

**BRAZIL
DEMOGRAPHIC
AND
HEALTH SURVEY
1986**

PRELIMINARY
REPORT

SOCIEDADE CIVIL BEM-ESTAR FAMILIAR NO BRASIL- BEMFAM

DEMOGRAPHIC AND HEALTH SURVEYS - DHS
Institute for Resource Development, Westinghouse



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The Demographic and Health Surveys Program (DHS) is assisting government and private agencies with the implementation of 35 surveys (1984-89) in developing countries. Funded primarily by the Agency for International Development, DHS is a program within the Institute for Resource Development, Westinghouse (IRD), with assistance from The Population Council. The project objectives include: (1) to provide decision makers in the survey countries with a data base and analysis useful for informed policy choices; (2) to expand the international population and health data base; (3) to advance survey methodologies; (4) to develop in participating countries the skills and resources necessary to conduct high-quality demographic and health surveys.

The Sociedade Civil Bem Estar Familiar no Brasil (BEMFAM) is a private organization that aims to promote the well being of the family. Its primary objective is to motivate the implementation of a family planning program on a national scale. The main activities of BEMFAM are: 1) the execution of community programs of family planning; 2) providing family planning services in clinics; 3) supplying information, education and motivation on responsible paternity through courses, seminars and lectures; and 4) medical, psychological, socioeconomic and demographic research. In the past BEMFAM has conducted ten state Contraceptive Prevalence Surveys with the collaboration of state health agencies, various universities and local organization and the financial and/or technical assistance of U.S. organizations including the Institute for Resource Development/Westinghouse (formerly Westinghouse Health Systems).

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This survey was undertaken with the collaboration of the following institutions:

Grupo Parlamentar para Estudos de Populacao e Desenvolvimento, GPEPD.
Universidade Federal de Pernambuco.
Universidade Federal do Parana.
Universidade Federal de Santa Maria.
Secretaria Estadual de Saude do Rio Grande do Norte.
Secretaria Estadual da Paraiba.
Centers for Disease Control (CDC), Atlanta, GA.

The collection and analysis of anthropometric data in the Northeast was carried out with the assistance of the Departamento de Nutricao, Centro de Ciencias da Saude, Universidade Federal de Pernambuco.

Partial funding for the survey was provided by the Institute for Resource Development, Westinghouse (IRD) under AID contract number DPE-3023-C-00-4083-00. BEMFAM also contributed funds to cover survey costs.

December, 1986

1. INTRODUCTION

The Brazil Demographic and Health Survey (Brazil DHS) or Pesquisa Nacional de Saude Materno-Infantil e Planejamento Familiar was conducted by the Society for the Welfare of the Family in Brazil (BEMFAM) within the framework of the Demographic and Health Surveys Program of the Westinghouse Institute for Resource Development (IRD). The Brazil DHS is national in scope and collected data in 8,519 households containing 6,733 women aged 15-44. Field work for the survey took place between May and August, 1986. Partial funding for the survey was provided by the U.S. Agency for International Development.

The Brazil DHS is the first national-level survey to collect detailed fertility, family planning and health data in Brazil. The survey will contribute significantly to the evaluation of family planning and health programs and to the understanding of demographic trends currently underway in Brazil. For example, data from the 1970 and 1980 Population Census show that the total fertility rate declined by approximately 25% in a ten year period (i.e., from 5.8 to 4.4). This decline occurred without the benefit of a government-sponsored family planning program and very little is known about its underlying causes and determinants. Fertility and family planning surveys conducted by BEMFAM and other institutions have provided insight into fertility trends for some states;¹ however, the data necessary for a national-level analysis and for comparative analysis between regions have only now become available from the Brazil DHS.

¹ Ten state level surveys about family planning and maternal-child health were carried out by BEMFAM from 1979 to 1982. State and local studies were also conducted by the Pontificia Universidade Catolica de Campinas (1978), Berquo (1971, 1977) and Etges (1975).

Data on the following topics were collected in the Brazil DHS:

- Socioeconomic characteristics: education, occupation, income, religion, residence, marital status.
- Fertility: children ever born, ideal number of children, pregnancy intentions, abortion, sexual activity.
- Fertility regulation: knowledge of contraception, past and current use, source, satisfaction with methods, reasons for non-use.
- Child mortality and maternal-child health: deaths of children, prenatal care, breastfeeding, immunization, treatment of diarrhea, height and weight of children under 5 years.

The findings in this preliminary report are based on data which are not fully edited and must be considered provisional. A comprehensive final report will be published in late 1987. The reader is alerted that the statistics reported here on fertility (Section 3) refer to all women aged 15-44 while those presented on knowledge of family planning methods and sources, current use and fertility preferences (Section 4, 5 and 6) refer to currently in union women aged 15-44. Throughout the report the terms married and currently in union are used interchangeably.

2. METHODOLOGY

Since 1971, the Instituto Brasileiro de Geografia e Estatística (IBGE) has conducted a periodic socio-economic household survey, the Pesquisa Nacional por Amostra de Domicílios (PNAD). A sub-sample of the 1984 PNAD sampling frame, updated by IBGE in August, 1985, was used for the Brazil DHS. The scope of the survey is national, covering 95% of the population. The excluded areas are as follows: the sparsely-settled national territories of Rondonia, Acre, Roraima and Amapá and the rural areas of the North and Central-West regions.

The Brazil DHS is designed to yield independent estimates for six geographic regions which are then weighted to obtain national-level

estimates. Statewide estimates for the three largest and most politically important states of Brazil--Sao Paulo, Rio de Janeiro, and Minas Gerais-- are also available from the sample design.

The Brazil DHS regions are shown below with their corresponding PNAD regions and sample weights.

