MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

1991

FINAL REPORT

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EVALUATION UNIT
FAMILY PLANNING/MATERNAL-CHILD HEALTH DIVISION
MINISTRY OF HEALTH

With the Technical Collaboration of:
Division of Reproductive Health
Centers for Disease Control and Prevention
Atlanta, Georgia USA 30333

and

Department of Social Studies
University of Mauritius
Reduit, Mauritius

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CENTERS FOR DISEASE CONTROL AND PREVENTION

This report was prepared by Mr. Soobrayen Kalasopatan of the University of Mauritius, and Mr. Jay S. Friedman and Dr. Laurence Grummer-Strawn of the Division of Reproductive Health, Centers for Disease Control and Prevention (CDC), Atlanta, Georgia, USA. It was reviewed by Dr. Leo Morris of the CDC and Dr. B. Radhakeesoon of the Mauritius Ministry of Health. We would like to acknowledge the valuable contributions made to the various phases of the survey by the following people:

MINISTRY OF HEALTH
Dr. B. Radhakeesoon, Principal Medical Officer, FP/MCH Division
Mr. J. Sungkur, Demographer, Evaluation Unit
Mr. Farouk Bahadur, Data Management
Interview Team Supervisors
Clerical and Statistical Staff
Survey Interviewers

UNIVERSITY OF MAURITIUS
Prof M. Joynathsingh, Rector
Mr. S. K. Dossiah, Dept. of Social Studies

ACTION FAMILIALE
Mr. Richard St. Mart, Director
Ms. Jaqueline Leblanc, International Training Director

CENTRAL STATISTICS OFFICE
Mr. Clarisse
Mr. D. Zmaney

MAURITIUS FAMILY PLANNING ASSOCIATION
Ms. Geeta Oodit, Executive Director

UNITED NATIONS
Ms. Ruth Akumu, Program Officer, UNFPA, New York
Ms. Marlene Francois, Program Officer, UNFPA, New York
Ms. Ase Smedler, UNDP Deputy Resident Representative, Mauritius
Mr. Chris Velaydon, UNFPA Senior Programme Officer, Mauritius
Ms. Francoise Bozelle, UNFPA Programme Officer, Mauritius

CENTERS FOR DISEASE CONTROL, DIVISION OF REPRODUCTIVE HEALTH
Dr. Leo Morris, Chief, Behavioral Epidemiology and Demographic Research Branch (BEDRB)
Dr. Charles Chen, Demographer, BEDRB
Mr. John Patrick Whitaker, Systems Analyst, Statistics and Computer Resources Branch (SCRB)
Mr. Dan Wallace, Systems Analyst, SCRB
Ms. Laura Fletcher, Research Fellow, BEDRB
Ms. Kenyatta Daniels, Secretary, Program Services and Development Branch (PSDB)

INSTITUTE FOR INTERNATIONAL STUDIES IN NATURAL FAMILY PLANNING
Dr. Victoria H. Jennings, Director
Dr. Miriam Labbok, Director, Breast-feeding Division

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
Dr. Jeffrey Spieler

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Introduction

The present report describes the findings of a survey on contraceptive use carried out in Mauritius in 1991. A previous round of the same type of survey was carried out in 1985 and its findings were reported and discussed at a seminar held in Mauritius in August, 1986. The 1991 survey, therefore, not only provides a snapshot of the current situation in Mauritius regarding contraceptive practices but permits an evaluation of changes since 1985. Both rounds of the survey included both Mauritius and Rodrigues Islands. However, whereas the 1985 round covered women aged 15 to 49, the 1991 round excluded women aged 45 to 49. Furthermore, never married women were not interviewed in 1985 but were in 1991. Finally, the 1991 round included a detailed module on Natural Family Planning (NFP) methods. For this report, NFP refers to periodic abstinence during the fertile days of the menstrual cycle, no matter how these fertile days are determined.

Figure 1 shows the percentage distribution of women in union by residence, age, educational attainment, and religion. Comparison of these socio-demographic characteristics with data from the most recent census indicates that the sample is representative of the target population. In interpreting the findings, it is useful to note that some of the basic socio-demographic characteristics have strong intercorrelations. Observed associations between certain variables of

FIGURE 1
SOCIO-DEMOGRAPHIC CHARACTERISTICS
OF WOMEN IN UNION AGED 15-44
MAURITIUS ISLAND

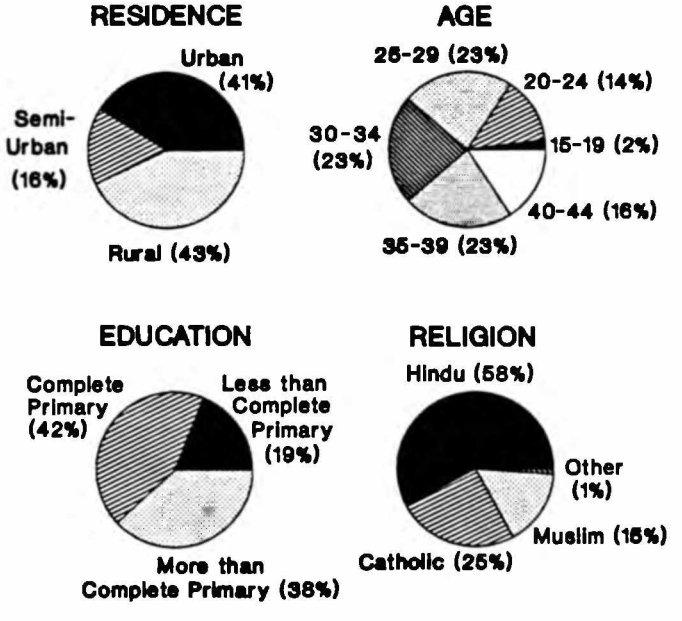

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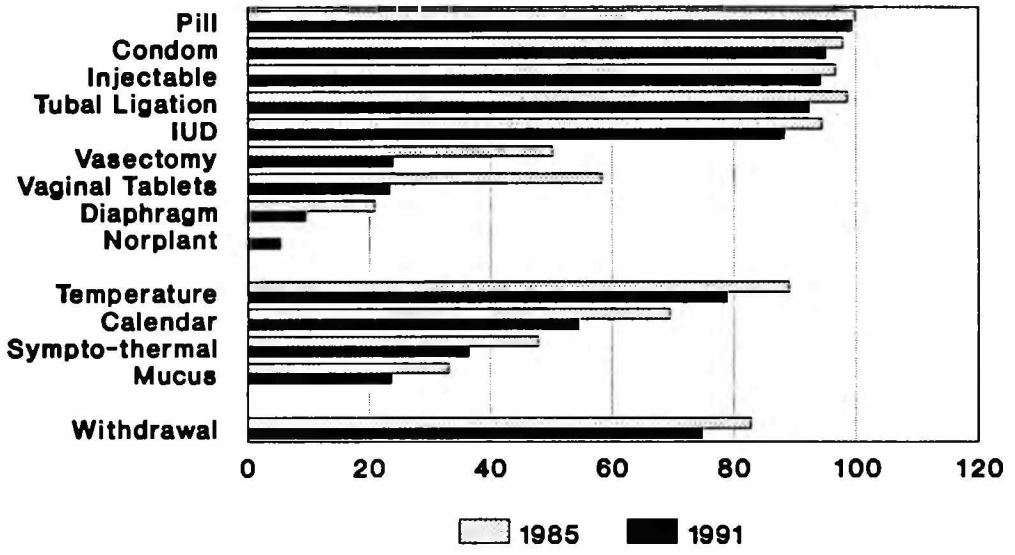
FIGURE 2
PERCENTAGE OF WOMEN IN UNION AGED 15-44
WHO HAVE HEARD OF SPECIFIC CONTRACEPTIVE METHODS
MAURITIUS ISLAND, 1985 AND 1991



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interest and a demographic characteristic may in fact reflect the influence of another associated demographic characteristic. For example, an association between education and contraceptive prevalence may in part be due to an association between age and contraceptive prevalence, since age and education may be correlated.

Knowledge of Contraceptives

Figure 2 shows the knowledge of contraceptives among women aged 15 to 44 on Mauritius Island. Knowledge here refers to the fact that the respondent has heard of a contraceptive method, not necessarily that she has enough knowledge of the method to be able to use it effectively or to make informed choices about its use.

Virtually all women have heard of the pill. The best known methods are the pill, the condom, injectables, female sterilisation, and the intra-uterine device (IUD). The diaphragm and Norplant are little known. Among Natural Family Planning methods, the temperature method is the best known, 79 percent of the women having heard about it. The more effective sympto-thermal method is known by fewer women. Three-fourths of women have heard of the withdrawal method.

These findings raise several issues. While the choice of contraceptive method must be left to the couple, lack of

knowledge of more effective methods, particularly vasectomy and Norplant, reduces the choice of available long-term methods. Among the Natural Family Planning methods, it is of concern that knowledge of the sympto-thermal method is much lower than that of less effective NFP methods such as the temperature and the calendar methods.

For all methods, the percentages having heard of the method declined from 1985 to 1991. While differences between 1985 and 1991 are within sampling error for the pill, condoms, injectables, tubal ligation and the IUD, the percentages having heard of vasectomy, vaginal tablets, diaphragms, and all the natural methods were less in 1991 than in 1985. While it is possible that the family planning education services and the media now give little coverage to the lesser used methods, the tendency of a downward trend in knowledge needs to be corrected.

On Rodrigues Island (Figure 3), the best known methods are, as in the case of Mauritius Island, the pill, injectables, condoms and the IUD. However, in contrast, among the natural methods, the more effective sympto-thermal method is the best known and the less effective calendar method is lesser known. Knowledge of the withdrawal method, at 64 percent, is less than on Mauritius Island. Rodrigues seems to have experienced the same trends as Mauritius Island regarding knowledge of contraceptive methods: slightly lesser

FIGURE 3

PERCENTAGE OF WOMEN IN UNION AGED 15-44 WHO HAVE HEARD OF SPECIFIC CONTRACEPTIVE METHODS RODRIGUES ISLAND, 1985 AND 1991

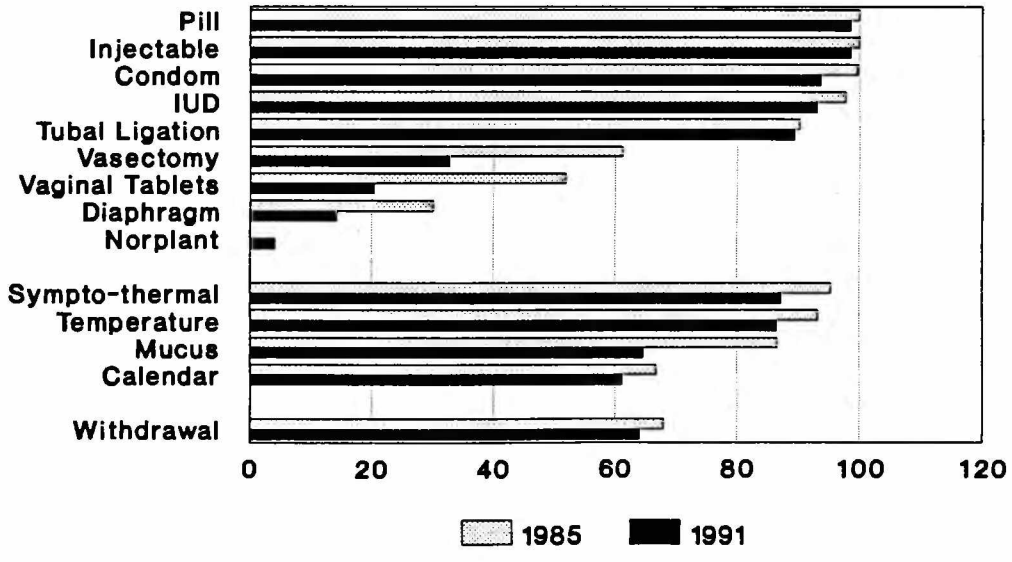

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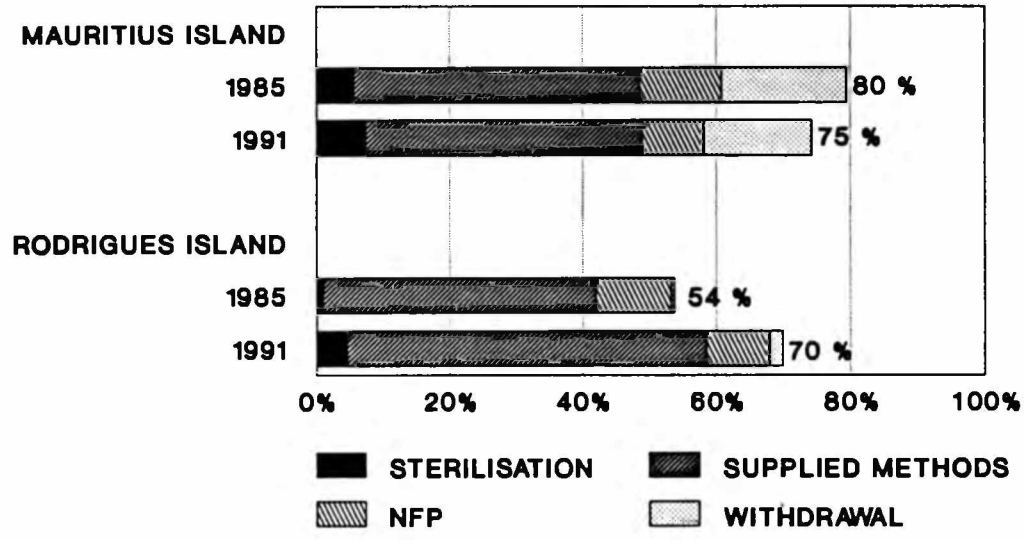
FIGURE 4
PERCENTAGE OF WOMEN IN UNION AGED 15-44
CURRENTLY USING CONTRACEPTION
BY TYPE OF METHOD



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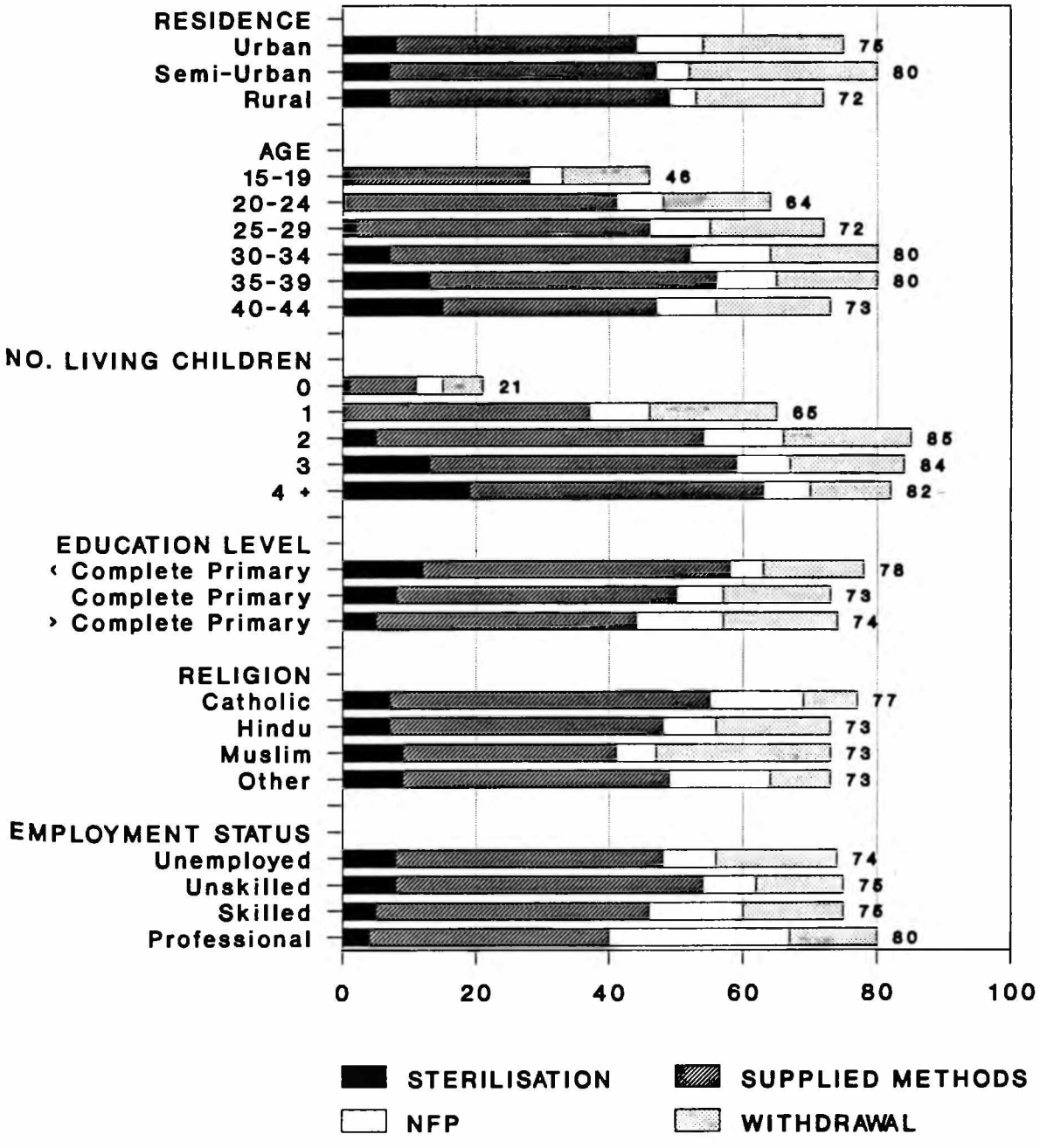
knowledge in general in 1991 but particularly of vasectomy, vaginal tablets, diaphragms and the natural methods.

Contraceptive Use

Figure 4 shows the prevalence of contraceptive use by type of method for both Mauritius and Rodrigues Islands in 1985 and 1991. The results for 1985 have been age-adjusted to reflect the age distribution in 1991. There has been no statistically significant trend in use for Mauritius Island over the six-year period. Furthermore, the mix of methods has not changed. On Rodrigues Island, however, overall contraceptive use rose quite dramatically from 54 percent to 70 percent. This increase was primarily accounted for by a rise in use of supplied methods.

Figure 5 presents contraceptive use by type of method and by a number of demographic and socio-economic characteristics for Mauritius Island. There is little difference in overall method use by residence. Urban women are somewhat more likely to use NFP, perhaps reflecting the fact that Action Familiale is more active in urban than in rural areas. Not surprisingly, contraceptive use rises with increasing age of the woman. This is especially true for sterilisation. There is a slight drop-off in use among the oldest age group (40-44), probably due to menopause and reduced coital frequency. Similar patterns are observed by parity--

FIGURE 5
PERCENTAGE OF WOMEN IN UNION AGED 15-44 CURRENTLY USING CONTRACEPTION BY SELECTED CHARACTERISTICS MAURITIUS ISLAND, 1991



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as women achieve their desired family size, they turn to contraception.

The overall level of contraceptive use does not vary much across the different educational categories. However, there are noticeable differences in the method mix. The use of supplied methods (permanent or temporary) is over 13 percentage points higher among those with less than complete primary education as compared to those with more than completed primary education. On the other hand, the use of natural methods is over 8 percentage points higher among the latter category as compared to the former one. A number of hypotheses may explain this finding. More educated women may be more wary of side effects of the supplied methods. On the other hand, less educated women may find it hard to understand and implement NFP methods and find it is easier to use supplied methods. In part, the higher use of NFP among educated women may reflect the increased teaching of NFP in urban areas, where women tend to be more educated.

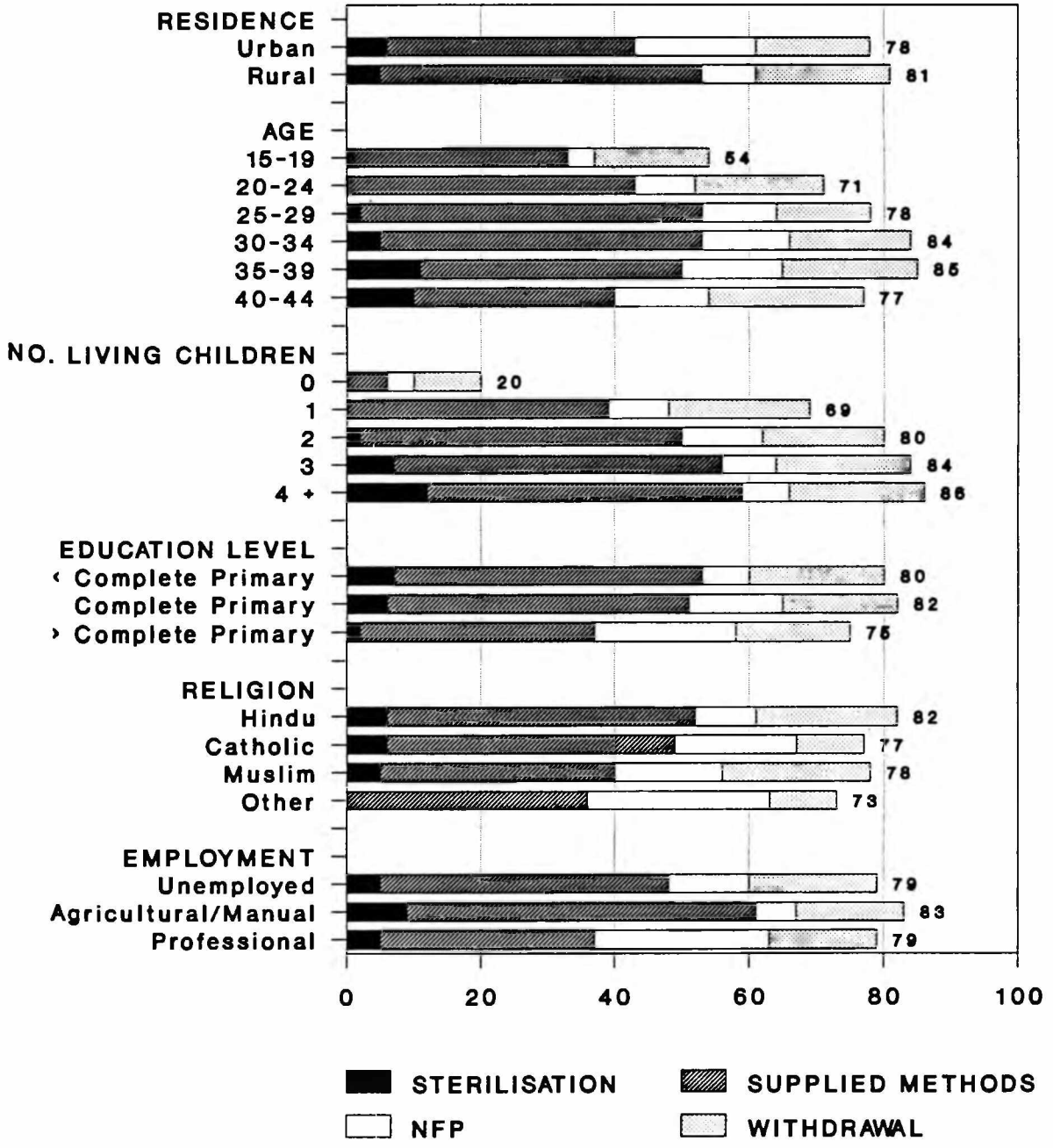
Overall contraceptive use does not vary by ethnicity, although the methods used vary widely. Catholics are more likely to use supplied methods as well as NFP methods. They are the least likely to use withdrawal. On the other hand, Muslims are the most likely to use withdrawal. There are no statistically significant differences in overall contraceptive use by employment status, although some differences do appear in the methods used. Whereas the group of unemployed women likely represents a diversity of socio-economic groups, among those employed, occupation reflects socio-economic status reasonably well. In keeping with the patterns seen for residence and education, we see a decreasing use of supplied method use with higher-status occupations. At the same time, use of NFP increases with increasing status.

To summarize these findings, contraceptive use is high on Mauritius Island for all socio-economic groups and varies little. However, the choice of method does vary, with the lower socio-economic groups showing greater preference for supplied methods and lesser preference for NFP than higher socio-economic groups.

Figure 6 shows the overall method distribution by socio-economic and demographic characteristics for 1985. The overall patterns are similar in both years. Prevalence of supplied methods is highest among the lower socio-economic groups, whereas the NFP methods are more common among the higher socio-economic groups.

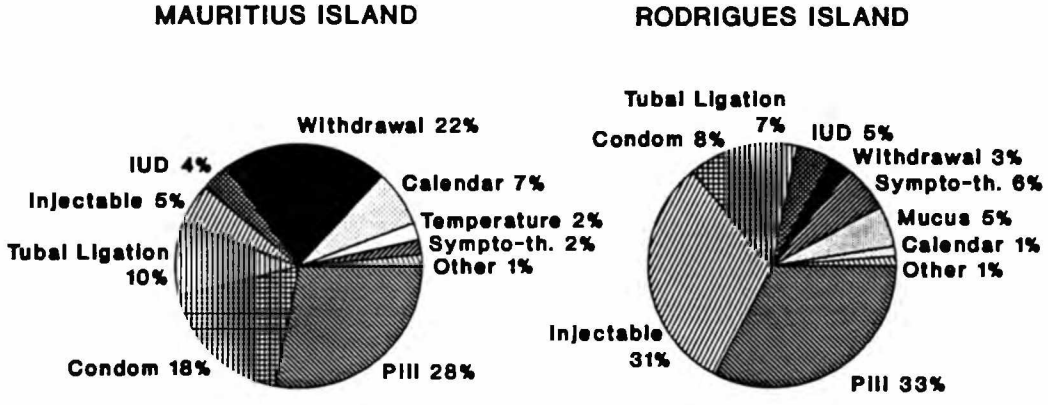
Figure 7 shows the distribution of current use by specific method. On Mauritius Island, the most commonly used method is the pill, followed by withdrawal and the condom. NFP methods as a whole comprise 12 percent of contraceptive use, a majority of which consists of the calendar method. Female sterilisation only accounts for 10 percent of contraceptive use. On Rodrigues Island, the most commonly used methods are the two hormonal methods, the pill and injectables. NFP use comprises 13 percent of contraceptive use, primarily the more effective sympto-thermal and

FIGURE 6
PERCENTAGE OF WOMEN IN UNION AGED 15-44 CURRENTLY USING CONTRACEPTION BY SELECTED CHARACTERISTICS MAURITIUS ISLAND, 1985 CPS



1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

FIGURE 7
PERCENTAGE OF WOMEN IN UNION AGED 15-44
CURRENTLY USING CONTRACEPTION
BY METHOD USED



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cervical mucus methods. Use of sterilisation comprises 7 percent of overall use. Use of condoms likewise accounts for only 8 percent of use, perhaps indicating that there are cultural barriers to use of condoms on Rodrigues.

Table 1 presents the reasons given for using Natural Family Planning, rather than another method of contraception. The predominant consideration, by far, both on Mauritius and on Rodrigues Islands is health. Users are concerned about the side effects with other methods. Dissatisfaction with other methods is the second most important reason on Mauritius Island, but is a less important factor among Rodriguan women. Acquiring knowledge of one's body is a fairly important reason for NFP use, being given by 10 percent of NFP users on Mauritius and 15 percent of NFP users on Rodrigues. Interestingly, religious or moral reasons are not important in accounting for choice of NFP on Mauritius Island.

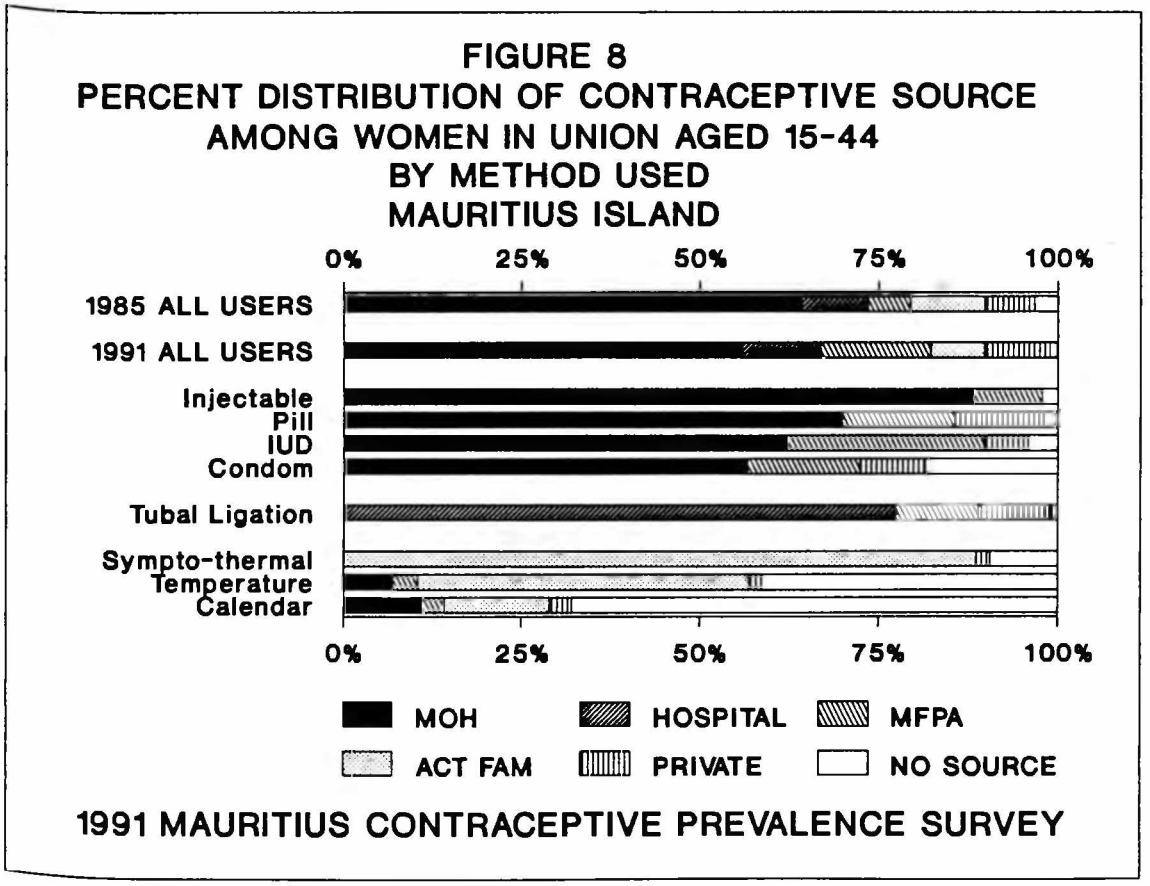
Contraceptive Source

Figure 8 displays the relative importance of the various sources of different contraceptive methods. Government sources (hospitals and the Ministry of Health) supply 66 percent of contraceptive users with their needs, a share which is very close to that of 1985. Second in importance is the Mauritius Family Planning Association (MFPA), which caters to 15 percent of users, up

Table 1
Percent Distribution of Reasons for Choosing
Natural Family Planning Over Other Methods of Contraception
Among Users of NFP

1991 Mauritius Contraceptive Prevalence Survey

Reason	Mauritius Island	Rodrigues Island
Health Reasons	38	55
Dissatisfied with Others	16	8
Gain Knowledge of Body	10	15
More Natural	9	0
Husband/Partner wanted	5	2
To Become Pregnant	5	2
Personal Control over Conception	5	2
Simpler Or Better Than Other Methods	4	0
Religious/Moral Reasons	3	11
Less Expensive	1	0
Difficulty Obtaining Others	1	3
Other Reasons	3	3
TOTAL	100	100



from a 1985 figure of 6 percent of users. The importance of Action Familiale as a source has remained stable. The share of pharmacies in the supply of contraceptive method has changed little. Private clinics have grown in importance as suppliers of contraceptive methods. Much of the supply of private clinics consists of tubal ligation and the insertion of IUD's.

Analysis of source by method shows that the Ministry of Health (MOH) is by far the main provider of supplied methods. The MFPA also has a substantial share of supplied methods. Since both the MFPA and the MOH do not teach about Natural Family Planning methods, their share in the supply of NFP is, not surprisingly, very low. Action Familiale, on the other hand, is the main source of NFP, especially the sympto-thermal and the temperature methods. For the NFP methods, particularly calendar rhythm, many users did not state a source. These users primarily learned about NFP from friends or relatives and so their knowledge may be inaccurate or incomplete.

In Rodrigues, the Ministry of Health is also the leading supplier. Sixty-two percent of users are supplied by the MOH, followed by 20 percent for MFPA and 17 percent for Action Familiale. Action Familiale is nearly the exclusive supplier of natural methods while the Government and the MFPA are the exclusive providers of supplied methods.

FIGURE 9
AVERAGE TIME TO SOURCE OF CONTRACEPTION
AMONG WOMEN IN UNION AGED 15-44
WHO ARE PAST OR CURRENT USERS OF CONTRACEPTION
BY EMPLOYMENT STATUS AND RESIDENCE
MAURITIUS ISLAND

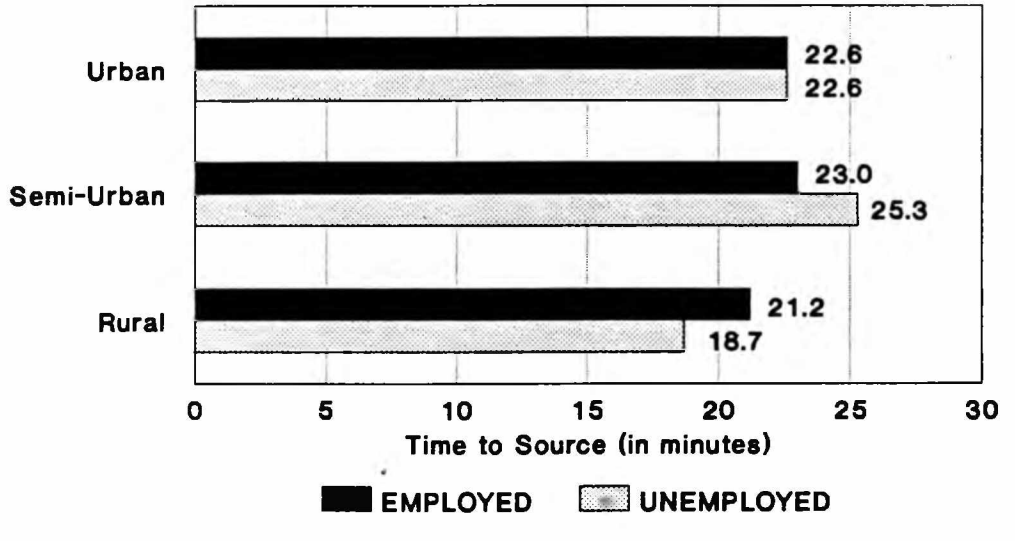


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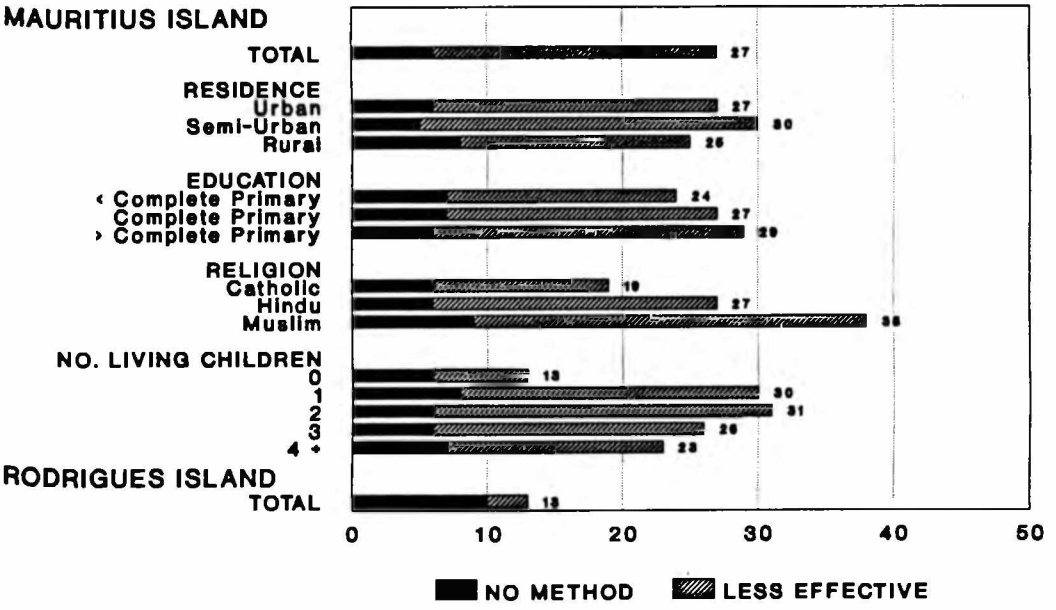
Figure 9 presents the average time to the source of contraceptive method by employment status and residence. It shows that on average, there is reasonably quick access to a contraceptive method. Differences across types of residence and employment categories are small.

