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Childlessness and Infecundity

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The World Fertility Survey (WFS) is an international research programme whose purpose is to assess the current state of human fertility throughout the world. This is being done principally through promoting and supporting nationally representative, internationally comparable, and scientifically designed and conducted sample surveys of fertility behaviour in as many countries as possible.

The WFS is being undertaken, with the collaboration of the United Nations, by the International Statistical Institute in co-operation with the International Union for the Scientific Study of Population. Financial support is provided principally by the United Nations Fund for Population Activities and the United States Agency for International Development. Substantial support is also provided by the UK Overseas Development Administration.

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L'EMF est entreprise, en collaboration avec les Nations Unies, par l'Institut International de Statistique, qui coopère avec l'Union internationale pour l'étude scientifique de la population. Le financement de ce programme est essentiellement assuré par le Fonds des Nations Unies pour les activités en matière de population et par l'Agence des Etats-Unis pour le développement international. Une contribution importante est aussi faite par le Département pour le développement des pays d'outre-mer du Royaume-Uni.

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El proyecto está a cargo del Instituto Internacional de Estadística, contando con la colaboración de las Naciones Unidas y en cooperación con la Unión Internacional para el Estudio Científico de la Población. Es financiado principalmente por el Fondo de las Naciones Unidas para Actividades de Población y por la Agencia para el Desarrollo Internacional de los Estados Unidos. La Oficina Británica para el Desarrollo de Países Extranjeros proporciona también un gran apoyo financiero.

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COMPARATIVE STUDIES

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Childlessness and Infecundity

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Preface

One of the main objectives of the WFS programme is the collection and dissemination of internationally comparable data on human fertility, obtained through nationally representative interview surveys carried out in a large number of countries. Many institutions and research workers at international and national levels are engaged in cross-national comparative analysis of the data collected. The WFS London headquarters also undertakes comparative analysis such as cross-national summaries.

The cross-national summaries present basic results from WFS surveys in developing countries on a wide range of topics. These summaries are published in the *WFS Comparative Studies* series.

Several of the cross-national summaries are concerned solely with providing detailed and systematized information on the comparability, or lack thereof, of the field procedures, survey characteristics, questionnaire content and wording and content of the First Country Reports (*WFS Comparative Studies* nos 1–4, and 5, which is in preparation). Such detailed appraisals constitute an essential reference base for anyone using WFS data for comparative analysis.

Other cross-national summaries present comparable results from as many surveys as possible on a wide range of specific topics. Each summary provides, in addition to tabular material, a brief accompanying text, which draws attention primarily to any non-comparability of the data and to any obvious interpretational pitfalls to which the tables may be subject. Furthermore, although these summaries are not intended to be analytic in their orientation, some brief highlighting of the major noteworthy differences and similarities is included.

A first group of topical cross-national summaries based upon data from 19 countries for which the First Country Report and standard recode tapes were available early in 1980 is near completion with the publication of twelve volumes (*WFS Comparative Studies* nos 6–15, 17 and 19).

The present publication is issued in the series of a second group of cross-national summaries based upon data from 28 developing countries, with Africa being represented for the first time, and dealing with a further set of topics.

The cross-national summaries are intended to assist analysts and policy-makers by providing a ready tool for comparison of data between countries, but at the same time they draw attention to the limits, if any, of such comparability. It is intended in due course to update and rationalize issues in both groups of summaries so as to cover eventually all developing countries participating in the WFS programme.

HALVOR GILLE
Project Director

1 Introduction

The World Fertility Survey (WFS) data have provided up-to-date measurements of levels and trends in fertility in conjunction with data on important fertility determinants such as nuptiality, contraception, breastfeeding and infant and child mortality, among others. No major attention has been paid to the WFS data on infecundity, although there is no doubt that infecundity is also an important determinant of fertility.

The term 'infecundity' is equivalent to the term 'infertility' which, in medical terminology, can be described as the inability to conceive after several years of exposure to the risk of pregnancy. Inability to conceive within two years is the definition used by the World Health Organization (WHO 1975).

Throughout this paper the term 'infecundity' will generally be preferred to 'infertility', except where definitions from other sources are used. The main reason for this particular choice of terminology is that the use of the term 'infertility' will also necessitate the use of the term 'fertility'. The latter is most often used to describe the quantity of offspring rather than the physiological ability to reproduce and it is the ability to reproduce with which this paper is mostly concerned.

The topic of infecundity has received long-standing attention, due to its link with nutritional and other health characteristics of a population. Abundant evidence has been gathered about the effect of endemic and other illnesses on the reproductive process, especially those related directly to reproduction, such as venereal diseases (Adadevoh 1974; Frank 1983). Although there is no doubt about the influence that health-related factors exercise on fecundity, the magnitude of their influence has rarely been studied for national populations owing to the difficulty of collecting complete information on the health/fecundity situation of those populations.

This particular study will provide infecundity data for 28 countries on the basis of data collected with the collaboration of the WFS. Although these data do not include health-related information, it is felt that information on infecundity across a wide range of countries can provide useful insight into the magnitude of the problem, the more so because the countries under study differ widely in their climatic, cultural, health, and socio-economic characteristics.

Two aspects of infecundity can be distinguished. One is commonly called 'primary infertility', that is, the inability to bear any children at all as a result either of an inability to conceive or an inability to carry a full-term pregnancy. The second is called 'secondary infertility' and relates to the inability to have a child subsequent to an earlier birth after a reasonably long period of exposure.[1] Secondary infertility shows the tendency to increase with advancing age. By age 50 nearly all women can be classified as unable to bear any more children. In addition to the natural ageing process, secondary infertility includes the effect of diseases and malfunctions of the reproductive process which may occur at any age.

In this paper data on both these aspects will be presented. Primary infertility will be studied through the proportion of women who have never had a live birth, and secondary infertility will be studied indirectly through the proportions of infecund women at different ages. These proportions will include primarily sterile women, and it is for this reason that they do not relate only to secondary infertility.

The study of infecundity is not only of interest in its own right but has important implications for several other topics which have been analysed extensively with WFS data. Most estimates of the prevalence of use of contraceptives, at both national and sub-national levels, have been based on the sub-population of women classified as fecund. Attempts to model the effect, at the aggregate level, of use of contraceptives on fertility also involved assumptions about the fecundity of users and non-users (Bongaarts 1978; Nortman 1982).

Similarly, estimates of the unmet need for contraception and the desire for family limitation have excluded the infecund (Westoff and Pebley 1981). It is hoped that this report will contain methodological lessons for future surveys and further analyses of these topics.

The reproductive process is of course the result of interaction between the sexes. With the data at hand it will however not be possible to distinguish between male and female infecundity. Women are always used as a basis, but the results naturally refer to the fecundity of couples.

[1] These demographic definitions deviate from the medical terminology, which defines primary infertility as never having conceived and secondary infertility as not being able to conceive after one or more conceptions have already occurred earlier in the woman's life (WHO 1975). As it is impossible to study conceptions with any reasonable degree of accuracy in a retrospective survey the definitions used in this paper refer to live births rather than conceptions.

2 Primary Infertility and Childlessness

2.1 MEASURES USED

Two measures will be used for the study of childlessness. The first is the proportion of women *without any living children.* This measure captures the linguistic notion of childlessness and is of obvious social and economic importance. The measure is influenced by both the fecundity of the couple and the levels of mortality to which children are subject throughout their lifetime. It does not therefore provide an adequate measure of primary infertility.

The second measure used is the proportion of women who have never experienced *any fertile pregnancy.* This measure remedies the shortcoming of taking living children as a measure of primary infertility, in that the effect of mortality has been eliminated. Fertile pregnancies are defined as either live births or current pregnancies. Although not all current pregnancies will lead to a live birth, most of them will. This is especially the case for the women under study here, because the pregnancies reported are generally those of longer durations.[2] This, together with the fact that miscarriages usually occur within the first three or four months of pregnancy, supports the decision to equate current pregnancies with live born children.

Table A1 includes two further measures. These are the proportion of women with no pregnancies at all and the proportion with only one fertile pregnancy. These two measures will not be analysed in detail, although it should be said that the proportion of women with no pregnancies reflects the medical definition of primary infertility.

In calculating the proportions of women without any living children or fertile pregnancies, the base population has been restricted to currently married women who have been in the married state for at least five years. The cut-off point of five years was chosen because, as far as the countries under study are concerned, very few first births will take place after that period, so that a woman who has experienced five years of married life without having a child is very unlikely to have one after that period (Hobcraft and MacDonald, forthcoming).

One important exception to the above assertion concerns societies where age at first marriage is very low. In such circumstances, adolescent subfecundity may delay the first birth until more than five years of marriage have passed. To overcome this problem, attention is focused on women aged 25 or more, most of whom have been married for considerably more than five years due to the generally low mean age at first marriage for the population under study (Smith 1980). A second problem is that marriages which have failed to produce offspring in the first few years are possibly more likely to be dissolved. Marriage dissolution rates vary widely among the countries included in this report. However, re-marriage rates are nearly always high where dissolution is common, and the potential downward bias on estimates of childlessness and infertility is unlikely to be appreciable.

The other aspect which was disregarded was the overall timing and continuity of exposure to the risk of pregnancy. The only criterion used was that women had been married for at least five years. Thus the five years or more can have been accumulated through several periods of married life, not all of which need have covered periods of similar fecundity.

Although, as we have stated, few women will have a first fertile pregnancy after five or more years of marriage, this does not indicate that those who did not have a fertile pregnancy have been infecund throughout their life. Age at first marriage for instance has been disregarded in this paper, but it is evident that late marrying women will have less chance of having a fertile pregnancy than young marrying women, due to increased infecundity. It is doubtful whether this factor has exerted an appreciable upward bias on the estimates of primary sterility. In the majority of countries included in this report only a small proportion of women who eventually marry do so after age 25.

Hence, if the women under study had all started their exposure to the risk of pregnancy at, say, age 15 and were exposed to the risk of pregnancy continuously through to age 50, the proportions childless or without any fertile pregnancies might be slightly lower than those reported here.

2.2 RESULTS

Proportions childless

In principle, women in the age group 45–49 should constitute the most adequate segment of the survey population for the study of childlessness, as they have, by and large, reached the end of their reproductive period. It is known, however, that this group of women presents its own peculiar difficulties because the reporting of live births and age of the women are often considered to be poorer than for other cohorts (Chidambaram *et al* 1980). As this is the oldest group of women in the survey, reporting on events furthest back in time, it is not surprising that omission of live births is often considerable. The inadequate age reporting has been linked in part to interviewer bias, as there seems to have been a tendency in some countries to 'age' women such that they fall outside the upper age limit established for the sample universe. This age misreporting may have happened more often for the more fertile women in order to decrease the interviewers' work-load.

[2] In Indonesia, for instance, pregnancies of duration 1–3 months constituted only 20 per cent of all reported pregnancies, and those of duration 1–2 months only 10 per cent (Central Bureau of Statistics, Jakarta 1976).

Although these problems did not exist in all countries and were not of the same magnitude over countries, their existence precludes exclusive reliance on the 45–49 year age group to measure the proportion of women who have reached the end of their reproductive lives without any surviving children. This point is substantiated by comparing the proportions childless at ages 40–44 and 45–49 for those countries where there is a severe discrepancy between the proportion childless in the 45–49 cohort and that in adjacent younger cohorts:

	40–44	45–49
Indonesia	6.8	12.6
Jamaica	6.9	12.2
Sudan (North)	7.3	10.8

Accordingly estimates of life-time childlessness will be based on the age group 40–44. Although typical current fertility rates imply that women on average will bear between 0.25 and 0.6 of a child between ages 40–49 (Hanenberg 1980), this is of little consequence, as a negligible proportion of these births will be first births.

In table 1 it can be seen that in only two countries is the proportion of women childless at age 40–44 less than 2 per cent (Korea and Venezuela). In another fourteen countries this proportion is from 2–3 per cent, while a further four countries show a level of childlessness of 4–5 per cent. In eight countries (Lesotho, Senegal, Sudan North, Indonesia, Dominican Republic, Haiti, Jamaica and Guyana) the proportion childless at ages 40–44 is 6 per cent or over, reaching its maximum in Guyana with 8.7 per cent.

Guyana constitutes a special case, as women in age groups 35–39 and 45–49 show considerably lower proportions childless than the women in age group 40–44 (2.6 and 5.6 per cent respectively), indicating that misreporting is the probable cause of the high childlessness in age group 40–44.

From the proportions childless by age (table A1) it can be seen that the results fluctuate for many countries and that the proportion childless does not decrease monotonically with age. The erratic but small fluctuations no doubt largely reflect sampling errors. The higher levels of childlessness among low age groups are clearly caused by the fact that fertility may still be impaired by adolescent subfecundity. The slight rise in certain countries among higher age groups is not caused by differential mortality, as the same pattern is observed for fertile pregnancies. In part it may reflect improving health conditions, but omission of children by older women is probably a contributing factor.

