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SAO PAULO STATE CONTRACEPTIVE PREVALENCE SURVEY PESMI/PUCC/78

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1

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SAO PAULO CONTRACEPTIVE SURVEY, 1978

Table of Contents

Acknowledgments

| I. | Introduction | 1 |
|-------|--|----|
| II. | Survey Methodology | 4 |
| III. | Demographic Background | 7 |
| IV. | Current Use of Contraception | 10 |
| v. | Source of Contraception | 15 |
| VI. | History of Spontaneous and Induced Abortions | 16 |
| VII. | Planning Status of Pregnancies and Current Pregnancy Intention | 19 |
| VIII. | Demand for Sterilization Services | 24 |
| IX. | Desire to Use Contraception, Knowledge of Availability of Services and Acceptance of Community-Based Services | 31 |
| x. | Characteristics of Women in Need of Family Planning Services | 37 |
| XI. | Summary and Policy Implications | 40 |
| | References | |

Tables

I. INTRODUCTION

The Brazilian Government has recently recognized the problems of maternal and child health associated with unplanned pregnancies as well as the effect of rapid population growth in such areas as education, health, agricultural production and employment (press conference of President Ernesto Geisel, Mexico City, January 18, 1978). The Federal Government has recently made the decision to offer family planning services on a voluntary basis to couples who have full access to information on family planning methods. Services will be offered through an expanded program of maternal and child health with an initial objective to provide services to some 53,607 women in a "high risk" category during a period of four years.

Considering this decision of the Federal Government and the lack of data concerning women of childbearing age in the state of Sao Paulo, the Catholic University of Campinas, Sao Paulo (PUCC) sponsored a statewide survey under the auspices of the Faculty of Medical Sciences to obtain information on which to base future program and policy decisions related to the provision of family planning and other maternal health services. This project, entitled PESMI/PUCC/78, had the following objectives:

- To estimate fertility levels in three strata throughout the State (the Municipio of Sao Paulo, other urban areas and rural areas) since birth registration is not complete throughout the State.
- 2. To describe levels of knowledge about contraceptives and past and current use of contraceptives in each stratum by age group, education level and marital status.

- 3. To estimate the proportion of women who have had unplanned pregnancies.
- 4. To define the percentage and characteristics of the population of women aged 15 to 44 who are in need of family planning services. To be counted as "in need of family planning services," a woman had to be sexually active, fecund, not currently desiring pregnancy and either using ineffective means or not using contraception for reasons unrelated to being pregnant or infertile.
- 5. To describe the method and source of contraception for women currently using contraception. For women not currently using contraception, to find out why not.
- 6. For nonusers who want to space or limit the number of children they desire, to determine what method of contraception is preferable and their knowledge of availability of sources of these services.
- 7. To determine what proportion of women who do not want any more children would consider surgical contraception as a permanent method of limiting fertility, as well as what proportion of women would use contraceptives distributed through a community-based distribution program.
- 8. To determine the proportion of women with a history of abortion, including the percentage who needed medical care or hospitalization or both following abortion.

The initial plans for the survey were made in February 1978 in collaboration with technical consultants from the Center for Disease Control and the International Fertility Research Program. Contacts were made with the Brazilian Institute of Geography and Statistics (IBGE), who provided the

sampling frame as well as the Nursing Faculty and Preventive Medicine Faculty of the Medical School, PUCC, who provided students to work as interviewers for the survey. The questionnaire was pretested in June so that the final version would be ready for field work, which began in July 1978 and was completed by the end of September.

A report in Portuguese describing the survey results was released by the Catholic University of Campinas in January 1979, only four months following the completion of field work (Nakamura et al, 1979). This report is basically a translation of the Portuguese report but is somewhat different in that a few more detailed tables are included that were not available in January 1979, women aged 15 to 44 are the principal group analyzed rather than women aged 15 to 49, and two sections have been added: Characteristics of Women in Need of Family Planning Services and Policy Implications.

Before discussing the survey methodology in the next section of this report, we would like to emphasize that the data presented in this report are for the State of Sao Paulo and should not be extrapolated to any other area in Brazil. Sao Paulo State is the most developed state in Brazil, has the highest per capita income and possesses a good highway and communication network. For those not familiar with the wide range of development among the states of Brazil, we feel that it is worthwhile making this point and cautioning the reader that all estimates in this report refer to the State of Sao Paulo only.

II. SURVEY METHODOLOGY

The 1978 Sao Paulo Survey was a multistage area probability survey with a two-stage selection: selection of census sectors and selection of households within census sectors. In the first stage, a systematic sample with a random start was utilized to select census sectors with probability proportional to the number of households in each census sector. Within selected census sectors, clusters of 12 households were selected for interview in urban areas, and clusters of 21 households were selected for interview in rural areas.

The statewide survey included three strata: the municipio (county) of Sao Paulo, other urban areas and rural areas. Census sectors were defined as urban or rural in accordance with the municipal law in effect as of September 1970. This administrative definition classified areas as urban if they corresponded to cities (county seats) or vilas (district seats). Rural areas would be all those outside those areas defined as urban.

Sampling probabilities were not equal in the three strata. For example, urban areas outside the municipio of Sao Paulo were undersampled and constituted 33% of the total sample whereas they contained 51% of the statewide population. In contrast, rural areas were oversampled and constituted 33% of the total sample but only 15% of the state population. Oversampling of rural areas was necessary to have adequate numbers in that stratum for analysis purposes. In addition, since only one woman per household was selected for interview, each respondent's probability of selection was inversely proportional to the number of eligible respondents in a household. Thus, to make estimates of proportions and means,

-4

weighting factors have been applied to account for these unequal probabilities. In the tables that follow, percentages are based on the weighted number of observations and the unweighted number of cases are shown. For the total state, the variable "current use of contraception" has an estimated sampling error of 2% within a 95% confidence interval, including an estimated design effect. In each stratum, the same variable has an estimated sampling error of 4%.

The interview status of household and individual respondents by strata is shown in Table 1 for the 4188 households included in the survey. In the 4188 households, there were 3166 possible respondents between 15 and 49 years of age. The number of possible respondents includes those households with refusals or no contact after three visits so that the completion rate should be considered a minimum rate, as some of these households may not have had an eligible respondent. Interviews were completed for 2803 women, or 88.5% of the total number of possible respondents (or 97% of identified respondents). Interview completion rates range from 80% in the municipio of Sao Paulo to 96% in the rural areas. As expected, refusals were higher in the municipio of Sao Paulo, and there was a greater proportion of vacant households in rural areas, especially those coffee-growing areas affected by the freeze several years ago.

Table 2 indicates that the characteristics (age group and marital status) of women in the survey correspond very closely to those published recently by the Brazilian Institute of Geography and Statistics from a household survey conducted in 1976 (IBGE, 1978b). As shown in Table 3, there is some difference in the distribution of births by age of mother in the year prior to each of the two surveys. The Contraceptive Prevalence

Survey in Sao Paulo has a lower percentage of births in the 15- to 19-yearold age group, which may indicate that incomplete interviews may have included more mobile younger women who are more likely to be missed in a household survey of this type. Regardless of this difference, which could also reflect recent fertility decline in younger age groups or sampling variation, correspondence between the two surveys is, in general, quite close.

III. DEMOGRAPHIC BACKGROUND

An analysis of the 1970 Demographic Census in Brazil showed a crude rate of natural increase of 2.8% per year with an estimated crude birthrate of 38.5 per 1000 and crude death rate of 10.2 per 1000 (Huguet, 1973). This high rate of natural increase may be viewed against a background of declining mortality and fertility rates that have remained relatively high as shown in Table 4. Nevertheless, even with the recent decline in the crude death rate, the estimate of infant mortality in Brazil is still high, about 108 per 1000 live births. For the northeast region, the infant mortality rate reached 147 per 1000 compared with 84 per 1000 for the State of Sao Paulo (Rodriguez, 1977). Also, as can be seen in Table 4, the estimate of the crude birthrate for the State of Sao Paulo is 20% less than that estimated for Brazil (29.5 per 1000 versus 37.4 per 1000). This difference is apparently long-standing. In 1970, the total fertility rate for Sao Paulo had declined to 3.8 per woman compared with 5.3 per woman for all of Brazil (Oechsli and Adlakha, 1975).

Since there are serious problems with underregistration of vital events in Brazil, the demographic rates mentioned above are estimated from census data (IBGE, 1970). These rates can also be estimated from sample surveys. The National Household Survey, conducted by the Brazilian Institute of Geography and Statistics (IBGE) in 1976, which prinicipally collects data for unemployment but also collects information on fertility, showed that the total fertility rate for the State of Sao Paulo declined to 2.8 children per woman, or a 26% decrease since 1970 (IBGE, 1978b). As will be shown in this report, this decrease is inversely correlated with the increase in the use of more effective contraception in Sao Paulo during the 1970s. Even with this decline in overall fertility, the urban/rural

differential in the State still exists with an estimated total fertility rate for urban areas estimated at 2.5 per woman compared with 4.2 per woman in rural areas.

The Sao Paulo Contraceptive Prevalence Survey has confirmed the decline in fertility in the State of Sao Paulo as shown in the 1976 household survey with a continuing difference between urban and rural areas. Period fertility measures, calculated from results of the Prevalence Survey, indicate that the crude birthrate for the State has declined to an estimated 24 per 1000 with a level of 20 in the municipio of Sao Paulo, 24 in other urban areas, and 30 in rural areas (Table 5). As shown in Table 6, women aged 45 to 49 have had 4.6 live births on the average as compared with 4.3 children for women residing in urban areas and 6.5 for women in rural areas--a difference of 2.2 children born alive. The household survey conducted by IBGE two years earlier found similar differences between urban and rural areas with a difference of 2.6 children per woman.

Comparing fertility in the most recent year with cumulative fertility can indicate whether there have been recent trends in fertility. The technique used is to compare the observed distribution of the mean number of children born alive by age with the distribution that would be produced if fertility rates in the previous year were held constant (Potter et al, 1976). This method uses a technique borrowed from the Brass method of fertility estimation (United Nations, 1976). Using this technique, cumulative fertility is found to be higher than current fertility in every age and residence category (Table 7). Because children ever born measures tend to have a downward memory bias that increases with age, one would expect, all things being equal, that the ratios of observed to expected children

born alive would decline toward the upper end of the age distribution. Instead, the highest ratios tend to be at the oldest age groups.

The comparison, then, reflects real declines. The change is apparent even in rural areas. Although fertility differences exist between urban and rural areas, all areas seem to have experienced fertility decline. A more detailed analysis of fertility data from this survey shows that the fertility differences observed, such as those between urban and rural residents, are probably due to differences in contraceptive use and nuptiality patterns (Anderson, 1979). Other factors affecting fertility, such as the prevalence of spontaneous or induced abortion and breast-feeding patterns, were distributed in such a way that they would work to diminish existing fertility differences rather than to increase these differences.

IV. CURRENT USE OF CONTRACEPTION

Survey results show that 63.9% of currently married women aged 15 to 44 are using contraceptives in the State of Sao Paulo (see Table 8). The differences among the three geographic strata are small with the use of contraception greatest in the urban areas of the interior of the State (66.0%), followed by the Municipio of Sao Paulo (63.4%) and rural areas in the interior of the State (58.5%). Variations among the three areas in choice of method are also small with the exception of greater use of condoms and rhythm in urban areas and greater use of withdrawal in rural areas. Throughout each area, the most prevalent method used is oral contraception. For the State as a whole, 27.8% of women are using oral contraceptives followed by sterilization (16.1%), withdrawal (7.3%), condoms (6.6%) and rhythm (5.2%).

