

**CONTRACEPTIVE
PREVALENCE
SURVEY**

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MEXICO

SUMMARY REPORT

WESTINGHOUSE HEALTH SYSTEMS
COORDINACION DEL PROGRAMA NACIONAL
DE PLANIFICACION FAMILIAR

OCTOBER 1978

This report contains a review of the major findings from the Mexican National Contraceptive Prevalence Survey conducted by the Coordinación del Programa Nacional de Planificación Familiar in Mexico between July and October 1978. The survey is part of an ongoing worldwide Contraceptive Prevalence Survey (CPS) project designed to institutionalize the monitoring of levels of contraceptive awareness, availability and use in order to provide an improved data base for evaluating family planning programs. The CPS project is being administered by Westinghouse Health Systems under technical support contracts with the Office of Population, Bureau of Development Support, U.S. International Development Cooperation Agency (Contract No. AID-pha-C-1194).

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

Additional information on this survey or on family planning activities in Mexico can be obtained from Coordinación del Programa Nacional de Planificación Familiar, Paseo De La Reforma 506, Pisos 11 y 12, Mexico 6, D.F., Mexico.

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INTRODUCTION

Since 1940, Mexico's population has increased sharply, rising from an estimated 19.6 million persons to over 61 million in 1976. The rate of growth has also increased, the result of a relatively sharp decline in mortality accompanied by only a slight decrease in fertility.

These trends can be seen in Figure 1. Between 1940 and 1976, the crude death rate declined by 69%—from 23.2 to 7.3 per 1000 population—while the crude birth rate declined only 14%—from 44.3 to 38.3 per 1000 population. The decline in infant mortality was the major factor accounting for the decrease in the crude death rate. Between 1940 and 1976 the infant mortality rate dropped from 126 to 49 per 1000 births.

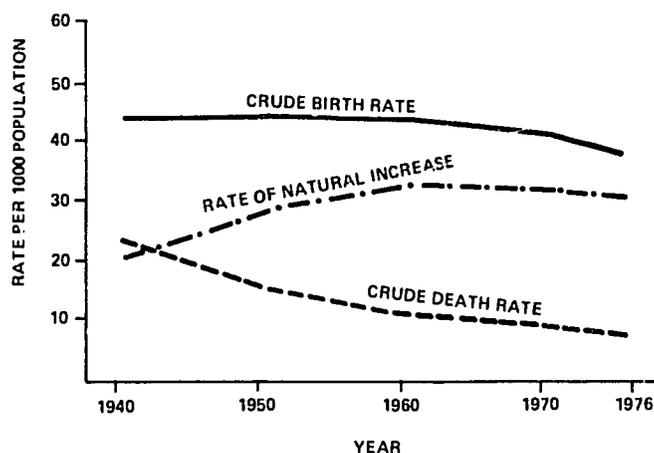


FIGURE 1. TRENDS IN VITAL RATES AND IN THE RATE OF NATURAL INCREASE FOR MEXICO, 1940-1976

Because further reductions in mortality will be minimal, changes in fertility will be the key determinant of Mexico's future growth rate. For this reason, knowledge of current fertility trends and differentials, as well as information concerning contraceptive knowledge and practice, are crucial inputs for family planning administrators and program personnel.

THE MEXICAN FAMILY PLANNING PROGRAM

Prior to 1973, only private organizations were involved in family planning activities in Mexico (e.g., the Association for Maternal Health (FPM), founded in 1958, and the Foundation for Population Studies (FEPAC), organized in 1965). In 1973, government health agencies were instructed by the President to prepare a "responsible parenthood" program involving dissemination of family planning information, training of medical and paramedical personnel, and provision of

contraceptive services. This led to the enactment in 1974 of the General Law on Population, through which the Mexican Government adopted a policy of reducing the rate of population growth.

The Coordinación del Programa Nacional de Planificación Familiar (CPNPE) has been given the responsibility for coordinating family planning activities in the public sector and for monitoring use of private sector family planning outlets. The need for a sound data base with which to evaluate family planning activities in Mexico motivated the CPNPE to conduct a National Contraceptive Prevalence Survey (CPS) between July and October, 1978. This report summarizes the results of the Mexican CPS.

DESIGN OF THE MEXICAN CONTRACEPTIVE PREVALENCE SURVEY

The Mexican survey was designed to gather statistical information from women 15-49 years of age on their fertility behavior and on knowledge, availability and use of contraceptive methods. A number of additional questions were added to the standard CPS questionnaire concerning occupation of respondent and spouse, spouse's approval of family planning, number of living children at the time of method adoption, time since adoption of a contraceptive method (first, last or current), and reason for method use and (if applicable) method change. This information will enable family planning administrators to evaluate the impact of family planning activities in both the public and private sectors.