To overcome some of the above-mentioned problems with age-specific data, the proportions childless among all women aged 25 and over who have been married for at least five years are presented in table 2. The lower age of 25 was chosen in order to exclude women whose fertility may not yet have reached its peak.

In table 2 it can be seen that for women aged 25–49 the country with the highest level of childlessness is Trinidad and Tobago with just over 7.5 per cent, closely followed by Indonesia with 7.4 per cent and Lesotho, Senegal, Sudan North, Nepal, Haiti and Jamaica with around 6 per cent. Pakistan, Fiji, Dominican Republic and Guyana show figures of around 5 per cent, all other countries reaching only between 1.5 and 4 per cent. Trinidad and Tobago is probably a special case, as over half the women are currently using some method of contraception. It is therefore possible that in this case a relatively high proportion of women remain voluntarily childless even after five years of marriage. Also, and this is true for most countries in this group, the high level of union instability may have contributed to low fertility or to the desire to remain childless for a longer period.

The differences in childlessness between age groups 40–44 and 25–49 are of course partially due to mortality. Births to older women would on average have been exposed for longer to the risk of dying than births to younger women. This may be one of the reasons why the level of childlessness observed in women aged 40–44 is often higher than that observed for women aged 25–49, who, on average, are considerably younger. However, there are quite a few cases, like Indonesia, Nepal and Fiji, where childlessness is seen to be lower at ages 40–44 than at ages 25–49.

Of course, the relevant number of women in the age

Table 1 Proportion of currently married women, in the married state for at least 5 years, without living children (women aged 40–44)

<2%	2–<4%	4–<6%	6–<8%	8%+
Korea (1.5)	Kenya (3.8)	Nepal (5.7)	Lesotho (7.4)	Guyana (8.7)
Venezuela (1.9)	Jordan (2.5)	Pakistan (4.6)	Senegal (6.1)	
	Syria (2.9)	Fiji (4.3)	Sudan (North) (7.3)	
	Bangladesh (3.6)	Trinidad and	Indonesia (6.8)	
	Sri Lanka (3.9)	Tobago (5.3)	Dominican Republic (6.4)	
	Malaysia (3.7)		Haiti (6.5)	
	Philippines (2.0)		Jamaica (6.9)	
	Thailand (2.4)			
	Colombia (3.5)			
	Paraguay (3.4)			
	Peru (2.7)			
	Costa Rica (2.0)			
	Mexico (3.0)			
	Panama (2.7)			

Table 2 Proportion of currently married women, in the married state for at least 5 years, without living children (women aged 25–49)

<2%	2–<4%	4–<6%	6–<8%	8%+
Korea (1.5)	Kenya (3.2) Jordan (2.2) Syria (2.9) Bangladesh (2.7) Sri Lanka (3.1) Malaysia (2.3) Philippines (2.1) Thailand (2.2) Colombia (2.7) Paraguay (3.4) Peru (2.0) Venezuela (2.0) Costa Rica (2.5) Mexico (2.6) Panama (2.2)	Sudan (North) (5.7) Pakistan (4.5) Fiji (5.1) Dominican Republic (4.7) Guyana (5.4) Haiti (5.6)	Lesotho (6.0) Senegal (6.0) Nepal (6.1) Indonesia (7.4) Jamaica (6.4) Trinidad and Tobago (7.6)	–

group 40–44 is often rather small. The highest total can be observed for the Philippines with 1307 cases and the lowest in the Dominican Republic with only 173 cases. Overall, 20 countries show less than 600 women in this age group, so the smaller differences may simply reflect sampling fluctuation.

In general it can be said that childlessness is highest in Africa (except Kenya), the Caribbean, and selected countries from Asia such as Nepal, Pakistan and Indonesia.

The restriction to currently married women could have introduced a bias in the results if childless women are more susceptible to marital dissolution. A comparison of childlessness in currently married women and formerly married women with at least five years of exposure shows that this possible bias is non-existent in Latin America, but might apply to Indonesia and Thailand, where childlessness among the latter group is about 2 percentage points higher than for currently married women, in the age group 25–49. However, the childlessness measure based only on currently married women still gives an accurate picture of overall childlessness due to the reduced number of women not currently married but with at least five years of exposure. The measure for all ever-married women aged 25–49 in Indonesia would be 7.5, compared to 7.4 for currently married women, and in Thailand the corresponding figures would be 2.3 and 2.2 respectively.

Proportions without a fertile pregnancy

As noted in section 1.1, the proportion of women without any fertile pregnancy after five or more years of exposure to the risk of pregnancy broadly reflects the inability to deliver a child, as the measure is not subject to the influence of mortality. Therefore this measure is approximately equivalent to primary infertility.

Just because of this influence of mortality the proportion of women without fertile pregnancies is often substantially lower than the proportion without living children. However, in the lower age groups this effect is largely caused by pregnant women without previous live births who enter the numerator.

Table 3 shows that among women aged 40–44 in the majority of countries (21) the proportion without fertile pregnancies is less than 4 per cent, and in seven countries it is lower than 2 per cent (Korea, Philippines, Thailand, Peru, Venezuela, Costa Rica and Panama). The highest levels (of near to 5–7 per cent) are reached in Lesotho, Sudan (North), Indonesia, Dominican Republic, Jamaica, Trinidad and Tobago and Guyana, as was also seen for childlessness.

The earlier mentioned small sample sizes of age group 40–44 may have some bearing on these differences, although by and large the pattern does not change when considering the total of women aged 25–49 (see table 4). For this group of women, 22 countries show levels of less than 4 per cent and 8 show levels of less than 2 per cent. The highest levels are reached in Sudan (North), Fiji, Indonesia, Guyana, Jamaica and Trinidad and Tobago, all with approximately between 4 and 5 per cent, with the exception of Trinidad and Tobago where it reaches nearly 7 per cent.

Conclusions

Of currently married women aged 40–44 and in the married state for at least five years, at least 96 per cent can expect to have one or more surviving children in the majority (21 out of 28) of countries. In fact in no country will this proportion be lower than 93 per cent if it is accepted that the case of Guyana is caused by substantial misreporting.

Of the same women at least 94 per cent will have had at least one fertile pregnancy, and in fact for 21 countries this proportion is 96 per cent or higher. Primary infertility among this group of women varies from about 1 per cent in Korea to about 6 per cent in Lesotho.

Among currently married women aged 25–49 with at least five years' exposure a similar pattern emerges. In sixteen countries 96 per cent or more of these women have one or more surviving children while in another six countries this proportion lies around 95 per cent, the remaining six countries showing levels of 93–94 per cent.

Of these women 96 per cent or more will have had at least one fertile pregnancy in 22 countries, and only in Trinidad and Tobago does this level reach just under 94 per cent. Primary infertility among women aged 25–49 varies from about 1 per cent in Korea to just over 6 per cent in Trinidad and Tobago.

Table 3 Proportion of currently married women, in the married state for at least 5 years, without fertile pregnancies (women aged 40–44)

<2%	2–<4%	4–<6%	6–<8%	8%+
Korea (1.3)	Kenya (2.9)	Lesotho (5.9)	Guyana (7.0)	–
Philippines (1.7)	Senegal (3.2)	Sudan (North) (5.0)		
Thailand (1.8)	Jordan (2.1)	Indonesia (4.6)		
Peru (1.7)	Syria (2.9)	Dominican Republic (5.2)		
Venezuela (1.9)	Bangladesh (2.3)	Jamaica (4.7)		
Costa Rica (1.7)	Nepal (3.5)	Trinidad and Tobago (4.6)		
Panama (1.5)	Pakistan (3.6)			
	Sri Lanka (3.4)			
	Fiji (3.6)			
	Malaysia (2.3)			
	Colombia (3.2)			
	Paraguay (3.4)			
	Mexico (2.6)			
	Haiti (3.6)			

Table 4 Proportion of currently married women, in the married state for at least 5 years, without fertile pregnancies (women aged 25–49)

<2%	2–<4%	4–<6%	6–<8%	8%+
Jordan (1.9)	Kenya (2.3)	Sudan (North) (4.3)	Trinidad and Tobago (6.4)	–
Bangladesh (1.7)	Lesotho (3.9)	Fiji (4.4)		
Korea (1.1)	Senegal (3.1)	Indonesia (5.1)		
Malaysia (1.9)	Syria (2.8)	Guyana (4.1)		
Philippines (1.9)	Nepal (3.4)	Jamaica (4.9)		
Thailand (1.9)	Pakistan (3.4)			
Peru (1.4)	Sri Lanka (2.5)			
Panama (1.7)	Colombia (2.3)			
	Paraguay (3.1)			
	Venezuela (2.1)			
	Costa Rica (2.3)			
	Dominican Republic (3.7)			
	Mexico (2.3)			
	Haiti (3.0)			

3 Infecundity

3.1 MEASURES USED

In this section three measures will be used for the description of infecundity: self reported infecundity, behavioural infecundity and aggregate infecundity.

Self reported infecundity

This is based on the answer to the question: 'As far as you know, is it physically possible for you and your husband to have a child, supposing you wanted one?' This question was asked of all currently married women who were not pregnant and not using a method of contraception. All women who answered 'no' to this question were classified as infecund, all others, including those who responded 'don't know', as fecund.

A first limitation to this information stems from the fact that the question was not uniformly worded across surveys. It was felt that the term, 'physically possible' was often confusing and consequently several surveys used an alternative mode of questioning (Singh 1980). These alternative questions took the following forms: 'Can you have more children?', 'Do you think that you can become pregnant (again)?', 'Do you think you and your husband could have another child?' etc.

Another problem with this direct question on fecundity is that many women have no way of knowing whether they are still fecund or not, especially if they are of advanced age. Perhaps as a consequence women seemed to have considerable difficulty in answering this question. The Indonesia post-enumeration survey (PES) showed that 18 per cent of women in the PES gave different answers to this question than those recorded for the same women in the Fertility Survey (MacDonald *et al* 1978). Another drawback of the measure is due to the fact that current users of contraception, who are not asked any question, are assumed to be fecund, as are the women who are contraceptively sterilized.

It should be mentioned here that the primary objective of the question was not the accurate measurement of infecundity. Its main purpose was to serve as a 'filter' and thus to allow skipping of questions on the desire for future births for those women who felt they were unable to have any more children. For that reason the women who were uncertain (ie who answered 'don't know' (D.K.)) were not asked any further questions. If measurement of infecundity had been the primary objective, these women should have been subject to further probing. Also, women who thought themselves to be infecund should have been queried further on the reasons for this belief to make it possible to create a more nuanced definition of infecundity.

Notwithstanding all the drawbacks mentioned so far, the information has been used extensively. Most WFS analyses of contraception have excluded self reported infecund women from the study population, and investigations of the desire to stop childbearing have also, of necessity, omitted these women. Similarly, policy-relevant issues such as measures of the unmet need for contraception have been heavily influenced by the proportions reporting themselves infecund. One of the main purposes of this report is to assess the utility of the measure.

Behavioural infecundity

This, in contrast, is a measure inferred from the recorded behaviour of respondents and is based on exposure time, use of contraception and interval since last birth. Women with an open interval of five or more years who did not use contraception during that interval and were continuously married for the last five years are classified as *infecund.* All others are classified as *fecund*, although of course older women in particular who did have a birth in the past five years could well have become infecund by the time of the survey. It is also possible that women who used contraception during the interval are actually infecund. Among the women classified as infecund there may, of course, be some who did not have a fertile pregnancy in the last five years due to illness, temporary separation from the husband, failure to report contraception, non-contraceptive abstinence or induced abortion. In such circumstances women would have been incorrectly classified as infecund. Thus the measure has both upward and downward biases of unknown magnitude.

The decision to take a five-year cut-off point in the behavioural infecundity measure is based on the finding that very few women who eventually have another birth have longer intervals than that, if not using contraception (Westoff and Pebley 1981, Hobcraft and MacDonald, forthcoming). The decision to classify as behaviourally infecund only the women who did not use contraception in the open interval is based on the premise that exposure to the risk of pregnancy may only be assumed for non-contraceptors.

Aggregate infecundity

This is a measure which combines the self reported and behavioural infecundity estimates. Any woman who either reports herself infecund or is classified as behaviourally infecund will be classified as infecund on this measure.

Accepting that behavioural infecundity is the more objective measure still leaves the problem that women who have not been continuously married for the last five years, those with an open interval of less than five years and those who used a method of contraception in the open interval were assumed to be fecund. Especially among older women this is not necessarily the case, and the aggregate measure of infecundity takes this into account. As for self reported and

behavioural infecundity, however, current users are also assumed to be fecund by this measure.

3.2 SELF REPORTED INFECUNDITY

As stated earlier, a combination of misunderstanding of the direct question on fecundity status and a genuine inability to give a definite answer may have affected the results of this measure rather strongly. As an illustration table 5 is provided. In this table the proportions of women who answered 'don't know' to this question have been classified by age for a selection of countries.[3] In Kenya more than one-fifth of the women could not give a definite answer, while in Haiti this applied to 15 per cent of the women. Pakistan stands out with a low 2 per cent. Considering only women aged 45–49 it is immediately apparent that the understanding of the question in Pakistan must have been substantially different from that in the other countries. Only about 4 per cent gave a 'don't know' answer compared to 15 per cent or more for all the other countries. Kenya and Haiti are also special cases in that women aged 15–34 were much less sure about their fecundity status than similar women in the other three countries.

