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# WOMEN'S LIVES & EXPERIENCES

*A decade of research*

*findings from the*

*Demographic and*

*Health Surveys Program*

## WOMEN'S LIVES & EXPERIENCES

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## THE DEMOGRAPHIC AND HEALTH SURVEYS PROGRAM

The Demographic and Health Surveys (DHS) program is one of the world's single largest sources of information on women. DHS provides a statistical portrait of women's lives and experiences in more than 40 developing countries. Since 1984, the DHS program has interviewed over 360,000 women and 35,000 men. Combined, the survey respondents represent the experiences of more than 280 million women of reproductive age.

The results are a vital resource for decision-makers worldwide who seek to understand and improve the living conditions and life opportunities of women and their families. The surveys provide information on basic national indicators of social progress, including fertility, mortality, family planning, maternal and child health, household living conditions, and educational attainment. In some countries, DHS has produced the first information of its kind on these indicators, providing new data on women's experiences and living conditions.

Over the years, DHS has been among the first survey programs to document positive changes in women's health and well-being in many countries. DHS research has provided evidence of:

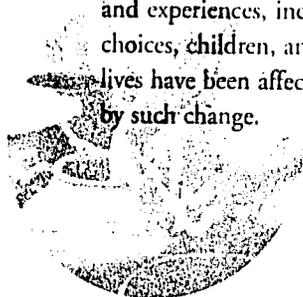
- increases in educational attainment among women in all regions;
- sharp fertility declines in many countries, including some in sub-Saharan Africa;
- decreases in desired family size and increases in modern contraceptive use;
- increases in age at first marriage and age at first birth;
- greater access to medical care during pregnancy; and
- improved survival of children.

In short, DHS has found that increasing numbers of women are gaining access to the means by which they can better their lives and those of their children.

At the same time, DHS also depicts the extent to which many women's lives have not changed over time.

- In 13 countries, more than half of reproductive age women have no education.
- In 14 countries, at least half of women marry before age 18.
- In 18 countries, women receive medical assistance at delivery for fewer than half of births.
- In 10 countries, fewer than half of married women know a source for a contraceptive.
- In 22 countries, more than one-fourth of married women have "unmet need" for contraception.
- In 30 countries, at least one-fourth of women have experienced the death of a young child.

This report summarizes information on different dimensions of women's lives and experiences, including education, relationships, childbearing experiences, childbearing choices, children, and home life. The results reflect both the experiences of women whose lives have been affected by positive change and of women whose lives are as yet untouched by such change.



**EDUCATION**



**ACCESS TO EDUCATION** Education does more than equip a woman to be an informed mother: It enables her to better meet her needs and the needs of all who depend on her. Education has consistently been linked to real and lasting improvements in women's lives. Generally, more educated women have better health, living conditions, and life opportunities than their less educated counterparts.

*Yet, in half of the countries surveyed, at least one out of three women ages 15 to 49 has no education at all.*

Women living in Latin America and the Caribbean have the highest probability of being educated. The exception is Guatemala, where more than one-third of women are uneducated.

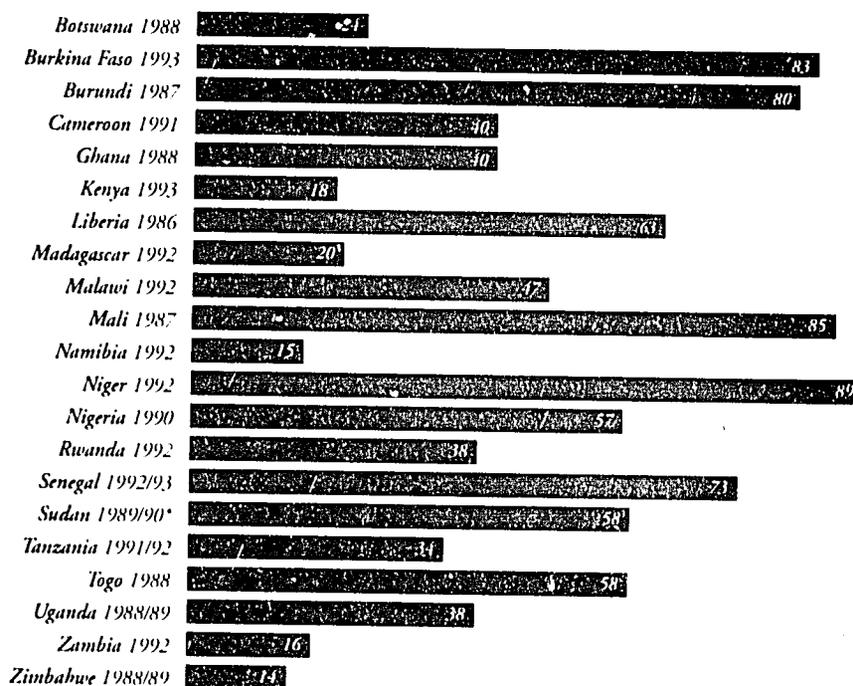
Many women in sub-Saharan Africa, Asia, and the Near East have never attended school. In 13 countries in these regions, more than half of the women surveyed have no education at all. Approximately four out of five reproductive age women in Burkina Faso, Burundi, Mali, Niger, Pakistan, and Yemen have never attended school.



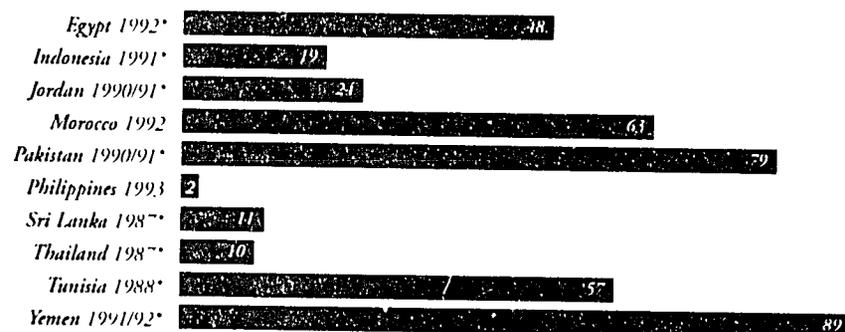
# EDUCATIONAL STATUS

Percentage of women 15 to 49 with no education

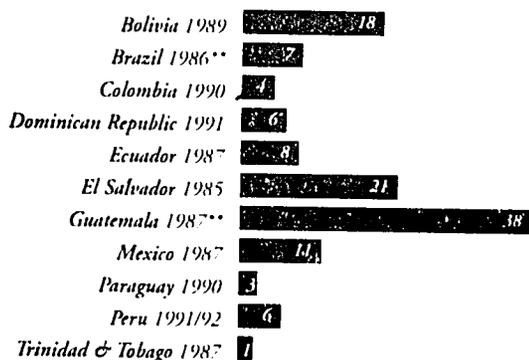
## SUB-SAHARAN AFRICA



## ASIA/NEAR EAST



## LATIN AMERICA/CARIBBEAN



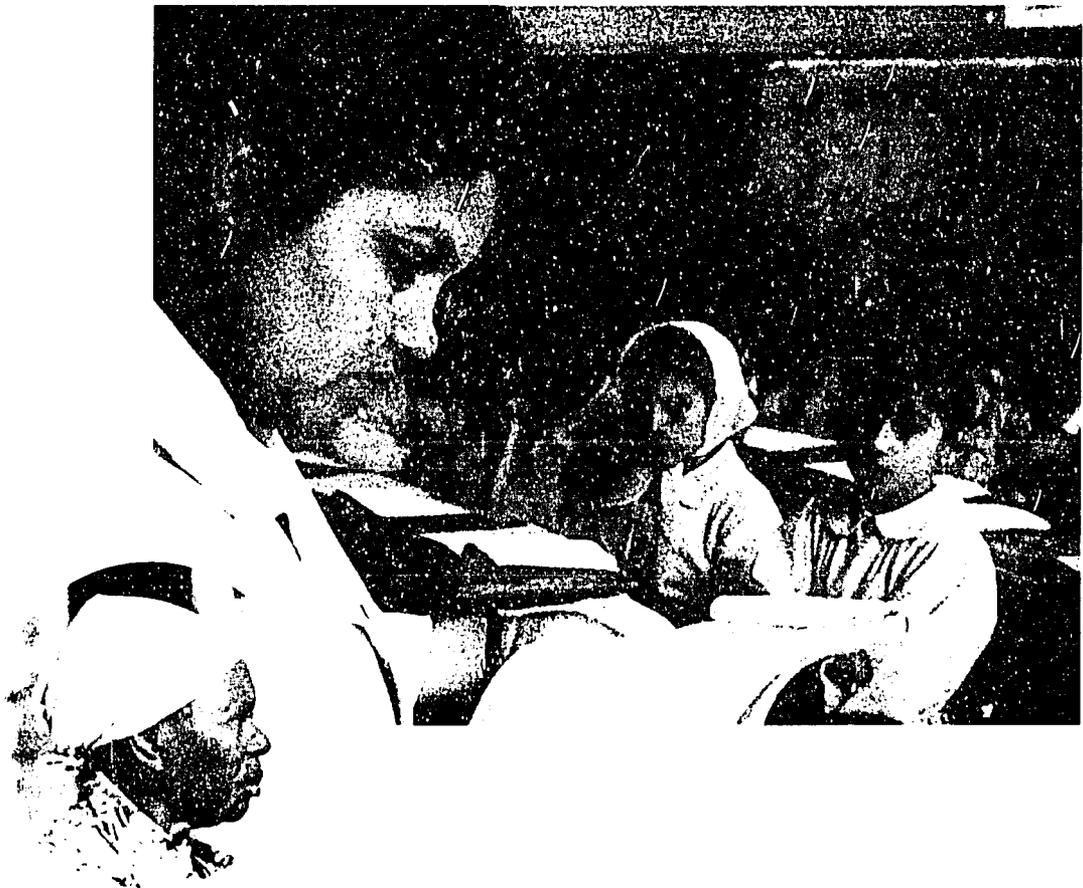
\* Ever-married women  
 \*\* Women 15 to 44

0 50 100

**EDUCATION AMONG YOUNGER AND OLDER WOMEN** *Women's access to education has been increasing over time: In all countries surveyed, younger women are more likely to have some education than older women.*

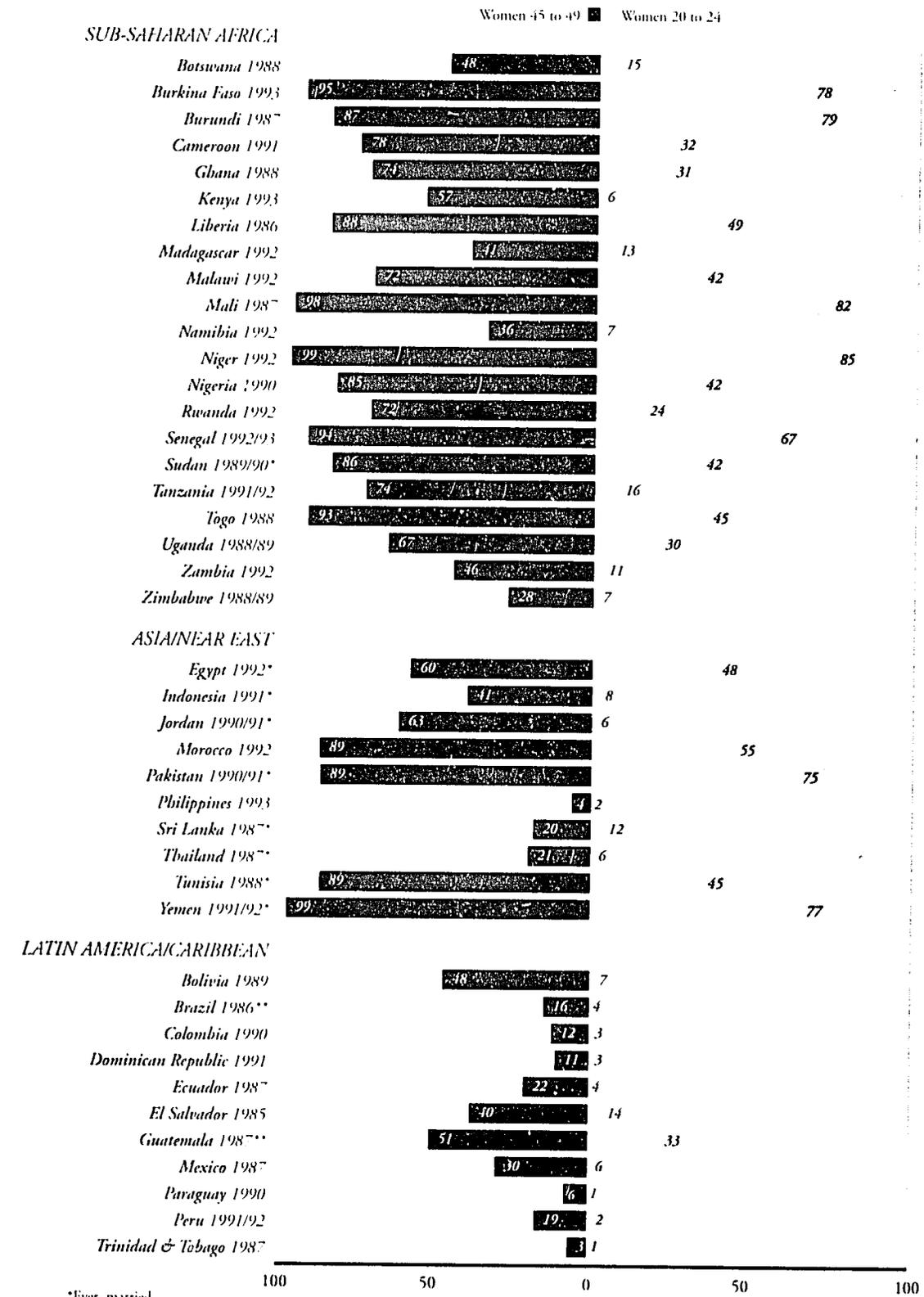
The increase in female education has been striking. In 27 out of 42 countries, the proportion of women ages 20 to 24 with no education is less than half that for women ages 45 to 49. Among the countries surveyed, the most dramatic improvements in female education have been made in Jordan, Kenya, and Tanzania. In Tanzania, for instance, 74 percent of women in the older age group have never been to school, compared to 16 percent of the younger women.

Change, however, has been minimal in a number of countries. In Burkina Faso, Burundi, Mali, Niger, Pakistan, and Yemen, at least 75 percent of women, even among the 15- to 24-year-olds, have never been to school.



# TRENDS IN EDUCATIONAL STATUS

Percentage of women 45 to 49 and women 20 to 24 with no education



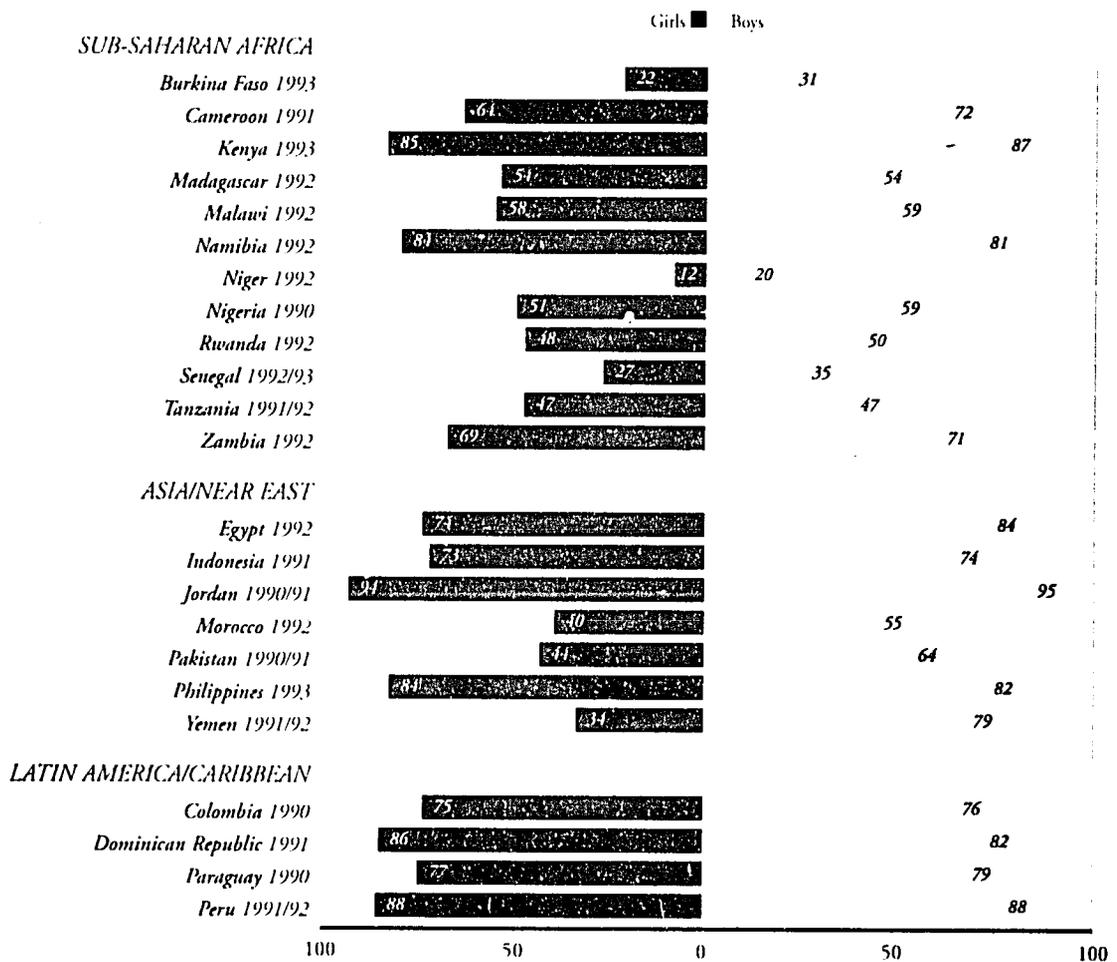
\*Ever-married  
\*\*Women 40 to 44

**SCHOOL ENROLLMENT** *In the majority of countries surveyed, more than half of girls ages 6 to 15 are enrolled in school. The notable exceptions are Burkina Faso, Niger, and Senegal, where fewer than 30 percent of girls ages 6 to 15 are enrolled in school.*

At the younger ages, girls are nearly as likely as boys to be in school. The difference in enrollment rates between boys and girls is 10 percentage points or more in only four countries: Egypt, Morocco, Pakistan, and Yemen. Yemen has the most marked differences in school attendance, with 79 percent of boys enrolled in school, compared to 34 percent of girls.

