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COMPARISON OF RESULTS OF CONTRACEPTIVE PREVALENCE
SURVEYS IN FIVE COUNTRIES WITH PARTICULAR EMPHASIS ON
KNOWLEDGE, USE AND AVAILABILITY

BY

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The Contraceptive Prevalence Studies (CPS) project is an international research program investigating questions relating to the knowledge, use and availability of contraceptive methods in developing countries.¹ A total of 13 countries have participated so far in the prevalence survey program (Figure 1). This paper presents findings from first-round surveys in five of these countries -- Colombia, Costa Rica, Mexico, Korea and Thailand. The basic approach is descriptive and comparative, highlighting both the similarities and major differences between countries in the patterns of contraceptive use.

A. Contraceptive Prevalence Studies Program

Before reviewing the major findings from the five countries, it is useful to describe the objectives and methodological approach of the Contraceptive Prevalence Studies program. The CPS project seeks to obtain the information needed by family planning program administrators to monitor the impact of program activities on the level of use of family planning in their respective countries. The major objectives of the program include:

- o to determine contraceptive prevalence rates at national and subnational levels;
- o to examine differentials in these rates in order to assess the impact of governmental and nongovernmental family planning services and to identify factors promoting contraceptive use;
- o to institutionalize CPS studies in a country so that they are undertaken at regular intervals.

A key feature of the CPS program is the simplification of the data collection and analysis process in order to increase the speed with which results can be made available to program managers and policy makers.

¹Westinghouse Health Systems is currently under contract with the Office of Population, USAID, to administer the Contraceptive Prevalence Studies program (AID/DSPE - C-0052). The project provides both technical and financial assistance to developing countries wanting to conduct a Contraceptive Prevalence Survey (CPS).

Figure 1

Countries Fielding Contraceptive Prevalence Surveys



Latin America

- Barbados 1980
- Colombia 1978 (Round I)
1980 (Round II)
- Costa Rica 1978 (Round I)
1980 (Round II)
- Honduras 1981
- Mexico 1978 (Round I)
1979 (Round II)
- Nicaragua 1981
- Peru 1981

Middle East-Africa

- Egypt 1980
- Tunisia 1979

Asia

- Bangladesh 1979
- Korea 1979
- Nepal 1981
- Thailand 1978 (Round I)
1981 (Round II)

1. CPS Sample Populations

Surveys conducted in the CPS program have generally involved nationally representative samples of women in the reproductive ages 15-49. In some cases, single women have been excluded from the target population because of religious or cultural problems associated with questioning these women about contraceptive knowledge and use. In other instances, the target population has been limited geographically. Sample sizes for the surveys already fielded in the CPS program are presented in Table 1.

2. Survey Documentation

To facilitate the survey process a set of model survey documents has been developed for the CPS program. These documents include a model questionnaire, training manuals, and an analysis guide. Because of the comparative objectives of the project, countries fielding a CPS are asked to adopt the model questionnaire without making significant modifications to the basic questionnaire, adding modules in those areas where the country's interests extend beyond the model.

The CPS model questionnaire collects information in the following areas:

- o Eligibility and background characteristics. Items in this section include questions on age, marital status, education, work status, and place of residence.
- o Reproductive behavior and intentions. Responses to questions in this section determine a respondent's current pregnancy status, the number of live births she has had, the number of living children she has by sex and her desire for additional children. No pregnancy history is collected but respondents are questioned about the date of the last live birth in order to determine current fertility levels.
- o Knowledge and use of contraception. Questions are asked to measure the level of knowledge (unprompted and prompted) and use of specific family planning methods. For women not using family planning, a question is included on the reasons for non-use.
- o Availability of family planning. Additional questions are asked to determine the source where a respondent obtained her

TABLE 1

CONTRACEPTIVE PREVALENCE SURVEY PROGRAM STATUS SUMMARY

COUNTRY	IMPLEMENTING ORGANIZATION	SAMPLE SIZE	SAMPLE POPULATION	FIELDWORK DATES	STATUS AS OF 6/30/81	EXPECTED COMPLETION DATE	REMARKS
LATIN AMERICA							
<u>Barbados</u> (Round I)	Barbados Family Planning Association	2,000*	All women 15-49 years of age	10/80 to 1/81	Analysis in progress	9/15/81	Questions on exposure to family planning information (Radio and T.V.)
<u>Colombia</u> (Round I)	Corporación Centro Regional de Población and Ministry of Health	3,791	All women 15-49 years of age	10/78 to 12/78	Project completed	Completed	Report and Summary available
<u>Colombia</u> (Round II)	Corporación Centro Regional de Población	4,000*	All women 15-49 years of age	10/80 to 1/81	Analysis in progress	7/31/81	MCH Module - Household Survey
<u>Costa Rica</u> (Round I)	Asociación Demográfica Costarricense and Dirección General de Estadística y Censos	3,400	All women 15-49 years of age	4/78 to 7/78	Project completed	Completed	Report and Summary available
<u>Costa Rica</u> (Round II)	Asociación Demográfica Costarricense	3,500*	Women 15-49 years of age excluding single women never pregnant	1/80 to 3/81	Analysis in progress	11/30/81	Community Module - Questions on problems with methods
<u>Honduras</u> (Round I)	Ministerio de Salud Pública y Asistencia Social; Asociación Hondurens de Planificación de Familia; Dirección de Estadística y Censos	4,000*	All women 15-49 years of age	3/81 to 5/81	Coding and editing in progress	10/30/81	Breastfeeding Module I.E.&C. Module Vaccination History Module
<u>Mexico</u> (Round I)	Coordinación del Programa Nacional de Planificación Familiar	4,492	All women 15-49 years of age	7/78 to 10/78	Project completed	Completed	Report and Summary available
<u>Mexico</u> (Round II)	Coordinación del Programa Nacional de Planificación Familiar	15,349	All women 15-49 years of age	9/79 to 11/79	Project completed	Completed	Attached to vital rates survey of 18,000 households. Four preliminary CPS publications are available from CPNPF

*Expected number of women who will be interviewed.

Table 1. (continued)

COUNTRY	IMPLEMENTING ORGANIZATION	SAMPLE SIZE	SAMPLE POPULATION	FIELDWORK DATES	STATUS AS OF 6/30/81	EXPECTED COMPLETION DATE	REMARKS
<u>Nicaragua</u> (Round I)	Asociación Demográfica Nicaraguense	4,000*	All women 15-49 years of age	7/81 to 9/81	Training of field staff	8/28/82	Abortion module Method failure and side effects Female labor force participation
<u>Peru</u> (Round I)	Instituto Nacional de Estadística; Ministerio de Salud	6,500*	All women 15-49 years of age	7/81 to 9/81	Training of interviewers	3/31/82	Medical attention during pregnancy termination Questions on last live birth

Table 1 (continued)

COUNTRY	IMPLEMENTING ORGANIZATION	SAMPLE SIZE	SAMPLE POPULATION	FIELDWORK DATES	STATUS AS OF 6/30/81	EXPECTED COMPLETION DATE	REMARKS
<u>ASIA</u>							
<u>Bangladesh</u> (Round I)	Research Evaluation Statistics and Planning Cell, Ministry of Health, Population Control and Family Planning	15,481	Ever-married women less than 50 years of age	9/79 to 12/79	Project completed	Completed	Household distribution and motivation module included
<u>Korea</u> (Round I)	Korean Institute of Family Planning	14,296 (ever-married)	Ever-married women (20,000 households), never-married women 15-49 years (2,000 households)	3/79 to 5/79	Project completed	Completed	National and provincial level analysis
<u>Nepal</u> (Round I)	Family Planning/Maternal and Child Health Project	6,000*	Ever-married women 15-49 years of age	2/81 to 4/81	Coding and editing in progress	4/30/82	Survey will be done in three major language groups. A separate four district survey will also be carried out.
<u>Thailand</u> (Round I)	National Institute for Development Administration	4,025	All women 15-49 years of age	10/78 to 12/78	Project completed	Completed	Report available; Summary being prepared
<u>Thailand</u> (Round II)	National Institute of Development Administration	7,000*	Ever-married women 15-49 years of age	3/81 to 6/81	Fieldwork completed	11/30/81	Short regional reports will also be prepared. Community characteristics module
	*Expected number of women who will be interviewed.						