Women in Need of Family Planning Services

In this report, women in need of family planning services are defined as women who are 1) sexually active, 2) fecund, 3) not currently pregnant, 4) who do not desire a child and, 5) are not using a contraceptive method or using a less effective method. In view of the higher failure rates associated with withdrawal and the calendar rhythm method, these two methods are defined as less effective methods. Such women need to receive special attention of family planning services as they are at risk of having unintended pregnancies.

Figure 10 shows women in need of more effective family planning methods by selected characteristics. In 1991, 6 percent of women ever in union were in need of family planning and were not using any method at all, slightly up from a figure of 3 percent in 1985. An additional 21 percent were using withdrawal or calendar rhythm in 1991, down from a 1985 figure of 23 percent. Thus, while unmet need for any contraceptive method is low, the use of less effective methods is relatively high.

FIGURE 10
PERCENTAGE OF WOMEN EVER IN UNION AGED 15-44
IN NEED OF MORE EFFECTIVE FAMILY PLANNING METHODS
BY SELECTED CHARACTERISTICS



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In total, 27 percent of women ever in union are in need of more effective family planning methods to prevent unintended pregnancies.

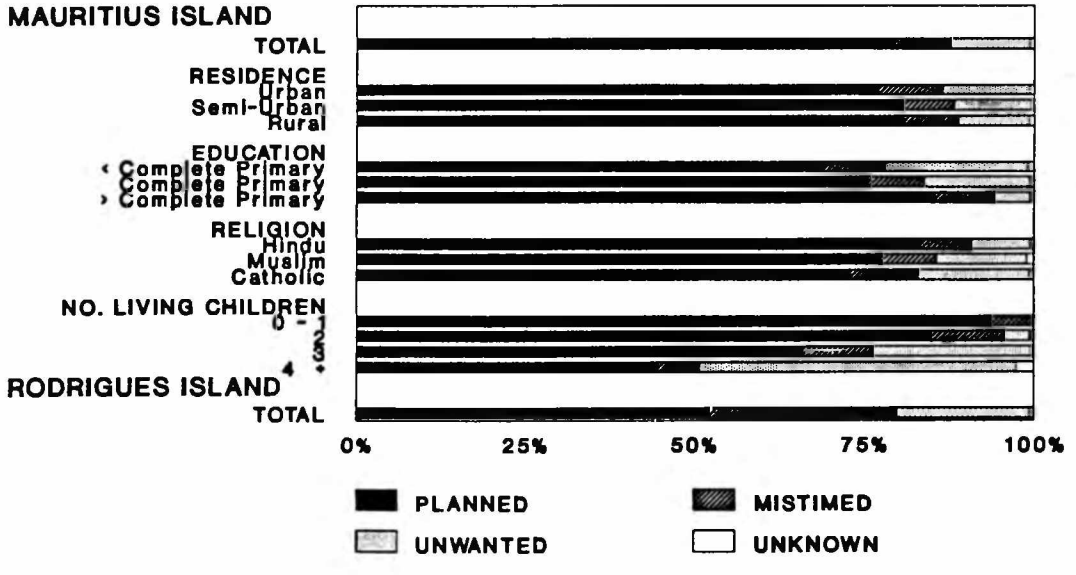
The percentage of women in need of *any* contraceptive method differs little by socio-economic and demographic characteristics. Differences are somewhat more noticeable for need of *more effective* family planning. Overall, over a third of Muslims are in need, compared with 19 percent of Catholics and 27 percent of Hindus. Women with no children are the least likely to be in need of family planning, primarily because they desire pregnancy. Of greater concern is the high proportion of women with three or more children who are in need, since these women have, on the average, already reached their desired family size.

On Rodrigues Island, the total percentage of women in need of a more effective contraceptive method is lower than in Mauritius, but the percentage not using any method at all is higher than in Mauritius. This apparent contradiction is primarily explained by the relatively high prevalence of withdrawal on Mauritius Island.

Planning Status of the Last Pregnancy

Figure 11 shows the distribution of the planning status of the last pregnancy for women in union aged 15-44. A pregnancy is defined as "planned" if the

FIGURE 11
PERCENT DISTRIBUTION OF PLANNING STATUS OF LAST PREGNANCY AMONG WOMEN IN UNION AGED 15-44 BY SELECTED CHARACTERISTICS



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woman wanted to become pregnant at the time she became pregnant. A pregnancy is "mistimed" if she wanted to become pregnant at a later date and is "unwanted" if she did not want to have any more children. "Unintended" pregnancies combine together these latter two categories. Twenty percent of pregnancies were considered unintended--12 percent were unwanted and 9 percent were mistimed. These percentages have fallen since 1985, when 19 percent of pregnancies were unwanted and 10 percent were mistimed.

The proportion of mistimed pregnancies varies little by any of the characteristics shown in Figure 11. The proportion of unwanted pregnancies, on the other hand, shows a more noticeable pattern. The percentage unwanted decreases with increasing educational attainment. Catholics have the highest percentage of unwanted pregnancies followed by Muslims and then Hindus. Women with more children are considerably more likely to report that their last pregnancy was unwanted. This is hardly surprising since these women are the most likely to not want any more children.

On Rodrigues Island, although the overall prevalence of contraceptive use is close to that of Mauritius, the proportion of mistimed as well as unwanted pregnancies is higher.

Table 2
Percentage of Last Live Born Children Within the Previous Two Years Who Were Ever Breastfed and the Mean Duration of Breastfeeding of All Children Born Within The Previous Five Years

1991 Mauritius Contraceptive Prevalence Survey

	Percent Ever Breast-Fed	Mean Breast-Feeding Duration In Months
Mauritius Island		
1985	86	14
1991	72	14
Rodrigues Island		
1985	95	15
1991	92	16

Breastfeeding

Table 2 compares breastfeeding incidence and duration for 1985 and 1991. It shows that the incidence has decreased substantially in Mauritius, and slightly in Rodrigues. In 1991 on Mauritius Island, over a **quarter** of children had never been breastfed, compared to only 14 percent only six years before. On Rodrigues Island, 8 percent of children were never breastfed, up from 5 percent in 1985.

Average duration of breastfeeding on the other hand has remained stable on Mauritius Island and even improved slightly on Rodrigues Island. The overall duration of breastfeeding for Mauritius Island, 14 months, is well below that for most African countries, but longer than for most developed countries. This overall duration primarily consists of partial breastfeeding. Whereas the World Health Organization recommends that all children should be exclusively breastfed 4-6 months, only 16 percent of Mauritian infants are exclusively breastfed during the first four months of life.

Conclusion

The 1991 Mauritian Contraceptive Prevalence Survey updates important family planning information for both Mauritius and Rodrigues Islands. Since 1985, when a similar survey was conducted, overall contraceptive use has fallen slightly on Mauritius Island and has risen sharply on Rodrigues Island. Use of permanent methods has shown no statistically significant increase. Over a quarter of women have an unmet need for more effective family planning methods.

END OF EXECUTIVE SUMMARY

1. INTRODUCTION

Country Profile

The country of Mauritius consists of the main island of Mauritius and a number of smaller islands, the largest being the island of Rodrigues. The island of Mauritius, with an area of 1,843 square kilometers, lies 880 kilometers east of Madagascar. The terrain rises to an elongated central plateau, running roughly north-south, whose altitude is about 560 meters above sea level. This plateau is bounded on the northeast and southwest by abrupt and broken mountain ridges. On the south and southeast it slopes gradually to the sea. The highest mountain peak is 826 meters above sea level. Mauritius enjoys a maritime climate, which is tropical in summer and subtropical in winter. The island of Rodrigues is 560 kilometers east of Mauritius and covers 108 square kilometers.

The estimated mid-year population of the country in 1991 was 1,070,128, of whom 270,011 were females in the reproductive ages (i.e., 15 to 44 years). The Mauritian population is a mixture of several races. A majority of the population is of Indian extraction, but there are many Mauritians with European, African, and Chinese heritage. Creole is by far the most widely spoken language at home, followed by Bhojpuri, Hindi, French, and Tamil. Interestingly, English is the official language of Mauritius, despite the fact that it is the primary language of very few inhabitants. Fifty-six percent of Mauritians live in rural areas and 44 percent in areas classified as urban. The only urban areas are a string of cities in the central-western portion of the island. Mauritius is one of the most densely populated nations in the world, with about 559 inhabitants per square kilometer (1,454/square mile) on the main island. Selected demographic characteristics for the island of Mauritius for the census years 1962, 1972, and 1983 and for the year 1991, are given in Table 1.1.

TABLE 1.1

Selected Demographic Characteristics for the Island of Mauritius, 1962-1985

Year	Estimated Midyear Population	Crude Birth Rate*	Crude Death Rate*	Rate of Natural Increase*	Infant Death Rate**	Total Fertility Rate
1962	681,619	38.5	9.3	29.2	60.1	5.86
1972	826,199	24.8	7.9	16.9	63.9	3.42
1983	968,609	20.6	6.5	14.1	25.6	2.20
1991	1,070,128	20.7	6.6	14.1	18.6	2.28

*Per 1,000 population **Per 1,000 live births

Mean life expectancy at birth for the period 1989-1991 was 65.6 for males and 73.4 for females, only a few years less than in most developed countries. Declines in both fertility and mortality have been among the most rapid seen in the developing world in the second half of the century. Both fertility and mortality levels are approaching levels typically found in Europe. Since 1985 fertility has risen slightly.

The population of Rodrigues Island in 1991 was 34,321, about 3 percent of the national total. The Rodriguan population is quite different from that of the main island. Most residents are of African heritage and Roman Catholicism is the dominant religion. There are no urban areas as such, although there is one small town, Port Mathurin. Transportation is more difficult, and the population is somewhat more geographically dispersed than on the main island.

Family Planning in Mauritius

Prior to the Second World War, use of effective family planning was practically unknown in Mauritius and fertility levels were high. Soon after the war the effects of rapid population growth and high density began to be felt. With improvements in health services and changes in other

factors influencing health, mortality declined rapidly (Sombo and Tabutin, 1985). Fertility, which was already high, appears to have increased after the war. The Government, perceiving sustained rapid population growth as a threat to social and economic stability, commissioned an investigation into security, health, and welfare in Mauritius. This investigation, conducted by Titmuss and Meade of the United Kingdom, recommended, among other things, the introduction of family planning services in Mauritius (Titmuss 1960; Meade 1968).

Initially, family planning was slow to develop, at least in part because of controversy in the legislative assembly and opposition of the Catholic church to all contraceptive methods not considered to be natural methods. Because of this, the Government decided not to become directly involved in the provision of services. Rather, it encouraged private organizations to provide family planning services.

In 1957, the Mauritius Family Planning Association (MFPA) opened the first family planning clinic. In 1963, the Catholic church in Mauritius proposed use of alternative natural methods of birth control to respond to the needs of those not wishing to use supplied methods for religious or other reasons. Shortly thereafter, Action Familiale (AF), a private organization, was formed for the purpose of promoting and teaching natural family planning methods. In 1965, the Government changed its policy, officially endorsing family planning and providing financial as well as material help to both MFPA and AF.

From the time family planning activities began, encouraging trends were observed in demographic rates. The population growth rate dropped from a high figure of 3.1 percent in 1962 to 1.9 percent in 1972 and has since declined further. This decrease was mainly due to reduced fertility which stemmed from both a rise in the age at marriage and reduced marital

fertility. Increased emigration from Mauritius also made a small contribution to reduced growth.

In December 1972, the Ministry of Health (MOH) assumed control of most of the clinics operated by the Mauritius Family Planning Association. Family planning services were then integrated with maternal and child health services within those clinics.

Today the Family Planning/Maternal-Child Health (FP/MCH) Division of the MOH operates well over 100 family planning clinics on both Mauritius and Rodrigues Islands and a number of supply centers for the distribution of contraceptives. These clinics and centers are scattered throughout the country. In addition, remote areas are visited at least once a week by a mobile van. The MFPA operates several clinics in Port Louis and elsewhere on both islands, and makes condoms available from shops at several locations and provides family planning methods to women working at factories, particularly knitting mills. Action Familiale has its headquarters and main training center in Rose Hill and has several other centers on both islands.

Evaluation of Family Planning Services

Evaluation of family planning services has included site supervision, a well-developed routine service statistics system operated by the Evaluation Unit of the MOH, and occasional surveys. Unlike service statistics, surveys supply information on users who obtain contraceptive methods from pharmacies or who use methods not requiring supplies.

The Evaluation Unit of the FP/MCH Division in its continuous program monitoring has conducted surveys on:

1. Fertility change in Mauritius and the impact of Family Planning (1970)

2. Knowledge, Attitudes, Practices (1976)
3. Dropouts among Family Planning Users (1982)
4. Fertility of Women Under The Age Of 25 years In The Recent Past (1982)
5. Breast-feeding and Infant Health (1983)
6. Contraceptive Prevalence Survey (1985)

Contraceptive Prevalence Surveys (CPS) have come to be a valuable tool for family planning program evaluation (Robey *et al.*, 1992). In many countries with a successful program, they are now conducted on a regular basis usually ever 3-5 years. The MOH has made it a general policy in Mauritius to conduct periodic surveys. In addition to providing estimates of use and the source of contraception, they provide programme managers with an evaluation of various aspects of their programme, a check on service statistics, and an identification of groups of women at risk of unintended pregnancy and in need of family planning services. A Contraceptive Prevalence Survey provides the means to estimate the proportion of all users in private and public sectors, as well as "autonomous" and independent users of natural methods who cannot normally be accurately counted.

The report of the 1985 Contraceptive Prevalence Survey was presented at a 2-day seminar in August 1986, which included delegates from a number of concerned Mauritian organizations, as well as delegates from the neighboring Indian Ocean region countries of the Comoros, Madagascar, Reunion and Seychelles. The results showed contraceptive prevalence to be high; 75 percent on the main island of Mauritius, including a relatively important natural family planning (NFP) component (Ministry of Health, 1987). Use on Rodrigues was lower at 51 percent. The following recommendations were made at the seminar:

1. The CPS results should be widely disseminated in Mauritius and in the Indian Ocean region.

2. A more in-depth study should be made of couples who use withdrawal in order to promote the use of more effective methods among them.

3. Increase FP services in industrial areas.

4. Special IEC and service delivery programs should be oriented toward young adults on Rodrigues and males on both islands.

5. In light of the survey findings, population and family planning programs should be regularly reviewed at meetings of the National Family Planning and Health Council.

6. There is need for a more clearly defined policy on sterilisation.

7. Paramedics should be trained to insert IUDs.

8. More family planning facilities are needed on Rodrigues.

8. Financial help is needed for community health workers and traditional birth attendants on Rodrigues.

10. Injectables should be encouraged, particularly in urban areas.

11. Vasectomy should be encouraged through IEC campaigns and by providing service facilities.

Rationale for the Present Survey

Since the 1985 CPS there have been changes in the economic situation in Mauritius. Instead of 17 percent unemployment, there is now less than 3 percent. Much of this increase in employment has been in the industrial sector, where 80 percent of factory employees are women. The Family Planning/Maternal Child Health Division (FP/MCH) of the Ministry of Health (MOH) concluded that a second CPS was necessary since 6 years had elapsed since the last survey and in view of the change in economic conditions for women in the country.

The 1991 survey evaluated the full range of family planning service delivery in Mauritius. Because of the relatively high prevalence of Natural Family Planning methods, the survey questionnaire had a special in-depth series of questions on Natural Family Planning use.

The survey was conducted by the Ministry of Health, which was responsible for formulation of the questionnaire, overall supervision of the field work and data entry and editing. Technical direction was provided by the Department of Social Studies of the University of Mauritius which was responsible for the sample frame, sampling methodology, interviewer training, data analysis and preparation of the final report. The Division of Reproductive Health of the United States Centers for Disease Control and Prevention (CDC) provided technical assistance on questionnaire content, sampling procedures, interviewer training, and data management and analysis.

2. SURVEY METHODOLOGY

The principal objective of the survey was to measure the level of contraceptive prevalence and source of contraception, and compare results to the 1985 CPS. Unlike the 1985 CPS, the 1991 CPS included never married women in the survey population. In addition, the 1991 CPS measured continuation rates for the most prevalent contraceptive methods. This was done by the use of a special survey module incorporating a contraceptive use calendar.

A second objective was to provide in-depth information on the use of natural family planning methods. In order to accomplish this a special series of questions was added to the survey questionnaire. These questions were developed by staff of Action Familiale, the Institute for Reproductive Health and the Research Division of the Office of Population, United States Agency for International Development

A third objective included the identification of the overall proportion of women in the population who are in need of family planning services. These are women who are fecund, sexually active, and not using a more effective contraceptive method, but who do not currently want to become pregnant. A corollary to this objective was to determine which segments of the 15-44 female population are most likely to be in this group.

The survey findings also permitted the estimation of the level of unplanned fertility in Mauritius as a proportion of all births. Other measures include the mean number of children ever born, age-specific and total fertility rates, desire for more children, and knowledge of contraceptive methods. A number of other questions related to family planning use and information, education, and communication activities were also included in the survey questionnaire (see Appendix II).

Questionnaire Design

The questionnaire used in this survey was designed to take into account the information needed for evaluation purposes by the providers of family planning services in Mauritius: the Ministry of Health(MOH), the Mauritius Family Planning Association (MFPA), and Action Familiale (AF). In meetings of the MOH, MFPA, AF and CDC, certain questions were reformulated or added to take into account their particular needs. The Institute for Reproductive Health, Georgetown University, USA, assisted in formulating modules on breast-feeding and Natural Family Planning.

The basic core questionnaire followed the model developed by CDC and the MOH for the 1985 CPS. It is based on experience gained in conducting more than 40 surveys in a number of countries in Latin America and the Caribbean, the Middle East, and Africa. This core questionnaire was then updated and modules added following comments from the MFPA, AF, and others. The questionnaire was pretested in April 1990. Following the pretest, the questionnaire was finalized, after further consultation with the MOH, AF, MFPA, and University staff.

Sample Design

The sample for Mauritius Island was drawn from a frame constructed in 1989 for the KABP (Knowledge, Attitudes, Beliefs and Practices) survey on AIDS in Mauritius. This sample frame was prepared by first dividing the island into clusters. In most cases, the clusters were equivalent to census enumeration areas (EAs) used by the Central Statistical Office, of which most were roughly the same size. Larger and smaller EAs were adjusted into clusters of about the same size by splitting some EAs into multiple clusters and combining some contiguous EAs. The clusters were then classified into three categories: urban, semi-urban, and rural and sorted

by this classification. Using a random start, a systematic sample of 84 clusters was selected. As Table 2.1 demonstrates, the distribution of clusters by residence is similar for the sample and the overall population.

Table 2.1

Number of Clusters in the Selected Sample and in the Population by Residence

	Population		Sample	
	No.	Percent	No.	Percent
Urban	836	44.2	38	45.2
Semi-urban	293	15.5	13	15.5
Rural	763	40.3	33	39.3
Total	1,992	100.0	84	100.0

The Central Statistical Office provided maps of the selected clusters. The maps showed cluster boundaries and landmarks to help field staff orient themselves on each map. A complete listing of households in the selected clusters was carried. Interviewers were then sent out to enumerate all household members, their sex, age, occupation and ethnic group, as of June 30, 1989. The list of all females aged 15-44 in all households in the selected clusters constituted the sample frame for the 1991 CPS.

Because the survey aimed to collect additional data on NFP use in Mauritius, a somewhat larger sample of ever-married women was needed, compared with the sample size in 1985. It was estimated that a sample of 4200 ever-married women was needed. To investigate sexual activity and contraceptive use among the never-married, 900 single women were needed. The KABP-AIDS survey showed that two-thirds of women 15-44 were ever-married. Using these figures, it was calculated that a sample of 6702 women would render (accounting for non-response) the required 4200 completed interviews with ever-married women and a two-fifths sub-sample of

the never-married women (interview two, skip three) would render the required 900 completed interviews with this group of women.

The sampling frame of 11,580 women aged 15-44 was sorted by ethnic group, age and employment status. A systematic sample of 6702 women was drawn from this list using a random start and constant fractional interval. The names of the selected women were given to the interviewers along with addresses, ages, occupations, and name and occupation of head of household. Interviewers were instructed to interview all ever-married women on their list. For never-married women, interviewers were instructed to interview two women, skip the next three, interview two, skip three, etc.

Since only 40 percent of never-married women were selected for interview, the data which include never-married women are based on weighted analyses. Table 2.2 compares the age distribution among women in the sample with the age distribution according to the census. In general for Mauritius Island, there is close agreement in age distribution by marital status between this survey and the census, indicating that the sample is representative of the population as a whole.

On Rodrigues Island, the KABP-AIDS listing was not used for the sampling frame, since the KABP-AIDS survey was confined to Mauritius Island. Instead, 10 census EAs were selected with probability proportional to size. Within each EA, all women aged 15-44 were enumerated. A systematic sample of these women was drawn with probability inversely proportional to the size of the EA enumerated at the 1990 Census. Table 2.2 shows that there is an over-representation in the sample of never-married women under the age of 20. Since most of this report focuses on ever-married women, few results are affected by this exception.

TABLE 2.2
Percent Distribution of
Never Married, Ever Married And All Women Aged 15-44, By Age Group
Mauritius And Rodrigues Islands
According to 1990 Census and 1991 CPS Survey
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Age Group	Mauritius Island Census	Mauritius Island Survey	Rodrigues Island Census	Rodrigues Island Survey
	EVER MARRIED WOMEN			
15-19	3.2	1.9	6.9	7.0
20-24	14.9	13.8	19.0	19.6
25-29	22.8	22.9	24.1	22.2
30-34	22.7	22.7	21.3	20.9
35-39	20.5	22.9	15.8	18.5
40-44	16.0	15.8	12.8	11.8
TOTAL	100.0	100.0	100.0	100.0
Sample Size	---	3781	---	383
	NEVER MARRIED WOMEN			
15-19	45.1	47.6	58.1	70.6
20-24	26.3	22.2	25.6	20.6
25-29	13.5	16.4	8.9	7.1
30-34	7.2	6.7	3.7	0.0
35-39	5.0	4.2	2.1	0.0
40-44	2.9	2.9	1.7	1.6
TOTAL	100.0	100.0	100.0	100.0
Sample Size	---	972	---	126
	ALL WOMEN			
15-19	18.0	17.9	27.1	32.4
20-24	18.9	16.8	21.1	20.0
25-29	19.5	20.6	18.0	16.2
30-34	17.2	17.1	14.7	12.6
35-39	15.0	16.3	10.7	11.2
40-44	11.4	11.3	8.5	7.7
TOTAL	100.0	100.0	100.0	100.0
Sample Size	---	4753	---	509

Interviewer Recruitment and Training

Forty female interviewers for Mauritius Island and 10 female interviewers for Rodrigues Island were recruited from among the pool of interviewers employed by previous surveys. The interviewers for Mauritius island were divided into ten teams of four persons. The supervisors were recruited from among the senior District Family Planning Supervisors of the MOH.

The fieldwork began in April 1991. Just prior to the beginning of fieldwork, the interviewers and supervisors were trained. Training was conducted by University of Mauritius and MOH Evaluation Unit Staff, assisted by a CDC consultant. The questionnaire was written in and the interviewing was conducted in the Creole language.

Fieldwork

The fieldwork lasted approximately 75 working days on Mauritius and 30 working days on Rodrigues Island (both islands were covered simultaneously) from April to August, 1991. Overall coordination was provided by University of Mauritius staff in collaboration with MOH staff. A CDC consultant was present for the initial stages of the fieldwork.

It is estimated that interviewers completed about 4-5 individual interviews per day. Since most Mauritian women are employed (including the interviewers) the interviewers found it to be more efficient to work evenings and weekends. A certain proportion of respondents were re-interviewed by supervisors as a means of quality control.

Table 2.3 shows that the overall response rate was 91 percent, with 5,262 completed interviews of 5,783 possible respondents, a relatively high rate.

TABLE 2.3
Individual Interview Status
(Number and Percent Distribution)
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

		Percentage
Completed Interviews		91.0
No Interview*		7.0
Ineligible**		1.6
Incomplete Interviews		0.3
Refusal		0.2
TOTAL		100.0
Number of Possible Respondents		5783
Number of Completed Interviews:		5262
Mauritius Island	4753	
Rodrigues Island	509	

* Includes vacant dwelling, respondents who moved and interviews not done for other reasons.

** Women listed as 15-44 years of age in the sample listing who were not in the 15-44 year age range.

Only 7 percent of possible respondents could not be contacted. There were very few refusals.

Data Entry and Management

The questionnaire was self-coding. All data were entered onto computer diskettes at the MOH as the survey fieldwork progressed. This was done at the MOH using SURVEY, simultaneous data entry/edit software package designed by CDC (Kinchen, 1993). A CDC consultant installed this software on MOH computers and trained MOH staff in its use.

Preliminary Report

A preliminary survey report was issued in March 1992 (Ministry of Health, University of Mauritius, Centers for Disease Control, 1992). The findings showed that overall about three-fourths of women in legal or consensual union are using a contraceptive method. However, this included about 20 percent of women who were found to be using withdrawal. Since it was suspected that this figure was inflated due to problems of defining withdrawal in the Creole language, all reported withdrawal users were re-interviewed later in 1992. The resulting data showed only 16 percent of women were actually using withdrawal. The final data set was modified to reflect these re-interviews.

Final Report

The principal investigator of the survey, Mr. Soobrayen Kalasopatan, traveled to CDC in April 1993 to review and complete the draft of the final report. An executive summary of the draft final report was presented at a seminar in Mauritius June 17-18, 1993. Suggestions and recommendations as

a result of the seminar deliberations are incorporated into this final report, as Chapter 16.

The report is organized into an executive summary and 16 chapters. Data on Rodrigues Island are contained in Chapter 15.

3. SOCIO-ECONOMIC AND DEMOGRAPHIC BACKGROUND

There has been significant demographic change in Mauritius in recent decades. Fertility has decreased rapidly, a trend which will be discussed in greater detail in the following chapter. Mortality declined extremely rapidly after World War II. The infant mortality rate fell from an excess of 100 per 1,000 live births in the late 1940's (Sombo and Tabutin, 1985) to a current level of just over 18 per 1,000, far below levels found in all but a few developing countries. Life expectancy, meanwhile, has risen to the mid-60's for males and to over 70 years for females.

The survey questionnaire included a number of questions concerning socioeconomic and demographic characteristics of respondents, their spouses, and their households. Table 3.1 presents percentage distributions of selected socioeconomic characteristics of the survey respondents on Mauritius Island. Fifty-eight percent of respondents are not employed outside the home, while 19 percent are employed in skilled or professional jobs and the remainder in unskilled or agricultural activities. Students are considered to be not employed.

Female educational attainment levels are high relative to those in most other developing nations. Only 16 percent of respondents never completed primary school and almost half have gone beyond primary school.

On Mauritius Island, about 6 of every 10 respondents are Hindus, one fourth are Catholics and 15 percent are Muslims. Only 1 percent practice other religions. Hindus are more heavily concentrated in semi-urban and rural areas than in urban areas.

TABLE 3.1
Percent Distribution of Selected Characteristics of Respondents
Women Aged 15-44, Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	All Women	Urban	Semi-Urban	Rural
Residence				
Urban	40.5	-	-	-
Semi-Urban	15.5	-	-	-
Rural	44.0	-	-	-
Union Status				
Married	58.7	59.3	61.8	57.2
Consensual Union	1.6	2.0	2.1	1.1
Sep/Wid/Div	4.7	4.2	3.6	5.6
Never Married	35.0	34.6	32.5	36.2
Employment Status				
Not Employed	57.5	59.2	61.0	54.7
Unskilled	23.5	17.2	21.8	29.8
Skilled	16.3	19.0	15.9	14.0
Professional	2.7	4.5	1.3	1.5
Education				
< Complete Primary	15.5	9.2	15.3	21.5
Complete Primary	38.1	31.4	42.6	42.6
> Complete Primary	46.4	59.4	42.1	35.9
Religion				
Hindu	58.9	42.6	65.7	71.6
Catholic	24.6	32.0	16.2	20.7
Muslim	15.3	23.5	17.6	6.9
Other Christian	1.0	1.6	0.2	0.7
Other	0.2	0.3	0.2	0.2
Attendance at Religious Ceremonies				
More Than Once Per Month	64.8	71.8	52.4	62.8
Once Per Month Or Less	35.2	28.2	47.7	37.2
Socio-Economic Index				
Low	34.9	24.0	39.6	43.3
Middle	31.5	25.3	36.0	35.6
High	33.6	50.7	24.4	21.0
Persons Per Room				
2 Or More	24.3	20.7	26.0	27.0
1 - 2	38.0	36.1	37.2	40.1
1 Or Fewer	37.7	43.2	36.8	32.9
TOTAL	100.0	100.0	100.0	100.0
Number of Cases	(4753)	(1930)	(748)	(2075)

Another measure of religious belief is the frequency respondents attend religious ceremonies. Almost two-thirds do so more than once per month, with urban women being more religious than semi-urban or rural women.

Two measures of socio-economic status were used to classify respondents. The socio-economic index was calculated by creating a weighted sum of the number of household amenities present in the home (running water, flush toilet, video, radio, television, refrigerator, and automobile). The weights for each item were inversely proportional to the percent of respondents on the island reporting that item. For example, radios were given a weight of 1.07 since 93 percent of respondents had a radio, but cars were given a weight of 8.93 since 11 percent of respondents had a car. the scores were divided into terciles to create three levels of the socio-economic index. The second measure of socio-economic status was the number of persons per room in the household. According to both measures of socio-economic status, urban women tend to be in higher socio-economic groups than rural or semi-urban women.

About one-third of the population has never been married. Almost 5 percent are formerly married. For this report, we consider both married women and women in consensual union together as currently married women, or women in union.

Table 3.2 presents data on the husbands/partners of respondents. While few men are not employed, almost two-thirds are in unskilled occupations. Most skilled and professional men, as well as women, live in urban areas. Not many more husbands are in skilled occupations than their female partners. Also, the educational attainment levels of husbands are no greater than that of their wives.

TABLE 3.2
Percent Distribution of
Selected Characteristics of Current Or Most Recent Husband / Par
Women Aged 15-44 Currently or Formerly In Union
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Characteristics	Mauritius Island			
	Total	Urban	Semi-Urban	Rural
Husbands Employment Status				
Not Employed	2.1	1.6	2.0	2.7
Unskilled	64.1	52.0	66.5	74.7
Skilled	18.6	24.2	20.7	12.6
Professional	8.5	14.0	6.4	4.0
Other	6.6	8.3	4.4	5.9
Husband's Education				
< Complete Primary	14.8	8.8	16.3	19.9
Complete Primary	37.7	32.2	36.8	43.3
> Complete Primary	47.5	59.0	46.9	36.8
TOTAL	100.0	100.0	100.0	100.0
Number of Cases	(3779)*	(1540)	(608)	(1631)

* Data on husbands / partners is missing for two respondents.

In Table 3.3, the percentage of households with certain possessions and facilities are presented. It is apparent that almost all households on Mauritius use piped water, and have a radio and television. While almost three-fourths of homes have flush toilets, these, as well as videos, refrigerators and automobiles, are much more common in urban than in rural areas.

The female population of Mauritius is becoming better educated (Table 3.4). As age increases, each 5-year age group has a higher proportion of women who have never completed primary school and fewer who have completed more than primary school, indicating that each succeeding group is more highly educated.

TABLE 3.3
Percentage Of Households That Have Selected Possessions Or Facil
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Possession Or Facility	Mauritius Island			
	Total	Urban	Semi-Urban	Rural
Radio	93.3	96.2	91.9	91.1
Piped Water	92.4	96.6	93.6	88.0
Television	91.2	94.5	90.0	88.7
Flush Toilet	71.7	86.9	65.6	59.7
Video	57.9	63.9	53.5	53.8
Refrigerator	42.9	63.6	33.0	27.3
Automobile	11.2	18.2	6.7	6.4

TABLE 3.4
Percent Distribution of Educational Attainment of Women 15-44
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Educational Attainment			
	Less Than Complete Primary School	Complete Primary School	More Than Complete Primary School	Total
Age group				
15-19	5.5	27.8	66.8	100.0
20-24	6.2	36.5	57.3	100.0
25-29	10.2	38.2	51.6	100.0
30-34	15.4	44.3	40.3	100.0
35-39	26.6	45.2	28.2	100.0
40-44	39.4	36.6	24.0	100.0
Total	15.5	38.1	46.4	100.0

4. MARRIAGE AND FERTILITY

Over the past several decades, fertility has dropped dramatically in Mauritius. As already seen in Table 1.1, the total fertility rate has fallen from nearly six births per woman in 1962 to just over two births per woman in 1991. In the more recent period, however, this decline has apparently stopped, or even reversed.

Table 4.1 shows the total fertility rate for the two years preceding the 1985 survey and the 1991 survey. The total fertility rate indicates the number of children women would have in their lifetime if age-specific fertility rates were to continue at their current levels. Results are given according to vital statistic reports as well as the surveys. Both sources show a moderate rise in fertility in the second half of the 80's decade. Whereas fertility was below replacement level in 1984, it rose to above replacement by 1990.

The total fertility rate is broken down by selected characteristics in Table 4.2. To increase the precision of results, births in the five years before the survey are included. Fertility does not appear to vary by residence categories. Less educated women have slightly higher fertility. Catholics have higher fertility than Muslims who in turn have higher fertility than Hindus. Results by socio-economic index parallel closely those by education--fertility is highest for the lowest socio-economic group.

Table 4.3 displays the mean number of live births among women currently in union by marital duration, broken down by selected characteristics. The standardized total column accounts for the varying number of years since marriage by characteristics, thus reflecting a true effect of the characteristic, independent of marital duration. The results here echo

TABLE 4.1
Age-Specific Fertility Rates and Total Fertility Rate
Mid-1980's And 1989-1990, Women Aged 15-44
From Vital Statistics and Contraceptive Prevalence Surveys
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Age-Specific Fertility Rates			
	Vital Statistics		Surveys*	
Age Group	1984-1985	1989-1990	1983-1985	1989-1990
15-19	0.038	0.045	0.025	0.036
20-24	0.125	0.143	0.113	0.155
25-29	0.121	0.133	0.123	0.133
30-34	0.077	0.080	0.068	0.091
35-39	0.041	0.038	0.048	0.043
40-44	0.014	0.011	0.016	0.011
Total Fertility Rate	2.08	2.24	1.98	2.35

* Based on the 1985 Contraceptive Prevalence Survey and the 1991 Contraceptive Prevalence Survey .

TABLE 4.2
Total Fertility Rates for 1986-1990
Women Aged 15-44
By Selected Characteristics
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Total Fertility Rate
TOTAL	2.23
Residence	
Urban	2.15
Semi-urban	2.26
Rural	2.29
Education	
Less Than Complete Primary	2.63
Complete Primary	2.26
More Than Complete Primary	2.30
Religion	
Hindu	2.05
Muslim	2.28
Catholic	2.53
Socio-Economic Index	
Low	2.66
Medium	1.93
High	2.06

TABLE 4.3
Mean Number of Live Births Among Women 15-44 Currently In Union
By Duration of Marriage and Selected Characteristics
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Duration of Union In Years							
	0-4	5-9	10-14	15-19	20-24	25+	Total	Standardized Total*
TOTAL	0.9	1.9	2.5	3.0	3.7	4.6	2.3	2.3
Residence								
Urban	0.9	1.8	2.4	2.8	3.4	4.4	2.2	2.2
Semi-urban	1.0	2.0	2.3	3.1	3.8	4.2	2.3	2.3
Rural	1.0	1.9	2.6	3.2	3.9	4.9	2.5	2.4
Education								
< Complete Primary	1.1	2.1	2.8	3.3	4.0	4.8	3.2	2.6
Complete Primary	0.9	1.9	2.5	3.1	3.7	4.5	2.4	2.3
> Complete Primary	0.9	1.8	2.3	2.6	3.0	**	1.8	2.1
Religion								
Hindu	1.0	1.8	2.5	3.1	3.6	4.4	2.3	2.3
Muslim	1.0	1.9	2.3	2.8	3.8	4.7	2.2	2.3
Catholic	0.9	2.1	2.6	3.1	3.9	5.5	2.4	2.4
Socio-Economic Index								
Low	1.0	1.9	2.6	3.4	3.8	5.0	2.4	2.5
Medium	0.9	1.8	2.5	2.9	4.0	4.3	2.4	2.3
High	0.9	1.8	2.3	2.8	3.3	4.5	2.2	2.2

* Totals are standardized to match the distribution of marital duration of the entire sample.

** Less Than 25 Cases.

those for the total fertility rate--a higher number of births among the less educated, lower socio-economic groups. Differences by residence and religion are quite small.

There are six proximate determinants of the level of fertility in a country: 1) contraceptive use, 2) breast-feeding and amenorrhea, 3) abortions, 4) sexual activity, 5) premarital conceptions, and 6) age at marriage. In this chapter, we consider the last four proximate determinants. Contraceptive use and breast-feeding/amenorrhea will be dealt with in greater detail in later chapters.

