



Memorandum

Date April 13, 1982

From Leo Morris, Ph.D., M.P.H., Chief, Program Evaluation Branch, Family Planning Evaluation Division, Center for Health Promotion and Education (CHPE)

Subject Foreign Trip Report (AID/RSSA): Venezuela, March 21-27, 1982

To William H. Foege, M.D.
Director, Centers for Disease Control
Through: Horace G. Ogden
Director, CHPE _____

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SUMMARY

Technical assistance was provided to the Office of Family Planning, Ministry of Health (MOH), in the planning of a nationwide maternal-child health/family planning survey, which would include contraceptive prevalence data. Four participants of the South American Spanish Language Workshop on the Analysis of Contraceptive Prevalence Survey Data, held in Colombia in October 1981, were from Venezuela. The Venezuela Delegation identified the need for a family planning survey which would yield contraceptive prevalence data and other information needed to evaluate the MOH family planning program. During this consultation, objectives and specifications of the survey were defined and a preliminary budget completed as well as a draft questionnaire discussed. A proposed timetable and sampling plan was also agreed upon.

This survey would measure changes in fertility and contraceptive use since the 1977 National Fertility Survey (NFS) and introduce program variables not included in the NFS. The survey would consist of a multi-stage probability sample of 6,242 households distributed as follows: 1,668 in Caracas Metropolitan Area, 2,278 in other urban areas, and 2,296 in rural areas. This sampling plan will also yield 2,287 households in both the Eastern and Western Regions of the country. It is estimated that 6,242 households are necessary to obtain completed interviews with 4,080 women 15-44 years of age due to the expected proportions of unoccupied households and households without women of fertile age, as well as an incompleteness rate of 10 percent.

The sampling frame used in the National Nutrition Survey will be available for the sample. It is estimated that five teams, consisting of three interviewers, one supervisor, and one driver each, can complete the field work in 3 months, including a week of training. During this visit a draft questionnaire was discussed and a revised questionnaire, based on discussions with the Office of Family Planning and the Division of Statistics, MOH, will be returned to the MOH by the end of April for their review prior to scheduling a pretest.

The preliminary budget developed to undertake this survey was approximately \$120,000, which the MOH is planning to finance, but they will need continued technical assistance in the training and data processing phases of the survey. An important potential problem for the MOH in financing this survey is the decline in the price of petroleum and reduction in barrels of oil produced per day by Venezuela. The subsequent decrease in earnings by the Venezuelan Government has been reflected in budget cuts in all Ministries.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

Venezuela, March 21-27, 1982, at the request of AID/POP/S&T/FPSD, and the U.S. Embassy/Venezuela (see Department of State cable Caracas 1844 dated March 9, 1982), to provide technical assistance to the Office of Family Planning, Ministry of Health, in the planning of a nationwide contraceptive prevalence survey. Travel was performed in accordance with the Resource Support Services Agreement (RSSA) between the Office of Population/AID and CDC/CHPE/FPED.

II. PRINCIPAL CONTACTS

- A. American Embassy (284-6111)
 - 1. Ms. Gale Berghoefer, Third Secretary, Political Office (X415)
- B. Ministerio de Salud (MOH)
 - 1. Dr. Rafael Albornoz, Director General de Salud Publica
 - 2. Dra. Lourdes Rivas de Montilla, Director, Office of Family Planning (Ed. Administradora Union, Piso 11-Av. Este 2, Los Caobos: 571-1224)
 - 3. Dr. Luis Blanco Acevedo, Office of Family Planning
 - 4. Dr. Santiago Gaslonde, Director, Division of Statistics
 - 5. Dr. Jose Hernandez, Director, Division of Epidemiology
 - 6. Dr. Rafael Gonzales Villameyar, State Office of Family Planning, Aragua
- C. Oficina Central de Estadistica y Informatica (OCEI)--Avenida Boyaca (Cotamil)
 - 1. Lic. Irene Gurrea, Chief, National Household Survey
 - 2. Lic. Lucila Blanco, Chief, Demography Division
 - 3. Lic. Nelson Escalona, Demography Consultant
- D. Instituto Nacional de Nutricion (483-1219)
 - 1. Dr. Nino DI Geronimo Alvarez, Director de Planificacion y Sistemas
 - 2. Lic. Mirna Santaella, National Nutrition Survey
- E. Other
 - 1. Mr. Suchil Kumar, Director, Latin America, Contraceptive Prevalence Survey Project, Westinghouse Health Systems

