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FAMILY PLANNING PROGRAMMES IN LATIN AMERICA: PRESENT SITUATION AND NEW CHALLENGES

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INTRODUCTION

The discussion on family planning programmes in Latin America initially focused on the issue of their legitimacy and their influence on development¹. However, the progress achieved in the region in the last two decades through these programmes and the survey results that show that the new regulating behaviours have become widespread, make it necessary to address this matter from a broader perspective. From this point of view, issues concerning the rights of couples to plan their own reproduction -regarded as one of the most significant aspects of human life- should form part of the center of the debate. Furthermore, the real extent to which family planning programmes can help poor families in their struggle to deal with their circumstances should also be considered.

In this context, and taking into account the role fulfilled by CELADE as part of the Economic Commission for Latin America -which involves supporting the region's countries in matters of technical cooperation for development- this paper intends to be the institution's contribution aimed at introducing a set of important issues on this subject. Consequently, this document analyzes some relevant facts which turn up in studies -based on surveys- covering women in childbearing age; at the same time, the study tries to identify the key areas for the future development of the family planning services provided to Latin American couples.

THE CONTEXT OF FAMILY PLANNING PROGRAMMES

Institutional support for programmes

The efforts regarding family planning matters in the region, as well as the changes observed in recent years, have been made under diverse institutional contexts. There are countries such as Mexico, the Dominican Republic or Costa Rica that implemented explicit family planning programmes with official support; countries such as Brazil, where there has been no official policy or direct official support for these programmes; or countries like Colombia, where private organizations (PROFAMILIA) have played a

significant role in spreading knowledge about contraceptive methods and their use. And there are other countries, such as Bolivia, where official support has been highly unstable and weak.

But, despite this diversity it is a fact that, with more or less emphasis, governments in every Latin American country at least offer some sort of family planning services to women who ask for it. At the same time, however, the private sector in the region, including affiliates of International Planned Parenthood Federation (IPPF) and pharmacies, private doctors and clinics, are a major source of contraceptive services. Indeed, as surveys have shown, in some countries the private sector is more important than the public sector in supplying modern contraceptive methods (Mundigo, 1990).

Parker Mauldin and John Ross (Mauldin and Ross, 1991) recently carried out a study on developing countries in which they analyze the family planning efforts undertaken by countries in the period 1982-1989 and assesses the studies according to four aspects (policies and stage-setting activities, services and service-related activities, record keeping and evaluation, and availability of contraceptive methods). The authors found 'a strong upward shift in effort score... between 1982 and 1989' (Ibidem., p. 199). For the Latin American region as a whole, the authors found that the total effort indicator had risen by 14 percent, with increases ranging from 9 to 20 percent in the different components.

Still, it is worth mentioning that many of the country programmes are considered as weak. In this case it is worth mentioning some countries of South America (especially those in the far south of the continent as Argentina and Uruguay), whose fertility levels are low, but, according to the parameters evaluated by Mauldin and Ross, whose family planning efforts are also limited. The belief that low fertility is a good indicator for the quality of contraceptive services has been questioned through some studies in these countries. For example, it has been showed, at least in Argentina, that women from lower social status had difficulty in practicing an effective contraceptive method that was secure for their health and did meet their personal and family perspectives (Balán and Ramos, 1990).

In general, it can be said that little is known on the quality of the given service. This element of the family planning programmes in the region, which do have known effects in the increasing coverage and long term acceptance of specific methods, still seem to have serious deficiencies in most of the countries (Diaz and Halve, 1990; Townsend and Foreit, 1989). Also, not much is known about the amount of deterioration in the quality of the family planning services as a consequence of worsening state attention for the health sector in the 1980's (OPS, 1990).

