THE CONTRACEPTIVE PREVALENCE SURVEYS

PROGRESS REPORT

JULY 1, 1979 - DECEMBER 30, 1979

CONTRACT No. AID-PHA-C-1194

WESTINGHOUSE HEALTH SYSTEMS
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COLUMBIA, MARYLAND - 21044 USA

JANUARY 31, 1980
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Table of Project Activities
A. INTRODUCTION

The following report covers the period from July 1, 1979 through December 30, 1979 for the Contraceptive Prevalence Surveys Project (CPS). It summarizes the major areas of project activity undertaken during this period and where appropriate, comments on activities which preceded this reporting period.

The CPS Project was designed to provide assistance to countries that wish to conduct a national or sub-national survey in order to obtain information on current levels (or prevalence) of contraceptive use. In each country, scientifically selected samples of women between the ages of 15 and 49 years are asked questions about their background, knowledge, use of contraception, and other relevant information which could prove helpful to planners, policy makers and administrators.

The information collected through CPS can be used to:

- Assist in setting national population policy and goals;
- Assist in selecting approaches which will result in maximizing acceptance and continued use of family planning;
- Assist program planners to derive the maximum benefit from the limited resources available for family planning;
- Review and modify the family planning program policy goals and administrative procedures;
- Identify target populations which require expanded family planning services;
- Recognize geographic and administrative areas that are functioning efficiently, or conversely identify those areas with problems that require remedial action.
- Provide "feedback" on existing operational Family Planning activities.

The CPS Project began in October 1977. During the previous activity period, covered by reports dated August 31, 1978, January 30, 1979, July 30, 1979, as well as the period covered by this report, much time has
been spent in recruiting and assisting countries in implementing surveys. As the first phase of CPS draws to a close, there has been a shift in project activities as the various country surveys are completed. The current report covers fieldwork operations and maintenance of ongoing surveys but stresses the results of the various surveys. In order to complete the various ongoing surveys, the original CPS Project has been extended six months to July 1980. This period will overlap with the start-up activities associated with CPS II, which will be covered in another Progress Report.

The following sections contain a detailed description of the status of each individual country project and a brief discussion of activities in the last six months. It should be noted that Costa Rica is not included because the project was completed, and there were no activities during the reporting period. Readers interested in the development of survey documentation, preliminary country recruitment, or survey operations are referred to the four earlier progress reports that encompass the last two years.
B. COLOMBIA

The Colombian CPS, jointly undertaken by Corporation Centro Regional de Poblacion (CCRP) and the Ministry of Health (MOH), started on September 1, 1978. The final and summary report have now been published.

CCRP made a formal presentation of the results to MOH and the other donor organizations on August 10, 1979 in Bogota. Another presentation was made for AID in Washington in November 1979.

Following are some of the highlights from the report.

- The educational levels of respondents were: 13.3% had no schooling, 36.8% had some primary school, 16.1% had completed primary school, 25.5% had some secondary schooling, and 8.2% had completed secondary school or higher.
- Of the women surveyed; 38% were currently married, 17% were in free union, 39.2% were single.
- Of the sample, 58.4% were not exposed to risk of pregnancy.
- 35% of the women surveyed indicated they were "economically active" (in the labor force) (38.3% in urban areas and 28.5% in rural areas).
- The mean number of living children was: 2.3 for all women, 3.9 for currently married, 3.2 women in unions, 0.1 for single women, and 3.8 for all others.
- The crude birth rate for Colombia calculated from CPS data is 28.7%.
- The total fertility rate is 4.0, and the general fertility rate is 123 per 1,000 women.
- The average woman was familiar with five (5) different methods of contraception, with urban women knowing slightly more (5.5) than her rural counterpart (3.9).
- Of the 3,791 women interviewed, 68.9% were from urban areas and 31.1% from rural areas.
• The prevalence rate for Colombia is 26.6% for all women 15 to 49 years old.

• The highest contraceptive use rate is for women 30 to 34 years of age (46.5%), and the lowest for women 15 to 19 years old (3.1%).

• Urban prevalence rates for all women are 29.7%, and in rural areas the rate is 19.7%.

