CONTRACEPTIVE PREVALENCE IN PARAGUAY

Major Findings and Results from a 1977 Survey

ANALYTICAL REPORT
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I. INTRODUCTION

The Paraguay Contraceptive Prevalence Survey conducted in March and April 1977 provides information for a national sample of women on contraceptive use, source of contraception, history of abortion, current pregnancy intention, and fertility rates. This survey makes it possible, for the first time, to estimate the active number of contraceptive users in Paraguay, both those using organized family planning programs and those obtaining contraceptives through the commercial sector. Because vital statistics are considered unreliable in Paraguay, the survey provides the first estimate of fertility rates for Paraguay since the 1972 census.

In general, the survey findings indicate that, consistent with previous estimates, fertility is relatively high in Paraguay, about 6 children per woman on the average. Contraceptive use is low; about one-fourth of every married woman 15 to 44 reported using an effective method at the time of the survey. However, the Greater Asuncion area was found to have a much lower birth rate and much higher prevalence of contraception than the remainder of the country. Because of the wide differences in fertility and contraceptive use between the Greater Asuncion area and the remainder of the country, the greatest need for public family planning program services, whether defined by high fertility or by responses to survey questions on pregnancy intention and current contraceptive use, is concentrated in the rural areas.

II. SURVEY METHODOLOGY

The 1977 Contraceptive Prevalence Survey was a multi-stage area probability survey. The sample was composed of 2 strata for which separate

sampling frames existed. The first stratum included the metropolitan area of Asuncion, the capitol city, referred to as Gran Asuncion. The second stratum contained the remainder of the country east of the Paraguay River, and has been termed the "Interior." The region west of the Paraguay River, known as the Chaco, contains only 3% of the population and was not included because access would have been difficult and costly. In the analysis of the data that follows, urban and rural areas of the Interior are sometimes distinguished, but these do not present separate strata, only a designation of type of area.

Because Gran Asuncion was oversampled and constitutes 45% of the total sample, but only about 25% of the country's population, sampling probabilities are not equal in the 2 strata. In addition, since only 1 woman per household was selected for interview, each respondent's probability of selection is inversely proportional to the number of eligible respondents in the household. In order to make estimates of proportions and means, weighting factors have been applied to account for these unequal probabilities. In the tables that follow, percentages are based on the weighted number of observations and the unweighted number of cases are shown.

The interview status by area is shown in Table 1 for the 2,954 households included in the survey. Of 2,309 women between 15 and 44 years of age identified as eligible for interview, interviews were completed for 2,048 women (88.7%). Interview completion rates range from 90% in Gran Asuncion to 86% in the urban areas of the Interior.

Table 2 indicates that the characteristics of women in this survey correspond very closely to those published in the census 5 years earlier. There is some difference in the distribution of births by age of mother in

the last year, with the survey finding a slightly higher percentage of births in the 15 to 19 year old age group and a lower percentage at age group 30 to 34. It is not possible to say which data source is in error since the census itself has been estimated to have an undercount of about 9% (1). Regardless of this difference, which could reflect recent fertility decline at older age groups, the correspondence between the survey and the census is, in general, quite close.

In the third panel of Table 2, the percent distribution of women by marital status is compared. Again, the survey is fairly close to the census results, but the survey has a greater percentage of women married and fewer single. This may be a type of error to be expected from a survey in which more mobile single women are more likely to be missed. As the last panel of Table 2 shows, the percent in union is higher in the survey at every age group.

But overall, characteristics of women in the survey are quite close to the census results. Comparison of the survey with the 1972 census is treated in more detail in a separate report (2).

III. DEMOGRAPHIC BACKGROUND

For Paraguay, 2 demographic features stand out. First, it is characterized by a high rate of natural increase related to mortality rates that have been declining for several decades, and fertility rates that have remained high. Second, there is a wide difference in the rate of fertility between the Greater Asuncion area and the remainder of the country. Because both births and deaths are seriously under-reported in the vital registration system, vital records cannot be used to estimate vital rates in the standard fashion (3). Rather, birth and death rates must be estimated from

survey and/or census data. The 1972 census and the 1977 Contraceptive Prevalence Survey are the only sources of national fertility data for recent years.

Estimates of crude death rates and expectations of life at birth, as shown in Table 3, both indicate the improving mortality conditions of the past decades, with crude death rates in 1972 standing at half the 1950 rate. Evidence for birth rate decline is more ambiguous. The available evidence suggests a decline in crude birth rate since the 1960 decade from the mid-40's (per 1,000 population) to perhaps 40, and about a 10% decline in the total fertility rate from a rate of 6.6 to 6.0 children per woman. This combination of vital rates results in a rate of natural increase of about 3%, enough to double population size in less than 25 years.

The 1977 survey was designed primarily to measure contraceptive prevalence, and the sample is not large enough to make precise estimates of demographic rates. Therefore, it is not appropriate to infer a trend in fertility by comparing the survey with census results. Also, the 2 sources of data are based on different methods of data collection, each of which contains different types of measurement errors. However, an analysis of the census data using the "own children" methodology reported by the Paraguayan Census Bureau suggested some downward movement of fertility between 1966 and 1972 (4). An analysis of the 1977 survey, shown in Table 4, also suggests recent fertility decline.

The method used here to study recent fertility trends is to compare the observed number of children ever born to the number expected if the estimated age-specific birth rates of the previous year had remained constant (5). This method uses techniques borrowed from the "Brass" method

of estimating fertility (6). The observed and expected number of children ever born, shown in Table 4, are calculated the same as in the "Brass" method. In the case of the Paraguay Survey, Table 4 indicates that the observed number of children ever born is greater than expected at every age, ranging from an 8% to a 27% difference. Some of this difference could be due to errors in reporting the date of most recent birth, but the fact that in all cases observed cumulative fertility is higher than expected, coupled with the survey finding that a significant portion of some segments of the population are using contraception, suggests that a large part of the difference may be due to fertility decline. This is particularly true for Greater Asuncion where the differences are much greater (16% to 74%).

Regardless of any recent decline, all evidence suggests that overall fertility is relatively high in Paraguay, at a rate of around 6 children per woman. The crude birth rate of about 40 per 1,000 is not far below "natural fertility" levels of 45 to 50 per 1,000 for countries where little or no deliberate fertility control is practiced (7) and is much higher than the rate of less than 20 per 1,000 in most developed countries.

Although national estimates for Paraguay reveal high fertility rates, there are wide differences within the country. The 1977 survey data on cumulative fertility shown in Table 5 indicates 6.7 to 7.0 children ever born overall to women over age 40. However, there is a difference of about 3 to 4 children between Gran Asuncion and the remainder of the country. As the table shows, there is also a similar difference between women who have and have not completed primary school.

Period fertility measures calculated from the survey data indicate even more extreme differences in birth rates in the most recent year (Table 6). Total fertility rates range from 2.4 to 7.2 births per woman in 1976 between Greater Asuncion and the rural areas; crude birth rates range from 22 to 43 births per 1,000 population. Other data from this survey indicate that 44% of married women in the Greater Asuncion area are using effective contraception, which is compatible with a crude birth rate in the upper 20's, according to one regression model (8). Due to the high incidence of abortion reported in the survey in the Greater Asuncion area, a crude birth rate as low as 22 per 1,000 is certainly plausible. The 1972 census found urban and rural differences of a similar magnitude as the survey, but not quite as large (9). From this comparison we have concluded that the pattern of fertility variation found in the survey reflects real fertility differences in Paraguay.

This urban/rural difference is closely related to patterns of contraceptive use and abortion experience discussed in later sections of this report. It is also related to aspects of social and economic structure that affect the proportions of childbearing-aged women in union. As Table 7 shows, the percent in union is lower in Gran Asuncion at every age, particularly ages 20-29 where fertility is highest. Overall, 48% of women 15-49 are in union in Gran Asuncion compared to 64% outside the capitol. This pattern is no doubt related to a number of factors outside the scope of the present study such as employment of women, stability of unions, and rural to urban migration patterns.

IV. CURRENT CONTRACEPTIVE USE

The 1977 survey found that about one-fourth of ever married women 15-44 were using an effective means of contraception. Use was substantially higher in metropolitan Asuncion and other urban areas than in rural areas. Women who were not using effective contraception fell into 2 groups, those not using anything, and those employing ineffective means. The latter group is an especially important target for organized family planning programs.

As Table 8 shows, 15.5% of all women 15-44 and 23.7% of ever married women were using effective contraceptive methods. The most prevalent method was oral contraception (10% of ever married women), followed by the IUD, sterilization, withdrawal, and condom. The urban/rural difference in contraceptive use parallels the fertility differentials discussed in the previous section. Over 40% of ever married women were using contraception in Gran Asuncion and other urban areas, compared to 17% in rural areas.

The use of contraception by ever married women is lowest below age 20 and above age 44, according to Table 9. Between the ages of 20 and 44, current use of effective methods is fairly constant in a range of 20% to 29%. With the exception of women 40 years of age and older, oral contraceptives are the most commonly used method in each age group. Educational differences in contraceptive use (Table 10) parallel fertility differences with a range of 18.9% using amoung women with less than primary education and 47% using among those who have more than primary education.

Ineffective methods appear to be relatively common in Paraguay, being used by 7.8% of ever married women. The most prevalent of these is "yuyos" or native herbal contraceptives. This method is actually the second most commonly used method found in the survey (5.7% of ever married women) after

oral contraceptives. It is actually somewhat more common in Gran Asuncion (6.5%) than elsewhere. Little is known about yuyos. This method is probably related to other South American herbal contraceptives taken as a tea and believed by the user to prevent conception. It is not believed by officials of the Paraguayan Family Planning Program to have any effect on fertility and a study in Peru reveals no support for the hypothesis that herbal preparations are effective (10). The widespread use of this method does indicate a segment of the population with a significant desire to limit fertility and in need of family planning services.

A substantial percentage of women interviewed reported "prolonged lactation" as a method--12.2% of all women, 17.8% of ever married women. If lactation is considered a method of contraception, it would be the most prevalent method used in Paraguay. Use of lactation as a method varies widely from 2% in Gran Asuncion to 11% in other urban areas to 22% in rural areas. This could be due to lower use of breastfeeding in Asuncion, and also to the greater use of effective methods by breastfeeding women in the urban areas.