<u>PNAD Region</u>	<u>DHS Region</u>	<u>States</u>	<u>DHS Sample Weight</u>
I	1	Rio de Janeiro	0.880
II	2	Sao Paulo	1.880
III	3	South	1.295
IV	4	Central-East	0.880
VI	4	Central-East	0.880
V	5	Northeast	0.970
VII	6	North (urban only)	0.500
VIII	6	Central-West (urban only)	0.500

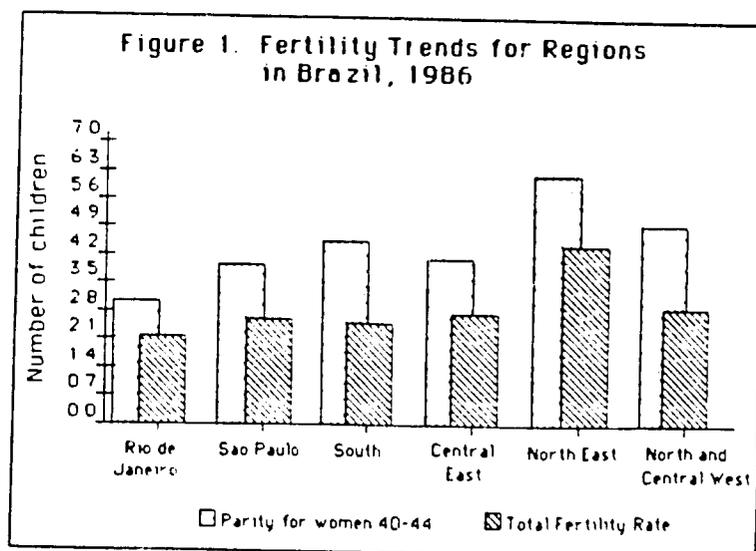
All women aged 15-44 years in sampled households were eligible for the interview. The final sample included 8,519 households containing 6,733 eligible respondents. For this preliminary report, data were available from 3,369 households containing 6,620 eligible women, of which 5,780 completed the interviews (response rates are shown in Table 1). The distributions of women by age, residence and marital status are similar in the Brazil DHS and the 1984 PNAD, although the women in the Brazil DHS sample appear to be slightly older than in the PNAD sample.

3. CURRENT FERTILITY

Preliminary estimates of the total fertility rate (TFR) for the two years preceding the survey are 2.7 births per woman for the urban population, 4.4 for the rural population and 3.1 nationwide (Table 2). These rates represent a considerable decline from the 1980 level of fertility.

Considerable variation exists between the TFR estimates for geographic regions and educational categories of women. Fertility is lowest in Rio de Janeiro (TFR of 2.2 births per woman). This TFR is one-half the rate in the Northeast where fertility is highest (4.5 births per woman). In the remaining regions estimates of the TFR varies between 2.5 and 2.9. The estimates by education are lowest for women with more than primary education (2.4 births per woman) and highest for women with no education (5.8 births per woman).

Since the TFR represents the rate at which women are currently reproducing it is possible to chart the recent decline in fertility by comparing this figure to the number of the children ever born to women aged 40-44, which primarily represents fertility levels in the past. This comparison, shown in Figure 1, indicates that women in Rio de Janeiro, Sao Paulo and the Central East regions had already experienced a transition to lower rates in the past while the smaller family is a much more recent phenomenon in the South, Northeast, and the North and Central-West regions.



4. FAMILY PLANNING KNOWLEDGE AND PAST USE

An important factor contributing to the recent decline in fertility is the generally high level of awareness about and use of family planning. The best known contraceptive methods are the pill and female sterilization (see Table 3), which were recognized by 90% or more of women currently in union in all regions. In addition, more than three-quarters of women in union had heard of the condom, and more than one-half knew the calendar method of periodic abstinence and withdrawal. The IUD and male sterilization were also mentioned by more than half of the married women in all regions except the Northeast. The diaphragm and the Billings method of periodic abstinence are the least known methods.

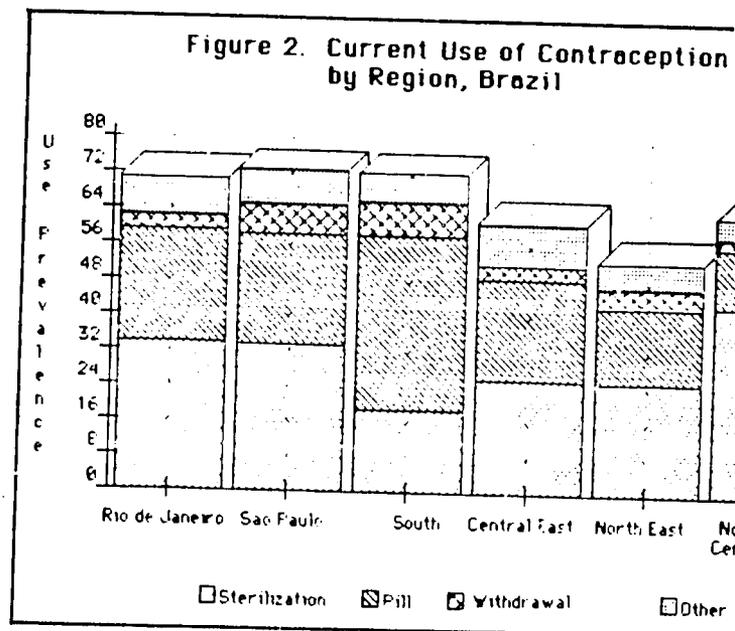
As seen in Table 4, knowledge of sources of supply or information for contraceptive methods follows the same pattern as knowledge of methods. Overall, 95% of women in union knew a source for the pill and 85% could name a source for female sterilization. More than two-thirds of the women in union could also name a source for the condom and a source of information about the calendar method. For most methods, the proportion knowing a source was substantially lower in the Northeast.

For Brazil as a whole, over 70% of women in union have used the pill (Table 5). A common pattern of contraceptive use appears to be the use of the pill in early childbearing years followed by sterilization. More than one-fourth of the respondents have chosen sterilization as their contraceptive method. Withdrawal, the condom, and the calendar method have been used at some point by more than one-fifth of the married women.

5. CURRENT USE OF CONTRACEPTION

Sixty-five percent of married women report that they or their husbands are currently using contraception (Table 6 and Figure 2). This level is comparable to that in other countries that have achieved low levels of

fertility. Sixty-eight percent of married women in urban areas report using contraception compared with 57% in rural areas (Table 7). The use of contraception is highest in the south of the country where more than 70% of married women in Rio de Janeiro, Sao Paulo and the South region are currently using a method of family planning. The lowest rate of contraceptive use is found in the Northeast; nonetheless, 53% of married women in this region are using a method of family planning. Comparisons with earlier state surveys show that prevalence has increased by 11% in Sao Paulo and the South region, and by 43% in the Northeast.