In the Municipio of Sao Paulo, the high level of contraceptive use does not appear to be a recent phenomenon. A previous study carried out in 1965 (Rodrigues, 1971) demonstrated that 66% of married women were using contraception. At first glance, it would appear that currently married women in Sao Paulo are even less protected now against pregnancy than they were more than ten years ago. However, the women currently using contraception in 1978 are generally using more effective methods than women in 1965. In 1965, only 25% of married women were using the most effective methods of contraception (sterilization, 7%; oral contraceptives, 6%; condoms, 12%). In 1978, the proportion of currently married women currently using the most effective methods had doubled to 51.8% (sterilization, 13.9%; oral contraceptives, 30.0%; condoms, 6.9%; IUDs, 1.0%). Correspondingly, less effective methods, such as withdrawal and rhythm, are currently

used to a lesser extent by contracepting women. Data from these two surveys indicate that contraceptive use to prevent unplanned pregnancy is not a new phenomenon in the Municipio of Sao Paulo, but there has been significant substitution of more effective for less effective methods in preventing unplanned pregnancy.

For comparison with data from surveys in other Latin American countries, we have presented the proportion of women aged 15 to 44 currently using contraception for selected denominators in Table 9. As the denominator is refined from all women to "exposed" currently married women, the denominator is more restrictive and, of course, the proportion of women contracepting increases. Forty-two percent of all women in the State of Sao Paulo were currently contracepting, and this figure rises to 61% for all ever-married women and 64% for currently married women, as was indicated in Table 8. When subfecund and currently pregnant women (those not currently exposed to pregnancy) are excluded, 73% of married women are contracepting.

Table 10 shows contraceptive use by age group for the entire State. The percentage of married women currently using contraception increases until 35 to 39 years of age when a peak prevalence of 72.2% is reached. Oral contraceptives are the most prevalent method until 30 to 34 years of age. The percentage of women using sterilization increases rapidly after 29 years of age and is the most prevalent method for women aged 35 years and older. These results suggest that as women complete their childbearing, a great many change from nonpermanent methods, such as the pill, which are used to space children, to permanent methods, such as sterilization, to limit childbearing once desired family size is reached.

Again, we can use data from the survey conducted in 1965 in the Municipio of Sao Paulo for comparison purposes. As in the 1978 Survey, the percentage of women using sterilization as a contraceptive method in 1965 increased until it reached a maximum in the age group 35 to 39 years of age. Although trends by age are similar in both surveys, an important difference is that the level of use was much lower in 1965 than in 1978 (Berquo and Oya, 1970). In the 35- to 39-year-old age group, which represents the age group with greatest use of sterilization in both surveys, only 10.7% of married women had used surgical contraception in 1965 as compared with 27.4% in 1978, which is 2.6 times greater than the percentage in 1965.

As might be expected, the percentage of women using contraception increases with educational level (see Table 11). For women with less than a primary education, 60% are contracepting compared with 65% with a primary education and 68% with a secondary education. Although the trend of greater use with more education is consistent, the differentials are much less than those seen in Latin American countries where the crude birthrate is greater than 35 per 1000. There are no clear-cut differences by method used, except that women with a secondary education use withdrawal to a lesser extent and condoms and rhythm to a greater extent than women with less than a secondary education. Whereas, in 1978, there is no significant difference in use of surgical contraception by education, data available from the 1965 Sao Paulo Study show that, at that time, the percentage of women with a secondary education using sterilization was almost twice as great as for women with less than a secondary education (10.2% versus 5.5%). For all educational groups, the use of sterilization in 1965 was much less than in 1973.

Although there is no wide variation in use of contraception by geographic area or by educational background, household income does appear to be associated with current contraceptive use. Table 12 shows use of contraception by method and monthly household income (based on multiples of minimum salaries). Whereas over 69% of women in households with at least an income of four minimum salaries are using contraception, only 47% and 57% of women living in households with less than one or between one and two minimum salaries, respectively, are using contraception. The choice of method also appears to be associated with monthly family income. The use of surgical contraception increases as does income, but the use of withdrawal generally decreases with an increase in monthly income. In fact, almost one third of currently contracepting women with the lowest monthly household income were using withdrawal. Beginning with a monthly household income of at least two minimum salaries, more than 50% of women were using the most effective methods of contraception, either oral contraceptives, sterilization or condoms, whereas only 30% of women with the lowest monthly household income were using the most effective methods.

Of all women interviewed, 22% were employed, but the table below shows there are no significant differences in current use of contraception by employment status. Although not shown here, the distribution of methods was also very similar by employment status, and education appears to be a factor associated with contraceptive use regardless of whether or not a woman was working.

| | Primary Incomplete | Primary Complete | Secondary |
|---------------|-----------------------|---------------------|-----------|
| Works | 61.0 | 66.5 | 70.0 |
| Does not work | 61.1 | 66.7 | 68.6 |

Percent Currently Using Contraception By Employment and Education

Table 13 shows that almost all sterilizations were tubal ligations (92.8%) and the great majority were postpartum (76.1%). Table 14 gives a demographic profile of women using female sterilization by age group and by number of living children. The great majority of women with sterilizations were older than 30 years of age; only 16% were younger than 30 years of age. However, 70% of all women with sterilizations had two to four children and fewer than 25% had five or more children.

Women not currently using contraception were asked why they were not using contraception. As shown in Table 15, the results do not vary greatly by geographic area, so we will discuss only the left-hand column for the total State. More than half of the women (53.7%) were not using contraception for reasons directly related to pregnancy; that is, they desired a pregnancy, were currently pregnant, or were postpartum. Another 10% of the women were either menopausal or subfecund. Thus, only about one third of all women were not using contraception because of reasons that were not associated with pregnancy, subfecundity or sexual activity. Only 1.3% of women gave religious reasons for nonuse of contraception. higher percentage of women currently pregnant. Only 11.4% of women in the State said that, at the time of the survey, they desired a pregnancy. Seventy-seven percent of the women did not currently desire a pregnancy, resulting in an estimate that 86% of women who were not currently pregnant wanted to either space or limit their children at the time of the survey.

Table 23 also shows that the percentage of women currently pregnant diminishes rapidly until parity 2. Also, the proportion of women who desire a pregnancy falls rapidly after the first child. Of those women with one child, 19.3% desire another pregnancy, but only 4.6% of women with two children wanted another pregnancy at the time of the survey. Conversely, the percentage of women who did not want a pregnancy at the time of the survey increases with parity, with abrupt increases between parity 0 and 1 and parity 1 and 2.

VIII. DEMAND FOR STERILIZATION SERVICES

All women who had not been sterilized were asked if they had all the children that they wanted. Women who want no more children then constitute the group that might consider sterilization to limit their families. Of all currently married women, 61.1% do not want any more children. As might be expected, the percentage of women who want no more children increases with parity. Fully 75% with two live births, 86% with three, and almost 90% of those with four or more live births stated that they did not want more children.

The higher the household income, the less likely it is that a woman wants no additional children. However, this finding is related to the lower current parity of higher income women as compared with lower income women. Controlling for parity, the negative relationship between income and the desire for no additional children disappears. Of women with a household income under two minimum salaries, 43.4% have had fewer than three live births as compared with 56.5% of women with a household income of at least four minimum salaries.

The same phenomenon is true for the relationship between education and the desire for no additional children. Whereas an increase in education is associated with an increase in the percentage of women saying they want more children, as with the relationship between income and the desire for no additional children, controlling for parity eliminates this relationship. This comes as no surprise as education and household income are highly correlated.

Of all currently married women who did not want more children, 44.45 stated that they were interested in sterilization to limit their families. Table 24 shows how the percentage of women interested in sterilization is related to the planning status of their last pregnancy and to education. Women with more education are only slightly less interested in sterilization than women with less education, and there is no statistically significant difference when sampling error is considered. Forty-seven percent of women with less than primary schooling say they are interested in sterilization, as compared with 445 who have completed primary school and 425 who have some secondary schooling. The planning status of the last pregnancy appears to have a greater impact on interest in sterilization than does education. Only 405 of women whose last pregnancy was planned are interested in sterilization as compared with more than half of the women who had timing failures (52.85) or number failures (50.75).

However, the effect of planning status on interest in sterilization is seen to be dependent upon education when we control for this variable. Among women who have not completed primary school, there is a substantial difference in those interested in sterilization if the last pregnancy was unplanned (mistimed or unwanted) compared with those whose last pregnancy was planned (57% vs 38%). Among women with more education, either primary school completed or some secondary education, differences in planning status have less impact on interest in sterilization. Among women who have some secondary education, for example, those whose last pregnancy ended in a number failure (unwanted) are no more likely to be interested in sterilization than those whose last pregnancy was planned. Conversely, when education is controlled for planning status of last pregnancy, the more educated women are consistently less interested in sterilization when their

last pregnancy was unwanted. No trend by education can be seen for wanted pregnancies (planned and mistimed).

Table 25 shows how the percentage of women interested in sterilization varies by household income and planning status. Household income appears to have a stronger relationship to interest in sterilization than does education, especially for those women whose last pregnancy was unplanned (mistimed or unwanted). Among all women in households with incomes of at least four minimum salaries a month (\$340), only 39% are interested in sterilization, whereas 52% of women in households with incomes of less than two minimum salaries a month (\$170) are interested in sterilization. Among women with low incomes, moreover, planning status of last pregnancy appears to have a greater effect on interest in sterilization than for women with higher levels of income. Women living in households with incomes of less than two minimum salaries who have had number or timing failures are far more likely to be interested in sterilization than women who said their last pregnancy was planned. If household income is more than four minimum salaries, planning status makes little difference in terms of interest in sterilization. There is no significant difference between women who planned their last pregnancy and women whose last pregnancy was mistimed. Conversely, when income is controlled for planning status of last pregnancy, the women in households with higher incomes are consistently less interested in sterilization, with a greater difference seen when their last pregnancy was unplanned (mistimed or unwanted).

Table 26 shows that among women who are interested in sterilization, knowledge of where to obtain services or information is dependent upon education. Only half the women (51.5%) who have not completed primary school

secondary education. Table 24 indicated that there was not a significant difference in interest in sterilization by education. However, it is clear from Table 26 that better educated women are more likely to have information concerning availability of services or knowledge of where to obtain such information. Lack of information is clearly an important barrier to the obtaining of sterilization, and the data indicate that many poorly educated women who are interested in sterilization may not receive sterilizations because of lack of information. If they are to receive the services they indicate they want, then they must be provided with more adequate information concerning available sources. If we were to assume that only interested women who had knowledge of availability of services actually obtained sterilizations, then actual sterilizations would be biased toward better educated women as follows (percent with knowledge of availability times percent interested in sterilization):

| Less | than | primary | education | 24% |
|-------|--------|----------|-----------|-----|
| Prima | ary eq | iucation | | 32% |
| Seco | ndary | educatio | on | 36% |

Women not interested in sterilization were asked the reason they were not interested. Tables 27 and 28 show the distribution of reasons by education and household income, respectively. The two most important reasons, accounting for just under half the total, are preference for a temporary method of contraception and fear of surgery. Fully one quarter of the women say they prefer a temporary method of contraception, and Table 27 indicates this reason is more likely to be given by better educated as compared with less educated women. Fear of surgery is cited by almost as many women (24.0%), and women with less education are more likely to give this

as a reason for not being interested in surgery than women with more education. In fact, one third of women with incomplete primary education indicated fear of surgery as a reason for lack of interest in sterilization.