Fertility Change and its Proximate Determinants

The significant decline in fertility in Latin America in the last three decades is a proven fact (Chackiel and Schkolnik, 1990). Fresh data obtained from the Demographic and Health Surveys (DHS) and from other surveys carried out in the region's countries generally show that fertility continues to decrease and that there is a clear-cut relationship between total fertility rates and contraceptive prevalence (Arnold and Blanc, 1990). However, an analysis of the change in fertility shows that these changes are not as intense for adolescent fertility (United Nations, 1989), which shows stable levels and, in certain cases, is even rising (Brazil and rural areas in Peru) (Singh and Wulf, 1990). This is accounted for by the insignificant change generally observed in the age at first union or at first birth in Latin America in recent years (Singh and Wulf, 1990). From the above findings one can infer the sizeable importance of certain cultural patterns as determinants of family formation patterns.

The most important intermediate variable, i.e. the variable that influences fertility levels most, is the use of contraceptives; changes in marriage patterns and in the length of breast feeding have not made a significant contribution to the decline of fertility (Moreno and Singh, 1990).

The analysis of induced abortion has shown that its prevalence in Latin America is very high (Frejka and Atkins, 1990)². A more specific study covering three countries (Brazil, Colombia and Peru) has concluded that '...a high percentage of women in these countries are seeking induced abortions; and existing

statistics show that many thousands of women are suffering adverse health effects from these procedures (Singh and Wulf, 1991:13). The same study estimates that in the case of Peru, abortion rates could be increasing. Undoubtedly, one of the reasons that account for this fact in Peru and other countries is related to the non-use of contraception and to method failures, a great proportion of which are probably due to improper use.

FAMILY PLANNING SERVICES: CURRENT STATUS OF INFORMATION

There is a lack of basic information on the provision of services in each country and, therefore, it is very difficult to make a comprehensive diagnosis of the strengths and limitations of family planning programmes in the region. One useful alternative source of information are women's statements in surveys (such as the DHS). These are nationally representative surveys conducted among women of reproductive age in 12 countries in Latin America and the Caribbean in the period 1986-1991. Although this information is fragmentary, it nevertheless allows us to describe some important aspects regarding the degree and quality of family planning services.

Knowledge on Contraception and the Reproductive Process

Data from the DHS surveys and other national surveys show that women of reproductive age in the region are increasingly acquiring more knowledge on contraceptive methods^{3,3}. In nine of the twelve countries included in the DHS (Brazil, Colombia, Dominican Republic, Ecuador, Mexico, Peru, Trinidad and Tobago, El Salvador and Paraguay), nearly 90 percent or more of women currently married or living in consensual union know about some contraceptive method, and more specifically about a modern one. The exceptions are Bolivia and Guatemala where one out of four women stated that they had no knowledge about any contraceptive methods at all.

Similarly, in other countries, where a large number of women claimed to know contraceptive methods, results of the DHS and other surveys indicate that when women are asked to provide further information on these methods and their use, large information gaps appear which account, in part, for the high rates of contraceptive failure observed in the so-called modern and highly efficient methods⁴. In addition, many women who state that they wish to control their fertility fail to do so for "health-related" or similar reasons, a fact which conceals a certain degree of ignorance about birth control methods that involve no side effects.

One of the most important elements in this scenario is women's lack of familiarity with reproductive physiology. Significant degrees of misunderstanding about fertile periods have been observed even in countries with high contraceptive prevalence and also among women who use contraception. A more radical example of this situation is found in women who resort to periodical abstinence (essentially the calendar method), among which high levels of error in the exact timing of the fertile period have been found. For instance, in the case of users of periodical abstinence in Peru and Bolivia, where this method is used by roughly 40 to 50 percent of women, ignorance rates reach 30 to 40 percent (Torres, 1992; Loza y Vallenas, 1992). In focus-group sessions conducted in Peru it has been found that there are beliefs, rooted in the cultural structure of important population sectors, which explain the persistence of this misconception (Fort, 1989).

