Bolivia

National Demographic and Health Survey

1989

Summary Report

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Instituto Nacional de Estadística
Casilla 20532
La Paz, Bolivia
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This report summarizes the findings of the 1989 National Demographic and Health Survey of Bolivia (ENDSA), conducted by the National Statistics Institute, under the Ministry of Planning and Coordination. The Institute for Resource Development provided funding and technical assistance. Additional funding was provided by the USAID Mission in Bolivia, UNICEF, WHO/PAHO and UNFPA. Editorial and production support for this report was provided by the IMPACT project of the Population Reference Bureau.

The Bolivia survey is part of the worldwide Demographic and Health Surveys (DHS) program, which is designed to collect data on fertility, family planning, and maternal and child health. Additional information on the Bolivia survey may be obtained from: Instituto Nacional de Estadística, Casilla 20532, La Paz, Bolivia. Additional information about the DHS program may be obtained by writing to: DHS, Institute for Resource Development/Macro Systems, Inc., 8850 Stanford Boulevard, Suite 4000, Columbia, MD 21045, U.S.A. (Telex 87775).

December 1990
EXECUTIVE SUMMARY

Fertility and child mortality levels in Bolivia remain among the highest in Latin America, according to the results of the 1989 National Demographic and Health Survey of Bolivia (Encuesta Nacional de Demografía y Salud de Bolivia--ENDSA). At current rates, Bolivian women are having an average of five children each. One in 10 infants dies before his or her first birthday.

Other major survey findings include:

- **Child Mortality**: Many child deaths are preventable, since diarrhea and respiratory diseases are leading causes of death to children under age 5.

- **Child Health**: One in four children under age 5 had diarrhea in the two weeks prior to the survey, and one in five had respiratory problems during this period.

- **Maternity Care**: Nearly half of all births take place without medical assistance, and more than half of the mothers do not receive any prenatal care.

- **Vaccination**: Vaccination coverage is low; only 33 percent of children age 12-23 months with a health card have been vaccinated against all six major childhood diseases.

- **Child Nutrition**: Thirty-eight percent of the children age 3-36 months are considered stunted, or short for their age in comparison with an international reference population. Stunting is a sign of chronic undernutrition.
Fertility Desires: On average, women would like to have about two children fewer than they are now having.

Potential Demand for Family Planning: Two-thirds of all married women do not want any more children.

Use of Family Planning: Only 30 percent of married women are using family planning; of these women, more than half practice periodic abstinence.

Contraceptive Knowledge: Only half of the married women living in rural areas recognized at least one modern contraceptive method.

Despite the seeming contradiction between women's stated desires for smaller families and the failure of most to use contraception to prevent unwanted pregnancy, most Bolivian women acknowledge that they lack information regarding family planning and indicate that mass media discussion of this topic is acceptable to them. The women considered to be at risk of unplanned pregnancy include married women of all ages and educational levels, from both rural and urban areas. Making family planning information and services more accessible throughout the country would enable many couples to attain their fertility desires.

Similarly, much could be done to reduce deaths and illness among children. Key interventions include: promotion of oral rehydration salts to treat dehydration caused by diarrhea; medical treatment of respiratory infections; immunization; maternity care; and improved nutrition.
BACKGROUND

The 1989 National Demographic and Health Survey of Bolivia (ENDSA) provides planners and policymakers with essential information on fertility, family planning, infant and child mortality, maternal and child health care, and related health issues. It was conducted by the National Statistics Institute, under the Ministry of Planning and Coordination. A nationally representative sample of 7,923 women age 15-49 was interviewed between February and July 1989. Interviews with mothers provided health-related information for 5,764 children born in the last five years. Height and weight measurements were taken and analyzed for 2,537 children age 3-36 months.

Bolivia's population of 6.4 million (1988, Encuesta Nacional de Población y Vivienda) is growing at about 2.2 to 2.6 percent annually—a rate at which it will double in 27 to 32 years.

