MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

1985

FINAL REPORT

FEBRUARY 1987

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

With the Technical Collaboration of:
Division of Reproductive Health
Center for Health Promotion and Education
Centers for Disease Control
Atlanta, Georgia U.S.A. 30333

With the Financial Support of:
The United Nations Fund for
Population Activities
Port Louis, Mauritius

This report was prepared by: Reginald Wong and Vakil Rajcoomar, Ministry of Health, Family Planning/Maternal-Child Health Division, Evaluation Unit; and Jay S. Friedman and Howard I. Goldberg, Division of Reproductive Health, U.S. Centers for Disease Control. We would like to acknowledge the valuable contributions made to various phases of the survey by the following people:

MINISTRY OF HEALTH

Dr. J. Mohith, Chief Medical Officer, Ministry of Health (MOH)

Dr. B. Radhakeesoon, Principal Medical Officer, FP/MCH Division, MOH

Dr. Zarina Mossaheb, Medical Officer, FP/MCH Division, MOH

Dr. B. Ramenah, Manager,Mauritius Family Planning Association

Mr. Herve Juste, Director, Action Familiale

Mr. Richard St. Mart, Action Familiale

Mr. R. Zmanay, Director, Central Statistics Office

Mr. Clarisse, Chief Cartographer, Central Statistics Office

Mr. Claude Paulet, Regional Representative UNFPA

Ms. Marlene Francois, Senior Program Officer, UNFPA

Mrs. Deerpalsing, Mrs. Mansoor, Mrs. Piang Long, Mrs. Saddul, Mrs. Seruttun, Mrs. Venkataswamy, Interview Team Supervisors, FP/MCH Division, MOH

Clerical staff, FP/MCH Division, Evaluation Unit, MOH survey interviewers

Leo Morris, Chief, Program Evaluation Branch, Division of Reproductive Health, Centers for Disease Control (CDC)

Jeanne Gilliland, Programmer/Analyst, CDC

Steve Kinchen, Programmer, CDC

Kay Daniel, Programmer, CDC

Evelyn Finch, Programmer, CDC

Carol Irvin, Ruth Kurtz, Greta Anglin, Helen Jakimenko, Secretaries, CDC

TABLE OF CONTENTS

MINISTRY OF HEALTH

MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

1. INTRODUCTION

A. 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 estimated mid-year population of the main island in 1985 was 985,210, of whom 271,619 were females in the reproductive ages (i.e., 15 to 49 years). The Mauritian population is a mixture of several races and religions, despite the nation's small size. A majority of the population is of Indian extraction, but there are many Mauritians with European, African, and Chinese heritage. Just over half of Mauritians are Hindu, almost one-third are Christians (predominately Roman Catholics), and almost one-fifth are Muslims. 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-seven percent of Mauritians live in rural areas and 43

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 535 inhabitants per square kilometer (almost 1,400/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 1985, are given in Table 1.

TABLE 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**	Female Population 15-49	Total Fertility Rate
1962	681,619	38.5	9.3	29.2	60.1	144,842	5.86
1972	826,199	24.8	7.9	16.9	63.9	195,373	3.42
1983	968,609	20.6	6.5	14.1	25.6	259,761	2.20
1985	985,210	19.6	6.8	12.0	23.8	271,619	2.01

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

Mean life expectancy at birth for the period 1982-1984 was 64.4 for males and 71.2 for females, only a few years less than in most developed countries. Both fertility and mortality levels are approaching levels typically found in Europe. Declines in both fertility and mortality have been among the most rapid seen in the developing world in the second half of the century.

The island of Rodrigues is about 560 kilometers east of Mauritius. It covers 108 square kilometers and has very rugged terrain. The population of Rodrigues

Island in 1985 was approximately 34,000, 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 far more difficult, and the population is much more geographically dispersed than on the main island.

In March 1968, Mauritius became independent but chose to stay within the British Commonwealth. In April of the same year it became a full member State of the United Nations. It has had a democratically elected government since independence.

The economy of Mauritius is essentially dependent on the production of sugar, although steps have been taken to diversify the economy in both the agricultural and industrial sectors. Sugar cane covers about 90 percent of all arable land, and nearly 50 percent of the total land area of the island. Sugar accounts for about 70 percent of export earnings.

The manufacturing sector has seen very rapid development since the introduction in 1970 of fiscal and other incentives to encourage export-oriented industries. Tourism also has been developed in recent years and is now a major contributor to the economy. Most food is imported since Mauritius produces insignificant quantities of staple food crops. Most of the locally grown food crops are fruits and vegetables.

B. 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 Tabutin 1985; Choolun 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 otner things, the introduction of family planning services in Mauritius (Titmuss 1968; 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 to be "natural" methods. Because of this opposition, 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 there are 94 MOH family planning clinics staffed with doctors and other medical personnel and 34 supply centers for the distribution of contraceptives. These clinics and centers are scattered throughout the country (See Figure 1). In addition, remote areas are visited at least once a week by a mobile van. The MFPA operates two clinics in Port Louis, makes condoms available from several vending machines and various shops at several locations around the island, 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, predominantly in urban areas.

C. Rationale for the Survey

The Evaluation Unit of the Ministry of Health's Family Planning/Maternal-Child Health Division began reporting monthly service statistics in the early 1970's on the distribution of contraceptives and the number of family planning acceptors. However, these service statistics do not report private sector

users of contraceptives who obtain supplies from pharmacies, users of methods requiring no supplies or training (primarily withdrawal and calendar rhythm), or those who use other natural methods but are in training or other contact with Action Familiale.

According to service statistics for June 1985, slightly over 60 percent of married women of reproductive age were contracepting. On the other hand, vital statistics reported by the Central Statistical Office showed that fertility had decreased to replacement level that same year. Since the duration of breast-feeding in Mauritius is relatively short (as will be shown later), such low fertility would ordinarily be accompanied by contraceptive prevalence higher than 60 percent. Family planning providers in Mauritius felt it was important to reconcile contraceptive prevalence with fertility levels. Only surveys can adequately measure the use of methods which would not show up in service statistics (such as withdrawal and calendar rhythm), which, despite being less effective than other methods, still have a substantial effect on childbearing. Surveys can also serve as checks on the quality of service statistics. Recognizing the deficiencies of service statistics, the MOH has conducted several limited family planning surveys in Mauritius, but none have been designed to measure contraceptive prevalence or to describe other aspects of family planning in the population as a whole.

In a study conducted from 1967-1972 (Xenos 1977), an attempt was made to estimate contraceptive prevalence and investigate other aspects of family planning in Mauritius. Since the time of that study, important changes in society, such as women's roles and the impact of the media on behavior, have

taken place. The effects of such changes are likely to have included an increase in contraceptive prevalence and a decrease in fertility.

The Family Planning Division of the Ministry of Health, recognizing the Contraceptive Prevalence Survey as a valuable tool for family planning program evaluation, proposed this survey, which would, for the first time, measure the full range of family planning service use and unmet need on the islands of Mauritius and Rodrigues. The survey would provide a more accurate estimate of all users in both the private and public sectors as well as "autonomous" users of natural methods, whose numbers are not accurately known. Unplanned fertility would be measured, and women in need of family planning services or other special program efforts would be identified.

Technical assistance for planning, implementing, and analyzing the survey was requested and received from the Division of Reproductive Health of the Centers for Disease Control, Atlanta, U.S.A. Funding for the survey came from the United Nations Fund for Population Activities.

2. SURVEY METHODOLOGY

The fieldwork for the Mauritius Contraceptive Prevalence Survey (CPS) took place from July to September 1985. The survey employed a two-stage cluster design and was self-weighting within each of the two islands, Mauritius and Rodrigues. Women on Rodrigues were substantially oversampled because of the island's small population and the need to obtain statistically stable information for that island. Therefore, weighting factors must be applied to the data to estimate results for the entire nation. However, Rodrigues contains only 3 percent of the nation's population, so results for Mauritius Island are almost the same as for the country as a whole. For this reason, in this report results are presented for the islands separately rather than nationally.

In the first stage of sampling, census enumeration areas (EA's) on each island were selected systematically (following a random start) with probability of selection proportional to the number of households counted in the 1983 national census. One hundred EA's were selected on Mauritius, 43 in urban areas and 57 in rural areas, corresponding to the urban-rural population distribution there. Within each EA, a cluster of 35 households was selected. In order to make that selection, all housing units were mapped and numbered consecutively. A starting number was randomly selected, with the house corresponding to that number designated as the starting point. The 3,500 households chosen yielded 3,280 completed respondent interviews for ever-in-union women. On Rodrigues, 10 clusters of 48 households were selected. Those 480 households yielded 386 completed interviews for ever-in-union women.

Two separate data collection instruments were used--a household questionnaire and a respondent questionnaire. The household form, which took just a few minutes to complete, was administered to any adult member of each selected household. It included information on the household's location, on each woman between the ages of 15 and 49 usually living in the household, and on various characteristics of the household itself, such as its water source, whether it contained various possessions, and the combined income of all its members. The respondent form was much more detailed, taking 15 to 20 minutes, on average, to complete. It contained questions on: socioeconomic characteristics of respondents and their husbands, fertility and fertility intentions, breast-feeding, knowledge and use of contraception, interest in contraceptive sterilization, natural family planning, contraceptive continuation and effectiveness, and knowledge of IEC activities.

All women identified on the household form as being between the ages of 15 and 49 and as ever having been in a marital union, whether it had civil or religiously sanction, were eligible to be respondents. Because of the possible sensitivity involved in interviewing never married women on subjects such as contraceptive use and sexual activity, and because MOH staff did not regard premarital pregnancy as a major problem in Mauritius, it was decided that such women would be excluded from the sample. Unfortunately for family planning service providers, this exclusion means the survey cannot provide information on contraceptive knowledge, use, or needs among those who are reported as never having been in union.

In December 1984, a pretest was carried out in which the draft questionnaire was administered to about 70 women; 35 each in an area of Port Louis, the

capital, and in a rural area of northern Mauritius. Based on the results and observations made during the pretest, the questionnaires were modified and final survey instruments developed.

On Mauritius, 15 women with at least a secondary school education were recruited as interviewers. The interviewers were divided into five teams of three. Each team had a supervisor who was selected from MOH clinic supervisors. Each interview team covered the selected EA's in a particular part of the island with team members generally living in the part of the island in which they worked. Training took place in late July 1985, immediately before the beginning of the survey fieldwork. The actual data collection took place over a period of slightly less than 2 months, from late July until mid-September. On Rodrigues, there was only one supervisor and nine interviewers. The data collection there required 3 weeks.

The entry and editing of data were done by MOH clerical staff on microcomputers furnished by the UNFPA. The data entry and editing were done concurrently using an innovative software package designed at the Centers for Disease Control (CDC), especially for the Mauritius CPS. This software edited the data well enough during data entry that afterward little further editing was needed. This constituted a major advance over conventional data entry and editing procedures. The experience gained has proven that this methodology is well-suited to this type of survey and provides considerable savings in staff time and survey costs. Most importantly, it results in data which are more thoroughly edited. The Mauritius CPS therefore serves as a prototype for future surveys.

Copies of the microcomputer diskettes were shipped to CDC in Atlanta, Georgia, where final editing took place, followed by the data analysis. Mr. Reginald Wong, a demographer of the Evaluation Unit of the Family Planning/Maternal and Child Health Division of the MOH, who served as survey director, came to CDC during February 1986 to work on data analysis and other tasks related to the survey. Further data analysis was done on the microcomputers in Mauritius.

3. SOCIOECONOMIC AND DEMOGRAPHIC BACKGROUND

There has been rapid 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 very after World War II. The infant mortality rate fell from well in excess of 100 per 1,000 live births until the late 1940's to a current level of just over 20 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. There has been some emigration from the island in recent years, with very little immigration to Mauritius.

Table 2 compares the age distribution among women reported to be living in sampled households with the age distribution according to the census. In both urban and rural Mauritius Island and on Rodrigues, there is close agreement in age distribution between this survey and the census except for 15-19-year-olds. There was a substantially greater proportion of 15-19-year-olds reported in the census than in the survey. However, we found the age distribution among ever-married women to be about the same in both sources; thus the discrepancy should not affect results for survey respondents who are ever-married women only.

The survey questionnaire included a number of questions concerning socioeconomic and demographic features of respondents, their spouses, and their households. Table 3 presents percentage distributions of some socioeconomic characteristics of the survey respondents, who are women 15-49-years-old who have ever been in a marital union. On Mauritius Island, just over three-fourths of respondents are not employed outside the home, while 8 percent are

in what can be considered skilled or professional jobs and the remainder in unskilled or agricultural activities. On Rodrigues, a greater proportion of women are employed, but they are mostly in agricultural or unskilled jobs with very few in skilled positions.

Just under half of Mauritian and about three-fourths of Rodriguan husbands are engaged in agricultural or unskilled labor. This proportion is over twice as high in rural areas as in urban areas of Mauritius.

Female educational attainment levels, particularly on Mauritius, are high relative to those in most other developing nations. Only 19 percent of respondents never attended school and about half completed primary school. However, the proportion who have completed secondary school is still small--about 16 percent on Mauritius. On Rodrigues, only 4 percent of respondents went beyond primary school. Nevertheless, literacy levels among respondents are high; almost two-thirds of all Mauritian women report the ability to read.

The educational attainment levels of husbands are, surprisingly, not much better than for wives. Forty-one percent of Mauritian husbands and 73 percent of Rodriguan husbands did not complete primary school.

On Mauritius, about 6 of every 10 respondents were Hindus, followed by Christians (24 percent) and Muslims (17 percent). While within urban areas the percentage of women in each religious group does not differ greatly (41, 34, and 25 percent for Hindus, Christians, and Muslims, respectively), rural areas are very heavily Hindu. Rodrigues is almost exclusively Christian.

In Table 4, percentage distributions of selected socioeconomic characteristics of households are displayed. It is apparent that on Mauritius almost all households use piped water, in most cases piped directly into the household. On the other hand, on Rodrigues only a little over half of households use piped water, with many getting water directly from rivers, lakes, springs, and wells.

About half of Mauritian households reportedly have a monthly income below 1,200 rupees (about US $80 at the time of the survey). As one might expect, incomes are higher in urban areas. Somewhat surprisingly, incomes do not appear to be substantially lower on Rodrigues than on Mauritius. However, very few households fall into the high income category on Rodrigues. A large majority of homes on Mauritius have radios and televisions. Twenty-eight percent contain refrigerators, which are much more common in urban than in rural areas. On Rodrigues, only half of homes have radios, while refrigerators are a rarity.

Table 5 presents information on marital status according to the survey and the 1983 national census. The survey found a substantially larger proportion of women to be in union on both islands at every age. This may be either a result of the sample not being representative of the population in terms of marital status, or a situation in which many people who were only consensually or religiously married were reported as single in the census. Fortunately, such things as age distributions among ever-married women (Table 2) and reported levels of education were quite similar in the survey and census. This indicates that at least for women reported to be in union, the survey should be representative of all of Mauritius.

4. FERTILITY

There has unquestionably been a dramatic decline in fertility in Mauritius in recent decades. In a 30-year period, starting in approximately 1950, the crude birth rate fell by more than half, from well over 40 to slightly over 20 births per 1,000 population (Figure 2). The total fertility rate meanwhile fell from about six births per women in 1962 (the earliest date for which a rate is available) to just over three births in 1972 and has since decreased below the replacement level of just over two births per woman (Figure 2). The decline in childbearing has been steady for the most part, with the exception of periods around 1960 and again in the late 1970's when the decline halted temporarily.

In Table 7, three fertility measures are shown for Mauritius and Rodrigues Islands, based on reports of live births during the 24 months prior to interview. The survey estimate of the crude birth rate (CBR) for Mauritius of 19.6 births per 1,000 population is identical to the vital statistics crude birth rate. This agreement lends much confidence to the reliability of the data collected in the survey. The total fertility rate measured by the survey, 2.0 births per women, is just below the 1984 vital statistics rate of 2.1 but is the same as the provisional 1985 rate. It now seems clear that fertility on Mauritius has fallen below the replacement level. If fertility remains at this level or declines further, the population of Mauritius will eventually (within a few decades) stop increasing. This is something for which Mauritius has been striving, because of the high population density and mounting pressures perceived as resulting from that density. It is probably safe to say that Mauritius is the first developing nation in Asia or Africa, exclusive of Chinese populations, to have reached replacement level fertility. Moreover,

the decline shows no signs of abating yet, based on the trends shown in Figure 2 and other survey results to be discussed later.

Fertility is slightly higher among rural women than among urban women, apparently because of differences in age at marriage and breast-feeding duration and possibly because of differences in induced abortion. However, even in rural areas, childbearing has fallen below replacement level.

On Rodrigues, fertility remains far higher than on Mauritius, with a CBR of 32.6 per 1,000 and total fertility of 4.4 births per woman in 1984. However, even these rates have declined very rapidly in recent years. According to vital statistics data for Rodrigues, the CBR fell by about one-third over a period of less than 20 years from the 1960's.

Table 8 displays the mean number of children born alive to women according to the length of time since they were first married and other characteristics. All totals (first column) are adjusted to take into account the number of years since marriage. The differences in parity according to socioeconomic status observed in most places in the world--decreasing fertility as education and income increase, as well as lower fertility in urban areas--are present in Mauritius but are less sharp than in most other developing nations. The differences according to religion are small and in all likelihood stem from residential and socioeconomic differences.

Table 8 once again demonstrates the speed and magnitude of the recent fertility decline on Mauritius. Note that on average, women in the sample married the longest had almost six children apiece. However, as already discussed, the

total fertility rate is currently only about two births per woman, indicating (if current rates continue) that women starting childbearing now will end up with only one-third as many children, on average, as women starting 25 years earlier. As expected, mean parity at every marriage duration is considerably higher on Rodrigues than on Mauritius. However, we see the same indication of rapid decline on Rodrigues that we see on Mauritius when mean parity at 25+ years marriage duration and the current TFR are compared (8.1 vs. 4.4).

Xenos (1977) showed that the decline in fertility from 1962-1972 was due to increases in both the age at marriage and contraceptive prevalence. The two factors each averted roughly an equal number of births over the 10-year period. Age at marriage increased rapidly from the early 1950's to the 1970's, according to census information. The proportion of 15-19-year-olds ever married decreased from 42 percent in 1952 to only 13 percent in 1972. For 20-24-year-olds, the decline was from 76 percent to 54 percent. However, since 1972 there has been little, if any, further postponement of marriage. Census figures for 1983 show a very slight rise in the proportion single at ages 15-19 and almost no change at ages 20-24 from the figures 10 years earlier. Figures on changes in breast-feeding in recent years are not available. However, it is generally accepted that breast-feeding durations, as well as the proportion of children ever breast-fed, have declined. Thus, it appears that virtually all of the substantial decline in fertility since the early 1970's (a decline of at least one-third) has stemmed from increased use of family planning methods. (It is also possible that increased induced abortion has had a large impact, but there are no reliable data on abortion rates in Mauritius at the time of the survey or changes in rates over time.)

5. BREAST-FEEDING

The survey contained questions regarding breast-feeding, postpartum amenorrhea, and the provision of milk supplements to the respondent's most recently born child born after 1981. In the first column of Table 9, it can be seen that 86 percent of such children were reported to have been breast-fed, regardless of duration. The differences between groups are small throughout the population, with the proportion breast-fed ranging from 82 percent (urban children) to 90 percent (children of 35-44-year-olds). Thus, breast-feeding is still the norm but is not as universal as in many other developing nations. On Rodrigues, only 5 percent of children were reported not to have been breast-fed at all.

For Mauritius Island as a whole, children are breast-fed for an average of about 1 year (14 months if those never breast-fed are excluded). The median duration, however, is several months shorter. The differences in breast-feeding durations between groups are considerable. Mean durations are much shorter in urban areas, increase with age of the mother, and decrease as income and education increase. The group that breast-feeds their children for the shortest time are women working in skilled occupations (7 months), while those in unskilled occupations nursed the longest (18 months). Mean breast-feeding duration on Rodrigues Island is 15 months.

Table 10 shows percentage distributions of current breast-feeding status according to children's ages. We see that, despite the fact that most children on Mauritius are breast-fed for at least 6 months, there are relatively few children who receive maternal milk exclusively, even in the first months of life. Island-wide, about four out of every five children under 3 months of age

receive nonmaternal milk regularly. By the time they reach their first birthday, very few children have not received nonmaternal milk supplementation. In general, women in rural areas and with lower educational attainment not only breast-feed longer but also begin supplementation slightly later.

Exclusive breast-feeding is much more common on Rodrigues during the first year and a half of children's lives. Almost 6 of every 10 children under 6 months have yet to receive nonmaternal milk regularly.

Post-partum amenorrhea is quite short, on average, on Mauritius (Table 11). Based on questions as to whether women's menstrual periods had yet returned, we estimate that mean amenorrhea is only about 3 months, despite the fact that breast-feeding usually lasts considerably longer than that. The major explanation for menstrual periods returning so quickly and, thus, the ability to conceive, probably lies in the fact that little of the breast-feeding is very intensive. As we have noted, even many mothers nursing for a long time start supplementation shortly after delivery. Thus, breast-feeding provides relatively little protection against conception in Mauritius. Family planning and MCH service providers should take note of this and make sure that women are aware that they are by no means completely protected against pregnancy simply because they are breast-feeding, especially if milk supplements are being given.

6. PLANNING STATUS OF MOST RECENT PREGNANCY AND FERTILITY INTENTIONS

All women who had ever been pregnant were asked a sequences of questions abut 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, regardless of its outcome, 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 analysis was restricted to women who had live births since January 1980.

Based on these definitions, Table 12 shows that on Mauritius Island 73 percent of the most recent pregnancies of respondents were reported as planned, 9 percent were mistimed, and 17 percent were unwanted (i.e., occurred after the woman had all the children she wanted)*. About 26 percent of pregnancies could thus be considered unplanned.

---

* The allegedly high proportion of pregnancies terminated by induced abortion must be kept in mind here. Since such abortions are not legal, many respondents may have been reluctant to mention pregnancies ending in abortion to the interviewer. Thus, it is possible that there are substantially more unplanned pregnancies than the data indicate. Although there are no data on the total number of induced abortions in Mauritius, MOH sources report that there are about 2,000 hospital admissions annually for abortion complications and fewer than 19,000 births per year currently. This indicates that the proportion of pregnancies terminated by abortion must be quite high.

There was little difference reported between the proportions of urban and rural women who planned their most recent pregnancy. The proportion of pregnancies that were reported as unwanted increases sharply with both age and

the number of living children and decreasew as education and household income increase. Christian women have a slightly lower proportion of unwanted pregnancies than others, while Muslim women report more mistimed pregnancies and Hindu women report more unwanted pregnancies. Among women with four or five living children, only 38 percent of pregnancies were reportedly planned and among the relatively few women with at least six children, only one-fifth were planned. This is an indication that few women want large families, as will be confirmed later in this report. The ratio of unwanted to mistimed pregnancies is about 2:1 for every residential and socioeconomic category. As expected, as age and parity increase, this ratio increases sharply, since at higher ages and parities most unplanned pregnancies are unwanted pregnancies. The proportion of mistimed pregnancies does not vary greatly according to respondent characteristics.

On Rodrigues Island, the percentage of most recent pregnancies reported as planned by women pregnant after 1979 is somewhat lower, 63 percent, while 13 percent were mistimed, and 24 percent were unwanted (Table 13). As on Mauritius Island, the proportion of pregnancies reported as unwanted increases with both age and the number of living children. There is a negative association between unwanted pregnancies and education. However, the percentage of mistimed pregnancies increases with education.

Table 14 shows the current pregnancy intentions of fecund women aged 15-49 in union on Mauritius Island. Overall, at the time of interview, 86 percent

stated they did not desire to get pregnant--an extremely high proportion, which demonstrates how thoroughly the idea of planning families has taken hold. Eight percent of women reported that they were pregnant when interviewed, while only 5 percent desired to become pregnant at that time. Among older respondents and those with at least two living children, it was a rarity to find women who said they wanted to become pregnant now; less than 2 percent fell in this category. At the time of interview, nearly four of every five women wanting to get pregnant had fewer than two living children. Equally noteworthy is the fact that even among women with only one living child, less than 20 percent were currently pregnant or wanted to become pregnant. Except for childless women and those under 25, at least 80 percent of every segment of the population did not currently desire to become pregnant. Almost 70 percent of childless women were pregnant or desired a pregnancy immediately. This figure, although high by the standards of developed nations, is very low in relation to most African countries where it is nearly universal that a couple tries to have a baby as soon as possible after marriage.