## SCHOOL ENROLLMENT AMONG CHILDREN

Percentage of children 6 to 15 attending school



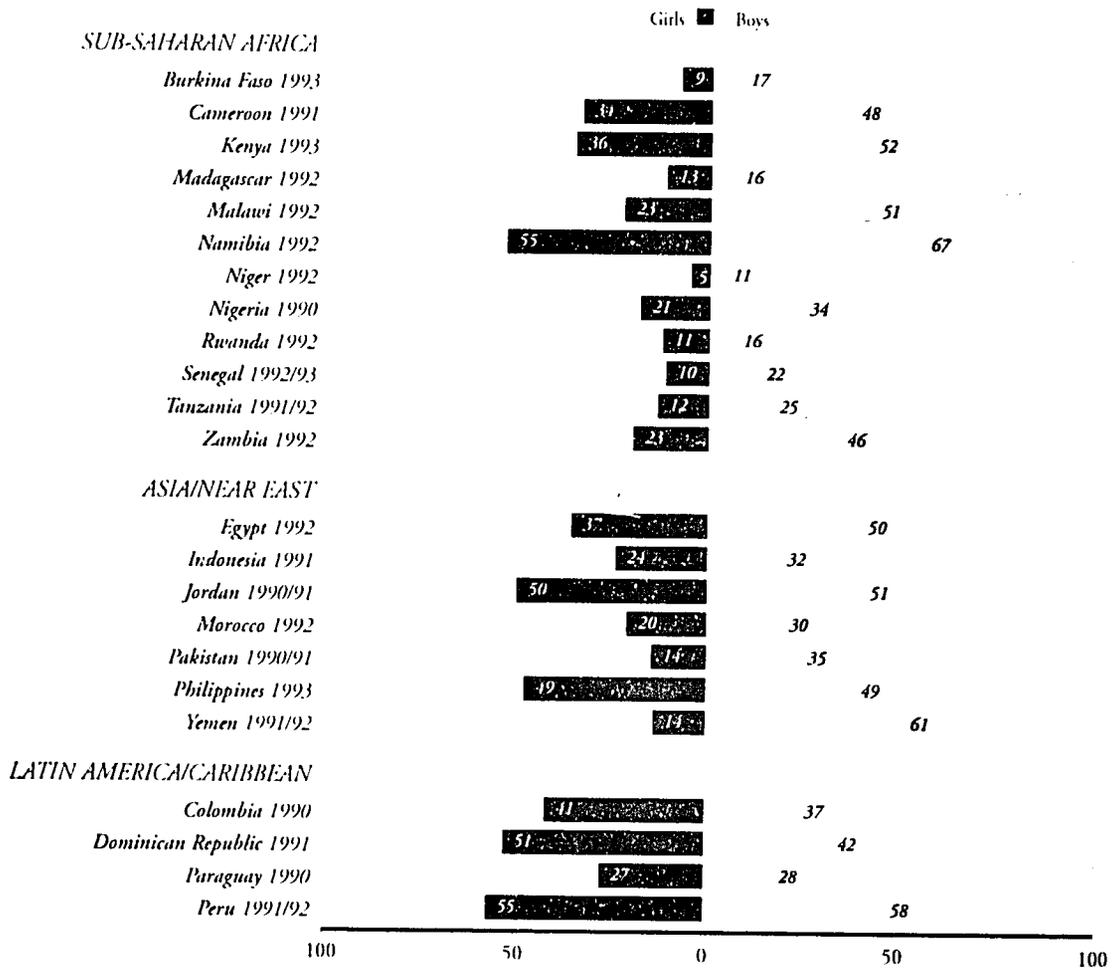
**SCHOOL ENROLLMENT AMONG YOUNG ADULTS** *By the mid-teenage years, fewer girls are in school than boys in nearly every country surveyed in sub-Saharan Africa, Asia, and the Near East.*

From the ages of 16 to 20, the rates of school enrollment fall for both boys and girls, but the decline is much sharper for girls. The much lower enrollment of girls in higher education is consistent with the continued emphasis on domestic roles for girls and women, teenage marriages, and early childbearing.

In Latin America, however, school enrollment at these ages is similar for girls and boys.



**SCHOOL ENROLLMENT AMONG YOUNG ADULTS**  
Percentage of young adults 16 to 20 attending school



# RELATIONSHIPS



**WOMEN IN UNION** From the teenage years onward, the majority of women are married.\*

*In around one-fourth of the countries surveyed, at least 70 percent of reproductive age women are in union.*

Single women are particularly rare in Niger and Mali, where upwards of 85 percent of women between ages 15 and 49 are in union. In contrast, in Botswana and Namibia, the majority of women remain single; only 39 and 42 percent of women, respectively, report that they are married.

In most of the surveyed countries, 10 percent or less of reproductive age women are divorced, widowed, or separated.

\*Throughout report, marriage refers to women who are either formally married or are living with a partner.

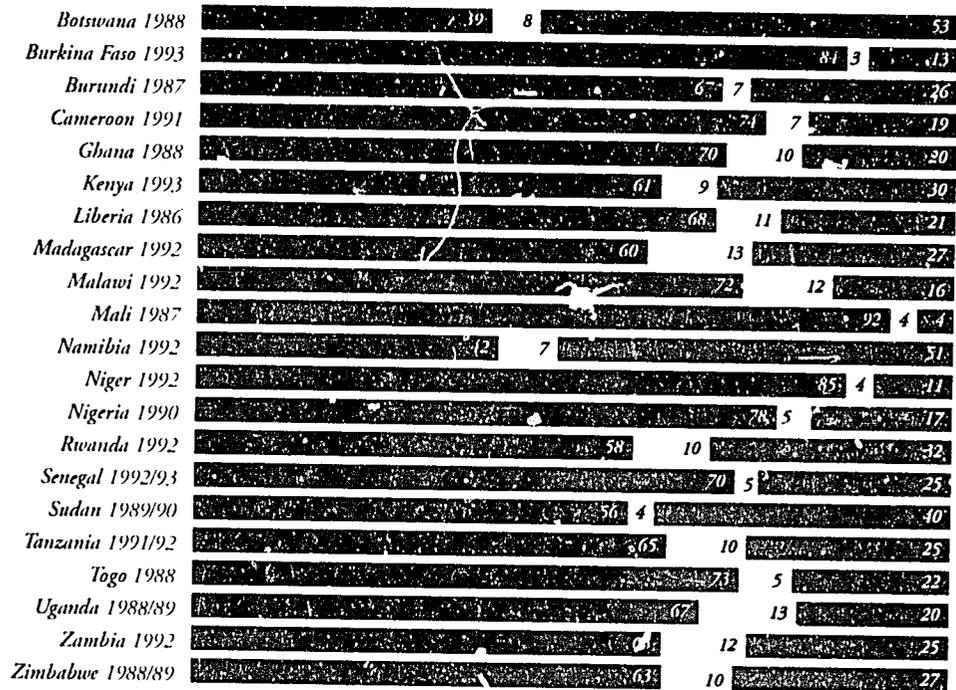


# MARITAL STATUS

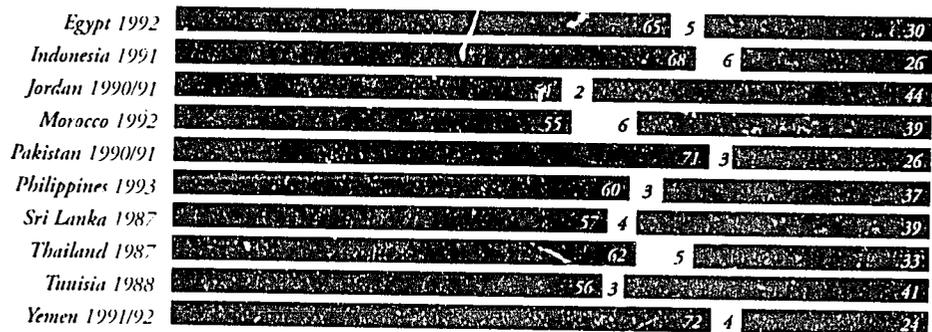
Percent distribution of women 15 to 49 by marital status

■ Married/Living Together  
 ■ Widowed/Divorced/Separated  
 ■ Never Married

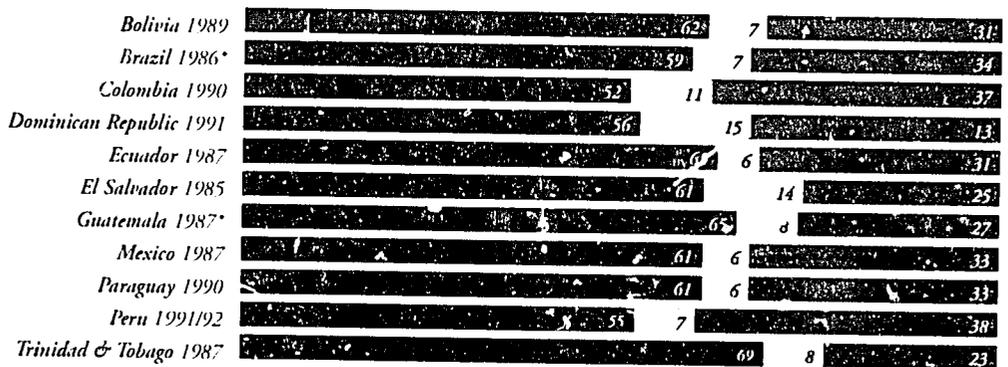
## SUB-SAHARAN AFRICA



## ASIA/NEAR EAST



## LATIN AMERICA/CARIBBEAN



0 25 50 75 100

\*Women 15 to 44

**POLYGyny AND MARRIAGE WITH RELATIVES** In some countries, traditional marital practices are prevalent: Substantial numbers of women are married to men who have more than one wife or are married to blood relatives.

In a number of countries in sub-Saharan Africa, many women are married to men who have more than one wife. *More than 40 percent of women ages 15 to 49 are in polygynous marriages in Burkina Faso, Mali, Nigeria, Senegal, and Togo.*

Marriages between relatives are also common in various countries. Women in consanguineous unions typically marry earlier in life, have more children, and have higher mortality rates among their children than women married to nonrelatives. Consanguineous marriages are usually arranged marriages.

In Pakistan, which is reported to have one of the highest rates of consanguineous marriage in the world, 63 percent of women are married to a relative, usually a first or second cousin.

**WOMEN 15 TO 49 MARRIED  
TO RELATIVES**

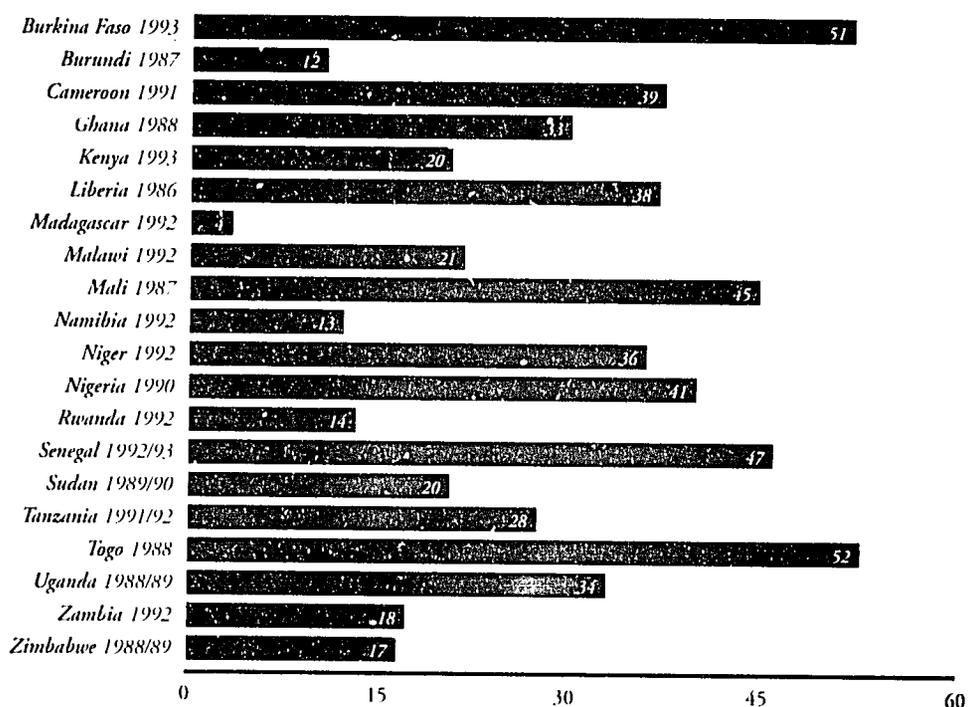
Egypt, 1992	40%
Pakistan, 1990/91	63%
Tunisia, 1988	49%
Yemen, 1991/92*	36%

\*Refers to first husband



## POLYGYNY IN SUB-SAHARAN AFRICA

Percentage of currently married women 15 to 49 in a polygynous union\*



\*Women in polygynous unions are married to men who have other wives.



**WHEN WOMEN FIRST MARRY** Many women go straight from teenage life to married life. Typically, women spend little or almost no time single as adults prior to their first marriage.

The age at which a woman marries often affects the rest of her life, influencing her level of education obtained, her participation in the labor force, and the number of children she has.

In 14 out of 42 countries surveyed, at least half of women were married before age 18. Some women were barely out of childhood. *In Mali, Niger, and Yemen, the median age at marriage is approximately 15 years: One-half of women in these countries were married before they reached age 16.*

Teenage brides are relatively rare in only two sub-Saharan countries surveyed. The median ages at first marriage in Botswana and Namibia are approximately 24 and 25, respectively.

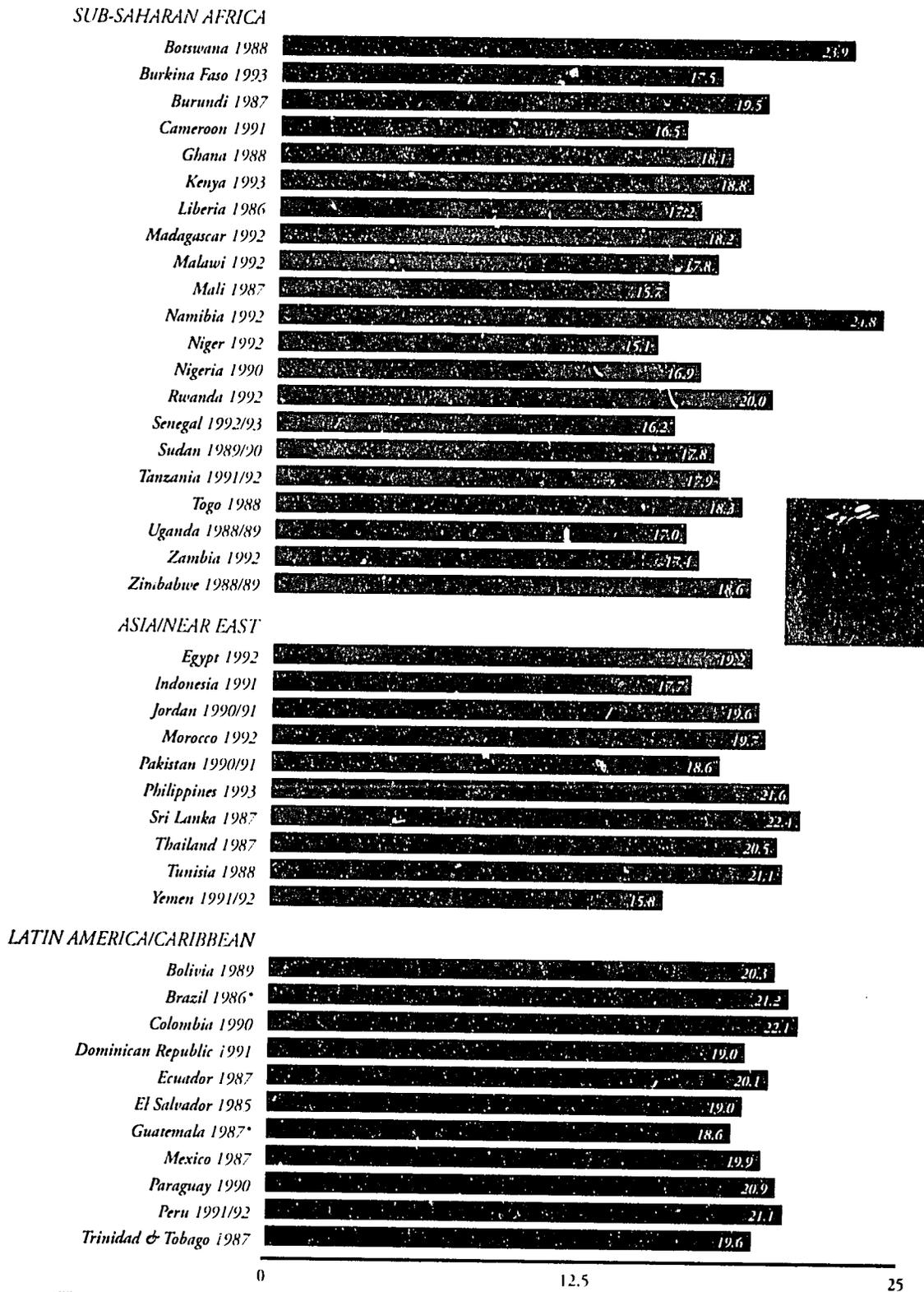
Outside of sub-Saharan Africa, women tend to marry slightly later in life. The median age at marriage is 20 years or older in four out of 10 countries surveyed in Asia and the Near East.

