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FERTILITY AND FAMILY PLANNING IN BARBADOS

FINDINGS FROM THE CONTRACEPTIVE PREVALENCE SURVEY 1980 - 81

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CONTENTS

	<u>Page</u>
FOREWORD by L. B. Brathwaite	vii
FOREWORD by Lawrence Smith, Jr.	ix
FOREWORD by Charles Alleyne	xi
ABBREVIATIONS	xiii
1: INTRODUCTION	
1.1 Objectives	1
1.2 Background Information on Barbados	2
1.3 The Barbados Family Planning Association and its Activities	10
2: METHODOLOGY AND DESCRIPTION OF SAMPLE	
2.1 Methodology	18
2.2 Description of the Sample	20
2.3 Summary	29
3: FERTILITY	
3.1 Introduction	32
3.2 Recent Fertility	32
3.2.1 Age-Specific Fertility Rates	32
3.2.2 Total Fertility Rate	35
3.2.3 General Fertility Rate	36
3.3 Cumulative Fertility	38
3.4 Future Fertility Desires	39
3.5 Preferred Number of Children	42
4: KNOWLEDGE OF FAMILY PLANNING METHODS	
4.1 Introduction	50
4.2 Overall Level of Knowledge and Differentials	50
4.3 Knowledge of Specific Methods	53
4.4 Number of Methods Known	55
5: USE OF FAMILY PLANNING METHODS	
5.1 Introduction	59
5.2 Ever-Use of Family Planning Methods	59
5.2.1 Level of Ever-Use	59
5.2.2 Differentials in Ever-Use	60
5.2.3 Methods Ever Used and Differentials	64
5.2.4 Number of Methods Ever used and Differentials	65

CONTENTS (Continued)

	<u>Page</u>	
5.3	Current Use of Family Planning Method	70
5.3.1	Overall Level of Current Use	70
5.3.2	Differentials in Current Use	71
5.3.3	Methods in Current Use and Differentials	77
5.3.4	Who Obtains Current Method	79
5.3.5	Reason for Selecting Current Method	80
5.3.6	Current Method vs. Preferred Method	80
5.3.7	Reason for not Currently Using a Method	83
5.4	Future Use Plan and Method	85
5.5	Exposure Status to Pregnancy	87
6:	SOURCE OF FAMILY PLANNING METHODS	
6.1	Introduction	90
6.2	Source of Current Method	90
6.3	Sources of other Methods	92
6.4	Knowledge of Source for Induced Abortion	93
7:	UTILIZATION OF BARBADOS FAMILY PLANNING ASSOCIATION	
7.1	Services and Supplies from BFPA	96
7.2	Timing of first Contact with the BFPA	99
7.3	Date of last Contact with the BFPA and Reason for No Recent Contact	101
8:	SUMMARY AND CONCLUSION	
8.1	Summary	102
8.2	Conclusions	112
	WORKS CITED	117
	APPENDIXES	
A	QUESTIONNAIRE	121
B	SELECTED FINDINGS	135

LIST OF TABLES

TABLES	PAGE	
1.1	Distribution of population by census division and by sex, Barbados 1970 and 1980	4
1.2	Population, birth rate, death rate, and infant mortality rate, Barbados 1970-80	5
1.3	Recorded births and corresponding birth rates, Barbados 1950-80	6
1.4	Population aged 15 years and over by sex and by highest educational level attained, Barbados 1970	7
1.5	Percentage distribution of women by highest educational level attained and by age, Barbados 1970	8
1.6	Distribution of women aged 15 and over according to conjugal union status, Barbados 1970	9
1.7	Adult population in private households by economic activity status, Barbados 1976-80	11
1.8	Gross Domestic Product by sector of origin (current prices), Barbados 1975-80	12
1.9	Estimates of real Gross Domestic Product (constant prices), Barbados 1971-80	13
1.10	New acceptors of family planning at the Barbados Family Planning Association, 1955-75	15
2.1	Nonresponse in the survey	21
2.2	Percentage distribution of women aged 15-49 by census division in the CPS sample (1980-81) and in the 1970 Barbados census	23
2.3	Five-year age distribution of women aged 15-49 in the 1970 and 1980 Barbados censuses and in the CPS sample	24
2.4	Percentage distribution of women aged 15-49 by highest education level attained and by age, Barbados 1980-81	25
2.5	Percentage distribution of women by type of conjugal union and by age, Barbados 1980-81	26
2.6	Percentage distribution of women by economic activity and by age, Barbados 1980-81	27
2.7	Percentage distribution of women aged 15-49 by type of conjugal union and economic activity, Barbados 1980-81	28
3.1	Age-specific fertility rates, Barbados 1954-56 to 1980-81	33

3.2	Age-specific fertility rates by type of conjugal union, Barbados 1980-81	33
3.3	Age-specific fertility rates by educational attainment of women, Barbados 1980-81	34
3.4	Age-specific fertility rates by economic activity of women, Barbados 1980-81	35
3.5	General fertility rates by educational attainment, economic activity, and conjugal status, Barbados 1980-81	37
3.6	Mean number of pregnancies, live births, and living children by age of women, Barbados 1980-81	38
3.7	Distribution of women by desire for more children and by age, Barbados 1980-81	40
3.8	Desire for more children by number of living children and by age of women, Barbados 1980-81	41
3.9	Desire for more children by number of living children and by type of conjugal union for women aged 15-49, Barbados 1980-81	43
3.10	Additional children desired by number of living children and by age of women, Barbados 1980-81	44
3.11	Preferred number of children by age of women, Barbados 1980-81	45
3.12	Mean preferred number of children by educational attainment, economic activity, and age of women, Barbados 1980-81	47
3.13	Percentage distribution of women by actual versus preferred number of children and by age, Barbados 1980-81	48
4.1	Percentage of women having knowledge of any methods of family planning by age, Barbados 1980-81	51
4.2	Percentage of women aged 15-49 having knowledge of any methods of family planning by selected characteristics, Barbados 1980-81	52
4.3	Percentage of women having knowledge of specific family planning methods by age, Barbados 1980-81	54
4.4	Percentage of women aged 15-49 having knowledge of specific family planning methods by type of conjugal union, Barbados 1980-81	56
4.5	Percentage distribution of women by number of family planning methods known and by age, Barbados 1980-81	57
4.6	Mean number of family planning methods known to women aged 15-49 by type of conjugal union, Barbados 1980-81	58
5.1	Percentage of women who have ever used any family planning method and any modern method by age, Barbados 1980-81	59

5.2	Percentage of women who have ever used any family planning method by selected characteristics and by age, Barbados 1980-81	6
5.3	Percentage of women who have ever used specific family planning methods by age, Barbados 1980-81	6
5.4	Percentage of women aged 15-49 who have ever used specific family planning methods by selected characteristics, Barbados 1980-81	6
5.5	Number of family planning methods ever used by age of women, Barbados 1980-81	6
5.6	Number of family planning methods ever used by selected characteristics of women aged 15-49, Barbados 1980-81	6
5.7	Percentage of pill users and condom users (ever-use) who have used other family planning methods, Barbados 1980-81	6
5.8	Percentage of women currently using a family planning method by age, Barbados 1980-81	7
5.9	Percentage of women currently using a family planning method by selected characteristics and by age, Barbados 1980-81	7
5.10	Percentage of in-union women currently using a family planning method by selected characteristics and by age, Barbados 1980-81	7
5.11	Percentage of in-union, nonpregnant women currently using a family planning method by selected characteristics and by age, Barbados 1980-81	7
5.12	Method being used by current users by selected characteristics of women, Barbados 1980-81	7
5.13	Reason for selecting family planning method being used by method, for current users among women aged 15-49, Barbados 1980-81	8
5.14	Preference of family planning method being used by method for women aged 15-49, Barbados 1980-81	8
5.15	Reason for not using contraceptives for currently in-union, nonpregnant women by age, Barbados 1980-81	8
5.16	Plan for future use of family planning methods by age for current nonusers among currently in-union, nonpregnant women aged 15-49, Barbados 1980-81	8
5.17	Percentage distribution of women by exposure status to pregnancy and by age, Barbados 1980-81	8
6.1	Source of current family planning method for women aged 15-49, Barbados 1980-81	9
6.2	Percentage of women who know of a source for an induced abortion by age, Barbados 1980-81	9

7.1	Percentage of women who have received family planning services or supplies from Barbados Family Planning Association by age, Barbados 1980-81	97
7.2	Percentage of women who have received family planning services from Barbados Family Planning Association by selected characteristics, Barbados 1980-81	98
7.3	Percentage distribution of women by number of children at the time of first contact with the Barbados Family Planning Association and by age, Barbados 1980-81	100

F O R E W O R D

I have followed with interest the progress of the Barbados Family Planning Association through its many years of existence. The achievements of this body have been recognised nationally, regionally, and internationally.

The steady but unrelenting decline in the birth rate over the years has made Barbados a model for other developing nations even though the provisional figures for 1981 show a small rise in the birth rate.

It is most gratifying therefore to know that the Association is not prepared to rest upon its laurels of past accomplishments. This Contraceptive Prevalence Survey is another progressive step and provides a means for measuring, not only the knowledge and use of contraceptives, but also the availability and acceptance of the services offered by the Barbados Family Planning Association. Such information will be of great value to administrators and planners in the country as well as to international agencies.

January 28, 1983

L. B. Brathwaite
Minister of Health
Government of Barbados

F O R E W O R D

Since 1977 Westinghouse Health Systems has been assisting developing countries to conduct Contraceptive Prevalence Surveys which provide data on knowledge and use of contraceptives and their availability on a national basis. Sponsored and funded by the United States Agency for International Development, this Survey project is executed by us under contract with the Agency (Contract No. AID/DSPE-C-0052).

In mid 1980, the Barbados Family Planning Association (BFPA) expressed interest in doing a survey in Barbados and, following contractual agreements, carried out the Survey under Westinghouse's technical guidance. The data collection part of the Survey was carried out by Systems, Inc., a commercial survey organization in Barbados, under contract with the BFPA. This report, prepared by my colleague Dr. Neal Kar Nair here at Westinghouse, is based on these data. We believe that it has presented some very important information on fertility and family planning in Barbados. It is our hope and expectation that the findings presented in it will be of use to both national and international agencies interested in the field of population and family planning.

We would also like to extend our thanks and appreciation to the women of Barbados for their time and cooperation in this research. It is through their participation that the Study was made possible and the necessary data collected on which this report is based.

Lawrence Smith, Jr., Ph.D.
Director, Contraceptive Prevalence
Survey Project
Westinghouse Health Systems

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F O R E W O R D

I deem it an honour and privilege to have the opportunity to write a foreword to this comprehensive study of Contraceptive Prevalence in Barbados.

Barbados has been very fortunate over the years to have attracted persons of the calibre of Dr. George Roberts, Professor of Demography at the University of the West Indies, Dr. Christopher Tietze of the Population Council, Dr. Edward Ebanks, Professor, University of Western Ontario, and Dr. Joycelin Massiah, Deputy Director of the Institute of Social and Economic Research (Cave Hill Campus) of the University of West Indies, to mention a few, who have collaborated with local personnel in carrying out various demographic studies, which have provided much guidance to the country and to the Barbados Family Planning Association.

Early in 1980 a very modest Contraceptive Prevalence Survey was being planned by the Association with some financial assistance from the International Planned Parenthood Federation. At that time Westinghouse Health Systems came forward offering financial and technical assistance to conduct a more comprehensive survey, as part of their international Contraceptive Prevalence Survey Project sponsored and funded by the United States Agency for International Development. In this survey, we have collected a wealth of information on contraceptive knowledge and use, which it is hoped will be of considerable use to administrators and researchers. The survey was also designed to provide the Association with information, not only with regard to the efficiency, but also with regard to the efficacy, of its services.

Although the Association has been in existence for more than a quarter of a century and has experienced encouragingly good results, it cannot afford to be complacent, and it is hoped that the findings of this survey will enable the Association to improve its services still further.

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This Contraceptive Prevalence Survey was restricted to females in the 15-49 age group. Many informed people, both within the country and outside, were interested in having information on the contraceptive knowledge, attitude, and practice of men in the country. It is therefore heartening and exciting to note that such a survey is being conducted - again, with financial and technical assistance of Westinghouse Health Systems - in Barbados and in two other Caribbean Countries (St. Kitts-Nevis and Dominica). The results from this survey are expected to be available around the middle of this year.

Many persons have rendered valuable assistance in making this study a reality. But I would particularly wish to mention the following persons for their help. Mr. Sushil Kumar and Mr. John Novak of Westinghouse Health Systems, and Dr. Joycelin Massiah of the Institute of Social and Economic Research, U.W.I. helped in the initial phases of the survey. Systems, Incorporated, Barbados carried out the field work under a subcontract with the Association. Dr. N.K. Nair of Westinghouse Health Systems did the analysis of data and preparation of this report in consultation with us. Mr. Eric Straughn, Director of Statistical Services, Government of Barbados provided us with appropriate national data for the sample selection for the survey. Mr. Mark Laskin of USAID/Barbados was principally responsible for the involvement of Westinghouse in this survey and he has helped us with his support throughout the course of the survey. To all these, I express my sincere thanks for such a useful work so well done.

Charles Alleyne,
EXECUTIVE DIRECTOR.
BARBADOS FAMILY PLANNING ASSOCIATION.

Barbados
1983-02-02.

ABBREVIATIONS USED IN THIS REPORT

ASFR	Age-Specific Fertility Rate
BCPS	Barbados Contraceptive Prevalence Survey
BFPA	Barbados Family Planning Association
CPS	Contraceptive Prevalence Survey
ED	Enumeration District
GDP	Gross Domestic Product
GFR	General Fertility Rate
IUD	Intra Uterine Device
TFR	Total Fertility Rate
WU	Women in Union
WUNP	Women in Union and Nonpregnant

1. INTRODUCTION

1.1 Objectives

The survey on contraceptive prevalence in Barbados was commissioned by the Barbados Family Planning Association, in conjunction with Westinghouse Health Systems of the United States, and conducted by the SYSTEMS Group of Companies of Barbados. Westinghouse Health Systems provided technical and financial support.

The long-term objectives of the survey were described in the contract of agreement as:

- o To obtain for Barbados the needed data on contraceptive behavior for the overall planning and evaluation of the country's family planning program;
- o To institutionalize Contraceptive Prevalence Surveys as an adjunctive evaluation tool for increasing the efficiency and efficacy of the family planning program.

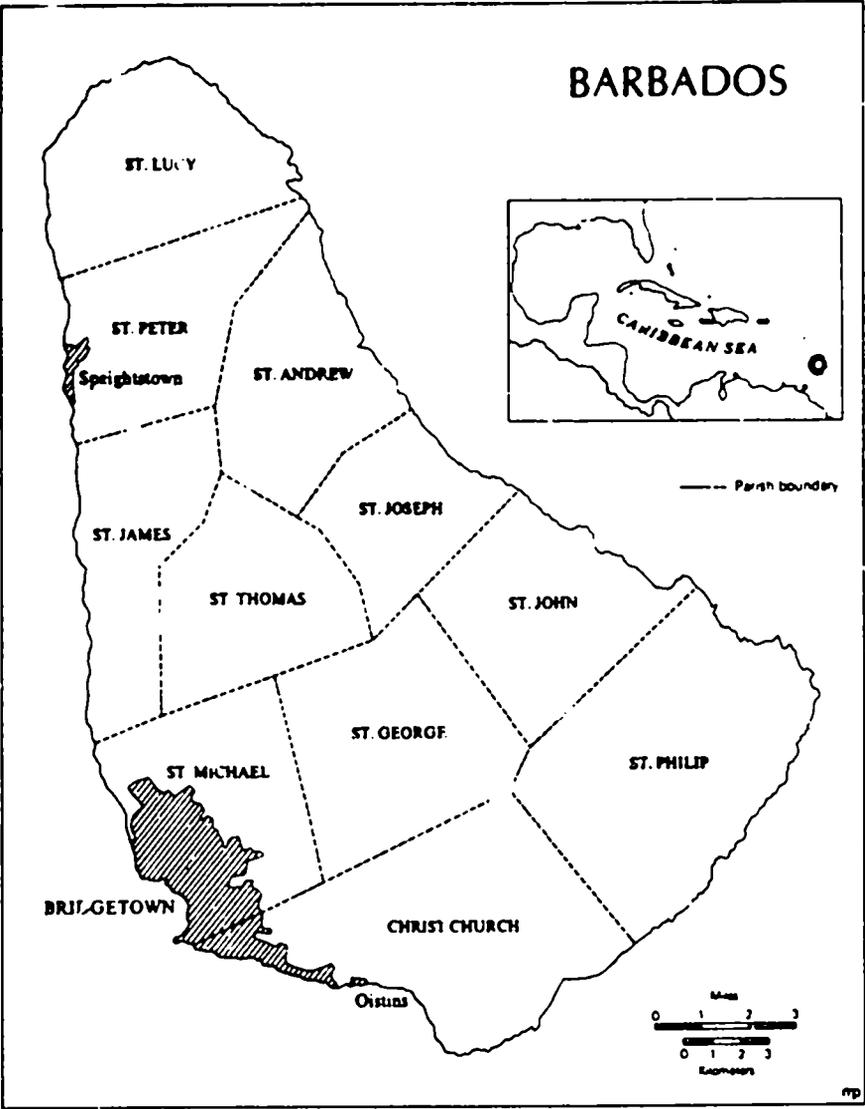
The immediate objectives of the survey were described as:

- o To collect for Barbados a body of data on the knowledge and use of contraceptives, as well as on their current availability;
- o To obtain information on the relationship between selected population characteristics (of women and their families) and contraceptive practices.

The data were collected through personal interviews conducted between November 1980 and March 1981. A copy of the questionnaire appears as appendix A.

1.2 Background Information on Barbados

Barbados is a small country, with approximately 166 square miles in area, and is the most eastern of the Caribbean Islands (See map.) A relatively good network of roads links the different parts of the



country. It is subdivided into 11 parishes. The capital, Bridgetown, is the principal site of commercial activity in the country and is situated in the parish of St. Michael. Provisional figures from the 1980 population census indicate that the resident population in the country in May 1980 was 248,983 (118, 565 males and 130,418 females). This is approximately 4 percent greater than the population in April 1970. Table 1.1 shows the distribution of the population in 1970 and 1980 by parish and by sex.

Table 1.2 shows the population, crude birth rate, crude death rate, infant mortality rate, and some related data for the period 1970 through 1980.¹ Table 1.3 shows the number of live births and estimated year-end population, and the corresponding crude birth rates, for the period 1950 through 1980.² The crude birth rate (recorded) started declining around 1960, although the decline was not quite steady. But by the late seventies, a substantial decline in the crude birth rate had occurred, and the trend seems to be one of further decline. By 1970 the death rate had already declined to a low level of about 9 per 1,000 population and has remained at about that level. Since 1976 the rate of natural increase has remained at less than one percent level. The infant mortality rate has also declined, almost steadily, from 1970; by 1980 it had declined to about one-half the 1970 level.

According to the 1970 census there were approximately 60,000 households in Barbados, with an average of 3.96 persons per household. The average household size has remained stable in the 20th century: 3.92 persons in 1921, 3.95 in 1946, and 3.97 in 1960. Although large households do exist, the nuclear family, living in a small and privately owned home, is most common in Barbados.³

Barbados being small geographically, with a high population density and a good network of roads, the urban-rural distinction is not very pronounced and cannot be meaningfully drawn. Urban-rural differences in fertility are small and even those are declining.⁴

Table 1.1 Distribution of population by census division and by sex, Barbados 1970 and 1980

Census Division (Parish)	Population at 12 May 1980 ^a			Population at 7 April 1970 ^a		
	Total	Male	Female	Total	Male	Female
Bridgetown	3.0	3.0	3.0	3.7	3.6	3.8
St. Michael (excluding Bridgetown)	37.2	36.7	37.6	38.1	37.3	3.9
Christ Church	16.4	16.1	16.6	14.9	14.8	14.9
St. George	7.0	7.1	6.9	7.0	7.2	6.9
St. Philip	7.5	7.7	7.3	7.2	7.4	7.0
St. John	4.1	4.2	4.1	4.5	4.6	4.3
St. James	6.9	6.9	7.0	5.7	5.6	5.8
St. Thomas	4.3	4.4	4.2	4.4	4.6	4.3
St. Joseph	2.9	3.0	2.8	3.3	3.4	3.2
St. Andrew	2.7	2.8	2.6	3.0	3.2	2.8
St. Peter	4.3	4.4	4.2	4.5	4.6	4.4
St. Lucy	3.7	3.7	3.7	3.7	3.7	3.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(248,983)	(118,565)	(130,418)	(238,509)	(112,232)	(126,277)

Source: Barbados Economic Report 1980, Table VII.

^aEnumerated population excluding tourists in accommodation establishments, but including persons in other institutions.

Table 1.2 Population, birth rate, death rate, and infant mortality rate, Barbados 1970-80

Year	Year-End Resident Population (thousands)	Birth Rate (per 1,000)	Death Rate (per 1,000)	Rate of Natural Increase	Infant Mortality Rate (per 1,000 live births)	Rate of Population Growth %
1970	240.6	20.3	8.7	11.6	45	-5.1
1971	242.0	21.5	8.7	12.8	29	0.6
1972	243.9	21.7	8.2	13.5	35	0.8
1973	245.1	20.8	9.4	11.4	33	0.5
1974	246.3	19.5	8.5	11.0	31	0.5
1975	248.8	18.9	8.4	10.5	33	1.0
1976	251.1	18.3	9.1	9.2	28	0.9
1977	253.3	17.1	8.6	8.5	25	0.9
1978	253.1	17.0	9.1	7.9	27	-0.7
1979	254.3	16.8	8.5	8.3	24	0.5
1980	249.0	16.3 ^P	8.2 ^P	8.1 ^P	24	-2.1 ^P

Sources: Barbados Economic Report 1980, Table VIII, and Barbados Economic Report 1979, Table VII.

p = provisional

Table 1.3 Recorded Births and Corresponding Birth Rates,
Barbados 1950-80

Year	Number of Live Births	Estimate of Year-End Population (Thousands)	Birth Rate (per 1,000)
1950	6,432	211.6	30.4
1951	6,793	215.1	31.6
1952	7,291	219.0	33.3
1953	7,304	222.9	32.8
1954	7,576	227.6	33.3
1955	7,593	229.1	33.1
1956	7,082	229.6	30.8
1957	7,314	232.2	31.5
1958	7,115	236.8	30.0
1959	7,110	240.8	29.5
1960	7,833	234.6	33.4
1961	6,754	234.0	28.9
1962	6,881	237.4	29.0
1963	6,756	240.3	28.1
1964	6,506	242.7	26.8
1965	6,350	245.0	25.9
1966	6,319	248.2	25.5
1967	5,455	250.7	21.8
1968	5,474	252.9	21.6
1969	5,196	253.6	20.5
1970	4,883	240.6	20.3
1971	5,177	242.0	21.4
1972	5,303	243.9	21.7
1973	5,084	245.1	20.7
1974	4,851	246.3	19.7
1975	4,683	248.8	18.8
1976	4,593	251.1	18.3
1977	4,326	253.3	17.1
1978	4,304	253.1	17.0
1979	4,269	254.3	16.8
1980	4,067 ^P	249.0	16.3 ^P

Sources: Barbados Economic Report 1979 and Barbados Economic Report 1980.

p = provisional

Nearly 75 percent of the people in Barbados belong to the Anglican church; there are also Methodist and Roman Catholic congregations.⁵

Over 95 percent of the population of Barbados is black, while around 2.5 percent of the population is white. Both blacks and whites have differential fertility by class.⁶

Table 1.4 shows the educational distribution of the population aged 15 years and over for males, females, and the total population. Table 1.5 shows the educational distribution of females aged 15-49 years

Table 1.4 Population aged 15 years and over by sex and by highest educational level attained, Barbados 1970

Highest Educational Level	Males		Females		Total	
	N	%	N	%	N	%
Nursery/infant	53	a	88	a	141	a
Primary	14,621	22	21,996	27	36,617	25
Secondary	49,797	75	57,390	71	107,187	72
University	1,057	2	500	a	1,557	1
Other	238	a	383	a	621	a
None	493	a	600	a	1,093	a
Not stated	441	a	380	a	821	a
Total	66,700	100 ^b	81,337	100 ^b	148,037	100 ^b

Source: 1970 Population Census of the Commonwealth Caribbean, vol. 6, Education.

^a Less than 1%.

^b Because of rounding errors, figures may not equal 100% when summed.

Table 1.5 Percentage distribution of women by highest educational level attained and by age, Barbados 1970

Highest Educational Level	Age						All	
	15-19	20-24	25-29	30-34	35-39	40-44		45-49
Primary	3.1	6.6	10.6	16.2	21.0	30.6	33.5	14.6
Secondary	95.9	91.3	87.0	81.6	77.3	67.9	64.7	83.7
University	0.2	1.0	1.3	1.3	1.0	0.7	0.5	0.8
Other	0.6	0.6	0.6	0.3	0.2	0.1	0.3	0.4
None (includes nursery/infant)	0.2	0.3	0.3	0.3	0.3	0.3	0.6	0.3
Not stated	a	0.2	0.2	0.3	0.2	0.4	0.4	0.2
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(12,879)	(9,567)	(6,268)	(5,853)	(5,818)	(6,216)	(5,569)	(52,170)

Source: 1970 Population Census of the Commonwealth Caribbean, vol. 6; Education.

^aLess than 0.1%.

by five-year age groups. Nearly three-fourths of the population in 1970 reported secondary school as the highest level of education attained; the corresponding proportion for males was slightly higher than for females. It should be noted here that some of the younger women might not have completed their education at the time of reporting their highest attained level of education. Only a very small fraction (1 percent) of the population had attained university education.

An overwhelming majority (83.7 percent) of women 15-49 years of age had attained secondary school education, according to the 1970 census, while only less than one percent had had some university education. Age differentials in educational attainment may also be seen from table 1.5; younger women generally are better educated than older women.

Table 1.6 shows the distribution of females 15 years and over according to conjugal union status. A general pattern observed among the lower socioeconomic groups in Barbados is that the conjugal union starts with a visiting relationship. After possibly several visiting partners, a woman may enter a common law union (also known as living relationship). A common law union may eventually be legalized, after several years, by marriage. Childbearing during these different types of relationship is not uncommon in Barbados.⁷ As may be seen from Table 1.6, the proportion married among women aged 45 and over is considerably higher than the corresponding proportion for women aged 15-44 years. This is indicative of the later occurrence of marriage among Barbados' women.