• Method specific prevalence rates are as follows
  Pill - 9.9%, Condom - 0.8%, IUD - 4.4%
  Female Sterilization - 4.6%,
  Male Sterilization - 0.1%, Injection - 0.7%,
  Vaginal Method - 1.2%, and Traditional Methods - 4.9%.

• Prevalence rates by conjugal status are:
  46% for all women married or in unions,
  1.1% for single women 18.1% for others.

• Knowledge of specific contraceptive methods was very high.
  Knowledge of some method - 94.4%, Pill - 90.5%,
  Condom - 45.6%, IUD - 70.6%,
  Female Sterilization - 72.4%,
  Male Sterilization - 27.4%, Injection - 61.7%,
  Vaginal Method - 61.7%, Rhythm - 44.1%,
  Withdrawl - 25.7%, Other - 3%. 
C. MEXICO (ROUND I)

The majority of work on the first round of the Mexican CPS was completed by June 1979, as discussed in previous reports. However during this reporting period there were some significant activities. Coordinacion Del Programa Nacional de Planificacion Familiar, the implementing agency for CPS in Mexico, made a presentation of results to AID in Washington, and the Final Report was published. The report (in Spanish) is available from Westinghouse. Also, Spanish and English summaries of the report are being prepared for widespread distribution.

A major goal of the Westinghouse CPS Project has been to institutionalize the CPS process in the countries. Nowhere has this goal been achieved more successfully than in Mexico. The results have been disseminated to the highest levels of government. The survey staff has been given permanent status in "Coordinacion," and the sample frame has been refined and improved for use in subsequent surveys. The final indicator of success is the request by the Government of Mexico for assistance in a second round of the CPS.

Some characteristics of the sample and highlights of the Mexican CPS data follow:

- As would be expected from the demographic structure of the country, 45% of the respondents were under 25 years of age with 24% under 19 years.
- Women's educational level is low. Nearly 52% did not finish primary school.
- Slightly over one fourth of the women (26.8%) were reported to be working at time of interview.
- Of the total women interviewed; 63.2% were either married or living in union; 6.1% were widowed, divorced or separated, 30.7% were single.
- The total fertility and gross reproduction rates were calculated as 5.18 and 2.53 respectively.
• The average number of children reported for all respondents was 3.01 children, yet the highest age group (45-49 years) reported 6.7 children.

• Locality size is an important factor influencing fertility level. In localities with less than 15,000 inhabitants the average number of live births was 3.8; for localities with more than 15,000 inhabitants (excluding metropolitan areas) the average number of live births to all women was 2.6; and for metropolitan areas (Mexico City, Guadalajara, and Monterrey) it was 2.4.

• Ever married women reported a mean number of living children of 4.33.

• Reproduction behavior was strongly influenced by a woman's level of education. Women with no schooling averaged 5.16 children while those who finished primary school had an average of 3.57 children.

• Fertility levels were also found to be affected by employment. Working women averaged 2.23 children compared with 3.31 children for those not working. Those women who were working and who had completed primary school averaged 1.62 children.

• Among all women in the sample (15-49 years) knowledge of contraceptive methods yielded the following percentages: Pill, 87.9%; Injection, 69.9%; IUD, 69.6%; Female Sterilization, 67.5%; Induced abortion, 56.9%; Local methods, 40.6%; Rhythm, 37.8%; Vasectomy 30.0%; Condom, 28.5%; Withdrawal, 23.4%; other methods 9.0%.

• Of all respondents, 91.7% had heard of one or more contraceptive methods.

• With regard to use of a contraceptive method, women currently using a method totaled 26.2%; discontinued users 12.1% and those who never used a method 61.7%.

• For all women in the sample; over half said they did not want to have any more children. Among those respondents married and living in union, only 30% said they wanted more children.
D. MEXICO (ROUND II)

The successful completion of the first round of the CPS in Mexico in 1978 led to an interest in expanding and continuing the project. As a result, two Westinghouse CPS staff members (Kumar and Smith) visited Mexico in mid-June 1979, in order to discuss the implementation of the second-round survey. Discussions were held concerning the joint undertaking of the CPS with another AID-funded contractor, POPLABS, who were interested in combining their fertility and mortality study with the CPS. A large budget to undertake the CPS with Westinghouse and POPLABS was proposed by Coordinacion Del Programa Nacional de Planificacion Familiar, the Mexican family planning organization that had participated as the sub-contractor for the first-round CPS. Through a series of technical and administrative discussions, the survey budget was reduced to an amount acceptable to Westinghouse and POPLABS. The negotiations were finalized during August and a sub-contract signed in September.