For purposes of comparison, the sampling frame employed in the 1976 National Fertility Survey (WFS) in Mexico was used for the CPS. The CPS sample design divided the country into three strata by area of residence: the major metropolitan areas of Mexico City, Monterrey and Guadalajara; 42 districts with populations of 100,000 or more; and 1527 districts with populations of less than 100,000. Using stratified sampling techniques, 119 primary sampling units (PSU's) were chosen at random from these strata, with probabilities proportional to their size. Smaller segments from the PSU's were randomly selected, and from those a sample of 4954 women was drawn. The refusal rate was less than 1% and about 7% of the women sampled could not be reached for an interview, resulting in 4492 completed interviews.

For purposes of analysis, the selected segments were grouped as follows:

- The metropolitan areas of Mexico City, Monterrey and Guadalajara
- Localities of 15,000+ population other than the three metropolitan areas
- Localities of less than 15,000 population

These groupings are referred to as metropolitan, urban and rural, respectively.

A pilot CPS was carried out in four localities, including Mexico City, during May and June, 1978. Its purpose was to draft, test and modify the questionnaire and train the staff for actual field work. Field work for the Mexican national CPS commenced in July, 1978, and was completed in October.

For the field work, the country was divided into four regions, each with a separate coordinator. Each field team consisted of one supervisor, four female interviewers and one driver-cartographer. A total staff of 80 persons participated in this work: 4 regional coordinators, 1 subcoordinator, 12 supervisors, 50 interviewers and 13 drivers (who also worked as cartographers). The interviewers received four days of training on survey techniques, which included material on study objectives, selection of respondents, a description of contraceptive methods and an explanation of field work control procedures.

RECENT TRENDS AND DIFFERENTIALS IN FERTILITY

The average number of children ever born for all women in the sample was 3.0. At the time of the survey, 64% of the women were either married or living in consensual unions. The average number of children ever-born in this group was

4.3. The past high fertility of Mexican women is evident in Table 1, which shows that women currently in union aged 35 years and over have had an average of six or more children.

TABLE 1. AVERAGE NUMBER OF CHILDREN EVER BORN FOR ALL WOMEN AND WOMEN IN UNION BY AGE OF THE WOMAN

	All Women (N=4492)	Women in Union ^a (N=2855)
TOTAL	3.0	4.3
15-19	.2	.9
20-24	1.4	2.0
25-29	2.9	3.4
30-34	4.4	4.9
35-39	6.0	6.4
40-44	6.4	6.9
45-49	6.6	7.4

^aThe term "in union" includes married women and women living in consensual unions.

Fertility levels have been declining in Mexico. Table 2 presents the trends in the total and age specific fertility rates during the period 1967-1978. During that time the total

TABLE 2. THE TREND IN THE AGE SPECIFIC AND TOTAL FERTILITY RATES FOR MEXICO, 1967-1978^c.

AGE GROUPS	MEXICAN WFS 1976 ^a		CPS SURVEY 1978 ^b
	1967-1969	1973-1975	1978
15-19	126.1	104.7	94.7
20-24	315.2	290.2	239.2
25-29	336.0	301.5	258.2
30-34	287.6	256.2	222.6
35-39	207.1	178.4	145.4
40-44	114.0	83.3	59.4
45-49	42.0	16.5	15.8
Total Fertility Rate (per woman)	7.09	6.15	5.18

^aEncuesta Mexicana de Fecundidad, Primer Informe Nacional 1979, Table VII, 2m p. 141.

^bEncuesta Nacional de Prevalencia en el Uso de Métodos Anticonceptivos, Table 4.14, p. 95.

^cPer 1000 women

fertility rate fell from an estimated 7.09 children per woman in 1967-1969 to 5.18 children per woman in 1978.¹ The fact that the latter rate is considerably lower than the average number of children ever born for all women aged 45-49 (see Table 1) reflects the impact of recent declines in the age-specific rates. That pattern of decline is also evident in the rates for all age groups shown in Table 2.

The CPS also found clear differentials in the levels of childbearing among various population groups. As Table 3 shows, the average number of children ever born was highest among the least educated women and among women living in rural areas. These findings are especially significant because 40% of the sample lived in rural areas, and more than 50% of the sample had either no formal education (14%) or had not completed primary school (39%).