As indicated in Table 26, poorly educated women are more likely to have less information (or less accurate information) concerning sterilization. Whereas better educated women are probably more likely to obtain their information from books and magazines or physicians, women with less education probably get their information from friends and neighbors. Such information may be inaccurate and may account for the high percentage of women who say they fear surgery. If this fear is to be reduced, then women must be given better information about sterilization.

Table 28 indicates that women residing in households with higher incomes are less likely to be interested in sterilization than women with less household income (32% versus 13%) because they prefer to use a temporary method of contraception. Conversely, fear of surgery as a reason women are not interested in sterilization is inversely correlated with household income.

If an education program were implemented to increase information about contraception, including information about surgical procedures, it might increase the number of women who are sterilized, particulary among the poorly educated and/or low-income women. The assumption is that if a woman were interested in sterilization and had information on how to receive this service, she would follow through and obtain a sterilization. Thus, the percentages shown in column 1 below would increase to those shown in column 2 if all women interested had information. The increase, as shown in column 3, would be more dramatic for those with less education.

| | <pre>\$ Sterilized if Women With Interest and Information Were Sterilized</pre> | % Sterilized if all Women Interested Were Sterilized | Increase Column 2 Minus Column 1 |
|--------------------------------|---|---|---|
| Less than primary education | 24 | 47 | +23 |
| Primary education | 32 | 44 | +12 |
| Secondary education | 36 | 42 | +6 |

Secondly, a program providing information about surgical procedures and reducing fear of surgery would increase the use of sterilization even further among women who do not want additional children. If we assumed that all women citing fear as a reason for lack of interest in sterilization chose to be sterilized as a result of an educational campaign, then the percentage of women sterilized would vary with education as follows (number of women interested in sterilization plus number citing fear as reason for lack of interest/number of women who have all the children they want):

| | Sterilized if Women Currently Interested in Surgery Were Sterilized | <pre>\$ Sterilized if Women With Fear of Surgery Overcame Their Fear</pre> | Increase Column 2 Minus Column 1 |
|--------------------------------|--|--|---|
| Less than primary ęducation | 47 | 65 | +18 |
| Primary education | 44 | 55 | +11 |
| Some secondary education | 42 | 50 | +8 |

A major campaign providing information about surgical procedures has the potential to increase to even a greater extent the percentage of women sterilized with the major effect concentrated among the poorly educated, as shown above.

Very few women indicate that the reason for lack of interest in sterilization is that "it costs too much." It may be that women either have no information concerning the price of sterilization or, if they do, that they do not think the price is unfair. Another factor is that low-income women may go to state or municipal hospitals where there are minimum costs associated with sterilization. Lastly, Tables 27 and 28 also demonstrate that religious reasons are not an important barrier to the use of sterilization as only 1.5% of the women give this reason.

IX. DESIRE TO USE CONTRACEPTION, KNOWLEDGE OF AVAILABILITY OF SERVICES AND ACCEPTANCE OF COMMUNITY-BASED SERVICES

The next group of tables is concerned with the desire to use contraception and knowledge of availability of services among women not currently using contraception or using less effective contraceptives. Table 29 shows that of women not currently contracepting, 44% are interested in using contraception. There is little variation by residence. Women who desire to use contraception are more likely to know where to obtain services than women who do not desire to use contraception. This is not surprising since it is expected that those interested in obtaining any kind of service may have spent more time acquiring information about sources of that service. But, among women who desire or do not desire to use a contraceptive method, women in urban areas are more likely to know where to get contraceptives than women in rural areas. In fact, women residing in rural areas who are interested in using contraceptives are no more likely to know where to obtain contraceptives than women living in urban areas who are not interested in using contraception. Table 30 indicates that nonusers who have used contraceptives in the past are more likely to want to use contraception and to be more knowledgeable about where to obtain supplies independent of residence or desire to use contraception.

Table 31 compares knowledge of availability of oral contraceptives, IUDs and condoms for women who either use less effective methods of contraception or do not use contraception. The data indicate that nonusers are most likely to know where to get orals, somewhat less likely to know where to get condoms and least likely to know where to obtain IUDs. Women in rural areas are less likely to know where to obtain any contraceptive. For those women using less effective methods, knowledge of where to get either

pills or condoms is very high--more than 80%--but only 27% know where an IUD may be obtained. It would thus appear that although there are no significant differences by residence in the desire to use contraceptives (Table 29), knowledge of where to obtain contraceptives of any kind is much lower in rural than in urban areas for nonusers. When nonusers, the majority of whom are not currently contracepting because of pregnancy-related factors--desire to be pregnant, currently pregnant or postpartum--want to begin or resume contracepting, the data in Table 31 imply that women in rural areas will find it more difficult to act on their desire. Without knowledge of where to obtain modern contraceptives, they will be forced to rely on less effective methods or no method.

The last group of tables in this section is concerned with possible interest in community-based distribution (CBD) programs, either in lowincome urban areas or rural areas, and the factors influencing interest or lack of interest in such a program. A major variable affecting interest in a CBD program is residence; women in rural areas are more likely to say they are interested in such a program than women in urban areas (Table 32). One of the factors that may explain why residence is important in affecting interest is travel time to the place where contraceptives are purchased. Data in Table 33 for users of oral contraceptives as well as users of less effective methods or nonusers who sa'd they know where to obtain orals show that it takes women in rural areas longer to reach the place where orals are or can be purchased. Over 90% of women living in the capital or other urban areas say that it takes or estimate that it would take them less than 30 minutes' travel time. However, less than two thirds of rural women travel for under 30 minutes. Rural women are also less likely to consider the source of supply to be convenient than are women in urban areas, but

differences here are smaller than for travel time. However, interpretation of convenience may be difficult as what is considered to be inconvenient by a woman in an urban area may be considered convenient by a woman in a rural area. Rural women may travel longer distances to make most purchases and may consequently be less likely to regard such travel as inconvenient. But the important question is the effect, if any, of greater travel time in affecting the interest in a CBD program. Table 34 indicates that travel time does make a difference in affecting interest in a CBD program. This is true whether a woman is currently using orals, using a less effective method or not currently contracepting.

The data therefore indicate that women in rural areas would be more interested in a CBD program because (1) they must travel greater distances to obtain supplies and (2) interest in a more accessible source of supply rises with an increase in time spent or expected to be spent to obtain supplies. It may be conjectured that more available supply points would increase the use of contraception, and since rural women must spend more time traveling, such a program would have a greater effect in increasing the use of orals in rural than in urban areas.

Women living in households with higher incomes are less likely to be interested in a CBD program than women living in households with lower incomes (Table 35). Only 36% of women with household incomes of \$850 a month or more (ten times the minimum salary) are interested in a CBD program as compared with 61% of women with household incomes under \$170 per month (twice the minimum salary). Why should household income have such a strong influence on interest in a CBD program? There are two possibilities. First, women with higher incomes can more easily afford contraceptives than women with lower incomes. Although prices of orals in a CBD

program were not discussed, respondents may have assumed that a CBD program would provide orals at lower prices than the pharmacy, and this would be more important to lower income women. (Very few women, however, give cost as a reason for not using contraception. It may be argued, however, that cost is still an important factor limiting the use of oral contraceptives since cost includes not only the purchase price but also costs associated with travel time, and evidence presented here indicates the importance of travel costs in influencing interest in a CBD program.) If such were the case, it is clear that the lower the household income, the more attractive a lower-priced product would appear. Second, it is not only distance that affects travel time but also method of transportation. (Though the survey did contain a question on method of transportation used, results from this question are difficult to interpret.) Women with higher incomes, for example, are more likely to have automobiles, and even if they live farther from a source of supply, might spend less time traveling than women who live closer to a supply point but who must rely on other methods of transportation.

Table 36 gives the reasons for lack of interest in a CBD program by education and 37 gives these reasons by family income. Almost 20% of the women say they prefer to make purchases at the pharmacy, and women with higher levels of education and familv income are more likely to give this reason than women with less education and lower family income. Obviously, women with higher incomes can more easily afford contraceptives than women with lower incomes. As we have argued before, if women perceive the CBD program as subsidized, and/or women with higher incomes have access to more effective sources of transportation, they are less likely to be interested in a CBD program. In addition, women with higher levels of education may,

for social status reasons, prefer to deal with a pharmacist than with a local member of the community in acquiring a product that they consider to be very personal.

An equally important reason for noninterest in a CBD program is "prefers to use a method other than pills or condoms." There is some tendency for this reason to be given more frequently by women with more education and higher incomes. The most frequently used other method is sterilization, and this may indicate a greater interest in sterilization with increases in socioeconomic status. (These results are not directly comparable with those in Tables 24 and 25 since the base here is all currently married women aged 15 to 44 except those who have been sterilized. The base for Tables 24 and 25 is currently married women aged 15 to 44 who have not been sterilized <u>and</u> who have all the children they want. Therefore, though Tables 24 and 25 indicate that interest in sterilization decreases with increases in education and income, this does not contradict the results in Tables 36 and 37 since the bases for the calculations are different.)

The third most important reason is "lack of confidence in nonmedical personnel." There is no clear relationship between this response and either education or income. The next most important reason for lack of interest is "fear of side effects," but it is the most important reason among less educated and lower income women. Again, it may be concluded that women with lower levels of education or income have less accurate information concerning contraception than women in higher socioeconomic groups. Better information on the use of contraceptives and possible side effects may allay the fears of these women. It is important to provide women with complete and reliable information concerning contraception so

that they do not rely on information acquired from friends and neighbors in making choices concerning contraception.

educated and/or in families with low household income. For example, only 47% of women in households with family income equal to or less than one minimum salary are using contraception compared with 69% of women in families with more than four minimum salaries.

Of the women who are not contracepting, 44% desire to use some method of contraception, but many women do not know where to obtain supplies. In rural areas, for example, only 60% of women interested in using contraception know where to obtain contraceptives. Thus, even though women in rural areas are just as likely to say they are interested in using contraception as women in the capital or other urban areas, actual use is likely to be less because of lack of information.

For all women, 35% of last pregnancies in the State were not planned, and for women with three or more pregnancies, more than 50% were not planned. Since women with lower levels of education have more reported pregnancies, they are more likely to report their last pregnancy as unplanned. Thus, 43% of women with less than a primary education reported their last pregnancy as unplanned in comparison with only 24% of last pregnancies of women with a secondary education.

Though women with lower incomes, and to a lesser extent lower education, are more likely to be interested in sterilization than women of higher socioeconomic status, they are less able to implement their desires since they are less likely to have information concerning available sources. While 86% of women with a secondary education know where to obtain information regarding sterilization, only 52% of women with less than a primary education know where to obtain information. Therefore,

women with lower levels of education are likely to obtain what information they have concerning sterilization from hearsay and rumors.

Interest in community-based availability of contraception is greater for women in rural areas and for women with lower incomes. Travel time for women in rural areas to a place where they can purchase contraceptives is longer than for women in urban areas. Respondents may expect such a program to be subsidized, and low-priced supplies would be a more important factor for low-income women. In addition, women with higher incomes tend to live in urban areas where there is better access to pharmacies. Moreover, women with higher incomes in nonurban settings have better access to more effective methods of transportation and therefore may not consider long distances a deterrent to purchasing contraceptives. Fear of side effects of contraceptives appears to limit interest in a CBD program, particularly among women with low levels of education.

What may be concluded regarding possible policy decisions from the above discussion concerning Sao Paulo's family planning needs?

