



Memorandum

Date January 9, 1981

From John E. Anderson, Ph.D., Demographer, Carlos Huezo, Visiting Scientist,
Program Evaluation Branch (PEB), Family Planning Evaluation Division (FPED)

Subject Foreign Trip Report (AID/RSSA): Panama, November 30-December 5, 1980--
Preparation of Final Report, Survey of Contraceptive Prevalence and use
of Maternal and Child Health Services, 1979

To William H. Foege, M.D.
Director, Centers for Disease Control (CDC)
Through: Horace G. Ogden
Director, Center for Health Promotion and Education (CHPE) *HGO*

SUMMARY

- I. PLACES, DATES, AND PURPOSE OF TRAVEL
- II. PRINCIPAL CONTACTS
- III. PREPARATION OF FINAL REPORT, 1979 SURVEY OF CONTRACEPTIVE PREVALENCE AND USE OF MATERNAL AND CHILD HEALTH SERVICES
 - A. Background
 - B. Preliminary Reports
 - C. Organization of the Final Report
 - D. Steps Required to Complete Final Report
 - E. Publication Strategy
- IV. HIGHLIGHTS OF SURVEY FINDINGS
 - A. Contraceptive Use and Need for Family Planning Services
 - B. Use of Maternal and Child Health Services
 - C. Immunization Data

SUMMARY

During the week of November 30 through December 5, 1980, CDC/FPED consultants were in Panama to discuss a final report for the 1979 Survey of Contraceptive Prevalence and use of Maternal and Child Health Services. Draft reports on a number of topics had previously been prepared based on the survey data and sent to Panama for review by the USAID Mission and Ministry of Health. These reports were discussed during the week in meetings with members of USAID/Panama, and the Ministries of Health and Planning of the Republic of Panama. The separate reports were integrated into a draft of a final report for the survey. It was proposed that this report cover the basic findings of the survey. Other more detailed tabulations on topics of special interest can be presented as special separate reports.

Based on the survey results, Panama appears to be a population at a relatively high level of contraceptive use (61 percent of married women

15-44 years of age), and correspondingly low fertility (CBR = 28 per 1000 population). Differences that exist are in the expected direction, such as lower contraceptive use in rural areas but compared to other populations surveyed, these differences are relatively small. Sixty-nine percent of married women 15-44 were using contraception in urban areas, while 55 percent were using in rural areas. Thus, even in rural areas the majority of women are using contraception. This characteristic of high penetration of services to rural areas is also evident for immunization and use of maternal and child health services.

However, despite this admirably high level of program participation in rural areas, certain segments of the population can be identified which are more in need of family planning services than others. About 1 in 8 women (12 percent) were found to be in need of services, but the percentage in need is substantially higher in rural than urban areas (18 percent vs 8 percent) and higher among the less educated, non-working and lower income women. There is also some evidence from the survey of premarital conceptions being prevalent. For example, of women who married at ages 15-19 during the period 1975-79 and had a birth, about one-fourth of their first births occurred prior to marriage or within the first 7 months of marriage.

A large percentage of women received prenatal care (80.2 percent), delivered in a medical facility (84.2 percent), received postpartum checkup during the first month following delivery (66.6 percent), and obtained well-baby care (88.8 percent) for their newborn children. Because women who had postpartum checkups after the first month of puerperium were not included, the result may be artificially low compared with the other services. Survey data also show that the majority of the women (72.7 percent) received prenatal care during the first trimester of their pregnancy and obtained well-baby care (88.9 percent) for their children during the first month following delivery. In general, most of the children 1-5 years of age received primary immunization: 67 percent for measles; 63 percent for Polio; 61 percent for DPT, and 55 percent for BCG. The percentages were higher among urban than rural children and among higher income children.

During the stay in Panama the strategy for publishing results of the survey was also discussed, and a number of articles in Spanish and English were proposed.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

Panama, November 30 - December 5, 1980, at the request of USAID/Panama, AID/POP/FPSD and the Ministry of Health, Panama, to assist in the preparation of a final report for the 1979 survey of Contraceptive Prevalence and use of Maternal and Child Health Services. This consultation was provided by John E. Anderson and Carlos Huevo of the Program Evaluation Branch, FPED/CDC. This travel was in accordance with the Resource Support Services Agreement (RSSA) between the Office of Population, AID, and CDC/BE/FPED.

