neither	88	52
Agree	80	48
Wants to talk more with partner about birth control		
Dissagree or neither	114	67
Agree	57	33

*Family planning clinics include publicly funded clinics and Planned Parenthood clinics. †Respondents were allowed to provide more than one response. *Notes:* Ns are unweighted. Percentages are based on unweighted Ns. *Source:* 2009 Survey of Partner and Couple Services—Men

TABLE 8. Percentage of family planning facilities providing male family planning services by number of male clients served and percentage of family planning facilities currently offering male specific services, 2009

All clinics	%
Number of male family planning clients served*	
1–99	25
100–499	28
500–999	15
≥1,000	8
Serves males, number unknown	3
No male clients	21
Services for males	
Clinic receives funding for male contraceptive use programs	43
Staff recently trained in men's sexual and reproductive health†	49
Offer sexual and reproductive health services specifically for men	38
Offer non-sexual and reproductive health services for men	52
Effort to recruit male partners	38
Advertise or recruit men directly	37
Hold special hours for men	9

*Based on clients served in 2008. †Clinic staff were trained within the last two years. *Note:* Percentages are based on responding facilities (N=68). *Source:* 2009 Survey of Partner and Couple Services in Title X Clinics

TABLE 9. Frequency with which facility administration report specific levels of male partner involvement during female client's clinic visit, 2009

Clinic experiences with male partners	% of all facilities			
	Never	Rarely	Sometimes	Often
Partner attends contraceptive counseling session separate from client	60	31	7	1
Education classes or workshops are provided to male partner alone	67	20	9	5
Male partner attends part of client's session	16	24	46	15
Materials are distributed to male partner	10	37	38	15
Male partner waits in waiting room/receives no services or materials	0	15	57	28

Notes: Distributions are based on responding facilities (N=68). Percentages may not add up to 100% due to rounding. *Source:* 2009 Survey of Partner and Couple Services in Title X Clinics

TABLE 10. Percentage of clinics with policies regarding male partner involvement during family planning visits, 2009

Policies for male partners	%
Policy allows partner to accompany his partner at all times	33
At least one policy that limits partner involvement at visit*	30
Policy prohibits male partner from being in exam room with female client at any time	10
Policy prohibits male partner from being in exam room during an exam	21
Policy prohibits male partner from participating in counseling with a female client	16
Some other policy for female clients with male partners	22
Clinics with no policy regarding male partner involvement in female client clinic visit†	21

*Policies include the three policies stated below that prohibit male partner involvement. †Policies include all five policies stated above. *Note:* Percentages are based on responding facilities (N=68). *Source:* 2009 Survey of Partner and Couple Services in Title X Clinics

TABLE 11. Perceived barriers to providing partner and couple-focused services faced by publicly funded family planning facilities, 2009

Barriers	%
Client and partner knowledge and interest	
Partners don't know services are available	78
Difficulty finding/recruiting partners	73
Partners are not interested	76
Clients are not interested in partner or couple services	54
Men are uncomfortable at the clinic	27
Clinic hours are not convenient for partners	22
Potential for partner abuse makes provision of services difficult	26
Clinician attitudes and beliefs	
Clinic staff are not interested in couple services	20
Little evidence couple services are effective	25
Lack of administrative support	32
Resource constraints	
Inadequate funding for couple services	79
Shortage of providers who can serve couples	50

Note: Percentages are based on responding facilities (N=68). *Source:* 2009 Survey of Partner and Couple Services in Title X Clinics

APPENDIX TABLE 1. Number and distribution of adult female client respondents served at Title X-funded family planning clinics by age, relationship status and race and ethnicity for all questionnaire items, 2009

		TOTAL			AGE			RELATIONSHIP STATUS			RACE/ETHNICITY		
		% Un-weighted	N	Weighted N (000s)	18-24	25-29	≥30	Married or co-habiting	Casual, multiple, or none	Steady	White non-Hispanic	Black non-Hispanic	Hispanic
					%	%	%	%	%	%	%	%	%
TOTAL	Unweighted N %	100	2,113	4,522	1,140	476	497	949	600	521	1,097	244	661
Age	1 18-24	52	1,140	2,352	100			42	64	58	58	47	44
	2 25-29	24	476	1,111		100		28	21	21	22	29	26
	3 ≥30	23	497	1,059			100	29	15	20	20	24	30
Relationship Status	1 Married/cohabiting	46	949	2,030	37	54	58	100			42	31	61
	2 Steady relationship	29	600	1,257	35	24	19		100		28	33	25
	3 Casual/ Multiple/None	25	521	1,140	28	23	23			100	29	36	14
Race/ethnicity	1 White non-Hispanic	56	1,097	2,406	62	51	47	53	55	64	100		
	2 Black non-Hispanic	16	244	712	15	20	17	11	20	21		100	
	3 Hispanic	28	661	1,199	23	30	35	36	25	14			100
Education	1 0-11th grade	17	333	745	14	15	24	21	11	12	11	13	31
	2 High school	35	681	1,548	39	24	34	36	34	30	33	36	38
	3 Some college/ assoc. degree	36	780	1,611	38	40	28	31	41	41	41	38	22
	4 College grad or more	13	292	579	8	21	14	11	13	17	15	12	8
What is your reason for visiting the clinic today?													
Q05a: Reason for visit:	0 No	72	1,428	3,088	69	74	79	73	72	72	74	71	69
<i>Get a new method of birth control</i>	1 Yes	28	556	1,178	31	26	21	27	28	28	26	29	31
Q05b: Reason for visit:	0 No	95	1,875	4,034	94	96	95	94	93	96	94	96	94
<i>Problem with current birth control method</i>	1 Yes	5	109	233	6	4	5	6	7	4	6	4	6
Q05c: Reason for visit:	0 No	88	1,729	3,772	89	88	88	94	87	80	89	86	90
<i>STD/HIV Testing or treatment</i>	1 Yes	12	255	494	11	12	12	6	13	20	11	14	10
Q05d: Reason for visit:	0 No	86	1,686	3,663	83	87	92	85	86	89	88	86	82
<i>Pregnancy testing</i>	1 Yes	14	298	603	17	13	8	15	14	11	12	14	18
Q05e: Reason for visit:	0 No	58	1,267	2,523	63	57	52	57	63	61	56	56	65
<i>Annual exam</i>	1 Yes	42	717	1,744	37	43	48	43	37	39	44	44	35
Q05f: Reason for visit:	0 No	81	1,533	3,446	80	83	79	80	81	80	80	79	85
<i>Other</i>	1 Yes	19	451	820	20	17	21	20	19	20	20	21	15
Q05g: Reason for visit:	2 Get birth control refill	82	343	640	79	75	90	81	82	80	83	89	74
<i>Specify other reason</i>	3 Postnatal care	3	8	28	6	2	0	6	0	3	5	0	2
	4 UTI	2	12	20	2	6	1	1	4	4	1	4	4
	5 Other	7	32	61	6	12	7	8	5	7	5	7	14
	6 EC/Plan B/ Morning After Pill	5	42	42	8	4	1	5	8	6	6	0	6

Note: Percentages may not add up to 100% due to rounding. Source: 2009 Survey of Partner and Couple Services—Women

APPENDIX TABLE 1 (continued)

		TOTAL		AGE			RELATIONSHIP STATUS			RACE/ETHNICITY			
		Un-weighted %	Weighted N (000s)	18-24	25-29	≥30	Married or co-habiting	Casual, multiple, or none	Steady	White non-Hispanic	Black non-Hispanic	Hispanic	
				%	%	%	%	%	%	%	%	%	
TOTAL	Unweighted N %	100	2,113	4,522	1,140	476	497	949	600	521	1,097	244	661
					100	100	100	100	100	100	100	100	100
Do you have a sexual partner here today?													
Q06a: Partner: <i>Came with me to the clinic today</i>	0 No	85	1,437	3,058	83	87	86	80	89	98	84	91	82
	1 Yes	15	262	559	17	13	14	20	11	2	16	9	18
Q06b: Partner: <i>Knows I am here at the clinic</i>	0 No	25	456	912	25	26	26	20	25	83	23	30	25
	1 Yes	75	1,243	2,706	75	74	74	80	75	17	77	70	75
Q06c: Partner: <i>Knows the reason I am here</i>	0 No	51	825	1,853	50	55	50	49	52	88	47	60	54
	1 Yes	49	874	1,765	50	45	50	51	48	12	53	40	46
Q06d: Partner: <i>Does not know that I am here</i>	0 No	92	1,547	3,322	92	92	92	97	92	88	94	86	91
	1 Yes	8	152	296	8	8	8	3	8	12	6	14	9
Q06e: Partner: <i>I do not have a current partner</i>	0 No	82	1,699	3,618	81	84	83	99	95	33	80	76	89
	1 Yes	18	354	785	19	16	17	1	5	67	20	24	11
Please think about whether a current partner or a past partner has ever done these things													
Helped pay for your birth control method?													
Q07a: Paid for birth control method: <i>Current partner</i>	0 No	71	1,342	2,896	76	67	62	51	81	95	76	78	56
	1 Yes	29	560	1,188	24	33	38	49	19	5	24	22	44
Q07b: Paid for birth control method: <i>Past partner</i>	0 No	91	1,926	4,113	93	89	89	94	90	86	90	89	94
	1 Yes	9	187	409	7	11	11	6	10	14	10	11	6
Q07c: Paid for birth control method: <i>No</i>	0 No	43	918	1,940	34	48	58	60	35	21	38	36	57
	1 Yes	57	1,195	2,582	66	52	42	40	65	79	62	64	43
Helped pay for your clinic visit?													
Q07d: Paid for clinic visit: <i>Current partner</i>	0 No	72	1,363	2,931	78	67	62	50	83	98	77	78	55
	1 Yes	28	535	1,146	22	33	38	50	17	2	23	22	45
Q07e: Paid for clinic visit: <i>Past partner</i>	0 No	93	1,976	4,207	95	91	90	95	93	90	92	91	96
	1 Yes	7	137	315	5	9	10	5	7	10	8	9	4
Q07f: Paid for clinic visit: <i>No partner</i>	0 No	41	864	1,846	31	47	56	59	32	16	36	35	55
	1 Yes	59	1,249	2,676	69	53	44	41	68	84	64	65	45
Driven you to your clinic appointment?													
Q07g: Driven respondent to appointment: <i>Current partner</i>	0 No	59	1,128	2,431	60	58	57	34	67	92	67	59	42
	1 Yes	41	809	1,705	40	42	43	66	33	8	33	41	58
Q07h: Driven respondent to appointment: <i>Past partner</i>	0 No	87	1,819	3,907	89	82	86	92	86	76	85	84	92
	1 Yes	13	294	616	11	18	14	8	14	24	15	16	8
Q07i: Driven respondent to appointment: <i>No partner</i>	0 No	57	1,223	2,585	52	62	63	74	50	33	50	56	71
	1 Yes	43	890	1,938	48	38	37	26	50	67	50	44	29

Note: Percentages may not add up to 100% due to rounding. Source: 2009 Survey of Partner and Couple Services—Women

APPENDIX TABLE 1 (continued)