Table 1.6 Distribution of women aged 15 and over according to conjugal union status, Barbados 1970

Conjugal Union Status	Age					
	15-44		45 and Over		15 and Over	
	N	%	N	%	N	%
Married	11,959	29	17,177	50	29,136	38
Common law	6,406	15	2,669	8	9,075	12
Visiting	2,202	5	17	a	2,219	3
Not living with husband	984	2	4,328	12	5,312	7
Not living with common law partner	1,789	4	2,710	8	4,499	6
Never had husband or partner	17,719	43	7,356	21	25,075	33
Not stated	526	1	427	1	953	1
Total	41,585	100 ^b	34,684	100	76,269	100

Source: 1970 Population Census of the Commonwealth Caribbean, vol. 8, Fertility, Union Status and Marriage.

^aLess than 1%.

^bBecause of rounding errors, figures may not equal 100% when summed.

Table 1.7 shows the distribution of the adult population by economic activity status for the period 1976 to 1980. It is seen that the unemployment rate among the labor force declined during this period among both males and females. Note also that the participation of females in the labor force is considerably lower than that of males. During the period 1976-80, the participation of males in the labor force remained virtually unchanged, but that of females appears to show an upward trend beginning in 1979.

Table 1.8 shows the breakdown of Barbados' gross domestic product (GDP) by sector of origin for 1975-80, and Table 1.9 shows the estimates of real gross domestic product at constant prices for 1971-80.⁸ Barbados' per capita GDP (at factor cost) increased by more than 100 percent during the period 1975-80. Also, there was substantial real growth in GDP, as may be seen from Table 1.9.

1.3 The Barbados Family Planning Association and Its Activities

In 1952 a joint committee was appointed by the two houses of the parliamentary legislature to examine the question of overpopulation in Barbados and to make recommendations for dealing with the problem. Following the committee's report in 1954, the Barbados Family Planning Association was formed in 1955; thus Barbados became the second country in the world officially to support and fund a national family planning program (India was the first country.) In 1957, the Barbados Family Planning Association (BFPA) became a member of the International Planned Parenthood Federation. Although the BFPA receives financial support from the government and, in accordance with the BFPA Act of 1967, has a quasi-governmental status, it is a private, autonomous organization.

Until 1966 the BFPA operated only one clinic, which was located in a government health centre. In 1966 the government granted the Association premises in a portion of the former general hospital, on Bay Street, Bridgetown. This became the headquarters and central clinic of the BFPA. New clinics were opened in government health centres and outpatient clinics in nine parishes. In 1975 a modified model of a

Table 1.7 Adult population in private households by economic activity status,
Barbados 1976-80

Economic Activity Status	Adult Population (in thousands)														
	1976			1977			1978			1979			1980 ^a		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Total adults	77.1	89.7	166.8	77.3	90.4	167.7	75.5	92.8	168.3	77.4	92.6	171.0	80.1	94.1	172.2
In labor force	58.1	46.0	104.1	58.6	46.0	104.6	56.1	46.5	102.6	58.5	50.5	109.0	62.1	52.7	114.8
Employed	51.2	36.7	87.9	52.4	35.8	88.2	50.3	38.5	88.8	53.4	41.6	95.0	56.4	43.9	100.3
Unemployed	6.9	9.3	16.2	6.2	10.2	16.4	5.8	8.0	13.8	5.1	8.9	14.0	5.7	8.8	14.5
Not in the labor force	19.0	43.7	62.7	18.2	44.4	63.1	19.4	46.3	65.7	18.9	43.1	62.0	18.0	41.4	59.4
Kept house	0.8	24.2	25.0	-	20.7	20.7	-	20.9	20.9	0.1	19.8	19.9	-	20.5	20.5
At school	6.4	6.5	12.9	6.2	6.5	12.7	6.7	7.0	13.7	5.4	7.6	13.0	6.5	7.2	13.7
Retired	6.9	8.2	15.1	7.8	11.7	19.5	8.5	11.2	19.7	9.1	10.4	19.5	8.0	9.2	17.2
Incapacitated	2.4	3.7	6.1	1.8	2.6	4.4	1.5	3.2	4.7	2.0	2.7	4.7	1.7	1.8	3.5
Voluntarily idle	2.4	1.2	3.6	2.7	2.7	5.4	2.3	3.4	5.7	1.9	2.0	3.9	1.5	2.5	4.0
Other				0.2	0.3	0.5	6.5	0.5	1.0	6.3	0.7	1.0	0.3	0.2	0.5
Unemployed as percent of labor force	11.9%	20.2%	15.6%	10.6%	22.2%	15.7%	10.3%	17.2%	13.4%	8.6%	17.6%	12.8%	9.2%	16.7%	12.6%
Labor force as percent of total adults	75.4%	51.3%	62.4%	75.8%	50.9%	62.4%	74.3%	50.1%	61.0%	75.6%	54.0%	63.7%	77.5%	56.0%	65.9%

Note: The figures shown are annual estimates based on the Continuous Household Sample Survey.

^aFigures are ratio estimates based on the preliminary count of the 1980 population census.

Table 1.8 Gross Domestic Product by sector of origin (current prices)
Barbados 1975-80

Sector of Origin	1975		1976		1977		1978 ^P		1979 ^P		1980 ^P	
	\$	% of GDP	\$	% of GDP	\$	% of GDP	\$	% of GDP	\$	% of GDP	\$	% of GDP
Sugar	66,854	9.5	48,112	6.1	54,655	6.3	51,658	5.3	64,028	5.4	94,195	6.4
Other agriculture and fishing	26,631	3.8	28,686	3.6	37,050	4.2	40,034	4.0	45,117	3.8	49,484	3.4
Mining and quarrying	1,562	0.2	2,273	0.3	4,656	0.5	7,149	0.7	9,324	0.8	12,232	0.8
Manufacturing	71,900	10.3	84,793	10.8	86,918	9.9	108,083	11.0	130,629	11.0	159,395	10.9
Electricity, gas and water	10,344	1.5	11,180	1.4	14,074	1.6	15,674	1.6	18,320	1.5	21,999	1.5
Construction	46,299	6.6	55,600	7.1	60,119	6.9	75,113	7.7	88,124	7.4	104,508	7.2
Wholesale and retail trade	127,187	18.2	165,248	21.0	182,014	20.8	204,801	20.9	259,404	21.8	318,976	21.8
Tourism	64,838	9.3	65,477	8.3	87,728	10.0	109,674	11.2	143,967	12.1	174,970	12.0
Transport, storage and communication	50,376	7.2	55,902	7.1	60,053	6.9	64,231	6.5	70,100	5.9	86,924	6.0
Finance, insurance, real estate and business services	98,341	14.0	109,822	13.9	110,192	12.6	115,593	11.8	135,010	11.3	162,512	11.1
General services	30,837	4.4	33,101	4.2	34,975	4.0	37,773	3.9	46,120	3.9	57,650	4.0
Government services	105,474	15.0	127,843	16.2	142,207	16.3	150,566	15.4	179,584	15.4	218,208	14.9
GDP at factor cost	700,644	100.0	788,037	100.0	874,641	100.0	980,349	100.0	1,189,727	100.0	1,461,053	100.0
Add net indirect taxes	117,798		85,442		103,511		127,615		153,242		168,566	
GDP at market prices	812,442		873,479		978,152		1,107,969		1,341,969		1,629,619	
Population (000 persons)	248.1		251.1		253.3		253.1		254.9		249.0	
Per capita GDP (at factor cost)	2,824		3,138		3,453		3,873		4,667		5,868	

Note: \$=BDS \$ 000.

Source: Barbados Economic Report 1980, Table III.

p = provisional

Table 1.9 Estimates of real Gross Domestic Product (constant prices)
Barbados 1971-80

Sector of Origin	Real GDP (BDS \$ 000)									
	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980
Sugar	57,800	47,674	49,564	46,831	41,680	43,834	51,093	42,991	48,517	57,602
Non-sugar agriculture and fishing	24,219	21,282	22,835	21,665	24,525	27,146	21,296	29,356	29,789	24,979
Mining and quarrying	1,133	1,139	944	807	869	1,294	1,104	1,591	1,647	1,989
Manufacturing	55,539	61,300	65,718	62,649	69,289	81,005	83,574	91,217	92,783	98,421
Electricity and water	8,242	9,362	10,181	9,578	10,055	10,765	12,298	15,804	15,804	16,838
Construction	53,007	52,067	55,484	52,744	44,146	49,949	43,091	46,309	52,744	56,436
Wholesale and retail trade	120,041	123,881	124,254	118,337	119,638	122,242	124,609	129,461	142,004	155,678
Tourism	56,150	57,213	58,317	64,085	56,138	57,869	77,094	86,258	107,021	111,059
Transport, storage and communications	44,006	44,904	44,949	43,640	43,378	44,382	45,473	46,607	48,266	49,705
Business and general services	122,719	125,223	125,474	123,014	120,184	118,339	121,291	123,014	126,089	128,057
Government services	86,946	93,491	96,982	97,050	97,050	97,050	97,050	99,476	102,000	101,999
Total	629,802	637,536	655,702	640,400	626,992	653,875	677,973	710,493	766,664	803,763
Real growth (%)	0.3	1.2	2.8	-2.3	-3.1	4.3	3.7	4.8	7.9	4.9

Source: Barbados Economic Report, 1980, Table V.

Community Based Distribution of Contraceptives project was launched to make services more easily available to the public. This provided for the provision of contraceptives in clinics, doctors' offices, pharmacies, supermarkets, smaller shops, and private premises. This was an outreach program, substituted for the initial model of the Community Based Distribution of Contraceptives, which failed owing to doctors' opposition to the distribution of oral contraceptives without a prescription. This outreach program is considered to have had considerable success. Medical input was also arranged through doctors who volunteered their services.

Table 1.10 shows the number of new acceptors of family planning at the BFPA for the period 1955-75. The decline noted for 1974 and 1975 is explained as due in part to the supplying of methods by other private organizations or individuals, such as doctors and pharmacies.⁹

In 1980, the BFPA produced a series of 12 monthly programs of 15 minutes duration on each of the country's two radio stations, the Caribbean Broadcasting Corporation and the Cable Station Barbados Rediffusion; these programs appeared on the last Wednesday of each month and examined family life education in general and in Barbados in particular. In addition, the BFPA introduced in September 1980 a series of 24 soap opera serials, each of five minutes duration, which depicted aspects of family life in Barbados; these programs appeared on both radio stations on Mondays and Wednesdays, and the series ran until December 1980.

The Barbados Family Planning Association also continues to produce its own newsletter, "Family", which is published triannually. Among other things this newsletter contains educational and informational materials on family planning.

The BFPA conducts an industrial program, with visits by field educators to about two dozen industrial sites; the field educators provide information on contraceptives and supply them, and refer the clients to the clinic as required. Field educators visit also all the

Table 1.10 New acceptors of family planning at the Barbados Family Planning Association, 1955-75

Year	New Acceptors
1955	282
1958	1,020
1961	1,112
1964	3,148
1967	2,948
1970	5,264
1971	3,265
1972	3,337
1973	4,695
1974	3,030
1975	2,277

Source: United Nations Fund for Population Activities; Population Profiles 9, Barbados

government polyclinics and provide information and services. A nurse and a field educator are present every day at the Queen Elizabeth Hospital to provide information and services. Field educators and nurse-midwives engage in counseling services at the BFPA headquarters clinic from Mondays to Fridays inclusive, and on Saturday mornings.¹⁰

Chapter 1 Notes

1. Year-end resident population figures for the intercensal period 1971-79 were estimates based on the 1970 population count and on estimated subsequent changes caused by births, deaths, and migration flows; estimates of the latter are considered especially prone to error. It seems likely that the year-end population figures for the intercensal years 1971-79 will be reestimated in the near future in light of the 1980 population census count. (These reestimates may possibly remove or reduce the apparent negative population growth between the years 1979-80.)
2. Estimates for the year-end population shown in Table 1.3 were taken from the Barbados Economic Reports for 1979 and 1980, for the years 1970 to 1980 inclusive. Estimates for earlier years were obtained from publications of the Barbados Statistical Service, specifically the following: Abstract of Statistics, No. 2, 1957; Quarterly Digest of Statistics, No. 13, March 1960; Quarterly Digest of Statistics, No. 25, March 1963; Quarterly Digest of Statistics, No. 33, March 1969; Quarterly Digest of Statistics, December 1970. Recorded annual numbers of live births were obtained from the Barbados Statistical Service publications just cited, and, in addition, from the monthly Digest of Statistics, No. 6, January 1975; No. 3, December, 1977; and No. 12, December 1980, all published by the Barbados Statistical Service. Any slight discrepancies in the birth rates shown in Table 1.3 and those for the years 1970 to 1980 shown in Table 1.2 (derived from the Barbados Economic Reports for 1979 and 1980) are due to rounding errors.
3. This information is taken from: G. Edward Ebanks and Lionel Gilkes, Country Profiles-Barbados, The Population Council, December, 1973; p. 1

4. Op. cit. pp. 2-3
5. Op. cit. p. 3
6. Ibid
7. Op. cit. p. 2
8. As for exchange rates, Barbados currency is at present tied to U.S. currency at the rate: BDS\$1.00 = US\$0.50.
9. Articles providing a historical review of the formation and the first twenty-five years of the Barbados Family Planning Association appear in three issues of the BFPA newsletter FAMILY: FAMILY, No. 1, December 1978, 'A Look at Ourselves: Part 1 of an historical review,' by Clyde Gollop; and FAMILY, No. 2, May 1979, 'Twenty-five Years,' by J.S.B. Dear. A description of the Barbados Family Planning Association from its formation until about 1977 is found in: The United Nations Fund for Population Activities: Population Profiles: 9: Barbados. The brief section in this report sketching the formation and development of the BFPA is taken from these sources.
10. Extending the hours in which the BFPA headquarters clinic is open for counseling services to include Saturday mornings was introduced around the end of 1980.

2. METHODOLOGY AND DESCRIPTION OF SAMPLE

2.1 Methodology

The objective of the sample scheme was to ensure a random selection of approximately 2,000 women between the ages of 15 and 49 so that the sample would be representative of the Barbadian female population in that reproductive age range.

In planning the sample design it was necessary to consider the size of the field force and the time within which the data had to be collected. It was therefore decided to select 50 enumeration districts (EDs) with probability proportional to size of the female population as counted in the 1980 population census. From each of the selected EDs, a systematic sample of 50 households was selected with inverse probabilities. This yielded a sample of approximately 2,500 households, or 3.6 percent of all private households.

It was estimated that the sample of 2,500 households would include 8,750 persons of whom approximately 2,200 would be eligible females, i.e., females between the ages of 15 and 49. Allowing for non-response of 10 percent, the target of approximately 2,000 eligible females was to be realized.

The proposed design was simple in concept and easily applied in the field. Not only did it guarantee an adequate geographical spread of EDs, but the systematic selection of households at the second stage ensured that all household types within an ED were represented. Additionally, since the average number of households per ED was 156 and an interviewer had to cover an average of 50 households per ED, travel and search time per interview was reduced.

Before fieldwork began, the interviewing staff were trained for two weeks in order to:

- o familiarize them with the questionnaire,
- o enable them to identify field-related problems,
- o provide them with adequate knowledge of family planning methods so they could carry out the survey efficiently,
- o pretest the questionnaire.

To facilitate the fieldwork, the selected households were identified before the survey began. There were a few minor discrepancies between the number of households expected in the sample design and the number which were actually discovered in some areas, but those differences were negligible.

The fieldwork started on November 7, 1980, and continued through December 15, 1980, when it was found that householders were too busy to grant interviews. During this period 625 interviews were completed. Fieldwork resumed on February 1, 1981, when it was anticipated that householders would again be more amenable to being interviewed. At this stage, based upon the completion rate during November and December 1980, sampling intervals in the remaining 19 EDs were decreased by 0.5, thus doubling the expected response from the remainder of the sample.

By the end of February, 1,270 interviews had been completed. Additional interviews were difficult to obtain since many eligible females were at home only during the night. As a result, it was decided to interview during the evening. This procedure very quickly exhausted the selected number of households, but with a much smaller than expected number of completed interviews. The overall noncompletion rate was more than one-third. Exclusion from the sample occurred if there was no answer from the household after three visits, if there was refusal to cooperate, if the chosen respondent was unavailable after two recalls, or if the chosen respondent did not complete the interview.

After fieldwork, the questionnaires were edited and coded for processing by computer.

Because of the modifications in the sample design, the survey data were appropriately weighted before being analysed.

2.2 Description of Sample

Approximately 18 percent of the households observed in the field and selected for possible interview (i.e., households that were chosen for subsequent selection of any eligible females residing there) did not respond to any of the interviewer's housecalls, and about 2 percent refused outright to participate in the survey. Thus, in 20 percent of the observed households, no listing could be made of any eligible females (Table 2.1). Of the total number of eligible females subsequently selected, 30.5 percent eventually proved to be unavailable for interview¹, and 5.1 percent either refused from the outset to participate or stopped part way through the interview (Table 2.1). Thus a complete interview was not obtained from 35.6 percent of the total number of eligible females selected for participation in the survey.

The sample obtained was weighted considering the nonresponses in each ED and the change effected in the sampling interval in some EDs.² The abnormally high nonresponse rate encountered caused great concern about the representativeness of the weighted sample finally obtained; the concern was whether any selectivity was involved in interviewing. One technique generally adopted to address this issue is to compare the sample characteristics with those obtained from independent but comparable sources -- the census, for example. But in Barbados, the 1980 census results, -- the closest for comparison -- were not available (except a provisional age distribution). Some items of information from the 1970 census were available, but other than those, nothing was available for making the required comparison. In what follows, comparisons are made with the available data, but it has to be admitted that the determination of the nature and extent of bias, if any, in the sample has not been satisfactorily accomplished.³ It is possible that given the high rate of nonresponse, the obtained sample is biased in ways that are not discernible from the limited comparisons made here. The findings presented in this report should therefore be accepted with caution.

Table 2.1 Nonresponse in the survey

Total households observed	3,292
Number of households not answering to any house-calls	607
Number of households refusing to be interviewed from the outset	52
Total number of households from which no selection could be made for eligible females	659
As a % of the total number of households observed:	
Households not answering to any of the house-calls	18.4%
Households refusing to be interviewed from the outset	1.6%
Total households from which no selection could be made for eligible females	20.0%
Total number of eligible females selected:	2,271
Number of eligible females unavailable for interview subsequent to selection	693
Number of eligible females who refused interview	106
Number of eligible females who stopped part-way through interview	9
Total number of selected eligible females from whom a completed interview was not obtained	808
Total number of selected eligible females completely interviewed (2,271 - 808)	1,463
As a % of the total number of eligible females selected:	
Eligible females unavailable for interview subsequent to selection	30.5%
Eligible females who refused interview	4.7%
Eligible females who stopped part-way through interview	0.4%
Total eligible females from whom a completed interview was not obtained	35.6%

As mentioned before, the sample was appropriately weighted, and the weighting led to a total of 2023 cases. No attempt was made to adjust the weights to make the weighted total equal to the actual number of interviews (1463). The analysis presented below is, of course, based on the weighted sample (although the adjective "weighted" may not always be used).

The distribution of women by census division in the sample and in the 1970 census is presented in Table 2.2. (Corresponding data from the 1980 census were unavailable.) It is clear that, compared to the 1970 distribution, the St. Michael Division (Parish) is a little underrepresented in the sample, especially the region outside of Bridgetown. It may be noted in this context that the proportion of the total population in this Division declined only slightly between 1970 and 1980 (Table 1.1). The apparent overrepresentation in the sample of the adjacent Christ Church Division should be viewed in conjunction with the observed fact that the proportion of the total population in the Division increased during 1970-80. Also, while St. Joseph Division is overrepresented, the adjacent St. Andrew is underrepresented in the CPS sample; both Divisions, it may be noted, registered proportionately less population in 1980 than in 1970. The effect, if any, of the differences noted above on the representativeness of the CPS sample has not yet been determined.

A comparison of the five-year age distribution of the CPS sample with the corresponding distribution in the 1970 and 1980 census is possible from Table 2.3. It is seen that, compared to the 1970 age distribution, the CPS sample has a substantially higher proportion at ages 25-29 but has a lower proportion at ages 40 and above. The proportions at these ages in the CPS sample, however, match those observed in the 1980 census. It may be borne in mind that the 1980 census figures are provisional, and that the CPS was conducted roughly 7 months after the 1980 census. A more realistic assessment of the quality of the CPS sample in this respect should be possible when final figures from the 1980 census become available.

Table 2.2 Percentage distribution of women aged 15-49 by census division in the CPS sample (1980-81) and in the 1970 Barbados census

Census Division	1970 Census ^a	CPS Sample ^b (1980-81)
Bridgetown (in St. Michael)	4	3
Rest of St. Michael	39	35
Christ Church	15	18
St. George	7	5
St. Philip	7	8
St. John	4	4
St. James	6	7
St. Thomas	4	7
St. Joseph	3	6
St. Andrew	3	1
St. Peter	4	4
St. Lucy	4	3
All	100	100
(N)	(52,170)	(2,023)

^a Source: 1970 Population Census of the Commonwealth Caribbean, vol. 6, Education.

^b Because of rounding, the sum in this column exceeds 100.

Table 2.3 Five-year age distribution of women aged 15-49 in the 1970 and 1980 Barbados censuses and in the CPS sample

Age	1970 Census	1980 Census (Provisional)	CPS Sample (1980-81)
15-19	25	24	24
20-24	18	22	20
25-29	12	18	18
30-34	11	12	11
35-39	11	8	11
40-44	12	8	9
45-49	11	8	7
All	100	100	100
(N)	(52,170)	(63,643)	(2,023)

In the Barbados CPS, the respondents were asked to report the highest level of education they attained. The educational distribution derived from this data is as shown in Table 2.4. A comparison of this distribution with the educational distribution obtained in the 1970 census (Table 1.6) shows some appreciable differences between the two; the CPS sample had a higher proportion in the primary school category, and, correspondingly, a lower proportion in the secondary school category. Although the two distributions are not directly comparable, it seems that the CPS sample women on the average had less education than the national average in 1970. Although the 1980 census figures are not yet available, it is very likely that the educational situation in the country has been improving over the years.

As may be seen from Table 2.4, the younger women in the CPS sample were generally better educated than the older women. It may be borne in mind in this context that some of the younger women (especially those under age 20) might not have completed their education at the time of interview.

Table 2.4 Percentage distribution of women aged 15-49 by highest education level attained and by age, Barbados 1980-81

Highest Educational Level	Age							All
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
6 years of primary school or less	2.4	5.5	10.8	14.2	27.3	40.2	35.6	14.3
More than 6 years of primary but less than one year of secondary school	10.2	10.1	18.6	24.1	31.1	41.0	44.6	20.7
1-4 years of secondary school	33.3	35.3	32.4	30.7	13.8	9.0	4.0	27.0
5 years of secondary school	32.6	25.6	21.1	16.2	14.5	1.7	3.1	20.4
More than 5 years of secondary school	20.0	22.5	12.9	12.3	7.2	6.9	7.4	14.9
Other (including not categorizable)	1.5	1.0	4.2	2.5	6.1	1.2	5.3	2.7
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(480)	(411)	(360)	(226)	(223)	(181)	(142)	(2,023)

The respondents in the CPS were asked to state their marital status. Those who responded to this question as divorced/separated, widowed, or single were further asked whether they currently had a partner. The information so obtained was used to classify women according to type of conjugal union. Women who described themselves as married (which is a legal union) or having a living relationship or visiting relationship were classified as such. From the remaining group, those who described themselves as having a partner living with them were classified as having a living relationship, those having partners but not living with them were classified as having a visiting relationship, and the residual group was classified as "not in union".

Clearly some of the women in this latter group could have been in any of the other types of union in the past, i.e. prior to the interview. It may also be mentioned that living relationship is the closest thing to marriage.

It is needless to stress that the conventional classification as married or not married was clearly unhelpful, given the situation in Barbados in this regard and the objectives of the CPS. The classification of unions adopted here also reflects, in general, its stability, married being the most stable while visiting relationship the least stable. It is plausible that stability of union may have some influence on the contraceptive and fertility behavior of couples.

The distribution of women by type of union is presented in Table 2.5. It is seen that the younger women (15-24) tend to have mostly a visiting relationship. As age increases, the type of union shifts

Table 2.5 Percentage distribution of women by type of conjugal union and by age, Barbados 1980-81

Age	Type of Union				All (N)
	Married	Living Relationship	Visiting Relationship	Not in Union ^a	
15-19	0.0	4.7	47.0	48.3	100.0 (480)
20-24	7.6	14.1	53.5	24.8	100.0 (411)
25-29	22.0	22.2	36.5	19.2	100.0 (360)
30-34	37.6	19.6	27.3	15.4	100.0 (226)
35-39	47.4	19.5	18.0	15.1	100.0 (223)
40-44	46.0	13.3	13.5	27.2	100.0 (181)
45-49	70.0	7.8	7.0	15.2	100.0 (142)
All	23.9	14.0	35.3	26.8	100.0 (2023)
Mean age (years)	37.0	29.9	24.6	25.4	28.5

^aComprises women who formerly had conjugal relationships but have no partners currently and women who never had any conjugal relationships.

toward a living relationship or to marriage. A relatively large proportion of women in the 40-44 age group were reportedly not in union, but no explanation for this can be offered with our data.

The respondents in the CPS were asked whether they had worked for pay in the past 12 months, and if they had, whether they had worked on a full-time or part-time basis. Those who reportedly did not work were further asked whether they were housewives, students, retired, etc. The information obtained has been used to classify women according to their economic activity; the distribution is shown in Table 2.6.

Table 2.6 Percentage distribution of women by economic activity and by age, Barbados 1980-81

Age	Economic Activity					All (N)
	Full-Time Employed	Part-Time Employed	Housewife	Student	Nothing, Retired, Disabled & Other ^a	
15-19	22.6	8.8	10.0	36.4	22.2	100.0 (480)
20-24	56.8	8.4	16.4	4.5	13.9	100.0 (411)
25-29	56.5	9.6	25.2	0.6	8.1	100.0 (360)
30-34	51.8	16.3	26.5	0.6	4.8	100.0 (226)
35-39	53.1	14.1	30.1	0.0	2.7	100.0 (223)
40-44	34.0	14.8	50.5	0.0	0.7	100.0 (181)
45-49	35.3	14.8	49.1	0.0	0.8	100.0 (142)
All	44.2	11.3	24.4	9.7	10.4	100.0 (2,023)

^aNearly 10 percent of the women in the sample reported 'nothing' when asked about their occupation.