On Rodrigues, the proportion of women who did not desire pregnancy at the time of interview is 78 percent, somewhat lower than on Mauritius Island but still quite high (Table 15). Current pregnancy intention on Rodrigues also exhibits a strong correlation with the number of living children and with age, but unlike Mauritius, medium- and high-income women were considerably less likely to desire a pregnancy at the time of interview.

Women who were not infecund*, menopausal, or sterilized were asked how many additional children they wanted to have. (If women were pregnant at the time

* A respondent was considered infecund if she or her husband had an operation or medical condition making them permanently sterile or if she had not become pregnant despite not using contraception for at least 3 years.

of interview the question referred to the number desired following the current pregnancy.) On Mauritius Island, fully 70 percent of women wanted no more children, and there were no women who wanted more than three additional children (Table 16). Over 90 percent of respondents with more than two children wanted to terminate childbearing. Only 7 percent of respondents (almost all with fewer than two living children) wanted two or more additional children.

Table 16 indicates that the two-child family has in fact become the ideal on Mauritius. Of those with two children, 85 percent want to have no more. Sixty-two percent of women with one living child and 77 percent without living children want to have a total of two children ultimately. A majority of the remaining women with fewer than two living children report wanting to have only one child overall, showing that the one-child family seems to be gaining acceptance. About one of every five low parity women (fewer than two children) wants to stop childbearing after only one birth. It appears that even the option of remaining childless may be gaining acceptance. In most developing nations of the world, voluntary childlessness among women is extremely rare, as is the desire for only a single child. 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. Even among women 25-29, 61 percent want no additional children.

On Rodrigues Island the data are similar for all women (Table 17). Seventy-two percent of fecund respondents want no additional children, and no women

want more than three additional children. The number of additional children desired also decrease sharply with increasing age. However, slightly less than half of all women with two living children want at least one additional child, which indicates that the desired family size on Rodrigues Island is nearer to three children. Nevertheless, large numbers of women want to have a total of one or two children.

Since in many societies there is a strong preference for male children, or at least an accepted belief that having at least one son is a necessity, we examined whether the number of living sons influences the desire to have more children. The data yield no strong indication of a preference for either sons or daughters. It appears however, that women with more than one living child are more likely to want an additional child if all her children are of the same sex, as shown below:

	% Desiring More Children Who Have :		
Living Children	0 Sons	0 Daughters	Both Sons and Daughters
1	66.5	77.4	-
2	30.4	22.8	12.2
3+	8.0	10.8	2.6

Note that the proportions wanting children are lowest among women with children of both sexes already, as shown in the last column. Thus, it appears that son preference is not an impediment to fertility reduction. Fertility may be increased very slightly, though, by a desire to have children of each sex.

7. KNOWLEDGE AND USE OF CONTRACEPTIVE METHODS

A. Knowledge of Contraceptive Methods

All women were asked if they knew of each one of a large number of different contraceptive methods. In this part of the interview, in addition to giving the conventional names of the methods, the interviewer would briefly describe the method and mention any local names for it. Table 18 shows that unlike most African and Asian countries, virtually all respondents report knowledge of at least one supplied method of contraception, and only 5 percent do not claim knowledge of any natural family planning (NFP) method. Among supplied methods, the pill, female sterilization, condoms, and injectables are almost universally known (each known to at least 96 percent of respondents), while the diaphragm, which is not readily available in Mauritius, is the least well known. Male sterilization, despite its being only recently promoted by the Mauritius Family Planning Association (MFPA), is known by half of the respondents on the island of Mauritius, and by 61 percent on the island of Rodrigues.

Among NFP methods, it is noteworthy that both the temperature and the calendar* methods are more widely known than the sympto-thermal method (which entails both temperature and cervical mucus observations) currently promoted by Action Familiale. However, these differences could be due to lack of familiarity with the different names of the NFP methods, rather than the methods themselves.

---

* In this report calendar rhythm is considered a natural family planning method, although recently some groups have advocated that it should not be considered a form of NFP because it is not as reliable as the newer, more sophisticated NFP methods.

There was little difference in knowledge of the widely known (and used) supplied methods according to residence and education. The sympto-thermal method, on the other hand, is much more widely known in rural areas and among more educated women, even though it is used slightly more in urban areas. Interestingly, injectables are better known in rural areas and among the less well educated, just the opposite of what was found for almost all other methods. It should be noted, however, that in Mauritius, despite the political and municipal boundaries that demarcate urban areas, there are no villages further than 15 miles from the nearest urban area, and there is efficient public transportation to all parts of the island. Because of the short distances, good transportation, good communications, and high educational levels, the differences between urban and rural areas, in general, are not as marked as in most of the world.

Also, it has been suggested that as family planning programs become more mature and campaigns to promote contraceptive methods become more intensive, the effect of education on knowledge of contraception tends to be diluted. This seems to be confirmed in Mauritius for all the non-NFP methods, with the exception of male sterilization and the diaphragm, where strong positive correlations were observed. In the case of vasectomy, the low level of promotion may be responsible for the large differences in knowledge according to educational level.

On Rodrigues, the knowledge of supplied methods is similar to that on Mauritius (Table 19). Except for sterilization, there is relatively little difference according to educational levels. However, there is much greater knowledge of the sympto-thermal method in Rodrigues than on Mauritius (94 percent versus 47 percent), probably owing to the very active Action Familiale program there.

B. Ever Use of Contraceptive Methods

For each method with which a respondent claimed familiarity, she was asked whether she had ever used it* or was using it at the time of the interview. The division between past and current users of contraception can be problematic. For example, a woman can report herself as a current user if she has temporarily stopped use but intends to resume soon. To avoid confusion between past and current use, the questions were framed so as to make it clear that the respondent's status at the time of interview was required. Thus, the respondent was first asked whether she had ever heard of a method. If the answer was positive, she was further asked whether she had ever used it. If this answer was affirmative, she was then asked whether she was using it at the present time. "Ever use" therefore includes current use as well as use in the past.

Table 20 shows that on Mauritius Island, 86 percent of women had ever used any contraceptive method, 76 percent had ever used at least one supplied method, 34 percent any NFP method, and 37 percent withdrawal. The most widely used method was the pill (64 percent), followed by the condom (41 percent), withdrawal (37 percent), calendar rhythm (20 percent), and injections (17 percent).

Overall, and for most methods, there were small differences in ever use of supplied methods according to residence. Ever use of NFP methods, however,

* Women were asked about use of methods for the purpose of preventing pregnancy. Sometimes natural methods are used to increase the likelihood of conception; such usage was not counted in the survey.

was higher in urban than in rural areas, although the difference was negligible for the sympto-thermal method.

There were marked differences in the past use of hormonal and NFP methods according to education. Pill and injection use declined, and NFP use increased substantially with increasing education levels. This suggests greater wariness of possible side effects from hormonal contraceptive use and a greater willingness and ability to learn NFP methods among more educated women.

On Rodrigues Island, a lower (but still quite high) overall proportion of women, 77 percent, reported ever using any contraceptive method (Table 21). This difference was due to lower use of supplied methods (64 percent) and withdrawal (11 percent) than on Mauritius Island. Overall, ever use of NFP was slightly higher on Rodrigues than Mauritius. As on Mauritius, ever use of hormonal contraceptives is lower and ever use of NFP methods is strikingly higher among more educated women.

Here again, there is the possibility of confusion regarding the names of natural methods. In Rodrigues, the sympto-thermal method, the only method promulgated by Action Familiale, is familiarly known as the "blue" method (Methode Bleue in the local parlance), which is perhaps more easily remembered than the technical name. In Mauritius no "nickname" has been given to this method, and since in essence it resembles the other natural methods, it is possible that respondents more readily recognize it as the "calendar" or the "temperature" method than the more difficult to remember technical name.

About two-fifths of the respondents in Mauritius and one-tenth of the respondents in Rodrigues report ever using withdrawal. The least well educated

educated respondents in Mauritius were the most likely to have used this method.

Table 22 shows the number of living children respondents had when beginning use of their first contraceptive method. Women who use natural methods or withdrawal as their first method were far more likely to start use when they had no children compared to users of supplied methods. Almost half of all women (46 percent) who started use with the sympto-thermal method had no children at the time compared to less than 20 percent of pill and condom users, and almost no injection or IUD users. Women who start out using IUD's or injections tend to have more children at first use than other women. As a rough generalization, the more children women have when initiating contraception the more effective is the method first used. On Rodrigues, the greatest proportion of both pill and sympto-thermal users began use when they had one living child.

C. Current Use of Contraception

Current levels of contraceptive use are extraordinarily high for a developing nation. Table 23 shows that three-fourths of women in union aged 15-49 on Mauritius Island are currently using a contraceptive method. Such high prevalence would be typical for most of the developed world and may be as high as any country in the developing world. Bongaarts (1986) estimated that a contraceptive prevalence rate of about 75 percent among married women of reproductive age is usually necessary to attain replacement level fertility. This is very encouraging in regard to reliability of the CPS results, since the survey found 75 percent prevalence while fertility had just dropped slightly past the replacement level.

Despite 75 percent contraceptive prevalence overall, only 44 percent of married respondents report using a supplied method; i.e., almost 40 percent of users rely solely on natural methods or withdrawal. Pills are used by twice as many couples as the supplied method in second position, the condom. There is little difference in supplied method mix between urban and rural women, with the striking exception of injections, which are used by less than 1 percent of urban women but by 10 percent of rural women. As will be seen in subsequent tables, use of injections and, to a lesser extent, pills, tends to be lower among higher socioeconomic groups, possibly due to greater wariness among these groups of the possible side effects of hormonal contraceptives. The difference in injection use between urban and rural areas may also owe to differences in promoting use of injectables by clinic personnel in urban and rural areas, although no MOH policy would dictate such a difference.

Seventeen percent of women rely on NFP methods for preventing pregnancy. Reported use of calendar NFP is more than twice that of the sympto-thermal method, which is promoted and taught by Action Familiale. This may be because promotion of the sympto-thermal method is relatively new and/or because of terminology problems, as stated earlier. Possibly, organizations like Action Familiale have succeeded in steering people toward natural methods (or away from supplied methods), but many women feel the newer NFP methods are too complicated or difficult to use correctly. In general, there is greater current use of NFP methods in urban areas. It is noteworthy that there is little use of NFP and supplied methods in combination. However, a few women in the survey (1.3 percent) used both NFP and condoms, presumably depending on the time relative to ovulation.

The use of withdrawal, the second most commonly used method (13 percent) on Mauritius Island, is strikingly high, particularly since a full range of

modern methods is widely available. The pattern of use of withdrawal was identical for both rural and urban areas. Higher parity women prefer this method more than those with fewer than four children. Housewives and women in low-income households also use this method more than employed women or higher income women. Family planning providers in Mauritius should be very concerned that withdrawal is so prevalent despite easy access to many other methods. Clearly, a program goal should be to get withdrawal users to shift to more effective methods.

Overall prevalence among married respondents on Rodrigues is 51 percent, considerably lower than on Mauritius Island. In contrast to Mauritius, withdrawal is reportedly used by only 1 percent of married couples, despite poorer access to supplied methods. Interestingly, a much greater proportion of methods in use on Rodrigues are supplied methods as compared with Mauritius.

In fact, despite far greater overall prevalence on Mauritius (75 percent vs. 51 percent), there is little difference between the islands in the prevalence of supplied methods (44 percent vs. 40 percent). On Rodrigues, current use of the pill is 20 percent, similar to the level of use on Mauritius. However, the method in second position is injections, with a prevalence of 13 percent.

Although overall NFP method use on Rodrigues is lower than on Mauritius, more than three-fourths of NFP users rely on the sympto-thermal method. This has been attributed to Rodrigues having a newer NFP program which, unlike the Mauritius program, began operations after the sympto-thermal method had already been adopted by Action Familiale (AF).

Service statistics maintained by AF imply much greater use of NFP methods on Rodrigues than the results of the survey show. By random chance, the eastern section of Rodrigues was somewhat underrepresented in the sample and by coincidence, this part of the island also has the highest concentration of AF clients. To see if the underrepresentation substantially explained any of the discrepancy between the survey results and the service statistics, we post-weighted the data for the four parts of the island. (The south, west, and north were all slightly oversampled). However, this procedure made little difference, raising sympto-thermal method prevalence from 7.4 to 8.3 percent and total NFP use from 9.7 to 10.7 percent. Overall prevalence fell from 51.0 to 49.5 percent explained by a downward adjustment in pill use.

Table 24 shows that on Mauritius Island relatively few women (27 percent) with no children use contraceptive methods, with almost half of these users employing an NFP method. Typically, in developing countries very few childless, married women actively avoid becoming pregnant. Mauritius is very different in this respect. Contraceptive use increases tremendously from zero to one child (from 27 percent to 73 percent), is over 80 percent among women with two to five children and then falls off to lower levels. The decline after five children, however, may be more a function of age and the ability to become pregnant than the number of living children. Most individual methods follow this same pattern, except for female sterilization which, not unexpectedly, increases with the number of living children. Other exceptions to this pattern are the proportions of women using the injection and withdrawal, which steadily increase with the number of children, even among women with six or more living children. On the other hand, the sympto-thermal method has relatively high use among women with few living children and then drops off to negligible levels of use among women with four or more children.

On Rodrigues, overall patterns are similar to those on Mauritius (Table 25). As is the case on Mauritius, injections seem to be used most among women with the greatest number of living children. In fact, it is the most prevalent method among women with large families. Use of the sympto-thermal method on Rodrigues does not exhibit a strong relationship to the number of children.

Contraceptive use on Mauritius Island increases with age to a plateau at ages 30-39 (Table 26). Above age 35, greater proportions of women report sterilization as the method currently used while the use of reversible methods, with the exception of the calendar method, falls off. On Rodrigues, patterns are similar, with greatest use in the 25-34 age category, excepting of injections, the use of which peaks among women 35 and older (Table 27). Natural method users are more likely to be in the 25 to 39 age category on both Mauritius and Rodrigues. Withdrawal, which is used more on Mauritius, is practiced in all age groups in more or less the same proportion.

Use patterns on Mauritius and Rodrigues differ according to education, particularly when comparing hormonal and NFP methods (Tables 28 and 29). Hormonal contraceptive, and most supplied method use, is negatively related to educational attainment on Mauritius but not Rodrigues. NFP use is very strongly and positively related to the educational level of women on Rodrigues.

The differences seen according to education are even more marked in relation to occupation on Mauritius (Table 30). While 27 percent of women in the housewife/not employed category and 38 percent in the unskilled agricultural category use hormonal methods (pills and injections), only 16 of women in the skilled category do so. For NFP methods the pattern is reversed; only 17 percent and 10 percent of women in the not employed and unskilled categories, respectively use these methods while 34 percent in the skilled category do so.

There is no similar relationship between contraceptive use and employment on Rodrigues (Table 31). While overall use is slightly higher among employed women, the only substantial difference in the use of particular methods is that employed women tend to use the injection and condoms more and the pill less than women not employed. It should be noted, however, that the employed category on Rodrigues consists almost exclusively of women in unskilled jobs, so the relationship is actually not unlike that on Mauritius.

Income is similar to employment status in its relationship to current contraceptive use on Mauritius Island. As income rises, the use of hormonal methods decreases while the use of NFP methods increases (Table 32). To a lesser extent the same is true on Rodrigues (Table 33).

Religion does not appear to be a strong determinant of overall contraceptive use (Table 34). Similar proportions of each of the three major religious groups are currently using a method. However, there are some appreciable differences in the particular methods used by members of each religious group. Twenty-nine percent of married Christians (largely Catholics) report current pill use, while only 5 percent report current condom use. Both Hindus and Moslems report much lower levels of pill use and higher levels of condom use than Christians. On the other hand, Hindus report several times higher use of injections than the other two groups. However, this may in large measure be because over 70 percent of Hindus live in rural areas where the injectable method is more widely used and may be promoted to a greater extent. These differences could also be due to the characteristics of each method. For instance, methods that alter menstrual bleeding, either by increasing it (IUD) or by decreasing it (pills, injectables) may be avoided by certain groups.

Overall use of NFP methods is essentially similar for the three religious groups, though slightly lower for Hindus. Christians report somewhat higher usage of the sympto-thermal and temperature only methods than the other two groups, who report slightly higher use of the calendar method than Christians. This suggest that, in general, both Hindus and Muslims are as equally inclined to use NFP methods as Christians but tend to use the less effective calendar method.

The results of Tables 23 through 34 on contraceptive use are summarized for urban and rural areas on Mauritius Island in Table 35. Urban and rural women have similar contraceptive prevalence overall and in most population subgroups, with rural use slightly higher in most cases. Urban use exceeds rural use only among women in their forties, among childless women, and those with at least six children.

By leaving out the 25 percent of women who are nonusers, Table 36 shows the percent distribution of methods used by current users, rather than all married respondents. While just over one-third of all users on Mauritius use hormonal methods, this is true of almost two-thirds of users on Rodrigues. There is little difference on Mauritius between urban and rural use, with the exception as mentioned before, of injectables and NFP methods.

8. SOURCE OF CONTRACEPTION

The number of clinics offering family planning services in Mauritius grew considerably after the introduction of family planning services in 1957, although it has not increased much since the late 1970's. There are now services available in every locality in the country. In 1977 there were 126 service points (85 clinics and 41 supply centres). This figure increased by 4 percent to reach 131 by the end of 1985. In addition, 16 remote localities are regularly visited by a mobile van. The distribution of the family planning clinics and supply centres by district in 1985 is shown in the table below:

Number of Family Planning Service Points by District
Island of Mauritius, 1985

District	Estimated Female Population (15-49)	FP Clinics	FP Supply Centers	Female Population Served Per Service Point
Port Louis	36,570	9	0	4,063
Pamplemousses	24,522	10	5	1,635
Riviere du Rempart	21,931	11	3	1,566
Flacq	29,170	12	7	1,535
Grand Port	25,217	12	4	1,576
Savanne	15,894	9	4	1,223
Plaines Wilhems	82,783	20	5	3,311
Moka	21,023	8	4	1,752
Black River	9,991	4	4	1,248
Total	267,101	95	36	2,038

An investigation of the perceived accessibility of family planning services provides data on whether there are sufficient clinics and service outlets to serve the population effectively. It also reveals the extent to which certain sections of the population make use of private outlets and ,in the case of natural family planning methods, those sources of NFP information not originating with Action Familiale.

In this survey, all respondents who had ever used a contraceptive method were questioned about the source of their current and most recently used previous method, or the source of instruction if a nonsupplied method. They were also asked about the time spent in reaching the source. As shown in Table 37, Ministry of Health (MOH) clinics are the primary source of contraception for current users on Mauritius Island, supplying 63 percent of all users who receive a method or training for a method. Other nonprofit institutions, including government hospitals (for female sterilizations), Action Familiale, and the Mauritius Family Planning Association (MFPA) supply or train another 26 percent of users. The MFPA supplies 6 percent of users through its clinics and another 1 percent through outlets in factories (primarily in knitting mills). In the private sector, pharmacies and private clinics and physicians together supply 6 percent of users.

There are appreciable differences between sources in urban and rural areas. Action Familiale, the MFPA, and pharmacies are all far more important in urban areas than in rural areas. This is because these facilities are mostly in urban areas. Consequently, while MOH clinics serve more than three-fourths of rural users, they serve fewer than half of urban users.

On Rodrigues the MFPA clinic serves 75 percent of users of methods requiring a source. Most of the rest are served by Action Familiale, with only inconsequential numbers served by the strictly private sector. In Rodrigues there are no private pharmacies as such. Some retail shops, however, sell drugs, including contraceptives. The 0.6 percent of the Rodriguans who obtain their supplies from pharmacies are almost certainly referring to these shops.

Table 38 shows the distribution of various sources of oral contraceptives according to women's sociodemographic characteristics. In urban areas, and in

the higher education and income categories, oral contraceptive users tend not to use MOH clinics as much as other women, relying much more heavily on strictly private sources. About 15 percent of the more highly educated respondents and almost one-fourth of those belonging to the higher income group buy in private pharmacies. Education and income levels do not seem to influence use of MFPA facilities, but since these facilities are located exclusively in cities, they are used mostly by urban women.

As noted above, virtually all of Mauritius Island is well-served by family planning outlets; access to contraceptive methods is rarely difficult. Over half of current users in both urban and rural areas travel less than 15 minutes to their source of contraception (Table 39). More than 85 percent of users and nonusers alike live within 30 minutes of a contraceptive source. There is little difference in either urban or rural areas between the actual time to source reported by current users and the time to source given by women wanting to use a method, indicating that lack of access to method is not an important factor in preventing women from using family planning. There was also little difference in the time of travel between current and past users of contraceptives and, therefore, it can probably be concluded that time was not a determining factor for dropping out of the family planning program, either on Mauritius or on Rodrigues. Ready access is further supported by the fact that almost no women on Mauritius reported that the source they use or would use required more than an hour's travel.

On Rodrigues Island users are not as well served; almost half respondents reported they must travel 60 or more minutes to the nearest source of contraception, despite the island's small size. Table 40 illustrates this situation even more clearly. Whereas for current users the average time to a source in

Mauritius is about 15 minutes, on Rodrigues the average time to reach a source is more than 1 hour. This indicates that either more fixed family planning facilities or a comprehensive village distribution system would be helpful in increasing family planning use on Rodrigues. It suggests that the motivation to avoid pregnancy there is very strong, considering the effort expended to obtain contraception.

9. NONUSERS OF CONTRACEPTION

Improvement in family planning coverage can come in two ways: by promoting use of more effective methods among women using methods such as witndrawal, and promoting use among women not currently using contraception at all. On Mauritius Island, among women in union not using a contraceptive method at the time of the survey, 81 percent were not using for reasons related to sexual inactivity (many temporarily separated from their husband), subfecundity, or pregnancy (Table 41). Thus, only 19 percent of nonusers gave reasons for not using family planning that would seem to make them candidates for adopting contraception at the time of interview. The sole numerically significant reason for not using among these candidates is that women are post partum or breast-feeding and thus feel that they are not at risk of pregnancy. Some of these women, no doubt, are truly unable to become pregnant, but many may be ovulating and should be using contraception, especially in light of the generally early initiation of nonmaternal milk supplementation noted earlier. Reasons that may be difficult to overcome, such as religious objections or husbands refusal, as well as fear of side effects, proved to be relatively unimportant, at least as the primary reason for nonuse.

As shown in Table 42, 43 percent of fecund nonusers who are in union on Mauritius Island express a current desire to use contraception. Women living in urban areas, women under 35, women with at least two living children, and women who previously used contraception are more likely than their counterparts to desire to use. Among these women virtually all said they knew where to obtain a contraceptive method. Thus, ignorance about sources of methods does not appear to contribute to failure to use a method.

On Rodrigues Island, the potential for expanding family planning program coverage is greater than on Mauritius. As seen in Table 41, only 40 percent of nonusers on Rodrigues were not using for reasons related to lack of sexual activity, subfecundity, or pregnancy. Therefore, 60 percent might be considered potential candidates for family planning services. Table 42 shows that fully 62 percent of fecund nonusers on Rodrigues state a desire to use contraception. Almost one-half of the candidates are post-partum or breast-feeding. The second largest group gave answers indicating they wanted to use but just hadn't gotten around to it. Easier access to services might reduce this number.

Table 43 shows the method of choice for women desiring to use, according to whether they could become pregnant now or in the future. The most frequently mentioned method is the pill (42 percent), which was given by more than three times as many as all NFP methods combined. All NFP methods taken together were the method of choice in second position. Individual NFP methods were aggregated, since nonusing women may not have a clear perception of the differences between these methods or of which NFP method they prefer to use. Thus, the most popular methods currently used are also the method of choice among women who desire to use, with the exception of withdrawal which was not often reported as the method of choice among nonusers. Condoms, sterilization, and the IUD were mentioned more often by women who can become pregnant now, as opposed to the injection, which was cited to a greater extent by women who will only be able to become pregnant in the future.

MOH clinics were mentioned by more than three-fourths of those desiring to use a method as the source they would utilize, followed by MFPA clinics and Action Familiale (Table 44). As with the source of method for current users, the

MFPA, Action Familiale, and pharmacies were cited by a much larger percentage of urban than rural women.