Table 1 (continued)

COUNTRY	IMPLEMENTING ORGANIZATION	SAMPLE SUZE	SAMPLE POPULATION	FIELDWORK DATES	STATUS AS OF 6/30/81	EXPECTED COMPLETION DATE	REMARKS
<u>MIDDLE EAST AND AFRICA</u>							
<u>Egypt</u> (Round I)	Population and Family Planning Board	4,000*	Ever-married women 15-49 years of age	10/80 to 12/80	Analysis in process	12/31/81	Rural survey only
<u>Tunisia</u> Jendouba (Round I)	L'Office National du Planning Familial et de la Population	2,443	All ever-married women; subsample of never-married women 15-49 years	8/79 to 10/79	Project completed	6/30/81	Report available in French Summary forthcoming CPS is a sub-national survey designed to assist in evaluation of ongoing project

current method and the accessibility of that source. Other questions seek information on a respondent's knowledge of sources for methods she knows about but is not using and on her perceptions of the availability of those methods.

In addition to the above questions, modules have been developed to collect data on special topics including maternal and child health, the impact of Information, Education and Communication (IEC) activities, and the performance of family planning program field workers.

3. Current Status of Countries Fielding a CPS

Table 1 summarizes the status of surveys in countries currently participating in the CPS. Final reports have been prepared and issued on CPS survey results for the five countries included in the following comparative analysis. In addition, four of these five countries (Colombia, Costa Rica, Mexico and Thailand) are presently conducting second-round surveys. The findings from the latter surveys should provide further insights into patterns -- and trends -- in contraceptive use in these populations.

B. Comparability of Survey Results for Five Countries

1. Base Population - Married Women of Reproductive Age

Table 1 shows that the sample populations varied among the five countries. Nationally representative self-weighting samples of all women aged 15-49 years were interviewed in Costa Rica, Colombia, Mexico and Thailand. In Korea, however, the sample was composed primarily of ever-married women; only a small subsample of 2,000 single women was interviewed for the CPS in that country. The Korean sample was also stratified by province and had to be weighted in order to obtain national totals. The following analysis is limited to currently married women aged 15-49, thus eliminating the problems of comparability between the Korean sample and the other four countries.

2. Basic Variables

Because a standard questionnaire is used in the Contraceptive Prevalence Studies program, the data collected for each of the variables used in the subsequent analysis are generally comparable. There are, of course, some differences in the way certain information was collected in each survey that must be reviewed before the CPS findings are presented.

a. Knowledge of Family Planning Methods

In all countries, respondents were asked if they knew about family planning. Those who said they did were then asked to name the methods they knew. If they did not mention a particular method, the CPS interviewer would name but not describe the method and ask if they knew or had heard about it. Women who reported that they did not know any family planning methods were also prompted in this fashion.

b. Current Family Planning Use and Type of Method Used

In all countries, respondents were asked the following question to measure the levels of current contraceptive practice:

Are you or your spouse (boyfriend) now using or have you used some method to avoid pregnancy in the last month?

In all five countries the variable "current contraceptive use" is, therefore, defined as the use by the respondent (or her spouse) of any method of family planning at any time during the month preceding the interview.

Respondents who were using a family planning method were then asked to name the method they were using. In the following analysis the various family planning methods are sometimes grouped in two categories based upon estimates of their relative effectiveness. Modern methods are defined as: pill, IUD, male or female sterilization, condom, injectables and vaginal methods (including creams or foams) while traditional methods include rhythm, withdrawal, abstinence and various folk methods.

c. Availability

Respondents who were not using a specific modern contraceptive method were asked if they knew an outlet from which they would obtain the method. They were also asked to name the outlet that they would use in obtaining the method in question, the travel time and means of transportation they would use in going to that source and their opinion as to whether it was difficult or easy to get there. Users were asked a similar series of questions about the outlets from which they had obtained their current method.

d. Urban-Rural Residence

In four of the five countries, urban-rural residence was defined by the country's standard administrative definition, and the survey samples were stratified according to the urban-rural criteria. In Thailand, however, all urban residents were drawn from the Bangkok metropolitan area and the urban sample is not, therefore, representative of women living in other areas in Thailand defined as urban.

e. Demographic Variables

- (1) Age. In all countries, the respondents were asked their age and the month and year of their birth. Any inconsistencies in their answers were resolved before a final age response was entered. Comparisons of CPS age distributions with those obtained in other surveys or censuses have shown the CPS results to be very similar to other national data bases.
- (2) Number of living children. In each country, a respondent was asked how many living children she had. Her answer was verified by first asking for the number of her sons and daughters and then checking to see that this sum equaled the total number of living children that had been reported initially.

f. Socio-Economic Variables

- (1) Education. Although the wording of the education question varied among the five countries included in this analysis (Table 2), a respondent's level of education was always defined as the highest grade she had passed at school.
- (2) Employment status. As Table 2 shows, there was considerable variability in the wording of the question on employment status. In Colombia and Costa Rica, a woman was considered to be working if, in addition to her housework, she was involved in any other activity for which she was paid in cash or kind. In Korea, the question specifically defined work to include selling or running a small business as well as other activities for which payment was received in cash or kind.

In Thailand women were asked their occupation; this response was then used to determine whether they were working or not. Mexican women were merely asked if they usually worked; the definition of work, therefore, depended on the respondent's own perception of the nature of her activities.

The use of the word usually in the Mexican employment question illustrates the different time frames used in the various countries to define a respondent's work status. In Colombia, a respondent was considered as working if she had been paid in cash or kind for some activity in 1978. In Costa Rica, only those who worked during the week prior to the survey were considered as employed while in Korea the time period was more ambiguous -- "at the present time". The Thais, like the Mexicans, emphasized a woman's usual occupation in defining employment status although the word "usual" was not explicitly stated in the Thai question.

TABLE 2

Comparison of Wording of Questions on Educational Level and Employment Status
in Contraceptive Prevalence Surveys,
Selected Countries

Country	Education	Employment Status
Colombia	Speaking of your education, what is the highest grade or course that you passed?	As you know many women have jobs in addition to their housework for which they are paid in cash or kind. During 1978 have you worked in any occupation for which you were paid?
Costa Rica	Have you ever attended school? What is the highest grade you passed at primary school, secondary school or the university?	Now we would like to know some details about your employment status. As you know, many women, in addition to their housework, have jobs for which they are paid in cash or in kind. Durin last week, did you work?
Mexico	What is the highest grade you passed at school?	Do you usually work?
Thailand	What is the highest grade you passed at school or college?	What is your occupation?
Korea	Have you ever attended school? What is the highest grade you completed at school or college?	As you know many women work....I mean aside from doing their own housework. Some take up jobs for which they are paid in cash or kind. Others sell things or have a small business. Are you doing any such work at the present time?

C. Contraceptive Knowledge in the Five Countries

Knowledge of at least one contraceptive method was almost universal among currently married women in the reproductive ages in each of the five countries. The percentage of woman knowing some method was less than 95% only in rural Mexico (Table 3A). Women were clearly more likely to know about the pill than any other method. They were less likely to know male methods (condom, male sterilization or withdrawal).

In general knowledge of specific methods was somewhat higher among married women in the Asian than in the Latin American Countries. Urban-rural differentials in the levels of knowledge, if they existed for a particular method, were also likely to be greater in the Colombia, Costa Rica and Mexico than in Thailand and Korea.

D. Level and Trend in Contraceptive Use in the Five Countries

The overall level of contraceptive use varied considerably among the five countries for which first-round CPS results are available (Figure 2). Contraceptive prevalence was lowest in Mexico where only 39.8% of currently married women aged 15-49 were using a family planning method. Costa Rica, on the other hand, had the highest level of use with 63.9% of the married women in the CPS reporting that they were practicing family planning. Levels of use were similar in Korea (51.2%) and Thailand (51.3%) and only slightly lower in Colombia (46.4%).

1. Urban-Rural Differences

Figure 3 indicates that, in each country, there were differences in family planning use between urban and rural areas, with prevalence levels being consistently higher among urban women. The extent of the urban-rural differentials varied among the five countries, being considerably narrower in Costa Rica and Korea than in the other three countries. Colombia and Mexico exhibited the sharpest differences in urban-rural rates, with use levels for urban women being nearly double those reported among women living in rural areas.