A little over one-half of the women reportedly worked in the past year, although a one-fifth of those who worked did so only on a part-time basis. Nearly one-fourth of the women described themselves as housewives, while about 10 percent described themselves as doing nothing. This latter group of women obviously did not consider themselves as housewives and quite probably might have been living with their mothers or other women whom they considered to be housewives. Female employment seems to be at a reasonably high level in Barbados, with approximately two-thirds of the 20-39 year olds and about one-half of the 40-49 year olds having worked in the past year.

As for the relationship between economic activity and conjugal union status, of those who reported nothing as their occupation (10 percent of the whole sample) a little over one-half (54 percent) were having either a visiting relationship (43 percent) or a living relationship (11 percent), while about 44 percent were not in union. Nearly one-third of the students (89 percent of whom were 15-19 years of age) reported that they were having a visiting relationship while almost all the others were not in union (Table 2.7). Women in living

Table 2.7 Percentage distribution of women aged 15-49 by type of conjugal union and economic activity, Barbados 1980-81

Union type	Economic Activity					All (N)
	Full-Time Employed	Part-Time Employed	Housewife	Student	Nothing, Retired Disabled & Other ^a	
Married	41.1	10.5	46.7	0.3	1.4	100.0 (483)
Living relationship	51.7	10.8	29.7	0.0	7.8	100.0 (284)
Visiting relationship	50.6	11.9	15.7	9.0	12.8	100.0 (713)
Not in union	34.3	11.3	13.4	24.1	16.9	100.0 (543)
All	44.1	11.3	24.4	9.7	10.6	100.0 (2023)

^aNearly 10 percent of the women in the sample reported "nothing" when asked about their occupation.

relationships and visiting relationships appear to be a little more likely to have worked in the past year than the married and not-in-union women, while married women were considerably more likely to have described themselves as housewives than the other women.

With regard to the relationship between educational attainment and economic activity among women 25 years and above (practically none of whom were students), those who had only a primary school education or less and those who had 5 years of secondary school or more were more likely to have been employed, either full-time or part-time, in the one-year period before the interview than the others; a considerable proportion of the women aged 20-49 who had only 1-4 years of secondary school described themselves as housewives: 42 percent for age 25-34 and 49 percent for 35-49. For the younger women (15-24), the relationship between education and employment is not so clear-cut, presumably because of continuing education for over one-fifth of them (Table not shown).

2.3 Summary

A total of 1463 interviews from women 15-49 years of age were obtained in the Barbados CPS (conducted toward the end of 1980 and in the first quarter of 1981), which after appropriate weighting to ensure representativeness led to 2023 cases for analysis. A little over one-third of the sample women had less than secondary school education while nearly all the others had some secondary school education or more. The younger women in the sample were generally better educated than the older women. Roughly one-fourth of the women were reportedly not having any conjugal relationship at the time of interview, while about the same proportion were having a visiting relationship; 37 percent were married and about 30 percent were having a living relationship. (The latter type of relationship is closest to marriage but has no legal status.) As for their employment status, a little over one-half had worked in the past year, with about 80 percent of those who worked employed full-time. Nearly one-fourth of the women described themselves as housewives and

about one-tenth as students. One-third of the students (89 percent of the students were 15-19 years of age) were reportedly having a visiting relationship. Married women were more likely to have described themselves as housewives than those with a visiting or living relationship.

Chapter 2 Notes

1. If any selected women were not available for interview at the time of selection, the interviewer was instructed to make appointments for a future time. It therefore seems likely that a considerable number of those selected eligible females who were unavailable for interview at the time of selection were willfully unavailable; i.e., they were probably deliberate nonrespondents.
2. The weighting formula used for each enumeration district was as follows:

$$\frac{\text{The number of households observed}}{\text{The number of households contacted}} \times \frac{\text{The number of eligible females}}{\text{The number of females interviewed}} \times KI$$

where $KI = 1$ if the sampling interval was not reduced by 0.5, and

where $KI = 0.5$ if the sampling interval was reduced by 0.5

3. This could be undertaken at a later time when the relevant results from the 1980 census become available.

3. FERTILITY

3.1 Introduction

In the Contraceptive Prevalence Surveys, fertility behavior of women, among other things, is also customarily investigated. But considering the objectives and scope of CPS, the coverage of fertility is often restricted to some basic aspects. In the BCPS, the aspects covered included total number of pregnancies, live births, and living children, the time last birth occurred, future fertility desires, and preferred number of children (see also the questionnaire; Appendix A). The information obtained on these aspects is presented in this chapter.

3.2 Recent Fertility

3.2.1 Age-specific fertility Rates. From the data on time of last live birth, women who had a live birth in the one-year period prior to the interview were identified. This information was used to calculate age-specific fertility rates¹ (ASFR); they are presented in Table 3.1.

If these rates are any guide, childbearing in Barbados is most common at ages (women's) 20-29 and appreciably less common both below and above those ages, especially at ages 35 and over. The trend of changes in ASFRs from the mid fifties to the current time can be easily discerned from Table 3.1. The incidence of childbearing at ages 30 and above has substantially declined during those years. Although childbearing at the youngest ages, 15-19, declined by nearly 50 percent during 1954-56 to 1968-70, it seems to have increased since then according to the BCPS finding. But this should be accepted with caution, as the quality of the BCPS sample has not yet been completely ascertained.

Differentials in age-specific fertility rates by union type, educational attainment, and economic activity are presented in Tables 3.2, 3.3, and 3.4 respectively. It should be noted that because of

Table 3.1 Age-specific fertility rates, Barbados 1954-56 to 1980-81

Age	Age-Specific Fertility Rates/1,000 Women			
	1980-81 BCPS	1968-70 ^a	1963 ^a	1954-56 ^a
15-19	91.7	75.1	111.4	141.3
20-24	133.8	126.8	186.7	219.9
25-29	133.3	108.1	177.7	202.9
30-34	66.4	86.6	159.6	146.7
35-39	26.9	66.6	101.2	91.2
40-44	27.6	28.2	35.2	28.9
45-49	0.0	2.7	4.4	3.2
Total fertility rate	2.40	2.47	3.88	4.17

^aQuoted in United Nations Fund for Population Activities, Population Profiles 9, Table 5, p. 34.

Table 3.2 Age-specific fertility rates by type of conjugal union, Barbados 1980-81

Age	Union Type			
	Married	Living Relationship	Visiting Relationship	Not in Union
15-19	a	434.8 ^b	128.3	21.6
20-24	387.1	224.1	100.0	69.3
25-29	250.0	100.0	143.9	29.0
30-34	70.6	113.6	64.5	0.0
35-39	9.5	90.9	0.0	29.4
40-44	12.0	83.3 ^b	83.3 ^b	0.0
45-49	0.0	0.0 ^b	0.0 ^b	0.0 ^b

^aNo cases in the group.

^bThe rates shown are based on less than 25 cases.

Table 3.3 Age-specific fertility rates by educational attainment of women, Barbados 1980-81

Age	Educational Attainment					Other
	6 years of primary school or less	More than 6 years of primary school, but less than 1 year of secondary school	1-4 years of secondary school	5 years of secondary school	More than 5 years of secondary school	
15-19	83.3 ^a	204.1	131.3	44.6	30.9	b
20-24	173.9 ^a	292.7	165.5	95.2	32.6	b
25-29	51.3	104.5	137.9	184.2	108.7	b
30-34	125.0	18.2	71.4	83.3	71.4	b
35-39	0.0	71.4	0.0	0.0	62.5 ^a	b
40-44	41.1	0.0	62.5 ^a	333.0 ^a	0.0 ^a	b
45-49	0.0	0.0	0.0 ^a	0.0 ^a	0.0 ^a	b

^aThe rate is based on less than 25 cases.

^bVery few cases in each age group.

Table 3.4 Age-specific fertility rates by economic activity of women, Barbados 1980-81

Age	Economic Activity				Retired, Disabled Nothing & Other
	Full-Time Employed	Part-Time Employed	Housewife	Students	
15-19	111.1	69.8	166.7	0.0	198.1
20-24	98.7	29.4	258.8	105.3 ^a	210.5
25-29	103.4	28.6	222.2	0.0 ^a	206.9
30-34	76.9	27.0	66.7	0.0 ^a	90.9 ^a
35-39	25.4	32.3	29.9	b	0.0 ^a
40-44	16.4	111.1	11.0	b	0.0 ^a
45-49	0.0	0.0 ^a	0.0	b	0.0 ^a

^aThe rates shown are based on less than 25 cases.

^bNo case in the group.

small numbers -- and, therefore, probably unrepresentative samples -- in some of the subgroups, the individual rates obtained for such groups may not be reliable. This feature of the rates should be borne in mind when they are compared.

3.2.2 Total fertility rate. The total fertility rates (TFRs) computed from the ASFRs for the different time-points are also shown in Table 3.1. It can be easily seen that the TFR in Barbados declined steadily during the period since the mid fifties, the decline during the period 1963 to 1968-70 being more substantial (36 percent) than those of other time-periods.

The relatively small decline in the TFR during the period since 1968-70 can in part be attributed to the low level of the rate itself. Reduction from such low levels is often difficult to attain, given the basic childbearing interests of couples. As may be noted, the TFRs obtained for this period are very close to the well-known replacement level.

The computation of TFR by union type, educational attainment, or economic activity to ascertain differentials is hampered by the fact that some of the individual ASFRs obtained are likely to be unreliable (Section 3.2.1).

3.2.3 General fertility rate. The general fertility rate (GFR) of the women in the BCPS sample for the one-year period prior to the interview is 85.5 per 1,000 women (Table 3.5). We are able to look at the differentials in the GFR (being a rate for all women 15-49 years of age) without being troubled very much by small numbers (as in the case of differentials in ASFRs and TFRs).

The GFRs obtained for different educational, economic-activity, and conjugal-status groups are shown in Table 3.5. It should be noted that the observed differences in GFRs between two groups could in part be brought about by differences in the age composition of the women in the two groups; age-adjusted rates could not be computed because of some unreliable age-specific rates. Consider, for example, the GFRs of married women and of those in living and visiting relationships. The married women apparently had a much lower GFR than the other two groups. But the married women were on the average much older than the others, and older women, especially those 35 years and older, had lower age-specific fertility rates. In fact, about 60 percent of the married women were 35 years of age and above, compared to about 28 percent of the living relationship group and 10 percent of the visiting relationship group. Current union status conceivably should have some influence on GFR, however, inasmuch as differences in union status are often accompanied by differences in exposure to sexual intercourse and perhaps intention to have a child.

The housewives in the BCPS sample had a substantially higher fertility rate in the year preceding the interview (see also ASFRs in Table 3.4) than the full-time or part-time employed women, although their age composition was not particularly favorable to high fertility. (Only about 32 percent of them were 20-29 years of age -- the peak fertility ages -- compared to 49 percent of the full-time employed and

Table 3.5 General fertility rates by educational attainment, economic activity, and conjugal status, Barbados 1980-81

Characteristics	GFR/1,000 Women Aged 15-49
<u>Educational attainment</u>	
6 years of primary school or less	45.0
More than 6 years of primary school but less than 1 year of secondary school	85.9
1-4 years of secondary school	121.3
5 years of secondary school	87.0
More than 5 years of secondary school	46.4
Other (including not categorizable)	160.7
<u>Economic activity</u>	
Full-time employed	78.6
Part-time employed	43.9
Housewife	103.2
Student	10.2
Nothing, retired, disabled, other	188.7
<u>Conjugal status</u>	
Married	82.6
Living relationship	147.9
Visiting relationship	106.6
Not in union	27.7
 All women	 85.5

30 percent of the part-time employed.) But the housewives were more likely to be in a stable conjugal union (married or living relationship) than the employed women.

The variations in GFR by variations in educational attainment does not seem to follow a clear pattern, possibly because of the confounding effects of age, economic activity, and conjugal status differences.

3.3 Cumulative Fertility

We consider here the total reproductive performance and some related aspects of the sample of women interviewed in the BCPS. Specifically, the total number of pregnancies, live births, and living children a woman has and the variations in these by age are the topics discussed.

To facilitate comparison, we have computed the mean number of pregnancies, live births and living children for each age group of women in the sample; they are as shown in Table 3.6. Pregnancy counts are

Table 3.6 Mean number of pregnancies, live births, and living children by age of women, Barbados 1980-81

<u>Age</u>	<u>Mean Number of Pregnancies (including current pregnancy)</u>	<u>Mean Number of Live Births</u>	<u>Mean Number of Living Children</u>
15-19	0.22	0.17	0.16
20-24	0.92	0.83	0.82
25-29	2.10	1.87	1.86
30-34	2.68	2.53	2.47
35-39	3.85	3.56	3.35
40-44	4.69	4.33	4.11
45-49	5.90	5.65	5.23
All	2.19	2.00	1.74

probably subject to recall errors, particularly among the older women and so are live birth counts, but the latter perhaps to a lesser degree. On the average, the BCPS women had roughly 2.2 pregnancies, 2 live births, and 1.7 living children. The oldest age cohort (45-49 year olds), as may be seen from the table, had a fairly large number of live births. This suggests that the family planning program in the country (started in 1955 and became very active in 1966) had less impact on them in terms of modifying fertility behavior; part of the reason for this may be that they already had a sizable number of live births when the family planning program became very active. The 30-34 year-old cohorts who had the benefit of the family planning program in the country practically all their reproductive lives, had on the average 2.5 live births. If the ASFR obtained (Table 3.1) is sufficiently accurate, the chance of their having additional births is fairly small. It is also seen that the child-loss rate (child-loss expressed as a proportion of total live births) was substantially higher for women 35 and older than for women 20-34; the youngest cohort (15-19 year olds) had a rate close to that of the 35-39 year-old women.

3.4 Future Fertility Desires

The respondents in the BCPS were asked whether they would like to have (more) children (in addition to the one they were expecting, if pregnant) in the future. The response obtained to this question is believed to reflect the respondent's future fertility desire. Those who answered yes to this question were further asked how many (more) children they would like to have in the future.

About 8 percent of the sample women were unsure or did not know whether they would like more children; the remainder were nearly evenly split between desiring and not desiring additional children (Table 3.7). While an overwhelming majority of the women under 25 years of age desired additional children, the proportion desiring additional children declined steadily as age increased. It is plausible that a woman's desire for additional children is to some degree influenced by the number of living children she has. For this reason we looked at the

Table 3.7 Distribution of women by desire for more children and by age, Barbados 1980-81

Age	Desire for More Children			All (N)
	Yes	No	Don't Know	
15-19	80.6	13.4	6.0	100.0 (480)
20-24	70.6	21.0	8.4	100.0 (411)
25-29	42.4	45.4	12.2	100.0 (360)
30-34	29.4	58.4	12.3	100.0 (226)
35-39	8.9	83.2	7.9	100.0 (223)
40-44	4.9	91.9	3.2	100.0 (181)
45-49	0.0	99.1	0.9	100.0 (142)
All	45.7	46.4	7.9	100.0 (2,023)

variations in the desire by number of living children (counting a current pregnancy as a child) controlling for age (see Table 3.8).

For all ages, when there is no living child, an overwhelming majority (84 percent) desire additional children, but at the level of 1-2 living children, only about 4 out of 10 (38 percent) women do so. At still higher levels of living children, the proportion desiring additional children declines drastically. Examining the desire for additional children controlling for age, it is seen that the desire to have more is somewhat diminished by advancing age at identical levels of living children. For example (as may be seen from Table 3.8) while about 88 percent of the women aged 15-24 and 80 percent of the women aged 25-34 with no living children desire more, only one-third of the women aged 35-49 with no living children do so. Again, at the level of 1-2 living children, the same pattern of variation of desire can be observed.

Table 3.8 Desire for more children by number of living children and by age of women, Barbados 1980-81

Desire for More Children	Number of Living Children					All
	0	1-2	3-4	5-6	7 or More	
Age 15-24						
Yes	88.1	54.5	21.2	16.7	a	76.0
No	5.4	35.7	78.8	83.3	a	16.9
Don't know	6.5	9.8	0.0	0.0	a	7.1
All	100.0	100.0	100.0	100.0	a	100.0
(N)	(607)	(244)	(34)	(6)	a	(891)
Age 25-34						
Yes	80.5	40.6	15.8	7.3	0.0	37.4
No	5.7	42.8	76.0	92.7	100.0	50.4
Don't know	13.8	16.6	8.2	0.0	0.0	12.2
All	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(99)	(276)	(146)	(56)	(9)	(586)
Age 35-49						
Yes	33.8	4.2	4.2	0.9	0.0	5.2
No	59.2	85.3	90.8	99.1	100.0	90.2
Don't know	7.0	10.5	5.0	0.0	0.0	4.6
All	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(45)	(144)	(140)	(108)	(109)	(546)
Age 15-49						
Yes	83.8	38.0	11.6	3.5	0.0	45.7
No	8.7	49.2	82.8	96.5	100.0	46.4
Don't know	7.5	12.8	5.6	0.0	0.0	7.9
All	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(751)	(664)	(320)	(170)	(118)	(2023)

Note: The number of living children shown is the actual number of living children plus one if the woman is currently pregnant.

^aIndicates no case in the group.

Looking across conjugal-union types, the proportion desiring additional children is appreciably lower among the married women (who, by the way, are on the average older) than among the other groups of women (Table 3.9) at each level of living children considered. Proportionately fewer women in living relationship compared to those in visiting relationship desire more children when they have four or fewer living children; the higher proportion observed at the level of 5-6 living children is probably due to sampling error.

The distribution of additional children desired classified by age and number of living children (for the relevant group of BCPS women) is presented in Table 3.10. The cases considered here are those who gave an yes or no answer to the question on desire for more children. While one-half of this group desired no more children, one-seventh desired one more child, while a little over one-fourth desired two more children. Among the women with no living children, nearly two-thirds (62 percent) desired two children, while an overwhelming majority (over 87 percent) with three or more living children desired no more. For all women, excluding those who did not specify the additional number of children desired, the mean addition desired is just under one child (.88). It declines drastically from 1.85 for childless women to .58 for those with 1-2 children and to .12 for those with 3-4 children (declining further to near-zero or zero levels at higher numbers of living children). The proportion desiring two children among those with no living children is substantially lower for women aged 35-49 (24 percent) compared to those among the two younger groups of women (about 65 percent). Advanced age (35 years and above) thus seems to have a depressing influence on the desire for future fertility even among childless women.

3.5 Preferred Number of Children

An attempt was made in the BCPS to estimate the preferred number of children of each respondent by asking her, as appropriate, a sequence of questions (Qns. 211, 213 to 216 in the questionnaire, Appendix A). Although the validity of the estimates is yet to be ascertained, we present them here qualifying them as approximate. It is recognized

Table 3.9 Desire for more children by number of living children and by type of conjugal union for women aged 15-49, Barbados 1980-81

Desire for More Children	Number of Living Children					All
	0	1-2	3-4	5-6	7 or More	
Married						
Yes	64.6	23.8	7.0	2.4	0.0	15.1
No	35.4	62.8	86.9	97.6	100.0	78.3
Don't know	0.0	13.4	6.1	0.0	0.0	6.6
All	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(29)	(180)	(129)	(76)	(70)	(484)
Living Relationship						
Yes	90.3	45.8	14.5	7.6	0.0	35.9
No	7.9	41.6	80.9	92.4	100.0	57.5
Don't know	1.8	12.6	4.6	0.0	0.0	6.6
All	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(39)	(116)	(77)	(32)	(20)	(284)
Visiting Relationship						
Yes	92.1	47.5	17.5	3.9	0.0	62.0
No	4.3	41.9	78.4	96.1	100.0	31.9
Don't know	3.6	10.6	4.1	0.0	0.0	6.1
All	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(324)	(277)	(61)	(38)	(13)	(713)
Not in Union						
Yes	77.3	26.7	12.5	3.1	0.0	56.8
No	10.5	54.3	79.1	96.9	100.0	31.2
Don't know	12.2	18.9	8.4	0.0	0.0	12.0
All	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(358)	(90)	(53)	(25)	(17)	(542)

Note: The number of living children shown is the actual number of living children plus one if the woman is currently pregnant.

Table 3.10 Additional children desired by number of living children and by age of women, Barbados 1980-81

Additional Children Desired	Number of Living Children					All
	0	1-2	3-4	5-6	7 or More	
Age 15-24						
0	5.8	39.4	80.1	78.0	a	18.2
1	10.4	42.0	16.2	22.0	a	19.1
2	64.4	15.9	0.0	0.0	a	48.5
3 or more	15.0	2.8	0.0	0.0	a	11.0
Not specified	4.4	0.0	3.8	0.0	a	3.2
All	100.0	100.0	100.0	100.0		100.0
(N)	(568)	(219)	(33)	(7)		(827)
Age 25-34						
0	6.7	51.3	82.6	92.4	100.0	57.4
1	9.4	34.8	12.4	5.7	0.0	21.0
2	65.3	9.8	1.3	1.9	0.0	15.7
3 or more	14.4	2.1	1.4	0.0	0.0	3.7
Not specified	4.2	2.0	2.4	0.0	0.0	2.2
All	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(85)	(230)	(134)	(55)	(10)	(514)
Age 35-49						
0	63.6	95.1	95.2	99.3	100.0	94.5
1	8.7	2.2	2.6	0.7	0.0	2.1
2	23.8	2.7	0.0	0.0	0.0	2.6
3 or more	3.9	0.0	0.0	0.0	0.0	0.3
Not specified	0.0	0.0	2.2	0.0	0.0	0.6
All	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(42)	(127)	(134)	(108)	(110)	(521)
Age 15-49						
0	9.4	56.5	87.9	96.2	100.0	50.4
1	10.2	30.3	8.4	3.2	0.0	14.8
2	62.1	10.5	0.6	0.6	0.0	26.6
3 or more	14.2	1.9	0.6	0.0	0.0	6.0
Not specified	4.1	0.8	2.5	0.0	0.0	2.2
All	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(695)	(576)	(301)	(170)	(120)	(1862)

NOTE: Cases who responded 'don't know' to the question on desire for more children have not been included in this table.
a - No case in the group

that the preferred number of children as obtained in the BCPS is likely to be influenced in some cases by the present number of living children in a way to make the two identical. The equality of preferred with the actual should therefore be accepted with caution. Because of non-quantifiable responses (such as don't know/not sure), only for 1830 cases, out of the total 2023, could we make numerical estimates of the preferred number of children. The following analysis, therefore, considers only those 1830 cases.

Table 3.11 shows the distribution of preferred number of children by age of women. As may be noted, 6 out of 10 women preferred 1-2 children, while roughly 1 in 4 preferred 3-4 children. (The ungrouped

Table 3.11 Preferred number of children by age of women, Barbados 1980-81

Age	Preferred Number of Children				All (N)	Mean Preferred Number of Children
	0	1-2	3-4	5 or More		
15-19	8.1	73.7	18.0	0.2	100.0 (434)	1.95
20-24	4.2	71.7	22.2	1.9	100.0 (377)	2.16
25-29	3.7	58.3	34.3	3.7	100.0 (322)	2.46
30-34	4.2	55.5	30.8	9.5	100.0 (210)	2.53
35-39	8.1	53.9	29.0	9.0	100.0 (209)	2.49
40-44	9.7	35.5	40.0	14.8	100.0 (155)	2.88
45-49	7.3	36.3	41.9	14.5	100.0 (123)	2.95
All	6.2	60.4	27.9	5.5	100.0 (1,830)	2.36

Note: The Table does not include cases for which the preferred number of children could not be estimated.

distribution of preferred number of children shows 51 percent for 2 children and 17 percent for 3 children). Only a small fraction preferred no children (1 in 16) while a still smaller fraction (1 in 20) preferred 5 or more children. The mean preferred number of children for all but the youngest age group lies between 2 and 3, which suggests that the Barbados women prefer 2-3 children on the average. It may be recalled in this context that the total fertility rate (which reflects current fertility behavior) obtained in BCPS falls within this range.

The mean preferred number of children by educational attainment and economic activity classified by broad age groups are shown in Table 3.12. There is very little variation in the preferred number across different levels of the characteristics considered; for nearly all of the subgroups, the preferred number lies between 2 and 3.

Having obtained the preferred number of children for each woman, it was considered interesting to examine how it differed from the actual number of living children. Table 3.13 shows the relationship between the actual and the preferred classified by age. For the BCPS sample as a whole, a little over one-half had fewer than the preferred number of children while only for about one-sixth had the actual exceeded the preferred. The proportion having less than the preferred number of children is, understandably, higher at younger ages than at older ages, while the proportion having more than the preferred is higher at older ages than at younger ages. It is worth noting here that only for about one-half of the 45-49 year olds and for about one-third of the 40-44 year olds had the actual exceeded the preferred. It seems from the above that low fertility ideals are quite pervasive among the BCPS women, and conforming to them is the rule rather than the exception for those women.

Table 3.12 Mean preferred number of children by educational attainment, economic activity, and age of women, Barbados 1980-81

	Mean Preferred Number of Children			
	Age			All
	15-24	25-34	35-39	
<u>Educational Attainment</u>				
6 years of primary school or less	1.86	2.90	2.83	2.75
More than 6 years of primary school, but less than 1 year of secondary school	2.00	2.90	2.75	2.63
1-4 years of secondary school	2.08	2.46	2.83	2.28
5 years of secondary school	2.02	2.26	2.74	2.15
More than 5 years of secondary school	2.07	1.97	2.25	2.06
Other (including not categorizable)	1.90 ^a	2.30 ^a	2.33 ^a	2.25
<u>Economic Activity</u>				
Full-time employed	2.18	2.38	2.55	2.35
Part-time employed	2.12	2.58	2.76	2.48
Housewife	2.04	2.64	2.94	2.62
Student	1.98	1.00 ^a	b	1.98
Other	1.83	2.59	1.43 ^a	1.94

^aBased on less than 25 cases.

^bNo case in the group.

Table 3.13 Percentage distribution of women by actual versus preferred number of children and by age, Barbados 1980-81

Age	Actual Less Than Preferred	Actual Equal To Preferred	Actual Greater Than Preferred	All (N)
15-19	86.5	11.8	1.7	100.0 (434)
20-24	78.0	15.4	6.6	100.0 (377)
25-29	50.9	33.4	15.7	100.0 (322)
30-34	33.8	42.4	23.8	100.0 (210)
35-39	14.3	54.4	31.3	100.0 (209)
40-44	12.6	53.5	33.8	100.0 (155)
45-49	3.1	45.5	51.4	100.0 (123)
All	52.3	30.5	17.2	100.0 (1,830)

Notes: The Table does not include cases for which the required information was not available. Actual number of children refers to the number of living children a woman has plus one if she is currently pregnant.

