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Data for Planning Country Program Strategies

Presentation Prepared for U.S.A.I.D.
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April 10-12, 1989

Demographic and Health Surveys
Institute for Resource Development
IRD/Westinghouse
Columbia, Maryland

IE&C Issues

CONTRACEPTIVE KNOWLEDGE

- **What is the overall level of knowledge in the population?**
- **Are women aware of service providers for the methods that they know? What providers are most frequently cited for specific methods?**
- **Are women aware of a broad spectrum of contraceptive methods?**
- **What groups should be targeted in an IE&C campaign?**
- **Are knowledge levels changing over time?**

DHS data can be important in determining the overall emphasis to be placed on IE&C efforts in a country's family planning program. The provision of basic information on contraceptive methods and the location of service providers is no longer a major issue in most countries in Asia, and Latin America and the Caribbean. DHS results show 9 in 10 married women know about a modern method in all countries surveyed except Guatemala.

In Africa, IE&C strategies must be shaped by the comparatively lower levels of contraceptive knowledge in most countries. Moreover, even in countries where a majority of women know about contraception, many women may not know where to obtain a contraceptive method. In Liberia and Senegal, around 1 in 4 currently women knows a modern method but is unsure about where the method can be obtained.

The number of methods that African women know is also very limited in comparison with women living Asia, Latin America and the Caribbean. In Burundi, for example, although almost 8 in 10 women can name a method, only around 6 in 10 know a modern method and fewer than half know any modern method other than the injection.

DHS data can be used to identify groups that should be particular targets in IE&C campaigns. In Peru, rural women and women living in the Sierra region are considerably less likely than other women to be able to name a family planning method. Similarly, in Burundi, contraceptive knowledge levels vary significantly by region and are substantially lower among rural women than among urban women. The development of IE&C strategies must take into account these differentials.

An important element in the evaluation of IE&C programs is evidence that contraceptive knowledge levels are changing over time in a population. DHS results can be compared with the results of earlier surveys to document trends in contraceptive knowledge levels. For example, in Java-Bali, there were substantial increases between the 1976 WFS and the 1986 DHS in the percent knowing specific methods, particularly the pill, the IUD and the injection.

ATTITUDES

- **What is the prevailing attitude toward contraceptive use? Among women?
Among men?**
- **How acceptable are FP messages on the radio or television?**

EXPOSURE TO MEDIA MESSAGES

- **What is the level of exposure to FP messages on the radio/television?**
- **What proportion of women of reproductive age regularly listen to the radio or television?**

IE&C efforts also must take into account the attitudes prevailing in a population concerning contraceptive use. DHS results provide insights into the attitude toward family planning use. In Burundi, both wives and husbands are supportive while, in Mali, there is a sharp contrast between the attitudes of wives and husbands.

DHS results generally show support for providing family planning messages on radio or television. In Burundi, there is widespread approval of the provision of information on family planning on the radio or television. However, fewer than 3 in 10 women in Burundi regularly listens to the radio or watches television. IE&C efforts through these media will reach a largely urban audience.

DHS data also can be used to monitor the coverage of current IE&C campaigns. In Indonesia, only 4 in 10 women reported having heard or seen a family planning message on the radio or television in the month before they were interviewed. In Peru, 6 in 10 women reported having seen or heard a FP broadcast.

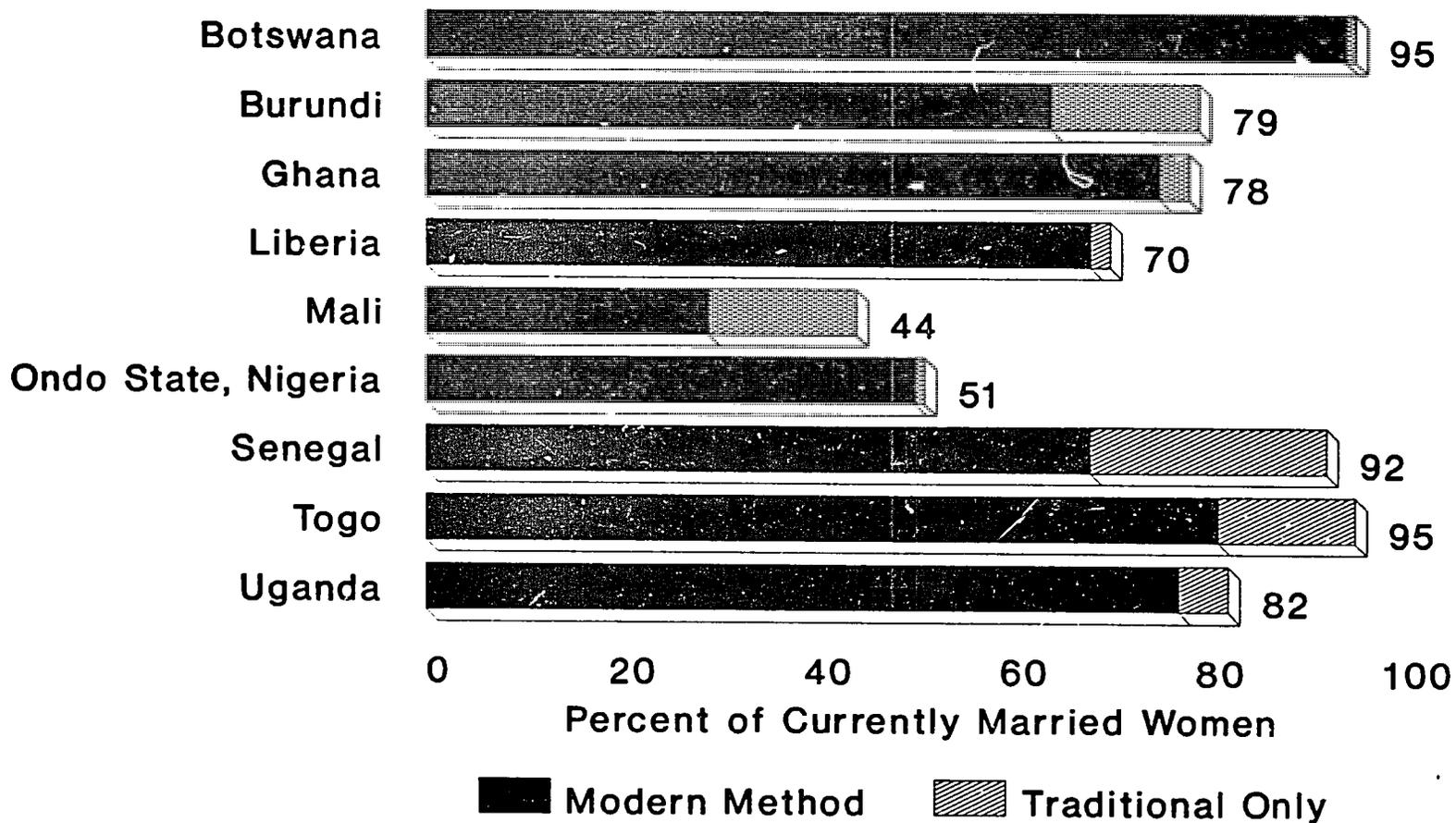
IE&C Issues

Contraceptive Knowledge

Attitudes

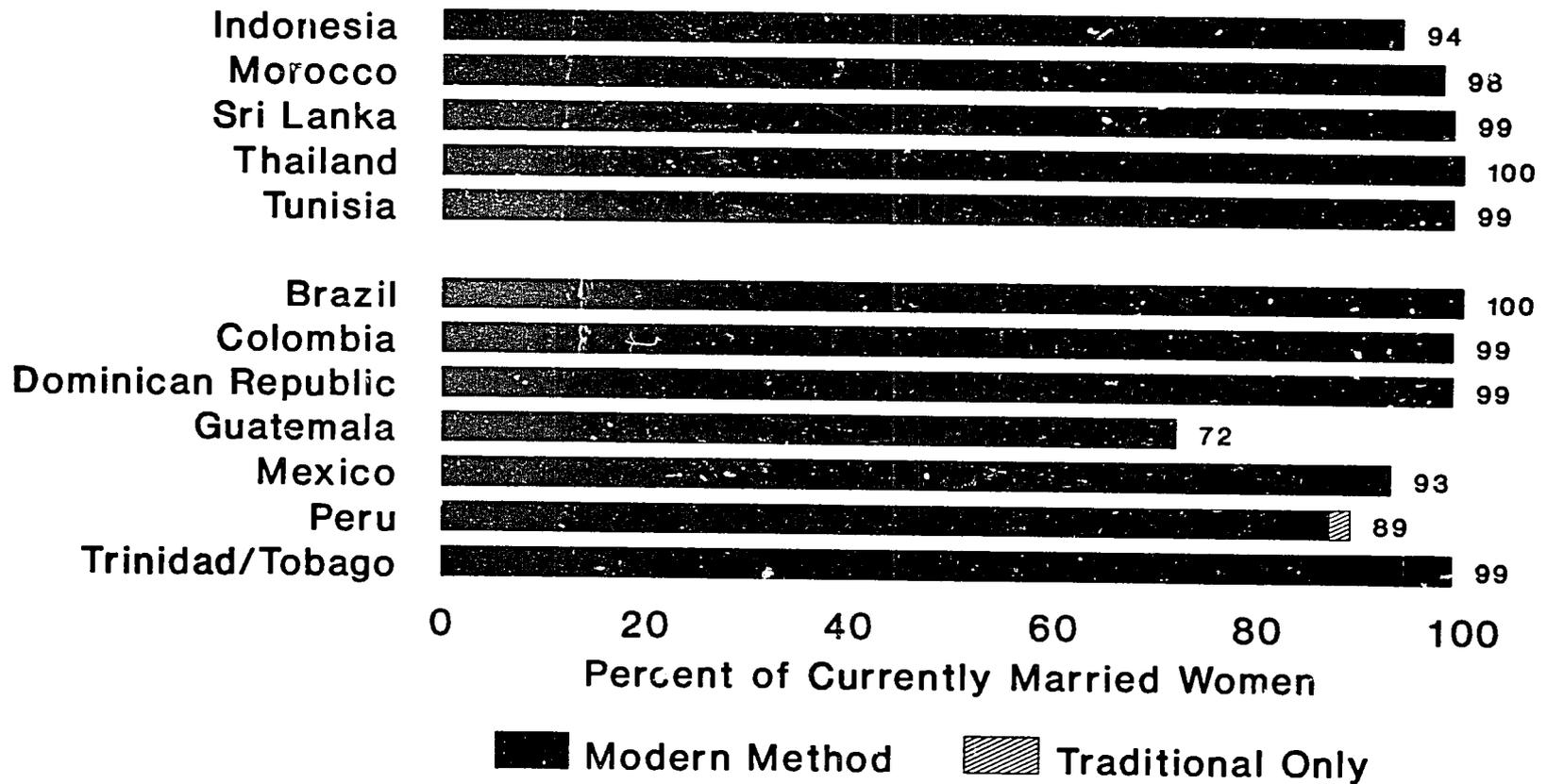
Exposure to Media Messages

Contraceptive Knowledge By Type Of Method



DHS Countries -- Africa

Contraceptive Knowledge By Type Of Method

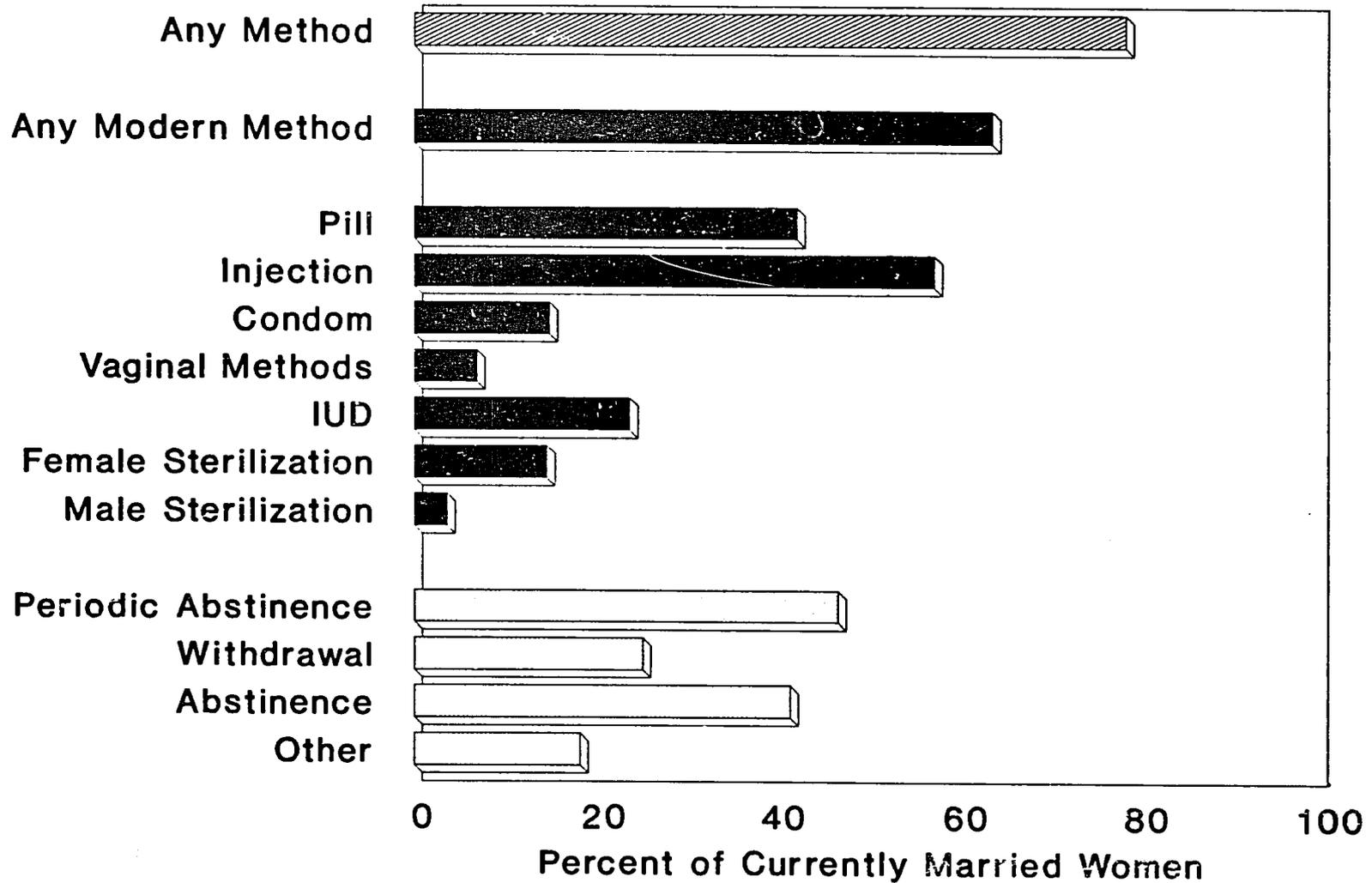


DHS Countries -- Asia, Latin America and the Caribbean

BURUNDI

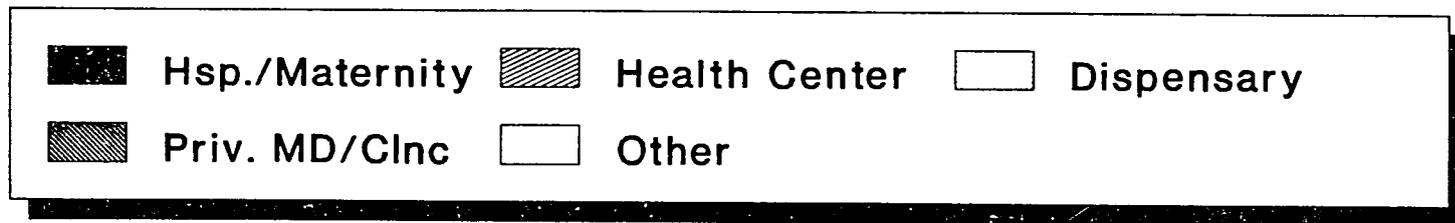
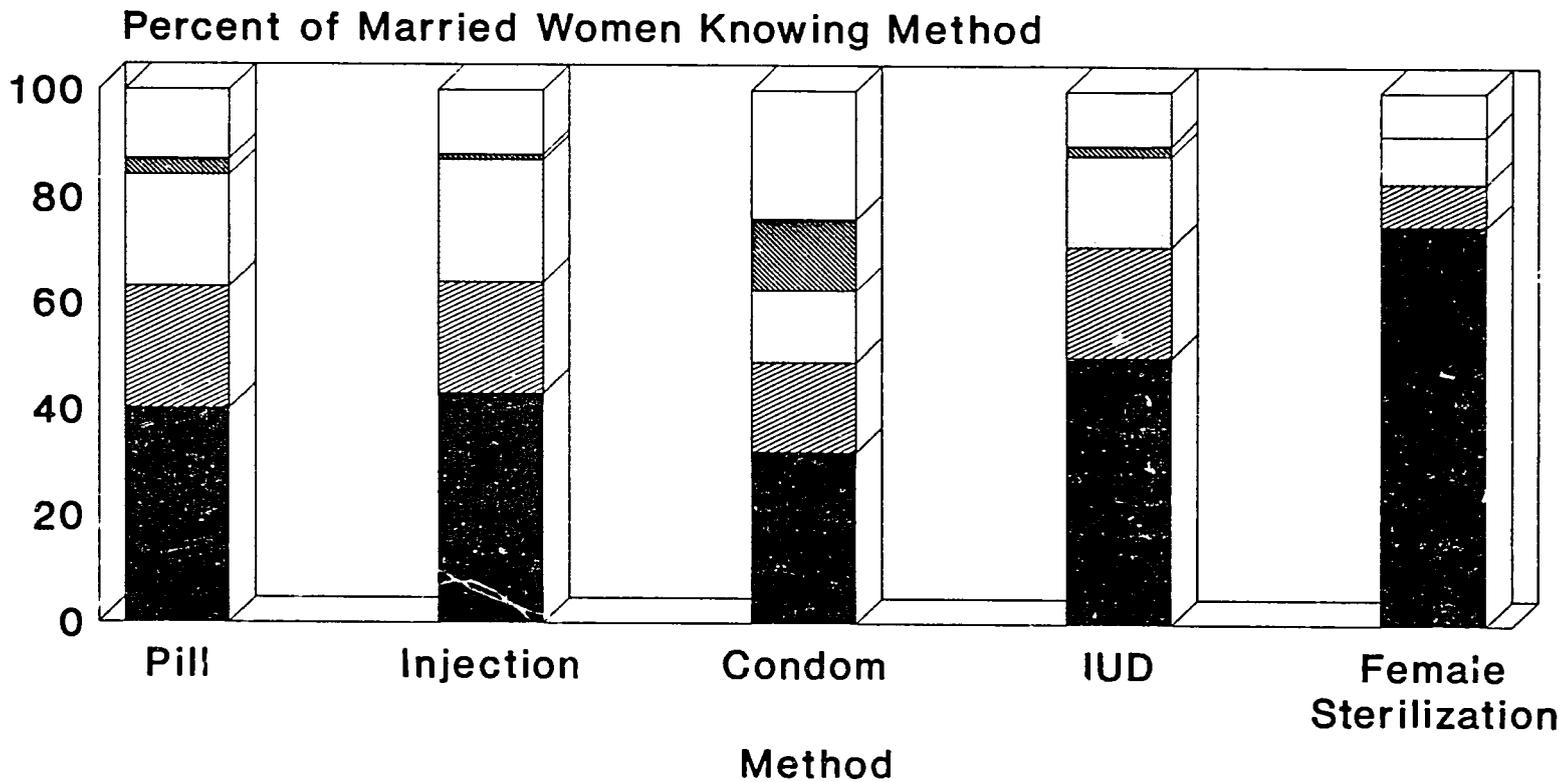
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Contraceptive Knowledge By Method