Only 13 percent of women currently using family planning methods on Mauritius Island preferred using a method other than the one currently being used. The effectiveness of the preferred methods compared to the methods currently being used is presented in Table 45. Of these women who would prefer another method, among those currently using a "very effective" method, 37 percent would prefer using an even more effective method; i.e., sterilization, while 44 percent would prefer using a method whose effectiveness is roughly the same, and only 20 percent would prefer a method less effective than their current one. Of those women using an "effective" method, 85 percent would prefer using a more effective method, and only 15 percent would prefer using another method whose effectiveness is in the same range.

Table 46 lists the reasons given by past users for stopping use of their most recent method. On Mauritius Island, almost 70 percent stopped for reasons related to pregnancy or sexual activity. Aside from 9 percent who are "no longer able to become pregnant," all of these women might be considered potential future users.

Most of the 31 percent of women on Mauritius who gave reasons not related to pregnancy or sexual activity for stopping use of their last method cited "side effects" as the reason. Almost three-fourths of those citing side effects were pill users. With the wide variety of methods available in Mauritius, family planning programs should concentrate on providing these women with alternative methods that will not have the side effects which respondents associate with previous methods.

On Rodrigues Island slightly less than one-half of past users stopped using for reasons related to pregnancy or sexual activity. More than half of this group consisted of women who became pregnant, which is much higher than the percentage on Mauritius, indicating that ineffective method use may be a problem. This should be investigated more closely. As on Mauritius, side effects were far and away the major reason for stopping which was not related to pregnancy or sexual activity.

Table 47 displays reasons for stopping use of the most important methods provided by the family planning organizations in Mauritius. We see that the overwhelming reason for stopping use of the two hormonal methods has been side effects, both on Mauritius Island and Rodrigues Island. For the pill on Mauritius Island, the desire to become pregnant was the second most important reason and having become pregnant was the third most important reason. On Rodrigues Island the second most commonly given reason, cited by 16 percent of women, was that they became pregnant while using the pill. Significantly, only inconsequential numbers of women who stopped use of the injection on Mauritius reported either the desire for pregnancy or having become pregnant as the reason.

Thirty percent of women who stopped using the sympto-thermal method reported they did so because they had become pregnant, while 26 percent said they desired a pregnancy, both figures far higher than for hormonal contraception. This indicates two things: Use-effectiveness of the sympto-thermal NFP method is lower than for hormonal methods (See Chapter 10) and most sympto-thermal use is for spacing rather than limiting births.

10. CONTRACEPTIVE CONTINUATION AND USE-EFFECTIVENESS

The Mauritius CPS included questions regarding continuation of use and pregnancy while using three of the major methods provided by the family planning programs in Mauritius: pills, injections, and the sympto-thermal method. For the most recent episode of use of each of these methods after 1979, respondents were asked when they started and stopped using, if they became pregnant while on the method, and why they discontinued use of the method. The retrospective information used here to estimate continuation and failure is almost certainly less reliable than prospective data would be but still provides very useful estimates.

Table 48 displays continuation rates for Mauritius Island which were computed for each of the three methods using life table techniques . The proportions of women still using are very similar for pill and sympto-thermal users, at just over 60 percent and just over 50 percent at 1 year and 2 years after initiation, respectively. However, after 2 years, pill continuation begins to fall off more rapidly. Continuation rates for the injection are consistently, but not greatly, lower than for the other two methods.

Table 49 shows cumulative pregnancy rates while using these methods at 6, 12, 24, and 36 months after method initiation. These figures are based on "use-effectiveness of the methods," i.e., the method was defined as failing if a woman said she was using the method when she became pregnant. Thus, it is a measure which combines both method effectiveness and how well the method is used in practice. Therefore, these figures do not take into account, for instance, whether a pill user took her pills properly (or even at all). The sympto-thermal method was considered to have failed, regardless of whether the

method was used as taught, if a couple mistakenly thought they were in a safe period, or if a couple had sexual relations despite knowing the women was at risk of conception.

The results show almost no pregnancies (1 failure out of 356 women) to respondents receiving injections. Failure rates for pills are roughly consistent with what has been observed in other settings, 4 percent after 1 year and 7 percent after 2 years. Failure of the sympto-thermal method far exceeded rates for the hormonal methods--16 percent at 1 year and 2 years. The effectiveness of natural family planning methods has long been an issue in many places. The survey findings here and in other settings where more sophisticated methods are used (such as BIllings) have generally shown quite high pregnancy rates (Betts 1984; Hatcher et al. 1984; Laing 1984). This indicates that even though NFP methods have become more sophisticated, more work is still needed to get acceptors to use the methods better.

11. WOMEN IN NEED OF FAMILY PLANNING SERVICES

Using the survey data, we can identify which segments of the population have greater need for family planning services than others. In this analysis, a woman was defined as "in need of family planning services" (or having unmet need for services) if she was fecund (self-defined), sexually active, not currently pregnant, did not currently desire to become pregnant, and was not using a contraceptive method for reasons not related to pregnancy, subfecundity, or sexual inactivity at the time of interview. Unfortunately, the survey provides no indication of the need for services among single women. Therefore, the following figures may serve as minimum estimates of the overall need for services.

The overall percentage of ever-married women "in need of family planning services", on Mauritius Island using these definitions, is a very low 3.1 percent (Table 50). Since it is estimated there were about 172,000 women aged 15-49 in union in mid-1985 when the survey was conducted, this represents approximately 5,300 women islandwide.* The percentage in need of services is slightly greater among urban women, younger women, women with one or two children, and the best educated compared to others. However, these differences are so small as to have virtually no programmatic significance.

On Rodrigues Island, the percentage of women in need of family planning services is far greater. Overall, 20 percent of ever-married women were found to be "in need of family planning services." Since it is estimated there were about 4,900 women aged 15-49 ever in union on Rodrigues at the time of the

*Calculated from data supplied by Mauritius Central Statistical Office, Ministry of Economic Planning and Development.

survey in mid-1985, that proportion represents about 960 women.* The percent of women in need on Rodrigues is greatest among the youngest women and those with more than three children.

The percentage in Table 50 indicate the segments of the population in which the relative need for family planning services are greatest. In order to derive program goals to serve the women defined as being in need of family planning services, Table 51 looks at the characteristics of those women who are in need of family planning services and compares them with the characteristics of the survey population. On Mauritius Island, women in need are more likely to be urban, have only one or two living children and, most significantly, have lower household income than the general survey population. Of the almost 5,000 women in need, more than half, about 2,500, are in low-income households. Family planning programs should orient their resources toward serving them. On Rodrigues, as well, women in need are more likely to have low household income than the survey population in general.

Although 4,900 is a relatively small number of women, a large group of women on Mauritius Island, those using withdrawal as a method, should also be a target group of family planning service delivery efforts, since we assume that the use-effectiveness of withdrawal is lower than other methods. As seen in Table 36, 17 percent of current users (roughly 19,000 women in the population) are currently using withdrawal. Their characteristics are similar to the general survey population, except that as a group they are slightly older and have more living children (not shown). Another potential target group, but examined in this survey, consists of single women at risk of unintended pregnancy.

*Ibid.

12. CONTRACEPTIVE STERILIZATION

A. Introduction

In this section we discuss the characteristics of contraceptively sterilized women, their interest in and knowledge of sources of information concerning sterilization among women wanting to terminate childbearing, reasons for lack of interest, and reasons for failure to be sterilized among interested women. As discussed earlier, 5 percent of women in union aged 15-49 on Mauritius Island and 2 percent on Rodrigues Island report they have been surgically sterilized. These levels are far lower than might be expected in light of the low fertility levels and the large number of women wanting no more children. The proportion sterilized increases with age up to ages 35-39 and with the number of living children (Tables 25-28). The highest prevalence of sterilization on Mauritius is among women with at least four children (11 percent), 35-39-years old (11 percent), working in unskilled jobs (8 percent) and with the least formal education (6 percent). On Rodrigues the women most likely to have been sterilized are over age 34 and (unlike Mauritius) are of higher socioeconomic status, presumably since they are in a better position to pay the cost of travel to Mauritius to obtain the operation.

B. Profile of Sterilized Women--Mauritius Island

Table 52 displays distributions of characteristics of sterilized women relative to all survey respondents. We see that a slightly higher proportion of sterilized women live in urban areas than do all respondents. Also, as might be expected, a higher percentage of sterilized women are currently in union compared to the survey population. The average age of sterilized women was 32 years at the time they were sterilized and 37 years at the time of the survey. Thirty percent of sterilized women had six or more living children at the time of the survey compared with only 13 percent of the survey population.

The data also show that sterilized women have more children (4.4) on average than all respondents (2.8). Sterilized women have also received less education, on average, than the survey population. This relationship may be a function of age, however, since younger women are, in general, better educated than older women. The most recent pregnancy of sterilized women was about twice as likely to have been unwanted as it was among all ever-pregnant respondents. This is evidence that having experienced an unwanted pregnancy influences the decision to undergo sterilization. The data on the year of sterilization at the bottom of Table 52 indicate that the rate of surgical sterilization has probably increased in recent years, although such a tabulation is not conclusive in this regard.

Table 52 also shows that 2.8 percent of sterilized women (a total of four women) were less than 25 years of age at the time of their operation. An examination of these records revealed that their number of pregnancies and living children ranged from two to eight and the number of living children ranged from two to four, so that despite their young ages they were likely candidates to undergo the procedure.

C. Demand For Sterilization

Both women who wanted more children and those who did not (as long as they felt they were capable of bearing more children) were asked if they were currently interested in surgical sterilization or would be interested once they had all the children they wanted, respectively. As shown in Table 53, only about one-fourth of each group on Mauritius Island claimed that they were interested in contraceptive sterilization. Among those women desiring no more children, as age and income increase, women become much less interested in sterilization. Other variables examined, such as residence, education, and

current contraceptive use show little relationship to interest in sterilization among these women. Interest peaks at two children and then decreases slightly thereafter.

Among the women who want more children, urban women, women under 35, women with no living children, well educated women, high-income women, and current users of contraception are less likely than others to indicate interest in surgical sterilization once they have all the children they want. However, the differences are small for the most part, with no more than about one-third of any group stating they would eventually be interested in sterilization.

On Rodrigues Island, only about one in seven women in each group is or will be interested in sterilization. This indicates that there is room for an increase in IEC activity on Rodrigues directed toward sterilization.

Of respondents on Mauritius Island interested in sterilization now, 80 percent had knowledge of where sterilization services or information concerning these services is available (Table 54). The percentage of women having this knowledge was higher in rural areas and, increased with income and the number of living children. This indicates that knowledge of sources of information is probably not an important impediment to sterilization. This is not to say, however, that it is unneccessary for those concerned to disseminate more information on various aspects of the operation itself and its possible effects. On Rodrigues Island, where sterilization is not presently offered through public programs, 63 percent of interested women claimed knowledge of where they could become sterilized or find out about sterilization.

All women who said they did not want any more children and had interest in sterilization were asked why they had not been sterilized (Table 5). Of these women on Mauritius Island, 22 percent said they were too young and/or lacked medical approval. Another 20 percent said their husbands were opposed. Therefore, more than 40 percent of women who desire sterilization are not currently in a position to undergo the procedure due to barriers beyond their control. This suggests that IEC activities regarding female sterilization might be more effective if directed toward males and the medical community, and not just toward women. Another 12 percent of women were "waiting for their children to grow up." Such women are probably not good targets for IEC activities, since the reason given indicates they are likely to undergo the procedure eventually. However, 8 percent had "fear of the operation" and 6 percent "needed more information." These women constitute a prime target group which might be influenced through effective IEC activities. A total of 17 percent of these women were "planning to be sterilized" or were already on a waiting list, or were "lazy" or "had not gotten around to it" and had not yet requested to be put on a waiting list. Thus, if adequate facilities were available and there was program followup of women interested in sterilization but who had not made the effort necessary, it may take relatively little effort to increase the number of sterilizations markedly and decrease unintended pregnancies and induced abortions.

On Rodrigues Island, almost half of women interested in sterilization said they "needed more information" before undergoing an operation. This is understandable, since publicly funded sterilization, as mentioned previously, is not available on Rodrigues. Eleven percent said they were "planning to be sterilized," presumably in a hospital on Mauritius. Nine percent (much less than on Mauritius) said their husband was opposed. These data indicate that

there is considerable demand for sterilization services on Rodrigues and making them readily available could increase prevalence quickly.

Finally, 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. On Mauritius Island, 27 percent of these women cited fear of the operation (Table 56). A further 13 percent of women stated they "did not like the operation." More women gave one of these two responses in rural areas (44 percent) than in urban areas (36 percent). These fears could be addressed through IEC activities, whereby women could be better informed about the procedure itself and the benefits and risks associated with it, especially in comparison with the risks of unintended pregnancy and abortion.

Eighteen percent of women stated that their husband was opposed to sterilization. In addition (not shown), the husband's opposition was related to the respondent's education level; 26 percent of those who had not completed primary school stated that their husband was opposed, while this was true of 20 percent who completed primary school and only 12 percent who had more than primary education. As stated before, this suggests orienting IEC activities toward males also. Twelve percent of women said they were satisfied with their present, nonpermanent method. Religion or custom accounted for a relatively small proportion, 7 percent. However, it was an important reason among Muslim respondents, cited in 21 percent of cases.

On Rodrigues Island, the overwhelming reasons given by three-fourths of women not interested in sterilization, were fear and dislike of the operation. Another 8 percent said their husband was opposed to sterilization, and 8 percent felt they were too young. Despite the fact that a vast majority of

women on Rodrigues are Roman Catholics, religion was cited by only 4 percent as a reason for not being interested.

The findings presented in this chapter indicate that there is considerable demand for sterilization on Mauritius Island, and to a lesser extent on Rodrigues Island. However, many women are not sterilized either for personal reasons, such as fear of the operation and its side effects and opposition of their husband, or because of institutional barriers, such as a lack of medical approval, and on Rodrigues, due to a lack of information and availability of the services. Thus, if it is possible, an increase of available services as well as IEC activities is very important. Even without an increase in the number of sterilizations performed, increased services are needed, since there is often a waiting list for the operation. If demand for services does increase, then service providers (in this case only the MOH) would need to anticipate such a change by making sure the system has the resources to deal with the increase.

13. NATURAL FAMILY PLANNING

A. Characteristics Of Action Familiale Clients

Table 57 compares the characteristics of Action Familiale (AF) clients with users of supplied methods and the total survey population. On Mauritius Island, whereas users of supplied methods are a slightly more rural group than the overall survey population, AF clients are far more likely to be urban dwellers. Action Familiale clients also tend to be much better educated when compared to either all respondents or respondents who are users of supplied methods.

Twice as many Action Familiale clients as others attended school beyond the primary level. In addition, more than twice as many AF clients compared to users of supplied methods have a "high" income level. Finally, AF clients have a slightly greater tendency to want more children than users of supplied methods, indicating that relative to other methods, natural methods are seen more as spacing methods than as birth limitation methods. (Even so, two-thirds of AF clients want no more children.)

On Rodrigues Island, the differences between AF clients and users of supplied methods and the general survey population are similar in direction but tend to be smaller. Action Familiale clients on Rodrigues Island are better educated, have higher incomes, and are more likely to want more children than others.

AF clients on Rodrigues report using the sympto-thermal method to a much greater extent than on Mauritius (81 percent vs. 63 percent), and are more likely to have been instructed at home in the use of NFP methods (84 percent vs. 73 percent). A greater percentage of AF clients on Mauritius are autonomous (i.e., have finished the training and followup period) than on

Rodrigues. All these differences probably stem from the fact that AF activities were established on Mauritius at an earlier date than on Rodrigues, therefore more Action Familiale clients on Mauritius would have completed their training and would be using natural methods which were taught before the sympto-thermal method was introduced.

B. Interest In The Sympto-Thermal Method

Those respondents who were fecund, had never used the sympto-thermal method, and had knowledge of the method were asked a series of questions regarding their interest in using this method. On Mauritius Island, only 15 percent of women familiar with the sympto-thermal method were interested in using it. Table 58 shows that 25 percent of these potentially interested women said they never used it because they did not know enough about it or its source; 24 percent said they had not yet needed any family planning method, while a further 10 percent stated they were using other methods instead. Smaller percentages reported thinking that the sympto-thermal method was difficult to use (8 percent), their husband disapproved (7 percent), or they were not using it on medical advice (7 percent). This suggests the majority of this group of women are candidates for Action Familiale recruitment efforts.

Slightly more rural women than urban women said they did not know enough about the method or its source, while fewer rural women were using other methods or were uncomfortable with checking symptoms. This suggests Action Familiale might benefit from increasing recruitment efforts in rural areas on Mauritius Island.

On Rodrigues Island, 29 percent of women familiar with the sympto-thermal method were interested in using it. Table 58 shows that more than one-third

of these women said they never used the method because they did not know enough about the method or source. A further 23 percent said they did not yet need family planning services, and 11 percent said they only recently became interested in the method. Sixteen percent said their husband disapproved, and 5 percent said that the method was difficult to use. The majority of women interested in using the sympto-thermal method on Rodrigues, therefore, seem to be good candidates for Action Familiale recruitment.

Table 59 shows that on Mauritius Island, 39 percent of women familiar with, but not interested in using the sympto-thermal method were not interested because they were satisfied with their current method. There are somewhat more of these women in urban than in rural areas. The next most important reasons given for not being interested were a perception that the method was difficult to use correctly (16 percent) and the belief that it was not effective enough (11 percent). Relatively few women in this group gave a reason which would suggest they would be candidates for recruitment by Action Familiale.

On Rodrigues Island, the 21 percent of women who said they did not understand the method are probably candidates for recruitment by Action Familiale.

14. KNOWLEDGE OF MAURITIUS FAMILY PLANNING ASSOCIATION ACTIVITIES

The Mauritius Family Planning Association (MFPA), a private nonprofit organization affiliated with the International Planned Parenthood Federation, has been providing family planning services in Mauritius and Rodrigues since 1957. Besides operating clinics, its activities include operation of a number of coin-operated condom vending machines, subsidized sale of condoms in shops, and family planning publicity, including radio and TV announcements.

All respondents were asked questions regarding their knowledge of the radio and TV family planning publicity, as well as their knowledge of the vending machines and the sale of condoms in shops other than pharmacies. As seen in Table 60, while approximately two-thirds of women on Mauritius Island are aware of family planning spots on radio and TV (whether from MFPA or the MOH), very few know of the condom vending machines or the availability of condoms in shops.

Slightly greater percentages of urban women were aware of all these activities compared with rural women. Also, slightly higher proportions of women in higher income, education, and occupation status groups are aware of each activity, except radio spots. This may be because women of higher socioeconomic status watch television more than they listen to the radio and might indicate that if the primary goal is to reach the groups most in need of family planning, the lower socioeconomic groups, it is just as effective to use radio as television. (However, this makes the assumption, not necessarily valid, that radio messages, once heard, are as effective as television messages.)

Table 61 shows that on Rodrigues Island a similar percentage of women had heard the MFPA radio spots as on Mauritius Island (there is no TV service on Rodrigues). There is little difference according to income, education, and age. However, unlike Mauritius, a substantial percentage of respondents (37 percent) are aware of condom vending machines, even though there is only one machine on the island, in Port Mathurin. This would suggest that additional condom vending machines on Rodrigues might have a greater impact than on Mauritius Island, especially in light of the fact that many people live far from sources of contraception.

15. SERVICE STATISTICS VERSUS SURVEY RESULTS

One of the objectives of the Mauritius Contraceptive Prevalence Survey was to assess the reliability of the service statistics of the family planning service providers--the MOH, MFPA, and AF. Table 62 displays a comparison of the numbers of current users of the contraceptive methods distributed or taught by those providers according to the survey (part A of Table) and service statistics (Part B of Table).

For Mauritius Island as a whole, we see that 32.6 percent and 27.3 percent of all women are currently using methods supplied through one of the public providers as estimated by service statistics and the CPS, respectively--a difference of 5.3 percentage points. Such a difference is quite small compared to those found in many other populations, indicating that MOH service statistics are quite reliable (Morris and Anderson, 1980.) Part of the difference many stem from the fact that the CPS has no data on never married women using contraception, while some never married women almost certainly do receive contraceptives. Among individual methods, the greatest differences are for pills, the sympto-thermal method and barrier methods, with service statistics showing about 2 percentage points greater use for each. These methods are probably the most difficult for recordskeeping and service statistics systems to monitor. When they or their records are not followed up, many clients who have stopped using may be counted for a time as current users in service statistics. Figures for tubal ligation and injectables, methods easier to monitor, are extremely consistent.

Of course it is possible that the CPS simply did not obtain complete counts of family planning users. However, in light of the fact that 75 percent of married women reportedly were using contraception, it is difficult to believe

there is an underestimation of use, unless some users of program methods preferred to report that they were using ineffective methods.

The district on Mauritius Island with the greatest disparity between the two sets of statistics is Port Louis, where 42 percent and 23 percent of women are program users, according to service statistics and the survey, respectively. This large difference is probably an artifact owing mainly to the fact that many women living in other areas of the island commute to work in Port Louis and may receive their family planning supplies there. The survey classifies women according to place of residence, while service statistics report place of service, so that women getting supplies away from their home district affects the comparison. Likewise, the other urban area, Plaines Wilhems, shows a difference in the same direction but not as large. Three of the four rural areas show quite close agreement between the two sets of data.

The difference between the two estimates for Rodrigues Island is very large, 51.5 percent from service statistics versions only 30.8 percent from the survey. Closer examination reveals that almost two-thirds of the difference comes from Action Familiale NFP methods. Adjusting the data for place of residence on Rodrigues reduced the disparity very slightly, but most of it remains unaccounted for. It would be useful for Action Familiale to try to resolve this difference by following up on a sample of couples it is counting as users to check the reliability of its statistics. If such a sampling confirmed AF's statistics, then it would cast doubt on the survey use results for Rodrigues.

16. PLACE OF LAST DELIVERY

Table 63 shows data on the place in which Mauritius Island respondents' most recent delivery after 1981 took place, according to the characteristics of these women. More than three-fourths of births occurred in public or private health facilities (73 and 4 percent, respectively), while 16 percent of births reportedly took place at home without a nurse. The proportion of last births occurring in public health facilities is highest among 15-19-year-olds, 89 percent, and decreases steadily until age 35. Older women are not only more likely to have had their most recent birth in a private facility or at home with a nurse, but also at home without a nurse. As might be expected, urban women are more likely than rural women to have had their last birth in a public or private facility than at home. The same is true of Muslim and Christian women compared to Hindu women, although this is probably because, unlike Hindus, Muslims and Christians live mainly in urban areas.

As education levels rise, women are increasingly likely to have delivered at a health facility and correspondingly less likely to have delivered at home. Virtually all deliveries in private facilities are to women with high educational attainment. As income increases, the percentage of births in private health facilities increases dramatically from less than 1 percent to 21 percent. The proportion of births in public facilities does not change with income, but the likelihood of home births, not suprisingly, declines sharply with increasing income.

Table 64 shows the place of last delivery for Rodrigues Island. Overall, about the same proportion of births occur in health facilities as on Mauritius Island. Also, like Mauritius, the percentage having their most recent birth in a health facility decreases until age 35, when there is an increase. One

reason for this is possibly that women are more likely to be in a high risk group when having a birth at this age and therefore are counseled to give birth in a health facility.

Unlike Mauritius, women with higher education and income on Rodrigues are more likely to give birth at home, with or without a nurse. The use of health facilities generally decreases with increasing age on Rodrigues.

17. RECOMMENDATIONS

At a seminar in Mauritius in August 1986 to discuss the survey results the following recommendations were made to the Family Planning Division of the Ministry of Health.

A. Policy Changes

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 as a method 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 sterilization.