Field work for the second-round CPS began on September 17, 1979, and lasted two and one half months. Two questionnaires were used. The first was given to 18,000 knowledgeable respondents (both males and females) and was concerned with mortality questions. The second was administered to 18,000 women (ages 15-49 years) in order to collect fertility information. A sub-sample of 13,000 women (ages 15-49 years) were given a further set of questions that were more closely related to the model CPS. These questions also included a module concerned with measuring continuation of contraceptive usage. A second sub-sample of 5,000 women were given a maternal and child health (MCH) module. The MCH data were solicited principally by the Ministry of Health (SALUBRIDAD) through augmenting funds provided by the Center for Disease Control (CDC) in Atlanta and the Pan American Health Organization (PAHO). An over-sampling of the six Mexico-U.S. border states was part of the design for the MCH module.
The second-round CPS employed 70 percent of the previous first-round field staff: 80 interviewers, 20 supervisors and 8 coordinators. Field work began in three areas: Hermosillo, Monterrey and Mexico City. A large office was provided for the CPS staff in the SALUBRIDAD Building, permitting better control of survey documentation.

By mid-November, the survey was ahead of its schedule with 90 percent of the field work completed. Coding of 6,000 questionnaires was completed by the end of November, and the remaining 14,000 were completed by the end of December, 1979. The sheer volume of cases (N=18,000) required a longer period for data cleaning than was previously anticipated. In early December, all data editing programs were completed, but a slight delay has occurred in the correction process. A clean data tape should be available by mid-February, 1980.

The final report for the second-round CPS is planned for completion by the end of May, 1980. The original schedule called for a late-March, early-April completion, but this date was moved back because of the rescheduling of the presentation of the survey results to President Jose Lopez-Portillo in late March, 1980. In addition to the presentation of data to the President, "Coordinacion" and CONAPO (Population Council of Mexico) are planning a national presentation of the survey findings at El Colegio de Mexico in late March of 1980.
The National Institute of Development Administration (NIDA), the implementing organization for the Thailand CPS, has completed the final report. Westinghouse has delayed publication of the report in order to do a major edit and to add some analysis, especially in the area of availability of contraception. This reworking of the Thai report is necessary because it is the first country report to be produced in English, and it is hoped that it will serve as a model for subsequent reports. Below are some of the findings.

- The loss of at least one pregnancy had been experienced by 43.6% of all women who had ever been pregnant. This percentage is considerably above what would be expected given normal miscarriage and stillbirth experiences, and indicates a reasonably high level of abortion.

- There seems to be very little regional variation in pregnancy loss experience.

- Of the women reporting, 86% indicated they were economically active.

- The number of children desired correlates inversely with level of education, (3.59 children for women with no education, 1.49 children for women with a college education).

- The mean number of living children reported for the country as a whole in the survey was 3.56.

- The number of children desired is highly correlated with the age of the respondent, with younger women wanting an approximate median value of 2 living children, and women 45 to 49 wanting an approximate median value of 4 children.

- For those surveyed in the 45 to 49 year age group--women who have for all practical purposes completed fertility--the mean number of living children was 5.77.

- A larger proportion of ever-married women than unmarried women had knowledge of a method of contraception. However, the differences are not as substantial as may be expected. The proportions of evermarried vs. unmarried women with NO knowledge of contraception by method are as follows: Pill 1.4% vs 3.1%; Condom 18.3% vs 22.1%; IUD 7.3% vs 14.3%; Female Sterilization 4.2% vs 6.8%; Male Sterilization 13.3% vs 17.3%; Abortion 37.8% vs 28.1%; Injection 9.7% vs 21.1%; and Vaginal Methods 79.7% vs 83.0%.
Approximately 95% of all women surveyed know at least one method of contraception.

Pill users have the lowest median age of all method users (29.0 years).