Among women in Latin America and the Caribbean, the median age at first marriage is 20 years or higher in six out of 11 countries surveyed.



## AGE AT FIRST MARRIAGE

Median age at first marriage among women 25 to 49



## PREMARITAL SEXUAL ACTIVITY *On average, women in the countries surveyed are sexually active before they are married and first have sexual intercourse as teenagers.*

Social custom, however, often discourages premarital sex and places family planning services outside the reach of teenagers. Many of the young women engaging in premarital sex are at increased risk of unwanted pregnancy, sexually transmitted disease, and school dropout.

Among the sub-Saharan countries, young women first have intercourse about a year and a half before they marry. On average, young women in these countries have sex for the first time between ages 16 and 17 and get married between 18 and 19. There is a great deal of variation within the region. The difference between the median ages at first intercourse and first marriage is less than two months in Mali and Niger, but more than seven years in Botswana.

In Latin America and the Caribbean, the average difference between age at first sexual intercourse and age at first marriage is approximately one year. Women tend to have intercourse and marry at older ages in this region than in sub-Saharan Africa.

In Indonesia and the Philippines, there is a much closer correspondence among younger women between marriage age and the age at first sexual intercourse.

## AIDS

In a number of countries, AIDS poses one of the gravest threats to women's health and well-being.

Recent results from a few sub-Saharan countries suggest that while most women have heard of AIDS, many are not adequately informed. Only 63 percent of Zambian women, for instance, believe that the disease is preventable. In the countries surveyed, relatively few of the women who have heard of AIDS mention condom use as a preventive measure. In Senegal, more than 60 percent of women can name a preventive measure, but only 6 percent mention condom use.

More commonly, women mention limiting partners or staying with one partner as preventive measures. Monogamy, however, may not afford a woman protection if her partner has multiple partners. While sexual behavior is difficult to measure, men are much more likely to report multiple partners than women in the countries surveyed. In Kenya and Tanzania, for instance, more than 25 percent of men reported having multiple partners in a recent period, compared to less than 6 percent of women.

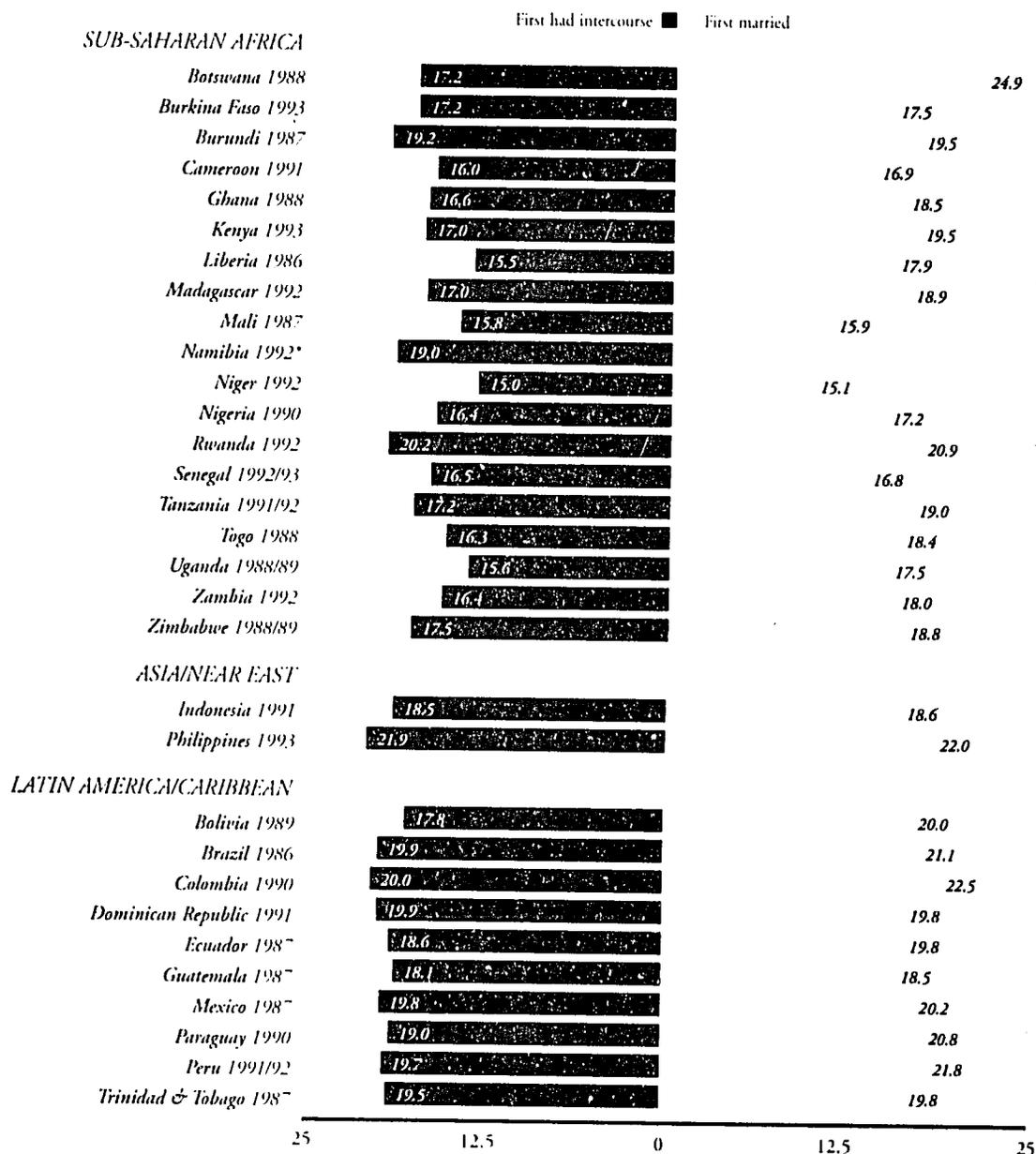
Within their relationships, many women are at a disadvantage in protecting themselves. Some may not be in a position to negotiate condom use, sexual activity, or the fidelity of their partners. In the countries surveyed, men also tend to know more about AIDS. In Burkina Faso, 84 percent of men know that the disease is sexually transmitted, compared to 61 percent of women. Typically, men report that most of their information on AIDS comes from the mass media, while women tend to report less reliable primary sources, such as friends and relatives.

Surveys in sub-Saharan countries with AIDS information:

- Botswana, 1988
- Burkina Faso, 1993
- Kenya, 1993
- Malawi, 1992
- Senegal, 1992/93
- Tanzania, 1991/2
- Zambia, 1992
- Zimbabwe, 1988/89

# PREMARITAL SEXUAL ACTIVITY

Median age at first intercourse and first marriage among women 25 to 29



\*Median age at first marriage omitted because less than 50 percent married by age 25.

# CHILDBEARING EXPERIENCES



**WHEN WOMEN BECOME MOTHERS** Many women who enter marriage as teen brides soon become teen mothers.

*In 17 of the 21 countries surveyed in sub-Saharan Africa, at least half of women had their first child before 20 years of age.*

As is the case in much of the world, early childbearing often restricts a woman's opportunities. Women who postpone motherhood until after the teen years are more likely to have fewer children and stay in school longer.

Women in other regions tend to become mothers somewhat later than their counterparts in sub-Saharan Africa. *In 19 of 20 countries surveyed in the other regions, the median age at first birth among women is at least 20.*

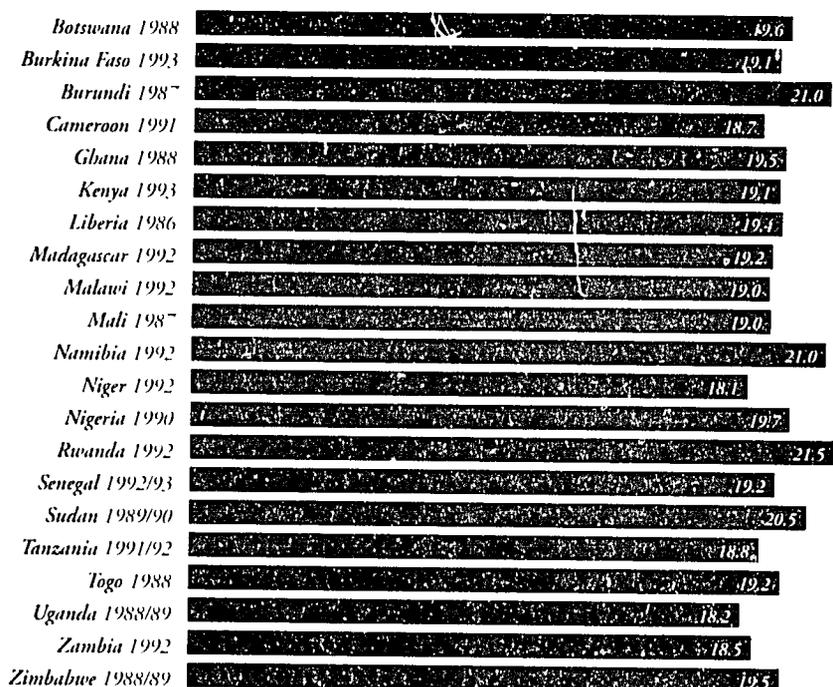
The majority of these women have their first child when they are in their early twenties. In Sri Lanka, half of women are 24 or older when they have their first child. The exception is Guatemala, where the median age at first birth is 19.9 years.



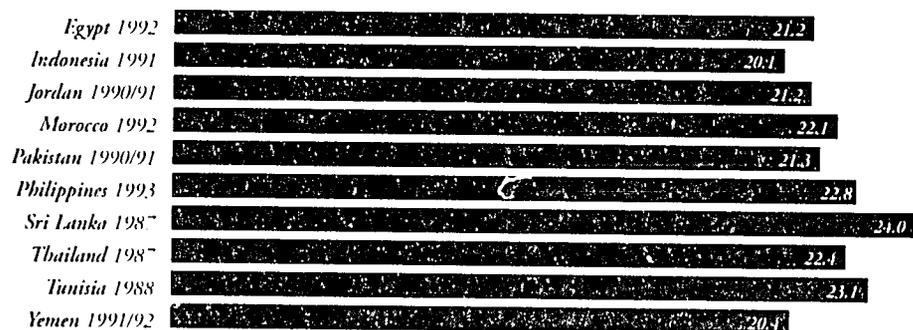
## AGE AT FIRST BIRTH

Median age at first birth among women 25 to 49

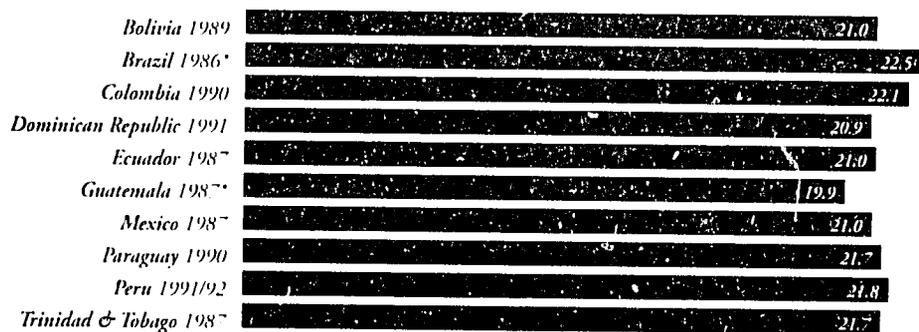
### SUB-SAHARAN AFRICA



### ASIA/NEAR EAST



### LATIN AMERICA/CARIBBEAN



0

12.5

25

\*Women 25 to 44

**FAMILY SIZE** When women become mothers early in life, they also tend to have more children.

Overall, women in sub-Saharan Africa have more children than anywhere else in the world. In 15 of the 21 countries surveyed in the region, women have an average of six or more children. Women in Mali, Niger, and Uganda have more than seven children on average. The fertility rates are strikingly lower in Botswana, Kenya, Namibia, Sudan, and Zimbabwe, where women have an average of about five children.

*Although the highest fertility rate is found in Yemen, where women have an average of close to eight children, family size elsewhere in Asia and the Near East is much smaller.*

The average woman in Sri Lanka or Thailand, for instance, might have two or three children. Women in Latin America and the Caribbean also have smaller families. Most women in these countries might have three or four children, except in Bolivia and Guatemala, where women have five or more children.

Even though fertility has declined in many countries, most women are still having larger families than those in more developed regions, where the fertility rate is estimated at 1.7 children per woman.\*

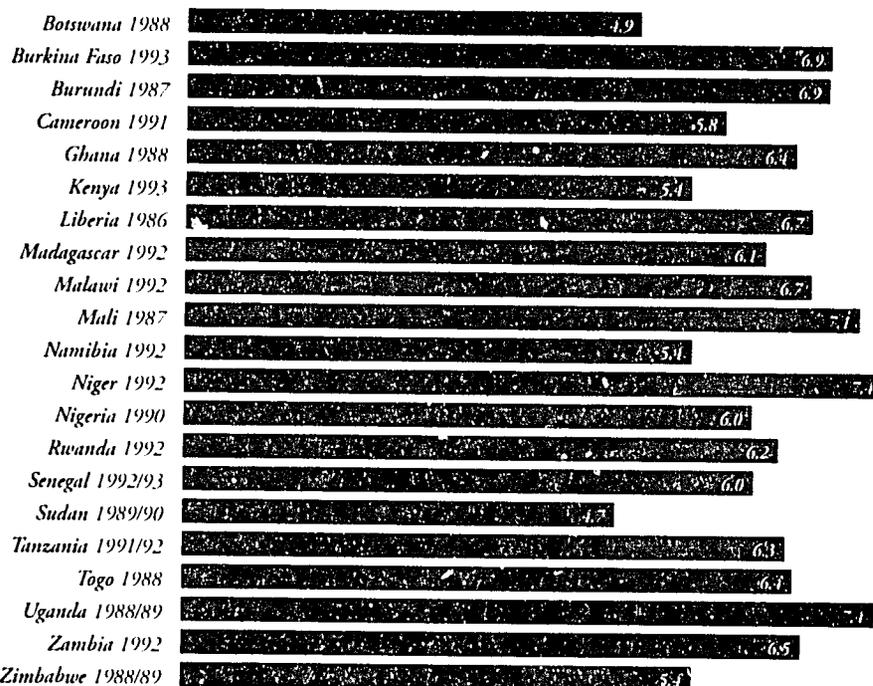


\*World Population Data Sheet, Population Reference Bureau. Washington, D.C., April, 1994.

## TOTAL FERTILITY RATE\*

Average number of births per woman 15 to 49\*\*

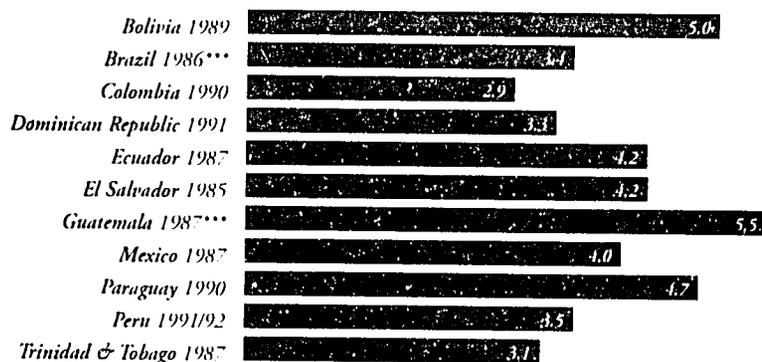
### SUB-SAHARAN AFRICA



### ASIA/NEAR EAST



### LATIN AMERICA/CARIBBEAN



\*The total fertility rate is the number of children a woman would bear in her lifetime if current age-specific fertility rates remain constant.

\*\*Refers to three years preceding the survey except for Niger and Pakistan, where rates refer to six years preceding the survey.

\*\*\*Women 15 to 44

**DURATION OF CHILDBEARING PERIOD** *For many women, motherhood is the defining feature of adult life: Typically, a woman in the countries surveyed might spend anywhere from 11 to 20 years in childbearing.*

In the sub-Saharan countries, women nearing the end of their childbearing period had an average span of 16 to 20 years between their first and last child. These women might have had a first child at around 19 years of age and their last child at 38 or 39.

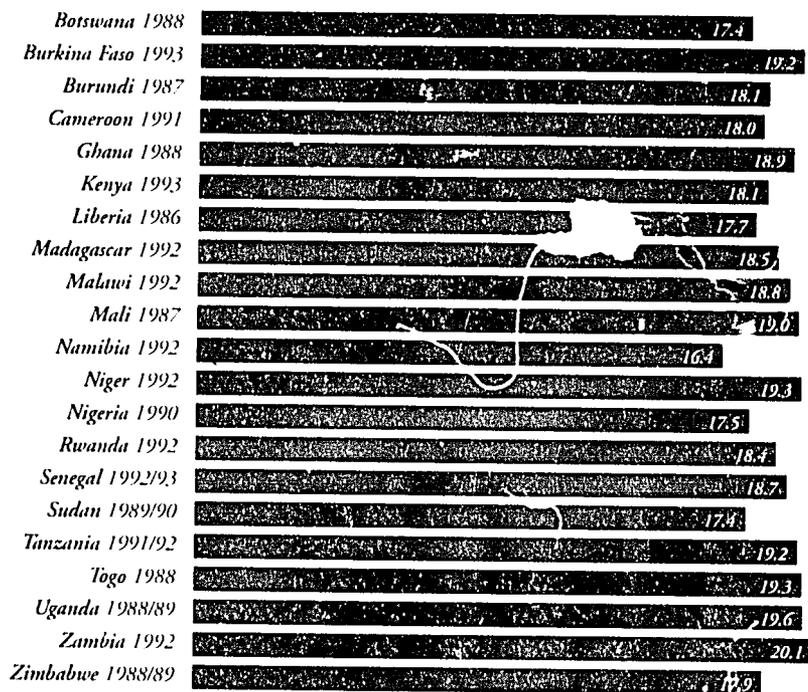
Women in other regions, however, typically spend less of their adult lives in childbearing. In Asia, the Near East, and Latin America and the Caribbean, the average time women spend in childbearing ranges from 11 to 17 years.



