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**SOMARC COUNTRY ASSESSMENT
FOR THE MARKETING OF CONTRACEPTIVES
IN PARAGUAY**

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I. OBJECTIVES

- o Review and analyze the market audit conducted by P&M Consultores in Paraguay.
- o Review and analyze the consumer baseline study prepared by P&M Consultores in Paraguay.
- o Based on the above analysis, determine the feasibility of a contraceptive social marketing project in Paraguay.
- o Contingent upon the feasibility study, write a strategy document for SOMARC's participation in a Paraguay CSM project.

II. BACKGROUND

In late 1986, SOMARC entered into a contract with P&M Consultores in Paraguay for the completion of research to determine how accessible contraceptive products are to C and D class consumers (particularly in rural areas), the potential size of the market, and to identify specific barriers to use among consumers.

P&M Consultores conducted the following field work:

- o Performed an audit of 24 pharmacies located in Asuncion (the capital of Paraguay), important cities located on the country's borders with Argentina and Brazil (major sources of contraband products) and other major cities located in the interior.
- o Completed a national survey of 1,320 respondents in both urban and rural areas.
- o Within the national survey, conducted a separate analysis of the usage of various contraception products.

In presenting their findings, P&M Consultores applied the product usage findings from the national survey to average shelf price findings from the market audit to estimate total market sizes and project future demand. Given the large portion of the market represented by contraband, this is probably the most accurate estimate available at this time.

In conducting the national survey, P&M Consultores made extensive use of "open-ended" questions. This technique assures that the responses are the genuine top-of-mind opinions of the respondents. This method, however, considerably slows the interview process and greatly expands the time required for input and data analysis. (The report also states that rural interviews required much time to complete, citing the need to establish a rapport with the rural respondents.)

Notwithstanding the above, many questions, especially those regarding opinions of specific methods of contraception, elicited very high "no response" levels.

III. KEY FINDINGS—MARKET AUDIT STUDY

The stated objectives of the market audit study were to:

- o Identify contraceptive products currently sold in pharmacies.
- o Identify product prices with regard to supply source, local production, legal import and contraband.
- o Determine the source of supply, channels of distribution, and country of origin for contraceptive products.

1. Product Availability

The market audit identified no less than 19 oral contraceptive brands, 10 foaming tablets, 5 condoms, and multiple brands in other product categories such as injectables, foam and jelly, IUDs and diaphragms. The study provides a comprehensive index of products presented by manufacturer, country of origin and brand names.

Both local manufacturers and distributors and pharmacy store managers were asked to estimate the portion of products represented by contraband. Manufacturers and distributors estimated that 55 percent of all pharmaceutical products entered the country as contraband and that, in the case of contraceptives, the number increased to 85 percent.

According to anecdotal sources and recent history, there is little likelihood that widespread availability of contraband products will decrease in the near future.

2. Product Pricing

The market audit determined average shelf prices for major product categories to be the following:

	<u>Guaranis</u>	<u>Dollars*</u>
Condoms (per box of 3)	700	0.88
Oral Contraceptives (per cycle)	1,630	2.04
IUDs	11,300	14.13
Injectables (each)	2,350	2.94
Foaming Tablets (box of 10)	2,650	3.33

*\$1 = 800 Guaranis

Exhibit I provides a breakdown of product pricing by brand, by location and according to product source. Not surprisingly, contraband prices are considerably lower than those of legally imported products.

The relevant import duty and bank charges for imported products total over 53 percent for medications (orals and injectables) and over 33 percent for condoms.

Given the minimum monthly wage of 103,000 Guaranis, the cost to the consumer to use contraceptive products equals 1.6 percent of the minimum salary for orals, 1.1 percent for condoms and 1.3 percent for foaming tablets.

Given the SOMARC guideline that contraceptives should cost no more than 2 percent of the minimum salary to be considered affordable, this could indicate that the products currently available at the retail level fall within this requirement.