In the aggregate, lactation is associated with a longer average period after a birth before conception can take place (11). Widespread use of lactation can, then, depress the birth rate in the population. However, it is not considered here as an effective means of contraception because, in an individual case, ovulation can return at any time whether the woman is breastfeeding or not. In the interview, women were asked if they knew about, had used, or were currently using any of a series of contraceptive methods including prolonged lactation. It is possible that the category, lactation,

includes women who were breastfeeding at the time of interview and not using another method of contraception, regardless of whether or not lactation was intended to prevent conception.

If lactation were being consciously prolonged to inhibit fecundity by women reporting this method, one might expect to find a relatively high proportion of women breastfeeding relatively old children. As Table 11 indicates, however, the majority of women in this category (82%) had had their last live birth since March 1976, a year prior to the beginning of this survey. On the other hand, since most of these women have given birth fairly recently, a large proportion of them are probably not at immediate risk of conception.

In any case, these data indicate that the use of lactation in the context of contraceptive prevalence needs to be further defined. Whether women who reported prolonged lactation are consciously attempting to limit fertility, or are apathetic and do not believe themselves to be at risk, most of them are at risk or soon will be. This group has much less previous experience with effective contraception than the general population. As Table 12 indicates, 8.0% of women 15-44 had used oral contraceptives in the past, for example, compared with 2.8% of lactation users. The lactation users did have more previous use of yuyos--15.6% versus 9.6% of all women. Regardless of how this group is classified, then, they seem to be in need of family planning services.

The data in Table 13 places contraceptive prevalence in Paraguay in international perspective. El Salvador, with a birth rate similar to Paraguay, has about the same percentage of currently married women using contraception as Paraguay, 22% versus 26%. These 2 countries stand in

contrast to the United States with 70% of married women being protected. While El Salvador and Paraguay have about the same aggregate level of coverage, the most prevalent methods in the 2 countries are different. In Paraguay, the 2 most important categories are oral contraceptives and "other" methods; in El Salvador, sterilization and oral contraceptives are the most prevelant. El Salvador, then, has a mixture of methods that have been found to have higher efficacy and may have a greater long-term effect on the birth rate for a given number of users.

V. SOURCE OF CONTRACEPTION

The survey provides estimates of percentage of contraceptive users obtaining contraception from various sources, including both public and private family planning agencies with organized programs and private physicians and pharmacies defined here as the commercial sector. It was found that the public sector program represented the most important source of contraception in the Interior, but that the commercial sector was most important in Gran Asuncion.

As Table 14 shows, 59.1% of contraceptive users were found to use organized programs as their source of contraception. The Ministry of Health, with 45% of all users, was by far the largest single provider of contraception in the country. About one-third of all users obtained their services in the commercial sector.

The commercial sector was the most important source of contraception in Greater Asuncion with 53% of all users. In contrast, two-thirds of users used organized program sources in the Interior, only about one-fourth the commercial sector. Within the Interior, a somewhat higher percent used

contraceptives supplied by organized programs in the urban areas than in rural areas. Results show, then, that there does not appear to be a large commercial sector outside Asuncion, which could be used to increase contraceptive prevalance. Table 15 shows that orals and IUDs are more likely to be obtained through organized programs than other methods, which include the condom and other nonprescription methods, for which pharmacies are the largest single source.

VI. NUMBER OF WOMEN CURRENTLY CONTRACEPTING THROUGH ORGANIZED PROGRAMS: SURVEY DATA COMPARED TO PROGRAM DATA

The survey results provide estimates of the total number of women currently contracepting in Paraguay and the number contracepting through organized programs. Utilizing these estimates, the quality of acceptor reporting in the family planning data systems of the organized program can be evaluated. Survey findings indicate that the manual data systems overestimate the number of active users of contraception in the organized program by about 40% supporting prior evidence that active users were overestimated by as much as 30%.

On the basis of survey results presented in Section IV and population projections based on adjusted census data, it is estimated that in the Spring of 1977 (March-April) there were 101,400 users of fertility regulation methods with some recognized efficacy. As indicated in Table 16, 43% of these women were protected by oral contraceptives; 18% were utilizing either rhythm or withdrawal as their current method of contraception; 13% were utilizing other methods, including condom, injection, foam, jelly, vaginal tablets, and the diaphragm.

About half of all active users of contraception reported organized program clinics as their source of supply (Table 17). These 49,100 active users of program supplied methods are compared to the 68,376 active users of contraception reported by the data systems of organized programs in Paraguay in Table 18 by method of contraception. This table shows a 39% difference between survey data and program data which supports prior evidence (discussed below) that the current acceptor reporting systems in Paraguay overestimate active users of contraception by as much as 30%. If we compare the upper limit of the survey estimate for the number of current users of contraception in organized programs (2 standard errors or the upper limit of the 95% confidence interval)*, there would be an estimated 56,900 users of program supplied methods, still an overestimate in the data system of about 20% compared to survey data. However, since surgical contraception is not reported in the data systems, the overestimate of active users of non-permanent methods of contraception in the data systems would be about 40% if we subtracted out the number of women reporting surgical contraception from the upper limit of active users as estimated by the survey.

Before discussing factors that may contribute to the difference seen between the survey results and data system reports, it would be useful to summarize the findings of a previous evaluation of acceptor reporting in Paraguay and briefly describe the operating data systems.

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*The variance calculation includes a design effect (deff) of 1.20 for Greater Asuncion and 2.08 for the Interior, where deff = 1 + roh ($\bar{b}$-1); roh is an acronym for rate of homogeneity or the intraclass correlation and $\bar{b}$ is the average cluster size. A value of 0.05 was used for roh which is the maximum value found in 8 family planning surveys for the variable, "current use of contraception (see: Kish, L., R.M. Groves and K.P. Krotki: "Sampling Errors for Fertility Surveys," Occasional Paper No. 17, World Fertility Survey, London, January 1976). Thus, the overall standard error of 1.2% should represent a maximum estimate.

Both DEPROFA and CEPEP have manual family planning data systems. Aggregate numbers of new acceptors and active users by method are reported monthly to the central statistical office of each agency by their respective clinics. The Social Security Institute and other public agencies do not have any formal reporting system for family planning users. As in other manual data systems, the active case count in both the DEPROFA and CEPEP data systems is determined by clinic personnel counting active users in their "tickler" file, which should indicate all patients that have not as yet left the program. There are 3 categories for program discontinuation on the monthly reports. These include women leaving the program because they became unintentionally pregnant while on the method, women leaving the program for other known reasons, and women lost to followup. In this latter category, oral contraceptive and other method users, other than IUD, are considered inactive 3 months after their last scheduled appointment, and IUD patients are considered inactive 6 months after their last scheduled appointment. Thus, active case counts will be accurate only to the extent that "tickler" files are kept up to date. Failure to include all inactive users on the monthly aggregate reporting form, resulting in an overcount of active users, is a symptom seen in all manual family planning reporting systems in Latin America (12-13).

CDC teams conducted evaluations of the DEPROFA data system in September 1975 and October 1976 to determine the quality and completeness of reporting. These reviews of the DEPROFA data system revealed an estimated overcount in the reporting of active users of about 15%. Although it was not possible to do a systematic evaluation of the CEPEP data system, the tickler file of the main CEPEP clinic was reviewed to

determine the number of users that had missed their last scheduled appointment and should have been transferred to an inactive category but were still carried on the books as active users. Records for 75 users who were in the active case file and had missed their appointment revealed that 50% of the oral contraceptive users should have been closed out, and 28% of the IUD users should have been closed out. Overall, 43% of users classified as active users should have been inactivated as lost to followup. We hesitate to use the data from the main clinic as representative of all CEPEP clinics, but clearly an active user overcount of this magnitude in the main clinic indicates that the total active user count for CEPEP is probably overestimated. Also supporting an existing overcount is the fact that during 1976, 80,180 pill cycles were distributed to CEPEP clinics. By estimating that the new oral contraceptive acceptors in 1976 had used 37,902 cycles (6.5 cycles each on the average) and the remaining 12,523 reported active users of oral contraceptives at the end of December 1976 had to have used 13 cycles to be active for the entire year, 162,779 cycles would have had to be distributed. These 2 totals add up to approximately 200,700 cycles of oral contraceptives compared to the 80,180 distributed. This discrepancy between the number of cycles of oral contraceptives that would be consistent with the number of active users reported and the actual distribution figures support the contention that there is a serious overcount of active users in the CEPEP data system.

There are 2 factors that contribute toward the difference seen between the survey estimate and data system reports: survey results are 3 to 4 months more recent than the data available through the data system, and women in the data system are maintained as active users until 3 months

(6 months for IUD users) following the date of their most recently scheduled appointment. To resolve the discrepancy in dates, figures from the data systems will be updated through the quarter ending March 31, 1977, for a better temporal comparison to the survey estimates; however, unless more women drop out of the program during the first quarter of 1977 than new women come into the program, the gap seen here between the survey estimates and program data will even be wider. The fact that program data includes non-returning IUD users and other method users as active users of contraception for up to 6 and 3 months, respectively, following their last scheduled visit to the clinic does contribute to the difference between the survey estimates and data system reports. However, the previous evaluation of the DEPROFA data system showed that active users in this category should account for only about 10% of all reported active users in the data system. This would clearly not account for the entire difference seen here between survey results and data available through clinic reporting.

VIII. HISTORY OF SPONTANEOUS AND INDUCED ABORTION

A high proportion of women in the survey reported having had at least one spontaneous or induced abortion, almost one-fourth of ever married women. Women residing in Gran Asuncion and women in the highest educational categories were more likely to have abortion experience, a finding which may suggest that induced abortion is an important component of all abortions reported. Overall, a relatively high proportion received medical attention or were hospitalized at the time of the most recent abortion.

In the interview, women were asked a series of questions on past history of abortion. The questions referred to all abortions--both induced and spontaneous abortion. There was no attempt to differentiate between the

two types of abortions. It was felt that direct questions regarding induced abortion would tend to result in the under-reporting of abortion. Elaborate, randomized response methods of asking about abortion were beyond the scope of this survey. It was decided that questions covering both kinds of abortions would be less threatening to the respondents and would still yield useful information.

Fifteen percent of all respondents and 23% of ever married women reported having at least 1 induced or spontaneous abortion (Table 19). The rate is much higher in Gran Asuncion, 36.4% for ever married women compared to about 20% in the Interior. As Table 20 shows, abortion history is greatest in the highest education category, and as would be expected, abortion experience increases with age. If the abortions being recorded were primarily spontaneous, one would expect a higher rate where fertility is highest, in the rural areas and among the less-educated. Because the opposite is the case, we suspect that deliberate use of abortion for fertility control is a very important part of the abortions reported in Gran Asuncion and by women with greater than a primary education.