1. Lack of reliable information concerning surgical procedures and side effects, which appear to affect the use of sterilization and orals, respectively, appears to be an important factor in limiting use of these methods. It would appear far more reasonable for women to be given an accurate picture of any problems associated with contraception rather than letting them rely on obtaining information from uninformed, or poorly informed, sources. Therefore, the State Health Department and/or private family planning groups should implement an education program.

- 2. Lack of information on source of contraception is a factor limiting use among women who are interested in using contraception. Women must be informed as to where they can obtain contraceptives if they are to contracept. They can do so if a program is set up to tell women where they can get contraceptive services. These services should be added to existing MCH clinics now operated by the State Health Department.
- 3. There is evidence indicating a need for subsidized contraceptive services if effective contraceptive use is to be increased among women with low incomes. Low use of orals among poorer women coupled with a greater interest in a CBD program among the poor indicated that the provision of low-cost oral contraceptives would increase their use. As an alternative or in addition to a CBD program in low-income urban areas, a subsidized commercial sales program should be considered. In addition, the current low utilization of sterilization services is surprising since there is greater interest in sterilization among lower income women as compared with women with higher incomes. Barriers, both economic and regulatory, to accessibility of safe surgical sources should be removed.
- 4. Data from the survey show that a CBD program would increase the use of oral contraceptives, particularly among rural women who must travel greater distances to obtain supplies. Therefore, in rural areas where there is a limited health infrastructure, a nonclinic-based program has to be considered.

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Interview Status by Strata São Paulo Contraceptive Prevalence Survey, 1978

| Total | São Paulo | Other | Rural |
|-------|---|---|--|
| State | Municipio | Urban Areas | Areas |
| | | | |
| 1100 | 1//0 | 1000 | 1/00 |
| 4188 | 1440 | 1320 | 1428 |
| 100.0 | 100.0 | 100.0 | 100.0 |
| | | | |
| 68.6 | 63.6 | 72.3 | 71.0 |
| 0000 | | | |
| | | * | |
| 17.8 | 18.7 | 19.4 | 15.8 |
| | | | |
| 6.6 | 4.9 | 2.7 | 10.7 |
| | | | |
| 3.5 | 6.0 | 3.3 | 1.3 |
| | | | |
| 29 | 63 | 2 0 | 7 7 |
| 0.4 | 0.0 | 2.0 | |
| 0.3 | 0.4 | 0.4 | 0.1 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 2166 | 1000 | 1024 | 10/9 |
| 100 0 | 1094 | 1024 | 1040 |
| 100.0 | 100.0 | 100.0 | 100.0 |
| 88.5 | 80.1 | 90.2 | 95.7 |
| | | | |
| | | | |
| 4.2 | 8.3 | 2.5 | 1.5 |
| | | | |
| 4.7 | 8.0 | 4.2 | 1.7 |
| 99 | 3 3 | 2 4 | 0.8 |
| 4.4 | 0.0 | 4. 7 | 0.0 |
| 0.4 | 0.4 | 0.6 | 0.3 |
| | Total <u>State</u> <u>4188</u> <u>100.0</u> 68.6 17.8 6.6 3.5 3.2 0.3 <u>3166</u> <u>100.0</u> 88.5 4.2 4.7 2.2 0.4 | Total São Paulo State Municipio $\frac{4188}{100.0}$ $\frac{1440}{100.0}$ 68.6 63.6 17.8 18.7 6.6 4.9 3.5 6.0 3.2 6.3 0.3 0.4 $\frac{3166}{100.0}$ $\frac{1094}{100.0}$ 88.5 80.1 4.2 8.3 4.7 8.0 2.2 3.3 0.4 0.4 | Total StateSão Paulo MunicipioOther Urban Areas $\frac{4188}{100.0}$ $\frac{1440}{100.0}$ $\frac{1320}{100.0}$ 68.6 63.6 72.3 68.6 63.6 72.3 17.8 18.7 19.4 6.6 4.9 2.7 3.5 6.0 3.3 3.2 6.3 2.0 0.3 0.4 0.4 $\frac{3166}{100.0}$ $\frac{1094}{100.0}$ $\frac{1024}{100.0}$ 88.5 80.1 90.2 4.2 8.3 2.5 4.7 8.0 4.2 2.2 3.3 2.4 0.4 0.4 0.6 |

*Includes households with identified eligible respondent plus households with total refusal or no contact which may have had an eligible respondent.

Percent Distribution of Women 15-49 Years of Age by Age and Marital Status São Paulo State, Brazil: 1978 Contraceptive Prevalence Survey and 1976 Household Survey

| | 1 | 978 Survey | 1976 Survey* | | | | |
|----------------|--------------|------------|----------------|-------|-------|-------|-------|
| Age | | São Paulo | Other Urban | Rural | - | - | |
| Group | <u>Total</u> | Municipio | Areas | Areas | Total | Urban | Rural |
| 15-19 | 21.1 | 22.1 | 20.2 | 22.0 | 20.9 | 20.4 | 24.0 |
| 20-24 | 18.2 | 17.9 | 18.3 | 19.1 | 19.8 | 19.9 | 19.2 |
| 25-29 | 15.0 | 15.0 | 15.3 | 13.9 | 16.1 | 16.1 | 15.8 |
| 30-34 | 13.6 | 13.7 | 13.5 | 13.6 | 12.8 | 12.9 | 11.7 |
| 35-39 | 11.5 | 11.4 | 11.6 | 11.5 | 11.5 | 11.4 | 11.7 |
| 40-44 | 10.7 | 11.4 | 10.5 | 9.8 | 10.2 | 10.3 | 9.5 |
| 45-49 | 9.8 | 8.5 | 10.6 | 9.6 | 8.8 | 8.9 | 8.1 |
| Unknown | 0.1 | 0.0 | 0.0 | 0:5 | | | |
| TOTAL | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Marital Status | 5 | | | | | | |
| Married | 57.1 | 54.4 | 56.6 | 66.1 | 53.6 | 52.4 | 62.2 |
| Consensual | | | | | | | |
| Union | 2.8 | 2.9 | 2.5 | 3.5 | 3.8 | 3.6 | 4.8 |
| Sep/Wid/Div | 4.2 | 3.4 | 5.1 | 2.4 | 5.2 | 5.5 | 3.3 |
| Never Married | 35.8 | 39.0 | 35.8 | 27.8 | 37.4 | 38.6 | 29.7 |
| Unknown | 0.1 | 0.3 | 0.0 | 0.2 | | | |
| TOTAL | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |

*IBGE: Pesquisa Nacional por Amostra de Domicílios (PNAD)-1976-Região II, São Paulo-julho de 1978

Percent Distribution of Births in Most Recent Year by Age Group and Residence, São Paulo State, Brazil:

1978 Contraceptive Prevalence Survey and 1976 Household Survey

| | 1978 | Survey: | Births, 1977-1978 | |
|--------|-------|-----------|-------------------|-------|
| Age | | São Paulo | Other Urban | Rural |
| Group | Total | Municipio | Areas | Areas |
| 15-19 | 6.3 | 5.1 | 5.3 | 10.5 |
| 20-24 | 30.0 | 26.5 | 30.1 | 34.9 |
| 25-29 | 29.2 | 31.6 | 31.9 | 18.6 |
| 30-34 | 19.8 | 22.4 | 19.5 | 16.9 |
| 35-39 | 11.2 | 9.2 | 11.5 | 13.4 |
| 40-44 | 2.6 | 4.1 | 0.9 | 4.7 |
| 45-49 | 1.0 | 1.0 | 0.9 | 1.2 |
| | 100.0 | 100.0 | 100.0 | 100.0 |
| No. of | | | | |
| Births | (383) | (98) | (113) | (172) |

| | 19 | 76 Survey: | |
|-------|--------|------------|-------|
| Age | Birth | s, 1975-19 | 976* |
| Group | Total | Urban | Rural |
| 15-19 | . 10.8 | 10.3 | 12.6 |
| 20-24 | 31.6 | 30.8 | 35.0 |
| 25-29 | 27.8 | 29.4 | 21.1 |
| 30-34 | 16.5 | 17.4 | 13.0 |
| 35-39 | 8.6 | 7.8 | 12.0 |
| 40-44 | 4.4 | 4.0 | 6.2 |
| 45-49 | 0.3 | 0.3 | 0.0 |
| | 100.0 | 100.0 | 100.0 |

*IBGE: Pesquisa Nacional por Amostra de Domicílio-1976, Região II-São Paulo, julho de 1978

Crude Birth Rate (CBR) Estimates, 1940-1970 and Estimate of Total Fertility Rate (TFR), 1970, Brazil and São Paulo State

| | Crude B | irth Rate |
|----------|---------|-----------------|
| Year | Brazil | São Paulo State |
| 1940-45 | 44.8 | 36.7 |
| 1945-50 | 46.3 | 39.7 |
| 1950-55 | 41.2 | |
| 1955-60 | 40.3 | |
| 1960-65 | 39.8 | 32.1 |
| 1965-70 | 37.4 | 29.5 |
| 1970-TFR | 5.3 | 3.8 |

Source: F.W. Oechsli and A. Adlakha, "Modernization and Natality in Brazil: Temporal and Regional Variations, 1940-1970". Trabalho não publicado, 1975.

Estimated Demographic Rates By Residence, São Paulo State, Brazil July 1977-June 1978

| Residence | Crude Birth | General | Total |
|---------------------------------------|-------------|----------------|----------------|
| | Rate | Fertility Rate | Fertility Rate |
| Total State | 23.9 | 96 | 2.8 |
| São Paulo Municipio Other Urban | 20.1 | 82 | 2.5 |
| Areas | 24.3 | 94 | 2.7 |
| Rural Areas | 30.3 | 142 | 4.2 |

Mean Number of Children Born Alive by Age Group and Residence, São Paulo State, Brazil: 1978 Contraceptive Prevalence Survey and 1976 Household Survey

| | | 1978 | Survey* | |
|-------|-------|-----------|-------------|-------|
| Age | | São Paulo | Other Urban | Rural |
| Group | Total | Município | Areas | Areas |
| 15-19 | 0.10 | 0.10 | 0.07 | 0.17 |
| 20-24 | 0.74 | 0.54 | 0.72 | 1.26 |
| 25-29 | 1.66 | 1.73 | 1.46 | 2.43 |
| 30-34 | 2.83 | 2.21 | 2.90 | 4.03 |
| 35-39 | 3.67 | 3.32 | 3.47 | 5.17 |
| 40-44 | 4.03 | 3.43 | 4.05 | 5.49 |
| 45-49 | 4.60 | 4.13 | 4.38 | 6.50 |

*Data for respondents

| Age | 19 | 76 Survey | * |
|-------|-------|-----------|-------|
| Group | Total | Urban | Rural |
| 15-19 | 0.10 | 0.09 | 0.19 |
| 20-24 | 0.68 | 0.61 | 1.12 |
| 25-29 | 1.65 | 1.50 | 2.70 |
| 30-34 | 2.64 | 2.46 | 3.95 |
| 35-39 | 3.35 | 3.11 | 4.95 |
| 40-44 | 4.06 | 3.81 | 5.89 |
| 45-49 | 4.23 | 3.92 | 6.53 |

*IBGE: Pesquisa Nacional por Amostra de Domicílio-1976, Região II-São Paulo, julho de 1978