Abortions

The total fertility rate measures the number of live births per woman, but not the number of conceptions. Nine percent of women report ever having had an induced or spontaneous abortion (Table 4.4). Since induced abortions are illegal in Mauritius, it is likely that women are reluctant to report induced abortions. Thus, the figure of 9 percent is likely an underestimate of the true proportion of women experiencing pregnancy losses. Spontaneous abortions are reported by 8 percent of women, compared to only 2 percent for induced abortions. The mean number of spontaneous abortions among those who report spontaneous abortions is 1.6. Among those reporting induced abortions, the mean number of abortions is 1.4.

Abortions are reported most frequently among those in a consensual union followed by those who are married. This result is not surprising, since women in union generally have been exposed to the risk of pregnancy for a longer period of time and therefore have had more pregnancies. Women who have never been in union do not report any sexual activity and also do not report having had any pregnancy losses.

TABLE 4.4
Percentage Of Women 15-44 Reporting One Or More Abortions
By Selected Characteristics
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Spontaneous Abortion	Induced Abortion	Either Spontaneous Or Induced Abortion	Unweighted Number Of Cases
All Women	7.9	1.8	9.3	4753
Union Status				
Married	12.6	2.6	14.6	3416
Consensual Union	13.0	7.6	19.6	92
Widowed	9.6	1.1	10.6	94
Divorced/Separated	3.9	3.4	7.2	179
Never In Union	0.0	0.0	0.0	972
Age				
15-19	0.1	0.2	0.3	536
20-24	3.6	0.7	4.1	739
25-29	7.8	0.9	8.8	1025
30-34	11.6	2.5	13.9	923
35-39	12.8	3.6	15.1	905
40-44	14.0	3.5	16.9	625
Education				
< Complete Primary	10.6	3.1	13.1	812
Complete Primary	8.4	2.1	9.9	1892
> Complete Primary	6.6	1.0	7.5	2049
No. of Living Children				
0	1.6	0.2	1.8	1309
1	10.6	1.4	11.9	831
2	12.4	2.5	14.3	1261
3	12.1	3.4	14.8	743
4+	14.1	4.8	17.7	609
Religion				
Hindu	7.1	1.8	8.5	2774
Catholic	8.7	1.8	10.0	1177
Muslim	9.8	1.7	11.2	740
Other	7.1	1.4	8.5	62

As expected, the percent ever having had an abortion rises with women's age as well as with the number of living children. Less educated women are more likely to have had either a spontaneous or an induced abortion. This finding is consistent with the earlier finding that fertility is highest among the least educated, and indicates that the least educated experience considerably more conceptions than their more educated counterparts. The percent reporting induced abortions does not differ by ethnic group and apparent differences in spontaneous abortions are not statistically significant.

Sexual Activity

Fertility is of course determined by the level of sexual activity in a population. Only one of the 972 never-married women interviewed reported having had intercourse in this time period. It is likely that the level of sexual activity among the never-married is indeed quite low, but it is also likely that never-married women may be unwilling to admit to a stranger that they are sexually active. Table 4.5 shows the percent of women currently in union who report having had intercourse in the four weeks before interview. This table excludes women who have given birth within the previous 12 months, since these women are more likely to abstain from sexual relations and do not reflect behaviors in the rest of the population.

Eight-seven percent of women in union who are not post-partum report having had sex in the previous four weeks. Differences in this percentage among subgroups are generally small. Lower sexual activity is reported by older women and higher parity women. Women in higher socio-economic groups exhibit slightly higher sexual activity, as evidenced by occupational and educational differentials. Muslims are the least sexually active ethnic group.

TABLE 4.5

Percentage Of Women Who Have Had Sexual Relations In The Last 4 Weeks
Women In Union Aged 15-44 Who Are Not Post-Partum
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Percent	n
Total	87.4	(2895)
Residence		
Urban	88.0	(1210)
Semi-Urban	93.7	(473)
Rural	84.3	(1212)
Age		
15-19	88.6	(44)
20-24	89.6	(318)
25-29	89.9	(631)
30-34	90.6	(684)
35-39	86.3	(716)
40-44	79.9	(502)
Number Of Living Children		
0	91.5	(282)
1	88.1	(548)
2	88.1	(983)
3	88.0	(589)
4 +	82.1	(493)
Employment Status		
Not Employed	86.5	(1699)
Unskilled	87.0	(707)
Skilled	91.6	(391)
Professional	89.7	(97)
Education		
< Complete Primary	80.4	(541)
Complete Primary	88.1	(1222)
> Complete Primary	90.0	(1132)
Religion		
Catholic	91.2	(719)
Hindu	87.8	(1665)
Muslim	79.7	(463)
Other	89.6	(48)

Premarital Conceptions

While less than one percent of never-married women in Mauritius reported being sexually active, this finding is apparently due to misreporting rather than a true absence of sexual activity among single women. As shown in Table 4.6, 9 percent of first births were conceived before the woman's date of first union. Of these, about a 40 percent occur before the union and 60 percent within the seven months after union.

Catholics are more likely than either Hindus or Muslim to experience a premarital conception. The likelihood of premarital conceptions declines with increasing levels of education.

Age at Marriage

Since most births do occur within unions, the timing of first union is an important determinant of total fertility. Table 4.7 shows the median age of first union in Mauritius by selected characteristics. The calculations here use a life table measurement to account for the fact that some women have not yet been married at the time of the survey. Fifty percent of Mauritian women are married by age 21.8 years. Differences by the selected characteristics are small. More educated women get married about 3 years later than less educated women. Similar patterns are seen for the number of persons per room variable and the socio-economic index variable--marriage is delayed slightly for the higher socio-economic groups.

There has been a very moderate increase in the age at marriage in the 20 years before the survey. Women now aged 40-44 were married at a median age of 20.6 months, whereas women now aged 20-24 were married at a median age of 21.8 months.

TABLE 4.6
Percentage of First Births That Occurred Before First Union
Or During The First 7 Months Of The First Union
By Selected Characteristics and Age at First Union
Women Aged 15-44 Currently or Formerly In Union
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	First Child Born:			
	Before Union	First 7 Months Of Union	Total	n
All Women	3.7	5.2	8.9	3453*
Residence				
Urban	3.3	5.1	8.4	1395
Semi-urban	4.5	4.2	8.7	575
Rural	3.6	5.7	9.3	1483
Age at First Union				
Less Than 15	2.1	5.7	7.8	140
15	1.3	3.9	5.2	156
16	3.3	4.7	8.0	276
17	1.4	6.8	8.2	355
18	4.3	6.4	10.7	394
19	2.5	5.1	7.6	396
20+	4.6	4.8	9.4	1736
Religion**				
Hindu	3.2	5.3	8.5	1998
Muslim	3.1	2.2	5.3	549
Catholic	5.4	7.0	12.4	859
Education Level				
< Complete Primary	6.1	7.8	13.9	690
Complete Primary	4.3	5.3	9.6	1460
> Complete Primary	1.7	3.7	5.4	1303

* Data on the date of first birth are missing for 11 respondents

** Excludes 15 women whose religion is unknown.

TABLE 4.7
Median Age at First Union and Percent In Union By Age 20
Women 20-24 And 40-44
By Age and Selected Characteristics
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Median Age At First Union			Percent In Union by Age 20	
		Current Age		Current Age	
	All Women	20-24	40-44	20-24	40-44
Total	21.8	21.8	20.6	28.1	37.2
Residence					
Urban	22.6	**	21.4	20.5	31.6
Semi-urban	21.0	22.3	20.1	26.1	42.2
Rural	21.3	20.9	20.6	35.1	41.3
Education					
Less Than Complete Prim.	19.9	17.9	19.3	64.7	49.3
Complete Primary	20.9	21.3	20.3	31.1	36.2
More Than Complete Prim.	23.3	**	23.3	22.4	19.1
Employment Status					
Not Employed	21.2	19.8	20.6	37.7	35.9
Unskilled	21.5	**	19.7	27.0	45.5
Skilled	24.8	**	22.8	10.1	24.9
Religion					
Hindu	21.6	21.8	19.8	29.0	41.5
Muslim	21.8	20.7	21.0	29.1	33.8
Catholic	22.3	**	22.5	25.2	27.4
Persons Per Room					
2 Or More	20.7	20.9	20.8	35.5	35.4
1 - 2	21.8	22.0	19.8	24.1	41.6
1 Or Fewer	22.6	21.9	21.4	26.4	34.5
Socio-Economic Index					
Low	21.2	20.5	21.2	35.3	34.7
Medium	21.8	22.3	20.0	25.2	42.1
High	22.5	**	20.8	22.6	35.8

* Less than 50% married

The percent of women married in their teens has also fallen in the past two decades (Table 4.7). Among women now aged 40-44, 37 percent were married in their teens, but among women now age 20-24, only 28 percent were married in their teens. For the latter group, it is clear that teenage marriage is most common in rural areas, among less educated women of lower socio-economic status. Women now working in skilled occupations are the least likely to have been married in their teens. Age at marriage differs little by ethnic group.

Place of Last Delivery

Table 4.8 shows data on the place of last delivery according to the characteristics of women for their most recent birth since 1985. More than 90 percent of births occur in public or private health facilities.

The place of last birth for almost all younger women, 95 percent, is in a public health facility. This decreases steadily until age 40, while the proportion having had their most recent birth in a private facility or at home with a nurse increases. The oldest age group, 40-44, is less likely to use a private facility. As might be expected, urban women are slightly more likely to have had their last birth in a public or private facility than at home compared to semi-urban or rural women. The same is true of Muslim and Catholic women compared to Hindu women, although this is probably due to a greater proportion of Hindu women being rural rather than urban dwellers, compared with Muslim and Catholic women (see Table 3.1). As education levels increase, women are more likely to have their delivery in a public or private health facility.

TABLE 4.8
Place of Delivery For Most Recent Live Birth Since 1985
By Selected Characteristics
Women Aged 15-44 Currently In Union
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Place of Last Delivery					
	Public Facility	Private Facility	Home With Nurse	Home Without Nurse	TOTAL	N
All Women	84.9	8.0	3.8	2.7	100.0	1805
Residence						
Urban	80.7	16.1	2.5	0.8	100.0	729
Semi-urban	90.5	2.0	3.6	3.3	100.0	305
Rural	86.6	2.9	5.2	4.3	100.0	771
Age						
15-19	94.9	0.0	2.6	0.0	100.0	39
20-24	89.0	4.9	2.4	2.9	100.0	410
25-29	84.7	8.0	4.2	2.8	100.0	601
30-34	82.2	10.7	4.1	2.7	100.0	439
35-39	80.3	11.1	4.5	3.3	100.0	244
40-44	88.9	4.2	5.6	0.0	100.0	72
Religion						
Hindu	84.9	6.0	5.3	3.3	100.0	992
Catholic	86.6	9.0	2.0	2.0	100.0	491
Muslim	82.2	13.0	1.7	2.1	100.0	292
Other	83.3	13.3	3.3	0.0	100.0	30
Education Level						
< Complete Primary	86.4	0.4	7.2	4.9	100.0	265
Complete Primary	91.3	1.4	3.1	3.6	100.0	701
> Complete Primary	79.0	16.0	3.3	1.3	100.0	839
Employment Status						
Not Employed	86.5	6.4	3.5	3.1	100.0	1232
Unskilled	86.4	4.1	6.0	2.9	100.0	316
Skilled	75.1	20.6	2.7	0.8	100.0	257
1985 Survey	73.0	4.0	7.6	15.5	100.0	1741

5. BREAST-FEEDING AND AMENORRHEA

Breast-feeding is important for the health of both mothers and children. Breast milk provides infants with an appropriate source of nutrition and immunological protection. By reducing the time until menses return, breast-feeding lengthens birth intervals in the absence of contraception. Because of the importance of breast-feeding, the survey included specific questions regarding breast-feeding and the provision of milk supplements to the respondent's most recently born child born after 1985.

Initiation of Breast-feeding

Table 5.1 shows the proportion of children ever breast-fed. Only 72 percent of children born in the two years before the survey ever received breast-milk. This percentage is considerably lower than that observed in the 1985 survey (86 percent).

The differences between subgroups are small in Mauritius, with nearly all subgroups showing a similar propensity to breast-feed. The proportion breast-fed does vary somewhat by residence, ranging from 68 percent in rural areas to 86 percent in the semi-urban areas. Women who are not employed are somewhat more likely to breast-feed (75 percent) than those employed in either skilled or unskilled occupations (64 percent).

Women who do initiate breast-feeding tend to do so within a few hours after birth. Twenty percent of those who breast-fed began suckling within the first hour after birth and an additional 52 percent began from one to five hours after birth. Sixteen percent initiated suckling five to twenty-four hours after birth and the remaining 12 percent initiated breast-feeding after the first day. Those who started suckling in the first hour were significantly more likely to still be breast-feeding at the time of the

TABLE 5.1
Percent of Last-born Children Born in the Two Years Preceding the Survey
Who Were Ever Breast-fed
According to Selected Characteristics
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Percent Ever Breast-Fed	N
TOTAL	71.8	898
Residence		
Urban	70.1	364
Semi-urban	86.0	150
Rural	68.0	384
Age		
15-24	70.3	313
25-34	73.2	477
35-44	70.4	108
Religion		
Hindu	71.3	481
Muslim	72.3	155
Catholic	73.7	247
Other	**	15
Education Level		
Less Than Complete Primary	73.7	99
Complete Primary	72.5	374
More Than Complete Primary	70.8	425
Employment Status		
Not Employed	74.8	659
Manual/Clerical	64.7	119
Skilled/Professional	62.5	120
Persons Per Room		
2 Or More	72.8	301
1 - 2	72.0	304
1 Or Less	70.6	289
Socio-Economic Index		
Low	73.9	371
Medium	73.3	243
High	68.0	281
1985 SURVEY	86.1	

survey (40 percent) compared to those who initiated suckling later (28 percent).

Duration of Breast-feeding

Whereas the incidence of breast-feeding has fallen over the past six years, the duration of breast-feeding among children who are breast-fed apparently did not change. In 1985, the mean duration of any breast-feeding was reported to be 13.6 months. In 1991, the mean duration was still 13.6 months.

Table 5.2 shows the mean duration of exclusive and partial breast-feeding according to selected characteristics of the mother and the household. The total column shows the total duration of any breast-feeding. Mean durations are calculated using standard current-status calculations for all children (Trussell *et al.*, 1992), which have been adjusted for the percent ever breast-fed.

Unlike differentials in incidence, differentials in the duration of breast-feeding are quite noticeable. Rural residents breast-feed longer than semi-urban residents who in turn breast-feed longer than urban residents. Women above age 35 tend to breast-feed over four months longer than younger women. Women who have not completed primary school education breast-feed nearly twice as long as women with more than a primary school education. Skilled workers do not breast-feed as long as unskilled workers or those not employed. Breast-feeding duration declines with increasing socio-economic status, as evidenced by the number of persons per room and the socio-economic index.

Mothers who were breast-feeding were asked whether they were also feeding their child formula, water, tea, juice or solids. They were asked how many

TABLE 5.2
Mean Duration of Breast-feeding
Among Children Under 5 Years Old Who Were Ever Breast-fed
By Intensity* Of Breast-Feeding, According to Selected Characteristi
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Mean Duration In Months Of Exclusive Breast-Feeding	Mean Duration In Months Of Partial Breast-feeding		
		High Intensity	Medium Intensity	Low Intensity
TOTAL	1.1	1.8	10.0	0.7
Residence				
Urban	1.1	1.9	6.6	0.7
Semi-urban	1.1	1.2	9.4	0.7
Rural	1.1	2.0	14.0	0.5
Age				
15-24	1.5	1.5	9.1	0.4
25-34	0.9	2.0	9.5	0.6
35-44	0.6	1.9	12.7	1.7
Religion				
Hindu	1.1	1.4	11.2	0.9
Muslim	0.8	1.9	7.1	0.4
Catholic	1.4	2.2	9.5	0.4
Education Level				
< Primary	1.2	1.8	16.6	0.6
Complete Primary	1.5	1.8	11.1	0.5
> Primary	0.8	1.9	7.3	0.9
Employment Status				
Not Employed	1.3	2.0	9.9	0.6
Manual/Clerical	**	**	**	**
Skilled/Professional	0.5	1.9	7.3	0.9
Persons Per Room				
2 Or More	1.5	2.1	13.0	0.4
1 - 2	1.1	2.1	9.3	1.0
1 Or Less	0.7	0.9	9.3	0.8
Socio-Economic Index				
Low	1.5	2.2	10.9	0.6
Medium	0.9	1.5	10.8	0.7
High	1.1	1.6	7.3	0.7

*Intensity Of Breast-feeding
Exclusive breast-feeding -- Only breast milk.
High partial breast-feeding -- At least 80% of feedings are breast mi
Medium partial breast-feeding -- At least 20% of feedings are breast
Low partial breast-feeding -- Child is breast-fed.

** Insufficient cases to calculate a mean.

feedings the child received of each of these in the past 24 hours as well as how many times the child suckled in the past 24 hours. On the basis of these questions, women were classified as either exclusively breast-feeding (giving nothing besides breast milk) or partially breast-feeding (feeding both breast milk and supplements). Those who were partially breast-feeding were classified into three groups, "high intensity" (at least 80 percent of feedings were of breast milk), "medium intensity" (at least 20 percent of feedings were of breast milk), and "low intensity" (less than 20 percent of feedings were of breast milk). (See Labbok and Krasovec, 1990). Table 5.2 disaggregates the total length of breast-feeding into these four classifications.

On average, children in Mauritius who are breast-fed are exclusively breast-fed for only 1.1 months. This duration of exclusive breast-feeding is considerably shorter than the WHO recommendation to exclusively breast-feed 4-6 months. It is clear that few women adhere to the WHO recommendations.

Differentials in the total length of breast-feeding are primarily accounted for by differences in the length of "medium" breast-feeding. The duration of exclusive breast-feeding is quite similar across subgroups, although the general pattern is that women who tend to breast-feed for longer durations also tend to exclusively breast-feed for longer durations. One exception to this rule is the group of older women. Women over age 35 exclusively breast-feed for the shortest durations but continue partial breast-feeding for the longest.

WHO Breast-Feeding Indicators

The World Health Organization recommends that all infants should be exclusively breast-fed for 4-6 months, since breast-milk is sufficient for

good growth at least up to the 4th month and since additional foods can introduce pathogens to the child. The WHO recommends that children begin to receive complements to breastmilk between 4 and 6 months of age, since several studies have shown that breast-milk alone is insufficient to maintain growth beyond this point. Finally, because breast-milk continues to provide a high energy, high protein food source, WHO recommends that children should preferably be breast-fed two years or more.

To evaluate compliance with these recommendations, we calculated three indices of optimal breast-feeding, the full breast-feeding rate, the timely complementary feeding rate, and the continued breast-feeding rate. The full breast-feeding rate (Table 5.3) is the percentage of children aged 0-3 months who are fully breast-fed at the time of the survey. Full breast-feeding is divided into "exclusive" breast-feeding (meaning that the child receive nothing besides breastmilk) and "predominant" breast-feeding (meaning that the child receives breastmilk with water or a single feeding of juice per day but no formula or solid supplements). While WHO recommends that all children aged 0-3 months should be exclusively breast-fed, only 16 percent of Mauritian children are exclusively breast-fed. Allowing for water and juice supplements only increases the percentage to 25. Thus, three-quarters of children 0-3 months old in Mauritius are not being fully breast-fed. Because the number of children in this age range is small, differences between subgroups are not statistically significant.

The timely complementary feeding rate (Table 5.4) is the percentage of children 6-9 months old who receive both breastmilk and complementary foods. Only 29 percent of children in this age group are being fed optimally. The problem, however, is not one of delayed introduction of complements, as is the case in many other African countries. Instead, the problem is that many women have already weaned their children by this age. Among children who are breast-fed, 84 percent receive supplementation.

TABLE 5.3
Percent of Children Born in the Four Months Preceding the Survey
Who Were Fully Breast-fed at the Time of the Survey
According to Selected Characteristics
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Exclusively Breast-Fed	Predominantly Breast-Fed	Fully Breast-Fed	n
TOTAL	15.7	8.8	24.5	147
Residence				
Urban	13.9	13.8	27.7	65
Semi-urban	23.3	3.3	26.7	30
Rural	13.5	5.8	19.2	52
Age				
15-24	22.0	11.9	33.9	59
25-34	11.0	5.5	16.4	73
35-44	**	**	**	15
Religion				
Hindu	16.7	5.5	22.2	72
Muslim	15.6	9.4	25.0	32
Catholic	14.0	14.0	27.9	43
Education Level				
< Complete Primary	**	**	**	18
Complete Primary	19.1	11.1	30.2	63
> Complete Primary	13.6	9.1	22.7	66
Employment Status				
Not Employed	17.7	11.5	29.2	113
Manual/Clerical	**	**	**	13
Skilled/Professional	**	**	**	21
Persons Per Room				
2 Or More	15.2	13.0	28.3	46
1 - 2	19.0	10.3	29.3	58
1 Or Less	10.0	2.5	12.5	40
Socio-Economic Index				
Low	17.5	10.5	28.1	57
Medium	8.6	8.6	17.1	35
High	17.3	7.7	25.0	52

Note: Full breastfeeding includes exclusive and predominant breastfeeding. Exclusive breastfeeding means that the child only receives breast milk. Predominant breastfeeding means that the child only receives breast milk with water or one feeding of juice, but no formula or supplements.

** Less Than 25 Cases.

TABLE 5.4
Percent of Children Born Six to Nine Months Preceding the Survey
Who Received both Breast-milk and Complementary Foods
At the Time of the Survey
According to Selected Characteristics
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Percent	n
TOTAL	28.6	168
Urban	22.5	71
Semi-urban	50.0	26
Rural	26.8	71
Age		
15-24	29.5	78
25-34	25.6	78
35-44	**	12
Religion		
Hindu	33.0	91
Muslim	29.4	34
Catholic	19.5	41
Education Level		
Less Than Complete Primary	**	13
Complete Primary	26.5	68
More Than Complete Primary	25.3	87
Employment Status		
Not Employed	33.1	127
Unskilled	**	22
Skilled	**	19
Persons Per Room		
2 Or More	31.3	64
1 - 2	23.5	51
1 Or Less	30.2	53
Socio-Economic Index		
Low	34.0	53
Medium	23.6	55
High	28.3	60

** Less Than 25 Cases.

The continued breast-feeding rate (Table 5.5) is the percentage of children 12-15 months old who are still breast-fed, regardless of what other foods they receive. Only 27 percent of children aged 12-15 months are still being breast-fed. Given the small sample sizes in each subgroup, differences between categories are not statistically significant; however, the patterns observed match closely those of total breast-feeding duration shown in Table 5.2.

Supplementation

The types of supplements children receive clearly change as they grow up. Table 5.6 shows the percent of breast-fed children who receive each of four different supplements at different ages. For young children under four months of age, formula is the most common supplement given. In spite of recommendations to exclusively breast-feed at least four months, nearly 60 percent of breast-feeding mothers feed their infants formula before this time. This 60 percent receiving formula remains fairly constant throughout the first two years of life.

Water is the second most common supplement used in the first few months of life. Although it does not contribute to the infant's nutritional intake, water can expose him/her to pathogens which cause diarrhea and decrease the infant's desire to suckle. Approximately 30 percent of breast-fed children under the age of four months received water in addition to breast milk, in the preceding 24 hours. This percentage appropriately rises as the child ages, reaching nearly 80 percent in the second year of life.

Juices and solid foods are relatively uncommon supplements in the first four months, each averaging only 7 percent. As should be expected, the percentage receiving juices and solid foods rise dramatically after the

TABLE 5.5
Percent of Children Born Twelve to Fifteen Months Preceding the Survey Who was Breast-Fed at the Time of the Survey According to Selected Characteristics
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Percent	n
TOTAL	26.8	157
Residence		
Urban	17.5	57
Semi-urban	25.0	28
Rural	34.7	72
Age		
15-24	22.0	50
25-34	30.6	85
35-44	**	22
Religion		
Hindu	38.5	84
Muslim	32.4	25
Catholic	26.8	44
Education Level		
< Primary	**	14
Complete Primary	35.3	66
> Primary	28.7	77
Employment Status		
Not Employed	39.4	111
Manual/Clerical	**	22
Skilled/Professional	**	24
Persons Per Room		
2 Or More	39.1	55
1 - 2	29.4	49
1 Or Less	32.1	53
Socio-Economic Index		
Low	37.7	67
Medium	32.7	44
High	31.7	46

TABLE 5.6
Percent of Breast-Fed Infants who Receive Supplemental Feedings
By Type of Supplement and Age of the Child
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Age of Child (months)	Formula	Water/tea	Juices	Solids	n
0-1	51.9	29.6	5.6	1.9	54
2-3	60.9	34.8	8.7	13.0	46
4-7	64.4	58.3	46.6	65.8	73
8-11	57.5	72.3	70.2	87.2	47
12-17	69.6	78.6	51.8	76.8	56
18-23	55.1	77.6	63.3	95.9	49

fourth month. By the end of the second year, nearly all children are receiving solid foods.

Among children who do receive supplements, the mean number of feedings of the supplement they receive per day remains fairly constant over time (Table 5.7). The number of feedings of formula does decline somewhat, from a mean of 3.4 per day in the first few months to 2.6 per day in the latter half of the second year. Feedings of water increase slightly from 2.1 per day in the first few months to 3.1 per day at the end of the second year. The mean number of feedings of juice and solids is around 2 per day for all age groups.

Use of Bottles with Nipples

Mothers were asked if they had yet given their infants milk other than breast milk. If so, they were asked whether this was given with a bottle or with a cup or spoon. Bottles are sometimes considered more dangerous because they can become an important source of pathogens in the infant's diet. Furthermore, the use of nipples may reduce the desire to suckle and thus can reduce the contraceptive effect of breast-feeding.

Of 807 infants who first received milk other than breast milk in the first four months, 97 percent were fed with a bottle. For those who started other milks later in the first year, the percentage using a bottle drops to 83 percent. Even if initiation to other milk is delayed to the second or third year, use of bottles remains common, 42 and 21 percent, respectively.

Frequency of Suckling

The contraceptive effect of breast-feeding depends largely on the frequency and intensity of suckling. Breast-feeding mothers were asked how many

TABLE 5.7
Mean Number of Supplemental Feedings per Day
Among Children who Receive Each Supplement
According to Age of the Child
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Age of Child (months)	Formula	Water/Tea	Juices	Solids
0-1	3.3	**	**	**
2-3	3.4	**	**	**
4-7	3.0	2.3	1.6	2.2
8-11	2.7	2.6	2.0	2.1
12-17	2.5	2.5	1.8	2.1
18-23	2.6	3.1	2.2	2.6

** Less than 25 cases.

times they breast-fed in the last 24 hours and what was the longest interval between breast-feeds. Table 5.8 shows the mean response to these two questions according to the age of the child.

As we might expect, the number of suckles in the past 24 hours declines as the child grows up, from 7.7 times for the first two months to 4.5 times for the latter half of the second year. Similarly, the interval between breast-feeds increases over time. Children younger than two months old wait no more than 3.4 hours, on average, between feedings of breast milk. For older children, the maximum interval, on average, is 5.6 hours.

This frequency of breast-feeding is fairly high. Clearly, even through the second year, breast-feeding provides substantial nutrition to children who are still breast-fed and is not simply "token" breast-feeding. This finding is somewhat surprising in light of the fact that women begin supplementing breast milk so early.

Expression of Breast Milk

Expression of breast milk is rare in Mauritius. Fewer than five percent of breast-feeding mothers express breast milk and only about half of these feed this milk to their infants. The majority express milk no more than three times a day.

Post-partum Amenorrhea

On average, post-partum amenorrhea is quite short on Mauritius. Based on a question as to whether women's menstrual periods had returned since the birth of their last child, the mean duration of amenorrhea is only 2.6 months, despite the fact that breast-feeding usually lasts considerably

TABLE 5.8
Mean Number of Breast-feeds Per Day and Interval Between Breast-feeds
Among Currently Breast-feeding Women
By Age of Child in Months
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Age Of Child (months)	Number of Breast-feeds In 24 hours	Maximum Interval Between Breast-feeds	n
0-1	7.7	3.4	54
2-3	6.8	4.4	46
4-7	5.8	4.0	73
8-11	5.7	4.2	47
12-17	5.9	5.0	56
18-23	4.5	5.6	49

longer than that. The short period of amenorrhea is most likely explained by the fact that exclusive (unsupplemented) breast-feeding is so short.

Table 5.9 shows the average duration of post-partum amenorrhea according to selected characteristics. Differences are in general not large, with virtually all subgroups showing a duration between one and three months. One notable exception is the oldest age group, for whom amenorrhea is longer. Some women in this age group may actually have begun menopause immediately after their last birth and thus have skewed the mean duration upward.

In the same table, we have shown the mean duration of high level and exclusive breast-feeding taken together. Longer durations of amenorrhea are clearly associated with longer durations of high-level breast-feeding. The only notable exception to this rule is the group of older women, for whom amenorrhea is relatively long.

Table 5.10 shows the percent of women who are still post-partum amenorrheic by whether or not they are still breast-feeding. As expected, the percent amenorrheic declines markedly as the duration since birth increases, but the decline is much more rapid among those not currently breast-feeding. Breast-feeding clearly provides some protection against a pregnancy soon after a birth.

TABLE 5.9
Mean Duration of Post-Partum Amenorrhea
Among Women Who Gave Birth Within the Five Years Preceding the Survey
According to Selected Characteristics
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Mean Duration Of High or Exclusive Breast-feeding (in months)	Mean Duration of Post-Partum Amenorrhea (in months)
TOTAL	2.1	2.6
Residence		
Urban	2.1	2.4
Semi-urban	2.0	2.6
Rural	2.1	2.7
Age		
15-24	2.1	2.4
25-34	2.1	2.3
35-44	1.8	4.3
Religion		
Hindu	1.8	2.2
Muslim	2.0	2.7
Catholic	2.6	3.1
Education Level		
< Primary	2.2	3.4
Complete Primary	2.4	2.7
> Primary	1.9	2.3
Employment Status		
Not Employed	2.5	2.7
Unskilled	**	**
Skilled	1.0	1.5
Persons Per Room		
2 Or More	2.6	3.0
1 - 2	2.2	2.6
1 Or Less	1.2	2.3
Socio-Economic Index		
Low	2.8	2.9
Medium	1.8	2.1
High	1.9	2.6

** Insufficient cases to calculate a mean.

TABLE 5.10

Percent Who Are Post-Partum Amenorrheic
Among Women 15-44 Who Gave Birth Within the 5 Years Preceding the Survey
By Current Breast-feeding Status and Post-Partum Duration
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Post-Partum Duration (in months)	Currently Breast-fed		Not Currently Breast-fed	
	Percent	n	Percent	n
0-2	58.5	82	**	13
3-5	29.6	54	6.8	59
6-8	18.8	48	0.0	78
9-11	8.3	36	1.3	80
12-14	5.1	39	1.2	84
15-17	0.0	17	0.0	80

** Less Than 25 Cases

6. PLANNING STATUS OF PREGNANCIES

All women who had ever been pregnant were asked whether they had wanted to become pregnant at the time of their most recent conception and, if they had not, whether they had wanted to have any more children. On the basis of these questions, each woman's last pregnancy was classified as either "planned", "mistimed", "unwanted", or "unsure/unknown." Planned pregnancies were defined as those which were desired and did not occur before they were intended. Mistimed pregnancies were those which occurred earlier than the respondent had wanted. Those pregnancies that were in excess of the total number desired were classified as unwanted. The remainder were categorized as unknown because of insufficient data about reproductive intentions. The analysis was restricted to women who had live births since January 1986.

Based on these definitions, Table 6.1 shows that almost four-fifths (79 percent) of most recent pregnancies to respondents were reported as planned, 9 percent were mistimed, and 12 percent were unwanted.[1] About 20 percent of pregnancies could thus be considered unplanned. This is an improvement since 1985 when 30 percent of pregnancies were unplanned.

There is little difference between women living in urban and rural areas in the proportions who planned their most recent pregnancy. The proportion of pregnancies that were reported as unwanted increases with both age and the number of living children, and decreases sharply as education and socio-economic status increases. Catholic women have almost twice as many unwanted pregnancies as Hindus. This contrasts with 1985 when Catholic women reported the lowest percentage of unwanted pregnancies among the three major religious groups. In general, the proportion of mistimed pregnancies does not vary greatly according to respondent characteristics,

[1]Since respondents may have been reluctant to report induced abortions, it is possible that there are more unplanned pregnancies than the data indicate.

TABLE 6.1
Percent Distribution of The Planning Status of The Most Recent Pregna
According to Selected Characteristics
Women In Union 15-44 Who Had a Live Birth in the Past Five Years
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Planning Status				
	Planned	Mistimed	Unwanted	Unknown	TOTAL
All Women	79.2	8.6	11.7	0.6	100.0
Residence					
Urban	76.9	9.6	12.9	0.6	100.0
Semi-urban	80.6	7.6	11.5	0.3	100.0
Rural	80.8	8.1	10.5	0.7	100.0
No. of Living Children					
0-1	93.5	6.2	0.3	0.0	100.0
2	84.9	10.8	3.8	0.5	100.0
3	65.9	10.5	23.3	0.3	100.0
4+	44.7	6.0	46.8	2.6	100.0
Age					
15-19	89.7	10.3	0.0	0.0	100.0
20-24	84.2	10.5	5.1	0.2	100.0
25-29	82.5	9.8	7.2	0.5	100.0
30-34	79.9	7.6	11.9	0.7	100.0
35-39	66.3	5.4	27.2	1.2	100.0
40-44	56.3	4.2	39.4	0.0	100.0
Religion					
Hindu	83.2	7.6	8.8	0.4	100.0
Muslim	77.4	8.2	13.4	1.0	100.0
Catholic	72.9	10.0	16.5	0.6	100.0
Education Level					
< Complete Primary	68.9	9.1	21.2	0.8	100.0
Complete Primary	75.6	8.3	15.6	0.6	100.0
> Complete Primary	85.4	8.7	5.4	0.5	100.0
Persons Per Room					
2 Or More	69.0	11.4	18.6	1.1	100.0
1 - 2	79.6	6.9	12.9	0.6	100.0
1 Or Less	88.7	7.8	3.6	0.0	100.0
Socio-Economic Index					
Low	74.7	10.1	14.5	0.7	100.0
Medium	81.0	7.5	11.3	0.2	100.0
High	82.8	7.9	8.7	0.7	100.0
1985 All Women	70.9	9.5	20.0	0.1	100.0

but is higher for younger women who are more likely to be spacing rather than limiting children.

Current Pregnancy Intention

Table 6.2 shows the current pregnancy intention of fecund women in union aged 15-44 on Mauritius Island. Overall, 86 percent stated they did not desire to get pregnant at the time of interview, an extremely high proportion, which demonstrates how thoroughly the idea of planning families has taken hold. Seven percent of women reported that they in fact were pregnant at the time of the interview, while only 6 percent desired to become pregnant at that time. Among older respondents and those with at least two living children, few women said they wanted to become pregnant now. Except for childless women and those under 20, at least 70 percent of all segments of the population do not currently desire to become pregnant.

Desire for Additional Children

Women who are not subfecund, menopausal, or sterilised were asked how many additional children they wanted to have. (If women were pregnant at the time of the interview, the question referred to after this pregnancy). On Mauritius Island, three-fourths of women in union do not want more children and there are almost no women who want more than three or more additional children (Table 6.3). Almost all respondents with more than two children want to terminate childbearing. Only 8 percent of respondents (almost all with fewer than two living children) want two or more additional children.

