likely in the 1995 survey than in the 1982 survey to report having ever received treatment for their problem (31% vs. 24%), although this difference was significant only at the 15% alpha level. Another finding that was only significant at the 10% alpha level, but nonetheless calls for further investigation, is the apparent reversal over time in the relationship between receipt of services and parity: In 1982 and 1988, nulliparous women were more likely than parous women to have ever sought infertility services; in 1995, however, they were less likely to have done so.

Table 6 (page 41) shows the results of weighted logistic regressions of the likelihood that women with impaired fecundity had ever sought medical help for their problem. The adjusted effect of age was quite strong in 1982, with fecundity-impaired women aged 25–44 being 4–5 times more likely to have ever sought medical help than younger women. The net effect of age weakened considerably over time, however, as only 35–44-year-olds were significantly more likely than 15–24-year-olds to report ever receiving infertility services in the 1995 NSFG.

In 1995, women with secondary impaired fecundity were roughly 40% more likely than those with primary impaired fecundity to ever have gone for help; this finding represents a reversal of the adjusted effect of parity in 1982 and 1988. Marriage was one of the strongest correlates of the receipt of services in each survey year, as it was for reporting impaired fecundity; married women were nearly three times as likely as unmarried women to have ever sought services. In the 1982 and 1988 surveys, non-Hispanic black women had marginally lower odds than white women of reporting that they had ever sought medical help, but the association was no longer significant in the 1995 survey. Although a history of PID was associated with higher odds of impaired fecundity, having ever had PID did not significantly raise the likelihood in the 1988 and 1995 surveys of having ever sought services. The younger age distribution of women who recently received services, coupled with their greater likelihood of a history of PID, suggests not only that PID-related fertility problems may be more salient among younger women, but also that the prevalence of impaired fecundity among women with a history of PID may continue to rise over time.

The percentage of women with impaired fecundity at the time of the interview who had ever received medical help for their problem was the same in the 1988 and 1995 surveys (44%), while it was 38% in the 1982 round (Table 5, page 40). The finding that this proportion was constant between 1988 and 1995 is notable in itself, since the numbers of assisted reproductive procedures (such as in vitro fertilization) rose dramatically over this period, as did the absolute number of women who ever received such services. Thus, the increase in the number of fecundity-impaired women who sought services, from 2.1 million in 1988 to 2.7 million in 1995, was due primarily to the larger size of the fecundity-impaired population.

Among fecundity-impaired women who received services, consistently higher proportions in all years were older (particularly aged 25–44), married, wealthier, well-educated and white. The receipt of infertility services was not associated with a history of PID in any of the survey years but, as expected, women who had ever adopted a child and those who said they wanted a child (or another child) at the time of the interview were more likely than others to have ever sought services.

Notably, the pursuit of medical help increased substantially among women at both ends of the reproductive age-span who had secondary impaired fecundity at the time of the interview. For example, while only 8% of parous 15–24-year-old fecundity-impaired women had ever sought help by 1982, 47% had done so by 1995; the analogous proportions among 35–44-year-olds who had ever given birth were 27% in 1982 and 50% in 1995.

Non-Hispanic black women with impaired fecundity were also somewhat more