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Second  
contraceptive  
prevalence  
survey  
Colombia

1980

**General Results**

This report contains the findings from the National Contraception Survey 2, which was carried out in Colombia by Corporación Centro Regional de Población in consultation with the Ministerio de Salud de Colombia in October - December of 1980. The survey is part of an ongoing worldwide Contraceptive Prevalence Survey (CPS) project designed to institutionalize the monitoring of levels of contraceptive awareness, availability, and use in order to provide an improved data base for evaluating family planning programs. The CPS project is being administered by Westinghouse Health Systems under technical contract with the Office of Population, Bureau of Development Support, U.S. Agency for International Development (Contract No. AID/DSPE-C-0052).

Comments, requests for additional copies of this document, or questions concerning other Contraceptive Prevalence Surveys should be addressed to: Contraceptive Prevalence Survey Project, Westinghouse Health Systems, P.O. Box 866, Columbia, Maryland 21044, U.S.A. (Telex Number 87775).

Additional information on this survey or on family planning activities in Colombia can be obtained by writing to Corporación Centro Regional de Población, Apartado Aereo 24846, Bogotá, D.E., Colombia.

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General Results

**Corporación Centro Regional de Población**  
**Ministerio de Salud**  
**Westinghouse Health Systems**

Bogotá, Colombia

May 1982

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Second contraceptive  
prevalence survey  
Colombia

**General Results**

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## Foreword

But he who begets unprofitable  
children - what shall we say that  
he hath sown, but trouble for him-  
self, and much triumph for his foes ?

Sofocles, Antigone

The acquisition of data and information leading to a new understanding of the demographic change occurring in Colombia and Latin America has always been a key endeavor of those who work at the Corporación Centro Regional de Población (CCRP). This has been particularly true with regard to the fertility variable. Through the ongoing monitoring and analysis of fertility trends over the years, CCRP has provided a reliable source of documentation for Colombia's spectacular demographic changes.

CCRP is honored to present in this volume the results from the Second Colombian Contraceptive Prevalence Survey (CCPS), which was carried out in 1980, in collaboration with the Ministry of Public Health. Like its predecessor in 1978, this survey provides valuable data on contraceptive use and knowledge in Colombia. It also presents new data on fertility levels and the utilization of maternal health care services. Learning from the experience of past surveys the 1980 CCPS included a

household questionnaire (covering 10,000 households) and also introduced some changes into the individual questionnaire, all the while retaining its comparability with the 1978 CCPS. These modifications have provided new data for indirect methods of mortality and fertility estimation, and will, in turn, contribute to a long anticipated in-depth study of the interrelationships between fertility and contraception when financial support for such a project becomes available.

Among the many interesting 1980 survey findings presented for the first time in this publication, the most outstanding are summarized below:

- o Knowledge of contraception among ever married women in Colombia has reached a new peak at 96% (98% in urban areas), compared to 94% in 1978.
- o The current use of contraceptives among women at risk of pregnancy, however, showed only a slight increase from 52% in 1978 to 55% in 1980.
- o The urban/rural gap in use rates among currently married women has somewhat narrowed. The percentage difference between these two groups of women was reduced to seventeen points in 1980 from twenty-five points in 1978.
- o In Bogota, 71% of women at risk used a contraceptive method.
- o Contraceptive use according to the number of living children increases markedly after the first child; one out of every two currently married women with 1-2 children uses contraception compared to only one in seven (14%) who have no children.
- o Completion of grade school significantly affects contraceptive use rates.
- o The most obvious change in method mix over the last decade has been the decline of traditional contraceptive methods and their replacement by more effective methods. (Only 8% of ever married women continue using traditional methods.)

- o The prevalence of sterilization increased from 8% of currently married women in 1978 to 11% in 1980; among family planning users, 22% had adopted sterilization in 1980, increasing from 16% in 1978.
- o Prenatal care coverage increased between the two surveys, but a gap still remains between rural areas (53%) and urban areas (79%).

Among the overall findings of this survey, two points are of particular concern to administrators and policy-makers. First, contrary to what is generally believed, in rural Colombia the total fertility rate remains high, despite significant declines, totalling 5.1 births per woman compared to 3.0 births per woman in urban areas. The latest available information indicates that marital fertility in Colombia as a whole remained fairly constant from 1978 to 1980, following a slowdown since 1975-1976 in the rate of fertility decline.

Second, there is a significant unmet need in the area of family planning services. Forty-two percent of women at risk of pregnancy who did not wish more children were not using a contraceptive method. This percentage increases to 56% in rural areas. Even in the capital city of Bogota, 25%, or a fourth of women at risk of pregnancy who did not want more children, did not use a contraceptive method at the time of the 1980 survey. Furthermore, despite increasing knowledge about family planning and service availability as compared to 1978, 16% of ever married rural women still did not know of any place to obtain the service required.

These two points should prompt governmental agencies, and national and international family planning organizations to explore the need for further research into the often neglected causes for this unfulfilled

need. It has become necessary to develop new policies and activities to maintain the current levels of family planning which have so far been achieved by the perseverance of the private sector and its joint efforts with the public sector.

The successful completion of this survey is the result of the considerable contributions and efforts of many people whom we sincerely thank. We especially wish to thank those individuals who were primarily responsible from the Evaluation Department of CCRP, particularly the director of the study, Luis Hernando Ochoa, who, through his continued dedication is becoming an outstanding authority in the often controversial fields of fertility and contraception. We are also grateful to Clemente Pierret of CCRP, Norma Patron de Acosta, of the Colombian Ministry of Health, Rafael Arenas who directed the field work, and programmer Guillermo Rojas who supervised the data editing. In addition, we wish to thank the following individuals and institutions: the invaluable support of the Ministry of Health, especially that of Dr. Luis Carlos Gomez and his colleagues who designed the sample frame, Dr. Wilson Rodriguez, Head of the Information Division of the Ministry, and his staff, who provided the equipment for data copying, Dr. Luis Daza from the Maternal and Child Health Division and Dr. Oswaldo Caliz, Director of the Service of Malaria Eradication (SEM) who arranged transportation for Antioquia, the Atlantic Coast, and other zones, as well as to the representatives of SEM in these areas; analytical consultant, Paul Richardson; support staff from both CCRP and the Ministry of Health; the very valuable assistance of Larry Smith and John Novak from Westinghouse Health Systems

which, under contract with the Agency for International Development (AID), provided financial support that made possible the realization of this survey; the excellent secretarial help of Yolanda de Villegas and Martha Rengifo; and the dedication of all the supervisors, interviewers, coders, and drivers who carried out a very difficult task.

Finally, we would like to give special attention to the important role of the Colombian woman who has provided the focal point for this and related studies and express our gratitude for her willing participation.

A handwritten signature in black ink, appearing to be 'G. Lopez', with a large, stylized flourish above the name.

G. LOPEZ

## INTRODUCTION

The Colombian Contraceptive Prevalence Surveys (CCPS) carried out in 1978 and 1980 are part of an international comparative survey program created specifically for the design and evaluation of family planning programs. The Contraceptive Prevalence Survey (CPS) program is one of the more recent applications of sample surveys to the study of the relationships between fertility and contraception. Basic experience for the CPS program was formulated during the KAP (knowledge, attitudes and practices) surveys from the 1960's and the World Fertility Survey (WFS) which was designed in 1972 as the most ambitious socio-demographic research program ever attempted.

As of October 1981, contraceptive prevalence surveys have been or are being carried out in nineteen countries: Bangladesh, South Korea, Nepal, and Thailand in Asia; Egypt and Tunisia in Africa; and Barbados, Brazil, Colombia, Costa Rica, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, and Peru in Latin America. (In Brazil the surveys have been carried out in ten different states. Two surveys have been completed in Thailand, Colombia, Costa Rica, El Salvador and Mexico.)

The contraceptive prevalence surveys have been implemented by local organizations with assistance of the Westinghouse Health Systems in Columbia, Maryland; the Family Planning Evaluation Division of the U.S. Centers for Disease Control in Atlanta, Georgia; the International Fertility Research Program, Research Triangle Park, North Carolina; and

the Center for Population and Family Health, Columbia University, New York.<sup>1</sup>

The present report describes the general results of the 1980 Contraceptive Prevalence Survey for Colombia. The 1980 CCPS differs from the 1978 survey in which only an individual questionnaire was used. For the 1980 survey a similar procedure to that of the 1976 World Fertility Survey for Colombia was employed which included the additional use of a household questionnaire. The results presented here (with the exception of some general characteristics and the information on fertility) refer to the data collected by the individual questionnaire. Even though frequent comparisons are made with the results from the 1978 survey, a more profound comparative analysis has not been attempted due to lack of adequate resources.

In Chapter I of the report the principal methodologies are described. In Chapter II the characteristics of the survey subsample are presented in a format which is very similar to that which appeared in the 1978 report. The general characteristics of the study population are presented in Chapter III. These characteristics are either derived from the 3,098 ever married women to whom the individual questionnaire was administered or from the 12,633 women of childbearing age interviewed with the household questionnaire. Primary information on the prevalence of contraceptive use in Colombia in 1980 is analyzed in Chapter IV. Chapter V discusses two determinants of contraceptive use: the knowledge of family planning

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<sup>1</sup>A detailed description of the CPS Program can be found in Leo Morris *et al.* "Contraceptive Prevalence Surveys: A New Source of Data for Family Planning" in Population Reports Series M, No. 5, May - June 1981.

methods and services, and attitude towards family size. The implications of the levels of contraceptive use for fertility and unmet need are shown in Chapter VI. A more detailed analysis of knowledge and use of family planning services is included in Chapter VII. Chapter VIII describes use of maternal health services particularly for pre-natal care.

The extensive review made by John Novak and his colleagues from Westinghouse Health Systems of the preliminary version of this report has been very useful and the majority of their suggestions have been incorporated. The authors also wish to thank Dr. Guillermo Lopez-Escobar, President, and Dr. Alcides Estrada-Estrada, Executive Director of CCRP, for their review of the report. Comments on Chapter VII received from the delegates of the Ministry of Health and Profamilia are also appreciated. We also wish to acknowledge the invaluable cooperation of Marcia C. Townsend of The Population Council, who reviewed the entire report and translated some of the original Spanish chapters into English.<sup>1</sup>

Luis Hernando Ochoa  
Paul Richardson

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<sup>1</sup>This English version differs from the Spanish one already published in two ways: (1) the information on use presented here is for currently married women rather than ever-married, and (2) the category of exposed women has been defined differently.

## CHAPTER I

### Methodology

The 1980 Colombian Contraceptive Prevalence Survey was completed under a joint contract between the Corporación Centro Regional de Población (CCRP) and the Colombian Ministry of Health (Minsalud). CCRP provided both technical and administrative services to carry out the survey while Minsalud supplied material for the survey sample, vehicles for fieldwork, and computer facilities for data processing. Some vehicles were provided by the Malaria Eradication Service (SEM) and the National Institute of Health (INAS) both of which are part of Minsalud.

In accordance with the needs of the various phases of the study, the following temporary personnel were contracted: six supervisors, twenty-four interviewers, six drivers who were used during the fieldwork, and four persons who edited and coded the completed questionnaires. Only personnel who had previous experience in similar types of surveys were chosen.

#### Preparation of the Survey

Activities related to the planning and preparation of fieldwork were completed during the first part of October, 1980. This work involved:

1. Design of questionnaires;
2. Development of survey manuals;
3. Printing of questionnaires and manuals;
4. Preparation of sample materials;
5. Organization of fieldwork;
6. Recruitment of personnel;

7. Personnel training;
8. Execution of administrative tasks; and
9. Assignment of work areas.

### Survey Instruments

Unlike the 1978 CCPS, the 1980 survey utilized two types of questionnaires: an individual questionnaire almost identical to that used in 1978; and a household questionnaire similar to that used in the 1976 Colombian World Fertility Survey (see Appendix 2). In the 1978 CCPS, 3,791 women were interviewed, of which 1,486 were single. In 1980, 3,098 ever married women<sup>1</sup> and 364 single women were interviewed using the individual questionnaire. The latter group of single women has been excluded from all analyses using the individual questionnaire.

The 1980 individual questionnaire includes the following sections from the 1978 survey:

1. General characteristics of interviewed population;
2. Knowledge, use, and access to family planning methods and services; and
3. Characteristics of current contraceptive use.

Drawing from the experience of the 1978 survey, certain modifications were introduced, such as questions that would permit the utilization of indirect methods to estimate mortality and fertility. These would facilitate an in-depth study of the relationship between fertility

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<sup>1</sup>In this report "married" refers to women who have been in either legal marriages or consensual unions.

and contraceptive practices within the analytical framework of the proximate determinants of fertility (i.e., contraception, nuptiality, lactation, and abortion).

The following questions were added to the 1978 individual questionnaire: 212A, 212B, 212C, 212D, 212E, and 212F regarding the duration of pregnancies terminating in stillbirths and abortion, and breastfeeding of the next-to-last and last births; and questions 313A and 313B which asked the preferred method of contraception. Other questions included in the 1980 survey were 402A which asked the reasons for sterilization, and question 501A which sought the respondent's date of entry into her first conjugal union.

The 1980 CCPS household questionnaire was similar to that used in the 1976 WFS. However, questions relating to occupation were omitted and six others were added. Question 8 concerning orphanhood was included to indirectly measure adult female mortality. Questions 13 to 15 on nuptiality provided information on widowhood and entry into the first conjugal union as well as an indirect measurement of adult mortality. Question 27 dealt with the duration of breastfeeding the last child and number 28 asked about the use of contraceptives by all of the couples in each household.

Two additional sections concerning pregnancies terminating in stillbirth or abortion and deaths occurring in the twenty-four months preceding the interview were also included in the household questionnaire.

These areas, of special interest to Minsalud, have also been incorporated into other surveys which have used the same Master Sample (See Chapter Two). This sampling methodology has permitted the aggregation of data from several surveys into a much larger analytical unit.

### Fieldwork

Fieldwork was initiated on October 13 and completed December 10, 1980. Tables 1.1 and 1.2 present the results of interviews by region, type of questionnaire, and levels of coverage. Overall, the level of coverage for the individual questionnaire rose from 92.7% in 1978 to 96.2% in 1980. While coverage fell slightly in Bogota (from 89% in 1978 to 85% in 1980), it increased in the other four regions to levels approaching 100%. The results of the individual and household questionnaires were very satisfactory even though some areas could not be surveyed. Eight rural segments in El Tambo were inaccessible because of public unrest, one rural area of Puerto Wilches because of flooding, and residents in two upper class areas of Bogota denied the interviewers permission to enter their multi-family dwellings. These eleven population segments represent barely 1% of the total survey.

### Population Structure by Marital Status

The behavior analyzed in this study (fertility, contraception, and the utilization of maternal health services) depends to a large extent upon the respondent's marital status. Levels of contraceptive use are most directly associated with the proportion of women in conjugal

Table 1.1 Colombia 1980. National Contraceptive Use Prevalence Survey Household Survey. Summary of Results by Region and Groups

Region	Households		Households Interviews <sup>1</sup>				Coverage
	Initial	Final	Completed	No response	Unoc - cupied House	Other	House- holds
Atlantic	1742	1818	1789	29	54	61	98.4
Oriental	1814	1834	1786	42	165	45	97.4
Pacific	1782	1802	1682	58	82	113	93.3
Central	2643	2630	2477	153	240	70	94.2
Bogota	1673	1565	1389	176	73	38	88.8
TOTAL	9654	9649	9123	458	614	327	94.5

<sup>1</sup>The household sample is no self-weighting. See Chapter II on the design and implementation of the sample.

Table 1.2 Colombia 1980. National Contraceptive Use Prevalence Survey Individual Survey. Summary of Results by Region and Groups

Region	Individual Questionnaire					Coverage	
	Women	Women	Completed <sup>1</sup>		No re-	1980	1978
	Eligible	Selected	EMW <sup>2</sup>	Single	sponse*		
Atlantic	2638	703	647	50	6	99.1	94.6
Oriental	2151	633	543	61	29	95.4	92.8
Pacific	2273	734	631	98	5	99.3	92.9
Central	3523	1003	885	98	20	98.0	93.5
Bogota	2048	527	392	57	78	85.2	88.5
TOTAL	12633	3600	3098	364	138	96.2	92.7

<sup>1</sup>The sample for the individual questionnaire is self-weighting. See Chapter II on the design and implementation of the sample.

<sup>2</sup>EMW: ever married women.

\* Includes three incomplete interviews and 38 which were annulled after the interviewing was terminated due to incorrect selection of the woman.

unions which, in turn, depends upon the prevalence of these unions, and the characteristics of nuptiality and marital dissolution within Colombian society. Problems of interpretation arise because indexes of contraception and fertility do not always use the same population bases. To facilitate the accurate interpretation of the data, ever married women and currently married women have been classified as subsets within the sample of women of reproductive age. The CCPS sample has been compared to that of both the 1978 CCPS and the 1976 WFS. Data for the 1980 household survey presented in Table 1.3 illustrates that the regional distribution of participants is about the same for each subgroup. Except for a slight over-representation of Bogota, the percentages of ever married women interviewed by region in the 1978 and 1980 surveys are similar. While

Table 1.3 Colombia 1978 and 1980. Regional Distribution of the Women Interviewed<sup>1</sup>

Region and Year	Women in Fertile Age		Ever Married Women		Currently Married Women	
	%	Number	%	Number	%	Number
<u>YEAR 1980-HOUSEHOLD SURVEYS</u>						
Atlantic Region	19.6	(2,631)	23.0	(1,765)	23.1	(1,468)
Eastern Region	17.5	(2,144)	18.3	(1,287)	18.6	(1,125)
Central Region	29.0	(3,492)	27.2	(2,009)	26.8	(1,708)
Pacific Region	19.9	(2,201)	17.2	(1,287)	16.6	(1,077)
Bogota	13.9	(2,046)	14.3	(1,139)	14.8	(1,014)
TOTAL	100.0	(12,514)	100.0	(7,427)	100.0	(6,392)
<u>YEAR 1978-INDIVIDUAL SURVEY</u>						
Atlantic Region	20.6	(781)	22.6	(520)	22.4	(467)
Eastern Region	19.0	(722)	19.8	(457)	20.6	(430)
Central Region	28.6	(1,083)	26.2	(604)	26.2	(546)
Pacific Region	18.1	(688)	18.9	(436)	18.3	(382)
Bogota	13.6	(517)	12.5	(288)	12.5	(261)
TOTAL	100.0	(3,791)	100.0	(2,305)	100.0	(2,086)

Sources: 1980, Encuesta Nacional de Prevalencia del Uso de Anticoncepción (Cuestionario de Hogares); 1978, CCRP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, Colombia 1978, Resultados Generales (women in fertile age: Table 3.6; ever married women: calculated from Table 3.6).

<sup>1</sup>The information for 1980 is weighted since it refers to the Household Survey. See Chapter II on the design and implementation of the sample.

14.3% of the ever married respondents resided in Bogota in 1980, this region represented only 12.5% in the 1978 survey.

Ever married women in the 1980 individual survey constitute the following regional distribution: the Atlantic Region 20.9%, the Eastern Region 17.5%, the Central Region 28.6%, the Pacific Region 20.4%, and Bogota 12.7%. In comparison with the 1980 household survey, the Atlantic Region is underrepresented while the Pacific Region was overrepresented in the 1980 individual survey. Bogota was underrepresented. Compared with the 1978 individual survey, the Atlantic and Eastern regions were overrepresented, and the Pacific and Central regions were underrepresented.

Table 1.4, compares the marital status of women in each of the five regions in 1980 and 1978. While the proportion of single women within each of the regions is almost identical for both years, the 1978 survey shows lower percentages of widowed, separated and divorced women (included in the "other" category) and higher levels of women in consensual unions. The percentages of legally married women, on the other hand, remain relatively similar across all five regions for the two surveys.

In table 1.5, women who are legally married and in consensual unions are aggregated into the category of married women. The regional proportions of ever married women in the individual 1976 World Fertility

Table 1.4 Colombia, 1973 to 1980. Detailed Population Composition by Civil Status according to Region

Region and Year	Single	Married	Consensual Union	Other	Total	Women
<u>YEAR 1980 HOUSE-HOLD SURVEY</u>	<u>40</u>	<u>38</u>	<u>14</u>	<u>8</u>	<u>100</u>	(12,514)
Atlantic Region	34	32	25	9	100	(2,631)
Eastern Region	39	42	11	8	100	(2,144)
Central Region	41	40	10	9	100	(3,492)
Pacific Region	41	34	15	10	100	(2,201)
Bogota	45	41	8	6	100	(2,046)
Urban Zone	42	36	12	9	100	(9,507)
Rural Zone	33	42	18	7	100	(3,013)
<u>YEAR 1978 INDIVIDUAL SURVEY</u>	<u>39</u>	<u>38</u>	<u>17</u>	<u>6</u>	<u>100</u>	(3,791)
Atlantic Region	33	29	31	7	100	(781)
Eastern Region	37	44	16	4	100	(722)
Central Region	44	42	8	5	100	(1,083)
Pacific Region	37	34	22	8	100	(688)
Bogota	44	41	10	5	100	(517)
Urban Zone	43	37	14	6	100	(2,611)
Rural Zone	31	40	24	4	100	(1,180)
<u>YEAR 1976 INDIVIDUAL SURVEY</u>	<u>39</u>	<u>38</u>	<u>14</u>	<u>9</u>	<u>100</u>	(5,378)
Atlantic Region	26	62		12	100	(972)
Eastern Region	35	58		7	100	(987)
Central Region	44	49		7	100	(1,616)
Pacific Region	40	50		10	100	(1,049)
Bogota	45	48		7	100	(754)
<u>YEAR 1976 HOUSE-HOLD SURVEY</u>	<u>42</u>	<u>41</u>	<u>12</u>	<u>5</u>	<u>100</u>	(5,363)
<u>1973 CENSUS</u>	<u>43</u>	<u>41</u>	<u>11</u>	<u>5</u>	<u>100</u>	(4,906) <sup>1</sup>
Urban Zone	47	39	8	5	100	(3,337) <sup>1</sup>
Rural Zone	35	46	16	4	100	(1,568) <sup>1</sup>

Source: 1980, CCRP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, Colombia 1980; 1978, calculated from CCRP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, Colombia, 1978, Resultados Generales, Table 3.6; 1976, calculated from CCRP-DANE-Instituto Internacional de Estadística. Encuesta Nacional de Fecundidad, Colombia, 1976, Resultados Generales, Tables 5 (p 9), 9 (p 39), 1.5. 2A (p 94) and 1.6.3A (p 101); 1973, calculated from DANE XIV Censo Nacional de Población y III de Vivienda, Octubre 24 de 1973, Resumen Nacional, Table 3, p 331.

<sup>1</sup>In thousands.

Survey and the 1980 Contraceptive Prevalence Survey are very similar. Nevertheless, notable differences exist when ever married women (EMW), in general, or currently married women, in particular, are compared to all reproductive age women (WFA), especially in the Atlantic Region. These differences are a consequence of the 1980 CCPS classification of separated, widowed, and divorced women as single (the percentage of single women in the Atlantic Region is 26% for 1976 and 34% for 1980). The same phenomenon appears to have occurred in the Eastern and Central Regions but at a lower level.

Although the proportion of currently married women among the ever married group in 1978 is larger than in 1976 and 1980, the proportion of ever married women among all reproductive age women is similar in the three surveys across all regions, except for a difference of seven percentage points between 1976 and 1978 in the Atlantic Region. The only areas with a similar proportion of women in consensual unions during each survey are the Central Region and Bogota. Significant differences exist in the other regions between 1978 and 1980.

#### Composition of the Population by Region and Place of Residence

As will be shown in Chapter II, the contraceptive prevalence surveys of 1978 and 1980 were carried out using subsamples of the so-called Master Sample of the Colombian population. Each subsample (6 in total)

Table 1.5 Colombia, 1976 to 1980. Population Composition by Civil Status According to Region (percentage)<sup>1</sup>

Civil Status and Year	Atlantic Region	Eastern Region	Central Region	Pacific Region	Bogota	Total
<u>YEAR 1980 - HOUSEHOLD SURVEY</u> <sup>2</sup>						
Married/WFA	57	53	50	49	49	51
EMW/WFA	66	61	59	59	55	59
Married/EMW	87	88	85	83	89	86
<u>YEAR 1980 - INDIVIDUAL SURVEY</u>						
Married/EMW	85	88	83	84	91	85
<u>YEAR 1978 - INDIVIDUAL SURVEY</u>						
Married/WFA	60	60	50	56	51	55
EMW/WFA	67	63	56	63	56	61
Married/EMW	90	94	90	88	91	90
<u>YEAR 1976 - INDIVIDUAL SURVEY</u>						
Married/WFA	62	57	48	50	48	53
EMW/WFA	74	65	55	61	55	61
Married/EMW	84	89	88	83	88	85

Source: 1980, CCRP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, Colombia 1980; 1978, calculated from CCRP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, Colombia, 1978, Resultados Generales Table 3.6; 1976, Married/WFA, calculated from CCRP-DANE-Instituto Internacional de Estadística. Encuesta Nacional de Fecundidad, Colombia, 1976; 1976, EMW/WFA, tabulations, Area de Evaluación, CCRP; Married/EMW, tabulations, Area de Evaluación.

<sup>1</sup>WFA: Women in fertile age; EMW: ever married women; married: includes women in consensual or free union.

<sup>2</sup>The information for 1980 from the Household Survey is weighted. See Chapter II on the design and implementation of the sample.

was divided into 50 areas called the primary sampling units (PSU) with around 10,000 potential households containing approximately 12,500 women aged 15-49 who would be eligible for the interview. In order to attain the greatest possible geographical coverage, the universe was divided into 5 regions and these in turn into 12 subregions. The province of Atlantico represents around 26% of the Atlantic Region, with Bolivar comprising another 22%. In the Eastern Region the most important provinces are Santander (27%), Cundinamarca (26%), and Boyaca (25%). Antioquia constitutes 52% of the Central Region, and Tolima is second with 15%. In the Pacific Region, Valle del Cauca contains 58% of the population and Narino another 22%. Even though the point of reference is the 1973 Census, it can be assumed that the urban-rural composition and the relative demographic importance of each region total has not changed substantially between 1978 and 1980.

Table 1.6 seems to indicate that in the 1978 CCPS the urban zones of the Atlantic Region were slightly underestimated and those of the Eastern Region were overestimated. In 1980 there seems to be a significant overestimation of the urban zones in these two regions. In 1973 the ever married women in the Atlantic and Eastern Regions represent 64% and 45% respectively of the total number of women in these regions but they increase to 77% and 60% respectively in the 1980 survey. There was a similar occurrence in the Pacific Region.

The basic differences between the 1978 and 1980 surveys occur in the percentage of women of childbearing age in urban areas of the Atlantic Region (62% vs. 83%), and the Eastern Region (59% vs. 64%). One reason

Table 1.6 Colombia 1973-1980. Percentages of Women in Urban Areas and Number of Eligible Women in Urban and Rural Areas by Region

	Atlantic	Oriental	Central	Pacific	Bogotá	Total
<b>1973 CENSUS</b>						
Women 15 and over	70	49	67	67	100	70
Ever Married Women	64	45	63	62	100	63
Women 15 and over/Total Population	13	9	20	12	15	69
<b>1978 PREVALENCE SURVEY</b>						
Urban Segments - Number	98	102	175	113	136	1000
Urban Segments - %	53	50	61	60	100	62
Eligible Women 15-49	62	59	67	69	100	70
Women Interviewed	60	61	66	69	100	69
<b>1980 PREVALENCE SURVEY</b>						
Urban Segments - Number	133	101	165	117	180	1000
Urban Segments - %	74	52	61	64	100	69
Eligible Women 15-49	83	64	65	75	100	76
Women Interviewed 15-49	81	62	65	75	100	76
Ever Married Women	77	60	60	72	100	71
<b>ELIGIBLE WOMEN</b>						
<b>YEAR 1978</b>						
Urban Area - Number	1432	1282	2554	1642	1976	8886
Rural Area - Number	888	883	1260	723	-	3754
WRA/Total Sample	11	10	20	13	16	70
<b>YEAR 1980</b>						
Urban Area - Number	2186	1369	2275	1645	2032	9507
Rural Area - Number	446	770	1219	556	-	2997
WRA/Total Sample	17	11	18	13	16	76

SOURCES: For the 1973 Census the figures are calculated from Departmental statistics from DANE (1981), Tables 3A and 21A, pp.335-337 and 395-397. For the 1978 survey see Appendix 3 of this report for the distribution of segments; the other figures are based on the 1978 report (CCRP, Minsalud and WHS, 1979: Table 1.1). For the 1980 survey: estimates for this report.

for the disparity in the Atlantic Region seems to be the inclusion of a much higher number of urban sectors in 1980 (133) compared to 1978 (98).