3. User Profile

The market audit assumes that the potential user target includes the total population between ages 15 and 39 years old. It cites the national survey in which, overall, 49.7 percent of those surveyed were considered contraception users and concludes that the target market is roughly equal in size to the current user base and skewed heavily to urban areas. The following summarizes population and use data:

	Population 15-39 years (000)	Users	
		%	Number
Asuncion	422.8	60.1	254.1
Other Urban	310.4	54.6	169.5
Rural	<u>792.0</u>	<u>36.0</u>	<u>286.7</u>
Total	1,525.2	49.7	710.3

By applying actual use rates of the various methods to the population base, the study attempts to derive category sizes. The following product use rates were stated as providing one CYP:

Condoms	5/month or 60/year
Orals	1 cycle or 12/year
Foaming Tablets	60/year
Injectables	12/year
IUDs	1/year

Derived demand:

<u>Method</u>	<u>Units</u>	<u>Total Units (000)</u>	<u>Avg. Price</u>	<u>Total Market (000)</u>
Condoms	Box of 3	1,150.7	700	805,490
Orals	Cycles	1,295.5	1630	2,111,665
IUDs	Pieces	32.0	11300	361,600
Injectables	Each	323.9	2350	761,165
Foaming Tablets	Box of 10	59.7	2660	<u>158,802</u>
Total				G 4,198,722
				U.S. \$5.25 million

Of these totals, it is estimated that the Center for Population Studies (CEPEP) supplies approximately 11 percent of the total condoms, 16 percent of the orals and 80 percent of the IUDs.

When these numbers are excluded from the above calculations, it is estimated that the total commercial market for contraceptives totals approximately U.S. \$4.35 million.

The study suggests that these markets will grow at the same rate as the overall increase in population, which is approximately 3 percent per year.

4. Channels of Distribution

Historically, contraceptives have been distributed through commercial pharmacies and by CEPEP through family planning clinics located in health centers. The Ministry of Health (MOH) discontinued its distribution of contraceptives in 1978 but, according to UNFPA, has restarted a distribution program of barrier methods (presumably condoms) as well as oral contraceptives. Details are not yet known about this program, but, if well planned and executed, the MOH is in an excellent position to expand access to contraceptives in rural areas. The vast majority of contraceptives are distributed through pharmacies.

IV. ANALYSIS OF UNMET DEMAND

During the course of this analysis, a family planning study completed recently by CEPEP with technical assistance provided by CDC was made available to SOMARC.

While the findings of that study are very comparable to the P&M Consultores' findings, the CEPEP report includes an analysis of unmet demand which is relevant to this discussion. The analysis is presented as Exhibit II, percentage of women, ages 15-44 who need family planning services, and Exhibit IIA.

The analysis concludes that 22.5 percent of all women in this age group do not use contraceptives but are not currently pregnant, do not desire a pregnancy, and whose nonuse of contraceptives is not related to pregnancy, infertility or lack of sexual activity.

This group is largely rural (79.5 percent), between ages 20 and 29 (46.5 percent), married (84.2 percent), and poorly educated (60.9 percent), with no education or incomplete primary education; 76.1 percent have two or more children and are not employed (78.6 percent).

V. NATIONAL SURVEY

1. Background

The objectives of the survey were to gather information about knowledge, attitude and product use information in the following areas:

- o General knowledge about family planning and profile of desired family size.
- o Methods of contraception.
- o Specific attitude and opinion information about orals, condoms and foaming tablets.
- o Channels of information.
- o Information about AIDS.

The study was conducted in both Spanish and Guarani (about 65 percent of the rural population speaks only Guarani) among both men and women between the ages of 15 and 39. The report presents additional breakdowns for geographic area; greater Asuncion, other urban and rural areas and socioeconomic class. The socioeconomic classes are defined as follows:

- Level 1 (D): One salary per household, G 50,000-86,000/mo (urban) or 2 to 5 hectares of land (rural).
- Level 2 (C₁): Up to two salaries per household, G 86,000-172,000/mo (urban) or 5 to 10 hectares of land (rural).
- Level 3 (C): Up to two salaries per household, G 172,000-280,000/mo (urban) or 10 to 20 hectares of land (rural).

These income levels are represented in the areas of the study as follows:

<u>%</u>	<u>Asuncion</u>	<u>Asuncion & Other Urban</u>	<u>Rural</u>
D	20.0	30.0	18.0
C ₁	18.0	19.6	21.0
C	<u>15.0</u>	<u>7.4</u>	<u>25.0</u>
	53.0	57.0	64.0

The targeted age group of 15 to 39 years of age represents 34.4 percent of the total population of Paraguay, which is just over 3 million. Paraguay is notable for being rather sparsely populated, largely rural (57.2 percent) and young, with 51.8 percent of the total population under 19 years old.