MATERNAL AND CHILD HEALTH

Infant and Child Mortality

Bolivia has one of the highest early childhood mortality rates in Latin America. One in 10 infants dies before his or her first birthday. One in 10 Bolivian children dies before his or her first birthday, and about one in seven children dies before reaching age 5.
The ENDSA findings highlight several factors that are related to child survival:

- **Place of Residence**: Children born in rural areas have a 50 percent higher risk of dying before their fifth birthday than urban children (see Figure 1). Infant and child mortality rates are highest in the Valles region and lowest in the Llanos region.

- **Mother's Education**: Children born to mothers with no education are nearly three times as likely to die before their first birthday as those whose mothers have at least nine years of education (high school).

- **Birthspacing**: Children born less than two years after a previous birth are nearly four times as likely to die before their first birthday as those born four or more years after a previous birth (see Figure 2).

- **Mother's Age**: Children born to mothers age 40 or older have a 40 percent higher risk of dying before their first birthday than those born to younger women.

In order to collect information on the causes of child deaths, the ENDSA included a "verbal autopsy"—questions on symptoms associated with various causes of death among children. According to mothers of children who died during the five years prior to the survey, more than one-third of the children died as a result of diarrhea, and a similar proportion had respiratory problems (see Figure 3). These findings suggest that many child deaths are preventable through measures such as wider use of oral rehydration
therapy for dehydration caused by diarrhea, prompt detection and treatment of acute respiratory infections such as pneumonia, vaccinations of both pregnant women and children, and medical care during pregnancy and childbirth.

Maternity Care

The care a woman receives during pregnancy can be critical to her child's chance of survival. While mothers of two in five of the children born in the five years before the survey reported that they had received prenatal care from a doctor, more than half of the mothers had not received any prenatal care. Rural

Nearly half of all births take place without medical assistance.

women, women in the Altiplano region, and those with little or no education were less likely than other women to have had prenatal care.

Many infants are still not protected from neonatal tetanus, a highly fatal--but preventable--disease that can strike newborns if the mother has not been immunized against tetanus and if the umbilical cord is not treated in a sterile manner. Mothers of only one in five of the children born in the five years before the survey reported that they had received at least one tetanus toxoid injection during the pregnancy.
Child survival and women's health are also threatened by the lack of trained assistance at the time of delivery. Two in five of the births in the five years before the survey were assisted by relatives or others without medical training, and five percent of all births took place with no assistance whatsoever (see Figure 4). On the other hand, two in five births were delivered by doctors. Rural women, those with little or no education, and those living in the Altiplano region were more likely to be assisted by relatives or to give birth alone than urban or more educated women or those living in other regions.

Child Health
Breastfeeding

In addition to providing the mother some protection against another pregnancy, breastfeeding is important to child health and development. Eight in 10 Bolivian children are breastfed through their first nine months of life; half are breastfed through 16 months of age.

Vaccination

Vaccination against the six major childhood diseases--tuberculosis, diphtheria, whooping cough, tetanus, poliomyelitis and measles--is a key intervention to improve child survival rates. Vaccination status could be verified for only 23 percent of the children age 12-23 months--those whose mothers could show a health card. Among children in this age group with a health card, 33
percent had been vaccinated against all six childhood diseases. However, these numbers do not take into account

Only one-third of the children age 12-23 months having a health card are fully vaccinated.

children who do not have a health card but may have been vaccinated. Rural children and those living in the Altiplano region are less likely than other children to have a health card and to have been vaccinated.

Diarrhea

Mothers reported that 28 percent of the children under age 5 had had diarrhea in the two weeks prior to the survey. Diarrhea is more common among children age 6-23 months than among younger or older children.

Fewer than one-fourth of the children under age 5 with diarrhea were treated with packets of oral rehydration salts (ORS), an inexpensive treatment which can often prevent death from the dehydration caused by diarrhea, and one in 10 children received home solutions containing sugar and salt (see Figure 5). Infants under 6 months of age, children from the Altiplano, and those whose mothers have not attended school were less likely than other children to be treated with ORS.
Two-thirds of the mothers of children under age 5 had heard of ORS packets. Urban women and those with at least six years of school were more likely than other women to have heard of ORS packets.