In an attempt to gain insight into the interpretation of 'don't know' responses these cases are cross-tabulated by the behavioural fecundity measure and by age in table 6. As can be seen from this table, the relationships vary from country to country. In Kenya, Jamaica and Haiti over 60 per cent of these women are behaviourally fecund. In Pakistan this amounts up to one-third and in Trinidad and Tobago about half. Up till age 24 most of these women are behaviourally fecund in all countries, as indeed they are in age groups 25–29 and 30–34, with the exception of Pakistan. The general conclusion to be drawn is that for the lower ages the self reported fecundity status may be more correct than for the higher ages, as all women who answered 'don't know' were classified as fecund and most young women seem to be fecund. For the older ages substantial underestimation of the proportions infecund is probable, especially in cases where the proportion responding 'don't know' was considerable, as in Kenya and Haiti.

This is, however, not the only problem with the 'don't know' responses. Not all women who report themselves infecund are behaviourally infecund, and similarly not all women who report themselves fecund are behaviourally fecund. The women who are uncertain about their self reported fecundity status are effectively an in-between group (see table 7) when self reported and behavioural fecundity are cross-classified, except in Trinidad and Tobago. More revealingly, however, the behavioural fecundity classification of women uncertain about their fecundity status is closer to that of women who reported themselves infecund than to that of those who reported themselves fecund, in the cases of Pakistan, Jamaica and Trinidad and Tobago. In Kenya and Haiti they occupy almost exactly the in-between position compared to those who reported a fecundity status.

It follows therefore that, judged by behavioural infecundity, the assumption that those replying 'don't know' are fecund is not necessarily the right decision in cases such as Pakistan, Jamaica and Trinidad and Tobago, as these women are more like those who report themselves infecund.

A further problem with the information on self reported infecundity can be found in table B1. In this table the proportion of women who declared themselves infecund is tabulated according to age and length of the open interval. The data are restricted to women who reported no contraceptive use in the open interval and were continuously married for the last five years. Although this table shows by and large an increase in self reported infecundity with increasing length of the open interval and age, the overall levels reported seem to be inadequate. It is especially surprising to see that barely half of women with open intervals of ten or more years declare themselves infecund. The highest proportion reporting themselves infecund among these women is reached in Mexico with 74 per cent and the lowest in Trinidad and Tobago with just over 17 per cent. Note also that in Kenya, Lesotho, Sudan (North), Jordan, Indonesia, Thailand and Costa Rica between 7 and 11 per cent of women with an open interval of less than one year declare themselves infecund. Most other countries show notably lower levels for this group, the lowest being for Pakistan and Korea with less than 0.5 per cent.

In view of the results in table B1, it is evident that self reported infecundity gives at best an extremely crude measure of actual infecundity, even for those women who did not use contraception in the open interval. For those who are past users of contraception in the open interval, the measure is probably even less reliable, as these women have less exposure on which to assess their fecundity. It is also clear that there must be widespread reluctance by women to report their lack of reproductive capacity.

Table 8 provides the self reported proportions infecund among all currently married women according to age. It can be observed that for Asian, Middle Eastern and African countries the proportions reporting themselves infecund generally lie between 50 and 70 per cent for women aged 45–49. For Latin American and Caribbean countries this proportion is generally 35 per cent or lower, with the exceptions of Mexico and Peru, which show 63 and 47 per cent respectively.

There are only six countries where the proportion reaches 60 per cent or higher. Those are Nepal (65), Indonesia (65), Korea (70), Thailand (69), Mexico (63) and Pakistan (62). As the proportion infecund is expressed as a percentage of all currently married women, current use of contraception may represent a major downward bias on these levels of self

Table 5 Proportion of women who answered 'don't know' to the fecundity question by age and country

Country	Age <25	25–34	35–44	45–49	All
Kenya	14.2	21.5	29.8	26.6	22.0
Pakistan	1.4	1.7	2.4	3.9	2.0
Haiti	9.3	14.5	19.0	20.4	15.0
Jamaica	2.5	5.5	14.5	14.5	7.5
Trinidad & Tob.	2.3	3.5	7.7	20.4	5.7

[3] In most standard recode files the 'don't know' response has not been preserved as a separate category. The analysis is therefore confined to five countries where the relevant information was available.

Table 6 Per cent distribution of women who answered 'don't know' to the fecundity question by age and behavioural fecundity classification

		Behavioural classification		
		Fecund	Infecund	N Total
Kenya	<25	93	7	219
	25–34	85	15	474
	35–44	69	31	407
	45–49	53	47	159
	Total	77	23	1259
Pakistan	<25	56	56	21
	25–34	34	66	27
	35–44	29	71	27
	45–49	0	100	16
	Total	30	70	92
Haiti	<25	98	2	44
	25–34	89	11	106
	35–44	63	37	96
	45–49	42	58	40
	Total	75	25	286
Jamaica	<25	100	0	18
	25–34	68	32	37
	35–44	58	42	71
	45–49	35	65	31
	Total	61	31	157
Trinidad and Tobago	<25	84	16	20
	25–34	64	36	39
	35–44	53	47	54
	45–49	30	70	57
	Total	51	79	171

reported infecundity, as current users are assumed to be fecund. This cannot, however, explain the differences between countries, nor the general difference between Latin American countries and other. Although current use in the age group 45–49 in the Dominican Republic and Colombia is similar to that in Sri Lanka, Philippines, Jordan or Malaysia (about 16–22 per cent), the proportion reporting themselves infecund in this age group is 31 and 34 per cent respectively in the two Latin American countries, and between 50 and 56 per cent in the four Asian countries. There is also the case of a non-contracepting country like Bangladesh, with only 5 per cent use, where only 32 per cent of women of ages 45–49 declared themselves infecund.

Among all currently married women of 25–49 years of age a similar phenomenon exists, although the level of infecundity for this group of women is always substantially lower than the level reported by women aged 45–49, as should be expected. Considering the age-standardized figures for women aged 25–49, it can be seen that in only nine countries is the proportion reporting themselves infecund 15 per cent or higher. Those are Indonesia (22), Lesotho (20), Thailand (19), Sudan North (18), Senegal, Nepal and Mexico (17), Pakistan (16) and Syria (15). All other countries show levels of 7–15 per cent, with Colombia and Trinidad and Tobago at the lower end with 7 per cent.

Figures 1 and 2 present the proportions who were self reported infecund for selected ages.

3.3 BEHAVIOURAL INFECUNDITY

As stated earlier, those women who were continuously married for the past five years, had an open interval of five or more years and did not use contraception during that interval were classified as infecund on the behavioural measure; all others being considered as fecund. It is clear that some of those classified as fecund will actually be infecund. Conversely, there will be women who have had no birth because of the absence of sexual relations, induced abortion or unreported contraceptive use and who thus may really be fecund. Nevertheless, where contraceptive

Table 7 Per cent distribution of behavioural fecundity classification according to self reported fecundity

Self reported	Behavioural classification	
	Fecund	Infecund
Kenya		
Fecund	94	6
Uncertain	77	23
Infecund	51	49
Pakistan		
Fecund	92	8
Uncertain	30	70
Infecund	13	87
Haiti		
Fecund	94	6
Uncertain	75	25
Infecund	54	46
Jamaica		
Fecund	91	9
Uncertain	61	39
Infecund	49	51
Trinidad and Tobago		
Fecund	92	8
Uncertain	51	49
Infecund	66	34

use is prevalent the net impact of these countervailing biases will be to underestimate the extent of infecundity.

Data on behavioural infecundity are presented in table 9, by age of the woman, for all currently married women.

There are 11 countries where the level of behavioural infecundity for women aged 45–49 reaches at least 60 per cent. These are Lesotho, Senegal, Sudan (North), Bangladesh, Nepal, Pakistan, Sri Lanka, Indonesia, Malaysia, Thailand and the Dominican Republic. This proportion varies from 60 per cent for the Dominican Republic to 75 per cent for Pakistan. Again, most Latin American countries show very much lower levels than the rest of the countries, with the exception of the Dominican Republic and Mexico.

Behavioural levels of infecundity for ages 25–49 reach their maximum in Lesotho (29 per cent) and Indonesia (28 per cent) and their minimum in Jordan and Costa Rica (just over 10 per cent) when the age-standardized figures are considered. Figures 3 and 4 represent graphically the proportions behaviourally infecund for selected ages. For women aged 25–49 the behavioural measure provides substantially higher levels of infecundity than the measure based on self reporting, with the exception of Jordan, Syria and Korea where the behavioural measure is actually lower. In Thailand, Costa Rica and Panama the difference is less than 1 per cent (see figure 5).

Table B2 shows the joint distribution of women according to the self reported and behavioural measures of fecundity. In all countries at least 70 per cent of the sample is classified as fecund for both. The proportion consistently classified as infecund typically falls in the range of 6–10 per cent, and a similar proportion falls into the category of reported fecund but infecund on the behavioural measure. The smallest category comprises women who report themselves infecund but are defined as behaviourally fecund. This proportion lies above 6 per cent in only a few countries. Age-standardization does not change this picture.

The level of current contraceptive use exercises an important downward bias on behavioural infecundity of the total population of women, a bias which is greater for higher prevalence of contraceptive use. This is the main reason why, for instance, in Costa Rica and Panama behavioural infecundity for the age group 45–49 is only 33 and 36 per cent respectively, compared to 60 per cent or more in countries with very low levels of contraception such as Lesotho, Senegal, Sudan (North) and Bangladesh.

3.4 AGGREGATE INFECUNDITY

It was pointed out earlier that current users of contraception were classified as fecund on both the self reported and the behavioural measures. Therefore, aggregate infecundity would also be influenced strongly by the level of contraception in the sense that, all things being equal, aggregate infecundity levels would vary inversely with contraceptive use levels.

This measure is also influenced by the 'don't know' answers to the fecundity question, as all those who responded 'don't know' who are behaviourally fecund were classified as fecund. It was seen before that among the younger women most of those who responded 'don't know' to the fecundity question are behaviourally fecund. Among the older women however, most are behaviourally infecund, although there is considerable variation between countries. The assumption that women who gave 'don't know' answers are fecund is thus probably tenable for younger women but substantially incorrect for older women.

However, as most women who answered 'don't know' can be classified on the behavioural measure, and as the proportion of 'don't know' answers is relatively small, this group of women should not pose a serious problem in the interpretation of aggregate levels of infecundity.

Table 10 provides estimates of aggregate infecundity by age. For age group 45–49 the highest levels of aggregate infecundity are found in Lesotho (83 per cent), Nepal (81 per cent), Sudan (North) (80 per cent) and Pakistan, Indonesia and Thailand (79 per cent). For this group of women the lowest levels are found in Panama (42 per cent), Costa Rica (47 per cent), Haiti (54 per cent) and Trinidad and Tobago (56 per cent). Considering the age-standardized figures for all women aged 25–49, the highest levels of aggregate infecundity are found in Lesotho (37 per cent), followed by Indonesia (33 per cent) and Sudan (North) (32 per cent). The lowest levels are observed in Costa Rica (15 per cent), Panama (17 per cent), Colombia (16 per cent), Jordan, Philippines and Peru (18 per cent). It is clear again that many of the differences have been brought about largely by differences in the proportions of current users of contraception. In Panama, for instance, the level of aggregate infecundity could never be higher than 52 per cent in this age group, as 48 per cent of the women are current users and therefore automatically classified fecund. In Lesotho, however, aggregate infecundity for the same women could have reached 98 per cent, as only 2 per cent

Table 8 Self reported proportions infecund among all currently married women, by age