TABLE 3. AVERAGE NUMBER OF CHILDREN EVER BORN FOR ALL WOMEN AND WOMEN IN UNION BY AREA OF RESIDENCE AND EDUCATIONAL LEVEL

	All Women (N=4492)	Women in Union (N=2855)
Area of Residence		
Metropolitan	2.4	3.7
Urban	2.6	3.9
Rural	3.8	5.0
Education		
No formal education	5.5	6.1
Primary		
1-3 years	4.4	5.1
4-5 years	3.1	4.1
Completed	2.3	3.3
Secondary		
1-2 years	1.1	2.7
Completed	0.9	2.0
Preparatory or University	0.7	1.9

¹ This rate gives the average number of births a woman could expect if she experienced at each age the schedule of rates for the various age cohorts in the sample.

KNOWLEDGE OF FAMILY PLANNING METHODS

One of the most important factors to be considered by family planning personnel is the extent of knowledge of contraceptive techniques and the sources of information.

Knowledge of Methods

Ninety-two percent of all women in the Mexican CPS were aware of at least one method of contraception. Seventy-six percent identified at least one contraceptive without the aid of the interviewer, while an additional 16% reported knowledge of some method after prompting.

Figure 2 shows that there is considerable variation in the knowledge of different methods. The pill (88%) and IUD (70%) were the most widely recognized methods. Knowledge of male contraceptives and of the less efficient traditional methods was much less common—over two-thirds of the women indicated knowledge of the pill, IUD, injections or female sterilization, while less than one-third knew about condoms, vasectomy, rhythm and withdrawal. Slightly over half of the women sampled (57%) knew of abortion as a means of limiting births. It should also be noted that single women in the sample were generally almost as knowledgeable as ever-married women about specific contraceptive techniques.

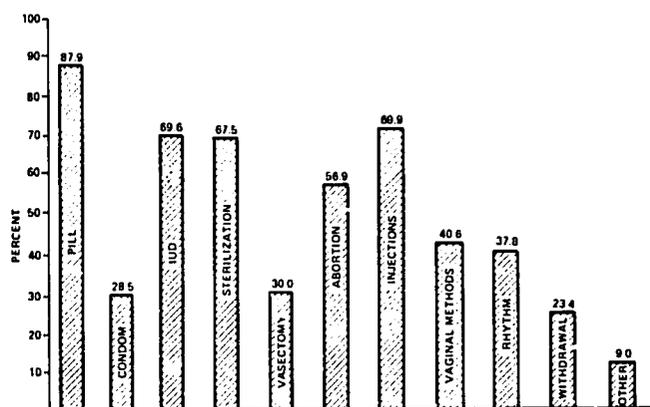


FIGURE 2. PERCENTAGE OF ALL WOMEN KNOWING A FAMILY PLANNING METHOD BY THE METHOD KNOWN^a

^aIncludes women knowing a method with and without prompting.

Knowledge of specific contraceptives varied quite dramatically by area of residence. As shown in Figure 3, the percentage of all sampled women in rural areas knowing a

specific method is generally one-half to two-thirds that in the more urban areas. Even in rural areas, however, almost 80% of the women knew about the pill.

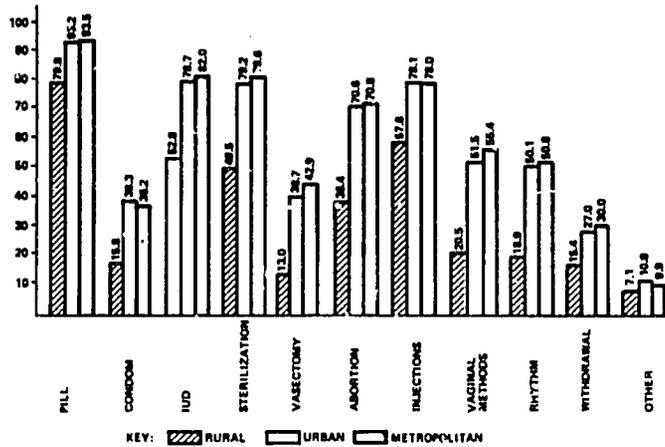


FIGURE 3. PERCENTAGE OF ALL WOMEN WHO KNOW A FAMILY PLANNING METHOD BY TYPE OF METHOD AND AREA OF RESIDENCE

Sources of Information

The source of information about contraceptives is of obvious importance to family planning programs. Figure 4 shows the relative importance of various sources of family planning information for women in Mexico.