II. PRINCIPAL CONTACTS

A. USAID/Panama

1. Mr. Thomas Chapman, Chief, Human Resources Division (HRD)
2. Mr. John P. Coury, Population Officer, HRD
3. Sra. Angela de Mata, Assistant Population Officer, HRD

B. Ministry of Health

1. Dr. Humberto Naar, Chief, Division of Maternal and Child Health and Family Planning (MCH)
2. Dra. Maria Luisa Garcia de Aybar, MCH
3. Dr. Carlos Campos, Division of Epidemiology
4. Lic. Felix Mascarin, Population Studies Office
5. Lic. Raul Batista, Department of Statistics

C. Ministry of Planning

1. Licda. Rosa Elena de De La Cruz, Chief, Population Section
2. Valeria Ramirez, Sociologist, CELADE, Santiago, Chile (on TDY)

III. PREPARATION OF FINAL REPORT, 1979 SURVEY OF CONTRACEPTIVE PREVALENCE AND USE OF MATERNAL AND CHILD HEALTH SERVICES

A. Background

The 1979 Contraceptive Prevalence Survey in Panama was conducted by the Population Studies Office of the Ministry of Health with technical assistance from FPED/CDC. The survey design included 2 strata, urban and rural, in which 1,636 and 1,478 households, respectively, made up a total sample of 3,114 households. The 1976 World Fertility Survey was used as the sampling frame with appropriate updating of household listings (see FPED/CDC Panama trip report dated August 3, 1979). Although fertility data were collected on all women 15-44 years of age living in the sample households, the main body of the questionnaire was administered to one woman selected with equal probability from all women 15-44 living in each household. In addition, the household form included questions on immunization, which were asked for all children under six years of age living in the selected households. Field work was scheduled for the months of August, September, and October of 1979. However, field work was terminated in October with 86 percent of the sampled households contacted. Insufficient funds, in part, because of increases in gasoline costs during the survey period, was the reason cited for terminating field work. Additional funds, representing less than a 10 percent cost overrun (\$6,350) were allotted by the USAID Mission to complete the survey in January 1980 (See FPED/CDC Panama trip report dated December 3, 1979). Thus, although there was an interruption in field work, the

quality of data collected appears high (see Section IV-A). Interviews were completed for 2,348 women or 92.8 percent of the total number of possible respondents. Information was also collected on the immunization status of 2,399 children under 6 years of age.

B. Preliminary Reports

A number of reports on various aspects of the survey data had been prepared prior to travel to Panama. These documents are listed below:

	<u>Title</u>	<u>Principal Person Responsible</u>
1.	Set of 66 basic tables covering most aspects of the survey with brief commentary.	Richard Monteith, FPED/CDC
2.	Demographic Measurement: Panama Contraceptive Prevalence Survey, 1979	John E. Anderson, FPED/CDC
3.	Immunization Data	Carlos Huezo, FPED/CDC
4.	Family Planning Communication Data	Jane Bertrand, Tulane University

Reports 1 and 2 are in English and Reports 3 and 4 were prepared in Spanish. These reports were discussed in various meetings with persons from USAID/Panama and the Ministries of Health and Planning. While interest was shown and some questions raised, the results of the survey appeared to be accepted by all the participants in these discussions. It also appeared that persons from the Ministry of Health who had been involved in the survey had not prepared any substantial analysis on their own, nor did they have definite plans to do so. Therefore, it was proposed to integrate the several reports into a draft final report, which after discussion could form the basis for a final version.

C. Organization of the Final Report

The table of contents of the proposed report is shown below. Material found in the Demographic Measurement Report is in Sections I and II. Section III contains material related to contraceptive use and availability, and Section IV contains information from the main set of tables on use of health services together with the immunization material prepared by Dr. Huezo. The report on

Information, Education, and Communications (I, E&C) by Dr. Bertrand appears intact as Section V.

Table of Contents - Final Report

Brief Summary

I. Introduction

- A. Methodology
- B. Survey Coverage
- C. Comparison with Other Data Source

II. Demographic Aspects

- A. Estimating Period Fertility Rates
- B. Cumulative Fertility
- C. Comparing Recent Period Fertility and Cumulative Fertility.
- D. Factors Underlying Fertility
- E. The Proximate Determinants of Fertility
- F. Conclusions

III. Family Planning

- A. Current Use of Contraception
- B. Source of Contraception
- C. Non-Users of Contraception
- D. Planning of Pregnancies and Pregnancy Intention
- E. Interest in Sterilization Services
- F. Women in Need of Family Planning Services

IV. Use of Health Services

- A. Use of Maternal and Child Health Services
- B. Interest in Community-Provided Health Services
- C. Immunization

V. Information, Education, and Communication Program

D. Steps required to Complete a Final Report

Because of the great deal of effort that has gone into the survey up to this point and the need to incorporate the results into program planning, it is very important to have a final report in hand. The draft final report is written partly in English and partly in Spanish. It was felt at USAID/Panama that USAID could have the English sections of the report translated into Spanish. This would be of immense help in producing a final document. Members of the Ministry of Health who were involved with the survey have agreed to add a brief section on methodology describing the sample design and the field work of the survey. After a complete draft is available in Spanish, changes in the text based on comments from the Ministry of Health can be incorporated. It would also be helpful for the Spanish version to be reviewed at CDC prior to final printing to ensure the accuracy of the translation in various technical areas such as the demographic measurement section.