These findings show that there still are some important contributions to be made by the programmes. This includes the need to increase knowledge on contraception in countries where ignorance on this issue still affects a significant part of the population; and also to foster greater understanding about the methods themselves in countries where knowledge on the proper use of contraceptive methods is apparently high but nonetheless limited. At the same time, the contribution that family planning programmes can make to women's knowledge on their own reproductive physiology should figure as an important feature of the IEC's components of the programme. This applies to all women, regardless of the contraceptives they use.

Improving women's understanding of reproductive physiology is an important issue in terms of the programmes as such, since it would improve the chances for the proper use of methods and would enable women to choose adequately from available methods.

Contraceptive use

According to the DHS, when compared to previous surveys covering the same countries, contraceptive prevalence has risen in proportion to the observed fertility decline. In most of the countries analyzed, the percentage of women users of any contraceptive method reached figures ranging from 45 to 65 percent; however, in Bolivia and Guatemala, this percentage is equal to or lower than 30 percent. In Guatemala, only one out of five women living in union was using some contraceptive method at the time of the survey. Among the countries not included in this survey, and which have a fertility rate ranging from average to high, are the other Central American countries. In these countries, except in Costa Rica and Panama, fertility is still fairly high and, consequently, the percentage of users is relatively low. Haiti is, perhaps, the extreme case in the region, where prevalence is the lowest (10 percent) (Cayemites and Chahnazarian, 1989).

The increase of contraceptive prevalence observed in most countries is essentially due to an increase in the use of modern methods. The exceptions are Bolivia, where the increase in traditional methods is equivalent to the rise in modern methods, and Peru, where large numbers of women still use traditional methods (mostly periodical abstinence).

Regarding to method-mix, results clearly show the fundamental presence of sterilization as one of the major methods used by women (Weinberger, 1990; Rutemberg et al., 1991). With the exception of Bolivia and Peru -where periodical abstinence ranks first- and of Paraguay^f and Costa Rica -where oral contraceptives are the leading method-, in the remaining countries sterilization is the method which accounts for the highest number of users. In fact, Latin America shows an increasing trend toward the use of

sterilization. One of the impressive cases in this respect is the Dominican Republic, where two out of three users of contraceptive methods chose for sterilization (Báez, 1990). Among users of sterilization, for one out of three women it was the first and only method they used (Ibidem). Oral contraceptives rank second in Brazil, Colombia, the Dominican Republic, Trinidad and Tobago and Guatemala. Conversely, in Mexico, Peru and Ecuador, the IUD occupies second place as the most used method. Only in Trinidad and Tobago (DHS data) and Costa Rica (Oberle et al., 1989) the condom accounts for an important part of users (12 and 14 percent, respectively). In the remaining countries, the prevalence of condoms is below 2 percent⁷.

The increasing use of sterilization deserves special attention. The fact that this method is becoming ever more generalized is associated to its use as a way to limit births (rather than for spacing them) that prevails in most women using contraception in Latin America (see Rutemberg, 1991). The question therefore arises whether this 'method mix', based exclusively on a single, terminal method is a desirable model for an entire society. There are some elements of caution in this: if the method is used solely for limiting and not for spacing births then there can be no foreseeable changes in the birth interval, at least as a consequence of contraceptive use. This becomes particularly important whenever the health and survival of the children of women users are employed as the rationale for family planning programmes. Moreover, although most women do claim to be satisfied with sterilization, the appropriateness of resorting to this terminal method under situations of high marital instability and high infant mortality should be evaluated⁸. On the other hand, there are some hypotheses which hold that there is a relationship between successive caesarian sections and sterilization. Perhaps it would be pertinent to determine to what extent this practice is really necessary and whether it encourages an over-medicalization of maternal reproductive health, a situation in which women have little to say and, therefore, have few advantages in matters regarding knowledge on their own reproduction and independence. That is, it is not unreasonable to ask to what extent this phenomenon is contradictory to women's search for greater independence aimed at achieving broader personal development⁹.