Sao Paulo State, Brazil: Mean Number of Children Born Alive by Age Group and Residence: Observed (P_i) and Expected Given Birth Rates in the Previous Year (F_i), 1978 Survey*

| | | Tota | L | Sao | Paulo I | Municipio | 0 | ther Ur | ban | 15 | Rura | 1 |
|-----------|------|------------|-----------|------|-----------|-----------|------|------------|-----------|------|-----------|-----------|
| Age Group | Pi | <u>F</u> i | P_i/F_i | Pi | <u>F1</u> | P_i/F_i | Pi | <u>F</u> i | P_1/F_1 | Pi | <u>Fi</u> | P_i/F_i |
| 15-19 | .08 | .05 | 1.58 | .08 | .02 | 3.80 | .05 | .05 | 1.10 | .15 | .13 | 1.24 |
| 20-24 | .71 | .54 | 1.32 | .53 | .41 | 1.30 | .69 | .51 | 1.35 | 1.21 | .96 | 1.26 |
| 25-29 | 1.55 | 1.34 | 1.16 | 1.49 | 1.11 | 1.35 | 1.41 | 1.28 | 1.10 | 2.32 | 2.05 | 1.13 |
| 30-34 | 2.78 | 2.09 | 1.33 | 2.34 | 1.74 | 1.36 | 2.80 | 2.06 | 1.36 | 3.84 | 2.93 | 1.31 |
| 35-39 | 3.52 | 2.57 | 1.37 | 3.17 | 2.10 | 1.50 | 3.35 | 2.53 | 1.32 | 5.04 | 3.65 | 1.38 |
| 40-44 | 3.77 | 2.77 | 1.36 | 3.22 | 2.29 | 1.40 | 3.78 | 2.67 | 1.42 | 5.32 | 4.09 | 1.30 |
| 45-49 | 4.16 | 2.84 | 1.47 | 3.60 | 2.38 | 1.51 | 3.96 | 2.71 | 1.46 | 6.31 | 4.23 | 1.49 |

*Based on data for all women in household

Percent of Currently Married Women Aged 15-44* Currently Using Contraception by Residence and Method, Sao Paulo State, Brazil, 1978

| | Total | Sa | o Paulo | 0 | Other Urban | | |
|---------------------------------|-------|------|---------|------|-------------|-------------|------|
| Method | State | Mu | micipio | 2 | Areas | Rural Areas | |
| Currently Using: | 63.9 | | 63.4 | | 66.0 | 58.6 | |
| Orals | | 27.8 | | 30.0 | 26.7 | | 27.0 |
| Sterilization | | 16.1 | | 13.9 | 18.0 | | 14.1 |
| Withdrawal | | 7.3 | | 5.9 | 7.3 | | 10.5 |
| Condom | | 6.6 | | 6.9 | 7.3 | | 3.3 |
| Rhythm | | 5.2 | | 4.5 | 6.2 | | 3.2 |
| Other Methods** | | 0.9 | | 2.2 | 0.5 | | 0.5 |
| Not Currently Using: | 36.1 | | 36.6 | | 34.0 | 41.4 | |
| TOTAL*** | 100.0 | | 100.0 | | 100.0 | 100.0 | |
| Number of Cases (Unweighted) | 1880 | | 546 | | 600 | 734 | |

*In this and subsequent tables, those women in stable consensual unions are included as currently married.

**Includes IUD, diaphragm, foam, jelly, and vaginal tablets.

***In this and subsequent tables, the subtotals may not add to 100.0 due
 to rounding

Percent of Women Aged 15-44 Currently Using Contraception for Selected Denominators Sao Paulo State, Brazil, 1978

| Denominator | Percent of |
|---------------------|------------|
| Used | Women |
| All Women | 42.3 |
| Ever Married Women | 61.2 |
| Currently Married | |
| Women | 63.9 |
| "Exposed" Currently | , |
| Married Women* | 73.1 |

*Excluding subfecund and currently pregnant women.

Percent of Currently Married Women, Aged 15-49, Using Contraception by Age Group* and Method, Sao Paulo State, Brazil, 1978

| | Percent of Women by Age Group | | | | | | | | |
|---------------------------------|-------------------------------|-------|----------------|-------|-------|-------|-------|--|--|
| Current Use & Method | 15-19 | 20-24 | · <u>25–29</u> | 30-34 | 35-39 | 40-44 | 45-49 | | |
| Currently Using | 42.9 | 60.8 | 62.7 | 69.0 | 72.2 | 59.3 | 50.3 | | |
| Orals | 35.4 | 41.2 | 35.9 | 27.4 | 20.2 | 11.4 | 7.0 | | |
| Sterilization | 0.9 | 2.7 | 9.5 | 20.8 | 27.8 | 20.8 | 25.0 | | |
| Condom | 0.7 | 6.2 | 7.8 | 5.1 | 7.2 | 7.8 | 3.5 | | |
| Withdrawal | 0.7 | 5.2 | 6.5 | 7.1 | 6.5 | 13.4 | 8.3 | | |
| Rhythm | 5.2 | 4.0 | 2.6 | 6.8 | 7.7 | 4.7 | 5.9 | | |
| Other Methods | 0.0 | 1.5 | 0.4 | 1.8 | 2.7 | 1.2 | 0.6 | | |
| Not Currently Using | 57.0 | 39.1 | 37.3 | 31.1 | 27.9 | 40.7 | 49.8 | | |
| TOTAL | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | | |
| Number of Cases (Unweighted) | 97 | 362 | 426 | 407 | 327 | 262 | 223 | | |

*Six women with unknown age are excluded

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Percent of Currently Married Women Aged 15-44 Using Contraception By Education* and Method, São Paulo State, Brazil, 1978

| Current Use and Method | Primary Incomplete (0 - 3 years) | Primary Complete (4 years) | Secondary (5+ years) |
|---------------------------------|-------------------------------------|--------------------------------|-------------------------|
| Currently Using | 59.6 | 64.8 | 67.9 |
| Orals | 24.6 | 30.9 | 28.3 |
| Sterilization | 18.6 | 14.3 | 14.9 |
| Withdrawal | 8.5 | 8.6 | 5.0 |
| Condom | 4.4 | 5.8 | 9.6 |
| Rhythm | 3.0 | 4.7 | 7.9 |
| Other Methods | 0.4 | 0.5 | 2.2 |
| Not Currently Using | 40.4 | 35.2 | 32.1 |
| Number of cases (Unweighted) | 822 | 548 | 510 |

* 2 women with unknown educational status are excluded

Percent of Currently Married Women Aged 15-44 Using Contraception by Monthly Family Income and Method Sao Paulo State, Brazil, 1978

| | Mont | Monthly Family Income (Multiples of Minimum | | | | | Salary) | |
|----------------------|-------|---|-------|-------|-------|-------------|-------------|-------------|
| Current Use & Method | <1 | 1-2 | 2-3 | 3-4 | 4-5 | <u>5-10</u> | 10+ | Total* |
| Currently Using | 47.4 | 57.4 | 68.4 | 65.2 | 69.1 | 69.5 | 66.9 | <u>63.9</u> |
| Orals | 18.3 | 28.9 | 33.3 | 36.2 | 31.7 | 23.7 | 19.3 | 27.8 |
| Sterilization | 6.4 | 11.0 | 17.4 | 11.7 | 16.9 | 21.8 | 22.2 | 16.1 |
| Condom | 5.4 | 4.1 | 4.5 | 5.4 | 6.8 | 8.3 | 10.8 | 6.6 |
| Rhythm | 2.2 | 3.6 | 4.5 | 2.8 | 4.1 | 7.2 | 9.7 | 5.2 |
| Withdrawal | 14.6 | 8.3 | 8.7 | 7.2 | 6.7 | 7.8 | 1.9 | 7.3 |
| Other Method | 0.5 | 0.5 | 0.0 | 1.9 | 2.9 | 0.7 | 3.0 | 0.9 |
| Not Currently Using | 52.6 | 42.6 | 31.6 | 34.8 | 30.9 | <u>30.5</u> | <u>33.1</u> | 36.1 |
| TOTAL | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Number of Cases | 137 | 416 | 262 | 218 | 122 | 279 | 169 | 1880* |

*The total includes 277 women who either refused to answer the income question or did not know the family income.

NOTE: At the time of the survey, the minimum salary was Cr\$1,540 a month (equivalent to U.S. \$85.00 a month)

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Type of Female Sterilization by Timing of Operation, Currently Married Women Aged 15-44, São Paulo State, 1978

| | Percent of Total | | | | |
|-----------------------|------------------|----------|-------|--|--|
| Type of Sterilization | Post-Partum | Interval | Total | | |
| Tubal Ligation | 72.2 | 20.6 | 92.8 | | |
| Hysterectomy | 3.9 | 3.3 | 7.2 | | |
| TOTAL | 76.1 | 23.9 | 100.0 | | |
| | | | N=248 | | |

Demographic Profile of Women Using Female Sterilization, Sao Paulo State, Brazil, 1978

| Distribution |
|--------------|
| |
| 4.1 |
| 22.2 |
| 27.7 |
| 23.3 |
| 7.6 |
| 6.4 |
| 8.7 |
| 100.0 |
| N=248 |
| |

Reasons Not Currently Using Contraception, by Residence: Currently Married Women Aged 15-44 Sao Paulo State, Brazil, 1978 (Percent Distribution)

| | Residence | | | | | | |
|-------------------------------------|-----------|-----------|-------------|--------------|--|--|--|
| | Total | Sao Paulo | Other Urban | Rural | | | |
| Reasons | State | Municipio | Areas | <u>Areas</u> | | | |
| Desires Pregnancy | 19.0 | 18.0 | 21.1 | 15.6 | | | |
| Currently Pregnant | 27.0 | 23.5 | 30.3 | 24.1 | | | |
| Postpartum, Breast- feeding | 7.7 | 8.3 | 5.7 | 11.8 | | | |
| | | | | | | | |
| Menopause | 1.3 | . 3.2 | 0.4 | 0.3 | | | |
| Subfecund | 9.1 | 10.1 | 9.6 | 5.3 | | | |
| Not Sexually Active | 1.3 | 1.8 | 0.9 | 1.5 | | | |
| Fear of Side Effects | 8.3 | 11.1 | 7.5 | 6.2 | | | |
| Fear of Contraception | 3.5 | 4.1 | 2.2 | 5.9 | | | |
| "Does not want or does not like" | 5.4 | 5.1 | 5.3 | 6.2 | | | |
| Other Personal Reasons | 9.8 | 8.3 | 11.9 | 7.1 | | | |
| Religious Reasons | 1.3 | 0.9 | 0.4 | 4.1 | | | |
| Other Reasons | 3.5 | 2.4 | 2.2 | 7.3 | | | |
| Unknown | 2.8 | 3.2 | 2.6 | 4.7 | | | |
| TOTAL | 100.0 | 100.0 | 100.0 | 100.0 | | | |
| Number of Cases | 683 | 188 | 196 | 299 | | | |

Source of Contraception by Residence For Current Users of Contraception: Currently Married Women Aged 15-44, Sao Paulo State, Brazil, 1978 (Percent Distribution)

| Source of Contraception | Total State | Sao Paulo Municipio | Other Urban Areas | Rural Areas |
|-------------------------|----------------|------------------------|----------------------|----------------|
| | | | | |
| State & Local Health | | | | |
| Facilities | 7.4 | 7.2 | 6.3 | 12.6 |
| INPS | 11.8 | 8.2 | 15.3 | 7.1 |
| Private Physicians | 16.1 | 17.5 | 16.4 | 11.8 |
| Pharmacy | 61.2 | 62.6 | 59.5 | 64.4 |
| BEMFAM | 0.4 | 1.1 | 0.0 | 0.3 |
| Other | 1.5 | 2.7 | 0.5 | 2.4 |
| Unknown | 1.5 | 0.8 | 1.9 | 1.5 |
| TOTAL | 100.0 | 100.0 | 100.0 | 100.0 |
| Number of Cases | 1192 | 360 | 403 | 429 |