		TOTAL			AGE			RELATIONSHIP STATUS			RACE/ETHNICITY		
		Un- % weighted N	Weighted N (000s)		18-24	25-29	≥30	Married or co- habiting	Casual, multiple, or none		White non- Hispanic	Black non- Hispanic	Hisp- anic
					%	%	%	%	%	%	%	%	%
TOTAL	Unweighted N %	100	2,113 4,522		1,140 100	476 100	497 100	949 100	600 100	521 100	1,097 100	244 100	661 100
Gone with you to the clinic and waited while you had your appointment?													
Q07j: Gone to clinic and waited: <i>Current partner</i>	0 No 1 Yes	58 42	1,129 809	2,436 1,744	59 41	58 42	56 44	33 67	65 35	94 6	66 34	59 41	42 58
Q07k: Gone to clinic and waited: <i>Past partner</i>	0 No 1 Yes	87 13	1,825 288	3,897 626	88 12	83 17	85 15	92 8	86 14	75 25	86 14	81 19	92 8
Q07l: Gone to clinic and waited: <i>No partner</i>	0 No 1 Yes	57 43	1,224 889	2,607 1,915	54 46	60 40	63 37	74 26	52 48	33 67	51 49	56 44	71 29
Gone with you into the examination room at the clinic?													
Q07m: Gone into the exam room: <i>Current partner</i>	0 No 1 Yes	78 22	1,406 404	3,068 867	82 18	75 25	70 30	58 42	90 10	97 3	84 16	75 25	65 35
Q07n: Gone into the exam room: <i>Past partner</i>	0 No 1 Yes	93 7	1,984 129	4,204 318	94 6	90 10	93 7	96 4	92 8	89 11	94 6	88 12	94 6
Q07o: Gone into the exam room: <i>No partner</i>	0 No 1 Yes	39 61	1,290 520	2,792 1,143	30 70	44 56	51 49	56 44	27 73	18 82	31 69	36 64	55 45
Talked with the doctor or nurse that you saw at the clinic?													
Q07p: Talked with the doctor: <i>Current partner</i>	0 No 1 Yes	80 20	1,438 341	3,098 775	84 16	80 20	70 30	63 37	89 11	97 3	85 15	78 22	69 31
Q07q: Talked with the doctor: <i>Past partner</i>	0 No 1 Yes	95 5	2,011 102	4,276 247	96 4	94 6	93 7	96 4	94 6	92 8	95 5	89 11	97 3
Q07r: Talked with the doctor: <i>No partner</i>	0 No 1 Yes	36 64	764 1,349	1,626 2,896	27 73	38 62	53 47	53 47	26 74	15 85	30 70	33 67	52 48
Reminded you to use your birth control method?													
Q07s: Reminded respondent to use birth control: <i>Current partner</i>	0 No 1 Yes	53 47	976 928	2,202 1,925	52 48	52 48	57 43	35 65	49 51	89 11	58 42	55 45	42 58
Q07t: Reminded respondent to use birth control: <i>Past partner</i>	0 No 1 Yes	84 16	1,766 347	3,776 747	83 17	81 19	87 13	90 10	83 17	71 29	83 17	76 24	90 10
Q07u: Reminded respondent to use birth control: <i>No partner</i>	0 No 1 Yes	61 39	1,354 759	2,772 1,750	59 41	64 36	62 38	73 27	62 38	40 60	57 43	60 40	72 28

Note: Percentages may not add up to 100% due to rounding. Source: 2009 Survey of Partner and Couple Services—Women

APPENDIX TABLE 1 (continued)

		TOTAL			AGE			RELATIONSHIP STATUS			RACE/ETHNICITY		
		Un- % weighted N	Weighted N (000s)		18-24	25-29	≥30	Married or co- habiting	Casual, multiple, Steady or none		White non- Hispanic	Black non- Hispanic	Hispanic
					%	%	%	%	%	%	%	%	%
TOTAL	Unweighted N %	100	2,113	4,522	1,140	476	497	949	600	521	1,097	244	661
					100	100	100	100	100	100	100	100	100
Q08: Would like it if partner could see a doctor by himself	0 No 1 Yes	37 63	705 1,237	1,501 2,619	35 65	39 61	37 63	33 67	36 64	41 59	43 57	29 71	29 71
Would you like it if a partner could see a doctor or nurse at this clinic on their own?													
Some clinics are thinking about offering personal counseling to clients and their partners. If you were going to get counseling like this, would you like to go by yourself, with a sexual partner present, or would you like a partner to receive this counseling without you?													
Possible counseling topic: choosing and using a birth control method (including condoms)													
Q09a: Counseling on choosing and using birth control: <i>By yourself</i>	0 No 1 Yes	60 40	1,236 812	2,613 1,770	57 43	60 40	64 36	67 33	58 42	49 51	57 43	63 37	63 37
Q09b: Counseling on choosing and using birth control: <i>With a partner</i>	0 No 1 Yes	63 37	1,315 733	2,756 1,628	60 40	66 34	65 35	56 44	62 38	75 25	66 34	57 43	59 41
Q09c: Counseling on choosing and using birth control: <i>My partner, alone</i>	0 No 1 Yes	96 4	1,956 92	4,224 159	97 3	97 3	95 5	95 5	97 3	97 3	98 2	97 3	92 8
Q09d: Counseling on choosing and using birth control: <i>Not interested</i>	0 No 1 Yes	76 24	1,524 524	3,321 1,062	78 22	74 26	73 27	76 24	76 24	73 27	73 27	78 22	80 20
Possible counseling topic: talking with a partner about birth control													
Q09e: Counseling on talking with partner about birth control: <i>By yourself</i>	0 No 1 Yes	75 25	1,514 506	3,224 1,103	73 27	76 24	78 22	81 19	72 28	66 34	74 26	74 26	76 24
Q09f: Counseling on talking with partner about birth control: <i>With a partner</i>	0 No 1 Yes	58 42	1,173 847	2,512 1,815	57 43	60 40	59 41	50 50	60 40	69 31	61 39	53 47	53 47
Q09g: Counseling on talking with partner about birth control: <i>My partner, alone</i>	0 No 1 Yes	94 6	1,902 118	4,078 249	94 6	94 6	94 6	95 5	93 7	95 5	95 5	94 6	92 8

Note: Percentages may not add up to 100% due to rounding. Source: 2009 Survey of Partner and Couple Services—Women

APPENDIX TABLE 1 (continued)

		TOTAL			AGE			RELATIONSHIP STATUS			RACE/ETHNICITY		
		Un-weighted %	Weighted N (000s)		18-24	25-29	≥30	Married or co-habiting	Casual, multiple, or none		White non-Hispanic	Black non-Hispanic	Hispanic
					%	%	%	%	%	%	%	%	%
TOTAL	Unweighted N %	100	2,113	4,522	1,140	476	497	949	600	521	1,097	244	661
					100	100	100	100	100	100	100	100	100
Q09h: Counseling on talking with partner about birth control: <i>Not interested</i>	0 No 1 Yes	69 31	1,382 638	2,991 1,336	70 30	69 31	66 34	70 30	70 30	66 34	65 35	75 25	74 26
Possible counseling topic: planning when to have a baby													
Q09i: Counseling on planning when to have a baby: <i>By yourself</i>	0 No 1 Yes	92 8	1,860 164	3,997 340	92 8	93 7	92 8	95 5	92 8	89 11	94 6	92 8	89 11
Q09j: Counseling on planning when to have a baby: <i>With a partner</i>	0 No 1 Yes	44 56	895 1,129	1,938 2,399	42 58	44 56	50 50	37 63	45 55	57 43	45 55	48 52	40 60
Q09k: Counseling on planning when to have a baby: <i>My partner, alone</i>	0 No 1 Yes	95 5	1,929 95	4,146 192	95 5	96 4	96 4	96 4	95 5	96 4	96 4	97 3	94 6
Q09l: Counseling on planning when to have a baby: <i>Not interested</i>	0 No 1 Yes	64 36	1,318 706	2,782 1,556	65 35	65 35	60 40	70 30	64 36	54 46	62 38	59 41	73 27
Some clinics are thinking about offering classes to clients and their partners? If you were going to go to a class like this, would you like to go by yourself, with a sexual partner present, or would you like a partner to receive this counseling without you?													
Possible class topic: choosing and using a birth control method (including condoms)													
Q10a: Classes on choosing and using birth control: <i>By yourself</i>	0 No 1 Yes	70 30	1,441 563	2,999 1,294	69 31	72 28	69 31	75 25	73 27	59 41	70 30	65 35	73 27
Q10b: Classes on choosing and using birth control: <i>With a partner</i>	0 No 1 Yes	63 37	1,275 729	2,695 1,597	62 38	64 36	64 36	54 46	61 39	78 22	69 31	57 43	53 47
Q10c: Classes on choosing and using birth control: <i>My partner, alone</i>	0 No 1 Yes	96 4	1,928 76	4,141 152	97 3	96 4	96 4	97 3	96 4	97 3	97 3	97 3	93 7
Q10d: Classes on choosing and using birth control: <i>Not interested</i>	0 No 1 Yes	67 33	1,289 715	2,870 1,423	67 33	66 34	68 32	70 30	64 36	62 38	60 40	75 25	77 23
Possible class topic: talking with a partner about birth control													
Q10d: Classes on talking with partner about birth control: <i>By yourself</i>	0 No 1 Yes	78 22	1,572 410	3,315 949	76 24	81 19	79 21	84 16	76 24	71 29	78 22	75 25	79 21

Note: Percentages may not add up to 100% due to rounding. Source: 2009 Survey of Partner and Couple Services—Women

APPENDIX TABLE 1 (continued)

		TOTAL			AGE			RELATIONSHIP STATUS			RACE/ETHNICITY		
		Un-weighted %	Weighted N (000s)	Weighted N (000s)	18-24 %	25-29 %	≥30 %	Married or co-habiting %	Casual, multiple, or none %	Casual, multiple, or none %	White non-Hispanic %	Black non-Hispanic %	Hispanic %
TOTAL	Unweighted N %	100	2,113	4,522	1,140	476	497	949	600	521	1,097	244	661
					100	100	100	100	100	100	100	100	100
Q10e: Classes on talking with partner about birth control: <i>With a partner</i>	0 No 1 Yes	60 40	1,195 787	2,559 1,705	60 40	60 40	60 40	50 50	63 37	73 27	65 35	54 46	53 47
Q10f: Classes on talking with partner about birth control: <i>My partner, alone</i>	0 No 1 Yes	95 5	1,894 88	4,071 193	95 5	96 4	96 4	96 4	95 5	96 4	95 5	96 4	95 5
Q10g: Classes on talking with partner about birth control: <i>Not interested</i>	0 No 1 Yes	63 37	1,216 766	2,696 1,568	64 36	61 39	63 37	68 32	61 39	57 43	57 43	71 29	71 29
Possible class topic: planning when to have a baby													
Q10h: Classes on planning a baby: <i>By yourself</i>	0 No 1 Yes	91 9	1,823 167	3,910 373	91 9	91 9	91 9	93 7	91 9	89 11	93 7	90 10	89 11
Q10i: Classes on planning a baby: <i>With a partner</i>	0 No 1 Yes	48 52	966 1,024	2,072 2,211	46 54	49 51	52 48	39 61	52 48	60 40	50 50	52 48	42 58
Q10j: Classes on planning a baby: <i>My partner, alone</i>	0 No 1 Yes	96 4	1,915 75	4,112 171	96 4	95 5	97 3	97 3	94 6	96 4	97 3	95 5	94 6
Q10k: Classes on planning a baby: <i>Not interested</i>	0 No 1 Yes	61 39	1,213 777	2,624 1,658	62 38	62 38	58 42	69 31	59 41	51 49	58 42	58 42	71 29
Thinking about the most recent time you had sex, what kind of birth control did you or your partner use?													
Q11a: Birth control method used at last sex: <i>Condoms</i>	0 No 1 Yes	61 39	1,260 816	2,677 1,738	53 47	67 33	71 29	70 30	60 40	43 57	64 36	50 50	60 40
Q11b: Birth control method used at last sex: <i>Withdrawal ("pulling out")</i>	0 No 1 Yes	82 18	1,674 402	3,608 807	78 22	84 16	88 12	83 17	79 21	81 19	81 19	82 18	84 16
Q11c: Birth control method used at last sex: <i>A birth control pill, patch,</i>	0 No 1 Yes	63 37	1,282 794	2,808 1,608	62 38	59 41	71 29	63 37	58 42	68 32	58 42	76 24	67 33
Q11d: Birth control method used at last sex: <i>Depo Provera ("the shot")</i>	0 No 1 Yes	82 18	1,782 294	3,643 773	85 15	87 13	73 27	81 19	86 14	84 16	84 16	72 28	86 14
Q11e: Last method of BC at sex: <i>Rhythm method/ Natural family planning</i>	0 No 1 Yes	98 2	2,043 33	4,338 77	98 2	98 2	98 2	97 3	99 1	100 0	99 1	98 2	96 4
Q11f: Birth control method used at last sex: <i>Other</i>	0 No 1 Yes	93 7	1,965 148	4,212 310	96 4	90 10	89 11	91 9	94 6	95 5	93 7	95 5	92 8

Note: Percentages may not add up to 100% due to rounding. Source: 2009 Survey of Partner and Couple Services—Women

APPENDIX TABLE 1 (continued)