B. Program Organization and Administration

1. Paramedics should be trained to insert IUD's.

2. More family planning facilities are needed on Rodrigues

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

C. Medical

1. Depo-Provera should be encouraged, particularly in urban areas.

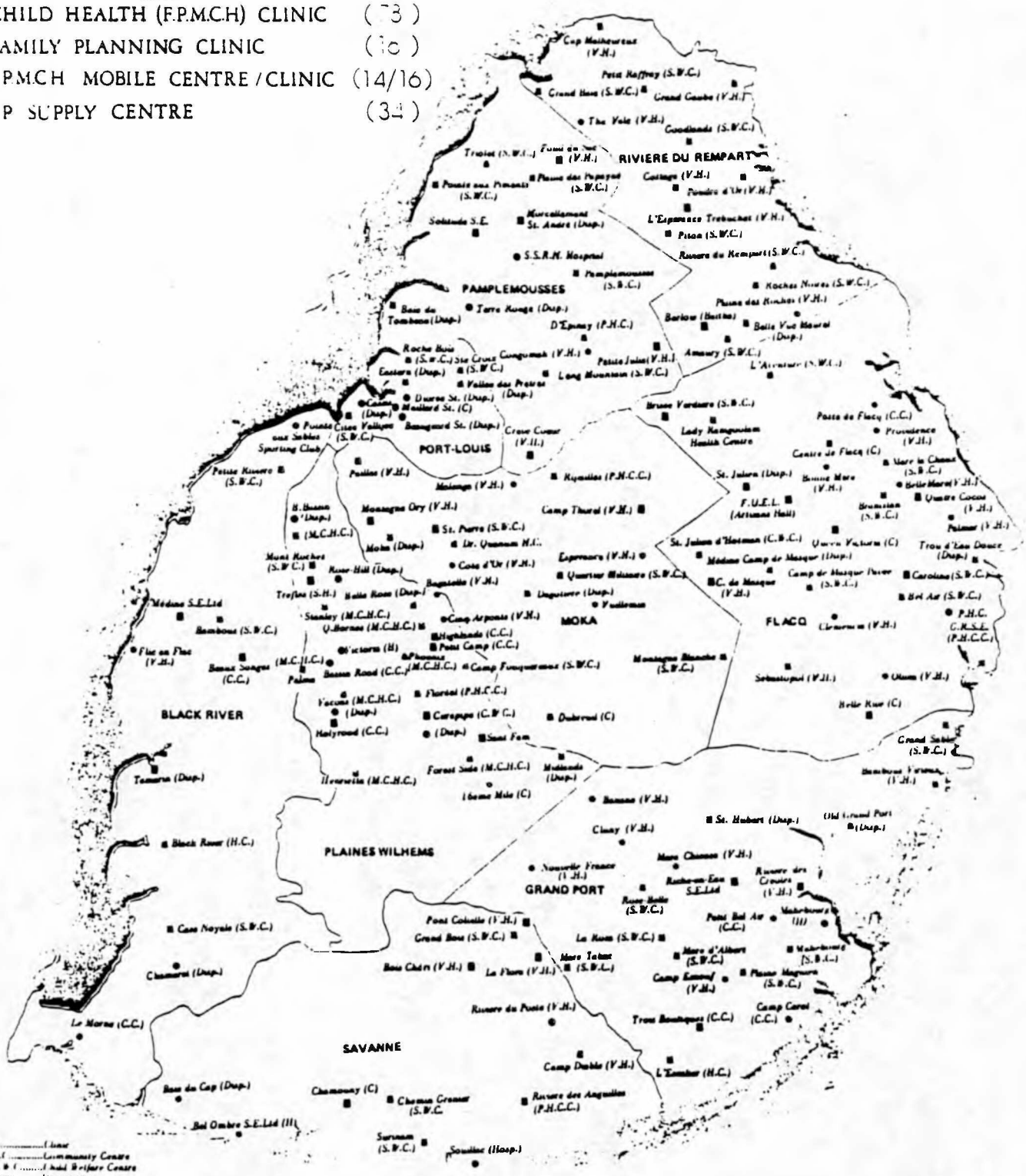
2. Vasectomy should be encouraged through IEC campaigns and by providing facilities.

MINISTRY OF HEALTH

FIGURE 1

FAMILY PLANNING, MATERNAL AND CHILD HEALTH SERVICE POINTS (1984)

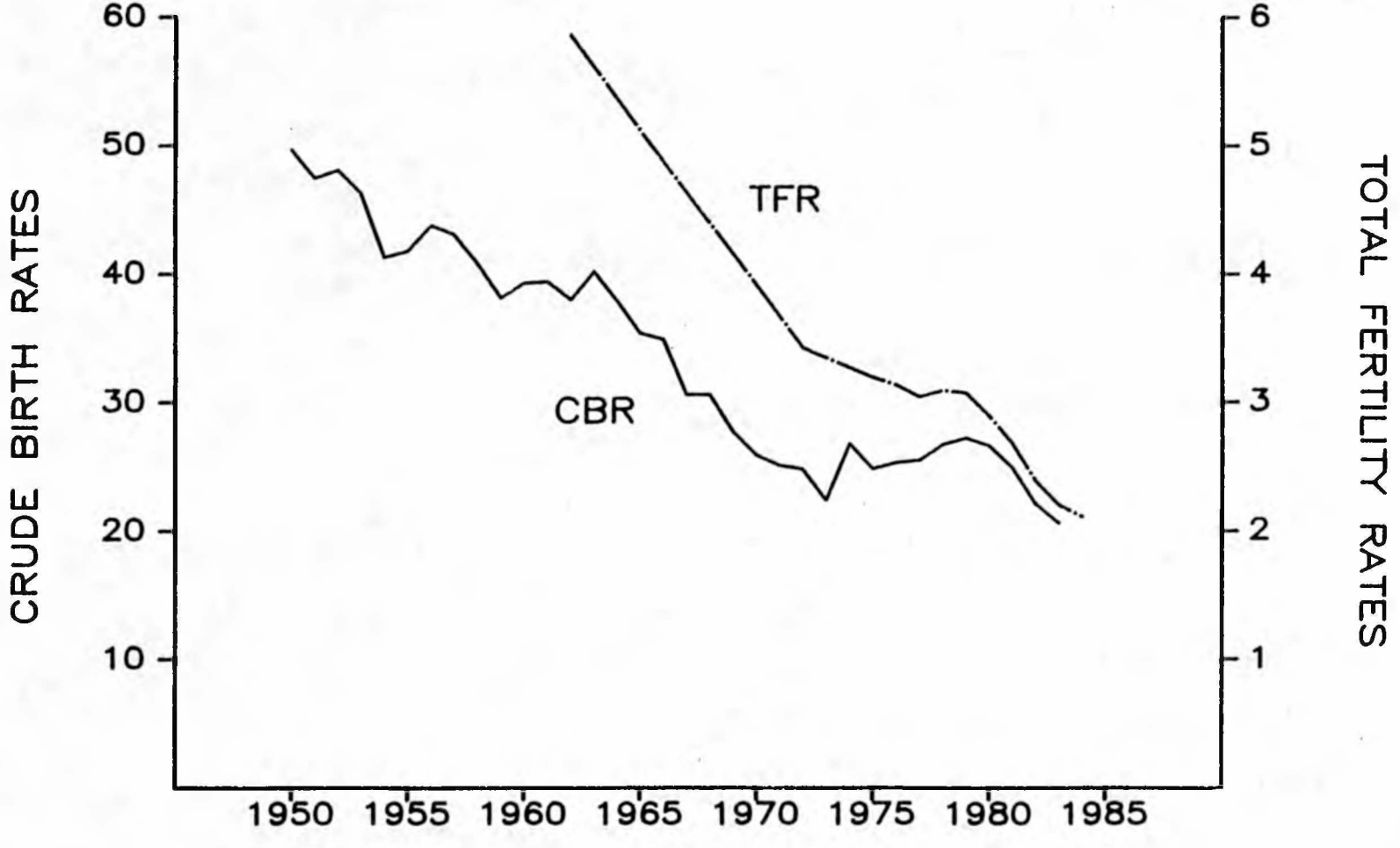
- FAMILY PLANNING MATERNAL AND CHILD HEALTH (F.P.M.C.H) CLINIC (73)
- FAMILY PLANNING CLINIC (16)
- F.P.M.C.H MOBILE CENTRE / CLINIC (14/16)
- F.P. SUPPLY CENTRE (34)



1 C.....Clinic
2 C.C.....Community Centre
3 C.W.C.....Child Welfare Centre
4 Disp.....Dispensary
5 H.C.....Health Centre
6 H.....Hospital
7 M.C.H.C.....Maternal and Child Health Centre
8 P.H.C.C.....Primary Health Care Centre
9 S.W.C.....Social Welfare Centre
10 V.H.....Village Hall

FIGURE 2

TOTAL FERTILITY RATES 1962–1984 AND
CRUDE BIRTH RATES 1950–1984
MAURITIUS ISLAND



SOURCE: MAURITIUS VITAL STATISTICS

TABLE 2

Mauritius: Percent Distribution of Women Aged 15-49 According to Residence: 1983 Census and 1985 Mauritius Contraceptive Prevalence Survey (CPS)

ALL WOMEN

Age Group	1983 Census				1985 CPS*			
	Mauritius Island			Rodrigues Island	Mauritius Island			Rodrigues Island
	Total	Urban	Rural		Total	Urban	Rural	
15-19	21.7	20.6	22.5	26.3	17.1	15.1	17.9	21.1
20-24	20.1	19.8	20.3	20.3	21.1	20.4	21.1	23.2
25-29	17.2	17.1	17.3	15.2	18.8	18.8	19.0	17.8
30-34	14.9	14.6	15.1	10.3	14.4	15.5	14.3	10.3
35-39	10.7	11.0	10.5	10.0	11.7	11.4	12.5	8.5
40-44	7.9	8.7	7.3	9.9	9.1	10.1	8.2	9.7
45-49	7.5	8.2	7.0	7.9	7.9	8.8	7.0	9.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	(259,761)	(111,518)	(148,243)	(7,373)	(4,976)	(1,931)	(2,548)	(495)

EVER-MARRIED WOMEN

15-19	3.8	3.6
20-24	16.2	17.4
25-29	20.8	22.3
30-34	20.2	18.8
35-39	15.6	15.6
40-44	11.9	11.8
45-49	11.5	10.4
Total	100.0	100.0
N	(162,858)	(3,280)

*Information on all women comes from the household questionnaires, while information on ever-married women comes from the individual questionnaires.

TABLE 3

Percent Distribution of
Selected Socioeconomic Characteristics of Respondents
1985 Mauritius Contraceptive Prevalence Survey

Characteristics	Mauritius Island			Rodrigues Island
	Total	Urban	Rural	
Respondent's Occupation				
Not employed	78.5	76.1	80.3	70.2
Unskilled/Agriculture	13.3	11.5	14.5	26.2
Skilled/Professional	8.2	12.4	5.2	3.6
Husband's Occupation				
Unskilled/Agriculture	46.7	28.6	59.7	76.4
Professionals/Artisans	31.3	40.2	25.0	13.7
Small business/Officials	12.8	20.9	7.0	3.1
Others, unknown	9.2	10.3	8.3	6.7
Respondent's Education Level				
No school	18.5	9.6	25.0	18.4
Some primary	33.7	34.0	33.5	61.7
Completed primary	22.9	22.9	22.9	15.5
Some secondary	15.0	19.5	11.8	3.1
Completed SC	8.2	11.7	5.7	1.3
Completed HS	0.9	1.3	0.6	0.0
Any university	0.8	1.0	0.6	0.0
Husband's Education Level				
No school	10.4	5.1	14.2	17.9
Some primary	30.6	26.8	33.2	55.2
Completed primary	24.7	23.3	25.6	12.2
Some secondary	16.5	18.9	14.8	3.9
Completed SC	12.3	17.3	8.8	2.3
Completed HS	1.6	2.4	1.0	0.0
Any university	2.1	2.9	1.5	0.0
Not answered, unknown	1.9	3.3	0.8	8.6
Ability to Read a Newspaper				
Can read	64.5	78.9	54.1	48.2
Cannot read	35.5	21.1	45.9	51.8
Religion				
Hindu	58.7	40.5	71.8	0.3
Christian	24.4	34.4	17.1	97.6
Muslim	16.8	24.8	11.0	2.1
Others	0.2	0.4	0.1	0.0
First Language Spoken at Home				
Creole	89.0	96.8	83.4	99.7
Bhojpuri	9.5	0.8	15.7	0.3
French	1.1	1.9	0.5	0.0
Other	0.4	0.5	0.4	0.0
Total	100.0	100.0	100.0	100.0
N	(3280)	(1372)	(1908)	(386)

TABLE 4

Percent Distribution of
Socioeconomic Characteristics of Households Sampled
1985 Mauritius Contraceptive Prevalence Survey

Characteristics	Mauritius Island			Rodrigues Island
	Total	Urban	Rural	
Source of Water				
Piped into house	82.1	93.0	73.1	32.0
Public faucet	10.1	3.0	15.9	18.1
Piped to neighbor's house	5.7	3.8	7.4	5.2
Truck	1.9	0.0	3.5	0.0
River, lake, spring	0.1	0.0	0.2	36.3
Well	0.0	0.0	0.0	8.2
Unknown/Other	0.1	0.3	0.0	0.2
Type of Toilet				
Flush toilet	56.5	80.8	36.5	3.6
Pit latrine	43.3	18.7	63.6	96.2
Other	0.2	0.5	0.0	0.2
Number of Bedrooms*				
1	28.4	27.3	29.3	38.6
2	44.0	42.8	45.1	47.6
3	19.8	22.4	17.6	11.3
4+	7.4	6.9	7.8	2.1
Monthly Household Income**				
Less than Rs 1201 (Low)	48.6	44.6	51.8	42.2
Rs 1201-2500 (Medium)	35.9	33.0	38.3	41.7
Greater than Rs 2500 (High)	11.7	14.6	9.4	2.5
Unknown	3.8	7.8	0.5	13.6
Possession of***				
Radio	82.1	88.2	77.1	48.5
Television	73.4	80.0	67.9	0.0
Refrigerator	27.8	42.0	16.1	2.3
TOTAL	100.0	100.0	100.0	100.0
N	(3595)	(1623)	(1970)	(441)

*A total of 0.5 percent households had an unknown number of bedrooms.

**At the time of the survey the monthly income categories translated into United States Dollars were roughly: Low $0-$80
Medium $80-$170
High $170+

***Not distributions but percent of households containing each item.

TABLE 5

Percent of Women in Marital Union*, by Age Group
and Percent Distribution of Women's Marital Status, by Residence
1983 Census and 1985 Mauritius Contraceptive Prevalence Survey

A. Percent in Union	1983 Census		1985 CPS			
	Mauritius	Rodrigues	Mauritius Island			Rodrigues
Age Group	Island	Island	Total	Urban	Rural	Island
15-19	10.5	18.9	16.7	16.2	17.1	27.6
20-24	47.9	61.0	60.1	55.8	63.2	72.2
25-29	70.8	80.3	83.4	79.6	86.2	94.3
30-34	76.8	83.3	88.6	88.0	89.0	92.2
35-39	79.1	85.3	86.4	86.8	86.2	95.2
40-44	78.8	83.7	85.9	84.6	87.1	85.4
45-49	75.0	79.9	77.8	82.2	73.6	82.6
15-49	52.6	61.4	68.4	68.0	68.6	72.7
B. Marital Status						
Married	54.0	51.5	66.0	65.8	66.2	57.6
Consensual union	1.9	9.9	2.3	2.2	2.4	15.4
Sep/Wid/Div	6.8	4.1	6.1	5.0	7.0	8.1
Never married	37.3	34.5	25.5	27.0	24.4	19.0
Total	100.0	100.0	100.0	100.0	100.0	100.0

*Civil or religious marriage or consensual union.

TABLE 6

Percent Distributions of Educational Attainment of Females on Mauritius Island by Age According to the 1985 Mauritius Contraceptive Prevalence Survey* and the 1983 Mauritius Census**

Educational Attainment	Current Age							
	15-19		20-24		25-34		35-44	
	S	C	S	C	S	C	S	C
No school	4.1	3.9	5.4	4.5	11.6	12.8	29.7	31.2
Some primary	27.0	28.5	24.1	20.7	31.0	31.8	35.6	29.9
Complete primary	16.6	29.0	20.3	29.7	28.5	31.0	19.5	20.8
Some secondary	38.7	33.1	28.3	26.6	14.0	16.1	9.4	11.0
Completed SC	12.2	7.2	18.8	15.4	11.9	9.4	4.7	4.3
Completed HSC***	1.4	0.8	3.0	5.2	3.1	4.4	1.0	2.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

S=1985 Mauritius Contraceptive Prevalence Survey
C=1983 Mauritius Census

*Based on information for all women from the household questionnaire.
**Census figures only include women not currently attending school.
***Includes women who have attended university.

TABLE 7

Fertility Measures* and Age-Specific Fertility Rates,* by Residence
1985 Mauritius Contraceptive Prevalence Survey

	Residence			
	Mauritius Island			
	Total	Urban	Rural	Rodrigues
Crude Birth Rate/1000	19.6 (19.6)	18.3	20.2	32.6
General Fertility Rate/1000	72.7 (72.7)	66.3	77.0	135.6
Total Fertility Rate	1.98 (2.11)	1.87	2.08	4.41
Age-Specific Fertility Rates				
15-19	.025 (.038)	.017	.032	.048
20-24	.113 (.128)	.093	.129	.184
25-29	.123 (.123)	.128	.125	.244
30-34	.068 (.079)	.084	.056	.148
35-39	.048 (.040)	.040	.055	.165
40-44	.016 (.013)	.013	.019	.082
45-49	.000 (.002)	.000	.000	.010

*Based on reports of births during the 24 months prior to interview.

NOTE: Numbers in parentheses are based on Mauritian vital statistics data, 1984 provisional estimates.

TABLE 8

Mean Number of Children Born Alive, by Years Since Respondent Was First Married According to Respondent Characteristics
1985 Mauritius Contraceptive Prevalence Survey

	Total*	Years Since First Married					
		0-4	5-9	10-14	15-19	20-24	25+
MAURITIUS--All Women	3.3	1.1	2.0	2.9	3.6	4.5	5.8
Residence							
Urban	3.0	1.1	1.9	2.8	3.1	4.0	5.5
Rural	3.4	1.1	2.1	2.9	4.0	4.8	6.0
Education							
No school	3.6	**	2.1	3.2	4.7	5.3	6.1
Incomplete primary	3.3	1.1	2.1	2.9	3.8	4.3	5.9
Complete primary	3.0	1.1	2.1	2.7	3.2	4.3	5.0
Any secondary	2.8	1.1	1.8	2.6	2.8	3.1	4.0
Household Income							
Low	3.4	1.1	2.1	3.0	3.8	4.6	6.1
Medium	3.3	1.1	2.0	2.8	3.6	4.6	5.9
High	2.8	1.0	1.8	2.6	3.0	3.4	4.8
Religion							
Hindu	3.3	1.1	2.0	2.9	3.7	4.6	5.9
Christian	3.2	1.1	2.1	2.9	3.7	4.2	5.7
Muslim	3.1	1.0	1.9	2.6	3.5	4.3	5.8
RODRIGUES--All women	4.6	1.3	2.5	3.9	5.7	7.7	8.1

*Standardized to years since marriage distribution for the Mauritius Island sample.
**Fewer than 25 cases.

TABLE 9

Percent of Children Born After 1981 Ever Breast-fed*
and Mean Duration of Breast-feeding
According to Selected Characteristics of Mothers
1985 Mauritius Contraceptive Prevalence Survey

Mother's Characteristics	% Ever Breast-fed	Mean Breast-feeding Duration (Months)	
		All Children	Children Ever Breast-fed
MAURITIUS-All Women	86.1	11.9	13.6
Residence			
Urban	81.8	7.8	9.4
Rural	88.9	14.5	16.0
Age			
15-24	87.1	10.0	11.7
25-34	85.8	12.8	14.2
35-44	90.3	16.2	19.2
Education			
Less than complete primary	87.2	14.7	17.2
Complete primary	84.6	11.8	12.7
More than complete primary	85.9	8.3	9.5
Employment			
Not employed	86.4	12.0	13.9
Unskilled/agricultural	87.6	17.8	18.5
Skilled/professional	82.2	6.5	7.1
Income			
Low	86.6	13.4	15.1
Middle	86.2	11.7	13.3
High	88.6	8.6	9.5
Religion			
Hindu	87.3	13.7	15.4
Muslim	88.3	8.4	9.9
Christian	82.1	10.4	12.0
Year of Birth			
1982-83	85.6	**	**
1984-85	86.6	**	**
RODRIGUES-All Women	94.9	15.2	15.4

*Includes only most recent birth to each respondent.
**Not able to be accurately estimated from survey data.

TABLE 10

Percent Distribution of Current Breast-Feeding Status According to Age of Child, by Residence and Mother's Education 1985 Mauritius Contraceptive Prevalence Survey

Residence and Child's Age (Months)	Current Breast-Feeding Status: Total	Fully Breast-fed	Partially Breast-fed*	Not Breast-fed	N
Mauritius Island					
Total					
0-2	100.0	21.6	59.1	19.3	(88)
3-5	100.0	13.2	52.8	34.1	(91)
6-11	100.0	10.9	29.7	59.4	(212)
12-17	100.0	3.9	27.4	68.7	(179)
18-23	100.0	2.9	30.3	66.9	(175)
24-35	100.0	2.3	13.9	83.8	(396)
Residence					
Urban					
0-2	100.0	16.7	55.6	27.8	(36)
3-5	100.0	18.4	36.8	44.7	(38)
6-11	100.0	3.8	15.0	81.3	(80)
12-17	100.0	2.7	13.3	84.0	(75)
18-23	100.0	0.0	26.4	73.6	(153)
24-35	100.0	0.7	6.5	92.8	(102)
Rural					
0-2	100.0	25.0	61.5	13.5	(52)
3-5	100.0	9.4	64.2	26.4	(53)
6-11	100.0	15.2	38.6	46.2	(132)
12-17	100.0	4.8	37.5	57.7	(104)
18-23	100.0	4.9	33.0	62.1	(103)
24-35	100.0	3.3	18.5	78.2	(243)
Education					
<Complete primary					
0-2	100.0	23.5	52.9	23.5	(34)
3-5	100.0	17.1	57.1	25.7	(35)
6-11	100.0	18.3	39.4	42.3	(104)
12-17	100.0	6.7	34.7	58.7	(75)
18-23	100.0	6.3	31.7	62.0	(79)
24-35	100.0	4.0	21.3	74.7	(174)
>Complete primary					
0-2	100.0	20.4	63.0	16.7	(54)
3-5	100.0	10.7	50.0	39.3	(56)
6-11	100.0	3.7	20.4	75.9	(108)
12-17	100.0	1.9	22.1	76.0	(104)
18-23	100.0	0.0	29.2	70.8	(96)
24-35	100.0	0.9	8.1	91.0	(222)
Rodrigues Island					
Total					
0-5	100.0	59.3	40.7	0.0	(27)
6-11	100.0	35.7	40.5	23.8	(42)
12-17	100.0	17.1	37.1	45.7	(35)
18-23	100.0	4.4	23.9	71.7	(46)
24-35	100.0	0.0	4.3	95.7	(70)

*Receiving nonmaternal milk regularly as well as being breast-fed.

TABLE 11

Percent of Women Whose Menstrual Period Has Not Returned* According to Months Since Most Recent Birth, by Residence
1985 Mauritius Contraceptive Prevalence Survey

Months Since Last Birth	Residence			
	Mauritius Island			Rodrigues Island
	Total	Urban	Rural	
<2	69.6	57.1	77.1	**
2-3	41.4	50.0	34.2	**
4-5	20.4	21.1	20.0	**
6-11	10.5	4.5	13.6	31.1
12-23	2.4	2.2	2.6	11.5
Mean length of amenorrhea***	3.3	3.0	3.5	6.5

*If a woman reported becoming pregnant before her period returned, she is considered to have had her period return.

**Fewer than 25 cases.

***Based on prevalence/incidence method: $\frac{\text{No. Women Amenorrheic}}{\text{Women with Births in the Past 12 Months.}} \times 11.5$

TABLE 12

Percent Distribution of Planning Status of Most Recent Pregnancy
According to Respondent Characteristics
for Women Aged 15-49 Pregnant After 1979
Mauritius Island
1985 Mauritius Contraceptive Prevalence Survey

Characteristic	Total	Planning Status of Last Pregnancy				N
		Planned	Mistimed	Unwanted	Unsure	
All Women	100.0	73.2	9.4	17.0	0.5	(1,889)
Residence						
Urban	100.0	74.9	8.7	16.0	0.4	(761)
Rural	100.0	72.0	9.8	17.6	0.5	(1,128)
Age						
15-19	100.0	91.1	7.6	1.3	0.0	(79)
20-24	100.0	81.6	12.4	5.0	1.0	(500)
25-29	100.0	80.5	8.6	10.7	0.2	(605)
30-34	100.0	69.1	7.4	23.2	0.3	(392)
35-39	100.0	50.5	8.0	41.0	0.9	(212)
40-49	100.0	36.6	10.9	51.5	1.0	(101)
Living Children*						
0-1	100.0	89.6	8.4	1.5	0.6	(1,096)
2-3	100.0	57.9	12.0	30.0	0.2	(567)
4-5	100.0	37.8	7.4	54.7	0.0	(148)
6+	100.0	20.5	7.7	69.2	2.6	(78)
Education						
Less than complete primary	100.0	66.6	9.3	23.6	0.6	(862)
Complete primary	100.0	72.8	11.6	15.2	0.4	(474)
More than complete primary	100.0	83.7	7.6	8.3	0.4	(553)
Household Income**						
Low	100.0	69.8	10.5	19.4	0.3	(896)
Medium	100.0	73.7	9.1	16.6	0.6	(712)
High	100.0	86.8	4.8	7.5	0.9	(228)
Religion						
Hindu	100.0	71.3	8.8	19.2	0.7	(1,125)
Muslim	100.0	72.7	13.5	13.5	0.3	(297)
Christian	100.0	78.1	8.0	13.4	0.0	(465)

*Prior to pregnancy
**Excludes 53 cases with unknown household income level.

