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MEMORANDUM

DD-AAM-132
15N 15145
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
CENTER FOR DISEASE CONTROL

TO : William H. Foege, M.D.
Director, Center for Disease Control (CDC)
Through: Philip S. Brachman, M.D.
Director, Bureau of Epidemiology (BE)

DATE: March 19, 1979

FROM : John E. Anderson, Ph.D.

SUBJECT: Foreign Trip Report (AID RSSA): Population Project Paper, Panama,
February 27-March 3, 1979

SUMMARY

- I. DATES, PLACES, AND PURPOSE OF TRAVEL
 - II. PRINCIPAL CONTACTS
 - III. POPULATION PROJECT PAPER, USAID/PANAMA
 - IV. PROPOSED 1979 CONTRACEPTIVE PREVALENCE SURVEY
- ATTACHMENT: REVIEW OF DEMOGRAPHIC AND FAMILY PLANNING DATA

SUMMARY

John E. Anderson, Program Evaluation Branch, Family Planning Evaluation Division, CDC, traveled to Panama, February 27-March 3, 1979, to review demographic and family planning data to assist the USAID Mission in preparation of the AID Population Project Paper. A report was prepared in Panama covering demographic trends and women in need of services for the project paper, and the final version of this report is attached. Material for the report was drawn from published vital statistics and survey data, service statistics, and other unpublished data available at the Ministry of Health. In addition, special tabulations from the 1976 National Fertility Study of Panama were prepared in Atlanta prior to departure.

Preliminary data for 1977 indicate a crude birth rate of 28.5 per 1,000 compared to 39.1 in 1960. The annual rate of natural increase has declined from 3.1% to 2.4%. In 1976, 54% of currently married women aged 20-49 were using contraception with surgical contraception the most prevalent method. It is estimated that an additional 13.6% of women are in need of family planning services to limit fertility. Women are defined as in need if they are currently married (or in union), not currently using a contraceptive method, do not want any more children and are exposed (not currently pregnant, subfecund, or non-contraceptively sterile) to conception. The need is over twice as great in rural areas compared to the urban population in the metropolitan Panama City area. These estimates should be considered a minimum as they exclude women desiring to postpone or space births. This information was not included in the 1976 survey and women 15-19 were excluded. However, estimates will be updated when results of the 1979 Contraceptive Prevalence Survey are available. This survey will include women aged 15-19 and data on spacing of births.

While in Panama, discussions were held with members of the Ministry of Health regarding the proposed contraceptive prevalence survey to be conducted in Panama later in 1979 with FPED/CDC assistance. Preparation and updating of the sampling frame are currently in progress in Panama using the sampling frame employed in the 1976 survey. Final details regarding financing the survey and organizational responsibility for various aspects of the survey are being negotiated by the Ministry of Health, Panama, AID/Panama, and CDC.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

Panama, February 27-March 3, 1979, at the request of USAID/Panama and AID/POP/FPSD/Washington, to review demographic and family planning data to be included in the USAID/Panama Population Project Paper, and to discuss with USAID/Panama and MOH aspects of the proposed contraceptive prevalence survey to be conducted in Panama later in 1979.

II. PRINCIPAL CONTACTS

A. USAID/Panama

1. Anthony Cauterucci, Chief, Human Resources Division (HRD)
2. Abby Bloom, Population Officer, HRD
3. Angela de Mata, Assistant in Population, HRD
4. Eva Mendez, Program Officer, HRD
5. Christina Schoux, Finance Officer, HRD
6. John Coury, American Public Health Association
Consultant to HRD

B. Ministry of Public Health

1. Dr. Humberto Naar, Director of Maternal and Child Health
2. Lic. Raul Batista, Chief, Department of Statistics
3. Lic. Felix Mascarin, Chief, Population Studies Office
4. Lic. Federico Guerra, Demographer, Population Studies Office

III. POPULATION PROJECT PAPER, USAID/PANAMA

A review of demographic and family planning data was prepared and is attached to this foreign trip report. Panama has made substantial gains in reducing its birth rate. Preliminary data for 1977 indicate a crude birth rate of 28.5 per 1,000 compared to 39.1 in 1960. The annual rate of natural increase has declined from 3.1% to 2.4%. However, the population growth rate is still high, currently in excess of 2% per year, and population growth is likely to continue for several decades despite further fertility decline. The lowest population projection by the Ministry of Health for the year 2000 is 2.6 million, a 3-fold increase in population since 1950.