Abortion experience was reported by 4% of never married women (Table 19). Abortion by single women seems to be concentrated in Greater Asuncion where 11% of never married women reported experience, compared to only 2% in the remainder of the country.

The pattern of abortion history found in the Paraguay Survey stands in contrast to results from a similar survey in El Salvador. In that survey, 20% of ever married women were found to have a history of abortion compared with the 23% reported in Paraguay. However, unlike Paraguay, abortion in

El Salvador was not greater in urban areas; 17% of ever married women in urban areas reported having had an abortion, 22% in rural areas. Also, in El Salvador, abortion experience did not increase with greater education, and no never married women reported an abortion (14). It appears that induced abortion tends to be utilized to a greater extent by urban women and never married women in Paraguay.

Sixty percent of women with abortion history reported receiving medical attention following their last abortion, and 43% were hospitalized (Table 21). These rates were substantially higher in Gran Asuncion than in the Interior, probably reflecting the availability of services. Single women had a higher rate of medical attention than married women, with three-fourths receiving medical attention, but single women were hospitalized at about the same rate.

In sum, the high levels of abortion experience, spontaneous or induced, are related to high complication and hospitalization rates, which indicates that abortion is a large-scale public health problem in Paraguay. The abortion data complete the picture of a complex of related factors behind the variation in Paraguay's fertility rates. According to the survey, the wide urban/rural and socioeconomic differences in birth rates seems to be related to consistent differences in contraceptive use, abortion history, and proportions married.

VIII. PLANNING STATUS OF PREGNANCIES AND CURRENT PREGNANCY INTENTION

The majority of women having been pregnant in the previous 5 years reported that the pregnancy had been planned. Other items, however, indicate less control over fertility. A majority of women reported that they did not currently desire pregnancy, and most of these women were not using

effective methods. Of those women using no method at all, effective or ineffective, a large percentage could not give good reasons for not using.

All women who had been pregnant were asked a series of questions about their feelings about the last time they became pregnant. These questions were based on those used in U.S. surveys to determine the extent of unplanned pregnancies (15). On the basis of these questions, pregnancies were divided into planned pregnancies (desired and not occurring before planned), mistimed (desired but occurring before planned), and unwanted (those in excess of the desired number).

Information in Table 22 is for the last pregnancy of all women having had at least 1 live birth since January 1, 1972. Over 70% of women reported that their pregnancies were planned; 23% reported mistimed pregnancies. Only 5% reported unwanted pregnancies. The mistimed and unwanted pregnancies together represent a total of 29% of births unplanned. The percent of unwanted births seems unrealistically low compared with developed countries. In the U.S. in the late 1960's, for example, when the crude birth rate was half of Paraguay's current rate, only 57% of births were reported as planned; 14% were reported as unwanted (16). Unlike total fertility, there is little variation by residence evident in Table 22 in percent of pregnancies planned. What variation exists seems to be in the expected direction. A slightly higher percent of pregnancies were planned in urban areas and women with 5 or more children were somewhat more likely to report unwant pregnancies. Similar to U.S. studies, second births were the most likely to be planned. Responses to the questions about the planning status of the most recent pregnancy seem to indicate a great deal of control over fertility in

Paraguay. However, this is not consistent with information from the survey indicating high fertility rates and a low level of contraceptive use, unless there is a widespread desire for a large number of children in Paraguay. An alternative conclusion is that for cultural, language, and/or other reasons, respondents had difficulty understanding this question. Responses to questions about current pregnancy intention support this alternative conclusion.

Table 23 shows that three-fourths of all women and 65% of married women did not desire pregnancy at the time of the survey. An additional 19% of married women are pregnant so that the percent of non-pregnant women not desiring pregnancy is actually about 80%. This finding, coupled with the low level of contraceptive use shown in earlier tables, does not indicate a great deal of deliberate fertility control. The major difference by residence is the higher percent pregnant outside of Asuncion, consistent with fertility patterns. As expected, the percent desiring pregnancy declines with parity.

As shown in Table 24, only 19% of women not desiring pregnancy were currently using effective methods of contraception. When women who are not currently married are removed from the denomination, 34% of this group were using. The urban/rural difference is clear. In urban areas, the majority of married women not desiring pregnancy were using compared to only 25% in rural areas.

Women using no method were asked the reason for not using. Women using ineffective methods, and those who said they were protected by lactation, were not asked this question. Among single women, 90% were not using

because they were not sexually active (Table 25). Among married women, the most important reason for not using was being pregnant or suspecting that they were pregnant (35%). About 30% were trying to get pregnant, had just given birth, or believed they were unable to conceive. Twenty-seven percent of married non-users gave personal, sometimes non-specific reasons for not using. This group, which should be the primary target for recruiting as contraceptors, is larger in rural areas (30%) than in Gran Asuncion (14%).

Among those married non-users who stated elsewhere in the interview that they did not currently desire pregnancy and were not pregnant, personal reasons accounted for 57% of the reasons given for not using contraception (Table 26). In Gran Asuncion, only 26% of married non-users not desiring pregnancy gave personal reasons for not using compared to 62% of married non-users in the Interior. Almost half of the women in Gran Asuncion are not using for reasons related to recent birth or subfecundity.

In summarizing the last tables, 65% of married women did not desire pregnancy at the time of the survey either for spacing or limiting reasons; of these, 37% were using ineffective methods, and about 29% no methods. Of married women using no method and not desiring pregnancy, 57% could not give other than personal reasons for not using. Thus, the percent of married women still in need of services, as defined by these questions, is 35%, roughly calculated as follows: $.65\ (.37 + (.29)(.57)) = .35$
Further development of the category of women representing unmet need is discussed in the following section.

IX. CHARACTERISTICS OF WOMEN IN NEED OF FAMILY PLANNING SERVICES

As discussed in Section IV (Table 8), 15.5% of all women 15-44 years of age are currently using modern methods of contraception or traditional methods of contraception with some recognized efficacy. For the estimated 655,000 women in this age group,* this percentage represents 101,400 women. Using results available from the survey, there are a number of possible ways to define the additional women still in need of family planning services. The method presented here results in an estimate of 163,000 women 15-44 years of age being in need of services and not currently using effective contraception. The large majority of women in this category of "unmet need" are currently in union and reside in the rural areas.

A woman was characterized as "in need of services" if she stated she was not pregnant and did not currently desire to become pregnant and she either (1) was using an ineffective method (including lactation) or (2) was using no method and could not give an adequate reason for not using (that is, she gave "personal or other" reasons on the item reported in Tables 25 and 26).

The percent of women representing "unmet need" calculated in this way varies by characteristics of women as shown in Table 27. Overall, 24.9% of women are in need by this definition, 35% of those in union, 11% of those single. Consistent with the pattern of difference found earlier, the percentage of women in need is substantially higher in rural areas. There does not seem to be any relationship with age group above age 25, and about

*1977 estimate based on cohort-component projection of the adjusted 1972 census; we wish to thank the Population Division, International Demographic Statistic, U.S. Bureau of the Census, for providing 1972 census underenumeration estimates by age group and sex.

one-third of women 25-44 years of age are estimated to need services. For single women, need appears to increase with age. Need is greatest among higher parity women. Almost half of women with 5 or more children need services.

Table 27 indicates in what segments of the population the need for family planning services is the greatest. How can this information be used to derive program goals? If the pool of women that has been defined as "unmet needs" (i.e., the numerators of the percentages in need shown in Table 27) is distributed across categories of women as shown in Table 28, it can be seen where program targets should lie.

Eighty-two percent of the women in need by our definition are currently in union, about 18% single. Of greater importance, the table shows that 87% of all women in need of services reside in rural areas; 72% are both rural and married women. Women in need appear to be distributed fairly evenly by age group. About half of the women in need have 5 or more children, but lower parity women are also important.

The survey data show clearly, then, that if the program wants to provide services to prevent unplanned pregnancies among those women not currently using effective contraception, it must concentrate on rural areas and women living in union with both birth spacing and limiting being important.

In summary, 101,400 women have been estimated as users of effective contraception and another 163,000 women have been categorized as representing "unmet need" or in need of services. Of the 163,000 women needing to be served, about 141,000 reside in rural areas. These numbers represent only one way of calculating the size of the family planning problem in Paraguay, but they are indicative of the general magnitude of the problem that needs to be met.

X. SUMMARY

The Paraguay Contraceptive Prevalence Survey conducted in March and April 1977 provides information for a national sample of women on contraceptive use, source of contraception, history of abortion, current pregnancy intention, and fertility rates. This survey makes it possible, for the first time, to estimate the active number of contraceptive users in Paraguay, both those using organized family planning programs and those obtaining contraceptives through the commercial sector. Because vital statistics are considered unreliable in Paraguay, the survey provides the first estimate of fertility rates for Paraguay since the 1972 census.

In general, the survey findings indicate that, consistent with previous estimates, fertility is relatively high in Paraguay, about 6 children per woman on the average. For Paraguay, 2 demographic features stand out. First, it is characterized by a high rate of natural increase related to mortality rates that have been declining for several decades, and fertility rates that have remained high. Second, there is a wide difference in the rate of fertility between the Greater Asuncion area and the remainder of the country. Period fertility measures calculated from the survey data indicate extreme differences in birth rates in the most recent year. Total fertility rates range from 2.4 to 7.2 births per woman in 1976 between Greater Asuncion and the rural areas; crude birth rates range from 22 to 43 births per 1,000 population. The overall crude birth rate is estimated to be about 40 per 1,000.

The survey found that 15.5% of all women 15-44 and 23.7% of ever married women were using effective contraceptive methods. The most prevalent method was oral contraception (10% of ever married women), followed

by the IUD, sterilization, withdrawal, and condom. The urban/rural difference in contraceptive use parallels fertility differentials. Over 40% of ever married women were using contraception in Gran Asuncion and other urban areas, compared to 17% in rural areas. The public sector program represented the most important source of contraception in the Interior, but the commercial sector was most important in Gran Asuncion. Overall, 59% of contraceptive users were found to use organized programs as their source of contraception. The Ministry of Health, with 45% of all users, was by far the largest single provider of contraception in the country. About one-third of all users obtained their services in the commercial sector.