		TOTAL			AGE			RELATIONSHIP STATUS			RACE/ETHNICITY		
		Un-weighted %	Weighted N (000s)		18-24 %	25-29 %	≥30 %	Married or co-habiting %	Casual, multiple, or none %		White non-Hispanic %	Black non-Hispanic %	Hispanic %
TOTAL	Unweighted N %	100	2,113	4,522	1,140	476	497	949	600	521	1,097	244	661
Q11g: Birth control method used at last sex: <i>Specify other method</i>	1 IUD	52	98	164	54	58	48	52	59	49	48	41	64
	2 Implants	15	12	45	30	12	6	16	21	2	16	36	6
	3 Spermicides	4	7	14	4	7	3	4	6	5	4	0	6
	6 Tubal ligation/ "fixed"	13	14	39	0	21	13	18	0	12	14	9	13
	7 Vasectomy/ partner "fixed"	9	5	25	0	0	22	9	5	9	8	14	8
Q11h: Birth control method used at last sex: <i>No method</i>	0 No	89	1,866	3,937	89	90	88	87	92	90	89	89	89
	1 Yes	11	210	478	11	10	12	13	8	10	11	11	11
Q12: Number of times respondent has been pregnant Including births, miscarriages, and abortions, how many times have you ever been pregnant?	0 0	42	883	1,825	59	32	14	30	55	50	53	36	22
	1 1	21	426	920	23	20	17	23	20	20	21	23	21
	2 2+	37	746	1,631	18	48	69	47	25	30	27	41	57
Q13: Experienced an unintended pregnancy Have you become pregnant at a time you were not expecting to?	0 No	58	1,244	2,548	67	49	47	55	62	60	60	53	57
	1 Yes	42	821	1,873	33	51	53	45	38	40	40	47	43
Have you ever given birth?													
Q14a: Respondent has given birth: <i>With current partner</i>	0 No	69	1,246	2,606	78	65	54	52	89	93	82	67	47
	1 Yes	31	537	1,152	22	35	46	48	11	7	18	33	53
Q14b: Respondent has given birth: <i>With a past partner</i>	0 No	78	1,631	3,448	88	73	61	83	79	69	79	73	80
	1 Yes	22	434	965	12	27	39	17	21	31	21	27	20
Q14c: Respondent has given birth: <i>No</i>	0 No	46	934	2,041	30	56	73	59	32	38	34	54	67
	1 Yes	54	1,131	2,373	70	44	27	41	68	62	66	46	33
Q15: Attempted to become pregnant without telling partner Have you ever tried to become pregnant without telling a partner?	0 No	97	2,043	4,334	98	97	96	97	99	97	98	99	95
	1 Yes	3	42	114	2	3	4	3	1	3	2	1	5
Have you ever been hit, kicked, slapped, choked or otherwise made to feel afraid by a partner?													
Q16a: Abused by: <i>Current partner</i>	0 No	97	1,702	3,581	98	95	96	96	98	99	97	97	97
	1 Yes	3	53	111	2	5	4	4	2	1	3	3	3
Q16b: Abused by: <i>A past partner</i>	0 No	79	1,571	3,316	85	72	71	77	82	77	76	84	83
	1 Yes	21	397	904	15	28	29	23	18	23	24	16	17

Note: Percentages may not add up to 100% due to rounding. Source: 2009 Survey of Partner and Couple Services—Women

APPENDIX TABLE 1 (continued)

		TOTAL			AGE			RELATIONSHIP STATUS			RACE/ETHNICITY		
		Un-weighted %	Weighted N (000s)		18-24 %	25-29 %	≥30 %	Married or co-habiting %	Casual, multiple, or none %		White non-Hispanic %	Black non-Hispanic %	Hispanic %
TOTAL	Unweighted N %	100	2,113	4,522	1,140	476	497	949	600	521	1,097	244	661
Q17: Experienced forced sex	0 No	85	1,783	3,767	87	81	84	88	86	80	82	89	91
	1 Yes	15	296	661	13	19	16	12	14	20	18	11	9
Have you ever been forced to have sex when you did not want to?													
How important is it to you that your birth control method...													
Q18a: Importance that birth control method: Can be used without a partner's help	1 Not at all important	13	261	583	15	11	14	15	12	12	16	11	9
	2 A little	5	94	208	5	4	5	5	4	5	4	8	5
	3 Somewhat	16	331	674	18	12	13	17	17	14	15	14	18
	4 Extremely	66	1,318	2,823	62	72	68	63	67	70	65	67	68
Q18b: Importance that birth control method: Can be used without partner knowing	1 Not at all important	47	901	1,917	49	48	41	52	50	38	57	33	32
	2 A little	8	149	299	6	9	8	7	8	8	8	7	7
	3 Somewhat	14	284	589	15	13	15	13	14	19	12	17	20
	4 Extremely	31	558	1,245	29	30	36	28	29	35	24	43	41
Q19: Importance of avoiding pregnancy	1 Not at all important	8	154	339	5	8	15	11	5	6	7	14	6
	2 A little	6	115	271	6	6	7	9	5	3	7	4	6
Thinking about your life right now, how important is it for you to avoid becoming pregnant?	3 Somewhat	13	307	545	13	14	11	16	11	11	14	7	14
	4 Extremely	73	1,444	3,133	76	72	67	65	79	80	72	75	73
Q20: Primary language	1 English	84	1,683	3,773	90	83	71	75	89	96	100	100	44
What language do you mostly speak at home?	2 Spanish	16	394	677	9	16	28	24	10	4	0	0	56
	3 Other	0	18	39	1	1	1	1	1	0	0	0	0
Q21: Born in U.S.	0 No	18	419	791	11	21	33	28	12	6	2	2	60
Were you born in the United States?	1 Yes	82	1,555	3,481	89	79	67	72	88	94	98	98	40
Q23: Satisfaction with main partner	1 Very unsatisfied	3	56	116	2	3	6	3	2	5	3	4	2
	2	4	65	140	5	3	3	2	2	15	4	4	4
How satisfied are you with the relationship that you have with your main partner?	3	14	233	530	14	17	15	10	16	35	13	21	12
	4	21	374	763	22	22	18	17	26	27	21	21	20
	5 Very satisfied	58	978	2,066	58	54	58	68	53	17	59	49	62
Since you first had sex with your main partner...													
Q24a: Since first sex: Do you think your partner has had sex with someone else?	0 No	69	1,149	2,521	72	68	64	76	69	32	79	55	60
	1 Yes	14	256	501	14	13	14	9	14	35	10	22	16
	99 Don't know	17	297	620	14	19	22	15	17	32	11	22	25
Q24b: Since first sex: Have you had sex with someone else?	0 No	86	1,440	3,067	86	85	86	90	90	53	86	83	87
	1 Yes	14	241	513	14	15	14	10	10	47	14	17	13
Q25: Length of relationship	1 0–6 months	17	306	597	21	15	10	6	26	48	20	14	13
How long have you and your main partner been together?	2 7–12 months	13	215	458	15	12	8	8	20	18	16	10	7
	3 Longer than a year	70	1,161	2,497	64	73	82	87	54	34	64	76	79

Note: Percentages may not add up to 100% due to rounding. Source: 2009 Survey of Partner and Couple Services—Women

APPENDIX TABLE 1 (continued)

	TOTAL		AGE			RELATIONSHIP STATUS			RACE/ETHNICITY				
	Unweighted %	Weighted N (000s)	18-24	25-29	≥30	Married or co-habiting	Casual, multiple, or none	Steady	White non-Hispanic	Black non-Hispanic	Hispanic		
			%	%	%	%	%	%	%	%	%		
TOTAL	Unweighted N %	2,113	4,522	1,140	476	497	949	600	521	1,097	244	661	
		100		100	100	100	100	100	100	100	100	100	
Please tell me if you agree or disagree with the following statements about you and your main partner.													
Q26a: Client's beliefs: <i>He does not want me to get pregnant right now</i>	1 Disagree strongly	12	180	414	9	15	14	12	10	12	7	19	16
	2 Disagree Somewhat	7	113	262	7	6	8	8	5	7	6	11	7
	3 Neither	13	210	452	12	12	16	17	7	6	12	9	15
	4 Agree somewhat	11	212	386	11	11	8	11	12	7	11	10	12
	5 Agree strongly	58	974	2,086	61	55	53	52	66	68	64	51	50
Q26b: Client's beliefs: <i>He tries to interfere with my birth control use</i>	1 Disagree strongly	74	1,203	2,606	80	73	60	69	83	79	83	78	54
	2 Disagree Somewhat	3	47	93	3	3	2	2	2	5	3	3	3
	3 Neither	15	256	536	13	14	23	19	9	12	12	9	25
	4 Agree somewhat	2	41	68	1	2	4	3	1	2	1	5	3
	5 Agree strongly	6	115	223	3	9	11	7	6	3	2	5	15
Q26c: Client's beliefs: <i>I would like him to be more involved in using our birth control method</i>	1 Disagree strongly	26	437	923	22	32	30	27	26	25	29	28	20
	2 Disagree Somewhat	8	123	260	9	6	4	7	7	10	9	5	6
	3 Neither	42	691	1,495	46	38	39	41	48	36	48	35	35
	4 Agree somewhat	11	172	359	11	12	7	9	10	13	8	14	13
	5 Agree strongly	13	231	464	11	12	20	15	9	16	6	18	25
Q26d: Client's beliefs: <i>I would like to talk more with him about our birth control use</i>	1 Disagree strongly	27	444	948	25	29	31	27	28	28	30	25	22
	2 Disagree Somewhat	7	116	225	7	8	3	6	7	5	7	6	6
	3 Neither	42	691	1,489	47	39	36	41	46	44	48	40	31
	4 Agree somewhat	11	171	394	12	11	10	10	11	14	9	14	14
	5 Agree strongly	13	222	439	9	13	20	16	8	10	5	15	27
Q26e: Client's beliefs: <i>I think that it should be mainly a woman's responsibility to make decisions about birth control</i>	1 Disagree strongly	27	507	985	25	26	31	28	27	23	22	32	33
	2 Disagree Somewhat	16	254	569	17	15	11	14	20	13	18	9	14
	3 Neither	17	294	644	16	21	16	19	14	17	20	14	14
	4 Agree somewhat	17	285	636	21	14	13	17	17	23	19	18	12
	5 Agree strongly	23	382	857	21	23	29	22	21	25	20	27	27
Q27: Age of partner	1 18–19	6	103	207	11	0	0	3	11	4	7	4	4
How old is your main partner?	2 20–24	32	535	1,123	54	13	2	25	39	45	35	34	26
	3 25–29	28	479	1,018	27	47	12	29	26	30	29	28	27
	4 ≥30	34	573	1,227	8	39	85	43	25	21	29	35	43
Q28: Main partner's education level	1 0–11th grade	18	312	641	15	17	26	22	14	6	12	19	30
What is the highest level of school your main partner has finished?	2 High school	42	623	1,466	46	36	36	41	38	43	41	44	42
	3 Some college/assoc. degree	28	533	1,006	30	30	22	26	33	32	32	28	18
	4 College grad or more	12	220	456	9	17	15	10	14	20	15	8	10
Q29: Would partner come to appointment if asked	1 He would come	68	1,152	2,481	69	68	67	71	71	51	68	76	65
If you asked your main partner to come with you to a clinic visit, what do you think his response would be?	2 He would come if he had time	24	434	846	22	22	28	24	21	29	23	15	30
	3 He would not come	8	114	295	8	11	5	5	8	21	10	9	5

Note: Percentages may not add up to 100% due to rounding. Source: 2009 Survey of Partner and Couple Services—Women

APPENDIX TABLE 1 (continued)

		TOTAL			AGE			RELATIONSHIP STATUS			RACE/ETHNICITY		
		Un- % weighted	Weighted N (000s)		18-24	25-29	≥30	Married or co- habiting	Casual, multiple, Steady or none		White non- Hispanic	Black non- Hispanic	Hispanic
					%	%	%	%	%	%	%	%	%
TOTAL	Unweighted N %	100	2,113	4,522	1,140	476	497	949	600	521	1,097	244	661
					100	100	100	100	100	100	100	100	100
Q30: Wants partner to come to clinic to talk to doctor with her	0 No 1 Yes	51 49	919 786	1,843 1,770	54 46	49 51	47 53	43 57	57 43	74 26	59 41	42 58	42 58
Would you want your main partner to come to the clinic to talk to your doctor or nurse with you?													
If response to Q30 is 'No,' it is because...													
Q31a: Reason for "no" response: <i>I do not have one main sexual partner</i>	0 No 1 Yes	98 2	1,793 32	3,771 75	98 2	98 2	98 2	99 1	100 0	81 19	98 2	98 2	98 2
Q31b: Reason for "no" response: <i>My partner doesn't have the time</i>	0 No 1 Yes	89 11	1,626 199	3,432 415	90 10	89 11	87 13	89 11	89 11	89 11	90 10	93 7	85 15
Q31c: Reason for "no" response: <i>I don't want him involved in my birth control decisions</i>	0 No 1 Yes	91 9	1,658 167	3,510 337	91 9	92 8	91 9	95 5	89 11	67 33	90 10	91 9	93 7
Q31d: Reason for "no" response: <i>I think my partner would get angry or violent</i>	0 No 1 Yes	99 1	1,815 10	3,804 42	99 1	98 2	99 1	100 0	98 2	99 1	99 1	100 0	99 1
Q31e: Reason for "no" response: <i>My partner is already involved enough in our birth control decisions</i>	0 No 1 Yes	76 24	1,389 436	2,950 897	76 24	76 24	78 22	76 24	74 26	74 26	75 25	81 19	76 24
Q31f: Reason for "no" response: <i>I would not be comfortable talking with clinic staff if my partner were there</i>	0 No 1 Yes	92 8	1,674 151	3,545 301	91 9	93 7	94 6	95 5	89 11	77 23	90 10	96 4	94 6
Q31g: Reason for "no" response: <i>My partner would be uncomfortable at the clinic</i>	0 No 1 Yes	92 8	1,641 184	3,523 323	91 9	92 8	93 7	93 7	91 9	78 22	90 10	94 6	94 6
Q31h: Reason for "no" response: <i>Other reason</i>	0 No 1 Yes	95 5	1,726 99	3,672 174	96 4	94 6	95 5	96 4	94 6	92 8	93 7	99 1	98 2
Q31i: Reason for "no" response: <i>Specify other reason</i>	1 Not necessary 2 Other	67 33	49 28	78 38	56 44	73 27	79 21	64 36	80 20	32 68	73 27	39 61	47 53