	Age								
	15–19	20–24	25–29	30–34	35–39	40–44	45–49	Total 25–49	25–49 Standardized
Africa									
Kenya	1.8	1.6	3.5	6.1	11.4	21.2	43.5	13.2	13.5
Lesotho	1.3	2.7	5.8	8.3	15.1	34.5	59.9	18.9	19.6
Senegal	1.3	1.3	3.1	5.7	14.1	28.9	58.2	16.7	16.9
Sudan (North)	2.0	3.4	4.9	8.0	13.6	31.3	54.1	16.0	17.7
Middle East									
Jordan	1.9	0.8	3.1	6.3	11.0	24.7	50.2	14.8	14.8
Syria	0.5	1.4	2.1	7.5	11.1	24.6	55.0	16.8	15.4
Asia and Oceania									
Bangladesh	2.1	3.0	2.9	5.9	10.5	19.2	32.4	10.7	11.5
Nepal	2.4	0.5	1.5	4.3	10.2	34.7	65.3	16.3	17.1
Pakistan	0.0	1.2	2.5	5.0	8.6	28.3	61.9	16.6	15.8
Sri Lanka	0.0	1.0	1.9	4.0	9.4	25.6	51.9	16.0	13.9
Fiji	0.0	0.3	1.6	4.6	10.4	26.2	52.9	13.7	14.4
Indonesia	0.1	0.8	2.5	8.4	21.4	42.2	65.2	23.3	22.0
Korea	0.0	0.0	0.5	2.3	7.0	25.0	70.2	14.8	14.7
Malaysia	0.0	0.0	1.0	2.4	6.8	20.1	56.2	14.1	12.3
Philippines	0.5	0.2	0.8	1.6	4.2	19.0	55.7	13.0	11.3
Thailand	0.5	2.0	3.3	8.0	10.3	33.5	68.6	20.8	18.8
Latin America									
Colombia	0.6	0.6	1.7	2.1	4.9	8.7	30.5	7.3	7.0
Paraguay	1.8	3.3	3.7	4.5	8.6	12.4	34.9	11.2	10.1
Peru	0.4	0.8	1.3	4.6	6.6	21.2	47.3	13.6	12.0
Venezuela	1.0	0.8	2.3	3.4	4.5	9.7	–	4.4[a]	4.5[a]
Costa Rica	–	1.6	2.8	6.3	8.1	13.7	31.9	10.5	10.1
Dominican Rep.	0.0	2.8	2.6	3.8	7.4	16.8	33.5	10.0	9.9
Mexico	0.5	0.9	3.1	5.1	8.3	31.4	62.8	16.7	16.5
Panama	–	0.8	2.1	6.5	8.4	11.9	24.5	8.7	8.8
Caribbean									
Guyana	0.3	1.4	0.6	2.6	4.2	14.2	29.1	7.8	7.5
Haiti	3.7	1.8	3.0	4.8	7.4	13.3	31.4	9.8	9.5
Jamaica	1.6	1.0	2.2	4.3	6.3	12.6	34.5	10.2	9.2
Trinidad and Tobago	0.8	0.8	1.2	2.1	7.3	10.8	22.4	6.9	6.8

[a]Women aged 25–44.

are users. Current use of contraception therefore exercises a strong bias on proportions infecund for the whole population of women.

In effect, only non-current users have really been classified according to their fecundity status. It therefore seems reasonable to compare infecundity for non-users only, instead of for all women. This would actually be the simple solution if it were not for the fact that users of contraception are likely to be selectively more fecund than non-users.

Accepting that there may be considerable fecundity differences between users and non-users, any infecundity estimate for non-users only would overestimate infecundity for the whole population. The magnitude of that overestimate would then vary directly with the proportion of current users, as the level of overall infecundity could be calculated by multiplying the proportion infecund among non-users with the proportion of non-users, as nothing is actually known about current users.

It would seem then that there is no reasonable way of estimating the exact overall levels of infecundity on the basis of the data at hand. However, it is interesting to note the figures in table 11, which gives the proportions infecund by age for non-users for the aggregate measure. Considering in the first instance only those for age group 45–49 it is striking that differences between countries are relatively small, irrespective of the level of current use of contraception. For instance, at age 45–49 about 82 per cent of non-users in Costa Rica are infecund, compared to 85 per cent in Lesotho. With the exception of Kenya and Haiti, all countries show levels of 75 per cent and above infecund for non-users in this age group. Earlier it was seen that in Kenya and Haiti the 'don't know' category may

Table 9 Behavioural proportions infecund among all currently married women, by age

	Age								
	15–19	20–24	25–29	30–34	35–39	40–44	45–49	Total 25–49	25–49 Standardized
Africa									
Kenya	0.0	3.6	5.6	10.4	10.6	27.0	50.6	18.0	18.4
Lesotho	0.0	3.5	10.0	17.3	30.5	47.9	68.7	28.5	29.4
Senegal	0.4	3.8	5.5	11.3	26.4	38.2	61.5	23.3	23.4
Sudan (North)	1.7	3.9	7.1	14.1	19.8	47.5	66.6	22.8	25.4
Middle East									
Jordan	0.1	0.9	2.1	3.3	5.9	14.9	44.9	10.6	10.4
Syria	0.2	0.9	3.0	6.0	6.3	21.1	50.6	14.5	13.1
Asia and Oceania									
Bangladesh	2.7	5.5	6.7	13.7	23.8	45.3	72.9	24.5	26.3
Nepal	7.6	8.7	8.3	13.8	23.1	44.6	70.8	25.2	26.3
Pakistan	2.1	4.3	7.5	9.8	20.7	38.9	75.0	24.9	24.1
Sri Lanka	0.3	1.5	4.0	10.2	19.0	38.5	63.4	23.9	21.5
Fiji[a]	–	–	–	–	–	–	–	–	–
Indonesia	1.0	3.2	8.0	15.6	28.1	47.3	69.7	29.3	28.0
Korea	0.0	0.0	1.3	4.3	11.1	23.3	53.8	14.1	14.0
Malaysia	0.0	0.8	4.0	8.7	18.2	37.7	73.0	24.2	22.0
Philippines	1.2	0.6	2.2	5.0	9.9	23.2	50.7	15.4	13.8
Thailand	0.0	0.8	3.6	9.3	17.0	32.4	61.4	21.2	19.5
Latin America									
Colombia	0.0	0.8	3.9	5.1	10.3	25.6	49.1	15.0	14.5
Paraguay	0.0	0.8	4.1	7.6	14.7	23.0	48.8	17.2	15.7
Peru	0.0	0.7	2.8	5.8	9.1	25.4	50.5	16.0	14.3
Venezuela	0.5	0.6	2.1	6.2	12.3	22.7	–	9.1[b]	9.6[b]
Costa Rica	–	0.6	1.6	5.3	11.2	14.9	32.9	11.0	10.5
Dominican Rep.	0.0	1.5	4.9	10.9	16.1	34.1	60.2	20.1	20.2
Mexico	0.2	1.1	2.8	7.1	11.3	32.0	59.0	17.4	17.2
Panama	–	0.6	3.6	9.4	12.4	21.2	35.9	13.4	13.7
Caribbean									
Guyana	0.0	1.1	6.3	11.3	24.6	38.0	55.2	22.7	22.5
Haiti	0.9	1.5	5.0	8.9	14.7	27.7	42.6	16.4	16.3
Jamaica	0.4	1.7	5.2	9.1	17.4	29.9	48.7	19.5	18.0
Trinidad and Tobago	0.0	2.4	3.4	8.0	14.2	24.9	43.1	15.3	15.1

[a]Not available.
[b]Women aged 25–44.

have been the cause of too many women being classified as fecund, thus explaining the low level of infecundity observed in those countries.

Given these results for the 45–49 age group, it seems therefore that the proportion infecund among non-users may well reflect rather closely the overall proportion infecund in this age group.

Similarly table 11 shows that for ages 15–19 and 20–24 there are no great differences in the infecundity of non-users. Certainly not the kind of differences which could be attributed to current contraceptive use factors. Suffice it to note that in Kenya, Pakistan, Indonesia, Costa Rica and the Dominican Republic the proportion of non-users infecund at age 20–24 is 5 per cent in all cases, although current use is substantially different. Differences between proportions infecund among non-users increase between countries from age 25 onwards. This is natural as actual infecundity is very low for the lower ages by any standard. The more the underlying infecundity goes up (and it goes up steeply after age 30 by any measure) the greater the possible bias inherent in the infecundity of non-users only, except for the oldest age group, where most women are anyhow bound to be infecund.

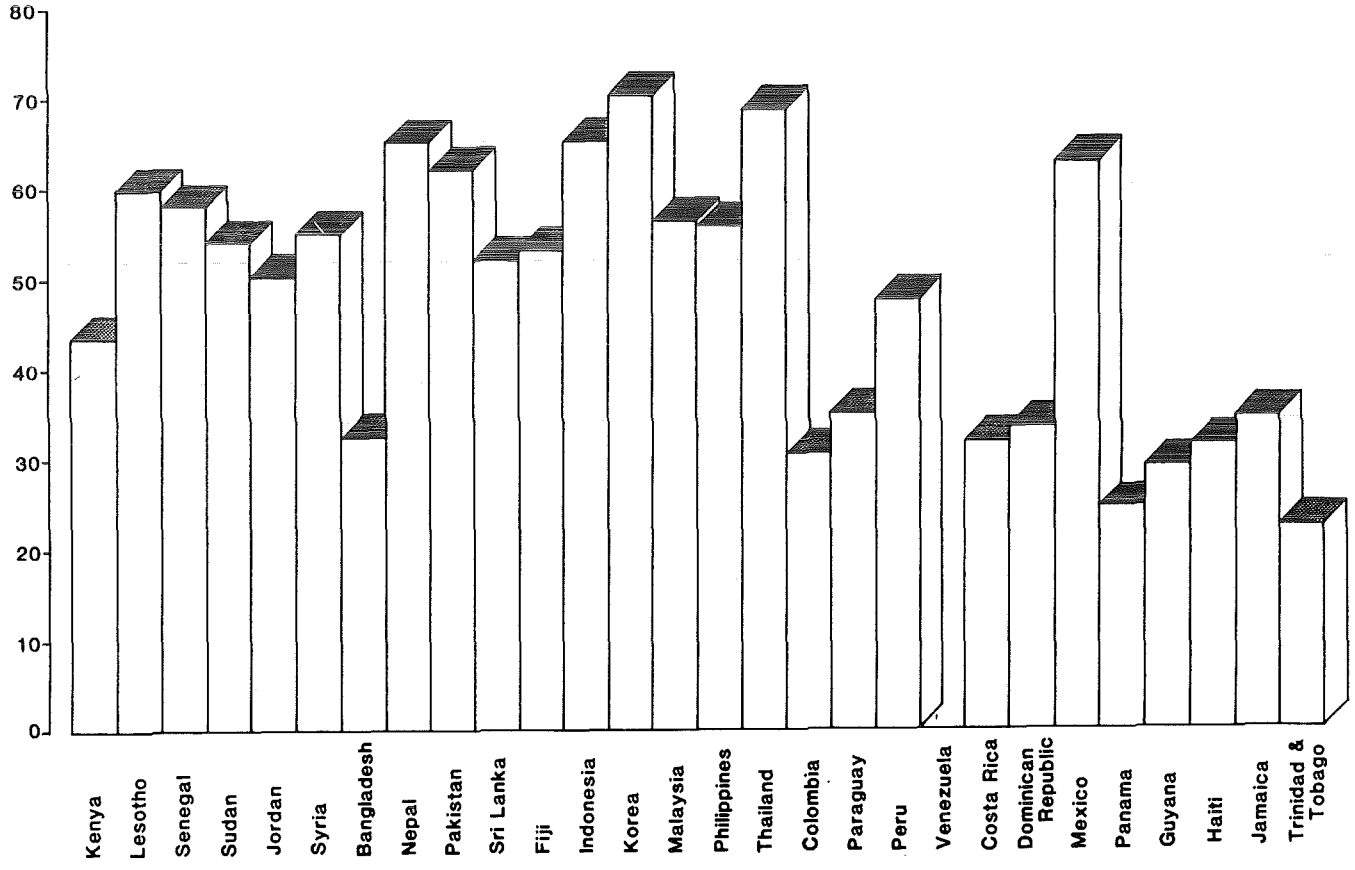

Figure 1 Proportion of currently married women aged 45–49 who reported themselves infecund, by country

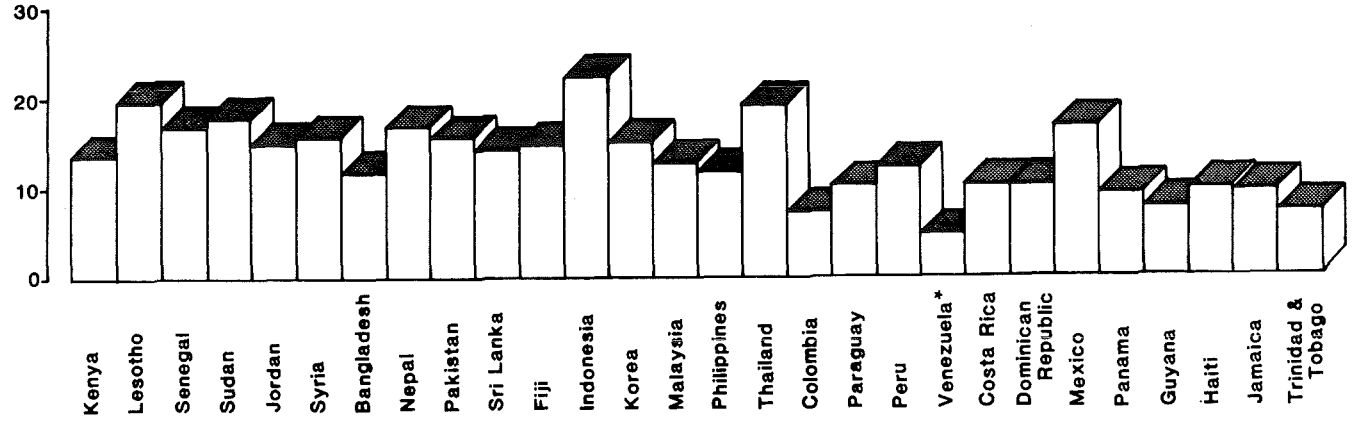

Figure 2 Proportion of currently married women aged 25–49 who report themselves infecund, by country (age-standardized data)

*Women aged 25–44 only.