### Conclusions

To insure the comparability of the 1978 and 1980 surveys, the questionnaires used in both were almost identical. In 1980, only a few additional questions and modifications were incorporated into the questionnaire. The primary difference between the two surveys was the use in 1980 of a household questionnaire in addition to an individual questionnaire. The purpose of the household questionnaire was to 1) provide an indirect estimate of fertility and mortality, 2) collect household level

information regarding the prevalence of contraception and other proximate determinants of fertility, 3) provide an independent standard control against which data from the individual questionnaire could be evaluated, and 4) obtain special information on both prenatal and postnatal mortality.

Levels of coverage for both the household survey (95%) and the individual survey (96%) were very satisfactory. In order to make comparisons between the 1978 and 1980 prevalence surveys, it should be remembered that information for single women in 1980 is only available in the household survey, and that marital status among respondents, an important variable in any study of fertility and contraception, differs slightly between the 1978 and 1980 surveys. The 1978 survey shows lower percentages for widowed, separated, and divorced women, and higher percentages for women in consensual unions. Because a number of sexually inactive women may have been incorrectly classified among the currently married women in the 1978 survey, this could have resulted in the underestimation of contraception and fertility levels among currently married women during that year.

The evidence also shows that in 1980, particularly in the Atlantic Region, some widowed, separated, and divorced women were misclassified as single. Some misclassification appears to have also occurred in the Eastern and Central Regions but at a lower level. Ever married women in both the individual and household surveys in these regions, therefore, constitute a group whose risk of pregnancy is slightly different from women in other regions of the country.

Regardless of the problems related to the classification of marital status, the measures of fertility estimated from the 1980 survey appear to be adequate and reasonable when compared to fertility levels from the 1976 WFS and 1973 Census. The most reliable comparisons between results of the 1980 and 1978 surveys are those based on information for ever married women or currently married women.

## CHAPTER II

### Design and Implementation of the Sample

Like the 1978 CCPS, the 1980 CCPS employed a subsample of the "Master Sample of the Colombian Population", designed and administered by Minsalud's Division of Information. The Master Sample is composed of 225 primary sampling units, each comprising approximately 60,000 households and 360,000 individuals. It is divided into six subsamples composed of 50 PSU and approximately 10,000 households. The 1980 CCPS sample consisted of 9,649 households of which 9,114 were interviewed resulting in a total of 12,633 women of reproductive age. From this group, 3,600 women were selected for individual interviews.

### Master Sample of the Colombia Population

Objective. The primary objective of the Master Sample is to facilitate the collection of periodic information regarding the needs and demands of the Colombian population in relation to health and other factors which cannot be measured through institutional record systems.

Universe. The universe is composed of non-institutionalized persons residing in the provinces<sup>1</sup> of Colombia, that is, 95.1% of the total Colombian population. This totalled 21.6 million persons in 1976.

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<sup>1</sup>"departamentos del país"

Areas outside the provinces, such as intendencias and comisarias, were omitted from the universe because of their low population density and rudimentary forms of communication.

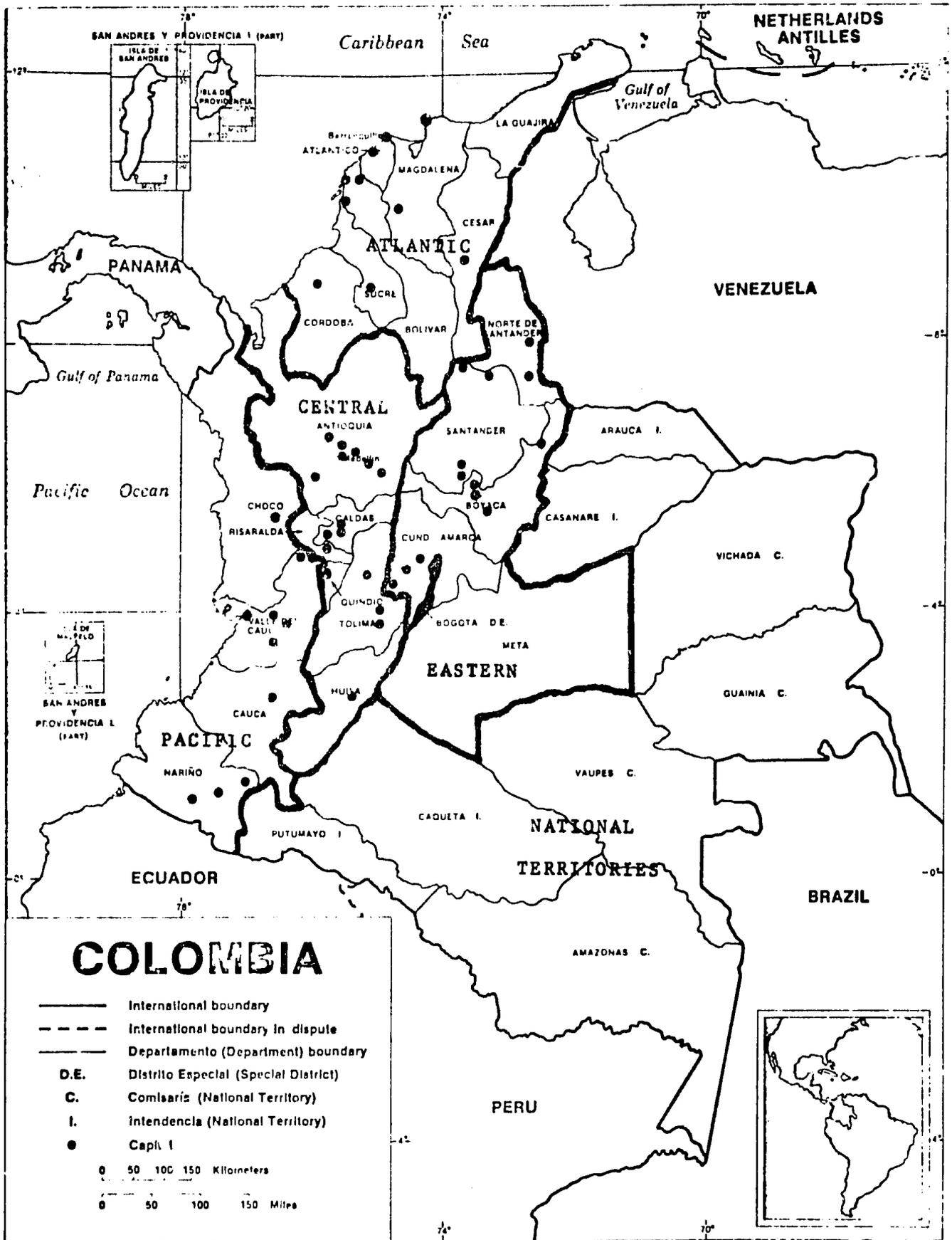
Primary Sampling Units. The Colombian Master Sample is divided into primary sampling units according to the following criteria: municipios characterized by 3,000 or more inhabitants constitute a PSU. Municipalities with 60,000 or more inhabitants (thirty-seven in all) which came into sample with certainty are defined as self-representing PSUs. Municipios with less than 3,000 inhabitants are aggregated with contiguous municipios in order to form a PSU.

Sampling Frame. Material generated by the Departamento Administrativo Nacional de Estadística (DANE), such as maps of selected urban and rural municipalities, and lists of persons, households, and dwellings by block, section, and census sector were used in developing the sampling frame.

Sample Design. The Master Sample is composed of stratified unequal clusters in which critical units of the sample are made up of municipalities, groups of contiguous dwellings, and women of childbearing age in each household. The total Master Sample is divided into six subsamples each of which is representative of the country at the regional level.

#### Research Accuracy and Sample Size

A preliminary analysis of research accuracy was carried out through



Source: Adapted from U.S. Bureau of the Census (1979).

Figure 2.1 Regionalization for the Master Sample of the Colombian Population and Primary Sampling Units for the 1980 Subsample

an examination of standard errors for various sample sizes. In this process, estimations of sampling variability were obtained from the National Sample for the study of Colombian Morbidity, 1966.<sup>1</sup>

Regional Definition. The universe of the Master Sample was divided into five regions, each with at least three million inhabitants. Four of these are comprised of provinces with similar geographical and cultural characteristics. These regions are: 1) Atlantic, 2) Eastern, 3) Central, and 4) Pacific. Because of its size and special features, Bogota constitutes a separate region. Figure 2.1 illustrates the regional divisions and the PSUs selected for the 1980 CCPS. To improve geographical representation and to limit stratification, the five regions were further divided into 12 sub-regions made up of contiguous provinces with populations of between one to two million inhabitants.

Stratification. Each of thirty-seven strata consisted of only one of the self-representing PSUs described earlier. In the remaining provinces, the PSUs which were not self-representing were grouped into 188 strata, each with an average size of 60,000 inhabitants according to the following criteria: 1) sub-region, and 2) maximum homogeneity within the PSU cluster and maximum heterogeneity between strata. This was based on the following characteristics presented in order of priority:

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<sup>1</sup>The design effect is the ratio of the actual variance of a sample to the variance of a simple random sample of the same number of elements (Kish, 1967:258).

1) size of the population according to the 1973 Census, 2) percentage of population in county seats,<sup>1</sup> and 3) average altitude of the municipal center above sea level.

Selection of the Sample of Non Self-Representing Strata. A PSU was selected from each one of the 188 non self-representing strata in order to provide representation in the sample of one PSU from each strata. The probability of selection for each PSU was proportional to its population size relative to the total population of the strata. In this manner, 188 non self-representing and 37 self-representing PSUs were selected from a total of 225 PSUs in the Master Sample. Altogether this master sample includes approximately 60,000 households with 360,000 individuals. Within these PSUs, the sample is composed of 6,000 segments of approximately ten contiguous households. The fifteen largest self-representing PSUs consist of 2,220 segments (this number is proportional to the population of these PSU). In each of these PSUs, the number of segments varies depending on the relation between the population of the PSU and the total population of Colombia. The urban-rural distribution of household segments is proportional to the urban rural distribution of the total population.<sup>2</sup> In the remaining 210 PSUs, a total of 3,780

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<sup>1</sup>The county seat or municipal center is generally the most important population center of the political division referred to in Colombia as a municipio.

<sup>2</sup>Urban refers to the county or municipal center for the purpose of the design and selection of the Master Sample. Rural, in turn, refers to the remainder of the municipality. The latter includes disperse population, populated centers and other small localities of minor importance in comparison to the municipal center.

household segments were selected for an average of 18 segments per primary sampling unit. The use of "controlled selection" increased the likelihood that the survey samples would be most representative of the universe without changing the probability of selection of each PSU (Goodman and Kish, 1950).

The control criteria included:

- o Province in which the PSU is located in order to guarantee better geographical distribution of the sample; and
- o Index of social development, using a combination of two indicators: 1) availability of human health resources in each PSU, and 2) the relation between the number of students in primary grades of education and the total population of the PSU.

Subsample of the Master Sample. The Master Sample is composed of six subsamples, each with fifty PSUs. A subsample is representative of the entire country and of the five major regions. Because of their size, the 15 major PSUs are included in all of the subsamples: Barranquilla, Cartagena and Monteria in the Atlantic Region; Bucaramanga and Cucuta in the Eastern Region; Medellin, Manizales, Pereira, Ibague, and Armenia in the Central Region; Cali, Palmira, Pasto, and Buenaventura in the Pacific Region; and Bogota.

With the remaining 210 PSUs, thirty-five strata of approximately the same size were formed within the regional borders and using as strata criteria the population size, percentage in county seats and the altitude. From each of these strata, a PSU was selected with equal probability. The PSUs selected for the two contraceptive prevalence surveys are presented in the 1980 report in Spanish as Appendix 3.

### Local Sample

Within the Fifty PSU of the Sussample .- The local sample of the subsample is comprised of 1,000 segments (or measures of size, MS). In the fifteen larger self-representing PSUs, segments were selected controlling for geographical distribution into six similar groups. Each of these groups forms part of a subsample.

In the other thirty-five PSUs of the subsample, all of the segments were chosen since they are not included in the remaining subsamples of the Mater Sample. The distribution of segments by PSU and region for the 1978 and 1980 CCPSs is presented in the 1980 report in Spanish as Appendix 3.

Selection and Location of the Segments.- For the selection of segments within PSUs, cartographic and housing information drawn from the 1973 Census was utilized. In urban areas, the smallest sampling unit were city blocks while in rural areas, these units were determined by natural boundaries denoted as sections or "chunks".

The method utilized was the following. At the central level: estimation of the number of segments existing in each PSU; and systematic selection of the corresponding measures of sizes and their cartographic location. At the field level: location with the aid of maps of those areas previously selected; and the location and development of sampling lists (each segment listed with an average of twenty households). At the central level: reception and revision of material elaborated in the field; and equal probability selection of one section (i.e. 10 households) of the twenty households comprising the chunk. These ten households constitute the last phase in the selection of households to be included in the sample survey.

### Selection of Women for the Individual Questionnaire

In order to obtain a self-weighted sample of reproductive age women, a sampling fraction for each of the 1,000 segments was calculated. Based upon the results of the 1976 WFS the selection of reproductive age women was controlled by age group (i.e. 15-25 and 26-49 years).

Using the sampling fractions, selection lines on the Segment Folder were determined systematically for each age group prior to the interviews. The process for selecting respondents in the field consisted of first listing in the Segment Folder eligible women in each household according to ascending age. Those women located on the pre-selected lines of the questionnaire were selected for the individual interview.

### Probability of Selection

All of the women of reproductive age (WRA) in the sample were characterized by an equal selection probability:

$$P(WRA) = \frac{NHS}{NHU} \times P(WRA)_h$$

where NHS and NHU are the number of households in the sample and in the universe respectively, and  $P(WRA)_h$  is probability of each reproductive age women in the household.

$$P(WRA) = (P_1)(P_{2a})(P_3), \text{ where}$$

$P_1$  = selection probability of the PSU = PSU population/Stratum population

$P_2$  = selection probability of each segment (or measure of size, MS) =  
 .5 (number of expected MS selected in the PSU)\* (number of total MS in  
 the PSU)

$P_{2a}$  = adjusted probability<sup>1</sup> =  $(P_2)$ \* (adjustment factor) =  $(P_2)$ \* (number  
 of expected MS/number of actual MS)

$P_3$  = P (WRA)/(P<sub>1</sub>) (P<sub>2c</sub>)

### Estimation Procedures

Ratios and proportions can be estimated directly from the sampling values of the 3,098 ever-married women who were surveyed since each woman had an equal selection probability. Since the probability of selecting households for each household segment is not equal, sampling values must be weighted by the reciprocal of the final selection probability of each household, or by an equal equivalent factor if reconstituted statistics are desired. The unbiased weighting factor for the 1980 household sample will be presented in a separate publication on the household survey.

The estimation of absolute population values involves the weighting of sampling variables by the reciprocal of the final selection probability. In order to improve these estimates the following adjustments are suggested:

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<sup>1</sup> Because of the difference between the number of expected households calculated from census data and the actual number of households encountered during the survey.

- o Coverage adjustment: to "recover" information on households that were selected but not included, under the assumption that households not included are similar, on the average, to those included in the survey.
- o Urban-rural adjustment: it is assumed that the urban-rural distribution of the 1973 Census is more reliable than the urban-rural distribution of the 1980 Contraceptive Prevalence Survey.

### Sampling Variability

For the estimation of sampling errors, the "balanced repeated replications" method is recommended (McCarthy, 1966). Sampling errors for the 1980 survey have not been included in this report; therefore, the reader should consult the calculations for the 1978 survey which are reprinted in the 1980 report in Spanish as Appendix 4. In the 1978 survey, the total sample was divided into two equally weighted samples, and an orthogonal scheme of 44 replications was applied.

## CHAPTER III

### Socio-Demographic Characteristics of Reproductive Age Women

In order to provide a background for the following chapters on the use, implications and determinants of family planning and to facilitate comparability of the 1980 Colombian Contraceptive Prevalence Survey with previous surveys and censuses, the socio-demographic characteristics of Colombian women aged 15 to 49 years are analyzed. The information on age structure, nuptiality, and marital status is taken from the household questionnaire for all the women in fertile age. Data on labor force participation and the levels of exposure to the risk of pregnancy refer to the 3,098 ever married women who responded to the individual questionnaire.<sup>1</sup>

#### Age Structure and Spatial Distribution

As can be seen in Table 3.1, the overall age structure of Colombian women has changed little since 1978. Nevertheless, there exists a slight decline in the percent of women aged 15 to 19 and an increase in the 20-24 age group. This indicates that the proportion of younger mothers may subside in the future as children born during the fertility decline of the late 1960's enter the reproductive ages.

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<sup>1</sup>In this report the term "married" or "in union" includes both legally married women and those in consensual union.

The age structure of women in their childbearing years is typical of a country which has experienced a rapid rate of population growth due to high levels of fertility at least fifteen years prior to the survey. Thus, only 26.3% of women in the reproductive ages are 25 to 34 years old, whereas 1.8 times as many (45.8%) are between 15 to 24 years.

The 1980 CCPS shows an increase over 1978 in the percentage of reproductive age women located in urban areas. The proportion of urban women rose from 68.9% to 74.4%; that is, three in every four women resided in municipal centers by 1980. Aside from Bogota, the Atlantic Region has the largest percentage of urban women (81.2%) up sharply from the 1978 CCPS level of 59.8%.

### Nuptiality

Age of Union. Table 3.2 presents the average age of first union for five year age groups, urban-rural areas, region, and marital status. The average age of union for all ever married Colombian women is 19.5 years. Among those ever married, younger women (aged 25-29) entered their first union almost one year earlier than older women (aged 40-44). Nevertheless it is impossible to assert that there is any significant increase or decrease in age of first union across age cohorts of ever married women since longitudinal data are not available to measure changes over time.

In urban areas, the average age of first union was 19.7 years compared to 19.1 years in the countryside. The difference is consistent

Table 3.1 Colombia 1978, 1980. Percentage Distribution of Reproductive Age Women by Urban-Rural Residence and Age Groups for Colombian Regions

Residence and Age Group	Atlantic Region		Eastern Region		Central Region		Pacific Region		Bogota		Total	
	1978	1980	1978	1980	1978	1980	1978	1980	1978	1980	1978	1980
<b>AGE</b>												
15-19	29.2	26.7	24.5	24.8	28.4	24.5	27.3	23.6	28.4	24.3	25.5	24.8
20-24	19.9	22.0	17.6	20.2	19.1	20.5	16.2	20.5	20.3	21.7	18.5	21.0
25-20	13.8	15.8	16.3	13.5	14.5	15.3	15.0	13.6	16.1	15.5	15.0	14.8
30-34	12.7	10.1	13.0	12.1	10.3	10.9	13.1	13.2	12.4	11.9	12.0	11.5
35-39	10.9	10.3	12.2	10.9	9.5	11.1	12.1	11.3	8.3	12.0	10.6	11.1
40-44	7.7	8.3	8.7	8.6	9.3	8.9	10.3	9.0	7.2	8.5	8.8	8.7
45-49	5.5	6.8	6.6	9.8	8.8	8.7	6.0	9.0	7.4	6.1	7.2	8.2
<b>TOTAL</b>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>ZONE</b>												
Urban	59.8	81.2	60.5	62.1	66.2	64.2	68.7	73.2	100.0	100.0	68.9	74.4
Rural	40.2	18.8	39.5	37.9	33.8	35.8	31.1	26.8	-	-	31.1	25.6
<b>TOTAL</b>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>Women</b>	(781)	(2632)	(722)	(2145)	(1083)	(3494)	(688)	(2201)	(517)	(2048)	(3791)	(12520)

Sources: 1980, OCRP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción. 1980; 1978: OCRP Minsalud, Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1978, Resultados Generales, Tables 3.1 and 3.3.

Table 3.2 Colombia 1980. Mean Age at First Union Among Ever Married Women by Residence, Region and Marital Status for Five-Year Age Groups

Characteristics	Age Groups							Total	Number of Women
	15-19	20-24	25-29	30-34	35-39	40-44	45-49		
<b>TOTAL</b>									
Mean Age	16.1	18.2	19.5	20.2	19.9	20.4	20.7	19.5	(7,443)
<b>ZONE</b>									
Urban	16.3	18.4	19.7	20.3	20.1	20.5	20.7	19.7	(5,411)
Rural	15.7	17.7	18.9	19.9	19.5	19.7	20.6	19.1	(2,032)
<b>REGION</b>									
Atlantic Region	15.9	18.0	19.0	19.4	18.8	19.4	19.0	18.6	(1,701)
Eastern Region	16.2	18.4	19.3	20.3	19.8	20.4	21.4	19.7	(1,285)
Central Region	16.3	17.9	19.5	20.2	20.4	20.3	20.9	19.6	(2,007)
Pacific Region	16.0	18.5	19.7	20.1	20.2	20.8	20.6	19.7	(1,322)
Bogota	16.5	18.7	20.1	21.1	20.5	21.5	21.4	20.3	(1,127)
<b>MARITAL STATUS-URBAN</b>									
Married	16.6	18.8	20.0	20.7	20.4	20.8	20.9	20.1	(3,452)
Consensual Union	16.0	17.9	19.1	19.5	20.0	21.3	21.2	19.1	(1,160)
Others	15.8	18.0	19.3	19.3	19.1	19.5	19.7	19.0	(799)
<b>MARITAL STATUS-RURAL</b>									
Married	16.1	18.0	19.3	19.8	19.7	19.6	20.8	19.3	(1,295)
Consensual Union	15.6	17.5	18.0	20.1	19.2	20.1	21.0	18.6	(530)
Others	15.3	16.9	18.9	19.6	18.9	19.1	19.7	18.5	(207)

Source: OCRP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980 (Household Questionnaire).

across all age groups; rural women enter into their first union at a slightly younger age. In urban areas legally married women entered their first union one year later than women who were in consensual unions or who were widowed, divorced or separated (the "other" category). In rural areas where the overall age of first union is lower than in urban areas, this differential by marital status is reduced. Legally married women in rural areas had an average age of union of 19.3 years while those in consensual unions and the "other" category reported averages of 18.6 and 18.5 respectively.

Marital Status. Thirty eight percent of the household sample was reported legally married and another 14% in consensual unions (Table 3.3). Together, these categories (51.7% in total) are classified as living in conjugal union. Marital status differed significantly by urban-rural residence. In urban areas, 48.8% of the respondents were living in conjugal unions while this percentage rose to 60.0% in rural areas. This differential is largely a consequence of an earlier age of first union and a larger percentage of women currently in union in rural areas. In most age groups, the percentage married and in consensual unions is larger in rural areas than in the cities, and the percentage of "others" (widowed, separated and divorced) is less.

Regionally, the proportion of women in conjugal unions ranges from 48.9% in the Pacific, 49.1% in Bogota, and 50.0% in Central Regions to a high of 57% in the Atlantic Region.<sup>1</sup> The Atlantic Region also exhibits

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<sup>1</sup>Marital Status breakdowns by region, and age groups within regions, are not presented in this report.

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Table 3.3 Colombia 1980. Percentage Distribution of Women of Reproductive Age by Marital Status for Age Groups and Place of Residence.

Place of Residence & Age Groups	Current Marital Status				Total	
	Single	Married	Consensual Union	Others	%	Women
<b>TOTAL</b>						
15-19	86.4	6.7	5.2	1.7	100.0	(3097)
20-24	48.9	29.2	15.9	6.0	100.0	(2644)
25-29	25.1	47.7	18.6	8.6	100.0	(1839)
30-34	17.3	55.7	17.5	9.5	100.0	(1475)
35-39	11.5	57.8	18.4	12.3	100.0	(1335)
40-44	8.1	60.0	17.4	14.4	100.0	(1096)
45-49	6.5	60.1	12.1	21.2	100.0	(1028)
15-49	39.9	37.8	13.9	8.4	100.0	(12514)
<b>URBAN</b>						
15-19	87.2	6.9	4.6	1.3	100.0	(2375)
20-24	53.7	26.4	13.6	6.3	100.0	(2040)
25-29	28.3	46.6	16.5	8.5	100.0	(1415)
30-34	17.4	54.8	17.0	10.7	100.0	(1102)
35-39	13.0	56.6	16.5	13.9	100.0	(1002)
40-44	9.2	59.3	15.5	16.0	100.0	(826)
45-49	7.3	59.6	11.1	22.1	100.0	(743)
15-49	42.4	36.4	12.4	8.8	100.0	(9504)
<b>RURAL</b>						
15-19	84.0	6.3	6.8	2.8	100.0	(722)
20-24	34.2	37.8	22.8	5.2	100.0	(604)
25-29	15.4	51.0	24.7	8.9	100.0	(422)
30-34	16.9	58.4	19.0	5.7	100.0	(373)
35-39	7.8	60.6	23.2	8.4	100.0	(333)
40-44	5.0	62.0	23.1	9.9	100.0	(270)
45-49	4.5	61.5	14.6	19.4	100.0	(285)
15-49	32.5	41.8	18.2	7.4	100.0	(3010)

Source: OCRP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980. (Household Questionnaire).

a high proportion of women in consensual unions in all age groups. For example, 34.4% of women aged 25 to 29 reported that they were in consensual unions. This contrasts with Bogota, where only 11.3% of women are in consensual unions, and the three other regions where the proportions range from 13.2% to 17.8%.

### Education

In Table 3.4, regional levels of education among women of reproductive age are disaggregated into urban and rural areas. The table also shows the percentage of women who had not completed primary school or who are illiterate. In all regions, except Bogotá, roughly one third of urban women failed to enroll or did not complete primary school - from 31.9% in the Central Region to 38.3% in the Atlantic Region. In Bogota the percentage was 18.8%. In rural areas, 71.7% (Central) to 78.7% (Atlantic) of women did not finish their primary education. The data indicate that urban dwellers have twice the probability of entering and completing primary school than rural residents.

### Female Labor Force Participation

An increase in female labor force participation is frequently mentioned as a critical development creating both attitudinal and behavioral changes which result in lowered fertility. According to the 1964 Colombian Census, 22% of the country's active labor force was female; by the 1973 Census, this percentage had risen to 27%. The present analysis concerns only ever married women, who, as a group, typically display a lower level of labor force participation than all women since the majority

perform household tasks not included in the traditional labor force definition.

The 1980 CCPS asked ever married women if they had worked for remuneration during 1980.<sup>1</sup> Table 3.5 shows that 29.0 responded yes to that question. This level of participation was relatively constant for women 25 years of age and over. Large differentials exist, however, across urban and rural areas. Urban areas reveal higher levels of participation in remunerated work (34%) than rural areas (15%). In both areas, the peak levels of participation are found in the 35 to 39 age group if the 45-49 group is excluded in rural areas.

Comparing regions, Bogota displays the highest level of remunerated labor force participation (37%), followed by the Eastern and Pacific Regions (31%). The lowest levels of labor force participation are encountered in the Central and Atlantic Regions (23% and 28%).

### Risk of Pregnancy

Ever married women "at risk" of becoming pregnant have been divided into three categories: pregnant, "exposed" to pregnancy and "not exposed".<sup>2</sup>

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<sup>1</sup>Since the period covers all of 1980 until the time of the interview, which was conducted during October through December, higher rates of participation should be expected compared to other surveys or censuses using shorter timeframes to measure current employment. Caution is suggested when comparing labor force participation from the 1980 CCPS with other data sources.

<sup>2</sup>The "exposed" category includes non-pregnant women who are currently living in a conjugal union or report a sexual relationship (2,360 women). One hundred and forty women in union were considered exposed even though they declared that they were unable to bear children and another two hundred and eighty-seven were included even though they reported no sexual relations in the year preceding the survey.

Table 3.4 Colombia 1980. Percentage Distribution of Women of Reproductive Age by Level of Education for Region and Place of Residence

Region	Illiterate	Primary Incomplete	Primary Complete	Some Secondary or More	Total	Number of Women	Primary Incomplete or less
<b>ATLANTIC REGION</b>							
Urban	8.6	29.7	19.0	42.7	100.0	(2186)	38.3
Rural	29.2	49.5	12.6	8.4	100.0	( 446)	78.7
<b>EASTERN REGION</b>							
Urban	8.0	28.6	20.8	42.6	100.0	(1369)	36.6
Rural	18.5	58.6	15.3	7.6	100.0	( 776)	77.1
<b>CENTRAL REGION</b>							
Urban	4.3	27.6	18.7	49.4	100.0	(2275)	31.9
Rural	12.7	59.0	15.1	13.1	100.0	(1219)	71.7
<b>PACIFIC REGION</b>							
Urban	6.4	26.2	20.3	47.1	100.0	(1645)	32.6
Rural	14.1	61.1	15.8	9.0	100.0	( 556)	75.2
<b>BOGOTA</b>							
Urban	2.1	16.7	16.3	64.8	100.0	(2032)	18.8
Rural	-	-	-	-	-	-	-
<b>TOTAL</b>							
Urban	5.7	25.7	18.9	49.6	100.0	(9507)	31.4
Rural	17.1	57.8	14.9	10.2	100.0	(2997)	74.9

Source: OCRP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980 (Household Questionnaire).