2. Key Findings

2.1 Knowledge about family planning. This question involved a fairly strict interpretation of a specific definition, that being "to have only those children which can be educated, fed and clothed." Answers that related to child spacing or limiting the number of children did not qualify as correct responses.

Given this limitation, the overall awareness level of 53.1 percent can be interpreted as being high.

Geography and education levels are the major determinants of awareness, with respondents in Asuncion having the greatest awareness (61.2 percent) and those in rural areas the least (42.5 percent).

Those respondents who completed secondary education are more than twice as likely to know about family planning (38.1 percent) as those who completed only primary education (14.9 percent).

The most important channels of communication about family planning, among those who correctly identified the concept, are daily newspapers (12.3 percent), radio (12.2 percent) and health centers (10.4 percent).

2.2 Knowledge about family planning methods. Overall, unaided knowledge about specific contraceptives is very high, with orals at 53 percent first mention being the leading method known. Condoms are well known at 34.6 percent unaided other mention.

Other methods such as rhythm at 33.3 percent and yuyo (traditional herbal preparation) at 26.7 percent are also well known.

On an aided basis, awareness of oral contraceptives is almost universal at 93.3 percent, followed by condoms at 71 percent, injections at 63.5 percent, and rhythm at 61.7 percent.

Rural respondents differ from the total sample in that while orals are well known (88.6 percent), knowledge about other modern methods falls off sharply with condoms at 46.2 percent, injections at 55 percent and rhythm at 43.3 percent. Knowledge about yuyos is highest among rural respondents at 75 percent.

2.3 Desire for more information about contraceptives. This may be the most significant question asked in the entire survey. Consumers in Paraguay obviously desire more information about contraceptives; 85.5 percent replied yes to this question overall, and this increases to 90.5 percent among the rural population.

Also, the nonresponse level, a problem with some questions as noted earlier, was very low at only 1.2 percent.

Respondents in urban areas are most likely to seek information from private clinics (46.5 percent overall and 61.5 percent in Asuncion), while rural respondents consult health centers (55.5 percent) more than private clinics (second at 24.6 percent).

Pharmacies are not likely to be consulted for information (only 41.1 percent).

2.4 Suitable channels of communication about contraceptives. The survey asked for opinions about suitable and unsuitable media and interpersonal communications channels.

Surprisingly little resistance to the use of mass media was encountered; 70.9 percent think TV is suitable; radio (62.5 percent) and periodicals (58.5 percent) also rank high.

Objections to the use of radio messages are highest among urban respondents at 32-35 percent. This opinion is not shared in rural areas, however, with only 16.4 percent thinking that radio is not appropriate, while 68.8 percent approve of the use of this medium.

Consultation with a physician is considered the most suitable channel of information (82.7 percent).

2.5 Use of any contraceptive method. This was a yes or no reply, regardless of the method used.

The overall responses varied with location:

	<u>Yes</u>	<u>No</u>
Asuncion	60.1	33.3
Other Urban	54.6	34.0
Rural	36.2	49.2
Overall	51.0	40.0

The age of respondents was also a major determinant of use:

<u>Age</u>	<u>Yes</u>	<u>No</u>
15-20	25.9	54.5
21-25	56.0	35.9
26-30	61.7	32.8
31-35	67.6	29.1
36-39	53.8	42.6

2.6 Reason for nonuse of contraceptives. This was an open-ended question, and the replies were tabulated according to first mention and other mentions.

While the advantages of the open-ended method have been previously discussed, a major disadvantage was that respondents could reply in a manner that was difficult to tabulate or simply not reply at all. In these instances, a follow-up prompted question should be asked to obtain a ranking of the hypothesized barriers to use.

In the survey, 60 percent of the respondents did not answer the question and the most often mentioned reasons for nonuse were rather vague: "I don't need them" at 14 percent, and "I don't live with anyone" at 13.1 percent.

The report offers the following opinion:

From our perspective, we consider that the reply makes reference to the lack of "consciousness" in the use of contraceptives, because they do not fill a perceived need. In not being part of the scope of normal behavior, the use of contraceptives is irrelevant. For these reasons, the respondents indicated that they "did not need them." Consequently, we believe that there is an attitudinal problem (with contraceptives).