Burundi DHS 1987

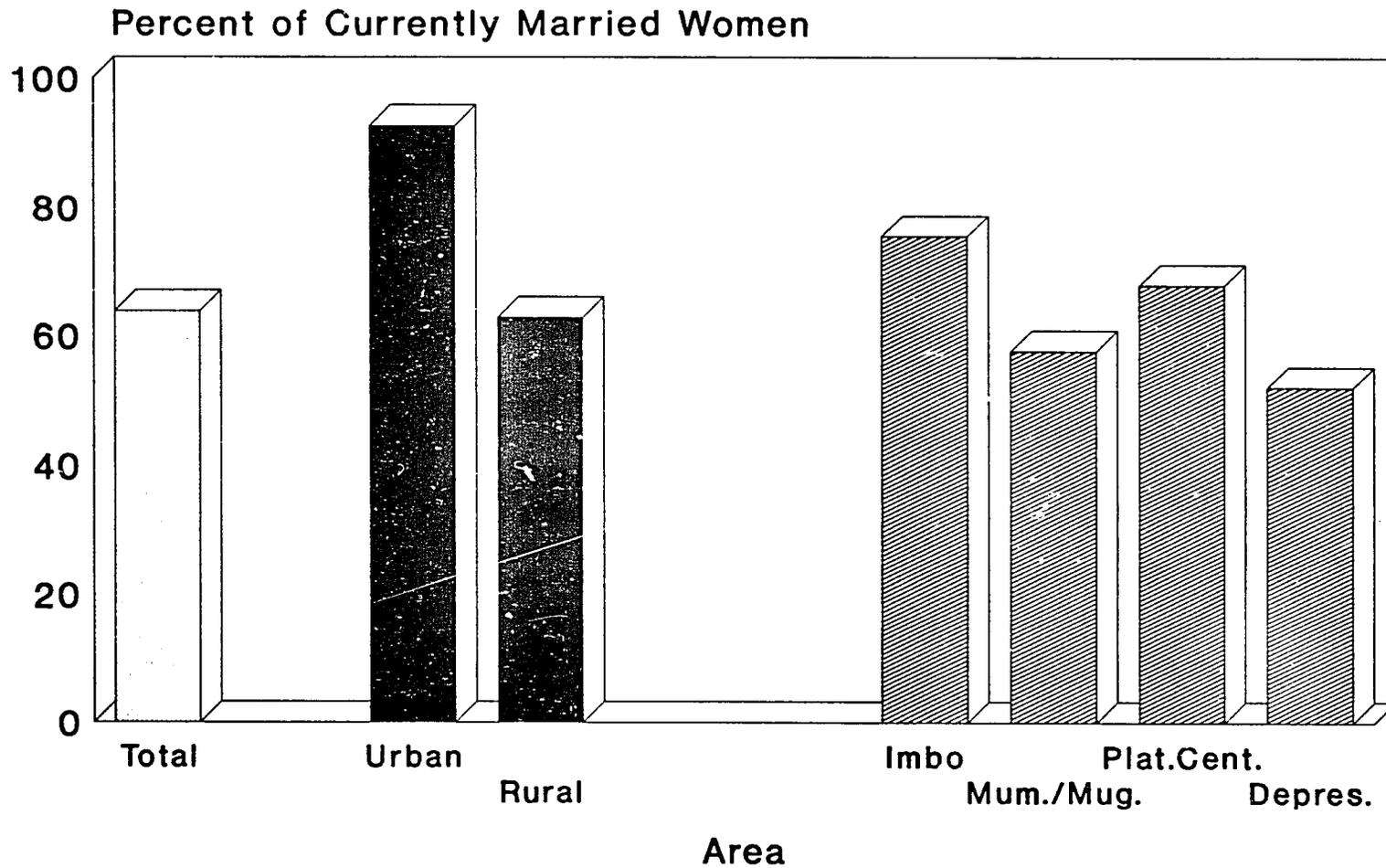
Service Provider Named



Burundi DHS 1987

Contraceptive Knowledge* Differentials

Urban-Rural Residence and Region

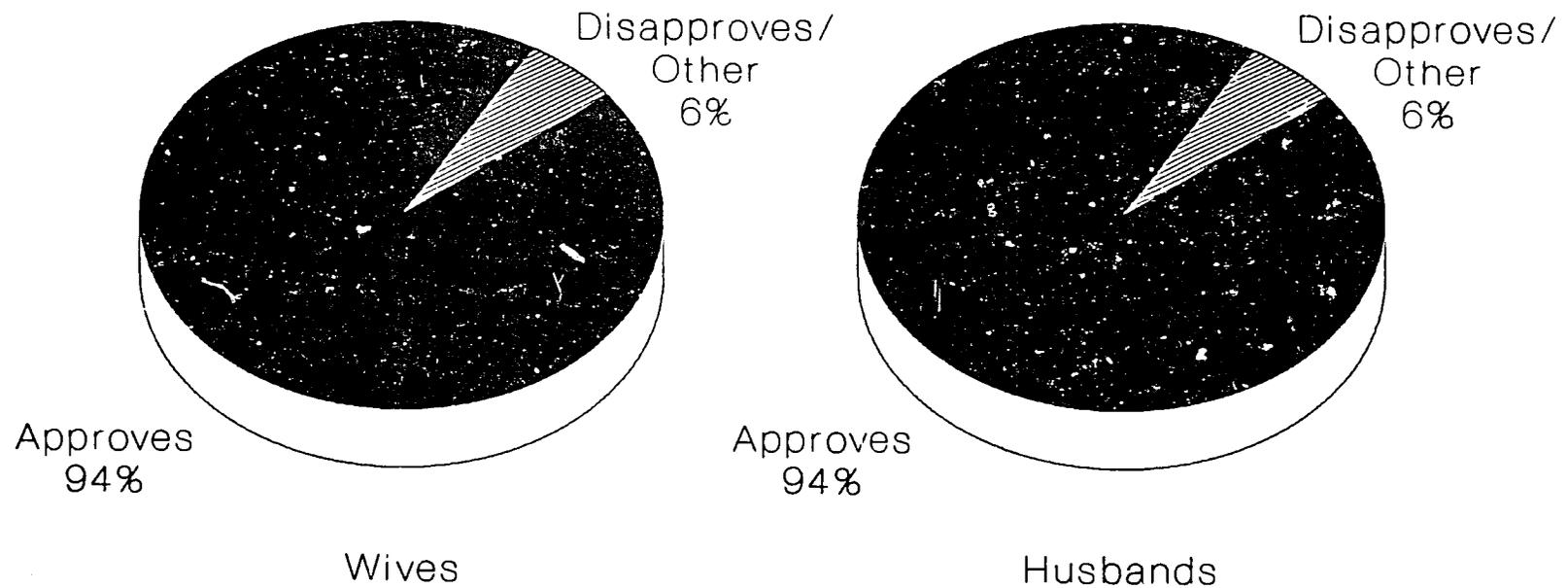


Burundi DHS 1987

*for modern methods

Attitude Toward Contraceptive Use

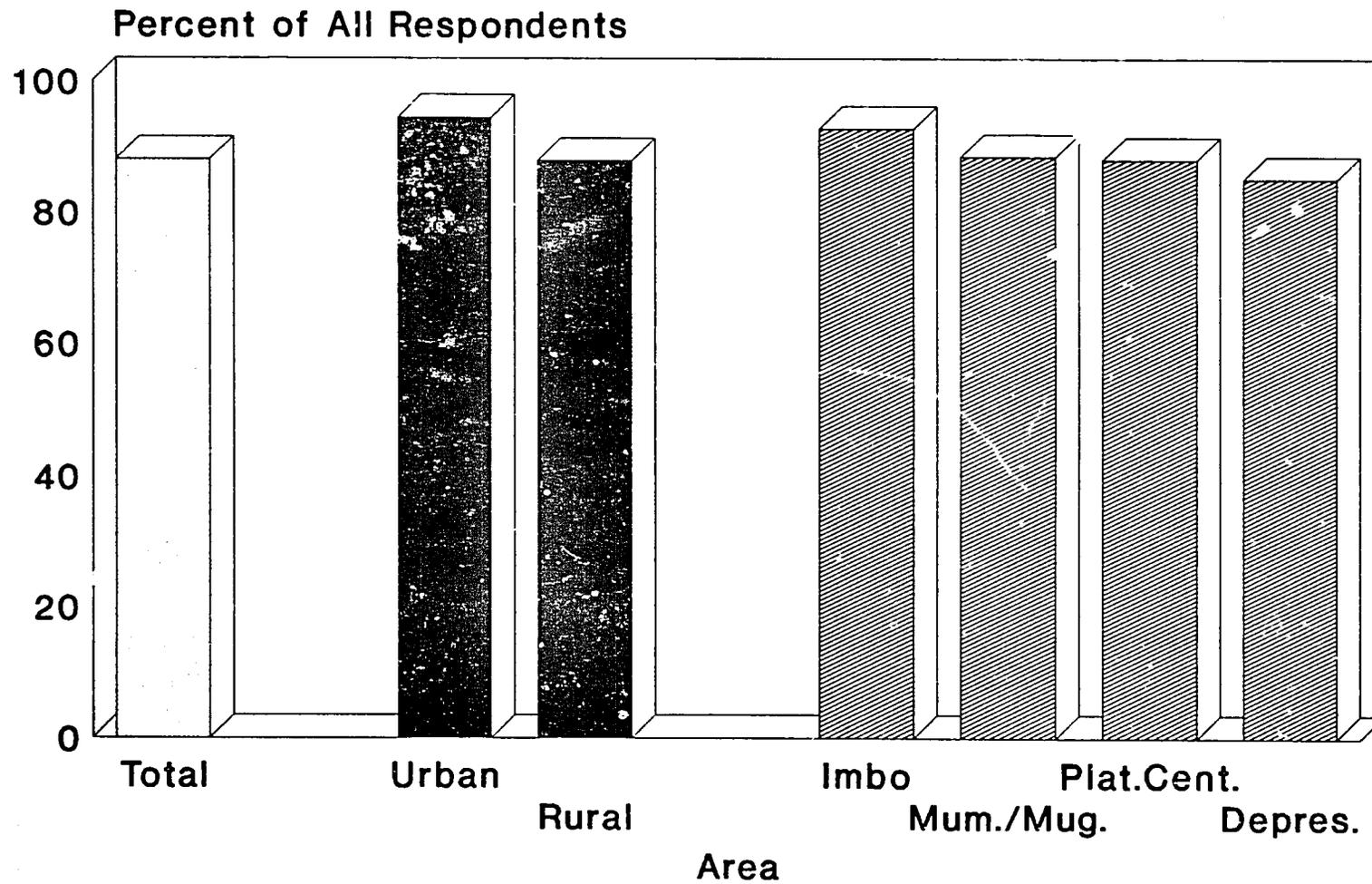
Wives and Husbands Knowing Method



Burundi DHS 1987

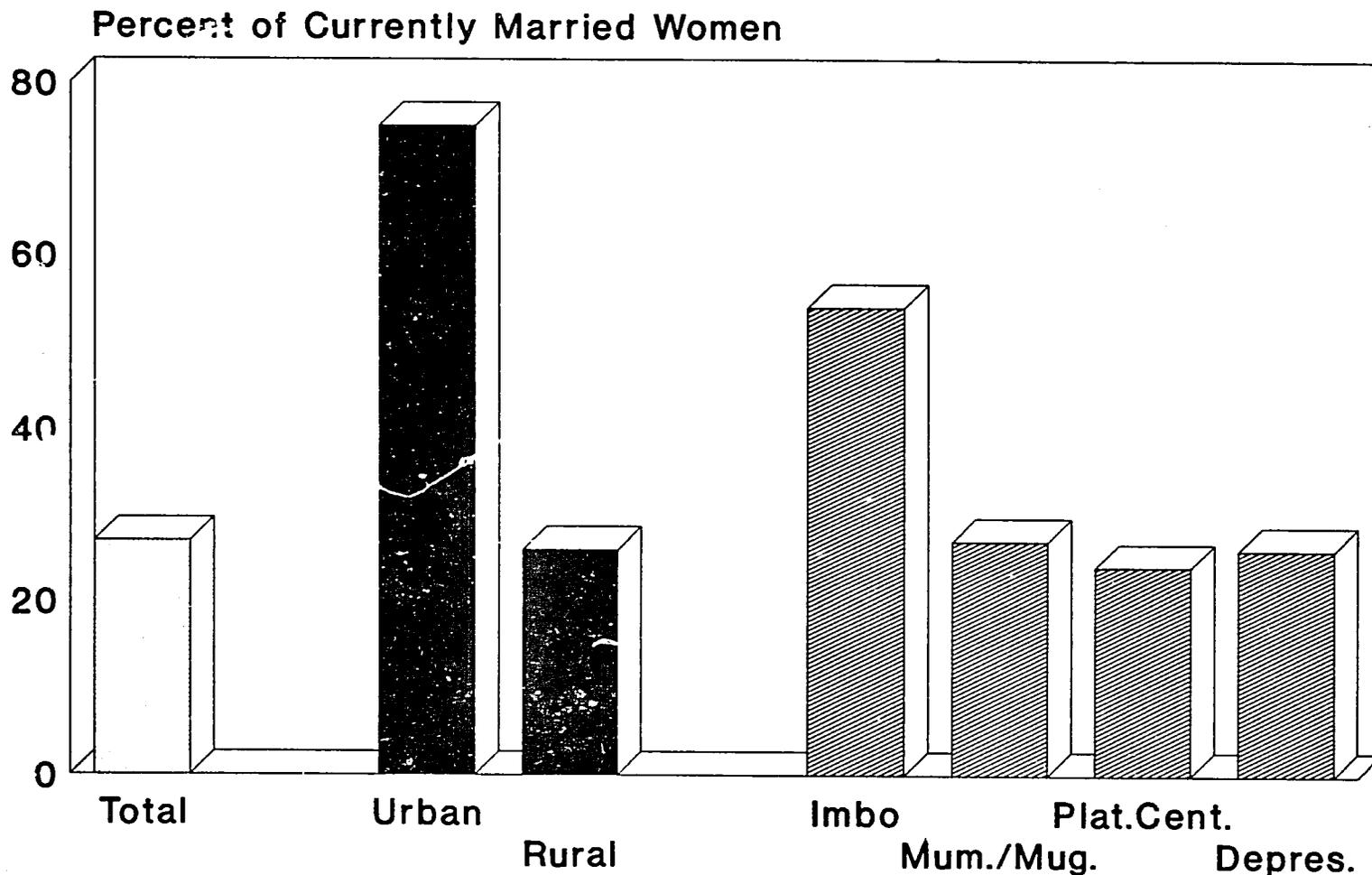
151

Approval Of Family Planning Messages On Radio Or Television



Burundi DHS 1987

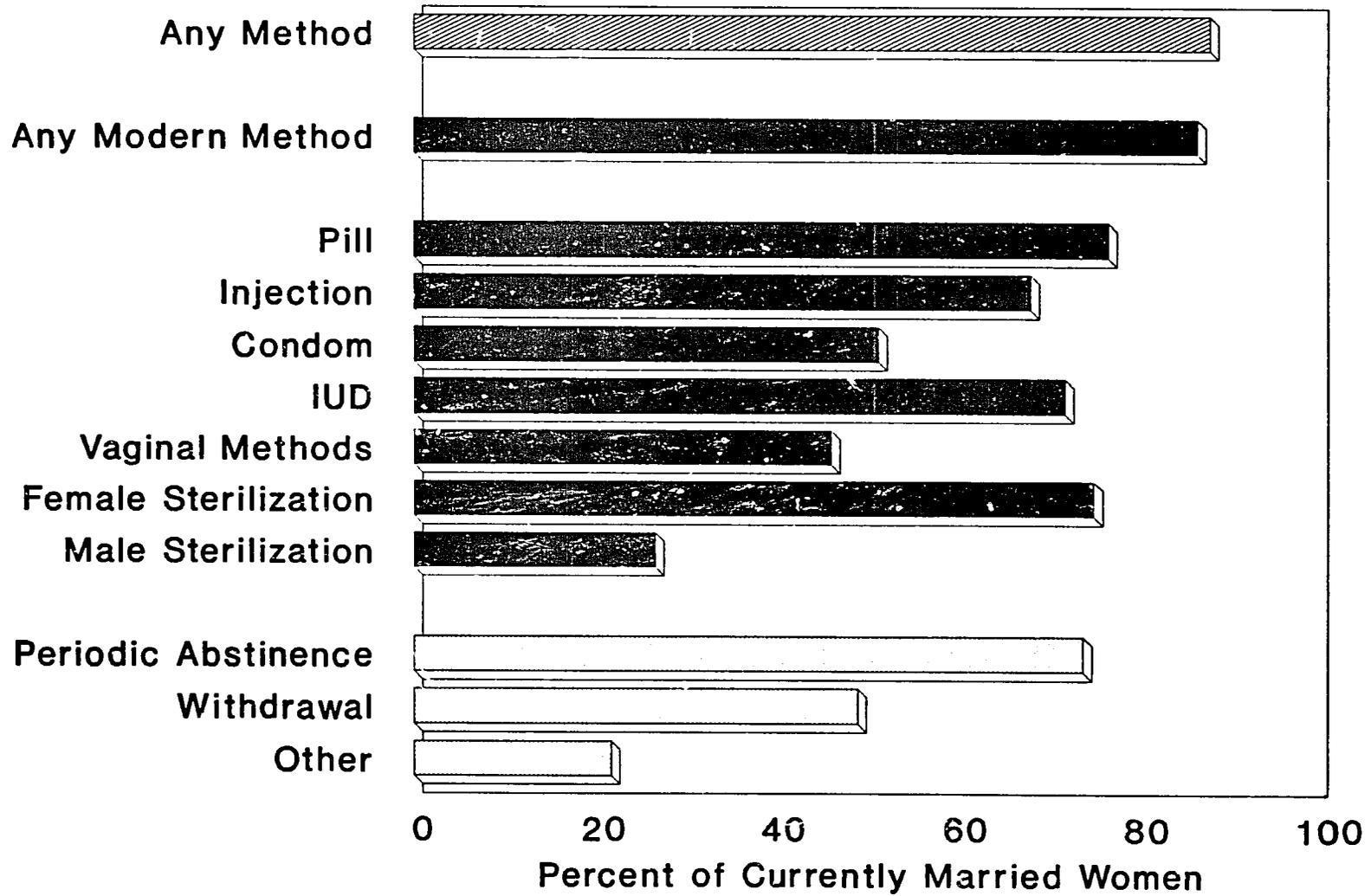
Usually Listens to Radio/ Watches TV



Burundi DHS 1987

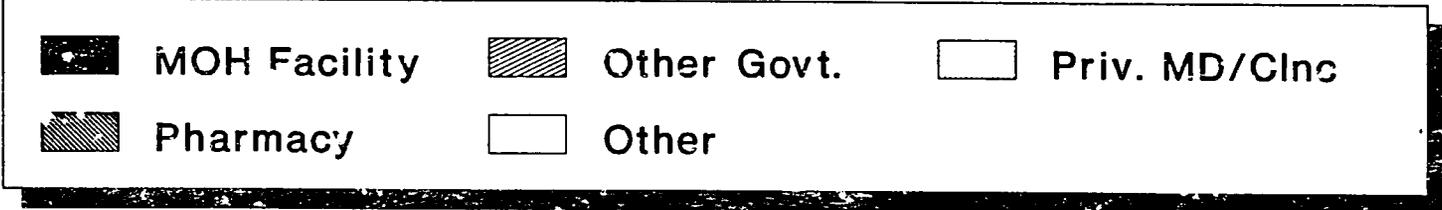
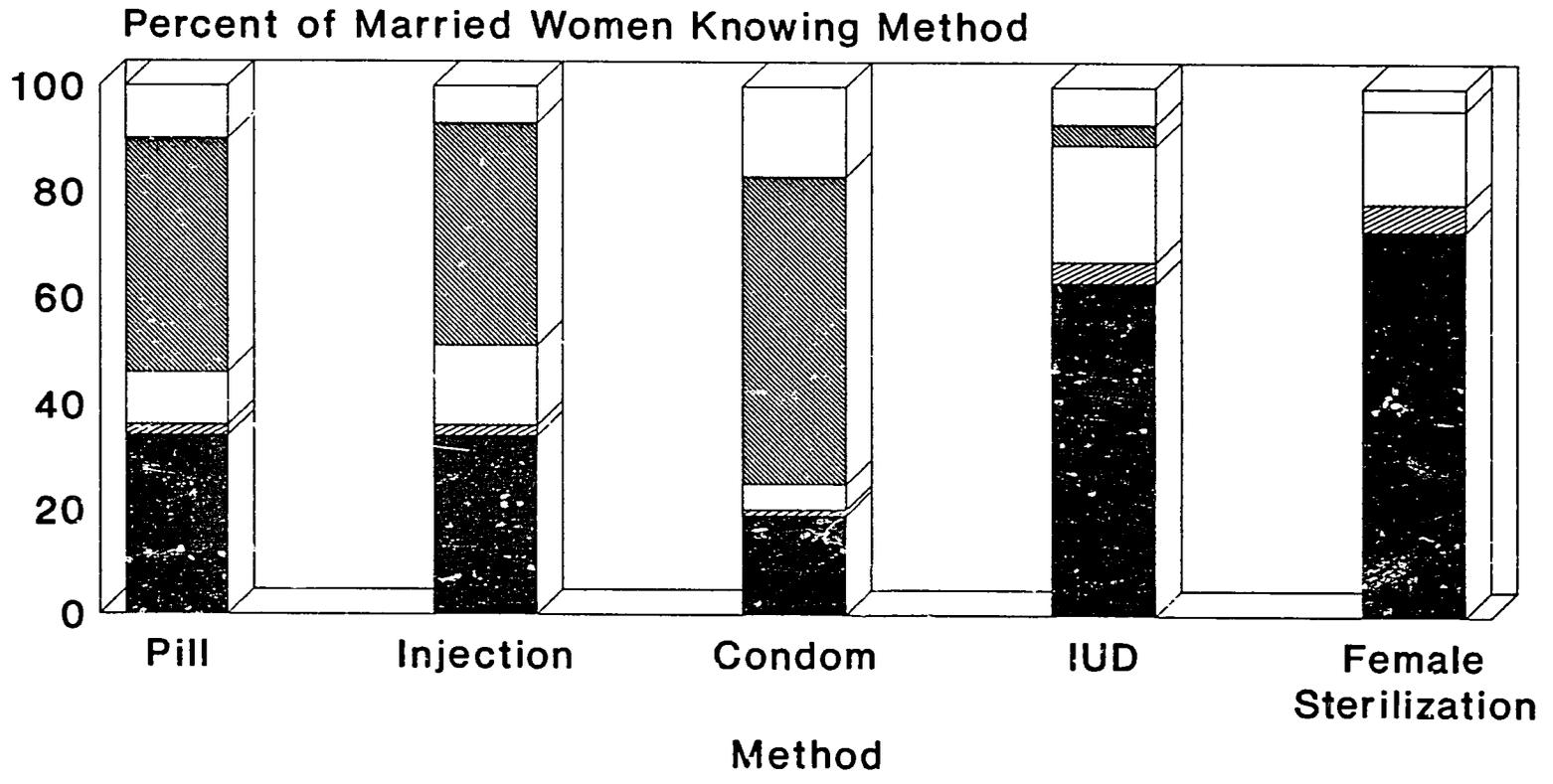
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Contraceptive Knowledge By Method