Chapter 3 Notes

1. By identifying only women who had a live birth in the one-year period prior to interview, we have not strictly identified the number of live births that occurred in that period, since there could have been multiple births. Information as to the multiplicity of childbirths was not collected in the BCPS.

Since the interviews were conducted over roughly a five-month period (Chapter 2), the one-year period prior to the interview was not the same time period for all women in the sample. Although such differences could introduce errors in our estimates of ASFRs no adjustments have been made here to eliminate those differences. Accordingly, we qualify our rates as approximate.

4. KNOWLEDGE OF FAMILY PLANNING METHODS

4.1 Introduction

One of the principal objectives of BCPS was to obtain information on women's knowledge of family planning methods. To ascertain women's knowledge, the following procedure was adopted in the survey: First, each respondent was asked to mention the family planning methods she knew; the knowledge expressed in response to that general question is treated as unprompted in this analysis. If the respondent failed to mention any of the 10 family planning methods listed in the questionnaire (pill, condom, vaginal methods, IUD, female, sterilization, male sterilization, injection, induced abortion, rhythm, and withdrawal), she was specifically asked whether she knew each of those methods; the knowledge expressed in response to such specific questions is treated as prompted. If the respondent mentioned any method other than the 10 methods listed above in response to the first (general) question, that was classified as other method and the knowledge expressed as unprompted. Of the methods mentioned above, pill, condom, vaginal methods, IUD, female sterilization, male sterilization, injection, and induced abortion have been classified as modern methods, and the others as traditional methods in this analysis.

4.2 Overall Level of Knowledge and Differentials.

Nearly all women (97 percent) in the BCPS expressed knowledge of at least one method of family planning, and a very high proportion (82 percent) did so without prompting (Table 4.1). The knowledge level was slightly lower among the 15-19 year olds and the 40-49 year olds, compared to that for each of the other age groups, and proportionately fewer of them expressed knowledge without prompting.

Although the overall knowledge level was quite high and it varied only moderately by age, it was considered interesting to examine how it varied, if at all, by certain other characteristics of the women. The characteristics considered are type of conjugal union, education, and economic activity. The results are shown in Table 4.2.

Table 4.1: Percentage of women having knowledge of any methods of family planning by age, Barbados 1980-81

Age	Type of Knowledge		Total	(N)
	Unprompted	Prompted		
15-19	72.6	22.4	95.0	480
20-24	87.0	11.0	98.0	411
25-29	90.0	9.7	99.7	360
30-34	91.4	8.6	100.0	226
35-39	89.6	7.9	97.5	223
40-44	72.5	20.2	92.7	181
45-49	66.0	27.6	93.6	142
All	82.1	14.8	96.9	2,023

Note: Unprompted knowledge is knowledge expressed in response to the general question "What family planning method do you know of." Prompted knowledge is knowledge expressed in response to a specific question mentioning a method after the respondent was given a chance to respond to the general question.

Table 4.2 Percentage of women aged 15-49 having knowledge of any methods of family planning by selected characteristics, Barbados 1980-81

Characteristic	Type of Knowledge			(N)
	Unprompted	Prompted	Total	
All women	82.1	14.8	96.9	(2,023)
<u>Conjugal union</u>				
Married	82.6	15.1	97.7	(484)
Living relationship	89.1	8.2	97.3	(284)
Visiting relationship	84.5	14.6	99.1	(713)
Not in union	74.9	18.4	93.3	(542)
<u>Education</u>				
6 years of primary school or less	76.0	16.8	92.8	(289)
More than 6 years of primary school but less than 1 year of secondary school	82.6	15.7	98.3	(419)
1-4 years of secondary school	80.5	16.4	96.9	(544)
5 years of secondary school	83.0	14.9	97.9	(414)
More than 5 years of secondary school	90.4	7.6	98.0	(302)
Other	74.4	21.3	95.7	(56)
<u>Economic activity</u>				
Full-time employed	87.7	11.0	98.7	(892)
Part-time employed	90.8	7.6	98.4	(228)
Housewife	75.8	19.3	95.1	(494)
Student	73.0	22.4	95.4	(197)
Other	72.6	21.3	93.9	(212)

Note: See Table 4.1 for explanation of unprompted and prompted knowledge.

The lowest knowledge rate was found for those not in conjugal union; a good proportion (43 percent) of them were 15-19 years of age. The other conjugal union groups varied very little among themselves in terms of overall knowledge level.

As for education, women in the lowest educational group (6 years of primary school or less) were proportionately less knowledgeable (in terms of overall level) of family planning methods than the others. The variation in overall knowledge level with increase in education, however, is not systematic.

Working women were proportionately more knowledgeable about family planning methods than were the others. It is interesting to note that the knowledge level even among those who described themselves as students was comparably high.

4.3 Knowledge of Specific Methods

In addition to examining the overall knowledge level, we have considered the levels of knowledge of individual methods of family planning among the BCPS women and the variations in them by some characteristics of the women. Table 4.3 shows the percentage having knowledge of specific methods of family planning by age. The method that was most widely known (94 percent) in Barbados was pill, and that was also the case among women of each five-year age group considered. As for age differentials, pill was somewhat less widely known among the 15-19 year olds and the 40-49 year olds than among the others. The next most widely known method was condom; as much as 83 percent of the women expressed knowledge of it. Although there were some variations by age in the proportion having knowledge of condom, it is important to note the comparatively high level of (expressed) knowledge among the BCPS women of this male method of contraception.

Female sterilization was also fairly widely known among the BCPS women (80 percent), although the proportion having knowledge of this method among the 15-19 year olds was substantially lower (66 percent).

Table 4.3 Percentage of women having knowledge of specific family planning methods by age, Barbados 1980-81

Method	Age							All
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Pill	89.7	97.1	98.8	97.9	94.9	89.4	88.8	94.2
Condom	80.8	85.5	90.5	89.4	77.6	75.9	70.2	83.0
Vaginal methods	49.8	71.5	80.1	86.4	79.4	78.3	67.4	70.8
IUD	58.6	74.1	85.2	84.4	81.8	77.9	71.6	74.5
Female sterilization	66.3	80.7	87.6	89.9	87.1	79.6	73.6	79.6
Male sterilization	48.7	60.7	74.8	74.2	71.2	57.2	56.2	62.4
Injection	57.7	75.6	90.6	86.8	81.0	72.6	56.0	74.2
Induced abortion	66.9	73.7	74.3	75.5	71.1	73.8	61.4	71.3
Rhythm	36.9	43.7	48.4	52.1	46.0	40.2	42.5	43.7
Withdrawal	43.2	51.5	54.7	58.0	54.5	49.7	40.1	50.2
Other	1.1	0.7	0.0	2.2	0.6	1.3	0.7	0.9
Any of the above methods	95.0	98.0	99.7	100.0	97.5	92.7	93.6	96.9

IUD and injection were known to nearly three-fourths of the BCPS women, but IUD was less widely known among the very young women (15-19), while injection was less widely known among both the youngest and the oldest (45-49) group of women. Induced abortion, although not legally available in the country as a method of contraception except under special, redeeming circumstances, was quite widely known among the BCPS women. Vaginal methods (jelly, cream, foam tablets, diaphragm, etc.) were also fairly widely known to the BCPS women, especially among those aged 20-44 years.

Compared to the methods so far mentioned, male sterilization was less widely known among the BCPS women, especially among women under 25 years and those 40 years and above. As will be seen in the next

chapter, the reported use of this method is also very low (less than one-half of a percentage point). The question whether this is a result of males' nonpreference for this method, while interesting in itself cannot be answered here with the BCPS data; a survey of male attitude would perhaps be useful to answer this question.

The traditional methods -- rhythm, withdrawal, and other -- were far less widely known among the BCPS women than the modern methods. It may also be mentioned here that everybody who knew a method knew modern method.

Levels of knowledge of individual methods by type of union is shown in Table 4.4. In general, women in union were proportionately more knowledgeable of the individual methods than those currently not in union. Again, pill was the most widely known method among each conjugation group. Married women were appreciably more knowledgeable of vaginal methods, IUD, sterilization, rhythm, and withdrawal than the other women.

4.4 Number of Methods Known

It seems that the number of family planning methods known to a woman could plausibly be considered as a dimension of the extent of her knowledge. It may be hypothesized that, in general, the more methods known, the better are her choices, and, therefore, the better the facilitation for her to use some. With this in mind, we considered the distribution and mean number of methods known to a woman and some differentials in these.

Table 4.5 shows the distribution of women by number of methods known and by age, as also the mean number of methods known per woman in each five-year age group. Nearly three-fourths of the BCPS women knew 6 to 11 methods while a little over one-fifth knew 1-5 methods. It may also be noted that nearly one-fourth (24 percent) knew all the 10 listed methods (i.e., excluding other methods). As for the number of modern methods known, more than three-fourths (79 percent) knew 5-8 methods

Table 4.4 Percentage of women aged 15-49 having knowledge of specific family planning methods by type of conjugal union, Barbados 1980-81

Method	Conjugal Union			Not in Union	All
	Married	Living Relationship	Visiting Relationship		
Pill	95.6	94.7	97.5	88.5	94.2
Condom	82.9	79.2	84.6	82.7	83.0
Vaginal methods	80.0	68.6	69.9	64.7	70.8
IUD	82.4	76.8	73.0	68.4	74.5
Female sterilization	86.4	80.6	77.8	75.5	79.6
Male sterilization	72.8	58.3	57.6	61.4	62.4
Injection	77.0	81.3	76.6	64.8	74.2
Induced abortion	71.6	66.5	74.3	69.3	71.3
Rhythm	54.0	36.0	40.4	43.0	43.7
Withdrawal	60.0	46.2	46.5	48.4	50.2
Other	0.8	0.0	1.7	0.2	0.9
Any of the above methods	97.7	97.3	99.1	93.3	96.9

Table 4.5 Percentage distribution of women by number of family planning methods known and by age, Barbados 1980-81

Age	All Methods					Modern Methods				
	0	1 - 5	6+	All	Mean	0	1 - 4	5 - 8	All	Mean
15-19	5.0	34.3	60.7	100.0	6.0	5.0	28.2	66.8	100.0	5.2
20-24	2.0	25.7	72.3	100.0	7.2	2.0	17.3	80.7	100.0	6.2
25-29	0.3	13.4	86.3	100.0	7.8	0.3	10.1	89.6	100.0	6.8
30-34	0.0	12.2	87.8	100.0	7.9	0.0	10.7	89.3	100.0	6.9
35-39	2.5	17.1	80.4	100.0	7.5	2.5	14.3	83.2	100.0	6.4
40-44	7.3	19.2	73.5	100.0	7.0	7.3	15.4	77.3	100.0	6.0
45-49	6.4	26.9	66.7	100.0	6.4	6.4	23.8	69.8	100.0	5.5
All	3.1	22.6	74.3	100.0	7.0	3.1	17.8	79.1	100.0	6.1

Note: The contraceptive methods considered are: pill, condom, IUD, male and female sterilization, injection, induced abortion, vaginal methods, rhythm, withdrawal, and other methods. The first eight are classified as "modern methods" and the others as "traditional methods."

well over one-half (58 percent) knew 7-8 modern methods. On the average, a BCPS woman knew 7 methods, considering all methods, and 6 modern methods. Thus, while knowledge level is quite high among the BCPS women, the number of methods known is also fairly high. The mean number of methods known varied slightly by age, the youngest age group knowing the smallest number. It also varied slightly by union type, the married women knowing the largest number (Table 4.6).

Table 4.6 Mean number of family planning methods known to women aged 15-49 by type of conjugal union, Barbados 1980 31

Conjugal Union	Mean Number of Methods Known	
	All Methods	Modern Methods
Married	7.7	6.5
Living relationship	6.9	6.0
Visiting relationship	7.0	6.1
Not in union	6.7	5.8

Note: The methods considered are: pill, condom, vaginal methods, IUD, female and male sterilization, injection, induced abortion, rhythm, withdrawal, and other (unspecified) methods. The first eight methods are classified as "modern methods" and the others as "traditional methods."

5. USE OF FAMILY PLANNING METHODS

5.1 Introduction

After the respondent's knowledge of specific family planning methods was ascertained in the BCPS, she was asked whether she or her partner had ever used each of the methods she knew. Additionally, she was asked whether she or her partner was currently using any method, and if so what method. Clearly, ever-use here includes both past use and present use. The information so gathered is used to ascertain levels of ever-use and current use and also differentials in these by various characteristics of the respondent.

5.2 Ever-Use of Family Planning Methods

5.2.1 Level of ever-use. Roughly 6 out of 10 women surveyed in BCPS have ever used any family planning method (Table 5.1). Nearly all of

Table 5.1 Percentage of women who have ever used any family planning method and any modern method by age, Barbados 1980-81

Age	Family Planning Method		(N)
	Any Method	Any Modern Method	
15-19	27.9	26.8	(480)
20-24	65.1	64.5	(411)
25-29	81.2	80.7	(360)
30-34	84.4	83.3	(226)
35-39	80.2	80.2	(223)
40-44	67.9	67.4	(181)
45-49	61.2	60.0	(142)
All	62.9	62.2	(2,023)

Note: The methods considered are: pill, condom, vaginal methods, IUD, female and male sterilization, injection, induced abortion, rhythm, withdrawal, and other (unspecified) methods. The first eight methods are classified as "modern methods" and the others as "traditional methods."

those who have ever used a method have used a modern method, which to some extent indicates the level of sophistication of Barbados couples in their choice of family planning methods. It is significant to note that the ever-use level is considerably lower than the knowledge level (96.9 percent). Clearly, lack of knowledge of family planning methods is not a major explanatory factor of nonuse (ever-use) in Barbados. The reasons for nonuse ever may largely be other factors -- perhaps perceived lack of need on account of very young age, sexual inactivity (absence of or unsteady conjugal relationship), or desire for (additional) children. (In section 5.3.8 we present reported reasons for not currently using a method.)

5.2.2 Differentials in ever-use. As may be seen from Table 5.1 the ever-use rate is fairly high in all but the youngest age group. The low rate for this latter age group may largely be due to the absence of sexual partners and, consequently, absence or infrequency of sexual intercourse. From age 20 on, the ever-use rate increases up to age 35, reaching a level of 84 percent, and then declines steadily as age increases. The sharp decline from age 40 onward is noteworthy. No precise explanation for this can be given here. One could speculate that these older women might not have availed themselves of the family planning services available in the country when they were younger, and that their present advanced age may induce a notion of infecundity (in part due to infrequent coitus also) which militates against the use of contraception. The BCPS, incidentally, did not collect information on the reasons for never-use of family planning methods.

Differentials in ever-use level by other selected characteristics of the respondent controlling for age are presented in Table 5.2. At the aggregate level, the proportion who have ever used a method is highest among the currently married. Next in line in this regard is the group that is having living relationships, and it is followed by the group having visiting relationships. The substantially low level of ever-use among the not-in-union group is largely due to the compar-

Table 5.2 Percentage of women who have ever used any family planning method by selected characteristics and by age, Barbados 1980-81

Characteristic	Age			All	(N)
	15-24	25-34	35-49		
All women	45.1	82.4	71.2	62.9	(2,023)
<u>Union type</u>					
Married	84.4	88.5	77.6	81.8	(484)
Living relationship	74.6	83.8	64.5	75.9	(284)
Visiting relationship	58.8	86.3	80.0	68.4	(713)
Not in union	15.9	63.9	52.1	32.1	(542)
<u>Education</u>					
6 years of primary school or less	67.6	81.7	61.2	67.0	(289)
More than 6 years of primary, but less than 1 year of secondary	58.0	83.8	69.4	71.1	(419)
1-4 years of secondary	48.6	85.8	88.5	65.2	(544)
5 years of secondary	41.0	82.4	83.3	56.3	(414)
More than 5 years of secondary	35.1	75.7	87.0	51.8	(302)
Other	38.8	70.7	79.1	67.7	(56)
<u>Economic activity</u>					
Full-time employed	60.2	80.1	72.1	70.4	(892)
Part-time employed	58.4	83.4	76.2	72.4	(228)
Housewife	55.2	86.9	68.5	71.0	(494)
Student	11.7	44.0 ^a	b	12.3	(197)
Other	39.5	85.9	73.9	49.7	(212)
<u>Discussed family planning method with others</u>					
Yes	54.8	85.6	85.8	73.7	(886)
No	39.0	79.6	59.7	54.6	(1,137)
<u>Listened to radio or watched TV programs dealing with family planning</u>					
Yes	46.4	82.1	74.2	64.4	(1,552)
No	40.8	83.8	62.6	58.2	(471)
<u>Attended lectures, seminars or shows about family planning</u>					
Yes	42.7	77.0	89.0	62.7	(495)
No	46.0	84.2	66.8	63.0	(1,528)
<u>Number of family planning methods known</u>					
None	0.0	0.0	0.0	0.0	(61)
1-5	28.4	82.5	53.1	43.4	(458)
6 or more	55.2	82.6	81.0	71.5	(1,504)

^aBased on less than 20 cases.

^bNo cases in this subgroup.

atively higher proportion of very young women (Table 2.5) in this group, who are generally either sexually inactive or sexually less active; some of the sexually active might also have been less diligent about contraceptive use. In the different age groups considered, the same pattern of variation exists only in the youngest age group (15-24), whereas in the next older age group (25-34) the visiting relationship group had a higher proportion of ever-users than the living relationship group, both groups having lower proportions than the married group. In the oldest age group, the visiting relationship group had the highest proportion of ever users, followed in this regard by the married and living relationship groups, in that order. It should be noted in this context that the current conjugal union status in most cases is a transitional stage in the sense that a woman in one stage now might have been in one or more of the other stages in the past (e.g., a woman in a visiting relationship now might have been married or was having a living relationship in the past) and will probably enter others in the future. Also, with increase in age, the chances for having different types of relationships for a woman might also have been higher, given the general conjugal relationship pattern in Barbados. This feature might have confounded a consistent pattern of differentials in ever-use level by current conjugal union type. Note also the substantial proportion of ever-users among the not-in-union group at ages 25 and above.

In the youngest age group (15-24) the ever-use level declines with increase in education. Continuing education at these younger ages (Table 2.4), as distinct from other occupational positions, might have rendered this group less sexually active, both in extent and frequency, which might have minimized their need for contraception. Also, among the sexually active in this young age group, unprotected intercourse might be proportionately higher. At the next higher age group, the level of ever-use, while being very high, remains about the same up to the highest educational category considered (more than 5 years of secondary school) and then declines substantially. At the oldest age group, where almost all are likely to have concluded their formal educational efforts, there exists, in general, a direct relationship between ever-use and educational attainment.

As regards differentials by economic activity, among the students the ever-use level is relatively very low, especially at the youngest age group. Full-time employed women differ very little from the part-time employed in ever-use level. But among those who described themselves as housewives, the ever-use level is substantially higher than in the other occupational categories in the middle age group, but lower in the youngest and the oldest age groups. Past changes in economic activity status, among other things, might have contributed to this rather irregular pattern of differentials.

In the BCPS, the respondents were asked if they had ever discussed family planning methods with others. No information as to the timing of the discussion -- in terms of whether it was prior to first use or after that -- was collected in the survey. Although discussion of family planning methods could occur at any time, it seems more plausible to assume that discussion as a fact-finding or educational effort would normally precede first use in most cases. And if such discussions led to favorable attitudes, the chance of using a method should be generally higher than otherwise. At any rate, our data show that among those who have discussed family planning methods with others, the proportion who have ever used a method is substantially higher than the proportion among those who have never discussed, and that is true in each of the three age groups (i.e., when age is controlled).

The proportion who have ever used family planning methods is higher among those who have listened to radio or watched television programs on family planning than among those who have not had such experience. However, in the middle age group such experience does not seem to make any appreciable difference; an overwhelming majority in this age group, any way, have ever used a method.

Women who have attended lectures, seminars, or shows on family planning seem to be no better in terms of ever-use than those who haven't, except at the oldest age group (35-49); in fact, at the two

younger age groups they are worse in this respect. However, it would be rash to infer from this that such efforts at education are ineffective or produce negative effects. A scientifically controlled experimental project is apt to throw more light on the effects of such events.

The larger the number of family planning methods known to a respondent the greater, in general, is the choice she (or her partner) has in terms of (ever) using one. The BCPS data show that the proportion of ever-users is higher among those who know 6 or more methods than among those who know fewer than 6.

5.2.3 Methods ever used and differentials. In addition to the overall level of ever-use of any method, we have investigated the ever-use of specific methods and ascertained some differentials in it.

Pill, the most widely used method compared to the others, has been used by roughly 4 out of 10 women in the BCPS sample. Condom is the next most widely used method. It is followed by vaginal methods, and female sterilization. Less than 10 percent of the couples have ever used the other methods listed. It is significant to note the very low level of use of male sterilization in Barbados, despite its widely recognized ease and effectiveness. It is very likely that the level of ever-use of induced abortion is underreported, as there are legal and religious sanctions against it in Barbados. To obtain a more accurate level of the use of induced abortion, techniques other than the direct question method (e.g. randomized response technique) may be helpful. The BCPS did not adopt any such techniques. Age differentials in the ever-use of specific methods can also be seen from Table 5.3. Pill has been more widely used than any other method in all age groups except the oldest (45-49); among the oldest, vaginal methods have the first place. Female sterilization is generally more popular among the older women, understandably, than among the younger women.

Table 5.3 Percentage of women who have ever used specific family planning methods by age, Barbados 1980-81

Method	Age							All
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Pill	16.2	50.5	64.1	63.4	49.1	30.7	27.2	42.6
Condom	10.2	19.7	27.3	20.3	19.9	12.0	13.9	17.8
Vaginal methods	5.1	10.7	15.8	17.3	24.9	28.9	31.1	15.6
IUD	1.2	7.6	10.8	14.3	18.4	12.4	16.5	9.6
Female sterilization	0.0	3.4	11.5	21.1	31.5	14.5	24.2	11.6
Male sterilization	0.0	0.3	0.5	0.8	0.0	0.0	0.7	0.3
Injection	1.9	4.8	18.4	11.8	9.5	7.8	4.6	8.1
Induced abortion	0.4	1.5	2.2	2.6	2.1	0.0	0.0	1.3
Rhythm	2.0	4.3	8.2	6.6	4.1	3.9	3.3	4.6
Withdrawal	4.5	6.5	8.9	9.8	6.2	9.3	4.6	6.9
Other	0.3	0.3	0.0	1.5	0.0	1.3	0.7	0.5
Any of the above methods	27.9	65.1	81.2	84.4	80.2	67.9	61.2	62.9

Table 5.4 presents differentials in use of specific methods by certain other characteristics. Note in particular that pill is the most widely used method in the different educational groups. This suggests that pill could be made popular among women regardless of their educational standards. Also, only among the students (see economic activity differentials) has pill the second place; condom has the first place.

5.2.4 Number of methods ever used and differentials. Nearly one-half of the women in the BCPS sample have reportedly ever used 1 or 2 methods, while one-seventh have ever used 3 to 9 methods (Table 5.5). If modern methods only are considered, a little over one-half have used 1 or 2 methods and roughly one-tenth have used 3 to 7 methods. The BCPS did not gather information on the history of contraceptive use or on the pattern of shifts from one method to another.

Table 5.4 Percentage of women aged 15-49 who have ever used specific family planning methods by selected characteristics, Barbados 1980-81

Characteristic	Family Planning Methods											
	Pill	Condom	Vaginal Methods	IUD	F. Sterilization	M. Sterilization	Injection	Induced Abortion	Rhythm	Withdrawal	Other	
<u>Conjugal Status</u>												
Married	50.1	23.5	28.1	16.1	23.1	1.1	9.6	1.4	6.1	9.6	0.2	
Living relationship	58.2	20.2	15.5	10.7	20.6	0.0	12.0	2.4	3.8	5.7	0.0	
Visiting relationship	47.1	19.5	14.3	9.0	6.3	0.0	8.9	1.2	5.2	8.3	1.2	
Not in union	22.0	9.1	6.3	4.2	3.5	0.0	3.6	0.9	2.8	3.2	0.0	
<u>Education</u>												
6 years of primary school or less	38.5	13.5	24.9	11.4	18.9	0.0	12.3	1.5	1.4	4.6	0.0	
More than 6 years of primary but less than 1 of secondary	42.9	16.7	16.0	11.8	19.5	0.0	8.4	1.0	3.7	5.9	0.3	
1-4 years of secondary	46.4	17.7	16.5	10.1	7.6	0.2	9.9	1.6	4.7	5.9	0.0	
5 years of secondary	42.1	16.8	10.3	7.4	8.8	0.4	5.7	1.1	4.6	7.1	0.3	
More than 5 years of secondary	38.6	25.2	12.0	8.0	4.7	0.3	4.7	0.0	8.2	12.2	1.9	
Other	51.8	14.9	16.5	5.4	10.9	3.3	2.1	9.2	5.8	4.2	1.7	
<u>Economic activity</u>												
Full-time employed	50.5	20.6	17.1	10.8	12.7	0.3	10.2	1.6	6.1	8.4	0.7	
Part-time employed	50.8	21.4	14.6	14.4	11.0	0.0	8.6	2.3	9.1	11.1	1.0	
Housewife	43.0	17.1	23.6	12.0	16.8	0.6	7.8	1.0	2.6	5.5	0.2	
Student	4.8	5.7	1.7	0.4	0.0	0.0	2.2	0.0	0.0	2.9	0.0	
Other	34.8	15.1	5.2	2.6	5.9	0.0	4.9	1.0	1.9	2.9	0.0	

Table 5.5 Number of family planning methods ever used by age of women, Barbados 1980-81

Age	Number of Methods (all) Ever Used				Number of Modern Methods Ever Used			
	0	1-2	3-9	All	0	1-2	3-7	All
15-19	72.1	24.0	3.9	100.0	73.2	25.1	1.7	100.0
20-24	34.9	53.9	11.2	100.0	35.5	57.4	7.1	100.0
25-29	18.8	61.3	19.9	100.0	19.3	65.1	15.6	100.0
30-34	15.6	62.2	22.2	100.0	16.7	67.7	15.6	100.0
35-39	19.8	56.0	24.2	100.0	19.8	59.2	21.0	100.0
40-44	32.1	54.5	13.4	100.0	32.6	60.6	6.8	100.0
45-49	38.8	42.8	18.4	100.0	40.0	43.2	16.8	100.0
All	37.1	48.6	14.3	100.0	37.8	51.7	10.5	100.0

Note: See Table 5.1 note for a list of family planning methods.