III. AVAILABLE DATA

A. Vital Statistics

Registered births and crude birth rates are shown in Table 1 for the 10-year period, 1970-1979. The crude birth rate ranged from 36 to 38 per 1,000 population during the first 5-year period, and from 36 to 37 per 1,000 during the second 5-year period. In 1979 the crude birth rate ranged from 21 per 1,000 in the State of Miranda, part of which is included in the Caracas Metropolitan Area, to a high of 49 per 1,000 in the Southernmost State of Bolivar. Six of 20 states had reported crude birth rates of more than 40 per 1,000. Although the reported crude birth rate declined slightly in this 10-year period, there were 88,766 more births in 1979 than in 1970. Obviously, this is because of earlier high fertility resulting in an increasing number of women of reproductive age during this decade, which will continue into the 1980s.

The MOH reports that birth registration was more than 90 percent complete in 1979. However, only 61 percent of the births reported occurred in 1979. Another 26 percent had occurred in 1978, and the remaining 13 percent occurred prior to 1978. Thus, although birth reporting is almost complete in Venezuela, there are problems in the timeliness of birth registration, making birth trends hard to interpret. The most recent independent estimate of the crude birth rate is from the National Fertility Survey (NFS) carried out in 1977 as part of the World Fertility Survey program. Estimates from this survey show the birth rate to be approximately 32 per 1,000 with a range of 29 per 1,000 in urban areas to 50 per 1,000 in rural areas.

B. Program Data

In 1974 the MOH took over the provision of family planning services from the Family Planning Association. At that time there were 123 clinics providing family planning services, including 118 MOH clinics and five clinics in facilities operated by the Social Security Institute. By 1981 there were 794 MOH facilities offering family planning services.

As shown in Table 2, 89,680 new users were reported in 1981 with over half having IUD insertions. Another 39 percent of new users had received oral contraceptives, so that the program is primarily a two-method program--IUDs and orals. There were 325,579 women reported as active users at the end of 1981. The method distribution of active users is similar to that of new users. The number of active users had increased from 284,220 reported as active at the end of 1980. The number of active users in December 1981 represents 20 percent of currently married women 15-44 years of age.

C. National Fertility Survey (NFS), 1977

The NFS was conducted in 1977 as part of the World Fertility Survey (WFS) program. A country report is not yet available, although one volume of tables has been published. In addition, in November of 1977 a description of the sample design was printed and in July 1980, a summary of the final report which will eventually be Country Report No. 1, was published. However, the emphasis of this latter report is on fertility, nuptiality, and exposure to the risk of pregnancy. All information on use of contraception is given in

terms of "exposed" women and difficult to compare to other countries with contraceptive prevalence data. No information on source of contraception is included in this report.

Because of the absence of data from the Venezuelan NFS, the Family Planning Evaluation Division, CDC, obtained a tape to prepare working tables for the Venezuela Delegation that attended the South American Spanish Language Workshop on the analysis of contraceptive prevalence survey data in Piapa, Colombia, in October 1981 (see CDC Trip Report dated October 29, 1981). Selected data from this survey used in the Colombia Workshop are presented in Tables 3 through 7.