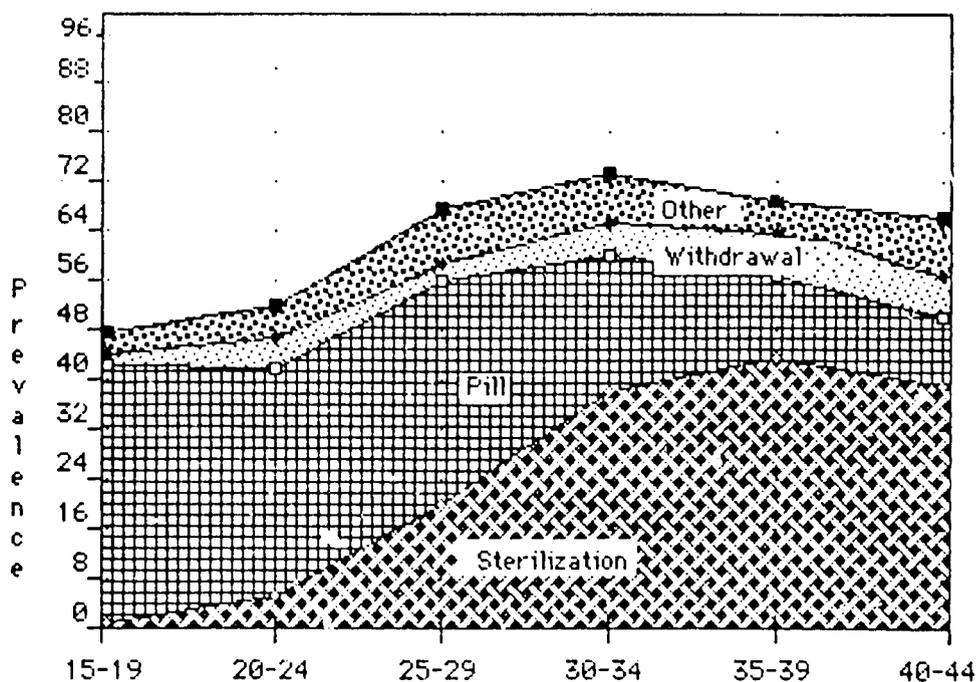


Nationally, 27% of couples are using female sterilization and 25% oral contraceptives. Four-fifths of all current users rely on these two methods. Female sterilization is the most common method in all regions except the South where pills are the most prevalent method. In Sao

Paulo, vasectomies have become more available with the opening, in 1981, of a specialized clinic that provides services and information related to male sterilization. This program has now reached 2% of all married couples in that state.

Contraceptive prevalence by age group and education is shown in Tables 8 and 9. While one-half of married women 15-24 are using a method of family planning, contraceptive use peaks at 74% among women in their early thirties. Pills are the most prevalent method among women under 30. Among women age 30 and older, surgical contraception becomes increasingly more important (see Figure 3). While contraceptive prevalence varies positively with educational level, the prevalence of female sterilization differs very little by education.

Figure 3. Contraceptive Prevalence in Brazil by Age



Sources of contraception are shown in Figure 4 and Table 10. Pharmacies, private physicians and hospitals, and Social Security physicians and hospitals (INAMPS) are the most frequently cited sources of contraception in Brazil. Only in the Northeast are the state health departments an important source of contraception (20%). This is due to the existence of statewide family planning programs in collaboration with BEMFAM.

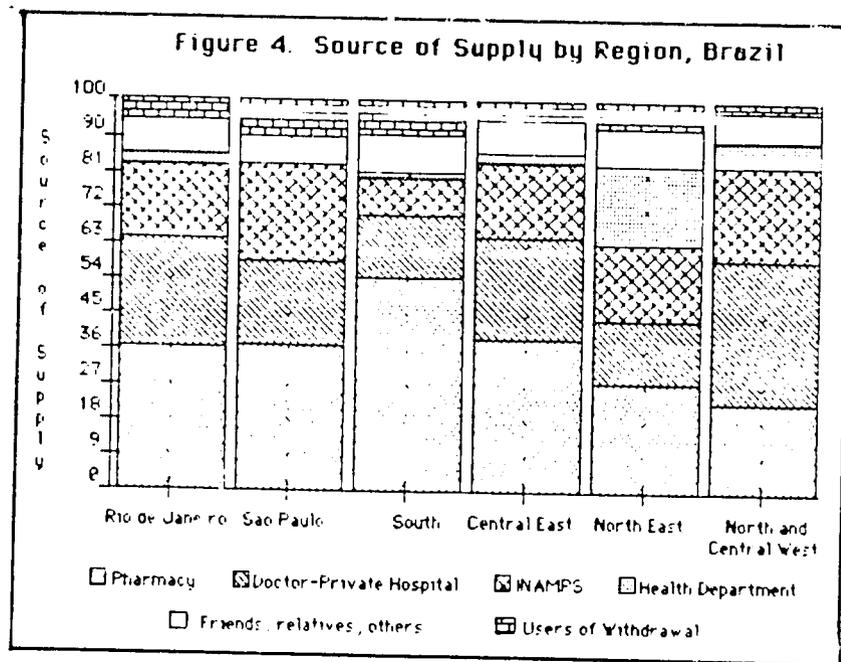


Table 11 presents the sources of contraception by method. Ninety-two percent of pill users obtain their method at a pharmacy. Sterilizations were obtained equally at private and Social Security hospitals. Women acquired information about methods of periodic abstinence from private doctors or from friends and family. Condoms were almost exclusively purchased at pharmacies.

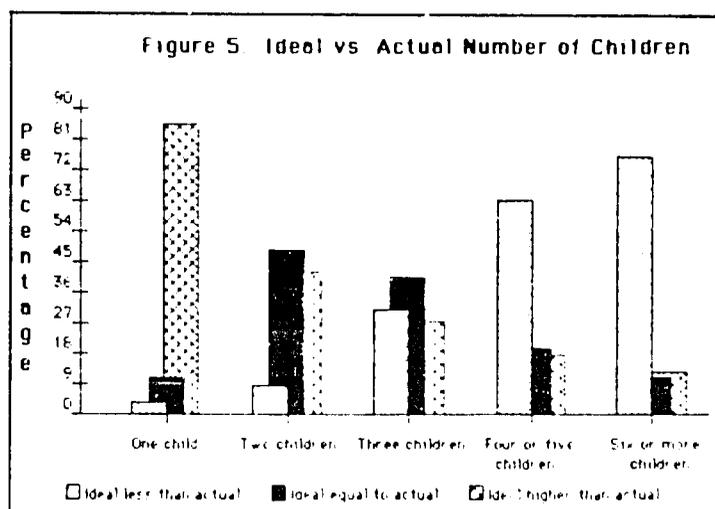
The reasons reported by women in union for not using contraception are shown in Table 12. In four of the six regions most are not using

contraception for reasons related to pregnancy, infecundity or the absence of sexual activity. However, in the Northeast and North-Central West regions, 40% of non-users gave other reasons dominated by vague answers such as "do not want to" or "do not like contraception" or complained of previous side effects. Religious reasons, accessibility problems, and husband's attitude are notable only for the infrequency that they were reported as reasons for nonuse.

