

PN-AMP-206

ISBN-33215

# CONTRACEPTIVE PREVALENCE SURVEYS

REPRINT SERIES NO. 6

## COMPARATIVE DATA FROM CONTRACEPTIVE PREVALENCE SURVEYS: KNOWLEDGE, USE, AND AVAILABILITY OF FAMILY PLANNING IN EIGHT COUNTRIES

BY

ANN A. WAY and TESSA M. WARDLAW

NOVEMBER 1982



Westinghouse Health Systems  
Post Office Box 866  
Columbia, Maryland 21044 U.S.A.

The views expressed herein are solely  
the responsibility of the authors.

CONTRACT NO. AID/DSPE-C-0052

**COMPARATIVE DATA FROM CONTRACEPTIVE  
PREVALENCE SURVEYS: KNOWLEDGE, USE AND AVAILABILITY OF  
FAMILY PLANNING IN EIGHT COUNTRIES**

by

**Ann A. Way**

and

**Tessa M. Wardlaw**

**American Public Health Association  
Annual Meeting  
Montreal, Quebec, CANADA  
November 16, 1982**

The Contraceptive Prevalence Survey (CPS) project is an international research program designed to assist developing countries in carrying out periodic surveys of the knowledge, use and availability of family planning. The CPS project seeks to obtain information needed by family planning program administrators to evaluate the progress of their program in promoting contraceptive use. The major objectives of the project include:

- o to determine contraceptive prevalence rates at national and subnational levels;
- o to examine differentials in these rates in order to assess the impact of governmental and nongovernmental family planning services and to identify factors promoting contraceptive use;
- o to institutionalize CPS studies in a country so that they are undertaken at regular intervals.

Figure 1 shows that a total of 19 countries have participated in the Contraceptive Prevalence Survey (CPS) program. Table 1 summarizes the status of CPS activities in these countries. Fieldwork has been completed for 18 surveys in 14 countries including second round CPSs in Colombia, Costa Rica, Mexico and Thailand. Surveys are currently in the planning stages in Ecuador, Brazil (Amazonas and Piaui), Tunisia (Round II), Kenya, Somalia and Zaire.

This paper presents data on contraceptive knowledge, use and availability from eight CPSs. Countries for which results are shown include Colombia (Round II), Costa Rica (Round II), Mexico (Round I), Bangladesh, Korea, Thailand (Round II), Egypt (Rural) and Tunisia (Jendouba).

FIGURE 1

Countries Fielding Contraceptive Prevalence Surveys



102

## A. SAMPLE POPULATIONS

Table 1 presents the different sample populations in the eight surveys. Nationally representative self-weighting samples of all women aged 15 - 49 years were interviewed in Mexico and Thailand. In Colombia and Korea, self-weighting samples of ever-married women were selected in the CPS but single women were subsampled. In Costa Rica single women who had never been pregnant were only asked about fertility but were excluded from the rest of the survey. Single women were excluded from coverage in the Bangladesh CPS and the sample population was expanded to include ever-married women under 15 years of age.

The surveys in Egypt and Tunisia were not nationally representative. The sample population for the Egypt CPS was limited to ever-married women aged 15-49 years living in rural areas. The survey in Tunisia focused on one governorate (Jendouba) where a self-weighting sample of ever-married women aged 15 - 49 was interviewed in the CPS. Single women were also included in the survey population for the Tunisia (Jendouba) CPS but only a subsample were selected for actual interview.

For purposes of cross-country comparability, the subsequent analysis is limited to ever-married women aged 15 - 49 years, thus excluding data for single women interviewed in the surveys in Colombia, Costa Rica, Mexico, Korea, Thailand and Tunisia (Jendouba). Ever-married women under 15 years interviewed in the Bangladesh were also eliminated from consideration in order to improve the comparability of the results. The comparability of the data presented for Egypt and Tunisia remains limited by the subnational character of the CPSs in these two countries.

TABLE 1  
CONTRACEPTIVE PREVALENCE SURVEY

COUNTRY	IMPLEMENTING ORGANIZATION	SAMPLE SIZE	SAMPLE POPULATION	FIELDWORK DATES	STATUS AS OF 6/30/82	EXPECTED COMPLETION DATE	ADDITIONAL QUESTIONS/REMARKS
<b>CARIBBEAN, CENTRAL AND SOUTH AMERICA</b>							
Barbados	Barbados Family Planning Association	1,463	All women 15-49 years of age	10/80 to 2/81	Draft report being reviewed	9/15/82	Questions on exposure to family planning information (Radio/TV)
Brazil Piauí State	Sociedade Civil Bem-Estar Familiar no Brasil (BEMFAM)	4,620*	All women 15-44 years of age	7/82 to 9/82	Pre-test, training in progress	7/31/83	Breastfeeding module, CBD module, pregnancy history
Amazonas State	Sociedade Civil Bem-Estar Familiar no Brasil (BEMFAM)	3,000*	All women 15-44 years of age	8/82 to 10/82	Pre-test, training in progress	5/30/83	Breastfeeding module, CBD module, pregnancy history
Colombia (Round II)	Corporación Centro Regional de Población	3,462	All women 15-49 years of age	10/80 to 12/80	Final report completed	7/31/82	MCH Module Household Survey
Costa Rica (Round II)	Asociación Demográfica Costarricense	4,580	Women 15-49 years of age	1/80 to 3/81	Final report completed	6/30/82	Women never pregnant were not asked all questions Community Module Questions on problems with methods
Ecuador	Ministerio de Salud Pública	4,500*	All women 15-49 years of age	6/82 to 9/82	Preparations for fieldwork in progress	4/15/83	Patterns of lactation Level of use of MCH services Extent of coverage of F.P. services
Honduras	Ministerio de Salud Pública y Asistencia Social; Asociación Hondureña de Planificación de Familia; Dirección de Estadística y Censo	3,594	All women 15-49 years of age	4/81 to 6/81	Draft report being reviewed	8/30/82	Breastfeeding module IE & C module Vaccination History module
Nicaragua	Asociación Demográfica Nicaragüense	4,000*	All women 15-49 years of age	7/81 to 9/81	Data analysis in progress	9/30/82	Abortion module Method failure and side effects
Peru	Instituto Nacional de Estadística; Ministerio de Salud	6,437	All women 15-49 years of age	8/81 to 12/81	Draft report under preparation	9/30/82	Medical attention before and for pregnancy termination. Mortality questions

\*Expected number of women who will be interviewed.

6

TABLE 1  
CONTRACEPTIVE PREVALENCE SURVEY

COUNTRY	IMPLEMENTING ORGANIZATION	SAMPLE SIZE	SAMPLE POPULATION	FIELDWORK DATES	STATUS AS OF 6/30/82	EXPECTED COMPLETION DATE	ADDITIONAL QUESTIONS/REMARKS
<b>MIDDLE EAST AND SUBSAHARAN AFRICA</b>							
Egypt	Population & Family Planning Board	5,313	Ever married women 15-49 years of age	10/80 to 12/80	Final Report completed	9/30/82	Rural survey only
Lebanon	Lebanon Family Planning Association	3,000*	Ever married women 15-49 years of age	8/82 to 9/82	Stop work order issued	5/31/83	Regional survey to be conducted in areas where LFPA is implementing a household distribution program
Morocco	Ministry of Public Health	3,000*	Ever married women 15-49 years of age	11/82 to 1/82	Field work in progress	12/31/82	Regional survey to provide baseline data for three provinces where Ministry of Public Health has MCH integrated services
Tunisia	Office National du Planning Familial et de la Population	3,000*	Ever married women 15-49 years of age	9/82 to 10/82	Questionnaire design and sample selection in progress	7/31/82	National level survey including special series of questions on utilization of private sector sources for contraceptive services
Kenya	Central Bureau of Statistics	8,000*	All women 15-49 years of age	5/83 to 8/83	Questionnaire design in progress	7/31/84	National level survey to provide regional prevalence estimates
Somalia	Ministry of Health	4,250*	Ever married women 15-49 years of age	1/83 to 2/83	Questionnaire design in progress	12/31/83	Regional survey providing prevalence for five urban areas
Zaire	Institut National de la Statistique	5,000*	All women 13-49 years of age	7/82 to 10/82	Field work in progress	6/30/83	Regional survey to be conducted in four urban centers and two rural areas. Include questions on abortion and frequency of illness.

