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The Peru Fertility Survey, 1977: A Summary of Findings

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The World Fertility Survey is an international research programme whose purpose is to assess the current state of human fertility throughout the world. This is being done principally through promoting and supporting nationally representative, internationally comparable, and scientifically designed and conducted sample surveys of fertility behaviour in as many countries as possible.

The WFS is being undertaken, with the collaboration of the United Nations, by the International Statistical Institute in cooperation with the International Union for the Scientific Study of Population. Financial support is provided principally by the United Nations Fund for Population Activities and the United States Agency for International Development. Substantial support is also provided by the U.K. Overseas Development Administration.

This summary is one of a series containing the salient findings of the First Country Reports of the countries participating in the WFS programme. A copy of the report itself: *Encuesta Nacional de Fecundidad del Peru, 1977-1978* is available for reference at all WFS depository libraries, or may be obtained from the International Statistical Institute, 428 Prinses Beatrixlaan, P.O. Box 950, 2270 AZ Voorburg, Netherlands, on payment of U.S. $ 10 postage.

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THE PERU FERTILITY SURVEY, 1977:

A SUMMARY OF FINDINGS

1. THE SETTING

Peru is situated on the Pacific Coast of the South American continent. It is bordered by Ecuador and Colombia to the North, Brazil and Bolivia to the East, and Chile to the South. Its one coastline extends for 2,480 kms, while its total land area is 1,285,216 km^2. The population in mid-1978 was estimated to be 16,819,000 inhabitants.

Although Peru is situated in the tropical zone, it harbours a variety of climates, due to its proximity to the cold von Humboldt stream and the Andes mountains, which cut through the country from north to south. The country consists of three natural zones: the Coast (Costa), containing a mainly urban population, is desert with a mild climate and very little rainfall. Its population live in valleys irrigated by rivers flowing down from the mountains. The Mountains (Sierra) contains a variety of climates depending on altitude, and temperatures range from very warm to very cold with moderate rainfall. The population of this zone mostly live in rural areas. The Jungle (Selva) is part of the Amazon tropical rain forest and has high temperatures, humidity, and rainfall. A large proportion of its population are urban dwellers.

For national planning purposes, the country has been divided into five planning regions: Metropolitan Lima includes the area around the national capital and the principal port of Callao; the East Region covers practically all of the Jungle zone; and the North, Center, and South Regions, each include both coast and mountain zones. The Center Region, less Metropolitan Lima, is the most developed, while the South is the least developed, excluding the Jungle.

The Peruvian population has been growing rapidly during recent decades. In the intercensal period 1940-1961, the mean yearly growth rate was 2.2 per cent; between 1961 and 1972, it was 2.9 per cent; and currently it is 2.8 per cent. It is expected that the growth rate will be 2.3 per cent in the year 2000, giving Peru a population at that time of 29,000,000. A decline in fertility started in the mid-1960's.

The geographical distribution of the population has been heavily influenced by migration to urban areas, and currently 26 per cent of the population lives in the capital city, Lima.

About 20 per cent of the population of over 15 is illiterate, most of whom are older women from the rural areas. According to the last census 60 per cent of the economically active population had an educational level of 3 years or less of primary schooling. The systematic and effective application of a population policy has not yet taken place in Peru, although one was defined in principle in 1976 under the title Outline for a Population Policy in Peru. It is an integral part of the "Development Policy of the Country" and its main objectives were defined as follows:

(a) To achieve a population growth which is in harmony with the free choice of the population in matters of family size and which contributes to making effective the efforts of Peruvian society to attain its aspired levels of human development.

(b) To achieve a drastic reduction in morbidity and mortality, especially of mother and child, which will permit life expectancy and the quality of life to be raised.

(c) To achieve a better geographical distribution of the population, in accordance with the regional development programmes and national security.

2. THE SURVEY

The Peru Fertility Survey field work was carried out between July 1977 and June 1978. This very long period of field work was due to interruptions by climatic and administrative problems and by the execution of a follow-up response-reliability study for which pre-set interviewer allocations had to be followed. The survey was carried out by the Demography Section of the Census Bureau which forms part of the National Statistical Office. Collaboration was provided by the Technical Office of Manpower Studies, of the Ministry of Labour, through the use of their sampling frame. The survey was funded by the United Nations Fund for Population Activities.