Table 9 Behavioural proportions infecund among all currently married women, by age

	Age								
	15–19	20–24	25–29	30–34	35–39	40–44	45–49	Total 25–49	25–49 Standardized
Africa									
Kenya	0.0	3.6	5.6	10.4	10.6	27.0	50.6	18.0	18.4
Lesotho	0.0	3.5	10.0	17.3	30.5	47.9	68.7	28.5	29.4
Senegal	0.4	3.8	5.5	11.3	26.4	38.2	61.5	23.3	23.4
Sudan (North)	1.7	3.9	7.1	14.1	19.8	47.5	66.6	22.8	25.4
Middle East									
Jordan	0.1	0.9	2.1	3.3	5.9	14.9	44.9	10.6	10.4
Syria	0.2	0.9	3.0	6.0	6.3	21.1	50.6	14.5	13.1
Asia and Oceania									
Bangladesh	2.7	5.5	6.7	13.7	23.8	45.3	72.9	24.5	26.3
Nepal	7.6	8.7	8.3	13.8	23.1	44.6	70.8	25.2	26.3
Pakistan	2.1	4.3	7.5	9.8	20.7	38.9	75.0	24.9	24.1
Sri Lanka	0.3	1.5	4.0	10.2	19.0	38.5	63.4	23.9	21.5
Fiji[a]	–	–	–	–	–	–	–	–	–
Indonesia	1.0	3.2	8.0	15.6	28.1	47.3	69.7	29.3	28.0
Korea	0.0	0.0	1.3	4.3	11.1	23.3	53.8	14.1	14.0
Malaysia	0.0	0.8	4.0	8.7	18.2	37.7	73.0	24.2	22.0
Philippines	1.2	0.6	2.2	5.0	9.9	23.2	50.7	15.4	13.8
Thailand	0.0	0.8	3.6	9.3	17.0	32.4	61.4	21.2	19.5
Latin America									
Colombia	0.0	0.8	3.9	5.1	10.3	25.6	49.1	15.0	14.5
Paraguay	0.0	0.8	4.1	7.6	14.7	23.0	48.8	17.2	15.7
Peru	0.0	0.7	2.8	5.8	9.1	25.4	50.5	16.0	14.3
Venezuela	0.5	0.6	2.1	6.2	12.3	22.7	–	9.1[b]	9.6[b]
Costa Rica	–	0.6	1.6	5.3	11.2	14.9	32.9	11.0	10.5
Dominican Rep.	0.0	1.5	4.9	10.9	16.1	34.1	60.2	20.1	20.2
Mexico	0.2	1.1	2.8	7.1	11.3	32.0	59.0	17.4	17.2
Panama	–	0.6	3.6	9.4	12.4	21.2	35.9	13.4	13.7
Caribbean									
Guyana	0.0	1.1	6.3	11.3	24.6	38.0	55.2	22.7	22.5
Haiti	0.9	1.5	5.0	8.9	14.7	27.7	42.6	16.4	16.3
Jamaica	0.4	1.7	5.2	9.1	17.4	29.9	48.7	19.5	18.0
Trinidad and Tobago	0.0	2.4	3.4	8.0	14.2	24.9	43.1	15.3	15.1

[a]Not available.
[b]Women aged 25–44.

have been the cause of too many women being classified as fecund, thus explaining the low level of infecundity observed in those countries.

Given these results for the 45–49 age group, it seems therefore that the proportion infecund among non-users may well reflect rather closely the overall proportion infecund in this age group.

Similarly table 11 shows that for ages 15–19 and 20–24 there are no great differences in the infecundity of non-users. Certainly not the kind of differences which could be attributed to current contraceptive use factors. Suffice it to note that in Kenya, Pakistan, Indonesia, Costa Rica and the Dominican Republic the proportion of non-users infecund at age 20–24 is 5 per cent in all cases, although current use is substantially different. Differences between proportions infecund among non-users increase between countries from age 25 onwards. This is natural as actual infecundity is very low for the lower ages by any standard. The more the underlying infecundity goes up (and it goes up steeply after age 30 by any measure) the greater the possible bias inherent in the infecundity of non-users only, except for the oldest age group, where most women are anyhow bound to be infecund.

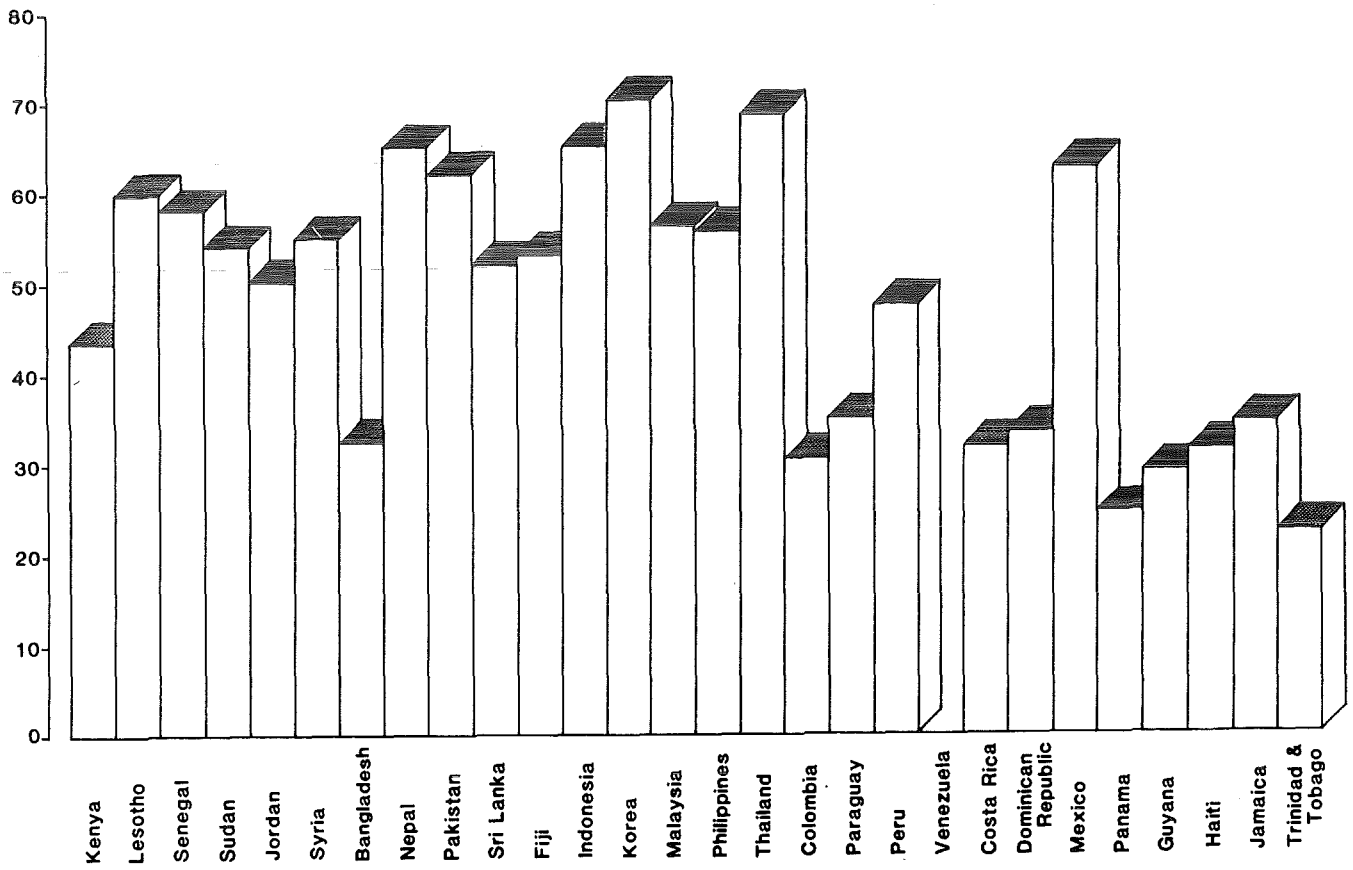

Figure 1 Proportion of currently married women aged 45–49 who reported themselves infecund, by country

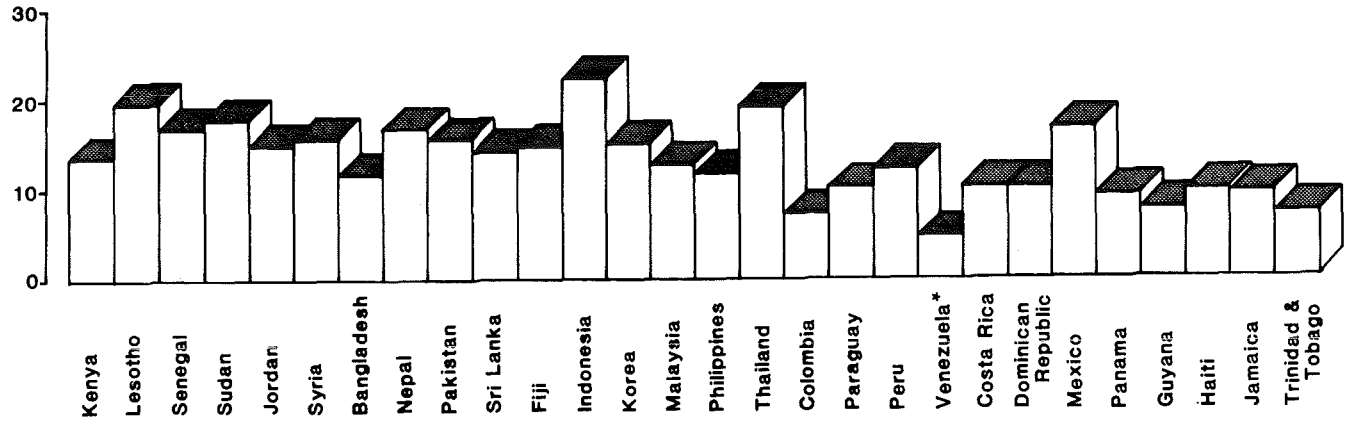

Figure 2 Proportion of currently married women aged 25–49 who report themselves infecund, by country (age-standardized data)

*Women aged 25–44 only.

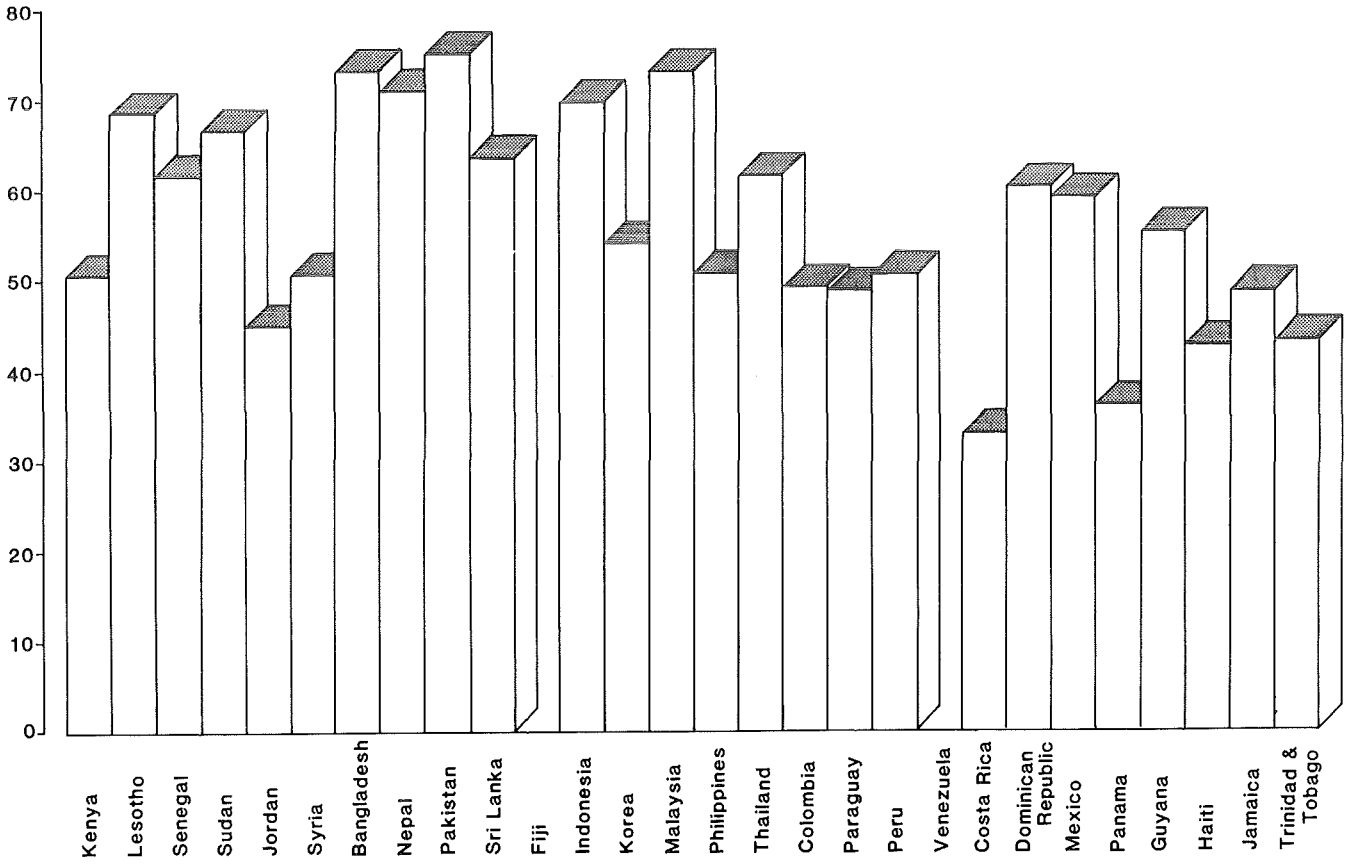

Figure 3 Proportion of currently married women aged 45–49 who are behaviourally infecund, by country