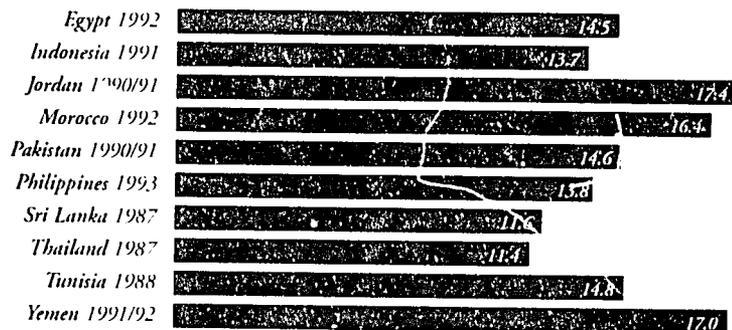
## DURATION OF CHILDBEARING PERIOD

Average number of years between first and last births among ever-married women 40 to 49

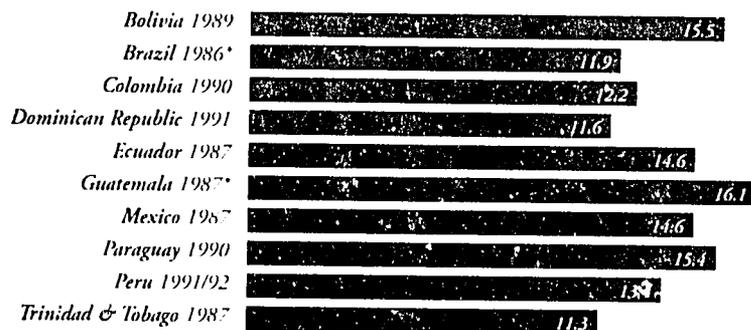
### SUB-SAHARAN AFRICA



### ASIA/NEAR EAST



### LATIN AMERICA/CARIBBEAN



0

12.5

25

\*Ever-married women 40 to 44

**TIME WOMEN SPEND WITH YOUNG CHILDREN** *Women spend many years caring for young children who require close attention.* In sub-Saharan African countries, women spend between 15 and 23 years of their lives with at least one child under age six.

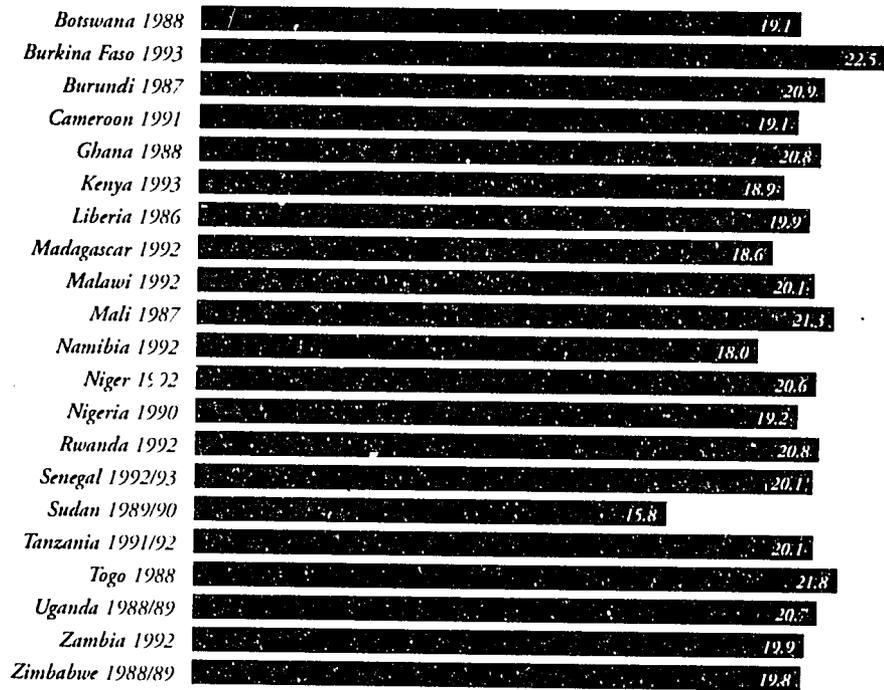
In the other regions, where fertility rates are typically lower, women spend between 10 and 21 years of their lives caring for young children. The shortest period was found in Thailand, where women spend 10.5 years caring for small children.



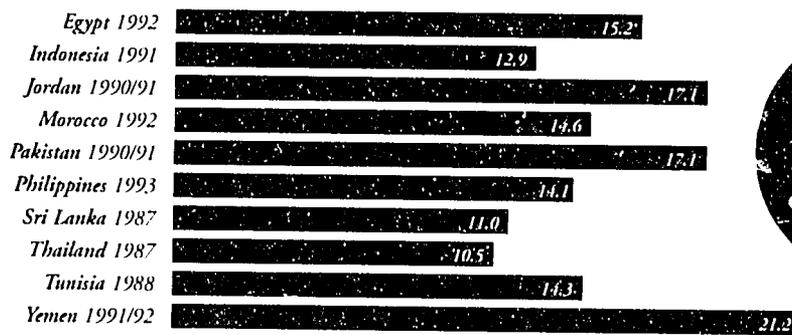
## TIME WOMEN SPEND WITH YOUNG CHILDREN

Number of years women 15 to 49 spend with a child under age 6\*

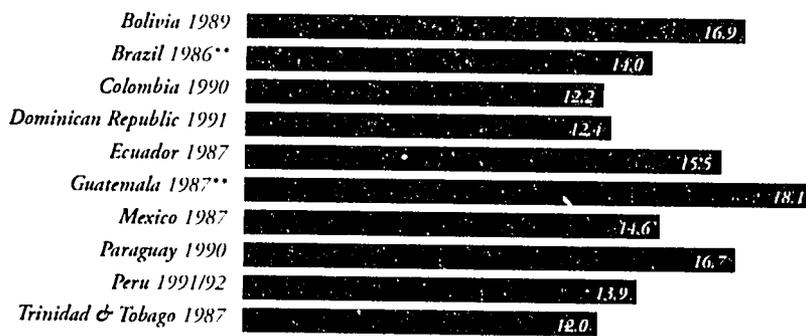
### SUB-SAHARAN AFRICA



### ASIA/NEAR EAST



### LATIN AMERICA/CARIBBEAN



0 12.5 25

\*Average number of years between ages 15 to 49 a woman would spend with at least one child under age six if current age-specific proportions of women with a child under six remain constant.

\*\*Women 15 to 44

**CHILDBEARING TRENDS** In many countries, women are spending fewer years having children. Factors such as later age at marriage and increased use of contraception contribute to lower fertility and less time in childbearing.

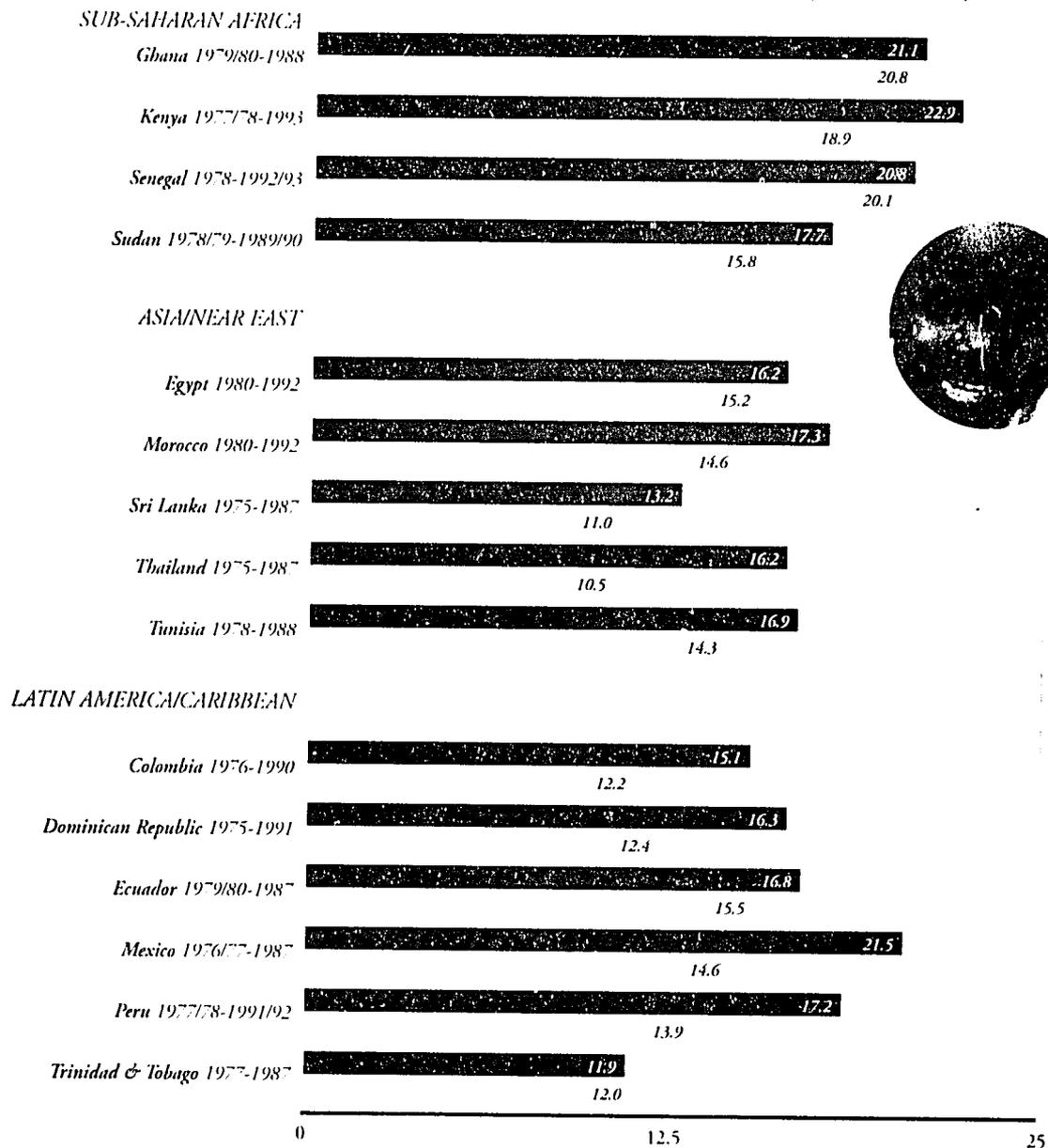
*Comparisons with previous surveys indicate that the total years women spend with small children has decreased by more than two years in nine out of 15 countries surveyed. The declines are more substantial in some countries. In Mexico, for instance, the time women spend caring for at least one child under age six fell by almost one-third, from 21.5 years in 1976 to 14.6 years in 1987.*



# TRENDS IN TIME WOMEN SPEND WITH YOUNG CHILDREN

Number of years women 15 to 49 spend with a child under age 6\*

WFS: World Fertility Survey ■ DHS: Demographic and Health Survey



\*Average number of years a woman between the ages of 15 and 49 would spend with at least one child under six if current age-specific proportions of women with a child under six remain constant.

**WOMEN AT RISK IN CHILDBEARING** For women in the childbearing years, pregnancy-related complications can pose some of the greatest hazards to health and well-being. Even with the technology to make motherhood safer, pregnancy-related complications continue to result in serious illness and premature death among women and their children.

High-risk births are those for which the mother:

- is under 18 years of age at the time of the birth ("too young");
- is over 34 years of age at the time of the birth ("too old");
- has had a previous live birth within the past 24 months ("too soon"); or
- has already had three or more live births ("too many").

These characteristics can affect the survival chances of both child and mother. Mortality rates are often higher among those children whose mothers have one or more of the above risk factors. Additionally, the mother faces a greater chance of dying if she is "too young," "too old," or has had "too many" children at the time of birth.

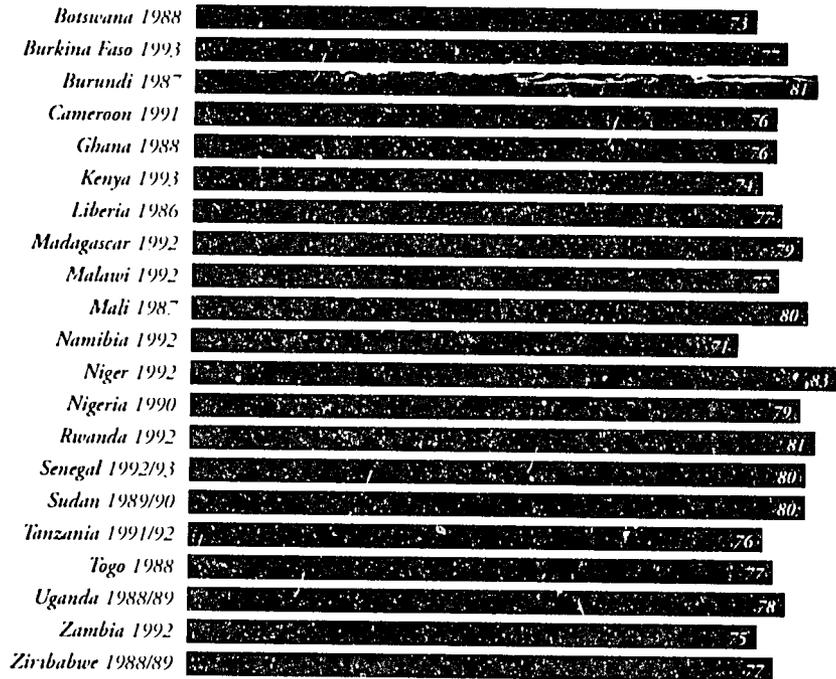
*In 35 out of 42 countries surveyed, 60 percent or more currently married women fall into at least one of these high-risk categories.*



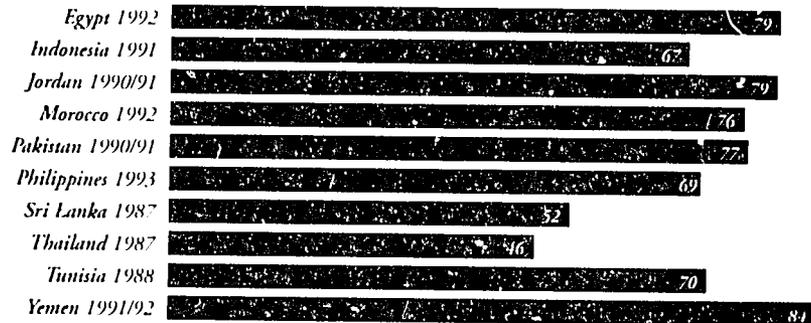
## WOMEN AT RISK

Percentage of currently married women 15 to 49 in at least one high-risk birth category

### SUB-SAHARAN AFRICA



### ASIA/NEAR EAST



### LATIN AMERICA/CARIBBEAN



0 25 50 75 100

\*Currently married women 15 to 44

**MATERNAL MORTALITY** *Some women cannot take for granted that they will survive a pregnancy.* Little, however, is actually known about how many women die and what goes wrong in their pregnancies.

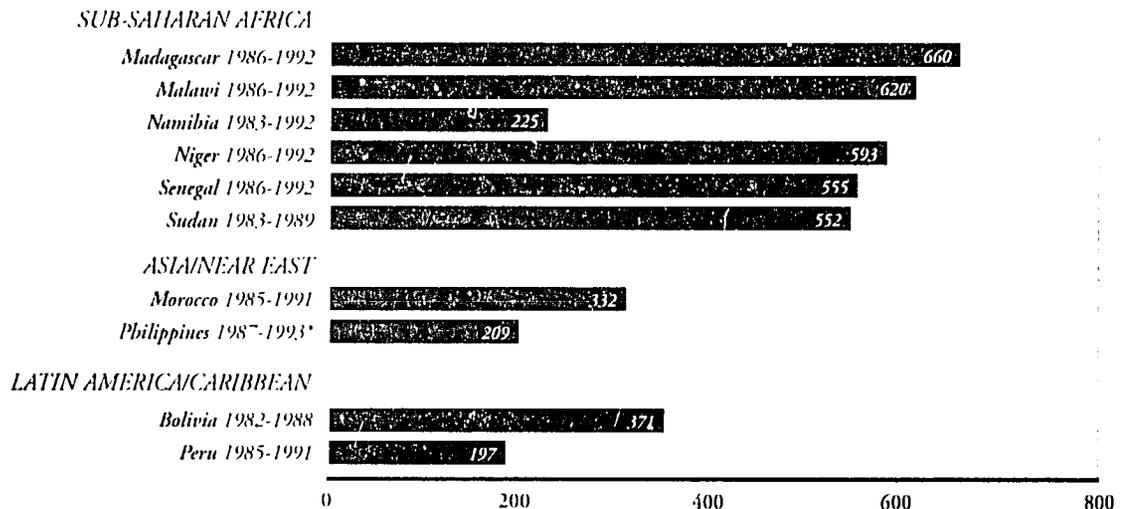
In five out of the six sub-Saharan Africa countries surveyed, more than 500 women died per 100,000 births.

Maternal mortality ratios were lower in Bolivia, Morocco, Namibia, Peru, and the Philippines, ranging from 197 to 371 deaths per 100,000 births. In contrast, the risk of pregnancy-related death for women in developed countries is estimated at less than 30 per 100,000 births.\*



## MATERNAL MORTALITY

Maternal deaths per 100,000 live births



\*Ratio adjusted for ever pregnant

\*Lettenmaier, C., Liskin, L., Church, C., and Harris, J. *Mothers' Lives Matter: Maternal Health in the Community*. Population Reports, Series L, Number 7, p. 2. Baltimore, Johns Hopkins University, Population Information Program, September, 1988.

## **THE PHILIPPINES NATIONAL SAFE MOTHERHOOD SURVEY**

The Philippines National Safe Motherhood Survey investigated women's reproductive health status. Survey findings revealed that more than one out of 10 women experienced at least one major complication during a recent birth. About one-half of the births to women with serious complications took place at a medical facility, where women are more likely to receive potentially life-saving professional care. In contrast, 28 percent of normal deliveries occurred in a health facility.