The questionnaires used were modified versions of the WFS core documents. The main adaptations for the individual questionnaire were the inclusion of questions on maternal and child health and the fertility regulation module.

The sample was a national probability, clustered area sample selected in a three-stage design. In all, 124 Primary Sampling Units were selected, 57 self-representing and 67 non-self-representing. In a second stage 1424 Secondary Sampling Units were selected, from which a systematic selection of households was made. Two sampling fractions were used. In the Eastern Region (the jungle) the overall sampling fraction was .01 while in the rest of the country it was .0025.

The sample yielded 8,949 addresses. Individual interviews were carried out with 5,640 ever-married women of 15-49 years of age. Single women were asked in the Household Schedule about the total number of live births they had had and the date of their last live birth.

The success rate for the household interview was 96.2 per cent while for the interview of eligible women, it was 93 per cent.

The field work was carried out by six teams, each of which included six interviewers, two supervisors, and one sample assistant. Strict control was maintained during the field work, following WFS Guidelines.

The First Report of the Peru Fertility Survey was published in March 1979. It provides a large number of detailed tabulations as well as a broad and preliminary review of the main findings. The following section summarizes that review.

3. FINDINGS

3.1 NUPTIALITY AND EXPOSURE TO CHILDBEARING

Marriage in the Peru survey was defined to include consensual unions, that is, unions not based on religious or legal sanction. The date on which a couple started living together has been taken as the date when the union started, to avoid any confusion with later legal or religious endorsement of that union. The word marriage will be used throughout this summary to refer to both legal marriages and consensual unions.

The proportions of ever-married women by 5-year age group as reported in the Household Schedule are as follows:

Age	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Per Cent	13.9	51.5	76.6	89.1	91.7	94.9	94.8

Although the report does not contain calculations of the mean age at marriage by indirect methods or through the household data, further insight into change in the age at marriage can be gained by looking at percentages marrying before certain ages for different cohorts of women. Data are taken from both the individual and the household questionnaire and therefore include single women. Looking at the cohorts of women currently 20-49 years of age, it can be seen that a considerably smaller proportion of women were married before the age of 20 in the younger age cohorts than in the older ones. Although the data probably are subject to a certain misreporting of the date of marriage, as can be seen from the declining percentages in the cohorts 40-44 and 45-49, the difference at the younger ages indicate a substantial increase in age at marriage over the last two decades.

Current Age	20-24	25-29	30-34	35-39	40-44	45-49
Per Cent Married Before 20	37.5	45.4	49.1	52.3	50.0	47.0

Age at First Marriage

Differentials in age at marriage were studied by restricting attention to women 25 and over who had been married before age 25. Looking at the data in this way assures that all women considered have had chance to get married at the stated age-at-marriage category. We find that the mean age at marriage in Peru is 18.4 years for these 3,807 women, with the following distribution:

Age at First Marriage	<15	15-17	18-19	20-21	22-24	TOTAL	MEAN
Per Cent	10.0	29.3	24.2	18.9	17.6	100.0	18.4

Differentials in age at first marriage do exist. When compared to women in each of the other regions, women in Lima marry from 0.6 to 2 years later. Urban area women marry 1.2 years later than do rural area women; and women with secondary education and higher marry 2 years later than do women with less than 4 years of primary education, while professional women and office workers marry about 3 years later than women at the lower level of the occupational scale. No major changes seem to have taken place in these differentials over time, as they hold when controlling for the age of the woman.

Marital Stability

The time a woman spends in the married state is one of the major determinants of fertility in Peru, because it largely determines the time the woman has been subject to the risk of pregnancy.

Of all ever-married women 80.5 per cent are still in their first union, while 5.1 per cent had their first union ended by death, by separation or divorce. However, 58.4 per cent of the women whose first marriage was dissolved had remarried by the time of the survey. This remarriage rate together with the relatively low level of divorce and separation accounts for the fact that ever-married women have spent about 94 per cent of the time since their first marriage in the married state. No difference exists in this figure according to the age at marriage of the woman, suggesting that the remarriage rate is higher for women with a low age at first marriage. The conclusion can be reached because women married at less than 20 years of age, experience 5 per cent more marital dissolutions through separation and divorce, than later marrying women, though the percentage widowed is about equal. Nevertheless, the percentage of time spent in the married state is equal for the two groups.