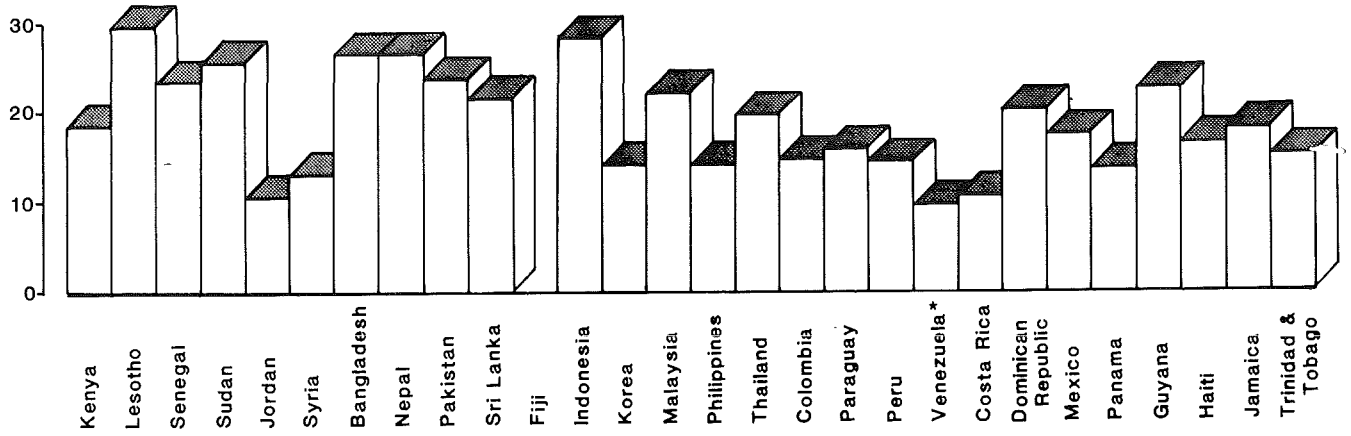

Figure 4 Proportion of currently married women aged 25–49 who are behaviourally infecund, by country (age-standardized data)

*Women aged 25–44 only.

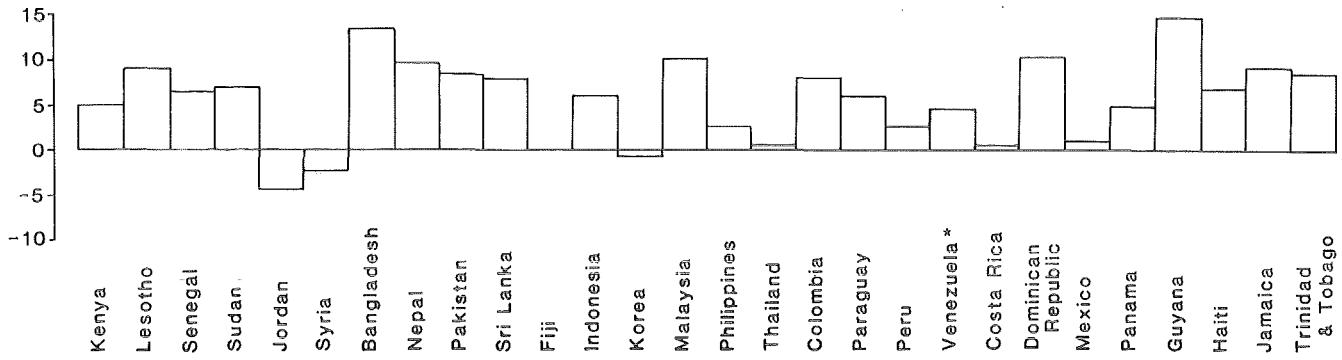

Figure 5 Difference between proportion behaviourally and self reportedly infecund, by country (currently married women aged 25–49)
*Women aged 25–44 only.

Table 10 Aggregate proportions infecund among all currently married women, by age

	Age								
	15–19	20–24	25–29	30–34	35–39	40–44	45–49	Total 25–49	25–49 Standardized
Africa									
Kenya	1.8	5.1	8.7	15.8	26.2	37.4	63.8	24.8	25.5
Lesotho	1.3	5.7	14.8	24.5	39.7	61.2	83.1	37.3	38.3
Senegal	1.7	4.1	7.1	12.6	31.0	48.4	74.6	28.2	28.4
Sudan (North)	3.7	6.8	11.7	20.8	29.0	56.0	79.6	30.3	33.1
Middle East									
Jordan	2.0	1.4	4.3	8.7	13.2	28.9	62.3	18.4	18.3
Syria	0.7	2.2	4.7	11.2	14.8	34.9	67.1	22.5	20.9
Asia and Oceania									
Bangladesh	4.2	7.1	8.1	16.5	27.6	50.1	76.9	27.5	29.5
Nepal	9.9	8.9	9.3	16.0	27.5	55.5	81.1	29.7	31.0
Pakistan	2.1	4.9	8.2	10.8	22.6	43.0	78.9	27.0	26.0
Sri Lanka	0.3	2.5	5.7	13.2	23.9	46.6	72.8	28.9	26.2
Fiji[a]	—	—	—	—	—	—	—	—	—
Indonesia	1.1	3.7	9.3	19.6	35.6	58.9	79.1	35.4	34.0
Korea	0.0	0.0	1.7	5.6	14.8	37.9	77.9	20.7	20.5
Malaysia	0.0	0.8	4.5	10.0	20.7	42.6	76.4	26.4	24.2
Philippines	1.7	0.6	2.8	5.9	12.1	32.8	69.9	20.7	18.5
Thailand	0.5	2.7	6.0	13.4	21.0	45.5	79.3	28.6	26.3
Latin America									
Colombia	0.6	1.1	5.1	5.7	12.2	27.9	59.3	17.5	16.9
Paraguay	1.8	3.9	6.2	10.6	18.5	27.8	62.1	22.0	20.1
Peru	0.4	1.3	3.6	8.2	12.2	34.9	66.3	21.4	19.2
Venezuela	1.0	1.4	3.7	8.0	14.0	26.0	—	11.5[b]	11.6[b]
Costa Rica	—	1.8	3.5	8.6	14.3	20.9	46.9	15.8	15.1
Dominican Rep.	0.0	3.8	7.2	13.5	19.4	39.3	68.9	23.9	24.0
Mexico	0.7	1.8	4.7	9.3	15.2	42.2	75.0	22.8	22.7
Panama	—	1.4	5.4	12.1	16.6	25.4	42.1	16.8	17.2
Caribbean									
Guyana	0.3	2.4	6.9	12.9	27.4	41.3	63.1	25.4	25.1
Haiti	4.6	3.2	7.3	13.1	20.3	32.2	53.7	21.4	21.2
Jamaica	2.0	2.7	7.5	12.8	21.5	35.6	58.4	24.2	22.5
Trinidad and Tobago	0.8	3.2	4.4	9.2	19.7	32.6	55.5	19.8	19.6

[a]Not available.
[b]Women aged 25–44.

Table 11 Aggregate proportions infecund among all currently married women, by age (non-current users)

	Age						
	15–19	20–24	25–29	30–34	35–39	40–44	45–49
Africa							
Kenya	2	5	9	18	28	42	69
Lesotho	1	6	16	27	44	63	85
Senegal	2	4	8	13	32	49	75
Sudan (North)	4	7	13	22	30	58	80
Middle East							
Jordan	2	1	5	13	19	43	77
Syria	1	3	6	15	21	46	79
Asia and Oceania							
Bangladesh	4	8	9	19	32	55	81
Nepal	10	9	9	17	29	58	83
Pakistan	2	5	8	12	26	47	85
Sri Lanka	0	4	9	23	41	72	91
Fiji[a]							
Indonesia	1	5	13	30	51	77	90
Korea	0	0	3	11	28	61	90
Malaysia	0	1	8	16	34	65	90
Philippines	2	1	5	11	22	52	85
Thailand	1	4	10	22	51	76	91
Latin America							
Colombia	1	2	9	13	23	47	76
Paraguay	2	6	11	18	31	45	78
Peru	0	2	6	14	19	49	79
Venezuela	1	3	8	18	31	51	–
Costa Rica	–	5	13	29	48	58	82
Dominican Republic	0	5	12	23	32	55	84
Mexico	1	2	8	15	25	56	85
Panama	–	2	12	28	40	57	81
Caribbean							
Guyana	0	3	11	23	46	63	85
Haiti	6	7	9	17	24	44	65
Jamaica	3	4	13	27	39	54	85
Trinidad and Tobago	1	7	11	24	44	59	77

[a]Not available.

4 Discussion

All measures of infecundity presented here suffer from a bias introduced by the proportion of current users of contraception. Although it might be argued that current users will mostly be fecund, this may not be true for certain age groups. When a real desire exists to avoid pregnancy it is unlikely that women will be willing to take a gamble on their fecundity status and stop using contraception. Except for women who have stopped menstruating, it would be near impossible for current users to determine their fecundity status accurately. It is thus quite possible that especially in the older age groups there are substantial numbers of women who use a method of contraception but are already infecund.

There is no doubt that self reported infecundity underestimates actual infecundity to a considerable degree.

Behavioural infecundity provides higher, and no doubt better, estimates. However, due to the five-year cut-off point for the length of the open interval in the construction of the behavioural measure, this measure contains an element of overestimation. At the same time it contains a more important tendency to underestimation as all women who used contraception in the open interval are classified as fecund, as are women who were not continuously married during the five years preceding the survey.

Aggregate infecundity combines the self reported and behavioural measures and is therefore subject to the same defects. In general it provides considerably higher estimates of infecundity than either of the two above-mentioned measures, as could be expected.

Which estimate reflects adequately the real situation in the countries under study? There is really no way of knowing the exact levels of infecundity on the basis of the data presented so far. In an attempt to put these data into some sort of perspective they will now be compared with infecundity estimates calculated by Henry (Henry 1961).

Studying historical populations Henry considered as infecund all women in a certain age group who did not have a birth while in that age group nor at any time thereafter. The following are estimates of proportions infecund according to Henry.

Exact age	Average European populations (%)	Pre-war Japan (%)
20	3	4
25	6	10
30	10	19
35	16	33
40	31	53

Next, these figures are presented graphically for a selection of countries with different levels of contraception in conjunction with the three infecundity estimates presented in this paper (see figure 6).

Before proceeding it is necessary to draw attention to the exact ages to which the infecundity estimates refer. The behavioural measure is based on women who did not have a fertile pregnancy in the last five years. For women now aged 25–29 this means that they did not have a child between ages 22.5 and 27.5 on average, thus putting the midpoint of the proportion infecund for this age group at approximately age 25. That is the way behavioural infecundity has been presented in figure 6.

For self reported and aggregate infecundity it is less clear to which exact age the estimates refer, due to the absence of a period-link for self reported infecundity. It will be assumed however that self reported and aggregated infecundity refer to the same exact ages as behavioural infecundity. This seems reasonable, as those women who think they are infecund should have based this assessment on a reasonable passage of time without a birth, which is thus taken as also being five years on average.

Figure 6 shows once again that whatever the level of contraception prevailing, self reported infecundity seems to represent a considerable underestimate, compared with Henry's calculations. The picture with regard to the other two measures is not as clear. In Kenya, the behavioural measure coincides fairly accurately with Henry's average estimate for historical European population, while in Senegal infecundity seems to be somewhere between the average European and pre-war Japan estimates. Aggregate infecundity in Indonesia coincides well with the pre-war Japan estimates, while behavioural infecundity in Thailand resembles the pattern for European populations. Costa Rica does not resemble anything, while aggregate infecundity in Mexico is similar to infecundity in European populations up to age 35.