Most women in the Philippines give birth at home, typically assisted by a traditional birth attendant or a trained nurse/midwife. If a woman giving birth at home experiences complications during delivery, it is critical that she be referred to a health facility. Half of the women who experienced complications, however, were not referred to a health facility by the person providing delivery assistance.

### **1993 NATIONAL SAFE MOTHERHOOD SURVEY RESULTS**

*Findings are based on women's reports of pregnancies that took place in the three-year period prior to the survey.*

- Women who reported symptoms of at least one major obstetric complication (hemorrhage, obstructed labor, infection or eclampsia) *12 percent*
- Proportion of births to women with complications that occurred in health facilities *51 percent*
- Proportion of births to women without complications that occurred in health facilities *28 percent*
- Percent of women in labor more than 12 hours who were referred to a hospital or clinic *48 percent*
- Percent of women with excessive bleeding during delivery who were referred to a hospital or clinic *55 percent*

## HEALTH CARE DURING PREGNANCY AND CHILDBIRTH

Childbearing might take its heaviest toll on those women with the least access to maternity care services.

Prenatal care, which ranges from nutrition education to monitoring for potential complications, increases the likelihood of a healthy pregnancy and baby. Doctors generally recommend that women start prenatal care at three months of pregnancy and make a total of about 12 visits.

*In 10 out of 41 countries surveyed, women received prenatal care for at least 90 percent of their recent births.* In seven other countries, however, fewer than half of births were covered by prenatal care. Women were more likely to receive prenatal care from nurses or midwives than from doctors.

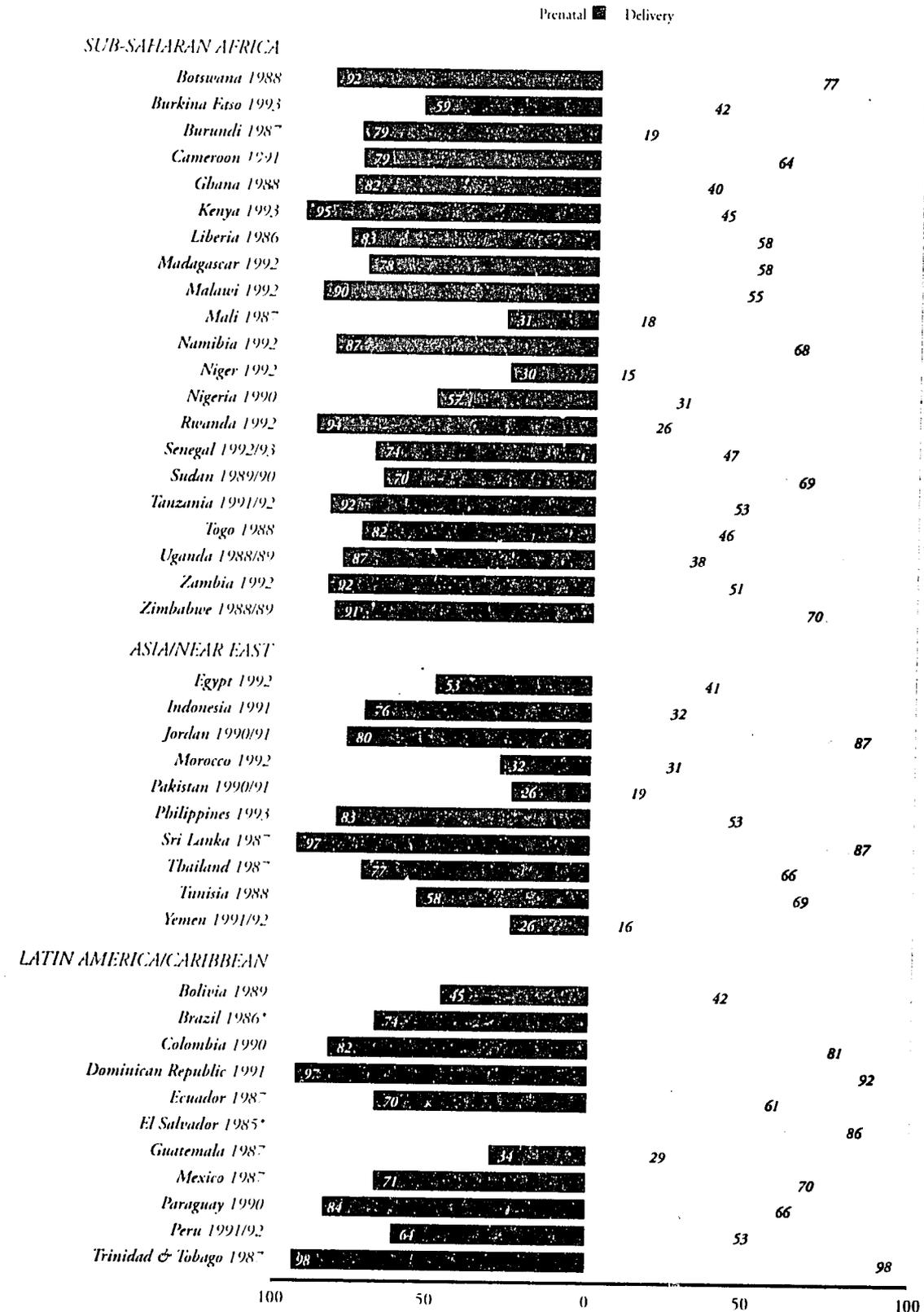
Professional assistance at childbirth is also important, especially since a number of pregnancy-related complications cannot be predicted in advance.

Many women, however, deliver children without the assistance of a trained professional such as a doctor, nurse, or midwife. *In 18 countries, women received professional medical assistance for fewer than half of deliveries.* Women in only two countries, the Dominican Republic and Trinidad and Tobago, received delivery care for more than 90 percent of their recent births.



# HEALTH CARE DURING PREGNANCY AND CHILDBIRTH

Percentage of births during five years preceding survey receiving medical care



\*Data not collected in survey

# CHILDBEARING CHOICES



**UNWANTED PREGNANCY** In many countries, women are engaged in childbearing for the better part of their adult lives. To what extent are women having the number of children they want? Generally, women say that the majority of births are desired. *In 24 out of 42 countries surveyed, however, women report an average of at least one unwanted birth.*

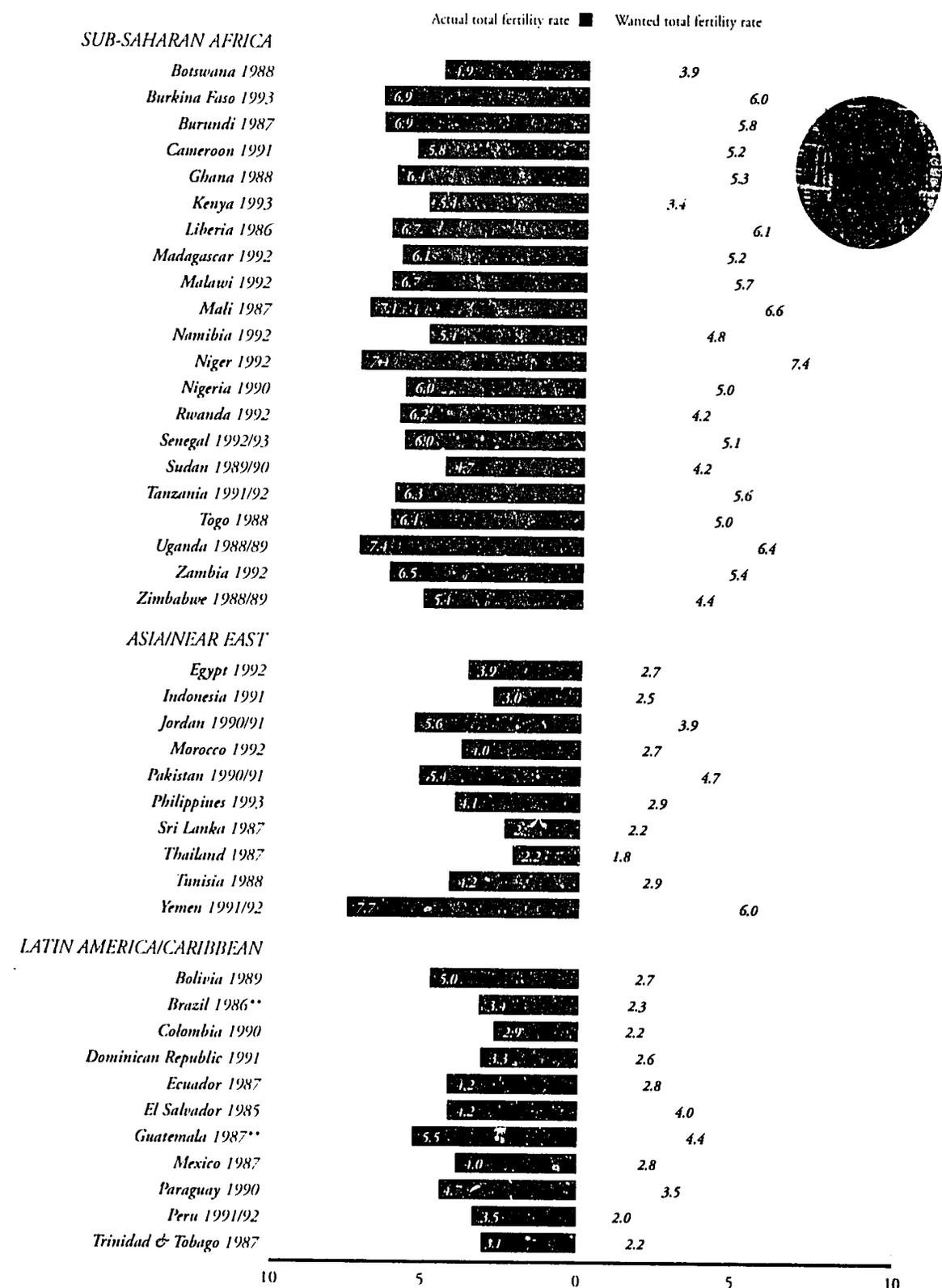
When asked about their ideal family size, Kenyan women report having an average of two births more than desired. In 16 other sub-Saharan countries with higher fertility rates than Kenya, however, women report a lower average number of unwanted births. Women in Niger, where the fertility rate is 7.4 births per woman, identify all pregnancies as wanted.

In Latin America, Asia, and the Near East, unwanted fertility ranges from an average of 0.2 births per woman in El Salvador to 2.3 births in Bolivia. In Yemen, with the highest fertility among all the countries surveyed, the ideal family size women report is nearly two children less than the actual fertility rate.



# WANTED FERTILITY

Total fertility rates and wanted fertility rates for women 15 to 49\*



\*Rates refer to three years preceding survey except for Niger and Pakistan, where rates refer to six years preceding survey.

\*\*Women 15 to 44

**IDEAL FAMILY SIZE** On average, women want smaller families than they did in the past.

Recent survey findings reveal that the number of children women consider ideal has declined over time in every country surveyed. *In eight out of 20 countries, women report an average ideal family size that is at least one child less than the ideal that women reported 10 to 15 years earlier.*

Even in countries where women have historically wanted the most children, the survey findings reveal decreases in the ideal family size. In 1977, Kenyan women reported an average ideal family size of 7.2 children. By 1993, the ideal family size among women - 3.9 - was substantially smaller. Among the countries surveyed, the largest decreases in ideal family size over time have taken place in Kenya, Senegal, and Jordan.

Although ideal family size is declining, many women continue to want at least three children. Among the countries for which trend information is available, only four - Egypt, Thailand, Colombia, and Peru - currently have an ideal family size that is under three children. In sub-Saharan Africa, women generally report an ideal family size of five or six children, but in some countries it is as high as seven.

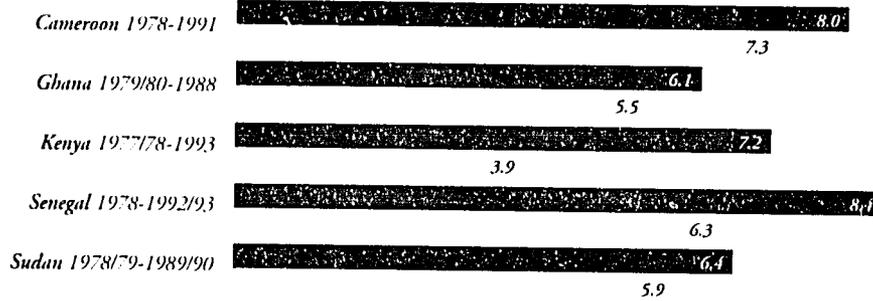


## TRENDS IN IDEAL FAMILY SIZE

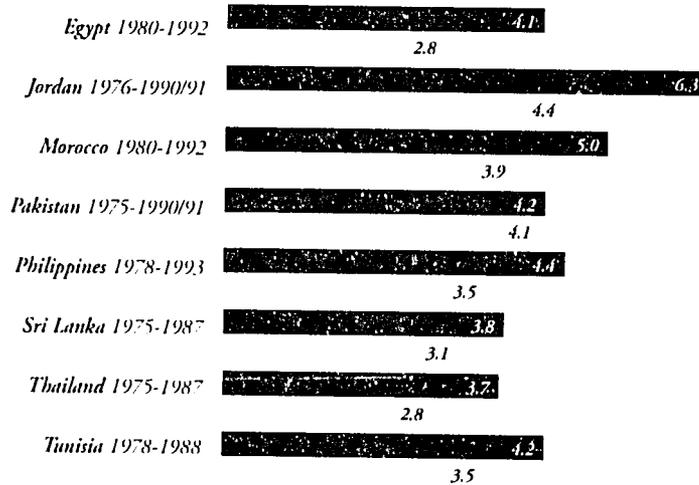
Mean desired number of children among currently married women 15 to 49

WFS-World Fertility Survey ■ DHS-Demographic and Health Survey

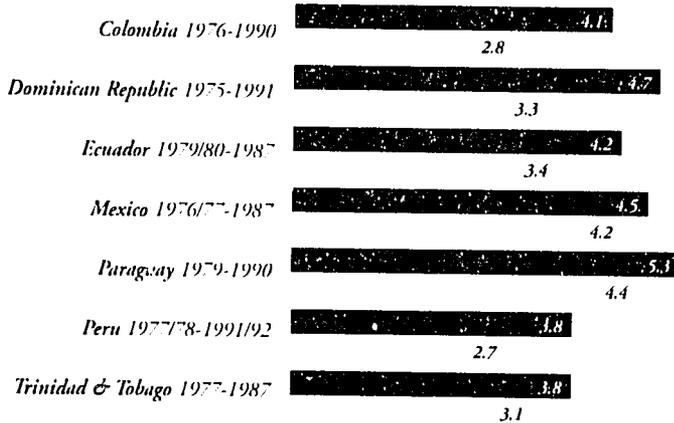
### SUB-SAHARAN AFRICA



### ASIA/NEAR EAST



### LATIN AMERICA/CARIBBEAN



0 5 10

**KNOWLEDGE OF CONTRACEPTION AMONG WOMEN** Contraception provides a means for women to gain greater control over their reproductive lives, enabling them to have as many children as they want and when they choose. Before family planning can be a viable option, however, women need to know of a contraceptive method and source.

Overall, awareness among women about contraception is high. In 21 out of 42 countries surveyed, 95 percent or more of women have heard of at least one traditional or modern method. In most other countries, 70 percent or more of women know of at least one method. Notable exceptions are Mali and Nigeria, where less than 45 percent of married women are aware of any contraceptive method.

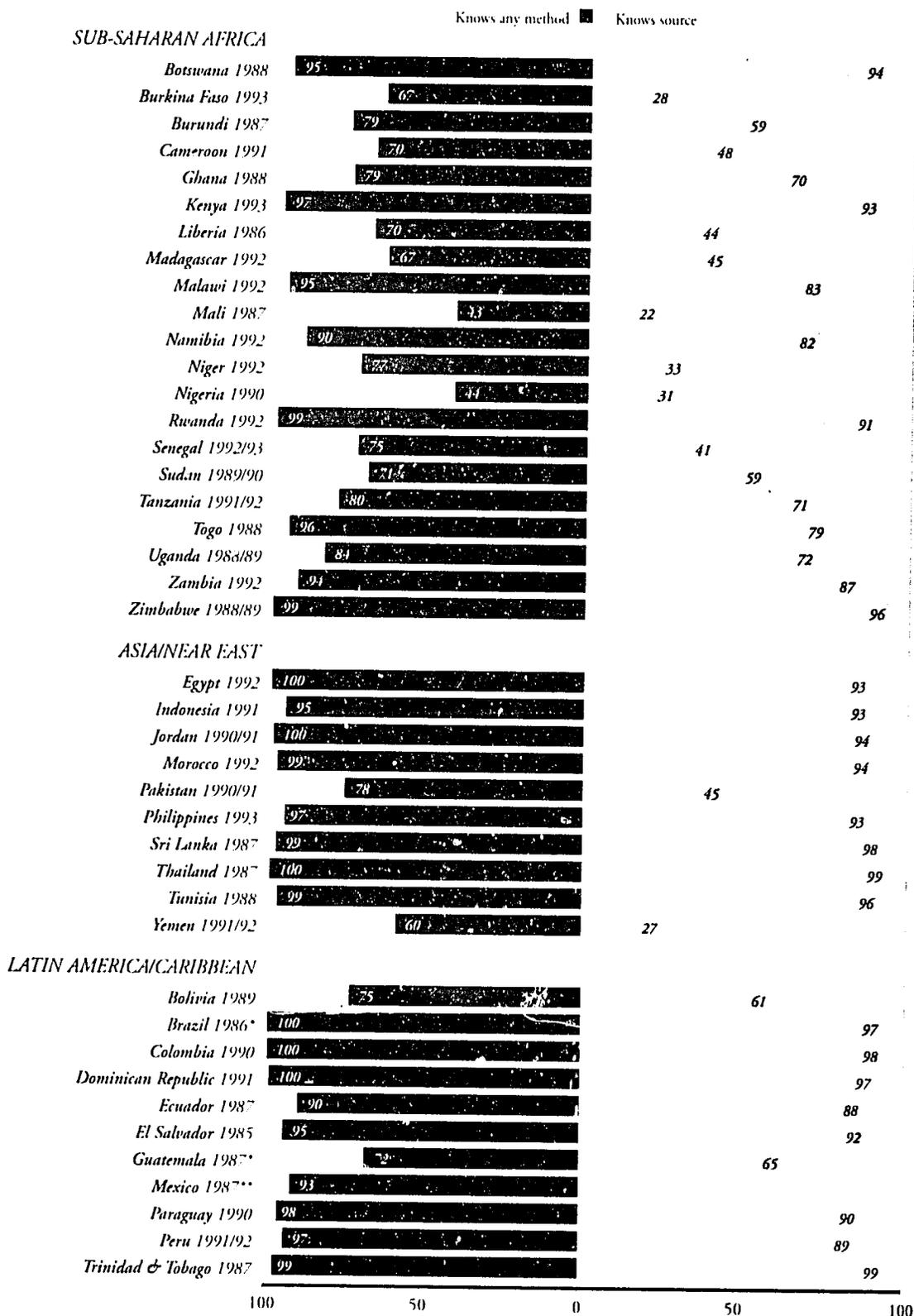
While many women are aware of a method, knowledge of a source for family planning methods is not nearly so widespread. Many women do not have the information that would enable them to find a modern method of contraception. *In eight of 21 countries surveyed in sub-Saharan Africa, less than half of married women ages 15 to 49 know where to obtain a single modern method.* In contrast, in Botswana, Kenya, Rwanda, and Zimbabwe, more than 90 percent of women know a source.