The previously mentioned CEPEP study provides somewhat more insight to nonuse. According to that study, the most important reason for nonuse was that the (female) respondent had recently had a child (31.2 percent) or that she was currently pregnant or wanted to have a child (33.4 percent). Among other reasons, the fear of side effects (8.7 percent) was most salient, especially among rural women (9.7 percent). Financial reasons or product availability were not important reasons for nonuse (both at 1.2 percent).

Conversely, a large number of women in union between 18 and 44 years of age who do not use contraceptives, actually say that they want to use contraceptives (63.5 percent). Among those who want to use them, 85.2 percent are aware of where they can be obtained.

This apparently contradictory and somewhat confusing data might best be explained by the overwhelming desire of respondents for more information about contraceptives.

2.7 Contraceptive use (prevalence). The following summarizes current use of contraceptive methods among the sample:

<u>Method</u>	<u>Total (%)</u>	<u>Asuncion</u>	<u>Other Urban</u>	<u>Rural</u>
Orals	15.3	14.7	14.3	16.6
Condoms	8.3	10.6	8.6	4.7
Foaming Tablets	1.5	2.3	1.6	0.3
Injections	3.9	5.0	4.8	2.0
Diaphragms	0.3	-	1.8	-
IUDs	4.6	6.7	4.6	1.5
Withdrawal	0.7	0.4	1.2	1.0
Rhythm	12.1	15.4	14.4	6.6
Others	3.1	0.9	1.9	0.1
Total	49.8	57.7	55.3	36.0

2.8 Reasons for choosing method used. This again was an open-ended question and multiple answers where permitted. As such, the replies are likely to reflect both actual reasons for choosing any particular method as well as overall desired product attributes and the influence and instruction of the Church.

Safety/efficacy was mentioned most frequently (47.7 percent) followed by healthy/natural (30.5 percent), with three reasons of roughly equal importance (10-12 percent) ranking third: doctors' recommendation, economical, and easy to use.

2.9 User profile - oral contraceptives. Users of orals like them for being effective (62.2 percent) and easy to use (49.2 percent), but worry about side effects (40.9 percent).

Orals are almost always purchased monthly (89.1 percent) and requested by brand name (94.8 percent). Eugynon is the brand most often requested (28.0 percent) and it is thought to be inexpensive or affordable (75.7 percent).

2.10 User profile - condoms. Users of condoms consider them to be safe and effective (48.4 percent) and effective in preventing STDs (34.0 percent), but have had problems with them breaking or falling off (32.4 percent).

Most users purchase condoms "sporadically" (53.7 percent), although rural purchases are often made monthly (30.3 percent). A box containing three units is most often purchased (61.7 percent), and the price is considered to be inexpensive or affordable (87.2 percent).

Sultan, the USAID-donated product, is the preferred brand (80.9 percent) and is requested by name (82.4 percent). Brand recommendation by a pharmacist is important overall (31.9 percent), especially in rural areas (48.5 percent).

2.11 User profile - foaming tablets. Foaming tablets are considered to be effective (47.5 percent), especially in rural areas (70.6 percent) and are liked for producing no side effects (47.5 percent) and being easy to use (34.4 percent).

Disadvantages include being inconvenient (31.1 percent) and that the partner does not like them (16.4 percent). Partners in rural areas especially dislike this method (41.2 percent).

Most users insert the tablet correctly, 10 minutes before intercourse (65.6 percent), but a large percentage waits "until the moment" of intercourse (27.9 percent).

Rural users tend to always use this method (76.5 percent); while among all users, a large percentage uses this method only sometimes (42.6 percent).

Most users like the sensation of the product in use (67.2 percent) but say that the feeling is very wet (36.1 percent) or irritating (23.0 percent).

Rendells is the most popular brand (80.3 percent) and is most often asked for by name (68.9 percent).

2.12 Why respondents began to contracept. The most frequently mentioned reason is "when I started having sexual relations" (30.6 percent), followed by "when I got married" (23.8 percent) and "when I had my second child" (22.3 percent); 59.5 percent say that the decision is made jointly by the man and woman.