There is little difference in the number of additional children desired between urban and rural women. As one might expect, the number of additional children desired decreases sharply with age; over the age of 24,

TABLE 6.2
Percent Distribution of Current Pregnancy Intention,
Women In Union Aged 15-44, By Selected Characteristics
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Currently Pregnant	Not Currently Pregnant				
		Desire Pregnancy	Do Not Desire Pregnancy	Not Sure or Unknown	TOTAL	n
All Women	6.8	5.9	85.8	1.4	100.0	3508
Residence						
Urban	6.6	7.0	84.6	1.8	100.0	1442
Semi-urban	5.4	6.4	86.1	2.1	100.0	576
Rural	7.6	4.7	86.9	0.8	100.0	1490
No. Living Child.						
0	24.4	18.5	56.1	1.1	100.0	287
1	12.7	14.5	70.8	2.0	100.0	754
2	3.6	3.2	91.1	2.1	100.0	1197
3	3.3	0.4	95.6	0.7	100.0	697
4+	1.2	0.9	97.6	0.4	100.0	573
Age						
15-19	25.4	9.0	65.7	0.0	100.0	67
20-24	15.1	7.1	76.7	1.2	100.0	511
25-29	10.7	9.0	78.2	2.2	100.0	826
30-34	4.5	6.6	86.8	2.1	100.0	805
35-39	2.3	4.2	92.6	0.9	100.0	788
40-44	0.6	1.2	97.9	0.4	100.0	511
Education Level						
< Complete Primary	5.1	3.0	90.8	1.1	100.0	627
Complete Primary	5.9	4.9	87.9	1.3	100.0	1468
> Complete Primary	8.5	8.3	81.5	1.7	100.0	1413
Religion						
Hindu	7.5	5.3	86.0	1.2	100.0	1997
Muslim	6.2	5.7	85.4	2.7	100.0	562
Catholic	5.4	7.4	85.9	1.2	100.0	888
House Density Index						
2 Or More	5.9	3.5	89.5	1.2	100.0	920
1 - 2	5.9	5.7	87.0	1.5	100.0	1245
1 Or Less	8.4	7.9	82.2	1.6	100.0	1334
Socio-Economic Index						
Low	7.8	4.8	85.9	1.5	100.0	1239
Medium	6.6	6.7	85.5	1.3	100.0	1033
High	6.0	6.5	86.0	1.5	100.0	1255
1985 All Women	6.6	4.8	88.0	0.6	100.0	2740

TABLE 6.3
Percent Distribution Of Number of Additional Children Wanted,
By Residence, Age and Number Of Living Children
Fecund Women In Union Aged 15-44
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Number of Additional Children Wanted							
	0	1	2	3+	Don't Know	TOTAL	Mean	n
All Women	74.5	16.6	6.4	1.1	1.4	100.00	0.3	3398
Residence								
Urban	74.9	12.5	8.4	2.2	2.2	100.0	0.4	1396
Semi-Urban	70.9	22.1	6.1	0.4	0.5	100.0	0.4	561
Rural	75.6	18.5	4.7	0.3	0.9	100.0	0.3	1441
Number of Living Children								
0	15.1	20.1	45.6	9.2	10.0	100.0	1.5	239
1	33.8	49.9	12.4	1.5	2.5	100.0	0.8	728
2	86.4	11.8	1.4	0.3	0.3	100.0	0.2	1181
3	98.0	1.5	0.4	0.0	0.2	100.0	0.0	688
4+	99.1	0.9	0.0	0.0	0.0	100.0	0.0	562
Age								
15-19	30.8	41.5	20.0	6.2	1.5	100.0	1.0	65
20-24	38.9	39.5	16.8	1.8	3.0	100.0	0.8	499
25-29	63.4	23.9	9.0	1.6	2.1	100.0	0.5	811
30-34	80.8	13.2	4.2	0.8	1.0	100.0	0.2	780
35-39	92.3	5.1	1.8	0.3	0.5	100.0	0.1	767
40-44	98.1	1.1	0.2	0.4	0.2	100.0	0.0	476

63 percent of women want no additional children. The two-child family has become the ideal on Mauritius. Of those with two children 86 percent want to have no more. Forty-six percent of women with one living child and about half of women with no child want to have a total of two children ultimately.

7. KNOWLEDGE OF CONTRACEPTIVE METHODS

All women were asked if they knew of the different contraceptive methods. Specifically, respondents were first asked to name the contraceptive methods they have heard of. They were then asked "Have you ever heard of (Method)?" for those methods not mentioned spontaneously, using the local and popular names of each method.

Table 7.1 shows that knowledge of the supplied methods in common use in Mauritius is practically universal, although levels of knowledge of these methods have dropped slightly since 1985. Knowledge of natural family planning method (NFP) methods is lower than that of the supplied methods and has also dropped since 1985.

Among supplied methods the diaphragm and Norplant, which are not generally available in Mauritius, are the least known. Among NFP methods, both the temperature and the calendar methods are more widely known than the sympto-thermal method currently promoted by Action Familiale, the natural family planning organisation. However these differences could be due to lack of knowledge of the different names of the NFP methods rather than the methods themselves.

Table 7.2 shows that levels of knowledge of the various contraceptive methods is somewhat lower among women who have never been in union compared to women who have been in union. This shows the need for information, education and communication (IEC) efforts among the former group of women, of whom almost half are under the age of 20 (see Table 2.2).

Tables 7.3 and 7.4 show that among women who have been in a union, levels of knowledge of supplied methods do not vary greatly by residence or education. However, knowledge of the natural methods is lower among the

TABLE 7.1
Percent of Women Who Have Heard of Specific Contraceptive Methods
Compared with 1985 Mauritius Contraceptive Prevalence Survey
Women In Union Aged 15-44
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Method	1991	1985*
Any Method	99.7	100.0
Pill	99.3	99.8
Condom	95.0	97.8
Injectable	94.1	96.6
Tubal Ligation	92.3	98.6
IUD	88.2	94.4
Vasectomy	23.9	50.2
Vaginal Tablets	23.3	58.3
Diaphragm	9.5	20.8
Norplant	5.3	--
Any Supplied Method	99.7	100.0
Temperature	78.9	89.0
Calendar	54.5	69.4
Sympto-thermal	36.4	47.8
Cervical Mucus	23.6	33.1
Any Natural Method	85.2	100.0
Withdrawal	74.8	82.8
No. of Cases	(3508)	(2740)

* The 1985 survey included women 15 to 49 years of age. Since the 1991 survey only included women to age 44, to make the data from the two surveys comparable, the 1985 data in this table does not include 45-49 year old women and has been adjusted to the 1991 age distribution.

TABLE 7.2

Percent of Women Who Have Heard of Specific Contraceptive Methods
By Union Status, Women Aged 15-44
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Method	Women Who Were Formerly Or Are Currently In Union	Women Who Have Never Been In Union
Any Method	100.0	93.6
Pill	99.3	91.3
Injectable	93.7	68.1
Tubal Ligation	91.8	63.8
Condom	94.1	53.6
IUD	87.3	48.6
Vasectomy	23.1	15.7
Vaginal Tablets	22.5	6.4
Diaphragm	9.2	4.1
Norplant	5.1	3.5
Any Supplied Method	100.0	93.0
Temperature	77.7	54.2
Calendar	53.0	28.0
Sympto-thermal	35.6	25.0
Cervical Mucus	22.7	9.9
Any Natural Method	91.4	67.1
Withdrawal	74.0	24.6
No. of Cases	(3781)	(972)

TABLE 7.3
Percent of Women Who Have Heard of Specific Contraceptive Methods
By Residence
Women Who Are In Union or Formerly In Union Aged 15-44
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Method	All Women	Residence		
		Urban	Semi-Urban	Rural
Any Method	100.0	99.9	99.8	100.0
Pill	99.3	99.7	97.9	99.6
Injectable	93.7	92.5	94.6	94.4
Tubal Ligation	91.8	96.8	86.8	88.9
Condom	94.1	97.7	94.7	90.5
IUD	87.3	92.1	85.7	83.4
Vasectomy	23.1	30.8	16.0	18.6
Vaginal Tablets	22.5	29.1	10.5	20.8
Diaphragm	9.2	14.0	2.8	6.7
Norplant	5.1	7.3	2.0	4.1
Any Supplied Method	100.0	99.9	98.9	99.4
Temperature	77.7	89.2	79.8	66.1
Calendar	53.0	66.2	54.9	39.9
Sympto-thermal	35.6	41.8	35.4	29.8
Cervical Mucus	22.7	34.5	13.2	15.1
Any Natural Method	91.4	97.7	91.8	85.2
Withdrawal	74.0	81.4	76.0	66.2
No. of Cases	(3781)	(1540)	(608)	(1633)

TABLE 7.4
Percent of Women Who Have Heard of Specific Contraceptive Methods
By Education
Women Who Are In Union or Formerly In Union Aged 15-44
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Method	All Women	Education		
		Less Than Complete Primary	Complete Primary	More Than Complete Primary
Any Method	100.0	100.0	100.0	100.0
Pill	99.3	99.5	99.1	99.6
Injectable	93.7	94.1	94.2	92.9
Tubal Ligation	91.8	87.2	90.9	95.0
Condom	94.1	90.9	93.0	98.0
IUD	87.3	83.5	86.2	90.5
Vasectomy	23.1	15.3	16.5	34.4
Vaginal Tablets	22.5	15.5	19.7	29.2
Diaphragm	9.2	4.0	6.1	15.1
Norplant	5.1	2.3	3.8	7.9
Any Supplied Method	100.0	100.0	100.0	100.0
Temperature	77.7	63.2	74.1	88.9
Calendar	53.0	35.6	47.0	68.4
Sympto-thermal	35.6	26.5	30.7	45.4
Cervical Mucus	22.7	9.3	17.3	35.3
Any Natural Method	91.4	85.6	89.2	96.6
Withdrawal	74.0	69.4	71.7	78.8
No. of Cases	(3781)	(728)	(1598)	(1455)

more rural and less educated components of the population. This shows the need for greater IEC efforts by Action Familiale among these groups.

Table 7.5 shows that among women who have never been in union, knowledge of the widely-known (and used) supplied methods varies somewhat according to residence, with rural women, in general, having lower levels of knowledge than women in urban and semi-urban areas. This is especially true for tubal ligation and condoms. While tubal ligation is not a method which is used by women upon first entering a union, the condom should be made more widely known among young, rural women, who have never been in union. The natural methods are also less well-known among rural women. Action Familiale may want to consider strengthening its IEC activities in rural areas among young women who will be entering into a union in the not too distant future.

Differences in education levels also determine levels of knowledge of contraceptive methods among women who have never been in union. Table 7.6 shows that levels of knowledge among women with less than a complete primary education is much lower compared to women with more than a complete primary education for almost all methods. This is especially true for natural methods, where knowledge of these methods for women in the lowest education category is less than half that of the best educated women. IEC activities should be directed toward women with less education, perhaps using media such as radio and television, as well as other means of conveying messages to people with low reading skills.

TABLE 7.5
Percent of Women Who Have Heard of Specific Contraceptive Methods
By Residence
Women Who Have Never Been In Union Aged 15-44
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Method	All Women	Residence		
		Urban	Semi-Urban	Rural
Any Method	93.6	97.2	95.7	89.8
Pill	91.3	95.1	91.4	87.8
Injectable	68.1	62.1	78.6	70.1
Tubal Ligation	63.8	75.9	66.4	52.3
Condom	53.6	70.0	56.4	38.2
IUD	48.6	52.8	57.9	41.9
Vasectomy	15.7	24.6	9.3	10.0
Vaginal Tablets	6.4	11.8	3.6	2.5
Diaphragm	4.1	7.4	2.1	1.8
Norplant	3.5	4.9	3.6	2.3
Any Supplied Method	93.0	96.9	93.6	89.4
Temperature	54.2	67.7	62.1	39.8
Calendar	28.0	36.2	31.4	19.7
Sympto-thermal	25.0	31.3	25.7	19.2
Cervical Mucus	9.9	15.9	8.6	5.0
Any Natural Method	67.1	80.0	68.6	55.2
Withdrawal	24.6	30.3	22.9	20.1
No. of Cases	(972)	(390)	(140)	(442)

TABLE 7.6
Percent of Women Who Have Heard of Specific Contraceptive Methods
By Education
Women Who Have Never Been In Union Aged 15-44
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Method	All Women	Education		
		Less Than Complete Primary	Complete Primary	More Than Complete Primary
Any Method	93.6	82.1	90.1	97.0
Pill	91.3	79.8	88.1	94.4
Injectable	68.1	51.2	67.7	70.7
Tubal Ligation	63.8	39.3	53.4	72.4
Condom	53.6	25.0	42.2	63.3
IUD	48.6	26.2	42.5	54.7
Vasectomy	15.7	3.6	6.5	22.1
Vaginal Tablets	6.4	4.8	2.4	8.6
Diaphragm	4.1	1.2	1.7	5.7
Norplant	3.5	1.2	2.4	4.4
Any Supplied Method	93.0	81.0	89.8	96.3
Temperature	54.2	27.4	40.8	64.7
Calendar	28.0	13.1	19.4	34.3
Sympto-thermal	25.0	11.9	18.7	30.0
Cervical Mucus	9.9	4.8	6.1	12.5
Any Natural Method	67.1	36.9	56.5	76.6
Withdrawal	24.6	10.7	21.8	28.0
No. of Cases	(972)	(84)	(294)	(594)

8. USE OF CONTRACEPTIVE METHODS

Table 8.1 shows that about 55 percent of all women aged 15-44 in the survey sample on Mauritius Island, regardless of union status, are currently using a contraceptive method. The overwhelming majority of these users are currently in union.

Very few women who were formerly in a union report they are currently using a method, and of these two-thirds report they have had a tubal ligation, presumably while they were still in union. No women who were never in a union report that they are using a contraceptive method. Both these groups of women who are not currently in a union either have no need for contraception because of little or no sexual activity, or they are reluctant to report contraceptive use and sexual activity to an interviewer.

The remainder of the tables in this report on contraceptive use will present data on women in union only. Table 8.2 shows that three-fourths of women in union aged 15-44 are currently using a contraceptive method. This is a slight decrease from the adjusted figure of 80 percent of women who were using in 1985. The proportion of women using supplied methods, 49 percent, has not changed since 1985. The decrease in overall contraceptive use between 1985 and 1991 is partly due to a decrease in the use of natural methods, particularly the sympto-thermal method. Natural method use decreased from 12 to 9 percent while withdrawal use decreased from 19 to 16 percent.

On Mauritius Island, the pill is used by 21 percent of women in union, the condom by 13 percent. The percent using tubal ligation, 7 percent, is relatively low for a country where most women do not desire any more children. Reported use of the calendar method is more than three times

TABLE 8.1
Percent Distribution of Current Use of Contraception, By Union Status
Women Aged 15-44
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Current Use And Method	Mauritius Island			
		Union Status		
	Total	In Union	Formerly In Union	Never In Union
Currently Using Any Method	55.4	74.7	4.8	0.0
Pill	15.4	20.9	0.0	0.0
Condom	9.9	13.3	0.4	0.0
Tubal Ligation	5.5	7.2	3.3	0.0
Injectable	3.1	4.1	0.4	0.0
IUD	2.1	2.8	0.0	0.0
Vaginal Tablets	0.3	0.4	0.0	0.0
Vasectomy	0.2	0.2	0.4	0.0
Total Supplied Methods	36.5	48.9	4.5	0.0
Calendar	4.1	5.5	0.4	0.0
Temperature	1.2	1.7	0.0	0.0
Sympto-thermal	1.1	1.5	0.0	0.0
Cervical Mucus	0.4	0.5	0.0	0.0
Total Natural Methods	6.8	9.2	0.4	0.0
Withdrawal	11.9	16.1	0.0	0.0
Other	0.3	0.4	0.0	0.0
Not Using	44.6	25.3	95.2	0.0
Total	100.0	100.0	100.0	100.0
No. of Cases	(4753)	(3508)	(273)	(972)

TABLE 8.2
Percent Distribution of Current Use of Contraception
Women In Union Aged 15-44
Mauritius Island
Compared With The 1985 Mauritius Contraceptive Prevalence Survey
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	1991 Total	1985 Total Adjusted*	1985 Total Unadjusted**
Currently Using Any Method	74.7	79.5	75.3
Pill	20.9	21.8	21.0
Condom	13.3	11.4	9.5
Tubal Ligation	7.2	5.6	4.7
Injectable	4.1	6.7	6.2
IUD	2.8	2.4	2.3
Vaginal Tablets	0.4	0.6	0.6
Vasectomy	0.2	0.0	0.0
Total Supplied Methods	48.9	48.5	44.3
Calendar	5.5	6.3	10.7
Temperature	1.7	1.8	1.9
Sympto-thermal	1.5	3.8	4.0
Cervical Mucus	0.5	0.4	0.5
Total Natural Methods	9.2	12.3	17.1
Withdrawal	16.1	18.6	12.7
Other	0.4	0.0	1.3***
Not Using	25.3	20.5	24.7
Total	100.0	100.0	100.0
No. of Cases	(3508)	(2740)	(3020)

* The 1985 survey was of women 15 to 49 years of age, while the 1991 survey only included women to age 44. To make the data from the two surveys comparable, in the "Adjusted" column 45-49 year old women have been excluded and age has been adjusted to the 1991 age distribution. Also the use of Natural Family Planning (NFP) and withdrawal combined has been redefined as withdrawal use.

** As reported in the 1985 survey report

*** NFP and a supplied method combined.

that of the sympto-thermal method, the method currently promoted by Action Familiale. The current use of withdrawal as a method on Mauritius Island is still high, even though a full range of modern methods is widely available.

Table 8.3 shows that there is little difference in overall contraceptive use between urban and rural women. Use of supplied methods is also similar, with the exception of the injectable, which is only used by 2 percent of urban women, but by 5 and 6 percent of semi-urban and rural women, respectively. In general there is greater current use of NFP methods in urban areas.

Table 8.4 shows that overall method use increases with age until four-fifths of women aged 30-39 are using a method, after which use falls off. The proportion of women reporting sterilisation rises sharply after age 30, while use of other methods, particularly the pill, declines.

Table 8.5 shows that on Mauritius Island relatively few women with no children are using a contraceptive method. In general, as the number of living children increases, contraceptive use increases. Use is at its highest level among women with 2 children and then falls off slightly, although this decline is probably due to increasing age rather than the number of living children, per se.

Most individual methods follow this same pattern, although there are several exceptions. As should be expected, female sterilisation is used most by women with the more than two children. Use of injectable contraceptives and the IUD similarly rises with the number of living children. On the other hand, use of the sympto-thermal method is highest among women with one or two living children and then drops off to zero among women with four or more children.

TABLE 8.3
Percent Distribution of Current Use of Contraception, By Residence
Women In Union Aged 15-44
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Current Use And Method	Residence		
	Urban	Semi-Urban	Rural
Currently Using Any Method	75.4	80.6	71.6
Pill	20.0	21.4	21.6
Condom	15.1	13.5	11.6
Tubal Ligation	7.6	7.3	6.9
Injectable	1.7	5.4	6.0
IUD	2.4	1.7	3.6
Vaginal Tablets	0.4	0.7	0.3
Vasectomy	0.3	0.0	0.2
Total Supplied Methods	47.5	50.0	50.2
Calendar	5.9	5.7	5.0
Temperature	1.9	2.4	1.1
Sympto-thermal	2.3	1.0	0.9
Cervical Mucus	1.0	0.2	0.2
Total Natural Methods	11.1	9.3	7.2
Withdrawal	16.7	20.1	14.0
Other	0.4	1.0	0.3
Not Using	24.6	19.4	28.4
Total	100.0	100.0	100.0
No. of Cases	(1442)	(576)	(1490)

TABLE 8.4
Percent Distribution of Current Use of Contraception,
By 5-Year Age Group
Women In Union Aged 15-44
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Mauritius Island						
		Age Group					
Current Use And Method	Total	15-19	20-24	25-29	30-34	35-39	40-44
Currently Using Any Method	74.7	46.3	65.5	71.5	79.9	81.3	73.2
Pill	20.9	20.9	25.5	25.4	21.9	18.2	11.7
Condom	13.3	1.5	10.4	10.4	14.8	17.1	14.5
Tubal Ligation	7.2	0.0	0.2	2.3	7.0	13.2	14.5
Injectable	4.1	6.0	3.3	4.6	5.2	3.4	3.1
IUD	2.8	0.0	1.4	2.5	3.4	3.8	2.5
Vaginal Tablets	0.4	0.0	0.8	0.6	0.0	0.5	0.2
Vasectomy	0.2	0.0	0.2	0.1	0.1	0.0	0.8
Total Supplied Methods	48.9	28.4	41.8	45.9	52.4	56.2	47.3
Calendar	5.5	3.0	3.5	4.5	7.1	6.4	5.5
Temperature	1.7	1.5	1.4	1.6	2.4	1.4	1.4
Sympto-thermal	1.5	0.0	2.0	2.2	1.9	0.9	0.6
Cervical Mucus	0.5	0.0	0.0	0.2	0.5	0.6	1.4
Total Natural Methods	9.2	4.5	6.9	8.5	11.9	9.3	8.9
Withdrawal	16.1	13.4	16.3	17.3	15.5	15.1	16.8
Other	0.4	0.0	0.6	0.2	0.3	0.8	0.4
Not Using	25.3	53.7	34.5	28.0	20.1	18.7	26.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(3508)	(67)	(510)	(826)	(805)	(788)	(512)

TABLE 8.5
Percent Distribution of Current Use of Contraception,
By Number of Living Children
Women In Union Aged 15-44
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Mauritius Island					
		Number of Living Children				
Current Use And Method	Total	0	1	2	3	4+
Currently Using Any Method	74.7	20.9	64.8	85.0	83.9	81.7
Pill	20.9	8.0	24.0	22.8	20.5	19.7
Condom	13.3	1.7	10.1	16.8	15.8	13.3
Tubal Ligation	7.2	0.4	0.1	4.8	13.1	18.2
Injectable	4.1	0.0	1.2	4.9	5.3	6.8
IUD	2.8	0.0	0.9	3.8	3.6	3.5
Vaginal Tablets	0.4	0.4	0.5	0.3	0.4	0.5
Vasectomy	0.2	0.4	0.3	0.1	0.1	0.4
Total Supplied Methods	48.9	10.9	37.1	53.5	58.8	62.4
Calendar	5.5	2.4	5.2	7.3	4.3	5.1
Temperature	1.7	0.0	1.1	2.3	2.0	1.4
Sympto-thermal	1.5	1.1	1.9	2.3	1.3	0.0
Cervical Mucus	0.5	0.4	0.4	0.4	0.6	0.9
Total Natural Methods	9.2	3.9	8.6	12.3	8.2	7.4
Withdrawal	16.1	6.3	18.8	18.6	16.6	11.5
Other	0.4	0.0	0.4	0.6	0.3	0.5
Not Using	25.3	79.1	35.2	15.0	16.1	18.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(3508)	(287)	(754)	(1197)	(697)	(573)

Religion does not appear to be a strong determinant of overall contraceptive use (Table 8.6). Similar proportions in each religious group are currently using a method. However there are certain differences in the particular methods used by members of each religious group. Catholics are more commonly users of both supplied and natural methods than are the other groups, and less commonly use withdrawal. Muslims use both supplied and natural methods to a lesser extent and withdrawal to a greater extent than any of the other groups.

Thirty percent of Catholics report current pill use, while other religious groups report much lower levels of pill use. On the other hand, Hindus report substantially higher use of the injectable than the other groups. Neither condom or tubal ligation use varies much by religion.

The survey asked respondents how frequently they attend religious ceremonies. Using these data, Table 8.7 looks in a more in-depth manner at religious beliefs as a determinant of contraceptive use. For all three major religious groups overall contraceptive use varies only slightly according to frequency of attendance at religious ceremonies.

Use of particular methods does occasionally vary according to frequency of attendance at religious ceremonies. For all three religious groups, use of the pill is roughly 25 percent greater among those who attend religious ceremonies less than once per month. On the other hand, use of withdrawal is higher among those who attend religious ceremonies at least once a month.

Overall use does not change very much according to education (Table 8.8). However, the use of the different methods varies greatly. Supplied method use decreases, while natural method use increases with education. Among the supplied methods, tubal ligation and injectable methods, particularly,

TABLE 8.6
Percent Distribution of Current Use of Contraception, By Religion
Women In Union Aged 15-44
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Current Use And Method	Total	Mauritius Island: Religion: Hindu	Catholic	Muslim	Other
Currently Using Any Method	74.7	74.0	77.0	73.3	73.6
Pill	20.9	18.9	30.3	13.4	20.8
Condom	13.3	13.6	11.8	14.8	15.1
Tubal Ligation	7.2	7.0	6.9	8.5	9.4
Injectable	4.1	5.2	3.2	2.0	1.9
IUD	2.8	3.5	2.1	1.4	1.9
Vaginal Tablets	0.4	0.2	0.8	0.7	0.0
Vasectomy	0.2	0.2	0.2	0.2	0.0
Total Supplied Methods	48.9	48.6	55.3	41.0	49.1
Calendar	5.5	5.4	5.9	5.2	5.7
Temperature	1.7	1.2	3.5	0.7	0.0
Sympto-thermal	1.5	1.2	2.9	0.4	3.8
Cervical Mucus	0.5	0.2	1.2	0.0	5.6
Total Natural Methods	9.2	8.0	13.5	6.3	15.1
Withdrawal	16.1	17.2	8.1	25.6	9.4
Other	0.4	0.6	0.1	0.5	0.0
Not Using	25.3	26.0	23.0	26.7	26.4
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	(3508)	(2005)	(888)	(562)	(53)

TABLE 8.7
Percent Distribution of Current Use of Contraception,
By Religion and Frequency of Attendance At Religious Ceremonies
Women In Union Aged 15-44 Who Are Hindu, Muslim or Catholic
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Mauritius Island

Current Use And Method	Total	Hindu		Catholic		Muslim	
		Frequency of Attendance At Religious Ceremonies					
		At Least 1/Month	Less Than 1/Month	At Least 1/Month	Less Than 1/Month	At Least 1/Month	Less Than 1/Month
Currently Using Any Method	74.7	73.2	77.6	76.7	80.2	74.2	71.5
Pill	20.9	17.7	23.8	29.4	38.4	12.1	16.4
Condom	13.3	13.9	12.4	11.7	12.8	13.6	17.6
Tubal Ligation	7.2	6.9	7.4	7.0	5.8	8.8	7.9
Injectable	4.1	5.1	5.5	3.4	1.2	1.8	2.4
IUD	2.8	3.7	2.6	2.1	2.3	1.8	0.6
Vaginal Tablets	0.4	0.2	0.0	0.8	1.2	1.0	0.0
Vasectomy	0.2	0.2	0.3	0.3	0.0	0.3	0.0
Total Supplied Methods	48.9	47.7	52.0	54.7	61.7	39.4	44.9
Calendar	5.5	5.4	5.5	5.2	11.6	5.1	5.5
Temperature	1.7	1.2	1.1	3.7	1.2	1.0	0.0
Sympto-thermal	1.5	1.1	1.6	3.2	0.0	0.5	0.0
Cervical Mucus	0.4	0.1	0.8	1.3	1.2	0.0	0.0
Total Natural Methods	9.1	7.8	9.0	13.4	14.0	6.6	5.5
Withdrawal	16.2	17.4	16.1	8.5	4.7	28.0	20.0
Other	0.4	0.6	0.5	0.1	0.0	0.3	1.2
Not Using	25.3	26.8	22.4	23.3	19.8	25.8	28.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(3453)	(1625)	(379)	(802)	(86)	(396)	(165)

TABLE 8.8
Percent Distribution of Current Use of Contraception, By Education
Women In Union Aged 15-44
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Current Use And Method	Total	Mauritius Island: Education: Less Than Complete Primary	Complete Primary	More Than Complete Primary
Currently Using Any Method	74.7	78.3	73.9	73.9
Pill	20.9	22.2	22.7	18.5
Condom	13.3	12.0	11.4	15.9
Tubal Ligation	7.2	11.2	7.8	4.9
Injectable	4.1	7.3	5.2	1.6
IUD	2.8	4.2	2.8	2.2
Vaginal Tablets	0.4	0.2	0.3	0.6
Vasectomy	0.2	0.3	0.2	0.1
Total Supplied Methods	48.9	57.4	50.4	43.8
Calendar	5.5	3.7	5.2	6.6
Temperature	1.7	0.8	1.1	2.6
Sympto-thermal	1.5	0.3	0.6	3.0
Cervical Mucus	0.5	0.2	0.4	0.8
Total Natural Methods	9.2	5.0	7.3	13.0
Withdrawal	16.1	15.3	15.7	16.8
Other	0.4	0.8	0.4	0.3
Not Using	25.3	21.7	26.0	26.0
Total	100.0	100.0	100.0	100.0
No. of Cases	(3508)	(627)	(1468)	(1413)

decrease with greater education. Withdrawal use does not vary by education.

This pattern is true, in general, of all other socio-economic indicators including employment status, persons per room and the socio-economic index. Use patterns on Mauritius Island differ according to employment status, particularly when comparing hormonal and NFP methods, (Table 8.9). While 24 percent of women in the not employed category, 31 percent in the unskilled category and 23 percent in the skilled category use hormonal methods (pills and injectable), only 9 percent of women do so in the professional category. For NFP methods, the pattern is reversed: only 8 percent of women in the not employed and unskilled categories use natural methods, while 14 percent of women in the skilled category and 27 percent in the professional category do so.

As a determinant of current contraceptive use on Mauritius Island, the number of persons per room shows similar patterns as does employment status. As the number of persons per room decreases, the use of hormonal methods decreases, while the use of NFP methods increases (Table 8.10). This is also true in Table 8.11 which measures current contraceptive use by the socio-economic index.

Reason for Using Contraception

More than three-fourths of women who are using contraception on Mauritius Island do so to avoid having any more children; that is, limit their pregnancies (Table 8.12). There is little variation by residence or religion, but striking differences according to other variables.

The two-child family is the norm in Mauritius. While only 30 percent of women with one child are using contraception to limit their pregnancies, [84]

TABLE 8.9
Percent Distribution of Current Use of Contraception,
By Employment Status
Women In Union Aged 15-44
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Current Use And Method	Total	Employment Status: Not Employed	Unskilled	Skilled	Professional
Currently Using Any Method	74.7	74.0	75.4	75.2	79.7
Pill	20.9	20.1	25.1	20.5	8.5
Condom	13.3	13.6	10.4	14.2	24.6
Tubal Ligation	7.2	7.6	7.8	5.4	3.4
Injectable	4.1	4.1	5.8	2.3	0.0
IUD	2.8	2.1	4.6	3.2	2.5
Vaginal Tablets	0.4	0.4	0.5	0.5	0.0
Vasectomy	0.2	0.2	0.3	0.0	0.9
Total Supplied Methods	48.9	48.1	54.5	46.1	39.9
Calendar	5.5	4.8	4.8	8.1	12.7
Temperature	1.7	1.4	1.1	2.5	7.6
Sympto-thermal	1.5	1.1	1.3	2.7	6.8
Cervical Mucus	0.5	0.5	0.6	0.5	0.0
Total Natural Methods	9.2	7.8	7.8	13.8	27.1
Withdrawal	16.1	17.9	12.8	14.5	12.8
Other	0.4	0.4	0.4	0.9	0.0
Not Using	25.3	26.0	24.6	24.8	20.3
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	(3508)	(2156)	(790)	(443)	(118)

TABLE 8.10
Percent Distribution of Current Use of Contraception,
By Number Of Persons Per Room Living In The Household
Women In Union Aged 15-44
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Current Use And Method	Total	Persons Per Room: Two Or More Persons Per Room	1-2 Persons Per Room	One Or Less Persons Per Room
Currently Using Any Method	74.7	78.4	76.8	70.2
Pill	20.9	25.2	21.5	17.2
Condom	13.3	10.2	13.9	15.1
Tubal Ligation	7.2	9.7	7.3	5.5
Injectable	4.1	8.3	3.7	1.7
IUD - DIU	2.8	3.4	2.7	2.4
Vaginal Tablets	0.4	0.0	0.4	0.6
Vasectomy	0.2	0.1	0.2	0.3
Total Supplied Methods	48.9	56.9	49.7	42.8
Calendar	5.5	5.1	4.9	6.3
Temperature	1.7	1.3	1.3	2.3
Sympto-thermal	1.5	0.4	1.2	2.6
Cervical Mucus	0.4	0.1	1.0	0.3
Total Natural Methods	9.1	6.9	8.4	11.5
Withdrawal	16.2	14.0	18.2	15.6
Other	0.4	0.5	0.4	0.4
Not Using	25.3	21.6	23.2	29.8
Total	100.0	100.0	100.0	100.0
No. of Cases	(3499)*	(920)	(1245)	(1334)

* Data on household density are missing for 9 respondents.

TABLE 8.11
Percent Distribution of Current Use of Contraception,
By Socio-Economic Index*
Women In Union Aged 15-44
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Current Use And Method	Total	Socio-Economic Index* Low	Medium	High
Currently Using Any Method	74.7	73.5	74.2	76.6
Pill	20.9	24.0	21.7	17.1
Condom	13.3	11.6	12.3	16.1
Tubal Ligation	7.2	6.5	6.9	8.3
Injectable	4.1	6.5	4.4	1.5
IUD - DIU	2.8	3.2	3.0	2.2
Vaginal Tablets	0.4	0.1	0.7	0.4
Vasectomy	0.2	0.1	0.7	0.4
Total Supplied Methods	48.9	52.0	49.7	46.0
Calendar	5.5	4.6	5.5	6.4
Temperature	1.7	0.7	2.1	2.2
Sympto-thermal	1.5	1.1	1.1	2.3
Cervical Mucus	0.4	0.3	0.8	0.5
Total Natural Methods	9.1	6.7	9.5	11.4
Withdrawal	16.2	14.3	15.4	18.6
Other	0.4	0.5	0.4	0.4
Not Using	25.3	26.5	25.8	23.6
Total	100.0	100.0	100.0	100.0
No. of Cases	(3499)**	(1239)	(1033)	(1225)

* The Socio-Economic Index is based on the presence in the respondent's household of running water, a flush toilet, a VCR, a radio, a TV, a refrigerator and an automobile.

** Data on the socio-economic index are missing for 9 respondents.

TABLE 8.12
Percent Distribution of The Reason* For Using Contraception
According to Selected Characteristics
Women In Union 15-44 Who Are Current Users of Contraception
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Reason For Using			
	Spacing	Limiting	Total	n
Total	22.7	77.3	100.0	2617
Residence				
Urban	23.5	76.5	100.0	1087
Semi-urban	27.8	72.2	100.0	464
Rural	19.7	80.3	100.0	1066
Religion				
Hindu	21.4	78.6	100.0	1483
Catholic	24.5	75.6	100.0	683
Muslim	23.1	76.9	100.0	412
Other	35.9	64.1	100.0	39
No. of Living Children				
0-1	70.4	29.6	100.0	547
2	16.5	83.5	100.0	1017
3+	3.9	96.1	100.0	1053
Education Level				
< Complete Primary	10.0	90.0	100.0	490
Complete Primary	20.2	79.8	100.0	1085
> Complete Primary	31.3	68.7	100.0	1042
Age				
15-19	67.7	32.3	100.0	31
20-24	55.3	44.7	100.0	333
25-29	36.4	63.6	100.0	594
30-34	19.0	81.0	100.0	643
35-44	5.0	95.0	100.0	1016
Method Used**				
Tubal Ligation	0.0	100.0	100.0	254
Vasectomy	0.0	100.0	100.0	3
IUD	10.2	89.8	100.0	98
Injectable	10.4	89.6	100.0	144
Condoms	20.7	79.3	100.0	468
Temperature	25.9	74.1	100.0	58
Calendar	27.1	72.9	100.0	192
Withdrawal	28.3	71.7	100.0	565
Pill	28.4	71.6	100.0	735
Sympto-thermal	35.9	64.2	100.0	53

*Spacing = To want to postpone births.
Limiting = To avoid having more children.

percent of women who have two children and 96 percent of women with three or more living children are using contraception to limit their pregnancies. A similar pattern exists according to age. Women with less education, who also use supplied methods to a greater extent, are also limiting rather than spacing their pregnancies to a greater extent than better educated women.

The desire to space or limit pregnancies determines to an extent the use of a particular contraceptive method. Ninety percent of women who use long-term methods such as the IUD and the injectable want to limit rather than space their pregnancies. Only 79 percent of condom users want to limit pregnancies and less than three-quarters of pill, withdrawal, calendar or temperature users want to limit. As a whole, fewer users of the sympto-thermal method use the method to limit rather than space their pregnancies than users of other methods.

Because of the fairly high use of withdrawal found on Mauritius Island, those who reported use of withdrawal were reinterviewed in 1992 and asked why they chose to use withdrawal over other methods of contraception. Table 8.13 gives a frequency distribution of the responses to this open-ended question. Since respondents were allowed to give multiple reasons, the distribution adds to more than 100 percent. The most frequently cited reason was the fear of or experience with side effects of other methods (42 percent). Another 18 percent simply do not like other methods. Thus, almost two-thirds of respondents find other methods unacceptable. Almost one-quarter of respondents use withdrawal because their partners prefer it. Only one respondent reported religious objections as a reason for using the method.

TABLE 8.13

Reasons for Choosing Withdrawal Over Other Methods of Contraception Among Women Aged 15-44 Who Are Current Users of Withdrawal

Mauritius Island

1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Reason*	Percent**
Side Effects With Other Methods	41.8
Husband/Partner Prefers	22.5
Does Not Like Other Methods	18.4
Easier To Use / Obtain	11.1
Feels Withdrawal More Effective	5.3
More Natural	4.1
Health Reasons	2.5
No Time To Get Another Method	1.6
Infrequent Sexual Activity	1.6
No Knowledge Of Other Methods	1.2
Religious Objections To Other Methods	0.4
Other Reasons	2.5
Number Of Cases	244

* The data in this table were obtained in 1992 from reinterviews of respondents who reported withdrawal use at the time of the original interviews in 1991.