6. FERTILITY PREFERENCES

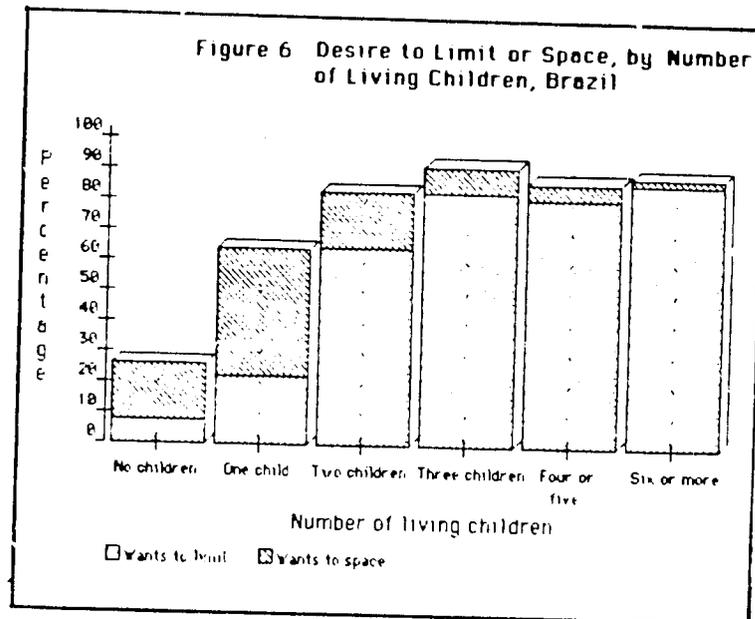
Data on whether recent births were wanted or planned, and whether and when additional children are wanted, provide important information about the effectiveness of and need for fertility regulation. Such data also permit calculations about the level of fertility that might prevail if fertility regulation were more prevalent.

Preliminary estimates (not detailed here) indicate that approximately one-fourth of births in the last 5 years were unwanted. Regarding ideal family size, twenty-seven percent of women in union who have had at least one birth in the last 5 years report their ideal number of children to be lower than their actual number of children (Table 13). A comparison of a woman's ideal and actual number of children in Table 13 (see also Figure 5) suggests that 2 or 3 is the desired number of children for women who had a child in



the last five years. Forty-four percent of women with 2 or 3 children reported their current number as their ideal. Ninety percent of women with one child reported an ideal number higher than their current parity while 66% of women with 4 or more children reported an ideal that was less than their actual parity.

Currently married non-sterilized women were also asked about their desires for spacing or limiting future births. For the purpose of this report, all sterilized women were considered as not wanting any more children (Table 14). Fifty-nine percent of currently married women do not want any more children. The proportion desiring to terminate childbearing is fairly constant across regions, varying from 52 to 65 percent. The proportion who desires no more children rises sharply after a woman has had her second child (Figure 6). While only 22% of women with one child desire no more children, 64% of the women with 2 children and 83% of the women with three children want no more children.



7. MATERNAL AND CHILD HEALTH

Information was collected for several indicators of maternal-child health (MCH) for all births in the last 5 years. One use of this information is to determine the utilization of MCH facilities and the type of services received at the facilities. Preliminary findings show that 74% of mothers had a prenatal medical consultation for their births. Table 15 shows the sources of prenatal care for each region.

Seventy-nine percent of births occurred in hospitals, one-half of them in Social Security hospitals (Table 16). Almost one out of three hospital births were delivered by caesarean section. In Rio de Janeiro, Sao Paulo, and the North, 40 per cent or more births were delivered by caesarean section.

Breastfeeding is important not only because it is associated with lower child mortality, but also because of its influence on fecundity through prolonging the duration of post-partum amenorrhea. The mean duration of breastfeeding in Brazil based on current status data is 9.7 months. However, one-half of the women have terminated breastfeeding after 5 months (median duration).

The range of breastfeeding durations across regions (not shown here) is from 15% below to 36% above the national figure; Rio de Janeiro, Sao Paulo and the Northeast have shorter durations and the South, the Central-East and the North have longer durations. The duration of breastfeeding is shortest in the Northeast and longest in the Central-East. The duration of breastfeeding increases with age and decreases with education. Women who gave birth at home breastfed for about 2 months longer than women who gave birth in public facilities, and 3.5 months longer than women who gave birth in private hospitals.

Immunization data provide an estimate of the vaccination coverage of young children. Tables 17 and 18 show the percentage of children with complete primary immunization (i.e., three or four immunizations against Polio and DPT, one immunization against measles) by region and by age of the child, respectively. Only children who had a health card or for whom mothers could report their vaccination status with certainty are included in these tables (75% of children under age 5). Results presented here probably overestimate vaccination coverage as it is likely that if the mother was unsure about her child's vaccination status, the child had not been vaccinated. Approximately 80% percent of children for whom information was available were vaccinated against the various childhood diseases. The percentages inoculated are similar across regions with the exception of the Northeast, where the

proportions are lower, especially for DPT. Between 55 and 60 percent of children receive complete primary immunization by their first birthday.

8. ANTHROPOMETRIC STUDY IN THE NORTH EAST REGION

In the Northeast region of Brazil, the Brazil DHS was complemented with an anthropometric study of the height and weight of children under 66 months of age. All surviving children born since January 1, 1981 of women selected for the Brazil DHS were eligible to be measured. The anthropometric study, under the auspices of the Department of Nutrition of the Federal University of Pernambuco, also included additional questions about breastfeeding.

Data collection followed established World Health Organization (WHO) standards.² Measurements were made on ITAC Infant Weighting Scales and Measuring Tables from Shorr Productions by 5 nutritionists trained for the study.

The total sample for the anthropometric study was 1,290 children. The analysis is based on 1,208 children, 596 (49.3%) males and 612 (50.7%) females. Eighty-two children were excluded from the analysis because of incomplete or out-of-range data.

Table 19 presents the nutritional status of children, both sexes combined, according to the Gomez (weight/age) classification. Of the 1,208 children with measurements, 61.2% are in the normal weight range and 38.8% show some degree of undernutrition (1st degree, 31.8%; 2nd degree, 6.2%; and 3rd degree, 0.8%). Most children with moderate and serious (2nd and 3rd degree) undernutrition are under 2 years of age. Approximately 57% of children

²ORGANIZACION MUNDIAL DE LA SALUD. Mediccion del cambio del estado nutricional; directrices para evaluar el efecto nutricional de programas de alimentacion suplementaria destinados a grupos vulnerables. Ginebra, OMS, 1983. 105 p.

with 2nd degree undernutrition, and 70.0% of those with 3rd degree undernutrition fall in this age group.