For all ever-married respondents, 48.7% indicated current use of contraceptive methods. Of those women using a method the breakdown is as follows: Pill 39.4%; Condom 3.9%; IUD 7.8%; Female Sterilization 25.8%; Male Sterilization 6.9%; Others 16.2%.

For all currently married respondents, 51.3% indicated current use of contraceptive methods.

The Bangkok Metropolitan Area has consistently higher levels of knowledge for every method than do any of the other regions.

The North-East and South regions of Thailand, while having the lowest levels of use, do not have significantly lower levels of knowledge.

Knowledge of traditional contraceptive methods is considerably lower than levels of knowledge for the efficient methods.

The difference between the proportion indicating knowledge without prompting and those requiring prompting was greatest for abortion. This indicates that Thai women do not generally think of abortion as a method of family planning, unless suggested.

The ranking of regions by level of use for all respondents is as follows: North 43%; Bangkok 41%; Central 37%; East 35%; North-East 31%; and South 29%.

The Southern region, with its high proportion of Muslim population, has the highest rate of usage of traditional or less effective methods of contraception.

Bangkok, with its high concentration of medical facilities, reports the highest usage of sterilization as a method.

The Northern region, which has the highest overall level of usage, has a substantially greater proportion of Pill users than any other region.

Staff members of NIDA working with Dr. John Knodel of the University of Michigan are planning to do a secondary analysis of the CPS data using funding provided by AID/BANGKOK. This is going on concurrent with the
planning of procedures for further utilization and dissemination of CPS data. There have also been expressions of interest from other sectors on additional analysis of the CPS data.

The data from the Thailand CPS reaffirms the dynamism and success of the Thailand Family Planning efforts. The Ministry of Health hopes to integrate the CPS into the normal service statistics system, utilizing the results to continue to more effectively manage and expand the earlier successes of the program.
F. KOREA

At the time of the last Progress Report, the Korean Institute for Family Planning (KIFP) had completed fieldwork work on the Korean Contraceptive Prevalence Survey (KCPS) and was beginning to code, punch and edit the raw data. In the interim KIFP completed the editing of this extremely large data set and began programming to produce tabulations. In December 1979, KIFP delivered to Westinghouse two data tapes containing the data from the household questionnaire and the individual questionnaire. They also delivered over 300 preliminary tables and a draft of the first two chapters of their final report. Below is a brief description of the KCPS and some of the preliminary findings.

KCPS Characteristics

- Sample size = 21,000 households.
- Sample population = all women 15 to 49 years of age.
- Geographic coverage - 10 provinces (two of which, Seoul and Pusan, are 100% urban).
- Sample size of each province is approximately 2,000.
- Sample will allow for crude fertility and mortality estimates.
- The sample is proportionately stratified based on urban/rural distribution within the provinces.
- Single women will be treated as a sub-sample of the national sample. (These women will be covered by a modified questionnaire)
- Institutional households in which a large number of young single women reside will be covered by the survey.
- Four questionnaires will be administered: a household questionnaire to all sampled households; an ever-married woman questionnaire; a single woman questionnaire; and finally a questionnaire on commercial marketing and communication for family planning services (technically not part of the Westinghouse - KCPS).
Knowledge of methods of contraception is extremely high in Korea. The proportion knowing each method is as follows: Pill - 96.3%, Condom - 81.8%, IUD - 94.9%, Female Sterilization - 93.9%, Male Sterilization - 93.1%, Induced Abortion - 96.5%, Injection - 39.7%, Vaginal Tablets - 49.8%, Rhythm - 66.8%, Withdrawal - 41.7%, Other methods - 1.7%.

Among the women in the sample, 79.4 percent wanted no more children. In other words, in Korea four out of five women have completed their families and desire no additional children.

Among those women in the survey who are not currently using a method of contraception, 66.2 percent have achieved the desired family size. Among those who are currently users, 94.2 percent have achieved the desired family size.

Of the women who ever had a pregnancy, 46.8 percent reported that their last pregnancy was not wanted.

For all women reporting the results of their last pregnancy, 59.5 percent reported normal delivery, 37.3 percent reported an induced abortion, 2.8 percent reported spontaneous abortions and 4 percent reported their last pregnancy ended in a stillbirth.

A total of 76.5 percent of all women nationally have ever used some method of contraception.