** The total of all responses is more than 100 percent because respondents were allowed to give more than one response.

Number of Living Children When Beginning Contraceptive Use

Table 8.14 shows that the majority of women have one child when they first begin to use a contraceptive method. Nevertheless, a relatively high percentage of women who have less than a complete primary education wait until they have two or three or more children before starting to use a contraceptive method. The proportion of women with no children who begin contracepting rises sharply with increasing education levels.

TABLE 8.14
Percent Distribution and Mean Of Number Of Living Children
When Respondent First Started Using Contraception
By Residence and Education
Women 15-44 Who Have Ever Used A Contraceptive Method
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Number of Living Children When First Used Contraception					Mean Number Of Living Children When First Used Contraception	
	0	1	2	3+	TOTAL		n
All Women	17.7	53.7	17.2	11.4	100.0	1.2	3349
Residence							
Urban	27.0	50.9	14.9	7.2	100.0	1.0	1403
Semi-urban	10.2	57.7	18.9	13.2	100.0	1.4	560
Rural	11.4	55.0	18.8	14.8	100.0	1.4	1386
Education Level							
< Complete Primary	7.6	46.8	21.4	24.2	100.0	1.6	645
Complete Primary	13.5	56.1	18.2	12.3	100.0	1.3	1397
> Complete Primary	27.3	54.6	14.1	4.0	100.0	0.9	1307

9. INFORMATION, EDUCATION AND COMMUNICATION

In order to assess information, education and communication (IEC) activities, questions were asked on where respondents had first heard of family planning for the first time and whether they had discussed it and been encouraged to use it by others. Table 9.1 shows the distribution of where women who had ever used contraception first heard about family planning. Half had first heard about it from health staff, another 15 percent from friends and fewer than 10 percent from any other one source.

Whether or not a woman first heard about NFP from health staff varies somewhat by subgroup. Urban, better educated women tend to rely to a greater extent on other sources, including Action Familiale, their partner and their family or a private doctor.

When deciding to use family planning, the great majority (86 percent) of women discussed it with their husbands or partners (Table 9.2). Less than 10 percent ever discussed their use with any other category of person. Almost all women received support from the person with whom they had their discussion, whatever the category.

TABLE 9.1
Percent Distribution Of Where Women First Heard of Family Planning
By Residence and Education
Women 15-44 Who Have Ever Used A Contraceptive Method
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Where First Heard of Family Planning	All Women	Residence			Education		
		Urban	Semi-Urban	Rural	Less Than Complete Primary	Complete Primary	More Than Complete Primary
Health Staff	49.6	41.4	53.2	56.5	62.1	55.4	37.3
Friends	15.3	14.1	18.2	15.3	15.7	15.6	14.8
Action Famil.	8.0	8.7	7.3	7.7	4.7	7.0	10.8
Family	7.6	9.9	7.3	5.3	5.6	7.7	8.5
Husband/Partner	7.6	9.8	4.1	6.6	5.9	7.6	8.3
Mass Media	4.4	4.6	5.4	3.8	3.7	3.7	5.4
Private Doctor	3.1	4.0	0.5	3.3	1.4	1.6	5.6
Education	1.7	3.3	0.9	0.4	0.2	0.2	4.0
Books/Magazines	1.2	2.0	1.3	0.3	0.0	0.4	2.7
Religious Pers.	0.7	1.0	0.7	0.4	0.5	0.4	1.1
Self	0.4	0.2	0.7	0.5	0.0	0.3	0.8
Marriage Course	0.2	0.3	0.2	0.0	0.2	0.1	0.2
Other	0.3	0.6	0.2	0.1	0.2	0.1	0.6
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(3349)	(1403)	(560)	(1386)	(644)	(1397)	(1308)

TABLE 9.2
Percentage Of Women Who Discussed Family Planning With Other Persons When Deciding To Use Family Planning And Percentage Who Received Support From These Other Persons, By Category of Other Person
Women 15-44 Who Have Ever Used A Contraceptive Method
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Category Of Other Person	Percent Who Discussed With		Percent Who Received Support From	
Husband	85.7	(3351)	96.9	(2871)
Social Worker (Asst. Sociale)	9.2	(3351)	98.7	(307)
Friend Or Neighbor	8.7	(3351)	97.9	(292)
Parent Or Other Family Member	7.8	(3351)	93.2	(263)
Religious Person	0.3	(3351)	**	(10)
Other	1.8	(3351)	94.9	(59)

** Less than 25 cases

10. SOURCE OF CONTRACEPTION

As shown in Table 10.1, Ministry of Health (MOH) clinics are the primary source of contraception for users with an identifiable source on Mauritius Island, supplying 56 percent of all of these users. The Mauritius Family Planning Association (MFPA) currently supplies another 15 percent of users. Public sector hospitals supply 11 percent of users, and Action Familiale provides for another 8 percent of users. In the private sector, pharmacies, factories and private clinics together supply 10 percent of users.

The contribution of the various institutions has changed somewhat since 1985. The percent of women supplied by the MOH has declined significantly from 64 percent to 56 percent. A statistically significant increase is also observed in the percent supplied by the MFPA, from 6 percent to 15 percent.

There are differences between urban and rural areas. While MOH clinics serve almost 65 percent of rural users they serve only 44 percent of urban users. Action Familiale, pharmacies and private clinics are more important in urban areas, where these private sources are primarily located. Better educated women also use the private sector (Action Familiale, pharmacies and private clinics) to greater extent than lesser educated women (Table 10.2).

Table 10.3 compares reported sources for selected contraceptives in 1991 and in 1985. In 1991 the Mauritius Family Planning Association (MFPA) provided a greater proportion of supplied methods, including tubal ligations, than in 1985. Conversely, the proportion of women whose contraceptives are provided by the MOH has declined for all supplied methods.

TABLE 10.1
Percent Distribution of Source of Contraception, By Residence
Women In Union Aged 15-44 Who Are Current Users Of Contraception
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Source Of Method	Total*	Residence			1985 Adjusted**
		Urban	Semi-Urban	Rural	Total
MOH Clinic	55.6	43.8	60.0	64.4	64.1
MFPA Clinic	15.3	16.6	15.6	13.9	5.9
Hospital	11.0	11.4	12.5	10.0	9.3
Action Familiale	7.5	10.4	5.4	5.7	10.4
Pharmacy	5.6	9.0	5.5	2.7	5.4
Private Clinic	3.2	6.3	0.7	1.5	0.8
Factory - Work	1.4	1.9	0.4	1.4	0.7
Other	0.5	0.7	0.0	0.5	3.3
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	1790	703	295	792	1509

*Excludes users of withdrawal and those for whom no source was stated.

**The 1985 survey was of women 15 to 49 years of age, while the 1991 survey only included women to age 44. To make the data from the two surveys comparable, in the "Adjusted" column 45-49 year old women have been excluded and age has been adjusted to the 1991 age distribution. Users of withdrawal, and natural family planning methods combined with withdrawal, have been excluded.

TABLE 10.2
Percent Distribution of Source of Contraception, By Education
Women In Union Aged 15-44 Who Are Current Users Of Contraception
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Source Of Method*	Total	Education		
		Less Than Complete Primary	Complete Primary	More Than Complete Primary
MOH Clinic	55.6	61.4	63.6	43.5
MFPA Clinic	15.3	15.6	13.1	17.5
Hospital	11.0	16.7	12.5	6.2
Action Familiale	7.5	1.7	5.3	13.0
Pharmacy	5.6	2.5	2.8	10.4
Private Clinic	3.2	1.1	0.5	7.4
Factory - Work	1.4	0.6	1.7	1.5
Other	0.5	0.6	0.4	0.6
Total	100.0	100.0	100.0	100.0
No. of Cases	1790	360	754	676

*Excludes users of withdrawal and those for whom no source was stated.

TABLE 10.3
Percent Distribution of Source of Contraception For Selected Methods
Women In Union Aged 15-44 Who Are Current Users Of Contraception
Compared With Data From 1985 Contraceptive Prevalence Survey
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	METHOD							
	Tubal Ligation	Pill	Injectable	IUD	Condom	Sympto-Thermal	Calendar	Temp.
A. 1991 SURVEY								
SOURCE								
MOH Clinic	0.0	69.9	86.8	62.2	56.6	0.0	10.9	6.9
MFPA Clinic	11.5	15.8	9.7	27.6	15.8	0.0	3.1	3.5
Hospital	77.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Action Fam.	0.0	0.3	1.4	0.0	3.6	88.7	14.6	46.6
Pharmacy	0.0	8.1	0.0	0.0	6.2	1.9	0.5	1.7
Priv. Clinic	10.3	2.3	0.0	6.1	0.9	0.0	2.1	0.0
Factory/Work	0.0	2.1	0.0	0.0	1.9	0.0	0.5	0.0
Other	0.8	0.0	1.4	1.0	0.2	0.0	1.6	0.0
No Source Stated	0.0	1.6	0.7	3.1	14.7	9.4	66.7	41.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	253	735	144	98	468	53	192	58
B. COMPARATIVE DATA FROM 1985 CONTRACEPTIVE PREVALENCE SURVEY								
MOH Clinic	0.0	82.2	98.4	89.4	76.1	0.0	1.0	0.0
MFPA Clinic	5.1	7.6	1.6	9.4	8.1	1.2	0.0	1.8
Hospital	93.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Action Fam.	0.0	0.0	0.0	0.0	1.0	95.6	2.9	85.9
Pharmacy	0.0	7.1	0.0	0.0	11.9	0.0	0.0	0.0
Priv. Clinic	1.7	0.9	0.0	1.3	0.0	0.0	1.6	0.0
Factory/Work	0.0	1.5	0.0	0.0	0.4	0.0	0.6	0.0
No Source Required	0.0	0.7	0.0	0.0	2.5	3.3	93.8	12.3
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	128	625	182	62	303	106	162	42

Action Familiale is still the supplier of most users of the sympto-thermal method. A greater number of calendar users reported Action Familiale as their method source in 1991 compared to 1985. Since Action Familiale has been exclusively promoting the sympto-thermal method since before 1985, these respondents are either using only the calendar components of the sympto-thermal method or are confusing the various NFP methods.

The time it takes to get to a contraceptive source has apparently worsened since 1985 (Table 10.4). While in 1985 over half of current users in both urban and rural areas were within 15 minutes travel time to a source of contraception, in 1991 this was true of only 29 percent of contraceptive users. Both the mean and median times to the respondent's source of contraception have increased by at least 40 percent since 1985.

TABLE 10.4
Percent Distribution, Mean and Median
Of Time Required To Go To Source of Contraception
By Residence
Compared With The 1985 Contraceptive Prevalence Survey
Women In Union Aged 15-44 Who Are Current Users of Contraception
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Percent Distribution Of Time Required To Go To Contraceptive Source

	All Women	Residence			1985 Survey* All Women
		Urban	Semi-Urban	Rural	
Home Visit	8.1	9.4	7.6	7.3	5.1
1-14 Minutes	20.7	13.9	10.2	30.0	48.0
15-29 Minutes	45.5	50.2	51.3	39.5	35.1
30-59 Minutes	19.8	21.3	22.3	17.6	10.9
60+ Minutes	5.9	5.3	8.7	5.5	0.9
Total	100.0	100.0	100.0	100.0	100.0

Mean and Median Of Time Required To Go To Contraceptive Source

	All Women	Residence			1985 Survey* All Women
		Urban	Semi-Urban	Rural	
Mean (Minutes)	20.0	20.9	22.6	18.2	13.4
Median (Minutes)	13.9	15.0	16.0	12.4	9.9
n	1634	620	265	749	1219

* The 1985 survey included women 15 to 49 years of age. Since the 1991 survey only included women to age 44, to make the data from the two surveys comparable, the 1985 data in this table does not include 45-49 year old women and has been adjusted to the 1991 age distribution.

11. NONUSERS AND USERS WHO PREFER OTHER METHODS

Reasons for Stopping Use

Table 11.1 shows the reasons given by past users for stopping use of their most recently used method. On Mauritius Island, over a third of women stopped use because they wanted to become pregnant. Another 11 percent became pregnant while using a method. Both these groups of women are potentially future users. Twenty-one percent of women ceased sexual activity and 3 percent became subfecund--thus, they no longer need contraception. One-fifth of women ceased contraceptive use because of side effects or method problems, a reason cited to an even greater extent in rural areas. Use of contraception among this group, as well as among those discontinuing for medical or other reasons, might be increased through appropriate counseling about alternative methods.

Side effects or method problems are a more important reason for stopping use among users of hormonal methods (pill and injectables), than among users of barrier or natural methods (Table 11.2). These former users of hormonal methods may be potential users of other types of methods.

Method failure is a more important reason for stopping use of the condom and natural methods. These methods apparently have higher user failure rates than the pill or injectables. Those who have experienced a failure should probably switch to other more reliable methods. It is noteworthy that the desire for a pregnancy as a reason for stopping use is much higher among former condom and natural method users than former hormonal method users.

TABLE 11.1
Percent Distribution of
Reasons for Discontinuing Use of a Contraceptive Method
Women 15-44 Formerly Or Currently In Union
And Who Formerly Used a Contraceptive Method,
By Residence
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Reasons	All Women	Residence		
		Urban	Semi-Urban	Rural
Desired Pregnancy	35.1	37.9	42.1	30.5
Ceased Sexual Activity	20.7	20.5	22.7	20.3
Side Effects/Method Problems	20.4	14.0	12.5	28.9
Method Failure	10.6	11.6	13.6	8.9
Medical Advice	5.5	8.2	2.3	3.9
Believed No Longer Fecund	2.6	4.1	3.4	1.0
Husband Objects	2.6	2.1	2.3	3.3
Other	2.3	1.7	1.1	3.3
TOTAL	100.0	100.0	100.0	100.0
Number of Cases	(686)	(293)	(88)	(305)

TABLE 11.2
Percent Distribution of
Reasons for Discontinuing Use of a Contraceptive Method
Women 15-44 Formerly Or Currently In Union
And Who Formerly Used a Contraceptive Method,
By Selected Contraceptive Methods
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Reasons	Method Formerly Used					
	Pill	Inject.	Condom	Sympto-Thermal	Cal.	Withd.
Desired Pregnancy	29.6	20.0	39.0	52.6	56.0	48.2
Ceased Sexual Activity	24.4	25.0	14.6	5.3	16.0	17.9
Believed No Longer Fecund	0.6	0.0	2.4	13.2	0.0	5.4
Side Effects/Method Problems	28.4	48.3	4.9	5.3	0.0	3.6
Method Failure	5.5	0.0	23.2	21.1	16.0	18.8
Medical Advice	8.4	3.3	3.7	0.0	4.0	2.7
Husband Objects	1.5	1.7	7.3	2.6	4.0	2.7
Other	1.7	1.7	4.9	0.0	4.0	0.9
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
Number of Cases	345	60	82	38	25	112

Continuation Rates

The questionnaire included a contraceptive calendar, in which respondents were asked to identify which method of contraception was used, if any, for every month in the 5 years preceding the survey. Although this task may seem monumental, the placement of births and pregnancies in the 5-year calendar and the corresponding discussion of activities within the intervals between births made recollection of contraceptive use less difficult. Interviewers reported no difficulties in filling out this section of the questionnaire.

Life table techniques were used to calculate the percent of women still using a contraceptive method one year after starting use of that method. The life table technique accounts for the fact that some women were using a method before the 5-year window in the calendar and others were still using a method at the end of the calendar window. Failure rates, or the percent discontinuing due to pregnancy, can not be calculated because of uncertainties about the timing of conception and whether or not a method was being used at that time.

Table 11.3 shows the first-year continuation rates for the various contraceptive methods. As expected, tubal ligation has the highest continuation rate, followed by the IUD. The injectable, on the other hand, has the lowest rate (52 percent), although Table 11.2 indicated that most discontinuations are due to side effects rather than failures. The pill, condoms, the sympto-thermal method and the temperature method have comparable continuation rates, in the range of 60 to 67 percent. Somewhat surprisingly, withdrawal and calendar rhythm have somewhat higher continuation rates (75 percent). These latter two methods are generally assumed to have higher failure rates. The higher continuation rates most likely reflect the ease of using these two methods.

TABLE 11.3
Percent of Women Aged 15-44 Still Using a Contraceptive Method
After Twelve Months since Starting Use
Based on Life Table Calculations from the Contraceptive Calendar
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Method	Percent Still Using the Method
Tubal Ligation	100.0
IUD	84.0
Pill	67.5
Condom	66.1
Injectables	52.5
Foam/diaphragm	**
Vasectomy	**
Calendar	74.8
Sympto-thermal	66.6
Temperature	61.6
Cervical Mucus	**
Withdrawal	74.6
Other	**

** Fewer than 25 cases of exposure in the twelfth month of the life table.

Reasons for Non-Use of Contraception

Women not currently using contraception represent the potential for expanding family planning program coverage. On Mauritius Island, of those women in union, not currently using a contraceptive method at the time of the survey, most (90 percent) were not using for reasons related to lack of sexual activity, subfecundity, or pregnancy (Table 11.4). Thus, only 10 percent of nonusers could be considered candidates for adopting contraception at the time of interview.

Preference for a Different Contraceptive Method

Women who are currently using a contraceptive were asked whether they would prefer using a different method than the method currently being used. Overall, only 11 percent of current users responded positively--most currently using women are satisfied with their present method (Table 11.5). The percentage of users who would prefer to be using a different method is highest among hormonal methods, condom and withdrawal users. IUD and natural method users are more content with their current method. Since side effects or method problems are among the most important reasons for stopping use among users of hormonal methods, as seen in Table 11.2, it can be presumed that a higher reporting of these problems among current users of these methods are important reasons for wanting to use another method.

Of those women wanting to use another method, more than half said they would prefer a permanent or long-term method such as tubal ligation or the IUD, respectively, and another 22 percent said they would prefer a hormonal method (Table 11.6). About 10 percent said they would prefer a natural method. Hormonal method users are the most likely to prefer tubal ligation. Condom and withdrawal users also show a preference for switching to the pill.

TABLE 11.4
Percent Distribution of
Reasons for Not Currently Using a Contraceptive Method
Women 15-44 Who Have Ever Been In Union Not Currently Using a Method
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Reasons	
Reasons Related To Pregnancy, Infertility and Sexual Activity	90.1
Not Sexually Active	24.3
Currently Pregnant	21.8
Unable Get Pregnant 3 Years (Subfecundity)	17.7
Desire Pregnancy	17.5
Post-Partum, Breastfeeding	6.2
Non-Contraceptive Surgery	1.6
Menopause	1.0
Other Reasons	9.8
Health Concerns	1.0
Fear of Side Effects	0.9
Partner Objects	0.3
Method Unavailable	0.2
Don't Know Any Method	0.1
Too Expensive	0.1
Other	7.2
TOTAL	100.0
Number of Cases	1077

TABLE 11.5
Percentage Who Prefer To Use A Different Contraceptive Method
By Specific Contraceptive Method
Women In Union Aged 15-44 Who Are Current Users Of Contraception
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Method	Percentage Who: Prefer A Different Method	Do Not Prefer A Different Method	Not Sure	n
Injectable	15.3	82.6	2.1	144
Pill	13.1	83.1	3.8	733
Condom	12.0	84.2	3.9	468
Withdrawal	10.1	83.9	6.0	564
Calendar	6.8	88.5	4.7	192
IUD - DIU	4.1	88.8	7.1	98
Temperature	3.5	93.1	3.5	58
Sympto-thermal	1.9	98.1	0.0	53
Cervical Mucus	**	**	**	18
Vaginal Tablets	**	**	**	14
Other	**	**	**	15
Total	10.8	84.9	4.3	2359

** Less than 25 cases.

TABLE 11.6
Percent Distribution Of Specific Contraceptive Method Preferred
By Those Who Prefer To Use A Different Method,
By Currently Used Method
Women In Union Aged 15-44 Who Are Current Users Of Contraception
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Method Preferred	Method Currently Used			
	Total	Pill Or Injectable	Condom	Withdrawal
Tubal Ligation	41.6	50.9	33.9	28.1
Pill	13.3	3.4	19.6	28.1
IUD - DIU	11.0	10.2	16.1	8.8
Injectable	8.2	8.5	12.5	3.5
Temperature	5.9	7.6	5.4	5.3
Sympto-thermal	2.7	1.7	3.6	3.5
Condom	2.4	1.7	--	3.5
Calendar	1.2	0.9	0.0	3.5
Withdrawal	1.2	1.7	0.0	--
Implant	0.8	1.7	0.0	0.0
Vaginal Tablets	0.8	1.7	0.0	0.0
Vasectomy	0.4	0.0	1.8	0.0
Not Sure	6.7	5.1	7.2	14.1
Any Method	3.9	5.1	0.0	1.8
Total	100.0	100.0	100.0	100.0
Number Of Cases	255	118	56	57

12. WOMEN IN NEED OF FAMILY PLANNING SERVICES

Using the survey data, women can be identified as being at risk of an unintended pregnancy or "in need of family planning services". A woman is defined as "in need of family planning services" if she was 1) fecund, 2) sexually active, 3) not currently pregnant, 4) did not currently desire to become pregnant, and 5) was not using any contraceptive method. For this report, we also consider women using less effective methods, that is, calendar, withdrawal and "other" users, as being in need of more effective family planning methods.

Among women currently or formerly in union who are 15-44 years of age on Mauritius Island, 6 percent are subfecund, another 6 percent are pregnant, 5 percent desire a pregnancy and 7 percent are not sexually active (Table 12.1). The percentage of women "in need of any family planning services" is a relatively low 6 percent. Although small, this percentage is significantly higher than in 1985, when 3 percent were in need. Twenty-one percent of women ever in union use a contraceptive considered less effective. When these women are added to those using no method at all, we find that 27 percent of women are in need of more effective family planning services. This figure has not changed significantly since 1985.

It is estimated that the there were 172,000 women aged 15-44 either currently or formerly in union in mid-1991, when the survey was performed (Central Statistical Office, 1992). Using this figure, we can conclude that 11,000 women currently have an unmet need for any family planning, and that 46,000 women have an unmet need for more effective family planning methods.

Table 12.2 breaks down the proportion in need by selected characteristics. The segments of the population in greatest need of more effective family

TABLE 12.1
Classification Of Family Planning Need*
Women Aged 15 to 44 Who Are Currently Or Were Formerly In Union
Compared With 1985 Contraceptive Prevalence Survey**
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	1991		1985	
Not In Need Of Family Planning Services		24.2		22.8
Sub-Fecund	5.8		4.6	
Currently Pregnant	6.3		6.1	
Desires Pregnancy	5.1		3.0	
Sexually Inactive	7.0		9.1	
Using More Effective Contraceptive Methods		49.1		49.2
Using Less Effective Contraceptive Methods		20.4		23.3
Not Using Any Contraceptive Method		6.3		3.3
Total		100.0		100.0
Number Of Cases		3780		2928

*Women are defined as being in need of family planning services who are: fecund, sexually active, not currently pregnant, not currently desiring a pregnancy, and not using a contraceptive method for reasons not related to pregnancy, subfecundity, or sexual inactivity. Methods considered less effective are withdrawal, calendar and "other methods".

**The 1985 survey included women 15 to 49 years of age. Since the 1991 survey only included women to age 44, to make the data from the two surveys comparable, the 1985 data in this table does not include 45-49 year old women and has been adjusted to the 1991 age distribution. If the 23.3 percent of women who use less effective contraceptive methods are added to the category of women in need of FP services, a total of 26.7 percent of women are in need of FP services.

TABLE 12.2

Percent of Women Aged 15 to 44 Who Have Ever Been In Union, Who Are In Need* of Family Planning Services By Selected Characteristics

Mauritius Island

1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Women Not Using Any Contraceptive Method	Women Not Using More Effective Contraceptive Methods	Total Unmet Need For Any Or More Effective Methods	
Total	6.3	20.4	26.7	(3780)
Residence				
Urban	5.6	21.5	27.1	(1539)
Semi-Urban	4.9	25.5	30.4	(608)
Rural	7.5	17.6	25.1	(1633)
Age				
15-24	9.4	19.1	28.5	(596)
25-34	6.2	21.3	27.5	(1723)
35-44	5.2	19.9	25.1	(1461)
Religion				
Catholic	5.6	13.3	18.9	(946)
Hindu	6.1	21.2	27.3	(2177)
Muslim	8.5	29.2	37.7	(603)
Education				
< Complete Primary	6.6	17.0	23.6	(728)
Complete Primary	6.8	19.6	26.4	(1597)
> Complete Primary	5.7	23.0	28.7	(1455)
No. Live Births				
0	5.6	7.5	13.1	(337)
1	7.7	22.3	30.0	(830)
2	5.6	25.0	30.6	(1261)
3	5.9	19.9	25.8	(743)
4+	6.9	16.1	23.0	(609)
Union Status				
Currently In Union	6.1	22.0	28.1	(3507)
Formerly In Union	9.5	0.4	9.9	(273)
Socio-Economic Index				
Low	7.5	17.3	24.8	(1381)
Medium	5.7	19.8	25.5	(1116)
High	5.6	24.5	30.1	(1270)

*Women are defined as being in need of family planning services who are: fecund, sexually active, not currently pregnant, not currently desiring a pregnancy, and not using a contraceptive method for reasons not related to pregnancy, subfecundity, or sexual inactivity. Methods considered less effective are withdrawal, calendar and "other methods".

( ) = Number of cases

planning services are semi-urban women, Hindu and Muslim women, and women with 1 or 2 live births; need increases with education and socio-economic status. Need is higher in these groups because, as discussed in Chapter 8, the use of less-effective methods is highest in these sub-groups.

Table 12.3 shows how the percent of women in need varied by selected characteristics in the 1985 CPS. Differentials by age, religion, education and number of live births are strikingly similar for the 1985 and 1991 surveys.

TABLE 12.3
Percent of Women Aged 15 to 44 Who Have Ever Been In Union, Who Are In Need* of Family Planning Services
By Selected Characteristics
Mauritius Island
Data From 1985 CONTRACEPTIVE PREVALENCE SURVEY**

	Women Not Using Any Contraceptive Method	Women Not Using More Effective Contraceptive Methods	Total Unmet Need For Any Or More Effective Methods	
Total	3.3	23.3	26.7	(2928)
Age				
15-24	5.1	22.4	27.5	(690)
25-34	3.1	20.8	23.9	(1347)
35-44	2.7	26.9	29.6	(891)
Religion* **				
Catholic	2.9	15.7	18.6	(653)
Hindu	4.1	22.9	27.0	(1743)
Muslim	3.7	32.6	36.3	(487)
Education				
< Complete Primary	3.2	21.6	24.8	(1434)
Complete Primary	2.3	24.6	26.9	(713)
> Complete Primary	4.4	25.9	30.3	(781)
No. Live Births				
0	2.8	13.8	16.6	(298)
1	3.8	23.7	27.5	(579)
2	3.8	25.0	28.8	(752)
3	3.5	24.3	27.8	(570)
4+	2.5	23.8	26.3	(729)

*Women are defined as being in need of family planning services who are: fecund, sexually active, not currently pregnant, not currently desiring a pregnancy, and not using a contraceptive method for reasons not related to pregnancy, subfecundity, or sexual inactivity. Methods considered more effective are all except withdrawal, calendar and "other methods".

( ) = Number of unweighted cases

**The 1985 survey included women 15 to 49 years of age. Since the 1991 survey only included women to age 44, to make the data from the two surveys comparable, the 1985 data in this table does not include 45-49 year old women and has been adjusted to the 1991 age distribution.

***45 women whose religion was "other" were not included in the data on religion.

13. CONTRACEPTIVE STERILISATION

Eight percent of women in union age 15-44 on Mauritius Island report that they or their partners have been surgically sterilised. The proportion sterilised increases with age and number of living children (Tables 8.4 and 8.5). For example, among women 40-44 years of age, 15 percent report using sterilisation.

This chapter will provide additional information on sterilisation; specifically the characteristics of sterilised women, interest in sterilisation among women wanting to limit their family size, reasons for lack of interest, and reasons for failure to be sterilised among interested women.

Profile of Sterilised Women

Table 13.1 shows that the residence and religion of sterilised women is essentially the same as for all respondents. Since women formerly in union are less sexually active, it is not surprising that a slightly higher percentage of sterilised women are currently in union compared to the survey population.

Sterilised women tend to be older than the population--the average age among sterilised women was 37 years, compared with an average of 32 years for all ever-married women on Mauritius Island in the survey. At the time they were sterilised, sterilised women were on average 32 years old, and thus have been sterilised for an average of 5 years. Forty-two percent of sterilised women had four or more living children at the time of the survey compared with 16 percent of the survey population. Comparing mean number of living children, the data show that sterilised women have more children (3.5) on average than all respondents (2.2). With regard to education,

TABLE 13.1
Profile of Ever Married Women Aged 15-44
Who Have Been Contraceptively Sterilised
Or Whose Husbands / Partners Have Been Contraceptively Sterilised
Compared With Total Survey Population
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Percent Distribution Of:		
Residence	Sterilised Women		All Women
Urban	43.8		40.7
Semi-urban	16.1		16.1
Rural	40.1		43.2
Age		Age When Sterilised	
15-24	0.4	4.5	15.8
25-29	7.1	31.5	22.9
30-34	21.3	37.8	22.7
35-39	39.3	24.0	22.9
40-44	31.8	2.2	15.8
Mean Age	36.6	31.8	31.9
Marital Status			
Currently In Union	96.3		92.8
Formerly In Union	3.7		7.2
Number of Living Children			
0-1	0.7		30.9
2	22.5		33.4
3	35.2		19.7
4+	41.6		16.1
Mean Number of Living Children	3.5		2.2
Education Level			
< Complete Primary	29.2		19.3
Complete Primary	44.2		42.3
> Complete Primary	26.6		38.5
Planning Status of Last Pregnancy			
Planned	59.9		78.5
Mistimed	7.5		7.1
Unwanted	30.3		13.3
Unsure	2.2		1.1
Religion			
Hindu	55.1		57.6
Catholic	24.3		25.0
Muslim	18.7		15.9
Other	1.9		1.4
TOTAL	100.0		100.0
n	(267)		(3781)

sterilised women have received less education than the survey population. A much higher percentage of sterilised women report that their last pregnancy was unwanted compared with the survey population. This may be one reason why they sterilisation.

Demand for Sterilisation

Respondents were asked whether or not they wanted more children. As seen earlier in Table 6.3, 75 percent of the respondents said that they wanted no more children. Those who wanted no more children were then asked if they were interested in surgical sterilisation.

As shown in Table 13.2, seventeen percent of all women in union 15-44 on Mauritius Island who do not desire more children are interested in sterilisation. Women 25-34 years old, high parity women, less educated women, and Hindu and Muslim women are slightly more likely to be interested in sterilisation. As the number of living children increases, so does interest in sterilisation.

All women who did not want any more children and said they were not interested in surgical contraception were asked the reason for their lack of interest (Table 13.3). Overall, on Mauritius Island, 29 percent of these women stated they "did not like the operation". A further 21 percent of women reported "fear of the operation". More women gave one of these two responses in semi-urban and rural areas than in urban areas. These fears could be addressed through IEC activities.

Eighteen percent of women stated that their husband was opposed to sterilisation; a slightly larger percentage in semi-urban and rural areas than urban areas. As stated before, this suggests orienting IEC activities toward males. Nineteen percent of women said they were

TABLE 13.2
Percent of
Women Aged 15-44 Currently In Union Who Do Not Desire More Children
That Report An Interest In Sterilisation
By Selected Characteristics
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Percent	n
All Women	16.6	2167
Residence		
Urban	15.8	882
Semi-urban	16.9	343
Rural	17.2	942
Age		
15-24	16.3	190
25-29	21.4	458
30-34	19.9	539
35-39	15.8	594
40-44	7.8	386
Number of Living Children		
0	3.5	28
1	10.1	207
2	13.4	910
3	19.3	574
4+	23.4	448
Education Level		
< Complete Primary	19.7	468
Complete Primary	17.2	937
> Complete Primary	14.0	762
Employment Status		
Not Employed	17.0	1301
Unskilled	17.6	928
Skilled	13.7	337
Current Contraceptive Use		
Users	16.7	1755
Non-Users	18.3	350
Religion		
Hindu	17.8	1283
Catholic	10.9	313
Muslim	17.3	544
Other	14.8	27

TABLE 13.3
Percent Distribution of Reasons Not Interested In Sterilisation
Women Aged 15-44 Currently In Union Who Want No More Children
By Residence
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Reasons	All Women	Residence		
		Urban	Semi-Urban	Rural
Does Not Like Operations	28.9	26.6	26.8	31.8
Fear Of Operation	21.0	16.4	26.4	23.5
Satisfied With Current Method	19.2	25.6	17.0	13.9
Husband Opposed	17.6	13.4	21.5	20.2
Too Young	3.8	5.7	1.1	3.1
Against Religion Or Custom*	2.7	4.7	2.6	0.8
Not Sure	1.7	1.6	1.5	1.9
Need More Information	1.5	1.3	1.1	1.9
Believe Approaching Menopause	1.5	2.3	0.8	1.1
Health Reasons	0.7	0.9	0.0	0.8
Waiting For Children to Grow Up	0.5	0.4	1.1	0.4
Not Sexually Active	0.2	0.3	0.0	0.3
Other	0.6	1.0	0.0	0.5
TOTAL	100.0	100.0	100.0	100.0
Number of Cases	(1721)	(707)	(265)	(749)

* "Against Religion or Custom" was the response of 10.7 percent of Muslims, 3.3 percent of Catholics and 0.2 percent of Hindus.

satisfied with their present, non-permanent method. Religion or custom, accounted for a small proportion, 3 percent; however, 11 percent of Muslim women gave this answer.

All women who said they did not want any more children and had interest in sterilisation were asked why they had not been sterilised (Table 13.4). Of these women, 27 percent said their husbands were opposed. This suggests that IEC activities regarding female sterilisation should be directed toward males, to increase the acceptability of sterilisation. Twenty-two percent said they were too young and/or had no medical approval and another 13 percent of women were "waiting for their children to grow up." Ten percent had "fear of the operation" and 6 percent "needed more information." These women could presumably be the target of IEC activities. A total of 19 percent of these women were "planning to" be sterilised and were already on a waiting list or were "lazy" and had not yet requested to be put on a waiting list.

TABLE 13.4
Percent Distribution of Reasons For Not Having Been Sterilised
Women Aged 15-44 Currently In Union Who Want No More Children
And Who Report An Interest In Sterilisation,
By Residence
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

		Residence		
Reasons	All Women	Urban	Semi-Urban	Rural
Husband Opposed	27.0	25.4	31.8	26.8
Too Young - No Medical Approval	21.7	25.4	25.0	17.6
Waiting For Children to Grow Up	12.8	9.3	18.2	14.1
Planning To / Lazy	14.1	18.6	9.1	2.0
Fear Of Operation	10.2	14.4	9.1	7.0
Need More Information	5.9	2.5	2.3	9.9
Planning To / On Waiting List	4.6	0.9	2.3	8.5
After Current Pregnancy	1.3	0.9	0.0	2.1
Health Reasons	1.0	0.9	0.0	1.4
Other	1.3	1.7	2.3	0.7
TOTAL	100.0	100.0	100.0	100.0
Number of Cases	(304)	(118)	(44)	(142)

14. NATURAL FAMILY PLANNING

In 1985, the Mauritius CPS found that a high percentage of married women were using a natural method of contraception. It was reported that 17 percent were using one of four Natural Family Planning (NFP) methods--calendar rhythm, basal body temperature, cervical mucus, and the sympto-thermal method. An additional 1 percent were using one of these methods in conjunction with some supplied method. Because of this relatively high prevalence, the 1991 CPS included a specially designed module to investigate in detail the use of NFP in Mauritius.

Trends in NFP Use

As already discussed in Chapter 8, a portion of the 17 percent of NFP users in 1985 were in fact using withdrawal as well as an NFP method. If we define NFP use more appropriately as periodic abstinence, the use of NFP is not considerably less than the reported 17 percent. The two surveys show very little change in NFP use over the 6 year period. There appears to be a statistically significant reduction in the use of the sympto-thermal method of NFP, from 4 percent to 2 percent. However, because the 1985 survey did not probe the users on how they monitor their fertile days, the change could simply reflect a misunderstanding of the four NFP methods in 1985.

Characteristics of NPF Users

Table 14.1 compares the characteristics of Natural Family Planning users with users of supplied methods and the total survey population. On Mauritius Island, NFP users are far more likely to be urban dwellers, have more education, be in a higher socio-economic group and be Catholic than the other two groups.