Table 3 shows that, in 1977, 46.4 percent of currently married women aged 15-44 were currently using contraception. There was a wide differential in use between urban and rural areas with 50.6 percent of urban married women using contraception compared with 27.8 percent of rural women. Overall, oral contraception (15.3 percent) was the most prevalent method of contraception followed by IUD (8.6 percent) and sterilization (7.7 percent). Oral contraceptives was the most prevalent method through age 34 as shown in Table 4. For women aged 35 and above, sterilization was the most used method with the IUD in second place.

Source of oral contraceptives is shown in Table 5. Almost two-thirds (64.5 percent) of oral contraceptive users obtained their supplies directly from the pharmacy or private clinics. This was true in both urban and rural areas. Even at this level of contraceptive use, 29.6 percent of most recent pregnancies were reported as unplanned. This figure was higher in rural areas as shown in Table 6, and increased with age and parity with more than half of all six plus parity births being reported as unplanned. This measure of the family planning problem is translated into a minimum percentage of women in need of family planning services (by residence and selected characteristics) in Table 7. Women are defined as in need of family planning services if they were not currently pregnant and did not want any more children, and were not using any contraceptive method for reasons not related to subfecundity or sexual activity. It is important to note that this is a minimum percentage because it is only women that did not want any more children. The NFS did not get data on current pregnancy intention so women wanting to space children could not be included in this table as they are with data gathered in Contraceptive Prevalence Surveys. This minimum percentage is 8.5 percent of all currently married women: 6.9 percent in urban areas and 17.8 percent in rural areas. Thus, almost one in five married women in rural areas are at risk of an unwanted pregnancy. As with the data on unplanned pregnancies, the percentage of women in need of family planning services increases with parity and is inversely related with education. In all areas about twice as many unemployed women are at risk of an unwanted pregnancy compared with those employed, and women in consensual unions in urban areas are in greater need of family planning services than those in legal relationships. Thus, although the crude birth rate has evidently dropped to about 32 per 1,000 from rates around 40 per 1,000 reported in the 1960s, unplanned pregnancy still appears to be a problem, and almost one in five women in rural areas are in need of services to prevent unwanted pregnancies.

IV. PROPOSED FAMILY PLANNING MATERNAL-CHILD HEALTH SURVEY

A. Background

Four participants of the South American Spanish Language Workshop on the analysis of contraceptive prevalence survey data, held in Colombia in October 1981, were from Venezuela. The Venezuela Delegation included Dr. Orlando Gutierrez, the National Director of the Office of Family Planning, Dr. Alfonso Rivas Barrios, the National Supervisor in that office, and Dra. Maria Delores Gonzales de Arteaga, Chief of the Department of Investigations from that office. The fourth participant was Dra. Elizabeth de Caldera, the Coordinator of Post Graduate Education in Population at the Simon Rodrigues University. Due to the incompleteness of vital statistics and lack of contraceptive prevalence data since 1977, Dr. Gutierrez and the Venezuela Delegation identified the need for a family planning survey in Venezuela, which would yield contraceptive prevalence data and other information needed to evaluate the MOH Family Planning Program.

At that time, Dr. Gutierrez reported that the MOH had funds to do a survey but would need technical assistance (to be requested through the U.S. Embassy in Caracas in early 1982). In November 1981, Dr. Rivas Barrios and Dr. Luis Blanco of the National Family Planning Office, attended the Latin American Regional Workshop on contraceptive prevalence surveys held in Lima, Peru (see CDC Trip Report dated December 28, 1981). This Workshop had 50 participants from 17 countries plus three participants from international organizations, and was designed principally for technicians rather than program administrators. At this Workshop, Dr. Rivas Barrios reiterated Venezuela's interest in conducting a contraceptive prevalence survey, and a preliminary budget, sample design, and questionnaire was discussed in Lima.