\*Expected number of women who will be interviewed.

**TABLE 1**  
**CONTRACEPTIVE PREVALENCE SURVEY**

COUNTRY	IMPLEMENTING ORGANIZATION	SAMPLE SIZE	SAMPLE POPULATION	FIELDWORK DATES	STATUS AS OF 6/31/82	EXPECTED COMPLETION DATE	ADDITIONAL QUESTIONS/REMARKS
<u>ASIA</u>							
Nepal	Family Planning/Maternal & Child Health Project	5,470	Ever married women 15-49 years of age	2/81 to 4/81	Report writing in progress	8/30/82	Survey done in three major language groups. A separate four-district survey will also be carried out.
Sri Lanka	Ministry of Plan Implementation of the Democratic Socialist Republic of Sri Lanka (Dept. of Census and Statistics)	5,881	Ever married women 15-49 years of age	1/82 to 2/82	Fieldwork completed, analysis in progress	10/31/82	Survey done in two languages: Sinhalese and Tamil
Thailand	National Institute of Development Administration	7,038	Ever married women 15-49 years of age	3/81 to 6/81	Project completed	4/30/82	Short regional reports will be prepared Community Characteristics module

9

## B. BACKGROUND CHARACTERISTICS OF CPS RESPONDENTS

Table 2 compares selected background characteristics of the ever-married samples in the eight surveys. The table shows that the proportion of ever-married women in current marital (formal and consensual) unions varied among the samples, ranging from 85 percent in Colombia to 96 percent in Tunisia (Jendouba). The table also indicates the differences in both the age and family size (number of living children) distributions among the populations surveyed. Notably, a much larger percentage of the Bangladesh sample was less than 20 years of age, a fact that is probably related to a tendency for women in Bangladesh to marry at younger ages than women in the other countries. Differences in the family size distributions among the samples reflect differences in past fertility and child mortality levels among the populations surveyed. Ever-married women in Mexico and Tunisia (Jendouba) were considerably more likely to have five or more living children than women in the other countries.

Table 2 also shows that a much greater proportion of the ever-married CPS respondents in Bangladesh, Thailand and Tunisia (Jendouba) were from rural areas. The Egypt sample again included only women living in rural areas. Educational levels<sup>2</sup> also varied considerably; Egypt (Rural), Bangladesh and Tunisia (Jendouba) were particularly notable for the substantial percentage of ever-married women who had no schooling. Overall, the percentage of CPS respondents reporting they never attended school varied from 4 percent in Costa Rica

TABLE 2

## PERCENT DISTRIBUTION OF EVER-MARRIED WOMEN AGED 15-49 BY SELECTED BACKGROUND CHARACTERISTICS

Background Characteristics	Latin America			Asia			Middle East	
	Colombia II 1980	Costa Rica II 1981	Mexico I 1978:	Bangladesh 1979	Korea 1979	Thailand II 1981	Egypt (Rural) 1980	Tunisia (Jendouba) 1979
Total Number	3,098	2,896	3,112	15,169	14,586	7,038	5,313	1,904
<b>Marital Status</b>								
Currently in Union	85.3 <sup>b</sup>	89.6 <sup>b</sup>	91.2 <sup>b</sup>	92.4	94.2	94.2 <sup>b</sup>	91.2	96.0
Widowed	3.3	1.8	2.9	5.2	4.1	2.6	6.8	2.9
Divorced	- <sup>c</sup>	1.4	5.9	1.4	0.5	2.5	2.0	0.8
Separated	11.4	7.3	0.0	0.8	1.1	0.8	0.0	0.4
<b>Age</b>								
15 - 19	5.6	6.6	7.7	17.5	0.4	4.1	9.7	2.8
20 - 24	19.1	18.7	20.0	20.5	9.0	16.0	17.7	16.5
25 - 29	19.2	20.2	20.1	18.5	17.7	20.5	19.1	20.4
30 - 34	16.2	17.2	16.0	12.9	19.1	19.2	15.8	17.8
35 - 39	14.7	14.8	15.2	12.3	20.5	15.5	14.6	13.8
40 - 44	13.1	12.0	11.7	8.4	19.1	14.7	11.6	15.0
45 - 49	12.1	10.5	9.4	9.9	14.2	10.0	11.4	13.7
<b>Number of Living Children</b>								
None	9.1	7.5	8.0	13.9	5.2	7.4	12.5	9.2
1-2	37.7	42.3	30.9	32.9	33.7	42.5	28.6	24.5
3-4	26.3	26.6	25.5	26.6	39.5	29.5	28.7	26.7
5 or more	26.9	23.7	35.5	26.6	21.5	20.6	30.2	39.6
<b>Residence</b>								
Urban	70.9	52.0	56.1	10.1	57.8	17.3	- <sup>c</sup>	18.4
Rural	29.1	48.0	43.9	89.9	42.2	82.7	100.0	81.6
<b>Educational Level<sup>d</sup></b>								
None	11.1	3.5	17.8	75.7	13.0	8.4	61.3	86.7
Primary	59.6	65.0	69.3	17.6	47.6	83.8	35.3	10.9
>Primary	29.3	31.6	12.8	6.6	39.4	7.9	3.3	2.4
<b>Employment Status</b>								
Working	28.8	31.5	20.8	7.7	36.2	84.0	7.5	8.6
Not Working	71.2	68.5	79.2	92.3	63.7	16.0	92.5	91.4

NOTE: Percentages may not add to 100 due to rounding.

<sup>a</sup>None: No formal education.

Primary: Some primary to completed primary.

&gt;Primary: Any education beyond completed primary.

<sup>b</sup>Includes women in formal and consensual unions.<sup>c</sup>Urban areas were not included in the survey.

to 87 percent in Tunisia (Jendouba) while the percentage with more than a primary education ranged from 2 percent in Tunisia (Jendouba) to 39 percent in Korea. The percentage of ever-married women who reported they were working<sup>3</sup> also varied widely among the CPS samples in the eight countries, ranging from 8 percent in Egypt (Rural) and Bangladesh to 84 percent in Thailand.

### C. CONTRACEPTIVE KNOWLEDGE<sup>4</sup>

The CPS results showed that knowledge of at least one contraceptive method was almost universal among the ever-married women in the reproductive ages surveyed in the seven countries (Table 3). In general, the pill was the most widely known method; more than 85 percent of the ever-married women in each survey knew about oral contraceptives. Female sterilization and the IUD were also well known methods. At least 70 percent of ever-married respondents had heard about female sterilization, except in Egypt (Rural) where only 26 percent recognized sterilization. Knowledge of the IUD was almost equally widespread except in the case of Bangladesh where only 32 percent of ever-married women were aware of the method. Levels of knowledge for the other methods varied considerably from country to country. In most cases, the levels were somewhat higher among the ever-married women surveyed in Thailand, Korea and Costa Rica when compared with those in Bangladesh, Colombia, Mexico, Egypt (Rural) and Tunisia (Jendouba).