Nationally, 47.2 percent of all ever-married women are currently using contraception. The specific methods they are using are as follows: Pill - 6.1%; Condom - 4.0%, IUD - 9.5%, Female Sterilization - 11.9%, Male Sterilization - 5.2%, Rhythm - 6.1%, Withdrawal - 3.3%, Other - 1.1%.

Among women in urban and rural areas, respectively, 63.4 percent and 39.5 percent have had at least one induced abortion.

Among women in urban and rural areas, respectively, 12 percent and 8.1 percent have had at least one abortion in the last year.

Over 90 percent of all induced abortions take place in private clinics.

For women currently using a method requiring supplies or services (abortion not included), 71.5 percent received supplies or services from a government source.

Among women in the sample not using contraception the reason given for non-use are as follows: menopausal/sterile - 32.3%,
pregnant - 26.2%, postpartum - 15.8%, not sexually active - 11.5%, poor health - 6%, lack of supply - 3.9%, side effects - 1.8%, and other 2.5%.

KIFP is currently writing the Final Report. The chapter are anticipated to be available to Westinghouse by early February. It is most probable that the report will require extensive rewriting to meet Westinghouse standards. KIFP is also working on the individual provincial reports which will be done in Korean. The Final Report should be available in April, 1980.
G. TUNISIA

The Tunisian CPS is a unique subnational application of the Westinghouse Prevalence Survey Model with the focus on one gouvernorat (Jendouba) in Tunisia. The contract for the Jendouba Survey was negotiated with the Office National du Planning Familial et de la Population during visits to the country in April and June, 1979. During the latter visit, the French version of the Westinghouse Model Questionnaire was reviewed and translated into Arabic. A special module was also developed, including a series of questions designed to provide data needed to evaluate a household distribution program (PFPC - Planning Familial par le Couple) that was being conducted in three out of six districts in the gouvernorat of Jendouba.

The pretest of the revised questionnaire (July 16-23, 1979) served as a basis for further revision of the questionnaire. A final draft of the Tunisian CPS questionnaire was approved in July-August 1979 during a third visit by the Westinghouse technical monitor, immediately prior to the start of fieldwork.

During the same visit, the original self-weighting sample design of 3000 women aged 15-49 was modified, because of the relatively large proportion of single women in the age range 15-20. Such a sample would not have been adequate to insure that there would be a sufficient number of ever-married respondents to evaluate the PFPC Project. The sample design was, therefore, altered to yield a self-weighting sample of approximately 2400 ever-married women and a separate sample of 600 single women.

Interviewer training was held between July 27th and August 9th, with classroom sessions in Tunis and field experience in Jendouba. Four teams of five interviewers and a supervisor were responsible for the fieldwork. Interviewing for the Jendouba (Tunisian) CPS commenced on August 10 and was completed on October 29th.
The fieldwork phase of the Tunisian CPS was delayed approximately three weeks. Three factors were largely responsible for these delays. First, in several of the districts the population is quite isolated, with walking being the only means of reaching the household in heavily wooded, mountainous areas. The difficulty of the terrain slowed down the interviewing process in those areas. The second cause for delay was the inadequacy of the sampling frame for several of the subsectors of the city of Jendouba. Before the sample could be selected, a special listing of households in those subsectors had to be arranged with the Institut National de la Statistique, the provider of the original frame. That listing delayed fieldwork about one week. Finally, the period for the fieldwork was also lengthened because of the need to conduct a special minisurvey of approximately 200 households in subsectors of Ain Drahem district that were not included in the original sample. These subsectors were added to cover areas included in the PFPC Project to deliver Oralyte (an infant diarrhea treatment).

Coding for the survey was completed in mid-November, and the data were keypunched and ready for data processing in early December. CONCOR, the WFS editing package, is being used to edit the CPS data. Editing should be finished by early January. Both marginals and preliminary tabulations from the Tunisian CPS are expected to be available in late January, 1980. The final report for the project will integrate the results of the survey with a review of the results of the PFPC-household distribution project. That report is expected to be completed by April, 1980.
H. **BANGLADESH**

The Bangladesh Contraceptive Prevalence Survey (BCPS) started in July 1979 under the direction of the Ministry of Health, Population Control and Family Planning. Two visits were made in September and December to monitor the progress of the project. During these visits, technical assistance was provided, and some changes in the project design were made. The sample size was increased from 13,200 to 14,000 (12,000 rural and 2,000 urban) to provide more reliable results for urban areas.