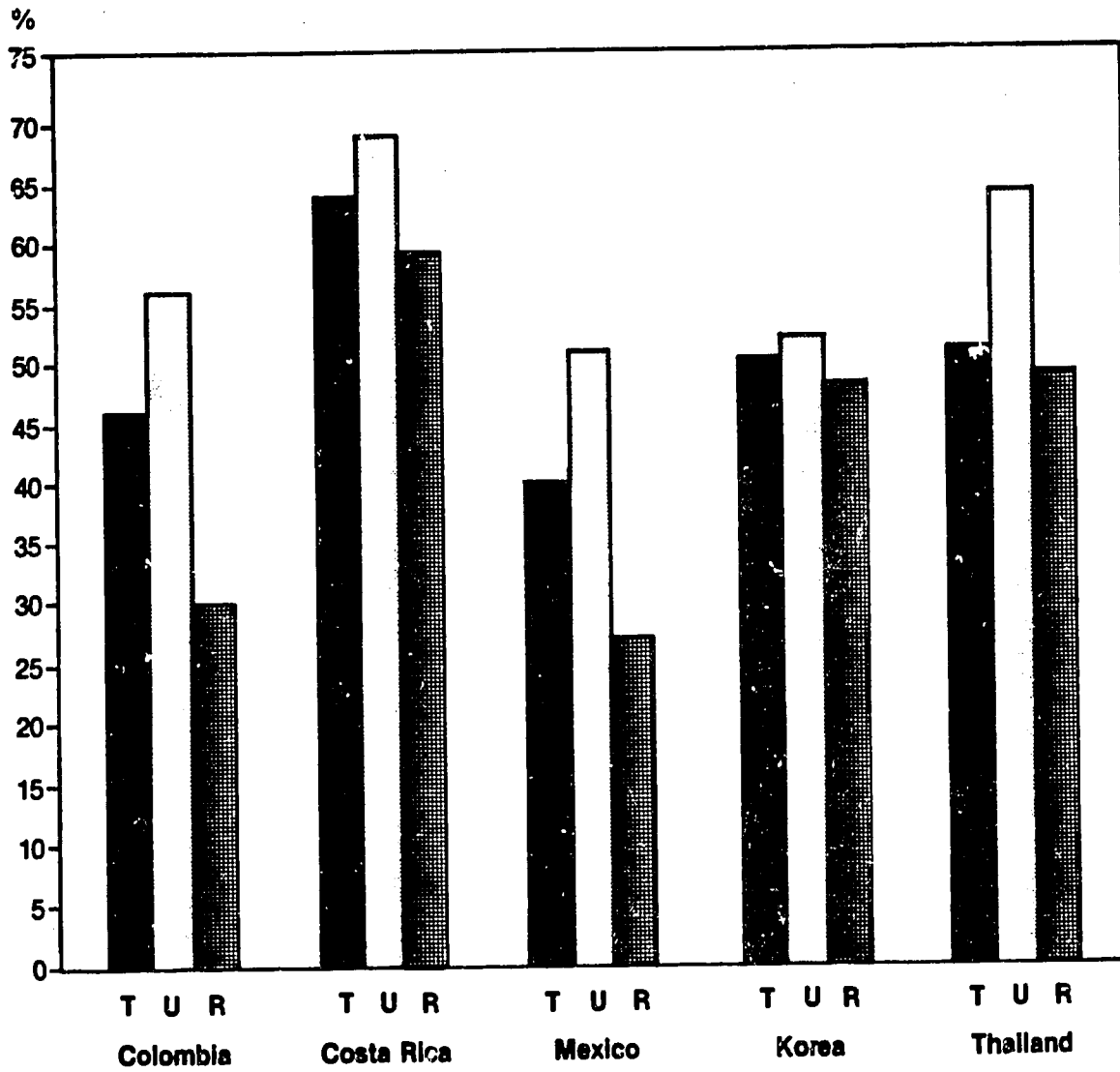
TABLE 3A

PERCENTAGE OF CURRENTLY MARRIED WOMEN AGED 15 TO 49 YEARS KNOWING SPECIFIC FAMILY PLANNING METHODS BY URBAN-RURAL RESIDENCE, SELECTED COUNTRIES

Country and Area of Residence	Total Number	Family Planning Method Known											
		Any	Pill	Condom	IUD	Female Steril.	Male Steril.	Injection	Abortion	Vaginal Methods	Rhythm	With-drawal	Other Methods
Colombia													
Urban	1,303	99.0	97.2	59.7	89.4	84.1	37.7	73.8	60.6	78.4	60.2	36.1	4.4
Rural	759	95.3	89.1	38.7	64.8	69.4	16.6	64.0	48.2	49.1	28.5	22.4	2.6
Total	2,062	97.6	94.2	52.0	80.4	78.7	29.9	70.2	56.1	67.6	48.5	31.1	3.7
Costa Rica													
Urban	1,064	99.5	99.1	93.0	90.0	78.0	59.5	76.2	81.9	74.8	82.7	51.4	1.5
Rural	973	98.1	96.6	82.0	79.7	63.5	31.6	53.6	78.0	55.4	62.3	35.7	1.2
Total	2,037	98.9	97.9	87.7	85.1	71.1	46.1	65.4	80.0	65.5	73.0	43.9	1.4
Mexico													
Urban	1,566	96.9	94.9	42.0	88.1	83.5	42.0	-	65.3	81.0	54.0	33.3	13.2
Rural	1,272	89.9	85.3	20.3	61.9	58.5	15.7	-	42.1	64.5	25.2	19.4	8.8
Total	2,838	93.7	90.6	32.2	76.4	72.3	30.2	-	54.9	73.6	41.1	27.1	11.2
Korea													
Urban	7,949	99.7	96.9	85.8	94.7	95.6	95.2	44.2	97.1	62.1	65.5	46.7	2.3
Rural	5,798	99.3	96.5	80.7	96.0	93.8	92.7	37.1	96.5	41.0	51.7	39.1	1.3
Total	13,747	99.5	96.7	83.7	95.2	94.8	94.1	41.2	96.9	53.2	59.7	43.5	1.8
Thailand													
Urban	490	99.8	98.4	88.8	95.3	98.0	90.2	91.0	73.7	32.2	56.5	37.8	1.8
Rural	2,284	99.6	98.8	81.1	92.2	95.7	86.3	90.9	63.3	17.5	28.3	23.0	2.0
Total	2,774	99.7	98.7	82.5	92.8	96.1	87.0	90.9	62.7	20.1	33.3	25.6	2.0

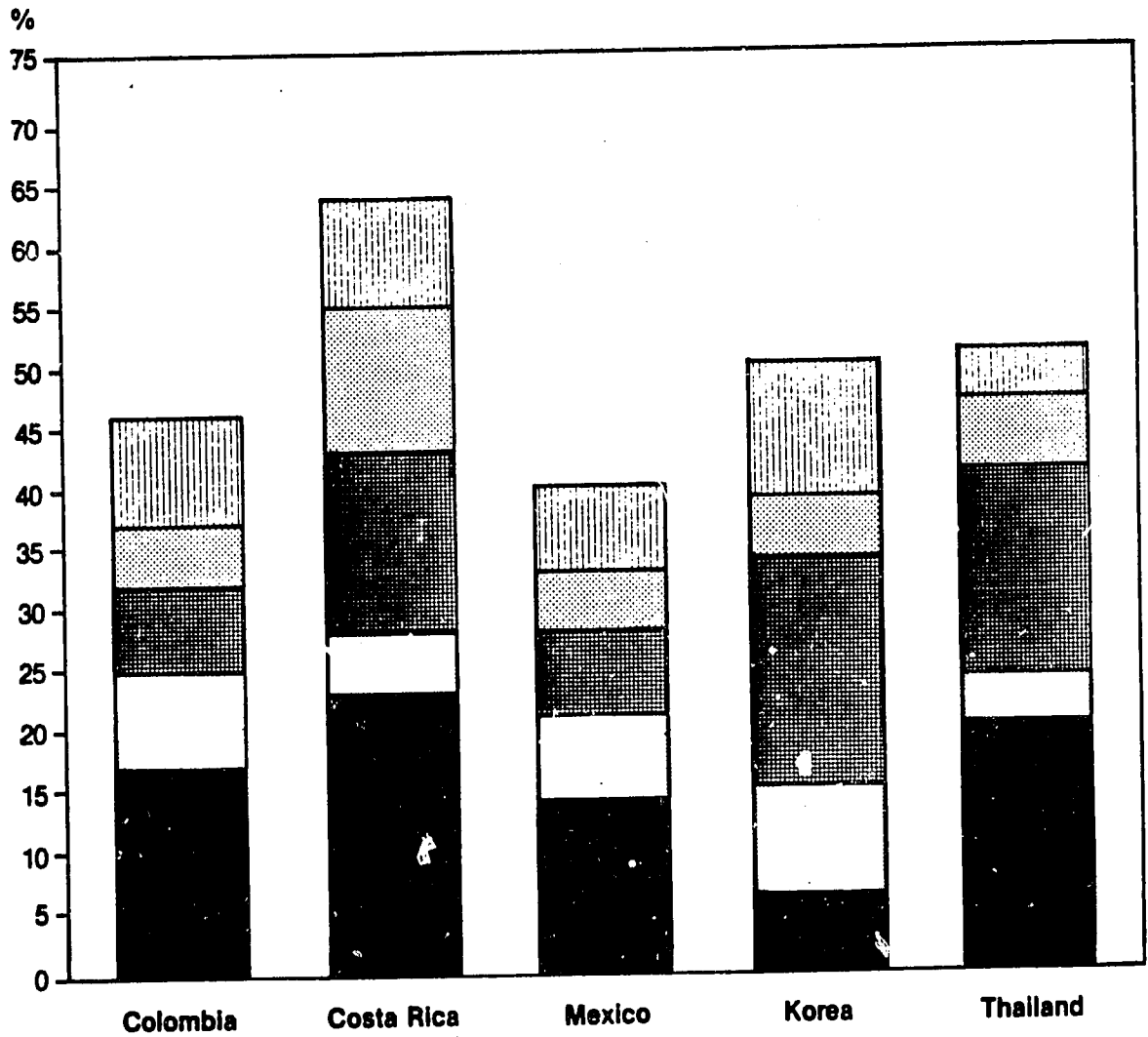
FIGURE 2

**Percentage of Currently Married Women Aged 15-49
Using Contraceptives by Urban-Rural Residence**



■ T — Total
□ U — Urban
▒ R — Rural

FIGURE 3
Percentage of Currently Married Women Aged 15-49
Using Contraceptives by the Method Used