Note: Percentages may not add up to 100% due to rounding. Source: 2009 Survey of Partner and Couple Services—Women

APPENDIX TABLE 2. Number and distribution of male partner respondents of female clients served at Title X-funded family planning clinics by age, relationship status and race and ethnicity for all questionnaire items, 2009

		TOTAL		AGE			RACE/ETHNICITY			
		Un- % weighted N	181	18-24	25-29	≥30	White non- Hispanic	Black non- Hispanic	Hispanic	
				%	%	%	%	%	%	
TOTAL	Unweighted N %	100	181	44	80	46	55	98	10	58
				44	25	30	59	6	35	
Age	1 18–24	44	80	100	0	0	55	20	31	
	2 25–29	25	46	0	100	0	26	40	24	
	3 ≥30	30	55	0	0	100	19	40	45	
Race/ethnicity	1 White non-Hispanic	59	98	73	58	39	100	0	0	
	2 Black non-Hispanic	6	10	3	9	8	0	100	0	
	3 Hispanic	35	58	24	33	53	0	0	100	
Q04: Would go to clinic if asked If your partner asked you to go with her to a family planning clinic, what do you think your response would be?	1 I would go	83	149	86	80	80	81	100	81	
	2 I would go if I could fit it into my schedule	11	20	8	13	15	11	0	14	
	3 I would not go	6	11	6	7	5	8	0	5	
Q05: Satisfaction with main partner Overall, how satisfied are you with your relationship?	1 Very unsatisfied	1	1	0	2	0	0	10	0	
	2	0	0	0	0	0	0	0	0	
	3	6	11	8	0	9	4	0	11	
	4	16	28	14	16	19	16	10	14	
	5 Very satisfied	78	138	78	82	72	80	80	75	
Think about the most recent time you had sex. What kind of birth control did you and your partner use?										
Q06a: Birth control method used at last sex: condoms	0 No	69	120	70	66	71	76	44	63	
	1 Yes	31	54	30	34	29	24	56	37	
Q06b: Birth control method used at last sex: withdrawal ("pulling out")	0 No	75	131	68	68	92	74	78	78	
	1 Yes	25	43	32	32	8	26	22	22	
Q06c: Birth control method used at last sex: a birth control pill	0 No	59	103	49	57	76	45	78	74	
	1 Yes	41	71	51	43	24	55	22	26	
Q06d: Birth control method used at last sex: rhythm method/ natural family planning	0 No	99	173	100	100	98	100	100	100	
	1 Yes	1	1	0	0	2	0	0	0	
Q06e: Birth control method used at last sex: other method	0 No	82	143	82	89	76	81	100	85	
	1 Yes	18	31	18	11	24	19	0	15	
Q06f: Birth control method used at last sex: specify other method	1 IUD	20	6	14	0	36	11	25	16	
	2 Other	3	1	7	0	0	0	0	0	
	3 Vasectomy	3	1	0	0	9	6	0	4	
	4 Tubal ligation	3	1	0	20	0	6	0	4	
	5 Depo Provera	43	13	50	40	36	39	57	44	
	6 Hormonal ring	27	8	29	40	18	39	14	32	
Q06g: Birth control method used at last sex: no method	0 No	87	152	94	86	78	94	67	80	
	1 Yes	13	22	6	14	22	6	33	20	

Notes: Percentages are based on unweighted Ns. Percentages may not add up to 100% due to rounding. Source: 2009 Survey of Partner and Couple Services—Men

APPENDIX TABLE 2 (continued)

		TOTAL		AGE			RACE/ETHNICITY		
		Un- % weighted N	N	18-24	25-29	≥30	White non- Hispanic	Black non- Hispanic	Hispanic
				%	%	%	%	%	%
TOTAL	Unweighted N %	100	181	80 44	46 25	55 30	98 59	10 6	58 35
Have you, yourself ever received any of the following services from a family planning clinic? Are you at the clinic today for any of these services?									
Q07a: Physical exam: <i>Ever</i>	0 No	74	105	74	74	74	80	38	64
	1 Yes	26	37	26	26	26	20	63	36
Q07b: Physical exam: <i>Today</i>	0 No	93	132	94	89	95	96	100	89
	1 Yes	7	10	6	11	5	4	0	11
Q07c: Gotten condoms: <i>Ever</i>	0 No	67	95	60	74	71	65	38	69
	1 Yes	33	47	40	26	29	35	63	31
Q07d: Gotten condoms: <i>Today</i>	0 No	87	123	88	80	90	91	88	80
	1 Yes	13	19	12	20	10	9	13	20
Q07e: Talked to staff about condoms or birth control: <i>Ever</i>	0 No	77	110	80	74	76	77	63	78
	1 Yes	23	32	20	26	24	23	38	22
Q07f: Talked to staff about condoms or birth control: <i>Today</i>	0 No	91	129	91	86	95	93	88	87
	1 Yes	9	13	9	14	5	7	13	13
Q07g: Testing or treatment for STDs/HIV: <i>Ever</i>	0 No	79	112	85	74	74	83	50	73
	1 Yes	21	30	15	26	26	17	50	27
Q07h: Testing or treatment for STDs/HIV: <i>Today</i>	0 No	89	127	85	94	93	91	88	87
	1 Yes	11	15	15	6	7	9	13	13
Q07i: Other reason for visit: <i>Ever</i>	0 No	91	129	96	89	86	96	88	89
	1 Yes	9	13	4	11	14	4	13	11
Q07j: Other reason for visit: <i>Today</i>	0 No	97	138	94	100	100	99	100	98
	1 Yes	3	4	6	0	0	1	0	2
Q07k: Received no services from a family planning clinic: <i>Ever</i>	0 No	69	98	66	71	71	53	88	87
	1 Yes	31	44	34	29	29	47	13	13
Q07l: Received no services from a family planning clinic: <i>Today</i>	0 No	87	123	89	89	81	92	100	78
	1 Yes	13	19	11	11	19	8	0	22
Q08: Unintentionally got a woman pregnant	0 No	72	121	82	67	61	71	67	73
	1 Yes	28	47	18	33	39	29	33	27
Have you ever gotten someone pregnant when you were not expecting to?									

Notes: Percentages are based on unweighted Ns. Percentages may not add up to 100% due to rounding. Source: 2009 Survey of Partner and Couple Services—Men

APPENDIX TABLE 2 (continued)

		TOTAL		AGE			RACE/ETHNICITY		
		Un- % weighted N	N	18-24	25-29	≥30	White non- Hispanic	Black non- Hispanic	Hispanic
				%	%	%	%	%	%
TOTAL	Unweighted N %	100	181	80 44	46 25	55 30	98 59	10 6	58 35
Please tell me if you agree or disagree with the following statements									
Q09a: Opinion: <i>It should be a woman's responsibility to make decisions about birth control</i>	1 Disagree strongly 2 Disagree somewhat 3 Neither 4 Agree somewhat 5 Agree strongly	28 19 13 20 20	50 33 24 35 36	27 20 15 22 16	18 20 18 16 27	38 15 7 20 20	23 25 14 22 17	20 10 10 40 20	38 10 14 12 26
Q09b: Opinion: <i>I would like to know more about preventing pregnancy</i>	1 Disagree strongly 2 Disagree somewhat 3 Neither 4 Agree somewhat 5 Agree strongly	16 8 34 15 28	28 14 60 27 49	18 10 25 25 23	18 9 42 7 24	11 4 40 8 38	21 10 38 18 13	20 10 10 20 40	7 4 30 12 47
Q09c: Opinion: <i>I would like it if my partner knew more about preventing pregnancy</i>	1 Disagree strongly 2 Disagree somewhat 3 Neither 4 Agree somewhat 5 Agree strongly	13 10 32 19 27	23 17 56 34 47	13 14 27 27 20	13 7 40 13 27	13 6 32 13 36	17 14 40 21 9	10 10 10 10 60	7 4 21 21 47
Some clinics are thinking about offering personal counseling to clients and their partners. If you were going to get counseling like this, would you like to go by yourself, with a sexual partner present, or would you like a partner to receive this counseling without you?									
Possible counseling topic: choosing and using a birth control method (including condoms)									
Q10a: Counseling on choosing and using birth control: <i>By yourself</i>	0 No 1 Yes	94 6	164 10	93 8	100 0	92 8	94 6	100 0	96 4
Q10b: Counseling on choosing and using birth control: <i>With a partner</i>	0 No 1 Yes	45 55	78 96	41 59	36 64	58 42	45 55	40 60	41 59
Q10c: Counseling on choosing and using birth control: <i>My partner, alone</i>	0 No 1 Yes	87 13	151 23	90 10	89 11	80 20	90 10	100 0	78 22
Q10d: Counseling on choosing and using birth control: <i>Not interested</i>	0 No 1 Yes	71 29	123 51	74 26	73 27	64 36	69 31	60 40	80 20
Possible counseling topic: talking with a partner about birth control									
Q10e: Counseling on talking with partner about birth control: <i>By yourself</i>	0 No 1 Yes	95 5	164 9	94 6	98 2	94 6	96 4	80 20	96 4
Q10f: Counseling on talking with partner about birth control: <i>With a partner</i>	0 No 1 Yes	41 59	71 102	39 61	34 66	51 49	42 58	50 50	37 63

Notes: Percentages are based on unweighted Ns. Percentages may not add up to 100% due to rounding. Source: 2009 Survey of Partner and Couple Services—Men

APPENDIX TABLE 2 (continued)

		TOTAL		AGE			RACE/ETHNICITY		
		Un- % weighted N	N	18-24	25-29	≥30	White non- Hispanic	Black non- Hispanic	Hispanic
				%	%	%	%	%	%
TOTAL	Unweighted N %	100	181	80 44	46 25	55 30	98 59	10 6	58 35
Q10g: Counseling on talking with partner about birth control: <i>My partner, alone</i>	0 No 1 Yes	90 10	156 17	95 5	89 11	84 16	95 5	100 0	80 20
Q10h: Counseling on talking with partner about birth control: <i>Not interested</i>	0 No 1 Yes	71 29	123 50	70 30	77 23	67 33	66 34	70 30	81 19
Possible counseling topic: planning when to have a baby									
Q10i: Counseling on planning when to have a baby: <i>By yourself</i>	0 No 1 Yes	98 2	170 3	98 3	98 2	100 0	98 2	100 0	100 0
Q10j: Counseling on planning when to have a baby: <i>With a partner</i>	0 No 1 Yes	39 61	67 106	35 65	32 68	51 49	42 58	40 60	30 70
Q10k: Counseling on planning when to have a baby: <i>My partner, alone</i>	0 No 1 Yes	91 9	157 16	94 6	89 11	88 12	97 3	100 0	78 22
Q10l: Counseling on planning when to have a baby: <i>Not interested</i>	0 No 1 Yes	71 29	122 51	74 26	75 25	61 39	61 39	60 40	91 9
Some clinics are thinking about offering classes to clients and their partners? If you were going to go to a class like this, would you like to go by yourself, with a sexual partner present, or would you like a partner to receive this counseling without you?									
Possible class topic: choosing and using a birth control method (including condoms)									
Q11a: Classes on choosing and using a birth control method: <i>By yourself</i>	0 No 1 Yes	95 5	166 9	94 6	98 2	94 6	96 4	90 10	98 2
Q11b: Classes on choosing and using a birth control method: <i>With a partner</i>	0 No 1 Yes	45 55	78 97	42 58	43 57	50 50	47 53	40 60	35 65
Q11c: Classes on choosing and using a birth control method: <i>My partner, alone</i>	0 No 1 Yes	91 9	160 15	96 4	89 11	87 13	95 5	100 0	84 16
Q11d: Classes on choosing and using a birth control method: <i>Not interested</i>	0 No 1 Yes	67 33	118 57	67 33	70 30	65 35	61 39	70 30	82 18

Notes: Percentages are based on unweighted Ns. Percentages may not add up to 100% due to rounding. Source: 2009 Survey of Partner and Couple Services—Men