TABLE 14.1
Selected Characteristics Of Natural Family Planning (NFP) Users
Compared With Supplied Method Users And All Respondents
(Percent Distribution)
Women 15-44 Who Are Were Formerly Or Are Currently In Union
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Characteristics	Natural Family Planning Users	Users Of Supplied Methods	All Women Ever In Union
Residence			
Urban	49.4	39.8	40.7
Semi-Urban	16.8	16.7	16.1
Rural	33.9	43.5	43.2
Age			
15-19	0.9	1.1	1.9
20-24	10.9	12.3	13.8
25-29	22.0	22.0	22.9
30-34	29.5	24.5	22.7
35-39	22.7	25.7	22.9
40-44	14.0	14.5	15.8
Education			
< Complete Primary	9.6	21.2	19.3
Complete Primary	33.5	43.0	42.3
> Complete Primary	56.8	35.8	38.5
Socio-Economic Index			
Low	26.1	37.7	36.7
Middle	30.7	29.6	29.6
High	43.2	32.8	33.7
Desire For More Children			
Want More	25.2	21.3	26.8
Want No More	72.0	77.2	70.1
Unsure	2.8	1.5	3.1
Current NFP Method			
Sympto-thermal	16.5	-	-
Calendar	59.9	-	-
Temperature	18.0	-	-
Cervical Mucus	5.6	-	-
Religion			
Hindu	49.1	56.5	57.6
Catholic	37.6	28.7	25.0
Muslim	10.9	13.4	15.9
Other	2.5	1.5	1.4
TOTAL	100.0	100.0	100.0
Number of Cases	(322)	(1730)	(3781)

Learning About NFP

All women who were currently using one of the four NFP methods or who had been using an NFP method in the past five years were asked a series of questions about their NFP use. This chapter is based on the responses given in this section of the questionnaire. None of the users were single women, so all results pertain to ever-married women.

Each woman was asked where she had first heard about Natural Family Planning. Table 14.2 shows the distribution of where women first heard about NFP. By far, Action Familiale is the primary source of knowledge about NFP, with roughly half the users reporting this organization. Friends and relatives are also an important source of knowledge about NFP.

Where the woman first heard about NFP does not vary widely by subgroups. Action Familiale is somewhat more likely to make contact with semi-urban women, younger women, Catholic women and women with less education. Because Action Familiale does not promote calendar rhythm, it is not surprising that calendar rhythm users are less likely to have heard about NFP from Action Familiale. By religion, the only group to report hearing about NFP from religious persons is Catholics.

Although some users learned of NFP as early as 1964, over 90 percent learned of it after 1975. On average, users learned of the method in 1983. There is no difference between Action Familiale users and those who learned from other sources, with regard to how long ago they learned of the method.

Subsequent to the question on first hearing about NFP, each woman was asked where she was first taught about NFP. As shown in Table 14.3, the answers to this question are quite similar to those of the previous question.

TABLE 14.2
Percent Distribution of
Where Women First Heard Of Natural Family Planning
Among Women Aged 15-44
Who Are Current or Recent* Users of Natural Family Planning
By Selected Characteristics
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	AF	F&R	Doc	Book	HS	R&TV	Rel.	Other	Total	n
Total	49.2	28.6	5.4	4.6	3.3	2.0	1.8	5.1	100.0	392
Residence										
Urban	46.6	27.8	7.3	5.6	2.1	2.6	2.1	6.0	100.0	234
Semi-Urban	56.3	29.2	2.1	8.3	2.1	0.0	2.1	0.0	100.0	48
Rural	51.8	30.0	2.7	0.9	6.4	1.8	0.9	5.5	100.0	110
Age										
15-24	56.6	24.5	5.7	3.8	3.8	3.8	1.9	0.0	100.0	53
25-34	45.1	32.1	5.6	4.2	2.8	1.9	2.3	6.1	100.0	215
35-44	53.2	24.2	4.8	5.7	4.0	1.6	0.8	5.7	100.0	124
Religion										
Hindu	47.8	25.6	6.7	6.1	5.0	2.2	0.0	6.7	100.0	180
Muslim	32.1	44.6	8.9	7.1	3.6	1.8	0.0	1.8	100.0	56
Catholic	56.3	27.1	2.8	2.1	1.4	1.4	4.9	4.2	100.0	144
Other	**	**	**	**	**	**	**	**		12
Education										
< Primary	**	**	**	**	**	**	**	**		21
Complete Primary	52.3	35.5	1.9	1.9	3.7	0.9	0.9	2.8	100.0	107
> Primary	47.7	25.4	7.2	6.1	3.0	2.3	2.3	6.1	100.0	264
Employment										
Not Employed	50.2	30.6	6.9	3.2	3.7	2.3	0.0	3.2	100.0	219
Unskilled	41.7	31.7	1.7	5.0	1.7	1.7	6.7	10.0	100.0	60
Skilled	51.3	23.0	4.4	7.1	3.5	1.8	2.7	6.2	100.0	113
Method Used										
Calendar	26.8	43.0	7.3	8.9	3.9	3.4	0.6	6.2	100.0	179
Temperature	68.7	12.1	7.1	1.0	4.0	1.0	2.0	4.0	100.0	99
Sympto-thermal	68.1	20.9	1.1	0.0	1.1	1.1	3.3	4.4	100.0	91
Mucus	**	**	**	**	**	**	**	**		23

* Within the past 5 years.
** Less than 25 cases.

Note: AF=Action Familiale; F&R=Friends and Relatives; Doc=Private Doctor; HS=Health Staff; R&TV=Radio and Television; Rel=Religious Person.

TABLE 14.3
Percent Distribution of
Where Women Were First Taught About Natural Family Planning
Among Women Aged 15-44
Who Are Current or Recent* Users of Natural Family Planning
By Selected Characteristics
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	AF	F&R	Doc	Book	HS	R&TV	Rel.	Other	Total	n
Total	62.5	21.9	6.1	3.6	1.0	0.5	0.8	3.6	100.0	392
Residence										
Urban	60.7	21.8	8.1	4.7	1.3	0.4	0.9	2.1	100.0	234
Semi-urban	75.0	16.7	2.1	6.3	0.0	0.0	0.0	0.0	100.0	48
Rural	60.9	24.6	3.6	0.0	0.9	0.9	0.9	8.2	100.0	110
Age										
15-24	69.8	15.1	7.6	1.9	0.0	0.0	1.9	3.8	100.0	53
25-34	62.3	23.3	5.6	2.8	1.9	0.5	0.9	2.8	100.0	215
35-44	59.7	22.6	6.5	5.7	0.0	0.8	0.0	4.8	100.0	124
Religion										
Hindu	59.4	21.1	8.3	5.0	1.1	0.6	0.0	4.4	100.0	180
Muslim	39.3	39.3	7.1	5.4	3.6	0.0	0.0	5.4	100.0	56
Catholic	75.0	16.7	3.5	1.4	0.0	0.0	2.1	1.4	100.0	144
Other	**	**	**	**	**	**	**	**	**	12
Education										
< Primary	**	**	**	**	**	**	**	**	**	21
Complete Primary	59.8	30.8	2.8	0.9	1.9	0.0	0.0	3.7	100.0	107
> Primary	64.0	18.2	8.0	4.6	0.8	0.4	1.1	3.0	100.0	264
Employment										
Not Employed	60.3	24.7	7.8	2.7	0.9	0.5	0.0	3.2	100.0	219
Unskilled	70.0	20.0	0.0	0.0	1.7	1.7	1.7	5.0	100.0	60
Skilled	62.8	17.7	6.2	7.1	0.9	0.0	1.8	3.5	100.0	113
Method Use										
Calendar	33.0	41.9	8.9	7.3	2.2	1.1	0.6	5.0	100.0	179
Temperature	85.9	4.0	7.1	0.0	0.0	0.0	1.0	2.0	100.0	99
Sympto-thermal	90.1	4.4	1.1	1.1	0.0	0.0	1.1	2.2	100.0	91
Mucus	**	**	**	**	**	**	**	**	**	23

* Within the past 5 years.
** Less than 20 cases.

Note: AF=Action Familiale; F&R=Friends and Relatives; Doc=Private Doctor; HS=Health Staff; R&TV=Radio and Television; Rel=Religious Person.

However, the number who were taught about NFP by Action Familiale is greater than the number who first heard about it from the organization. Sixty-three percent of users learned from Action Familiale. Among users of the sympto-thermal method, 90 percent were taught by Action Familiale. Users of calendar rhythm, on the other hand, learned primarily from friends or relatives. In this chapter, the term "Action Familiale user" is used to denote women who were first taught by Action Familiale.

A couple's success in using NFP is largely affected by the quality of teaching they receive. Follow-up sessions after first learning the method may be particularly important. Overall, 73 percent of users received some follow-up training after first learning of the method. This percentage was considerably higher among Action Familiale users (86 percent) than among other users (49 percent). Among those who did receive follow-up training, Action Familiale users had significantly more follow-up sessions (8.7 on average compared to 5.3 sessions for non-Action Familiale users). There were no differences in follow-up according to the woman's education level, perhaps indicating that it is no more difficult to train less educated women about NFP.

NFP users were asked why they had chosen NFP over another form of contraception. A percentage distribution of answers to this question is shown in Table 14.4. The most important reason cited was health; thirty-eight percent of users cited health reasons. Dissatisfaction with other methods was also an important reason (16 percent). A number of users reported that they wanted to gain knowledge of their bodies (10 percent) or that they used NFP because it is "natural" (9 percent). Difficulty in obtaining other methods of contraception does not appear to be a problem in Mauritius. It is worth pointing out that religious or moral reasons were rarely cited as a reason for choosing NFP.

TABLE 14.4
Percent Distribution of Reasons for Choosing Natural Family Plann
Over Other Methods of Contraception
Among Women Aged 15-44 Who Are Current Or Recent* Users of NFP
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Reason	Percent
Health Reasons	37.6
Dissatisfied with Other Methods	15.9
Gain Knowledge of Body	10.4
More Natural	9.1
Husband/Partner wanted	4.9
To Become Pregnant**	4.7
Personal Control over Conception	4.7
Simpler or Better than Other Methods	3.8
Religious/Moral Reasons	3.3
Less Expensive	1.1
Difficulty Obtaining Others	1.1
Other Reasons	3.3
TOTAL	100.0
n	364***

* Within the past five years.

** Apart from this table, women who report they are using NFP to become pregnant are not considered contraceptive users.

*** 28 users did not answer this question.

Signs and Symptoms Observed

NFP users were asked about the symptoms they observed to determine their fertile period. Table 14.5 shows the proportion of NFP users who currently keep or try to remember each of nine symptoms. The most commonly observed body sign is menstrual cycle length. Sixty-three percent of NFP users currently observe cycle length. A majority of users simply remember cycle length, rather than actually record it on a chart, calendar, or diary. Basal body temperature is also commonly observed, with 40 percent observing it. Because variations in temperature occur throughout the cycle, more users record their temperature than simply try to remember it. Cervical mucus quality and sensation are observed by more than one-third of users. Fewer than one-quarter of users report observing the remaining symptoms: cervical palpation, breast tenderness, abdominal pain, menstrual cramps or swelling of the vulva.

To a large extent, the symptoms a woman observes are determined by the method of NFP she is using. Table 14.6 shows which symptoms are currently observed by current NFP users, broken down by which NFP method they use. As expected, users of the calendar method primarily observe the length of their menstrual cycle. Users of the cervical mucus method (or the Ovulation method) primarily observe cervical mucus quality and sensation. Temperature users primarily observe basal body temperature. Users of the sympto-thermal method observe all signs and symptoms.

While the primary sign(s) observed correspond to the method of NFP, it should be pointed out that there is substantial cross-over among the methods. Calendar users do pay attention to symptoms other than cycle length; cervical mucus users do pay attention to symptoms other than mucus quality and sensation; temperature users do pay attention to symptoms other than temperature. On the other hand, not all users of the sympto-thermal

TABLE 14.5
Percent Who Currently Keep Records of Menstrual Signs
Or Currently Try to Remember Menstrual Signs
Among Women Aged 15-44 Who Are Current or Recent* Users of NFP
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Menstrual Sign	Currently Keep Records	Currently Try To Remember Without Keeping Records	Total
Menstrual Cycle Length	28.2	35.1	63.2
Basal Body Temperature	22.3	17.7	39.9
Cervical Mucus Quality	16.2	18.2	34.3
Cervical Mucus Sensation	13.6	15.9	29.4
Menstrual Cramps	8.2	11.0	19.2
Abdominal Pain	5.1	9.0	14.1
Breast Tenderness	5.6	7.2	12.8
Cervical Palpation	3.6	7.9	11.5
Swelling of the Vulva	3.1	4.9	7.9

* Within the past five years.

TABLE 14.6
Percent Who Either Currently Keep Records of Menstrual Signs
Or Try to Remember Menstrual Signs
Among Women Aged 15-44 Who Are Current Users of NFP
By Method of Natural Family Planning Used
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Menstrual Sign	Method				
	Calendar	Temp.	Mucus	Sympto-Thermal	Total
Menstrual Cycle Length	80.1	72.1	70.0	85.3	79.0
Basal Body Temperature	8.5	93.4	50.0	92.7	49.0
Cervical Mucus Quality	7.8	47.5	95.0	92.7	42.1
Cervical Mucus Sensation	7.1	37.7	85.0	82.4	36.6
Menstrual Cramps	14.2	27.9	30.0	39.7	24.1
Abdominal Pain	6.4	23.0	20.0	33.8	17.2
Breast Tenderness	4.3	18.0	35.0	33.8	16.2
Cervical Palpation	3.6	14.8	30.0	30.9	14.1
Swelling of the Vulva	3.6	11.5	15.0	19.1	9.7
n	142	61	20*	68	291

* Although there are fewer than 25 cases, the general pattern of responses is worth reporting.

method observe every sign and symptom. Thus, the distinction among the four methods is not sharp.

Calendar Users

Women who cited using the calendar method were asked what calculations they performed to determine their fertile days. Out of 176 users, 82 percent said that they counted a given number of days from the start of the menstrual cycle to determine both the beginning and the end of the fertile period. The last cycle day before the beginning of the fertile period ranged from day 1 to day 17, although 75 percent of responses fell between day 6 and day 10. The first infertile day following the fertile period ranged from day 11 to day 26; 74 percent of responses fell between day 18 and day 22. The wide variety of responses to this question appears to indicate that calendar users were not taught that the fertile period extends from day x to day y. More likely, they learned to calculate the fertile days based on the length of their previous cycles. Since the survey did not ascertain cycle length, it is impossible to examine exactly what calculations the women might have done.

On average, the last day before the fertile period was day 7.4; the first day after the fertile period was, on average, day 19.7. A couple using the method to avoid pregnancy would thus need to abstain for 11.3 days out of every cycle. For comparison purposes, data from a recent WHO study show that couples using the Ovulation Method abstain an average of 17.0 days--10.2 of which are considered fertile days (Lamprecht, 1993).

Six of the calendar users (3 percent) determined their fertile days by subtracting a given number of days from their shortest and longest cycles. In fact, this percentage could be considerably higher, because of confusion in the wording of this response. Also because of the confusion, it is

impossible to determine what rule was being used to make the calculations. The remaining 14 percent of calendar users made other calculations or could not remember what calculations they made.

Temperature Use

Seventy-five Sympto-thermal and temperature users answered specific questions on how they interpret temperature readings. To determine the end of fertile days, 13 percent use the coverline method and 71 percent wait for the third day of high temperature following six days of lower temperature. The remainder use some other technique. These proportions are essentially the same for Action Familiale users and non-Action Familiale users.

Eighty-two percent of these users restrict intercourse to the post-ovulatory period. This restriction makes NFP considerably more effective, although it also increases the number of days of abstinence. Action Familiale users are no more or less likely to postpone intercourse until after ovulation.

Of 130 users who described their use of thermometers, nearly all (91 percent) use three or fewer in a year. A majority use only one. Given the low cost of thermometers in Mauritius, the annual expense is negligible. Most users obtain their thermometers from Action Familiale (85 percent). As might be expected, users who learned from Action Familiale are somewhat more likely to obtain thermometers from Action Familiale (88 percent versus 60 percent). Another 13 percent of users bought thermometers from a pharmacy or shop.

Use of Other Methods

Twenty-nine percent of current or recent NFP users have actually used another contraceptive method during the fertile days (Table 14.7). Action Familiale users are somewhat less likely to combine NFP use with use of other methods. The methods used during the fertile days are primarily withdrawal or condoms. Action Familiale users are less likely to rely on withdrawal in the fertile days and more likely to rely on condoms.

In chapter 8, we treated those who use another method during the fertile days as users of the other method. Those who use other methods only during the fertile days are using "fertility awareness" rather than "periodic abstinence." Of those that do use other methods, one-third do so always or in all cycles and two-thirds do so sometimes or occasionally. Only 21 percent of those who use condoms in the fertile period do so regularly. Withdrawal users are more likely to use withdrawal on a consistent basis (47 percent).

Only a few users reported using other contraceptive methods during the infertile period, and all of these also used another contraceptive method during the fertile period.

Opinion of Method

NFP users are generally happy with this method of contraception. As shown in Table 14.8, 76 percent of users like the method they are using or recently used. Satisfaction does not seem to vary by where the couple learned the method or by which method they use. Those with education beyond the primary school are somewhat less satisfied than those with less education. Muslims are slightly less apt to like NFP (only 70 percent like

TABLE 14.7
Percent Distribution Of
Other Contraceptive Method Used During Fertile Days
Among Women Aged 15-44 Who Are Current or Recent* Users of NFP
By Where the Couple Was Taught to Use NFP
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Method Used	Action Familiale	Not Action Familiale	Total
No other method	77.0	60.0	70.6
Withdrawal	7.8	25.9	14.6
Condom	13.5	12.9	13.3
Foam, jelly	1.2	0.7	1.0
Other	0.4	0.7	0.5
Total	100.0	100.0	100.0
n	244	147	391

* Within the past five years.

TABLE 14.8
Percent Distribution of the Woman's Opinion of Natural Family Planning
Among Women Aged 15-44 Who Are Current or Recent* Users of NFP
By Selected Characteristics
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Like It	Tolerate It	Don't Like It	Other	Total	n
Total	75.7	8.2	3.8	12.3	100.0	391
Where Taught						
A.F. User	75.4	9.4	4.5	10.7	100.0	244
Non-A.F. User	76.2	6.1	2.7	15.0	100.0	147
Method Used						
Calendar	77.5	8.4	3.4	10.7	100.0	178
Temperature	72.7	11.1	4.0	12.1	100.0	99
Sympto-thermal	75.8	4.4	5.5	14.3	100.0	91
Mucus	**	**	**	**		23
Education						
< Primary	**	**	**	**		21
Complete Primary	79.4	7.5	3.7	9.4	100.0	107
> Primary	73.8	8.4	4.2	13.7	100.0	263
Religion						
Hindu	77.8	5.6	5.0	11.7	100.0	180
Catholic	77.6	7.7	2.1	12.6	100.0	143
Muslim	69.6	17.9	5.4	7.1	100.0	56
Other	**	**	**	**		12

* Within the past five years.

**Less than 25 cases

it). Although only 12 users chose NFP for religious reasons, it is interesting to note that all of them liked the method.

Discontinuation

Users of NFP who had stopped using the method were asked why they had stopped. The reasons for discontinuation are shown in Table 14.9. Thirty-one percent stopped to get pregnant and 21 percent had an unplanned pregnancy. Twenty-two percent of those who discontinued found the method too complicated. The fear that NFP was not very effective at preventing pregnancy was the cause of discontinuation for 10 percent of previous users.

Among those who had stopped using NFP, 44 percent switched to another method. Table 14.10 shows the distribution of methods switched to. Forty-four percent of those who adopted a new method switched to the pill and 28 percent switched to withdrawal. These figures are not significantly different from those among all contraceptive users. Former NFP users, however, are significantly less likely to adopt tubal ligation.

TABLE 14.9
Percent Distribution Of Reasons for Discontinuing Use Of NFP
Among Women Aged 15-44 Who Are Former Users* of NFP
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Reason	Percent
To Become Pregnant	30.9
Too Complicated	21.6
Unplanned Pregnancy	20.6
Fear of Pregnancy	10.3
Not Sexually Active	4.1
Husband Dislikes Abstinence	2.1
Respondent Dislikes Abstinence	1.0
Other	9.3
TOTAL	100.0
n	97

* Used in the past five years but not currently using.

Table 14.10
Among Women Aged 15-44 Who Switched from NFP to Another Method
Percent Distribution Of Method To Which They Switched
Compared to the Percent Distribution of Methods Currently Used
By All Women in Union Aged 15-44 Who are Using a Non-NFP Method
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Method	Method Currently Used By Former NFP Users	All Current Users Of Non-NFP Methods
Pill	44.2	32.0
Withdrawal	27.9	24.6
Condom	18.6	20.3
Tubal Ligation	2.3	11.1
Injectable	0.0	6.3
IUD	2.3	4.3
Vaginal tablets	4.7	0.6
Vasectomy	0.0	0.1
Other	0.0	0.7
Total	100.0	100.0
n	43	2296

15. RODRIGUES ISLAND

This chapter presents selected data on Rodrigues Island.

Characteristics of Respondents, Their Husbands/Partners and Households

Table 15.1 presents selected characteristics of respondents on Rodrigues. These will be compared to the characteristics of respondents on Mauritius Island (see Table 3.1). A lower proportion of women are employed on Rodrigues than on Mauritius Island. However, as on Mauritius, among those who are employed, almost half are employed in skilled or professional occupations.

Rodriguan women are less well educated, almost exclusively Catholic and more religious than their counterparts on Mauritius Island. Only slightly more than one-fourth of Rodriguan respondents have gone beyond primary school, compared to almost half of women on Mauritius Island.

The socio-economic index was created independently for the two islands, dividing each island into terciles. Therefore, comparisons cannot be made on this characteristic. Housing on Rodrigues is slightly more crowded, with 35 percent of respondents living in houses with at least 2 persons per room.

Many more women on Rodrigues Island are in consensual union compared to Mauritius Island, although the total proportion of women in any kind of union on Rodrigues Island is only slightly less than on Mauritius Island.

Eleven percent of Rodriguan men are not employed, and most of those employed are in unskilled occupations (Table 15.2). Fewer husbands/partners on Rodrigues Island are in skilled and professional

TABLE 15.1
Percent Distribution of Selected Characteristics of All Respondents
Rodrigues Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Percent
Union Status	
Married	42.4
Consensual Union	11.8
Separated / Widowed / Divorced	6.0
Never Married	39.8
Employment Status	
Not Employed	81.6
Unskilled	9.9
Skilled	5.7
Professional	2.8
Education	
< Complete Primary	26.1
Complete Primary	47.6
> Complete Primary	26.3
Religion	
Hindu	0.3
Catholic	95.0
Muslim	1.9
Other Christian	0.2
Other	2.7
Attendance At Religious Ceremonies	
More Than Once Per Month	83.5
Once Per Month Or Less	16.5
Socio-Economic Index	
Low	31.7
Middle	33.3
High	35.0
Persons Per Room	
2 Or More	35.1
1 - 2	33.1
1 Or Less	31.8
TOTAL	100.0
Number of Cases	(509)

TABLE 15.2
Percent Distribution of
Selected Characteristics of Current Or Most Recent Husband / Partner
Women Aged 15-44 Currently or Formerly In Union
Rodrigues Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Characteristics	Percent
Husband / Partner's Education	
< Complete Primary	36.6
Complete Primary	41.1
> Complete Primary	22.3
Husband / Partner's Employment Status	
Not Employed	10.5
Unskilled	72.5
Skilled	10.7
Professional	3.1
Other	3.1
TOTAL	100.0
Number of Cases	(382)*

* Data on husbands / partners is missing for one respondent.

occupations, compared to their Mauritius Island counterparts (see Table 3.2). Rodriguan women are slightly better educated than their husbands/partners.

Table 15.3 shows the percentage of households on Rodrigues Island with certain selected possessions and facilities. These data will be compared with the same data for Mauritius Island (see Table 3.3). Compared to almost all households on Mauritius, only two-thirds of Rodriguan households have radios and roughly half use piped water, and have a television. Slightly less than one-fourth have a video or refrigerator and very few have a flush toilet. Six percent of households have an automobile, which is not much less than the 11 percent of Mauritian households.

As on Mauritius Island the female population of Rodrigues has increased their educational attainment over time (Table 15.4). Although the level of educational attainment on Rodrigues Island is less than on Mauritius (see Table 3.4), each younger age group is better educated than its older counterpart.

Fertility

Whereas fertility has shown a slight rise in the past 6 years on Mauritius Island, there has been a fairly dramatic drop in fertility on Rodrigues. The total fertility rate (TFR) has dropped from 4.36 to 3.15. The decline in fertility is observed for all age groups except the 15-19 year olds. However, the TFR in Rodrigues remains considerably higher than that on Mauritius Island (2.23). The TFR of 3.15 based on the 1991 survey matches the 1990 rate from vital statistics (also 3.15), lending credence to the reliability of the survey data.

TABLE 15.3
Percentage Of Households Who Have Selected Possessions Or Facilities
Rodrigues Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Percent
Radio	66.8
Piped Water	57.6
Television	44.7
Video	24.6
Refrigerator	23.5
Flush Toilet	12.6
Automobile	5.8

TABLE 15.4
Percent Distribution of Educational Attainment of Women 15-44
By Age Group
Rodrigues Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Educational Attainment				
	Less Than Complete Primary School	Complete Primary School	More Than Complete Primary School	Total	n
Age Group					
15-19	14.6	48.3	37.1	100.0	116
20-24	24.4	41.7	33.9	100.0	101
25-29	28.7	52.5	18.8	100.0	93
30-34	30.0	55.0	15.0	100.0	80
35-39	33.8	52.1	14.1	100.0	71
40-44	57.2	32.6	10.2	100.0	47
Total	26.1	47.6	26.3	100.0	508*

* Data is missing on education for one respondent.

TABLE 15.5
Mean Number of Live Births Among Women 15-44 Currently In Union
By Duration of Marriage
Rodrigues Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Duration Of Union (In Years)	Mean Number Of Live Births	n
0-4	0.9	81
5-9	2.0	110
10-14	3.2	80
15-19	4.3	62
20+	5.4	50
Total	2.8	383

Evidence of a sharp decline in fertility can also be seen in Table 15.5. Women in the sample who had been married more than 20 years had over 5 children on average. The TFR of 3.15 indicates that if current rates continue, women starting childbearing now will have less than 60 percent as many children as women starting 20 years earlier.

Place of Last Delivery

Table 15.6 shows the place of last delivery for Rodrigues Island. The proportion of women who gave birth in a health facility in 1991 is much higher than in 1985 (90 percent versus 78 percent) and is now about the same as on Mauritius Island. Older women, those with less education and those who are not employed are more likely to give birth at home, with or without a nurse.

Breast-feeding

The proportion of children born in the 2 years preceding the survey who were ever breast-fed declined from 95 percent in 1985 to 92 percent in 1991. The mean duration of breast-feeding among those who were breast-fed increased slightly from 15 months to 16 months.

Planning Status of Most Recent Pregnancy

On Rodrigues Island the percentage of most recent pregnancies after 1986 reported as planned was only 52 percent, while 28 percent were reported to be mistimed, and 20 were unwanted (Table 15.7). The percent planned is lower than on Mauritius Island, where the corresponding percentages were 79, 9 and 12, respectively (see Table 6.1). As on Mauritius Island the proportion of pregnancies reported as unwanted increases with both age and

TABLE 15.6
Place of Delivery For Most Recent Live Birth Since 1985
By Selected Characteristics
Women Aged 15-44 Currently In Union
Rodrigues Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Place of Last Delivery					
	Public Facility	Private Facility	Home With Nurse	Home Without Nurse	TOTAL	n
All Women	88.7	1.0	3.9	6.4	100.0	203
Age						
15-24	93.4	0.0	3.3	3.3	100.0	61
25-29	88.5	1.6	1.6	8.2	100.0	61
30-34	89.1	2.2	6.5	2.2	100.0	46
35-44	80.0	0.0	5.7	14.3	100.0	35
Education Level						
< Complete Primary	81.7	0.0	7.0	11.3	100.0	71
Complete Primary	94.7	0.0	2.1	3.2	100.0	94
> Complete Primary	86.8	5.3	2.6	5.3	100.0	38
Employment Status						
Not Employed	87.3	0.6	4.9	7.3	100.0	165
Unskilled	94.7	2.6	0.0	2.6	100.0	38
1985 Survey	78.1	0.0	10.0	11.9	100.0	269

TABLE 15.7
Percent Distribution of The Planning Status of Most Recent Pregnancy According to Respondent Characteristics
Women In Union 15-44 Who Had a Live Birth in the Past Five Years
Rodrigues Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Planning Status					
	Planned	Mistimed	Unwanted	Unknown	TOTAL	n
All Women	52.2	27.6	19.7	0.5	100.0	203
Number of Living Children						
0-1	69.5	23.7	6.8	0.0	100.0	59
2-3	51.7	34.1	13.2	1.1	100.0	91
4+	34.0	20.8	45.3	0.0	100.0	53
Age						
15-24	57.4	32.8	9.8	0.0	100.0	61
25-29	54.1	32.8	13.1	0.0	100.0	61
30-34	58.7	23.9	17.4	0.0	100.0	46
35-44	31.4	14.3	51.4	2.9	100.0	35
Education Level						
< Complete Primary	49.3	25.4	23.9	1.4	100.0	71
Complete Primary	51.1	28.7	20.2	0.0	100.0	94
> Complete Primary	60.5	29.0	10.5	0.0	100.0	38
Persons Per Room						
2 Or More	48.2	27.1	24.7	0.0	100.0	85
1 - 2	46.6	32.8	20.7	0.0	100.0	58
1 Or Less	63.3	23.3	11.7	1.7	100.0	60
1985 All Women	59.4	13.4	26.6	0.7	100.0	243

the number of living children. There is a negative association between unwanted pregnancies and education as well as persons per room.

Current Pregnancy Intention

The proportion of women who did not desire pregnancy at the time of interview is 83 percent, almost identical with Mauritius Island (Table 15.8). There is also a strong correlation between the number of living children and age in relation to not desiring pregnancy.

Knowledge of Contraceptive Methods

As on Mauritius Island the level of knowledge of contraceptive methods has fallen slightly since 1985, but is nevertheless almost universal for the methods which are widely used on Rodrigues (Table 15.9). Except for the little used methods, such as vasectomy, vaginal tablets and the calendar, there is little difference due to education (Table 15.10). There is much greater knowledge of the sympto-thermal and other NFP methods on Rodrigues compared with Mauritius, perhaps due to a active Action Familiale program there, and excepting temperature, even greater knowledge of these methods among more educated women.

Use of Contraceptive Methods

On Rodrigues Island, 70 percent of women in union use a contraceptive method, slightly less than on Mauritius (Table 15.11). However, use among women formerly in union is much higher than on Mauritius at 47 percent, compared to 5 percent (see Table 8.1). This may be due, in part, to differing cultural patterns on Rodrigues which constrain women formerly in union to a lesser extent from using a method or admitting to using a method.

TABLE 15.8
Percent Distribution of Current Pregnancy Intention,
Women In Union Aged 15-44
By Selected Characteristics
Rodrigues Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Currently Pregnant	Not Currently Pregnant			TOTAL	N
		Desire Pregnancy	Do Not Desire Pregnancy	Not Sure or Unknown		
All Women	8.1	7.0	83.2	1.7	100.0	345
Number of Living Children						
0	17.7	29.4	52.9	0.0	100.0	34
1	15.0	10.0	71.3	3.8	100.0	80
2	3.9	5.1	89.7	1.3	100.0	78
3	7.0	0.0	89.5	3.5	100.0	57
4+	3.1	2.1	94.8	0.0	100.0	96
Age						
15-19	22.7	13.6	63.6	0.0	100.0	22
20-24	13.4	7.5	77.6	1.5	100.0	67
25-29	10.4	6.5	81.8	1.3	100.0	77
30-34	5.2	9.1	83.1	2.6	100.0	77
35-39	3.2	4.8	88.7	3.2	100.0	62
40-44	0.0	2.5	97.5	0.0	100.0	40
Education Level						
< Complete Primary	1.8	5.4	92.0	0.9	100.0	112
Complete Primary	11.3	6.6	79.8	2.4	100.0	168
> Complete Primary	10.8	10.8	76.9	1.5	100.0	65
Persons Per Room						
2 Or More	6.0	5.2	88.8	0.0	100.0	116
1 - 2	5.7	4.8	86.7	2.9	100.0	105
1 Or Less	12.1	10.5	75.0	2.4	100.0	124
Socio-Economic Index						
Low	8.5	8.5	82.1	0.9	100.0	106
Medium	4.3	4.3	88.9	2.6	100.0	117
High	11.6	8.3	78.5	1.7	100.0	121
1985 All Women	11.5	3.9	81.6	3.0	100.0	316

TABLE 15.9
Percent of Women Who Have Heard of Specific Contraceptive Methods
Compared with 1985 Mauritius Contraceptive Prevalence Survey
Women In Union Aged 15-44*
Rodrigues Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Method	1991	1985
Any Method	99.1	100.0
Pill	98.6	100.0
Injectable	98.6	100.0
Condom	93.6	99.6
IUD - DIU	93.0	97.7
Tubal Ligation	89.3	90.2
Vasectomy	32.8	61.2
Vaginal Tablets	20.3	51.8
Diaphragm	14.2	30.1
Norplant	4.1	--
Any Supplied Method	98.8	100.0
Sympto-thermal	87.3	95.3
Temperature	86.4	93.2
Cervical Mucus	64.6	86.5
Calendar	61.2	66.7
Any Natural Method	97.4	100.0
Withdrawal	64.1	67.9
No. of Cases	(345)	(316)

* The 1985 survey included women 15 to 49 years of age. Since the 1991 survey only included women to age 44, to make the data from the two surveys comparable, the 1985 data in this table does not include 45-49 year old women and has been adjusted to the 1991 age distribution.

TABLE 15.10
Percent of Women Who Have Heard of Specific Contraceptive Methods
By Education
Women In Union Aged 15-44
Rodrigues Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Method	Total	Education: Less Than Complete Primary	Education: Complete Primary	Education: More Than Complete Primary
Any Method	99.1	98.2	99.4	100.0
Pill	98.6	97.3	98.8	100.0
Injectable	98 6	98.2	98.2	100.0
Condom	93.6	92.9	93.5	95.4
IUD - DIU	93.0	94.6	90.5	96.9
Tubal Ligation	89.3	85.7	91.7	89.2
Vasectomy	32.8	28.6	31.0	44.6
Vaginal Tablets	20.3	17.0	17.3	33.9
Diaphragm	14.2	8.9	7.7	40.0
Norplant	4.1	1.8	3.0	10.8
Any Supplied Method	98.8	98.2	98.8	100.0
Sympto-thermal	87.3	85.7	85.7	93.9
Temperature	86.4	85.7	87.5	84.6
Cervical Mucus	64.6	55.4	68.5	70.8
Calendar	61.2	52.7	60.7	76.9
Any Natural Method	97.4	99.5	97.6	100.0
Withdrawal	64.1	59.8	61.3	78.5
No. of Cases	(345)	(112)	(168)	(65)

TABLE 15.11
Percent Distribution of Current Use of Contraception, By Union Status
Women Aged 15-44
Rodrigues Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Current Use And Method	Rodrigues Island Union Status In Union	Formerly In Union	Never In Union
Currently Using Any Method	70.1	47.4	0.0
Pill	22.9	10.5	0.0
Injectable	22.0	18.4	0.0
Condom	5.5	2.6	0.0
Tubal Ligation	4.6	7.9	0.0
IUD - DIU	3.2	7.9	0.0
Vaginal Tablets	0.3	0.0	0.0
Vasectomy	0.0	0.0	0.0
Total Supplied Methods	58.5	47.3	0.0
Sympto-thermal	4.4	0.0	0.0
Cervical Mucus	3.8	0.0	0.0
Calendar	0.9	0.0	0.0
Temperature	0.3	0.0	0.0
Total Natural Methods	9.4	0.0	0.0
Withdrawal	2.0	0.0	0.0
Other	0.3	0.0	0.0
Not Using	29.9	52.6	100.0
Total	100.0	100.0	100.0
No. of Cases	(345)	(38)	(126)

Current use of the pill is 23 percent, similar to the level of use on Mauritius. However the method in second position is the injectable, with a prevalence of 22 percent. This higher level of overall hormonal contraceptive use on Rodrigues (45 percent compared to 28 percent on Mauritius) may be associated with the lower socio-economic conditions on Rodrigues. (Recall that hormonal contraceptives are used least among higher socio-economic groups on Mauritius Island).

Although overall NFP method use is similar on Rodrigues and Mauritius Islands, a greater proportion of NFP use, almost half, is of the more effective sympto-thermal method. This may be due to Rodrigues having a newer NFP program which, unlike Mauritius, began after the sympto-thermal method was adopted by Action Familiale. Withdrawal is used very little on Rodrigues Island.

Contraceptive use has risen dramatically on Rodrigues since 1985, from 54 percent to 70 percent (Table 15.12). This rise is accounted for mainly by an increase in supplied methods. Among the NFP methods, sympto-thermal use has fallen, while use of the calendar method has increased. This finding may reflect a real change or may be related to the fact that the 1985 survey did not specifically ask about how women determined their fertile days.