Table 3.5 Colombia 1980. Percentage of Ever Married Women Who Worked During 1980 by Place and Region of Residence and Age Groups

Place and Region of Residence	Age Groups							Total	Women
	15-19	20-24	25-29	30-34	35-39	40-44	45-49		
<b>TOTAL</b>	22	26	30	31	33	29	26	29	
Atlantic Region	29	31	26	30	30	29	17	28	(179)
Eastern Region	25	29	33	32	34	29	35	31	(171)
Central Region	14	17	26	25	28	22	19	23	(200)
Pacific Region	21	20	33	34	41	36	30	31	(197)
Bogota	22	39	41	37	33	42	33	37	(144)
Women	(175)	(592)	(596)	(502)	(454)	(405)	(374)	(3,098)	(891)
<b>URBAN</b>	24	33	37	36	39	36	28	34	
Atlantic Region	35	37	31	35	36	30	20	32	(160)
Eastern Region	18	39	43	46	38	41	43	40	(132)
Central Region	17	25	35	31	41	29	22	30	(157)
Pacific Region	26	24	39	38	50	41	28	36	(163)
Women	(132)	(394)	(425)	(369)	(323)	(289)	(264)	(2,196)	(753)
<b>RURAL</b>	14	12	14	16	18	15	21	15	
Atlantic Region	18	13	4	13	14	25	8	13	(19)
Eastern Region	*	13	20	12	29	11	22	18	(39)
Central Region	6	10	12	13	14	11	17	12	(43)
Pacific Region	0	11	19	23	18	23	39	20	(34)
Women	(43)	(198)	(171)	(133)	(131)	(116)	(110)	(902)	(138)

Source: OCRP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980.

\* Very few cases.

This analysis, based on 3,098 ever married women from the individual survey, indicates that almost ten percent of all women were found to be pregnant at the time of the interview (Table 3.6) and 14% were not exposed to pregnancy. The percentage of pregnant women declines with age from 29.1% (15-19) to 0.8% (45-49). The percentage of women who were not exposed is around 14% for the 15-19 age group and about 11% for women aged 20-34. For women aged 45-49, the percentage of women who were not exposed to pregnancy increases to 22.7%. In contrast, the percent of exposed women rises from 57.1% (ages 15 to 19) to 82.8% (ages 35 through 39) then drops to 76.5% (ages 45 to 49).

Regionally, the level of exposure to the risk of pregnancy is highest in Bogota (85.2%) where only 6.4% of women were pregnant and 8.4% were not exposed (Table 3.6). While there are only slight variations in the Eastern (78.3%), Central (73.6%), and Pacific (76.1%) Regions, the Atlantic Region shows a lower percentage of exposed women (72.6%) coupled with the highest proportion of pregnancies (13.4%). The five regions show a wide variation in pregnancy levels among women 25 to 29. The highest proportion (18.2%) occurs in the Atlantic Region, compared to about half that level (8.8%) in the Pacific Region. Bogota has the next highest proportion of pregnant women (9.9%) followed by the Eastern Region (11.3%) and the Central Region (12.2%).

As Table 3.7 illustrates, the proportion of women not exposed to pregnancy is nearly 12% in the rural zones compared to 15% in the urban areas. In the rural areas eleven out of every hundred married women were pregnant compared with only nine out of every hundred in urban

TABLE 3.6 COLOMBIA 1980. PERCENTAGE DISTRIBUTION OF EVER MARRIED WOMEN BY AGE GROUPS FOR REGION OF RESIDENCE AND LEVEL OF RISK TO PREGNANCY

Region and Level of Risk	Age Groups							Total
	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	
<b>Total</b>	(175)	(592)	(596)	(502)	(454)	(405)	(374)	(3098)
Pregnant	29.1	17.6	12.6	10.0	3.1	2.0	0.8	9.8
Not Exposed	13.7	11.0	11.2	10.6	14.1	18.3	22.7	14.0
Exposed	57.1	71.3	76.2	79.5	82.8	79.8	76.5	76.2
<b>Atlantic Region</b>	( 51)	(144)	(137)	(100)	( 84)	( 66)	( 45)	(647)
Pregnant	31.4	21.5	18.2	9.0	3.6	3.0	1.5	13.4
Not Exposed	11.8	16.0	14.9	11.0	17.9	13.6	16.9	13.9
Exposed	56.9	62.5	70.8	80.0	78.6	83.3	81.5	72.6
<b>Eastern Region</b>	( 20)*	( 97)	(106)	( 79)	( 73)	( 87)	( 81)	(543)
Pregnant	43.0*	21.6	11.3	12.7	1.4	2.3	1.2	10.3
Not Exposed	5.0*	10.1	8.5	6.3	9.6	17.2	18.5	11.4
Exposed	50.0*	68.0	80.2	81.0	89.0	80.5	80.2	78.3
<b>Central Region</b>	( 52)	(158)	(180)	(150)	(116)	(121)	(108)	(885)
Pregnant	23.0	15.8	12.2	12.7	4.3	3.3	-	9.9
Not Exposed	13.5	12.0	15.6	13.1	17.2	19.0	26.9	16.5
Exposed	61.5	72.2	72.2	74.0	78.4	77.7	73.1	73.6
<b>Pacific Region</b>	( 34)	(118)	(102)	(106)	( 98)	( 86)	( 87)	(631)
Pregnant	26.5	16.1	8.8	7.5	3.1	-	1.1	7.8
Not Exposed	20.6	10.2	9.8	12.3	14.3	24.4	28.7	16.2
Exposed	52.9	72.7	81.6	80.2	82.7	75.6	70.1	76.1
<b>Bozota</b>	( 18)*	( 75)	( 71)	( 67)	( 83)	( 45)	( 33)	(392)
Pregnant	22.2*	10.7	9.9	6.0	2.4	-	-	6.4
Not Exposed	14.7*	7.7	7.0	6.0	9.6	13.3	15.2	8.4
Exposed	61.1*	84.7	83.1	88.0	88.0	86.7	84.8	85.2

Source: ODRP-Ministerio. Encuesta Nacional de Prevalencia del Uso de Anticoncepcion, 1980.  
\* Less than 25 cases.

TABLE 3.7 COLOMBIA 1980. PERCENTAGE DISTRIBUTION OF EVER-MARRIED WOMEN BY AGE GROUPS FOR PLACE OF RESIDENCE AND LEVEL OF RISK TO PREGNANCY

Place of Residence and Level of Risk	Age Groups							Percentage	Women
	15 - 19	20 - 24	25-29	30 - 34	35 - 39	40 - 44	45 - 49		
<b>Urban</b>									
Pregnant	10.3	18.0	11.8	7.8	2.8	1.7	0.4	9.3	(205)
Not Exposed	9.8	12.7	11.1	12.7	16.7	20.8	21.6	14.9	(328)
Exposed	59.8	69.4	77.2	79.5	80.6	77.5	78.0	75.8	(1867)
<b>Total</b>	(132)	(395)	(425)	(371)	(324)	(289)	(264)	100.0	(2200)
<b>Rural</b>									
Pregnant	25.6	16.8	14.6	16.0	3.8	2.6	1.6	11.1	(100)
Not Exposed	25.6	8.1	11.7	4.6	7.7	12.1	25.5	11.7	(105)
Exposed	48.8	75.1	73.7	79.4	88.5	85.3	72.7	77.2	(693)
<b>Total</b>	(43)	(197)	(171)	(131)	(110)	(116)	(110)	100.0	(896)
<b>Total</b>									
Pregnant	29.1	17.6	12.6	10.0	3.1	2.0	0.8	9.8	(305)
Not exposed	13.7	11.1	11.2	10.6	14.1	18.3	22.7	14.0	(433)
Exposed	57.1	71.3	76.2	79.5	82.8	79.8	76.5	76.2	(2360)
<b>Total</b>	(175)	(592)	(596)	(502)	(454)	(405)	(374)	100.0	(3098)

Source: ODRP-Ministerio. Encuesta Nacional de Prevalencia del Uso de Anticoncepcion, 1980.

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areas. Seventy-six percent of ever married urban women were exposed to the risk of pregnancy while 77% were at risk in the countryside.

### Summary

The age structure of Colombian women in their childbearing years is characteristic of a country with past high fertility. There are 1.8 times as many women aged 15 to 24 as there are aged 25 to 34. The average age of marriage appears to have remained relatively stable at about 19.5 years. Legally married women tend to enter their first conjugal union one year later than those who were in consensual unions, or widowed, divorced or separated. At the time of the 1980 CCPS, 51.7% of the respondents were involved in conjugal unions. About 48.9% of women aged 20 to 24 years were still single. This drops to 25.1% for the 25-29 age group. The percentage of women with less than a complete primary education is over twice as high in rural areas (74.9%) as in urban areas (31.4%). The largest improvements in basic education (i.e., the percentage of women completing primary education) are found in the Pacific and Atlantic Regions. Labor force participation among ever married women is about twice as high in urban areas as in rural areas.

## CHAPTER IV

### Prevalence of Contraceptive Use

The purpose of this chapter is to analyze 1980 contraceptive use levels and method mix in Colombia. Variables such as knowledge of contraception, desire for additional children, and the availability of family planning services will be considered in Chapter V. The current analysis concerns two groups of women: 1) currently married, and 2) the sub-group of currently married women who are exposed to pregnancy. The quality of contraception is distinguished by modern or efficient methods (i.e., pill, IUD, condom, sterilization, injection, and vaginal spermicides) as compared to the so called traditional methods (i.e., rhythm, withdrawal, and others).

#### Current Use of Contraception

Contraceptive use levels for currently married women by urban and rural residence are presented in Table 4.1. Among all currently married women 49% are using some method of birth control. In urban areas this rate rises to 54%; in rural areas it is only 37%. If only exposed women are studied, these rates increase to 55% for the entire group; 60% in urban areas and 42% in rural areas. Though the urban-rural differential remains at eighteen percentage points, it is much less than the 27 points which existed in 1978 (62% urban vs. 35% rural). If larger sample size makes the 1980 survey more reliable, it can be concluded that in 1978 the urban contraceptive prevalence rate was overestimated for all regions

except the Eastern Region and Bogota, and that prevalence rates in rural areas were significantly underestimated in the Eastern, Central and Pacific Regions. The use of contraceptives among exposed women showed a slight increase between 1978 and 1980, rising from 52% to 55%. If Bogota, which has the highest use level (71%), is excluded, contraceptive prevalence in other regions ranges from a low 47% in the Atlantic Region to a high of 55% in the Pacific Region.

Table 4.2 gives a regional breakdown of women currently using some contraceptive method by urban-rural residence, number of living children, and educational level. In general, the 1980 results reconfirm the findings from the 1978 survey. The pattern of contraceptive use in rural areas is similar to that in urban areas, but at a lower level. Table 4.3 illustrates the relationship between age group and contraceptive use levels.

Contraceptive use by number of living children shows a rapid increase after the first child (Table 4.2). Approximately half of the respondents with one or two children, used contraceptives; with the addition of a third child, almost two in three practiced family planning. The percentage of women with five or more children who used a contraceptive was 45%.

There is a clear relationship between increasing contraceptive use and educational level. For women with less than a complete primary education, contraceptive use is around 37%. For respondents who finished primary school, the proportion using contraceptives increased to about 52%, and among those who have entered secondary school or higher, the rate rises to 63%.

Table 4.1 Colombia 1978, 1980. Percentages of Women Currently Using Contraceptive Methods Among Currently Married and Exposed Women by Place and Region of Residence

Groups of Women	REGIONS										Percentages		Number of Women	
	Atlantic		Eastern		Central		Pacific		Bogota					
	1978	1980	1978	1980	1978	1980	1978	1980	1978	1980	1978	1980	1978	1980
<b>CURRENTLY MARRIED WOMEN</b>														
Urban	47	44	53	55	57	50	58	57	62	66	55	54	(1323)	(1859)
Rural	31	31	24	35	29	41	24	35	-	-	30	37	( 763)	( 790)
<b>TOTAL</b>	<b>39</b>	<b>41</b>	<b>45</b>	<b>47</b>	<b>46</b>	<b>46</b>	<b>45</b>	<b>50</b>	<b>62</b>	<b>66</b>	<b>46</b>	<b>49</b>	<b>(2086)</b>	<b>(2649)</b>
<b>EXPOSED WOMEN</b>														
Urban	56	50	60	53	63	56	63	61	67	71	62	60	(1213)	(1667)
Rural	58	37	39	39	32	46	29	41	-	-	35	42	( 658)	( 693)
<b>TOTAL</b>	<b>48</b>	<b>47</b>	<b>57</b>	<b>53</b>	<b>51</b>	<b>52</b>	<b>51</b>	<b>55</b>	<b>67</b>	<b>71</b>	<b>52</b>	<b>55</b>	<b>(1871)</b>	<b>(2360)</b>

Sources: 1980, CCRP-Minsalud, Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980; 1978, CCRP-Minsalud, Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1978, Resultados Generales. Tables 6.6 and 6.9.

TABLE 4.2. COLOMBIA 1978, 1980. PERCENTAGE OF CURRENTLY MARRIED WOMEN CURRENTLY USING CONTRACEPTIVE METHODS BY PLACE OF RESIDENCE, NUMBER OF LIVING CHILDREN, AND LEVEL OF EDUCATION BY REGION

Characteristics	REGION										Total		Women	
	Atlantic		Eastern		Central		Pacific		Bogota					
	1978	1980	1978	1980	1978	1980	1978	1980	1978	1980	1978	1980	1978	1980
<b>Residence</b>														
Rural	50.6	31.1	34.2	35.2	28.5	40.9	24.5	35.1	-	-	29.8	36.7	(763)	(790)
Urban	47.3	43.5	52.8	54.8	56.9	49.6	57.7	54.5	61.7	65.9	55.5	53.6	(1323)	(1859)
<b>Living Children</b>														
None	6.3	12.1	4.2*	4.3	10.2	15.6	17.5	14.5	25.0*	28.0	11.2	13.7	(187)	(249)
1-2	39.3	36.1	48.4	44.5	52.4	50.9	47.5	57.3	61.9	70.2	49.7	51.9	(694)	(963)
3-4	42.9	58.3	52.2	53.6	59.6	52.8	60.4	62.4	64.8	74.8	55.1	59.4	(508)	(710)
5 or More	46.9	59.9	43.0	54.0	42.5	43.4	39.7	40.5	67.9	54.1	45.4	45.4	(697)	(727)
<b>Education</b>														
Illiterate	27.6	23.5	27.6	29.4	21.4	32.2	18.7	28.9	54.5*	62.5*	26.2	29.8	(366)	(396)
Primary Incomplete	39.0	33.9	43.5	44.6	43.4	40.5	46.8	45.5	67.2	53.2	45.3	42.2	(914)	(960)
Primary Complete	41.9	45.3	42.4	50.6	48.4	49.6	67.9	56.3	74.1	60.0	53.6	51.8	(319)	(490)
Secondary+	55.2	59.6	67.1	59.4	59.6	59.3	51.8	62.3	54.8	74.1	57.5	63.4	(487)	(802)
<b>Total</b>	<b>39.4</b>	<b>40.5</b>	<b>44.9</b>	<b>46.7</b>	<b>45.8</b>	<b>46.0</b>	<b>45.3</b>	<b>50.4</b>	<b>61.7</b>	<b>65.9</b>	<b>46.1</b>	<b>48.5</b>	<b>(2086)</b>	<b>(2649)</b>
<b>Women</b>	<b>(467)</b>	<b>(548)</b>	<b>(430)</b>	<b>(480)</b>	<b>(548)</b>	<b>(735)</b>	<b>(382)</b>	<b>(528)</b>	<b>(261)</b>	<b>(358)</b>			<b>(2086)</b>	<b>(2649)</b>

Sources: 1980, CCRP-Minsalud, Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980; 1978, CCRP-Minsalud, Encuesta Nacional de Prevalencia del Uso de Anticoncepción, Colombia 1978.

\*Less than 25 cases.

TABLE 4.3 COLOMBIA 1978, 1980. PERCENTAGES OF CURRENTLY MARRIED WOMEN CURRENTLY USING CONTRACEPTIVE METHODS BY AGE GROUP AND PLACE OF RESIDENCE BY REGION

Groups by age and Residence	REGION										Total		Women	
	Atlantic		Eastern		Central		Pacific		Bogota					
	1978	1980	1978	1980	1978	1980	1978	1980	1978	1980	1978	1980	1978	1980
<b>Rural</b>	30.6	31.1	34.2	35.2	28.5	40.9	24.5	35.1	-	-	29.8	36.7	(763)	(790)
15-24	15.2	22.7	32.4	28.2	25.0	51.1	24.1	20.5	-	-	22.2	35.2	(198)	(210)
25-39	39.3	35.8	39.2	41.2	35.7	43.8	26.6	42.0	-	-	35.8	41.4	(386)	(396)
40-49	38.9	33.3*	25.0	29.3	20.0	23.0	20.0	35.5	-	-	25.1	28.3	(179)	(184)
<b>Urban</b>	47.3	43.5	52.8	54.8	56.9	49.6	57.7	56.5	61.7	65.9	55.5	53.6	(1323)	(1859)
15-19	13.3*	13.3	12.5*	12.5*	44.4*	33.3	33.3*	36.4*	33.3*	46.7*	27.8	27.6	(79)	(116)
20-24	38.2	32.9	54.3	35.3	54.1	41.9	48.6	58.3	60.0	64.4	50.6	46.9	(233)	(343)
25-29	46.0	46.9	56.1	60.7	57.5	65.3	60.4	63.5	59.6	71.2	56.1	60.6	(285)	(376)
30-34	57.1	67.2	60.8	73.2	67.3	57.0	63.9	76.9	74.5	73.0	65.0	68.3	(240)	(322)
35-39	60.6	63.3	68.6	57.9	69.0	64.6	69.0	67.8	80.0	73.0	69.5	66.4	(187)	(268)
40-44	57.1	34.8	51.7	73.7	61.8	31.6	61.1	47.9	61.3	66.7	59.2	48.7	(179)	(228)
45-49	40.0*	27.9	30.4*	48.8	29.4	32.6	52.6*	20.8	31.0	32.1	35.0	32.0	(120)	(206)
<b>Total</b>	39.4	40.5	44.9	46.7	45.8	46.0	45.3	50.4	61.7	65.9	46.1	48.5	(2086)	(2649)
15-19	8.7	12.2	20.8*	10.5*	27.8	31.8	30.0	29.6	33.3*	46.7	21.4	24.7	(145)	(146)
20-24	30.1	31.4	44.3	33.3	45.5	48.9	40.4	47.2	60.0	64.4	41.9	44.2	(365)	(523)
25-29	42.5	43.0	50.5	50.5	51.4	57.0	52.2	53.3	59.6	71.2	50.6	53.7	(413)	(527)
30-34	50.0	61.8	51.8	56.8	56.3	53.1	47.1	65.6	74.5	73.0	54.9	60.9	(368)	(447)
35-39	50.0	55.1	53.6	56.1	52.0	54.2	50.0	65.1	80.0	73.0	54.6	60.6	(317)	(388)
40-44	52.1	36.8	45.3	56.3	49.4	29.6	44.1	47.7	61.3	66.7	49.3	44.5	(274)	(330)
45-49	35.5	26.4	21.3	37.9	22.7	26.6	41.9	21.0	31.0	32.1	28.4	28.5	(204)	(288)
<b>Women</b>	(467)	(548)	(430)	(480)	(546)	(735)	(382)	(528)	(261)	(358)			(2086)	(2649)

Sources: 1980, CCRP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980; 1978, CCRP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, Colombia, 1978.

\*Less than 25 cases.

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Contraceptive use rises rapidly with age, but declines among the oldest age groups. About 44% of women aged 20 to 24 used some method of contraception. By age 30 to 39, contraceptive use peaks at 61% and then declines steadily. Consequently, only 29% of women aged 45 to 49 used contraception.

### Method Mix

Since some contraceptive methods are reversible and others are not, and some methods are preferred for birth spacing and others for terminating fertility, a woman's choice of a particular contraceptive method is influenced by the phase of family formation in which she finds herself. Hence, factors such as age, duration of marriage and the desire to space or limit additional births all influence the method of contraception chosen.

The percentages of current use by region presented in Table 4.1 have been categorized according to method in Table 4.4. The pill remains the most popular contraceptive in Colombia (17%). Female sterilization has become the second most widely used method in all regions except Bogota where the IUD is more popular and in the Eastern region where traditional methods are still very popular. In the two regions where use increased the most between 1978 and 1980, the change was due to a substantial increase in the prevalence of sterilization, from 8% to 10% in Bogota and 9% to 14% in the Pacific Region. Sterilization also increased among married women in the other three regions. In Bogota, use of the intrauterine device increased and a notable decline was found in the use of traditional methods (from 15% to 9%).

Among women practicing family planning, the pill was the most prevalent method, used by 35.8% of the women, followed by female sterilization (22.1%) and the IUD (16.6%). Table 4.5 illustrates that these three methods together were used by three-fourths of all women who were trying to control their fertility. The pill and intrauterine device were more widely used in urban (54.6%) than in rural areas (45.1%), while sterilization was more common in rural areas where 27.2% of women using a contraceptive method had been sterilized, compared to 20.7% of urban women.

Regional breakdowns also clearly demonstrate the popularity of the pill over sterilization in urban areas. On the other hand, female sterilization was the most frequently reported contraceptive method in the rural areas of each Region (29.2% to 44.3%) except in the Central Region (15.3%) where it was second to the pill (45.0%).

By region, the combined use of the pill, IUD, and female sterilization ranged from 74.1% to 80.4%, except in the Eastern Region where they were used by only 66.3% of women practicing family planning. The Eastern Region is characterized by several anomalies: pill usage (23.7%) was significantly lower than in the other four regions; and IUD usage (21.1%) was higher except for Bogota. Though the IUD and female sterilization are popular, a relatively large proportion of women rely on traditional methods (27%) in the Eastern Region.

Table 4.4 Colombia 1978, 1980. Percentage Distribution of Women Currently Using Contraceptive Methods by Method and Region of Residence

Year and Method	Region of Residence					Total
	Atlantic	Oriental	Central	Pacific	Bogotá	
<b>YEAR 1980</b>						
Oral	41	47	46	50	66	51
IUD	16	11	21	17	20	18
Sterilization	2	10	7	9	17	9
Other Modern	12	11	7	14	12	12
Other Traditional	5	3	4	5	9	5
Do Not Use	6	13	7	6	9	8
Women	59	53	54	50	33	49
	(548)	(476)	(734)	(527)	(358)	(2643)
<b>YEAR 1978</b>						
Oral	39	45	46	45	62	46
IUD	17	12	20	18	19	17
Sterilization	4	10	6	8	14	8
Other Modern	8	8	6	9	8	8
Other Traditional	5	5	4	5	6	5
Do Not Use	6	11	9	6	15	9
Women	(467)	(430)	(546)	(382)	(261)	(2086)

SOURCES: 1980, Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1978, CCRP-Minsalud, Encuesta Nacional de Prevalencia del Uso de Anticoncepción, Colombia, 1978, Resultados Generales, Table 6.10.

Table 4.5 Colombia 1980. Percentage Distribution of Women by Method Used and Region and Place of Residence

Residence and Method	Region of Residence					Total
	Atlantic	Oriental	Central	Pacific	Bogotá	
<b>TOTAL</b>						
<b>Modern</b>						
Oral	38.4	23.7	46.5	34.0	31.3	35.8
IUD	4.7	21.1	14.1	18.3	25.9	16.6
Sterilization	31.0	21.5	16.3	28.1	16.1	22.1
Vasectomy	0.4	1.8	0.3	0.4	-	0.5
Other	12.1	5.3	5.0	8.8	14.0	9.4
<b>Traditional</b>						
Rhythm	9.1	14.5	10.8	7.0	9.1	10.0
Other	4.3	13.2	4.2	3.5	3.7	5.5
Women	(232)	(230)	(361)	(285)	(243)	(1351)
<b>URBAN</b>						
<b>Modern</b>						
Oral	37.4	27.2	47.4	36.1	31.4	36.7
IUD	5.1	21.0	16.5	19.1	26.0	17.9
Sterilization	26.8	17.7	17.0	25.7	15.7	20.7
Vasectomy	0.5	1.9	-	-	-	0.4
Other	11.1	5.1	6.1	9.1	14.1	9.4
<b>Traditional</b>						
Rhythm	10.6	18.4	10.9	8.3	9.1	11.1
Other	4.0	8.9	2.2	1.7	3.7	3.8
Women	(189)	(158)	(230)	(230)	(243)	(1050)
<b>RURAL</b>						
<b>Modern</b>						
Oral	34.8	15.3	45.0	25.5	-	32.8
IUD	2.3	20.8	9.9	14.6	-	12.3
Sterilization	44.1	29.2	15.3	38.2	-	27.2
Vasectomy	-	1.4	0.8	1.8	-	1.0
Other	14.0	5.6	10.7	7.2	-	9.3
<b>Traditional</b>						
Rhythm	-	5.6	10.7	1.8	-	6.3
Other	4.7	22.2	7.6	10.9	-	11.3
Women	(43)	(72)	(131)	(55)	-	(301)

SOURCES: CCRP-MINSALUD. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980.

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## Changes in the Method Mix

Important changes in the contraceptive mix occurred between the Colombian Fertility Survey of 1969 and the 1980 CCPS. The most obvious has been the replacement of traditional methods by more efficient contraceptives in both urban and rural areas. Table 4.6 presents the percentage of currently married women using different modern and traditional methods. In urban areas, the percentage using traditional methods decreased sharply between 1969 (22%) and 1976 (11%) and then leveled off

Table 4.6 Colombia 1969-1980. Percentages of Currently Married Women Currently Using Contraceptive Methods by Methods and Place of Residence

Contraceptive Method	Urban Zone				Rural Zone			
	1969	1976	1968	1980 <sup>b</sup>	1969	1976	1978	1980
<b>MODERN METHODS</b>	23	42	45	45	6	22	24	31
Pill	10	17	23	23	2	10	12	12
Condom	3	2	2	1	1	1	1	•
IUD	5	11	10	10	1	6	4	5
Sterilization	2	7	9	11	1	4	5	13
Vasectomy	-	•	•	•	-	•	-	•
Injectables	-	1	1	1	-	•	1	2
Vaginal	3	4	3	2	1	1	1	2
<b>TRADITIONAL METHODS</b>	22	11	10	•	9	10	6	6
Rhythm	7	6	5	6	3	4	2	2
Withdrawal	11	4	4	2	5	6	4	4
Others	4	1	1	•	1	•	•	•
<b>All Methods</b>	43 <sup>d</sup>	53	55	53	15	32	30	37
Women	(1144)	(1454)	(1323)	(1351)	(1792)	(1373)	(763)	(792)

Sources: 1980, CCRP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980; 1978, CCRP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción. Resultados Generales, Table 6.13; 1976 y 1969, CCRP. Area de Evaluación (1978). Conocimiento de Métodos Anticonceptivos y Servicios de Planificación Familiar, Colombia 1969 y 1976.

• Less than five cases.

<sup>d</sup>The sum of individual methods was adjusted to take into account overlap in use.

<sup>b</sup>Modern: 45.3; traditional: 8.3; Total: 53.6.

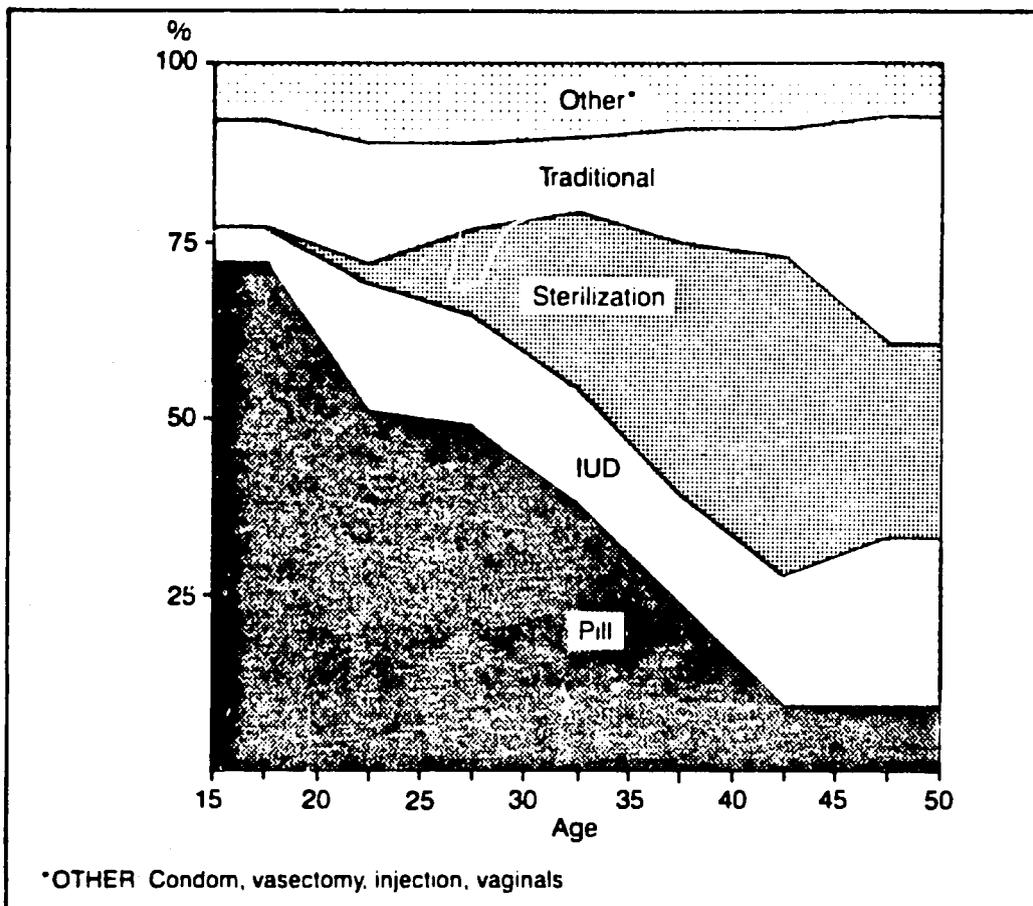
at 8% in 1980. At the same time, the use of modern methods rose rapidly from 23% in 1969 to 42% in 1976, finally reaching a plateau of 45% in 1980. The pattern of increased use of the IUD was similar to the pill but at a lower level. While female sterilization grew rapidly in rural areas, it has shown a more gradual increase in the cities, with little indication of having reached a plateau. By 1980, the prevalence of this method was similar in both zones. Although one out of every ten women in a conjugal union had undergone sterilization, there does not seem to be any indication that a peak has been reached. Of the contraceptive methods available in Colombia, female sterilization shows the greatest potential for increased use among rural women.