Technical assistance was provided to the MOH in Venezuela during the time period covered by this report by myself and Mr. Suchil Kumar of Westinghouse Health Systems. Two important changes had occurred since November. Dr. Gutierrez had resigned as Director of the Office of Family Planning, and Dr. Rivas Barrios transferred to a regional position in Merida. Dr. Gutierrez was replaced by Dra. Lourdes Montilla, who is also enthusiastic about conducting a survey, giving it high priority. Dr. Blanco is still with the Office of Family Planning providing continuity with the discussions we had at the Workshop in Lima. Most of our discussions were with Dra. Montilla and Dr. Blanco. During this consultation, objectives and specifications of the survey were defined and a preliminary budget completed as well as a draft questionnaire discussed. A proposed timetable was also agreed upon.

B. Objectives and Specifications of the Survey

Following discussions with MOH officials, the following principal objectives were agreed upon, and the survey was entitled, "Encuesta de Planificacion Familiar y Salud Materno Infantil en Venezuela." This survey would measure changes in fertility and contraceptive use since the 1977 NFS, and introduce program variables not included in the NFS:

1. Estimation of the crude birth rate and total fertility rate in each of five strata:
 - a. Caracas Metropolitan area (CMA)
 - b. Urban areas outside of the CMA
 - c. Rural areas
 - d. Eastern Region (urban and rural areas combined)
 - e. Western Region (urban and rural areas combined)
2. Estimate knowledge, past use, and current use of contraception in all five strata by age group, educational level, marital status, and other demographic variables.
3. For women currently using contraception, describe the method and source of contraception. For women not currently using contraception, investigate the reason why they are not using contraception. And for those women who want to space or limit their families, determine what method of contraception they prefer, whether they know where to go for contraceptive services, and their knowledge of availability of those services.
4. Define the percentage of women 15-44 years of age that are in need of contraception (not currently pregnant and not desiring pregnancy but not using contraception for reasons not related to sexual activity or fecundity), and the proportion of women with unplanned pregnancies, by parity.
5. The proportion of women who do not desire any more children and would consider surgical contraception as a permanent method of limiting fertility will be determined.
6. Determine the proportion of women with a history of abortion, including the percentage of women needing medical care and hospitalization following abortion.
7. Determine the proportion of ever-pregnant women who have used maternal-child health services, and document the place of birth for their last child.
8. Measure breastfeeding prevalence and duration.

Specifications of the survey include:

1. A multi-stage probability sample of 6,242 households distributed as follows: 1,668 in the Caracas Metropolitan Area and 2,278 in other urban areas and 2,296 in rural areas. This sampling plan will also yield 2,287 households in both the Eastern Region and Western Region of the country. The Eastern Region includes the States of Anzoategui, Apure, Bolivar, Guarico, Miranda, Monagan, Nueva Esparta, and Sucre. The remaining states are included in the Western Region.

2. It is estimated that 6,242 households are necessary in order to obtain completed interviews with 4,080 women 15-44 years of age. With 4,080 women of fertile age the 95 percent confidence interval, including design effect, will be plus or minus 2 percent for the variable actual use of contraception. For the Caracas Metropolitan Area, the confidence interval, including design effect, will be plus or minus 4 percent.

A total of 6,242 households are necessary to obtain 4,080 complete interviews due to the percentage of unoccupied households and households without women of fertile age expected to be found. According to data from the National Labor Force Survey, about 11.5 percent of households will be unoccupied, and data from the 1971 Census show that 16 percent of households will not have a woman between 15 and 44 years of age. If 10 percent of interviews are incomplete, the 6,242 households will yield 4,080 complete interviews (the detailed calculations are available upon request).

The sample design, which will take advantage of the sampling frame used in the National Nutrition Survey, will have an urban and rural strata outside of the Caracas Metropolitan Area. Since only 23 percent of the total population is classified as rural, the rural population will be over sampled so that independent estimates can be made for rural areas as well as for the Eastern and Western Regions of the country. It is important to note that urban/rural estimates will not be meaningful within the two regions of the country but only on a national basis.

It is estimated that five teams, consisting of three interviewers, one supervisor, and one driver each, can complete the field work in 3 months, including a week of training.