(Unweighted)

Source of Contraception for Current Users of Orals, Sterilization, and Condoms: Currently Married Women, Aged 15-44, Sao Paulo State, Brazil, 1978 (Percent Distribution)

| Source of | | | | | |
|--------------------|-------|-------|---------------|----------|---------|
| Contraception | Total | Orals | Sterilization | <u>1</u> | Condoms |
| | | | | | |
| State and Local | | | | | |
| Health Facilities | 7.4 | 0.3 | 23.4 | | 0.0 |
| INPS | 11.8 | 1.3 | 36.0 | - | 0.0 |
| Private Physicians | 16.1 | 7.3 | 34.8 | | 0.0 |
| Pharmacy | 61.2 | 90.2 | 0.0 | | 97.0 |
| BEMFAM | 0.4 | 0.6 | 0.0 | | 0.0 |
| Other | 1.5 | 0.3 | 0.3 | | 0.0 |
| Unknown | 1.5 | 0.0 | 5.6 | | 3.0 |
| TOTAL | 100.0 | 100.0 | 100.0 | | 100.0 |
| Number of Cases | 901 | 547 | 257 | | 97 |

Percent of Women 15-44 with at Least One Abortion, Spontaneous or Induced, by Marital Status and Residence, Sao Paulo State, Brazil, 1978

| Marital | Total | Sao Paulo | Other Urban | Rural |
|---------------------------------|-------|-----------|-------------|-------|
| Status | State | Municipio | Areas | Areas |
| Married | 21.9 | 24.3 | 20.1 | 22.4 |
| Sep/Wid/Div | 24.3 | 20.6 | 24.1 | 35.0 |
| Never Married | 0.8 | 0.4 | 1.1 | 0.6 |
| TOTAL | 14.7 | 14.8 | 14.1 | 16.8 |
| Number of Cases (Unweighted) | | | | |
| Married | 1880 | 546 | 600 | 734 |
| Sep/Wid/Div | 84 | 26 | 40 | 18 |
| Never Married | 570 | 225 | 190 | 155 |
| TOTAL | 2534 | 797 | 830 | 907 |

Percent of Currently Married Women Aged 15-44 with at Least One Abortion, Spontaneous or Induced, by Education and Residence, Sao Paulo State, Brazil, 1978

| Education | Total State | Sao Paulo <u>Municipio</u> | Other Urban Areas | Rural Areas |
|---------------------------------|----------------|-------------------------------|----------------------|----------------|
| Primary Incomplete | 27.5 | 31.5 | 25.4 | 25.0 |
| Primary Complete | 24.2 | 27.2 | 23.1 | 20.0 |
| Greater than Primary | 13.7 | 17.1 | 12.8 | 8.2 |
| TOTAL | 21.9 | 24.3 | 20.1 | 22.4 |
| Number of Cases (Unweighted) | | - 5. | 3 | |
| Primary Incomplete | 822 | 139 | 183 | 500 |
| Primary Complete | 548 | 187 | 188 | 173 |
| Greater than Primary | 510 | 220 | 229 | 61 |
| TOTAL | 1880 | 546 | 600 | 734 |

Complications Following Most Recent Abortion, For Women Aged 15-44 with History of Abortion, By Residence: São Paulo State, Brazil

| Residence | Number of Cases | Percent Receiving Medical Attention | Percent Hospitalized |
|------------------------|--------------------|--|-------------------------|
| Total State | 429 | 43.1 | 35.7 |
| São Paulo Municipio | 136 | 42.0 | 31.4 |
| Other Urban Areas | 129 | 42.9 | 38.7 |
| Rural Areas | 164 | 45.7 | 35.7 |

Planning Status of Last Pregnancy by Residence and Parity: Currently Married Women Aged 15-44, Sao Paulo State, Brazil, 1978

| | | Reside | ence | | | | Par | ity | | |
|---------------------------------|--------------------|------------------------|----------------------|----------------|-------|-------|-------|-------|-------|-------|
| <u>Planning Status</u> | Sao Paulo State | Sao Paulo Municipio | Other Urban Areas | Rural Areas | 0 | | | 3 | 45 | 6+ |
| Planned | 64.8 | 67.7 | 65.0 | 58.5 | 86.7 | 88.9 | 70.8 | 60.4 | 48.5 | 36.8 |
| Mistimed | 13.2 | 12.4 | 12.2 | 18.0 | 12.0 | 7.6 | 19.8 | 16.6 | 12.1 | 5.7 |
| Unwanted | 21.7 | 19.2 | 22.8 | 23.2 | 1.3 | 3.5 | 9.2 | 22.5 | 38.9 | 57.5 |
| Unknown | 0.3 | 0.7 | 0.0 | 0.4 | 0.0 | 0.0 | 0.1 | 0.5 | 0.5 | 0.0 |
| TOTAL | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Number of Cases (Unweighted) | 1736 | 498 | 545 | 692 | 63 | 347 | 437 | 351 | 333 | 205 |

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Planning Status of Last Pregnancy By Education: Currently Married Women Aged 15-44 Sao Paulo State, Brazil, 1978 (Percent Distribution)

| Planning | | Primary | Primary | |
|---------------------------------|-------|------------|----------|-----------|
| Status | Total | Incomplete | Complete | Secondary |
| Planned | 64.8 | 56.9 | 63.5 | 75.6 |
| Mistimed | 13.2 | 13.7 | 14.0 | 11.8 |
| Unwanted | 21.7 | 29.2 | 21.8 | 12.6 |
| Unknown | 0.3 | 0.2 | 0.6 | 0.0 |
| TOTAL | 100.0 | ` 100.0 | 100.0 | 100.0 |
| Number of Cases (Unweighted) | 1736 | 787 | 505 | 444 |

Current Pregnancy Intention by Residence and Parity, Currently Married Women Aged 15-44 São Paulo State, Brazil, 1978 (Percent Distribution)

| | | Reside | nce | | | | | | |
|------------------------------|-------|-----------|-------|-------|-------|-------|--------|-------|-------|
| | 100 | | Other | | · · · | | | | |
| Pregnancy | Total | São Paulo | Urban | Rural | | | Parity | | |
| Intention | State | Municipio | Areas | Areas | 0 | 1 | 2 | 3 | |
| Currently | | | | | | | | | |
| Pregnant | 10.3 | 9.4 | 10.4 | 11.8 | 27.3 | 13.9 | 7.5 | 4.7 | 6.9 |
| Desire | | | | | | | | | |
| Pregnancy: | | | | 1 | | | | | |
| Yes | 11.4 | 10.3 | 12.7 | 8.7 | 38.5 | 19.3 | 4.6 | 6.0 | 3.8 |
| No | 76.9 | 78.8 | 76.0 | 76.1 | 33.9 | 64.9 | 85.6 | 88.0 | 88.4 |
| Don't know | 1.5 | 1.5 | 0.8 | 3.4 | 0.4 | 2.0 | 2.3 | 1.3 | 1.0 |
| TOTAL | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| No. of Women (Unweighted) | 1880 | 546 | 600 | 734 | 198 | 348 | 442 | 351 | 541 |

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Percent of Currently Married Women Aged 15-44 Who Do Not Want More Children That Are Interested in Sterilization by Planning Status of Last Pregnancy and Education, Sao Paulo State, Brazil, 1978

| | P | lanning Status | of Last Pregna | ncy |
|--------------------|-------|----------------|----------------|----------|
| Education | Total | Planned | Mistimed | Unwanted |
| Primary Incomplete | 47.0 | 38.4 | 60.0 | . 55.7 |
| Primary Complete | 44.0 | 41.4 | 44.5 | 48.6 |
| Secondary | 42.5 | 40.4 | 51.7 | 41.3 |
| TOTAL | 44.4 | 40.0 | 52.8 | 50.7 |

NOTE: This table excludes women who already have surgical contraception.

Number of Cases (Unweighted)

| Education | Total | Planned | Mistimed | Unwanted |
|--------------------|-------|---------|----------|----------|
| Primary Incomplete | 494 | 252 | 87 | 153 |
| Primary Complete | 287 | 172 | 43 | 70 |
| Secondary | 187 | 123 | 33 | 31 |
| TOTAL* | 968 | 547 | 163 | 254 |

*Includes 4 women with unknown planning status

Percent of Currently Married Women Aged 15-44 Who Do Not Want More Children That Are Interested in Sterilization by Planning Status of Last Pregnancy and Monthly Family Income, Sao Paulo State, Brazil, 1978

| Monthly Income* (Multiples of | Plan | ning Statu | s of Last P | regnancy |
|----------------------------------|-------|------------|-------------|----------|
| Minimum Salary) | Total | Planned | Mistimed | Unwanted |
| <2 | 52.4 | 43.2 | 65.0 | 59.0 |
| 2-3 | 48.1 | 41.9 | 61.5 | 51.9 |
| 4 Plus | 39.4 | 38.1 | 34.0 | 44.8 |
| TOTAL | 44.4 | 40.0 | 52.8 | 50.7 |

NOTE: This table excludes women who already have surgical contraception

| | Number of Cases (Unweighted) | | | | |
|---------|------------------------------|---------|----------|----------|--|
| | Total | Planned | Mistimed | Unwanted | |
| <2 | 324 | 163 | 58 | 103 | |
| 2-3 | 252 | 138 | 55 | 59 | |
| 4 Plus | 247· | 156 | 34 | 57 | |
| TOTAL** | 968 | 547 | 163 | 254 | |

*At the time of the survey, the minimum salary was CR \$1,540 a month (equivalent to U.S. \$85.00 a month)

**Includes 141 cases with unknown household income and 4 cases
with unknown planning status

Knowledge of Availability of Sterilization Services or Place With Information About Sterilization: Currently Married Women Aged 15-44 Who Don't Want More Children and Are Interested in Sterilization, Sao Paulo State, Brazil, 1978

| Knowledge of Availability | Total | Primary Incomplete | Primary <u>Complete</u> | Secondary |
|---------------------------------|-------|-----------------------|----------------------------|-----------|
| Yes | 66.2 | 51.5 | 71.9 | 85.8 |
| No | 33.8 | 48.5 | 28.1 | 14.2 |
| Number of Cases (Unweighted) | 449 | 239 | 128 | 82 |
| | | | | |

NOTE: This table excludes women who already have surgical contraception.

