

# **CONTRACEPTIVE PREVALENCE SURVEY**

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**COSTA RICA**  
**SUMMARY REPORT**

The Costa Rican Contraceptive Prevalence Survey was carried out jointly by the Asociación Demográfica Costarricense and the Dirección General de Estadística y Censos, coordinated by Lic. Miguel Gómez Barrantes. Support for the project was provided by Westinghouse Health Systems under a larger international technical support contract with the Office of Population, Bureau of Population and Humanitarian Assistance, Agency for International Assistance, U.S. Department of State.

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

Researchers interested in additional information on the survey should contact: René Sánchez Bolaños, General Director, Dirección General de Estadística y Censos, Ministerio de Economía, Industria y Comercio, Apartado 10163, San José, Costa Rica.

For further information on family planning activities in Costa Rica contact: José Carvajal Álvarez, Asociación Demográfica Costarricense, Apartado Postal 10203, San José, Costa Rica.

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**SUMMARY REPORT**

**NOVEMBER 1978**

**WESTINGHOUSE HEALTH SYSTEMS**  
**ASOCIACION DEMOGRAFICA COSTARRICENSE**  
**DIRECCION GENERAL DE ESTADISTICA Y CENSOS**

## INTRODUCTION

This report summarizes the results of a Contraceptive Prevalence Survey which was conducted in Costa Rica in 1978. The Costa Rican Survey was the first in a series of prevalence surveys being implemented in a number of developing countries under the Contraceptive Prevalence Studies (CPS) program. The major thrust of these surveys is to institutionalize the monitoring of levels of contraceptive awareness, availability and use. The worldwide CPS program is being administered by Westinghouse Health Systems with funding from the U.S. Agency for International Development.

The Prevalence Surveys are designed to facilitate, in a timely manner, the collection of prevalence data using a basic set of questions and supporting documentation for national trend and cross-country comparative analysis. Individual countries are, however, free to adapt the core questionnaire to include items of particular interest to their own family planning program. In addition to Costa Rica, prevalence surveys are currently being implemented in a number of countries in Latin America, Asia and Africa.

## THE SURVEY

In Costa Rica, the Directorate General of Statistics and the Census and the Costa Rican Demographic Association, were jointly responsible for carrying out the Contraceptive Prevalence Survey. The CPS core questionnaire was used to collect information on (a) demographic and socioeconomic characteristics, (b) present fertility levels and future reproductive intentions, and (c) contraceptive knowledge and practice. The women sampled in this survey were also asked specific questions on their exposure to the information and educational activities of the Family Planning Program and on their use of selected program services.

The survey employed the sample frame developed in the 1976 National Fertility Survey (NFS) conducted in Costa Rica under the auspices of the World Fertility Survey. The CPS sample was selected to contain one half the primary sampling units used in the NFS and the remaining one half was composed of sampling units not used earlier. Five strata were employed in the sample design: the metropolitan area of San José, other urban areas within the Central Valley, rural areas in the Central Valley, urban areas outside the Central Valley and rural areas outside the Central Valley. The first step in the sampling process was the selection of primary units (PSU) within each of these strata. The probability of selection of the PSU was proportionate to its size. Compact segments were formed within each PSU and then sampled. The number of households in a segment and the number of segments varied with the sampling strata. Within each segment the task of listing and selecting eligible women was carried out simul-

taneously. The result of the sampling process was a self-weighted, stratified sample of 3519 women.

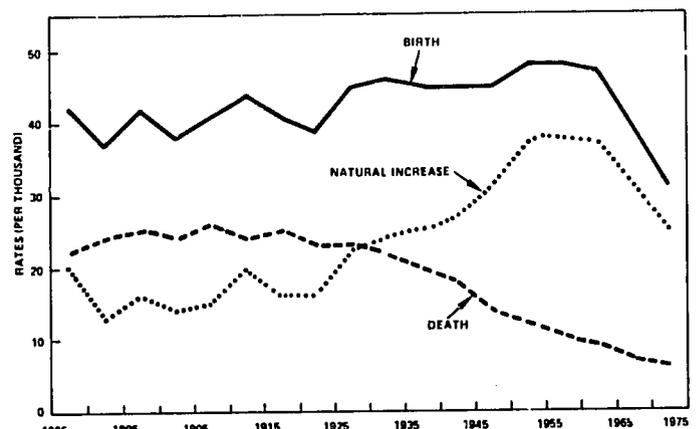
As part of the survey process, a pilot study was administered in the metropolitan area of San José and in other selected urban areas to test and modify questionnaire design and wording and to train supervisors for the actual field work.