TABLE 3

PERCENTAGE OF EVER-MARRIED WOMEN AGED 15-49 KNOWING SPECIFIC CONTRACEPTIVE METHODS BY METHOD

Method	Latin America			Asia			Middle East	
	Colombia II	Costa Rica II	Mexico I	Bangladesh	Korea	Thailand II	Egypt (Rural)	Tunisia (Jendouba)
	1980	1981	1979	1979	1979	1981	1980	1979
Total Number	3,098	2,896	3,112	15,169	14,586	7,038	5,313	1,904
Any Method	95.9	99.8	93.7	94.8	99.4	99.4	91.0	97.5
Pill	93.1	98.5	90.5	93.0	96.3	98.0	89.9	91.8
Condom	47.6	93.4	32.4	57.3	82.4	83.3	11.3	28.4
IUD	75.9	92.7	76.1	32.0	94.7	92.7	68.4	87.0
Female Sterilization	79.2	96.7	72.2	84.5	94.0	96.6	26.2	96.2
Male Sterilization	29.1	62.0	30.2	71.2	93.4	92.7	5.3	14.0
Injection	67.6	88.1	73.5	41.2	40.5	94.5	N/A	N/A
Abortion	55.5	N/A	55.5	22.0	96.6	75.2	25.7	68.6
Vaginal Methods	64.4	73.5	44.4	7.5	52.1	78.2	6.4	35.0
Rhythm	51.4	86.9	40.6	12.0	58.3	43.2	5.5	16.4
Withdrawal	32.0	68.3	26.9	2.4	42.5	29.5	3.5	24.6
Other	1.7	12.4	3.4	7.5	1.6	1.5	14.6	1.6

#### D. EVER USE OF CONTRACEPTIVE METHODS<sup>5</sup>

Table 4 shows that the percentage of ever-married women aged 15-49 years who had ever used at least one family planning method ranged from only 21 percent in Bangladesh to 87 percent in Costa Rica. The pill was the most commonly used method in every survey population except Tunisia (Jendouba) where a slightly higher proportion of ever-married women reported they had been sterilized and Korea where more ever married women reported they had had at least one abortion than had used any other method of fertility regulation. Overall, the percentage of ever-married women reporting ever use of the pill varied from 11 percent in Bangladesh to 58 percent in Costa Rica.

Levels of ever use of other methods differed considerably among the CPS samples. Ever-married women in the Tunisia (Jendouba) sample were, for example, nearly eight times as likely to have been sterilized than were women in Bangladesh. Overall, the percentage of couples reporting ever use of female or male sterilization ranged from less than 1 percent (0.7 percent) in Egypt (Rural) to 22 percent in Thailand.

Ever use of the IUD also varied widely, ranging from less than 1 percent (0.8 percent) of ever-married women in Bangladesh to 30 percent of those in Korea. There was also a considerable range in the percent of women reporting ever use of injectable contraceptives. Among countries reporting ever use of injections, the level of ever use varied from less than 1 percent in Bangladesh and Egypt (Rural) to 18 percent in Thailand.

TABLE 4

PERCENTAGE OF EVER-MARRIED WOMEN AGED 15-49 WHO HAVE EVER USED SPECIFIC CONTRACEPTIVE METHODS BY METHOD

Method	Latin America			Asia			Middle East	
	Colombia	Costa Rica	Mexico	Bangladesh	Korea	Thailand	Egypt	Tunisia
	II 1980	II 1981	I 1979	1979	1979	II 1981	(Rural) 1980	(Jendouba) 1979
Total Number	3,098	2,896	3,112	15,169	14,586	7,038	5,313	1,904
Any Method	66.1	85.8	53.6	20.5	77.0	75.7	34.6	44.2
Pill	46.0	57.5	35.3	11.2	41.1	51.1	24.3	17.6
Condom	7.0	40.7	5.5	3.5	25.3	11.0	0.7	1.9
IUD	16.6	14.6	11.0	0.8	29.9	12.3	4.4	17.0
Female Sterilization	10.0	15.1	6.7	2.3	12.7	18.2	0.7	17.8
Male Sterilisation	0.3 <sup>a</sup>		0.1 <sup>a</sup>	0.9	5.9	4.2	0.0 <sup>a</sup>	0.0 <sup>a</sup>
Injection	7.5	10.5	10.2	0.5	2.8	17.6	N/A	N/A
Abortion	0.7 <sup>a</sup>	N/A	2.5	0.1 <sup>a</sup>	46.3	2.3	1.1	5.6
Vaginal Methods	15.8	10.6	8.4	0.4	5.8	1.8	0.5	3.6
Rhythm	16.8	24.8	9.9	4.2	19.4	10.3	0.8	2.0
Withdrawal	9.4	24.6	7.8	0.6	13.5	7.3	0.4 <sup>a</sup>	2.4
Other	0.5 <sup>a</sup>	2.1	2.9	2.2	1.1	0.9	11.5	0.4 <sup>a</sup>

<sup>a</sup>Less than 0.5 percent.

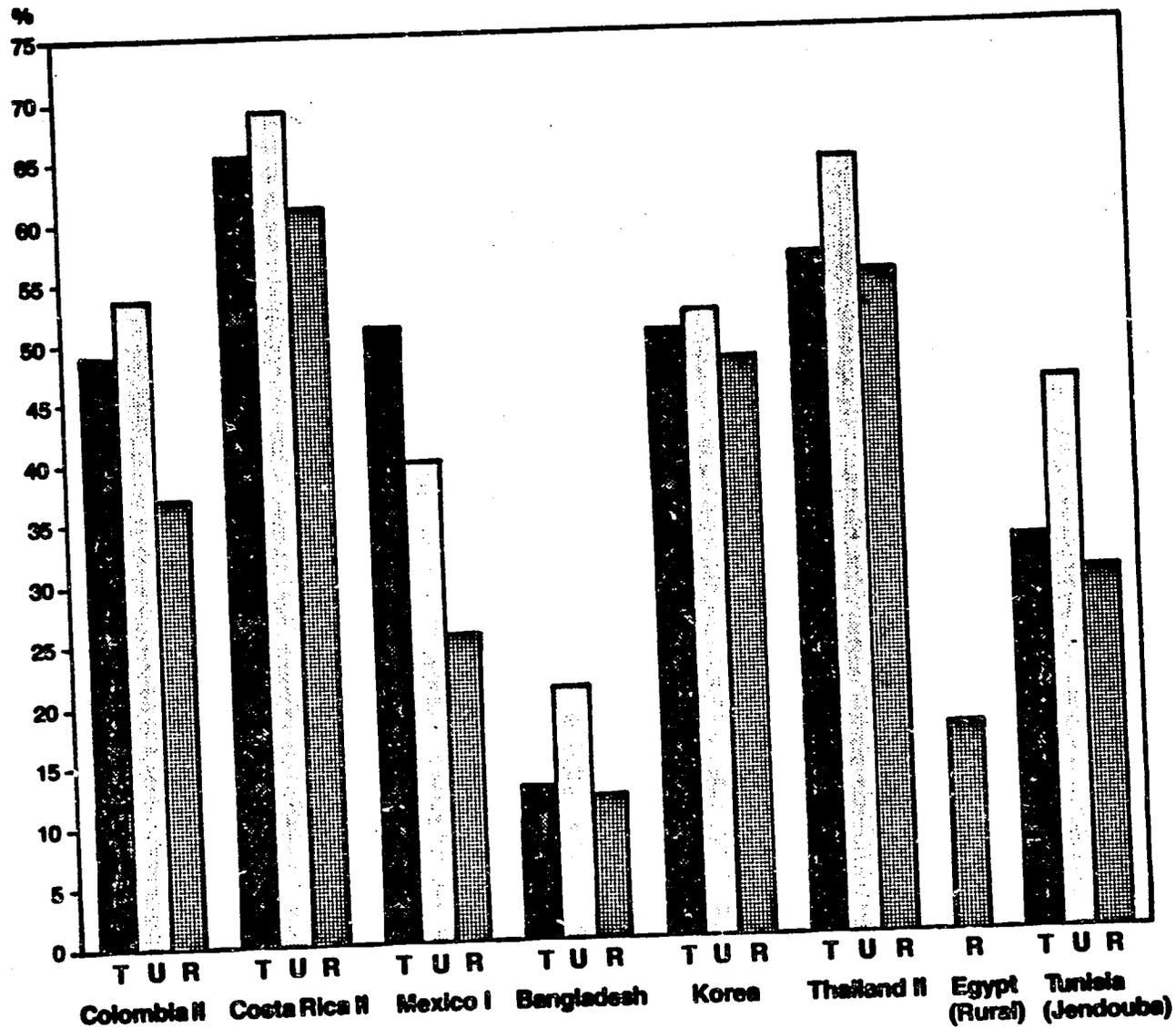
Ever use of barrier methods (condom or vaginal methods) appears to be most widespread among ever-married women in Costa Rica and Korea. Overall, the percentage reporting ever use of the condom ranged from less than one percent in Egypt to 41 percent in Costa Rica. The level of ever use of vaginal methods varied from less than one percent in Bangladesh and Egypt (Rural) to 16 percent in Colombia.