#### The Method Mix in 1980

Figure 4.1 illustrates the proportions of all current users who use each method by age. The pill is, by far, the most popular method among younger users (aged 15-29). Pill use, however, declines among older users; these women are more apt to use either the IUD (beginning in their early 20's) or female sterilization which is more prevalent among women aged 30 and above. Older users, then, use the IUD or female sterilization (primarily birth limiting methods) rather than the pill which is more convenient for the spacing of future births.

It is important to note the large proportion of current users who still employ "traditional" family planning methods, even in the younger

**FIGURE 4.1**  
**COLOMBIA, 1980. ALL USERS: PERCENTAGE USING EACH METHOD**  
**BY AGE GROUP**



SOURCE: CCRP-MINSALUD Encuesta Nacional de Prevalencia del Uso de Anticoncepcion, 1980.

age groups. The "other" modern methods (condom, vasectomy, injection, and vaginals) are used equally by women of all ages.

### Summary

In 1980, an estimated 49% of married women were using family planning methods as compared to 46% in 1978. If pregnant women and those not exposed to the risk of pregnancy are excluded, the prevalence rate rises to 55%, slightly more than the 1978 CCPS estimate of 52%. As expected, urban areas (60%) exhibited higher levels of use than rural areas (42%), a differential of 18 percentage points. Contraceptive use rises rapidly with age. About 44% of currently married women aged 20 to 24 were already using contraceptives, and by ages 30 to 39, the proportion rose to 61%, the highest level of contraception found among this group. Contraceptives tend to be adopted early in the family formation process. For example, approximately one in two married women with only 1-2 surviving children were attempting to control their fertility; and contraceptive usage essentially peaked (59%) among women with 3-4 surviving children.

The most notable change in the method mix in Colombia between 1969 and 1980 has been the decline in importance of traditional contraceptive methods and their replacement by more efficient and modern methods in both urban and rural areas. In general it can be said that contraceptive use in the countryside has grown rapidly in the past 11 years (increasing 247%) but, overall, rural prevalence rates are still only two-thirds those of urban areas.

## Chapter V

### Determinants of Contraceptive Use

Four determinants of contraceptive use are analyzed in this chapter: knowledge of contraceptives and sources of information; attitudes toward family size; breastfeeding as an alternative to contraceptive use; and access to family planning services.

#### Contraceptive Knowledge

In 1980, 96% of all currently married women aged 15 to 49 years knew of some contraceptive method (Table 5.1). This compares with 97% in 1978. Contraceptive knowledge was high in urban areas (98%) and somewhat lower in rural areas (92%). Differences in knowledge are evident by age, region, education, and marital status, particularly in rural areas. In rural Colombia, lower levels of contraceptive knowledge are found among women in the youngest age group, i.e. among those beginning the child-bearing process and older women who already have relatively large families. For example, 90% of rural women aged 15 to 19 and 89% aged 40 to 49 reported knowledge of contraception, compared to 94% of the 20 to 29 age group. It is plausible that younger women have lower levels of knowledge because, since they are starting their families, contraceptive use may be relatively less important to them. Contraceptive knowledge, on the other hand, is almost universal among urban women of all age groups. As in rural areas, urban women in the oldest age group (45-49) possess the lowest knowledge levels (95%).

TABLE 5.1. COLOMBIA 1978, 1980. PERCENTAGES OF CURRENTLY MARRIED WOMEN WITH CONTRACEPTIVE KNOWLEDGE BY AGE, REGION OF RESIDENCE, LEVEL OF EDUCATION, MARITAL STATUS AND PLACE OF RESIDENCE

Characteristics	Urban		Rural		Total		Women	
	1978	1980	1978	1980	1978	1980	1978	1980
<b>Age</b>								
15-19	93.7	98.3	90.9	90.0	92.4	96.6	(145)	(146)
20-24	98.7	99.1	95.5	93.9	97.5	97.3	(365)	(523)
25-29	99.3	99.5	99.2	94.7	99.3	98.1	(413)	(527)
30-34	99.6	98.8	96.1	92.9	98.4	97.1	(368)	(447)
35-39	99.5	97.8	96.2	90.9	98.1	95.6	(317)	(338)
40-44	100.0	96.9	90.5	89.2	96.7	94.5	(274)	(330)
45-49	97.5	94.7	91.7	89.0	95.1	93.1	(204)	(288)
<b>Region</b>								
Atlantic	98.4	98.6	98.6	94.7	98.5	97.6	(467)	(548)
Eastern	99.2	98.2	97.3	89.9	98.4	94.8	(430)	(480)
Central	98.8	97.4	96.3	94.8	97.8	96.3	(546)	(735)
Pacific	97.9	97.6	83.9	87.4	92.7	94.7	(382)	(528)
Bogota	100.0	98.9	-	-	100.0	98.9	(261)	(358)
<b>Education</b>								
Illiterate	95.3	94.7	91.2	84.9	92.6	89.1	(366)	(396)
Primary Incomplete	99.2	97.0	95.8	94.0	97.6	95.6	(914)	(960)
Primary Complete	98.5	98.5	100.0	98.8	98.7	98.6	(319)	(490)
Secondary+	99.8	99.5	100.0	98.0	99.8	99.4	(487)	(803)
<b>Marital Status</b>								
Married	99.2	98.1	96.8	92.1	98.4	96.4	(1442)	(1954)
Consensual Union	98.2	98.3	92.6	92.1	95.6	96.2	(620)	(689)
Single <sup>1</sup>	92.3*	N/A	25.0*	N/A	76.5*	N/A	(17)*	N/A
Other <sup>1</sup>	100.0*	100.0*	-	100.0*	100.0*	100.0*	(7)*	(6)*
<b>Total</b>	<b>98.9</b>	<b>98.1</b>	<b>94.9</b>	<b>92.2</b>	<b>97.4</b>	<b>96.3</b>	<b>(2086)</b>	<b>(2649)</b>

Sources: 1980, CCRP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980; 1978, CCRP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, Colombia, 1978.

\*Less than 25 cases.

<sup>1</sup> These categories include sexually active women who did not currently consider themselves in a stable union.

Knowledge of Methods. Knowledge of specific contraceptive methods has changed little among married women since the 1978 CCPS. The best known methods in both the rural and urban areas are the so-called modern female methods, the pill (93%), sterilization (80%), and the IUD (77%) (Table 5.2). Large differences persist between urban and rural areas in familiarity with male methods: fifty-six percent of urban respondents knew about the condom compared to 31% in the country side. The differences are also apparent for vasectomy (38% vs. 13%) and withdrawal (38% vs. 21%). In general, knowledge of these male methods was twice as high in urban areas as in rural areas.

Knowledge of Contraception by Source of Information. Although family planning programs conducted by Profamilia and the Ministry of Health have been active in providing information on contraceptive services and methods since the mid-1960s, the proportion of women who declared these as sources of information in 1980 (24%) was identical to the 1978 level (24%) (Table 5.3). Another 8% obtained information from medical doctors and the social security health system, compared to 7% in 1978. In contrast, friends and relatives remained the most important source of information, instilling contraceptive knowledge in 52% of the group in 1978 and 55% in 1980.

The pattern through which women first learned about contraception is roughly the same in all but the Pacific Region and Bogota (Table 5.3). As in 1978, the percentage of women in Bogota obtaining information from friends (41%) was less than in other regions. In the Pacific Region, friends and relatives increased in importance as a source of

TABLE 5.2. COLOMBIA 1980. PERCENTAGE OF CURRENTLY MARRIED WOMEN WITH KNOWLEDGE OF SPECIFIC CONTRACEPTIVE METHODS BY REGION AND PLACE OF RESIDENCE.

Contraceptive Methods	Region of Residence															
	Atlantic		Eastern		Central		Pacific		Bogotá		Zone of Residence					
	1978	1980	1978	1980	1978	1980	1978	1980	1978	1980	Urban	Rural	Total	Total		
<b>Modern Methods</b>																
Pill	97.2	96.2	93.5	90.6	96.0	94.1	85.9	90.1	97.1	95.1	97.1	95.8	88.7	87.5	94.1	91.1
Condom	62.5	40.9	38.8	45.2	62.1	47.9	46.1	50.2	42.5	64.5	29.9	56.2	36.5	30.5	52.1	48.5
IUD	82.2	70.1	77.9	72.1	80.8	78.5	71.8	77.8	89.3	88.8	89.1	81.2	64.6	62.2	80.3	76.9
Female Sterilization	86.9	90.1	73.7	76.7	77.8	75.1	73.9	81.4	77.4	72.1	84.1	84.8	69.2	69.9	78.6	80.1
Vasectomy	31.0	21.5	20.0	24.0	33.0	26.5	32.2	41.1	34.1	40.6	37.6	36.2	16.5	13.0	29.9	30.7
Injectables	86.5	80.1	60.2	58.1	72.7	66.7	64.4	69.5	60.9	71.2	73.9	75.8	61.8	51.5	49.2	64.2
Abortion	60.0	67.0	51.3	41.1	72.0	50.7	38.5	57.4	46.0	71.2	63.6	64.5	48.1	38.9	56.0	56.9
Vaginales	72.6	69.1	55.6	54.4	70.0	61.1	63.4	67.4	78.9	76.2	76.2	75.1	49.0	43.4	67.5	65.8
<b>Traditional Methods</b>																
Rhythm	44.5	45.6	14.2	46.1	55.1	51.1	48.2	61.9	64.0	61.1	59.9	62.2	78.1	31.0	48.3	52.9
Withdrawal	31.6	24.1	20.7	18.5	18.5	26.4	30.4	38.8	28.7	43.1	16.1	37.5	22.3	20.8	31.0	32.5
Other	2.4	1.5	1.1	1.1	6.0	0.7	1.7	1.9	2.7	1.7	4.5	1.9	2.6	1.1	3.0	1.7

Source: 1980, CERP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980; 1978, CERP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción. Resultados Generales, Table 5.2.

TABLE 5.3. COLOMBIA 1980. PERCENTAGE DISTRIBUTION OF CURRENTLY MARRIED WOMEN BY SOURCE OF CONTRACEPTIVE INFORMATION FOR REGION AND PLACE OF RESIDENCE.

Source of Education	Region of Residence															
	Atlantic		Eastern		Central		Pacific		Bogotá		Zone of Residence					
	1978	1980	1978	1980	1978	1980	1978	1980	1978	1980	Urban	Rural	Total	Total		
Friends and Relatives	53.9	37.1	44.8	49.8	55.0	55.0	50.1	64.6	52.9	41.3	50.4	55.0	53.7	52.4	51.6	54.5
MDH	16.9	20.0	22.1	20.4	17.1	24.4	18.0	18.7	17.9	14.8	18.7	16.8	17.8	29.0	18.4	20.3
Profamilia	4.4	4.8	4.1	4.1	4.4	1.9	9.7	2.2	6.6	6.8	6.5	4.0	3.8	2.6	5.5	1.6
Newspaper & Radio	11.6	5.4	17.7	7.7	9.9	6.4	12.0	1.2	8.2	8.5	9.1	5.4	17.5	7.8	12.1	6.1
Physician & Soc. Sec.	9.9	7.7	6.7	8.1	7.8	5.1	4.9	6.6	5.4	16.0	8.8	10.0	4.4	3.1	7.2	8.0
Educational Institution	2.2	3.1	3.6	4.8	4.0	4.3	3.1	3.2	7.8	8.0	5.2	6.0	1.1	0.4	3.8	4.4
Other	1.1	1.7	0.7	5.2	1.9	2.9	2.0	1.4	1.2	4.6	1.3	2.7	1.6	7.6	1.4	3.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: 1980, CERP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980; 1978, CERP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, Colombia, 1978.

Best Available Document

contraceptive knowledge, supplying information to 65% of currently married women in 1980 compared to 50% in 1978. The survey results conclude that institutional sources of contraceptive information (other than educational facilities) such as Profamilia, the Ministry of Health, private doctors, and the social security network, represent around 32% of all sources. Their importance is slightly less in the Pacific Region (28%) and, as expected, greater in Bogota (38%).

#### Desire for Additional Children and its Impact on Contraceptive Use

In order to measure fertility preferences, the 1980 CCPS asked women if they wished to stop childbearing or if they wanted additional children sometime in the future. The response to this question is important to the analysis of both determinants of contraceptive use and fertility differentials.

In 1980, the percentage of exposed women wanting no more children was 69% (Table 5.4), an increase from the already high level of 61% in 1978. It is striking that even at young ages and low parities a substantial proportion of women declared a desire for no more children. Almost one in two women aged 20 to 24 and two in three women aged 25 to 29 wanted to cease childbearing. For women 30 years of age and older, 72% to 96% reported a desire to have no more children. Comparing urban and rural areas, the greatest difference in women's preferences for more children occurred among exposed women under age 30. From ages 20-29, more rural women expressed a desire to limit births. For ages 20 to 24, 41% of the urban women and 49% of the rural women wished no more children.

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By ages 25 to 29 the difference between urban and rural women was only 3 percentage points (61% versus 64%). Overall, the difference between the proportion of urban women wanting no more children (69%) and their rural counterparts (68%) is negligible.

Desire for additional children drops as family size grows. Sixty-five percent of women with two children and 81% of those with three children wanted no additional births. However, for most family size groups, the desire for no additional children was greater among urban women than among rural women. The sole exception was among women with no children. Urban-rural differences are greatest for families with three or four surviving children. Interestingly, the percentage of exposed women who desired no more children decreased as educational level increased. This is probably because younger, low parity women are also better educated.

In Table 5.5 the proportion of exposed women wanting no more children is illustrated by region, education, and number of surviving children. The analysis is limited to women with three or more children who are more likely to use contraceptives to cease childbearing. The Central Region contains the smallest proportions (81%) of women with three or more children who wish to stop further childbearing. The other regions reveal little variation in this category (90% to 94%).

By examining the desire to continue or curtail future childbearing, it is possible to distinguish two motives for contraceptive use: 1) birth spacing (parity independent) and 2) birth limiting (parity dependent). Women who want more children use contraceptives in order to space their

TABLE 5.4. COLOMBIA 1980. PERCENTAGES OF EXPOSED WOMEN WITH NO DESIRE FOR MORE CHILDREN BY AGE, NUMBER OF SURVIVING CHILDREN, LEVEL OF EDUCATION, FOR PLACE AND REGION OF RESIDENCE

Characteristic	Region of residence					Zone		Total	Women
	Atlantic	Eastern	Central	Pacific	Bogotá	Urban	Rural		
<b>Age</b>									
15-19	6.9	10.0*	11.1	11.1*	45.5*	21.5	14.1*	20.0	(100)
20-24	29.5	42.4	55.1	41.4	47.7	40.9	49.1	41.8	(420)
25-29	54.8	67.5	61.7	58.5	67.2	60.6	61.6	61.5	(441)
30-34	79.7	73.0	68.2	64.6	75.4	72.2	70.8	71.9	(177)
35-39	91.0	82.8	66.7	60.0	85.5	84.7	72.1	80.7	(147)
40-44	91.2	88.2	94.0	94.8	91.9	91.1	90.9	92.4	(290)
45-49	97.5	96.6	97.2	94.4	95.2*	97.1	94.4	96.1	(244)
<b>Surviving Children</b>									
None	2.7	7.7	26.2	16.2	6.1*	11.5	19.4	13.3	(158)
One	13.0	25.0	46.8	28.2	40.1	14.1	24.7	17.2	(366)
Two	51.0	54.8	71.1	60.7	70.9	66.9	57.0	64.6	(466)
Three	41.8	42.8	64.1	62.7	90.1	86.5	65.6	81.1	(350)
Four	84.1	95.7	70.7	45.9	45.0	41.7	79.8	69.0	(261)
Five or more	96.9	91.0	88.6	95.2	96.2	94.4	90.2	92.7	(616)
<b>Education</b>									
Illiterate	78.0	86.7	72.2	68.7	92.1*	80.8	73.1	76.5	(328)
Read	70.6	75.1	74.0	71.8	80.1	77.6	69.1	73.8	(801)
Primary Complete	55.4	71.2	64.1	71.2	80.9	69.9	69.7	69.9	(405)
Secondary & More	48.6	59.6	60.9	56.8	64.9	60.2	40.9	59.0	(685)
<b>Zone</b>									
Urban	61.0	71.4	70.1	69.0	72.6	-	-	69.1	(1564)
Rural	66.1	75.6	67.8	61.6	-	-	-	68.4	(655)
<b>TOTAL</b>	<b>61.8</b>	<b>73.2</b>	<b>69.1</b>	<b>67.0</b>	<b>72.6</b>	<b>69.1</b>	<b>68.4</b>	<b>68.9</b>	<b>(2219)</b>

Source: CCBP-Minvalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980.  
\*Less than 25 cases.

TABLE 5.5. COLOMBIA 1980. PERCENTAGES OF EXPOSED WOMEN WITH NO DESIRE FOR MORE CHILDREN BY LEVEL OF EDUCATION AND REGION OF RESIDENCE, FOR NUMBER OF SURVIVING CHILDREN

Region and Level of Education	Surviving Children		Total	Women
	0-1	2 & More		
<b>Atlantic</b>	25.6	91.8	61.8	(425)
Illiterate	14.6	95.4	78.0	( 91)
Read	29.1	90.8	70.8	(144)
Primary Complete	26.2	85.4	55.4	( 81)
Secondary & More	19.7	95.1	48.6	(107)
<b>Eastern</b>	15.9	90.1	73.2	(406)
Illiterate	50.0*	92.1	86.7	( 60)
Read	11.8	88.7	75.1	(186)
Primary Complete	14.6	93.6	71.2	( 71)
Secondary & More	16.0	87.2	59.6	( 89)
<b>Central</b>	56.8	80.5	69.1	(619)
Illiterate	50.0	85.2	72.2	( 97)
Read	64.1	80.0	74.0	(242)
Primary Complete	64.3	72.9	69.1	(101)
Secondary & More	50.8	84.9	60.9	(179)
<b>Pacific</b>	41.9	91.3	67.0	(451)
Illiterate	41.5*	81.8	68.7	( 67)
Read	42.9	91.5	71.8	(163)
Primary Complete	41.7	97.8	71.2	( 82)
Secondary & More	40.9	89.1	56.4	(139)
<b>Bogotá</b>	51.0	91.5	72.6	(318)
Illiterate	100.0*	90.9	92.1	( 13)*
Read	58.1*	92.4	80.1	( 66)
Primary Complete	50.0*	97.7	80.9	( 88)
Secondary & More	51.8	91.2	64.9	(171)
<b>TOTAL</b>	<b>44.4</b>	<b>88.6</b>	<b>68.9</b>	<b>(2219)</b>

Source: CCBP-Minvalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980.  
\*Less than 25 cases.

births while those who desire no more children use contraceptives to curtail their childbearing. The 1978 CCPS revealed that contraceptive use among exposed women not desiring more children (57%) was higher than for women spacing births (45%). The 1980 results reveal similar levels, with proportions of 58% and 46% respectively. A more detailed description of these patterns follows.

Contraceptive Use Among Exposed Women Wanting More Children. A need for birth spacing exists at young ages and low parity levels. In Colombia, the proportion using some form of birth control rises sharply from 30% for women aged 15 to 19 years to 50% for those aged 20 to 29 (Table 5.6). Similarly, contraceptive use jumped from 21% for women with no living children to 51% for women with one child. Obviously, a large portion of Colombian women are deciding to use contraceptives at low parity and early ages while maintaining the option to have another child at some future time.

The use of contraceptives to space births is more marked in urban than in rural areas (perhaps reflecting a more advanced phase in the demographic transition). In urban areas, 52% of women wanting more children used some form of birth control; in rural areas the level was only 32%. This urban-rural differential is found across most age groups. Comparing regional variations, more women in Bogota (63%) use contraceptives to space births than women in the other four regions (in which 35% to 48% of women desiring more children use contraceptives). The lowest level of contraceptive use to space births is found in the Eastern Region (35%).

TABLE 5.6 COLOMBIA 1980. PERCENTAGES OF CONTRACEPTIVE USE AMONG EXPOSED WOMEN BY AGE, NUMBER OF SURVIVING CHILDREN, LEVEL OF EDUCATION AND REGION OF RESIDENCE FOR WOMEN DESIRING OR NOT DESIRING MORE CHILDREN AND ZONE OF RESIDENCE

Characteristics	Exposed Desiring More Children				Exposed and not Desiring More Children			
	Urban	Rural	Total	Women	Urban	Rural	Total	Women
<b>Age</b>								
15-19	35.5	11.1*	30.0	( 80)	58.8*	66.7*	60.0*	( 20)
20-24	54.3	39.2	49.6	(236)	65.2	54.2	60.9	(184)
25-29	54.8	36.4	50.0	(170)	78.4	45.5	69.0	(271)
30-34	66.7	25.0	55.7	(106)	76.4	54.4	70.8	(271)
35-39	41.7	41.9	41.8	( 67)	70.0	50.0	64.3	(280)
40-44	21.4*	-*	13.6*	( 22)	50.0	37.5	46.3	(268)
45-49	-*	-*	-*	( 9)	34.7	20.6	30.6	(235)
<b>Surviving Children</b>								
None	23.1	13.8	21.2	(137)	21.4*	28.6*	23.8*	( 21)
One	56.3	34.5	51.2	(248)	57.6	31.6*	53.4	(118)
Two	66.4	32.6	57.0	(165)	71.7	55.7	68.4	(301)
Three	54.3	41.9	48.5	( 66)	68.9	44.1	63.7	(284)
Four	72.7*	38.9	51.7	( 29)	71.8	53.5	66.2	(234)
Five & More	55.0	32.0	42.2	( 45)	52.4	39.4	47.1	(571)
<b>Education</b>								
Illiterate	21.4	26.5	24.7	( 77)	44.9	27.1	35.5	(251)
Read	33.7	25.9	29.5	(210)	54.7	49.0	52.3	(591)
Primary Complete	54.9	35.0*	51.6	(122)	61.6	52.2	60.1	(281)
Secondary & More	60.4	69.2	61.2	(281)	76.9	77.8*	77.0	(404)
<b>Regions</b>								
Atlantic	44.6	24.2	40.3	(154)	51.9	36.9	48.3	(271)
Eastern	45.6	17.1	34.9	(109)	70.0	43.3	58.6	(297)
Central	50.9	41.2	46.6	(191)	58.6	48.0	54.2	(428)
Pacific	54.5	35.4	48.3	(149)	60.9	41.6	56.0	(302)
Bogota	63.2	-	63.2	( 87)	74.9	-	74.9	(231)
<b>TOTAL</b>	<b>51.6</b>	<b>32.4</b>	<b>45.8</b>	<b>(690)</b>	<b>63.1</b>	<b>44.0</b>	<b>57.5</b>	<b>(1529)</b>

Source: CCRP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980.

\*Less than 25 cases.

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Finally, it is important to note the relationship between child spacing and educational level. As expected, contraceptive use to space children increases with education. Among exposed women who desired more children, fewer than 30% of those who did not complete primary school used contraceptives to space births. Among those with a full primary education, contraceptive use increased to 52%. It grew to 62% for women with a secondary education or higher. While the effect of certain variables has been noted, salient determinants such as urban-rural area, region, education and others must be examined simultaneously to determine the effect of each on child spacing.

#### Contraceptive Use Among Exposed Women Wanting to Cease Childbearing.

As with women who use contraceptives to space births, the proportion of contraceptive users among those who wish to cease childbearing rises rapidly with age and peaks at about 70% in the intermediate age group, 25 to 34 years (Table 5.6). Older women aged 40 to 44 and 45 to 49 have the lowest levels of usage at 46% and 31% respectively. Contraceptive use by number of living children increases with additional children, then decreases at the level of five or more children. Among women with only one child, 53% are using contraception. The highest level of usage, 68%, is found among women with two surviving children. Educational level of the mother has a positive effect on contraceptive use; only 36% of those with no education practice family planning, compared to 77% of women with some secondary (or more) education.

The use of contraception to limit births is more prevalent in urban areas (63%) than in rural areas (44%). This urban-rural differential in

contraceptive practices persists across most ages, number of living children, all educational levels, and regional categories. Bogota has the highest level of contraceptive use at 75%. In contrast, the lowest level is found in the Atlantic Region (48%). Use levels in the remainder of the regions range from 54% to 58%.

#### Breastfeeding: An Alternative to Contraceptive Use

Another important factor inhibiting fertility is breastfeeding, which has been shown to influence the length of postpartum amenorrhea (Bongaarts, 1980). When breastfeeding is absent, ovulation tends to return shortly after birth; but as the duration of breastfeeding is lengthened, amenorrhea is prolonged. Using data from the 1976 Colombian WFS, Jain and Bongaarts (1980) found that among women not using contraceptives birth intervals were lengthened by 0.45 months for each month of breastfeeding. There is also evidence (Jain *et al.*, 1979) that even after the resumption of menstruation, continued breastfeeding suppresses the probability of conception. For this analysis, only data for the next to last live birth are used since breastfeeding of the last child may not have been completed at the time of the interview. Hence the analysis of breastfeeding is limited to ever married women who have had two or more live births.

In the 1980 CCPS, Colombian women reported a median breastfeeding duration of 6.5 months and a mean of 8.9 (Table 5.7). The mean for 1978 was 8.6, thus reflecting no significant change in overall breastfeeding duration during the two year interval. In comparison, Asian countries

such as Bangladesh and Indonesia had longer periods of breastfeeding (23.6 months and 14.0 months respectively).<sup>1</sup>

The median duration of breastfeeding increases with the number of living children. For example, the median duration of breastfeeding among women with zero to two surviving children is 4.1 months. Women with three to four living children breastfeed 6.4 months and those with five or more breastfeed 9.1 months. Consequently, the median duration is 2.2 times longer for women with five or more children than for those with no children to two surviving children.<sup>2</sup> The latter group of women have a greater probability (about one in five) of not breastfeeding. For those with more surviving children, the probability of not breastfeeding dropped to about one in ten.

#### Access to Family Planning

Access to family planning can be measured by the time needed to travel to a source which dispenses contraceptive methods. The following analysis concerns the minimum time needed by ever married women to arrive at known family planning sources, as well as access to specific service providers.

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<sup>1</sup>The fact that women in Latin America report approximately eight months of breastfeeding may simply be a result of duration heaping in the six and twelve month periods. This phenomenon is also reflected in the very large standard error for breastfeeding duration.

<sup>2</sup>Nevertheless, in a study including Colombia, Jain and Bongaarts (1980) did not find that breastfeeding was deliberately used to limit family size.

Table 5.8 shows the percentage distribution of travel time to various sources of family planning services. Even though it remains obvious that urban residents are closer to contraceptive providers than rural inhabitants, there are noteworthy differences in access within rural areas. Nearly 80% of urban residents were less than seventeen minutes from a drugstore and ninety percent were closer than thirty-seven minutes to a health center.

For rural respondents within thirty-seven minutes of a contraceptive provider, the closest sources were 1) Profamilia Community Centers (47.7%), 2) Health Centers (49.1%), and 3) drugstores (44.2%). Slightly less accessible were 1) hospitals (32.3%), 2) family planning promoters (health) (26.7%), and 3) Social Security Centers (28.6%). Least accessible to rural residents were Profamilia Clinics (9.8%) which are located in the larger urban centers, and private physicians (14.7%).