Respiratory Problems

Mothers reported that in the two weeks prior to the survey one in five children under age 5 had had a severe cough and difficult or rapid breathing, symptoms of serious respiratory infections such as pneumonia. Children living in the Llanos region were twice as likely as those living in the Altiplano or Valles regions to have had respiratory problems. Children under age 2 were also more likely than older children to have had these problems. Only one in three children with respiratory problems received medical attention.

Nutritional Status of Children

As part of the ENDSA, respondents' children age 3-36 months were weighed and measured to assess their nutritional status. The study found that 38 percent of these children are stunted--short in relation to their age--compared to an international reference population. Stunting is an indicator of chronic undernutrition.
population. Stunting is an indicator of chronic undernutrition. It is more common among boys and children living

Two in five children age 3-36 months show signs of chronic undernutrition.

in rural areas or in the Altiplano region (see Figure 6).

Children's nutritional status differs markedly according to their mother's level of education. Children whose mothers have no education are almost three times more likely to be stunted than those whose mothers have at least nine years of education.

FERTILITY

Bolivia's fertility rate remains among the highest in Latin America. At current fertility levels, Bolivian women will give birth to an average of about five children by the end of their reproductive years (see Total Fertility Rate, Figure 7). Nevertheless, this fertility rate represents a decrease from past rates. For example, women age 40-49 had an average of 5.6

At current fertility rates, women will have an average of five children during their childbearing years.

children each. The ENDSA found that fertility remained relatively constant until the 1980-1984 period, when it began to decline.
Fertility levels for 1985-1989 show an important reduction compared with the previous five years.

Fertility rates vary considerably according to women's level of education. At current fertility rates, women with little or no education are expected to have about twice as many children as those with at least nine years of school (see Figure 8). Fertility levels also differ according to place of residence. Rural women are expected to have an average of more than six children, compared with an average of four children among urban women.

Factors Affecting Fertility

Fertility Desires

The ENDSA revealed that, on average, women of all educational levels consider a family of three or fewer children to be ideal (see Figure 8). Rural women and those with little or no education are more likely than other women to have more children than they consider ideal.

Compared with other South American countries, the proportion of women wishing to limit or delay future births is very high. Two-thirds of all married women do not want any more children, and one in 10 would like to delay her next birth by at least two years (see Figure 9). At least 75 percent of the married women age 30 or
older and those who already have at least three children do not want any more children. Even among married women age 15-19, 40 percent want no more children. Rural and urban women do not differ greatly in their desire to stop childbearing.

Many Bolivian women experience unwanted or mistimed pregnancies. Of those children born in the five years before the survey, mothers reported that 35 percent were unwanted, and 27 percent were wanted at a later date. These findings suggest that there is a large potential demand for family planning services.

Age at Marriage and First Birth

The ENDSA found that women who marry at an early age have more children than those who marry later. Half of all Bolivian women age 25-49 had been married or were in union by the age of 20 and had given birth within a year. The age at marriage has not changed appreciably over the past 20 years.

One-third of all Bolivian women give birth during their teenage years.

women age 25-49 had been married or were in union by the age of 20 and had given birth within a year. The age at marriage has not changed appreciably over the past 20 years.

One-third of the women surveyed had had a child during their teenage years (see Figure 10). In fact, women under age 35 are starting their families sooner than older women. This pattern of early childbearing not only contributes to high fertility, but also can be detrimental to the health of young mothers and their children. Other research has shown that early childbearing is
frequently associated with various social and economic problems, including child neglect, poverty and limited educational attainment.

Breastfeeding and Postpartum Infecundity

Breastfeeding extends the period of natural infecundity following a birth, during which a woman is unlikely to conceive. Bolivian women breastfeed an average of 16 months. Postpartum amenorrhea--the absence of menstruation that is associated with the period of natural infecundity following a birth--lasts for an average of 11 months.

Taking into account amenorrhea and postpartum abstinence practices, after childbirth half of all Bolivian women are not at risk of pregnancy for at least one year. However, the duration of breastfeeding is lower among urban women and those who are more educated.