The modifications made in Bangladesh on the model questionnaire were described in the earlier report. A fieldwork evaluation module was added to the questionnaire, but its use was limited to the respondents in the fully enumerated rural segments.

The Fieldworker evaluation (FWA) module covers the following questions:

- Name of Para (locality) and Madbar (the local administration chief)
- Whether visited by fieldworker; number of times visited in the past year; date of last visit; would respondent like less, more or the same number of visits?
- Did FWA explained why and how to use contraceptives?
- Did FWA provide contraceptives - what kind and how many? Where they wanted - actually used - still using and what quantity was used every month?
- Any problems with use? What problems? With whom were problems discussed?
- Any problem with obtaining supplies?
- Did respondent discuss family planning with other? With whom? Would respondent discuss family planning with husband, father, mother, mother-in-law, sister, other relations, FWA, Dai (midwife), or friend/neighbor, female council member?
- Does respondent have a FWA card, and what type of card?
Fieldwork

With completion of the design, actual field operations started. Ten interviewer teams made up of one male team leader, one supervisor (female) and five interviewers were recruited. In addition, three section leaders, or quality control officers, were also recruited to make logistic arrangements and supervise three or four teams under them.

After completing training, ninety-two trainees (20 men and 72 women) were assigned to jobs based on their performance during training. Ten teams started working in the field in late September, and as of December 1979 70% of the fieldwork had been completed. The field teams have worked under very difficult situations but have carried out their work with outstanding dedication. It is expected that fieldwork will be completed in late January.

The BCPS has experienced many of the problems common to all research efforts in Bangladesh. One area which has been especially beset by problems is the processing and analysis of the survey results. The critical shortage of capable personnel has forced the BCPS to do a manual edit and then send the data to the Asian Institute of Technology (AIT) in Bangkok, Thailand. This organization has one of the finest computer centers in Asia and has offered free computer time and some technical training for BCPS staff. The lack of local resources has forced the sacrifice of some of the local capability development aspects of the project, in favor of a more timely and qualitative product.

The limited local resources have hindered but not stopped progress on the BCPS. However, if the current situation continues it may result in the delay of the final report. Currently the final report is scheduled to be ready by June 1980. Westinghouse has stepped up its technical assistance in order to minimize problems and eventual delays, but this cannot be considered an adequate replacement for greater Bangladesh participation.
I. ADDITIONAL ACTIVITIES

In September 1979 Westinghouse Health Systems was awarded the contract to continue and greatly expand the CPS Project. As a result, the first round of CPS activities, discussed in this report, is drawing to a close. It is anticipated that this Project should close out in mid-1980. As a consequence, many of the additional activities that have been carried out in the first round of the CPS are considered to be CPS II activities and will be covered in that report. Below are some additional activities which can be considered unique to CPS I.

In November 1979 several members of the CPS staff prepared a paper for presentation at the American Public Health Association Meetings in New York City. The presentation was designed to introduce the basic design principles of CPS, and some comparative findings, to the research and population community. The paper was titled:

Contraceptive Availability, Knowledge and Use in Developing Countries; A Report on the National Contraceptive Prevalence Survey of Colombia, Costa Rica, Mexico and Thailand, By Gary L. Lewis, Ann Adams Way, Lawrence Smith, Jr., Sushil Kumar and Richard J. Cornelius.

This presentation was part of a continuing effort by the CPS project team to create a greater understanding of the benefits and utility of prevalence surveys. It is also hoped that the dissemination of results through various forms will create a demand for further study of the data sets by other groups interested in family planning research. This type of cooperative effort may also create a dialogue which will generate constructive critical comments, resulting in better methodology and analysis.