Ever use of traditional methods like rhythm and withdrawal was greatest in Costa Rica, where 25 percent of the ever-married women had ever used these methods, followed by Korea, Colombia, Thailand and Mexico. Less than five percent of ever-married women in Bangladesh, Egypt (Rural) or Tunisia (Jendouba) had ever used either rhythm or withdrawal. The comparatively large percentage of women reporting ever use of other methods in Egypt (Rural) represents principally women who said they prolonged the period of breastfeeding in an effort to delay the next pregnancy.

#### E. CURRENT CONTRACEPTIVE USE<sup>6</sup>

The overall level of current contraceptive use varied greatly among the women surveyed (Figure 2). Contraceptive prevalence was lowest in Bangladesh where only 13 percent of women in union aged 15-49 years were using a family planning method and in Egypt (Rural) where the prevalence rate was only 17 percent. In contrast, in Costa Rica, which had the highest level of use, 65 percent of women in union were practicing family planning. Levels of use in Thailand (56 percent), Korea (50

**FIGURE 2**  
**Percentage of Women in Union Aged 15-49**  
**Using Contraceptives by Urban-Rural Residence**



Erratum: For Mexico, the total and urban bars are reversed. The correct percents are 39.8 (total) and 50.6 (urban).

■ T — Total  
 □ U — Urban  
 ▨ R — Rural

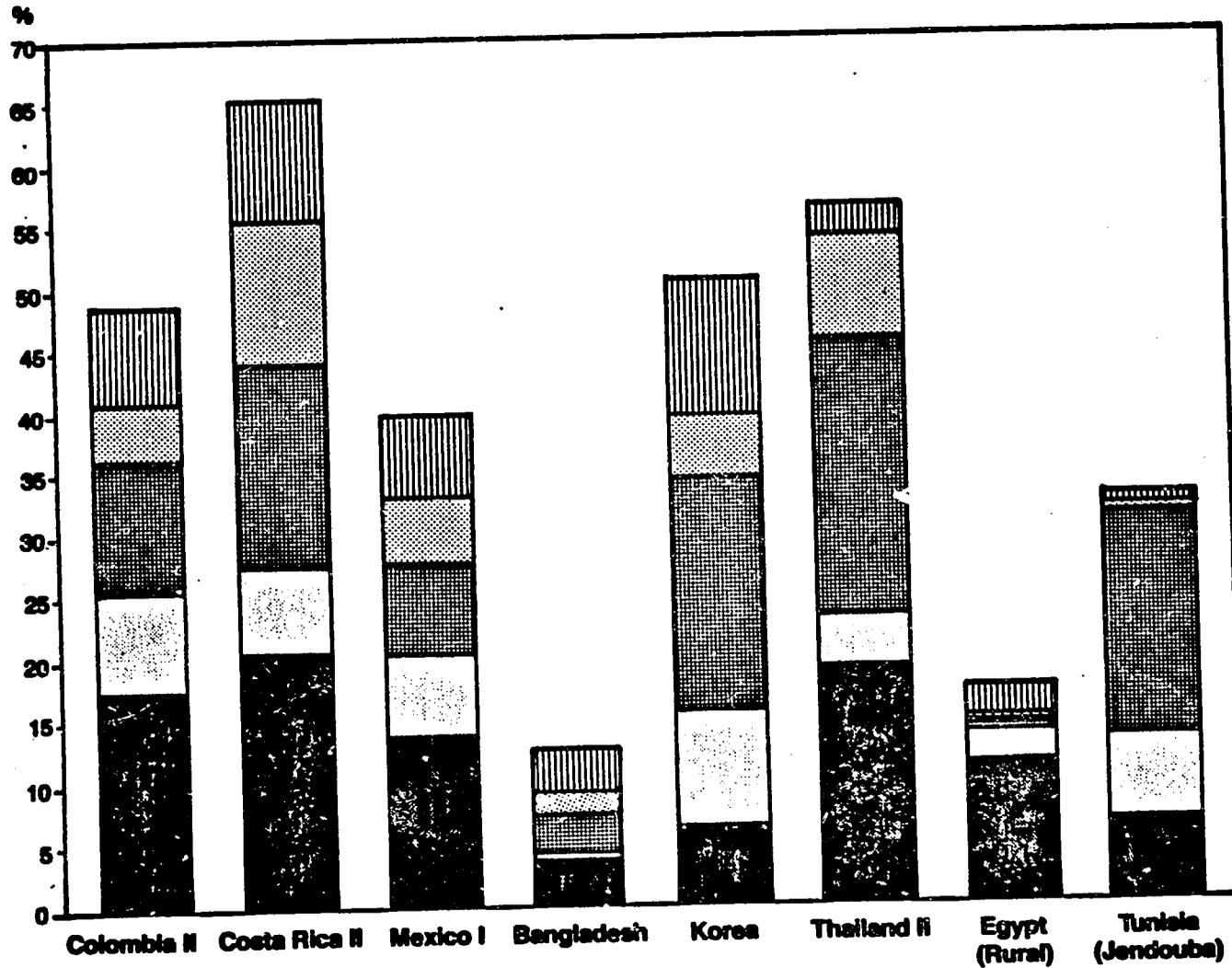
percent) and Colombia (49 percent) were considerably higher than the levels in Mexico (40 percent) and Tunisia (Jendouba) (33 percent).

#### 1. Method Mix Among Current Users

Figure 3 highlights the differences in the contraceptive mix among users in each of the CPS samples. The pill and female sterilization were generally among the most widely used methods although, as Table 5 shows, the relative proportion of users relying on these methods differed considerably among the populations surveyed. Pill use was most common in Costa Rica where 31 percent of all current users relied on that method and least common in Korea where only 13 percent of the women practicing family planning were using the pill. The percentage of current users who were sterilized ranged from 4 percent in Egypt (Rural) to 55 percent in Tunisia (Jendouba). The proportion of users relying on vasectomy was considerably smaller in every population surveyed, ranging from no reported current use in Egypt (Rural) to 12 percent of all users in Korea.