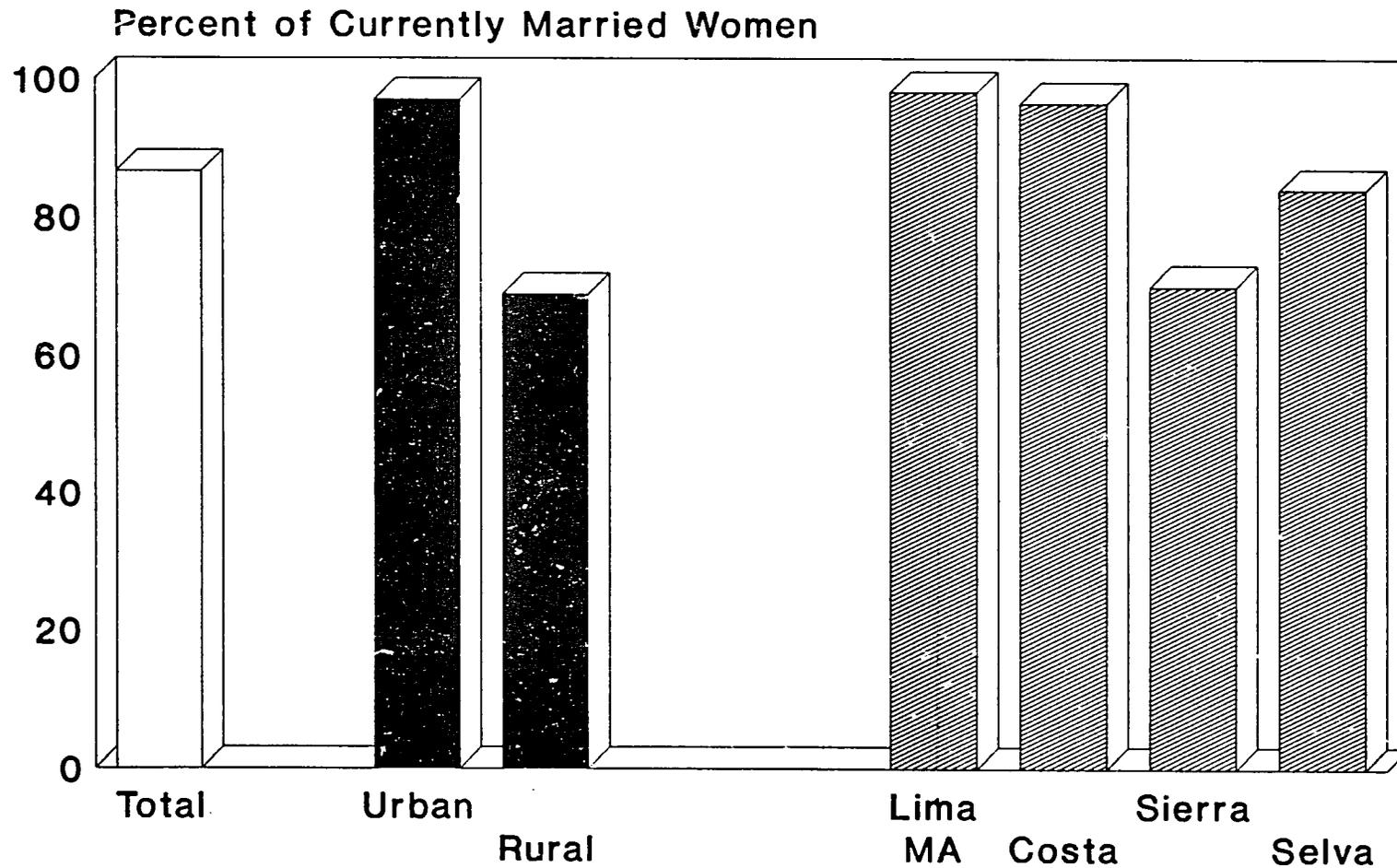
Peru DHS 1986

Service Provider Named



Contraceptive Knowledge* Differentials

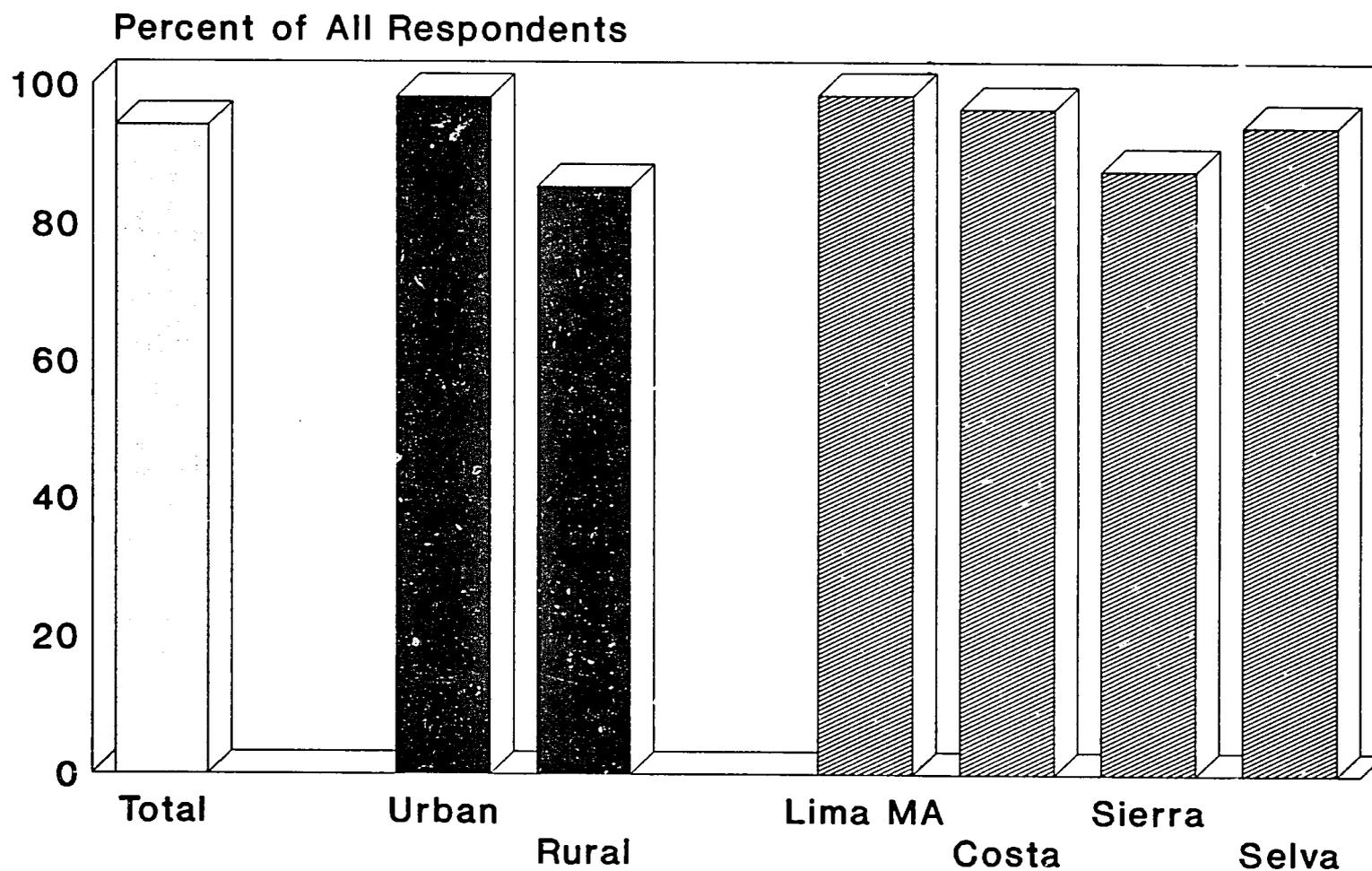
Urban-Rural Residence and Region



Peru DHS 1986

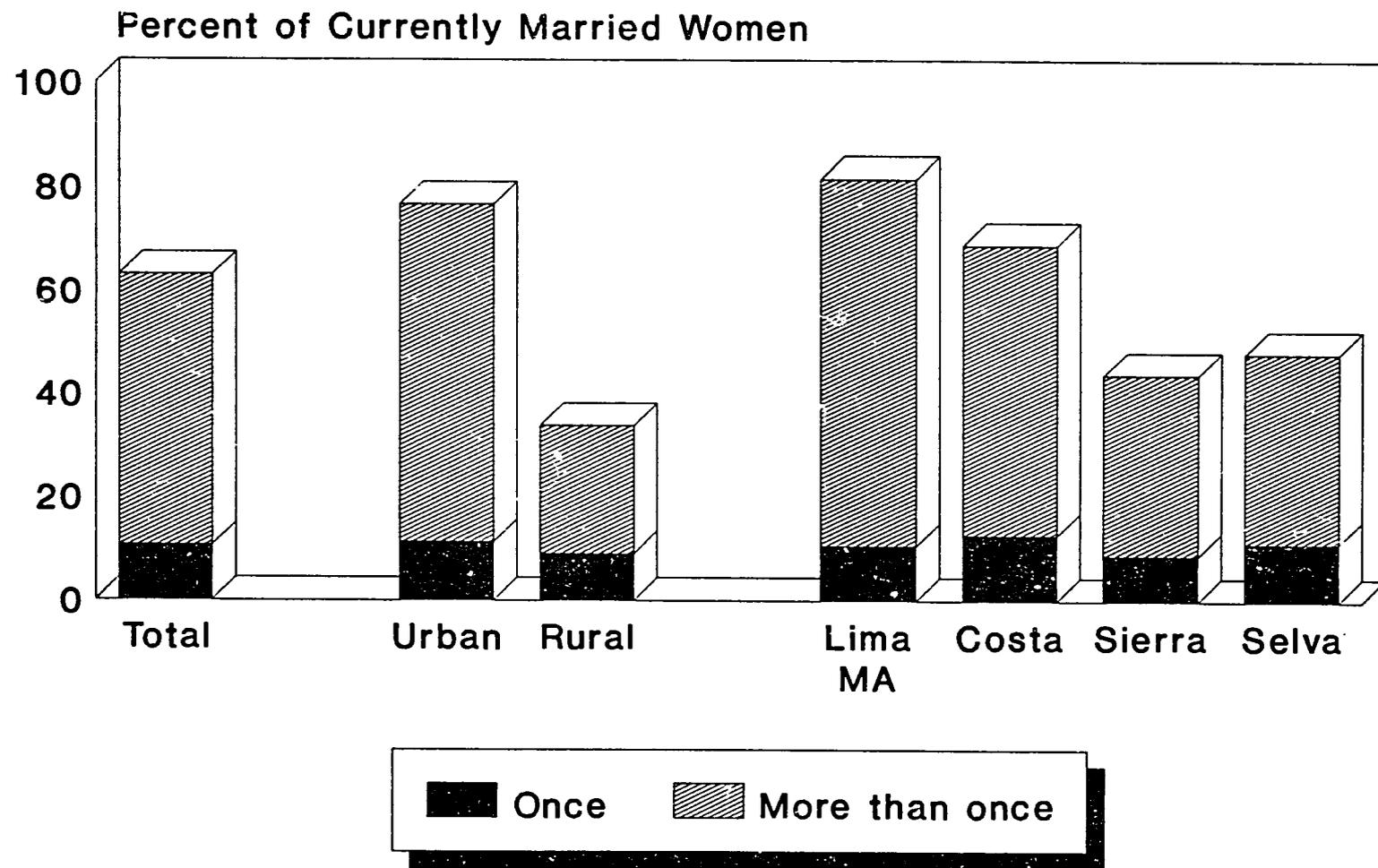
*for modern methods

Approval Of Family Planning Messages On Radio Or Television



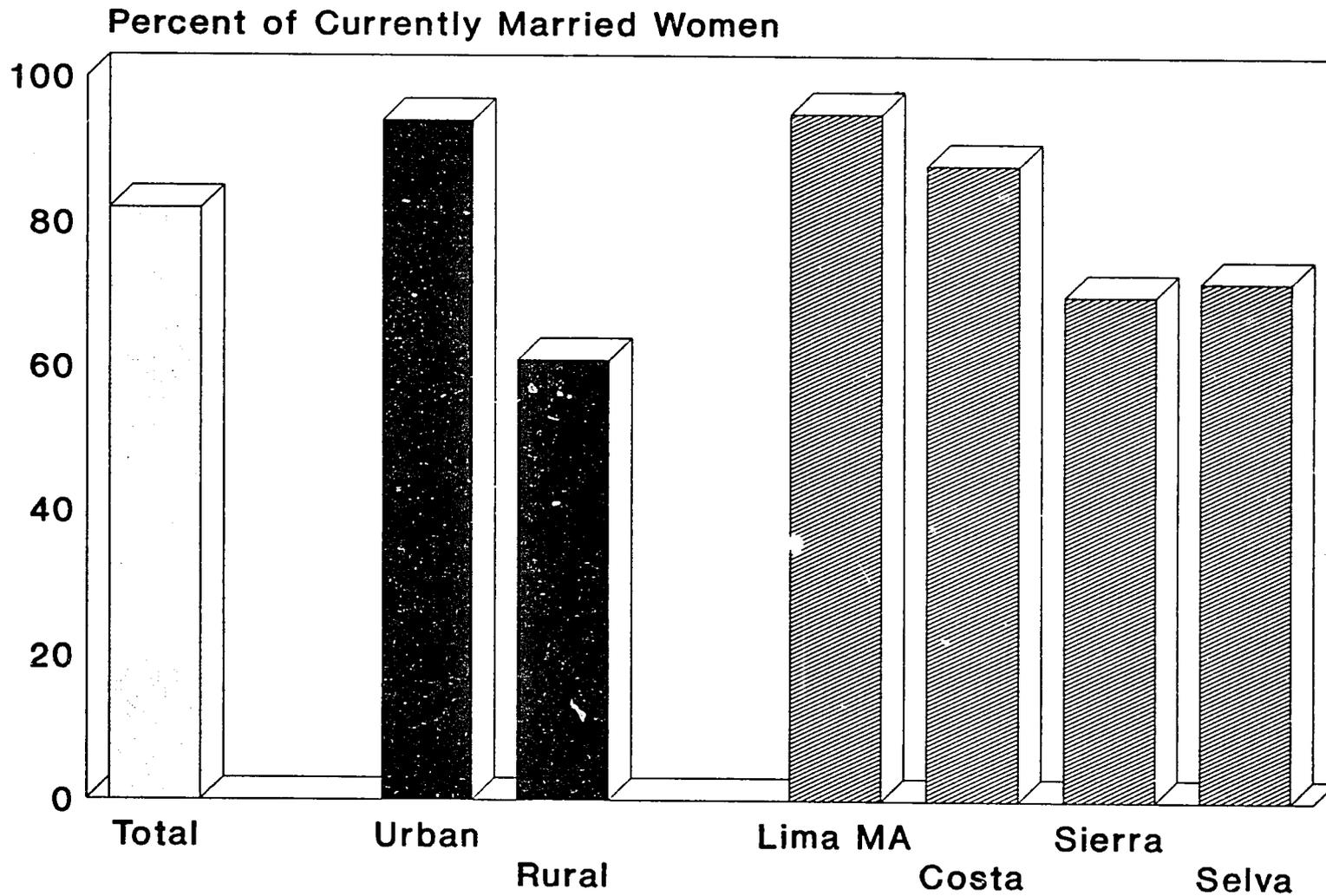
Peru DHS 1986

Recent Exposure To Family Planning Messages On Radio/Television



Peru DHS 1986

Usually Watches TV/Listens to Radio

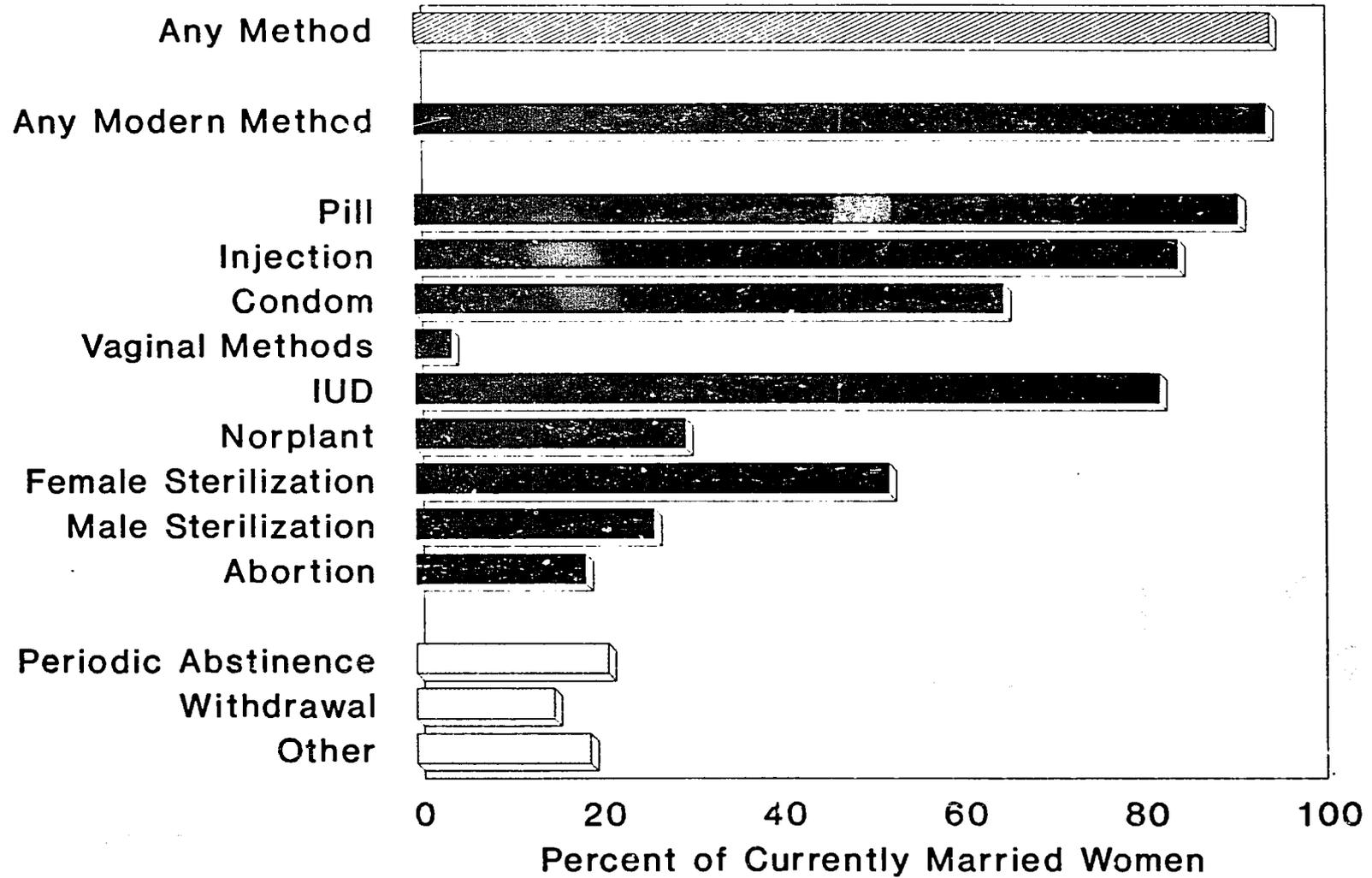


Peru DHS 1986

INDONESIA

12

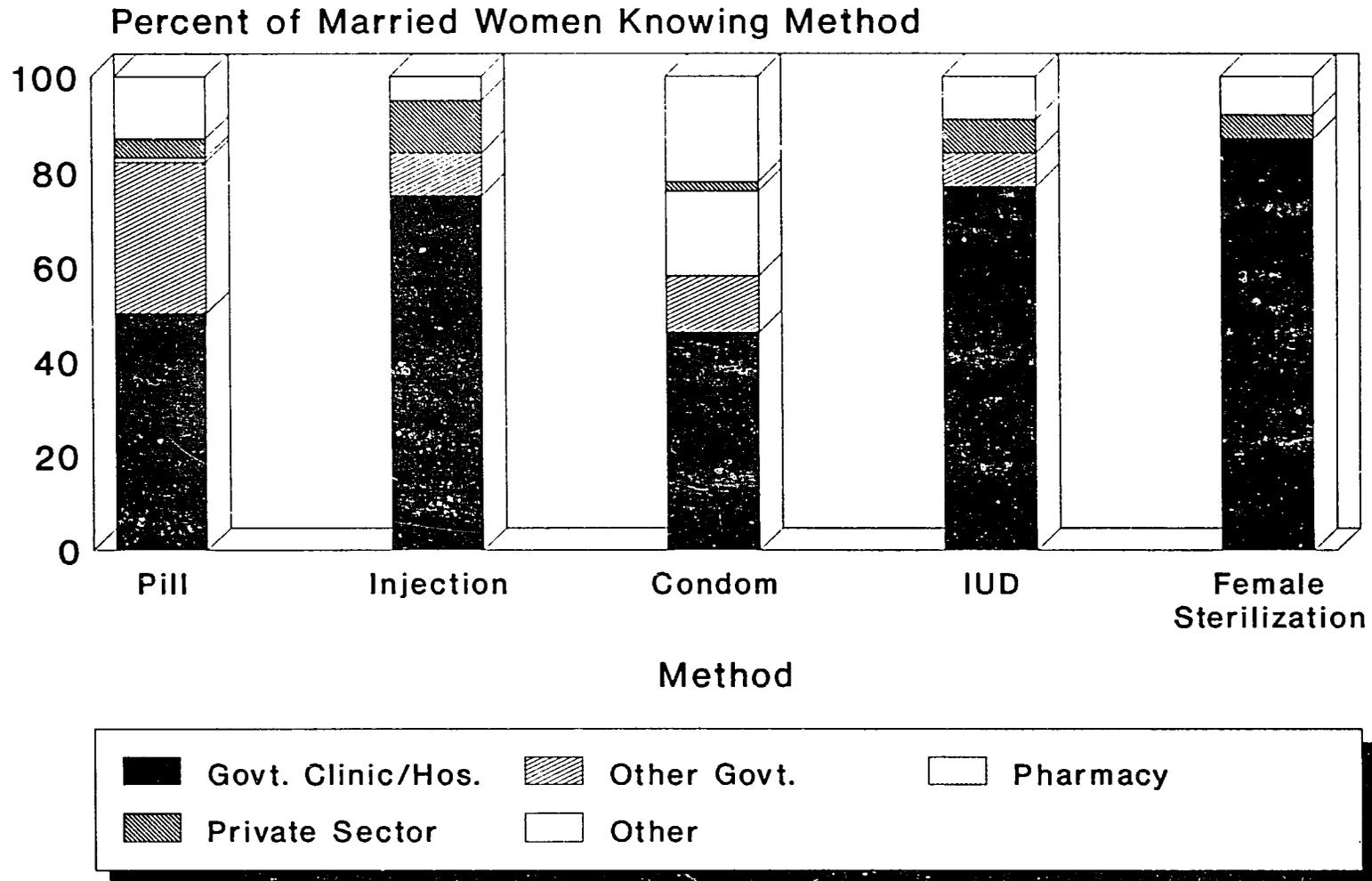
Contraceptive Knowledge By Method



Indonesia DHS 1987

52.