2.13 Source of supply for contraceptives. The vast majority purchase contraceptives in pharmacies (57 percent). Secondary urban sources are private physicians (6.2 percent), while curanderos (traditional medical attendants) are an important secondary source for the rural population (9.4 percent).

2.14 Sources of information about the contraceptive method currently (or ever) used.

Oral Contraceptives				
<u>Source</u>	<u>Total (%)</u>	<u>Asuncion</u>	<u>Other Urban</u>	<u>Rural</u>
Clinic	16.2	15.1	18.8	17.0
Health Center	10.2	10.8	4.0	12.4
Friends	11.3	8.4	20.4	12.0
Pharmacy	4.7	1.8	3.0	12.7

Although these figures are not readily comparable due to a fairly high level of nonresponse, they serve to point out the relative importance of pharmacies in rural areas.

The importance of pharmacies in providing information to the rural population is seen again in the case of condoms (equal to "friends" in importance).

2.15 Brand name recognition. There exists a high level of unaided brand name recall among the sample (all persons interviewed).

<u>Orals (Any mention)</u>	<u>Total</u>	<u>Asuncion</u>	<u>Other Urban</u>	<u>Rural</u>
Microgynon	17.0	21.9	14.2	11.2
Neogynon	20.5	26.5	17.7	12.9
Eugynon	31.4	24.3	28.6	36.2

Unaided brand name recall for other categories is much lower, as would be expected, due to the lower usage rate. The Sultan condom, for example, is recalled by 16.4 percent of the total sample and the Rendells foaming tablet is mentioned by 6.1 percent.

2.16 Opinions of methods of contraception. Oral contraceptives: respondents were asked open-ended and prompted questions about their opinions of the major contraceptive methods.

Except in the case of oral contraceptives, the response rates for the open-ended questions were very low.

Side effects are the greatest concern regarding oral contraceptives.

	<u>Total</u>	<u>Asuncion</u>	<u>Other Urban</u>	<u>Rural</u>
Negative health mentions	37.7	40.1	36.6	34.8
Effective, but side effects	11.0	10.0	13.4	11.5
Effective, safe	13.5	14.1	14.9	12.0

High price is not a great concern, with only 0.5 percent mentions.

For the prompted questions, respondents were asked to indicate on a 5-point scale whether they agreed or disagreed with a statement about the product in question. According to these replies, there is a high level of confidence in the efficacy of orals, but serious concerns about side effects.

(Total Sample)

<u>Quality</u>	<u>% Agree</u>	<u>% Disagree</u>
Easy to use	60.0	3.2
Effective	47.4	8.3
Can cause birth defects	45.2	8.6
Makes the woman nervous	41.9	6.4
Not harmful to health	18.7	39.3

2.17 Opinions on condoms. Although overall response rates were rather low (not surprising given the low user base), unprompted responses indicate that consumers believe condoms to be:

Safe and effective	9.2%
Protect against STDs	7.1%
Are very uncomfortable	4.9%

The prompted questions elicit a fairly positive image for condoms.

(Total Sample)

<u>Quality</u>	<u>% Agree</u>	<u>% Disagree</u>
Used to prevent STDs	31.3	2.4
Used only by married couples	1.5	30.6
Used only by bachelors	2.5	29.2
Used only before marriage	3.7	27.7
Hygienic	27.0	3.2
Used only with prostitutes	4.9	27.0

This illustrates that some of the negative impressions which are often thought to be associated with condoms are not actually believed in Paraguay.

2.18 Opinions on foaming tablets. Very low response rates on the open-ended questions permit any directional inferences to be made. Consumers think

that foaming tablets are more likely to be effective than ineffective, but are inconvenient to use.

Only two product qualities elicit directional agreement from the prompted questions:

<u>Quality</u>	<u>% Agree</u>	<u>% Disagree</u>
Easy to obtain	10.9	0.9
Effective	7.1	2.4

2.19 Opinions on rhythm and yuyos. Open-ended questions only were asked of these methods.

Overall, the rhythm method is thought to be safe, healthy and effective, provided the woman is regular in her cycle and observant.

Yuyos are thought to be effective by 13.3 percent of the sample (slightly higher in rural areas) and ineffective by 8.0 percent.