Differentials in the number of methods ever used by some selected characteristics are presented in Table 5.6. Currently married women have used more methods on the average than the other women; this could be due in part to the fact that they are on the average older than the other women and have, therefore, had a longer sexually active period to use several methods.

Knowledge of more methods seems to have some positive influence on the number of methods ever used. Also, discussion of family planning methods with others, listening to radio or watching T.V. programs dealing with family planning, and attending lectures, seminars, or shows about family planning seem to encourage the ever-use of more methods.

Given the findings that about one-half of the women (or couples) have used only 1 to 2 methods and that pill and condom are the two most widely used methods compared to the other methods, it was considered

Table 5.6 Number of family planning methods ever used by selected characteristics of women aged 15-49, Barbados 1980-81

Characteristic	Number of Methods Ever Used			
	0	1-2	3-9	All
<u>Conjugal Status</u>				
Married	18.2	57.3	24.5	100.0
Living relationship	24.1	57.1	18.8	100.0
Visiting relationship	31.6	55.8	12.6	100.0
Not in union	68.0	26.9	5.1	100.0
<u>Number of methods known</u>				
0	100.0	--	--	100.0
1-5	56.6	40.1	3.3	100.0
6-11	28.5	53.2	18.3	100.0
<u>Discussed family planning methods with others</u>				
Yes	26.3	50.4	23.3	100.0
No	45.4	47.2	7.4	100.0
<u>Listened to radio or watched TV programs dealing with family planning</u>				
Yes	35.6	48.4	16.0	100.0
No	41.8	49.4	8.8	100.0
<u>Attended lectures or seminars or shows about family planning</u>				
Yes	37.3	45.7	17.0	100.0
No	37.0	49.5	13.5	100.0

interesting to see what proportion of the pill users and condom users have used the other methods of family planning. We do not have information on the chronological order of methods ever used, and therefore we cannot determine whether the use of either pill or condom preceded or followed the use of the other methods; however, it is plausible to assume that sterilization (male or female), being a permanent method, would have been the terminal method. As may be seen from Table 5.7, nearly one-fourth (24 percent) of the pill users have

Table 5.7 Percentage of pill users and condom users (ever-use) who have used other family planning methods, Barbados 1980-81

Methods	Pill Users (N=863)	Condom Users (N=360)
Pill	--	57.3
Condom	23.9	--
Vaginal methods	21.0	28.2
IUD	14.3	12.2
Female sterilization	13.7	9.4
Male sterilization	0.5	1.0
Injection	12.0	11.1
Induced abortion	2.8	3.0
Rhythm	8.1	15.7
Withdrawal	10.4	23.9
Other	0.6	2.0

used condom, one-fifth have used vaginal methods, about one-eighth have used injection, and about one-seventh of them have terminated with female sterilization. Considering condom users, well over one-half have ever-used pill, over one-fourth vaginal methods, nearly one-fourth withdrawal, and one-tenth have terminated with (female & male combined) sterilization.

5.3 Current Use of Family Planning Methods

In this section we will present the level of current use and some differentials in it for each of the following groups of women: all women, women in (conjugal) union (WU), and women in union and non-pregnant (WUNP). (When asked about the currently used method, no one mentioned induced abortion.) Information on these three groups is presented primarily to cater to varied interests in terms of the base group of women.

5.3.1 Overall level of current use. Over one-third (36.9 percent) of the women in the BCPS sample are currently using a method. For women in union the current use rate is roughly 46 percent, and for women in union and nonpregnant the rate is about 49 percent. The treatment of women in union and nonpregnant (WUNP) as a separate group is actuated by the consideration that pregnant women will not be using a method and pregnancy could also be had by conscious choice. These women obviously have the need for contraception if they want to avoid a pregnancy. A crucial factor that has not been considered here is the fecundity status of women. No attempt was made in the BCPS to obtain information on this. Incidentally, couples who are sterilized are considered as current users in this analysis.

The percentage currently using a modern method for each of these three groups of women is also shown in Table 5.8 (bottom row). It is very close to the any-method rate. Unless otherwise specified, all further discussions here are based on all methods rather than just modern methods.

Table 5.8 Percentage of women currently using a family planning method by age, Barbados 1980-81

Age	All Women		Women in Union		Women in Union and Nonpregnant	
	Rate (%)	Number of Women	Rate (%)	Number of Women	Rate (%)	Number of Women
15-19	14.8	480	27.6	249	29.9	230
20-24	36.7	411	45.4	309	48.5	289
25-29	48.1	360	53.7	291	58.2	268
30-34	51.6	226	58.5	191	60.8	184
35-39	61.6	223	65.0	189	65.4	188
40-44	27.6	181	33.6	131	33.9	130
45-49	32.7	142	37.5	121	37.5	121
All	36.9	2,023	46.5	1,481	48.9	1,410
Percentage currently using a modern method (all ages)	35.4	2,023	44.6	1,481	46.9	1,410

Note: See Table 5.1 note for the list of family planning methods.

5.3.2 Differentials in Current Use. We will confine the discussion of differentials to the WUNP women. Relevant information for the other two groups are also presented in separate Tables.

Variations in current use rate by age can be easily discerned from Table 5.8. The rate increases steadily with age up to age 40 and then declines. The relatively low rate at ages 40 and above may in part be due to perceived infecundity at these advanced ages and less than usual, or infrequent, sexual activity. As was shown in Table 3.7, the proportion desiring additional fertility at these ages is very small.

On the other hand, the lower rates at younger ages (15-24) may be due in part to desire for additional fertility. The fact that 60-65 percent of the WUNP women 30-39 years of age are currently using a method deserves to be noted.

Differentials in current use by selected other characteristics and age for the three groups of women are presented in Tables 5.9 to 5.11. Among the WUNP women aged 15-24, the current use rate decreases with increase in education up to the level more than 5 years of secondary. Between this latter category and the one immediately preceding it there is a substantial increase in the current use level. The pattern of variation in current use level by education for women aged 25-34 years is somewhat irregular. But for the oldest group (35-49), the current use level generally increases with increase in education.

As for differentials by economic activity, full-time employed and part-time employed women do not differ very much between themselves in current use level. Housewives and students have lower current use rates than the employed.

Does the number of a woman's living children exert any influence on her current use? In general, it seems to have some positive influence, as proportionately more of the women with a larger number of living children are current users. An exception to this arises when they have a very large (usually 7 or more) number of living children; at that stage, perhaps, some of the women may perceive less need for contraception on account of infrequent sexual activity or suspected infecundity, or for other similar reasons.

In the BCPS the respondent was asked whether she desired additional children. But that question, for applicable cases, was not followed by another as to when they would like to have the next child. The desire for additional children and the time the next child is desired could plausibly have some influence on current use. We have looked at the

Table 5.9 Percentage of women currently using a family planning method by selected characteristics and by age, Barbados 1980-81

Characteristic	Age				(N)
	15-24	25-34	35-49	All	
All	24.9	49.5	42.8	36.9	(2,023)
<u>Conjugal Status</u>					
Married	34.4	66.1	50.4	54.7	(484)
Living relationship	41.7	49.1	38.6	44.3	(284)
Visiting relationship	37.0	50.4	49.2	41.9	(713)
Not in union	3.8	21.3	20.8	10.4	(542)
<u>Education</u>					
6 years of primary school or less	30.7	51.9	25.9	35.4	(289)
More than 6 years of primary but less than 1 year of secondary	37.3	55.9	41.1	44.6	(419)
1-4 years of secondary	26.7	45.0	49.4	35.1	(544)
5 years of secondary	19.9	52.6	67.9	33.4	(414)
More than 5 years of secondary	21.6	43.6	61.8	32.2	(302)
Other	31.9	48.4	70.3	54.3	(56)
<u>Economic activity</u>					
Full-time employed	34.9	48.6	46.3	42.7	(892)
Part-time employed	25.4	51.5	48.2	41.5	(228)
Housewife	26.3	51.6	37.6	39.2	(494)
Student	5.9	44.0 ^a	b	6.6	(137)
Other	25.3	45.9	41.4	29.8	(212)
<u>Number of living children</u>					
0	16.1	28.7	15.4	17.8	(784)
1-2	44.6	48.8	37.2	44.7	(638)
3-4	56.1	60.0	46.9	53.7	(312)
5-6	57.1 ^a	60.8	50.2	53.9	(169)
7 or more	b	87.6 ^a	48.9	52.0	(120)
<u>Desire additional children</u>					
Yes	22.1	44.2	16.1	27.1	(925)
No	36.2	56.1	45.7	47.5	(939)
Don't know	28.1	38.4	16.1	30.9	(159)
<u>Actual^c vs. preferred^d number of children</u>					
Actual less than preferred	23.3	43.8	23.4	28.3	(958)
Actual equal to preferred	34.2	56.6	42.6	45.9	(559)
Actual greater than preferred	45.8	55.1	52.7	52.8	(313)
<u>Number of family planning methods known</u>					
0	0.0	0.0	0.0	0.0	(61)
1-5	15.6	41.8	28.7	23.1	(458)
6-11	30.6	50.7	49.7	42.6	(1,504)
<u>Discussed family planning methods with anyone</u>					
Yes	30.1	51.6	54.8	44.1	(886)
No	21.7	47.3	33.5	31.2	(1,137)
<u>Listened to radio or watched TV programs dealing with family planning</u>					
Yes	26.7	47.9	44.3	37.7	(1,552)
No	19.0	55.6	38.6	23.3	(471)
<u>Attended lectures, seminars, or shows about family planning</u>					
Yes	22.4	40.6	52.5	34.2	(495)
No	25.8	52.4	40.5	37.7	(1,528)

^aBased on less than 25 cases.

^bNo cases in the subgroup.

^cActual includes a current pregnancy, if any.

^dCases for which an estimate of preferred number of children could not be made are not included here.

Table 3.10 Percentage of in-union women currently using a family planning method by selected characteristics and by age, Barbados 1980-f:

Characteristic	Age			All	(N)
	15-24	25-34	35-49		
All	37.5	55.6	48.1	46.5	(1,481)
<u>Education</u>					
6 years of primary school or less	42.3	52.5	34.0	39.5	(237)
More than 6 years of primary but less than 1 year of secondary	48.3	66.2	47.5	52.7	(325)
1-4 years of secondary	36.7	47.7	52.9	42.6	(416)
5 years of secondary	30.8	59.1	75.5	45.6	(289)
More than 5 years of secondary	41.5	59.4	72.2	52.2	(176)
Other	45.9	60.5	72.3	61.7	(38)
<u>Economic activity</u>					
Full-time employed	43.4	55.7	53.3	50.6	(706)
Part-time employed	39.3	58.8	51.4	50.1	(167)
Housewife	30.2	55.5	41.9	43.6	(422)
Student	17.8	100.0 ^b	b	19.8	(65)
Others	41.3	46.2	56.0	43.2	(121)
<u>Number of living children</u>					
0	28.5	41.0	17.0	29.7	(427)
1-2	48.5	52.7	42.6	49.0	(547)
3-4	61.1	64.0	51.8	58.5	(260)
5-6	57.1 ^a	62.4	57.1	59.1	(144)
7 or more	b	87.6 ^b	52.4	55.7	(103)
<u>Desire for additional children</u>					
Yes	33.8	50.4	14.2 ^d	37.9	(617)
No	45.5	60.9	51.0	53.5	(770)
Don't know	60.1	47.0	18.4 ^d	46.2	(94)
<u>Actual^c vs. preferred^d number of children</u>					
Actual less than preferred	34.6	49.5	26.5	38.2	(649)
Actual equal to preferred	45.2	60.6	49.9	53.2	(459)
Actual greater than preferred	53.7	58.4	54.8	55.9	(262)
<u>Number of family planning methods known</u>					
0	0.0	0.0	0.0	0.0	(25)
1-5	21.3	46.0	30.2	28.8	(332)
6-11	45.6	57.3	55.6	52.8	(1,124)
<u>Discussed family planning methods with anyone</u>					
Yes	44.1	57.4	59.4	53.6	(688)
No	33.0	53.5	38.2	40.4	(79)
<u>Listened to radio or watched TV programs dealing with family planning</u>					
Yes	41.5	54.7	51.1	48.8	(1,129)
No	25.7	59.2	39.3	39.4	(352)
<u>Attended lectures, seminars, or shows about family planning</u>					
Yes	37.2	43.8	62.6	45.7	(339)
No	37.6	59.2	44.7	46.8	(1,142)

^aBased on less than 25 cases.

^bNo cases in the subgroup.

^cActual includes a current pregnancy, if any.

^dCases for which an estimate of preferred number of children could not be made are not included here.

Table 5.11 Percentage of in-union, nonpregnant women currently using a family planning method by selected characteristics and by age, Barbados 1980-81

Characteristic	Age				(N)
	15-24	25-34	35-49	All	
All	40.3	59.3	48.4	48.9	(1,410)
<u>Education</u>					
6 years of primary school or less	56.1	58.0	34.3	47.8	(224)
More than 6 years of primary but less than 1 year of secondary	53.2	64.8	47.5	53.8	(318)
1-4 years of secondary	39.7	50.5	54.4	45.5	(390)
5 years of secondary	32.2	64.9	75.5	48.2	(274)
More than 5 years of secondary	43.4	67.5	72.2	55.3	(166)
Other	45.9	60.5	72.3	61.7	(38)
<u>Economic activity</u>					
Full-time employed	46.4	60.1	53.7	53.4	(668)
Part-time employed	43.6	63.9	51.4	52.9	(158)
Housewife	34.0	57.8	42.2	45.4	(405)
Student	17.8	100.0 ^a	b	19.8	(66)
Other	44.6	48.0 ^a	56.0 ^a	46.0	(113)
<u>Number of living children</u>					
0	30.6	48.6	17.0	32.2	(393)
1-2	52.0	56.5	43.0	51.8	(517)
3-4	66.9	65.1	51.8	59.6	(255)
5-6	57.1 ^a	64.3	57.4	59.8	(143)
7 or more	b	87.6	53.2	56.4	(102)
<u>Desire for additional children</u>					
Yes	35.6	52.5	14.2	39.7	(589)
No	52.5	65.6	51.3	56.1	(735)
Don't know	67.8	52.0	18.4 ^a	50.6	(86)
<u>Actual vs. preferred number of children^c</u>					
Actual less than preferred	36.2	51.2	26.5	39.8	(623)
Actual equal to preferred	51.2	64.9	50.2	55.9	(437)
Actual greater than preferred	73.5	63.0	55.3	59.2	(247)
<u>Number of family planning methods known</u>					
0	0.0	0.0	0.0	0.0	(25)
1-5	23.6	50.3	30.2	30.8	(310)
6-11	48.4	60.9	56.0	55.2	(1,075)
<u>Discussed family planning methods with anyone</u>					
Yes	45.6	60.7	60.1	55.5	(665)
No	36.4	57.7	38.2	43.0	(745)
<u>Listened to radio or watched TV programs dealing with family planning</u>					
Yes	44.2	58.2	51.3	51.0	(1,079)
No	28.2	63.5	39.7	41.9	(331)
<u>Attended lectures, seminars, or shows about family planning</u>					
Yes	39.1	47.5	62.6	47.9	(323)
No	40.7	62.8	45.0	49.2	(1,087)

^aBased on less than 25 cases.

^bNo cases in the subgroup.

^cCases for which an estimate of preferred number of children could not be made are not included here.

variation in current use level only by desire for additional children, for want of the other information. It is seen that proportionately less of the women who desire additional children are current users in the three different age groups.

As mentioned in Chapter 3, we have estimated the preferred number of children for the women in the BCPS sample only for those who gave specific quantitative responses to a series of questions relating to that aspect. Comparing this preferred number with the actual number of living children (including the current pregnancy, if any, as an additional one), we have derived three mutually exclusive categories into which the relevant group of women could be classified. They are actual less than preferred, actual equal to preferred, and actual greater than preferred. We have computed the current use rates for these three groups of women, and they are as shown in Table 5.11. In general, when the actual becomes equal to or exceeds the preferred, the current use rate increases. The substantial level of current use among the group actual less than preferred may be due in part to the preferred postponement of the next child or even intentional avoidance of additions despite the deficit.

Women who know more family planning methods appear to be more likely to be current users than those who know fewer, both at the aggregate level and at the individual age groups considered.

Those who have discussed family planning methods with others are also seen more likely to be current users; note the substantial difference in the oldest age group.

Are those who listened to radio or watched T.V. programs dealing with family planing more likely than others to be current users? A qualified yes is the answer that can be given based on BCPS data. Note the exception that for age group 25-34, proportionately more of those without had such experience are current users.

The experience of attending lectures or seminars or shows about family planning does not seem to make any consistent difference in terms of current use. Only for the oldest age group in the BCPS sample does such experience make for a higher use level.

5.3.3 Methods in current use and differentials. Here we consider those who are currently using a method, regardless of their conjugal union status, the purpose being to see what methods are being used by current users and how the methods used vary, if at all, by certain characteristics of the respondent.

Pill is the method most widely adopted (35 percent) by the current users. The next most commonly used method is female sterilization (31 percent). Roughly one-tenth of the users are resorting to condom, while about 1 in 12 are resorting to IUD. Each of the other methods is adopted by a much smaller fraction of the users, male sterilization being the least adopted (0.5 percent).

As for age differentials in methods used, 6 out of 10 users in the age group 15-24 are resorting to pill. The proportion using pill declines steadily and drastically with increase in age. Well over one-half (56 percent) of the users in the oldest age group (35-49) have resorted to female sterilization; the corresponding proportion for the next youngest group is less than one-third (30 percent). Understandably, only a small fraction of the youngest (15-24) women have resorted to female sterilization. Condom is more common among the youngest women than among the others.

A comparatively large proportion (42-45 percent) of the current users who are in a more stable conjugal relationship status (married or living relationship) have resorted to female sterilization, while about one-half of those having visiting relationship or no relationship (not in union) are resorting to the pill. This would suggest that, under certain conditions, stability of relationship encourages the use of a terminal method such as female sterilization; the principal condition may be the attainment of the desired family size (often associated with

Table 5.12 Method being used by current users by selected characteristics of women, Barbados 1980-81

Characteristic	Method Used							
	Pill	Condom	Vaginal Methods	IUD	F. Sterilization	M. Sterilization	Injection	Rhythm, Withdrawal and Other
All	35.0	10.7	5.1	8.6	31.2	0.5	4.9	4.0
<u>Age</u>								
15-24	60.1	14.0	6.0	7.6	6.2	0.5	2.9	2.7
25-34	35.7	7.2	3.1	11.5	30.3	0.6	6.5	5.1
35-49	10.5	11.8	6.6	5.9	56.0	0.4	4.8	3.9
<u>Conjugal Status</u>								
Married	20.8	13.1	5.4	7.8	42.2	1.5	3.0	6.2
Living relationship	24.8	8.5	5.8	8.4	45.4	0.0	6.1	1.0
Visiting relationship	49.5	11.5	5.4	9.3	15.1	0.0	5.6	3.6
Not in union	48.3	0.0	0.0	8.4	33.5	0.0	7.2	2.6
<u>Education</u>								
6 years of primary school or less	13.6	13.1	6.8	6.2	53.3	0.0	5.5	1.5
More than 6 years of primary but less than 1 year of secondary	26.9	8.1	4.8	8.7	43.7	0.0	4.2	3.6
1-4 years of secondary	44.7	9.1	3.4	10.6	21.0	0.5	6.0	4.7
5 years of secondary	39.7	11.1	3.9	9.5	26.5	0.0	4.7	4.6
More than 5 years of secondary	47.0	14.4	4.3	8.1	14.5	1.0	5.2	5.5
Other	37.5	14.1	19.1	0.0	20.1	6.1	0.0	3.1
<u>Economic activity</u>								
Full-time employed	36.4	10.6	5.7	7.7	29.8	0.3	5.7	3.7
Part-time employed	36.0	7.9	2.8	12.2	25.2	0.0	7.9	8.0
Housewife	26.3	10.5	4.4	9.5	42.8	1.5	2.3	2.8
Student	53.9	14.5	25.1	6.5	0.0	0.0	0.0	0.0
Others	48.1	15.0	2.4	5.9	19.6	0.0	4.5	5.5
<u>Number of living children</u>								
0	54.8	17.6	13.6	6.9	1.3	0.0	1.4	4.3
1-2	51.3	12.2	2.7	9.1	0.9	0.3	7.7	5.7
3-4	18.0	8.8	3.0	12.6	48.9	0.6	4.7	3.5
5-6	7.6	2.9	5.1	8.0	71.7	0.0	2.6	2.1
7 or more	2.2	4.5	1.8	0.0	84.4	3.0	4.1	0.0
<u>Desire for additional children</u>								
Yes	58.9	13.8	7.1	8.5	2.2	0.0	3.9	5.6
No	17.5	9.1	4.5	8.9	50.9	0.9	5.2	3.2
Don't know	72.2	9.2	0.0	6.3	1.6	0.0	7.0	3.7
<u>Actual vs. preferred^a number of children</u>								
Actual less than preferred	59.7	12.6	6.2	8.7	4.2	0.0	3.6	5.0
Actual equal to preferred	25.6	10.5	4.7	11.4	36.1	0.4	6.4	4.8
Actual greater than preferred	13.2	6.6	4.8	4.0	63.8	1.1	5.1	1.5
<u>Discussed family planning methods with anyone</u>								
Yes	31.8	10.7	4.6	9.5	31.8	1.0	5.8	4.9
No	38.6	10.6	5.6	7.6	30.6	0.0	4.0	3.1
<u>Listened to radio or watched TV programs dealing with family planning</u>								
Yes	35.5	9.0	6.3	9.5	29.5	0.7	5.2	4.3
No	33.2	16.7	0.7	5.0	37.3	0.0	3.9	3.2
<u>Attended lectures, seminars or shows about family planning</u>								
Yes	32.9	10.6	7.5	6.3	33.8	0.0	4.7	4.2
No	35.7	10.7	4.3	9.2	30.5	0.7	4.9	4.0

^aCases for which an estimate of preferred number of children could not be made are not included here.

older age). The distinctive influence of the stable relationship, as opposed to that of less stable ones, can be hypothesized as follows: Given stability of relationship, the need for prospective partners could be nil or next to nil, and in such situations the woman's ability to bear a (an additional) child ceases to have any functional utility, that ability being useful (or perhaps imperative) for attracting a new partner. It may be the case here that some of the not-in-union women might have had such stable relationships in the past, which might have encouraged them to resort to female sterilization (33.5 percent of the users in this group have resorted to female sterilization).

A higher proportion of the users in the lowest two educational categories, than in the other categories, have resorted to female sterilization. This may be due in part to the fact that proportionately more of the older than younger women are in those low educational categories.

Current users with 3 or more living children appear to resort to female sterilization more than to any of the other methods.

Differences in method being used by variation in the other characteristics of the users may be seen from Table 5.12; note in particular the proportion sterilized among users who fall in the category of actual (number of children) greater than preferred.

5.3.4 Who obtains current method. Pill, condom, and vaginal methods users were asked in the survey: Who usually obtains the method that you are currently using, you or your husband/partner? Of the 379 cases currently using any of these methods, 375 gave specific response to this question. Excluding those who did not give a specific response, we find that in about 11 percent of the cases it is the respondent (i.e., the woman) who gets the method that is being used by her or her partner, while in about 28 percent of the cases it is the husband/partner who gets it. This is plausibly a function of the method being used, for female methods are generally obtained by the females, while male methods are generally obtained by the males. Of the 375 cases, pill users

constituted about 70 percent, condom users about 21 percent, and the vaginal methods users the remainder. In roughly 91 percent of the cases using pill, it is the woman who obtains it, while in about 85 percent of the cases using condom, it is the man who obtains it. (For vaginal methods the corresponding distribution is nearly even.)

5.3.5 Reason for selecting current method. In the BCPS current users were asked why they selected the method they were using instead of any of the others. The responses obtained have been classified into four distinct categories and the residual (excluding the no answer/no reason cases) into a fifth category called other (Table 5.13).

Roughly one-third of the pill users said it was recommended to them (by physicians or BFPA clinic personnel), while about 3 out of 10 said it was the safest method. Nearly one-half (46.8 percent) of the IUD users said it was recommended to them. For sterilization, the dominant reason is that it is most effective, although a sizable proportion (30 percent) who have resorted to female sterilization said it was recommended to them. Nearly one-half (46 percent) of those who use injection also reported that it was recommended to them, while roughly one-fifth gave their reason as the 'safest method'; plausibly, that notion of safety might have been inculcated into them by their physicians, or the BFPA or other qualified personnel. A sizable proportion (27.6 percent) of those who use rhythm, withdrawal, and other traditional methods gave their reason as dissatisfaction with other methods, although one-fifth of them think that these traditional methods are most effective.

5.3.6 Current method vs preferred method. As part of the investigation of choice of method and the reason behind the choice, the current users (excluding those who were sterilized) in the BCPS sample were asked, "If it were entirely up to you, which family planning method would you prefer to use, your current method or some other method?" An analysis of the responses to this question has shown that an overwhelming majority (79 percent) prefer their current method, while

Table 5.13 Reason for selecting family planning method being used by method, for current users among women aged 15-49, Barbados 1980-81

Reason	Method								All
	Pill	Condom	Vaginal Methods	IUD	F. Steril- ization	M. Steril- ization	Injection	Rhythm, Withdrawal and Other	
Most effective	10.1	4.5	17.6	5.0	51.5	72.3	10.2	20.7	23.1
Safest	29.4	21.7	9.1	23.2	8.0	0.0	21.8	6.9	18.9
Dissatisfied with others	1.2	19.1	14.3	10.6	3.1	27.7	2.2	27.6	6.5
Recommended ^a	34.0	1.4	26.9	46.8	30.0	0.0	46.0	13.8	29.5
Other reasons	16.3	28.2	10.5	5.4	6.0	0.0	12.2	27.6	8.6
No reason/no answer	9.0	25.1	21.6	9.0	1.4	0.0	7.6	3.4	13.4
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(261)	(80)	(38)	(64)	(233)	(4)	(37)	(29)	(746)

^aRecommendation was mainly from physician or BFPA clinic personnel.

about one-sixth prefer some other method; the remainder (5 percent) prefer to use no method at all if it were entirely up to them (Table 5.14). Looking at the preference by method currently used, pill ranks first in terms of preference, with 86.1 percent of pill users preferring it. IUD follows pill closely in this respect, with 85.4 percent of its (current) users preferring it. The expressed preference for injection, vaginal methods, and condom is also fairly high, while only about one-half (51.7 percent) of the users of traditional methods (rhythm, withdrawal, and other) actually prefer them; the remainder prefer other methods.