E. Publication Strategy

A number of articles for publication were discussed including articles on fertility and family planning, immunization, and maternal/child health services to be pursued by FPED staff with Panamanian co-authors. In addition, the Panamanian data on communications (I, E&C) will be used in a comparative article by Jane Bertrand with data from El Salvador and Guatemala to be co-authored by survey directors from each of these countries. The Panama data are also part of a comparative article on Fertility and the Need for Family Planning which is forthcoming in International Family Planning Perspectives. In all cases, drafts of proposed articles will be shared with persons involved in the survey in the Ministry of Health for their comments and approval.

IV. HIGHLIGHTS OF SURVEY FINDINGS

A. Contraceptive Use and Need for Family Planning Services

Although survey field work was spread out over a 5-month period, the data quality appears high. For example, distributions of women by age and marital status, and births by age of mother compare favorably with distributions from other sources of data, and there is a high degree of internal consistency in the data on fertility, contraceptive use, and other closely related items.

The picture that emerges for Panama is that of a population at a relatively high level of contraceptive use, and correspondingly, low fertility. Differences that exist are in the expected direction such as lower contraceptive use in rural areas, but compared to other populations surveyed, these differences are relatively small. As Table 1 shows, 69 percent of married women 15-44 were using contraception in urban areas, while 55 percent were using in rural areas. Thus, even in rural areas the majority of women are using contraception. This characteristic of high penetration of services to rural areas is also evident for immunization and use of maternal and child health services.

As Table 1 shows, sterilization is the dominant method accounting for half of all use. Table 2 compares results of the 1979 survey with the 1976 National Fertility Survey; attention is confined to married women aged 20-44 for purposes of comparability (the 1976 survey did not include 15-19 year olds). Overall use increased from 55 percent to 63 percent for this age group in the 3 years between the surveys. This rapid increase was accomplished mainly through an increase in the prevalence of sterilization.

Of populations surveyed in Latin America, Panama has one of the highest prevalences of contraceptive use (Table 3), 61 percent, compared with 64 percent in Sao Paulo State, Brazil and Costa Rica

(68 percent in the United States). Use of contraception in Panama is mainly through organized or public programs (Table 4); for example, 71 percent of users named an organized source which is only surpassed by the 81 percent figure in El Salvador. In the other high prevalence populations, the corresponding figure is 62 percent in Costa Rica and only 16 percent for Sao Paulo State. The Panamanians should take satisfaction in having a successful public sector program. However, despite this success and despite the admirable penetration of the program in rural areas, certain segments of the population can be identified which are more in need of services than others. About 1 in 8 women were found to be in need of services (Table 5). The percentage in need is substantially higher in rural than urban areas (18 percent vs 8 percent), and higher among the less educated, non-working and lower income women. Women aged 15-19, never married women, and those with no living children have a considerably lower than average percentage in need of services by the definition used.

Table 6 looks not at the percentage in need, but at how those who are in need are distributed by various characteristics. These distributions depend both on the percentage in need in each category, and how the population is distributed according to the characteristics shown. Two-thirds of women in need live in rural areas. They are fairly evenly distributed by age, about half above and below age 30. Ninety percent are currently married. Women with no living children do not constitute a large program target group by this definition. All educational strata are well represented. Women in need are primarily not employed.

Based on this definition of need, then, the program should be oriented toward non-working, low income married women with one or more children, particularly those residing in rural areas.

This analysis, then, appears to offer little support for the program effort geared toward teenagers that is currently under way in Panama. This appears to be related to what may be a cultural pattern in Panama: the use of contraception to end childbearing, but not to postpone initial childbearing, consistent with the dominance of contraceptive sterilization as a method.

However, apart from the definition of need for services used here, there are a number of other reasons pointing toward the need for the teenage program:

- (1) One out of five births are currently to women 15-19. As the use of sterilization by older women increases this percentage will probably increase.

- (2) There is some evidence from the survey of premarital conceptions being prevalent. For example, of women who married at 15-19 during the period 1975-79 and had a birth, about one-fourth of their births occurred prior to marriage or within the first 7 months of marriage.
- (3) There is evidence of abortion occurring to teenagers. In one study of hospital discharges, for example, 17 percent of women being treated for abortion complications were under age 20 (Leo Morris, CDC Trip Report, Panama, August 17-18, 1978).
- (4) Births to young mothers may be considered to be a health problem for both mother and child.
- (5) The social costs of teenage childbearing may be considered to be a problem, such as in the case where teenage parents are forced to curtail their education.

To summarize the findings regarding need for family planning services, the survey results indicate that need is concentrated among non-working, low-income women who have children. It is particularly important to continue to expand program coverage in rural areas where two-thirds of those needing services reside.

While unmarried teenage women do not constitute an important target group by this analysis, there are other compelling reasons, some supported by other survey results, for a special effort oriented toward teenagers.