Type of Method

- Pili
- IUD
- Female/Male Sterilization
- ▒ Other Modern
- ▨ Traditional/Folk

2. Trends in Contraceptive Use

When compared with the results of earlier surveys on contraceptive use the CPS findings document striking increases in the prevalence levels during recent years in the countries surveyed (Table 3B).² In Colombia, for example, the percentage of currently married women using family planning more than doubled between 1969 and 1978. The pace of the growth in contraceptive use in Thailand was even greater -- the percentage of women using family planning increased by almost 250 percent during the same period. Mexico Costa Rica and Korea also experienced rapid growth in the use of family planning during the 1970's.

E. Method Mix Among Current Users

An examination of the data in Table 4 shows that obvious differences in the contraceptive mix exist among contraceptive users in each of the five countries. The patterns of reliance on various more efficient methods of family planning differed, for example, among the five countries. Almost 40% of all women practicing family planning in Colombia, Costa Rica, Mexico and Thailand were using oral contraceptives, for example, compared to only 13% of the women in Korea. In turn, the proportion of women who were sterilized or who were relying on the IUD was significantly higher in Korea than in the other countries.

Countries varied, also, in the extent to which users were relying on traditional or folk methods. Use of these methods was least common in Thailand, where less than 10% of all family planning users relied on rhythm, withdrawal, or folk methods. In contrast, nearly a fifth of all users in Colombia and Costa Rica used traditional methods.

²Note that the period within which the trends in contraceptive use are presented differs for each country.

TABLE 3B

TREND IN CONTRACEPTIVE PREVALENCE LEVELS, SELECTED COUNTRIES

	Colombia		Costa Rica			Mexico		
	1969 ^a	1978	1975 ^b	1976 ^c	1978	1973 ^d	1976 ^e	1978
All Methods	21.0	46.4	28	46.1	63.9	13.1	41.6	39.8
Pill	4.4	17.3	21	25.6	23.3	11.5	14.9	13.9
IUD	2.6	7.8	3	3.3	4.8	1.2	7.8	6.6
Female/Male Sterilization	1.0	7.6	1	8.2	15.3	} 0.4	4.0	7.1
Other	13.3	13.8	3	9.0	21.0		14.9	12.2

	Korea			Thailand		
	1971 ^f	1977 ^g	1978	1969 ^h	1975 ⁱ	1978
All Methods	24.1	37.5	50.2	14.8	21.6	51.3
Pill	6.8	6.6	5.8	3.8	8.0	20.5
IUD	7.0	9.0	6.0	2.2	5.9	3.9
Female/Male Sterilization	1.0	7.0	22.4	7.6	5.9	16.5
Other	4.2	14.9	16.0	1.2	1.8	10.4

^aCountry Demographic Profiles: Colombia. United States Bureau of the Census, Population Division, October, 1979, Table 13, p.14.

^bPopulation and Family Planning Programs: A Factbook. Dorothy Nortman, Ellen Hofstatter, Table 22, p.76; Reports on Population/Family Planning No.2 October, 1975, Population Council New York.

^cCountry Demographic Profiles: Costa Rica. United States Bureau of the Census, Population Division, Table 12, p.11.

^dPopulation and Family Planning Programs: A Factbook. Dorothy Nortman, Ellen Hofstatter, Table 22, p.76; Reports on Population/Family Planning No.2 October, 1975, Population Council New York.

^eCountry Demographic Profiles: Mexico. United States Bureau of the Census, Population Division, September, 1979, Table 14, p.11.

^fStatistics on Population and Family Planning in Korea. Vol. I. Korean Institute for Family Planning. December, 1978, p. 317.

^gCountry Demographic Profiles: Republic of Korea. United States Bureau of the Census, Population Division, June, 1978, Table 11, p. 11.

^hFertility Transition in Thailand: A Comparative Analysis of Survey Data. Nibhon Debavalya, John Knodel. Institute of Population Studies of Chulalongkorn University and Population Survey Division, National Statistics Office, Bangkok, Thailand. 1973.

ⁱCountry Demographic Profiles: Thailand. United States Bureau of the Census, Population Division, April, 1978, Table 13, p. 13.

PERCENTAGE DISTRIBUTION OF CURRENTLY MARRIED FAMILY PLANNING USERS BY METHOD USED
AND URBAN-RURAL RESIDENCE, SELECTED COUNTRIES

Country and Area of Residence	Total Number Using	Total	Family Planning Method Used									
			Pill	Condom	IUD	Female Sterilization	Vasectomy	In-j ectables	Vaginal Methods	Rhythm	With-drawal	Other
<u>Colombia</u>												
Urban	729	100.0	36.5	3.0*	17.6	15.6	0.4*	2.7*	5.5	9.7	7.5	1.4*
Rural	227	100.0	39.6	3.0*	14.1	17.6	-	2.6*	3.1*	5.7*	12.8	1.3*
Total	956	100.0	37.2	3.0	16.7	16.1	0.3*	2.7	4.9	8.8	8.8	1.4*
<u>Costa Rica</u>												
Urban	721	100.0	34.4	16.1	7.9	21.6	0.8*	2.2*	3.5	9.3	3.3*	0.8*
Rural	580	100.0	39.1	10.7	6.9	22.4	1.7*	4.1*	0.3*	5.7	8.3	0.6*
Total	1,301	100.0	36.5	13.7	7.5	22.0	1.2*	3.1	2.1	7.7	5.5	0.8*
<u>Mexico</u>												
Urban	792	100.0	34.0	2.9*	19.6	19.1	0.3*	7.3	4.5	7.0	4.0	1.1*
Rural	338	100.0	36.9	2.1*	9.5	14.5	-	7.1*	1.2*	7.1*	15.4	6.2*
Total	1,130	100.0	34.9	2.7	16.5	17.7	0.3*	7.3	3.5	7.1	7.4	2.7
<u>Korea</u>												
Urban	4,140	100.0	11.2	11.2	11.6	29.1	13.9	0.2*	1.2	14.5	5.7	1.3
Rural	2,770	100.0	14.8	6.1	28.3	21.3	8.3	0.3*	0.6*	11.5	8.6	0.8*
Total	6,910	100.0	12.6	9.2	18.3	25.9	11.7	0.3*	1.0	13.3	6.7	1.1
<u>Thailand</u>												
Urban	311	100.0	25.1	8.4	7.7*	41.5	6.1*	5.1*	-	4.2*	1.0*	1.0*
Rural	1,113	100.0	44.0	2.7	7.5	20.7	7.2	9.6	-	2.1*	4.8	1.4*
Total	1,424	100.0	39.9	3.9	7.5	25.2	7.0	8.6	-	2.6	3.9	1.3*

*Fewer than 25 respondents.

1. Urban-Rural Differences

Whatever are the factors that influence method preferences among current users in these countries, it is clear in Table 4 that there was often considerable variation within each country between urban and rural users in the relative percentages using various family planning methods. In Thailand, for instance, urban users were considerably more likely to have been sterilized, but in rural areas the pill was the most popular method among women practicing family planning. The IUD was another method that exhibited some user variability between countries. In Korea, for example, rural users were more likely to be relying on the IUD than those in urban areas; however, in Mexico, a somewhat greater proportion of urban than rural users were relying on the IUD.

2. Impact on Changes in the Prevalence Level

Changes in the rates of adoption of certain methods were related to overall changes in the prevalence level in each of the five countries (see Table 3). In all countries, an increase in the percentage of female sterilization was an important component of the increase in contraceptive use. In Thailand and Colombia, where prevalence trends have been measured over the longest period by CPS, the contribution of the increasing use of oral contraceptives to the upward trend in overall family planning use is also very evident.