Following the pretest, extensive interviewer training was held to prepare for field operations. The field work was carried out between March and May 1978, by five teams of interviewers. A total of 3374 usable interviews were completed. The refusal rate was less than 2 percent; approximately 5 percent of the women in the sample could not be reached for interview.

This report is a summary of the analytic report issued in Spanish in November 1978.

## DEMOGRAPHIC BACKGROUND

It is only recently that there has been a noticeable decrease in the rate of population growth in Costa Rica. As Figure 1 indicates, the crude birth rate in Costa Rica remained fairly stable between 1930 and 1960 (except for a period in the 1950's when it increased significantly), while the death rate declined steadily. The rate of growth thus accelerated throughout that period, reaching a level of almost 4% per annum in the late 1950's. Since 1960, the crude birth rate has fallen from a level of more than 45 to the current level of slightly under 30 per thousand population. With this recent decline in the birth rate, the Costa Rican population is now growing at almost the same rate as in 1930. While there is cause for optimism in this lessening of the growth rate, the population in Costa Rica will still double within the next 30 years if the current birth rate declines do not continue.



SOURCE: DIRECCIÓN GENERAL DE ESTADÍSTICA Y CENSOS  
ENCUESTA NACIONAL DE FECUNDIDAD, 1976, COSTA RICA,  
SAN JOSÉ, 1978, PAGE 17.

FIGURE 1—Birth rates and the rate of natural increase for the period 1885-1975.

The Contraceptive Prevalence Survey was designed primarily to explore the nature and extent of current contraceptive practice in the Costa Rican population. Consequently, it did not gather the information needed to obtain precise measures of current (or recent) fertility. It was possible, however, to use the data collected on the births in the year preceding the interviews to calculate fertility rates and to compare those with the rates calculated from preliminary vital statistics for 1977. Estimates of the gross reproduction rate (GRR), based on the CPS results and on vital statistics, were 1.92 and 1.90 respectively. Both these figures suggest that there may have been a slight increase in the GRR in 1977 over the level in 1976 (1.82). However, it is not possible to state conclusively that fertility levels increased in Costa Rica during 1977 since the increase noted may be due to sampling error or to the bias inherent in the reporting of the timing of the last birth.

## FERTILITY GOALS

Because fertility levels must continue to decline if there is to be further significant decrease in the growth rate in Costa Rica, it is important to examine future fertility aspirations of women in the survey. The CPS results indicate that more than half (55%) of the women currently in union<sup>1</sup> in the population do not want additional children. There is very little variation in that percentage between urban and rural residents. As might be expected, the percentage of women not wanting more children was small among younger or low parity women and greater among older or high parity women. It is noteworthy that, even among the women in union who wanted additional children, there is a large group not wanting to have a child within the next two years (26 percent). These women who are spacing and those who have completed their families represent over 80 percent of the women in union and are the prime target population for family planning efforts in Costa Rica.

The family size goals of the women were estimated by adding the number of additional children wanted to the number of living children<sup>2</sup>. Overall, those in union want an

<sup>1</sup>The term "in union" refers to both married women and women who reported living in consensual unions.

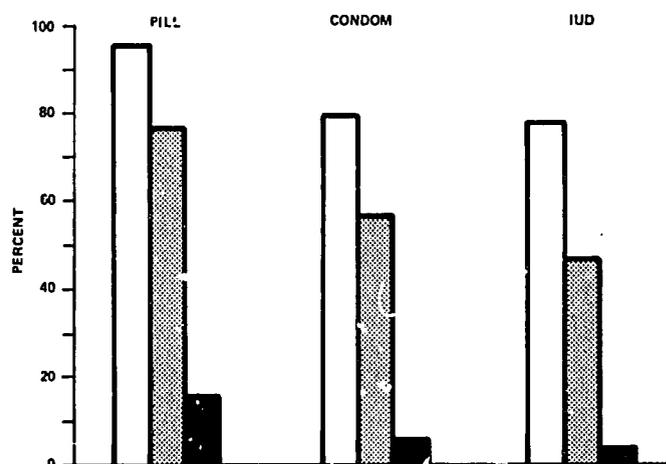
<sup>2</sup>It should be noted that those women who desire no additional children may have goals lower than their present family size. However, their actual family size is treated as their goal to simplify the data collection procedure and for purposes of analysis.