The minimum travel time for respondents to reach their nearest source of family planning service (including drugstores) varied according to urban-rural residence. Although the average overall reported travel time for all women was thirty minutes, in urban areas the average was 14.7 minutes, while rural women took five times longer (72.5 minutes) to reach their service provider.

### Summary

The findings of this chapter on determinants of contraceptive use clearly demonstrate that the level of family planning knowledge in

Table 5.7 Colombia 1980. Percentage Distribution of Ever Married Women by Duration of Breastfeeding, for Age Groups, Place and Region of Residence, Level of Education and Number of Surviving Children

Characteristics	Duration of Breastfeeding (months)					%	Women	Mean	Average
	0	1-3	4-6	7-12	13 & +				
<b>AGE</b>									
15-29	15.0	24.3	19.0	22.8	19.9	100.0	753	5.51	7.69
30-49	10.9	18.3	17.2	30.3	23.3	100.0	1566	7.68	9.51
15-49	12.2	20.3	17.7	27.9	21.9	100.0	2319	6.47	8.92
<b>ZONE</b>									
Urban	13.3	23.4	19.3	26.0	18.0	100.0	1576	5.87	8.26
Rural	10.0	13.7	14.3	32.0	30.0	100.0	743	9.29	10.32
<b>REGION</b>									
Atlantic	8.8	14.7	15.1	36.4	25.0	100.0	456	9.29	10.37
Eastern	7.8	16.1	14.6	26.2	35.3	100.0	436	10.67	11.55
Central	14.6	24.3	19.6	27.9	13.6	100.0	656	5.61	6.95
Pacific	15.4	18.1	20.0	26.9	19.6	100.0	483	6.10	8.10
Bogota	13.7	29.9	18.3	18.9	19.2	100.0	291	5.33	8.49
<b>EDUCATION</b>									
Illiterate	10.2	11.2	10.2	32.6	35.8	100.0	430	11.77	11.79
Read	11.4	16.1	17.8	30.0	24.7	100.0	912	7.84	9.73
Primary Complete	10.8	23.0	19.3	29.4	17.5	100.0	435	6.19	8.36
Secondary & More	16.4	32.3	22.3	19.4	9.6	100.0	542	3.67	5.73
<b>SURVIVING CHILDREN</b>									
0-2	19.8	26.0	18.7	19.4	16.1	100.0	671	4.13	6.98
3-4	10.8	22.4	17.8	29.2	19.8	100.0	814	6.39	8.53
5 and More	7.6	13.6	16.8	35.5	28.5	100.0	834	9.09	10.85

Source: CCRP-Minsalud. Encuesta de Prevalencia del Uso de Anticoncepción, 1980.

Table 5.8 Colombia 1980. Percentage Distribution of Time to Family Planning Services Among Ever Married Women by Source of Service and Place of Residence

Time to Family Planning Services by Zone	Profamilia Clinic	Profamilia Community Center	Health Center	Hospital	Health Promoter	Drugstore	Social Security	Private Physician
<b>URBAN</b>								
1-17 Minutes	23.4	59.9	74.0	43.8	-	78.7	24.1	31.1
18-37	40.2	23.4	18.7	34.9	-	15.6	36.1	32.0
38-105	28.4	12.9	5.7	16.2	-	4.2	36.8	26.0
106 and More	5.9	3.0	0.6	4.5	-	0.6	3.0	6.6
Don't know, No Response	2.1	0.8	0.9	0.5	-	1.0	-	4.2
Women	(659)	(394)	(331)	(973)	(5)	(1631)	(133)	(334)
<b>RURAL</b>								
1-17 Minutes	3.9	31.0	26.9	9.6	6.7	19.2	-	9.8
18-37	5.9	16.7	22.2	22.7	20.0	25.0	28.6	4.9
38-105	29.4	28.6	26.9	35.1	46.7	29.4	50.0	39.0
106 and More	56.9	23.8	22.8	31.4	6.7	24.3	21.4	41.5
Don't know, No Response	3.9	-	1.2	1.2	20.0	2.0	-	4.9
Women	(51)	(42)	(167)	(510)	(15)	(452)	(14)	(41)
<b>TOTAL</b>								
1-17 Minutes	22.0	57.1	58.2	32.0	20.0	65.8	21.8	28.8
18-37	37.7	22.7	19.9	30.7	25.0	17.6	35.4	29.1
38-105	28.5	14.4	12.9	22.7	35.0	9.6	38.1	27.5
106 and More	9.6	5.0	8.0	13.8	5.0	5.8	4.8	10.4
Don't know, No Response	2.3	0.7	1.0	0.7	15.0	1.2	-	4.3
Women	(710)	(436)	(498)	(1483)	(20)	(2083)	(147)	(375)

Source: CCRP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980.

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Colombia is high and varies little by urban-rural area, region, age, educational level, or marital status.

The most important source of family planning information is friends and relatives (55%) with Profamilia and the Ministry of Health together contributing an additional 24%. There is some difference in contraceptive use among women who wish to space additional births and those who want to cease childbearing completely. Among exposed women who want no more children, contraceptive use is 58% compared to 46% for those planning another birth. Even at young ages and at low parity levels, the desire to both space and limit births is substantial.

Breastfeeding duration is positively correlated to the number of living children and negatively to the respondent's educational level. Although reported access to family planning facilities may be related to a woman's motivation for such services, the principal factor determining the travel time to near-by family planning providers is urban-rural residency.

## CHAPTER VI

### Implications of Increased Contraceptive Use:

#### Fertility Differentials and Unmet Need

##### Introduction

The preceding chapter demonstrated the widespread use of contraceptives to both space and limit births. The purpose of this chapter is to discuss 1) the implications of contraceptive use in terms of altered fertility patterns and their variation by age, urban-rural area, region, and education, and 2) the unmet need for family planning.

The comparison between the fertility rates estimated for 1967-1968 (Elkins, 1973) and those available for 1978 show a 33% reduction in the birth rate over ten-years, a spectacular drop for a country the size of Colombia. This reduction has been surpassed only by Cuba (40%) and Hong Kong (36%) and it is larger than those experienced by other countries that have been successful in limiting population growth, such as South Korea, Chile, Malaysia, Costa Rica, and Taiwan (Mauldin and Berelson, 1978).

The recent information from the November 1980 Contraceptive Prevalence Survey, as well as a re-examination of the data from the 1969 National Fertility Survey, reconfirms that the fertility decline in Colombia has been as spectacular as previously thought.

## Fertility Change in Colombia between 1968 and 1980

The fertility rates presented in this chapter are calculated from sample surveys, excluding those for the period 1972-1973 which refer to census data. The rates for 1975-1976 and 1980 were estimated from information obtained from household questionnaires on births in the year preceding the survey. Those for 1968-1969 and 1978 come from detailed individual interviews.

### Patterns of Fertility Change for the Urban and Rural Populations.

Table 6.1 presents the age specific fertility rates for the urban and rural zones of Colombia for various years between 1968 and 1980.<sup>1</sup> Both urban and rural fertility have declined during this time period to nearly half the level observed in the sixties. Women in rural areas now end their reproductive period with an average of only two "extra" births compared to urban women. In 1968-69, this urban-rural differential was four. The level of rural fertility in 1980 is similar to that of urban areas in 1968: a total fertility rate of 5.1.<sup>2</sup>

The noteworthy decline in urban fertility seems to have slowed in the last few years as rates in the rural sector continue to fall more quickly. While the information presented in Table 6.1 for 1976-1980 is

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<sup>1</sup>1969 fertility rates have been recalculated so that the definitions of rural and urban populations are comparable to those utilized in the 1973 Census and in later surveys which classified urban as county seats with more than 1,500 inhabitants. The 1969 fertility survey used 20,000 inhabitants. See Ochoa and Ordonez (1980).

<sup>2</sup>The total fertility rate is the number of births a woman would have if she followed the age-specific fertility rates.

Table 6.1 Colombia 1968-1980. Age Specific, Total and Marital Fertility Rates by Place and Region of Residence

Zone of Residence	1968-1969	1972-1971	1975-1976	1978	1980	1980/1968
<b>TOTAL POPULATION<sup>1</sup></b>						
15-19	99	65	66	59	59	.60
20-24	269	209	209	207	188	.70
25-29	305	216	209	186	177	.58
30-34	275	185	180	142	139	.51
35-39	247	147	130	107	96	.39
40-44	128	73	67	45	52	.41
45-49	25	25	20	11	8	.32
<b>URBAN POPULATION<sup>1</sup></b>						
15-19	86	54	43	46	57	.66
20-24	223	173	179	165	163	.73
25-29	245	171	184	165	154	.63
30-34	192	140	154	118	120	.63
35-39	182	103	82	91	67	.37
40-44	91	51	46	18	41	.45
45-49	13	17	11	17	4	.31
<b>RURAL POPULATION<sup>1</sup></b>						
15-19	127	91	122	90	66	.52
20-24	366	292	279	313	263	.72
25-29	402	310	259	241	242	.60
30-34	394	270	234	194	190	.48
35-39	342	223	226	134	165	.48
40-44	179	113	105	97	84	.47
45-49	35	39	34	-	18	.51
<b>TOTAL POPULATION<sup>2</sup></b>						
	6.7	4.6	4.4	3.8	3.6	.54
Atlantic Region	7.0	5.0	5.1	4.4	4.1	.53
Eastern Region	7.9	5.5	5.1	3.8	4.0	.51
Central Region	6.8	4.6	4.1	3.4	3.5	.51
Pacific Region	5.9	4.8	4.6	4.3	3.3	.56
Boyota	4.5	2.9	2.8	3.1	2.8	.62
<b>URBAN POPULATION<sup>2</sup></b>						
	5.2	3.5	3.5	3.1	3.0	.58
Atlantic Region	6.4	4.0	4.4	3.9	3.6	.56
Eastern Region	6.6	4.0	4.8	3.4	3.2	.48
Central Region	4.9	3.6	2.8	2.5	2.8	.57
Pacific Region	4.8	3.7	3.5	3.4	2.6	.54
Boyota	4.5	2.9	2.8	3.1	2.8	.62
<b>RURAL POPULATION<sup>2</sup></b>						
	9.2	6.7	6.3	5.4	5.1	.55
Atlantic Region	11.8	6.7	6.3	5.3	6.4	.54
Eastern Region	8.9	8.4	5.5	4.4	5.2	.58
Central Region	9.1	6.6	6.5	5.2	4.6	.51
Pacific Region	8.2	6.5	6.7	6.9	5.2	.63
Boyota	-	-	-	-	-	-
<b>MARITAL FERTILITY<sup>3</sup></b>						
15-19	428	419	359	359	306	.86
20-24	427	420	346	351	358	.84
25-29	354	306	277	240	230	.65
30-34	263	230	205	168	165	.63
35-39	200	176	155	120	112	.56
40-44	116	87	78	55	65	.56
45-49	21	29	26	15	8	.38
Total Marital Fertility Rate	9.0	6.1	7.2	6.5	6.5	.72

Sources: 1968-1969, Ochoa (1980), Encuesta Nacional de Fecundidad de 1969, urban and semi-urban zones; 1972-1973, Ochoa y Ordóñez (1980), Censo de Población de 1973; 1975-1976, Encuesta Nacional de Fecundidad de 1976 (NFS); age-specific rates were calculated from the Individual Questionnaire (Hernández y Flórez, 1979); 1978, Ochoa (1979), Encuesta Nacional de Prevalencia de 1978, Individual Questionnaire; 1980, Ochoa (1981), Encuesta Nacional de Prevalencia de 1980, Individual Questionnaire; 1980, Ochoa (1981), Encuesta Nacional de Prevalencia de 1980, Household Questionnaire.

<sup>1</sup>General fertility rates: births in the year prior to survey or census per 1,000 women of fertile age.

<sup>2</sup>Total fertility rates: number of children a woman would have if during her lifetime she would bear children at the pace indicated by the age-specific rates.

<sup>3</sup>Marital fertility rates: births in the year preceding the survey or census per 1,000 ever married women (currently married for 1978).

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based on responses from around 10,000 households within the same sampling frame, an analysis of recent fertility estimates at the regional level indicates that this apparent change in rural fertility could be a consequence of sampling variability.<sup>1</sup>

Fertility rates by age for ever married women also can be found in Table 6.1. During the period between 1968 and 1978, marital fertility dropped by about 28%, a decline which was slightly more pronounced among women over 25 years of age. Data for November 1980 from the CCPS Household Questionnaire indicate that marital fertility remained constant between 1978 and 1980 and that a slowdown in this decline could have started in 1975-1976.

Fertility Change By Region. The total fertility rates which appear in Table 6.1 for the urban and rural zones of Colombia's five regions indicate that a drop in fertility has occurred throughout the country, with the least change experienced by Bogota and the rural areas of the Pacific Region. Important declines for all urban zones occurred before 1973. In Bogota, and the Pacific and Central Region, this urban decline has since stabilized at just under a total fertility rate of 3.0.

The fertility decline in the rural areas of all regions has been as important as that in the cities. Even though it appears that fertility

<sup>1</sup>All of the surveys were carried out with sub-samples of the Master Sample designed by the Ministry of Health. Preliminary results from a currently on-going study in the CCRP indicate that the intensity of the fertility decline presented in Table 6.1 could be overestimated. This is apparently so because (1) the information on live births in the year preceding the 1969 survey, in spite of being highly consistent with the data on parity, seems to overestimate fertility, and (2) in the recent CPS surveys (1978 and 1980) the inconsistencies between current fertility and parity seem to indicate a subestimation in fertility levels.

is continuing to decline, it is still as high as the 1968 urban levels. The rural zone of the Pacific Region seems to have most recently initiated the process of fertility change.

The statements here of a slow-down in the rate of fertility decline in the urban zones of Colombia and of the more recent changes in the rural areas should be viewed with caution. Even though the samples employed to study these trends are representative at the regional level, a closer examination of survey results for 1978 and 1980 finds sizeable discrepancies between the rural areas of all the regions which might be attributed to sampling variability.<sup>1</sup>

Children Ever Born. Unlike the total and age-specific fertility rates which are cross-sectional measures of a synthetic cohort, parity levels reflect the accumulated fertility levels of real cohorts at different stages of their reproductive cycle. Parity rates measure not only current fertility conditions but also past accumulated fertility behavior. The average number of children ever born to women of reproductive age is presented in Table 6.2 for place and region of residence by five-year age groups.

In 1980, Colombian women aged 15 to 49 averaged 2.4 children ever born (Table 6.3). As expected, rural parity (3.3) was 1.6 times higher than urban parity (2.1) (Table 6.2). This difference remained quite

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<sup>1</sup>This follows from a comparison between the fertility results from the 1978 CCPS and DANE Household Survey on the one hand, and the unweighted preliminary results of the 1980 CCPS and 1980 DANE Household Survey on the other. This comparison is not shown here.

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Table 6.2 Colombia 1980. Mean Number of Live Births of Women in Fertile Age by Zone, Region of Residence and Age

Zone and Region	Age Groups							Total	Women
	15-19	20-24	25-29	30-34	35-39	40-44	45-49		
<b>ZONE</b>									
Urban	0.1	0.7	1.8	2.8	3.9	4.9	6.1	2.1	(9572)
Rural	0.2	1.4	2.9	4.1	5.9	7.3	7.9	3.3	(3042)
<b>REGION</b>									
Atlantic	0.2	1.1	2.4	3.8	5.3	6.2	7.2	2.6	(2635)
Eastern	0.1	1.1	2.5	3.5	5.0	5.9	7.1	2.8	(2144)
Central	0.1	0.9	2.0	3.1	4.6	5.8	7.1	2.5	(3521)
Pacific	0.2	0.8	1.7	2.9	3.9	5.0	5.8	2.2	(2272)
Bogota	0.1	0.7	1.5	2.5	3.1	4.3	4.7	1.7	(2042)
<b>URBAN</b>									
Atlantic	0.2	0.9	2.1	3.5	5.0	5.7	6.6	2.3	(2183)
Eastern	0.1	0.9	2.1	3.1	4.2	5.1	6.7	2.3	(1375)
Central	0.1	0.6	1.6	2.6	3.6	4.8	6.3	2.0	(2289)
Pacific	0.1	0.7	1.4	2.6	3.7	4.7	5.7	2.0	(1689)
Bogota	0.1	0.6	1.5	2.5	3.1	4.3	4.7	1.7	(2027)
<b>RURAL</b>									
Atlantic	0.3	2.1	3.7	5.2	7.0	8.2	9.1	3.8	( 452)
Eastern	0.1	1.3	3.2	4.1	5.1	7.3	7.7	3.5	( 769)
Central	0.1	1.3	2.8	4.1	6.2	7.6	8.4	3.4	(1232)
Pacific	0.3	1.3	2.3	3.5	4.4	6.0	5.9	2.7	( 574)
Bogota	-	-	-	-	-	-	-	-	( 14)

Source : CCRP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980 (Household Questionnaire).

Table 6.3 Colombia 1980. Mean Number of Live Births of Women in Fertile Age by Zone of Residence and Education

Zone and Education	Age Groups							Total	Women
	15-19	20-24	25-29	30-34	35-39	40-44	45-49		
<b>EDUCATION</b>									
Illiterate	0.3	1.6	3.5	4.8	6.0	6.4	7.5	4.9	(1022)
Can Read	0.2	1.5	2.8	3.8	5.2	6.3	7.2	3.3	(4142)
Primary Complete	0.1	1.0	1.9	2.9	3.9	4.7	6.2	2.3	(2267)
Secondary and More	0.1	0.5	1.3	2.2	2.8	4.0	4.3	1.1	(5176)
<b>URBAN EDUCATION</b>									
Illiterate	0.2	1.5	3.2	5.1	5.5	5.7	7.2	4.5	( 521)
Can Read	0.2	1.2	2.1	3.4	4.6	5.6	6.7	3.2	(2362)
Primary Complete	0.1	1.0	1.8	2.8	3.7	4.4	6.1	2.4	(1824)
Secondary and More	0.1	0.5	1.3	2.2	2.8	4.0	4.3	1.1	(4869)
<b>RURAL EDUCATION</b>									
Illiterate	0.5	1.8	3.8	4.6	6.5	7.2	7.8	5.2	( 501)
Can Read	0.2	1.7	3.1	4.4	5.9	7.4	8.1	3.6	(1780)
Primary Complete	0.1	1.1	2.4	3.4	5.0	6.9	7.7	2.0	( 443)
Secondary and More	0.1	0.8	1.3	2.3	1.6	3.8	5.0	0.8	( 316)
<b>TOTAL</b>	0.1	0.9	2.1	3.2	4.4	5.5	6.6	2.4	(12614)

Source: CCRP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980 (Household Questionnaire).

constant across the more reliable age groups, 25 through 44 years. Rural women aged 25 to 29 had 2.9 births whereas urban women had only 1.8 births. Rural women aged 40 to 44, which provide a reliable indicator of completed fertility, had 7.3 births compared to the urban average of 4.9.

Distinct patterns appear by region for women under 35 years of age and those 35 years old and over. For the latter age group, regions fall into two categories: the Pacific Region and Bogota, which have relatively low parity levels; and the Atlantic, Eastern, and Central Regions, characterized by higher levels. Examining the 40 to 44 age group, for example, the Pacific Region and Bogota have parity levels of 5.0 and 4.3 births respectively. The other three regions exhibit parity levels which are significantly higher (from 5.8 to 6.2). In analyzing younger women (25 through 34 years) who represent more recent fertility behavior than the older age group, the Central Region can now be included with the Pacific Region and Bogota as displaying relatively low fertility.

Of the urban areas in all five regions, Bogota clearly has the lowest parity level for all age groups 30 years old and over. Focusing on urban women aged 40 to 44 who have largely completed childbearing, the Pacific (4.7) and the Central (4.8) Regions exhibit the next lowest levels of parity after Bogota. The highest levels are encountered in the Eastern (5.1) and Atlantic (5.7) Regions.

By region, the Pacific has the lowest parity level found among all rural women. Rural women 40 to 44 years of age in the Pacific Region

reported 6.0 births. For the other three regions, the number of children ever born ranged from 7.3 to 8.2.

In each age group illustrated by Table 6.3, higher educational levels are associated with fewer children ever born. For example, women aged 40 to 44 who did not complete primary school averaged 6.3 to 6.4 children. For the same age group, parity dropped to 4.7 births among women with a full primary education and to 4.0 for those who graduated from secondary school or a higher educational institution. In the younger 25 to 34 age group, there is an even greater difference in parity levels between illiterate and literate women. Between 30 and 34 years of age, the differential between illiterate women and women who did not complete primary school but were literate, amounted to one birth.

#### Contraceptive Use and Fertility Levels

Table 6.4 shows the impact of contraceptive practices on fertility by comparing the fertility levels of contraceptive users with those of women not practicing contraception. Age-specific and total fertility rates for 1980 are presented for exposed women in urban and rural areas by current contraceptive use. Large differences in marital fertility are immediately obvious between current users of contraceptive methods and nonusers, while few differences are apparent between urban and rural areas after controlling for use. In urban areas the marital fertility rate is 6.2 among users but rises to 7.4 for nonusers. In rural areas women who practice family planning have a fertility rate of 6.6 compared to 9.6 for women who do not use contraceptives.

Another important effect of increased contraceptive use on fertility patterns has been the greater concentration of childbearing at earlier ages. Table 6.4 presents 1980 accumulated cross-sectional fertility data which provide a measure of the relative age distribution of births regardless of the number of births. A good indicator of the childbearing age structure may be obtained by examining the percentage of births occurring to exposed women by the time they reach age 25. Among contraceptive users in urban areas, 69% of births have taken place by that age. For nonusers, only 55% of total births have occurred. The same pattern is apparent in rural areas, indicating an overall earlier median age of childbearing among women using contraceptives compared to those who do not.

#### Unmet Need for Family Planning

Although the findings in Chapter IV reveal a high contraceptive prevalence rate, a large unmet need for family planning persists in Colombia. This "unmet need" is defined as the percentage of exposed women not using contraceptives who wish to cease childbearing. This definition excludes those who may wish to obtain contraceptives for birth spacing purposes (Rodriguez, 1978:112).<sup>1</sup>

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<sup>1</sup>As defined in Chapter III, exposed women are women in union who are not currently pregnant.

Table 6.4 Colombia 1980. Age Specific Marital Fertility Rates for Exposed Women and Its Accumulated Percentage Distribution by Use or Non-Use of Contraception and Place of Residence

Age	Marital Fertility				Accumulated Distribution			
	Urban Zone		Rural Zone		Urban Zone		Rural Zone	
	Use	Does Not Use	Use	Does Not Use	Use	Does Not Use	Use	Does Not Use
15 - 19	.531	.362	.500	.353	43	25	38	19
20 - 24	.319	.446	.329	.608	69	55	63	51
25 - 29	.193	.354	.218	.310	85	79	79	71
30 - 34	.124	.189	.208	.245	95	92	95	84
35 - 39	.051	.073	.070	.186	99	97	100	94
40 - 44	.018	.044	.000	.113	100	100	100	100
45 - 49	.000	.007	.000	.016	100	100	100	100
<b>TMR<sup>1</sup></b>	<b>6.180</b>	<b>7.375</b>	<b>6.625</b>	<b>9.505</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>Women</b>	<b>( 993)</b>	<b>( 666)</b>	<b>(289)</b>	<b>(404)</b>	<b>(993)</b>	<b>(666)</b>	<b>(289)</b>	<b>(404)</b>

Source: CCRP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980.

<sup>1</sup>TMR: total marital fertility rate calculated from the age specific marital fertility rates.

Table 6.5 COLOMBIA 1980. PERCENTAGES OF EXPOSED WOMEN WHO DO NOT DESIRE MORE CHILDREN AND ARE NOT USING CONTRACEPTION BY AGE, NUMBER OF SURVIVING CHILDREN AND LEVEL OF EDUCATION, RURAL PLACE AND REGION OF RESIDENCY

Characteristics	Region of Residence					Zone		Total Women
	Atlantic	Eastern	Central	Pacific	Bogotá	Urban	Rural	
<b>AGE</b>								
15-19	100	-	30	50	40	41	33	40 (20)
20-21	65	54	30	44	16	35	46	39 (184)
25-27	43	35	24	29	11	22	55	31 (271)
30-31	36	29	37	16	23	23	46	29 (271)
35-39	45	38	39	37	20	30	50	36 (261)
40-44	63	38	68	56	32	50	63	54 (261)
45-49	72	54	73	80	55	65	79	69 (235)
<b>NUMBER OF SURVIVING CHILDREN</b>								
1	60	70	43	50	36	42	68	47 (118)
2	49	32	34	31	18	28	44	32 (301)
3	37	45	39	37	21	31	56	36 (214)
4	46	40	37	28	13	28	47	34 (234)
5 or more	60	41	58	61	39	49	61	54 (589)
<b>EDUCATION</b>								
Illiterate	73	64	63	67	17*	55	73	65 (251)
Read	59	42	51	45	36	45	51	48 (591)
Primary Complete	41	39	47	42	29	39	47	40 (283)
Some Secondary or Higher	17	21	26	30	19	22	26	24 (404)
<b>ZONE</b>								
Urban	48	30	41	39	25	-	-	37 (1081)
Rural	63	57	52	58	-	-	-	56 (448)
<b>TOTAL</b>	<b>52</b>	<b>41</b>	<b>46</b>	<b>44</b>	<b>25</b>	<b>-</b>	<b>-</b>	<b>43 (1529)</b>

\*Less than 25 cases.

The level of unmet need in Colombia was 43% in 1980, an important decline of 12 percentage points from the 1978 figure of 55%.<sup>1</sup> (Table 6.5). The highest levels of unmet need are found among women in the youngest and oldest age groups. Women aged 15 to 19 and 40 through 49 have unmet need levels of over 40%.<sup>2</sup> In contrast, the intermediate ages of 25 through 34 reveal lower levels of about 30%. The percentage of women reporting an unmet need for contraception decreases the greater the number of living children (i.e., from 47% among women with one child to 34% for those with 4 children) up to five, when it then rises again sharply (54%). Education has a negative relationship to unmet need. For illiterate women, the unmet need is 65%, but only 40% among women who have completed their primary education.<sup>3</sup>

Unmet need is greater in rural areas (56%) than in urban areas (37%). This urban-rural differential persists across all regions. The lowest level of unmet need is found in Bogotá (25%) and the highest is in the Atlantic Region (52%). The level of unmet need in the other three regions varies from 41% to 46%.

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<sup>1</sup>Please note that since the definitions of "exposed" differ slightly between the 1978 and 1980 CCPS, the levels of "unmet" need, while based upon a similar concept, are not directly comparable.

<sup>2</sup>Although very few exposed women in the 15-19 group wish to cease child-bearing.

<sup>3</sup>It should be borne in mind that parity and education are related to age.

## Summary

The 1980 CCPS shows that the fertility decline which began in the 1960s is continuing at a slower rate. The relatively small decrease in total fertility between 1978 and 1980, from 3.8 to 3.6 indicates a possible bottoming out of the Colombian fertility decline, although this hypothesis needs further study. While larger declines have occurred among the rural population, the total fertility rate in rural areas remains a high 5.1 compared to only 3.0 in urban areas. Of the five regions, the highest fertility levels occur in the Atlantic (4.1), and the Eastern (4.0) Regions.

Regional differentials in fertility are associated with differences in the use of contraception. However, differences in contraceptive use between regions is on the decline, particularly due to the increases in contraceptive prevalence in the Atlantic Region between 1976 and 1978 and in the Pacific Region between 1978 and 1980. In general the effect of breastfeeding is similar for the different regions and the impact of nuptiality increases slightly for those with lower fertility levels. For the first time in the demographic history of Colombia, an urban zone (in the Pacific Region) has achieved lower fertility levels than Bogota.

Finally, 43% of the exposed women in Columbia have an unmet need for contraceptive services. This figure reaches 50% in the rural areas. Even in Bogota a substantial proportion (25%) of exposed women who do not desire additional children were not protected by any contraceptive method at the time of the 1980 survey.

## CHAPTER VII

### Knowledge and Utilization of Family Planning Services

In the mid-1960s, various private institutions such as the Asociacion Colombiana de Facultades de Medicina (ASCOFAME), and the Asociacion Colombiana Pro-Bienestar de la Familia (Profamilia) initiated family planning programs. Beginning in 1969, the Ministry of Health incorporated family planning services into its program of integrated maternal health care, gradually absorbing the post-partum family planning program that had been initiated by ASCOFAME and extending family planning services to its hospitals and mobile centers throughout the country.<sup>1</sup>

Family planning activities in Colombia now encompass a wide network:

- o The Maternal-Child program of Minsalud provides family planning services including family planning promotion and community education through its hospitals, health posts and centers, and health promoters.
- o Profamilia is a privately funded program with forty clinics, more than 3,000 urban and rural community-based distribution posts, and a mobile sterilization service.
- o In 1974, the Sociedad Medico Farmaceutica (Somefa) was initiated to promote family planning through private physicians. No direct services are provided to the community.
- o Other services also exist which, although not explicitly organized for this purpose, provide family planning help. These include social security, pension funds, private drug-stores, and others.