An estimate of women in need of contraceptive services was prepared based on unpublished data from the 1976 National Fertility Study analyzed at CDC. These estimates indicate that rural women constitute the largest target group for services. Metropolitan Panama City is also important. However, the estimates presented in the attachment do not include women 15-19 years of age or women interested in postponing birth, only those who want no more children and are not using contraception. This is because women 15-19 were excluded from the 1976 fertility survey and women 20-49 were asked about wanting no more children but not currently wanting to space children. The proposed contraceptive prevalence survey will include teenagers and information on spacing as well as limiting children. Thus, a more comprehensive estimate of women in need and a measure of need among unmarried and teenage women will be derived from the 1979 contraceptive prevalence survey (see Leo Morris' Foreign Trip Report on the 1979 survey, dated April 1979).

IV. PROPOSED CONTRACEPTIVE PREVALENCE SURVEY

Discussions were held with members of the Ministry of Health regarding the proposed contraceptive prevalence survey. A draft questionnaire constructed in collaboration with personnel from the MOH Population Studies Office was delivered to members of the Department of Statistics and the Population Studies Office. They planned to discuss the questionnaire with members of the Maternal and Child Health Division the following week. No major changes were foreseen.

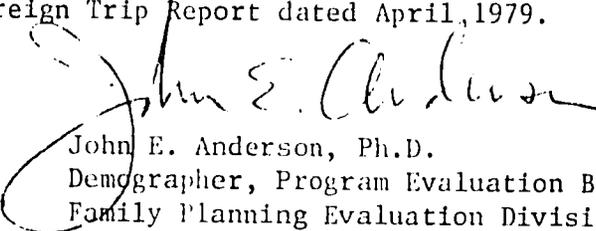
For the survey, a self-weighting sample has been proposed for urban and rural strata and a preliminary sample has been drawn from the existing sampling frame of the 1976 National Fertility Survey. Updated listings of some selected segments will need to be prepared. The sample has four strata as shown below:

<u>Stratum</u>	<u>Proportion of Households in Population</u>	<u>Expected Number of Households in the Survey</u>
Metropolitan Urban	.410	1,229
Metropolitan Rural	.092	276
Other Urban	.114	342
Other Rural	.384	1,153
TOTAL	1.000	3,000

Collapsing these 4 strata into 2 strata, urban and rural, results in the following number of households with cluster sizes of 15 and 25, respectively, drawn in a 2-stage selection process:

<u>Strata</u>	<u>Expected Number of Households</u>	<u>Expected Average Number of HH/ Segment</u>	<u>Number of Segments</u>
Urban	1,575	15	105
Rural	1,425	25	57
TOTAL	3,000	---	162

It was determined that the segment in this case was equivalent to a primary sampling unit for use in estimating variances. About 80 pseudo-strata can be formed for using replication methods to estimate variances. For information on the proposed budget and objectives of the survey, the reader is referred to Leo Morris' CDC Foreign Trip Report dated April, 1979.


John E. Anderson, Ph.D.
Demographer, Program Evaluation Branch
Family Planning Evaluation Division
Bureau of Epidemiology

ATTACHMENT TO CDC FOREIGN TRIP REPORT OF MARCH 19, 1979

REVIEW OF DEMOGRAPHIC AND FAMILY PLANNING DATA
FOR POPULATION PROJECT PAPER, USAID/PANAMA

I. DEMOGRAPHIC BACKGROUND

Panama has experienced a substantial fertility decline since 1960 with the crude birth rate (CBR) declining from 39.1 per 1,000 in 1966 to 30.8 in 1976 (Table 1). Preliminary figures for 1977 indicate further decline to 28.5 births per 1,000 population. Because the death rates have also declined, the annual rate of population growth, or natural increase, has remained high. The growth rate did not move below 3% until 1973. Even the preliminary estimate of 2.4% for 1977 indicates rapid growth with a population doubling time of 29 years.

Despite the decline in birth rates, the absolute number of births has been greater in recent years as the female population aged 15-44 has grown. For example, the 53,001 births in 1976 shown in Table 1 is 25% greater than the 42,359 that occurred in 1960, even though crude birth rate was 21% less in 1976 compared to 1960.