C. Timetable and Proposed Budget

During this visit, a draft questionnaire, based on the instruments used in Brazil and the Westinghouse Model questionnaire, was discussed with both officials of the Office of Family Planning and the Division of Statistics. A hybrid questionnaire, based on these previous questionnaires, was developed based on these discussions, and a revised draft of the questionnaire will be typed and returned to the MOH by the end of April for their review.

The proposed timetable for this survey is shown below.

<u>Month (1982-83)</u>	<u>Activities</u>
March	1) Sample design and discussions with the Direccion General de Estadistica (DGE) and National Nutrition Institute concerning sampling frame. 2) Discussion of draft questionnaire. 3) Preliminary budget/work plan.
May	1) Sample selection (first stage). 2) Revision of questionnaire.
June	1) Request maps of sampled census sectors from National Nutrition Survey.
July	1) Pretest questionnaire.
August/September	1) Finalize questionnaire 2) Sample selection (second stage) using maps of census sectors (first stage).
October/November	1) Write Interviewer's Manual. 2) Complete field work plan.
January/March	1) Training. 2) Field work.

Although the survey timetable could be speeded up to take place in the last half of 1982, the MOH was concerned about field work during the rainy season during the latter half of the year. Since this is the first survey handled by the Office of Family Planning, they also wanted a schedule that would leave ample time for planning purposes.

A preliminary budget was developed in collaboration with the Office of Family Planning with the following major line items (in Bolivares--B's--4.3 Bolivares = U.S. \$1.00):

	<u>B's</u>
General Coordinator of the Survey	16,000
Field personnel, including Social Security and Insurance payments	149,728
Per diem	208,650
Transport	55,510
Material	14,120
Data processing	46,000
Report	4,200
Other	25,718
TOTAL.	539,918

The total in the preliminary budget of 439,918 Bolivares is equivalent to about \$125,000, a very reasonable budget for 6,000 households in a large country such as Venezuela. In Lima, a draft budget came to \$120,000 and at that time, the MOH did not express any problem in financing a survey of this magnitude, although they would need technical assistance in all phases of the survey from planning to training to data processing. However, between the November Contraceptive Prevalence Survey Workshop in Peru and this consultation in March, the price of petroleum has declined, and the new OPEC allocation for Venezuela has been reduced from 2.2 million barrels of oil a day to 1.5 million barrels a day. The subsequent decrease in earnings by the Venezuelan Government has been reflected in budget cuts in all Ministries. The Office of Family Planning is going ahead with their proposal to the MOH to conduct this survey, but they are not as optimistic as they once were in being able to obtain all the funds necessary. If they obtain at least 50 percent of the funds needed to conduct the survey, a backup plan could include the possibility that Westinghouse Health Systems pick up the short-fall between the funds allocated by the MOH and the actual cost of the survey. The U.S. Embassy/Caracas has no objection to a centrally-funded intermediary such as Westinghouse funding part of the survey. The final decision would have to be made by AID/Washington when more information is known on the availability of funds in Venezuela.

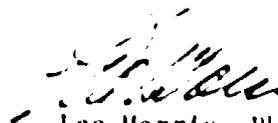

Leo Morris, Ph.D., M.P.H.

TABLE 1

Registered Births and Crude Birth Rate
Venezuela, 1970-79

<u>Year</u>	<u>Registered Births</u>	<u>Crude Birth Rate</u>
1970	392,583	37.8
1971	405,904	38.2
1972	406,120	37.1
1973	405,455	35.9
1974	433,397	37.3
1975	446,110	37.2
1976	462,233	37.4
1977	465,332	36.5
1978	475,824	36.3
1979	481,349	35.6

Source: Oficina Central de Estadística y
Informática: Anuario Estadístico de
Venezuela, 1979. Tomo II--Situación
Demográfica, Caracas, Marzo de 1981

TABLE 2

New Users and Active Users, by Method, MOH Family Planning Program
Venezuela, 1981