Service Provider Named

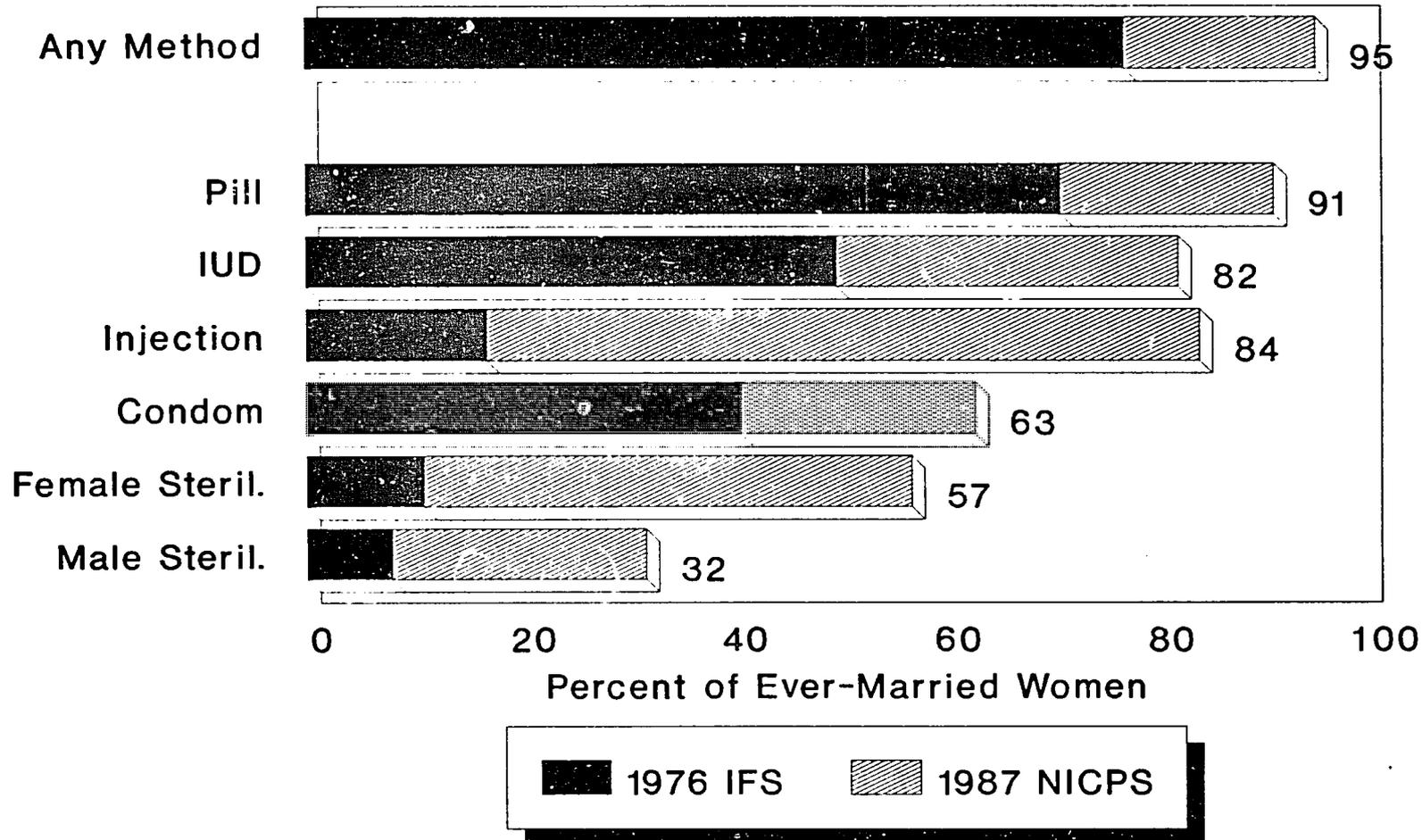


Indonesia DHS 1987

1987

Trend in Knowledge By Method

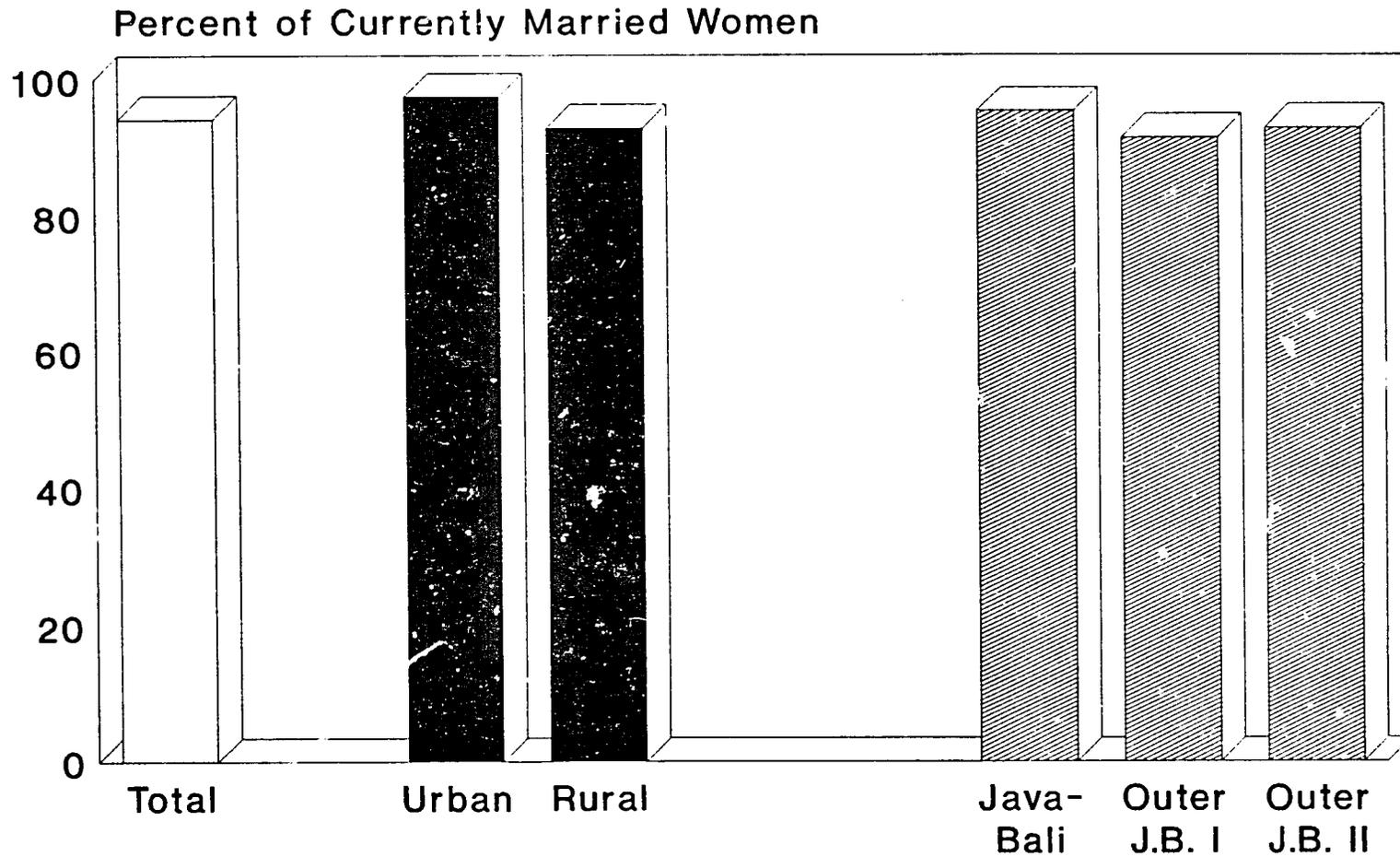
Java-Bali



Indonesia WFS 1976 and DHS 1987

Contraceptive Knowledge* Differentials

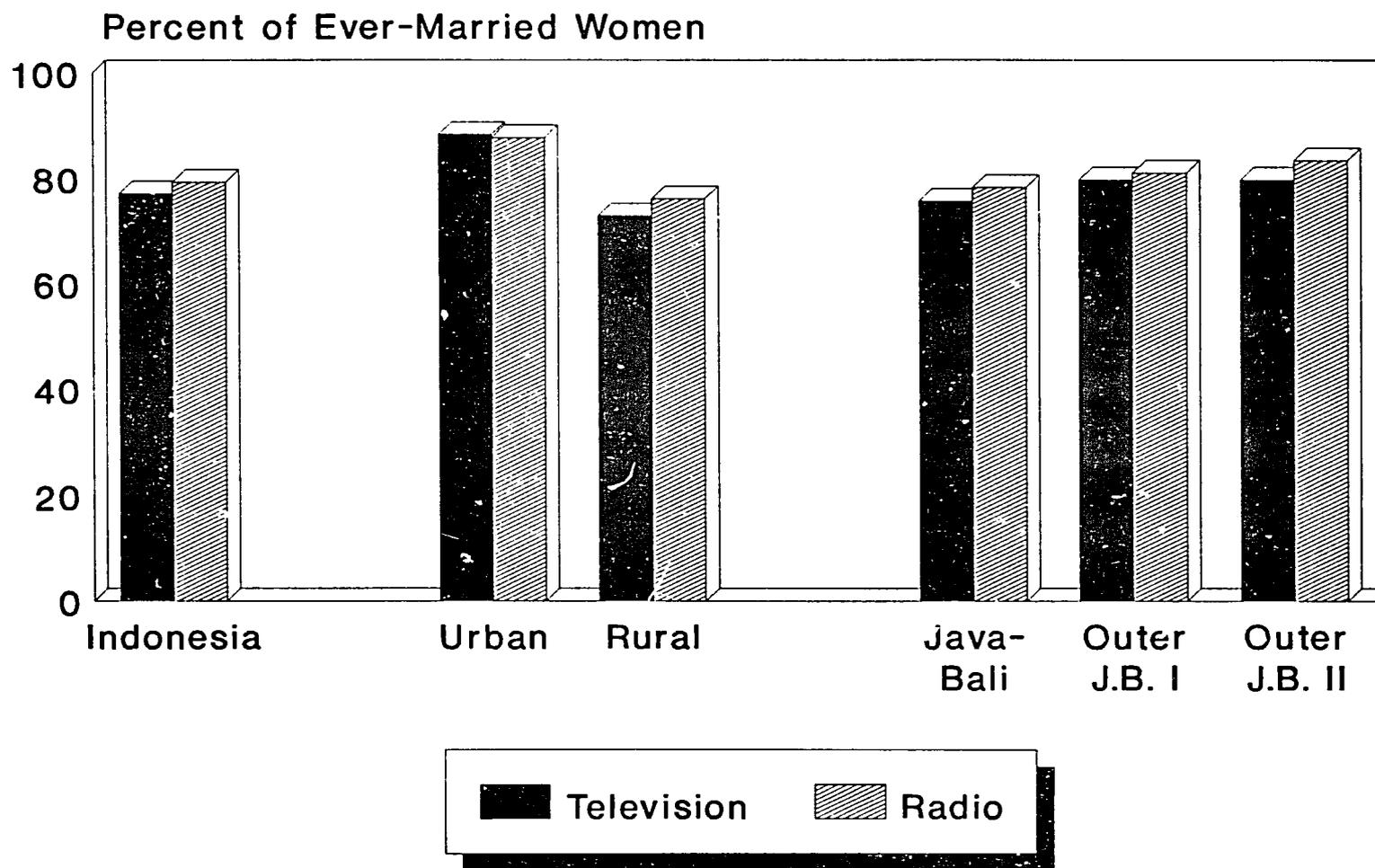
Urban-Rural Residence and Region



Indonesia DHS 1987

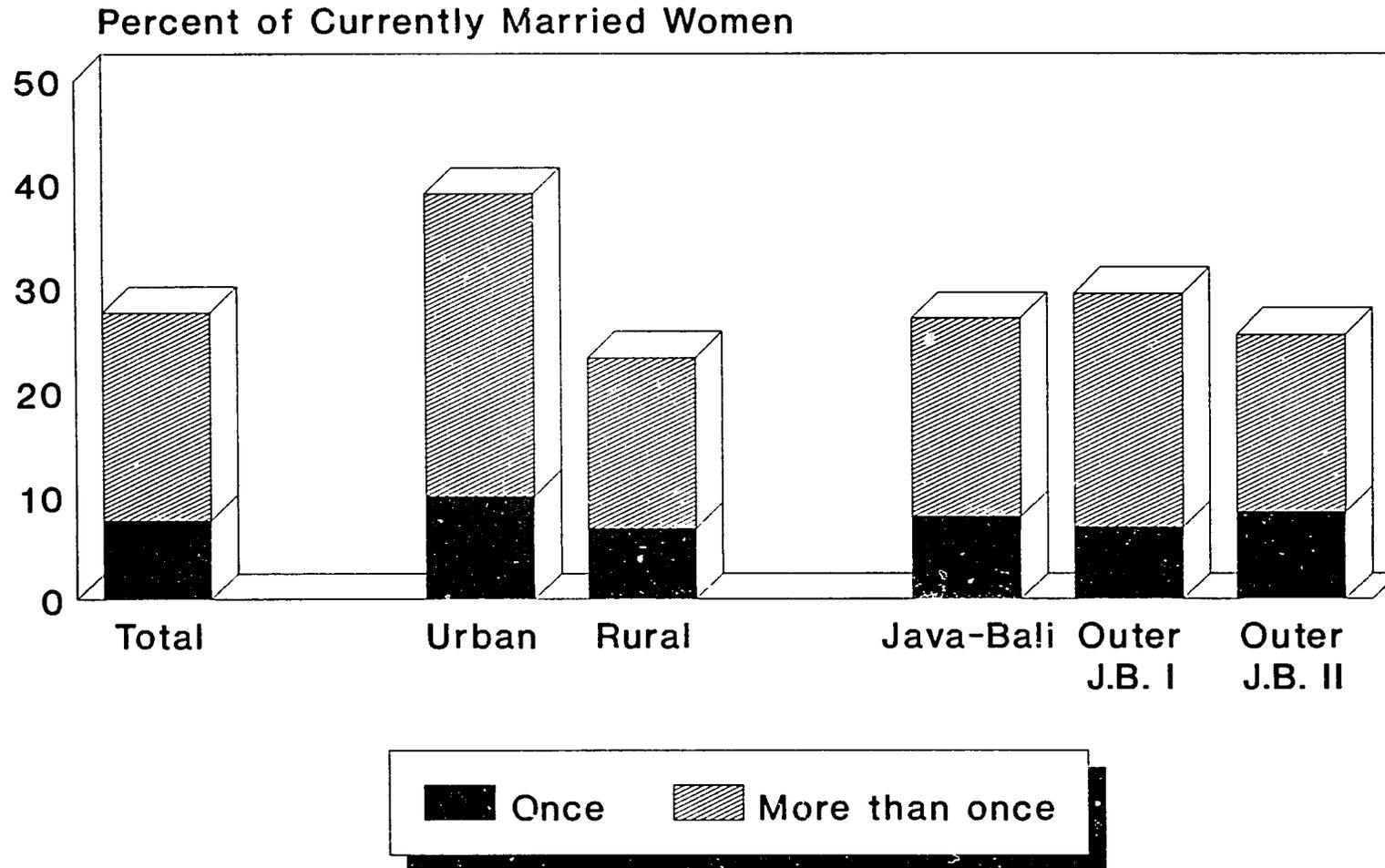
*for modern methods

Approval Of Family Planning Messages On Radio Or Television



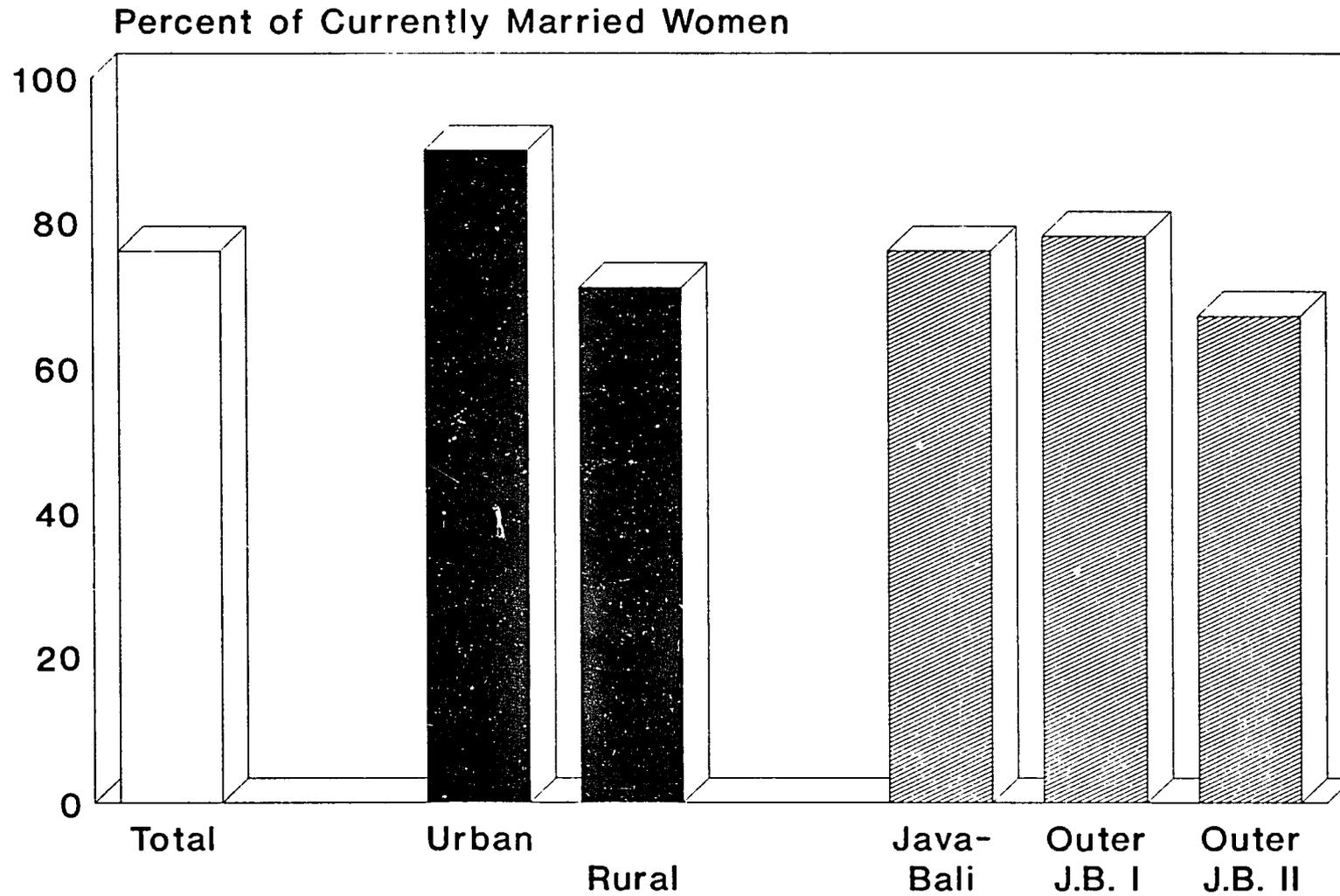
Indonesia DHS 1987

Recent Exposure To Family Planning Messages On Radio/Television



Indonesia DHS 1987

Usually Listens to Radio/Watches TV



Indonesia DHS 1987

**FAMILY PLANNING SERVICE
DELIVERY ISSUES**

CURRENT USE -- LEVELS, TRENDS AND DIFFERENTIALS

- **What is the overall current use level in the population? What is the mix of methods among users?**
- **What are the important differences among population subgroups in the overall level of use and in the method mix among users?**
- **How has the level of current use and the method mix among users changed over time?**

Family planning programs clearly need information on current contraceptive prevalence and the current method mix among users. DHS results show a wide variation in contraceptive use levels -- from 3 percent in Mali to 66 percent in Brazil and Thailand. There also are notable differences in the mix of methods among users. In African countries, except Botswana, traditional methods predominate. In Burundi, for example, 9 in 10 users is relying on a traditional method.

In countries in Asia, Latin America and the Caribbean, the majority of users generally are employing modern contraceptive methods. Among countries in these regions, Sri Lanka and Peru stand out as having particularly large proportions of traditional method users. In Peru 1 in 2 users relies on a traditional method, either periodic abstinence or withdrawal.

An important element of any effort to evaluate FP program service is data on trends in the level of contraceptive use in a population. DHS data can be compared with earlier survey data to examine changes over time in key indicators. Substantial changes in the level of current use are observed for both Peru and Indonesia, when DHS results are compared with WFS data.

Family Planning programs also require information on differentials in current use patterns, particularly among geographic areas, in order to make decisions regarding the differential allocation of program resources. For example, in Peru, only 1 in 4 married women in rural areas is using contraception compared to 6 in 10 urban women. Women in the Selva and Sierra regions are also much less likely to be current users than those in Metropolitan Lima or the Costa region. In Indonesia, the urban-rural and regional differentials in use are much less evident.

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QUALITY OF USE AND REASONS FOR DISCONTINUATION

- **How well do women appear to be using the methods that they have adopted?**
- **Why do women discontinue using?**

26

For high prevalence countries, DHS provides information on the proportion of users who have become pregnant while using a method over the past five years. In Peru, there is a very high failure rate among women using traditional methods. Among Peruvian users relying on modern methods, health concerns play the largest role in prompting women to discontinue using.

In a number of countries, information also was obtained on "quality of use" issues for specific methods. In Indonesia, for example, DHS results generally show that almost all pill users had a pill packet at the time of the interview and were apparently using the method correctly.

AVAILABILITY

- **Where do current users obtain their methods?**
- **For supply method users, particularly pill users, what brand is the woman using?**
- **What is the evidence of "self-sustainability" of the program, e.g., what proportion of current users pay for the methods that they use?**

14

DHS data can be used to look at the providers from which current users obtain their methods. This information will be particularly important if there is a policy to encourage increased private sector involvement in the provision of services. Programs may also be interested in differences in the service provider distributions by urban-rural residence, region or other characteristics.

DHS data on brands can be used to look at the results of social marketing efforts. In some countries, DHS has collected information on the proportion of users paying for their methods and the amount paid.

In Peru and Indonesia, current users largely rely on public sector sources for their methods. In general, except for injection users, the majority of Indonesian users do not pay for their methods.

85

POTENTIAL DEMAND

- **How successful is the program in helping women to meet their reproductive goals?**
- **What is the level of potential interest among nonusers in adopting FP?**
- **Do the method preferences of nonusers who are interested in using in the future fit their reproductive intentions?**

DHS data can be used to examine the extent to which women appear to be using contraceptive methods that fit their reproductive intentions. Of key interest is the size of the group of women who want to limit or space the next birth but who are not using. The proportion of users who may be relying on methods that appear to be inappropriate with respect to their reproductive intentions can also be examined.

In Peru, there is an obvious gap between women's reproductive goals and their contraceptive behavior. Among currently married women, 7 in 10 want no more births, but only 1 in 7 is using a long-term contraceptive method (IUD or sterilization). In Burundi, there is an equally obvious gap between women's spacing goals and their reproductive behavior. In both countries, there is substantial interest among nonusers in adopting a contraceptive method in the future.

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Family Planning Service Delivery Issues

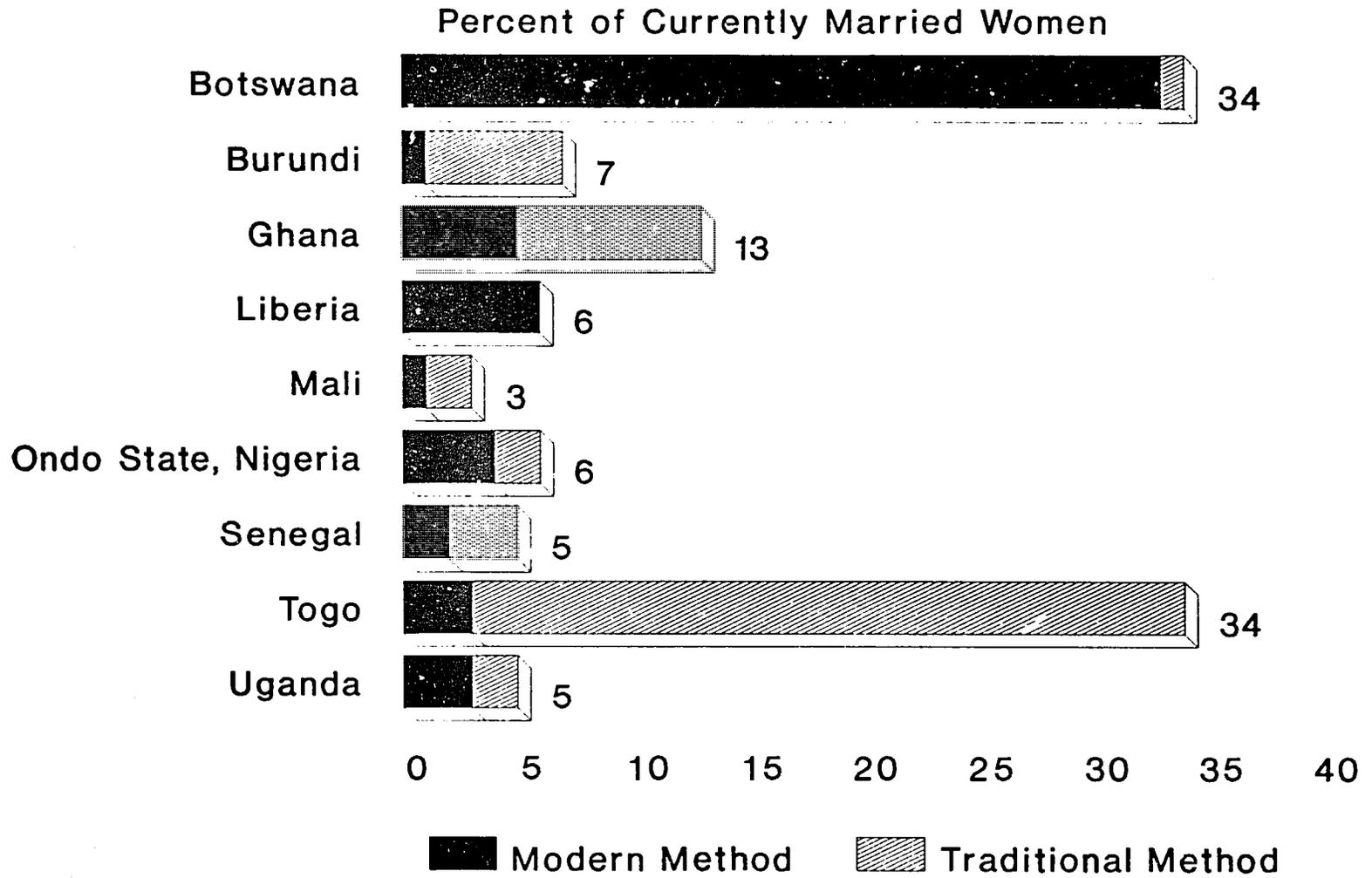
Current Use -- Levels, Trends and Differentials

Quality of Use and Reasons for Discontinuation

Availability

Potential Demand

Current Use By Type of Method

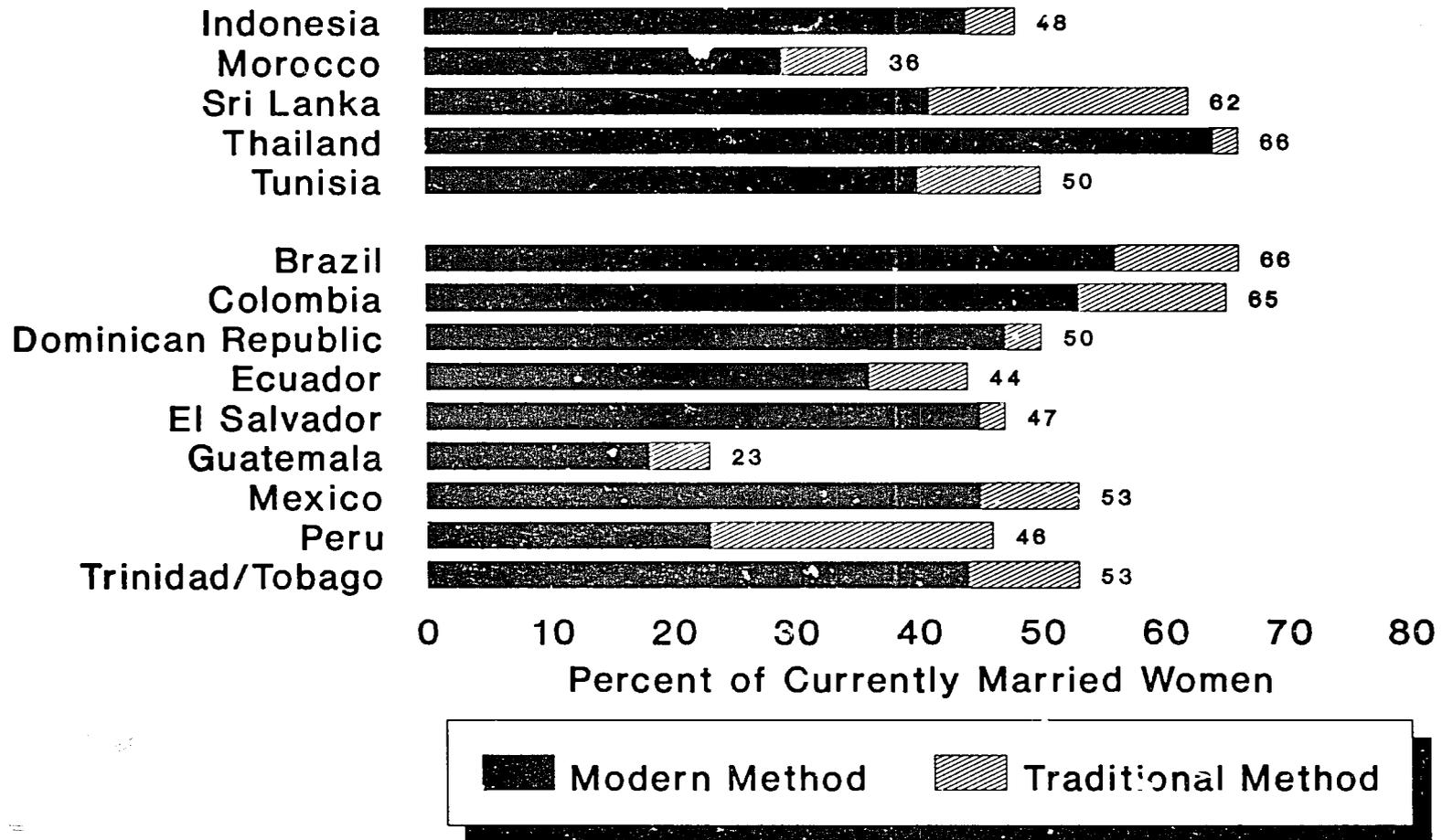


DHS Countries -- Africa

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Current Use By Type Of Method