The trends in vital rates shown in Table 1 have been associated with rapid growth in the population. Between 1950 and the mid-1970s, the population doubled in size (Table 2). Medium projections prepared by the Direccion Estadistica y Censo call for a population of 2.8 million by the year 2000, 21 years from now. This represents an increase of 3.4 times the 1950 population. Even the low projection by the Direccion Estadistica y Censo, with replacement reproduction reached by the year 2000, projects a 2.6 million population by 2000 with the population continuing to increase after 2000.

Medium population projections through 1985 show the number of women 15-49 increasing from 321,000 to 517,000 in the period 1970 to 1985 (Table 3). Women of childbearing age will be increasing as a percentage of the total population during the period as the women born during the high fertility period come of age; thus, the age structure of the population is changing in a direction favorable to higher fertility. However, 15-19 year olds will become a smaller percentage of women 15-49, indicating that the effects of the early years of the fertility decline will start to be felt.

While fertility has decreased overall, there continues to be differences in fertility. According to the 1976 World Fertility Survey, women in urban areas, for example, had fewer children on the average than women in rural areas (Table 4). Women in the metropolitan urban areas had 3.2 children compared to 5.0 in the non-metropolitan rural areas, a difference that is maintained within categories of marriage duration.

An increasing age at marriage is a factor that contributed toward fertility decline during the 1960s. Data from different sources (Table 5) indicate that a lower percentage of women 15-19 were married in 1974 compared to 1960. Decline in proportion married is less clear at older ages.

Table 6 presents results of an analysis of fertility change between 1962 and 1972. During this period both decline in percent of women in unions (i.e., a rising age at marriage) and in fertility within unions contributed toward decline in the total fertility rate and crude birth rate (CBR). Results for the CBR, which is affected by shifts in age distribution, indicate that changes in age structure had a negative effect on fertility decline; that is, this factor contributed toward increased fertility. Thus, the decline in CBR in this period would have been greater than actually occurred were it not for change taking place in the age structure.

II. ESTIMATING WOMEN IN NEED OF CONTRACEPTIVE SERVICES

An estimate of the number of women in need of family planning services has been developed using data from the 1976 fertility survey undertaken in Panama as part of the World Fertility Survey. There are two problems with these data: 1) women 15-19 were excluded; the survey includes only women aged 20-49; and 2) there is no question regarding current desire to become pregnant; the estimate must be based on the proportion of women who want no more children. Those women in need of contraception for purposes of spacing or postponing births are not identified in the survey and, therefore, cannot be included in the estimate. The category "in need of services," then, excludes some of the women who are in need. The percentage in need will be somewhat less than that estimated using a more comprehensive definition, and the group of women identified will be weighted toward older, higher parity women. However, the estimates allow us to identify what areas or groups of women are more in need than others. Need among younger, lower parity women must be identified through other more indirect means. Data for all women, whether spacing or limiting, will be available in early 1980 following the 1979 Contraceptive Prevalence Survey.

Table 7 contains the percent of women who desire no more children in need of contraceptive services by residence and age group, parity, and education. Women are defined as in need if they are currently married (or in union), not currently using a contraceptive method, do not want any more children, and are "exposed" to conception. Women not exposed are those currently pregnant, subfecund, or non-contraceptively sterile. These percentages indicate which categories of women tend to be more in need than others and might constitute special targets for family planning programs. Overall, 13.6% are defined as in need by the definition

used. The need is over twice as great in the rural areas compared to the urban metropolitan strata. Need is greater among older, higher parity women with 6 or more live births. Need varies by education as well.

Table 8 shows how the pool of women identified as in need is distributed by characteristics of the women. Based on how the population is distributed and in differentials in need, these estimates indicate where program effort needs to be directed. Forty-nine percent of women in need reside in non-metropolitan rural areas, according to these definitions. About half are in the age group 20-34, and 48% are of parity 6 or greater. According to these estimates, 29% of women in need in the entire country are non-metropolitan rural women with 6 or more births, and 38% are non-metropolitan rural women with less than primary education.