Overall, about 50% of the women cited friends and 20% named family members, while 23% cited doctors and 20% mentioned clinic personnel.² Radio and television were the most frequently mentioned mass media sources (9%).

²These percentages add up to more than 100% because respondents could name more than one source.

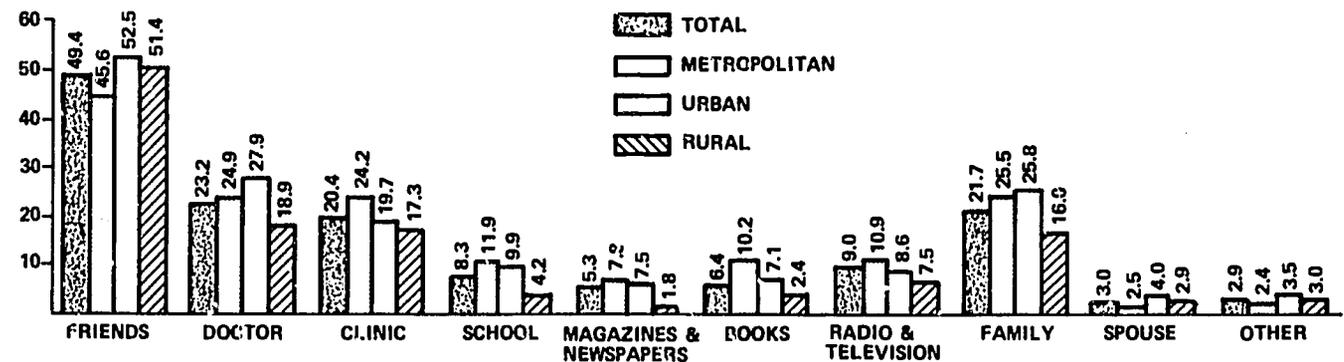


FIGURE 4. SOURCES OF INFORMATION ABOUT CONTRACEPTIVES FOR ALL SAMPLED WOMEN BY AREA OF RESIDENCE

Figure 4 also shows some variation in the sources of family planning information by area of residence. Friends were a slightly more common source of information in rural than in urban and metropolitan areas. In other words, the influence of other major sources of information such as doctors and clinics was less evident in rural than in both urban and metropolitan areas.

AVAILABILITY

Levels of effective knowledge (knowing where to obtain a known contraceptive) varied significantly by method. As shown in Figure 5, they ranged from 65% for the pill among all women to 13% for abortion. (The latter figure may be low because of underreporting, the result of a reluctance to admit knowledge of a source for abortion). Rural women have lower levels of effective knowledge than those from metropolitan and urban areas. For example, only 52% of women in rural areas knew of a source for the pill, compared to 74% of women in the metropolitan areas. Differences of a similar magnitude existed for each of the other methods presented in Figure 5.

Perceptions about the availability of contraceptives can also be an important component of the motivation to use. All the women who were not using a particular method were asked to estimate the travel time to a source for obtaining the method. These data are summarized in Table 4. The average travel times from the household to the location of a perceived source ranged from 14 minutes for condoms to almost 30 minutes for an IUD or abortion. The average travel time reported for the pill (24 minutes) was nearly as long as the travel times reported for clinical methods.

The travel time from a household to a source appears to be considerably greater in rural than in urban or metropolitan areas for all methods. As Table 4 shows, the average travel times for rural areas were from 15 to 20 minutes greater than