<sup>1</sup>For a more complete description, refer to Estrada (1977).

As in 1978, the 1980 CCPS asked various questions regarding knowledge, utilization, and availability of family planning services to determine how actual or potential users perceive access to services. Respondents were asked which contraceptive methods they used or had knowledge of, the place where they obtained or could obtain these methods, the time and means of transportation they would use to reach sources for these methods, and, finally, the real or estimated cost of the family planning methods.

### Knowledge of Services

As in 1978, most 1980 CCPS respondents could mention more than one source of contraceptives. These multiple responses are presented in Table 7.1. The most frequently known source of contraceptives was the drugstore (67%). Drugstores are popular places of distribution, and the majority of women who use them are continuing a contraceptive method introduced to them in an organized family planning program.

Minsalud, with its health center, health promoter, and hospital system, is known by 55% of ever married women as a provider of family planning services. This figure underscores the importance of Minsalud services since hospitals are also involved in family planning education and promotion in the community. In comparison, 23% of respondents mentioned Profamilia's clinics and 14% its community program.

Knowledge of such service providers as Minsalud, drugstores, social security, and private physicians increased among respondents between 1978 and 1980.

Table 7.1 Colombia 1969-1980. Percentage of Women Who Know a Family Planning Source<sup>1</sup>

Source of Information and Service	1969	1976	1978	1980
Profamilia Clinic	4	37	25	23
Profamilia Community Based	-	-	20	14
Health Center or Post	6	21	16	16
Hospital	2	21	39	48
Promoter	0	-	1	1
Pharmacy	-	-	60	67
Social Security	-	-	4	5
Private Physician	-	8	11	12
Other	2	4	4	6

Sources: 1980, CCRP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980; 1978, CCRP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, Colombia, 1978, Resultados Generales, Table 7.3; 1969 and 1976, CCRP-Area de Evaluación (1978). Conocimiento de Métodos Anticonceptivos y Servicios de Planificación Familiar. Colombia 1969 and 1976.

<sup>1</sup>1969, 1976, 1978: Women in Fertile Age; 1980 Ever Married Women.

### Differentials in the Knowledge of Family Planning Services

Only 8.7% of ever married women did not know of some family planning service provider (Table 7.2). This high level of knowledge is largely due to the fact that organized family planning programs such as those conducted by Minsalud and Profamilia are well known among the population. These service providers were identified by 83% of the respondents. Salient differences exist between urban and rural areas; 16% of ever married rural women were not able to mention a source of family planning services as opposed to 6% in urban areas. Nevertheless, the general level of knowledge observed in 1980 was considerably higher than the 1978 level, especially with regard to organized family planning programs.

Analyzing the knowledge of services by use of contraceptives among ever married women, all users of modern contraceptives knew of some service provider, and 94.1% mentioned at least one organized family planning program. Users of the IUD and sterilization showed higher levels of knowledge of organized programs. Even users of so-called traditional methods (e.g., rhythm and coitus interruptus), have a high level of knowledge of organized services.

Forty-two percent of ever married respondents knew three to five sources of family planning services (Table 7.3). In urban areas, slightly more women (49.6%) knew of three to five providers than knew of only one or two (43.7%). Knowledge of contraceptive providers was greater among women who were married or in consensual unions than those who were not. One half of the urban women in conjugal unions knew of three to five

TABLE 7.2 Colombia 1980. Percentage Distribution of Ever Married Women According to Category of Knowledge of Family Planning Sources By Zone of Residence and Method Used

Characteristics	Knows Program Sources	Only Knows Other Source	Does Not Know Sources	Number of Women
<u>ZONE</u>				
Urban	86.4	7.9	5.7	(2196)
Rural	75.0	9.0	16.0	( 902)
<u>CATEGORY OF USE</u>				
<u>Uses Modern</u>	94.1	5.9	-	(1142)
Pill	92.2	7.9	-	( 484)
Condom	93.1	6.9	-	( 29)
IUD	96.9	3.1	-	( 225)
Sterilization	95.9	4.1	-	( 299)
Vasectomy	71.4*	28.6*	-	( 7)*
Injection	94.7	5.3	-	( 38)
Vaginals	91.6	8.3	-	( 60)
<u>Uses Traditional</u>	88.5	7.2	4.3	( 209)
Rhythm	91.2	5.2	3.7	( 135)
Withdrawal	83.8	10.3	5.9	( 68)
Others	83.4	16.7	-	( 6)
<u>Past User, Not Current</u>	88.6	9.8	1.7	( 697)
<u>Never Used But Knows</u>	75.3	11.3	13.4	( 924)
<u>Does Not Know Methods</u>	0.0	0.0	100.0	( 126)
<u>TOTAL</u>	83.1	8.2	8.7	
Number of Women	(2574)	(225)	(269)	(3098)

Source: CCRP-MINSALUD. Encuesta Nacional de Prevalencia del Uso de Anti-concepción, 1980.

\*Less than 25 cases

family planning providers, twice the proportion of their rural counterparts (22.7%). In rural areas, 14.4% of currently married women did not know of any type of service.

#### Use of Family Planning Services to Obtain Current Contraceptive Method

Table 7.4 indicates where contraceptive users obtained their services at the time of the survey. As in 1978, users in 1980 reported drugstores (36%) to be the most important source of contraceptives. Minsalud increased as a service provider to 30% of current users compared to 23% in 1978, while Profamilia fell in importance from 33% to 22%. Profamilia declined in all regions as a direct source of family planning services, except in the urban areas of the Atlantic Region. However the survey did not adequately measure the indirect impact of Profamilia, which distributes contraceptives through drugstores, supermarkets, and cooperatives, and supports sterilization services through other institutions.<sup>1</sup>

The 1980 CCPS gives only an incomplete evaluation of the impact of organized family planning agencies in Colombia. For example, the data in Table 7.4 may only indicate where some contraceptives (e.g., pills, condoms, injection, and vaginals) are periodically resupplied, not where they were originally obtained. Moreover, the places where women reported receiving sterilizations may not correspond to the agency which promoted

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<sup>1</sup>The same can be said about Somefa, which distributes IUDs through private physicians.

Table 7.3 Colombia 1980. Percentage Distribution of Ever Married Women According to the Number of Sources Known, by Civil Status and Zone of Residence

Zone and Civil Status	No Place	One or Two	Three or Five	Six or Eight	Total	Women
<b>URBAN ZONE</b>						
Married and in Union	5.2	43.3	50.4	1.1	100.0	(1571)
Widowed, separated, divorced	8.4	45.5	45.5	9.1	100.0	( 345)
Total	5.7	43.7	49.6	1.0	100.0	(1916)
Number	(125)	(959)	(1090)	(22)		
<b>RURAL ZONE</b>						
Married and in Union	14.4	62.9	22.7	-	100.0	( 792)
Widowed, separated, divorced	27.3	57.3	15.5	-	100.0	( 110)
Total	16.0	62.2	21.8	-	100.0	( 902)
Number	(144)	(561)	(197)			
<b>TOTAL</b>						
Married and in Union	7.9	49.2	42.1	0.8	100.0	(2613)
Widowed, separated, divorced	13.0	48.4	38.2	0.4	100.0	( 455)
Total	8.7	49.1	41.5	0.7	100.0	(3098)
Number	(269)	(1520)	(1287)	(22)		

Source: CCRP-Minsalud. Encuesta Nacional del Uso de Anticoncepción, 1980.

Table 7.4 Colombia 1978-1980. Percentage Distribution of Ever Married Women Who Are Currently Using Modern Methods According to Source of Service, Zone and Region of Residence

Method, Zone and Region	Profamilia		Minsalud		Drugstore		Social Security		ID		Other		Women	
	1978	1980	1978	1980	1978	1980	1978	1980	1978	1980	1978	1980	1978	1980
<b>METHOD</b>														
Pill	25.8	17.8	14.3	16.7	61.6	2.7	2.1	0.5	0.0	2.2	1.9	364	484	
IUD	60.2	33.8	31.9	44.4	0.6	0.4	4.8	6.7	1.8	14.7	0.6	0.0	1661	225
Sterilization	32.4	26.8	45.3	49.0	0.0	0.0	9.4	8.5	11.8	13.7	1.2	2.0	170	306
<b>ZONE</b>														
Urban	35.2	25.7	19.0	22.5	34.2	37.0	5.3	5.3	3.5	8.2	2.7	1.3	620	893
Rural	23.4	8.4	35.9	55.5	35.3	30.9	1.6	2.0	2.7	1.6	1.1	1.6	184	249
<b>REGION</b>														
Atlantic	19.4	25.9	22.5	24.8	48.1	37.3	1.3	2.0	5.0	7.5	3.8	2.5	160	201
Eastern	37.7	15.6	23.8	46.1	29.8	26.3	2.6	3.0	4.0	7.8	2.0	1.2	151	167
Central	29.0	14.9	31.4	32.2	32.9	43.6	3.8	3.9	1.0	3.9	2.0	1.3	210	307
Pacific	39.9	19.6	21.5	36.0	26.6	29.8	5.1	6.3	5.1	6.7	1.9	1.6	158	255
Bogotá	39.2	36.3	3.6	9.9	35.2	36.8	11.2	7.1	2.4	9.4	2.4	0.5	125	212
<b>TOTAL</b>	<b>32.5</b>	<b>22.0</b>	<b>22.9</b>	<b>29.7</b>	<b>34.5</b>	<b>35.6</b>	<b>4.5</b>	<b>4.6</b>	<b>3.4</b>	<b>6.7</b>	<b>2.4</b>	<b>1.4</b>	<b>804</b>	<b>1142</b>

Source: 1980, see: CCRP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980; 1978, CCRP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, Colombia, 1978. Resultados Generales, Table 7.4. The statistics for 1978 have been re-calculated to include only the ever married women excluding the single women who were single in 1978.

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and organized the service. Table 7.5 demonstrates some of the changes which have occurred in Profamilia between 1975 and 1980. In 1975 only 21.7% of contraceptive pill cycles were sold in outlets, while 38.0% were supplied directly to users through Profamilia clinics. By 1980, wholesale distribution had increased to 58.8% while clinic sales had dropped to 3.8%. Similarly, the distribution of condoms through clinics declined from 20.1% in 1975 to only 3.7% in 1980. In 1975, 100% of all sterilizations funded by Profamilia were performed in its facilities but by 1980 the percentage had dropped to 66.3%.

Table 7.5 further illustrates the effects of Profamilia's shift from direct to indirect distribution by showing a decline in the number of new pill users from 28,842 in 1975 to only 11,411 in 1980. New IUD users rose slightly from 33,042 to 37,803 during the same period, although the level of new users had previously reached 42,095 in 1973. Furthermore, Profamilia's share as a direct source of IUDs fell from 60.2% in 1978 to 33.8% in 1980 (Table 7.4) as IUD use grew and private doctors played an increasing role in administering this contraceptive method. Whereas the number of sterilizations provided directly by Profamilia increased from 8,352 in 1975 to 23,247 in 1980, the total number of sterilizations funded by Profamilia fell to 35,074 in 1980 from 47,646 in the previous year.

#### Accessibility of Family Planning Services and Cost of Contraceptives

To gauge method and provider accessibility, both the 1978 and 1980 CCPSs contained questions about the type of transportation and travel

Table 7.5 Profamilia 1975-1980. Changes in the Mix of Methods Offered

Contraceptive	Year 1975		Year 1980	
	Number	%	Number	%
<u>ORAL</u>				
Total Cycles Sold	2,174,374	100.0	4,712,740	100.0
Cycles to users - Clinics	826,105	38.0	1,777,968	37.8
Cycles to Users - Community Based	875,468	40.2	1,765,565	37.5
Wholesale	472,801	21.7	2,769,207	58.8
<u>CONDOM<sup>1</sup></u>				
Total Units Sold	3,384,283	100.0	6,174,782	100.0
Users - Clinics	680,056	20.1	225,546	3.7
Users - Community Based	397,838	11.8	568,361	9.2
Wholesale	2,306,389	68.1	5,380,875	87.2
<u>STERILIZATION</u>				
Total	8,397	100.0	35,074	100.0
Direct	8,352	99.9	23,247	66.3
Contracted	45	0.1	11,827	33.7
<u>ACCEPTORS</u>				
Total	75,355	100.0	89,230	100.0
Oral	28,842	38.3	11,411	12.8
IUD	33,042	43.8	37,803	42.4
Other	5,074	6.7	4,942	5.5
Sterilization				
Direct	8,352	11.1	23,247	26.1
Contracted	45	0.1	11,827	13.3

Source: Information provided by Profamilia.

<sup>1</sup> 1976-1980

time required by the respondents to obtain family planning services as well as how much their contraceptives cost.

Type of Transportation and Time Required to Reach Providers. Table 7.6 presents three types of transportation used by women to reach contraceptive service providers: travel by foot; vehicle transportation (for at least part of the distance); and "other means", including services in the home provided by family planning promoters, physicians, and others.

As expected, the need for vehicle transportation is greater in rural areas than in cities. In 1978, the most accessible services in rural areas were health centers and posts followed by the community based services of Profamilia. The most accessible rural providers in 1980 were, respectively, the Minsalud centers, promoters, drugstores, and the community services of Profamilia. The most readily available services in urban areas (i.e., accessible by walking) were drugstores, health posts and centers, and Profamilia's community based outlets.

In general, the data show that commercial distribution systems such as drugstores and community centers are relatively accessible sources of family planning services, and the least accessible sources are usually those with the highest level of professional infrastructure. This is not the case, however, for the health posts and centers of Minsalud, where family planning is integrated with other health services.

Travel time as an indicator of provider accessibility is analyzed in Table 7.7. In accordance with other findings, the data indicate

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Table 7.6 Colombia 1980. Percentage Distribution of Ever Married Women According to Form of Transportation Used by Zone and Sources of Service Known<sup>a</sup>

Sources	Profamilia Clinic	Profamilia Community Based	Health Center	Hospital	Promoter	Drugstore	Social Security	Physician	Other
<b>URBAN</b>									
Walking	7.4	47.7	74.0	34.4	-	74.0	11.9	11.7	15.2
Transportation	88.6	50.8	23.9	63.2	-	23.9	85.8	83.2	59.5
Other	2.1	.8	1.2	1.6	-	1.0	1.5	.6	1.3
Total	100.0	100.0	100.0	100.0		100.0	100.0	100.0	100.0
Women	(659)	(394)	(331)	(971)	(5)	(1,629)	(134)	(334)	(158)
<b>RURAL</b>									
Walking	2.0	28.6	50.3	23.2	46.7	37.0	7.1	14.6	37.1
Transportation	82.4	50.0	27.5	51.8	6.7	44.1	64.3	58.5	22.9
Other	13.7	21.4	20.4	23.8	26.7	17.3	28.6	24.4	14.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Women	(51)	(42)	(167)	(508)	(15)	(451)	(14)	(41)	(35)

Source: CURP-MINSALUD. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980.

<sup>a</sup>The percentages do not sum to 100% because the category "does not know" is not shown. This category is important only for source "others" (urban: 24.1; rural: 25.7) and "promoter" (rural: 20%).

Table 7.7 Colombia 1980. Percentage Distribution of Ever Married Women According to Length of Travel Time by Zone of Residence and Known Sources of Service<sup>a</sup>

Length of Travel by Zone	Profamilia Clinic	Profamilia Community Based	Health Center	Hospital	Promoter	Drugstore	Social Security	M.D.
<b>URBAN</b>								
1-17 minutes	23.4	59.9	74.0	43.8	-	78.7	24.1	31.1
18-37	40.2	23.4	18.7	34.9	-	15.6	36.1	32.0
38-105	28.4	12.9	5.7	16.2	-	4.2	36.8	26.0
106 and over	5.9	3.0	0.6	4.5	-	0.6	3.0	6.6
Don't Know, No Response	2.1	0.8	0.9	0.5	-	1.0	-	4.2
Women	(659)	(394)	(331)	(971)	(5)	(1631)	(133)	(334)
<b>RURAL</b>								
1-17 minutes	3.9	31.0	26.9	9.6	6.7	19.2	-	9.8
18-37	5.9	16.7	22.2	22.7	20.0	25.0	28.6	4.9
38-105	29.4	28.6	26.9	35.1	46.7	29.4	50.0	39.0
106 and over	56.9	23.8	22.8	31.4	6.7	24.3	21.4	41.5
Don't Know, No Response	3.9	-	1.2	1.2	20.0	2.0	-	4.9
Women	(51)	(42)	(167)	(510)	(15)	(452)	(14)	(41)
<b>TOTAL</b>								
1-17 minutes	22.0	57.1	58.2	32.0	20.0	65.8	21.8	28.8
18-37	37.7	22.7	19.9	30.7	25.0	17.6	35.4	29.1
38-105	28.5	14.4	12.9	22.7	35.0	9.6	38.1	27.5
106 and over	9.6	5.0	8.0	13.8	5.0	5.8	4.8	10.4
Don't Know, No Response	2.3	0.7	1.0	0.7	15.0	1.2	-	4.3
Women	(710)	(436)	(498)	(1483)	(20)	(2083)	(147)	(375)

Source: CURP-MINSALUD. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980.

<sup>a</sup>This table is also shown in Chapter V but as Table 5.8.

that a large proportion of rural residents must journey more than an hour and a half to reach such service providers as Profamilia clinics, hospitals and even drugstores. For rural women the closest sources of contraceptives are the community centers of Profamilia and health posts and centers.

The transportation time required by urban respondents is less than that for rural women, underscoring greater accessibility of drugstores, Minsalud posts and centers, and Profamilia's community based services. Even though about one half of rural respondents had to use some form of mechanical transportation (Table 7.6) and took more than thirty-eight minutes to arrive at a drugstore, this is the preferred family planning service provider for a third of the rural residents.

Cost of Contraceptive Method by Family Planning Provider. In 1978, family planning accessibility was also measured by asking the cost of various contraceptives, taking into account whether or not the respondent actually had purchased them. Generally, the results showed that most women could not provide information on contraceptive costs, and that the lowest costs were associated with organized programs, with the exception of social security services.

Table 7.8 presents the responses of ever married women in 1980 regarding the real or perceived costs of different contraceptive methods. A high percentage of women said they did not know the cost of contraceptives. They ranged from 15% who did not know the price of pills from Profamilia to almost 80% who were unaware of the cost of IUDs from

Table 7.8 Colombia 1980. Percentage Distribution of Ever Married Women According to Costs by Source of Service<sup>a</sup>

Method and Cost	Profamilia	Minsalud	Drugstore	Social Security	M.D.	Other
<u>ORAL</u>						
Less than \$15	35.5	37.7	8.9	34.3	21.1	7.4
Between \$15 and \$30	36.6	23.2	41.5	34.3	16.7	50.3
\$30 +	12.1	9.5	21.9	14.3	20.3	7.4
Does not know	15.8	20.6	27.7	17.1	30.1	25.0
<u>CONDOM</u>						
Up to \$6	20.4	17.9	13.2	33.3	-	20.6
More than \$6	29.0	17.9	18.1	16.7	42.9	14.0
Does not know	11.7	64.2	68.8	50.0	57.1	57.1
<u>DIU</u>						
Up to \$100	41.1	31.1	18.5	47.5	11.3	35.0
More than \$6	20.8	16.6	12.5	19.7	50.1	25.0
Does not know	38.1	53.3	70.9	32.8	30.5	40.0
<u>STERILIZATION</u>						
Less than \$500	43.5	22.1	--	51.0	0.0	45.5
Between \$500 and \$5000	19.5	25.0	--	17.3	29.5	22.7
\$5000 +	2.1	2.0	--	2.5	26.8	--
Does not know	37.9	50.9	--	20.4	33.9	31.0
<u>VASECTOMY</u>						
Less than \$500	19.9	13.3	--	30.4	2.0	50.0
\$500 or more	26.0	23.4	--	26.1	43.5	16.7
Does not know	53.3	63.3	--	43.5	49.5	33.3
<u>INJECTION</u>						
Less than \$90	34.7	33.0	31.2	42.1	21.1	14.3
\$90 +	35.1	21.0	22.5	31.6	20.6	22.6
Does not know	29.9	46.0	46.4	26.3	50.0	57.1
<u>VAGINALS</u>						
Less than \$30	23.1	26.1	15.0	25.7	22.7	33.3
\$31 or more	38.3	23.6	34.0	33.3	22.7	56.7
Does not know	33.5	50.3	50.1	40.0	54.5	--

SOURCE: CCRP-MINSALUD. Encuesta Nacional de Prevalencia del Uso de Anti-concepción, 1980.

<sup>a</sup>In 1980 1 Col\$= 0.025 US\$

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drugstores. As in 1978, the lowest costs were found among organized family planning programs.

### Expected Utilization Of Family Planning Services

Identifying the potential demand for family planning is an essential component in the future provision of services. Important variables in this analysis are knowledge among family planning users of the availability of various services, which methods are chosen, and which are actually preferred by both current and potential users.

In both the 1978 and 1980 surveys, respondents were asked where they have obtained or could obtain each family planning method familiar to them. Different questions were asked for the method they currently used and for other methods of which they had knowledge.

Between 1978 and 1980 there was a substantial reduction in the proportion of women who could not mention sources for various family planning methods (Table 7.9). These changes are consistent with the results regarding the increased utilization of services and methods. For contraceptives obtained periodically such as the pill, condom, injections, etc., there was an increased preference toward commercial drugstores. For other methods, the preference for institutional outlets had risen. Hospitals continue to be the most important service provider and private physicians have become more important in urban areas.

Since the simple knowledge of a contraceptive or family planning outlet does not determine future use, both users and non-users were also asked to name the method that they would prefer to use. Table 7.10 presents the results of this question by urban-rural area. Even in urban areas, a large percentage of women declared that they would not choose any method. When the proportion not selecting any method is added to those who do not know of any method, the percentage of women who would not use family planning is 23.4% in urban areas and 40.9% in rural areas. Among the entire group, the pill was the most preferred (26.5%) method of family planning in both urban and rural areas, followed closely by sterilization (17.8%).

Although reduced by half from 1978, the proportion of women who would choose traditional methods remained relatively high (6.3%). This compares to the proportion of women who would select injection (5.2%).

To restate a qualification which was written in the 1978 CCPS report: Given the brief explanations supplied during the interviews, women probably arrived at their responses by associating particular methods with certain service outlets. For example, sterilization, which was identified as a "surgical intervention to prevent additional children", was probably linked in the minds of respondents to hospitals even though they may have had no knowledge of sterilization services provided by hospitals or other service delivery points.

Even though a large proportion of women could differentiate between Profamilia's clinics and community based services on the one hand, and

Table 7.9 Colombia 1980. Percentage Distribution of Ever Married Women According to Source Where the Known Method Would Be Obtained by Zone of Residence and Method

Source where would obtain method	Oral		Condom		IUD		Sterilization	
	1978	1980	1978	1980	1978	1980	1978	1980
<b>URBAN</b>								
No place	11.6	1.9	34.9	21.8	20.0	12.6	20.2	12.3
Profamilia Clinic	8.5	4.1	3.7	2.5	30.4	26.8	27.8	25.8
Profamilia Community Based	16.1	11.9	9.4	7.3	10.3	9.0	5.7	3.2
Post or Health Center	8.0	10.0	0.9	4.2	8.1	8.6	1.8	3.6
Hospital	6.3	6.3	1.3	1.8	20.5	29.7	33.1	40.9
Promoter	.1	-	-	-	1.2	-	-	-
Drugstore	45.4	57.1	47.3	60.5	2.8	0.7	-	0.2
Social Security	1.8	1.6	0.2	0.5	5.8	3.3	3.5	3.9
M.D.	1.1	1.4	0.5	0.4	0.9	8.3	7.2	9.0
Other	1.1	0.7	1.8	0.9	-	1.1	0.7	1.2
Women	(1431)	(2101)	(865)	(1205)	(1302)	(1809)	(1232)	(1840)
<b>RURAL</b>								
No place	24.6	14.3	47.4	42.8	35.4	20.7	24.6	18.9
Profamilia Clinic	2.9	0.8	0.6	0.7	7.8	4.2	11.1	5.7
Profamilia Community Based	9.2	3.7	4.7	2.6	3.0	2.6	0.9	0.8
Post or Health Center	14.6	14.8	6.2	5.6	12.0	15.1	4.1	7.7
Hospital	10.3	16.8	2.5	5.6	36.4	53.1	53.9	61.9
Promoter	1.1	1.4	0.6	1.1	1.0	0.6	-	0.3
Drugstore	32.8	44.8	36.4	39.8	0.6	1.3	-	0.3
Social Security	.8	0.3	-	-	3.6	0.4	0.7	1.5
M.D.	2.5	1.5	0.9	0.7	0.2	1.8	3.6	2.9
Other	1.1	1.7	0.6	1.1	-	0.2	1.1	-
Women	(719)	(782)	(321)	(269)	(525)	(542)	(558)	(614)

SOURCE: 1980, CCRP-MINSALUD. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980; 1978, CCRP-MINSALUD. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1978. Resultados Generales, Table 7.8. The statistics for 1978 have been recalculated to include only the ever married women, so excluding the single women in 1978.

Table 7.10 Colombia 1980. Percentage Distribution of Ever Married Women According to the Method they Would Choose by Zone of Residence

METHOD	URBAN ZONE		RURAL ZONE		TOTAL	
	1978	1980	1978	1980	1978	1980
Oral	25.9	28.1	19.3	22.6	23.5	26.5
Condom	1.0	0.9	1.2	0.8	11.1	0.8
IUD	10.2	13.0	4.3	7.1	8.1	11.3
Sterilization	20.9	18.4	17.0	16.4	19.6	17.8
Vasectomy	0.7	0.3	-	0.3	0.4	0.3
Injection	6.0	5.3	10.4	5.0	7.5	5.2
Vaginals	2.8	3.8	1.5	2.1	2.3	3.3
Rhythm	6.2	5.9	2.3	2.9	4.8	5.0
Withdrawal	1.2	0.9	2.6	1.7	1.7	1.1
Other	0.5	0.2	0.1	0.2	0.4	0.2
Would not choose	23.2	20.8	26.7	31.5	27.6	23.9
Does not know	1.5	2.6	5.6	9.4	5.6	4.6
Women	(1475)	(2196)	(810)	(902)	(2285)	(3098)

SOURCE: 1980 CCRP-MINSALUD. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980; 1978 CCRP-MINSALUD. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, Colombia, 1978. Resultados Generales, Table 7.9. The statistics for 1978 have been recalculated to include only ever married women, so excluding the single women in 1978.

the health posts and centers of the Minsalud on the other, these findings should not be generalized to all Colombian women. The efficient planning of service delivery requires additional study to evaluate knowledge of methods and outlets, as well as which contraceptive methods are most popular.

Levels of Follow-Up Services by Family Planning Providers. Table 7.11 presents data on the actual service providers to current users and rate of follow up for 1978 and 1980. Minsalud continued in 1980 to have the highest percentage of contraceptive users returning for subsequent visits among all service providers. Nonetheless, the percentage of all women receiving follow-up services declined from 32% in 1978 to 26% in 1980.

The level of follow-up provided by Profamilia continues to be relatively low; only about one in four users returns for additional services. This is perhaps in part due to the large proportion of women participating in Profamilia's community based program, which serves only as an outlet for contraceptives and does not provide follow-up services.

### Conclusion

The 1978 CCPS findings on the knowledge and utilization of family planning services are still generally valid in 1980. Over 90% of the ever married respondents know of some source of family planning services and over 40% know of three or more providers. Although these knowledge levels vary by urban-rural area, marital status, and past experience with family planning services, Colombian women currently

Table 7.11 Colombia 1980. Percentage Distribution of Current Users According to Place of Consultation or Institution for Control by Source Where Current Method is Obtained<sup>1</sup>

Source where Current Method is Obtained	Place of Consultation					Total	
	Has Not Consulted	Profamilia	Minsalud	Social Security	Other	Percentage	Women
<b>SURVEY 1980</b>							
Profamilia	67.7	22.3	2.8	2.8	4.4	100.0	( 251)
Minsalud	63.4	2.1	28.9	1.8	3.8	100.0	( 339)
Drugstore	77.9	1.2	5.9	2.9	12.0	100.0	( 407)
Social Security	65.4	5.8	3.8	21.2	3.8	100.0	( 52)
M.D.	57.1	1.3	-	1.3	40.3	100.0	( 77)
Other	95.6	0.4	2.2	-	1.8	100.0	( 225)
<b>Total</b>	<b>73.6</b>	<b>5.4</b>	<b>10.1</b>	<b>2.7</b>	<b>8.1</b>	<b>100.0</b>	<b>(1351)</b>
<b>SURVEY 1978</b>							
Profamilia	59.8	24.9	5.7	3.8	5.4	100.0	( 260)
Minsalud	53.3	2.2	39.7	2.2	2.7	100.0	( 184)
Drugstore	71.8	4.0	9.7	1.8	12.3	100.0	( 276)
Social Security	61.1	5.6	2.8	30.6	0.0	100.0	( 36)
M.D.	59.3	0.0	11.1	3.7	25.9	100.0	( 27)
Other	90.6	0.0	0.0	0.3	0.6	100.0	( 202)
<b>Total</b>	<b>68.4</b>	<b>8.4</b>	<b>12.6</b>	<b>3.6</b>	<b>7.0</b>	<b>100.0</b>	<b>( 985)</b>

SOURCE: 1980, CCRP-MINSALUD. Encuesta de Prevalencia del Uso de Anticoncepción, 1980; 1978, CCRP-MINSALUD. Encuesta de Prevalencia del Uso de Anticoncepción, Colombia, 1978. Resultados Generales, Table 7.10.