APPENDIX TABLE 2 (continued)

		TOTAL		AGE			RACE/ETHNICITY		
		Un- % weighted N	N	18-24	25-29	≥30	White non- Hispanic	Black non- Hispanic	Hispanic
				%	%	%	%	%	%
TOTAL	Unweighted N %	100	181	80 44	46 25	55 30	98 59	10 6	58 35
Possible class topic: talking with a partner about birth control									
Q11e: Classes on talking with a partner about birth control:	0 No	96	165	97	98	94	98	90	96
	1 Yes	4	6	3	2	6	2	10	4
<i>By yourself</i>									
Q11f: Classes on talking with a partner about birth control:	0 No	42	72	39	39	50	44	40	34
	1 Yes	58	99	61	61	50	56	60	66
<i>With a partner</i>									
Q11g: Classes on talking with a partner about birth control:	0 No	93	159	96	93	88	97	100	83
	1 Yes	7	12	4	7	13	3	0	17
<i>My partner, alone</i>									
Q11h: Classes on talking with a partner about birth control:	0 No	68	116	67	70	67	61	70	83
	1 Yes	32	55	33	30	33	39	30	17
<i>Not interested</i>									
Possible class topic: planning when to have a baby									
Q11i: Classes on planning a baby:	0 No	98	169	99	98	98	99	90	100
	1 Yes	2	3	1	2	2	1	10	0
<i>By yourself</i>									
Q11j: Classes on planning a baby:	0 No	39	67	37	32	49	43	40	30
	1 Yes	61	105	63	68	51	57	60	70
<i>With a partner</i>									
Q11k: Classes on planning a baby:	0 No	94	161	95	95	90	99	100	81
	1 Yes	6	11	5	5	10	1	0	19
<i>My partner, alone</i>									
Q11l: Classes on planning a baby:	0 No	69	119	70	75	63	59	70	89
	1 Yes	31	53	30	25	37	41	30	11
<i>Not interested</i>									
Have you ever done any of these things to help a partner use birth control?									
Helped pay for her clinic visit									
Q12a: Paid for partner's clinic visit:	0 No	49	78	58	48	38	62	11	28
	1 Yes	51	80	42	53	62	38	89	72
<i>Current partner</i>									
Q12b: Paid for partner's clinic visit:	0 No	89	140	93	85	84	88	78	89
	1 Yes	11	18	7	15	16	12	22	11
<i>Past partner</i>									
Q12c: Paid for partner's clinic visit:	0 No	58	92	48	63	71	47	89	81
	1 Yes	42	66	52	38	29	53	11	19
<i>No partner</i>									
Helped pay for her birth control method									
Q12d: Paid for partner's birth control:	0 No	48	76	52	46	43	59	10	28
	1 Yes	52	83	48	54	57	41	90	72
<i>Current partner</i>									
Q12e: Paid for partner's birth control:	0 No	86	137	88	82	87	84	80	89
	1 Yes	14	22	12	18	13	16	20	11
<i>Past partner</i>									

Notes: Percentages are based on unweighted Ns. Percentages may not add up to 100% due to rounding. Source: 2009 Survey of Partner and Couple Services—Men

APPENDIX TABLE 2 (continued)

		TOTAL		AGE			RACE/ETHNICITY		
		% weighted	Un-weighted N	18-24	25-29	≥30	White non-Hispanic	Black non-Hispanic	Hispanic
				%	%	%	%	%	%
TOTAL	Unweighted N %	100	181	80 44	46 25	55 30	98 59	10 6	58 35
Q12f: Paid for partner's birth control: <i>No partner</i>	0 No 1 Yes	63 37	100 59	58 42	67 33	68 32	55 45	90 10	81 19
Driven her to a clinic									
Q12g: Driven partner to appointment: <i>Current partner</i>	0 No 1 Yes	30 70	49 114	33 67	27 73	28 72	37 63	11 89	16 84
Q12h: Driven partner to appointment: <i>Past partner</i>	0 No 1 Yes	87 13	142 21	89 11	91 9	81 19	84 16	78 22	90 10
Q12i: Driven partner to appointment: <i>No partner</i>	0 No 1 Yes	76 24	124 39	74 26	77 23	79 21	69 31	100 0	88 12
Gone with her to the clinic and waited while she had her appointment									
Q12j: Gone to clinic and waited: <i>Current partner</i>	0 No 1 Yes	29 71	46 113	30 70	34 66	23 77	37 63	0 100	14 86
Q12k: Gone to clinic and waited: <i>Past partner</i>	0 No 1 Yes	89 11	141 18	94 6	88 12	81 19	87 13	89 11	90 10
Q12l: Gone to clinic and waited: <i>No partner</i>	0 No 1 Yes	76 24	121 38	73 27	73 27	83 17	69 31	100 0	90 10
Gone with her in the examination room									
Q12m: Gone into exam room: <i>Current partner</i>	0 No 1 Yes	54 46	81 68	59 41	61 39	42 58	66 34	25 75	33 67
Q12n: Gone into exam room: <i>Past partner</i>	0 No 1 Yes	93 7	138 11	97 3	89 11	88 12	94 6	88 13	91 9
Q12o: Gone into exam room: <i>No partner</i>	0 No 1 Yes	50 50	75 74	44 56	47 53	63 37	38 62	75 25	74 26
Talked with the staff that she sees at the clinic									
Q12p: Talked with clinic staff: <i>Current partner</i>	0 No 1 Yes	55 45	79 65	62 38	53 47	46 54	63 37	13 88	38 62
Q12q: Talked with clinic staff: <i>Past partner</i>	0 No 1 Yes	92 8	133 11	97 3	87 13	90 10	94 6	75 25	93 7
Q12r: Talked with clinic staff: <i>No partner</i>	0 No 1 Yes	49 51	71 73	42 58	53 47	59 41	38 62	100 0	69 31
Reminded her to use her birth control method									
Q12s: Reminded partner to use birth control: <i>Current partner</i>	0 No 1 Yes	25 75	39 120	21 79	31 69	24 76	28 72	0 100	15 85

Notes: Percentages are based on unweighted Ns. Percentages may not add up to 100% due to rounding. Source: 2009 Survey of Partner and Couple Services—Men

APPENDIX TABLE 2 (continued)

		TOTAL		AGE			RACE/ETHNICITY		
		Un- % weighted	N	18-24	25-29	≥30	White non- Hispanic	Black non- Hispanic	Hispanic
				%	%	%	%	%	%
TOTAL			181	80	46	55	98	10	58
		100		44	25	30	59	6	35
		Unweighted N %							
Q12t: Reminded partner to use birth control: <i>Past partner</i>	0 No	89	141	93	83	87	88	80	92
	1 Yes	11	18	7	17	13	13	20	8
Q12u: Reminded partner to use birth control: <i>No partner</i>	0 No	79	125	82	74	78	75	100	88
	1 Yes	21	34	18	26	22	25	0	13
Please tell me if you agree or disagree with the following statements about your partner									
Q13a: Partner beliefs: <i>She does not want to get pregnant right now</i>	1 Disagree strongly	10	18	8	12	14	5	40	13
	2 Disagree somewhat	3	6	0	9	4	4	0	4
	3 Neither	9	15	5	14	10	7	0	11
	4 Agree somewhat	13	22	16	14	6	11	10	13
	5 Agree strongly	65	112	71	51	66	72	50	58
Q13b: Partner's beliefs: <i>She tries to interfere with my birth control use</i>	1 Disagree strongly	60	102	69	57	50	72	60	43
	2 Disagree somewhat	4	7	5	5	2	6	10	0
	3 Neither	24	40	18	30	27	16	20	31
	4 Agree somewhat	4	7	5	2	4	3	10	6
	5 Agree strongly	8	13	3	7	17	2	0	20
Q13c: Partner's beliefs: <i>I would like to talk more with her about birth control</i>	1 Disagree strongly	20	34	22	19	18	29	20	5
	2 Disagree somewhat	8	14	8	12	6	11	0	7
	3 Neither	39	66	40	44	31	47	30	24
	4 Agree somewhat	15	25	21	9	10	9	30	24
	5 Agree strongly	19	32	9	16	35	4	20	40
Q13d: Partner's beliefs: <i>I helped choose our current method of birth control</i>	1 Disagree strongly	15	25	12	19	17	18	22	6
	2 Disagree somewhat	8	13	6	10	8	9	0	8
	3 Neither	30	50	33	33	21	31	33	29
	4 Agree somewhat	18	30	21	24	8	22	22	14
	5 Agree strongly	30	50	28	14	46	20	22	43
Q13e: Partner's beliefs: <i>She knows more about preventing pregnancy than I do</i>	1 Disagree strongly	11	19	10	9	14	15	22	4
	2 Disagree somewhat	9	15	11	12	2	9	22	7
	3 Neither	33	57	33	35	32	44	22	15
	4 Agree somewhat	19	33	22	19	16	20	0	22
	5 Agree strongly	28	48	24	26	36	13	33	53
Q13f: Partner's beliefs: <i>She would like it if I went to the clinic with her</i>	1 Disagree strongly	6	11	3	7	12	9	20	0
	2 Disagree somewhat	4	7	6	2	2	7	0	0
	3 Neither	19	32	23	21	10	19	20	15
	4 Agree somewhat	23	40	23	33	16	29	0	20
	5 Agree strongly	48	82	46	37	60	36	60	65
Q13g: Partner's beliefs: <i>I would be uncomfortable at her family planning clinic</i>	1 Disagree strongly	39	66	47	29	34	43	40	32
	2 Disagree somewhat	18	30	23	19	8	23	20	6
	3 Neither	25	43	20	33	26	20	30	32
	4 Agree somewhat	6	10	4	7	8	4	0	9
	5 Agree strongly	13	22	6	12	24	10	10	21

Notes: Percentages are based on unweighted Ns. Percentages may not add up to 100% due to rounding. Source: 2009 Survey of Partner and Couple Services—Men

APPENDIX TABLE 2 (continued)

		TOTAL		AGE			RACE/ETHNICITY		
		Un- % weighted N	N	18-24	25-29	≥30	White non- Hispanic	Black non- Hispanic	Hispanic
				%	%	%	%	%	%
TOTAL	Unweighted N %	100	181	80 44	46 25	55 30	98 59	10 6	58 35
Q14: Importance of avoiding pregnancy	1 Not at all important	12	20	8	14	16	11	20	15
	2 A little important	9	16	6	11	12	11	0	9
Thinking about your life right now, how important is it to you to not get your partner pregnant?	3 Somewhat important	23	39	26	14	27	20	20	30
	4 Extremely important	56	96	60	61	45	59	60	46

Notes: Percentages are based on unweighted Ns. Percentages may not add up to 100% due to rounding. *Source:* 2009 Survey of Partner and Couple Services—Men

APPENDIX TABLE 3. Number and distribution of Title X-funded family planning clinic respondents for all questionnaire items, 2009

		TOTAL	
		Unweighted %	N
Please indicate which of the following services are provided directly by this clinic			
Q01a: Service provided: <i>Contraceptive services</i>	0 No	0	0
	1 Yes	100	68
Q01b: Service provided: <i>Sexually transmitted disease (STD) services</i>	0 No	0	0
	1 Yes	100	68
Q01c: Service provided: <i>Prenatal care</i>	0 No	66	42
	1 Yes	34	22
Q01d: Service provided: <i>Primary (general health) care</i>	0 No	70	45
	1 Yes	30	19
Q02: Number of female family planning clients served in 2008 What is the total number of unduplicated female family planning clients served by this clinic in calendar year 2008?	1 200–1099	27	15
	2 1100–2099	20	11
	3 2100–3799	20	11
	4 ≥3800	34	19
Q03: Percentage of total clients represented by female family planning clients What percentage of this clinic's total outpatient client caseload do these female family planning clients represent?	1 1–24%	12	7
	2 25–49%	8	5
	3 50–74%	8	5
	4 75–99%	58	34
	5 100%	14	8
Q04: Number of male family planning clients served in 2008 What is the total number of unduplicated male family planning clients served by this clinic in calendar year 2008?	1 0	22	13
	2 1–99	25	15
	3 100–499	29	17
	4 500–999	15	9
	5 ≥1000	8	5
Q05: Percentage of male clients receiving STD services in 2008 Approximately what percent of male clients listed in Q4 received STD services?	1 1–24%	4	2
	2 25–49%	4	2
	3 50–74%	17	8
	4 75–99%	33	15
	5 100%	41	19
Q06: Percentage of male clients receiving contraceptive services in 2008 Approximately what percent of male clients listed in Q4 received contraceptive services?	1 1–24%	40	16
	2 25–49%	5	2
	3 50–74%	5	2
	4 75–99%	15	6
	5 100%	35	14
Q07: Percentage of male clients that were partners of female clients in 2008 Approximately what percent of male clients listed in Q4 were partners of your female clients?	1 1–24%	29	6
	2 25–49%	19	4
	3 50–74%	29	6
	4 75–99%	14	3
	5 100%	10	2