Table 5.14 Preference of family planning method being used by method for women aged 15-49, Barbados 1980-81

Method Being Used	Preference			All	(N)
	Current Method	Won't Use Any	Some Other Method		
Pill	86.1	4.4	9.5	100.0	(261)
Condom	68.0	10.9	21.1	100.0	(80)
Vaginal methods	68.7	9.2	22.1	100.0	(38)
IUD	85.4	0.0	14.6	100.0	(64)
Injection	75.1	6.8	18.1	100.0	(37)
Rhythm, withdrawal and other	51.7	0.0	48.3	100.0	(29)
All	79.0	5.1	15.9	100.0	(509)

Note: Couples who were sterilized were not asked the question on preference in the survey and are therefore not included in this table.

Over all there, thus, exists a remarkably high congruence between preference and the actual choice of method (currently used), which is generally helpful in promoting higher continuation rates.

Those who said that they preferred a method other than the one being used (a total of 81 cases) were further asked "What method would you rather use?" About 19 percent responded don't know to the question. About 45 percent of the users of methods other than pill said they would rather use pill, while the current pill users who prefer other methods do not overwhelmingly prefer any other single method in particular. Current condom users split mainly between pill and vaginal methods (45.6 percent and 38.7 percent, respectively) while the current IUD users split as follows in terms of preferred method: 41 percent for pill, 34 percent for female sterilization, and 25 percent for injection. (Note that these percentages are based on very small numbers, and should therefore be accepted with caution).

Those who specified a method in response to the question "Which method would you rather use", mentioned above, were asked, "Why are you not using that method now?" Of the women who preferred pill to the methods they were using, 20 percent said that they were not using pill because of side effects, while 23 percent said because of medical reasons or medical advice; interestingly, about 17 percent of this group said partner does not like. Roughly 44 percent of the women who preferred IUD, said they were not using IUD because of medical reasons or medical advice.

5.3.7 Reason for not currently using a method. For the analysis here we consider only the current nonusers among those who are currently in union and not pregnant. Nonusers were asked in the survey to state their main reason for not using any method of family planning at this time. The reasons obtained are presented here.

The responses to this question varied considerably in terms of verbalizations, but could be classified into a few categories on the basis of their contents. The distribution of the main reasons thus obtained (for the relevant group of women) is shown in Table 5.15. The

Table 5.15 Reason for not using contraceptives for currently in-union, nonpregnant women by age, Barbados 1980-81

Reason for not Using	Age							All
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Permanent sterility	0.9	0.9	0.9	1.1	20.1	15.6	52.6	9.8
Temporary infecundity	41.6	31.9	17.7	21.9	10.7	15.2	3.9	24.0
Side effects/ health reason	7.7	15.7	32.4	25.3	15.2	24.1	3.3	17.1
Desire for (a) next child	2.1	11.5	4.6	11.8	3.4	0.0	0.0	5.1
Disapproval of contraceptives	3.2	2.5	5.3	1.5	3.4	4.0	1.6	3.1
Other reasons	17.5	17.0	25.2	25.2	33.3	21.3	18.7	21.4
Don't know/ not sure	27.0	20.5	13.9	13.3	13.9	19.8	19.9	19.5
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(161)	(149)	(112)	(72)	(65)	(86)	(76)	(721)

single largest group, constituting 24 percent of the total, was the one that gave temporary infecundity as the main reason; temporary infecundity in most cases might be due to recent childbirth. Side effects or health reasons was given by about one-sixth of the women. Interestingly, about one-fifth (19.5 percent) said don't know/not sure to the question on main reason for nonuse (which, incidentally, includes a very small percentage of the women who do not know any method). About 10 percent gave permanent sterility as their reason. (Sterilized couples were treated as current users, incidentally.)

The age differentials in reason given can also be seen from Table 5.15. Note in particular that about 53 percent of the nonusers aged 45-49 gave permanent sterility as the main reason. A substantial

proportion (25 to 32 percent) in the middle age group (25-34) gave side effects or health reason; note also the corresponding proportion (2 percent) for the 40-44 year old women. Disapproval of contraceptive (by respondent or her partner) was given by only a small fraction in each of the age groups, but a sizeable proportion said don't know/not sure.

5.4 Future Use Plan and Method

In addition to asking about their main reason for nonuse, the current nonusers were asked whether they planned to use any family planning method in the next 12 months, and if not planned to use in the period, whether they plan to use at any time in the future. As before we consider here nonusers currently in union and nonpregnant.

About 3 out of 10 nonusers reported that they planned to use method in the next 12 months (Table 5.16), while nearly one-half

Table 5.16 Plan for future use of family planning methods by age for current nonusers among currently in-union, nonpregnant women aged 15-49, Barbados 1980-81

Age	Plan to Use during the Next 12 Months	Plan to Use Later	Do not Plan to Use	Don't Know/No Answer	All	(N)
15-19	43.6	21.6	22.8	12.0	100.0	(161)
20-24	39.2	16.5	30.0	14.3	100.0	(149)
25-29	39.0	8.5	35.0	17.5	100.0	(112)
30-34	36.7	25.7	26.8	10.8	100.0	(72)
35-39	6.0	9.1	77.6	7.3	100.0	(65)
40-44	12.2	7.5	66.9	13.4	100.0	(86)
45-49	2.2	1.6	93.1	3.1	100.0	(76)
All	29.8	14.0	44.2	12.0	100.0	(721)

(44.2 percent) said that they did not plan to use any in the future. This rather substantial proportion that do not planning to use any method in the future may be viewed in conjunction with the reason for nonuse discussed in the preceding section. Compare, in particular, the proportions giving permanent sterility, side effects or health reason, and disapproval of contraceptives. The group of women who gave a specific answer -- other than 'don't know' - to the question on future use is about evenly split into prospective users and prospective nonusers.

Age variations in the plan for future use can also be seen from Table 5.16. Note that a large majority of the women 35 years of age and older do not plan to use any method in the future, while a substantial proportion of the younger women plan to use a method either in the next 12 months or later. The increase in the proportion not planning to use a method in the future after age 34 is strikingly sharp; no precise explanation for this, however, can be offered from the BCPS data.

As for differentials based on other characteristics, the proportion not planning to use any method in the future increases with increase in number of living children -- steadily increasing from about 31 percent for no living children to about 85 percent for 7 or more children (Table not shown). Perceived infecundity at higher levels of living children may be a reason for this. In the two lowest educational categories (women in these educational categories are generally older than those in the higher educational categories) a higher proportion than in the other educational categories do not plan to use any method in the future (62 to 67 percent vs 20 to 38 percent). Those who have discussed family planning methods with others differ very little from those who have not, in terms of the proportion not planning to use a method in future (43 percent vs 45 percent). Listening to radio programs dealing with family planning or watching them on TV does not also seem to make any appreciable difference in the proportion not planning to use any method in the future, both groups have 44 percent not planning to use. It should be noted that the aforesaid differences or similarities in the proportion not planning to use a method in the future were observed in

classifications not controlled for age, number of living children, and such other relevant factors, and should therefore be accepted with caution. Small numbers obtained in the relevant subgroup render such detailed classifications less helpful in this regard.

Those who said they planned to use a method either in the next 12 month period or later were further asked about the method they would use. Nearly one-half (49 percent) of the women said they would use pill, while nearly one-fourth (24 percent) said they were uncertain what method they would use. Among those who said they would use pill, 80 percent were under 30, while nearly 96 percent were under 35.

5.5 Exposure Status to Pregnancy

A woman's exposure to pregnancy is determined, obviously, by several factors. First, she must be sexually active in order to get pregnant. (Exceptional situations are not considered here because of their extreme rarity.) As a proxy for the sexual activity status, we have considered here the woman's conjugal union status, as women in union are generally sexually active whereas those not in union are generally not sexually active. The exceptions in this case, it should be noted may not be extremely rare, but information on actual sexual activity status was not obtained in the BCPS. Another factor is her current pregnancy status, as during a pregnancy a woman is not exposed to the risk of another pregnancy. A third factor that determines the exposure status is the use or nonuse of a family planning method by the woman or her partner. Other things being equal, those using a family planning method are less likely to become pregnant than those who are not using any method. But as family planning methods differ in their effectiveness in terms of preventing pregnancy, the method used will itself, to some extent, determine a woman's risk of pregnancy. Sterilization, male or female, is considered to be nearly 100 percent effective. There are other modern methods -- pill, condom, IUD, injection, and vaginal methods -- which are generally more effective than the traditional methods (such as rhythm and withdrawal); although the modern methods just listed differ among themselves in their

effectiveness, we shall here consider all of them as one group. If we classify a group of women in the reproductive age range (15-49) in the aforesaid categories, there will be a residual group who are exposed to the risk of conception. (Note that no explicit consideration of fecundity is made here, although some women, despite being in the reproductive age group, may be subfecund or infecund). This residual group of women may be further classified as desiring or not desiring additional children; the latter group is clearly exposed to the risk of an unwanted pregnancy.

We have classified the BCPS sample women using these criteria, and the results are shown in Table 5.17.

Table 5.17 Percentage distribution of women by exposure status to pregnancy and by age, Barbados 1980-81

Exposure Status	Age							All
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Currently not in union	48.3	24.8	19.2	15.4	15.1	27.2	15.2	26.8
Currently pregnant	3.9	4.8	6.3	3.3	0.5	0.7	0.0	3.5
Sterilized	0.0	3.6	10.8	20.2	28.6	11.3	24.0	10.8
Using a modern method (other than sterilization)	14.1	29.3	30.5	26.7	24.3	12.0	6.5	21.9
Using a traditional method	0.2	1.2	2.1	2.6	2.3	1.1	1.2	1.3
Desire additional children	28.9	28.6	13.7	14.0	6.9	1.5	0.0	17.6
Others (exposed to the risk of an unwanted pregnancy)	4.6	7.7	17.4	17.8	22.3	46.2	53.1	18.1
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(480)	(411)	(360)	(226)	(223)	(181)	(14..)	(2,023)

As may be seen, less than one-fifth (18.1 percent) of the women are exposed to the risk of an unwanted pregnancy. It may also be noted that this proportion is very high for each of the two oldest age groups (40-44 & 45-49). Perceived infecundity resulting in nonuse may be largely responsible for such high proportions at these ages. Combining those sterilized and those using modern methods, it is seen that nearly one-third (32.7 percent) of the women were intentionally protecting themselves against an unwanted pregnancy. While a little over one-fourth (26.8) of the women were not in union -- and therefore did not run the risk of a pregnancy, generally speaking -- close to one-fifth (17.6 percent) desired additional children and, therefore, presumably, did not resort to any family planning methods.

6. SOURCES OF FAMILY PLANNING METHODS

6.1 Introduction

In this chapter we present the source from which the currently used method is obtained, the mode of access to the source, the perceived convenience of the source, and some other aspects of the sources. Following this we present, for the applicable group, the respondents' knowledge of sources for two methods -- pill and female sterilization -- and some aspects of these sources, similar to those mentioned above for the sources of current method. In addition to the above, the responses obtained to a single question on the source from which an abortion could be obtained, if a woman wanted it, are also presented in this chapter.

6.2 Source of Current Method

The question about source is relevant only to the users of mechanical and clinical methods (pill, condom, vaginal methods, IUD, sterilization, and injection) and not to the users of traditional methods (rhythm and withdrawal). The sources from which these methods were obtained by the respondents (or their partners) are shown in Table 6.1.

At the aggregate level, hospitals are the single major source (36 percent) of the current method, and are followed by BFPA (22 percent) and drugstores (20 percent). Roughly one-tenth of the users have obtained their methods from private doctors. Obviously, some of the methods cannot be obtained from certain sources; for example, sterilization, IUD, and injection cannot be obtained from a drugstore. (For a small percentage of IUD users (2.2 percent) drugstore is shown as the source, which is a mistake in reporting, recording, or coding.) For pill, the two major sources are BFPA and drugstores. Roughly one-half of the women who reported condom as their current method did not know the source from which it was obtained; this is probably because among 85 percent of the condom users it is the man who gets the condom (Section 5.3.4) and therefore the woman may not have any particular need to know

Table 6.1 Source of current family planning method for women aged 15-49, Barbados 1980-81

Source	Method						All
	Pill	Condom	Vaginal Methods	IUD	F&M Sterilization	Injection	
BFPA Headquarters and affiliated clinics/distributors	43.2	9.9	13.0	28.9	0.4	33.3	22.1
Hospitals	8.3	0.0	0.0	15.4	94.6	15.2	36.4
Private doctors	10.7	0.0	3.5	48.8	2.5	49.4	11.8
Drug stores	34.8	37.8	59.0	2.2	0.0	0.0	20.2
Others	1.9	1.6	0.0	4.7	0.4	0.0	1.4
Not specified/don't know	1.1	50.7	24.5	0.0	2.1	2.1	8.1
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(261)	(80)	(38)	(64)	(236)	(37)	(716)

where it is obtained. However, well over one-third reported that they obtained condoms from drugstores, while about one-tenth mentioned the BFPA. Private doctors provided the IUDs to nearly one-half of their users, but the BFPA's share was sizable (29 percent). Almost all (95 percent) of the sterilizations were obtained from hospitals. The largest single provider of injections in Barbados seems to be private doctors (49 percent), while the BFPA has provided them for one-third of the users. A majority (59 percent) of the vaginal methods users are getting them from drugstores, which incidentally indicates the type of vaginal methods generally used in Barbados (jelly, cream, foam, tablets, etc.). The BFPA is the source for such methods for about one-sixth of their users.

Current users of pill, condom, and vaginal methods who specified their sources were further asked whether the methods were always available to them from the sources they mentioned. An overwhelming majority (97 percent) said they were always available.

As for mode of access to the source, 85 percent of the current users of the modern methods said in response to a specific question that they used transportation, while 14 percent said they walked to the sources. Also, for roughly 94 percent of the cases the sources are reportedly easy to get to.

When asked about the time it takes to travel from home to the source, about 30 percent said 15 minutes or less, 33 percent said 16 to 30 minutes, roughly 10 percent said 31 to 45 minutes, and about 21 percent said 46 minutes or more. Thus, for a majority of the cases the time required for traveling to the source is only half an hour or less.

Current users of pill, condom, vaginal methods, IUD, and injection who specified the sources of their methods were asked whether the days the sources were open were convenient or inconvenient to them. About 95 percent of this group said they were convenient. In response to another question, about 92 percent of this group said that the hours their sources were open were convenient. Also, an overwhelming majority (79 percent) did not think that they had to wait long at the sources in order to get their methods.

6.3 Sources of Other (i.e., Non-current) Methods.

Only for two methods -- pill and female sterilization -- were questions relating to the sources asked of a selected group of women. Current users of either of these methods were asked similar questions earlier with reference to their current method and hence were not included in the group. Also excluded en bloc from this group were those couples who had adopted male sterilization. Of course, couples who did not know of these methods were spared the questions on sources. We shall consider the two methods separately.

Pill: Out of a total of 1,418 relevant cases for pill, about 84 percent said that they (the woman or her spouse/boyfriend) knew a source from which pill could be obtained. Those who knew a source (1187 cases) were further asked: If you wanted to get pill where would you go? In response, 66 percent said the BFPA (including its affiliates), 16.5 percent said private doctors, 10.1 percent said drugstores, 6.8 percent said hospitals/health clinics, and the remainder mentioned other sources. Clearly the BFPA figures more prominently in the minds of couples as a source for the pill than do any other sources. About 94 percent of the respondents said the sources they mentioned were easy to get to; 78.5 percent said they would use some mode of transportation to go to those sources, while 20.4 percent said they would walk to them. As for the time required to travel to the sources mentioned, two-thirds said they would require 30 minutes or less.

Female Sterilization: Of a total of 1375 relevant cases for female sterilization, 62 percent said that they knew a source for obtaining female sterilization; note that the proportion who does not know of a source is substantial (37 percent). Of those who said they knew of a source (851 cases in all), about 35 percent said they would get it from the BFPA if they wanted it, while about 51 percent said that they would get it from a hospital, and about 14 percent said they would get it from a private doctor. About 93 percent of these cases said that the sources they mentioned were easy to get to, and about 89 percent said that they would use some mode of transportation to get there. Concerning time required to travel to the sources, 52.2 percent said 30 minutes or less, while 45.4 percent said more than 30 minutes (with 21 percent saying one hour).

6.4 Knowledge of Source for Induced Abortion

Couples who were not sterilized and who knew at least one method of family planning (1725 cases in all) were asked "Supposing a woman wants to end an unwanted pregnancy, or to have an abortion; do you know where or to whom she can go for this purpose?" The response to this question (only yes or no was obtained) is used here to identify knowledge of source for induced abortion.

Table 6.2 shows the percentage of women by age having knowledge of a source of induced abortion. On the whole, about half of the women to whom the question was put know a source. Variation in knowledge by age is not very great, although well over one-half (57 percent) of the women in the age group 25-34 know a source, while only less than one-third (32 percent) of the oldest women (45-49) do.

Table 6.2 Percentage of women who know of a source for an induced abortion by age, Barbados 1980-81

Age	Know an Abortion Source	
	%	(N)
15-19	46.9	(452)
20-24	49.7	(388)
25-29	56.9	(318)
30-34	57.3	(178)
35-39	45.6	(147)
40-44	43.3	(141)
45-49	31.7	(101)
All	49.2	(1,725)

Note: Women who did not know of any family planning method as well as those (including partners) who adopted sterilization (298 in all) were not asked the question on knowledge of source for abortion, and therefore are not included in this table.

Education seems to have a positive influence on knowledge of source of abortion. About 60 percent of the women with more than 5 years of secondary school know a source, but only 38 percent of the women with six years of primary school or less do. The proportion knowing a source increases steadily with increase in education.

As for differentials by economic activity, proportionately more (54 percent) of the full-time employed women know a source than the part-time employed women (49 percent). The knowledge levels among the other groups are lower; 46 percent of the students know a source of abortion.

There is very little variation by union status in knowledge of a source for abortion. The proportion knowing a source ranges between 47 and 50 percent across the four union categories.

Those who have discussed family planning methods with others are more likely to know a source of abortion than those who haven't (59 percent vs 42 percent). Also, those who have listened to radio or watched TV programs dealing with family planning are more likely than those who haven't to know a source of abortion (53.5 percent vs 33.9 percent). Proportionately more of those who have attended lectures or seminars or shows about family planning know of a source than those who have not had such experience (57.7 percent vs 46.3 percent).

7. UTILIZATION OF BARBADOS FAMILY PLANNING ASSOCIATION

In Chapter 1 (Section 1.3) we have given an account of the activities and mode of operation of the Barbados Family Planning Association. In this chapter we will present some available data (admittedly very limited) on the utilization of the services rendered by the BFPA and some related issues. No attempt is made here -- nor is it possible with the available data -- to evaluate the performance of the BFPA in this regard in relation to that of others.

7.1 Services and Supplies from the BFPA

The respondents in the BCPS who had ever used a family planning method were asked whether they had ever received family planning services or supplies from the Barbados Family Planning Association. No information on the type of services or supplies received was collected in the BCPS. Clearly, ever-users who have not received services or supplies from the BFPA must have received them elsewhere. But it is not known whether those who have ever received services from the BFPA have received them from other sources also. Since the question was worded "Have you ever received -- ?", there is no way to differentiate between couples who have received them only once and couples who have received them more than once.

As only the ever-users were asked about receiving services from the BFPA, it is not known whether or not the nonusers in the sample have ever received services or supplies from the BFPA. Since it is very likely that such nonuser recipients are small in number, the proportion of the total who have received BFPA services, calculated on the basis of information from ever-users only, may not be far different from the actual -- although it may not be strictly accurate.

As may be seen from Table 7.1, nearly one-half of the of the ever-users have received services or supplies from the BFPA. Considering all women, only 3 out of 10 have ever received services or supplies from the BFPA; note that this figure could be a slight underestimate, given the possibility mentioned above of nonuser recipients.

Table 7.1 Percentage of women who have received family planning services or supplies from Barbados Family Planning Association by age, Barbados 1980-81

Age	Received Services or Supplies			
	All Women		Ever Users	
	%	N	%	N
15-19	10.5	476	38.5	130
20-24	33.4	404	51.9	261
25-29	44.7	360	55.1	292
30-34	44.4	225	52.9	190
35-39	37.2	223	46.4	179
40-44	32.2	180	47.9	121
45-49	22.7	141	37.2	86
All	30.8	2,009	49.2	1,259

Note: For 14 cases, all ever users, no information on receiving family planning services from BFPA was available and therefore they are not included here.

The proportion who have received BFPA services or supplies varies by age, the lowest level being found for the oldest women (45-49 years) and the next lowest level for the youngest women (15-19 years). Substantially higher corresponding proportions were found for women aged 20-34. It is not possible to explain this phenomenon of age differentials from the BCPS data. The fact that only about one-half of the ever-users have ever utilized the BFPA seems to indicate that there are factors that impede or restrict the utilization of the BFPA. One of these factors may be that other sources -- such as private physicians and hospitals -- provide family-planning services and supplies. Table 7.2 shows the percentage of women by selected characteristics who have

Table 7.2 Percentage of women who have received family planning services from Barbados Family Planning Association by selected characteristics, Barbados 1980-81

Characteristic	Received Services			
	All Women		Ever Users	
	X	N	X	N
<u>Conjugal Status</u>				
Married	38.2	482	46.7	394
Living relationship	48.2	284	63.6	215
Visiting relationship	31.2	702	46.0	477
Not in union	14.6	541	45.8	173
<u>Education</u>				
6 years of primary school or less	31.8	289	47.5	194
More than 6 years of primary but less than 1 year of secondary	34.8	417	49.0	295
1-4 years of secondary	36.4	539	56.1	350
5 years of secondary	28.7	411	51.4	230
More than 5 years of secondary	16.7	299	32.7	153
Other	33.3	54	48.2	37
<u>Economic activity</u>				
Full-time employed	37.0	882	52.8	618
Part-time employed	35.6	225	49.7	162
Housewife	32.3	493	45.5	350
Student	1.5	197	10.7	24
Other	24.1	212	48.1	105
<u>Listened to radio or watched TV programs dealing with family planning</u>				
Yes	33.7	1,541	51.4	988
No	23.7	468	41.0	271
All	30.8	2,009	49.2	1,259

Note: For 14 cases, all ever users, no information on receiving family planning services from BFPA was available and therefore they are not included here.

received services and supplies from the BFPA. A relatively large proportion of the women in living relationships have received services or supplies from the BFPA compared to those in the other types of conjugal unions. With some exceptions, higher education seems to be positively associated with the utilization of the BFPA. Proportionately more of those who have watched on TV or listened on radio programs dealing with family planning have utilized the BFPA. Although with the available data it is not possible to establish categorically the causal connection between the two, it seems plausible that listening or watching such programs might have induced some to seek services or supplies from the BFPA. It may be recalled that those programs were produced by the BFPA to promote family planning (Chapter 1, Section 1.3).

7.2 Timing of First Contact with BFPA

Women who have ever received services or supplies from the BFPA were further asked in the BCPS: "How many children did you have when you first made contact with the Barbados Family Planning Association?" Nearly one-fourth (23%) of those women had contacted the BFPA when they had no children, and more than one-third (36 percent) contacted the BFPA when they had only one child (Table 7.3). Thus nearly 3 out of 5 of these women sought family planning services from the BFPA before they had their second child. Looking at age differentials in the timing of the first contact, older women generally had their first contact at later parity (number of living children). However, it should be noted that the availability of services from the BFPA was not uniform in the past for the different (age) cohorts of women to take advantage of. As a matter of fact, many of the improvements in the delivery of BFPA services were relatively recent. Also, different cohorts might have had different levels of information on family planning and had different levels of motivation to adopt family planning, which might have affected their timing in seeking services and supplies from the BFPA. Another point to be recalled here is that one-half of the ever-users have never received services or supplies from the BFPA but obviously have obtained them elsewhere.

Table 7.3 Percentage distribution of women by number of children at the time of first contact with the Barbados Family Planning Association and by age, Barbados 1980-81

Age	Number of Children at First Contact				All (N)
	0	1	2	3	
15-19	50.3	49.7	0.0	0.0	100.0 (50)
20-24	14.3	44.1	18.9	2.7	100.0 (135)
25-29	24.5	42.5	23.4	9.6	100.0 (161)
30-34	17.1	46.7	17.2	19.0	100.0 (98)
35-39	10.7	15.6	28.4	45.3	100.0 (78)
40-44	6.3	10.9	28.4	54.4	100.0 (57)
45-49	0.0	10.7	9.1	80.2	100.0 (130)
All	22.8	36.1	19.8	21.3	100.0 (611)

Note: Only women who have ever received services from BFPA are included in this table; eight of such women did not remember the number of children they had at their first contact with BFPA and therefore are not included in this table.

7.3 Date of Last Contact with the BFPA and Reason for No Recent Contact

In addition to asking about the first contact, women who had received BFPA services or supplies were asked when they had made their last contact with the BFPA. Nearly one-half (49 percent) of the women had made their last contact with the BFPA prior to March 1980, while little over one-fourth (26 percent) had made their last contact after August 1980. About 19 percent were unable to remember the date of their last contact. It should be noted that as the fieldwork of BCPS was conducted during the period November 1980 through March 1981, women who were interviewed later during that period had more recent time for contacting the BFPA than those who were interviewed earlier. However, the error introduced in this regard by the variation in the date of interview is believed to be only marginal.

Women who had last contacted the BFPA no later than August 1980 were asked to give their reason for not contacting the BFPA since their last contact. The reasons given in response to this varied considerably, so that no single one of them appeared to be widespread. About one-fourth of the women reported method uncomfortable -- obviously referring to the method obtained from the BFPA -- one-tenth said they stopped using method, about 8 percent said they preferred private doctors, and about 19 percent had no particular reason for not contacting the BFPA since August 1980.

8. SUMMARY AND CONCLUSIONS

8.1 Summary

A Contraceptive Prevalence Survey was conducted in Barbados with the following main objectives:

- o Collect for Barbados a body of data on the knowledge and use of contraceptives as well as their current availability;
- o Obtain information on the relationship between selected population characteristics (of women and their families) and contraceptive practices.