Survey results also provide estimates of the total number of women currently contracepting in Paraguay and the number contracepting through organized programs. Utilizing these estimates, the quality of acceptor reporting in the family planning data systems of the organized program can be evaluated. Survey findings indicate that the manual data systems overestimate the number of active users of contraception in the organized program by about 40%, supporting prior evidence that active users were overestimated by as much as 30%.

A high proportion of women in the survey reported having had at least one spontaneous or induced abortion, almost one-fourth of ever married women. Women residing in Gran Asuncion and women in the highest educational categories were more likely to have abortion experience, a finding which may suggest that induced abortion is an important component of all abortions reported. Overall, a relatively high proportion received medical attention (60%) or were hospitalized (43%) at the time of the most recent

abortion, which indicates that abortion is a large-scale public health problem in Paraguay. The abortion data complete the picture of a complex of related factors behind the variation in Paraguay's fertility rates. According to the survey, the wide urban/rural and socioeconomic differences in birth rates seems to be related to consistent differences in contraceptive use, abortion history, and proportions married.

Of the estimated 655,000 women in the 15-44 age group, 101,400 women are estimated to be currently using modern methods of contraception or traditional methods of contraception with some recognized efficacy, and another 163,000 women have been categorized as representing "unmet need" or in need of services and not currently using effective contraception. The large majority (87%) of women in this category of "unmet need" reside in the rural areas. Need is greatest among higher parity women--almost half of women with 5 or more children need service. The survey data show clearly that if the program wants to provide services to prevent unplanned pregnancies among those women not currently using effective contraception, it must concentrate on rural areas with both birth spacing and limiting being important.

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TABLE 1

Interview Status by Area
Paraguay Contraceptive Prevalence Survey
March-May 1977

	Total	Gran Asuncion	Interior		
			Total	Urban	Rural
Household Selection					
Total Households					
Number	2954	1341	1613	283	1330
Percent	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Vacant/Destroyed	*5.9*	*5.1*	*6.6*	*7.4*	*6.5*
No Contact*	*3.0*	*2.3*	*3.7*	*2.5*	*3.9*
Eligible Respondents Present	*74.4*	*77.6*	*71.8*	*70.0*	*72.2*
No Eligible Respondents	*15.9*	*14.5*	*17.1*	*19.1*	*16.7*
Other	*0.6*	*0.5*	*0.8*	*1.1*	*0.8*
Individual Selection					
Total Respondents**					
Number	2309	1079	1230	208	1022
Percent	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Complete Interview	*88.7*	*89.7*	*87.9*	*86.1*	*88.3*
Respondent Not at Home	*6.3*	*6.4*	*6.2*	*9.1*	*5.6*
Refusal by Respondent	*0.2*	*0.4*	*0.1*	*0.0*	*0.1*
No Contact	*3.9*	*2.9*	*4.8*	*3.4*	*5.1*
Other	*0.9*	*0.6*	*1.1*	*1.4*	*0.1*

*Failure to locate anyone at home in an occupied housing unit and total refusals

**Includes all households which may have had eligible respondents, i.e., all households, when no contact was made or had incomplete interview for other reasons in addition to those with identified eligible respondents.

TABLE 2

Contraceptive Prevalence Survey, Paraguay
Comparison of 1972 Census with 1977 Survey, Selected Results

	1972 Census			1977 Survey		
	Total	Asuncion Department	Remainder of Country	Total	Gran Asuncion	Interior
A. Percent of Women 15-49 by Age						
15-19	25.1	25.4	25.0	25.7	27.6	25.2
20-24	18.7	20.0	18.3	17.9	17.6	18.0
25-29	14.7	14.8	14.7	13.6	15.7	13.0
30-34	12.3	12.0	12.4	11.2	11.1	11.2
35-39	10.6	9.8	10.8	11.6	11.3	11.7
40-44	10.1	9.8	10.2	10.2	7.9	10.8
45-49	8.4	8.1	8.5	9.9	8.8	10.1
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
B. Percent of Births in Most Recent Year by Age						
15-19	9.4	10.7	9.3	12.2	13.0	12.1
20-24	26.4	29.1	26.1	26.0	32.8	25.3
25-29	23.9	26.7	23.6	22.2	27.5	21.6
30-34	18.6	18.4	18.6	14.4	16.0	14.2
35-39	13.2	9.4	13.7	17.4	9.2	18.2
40-44	7.0	4.8	7.3	6.3	1.5	6.8
44-49	1.4	0.8	1.5	1.5	0.0	1.6
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
C. Women 15-49 by Marital Status						
Legally Married	39.6	33.6	41.2	46.4	36.5	49.0
Common-Law	12.9	9.8	13.7	14.1	11.6	14.8
Sep/Wid/Div	2.4	2.9	2.1	1.6	2.7	1.4
Single	45.1	53.7	42.9	37.8	49.1	34.8
Unknown	--	--	--	0.0	0.1	0.0
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
D. Percent in Union (Common-Law or Married) by Age						
15-19	11.2	-	-	17.3	-	-
20-24	44.2	-	-	50.7	-	-
25-29	67.1	-	-	75.6	-	-
30-34	76.4	-	-	85.2	-	-
35-39	77.7	-	-	88.9	-	-
40-44	76.0	-	-	88.0	-	-
45-49	73.0	-	-	80.3	-	-

TABLE 3

Paraguay: Estimates of Fertility and Mortality Rates

	Period	Value of Rate
A. Crude Birth Rate:		
	1960-65	44.0 [a]
	1965-70	44.6 [a]
	1972	36.7-42.0 [b]
	1976	39.5 [c]
B. Total Fertility Rate		
	1960-70	6.56 [a]
	1962	6.45 [d]
	1962-67	6.53 [e]
	1967-72	5.93 [e]
	1972	5.82-6.64 [b]
	1976	6.01 [c]
C. Crude Death Rate		
	1950	16.5 [a]
	1960	11.6 [a]
	1972	8.3 [f]
D. Expectation of Life (Average both sexes)	1932	35.6 [a]
	1950	45.8 [g]
	1962	55.8 [g]
	1972	59.9 [b]

[a] D.M. Rivarola, et al., La Poblacion del Paraguay, Centro Paraguayo de Estudios Sociologicos, 1974, Chapter 2

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[e] "Own Children" estimate, 1972 Census in Brizuela, Op. Cit.

[f] Calculated from life table values reported in Brizuela and 1972 census age distribution

[g] E. Arriaga, New Life Tables for Latin American Populations in the Nineteenth and Twentieth Centuries, Population Monograph Series No. 3, University of California, Berkeley, 1968

TABLE 4

Children Ever Born by Age, Observed and Expected, Given 1976 Age-Specific Fertility Rates, by Residence, 1976 Contraceptive Prevalence Survey
Paraguay

Age Group	Total			Gran Asuncion			Interior-Rural		
	Observed (P_i)	Expected (F_i)	P_i/F_i	Observed (P_i)	Expected (F_i)	P_i/F_i	Observed (P_i)	Expected (F_i)	P_i/F_i
15-19	0.21	0.18	1.17	0.10	.06	1.67	0.26	0.24	1.07
20-24	1.20	1.11	1.08	0.69	0.50	1.38	1.39	1.37	1.01
25-29	2.88	2.48	1.16	1.48	1.21	1.23	3.44	2.91	1.18
30-34	4.27	3.78	1.13	2.11	1.83	1.16	4.90	4.40	1.11
35-39	5.93	4.98	1.19	3.10	2.22	1.39	6.85	5.90	1.16
40-44	7.04	5.53	1.27	3.24	2.41	1.35	7.91	6.89	1.15
45-49	6.67	6.00	1.11	4.24	2.44	1.74	7.31	7.17	1.02

TABLE 5

Children Ever Born by Age Group,
Residence, and Education, Paraguay: 1977

		Residence		Education	
	Total	<Gran Asuncion	Interior	>Complete Primary	Complete Primary
Children Ever Born					
15-19	0.2	0.1	0.2	0.3	0.1
20-24	1.2	0.7	1.3	1.6	0.7
25-29	2.9	1.5	3.3	3.4	1.8
30-34	4.3	2.1	4.9	5.0	2.2
35-39	5.9	3.1	6.7	6.4	4.2
40-44	7.0	3.2	7.8	7.8	4.1
45-49	6.7	4.2	7.2	7.0	4.8
Number of Cases					
15-19	413	211	202	188	225
20-24	374	169	205	180	194
25-29	345	169	176	186	159
30-34	291	138	153	176	115
35-39	265	125	140	167	98
40-44	183	78	105	121	62
45-49	178	78	100	131	47

TABLE 6

1976* Age-Specific Fertility Rates, Total Fertility Rates, and Crude Birth Rates, Estimated from 1977 Contraceptive Prevalence Survey, by Residence, Paraguay:

Age-Specific Fertility Rate Age	Total	Gran Asuncion	Interior Total	Interior Rural
15-19	106	41	126	136
20-24	246	126	280	291
25-29	282	149	319	305
30-34	228	93	266	281
35-39	237	62	280	298
40-44	85	16	101	106
45-49	17	0	22	21
Total Fertility Rate	6.011	2.439	6.963	7.191
Crude Birth Rate	39.5	21.9	43.1	42.6

*For the period 2/76 to 1/77; crude birth rate calculated using 1972 census age distribution

TABLE 7

Percent Married (In Union) by Age and Residence
Contraceptive Prevalence Survey
Paraguay

Age	Total	Gran Asuncion	Interior
15-19	*17.3*	*11.4*	*19.1*
20-24	*50.7*	*35.2*	*54.8*
25-29	*75.6*	*63.7*	*79.5*
30-34	*85.2*	*68.3*	*89.7*
35-39	*88.9*	*78.5*	*91.6*
40-44	*88.0*	*75.4*	*92.3*
45-49	*80.3*	*72.4*	*82.2*
15-49	*60.4*	*48.1*	*63.8*
Number of Women (Unweighted)			
15-19	413	211	202
20-24	304	169	205
25-29	345	169	176
30-34	291	138	153
35-39	265	125	140
40-44	183	78	105
45-49	178	78	100
15-49	2,049	968	1,081

TABLE 8

Current Use of Contraception by Method, All Women 15-44 and Ever Married Women 15-44 by Geographic Area, Contraceptive Prevalence Survey, 1977
Paraguay