Cross-sectional data suggest that three-quarters of the separations and divorces take place within the first ten years of marriage. Ultimately at 25 to 30 years following first marriage, 17.7 per cent of women can expect to have been separated or divorced, and 12.8 per cent to be widowed, if the pattern stays the same as the one observed in the survey. Important differences exist in marital stability. Dissolution of the first marriage is more common in the Eastern Region (28 per cent) than in Lima (18 per cent), and among women with no education (24 per cent) than among women with secondary school education (13 per cent).

Breast-Feeding

Exposure to childbearing is influenced by the practice and duration of breast-feeding among other factors. Breast-feeding women are less prone to conceive due to a delay in the resumption of ovulation. Although the

extent to which breast-feeding influences fertility cannot be established from the survey data, major differences in length of breast-feeding point to a possible explanation of fertility differentials.

When all women with a closed birth interval are considered, irrespective of the length of the interval and the survival of the next-to-last child, the overall average lactation time for the penultimate child is 12.6 months.

The analysis of differentials in breast-feeding is restricted to women who had at least two live births (including any current pregnancy) and whose last closed interval exceeded 32 months and the next-to-last child survived for at least 24 months. This restriction was imposed in order to minimize the effect of involuntary factors, such as child mortality and conception, on the duration of lactation.

These women breast-fed their next-to-last child for an average of 12.2 months, and only 10 per cent did not breast-feed at all. Women of 15-24 years of age weaned their child earlier (11.9 months) than did women of 45-49 years (13.3 months on average).

In Metropolitan Lima, the average lactation time was 8.5 months, while for the southern region of the country it was 14.5, with other regions falling in between. In the rural areas of the country, the average lactation time was 15.8 months. Similarly, higher educated women lactated for a considerably shorter period than did women with lower education (15.7 months for women with no education against 6.7 months for women with secondary education or higher).

It is interesting to note that women who used contraceptives in the interval lactated a considerably shorter time than did women who did not (9.6 months, against 13.8 months).

Exposure Status

Within a woman's life cycle, there are periods when she is not subject to the risk of pregnancy, aside from the monthly infertile period and non-exposure due to the absence of sex although married. These periods can roughly be defined in the following ways: (a) periods of pregnancy, (b) periods of sterilization, (c) periods of menopausal infertility and (d) periods of separation, divorce,or widowhood.

Of all ever-married women, 11.9 per cent were pregnant at the time of interview, 10 per cent were not currently in union, 2.5 per cent were sterilized for contraceptive purposes, and 9.7 per cent reported that they were incapable of conceiving. The remainder, 65.8 per cent, were defined as exposed to the risk of pregnancy at the time of the survey.

There is no notable decline in the percentage of exposed women with increasing age, due to the compensatory effect of a higher incidence of pregnancy in the younger age groups and more marriage dissolution in the older age groups. Only among women 45-49 years of age is there a considerable drop in the percentage of women exposed (41 per cent); this is due to a large increase in the percentage of women who think that they cannot conceive any more.

Age	15-24	25-34	35-44	45-49
Percentage of Women Who Believe Themselves To Be Infecund	0.7	2.6	11.8	39.4

Contraceptive sterilization shows a steady increase with increasing level of education, although the figures are relatively low, from 1 per cent in women with no education to about 5 per cent in women with secondary education and higher.

3.2 FERTILITY

Data on fertility were obtained through the use of a detailed birth history, coupled to a history of pregnancies which did not result in live births.

Number of Children Ever Born

Classified by age of the woman, the mean number of live births for all women, ever-married women, and currently married women were as follows:

TABLE 1

MEAN NUMBER OF CHILDREN EVER BORN TO ALL EVER-MARRIED AND CURRENTLY MARRIED WOMEN, BY CURRENT AGE

	Current Age							
Women	15-19	20-24	25-29	30-34	35-39	40-44	45-49	ALL
All	0.16	1.07	2.54	4.04	5.44	6.26	6.66	2.88
Ever-Married	1.04	2.00	3.24	4.49	5.88	6.58	6.99	4.51
Currently Married	1.03	2.04	3.31	4.62	6.02	6.76	7.18	4.59

However, since currently married women constitute over 90 per cent of the ever-married and since, among the currently married women, there are those who had an earlier marriage dissolved, the figures here do not demonstrate the effect of marriage dissolution on the mean number of live births.