Patterns of contraceptive use by age on Rodrigues Island are similar to those in Mauritius, with the greatest overall use in the 35-39 year old age category (Table 15.13). Natural method use peaks among 30-34 year old women. It is noteworthy that 10 percent of women in the 30-34 age group are using the sympto-thermal method, a level which is much higher than in any other age group. Use according to the number of living children peaks at 2 children, as on Mauritius (Table 15.14). As on Mauritius, injectable use is highest among women with the most living children.

TABLE 15.12
Percent Distribution of Current Use of Contraception
Women In Union Aged 15-44
Rodrigues Island
Compared With The 1985 Mauritius Contraceptive Prevalence Survey
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Rodrigues Island		
	1991 Total	1985 Total Adjusted*	1985 Total Unadjusted**
Currently Using Any Method	70.1	53.6	51.0
Pill	22.9	21.3	19.6
Injectable	22.0	14.2	13.1
Condom	5.5	3.3	3.4
Tubal Ligation	4.6	0.9	2.0
IUD - DIU	3.2	2.1	1.7
Vaginal Tablets	0.3	0.2	0.3
Vasectomy	0.0	0.0	0.0
Total Supplied Methods	58.5	42.0	40.1
Sympto-thermal	4.4	8.4	7.4
Cervical Mucus	3.8	1.2	0.9
Calendar	0.9	0.0	0.0
Temperature	0.3	1.6	1.4
Total Natural Methods	9.4	11.2	9.7
Withdrawal	2.0	0.5	1.4
Other	0.3	0.0	0.0
Not Using	29.9	46.4	48.9
Total	100.0	100.0	100.0
No. of Cases	(345)	(316)	(352)

* The 1985 survey included women 15 to 49 years of age. Since the 1991 survey only included women to age 44, to make the data from the two surveys comparable, the 1985 data in this table does not include 45-49 year old women and has been adjusted to the 1991 age distribution.

**As reported in the 1985 survey report.

TABLE 15.13
Percent Distribution of Current Use of Contraception,
By 5-Year Age Group
Women In Union Aged 15-44
Rodrigues Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Rodrigues Island

Current Use And Method	Total	Age Group 15-24	25-29	30-34	35-39	40-44
Currently Using Any Method	70.1	64.0	72.7	71.4	79.0	62.5
Pill	22.9	23.6	27.3	27.3	17.7	12.5
Injectable	22.0	27.0	18.2	18.2	30.7	12.5
Condom	5.5	2.3	10.4	2.6	4.8	10.0
Tubal Ligation	4.6	0.0	2.6	2.6	8.1	17.5
IUD - DIU	3.2	1.1	5.2	2.6	3.2	5.0
Vaginal Tablets	0.3	0.0	0.0	0.0	1.6	0.0
Vasectomy	0.0	0.0	0.0	0.0	0.0	0.0
Total Supplied Methods	58.5	54.0	63.7	53.3	66.1	57.5
Sympto-thermal	4.4	4.5	2.6	10.4	1.6	0.0
Cervical Mucus	3.8	2.3	5.2	5.2	3.2	2.5
Calendar	0.9	1.1	1.3	0.0	1.6	0.0
Temperature	0.3	0.0	0.0	1.3	0.0	0.0
Total Natural Methods	9.4	7.9	9.1	16.9	6.4	2.5
Withdrawal	2.0	2.3	0.0	1.3	6.5	0.0
Other	0.3	0.0	0.0	0.0	0.0	2.5
Not Using	29.9	36.0	27.3	28.6	21.0	37.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(345)	(89)	(77)	(77)	(62)	(40)

TABLE 15.14
Percent Distribution of Current Use of Contraception
By Number of Living Children
Women In Union Aged 15-44
Rodrigues Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Current Use And Method	Rodrigues Island					
		Number of Living Children				
	Total	0	1	2	3	4+
Currently Using Any Method	70.1	29.4	63.7	83.3	73.7	77.1
Pill	22.9	14.7	20.0	28.2	22.8	24.0
Injectable	22.0	0.0	23.8	21.8	19.3	30.2
Condom	5.5	2.9	3.8	9.0	8.8	3.1
Tubal Ligation	4.6	0.0	0.0	6.4	7.0	7.3
IUD - DIU	3.2	0.0	1.3	2.6	5.3	5.2
Vaginal Tablets	0.3	0.0	1.3	0.0	0.0	0.0
Vasectomy	0.0	0.0	0.0	0.0	0.0	0.0
Total Supplied Methods	55.9	17.6	50.2	68.0	63.2	69.8
Sympto-thermal	4.4	2.9	7.5	6.4	1.8	2.1
Cervical Mucus	3.8	2.9	2.5	6.4	5.3	2.1
Calendar	0.9	0.0	2.5	0.0	0.0	1.0
Temperature	0.3	0.0	1.3	0.0	0.0	0.0
Total Natural Methods	9.4	5.8	13.8	12.8	7.1	5.2
Withdrawal	2.0	5.9	0.0	2.6	3.5	1.0
Other	0.3	0.0	0.0	0.0	0.0	1.0
Not Using	29.6	67.7	36.3	16.7	26.3	22.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	(345)	(34)	(80)	(78)	(57)	(96)

There is little difference in overall contraceptive use on Rodrigues by education, but there are notable differences in the method mix (Table 15.15). Hormonal method use decreases with increasing education, as does the use of tubal ligation. Conversely, the use of condoms and NFP methods increases with education.

Reason for Using Contraception

Compared to women on Mauritius Island, fewer women on Rodrigues Island use contraception to limit their pregnancies (Table 15.16). Only 55 percent of women on Rodrigues Island are using a contraceptive method to limit their births, compared to more than three-fourths of women on Mauritius Island (see Table 8.12).

The two-child family does not yet seem to be the norm on Rodrigues, as almost 30 percent of women with three or more children report they are still using contraception to space their pregnancies. This compares with less than 4 percent of women in the same category on Mauritius Island. A similar pattern exists according to age--nearly a quarter of women 35-44 are using contraception for spacing.

Source of Contraception

Table 15.17 shows the source of contraception for current users on Rodrigues. More than half of users report a MOH clinic as their source. In 1985, there were no MOH facilities on Rodrigues and virtually all users used the local hospital or the MFPA clinic as their source. The establishment of MOH facilities on Rodrigues since 1985 is probably the primary reason why contraceptive use has increased from 53 to 70 percent in only six years.

TABLE 15.15
Percent Distribution of Current Use of Contraception, By Education
Women In Union Aged 15-44
Rodrigues Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Current Use And Method	Total	Rodrigues Island — Education: Less Than Complete Primary	Complete Primary	More Than Complete Primary
Currently Using Any Method	70.1	70.5	70.2	69.2
Pill	22.9	25.9	22.6	18.5
Injectable	22.0	27.7	22.0	12.3
Condom	5.5	1.8	4.8	13.9
Tubal Ligation	4.6	5.4	5.4	1.5
IUD - DIU	3.2	3.6	1.8	6.2
Vaginal Tablets	0.3	0.0	0.0	1.5
Vasectomy	0.0	0.0	0.0	0.0
Total Supplied Methods	58.5	64.4	56.6	53.9
Sympto-thermal	4.4	1.8	4.8	7.7
Mucus	3.8	1.8	4.8	4.6
Calendar	0.9	0.9	0.6	1.5
Temperature	0.3	0.0	0.6	0.0
Total Natural Methods	9.4	4.5	10.8	13.8
Withdrawal	2.0	0.9	3.0	1.5
Other	0.3	0.9	0.0	0.0
Not Using	29.9	29.5	29.8	30.8
Total	100.0	100.0	100.0	100.0
No. of Cases	(345)	(112)	(168)	(65)

TABLE 15.16
Percent Distribution of The Reason* For Using Contraception
According to Respondent Characteristics
Women In Union 15-44 Who Are Current Users of Contraception
Rodrigues Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Reason For Using			
	Spacing	Limiting	Total	N
Total	45.0	55.0	100.0	242
No. of Living Children				
0-1	80.3	19.7	100.0	61
2	41.5	58.5	100.0	65
3+	28.5	71.6	100.0	116
Education Level				
< Complete Primary	49.4	50.6	100.0	79
Complete Primary	43.2	56.8	100.0	118
> Complete Primary	42.2	57.8	100.0	45
Age				
15-24	71.9	28.1	100.0	57
25-29	48.2	51.8	100.0	56
30-34	41.8	58.2	100.0	55
35-44	24.3	75.7	100.0	74
Method Used				
Pill	46.8	53.2	100.0	79
Injectable	50.0	50.0	100.0	76
Natural Family Planning	59.4	40.6	100.0	32

*Spacing = To want to postpone births.
Limiting = To avoid having more children.

** Less than 25 cases.

TABLE 15.17
Percent Distribution of Source of Contraception, By Education
Women In Union Aged 15-44 Who Are Current Users Of Contraception
Rodrigues Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Source Of Method*	Total	Less Than Complete Primary	Complete Primary	More Than Complete Primary
MOH Clinic	55.8	58.4	58.9	43.2
MFPA Clinic	20.2	24.7	17.9	18.2
Action Familiale	16.7	9.1	15.2	34.1
Hospital	6.4	8.0	8.0	0.0
Private Clinic	0.9	0.0	0.0	4.6
Total	100.0	100.0	100.0	100.0
No. of Cases	224	77	105	42

*Excludes users of withdrawal

Table 15.17 goes on to show differences in source according to the user's educational level. Differentials primarily reflect corresponding differences in method use. Better educated women who use natural methods to a greater extent are heavier users of Action Familiale. Conversely, they use the hospital and clinics to a lesser extent. Table 15.18 shows the contraceptive sources by method for pills, injectables, and natural methods. Hormonal methods are almost exclusively supplied by the MOH and MFPA, whereas NFP users are taught almost exclusively by Action Familiale.

On Rodrigues Island users are not as well served by family planning services as on Mauritius. Almost 40 percent of respondents on Rodrigues reported they must travel 60 or more minutes to the nearest source of contraception (Table 15.19), a slight improvement since 1985. Furthermore, while the mean time to a source of contraception on Mauritius is 20 minutes (see Table 10.4), on Rodrigues it is twice this amount. This indicates that either more fixed family planning facilities and/or a community-based distribution system is needed on Rodrigues. However, both the mean and median travel time to source has declined since 1985.

Women in Need of Family Planning Services

Table 15.20 shows that among women currently or formerly in union who are 15-44 years of age on Rodrigues Island, 7 percent are not fecund, another 7 percent are pregnant, 4 percent desire a pregnancy and 4 percent are not sexually active. Almost 10 percent are not using any method and therefore have an unmet need for family planning. Since only 3 percent of women are using less effective methods, the unmet need for more effective family planning services is only 13 percent, considerably less than on Mauritius Island.

TABLE 15.18
Percent Distribution of Source of Contraception For Selected Methods
Women In Union Aged 15-44 Who Are Current Users Of Contraception
Rodrigues Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Source Of Method	METHOD		
	Pill	Injectable	Natural
MOH Clinic	78.5	71.1	2.9
MFPA Clinic	20.3	29.0	0.0
Action Fam.	1.3	0.0	88.2
Hospital	0.0	0.0	0.0
Private Clinic	0.0	0.0	2.9
No Source Stated	0.0	0.0	5.9
Total	100.0	100.0	100.0
No. of Cases	79	76	44

TABLE 15.19
Percent Distribution, Mean and Median
Of Time Required To Go To Source of Contraception
Compared With Data From 1985 Contraceptive Prevalence Survey
Women In Union Aged 15-44 Who Are Current Users of Contraception
Rodrigues Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Percent Distribution Of Time Required To Go To Contraceptive Source	1991 Survey All Women	1985 Survey* All Women
Home Visit	16.4	7.9
1-14 Minutes	20.5	21.6
15-29 Minutes	15.9	15.1
30-59 Minutes	9.5	7.2
60+ Minutes	37.7	48.2
Total	100.0	100.0
Mean and Median Of Time Required To Go To Contraceptive Source		
Mean (Minutes)	40.5	65.2
Median (Minutes)	19.0	32.5
n	220	139

* The 1985 survey included women 15 to 49 years of age. Since the 1991 survey only included women to age 44, to make the data from the two surveys comparable, the 1985 data in this table does not include 45-49 year old women and has been adjusted to the 1991 age distribution.

TABLE 15.20
Classification Of Family Planning Need
Women Aged 15 to 44 Who Are Currently Or Were Formerly In Union
Compared With Data From 1985 CPS**
Rodrigues Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Percent
Not In Need Of Family Planning Services	22.3
Not Fecund	7.0
Currently Pregnant	7.0
Desires Pregnancy	3.9
Not Sexually Active	4.4
Using More Effective Contraceptive Methods	65.0
Using Less Effective Contraceptive Methods	2.9
Not Using Any Contraceptive Method	9.7
Total	100.0
Number Of Cases	383

*Women are defined as being in need of family planning services who are: fecund, sexually active, not currently pregnant, not currently desiring a pregnancy, and not using a contraceptive method for reasons not related to pregnancy, subfecundity, or sexual inactivity. Methods considered less effective are withdrawal, calendar and "other methods".

**The 1985 survey included women 15 to 49 years of age. Since the 1991 survey only included women to age 44, to make the data from the two surveys comparable, the 1985 data in this table does not include 45-49 year old women and has been adjusted to the 1991 age distribution. If the 23.4 percent of women who use less effective contraceptive methods are added to the category of women in need of FP services, a total of 26.7 percent of women are in need of FP services.

The estimated population of women in union aged 15-44 on Rodrigues is 4,500. Of these, 450 are in need of any family planning, and 560 are in need of more effective family planning.

The percent of women in need on Rodrigues is greatest among women with no living children and those with more than three children (Table 15.21).

Demand for Sterilisation

As shown earlier in this Chapter, only 5 percent of women in union, aged 15-44, on Rodrigues Island report they have been surgically sterilised (see Table 15.11). Those women who are not sterilised were asked whether they were interested in sterilisation. Approximately 22 percent of women currently in union on Rodrigues who want no more children are interested in sterilisation (Table 15.22). Older women, women with more living children and less educated women are more likely to be interested.

Natural Family Planning

As on Mauritius Island, all women who were currently using one of the four NFP methods or who had been using an NFP method in the past five years were asked a series of questions about their NFP use. Each woman was asked where she had first heard about Natural Family Planning. Table 15.23 shows where women first heard about NFP and where they were taught to use NFP. By far, Action Familiale is the primary source of knowledge about NFP, with 60 percent of users reporting this organization. Friends and relatives are also an important source of knowledge, being cited by 27 percent of users. Seventy-six percent of users learned to use NFP from Action Familiale. Ten percent learned from friends or relatives and another 10 percent learned from religious personnel.

TABLE 15.21
Percent of Women Aged 15 to 44 Who Have Ever Been In Union, Who Are In Need* of Family Planning Services By Selected Characteristics
Rodrigues Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Women Not Using Any Contraceptive Method	Women Not Using More Effective Contraceptive Methods	Total Unmet Need For Any Or More Effective Methods	
Total	9.7	2.8	12.5	(383)
Age				
15-24	9.8	3.0	12.8	(102)
25-34	8.5	1.2	9.7	(165)
35-44	11.2	5.2	16.4	(116)
Education				
< Complete Primary	11.1	2.4	13.5	(126)
Complete Primary	8.4	3.2	11.6	(190)
> Complete Primary	10.5	2.9	13.4	(67)
No. Live Births				
0	18.9	5.4	24.3	(37)
1	6.7	2.2	8.9	(90)
2	3.5	2.1	5.6	(87)
3	13.1	3.3	16.4	(61)
4+	12.0	2.8	14.8	(108)
Union Status				
Currently In Union	9.9	3.1	13.0	(345)
Formerly In Union	7.9	0.0	7.9	(38)
Socio-Economic Index				
Low	8.8	0.0	8.8	(125)
Medium	12.4	2.3	14.7	(129)
High	7.8	6.3	14.1	(128)

*Women are defined as being in need of family planning services who are: fecund, sexually active, not currently pregnant, not currently desiring a pregnancy, and not using a contraceptive method for reasons not related to pregnancy, subfecundity, or sexual inactivity. Methods considered less effective are withdrawal, calendar and "other methods".

( ) = Number of cases

TABLE 15.22
Percent of Women Aged 15-44 Currently In Union
That Report An Interest In Sterilisation
By Selected Characteristics
Rodrigues Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	Percent	n
All Women	22.2	(194)
Age		
15-24	11.8	(34)
25-34	19.8	(91)
35-44	30.4	(69)
Number of Living Children		
0-1	15.2	(33)
2	11.9	(42)
3	25.0	(40)
4+	29.1	(79)
Education Level		
< Complete Primary	33.3	(63)
Complete Primary	17.4	(92)
> Complete Primary	15.4	(39)
Current Contraceptive Use		
Users	22.5	(142)
Non-Users	23.3	(43)

() = Number of Cases

TABLE 15.23
Among Women Aged 15-44 Who Are Users of Natural Family Planning
Percent Distribution of
Where They First Heard Of And Where They Were First Taught About
Natural Family Planning
Rodrigues Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	First Heard Of NFP	First Taught About NFP
Action Familiale	59.7	76.1
Friends / Relatives	26.9	10.4
Religious Person	11.9	10.4
Health Staff	1.5	1.5
Private Doctor	0.0	1.5
Total	100.0	100.0
n	67	67

As seen in Table 15.24, most NFP users on Rodrigues report that they have chosen NFP over other contraceptive methods primarily for health reasons (55 percent). Fifteen percent said that they wanted to gain knowledge of their bodies. Although religious reasons are not important reasons for using NFP on Mauritius Island, 11 percent of users cite religious reasons for NFP use on Rodrigues.

Cervical mucus quality is the most commonly observed symptom, being observed by 54 percent of users (Table 15.25). Over 40 percent of users observe cervical mucus sensation, temperature, cycle length and cervical palpation. This level of observation is considerably higher than on Mauritius Island, for all symptoms except cycle length. Users are more likely to keep records of the primary symptoms of NFP (cycle length, temperature, cervical mucus), but are more likely to simply remember the secondary symptoms.

TABLE 15.24
Reason for Choosing Natural Family Planning
Over Other Methods of Contraception
Women In Union Aged 15-44 Who Are Current Or Recent* Users of NFP
Rodrigues Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Reason	Percent
Health Reasons	55.4
Gain Knowledge of Body	15.4
Religious/Moral Reasons	10.8
Dissatisfied with Other Methods	7.7
Difficulty Obtaining Other Methods	3.1
Personal Control over Conception	1.5
Husband/Partner Wanted To Use NFP	1.5
To Become Pregnant	1.5**
Other Reasons	3.1
TOTAL	100.0
n	65***

* Within the past five years.

** Women who report they are using NFP to become pregnant are not considered contraceptive users apart from this table.

*** 2 users in Rodrigues did not answer this question.

TABLE 15.25
Percent Who Currently Keep Records of Menstrual Signs
Or Currently Try to Remember Menstrual Signs
Among Women Aged 15-44 Who Are Current or Recent* Users of NFP
Rodrigues Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Menstrual Sign	Currently Keep Records	Currently Try To Remember (Without Keeping Records)	TOTAL
Cervical Mucus Quality	22.4	31.3	53.7
Cervical Mucus Sensation	19.4	25.4	44.8
Basal Body Temperature	22.4	20.9	43.3
Menstrual Cycle Length	25.4	16.4	41.8
Cervical Palpation	14.9	26.9	41.8
Breast Tenderness	11.9	22.4	34.3
Abdominal Pain	10.4	22.4	32.8
Menstrual Cramps	13.4	17.9	31.3
Swelling of the Vulva	9.0	17.9	26.9

* Within the past five years.

16. RECOMMENDATIONS

In June, 1993, the MOH organized and UNFPA financed a 2-day seminar to disseminate and discuss the findings of the survey. The 35 participants at the seminar included those in Mauritius involved in family planning service delivery and in the medical and social services communities. All participants were given a draft copy of this final report as well as a copy of the executive summary. MOH, CDC and UM discussants presented the survey findings to the participants.

During this seminar, the participants developed the following set of recommendations:

1. Based on the survey findings that a sizable proportion of women in need of contraception are not using more effective methods, ways and means should be found to address this unmet need.

2. Bearing in mind the drop in the proportion of users of contraceptive methods during the period under review, promotional campaigns should be stepped up with due regard to appropriate target groups and strategies employed.

3. A coordinating committee should be set up to monitor and review population programmes and family planning services.

4. More support should be provided to voluntary Community Health Workers on Rodrigues in the form of training and logistical facilities.

5. Steps should be taken to improve quality of services through continuing education and logistic support.

6. Steps should be taken to make available family planning services in clinics in a way that ensures privacy.

7. Provision of family planning services in the industrial zones should be strengthened.

8. Steps should be taken to encourage more active participation of males in matters concerning reproductive family health management.

9. Community-based supply of contraceptives should be extended to younger adults of all ages who are in need of services in Rodrigues, through channels including N.G.O.s.

10. Steps should be taken to promote a wider choice of contraceptives, without coercion.

11. The use of injectables should be encouraged.

12. More efforts should be made to encourage the use of IUDs.

13. A pilot project to promote Norplant should be undertaken.

14. Voluntary Surgical Contraception should be promoted among couples who have completed their desired family size.

15. The use of condoms should be encouraged, both as a contraceptive and as an agent for preventing sexually transmitted diseases, including AIDS.

16. Natural Family Planning outreach services should be extended more widely, particularly to rural areas.

17. In the light of the survey finding on the low prevalence of breastfeeding, breastfeeding should be promoted.

18. The criteria for pregnancy termination should be enlarged.

19. A national population policy should be formulated.

20. A management study should be undertaken on the implications of making the family planning programme self-reliant in the provision and supply of contraceptives.

21. Operational research should be considered on the use of injectables and IUDs.

22. A survey on young adults, concerning sexuality and contraception, should be conducted on both islands.

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APPENDIX I

SAMPLING ERRORS

APPENDIX I - SAMPLING ERRORS

Sampling error is defined as the difference between the expected value for any variable measured in a survey and the value estimated by the survey. The estimates for a sample survey are affected by two types of errors: (1) sampling error and (2) non-sampling error. Non-sampling error is the result of mistakes made in carrying out data collection and data processing, including the failure to locate and interview the right household, errors in the way questions are asked or understood, and data entry errors. Although quality control efforts were made during the implementation of the Mauritius CPS to minimize this type of error, non-sampling errors are impossible to avoid completely and difficult to evaluate statistically.

Sampling error is a measure of the variability between all possible samples that could have been selected from the same population using the same sample design and size. For the entire population and for large subgroups, the sample size in the CPS is large enough that sampling error for most estimates is small. However, for small subgroups, sampling errors are larger and may affect the reliability of the estimates.

Sampling error is usually measured in terms of the standard error for a particular statistic (mean, proportion, or ratio), which is the square root of the variance. The standard error can be used to calculate confidence intervals for estimated statistics. For example, the 95 percent confidence for a statistic in the Mauritius survey is the estimated value plus or minus 1.99 times the standard error for the estimate. (We use 1.99 rather than 1.96 to calculate confidence intervals since there are 81 degrees of freedom in calculating the variance for the entire sample).

The standard errors of statistics estimated using a multistage random sample design, such as that used in the Mauritius, are more complicated to

calculate than are standard errors based on simple random samples. The software package, SUDAAN (Shah *et al.*, 1991), was used to compute the standard errors with the appropriate statistical methodology. In addition to standard errors, SUDAAN computes the design effect for each estimate, which is defined as the ratio between the variance using the sample design that was used and the variance that would result if a simple random sample had been used. A design effect of 1 indicates that the sample design is as efficient as a simple random sample; a value greater than 1 indicates that the use of a more complex and less statistically efficient design increased the sampling error. Of course, the less efficient multi-stage statistical design is used because a simple random sample would be prohibitively expensive.

Standard errors are presented in Table I.2 for variables considered to be of major interest. The variables themselves are defined in Table I.1. Table I.2 gives the sample size on which the estimate is based, the estimate itself, the design effect, the standard error and the 95 percent confidence interval for the estimate. For categorical variables the estimates presented are the proportions of the base population in each of the categories.

Table I.2 indicates that, in general, standard errors for this survey are quite small. Thus, the sample can be considered fairly precise. To illustrate use of the figures in Table I.2, consider as an example current use of contraception. The survey estimate of the percent not currently using a contraceptive method is 25.3 percent, with a standard error of 1.2. The 95 percent confidence interval about this estimate is plus or minus 2.4 percentage points, extending from 22.9 to 27.8 percent. Thus, we can be 95 percent confident that the true percent of women currently in union not using a contraceptive is between 22.9 and 27.8 percent. Alternatively, we

can be 95 percent confident that the true percent using contraception is between 72.2 percent and 77.1 percent.

TABLE I.1
Description of Variables with Standard Error Calculated
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

Variable	Type*	Description	Population Group
Marital Status	C	Marital status at the time of interview	All Women
Woman's Employment	C	Type of employment woman is engaged in	All Women
Woman's Education	C	Highest level of education completed	All Women
Religion	C	Woman's religion	All Women
Religious Attendance	C	Whether woman attends religious ceremonies more than once per month	All Women
Socio-Economic Index	C	Index variable based on list of household amenities	All women
Persons Per Room	C	Number of household residents per room in the household	All Women
Ever Breast-fed	P	Percent who were ever breast-fed	Last-born children under 24 months
Exclusively Breast-fed	P	Percent being fed with breast milk alone	Last-born children aged 0-3 months
Fully Breast-fed	P	Percent being fed with breast milk and optionally water or juice	Last-born children aged 0-3 months
Complementary Feeding	P	Percent being fed breast milk and complementary foods	Last-born children aged 6-9 months
Contin. Breast-feeding	P	Percent still being breast-fed	Last-born children aged 12-15 months
Planning Status	C	Wantedness and timeliness of the last pregnancy	Women currently in union who had a live birth in the past 5 years
Current Contraceptive Use	C	Type of contraceptive currently being used, if any	Women currently in union

Source of Contraception	C	Where the respondent or partner obtain method or information about method	Women currently in union who use a method other than withdrawal and who report a source
Need Status	C	Classification of need for family planning services by reason for not being in need	Women ever in union
Women in Need	C	Need for more effective family planning services	Women ever in union

* P - Proportion; C - Categorical

TABLE I.2
Standard Errors for Selected Indicators
Mauritius Island
1991 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

	n	Value	Standard Error	Design Effect	Lower Conf. Limit	Upper Conf. Limit
Marital Status						
Married	4753	58.743	0.790	1.225	57.171	60.315
Consensual Union	4753	1.582	0.356	3.876	0.874	2.290
Sep/Wid/Div	4753	4.695	0.296	0.930	4.106	5.284
Never Married	4753	34.980	0.833	1.451	33.322	36.638
Woman's Employment						
Not employed	4752	57.502	1.452	4.099	54.613	60.391
Unskilled	4752	23.460	1.632	7.043	20.212	26.708
Skilled	4752	16.328	1.358	6.413	13.626	19.030
Professional	4752	2.710	0.341	2.095	2.031	3.389
Woman's Education						
< Complete Primary	4753	15.542	0.806	2.349	13.938	17.146
Complete Primary	4753	38.060	1.176	2.788	35.720	40.400
> Complete Primary	4753	46.398	1.534	4.494	43.345	49.451
Religion						
Hindu	4753	58.903	2.626	13.540	53.677	64.129
Catholic	4753	24.581	2.318	13.768	19.968	29.194
Muslim	4753	15.300	2.228	18.204	10.866	19.734
Other Christian	4753	1.007	0.209	2.084	0.591	1.423
Other	4753	0.210	0.080	1.455	0.051	0.369
Religious Attendance						
More than Once per Month	4750	64.823	3.025	19.063	58.803	70.843
Once Per Month or Less	4750	35.177	3.025	19.063	29.157	41.197
Socio-Economic Index						
Low	4736	34.925	1.405	4.112	32.129	37.721
Middle	4736	31.507	1.170	3.006	29.179	33.835
High	4736	33.568	1.594	5.394	30.396	36.740
Persons Per Room						
2 or More	4739	24.315	1.552	6.204	21.227	27.403
1-2	4739	38.018	1.235	3.069	35.560	40.476
1 or fewer	4739	37.668	1.779	6.385	34.128	41.208
Breast-feeding Indicators						
Ever Breast-fed	898	71.826	2.496	2.762	66.859	76.793
Exclusively Breast-fed	147	15.646	3.794	1.592	8.096	23.196
Fully Breast-fed	147	24.490	4.064	1.304	16.403	32.577
Complementary Feeding	168	28.571	3.564	1.040	21.479	35.663
Continued Breast-feeding	157	26.752	2.868	0.655	21.045	32.459
Planning Status						
Planned	1802	79.190	1.497	2.450	76.211	82.169
Mistimed	1802	8.602	0.905	1.875	6.801	10.403
Unwanted	1802	11.654	0.928	1.506	9.807	13.501
Unknown	1802	0.555	0.215	1.513	0.127	0.983

Current Contraceptive Use						
Not Using	3508	25.342	1.224	2.775	22.906	27.778
Sterilisation	3508	7.440	0.503	1.287	6.439	8.441
Supplied Methods	3508	41.534	1.143	1.888	39.259	43.809
NFP	3508	9.151	0.639	1.723	7.879	10.423
Withdrawal	3508	16.106	1.152	3.442	13.814	18.398
Other	3508	0.428	0.129	1.370	0.171	0.685
Source of Contraception						
MOH Clinic	1790	55.587	3.149	7.188	49.320	61.854
MFPA Clinic	1790	15.251	2.697	10.065	9.884	20.618
Action Familiale	1790	7.486	1.024	2.710	5.448	9.524
Pharmacy	1790	5.587	0.759	1.955	4.077	7.097
Private Clinic	1790	3.240	0.619	2.187	2.008	4.472
Factory-Work	1790	1.397	0.388	1.953	0.625	2.169
Hospital	1790	10.950	0.854	1.338	9.251	12.649
Other	1790	0.503	0.157	0.886	0.191	0.815
Need Status						
Sub-fecund	3780	5.794	0.584	2.358	4.632	6.956
Currently Pregnant	3780	6.323	0.346	0.765	5.634	7.012
Desires Pregnancy	3780	5.053	0.410	1.324	4.237	5.869
Sexually Inactive	3780	6.984	0.455	1.206	6.079	7.889
Less Effective	3780	20.423	1.167	3.167	18.101	22.745
More Effective	3780	49.101	1.124	1.910	46.864	51.338
In Need	3780	6.323	0.566	2.042	5.197	7.449
Women in Need						
Not in Need	3780	73.254	1.094	2.307	71.077	75.431
Using Less Effective	3780	20.423	1.167	3.167	18.101	22.745
In Need--No Method	3780	6.323	0.566	2.042	5.197	7.449

APPENDIX II

QUESTIONNAIRE

The following is an English translation of the Creole questionnaire used for the 1991 Mauritius Contraceptive Prevalence Survey. A few errors which existed in the printed version of the questionnaire were corrected by hand during interviewer training. To show this, we have made these changes by hand in this version.

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CONTRACEPTIVE PREVALENCE SURVEY

CLUSTER NUMBER : ..... LOCALITY : .....

HOUSEHOLD NUMBER : ..... SERIAL NUMBER : .....

SUPERVISOR .....

INTERVIEWER .....

Questionnaire Number ____ ____ ____ ____

1990 MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY
HOUSEHOLD QUESTIONNAIRE

a. Address of Household: _____

b. Name of Head of Household: _____

c. Eligible Women in Household (15-44 years old as of date of interview):

BORN ON OR AFTER TODAY'S DATE. 1947 Number of Eligible Women ____ ____

AND ON OR BEFORE TODAY'S DATE. 1976

SELECTED FOR INTERVIEW		NAME	DATE OF BIRTH			MARITAL STATUS	RELATIONSHIP TO HOUSEHOLD HEAD
			MONTH	YEAR	AGE		
YES	NO						
1	2	1.					
1	2	2.					
1	2	3.					
1	2	4.					
1	2	5.					

STATUS OF HOUSEHOLD QUESTIONNAIRE

Number of Visit	First		Second		Third		Final	
Date:	Day	Month	Day	Month	Day	Month	Day	Month
Time:								
Status of Interview*:								
Appointment for Revisit Date/Time:								
Signature of Interviewer:								

*** Codes for Status of Interview:**

1 = Completed interview
2 = Not at home
3 = Refusal
4 = Vacant Dwelling
8 = Other (specify)_____

HOUSEHOLD QUESTIONNAIRE TO BE COMPLETED BY ANY ADULT HOUSEHOLD MEMBER

First Name of Household Respondent: _____

Age of Household Respondent: ___ ___ Relationship with Head of Household:_____

H1. How many people live in this house with you? _____ _____ Number

H2. How many rooms are there in the house? _____ _____ Number

H3. What is the water source of the house?

1. Running water in my house
2. Running water from a neighbor
3. Public fountain/tap
4. Truck
5. Well
6. River, lake, spring,etc.
7. Rain Water
8. Other (specify)

_____

H4. What kind of toilet facilities do you have?

1. Flush toilet
2. Pit latrine
3. Other (specify):

_____

		Yes	No	
H5. In the house is there a:	Video?	1	2	
	Radio?	1	2	
	Television?	1	2	CIRCLE 1 OR 2
	Frigidaire?	1	2	
	Automobile?	1	2	

END OF HOUSEHOLD QUESTIONNAIRE

Respondent's Name_____ Respondent's Questionnaire No. ___ ___ ___ ___
(From Household Questionnaire)

Household ID: _____ _____ _____ _____
EA Block House Individual

INDIVIDUAL RESPONDENT QUESTIONNAIRE

Record of Visits:

	Number of Visit			
	First	Second	Third	Final
Date:	----- ----- Day Month	----- ----- Day Month	----- ----- Day Month	----- ----- Day Month
Time:	AM PM	AM PM	AM PM	AM PM
Status of Interview*:				
Appointment for Revisit Date/Time:				
Signature of Interviewer:				

* Codes for Status of Interview: 1 = Completed interview 2 = Not at home
3 = Refusal
8 = Other (specify): _____

SECTION 1. BACKGROUND MODULE

101. What is your age? (AS OF TODAY) ___ ___ Years old

102. What is your date of birth? __ __ (Day) __ __ (Month) 19 __ __ (Year)

IF BORN BEFORE TODAY'S DATE, 1947 (MORE THAN 44 YEARS OLD), OR BORN ON OR AFTER TODAY'S DATE, 1976 (LESS THAN 15 YEARS OLD), CHECK HERE ( ), AND END INTERVIEW. OTHERWISE, CONTINUE WITH 103.

103. Are you married, living together, widowed, divorced, separated or single?
1. Married (legal or religious)--->GO TO 105
2. Consensual Union--->GO TO 105
3. Widowed--->GO TO 105
4. Divorced/Separated--->GO TO 105
5. Single (Never married) -- CONTINUE WITH 104

104. Thus, you have never been married or lived with a man?
1. Have been in union---CORRECT 103, AND CONTINUE
2. Never been in union---GO TO 107

105. Have you been married only once? If not, how many times have you been married or lived with a man? _____ times

106. In what month and year did you begin living with your (first) husband/partner? _____ (Month) _____ (Year)

107. What is the highest class you finished in school/college?

	Years completed						
No school	0						
Primary	1	2	3	4	5	6	9
Secondary/Vocational	1	2	3	4	5	6	9
Beyond Secondary	1	2	3	4	5	6	9
Unknown							9

(9 = Unknown)

108. What is your religion?

1. Hindu
2. Muslim
3. Roman Catholic
4. Other (Specify): _____
5. No religion - GO TO 110

109. In general, in a month how many times do you go to religious ceremonies or to a temple/church?

1. More than once per month
2. Once per month
3. Less than once per month
4. Never

110. Do you work for a salary or other income?

1. Yes - CONTINUE
2. No -- GO TO INSTRUCTIONS BEFORE 113

111. Do you work outside the house?

1. Yes - CONTINUE
2. No -- GO TO INSTRUCTIONS BEFORE 113

112. What work do you do?

1. Agricultural worker or fishery
2. Policewoman
3. Manual worker/Domestic
4. Sales or employed in service sector
5. Office worker/Clerical
6. Professional, executive, or managerial
7. Housewife
8. Student
9. Currently Unemployed
10. Small business or shop
88. Other (specify)_____

IF NEVER MARRIED (IF 103=5) GO TO 201, OTHERWISE CONTINUE WITH 113

113. Before your marriage did you work for a salary or other income?

1. Yes
2. No

114. Is your pay now (or your pay before your marriage) more than your husband's?

1. Yes
2. No
8. Not applicable

115. What is the highest class your (last) husband/partner finished?

	Years completed
No school	0
Primary	1 2 3 4 5 6 9
Secondary/Vocational	1 2 3 4 5 6 9
Beyond Secondary	1 2 3 4 5 6 9
Unknown	9

(9 = Unknown)

116. What is the main work your (last) husband/partner does?

1. Agricultural worker or fishery
2. Soldier or policeman
3. Manual workers
4. Sales or employed in service sector
5. Office worker
6. Professional, executive, or managerial
7. Chauffeur
8. Student
9. Currently Unemployed
10. Other (specify)_____

SECTION 2. FERTILITY MODULE

201. Have you ever been pregnant? 1. Yes
2. No

202. Are you currently pregnant? 1. Yes
2. No
8. Not Sure

IF NEVER BEEN PREGNANT AND NOT CURRENTLY PREGNANT OR NOT SURE, GO TO INSTRUCTIONS BEFORE 221.