2.20 Awareness and knowledge about AIDS. A high awareness of AIDS and correct knowledge of its characteristics, modes of transmission and control or prevention exists in urban areas in Paraguay (all on an unprompted basis).

The overall numbers are depressed by a very high nonresponse rate among rural respondents (60 percent), even to a simple yes or no "have you heard about AIDS?" question. This probably reflects both a reluctance to discuss the issue as well as a genuine lack of knowledge.

The following is a summary of key findings:

<u>Awareness</u>	<u>Total</u>	<u>Asuncion</u>	<u>Other Urban</u>	<u>Rural</u>
Have heard about AIDS	72.0	90.7	84.1	40.0

<u>Characteristics</u>	<u>Total</u>	<u>Asuncion</u>	<u>Other Urban</u>	<u>Rural</u>
Various symptoms	12.3	16.3	14.0	5.8
It is incurable	10.6	12.1	18.2	5.1
Attacks the body's defense systems	7.5	12.2	3.1	2.4
<u>Transmission</u>				
Sexual relations	44.0	57.5	52.0	21.1
Sexual relations with homosexuals	22.8	33.2	17.9	9.9
Blood transfusions	20.6	28.0	26.3	7.4
Casual contact/ mosquitos/air	11.7	10.7	18.9	10.8
<u>Prevention</u>				
Avoid casual sex	14.0	16.9	20.0	7.3
Use a condom	13.0	20.6	9.9	3.3
Consult a physician	8.2	6.9	11.4	8.7
Avoid sex with homosexuals	6.9	10.3	6.6	2.2
<u>Knowledge Obtained Through</u>				
Dailies	46.9	64.3	55.8	17.9
TV	43.5	56.9	61.8	16.5
Radio	26.5	33.1	20.4	19.6

VI. CONCLUSIONS

Contraceptive products are widely available in Paraguay at affordable prices. This situation seems likely to continue and a full CSM project does not appear to be needed.

Consumers are, however, eager for more information about contraception and find methods of mass media to be appropriate vehicles for contraception messages.

Pharmacies are the traditional product source for contraceptives and are considered credible sources of information. This strength could be expanded.

The recent initiative by the MOH in resuming the distribution of contraceptives may help fill the gap in rural product availability and information.

VII. RECOMMENDATIONS

There is no apparent need for a full CSM project in Paraguay at this time. Contraceptive products appear to be widely available at affordable prices. Furthermore, it would be very difficult for CSM to compete with the controls and products available.

SOMARC should consider a communications and training project or technical assistance in these areas.

Consumers have a high desire for more information about contraception, and there exist several important misconceptions about oral contraceptives, e.g., possible birth defects, which need to be addressed in order to remove barriers to use. However, the possible constraints on the use of mass media due to political considerations must be taken into consideration in developing a communications strategy.

Training of pharmacists and pharmacy shop attendants has in several CSM projects been effective in increasing correct knowledge about contraceptives and their effective use. Given the traditional role played by pharmacies in Paraguay in the distribution of contraceptives, such a program should be considered.

Exhibit I
STORE AUDIT PRICE ANALYSIS

Items	Importac. legal.	Contrab.	Productos Paraguay	Encarnac.	San Pedro	Stroessner	Asuncion		
							Central	Residential	Hosp. Area
Logynon (erman)	1.700			1.950			1.700	800	1.700
Avlar (man)	1.585						1.600	600	1.550
non	1.800			1.800	2.100	1.700	1.800	700	1.500
Logynon mania	2.100			2.400		2.100	2.00	700	2.100
ette ntino		600		600		700	600	700	600
iol ntino		1.100		1.100		1.300	1.000	950	1.100
l ntino		850		900		800	900	900	850
mes guayo			990	1.000	1.100	990	940	990	990
oms									
n	700			800	900	950	650	700	750
on an	600			700	650	700	600	700	650
matex		400		380	600	390	400	450	450
ing Tablets									
ell	2.600			2.800					
n an	4.100								
hyn ntina		1.800			1.400	1.450			
a guay			280						
tions									
tal ntina	3.430			3.800	3.500	3.500	3.400	3.500	3.500
tin guay			2.150				2.100	2.200	2.100
tal ntino		2.900							
overa		1.700		1.600	1.700				
estn guay			2.500	2.600	2.800	2.500	2.500	2.500	2.500