F. Demographic Characteristics and Use

Table 5 indicates that the percentage of women using family planning usually varied positively with increasing age, reaching a peak in the 35-39 year age group in each of the countries. A positive association was also generally found between family size and contraceptive use, although in all five countries women who had 5 or more children were less likely to be using than those with three or four children (Table 6). The relationship reflects the fact that higher parity women are generally older and more likely to be menopausal and, therefore, less in need of family planning.

PERCENTAGE OF ALL CURRENTLY MARRIED WOMEN AGED 15-49 YEARS USING FAMILY PLANNING BY
AGE AND URBAN-RURAL RESIDENCE, AND MEAN AGE BY USER STATUS AND URBAN-RURAL RESIDENCE
SELECTED COUNTRIES

Country and Area of Residence	Total Number	Age								Mean Age	
		Total	15-19 Years	10-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years	User	Non-User
Colombia											
Urban	1,303	55.9	28.2	51.8	56.0	65.3	69.4	60.6	35.6	32.0	31.2
Rural	759	29.9	14.1*	26.7	38.3	35.9	33.1	30.9	19.0	31.9	31.9
Total	2,062	46.4	21.8	42.6	50.5	54.9	54.4	50.2	28.7	31.9	31.5
Costa Rica											
Urban	1,064	67.8	53.7	64.6	64.5	76.9	73.5	73.5	55.6	31.6	30.8
Rural	973	59.6	44.3	51.8	70.6	70.4	66.4	60.5	40.8	31.4	31.1
Total	2,037	63.9	48.4	58.5	67.3	74.0	70.1	67.2	47.9	31.5	31.0
Mexico											
Urban	1,566	50.6	29.7	53.3	54.1	66.3	56.3	40.1	21.4	30.1	31.3
Rural	1,272	26.6	16.2	27.0	33.5	32.6	30.1	23.4	8.9	30.3	31.2
Total	2,838	39.8	23.0	41.8	45.5	52.6	43.1	33.2	15.0	30.2	31.3
Korea											
Urban	7,955	52.0	17.0*	19.2	43.3	69.4	71.5	55.3	23.1	34.4	33.4
Rural	5,801	47.7	6.7*	17.6	36.0	66.8	72.4	51.2	19.4	36.1	36.4
Total	13,756	50.2	11.4	18.6	40.9	68.5	71.9	53.3	21.0	35.1	34.7
Thailand											
Urban	490	63.5	38.1*	42.7	58.5	73.3	77.8	69.8	70.2	33.5	29.8
Rural	2,284	48.7	30.0	44.6	53.5	58.4	59.4	45.8	27.2	32.9	32.6
Total	2,774	51.3	31.3	44.2	54.4	61.1	62.8	49.5	34.1	32.6	32.5

*Fewer than 25 respondents.

TABLE 6
PERCENTAGE OF ALL CURRENTLY MARRIED WOMEN AGED 15-49 USING FAMILY PLANNING BY
NUMBER OF LIVING CHILDREN AND URBAN-RURAL RESIDENCE, AND MEAN FAMILY SIZE BY
BY USER STATUS AND URBAN-RURAL RESIDENCE SELECTED COUNTRIES

Country and Area of Residence	Total Number	Number of Living Children					Mean Family Size	
		Total	None	1-2	3-4	5 or More	User	Non-User
<u>Colombia</u>								
Urban	1,303	55.9	11.7*	58.1	65.4	58.9	3.52	2.91
Rural	759	29.9	8.1*	28.1	35.8	31.9	4.84	4.45
Total	2,062	46.4	10.4*	50.3	55.7	45.2	3.84	3.65
<u>Costa Rica</u>								
Urban	1,064	67.8	28.7	67.4	78.9	72.2	2.93	2.19
Rural	973	59.6	17.6*	59.3	72.5	60.4	4.22	3.77
Total	2,037	63.9	24.3	64.2	76.3	64.1	3.51	3.04
<u>Mexico</u>								
Urban	1,566	50.6	17.8*	49.0	62.0	51.2	3.71	3.34
Rural	1,272	26.6	4.0*	28.2	32.0	26.7	4.56	4.21
Total	2,838	39.8	11.8	41.2	49.5	38.0	3.97	3.82
<u>Korea</u>								
Urban	7,955	52.0	7.7	47.7	66.0	44.1	2.91	2.39
Rural	5,801	47.7	4.7*	34.8	61.2	45.6	3.94	3.58
Total	13,756	50.2	6.8	44.1	64.0	45.1	3.32	2.92
<u>Thailand</u>								
Urban	490	63.5	17.9*	55.7	80.9	79.5	3.20	1.88
Rural	2,284	48.7	14.0*	50.9	57.9	46.2	3.49	3.36
Total	2,774	51.3	15.0	51.9	62.5	49.9	3.43	3.17

*Fewer than 25 respondents.

A closer examination of the prevalence levels within various age groups indicates that younger women (15-24 years) were considerably more likely to be using family planning in Costa Rica and, to a lesser extent in Thailand, than in the other countries. This finding suggests that the women in these two countries make more use of family planning to space births than do women in Mexico, Colombia, or Korea. The age pattern in Korea is especially interesting; the percentage of women using family planning in both the 15-19 and 20-24 year age groups in this country was much lower than that among those age groups in any of the other countries. The greater availability and use of abortion in Korea probably contributes to this pattern; younger women may be more likely to rely on abortion rather than contraception to avoid unwanted pregnancies.

G. Socioeconomic Variables and Use

1. Education

For this analysis, the level of education has been divided into three categories that are roughly comparable among all five countries: no education, some primary through completed primary school, and more than primary school. These particular categories were selected to maintain a degree of uniformity in educational groupings across countries. In three countries, completed primary school is equivalent to six years of education, in Thailand it is seven years and in Colombia only five years of schooling.

The overall level of education varied considerably among countries as shown by the distributions in Table 7. In Mexico, 17.8% of currently married women had no education, whereas in Costa Rica only 5.2% fell in this category. The percentage of currently married women with a level of education higher than primary school ranged from 12.9% in Mexico to 40.4% in Korea. In Thailand the majority of women (83.3%) have some primary school, but only 5.8% have more than a primary level of education. This variation in the distribution of women across educational categories should be considered when the effect of education on contraceptive use is analyzed.

As expected, in all five countries, contraceptive use increased as level of education increased.³ The strength of this relationship, however, appears to be less pronounced in countries where women are generally better educated. For example, the average differentials in contraceptive use between non-educated women and women with more than primary education are smaller for Costa Rica, Thailand and Korea (between 14 and 16%) than for Mexico and Colombia (38% and 22%, respectively). In general, this relationship also holds when urban-rural residence is controlled. However, in Costa Rica the difference in use levels between non-educated and higher educated women was more pronounced in urban than in rural areas.⁴

The results presented in Table 7 and Figure 4 suggest that in the countries where educational levels are high, overall use rates are also generally higher. From CPS data, it is difficult, however, to determine which factors have had a greater influence on closing the gap between level of educational and contraceptive use. Recent examination of this relationship suggests that the influence of education on use of contraceptives operates through a complex mechanism. One of the hypotheses suggests that the influence of education on fertility is strongly affected by a general process of "modernization."⁵ It has been argued that the most influential aspects of this process in changing traditional attitudes and perceptions of family size and the desire to limit births are the general increased level of information and access to mass media resulting from "modernization." Caldwell, on the other hand, has argued that education, in itself will not reduce fertility unless it is accompanied by "the restructuring of family relationships and, hence, family economics