average of 3.7 children, and even younger women (aged 24-34) want 3.4 children, on the average. These family size goals, if they accurately reflect future fertility behavior, mean that the population of Costa Rica will continue to grow at a substantial rate. Future fertility declines will, therefore, depend on changing these goals as well as encouraging the use of contraception among women not wanting additional children.

## KNOWLEDGE OF FAMILY PLANNING METHODS

For family planning programs, informing women about contraceptive methods, particularly modern methods such as the pill, is a major challenge. In Costa Rica, however, contraceptive knowledge is almost universal. More than 96 percent of the women know of at least one contraceptive method. There was, moreover, very little variation between urban and rural residents in the level of awareness. What is also noteworthy is that all women who knew about family planning mentioned at least one effective method.

The percentage of women who reported that they knew a fertility regulation method did vary by method, as Figure 2 indicates. Almost all of the women (94.7%) reported they knew of the pill. They seemed to be less aware of vasectomy and withdrawal, which are also among the least used methods. It is significant that, with regard to the level of contraceptive knowledge, the pill was the only method recognized by more than half of the women in answer to a general question about what family planning methods they knew.



(FIGURE 2 CONTINUED ON PAGE 3)

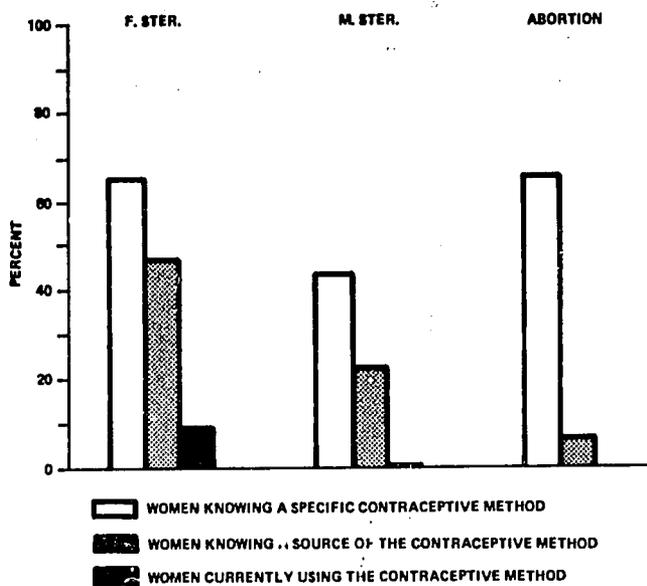


FIGURE 2—Knowledge and use of specific fertility regulation methods among all sampled women, ages 15 to 49.

### CONTRACEPTIVE AVAILABILITY

Insuring effective contraceptive practice is not merely a question of motivating women to limit births and informing them about methods. It is also a matter of maintaining adequate distribution channels and assuring that women are aware of the places where they can obtain contraceptive supplies or services. The information provided by current users about the source of their contraception will be discussed later. At this point, attention will be focused on preferred source of contraceptives for women who were not using selected contraceptive methods (pill, condom, IUD, abortion or sterilization). To get this information, each respondent who knew of a method was asked if she also knew where it could be obtained, even if she was using another contraceptive method. As Figure 2 indicates, not all of the women who knew of a method knew where to obtain it. Levels of effective knowledge (i.e., uses or does not use but knows where to obtain) ranged from 6 percent of the women in the sample in the case of abortion to more than 75 percent in the case of the pill. It is likely that there was some underreporting with regard to the former percentage because of reluctance to admit knowledge of a source for abortion.

Women who knew a given effective method but were not using that method were asked to name the place where they would prefer to obtain the method and the accessibility of that place for them. To summarize this information briefly, the majority of the women indicated that they would obtain contraceptive services or supplies from the public sector (Social Security or the Ministry of Health) except in the case of abortion. The women, particularly urban residents, were somewhat more likely to report that they would use private sector sources (pharmacy, doctor or private clinic) to obtain condoms than in the case of the other methods. Generally, rural women were more likely to name a public sector source than were urban women, regardless of method (Figure 3).

