



DEPARTMENT OF HEALTH & HUMAN SERVICES

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Centers for Disease Control

Memorandum

Date January 7 1983

From Mark W. Oberle, M.D., M.P.H., Program Evaluation Branch (PEB), Division of Reproductive Health (DRH), Center for Health Promotion and Education (CHPE)

Subject Foreign Trip Report (AID/RSSA): Panama, November 11-15, 1982, Review of Proposed Young Adult Reproductive Health Survey.

To William H. Foege, M.D.
Director, Centers for Disease Control
Through: Dennis D. Tolsma
Acting Director, CHPE Tolsma

- I. PLACES, DATES, AND PURPOSE OF TRAVEL
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I. PLACES, DATES, AND PURPOSE OF TRAVEL

Panama, November 11-15, 1982, at the request of AID/S&T/POP/FPSD, and the USAID Mission/Panama, Mark W. Oberle, M.D., M.P.H., traveled to Panama to discuss with the Ministry of Health a followup contraceptive prevalence survey. After discussions with USAID, the focus of the consultation shifted to a proposed Young Adult Reproductive Health Survey. This consultation was performed in conjunction with assignments in Guatemala and Colombia in accordance with the Resource Support Services Agreement (RSSA) between the Office of Population, AID/W and CDC/CHPE/DRH.

II. PRINCIPAL CONTACTS

A. USAID/Panama

1. John Coury, Population Officer
2. Angela de Mata, Health and Population Office

B. Ministry of Health

1. Dr. Egberto Stanziola, Director, Maternal & Child Health (MCH)
2. Dra. Maria Luisa Garcia de Aybar, MCH
3. Raul Batista, Chief, Statistics Office
4. Felix Mascarin, Demographer
5. Irene Young, Health Educator

III. BACKGROUND

The population bilateral agreement between the Panamanian Ministry of Health (MOH) and USAID calls for six evaluation surveys in three population groups: Women of reproductive age, men of reproductive age, and young adults as a separate category. The MOH would conduct a baseline and a followup survey in each of these three populations for a total of six surveys. So far the MOH, with CDC assistance, has conducted only one survey--the 1979 Family Planning/Maternal-Child Health Survey concerning women of reproductive age. In 1983, the MOH would like to conduct a followup contraceptive prevalence

survey (CPS) for women of reproductive age as well as baseline surveys for males and young adults. However, the USAID Population Officer in Panama feels that three surveys in 1 year would exceed the technical and administrative capacity of the MOH. In addition, the Panamanian Government's computer facilities will be tied up in analysis of the current national electoral survey. Thus, USAID has recommended that in 1983, the MOH conduct the baseline male and/or young adult surveys with the followup CPS delayed until 1984.

The 1979 survey showed a relatively high prevalence of contraceptive use with sterilization as the most prevalent method.* Sixty-one percent of married women aged 15-44 were using effective contraceptive methods at the time of the survey. The level of use approaches levels found in the United States. Among married teenagers 15-19, 29 percent were using contraception, with orals accounting for two-thirds of usage. The MOH is concerned about teenage pregnancy for a number of reasons. One out of five births are currently to women 15-19. As sterilization has increased for all women, this percentage will probably increase. In addition, there is some evidence from the survey that premarital conceptions represent a problem. For example, of women who married for the first time at age 15-19 during the period 1975-1979 and had a birth, about one-fourth of their first births occurred prior to marriage or in the first 7 months of marriage. Finally, there is some evidence from hospital-based studies that illegal abortions occur to teenagers. In one study of hospital discharges, 17 percent of women being treated for abortion complications were under age 20.

IV. PROPOSED YOUNG ADULT REPRODUCTIVE HEALTH SURVEY

During this consultation, the MOH proposed that CDC provide technical assistance to the MOH in conducting a young adult survey rather than a followup CPS. The MOH proposed to interview males and females 15-29 years of age in one department of the Republic. They also prepared a first draft of a questionnaire, modeled on the 1979 survey instrument. The questionnaire is very long, consisting of 124 questions. The focus of the questionnaire is on sexual practices and attitudes toward male/female relationships. For example, there are 5 questions on sexual roles, 5 questions on knowledge of venereal diseases, and 21 questions on sexual habits including multiple variants of sexual foreplay. In contrast, the questionnaire contains only six questions on fertility and contraceptive use. Many of the questions are open-ended and deal with abstract aspects of human relationships, which many adults would find difficult to verbalize. There are no questions on source of contraception, abortion history, or pregnancy intentions.

If the MOH conducts a young adult survey, I would recommend a number of changes in the proposal. First, since the family planning program is national and the bilateral agreement contains funds for field work, the survey should be national in scope. Second, the survey should concentrate on young adults 15-24 years of age rather than 15-29. If one of the survey's emphases is to be premarital sexual and contraceptive knowledge and practice, the sample

*Monteith RS, Anderson JE, Mascarin F, Morris L. 1981. Contraceptive use and fertility in the Republic of Panama. *Studies in Family Planning* 12:331-340.

should stress unmarried persons. According to the 1979 survey, 52 percent of Panamanian women age 20-24 are married or living in a stable consensual union, while 76 percent of women 25-29 years of age are married. In addition, an unknown but probably significant number of males and unmarried females are sexually experienced by age 24.

An additional consideration in deciding on the age group for the survey is the problem of sample size in cross tabulations. In the 1979 survey, 40 percent of the 3,114 households sampled had at least one woman 15-24 years-of-age. In that survey, only one respondent per household was selected for the detailed personal interview to avoid having the first respondent bias the responses of the second respondent. This potential for cross-contamination is probably an even more serious consideration among young adults. For this reason, we would recommend only one respondent be selected per household for the young adult survey as well. If the same age distribution found in 1979 holds true in 1983, a survey of 3,114 households would obtain about 726 respondents 15-19 years-of-age and 522 respondents 20-24 years-of-age for a total of 1,248. To obtain 2,000 women 15-24 years-of-age, about 5,000 households would be needed in the sample. However, this does not necessarily imply increased travel costs as cluster sizes can be increased for screening purposes with the same total number of clusters. Since age, sex, residence, and marital status are key classifications in analysis, adding a third age category for respondents 25-29 years-of-age would significantly reduce the power of cross tabulations.

A final recommendation that the MOH should consider, if it decides to undertake a young adult survey, is a thorough overhaul of the questionnaire. The focus of the questionnaire should be redesigned in light of the program it is supposed to be evaluating. The U.S. adolescent surveys by Zelnick and Kantner may serve as a model. For example, questions on use of contraception at time of first intercourse, and the consistency and accuracy of current contraceptive use should be included as should questions on abortion, source of contraception, planned status of pregnancies and pregnancy intentions. Academic questions on details of sexual practice should be eliminated to reduce the risk of incomplete interviews. Open-ended questions should be kept to a minimum. Since sex education is a controversial topic, the MOH might find it valuable to ask young adults when and where they believe sex education should be provided.

Before leaving Panama, I discussed with USAID and the MOH my preliminary impressions of the proposed survey, and have subsequently sent the MOH copies of the latest Zelnick-Kantner reports and their recent adolescent questionnaire.

If the MOH decides to conduct a baseline young adult survey in 1983, CDC assistance would be available for questionnaire design, sample selection, interviewer training, and data analysis.



Mark W. Oberle, M.D., M.P.H.