On the other hand, contrary to knowledge about contraceptives, which did not turn up any major distinctions according to the women's area of residence and schooling, the use of contraception is prominently related to the fact of belonging to each of the population subgroups defined by the variables under study (see Rutemberg et al., 1991). As was to be expected, contraceptive use is lower among less educated women and among those living in rural areas. These results confirm the fertility levels found in these populations.

Another significant element in the study on the degree of contraceptive use is related to the failure rates found in the region. Persistently high failure rates have been found in relation to methods deemed to be highly efficient in some countries (Moreno and Goldman, 1991). Contraceptive failures discourage women users from using the methods for spacing births and also, in many cases, may provide the grounds for abortion. Therefore, it is believed that programmes should pay more attention to instructing women on the proper use of all methods, including natural family planning methods. Regarding this subject, further studies should be carried out with specific and controlled populations on the differences in the failure rates among distinct subgroups of the population and on the reasons that account for these failures.

Reproductive preferences and unmet need for family planning

Both the data from the World Family Survey and, more recently, those from the Demographic and Health Survey show that a significant percentage of women wanted no more children than the ones they had at the time of the interview (Westoff, 1991). This figure is consistent with the number of children that women viewed as ideal, i.e. relatively low vis-à-vis the fertility rate already observed. Despite the possible deficiencies of the information supplied by women on their reproductive preferences, the survey's data show a trend toward an increasingly low number of children in Latin America. The average number of wanted children in the DHS is close to, or under, four in all countries and close to, or under, three in seven out of the 10 countries analyzed. More importantly, the number of wanted children in most countries does not seem to vary greatly from one social group to another.

This finding shows a trend toward the generalization of small families as a standard accepted by society as a whole, although there are factors that prevent this desired behaviour from becoming effective. In some countries the decrease in the desired family size is greater than the decline in fertility (Westoff, 1991). According to Westoff, these data may indicate that normative change is leading the decline in fertility.

The above study and others evidence the existence of unwanted fertility, either because the pregnancy was unwanted at the time it occurred or because another child was not desired. This unwanted fecundity can be attributed, at least in part, to the existence of an unmet demand -frequently subjacent and not explicit- for contraceptive methods. A way to measure this 'unmet need for family planning' was developed by Charles Westoff and it has made it possible to determine its magnitude in the countries where the DHS was carried out¹⁰. According to the results obtained from the application of this model in said countries, the percentage of women living in consensual union who can be classified as part of the group with an unmet need for family planning, varies from 13 percent in Brazil to 36 percent in Bolivia. These data therefore show that there is a large number of women who are demanding contraceptive methods and are not using them. Therefore, they constitute a group which must be identified in order to ensure the success of the programmes. The significant weight of the demand for spacing births should be underlined (In the Dominican Republic, El Salvador and Guatemala the demand for spacing births slightly exceeds the demand for limiting births). This fact contrasts with the current use of contraception that is mostly employed for limiting reasons.

The unmet need for family planning is higher among the most underprivileged and less educated sectors and in rural areas. This confirms the need to target programmes in such a way as to meet these needs¹¹. However, one should bear in mind that providing contraceptives will not be enough to transform this unmet need into an effective demand. It has been found, for example, that part of the women in the group of potential users stated that they would not use contraceptive methods in the near future, despite the fact that they were sexually active. In this respect, an area of concern refers to the reasons given by women who do not want to bear (more) children and do not use contraceptives. These include fear of the method's

side effects. Undoubtedly, these fears play a major role and confirm what was said previously on the need to educate the population by providing information on each method, dispelling doubts and mistaken ideas on the proven effects of the use of contraceptive methods on women's health.

SOME CHALLENGES FOR FAMILY PLANNING PROGRAMMES: RECOMMENDATIONS ON ITS FUTURE COURSE

From the above discussion and taking into account the field experiences in the region, at this point it may be useful to describe some of the challenges and policy needs regarding family planning programmes in the region¹².