B. Use of Maternal and Child Health Services

Women who had had at least one live birth were asked a series of questions on the use of maternal and child health (MCH) services before and after their last delivery. In addition, they were asked place of last live birth. As shown in Tables 7-9, a large percentage of these women (80.2 percent), received prenatal care, delivered in a medical facility (84.2 percent), received postpartum checkup during the first month following delivery (66.6 percent), and obtained well-baby care (88.8 percent) for their newborn children. Because women who had postpartum checkups after the first month of puerperium were not included, the result may be artificially low compared with the other services. The tables also show that the majority of the women (72.7 percent) received prenatal care during the first trimester of their pregnancy and obtained well-baby care (88.9 percent) for their children at a government health facility (96.9 percent) during the first month following delivery.

Table 10 shows that 60 percent of women used prenatal, postpartum, and well-baby care during their last pregnancy; only 7.2 percent of

women didn't use any service. The use of the three services was higher among urban than rural women, as well as among women with higher levels of education and income, in women currently working, and those who had their last live birth in a medical institution, especially private hospitals/clinics. Looking at age and parity, it is interesting that the use of the three services was lower among women in the extremes of age as follows: 53 percent in the group aged 15-19 years and 47 percent in the group aged 40-44 years, compared with 67 percent in the group aged 25-34.

Medical facilities were also utilized by 75 percent of women that reported they had at least one spontaneous or induced abortion, and 61 percent were hospitalized (Table 11). A higher proportion of urban women received medical attention and were hospitalized than were rural women.

C. Immunization Program

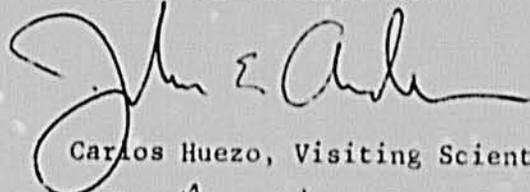
Data on the use of BCG, poliomyelitis, DPT, and measles vaccines were obtained for all children less than 6 years of age in the sample households.

Since WHO recommends that primary immunization should be completed before the first year of age, Table 12 shows the percentage of children 1-5 years of age who had completed primary immunization (one dose of BCG or measles, three doses of Polio or DPT vaccine). In general, most of the children received primary immunization for the four vaccines: 67 percent for measles; 63 percent for polio; 61 percent for DPT, and 55 percent for BCG. The percentages were higher among urban than rural children and among higher income children.

Tables 13 and 14 show that there is apparently an excessive use of booster doses. Ordinarily, one would not expect a child under 1-year of age to receive booster doses of any of the vaccines, but the survey data indicate that as many as 14 percent of children under 1-year of age in urban areas have received booster doses of polio vaccine. The percentage is higher in urban than rural areas (14.3 percent versus 4.5 percent for polio vaccine), and in higher income categories (16.7 percent in the highest quartile, 2.5 percent in the lowest for polio vaccine). This could represent misreporting of the number of doses. This information was recorded from vaccination certificates when these were available, but when they were not, from the responses of an adult in the household. The source of information (vaccination certificate versus adult response only) was not recorded, so it is not known what percentage of the responses were obtained from certificates. In any case, it is possible that there is some exaggeration of the number of doses.

received in the survey responses, although it is difficult to see why this should be markedly higher among urban and higher income women. To the extent that children are receiving booster doses too early, they may not develop sufficient antibodies from the booster vaccination if the primary series of vaccination did not result in development of antibodies.

John E. Anderson, Ph.D.



Carlos Huezco, Visiting Scientist, PEB, FPED

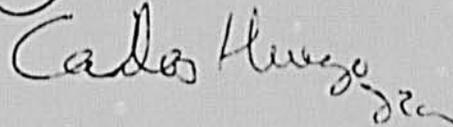


TABLE 1

Panama: Percentage of Currently Married Women Aged 15-44
Currently Using Contraception, by Residence and Method
1979 Contraceptive Prevalence Survey

Current Use and Method	Total	Residence	
		Urban Areas	Rural Areas
<u>Currently Using</u>	<u>60.6</u>	<u>67.1</u>	<u>55.0</u>
Sterilization	29.7	29.0	30.3
Orals	19.0	23.7	14.9
IUD	3.7	5.5	2.2
Rhythm	2.9	3.1	2.7
Condom	1.7	1.9	1.5
Withdrawal	1.4	0.3	2.4
Other Methods*	2.2	3.7	1.0
<u>Not Currently Using**</u>	<u>39.4</u>	<u>32.9</u>	<u>45.0</u>
Total	100.0	100.0	100.0
Number of Cases (Unweighted)	(1,528)	(831)	(697)

*Other methods include injections, diaphragm, foam, jelly, and tablets.

**Includes douche and other ineffective methods.

Note: In this and subsequent tables, subtotals may not add to totals due to rounding.