In 14 out of 20 countries surveyed in other regions, at least 90 percent of women know of a source for family planning. In Pakistan and Yemen, fewer than half of women know a source, and in Bolivia and Guatemala, fewer than 66 percent of women know where to obtain a modern method of contraception.



# CONTRACEPTIVE KNOWLEDGE

Percentage of currently married women 15 to 49



\*Currently married women 15 to 44

\*\*Data not collected in survey

## CONTRACEPTIVE USE AMONG WOMEN

More women than ever before are using contraception to space births and achieve their desired family size.

*Among the countries surveyed, women in Asia, the Near East, and parts of Latin America are most likely to use contraception.*

Contraceptive use among married women approaches or surpasses 50 percent in 13 out of 21 countries surveyed in these regions. In Brazil, Colombia, and Thailand, two-thirds of women use contraception. Only women in Bolivia, Guatemala, Pakistan, and Yemen report significantly lower use of family planning. Where contraception is widely used, women tend to rely on modern methods such as the pill, IUD, and female sterilization.

Even though contraceptive use has increased in some sub-Saharan countries, women in this region are least likely to use family planning. Fewer than 10 percent of married women report using family planning in 9 out of 21 countries surveyed. Substantially more women, however, are using family planning in Botswana, Kenya, Namibia, and Zimbabwe: At least 25 percent of women in these countries report using modern contraception.

## DISCONTINUATION OF CONTRACEPTIVE USE AMONG WOMEN

The results from several countries suggest that anywhere from 25 to 50 percent of women stop using a method of contraception within a year of starting. A number of reasons may underlie a woman's decision to discontinue use. She and her husband, for instance, might want another child. Of more concern to family planning programs, her decision could be related to dissatisfaction with the contraceptive or to improper use of the method. When many women discontinue use soon after starting, it may be a sign that family planning counseling and follow-up services need strengthening.

## CONTRACEPTIVE DISCONTINUATION

Percentage of users discontinuing during the first year of use

<i>ASIA/NEAR EAST</i>		<i>LATIN AMERICA/CARIBBEAN</i>	
<i>Egypt 1992</i>	29	<i>Colombia 1990</i>	39
<i>Indonesia 1991</i>	27	<i>Dominican Republic 1991</i>	53
<i>Jordan 1990/91</i>	44	<i>Paraguay 1990</i>	57
<i>Morocco 1992</i>	39	<i>Peru 1991/92</i>	47
<i>Philippines 1993</i>	35		

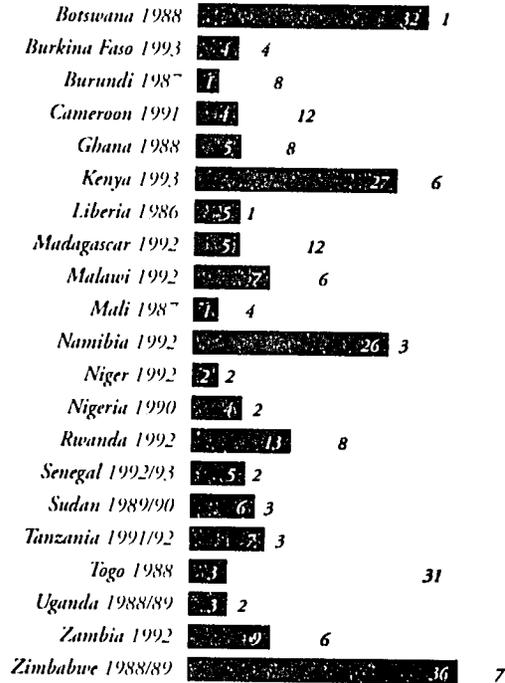
Note: Calculations based on life tables

# CONTRACEPTIVE USE

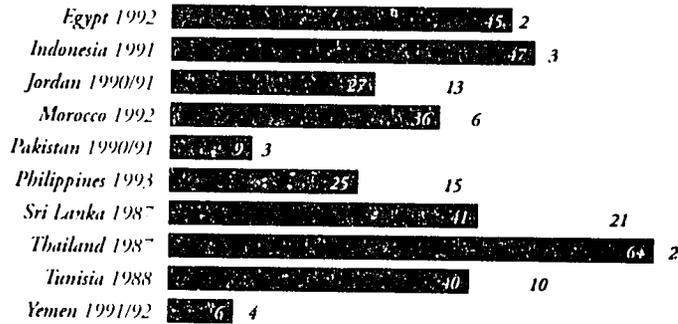
Percentage of currently married women 15 to 49 using a contraceptive method

Modern method\* ■ Traditional method\*\*

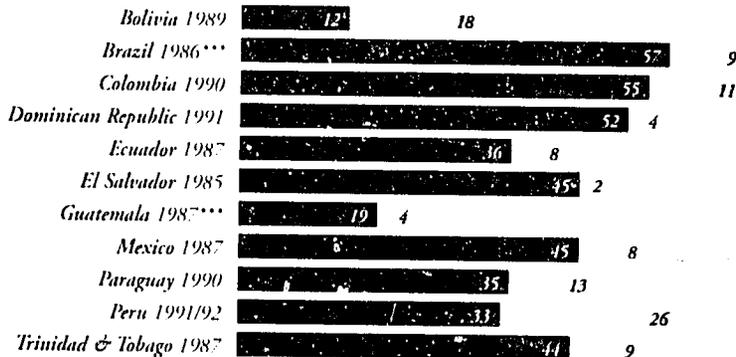
## SUB-SAHARAN AFRICA



## ASIA/NEAR EAST



## LATIN AMERICA/CARIBBEAN



0 25 50 75 100

\*Pill, injection, IUD, condoms, vaginal methods, male sterilization, and female sterilization

\*\*Periodic abstinence, withdrawal, prolonged abstinence, herbs, and other methods

\*\*\*Currently married women 15 to 44

## THE POTENTIAL NEED FOR CONTRACEPTION AMONG WOMEN

In every country surveyed, a sizable number of women say that they would like to stop having children or wait at least two years before having their next child. Many of these women are not using contraception. These women are said to have an unmet need for family planning services.

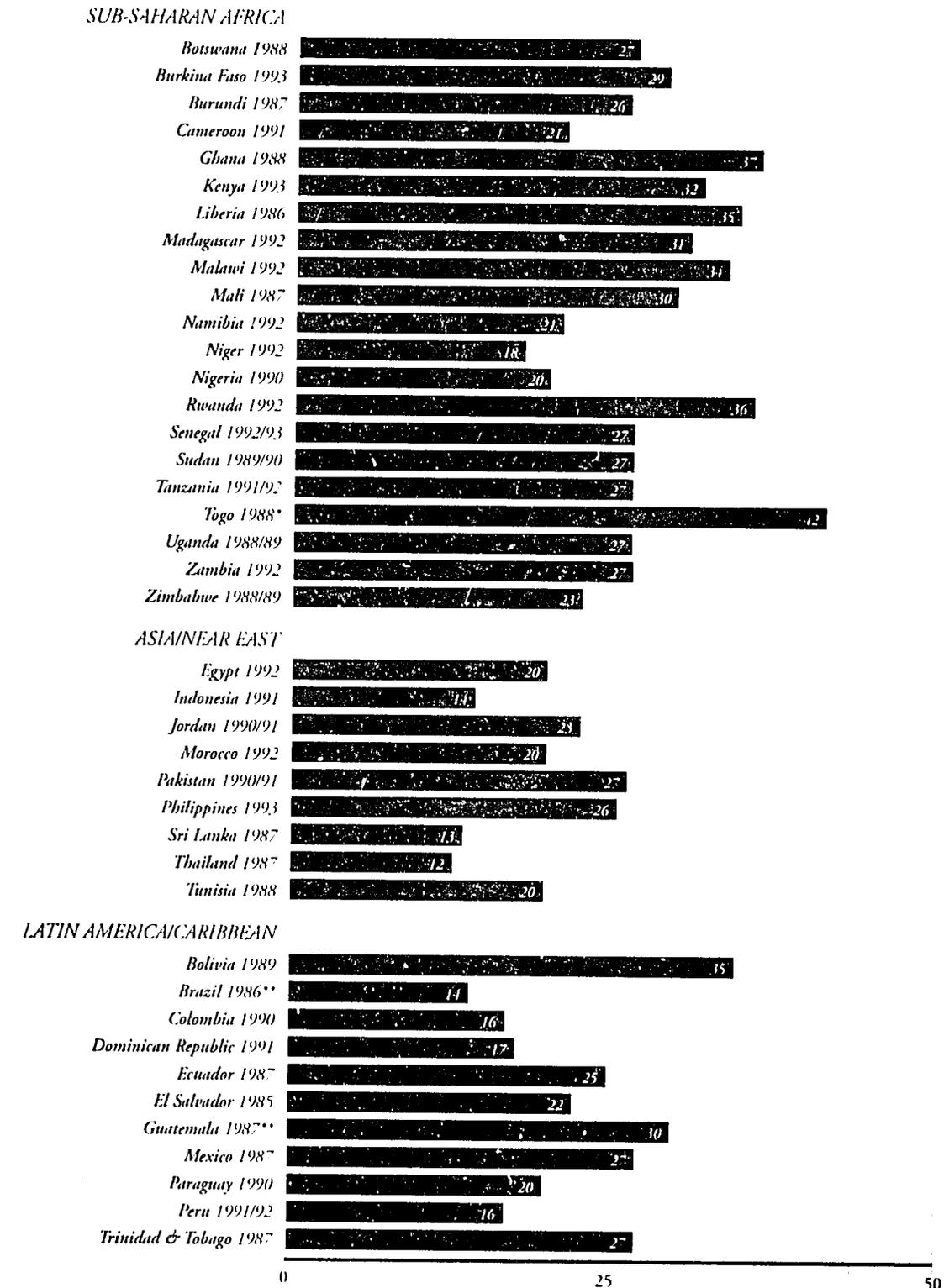
*At least 30 percent of women in eight of the sub-Saharan countries surveyed, as well as in Bolivia and Guatemala, would like to limit or space their next birth but are not using family planning.*

Levels of unmet need among women are often low where contraceptive use is relatively widespread. For instance, less than 15 percent of women in Brazil, Indonesia, Sri Lanka, and Thailand have an unmet need for family planning.



## UNMET NEED FOR CONTRACEPTION

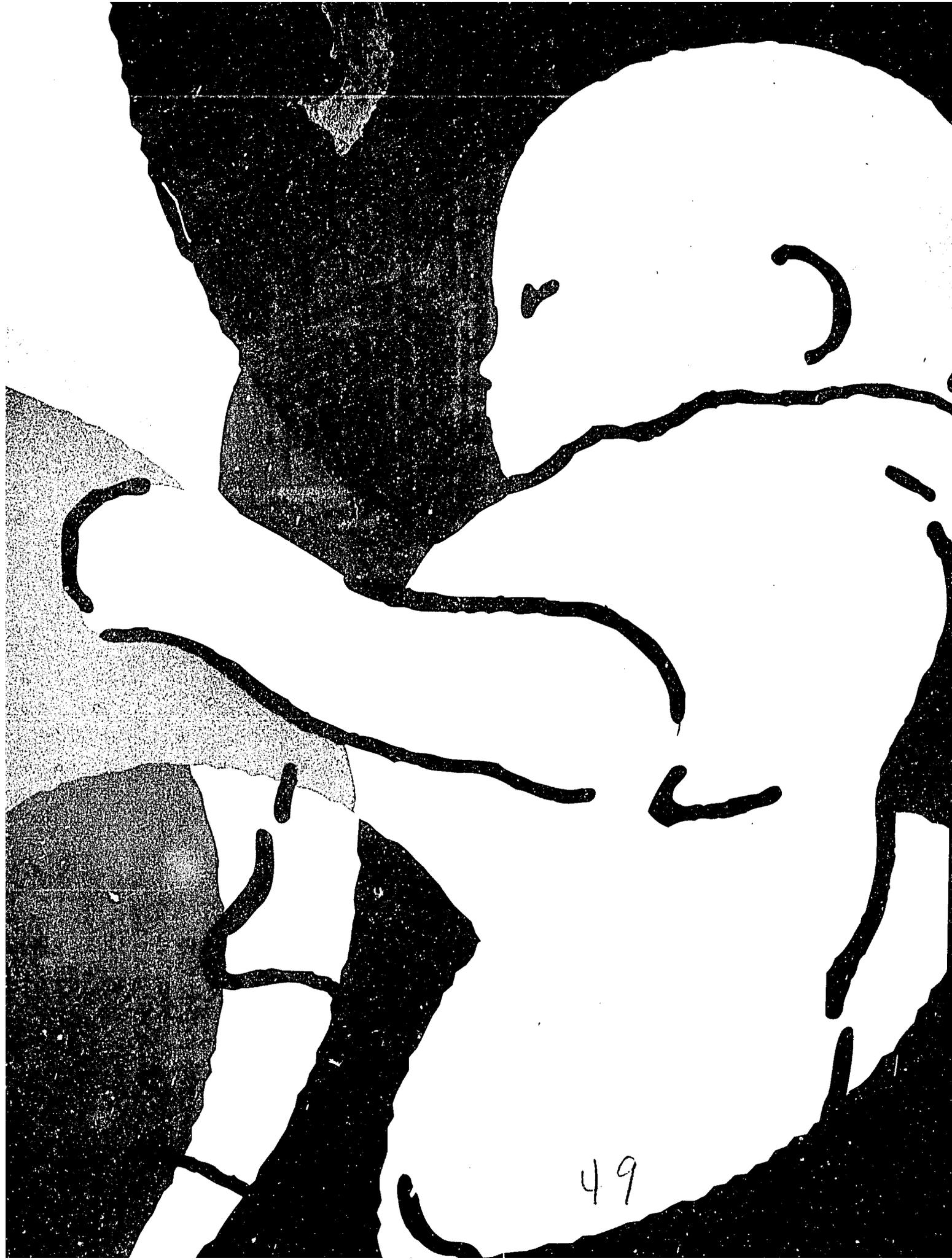
Percentage of currently married women 15 to 49 potentially in need of contraception



\*Users of prolonged abstinence were considered potentially in need of family planning.

\*\*Currently married women 15 to 44

# CHILDREN



49

**THE DEATH OF A CHILD** *The death of a child is an experience that many women in the surveyed countries share.* In 30 countries, at least 25 percent of reproductive age women have seen one or more of their children die. In six sub-Saharan countries, the proportion of ever-married women who have experienced the death of a child approaches or exceeds 50 percent.

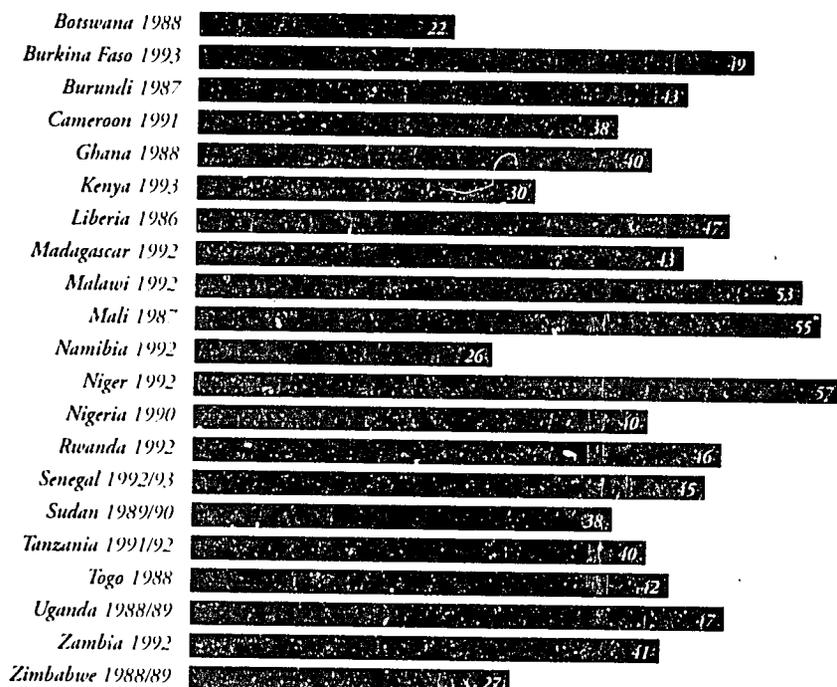
Besides serving as indicators of development, childhood mortality rates represent thousands of personal tragedies experienced by women and their families throughout the world. Not only does this loss of life have emotional repercussions, but it can exact a physical toll on women as well, prompting them to undergo more pregnancies to ensure that some children will survive.