FAMILY PLANNING

Recognition of Family Planning Methods

Knowledge of family planning is limited in Bolivia, compared to other Latin American countries. Two-thirds of the married women have heard of at least one modern method of contraception. Among married women, the most widely recognized modern methods are the IUD (54%), the pill (52%), female sterilization (52%), the injection (43%), and the condom (29%). Awareness of modern methods is especially low in rural areas, where only half of the married
women recognize even one modern method. Fewer than one-third of the married women with no education have heard of a modern method, whereas awareness is nearly universal among married women with at least nine years of education.

Women have limited knowledge regarding family planning, although most of them are in favor of mass media discussion of this topic.

Three in five married women have heard of at least one traditional method, mainly periodic abstinence. Despite the awareness of periodic abstinence, fewer than one-third of all women could correctly identify the most fertile period of a woman's cycle (the middle). Nevertheless, two-thirds of the women who have ever used this method could identify the correct period.

While three in five married women say they know where to obtain information or services for at least one modern contraceptive method, knowledge of sources for specific methods is limited. Nearly half of the married women say they know where to obtain the IUD, female sterilization, or the pill, two in five know a source for the injection, but only one in four knows a source for the condom.

Media Exposure

Fewer than half of the women surveyed said that they had heard or seen information about family planning on radio or television.
Nevertheless, four in five women said that they considered mass media discussion of family planning to be acceptable. Women living in urban areas and those with at least six years of education were more likely than other women to recall and approve of media discussion of family planning.

Use of Family Planning

Fewer than half of married women have ever practiced family planning; most of these women have used periodic abstinence, and smaller proportions have used the pill, IUD or withdrawal.

Thirty percent of married women are currently using some form of family planning, but fewer than half of them are using a modern method (see Figure 11). The most popular methods are periodic abstinence (16%), the IUD (5%), female sterilization (4%), and the pill (2%). Use of other methods is negligible.

Fewer than one-third of married women use family planning, and the majority use periodic abstinence.

Family planning use varies greatly by place of residence, from 39 percent among urban women to 19 percent among rural women. Family planning practice reaches 43 percent in the Llanos region, 31 percent in the Valles region, and 25 percent in the Altiplano region. Similarly, large disparities in use of family planning are found between women with different educational backgrounds; 53
percent of married women with at least nine years of education practice family planning, compared with only 12 percent of those with no education.

Family Planning Services

Private-sector sources and public hospitals are the major providers of modern contraceptive methods in Bolivia. Two in five women using modern contraceptives obtain their methods from private physicians. Government hospitals provide half of all female sterilizations and 10 percent of the IUDs. Private hospitals are also a major provider of female sterilization. About one-third of the women using supply methods (the pill, condom, injection and diaphragm) obtain their supplies from pharmacies.

Reasons for Discontinuation

Method failure is a major reason for discontinuation of family planning use. More than half of the women who had discontinued periodic abstinence or withdrawal in the five years prior to the survey and more than one in four who had discontinued the injection or the condom had become pregnant while using the method. At least one-third of the women who had used the pill, the injection or the IUD cited side effects as their main reason for
Reasons for Non-Use of Family Planning

Those women at potential risk of pregnancy (non-pregnant, sexually active non-users of family planning) were asked about their attitude toward becoming pregnant in the next few weeks. Half (53%) said that they would be unhappy if they became pregnant, while 24 percent said that they would be happy and the remainder said that it would not matter or they did not know. Those women who said they would be unhappy were asked why they were not using family planning. Nearly half of the non-users gave reasons indicating lack of knowledge, inconvenience or limited access (see Figure 12). One in five non-users cited religion as their reason for not using family planning. These problems could be addressed by public education programs, including positive statements by religious leaders about acceptable methods and provision of more accessible services offering a wide range of methods.

Potential Demand for Family Planning Services

More than half of all married women (58%) can be considered as potential users of family planning services because they are not using contraception and either do not want to become pregnant soon
or do not want any more children. However, only one-third of these women say they intend to use contraception in the future. Thus, only 20 percent of married women are currently estimated to be in need of family planning and intend to use it, mostly to limit future births.

The majority of women who intend to use contraception plan to do so in the next year. Preferred methods are periodic abstinence, the IUD and the pill.