TABLE 2

Panama: Percentage of Currently Married Women Aged 20-44,
Currently Using Contraception, by Residence and Method
1976 Panama World Fertility Study and
1979 Contraceptive Prevalence Survey

Current Use and Method	1976 WFS			1979 CPS		
	Total	Residence		Total	Residence	
		Urban Areas	Rural Areas		Urban Areas	Rural Areas
<u>Currently Using</u>	<u>54.6</u>	<u>60.8</u>	<u>46.7</u>	<u>63.4</u>	<u>70.8</u>	<u>57.1</u>
Sterilization	20.0	20.8	18.9	32.3	31.9	32.8
Orals	18.7	22.0	14.5	18.9	23.8	14.8
IUD	4.0	5.2	2.4	3.8	5.5	2.4
Rhythm	2.5	3.0	1.9	2.9	3.3	2.6
Condom	1.3	2.0	0.5	1.8	2.1	1.4
Withdrawal	2.9	2.0	4.1	1.4	0.3	2.4
Other Methods*	5.1	5.8	4.4	2.2	3.9	0.8
<u>Not Currently Using**</u>	<u>45.4</u>	<u>39.2</u>	<u>53.3</u>	<u>36.6</u>	<u>29.2</u>	<u>42.9</u>
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
Number of Cases (Unweighted)	2,450	1,370	1,030	1,411	765	646

* Other methods include injections, diaphragm, foam, jelly and tablets

** Includes douche and other ineffective methods

TABLE 3

PERCENTAGE OF CURRENTLY MARRIED WOMEN AGE 15-44 USING CONTRACEPTION BY METHOD,
SELECTED AREAS IN THE WESTERN HEMISPHERE WITH CONTRACEPTIVE PREVALENCE SURVEYS
OR WORLD FERTILITY SURVEYS SINCE 1975

Current Use and Method	U.S. (1976)	Sao Paulo State, Brazil (1978)	Costa Rica (1978)	Panama (1979)	Columbia (1978)	Mexico (1978)	El Salvador (1978)	Dominican Republic (1975)	Piaui State Brazil (1979)	Paraguay (1977)	Peru (1977)	Guatemala (1978)
<u>Currently Using</u>	<u>67.8</u>	<u>63.9</u>	<u>63.9</u>	<u>60.6</u>	<u>46.1</u>	<u>38.0</u>	<u>34.4</u>	<u>33.0</u>	<u>30.8</u>	<u>24.0</u>	<u>25.4</u>	<u>18.2</u>
Orals	22.3	27.8	23.2	19.0	17.2	14.0	8.7	8.4	10.0	10.1	4.2	5.4
Sterilization	19.3	16.1	14.6	29.7	7.5	7.0	18.0	12.4	15.4	2.9	2.7	6.4
IUD	6.1	0.4	5.1	3.7	7.7	7.0	3.3	3.0	0.0	3.4	1.4	1.3
Condom	7.2	6.6	8.4	1.7	1.4	1.0	1.5	1.6	0.1	1.8	1.1	0.8
Other Methods	12.9	13.0	12.6	4.5	12.2	9.0	2.9	7.6	5.3	5.7	16.0	4.3
<u>Not Currently Using</u>	<u>32.2</u>	<u>36.1</u>	<u>36.1</u>	<u>39.4</u>	<u>53.9</u>	<u>62.0</u>	<u>65.6</u>	<u>67.0</u>	<u>69.2</u>	<u>76.0</u>	<u>74.6</u>	<u>81.8</u>
<u>Number of Married Women (in sample)</u>	<u>8,611</u>	<u>1,880</u>	<u>2,037</u>	<u>1,528</u>	<u>2,085</u>	<u>2,663</u>	<u>1,470</u>	<u>1,808</u>	<u>1,289</u>	<u>1,208</u>	<u>NA</u>	<u>1,915</u>
<u>Reported or Esti- mated Crude Birth Rate (per 1,000 population)</u>	<u>14.8</u>	<u>23.9</u>	<u>29.8</u>	<u>28.9</u>	<u>29.0</u>	<u>38.0</u>	<u>40.0</u>	<u>36.0</u>	<u>39.0</u>	<u>66.0</u>	<u>41.0</u>	<u>44.3</u>

TABLE 4

Percentage of Currently Married Women 15-44
Currently Using Contraception, with Organized Program Source
of Contraception, Nine Contraceptive Prevalence Surveys, Latin America

	<u>Total</u>
Brazil	
a. Piauí State	58.8
b. São Paulo State	16.1
Costa Rica	61.9
Colombia	68.6
El Salvador	81.2
Guatemala	55.9
Mexico	40.1
Panama	70.6
Paraguay	49.5

TABLE 5

Panama: Percent of Women 15-44 Who Are in Need of Family Planning Services* by Residence and Selected Characteristics
1979 Contraceptive Prevalence Survey