Countries also differed in the extent to which current users relied on the IUD and barrier and traditional methods. Use of the IUD was least common in Bangladesh where only 2 percent of all current users relied on an IUD and most widespread in Tunisia (Jendouba) where 20 percent of all users had an IUD. The proportion of current users relying on the condom varied from less than one percent in Tunisia (Jendouba) to 13 percent in Costa Rica. Less than 5 percent of current users in all of the populations surveyed were using vaginal methods.

**FIGURE 3**  
**Percentage of Women in Union Aged 15-49**  
**Using Contraceptives by the Method Used**



**Type of Method**

- Pili
- IUD
- Female/Male Sterilization
- ▨ Other Modern
- ▤ Traditional/Folk

TABLE 5  
 PERCENTAGE DISTRIBUTION OF WOMEN IN UNIONS AGED 15-49 USING CONTRACEPTIVES BY METHOD USED

Method	Latin America			Asia			Middle East	
	Colombia II	Costa Rica II	Mexico I	Bangladesh	Korea	Thailand	Egypt (Rural)	Tunisia (Jendouba)
	1980	1981	1978	1979	1979	1981	1980	1979
Total Number	1,284	1,688	1,130	1,804	6,910	3,728	827	598
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Pill	35.4	31.6	34.9	28.6	12.6	33.5	66.4	20.1
Condom	2.3	12.9	2.7	11.2	9.2	3.1	1.2	0.7
IUD	17.0	8.8	16.5	2.1	18.3	7.5	13.2	20.4
Female Sterilisation	21.6	26.5	17.7	19.1	25.9	32.4	4.1	55.2
Male Sterilisation	0.5	0.8	0.3	6.9	11.7	7.3	- <sup>a</sup>	- <sup>a</sup>
Injection	2.8	3.4	7.3	2.0	0.3	11.6	N/A	N/A
Vaginal Methods	4.4	1.8	3.5	0.8	1.0	- <sup>a</sup>	0.8	0.8
Rhythm	10.4	9.5	7.1	17.1	13.3	1.6	0.2	1.7
Withdrawal	5.2	4.3	7.4	1.4	6.7	2.5	0.8	0.7
Other Methods	0.5	0.4	2.7	10.7	1.1	0.3	13.2	0.5

<sup>a</sup>Less than .05 percent.

Current use of traditional and folk methods also varied among the populations surveyed. The proportion of current users relying on rhythm, withdrawal or folk methods ranged from 3 percent in Tunisia (Jendouba) to 30 percent in Bangladesh.

## 2. Urban-Rural Differences in Contraceptive Use

Table 6 and Figure 2 show that, in each CPS, there were differences in family planning use between urban and rural areas, with prevalence levels being consistently higher among urban women. The extent of the urban-rural user differentials were considerably narrower in Costa Rica, Korea and Thailand than in the other countries. Mexico and Bangladesh exhibited the largest relative gaps in urban-rural rates, with urban use levels being nearly double those reported among women living in rural areas. Significant, although less substantial urban-rural differentials are also observed in Colombia and Tunisia (Jendouba).

## 3. Age and Number of Living Children

Table 6 also indicates that the percentage of women in union, aged 15-49 years practicing family planning usually increased with age, reaching a peak in the 35-39 year age group. Younger women (15-24 years) were considerably more likely to be using family planning in Costa Rica and, to a lesser extent in Thailand, than in the other countries. This finding suggests that the women in these two countries may use family planning more to space births than do the other women.

PERCENTAGE OF WOMEN IN UNION AGED 15-49 USING CONTRACEPTIVES BY AREA OF RESIDENCE, AGE, MEAN AGE, NUMBER OF LIVING CHILDREN, MEAN NUMBER OF LIVING CHILDREN, EDUCATIONAL LEVEL AND EMPLOYMENT STATUS

	Latin America			Asia			Middle East	
	Colombia II	Costa Rica II	Mexico I	Bangladesh	Korea	Thailand II	Egypt (Rural)	Tunisia (Jendouba)
	1980	1981	1978	1979	1979	1981	1980	1979
<b>Total Number</b>	1,284	1,688	2,838	14,037	13,740	3,746	828	1,827
<b>% Using</b>	48.6	65.1	39.8	12.9	50.2	56.5	17.1	32.7
<b>Area of Residence</b>								
Urban	53.6	68.9	50.6	21.2	52.0	64.1	<sup>b</sup>	45.7
Rural	36.7	61.2	26.6	11.9	47.7	54.9	17.1	29.9
<b>Age</b>								
15 - 19	24.7	46.6	23.0	5.5	11.4	29.0	2.4	5.9
20 - 24	44.1	58.3	41.8	11.4	18.6	47.5	11.3	14.0
25 - 29	53.8	65.1	45.5	14.6	40.9	60.3	17.4	25.0
30 - 34	60.8	72.1	52.6	17.7	68.5	67.7	25.3	34.7
35 - 39	60.6	75.5	43.1	18.4	71.9	68.6	27.4	48.2
40 - 44	44.7	69.9	33.2	16.5	53.3	56.4	20.9	48.1
45 - 49	28.7	57.2	15.0	9.8	21.0	32.3	9.9	38.9
<b>Mean Age</b>								
Users	31.6	31.8	30.2	30.8	35.1	32.4	32.2	35.8
Non Users	31.9	30.5	31.3	28.7	34.7	32.2	29.7	31.4
<b>Number of Living Children</b>								
None	13.7	28.9	11.8	2.4	6.8	15.9	0.3	0.0
1-2	51.9	62.5	41.2	10.6	44.1	57.0	10.6	17.2
3-4	59.5	76.4	49.5	16.5	64.0	67.4	22.0	35.8
5 or more	45.5	68.3	38.0	17.3	45.1	55.2	25.4	47.7
<b>Mean Number of Living Children</b>								
Users	3.52	3.38	3.97	3.82	3.32	3.14	4.43	4.98
Non-users	3.34	2.84	3.82	2.96	2.92	2.75	3.09	3.29
<b>Educational Level<sup>a</sup></b>								
None	30.3	56.0	20.2	10.1	38.7	48.7	14.3	32.6
Primary	44.3	62.9	41.4	16.8	49.5	56.5	20.4	27.4
>Primary	63.4	70.4	58.0	32.8	54.5	64.4	32.2	58.7
<b>Employment Status</b>								
Employed	54.7	66.7	45.5	14.4	52.1	56.1	22.1	38.3
Not employed	46.6	64.5	38.7	12.8	49.3	58.8	16.7	32.2

<sup>a</sup>None: No formal education.

Primary: Some primary to completed primary

>Primary: Any education beyond completed primary

<sup>b</sup>No urban areas covered in the Egypt CPS

The age pattern for Korean users is especially interesting; the percentage of women using family planning in both the 15 - 19 and 20 - 24 year age groups in this country was much lower than that among those age groups in Colombia and Thailand -- countries with similar overall prevalence levels. The greater availability and use of abortion in Korea probably contributes to this pattern (See Table 4); younger women may be more likely to rely on abortion rather than contraception to terminate unwanted pregnancies.

Table 6 also shows that a positive association was generally found between the number of living children and contraceptive use. However, in all the populations surveyed, except those in Bangladesh, Egypt (Rural) and Tunisia (Jendouba) women who had five or more children were less likely to be using than those with three or four children. The latter relationship probably reflects the fact that higher parity women are generally older and more likely to be menopausal and, therefore, less apt to consider themselves in need of family planning. Older women may also be more traditional in their approach to family planning use than younger women.

The desire of most women to start a family soon after marriage is also evident in the data presented in Table 6. Typically, the percentage of married women with 1 - 2 living children who are using family planning is substantially greater than that among childless women.