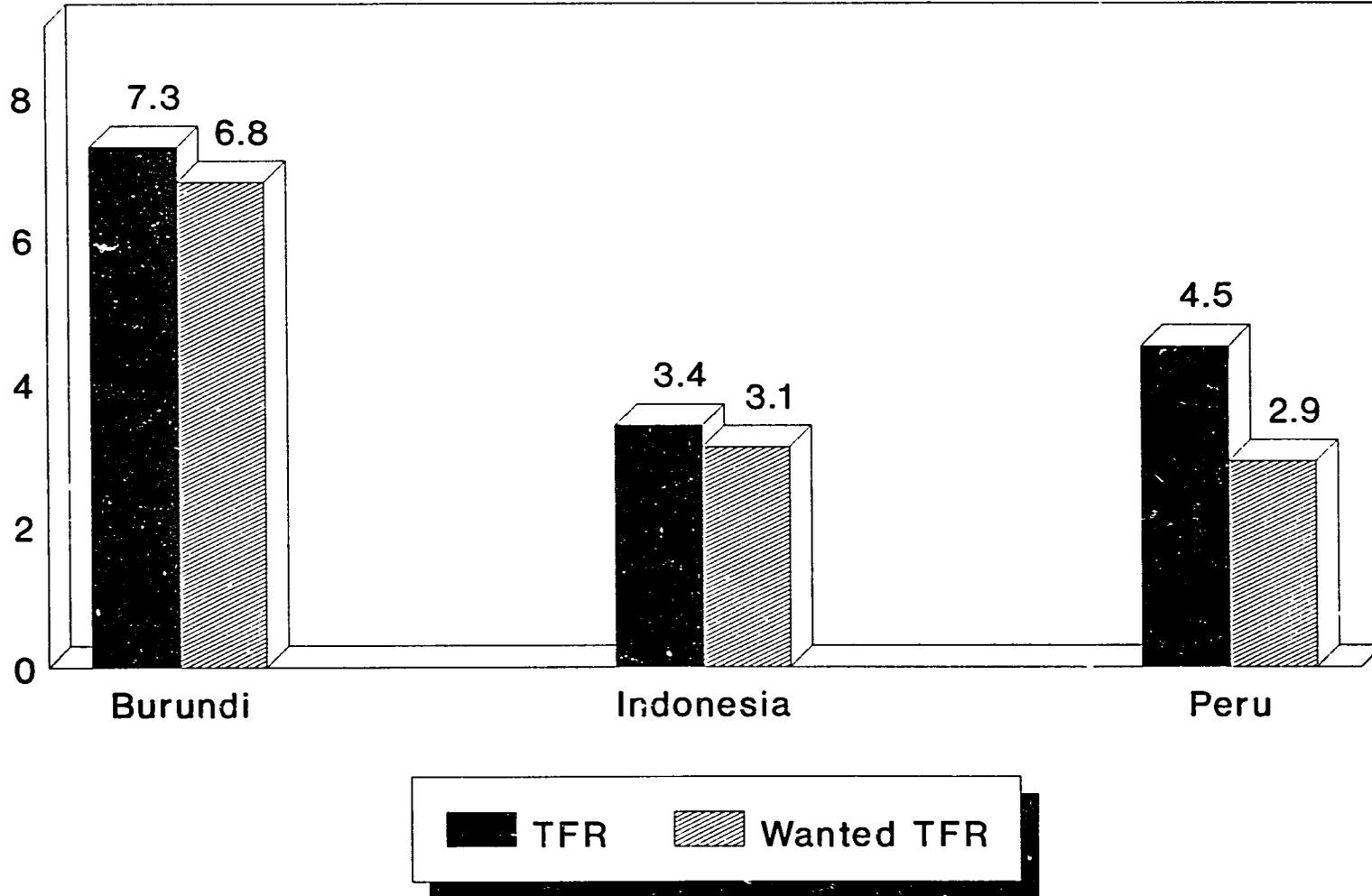


DHS Countries -- Asia, Latin America and the Caribbean

42

Total And Wanted Fertility Rates

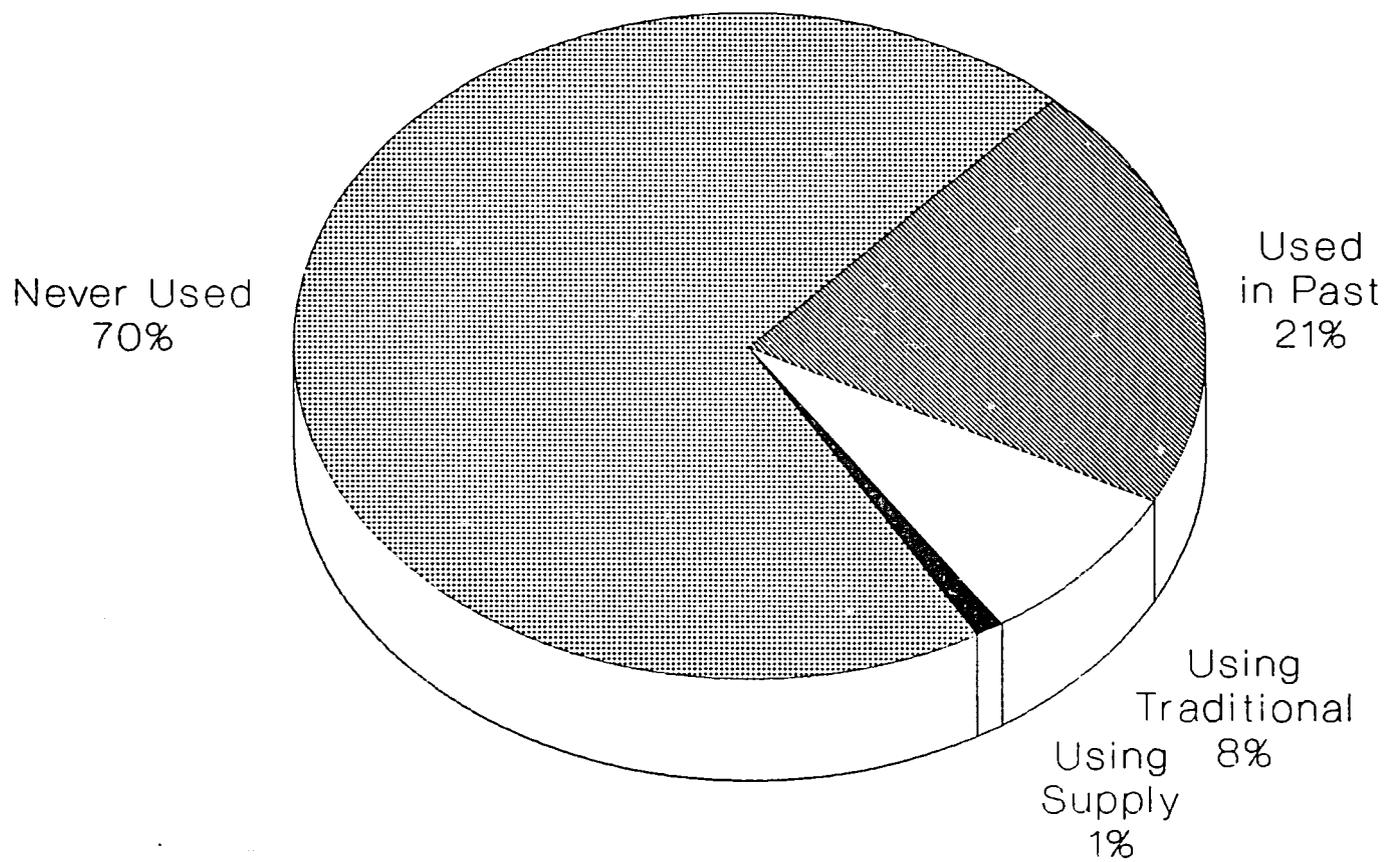
Births per Woman



BURUNDI

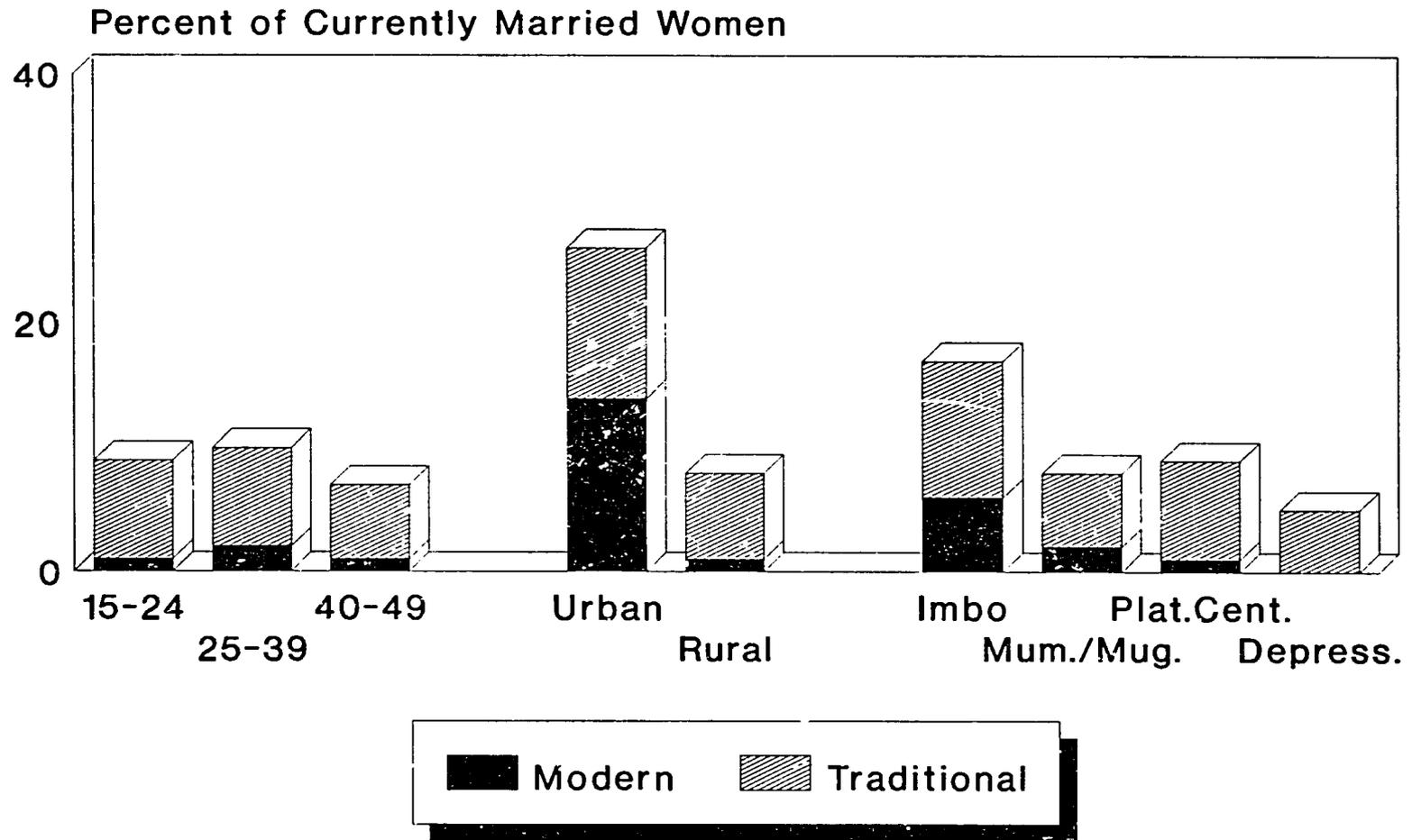
45

Contraceptive Use Status



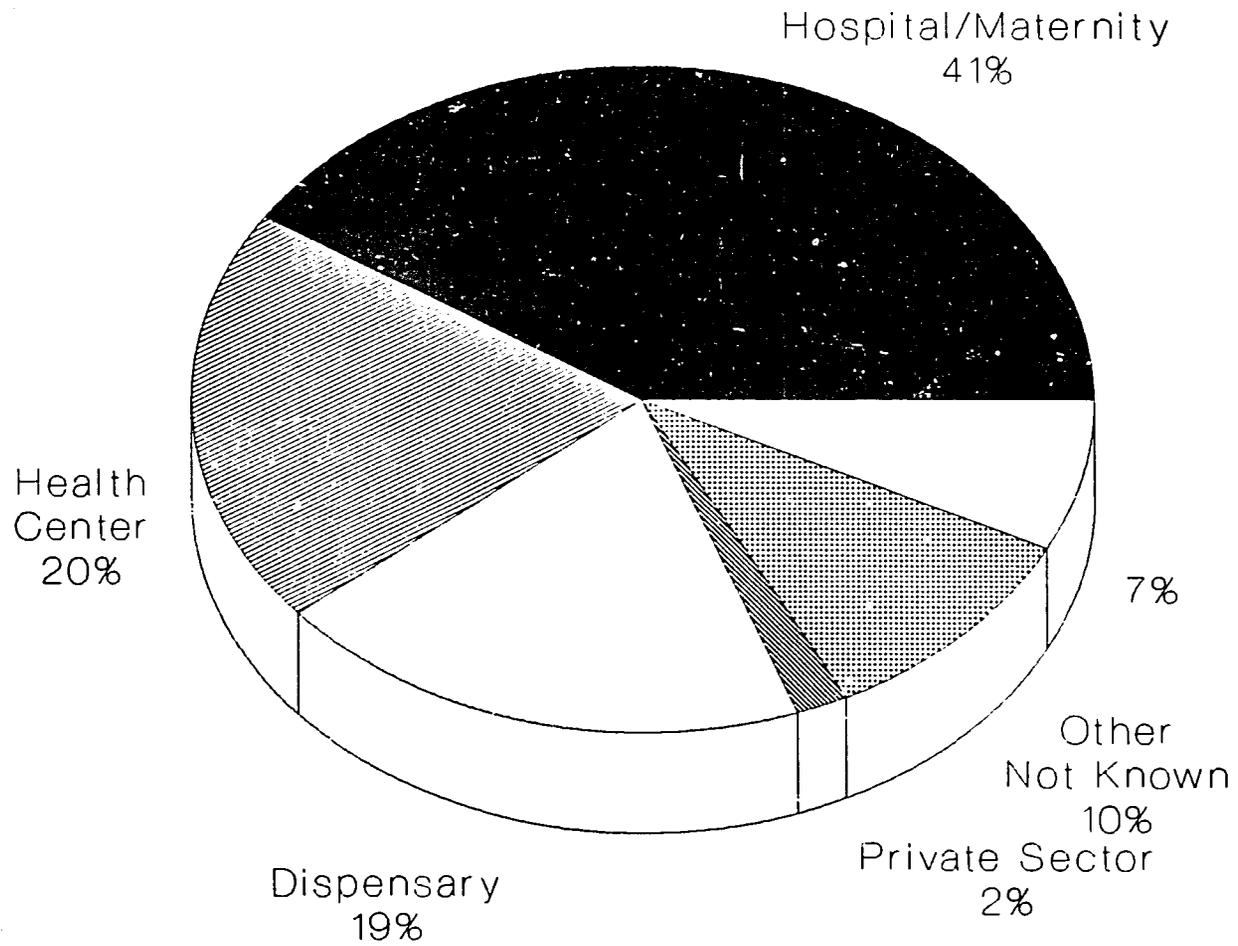
Burundi DHS 1987

Current Use Differentials



Burundi DHS 1987

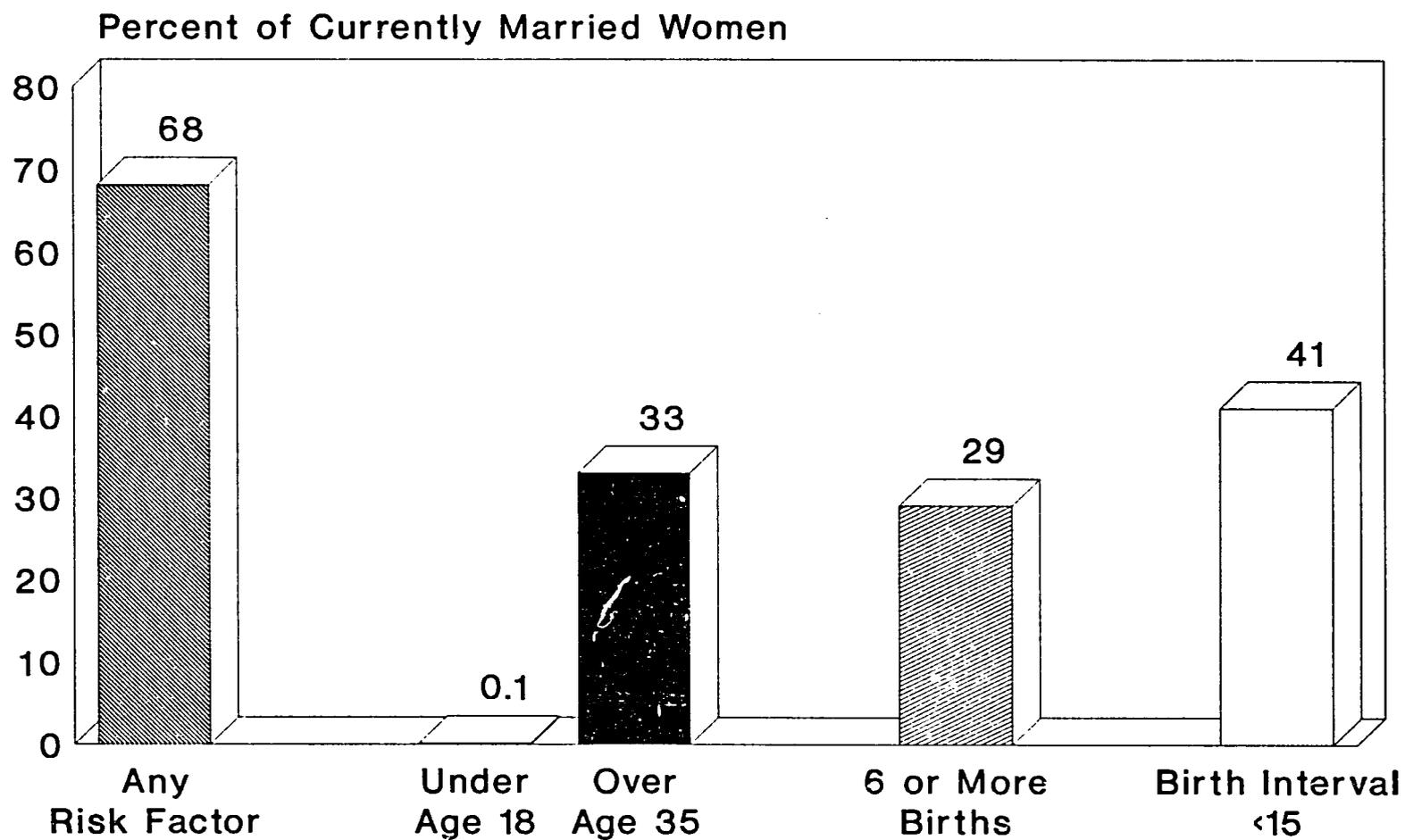
Service Providers For Current Users



Burundi DHS 1987

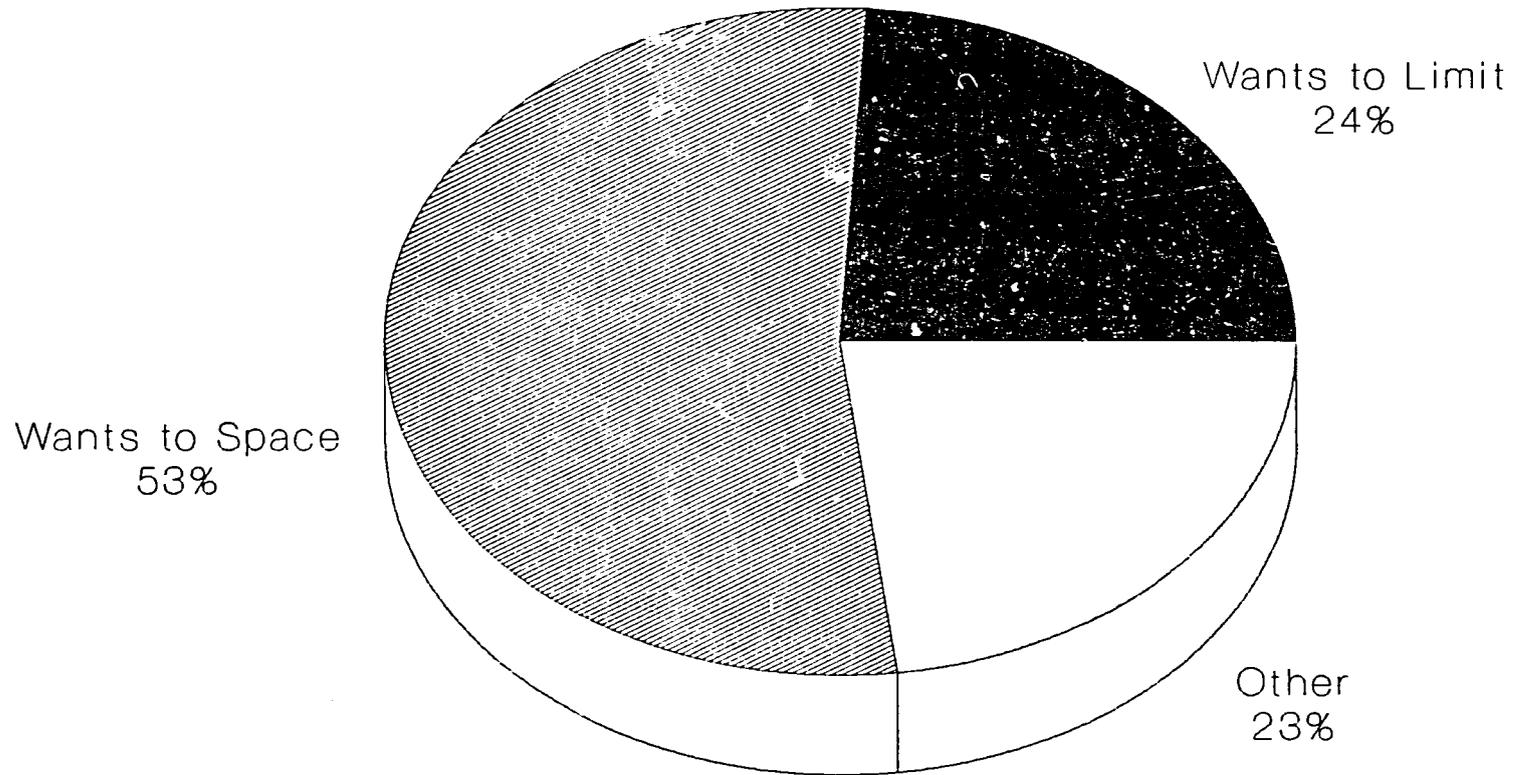
27.