Characteristics	Residence		
	Total	Urban	Rural
TOTAL	12.3 (2,347)	7.7 (1,394)	17.7 (953)
<u>Age</u>			
15-19	5.5 (520)	4.4 (337)	7.2 (183)
20-24	12.1 (459)	7.7 (276)	17.7 (183)
25-29	17.1 (457)	11.2 (283)	25.1 (174)
30-34	15.0 (379)	11.8 (225)	18.3 (154)
35-39	14.3 (309)	9.5 (170)	18.3 (139)
40-44	17.7 (223)	3.7 (103)	26.6 (120)
<u>Marital Status</u>			
Currently Married	19.3 (1,528)	13.6 (831)	24.3 (697)
Separated/Divorced/Widowed	8.6 (246)	5.7 (158)	12.8 (88)
Never Married	1.0 (573)	0.9 (405)	1.3 (168)
<u>No. of Living Children</u>			
0	1.6 (700)	1.3 (481)	2.2 (219)
1	18.3 (376)	14.2 (249)	24.7 (127)
2	15.1 (355)	10.6 (216)	20.0 (139)
3	16.7 (287)	13.9 (176)	20.2 (111)
4	21.3 (269)	14.6 (113)	27.0 (96)
5	17.1 (150)	11.3 (67)	21.0 (83)
6+	23.4 (270)	10.0 (92)	28.6 (178)
<u>Education</u>			
<Primary Complete	24.3 (488)	13.2 (121)	27.0 (367)
Primary Complete	13.5 (599)	9.8 (260)	15.7 (339)
>Primary Complete	7.1 (1,260)	6.6 (1,013)	8.5 (247)
<u>Work Status**</u>			
Working	7.3 (659)	6.2 (527)	10.7 (132)
Not Working	14.2 (1,676)	8.7 (864)	18.8 (812)
<u>Monthly Household Income***</u>			
First Quartile	18.8 (427)	8.2 (92)	21.2 (335)
Second Quartile	11.1 (505)	9.8 (278)	12.3 (227)
Third Quartile	9.4 (421)	9.2 (327)	10.1 (94)
Fourth Quartile	6.7 (549)	6.0 (498)	11.4 (51)

*In need of family planning services is defined as women not currently pregnant and not currently desiring pregnancy, who are not using any contraceptive method for reasons not related to pregnancy, subfecundity, or sexual activity.

**Twelve cases with unknown work status were excluded.

***445 Cases with unknown income were excluded.

NOTE: Figures in parentheses are unweighted number of cases

TABLE 6

Panama: Percent Distribution of Women Aged 15-44 Who Are in Need of Family Planning Services* by Residence and Selected Characteristics
1979 Contraceptive Prevalence Survey

<u>Characteristics</u>	<u>Total</u>	<u>Residence</u>	
		<u>Urban</u>	<u>Rural</u>
TOTAL (313 cases)**	100.0	33.5	66.5
<u>Age</u>			
15-19	12.5	5.8	6.7
20-24	19.5	7.0	12.4
25-29	23.0	8.7	14.3
30-34	15.8	6.4	9.4
35-39	14.1	4.3	9.7
40-44	15.2	1.2	14.0
<u>Marital Status</u>			
Currently Married	89.9	29.2	60.7
Separated/Div./Wid.	7.5	2.9	4.6
Never Married	2.7	1.4	1.2
<u>No. of Living Children</u>			
0	4.9	2.5	2.4
1	21.4	10.1	11.2
2	15.8	5.8	10.0
3	13.3	6.0	7.3
4	13.2	4.1	9.1
5	8.7	2.3	6.4
6+	22.7	2.7	20.0
<u>Education</u>			
<Primary Complete	40.8	4.3	36.4
Primary Complete	28.6	7.7	20.9
>Primary Complete	30.6	21.5	9.1
<u>Work Status</u>			
Working	15.6	10.1	5.5
Not Working	83.8	23.4	60.4
Unknown	0.6	0.0	0.6
<u>Monthly Household Income</u>			
First Quartile	28.7	2.3	26.4
Second Quartile	20.1	8.3	11.8
Third Quartile	11.9	8.3	3.6
Fourth Quartile	12.9	10.1	2.7
Unknown	26.4	4.6	21.9

*In need of family planning services is defined as women not currently pregnant and not currently desiring pregnancy, who are not using any contraceptive method for reasons not related to pregnancy, subfecundity, or sexual activity.