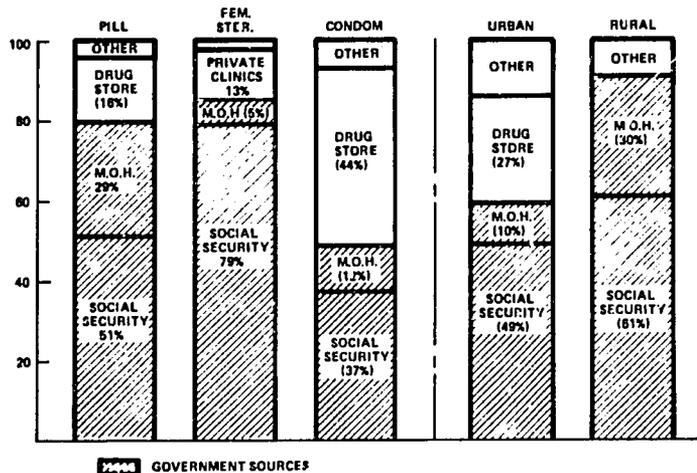


FIGURE 3—Source of selected methods and area of residence.

The accessibility of the perceived source of contraceptive supplies seemed to be influenced by the type of method and the area of residence. For example, women were more likely to report that they would need transportation to obtain methods which required hospital services (sterilization or abortion) than for methods which could be obtained from a local clinic or pharmacy (the pill or condom). The percentage of women who had to use transportation to the source of contraceptive supply ranged from approximately 60 percent in the case of the pill and condom, to more than 80 percent of the women in the case of sterilization and abortion. As might be expected, rural women were generally more likely to report the need for transportation than were urban residents regardless of the method in question. Rural women also generally reported that it would take them more time than urban women to reach a place where they could obtain contra-

ceptive supplies or services. For the country as a whole, median estimated travel times ranged from around 15 minutes in the case of the condom, IUD and pill, to almost 30 minutes for abortion.

Residence appears to be the major factor influencing whether the women thought the source of contraceptive supplies or services they named was convenient. Rural women were much more likely than urban women to regard a potential source as inconvenient. For the sample as a whole, however, only about a fifth of the women regarded the supply source they named as inconvenient.

Because the majority of women did not know individual method cost, it is difficult to evaluate the impact of cost on use. Among women who indicated the cost of a method, the majority thought they could obtain the method without charge except in the case of the pill, which about 50 percent of the women indicated would cost 3 colones (US \$0.35). That is the price of the pill in pharmacies when a coupon obtained at a family planning clinic is presented.

## CONTRACEPTIVE USE

### Prevalence

The CPS survey results indicate the contraceptive practice is widespread in Costa Rica. Overall 55 percent of the respondents had used some contraceptive method. Forty

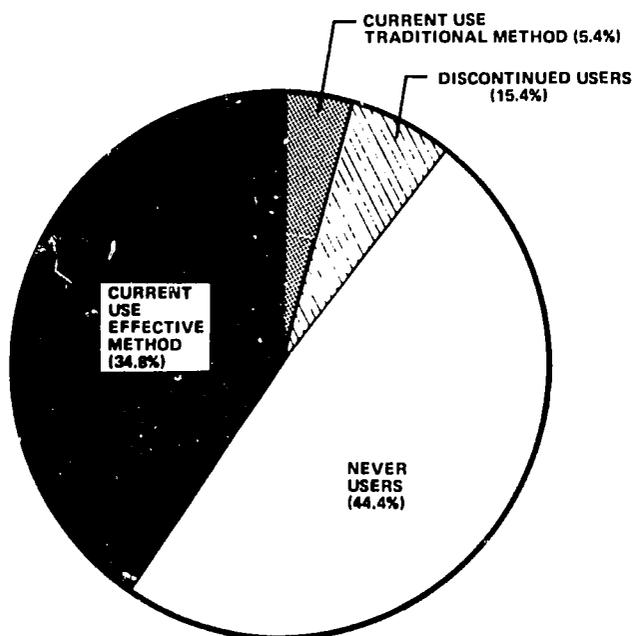


FIGURE 4—Contraceptive method usage among all surveyed women, ages 15 to 49.

percent were using some form of contraception at the time of the survey. Among the users, 35 percent had adopted an effective method (Figure 4). It is also of particular interest to note that almost one out of 10 of the women in the sample had been sterilized (Figure 2).