Pregnancy Risk Categories



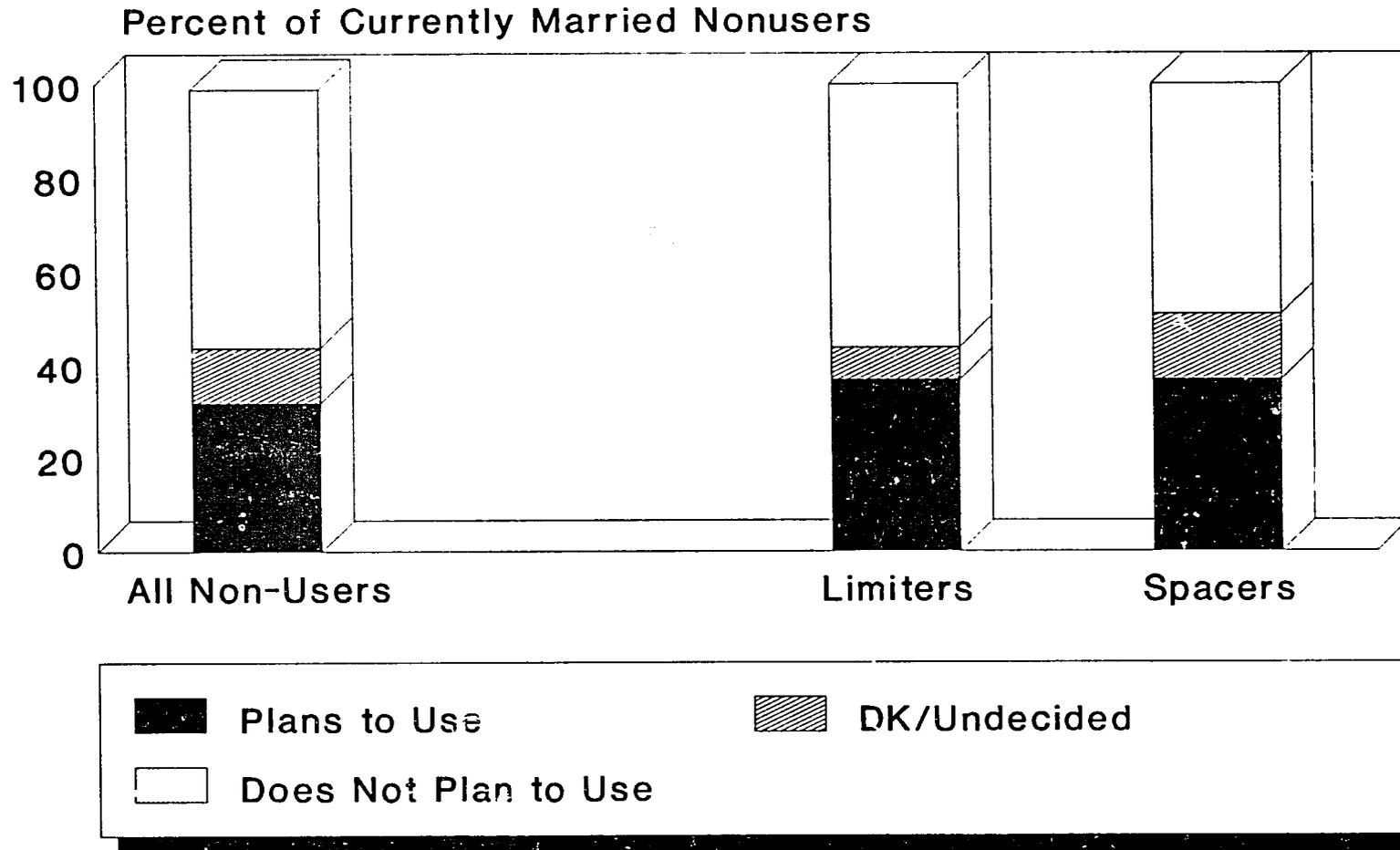
Burundi DHS 1987

Reproductive Intentions



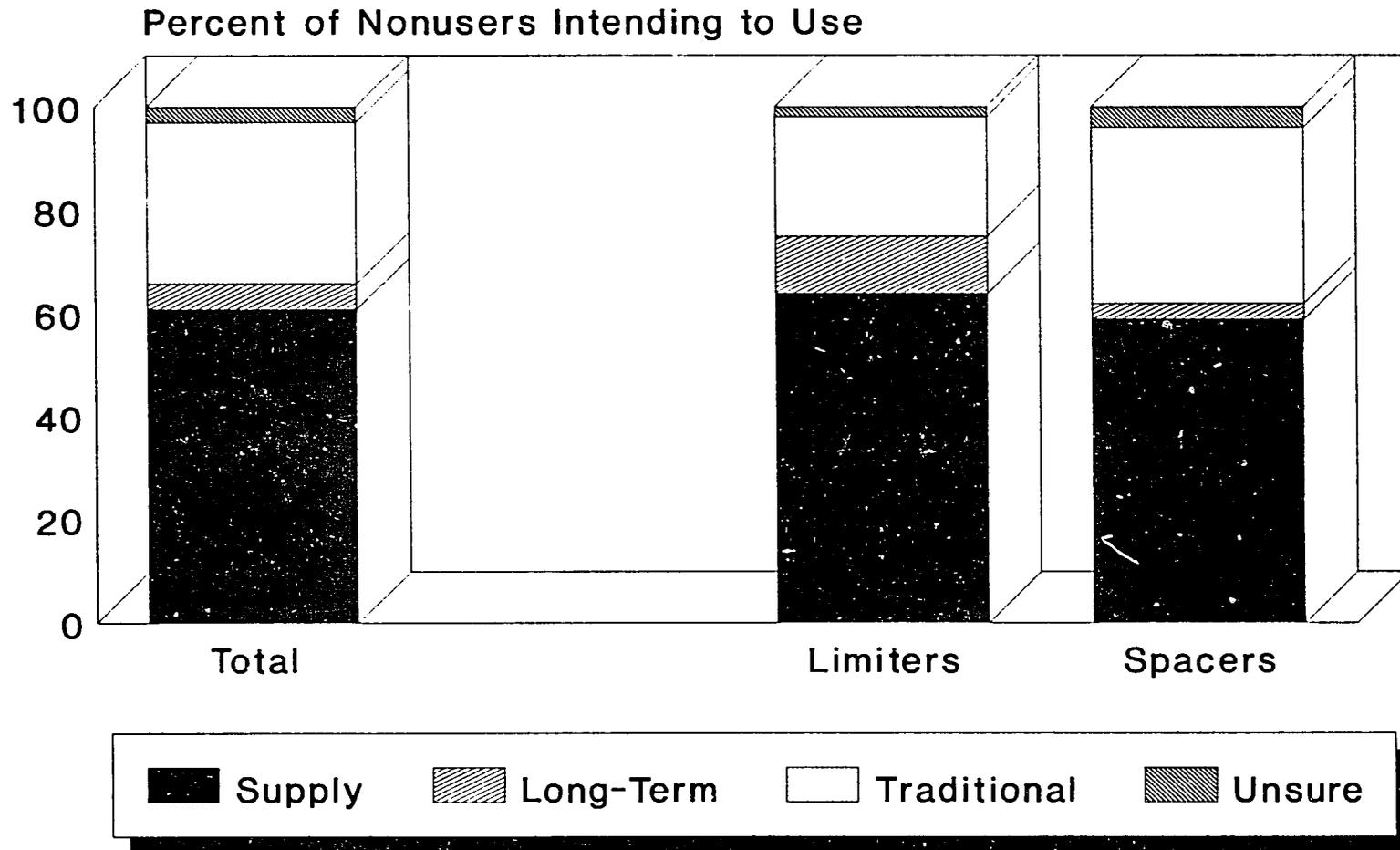
Burundi DHS 1987

Intention to Use in the Future



Burundi DHS 1987

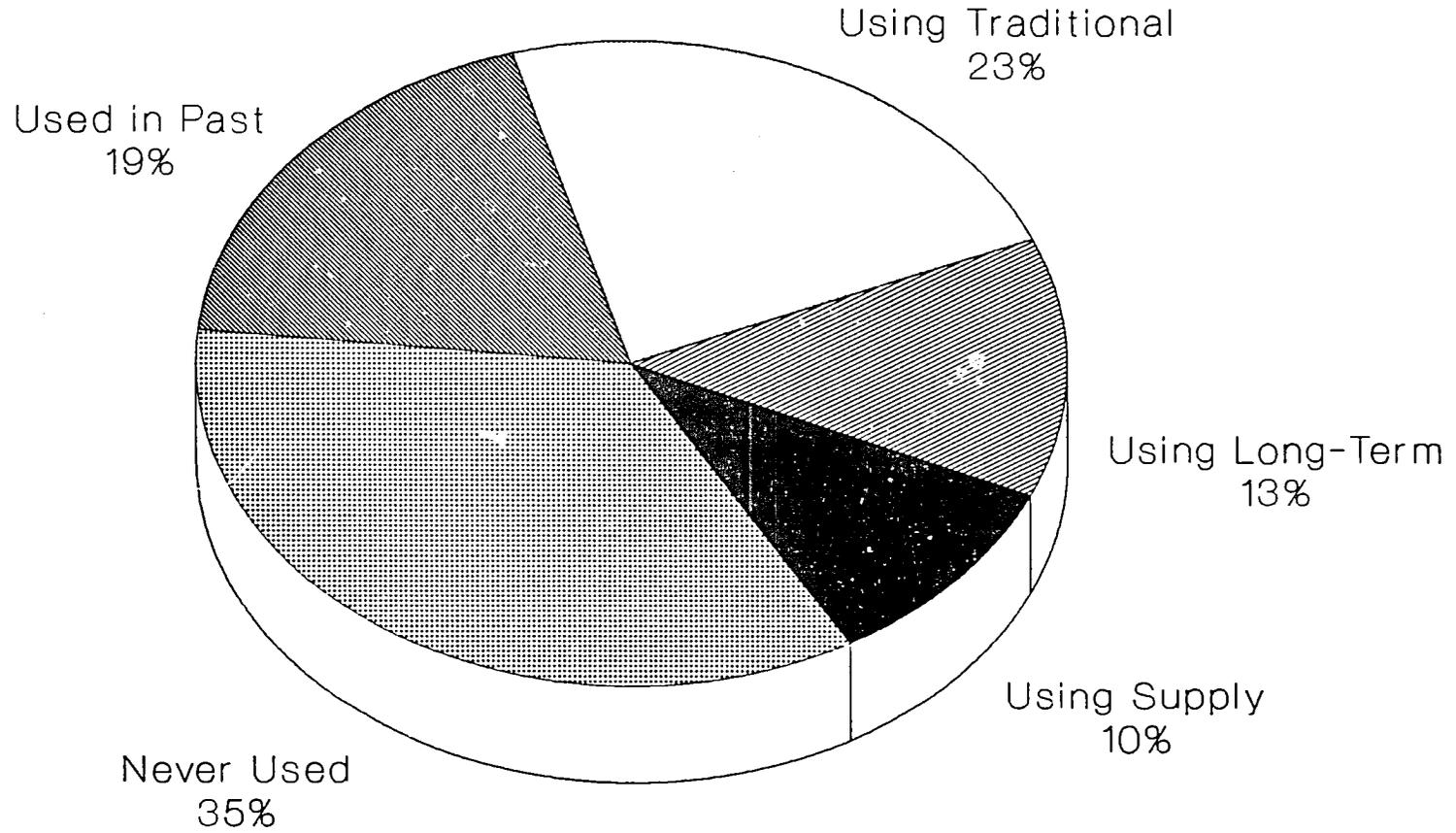
Method Preference



Burundi DHS 1987

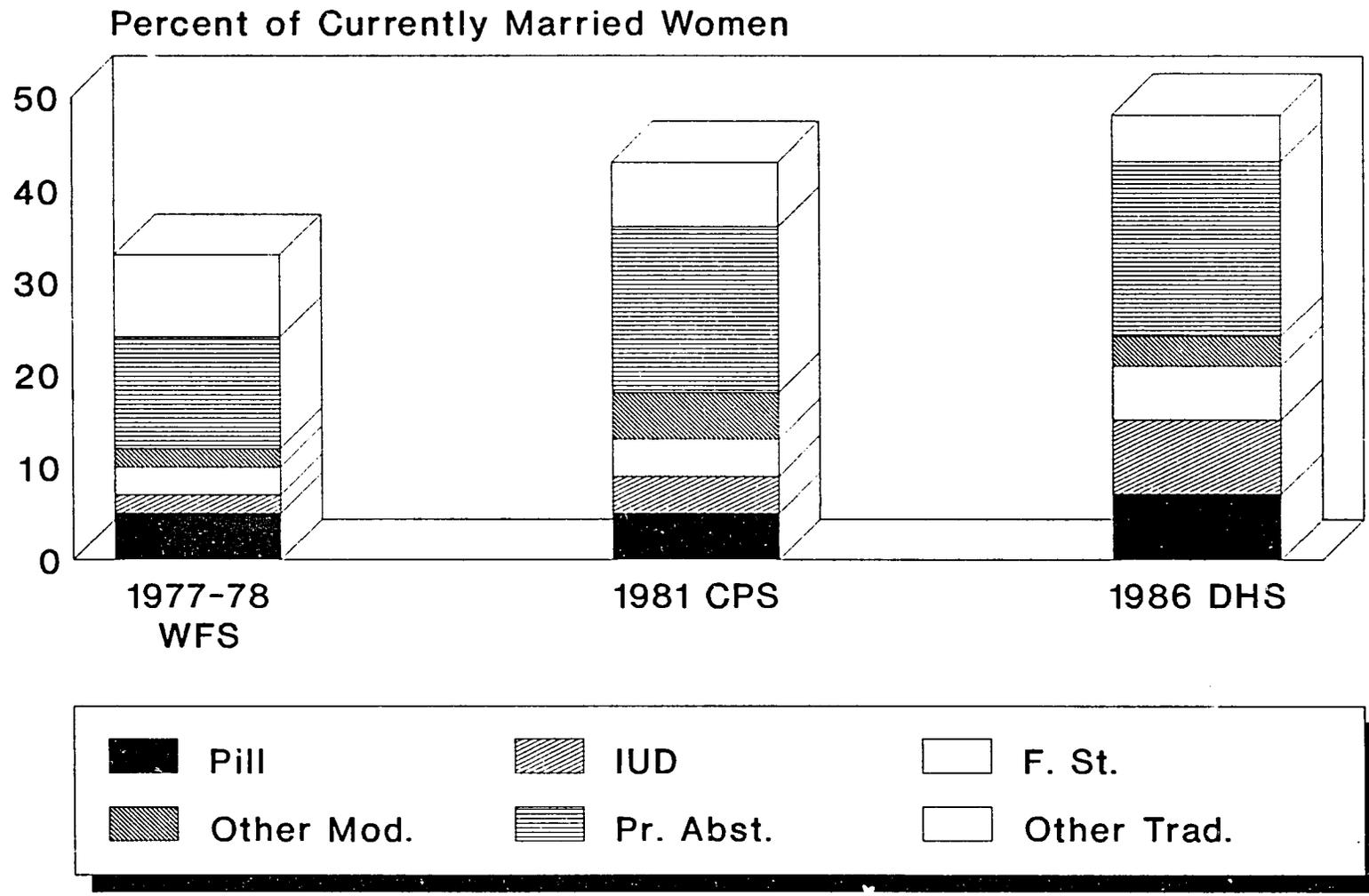
Peru

Contraceptive Use Status



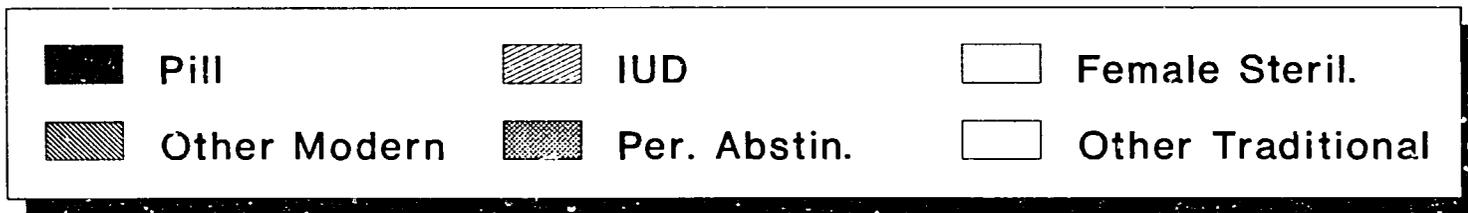
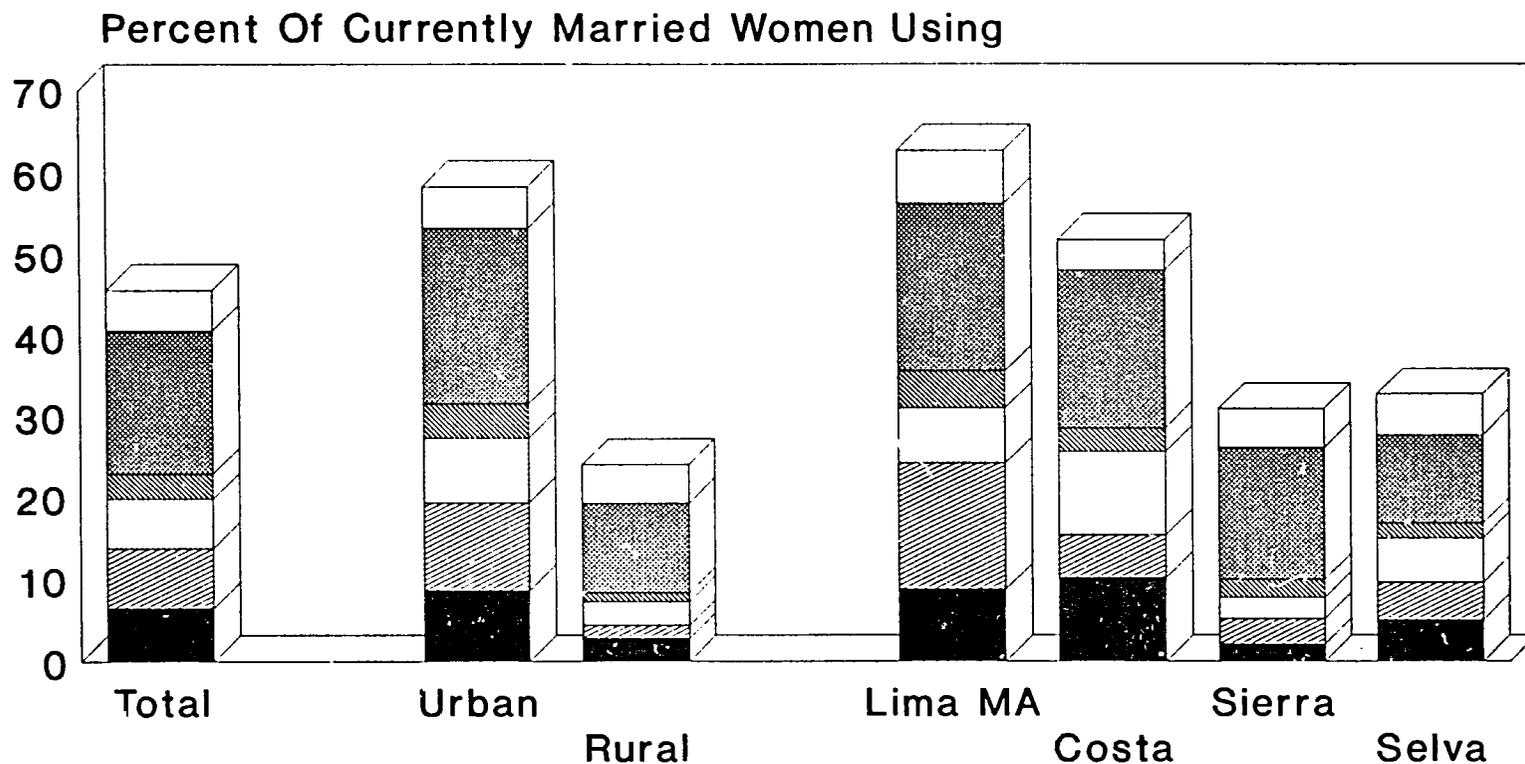
Peru DHS 1986