**Unweighted number of women

TABLE 7

Panama: Use of Prenatal Care During Last Pregnancy by
 Residence: Currently Married Women Aged 15-44
 Having Had at Least One Live Birth
 1979 Contraceptive Prevalence Survey
 (Percent Distribution)

<u>Prenatal Care</u>	<u>Total</u>	<u>Residence</u>	
		<u>Urban</u>	<u>Rural</u>
Yes	80.2	88.1	73.5
No	19.4	11.9	25.7
Unknown	0.4	0.0	0.8
Total	100.0	100.0	100.0
Number of Cases (Unweighted)	(1,413)	(763)	(650)
<u>Source of Prenatal Care</u>			
MOH Hospital	10.4	6.3	14.6
MOH Health Center/Post	52.6	38.9	66.5
Private Physician/Clinic	18.9	30.4	7.3
CSS	15.9	22.4	9.4
Other	1.1	1.9	0.2
Unknown	1.1	0.1	2.2
Total	100.0	100.0	100.0
Number of Cases (Unweighted)	(1,158)	(674)	(484)
<u>Month of Pregnancy When First Received Prenatal Care</u>			
<3 Months	72.7	77.8	67.5
4-6 Months	23.8	19.5	26.1
7-9 Months	2.2	1.9	2.5
Doesn't Remember	1.4	0.8	2.0
Total	100.0	100.0	100.0
Number of Cases (Unweighted)	(1,158)	(674)	(484)

TABLE 8

Panama: Place of Last Birth, and Use of Postpartum Care
 During First Month Following Delivery by Residence:
 Currently Married Women Aged 15-44 Having Had at Least One Live Birth
 1979 Contraceptive Prevalence Survey
 (Percent Distribution)

<u>Place of Last Birth</u>	<u>Total</u>	<u>Residence</u>	
		<u>Urban</u>	<u>Rural</u>
MOH Hospital	60.4	61.9	59.1
MOH Health Center	7.6	4.8	9.9
Private Physician/Clinic	6.8	13.1	1.4
CSS	9.4	14.6	5.0
Midwife	12.5	3.2	20.4
Other	2.3	2.2	2.3
Unknown	1.1	0.2	1.8
Total	100.0	100.0	100.0
Number of Cases (Unweighted)	(1,413)	(763)	(650)
 <u>Postpartum Checkup</u>			
Yes	66.6	74.3	60.2
No	33.0	25.3	39.6
Unknown	0.3	0.4	0.3
Total	100.0	100.0	100.0
Number of Cases (Unweighted)	(1,413)	(763)	(650)

TABLE 9

Panama: Use of Well-Baby Care Following Last Delivery
by Residence: Currently Married Women Aged 15-44
Having Had At Least One Live Birth
1979 Contraceptive Prevalence Survey
(Percent Distribution)

<u>Well-Baby Care</u>	<u>Total</u>	<u>Residence</u>	
		<u>Urban</u>	<u>Rural</u>
Yes	88.8	93.4	85.0
No	10.6	6.0	14.5
Unknown	0.6	0.6	0.5
Total	100.0	100.0	100.0
Number of Cases (Unweighted)	(1,413)	(763)	(650)
 <u>Infants Age at Well-Baby Care</u>			
1 Month	88.9	92.3	85.7
2 Months	3.9	2.9	4.8
3 Months	2.3	1.0	3.5
4 Months	1.0	0.7	1.2
5 Months	0.5	0.6	0.5
6+ Months	3.1	2.3	3.8
Unknown	0.3	0.2	0.5
Total	100.0	100.0	100.0
Number of Cases (Unweighted)	(1,270)	(719)	(551)
 <u>Source of Well-Baby Care</u>			
MOH Hospital	15.3	9.6	20.6
MOH Health Center/Post	58.2	47.4	68.2
Private Physician/Clinic	12.0	21.9	2.5
CSS	13.4	19.6	7.5
Other	1.2	1.5	1.0
Total	100.0	100.0	100.0
Number of Cases (Unweighted)	(1,270)	(719)	(551)

TABLE 10

PANAMA: Use of Prenatal, Postpartum and Well-Baby
Care During Last Pregnancy: Currently Married
Women Aged 15-44 With at Least One Live Birth,
by Selected Characteristics

1979 Contraceptive Prevalence Survey

<u>Characteristics</u>	<u>Percent Using All 3 Services</u>	<u>Percent Not Using Any Service</u>
Total	59.8	6.2
<u>Residence</u>		
Urban	68.4	2.8
Rural	52.5	9.0
<u>Education</u>		
< Primary Complete	47.3	11.9
Primary Complete	54.3	6.7
> Primary Complete	75.0	0.8
<u>Work Status</u>		
Currently Working	73.2	3.4
Not Working	55.5	6.9
<u>Number of Living Children</u>		
0	50.0	50.0
1	64.8	4.5
2	66.9	3.1
3	58.4	4.6
4	56.2	9.2
5	61.4	1.8
6+	50.4	12.2
<u>Family Monthly Income</u>		
First Quartile	45.6	11.6
Second Quartile	62.2	2.5
Third Quartile	67.1	4.2
Fourth Quartile	74.5	2.9
Unknown	50.6	10.1
<u>Place of Last Live Birth</u>		
Private Hospital/Clinic	83.0	1.0
CSS	70.7	0.8
MOH Hospital/Health Center	63.8	2.3
Other	43.9	23.8
Midwife	22.9	30.2
<u>Age of Respondent</u>		
15-19	52.9	5.0
20-24	60.6	4.5
25-29	66.9	4.1
30-34	66.1	6.8
35-39	58.2	5.6
40-44	46.4	10.9