TABLE 13

Percent Distribution of Planning Status of Most Recent Pregnancy
According to Respondent Characteristics
For Women Aged 15-49 Pregnant After 1979
Rodrigues Island
1985 Mauritius Contraceptive Prevalence Survey

Characteristics	Total	Planning Status of Last Pregnancy				N
		Planned	Mistimed	Unwanted	Unsure	
All Women	100.0	62.5	12.5	24.3	0.7	(288)
Age						
15-19	100.0	86.2	6.9	6.9	0.0	(29)
20-24	100.0	79.6	8.9	10.1	1.3	(79)
25-29	100.0	61.9	17.9	20.2	0.0	(84)
30-34	100.0	60.0	7.5	32.5	0.0	(40)
35-49	100.0	28.6	16.1	53.6	1.8	(56)
Living Children*						
0-1	100.0	81.9	8.7	8.7	0.8	(127)
2-3	100.0	65.8	18.4	15.8	0.0	(76)
4-5	100.0	39.0	9.8	51.2	0.0	(41)
6+	100.0	22.7	15.9	59.1	2.3	(44)
Education						
Less than complete primary	100.0	61.9	10.8	26.5	0.9	(223)
Complete primary or more	100.0	64.6	18.5	16.9	0.0	(65)
Income						
Low	100.0	65.8	8.8	29.4	0.0	(114)
Medium/high	100.0	55.1	15.4	27.9	1.5	(136)
Unknown	100.0	79.0	13.1	7.9	0.0	(38)

*Prior to pregnancy.

TABLE 14

Percent Distribution of Current Pregnancy Intention According to Respondent Characteristics, Fecund Women* in Union Aged 15-49 Mauritius Island 1985 Contraceptive Prevalence Survey

Characteristics	Total	Current Pregnancy Intention: Currently Pregnant	Desire Preg. Now	Do Not Desire Preg. Now	Undecided	N
All Women	100.0	8.3	5.4	85.7	0.6	(2,649)
Residence						
Urban	100.0	8.8	4.9	85.3	1.0	(1,115)
Rural	100.0	7.9	5.8	86.0	0.3	(1,534)
Age						
15-19	100.0	26.1	14.8	59.1	0.0	(115)
20-24	100.0	15.7	6.0	78.0	0.4	(549)
25-29	100.0	9.6	7.9	81.6	0.9	(669)
30-34	100.0	4.8	3.8	90.8	0.6	(523)
35-39	100.0	3.3	4.3	91.4	1.0	(394)
40-44	100.0	0.4	1.2	98.4	0.0	(254)
45-49	100.0	0.0	0.7	98.6	0.7	(145)
Living Children						
0	100.0	40.0	29.1	30.6	0.4	(258)
1	100.0	11.4	7.7	79.7	1.2	(517)
2-3	100.0	3.7	1.8	93.8	0.8	(1,197)
4+	100.0	1.9	1.2	96.9	0.0	(677)
Income						
Low	100.0	8.6	5.8	85.0	0.5	(1,154)
Medium	100.0	6.9	4.8	87.6	0.7	(1,035)
High	100.0	11.5	6.6	81.1	0.8	(365)
Unknown	100.0	6.3	3.2	90.5	0.0	(95)

*Reported as able to become pregnant.

TABLE 15

Percent Distribution of Current Pregnancy Intention
According to Respondent Characteristics
Fecund Women in Union Aged 15-49
Rodrigues Island
1985 Mauritius Contraceptive Prevalence Survey

Characteristics	Total	Current Pregnancy Intention: Currently Pregnant	Desire Preg. Now	Doesn't Desire Preg. Now	Undecided	N
All Women	100.0	13.7	4.6	78.4	3.3	(306)
Age						
15-24	100.0	18.2	7.0	70.6	4.3	(187)
25-34	100.0	5.1	1.3	91.0	2.6	(78)
35-49	100.0	9.8	0.0	90.2	0.0	(41)
Living Children						
0	100.0	----	----	----	----	(18)*
1	100.0	15.9	9.5	66.7	7.9	(63)
2-3	100.0	8.9	5.0	82.2	4.0	(101)
4+	100.0	11.3	0.0	87.9	0.8	(124)
Income**						
Low	100.0	19.0	3.5	74.1	3.5	(116)
Medium/high	100.0	6.7	8.3	84.8	0.7	(145)

*Fewer than 25 cases.

**Excludes 45 cases with unknown household income. See Table 2 for definition of income categories.

TABLE 16

Percent Distribution of Number of Additional Children Desired by Residence, Age, and Number of Living Children
Fecund Women in Union Aged 15-49
Mauritius Island
1985 Mauritius Contraceptive Prevalence Survey

	Total	Additional Children Desired*					N
		0	1	2	3	Unsure	
All Women	100.0	69.5	19.8	6.2	0.8	3.7	(2631)
Residence							
Urban	100.0	67.2	20.5	7.3	0.7	4.2	(1107)
Rural	100.0	71.1	19.2	5.4	0.9	3.3	(1524)
Age							
15-19	100.0	17.4	42.6	30.4	5.2	4.4	(115)
20-24	100.0	41.2	37.7	13.6	1.7	5.9	(546)
25-29	100.0	60.7	27.7	5.0	0.6	6.1	(661)
30-34	100.0	82.9	11.7	2.1	0.4	2.9	(521)
35-39	100.0	92.4	4.1	2.0	0.0	1.5	(392)
40-49	100.0	98.0	1.3	0.5	0.3	0.0	(396)
Living Children**							
0	100.0	5.9	17.8	84.5	7.2	4.6	(152)
1	100.0	20.9	61.9	8.8	1.6	6.8	(556)
2	100.0	76.9	16.7	1.3	0.1	4.9	(711)
3	100.0	92.4	4.4	1.1	0.2	2.1	(524)
4+	100.0	97.7	1.0	0.3	0.0	1.0	(688)

*If currently pregnant, refers to after pregnancy ends.
**If currently pregnant, the number of living children has been increased by one.

TABLE 17

Percent Distribution of Number of Additional Children Desired
by Age and Number of Living Children
Fecund Women in Union Aged 15-49
Rodrigues Island
1985 Mauritius Contraceptive Prevalence Survey

	Total	Additional Children Desired*					N
		0	1	2	3	Unsure	
All Women	100.0	71.6	16.8	5.6	1.0	5.0	(303)
Age							
15-24	100.0	56.2	23.8	11.4	2.9	5.7	(105)
25-34	100.0	70.2	19.4	4.0	0.0	6.5	(124)
35+	100.0	95.6	2.7	0.0	0.0	1.4	(74)
Living Children**							
0	100.0	----	----	----	----	---	(9)***
1	100.0	39.3	36.1	14.8	1.6	8.2	(61)
2	100.0	52.5	32.8	6.6	3.3	4.9	(61)
3	100.0	85.1	8.5	2.1	0.0	4.3	(47)
4+	100.0	93.6	2.4	0.0	0.0	4.0	(125)

*If currently pregnant, refers to after pregnancy ends.
**If currently pregnant, the number of living children has been increased by one.
***Fewer than 25 cases.

TABLE 18

Percentage of Women With Knowledge of Contraceptive Methods, by Education and Residence
Women in Union Aged 15-49
Mauritius Island
1985 Mauritius Contraceptive Prevalence Survey

Method	All Women	Residence		Education		
		Urban	Rural	Less Than Complete Primary	Complete Primary	More Than Complete Primary
Any method	99.9	100.0	99.9	99.9	100.0	100.0
Pill	99.7	99.7	99.7	99.5	100.0	99.8
Female Steril.	98.2	98.6	97.8	97.4	99.2	98.6
Condom	97.5	97.9	97.2	96.6	98.7	98.2
Injection	96.0	93.2	98.0	97.0	98.2	91.9
IUD	93.5	94.9	92.5	92.3	95.5	94.1
Foam/Jelly	57.8	52.6	61.6	54.9	60.5	61.0
Male Steril.	49.7	56.7	44.5	40.5	49.9	67.2
Diaphragm	20.5	26.1	16.4	15.8	20.3	29.9
Any Supplied Method	99.9	99.9	99.5	99.9	100.0	100.0
Temperature only	88.0	91.9	85.1	83.4	91.5	93.8
Calendar	68.3	74.1	64.0	61.1	71.4	79.4
Sympto-thermal	47.0	33.0	57.3	37.1	53.0	60.5
Billings	32.1	24.0	38.2	21.6	40.2	45.2
Any NFP Method	94.5	96.2	93.3	91.6	96.3	98.6
Withdrawal	81.3	83.3	79.8	78.5	81.4	86.7
N	(3,020)	(1,286)	(1,734)	(1,521)	(709)	(790)

TABLE 19

Percentage of Women With Knowledge of Contraceptive Methods, by Education
Women in Union Aged 15-49
Rodrigues Island
1985 Mauritius Contraceptive Prevalence Survey

Method	All Women	Education: Less Than Complete Primary	Education: Complete Primary or More
Any Method	100.0	100.0	100.0
Pill	99.7	99.6	100.0
Female Sterilization	90.6	78.7	97.3
Condom	98.7	98.6	100.0
Injection	99.7	99.6	100.0
IUD	96.0	95.0	100.0
Foam/jelly	52.0	50.9	56.0
Male Sterilization	61.4	60.7	64.0
Diaphragm	31.0	30.0	34.7
Any Supplied Method	100.0	100.0	100.0
Temperature only	92.3	91.3	96.0
Calendar	65.9	63.5	74.7
Sympto-Thermal	94.3	93.1	98.7
Billings	85.2	82.7	94.7
Any NFP Method	98.0	97.5	100.0
Withdrawal	67.6	65.3	76.0
N	(352)	(277)	(75)

TABLE 20

Percentage of Women Who Have Ever Used Contraceptive Methods, by Education and Residence
Women in Union Aged 15-49
Mauritius Island
1985 Mauritius Contraceptive Prevalence Survey

Method	All Women	Residence		Education		
		Urban	Rural	Less Than Complete Primary	Complete Primary	More Than Complete Primary
Any method	86.0	87.2	85.2	84.4	89.3	86.3
Pill	64.4	64.9	64.0	68.2	67.3	54.5
Condom	37.9	40.8	35.8	37.1	39.9	37.7
Injection	17.4	17.5	24.8	23.7	16.8	6.0
Foam, jelly	7.4	5.0	9.2	8.3	7.5	5.6
IUD	5.4	6.2	4.8	5.4	6.9	4.1
Female Sterilization	4.7	5.2	4.3	6.2	4.9	1.7
Diaphragm	0.0	0.0	0.0	0.0	0.0	0.0
Any Supplied Method	76.2	76.1	76.2	78.7	79.1	68.6
Calendar	20.2	27.1	15.2	36.4	37.0	38.0
Temperature only	10.7	15.3	7.3	9.2	10.0	14.3
Sympto-thermal	9.2	8.5	9.7	3.6	12.8	17.2
Billings	1.3	1.5	1.2	0.5	1.4	2.8
Any Natural Method	33.7	41.5	28.0	23.2	35.5	52.4
Withdrawal	36.9	36.7	37.1	49.6	23.5	26.9
N	(3,020)	(1,286)	(1,734)	(1,521)	(709)	(790)

TABLE 21

Percentage of Women Who Have Ever Used Contraceptive Methods, by Education
Women in Union Aged 15-49
Rodrigues Island
1985 Mauritius Contraceptive Prevalence Survey

Method	All Women	Education	
		Less Than Complete Primary	Complete or More Primary
Any Method	77.3	76.2	81.3
Pill	50.0	51.6	44.0
Condom	23.5	23.3	25.9
Injection	21.0	22.4	16.0
Foam, jelly	4.3	4.7	2.7
IUD	4.0	3.3	6.7
Female Sterilization	2.0	1.8	2.7
Diaphragm	0.0	0.0	0.0
Any Supplied Method	63.6	65.0	58.7
Calendar	2.8	1.8	6.7
Temperature only	8.5	7.6	12.0
Sympto-thermal	27.3	24.2	38.7
Billings	1.7	1.4	2.7
Any Natural Method	34.7	30.3	50.7
Withdrawal	10.5	10.9	10.7
N	(352)	(277)	(75)

TABLE 22

Percent Distribution of Number of Living Children When Respondent First Started Using Contraception According to Method First Used
Women Aged 15-49 Who Have Used Contraception
1985 Mauritius Contraceptive Prevalence Survey

First Method Used	Total	Number of Living Children When First Started Using 0	1	2-3	4+	N
Mauritius Island						
Pill	100.0	15.6	41.0	27.2	16.1	(1718)
Condom	100.0	17.9	43.0	29.4	9.8	(235)
Injection	100.0	1.0	25.0	33.7	40.4	(104)
IUD	100.0	0.0	34.6	26.9	38.5	(26)
Sympto-thermal	100.0	46.4	36.0	13.6	4.0	(125)
Temperature	100.0	36.1	31.4	19.6	12.9	(194)
Calendar	100.0	39.3	35.6	13.1	12.0	(191)
Withdrawal	100.0	37.7	33.9	15.8	12.7	(292)
Total*	100.0	21.6	38.6	24.4	15.3	(2885)
Rodrigues Island						
Pill	100.0	12.9	36.1	33.3	17.7	(147)
Sympto-thermal	100.0	17.6	31.1	28.4	23.0	(74)
Total**	100.0	14.5	34.4	31.7	19.5	(221)

*Includes 18 respondents who first used foam and 11 who first used sterilization.

**Includes 76 respondents who used methods other than the pill and sympto-thermal method totalling less than 25 cases for each of these methods.

TABLE 23

Percent Distribution of Current Use of Contraception, by Residence
Women in Union Aged 15-49
1985 Mauritius Contraceptive Prevalence Survey

Current Use and Method	Residence			
	Mauritius Island			Rodrigues Island
	Total	Urban	Rural	
Currently Using	75.3	73.7	76.4	51.0
Pill	21.0	20.1	21.6	19.6
Condom	9.5	8.1	10.5	3.4
Injection	6.2	0.8	10.2	13.0
Female Sterilization	4.7	5.2	4.3	2.0
IUD	2.3	2.5	2.1	1.7
Foam, jelly	0.6	0.7	0.5	0.3
Total Supplied Methods	44.3	37.4	49.2	40.0
Sympto-thermal	4.0	4.4	3.7	7.4
Temperature only	1.9	3.4	0.7	1.4
Billings	0.5	0.6	0.5	0.9
Calendar	10.7	13.6	8.5	0.0
Total NFP Methods	17.1	22.0	13.4	9.7
NFP and Supplied Combined	1.3	2.0	0.7	0.0
Withdrawal	12.7	12.1	13.1	1.3
Not Using	24.6	26.3	23.6	49.0
Total	100.0	100.0	100.0	100.0
N	(3,020)	(1,284)	(1,734)	(352)

TABLE 24

Percent Distribution of Current Use of Contraception
by Method Used and Number of Living Children
Women in Union Aged 15-49
Mauritius Island
1985 Mauritius Contraceptive Prevalence Survey

Current Use And Method	Total	Number of Living Children				
		0	1	2-3	4-5	6+
Currently Using	75.3	27.1	73.0	84.6	81.2	72.2
Pill	21.0	4.2	24.8	25.1	20.1	13.4
Condom	9.5	1.1	10.2	11.5	10.5	5.1
Injection	6.2	0.0	1.7	7.0	8.2	13.0
Female Sterilization	4.7	0.0	0.0	3.8	10.5	10.5
IUD	2.3	0.0	1.3	2.7	3.3	2.2
Foam, jelly	0.6	1.1	0.9	0.5	0.5	0.0
Total Supplied Methods	44.3	6.4	38.9	50.6	53.1	44.2
Sympto-thermal	4.0	4.2	5.9	4.9	1.8	0.7
Temperature only	1.9	0.7	1.9	2.4	1.7	1.1
Billings	0.5	0.4	0.9	0.6	0.3	0.0
Calendar	10.7	7.3	10.4	12.3	10.8	7.2
Total NFP Methods	17.1	12.6	19.1	20.2	14.6	9.0
NFP and Supplied Comb.	1.3	0.4	0.9	1.9	0.7	1.1
Withdrawal	12.7	7.7	14.2	12.0	12.8	18.1
Not Currently Using	24.7	73.1	27.0	15.4	18.8	27.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	(3,020)	(286)	(541)	(1,313)	(601)	(277)

TABLE 25

Percent Distribution of Current Use of Contraception
by Method Used and Number of Living Children
Women in Union Aged 15-49
Rodrigues Island
1985 Mauritius Contraceptive Prevalence Survey

Current Use And Method	Total	Number of Living Children 0	1	2-3	4-5	6+
Currently Using	51.1	12.0	45.7	63.8	66.0	46.7
Pill	19.6	0.0	25.7	31.4	18.7	5.2
Condom	3.4	8.0	0.0	4.8	2.7	3.9
Injection	13.1	0.0	2.9	10.5	18.7	24.7
Female sterilization	2.0	4.0	0.0	1.9	4.0	1.3
IUD	1.7	0.0	1.4	2.9	2.7	0.0
Foam, jelly	0.3	0.0	0.0	0.9	0.0	0.0
Total Supplied Methods	40.0	12.0	30.0	52.5	46.8	35.1
Sympto-thermal	7.4	0.0	7.1	8.6	9.3	6.5
Temperature only	1.4	0.0	4.3	1.9	0.0	0.0
Billings	0.9	0.0	0.0	0.9	0.0	2.6
Calendar	0.0	0.0	0.0	0.0	0.0	0.0
Total NFP Methods	9.7	0.0	11.4	11.5	9.3	9.1
Withdrawal	1.4	0.0	4.3	0.0	0.0	2.6
Not Currently Using	48.9	88.0	54.3	36.2	44.0	53.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	(352)	(25)	(70)	(105)	(75)	(77)

TABLE 26

Percent Distribution of Current Use of Contraception
by Method Used and Age Group
Women in Union Aged 15-49
Mauritius Island
1985 Mauritius Contraceptive Prevalence Survey

Current Use And Method	Total	Age 15-19	20-24	25-29	30-34	35-39	40-44	45-49
Currently Using	75.3	54.7	71.7	78.4	84.2	85.1	76.7	45.3
Pill	21.0	25.6	26.7	28.7	21.5	18.0	10.8	4.1
Condom	9.5	3.4	7.6	11.0	13.3	8.9	9.3	4.9
Injection	6.2	1.7	6.3	7.3	8.7	6.7	4.1	1.1
Female sterilization	4.7	0.0	0.0	2.3	4.6	10.8	9.9	5.2
IUD	2.3	0.9	1.3	2.2	2.8	2.2	3.8	2.6
Foam, jelly	0.6	1.7	0.7	0.4	0.5	0.7	0.6	0.0
Total Supplied Methods	44.3	33.3	42.6	51.9	51.4	47.3	38.5	17.9
Sympto-thermal	4.0	2.6	4.2	6.0	5.6	2.6	1.5	1.5
Temperature only	1.9	0.0	1.1	0.3	2.1	3.5	3.2	3.4
Billings	0.5	0.0	0.7	0.6	0.5	0.7	0.3	0.4
Calendar	10.7	5.1	9.0	9.9	10.9	13.6	14.3	8.6
Total NFP Methods	17.1	7.7	15.0	16.8	19.1	20.4	19.3	13.9
NFP and Supplied Combined	1.3	0.0	0.7	0.9	1.4	3.0	1.2	0.8
Withdrawal	12.7	13.7	13.4	8.9	12.1	14.5	17.8	12.7
Not Currently Using	24.7	45.3	28.3	21.6	15.8	14.9	23.3	54.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	(3,020)	(117)	(554)	(698)	(577)	(462)	(343)	(267)

TABLE 27

Percent Distribution of Current Use of Contraception
by Method Used and Age Group
Women in Union Aged 15-49
Rodrigues Island
1985 Mauritius Contraceptive Prevalence Survey

Current Use And Method	Total	Age 15-24	25-34	35+
Currently Using	51.1	43.4	59.7	48.2
Pill	19.6	22.6	24.6	10.7
Condom	3.4	1.9	4.5	3.6
Injection	13.1	8.5	13.4	16.7
Female steril.	2.0	0.0	0.0	6.3
IUD	1.7	0.9	3.0	0.9
Foam, jelly	0.3	0.9	0.0	0.0
Total Supplied Methods	40.1	34.8	45.5	38.2
Sympto-thermal	7.4	5.7	9.7	6.3
Billings	0.9	0.0	0.8	1.8
Temperature only	1.4	0.0	3.7	0.0
Total NFP Methods	9.7	5.7	14.2	8.1
Withdrawal	1.4	2.8	0.0	1.8
Not Currently Using	48.9	56.6	40.3	51.8
Total	100.0	100.0	100.0	100.0
N	(352)	(106)	(134)	(112)

TABLE 28

Percent Distribution of Current Use of Contraception,
by Method Used and Education
Women in Union Aged 15-49
Mauritius Island
1985 Mauritius Contraceptive Prevalence Survey

Current Use And Method	Total	Educational Level		
		Less Than Complete Primary	Complete Primary	More Than Complete Primary
Currently Using	75.3	74.3	79.8	73.0
Pill	21.0	21.7	23.1	17.6
Condom	9.5	8.9	10.3	9.9
Injection	6.2	8.9	5.5	1.5
Female steril.	4.7	6.2	4.9	1.7
IUD	2.3	2.2	3.5	1.3
Foam, jelly	0.6	0.5	0.4	0.7
Total Supplied Methods	44.3	48.4	47.7	32.7
Sympto-thermal	4.0	1.2	4.5	8.9
Billings	0.5	0.4	0.4	0.9
Temperature only	1.9	1.3	1.6	2.9
Calendar	10.7	7.7	11.7	15.6
Total NFP Methods	17.1	10.6	18.2	28.3
NFP and Supplied Combined	1.3	0.5	1.5	2.5
Withdrawal	12.7	14.6	12.1	9.6
Not Currently Using	24.7	25.7	20.2	27.0
Total	100.0	100.0	100.0	100.0
N	(3,020)	(1,519)	(709)	(790)

TABLE 29

Percent Distribution of Current Use of Contraception
by Method Used and Education
Women in Union Aged 15-49
Rodrigues Island
1985 Mauritius Contraceptive Prevalence Survey

Current Use And Method	Total	Educational Level: Less Than Complete Primary	Educational Level: Complete Primary or More
Currently Using	51.1	49.1	58.6
Pill	19.6	19.5	20.0
Condom	3.4	3.6	2.7
Injection	13.1	14.4	8.0
Female steril.	2.0	1.8	2.7
IUD	1.7	1.1	4.0
Foam, jelly	0.3	0.4	0.0
Total Supplied Methods	40.1	40.8	37.4
Sympto-thermal	7.4	5.8	13.3
Billings	0.9	0.7	1.3
Temperature only	1.4	0.4	5.3
Total NFP Methods	9.7	6.9	19.9
Withdrawal	1.4	1.4	1.3
Not Currently Using	48.9	50.9	41.3
Total	100.0	100.0	100.0
N	(352)	(277)	(75)

TABLE 30

Percent Distribution of Current Use of Contraception
by Method Used and Respondent's Occupation
Women in Union Aged 15-49
Mauritius Island
1985 Mauritus Contraceptive Prevalence Survey

Current Use and Method	Total	Occupation		
		Housewife/ Not Employed	Unskilled/ Agriculture	Skilled
Currently Using	75.3	74.8	75.5	78.8
Pill	21.0	20.9	25.4	16.0
Condom	9.5	9.9	5.4	11.2
Injection	6.2	5.6	12.4	0.0
Female steril.	4.7	4.4	7.6	4.0
IUD	2.3	2.3	3.3	1.2
Foam, jelly	0.6	0.7	0.3	0.0
Total Supplied Methods	44.3	43.5	54.4	32.4
Sympto-thermal	4.0	3.7	2.7	9.2
Temperature only	1.9	1.6	0.3	6.8
Billings	0.5	0.6	0.0	0.8
Calendar	10.7	10.6	7.0	17.2
Total NFP Methods	17.1	16.5	10.0	34.0
NFP and Supplied Combined	1.3	1.2	0.3	2.8
Withdrawal	12.7	13.3	10.9	9.6
Not Currently Using	24.7	25.2	24.5	21.2
Total	100.0	100.0	100.0	100.0
N	(3,020)	(2,437)	(331)	(250)

TABLE 31

Percent Distribution of Current Use of Contraception
by Method Used and Employment Status
Women in Union Aged 15-49
Rodrigues Island
1985 Mauritius Contraceptive Prevalence Survey

Current Use And Method	Total	Employment Status	
		Not Employed	Employed
Currently Using	51.1	49.0	56.3
Pill	19.6	21.3	15.5
Condom	3.4	2.4	5.8
Injection	13.1	10.8	18.5
Female sterilization	2.0	1.6	2.9
IUD	1.7	2.4	0.0
Foam, jelly	0.3	0.0	1.0
Total Supplied Methods	40.1	38.5	43.7
Sympto-thermal	7.4	7.6	6.8
Temperature only	1.4	0.4	3.9
Billings	0.9	1.2	0.0
Total NFP Methods	9.7	9.2	10.7
Withdrawal	1.4	1.2	1.9
Not Currently Using	48.9	51.0	43.7
Total	100.0	100.0	100.0
N	(352)	(249)	(103)

TABLE 32

Percent Distribution of Current Use of Contraception
by Method Used and Household Income
Women in Union Aged 15-49
Mauritius Island
1985 Mauritius Contraceptive Prevalence Survey

Current Use and Method	Total	Monthly Household Income*			
		Low	Medium	High	Unknown
Currently Using	75.3	73.2	78.3	73.1	74.6
Pill	21.0	25.8	19.7	10.4	17.5
Condom	9.5	7.6	11.1	11.9	5.3
Injection	6.2	8.6	6.0	0.7	0.0
Female steril.	4.7	3.9	5.6	3.9	7.9
IUD	2.3	2.0	2.7	2.2	1.8
Foam, jelly	0.6	0.5	0.6	0.7	0.0
Total Supplied Methods	44.3	48.4	45.7	29.8	32.5
Sympto-thermal	4.0	2.6	4.3	7.0	5.3
Billings	0.5	0.2	0.5	1.5	0.9
Temperature only	1.9	1.1	1.8	4.6	1.8
Calendar	10.7	7.4	10.7	17.7	22.8
Total NFP Methods	17.1	11.3	17.3	30.8	30.8
NFP and Supplied Combined	1.3	0.5	1.1	3.4	3.5
Withdrawal	12.7	12.9	14.2	9.0	7.9
Not Currently Using	24.7	26.8	21.7	26.9	25.4
Total	100.0	100.0	100.0	100.0	100.0
N	(3,020)	(1,295)	(1,197)	(412)	(114)

*See Table 2 for definition of income categories.