Single women will not generally be taken into account in this section. It may be interesting, though, to point out that the mean number of live births among single women only amounts to 0.09 births.

The mean number of children ever born to all ever-married women in the sample was 4.51, as can be seen in Table 2. Marriage duration has the obvious effect of increasing the number of children ever born, with the peak among women who were married more than 30 years ago and who married before age 15. They reached a mean of 8.92 children.

There is a clearcut relationship between age at marriage and fertility. Between woman who marry before age 20 and those who marry at age 20 or later, the difference is especially pronounced. It must be pointed out, however, that the age at first marriage will be influenced by socio-economic and cultural factors which in turn may have an effect on fertility independent of age at first marriage.

TABLE 2

MEAN NUMBER OF CHILDREN EVER BORN TO ALL EVER-MARRIED WOMEN, BY AGE AT FIRST MARRIAGE AND BY YEARS SINCE FIRST MARRIAGE

Years Since First Marriage	Age at First Marriage				
	All Ages	<15	15-19	20-24	25+
All	4.51	5.94	4.74	4.07	2.85
Standardized on Years Since First Marriage	4.51	4.86	4.58	4.02	2.73
<5	1.30	1.38	1.29	1.33	1.30
5-9	2.96	2.74	3.06	2.98	2.53
10-14	4.43	4.90	4.62	4.25	3.49
15-19	5.78	6.17	6.06	5.67	4.41
20-24	6.73	8.00	6.97	6.22	4.94
25-29	7.85	8.64	7.85	7.27	-
30+	8.44	8.92	7.73	-	-

The mean number of children ever born varies considerably according to background characteristics. Educational level shows an inverse relationship with mean number of children ever born and ranges from 6.2 children for women with no education to 2.7 children for women with secondary or higher education. Women in Metropolitan Lima have a far lower mean number of live births (3.7) than do women in the other regions of the country where the mean is around 4.8. Rural women, on the other hand, have a far higher mean number of live births (5.2) than do women living in big cities (3.9). When controlled for marriage duration, all these relationships hold, although their magnitudes diminish.

Children Born in The First Five Years After Marriage

The mean number of children born before or in the first five years after marriage is similar for all marriage cohorts (see Table 3), and varies little according to age at marriage, except for women who first marry before the age of 15.

These results indicate a fairly uniform family building pattern during early marriage. Differentials according to region of residence, degree of urbanization, educational level, and pattern of work are very small and indicate that planning of child-birth during the first five years of marriage is non-existent or similar between women of different characteristics. As mentioned before, however, differentials do exist in number of children ever born, and these therefore must have emerged after the first five years of marriage.

TABLE 3

MEAN NUMBER OF CHILDREN BORN TO ALL EVER-MARRIED WOMEN BEFORE OR IN THE FIRST FIVE YEARS AFTER FIRST MARRIAGE, BY AGE AT FIRST MARRIAGE AND BY YEARS SINCE FIRST MARRIAGE

Age at First Marriage	Years Since First Marriage			
	5-9	10-19	20+	All
<15	1.9	1.8	1.9	1.9
15-17	2.1	2.1	2.1	2.1
18-19	2.3	2.3	2.2	2.3
20-21	2.4	2.3	2.2	2.3
22-24	2.2	2.4	2.2	2.3
25-29	2.3	2.4	2.3	2.4
30+	2.1	2.3	-	2.2
ALL	2.2	2.2	2.1	2.2

It is interesting to note that of all first births, 13.1 per cent occurred before first marriage, while an additional 28 per cent occurred within the first 8 months of marriage. The length of the first-birth interval (computed for post marital births only) is uniform over all age groups, the mean being 16.4 months. Only the women married at less than 18 years demonstrate a higher mean interval than do the rest of the age-at-marriage groups, reflecting probably the incidence of adolescent sub-fecundity in these age groups.

Current Fertility

The report presents only fertility rates derived from the fertility survey data. Comparison with other sources of information will take place during the second stage of analysis.