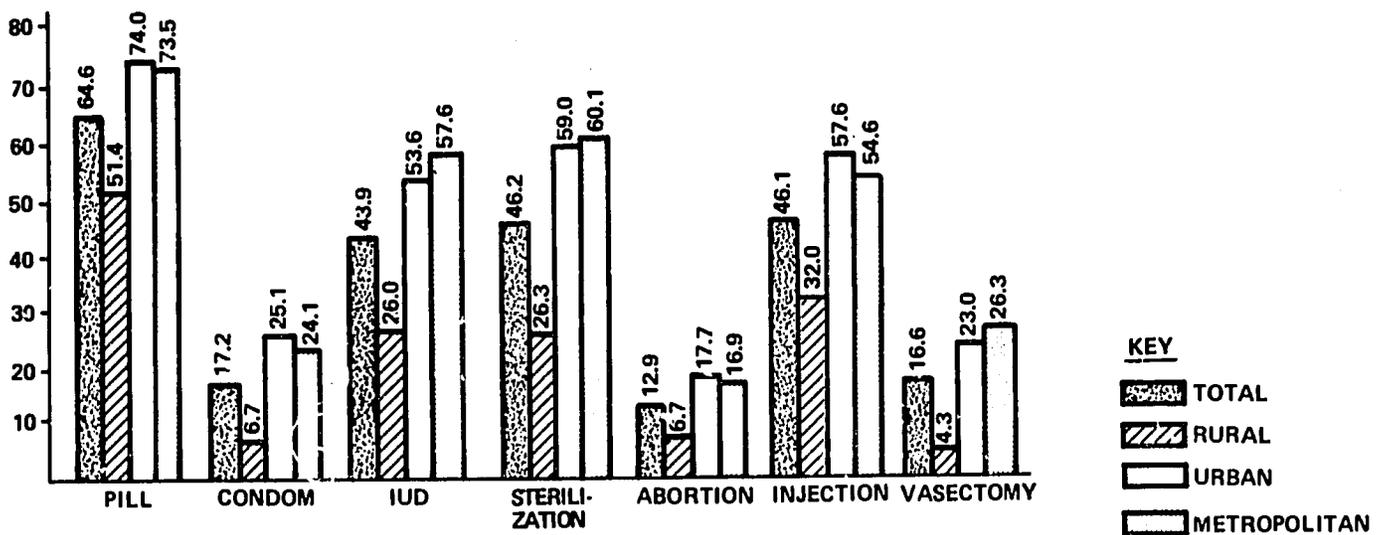


FIGURE 5. PERCENTAGE OF ALL WOMEN KNOWING WHERE TO OBTAIN CONTRACEPTIVES BY TYPE OF CONTRACEPTIVE AND AREA OF RESIDENCE

those for urban areas. The travel times for metropolitan areas were somewhat greater than those for urban areas but were still considerably shorter than the rural averages.

TABLE 4. AVERAGE TIME (IN MINUTES) TO REACH SOURCE OF METHOD FOR ALL RESPONDENTS WITH KNOWLEDGE OF A SOURCE BY METHOD AND SIZE OF AREA

Methods	Average Time in Minutes			
	National	Rural	Urban	Metropolitan
Pills	24	38	17	25
Condoms	14	29	12	12
IUD	26	40	20	26
Female Sterilization	29	48	20	24
Male Sterilization	24	45	19	23
Induced Abortion	28	43	22	26
Injections	22	38	16	16

USE OF FAMILY PLANNING METHODS

Prevalence

Table 5 presents the pattern of contraceptive use among all women and among women currently in union. Overall, 55% of women in union have had some experience with family planning. Forty percent of all the women in union were currently using family planning and over 80% of these users relied on modern methods. Among women in union who were not current users, 15% had used some method in the past.

TABLE 5. CONTRACEPTIVE USE AMONG ALL WOMEN AND AMONG WOMEN CURRENTLY IN UNION

	All Women (N=4492)	Women in Union (N=2855)
TOTAL	100.0	100.0
Currently Using	26.2	40.0
Modern Methods	21.8	33.1
Traditional Methods	4.4	6.9
Not Currently Using	73.8	60.0
Used in the Past	12.1	15.4
Never Used	61.7	44.6

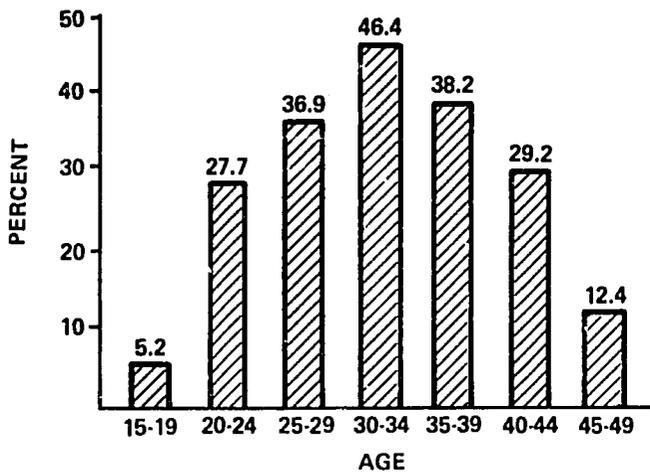


FIGURE 6. PERCENTAGE OF ALL WOMEN 15-49 USING CONTRACEPTIVES BY AGE

Figure 6 gives the age specific prevalence rate among all women. The highest use rate was found among women 30-34 years of age. Overall, more than a third of the women aged 25-39 were using family planning. Figure 7 shows that the percentage of women practicing contraception increased sharply with increasing family size reaching a peak of nearly 50% among women with 3 children. Among women of higher parity, the proportion using family planning decreases to only a third of those with eight or more children.