When these results are compared with a 1974-1975 IBGE study,³ a significant improvement in nutritional status in the Northeast can be seen. In the IBGE study 86.4% of children showed some degree of undernutrition (1st degree, 48.9%; 2nd degree, 32.5%; and 3rd degree, 3.0%). Of special interest is the decline in the 2nd and 3rd degree under-nutrition, where the percentages have declined to 6.2% and 0.8%, respectively.

³FUNDACAO INSTITUTO BRASILEIRO DE GEOGRAFIA E ESTATISTICA. Perfil estatístico de crianças e maes no Brasil - 1974-1975. Rio de Janeiro, 1982.

TABLE 1

Percent Distribution of Household and Individual Interviews
According to Result, by Region, Brazil, 1986*

Result	Brazil	Fló de Janeiro	Sao Paulo	South	Central- East	North East	North- Central West**
<u>Household Interviews</u>							
Households with Women 15-44	60.2	58.9	60.0	61.2	61.4	58.0	64.8
No Women 15-44	19.4	21.2	20.5	20.5	21.8	16.8	18.2
Unoccupied Dwelling	6.7	5.4	6.2	5.4	8.1	7.2	7.2
Non-Existent Dwelling***	6.5	5.0	6.6	5.7	4.8	9.4	3.9
Residents Absent	4.8	7.0	3.9	6.4	3.8	3.5	5.4
Inaccessible Sector	1.3	0.0	0.0	0.0	0.0	4.6	0.0
Refusal	1.0	2.4	2.7	0.7	0.2	0.4	0.5
<u>Total</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
(Total Number of Households)	(8369)	(1193)	(1121)	(1292)	(1304)	(2432)	(1027)
<u>Individual Interviews</u>							
Complete Interviews	87.3	83.5	82.4	93.3	90.5	89.1	82.9
Eligible Woman Absent	8.6	12.0	10.7	4.8	5.1	7.0	14.5
Refusal	2.6	2.9	4.9	1.6	2.3	2.4	1.6
Other	1.5	1.6	2.0	0.3	2.1	1.5	1.1
<u>Total</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
(Total Number of Interviews)****	(6620)	(934)	(905)	(987)	(1015)	(1875)	(904)

*This table and the following tables may not sum to exactly 100.0 due to the rounding of sub-totals.

**Only Urban Areas.

***Demolished dwellings and non-existent addresses.

**** Total number of respondents in households with women 15-44.

TABLE 2

Total Fertility Rates* (TFR) and Average Number of Children Ever Born (CEB) to Women 40-44 by Selected Characteristics, Brazil, 1986

	TFR	CEB 40-44
<u>Brazil</u>	<u>3.07</u>	<u>4.61</u>
<u>Residence</u>		
Urban	2.67	4.17
Rural	4.35	6.33
<u>Region</u>		
Rio de Janeiro	2.19	3.02
Sao Paulo	2.59	3.97
South	2.47	4.54
Central-East	2.75	4.09
Northeast	4.49	6.21
North-Central West	2.87	5.01
<u>Education</u>		
No Education	5.80	6.83
Less Than Complete Primary	4.45	5.61
Complete Primary	2.85	4.10
More Than Complete Primary	2.24	2.82

*Total fertility rate for 1984-1986.

TABLE 3
 Percentage of Currently in Union Women 15-44 Knowing
 Specified Contraceptive Methods, by Region, Brazil, 1986

Methods	Brazil	Rio de Janeiro	Sao Paulo	South	Central- East	North East	North- Central West
Pill	99.6	100.0	100.0	99.7	99.3	99.4	99.5
Female Sterilization	95.4	97.4	94.6	93.9	96.5	95.3	98.8
Condom	86.8	92.1	94.3	89.0	86.1	77.1	83.5
Calendar/Rhythm	77.1	90.3	78.9	60.9	79.3	80.4	81.2
Withdrawal	70.2	64.9	80.1	74.0	68.1	63.5	63.6
IUD	67.3	87.0	79.6	64.1	71.2	49.5	64.3
Male Sterilization	56.1	57.4	74.8	50.6	61.1	38.7	64.5
Vaginal Methods	36.3	46.8	41.7	29.1	31.9	36.4	29.5
Diaphragm	22.3	43.5	24.5	18.3	23.1	14.2	22.5
Billings	19.2	22.7	21.3	25.7	19.3	9.8	22.7
Other Methods*	14.9	10.2	14.1	19.2	8.8	17.3	15.8
(Number of Cases Unweighted)	(3414)	(453)	(441)	(573)	(545)	(971)	(431)

*Herbs, teas, etc.

TABLE 4

Percentage of Currently in Union Women 15-44 Knowing a Supply or Information Source for Specified Contraceptive Methods, by Region, Brazil, 1986

Methods	Brazil	Rio de Janeiro	Sao Paulo	South	Central-East	North East	North-Central West
Pill	94.8	98.3	97.1	98.6	93.4	89.6	91.2
Female Sterilization	85.0	90.5	86.9	82.6	85.0	82.4	87.5
Condom	74.1	81.2	86.2	77.7	73.2	59.6	68.0
Calendar/Rhythm	70.1	79.9	73.5	53.2	75.4	71.9	77.0
Male Sterilization	40.6	40.2	60.5	35.4	45.7	24.5	41.1
IUD	42.3	53.4	47.6	42.8	52.3	28.5	37.1
Vaginal Methods	22.4	34.6	25.6	17.7	22.8	18.9	18.0
Billings	17.8	19.7	20.0	23.4	18.9	9.4	21.8
Diaphragm	16.6	29.7	19.7	15.7	17.5	9.3	13.0
(Number of Cases Unweighted)	(3414)	(453)	(441)	(573)	(545)	(971)	(431)

TABLE 5

Percentage of Currently in Union Women 15-44 Who Have Ever Used Specified
Contraceptive Methods, by Region, Brazil, 1986

Methods	Brazil	Rio de Janeiro	Sao Paulo	South	Central- East	North East	North- Central West
Pill	72.3	83.4	79.8	81.5	73.0	56.4	59.4
Withdrawal	28.8	19.4	38.1	36.5	23.9	24.0	15.6
Female Sterilization	27.2	33.6	31.5	18.3	25.1	25.3	42.0
Condom	23.5	26.9	35.4	20.8	28.8	13.2	14.2
Calendar/Rhythm	21.0	27.2	19.5	18.7	26.8	19.1	19.3
Vaginal Methods	3.2	5.2	3.3	2.1	2.8	3.5	1.9
IUD	2.3	3.5	1.8	2.4	3.9	1.5	1.9
Billings	1.7	0.2	1.6	3.1	2.6	0.7	1.9
Male Sterilization	0.8	0.2	2.5	0.5	0.6	0.3	1.2
Diaphragm	0.3	1.2	0.3	0.1	0.2	0.1	0.3
Others*	4.0	3.1	5.2	3.5	2.9	4.2	3.9
(Number of Cases Unweighted)	(3414)	(453)	(441)	(573)	(545)	(971)	(431)

*Herbs. teas. etc.