Reasons Not Interested in Sterilization by Education: Currently Married Women Aged 15-44 Who Do Not Want More Children, Sao Paulo State, Brazil, 1978 (Percent Distribution)

| | Educat1 | | | | |
|---|---------|------------|----------|-----------|--|
| | | Primary | Primary | _ | |
| | Total | Incomplete | Complete | Secondary | |
| Reasons | | | | | |
| Prefers temporary method of contraception | 25.3 | 18.4 | 27.9 | 32.0 | |
| Fear of Surgery | 24.0 | 34.7 | 20.6 | 12.7 | |
| Menopause/Subfecund | 10.1 | 9.0 | 9.5 | 12.6 | |
| Has heard about unde- sirable side effects | 7.8 | 7.9 | 7.2 | 8.4 | |
| "Does not like or does not want" | 6.9 | 4.1 | 7.2 | 10.7 | |
| Children may die in future | 5.5 | 3.8 | 5.3 | 8.3 | |
| Costs too much | 2.3 | 5.5 | 0.5 | 0.0 | |
| Religious Reasons | 1.5 | 2.4 | 0.4 | 1.7 | |
| Other Reasons | 12.8 | 11.6 | 18.7 | 10.4 | |
| Unknown | 2.8 | 2.7 | 2.7 | 3.1 | |
| TOTAL | 100.0 | 100.0 | 100.0 | 100.0 | |
| Number of Cases (Unweighted) | 502 | 240 | 155 | 107 | |

NOTE: This table excludes women who already have surgical contraception

Reasons Not Interested in Sterilization by Household Income: Currently Married Women Aged 15-44 Who Do Not Want More Children, Sao Paulo State, Brazil, 1978 (Percent Distribution)

| | Monthly Family Inco | | | |
|---------------------------------|---------------------|-----------|-----------|---------|
| | (Mul) | tiples of | f Minimum | Salary) |
| Reasons | Total | < 2 | 2-3 | 4 + |
| Prefers temporary method | | | | • |
| of contraception | 25.3 | 13.1 | 24.5 | 32.1 |
| Fear of surgery | 24.0 | 39.8 | 26.0 | 13.8 |
| Menopause/Subfecund | 10.1 | 7.4 | 8.5 | 15.0 |
| Non-beauficherships | | | | |
| side effects | 7.8 | 11.5 | 5.0 | 7.7 |
| "Does not like or does | | | | |
| not want" | 6.9 | 4.6 | 6.8 | 7.0 |
| | | | | |
| Children may die in future | 5.5 | 4.0 | 7.9 | 5.9 |
| Costs too much | 2.3 | 2.6 | 3.6 | 2.0 |
| Religious Reasons | 1.5 | 2.4 | 1.0 | 0.9 |
| Other Reasons | 12.8 | 11.6 | 13.5 | 14.3 |
| Unknown | 2.8 | 2.9 | 3.2 | 2.3 |
| TOTAL | 100.0 | 100.0 | 100.0 | 100.0 |
| Number of Cases (Unweighted) | 502** | 147 | 125 | 147 |

*At the time of the survey, the minimum salary was CR \$1,540 a month (equivalent to U.S. \$85.00 a month)

**This total includes 83 cases with unknown household income.

NOTE: This table excludes women who already have surgical contraception

Percentage of Non-Users That Desire to Use A Contraceptive Method and Knowledge of Availability of Contraception by Residence, Currently Married Women Aged 15-44, Sao Paulo State, Brazil

| | Residence | | | | | | |
|---|-------------|--------------|-------------|-------|--|--|--|
| | | Municipio of | Other | Rural | | | |
| Percentage of Non-Users - | Total State | Sao Paulo | Urban Areas | Areas | | | |
| That desire to use a | | | | | | | |
| contraceptive method: | 44.4 | 39.6 | 46.8 | 45.7 | | | |
| | (682) | (188) | (195) | (299) | | | |
| That desire to use a contraceptive method and know where to | | | | | | | |
| obtain it: | 75.0 | 67.4 | 84.4 | 59.6 | | | |
| | (298) | (75) | (89) | (134) | | | |
| That do <u>not</u> desire to use a contraceptive | | | | | | | |
| method, but know where | | | | | | | |
| to obtain them: | 52.8 | 54.9 | 58.9 | 33.0 | | | |
| | (384) | (113) | (106) | (165) | | | |

NOTE: Unweighted number of cases shown in parenthesis

Percentage of Non-Users That Desire to Use A Contraceptive Method and Knowledge of Availability of Contraception by Residence and Past Use of Contraception, Currently Married Women Aged 15-44, São Paulo State, Brazil, 1978

| Residence | | | | | | |
|--------------------|---|--|--|--|--|--|
| | São Paulo | Other | Rural | | | |
| <u>Total State</u> | <u>Municipio</u> | Urban Areas | Areas | | | |
| | | | | | | |
| 51.8 | 45.2 | 55.0 | 57.2 | | | |
| (382) | (124) | (119) | (139) | | | |
| | | | | | | |
| 81.7 | 72.7 | 88.9 | 75.8 | | | |
| (201) | (56) | (66) | (79) | | | |
| | | | | | | |
| 67.1 | 60.0 | 78.0 | 51.5 | | | |
| (181) | (68) | (53) | (60) | | | |
| | | | 2 | | | |
| 34.2 | 28.2 | 36.3 | 35.7 | | | |
| (300) | (64) | (76) | (160) | | | |
| | | | | | | |
| 61.1 | 50.0 | 75.7 | 36.9 | | | |
| (97) | (19) | (23) | (55) | | | |
| | | | | | | |
| 38.5 | 47.1 | 41.5 | 22.2 | | | |
| (203) | (45) | (53) | (105) | | | |
| | <u>Total State</u> <u>51.8</u> (382) <u>81.7</u> (201) <u>67.1</u> (181) <u>34.2</u> (300) <u>61.1</u> (97) <u>38.5</u> (203) | Kes Total State São Paulo Municipio 51.8 45.2 (382) (124) 81.7 72.7 (201) (56) 67.1 60.0 (181) (68) 34.2 28.2 (300) (64) 61.1 50.0 (97) (19) 38.5 47.1 (203) (45) | Residence Total State Municipio Other 51.8 45.2 55.0 (382) (124) (119) 81.7 72.7 88.9 (201) (56) (66) 67.1 60.0 78.0 (181) (68) (53) 34.2 28.2 36.3 (300) (64) (76) 61.1 50.0 75.7 (97) (19) (23) 38.5 47.1 41.5 (203) (45) (53) | | | |

NOTE: Unweighted number of cases shown in parenthesis

Percent of Currently Married Women Aged 15-44, with Knowledge of Where to Get Oral Contraceptives, IUDs, and Condoms: Non-users and Users of Less Effective Methods by Residence, Sao Paulo State, Brazil, 1978

| 0 | ral Contrace | eptives | IUDs | | Condor | ns |
|---|---|----------------------|---|---------------------|--|----------------------|
| Residence | Users of Less Effective Methods* | Non- Users | Users of Less Effective Methods* | Non- Users | Users of Less Effective Methods** | Non- Users |
| TOTAL State | 88.4 | 61.2 | 26.9 | 10.9 | 84.2 | 44.9 |
| Sao Paulo-Municipio Other Urban Areas Rural Areas | 89.1 88.6 85.4 | 59.4 68.6 44.0 | 26.0 30.4 8.7 | 11.5 13.1 3.8 | 84.5 85.0 78.5 | 39.6 55.0 27.4 |

| | Number of Cases (Unweighted) | | | | | |
|---------------------|------------------------------------|------------------------------------|-----------|--|--|--|
| | Users of Less Effective Methods | Users of Less Effective Methods | Nee | | | |
| Kesidence | (Pill and IUD) | (Condom) | Non-users | | | |
| TOTAL State | 315 | 221 | 683 | | | |
| Sao Paulo-Municipio | 101 | 63 | 188 | | | |
| Other Urban Areas | 128 | 89 | 196 | | | |
| Rural Areas | 86 | 69 | 299 | | | |

*Currently using method other than pill, IUD, or sterilization **Currently using method other than pill, IUD, sterilization or condom

Interest in Community-Based Distribution (CBD) Program by Residence: Currently Married Women Aged 15-44, Sao Paulo State, Brazil, 1978

| Interest in CBD | Total <u>State</u> | Sao Paulo <u>Municipio</u> | Other Urban Areas | Rural Areas |
|---------------------------------|-----------------------|-------------------------------|----------------------|----------------|
| Yes | 53.9 | 52.6 | 51.9 | 63.0 |
| No | 42.0 | 44.9 | 42.6 | 33.7 |
| Don't know | 4.1 | 2.5 | 5.5 | 3.3 |
| Number of Cases (Unweighted) | 1616 | 479 | 502 | 635 |

NOTE: This table excludes women who already have surgical contraception

Percent of Currently Married Women Aged 15-44, Who Live Less than 30 Minutes From a Source of Oral Contraceptives and Percent Who Consider the Nearest Source to be Convenient, by Residence, Sao Paulo State, Brazil, 1978

| | Women Who Are 30 Minutes or | | | | | |
|---------------------|-----------------------------|--------|-----------|---------|--------|---------|
| | | Less | from a So | urce of | Orals | |
| | Curr | ently | Currentl | y Using | Not Cu | rrently |
| | Using | Orals | Other M | ethods* | Usi | .ng** |
| Residence | % | (N)*** | <u>%</u> | (N) | % | (N) |
| TOTAL State | 90.9 | (496) | 93.7 | (261) | 91.3 | (358) |
| Sao Paulo-Municipio | 95.0 | (153) | 96.3 | (85) | 94.4 | (114) |
| Other Urban Areas | 96.1 | (158) | 96.0 | (104) | 95.2 | (123) |
| Rural Areas | 63.0 | (185) | 61.2 | (72) | 66.3 | (120) |

| | Percent of Women Who Consider the Source to be Convenient | | | | | |
|---|--|-------------------------|-----------------------------------|-----------------------|------------------------|-------------------------|
| | Currently Using Orals | | Currently Using Other Methods* | | Not Currently Using | |
| Residence | % | (N) | % | (N) | % | (N) |
| TOTAL State | 93.7 | (524) | 89.7 | (260) | 92.7 | (355) |
| Sao Paulo-Municipio Other Urban Areas Rural Areas | 95.7 94.6 85.6 | (161) (166) (197) | 91.0 90.8 81.5 | (87) (106) (67) | 90.1 94.5 89.1 | (109) (125) (121) |

*Excludes women with surgical contraception **Not currently using but have knowledge of availability of orals ***Number of unweighted cases in parentheses

NOTE: 66 women who did not know the time necessary to go to the source of orals and 42 who did not answer the convenience question are excluded from this table

Percent of Currently Married Women, Aged 15-44 with Interest in CBD Program by Contraceptive Status and Time to Get to Source of Oral Contraceptives, Sao Paulo State, Brazil, 1978

| Time (in minutes) | Currently Using Pills | Currently Using Other Methods* | Not Currently Using** |
|----------------------|--------------------------|-----------------------------------|--------------------------|
| Less than 10' | 69.7 | 45.3 | 44.6 |
| 10'-14' | 73.2 | 40.1 | 63.7 |
| 15'-30' | 83.1 | 58.6 | 60.9 |
| More than 30' | 80.0 | 68.2 | 73.5 |
| TOTAL*** | 72.9 | 48.8 | 51.6 |

*Excludes women with surgical contraception

**Not currently using but have knowledge of availability of orals
***Includes women who do not know the time necessary to go to source of
orals

Number of Cases (Unweighted)

| Ti (in mi | lme Lnutes) | Currently Using Pills | Currently Using Other Methods | Not Currently Using |
|--------------|----------------|--------------------------|----------------------------------|------------------------|
| Le | ess than 10" | 231 | 147 | 175 |
| | 10'-14' | 52 | 20 | 45 |
| | 15'-30' | 120 | 49 | 74 |
| Mo | ore than 30' | 80 | 31 | 50 |
| Do | on't know | 54 | | 22 |
| | TOTAL | 537 | 278 | 366 |
TABLF. 35

Interest in Community-Based Distribution Program by Household Income: Currently Married Women, Aged 15-44 Sao Paulo State, Brazil, 1978

| | Monthly Household Income | | | | | | |
|---------------------------------|--------------------------------|-------|-------|-------|-------|--|--|
| | (Multiples of Minimum Salary)* | | | | | | |
| Interest in CBD | Total | <2 | 2-3 | 4-9 | 10+ | | |
| Yes | 55.3 | 61.1 | 62.2 | 51.2 | 35.8 | | |
| No | 40.4 | 33.3 | 33.8 | 43.9 | 62.5 | | |
| Unknown | 4.3 | 5.6 | 4.0 | 4.9 | 1.7 | | |
| TOTAL | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | | |
| Number of Cases (Unweighted) | 1616** | 498 | 423 | 325 | 133 | | |