The CPS found that there were clear differentials in the percentage of users when area of residence was considered. Around one-third of all women living in metropolitan and urban areas (34 and 31% respectively) were users, while less than a fifth (19%) of the women in rural areas employed some method of family planning.

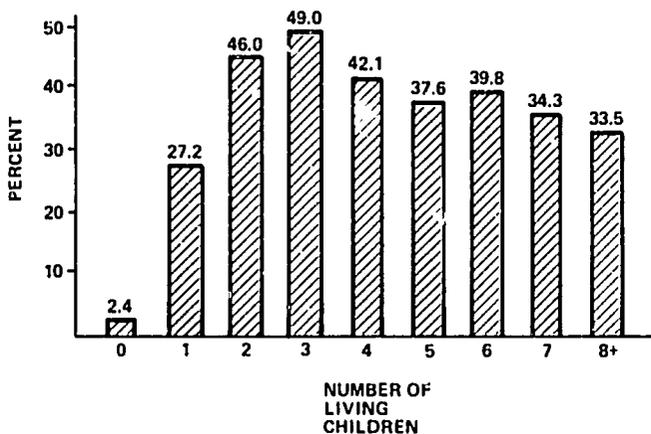


FIGURE 7. PERCENTAGE OF ALL WOMEN 15-49 USING CONTRACEPTIVES BY NUMBER OF LIVING CHILDREN

The survey results also showed that contraceptive use varied with educational level, ranging from 17% for those with no formal education to 35% for those who had completed primary school. It is interesting to note that the percentage of current users dropped for women with secondary school education, rising again to 29% for those at the university level.

Method Preference

As Table 6 shows, the Mexican CPS found that more than 80% of the women currently using family planning relied on modern methods. The pill (35%) was the most commonly used method of contraception, followed by female sterilization (18%) and the IUD (16%). There is relatively little use of modern male methods; only 3% of the users indicated they employed condoms and less than 1% reported that their husbands had been sterilized.

With respect to variations in the current method by area of residence, several distinct patterns emerged. Table 6 indicates that nearly a third of all users in rural areas employed traditional methods, especially withdrawal, compared to less than one out of six urban and metropolitan users. With regard to the relative reliance on various modern methods, there were only minor differences among rural, urban and metropolitan users in the percentages who took the pill. However, rural users were the least likely to be sterilized or to have an IUD.

Figure 8 presents differences by age in the type of method preferred by current users. The majority of younger users (30 years of age and younger) took the pill. Sterilization was more popular than the pill among older users (aged 35 years and over). The proportion of current users taking the pill was, for example, about 15% among those aged 45-49, while about a third of users in this age group had been sterilized. Use of the IUD and injections was also less common among older users, although the differences by age in the percentage of users relying on these methods were less than for the pill. The more traditional methods, such as withdrawal and rhythm, showed no clear age-related pattern.

Source of Supply

Fifty-two percent of current users obtained their contraceptives from public sector sources (Table 7), principally the IMSS and SSA.³ Among women using private sector sources, the majority obtained their contraceptives from a pharmacy.

³IMSS: Mexican Social Security Institute; SSA: Ministry of Health and Welfare.

TABLE 6. THE PERCENTAGE DISTRIBUTION OF CURRENT USERS BY TYPE OF METHOD USED CONTROLLING FOR AREA OF RESIDENCE

	Total	Metropolitan	Urban	Rural
Contraceptive Method	100.0	100.0	100.0	100.0
Modern Methods	81.8	86.5	86.0	68.8
Pill	34.4	32.4	33.8	38.3
Condom	2.6	3.2	2.9	1.6
IUD	16.3	20.3	14.6	10.4
Female Sterilization	17.4	19.4	19.8	12.0
Male Sterilization	0.4	0.3	0.3	—
Injection	7.0	5.6	10.7	6.0
Vaginal Methods	3.7	5.3	3.9	0.5
Traditional Methods	18.2	13.5	14.0	31.2
Rhythm	7.4	7.3	8.4	7.1
Withdrawal	8.2	4.7	4.9	17.5
Other	2.6	1.5	0.7	6.6

Table 7 presents differences in the types of source according to area of residence. Around half of all users in urban and metropolitan areas (56 and 47% respectively)

obtained their methods from private sector sources, particularly pharmacies. Rural women tended to rely somewhat more on public sector sources, principally the SSA. Slightly more than one-third of rural women currently practicing contraception had obtained their method from the SSA. In urban areas, especially the three metropolitan centers, the IMSS was found to be the most popular public sector source.