203. How many living children do you have (even if they do not currently live with you)? __ living children

204. Of these, how many are boys and how many are girls? __ boys
girls

205. How many live-born children have you had who died, including those who cried after birth and who only lived a short time? __ __ children who died

206. Of these, how many were boys and how many girls? __ boys who died
girls who died

207. To confirm, then, you have given birth to: ____ children (ADD 203 AND 205),

_____ _____ boys
and
_____ _____ girls } (ADD 204 AND 206)

208. How many still-births have you had? __ still-births

209. Many women lose their babies before 6 months of pregnancy. Have you had any miscarriages? 1. Yes - CONTINUE
2. No -- GO TO 211

210. a. How many losses have you had? ___ spontaneous abortions

b. How many induced abortions have you had? ___ induced abortions

211. Counting all your live births and all your other pregnancies (including your current pregnancy, 202=1), this means that you have had altogether: ___ ___ pregnancies?

COMPARE (207+208+210a+210b) TO 211, IF UNEQUAL, RECONCILE THEM. (MULTIPLE BIRTHS ARE CONSIDERED AS BEING ONE PREGANANCY) CHECK WITH 207,IF RESPONDENT HAS HAD NO LIVE BIRTHS, GO TO 217 OTHERWISE, CONTINUE WITH 212.

212. When did you have your last delivery of a live-born child? __ __ Day __ __ Month 19 __ __ Year

98 = DON'T REMEMBER
99 = UNKNOWN

IF YEAR IS NOT KNOWN, GO TO 213; ALL OTHERS GO TO 214.

213. How many years has it been since then? ____ ____ years
88 = Don't remember

214. Where did that delivery take place?

1. Public hospital
2. Health center
3. Other Public Facility
4. Private Clinic/Hospital
5. Home, with nurse or midwife
6. Home, without doctor, nurse, or midwife
7. Other (specify): _____

215. Is that child still alive?

1. Yes, still alive - GO TO 217
2. No ---------- CONTINUE

216. At what age did he/she die? ___ ___ years ___ ___months

00 = Less than 1 yr or less than 1 month
98 = Don't remember
99 = Unknown

217. The last time you got pregnant did you want to get pregnant?

1. Yes - GO TO INSTRUCTIONS BEFORE 221
2. No -- CONTINUE
8. Not sure, Don't remember - GO TO INSTRUCTIONS BEFORE 221

218. At that time did you not want to have any more children or did you merely want to wait longer before getting pregnant again?

1. Wanted no more children
2. Wanted to wait longer
8. Not sure, Don't remember

219. Were you using a contraceptive method when you got pregnant?

1. Yes - CONTINUE
2. No -- GO TO INSTRUCTIONS BEFORE 221
8. Don't remember - GO TO INSTRUCTIONS BEFORE 221

220. Which method?

11. Tubal Ligation
12. Vasectomy (Male Ster)
21 Pill
22. Injection
23. IUD
24. Condom
25. Diaphragm
26. Foam, jelly, tablets
31. Action Familiale:Sympto-Thermal
32. Action Familiale "Blue Method"
33. Count Days (Calendar)
34. Temperature
35. Cervical Mucus
41. Take Precaution (Withdrawal)
51. Other (specify)_____

IF NEVER MARRIED OR IN UNION, AND NEVER PREGNANT, GO TO 315.
ALL OTHERS CONTINUE WITH 221.

221. Would you like to become pregnant now?

1. Yes
2. No
3. Currently pregnant
4. Up to God, fate, etc.
8. Not sure

CHECK WITH 207, IF 2 OR MORE LIVE BIRTHS, CONTINUE WITH 222
IF ONE LIVE BIRTH GO TO THE TOP OF NEXT PAGE, BREASTFEEDING MODULE
IF NO LIVE BIRTHS, GO TO 315.

222. What was the month and year of your last live birth prior to that child we just talked about? (next to last child)

_____ _____ month 19 _____ _____ year

98 = Don't remember
99 = Unknown

223. Is that child still alive?

1. Yes - GO TO INSTRUCTION BEFORE 225
2. No -- CONTINUE

224. At what age did he/she die?

___ ___ years, ___ ___ months

00 = Less than 1 year or 1 month
88 = Don't remember.
99 = Unknown.

CHECK WITH 207, IF 3 OR MORE LIVE BIRTHS, CONTINUE WITH 225
IF LESS THAN 3 LIVE BIRTHS GO TO THE TOP OF NEXT PAGE, BREASTFEEDING MODULE

225. What is the month and year when you delivered your first live born child?

_____ _____ month 19 _____ _____ year

88 = Don't remember.
99 = Unknown.

3. Breastfeeding Module

IF RESPONDENT NEVER HAD A LIVE BIRTH --------- GO TO 315.
IF HER LAST BIRTH WAS: DECEMBER 1985 OR BEFORE - GO TO 315.
JANUARY 1986 OR AFTER -- CONTINUE.

301. Has your menstrual period returned since you last gave birth?
1. Yes - CONTINUE
2. No, but became pregnant since - GO TO 303
3. No - GO TO 303

302. How many months after birth did it return?
_____ _____ months
00 = Less than 1 month
98 = Don't remember

303. Did you breastfeed your last child?
1. Yes - CONTINUE
2. No -- GO TO 315

304. How long after birth did you breastfeed that child for the first time?
1. less than 1 hour after birth
2. 1 - 5 hours
3. 5 - 24 hours
4. 24 hours or more

305. Are you still breastfeeding that child?
1. Yes - GO TO 307
2. No -- CONTINUE

306. How many months did you breastfeed that child?
_____ _____ months
00 = Less than 1 month
98 = Don't remember.

307. How old was your child, in months, when you started giving him/her milk other than breast milk?
_____ _____ months
00 = Less than 1 month
44 = Not Yet
55 = Child died first _____ } GO TO 310
98 = Don't remember

308. Did you give him this with a bottle or else with a cup or spoon?
1. Bottle
2. Cup or spoon
8. Other_____(specify)

309. How old was your child, in months, when you started giving him/her milk other than breast milk every day?

_____ _____ months
00 = Less than 1 month
44 = Not yet
55 = The child died before
98 = Don't remember.

IF CURRENTLY BREASTFEEDING, CONTINUE. ALL OTHERS GO TO 315.

310. During the last 24 hours, how many times did the infant breastfeed?

_____ _____ times
55 = The child died - GO TO 315

311. During the last 24 hours, how many times did the child get other food, such as: (READ)

	No. of Times
TINNED MILK	_____
WATER/TEA	_____
JUICES	_____
SOLID FOOD (RICE, ETC.)	_____

312. During the last 24 hours, what was the longest interval between breastfeeds?

_____ _____ hours

313. During the last 24 hours, how many times did you expel milk?

_____ _____ times
00 = None - GO TO 401

314. Was that milk fed to the child?

1. Yes
2. No

315. Have you had sexual relations in the last 4 weeks?

1. Yes--GO TO 401
2. No---CONTINUE WITH 316

316. Have you had sexual relations in the last 3 months?

1. Yes
2. No

SECTION 4. FAMILY PLANNING MODULE

401. Now, I would like to talk to you about methods that people use to space or limit the number of their children.

401a. First, tell me all the methods you have heard of?

401b. THEN: READ EACH METHOD NOT MENTIONED, ASK WHETHER RESPONDENT HEARD OF IT, AND CIRCLE 2 OR 0 AS APPROPRIATE.

401c. THEN: ASK QUESTIONS ABOUT EVER USE FOR EVERY METHOD KNOWN AND CIRCLE 3 OR 4 AS APPROPRIATE.

METHOD	SPONTANEOUS	Have you ever heard of: YES	NO	Have you ever used? YES	NO
11. Tubal Ligation (Fem. Sterilisation)	1	2	0	3	4
12. Vasectomy (Male Sterilisation)-----	1	2	0	3	4
21. Pill----------	1	2	0	3	4
22. Injection (Depo-Provera)----------	1	2	0	3	4
23. IUD----------	1	2	0	3	4
24. Condom----------1		2	0	3	4
25. Diaphragm----------	1	2	0	4	
26. Foam, jelly, tablets----------	1	2	0	3	4
27. Implant----------	1	2	0	3	4
31. Action Familiale:Sympto-Thermal (Blue Method on Rodrigues)---------	1	2	0	3	4
32. Count Days (Calendar)----------	1	2	0	3	4
33. Temperature----------	1	2	0	3	4
34. Cervical Mucus----------	1	2	0	3	4
41. Taking Precautions (Withdrawal)----	1	2	0	3	4
51. Other (specify): _____	1	2	0	3	4

402. RECORD HERE IF RESPONDENT HAS EVER USED AT LEAST ONE METHOD OF CONTRACEPTION. (SEE ANSWERS TO 401c)

1. YES - CONTINUE
2. NO -- GO TO INSTRUCTIONS BEFORE 410

403. How did you hear about birth control for the first time?

1. Private Doctor
2. Health Center Personnel
3. Action Familiale
4. Religious worker or priest
5. Family Member
6. Husband/Partener
7. Friends
8. Newspapers, radio or TV
9. Books, magazines or brochures
88. Other (specify): _____

404. When you decided for the first time to use a birth control method did you discuss it with anyone and did this person support you or not?

(PROBE AND CODE)

	DISCUSSED WITH		SUPPORTED	
	NO	YES	NO	YES
a. Husband or Partner	0	1	2	3
b. Relative	0	1	2	3
c. Friend or Neighbor	0	1	2	3
d. Religious person	0	1	2	3
e. Social Worker, etc.	0	1	2	3
f. Other (specify):_____	0	1	2	3

405. Are you currently using a method of contraception?

1. Yes - CONTINUE
2. No -- GO TO INSTRUCTIONS BEFORE 410

406. Which method are you using?

11. Tubal Ligation (Fem. Sterilisation)
12. Vasectomy (Male Sterilisation)
21. Pill
22. Injection (DepoProvera)
23. IUD
24. Condom
25. Diaphragm
26. Foam, jelly, tablets
27. Implant

NATURAL METHODS{
31. Action Familiale:SymptoThermal (Blue Method on Rodrigues)
32. Count Days (Calendar)
33. Temperature
34. Cervical Mucus

41. Take Precautions (Withdrawal)
51. Other (specify): _____

407. Why are you using a birth control method?

READ RESPONSES
1. To space my births>--------GO TO 408
2. To have no more births>----GO TO 409

408. What is the most important reason why you want to space your births?

1. For my own health
2. For the children's health
3. Financial Situation
4. For the well being of my husband/partne
5. For the well being of my family
6. I work
8. Other (specify) _____

GO TO 410

409. What is the most important reason why you do not want to have any more children?

1. Have enough boys and enough girls
2. More children cost too much
3. I want to pay more attention to my current family
4. I want to work outside the house
5. Our house is too small
6. Not enough oppurtunity for education
7. Not enough oppurtunity for work
8. Family Pressure
88. Other (specify):_____

CHECK WITH 402, 405, OR 406. IF RESPONDENT IS A:

a. NOT CURRENT USER, BUT A PAST USER (405=2, 402=1), CONTINUE WITH 410.
b. NOT CURRENT USER AND A NEVER USER (405=2, 402=2), GO TO 419.
c. CURRENT USER OF NON-STERILIZATION (405=1 AND 406=21 TO 51), GO TO 426.
d. CURRENT USER OF STERILIZATION (405=1 AND 406=11 OR 12), GO TO 447.

NON-CURRENT USERS, BUT PAST USERS, START HERE:

410. How many children did you have when you used a birth control method the first time? ____ children

411. What was the method you most recently used?

11. Tubal Ligation (TL)
12. Vasectomy (Male ster)
21. Pill
22. Injection
23. IUD
24. Condom
25. Diaphragm
26. Foam, jelly, tablets
27. Implant
31. Sympto-Thermal
32. Action Familiale: Blue Method
33. Count Days (Calendar)
34. Cervical Mucus
41. Take Precautions (Withdrawal)
51. Other (specify): _____

412. What was the last month and year you used this method? ____ ____ ____ ____
Month Year
98 = UNKNOWN

413. What was the most important reason you stopped using

1. I wanted to get pregnant
2. I got pregnant while using that method
3. Divorce/widowhood, etc. (ceased sexual activity)
4. Was no longer able to get pregnant
5. Side effects
6. Warnings friends/family about side effects
7. Medical advice
8. Husband/partner against
88. Other (specify) _____

414. Where did you or your partner get that method or instruction on the method the last time that you used it?

1. MOH clinic
2. MFPA clinic
3. Action Familiale
4. Pharmacy
5. Private clinic or physician
6. Vending Machine
7. Shop (not pharmacy)
8. Factory or work place
88. Other (specify)_____

415. Did you or your partner receive counselling in birth control methods in that place?

1. Yes
2. No

416. Was there anything in particular that you did not like about the services that you or your partner receive there?

1. Yes - CONTINUE
2. No -- GO TO 418

417. What did you not like?

1. The wait was too long
2. Staff was not polite
3. Method wanted to use was not available
4. Other (specify):_____

418. How much time does it take you to go there by your normal means of transport?

___ ___ ___ minutes

GO TO 435*

*Note: This was stamped in ink after the questionnaire was printed.

NON-CURRENT USERS AND NEVER USERS. IF:

CURRENTLY PREGNANT (202=1) ----- GO TO 422
NOT CURR. PREGNANT (202=2 OR 8), CONTINUE

419. Do you think you are able to get pregnant at present?
1. Yes - GO TO 421
2. No ---------- CONTINUE
3. Not sure, don't know - CONTINUE

420. Why not?
1. Menopause
2. Has had an operation for medical reasons which makes pregnancy impossible (or husband/partner has had an operation)
3. Has tried to get pregnant for at least 2 years without success (or has not gotten pregnant despite at least 2 years of Non-contraception) } GO TO 500
4. Not sexually active
5. Postpartum/breastfeeding----------->GO TO 422
8. Other (specify): _____ --->GO TO 422

421. Why are you not using a method to prevent pregnacies at this time?
1. Not sexually active.
2. Want to become pregnant (221=Yes)
3. Breastfeeding/postpartum
4. Fear of side effects
5. Previously had side effects
6. Other health reasons
7. Husband/partner objects
8. Method not available
9. Family Planning facility too far away
10. Too expensive
11. The methods are ineffective
12. The methods are difficult to use
13. Not worth the trouble (fatalism)
14. One is treated badly in the clinic
15. One waits a long time at the clinic
16. I am too old
17. I am not familiar with the methods
88. Other (specify):_____

CONTINUE WITH 422

IF RESPONDENT IS CURRENTLY PREGNANT, CONTINUE HERE:

422. Do you think, at a later time, you will want to use a birth control method?

1. Yes - CONTINUE
2. No ------- GO TO 435
3. Not sure -- GO TO 435

423. Which method would you want to use?

11. Tubal Ligation (Fem. Sterilisation)
12. Vasectomy (Male Sterilisation)
21. Pill
22. Injection (DepoProvera)
23. IUD
24. Condom
25. Diaphragm
26. Foam, jelly, tablets
27. Implant
31. Action Familiale: Sympto-Thermal (Blue Method)
32. Count Days (Calendar)
33. Temperature
34. Cervical Mucus
41. Take Precautions (Withdrawal)
51. Other (specify): _____

424. Do you know where you can get a birth control method or information about these methods?

1. Yes - CONTINUE
2. No -- GO TO 435

425. Where?

*IF MORE THAN ONE PLACE MENTIONED, CIRCLE THE ONE SHE WOULD MOST LIKELY USE

01. MOH clinic
02. MFPA clinic
03. Action Familiale
04. Pharmacy
05. Private clinic/physician
06. Vending machine
07. Shop (not pharmacy)
08. Factory, or place of work
09. Other (specify): _____

GO TO 435

CURRENT USERS OF A FAMILY PLANNING METHOD. (EXCEPT STERILISATION). START HERE:

426. How many children did you have when you began using a birth control method for the first time? _____ _____ child(ren)

427. Now, where do you or your husband/your partner get your birth control method/ information on birth control?

01. MOH clinic
02. MFPA clinic
03. Action Familiale
04. Pharmacy
05. Private clinic/physician
06. Vending machine
07. Shop (not pharmacy)
08. Factory, or place of work
88. Other (specify): _____
00. No Source-------GO TO 432

428. Do you or your partner receive counselling on birth control at that place?
1. Yes
2. No

429. Is there anything in particular that you do not like about the services that you or your partner received there?
1. Yes - CONTINUE
2. No - GO TO 431

430. What do you not like?
1. The wait was too long
2. Staff was not polite
3. Method wanted to use was not available
8. Other (specify):_____

431. How much time, in general, does it take to get there by your normal means of transport? _____ _____ _____ minutes
888 = Home Visit

432. Is there another family planning method you would rather use than the one you are currently using?
1. Yes - CONTINUE
2. No ------ GO TO 435
8. Not sure - GO TO 435

433. Which method?

11. Tubal Ligation (Fem. Sterilisation)
12. Vasectomy (Male Sterilisation)
21. Pill
22. Injection
23. IUD
24. Condom
25. Diaphragm
26. Foam, jelly, tablets
27. Implant
31. Action Familiale: Sympto-Thermal (Blue Method)
32. Count Days (Calendar)
33. Temperature
34. Cervical Mucus
41. Take Precautions (Withdrawal)
51. Other (specify): _____
80. Any method
88. Not sure

434. Why are you not using _____ that method?

CONTINUE WITH 435

ALL RESPONDENTS, EXCEPT THOSE WHO ARE SUB-FECUND OR THOSE WHO ARE STERILISED, CONTINUE HERE:

435. CURRENT MARITAL STATUS: (REFER BACK TO 103)
1. NEVER MARRIED ---END INTERVIEW
2. EVER MARRIED --- CONTINUE

436. Would you like to have more children (after this pregnancy)?
1. Yes - GO TO 442
2. No - CONTINUE
3. Up to God, fate GO TO 443
4. Not sure ------GO TO 443

(437-441: FOR WOMEN WHO WANT NO MORE CHILDREN)

437. Would you be interested in an operation that would prevent you from having any more children?
1. Yes - CONTINUE
2. No -- GO TO 441
8. Not sure - CONTINUE

438. Do you know where to go for this operation or to get information about it?
1. Yes - CONTINUE
2. No -- GO TO INSTRUCTIONS BEFORE 500

439. Where?

IF MORE THAN ONE PLACE MENTIONED, CIRCLE THE ONE SHE WOULD MOST LIKELY USE.
1. Hospital (public)
2. MFPA Clinic
3. Private clinic/hospital
4. Private physician's office
5. Outside Mauritius or Rodrigues
8. Other (specify):_____

440. Since you have the number of children you want and you know where to go to get the operation, why haven't you had it done?
1. Too young/doctor does not agree
2. Husband does not agree
3. Have not made up mind/laziness
4. Waiting till children grow up
5. Afraid of the operation
6. Undecided/Am on the list
7. Need more information
88. Other (specify):_____

GO TO INSTRUCTIONS BEFORE 500

441. Why are you not interested in the operation?

1. Fear of operation
2. Husband opposed
3. Do not like operation
4. Satisfied with present method
5. Against religion or custom
6. Children too young
7. I am too young
8. Need more information
9. Not sure
88. Other (specify): _____

GO TO INSTRUCTIONS BEFORE 500

(442-446: FOR WOMEN WHO WANT OR MIGHT WANT MORE CHILDREN)

442. How many more children would you like to have (after this pregnancy)?

___ ___ children
66. As many as possible
77. As many as God sends, up to fate
99. Don't know

443. After you have all the children you want, would you be interested in an operation that would prevent you from having any more children?

1. Yes - CONTINUE
2. No -- GO TO 446
3. Not sure - CONTINUE

444. Do you know where to get this operation or information about it?

1. Yes - CONTINUE
2. No -- GO TO INSTRUCTION BEFORE 500

445. Where?

1. Hospital (public)
2. MFPA Clinic
3. Private clinic/hospital
4. Private physician's office
5. Outside Mauritius or Rodrigues
8. Other (specify): _____

GO TO INSTRUCTIONS BEFORE 500

446. Why would you not be interested in this operation?

1. Fear of operation
2. Husband opposed
3. Do not like operation
4. Satisfied with present method
5. Against religion or custom
6. Need more information
7. Not sure
8. Other (specify) _____

GO TO INSTRUCTIONS BEFORE 500

(447-453: FOR CURRENT USERS OF STERILIZATION)

447. What was the month and year that you (your husband/partner) were sterilized?

___ ___ month ___ ___ year

448. Where was it done?

1. Hospital (public)
2. MFPA Clinic
3. Private clinic/hospital
4. Private physician's office
5. Outside Mauritius or Rodrigues
8. Other (specify):_____

449. Did you receive any counseling about birth control at that place?

1. Yes
2. No

450. Was there anything you particularly disliked about the services you received there?

1. Yes - CONTINUE
2. No -- GO TO 452

451. What was it that you did not like?

1. The wait was too long
2. Staff was not polite
3. Services were expensive
8. Other (specify):

452. Are you satified that you had the operation?

1. Yes
2. No

453. How many children did you have when you began using birth control for the first time?

___ ___ child(ren)

GO TO INSTRUCTIONS BEFORE 500 ON NEXT PAGE

Section 5. NATURAL FAMILY PLANNING MODULE

REFER TO 401C AND 409 TO DETERMINE RESPONDENTS USE OF NATURAL METHODS.

IF NATURAL METHOD USED IN THE PAST, BUT NOT CURRENTLY USING CONTINUE WITH 500.

IF CURRENTLY USING A NATURAL METHOD (406 = CODE 31, 32, 33 OR 34), GO TO 501

IF NEVER USED A NATURAL METHOD, GO TO 600

500. What was the month and the year when you stopped using the natural method?

__ __ Month __ __ Year

98= DON'T KNOW

IF BEFORE APRIL 86 --- GO TO 600.
IF AFTER MARCH 86 --- CONTINUE WITH 501.

501. Now I would like to talk to you about observing your fertility signs when practicing natural family planning:

CIRCLE THE RESPONSES TO 501a, b, c, AND d IN THE FOLLOWING TABLE

	Cycle Length	Tempe-rature	Cer-vical Mucus Quality	Cervical Mucus Sensa-tion	Cervical Palpa-tion	Swollen And Tender Breasts	Abdom-inal Pain	Men-strual Cramps	Swollen Vulva	
501a. Have you ever kept a chart/ calendar/diary of	0 -NO 1 -Yes	0 -NO 1 -Yes	0 -NO 1 -Yes	0 -NO 1 -Yes	0 -NO 1 -Yes	0 -NO 1 -Yes	0 -NO 1 -Yes	0 -NO 1 -Yes	0 -NO 1 -Yes	->501c. ->501b.
501b. Are you currently keeping a chart/ calendar/diary of	2 -NO 3 -Yes	2 -NO 3 -Yes	2 -NO 3 -Yes	2 -NO 3 -Yes	2 -NO 3 -Yes	2 -NO 3 -Yes	2 -NO 3 -Yes	2 -NO 3 -Yes	2 -NO 3 -Yes	->501c. ->Next Sign Or 502a.
501c. Have you ever remembered without noting your	4 -NO 5 -Yes	4 -NO 5 -Yes	4 -NO 5 -Yes	4 -NO 5 -Yes	4 -NO 5 -Yes	4 -NO 5 -Yes	4 -NO 5 -Yes	4 -NO 5 -Yes	4 -NO 5 -Yes	->Next Sign ->501d.
501d. Are you now trying to rem-ember without writing your	6 -NO 7 -Yes	6 -NO 7 -Yes	6 -NO 7 -Yes	6 -NO 7 -Yes	6 -NO 7 -Yes	6 -NO 7 -Yes	6 -NO 7 -Yes	6 -NO 7 -Yes	6 -NO 7 -Yes	->Next Sign ->Next Sign

IF RESPONDENT IS CURRENTLY KEEPING WRITTEN RECORDS OR CURRENTLY TRYING TO REMEMBER ANY SIGNS (CODES 3 OR 7 CIRCLED), GO TO 502a. ALL OTHERS GO TO 503.

502a. For how many months have you kept the diary, calendar, or chart of, or have recalled, without writing, your NAME SIGN(S)?

Signs	MONTHS/CYCLES
a. Menstrual Cycle Length	___ ___
b. Temperature	___ ___
c. Cervical Mucus Quality	___ ___
d. Cervical Mucus Sensation	___ ___
e. Cervical Palpation	___ ___
f. Swollen And Tender Breasts	___ ___
g. Abdominal Cramps	___ ___
h. Menstrual Cramps	___ ___
i. Swelling of the vulva	___ ___

IF KNOWN EXACTLY WRITE NUMBER OF MONTHS/CYCLES AND GO TO 503.
IF MORE THAN 7 YEARS (84 MONTHS), CODE 85 AND GO TO 503.

IF NOT KNOWN EXACTLY, CODE 98, AND GO TO 502b.

502b. Can you tell me whether you have been keeping the diary, calendar, chart, or trying to remember for less than 1 year, 1-2 years, 2-3 years or more than 3 years?

Signes	Less Than 1 Year	1-2 Years	2-3 Years	More Than 3 Years	Don't Remember
a. Menstrual Cycle Length-----	1	2	3	4	8
b. Temperature----------	1	2	3	4	8
c. Cervical Mucus Quality-----	1	2	3	4	8
d. Cervical Mucus Sensation---	1	2	3	4	8
e. Cervical Palpation---------	1	2	3	4	8
f. Swollen And Tender Breasts-	1	2	3	4	8
g. Abdominal Cramps----------	1	2	3	4	8
h. Menstrual Cramps----------	1	2	3	4	8
i. Swelling of the vulva------	1	2	3	4	8

503. Where did you hear about **NAME METHOD** for the first time?

(NAME METHOD USED IN 401c OR 406)

1. Religious Person/Priest
2. Private Doctor
3. Action Familiale
4. Radio or TV
5. Health Staff
6. Friends or Relatives
7. Learned from book(s)
8. Other (specify):_____

504. In what year were you first taught the method **NAME METHOD** (Or what year did you learn the method **NAME METHOD** for the first time from a book?

_____ _____ year
98 = Don't know/Don't remember

505. Who first taught you to use **NAME METHOD** for the first time?

1. Religious Person or Priest
2. Private Doctor
3. Action Familiale
4. Radio or TV
5. Health Staff
6. Friends or Relatives
7. Learned from book(s) - GO TO 508
8. Other (specify):_____

506. After that person taught you, did he/she help you or talk to you again about **NAME METHOD**?

1. Yes - CONTINUE
2. No -- GO TO 508

507. How many more times did you get help or teaching from that person?

____ ____ times
98 = Don't know
99 = Not applicable, was not taugh

508. What is the basis of your practicing natural methods?

1. Calendar - cycle length ---------- CONTINUE
2. Cervical mucus method ---------- GO TO 510
3. Temperature method---------- GO TO 514
4. Temperature method and cervical mucus (Sympto-Thermal) -- GO TO 514
5. Blue method ---------- GO TO 510

509. What calculations do (did) you use to determine your fertile days? **(WRITE IN NUMBERS THAT APPLY IN THE APPROPRIATE BLANKS FOR THE RESPONSE GIVEN)**

1. I have sexual relations until the____ ____th day of my menstrual cycle and I begin having intercourse on the____ ____th day after the first day.
2. Number of days in shortest menstrual cycle minus ____ ____ days.
3. Number of days in longest menstrual cycle minus ____ ____ days.
8. Other (specify):_____
9. Don't remember.

GO TO 522

510. Now, I am going to read to you various ways of determining your fertile days when using the cervical mucus method (blue method). Tell me if you have ever used any of these methods to determine your fertile days?

WAYS TO DETERMINE YOUR FERTILE DAYS(READ EACH)	Yes	No	DON'T KNOW OR REMEMBER
a. ALL DAYS WITH MUCUS OR WET SENSATION	1	2	9
b. ALL DAYS WITH MUCUS OR WET SENSATION UNTIL 4 DRY DAYS AFTER THE LAST PEAK MUCUS DAY	1	2	9
c. ALL DAYS WITH BLEEDING BETWEEN MENSTRUAL PERIOD AND UNTIL 3 DRY DAYS AFTERWARD	1	2	9
d. DURING ALL DAYS OF MENSTRUATION	1	2	9

511. Have you ever used any other method? 1. Yes - CONTINUE
2. No -- GO TO 513.

512. What was it? _____

513. Once your period ends and before the mucus begins, do (did) you have sexual relations every other day? (that is, have relations one dry day and abstain the next day)
1. Yes
2. No
3. Other (specify): _____

BLUE METHOD USERS (RODRIGUES) GO TO 517, BEGINNING WITH CHOICE E.
ALL OTHERS GO TO 522

514. How do you determine the infertile days before the temperature rise?
1. Calendar method -- CONTINUE
2. Mucus method ----- GO TO 517
3. Both ---------- GO TO 517

515. What technique do (did) you use to determine the end of fertile days?
1. Coverline approach
2. 3rd day of high temperature after 6 days of lower temperature
3. Other (specify): _____
4. Not applicable
8. Don't know

516. Do you restrict intercourse to the days after ovulation only?
1. Yes - GO TO 522
2. No -- CONTINUE

517. Have you ever determined your fertile days in the following ways?
(READ EACH FROM a. THROUGH h. BLUE METHOD USERS BEGIN WITH e.)

	Yes	No	DK/DR	
a. TAKE THE SHORTEST CYCLE AND SUBTRACT 18, 19, 20, OR 21 DAYS UNTIL THE THIRD DAY OF HIGH TEMPERATURE AND THE FOURTH DRY DAY AFTER THE LAST DAY OF NON-STICKY MUCUS (IF YES, LESS HOW MANY DAYS ____ ____)	1	2	9	a.
b. FROM THE FIRST MUCUS DAY UNTIL THE THIRD DAY OF HIGH TEMPERATURE AND THE FOURTH DRY DAY AFTER THE LAST DAY OF NON-STICKY MUCUS.	1	2	9	b.
c. FROM THE FIRST MUCUS DAY UNTIL THE THIRD DAY OF HIGH TEMPERATURE	1	2	9	c.
d. TAKE THE SHORTEST CYCLE AND SUBTRACT A CERTAIN NUMBER OF DAYS UNTIL YOU FEEL BREAST SWELLING **(IF YES, HOW MANY DAYS TILL BREAST SWELLING ___ ___)**	1	2	9	d.
e. SWOLLEN AND TENDER BREASTS	1	2	9	e.
f. CERVICAL PALPATION	1	2	9	f.
g. ABDOMINAL CRAMPS	1	2	9	g.
h. MENSTRUAL CRAMPS	1	2	9	h.
i. OTHER (SPECIFY)_____	1	2	9	i.

518. Have you ever used any other way? 1. Yes - CONTINUE
2. No -- GO TO 520

519. What way? _____

520. Where did you get your thermometer?

1. In a pharmacy or shop
2. Religious worker/priest
3. Private doctor
4. Action Familiale
5. Health staff
6. Friends or relatives
7. Other (specify):_____
_____

521. Approximately how many thermometers do you use in a year?

_____ thermometers
7 = 7 or more
8 = Don't know/Don't remember

522. In addition to NAME METHOD that you do (did) use, have you ever used at the same time another birth control method during the fertile days?

1. Yes - CONTINUE
2. No - GO TO 525

523. Which method?

1. Condom
2. Foam, Jelly, Tablets
3. Diaphragm
4. Take Precaution (Withdrawal)
5. Other (specify): _____

524. How often?

1. Always, in all cycles
2. Sometimes, occasionally
8. Don't know

525. In addition to **NAME METHOD** that you use, do (did) you use another method during the infertile days?

1. Yes - CONTINUE
2. No -- GO TO 528

526. Which method?

1. Condom
2. Foam, Jelly, Tablets
3. Diaphragm
4. Take precautions (Withdrawal)
5. Other (specify): _____

527. How often?

1. Always, in all cycles
2. Sometimes, occasionally
8. Don't know

528. What is your opinion of **NAME METHOD**?

1. Like it
2. Tolerate if for birth control reasons
3. Don't like it
4. Other (specify): _____
8. Don't know

529. Do you practice **NAME METHOD** to space births, to prevent further pregnancies or to have a child?

1. Child spacing
2. To avoid further pregnancies
3. To have a child
5. Other (specify): _____
8. Don't know

530. Which is the most important reason you have chosen **NAME METHOD** instead of another method?

1. Health related reasons
2. Less expensive
3. Religious/Moral reasons
4. To become pregnant
5. Would like to decide for myself when I want to have more children?
6. Dissatisfied with other methods
7. It is difficult to get other methods
8. To know my body better
9. Husband/Partner wanted
20. Other (specify): _____
_____
77. Have discontinued natural family planning --- CONTINUE
88. Don't know

IF RESPONDENT IS A FORMER USER OF A NATURAL FAMILY PLANNING METHOD AND IS NOT USING NATURAL FAMILY PLANNING NOW CONTINUE WITH 531. CURRENT USERS GO TO 600

531. Why have you stopped using NAME METHOD?

1. To become pregnant
2. Fear of pregnancy/Method may be ineffective
3. Too complicated
4. Do not like abstinence
5. Husband/Partner does not like abstinence
6. Menopausal
7. Subfecund (Pre-menopausal)
8. Moved away from instructor
9. Ceased sexual relations
10. Unplanned pregnancy
20. Other (specify):_____

532. Did you change to another method?

1. Yes - CONTINUE
2. No -- GO TO 600

533. Which method?

11. Tubal ligation (Fem. ster.)
12. Vasectomy (male ster.)
21. Pill
22. Injection
23. IUD
24. Condom
25. Diaphragm
26. Foam, jelly, tablets
27. Implant
41. Take precaution (Withdrawal)
51. Other (specify): _____
_____

SECTION 6. CONTRACEPTIVE CONTINUATION MODULE

600. Now we would like to obtain a monthly record of your birth control methods over a 5-year period (since January 1986). Therefore, I would like to go back over some of the information we have discussed and try to determine precise dates of certain events.

You told me that you had ____ ____ live births, I need to record the dates of all your live births between January 1986 and now. Please tell me again the month and year of each birth. (CODE 71)

In addition to the live births, you had _____ pregnancies ended by miscarriage or other incidents. Please also tell me the month and year each of these pregnancies ended.

(CODE 72, 73, OR 74. IF CURRENTLY PREGNANT, WRITE 60 or 61 IN THE CALENDAR)

601. Now (in between the pregnancies) I need to record all of your birth control method use during the past 5 years. ASK:

a. What is/was the birth control method(s) you and your partner use(d) now.., (before your last pregnancy)...,

Before your next to last pregnancy...etc.?
(CODES 11-51)

b. How long did you use each method?

c. If stopped use, ask:

Did you stop using it because of getting pregnant while using it? **(Yes = CODE 60; No = CODE 61.)**

BEGIN WITH THE LAST METHOD USED AND GO BACK IN TIME.
FINALLY FILL IN ALL THE BLANK SPACES.

602. **IF A CONTRACEPTIVE METHOD WAS BEING USED IN ~~APRIL~~ JANUARY 1986, ASK:**

How long in months did you continuously use this method before ~~APRIL~~ JANUARY 1986?

_____ _____ Months. 36 = 3 Years (36 months) or more
00 = Not being used.

CODES FOR THE CALENDAR

00 No Method

11 Tubal Ligation (Female Sterilization)
12 Vasectomy (Male Sterilization)

21 Pill
22 Injection (Injection, Depo-Provera)
23 IUD
24 Condom
25 Diaphragm
26 Foam, jelly, tablets
27 Implant
31 Action Familiale: Sympto-Thermal (Blue Method in Rodrigues)
32 Count Days (Calendar)
33 Temperature
34 Cervical mucus
41 Take precaution (Withdrawal)
51 Other (specify): _____

60 Pregnant, due to a failure of a contraceptive method
61 Pregnant, not due to a failure of a contraceptive method

71 Live Birth
72 Stillbirth
73 Miscarriage (Loss, Spontaneous Abortion)
74 Induced Abortion

X No Sexual Activity

PUT HYPHENS BETWEEN TWO SAME CODES TO INDICATE A CONTINUATION OF THE SAME EVENT. E.G., 24 - - 24 INDICATES USE OF CONDOM FOR 4 MONTHS.

IF USE OF MORE THAN ONE METHOD AT THE SAME TIME, ENTER BOTH CODES IN ONE BOX.

CONTRACEPTIVE USE CALENDAR

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
86												
87												
88												
89												
90												