The rates are calculated on the basis of an all-woman sample and suggest that for the age group 15-39, the total fertility rate has declined 23 per cent between 1965 and 1977. Rates are given in Table 4 and graph 1 and suggest that the pattern of fertility decline between 1965 and 1977 has been fairly uniform over all age groups.

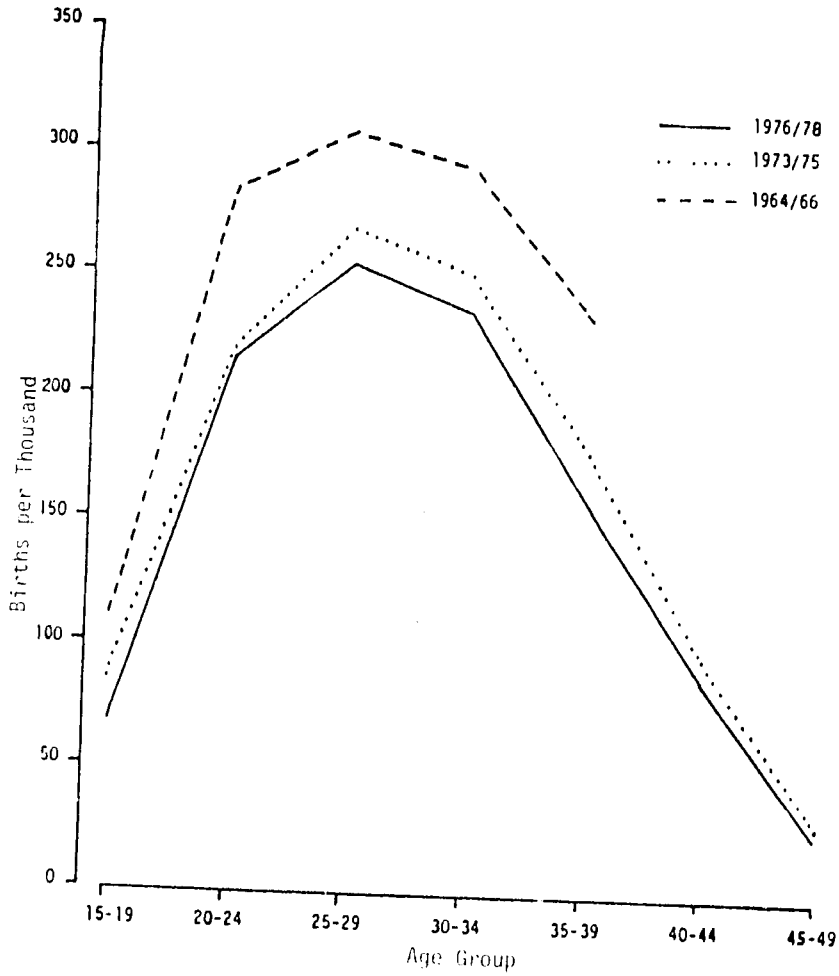
These data have to be treated with caution, since a careful evaluation of their quality is necessary before any final conclusions about the extent of the fertility decline can be made. Nevertheless, the data suggest that a decline in fertility has taken place in Peru, but that no significant change has taken place in the age pattern of fertility.

TABLE 4

AGE SPECIFIC AND TOTAL FERTILITY RATES: 1964-78

Age	1964-66	1967-69	1970-72	1973-75	1976-78
			Age Specific		
15-19	111	112	96	86	68
20-24	285	287	274	245	226
25-29	308	312	305	269	254
30-34	294	275	266	251	236
35-39	233	200	199	180	159
40-44	-	-	123	97	87
45-49	-	-	-	29	26
			Total Fertility		
15-39	6.16	5.93	5.70	5.15	4.72
15-49	-	-	-	5.78	5.28

Figure 1. AGE SPECIFIC FERTILITY RATES, BY PERIOD



The Impact of Infant Mortality

Of all the children born alive to ever-married women (mean = 4.5), only 80 per cent are currently alive (mean = 3.6). The proportion of live births surviving decreases consistently with increasing age of the mother, from 90 per cent for women 15-19 years of age to 74 per cent for women 45-49 years of age. This decline is partly due to the longer exposure time to the risk of death by children of older women and partly to a probable decline of infant and child mortality in more recent years. The survey data put the infant mortality rate for 1970-71 at 115 per 1000, while for 1974-75 it is calculated at 92 per 1000.