When only women in union at the time of the survey (i.e., excluding all single, separated or divorced women) are considered, contraceptive usage levels are, as Figure 5 suggests, quite high. Sixty-four percent of the women in union were using some contraceptive method. An additional 11 percent were pregnant at the time of the interview, and 5 percent were regarded as not exposed to the risk of conception because they were considered to be temporarily or permanently infertile. Only about a fifth of the women in union were not using any contraceptive method while exposed to the risk of conception at the time of the survey.

### Demographic And Socioeconomic Differentials In Use

As Figure 6 indicates, there were only minor variations by age in the proportion of women considered to be at risk who were using some form of contraception, with the youngest (15-19) and the oldest (45-49) being the groups having the smallest proportion of users. Even in those age groups, however, more than half the women regarded as a risk were using some contraceptive method. The relatively high levels of use found among the younger women in the sample suggest contraceptive practice has become important in controlling the timing of future births, as well as in limiting family size. That Costa Rican women are using contraceptives to space births is also clear from the fact that roughly two-fifths of the exposed women who had no living children and more than 70 percent of the exposed women with one child were using contraception at the time of the survey.

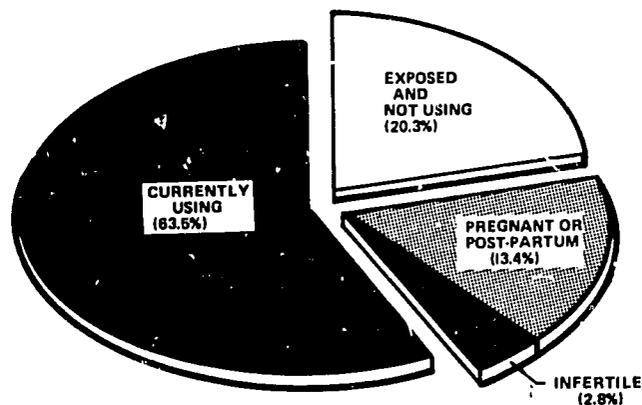


FIGURE 5—Contraceptive usage among all women in union ages 15 to 49.

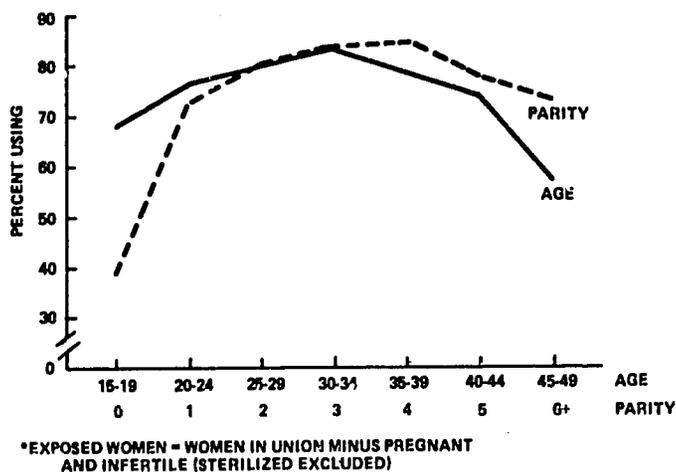


FIGURE 6—Use of contraceptives by age and parity for exposed\* women in the survey.

The facts of no variation in use levels between urban and rural residents in the sample (77% among exposed urban women vs. 73% among exposed rural women) is surprising, since women in rural areas are more likely to consider the supply source they named would be inconvenient than are women in urban areas. The lack of any significant geographic differentials is paralleled by the lack of any substantial variation in use levels between women in the exposed population who worked or who are not in the labor force (77.4% vs. 75.3%). There is variation by educational level in the proportion of exposed women who were using contraception from almost 69 percent among exposed women with less than three years of schooling to 86 percent among exposed women with 11 or more years of schooling.