Expanding and improving the supply of contraceptives

In this line of action an essential component is to increase the use of reversible/temporary contraceptives that may bring about changes in birth spacing patterns. The mass use of terminal methods such as sterilization, cannot be the sole option available to women. Information should be expanded and the use of methods for spacing births should be promoted, including the so called 'natural' methods which may be effective under controlled circumstances. It has been said that 'in the long run, the aim should be to increase the options available to women and to ensure flexibility of timing for the use of health care services generally and for the adoption of contraception in particular' (Winikoff and Mensch, 1991:306). It has been shown that quality of services can be improved if a wide choice of methods is provided to users (Townsend and Foreit, 1989).

Improving information and effective knowledge on the process of reproduction and contraception

The educational and formative aspects of programmes should be strengthened since these are frequently noted for a solely medical approach (Rossetti, 1990). In many countries there is still a broad margin for reducing fertility by intensifying programmes related to the information/education component. This should allow for greater effective knowledge on the proper use of methods, thus contributing to better information on the different contraceptive options available and to the elimination of mistaken concepts about methods and their known side effects. More emphasis is needed on the positive role that family planning programmes can play in fostering natural breast feeding, not only because of its contraceptive effect but because of its importance for the child's survival. In addition, awareness should be raised, based on specific studies in each country, on the problems caused by induced abortions and on how to prevent them. For these tasks, the strengthening of information networks among peers seems to be an important way of providing information to women who are not directly reached by the programme. In this endeavour, the importance of information and programmes via the mass media should be considered.

Targeting of specific populations

The rendering of family planning services is one of the tools for eliminating social inequality. Access to information on contraception and means to implement it cannot be restricted to the individuals who can afford them. In many countries in the region, women living in rural areas -who are less educated- and lower income women in both areas continue to be groups to which the greatest efforts in contraception should be aimed. This urgency is greater whenever the current framework of structural adjustments carried out by most Latin American countries is taken into account. A greater demand for contraceptive methods could be forthcoming as a result of the wish of prospective parents to postpone births in times of crisis; furthermore, if poverty levels have risen in many countries and, consequently, the real income of the middle class and other wage-earning sectors has been cut back, this change could limit the access to contraceptive methods that need to be purchased on the market (oral contraceptives, IUDs, etc.).

In this sense, one should bear in mind the significant contribution made by the non-official sector in supplying contraceptive methods; and also the possibility of having this sector provide attention to certain priority groups. Additionally, programmes involving paid distribution of contraceptive methods aimed at specific groups should not be ruled out¹³.

Within the targeting of specific populations, the case of adolescents as a group that requires particular emphasis deserves special attention. It has been noted that '... one of the central issues underlying adolescent pregnancy is the lack of alternative role options for women other than motherhood, as well as their subordinate role in the society' (Pick de Weiss, S. et al., 1991). If this is actually so, one may infer that one of the strategies of family planning programmes should be to deliver more information/education and contraceptive supplies to adolescents. But, furthermore, these strategies should also help to promote specific programmes such as education and employment alternatives, since these options can encourage the formulation of attainable life projects.

. Inclusion of other health care services in family planning services

If the area of concern of family planning programmes is extended to the search for a better reproductive health for women, and if the difficulties faced by ample sectors of women in countries with deficient health care systems are taken into account, it seems advisable for programmes to expand the services delivered. For example, including the diagnosis and treatment of infections of the female reproductive tract in family planning services would not only have a beneficial effect on the health of mothers and children but could, at the same time, make an effective contribution to family planning programmes¹⁴. Moreover, other services -such as PAP smears, breast exams, mammographies and tests for STDs, including AIDS- could also be incorporated.