Contraceptive Status	Percent of Women by Contraceptive Status					
	All Women	Ever Married Women*				
			Gran	Interior		
	Total	Total	Asuncion	Total	Urban	Rural
Modern Methods & Traditional Methods with Some Recognized Efficacy	*15.5*	*23.7*	*44.1*	*19.4*	*42.2*	*17.1*
Oral	*6.7*	*10.0*	*12.4*	*9.5*	*21.9*	*8.2*
IUD	*2.1*	*3.4*	*9.3*	*2.1*	*2.3*	*2.1*
Sterilization	*1.8*	*2.9*	*3.6*	*2.8*	*4.7*	*2.6*
Withdrawal	*1.7*	*2.8*	*2.1*	*3.0*	*7.0*	*2.6*
Condom	*1.3*	*1.8*	*5.5*	*1.0*	*4.7*	*0.6*
Rhythm	*1.1*	*1.6*	*5.9*	*0.7*	*0.0*	*0.7*
Injection	*0.5*	*0.7*	*3.2*	*0.2*	*0.0*	*0.2*
Foam, Jelly, Tablet	*0.3*	*0.5*	*1.9*	*0.1*	*1.6*	*0.0*
Diaphragm	*0.0*	*0.0*	*0.1*	*0.0*	*0.0*	*0.0*
Other Methods with Little or No Recognized Efficacy	*6.4*	*7.8*	*13.7*	*6.6*	*3.9*	*6.8*
Yuyos	*5.0*	*5.7*	*6.5*	*5.6*	*2.3*	*5.9*
Douche	*1.1*	*1.7*	*5.3*	*0.9*	*0.8*	*1.0*
Other	*0.4*	*0.4*	*1.9*	*0.1*	*0.8*	*0.0*
Lactation	*12.1*	*17.8*	*1.9*	*21.1*	*10.9*	*22.2*
No Method	*65.8*	*50.6*	*40.2*	*52.9*	*43.0*	*53.9*
TOTAL	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Number of Cases (Unweighted)	1871	1235	520	715	106	609

*Includes women in consensual union

TABLE 9

Current Use of Contraception by Method and Age Group, Ever Married Women 15-49 Years of Age
Paraguay: 1977

Contraceptive Status	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Modern Methods & Traditional Methods with Some Recognized Efficacy	8.1	20.1	25.6	28.7	23.5	28.1	8.9
Oral	3.9	11.1	9.8	13.5	9.8	8.5	1.5
IUD	1.0	3.2	4.4	4.9	4.4	0.6	1.7
Sterilization	1.5	0.0	0.1	1.2	2.3	12.4	3.3
Condom	0.6	1.3	3.7	1.5	2.4	0.4	1.5
Other Medical[1]	1.2	1.7	1.7	1.1	1.4	0.1	0.0
Non-Medical[2]	0.0	2.7	5.8	6.4	3.2	6.0	0.9
Other Methods with Little or No Recognized Efficacy	6.0	4.9	8.8	6.8	8.9	10.3	4.9
Yuyos	5.4	3.7	5.5	4.3	7.0	8.2	4.3
Other[3]	0.6	1.2	3.3	2.5	1.9	2.1	0.6
Lactation	6.4	21.1	25.0	18.3	19.7	8.9	0.7
No Method	79.5	53.9	40.7	46.2	47.9	52.7	85.5
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Cases (Unweighted)	94	220	273	250	237	161	148

[1]Foam, Jelly, Tablets, Injection, Diaphragm
[2]Withdrawal, Rhythm
[3]Douche, Other Noncontraceptive Methods

TABLE 10

Current Use of Contraception by Method and Education, Ever Married Women 15-44 Years of Age, Paraguay, 1977

Contraceptive Status	Education		
	<Primary Complete	Primary Complete	>Primary Complete
Modern Methods & Traditional Methods with Some Recognized Efficacy	*18.9*	*31.9*	*46.9*
Oral	*8.6*	*15.4*	*11.8*
IUD	*2.6*	*4.5*	*6.9*
Condom	*1.0*	*1.6*	*8.7*
Sterilization	*2.8*	*3.4*	*3.3*
Rhythm	*0.6*	*2.3*	*8.3*
Injection	*0.1*	*1.9*	*4.0*
Foam, Jelly, Tablet	*0.2*	*0.1*	*3.0*
Withdrawal	*3.1*	*2.7*	*0.8*
Diaphragm	*0.0*	*0.0*	*0.2*
Other Methods with Little or No Recognized Efficacy	*8.1*	*7.3*	*6.4*
Yuyos	*6.4*	*4.9*	*1.8*
Douche	*1.4*	*2.1*	*3.0*
Other	*0.3*	*0.3*	*1.6*
Lactation	*21.5*	*10.2*	*2.0*
No Method	*51.5*	*50.6*	*44.7*
TOTAL	*100.0*	*100.0*	*100.0*
Number of Cases (Unweighted)	759	249	227

TABLE 11

Percent of Women by Date of Last Live Birth, Women Reporting Prolonged Lactation as a Contraceptive Method, Contraceptive Prevalence Survey, 1977
Paraguay

	Percent
Before 1975	*2.4*
January 1975-June 1975	*3.0*
July 1975-December 1975	*5.7*
January 1976-March 1976	*6.9*
April 1976-June 1976	*18.7*
July 1976-September 1976	*14.9*
October 1976-December 1976	*18.3*
1977	*30.2*
TOTAL	*100.0*
Number of cases (Unweighted)	178

TABLE 12

Methods of Contraception Ever Used by Women 15-44 Years of Age (Percent)
Contraceptive Prevalence Survey
Paraguay: 1977

Method	All Women			Current Users of Lactation
	Total Ever Used	Currently Using	Have Used	Have Used
Oral	*14.7*	*6.7*	*8.0*	*2.8*
IUD	*3.7*	*2.1*	*1.6*	*0.4*
Sterilization	*1.8*	*1.8*	*0.0*	*0.0*
Withdrawal	*3.4*	*1.7*	*1.7*	*0.4*
Condom	*3.1*	*1.3*	*1.8*	*0.0*
Rhythm	*2.8*	*1.1*	*1.7*	*0.0*
Injection	*2.6*	*0.5*	*2.1*	*0.2*
Foam, Jelly, Tablets	*1.4*	*0.3*	*1.1*	*0.1*
Diaphragm	*0.2*	*0.0*	*0.2*	*0.0*
Yuyos	*14.6*	*5.0*	*9.6*	*15.6*

TABLE 13

Percent of Currently Married Women 15-44 Using Contraceptive Methods, Survey Estimates, Paraguay, El Salvador, and United States

	Paraguay 1977	El Salvador[a] 1975	U.S.[b] 1973
Total Using	25.7	21.8	69.7
Sterilization	2.9	9.8	16.4
Oral	10.1	7.4	25.1
IUD	3.4	2.0	6.7
Condom	1.8	0.6	9.4
Other Methods[c]	7.4	2.0	12.1
Not Using	74.3	78.2	30.3
TOTAL	100.0	100.0	100.0
Number of Women	1208	1351	7566

[a]Based on unpublished data from L. Morris, R.C. Rugamas & A.M. Mendoza, "Contraceptive Prevalence & Demographic Trends in El Salvador." Presente at 105th Annual Meeting of American Public Health Association, November 1977, Washington, D.C.

[b]C.F. Westoff, "Trends in Contraceptive Practice: 1965-1973." Family Planning Perspectives 8(2), March/April 1976, pp. 54-57

[c]Includes injection, diaphragm, foam, jelly, tablets, rhythm, withdrawal, douche, suppositories, and other methods; excludes native herbs (yuyos) and prolonged lactation.

TABLE 14

Current Use of Medical Methods[1] and Condoms by Source of Contraception and Geographic Area, All Women 15-44 Years of Age, Paraguay: 1977

Source of Contraception[2]	Percent Distribution by Geographic Area				
	Total	Gran Asuncion	Interior		
			Total	Urban	Rural
Organized Programs	59.1	39.1	69.4	76.0	67.6
Public Sector					
MOH	45.1	21.4	57.4	70.0	54.1
IPS	1.4	3.3	0.4	0.0	0.5
Other Public[3]	3.0	4.6	2.1	2.0	2.2
Private Sector					
CEPEP[4]	9.5	9.9	9.4	4.0	10.8
Commercial Sector	34.7	53.3	25.2	20.0	26.5
Private MD/Clinic	14.7	26.6	8.5	2.0	10.3
Pharmacy	20.0	26.6	26.6	18.0	16.2
Other	4.3	4.3	4.3	4.0	4.3
Unknown	2.0	3.3	1.3	0.0	1.6
TOTAL	100.0	100.0	100.0	100.0	100.0
Number of Cases	345	217	128	38	90

[1]Includes orals, IUD, sterilization, injection, foam, jelly, tablets, and diaphragm

[2]Source of Contraception: MOH - Ministry of Health
CEPEP - IPPF Affiliate
IPS - Social Security Institute

[3]Includes Military Health Services and the National University

[4]Includes both CEPEP and CEPEP-affiliated clinics

TABLE 15

Current Use of Medical Methods[1] and Condoms by Source of Contraception and Method, All Women 15-44 Years of Age, Paraguay: 1977

Source of Contraception[2]	Percent Distribution by Method			
	Total	Oral	IUD	Other
Organized Programs	*59.1*	*66.0*	*76.6*	*37.9*
Public Sector				
MOH	*45.1*	*54.3*	*46.4*	*28.9*
IPS	*1.4*	*0.9*	*2.7*	*1.6*
Other Public[3]	*3.0*	*1.5*	*1.4*	*6.4*
Private Sector				
CEPEP[4]	*9.5*	*9.4*	*26.1*	*1.1*
Commercial Sector	*34.7*	*30.6*	*18.9*	*50.1*
Private MD/Clinic	*14.7*	*11.9*	*18.9*	*17.2*
Pharmacy	*20.0*	*18.7*	*0.0*	*32.8*
Other	*4.3*	*1.5*	*2.7*	*9.8*
Unknown	*2.0*	*1.9*	*1.7*	*2.1*
TOTAL	*100.0*	*100.0*	*100.0*	*100.0*
Number of Cases	345	163	77	105

[1]Includes oral, IUD, injection, foam, jelly, tablets, diaphragm, sterilization

[2]Source of Contraception: MOH - Ministry of Health
CEPEP - IPPF Affiliate
IPS - Social Security Institute

[3]Includes Military Health Services and the National University

[4]Includes both CEPEP and CEPEP-affiliated clinics

TABLE 16

Estimated Number of Current Users of Contraception by Method: Paraguay, 1977

Method	No. of Users[1]	Percent[2]
Oral Contraceptives	43,900	*43.3*
Rhythm & Withdrawal	18,300	*18.0*
IUD	13,700	*13.5*
Sterilization	11,800	*11.6*
Other Methods[3]	13,700	*13.5*
	101,400	*100.0*