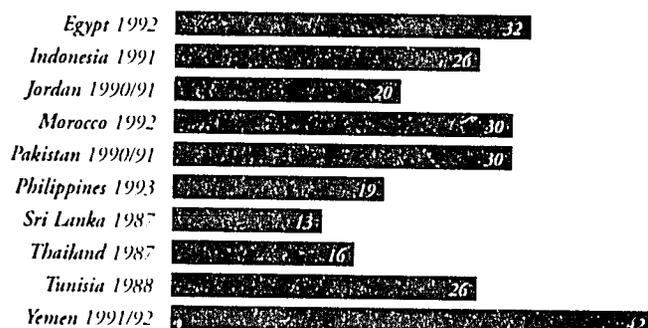
## THE DEATH OF A CHILD

Percentage of ever-married women 15 to 49 who have had at least one child die

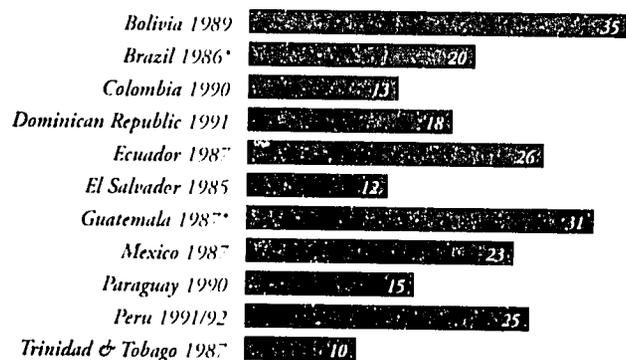
### SUB-SAHARAN AFRICA



### ASIA/NEAR EAST



### LATIN AMERICA/CARIBBEAN



0 35 70

\*Ever-married women 15 to 44

**CHILDHOOD MORTALITY** Many aspects of mothers' lives - such as how many women enter into a pregnancy at too young an age or too old; have too many children too soon; do not have enough to eat or do not know what they need to eat; and give birth without adequate medical care - are reflected in childhood mortality rates.

For child survival, the first year of life is often the most precarious. In 39 out of 42 countries surveyed, nearly half or more of the children who die before age five do so before their first birthday.

The African infant faces the toughest odds. In six sub-Saharan countries, at least one out of 10 infants will not reach his or her first birthday. While infant mortality rates are among the world's highest in sub-Saharan Africa, the countries of Botswana, Zimbabwe, and Namibia are notable exceptions.

In other regions, there is much variation in infant mortality rates. In Latin America, Colombian women can be confident that their infants will survive, while Bolivian mothers lose nearly one out of 10 of their children in infancy. Within various countries, rural and less educated women are most likely to experience the death of a child.

While the first year may have the worst odds for child survival, many women cannot be confident that their children will reach age five. In Niger, nearly one out of three children dies before the fifth birthday. *Overall, more than one out of eight children will die before age five in 17 out of 42 countries surveyed.* Among the countries surveyed, none have under-five mortality rates near the estimated rate for the developed world, which is 19 deaths per 1,000 births.\*

Most commonly, the under-five mortality rates reflect the deaths of children from preventable diseases such as diarrhea and pneumonia. These diseases, while readily treatable, turn deadly in environments where people lack access to adequate housing, health care, food, and education.



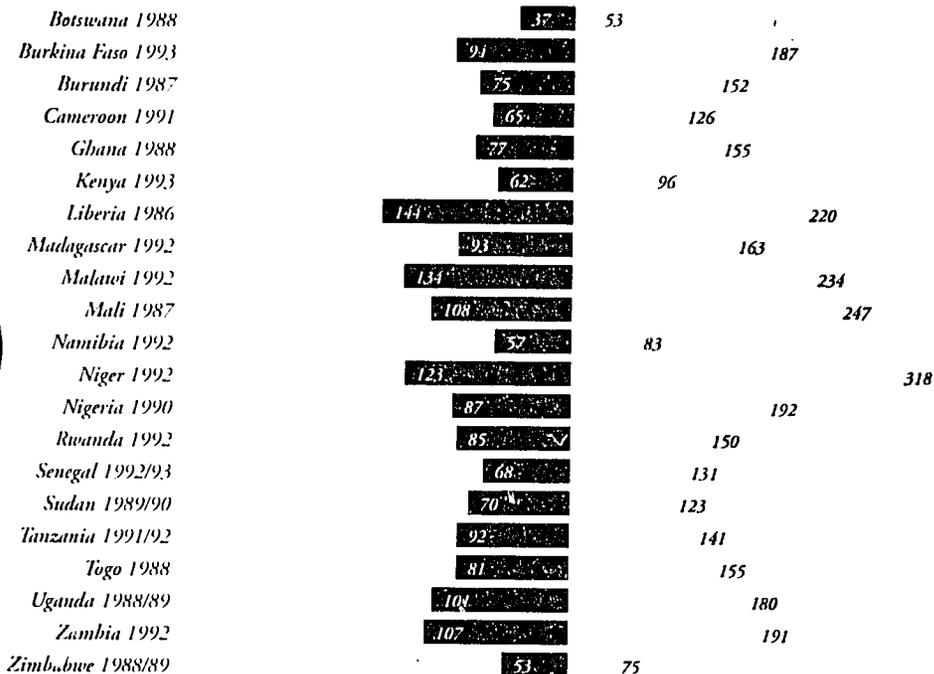
\*Robey, B., Rutstein, S.O., Morris, L., and Blackburn, R. *The Reproductive Revolution: New Survey Findings*. Population Reports, Series M, No. 11, p.30. Baltimore, Johns Hopkins University, Population Information Program, December 1992.

# CHILDHOOD MORTALITY

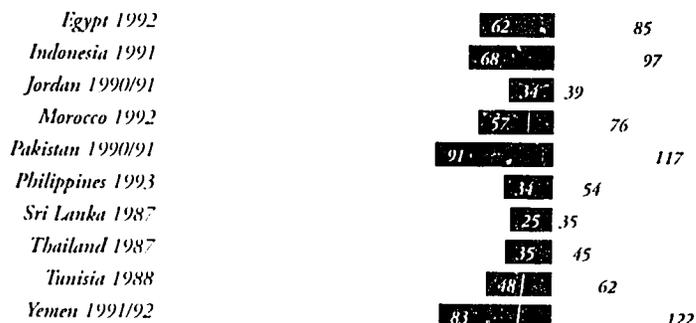
## Deaths per 1,000 births

Infant mortality—deaths by age one ■ Under-five mortality—deaths by age five

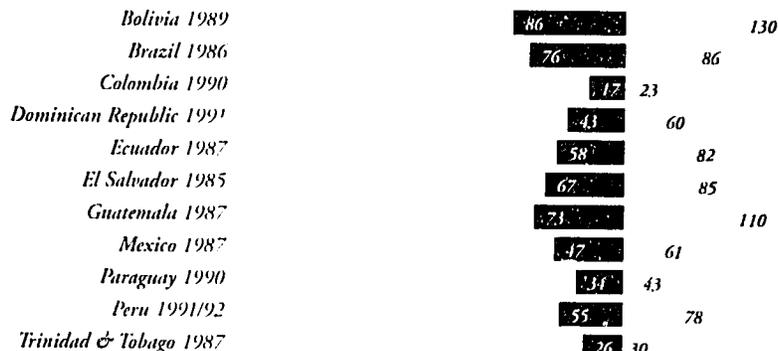
### SUB-SAHARAN AFRICA



### ASIA/NEAR EAST



### LATIN AMERICA/CARIBBEAN



320 160 0 160 320

Note: Rates refer to five years preceding the survey except for Pakistan where the rates refer to six years preceding the survey.

**NUTRITIONAL STATUS OF CHILDREN** Typically, women are the primary caregivers for children. Many, however, do not have the means to ensure the healthy mental and physical development of their children. All 31 countries with information on childhood nutrition have levels of stunting that far exceed the 2 percent prevalence that might be expected in a healthy, well-nourished population.

*In 21 of the countries surveyed, at least one-fourth of children under age three are undernourished to the extent that their physical growth has been stunted.* Children in sub-Saharan Africa are most likely to be too short for their age, but exceptionally high rates of stunting are also found among children in Bolivia, Guatemala, and Pakistan.

For girls, chronic undernutrition during childhood can result in serious pregnancy-related complications later in life. Stunting often leads to short stature in adulthood. Women who are shorter than normal are more likely to have a small pelvis, which can put them at greater risk of prolonged or obstructed labor.

The parents of a chronically undernourished child might not have been able to give the child enough food or enough of the right foods. A child living in a household without ready access to safe drinking water or hygienic toilet facilities also has a heightened risk of illness and undernutrition.



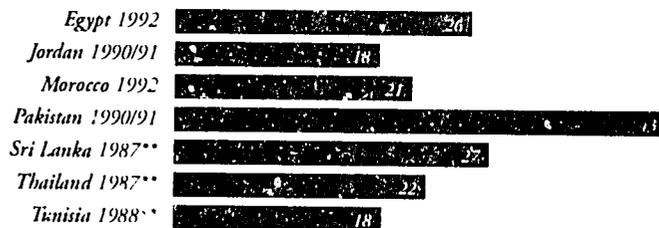
## NUTRITIONAL STATUS

Percentage of children ages 0 to 35 months who are stunted\*

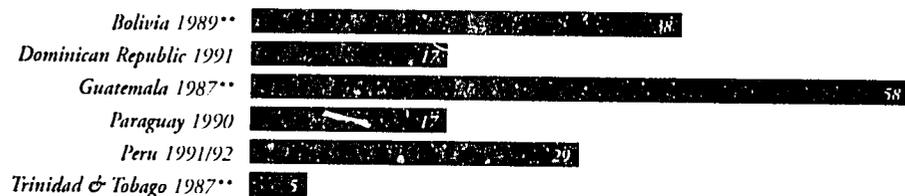
### SUB-SAHARAN AFRICA



### ASIA/NEAR EAST



### LATIN AMERICA/CARIBBEAN



0 35 70

\*Children who are stunted are short for their age when compared with an international reference population.

\*\*Children 3 to 35 months

**VACCINATION** *In 20 countries, more than half of one- to two-year-olds are vulnerable to vaccine-preventable disease.*

A fully immunized child is protected from diphtheria, pertussis, tetanus, tuberculosis, measles, and polio. Even though readily preventable, many parents will continue to see these diseases take an enormous toll on their children, causing serious illness, malnutrition, and death.

No one region has universally high rates of full vaccination coverage. Among the countries surveyed, the sub-Saharan countries have some of the lowest and highest levels of vaccination coverage. In Mali, just 4 percent of children ages 12 to 23 months are fully vaccinated, compared to more than 80 percent in Botswana, Malawi, and Rwanda.

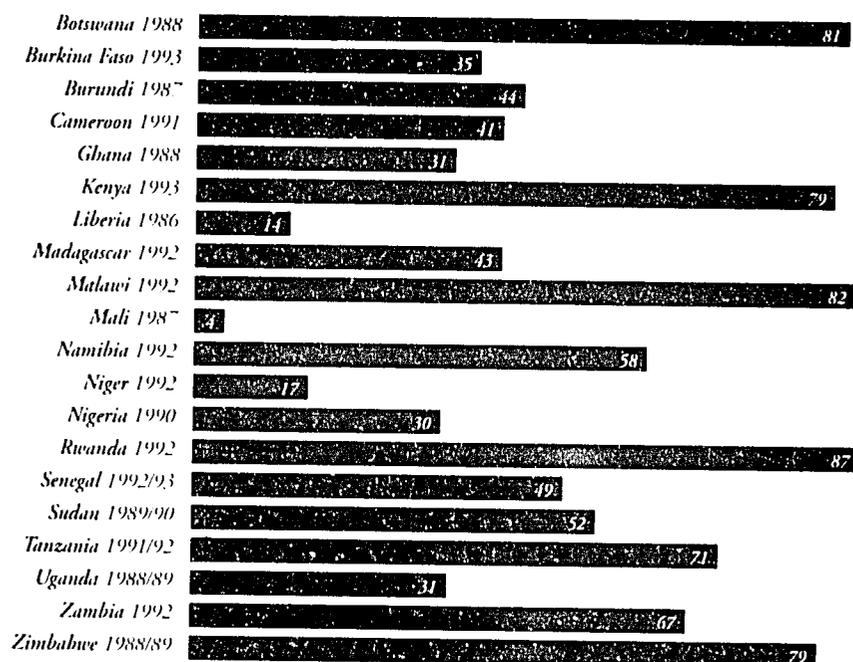
Overall, based on the survey results, children in Asia and the Near East are most likely to be fully protected. Children in the Latin American and Caribbean countries are among the least likely to be fully protected, with one-third or less fully vaccinated in four out of eight countries.



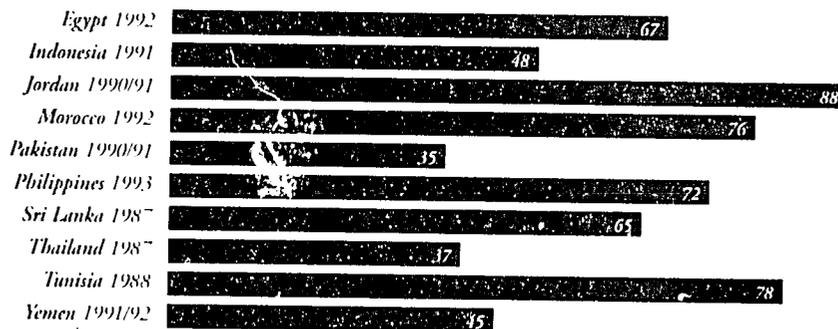
# VACCINATION

Percentage of children ages 12 to 23 months who are fully vaccinated

## SUB-SAHARAN AFRICA



## ASIA/NEAR EAST



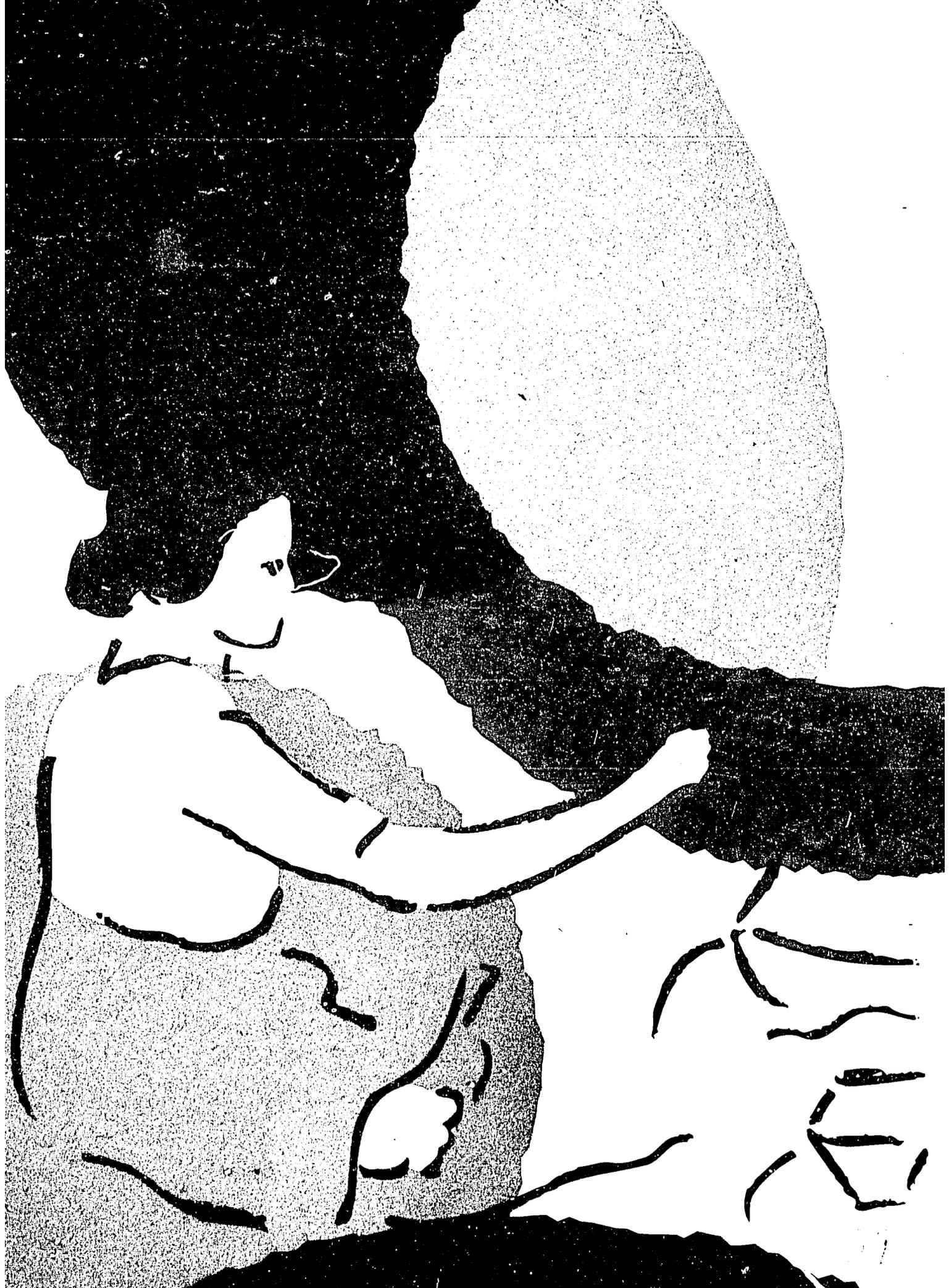
## LATIN AMERICA/CARIBBEAN



0 50 100

Note: Children who have received BCG, measles, and three doses of DPT and polio are considered to be fully vaccinated. The results are based on health cards and mothers' recall.

## HOME LIFE



**A WOMAN'S HOME** In the majority of households, women bear most of the responsibility for cooking, cleaning, and childrearing. Typically, however, women have little in the way of appliances or other amenities to assist them at home.

In 16 sub-Saharan countries, at least 70 percent of households have no electricity, an important indicator of a woman's access to labor-saving and health-enhancing possessions. *The same women who take care of some of the largest families in the world are also the least likely to have electricity in their homes.* In eight of the sub-Saharan countries, more than 90 percent of households are without electricity. These countries also have some of the highest fertility rates, with women having an average of at least six children in their lifetimes.