<sup>1</sup>1978: includes single women who are users; 1980: includes only ever married women.

possess ample information about where to obtain family planning services.

Which service provider is used depends on the woman's current method of contraception. Users of contraceptives requiring periodic re-supply, (e.g., pills, condoms, and injections) obtain them principally from private drugstores in both urban and rural areas. Women who are sterilized or fitted with IUDs tend to utilize Profamilia clinics in the urban areas and Minsalud facilities in rural areas.

In terms of transportation and travel time, drugstores provide the most accessible family planning services in urban areas, followed by clinics and health centers. In rural areas, clinics provide the most accessibility, second only to Profamilia's, community based outlets. These findings largely reflect the urban-rural emphasis of the various family planning providers.

Future demands for family planning services in Colombia will depend on the type of contraceptive women use or prefer to use. In both urban and rural areas, a large proportion of women were not able to choose a preferred method, but among those showing a preference, the pill ranked first (27%) followed by sterilization (18%).

## Chapter VIII

### Use of Maternal Health Services

This chapter analyzes the relation between the use of maternal health services, and family planning attitudes and practices. Women were asked about their use of health services, the outcome of their last pregnancy, and the medical supervision they received with regard to their contraceptive method.

#### Use of Services during Last Pregnancy

To obtain a measure of the extent and quality of care received during their last pregnancy, ever pregnant women were asked if they had sought prenatal care and how advanced the pregnancy was at the time of their first consultation.<sup>1</sup>

#### Medical Attention During Pregnancy

Table 8.1 illustrates that although the percentage of women who obtained prenatal care is greater than those who did not, substantial differences still exist between urban and rural zones. Only 53% of

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<sup>1</sup>Current pregnancy was excluded from this analysis. Hence the following analysis includes only pregnancies which have produced a result (either a live birth, stillbirth, or abortion/miscarriage).

rural women reported that they had prenatal care, compared to 72% in urban areas. (In 1978, these proportions were 31% and 57% respectively.)

The majority of women who obtained prenatal care began during their first three months of pregnancy. The proportion of first visits declined appreciably during the second and third trimester; particularly in urban areas.

Perhaps the most notable finding in Table 8.1 is the level of stillbirths and abortions in both years among women who did not have prenatal care. Both urban and rural women who had not sought medical attention reported fetal losses in 41% of all pregnancies, compared to a 28% fetal loss rate among women who had prenatal care. The highest level of fetal loss was found among women without prenatal attention in urban areas (48%). This rate appears to include more abortions than stillbirths.

#### Medical Attention by Number and Outcome of Previous Pregnancies.

Table 8.2 shows the relationship between gestational age when medical advice was first sought and the number and result of previous pregnancies among ever pregnant women. It is important to note that the category of women with four or more children ever born includes older mothers whose pregnancies occurred, on the average, during an earlier period when maternal care facilities were quite different from those at the time of the survey. Therefore, data regarding women with three or fewer children are most appropriate for this analysis.

Table 8.1 Colombia 1978. Percentage Distribution of Women by Timing of Gestational Control of Last Pregnancy and Percentage with Fetal Wastage by Place of Residence

Characteristics	Urban Zone			Rural Zone			Total		
	Control <sup>1</sup>		Fetal Wastage <sup>2</sup>	Control <sup>1</sup>		Fetal Wastage <sup>2</sup>	Control <sup>1</sup>		Fetal Wastage <sup>2</sup>
	1978	1980		1978	1980		1978	1980	
<u>NO CONTROL</u>	43	28	48	69	47	29	52	33	41
<u>WENT TO CONTROL</u>									
First Trimester	43	51	30	15	29	29	33	46	30
Second Trimester	13	17	06	1	16	04	13	16	05
Third Trimester	2	4	00	3	9	31	2	5	13
<b>TOTAL</b>	100	100	29	100	100	25	100	100	28
Women	(381)	(425)	(425)	(208)	(147)	(147)	(589)	(572)	(572)

SOURCES: 1980, CCRP-MINSALUD. Encuesta de Prevalencia del Uso de Anticoncepción, 1980; 1978, CCRP-MINSALUD. Encuesta de Prevalencia del Uso de Anticoncepción, Colombia, 1978. Resultados Generales, Table 8.1. The statistics for 1978 have been recalculated to include only ever married women who have been pregnant at one time.

<sup>1</sup>Percentage distribution of women who did not attend controls and those who did in each zone; and for the latter the statistics are according to gestational age at the first control visit.

<sup>2</sup>Number of women with fetal wastage per 100.

Table 8.2 Colombia 1980. Percentage Distribution of Ever Married Women Who Have Been Pregnant at One Time according to Gestational Age at the First Control Visit for the Last Pregnancy by Number of Live Births and Fetal wastage

Live Births and Fetal Wastage	Gestational Age at First Control (in Trimesters)					Total Women
	No Control	First	Second	Third	Total	
<b>SURVEY 1980</b>						
<u>From 1 to 3 Live Births</u>	26.5	55.0	16.1	2.4	100.0	(211)
Without Fetal Wastage	19.9	53.2	23.4	3.5	100.0	(141)
With Fetal Wastage	40.0	58.2	1.4	-	100.0	(70)
<u>With 4 or More Live Births</u>	36.2	38.3	17.7	7.8	100.0	(334)
Without Fetal Wastage	30.9	40.1	20.8	8.2	100.0	(269)
With Fetal Wastage	58.5	30.8	4.6	6.2	100.0	(65)
<b>TOTAL</b>	32.7	45.5	16.4	5.4	100.0	(572)
<b>SURVEY 1978</b>						
<u>From 1 to 3 Live Births</u>	41.5	42.0	13.6	2.8	100.0	(176)
Without Fetal Wastage	29.8	47.4	19.3	3.5	100.0	(114)
With Fetal Wastage	62.9	32.2	3.2	1.6	100.0	(62)
<u>With 4 or More Live Births</u>	54.1	28.6	13.7	1.8	100.0	(388)
Without Fetal Wastage	50.7	30.2	16.7	2.3	100.0	(294)
With Fetal Wastage	72.3	23.4	4.2	-	100.0	(94)

SOURCE: 1980, CCRP-MINSALUD. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980; 1978, CCRP-MINSALUD. Encuesta Nacional de Prevalencia del Uso de Anticoncepción. Colombia 1978. Resultados Generales. Table 8.2. The statistics for 1978 have been recalculated to include only ever married women who have been pregnant at one time.

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In both 1978 and 1980, women with 1-3 live births who had not received prenatal care experienced a larger proportion of fetal losses than those who did, but the rate of fetal loss declined significantly between 1978 and 1980. Among women who had not obtained prenatal attention the rate of stillbirth or abortion dropped from 63% in 1978 to only 40% in 1980. Likewise, the percentage of women with low parity and no fetal losses who did not seek prenatal care declined from 30% to 20%.

Among those who had prenatal care in 1978, women who sought early medical attention tended to be those with low parity who suffered no fetal losses. In 1980, women who sought prenatal care early also had low parity levels, but there was no marked difference in the proportions of women who did and did not suffer a fetal loss.

Prenatal Care by Service Provider. According to estimates from the National Morbidity Survey (1965-1966), the Social Security System and private doctors and institutions should provide health services to 30% of the Colombian population. On the other hand, the public sector, with its network of health facilities, is expected to attend the remaining 70% of the population. However, because of both supply and demand, the level of services provided through the public sector has varied between 28% and 35%, depending on type of care provided and characteristics of the population served.<sup>1</sup> The patterns observed for medical services in general should also apply to the area of maternal health care.

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<sup>1</sup>This estimate are based on "first consultation" among the population assigned to the public sector. See the report to the Congress from the Ministry of Health, 1976.

According to Table 8.3, substantial urban-rural differentials exist with regard to the use of different health service providers. The proportion of rural women who do not obtain prenatal care, as already noted, is more than double the proportion in urban areas. The longer the time which has elapsed since the last pregnancy, the greater the proportion of women who did not receive prenatal care. Comparing the proportions of consultations provided by each source, the Ministry of Health maintains similar levels of service in both rural and urban zones.

According to the responses of ever married women in the 1980 CCPS, Minsalud has increased substantially the number of pregnancy consultations it has provided over the previous decade. While evident in both rural and urban areas, this increase has been more significant in the countryside. (Table 8.3).

Undoubtedly, the most important urban-rural differential exists among those who used the social security system which, because of its urban focus, has a very low level of coverage in rural areas. On the other hand, a notably high percentage of rural women (7.1%) used private services during pregnancy.

Turning to the service provider which attended the last delivery, Table 8.4 demonstrates that the largest proportion of urban women used public health services, followed by social security. Together, these two sources accounted for the care provided during 60% of deliveries in urban areas. If midwives and others, such as family members and neighbors, are added together, 23% of urban deliveries were attended by persons

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from within the community. This is a much greater percentage than were attended by either the social security system or private sector. Nevertheless, this proportion is slightly less than the 1978 figure (26%). However, it is impossible to accurately measure urban maternal health care through this survey, since many respondents may have been migrants who delivered their last child in rural areas before moving to the city.

Reliance on institutional providers is much lower in rural areas than in cities. Sixty one percent of rural last deliveries were attended outside of the public and private profesional health systems by midwives and "others." A 10% decline from this group's 1978 level (71%) was mainly due to increased service from Minsalud, which accounted for 35% of all rural deliveries in 1980, compared to 24% in 1978.

From the data presented in Table 8.4, it can be shown that: 1) 36% (42% in 1978) of the respondent's deliveries were not attended institutionally; 2) the private system has become less important than the social security system; 3) 24% of all childbirth services are performed by private medical doctors and social security; and 4) although public health services have increased in both urban and rural areas, they meet only about 40% of total demand.

Table 8.4 breaks down the distribution of women who have used various health services according to length of time since last delivery. Minsalud and its related agencies have increased their childbirth coverage in urban areas. In contrast, social security services have remained

Table 8.3 Colombia 1980. Percentage Distribution of Ever Married Women According to Source or Person Providing Control of Latest Pregnancy by Zone of Residence and Length of Time Since Termination of Last Pregnancy

Time Since Termination (in years)	Source or Person Controlling Last Pregnancy					
	No Control	Minsalud	Social Security	M.D.	Mid-Wife Nurse	Other
<b>URBAN ZONE</b>	25.0	33.6	18.1	21.7	1.5	0.2
Less than 2 years	17.6	39.7	19.9	21.6	1.0	0.2
Between 2 and 4.5 years	22.8	35.0	18.8	21.6	1.4	0.5
Between 4.5 and 11 years	26.3	33.7	19.6	18.9	1.4	-
More than 11 years	37.0	22.4	12.1	26.2	2.3	-
<b>RURAL ZONE</b>	56.6	29.9	4.3	7.1	1.9	0.2
Less than 2 years	52.5	32.5	4.4	7.1	3.0	0.5
Between 2 and 4.5 years	54.7	34.1	3.9	6.7	0.6	-
Between 4.5 and 11 years	58.1	26.3	5.1	8.8	1.8	-
More than 11 years	75.6	18.3	2.4	3.7	-	-
<b>TOTAL</b>	34.4	32.5	14.0	17.4	1.6	0.2
Less than 2 years	30.7	37.0	14.1	16.1	1.7	0.3
Between 2 and 4.5 years	32.2	34.7	14.4	17.2	1.2	0.3
Between 4.5 and 11 years	35.1	31.6	15.6	16.1	1.5	-
More than 11 years	43.7	21.7	10.4	22.3	1.9	-

SOURCE: CCRP-MINSALUD. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980.

Table 8.4 Colombia 1980. Percentage Distribution of Ever Married Women According to Source or Person who Attended Termination of Pregnancy by Zone of Residence and Time Elapsed since Termination of Last Pregnancy

Time Since Termination (in years)	Source or Person Who Attended Termination						Total Percentage	Total Women
	None or Relative	Minsalud	Social Security	M.D.	Mid-Wife/Nurse	Other		
<b>URBAN ZONE</b>	2.8	41.8	17.9	14.8	22.1	0.7	100.0	(2018)
Less than 2 years	2.0	46.0	18.5	12.5	20.3	0.8	100.0	(607)
Between 2 and 4.5	2.3	43.4	19.2	16.7	17.4	0.9	100.0	(426)
Between 4.5 and 11	3.5	39.8	19.8	13.1	23.3	0.2	100.0	(570)
More than 11 years	3.3	36.5	12.6	18.1	28.3	1.0	100.0	(389)
<b>RURAL ZONE</b>	16.0	35.0	2.8	1.5	41.5	3.2	100.0	(844)
Less than 2 years	15.8	33.6	1.9	1.1	43.4	4.1	100.0	(366)
Between 2 and 4.5	16.2	38.0	3.4	1.1	45.8	5.6	100.0	(179)
Between 4.5 and 11	15.2	40.6	4.1	1.8	37.8	0.5	100.0	(217)
More than 11 years	18.3	19.5	2.4	3.7	54.9	1.2	100.0	(82)
<b>TOTAL</b>	6.7	39.8	13.4	10.8	27.9	1.4	100.0	(2836)
Less than 2 years	7.2	41.3	12.2	8.2	29.0	2.1	100.0	(973)
Between 2 and 4.5	6.4	41.8	14.5	12.1	22.8	2.3	100.0	(605)
Between 4.5 and 11	6.7	40.0	15.5	10.2	27.3	0.3	100.0	(787)
More than 11 years	5.9	33.5	10.8	15.7	32.9	1.1	100.0	(471)

SOURCE: CCRP-MINSALUD. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980.

constant in both urban and rural areas. The private sector, however, while showing an increase in the proportion of women who utilized prenatal services, registered a decrease in the proportion of deliveries. Finally, midwives are attending fewer births.

Even given the limitations of this analysis (differences in the periods and volume of deliveries considered), the results show an increasing tendency for Colombian women, especially in urban areas, to use institutional health services for childbirth.

#### Utilization of Health Services for the Prescription and Control of Contraception

Prescription of Current Contraceptive Method. In an effort to deal with the problems associated with the unrestricted use of contraceptives, the 1978 and 1980 CCPS incorporated questions asking current users if they had received a prescription or recommendation from a physician prior to the adoption of their current method. Those women receiving a recommendation or prescription were then asked who provided the recommendation. In the 1980 survey, the spouse was listed as a separate source of recommendation, whereas in 1978, suggestions from the husband were included with the respondent's reply that she had sought contraceptives on her "own initiative."

Table 8.5 shows that in 1978 almost one half of the current contraceptive users had not received any form of medical recommendation or prescription prior to initiating contraception. In 1980, this proportion

had fallen markedly to 34% as prescriptions rose for methods originally recommended by Profamilia, drugstores, and spouses.

The lowest proportion of women receiving medical recommendations are found among those relying on so-called "traditional methods" (Table 8.5). Generally, the more efficient the method, the higher the proportion of users who had obtained medical recommendations. The highest proportion (close to 100%) is found among sterilized women. While there has been an increase in the proportion of women receiving medical recommendations for the majority of contraceptive methods, ten percent of IUD users and 30% of pill users still failed to receive any form of medical recommendation in 1980.

Contraceptive Supervision and Pre-Natal Care. Table 8.6 summarizes the use of both maternal health care and family planning services in 1980 among ever pregnant women. These findings, similar to those of 1978,<sup>1</sup> reveal that the level of medical attention during pregnancy is greater among women who practice family planning than those who do not. Only 33% of rural women not using contraceptives received prenatal attention as compared to 56% of contraceptive users. In urban areas, 79% of the contraceptive users received prenatal care compared to 59% of non-contraceptive users. Facilities dealing only with family planning and not general maternal health are more common in rural than in urban areas. Only 15% of rural women practicing family planning reported

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<sup>1</sup>See CCRP, Minsalud. Encuesta Nacional de Prevalencia del Uso de Anti-concepcion. Colombia, 1978. Resultados Generales, Table 8.6.

Table 8.5 Colombia 1978-1980. Percentage Distribution of Current Users According to Current Method and Source or Person Who Recommended the Method and Proportion with Prescription

Source or Person Who Recommended Current Method <sup>1</sup>	Percentage Distribution		Proportion with Prescription		Number of Women	
	1978	1980	1978	1980	1978	1980
<b>SOURCE OR PERSON RECOMMENDING METHOD</b>	100.0	100.0	55.7	66.2	(1004)	(1,284)
Own Initiative	24.6	16.0	-	33.1	(247)	(206)
Profamilia	11.9	7.4	59.6	89.5	(119)	(95)
Minsalud	24.7	26.5	91.1	90.3	(248)	(340)
Drugstore	-	1.2	-	31.3	-	(16)
Social Security	7.0	7.0	97.1	94.4	(70)	(90)
M.D.	16.3	15.7	100.0	95.0	(164)	(202)
Husband	-	10.2	-	29.0	-	(131)
Others or not specified	15.5	15.9	-	37.3	(156)	(204)
<b>METHOD IN USE</b>	100.0	100.0	55.7	66.2	(988)	(1,284)
Orals	36.8	35.4	55.2	71.6	(364)	(454)
IUD	16.8	17.0	71.3	88.5	(166)	(218)
Sterilization	17.5	21.6	100.0	89.9	(173)	(284)
Condom	2.9	2.3	-	24.1	(29)	(29)
Injection	2.7	2.8	39.6	63.9	(27)	(36)
Vaginals	4.8	4.4	-	36.8	(47)	(57)
Rhythm	8.5	10.4	-	16.5	(84)	(133)
Withdrawal	8.6	5.2	10.7	4.5	(85)	(67)
Others	1.3	0.4	-	-	(13)	(6)

SOURCES: 1980, CCRP-MINSALUD. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980; 1978, CCRP-MINSALUD. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, Colombia, 1978. Resultados Generales, Table 8.5 and estimations for the present report.

<sup>1</sup> 1978, Ever married women; 1980, women in union.

Table 8.6 Colombia 1980. Percentage Distribution of Ever Married Women According to Pregnancy Control Category and Current Method by Zone of Residence

Pregnancy Control Current Method	Zone of Residence		
	Urban	Rural	Total
<b>CURRENTLY USING</b>	49	34	44
Method control only	2	2	2
Pregnancy control only	27	14	23
Method and pregnancy control	12	5	10
No control of either	8	13	9
<b>NOT CURRENTLY USING</b>	51	66	56
Pregnancy control	30	22	28
No control of pregnancy	21	44	28
Women	(2196)	( 902)	(3098)

Source: CCRP-Minsalud. Encuesta Nacional de Prevalencia del Uso de Anticoncepción, 1980.

receiving both medical supervision of their contraceptive method and prenatal care, compared to 24% of their urban counterparts.

### Summary

Prenatal care increased notably between 1978 and 1980, although it is still less common in rural areas (53%) than in urban areas (72%). Among those who obtained pre-natal services, fetal losses (stillbirths and abortions) accounted for 28% of all pregnancies compared to 41% for those who did not.

Twenty-three percent of deliveries in urban areas and 45% in rural areas received local community attention from neighbors, midwives, and friends.

Thirty-four percent of current contraceptive users had not received any form of medical prescription or recommendation prior to initiating contraception. Fifty-six percent of rural contraceptive users received prenatal care during their last pregnancy while in urban areas, the figure was higher (79%).

APPENDIX 1

Second Contraceptive Prevalence Survey, Colombia 1980  
Individual Questionnaire



CORPORACION CENTRO  
REGIONAL DE POBLACION



MINISTERIO DE SALUD  
DE COLOMBIA

## ENCUESTA NACIONAL DE PREVALENCIA DEL USO DE ANTICONCEPTIVOS

CUESTIONARIO INDIVIDUAL PARA MUJERES ENTRE 15 Y 49 AÑOS DE EDAD

Información confidencial para fines científicos

Uso de Oficina	No. de Cuestionario			
				1

### A. IDENTIFICACION

1. REGION \_\_\_\_\_ 2. DEPARTAMENTO \_\_\_\_\_
3. U.P.M. \_\_\_\_\_ 4. ZONA: 1  Urbano 2  Rural
5. SEGMENTO No.
6. VIVIENDA No.   7. CODIGO DE MEF SELECCIONADA
8. DIRECCION DE LA VIVIENDA \_\_\_\_\_

CODIGOS

6	8
<input type="text"/>	<input type="text"/>
9	11
<input type="text"/>	<input type="text"/>
12	
<input type="text"/>	
18	17
<input type="text"/>	<input type="text"/>

### B. RESULTADO DE LA (S) VISITA (S)

Visita	FECHA		Hora de iniciación	Hora de terminación	Duración minutos	Resultado	Entrevistadora
	día	mes					
1a.							
2a.							

20 21

#### CODIGO DE RESULTADO DE LA VISITA

- |                           |                        |
|---------------------------|------------------------|
| 1. Entrevista completa    | 4. Entrevista aplazada |
| 2. Entrevista incompleta  | 5. Rechazo             |
| 3. Ausencia de la elegida | 6. Otro _____          |

### C. CONTROL DE SUPERVISION Y PROCESAMIENTO

	Supervisó	Criticó	Grabó
Fecha			
Nombre			



**colombia** 1980

## INSTRUCCIONES GENERALES

### PRESENTACION DE LA ENCUESTA

Buenos(as) días(tardes). Soy ..... trabajo con la CCRP y el MINISTERIO DE SALUD, estamos realizando un estudio con el propósito de mejorar y distribuir los recursos para la prestación de servicios materno infantiles, principalmente en lo relacionado con la planificación familiar

### ALERTAS

Asegurese que la persona entrevistada es la elegida.

Trate de crear las condiciones propicias para la aplicación del cuestionario( **PRIVACIDAD** )

Resalte que la encuesta es confidencial y anónima.

Escriba con letra de imprenta.

Realice los pases con cuidado.

Recuerde que debe seguir el orden de la encuesta para evitar la omisión de preguntas y así mismo respuestas.

Tenga calma al aplicar el esquema.

Al finalizar la encuesta revise el cuestionario y asegurese que este completo, y que todas las respuestas hayan sido colocadas en el lugar correcto y que tengan un procedimiento lógico.

**CAPITULO 1. CARACTERISTICAS DE LA ENTREVISTADA**

101. En qué mes y año nació usted?

Mes \_\_\_\_\_ Año 19\_\_\_\_

CODIGOS  
22    25

102. Entonces, cuántos años cumplidos tiene usted?

\_\_\_\_\_ Años

26

SI LA ENTREVISTADA ES MENOR DE 15 AÑOS O MAYOR DE 49 TERMINE LA ENTREVISTA AGRADECIENDO LA COLABORACION. EN CASO CONTRARIO CONTINUE.

103. Hablando de su educación, cuál fue el año o curso más alto que usted aprobó?

ENCIERRE EN UN CIRCULO EL NIVEL MAS ALTO ALCANZADO Y EL ULTIMO AÑO APROBADO EN ESE NIVEL. SI LA ENTREVISTADA NUNCA FUE A LA ESCUELA, MARQUE PRIMARIA, CERO.

Nivel	Años									
1 Primario	0	1	2	3	4	5				
2 Secundario		1	2	3	4	5	6	7		
3 Universitario		1	2	3	4	5	6	7	ó más	

28

PARA QUIENES APROBARON MENOS DE 5 AÑOS DE EDUCACION PRIMARIA PREGUNTE 104. DE LO CONTRARIO PASE A 105.

104. Sabe usted leer? ...Digamos un periódico o una revista?

- 1 SI
- 2 NO

30

105. Como usted sabe hay mujeres que además de sus labores de ama de casa en su propio hogar, trabajan en alguna ocupación por la cual reciben pago en dinero o en otra forma.

Durante lo que va corrido en 1980 ha trabajado usted en alguna ocupación por la cual ha recibido pago?

- 1 SI
- 2 NO → (PASE A 108)

31

106. Este trabajo es o fue permanente u ocasional, es decir, trabaja(ba) usted todos los días en forma continua o solo por épocas digamos períodos interrumpidos?

- 1 Permanente
- 2 Ocasional → (PASE A 201 CAPITULO 2)

32

107. Cuántas horas al día debe (debía) pasar usted por fuera de su vivienda para cumplir con este trabajo?

\_\_\_\_\_ Horas → (PASE A 201 CAPITULO 2)

33

108. Por qué razón no ha trabajado usted?

- 0 No necesita trabajar
- 1 Por las ocupaciones del hogar y/o cuidado hijos
- 2 Estudiante
- 3 Incapacitada permanente para trabajar
- 4 Rentista, jubilada, pensionada
- 5 Busca, pero no encuentra trabajo
- 6 Su padre o esposo (compañero) no le permite trabajar
- 7 No le gusta trabajar
- 8 Otra respuesta \_\_\_\_\_  
(Especifique)

36

**CAPITULO 2. HISTORIA DE EMBARAZOS**

201. Ha tenido usted hijos alguna vez?

- 1 SI → (PASE A 203)
- 2 NO

CODIGOS

36

202. Ha estado embarazada alguna vez? ...es decir ha tenido algún embarazo aunque haya terminado después de pocas semanas o meses?

- 1 SI → (PASE A 209)
- 2 NO → (PASE A 216)

NO CONSIDERE EMBARAZO ACTUAL SI LO HAY

37

203. Actualmente cuántos hijos vivos tiene usted? (cuántos varones y cuántas mujeres)

VARONES \_\_\_\_\_ MUJERES \_\_\_\_\_ TOTAL \_\_\_\_\_

38

41

INDAGUE SI SON HIJOS PROPIOS Y SI HA INCLUIDO AUN LOS QUE NO VIVEN CON LA ENTREVISTADA. SI ES NECESARIO CORRIJA.

204. Ha tenido hijos que nacieron vivos pero que murieron después, aunque hayan vivido solo unos minutos?

- 1 SI
- 2 NO → (PASE A 206)

42

43

205. Cuántos de sus hijos nacidos vivos han muerto? \_\_\_\_\_

SUME EL TOTAL DE LA PREGUNTA 203 Y LA RESPUESTA 205 ANOTE EL TOTAL AQUI \_\_\_\_\_

206. Para asegurarme de que tengo la información completa usted ha tenido en total \_\_\_\_\_ hijos nacidos vivos es esto correcto?

- 1 SI
- 2 NO

CONFIRME Y CORRIJA LAS RESPUESTAS NECESARIAS

44

207. Dígame ahora en qué mes y año tuvo su último hijo nacido vivo?

MES \_\_\_\_\_ AÑO 19\_\_\_\_

46

49

208. Además de los embarazos que terminaron en nacido vivo, ha tenido usted algún otro embarazo... aunque haya terminado después de pocas semanas o meses?

- 1 SI
- 2 NO → (PASE A 212 B)

50

51

52

209. Cuántos de estos embarazos ha tenido? \_\_\_\_\_

210. Y estos \_\_\_\_\_ embarazos cómo terminaron?

Cuántos nacidos muertos y cuántos de otra manera

Nacidos muertos \_\_\_\_\_ abortos o pérdidas \_\_\_\_\_

53

54

211. De todos los embarazos que usted ha tenido cómo terminó el último?

- 1 Nacido vivo → (PASE A 212 B)
- 2 Nacido muerto
- 3 Aborto o pérdida
- 4 Embarazo ectópico o extrauterino

55

212. En qué mes y año terminó su último embarazo?

MES \_\_\_\_\_ AÑO 19\_\_\_\_

Revise 201. Si la mujer no ha tenido hijos nacidos vivos pase a 213.

56

59

212.A. Cual fué la duración (en meses) del embarazo? \_\_\_\_\_

60

212.B. Le dió pecho a \_\_\_\_\_ (NOMBRE, O "ULTIMO HIJO")?

- 1 SI
- 2 NO (PASE A 212D.)

62

212.C. Por cuántos meses le dió Ud. pecho?  
 \_\_\_\_\_  
 (Meses) AUN LO ESTA AMAMANTANDO

63

**CAPITULO 2. CONTINUACION**

212.D. ENTREVISTADORA: MARQUE LA CASILLA APROPIADA (VER 203)

- 1 UN NACIDO VIVO (PASE A 213)                      2 DOS MAS NACIDOS VIVOS (PASE A 212.E.)