These figures have to be treated with caution, however, due to the possible effect of misreporting and the relatively high sampling errors.

Preference for Number and Sex of Children

Of all currently married and fecund women, 61 per cent said that they did not want to have any more children. The percentage of women who do not want to have any more children rises steeply with the number of surviving children, from 6 per cent for those with no living children to 95 per cent for those with 9 or more living children. It also rises according to age of the woman, which is not surprising as older women are also higher parity women. There seems to be some independent effect of age, however, as the relationship persists even when family size is controlled.

Number of Surviving Children	0	1	2	3	4	5	6	7	8	9+	ALL
Percentage Wanting No More	6	20	48	62	74	80	81	87	88	95	61

When controlled by number of living children, differentials in the percentage of women wanting no more children according to place of residence, degree of urbanization, educational level, and pattern of work are not pronounced and rather erratic. This seems to indicate that fairly uniform ideas about family size exist in the different subgroups of the population.

Women were asked whether they had wanted another child at the time of their last pregnancy and answers reveal basically the same pattern as that for the current desire to have no more children. Forty-six per cent of women did not want their last pregnancy,and this percentage increases consistently with the age and number of living children.

Sex Preference

Considering the overall figures, sex preference is not apparent, as 38.3 per cent of women who want another child would prefer their next child to be a boy and 34.8 per cent,a girl. In fact, if a woman has 1 boy and 1 girl, there is only a slight preference for the next child to be a boy, and about 40 per cent of these women say that they do not have a preference.

When analysed by the sex of the children women already have, however, it appears that women want children of each sex. Among women with 2 boys and no girls, there is a marked preference for the next child to be a girl.

In conclusion, it seems that women prefer to have families which are balanced with respect to the sex of children, with a slight preference for boys if that balance has already been attained.

SEX PREFERENCE FOR WOMEN WITH 2 CHILDREN

Family Composition	Prefers Boy	Prefers Girl	Either
		Per Cent	
2 Boys	4.7	85.3	10.0
2 Girls	88.4	1.4	10.2
1 Boy and 1 Girl	36.9	22.4	40.7

Total Number of Children Desired

The total number of children desired averages 3.8 for all currently married women. The direct relationship with number of surviving children is fairly strong, thus throwing some doubt on the validity of the responses, and probably affects the differentials observed for place of residence, degree of urbanization and level of education. However, women with less than three surviving children desire a total of about three, a figure may represent better the number of children desired by Peruvian women beginning to form families.

Number of Surviving Children	0	1	2	3	4	5	6	7	8	9+	ALL
Total Number Desired	3.3	2.9	3.1	3.7	4.1	4.2	4.6	4.8	4.9	5.2	3.8

3.1 CONTRACEPTIVE KNOWLEDGE AND USE

Women were first asked whether they knew or had heard of ways or methods to avoid pregnancy. Any method mentioned was considered to be a method known to the woman. After that, she was given a short description of each method not mentioned by her and was asked whether she had heard of that specific method. From the answers to these two questions the figures which follow in this section were obtained. Knowledge of a method is, therefore, not indicative of an understanding of the efficiency and proper use of that method.

3.2 KNOWLEDGE OF CONTRACEPTIVE METHODS

Of all ever-married women, 92 per cent had heard of at least one contraceptive method. Only about 4 per cent had only heard of inefficient methods. Knowledge is highest in the age groups 20-34, with figures of well over 85 per cent; it is lowest in the age groups 45-49, with only 71 per cent. With respect to individual methods, the best known method is the pill (63 per cent) closely followed by injection (61 per cent),

female sterilization (59 per cent), and rhythm (55 per cent). The least well-known method is male sterilization, with only 19 per cent reporting knowledge.

It is worthwhile to note that the data from a fertility survey done in 1969 (PECFAL-R) indicated only 28 per cent knew of the pill and 6 per cent of injection. With respect to other methods, knowledge ranged from 16 per cent to 4 per cent. These figures are an indication of the important increase in knowledge which has taken place in the 8 years preceding the survey.