Note: Percentages may not add up to 100% due to rounding. *Source:* 2009 Survey of Partner and Couple Services in Title X Clinics

APPENDIX TABLE 3 (continued)

		TOTAL	
		%	Unweighted N
Q08: Receives funding for programs addressing male contraceptive use	0 No 1 Yes	57 43	35 26
Does this clinic receive funding for male programs designed to address contraceptive use?			
Does this clinic offer any of the following services or programs specifically for men?			
Q09a: Service provided: <i>Advertising or recruitment efforts targeting men</i>	0 No 1 Yes	63 37	41 24
Q09b: Service provided: <i>Reproductive health programs or services specifically designed for men</i>	0 No 1 Yes	62 38	41 25
Q09c: Service provided: <i>Non-reproductive health services offered to men</i>	0 No 1 Yes	48 52	32 34
Q09d: Service provided: <i>Special hours when men can receive services</i>	0 No 1 Yes	91 9	58 6
Q09e: Service provided: <i>Efforts to recruit partners of female clients</i>	0 No 1 Yes	62 38	41 25
Q09f: Service provided: <i>Providers specifically trained to work with male contraceptive clients</i>	0 No 1 Yes	63 38	40 24
Does this clinic have a policy or protocol in place for female family planning clients who bring their male partner to the clinic with them?			
Q10a: Policy on male partners: <i>Male partners are allowed to accompany their partners at all times</i>	0 No 1 Yes 2 No policy	41 33 26	27 22 17
Q10b: Policy on male partners: <i>Male partners are not allowed in the exam room during an exam</i>	0 No 1 Yes 2 No policy	42 21 36	28 14 24
Q10c: Policy on male partners: <i>Male partners are not allowed in the exam room with a female client at any time</i>	0 No 1 Yes 2 No policy	55 10 34	37 7 23
Q10d: Policy on male partners: <i>Male partners do not participate with a female client in counseling</i>	0 No 1 Yes 2 No policy	47 16 38	30 10 24
Q10e: Policy on male partners: <i>Other policies or protocols are in place for female clients with partners</i>	0 No 1 Yes 2 No policy	22 28 50	13 17 30
For a female client receiving family planning services, are any of the following topics routinely discussed at an initial family planning visit?			
Q11a: Topic discussed at visit: <i>Type of relationship with partner(s)</i>	0 No 1 Yes	7 93	5 63
Q11b: Topic discussed at visit: <i>Recent changes in relationship/partner status</i>	0 No 1 Yes	100 0	68 0

Note: Percentages may not add up to 100% due to rounding. Source: 2009 Survey of Partner and Couple Services in Title X Clinics

APPENDIX TABLE 3 (continued)

		TOTAL	
		%	Unweighted N
Q11c: Topic discussed at visit:	0 No	38	26
<i>Partner's involvement with client's contraceptive choice or use</i>	1 Yes	62	42
Q11d: Topic discussed at visit:	0 No	28	19
<i>Ways client can communicate with partner about contraception</i>	1 Yes	72	49
Q11e: Topic discussed at visit:	0 No	3	2
<i>Client's experience with intimate partner violence</i>	1 Yes	97	66
How frequently do the following occur for this clinic's female family planning clients and their male partners?			
Q12a: Occurrence:	1 Never	0	0
<i>Female family planning clients come to the clinic with their male partners</i>	2 Rarely	24	16
	3 Sometimes	68	46
	4 Often	9	6
Q12b: Occurrence:	1 Never	0	0
<i>Male partner remains in waiting room and does not receive services or materials</i>	2 Rarely	15	10
	3 Sometimes	57	39
	4 Often	28	19
Q12c: Occurrence:	1 Never	10	7
<i>Patient education materials are distributed to male partner</i>	2 Rarely	37	25
	3 Sometimes	38	26
	4 Often	15	10
Q12d: Occurrence:	1 Never	67	44
<i>Educational classes or workshops are provided for male partner</i>	2 Rarely	20	13
	3 Sometimes	9	6
	4 Often	5	3
Q12e: Occurrence:	1 Never	60	41
<i>Male partner attends a contraceptive counseling session separately from client</i>	2 Rarely	31	21
	3 Sometimes	7	5
	4 Often	1	1
Q12f: Occurrence:	1 Never	16	11
<i>Male partner attends at least part of the client's clinic session</i>	2 Rarely	24	16
	3 Sometimes	46	31
	4 Often	15	10
Q12g: Occurrence:	1 Never	29	20
<i>Male partners are actively recruited to participate in at least part of the client's clinic session</i>	2 Rarely	32	22
	3 Sometimes	34	23
	4 Often	4	3
Q12h: Occurrence:	1 Never	68	44
<i>Protocols are changed when a male partner attends a client's contraceptive visit</i>	2 Rarely	25	16
	3 Sometimes	6	4
	4 Often	2	1

Note: Percentages may not add up to 100% due to rounding. *Source:* 2009 Survey of Partner and Couple Services in Title X Clinics

APPENDIX TABLE 3 (continued)

	TOTAL	
	%	Unweighted N
Does this clinic offer individual or couple counseling to help family planning clients and/or their partners do the following?		
Counseling topic offered:		
choosing and using a birth control method (including condoms)		
Q13a: Counseling on choosing and using a birth control method (including condoms):	0 No 1 Yes	24 16 76 52
<i>Female client alone</i>		
Q13b: Counseling on choosing and using a birth control method (including condoms):	0 No 1 Yes	68 46 32 22
<i>Male partner alone</i>		
Q13c: Counseling on choosing and using a birth control method (including condoms):	0 No 1 Yes	38 26 62 42
<i>Couples together</i>		
Q13d: Counseling on choosing and using a birth control method (including condoms):	0 No 1 Yes	93 63 7 5
<i>Not offered</i>		
Counseling topic offered:		
talking with a partner about birth control		
Q13e: Counseling on talking with a partner about birth control:	0 No 1 Yes	28 19 72 48
<i>Female client alone</i>		
Q13f: Counseling on talking with a partner about birth control:	0 No 1 Yes	69 46 31 21
<i>Male partner alone</i>		
Q13g: Counseling on talking with a partner about birth control:	0 No 1 Yes	42 28 58 39
<i>Couples together</i>		
Q13h: Counseling on talking with a partner about birth control:	0 No 1 Yes	90 60 10 7
<i>Not offered</i>		
Counseling topic offered:		
planning when to have a baby		
Q13i: Counseling on planning when to have a baby:	0 No 1 Yes	31 21 69 46
<i>Female client alone</i>		
Q13j: Counseling on planning when to have a baby:	0 No 1 Yes	84 56 16 11
<i>Male partner alone</i>		
Q13k: Counseling on planning when to have a baby:	0 No 1 Yes	52 35 48 32
<i>Couples together</i>		
Q13l: Counseling on planning when to have a baby:	0 No 1 Yes	84 56 16 11
<i>Not offered</i>		

Note: Percentages may not add up to 100% due to rounding. *Source:* 2009 Survey of Partner and Couple Services in Title X Clinics

APPENDIX TABLE 3 (continued)

		TOTAL	
		%	Unweighted N
Does this clinic hold classes or workshops to help family planning clients and/or their partners do the following?			
Class topic offered: choosing and using a birth control method (including condoms)			
Q14a: Class on choosing and using a birth control method (including condoms):	0 No	81	54
	1 Yes	19	13
<i>Female client alone</i>			
Q14b: Class on choosing and using a birth control method (including condoms):	0 No	88	59
	1 Yes	12	8
<i>Male partner alone</i>			
Q14c: Class on choosing and using a birth control method (including condoms):	0 No	87	58
	1 Yes	13	9
<i>Couples together</i>			
Q14d: Class on choosing and using a birth control method (including condoms):	0 No	24	16
	1 Yes	76	51
<i>Not offered</i>			
Class topic: talking with a partner about birth control			
Q14e: Class on talking with a partner about birth control:	0 No	82	55
	1 Yes	18	12
<i>Female client alone</i>			
Q14f: Class on talking with a partner about birth control:	0 No	90	60
	1 Yes	10	7
<i>Male partner alone</i>			
Q14g: Class on talking with a partner about birth control:	0 No	87	58
	1 Yes	13	9
<i>Couples together</i>			
Q14h: Class on talking with a partner about birth control:	0 No	22	15
	1 Yes	78	52
<i>Not offered</i>			
Class topic: planning when to have a baby			
Q14i: Class on planning when to have baby:	0 No	85	58
	1 Yes	15	10
<i>Female client alone</i>			
Q14j: Class on planning when to have baby:	0 No	91	62
	1 Yes	9	6
<i>Male partner alone</i>			
Q14k: Class on planning when to have baby:	0 No	91	62
	1 Yes	9	6
<i>Couples together</i>			
Q14l: Class on planning when to have baby:	0 No	16	11
	1 Yes	84	57
<i>Not offered</i>			
Have staff at this clinic received training on any of the following topics in the past two years?			
Q15a: Staff training topic:	0 No	19	13
	1 Yes	81	55
<i>Addressing partner violence</i>			

Note: Percentages may not add up to 100% due to rounding. *Source:* 2009 Survey of Partner and Couple Services in Title X Clinics

APPENDIX TABLE 3 (continued)

		TOTAL	
		%	Unweighted N
Q15b: Staff training topic:	0 No	51	34
<i>Addressing the sexual and reproductive health needs of men</i>	1 Yes	49	33
Q15c: Staff training topic:	0 No	91	62
<i>Couples-based contraceptive counseling</i>	1 Yes	9	6
In the next two years, do you expect your clinic will provide family planning services to more, the same number, or fewer of the following groups?			
Q16a: Client group:	1 More	75	51
<i>Women</i>	2 The same	25	17
	3 Fewer	0	0
Q16b: Client group:	1 More	68	45
<i>Men</i>	2 The same	29	19
	3 Fewer	3	2
Q16c: Client group:	1 More	51	33
<i>Partners of female clients</i>	2 The same	46	30
	3 Fewer	3	2
Q16d: Client group:	1 More	39	26
<i>Couples</i>	2 The same	53	35
	3 Fewer	8	5
Do you agree or disagree with the following statements?			
Q17a: Opinion on male partners:	1 Agree	94	63
<i>Men, in general, should be more involved in their partner's contraceptive decisions</i>	2 Disagree	4	3
	3 Don't know	1	1
Q17b: Opinion on male partners:	1 Agree	45	30
<i>It is more difficult to involve a partner when they are not married or cohabiting</i>	2 Disagree	39	26
	3 Don't know	15	10
Q17c: Opinion on male partners:	1 Agree	24	16
<i>Men try to interfere with their partner's use of birth control</i>	2 Disagree	53	35
	3 Don't know	23	15
Q17d: Opinion on male partners:	1 Agree	33	22
<i>Involving men compromises women's ability to make her own decisions</i>	2 Disagree	54	36
	3 Don't know	13	9
Q17e: Opinion on male partners:	1 Agree	60	40
<i>Men are interested in contraceptive counseling</i>	2 Disagree	25	17
	3 Don't know	15	10
Q17f: Opinion on male partners:	1 Agree	23	15
<i>It is best for contraceptive counselors to be the same gender as the client</i>	2 Disagree	58	38
	3 Don't know	20	13
Q17g: Opinion on male partners:	1 Agree	42	28
<i>Most female clients want male partners to be involved in contraceptive counseling</i>	2 Disagree	35	23
	3 Don't know	23	15

Note: Percentages may not add up to 100% due to rounding. Source: 2009 Survey of Partner and Couple Services in Title X Clinics

APPENDIX TABLE 3 (continued)