TABLE 6

Percent Distribution of Currently in Union Women 15-44 According
to Current Contraceptive Method, by Region, Brazil, 1986

Current Use and Method	Brazil	Rio de Janeiro	Sao Paulo	South	Central- East	North East	North- Central West
<u>Using</u>	<u>65.3</u>	<u>70.6</u>	<u>72.7</u>	<u>72.6</u>	<u>61.6</u>	<u>53.0</u>	<u>63.1</u>
Female Sterilization	27.2	33.6	31.5	18.3	25.1	25.3	42.0
Pill	25.0	25.2	24.7	39.6	23.1	17.4	13.5
Withdrawal	5.0	3.1	6.6	7.5	2.9	4.2	1.9
Periodic Abstinence*	4.3	5.3	3.4	3.7	5.5	4.5	3.5
Condom	1.6	1.8	3.2	1.4	2.0	0.4	0.7
IUD	0.9	1.1	0.7	1.4	1.8	0.4	0.5
Male Sterilization	0.8	0.2	2.0	0.5	0.6	0.2	1.2
Vaginal Methods	0.5	0.4	0.7	0.2	0.6	0.5	0.0
<u>Not Using</u>	<u>34.7</u>	<u>29.4</u>	<u>27.3</u>	<u>27.4</u>	<u>38.4</u>	<u>47.0</u>	<u>36.9</u>
<u>Total</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
(Number of Cases Unweighted)	(3414)	(453)	(441)	(573)	(545)	(971)	(431)

*Includes Calendar, Rhythm and Billings methods.

TABLE 7

Percent Distribution of Currently in Union Women 15-44 According to Current Contraceptive Method, by Residence, Brazil, 1986

Current Use and Method	Brazil	Urban	Rural
<u>Using</u>	<u>65.3</u>	<u>68.3</u>	<u>57.2</u>
Female Sterilization	27.2	30.3	18.6
Pills	25.0	24.8	25.8
Withdrawal	5.0	3.9	8.0
Periodic Abstinence*	4.3	4.7	3.0
Condom	1.6	1.9	0.9
IUD	0.9	1.2	0.2
Male Sterilization	0.8	0.9	0.4
Vaginal Methods	0.5	0.5	0.3
<u>Not Using</u>	<u>34.7</u>	<u>31.7</u>	<u>42.8</u>
<u>Total</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
(Number of Cases Unweighted)	(3414)	(2536)	(878)

*Includes Calendar, Rhythm and Billings methods.

TABLE 8

Percent Distribution of Currently in Union Women 15-44 According to Current Contraceptive Method, by Current Age, Brazil, 1986

Current Use and Method	Total	15-19	20-24	25-29	30-34	35-39	40-44
<u>Using</u>	<u>65.3</u>	<u>47.7</u>	<u>52.1</u>	<u>67.5</u>	<u>73.5</u>	<u>69.0</u>	<u>66.3</u>
Female Sterilization	27.2	1.1	5.5	19.5	36.5	42.9	38.4
Pill	25.0	41.3	36.5	35.6	21.8	13.0	11.0
Withdrawal	5.0	1.4	4.8	2.7	5.5	6.9	6.6
Periodic Abstinence*	4.3	1.8	3.6	4.0	4.8	3.2	6.8
Condom	1.6	1.6	1.0	2.2	2.2	1.3	1.3
IUD	0.9	0.5	0.7	1.8	0.9	0.5	0.7
Male Sterilization	0.8	0.0	0.0	0.7	1.6	0.8	0.8
Vaginal Methods	0.5	0.0	0.0	1.0	0.2	0.4	0.7
<u>Not Using</u>	<u>34.7</u>	<u>52.3</u>	<u>47.9</u>	<u>32.5</u>	<u>26.5</u>	<u>31.0</u>	<u>33.7</u>
<u>Total</u>	<u>100.0</u>						
(Number of Cases Unweighted)	(3415)	(173)	(584)	(729)	(783)	(631)	(515)

*Includes Calendar, Rhythm and Billings methods.

TABLE 9

Percent Distribution of Currently in Union Women 15-44 According to Current Contraceptive Method, by Education, Brazil, 1986

Current Use and Method	Total	None	Less than Complete Primary	Complete Primary	More than Complete Primary
<u>Using</u>	<u>65.3</u>	<u>47.3</u>	<u>58.5</u>	<u>70.1</u>	<u>72.4</u>
Female Sterilization	27.2	23.0	26.3	30.3	27.3
Pill	25.0	14.1	21.2	25.6	30.1
Withdrawal	5.0	6.4	7.0	6.1	2.8
Periodic Abstinence*	4.3	1.6	2.4	4.4	6.2
Condom	1.6	0.8	1.0	1.7	2.2
IUD	0.9	0.4	0.4	1.0	1.5
Male Sterilization	0.8	0.0	0.0	0.6	1.7
Vaginal Methods	0.5	1.0	0.2	0.4	0.6
<u>Not Using</u>	<u>34.7</u>	<u>52.7</u>	<u>41.5</u>	<u>29.9</u>	<u>27.6</u>
<u>Total</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
(Number of Cases Unweighted)	(3409)	(364)	(948)	(675)	(1422)

*Includes Calendar, Rhythm and Billings methods.

TABLE 10

Percent Distribution of Currently in Union Women 15-44 Currently Using Contraception According to Source of Contraception, by Region, Brazil, 1986.