Seeking a more prominent role for men in contraceptive practice and increased male involvement in programmes

It is easy to verify that family planning in the region is based on a medicalized pattern centered around women. This fact is not only the outcome of the will of the individuals responsible for the programmes; it also has a cultural basis that prevents men from assuming direct responsibility for contraceptive practice¹⁵. The above is an area of study and concern if one considers the search that most societies are involved in, i.e. trying to achieve greater equality between the sexes and trying to encourage equal sharing of the responsibility for the couple's relationship. For example, with respect to adolescent pregnancy, it is believed that 'little research has been carried out in Latin America regarding the male's position in this respect and [such research] is urgently needed in order to plan more effective programmes that optimize interventions for adolescents in Latin America" (Pick de Weiss, S. et al., 1991:80).

It has been found that, even if the concept of men's involvement in family planning programmes has become widely accepted, programme experiences regarding this subject have been scarce (Keller, A. et al., 1989). Apparently, there is a need for more research on the real possibility of male participation in programmes where most of the methods are directed toward women.

Improvement of management information systems

Despite the existence of 'a nearly universal recognition that improved management is one of the keys to reaching programmatic health and/or demographic objectives' (Keller, 1991:30), the issue of management information systems continues to be a serious problem in most countries. In Latin America, the outcome of a study in nine countries shows the weakness in the production and use of information geared to programme management, specially in the public sector (see Rossetti, 1990). What seems to be needed with regard to this subject is to develop a very simple methodology and data collection procedures that contain actually useful information. The level of the information collected should be directly related to its use.

Taking into account the social and cultural context in family planning programmes

There appears to be agreement in one respect: one of the keys to successful family planning programmes lies in emphasizing the provision of integrated and high quality family planning services, and that these should be based on understanding the social and cultural structure where these contraceptive methods will operate (Bongaarts et al., 1990). In this sense, there is a need for community-based programmes, especially in light of the current circumstances in Latin America where decentralization is viewed as one of the most significant tools to eliminate the concentration of power and achieve productive transformation. An example of the cultural considerations that the programmes should contemplate are the patterns of nuptiality and sexual intercourse between men and women. As a limited example of this, the results of a study on the frequency of sexual intercourse in countries where the DHS was applied helped to identify important differences among countries. Based on these results, the authors of the document propose that '...when recommending a method of family planning, service providers should consider whether the use of the particular method is effective for and compatible with the frequency of sexual relations the woman desires' (Blanc and Rutemberg, 1991:74). Ignorance regarding such an important aspect could lead to a situation in which contraceptive methods are provided to women who are not exposed to pregnancy.

ON THE RATIONALE OF FAMILY PLANNING PROGRAMMES IN THE REGION

Nobody denies the demographic impact of family planning programmes, in their role as providers of methods to control fertility and to legitimize a new regulating behaviour that is becoming increasingly widespread. For example, Bongaarts et al. (1990) concludes that if unwanted fertility is eliminated, population growth would be much lower. One of the most conflictive issues in the development of family planning programmes is related to the great significance granted, at least initially, to the need for demographic control as a major rationale. As mentioned previously, recent surveys prove that there is substantial demand for family planning services among women who wish to achieve their desired family size. In addition, several

governments in the region have clearly specified in their official population policies that the fertility ratio should be reduced (United Nations, 1987). These findings imply that there seems to be no contradiction between government goals and the preferences of individual couples; hence, the rationale of family planning programmes would be focussed on human rights and also on matters associated to the elimination of social inequality (CELADE, 1992).

Regarding human rights, human reproduction has to be considered as a right which couples should be able to exercise freely and based on informed decisions so as to have the number of children that they want. In this sense, the role of the State is to provide the necessary information and methods to allow couples to implement this behaviour. This issue is particularly significant for couples from low income sectors who have no easy access to the necessary methods.