		TOTAL	
		Unweighted %	N
Does this clinic face any of the following barriers in providing contraceptive services to partners or couples?			
Q18a: Barrier to service:	0 No	24	16
<i>Partners of clients are not interested in services</i>	1 Yes	76	50
Q18b: Barrier to service:	0 No	27	17
<i>Difficulty finding /recruiting partners</i>	1 Yes	73	46
Q18c: Barrier to service:	0 No	22	14
<i>Partners do not know that services are available for them</i>	1 Yes	78	50
Q18d: Barrier to service:	0 No	73	46
<i>Facility is not oriented to serve partners; men are uncomfortable here</i>	1 Yes	27	17
Q18e: Barrier to service:	0 No	74	48
<i>The potential for partner abuse makes provision of services difficult</i>	1 Yes	26	17
Q18f: Barrier to service:	0 No	78	52
<i>Clinic hours are not convenient for partners</i>	1 Yes	22	15
Q18g: Barrier to service:	0 No	46	29
<i>Clients are not interested in couple or partner services</i>	1 Yes	54	34
Q18h: Barrier to service:	0 No	80	51
<i>Clinic staff are not interested in couple services</i>	1 Yes	20	13
Q18i: Barrier to service:	0 No	21	13
<i>Inadequate funding for couple services</i>	1 Yes	79	50
Q18j: Barrier to service:	0 No	50	32
<i>There is a shortage of providers who can deliver services to couples</i>	1 Yes	50	32
Q18k: Barrier to service:	0 No	75	43
<i>There is little evidence that couple services are effective</i>	1 Yes	25	14
Q18l: Barrier to service:	0 No	22	2
<i>Other</i>	1 Yes	78	7
Which of the following factors have limited or facilitated this clinic's ability to offer couple-based family planning care?			
Q19a: Factor affecting couple-based care:	1 Limited	61	40
<i>Availability or lack of funding</i>	2 Facilitated	14	9
	3 Neither	26	17
Q19b: Factor affecting couple-based care:	1 Limited	48	32
<i>Availability or lack of appropriate materials</i>	2 Facilitated	14	9
	3 Neither	38	25
Q19c: Factor affecting couple-based care:	1 Limited	47	31
<i>Space availability</i>	2 Facilitated	18	12
	3 Neither	35	23

Note: Percentages may not add up to 100% due to rounding. *Source:* 2009 Survey of Partner and Couple Services in Title X Clinics

APPENDIX TABLE 3 (continued)

		TOTAL	
		%	Unweighted N
Q19d: Factor affecting couple-based care: <i>Staffing</i>	1 Limited	55	36
	2 Facilitated	15	10
	3 Neither	30	20
Q19e: Factor affecting couple-based care: <i>Administrative support</i>	1 Limited	32	21
	2 Facilitated	20	13
	3 Neither	48	32
Q19f: Factor affecting couple-based care: <i>Community support</i>	1 Limited	32	21
	2 Facilitated	6	4
	3 Neither	62	40
Q19g: Factor affecting couple-based care: <i>Availability or lack of (potential) participants</i>	1 Limited	48	30
	2 Facilitated	13	8
	3 Neither	39	24
Q19h: Factor affecting couple-based care: <i>Specific needs of the community (e.g., language, cultural competency issues)</i>	1 Limited	29	18
	2 Facilitated	8	5
	3 Neither	63	40
Q19i: Factor affecting couple-based care: <i>Other</i>	1 Limited	30	3
	2 Facilitated	10	1
	3 Neither	60	6

Note: Percentages may not add up to 100% due to rounding. *Source:* 2009 Survey of Partner and Couple Services in Title X Clinics

Women’s Survey of Partner and Couple Services

The Guttmacher Institute

A not-for-profit organization for reproductive health research, policy analysis and public education
125 Maiden Lane, New York, NY 10038 Phone: (800) 355-0244 www.guttmacher.org

The Guttmacher Institute, a non-profit research organization, is asking clinic patients and their partners some questions in order to improve family planning programs in the United States. Please help by answering the survey below.

Your participation is **voluntary** and will not affect the services you or your partner receive. **Your name is not requested here and will never be connected with the questionnaire.** This survey is confidential and anonymous. The information you provide will be used for research purposes only.

There are no known benefits or risks to participating in this study. However, some of the items may make you uncomfortable; you may skip these items as well as any that you are unable to answer.

This survey should take 10 to 15 minutes to complete. When you are done, seal the survey in the attached envelope and return it to a staff member.

If you would like a copy of the results, ask the clinic for a Guttmacher postcard. You can also contact David Landry, the Survey Director, by email (dlandry@guttmacher.org) or at the above address and phone number to find out more about the study.

Thank you for your help.

1. What is your age? _____ years. (6-7)

2. What is the highest level of school you have finished? (8)
 -1 0-11th grade
 -2 High school graduate or GED
 -3 Some college or Associate degree
 -4 College graduate or more

3. Are you Hispanic or Latina? (9)
 -1 Yes -2 No

4. What is your race? (10)
 -1 Black/African American
 -2 White
 -3 Other: _____ (11)

5. What is your reason for visiting the clinic today? (12)
Please check all that apply.
 Get a new method of birth control (12)
 Problem with current birth control method (13)
 STD/HIV testing or treatment (14)
 Pregnancy testing (15)
 Annual exam (16)
 Other _____ (17)
(18)

6. Do you have a sexual partner here today? (19)
Please check all that apply.
A sexual partner...
 Came with me to the clinic today (19)
 Knows I am here at the clinic (20)
 Knows the reason I am here (21)
 Does not know that I am here (22)
 I do not have a current partner (23)

7. The following questions are about things a partner may have done for you. Please think about whether a current partner or a past partner has ever done these things. *Please check all that apply.*

Has a sexual partner ever...	Current partner	Past partner	No partner	
...Helped pay for your birth control method?	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(24-26)
...Helped pay for your clinic visit?	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(27-29)
...Driven you to your clinic appointment?	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(30-32)
...Gone with you to the clinic and waited while you had your appointment?	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(33-35)
...Gone with you into the examination room at the clinic?	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(36-38)
...Talked with the doctor or nurse that you saw at the clinic?	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(39-41)
...Reminded you to use your birth control method?	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(42-44)

8. Would you like it if a partner could see a doctor or nurse at this clinic on their own? -1 Yes -2 No (45)

9. Some clinics are thinking about offering personal **counseling** to clients and their partners. If you were going to get counseling like this, **would you like to go by yourself, with a sexual partner present, or would you like a partner to receive this counseling without you?** Please check all that apply.

POSSIBLE COUNSELING TOPIC	By yourself	With a partner	My partner, alone	Not interested	
Choosing and using a birth control method (including condoms)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(46-49)
Talking with a partner about birth control	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(50-53)
Planning when to have a baby	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(54-57)

10. Some clinics are thinking about offering **classes** to clients and their partners. If you were going to go to a class like this, **would you like to go by yourself, with a sexual partner present, or would you like a partner to go to this class without you?** Please check all that apply.

POSSIBLE CLASS TOPIC	By yourself	With a partner	My partner, alone	Not interested	
Choosing and using a birth control method (including condoms)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(58-61)
Talking with a partner about birth control	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(62-65)
Planning when to have a baby	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(66-69)

11. Thinking about the most recent time you had sex, what kind of birth control did you or your partner use? Check all that apply.
- Condoms (70)
 - Withdrawal (“pulling out”) (71)
 - A birth control pill, patch, or ring (72)
 - Depo Provera (“the shot”) (73)
 - Rhythm method / Natural family planning (74)
 - Other method: Specify _____ (75) (76)
 - No method (77)

12. Including births, miscarriages, and abortions, how many times have you ever been pregnant?
_____ times (78-79)

13. Have you ever become pregnant at a time when you were not expecting to?
-1 Yes -2 No (80)

14. Have you ever given birth?
-1 Yes, with a current partner
-2 Yes, with a past partner
-3 No (81-83)

15. Have you ever tried to become pregnant without telling a partner?
-1 Yes -2 No (84)

16. Have you ever been hit, kicked, slapped, choked, or otherwise made to feel afraid...
...by your current partner? -1 Yes -2 No (85)
...by a past partner? -1 Yes -2 No (86)

17. Have you ever been forced to have sex when you did not want to?
-1 Yes -2 No (87)

18. How important is it to you that your birth control method....	Extremely Important	Somewhat Important	A Little Important	Not At All Important	
a. Can be used without a partner's help?	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(88)
b. Can be used without a partner knowing?	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(89)
19. Thinking about your life <u>right now</u> , how important is it to you to <u>avoid</u> becoming pregnant?	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(90)

20. What language do you mostly speak at home?

- 1 English
-2 Spanish
-3 Other (91)

21. Were you born in the United States?

- 1 Yes -2 No (92)

22. Are you... (please check all that apply)

- 1 Married (93)
-2 Living with a partner (94)
-3 In a steady relationship, but not living together (95)
-4 In a casual relationship or "hooking up" (96)
-5 In a sexual relationship with more than one partner (97)
-6 Not currently in a sexual relationship with any male partner (98)

If you do not have a current male sexual partner, you may stop here. Thank you very much for your time.
If you do have a current male partner, please answer the following questions about your relationship with the partner that you consider to be your main partner.

23. How satisfied are you with the relationship that you have with your main partner? *Circle the number that best describes your feelings.*

- Very unsatisfied** **Very satisfied**
1 2 3 4 5 (99)

24. Since you first had sex with your main partner...
... do you think your partner has had sex with someone else?

- 1 Yes -2 No -3 Don't know (100)
...have you had sex with someone else?
-1 Yes -2 No (101)

25. How long have you and your main partner been together?

- 1 0-6 months -2 7-12 months -3 Longer than a year (102)

26. Please tell me if you agree or disagree with the following statements about you and your main partner.

	Disagree Strongly	Disagree Somewhat	Neither	Agree Somewhat	Agree Strongly	
a. He does not want me to get pregnant right now	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	(103)
b. He tries to interfere with my birth control use	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	(104)
c. I would like him to be more involved in using our birth control method	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	(105)
d. I would like to talk more with him about our birth control use	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	(106)
e. I think that it should be mainly a woman's responsibility to make decisions about birth control	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	(107)

27. How old is your main partner? _____
years old

(108-109)

28. What is the highest level of school your main partner has finished?

- 1 0-11th grade
- 2 High school diploma or GED
- 3 Some college or Associate degree
- 4 College graduate or more

(110)

29. If you asked your main partner to come with you to a clinic visit, what do you think his response would be?

- 1 He would come
- 2 He would come if he had time
- 3 He would not come

(111)

30. Would you want your main partner to come to the clinic to talk to your doctor or nurse with you?

- 1 Yes
- 2 No

(112)

31. IF NO, is it because...*(Check all that apply:)*

- 1 I do not have one main sexual partner (113)
- 2 My partner doesn't have the time (114)
- 3 I don't want him to be involved in my birth control decisions (115)
- 4 I think my partner would get angry or violent (116)
- 5 My partner is already involved enough in our birth control decisions (117)
- 6 I would not be comfortable talking with clinic staff if my partner were there (118)
- 7 My partner would be uncomfortable at the clinic (119)
- 8 Other: _____ (120)

(121)

(122)

(123-127)

To better help us understand how to improve family planning services, we would like your partner to also answer some questions.

In the attached envelope you will find a short separate survey **to be completed by your main partner**. If your main partner is with you now, he can complete it right here at the clinic. If he is not here now, please ask him to answer these questions at home and return the survey in the addressed postage-paid envelope. Your partner should complete the survey on his own, without help or input from you. Your partner's participation is voluntary and will not affect the services that you or he receive at this clinic, now or in the future.

Your answers will remain confidential and anonymous and they will not be shared with your partner.

Please indicate your agreement to one of the following statements.

- 1 *I will take the survey home and ask my partner to complete it.*
- 2 *My partner will complete the survey here in the clinic.*
- 3 *I am not sure if I will give my partner this survey.*

(128)

Thank you for completing this survey.

Men's Survey of Partner and Couple Services

The Guttmacher Institute

A not-for-profit organization for reproductive health research, policy analysis and public education
125 Maiden Lane, New York, NY 10038 Phone: (800) 355-0244 www.guttmacher.org

The Guttmacher Institute, a non-profit research organization, is asking clinic patients and their partners some questions in order to improve family planning programs in the United States. Please help by answering the survey below.

Your participation is **voluntary** and will not affect the services you or your partner receive. **Your name is not requested here and will never be connected with the questionnaire.** This survey is confidential and anonymous. The information you provide will be used for research purposes only.

There are no known benefits or risks to participating in this study. However, some of the items may make you uncomfortable; you may skip these items as well as any that you are unable to answer.

When a question asks about "your partner," you should answer the question thinking about the partner who brought the survey to you. Please complete the survey on your own, without help from your partner.

This survey should take 10 to 15 minutes to complete. When you are done with it, place it in the attached envelope and return it to a staff member. If you are completing the survey at home, please place it in the pre-addressed stamped envelope and return it by mail to the Guttmacher Institute. You do not need to write your return address on the envelope.

If you would like a copy of the results, ask the clinic for a Guttmacher postcard. You can also contact David Landry, the Survey Director, by email (dlandry@guttmacher.org) or at the above address and phone number to find out more about the study.

Thank you for your help.