CCDIGOS  
85

212.E. Le dió Ud. pecho a \_\_\_\_\_ (NOMBRE, o "PENULTIMO HIJO")

- 1 SI     2 NO (PASE A 213)

86

212.F. Por cuántos meses le dió Ud. pecho?  
\_\_\_\_\_  
(Meses)

87

213. Hablando de su último embarazo, qué institución o persona la atendió al término de éste?

- 1 Ninguna  
2 Centro o Puesto de Salud  
3 Hospital  
4 Promotora de Salud  
5 Seguro o Caja de Previsión Social, otro con pago laboral  
6 Médico o clínica particular  
7 Partera  
8 Otro \_\_\_\_\_  
(Especifique)

89

214. Hablando de este último embarazo ya terminado, durante él consultó usted alguna institución o persona para el control de ese embarazo?

SI RESPONDE "SI" PREGUNTE CUAL Y MARQUE SOLO LA MAS FRECUENTEMENTE CONSULTADA EN EL ULTIMO EMBARAZO YA TERMINADO.

- 1 "No" consultó \_\_\_\_\_ (PASE A 216)  
2 Centro o Puesto de Salud  
3 Hospital  
4 Promotora de Salud  
5 Seguro o Caja de Previsión Social, otro con pago laboral  
6 Médico o clínica particular  
7 Partera  
8 Otro \_\_\_\_\_  
(Especifique)

70

71

215. Cuántos meses de embarazo tenía usted cuando hizo su primera consulta de control?

\_\_\_\_\_ Meses

72

216. Está usted embarazada actualmente?

- 1 SI  
2 NO  
3 NO SABE  
4 NO PUEDE TENER MAS HIJOS (PASE A 301)

73

217. Cuánto tiempo hace que le vino o comenzó su última regla?

- 1 No se ha desarrollado  
2 No le ha venido después de terminar último embarazo  
3 Menos de 35 días  
4 35 a 60 días  
5 61 días y más

74

218. Piensa usted quedar embarazada (otra) alguna vez y tener (más) hijos algún día?

- 1 SI  
2 NO \_\_\_\_\_ (PASE A CAPITULO 3)  
3 NO SABE

75

219. Si dependiera totalmente de usted cuándo quisiera tener su (primer) próximo hijo?

- 1 Inmediatamente  0 0    7 Cuando Dios quiera  9 0  
2 Dentro de  años    8 No ha pensado  9 0  
3 Cuando cumpla  años de edad    9 No respuesta  
4 Cuando el menor tenga  años  
5 Cuando me case  9 7  
6 Otras respuestas: \_\_\_\_\_  9 8  
(Especifique)

76      77 78  
     

Otra respuesta \_\_\_\_\_  
(Especifique)

79 80

220. Cuántos hijos (más) quiere tener? No. \_\_\_\_\_

**CAPITULO 3. CONOCIMIENTO, USO Y DISPONIBILIDAD DE METODOS**

**DE PLANIFICACION FAMILIAR Y DEL ABORTO**

(LAS PREGUNTAS 301 A 312 DEBEN DILIGENCIARSE EN EL ESQUEMA DE ENFRETE)

CODIGOS

				5
				2

301. Hay varias formas, maneras o métodos para que una pareja pueda demorar o evitar un embarazo o un hijo si no lo desea.

Conoce usted o ha oído acerca de alguna forma, manera o método para planificar la familia o medio para evitar un nacimiento?

- 1 SI
- 2 NO → (PASE A 304)

06

302. Qué métodos de planificación familiar o medio para evitar un nacimiento conoce usted?

COLOQUE UN CIRCULO EN "1" DE LA COLUMNA A1 DEL ESQUEMA POR CADA METODO MENCIONADO Y ENCIERE EL CODIGO DE ESTE EN COL. B1

303. POR CADA METODO DENTRO DE UN CIRCULO EN LA COLUMNA A1 PREGUNTE:

Ha usado usted o su esposo (compañero) alguna vez un método o medio?

COLOQUE UN CIRCULO EN LA RESPUESTA APROPIADA EN LA COLUMNA A3 DEL ESQUEMA

304. POR CADA METODO QUE NO ESTE DENTRO DE UN CIRCULO EN LA COLUMNA A1 PREGUNTE:

Para estar bien segura ha oído hablar de \_\_\_\_\_  
Método o Medio

COLOQUE UN CIRCULO EN "2" O EN "3" EN LA COLUMNA A2 DEL ESQUEMA. SI LA RESPUESTA ES AFIRMATIVA "2" MARQUE TAMBIEN EN B1 Y HAGA PREGUNTA 305 ANTES DE PREGUNTAR SOBRE EL PROXIMO METODO.

305. Lo han usado usted y su esposo (compañero) alguna vez?

COLOQUE UN CIRCULO EN LA RESPUESTA APROPIADA DE LA COLUMNA A3 Y SIGA CON EL PROXIMO METODO NO MARCADO EN LA COLUMNA A1. SI LA ENTREVISTADA NO CONOCE LOS METODOS, ES DECIR, NINGUNA RESPUESTA AFIRMATIVA EN LAS COLUMNAS A1 Y A2 COLOQUE UN CIRCULO EN 96 DE LA COLUMNA A1 Y PASE A 312 AL FINAL DEL ESQUEMA.

306. Actualmente usted(es) está(n) usando o ha(n) usado durante el último mes algún método de planificación familiar para evitar un embarazo?

1 SI → cual? \_\_\_\_\_  
SI MAS DE UN METODO PREGUNTE CUAL ES EL DE USO MAS FRECUENTE Y MARQUE EL CODIGO CORRESPONDIENTE EN LA COLUMNA A4 Y PASE A 308.

2 NO MARQUE SEGUN INSTRUCCION SIGUIENTE:

SI EN LA COLUMNA A3 DEL ESQUEMA NO EXISTE RESPUESTA AFIRMATIVA COLOQUE UN CIRCULO EN 97. SI EXISTE ALGUNA RESPUESTA AFIRMATIVA EN A3 MARQUE 98 EN LA COLUMNA A4 Y PREGUNTE 307.

307.Cuál es la razón principal por la cual usted (o su esposo) no está(n) usando un método de planificación familiar?

- 01 Esta embarazada
- 02 Desea un embarazo
- 03 Porque le afecta la salud
- 04 No tiene compañero actualmente ó No tiene relaciones sexuales
- 05 Acaba de tener un hijo y está lactando
- 06 No puede quedar embarazada. Sabe o no la razón
- 07 Menopausia
- 08 Motivos religiosos o morales
- 09 Oposición del marido
- 10 No le interesa; no le gusta
- 11 Espera concepto médico
- 12 Vergüenza o temor de averiguar o comprar métodos
- 13 Otra respuesta \_\_\_\_\_

Especifique

07 08

01		10
02		12
03		14
04		16
05		18
06		20
07		22
08		24
09		26
10		28
11		30

31 32

--	--

SI EN LA COLUMNA B1 NO APARECE NINGUN METODO MARCADO, PASE A 312

PARA CADA METODO ENCERRADO EN B1 PREGUNTE 308 Y 309 ASI: PARA EL METODO ACTUAL USE LAS PALABRAS "DONDE OBTUVO" O "DONDE OBTIENE". PARA OTROS METODOS USE LAS PALABRAS "DONDE IRIA".

308. A dónde iría (va o fue) para hacerse (conseguir) el método ó medio? \_\_\_\_\_  
Método o medio

SI NINGUN LUGAR MENCIONADO MARQUE "X" EN COLUMNA CORRESPONDIENTE EN B2 Y SIGA CON EL PROXIMO METODO. SI ALGUN LUGAR MENCIONADO MARQUE LA COLUMNA CORRESPONDIENTE AL LUGAR Y PREGUNTE 309 ANTES DE PASAR AL PROXIMO METODO.

309. Cuánto (cree que) le cuesta (costó) \_\_\_\_\_ en ese lugar?  
(Método o medio)

ANOTE LA RESPUESTA EN COLUMNA B3 DEL ESQUEMA EN PESOS

PARA CADA LUGAR MARCADO EN B2 PREGUNTE 310 Y 311 DEL ESQUEMA. SI NINGUN LUGAR APARECE MARCADO PASE A 312.

CODIGOS

Lunar

01	33
02	34
03	35
04	36
05	37
06	38
07	39
08	40

Costo

01		43
02		46
03		49
04		52
05		55
06		58
07		61
08		64

ESQUEMA

SECCION A							SECCION B										
Conocimiento y Uso							Disponibilidad										
Métodos de planificación familiar y el aborto	A.1	A.2		A.3		A.4	Método	308		B.2 LUGARES							B.3 309 COSTO
	302	304	303	305	306	Ninguno		Profamilia		Centro Salud	Hospital	Promotora	Farmacia	Seguridad Social	M.D. 6 Inst. Privado	Otro	
	Sin ayuda	Con ayuda	Ha usado alguna vez		Usa actualmente			Clinica	Comunitario								
	Si	Si	No	Si	No												
01 Píldora	1	2	3	1	2	01	0	1	2	3	4	5	6	7	8	9	
02 Condón	1	2	3	1	2	02	0	1	2	3	4	5	6	7	8	9	
03 DIU	1	2	3	1	2	03	0	1	2	3	4	5	6	7	8	9	
04 Esterilización Femenina	1	2	3	1	2	04	0	1	2	3	4	5	6	7	8	9	
05 Vasectomía	1	2	3	1	2	05	0	1	2	3	4	5	6	7	8	9	
06 Inyección	1	2	3	1	2	06	0	1	2	3	4	5	6	7	8	9	
07 Aborto	1	2	3	1	2	07	0	1	2	3	4	5	6	7	8	9	
08 Vaginales	1	2	3	1	2	08	0	1	2	3	4	5	6	7	8	9	
09 Ritmo	1	2	3	1	2	09											
10 Retiro	1	2	3	1	2	10											
11 Otros	1			1	2	11											
Ninguno	96			97		98											

B.4	310. Qué medio de transporte usa (usaría) para ir a _____ Lugar																
	1. Caminando	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	2. Transporte	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	3. Caminando y transporte	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	4. No sabe	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
B.5	311. Qué tiempo gasta (gastaría) Para ir a _____ Lugar Anote tiempo en minutos																
	24 Tiempo	1															26
		2															20
		3															32
		4															35
B.5	312. (Además de los lugares marcados) ha oído de otros (algún) lugares donde pueda obtener métodos de planificación familiar?	0	1	2	3	4	5	6	7	8	9						

**CAPITULO 3. CONTINUACION**

313. Si la selección de un método de Planificación Familiar dependiera totalmente de usted, qué método escogería?

METODO \_\_\_\_\_ NO SABRIA  NO CONOCE   
(PASE A 314) (PASE A 501)

313.A. Esta Ud. usando actualmente este método?

1 SI → (PASE A 314)  
2 NO

313.B. Por qué razón no lo está usando? \_\_\_\_\_

314. Por qué medio se enteró usted por primera vez acerca de los métodos de planificación familiar?

- |  |                          |
|--|--------------------------|
| 01 Esposo (compañero)                                    | 13 Seguridad Social      |
| 02 Amigos, vecinas, familiares                           | 14 Droguería             |
| 03 Motivadora PROFAMILIA                                 | 15 Lecturas particulares |
| 04 Comunitaria urbana                                    | 16 Institución religiosa |
| 05 Comunitaria rural                                     | 17 Partera enfermera     |
| 06 Centro de planificación familiar (clínica PROFAMILIA) | 18 Entrevistadora        |
| 07 Promotora de Salud                                    | Otros _____              |
| 08 Puesto o Centro de Salud                              | Especifique)             |
| 09 Hospital  |                          |
| 10 Médico particular                                     |                          |
| 11 Avisos, prensa, radio, etc.                           |                          |
| 12 Curso en institución educativa                        |                          |

CODIGOS

24 48

80

81

82 83

**CAPITULO 4. CARACTERISTICAS DEL METODO DE USO ACTUAL**

ESTE CAPITULO CORRESPONDE UNICAMENTE A ENTREVISTADAS QUE USAN ACTUALMENTE ALGUN METODO. CODIGOS 01 A 11 EN COLUMNA A4 DEL ESQUEMA. PARA QUIENES NO USAN NINGUN METODO PASE A CAPITULO 5.

DE ACUERDO CON EL METODO DE USO ACTUAL (COLUMNA A4 DEL ESQUEMA) HAGA PREGUNTAS ESPECIFICAS SEGUN EL SIGUIENTE LISTADO.

- |                             |   |                                  |
|-----------------------------|---|----------------------------------|
| 01. Píldoras                | → | PREGUNTA 403                     |
| 02. Condón                  | → | PREGUNTA 403                     |
| 03. DIU                     | → | PASE A PREGUNTA 405 Y SIGUIENTES |
| 04. Esterilización femenina | → | PREGUNTA 402                     |
| 05. Vasectomía              | → | PREGUNTA 402                     |
| 06. Inyección               | → | PASE A PREGUNTA 405 Y SIGUIENTES |
| 06. Métodos vaginales       | → | PREGUNTA 403                     |
| 08. Ritmo                   | → | PREGUNTA 401                     |
| 10. Retiro                  | → | PREGUNTA 401                     |
| 11. Otros                   | → | PREGUNTA 401                     |

401. Podría decirme la razón principal por la cual está usando actualmente, ritmo, retiro (nombre de los métodos mencionados bajo la categoría "otros", código 11) y no otro.

- |                                |                |
|--------------------------------|----------------|
| 1 No conoce los demás métodos  | } (PASE A 406) |
| 3 Son molestos                 |                |
| 4 Otros _____<br>(especifique) |                |

402. Cuánto tiempo hace que le hicieron la esterilización. Dígame la fecha?

**INSISTA POR LA FECHA**

MES \_\_\_\_\_ AÑOS 19\_\_\_\_ O HACE \_\_\_\_\_ AÑOS

402.A. El motivo principal de esta operación fue exclusivamente para evitar tener más hijos o fue por razones de salud?

- |                                 |  |
|---------------------------------|--|
| 1 Para no tener más hijos       |  |
| 2 Razones de salud. Cuál? _____ |  |
| 3 No sabe                       |  |

(PASE A 405)

CODIGOS

84

85

86

87

88

89

90

**CAPITULO 4. CONTINUACION**

403. Usted me dijo que usa \_\_\_\_\_ lo tiene ahora en su casa?

- 1 SI → (PASE A 405)
- 2 NO

404. Puede decirme por que no tiene ahora en su casa

\_\_\_\_\_ ?  
(Método)

405. Cuando usted (o su esposo, compañero) comenzó a usar (se hizo) el método lo hizo con una prescripción o receta médica?

- 1 SI
- 2 NO

406. Dónde o de quién recibió la recomendación para usarlo fuera o no con prescripción médica?

- |   |                                |
|---|--------------------------------|
| 00 Por su propia cuenta                                     | 09 Esposo                      |
| 01 PROFAMILIA Clínica                                       | 10 Amigos y familiares         |
| 02 PROFAMILIA Comunitario o motivadora                      | 11 Lecturas particulares       |
| 03 Puesto o Centro de Salud                                 | 12 Curso Institución Religiosa |
| 04 Hospital   | 13 Partera o enfermera         |
| 05 Promotora de Salud                                       | Otra respuesta _____           |
| 06 Droguería  | (Especifique)                  |
| 07 Seguro o Caja de Previsión Social, otro con pago laboral |                                |
| 08 Médico o institución particular                          |                                |

407. En lo que va de este año 1980, qué institución o persona ha consultado más frecuentemente usted (su esposo, compañero) para el control de su método?

- 0 No ha consultado → (PASE A 501 CAPITULO 5)
- 1 PROFAMILIA Clínica
- 2 PROFAMILIA Comunitario
- 3 Puesto o Centro de Salud
- 4 Hospital
- 5 Promotora de Salud
- 6 Droguería
- 7 Seguro o Caja de Previsión Social, otro con pago laboral
- 8 Médico o institución particular
- 9 Otro \_\_\_\_\_  
(Especifique)

408. En su última visita para control de su método, cuánto tiempo demoró en el lugar de consulta? (Cuánto en espera y cuánto en atención)

Espera: \_\_\_\_\_ minutos      Atención: \_\_\_\_\_ minutos

**CODIGOS**

61

62

63

64 65

66

67 68

69 70

**CAPITULO 5. UNION O CARACTERISTICAS DEL CONVIVIENTE**

**CODIGOS**

501. Para terminar, nos gustaría saber algunos datos personales.

¿Cuál es su estado conyugal actual?

Es usted casada, unida, soltera, viuda, separada o divorciada?

- 1 Casada
- 2 Unida
- 3 Soltera → (PASE A 502)
- 4 Viuda
- 5 Separada
- 6 Divorciada

71

501A. En que mes y año se casaron (unieron), usted y su marido (compañero)?

\_\_\_\_\_ 19 \_\_\_\_\_  
Mes Año

72

74

502. Hace usted vida conyugal actualmente?

1 SI → (PASE A 504)

2 NO



503. Durante este año ha tenido usted relaciones sexuales?

1 SI

2 NO

76

77

AGRADEZCA A LA ENTREVISTADA POR SU COLABORACION Y TERMINE ENTREVISTA

504. Hablando de la educación de su esposo (compañero), cuál fue el año o curso más alto que él aprobó?

ENCIERRE EN UN CIRCULO EL ULTIMO AÑO APROBADO Y EL NIVEL MAS ALTO ALCANZADO

Nivel	Años						
1 Primario	0	1	2	3	4	5	
2 Secundario		1	2	3	4	5	6
3 Universitario		1	2	3	4	5	6 / (ó más)

NO SABE

AGRADEZCA A LA ENTREVISTADA POR SU COLABORACION Y TERMINE ENTREVISTA

78

Nombre de la entrevistada \_\_\_\_\_

**CAPITULO 6. OBSERVACIONES**

**CODIGOS**

**601.**

**MARQUE TODOS LOS ESPACIOS QUE CORRESPONDAN. PRESENCIA DE OTRAS PERSONAS EN EL MOMENTO DE LA ENTREVISTA.**

- 0 Ninguna persona o niños menores de 7 años
- 1 Marido
- 2 Otros hombres mayores de 7 años
- 4 Otras mujeres mayores de 7 años

80

**602. Observaciones de la Entrevistadora:**

- a) Comentarios sobre preguntas específicas \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- b) Comentarios generales sobre la entrevista \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**603. Observaciones de la Supervisora**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**604. Observaciones del Crítico**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPENDIX 2

Second Contraceptive Prevalence Survey, Colombia 1980  
Household Questionnaire



Quisiera obtener alguna información sobre las personas que habitualmente viven en su hogar:

NUMERO DE ORDEN DE LOS MIEMBROS DEL HOGAR	Para todos los miembros del hogar										5 años y más					15 años y más					Para todas las mujeres de 15 años y más									
	NOMBRES Y APELLIDOS		PARENTESCO		RESIDENCIA		SEXO	EDAD	ORFANDAD		EDUCACION			NACIONALIDAD					FECUNDIDAD											
	Por favor dígame los nombres de las personas que habitualmente viven en este hogar, comenzando por el jefe del hogar, hay en dormido o no aquí anoche. Además el de las personas que pasaron la noche aquí como visitantes.		Escribe las relaciones de parentesco entre los miembros de la (o) tal familia (s) que componen el hogar		Esta persona vive habitualmente aquí?	Durmió esta persona anoche aquí?	Es hombre o mujer?	Cuántos años cumplidos tiene?	Esta vivió la madre de esta persona	Ha asistido alguna vez a la escuela, colegio u otro centro docente?	Cuál es o fue el nivel más alto alcanzado?	U L T I M O	Cuál es su estado civil actual?	Ha estado casado o en unión libre más de una vez?	A qué edad se casó o unió por primera vez?	Está vivo su (primer) esposo o compañero?	Tiene hijos propios que estén viviendo actualmente con ella?	Tiene hijos propios que no estén viviendo actualmente con ella?	Ha tenido ella algún hijo nacido vivo que murió después?	SI ME 18 a 21 Para asegurarme de que los datos son correctos. Ésta ha tenido hijos nacidos vivos. Es esto correcto? En caso de que no corrija	En qué mes y año tuvo su último hijo nacido vivo?	Fue hombre o mujer?	Actualmente está vivo este hijo?	Por cuántos meses le dio pecho	Use actual mente algún método anticoncepcional?	Escriba el número de orden de la persona que responda para la entrevista individual	Marque la mujer elegible para la entrevista individual			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
01																														01
02																														02
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24																														24
25																														25

SI UTILIZA CUESTIONARIOS ADICIONALES MARQUE LAS CASILLAS

CUESTIONARIO  DE

PARA ASEGURARME DE QUE TENGO UNA LISTA COMPLETA

- Hay otras personas que usted olvidó mencionar como por ejemplo menores, muy pequeños, ancianos o inválidos?
- Hay otras personas que normalmente viven aquí, aunque no son miembros de la familia como por ejemplo sirvientes, amigos, huéspedes?
- Hay algún invitado o visitante que esté viviendo en esta casa temporalmente?

Si  (Liste cada uno) No

Si  (Liste cada uno) No

Si  (Liste cada uno) No

70	71	72	73	74	75	76	77	78	79	80
Primera	Segunda	Tercera								
Número de orden de las mujeres elegidas para entrevista individual						Total de Personas		Mes de Entrevista		No. de Tarjeta

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**EMBARAZOS TERMINADOS EN MORTINATOS O ABORTOS (Para todas las mujeres de 15 a 54 años)**

**PREGUNTE:**  
Entre el 1o. de Enero de 1979 y el momento presente, alguna mujer de este hogar tuvo algun hijo nacido muerto o alguna pérdida o aborto?

SI  1  → Pregunte el nombre de la mujer y el número de eventos que tuvo y pase a P32. NO  2  → Pase a DEFUNCIONES

Nombre de la mujer (Regístrela tantas veces como nacidos muertos o abortos haya declarado)	32	_____	_____	_____
Número de orden	33	No. <input type="checkbox"/> <input type="checkbox"/>	Nc <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/>
Tipo de evento (Marque la casilla correspondiente). (Utilice una columna para cada evento).	34	Mortinato <input type="checkbox"/> 1 <input type="checkbox"/> Aborto <input type="checkbox"/> 2 <input type="checkbox"/>	Mortinato <input type="checkbox"/> 1 <input type="checkbox"/> Aborto <input type="checkbox"/> 2 <input type="checkbox"/>	Mortinato <input type="checkbox"/> 1 <input type="checkbox"/> Aborto <input type="checkbox"/> 2 <input type="checkbox"/>
Cuál fue la fecha del parto (o del aborto)?	35	Mes <input type="checkbox"/> <input type="checkbox"/> Año <input type="checkbox"/> <input type="checkbox"/>	Mes <input type="checkbox"/> <input type="checkbox"/> Año <input type="checkbox"/> <input type="checkbox"/>	Mes <input type="checkbox"/> <input type="checkbox"/> Año <input type="checkbox"/> <input type="checkbox"/>
Cuál fue la duración (en meses) del embarazo?	36	No. de meses <input type="checkbox"/> <input type="checkbox"/>	No. de meses <input type="checkbox"/> <input type="checkbox"/>	No. de meses <input type="checkbox"/> <input type="checkbox"/>
Consultó a alguna persona durante el embarazo?	37	Si <input type="checkbox"/> 1 <input type="checkbox"/> No <input type="checkbox"/> 2 <input type="checkbox"/> Pase a 39	Si <input type="checkbox"/> 1 <input type="checkbox"/> No <input type="checkbox"/> 2 <input type="checkbox"/> Pase a 39	Si <input type="checkbox"/> 1 <input type="checkbox"/> No <input type="checkbox"/> 2 <input type="checkbox"/> Pase a 39
A quién consultó y cuantas veces? (Anote en la casilla correspondiente el número de veces que consultó a cada persona).	38	Médico <input type="checkbox"/> 1 <input type="checkbox"/> Enfermera <input type="checkbox"/> 2 <input type="checkbox"/> Comadrona <input type="checkbox"/> 3 <input type="checkbox"/> Promotora <input type="checkbox"/> 4 <input type="checkbox"/> Otro <input type="checkbox"/> 5 <input type="checkbox"/>	Médico <input type="checkbox"/> 1 <input type="checkbox"/> Enfermera <input type="checkbox"/> 2 <input type="checkbox"/> Comadrona <input type="checkbox"/> 3 <input type="checkbox"/> Promotora <input type="checkbox"/> 4 <input type="checkbox"/> Otro <input type="checkbox"/> 5 <input type="checkbox"/>	Médico <input type="checkbox"/> 1 <input type="checkbox"/> Enfermera <input type="checkbox"/> 2 <input type="checkbox"/> Comadrona <input type="checkbox"/> 3 <input type="checkbox"/> Promotora <input type="checkbox"/> 4 <input type="checkbox"/> Otro <input type="checkbox"/> 5 <input type="checkbox"/>
Qué persona atendió el parto (o el aborto)? (Marque la casilla correspondiente)	39	Médico <input type="checkbox"/> 1 <input type="checkbox"/> Enfermera <input type="checkbox"/> 2 <input type="checkbox"/> Comadrona <input type="checkbox"/> 3 <input type="checkbox"/> Promotora <input type="checkbox"/> 4 <input type="checkbox"/> Farmacéuta <input type="checkbox"/> 5 <input type="checkbox"/> Otro <input type="checkbox"/> 6 <input type="checkbox"/>	Médico <input type="checkbox"/> 1 <input type="checkbox"/> Enfermera <input type="checkbox"/> 2 <input type="checkbox"/> Comadrona <input type="checkbox"/> 3 <input type="checkbox"/> Promotora <input type="checkbox"/> 4 <input type="checkbox"/> Farmacéuta <input type="checkbox"/> 5 <input type="checkbox"/> Otro <input type="checkbox"/> 6 <input type="checkbox"/>	Médico <input type="checkbox"/> 1 <input type="checkbox"/> Enfermera <input type="checkbox"/> 2 <input type="checkbox"/> Comadrona <input type="checkbox"/> 3 <input type="checkbox"/> Promotora <input type="checkbox"/> 4 <input type="checkbox"/> Farmacéuta <input type="checkbox"/> 5 <input type="checkbox"/> Otro <input type="checkbox"/> 6 <input type="checkbox"/>
Donde fue atendido el parto (o el aborto)?	40	Institución <input type="checkbox"/> 1 <input type="checkbox"/> Casa <input type="checkbox"/> 2 <input type="checkbox"/> Otro lugar <input type="checkbox"/> 3 <input type="checkbox"/>	Institución <input type="checkbox"/> 1 <input type="checkbox"/> Casa <input type="checkbox"/> 2 <input type="checkbox"/> Otro lugar <input type="checkbox"/> 3 <input type="checkbox"/>	Institución <input type="checkbox"/> 1 <input type="checkbox"/> Casa <input type="checkbox"/> 2 <input type="checkbox"/> Otro lugar <input type="checkbox"/> 3 <input type="checkbox"/>

**DEFUNCIONES OCURRIDAS EN LOS ULTIMOS 24 MESES**

En los dos años anteriores, es decir, Septiembre 1o. del 78 y la fecha actual, murió algún miembro de este hogar?	41	Si <input type="checkbox"/> 1 <input type="checkbox"/> Aplique las preguntas 43 a 48 No <input type="checkbox"/> 2 <input type="checkbox"/>		
NUMERO DE ORDEN DE LAS PERSONAS QUE HAN MUERTO	42	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
NOMBRE: Registre los nombres y apellidos de las personas que murieron.	43	A. _____	B. _____	C. _____
PARENTESCO: Anote la relación de parentesco del difunto con el jefe del hogar.	44	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SEXO: Era hombre o mujer.	45	H <input type="checkbox"/> 1 <input type="checkbox"/> M <input type="checkbox"/> 2 <input type="checkbox"/>	H <input type="checkbox"/> 1 <input type="checkbox"/> M <input type="checkbox"/> 2 <input type="checkbox"/>	H <input type="checkbox"/> 1 <input type="checkbox"/> M <input type="checkbox"/> 2 <input type="checkbox"/>
EDAD AL MORIR: Cuántos años cumplidos tenía cuando murió?	46	Años cumplidos <input type="checkbox"/> <input type="checkbox"/>	Años cumplidos <input type="checkbox"/> <input type="checkbox"/>	Años cumplidos <input type="checkbox"/> <input type="checkbox"/>
FECHA DE LA DEFUNCION: En que fecha murio	47	Mes <input type="checkbox"/> <input type="checkbox"/> Año <input type="checkbox"/> <input type="checkbox"/>	Mes <input type="checkbox"/> <input type="checkbox"/> Año <input type="checkbox"/> <input type="checkbox"/>	Mes <input type="checkbox"/> <input type="checkbox"/> Año <input type="checkbox"/> <input type="checkbox"/>
Durante los dos últimos años murió alguien más en este hogar?	48	Si <input type="checkbox"/> <input type="checkbox"/> Anótelo en 43B No <input type="checkbox"/> <input type="checkbox"/>	Si <input type="checkbox"/> <input type="checkbox"/> Anótelo en 43C No <input type="checkbox"/> <input type="checkbox"/>	Si <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>

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