If the projected 1980 population were distributed according to these need estimates, 34,400 women in need would be identified (Table 9), 16,800 in the non-metro rural stratum and 10,100 in the metro-urban stratum. Thirty-four thousand women in need compares with data discussed later that indicates there were 14,000 new acceptors in 1976. However, the women identified as in need should be considered a minimum as they are those desiring no more children, most of whom may be candidates for sterilization. There were 2,618 sterilizations reported in 1976. Further, the need estimate excludes women desiring to postpone or space births, primarily younger women. Other indirect means indicate the existence of some contraceptive need among younger women. Women 15-19, excluded from the 1976 Survey, have accounted for around 19% of all livebirths in recent years. Published data from the 1976 Survey reviewed elsewhere indicate the existence of premarital and out-of-wedlock (union) pregnancy. Data from that survey, for example, show that 27% of current pregnancies were to women not married (see Leo Morris: CDC Resource Support Services Report, Panama, September 19, 1978).

Incidence of illegal induced abortion is also indicative of the need for family planning services. Data on maternal hospital discharges collected by the MOH shows that complications of illegally induced abortion constitutes 9 to 10% of maternal discharges, a category that also includes complication of live births, legal induced abortion, and normal deliveries. Of those discharged for illegal abortion complications, 17% were under 20 years of age (see Morris). Ratios of fetal deaths (which contain some percentage of illegally induced abortion) to live births (Table 10) also suggest the existence of abortion among younger women.

With the completion of a contraceptive prevalence survey later in 1979, a more comprehensive definition of women in need will be possible including women 15-19 and including women desiring to postpone as well as limit births.

III. CURRENT PREVALENCE OF CONTRACEPTIVE USE

The percentage of women currently using contraception varies with the definition used. The estimate reported in the country report for the 1976 Survey was 65.1% of all currently-in-union women 20-49. This rate excludes from its denominator women "not exposed," i.e., those pregnant, subfecund, non-contraceptively sterile.

As shown in Table 11, we have chosen to leave this category in the denominator and recognize it as a special subgroup of non-users. This results in a somewhat lower percent currently using--53.9% versus 65.1% for the other definition. In Table 11 estimates based on the more exclusive definition compatible with previously published estimates are shown at the bottom.

Table 11 indicates the range of variation in percent using, from 60% in urban areas to 45% in non-metropolitan rural areas. Compared with data for contraceptive prevalence surveys in other countries, the percent using is relatively high. The estimate of 53.9% compares with 21-26% found in El Salvador and Paraguay, and with about 64% in Costa Rica and Sao Paulo State, Brazil. A comparable figure for the United States is 68%. Although the crude birth rate for both Panama and Costa Rica is about the same, more women in Costa Rica are using contraception. However, in Panama, sterilization is the most prevalent contraceptive method used indicating that the relationship between current use and the CBR may vary depending upon the distribution of methods used.

Sterilization and oral contraception, the most effective methods, are the most popular in all areas of residence in Panama. There is somewhat less use of oral contraception and IUDs in the non-metro rural areas and more use of withdrawal. Between 25 and 44 years of age there appears to be little variation in the pattern of contraceptive use (Table 12).

The number of new acceptors recruited into the program (Table 13) shows no clear upward trend after 1972. As mentioned earlier, the recent number of acceptors of 14,000 compares with a minimum of 34,400 women in need. No doubt, with a more comprehensive definition of need, the estimate of women requiring services will be larger.

As described in Morris' September 1978 RSSA Report, the MOH data system does not allow estimation of active users, and it was estimated from the 1976 National Fertility Study that two-thirds of MOH active users had had surgical contraception and that program discontinuation rates for non-permanent methods appeared to be high. About 50% of all current users were using or used MOH facilities.

Table 1

PANAMA: ANNUAL NUMBER OF LIVE BIRTHS, CRUDE BIRTH RATES, DEATH RATES,
AND RATE OF NATURAL INCREASE, 1960, 1965, 1970-1977

<u>Year</u>	<u>Number of Live Births</u>	<u>Crude Birth Rate</u>	<u>Crude Death Rate</u>	<u>Natural Increase (%)</u>
1960	42,359	39.1	8.2	3.1
1965	48,377	38.4	7.2	3.1
1970	53,287	37.1	7.1	3.0
1971	54,948	37.2	6.7	3.0
1972	54,910	36.0	6.0	3.0
1973	52,091	33.2	5.8	2.7
1974	52,772	32.6	5.6	2.7
1975	53,790	32.3	5.2	2.7
1976	53,001	30.8	4.8	2.6
1977*	--	28.5	4.4	2.4

*Preliminary

Sources of Data:

- 1960 and 1965: Direccion Estadistica y Censo: Estadistica Panamena. Bol. No. 562. Controlaria General de la Republica, Panama, July 1973
- 1970-1976: Direccion Estadistica y Censo: Panama en Cifras, 1968-1972, 1969-1973, 1970-1974 y 1972-1976. Controlaria General de la Republica, Panama, Noviembre de 1974, Octubre de 1975 y Noviembre de 1977
- 1977: Departamento de Estadistica, Ministerio de Salud, "La Salud Panamena en Cifras: 1977." (Preliminary Data)

Table 2

PANAMA: ESTIMATED TOTAL POPULATION 1950-1975
AND PROJECTED POPULATION 1980-2000*

<u>Year</u>	<u>Total Population (1,000's)</u>
1950	825
1955	947
1960	1,095
1965	1,269
1970	1,464
1975	1,678
1980	1,896
1985	2,117
1990	2,346
1995	2,583
2000	2,823

Source: Direccion Estadistica y Censo: Estadistica Panamena Bol. No. 772, "Proyecciones de Poblacion de la Republica de Panama, Por Sexo y Grupos de Edad: Años 1950-2000" (Medium Projection, Table 9)

Table 3

PANAMA: FEMALE POPULATION 15-49, ESTIMATED 1970 AND 1975
AND PROJECTED 1980 AND 1985

	<u>1970</u>	<u>1975</u>	<u>1980</u>	<u>1985</u>
Number of Women 15-49 (1,000's)	321	377	444	517
Women 15-49 as a Percent Total Population	21.9	22.5	23.4	24.4
Women 15-19 as a Percent of Women 15-49	23.6	23.2	22.6	21.8

Source: Direccion Estadistica y Censo: Estadistica Panamena
Bol. No. 772, "Proyecciones de Poblacion de la
Republica de Panama, Por Sexo y Grupos de Edad
Años 1950-2000" (Medium Projection, Table 9)

Table 4

PANAMA: MEAN NUMBER OF CHILDREN BORN ALIVE BY RESIDENCE
AND YEARS SINCE FIRST UNION, 1976 FERTILITY SURVEY

<u>Years Since First Union</u>	<u>Total</u>	<u>Metro Urban</u>	<u>Metro Rural</u>	<u>Other Urban</u>	<u>Other Rural</u>
Total	4.0	3.2	4.4	3.9	5.0
<10	2.0	1.8	2.4	1.7	2.5
10-19	4.4	3.7	4.9	4.2	5.1
20+	6.4	5.2	7.4	6.9	7.4

Source: Encuesta de Fecundidad de Panama. Informe General,
Oficina de Estudios de Poblacion, Ministerio de Salud,
Noviembre de 1977 (Table 2.2.5E)

Table 5

PANAMA: PERCENTAGE OF FEMALE POPULATION IN MARITAL UNIONS
BY AGE GROUP, LEGAL AND CONSENSUAL, 1960, 1970, 1974, 1976

<u>Age Group</u>	<u>1960</u>	<u>1970</u>	<u>1974</u>	<u>1976</u>
15-19	.214	.200	.145	--
20-24	.573	.559	.552	.567
25-29	.730	.731	.736	.766
30-34	.783	.782	.773	.801
35-39	.784	.785	.797	.798
40-44	.817	.759	.774	.827
45-49	--	--	.741	.750

Source:

- 1960: U.N. Demographic Year Book, 1980
- 1970: 1970 Census
- 1974: Ministerio de Salud, "Algunos Aspectos Sobre la Fecundidad en la Republica de Panama" (1974 National Fertility Study)
- 1976: Unpublished data, 1976 Encuesta de Fecundidad (World Fertility Survey)

Table 6

PANAMA: COMPONENTS OF DECLINE IN TOTAL FERTILITY RATE AND CRUDE BIRTH RATE DUE TO CHANGES IN PROPORTIONS IN UNION, MARITAL FERTILITY, AND AGE STRUCTURE

	<u>Total Fertility Rate</u>	<u>Crude Birth Rate</u>
Rate 1962	5,583	40.2
Rate 1972	4,765	36.0
Difference 1962-1972	818	4.2
Components Due to		
Proportion in Unions	294	2.7
Marital Fertility	463	2.6
Age Structure	--	-2.1
Interaction	61	1.0