3 This relationship also holds when rates are standardized for age.

4 Note that the sample size for women with no education in urban areas was less than 25 respondents.

5 Stycos, J.M. "Educacion, Modernidad y Fecundidad en Costa Rica." Estudios de Poblacion Vol. V, Nos. 7-12

TABLE 7

PERCENTAGE OF CURRENTLY MARRIED WOMEN AGED 15-49 USING CONTRACEPTIVES BY LEVEL OF EDUCATION¹ AND TYPE OF METHOD²

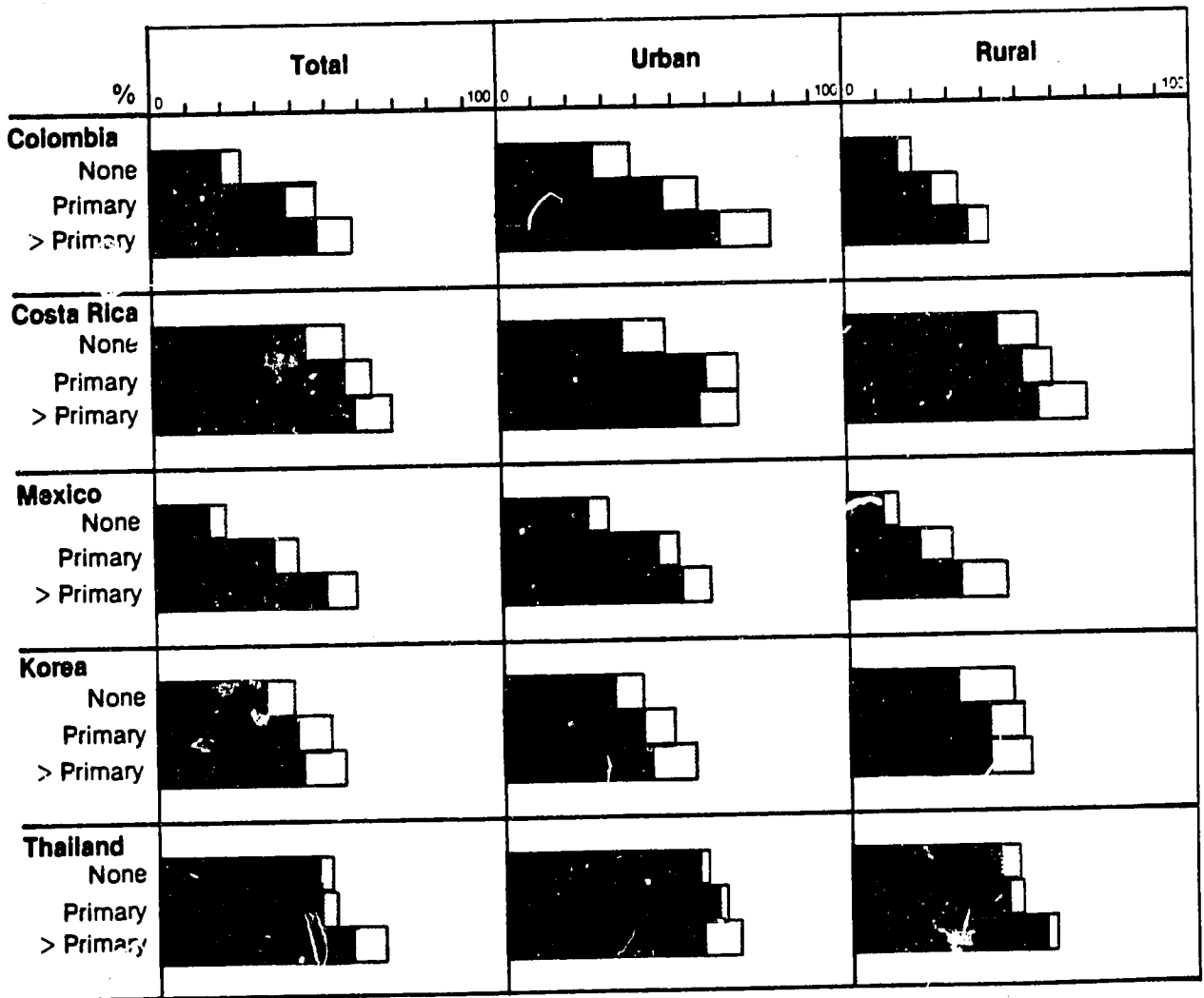
Type of Method	Colombia			Costa Rica			Mexico			Korea			Thailand		
	None	Primary	>Primary	None	Primary	>Primary	None	Primary	>Primary	None	Primary	>Primary	None	Primary	>Primary
TOTAL															
Modern	75.6	81.5	81.6	77.6	87.9	83.7	75.5	83.4	84.0	81.3	80.1	77.4	91.3	92.8	86.5
Traditional/Folk	24.4	18.5	18.3	22.4	12.0	16.3	24.5	16.6	16.0	18.7	19.9	22.6	8.7	7.2	13.5
% Using	25.7	47.3	57.5	54.7	62.6	68.6	20.2	41.4	58.0	38.7	49.5	54.5	49.8	50.6	64.5
Total Number	719	1,260	483	106	1,326	598	504	1,967	367	1,675	6,519	5,558	301	2,312	161
URBAN															
Modern	70.0	82.4	81.4	75.0*	88.9	84.4	80.8	89.0	85.9	79.8	80.1	77.5	97.2	97.0	83.6
Traditional/Folk	30.0	17.6	18.6	25.0	11.0	15.5	19.2	11.0	14.1	20.1	19.9	22.5	2.8	3.0	16.4
% Using	37.7	56.7	58.9	47.1*	67.8	68.5	30.8	50.9	60.5	40.0	49.2	55.1	58.1	63.1	67.6
Total Number	106	751	446	17	547	498	169	1,093	304	435	3,049	4,468	62	320	108
RURAL															
Modern	80.9*	79.4	86.7*	78.0	87.1	79.7	70.0	71.4	72.4	81.2	79.9	77.0	89.5	91.9	93.5
Traditional/Folk	19.0	20.6	13.3	22.0	12.8	20.3	30.0	28.6	27.6	18.8	20.0	23.0	10.5	8.1	6.4
% Using	19.7	33.4	40.4	56.2	58.9	69.0	14.9	29.6	46.0	38.3	49.8	51.6	47.7	48.6	58.5
Total Number	213	509	37	89	779	100	335	874	63	1,241	1,469	1,091	239	1,592	53

*Fewer than 25 respondents.

¹Level of Education - None: No formal education
 Primary: Some primary education to completed primary
 >Primary: Any education beyond completed primary

²Type of method - Modern: Pill, IUD, Condom, Vaginal Methods, Female Sterilization, Vasectomy, Injection
 Traditional/Folk: Rhythm, Withdrawal, Others

FIGURE 4
Percentage of Currently Married Women Aged 15-49
Using Contraceptives by Educational Level and the Type of Method Used



Type of Method
 ■ Modern
 □ Traditional/Folk

and the net wealth flow (between generations)."⁶ Thus, although the general influence of education on increasing use levels has long been recognized, the mechanism through which it functions is still debated.

No direct relationship was found between level of education and the type of method used. Different patterns were found between the Asian and Latin American countries. In Mexico and Colombia, the percentage of users employing modern methods increases as level of education increases. However, in Thailand and Korea, the opposite pattern can be observed. A lower percentage of well-educated (higher than primary school) women use modern methods than the non-educated women. In Costa Rica a more irregular pattern is observed in which the highest percentage of women using modern methods is found in the middle educational category (some primary school) whereas lower percentages using modern methods are observed in the no education and higher educational categories.

2. Employment Status

The CPS data on female employment is limited and varies considerably among countries. As shown in Table 2, the questions that determine work status (employed, not employed) are not consistent. The time frame for determining employment status ranged from working within the past week, currently working, worked anytime in 1978 to "usually" working. As occupational categories were not available for all five countries, this variable could not be included in the analysis. This analysis is, therefore, restricted to examining contraceptive use between working and non-working women, without considering any other characteristics of that employment; consequently, the conclusions that can be drawn from any of the observed patterns are severely limited.

⁶ Caldwell, J.C. "Mass education as a determinant of the timing of fertility decline." Population and Development Review, Vol. 6, No. 2 p.227.

In all countries examined except Thailand, working women have a significantly higher contraceptive use rate than non-working women (Table 8 and Figure 5). The differentials in contraceptive use and work status appear to be slightly higher in urban than in rural areas. However, this pattern is reversed in Costa Rica, where the differential in the rural areas is 8.9% while in the urban areas there is almost no difference between working and non-working women. These data would seem to support the hypothesis that working women have a higher contraceptive use rate than non-working women. However, had these variables been controlled for duration, timing, type of work and degree of career commitment, different patterns might have emerged.

G. Availability of Family Planning

1. Knowledge of Sources

Table 9 and Figure 6 show that, in all of the countries except Korea, currently married women who knew a particular modern contraceptive method often were not able to name an outlet from which they could obtain the method. In general, women in all the countries were more likely to know a source for the pill than for the other methods. The gap between knowledge of a method and of a source was also more evident among rural than urban women, particularly in the Latin American countries.

It is difficult to assess what the actual impact of not knowing a source for a method with which a woman is familiar may have on her use of that method. Women who are not motivated to use family planning do not need to know where they can obtain a method; their failure to name a family planning outlet may simply reflect their lack of interest in practicing family planning (or in using a specific method). Further investigation is needed to clarify the relationship between knowledge of source and interest in using contraception.