Change in Method Mix



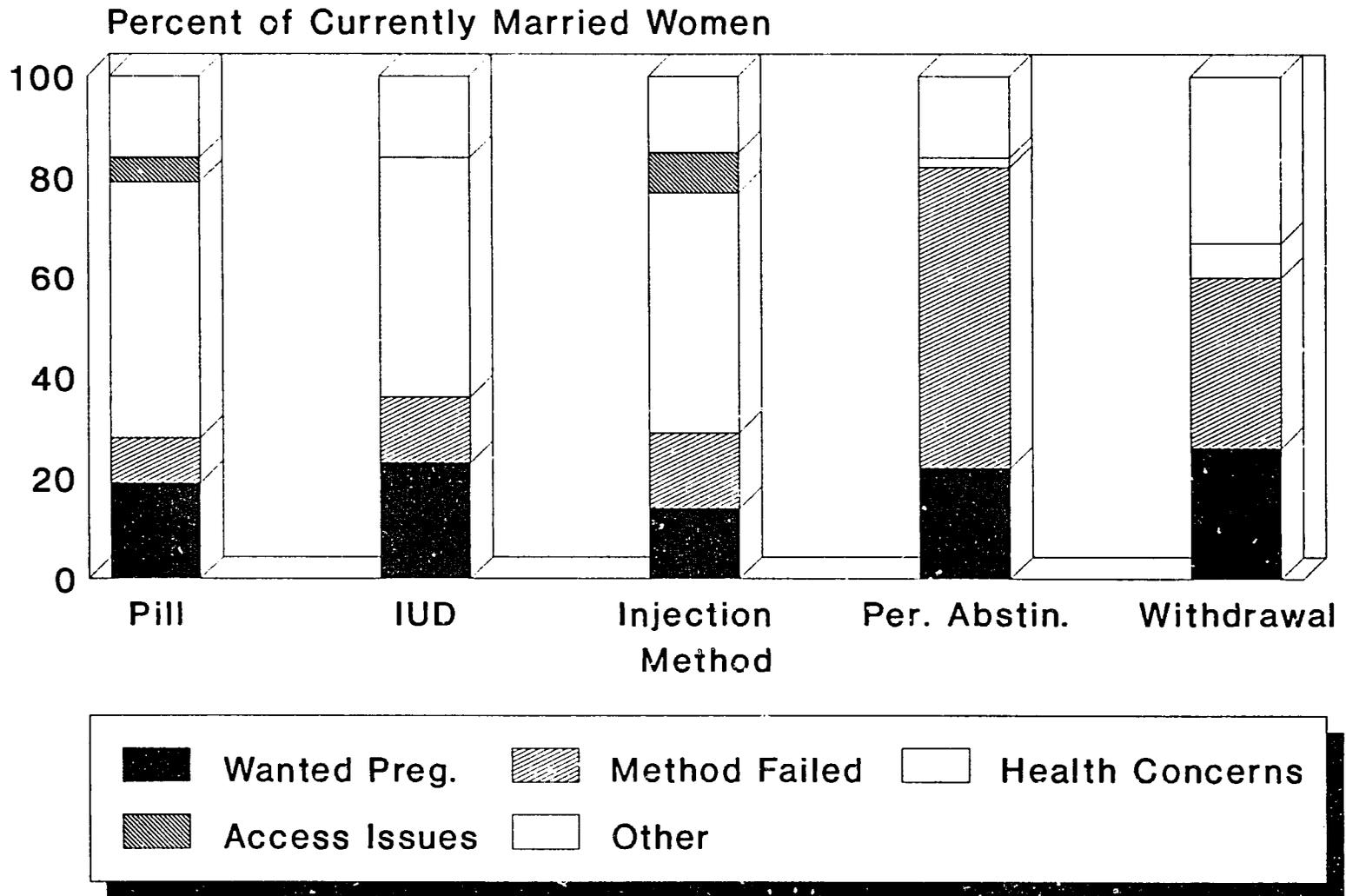
Peru WFS 1977-78, CPS 1981 and DHS 1986

Current Use Differentials



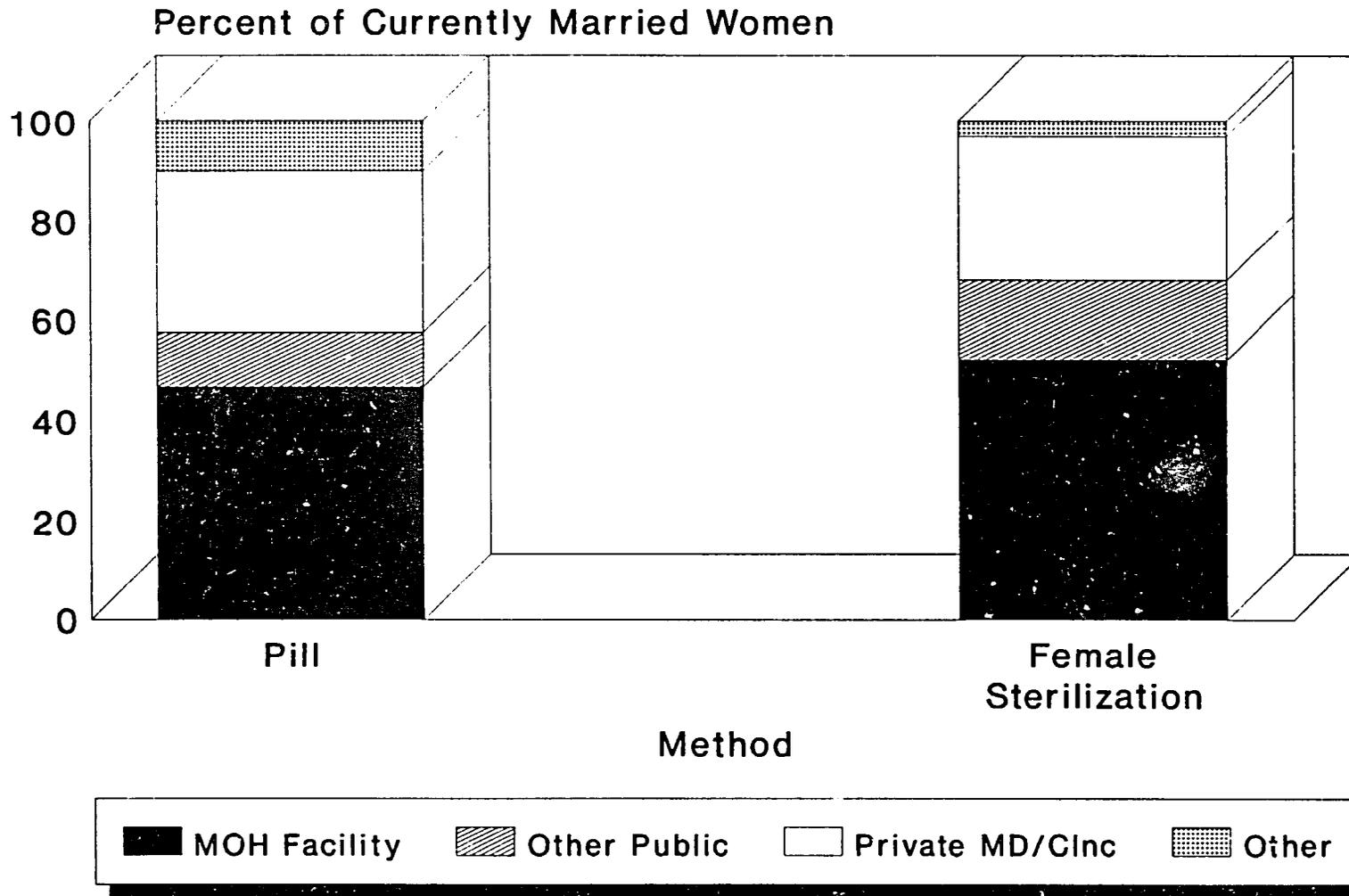
Peru DHS 1986

Reasons for Discontinuation



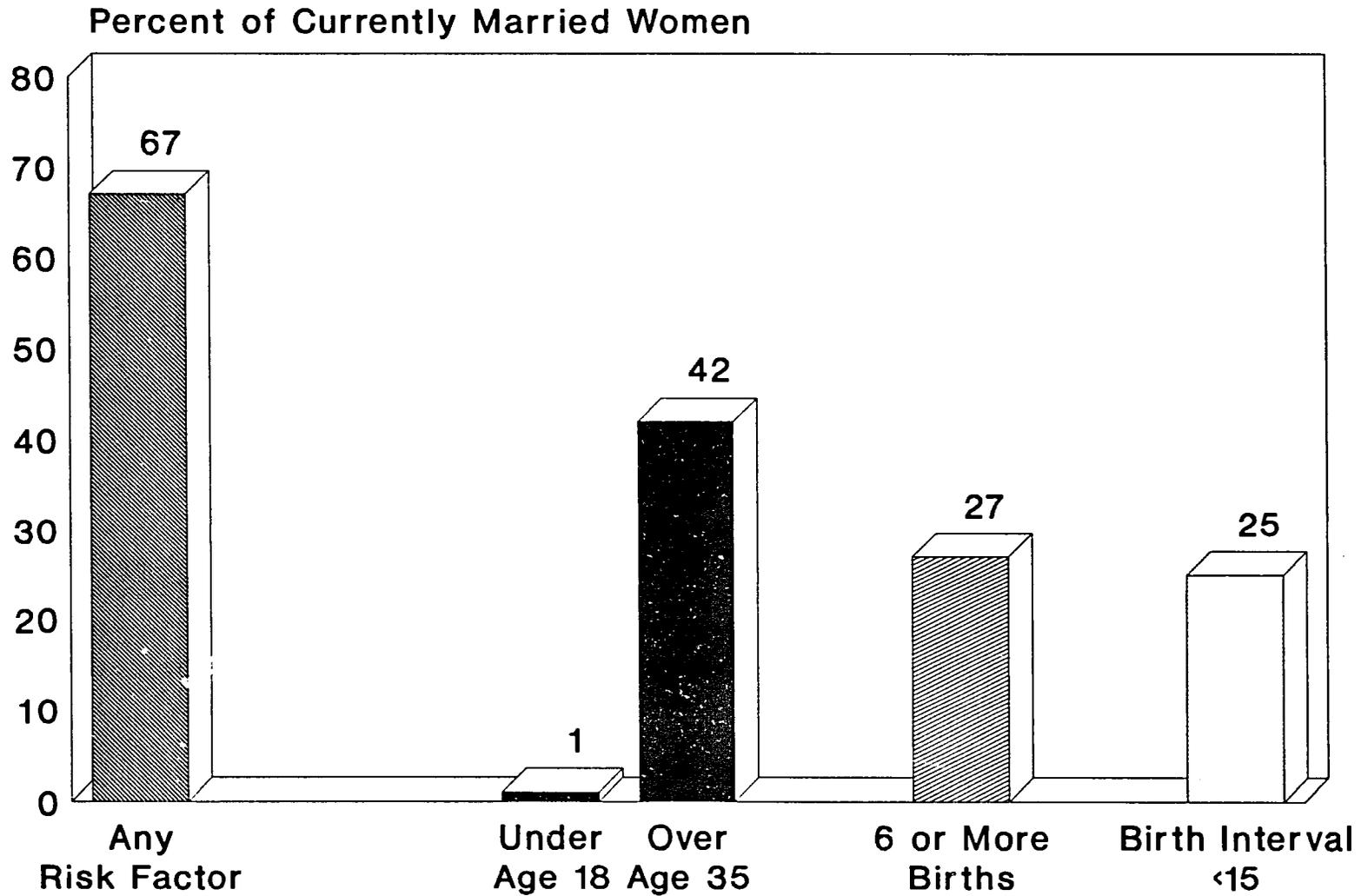
Peru DHS 1986

Service Providers



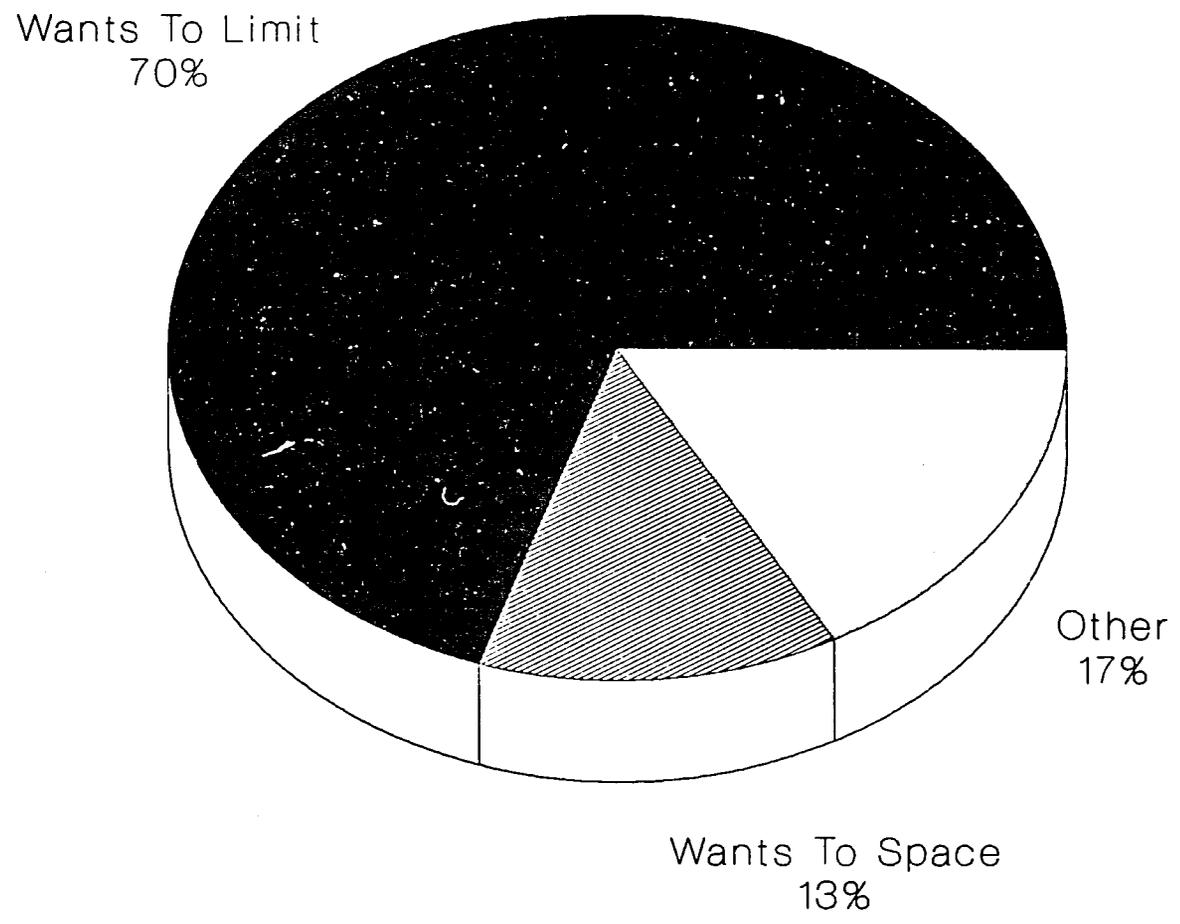
Peru DHS 1986

Pregnancy Risk Factors



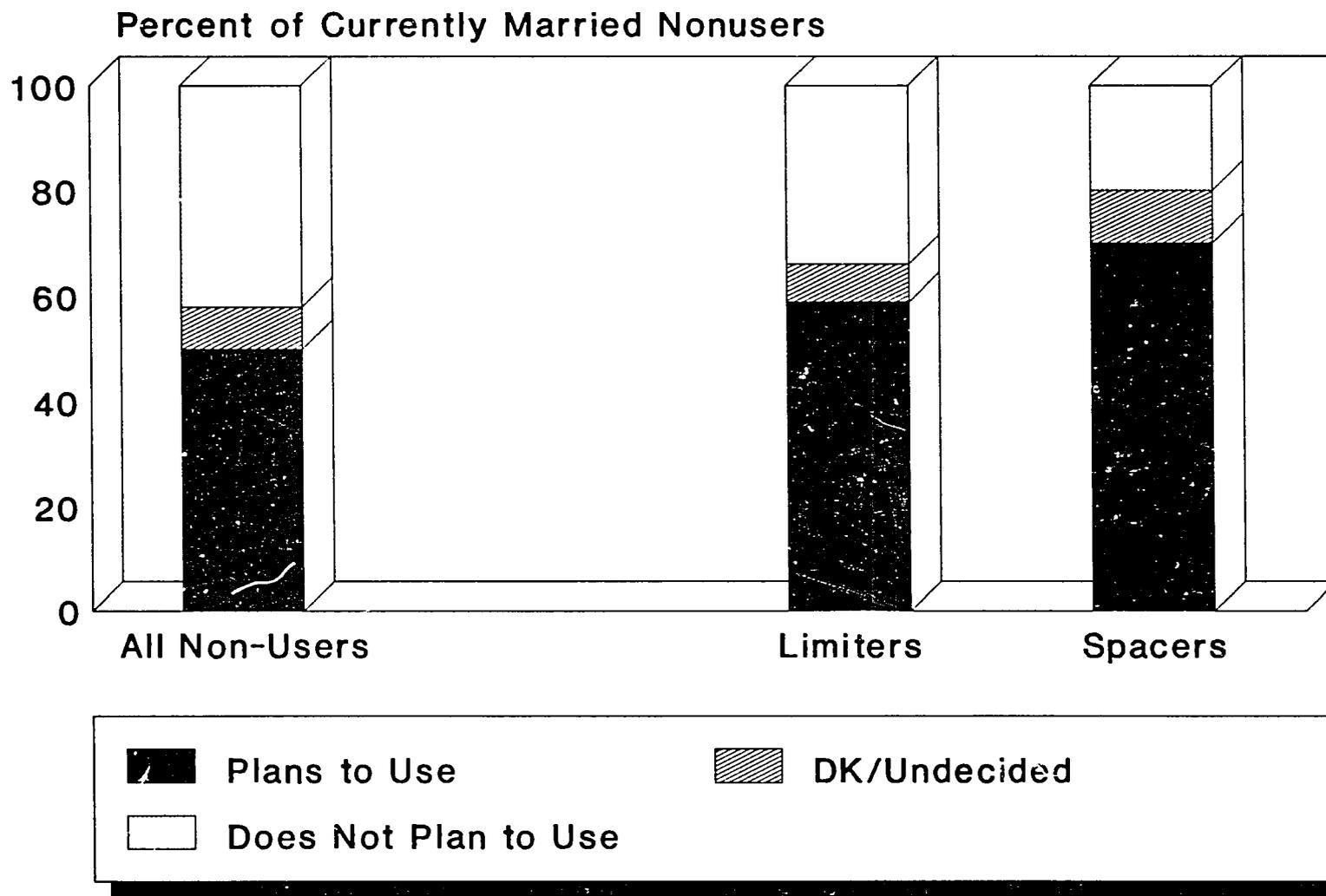
Peru DHS 1986

Reproductive Intentions



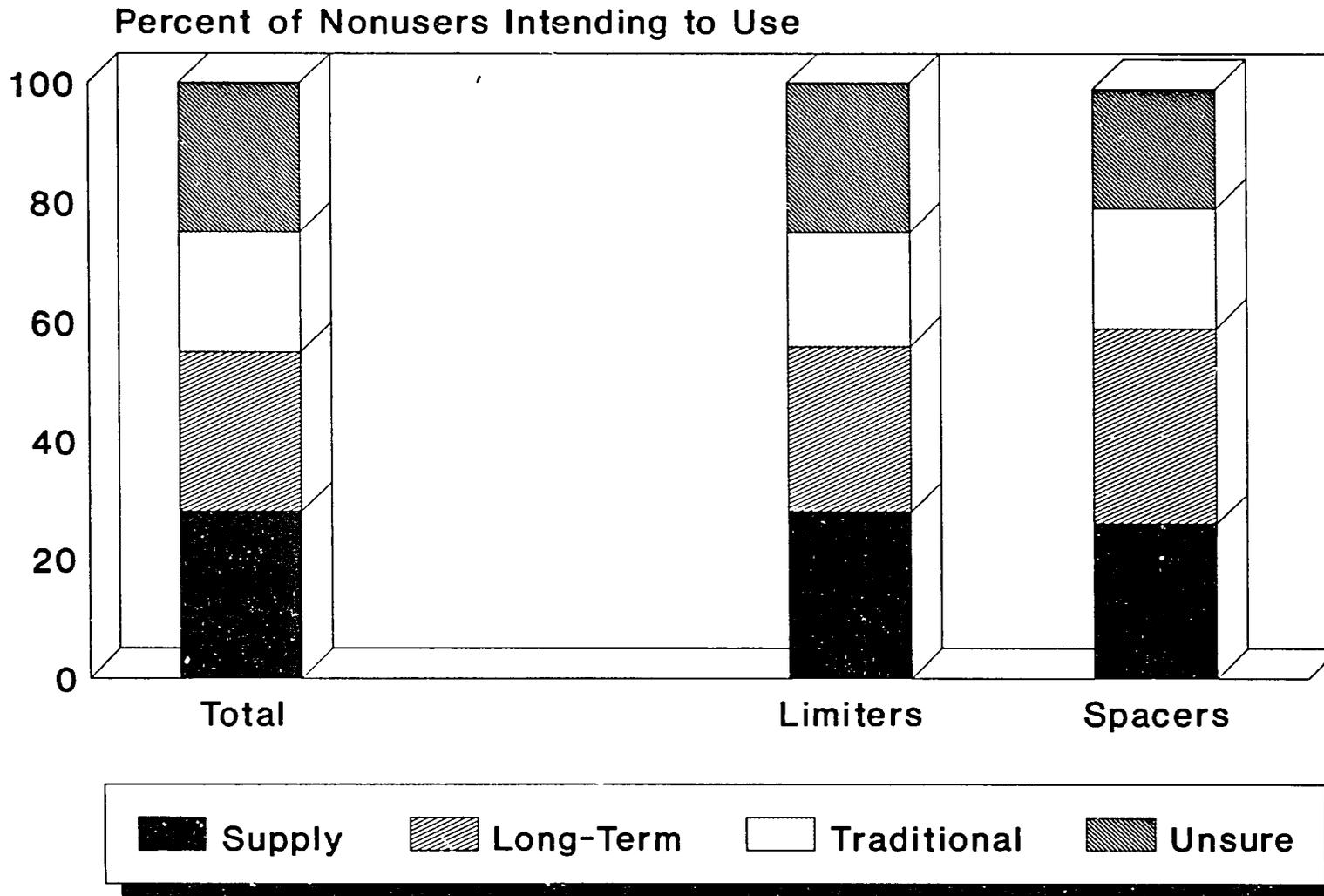
Peru DHS 1986

Intention to Use in the Future



Peru DHS 1986

Method Preference

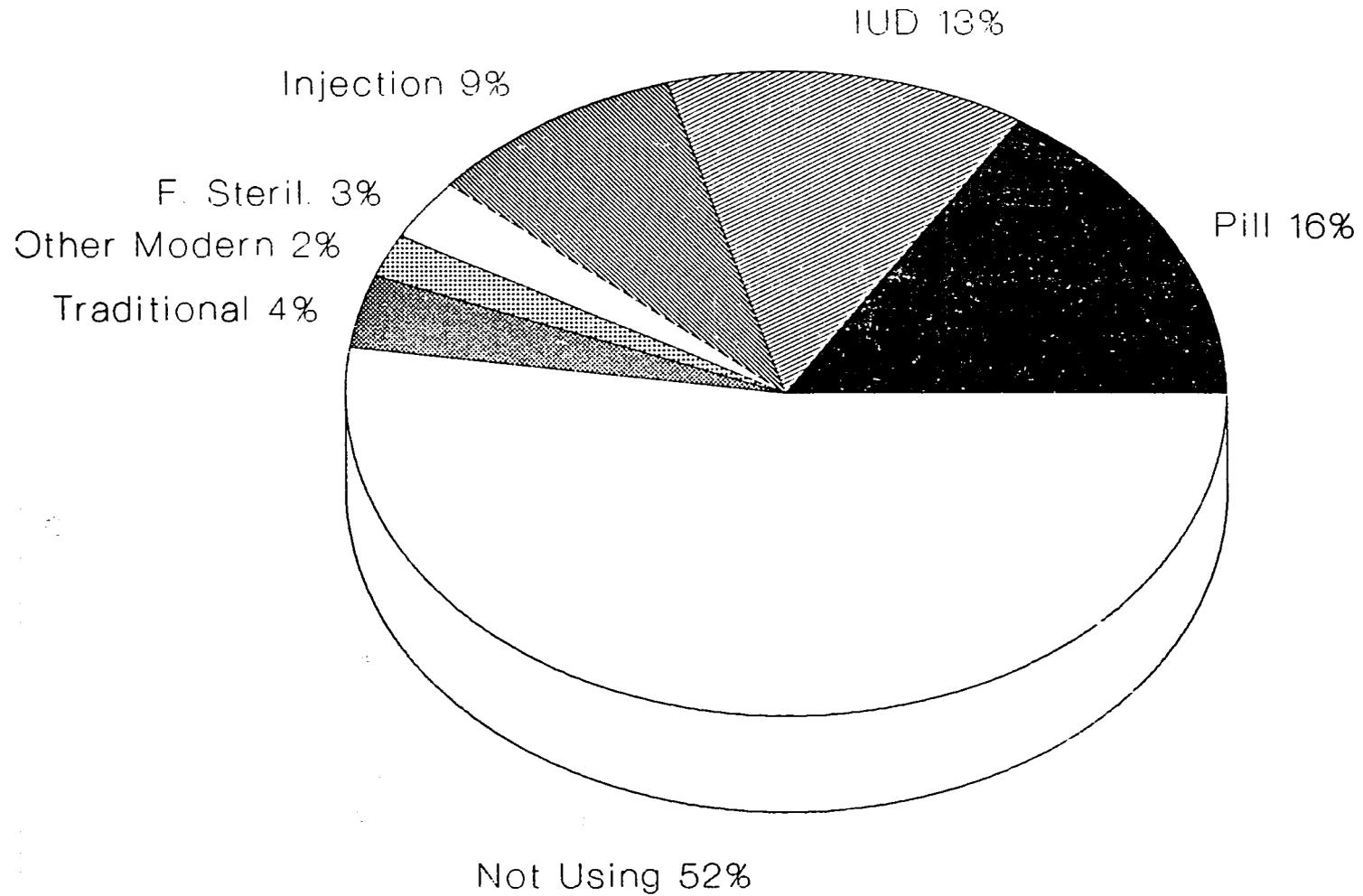


Peru DHS 1986

INDONESIA

Contraceptive Use Status

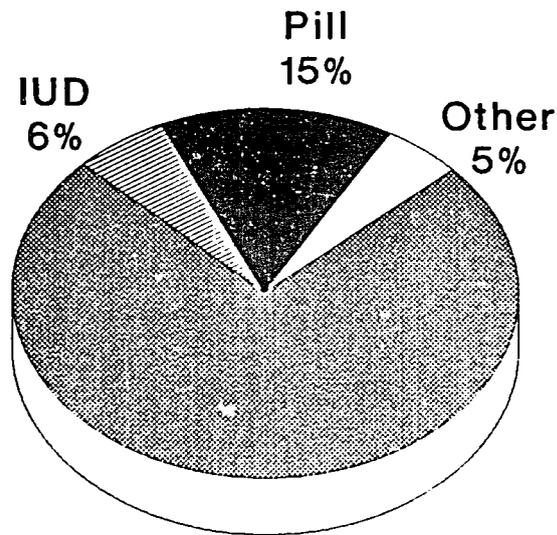
Currently Married Women



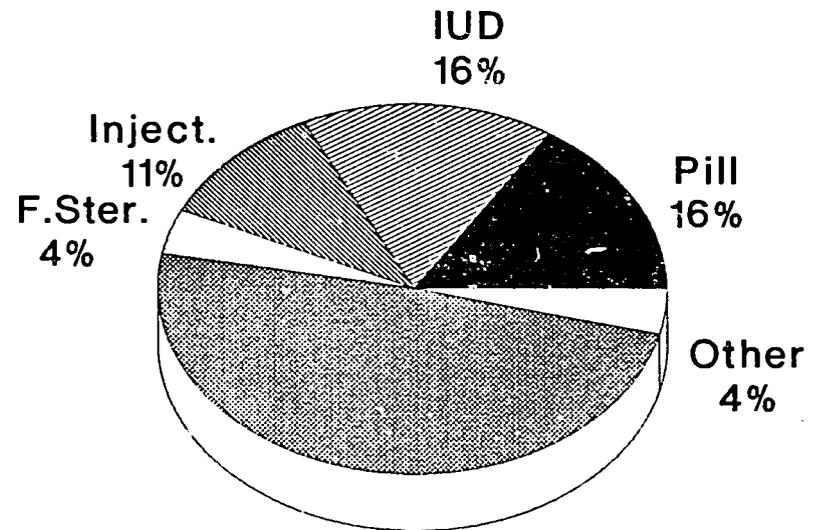
Indonesia DHS 1987

Change In Method Mix 1976-1987

Currently Married Women



Not Using
74%
1976 IFS



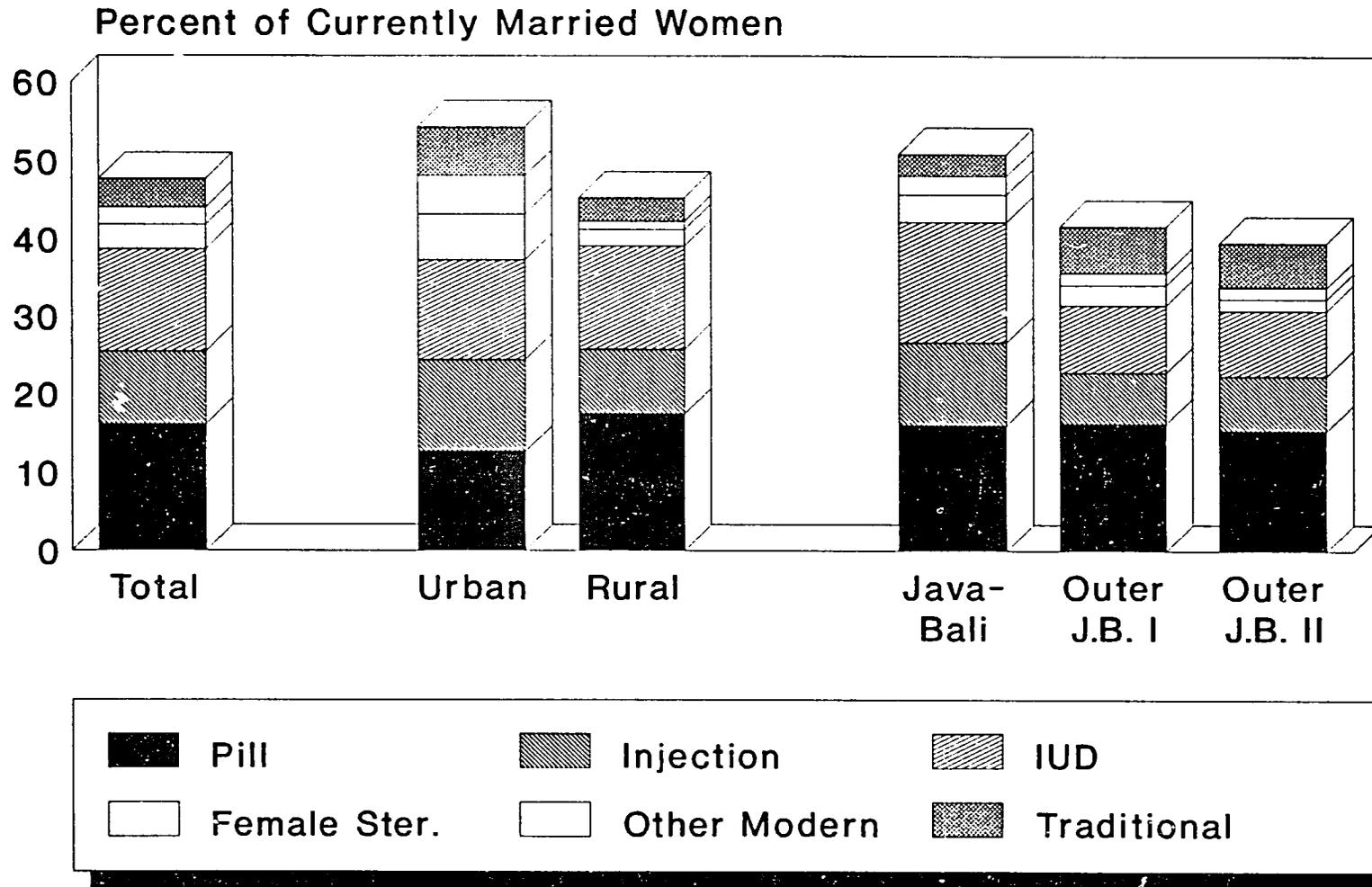
Not Using
49%
1987 NICPS

Indonesia WFS 1976 and DHS 1987

53

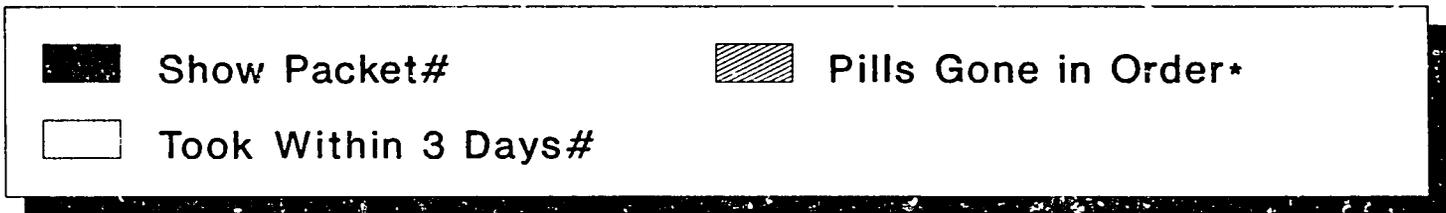
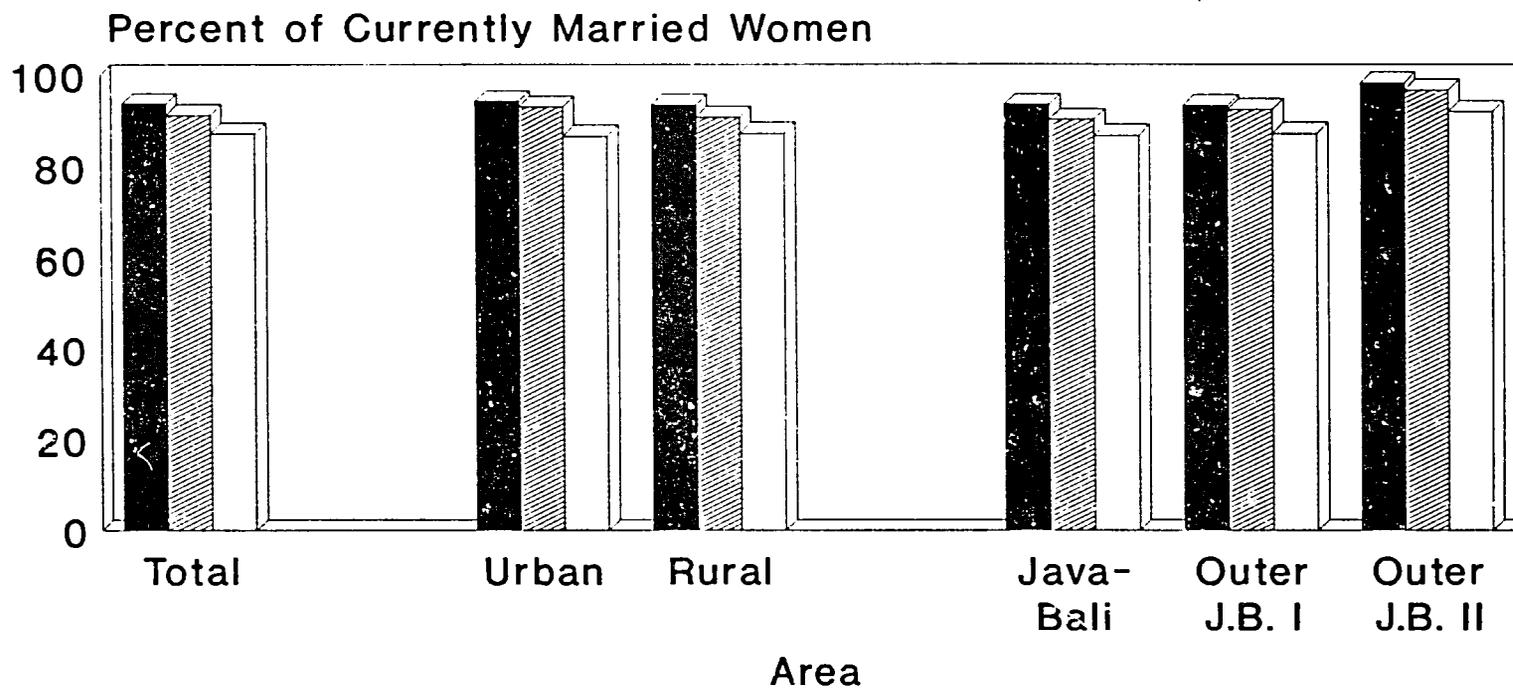
Current Use Differentials