The lack of sharp social, age or parity differentials in contraceptive usage among the women exposed to the risk of conception is clearly a cause of optimism about the success of family planning efforts in Costa Rica. Nevertheless, there are population groups who ought to be targets of specialized efforts to encourage increased contraceptive practice. These groups will be identified when the coverage of the National Family Planning program, and, particularly, the problems of program drop-outs, are discussed later. It is also important to continue to improve the distribution system, while noting that perceptions with respect to the convenience of service locations do not appear to affect usage levels among rural women.

### Method Preferences

Although there were only minor demographic or socio-economic variations in the overall level of contraceptive use among women in the study, there were some differences in the type of methods being used, particularly by age as shown in Figure 7. Overall, more than four-fifths of the users had adopted effective methods. Users were clearly more likely to be taking the pill (36.6%) or to have been sterilized (22.1%) than to be using condoms (13.5%), IUDs (7.4%), injectables (3.1%) or vaginal methods (2.1%). Few users were relying on traditional methods such as rhythm (7.7%) or withdrawal (5.5%).

There were some differences by age in the methods adopted by users. Younger women preferred the pill: 50 percent of the users under age 35 were taking the pill. On the other hand, sterilization was the preferred method among older users. More than two-fifths of the users 35 years and older had been sterilized. It is noteworthy that older women were only slightly more likely than younger users to employ traditional methods (16% vs. 12%). There were also only relatively minor differences in the percentage using traditional methods between urban and rural residents (12.6% vs. 14.0%).

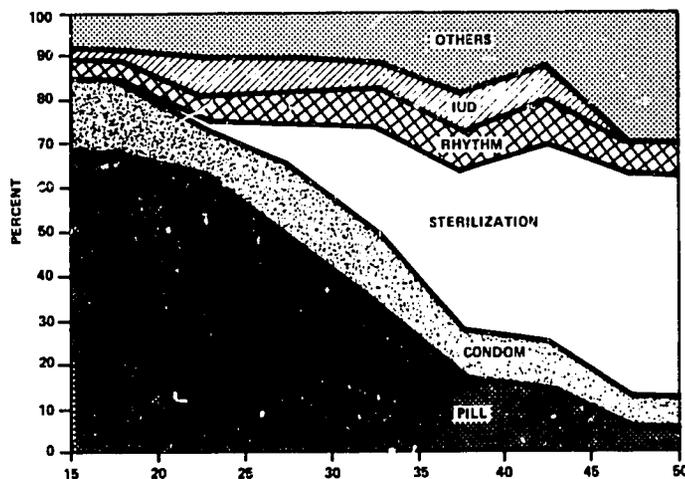


FIGURE 7—Method use by age for all current users surveyed

### AVAILABILITY AND USE

The availability of a source of supply and the level of motivation of the user are two factors which obviously influence consistent contraceptive practice. Almost three-quarters of the current users of effective methods in the sample

obtained their supplies from the public sector (Social Security or the Ministry of Health). The relative reliance upon public sector sources for contraceptive supplies or services, however, tends to vary significantly among users by area of residence. More than 90 percent of rural users depended on public sector sources, while only about 60 percent of urban users obtained their method from a public agency.

The relative accessibility of contraception also appears to vary by residence, with rural users being more likely to need a means of transportation to obtain supplies or services than urban users. It should be noted, however, that metropolitan users are almost as likely to use transportation in obtaining their methods as are rural users, while users in smaller urban areas are more likely to walk. Nonetheless, median travel time (in minutes) does not appear to vary greatly between users in the metropolitan areas (18.1) of San José and users in other small urban places (14.7). The median travel time reported by rural residents (36.1) is more than double that of the urban areas.

Despite some apparent differences in method accessibility between users in the metropolitan area of San José and users in other urban areas in Costa Rica, almost the same percentage of users regard their contraceptive supply source as convenient in these two areas (89.6 vs. 87.8%). Nearly a third of the users in rural areas, however, reported their supply source is "inconvenient". This highlights again the importance of improving the accessibility of contraceptive services in rural areas in Costa Rica.