<u>Method</u>	<u>New Users</u> <u>1981</u>	<u>%</u> <u>Dist.</u>	<u>Active Users</u> <u>Dec. 1981</u>	<u>%</u> <u>Dist.</u>
IUD	50,822	56.6	179,815	54.9
Orals	34,947	39.0	132,217	40.6
Condom	2,205	2.5	8,082	2.5
Others	1,706	1.9	6,465	2.0
TOTAL	89,680	100.0	325,579	100.0

TABLE 3

Venezuela: Currently Married Women Aged 15-44 Currently Using Contraception,
by Residence and Method Used, National Fertility Survey, 1977
(Percent Distribution)

<u>Current Use and Method</u>	<u>Total</u>	<u>Residence</u>	
		<u>Urban</u>	<u>Rural</u>
<u>Currently Using</u>	<u>46.4</u>	<u>50.6</u>	<u>27.8</u>
Sterilization	7.7	8.6	3.6
Orals	15.3	16.3	10.8
IUD	8.6	9.7	3.6
Rhythm	4.0	4.3	2.9
Condom	4.8	5.6	1.4
Withdrawal	4.7	4.8	4.6
Other Methods*	1.3	1.3	1.0
<u>Not Currently Using</u>	<u>53.6</u>	<u>49.4</u>	<u>72.2</u>
TOTAL	100.0	100.0	100.0
Number of Cases	(2,280)	(1,863)	(417)

*Includes injection, diaphragm, and vaginal methods.

TABLE 4

Currently Married Women Aged 15-44 Currently Using Contraception,
by Age Group and Method Used, National Fertility Survey, 1977
(Percent Distribution)
Venezuela

<u>Current Use and Method</u>	<u>Age Group</u>						
	<u>Total</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>
<u>Currently Using</u>	<u>46.4</u>	<u>22.5</u>	<u>39.1</u>	<u>50.2</u>	<u>52.2</u>	<u>52.5</u>	<u>45.0</u>
Sterilization	7.7	0.0	1.2	4.3	2.8	19.5	16.0
Orals	15.3	16.4	21.6	19.2	15.6	7.9	4.8
IUD	8.6	2.4	6.4	11.1	9.9	8.4	10.4
Rhythm	4.0	3.4	3.4	2.5	6.2	5.6	3.0
Condom	4.8	1.0	4.2	5.5	6.2	6.4	3.4
Withdrawal	4.2	4.4	4.4	4.7	4.6	3.9	2.1
Other Methods*	1.3	0.0	0.3	2.2	1.8	1.4	0.4
<u>Not Currently Using</u>	<u>53.6</u>	<u>72.5</u>	<u>60.9</u>	<u>50.0</u>	<u>47.8</u>	<u>47.5</u>	<u>55.0</u>
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Cases	(2,280)	(207)	(499)	(512)	(435)	(358)	(269)

TABLE 5

Source of Oral Contraceptives, by Residence, for Current Users,
Currently Married Women Aged 15-44, National Fertility Survey, 1977
Venezuela
(Percent Distribution)

<u>Source of Orals</u>	<u>Total</u>	<u>Residence</u>	
		<u>Urban</u>	<u>Rural</u>
Hospital	11.8	10.5	20.0
Health Center	18.6	19.4	13.3
Beneficencia	2.6	2.9	2.2
Social Security	0.9	1.0	0.0
Private clinic-Physician	3.2	3.6	0.0
Pharmacy	61.3	60.9	64.4
Other	1.7	2.0	0.0
TOTAL	100.0	100.0	100.0
Number of Cases	(349)	(304)	(45)

TABLE 6

Planning Status of Most Recent Pregnancy, by Selected Characteristics
of Mother, Currently Married Women Aged 15-44,
National Fertility Survey, 1977, Venezuela
(Percent Distribution)