[1]Rounded to the nearest hundred
[2]Does not add to 100.0 due to rounding
[3]Includes condom, injection, foam, jelly, vaginal tablets, and diaphragm

TABLE 17

Estimated Number of Active Users of Contraception by Source of Supply: Paraguay, 1977

Source of Supply	Active Users Number[1]	
Organized Programs	49,100	
Public Sector:		
Ministry of Health		37,500
Social Security Institute		1,200
Other[2]		2,400
Private Sector:		
CEPEP		8,000
Commercial Sector	34,000	
Other[3]	18,300	
TOTAL	101,400	

[1]Rounded to nearest hundred
[2]Military Health Services and National University
[3]Includes methods with no source: rhythm and withdrawal

TABLE 18

Estimated Number of Active Users of Program-Supplied Methods: Paraguay, 1977
Results of Contraceptive Prevalence Survey
Compared to Number of Active Users Reported by Data Systems

Method	Number of Active Users	
	Survey** (Mar.-Apr. '77)	Program Data (Dec. 31, 1976)
Oral Contraceptives	28,900	40,146
IUD's	10,500	19,615
Surgical Contraception	7,600	0
Others*	2,100	8,615
TOTAL	49,100	68,376

*Includes condom, injection, foam, jelly, tablets, and diaphragm
**Rounded to nearest hundred

TABLE 19

Percent of All Women 15-44, with History of Abortion, by Marital Status and Residence Paraguay: 1975

	RESIDENCE				
		Gran	Interior		
Marital Status	TOTAL	Asuncion	Total	Urban	Rural
Legally Married	*24.0*	*37.5*	*21.4*	*18.4*	*21.7*
Common-Law	*18.4*	*32.8*	*15.2*	**	*14.9*
Sep/Wid/Div	*24.3*	**	**	**	**
Single	*4.4*	*11.4*	*1.8*	*2.0*	*1.8*
TOTAL	*15.3*	*23.4*	*13.1*	*10.9*	*13.3*
Ever Married	*22.7*	*36.4*	*19.8*	*18.0*	*20.0*
Number of Cases					
Legally Married	910	362	548	87	461
Common-Law	294	137	157	16	141
Sep/Wid/Div	29	19	10	3	7
Single	636	370	266	60	206
TOTAL	1871	890	981	166	815
Ever Married	1235	520	715	106	609

** <25 cases

TABLE 20

Percent of Ever Married Women 15-44 Years of Age with History of Abortion[1] by Education and by Age Group
Paraguay: 1977

		Education		
	Total	<Primary Complete	Primary Complete	>Primary Complete
Percent	*22.7*	*20.4*	*24.3*	*37.4*
Number of Cases	1235	759	249	227

		Age Group					
	Total	15-19	20-24	25-29	30-34	35-39	40-44
Percent	*22.7*	*4.4*	*12.4*	*20.9*	*24.8*	*27.1*	*37.0*
Number of Cases	1235	94	220	273	250	237	161

[1] Includes both induced and spontaneous abortions

TABLE 21

Complication Status of Women 15-44 Years of Age with History of Abortion[1] Following Most Recent Abortion by Residence and by Marital Status, Paraguay: 1977

Complication Status	Residence		
	Total	Gran Asuncion	Interior
Percent Receiving Medical Attention	*60.4*	*87.2*	*47.2*
Percent Hospitalized	*42.7*	*64.2*	*32.2*
Number of Cases	374	232	142

	Marital Status				
	Total	Married	Common-Law	Sep/Wid/Div	Single
Percent Receiving Medical Attention	*60.4*	*60.4*	*47.7*	**	*76.3*
Percent Hospitalized	*42.7*	*44.1*	*33.7*	**	*43.8*
Number of Cases	374	239	65	10	59

[1]Includes both induced and spontaneous abortion

**N <25

TABLE 22

Planning Status of Last Pregnancy, Women 15-44 Having at Least One Pregnancy Since January 1, 1972, by Residence, Current Parity and Current Contraceptive Use, 1977 Contraceptive Prevalence Survey, Paraguay

		Residence			Current Parity				
Planning Status	Total	Gran Asuncion	Interior Urban	Interior Rural	1	2	3	4	5+
Planned	*71.5*	*75.5*	*75.5*	*70.4*	*79.0*	*83.7*	*77.3*	*71.6*	*62.4*
Mistimed	*23.4*	*19.5*	*19.8*	*24.4*	*18.6*	*14.4*	*19.5*	*26.8*	*28.8*
Unwanted	*4.9*	*4.8*	*4.7*	*4.9*	*2.2*	*1.9*	*3.3*	*1.6*	*8.5*
Unknown	*0.1*	*0.2*	*0.0*	*0.2*	*0.1*	*0.0*	*0.0*	*0.0*	*0.3*
TOTAL	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Number of Cases (Unweighted)	962	338	83	541	209	187	120	114	332

TABLE 23

Current Pregnancy Intention, by Marital Status, Residence, and Current Parity
Paraguay Contraceptive Prevalence Survey, 1977

Pregnancy Intention	All Women	Single Women	Married Women								
				Residence			Current Parity				
				Gran	Interior						
			Total	Asuncion	Urban	Rural	0	1	2	3-4	5+
Desires Pregnancy	*10.9*	*6.2*	*14.2*	*19.6*	*17.7*	*13.4*	*34.1*	*25.6*	*16.2*	*12.4*	*6.7*
Does not Desire Pregnancy	*74.9*	*89.3*	*64.6*	*69.8*	*63.2*	*63.6*	*30.5*	*47.3*	*66.3*	*70.8*	*73.7*
Don't Know	*1.7*	*1.4*	*1.9*	*1.0*	*4.0*	*1.9*	*2.9*	*2.1*	*2.3*	*2.1*	*1.4*
Currently Pregnant	*12.5*	*3.2*	*19.2*	*9.4*	*21.6*	*21.2*	*32.6*	*24.8*	*15.1*	*14.7*	*18.1*
Unknown	*0.0*	*0.0*	*0.0*	*0.1*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*
	100.0	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Number of Women (Unweighted)	1871	637	1205	500	103	602	120	212	213	290	370

TABLE 24

Current Contraceptive Use of Women 15-44 Not Desiring Pregnancy
by Residence and Marital Status

	All Women				Married Women			
		Residence				Residence		
		Gran	Interior			Gran	Interior	
Contraceptive Use	Total	Asuncion	Urban	Rural	Total	Asuncion	Urban	Rural
Effective Method	*19.1*	*28.7*	*33.3*	*14.3*	*34.4*	*60.8*	*63.3*	*25.0*
Ineffective Method*	*22.4*	*9.3*	*13.5*	*27.7*	*37.0*	*18.3*	*24.1*	*42.9*
No Method	*58.5*	*62.1*	*53.2*	*58.0*	*28.6*	*20.8*	*12.7*	*32.1*
TOTAL	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Number of Women (Unweighted)	1370	687	119	564	797	358	65	374

*Includes yuyos, lactation, douche, and other ineffective methods

TABLE 25

Reason Not Currently Using Contraception, Women 15-44 by Marital Status and Residence
Paraguay Contraceptive Prevalence Survey, 1977

Reason	All Women	Single Women	Married Women			
			Total	Gran Asuncion	Interior Urban	Interior Rural
Not Sexually Active	51.9	90.4	3.6	4.2	3.8	3.5
Menopause/Subfecund	3.4	0.5	7.0	14.1	1.9	6.2
Pregnant or Think Pregnant	16.9	2.4	35.2	24.7	47.2	35.9
Trying to Get Pregnant	8.9	1.5	18.2	29.7	17.0	16.4
Postpartum	2.7	0.4	5.6	9.5	5.7	5.0
Personal-"does not want or like contraception"	10.1	1.0	21.5	12.9	11.3	23.7
Other Personal[1]	4.2	3.2	5.6	1.5	5.7	6.2
Religious	0.5	0.0	1.1	0.0	7.5	0.8
Unknown	1.3	0.6	2.2	3.4	0.0	2.1
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
Number of Women (Unweighted)	1138	561	555	186	45	324

[1]Includes responses such as: "don't know where to obtain," "don't know how to use," "can't afford," "bad for my health."

TABLE 26

Reason Not Currently Using Contraception, Women 15-44 Not Currently Desiring Pregnancy* by Marital Status and Residence
Paraguay Contraceptive Prevalence Survey, 1977

Reason	All Women	Single Women	Married Women		
			Total	Gran Asuncion	Interior
Not Sexually Active	73.1	94.1	8.9	9.0	8.8
Menopause/Subfecund	2.8	0.4	9.8	24.0	7.7
Thinks Pregnant	0.1	0.0	0.5	1.0	0.4
Postpartum	4.0	0.4	15.0	23.0	13.8
Person - "does not want or like contraception"	12.1	1.1	45.9	23.0	49.4
Other Personal[1]	5.2	3.4	11.0	3.0	12.3
Religious	0.5	0.0	2.0	0.0	2.3
Unknown	2.2	0.7	6.9	17.0	5.4
TOTAL	100.0	100.0	100.0	100.0	100.0
Number of Women (Unweighted)	706	485	201	74	127

*Excludes those who are currently pregnant, those using ineffective methods and lactation

[1]Includes responses such as: "don't know where to obtain," " don't know how to use," "can't afford," "bad for health."

TABLE 27

Percent of Women 15-44 in Need of Family Planning Services* by Marital Status by Residence, Age, and Parity
Paraguay Contraceptive Prevalence Survey, 1977

	Percent in Need			Number of Cases		
	Marital Status			Marital Status		
	Total	Currently In Union	Single	Total	Currently In Union	Single
Total	*24.9*	*35.0*	*10.9*	1,879	1,205	637
Residence						
Gran Asuncion	*11.0*	*17.6*	*5.4*	890	500	371
Urban	*11.8*	*17.6*	*5.0*	166	103	60
Rural	*30.7*	*40.7*	*14.2*	815	602	206
Age						
15-19	*19.4*	*20.9*	*7.0*	413	94	319
20-24	*21.3*	*29.6*	*13.2*	374	214	154
25-29	*33.9*	*39.5*		345	268	
30-34	*31.5*	*34.6*	*20.3*	291	244	164
35-39	*38.2*	*41.2*		265	229	
40-44	*36.2*	*35.7*		183	156	
Parity						
0	*3.8*	*6.4*	*3.3*	612	120	489
1	*23.8*	*22.7*		286	212	
2	*34.6*	*33.2*		265	213	
3	*34.7*	*34.7*	*36.8*	172	154	148
4	*33.8*	*32.0*		145	136	
5	*47.7*	*48.4*		105	101	
6+	*45.9*	*46.0*		286	269	

*Unmet need defined as women not currently desiring pregnancy, who are using ineffective methods, or are not using any method for reasons not related to pregnancy, subfecundity, and sexual activity.