Outside of sub-Saharan Africa, more women have electricity at home. In 13 out of 17 countries, more than 50 percent of households have electricity. Women are most likely to have electricity in their households in Egypt, Jordan, and Trinidad and Tobago. While the vast majority of households in Trinidad and Tobago, for example, have electricity (93 percent), more than 75 percent of households in Sri Lanka are without electricity.

The type of flooring in a house can reflect overall housing quality. Women living in the sub-Saharan countries surveyed are most likely to have dirt floors in their houses. In 10 sub-Saharan countries, more than 60 percent of households have dirt flooring. Zimbabwe is a notable exception, where dirt floors are relatively rare.

Outside of sub-Saharan Africa, dirt floors are less common. Women in Guatemala and El Salvador are most likely to have dirt floors in their homes: At least 44 percent of houses have dirt floors in these countries.

Access to piped water can affect the entire family's health and well-being. Women with access to piped water might spend less time fetching and carrying water. The water may also be safer than sources such as rivers or lakes. Where safer water is available, food is less likely to be contaminated and the family is at less risk of illness. In 12 countries, at least 70 percent of households have no access to piped water.

The type of toilet facilities used by a household also influences the family's well-being and risk of illness. Overall, women tend to be more likely to have access to some type of toilet facility than electricity or piped water. In only two countries do more than 70 percent of households have no access to toilet facilities.



## HOUSEHOLD ENVIRONMENT

	Percentage of households without electricity in dwelling	Percentage of households with dirt floors	Percentage of households without access to piped water	Percentage of households without access to toilet facilities
<i>SUB-SAHARAN AFRICA</i>				
<i>Botswana 1988**</i>	89	37	12	41
<i>Burkina Faso 1993</i>	94	70	83	71
<i>Burundi 1987**</i>	•	95	87	6
<i>Cameroon 1991</i>	71	58	66	4
<i>Ghana 1988**</i>	74	31	69	25
<i>Kenya 1993</i>	89	69	67	17
<i>Liberia 1986**</i>	•	•	63	42
<i>Madagascar 1992</i>	91	53	83	63
<i>Malawi 1992</i>	97	87	75	28
<i>Mali 1987**</i>	95	80	98	27
<i>Namibia 1992</i>	73	53	43	58
<i>Niger 1992</i>	95	87	85	84
<i>Nigeria 1990**</i>	73	40	75	29
<i>Rwanda 1992</i>	98	89	78	8
<i>Senegal 1992/93</i>	74	42	53	40
<i>Sudan 1989/90**</i>	69	86	47	37
<i>Tanzania 1991/92</i>	92	80	67	14
<i>Togo 1988**</i>	•	25	67	56
<i>Uganda 1988/89**</i>	94	86	92	17
<i>Zambia 1992</i>	81	53	54	32
<i>Zimbabwe 1988/89**</i>	•	18	56	35
<i>ASIA/NEAR EAST</i>				
<i>Egypt 1992</i>	7	32	20	9
<i>Indonesia 1991</i>	51	31	85	34
<i>Jordan 1990/91**</i>	3	•	3	1
<i>Morocco 1992</i>	51	29	45	37
<i>Pakistan 1990/91**</i>	39	•	65	52
<i>Philippines 1993</i>	34	7	63	13
<i>Sri Lanka 1987**</i>	77	41	82	18
<i>Thailand 1987**</i>	24	4	83	33
<i>Tunisia 1988**</i>	•	•	35	25
<i>Yemen 1991/92</i>	•	•	•	45
<i>LATIN AMERICA/CARIBBEAN</i>				
<i>Bolivia 1989**</i>	•	•	34	•
<i>Brazil 1986**</i>	•	•	25	14
<i>Colombia 1990**</i>	9	10	11	12
<i>Dominican Republic 1991</i>	22	11	33	11
<i>Ecuador 1987**</i>	21	12	28	17
<i>El Salvador 1985**</i>	38	44	39	•
<i>Guatemala 1987**</i>	52	55	39	31
<i>Mexico 1987**</i>	16	20	22	24
<i>Paraguay 1990**</i>	42	32	64	1
<i>Peru 1991/92</i>	30	37	28	25
<i>Trinidad &amp; Tobago 1987**</i>	7	0	12	0

\*Data not collected in survey

\*\*Based on households with eligible respondents

**EARNING MONEY** For some women, paid employment means not just participation in the cash economy, but greater autonomy within and outside the home. For many women, however, earning money is also a necessity.

*In the sub-Saharan region, the countries where women are most likely to work for cash also have some of the most difficult living conditions.* In 14 sub-Saharan countries, more than 25 percent of women report working for cash. The countries where cash employment among women is most common have fertility rates of six or more children per woman.

Substantial numbers of women in the Latin American and Caribbean countries also earn money. At least 20 percent of women in all of the countries surveyed reported paid employment.

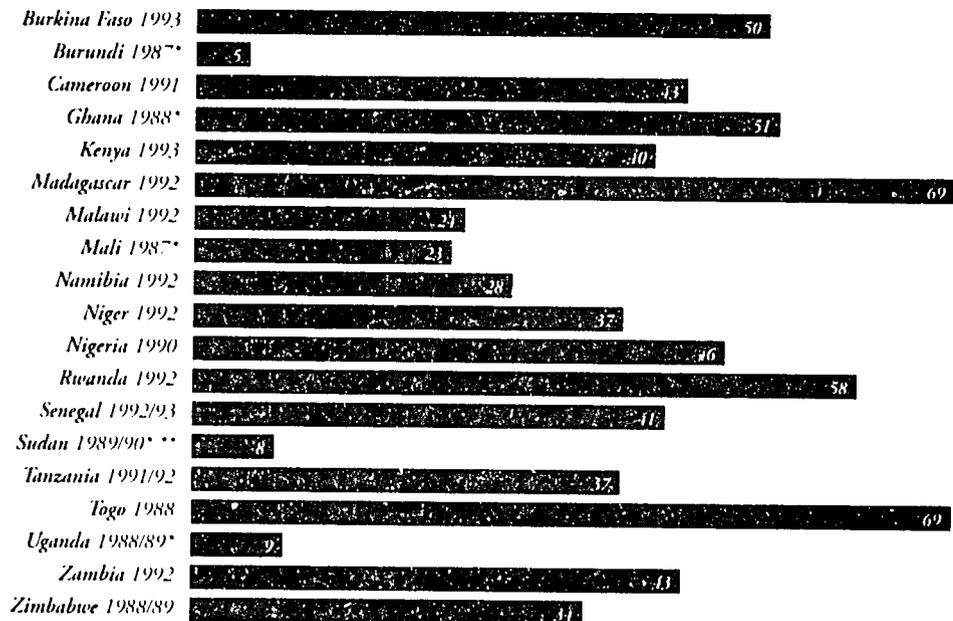
Women surveyed in the Asian and Near East countries, where cultural traditions may be less supportive of women working, were least likely to report paid employment. Fewer than 20 percent of women reported working for pay in all but two of the countries surveyed in these regions.



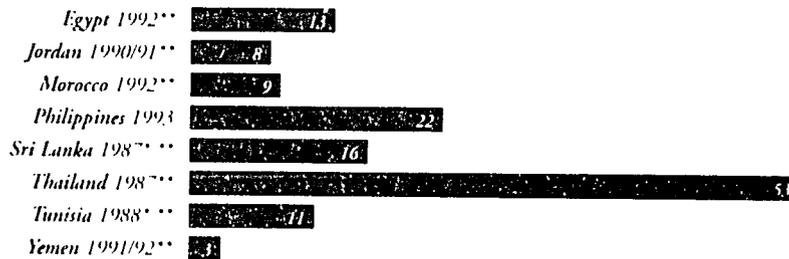
## WORK IN THE CASH ECONOMY

Percentage of women 15 to 49 working for cash

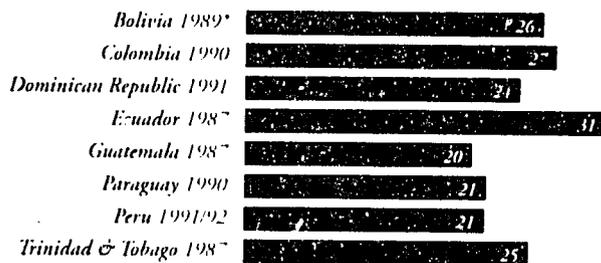
### SUB-SAHARAN AFRICA



### ASIA/NEAR EAST



### LATIN AMERICA/CARIBBEAN



0 35 70

\*Work for cash other than on family farm or other family business

\*\*Ever-married women

Note: Women 15 to 44 in Guatemala

**WOMEN'S ACCESS TO THE MASS MEDIA** The mass media can give women, even those in the most distant households, access to new ideas and information from the outside world. In most countries, the mass media have been used to entertain, enlighten and effect behavior change, conveying information on topics ranging from health and family planning to agriculture.

For the majority of women in sub-Saharan Africa, radio is more important than television or newspapers as a source of information and entertainment. *In 15 out of 20 countries surveyed in sub-Saharan Africa, more than 40 percent of women listen to the radio regularly.* Substantially fewer women in the region read newspapers or watch television. Only in Namibia, Zambia, and Zimbabwe do 40 percent or more women report reading newspapers regularly.

Women in the Asian and Near East countries surveyed are much more likely to watch television regularly than those in sub-Saharan Africa. *More than 60 percent of women in six out of the 10 countries surveyed in Asia and the Near East report regularly watching television.* Substantial numbers of women in these countries also listen to the radio and read newspapers. In the Philippines, 90 percent of women listen to the radio and 73 percent read newspapers weekly.

In the Latin American and Caribbean countries surveyed, women are also likely to get information from the mass media. More than half of women report either reading a newspaper or watching television in nine of the 11 countries surveyed. *Among all of the countries surveyed, women in Latin America and the Caribbean were most likely to report reading a newspaper weekly.*



## EXPOSURE TO MEDIA

Percentage of women 15 to 49 with access to the mass media

	Read newspaper weekly	Watch television weekly	Listen to radio weekly
<i>SUB-SAHARAN AFRICA</i>			
<i>Botswana 1988</i>	•	•	77
<i>Burkina Faso 1993</i>	8	11	42
<i>Burundi 1987</i>	•	•	30
<i>Cameroon 1991</i>	•	34	44
<i>Ghana 1988</i>	•	•	49
<i>Kenya 1993</i>	31	15	65
<i>Liberia 1986</i>	•	•	70
<i>Madagascar 1992</i>	15	12	39
<i>Malawi 1992</i>	19	•	52
<i>Mali 1987</i>	•	•	49
<i>Namibia 1992</i>	54	25	81
<i>Niger 1992</i>	4	14	38
<i>Nigeria 1990</i>	•	26	53
<i>Senegal 1992/93</i>	13	39	67
<i>Sudan 1989/90**</i>	•	•	68
<i>Tanzania 1991/92</i>	25	3	46
<i>Togo 1988</i>	•	•	31
<i>Uganda 1988/89</i>	•	•	64
<i>Zambia 1992</i>	42	22	57
<i>Zimbabwe 1988/89</i>	40	16	38***
<i>ASIA/NEAR EAST</i>			
<i>Egypt 1992**</i>	25	82***	67***
<i>Indonesia 1991**</i>	27	61	63
<i>Jordan 1990/91**</i>	11***	49***	39***
<i>Morocco 1992**</i>	22	65	76
<i>Pakistan 1990/91**</i>	14	30	27
<i>Philippines 1993</i>	73	72	90
<i>Sri Lanka 1987**</i>	59	30	77***
<i>Thailand 1987**</i>	40	63	46***
<i>Tunisia 1988**</i>	20	83	50
<i>Yemen 1991/92**</i>	8	37***	34***
<i>LATIN AMERICA/CARIBBEAN</i>			
<i>Bolivia 1989</i>	45	53***	74***
<i>Brazil 1986</i>	45	75***	78***
<i>Colombia 1990</i>	54	80	83***
<i>Dominican Republic 1991</i>	16	51	51***
<i>Ecuador 1987</i>	75	69	90
<i>El Salvador 1985</i>	61	•	•
<i>Guatemala 1987</i>	30	31***	59
<i>Mexico 1987</i>	21	•	•
<i>Paraguay 1990</i>	70	77	79**
<i>Peru 1991/92</i>	69	76	90
<i>Trinidad &amp; Tobago 1987</i>	88	66***	70***

\*Data not collected in survey

\*\*Ever-married women

\*\*\*Daily or regularly

Note: Women 15 to 44 in Brazil and Guatemala

REGION AND COUNTRY	COLLABORATING INSTITUTIONS	RESPONDENTS	SAMPLE SIZE	MALE/HUSBAND SURVEY
SUB-SAHARAN AFRICA				
Botswana 1988	Central Statistics Office Ministry of Finance and Development Planning  Family Health Division Ministry of Health	All women 15-49	4,368	
Burkina Faso 1993	Institut National de la Statistique et de la Démographie	All women 15-49	6,354	1,845 Men 18+
Burundi 1987	Département de la Population Ministère de l'Intérieur	All women 15-49	3,970	542 Husbands
Cameroon 1991	Direction Nationale du Deuxième Recensement Général de la Population et de l'Habitat	All women 15-49	3,871	814 Husbands
Ghana 1988	Ghana Statistical Service	All women 15-49	4,488	943 Husbands
Kenya 1993	National Council for Population and Development  Central Bureau of Statistics Office of the Vice President and Ministry of Planning and National Development	All women 15-49	7,540	2,336 Men 20-54
Liberia 1986	Bureau of Statistics Ministry of Planning and Economic Affairs	All women 15-49	5,239	
Madagascar 1992	Centre National de Recherches sur l'Environnement Ministère de la Recherche Appliquée au Développement	All women 15-49	6,260	
Malawi 1992	National Statistical Office	All women 15-49	4,849	1,151 Men 20-54
Mali 1987	Centre d'Etudes et de Recherches sur la Population pour le Développement Institut du Sahel	All women 15-49	3,200	970 Men 20-55
Namibia 1992	Ministry of Health and Social Services	All women 15-49	5,421	
Niger 1992	Direction de la Statistique et des Comptes Nationaux Direction Générale du Plan Ministère des Finances et du Plan	All women 15-49	6,503	1,570 Husbands
Nigeria 1990	Federal Office of Statistics	All women 15-49	8,781	
Rwanda 1992	Office National de la Population	All women 15-49	6,551	598 Husbands
Sénégal 1992-93	Direction de la Prévision et de la Statistique Division des Statistiques Démographiques Ministère de l'Economie, des Finances et du Plan	All women 15-49	6,310	1,436 Men 20+
Sudan 1989-90	Department of Statistics Ministry of Economic and National Planning	Ever-married women 15-49	5,860	
Tanzania 1991-92	Bureau of Statistics Planning Commission	All women 15-49	9,238	2,114 Men 15-60

Togo 1988	Unité de Recherche Démographique Direction de la Statistique Direction Générale de la Santé	All women 15-49	3,360	
Uganda 1988-89	Ministry of Health  Ministry of Planning and Economic Development  Makerere University	All women 15-49	4,730	
Zambia 1992	University of Zambia  Central Statistical Office	All women 15-49	7,060	
Zimbabwe 1988-89	Central Statistical Office Ministry of Finance, Economic Planning, and Development	All women 15-49	4,201	
ASIA/NEAR EAST				
Egypt 1992	National Population Council	Ever-married women 15-49	9,864	2,466 Husbands
Indonesia 1991	Central Bureau of Statistics  National Family Planning Coordinating Board  Ministry of Health	Ever-married women 15-49	22,909	
Jordan 1990-91	Department of Statistics  Ministry of Health	Ever-married women 15-49	6,461	
Morocco 1992	Service des Etudes et de l'Information Sanitaire Secrétariat Général-DPSI Ministère de la Santé Publique	All women 15-49	9,256	1,336 Men 20+
Pakistan 1990-91	National Institute of Population Studies	Ever-married women 15-49	6,611	1,354 Husbands
Philippines 1993	National Statistics Office	All women 15-49	15,029	
Sri Lanka 1987	Department of Census and Statistics Ministry of Plan Implementation	Ever-married women 15-49	5,865	
Thailand 1987	Institute of Population Studies Chulalongkorn University	Ever-married women 15-49	6,775	
Tunisia 1988	Direction de la Population Office National de la Famille et de la Population Ministère de la Santé Publique	Ever-married women 15-49	4,184	
Yemen 1991-92	Central Statistical Organization  Pan Arab Project for Child Development	Ever-married women 15-49	5,687	
LATIN AMERICA /CARIBBEAN				
Bolivia 1989	Instituto Nacional de Estadística	All women 15-49	7,923	
Brazil 1986	Sociedade Civil Bem-Estar Familiar no Brasil	All women 15-44	5,892	
Colombia 1990	PROFAMILIA Asociación Pro-Bienestar de la Familia Colombiana	All women 15-49	8,489	

Dominican Republic 1991	Instituto de Estudios de Población y Desarrollo (PROFAMILIA) Oficina Nacional de Planificación	All women 15-49	7,320
Ecuador 1987	Centro de Estudios de Población y Paternidad Responsable Instituto Nacional de Investigaciones Nutricionales y Médico Sociales	All women 15-49	4,713
El Salvador 1985	Asociación Demográfica Salvadoreña	All women 15-49	5,207
Guatemala 1987	Instituto de Nutrición de Centro América y Panamá	All women 15-44	5,160
Mexico 1987	Dirección General de Planificación Familiar Subsecretaría de Servicios de Salud Secretaría de Salud	All women 15-49	9,310
Paraguay 1990	Centro Paraguayo de Estudios de Población	All women 15-49	5,827
Peru 1991-92	Instituto Nacional de Estadística e Informática Asociación Benéfica PRISMA	All women 15-49	15,882
Trinidad and Tobago 1987	Family Planning Association of Trinidad and Tobago	All women 15-49	3,806
OTHER			
Philippines National Safe Motherhood Survey 1993	National Statistics Office Department of Health	Women 15-49 who reported a pregnancy outcome	8,481

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