Urban-Rural Residence and Region



1987 Indonesia DHS

Quality Of Use Indicators--Pill

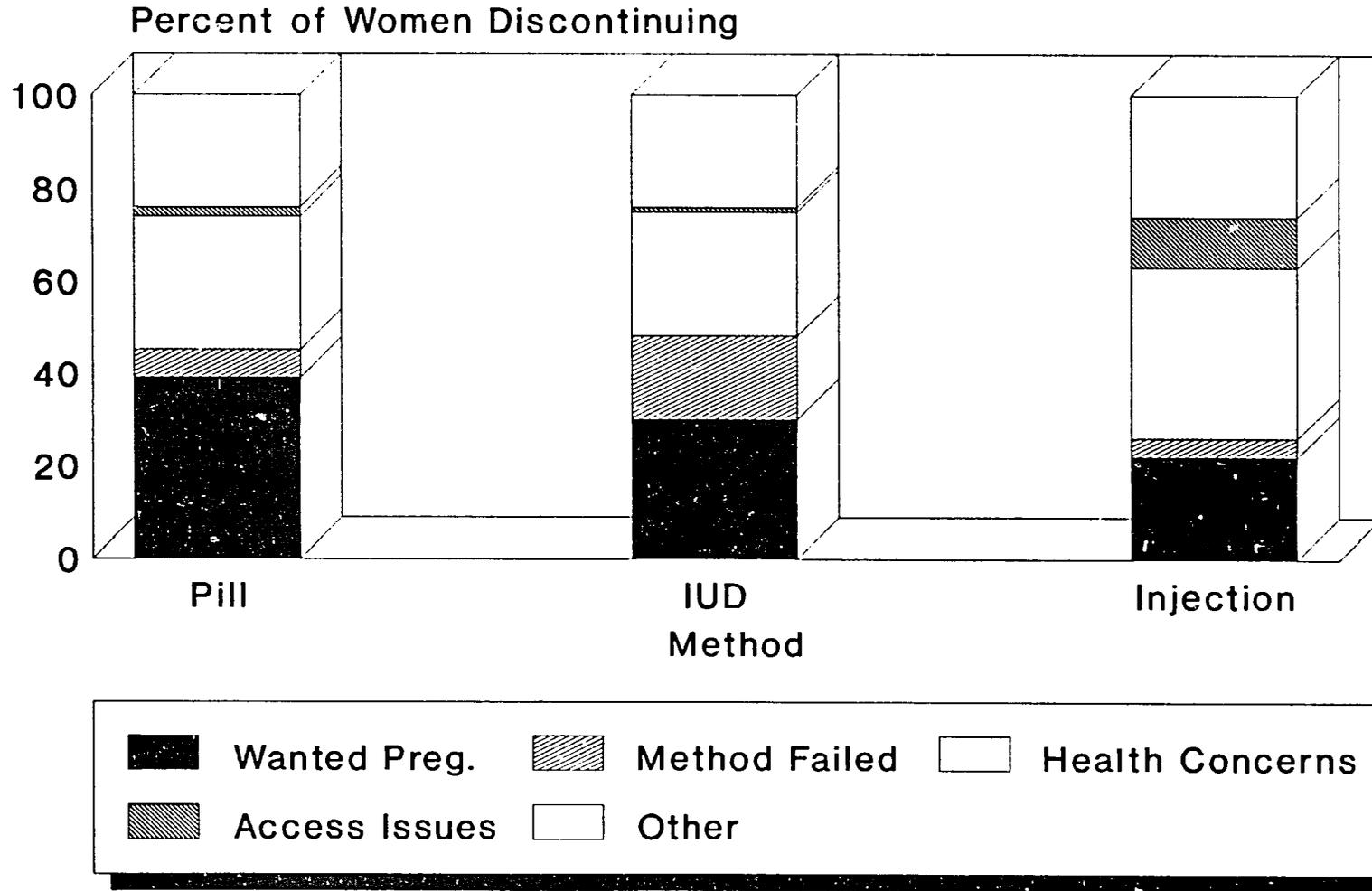


Indonesia DHS 1987

#Pill Users

*Users Showing Packets

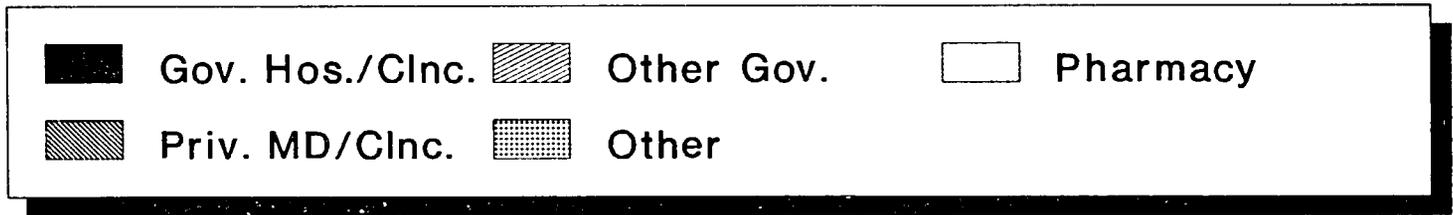
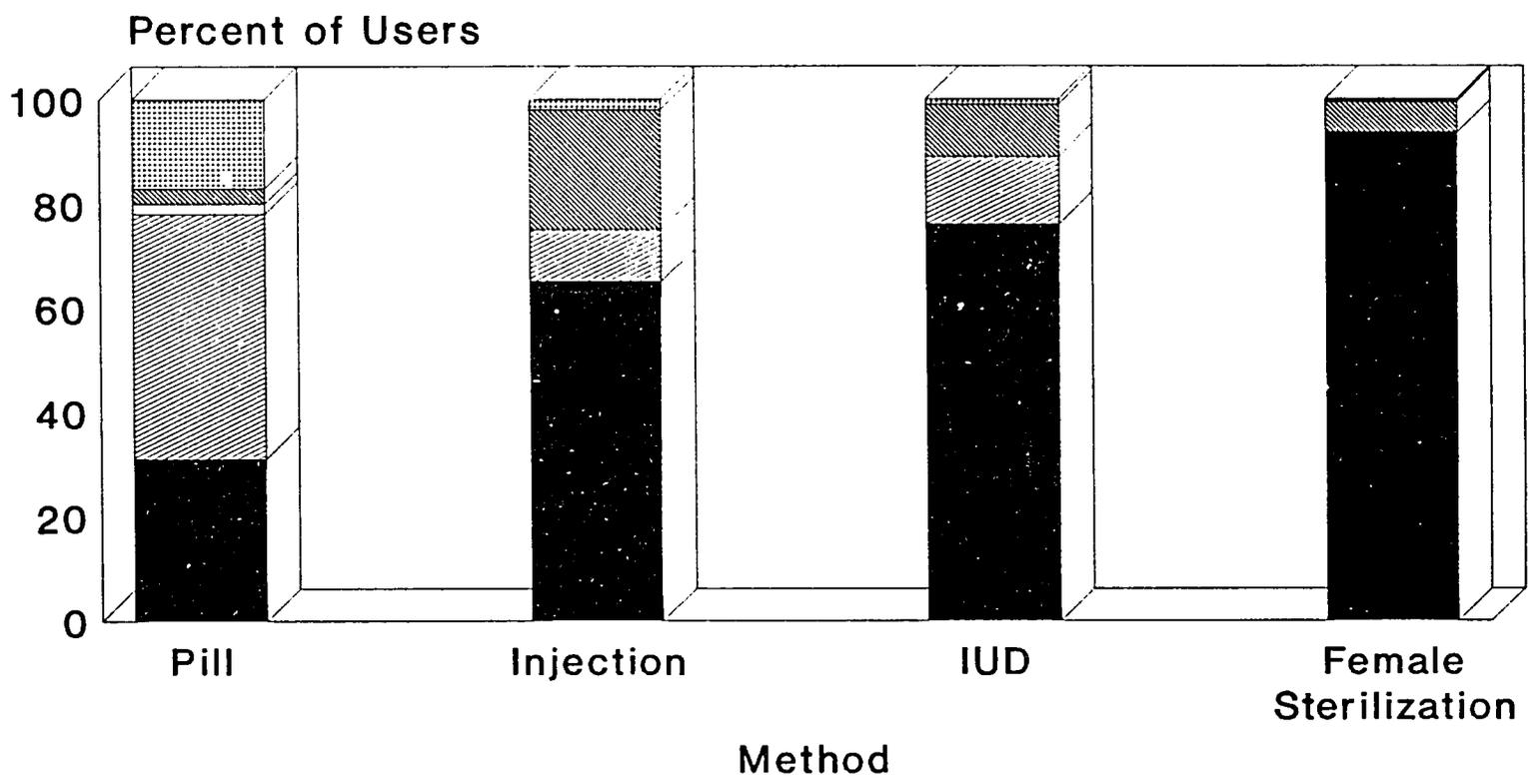
Reasons For Discontinuation



Indonesia DHS 1987

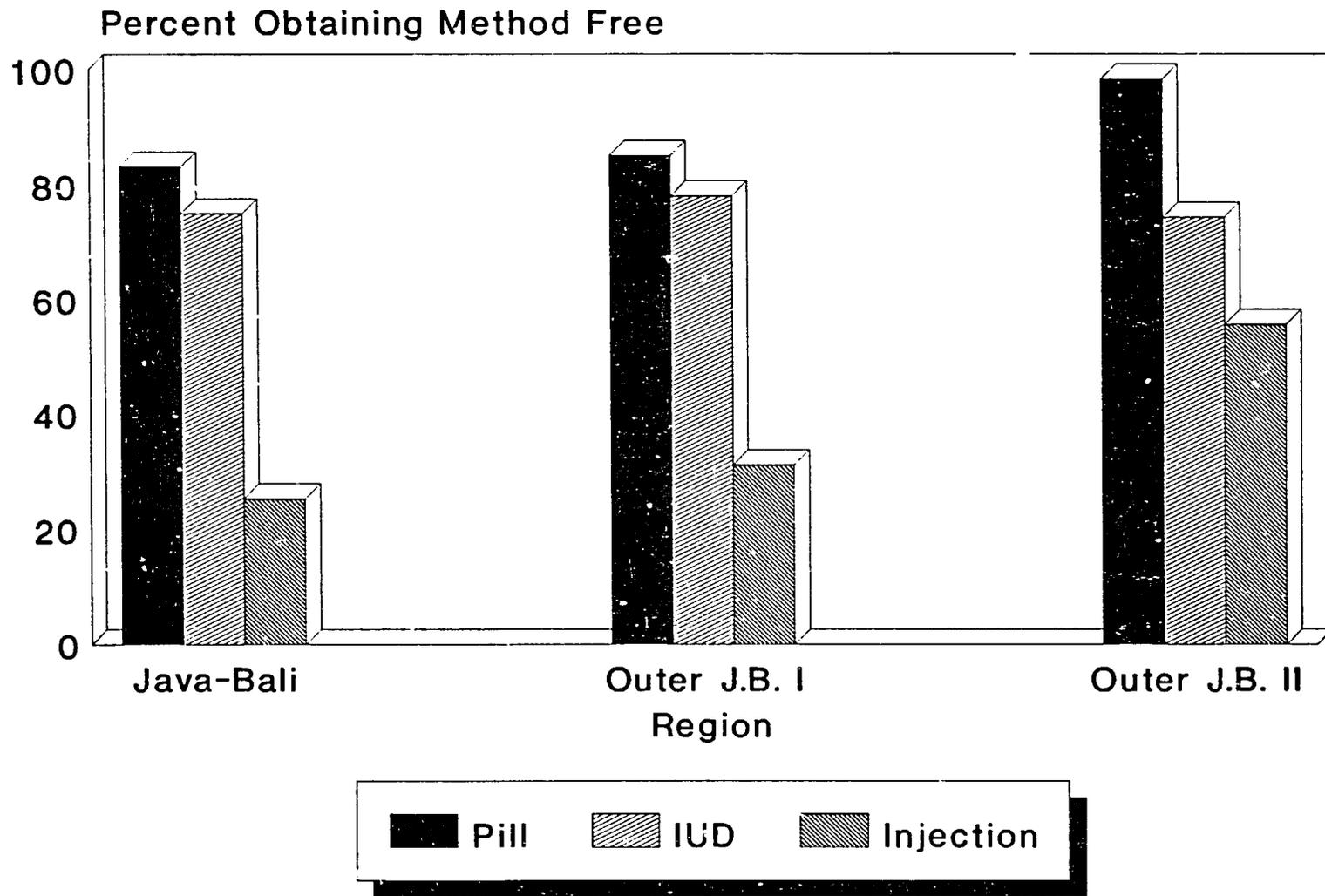
*Within the 5 Years Preceding the Survey

Service Provider



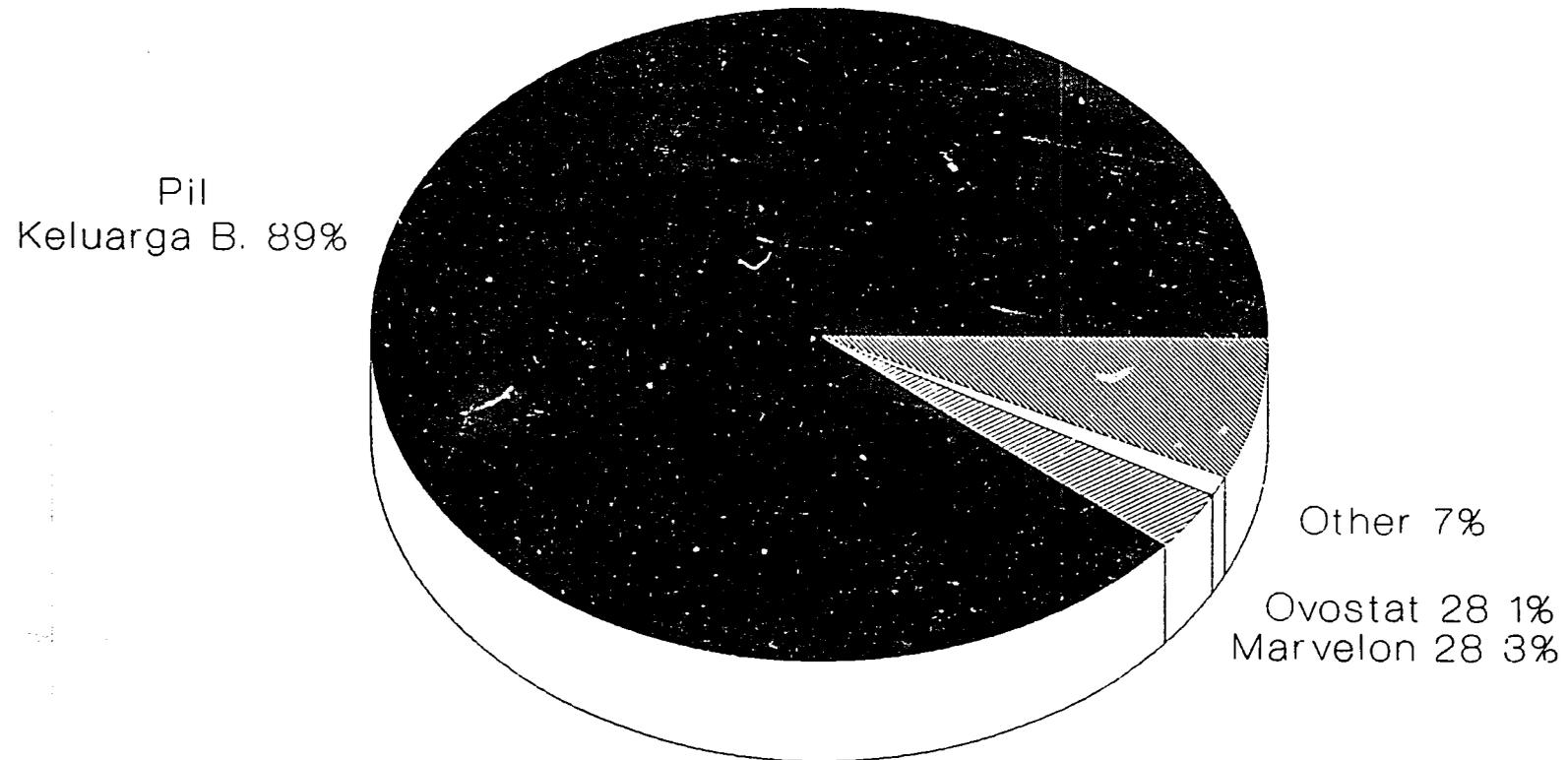
Indonesia DHS 1987

Cost Information



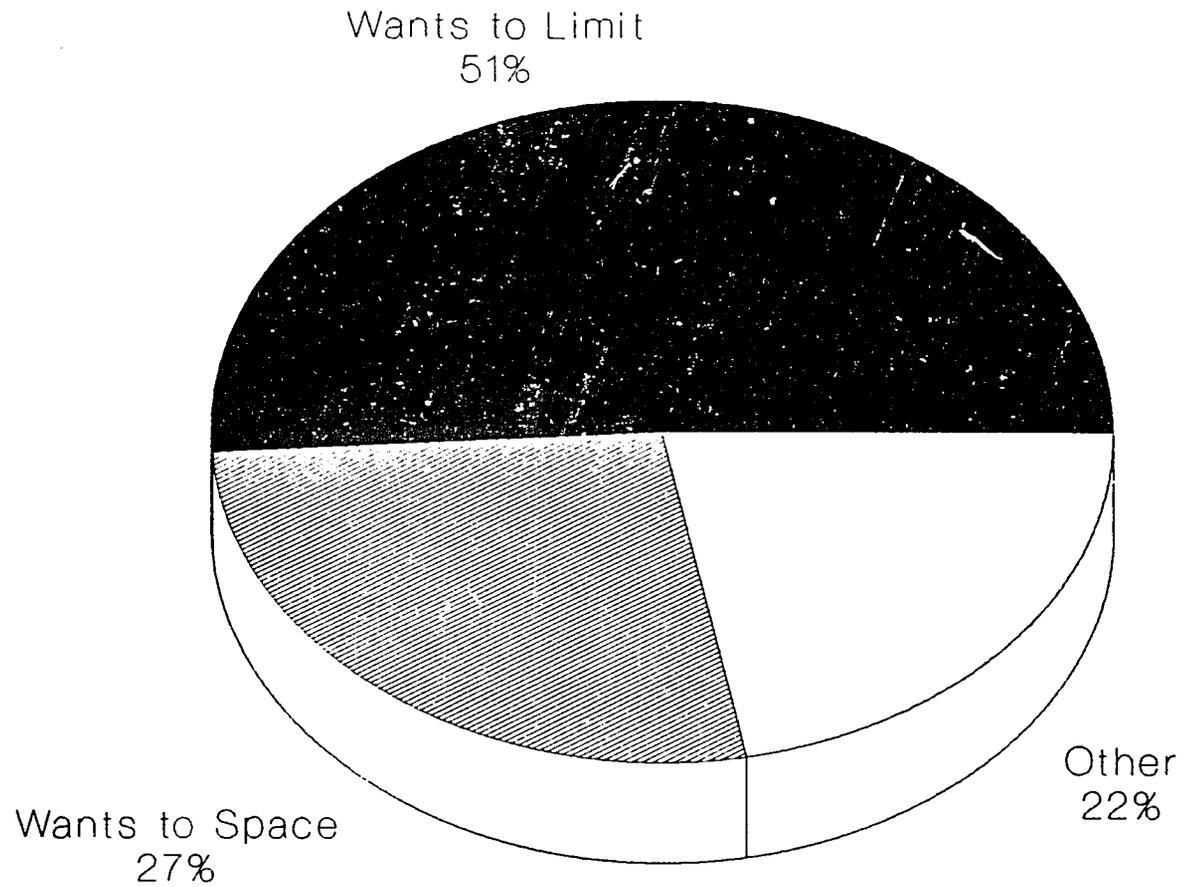
Indonesia DHS 1987

Pill Brand



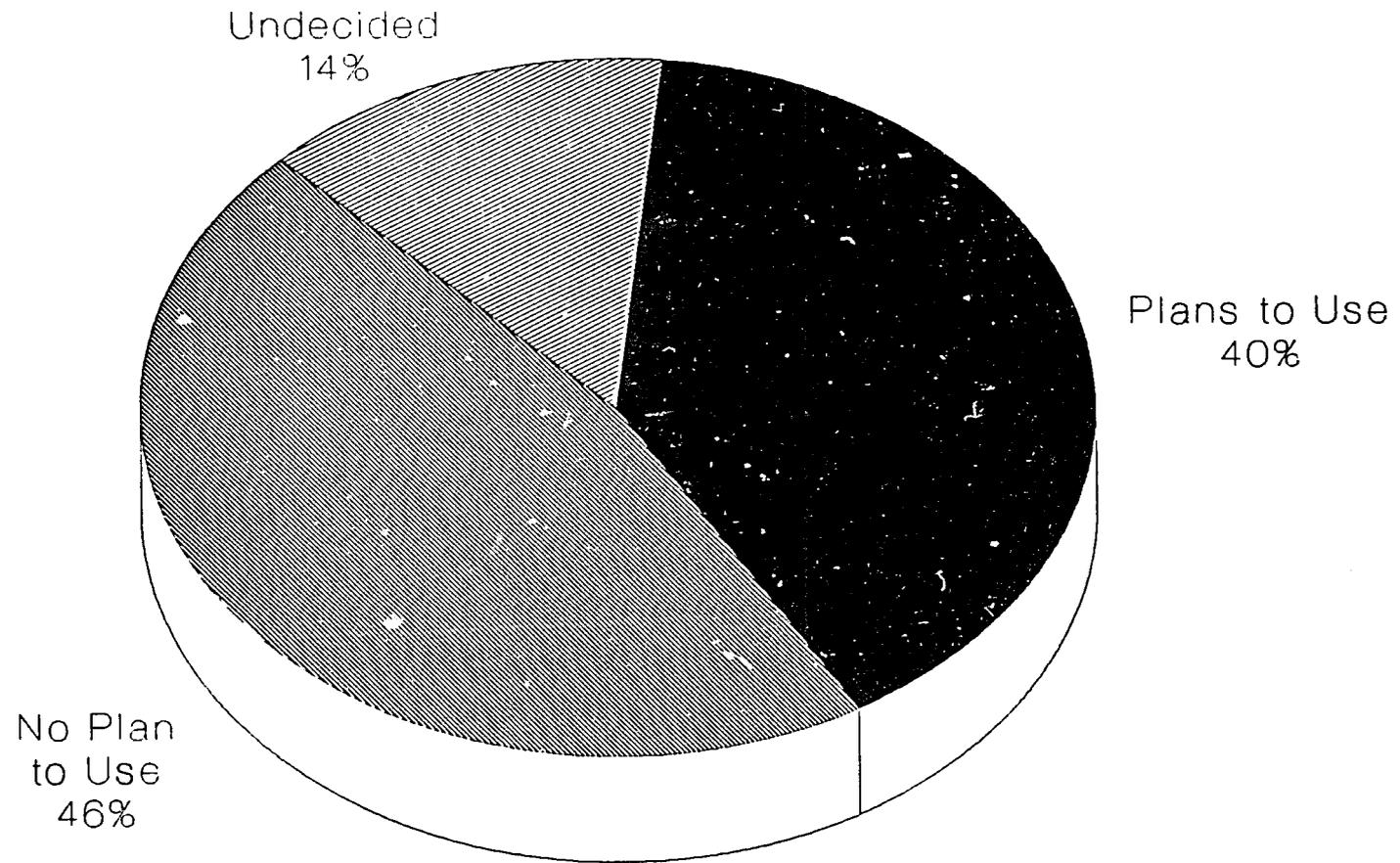
Indonesia DHS 1987

Reproductive Intentions



Indonesia DHS 1987

Intention to Use in the Future
Currently Married Nonusers

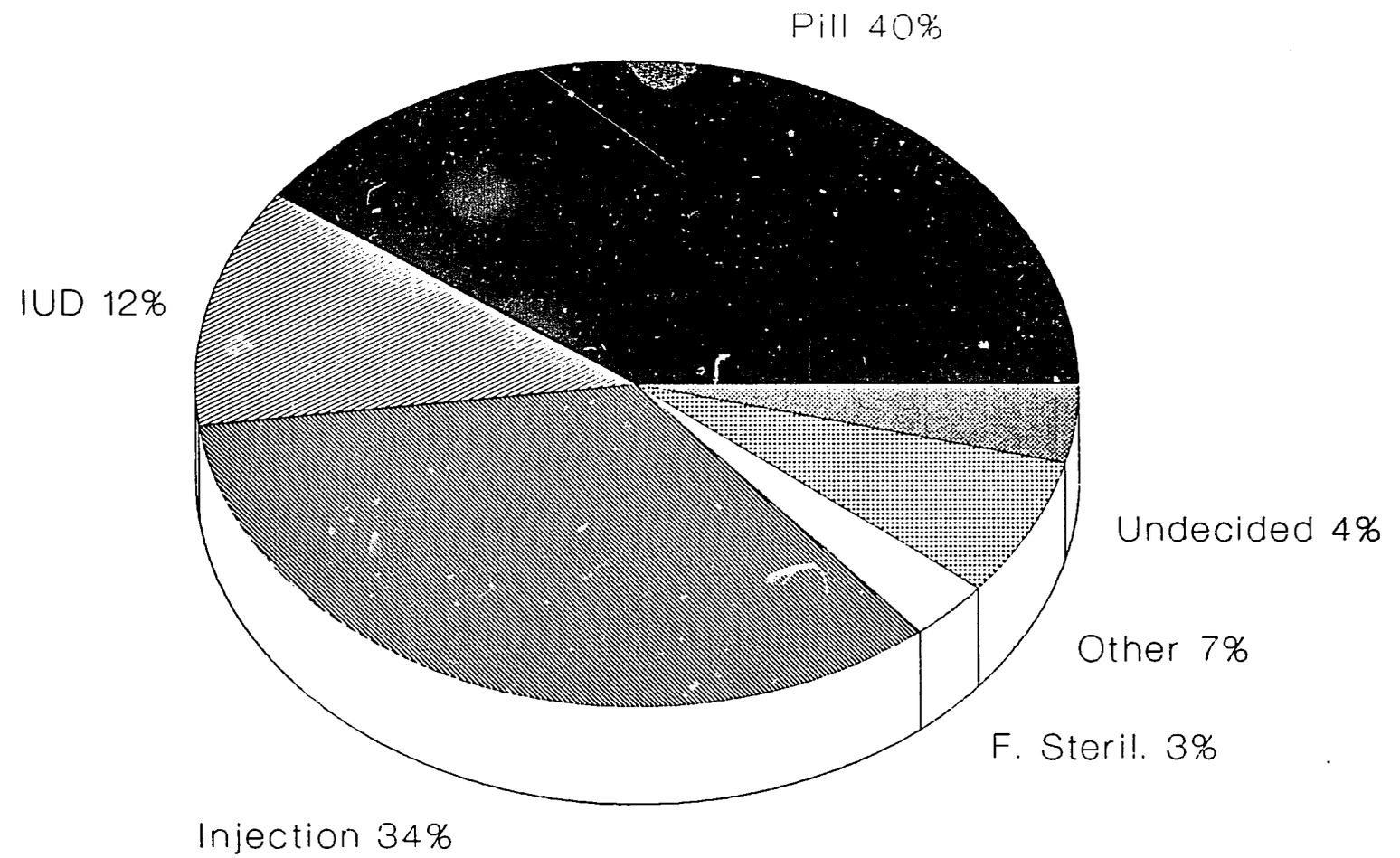


Indonesia DHS 1987

17

Method Preference

Nonusers Intending to Use



Indonesia DHS 1987