#### 4. Socioeconomic Characteristics and Use

As expected, in all the populations surveyed contraceptive use increased as level of education increased (Table 6 and Figure 4). The impact of education on contraceptive use, however, is not, uniform. The strength of the relationship is less pronounced, for example, in Costa Rica, Korea and Thailand than in Mexico, Colombia, Bangladesh, Egypt (Rural) and Tunisia (Jendouba).

Employment status also appears to be related to contraceptive use. Table 6 and Figure 4 show that, except in Thailand, working women have a higher contraceptive use rate than non-working women. It should be noted that, in all cases, the employment status differentials in current use levels are not as substantial as the educational status differentials.

#### 5. Future Fertility Intention and Use

CPS results generally suggest that a majority of women in union in the reproductive ages do not want more children.<sup>7</sup> Table 7 shows that contraceptive use was related to women's reproductive intentions; women who wanted to avoid or postpone additional births were, as expected, more likely to be using family planning than women who wanted another child in the immediate future. While use was clearly related to fertility desires, the CPS data also suggest that, in every survey population, substantial percentages of the women who expressed a desire to space their next birth or limit their family size, were not using family planning. The percentage of women who indicated that they did not want

**FIGURE 4**

**Percentage of Women in Union Aged 15-49  
Using Contraceptives by Educational Level and Employment Status**

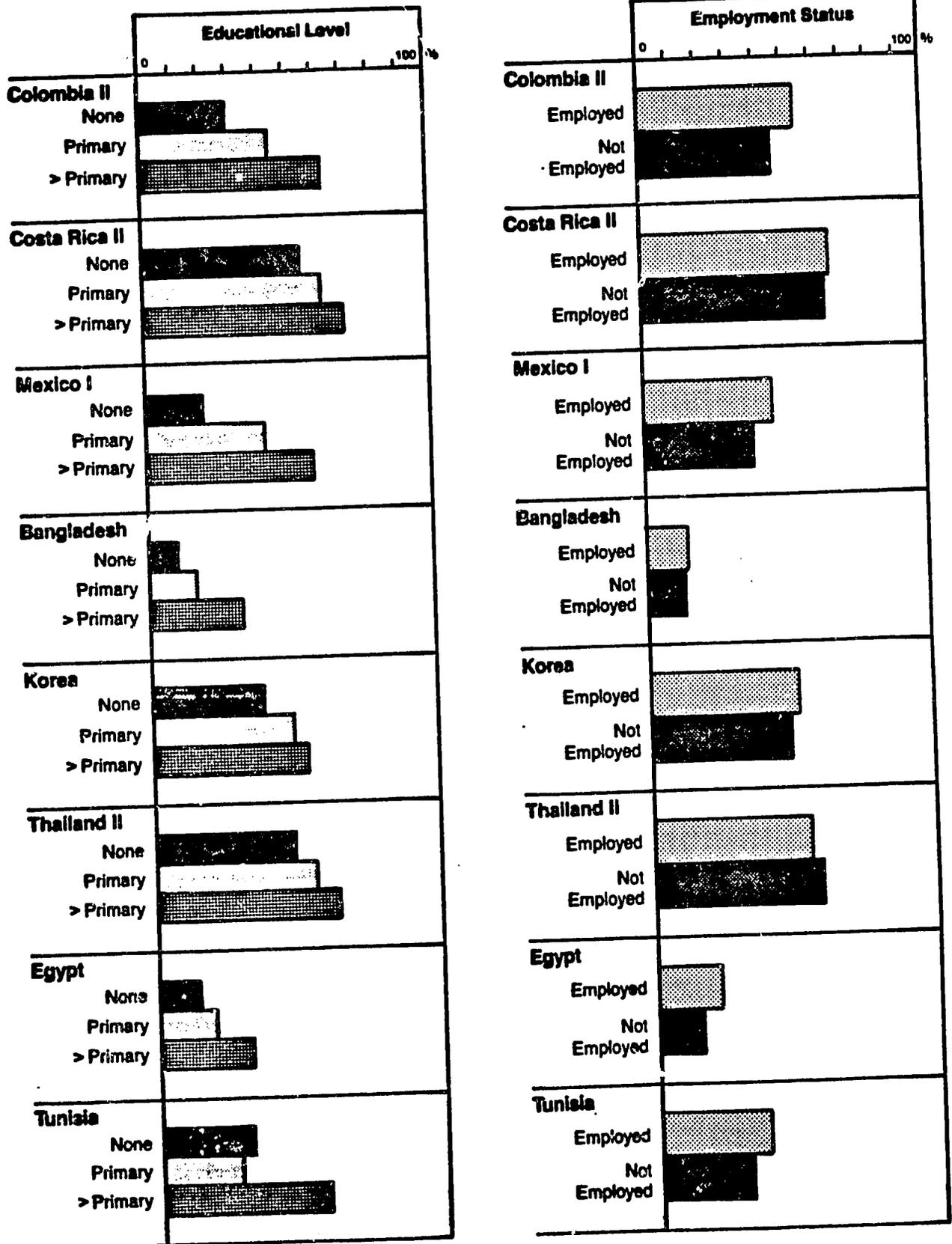


TABLE 7

PERCENTAGE OF WOMEN IN UNION AGED 15-49 BY DESIRE FOR MORE CHILDREN AND USER STATUS

Desire for Children And User Status	Latin America			Asia			Middle East	
	Colombia II 1980	Costa Rica II 1980	Mexico I 1979	Bangladesh 1979	Korea 1979	Thailand II 1981	Egypt (Rural) 1980	Tunisia (Jendouba) 1979
Total Number	2,643	2,593	2,838	14,037	13,740	6,627	4,847	1,827
All Women								
Using	48.6	65.1	39.8	12.9	50.2	56.5	17.1	32.7
Not Using	51.4	34.9	60.2	87.1	49.8	43.5	82.9	67.3
Want Child Now								
Using	25.2	48.5	23.2	3.2	8.6	17.8	0.6	9.1
Not Using	74.8	51.5	76.5	96.8	91.4	82.2	99.4	91.9
Want Child Later								
Using	45.7	65.0	44.2	7.1	31.0	64.5	6.7	17.6
Not Using	54.3	35.0	55.8	92.9	69.1	35.5	93.3	82.3
Want no More								
Using Sterilization	11.5	35.5	11.8	6.7	24.5	32.7	1.2	30.8
Using Reversible Methods	41.0	41.9	32.7	13.4	36.3	31.8	26.5	15.5
Not Using	47.6	22.6	55.4	79.9	39.2	35.5	72.3	53.7

more children and who were not using family planning ranged from 29 percent of the married women surveyed in Costa Rica to almost 80 percent of those in Bangladesh. Except in Thailand, less than one-half of the users expressing a desire to have no more children were using sterilization.

Table 7 also shows that women interested in spacing births were less likely to be using family planning than those who want no more children; the percentage of nonuse among women interested in postponing births varied from a low of 40 percent in Costa Rica to 93 percent in Bangladesh.

#### F. CONTRACEPTIVE AVAILABILITY

Table 8 shows that women in union who knew a particular modern contraceptive method often were not able to name an outlet from which they would obtain the method. In general, women in all of the CPS samples were more likely to know a source for the pill than for the other methods (see Figure 5). Costa Rica is notable in that approximately four-fifths of the CPS sample were able to name a source for the supply methods (pill and condom) and clinical methods (IUD and female sterilization) included in Table 8.