1. What is your age? _____ years. (6-7)

2. Are you Hispanic or Latino?
-1 Yes -2 No (8)

3. What is your race?
-1 Black/African American
-2 White
-3 Other: _____ (9)
(10)

4. If your partner asked you to go with her to a family planning clinic, what do you think your response would be?
-1 I would go
-2 I would go if I could fit it into my schedule
-3 I would not go (11)

5. Overall, how satisfied are you with your relationship? Circle the number that best describes your feelings.
Very unsatisfied **Very satisfied**
1 2 3 4 5 (12)

6. Think about the most recent time you had sex. What method of birth control did you and your partner use? *Check all that apply.*
-1 Condoms (13)
-2 Withdrawal ("pulling out") (14)
-3 A birth control pill (15)
-4 Rhythm method / Natural family planning (16)
-5 Other method: Specify _____ (17)
-6 No method (18)
(19)

7. Have you, yourself, **ever** received any of the following services from a family planning clinic or Planned Parenthood clinic? Are you at the clinic **today** for any of these services? *Check all that apply.*
Ever **Today**
-1 -2 Physical exam (20-21)
-1 -2 Gotten condoms (22-23)
-1 -2 Talked to staff about condoms or birth control (24-25)
-1 -2 Testing or treatment for STDs, including HIV (26-27)
-1 -2 Other: _____ (28-30)
-1 -2 I have never received services from a family planning or Planned Parenthood clinic (31-32)

8. Many couples become pregnant at a time when they are not planning to. Have you ever gotten someone pregnant when you were not expecting to?
-1 Yes -2 No (33)

9. Please tell me if you agree or disagree with the following statements.

	Disagree Strongly	Disagree Somewhat	Neither	Agree Somewhat	Agree Strongly	
a. It should be a woman's responsibility to make decisions about birth control.	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	(34)
b. I would like to know more about preventing pregnancy.	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	(35)
c. I would like it if my partner knew more about preventing pregnancy.	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	(36)

10. Some clinics are thinking about offering personal **counseling** to clients and their partners. If you were going to get counseling like this, **would you like to go by yourself, with a sexual partner present, or would you like a partner to receive this counseling without you?** Please check all that apply.

POSSIBLE COUNSELING TOPIC	By yourself	With a partner	My partner, alone	Not interested	
Choosing and using a birth control method (including condoms)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(37-40)
Talking with a partner about birth control	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(41-44)
Planning when to have a baby	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(45-48)

11. Some clinics are thinking about offering **classes** to clients and their partners. If you were going to go to a class like this, **would you like to go by yourself, with a sexual partner present, or would you like a partner to go to this class without you?** Please check all that apply.

POSSIBLE CLASS TOPIC	By yourself	With a partner	My partner, alone	Not interested	
Choosing and using a birth control method (including condoms)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(49-52)
Talking with a partner about birth control	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(53-56)
Planning when to have a baby	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(57-60)

12. Have you ever done any of these things to help a partner use birth control? Check all that apply.

	Current partner	Past partner	No partner	
Helped pay for her clinic visit	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(61-63)
Helped pay for her birth control method	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(64-66)
Driven her to a clinic appointment	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(67-69)
Gone with her to the clinic and waited while she had her appointment	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(70-72)
Gone with her in the examination room	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(73-75)
Talked with the staff that she sees at the clinic	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(76-78)
Reminded her to use her birth control method	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(79-81)

13. Please tell me if you agree or disagree with the following statements about your partner.

	Disagree Strongly	Disagree Somewhat	Neither	Agree Somewhat	Agree Strongly	
a. She does not want to get pregnant right now.	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	(82)
b. She tries to interfere with my birth control use.	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	(83)
c. I would like to talk more with her about birth control.	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	(84)
d. I helped choose our current method of birth control.	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	(85)
e. She knows more about preventing pregnancy than I do.	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	(86)
f. She would like it if I went to the clinic with her.	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	(87)
g. I would be uncomfortable at her family planning clinic.	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	(88)

14. Thinking about your life right now, how important is it to you to not get your partner pregnant?

- 1 Extremely important -2 Somewhat important -3 A little important -4 Not at all important (89)

Thank you very much for your time. Please place the survey in the attached pre-addressed envelope, seal it, and return it by mail. The postage has already been paid.

SURVEY OF PARTNER AND COUPLE SERVICES IN TITLE X CLINICS

An Office of Population Affairs supported study
The Guttmacher Institute

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(1-4)

The Guttmacher Institute, in a project sponsored by the Office of Population Affairs, is asking clinics across the country about their experiences and views regarding contraceptive services involving partners and couples.

The identities of the individual facilities will remain confidential, and no information will be released that would allow patients or providers to be identified. It is against our policy to release information from this survey that could identify providers or respondents without their permission. We will do our utmost to protect this confidentiality, including court action if necessary. Data will be published only in summary statistics that preserve the anonymity of both providers and respondents.

Please return this survey with the completed patient questionnaires, using the enclosed postage-paid envelope. You may also fax this survey to the number above. Please feel free to contact David Landry, the Survey Director, by email (dlandry@guttmacher.org) or at the above address and phone number to find out more about the study.

I. GENERAL CLINIC INFORMATION

1. Please indicate which of the following services are provided directly by this clinic.
Please check all that apply.

	Provides	Does not provide	
Contraceptive services	<input type="checkbox"/> -1	<input type="checkbox"/> -2	(5)
Sexually transmitted disease (STD) services	<input type="checkbox"/> -1	<input type="checkbox"/> -2	(6)
Prenatal care	<input type="checkbox"/> -1	<input type="checkbox"/> -2	(7)
Primary (general health) care	<input type="checkbox"/> -1	<input type="checkbox"/> -2	(8)

2. What is the total number of unduplicated **female** family planning clients served by this clinic in calendar year 2008? _____ (9-13)

3. What percentage of this clinic's total outpatient client caseload do these female family planning clients represent?
- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------|
| 1-24% | 25-49% | 50-74% | 75-99% | 100% | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (14) |
| (1) | (2) | (3) | (4) | (5) | |

II. SERVICES FOR MALES

4. What is the total number of unduplicated **male** family planning clients served by this clinic in calendar year 2008? _____ (15-19)

5. Approximately what percent of male clients listed in #4 received STD services? _____% (20-22)

6. Approximately what percent of male clients listed in #4 received contraceptive services? _____% (23-25)

7. Approximately what percent of male clients listed in #4 were partners of your female clients? _____% (26-28)

8. Does this clinic receive funding for male programs designed to address contraceptive use?
 Yes No (29)

If yes, please describe _____ (30)

9. Does this clinic offer any of the following services or programs specifically for men?

	Yes	No	
Advertising or recruitment efforts targeting men	<input type="checkbox"/> -1	<input type="checkbox"/> -2	(31)
Reproductive health programs or services specifically designed for men	<input type="checkbox"/> -1	<input type="checkbox"/> -2	(32)
Non-reproductive health services offered to men	<input type="checkbox"/> -1	<input type="checkbox"/> -2	(33)
Special hours when men can receive services	<input type="checkbox"/> -1	<input type="checkbox"/> -2	(34)
Efforts to recruit partners of female clients	<input type="checkbox"/> -1	<input type="checkbox"/> -2	(35)
Providers specifically trained to work with male contraceptive clients	<input type="checkbox"/> -1	<input type="checkbox"/> -2	(36)

III. SERVICES FOR PARTNERS AND COUPLES

10. Does this clinic have a policy or protocol in place for female family planning clients who bring their male partners to the clinic with them? *Check one item per row.*

	Yes	No	No Policy	
Male partners are allowed to accompany their partners <i>at all times</i>	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(37)
Male partners are <i>not</i> allowed in the exam room <i>during an exam</i>	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(38)
Male partners are <i>not</i> allowed in the exam room with a female client <i>at any time</i>	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(39)
Male partners do not participate with a female client in counseling	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(40)
Other policies or protocols are in place for female clients with partners	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(41)

If yes, please describe _____

11. For a female client receiving family planning services, are any of the following topics **routinely** discussed at an **initial family planning visit**?

<i>Topics routinely discussed at initial visit</i>	Yes	No	
Type of relationship with partner(s)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	(43)
Recent changes in relationship/partner status	<input type="checkbox"/> -1	<input type="checkbox"/> -2	(44)
Partner's involvement with client's contraceptive choice or use	<input type="checkbox"/> -1	<input type="checkbox"/> -2	(45)
Ways client can communicate with partner about contraception	<input type="checkbox"/> -1	<input type="checkbox"/> -2	(46)
Client's experience with intimate partner violence	<input type="checkbox"/> -1	<input type="checkbox"/> -2	(47)

12. How frequently do the following occur for this clinic's female family planning clients and their male partners?

	Never	Rarely	Sometimes	Often	
Female family planning clients come to the clinic with their male partners	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(48)
Male partner remains in waiting room and does not receive services or materials	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(49)
Patient education materials are distributed to male partner	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(50)
Educational classes or workshops are provided for male partner	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(51)
Male partner attends a contraceptive counseling session separately from client	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(52)
Male partner attends at least part of the client's clinic session	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(53)
Male partners are actively recruited to participate in at least part of the client's clinic session	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(54)
Protocols are changed when a male partner attends a client's contraceptive visit	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(55)

13. Does this clinic offer **individual or couple counseling** to help family planning clients and/or their partners do the following? *Check all that apply.*

	Counseling with:				
	Female client alone	Male partner alone	Couples together	Not offered	
Choosing and using a birth control method (including condoms)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(56-59)
Talking with a partner about birth control	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(60-63)
Planning when to have a baby	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(64-67)

14. Does this clinic hold **classes or workshops** to help family planning clients and/or their partners do the following? *Check all that apply.*

	Classes or workshops with:				
	Female client alone	Male partner alone	Couples together	Not offered	
Choosing and using a birth control method (including condoms)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(68-71)
Talking with a partner about birth control	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(72-75)
Planning when to have a baby	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	(76-79)

15. Have staff at this clinic received training on any of the following topics **in the past two years**?

	Yes	No	
Addressing partner violence	<input type="checkbox"/>	<input type="checkbox"/>	(80)
Addressing the sexual and reproductive health needs of men	<input type="checkbox"/>	<input type="checkbox"/>	(81)
Couples-based contraceptive counseling	<input type="checkbox"/>	<input type="checkbox"/>	(82)

IV. NEEDS

16. In the next two years, do you expect your clinic will provide family planning services to more, the same number, or fewer of the following groups? *Check one item per row.*

	More	The same number	Fewer	
Women	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(83)
Men	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(84)
Partners of female clients	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(85)
Couples	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(86)

17. Do you agree or disagree with the following statements?

	Disagree Strongly	Disagree Somewhat	Don't Know	Agree Somewhat	Agree Strongly	
Men, in general, should be more involved in their partner's contraceptive use.	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	(87)
It is more difficult to involve a partner when they are not married or cohabiting.	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	(88)
Men try to interfere with their partner's use of birth control.	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	(89)
Involving men compromises women's ability to make her own decisions.	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	(90)
Men are interested in contraceptive counseling.	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	(91)
It is best for contraceptive counselors to be the same gender as the client.	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	(92)
Most female clients want male partners to be involved in contraceptive counseling.	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5	(93)

18. Does this clinic face any of the following barriers in providing contraceptive services to partners or couples?
Check all that apply.

	Yes	No	
Partners of clients are not interested in services	<input type="checkbox"/>	<input type="checkbox"/>	(94)
Difficulty finding/recruiting partners	<input type="checkbox"/>	<input type="checkbox"/>	(95)
Partners do not know that services are available for them	<input type="checkbox"/>	<input type="checkbox"/>	(96)
Facility is not oriented to serve partners; men are uncomfortable here	<input type="checkbox"/>	<input type="checkbox"/>	(97)
The potential for partner abuse makes provision of services difficult	<input type="checkbox"/>	<input type="checkbox"/>	(98)
Clinic hours are not convenient for partners	<input type="checkbox"/>	<input type="checkbox"/>	(99)
Clients are not interested in partner or couple services	<input type="checkbox"/>	<input type="checkbox"/>	(100)
Clinic staff are not interested in couple services	<input type="checkbox"/>	<input type="checkbox"/>	(101)
Inadequate funding for couple services	<input type="checkbox"/>	<input type="checkbox"/>	(102)
There is a shortage of providers who can deliver services to couples	<input type="checkbox"/>	<input type="checkbox"/>	(103)
There is little evidence that couple services are effective	<input type="checkbox"/>	<input type="checkbox"/>	(104)
Other (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	(105,106-107)

19. Which of the following factors have limited or facilitated this clinic's ability to offer couple-based family planning care?

	Limited	Facilitated	Neither	
Availability or lack of funding	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(108)
Availability or lack of appropriate materials	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(109)
Space availability	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(110)
Staffing	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(111)
Administrative support	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(112)
Community support	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(113)
Availability or lack of (potential) participants	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(114)
Specific needs of the community (e.g., language, cultural competency issues)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(115)
Other (specify: _____)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	(116, 117-118)



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