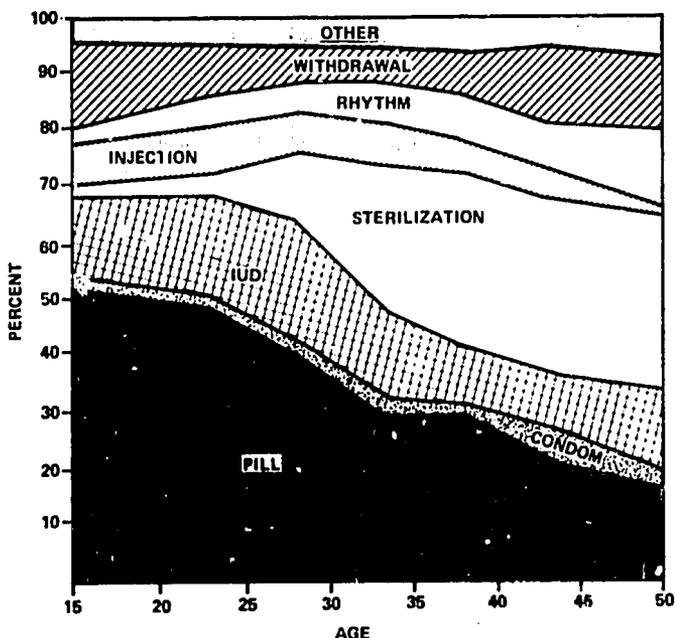


FIGURE 8. THE PERCENTAGE DISTRIBUTION OF CURRENT USERS AMONG WOMEN IN UNION BY THE TYPE OF METHOD USED CONTROLLING FOR AGE.

Reasons for Use

The CPS gathered information on two major reasons for contraceptive use: to space births and to limit them. Among current users, the most frequently cited reason was to limit births. Overall, more than 60% of all users gave that as their reason for practicing family planning (Table 8). Users in metropolitan (64%) and urban areas (66%) were only slightly more likely than rural users (57%) to be using contraception to limit births.

The percentage of users seeking to space or limit births did vary with current family size. The majority of users with less than two living children wanted to space births, while users with two or more children were more concerned with limiting family size. As Table 8 shows, the percentage of users seeking to limit births ranged from less than 10% among users not having any children to more than 90% among women with six or more children.

TABLE 7. THE PERCENTAGE DISTRIBUTION OF CURRENT USERS^a BY PLACE WHERE METHODS ARE OBTAINED

	Total (N=971)	Rural (N=227)	Urban (N=250)	Metropolitan (N=494)
Public Sector^b				
TOTAL	51.6	58.2	43.6	52.7
FEPAC	1.5	1.3	1.6	1.7
SSA	19.1	37.9	12.4	13.8
IMSS	25.8	15.9	20.0	33.4
ISSSTE	2.7	2.2	4.0	2.2
Other	2.5	0.9	5.6	1.6
Private Sector				
TOTAL	48.4	41.8	56.4	47.3
Pharmacy	30.3	23.8	38.4	29.1
Private Clinic	14.6	14.5	14.4	14.8
Other	3.5	3.5	3.6	3.4

^aUsers of Rhythm, withdrawal or other methods are not included in this table.

^bThe public sector sources are as follows:

- FEPAC -- Foundation for Population Studies
- SAS -- Ministry of Health and Welfare
- IMSS -- Mexican Social Security Institute
- ISSSTG -- Institute of Social Security for Government Workers

Reasons for Non-Use

The CPS also collected information from women who were not using contraceptives on why they were not practicing family planning. Nearly half of the nonusers indicated that they either had never been (38%) or were not currently sexually active (9%). It should be noted that there was a significant differential according to area of residence in the percentages of women citing these reasons for not using. In rural areas, only 30% of the women not practicing family planning reported a lack of sexual relations as their reason for not using contraceptives, while nearly 60% of urban and metropolitan nonusers gave this reason. This is probably because the percentage of women currently in union was much higher in rural areas (71%) than in urban (56%) or metropolitan (58%) areas.

Among sexually active women who were not practicing family planning, 25% indicated they were or wanted to become pregnant and 23% reported they were sterile or menopausal.