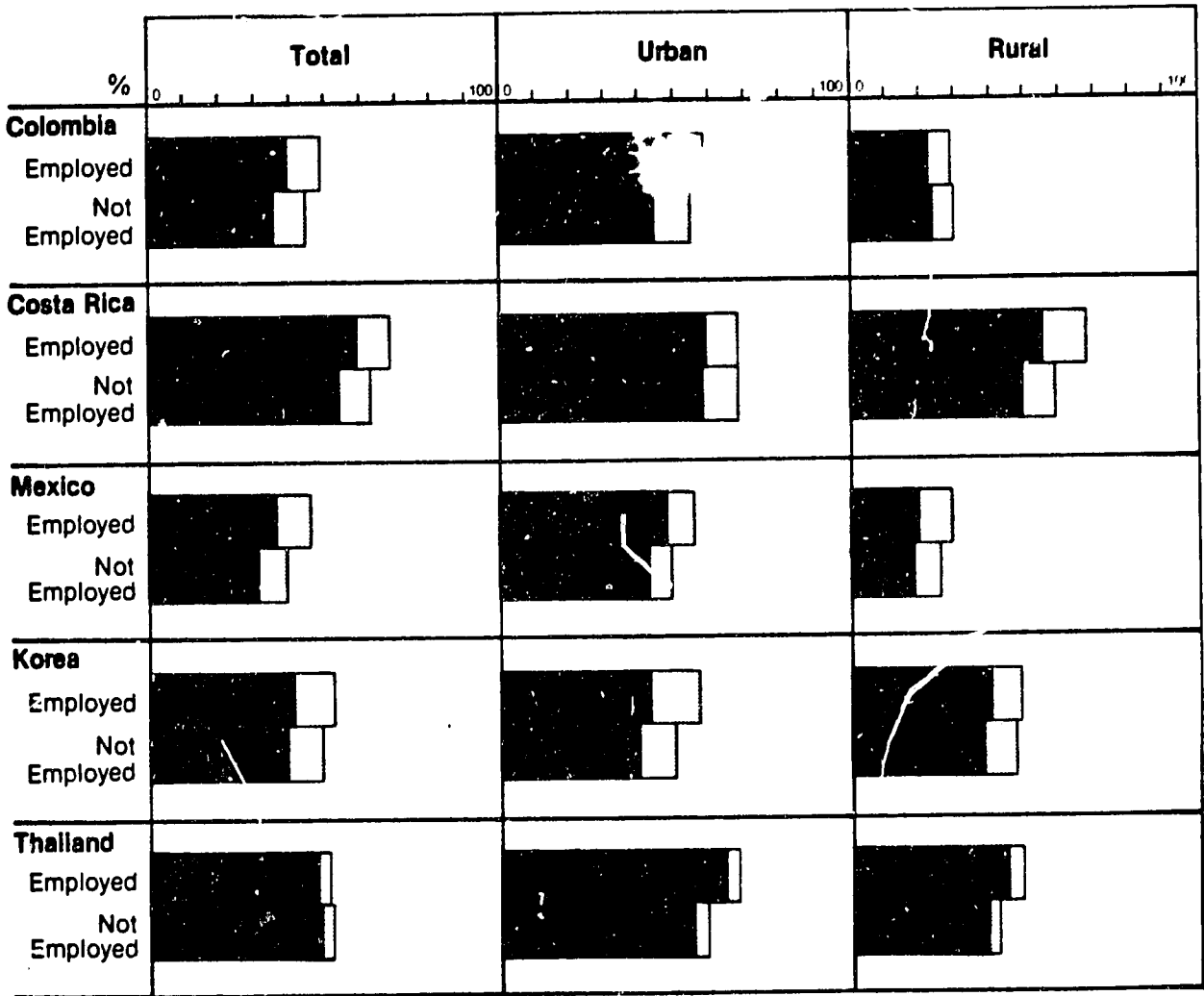
TABLE 8

PERCENTAGE OF CURRENTLY MARRIED WOMEN AGED 15-49 USING CONTRACEPTIVES BY EMPLOYMENT STATUS AND TYPE OF METHOD USED¹

Type of Method	Colombia		Costa Rica		Mexico		Korea		Thailand	
	Employed	Not Employed	Employed	Not Employed	Employed	Not Employed	Employed	Not Employed	Employed	Not Employed
TOTAL										
Modern	82.2	80.5	86.1	86.0	81.2	83.2	78.7	79.0	92.0	92.9
Traditional/Folk	17.8	19.4	13.9	14.0	18.8	16.8	21.3	21.0	8.0	7.1
% Using	49.0	45.2	68.1	62.7	45.5	38.7	52.0	49.3	51.2	52.0
Total Number	618	1,444	433	1,604	479	2,359	4,751	8,988	2,422	352
URBAN										
Modern	82.9	80.6	86.7	86.5	84.8	88.5	76.3	79.2	94.7	92.6
Traditional/Folk	17.1	19.4	13.3	13.5	15.2	11.5	23.7	20.8	5.3	7.3
% Using	58.7	54.6	68.3	67.5	56.4	49.2	57.3	50.4	66.8	58.9
Total Number	417	886	319	745	291	1,275	1,921	6,063	283	207
RURAL										
Modern	79.3	80.5	84.4	85.5	70.4	71.5	80.7	78.7	91.5	93.4
Traditional/Folk	20.7	19.5	15.6	14.5	29.6	28.5	19.3	21.3	8.5	6.6
% Using	28.8	30.3	67.5	58.6	28.7	26.2	48.5	47.0	49.2	42.1
Total Number	201	558	114	859	188	1,084	2,830	2,966	2,139	145

¹Type of method - See Table 7.

FIGURE 5
Percentage of Currently Married Women Aged 15-49 Using
Contraceptives by Employment Status and the Type of Method Used



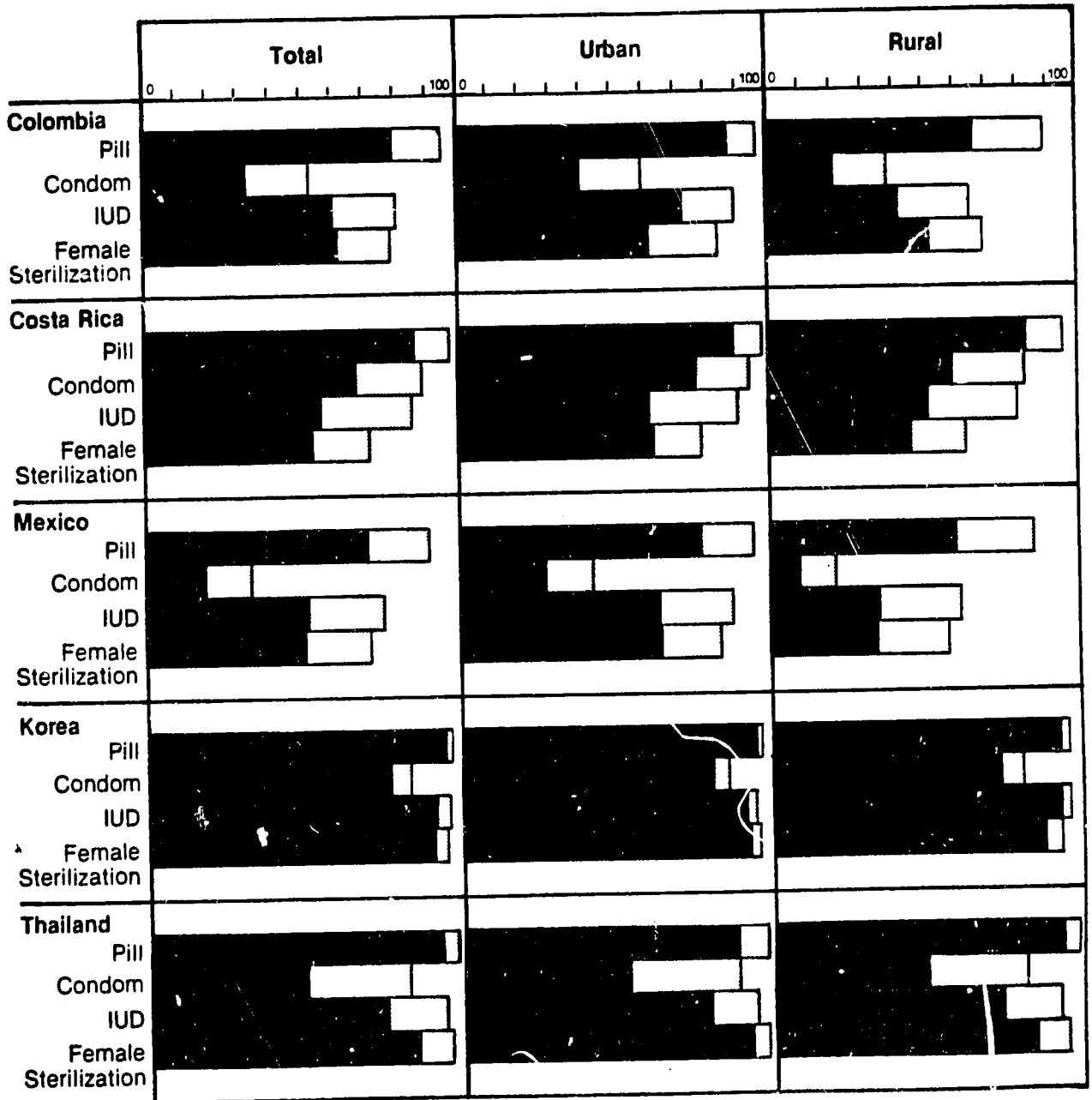
Type of Method
 ■ Modern
 □ Traditional/Folk