CONCLUSIONS

The results of the 1989 Bolivia Demographic and Health Survey document a need for expanded health and family planning services and for greater public education on these topics. Rural women and children as well as women with little or no education are particularly disadvantaged in terms of health status and use of health services. Nearly half of the births take place without medical assistance, and many children do not receive medical treatment for common childhood illnesses.

Many child deaths are preventable, according to the ENDSA findings. Specific policies and programs that could have a major impact on child survival and women's health include:

- Providing more extensive medical care during pregnancy and childbirth;
- Educating parents on appropriate and timely medical treatments for diarrhea and respiratory problems and on
the importance of vaccination against the major childhood diseases;

- Developing special programs to reach rural and less educated women and their children;

- Improving the nutritional status of children through growth monitoring, nutrition education and adequate treatment of diseases; and

- Educating parents on the benefits of birth spacing and the range of available family planning methods.

A concerted effort will be needed to reduce child mortality levels substantially.

The ENDSA reveals a contradiction between women's stated wishes and their behavior regarding pregnancy prevention: more than half of all married women do not want any more children or do not want to become pregnant soon and yet are not using any form of family planning. The major reason women give for not using family planning is lack of information. About one in three married women have not heard of a single modern contraceptive method, and two in five women do not know where to obtain modern methods. Many couples experience contraceptive failure, which suggests that they may lack information on correct method usage. Another reason given for not using family planning is religion; some women may be unaware that there are methods consistent with their religious beliefs.

The ENDSA findings suggest that women may be receptive to more information about family planning and are motivated to control
their fertility. In order to enable couples to attain their fertility desires, more extensive family planning programs are needed. Such programs might include:

- Making family planning information and services more widely available in public-sector facilities;
- Informing women and men about the range of available family planning methods, their advantages and disadvantages, and their correct use;
- Promoting male and female sterilization to couples who want no more children;
- Training health workers to assist clients in making reproductive choices and using family planning methods correctly; and
- Educating couples on the benefits of postponing their first birth and spacing subsequent births at least two years apart.

The audience for family planning information and services in Bolivia is broad: married women of all ages and educational levels and from rural and urban areas indicate a strong desire to limit or space births.
## FACT SHEET


<table>
<thead>
<tr>
<th>Population Size (millions) (1988)</th>
<th>6.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Growth Rate (percent) (1988)</td>
<td>2.2-2.6</td>
</tr>
<tr>
<td>Birth Rate (per 1,000 population) (1985-90)</td>
<td>40</td>
</tr>
<tr>
<td>Death Rate (per 1,000 population) (1985-90)</td>
<td>14</td>
</tr>
</tbody>
</table>

National Demographic and Health Survey of Bolivia, 1989

### Sample Population
- Women 15-49: 7,923
- Children under 5: 5,764

### Background Characteristics
- Percent urban: 60.0
- Percent with more than primary education\(^1\): 46.2

### Marriage and Other Fertility Determinants
- Percent currently married: 62.4
- Percent ever-married: 69.3
- Median age at first marriage for women 25-49: 20.3
- Median age at first birth for women 25-49: 21.0
- Mean length of breastfeeding (in months)\(^2\): 16.2
- Mean length of postpartum amenorrhea (in months)\(^2\): 11.0
- Mean length of postpartum abstinence (in months)\(^2\): 6.1

### Fertility
- Total fertility rate (projected completed family size)\(^3\): 4.9
- Mean number of children ever born to women 40-49: 5.6
- Percent of currently married women who are pregnant or amenorrheic: 30.5

### Desire for Children
- Percent of currently married women:
  - Wanting no more children: 67.8
  - Wanting to delay next birth at least 2 years: 9.2
- Mean ideal number of children for women 15-49: 2.6
- Percent of unwanted births\(^4\): 34.7
- Percent of mistimed births\(^5\): 27.3
Knowledge and Use of Family Planning