Exhibit II

Paraguay: Percentage of Women Between the Ages
of 15 and 44 Who Need Family Planning Services*
by Selected Characteristics

Family Planning Study, 1987

Selected Characteristics	Total		Residence			
			Asuncion		Rural	
Total	22.5	(2224)	15.0	(1104)	25.8	(1120)
<u>Age</u>						
15-19	10.0	(388)	7.8	(182)	10.9	(206)
20-24	22.9	(500)	15.9	(252)	26.2	(248)
25-29	27.1	(459)	17.5	(227)	31.3	(232)
30-34	27.2	(359)	17.1	(182)	31.8	(177)
35-39	27.8	(294)	11.4	(146)	34.7	(148)
40-44	27.2	(224)	24.2	(115)	28.7	(109)
<u>Civil Status</u>						
Married/In Union	32.9	(1416)	23.6	(652)	36.4	(764)
Sep./Div./Widowed	25.7	(108)	17.4	(62)	30.6	(46)
Single	6.2	(700)	4.4	(390)	7.1	(310)
<u>Education</u>						
None/Incomplete Primary	36.4	(752)	30.3	(199)	37.4	(553)
Completed Primary	20.0	(665)	19.2	(317)	20.4	(348)
More than Primary	8.7	(807)	8.2	(588)	9.2	(219)
<u>No. of Children Living</u>						
0	2.6	(717)	3.1	(393)	2.4	(324)
1	28.1	(361)	19.4	(192)	32.6	(169)
2	24.9	(361)	13.5	(206)	31.3	(155)
3	29.2	(289)	24.2	(148)	31.4	(141)
4	34.8	(175)	28.7	(80)	37.1	(95)
5-6	46.1	(213)	39.8	(70)	47.8	(143)
7+	59.6	(108)	**	(15)	57.8	(93)
<u>Employment Status</u>						
Unemployed	26.4	(1425)	19.9	(601)	28.5	(824)
Works at Home	19.0	(338)	13.4	(171)	21.7	(167)
Works Outside the Home	10.8	(461)	7.6	(332)	14.4	(129)

*Women are considered to need family planning services when they are not pregnant, do not wish to become pregnant, and whose reasons for not using a contraceptive are not related to pregnancy, infertility or lack of sexual activity.

**Fewer than 25 responses.

Note: The numbers in parentheses are unweighted responses.

SOURCE: CEPEP Family Planning Study, 1987.

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Exhibit IIA

Paraguay: Women Between the Ages of 15 and 44 Who Need
Family Planning Services* By Selected Characteristics

Family Planning Study, 1987

<u>Selected Characteristics</u>	<u>Total</u>	<u>Residence</u>	
		<u>Asuncion</u>	<u>Rural</u>
Total (492 cases)**	100.0	20.5	79.5
<u>Age</u>			
15-19	9.8	2.3	7.5
20-24	23.2	5.1	18.1
25-29	23.3	4.6	18.7
30-34	16.9	3.3	13.6
35-39	15.0	1.8	13.2
40-44	11.8	3.4	8.4
<u>Civil Status</u>			
Casadas/Unidas	84.2	16.6	67.6
Sep./Div./Viuda	5.5	1.4	4.1
Soltera	10.3	2.4	7.8
<u>Education</u>			
Ninguna/Primaria Incompleta	60.9	7.1	53.8
Primaria Completa	26.5	7.3	19.2
Mayor que Primaria Completa	12.6	6.1	6.5
<u>No. of Children Living</u>			
0	4.3	1.7	2.6
1	19.6	4.6	15.0
2	15.0	2.9	12.1
3	14.5	3.7	10.8
4	10.9	2.5	8.4
5-6	19.7	3.5	16.2
7+	16.0	1.6	14.4
<u>Employment Status</u>			
No trabaja	78.6	14.4	64.2
Trabaja en la casa	12.8	2.8	9.9
Trabaja fuera	8.7	3.3	5.4

*Women are considered to need family planning services when they are not pregnant, do not wish to become pregnant, and whose reasons for not using a contraceptive are not related to pregnancy, infertility or lack of sexual activity.

**The unweighted number of women in the sample who need family planning services.

SOURCE: CEPEP Family Planning Study, 1987.