Source: Morris L, Anderson JE: Observations on recent fertility decline in Panama. Memorandum, Family Planning Evaluation Division, Center for Disease Control, May 27, 1975

Table 7

PANAMA: PERCENT OF WOMEN IN NEED OF CONTRACEPTIVE SERVICES*
 BY RESIDENCE AND AGE GROUP, PARITY AND EDUCATION,
 1976 FERTILITY SURVEY

	<u>Total</u>	<u>Metro Urban</u>	<u>Metro Rural</u>	<u>Other Urban</u>	<u>Other Rural</u>
Total	13.6	9.1	17.4	10.4	19.2
Age Group					
20-24	7.5	4.0	14.8	8.1	9.6
25-29	10.2	7.7	14.5	4.2	14.9
30-34	15.0	7.7	14.9	9.7	25.1
35-39	15.2	10.1	17.1	10.2	21.3
40-44	19.4	12.8	16.0	17.5	28.7
45-49	19.0	19.8	39.1	20.0	13.3
Parity					
0	1.2	1.0	0.0	0.0	3.6
1	2.5	1.6	9.1	1.9	3.4
2	8.6	8.7	12.2	6.1	8.3
3	8.7	7.5	7.1	5.5	12.7
4	15.7	12.5	14.7	11.4	20.5
5	17.9	12.7	30.0	22.9	19.2
6+	24.2	18.2	26.6	18.4	28.0
Education					
Less than					
Primary	22.7	18.3	26.6	19.5	23.6
Primary					
Complete	11.1	11.6	11.8	6.1	12.3
Greater than					
Primary	7.2	6.4	9.2	8.4	10.2

*Women 20-49 currently in marital unions, who desire no more children, are not using a method of contraception, and are not pregnant, subfecund or non-contraceptively sterile.

Source: Unpublished data, Encuesta de Fecundidad de 1976

Table 8

PANAMA: WOMEN IN NEED OF CONTRACEPTIVE SERVICES
 BY RESIDENCE AND AGE GROUP, PARITY AND EDUCATION (PERCENT DISTRIBUTION),
 1976 FERTILITY SURVEY

	<u>Total</u>	<u>Metro Urban</u>	<u>Metro Rural</u>	<u>Other Urban</u>	<u>Other Rural</u>
Total	100.0	29.3	12.2	9.5	49.1
Age Group					
20-24	10.0	2.4	2.4	1.4	3.8
25-29	16.8	6.0	2.4	0.8	7.6
30-34	23.8	5.1	1.9	1.9	14.9
35-39	17.6	4.6	1.9	1.4	9.7
40-44	17.6	5.1	1.1	1.9	9.5
45-49	14.1	6.0	2.4	2.2	3.5
Parity					
0	0.5	0.3	0.0	0.0	0.3
1	2.2	0.8	0.5	0.3	0.5
2	10.3	5.4	1.4	0.8	2.7
3	10.3	4.3	0.8	0.8	4.3
4	14.6	4.9	1.4	1.1	7.3
5	14.1	4.3	2.4	2.2	5.1
6+	48.0	9.2	5.7	4.3	28.7
Education					
Less than Primary	57.2	7.0	7.9	4.3	37.9
Primary Complete	21.9	9.2	2.7	1.6	8.4
Greater than Primary	20.9	13.0	1.6	3.5	2.7

Source: Unpublished data, Encuesta de Fecundidad de 1976

TABLE 9

Panama: Projected Number of Women and Women in Need
of Contraceptive Services by Residence, 1980*

	<u>Total</u>	<u>Metro Urban</u>	<u>Metro Rural</u>	<u>Other Urban</u>	<u>Other Rural</u>
Total Women 20-49, All Marital Statuses	344,000	150,000	33,000	42,000	119,000
Currently Married Women In Need	34,400	10,100	4,200	3,300	16,800

*Based on residence distribution, Encuesta de Fecundidad de 1976

Table 10

PANAMA: FETAL DEATH TO LIVE BIRTH RATIOS
BY AGE OF MOTHER, 1976

<u>Age Group</u>	<u>Abortions Per 1,000 Live Births</u>
<15	43.5
15-19	49.4
20-24	72.2
25-29	77.5
30-34	87.0
35-39	80.8
40-44	86.1
45-49	97.6
Total	72.3