Percent of currently married women:
- Recognizing any modern method: 67.5
- Knowing source for any modern method: 61.1
- Ever using any method: 45.8
- Currently using any method: 30.3
  - Periodic abstinence: 16.1
  - IUD: 4.8
  - Female sterilization: 4.4
  - Pill: 1.9
  - Withdrawal: 1.0
  - Other traditional methods: 0.9
  - Injection: 0.7
  - Condom: 0.3
  - Diaphragm: 0.1
  - Vasectomy: 0.0

Percent of users of the IUD or female sterilization obtaining method from:
- Private clinics: 40.7
- Public hospitals: 31.1
- Private hospitals: 18.1
- Caja Nacional de Seguros (CNS) and employers: 5.4
- Other government clinics: 4.0
- Other sources: 0.7

Percent of users of the pill, injection, condom or diaphragm obtaining method from:
- Private clinics and hospitals: 43.5
- Pharmacy: 34.8
- Public hospitals and clinics: 14.8
- Friends and relatives: 5.2
- Caja Nacional de Seguros (CNS) and other employers: 1.2
- Other: 0.4

Mortality and Health

Infant mortality rate: 96-102
Under five mortality rate: 142

Percent of mothers of recent births who:
- Received prenatal care during pregnancy: 47.0
- Received tetanus toxoid injection during pregnancy: 20.1
- Were assisted at delivery by doctor or trained nurse/midwife: 42.2

Percent of children age 0-1 month breastfed: 92.0
Percent of children age 4-5 months breastfed: 83.6
Percent of children age 10-11 months breastfed: 77.1
Percent of children under five years of age with health cards: 19.4
Percent of children age 12-23 months with health cards: 23.0
Percent of children age 12-23 months with health cards who have received the following vaccines:

- BCG: 62.3
- DPT (all three doses): 51.2
- Polio (all three doses): 57.1
- Measles: 72.5
- All six vaccines: 33.3

Percent of children under age 5:

- With diarrhea: 28.0
- Proportion with diarrhea given ORS packets: 23.4
- With respiratory problems: 20.3
- Proportion with respiratory problems consulting medical facility: 32.5

Percent of mothers who have heard of ORS packets: 68.0

Percent of children under age 5 classified as chronically undernourished, based on height-for-age: 38.3

1. 6 or more years of education
2. Current status estimate based on births within 36 months of the survey
3. Based on births to women 15-49 years during the period 0-4 years before the survey.
4. Percent of births in the 5 years before the survey which were unwanted
5. Percent of births in the 5 years before the survey which were wanted later
6. Deaths of infants under age 1 per 1000 live births; rates are for the 10-year period preceding the survey (approximately 1979-1989)
7. Deaths of children under age 5 per 1000 live births; rates are for the 10-year period preceding the survey (approximately 1979-1989)
8. Based on births occurring during the five years before the survey
9. Based on children under age 5 reported by their mothers as having diarrhea during the two weeks before the survey
10. Based on children under age 5 reported by their mothers as having a cough accompanied by difficult or rapid breathing during the two weeks before the survey
Figure 1
Child Mortality by Residence, 1979-1989

Deaths under age 5 per 1000 births

Deaths under age 1 per 1000 births

<table>
<thead>
<tr>
<th>Residence</th>
<th>Less than 2 years</th>
<th>2 to 3 years</th>
<th>4 years or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>142</td>
<td>154</td>
<td>43</td>
</tr>
<tr>
<td>Rural</td>
<td>168</td>
<td>77</td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>114</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Bolivia ENDSA 1989

Figure 2
Birthspacing and Infant Mortality 1979-1989

Deaths under age 1 per 1000 births

<table>
<thead>
<tr>
<th>Years Separating Births</th>
<th>Less than 2 years</th>
<th>2 to 3 years</th>
<th>4 years or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>160</td>
<td>154</td>
<td>43</td>
</tr>
<tr>
<td>Rural</td>
<td>168</td>
<td>77</td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>114</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Bolivia ENDSA 1969
Figure 3
Causes of Child Death According to the Mother's Report
(Deaths among children born during the 5 years before the survey)

- Diarrhea: 36%
- Respiratory Problems: 28%
- Tetanus and Measles: 4%
- Other Causes and No Answer: 21%
- Birth Injuries and Childbirth Complications: 11%
- Other Causes and No Answer: 21%