TABLE 9

PERCENTAGE OF CURRENTLY MARRIED WOMEN AGED 15 TO 49 YEARS KNOWING A FAMILY PLANNING METHOD AND KNOWING A SOURCE FOR THAT METHOD BY METHOD AND URBAN-RURAL RESIDENCE, SELECTED COUNTRIES

Country and Method	Total		Urban		Rural	
	Know Method	Know Source	Know Method	Know Source	Know Method	Know Source
Colombia						
Pill	94.2	79.7	97.2	87.0	89.1	67.1
Condom	52.0	32.5	59.7	39.2	38.7	20.9
IUD	80.4	60.8	89.4	72.1	64.6	41.4
Female Sterilization	78.7	61.7	84.1	67.2	69.4	52.3
Costa Rica						
Pill	97.9	86.0	99.1	89.1	96.6	82.6
Condom	87.7	68.5	93.0	77.1	82.0	59.1
IUD	85.1	56.9	90.0	61.9	79.7	51.5
Female Sterilization	71.1	54.1	78.0	62.5	63.5	45.0
Mexico						
Pill	90.6	70.4	94.9	78.6	85.3	60.4
Condom	32.2	19.7	42.0	27.7	20.3	9.7
IUD	76.4	51.1	88.1	64.8	61.9	34.3
Female Sterilization	72.3	50.7	83.5	64.9	58.5	33.1
Korea						
Pill	96.7	94.3	96.9	95.3	96.5	93.0
Condom	83.7	77.6	85.8	80.8	80.7	73.1
IUD	95.2	91.8	94.7	91.0	96.0	92.8
Female Sterilization	94.8	90.7	95.6	92.9	93.8	87.8
Thailand						
Pill	98.7	92.2	98.4	88.8	98.8	93.1
Condom	82.5	50.0	88.8	53.7	81.1	49.3
IUD	92.8	74.5	95.3	79.6	92.2	73.4
Female Sterilization	96.1	85.3	98.0	92.0	95.7	83.9

FIGURE 6
The Percentage of All Currently Married Women Aged 15-49
Knowing a Method and Knowing a Place where the Method Can
be Obtained for Specific Methods



Know Source
 Know Method

2. Type of Source

An issue of major concern to family planning programs is the type of outlet --public or private -- from which current users obtained their methods. (Table 10 and Figure 7). In general, in all the countries, users were more likely to have relied on a governmental outlet than on a private source (doctor, pharmacy, etc) for their method. More than 50% of the women obtained their methods from a governmental or quasi-governmental outlet in all of the countries except Korea. The much greater reliance of urban (61.7%) than rural users in Korea on private outlets explains the difference in the pattern in that country. It should also be noted that, while there was little difference in Colombia and Mexico in the percentages of urban and rural users obtaining methods from private outlets, rural users in Costa Rica and Thailand were somewhat less likely than their urban counterparts to be using such sources.

H. Conclusions

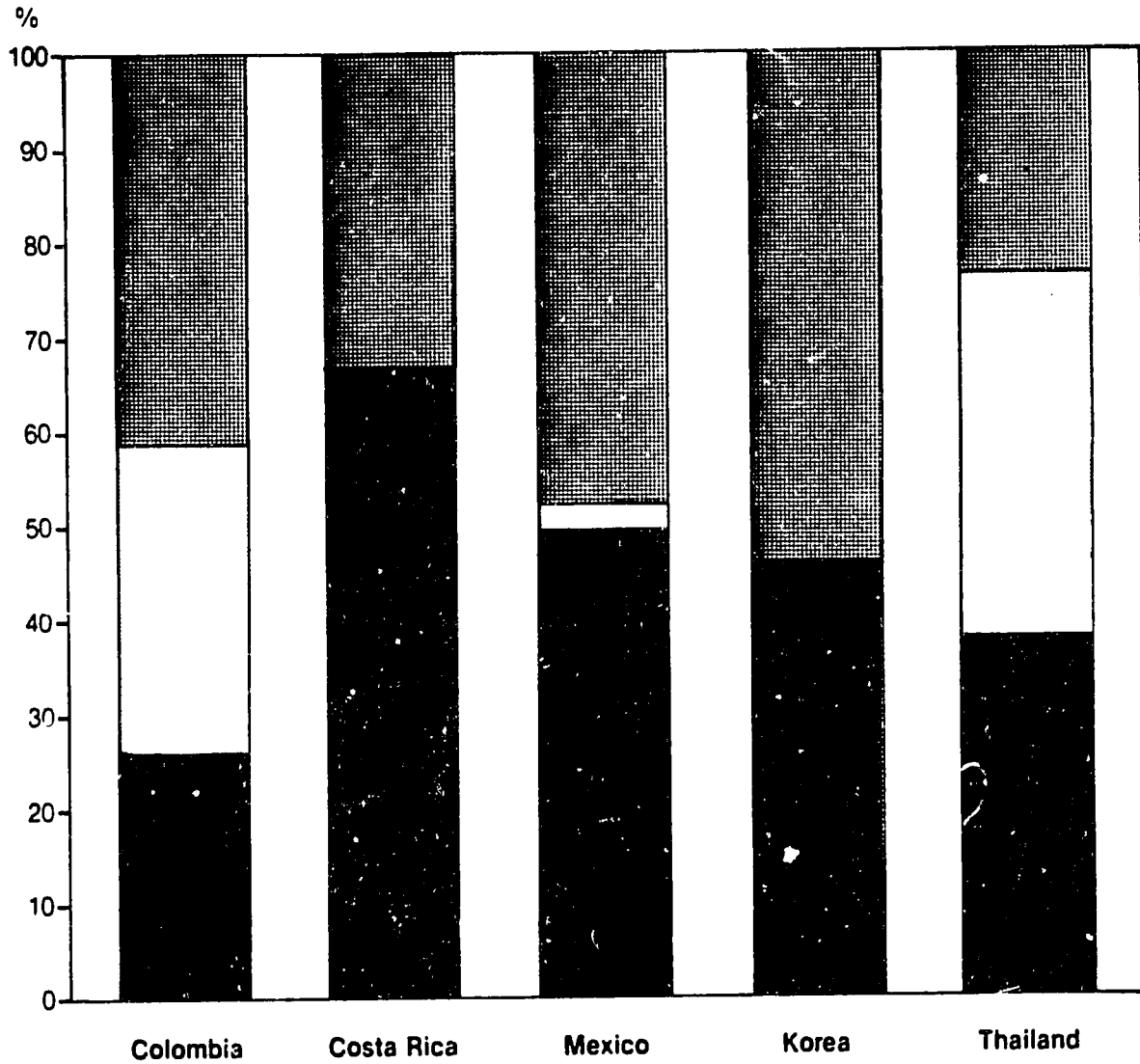
The results from the first-round surveys in five countries that are participating in the worldwide Contraceptive Prevalence Survey program reveal considerable inter-country differences in both the overall level of contraceptive knowledge and use and in the availability of family planning. The survey findings reviewed in this paper generally confirm that prevalence levels have increased dramatically over the past decade. They also suggest that as prevalence levels rise within a country, socioeconomic and demographic differentials are significantly reduced.

TABLE 10
PERCENT DISTRIBUTION OF CURRENT USERS OF FAMILY PLANNING BY TYPE OF OUTLET
AND URBAN-RURAL RESIDENCE, SELECTED COUNTRIES

Country and Area of Residence	Number of Users	Type of Family Planning Outlet		
		Government	Quasi- government	Private
		(%)	(%)	(%)
<u>Colombia</u>				
Urban	593	23.1	35.6	41.3
Rural	180	35.6	24.4	40.0
Total	773	26.0	33.0	41.0
<u>Costa Rica</u>				
Urban	618	58.4	-	41.6
Rural	490	77.1	-	22.9
Total	1,108	66.7	-	33.3
<u>Mexico</u>				
Urban	681	49.2	2.8	48.0
Rural	237	51.1	1.3	47.7
Total	918	49.7	2.4	47.9
<u>Korea</u>				
Urban	3,174	38.3	-	61.1
Rural	2,180	57.3	-	42.7
Total	5,354	46.3	-	53.6
<u>Thailand</u>				
Urban	288	8.7	59.4	31.9
Rural	1,022	46.8	32.6	20.6
Total	1,310	38.4	38.5	23.1

FIGURE 7

**The Percentage Distribution of Users
of Clinical and Supply Methods According to the Type of Source
from which They Obtained their Method**



Type of source

- Governmental
- Quasi-Governmental
- ▒ Private