*At the time of the survey, the minimum salary was CR \$1,540
 a month (equivalent to U.S. \$85.00 a month)
**This total includes 9 cases of "payment in kind" and 228
 respondents who did not answer the household income
 question

Reasons Not Interested in CBD Program by Education: Currently Married Women Aged 15-44 Sao Paulo State, Brazil, 1978

| Reason | Total | Primary Incomplete | Primary Complete | Secondary |
|--|------------------|-----------------------|---------------------|-----------|
| Prefers to continue buying at the pharmac | <i>19.9</i> У | 11.0 | 20.2 | 27.5 |
| Prefers methods other than pill or condom | 19.9 | 16.5 | 17.6 | 24.5 |
| Lack of confidence in non-medical personnel | 18.5 | 15.1 | 20.9 . | 19.7 |
| Fear of side effects | 11.6 | 21.7 | 8.8 | 4.8 |
| Menopause or sub- fecund | 6.6 | 7.9 | 7.2 | 5.0 |
| Wants more children or currently pregnant | 5.4 | 5.0 | 4.4 | 6.4 |
| "Does not want or does not like" | 4.5 | 4.5 | 6.0 | 3.4 |
| Other reasons | 9.9 | 13.7 | 10.3 | 6.4 |
| Unknown | 3.7 | 4.5 | 4.6 | 2.2 |
| TOTAL | 100.0 | 100.0 | 100.0 | 100.0 |
| Number of Cases (Unweighted) | 679 | 281 | 192 | 206 |

Reasons Not Interested in Community-Based Distribution Program by Household Income: Currently Married Women, Aged 15-44 Sao Paulo State, Brazil, 1978

| | P | fonthly | Household | Income | |
|---|-------|---------|------------|----------|------------|
| | (Mul | ltiples | of Minimum | n Salary | <u>/)*</u> |
| Reason | TOTAL | <2 | 2-3 | 4-9 | 10+ |
| Prefers to continue buying at the pharmacy | 19.9 | 11.1 | 15.6 | 17.8 | 33.6 |
| | | | | | |
| than pills or condoms | 19.9 | 9.7 | 15.0 | 23.5 | 19.5 |
| Lack of confidence in non-medical personnel | 18.5 | 18.0 | 24.4 | 22.9 | 12.0 |
| Fear of side effects | 11.6 | 22 9 | 10.8 | 10.5 | 4.3 |
| Menopause/Subfecund | 6.6 | 4.9 | 10.3 | 1.8 | 8.8 |
| Wants more children or currently pregnant | 5.4 | 4.9 | 5.2 | 3.5 | 7.4 |
| "Does not want or does not like" | 4.5 | 9.0 | 2.3 | 3.9 | 2.7 |
| Other Reasons | 9.9 | 11.2 | 13.6 | 12.5 | 9.3 |
| Unknown | 3.7 | 8.3 | 2.9 | 3.6 | 2.3 |
| TOTAL | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Number of Cases | 679** | 171 | 159 | 155 | 77 |

*At the time of the survey, the minimum salary was CR \$1,540
 a month (equivalent to U.S. \$85.00 a month)
**Total includes 117 respondents with household income unknown

Percent of Women 15-44 in Need of Family Planning Services* by Age Group, Marital Status, Parity, Education, and Family Income by Residence Sao Paulo State, Brazil, 1978

| | Percent in Need | | | No. of Cases (Unweighted) | | | | |
|---|-----------------|-----------|-----------------|---------------------------|-------|-----------|-------|-------|
| | Sao Paulo Other | | Sao Paulo Other | | | | | |
| | Total | Municipio | <u> Úrban</u> | Rural | Total | Municipio | Urban | Rural |
| TOTAL | 8.6 | 8.4 | 8.2 | 10.8 | 2534 | 797 | 830 | 907 |
| Age | | | | | | | | |
| Group | | | | | | | | |
| 15-19 | 1.3 | 0.7 | 1.7 | 1.9 | 406 | 144 | 118 | 144 |
| 20-24 | 3.8 | 2.3 | 3.6 | 7.7 | 515 | 149 | 162 | 204 |
| 25-29 | 8.6 | 9.8 | 7.7 | 9.7 | 490 | 158 | 170 | 162 |
| 30-34 | 11.5 | 11.0 | 10.3 | 17.2 | 462 | 141 | 160 | 161 |
| 35-39 | 14.0 | 15.2 | 12.8 | 16.2 | 360 | 104 | 121 | 135 |
| 40-44 | 19.5 | 22.2 | 17.8 | 19.6 | 301 | 101 | 99 | 101 |
| Marital | | | | | | | | |
| Statue | | | | | | | | |
| Currently Married | 11 0 | 13 7 | 10 0 | 15 0 | 1880 | 546 | 600 | 734 |
| Providualy Married | 17 9 | 2 0 | 20.0 | 10.0 | 1000 | 26 | 40 | 19 |
| Nover Married | 17.6 | 2.3 | 24.1 9 A | 0 3 | 570 | 20 | 100 | 155 |
| Never Married | 1.7 | • 1.1 | 6.4 | 0.0 | 570 | 225 | 190 | 177 |
| Parity | | | | | | | | |
| 0 | 1.6 | 1.4 | 1.9 | 1.1 | 758 | 283 | 266 | 209 |
| 1 | 8.1 | 3.4 | 10.5 | 11.1 | 375 | 126 | 133 | 116 |
| 2 | 11.2 | 15.6 | 7.9 | 10.4 | 463 | 159 | 138 | 166 |
| 3 | 13.0 | 12.2 | 13.4 | 13.2 | 365 | 117 | 122 | 126 |
| 4 | 13.7 | 21.5 | 10.8 | 12.4 | 216 | 53 | 76 | 87 |
| 5 | 23.7 | 24.3 | 23.9 | 22.4 | 137 | 28 | 41 | 68 |
| 6+ | 22.3 | 29.2 | 19.0 | 23.7 | 220 | 31 | 54 | 135 |
| Education | | | | | | | | |
| <primary< td=""><td>14.5</td><td>16.0</td><td>13.5</td><td>14.9</td><td>965</td><td>178</td><td>222</td><td>565</td></primary<> | 14.5 | 16.0 | 13.5 | 14.9 | 965 | 178 | 222 | 565 |
| Primary | 10.2 | 12.4 | 10.1 | 5.1 | 683 | 223 | 236 | 224 |
| >Primary | 3.9 | 3.4 | 4.2 | 4.6 | 886 | 396 | 372 | 118 |
| Family Income** | | | | | | | | |
| <2 | 15 1 | 19 9 | 16 1 | 15 4 | 638 | 83 | 137 | 418 |
| 2-3 | 0 0 | 10 0 | g 9 | g 1 | 638 | 21.8 | 246 | 174 |
| | 6 2 | 6.9 | £ 1 | 6 0 | 776 | 3/.7 | 320 | 100 |
| 4T | 0.0 | 0.4 | 0.4 | 0.9 | 110 | 347 | 547 | 100 |
| Other/Unknown | 7.5 | 8.7 | 6.4 | 7.8 | 482 | 149 | 118 | 215 |

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

**In multiples of minimum salary

Percent Distribution of Women 15-44 in Need of Family Planning Services*, by Age Group, Marital Status, Parity, Education, and Family Income by Residence, Sao Paulo State, Brazil, 1978

| | | Sao Paulo | Other | |
|---|-------|------------------|-------|-------|
| | Total | <u>Municipio</u> | Urban | Rural |
| TOTAL | 100.0 | 32.7 | 50.2 | 17.1 |
| | | | | |
| Age | | | | |
| Group | 100.0 | 32.7 | 50.2 | 17.1 |
| 15-19 | 3.5 | 0.7 | 2.1 | 0.7 |
| 20-24 | 8.6 | 1.7 | 4.2 | 2.7 |
| 25–29 | 16.5 | 5.8 | 8.4 | 2.3 |
| 30-34 | 20.7 | 6.5 | 10.0 | 4.1 |
| 35-39 | 22.0 | 7.2 | 11.1 | 3.7 |
| 40-44 | 28.8 | 10.9 | 14.3 | 3.6 |
| Marital | | | | |
| Status | 100.0 | 32.7 | 50.2 | 17.1 |
| Currently Married | 85.7 | 30.7 | 38.0 | 17.0 |
| Previously Married | 7.7 | 0.3 | 7.4 | 0.0 |
| Never Married | 6.6 | 1.7 | 4.8 | 9.1 |
| Parity | 100.0 | 32.7 | 50.2 | 17.1 |
| 0 | 7.7 | 2.4 | 4.8 | 0.5 |
| 1 | 12.0 | 1.7 | 8.4 | 1.9 |
| 2 | 18.9 | 9.9 | 6.3 | 2.7 |
| 3 | 19.1 | 6.1 | 10.6 | 2.4 |
| 4 | 12.3 | 4.8 | 5.8 | 1.7 |
| 5 | 11.1 | 3.1 | 5.8 | 2.3 |
| 6+ | 18.8 | 4.8 | 8.4 | 5.6 |
| Education | 100.0 | 32.7 | 50.2 | 17.1 |
| <primary< td=""><td>47.5</td><td>13.0</td><td>20.6</td><td>13.9</td></primary<> | 47.5 | 13.0 | 20.6 | 13.9 |
| Primary Grad. | 32.0 | 12.6 | 17.4 | 2.0 |
| >Primary | 20.5 | 7.2 | 12.1 | 1.2 |
| Family Income** | 100.0 | 32.7 | 50.2 | 17.1 |
| <2 | 27.1 | 4.1 | 13.2 | 9.8 |
| 2-3 | 27.5 | 10.6 | 14.3 | 2.7 |
| 4+ | 29.0 | 11.2 | 16.4 | 1.3 |
| Other/Unknown | 16.5 | 6.8 | 6.3 | 3.3 |

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

**In multiples of minimum salary

| | Dr Darvado | r and ourreet | A DEALCO | | |
|---------------------|------------|---------------|----------|--------|-------------|
| | | | | United | 1 |
| Current Use | Sao Paulo | Paraguay | Panama* | States | El Salvador |
| And Method | (1978) | (1977) | (1976) | (1976) | (1975) |
| Currently Using | 63.9 | 25.7 | 53.9 | 67.8 | 21.3 |
| Orals | 27.8 | 10.1 | 17.0 | 22.3 | 7.4 |
| Sterilization | 16.1 | 2.9 | 21.6 | 19.3 | 9.8 |
| IUD | 0.4 | 3.4 | 3.7 | 6.1 | 2.0 |
| Condom | 6.6 | 1.8 | 1.2 | 7.2 | 0.6 |
| Other Methods | 13.0 | 7.4 | 10.4 | 12.9 | 2.0 |
| e. | | | | | |
| Not Currently Using | 36.1 | 74.3 | 46.1 | 32.2 | 78.2 |
| TOTAL | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Number of Women | 1880 | 1208 | 2723 | 8611 | 1351 |

Percentage of Currently Married Women Aged 15-44 Using Contraception by Method: Sao Paulo, Paraguay, Panama, El Salvador and United States

Source of data for other countries (see references): Paraguay: (Morris, Anderson, Monteith, et al, 1978) Panama : (Ministerio de Salud, 1978) United States: (Ford, 1978) El Salvador: (Morris, Rugamos, Mendoza, et al, 1979)

*Includes only women 20-49 years of age.