<u>Selected Characteristics</u>	<u>Planned</u>	<u>Unplanned</u>	<u>Unknown</u>	<u>Total</u>	<u>No. of Women</u>
Total	68.9	29.6	1.5	100.0	(2,571)
<u>Residence</u>					
Urban	70.6	27.9	1.5	100.0	(2,095)
Rural	61.6	36.8	1.7	100.0	(476)
<u>Age</u>					
15-19	91.1	8.5	0.5	100.0	(213)
20-24	82.4	17.1	0.6	100.0	(545)
25-29	73.4	25.4	1.2	100.0	(571)
30-34	63.3	35.4	1.3	100.0	(480)
35-39	56.5	40.4	3.1	100.0	(423)
40-44	49.3	48.1	2.7	100.0	(339)
<u>Parity</u>					
0	92.0	7.0	1.0	100.0	(100)
1	93.5	6.3	0.2	100.0	(493)
2	85.4	13.0	1.6	100.0	(494)
3	69.0	30.5	0.5	100.0	(380)
4	61.2	37.8	1.0	100.0	(294)
5	54.1	44.1	1.8	100.0	(222)
6+	40.0	56.6	3.4	100.0	(588)
<u>Education*</u>					
None	52.4	45.7	1.9	100.0	(372)
<Primary	62.9	35.3	1.8	100.0	(771)
Primary	72.1	26.4	1.5	100.0	(761)
<Secondary	82.5	17.3	0.2	100.0	(452)
Secondary	78.4	18.8	2.9	100.0	(208)
<u>Employment</u>					
Employed	75.0	24.0	1.1	100.0	(567)
Not employed	67.2	31.1	1.7	100.0	(2,004)

*Excludes seven cases with education unknown.

TABLE 7

Minimum Percentage of Women in Need of Family Planning Services*,
by Residence and Selected Characteristics of Currently
Married Women Aged 15-44, National Fertility
Survey, 1977, Venezuela

<u>Selected Characteristics</u>	<u>Residence</u>		
	<u>Total</u>	<u>Urban</u>	<u>Rural</u>
Total	8.5 (4,361)	6.9 (3,708)	17.8 (653)
<u>Age</u>			
15-19	0.9 (1,312)	0.6 (1,125)	2.7 (187)
20-24	4.2 (979)	3.4 (854)	9.6 (125)
25-29	9.7 (724)	7.4 (607)	21.4 (117)
30-34	15.1 (536)	11.9 (444)	30.4 (92)
35-39	18.8 (452)	16.0 (374)	32.1 (78)
40-44	22.9 (358)	20.1 (304)	38.9 (54)
<u>Parity</u>			
0	0.3 (1,866)	0.3 (1,676)	0.0 (190)
1	1.8 (512)	1.8 (447)	1.5 (65)
2	2.2 (497)	6.6 (437)	11.7 (60)
3	10.8 (381)	10.1 (318)	14.3 (63)
4	12.0 (295)	14.9 (228)	23.9 (67)
5	18.9 (222)	18.2 (176)	21.7 (46)
6+	32.0 (588)	22.0 (426)	45.1 (162)
<u>Education</u>			
None	22.0 (423)	12.9 (252)	28.1 (171)
<Primary	15.0 (1,051)	13.3 (776)	20.0 (275)
Primary	6.1 (1,185)	6.0 (1,065)	6.2 (120)
<Secondary	2.7 (1,169)	2.6 (1,098)	4.2 (71)
>Secondary	2.9 (520)	2.6 (504)	** (16)
<u>Employment</u>			
Employed	4.4 (1,069)	4.0 (987)	9.8 (82)
Not Employed	9.8 (3,292)	7.9 (2,721)	18.9 (571)
<u>Type of Union</u>			
Married	11.2 (1,754)	9.2 (1,494)	23.1 (260)
Common-law	12.3 (961)	15.1 (731)	24.4 (230)

*Women defined as in need of family planning services if they were not currently pregnant and did not want any more children and were not using any contraceptive method for reasons not related to subfecundity or sexual activity.

**Less than 25 cases.

NOTE: Numbers in parentheses indicate the number of women.