TABLE 11

Panama: Percent of Women Aged 15-44 with at Least One Abortion,
Spontaneous or Induced, That Received Medical Attention
Following Most Recent Abortion, by Residence
1979 Contraceptive Prevalence Survey

<u>Residence</u>	<u>% Receiving Medical Attention</u>	<u>Percent Hospitalized**</u>	<u>(Unweighted No. of Cases)</u>
TOTAL	73.8	61.3	(350)
Urban	79.6	66.8	(206)
Rural	67.6	55.5	(144)

*5 women who did not indicate whether they had complications or not are excluded.

**Hospitalized is defined as spending at least 1 night in a health facility. 85 women who did not indicate whether they were hospitalized or not are excluded.

TABLE 12

Panama: Percentage of Children 1-5 Years of Age
Receiving Complete BCG, Polio, DPT and Measles Immunization,
by Residence and Income

1979 Contraceptive Prevalence Survey

<u>Immunization</u>	<u>Total</u>	<u>Residence</u>		<u>Monthly Family Income*</u>			
		<u>Urban</u>	<u>Rural</u>	<u>First</u>	<u>Second</u>	<u>Third</u>	<u>Fourth</u>
BCG	55.3	62.1	50.8	53.6	56.7	64.5	63.0
Polio	62.8	66.8	60.0	57.9	65.5	70.7	65.2
DPT	61.0	66.9	57.1	57.0	60.5	72.0	65.1
Measles	67.3	72.6	64.0	63.8	70.4	76.3	69.8

N = 1,931

*By quartiles

TABLE 13

Panama: Percentage of Children Receiving Booster Dose
of BCG, Polio, DPT and Measles Vaccine
by Age and Residence

1979 Contraceptive Prevalence Survey

<u>Residence and Age of Child</u>	<u>Vaccine Booster</u>				<u>No. of Cases (Unweighted)</u>
	<u>BCG</u>	<u>Polio</u>	<u>DPT</u>	<u>Measles</u>	
<u>Urban</u>	<u>22.0</u>	<u>35.0</u>	<u>33.4</u>	<u>23.1</u>	<u>(1,184)</u>
<1 Year	7.8	14.3	11.5	6.0	(217)
1-5 Years	25.5	40.1	38.9	27.3	(954)
Unknown	*	*	*	*	(13)
<u>Rural</u>	<u>10.1</u>	<u>27.7</u>	<u>25.4</u>	<u>10.2</u>	<u>(1,215)</u>
<1 Year	2.2	4.5	2.2	1.3	(223)
1-5 Years	12.0	33.4	31.1	12.4	(977)
Unknown	*	*	*	*	(15)
<u>Total</u>	<u>14.8</u>	<u>30.6</u>	<u>28.6</u>	<u>15.3</u>	<u>(2,399)</u>
<1 Year	4.5	8.4	5.9	3.2	(440)
1-5 Years	17.4	36.1	34.2	18.3	(1,931)
Unknown	4.2	0.0	0.0	0.0	(28)

*Less than 25 Cases

TABLE 14

Panama: Percentage of Children Receiving Booster Dose
of BCG, Polio, DPT and Measles Vaccine
by Age and Income

1979 Contraceptive Prevalence Survey

Monthly Family Income and Age of the Child	Vaccine Booster				No. of Cases (Unweighted)
	BCG	Polio	DPT	Measles	
<u>First Quartile</u>	<u>14.6</u>	<u>24.4</u>	<u>25.4</u>	<u>14.8</u>	(482)
<1 Year	1.2	2.5	2.5	1.2	(87)
1-5 Years	17.6	29.4	30.6	17.9	(392)
Unknown	*	*	*	*	(3)
<u>Second Quartile</u>	<u>14.4</u>	<u>31.1</u>	<u>29.4</u>	<u>16.0</u>	(532)
<1 Year	5	6.8	6.8	3.6	(89)
1-5 Years	16.6	36.6	34.5	18.8	(436)
Unknown	*	*	*	*	(7)
<u>Third Quartile</u>	<u>17.1</u>	<u>38.3</u>	<u>33.7</u>	<u>18.0</u>	(386)
<1 Year	2.6	11.2	5.3	1.3	(66)
1-5 Years	20.6	44.9	40.5	21.9	(314)
Unknown	*	*	*	*	(6)
<u>Fourth Quartile</u>	<u>21.2</u>	<u>35.9</u>	<u>34.4</u>	<u>21.9</u>	(403)
<1 Year	9.2	16.7	12.7	5.8	(81)
1-5 Years	24.6	41.3	40.5	26.4	(317)
Unknown	*	*	*	*	(5)

*Less than 25 cases