There are major differentials in knowledge of any method of contraception according to region of residence, degree of urbanization, and educational level. The Metropolitan Lima area has by far the highest level of knowledge (98 per cent), while in the Southern region of the country, only 71 per cent of women have heard of a method. Knowledge in rural areas is only 61 per cent. Women with no education are at the bottom end of a continuously rising scale with 58 per cent, while women with secondary or higher education are at the top end with 99 per cent.

3.3 PAST USE OF CONTRACEPTION

Of all ever-married women, 49 per cent have used a method of contraception at some stage in their lives. With respect to age, the proportion of users follows the typically inverted U shape; with ever-use highest in the 30-34 year age group (59 per cent) and lowest in the 15-19 and 45-49 year age groups, 32 per cent and 33 per cent, respectively.

Women with less than 4 living children have used contraceptives to about the same extent as have women with 4 or more living children (50 per cent and 47 per cent, respectively). There are similarly small differences according to the age of the woman within these family size groups.

In order of importance the main methods ever used are rhythm (27 per cent), withdrawal (17 per cent), douche (15 per cent), and the pill (13 per cent). Ever-use of the IUD is only 3 per cent, as is ever-use of female sterilization.

Ever-use of any method is highest in Metropolitan Lima (75 per cent) and lowest in the southern area (36 per cent), with the other regions at levels of less than 50 per cent.

According to degree of urbanization, there exists a linear relationship with Lima at the top with 75 per cent and rural areas at the bottom with 20 per cent only. The same type of relationship exists according to the level of education of the woman, with women with secondary or higher education at 81 per cent and women with no education at 19 per cent.

3.4 CURRENT USE OF CONTRACEPTION

Data on current use are calculated over "exposed" women, that is to say, non-pregnant, currently married women without a fecundity impairment. Contraceptively sterilized women are included as exposed. Overall 41 per cent of the exposed women are currently using contraceptives.

As pregnant women are not classified as exposed, this figure gives a somewhat inflated picture of the overall situation in the country. If recomputed on the basis of all currently married women, the level of current use falls to 36 per cent.

Current use of contraceptives among 'exposed' women also follows the typical inverted U shape according to age of the woman, with the highest level of users in the 25-34 year age group (48 per cent) and 35 per cent for the age group 15-24, while for women aged 45-49 only 31 per cent report current use of any method.

With respect to current use according to the number of living children the same inverted U shape is apparent, with the peak at 2 children (49 per cent), the lower end at 0 children (16 per cent) and the other at 31 per cent for women with 9 or more living children.

Lima has 52 per cent current users and is the highest, while the Northern region is the lowest with 27 per cent. According to degree of urbanization, a linear relationship exists, with Lima at the top end and rural areas at the lower end with only 15 per cent of exposed women currently using.

The same type of relationship exists according to level of education, with 57 per cent users in women of secondary education or higher and only 11 per cent in women with no education.

It must be said that although 41 per cent of exposed women are currently using some method of contraception, only 14 per cent are using an efficient method (pill, IUD, female scientific, condom, injection, or sterilization).

Of all currently married and fecund women who have never used contraceptives, 37 per cent think they will use sometime in the future, while 63 per cent do not think they will ever use contraceptives.

Of exposed women who do not want any more children, 46 per cent are currently using a method of contraception, while use is 36 per cent for women who do want more children, indicating that the use of contraceptives for spacing is about as important as use for termination of childbearing.

Maternal and Child Health

The Peruvian Fertility Survey questionnaire also included questions on maternal and child health, the results of which are interesting.

Fifty-one per cent of the women did not have any medical check-up during their last pregnancy. For women with no education the percentage rises to 82 per cent, while for women with secondary or higher education it is only 14 per cent. Fifty-seven per cent of the women had their last delivery at home, and again there is a strong relationship with educational level: for women with no education the percentage was 85 per cent, and for women with secondary or higher education it was only 19 per cent. In Lima only 19 per cent of the women had their last delivery at home, against 82 per cent of the women in the Andes Mountain Zone.

Thirty-nine per cent of the children did not have any medical check-up during their first months of life: sixty-three per cent for those of women with no education against 12 per cent for those of women with secondary or higher education.