TABLE 28

Percent Distribution of Women 15-44 in Need of Family Planning Services* in Categories of Marital Status, Residence, Age, and Parity

	Marital Status			
	Total	Currently In Union	Previously Married	Single
Total	100.0	82.0	0.3	17.8
Residence	100.0	82.0	0.3	17.8
Gran Asuncion	9.5	7.0	0.1	2.4
Urban	3.9	3.2	0.0	0.7
Rural	86.6	71.8	0.1	14.7
Age	100.0	82.0	0.3	17.8
15-19	10.8	4.1	0.0	6.6
20-24	17.0	12.0	0.0	5.0
25-29	20.5	18.0	0.1	2.3
30-34	15.7	14.7	0.0	1.0
35-39	19.7	18.9	0.0	0.8
40-44	16.4	14.2	0.1	2.0
Parity	100.0	82.0	0.3	17.8
0	5.7	1.4	0.1	4.1
1	11.8	6.9	0.0	4.9
2	15.3	10.5	0.0	4.8
3	9.2	8.3	0.1	0.7
4	9.3	8.3	0.0	1.0
5	11.3	11.2	0.0	0.1
6+	37.5	35.4	0.0	2.1

* See Table 23

DEPROFA
EPAP-77

HOJA DE HOGAR

Número de Cuestionario ☐☐☐☐

Sector No. ☐☐ Area de Empadronamiento ☐☐☐

Departamento: _____ ☐☐

Distrito: _____ ☐☐

Localidad: _____ Segmento No. _____ ☐☐☐

Dirección (Descripción Exacta) _____

_____

_____

Nombre Jefe de Hogar: _____

Número Miembros Hogar: Total _____ Hombres _____ Mujeres _____

Número Mujeres entre 15-49 años de edad (mujeres en edad fértil-MEF): _____

Si no hay MEF, TERMINE LA ENCUESTA

Si hay MEF, completar esta hoja al iniciar la entrevista
(Anotar en primer lugar a la mujer de menor edad y proseguir en orden ascendente)

NOMBRE Y APELLIDO DE MEF	EDAD	EST. CIVIL	ESCOLARIDAD
1-			
2-			
3-			
4-			
5-			
6-			
7-			
8-			

SELECCION DE LA ENTREVISTADA

ULTIMO DIGITO DEL NUMERO DE CUESTIONARIO	NUMERO DE MEF EN EL HOGAR							
	1	2	3	4	5	6	7	8
0	1	2	3	1	2	5	2	
1	1	1	1	2	3	6		1
2	1	2	2	3	4	1	4	2
3	1	1	3	4	5	2	5	3
4	1	2	1	1	1	3	6	4
5	1	1	2	2	2	4	7	5
6	1	2	3	3	3	5	1	6
7	1	1	1	4	4	6	2	7
8	1	2	2	1	5	1	3	8
9	1	1	3	2	1	2	4	1

Fecha de la Entrevista: _____

Entrevistadora: _____ Coordinador: _____

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EPAP-77

CUESTIONARIO

Número de Cuestionario ☐☐☐☐

Area de Empadronamiento ☐☐☐☐

Sector No. ☐☐☐☐

ENTRE LAS MUJERES DE ESTE HOGAR, SORTEAMOS UNA PARA CONVERSAR CON ELLA. ME TOCÓ EN SUERTE HABLAR CON USTED Y QUIERO QUE ME AYUDE CONTESTÁNDOME ALGUNAS PREGUNTAS QUE NOS AYUDARÁ A MEJORAR LOS SERVICIOS DE SALUD DEL PARAGUAY.

1- Cuántos años cumplidos tiene usted? (Cuál es su edad?): ☐☐

_____ años.

2- Cuál es su actual estado civil? (Es usted):

1) Casada ☐ 2) Unida (acompañada) ☐

3) Separada o Divorciada ☐ 4) Viuda ☐

5) Soltera ☐ ☐

3- Educación: Cuál es el último grado o curso que usted aprobó?:

_____ ☐

4- Alguna vez quedó usted embarazada?: Si☐ No☐ Duda☐ ☐

5- Ahora (actualmente), está embarazada?: Si☐ No☐ Duda☐ ☐

6- Cuántas veces en su vida quedó usted embarazada?

_____embarazos ▱▱

SI LA ENTREVISTADA DIJO NO HABER ESTADO EMBARAZADA Y NO ESTÁ EMBARAZADA ACTUALMENTE (TIENE CERO EMBARAZOS), SALTE A LA PREGUNTA 12.

7- Cuántos hijos que nacieron vivos ha tenido? (mujeres y varones)

_____hijos ▱▱

8- Cuántos de esos hijos que nacieron vivos, están actualmente vivos?

_____hijos ▱▱

8a. Ha olvidado algún hijo que nació vivo pero que ya murió?:

Si ▱ No ▱

8b. Ha olvidado algún hijo que ya no vive con usted?:

Si ▱ No ▱

SI A CUALQUIERA DE LAS DOS PREGUNTAS ANTERIORES (8a y 8b) RESPONDE AFIRMATIVAMENTE, HAGA LA CORRECCIÓN CORRESPONDIENTE EN LAS PREGUNTAS 7 y 8.

9- En qué fecha (cuando) tuvo el último de sus hijos (hombre o mujer) ▱▱

que nació vivo?: Mes _____ Año _____ ▱▱

10- En qué fecha (cuando) tuvo el último de sus hijos (hombre o mujer) ▱▱

que nació muerto?: Mes _____ Año _____ ▱▱

11- Cuando se embarazó la última vez, ¿fué porque usted lo deseaba?

Si ☐ No ☐ ☐

SI LA RESPUESTA ES NO, PREGUNTE SI NO DESEABA MAS EMBARAZARSE O SOLO QUERÍA ESPERAR MÁS TIEMPO PARA OTRO EMBARAZO (O PARA EL PRIMERO):

No quería más ningún hijo (ya tiene hijos) ☐ (limitar) ☐

No deseaba todavía otro hijo (ya tiene hijos) ☐ (espaciar)

No deseaba todavía tener hijo (no tiene hijos) ☐ (esperar)

No deseaba tener hijo (no tiene hijos) ☐ (no quiere hijos)

12- Actualmente usted desea un embarazo?:

Si ☐ No ☐ Duda ☐ ☐

13- Ha tenido alguna vez aborto o pérdida?

Si ☐ No ☐ Duda ☐ ☐

14- Cuántas veces? _____ Aborto (s) ☐☐ ☐☐

15- En qué fecha le ocurrió el último aborto o pérdida?: ☐☐ ☐☐

Mes _____ Año _____ ☐☐ ☐☐

16- Cuando tuvo esta última pérdida (aborto), fué a algún hospital o Centro de Salud o Consultorio para que la atendieran?:

Si ☐ No ☐ ☐

SI LA RESPUESTA ES SI, PREGUNTE SI EN ESA OCASIÓN:

a) Se internó? ☐

b) No se internó? ☐ ☐

AHORA, QUISIERA QUE HABLEMOS SOBRE LAS COSAS O MÉTODOS ANTICONCEPTIVOS, PARA EVITAR EMBARAZOS (PARA NO QUEDAR EMBARAZADA).

(HAGA LA MISMA INTRODUCCIÓN A LAS PREGUNTAS 17, 18, 19)

		17-Conoce	18-Ha usado	19-Usa Actualmente	
1-	Píldora, pastillas, gestágenos	☐	☐	☐	☐
2-	Espiral, Dispositivo intrauterino	☐	☐	☐	☐
3-	Condón, preservativo, goma	☐	☐	☐	☐
4-	Inyecciones (perlutal, depo-provera).	☐	☐	☐	☐
5-	Espuma, jalea, tabletas vaginales	☐	☐	☐	☐
6-	Diafragma o capuchón vaginal	☐	☐	☐	☐
7-	Esterilización (incluyendo Histerectomía)	☐	☐	☐	☐
8-	Ritmo, abstinencia periódica o calendario	☐	☐	☐	☐
9-	Retiro	☐	☐	☐	☐
10-	Lavado o ducha vaginal	☐	☐	☐	☐
11-	Lactancia prolongada	☐	☐	☐	☐
12-	Yuyos (pojá ñaná)	☐	☐	☐	☐
13-	Otras pastillas u otras inyecciones	☐	☐	☐	☐
14-	Otros Métodos _____	☐	☐	☐	☐
15-	Ninguno	☐	☐	☐	☐

SOLO PARA LAS QUE USAN ACTUALMENTE O HAN USADO:

20- Dónde consiguió (obtuvo) (el) (la) _____ que usa actualmente ☐ ☐
o (el) (la) _____ - _____ que usó la última vez.