Source: Ministerio de Salud, "Proyecto de
Extension del Programa de Salud
Materno Infantil," 1978, Anexos,
Table 8

Table 11

PANAMA: PERCENT OF WOMEN 20-49 CURRENTLY IN UNION,
BY CONTRACEPTIVE STATUS AND RESIDENCE, 1976 FERTILITY SURVEY

	<u>Total</u>	<u>Metro Urban</u>	<u>Metro Rural</u>	<u>Other Urban</u>	<u>Other Rural</u>
Not Currently Using	46.1	39.8	51.0	38.5	55.2
Exposed	28.9	23.6	32.4	21.2	37.4
Not Exposed*	17.1	16.2	18.5	17.3	17.8
Currently Using	53.9	60.2	49.0	61.5	44.8
Sterilization	21.6	21.8	16.6	28.4	20.3
Oral	17.0	20.9	17.8	17.3	11.9
IUD	3.7	5.1	5.4	4.2	1.4
Withdrawal	3.0	1.4	2.3	4.2	4.7
Rhythm	2.5	2.9	1.9	3.0	2.1
Condom	1.2	2.1	0.8	1.2	0.3
Injection	0.6	1.0	0.8	0.0	0.3
Other Methods	4.3	5.1	3.5	3.3	3.8
Total	100.0	100.0	100.0	100.0	100.0
Percent of Exposed Women Currently Using	65.1	71.8	60.2	74.4	54.5

*Not exposed includes pregnant, subfecund, and non-contraceptively sterile.

Source: Unpublished data, Encuesta de Fecundidad de 1976

Table 12

PANAMA: PERCENT OF ALL WOMEN CURRENTLY IN UNIONS
AND EXPOSED WOMEN CURRENTLY IN UNIONS CURRENTLY USING A CONTRACEPTIVE METHOD,
BY AGE, 1976 FERTILITY SURVEY

	Age Group						<u>20-49</u>
	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45-49</u>	
Percent of all Women in Unions	43.3	58.6	56.6	58.3	55.5	48.4	53.9
Percent of all Exposed Women	55.9	69.7	66.5	67.1	64.4	64.7	65.1

Source: Unpublished data, 1976 Encuesta de Fecundidad

Table 13

PANAMA: NEW AND CUMULATIVE NUMBER OF ACCEPTORS,
MINISTRY OF HEALTH, 1961-1976

<u>Year(s)</u>	<u>Orals</u>	<u>IUD</u>	<u>Sterili- zation</u>	<u>Others</u>	<u>Method Not Reported</u>	<u>Total</u>	<u>Percent of Women 15-44</u>
<u>A. New Acceptors</u>							
1961-68	--	--	9,049*	--	--	9,049	--
1969-71	15,548	4,200	3,125	61		22,934	--
1972	8,900	2,500	3,860	900	0	16,160	5.3
1973	7,276	2,575	3,510	915	0	14,276	4.4
1974	6,455	1,952	3,198	625	1,473**	13,703**	4.1
1975	6,085	1,849	2,238	837	123	11,132	3.2
1976	7,356	2,607	2,618	1,090	355	14,026	3.9
1977	6,748	1,886	NR	1,085	--	NR	--
<u>B. Cumulative Acceptors</u>							
Thru 1968	--	--	9,049*	--	--	9,049	--
Thru 1971	15,548	4,200	12,174	61	0	31,983	10.5
Thru 1972	24,448	6,700	16,034	961	0	48,143	15.3
Thru 1973	31,724	9,275	19,544	1,876	0	62,419	19.3
Thru 1974	38,179	11,277	22,742	2,501	1,473	76,122	22.9
Thru 1975	44,264	13,076	24,980	3,338	1,596	87,254	25.4
Thru 1976	51,620	15,683	27,598	4,428	1,951	101,280	28.4

*Sterilization data for 1961-68 from: Araica H: Breves Notas sobre Esterilizacion Feminina en Panama. Unpublished paper, Ministry of Health, Panama, April 1971

**Includes 507 new acceptors in Colon Province (Sabanitas) not reported in data system.

Source of Data: 1969-74: Departamento de Estadística y Computos Electronicos, Ministerio de Salud, Republica de Panama

1975-76: Departamento de Estadística y Computos Electronicos: Estadísticas de Salud, 1975 y 1976. Ministerio de Salud, Panama, agosto de 1976 y septiembre de 1977