Figure 4
Assistance During Childbirth
(Based on births in 5 years before the survey)

- Doctor: 38%
- Nurse: 4%
- Midwife: 12%
- No one: 5%
- Relative or other*: 41%

*B includes 0.4% with no information

Bolivia ENDSA 1989
Figure 5
Treatment of Childhood Diarrhea
(Children under age 5, based on most recent episode of diarrhea)

<table>
<thead>
<tr>
<th>Treatment Method</th>
<th>Percent of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORS Home Pills, Consultation No</td>
<td>30</td>
</tr>
<tr>
<td>Oral Rehydration Therapy</td>
<td>26</td>
</tr>
<tr>
<td>Pills, Syrups and Injections</td>
<td>22</td>
</tr>
<tr>
<td>No Treatment</td>
<td>0</td>
</tr>
</tbody>
</table>

Bolivia ENDSA 1989

*Total greater than 100 due to multiple responses

Figure 6
Child Undernutrition by Residence
(Percent of children age 3-36 months classified as moderately or severely undernourished according to their height-for-age ratio)

<table>
<thead>
<tr>
<th>Residence</th>
<th>Percent of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>36</td>
</tr>
<tr>
<td>Rural</td>
<td>45</td>
</tr>
<tr>
<td>Urban</td>
<td>32</td>
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<tr>
<td>International Reference Population</td>
<td>2</td>
</tr>
</tbody>
</table>

Bolivia ENDSA 1989

* Based on standard deviations from international reference population
Figure 7
Past, Current and Ideal Family Size

Number of children

<table>
<thead>
<tr>
<th>Education</th>
<th>Total Fertility Rate *</th>
<th>Average Ideal Family Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Ever Born (Women 40-49)</td>
<td>5.6</td>
<td>2.6</td>
</tr>
<tr>
<td>Total Fertility Rate * (Women 15-49)</td>
<td>4.9</td>
<td></td>
</tr>
</tbody>
</table>

*Projected completed family size

Bolivia ENDSA 1989

Figure 8
Actual and Ideal Family Size by Education
(Women 15-49)

Number of children

<table>
<thead>
<tr>
<th>Education</th>
<th>Total Fertility Rate *</th>
<th>Ideal Family Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>4.9</td>
<td>2.6</td>
</tr>
<tr>
<td>No Education</td>
<td>6.1</td>
<td>2.8</td>
</tr>
<tr>
<td>1-5 years (Basico)</td>
<td>5.9</td>
<td>2.6</td>
</tr>
<tr>
<td>6-8 years (Inter-medio)</td>
<td>4.5</td>
<td>2.5</td>
</tr>
<tr>
<td>9 or more years (medio o más)</td>
<td>2.6</td>
<td>2.6</td>
</tr>
</tbody>
</table>

*Projected completed family size

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Figure 9
Reproductive Intentions
(Married Women 15-49)

- Wants Soon: 10%
- Wants Later: 9%
- Undecided: 4%
- Sterilized and Infertile: 9%
- Wants No More: 68%

Figure 10
Age at First Birth
(Percent of women 15-49 by age at first birth)

- Percent of women:
  - 14 or 15-17: 15
  - 18-19: 16
  - 20-21: 14
  - 22-24: 12
  - 25 or older: 10

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Figure 11
Current Use of Family Planning by Method
(Currently Married Women 15-49)
- IUD 5%
- Sterilization 4%
- Other Modern Methods* 3%
- Periodic Abstinence 16%
- Other Traditional Methods** 2%
- Not Using 70%

* Includes pill, injection, condom and diaphragm
** Includes withdrawal and others

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Figure 12
Reasons for Non-Use of Contraception
(Women 15-49 at Risk of Unintended Pregnancy)
- Religion 20%
- Lack of Knowledge 36%
- Disapproval 4%
- Accessibility and Cost 4%
- Method Inconvenient to Use 7%
- Low Risk* 12%
- Do Not Know 9%
- Other Reasons 6%

* Considers self at low risk of pregnancy due to infrequent sexual relations, menopause, infertility or post-partum amenorrhea

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