In synthesis, it does not seem as if there is some universal standard by which fecundity reporting can be adequately judged, even in the case of countries with very low levels of contraception like Kenya and Senegal. The situation is widely different over countries, as can be seen most clearly in table 12 which provides the three age-standardized infecundity estimates for women aged 25–49.

The bad fit of the Henry estimates for some of the countries should not be surprising, as many of the countries dealt with in this paper do not represent a natural fertility situation – a situation which lies at the root of the Henry calculations.

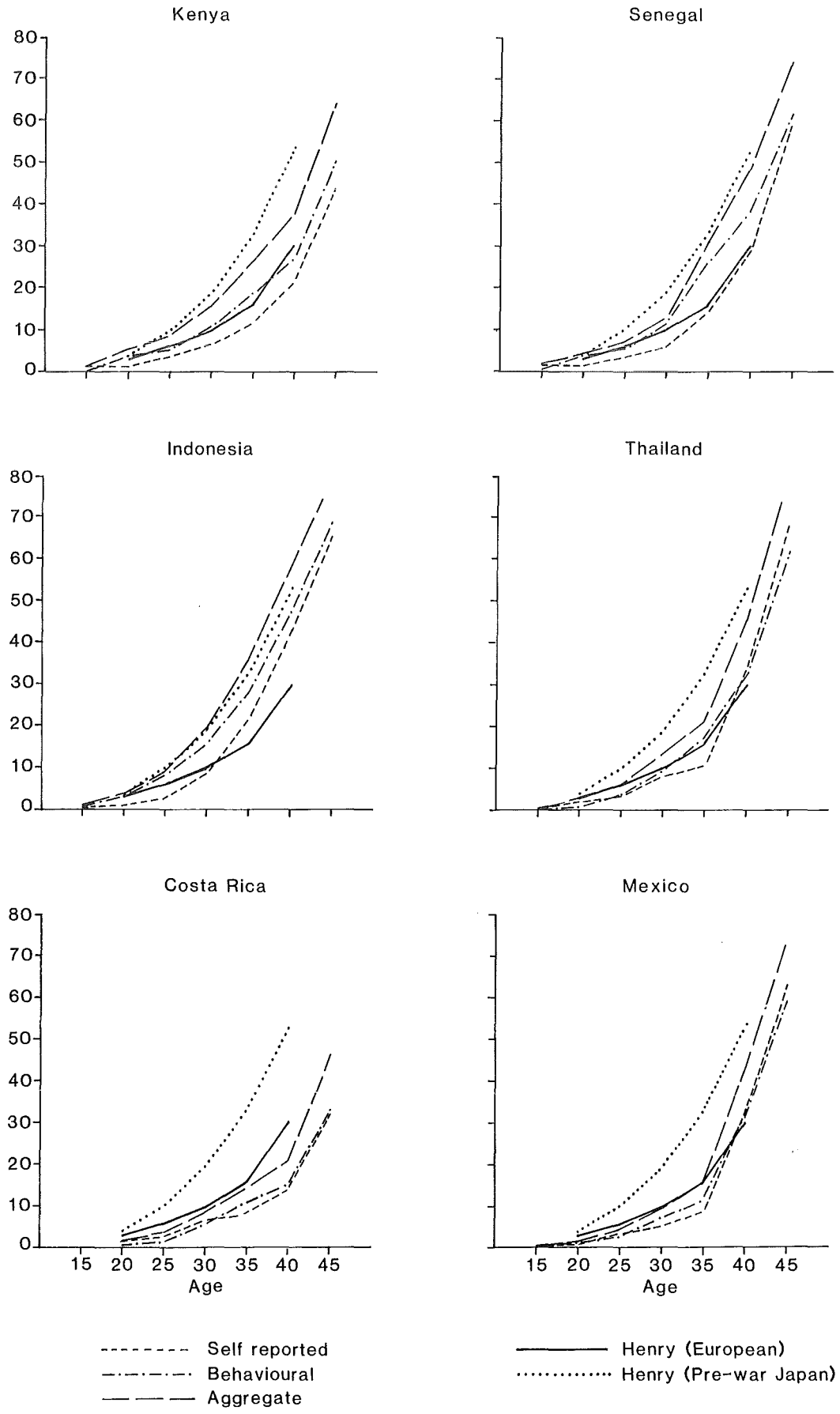

Figure 6 Proportions of infecund, currently married women by mode of reporting and age (selection of countries)

Table 12 Age-standardized proportions infecund according to mode of classification for currently married women aged 25–49 (Fiji standard)

	Self reported	Behavioural	Aggregate
Africa			
Kenya	13.5	18.4	25.5
Lesotho	19.6	29.4	38.3
Senegal	16.9	23.4	28.4
Sudan (North)	17.7	25.4	33.1
Middle East			
Jordan	14.8	10.4	18.3
Syria	15.4	13.1	20.9
Asia and Oceania			
Bangladesh	11.5	26.3	29.5
Nepal	17.1	26.3	31.0
Pakistan	15.8	24.1	26.0
Sri Lanka	13.9	21.5	26.2
Fiji	14.4	–	–
Indonesia	22.0	28.0	34.0
Korea	14.7	14.0	20.5
Malaysia	12.3	22.0	24.2
Philippines	11.3	13.8	18.5
Thailand	18.8	19.5	26.3
Latin America			
Colombia	7.0	14.5	16.9
Paraguay	10.1	15.7	20.1
Peru	12.0	14.3	19.2
Venezuela[a]	4.5	9.6	11.6
Costa Rica	10.1	10.5	15.1
Dominican Rep.	9.9	20.2	24.0
Mexico	16.5	17.2	22.7
Panama	8.8	13.7	17.2
Caribbean			
Guyana	7.5	22.5	25.1
Haiti	9.5	16.3	21.2
Jamaica	9.2	18.0	22.5
Trinidad and Tobago	6.8	15.1	19.6

[a]Women aged 25–44.

5 Conclusions

1 Women's own appreciation of their fecundity status provides a very poor estimate of infecundity, resulting in substantial underestimation in most countries.

The base-population of currently married, fecund women used most often by the WFS for the description of contraceptive practice should therefore be revised, as it is based solely on self reported infecundity.

2 By design, both behavioural and aggregate infecundity seem to underestimate infecundity for those populations where use of contraception is very widespread.

3 Non-current users of contraception seem to demonstrate uncommonly high infecundity, especially in age groups 30–39, in those countries with high levels of contraception.

4 Estimates of the unmet need for contraception might be refined by basing calculations solely on the population of non-current users.

5 Aggregate infecundity for non-users is a plausible indicator of infecundity for ages 15–19, 20–24 and 45–49.

6 By any measure, infecundity is highest in Lesotho, Sudan (North), Bangladesh, Nepal and Indonesia.

7 Infecundity patterns differ widely across countries and cannot be expressed adequately by some standard measure.

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Appendix A Detailed Table on Childlessness

Table A1 Percentage of currently married women, in the married state for at least five years, with no living children, only one fertile pregnancy, no fertile pregnancies, and no pregnancies, by age

Age	No living children	Only 1 fertile pregnancy	No fertile pregnancies	No pregnancies	N
KENYA					
15-19	4.6	17.9	0.0	0.0	28
20-24	6.8	7.3	4.3	3.5	463
25-29	2.8	3.4	2.4	1.9	1137
30-34	2.9	2.1	2.4	1.8	904
35-39	3.0	3.1	1.5	1.1	842
40-44	3.8	2.1	2.9	2.6	536
45+	4.3	1.8	2.5	2.3	543
Total	3.6	3.2	2.5	2.0	4453
25+	3.2	2.7	2.3	1.8	3962
Standardized[a]	3.2		2.3		
SENEGAL					
15-19	25.0	33.3	5.6	0.0	36
20-24	10.6	11.5	4.8	2.8	357
25-29	5.4	5.6	2.6	1.9	535
30-34	5.5	2.3	4.0	2.8	470
35-39	7.2	5.7	2.8	2.2	458
40-44	6.1	4.0	3.2	1.6	379
45+	5.8	2.5	2.9	2.5	243
Total	6.9	5.7	3.4	2.2	2478
25+	6.0	4.2	3.1	2.2	2085
Standardized[a]	6.0		3.1		
JORDAN					
15-19	1.9	0.0	1.9	1.9	24
20-24	2.4	0.9	2.2	2.2	302
25-29	1.5	1.4	1.2	1.1	587
30-34	2.4	1.4	2.2	1.8	589
35-39	2.3	1.6	1.7	1.3	515
40-44	2.5	0.8	2.1	2.1	400
45+	2.7	1.1	2.4	1.3	322
Total	2.2	1.2	1.9	1.6	2739
25+	2.2	1.3	1.9	1.5	2413
Standardized[a]	2.2		1.9		
LESOTHO					
15-19	0.0	35.0	0.0	0.0	9
20-24	9.0	16.1	5.0	2.4	280
25-29	6.5	7.2	4.1	2.8	545
30-34	3.8	6.0	2.3	1.3	440
35-39	5.2	6.8	3.3	3.1	394
40-44	7.4	5.9	5.9	4.3	383
45+	7.9	6.8	4.4	3.9	204
Total	6.3	7.9	4.0	2.9	2254
25+	6.0	6.6	3.9	3.0	1966
Standardized[a]	5.8		3.8		
SUDAN (NORTH)					
15-19	30.0	17.5	15.0	15.0	25
20-24	5.0	6.9	3.8	3.4	303
25-29	4.8	5.6	3.3	3.0	609
30-34	4.7	2.9	4.2	3.6	455
35-39	4.8	3.2	3.8	2.8	520
40-44	7.3	5.3	5.0	5.0	254
45+	10.8	4.5	7.9	6.2	224
Total	5.7	4.7	4.4	3.8	2390
25+	5.9	4.2	4.3	3.7	2062
Standardized[a]	5.9		4.5		
SYRIA					
15-19	5.6	5.6	2.8	0.0	36
20-24	2.3	3.4	1.6	1.3	385
25-29	3.1	1.3	3.0	2.8	635
30-34	3.6	0.5	3.4	3.3	638
35-39	2.0	1.3	1.6	1.5	609
40-44	2.9	1.2	2.9	2.7	519
45+	2.9	1.1	2.9	2.9	451
Total	2.9	1.4	2.6	2.4	3273
25+	2.9	1.1	2.8	2.6	2852
Standardized[a]	2.9		2.8		

a Age distribution of Fiji used as standard in all cases

Table A1 (cont.)

Age	No living children	Only 1 fertile pregnancy	No fertile pregnancies	No pregnancies	N
BANGLADESH					
15-19	20.8	35.6	10.0	9.0	377
20-24	7.5	11.1	4.5	4.0	1118
25-29	3.0	2.4	1.7	1.7	1031
30-34	2.3	1.3	1.4	1.3	703
35-39	1.5	1.2	1.3	1.3	571
40-44	3.6	1.0	2.3	2.1	486
45+	3.3	2.8	1.9	1.1	340
Total	5.3	6.8	3.1	2.7	4626
25+	2.7	1.8	1.7	1.5	3131
Standardized[a]	2.6	1.7			
PAKISTAN					
15-19	34.7	18.2	26.0	18.9	51
20-24	10.8	10.8	6.1	4.9	537
25-29	6.7	4.0	4.8	3.9	796
30-34	3.1	3.5	2.7	2.2	765
35-39	4.2	2.7	3.2	2.6	579
40-44	4.6	1.5	3.6	2.9	556
45+	3.1	3.1	1.9	1.9	434
Total	5.8	4.4	4.1	3.3	3718
25+	4.5	3.1	3.4	2.8	3130
Standardized[a]	4.5	3.4			
FIJI					
15-19	33.3	66.7	33.3	33.3	3
20-24	4.9	8.0	4.6	4.6	263
25-29	5.6	7.7	4.8	3.4	820
30-34	4.4	4.3	4.1	3.4	883
35-39	5.4	4.2	4.4	3.4	684
40-44	4.3	3.6	3.6	2.7	559
45+	6.3	4.3	5.3	4.0	396
Total	5.1	5.3	4.4	3.5	3608
25+	5.1	5.0	4.4	3.4	3342
Standardized[a]	5.1	4.4			

Age	No living children	Only 1 fertile pregnancy	No fertile pregnancies	No pregnancies	N
NEPAL					
15-19	50.6	34.8	40.7	40.7	138
20-24	18.9	23.7	12.2	11.4	789
25-29	8.2	10.1	4.0	3.7	1036
30-34	6.3	4.6	4.0	3.3	803
35-39	3.5	4.4	2.0	1.7	652
40-44	5.7	3.2	3.5	3.3	608
45+	4.9	2.9	2.5	2.3	380
Total	9.8	9.9	6.1	5.7	4405
25+	6.1	5.8	3.4	3.0	3479
Standardized[a]	5.9		3.3		
SRI LANKA					
15-19	4.9	4.9	4.9	4.9	9
20-24	4.9	9.9	3.0	0.9	334
25-29	3.5	8.9	2.2	1.9	846
30-34	3.1	5.9	2.6	1.7	1034
35-39	2.6	4.3	2.4	1.6	1044
40-44	3.9	4.0	3.4	2.8	808
45+	2.5	3.8	2.2	1.7	853
Total	3.2	5.7	2.6	1.8	4928
25+	3.1	5.4	2.5	1.9	4585
Standardized[a]	3.2		2.5		
INDONESIA					
15-19	14.7	35.5	14.3	14.3	82
20-24	6.7	15.3	4.3	3.7	827
25-29	6.2	7.2	4.4	4.0	1236
30-34	6.2	7.0	4.1	4.1	1225
35-39	7.1	7.3	4.7	4.5	1239
40-44	6.8	7.1	4.6	3.6	1012
45+	12.6	6.1	9.6	8.0	716
Total	7.4	8.5	5.1	4.6	6337
25+	7.4	7.0	5.1	4.6	5428
Standardized[a]	7.2		5.0		

a Age distribution of Fiji used as standard in all cases

Table A1 (cont.)