The data were collected through personal interviews, conducted during the period between November 1980 and March 1981. A national probability sample of 1463 women 15-49 years of age were interviewed in the survey. Those cases were weighted appropriately to secure national representativeness. The weighting yielded 2023 cases, which have been used as such in the analysis. The noninterview rate in the survey was disturbingly large, but the determination of the extent of bias, if any, introduced by those noninterviews was hampered by the unavailability of corresponding data from comparable sources. (For more details see Chapter 2.) For this reason, the results presented in this report should be accepted with caution.

Nearly one-fourth (24 percent) of the BCPS sample women were under 20 years of age, while nearly one-half (49 percent) were 20-34 and the remainder (27 percent) were 35-49. About one-seventh (14 percent) of the sample women had had 6 years of primary school education or less, while roughly one-fifth (21 percent) had had more than 6 years of primary school but less than one year of secondary school, a little over one-fourth (27 percent) had had 1-4 years of secondary school, and over one-third (35 percent) had had 5 years of secondary school or more. The younger women in the sample were generally better educated than the older women. Roughly one-fourth of the women were reportedly not having any conjugal relationship at all at the time of the interview, about the same proportion were having a visiting relationship, about 30 percent

were having a living relationship, and 37 percent were married. It is seen that the younger women (15-24) tend to be having mostly a visiting relationship. With increase in age, the type of union shifts towards a living relationship or marriage.

Over one-half (55 percent) of the women had worked (gainfully employed) in the past year, with about 80 percent of the workers being employed on a full-time basis. Female employment is, thus, at a reasonably high level in Barbados, with approximately two-thirds of the women 20-39 years of age and about one-half of the women 40-49 having worked in the last year. Nearly one-fourth (24 percent) of the women described themselves as housewives and about one-tenth as students. Nearly 10 percent of the women responded "nothing" when asked about their occupation. One-third (33 percent) of the students were having a visiting relationship; 89 percent of the students were 15-19 years of age. Married women were considerably more likely to describe themselves as housewives than those with a visiting or living relationship.

The total fertility rate (the total number of children that would be born to a woman, on the average, under the current age-schedule of fertility by the time she reaches the end of her reproductive period) obtained for the BCPS women was 2.40, which is not much higher than the replacement-level fertility. The rate obtained indicates that the fertility decline, which started around the mid-fifties, has continued, although the decline since 1968 has been relatively small -- a phenomenon generally observed at such low levels of fertility. Looking at age-specific fertility, the rates for ages 30 and above have continued on their declining trend, but the rates for the younger ages seem to have reversed the declining trend since 1968. The 22 percent increase noted for the age group 15-19 years deserves special mention here. However, it is not certain whether the observed increase of fertility at these younger ages (under 30 years) portends a real upward trend or is simply a temporary fluctuation. It is important to ascertain this trend, since it has immense programmatic implications. To accomplish this, periodical surveys, similar to the Contraceptive Prevalence Surveys, are clearly essential.

As for differential fertility, childbearing in Barbados seems to be most common at ages 20-29, and is appreciably less common both below and above those ages, especially at ages 35 and above. There is substantial fertility in less stable conjugal relationships, such as visiting relationships and living relationships, and that is so even at young ages (15-19). The general fertility rate (average number of live births in a year for 1,000 women 15-49 years of age) in Barbados for the one year period prior to the interview was 35.5. For women in living relationships the rate was 148, for those in visiting relationships it was 107, and for the married it was 83. It should be borne in mind that such differences can in part be brought about by differences in age-composition of the women in the different groups being compared. In the BCPS sample, married women were generally older, on the average, than the others, while proportionately more of the younger women (under 30) were in a visiting relationship than in the other two types of conjugal unions (married and living relationship). (A more precise assessment of fertility differentials was hampered by the small numbers in certain relevant subgroups -- see Tables 3.2 to 3.4). The housewives in the BCPS sample had a substantially higher general fertility rate in the one-year period prior to the interview than the full-time or part-time employed women, although their age composition was not particularly favorable to high fertility. The differences in general fertility rates by differences in educational attainment do not follow a systematic pattern, possibly because of the confounding effects of differences in age, economic activity, and conjugal status, among other things.

As for lifetime, or cumulative, fertility, the BCPS sample women had, on the average, 2.19 pregnancies, 2 live births, and 1.74 living children at the time of interview. Obviously the above figures are influenced by the current age distribution of the women. As for a measure of completed fertility, the women 45-49 years old in the sample had, on the average, 5.90 pregnancies, 5.65 live births, and 5.23 living children. But in considering these figures, it is important to bear in mind the possible cohort differences in fertility behavior, given the increasingly wider acceptance of fertility regulation in Barbados in recent years and the resulting decline in fertility at ages 30 and above.

While about 8 percent of the sample women were unsure whether or not they should have (additional) children in future (future fertility desire), the remainder were about evenly split between desiring and not desiring additional children. At ages 35 and above, an overwhelming majority (83 to 99 percent) do not desire additional fertility, while a large majority (71 to 81 percent) of the women under 35 desire additional fertility. Desire for future fertility is to a large extent influenced by the present number of living children. Roughly 84 percent of the women with no living children (counting current pregnancy, if any, as a living child) desire additional children, while only about 12 percent of the women with 3-4 living children do so. At identical levels of living children, advancing age seems to diminish the desire for additional children. Across conjugal union types, the proportion desiring additional children is strikingly lower among the married women (15 percent) than among the living relationship group (36 percent), the visiting relationship group (62 percent), and the not-in-union group (57 percent). The same pattern of variation generally exists at the same level of living children (or when number of living children is controlled). It is also noted that proportionately fewer women in a living relationship, compared to those in a visiting relationship, desire additional children, and that is also the case generally when number of living children is controlled.

Among those who gave a specific answer to the question on desire for additional children (i.e., excluding those who responded don't know or not sure) roughly one-seventh (15 percent) desire one more child, a little over one-fourth (27 percent) desire 2 more, and about one-in-17 (6 percent) desire 3 or more; roughly 2 percent did not specify the number of additional children desired, while one-half, as mentioned before, did not desire any more. For all women excluding those who did not specify the number of additional children desired, the mean addition desired is just under one child (.88). It declines drastically from 1.85 for childless women, to 0.58 for those with 1-2 living children, to 0.12 for those with 3-4 living children, and further to near-zero levels or to zero at higher numbers of living children.

In the BCPS an attempt was made to estimate the preferred number of children. Excluding those (193 in all) who gave nonquantifiable responses to the series of questions on this, the estimate was made for 1830 cases. The mean preferred number of children for the sample women is 2.36, and the mean lies within the range 2-3 for all but the youngest women (15-19), for whom it is 1.95. It varies very little across the different educational and economic status groups, nearly always lying within the 2-3 range. It is possible that the preferred number for some is to a certain extent influenced by their actual number of living children, but there is no clear evidence of this in the BCPS data. When the preferred is compared with the actual number of children, for over one-half (52 percent) of the women the actual was less than the preferred, for roughly 3 in 10 (31 percent) the actual was equal to the preferred, and for the remainder (17 percent) the actual exceeded the preferred. At younger ages (under 30) the actual is generally less than the preferred, while at older ages the actual is either equal to or greater than the preferred. It seems from the above that low fertility ideals are quite pervasive among the BCPS sample women, and conforming to them is the rule rather than the exception for these women.

The BCPS collected information on women's knowledge of family planning methods. The methods considered were pill, condom, vaginal methods, IUD, female sterilization, male sterilization, injection, induced abortion, rhythm, withdrawal, and other traditional methods; all but the last three have been classified as modern methods, and the last three as traditional methods. Nearly all women (97 percent) expressed knowledge of at least one method of family planning. The knowledge level varied only slightly by age, with lower levels being found for women aged 15-19 and for those aged 40-49. As for other differentials, women not in union were slightly less knowledgeable than the others. Also, those with 6 years of primary school or less were a little less knowledgeable than the others. Variations in knowledge level across other characteristics were small. The most widely known method among the sample women was pill (94 percent). The next most widely known method was condom (83 percent), followed by female sterilization (80 percent), IUD (75 percent), injection (74 percent), induced abortion (71

percent), vaginal methods (71 percent), and male sterilization (62 percent). The other methods were known to about one-half or fewer of the women.

Nearly three-fourths of the women knew 6 to 11 methods, with about one-fourth knowing all the 10 methods listed. Considering modern methods only, over three-fourths (79 percent) knew 5 to 8 of them, with well over one-half (58 percent) knowing 7 to 8 of them. On the average, a BCPS woman knew 7 (all) methods, 6 modern methods. The mean number of methods known varied slightly by age and by union type.

One of the major objectives of BCPS, as stated earlier, was to ascertain the extent of use of family planning methods. It has been found that roughly 6 out of 10 of the sample women (63 percent) have ever used a family planning method, while almost all who have ever used a method have used a modern method. Ever-use level varies considerably by age. The lowest level, 28 percent, is for women 15-19 years of age, but it ranges between 61 and 85 percent for the rest, the highest level (84.4 percent) being for women 30-34 years of age. The decline in the ever-use level from age 35 onward, reaching a level of 61 percent by age 45-49, is noteworthy. It might be that these older women had in effect less facilities -- in terms of knowledge, availability, and motivation -- for using a method when they were younger, and at their present advanced ages their perceived need for use of family planning methods might be minimal or nonexistent.

As for other differentials, the proportion who have ever used a method is highest (82 percent) among married women. The next highest proportion is for the living relationship group (76 percent), who are followed by the visiting relationship group (68 percent) and the not-in-union group (32 percent).

For the younger women (15-24) the ever-use level declines with increase in education. For the next older group (25-34), the ever-use level varies only slightly up to 5 years of secondary school and then declines substantially. And for the oldest group (35-49) there appears

to be a direct positive relationship between education and ever-use. At the aggregate level, the gainfully employed and the housewives differ very little in terms of ever-use; the students have a substantially low ever-use rate. Those who have discussed family planning methods with others are slightly better off than those who haven't in terms of ever-use of a method, and so are those who have listened on radio or watched TV programs dealing with family planning as compared to those who haven't had that experience. There seems to exist a direct relationship between ever-use and number of methods known, since the use level is higher among those who know more methods of family planning.

As regards the use of specific methods, pill, the most widely used method of all, has been used by roughly 4 out of 10 (43 percent) women. Condom, the next most widely used method, has been used by nearly one-fifth (18 percent), while vaginal methods have been used by about one-sixth (16 percent). Roughly one-eighth (about 12 percent) of the women have adopted female sterilization, while about one-tenth have used IUD. Each of the other methods have been used by 8 percent or less of the women. It should be noted that male sterilization has been adopted by only 0.3 percent of the cases, and induced abortion by only 1.3 percent. It is possible that the extent of use of abortion is under-reported, as is generally the case in countries where it is legally prohibited or morally disapproved. In all but the oldest (45-49) age group, pill has been the most widely (ever) used method; for the oldest age-group, vaginal methods come first. Across the different conjugal union types, educational groups, and economic activity groups, pill generally has been the most widely (ever) used method. Nearly one-half (49 percent) of the BCPS sample women have ever used 1 to 2 methods, while one-seventh (14 percent) have ever used 3 to 9 methods. Considering modern methods only, a little over one-half (52 percent) have ever used 1 to 2 methods, while roughly one-tenth have ever used 3-7 methods.

Over one-third (37 percent) of the sample women are currently using a method. The corresponding rate for women in union is approximately 47 percent, and that for women in union and nonpregnant is 49 percent. The

proportion using a modern method among these three groups are 35 percent, 45 percent, and 47 percent, respectively. For the last mentioned group, current use varies by age -- increasing steadily from about 30 percent for women aged 15-19, to slightly over 65 percent for women aged 35-39, and then declining drastically to around 35 percent for the women in the two older age groups. At the aggregate level, the pattern of variation in current use rate by education is somewhat irregular, whereas at the age-group 35-49, the current use rate generally increases with increase in education. The part-time employed women are found to be about as likely to be current users as full-time employed women, but housewives are considerably less likely, and students far less likely, than the employed women to be current users. Current use rate generally increases with increase in number of living children up to the level of 6 children and then declines slightly. Women who do not desire additional children are substantially more likely to be current users than those who desire additional children. Proportionately more of the women whose actual number of children is either equal to or greater than their preferred number are current users, as compared to those whose actual is less than the preferred. The larger the number of family planning methods known to a woman, the more likely she is to be a current user; the current use rate is substantially higher among women who know 6 to 11 methods than among women who know 1-5 methods. Those who have discussed family planning methods with others are more likely to be current users than those who have not. The experience of listening on radio or watching TV programs dealing with family planning seems to exert a positive influence on current use at the aggregate level and at ages 15-24 and 35-49, but not at 25-34; the reason for this difference is not clear from the BCPS data.

Among all the current users, 35 percent are using pill, 31 percent female sterilization, 11 percent condom, 9 percent IUD, 5 percent vaginal methods, 5 percent injection, 4 percent traditional methods (rhythm, withdrawal, and other traditional methods), and 0.5 percent male sterilization; note the extremely low level of use of male sterilization. Pill is more widely used than any other method among

(current) users under 35 years of age, but female sterilization is more widely used than any other method among users aged 35 years and above. For users in a marital relationship or a living relationship, female sterilization is the leading method of choice, but for those in a visiting relationship and for those with no relationship (not-in-union), it is pill. Users with 5 or more living children have overwhelmingly adopted female sterilization, a permanent and nearly foolproof method. For users with 3-4 children, also, female sterilization is the most widely adopted method. On the other hand, users with less than three children resort to pill more than to any other method. Also, users not desiring additional children resort to female sterilization more than to any of the other methods, whereas a majority of the users desiring additional children have resorted to pill, an effective but at the same time not an irreversible method. A large majority of the users for whom the actual number of children has exceeded the preferred number (or users with excess fertility) have resorted to female sterilization; those with actual equal to the preferred have also chosen female sterilization more than any other method. Pill is being used by a large majority (60 percent) of the users who have less than their preferred fertility.

As to who actually obtains the current method, female methods are generally obtained by females, and male methods by males: pill, 91 percent by women; condom, 85 percent by men. For 3 out of 10 users, the reason for selecting the method being used was that it was recommended to them (by physicians, BFPA personnel, etc.), while for nearly one-fourth the reason was that it was most effective. The reason for selecting the currently used method varies, of course, by method. For an overwhelming majority of the users excluding the sterilized (79 percent), the current method is also the preferred method, while for about one-sixth (16 percent) the current method is not the preferred one. A high degree of congruence between the actual and the preferred method is conducive to sustained use, which would result in higher continuation rates and prolonged protection from unwanted pregnancies.

As for the main reason for nonuse for the currently-in-union nonpregnant women, nearly one-fourth (24 percent) reported that they were temporarily infecund (because of recent childbirth or lack of sexual activity), while about one-sixth (17 percent) reported side effects or health reason, and about one-tenth reported permanent sterility. It is significant to note that only 3 percent of these women reported disapproval of contraceptives as their main reason for nonuse. The reason for nonuse varies by age; about 53 percent of the women 45-49 gave permanent sterility, while 42 and 32 percent of the women aged 15-19 and 20-24 years, respectively, gave temporary infecundity as the main reason for nonuse.

Approximately 3 out of 10 of these nonusers plan to use a method in the following 12 months, while about one-seventh plan to use a method later. Of those who said they plan to use a method in the future, nearly one-half (49 percent) said they would use the pill, whereas about one-fourth (24 percent) said they were uncertain about what method they would use.

As regards exposure status to pregnancy, 26.8 percent of the sample women were not in union, 3.5 percent were currently pregnant, 10.8 percent were sterilized, 21.9 percent were using a modern method other than sterilization, and 1.3 percent were using traditional methods. That leaves 35.7 percent of these women exposed to the risk of pregnancy. (The fecundity factor is not considered here.) About one-half (49 percent) of the women exposed to the risk of pregnancy actually desire additional children. Thus, on the whole, less than one-fifth (18 percent) of the BCPS sample women were found to be exposed to the risk of an unwanted pregnancy. It should, however, be noted that this proportion is much larger (46 to 53 percent) at ages 40-49 as a result of nonuse, which is probably based on perceived infecundity or infrequent coitus or both at these ages.

Over one-third (36 percent) of the current users of mechanical or clinical methods (pill, condom, vaginal methods, IUD, male and female sterilization, and injection) have obtained their methods from

hospitals, over one-fifth (22 percent) from BFPA (including all its affiliated clinics and personnel), and one-fifth (20 percent) from drugstores. Nearly one-eighth (12 percent) have obtained their methods from private doctors. Understandably, the source varies by method: pill is mainly obtained from BFPA and drugstores, vaginal methods mainly from drugstores, IUD and injection mainly from private doctors, and sterilization mainly from hospitals. For an overwhelming majority (85 percent), the mode of access to their sources is some form of transportation, and for nearly all (94 percent), the sources are easy to get to. Among the women who are not sterilized and who know at least one method of family planning, about one-half (49 percent) know a source for induced abortion.

About one-half of those who have ever used a method have received family planning services or supplies from the BFPA. Clearly the remainder resorted to other sources. Nearly one-fourth (23 percent) of the women who had contacted the BFPA did so when they had no living children, over one-third (36 percent) did so when they had only one child. Thus, for a substantial proportion of women who contacted the BFPA, the effort to regulate births began at a low parity level.

8.2 Conclusions

As in many countries, women in Barbados are willing to respond to questions on personal matters such as conjugal relationships, fertility behavior, and contraceptive use. Such cooperation from the women to whom we are putting questions - or interviewing - is invaluable; without it no study of the sort of a CPS is possible. The level of sophistication of the Barbados women, as reflected in their voluntary cooperation in this regard, deserves special mention.

The BCPS had, by most standards, a restricted scope in that its coverage did not go far beyond the realm of contraceptive use. Its focus was on ascertaining the level and variations in contraceptive use; very little effort was made to ascertain the determinants of use. Apart from bringing out these facts, however, the survey has brought out many

ancillary but related facts -- such as fertility behavior, for example. Together they constitute a body of information very valuable and approaching the essential for developmental planning, especially population planning. As the Barbados society is economically and socially dynamic, the importance of and need for similar studies preferably more comprehensive and in-depth -- periodically in the future cannot be overstated. Such periodic studies will provide a time series of data on many relevant aspects that will enable one to assess the past trends and future course of the country in these aspects. Now that the feasibility of such a study has been established with this CPS survey, such studies should be earnestly attempted in the future.

It is important to view as the ultimate goal the judicious use of the information obtained in a survey of this kind rather than the mere survey process itself. Too often, survey results are not widely disseminated or -- probably as a result -- widely used. If any such situations exist in Barbados, they should be effectively tackled.

The findings from the BCPS on fertility deserve some consideration. The total fertility rate is rather low, and further drastic reduction if it may be hard to attain, given the basic desire in a society for children. Yet, there is clearly avoidable fertility at certain ages notably at ages 15-19; about 92 out of 1,000 women in this age group gave birth to a child in the one-year period prior to the interview, an increase that was 17 more per 1,000 women than what it was approximately eleven years ago. Quite apart from the observed increase, childbearing at these ages can be minimized, if not eliminated entirely; note, in particular, the rate for this age group in visiting relationship (128). At ages past 34, most women do not desire additional fertility; neither do women with 3-4 living children. Undesired additional fertility at these levels can be eliminated by providing effective long-term contraceptive protection. Women in these categories need special counseling and, of course, services to enable them to choose an appropriate method (for example, IUD, female sterilization). Inhibiting factors such as lack of adequate knowledge, fear of side effects, inadequate motivation, callous risk taking can be effectively tackled with such special efforts.

In Barbados, knowledge of methods is fairly high -- which, incidentally, includes superficial knowledge as well. The BCPS did not investigate the depth of knowledge of respondents. A deeper and correct understanding of the various methods, how they work, the degree of effectiveness of each, possible side effects, etc., on the part of these women would be very beneficial to them in choosing a method that suits their condition and purpose. Efforts to educate women, or couples, in this regard could be very helpful and rewarding.

As noted earlier, childbearing in unstable unions (visiting relationships) is not uncommon in Barbados. Some pertinent questions in this context are a) to what extent is fertility in unstable unions unwanted; b) to what extent is the ability to bear a child for a man perceived to be a requisite, or at least an advantage, for attracting suitable partners or for maintaining a relationship; c) do women bear children despite their preference not to, because of institutional or circumstantial forces or factors. To answer these and many related questions concerning fertility, a more detailed study of the childbearing patterns, decisions underlying such behavior, and the factors influencing such decisions is required. It would also be useful to study the conjugal relationship pattern, attitudes toward such relationships, and factors determining the establishment and termination of such relationships. One of the benefits of a CPS is that it indicates areas in which additional knowledge is required, or at least desirable.

The Barbados CPS has provided information on levels of ever-use and current use by age and by certain other characteristics. While these measures are important in themselves, they do not provide any clue to the pattern of contraceptive use -- decision to use, choice of method, timing of use, regularity of use, shifting from one method to another, decision to discontinue use, and achieved result of use (including failure). Clearly, obtaining all these items of information would be a sizable undertaking, but it would also be one that would throw a good deal of light on the dynamics of fertility control practices in Barbados.

In Barbados, almost everyone who has used a method has used a modern method; the latter is more effective than any of the traditional methods. This feature is indicative of the sophistication of the Barbados' couples in the matter of method selection. But it is important not to overlook the fact that male sterilization has been adopted by only an insignificant fraction of the couples, even though it is simple, effective, and, more-over, very widely used in various other parts of the world. The underlying reason for the nonadoption of this method may be ferreted out and appropriately tackled. It is conceivable that some men may have incorrect notions about the side effects of this method -- loss of virility, for example; such incorrect notions should be ascertained and obviated.

Ever-use level is fairly high at each age level, except at the youngest, 15-19 years. But current use levels are not that high at ages past 39 and below 20, even among women in union and nonpregnant. The main reason provided for nonuse (current) by these women deserves some careful attention from family planning program officials. A sizable proportion have given side effects or health reason as their reason for nonuse. Appropriate medical supervision of contraceptors and periodic follow-up would allay fears of side effects and assuage any actual unpleasant side effects experienced. It would be reassuring for many prospective and current users to know that appropriate medical help is at hand in time of need.

Only about one-half of the ever-users (or less than one-third of all women 15-49 years of age) have ever received family planning services or supplies from the BFPA. While the existence of other sources that in effect compete with the BFPA in this regard should be recognized, a wider use of the BFPA's services and supplies would be desirable and should be actively promoted.

As mentioned earlier, the respondents in the BCPS were women. The information gathered, therefore, very closely relates to them, especially in the area of knowledge of methods, knowledge of source of methods, reason for not using a method, future plan for use, preference

of method, and fertility desires. But this is only one side of the coin; the other side has to do with men. Men's fertility desires, their knowledge of methods, and their attitude toward them, among other things, have a crucial role in the decision to adopt family planning and the effective practice of it. As this is the case, these topics should also be studied, as extensively as feasible, to obtain a more comprehensive picture of the situation with regard to fertility and family planning in Barbados.

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A P P E N D I X E S

Appendix A: Questionnaire

Appendix B: Selected Findings

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APPENDIX A - QUESTIONNAIRE



SINCOS CONSULTANTS LIMITED
 M. & M.S. CONSULTANTS LIMITED
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 Bridgetown, Barbados.
 Tel: 83436 72078
 Cable: SINCOS

Int.	Resp.	ED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3 4 5 6

Good morning/evening. I am a representative of SYSTEMS. We are conducting a survey on Family Life in Barbados.

We would be grateful if you could assist us by answering a few questions. The information gathered in this survey is for statistical purposes and will be kept strictly confidential.

IF RESPONDENT REFUSES TO COOPERATE
 TERMINATE AND RECORD

A. (i) How many people live in this household?

Males _____
 Females _____

(ii) Would you please give me the first names of the females who are 15 years and older but not yet 50 years?

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

CALL BACK		
DATE		TIME

SEEK INTERVIEWS FROM ALL
 ELIGIBLE FEMALES IN
 HOUSEHOLD (GO TO Q. 101)
 IF ANY ARE UNAVAILABLE
 (GO TO B.)

B. When do you think (chosen name(s)) will be here? (record)

Thank you. I will be back to see her/them later.

INTERVIEW COMPLETED ON	
1st Call	1
2nd Call	2
DATE INTERVIEW COMPLETED	
DATE	MONTH

For office use

7 - 8

9 -10

11

12 13 14 15

Previous Page Blank

SECTION I BACKGROUND CHARACTERISTICS

Q.101 In what month and year were you born?
 MONTH _____ YEAR

For Office use

16 17 18 19

Q.102 How old were you on your last birthday?

YEARS

CHECK QUESTIONS 101 & 102 FOR INCONSISTENCY
 ENTER RESPONDENTS' CORRECT AGE BELOW

Correct Age Years

20 21

CIRCLE APPROPRIATE CODE BELOW:

- 1 AGE GIVEN BY RESPONDENT
- 2 AGE CORRECTED BY INTERVIEWER
- 3 AGE ESTIMATED BY INTERVIEWER

IF RESPONDENT IS UNDER 15 OR OVER 49 YEARS TERMINATE
 INTERVIEW. THANK RESPONDENT FOR HER TIME AND FOLLOW
 INSTRUCTIONS FOR INTERVIEWING NEXT RESPONDENT.

Q.103 Have you ever attended school?
 1 Yes (GO TO Q.104)
 2 No (GO TO Q.106)

22

Q.104 What is the highest level of education reached?

Q.104 LEVEL	Q.105 NUMBER OF YEARS
1 Primary	0 1 2 3 4 5 6 7 8 9
2 Secondary	1 2 3 4 5 6 7
3 University	1 2 3 4 5 6
4 Other (Specify) _____	

23 24

Q.105 How many years did you complete at that level?

CIRCLE APPROPRIATE YEAR ABOVE

Q.106 In the last 12 months did you do any work for which you were paid?
 1 Yes (GO TO Q.107)
 2 No (GO TO Q.109)

25

Q.107 What kind of work was it?

26 27

For office use

Q.108 When you worked, did you work full-time or part-time?

- 1 Full-time
- 2 Part-time

GO TO SECTION II

28

Q.109 What do you do? Are you a housewife, a student, retired, or

- 1 Housewife (perform home duties)
- 2 Student
- 3 Retired
- 4 Disabled
- 5 Nothing
- 6 Other (Specify) _____

29

SECTION II - FERTILITY

Now we would like to talk to you about some aspects of your life.

Q.201 When did you last have a menstrual period?