Westinghouse efforts to involve other interested organizations in CPS have resulted in preliminary discussions with the Population Council and the Center for Disease Control on a family planning analysis workshop.
The workshop would bring together representatives of several family planning research groups to discuss analysis procedures and establish more definitive terms for discussing data from various kinds of family planning data systems. It is hoped the workshop can be held in April or May 1980.
PUBLICATIONS AND MATERIALS PREPARED UNDER CPS

Westinghouse:

Model Questionnaire (Spanish, French, Arabic, English)
Interviews Manual (Spanish, French, English)
Supervisors Manual (Spanish, French, English)
Analysis Manual (English)
Costa Rica Summary Report (English)
Costa Rica Summary Report (Spanish)*
Mexico Summary Report (Spanish and English)*
Colombia Summary Report (Spanish and English)*

Costa Rica:

Informe de la Encuesta Nacional de Uso de Anticonceptivos, Costa Rica - 1978 (Final Report Spanish)
Costa Rica CPS Data Tape and User's Manual

Colombia:

Encuesta Nacional de Prevalencia de Uso de Anticoncepción, Colombia - 1978 (Final Report Spanish)

Mexico:

Encuesta Nacional de Prevalencia en el Uso de Metodos Anticonceptivos - Documento Metodologico (Methodology - Spanish)
Encuesta Nacional de Prevalencia en el Uso de Metodos Anticonceptivos - Resultados Nacionales (Tabulations)
Encuesta Nacional de Prevalencia en el Uso de Metodos Anticonceptivos, Mexico - Informe de Resultados (Final Report - Spanish)
Mexico CPS Data Tape and User's Manual

Thailand:

Thailand CPS Data Tape and User's Manual

Korea:

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<td>Bangladesh</td>
<td>Research Evaluation Statistics and Planning Cell, Ministry of Health, Population Control and Family Planning</td>
<td>14,000</td>
<td>Ever-married women less than 50 years of age</td>
<td>9/79 to 12/79</td>
<td>Fieldwork in progress</td>
<td>6/30/80</td>
<td>Household distribution and motivation module included</td>
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<td>Corporación Centro Regional de Población and Ministry of Health</td>
<td>3,791</td>
<td>All women 15-49 years of age</td>
<td>10/14/78 to 12/17/78</td>
<td>Project completed</td>
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<td>Report and Summary available</td>
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<td>Asociación Demográfica Costarricense and Dirección General de Estadística y Censos</td>
<td>3,519</td>
<td>All women 15-49 years of age</td>
<td>4/78 to 7/78</td>
<td>Project completed</td>
<td>Completed</td>
<td>Report and Summary available</td>
</tr>
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<td>Korea</td>
<td>Korean Institute of Family Planning</td>
<td>22,000</td>
<td>Ever-married women (20,000 households), never-married women 15-49 years (2,000 households)</td>
<td>3/79 to 5/79</td>
<td>Final Report preparation and Westinghouse review</td>
<td>2/15/80</td>
<td>National and Provincial level analysis</td>
</tr>
<tr>
<td>Mexico</td>
<td>Coordinación del Programa Nacional de Planificación Familiar</td>
<td>4,492</td>
<td>All women 15-49 years of age</td>
<td>7/78 to 10/78</td>
<td>Project completed</td>
<td>Completed</td>
<td>Report and Summary available</td>
</tr>
<tr>
<td>Mexico (Second Round)</td>
<td>Coordinación del Programa Nacional de Planificación Familiar</td>
<td>13,000</td>
<td>All women 15-49 years of age</td>
<td>9/17/79 to 11/20/79</td>
<td>Data Processing in progress</td>
<td>3/30/80</td>
<td>Attached to vital rates survey of 18,000 households</td>
</tr>
<tr>
<td>Thailand</td>
<td>National Institute for Development Administration</td>
<td>4,025</td>
<td>All women 15-49 years of age</td>
<td>10/78 to 12/78</td>
<td>Final Report being printed</td>
<td>2/15/80</td>
<td></td>
</tr>
<tr>
<td>Tunisia (Jendouba)</td>
<td>L'Office National du Planning Familial et de la Population</td>
<td>3,000</td>
<td>Ever-married women (2,400 households), never-married women 15-49 years (600 households)</td>
<td>8/79 to 10/79</td>
<td>Data Processing in progress</td>
<td>3/30/80</td>
<td>CPS is a sub-national survey designed to assist in evaluation of ongoing project</td>
</tr>
</tbody>
</table>