It is difficult to assess what the actual impact of not knowing a source for a method with which a woman is familiar may have on her use of that method. Women who are not motivated to use family planning do not need to know where they can obtain a method; their failure to name a family planning outlet may simply reflect their lack of interest in

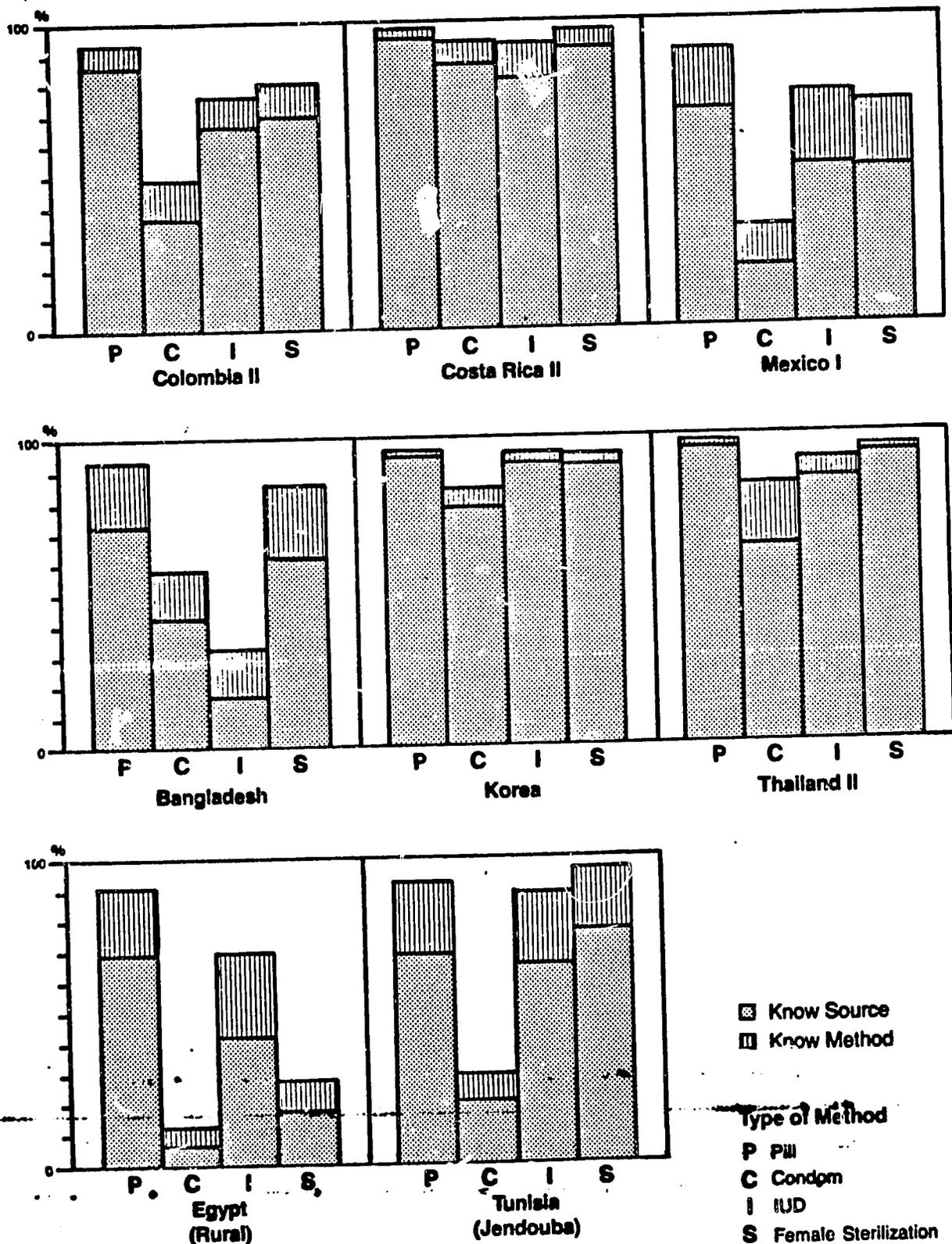
TABLE 8

PERCENTAGE OF WOMEN IN UNION AGED 15-49 KNOWING A CONTRACEPTIVE METHOD AND KNOWING A SOURCE FOR SPECIFIC CONTRACEPTIVE METHODS

	Latin America			Asia			Middle East	
	Colombia II 1980	Costa Rica II 1981	Mexico I 1979	Bangladesh II 1979	Korea 1979	Thailand II 1981	Egypt (Rural) 1980	Tunisia (Jendouba) 1979
<b>Total Number</b>	2,643	2,593	2,838	14,037	13,740	6,627	4,847	1,827
<b>Pill</b>								
Know Method	93.4	98.5	90.6	93.5	96.7	98.2	90.7	91.9
Know Source	85.5	94.6	70.4	72.3	94.3	96.1	69.4	68.3
<b>Condom</b>								
Know Method	48.5	93.5	32.2	58.4	83.7	83.7	12.0	28.8
Know Source	36.2	86.6	19.7	42.3	77.6	63.7	6.1	20.0
<b>IUD</b>								
Know Method	76.9	93.1	76.4	32.9	95.2	92.9	69.5	87.1
Know Source	66.3	80.7	51.1	16.1	91.8	85.4	41.8	64.7
<b>Female Sterilization</b>								
Know Method	80.4	97.0	72.3	85.0	94.6	96.7	26.8	96.4
Know Source	69.2	91.5	50.7	61.4	90.7	93.9	17.4	75.5

**FIGURE 5**

**The Percentage of Women in Union Aged 15-49  
Knowing a Contraceptive Method and Knowing a Place where the Method  
Can be Obtained for Specific Methods**



practicing family planning (or in using a specific method). Further investigation of the various factors -- including the motivation to use family planning -- which probably influence the relationship between these variables is needed.

## 2. Public vs. Private Sources

Table 9 and Figure 6 show that there are differences among the CPS countries, in the relative dependence on public versus private sector sources for contraceptive services. Generally, the majority of current users obtained their family planning services from government-supported outlets. The percentage obtaining their method from a government source ranged from 46.3 percent in Korea to 95.8 percent in Tunisia (Jendouba).

## 3. Proximity to Sources

The physical accessibility of family planning sources is an important indicator of contraceptive availability. One of the CPS measures of the proximity of source is the reported time required to travel from a woman's home to a service provider. Table 10 presents the median travel time to source reported by current users. The medians varied considerably among the countries, ranging from only 15 minutes in Egypt (Rural) to 60 minutes in Bangladesh. It should be noted that the median time in Bangladesh was calculated only for users who had to travel to a source for services; ~~almost one-half of all current users in Bangladesh received~~

TABLE 9

## PERCENT DISTRIBUTION OF WOMEN IN UNION USING CONTRACEPTIVES BY TYPE OF OUTLET

	Number of Users	Type of Family Planning Outlet	
		Government (%)	Private (%)
<u>Latin America</u>			
Colombia II 1980	1,073	56.2	43.9
Costa Rica II 1981	1,449	75.4	24.6
Mexico I 1978	918	52.1	47.9
<u>Asia</u>			
Bangladesh 1979	1,276	83.2	16.8
Korea 1979	5,354	46.3	53.6
Thailand II 1981	3,580	78.0	21.8
<u>Middle East</u>			
Egypt (Rural) 1980	704	53.3	46.4
Tunisia (Jendouba) <sup>a</sup> 1979	574 <sup>b</sup>	95.8	4.2