TABLE 33

Current Use of Contraception, by Method Used and Household Income
Women in Union Aged 15-49
Rodrigues Island
1985 Mauritius Contraceptive Prevalence Survey

Current Use and Method	Total	Monthly Household Income*		
		Low	Medium	High
Currently Using	51.1	43.8	56.3	50.0
Pill	19.6	19.0	18.2	26.0
Condom	3.4	0.0	6.1	2.0
Injection	13.1	14.9	13.3	8.0
Sterilization	2.0	0.0	3.3	2.0
IUD	1.7	0.8	2.8	0.0
Foam, jelly	0.3	0.8	0.0	0.0
Total Supplied Methods	40.0	35.5	43.7	38.0
Sympto-thermal	7.4	5.8	8.3	8.0
Billings	0.9	0.8	0.0	4.0
Temperature only	1.4	0.0	2.8	0.0
Total NFP Methods	9.7	6.0	11.1	12.0
Withdrawal	1.4	1.7	1.6	0.0
Not Currently Using	48.9	56.2	43.7	50.0
Total	100.0	100.0	100.0	100.0
N	(352)	(121)	(181)	(50)

*See Table 2 for definition of income categories.

TABLE 34

Percent Distribution of Current Use of Contraception, by Method Used and Religion
Women in Union Aged 15-49
Mauritius Island
1985 Mauritius Contraceptive Prevalence Survey

Current Use and Method	Total	Religion		
		Hindu	Christian	Muslim
Currently Using	75.3	77.1	71.5	74.1
Pill	21.0	19.0	28.6	17.1
Condom	9.4	10.7	4.5	12.3
Injection	6.2	9.2	2.4	1.3
Female sterilization	4.7	4.7	5.0	4.4
IUD	2.3	2.9	1.6	1.0
Foam, jelly	0.6	0.4	1.1	0.4
Total supplied methods	44.3	46.9	43.2	36.5
Sympto-thermal	4.0	3.3	6.5	2.7
Temperature only	1.8	0.7	3.9	2.3
Billings	0.5	0.5	0.8	0.2
Calendar	10.7	10.7	8.2	14.2
Total NFP Methods	17.1	15.2	19.4	19.4
NFP and Supplied Combined	1.3	1.0	1.4	2.1
Withdrawal	12.8	13.9	7.6	16.1
Not Currently Using	24.8	22.9	28.5	25.9
Total	100.0	100.0	100.0	100.0
N	(3,012)*	(1,750)	(741)	(521)

*Excludes 8 women of other religions

TABLE 35

Percentage of Women Currently Using Contraception
by Residence and Selected Characteristics
Women in Union Aged 15-49
Mauritius Island
1985 Mauritius Contraceptive Prevalence Survey

Characteristics	Total		Residence			
			Urban		Rural	
Total	75.3	(3,018)	73.7	(1,284)	76.4	(1,734)
Age						
15-19	54.7	(117)	56.8	(44)	53.4	(73)
20-24	71.7	(554)	68.1	(216)	74.0	(338)
25-29	78.4	(698)	74.3	(284)	81.2	(414)
30-34	84.2	(577)	83.5	(254)	84.8	(323)
35-39	85.1	(462)	81.5	(190)	87.5	(272)
40-44	76.7	(343)	80.6	(160)	73.2	(183)
45-49	45.2	(267)	49.3	(136)	41.2	(131)
Education						
Less Than Complete Primary	74.3	(1,519)	73.1	(538)	74.9	(981)
Complete Primary	79.8	(709)	76.9	(303)	82.0	(406)
More Than Complete Primary	73.0	(790)	72.2	(443)	74.1	(347)
Number of Living Children						
0	26.9	(286)	29.9	(144)	23.9	(142)
1	73.0	(541)	71.4	(252)	74.4	(289)
2-3	84.6	(1,313)	83.0	(573)	85.8	(740)
4-5	81.2	(601)	79.8	(228)	82.0	(373)
6+	72.2	(277)	74.7	(87)	71.0	(190)
Monthly Household Income						
Low	73.2	(1,295)	72.0	(489)	74.0	(806)
Medium	78.3	(1,197)	75.1	(469)	80.4	(728)
High	73.1	(412)	72.2	(233)	74.1	(189)
Unknown	74.6	(114)	78.0	(103)	*	(9)

*Fewer Than 25 Cases

NOTE: Number of cases are in parentheses.

TABLE 36

Percent Distribution of Type of Contraceptive Method Used
Women in Union Aged 15-49 Currently Using Contraception
1985 Mauritius Contraceptive Prevalence Survey

	Mauritius Island			Rodrigues Island
	Total	Urban	Rural	
Total	100.0	100.0	100.0	100.0
Pill	27.8	27.2	28.3	38.3
Condom	12.6	11.0	13.7	6.7
Injection	8.2	1.1	13.3	25.6
Female sterilization	6.3	7.1	5.7	3.9
IUD	3.0	3.4	2.8	3.3
Foam, jelly	0.8	1.0	0.6	0.6
Total Supplied Methods	58.7	50.8	64.4	78.4
Sympto-Thermal	5.3	6.0	4.8	14.4
Billings	0.7	0.8	0.6	1.7
Temperature only	2.5	4.6	0.9	2.8
Calendar	14.2	18.5	11.2	0.0
Total NFP	22.0	29.9	17.5	18.9
NFP & Supplied Combined	1.7	2.7	0.9	0.0
Withdrawal	16.9	16.5	17.2	2.8
N	(2,271)	(946)	(1,325)	(180)

TABLE 37

Percent Distribution of Source of Contraception, by Residence
Women in Union Aged 15-49 Who are Current Users of Contraception*
1985 Mauritius Contraceptive Prevalence Survey

Source of Contraception	Mauritius Island			Rodrigues Island
	Total	Urban	Rural	
MOH Clinic	63.1	42.6	77.0	0.0
Action Familiale	11.4	15.5	8.7	18.3
Hospital	8.2	9.1	7.5	1.7
MFPA Clinic	5.8	12.2	1.4	74.9
Pharmacy	5.0	9.1	2.3	0.6
Factory (MFPA)	1.3	1.2	1.3	0.0
Private Clinic	0.8	1.2	0.5	0.0
Others	4.4	9.0	1.2	4.4
Total	100.0	100.0	100.0	100.0
N	(1,627)	(657)	(970)	(175)

*Women whose method does not require a source, such as withdrawal, are excluded.

TABLE 38

Percent Distribution of Source of Oral Contraceptives, by Selected Characteristics
Women in Union Aged 15-49 Who Are Current Users of Oral Contraception
Mauritius Island
1985 Mauritius Contraceptive Prevalence Survey

Characteristics	Total	Source of Contraception: MOH Clinic	MFPA Clinic	Pharmacy	Factory (MFPA)	Private Clinic	Other	N
Total	100.0	82.7	7.6	6.3	1.7	0.9	0.8	(636)
Residence								
Urban	100.0	65.5	16.9	11.9	2.7	1.2	1.9	(261)
Rural	100.0	94.6	1.1	2.4	1.1	0.8	0.0	(375)
Education								
Less than complete primary	100.0	86.7	7.9	3.0	1.2	0.3	0.9	(330)
Complete primary	100.0	85.5	6.0	5.4	1.8	0.6	0.5	(166)
More than complete primary	100.0	70.0	8.6	15.0	2.9	2.9	0.7	(140)
Household Income								
Low	100.0	88.4	7.2	2.1	1.5	0.0	0.9	(335)
Medium	100.0	78.5	8.0	9.3	2.1	1.3	0.8	(237)
High	100.0	60.5	7.0	23.3	2.3	7.0	0.0	(43)

TABLE 39

Percent Distribution of Time to Get to Source of Contraception, by Current Use Status*
Women in Union Aged 15-49
1985 Mauritius Contraceptive Prevalence Survey

Contraceptive Use Status and Residence	Total	Time to Source: Home Visits	Less Than 15 Minutes	15-29 Minutes	30-59 Minutes	60+ Minutes	N
Total--Users and Nonusers**							
Urban--Mauritius Island	100.0	9.8	42.4	33.6	12.4	1.6	(547)
Rural--Mauritius Island	100.0	4.7	49.2	35.0	10.4	0.8	(936)
Rodrigues Island	100.0	10.6	17.4	15.5	8.2	48.3	(207)
Current Users of Contraception							
Urban--Mauritius Island	100.0	10.7	45.1	31.5	11.2	1.5	(457)
Rural--Mauritius Island	100.0	4.7	48.1	35.6	10.8	0.8	(826)
Rodrigues Island	100.0	7.5	20.6	15.1	7.5	49.3	(146)
Nonusers of Contraception**							
Urban--Mauritius Island	100.0	5.6	28.9	44.4	18.9	2.2	(90)
Rural--Mauritius Island	100.0	4.6	57.3	30.9	7.3	0.0	(110)
Rodrigues Island	100.0	18.0	9.8	16.4	9.8	45.9	(61)

*Methods which do not require a source, such as withdrawal, have been excluded.
**Nonusers are past users and never users who want to use a method. Respondents not wanting to use a method were not asked about time to source.

TABLE 40

Average Time (in Minutes) to Source of Contraception*
by Current Use Status and Residence
Women in Union Aged 15-49
1985 Mauritius Contraceptive Prevalence Survey

	Residence			
	Mauritius Island			Rodrigues Island
	Total	Urban	Rural	
Total	14.3(1,385)	14.9(493)	13.9 (892)	68.4 (185)
Current Users	14.2(1,195)	14.4(408)	14.1 (787)	70.4 (135)
Nonusers interested in using	14.6 (190)	17.2 (85)	12.5 (105)	63.2 (50)

NOTE: Number of respondents are in parentheses.

NOTE: Approximate median time to the source of contraception for past and current users in urban and rural areas :
Mauritius Island-10 minutes
Rodrigues Island-50 minutes

*Home visits excluded

TABLE 41

Percent Distribution of
Reasons For Not Currently Using Contraception, by Residence
Women in Union Aged 15-49 Not Currently Pregnant
1985 Mauritius Contraceptive Prevalence Survey

Reasons for Nonuse	Mauritius Island			Rodrigues Island
	Total	Urban	Rural	
Reasons Related To Pregnancy, Fecundity & Sexual Activity	80.6	79.0	81.9	39.5
Sexually inactive	21.1	23.8	18.8	2.3
Subfecund/infertile	41.1	38.9	42.9	30.2
Desires pregnancy	18.4	16.3	20.2	7.0
Other Reasons	19.4	21.0	18.1	60.5
Breast-feeding/postpartum	10.0	9.2	10.6	27.9
Wrong/doesn't like	1.5	1.7	1.4	6.2
Previous side effects	1.5	1.3	1.8	4.7
Too lazy, etc.	1.0	1.7	0.4	9.3
Husband/family objects	0.8	0.4	1.1	3.1
Fear of side effects	0.6	0.4	0.7	2.3
Other reasons	4.0	6.3	2.1	7.0
Total	100.0	100.0	100.0	100.0
N	(521)	(239)	(282)	(129)

TABLE 42

Percent of Nonusers Who Currently Desire to Use Contraception
by Selected Characteristics
Women in Union 15-49 Who Are Fecund and Not Currently Pregnant
1985 Contraceptive Prevalence Survey

Selected Characteristics	% of Nonusers That Currently Desire to Use Contraception	
MAURITIUS ISLAND		
Total	42.8	(187)
Residence		
Urban	49.5	(93)
Rural	36.2	(94)
Age		
15-24	46.8	(62)
25-34	45.5	(86)
35+	30.8	(39)
Education		
Less Than Complete Primary	44.4	(81)
Completed Primary	35.0	(40)
More Than Complete Primary	45.5	(66)
Number of Living Children		
0	7.7	(52)
1	41.3	(46)
2+	64.0	(89)
Previous Contraceptive Use		
Has Used	52.9	(68)
Never Used	25.0	(119)
RODRIGUES ISLAND		
Total	62.2	(74)

NOTE: Of women desiring to use a method, 98 percent know where to obtain it.

NOTE: Number of respondents in parentheses

TABLE 43

Percent Distribution of Method of Choice
Among Women in Union Aged 15-49
Not Currently Contracepting Who Desire to Use a Method
by Whether Currently Able to Become Pregnant
Mauritius Island
1985 Mauritius Contraceptive Prevalence Survey

		Current Ability to Become Pregnant		
	Total	Can Become Pregnant Now	Will Be Able To Become Pregnant In Future*	Current Users
Method of choice				
Pill	42.2	39.3	42.7	27.8
NFP methods**	12.1	8.9	12.6	22.0
Injection	9.1	5.4	9.7	8.2
Condom	7.4	14.3	6.3	14.3***
Sterilization	5.2	7.1	4.9	6.3
Withdrawal	3.7	5.4	3.4	16.9
IUD	3.5	8.9	2.6	3.0
Foam, jelly	0.5	0.0	0.6	0.8
Vasectomy	0.3	0.0	0.3	0.0
Any method	6.4	5.4	6.6	-
Not sure	9.6	5.4	10.3	-
Total	100.0	100.0	100.0	100.0
N	(405)	(56)	(349)	(2274)

*Women who are currently pregnant, not sexually active, breast-feeding, etc.

**Includes calendar rhythm.

***Includes users of condoms combined with NFP.

TABLE 44

Percent Distribution of Source Where Method of Choice Would be Obtained, Women in Union Aged 15-49 Not Currently Contracepting Who Desire to Use a Method 1985 Mauritius Contraceptive Prevalence Survey

Source Where Method Would Be Obtained	Mauritius Island			Rodrigues
	Total	Urban	Rural	
MOH clinic	76.6	54.2	92.0	2.7
MFPA clinic	9.8	22.5	1.1	74.3
Action Familiale	8.1	12.5	5.1	21.6
Pharmacy	3.7	8.3	0.6	0.0
Private clinic/physician	0.7	0.8	0.6	0.0
Other	0.3	0.0	0.6	1.4
No source	0.7	1.7	0.0	0.0
Total	100.0	100.0	100.0	100.0
N	(295)	(120)	(175)	(74)

TABLE 45

Percent Distribution of Effectiveness* of Preferred Methods
Compared with Effectiveness of Current Method
Women in Union 15-49 Currently Using Contraception
Who Would Prefer Using Another Method
Mauritius Island
1985 Mauritius Contraceptive Prevalence Survey

Effectiveness of Current Method	Total	Effectiveness of Preferred Method Relative to Current Method: More Effective	Same	Less Effective	N
Very effective	100.0	36.7	43.7	19.6	(158)
Effective	100.0	84.7	15.3	0.0	(72)
Least effective	100.0	100.0	0.0	--	(61)

*The effectiveness of the various methods are classified as:
Most effective--Female sterilization;
Very effective--Pill, injection, IUD;
Effective--NFP, barrier methods;
Least effective--Withdrawal.

TABLE 46

Percent Distribution of Reasons For Stopping Use of Most Recent Method of Contraception by Residence, Past Users of Contraception
Women in Union Aged 15-49
1985 Contraceptive Prevalence Survey

Reason For Stopping Use	Residence			
	Mauritius Island			Rodrigues Island
	Total	Urban	Rural	
Reasons Related to Pregnancy or Sexual Activity	69.0	73.9	63.9	45.5
Wanted to become pregnant	32.0	31.6	32.4	13.1
Became pregnant while using	16.1	15.6	16.6	26.3
Ceased sexual activity due to divorce/widowhood, etc.	12.0	15.6	8.3	0.0
No longer able to become pregnant	8.9	11.1	6.6	6.1
Reasons Not Related to Pregnancy or Sexual Activity	31.1	26.2	36.1	55.5
Side effects	22.9	19.7	26.1	29.3
Medical Advice	1.2	0.8	1.7	3.0
Husband/partner objects	0.8	0.0	1.7	8.1
Other	6.2	5.7	6.6	14.1
Total	100.0	100.0	100.0	100.0
N	(485)	(244)	(241)	(99)

Table 47

Percent Distribution of Reasons for Stopping Use of Pill, Injection, and Sympto-Thermal Method by Island, Women in Union Aged 15-49 Who Have Used These Methods Since 1980
1985 Mauritius Contraceptive Prevalence Survey

	Residence			
	Mauritius Island			Rodrigues Island
Reason for Stopping Use	Pill	Injection	Sympto-Thermal	Pill
Side effects	53.0	66.2	0.0	47.4
Desired pregnancy	16.4	1.9	25.7	10.5
Became pregnant	8.8	0.5	29.7	15.8
Subfecund/no sexual activity	4.6	6.7	1.4	2.6
Medical advice	2.5	2.4	1.4	4.0
Don't like	2.1	2.9	8.1	2.6
Fear of side effects	4.9	2.9	0.0	5.3
Husband/partner objects	0.9	1.0	1.4	5.3
Method related	0.0	0.0	12.2	0.0
Other reasons	8.3	12.4	14.8	5.3
Not sure/not answered	1.4	3.3	5.4	1.3
Total	100.0	100.0	100.0	100.0
N	(566)	(210)	(74)	(76)

TABLE 48

Percent of Women Last Starting Use of Selected Methods After 1979 Still Using That Method After Selected Lengths of Time
Mauritius Island
1985 Mauritius Contraceptive Prevalence Survey

Months Since Started Method	Method		
	Pills	Injection	Sympto-Thermal
6	73.9	69.6	74.5
12	63.7	51.0	60.9
18	59.8	46.6	55.9
24	52.0	41.4	52.3
36	41.4	30.2	49.4
Women Starting Method	(1,036)	(356)	(165)

TABLE 49

Percent of Women Last Starting Use of Selected Methods After 1979 Who Report That They Became Pregnant While Using That Method After Selected Lengths of Time
Mauritius Island
1985 Mauritius Contraceptive Prevalence Survey

Months Since Started Method	Method		
	Pills	Injection	Sympto-Thermal
6	2.1	0.4	9.0
12	3.8	0.4	15.7
24	6.7	0.4	15.7
36	8.5	0.4	20.4
Women Starting Method	(1,036)	(356)	(165)

TABLE 50

Percentage of Women Aged 15-49
Who Are In Need of Family Planning Services*
By Selected Characteristics
1985 Mauritius Contraceptive Prevalence Survey

Charateristics	Island	
	Mauritius Island	Rodrigues Island
Total	3.1 (3,280)	19.7 (386)
Residence		
Urban	3.5 (1,372)	NA
Rural	2.8 (1,908)	19.7 (386)
Age		
15-19	4.2 (120)	34.3 (35)
20-24	4.9 (573)	20.0 (85)
25-29	3.4 (731)	21.4 (89)
30-34	2.3 (618)	13.7 (51)
35-39	2.9 (511)	23.8 (42)
40-44	2.3 (387)	22.0 (41)
45-49	1.5 (340)	4.7 (43)
Living Children		
0	2.3 (309)	10.3 (29)
1	3.9 (596)	19.0 (79)
2	3.7 (780)	16.2 (68)
3	3.2 (619)	23.4 (47)
4+	2.3 (976)	22.1 (163)
Education		
Less than complete primary	2.7 (1,714)	19.4 (309)
Complete primary	2.4 (750)	
More than complete primary	4.4 (816)	20.8 (77)**

NOTE: Number of respondents in parentheses.

*Women in need of family planning services are defined as not pregnant, sexually active, able to become pregnant, not using a family planning method, and not wanting to become pregnant at the time of interview.

**All respondents who completed primary education.

TABLE 51

Percent Distribution of Selected Characteristics of Women Aged 15-49 In Need of Family Planning Services* Compared to Survey Respondents 1985 Mauritius Contraceptive Prevalence Survey

Characteristics	Mauritius Island		Rodrigues Island	
	Women in Need	All Respondents	Women in Need	All Respondents
Residence				
Urban	47.5	41.8	--	--
Rural	52.5	58.2	100.0	100.0
Age				
15-19	4.9	3.2	15.8	9.1
20-24	27.7	17.5	22.4	22.0
25-29	24.8	22.3	25.0	23.1
30-34	13.9	18.8	9.2	13.2
35-39	14.9	15.6	13.2	10.9
40-44	8.9	11.8	11.8	10.6
45-49	4.9	10.4	2.6	11.1
Living Children				
0	6.9	9.4	3.9	7.5
1	22.8	18.2	19.7	20.5
2	28.7	23.8	14.5	17.6
3	19.8	18.9	14.5	12.2
4	9.9	11.9	13.2	12.7
5	5.0	8.1	9.2	7.8
6+	6.9	9.8	25.0	21.8
Household Income				
Low	55.4	45.0	46.1	37.6
Medium	29.7	38.3	39.5	46.1
High	10.9	13.0	-	2.6
Unknown	4.0	3.7	14.4	13.7
Education				
Less than completed primary	46.5	52.3	78.9	80.5
Completed primary	17.8	22.9	17.1	15.5
More than completed primary	35.6	24.9	4.0	4.4
Total	100.0	100.0	100.0	100.0
(N)	(101)	(3280)	(76)	(366)

*Women In Need of family planning services are defined as those women who are not pregnant, sexually active, able to become pregnant, not using a method, and not wanting to become pregnant at the time of interview.