Twelve percent mentioned health-related reasons, and 5% reported that they did not have information about or did not know where to obtain methods. Other frequently cited reasons were: recently gave birth or were nursing (7%); prohibitions by spouse (7%); and fear (4%).

MOTIVATION

An understanding of why women use contraceptives is vital to the success of family planning programs. Data on several factors related to motivation, principally those which influence acceptance and discontinuance, were collected in the CPS. These are discussed below.

Desire for More Children

Whether or not women want to have more children has an important influence on contraceptive use. Overall, 70% of all women currently in union indicated they did not want more

TABLE 8. THE PERCENTAGE OF USERS SEEKING TO LIMIT BIRTHS BY AREA OF RESIDENCE AND NUMBER OF LIVING CHILDREN

	Seeking To Limit Births (%)
All Users	62.7
Area of Residence	
Metropolitan	63.5
Urban	66.3
Rural	57.3
Number of Living Children	To Limit
0	9.6
1	10.9
2	53.2
3	67.9
4	86.8
5	88.1
6	95.0
7	91.5
8+	93.2

children. The women in this group who are not currently using family planning are obvious targets for family planning efforts.

There is also a potential need for family planning among women who wish to have more children, since 60% expressed

interest in spacing the next birth. It should be noted, however, that 71% of women with no children wanted to have a child within a year, while 70% of the women with one or more living children wanted to delay the next birth at least two years. Thus, a total of over 85% of all currently married women in the survey reported their desire either not to have additional children or to wait at least two years before having their next birth. This finding would seem to indicate a tremendous potential demand for family planning in Mexico.

Discontinuance of Contraception

It should be noted that not all women who have used or were practicing contraception had consistently stayed with one method. Of those who had ever used family planning, only 50% had used only one method, 29% had used two and 21% had tried three or more. The percentage who had used more than one method tended to increase slightly with age, but even more significantly, it increased with the amount of education: 70% of the women with no formal education had used only one method, compared to 37% for those with a post-secondary education.

Changes in motivation are reflected in rates and patterns of discontinuance of contraception. Of the women sampled who had ever used contraceptives, 32% were no longer using them at the time of the survey (Table 9). About one-third of ever users under 30 had stopped practicing contraception; between the ages of 30 and 40 this level dropped to 25% of all ever users, increasing to about 50% of those aged 45-49. Table 9 also shows that the percentage not using a method at the time

TABLE 9. THE PERCENTAGE OF EVER USERS WHO WERE NOT CURRENTLY PRACTISING FAMILY PLANNING BY AGE AND NUMBER OF LIVING CHILDREN

	Percentage of Ever Users	Number of Living Children	Percentage of Ever Users
TOTAL	31.5		
AGE			
15-19	37.8	0	65.1
20-24	32.6	1	42.5
25-29	33.5	2	26.6
30-34	22.6	3	20.4
35-39	26.3	4	30.4
40-44	35.1	5	28.1
45-49	54.1	6	28.8
		7	27.7
		8+	33.8

of the survey was greatest among ever users with the smallest families. Slightly less than 66% of ever users with no children, and about 40% of those with one child, were not using any method, while between 25% and 33% of ever users with two or more children were not practicing family planning. Other data show that the average number of births for former users was 3.46; 47% had two children or less, while 53% had three or more children.

The CPS results show that 28% of former users had stopped because they either were or wanted to become pregnant, while a similar percentage cited health reasons. With increasing age, pregnancy, and especially the desire to have additional children, became less important as reasons for not using. Among women aged 35 years and over, health was the most important reason for discontinuance of contraception. After age 45, defining oneself as sterile was the major reason.

CONCLUSIONS

The CPS results indicated that 40% of all women in union were using some family planning method; 80% of these users

were relying on a modern contraceptive technique. The potential for further substantial improvements in prevalence is evident, since about 85% of all women in union indicated either that they did not want additional children or that they wished to wait two or more years before giving birth again. The need for further efforts to limit births is obvious since, despite a relatively rapid decrease in Mexican fertility, the CPS data show that if present fertility levels are maintained, Mexican women will have, on average, more than five children during their childbearing years.

The survey results suggest several possible ways to improve Mexican prevalence levels. One approach is to improve the delivery of services, particularly in rural areas, where the travel time to the sources of most methods is perceived to be more than 30 minutes. A second approach is to focus attention on the needs and attitudes of women who did not want more children but who were not using any method at the time of survey. Particular emphasis should also be given to improving family planning efforts among women under 30 in order to reduce the likelihood that these younger women will replicate the experience of the older cohorts as they go through their reproductive period.