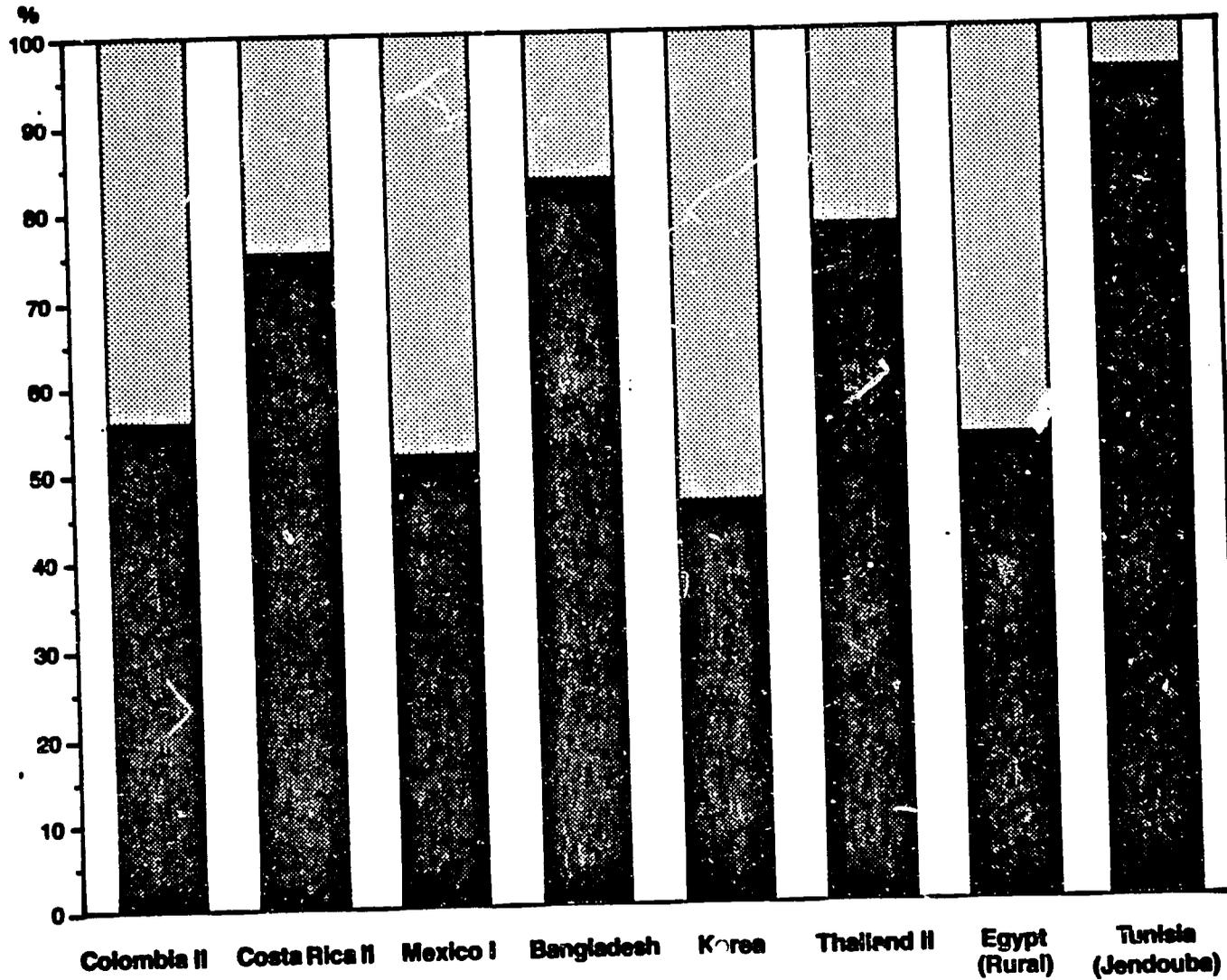
NOTE: Percentages may not add up to 100 due to rounding.

<sup>a</sup>Limited to users of modern methods.

<sup>b</sup>Excludes current users not naming a source (N=7).

**FIGURE 6**

**The Percentage Distribution of Users  
of Clinical and Supply Methods According to the Type of Source  
from which They Obtained their Method**



Type of source  
■ Government  
□ Private

TABLE 10

MEDIAN TRAVEL TIME TO SOURCE AMONG CURRENT USERS BY TYPE OF METHOD USED (IN MINUTES)

Country	All Users	Clinical <sup>a</sup> Methods	Supply <sup>b</sup> Methods
<u>Latin America</u>			
Colombia II 1980	20	30	10
Costa Rica II 1981	20 <sup>c</sup>	30	20
Mexico I 1978	16	23	10
<u>Asia</u>			
Bangladesh 1979 <sup>d</sup>	60	60	20
Korea 1979 <sup>d,e</sup>	23	26	13
Thailand II 1981	30	30	15
<u>Middle East</u>			
Egypt (Rural) 1980	15	30	15
Tunisia (Jendouba) 1979	53	57	28

<sup>a</sup> Clinical methods: IUD, sterilization, injection.

<sup>b</sup> Supply methods: pill, condom, vaginal methods.

<sup>c</sup> Excludes sterilization.

<sup>d</sup> Excludes women in Bangladesh (46.5%) and Korea (2.9%) supplied by home delivery agents.

<sup>e</sup> Includes pill and condom users only.

contraceptive supplies in their homes from community-based distributors. As expected, users of clinical methods (IUD, female sterilization and injection) generally reported longer travel times to sources than women using the pill, condom or vaginal methods.

## Footnotes

- <sup>1</sup>Westinghouse Health Systems is currently under contract with the Office of Population, USAID, to administer the Contraceptive Prevalence Studies program (AID/DSPE-C-0052). The project provides both technical and financial assistance to developing countries wanting to conduct a Contraceptive Prevalence Survey (CPS).
- <sup>2</sup>To define educational level, respondents in each CPS were asked to name the highest grade they had passed at school. For the analysis, the level of education has been divided into three categories that are roughly comparable among all eight survey populations: no education, some primary through completed primary school, and more than primary. These categories were selected to maintain a degree of uniformity in educational groupings across countries. In six countries (Korea, Costa Rica, Mexico, Bangladesh, Egypt (Rural), Tunisia (Jendouba)), completed primary is equivalent to six years of education while, in Thailand, it is seven years and, in Colombia, only five years of schooling.
- <sup>3</sup>Differences in the work status distributions among the CPS samples may be related to the various ways in which the question on employment was phrased in each of the surveys. Generally, the CPS respondents were asked if they were doing any work for which they were paid in cash or kind; thus, work status was defined in terms of whether a woman was engaged in remunerative labor. In Thailand, however, respondents were simply asked about their occupation and their responses were then used in determining whether they were working or not. It should also be noted that the time frames used in defining work status also varied ranging from relatively fixed periods (e.g., "during 1980" (Colombia) or "during the last 12 months" (Costa Rica)) to more ambiguous references (e.g., "usually" (Mexico I) or "at the present time" (Korea)).
- <sup>4</sup>In each survey to collect knowledge data, respondents were asked if they knew about family planning. Those who said they did were then asked to name the methods they knew. If they did not mention a particular method, the CPS interviewer would name but not describe the method and ask if they knew or had heard about it. Women who reported that they did not know any family planning methods were also prompted in this fashion.
- <sup>5</sup>In each survey to collect data on ever use of contraception, respondents were asked if they had ever used each of the family planning methods they knew.
- <sup>6</sup>In each survey respondents were asked the following question to measure the levels of current contraceptive practice:
- Are you or your spouse (boyfriend) now using or have you used some method to avoid pregnancy in the last month?

In all eight countries, the variable "current contraceptive use" is, therefore, defined as the use by the respondent (or her spouse) of any method of family planning at any time during the month preceding the interview.

<sup>7</sup>The percentage of women in union aged 15-49 years wanting no more children varied as follows: Colombia - 63.3%; Costa Rica - 48.6%; Mexico - 51.6%; Bangladesh - 49.5%; Korea - 77.0%; Thailand - 66.2%; Egypt (Rural) - 53.2%; and Tunisia (Jendouba) - 55.1%.