TABLE 52

Demographic Profile of Currently Married Women Aged 15-49
Who Have Been Contraceptively Sterilized
Compared With Total Survey Population
Mauritius Island
1985 Mauritius Contraceptive Prevalence Survey

	Percent Distribution Of		
	Sterilized Women		All Respondents
Residence			
Urban	47.3		41.8
Rural	52.7		58.2
Age			
15-19	-	(0.7)**	3.7
20-24	0.7	(2.1)	17.5
25-29	11.0	(26.7)	22.3
30-34	19.2	(36.3)	18.8
35-39	34.2	(28.8)	15.6
40-44	24.7	(5.5)	11.8
45-49	10.3	-	10.4
Mean Age	36.9	(32.4)	31.5
Marital Status			
Currently in union	97.3		92.1
Previously married	2.7		7.9
No. of Live Born Children			
0	0.0		9.2
1	0.0		17.5
2	8.9		22.1
3	21.9		18.4
4-5	39.1		19.5
6+	30.1		13.3
Mean No. of Living Children	4.4		2.8
Education			
Less than completed primary	66.4		52.3
Completed primary	24.0		22.9
More than complete primary	9.6		24.9
Planning Status of Last Pregnancy			
Planned	51.4		71.5
Unwanted	37.0		19.3
Mistimed	9.6		8.6
Unsure	2.1		0.6
Year of Sterilization			
Before 1976	7.5		
1976-1977	12.3		
1978-1979	12.3		
1980-1981	20.6		
1982-1983	19.9		
1984-1985	27.4		
Total	100.0		100.0
N	(146)*		(3,280)

*An additional 12 respondents living on Rodrigues had been sterilized.
**Numbers in parentheses represent age distribution at time of sterilization.

TABLE 53

Percent of Women Aged 15-49 Currently in Union That Report an Interest in Sterilization by Whether They Desire More Children and by Selected Characteristics 1985 Mauritius Contraceptive Prevalence Survey

Characteristics	Desires No More Children	Desires More Children
MAURITIUS ISLAND--TOTAL	24.4 (1,828)	26.3 (811)
Residence		
Urban	24.6 (744)	23.2 (371)
Rural	24.5 (1,084)	28.9 (440)
Age		
15-19	* (20)	22.1 (95)
20-24	35.6 (225)	27.7 (321)
25-29	36.9 (401)	25.5 (263)
30-34	26.6 (432)	24.4 (90)
35-39	19.6 (362)	34.4 (32)
40-44	10.2 (245)	* (8)
45-49	2.8 (143)	* (2)
Number of Children		
0	* (23)	20.0 (240)
1	19.3 (145)	28.9 (379)
2	29.3 (530)	32.7 (156)
3	24.6 (471)	30.6 (36)
4	23.6 (292)	* (0)
5+	21.5 (367)	* (0)
Education		
Less than complete primary	24.0 (1,002)	29.4 (269)
Complete primary	25.5 (447)	32.8 (180)
More than complete primary	24.8 (379)	20.7 (362)
Household Income**		
Low	31.2 (807)	29.1 (347)
Medium	20.6 (730)	27.5 (302)
High	13.3 (225)	16.5 (133)
Current Contraceptive Use		
Users	24.0 (1,577)	21.5 (265)
Nonusers	27.9 (251)	28.6 (546)
RODRIGUES ISLAND--TOTAL	16.1 (217)	13.5 (89)

*Fewer than 25 women.
**Excludes 29 cases with unknown household income level.

TABLE 54

Percent of Women Who Have Knowledge of Sterilization Source
by Selected Characteristics,
Women in Union Aged 15-49
Who Do Not Want More Children and Are Interested in Sterilization
1985 Mauritius Contraceptive Prevalence Survey

Characteristics	% Having Knowledge of Sterilization Source	
MAURITIUS ISLAND--TOTAL	80.4	(450)
Residence		
Urban	76.2	(185)
Rural	83.4	(265)
Age		
15-19	*	(5)
20-24	70.0	(80)
25-29	83.9	(149)
30-34	78.3	(115)
35-39	88.7	(71)
40-49	80.0	(30)
Education		
Less than complete primary	78.8	(241)
Completed primary	84.2	(114)
More than completed primary	80.0	(95)
Monthly Household Income		
Low	79.4	(252)
Medium	81.6	(152)
High	96.7	(30)
Unknown	*	(16)
Living Children		
0-1	79.3	(29)
2	74.4	(156)
3	82.8	(116)
4	84.1	(69)
5+	86.3	(80)
RODRIGUES ISLAND--TOTAL	62.7	(35)

NOTE: Number of respondents in parentheses.
*Fewer than 25 women.

TABLE 55

Percent Distribution of Reasons for Not Having Been Sterilized, by Residence, Women Aged 15-49 Who Want No More Children and Are Interested in Sterilization
1985 Mauritius Contraceptive Prevalence Survey

Reason	Mauritius Island			Rodrigues Island
	Total	Urban	Rural	
Too young/ no medical approval	21.7	20.4	22.6	2.9
Husband opposed	19.7	18.3	20.8	8.6
Planning to/lazy	11.8	14.0	10.2	11.4
Waiting for children to grow up	11.5	7.0	14.7	2.9
Fear of operation	8.2	8.1	8.3	5.7
Planning to/on list	5.5	7.0	4.5	5.7
Need more information	5.5	8.1	3.8	48.6
Others	16.0	17.2	15.1	14.3
Total	100.0	100.0	100.0	100.0
N	(451)	(186)	(265)	(35)

TABLE 56

Percent Distribution of Reasons Not Interested In Sterilization, By Residence, Women in Union Aged 15-49 Who Want No More Children 1985 Mauritius Contraceptive Prevalence Survey

Reasons	Mauritius Island			Rodrigues Island
	Total	Urban	Rural	
Fear of operation	27.4	24.8	30.2	52.8
Husband opposed	17.7	15.8	19.8	8.3
Does not like operation	12.7	11.3	14.2	22.2
Satisfied with present method	12.2	14.4	9.9	1.4
Against religion or custom*	7.4	10.4	4.3	4.2
May change mind on children	6.0	7.2	4.7	2.3
Too young	5.8	4.5	7.1	8.3
Need more information	1.2	1.4	0.9	0.0
Other/not sure	9.7	10.4	9.0	0.0
Total	100.0	100.0	100.0	100.0
N	(434)	(222)	(212)	(72)

*"Against Religion or Custom" was the response of 21.1 percent of Muslims, 5.0 percent of Christians, and 2.4 percent of Hindus for the entire country.

TABLE 57

Percent Distribution of Selected Characteristics
of Women Who Are Action Familiale Clients
Compared With Supplied Method Users and Survey Respondents by Island
Women in Union Aged 15–49
1985 Mauritius Contraceptive Prevalence Survey

	Mauritius Island			Rodrigues Island		
	A.F. Clients	Users of Supplied Methods	All Respondents	A.F. Clients	Users of Supplied Methods	All Respondents
Residence						
Urban	54.1	37.0	41.8	—	—	—
Rural	45.9	63.0	58.2	—	—	—
Age Group						
15–24	16.9	20.3	21.1	18.8	28.1	31.1
25–34	50.3	49.0	41.1	53.1	42.5	36.3
35–49	32.8	30.7	37.7	28.1	29.5	32.6
Education						
Less than complete primary	25.7	54.3	52.3	59.4	80.1	80.1
Completed primary	25.1	25.4	22.9	37.5	13.7	15.7
More than completed primary	49.2	20.3	24.9	3.1	6.2	4.4
Monthly Household Income						
Low	27.3	46.3	45.0	25.0	32.2	37.6
Medium	42.1	40.7	38.3	53.1	42.2	46.1
High	26.2	10.0	13.0	3.1	4.1	2.6
Unknown	4.4	3.0	3.7	18.8	13.7	13.7
Desire for More Children						
Want more	31.3	21.3	25.9	34.4	21.6	24.3
Want no more	65.4	76.0	71.2	62.5	75.5	72.4
Not sure	3.3	2.7	2.6	3.1	2.9	1.8
Current Method						
Sympto-thermal	62.8			81.3		
Temperature only	26.2			9.4		
Billings	7.1			9.4		
Calendar	3.8			0.0		
Where Instructed						
Home	72.7			84.4		
Permanence	18.0			-		
AF Centre	4.4			15.6		
Other	4.9			0.0		
% Autonomous	68.3			62.5		
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	(183)	(1,377)	(3,280)	(32)	(146)	(386)

TABLE 58

Percent Distribution Of Reason Never Used The Sympto-Thermal Method by Residence
Fecund Women 15-49 Interested in Using the Method
1985 Mauritius Contraceptive Prevalence Survey

Reason Never Used Sympto-Thermal NFP	Residence			
	Mauritius Island			Rodrigues Island
	Total	Urban	Rural	
Don't know method or source	25.0	21.6	26.3	37.1
Not yet needed family planning	23.5	24.3	23.2	22.6
Husband disapproves	7.4	5.4	8.1	16.1
Only recently interested	6.6	5.4	7.1	11.3
Difficult to use	8.1	5.4	9.1	4.8
Used other method(s) instead	10.3	16.2	8.1	0.0
Medical advice	7.4	8.1	7.1	3.2
Uncomfortable about checking	3.7	8.1	2.0	4.8
Other	8.1	5.4	9.1	0.0
Total	100.0	100.0	100.0	100.0
N	(136)	(37)	(99)	(62)

TABLE 59

Percent Distribution of Reason Not Interested in Using The Sympto-Thermal Method
Fecund Women 15-49 by Residence
Mauritius Island
1985 Mauritius Contraceptive Prevalence Survey

Reason Not Interested	Residence			
	Mauritius Island			Rodrigues Island
	Total	Urban	Rural	
Satisfied with current method	38.9	48.9	36.6	6.5
Difficult to use correctly	15.5	16.3	15.3	26.0
Method not effective enough	10.8	11.4	10.7	14.9
Not sexually active	8.8	2.8	10.2	2.6
Don't understand method	5.5	2.1	6.3	20.8
Husband disapproves	6.2	2.1	7.1	11.7
Dislikes method/Uncomfortable about checking	7.4	5.7	7.7	11.0
Nearing menopause/subfecund	2.0	5.7	1.2	3.3
Opposed to family planning	2.1	1.4	2.3	0.7
Other	2.8	3.6	2.6	2.6
Total	100.0	100.0	100.0	100.0
N	(748)	(141)	(607)	(154)

TABLE 60

Knowledge of Certain Family Planning Program Activities,
by Selected Characteristics, Women 15-49
Mauritius Island
1985 Mauritius Contracptive Prevalence Survey

Characteristics	Have Heard Radio Spots	Have Seen TV Spots	Know Condom Vending Machines	Know Where To Buy Condoms Besides Pharmacy	N
Total	64.4	71.3	3.5	6.1	(3280)
Residence					
Urban	69.2	73.6	4.6	9.6	(1372)
Rural	60.9	69.6	2.7	3.6	(1908)
Monthly Household Income					
Low	64.4	65.7	2.2	4.7	(1477)
Medium	65.8	75.6	3.8	6.7	(1256)
High	59.5	77.3	6.3	11.2	(427)
Unknown	65.8	73.3	5.8	1.7	(120)
Education					
Some primary	65.7	68.0	2.0	3.9	(1714)
Completed primary	62.4	73.9	4.0	5.1	(750)
More than complete primary	63.4	75.9	6.1	11.6	(816)
Occupation					
Housewife/not employed	64.6	71.5	3.5	6.1	(2576)
Unskilled/agriculture	65.5	68.1	0.9	2.8	(435)
Professional	60.6	74.4	7.4	11.2	(269)
Age					
15-24	60.2	73.3	2.7	6.1	(693)
25-34	65.1	71.6	4.7	7.2	(1349)
35-49	65.9	69.8	2.6	4.9	(1238)

TABLE 61

Knowledge of MFPA Activities
by Selected Characteristics
Women 15-49
Rodrigues Island
1985 Mauritius Contracptive Prevalence Survey

Characteristics	Have Heard Radio Spots	Know Condom Vending Machines	N
Total	68.1	36.8	(386)
Monthly Household Income			
Low	65.5	31.7	(145)
Medium/high	69.7	39.8	(241)
Education			
Less than complete	68.6	35.9	(309)
Completed primary or more	66.2	33.8	(77)

TABLE 62

Percentage of All Women 15-49 Who Are Current Users of Contraception Methods Distributed by Public Programs by District and Source of Method according to the 1985 Mauritius CPS and 1985 MOH Service Statistics

A. CONTRACEPTIVE PREVALENCE SURVEY*

	Method							
District and Source	Pill	Condoms	IUD	Injectables	Sympto-Thermal	Tubal Ligation	Total	Percentage Point Difference from Service Statistics
MAURITIUS ISLAND								
Port Louis	11.7	3.4	1.3	0.5	2.8	3.3	23.0	-18.9
Pamplemousses/ Riviere du Rempart	8.7	8.3	1.8	5.7	2.4	3.0	29.9	-0.7
Moka/Flacq	11.8	6.8	1.3	7.5	2.6	2.1	32.1	+0.9
Grand Port/Savanne	13.9	4.7	0.6	4.8	2.5	2.5	28.9	-6.8
Plaines Wilhems	8.9	4.6	1.4	0.4	4.6	2.8	22.7	-6.5
Black River	20.4	2.3	1.4	5.1	0.9	3.2	33.3	+3.0
Total MOH	10.2	4.9	1.1	3.5	-	2.6	22.3	-2.5
Total MFPA	1.1	0.6	0.1	0.1	-	0.1	2.0	-0.5
Total Action Familiale	-	-	-	-	3.1	-	3.1	-2.2
Total, All Public Sources	11.3	5.5	1.2	3.5	3.1	2.7	27.3	-5.3
Total Private and Other Sources	0.9	0.7	0.1	0.0	0.3	0.1	2.1	-
Grand Total, All Sources	12.2	6.2	1.3	3.5	3.4	2.8	29.4	-
RODRIGUES ISLAND								
All Public Sources	12.7	2.1	1.0	7.9	5.1	1.2	30.0	-21.5

*Never married users of contraception are not included in the current use figures, since they were not interviewed in the survey.

**Includes temperature only if the respondent reportedly learned it from Action Familiale.

TABLE 62 (continued)

B. MOH SERVICE STATISTICS

District and Source	Method						
	Pill	Condoms	IUD	Injectables	Sympto-Thermal	Tubal Ligation***	Total
MAURITIUS ISLAND							
Port Louis	20.0	10.2	2.8	1.1	6.1	1.7	42.9
Pamplemousses/ Riviere du Rempart	11.2	8.0	2.0	4.6	2.9	1.8	30.6
Moka/Flacq	11.8	7.2	1.2	6.0	4.0	1.2	31.2
Grand Port/Savanne	16.7	6.1	1.1	4.6	5.3	1.8	35.7
Plaines Wilhems	11.3	6.5	1.7	1.0	7.3	1.4	29.2
Black River	15.6	3.5	1.1	5.8	2.7	1.6	30.3
Total MOH	12.3	6.5	1.4	3.2	-	1.4	24.8
Total MFPA	1.2	0.8	0.3	0.1	-	0.2	2.5
Total Action Familiale	-	-	-	-	5.3	-	5.3
Total, All Public Sources	13.5	7.3	1.7	3.3	5.3	1.6	32.6
RODRIGUES ISLAND							
All Public Sources	15.6	5.2	1.9	10.1	18.7	0.0	51.5

***Does not include 2881 tubal ligations performed in hospitals and not reported in Family Planning clinics. If those operations are included the total is 2.6 percent compared with 2.7 percent from public sources according to the CPS.

TABLE 63

Place of Last Delivery For Most Recent Births*
by Selected Characteristics
Women in Union Aged 15-49
Mauritius Island
1985 Mauritius Contraceptive Prevalence Survey

Characteristics	Place of Last Delivery					N
	Total	Public Facility	Private Facility	Home With Nurse	Home Without Nurse	
Total	100.0	73.0	4.0	7.6	15.5	(1741)
Age Group						
15-19	100.0	88.9	0.0	3.7	7.4	(54)
20-24	100.0	79.2	2.0	4.2	14.6	(452)
25-29	100.0	72.6	5.1	8.6	13.8	(572)
30-34	100.0	65.6	5.8	9.8	18.8	(378)
35+	100.0	70.9	3.2	8.8	17.2	(285)
Residence						
Urban	100.0	82.9	7.7	5.4	4.0	(700)
Rural	100.0	66.4	1.4	9.0	23.2	(1041)
Religion						
Hindu	100.0	67.9	2.6	8.5	21.1	(1030)
Muslim	100.0	78.7	5.1	7.2	9.0	(277)
Christian	100.0	81.7	6.3	5.8	6.3	(432)
Education						
Less than complete primary	100.0	70.6	0.8	8.6	20.0	(800)
Complete primary	100.0	72.0	1.3	10.7	16.0	(450)
More than complete primary	100.0	77.8	11.6	3.1	7.5	(491)
Monthly Household Income**						
Low	100.0	72.6	0.1	9.0	18.3	(837)
Medium	100.0	73.1	3.5	7.7	15.8	(654)
High	100.0	71.6	21.4	1.0	6.0	(201)

*Only includes most recent births occurring after 1981.
**Excludes 49 women with unknown household income.

TABLE 64

Place of Last Delivery, For Most Recent Births*
by Selected Characteristics
Women in Union Aged 15-49
Rodrigues Island
1985 Mauritius Contraceptive Prevalence Survey

Characteristics	Total	Place of Last Delivery: Public Facility	Home With Nurse	Home Without Nurse	N
Total	100.0	78.1	10.0	11.9	(269)
Age Group					
15-19	100.0	96.2	3.9	0.0	(26)
20-24	100.0	87.5	4.2	8.3	(72)
25-29	100.0	68.4	13.9	17.7	(79)
30-34	100.0	64.9	18.9	16.2	(37)
35+	100.0	80.0	9.1	10.9	(55)
Education					
Less than complete primary	100.0	80.2	9.2	10.6	(207)
Complete primary or more	100.0	71.0	12.9	16.1	(62)
Monthly Household Income					
Low	100.0	81.7	7.7	10.6	(104)
Medium/high	100.0	75.8	11.5	12.7	(165)

*Only includes most recent births occurring after 1981.

References

Betts K. (1984). The Billings method of family planning: an assessment. Studies in Family Planning, 15(6), 253-266.

Bongaarts J. (1986). Contraceptive use and annual acceptors required for fertility transition: Results of a projection model. Studies in Family Planning, 17(5), 209-216.

Brouard NR. (1966). Population and family planning in Mauritius: A review. Family Planning Review, The Mauritius Family Planning Association.

Centers for Disease Control, Center for Health Promotion and Education Division of Reproductive Health. (1983). Family Planning Methods and Practice: Africa. Atlanta, Georgia.

Hernandez DJ. (1984). Success or failure? Family planning program, in the third world. Studies in Population and Urban Demography, No. 4. Greenwood Press, Westpost, Conn.

Laing JE. (1984). Natural family planning in the Phillippines. Studies in Family Planning, 15(2), 49-61

Mauritius Ministry of Economic Planning and Development, Central Statistical Office. (1984-1986). 1983 Housing and Population Census of Mauritius, Vols. I-VI. Port Louis.

Mauritius Ministry of Health, Family Planning/Maternal and Child Health Division. (1980). Survey ofFertility Patterns among women Aged 25 Years on the Island of Mauritius.

Meade JE et al. (1968). The Economic and Social Structure of Mauritius.

Morris L and Anderson JE. (1980). The use of contraceptive prevalence survey data to evaluate family planning program service statistics, in The Role of Surveys in the Analysis of Family Planning Programs, Hermalin AI and Ertwisle B (eds.). Ordina Editions, Liege.

Sombo N and Tabutin D. (1985). Tendances et causes de la mortalite a Maurice depuis 1940. Population, 40(3), 435-453.

Titmuss RM. (1960). Social Policies and Population Growth in Mauritius.

Xenos C. (1977). Fertility Change in Mauritius and the Impact of the Family Planning Programme. Mauritius Ministry of Health. Port Louis.

HOUSEHOLD ID ___ ___ ___ ___
1 2 3 4

MAURITIUS CONTRACEPTIVE PREVALENCE SURVEY

District_____ ___ ___
5 6

Enumeration area ___ ___ ___ ___
7 8 9 10

Village or city_____

Household number ___ ___
11 12

Residence (1) Urban
(2) Rural ___
13

Name of head of household_____

Address_____

	Number of Visit			
	1	2	3	4
Date	/	/	/	/
Time				
Result*				
Name of Interviewer				

Visits ___
14

Day ___ ___
15 16

Mo. ___ ___
17 18

Result ___
19

*Code Results:

(1) Completed interview - list of eligible women obtained

(2) Completed interview - no eligible women in household

(3) No one home

(4) Refusal

(5) Vacant

(6) Other (specify)_____

HOUSEHOLD FORM--TO BE COMPLETED BY ANY ADULT HOUSEHOLD MEMBER

H1. What is this household's primary source of water?

(1) Piped water on premises

(2) Piped water from neighbors

(3) Public fountain/faucet

(4) Tank truck

(5) Well

(6) River, lake, spring, etc.

(7) Rain water

(8) Other (specify)_____ 20

H2. What kind of toilet facilities does this household have?

(1) Flush toilet

(2) Pit latrine

(3) Other (specify)_____ 21

H3. In your home is there a:

Radio? (1) Yes
(2) No 22

Television? (1) Yes
(2) No 23

Refrigerator? (1) Yes
(2) No 24

H4. How many bedrooms are there in your home?

(7) 7+ 25

H5. What is the combined monthly income of all members of this household?

(1) Less than Rs1200/Payment in goods

(2) 1201-2500

(3) 2501-3500

(4) 3501-4500

(5) 4501-5500 26

(6) 5501+

(8) Don't know

/ many females who are at least 15 years old, but not yet 50 years old (including yourself) usually live here?

IF 0, CODE RESULT AS 2 ON PAGE 1 AND TERMINATE INTERVIEW

HAVE HOUSEHOLD RESPONDENT LIST BELOW ALL WOMEN 15-49 YEARS OF AGE AND PROVIDE THE FOLLOWING INFORMATION FOR EACH OF THESE WOMEN IN THE BOXES PROVIDED

rst Name	How old is she?	What is her current marital status? [CODES LISTED BELOW	What was the highest grade she completed [CODES BELOW]	How many children has she had who were born alive? [IF 0, NEXT LINE]	How many children has she had who are now alive?	What was the month and year of her last live birth?	Final Interview Status [CODES BELOW]
	28 29 years	30	31	32 33 births	34 35 children	Month 36 37 Year 38 39	40
	41 42 years	43	44	45 46 births	47 48 children	49 50 51 52	53
	54 55 years	56	57	58 59 births	60 61 children	62 63 64 65	66
	67 68 years	69	70	71 72 births	73 74 children	75 76 77 78	79
	80 81 years	82	83	84 85 births	86 87 children	88 89 90 91	92
		1) Married 2) Consensual union 3) Widowed 4) Divorced/ Separated 5) Never married	1) No school 2) Some primary 3) Complete primary 4) Some secondary 5) Complete SC 6) Complete HSC 7) Any university				1) Complete 2) Absent 3) Refused 4) Ineligible 5) Partially complete 6) Other (specify)_____

IF THERE ARE NO 15-44 YEAR-OLD WOMEN WHO HAVE EVER BEEN MARRIED LIVING IN THE HOUSEHOLD, TERMINATE INTERVIEW AND CODE RESULT AS 2 ON PAGE 1.

END OF HOUSEHOLD FORM

INDIVIDUAL RESPONDENT FORM

Household ID ___ ___ ___ ___
(1) (2) (3) (4)

Respondent Line Number ___
(See Household Form) (5)

1. How old are you? ___ ___ years
(6) (7)

2. What was your date of birth? ___ ___ month
(8) (9)

19 ___ ___ year
(10) (11)

IF RESPONDENT IS LESS THAN 15 OR MORE THAN 49, END INTERVIEW AND CODE FINAL INTERVIEW STATUS AS "INELIGIBLE"

3. What is your current marital status? ___
(12)

(1) Married (legal or religious)
(2) Consensual Union
(3) Widowed
(4) Divorced/Separated
} GO TO Q.5

(5) Single (Never married) ———— GO TO Q.4

4. Then you have never been married or lived as married? ___
(13)

(1) Have been in union——CORRECT Q.3 AND GO TO Q.5

(2) Never been in union—END INTERVIEW AND CODE FINAL INTERVIEW STATUS AS "INELIGIBLE"

5. How many times have you been married or in union? ___ times
(14)

6. In what month and year did you start living with your (first) husband/partner?

___ ___ month
(15) (16)

___ ___ year
(17) (18)

7. Can you read a newspaper?
(1) Yes
(2) No ___
(19)

8. What was the highest level you completed in school?
(1) No school
(2) Less than completed primary
(3) Completed primary
(4) Incomplete secondary ___
(20)
(5) Completed SC level
(6) Completed HSC level
(7) Any university

9. What is your religion?

(1) Hindu

(2) Muslim

(3) Roman Catholic

(4) Christian (other)

(5) Other_____

21

10. What language or languages do you usually speak at home? [INDICATE NO MORE THAN 2 LANGUAGES]

(1) Creole

(2) French

(3) Bhojpuri

(4) Chinese

(5) English

(6) Other Indian language (specify)_____

(7) Other non-Indian language (specify)_____

22

23

11. What is your occupation, if you have one?

_____

24 25*

12. What was the highest level your (last) husband completed in school?

(1) No school

(2) Less than completed primary

(3) Completed primary

(4) Incomplete secondary

(5) Completed SC level

(6) Completed HSC level

(7) Any university

(0) Other (specify)_____

26

13. What is (was) the primary occupation of your (last) husband/partner?

_____

27*

*WRITE RESPONSE ON LINE PROVIDED. DO NOT WRITE IN NUMBERED CODING SPACES.