## THE COSTA RICAN FAMILY PLANNING PROGRAM

The National Family Planning and Sex Education Program was officially started in Costa Rica in 1968. Both public and private institutions participate in the program, developing activities in the areas of family planning, health, sex education, and information and research, which are coordinated through the efforts of the National Population Council (CONAPO). It is possible to use information obtained in the CPS survey to evaluate the coverage of some information and education activities of the family planning program and to estimate the number of program users.

### Informational and Educational Activities

An effort was made in the survey to determine the extent of coverage of family planning lectures and radio broadcasts by asking the respondents if they had ever gone to a family planning lecture or listened to one of the family

planning broadcasts on the radio. Overall, almost two-thirds of the women have attended a family planning talk or heard a radio program. Radio programs appear to have greater coverage than the lectures reaching roughly 65 percent of the women, while only a quarter of the sample have attended the talks. Non-users (64%) are somewhat less likely than users (72%) to have listened to a radio broadcast or attended a talk. There are only relatively minor variations by age, marital status or area of residence in the coverage of these educational activities.

### Program Services

A respondent in the survey was considered an acceptor in the family planning program if she had ever obtained a contraceptive method from a unit of Social Security or Ministry of Health or used coupons issued by the Ministry of Health in purchasing a method from a pharmacy. On the basis of the CPS survey results, it is estimated that approximately 154,000 of the 510,000 fertile-aged women in Costa Rica have used program services at some time. Roughly, 88,000 women are estimated to be current acceptors (Figure 8). The majority of the current acceptors (68%) are using the pill, 15 percent are using condoms, and around 12 percent are using IUDs. Only a very small percentage (4%) of acceptors are using injectables or vaginal methods, which the program also offers.

As Figure 8 also indicates, nearly 50,000 women (or their spouses) have been sterilized in Costa Rica. This represents approximately one out of every five exposed women in the Costa Rican population. Although more than four-fifths of these couples were sterilized in Social Security or Ministry of Health facilities, they are not considered to be program acceptors because sterilization is not an official program method.

	Population (In thousands)
Total Fertile-Aged Women .....	510.3
Exposed Population .....	266.8
Program Acceptors' .....	87.5
Users Outside Program .....	68.0
In Private, Commercial Sectors .....	40.1
Traditional Methods Users .....	27.9
Sterilized (women or spouse) .....	49.2
Non-users .....	62.1
Not exposed (not in union, pregnant or infertile) . .	243.5

**FIGURE 8—Estimated Number of Fertile Aged Women in Costa Rica by Use of Contraceptives and Exposure to the Risk of Pregnancy, 1978.**

Based on the CPS results, it is also estimated that there are roughly 62,000 women in Costa Rica who are exposed to the risk of conception and who are not using any contraceptives and that there are almost 28,000 women in the exposed population who are using traditional methods (Figure 8). Women in these groups who do not want additional children or who do not want to become pregnant immediately are an obvious target population in efforts to attract new users to the program. Finally, it should be noted that a large number of exposed non-users are former program acceptors. Approximately 67,000 program drop-outs in Costa Rica are exposed and not using any method. The proportion of former acceptors who need to be encouraged to return to the program is greatest among older and/or high parity women and among rural women.

## CONCLUSIONS

The CPS survey results show that the levels of contraceptive awareness and the practice of family planning are high in Costa Rica. Nearly 76 percent of the fertile age women who were exposed to the risk of pregnancy at the time of the survey were using some contraceptive method. More-

over, women who are using family planning methods are generally relying on highly effective methods, particularly the pill and sterilization.

The CPS survey results do indicate areas in which the family planning program in Costa Rica may be strengthened. There are, for example, a number of groups who should be special targets in further efforts to expand the coverage of the National Family Planning and Sex Education Program. These groups include the estimated 67,000 women who were once covered by the family program but who were not using program services at the time of the survey (nearly 40 percent of these program drop-outs were exposed to the risk of pregnancy at the time of the survey and were not using an effective method). Older women as a group also deserve greater attention from the family planning program — women 35 years and older were less likely to be using contraceptives than younger women, while not desiring an additional child.

Finally, it is important to remember that, at the present rate of growth, the population in Costa Rica will double within the next 30 years. The success of current efforts in the family planning program should not be allowed to mask the continued urgency of the problem of population growth in Costa Rica. The momentum of the program must be maintained or increased if the rate of growth is to continue declining in Costa Rica.