Source	Brazil	Rio de Sao Janeiro	Sao Paulo	South	Central- East	North East	North- Central West
Pharmacy	38.5	36.7	36.8	54.5	39.1	28.2	23.1
Private Hospital/Doctor	21.2	28.1	21.5	16.0	26.0	15.8	36.5
Social Security Hospital/Doctor	18.6	17.9	24.8	9.5	19.0	19.5	24.2
State/Municipal Health Facility	5.8	3.7	0.6	1.4	2.3	20.2	5.8
BEMFAM	0.6	0.9	0.0	1.4	0.3	0.4	0.0
CPAIME*	0.4	3.1	0.0	0.0	0.0	0.0	0.0
Friends/Relatives	4.7	2.8	3.1	4.3	7.0	7.1	3.6
Church	0.1	0.0	0.3	0.0	0.3	0.0	0.4
Other	3.5	2.8	4.3	4.6	2.6	2.5	4.0
Not Applicable**	6.5	4.0	8.6	8.3	3.5	6.3	2.4
<u>Total</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
(Number of Cases Unweighted)	(2214)	(324)	(326)	(420)	(343)	(524)	(277)

*Centro de Pesquisas de Assistencia Integrada a Muher e a Crianca.
 **Current method is withdrawal.

TABLE 11

Percent Distribution of Currently in Union Women 15-44 Currently Using Specified Contraceptive Methods According to Source of Information, by Method, Brazil, 1986

Source	Pill	Female Sterilization	Periodic Abstinence*	Condom
Pharmacy	91.5	0.0	0.0	98.4
Private Hospital/Doctor	1.4	42.7	22.4	0.0
Social Security Hospital/Doctor	0.2	43.5	8.1	0.0
State/Municipal Health Facility	4.1	9.0	2.4	0.0
BEMFAM	1.2	0.0	0.0	0.0
CPAIME	0.1	0.6	0.0	0.0
Friends/Relatives	0.3	0.0	49.9	1.7
Church	0.0	0.0	2.1	0.0
Other	1.2	4.2	15.0	0.0
<u>Total</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
(Number of Cases Unweighted)	(803)	(960)	(150)	(48)

*142 cases of Calendar and Rhythm and 8 of Billings.

TABLE 12

Percent Distribution of Currently in Union Women 15-44 not Currently Using Contraception According to Reason for Non-Use of Contraception, by Region, Brazil, 1986

Reasons for Non-use	Brazil	Rio de Janeiro	Sao Paulo	South East	Central-East	North East	North-Central West
<u>Reasons Related to Pregnancy, Fecundity, and Sexual Activity</u>	<u>67.8</u>	<u>73.7</u>	<u>73.1</u>	<u>75.1</u>	<u>76.8</u>	<u>58.3</u>	<u>61.9</u>
Currently Pregnant	29.4	28.7	31.3	29.4	33.2	28.4	21.7
Desires Pregnancy	13.3	16.3	14.8	16.3	16.3	8.7	16.2
Menopause/Subfecund	13.0	15.5	15.7	16.3	14.4	9.8	12.3
Post-partum/Breast-feeding	9.8	10.1	8.7	11.1	11.9	8.5	11.6
Not Sexually Active	2.3	3.1	2.6	2.0	1.0	2.9	0.0
<u>Other Reasons</u>	<u>32.1</u>	<u>26.6</u>	<u>27.0</u>	<u>24.9</u>	<u>23.3</u>	<u>42.3</u>	<u>38.5</u>
Don't Like/Don't Want Experienced/Fear of Side Effects	8.9	3.9	6.1	7.2	4.5	14.1	10.2
Lack of Knowledge	2.6	0.8	0.9	2.6	1.5	4.3	3.4
Religious Reasons	1.5	1.6	1.7	0.0	3.0	1.3	2.4
Can't Afford	1.2	0.0	2.6	1.3	1.0	1.1	0.0
Husband Won't Permit	1.0	0.0	0.0	1.3	1.0	1.8	0.7
Fear of Contraception	0.8	1.6	0.0	0.0	0.0	1.1	4.1
Other Reasons	7.1	7.8	9.6	3.3	5.9	7.2	10.9
Unknown	0.2	0.0	0.0	0.7	0.0	0.2	0.7
<u>Total</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
(Number of Cases Unweighted)	(1193)	(129)	(115)	(153)	(202)	(447)	(147)

TABLE 13

Percent Distribution of Currently in Union Women 15-44, with at Least one Birth Since January 1, 1981, According to Ideal vs Actual Number of Children, by Number of Living Children, Brazil, 1986

Ideal vs. Actual	Total	Number of Living Children				
		1	2	3	4-5	6+
Ideal less than Actual	27.2	2.6	8.1	31.6	59.6	77.2
Ideal equal to Actual	26.8	7.6	45.9	40.3	19.8	11.6
Ideal more than Actual	46.0	89.7	46.0	28.2	20.5	11.3
<u>Total</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
(Number of Cases Unweighted)	(2023)	(509)	(567)	(353)	(364)	(230)

TABLE 14

Percent Distribution of Currently in Union Women 15-44, According to Current Pregnancy Intention, by Region and Parity, Brazil, 1986

Region and Parity	Currently Pregnant	Desires Pregnancy		Does not Desire Another Pregnancy	Undecided	Total	Number of Cases
		Less than 1 year	One or more years				
<u>Total</u>	<u>10.1</u>	<u>9.9</u>	<u>17.4</u>	<u>58.8</u>	<u>3.8</u>	<u>100.0</u>	<u>(3364)</u>
<u>Region</u>							
Rio de Janeiro	8.4	9.5	14.0	65.0	3.2	100.0	(443)
Sao Paulo	8.4	10.2	16.2	61.0	4.2	100.0	(431)
South	8.0	11.1	24.7	52.1	4.1	100.0	(566)
Central-East	12.7	12.4	15.2	55.8	3.9	100.0	(534)
Northeast	13.2	7.8	16.2	59.4	3.4	100.0	(967)
North-Central West	7.8	10.0	12.5	65.3	4.5	100.0	(418)
<u>Number of Living Children</u>							
0	28.4	39.8	18.6	7.7	5.5	100.0	(301)
1	13.8	17.3	41.5	22.3	5.1	100.0	(679)
2	6.9	6.5	18.1	64.5	4.1	100.0	(851)
3	4.5	1.9	8.1	82.8	2.7	100.0	(596)
4-5	8.2	3.5	4.8	81.1	2.5	100.0	(578)
6+	7.2	1.5	2.0	86.1	3.2	100.0	(359)

*Number of Cases Unweighted

TABLE 15

Percentage of Children Born Since January 1, 1981 with a Prenatal Medical Consultation and Percent Distribution of Children with a Prenatal Consultation According to Locale of Consultation, by Region, Brazil, 1986