Secondly, and related to the above point, it is necessary to underscore the importance of family planning programmes with regard to women's reproductive health and the independence that they can achieve by controlling their own reproduction. Although there is a persisting debate on the role played by family planning as a significant factor that contributes to the decline of infant mortality (Hobcraft, 1992), in several countries these programmes have probably helped to improve maternal health by reducing multiparity in populations that do not control their own fertility. Thus, as Hobcraft has said, '...the health rationale for family planning can do no harm, ... [it] can give added impetus to women's pre-existing desires for better control of the timing of births in their own life course...' (Hobcraft, 1991). On the other hand, as Potter has pointed out, there are several ways, not always recognized, in which family planning programmes might affect child survival. These are the changes in social composition of births, the reduction of high risk pregnancies and the more intensive maternity care that comes with the increase in contraceptive use.

The decline of fertility observed in most Latin American countries has undoubtedly dispelled the great fears of the sixties and the seventies concerning the region's excessive population growth. However, as

mentioned previously, there are still many outstanding aspects which need to be solved if rationale for family planning is center on the rights of the couple and in the reduction of social inequality regarding access to methods to control reproduction. It is a known fact that a large part of the actual decline in fertility is due to an increased use of contraceptives, a behaviour made possible or legitimized via family planning programmes. It is also a known fact that, in many countries, these programmes were -and still are- financed partly or to a large extent by international aid. For this reason we believe that, at present, international aid is as necessary as formerly, especially if ones considers the economic and social crisis that have affected Latin

NOTES

1. See, for example, Susana Rance's fine summary on this debate regarding the case of Bolivia (Rance, 1990).
2. The authors estimate that induced abortions account for one quarter of deliberate fertility control.
3. For further information on this subject see: DHS data, in Rutemberg et al., 1991; WFS data, in United Nations, 1987.
4. For contraceptive failure rates in Latin America, see Moreno and Goldman, 1991.
5. i.e. Information, Education and Communication.
6. Data from Paraguay are not included in the Rutemberg et al. report. For information on Paraguay see Centro Paraguayo de Estudios de Población, 1991.
7. Figures from more recent surveys do not show notorious changes in this situation despite the campaigns carried out in recent years in many countries, which were aimed at increasing condom use with a view to preventing AIDS.
8. For example, one may ask whether a sterilized woman whose union comes to an end and who lives in a setting where a positive meaning is assigned to maternity and paternity -a common situation in many countries- has or does not have a comparative disadvantage in terms of a new union because she has been sterilized.
9. It could be argued that sterilization increases due to women's demand for this procedure because of its safety as opposed to the lack of reliability of reversible methods. Even if this were so, it is necessary to point out that women's attitude in this respect could be modified through the improvement of knowledge on the proper use of non-terminal methods. As suggested below, family planning programmes can make an important contribution in this respect.
10. Some results of recent surveys have been obtained in the Family Planning Workshop: Current Status and Future Prospects, jointly organized by CELADE and DHS, which was held in Santiago, Chile, during the first quarter of 1992.
11. In the CELADE workshop mentioned in Note 10, some detailed studies were carried out which attempt to identify the degree of unmet demand regarding family planning in various countries in the region. For further details see the following: Morillo, 1992 (Dominican Republic); Loza and Vallenas, 1992 (Peru); Haussler, 1992 (Guatemala); Ordoñez, 1992 (Colombia); and Quental, 1992 (Northeastern Brazil).
12. For the future course of family planning programmes we follow many of Keller's statements in this regard (Keller, 1989).
13. The positive cost-benefit experiences in Peru's mining zones could provide an adequate example (Foreit et al., 1991).
14. For example, with regard to female reproductive tract infections, it has been said that the probable consequences of non-diagnosed infections '... may be blamed on contraceptive methods', and this could bring about the discontinuation of the method or the refusal to use another one (Althaus, F.A., 1991).
15. Regarding the role of men, a study conducted in a poor community in Port-au-Prince found that most men believe that women should be the ones responsible for using contraceptives. Therefore, the extremely low rate of condom use is related to this belief rather than to this method's availability or to the opinion associated with family planning (Boulos et al., 1991).

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