- 1 Less than 30 days ago (GO TO Q.203)
 - 2 30 to 60 days ago
 - 3 61 days ago or more
 - 4 Not yet (never had a period)
- } (GO TO Q.202)

For office use

30

Q.202 Are you pregnant now?

- 1 Yes (GO TO Q.205)
- 2 No (GO TO Q.203)

31

Q.203 Do you currently want to get pregnant?

- 1 Yes
- 2 No
- 3 Don't know/not sure

32

Q.204 Have you ever been pregnant?

- 1 Yes (GO TO Q.205)
- 2 No (GO TO Q.213)

33

Q.205 How many times have you been pregnant? _____
(INCLUDE CURRENT PREGNANCY)

34 35

Q.206 How many live births have you had? Please be sure to include all of the children you have given birth to, even if they only lived a short time.

No. of live births _____

36 37

IF NO LIVE BIRTHS GO TO Q.213. OTHERWISE GO TO Q.207

Q.207 How old were you when you had your first live birth? _____

38 39

Q.208 When did you have your last live birth? Please give me the date.
DATE ____ MONTH ____ YEAR ____

40 - 45

IF NO DATE GIVEN IN Q.208 GO TO Q.209. IF LAST LIVE BIRTH OCCURRED AFTER 31 OCTOBER, 1978 GO TO Q.210. OTHERWISE GO TO Q.211

Q.209 How long ago was your last live birth?

Years _____ Months _____

46 47

IF LAST LIVE BIRTH OCCURRED WITHIN 2 YEARS GO TO Q.210, OTHERWISE GO TO Q.211

Q.210 Are you currently breastfeeding this child?

- 1 Yes
- 2 No
- 3 Child is not living

48

Q.211 How many of your own children are alive now, including any living away from home?

Number of children _____

IF RESPONDENT HAS NO LIVING CHILDREN, WRITE GO FOR Q.211 AND GO TO Q.213

49 50

Q.212 How many of these are boys and how many are girls?

Boys _____

Girls _____

ADD THE NUMBER OF BOYS AND GIRLS IN Q.212 AND MAKE SURE THE SUM AGREES WITH THE TOTAL NUMBER OF LIVING CHILDREN IN Q.211

51

52

Q.213 Would you like to have (more) children in the future (in addition to the one you are expecting)?

- 1 Yes (GO TO Q.214)
- 2 No
- 3 Don't know/not sure

LOOK AT Q.206, IF NO LIVE BIRTHS GO TO SECTION III-A. OTHERWISE GO TO Q.215

53

Q.214 How many (more) children would you like to have in the future?

No. of children _____ (GO TO SECTION III-A)

54 55

Q.215 Before you became pregnant the last time, did you want to have any more children?

- 1 Yes (GO TO SECTION III - A)
- 2 No
- 3 Not sure/don't know (GO TO Q.216)

56

Q.216 If you could have had exactly the number of children you wanted how many would you have had?

_____ 98 Don't know

57 58

SECTION III A FERTILITY REGULATION

KNOWLEDGE AND USE

Q.301 How Jeff's talk about family planning. As you may know, there are various ways a couple can delay a pregnancy or avoid having children if they do not want them. Do you know of or have you heard of any family planning methods?

- 1 Yes (GO TO Q.302)
- 2 No (GO TO Q.303)

Q.302 What family planning methods do you know of?

CIRCLE "YES" IN COLUMN (A) OF THE TABLE 1 FOR EACH METHOD THE RESPONDENT MENTIONS.

Q.303 FOR EACH METHOD NOT CIRCLED IN COLUMN (A) ASK:

Just to be sure, have you ever heard of (Method)?

CIRCLE RESPONSE IN COLUMN (B) OF TABLE 1

Q.304 FOR EACH METHOD CIRCLED "YES" IN COLUMN (A) OR (B) ASK:

Have you and your partner ever used (Method)?

CIRCLE RESPONSE IN COLUMN (C) OF TABLE 1 AND GO TO THE NEXT METHOD CIRCLED "YES" IN (A) OR (B)

TABLE 1

	(A) KNOWLEDGE (VOL.) Q.302	(B) KNOWLEDGE (PROPTED) Q.303	(C) EVER USE Q.304	(D) CURRENT USE Q.307
01 Pill	1 Yes	2 Yes 3 No	1 Yes 2 No	01 Pill
02 Condom	1 Yes	2 Yes 3 No	1 Yes 2 No	02 Condom
03 Vaginal Methods	1 Yes	2 Yes 3 No	1 Yes 2 No	03 Vaginal Methods
04 I.U.D.	1 Yes	2 Yes 3 No	1 Yes 2 No	04 I.U.D.
05 Female Sterilization	1 Yes	2 Yes 3 No	1 Yes 2 No	05 Female Sterilization
06 Male Sterilization	1 Yes	2 Yes 3 No	1 Yes 2 No	06 Male Sterilization
07 Injection	1 Yes	2 Yes 3 No	1 Yes 2 No	07 Injection
08 Induced Abortion	1 Yes	2 Yes 3 No	1 Yes 2 No	08 Induced Abortion
09 Rhythm	1 Yes	2 Yes 3 No	1 Yes 2 No	09 Rhythm
10 Withdrawal	1 Yes	2 Yes 3 No	1 Yes 2 No	10 Withdrawal
11 Other <i>(Specify)</i>	1 Yes		1 Yes 2 No	11 Other <i>(Specify)</i>
				90 Not using

IF RESPONDENT DOES NOT KNOW ANY METHOD (NO "YES" CODES CIRCLED IN COLUMN (A) OR (B), CIRCLE 90 IN COLUMN (D) AND GO TO SECTION IV.

For office use

59

- 60-62
- 63-65
- 66-68
- 69-71
- 72-74
- 75-77
- 78-80
- 81-83
- 84-86
- 87-89
- 90-92
- 93-94

For office use

Q. 305 Are you and your husband or partner currently using any family planning method?

- 1 Yes (GO TO Q. 307)
- 2 No (GO TO Q. 306)

95

Q. 306 Have you and your husband or partner used any method to avoid pregnancy in the last month?

- 1 Yes (GO TO Q. 307)
- 2 No → (CIRCLE 90 IN COLUMN (D) (TABLE I) AND THEN GO TO SECTION III B)

96

Q. 307 What is (was) that method?

Method _____ (CIRCLE THE METHOD IN COLUMN (D) OF TABLE I)

Q. 308 Why did you select (current method) instead of any other method?

97 98

Q. 309 How long have you been using _____ ?
current method

____ Years ____ Months

IF IN Q. 307 MALE/FEMALE STERILIZATION IS MENTIONED GO TO Q. 318

99 100

Q. 310 If it were entirely up to you, which family planning method would you prefer to use - your current method or some other method?

- 1 Current method } (GO TO Q. 313)
- 2 Won't use any }
- 3 Some other method (GO TO Q. 311)

101

Q. 311 What method would you rather use?

- 01 Pill
- 02 Condom
- 03 Vaginal methods (specify) _____
- 04 I.U.D.
- 05 Female Sterilization
- 06 Male Sterilization
- 07 Injection
- 08 Abortion
- 09 Rhythm
- 10 Withdrawal
- 11 Other (specify) _____
- 12 Uncertain/don't know (GO TO Q. 313)

102 103

Q.312 Why are you not using that method now?

104 105

Q.313 CIRCLE BELOW THE CODE MARKED IN COLUMN D OF TABLE I

- 01 Pills } (GO TO Q.314)
- 02 Condom }
- 03 Vaginal methods }
- 04 I.U.D. } (GO TO Q.318)
- 05 Female Sterilization ... } (ASK Q.318 - 321)
- 06 Male Sterilization }
- 07 Injection } (GO TO Q.318)
- 09 Rhythm } (GO TO SECTION III C)
- 10 Withdrawal }
- 11 Other }
- 90 Not using (GO TO SECTION III B)

Q.314 Who usually obtains the method that you are currently using - you or your husband or partner?

- 1 I (respondent)
- 2 Husband or partner
- 3 Other (specify) _____

106

Q.315 From where do (did) you or your partner or husband obtain

- 1 BFPA Headquarters current method
- 2 BFPA Outclinics
- 3 BFPA Distribution (including field educators)
- 4 Hospitals/Health Clinics
- 5 Private Doctors
- 6 Drugstores/Pharmacies
- 7 Other (specify) _____
- 8 Don't know (GO TO SECTION III C)

107

Q.316 Has this method always been available to you from this source?

- 1 No (GO TO Q.317)
- 2 Yes } (GO TO Q.319)
- 3 Don't know }

108

Q.317 What did you do the last time that this method was not available?

109

(GO TO Q.319)

- Q.318 From where did you or your husband or partner obtain _____ *(Method)*
- 1 BFPA Headquarters
 - 2 BFPA Outclinics
 - 3 BFPA Distributors (including field educators)
 - 4 Hospitals/Health Clinics
 - 5 Private Doctors
 - 6 Drugstores/Pharmacies
 - 7 Other (specify) _____
 - 8 Don't Know (GO TO SECTION III C)

110

- Q.319 Did you walk or use some means of transportation in going to this place?
- 1 Walk
 - 2 Use means of transportation

111

- Q.320 How much time does it take to go from your house to this place?
Minutes _____

112 113

- Q.321 Is this place easy or not easy to get to?
- 1 Easy
 - 2 Not easy
 - 3 No opinion

114

IF IN Q.313 (05) OR (06) CIRCLED GO TO SECTION IV.
OTHERWISE GO TO Q.322

- Q.322 Are the days that this place is open convenient/inconvenient for you?
- 1 Inconvenient (GO TO Q.323)
 - 2 Convenient } (GO TO Q.324)
 - 3 Don't Know }

115

- Q.323 Which day is most convenient for you to go to this place?

116

- Q.324 Are the hours that this place is open convenient/inconvenient for you?
- 1 Inconvenient (GO TO Q.325)
 - 2 Convenient } (GO TO Q.326)
 - 3 Don't Know }

117

- Q.325 What time of day is most convenient for you to obtain your method -
mornings, afternoons or evenings?
- 1 Mornings
 - 2 Afternoons
 - 3 Evenings

118

- Q.326 When you or your partner or husband obtained your method the last
time, did you (he) consider the waiting time long or not long?
- 1 Long
 - 2 Not Long

119

GO TO SECTION III C

SECTION 111B

FOR THOSE CURRENTLY NOT USING ANY METHOD, ASK QUESTIONS 327-331

For office use

Q. 327 What would you say is your main reason for not using any method of family planning at this time?

120 121

Q. 328 Do you think that you will use any method of family planning during the next twelve (12) months?

- 1 Yes (GO TO Q. 330)
- 2 No (GO TO Q. 329)

122

Q. 329 Do you think that you would use a family planning method at any time in the future?

- 1 Yes (GO TO Q. 330)
- 2 No (GO TO SECTION 111C)

123

Q. 330 What method would you use?

- 01 Pill (GO TO SECTION 111C)
- 02 Condom
- 03 Vaginal methods (specify) } (GO TO Q. 331)
- 04 I.U.D. }

- 05 Female sterilization (GO TO SECTION 111C)
- 06 Male sterilization
- 07 Injection
- 08 Abortion

- 09 Rhythm
- 10 Withdrawal
- 11 Other (specify) } (GO TO SECTION 111C)
- 12 Uncertain/Don't know

124 125

Q. 331 Do you know where you can obtain that method?

- 1 Yes
- 2 No

126

SECTION 111C

LOOK AT TABLE I COL(D). IF RESPONDENT IS CURRENTLY USING STERILIZATION (05) OR (06) GO TO Q. 337. IF RESPONDENT IS USING PILLS (01), CROSS OUT THAT METHOD AT THE TOP OF TABLE II.

LOOK AT TABLE I COL(A) AND (B). IF METHOD (01) OR (05) IS MARKED "YES" CIRCLE THE CORRESPONDING METHOD CODE AT THE TOP OF TABLE II.

FOR EACH METHOD CIRCLED BUT NOT CROSSED OUT ASK QUESTIONS 332-336 IN ORDER AND MARK THE APPROPRIATE ANSWERS.

IF NO METHOD IS CIRCLED BELOW GO TO QUESTION 337

TABLE II

For office use

	01 Pill	05 Female ster.	
Q. 332 Do you know where you or your spouse (boyfriend) can get (Method)? <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;"> IF "NO" GO TO (05) IF CIRCLED OTHERWISE GO TO Q. 337 </div>	1 Yes 2 No	1 Yes (GO TO Q.333) 2 No (GO TO Q.337)	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> 127 128
Q. 333 If you wanted to get (Method) where would you go? 1 BFFA headquarters 2 BFFA Outclinics 3 BFFA distributors 4 Hospital/Health Clinics 5 Private doctors 6 Drugstores 7 Other (specify) _____	↓ 1 2 3 4 5 6 7	↓ 1 2 3 4 5 6 7	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> 129 130
Q. 334 Is the place easy or not easy to get to? 1 Easy 2 Not easy 3 Don't know	↓ 1 2 3	↓ 1 2 3	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> 131 132
Q. 335 Would you walk or use some means of transportation in going to this place? 1 Walk 2 Use means of transportation 3 Don't know	↓ 1 2 3	↓ 1 2 3	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> 133 134
Q. 336 How much time would it take to go from your house to this place? (Minutes)	—	—	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> 135 - 136

GO TO Q. 332 IF (05) IS CIRCLED

AFTER THE LAST MARKED METHOD GO TO Q. 337

For office use

Q. 337 Supposing a woman wants to end an unwanted pregnancy, or to have an abortion, do you know where or to whom she can go for this purpose?

- 1 Yes
- 2 No

139

SECTION IV - LOCAL ORGANIZED PROGRAMMES

For office use

Q. 401 Have you ever discussed family planning methods with anyone?

- 1 Yes (GO TO Q. 402)
- 2 No (GO TO Q. 403)

140

Q. 402 With whom did you discuss family planning methods?

CHECK ALL ALTERNATIVES. PROBE - ANYONE ELSE?

- 1 Family
- 2 Friends
- 3 Partner
- 4 Other _____
(specify)

141

 144

Q. 403 Have you ever listened on radio or watched on television a programme which dealt with family planning?

- 1 Yes
- 2 No

145

Q. 404 Have you ever attended any of the lectures, seminars or shows about family planning?

- 1 Yes
- 2 No

146

**LOOK AT TABLE 1 COL(C)
IF NO "YES" CODES CIRCLED GO TO SECTION V**

Q. 405 Have you ever received family planning services or supplies from the Barbados Family Planning Association?

- 1 Yes (GO TO Q. 406)
- 2 No (GO TO SECTION V)

147

Q. 406 How many children did you have when you first made contact with the Barbados Family Planning Association?

148

Q. 407 When did you last make contact with the Barbados Family Planning Association?

_____ Month _____ Year

(IF AFTER AUGUST 1980, GO TO SECTION V)

-
149 - 152

Q. 408 Why haven't you been in contact with the Family Planning Association since then?

153

154 155

SECTION V - MARITAL STATUS

For office use

Q. 501 What is your marital status? Are you married, widowed, divorced, separated or single?

- 1 Married (GO TO Q. 503)
- 2 Living relationship } (GO TO Q. 504)
- 3 Visiting relationship }
- 4 Divorced/Separated }
- 5 Widowed } (GO TO Q. 502)
- 6 Single

356

Q. 502 Do you have a partner?

1 Yes (GO TO Q. 503)

2 No → IF RESPONDENT HAS NO LIVE BIRTH IN Q. 201, TERMINATE THE INTERVIEW, OTHERWISE GO TO Q. 506

357

Q. 503 Is your husband or partner living in this house?

1 Yes

2 No

358

Q. 504 What was the highest level of education reached by your husband (partner)?

<u>Q. 504 LEVEL</u>	<u>Q. 505 NUMBER OF YEARS</u>
1 Primary	0 1 2 3 4 5 6 7 8 9
2 Secondary	1 2 3 4 5 6 7
3 University	1 2 3 4 5 6
4 None	
5 Don't know	

359 360

Q. 505 How many years did he complete at that level?

CIRCLE APPROPRIATE YEAR ABOVE

Q. 506 How old were you when you first had an established sexual relationship with a partner?

AGE _____ YEARS

361 362

APPENDIX B.
SELECTED FINDINGS

Respondents: A representative sample of women 15-49 years of age in the country

Interview Period: November 1980 through March 1981

SELECTED CHARACTERISTICS OF THE SAMPLE WOMEN

Age and conjugal union type:

<u>Age</u>	<u>Type of Union</u>				<u>All(N)</u>
	<u>Married</u>	<u>Living Relationship</u>	<u>Visiting Relationship</u>	<u>Not in Union^a</u>	
15-19	0.0	4.7	47.0	48.3	100.0 (480)
20-24	7.6	14.1	53.5	24.8	100.0 (411)
25-29	22.0	22.2	36.5	19.2	100.0 (360)
30-34	37.6	19.6	27.3	15.4	100.0 (226)
35-39	47.4	19.5	18.0	15.1	100.0 (223)
40-44	46.0	13.3	13.5	27.2	100.0 (181)
45-49	70.0	7.8	7.0	15.2	100.0 (142)
All	23.9	14.0	35.3	26.8	100.0 (2023)
Mean age (years)	37.0	29.9	24.6	25.4	28.5

^aComprises women who formerly had conjugal relationships but have no partners currently and women who never had any conjugal relationships.

Economic activity:

Full-time employed	44.2%
Part-time employed	11.3%
Housewife	24.7%
Student	9.7%
Retired, disabled, and others	10.4%

FERTILITY

Age-Specific fertility rates:

<u>Age</u>	<u>ASFR</u> (per 1,000 women)
15-19	91.7
20-24	133.8
25-29	133.3
30-34	66.4
35-39	26.9
40-44	27.6
45-49	0.0
Total fertility rate	2.40

General fertility rates by conjugal union type (per 1,000 women aged 15-49):

All	85.5
Married	82.6
Living Relationship	147.9
Visiting Relationship	106.6
Not in Union	27.7

Mean number of live births and mean number of living children by age:

<u>Age</u>	<u>Mean Number of Live Births</u>	<u>Mean Number of Living Children</u>
15-19	0.17	0.16
20-24	0.83	0.82
25-29	1.87	1.86
30-34	2.53	2.47
35-39	3.56	3.35
40-44	4.33	4.11
45-49	5.65	5.23
All	2.00	1.74

Desire for more children by number of living children:

<u>Desire</u>	<u>Number of Living Children</u>					
	<u>0</u>	<u>1-2</u>	<u>3-4</u>	<u>5-6</u>	<u>7 or more</u>	<u>All</u>
Yes	83.8	38.0	11.6	3.5	0.0	45.
No	8.7	49.2	82.8	96.5	100.0	46.
Don't Know	7.5	12.8	5.6	0.0	0.0	7.
All	100.0	100.0	100.0	100.0	100.0	100.

Mean preferred number of children 2.36

Actual versus preferred number of children

Actual less than preferred: 52.3%
 Actual equal to preferred: 30.5%
 Actual greater than preferred: 17.2%

KNOWLEDGE OF FAMILY PLANNING METHODS.

Percentage having knowledge of specific methods:

Pill	94.2
Condom	83.0
Vaginal methods	70.8
IUD	74.5
Female sterilization	79.6
Male sterilization	62.4
Injection	74.2
Induced abortion	71.3
Rhythm	43.7
Withdrawal	50.2
Other methods	0.9
Any of the above methods	96.9

The first eight methods are classified as modern methods. All those who know a method know a modern method.

Percentage distribution by number of methods known:

<u>Number of Methods Known</u>	<u>%</u>
0	3.1
1-5	22.6
6	74.3

Mean number of methods known 7.0
Mean number of modern methods known 6.1

USE OF FAMILY PLANNING METHODS

Age-specific ever-use rates:

<u>Age</u>	<u>Any Method</u>	<u>Any Modern Method</u>
15-19	27.9	26.8
20-24	65.1	64.5
25-29	81.2	80.7
30-34	84.4	83.3
35-39	80.2	80.2
40-44	67.9	67.4
45-49	61.2	60.0
All	62.9	62.2

Ever-use rates (percentages) by selected characteristics:

<u>Characteristics</u>	<u>Rate</u>	<u>(N)</u>
All women	62.9	(2,023)
<u>Union type</u>		
Married	81.8	(484)
Living relationship	75.9	(284)
Visiting relationship	68.4	(713)
Not in union	32.1	(542)
<u>Education</u>		
6 years of primary school or less	67.0	(289)
More than 6 years of primary, but less than 1 year of secondary	71.1	(419)
1-4 years of secondary	65.2	(544)
5 years of secondary	56.3	(414)
More than 5 years of secondary	51.8	(302)
Other	67.7	(56)
<u>Economic Activity</u>		
Full-time employed	70.4	(892)
Part-time employed	72.4	(228)
Housewife	71.0	(494)
Student	12.3	(197)
Other	49.7	(212)
<u>Discussed F.P. methods with others</u>		
Yes	73.7	(886)
No	54.6	(1,137)
<u>Listened to radio or watched TV programs dealing with family planning</u>		
Yes	64.4	(1,552)
No	58.2	(471)
<u>Attended lectures, seminars or shows about family planning</u>		
Yes	62.7	(495)
No	63.0	(1,528)
<u>Number of family planning methods known</u>		
None	0.0	(61)
1-5	43.4	(458)
6 or more	71.5	(1,504)

Percentage ever-used specific methods:

Pill	42.6
Condom	17.8
Vaginal Methods	15.6
IUD	9.6
Female Sterilization	11.6
Male Sterilization	0.3
Injection	8.1
Induced Abortion	1.3
Rhythm	4.6
Withdrawal	6.9
Other	0.5

Percentage distribution by number of methods used:

<u>Number of Methods Used</u>	<u>%</u>
0	37.1
1-2	48.6
3-9	14.3

Age-specific current use rate:

<u>Age</u>	<u>All Women</u>		<u>Women in Union</u>		<u>Women in Union and Nonpregnant</u>	
	<u>Rate (%)</u>	<u>Number of Women</u>	<u>Rate (%)</u>	<u>Number of Women</u>	<u>Rate (%)</u>	<u>Number of Women</u>
15-19	14.8	480	27.6	249	29.9	230
20-24	36.7	411	45.4	309	48.5	289
25-29	48.1	360	53.7	291	58.2	268
30-34	51.6	226	58.5	191	60.8	184
35-39	61.6	223	65.0	189	65.4	188
40-44	27.6	181	33.6	131	33.9	130
45-49	32.7	142	37.5	121	37.5	121
All	36.9	2,023	46.5	1,481	48.9	1,410
Percentage currently using a modern method (all ages)	35.4	2,023	44.6	1,481	46.9	1,410

Percentage currently using a family planning method among currently in u
non-pregnant women by selected characteristics

<u>Characteristic</u>	<u>%</u>	<u>(N)</u>
All	48.9	(1410)
<u>Education</u>		
6 years of primary school or less	41.8	(224)
More than 6 years of primary but less than 1 year of secondary	53.8	(318)
1-4 years of secondary	45.5	(390)
5 years of secondary	48.2	(274)
More than 5 years of secondary	55.3	(166)
Other	61.7	(38)
<u>Economic activity</u>		
Full-time employed	53.4	(668)
Part-time employed	52.9	(158)
Housewife	45.4	(405)
Student	19.8	(66)
Other	46.0	(113)
<u>Number of living children</u>		
0	32.2	(393)
1-2	51.8	(517)
3-4	59.6	(255)
5-6	59.8	(143)
7 or more	56.4	(102)
<u>Desire for additional children</u>		
Yes	39.7	(589)
No	56.1	(735)
Don't know	50.6	(86)
<u>Actual vs. preferred number of children</u>		
Actual less than preferred	39.8	(623)
Actual equal to preferred	55.9	(437)
Actual greater than preferred	59.2	(247)
<u>Number of family planning methods known</u>		
0	0.0	(25)
1-5	30.8	(310)
6-11	55.2	(1,075)

Whether Discussed f.p. methods
with others

Yes	55.5	(665)
No	43.0	(745)

Listened to radio or watched on
TV programs dealing with family
planning

Yes	51.0	(1,079)
No	41.9	(331)

Attended lectures, seminars, or
shows about family planning

Yes	47.9	(323)
No	49.2	(1,087)

^aCases for which estimates of preferred number of children could not be made are not included here.

Methods being used by current users:

<u>Method</u>	<u>% Using</u>
Pill	35.0
Condom	10.7
Vaginal methods	5.1
IUD	8.6
Female sterilization	31.2
Male sterilization	0.5
Injection	4.9
Rhythm, withdrawal, and other	4.0
All	100.0
(N)	(746)

Preference of current method:

<u>Method Being Used</u>	Preference			<u>All</u>	<u>(N)</u>
	<u>Current Method</u>	<u>Won't Use Any</u>	<u>Some Other Method</u>		
Pill	86.1	4.4	9.5	100.0	(261)
Condom	68.0	10.9	21.1	100.0	(80)
Vaginal method	68.7	9.2	22.1	100.0	(38)
IUD	85.4	0.0	14.6	100.0	(64)
Injection	75.1	6.8	18.1	100.0	(37)
Rhythm, withdrawal and other	51.7	0.0	48.3	100.0	(29)
All	79.0	5.1	15.9	100.0	(509)

Note: Couples who were sterilized were not asked the question on preference in the survey and, therefore, are not included in this table.

Reason for not currently using a method for currently in union, non pregnant women:

<u>Reason</u>	<u>%</u>
Permanent sterility	9.8
Temporary infecundity	24.0
Side effects/health reason	17.1
Desire for (a) next child	5.1
Disapproval of contraceptives	3.1
Other reasons	21.4
Don't know/not sure	19.5
All	100.0
(N)	(721)

Plan for future use for current nonusers among currently in union, nonpregnant women:

<u>Plan for Future Use</u>	<u>%</u>
Plan to use during the next 12 months	29.8
Plan to use later	14.0
Do not plan to use	44.2
Don't know/no answer	12.0

Exposure status to pregnancy:

<u>Status</u>	<u>%</u>
Currently not in union	26.8
Currently pregnant	3.5
Sterilized	10.8
Using a modern method (other than a sterilization)	21.9
Using a traditional method	1.3
Desire additional children	17.6
Others (i.e., exposed to risk of an unwanted pregnancy)	18.1
All	100.0
(N)	(2,023)

Source of current method:

<u>Source</u>	<u>%</u>
BFPA	22.1
Hospitals	36.4
Private doctors	11.8
Drug stores	20.2
Others	1.4
Not specified	8.1
All	100.0
(N)	(716)

Percentage who have ever received services or supplies from BFPA among:

All women	30.8%
Ever-users	49.2%