Pre-natal Consultation and Source	Brazil	Rio de Janeiro	Sao Paulo	South	Central-East	North-East	North-Central West
<u>Percentage with prenatal consultation</u>	73.9	85.3	92.9	84.0	77.5	54.9	77.1
(Number of Live Births)	(3849)	(380)	(425)	(518)	(537)	(1535)	(454)
<u>Locale of prenatal consultation*</u>							
Social Security Hospital/Doctor	41.4	54.3	40.7	53.8	54.3	25.0	27.8
Private Hospital/Doctor	23.3	31.5	30.6	17.5	26.9	14.9	29.1
Public Health Center	19.1	5.3	25.1	15.2	10.8	22.7	29.1
Public Hospital	11.7	4.9	1.3	2.8	4.8	33.4	8.3
State/Municipal Health Facility	3.0	2.8	1.5	7.1	1.7	1.8	4.0
Other	1.7	1.2	0.8	3.7	1.4	1.5	1.8
<u>Total</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
(Number of Cases Unweighted)	(2762)	(324)	(395)	(435)	(416)	(842)	(350)

*Includes only those cases who had a prenatal consultation.

TABLE 16

Percent Distribution of Children Born Since January 1, 1981 According to the Locale of the Birth and the Type of the Birth, by Region, Brazil, 1986.

Locale and and Type of Birth	Brazil	Rio de Janeiro	Sao Paulo	South	Central-North East	North- Central East	North- Central West
<u>Locale of Birth</u>							
Social Security Hospital/Doctor	42.1	57.1	63.8	50.4	54.4	20.8	33.0
Private Hospital/Doctor	17.7	26.6	24.5	20.7	22.9	7.9	25.3
Public Hospital/Doctor	17.3	11.8	3.5	4.3	5.4	35.9	14.8
State/Municipal Health Facility	2.8	2.1	2.4	7.5	1.9	1.2	4.2
At Home with Assistance*	15.2	1.1	1.2	8.7	10.6	30.0	17.1
At Home Without Assistance	2.3	0.0	0.5	1.4	3.7	3.7	3.1
Other	2.7	0.8	4.2	7.1	0.4	0.7	2.4
<u>Total</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
(Number of Cases Unweighted)	(3849)	(380)	(425)	(518)	(537)	(1535)	(454)
<u>Type of Birth**</u>							
Vaginal	68.3	55.6	57.9	72.5	66.7	80.4	60.5
Caesarean	31.7	44.4	42.1	27.5	33.3	19.6	39.5
<u>Total</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
(Number of Cases Unweighted)	(3100)	(376)	(418)	(466)	(460)	(1018)	(362)

*Primarily midwives.

**Excludes home births.

TABLE 17

Percentage of Children Born Since January 1, 1981, with Complete Primary Immunization*, by Region, Brazil, 1986

Vaccine	Brazil	Rio de Janeiro	Sao Paulo	South	Central-East	North-East	North-Central West
<u>Polio**</u>	<u>84.8</u>	<u>85.2</u>	<u>96.2</u>	<u>89.7</u>	<u>84.8</u>	<u>74.9</u>	<u>83.6</u>
(Number of Cases Unweighted)	(2846)	(290)	(338)	(425)	(428)	(1029)	(336)
<u>DPT**</u>	<u>79.3</u>	<u>82.1</u>	<u>95.5</u>	<u>88.0</u>	<u>80.1</u>	<u>63.0</u>	<u>80.5</u>
(Number of Cases Unweighted)	(2801)	(285)	(333)	(418)	(426)	(1011)	(328)
<u>Measles***</u>	<u>85.5</u>	<u>89.9</u>	<u>96.5</u>	<u>90.4</u>	<u>87.5</u>	<u>74.4</u>	<u>89.7</u>
(Number of Cases Unweighted)	(2920)	(298)	(341)	(418)	(440)	(1075)	(348)

*Complete primary immunization against Polio and DPT is at least 3 immunizations, and for measles one immunization. Neither the age of the child at the time of immunization nor the interval between immunizations are considered in this table. The table includes children with and without health cards. If the respondent was unsure if a given child was vaccinated or not, the child was excluded from the table.

**Children older than 6 months.

***Children older than 9 months.

TABLE 18

Percentage of Children Born Since January 1, 1981 with Complete Primary Immunization*, by Current Age, Brazil, 1986

Vaccine	Total	7-12 Months**	1 Year	2-5 Years
<u>Polio</u>	<u>84.8</u>	<u>59.9</u>	<u>80.1</u>	<u>89.6</u>
(Number of Cases Unweighted)	(2855)	(313)	(516)	(2026)
<u>DPT</u>	<u>79.3</u>	<u>55.3</u>	<u>74.8</u>	<u>84.0</u>
(Number of Cases Unweighted)	(2810)	(308)	(510)	(1992)
<u>Measles</u>	<u>85.8</u>	<u>56.5</u>	<u>83.7</u>	<u>89.0</u>
(Number of Cases Unweighted)	(2929)	(216)	(538)	(2175)

*Complete primary immunization against Polio and DPT is at least 3 immunizations, and for measles one immunization. Neither the age of the child at the time of immunization nor the interval between immunizations are considered in this table. The table includes children with and without health cards. If the respondent was unsure if a given child was vaccinated or not, the child was excluded from the table.

**In the case of measles, 9-12 months.

TABLE 19

Gomez Classification* of Nutritional Status of Children 0-66 Months
by Age, Northeast, Brazil, 1986

Age of Children Months	Undernutrition			Total	Number of Cases
	Normal %	1st Degree %	2nd Degree %		
<u>Total</u>	<u>61.2</u>	<u>31.8</u>	<u>6.2</u>	<u>0.8</u>	100 (1,208)
0 - 6	90.0	5.5	3.6	0.9	100 (110)
6 - 11	67.3	22.1	8.0	2.7	100 (113)
12 - 23	53.6	34.6	10.4	1.4	100 (211)
24 - 35	65.1	29.8	4.7	0.5	100 (215)
36 - 47	55.7	37.4	6.9	0.0	100 (246)
48 - 59	56.4	39.6	3.5	0.5	100 (202)
60 - 66	54.1	39.6	5.4	0.9	100 (111)

*Percent of NCHS reference standard median weight for age:

Normal = 90% and over
1st Degree = 75 - 89.9%
2nd Degree = 60 - 74.9%
3rd Degree = Under 60%