FERTILITY

100. Have you ever been pregnant?

(1) Yes

(2) No ___ 28

101. Are you currently pregnant?

(1) Yes

(2) No ___ 29

(8) Not Sure

IF NEVER PREGNANT AND NOT CURRENTLY PREGNANT, GO TO Q.304

102a. To how many sons have you given birth who are currently alive, whether or not they live with you? ___ sons 30

102b. To how many daughters have you given birth who are currently alive, whether or not they live with you? ___ daughters 31

MAKE SURE RESPONDENT INCLUDES ALL CHILDREN, NO MATTER HOW SHORT A TIME THEY SURVIVED, ON QUESTIONS 103a AND 103b.

103a. How many live-born sons or sons who cried at birth have you had who later died, even if they lived for only a very short time? ___ sons 32

103b. How many live-born daughters or daughters who cried at birth have you had who later died, even if they lived for only a very short time? ___ daughters 33

105. Just to make sure I have this right, you have given birth to ___ ___ children [ADD 102+103], ___ ___ boys [102a + 103a] and ___ ___ girls [102b+104b]

MAKE SURE THAT THE NUMBERS AGREE, THEN PLACE THEM ON THE BLANKS TO THE RIGHT

___ ___ total births 34 35

___ ___ boys 36 37

___ ___ girls 38 39

106. How many stillbirths have you ever had? ___ stillbirths 40

107. How many miscarriages have you ever had? ___ miscarriages 41

108. How many induced abortions have you ever had, if any? ___ abortions 42

IF 0, GO TO TOP OF NEXT PAGE

109. What was the month and year of your last induced abortion? ___ ___ month 43 44

(88) Don't remember

___ ___ year 45 46

IF RESPONDENT HAS HAD NO LIVE BIRTHS, GO TO Q. 300

.0. What was the month and year of your most recent live birth? ___ ___ month (47 48)

(88) Don't remember ___ ___ year (49 50)

IF YEAR IS NOT KNOWN, GO TO Q. 111; ALL OTHERS GO TO Q. 112.

1. How many years ago was your last live birth? ___ ___ years (51 52)

(88) Don't remember

2. Where did your last live birth 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 nurse or midwife

(7) Other (specify)_____

(53)

3. Is this child still alive?

(1) Yes--GO TO Q.115

(2) No---GO TO Q.114

(54)

4. At what age did he/she die?

REPORT IN YEARS IF DIED AFTER FIRST BIRTHDAY REPORT IN MONTHS IF DIED BEFORE FIRST BIRTHDAY IF LESS THAN 1 MONTH, ENTER 00	___ ___ years (55 56) ___ ___ months (57 58)

5. | IF RESPONDENT HAS HAD ONLY ONE LIVE BIRTH, GO TO TOP OF NEXT PAGE. |

What was the month and year of your last live birth previous to that child? ___ ___ month (59 60)

(88) Don't remember ___ ___ year (61 62)

6. Is that child still alive?

(63)

(1) Yes---GO TO TOP OF NEXT PAGE
(2) No----GO TO Q. 117

7. At what age did he/she die?

REPORT IN YEARS ID DIED AFTER FIRST BIRTHDAY REPORT IN MONTHS IF DIED BEFORE FIRST BIRTHDAY IF LESS THAN 1 MONTH, ENTER 00	___ ___ years (64 65) ___ ___ months (66 67)

IF RESPONDENT'S LAST BIRTH TOOK PLACE BEFORE JANUARY 1982 GO TO Q.300

200. Has your menstrual period returned since your last birth?

(1) Yes---GO TO Q.201

(2) No, but have become pregnant since---GO TO Q.202 ___ 68

(3) No---GO TO Q. 202

201. How many months after birth did it return?

(00) Less than 1 month ___ ___ 69 70 months

(88) Don't remember

202. Did you breast-feed your last child?

(1) Yes---GO TO Q.203 ___ 71

(2) No----GO TO Q.300

203. Are you still breast-feeding that child?

IF CHILD DIED, DO NOT ASK QUESTION AND CODE AS 2

(1) Yes---GO TO Q.205

(2) No----GO TO Q.204 ___ 72

204. How many months did you breast-feed that child?

(00) Less than 1 month ___ ___ 73 74 months

(88) Don't remember

205. How old was your child, in months, when you started giving him/her milk other than breast milk at least once per day?

(00) Less than 1 month

(44) Not yet

(55) Child died before receiving it ___ ___ 75 76 months

(88) Don't remember

300. At the time you last became pregnant, did you wish to become pregnant?

(1) Yes---GO TO Q. 304

(2) No----GO TO Q. 301

(8) Not sure, don't remember, etc.---GO TO Q. 304

77

301. At that time, did you want no more children or did you just want to wait longer before getting pregnant?

(1) Wanted no more

(2) Wanted to wait longer

(8) Not sure, don't remember, etc.

78

302. Were you using a family planning method when you got pregnant?

(1) Yes---GO TO Q.303

(2) No----GO TO Q.304

(8) Don't remember---GO TO Q. 304

79

303. What method?

(01) Pill

(02) IUD

(03) Condom

(04) Injection

(05) Vaginal method

(06) Sympto--hermal method/Action Familiale NFP method

(07) Temperature only/mucous only

(10) Calendar method (Ogino)

(11) Withdrawal

(12) Other_____

80 81

304. Would you like to become pregnant now?

(1) Yes

(2) No

(3) Currently pregnant

(4) Up to God, Fate, etc.

(8) Not sure

82

400. Now I would like to talk to you about contraceptive methods that couples use. I will mention a number of methods that couples use and for each method, I would like you to tell if you:

a. Have ever heard of it.
b. Have ever used it.
c. Are using it at the present time.

CIRCLE NUMBER WHENEVER ANSWER IS YES. THEN PLACE CODE FOR HIGHEST NUMBER CIRCLED TO THE RIGHT. CODE AS 0 IF RESPONDENT HAS NEVER HEARD OF THE METHOD.

Method	Have you ever heard of it? No	Have you ever heard of it? Yes	IF YES, ASK: Have you ever used it?	IF YES, ASK: Are you using it at the present time?	Coding Only
1. Pills	0	1	2	3	83
2. IUD	0	1	2	3	84
3. Female sterilization	0	1	2	3	85
4. Male sterilization	0	1	2	3	86
5. Condom	0	1	2	3	87
6. Injection, Depoprovera	0	1	2	3	88
7. Foam, jelly, tablets	0	1	2	3	89
8. Diaphragm	0	1	2	3	90
9. Sympto Thermal Method	0	1	2	3	91
10. Mucous Method (Billings)	0	1	2	3	92
11. Temperature Only	0	1	2	3	93
12. Calendar (Ogino)	0	1	2	3	94
13. Withdrawal	0	1	2	3	95
14. Any other method _____ Specify	0	1	2	3	96
				Current Method	97 98 *

*DO NOT WRITE IN THESE CODING SPACES

IF USED FAMILY PLANNING IN THE PAST, BUT NOT USING CURRENTLY, GO TO Q.401

IF NEVER USED FAMILY PLANNING AND NOT PREGNANT NOW, GO TO Q. 407

IF NEVER USED FAMILY PLANNING AND CURRENTLY PREGNANT (Q101=1), GO TO Q.411

IF RESPONDENT OR HUSBAND HAVE BEEN STERILIZED, GO TO Q.500

IF CURRENTLY USING ANY FAMILY PLANNING METHOD EXCEPT STERILIZATION, GO TO Q.502

401. What was the method of family planning you most recently used?

(01) Pill
(02) IUD
(03) Condom
(04) Injection
(05) Foam, jelly, diaphragm, etc.
(06) Sympto thermal method

} GO TO Q. 402

99 100

(07) Temperature only/mucous only
(10) Rhythm, calendar method (Ogino)
(11) Withdrawal
(12) Other (specify) _____

} GO TO Q. 403

402a. Where did you most frequently obtain that method?

(1) MOH Clinic
(2) MFPA Clinic

} GO TO Q. 403

(3) Action Familiale----GO TO Q. 402b.

(4) Pharmacy
(5) Private Clinic/Physician
(6) Vending machine
(7) Shop (not pharmacy)
(8) Factory/Place of Work
(0) Other (specify) _____

} GO TO Q. 403

101

402b. Where did you receive instruction in this method?

(1) At home
(2) Permanence
(3) Action Familiale headquarters (centre)
(4) Other (specify) _____

102

403. What was the most important reason you stopped using this method? _____

_____ 103 104*

404. What was the first family planning method you ever used for at least 1 month?

(01) Pill

(02) IUD

(03) Condom

(04) Injections

(05) Foam, jelly, diaphragm, etc. 105 106

(06) Sympto thermal method

(07) Temperature only/mucous only

(10) Calendar method (Ogino)

(11) Withdrawal

(12) Other (specify) _____

405. In what year did you first start using that method? 19 107 108

406. How many living children did you have when you first started using that method? 109

(7) 7 or more

*WRITE RESPONSE ON LINES PROVIDED. DO NOT WRITE IN NUMBERED CODING SPACES.

IF RESPONDENT IS CURRENTLY PREGNANT (Q101=1) GO TO Q.411

407. Do you think you are able to become pregnant?

(1) Yes---GO TO Q.409

(2) No----GO TO Q.408

(8) Don't know---GO TO Q.409

110

408. Why not?

(1) Menopause

(2) Has had operation for medical reasons or has a medical condition which makes pregnancy impossible

(3) Has tried to get pregnant for at least 3 years without success (or has not gotten pregnant despite at least 3 years of non-contraception)

GO TO Q. 700

111

(4) Not sexually active

(5) Postpartum/Breast-feeding

GO TO Q. 411

(6) Other (specify)_____

409. Why are you not using a method to prevent pregnancy now?

_____ 112 113*

_____

IF RESPONDENT SAYS SHE IS NOT NOW SEXUALLY ACTIVE, GO TO Q.411

IF RESPONDENT SAYS SHE WANTS TO GET PREGNANT NOW, GO TO Q.417

410. Would you like to use a family planning method now?

114

(1) Yes--------GO TO Q.412

(2) No---------GO TO Q.417

(8) Not sure---GO TO Q.417

411. If it were now possible for you to get pregnant, would you be interested in using a method to avoid pregnancy?

(1) Yes--------GO TO Q.412

(2) No---------GO TO Q.417

(8) Not sure---GO TO Q.417

115

*WRITE RESPONSE ON LINES PROVIDED. DO NOT WRITE IN NUMBERED CODING SPACES.

412. What method would you be most interested in using?

(01) Pill
(02) IUD
(03) Sterilization, Female
(04) Vasectomy
(05) Condom
(06) Injection
(07) Foam, jelly, diaphragm, etc.
(10) Sympto Thermal method
(11) Temperature only/mucous only

→ GO TO Q. 413

(12) Calendar method (Ogino)
(13) Withdrawal
(14) Other_____
(22) Any method
(88) Not sure

→ GO TO Q. 417

116 117

413. Do you know where to obtain this method (or instruction on its use)?

(1) Yes---GO TO Q. 414
(2) No----GO TO Q. 417

118

414. Where? (If respondent mentions more than one source, ask about the one she would be most likely to use)

(1) MOH Clinic
(2) MFPA Clinic
(3) Action Familiale
(4) Pharmacy
(5) Private clinic/Physician
(6) Vending machine
(7) Shop (not pharmacy)
(10) Factory/Place of Work
(11) Other (specify)_____
(12) No source required----GO TO TOP OF PAGE 16

119 120

415. How long would (does) it generally take to get to this place by the means you would normally use? ___ ___ ___ minutes
121 122 123

(000) Home visits---GO TO TOP OF PAGE 15

416. How would you usually get to this place?

(1) On foot

(2) Bus

(3) Bicycle

(4) Private Vehicle/Motorcycle/Taxi, etc.

(5) Other (specify)_____ 124

|GO TO TOP OF PAGE 16|

417. Do you know where to get information on (other) methods of avoiding pregnancy?

(1) Yes---GO TO. Q.418

(2) No----GO TO TOP OF PAGE 16 125

418. Where? (If respondent knows more than one place, ask about the one she would be most likely to use).

(1) MOH Clinic

(2) MFPA Clinic

(3) Action Familiale

(4) Pharmacy

(5) Private Clinic/Physician

(6) Vending machine

(7) Shop (not pharmacy)

(8) Factory/Place of Work

(0) Other (specify)_____ 126

|GO TO TOP OF PAGE 16|

THE FOLLOWING QUESTIONS (500-502) ARE TO BE ASKED ONLY OF WOMEN CURRENTLY USING CONTRACEPTION.

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

month ___ ___ (127 128)

19 ___ ___ (129 130) year

501. Where was the procedure carried out?

(1) Hospital (Public)

(2) MFPA Clinic

(3) Private Clinic/Hospital

(4) Private Physician's Office

(5) Outside Mauritius (specify)_____

(6) Other (specify)_____

(131)

GO TO Q. 510

502. Where do you obtain the family planning method that you are now using? (IF USING NATURAL FAMILY PLANNING ASK WHERE SHE WAS INSTRUCTED IN ITS USE).

(01) MOH Clinic
(02) MFPA Clinic
(03) Pharmacy
(04) Private Clinic/Physician
(05) Vending machine
(06) Shop (not pharmacy)

} GO TO Q. 505

(07) Factory/Place of Work--------GO TO Q. 507

(10) Action Familiale----------GO TO Q. 503

(11) Other (specify)_____-----GO TO Q.505

(12) No source required----------GO TO Q. 507

(132 133)

503. Where do (did) you receive instruction in the method?

(1) At home

(2) Permanence

(3) Action Familiale Headquarters (centre)

(4) Other (specify)_____

(134)

504. Are you autonomous or do you still receive instruction?

(1) Autonomous ---GO TO Q. 507

(2) Still receive instruction---GO TO Q. 505

(135)

505. How long does it generally take you to get to this place by place by the means of transportation you most often use?

___ ___ ___ minutes
136 137 138

(000) Home visit---GO TO Q. 507

506. How do you usually get to this place?

(1) On foot

(2) Bus

(3) Bicycle

(4) Private vehicle/Motorcycle/Taxi, etc.

(5) Other (specify)_____

139

507. Is there another family planning method you would prefer using rather than the one you currently use?

(1) Yes--------GO TO Q. 508

(2) No---------GO TO Q. 510

(8) Not sure---GO TO Q.510

140

508. Which method?

(01) Pill

(02) IUD

(03) Female sterilization

(04) Vasectomy

(05) Condom

(06) Injection

(07) Foam, jelly, diaphragm, etc.

(10) Sympto thermal method

(11) Temperature only/mucous only

(12) Calendar method (Ogino)

(13) Withdrawal

(14) Other (specify)_____

(22) Any Method

(88) Not Sure

141 142

509. Why are you not using this method?

_____ 143 144*

_____

510. What was the first method you ever used for at least 1 month?

(01) Pill

(02) IUD

(03) Sterilization

(04) Condoms

(05) Injection 145 146

(06) Foam, jelly, diaphrgam, etc.

(07) Sympto thermal method

(10) Temperature only/mucous only

(11) Calendar method (Ogino)

(12) Withdrawal

(13) Other (specify)_____

511. In what year did you first start using it? 19___ 147 148
(88) Don't remember

512. How many living children did you have when you first started using it?

149

(7) 7 or more

(8) Don't remember

IF RESPONDENT (OR HUSBAND) HAS BEEN STERILIZED GO TO PAGE 19
ALL OTHERS CONTINUE WITH NEXT PAGE

*WRITE RESPONSE ON LINES PROVIDED. DO NOT WRITE IN NUMBERED CODING SPACES.

IF RESPONDENT HAS EVER USED THE SYMPTO THERMAL METHOD (Q. 400, LINE 9=2 or 3), GO TO Q. 610: OTHERWISE CONTINUE WITH Q. 600

600. Are you familiar with methods of family planning where a woman takes her temperature and/or observes her cervical mucous in order to see if she is able to get pregnant at a particular time?

(1) Yes---GO TO Q. 601

(2) No----GO TO Q. 610 150

601. Do you know where to get instruction is available in this method?

(1) Yes---GO TO Q. 602

(2) No----GO TO Q. 603 151

602. Where? (1 ITEM ONLY)

(1) Action Familiale/Centre/Headquarters

(2) Action Familiale (Permanence)

(3) Home visits

(4) Private Physician

(5) Religious worker

(6) Health services personnel 152

(7) Friend, relative, etc.

(8) Books

(0) Other (specify)_____

603. Do you think you would ever be interested in using this method to avoid getting pregnant?

(1) Yes--------GO TO Q. 605

(2) No---------GO TO Q. 604 153

(3) Not sure---GO TO Q. 604

604. Why not? (IF MORE THAN 1 REASON, WRITE THE MOST IMPORTANT ONE) 154 155

_____

_____

GO TO Q.610

605. Why have you never used this method of family planning? (IF MORE THAN 1 REASON WRITE THE MOST IMPORTANT ONE) 156 157*

_____

_____

*WRITE RESPONSE ON LINES PROVIDED. DO NOT WRITE IN NUMBERED CODING SPACES.

610. Do you wish to have any more children?

(IF WOMAN IS CURRENTLY PREGNANT, THIS QUESTION REFERS TO AFTER CURRENT PREGNANCY.

(1) Yes----------GO TO Q.615

(2) No----------GO TO Q.611

(3) Up to God/Fate etc.-----GO TO Q.616

(8) Not sure----------GO TO Q.616

158

611. Are you interested in an operation that would prevent you from having any more children?

(1) Yes----------GO TO Q.612

(2) No----------GO TO Q.619

(8) Not sure-----GO TO Q.617

159

612. Do you know where to go for such an operation or to get information about it?

(1) Yes---GO TO Q. 613

(2) No----GO TO Q. 614

160

613. Where? (If more than one source as known, what is the source she would use).

(1) Hospital (Public)

(2) MFPA Clinic

(3) Private Clinic/Hospital

(4) Private Physician

(5) Outside Mauritius (specify)_____

(6) Other (specify)_____

161

614. Why have you not had such an operation, even though you have all the children you want?

_____ *

_____

162 163

GO TO THE TOP OF PAGE 19

*WRITE RESPONSE ON LINES PROVIDED. DO NOT WRITE IN NUMBERED CODING SPACES.

615. How many more children do you want (after this pregnancy)?

(1-4) Code number reported

(5) 5 or more

(6) As many as possible

(7) Up to God, Fate, etc.

(8) Not sure

164

616. When you are sure you have all the children you want, do you think you will then be interested in having an operation that would prevent you from having any more children?

(1) Yes--------GO TO Q. 617

(2) No---------GO TO Q. 619

(3) Not sure---GO TO Q. 617

165

617. Do you know where to go for such an operation or to get information about it?

(1) Yes---GO TO Q. 618

(2) No----GO TO Q. 619

166

618. Where?

(1) Hospital (Public)

(2) MFPA Clinic

(3) Private Clinic/Hospital

(4) Private Physician

(5) Outside Mauritius

(6) Other (specify)_____

167

GO TO TOP OF NEXT PAGE

619. Why wouldn't you be interested in having such an operation? *

168 169

_____

_____

GO TO TOP OF NEXT PAGE

*WRITE RESPONSE ON LINES PROVIDED. DO NOT WRITE IN NUMBERED CODING SPACES.

IF RESPONDENT HAS NEVER USED A FAMILY PLANNING METHOD (SEE Q. 400) THEN GO TO Q. 800

IF RESPONDENT HAS EVER USED PILLS, (Q. 400, LINE 1 = 2 or 3) CONTINUE BELOW WITH Q.700.

IF NOT, GO TO THE TOP OF NEXT PAGE

700. As best you can remember, what was the month and year you last started using oral contraceptives?

___ ___ month (170 171)

19 ___ ___ year (172 173)

(88) Don't remember

IF SHE LAST STARTED TAKING PILLS BEFORE 1980, GO TO NEXT PAGE

701. When did you stop using them?

___ ___ month (174 175)

(00) Still using

(88) Don't remember

19 ___ ___ year (176 177)

IF STILL USING PILLS, GO TO NEXT PAGE.

702. Did you get pregnant while on the pills since you last started taking them?

(1) Yes---GO TO NEXT PAGE

(2) No (178)

703. What was the most important reason you stopped using the pills?

_____ (179 180) *

_____

GO TO NEXT PAGE

*WRITE RESPONSE ON LINES PROVIDED. DO NOT WRITE IN NUMBERED CODING SPACES.

IF RESPONDENT HAS EVER USED INJECTIONS (Q.400, LINE 6=2 or 3) THEN CONTINUE BELOW WITH Q.710.

IF NOT, GO TO THE TOP OF NEXT PAGE

710. As best you can remember, what was the month and year you last started using injections?

___ ___ month (181 182)

(88) Don't remember

19 ___ ___ year (183 184)

IF SHE LAST STARTED USING INJECTIONS BEFORE 1980, GO TO NEXT PAGE

711. When did you stop using them, if you have stopped? month

___ ___ month (185 186)

(00) Still using

19 ___ ___ year (187 188)

(88) Don't remember

IF STILL USING INJECTIONS, GO TO NEXT PAGE

712. Did you get pregnant while using injections since you last started using them?

(1) Yes---GO TO NEXT PAGE

(2) No ___ (189)

713. What was the most important reason you stopped using injections?

___ ___ * (190 191)

_____

_____

GO TO NEXT PAGE

*WRITE RESPONSE ON LINES PROVIDED. DO NOT WRITE IN NUMBERED CODING SPACES.

IF RESPONDENT HAS EVER USED THE SYMPTO-THERMAL METHOD (Q.400, LINE 9=2 or 3), CONTINUE BELOW WITH Q.720. IF NOT, GO TO THE TOP OF THE NEXT PAGE.

720. As best you can remember, what was the month and year you last started using the sympto thermal method?

(88) Don't remember

month ___ ___ (192 193)

19 ___ ___ year (194 195)

IF SHE LAST STARTED USING THE SYMPO-THERMAL METHOD BEFORE 1980, GO TO NEXT PAGE

721 When did you stop using it?

(00) Still using

(88) Don't remember

month ___ ___ (196 197)

year ___ ___ (198 199)

IF STILL USING THE SYMPTO-THERMAL METHOD, GO TO NEXT PAGE

722. Did you get pregnant while using the sympto-thermal method since you last started using it?

(1) Yes---GO TO NEXT PAGE

(2) No (200)

723. What was the most important reason you stopped using this method? (201 202)*

_____

_____

GO TO NEXT PAGE

*WRITE RESPONSE ON LINES PROVIDED. DO NOT WRITE IN NUMBERED CODING SPACING.

800. Family planning spots have been introduced on radio and television in Mauritius. Have you ever heard the radio spots?

1. Yes

2. No 203

801. Have you ever seen the television spots?

1. Yes

2. No 204

802. Are you aware of any condom vending machines in this area?

1. Yes---GO TO Q.803

2. No----GO TO Q.804 205

803. Where is this machine located?

1. Shop

2. Supermarket

3. Restaurant

4. MFPA clinic 206

5. Other (specify)_____

804. Are you aware of any place other than in a pharmacy where you can buy condoms over the counter?

1. Yes---GO TO Q.805

2. No----END INTERVIEW AND CODE FINAL INTERVIEW STATUS 207

805. Where? (Code only first place mentioned)

1. Shop

2. Supermarket

3. Barber Shop

5. MFPA clinic 208

6. Other (specify)_____

END INTERVIEW AND CODE FINAL INTERVIEW STATUS

NAME OF INTERVIEWER _____ 209 210