		ULTIMO	ACTUAL
1-	Hospital, Centro o Puesto del Ministerio de Salud, Protección Familiar (incluyendo Cruz Roja y Policlínico Policial)	☐	☐
2-	Clínicas del CEPEP (incluyendo Maternidad Nacional)	☐	☐
3-	Instituto de Previsión Social (IPS)	☐	☐
4-	Médico, Clínica u Hospital Privado (incluyendo Misión de Amistad, Hospitales Bautista y Adventista)	☐	☐
5-	Sanidad Militar	☐	☐
6-	Farmacia	☐	☐
7-	En otro lugar (Almacén, Mercado, etc) _____ especificar	☐	☐
8-	No se aplica	☐	☐
9-	No sabe	☐	☐
10-	En el extranjero	☐	☐

21- RESULTADO DE LA ENTREVISTA ☐

1- Realizada totalmente ☐

No Realizada totalmente

2- Moradores ausentes en el momento de la visita ☐

3- Ausencia de la sorteada en el momento de la visita ☐

4- No hay MEF en el hogar ☐

5- Rechazo durante la E.V. por la entrevistada ☐

por familiares ☐

6- Rechazo total ☐

7- Vivienda no ocupada (no tiene ocupantes) ☐

8- Vivienda no encontrada ☐

9- Otras causas _____ ☐

especificar

Paraguay March 1977

C O D E B O O K

EPAP: Encuesta de la Prevalencia de Anticonceptivos Paraguaya
(Paraguayan Contraceptive Prevalence Survey)

Item	Code	Tape Locations
1. Study ID	EPAP	1-4
2. Questionnaire Number	T.L.5: Interviewer Number (1-8 Valid) T.L.6-8: Location of Interview 001-449=Gran Asuncion 500-999=Interior	5-8
3. Sector Number (Seccion No. in Gran Asuncion)	As recorded	9-10
4. Enumeration Area	As recorded	11-13
5. Departament	As recorded: 01-19 = Interior 20 = Gran Asuncion	14-15
6. Segment No.	As recorded	16-18
7. No. of Persons in Household	As recorded	19-20
8. No. of Men in Household	As recorded	21-22
9. No. of Women in Household	As recorded	23-24
10. No. of Women of Fertile Age	As recorded	25
FIRST WOMAN OF FERTILE AGE		
11. Age	As recorded: 15-49 valid 99 unknown	26-27
12. Marital Status	1 = Legally Married 2 = Common Law 3 = Separated or Divorced 4 = Widow 5 = Single 9 = Unknown	28

Item	Code	Tape Location
13. Education	0 = None (Ninguna) 1 = Primary 1-3 (Primaria 1-3) 2 = Primary 4-5 (Primaria 4-5) 3 = Complete Primary (Primaria 6 or completa) 4 = Secondary 1-3 (Basico) 5 = Secondary 4-6 (Bachillerato) 6 = University 9 = Unknown	29

SECOND WOMAN OF FERTILE AGE

14. Age	As Recorded 15-49 valid 99 unknown	30-31
15. Marital Status	1 = Legally Married 2 = Common Law 3 = Separated or Divorced 4 = Widow 5 = Single 9 = Unknown	32
16. Education	0 = None (Ninguna) 1 = Primary 1-3 (Primaria 1-3) 2 = Primary 4-5 (Primaria 4-5) 3 = Complete Primary (Primaria 6 or completa) 4 = Secondary 1-3 (Basico) 5 = Secondary 4-6 (Bachillerato) 6 = University 9 = Unknown	33

THIRD WOMAN OF FERTILE AGE

17. Age	As Recorded 15-49 valid 99 unknown	34-35
18. Marital Status	1 = Legally Married 2 = Common Law 3 = Separated or Divorced 4 = Widow 5 = Single 9 = Unknown	36

Item	Code	Tape Location
19. Education	0 = None (Ninguna) 1 = Primary 1-3 (Primaria 1-3) 2 = Primary 4-5 (Primaria 4-5) 3 = Complete Primary (Primaria 6 or completa) 4 = Secondary 1-3 (Basico) 5 = Secondary 4-6 (Bachillerato) 6 = University 9 = Unknown	37

FOURTH WOMAN OF FERTILE AGE

20. Age	As Recorded 15-49 valid 99 unknown	38-39
21. Marital Status	1 = Legally Married 2 = Common Law 3 = Separated or Divorced 4 = Widow 5 = Single 9 = Unknown	40
22. Education	0 = None (Ninguna) 1 = Primary 1-3 (Primaria 1-3) 2 = Primary 4-5 (Primaria 4-5) 3 = Complete Primary (Primaria 6 or completa) 4 = Secondary 1-3 (Basico) 5 = Secondary 4-6 (Bachillerato) 6 = University 9 = Unknown	41

FIFTH WOMAN OF FERTILE AGE

23. Age	As Recorded 15-49 valid 99 unknown	42-43
24. Marital Status	1 = Legally Married 2 = Common Law 3 = Separated or Divorced 4 = Widow 5 = Single 9 = Unknown	44

Item	Code	Tape Location
25. Education	0 = None (Ninguna) 1 = Primary 1-3 (Primaria 1-3) 2 = Primary 4-5 (Primaria 4-5) 3 = Complete Primary (Primaria 6 or completa) 4 = Secondary 1-3 (Basico) 5 = Secondary 4-6 (Bachillerato) 6 = University 9 = Unknown	45
26. No. of Women Selected for Interview	Code No. of Woman Circled	46
(NOTE: Everything above this point is from the household cover sheet; everything after it is from the individual questionnaire)		
27. Age of Respondent (Q1)	As Recorded: 15-49 valid 99	47-48
28. Marital Status (Q2)	1 = Legally Married 2 = Common Law 3 = Separated or Divorced 4 = Widowed 5 = Single 9 = Unknown	49
29. Education (Q3)	0 = None (Ninguna) 1 = Primary 1-3 (Primaria 1-3) 2 = Primary 4-5 (Primaria 4-5) 3 = Complete Primary (Primaria 6 or completa) 4 = Secondary 1-3 (Basico) 5 = Secondary 4-6 (Bachillerato) 6 = University 9 = Unknown	50
30. Have you ever been pregnant? (Q4)	1 = Yes 2 = No 9 = Don't know	51
31. Are you pregnant now? (Q5)	1 = Yes 2 = No 9 = Don't know	52
32. How many times in your life have you been pregnant? (Q6)	As Recorded 99 = Unknown	53-54

Item		Code	Tape Location
33.	No. of children born alive (Q7)	As Recorded 99 = Unknown Blank = Not Applicable	55-56
34.	No. of living children (Q8)	As Recorded 99 = Unknown Blank = Not Applicable	57-58
35.	Date of last live birth (Q9)	Month = 01-12 Year = 37-77 (99 = Unknown) (Blank = Not Applicable)	59-60 61-62
36.	Date of last stillbirth (Q10)	Month = 01-12 Year = 37-77 (99 = Unknown (Blank = Not Applicable	63-64 65-66
37.	At time of last pregnancy did you want to become pregnant? (Q11)	1 = Yes 2 = No 9 = Unknown Blank = Not Applicable	67

IF PREGNANCY NOT DESIRED (Tape Location 67=2):

38.	Planning status	1 = Unwanted 2 = Mistimed 9 = Unknown Blank = Not Applicable	68
39.	Planning status by first or higher birth order	1 = Unwanted } 2nd & higher order 2 = Mistimed } 3 = Mistimed } First order 4 = Unwanted } 9 = Unknown Blank = Not Applicable	69
40.	Do you currently desire a pregnancy? (Q12)	1 = Yes 2 = No 9 = Don't know	70
41.	Have you had an abortion or miscarriage (Q13)?	1 = Yes 2 = No 3 = Don't know	71
42.	How many times (Q14)?	Certain: As Recorded: 1-8+ = 1-8 9 = Unknown Including not Certain: Include No. in parenthesis: 1-8+ = 1-8 9 = Unknown	72 73

Item	Code	Tape Location
43. Date of last abortion or miscarriage (Q15)	Month = 01-12 Year = 37-77 99 = Unknown Blank = Not Applicable	74-75 76-77
44. At last miscarriage or abortion did you go to a hospital, health center or clinic for medical attention (Q16)?	1 = Yes 2 = No 9 = Unknown Blank = Not Applicable	78
45. If yes in Item 44 (T.L.78=1): Were you hospitalized (Q16)? (Se Interno?)	1 = Yes 2 = No 9 = Unknown Blank = Not Applicable	79
46. For each method, knowledge, previous use and current use: (Q's 17,18,19)	0 = Do not know 1 = Knowledge only 2 = Have used 3 = Current use 9 = Unknown	

Method		Tape Location
1)	Oral Contraceptives	80
2)	IUD	81
3)	Condom	82
4)	Injection	83
5)	Foam, Jelly, Vaginal Tablets	84
6)	Diaphragm	85
7)	Sterilization (including hysterectomy)	86
8)	Rhythm	87
9)	Withdrawal	88
10)	Douche	89
11)	Prolonged Lactation	90
12)	Yuyos (native roots)	91
13)	Other non-contraceptive pills or injections	92
14)	Other methods	93

Item	Code	Tape Location
47. If not currently using, reason: (added Q)	0 = menopause 1 = Not sexually active 2 = Currently pregnant 3 = Postpartum 4 = Trying to get pregnant 5 = Subfecund/infertile 6 = Religious Reasons 7 = Fear of taking contraception/ Health reasons 8 = Does not want or does not like 9 = Unknown/not stated	94

Item		Code	Tape Location
48-50	Source of Method for those who are currently using or have used in the past (Q20)	01 = Ministry of Health 02 = CEPEP 03 = IPS (Social Security) 04 = Private M.D. or clinic 05 = Military clinic 06 = Pharmacy 07 = Other (general store, market, etc.) 08 = Method has no source 09 = Unknown 10 = Another country 11 = Universidad Nacional 12 = Clinic supported by CEPEP Blank = Not Applicable	
(48)	Source of Currently used method(s)	Code up to 2 methods listed in Q19 in order of listing Method #1 = As Recorded Method #2 = As Recorded	95-96 97-98
(49)	Last Method(s) Used	Up to 2 methods should be coded only if there is no current use; code according to method code in Item 46: Method #1 = As Recorded Method #2 As Recorded	99-100 101-102
(50)	Source of last method(s) used	Method #1 = As Recorded Method #2 = As Recorded	103-104 105-106
51	Result of Interview (Q21)	As coded: 1 = Complete interview 2 = No one at home 3 = Selected respondent not at home 4 = No eligible respondent 5 = Refusal by respondent 6 = Total refusal 7 = Dwelling not occupied (vacant) 8 = Dwelling not found (destroyed) 9 = Other reasons	107

Item		Code	Tape Location
52.	Planning Status of Last Pregnancy	1 = Planned 2 = Mistimed 3 = Unwanted 9 = Unknown	108
53.	Current Method	See item 46 for 2-column code: 01-14, 99	109-110
* 54.	Weighting Factors (WGT)	See attached weighting procedures (NOTE: 114 = 0 in all cases; use 3 digit weight)	~~111-114~~ 111-113 114 = 0
55.	Urban/Rural (RES)	1 = Gran Asuncion 2 = Interior-Urban 3 = Interior-Rural	115
56.	Weighted CEB	CEB x weighting factor	116-120
57.	Weighted No. of Living Children	No. Living Children x Weighting factor	121-125

Revised Weights

If (Res = 1) WGT = WGT * 1.531.

If (Res = 2) WGT = WGT * 2.524.

If (Res = 3) WGT = WGT * 0.830.