Age	No living children	Only 1 fertile pregnancy	No fertile pregnancies	No pregnancies	N
KOREA					
15-19					
20-24	3.6	9.1	0.0	0.0	55
25-29	2.1	5.3	1.4	1.2	583
30-34	1.3	3.1	1.1	0.7	987
35-39	0.8	1.9	0.8	0.4	957
40-44	1.5	2.5	1.3	0.7	756
45+	2.8	1.5	1.3	1.1	529
Total	1.6	2.9	1.1	0.7	3867
25+	1.5	2.8	1.1	0.8	3812
Standardized[a]	1.6		1.2		
PHILIPPINES					
15-19	20.9	19.0	20.9	20.9	16
20-24	1.0	4.4	0.7	0.7	440
25-29	2.4	4.2	1.9	1.7	1291
30-34	1.7	2.2	1.5	1.3	1543
35-39	1.9	3.1	1.8	1.3	1563
40-44	2.0	2.2	1.7	1.2	1307
45+	2.9	2.8	2.6	1.7	1083
Total	2.1	3.0	1.9	1.4	7244
25+	2.1	2.9	1.9	1.4	6787
Standardized[a]	2.1.		1.8		
COLOMBIA					
15-19	7.1	14.3	0.0	0.0	14
20-24	2.6	6.2	2.6	0.5	195
25-29	2.9	4.6	2.9	2.4	453
30-34	1.4	2.7	1.1	0.5	443
35-39	2.9	2.7	2.0	1.7	407
40-44	3.5	2.3	3.2	2.6	347
45+	2.9	2.6	2.6	2.2	273
Total	2.7	3.4	2.3	1.7	2132
25+	2.7	3.1	2.3	1.8	1923
Standardized[a]	2.6		2.3		

Age	No living children	Only 1 fertile pregnancy	No fertile pregnancies	No pregnancies	N
MALAYSIA					
15-19	0.0	0.0	0.0	0.0	10
20-24	1.4	6.7	1.4	1.4	283
25-29	2.4	4.5	2.0	1.8	820
30-34	1.3	3.3	1.2	0.9	986
35-39	1.8	3.4	1.4	1.2	1023
40-44	2.7	3.4	2.3	1.7	743
45+	3.9	4.9	3.2	2.6	718
Total	2.2	4.0	1.9	1.6	4583
25+	2.3	3.8	1.9	1.6	4290
Standardized[a]	2.2		1.9		
THAILAND					
15-19	0.0	49.8	0.0	0.0	4
20-24	3.6	10.3	2.4	2.4	193
25-29	2.5	7.0	2.5	1.8	547
30-34	1.6	4.4	1.2	0.9	536
35-39	1.6	3.3	1.2	0.9	543
40-44	2.4	3.6	1.8	1.3	510
45+	3.0	1.9	3.0	2.6	396
Total	2.3	4.7	1.9	1.5	2730
25+	2.2	4.2	1.9	1.4	2532
Standardized[a]	2.1		1.8		
PARAGUAY					
15-19	0.0	50 0	0.0	0.0	4
20-24	2.0	11.5	2.0	2.0	148
25-29	3.3	11.4	2.5	1.9	360
30-34	3.7	6.4	3.7	3.5	376
35-39	3.2	7.4	2.9	2.7	408
40-44	3.4	4.6	3.4	2.8	326
45+	3.3	5.3	3.0	2.3	301
Total	3.3	7.5	3.0	2.6	1923
25+	3.4	7.1	3.1	2.7	1771
Standardized[a]	3.4		3.1		

a Age distribution of Fiji used as standard in all cases

Table A1 (cont.)

Age	No living children	Only 1 fertile pregnancy	No fertile pregnancies	No pregnancies	N
PERU					
15-19	1.6	14.5	0.0	0.0	17
20-24	1.7	3.0	1.3	1.3	310
25-29	2.2	3.3	1.6	1.6	752
30-34	1.0	2.5	0.8	0.8	792
35-39	1.4	2.8	1.1	0.8	820
349					
40-44	2.7	2.7	1.7	1.1	701
45+	2.8	2.4	2.3	1.7	593
Total	1.9	2.8	1.4	1.2	3985
25+	2.0	2.8	1.4	1.2	3658
Standardized[a]	1.9		1.4		
COSTA RICA					
15-19					
20-24	3.2	17.2	1.9	0.6	157
25-29	2.3	11.7	2.3	2.3	393
30-34	2.4	5.2	2.0	1.7	461
35-39	3.3	3.7	2.8	2.3	428
40-44	2.0	2.6	1.7	1.5	344
45+	2.6	3.9	2.6	2.6	304
Total	2.6	6.4	2.3	2.0	2087
25+	2.5	5.5	2.3	2.1	1930
Standardized[a]	2.5		2.3		
MEXICO					
15-19	3.3	3.3	3.3	3.3	30
20-24	2.0	4.9	1.2	1.0	409
25-29	2.3	2.4	1.9	1.8	887
30-34	1.8	2.4	1.4	1.0	910
35-39	2.1	1.8	1.7	1.3	865
40-44	3.0	1.4	2.6	1.5	662
45+	5.1	4.0	4.8	3.4	526
Total	2.6	2.6	2.2	1.6	4289
25+	2.6	2.3	2.3	1.7	3850
Standardized[a]	2.6		2.2		

Age	No living children	Only 1 fertile pregnancy	No fertile pregnancies	No pregnancies	N
VENEZUELA					
15-19	9.1	18.2	9.1	9.1	11
20-24	1.6	9.9	1.6	1.0	191
25-29	2.8	6.9	2.3	2.0	392
30-34	2.2	4.4	2.0	1.2	405
35-39	2.3	3.2	2.3	1.7	
40-44	1.9	4.5	1.9	1.9	267
45+	-	-	-	-	-
Total	2.3	5.5	2.1	1.7	1615
25+	2.0	4.8	2.1	1.7	1413
Standardized[a]	2.3		2.1		
DOMINICAN REPUBLIC					
15-19	6.7	26.7	0.0	0.0	15
20-24	6.4	8.7	4.6	4.0	173
25-29	4.7	5.1	4.1	3.0	296
30-34	3.5	3.1	3.5	2.0	255
35-39	3.4	2.0	2.4	1.7	296
40-44	6.4	5.2	5.2	4.6	173
45+	6.8	6.2	3.7	3.7	161
Total	4.9	4.9	3.7	2.9	1369
25+	4.7	4.1	3.7	2.8	1181
Standardized[a]	4.7		3.7		
PANAMA					
15-19					
20-24	2.8	7.3	2.3	2.3	177
25-29	2.6	6.3	1.7	1.7	459
30-34	1.1	4.7	1.1	0.4	551
35-39	1.4	4.8	1.0	1.0	419
40-44	2.7	3.0	1.5	0.9	330
45+	4.1	2.6	4.1	3.0	271
Total	2.2	4.8	1.7	1.3	2207
25+	2.2	4.5	1.7	1.2	2030
Standardized[a]	2.2		1.6		

a Age distribution of Fiji used as standard in all cases

Table B1 Percent of women who report themselves infecund by age and length of open interval. (Confined to currently married women who have been continuously married for the last five years and did not use contraception in the open interval.)

Length of open int. in years	Age								Total	
	<25		25-34		35-44		45+			
	Infec.	N	Infec.	N	Infec.	N	Infec.	N	Infec.	N
KENYA										
<1	3.8	160	6.0	602	10.3	248	24.0	41	7.4	1050
1<2	0.0	80	4.6	422	10.7	237	20.7	32	6.7	771
2<3	0.0	47	8.7	126	14.4	130	30.4	29	11.6	331
3<4	0.0	18	3.9	54	17.2	71	34.6	51	16.5	194
4<5	42.6	3	8.0	40	30.1	68	28.4	45	24.1	156
5-9	3.4	34	6.6	106	29.8	173	64.4	155	34.1	468
10+	0.0	4	7.8	63	30.0	130	63.1	164	40.9	360
LESOTHO										
<1	7.2	68	7.9	185	21.4	67	17.7	6	10.7	326
1<2	4.4	63	8.3	155	17.4	81	21.7	9	10.3	308
2<3	0.0	26	10.1	92	19.1	68	58.8	14	15.2	200
3<4	0.0	9	9.2	43	27.3	49	36.4	3	17.7	103
4<5	12.1	9	23.5	21	37.6	27	60.3	18	35.9	75
5-9	12.1	25	5.9	101	38.7	122	58.6	49	28.6	297
10+	0.0	0	12.6	39	31.7	186	70.2	92	40.5	318
SENEGAL										
<1	0.0	106	1.4	279	0.8	126	9.1	11	1.1	522
1<2	0.0	82	0.0	180	4.9	82	20.0	10	1.7	354
2<3	0.0	34	1.7	59	10.4	67	23.1	13	6.4	173
3<4	22.2	9	0.0	25	18.3	71	38.9	18	17.9	123
4<5	0.0	5	6.3	16	28.9	38	53.8	13	26.4	72
5-9	22.7	22	22.7	44	40.4	141	69.2	65	43.0	272
10+	33.3	3	46.5	43	46.0	126	76.5	85	56.0	257
SUDAN (NORTH)										
<1	3.1	124	6.4	298	11.0	121	21.1	12	7.0	555
1<2	7.5	59	8.3	215	8.0	87	37.5	15	9.3	376
2<3	0.0	31	10.0	83	17.7	72	30.0	13	12.5	198
3<4	30.0	6	14.5	39	18.5	58	56.3	10	21.1	114
4<5	0.0	11	17.9	18	38.2	35	53.8	8	29.2	72
5-9	6.2	20	5.9	64	34.3	115	65.3	62	32.5	262
10+	50.0	3	7.7	50	38.5	110	59.1	87	39.7	250

Table B1 (cont.)

Length of open int. in years	Age <25		25-34		35-44		45+		Total	
	Infec.	N	Infec.	N	Infec.	N	Infec.	N	Infec.	N
JORDAN										
<1	0.0	94	7.6	274	12.7	137	4.9	9	7.5	515
1<2	4.0	35	6.3	137	13.2	89	37.9	9	9.3	270
2<3	0.0	5	18.2	39	18.8	56	7.3	8	16.9	108
3<4	0.0	1	21.3	16	37.2	43	36.5	11	33.0	70
4<5	0.0	2	19.1	5	22.2	27	54.1	19	32.4	53
5-9	24.1	6	19.7	18	61.1	59	73.4	80	61.3	163
10+	-	-	50.0	17	84.5	32	72.6	65	72.5	113
SYRIA										
<1	2.3	133	4.7	344	10.3	194	15.0	20	6.1	691
1<2	1.6	63	2.5	157	14.0	136	27.8	18	7.8	374
2<3	6.3	16	0.0	51	18.2	66	46.7	15	13.5	148
3<4	0.0	8	0.0	7	22.2	36	50.0	20	25.4	71
4<5	0.0	1	11.1	9	38.2	34	40.7	27	35.2	71
5-9	0.0	7	17.6	34	38.7	93	73.4	128	51.9	262
10+	0.0	1	45.2	31	64.9	57	79.2	101	68.9	190
BANGLADESH										
<1	0.3	361	1.7	344	2.7	87	0.0	7	1.2	799
1<2	0.9	309	2.7	311	3.9	100	0.0	5	2.1	725
2<3	2.3	204	1.5	231	3.9	102	0.0	13	2.2	550
3<4	3.2	74	5.2	150	11.8	97	34.1	15	8.0	336
4<5	7.2	33	8.1	63	20.6	73	16.3	24	13.7	193
5-9	23.3	96	17.5	122	22.6	231	32.2	114	23.5	563
10+	25.0	11	36.9	45	44.7	127	45.1	133	43.1	316
NEPAL										
<1	0.4	283	1.4	522	6.9	185	13.5	15	2.3	1005
1<2	0.6	188	1.5	403	10.9	186	48.7	21	4.7	799
2<3	0.0	101	3.3	221	11.7	145	14.4	18	5.5	485
3<4	0.0	28	4.3	110	22.0	99	27.7	20	12.4	257
4<5	0.0	17	3.3	62	25.5	88	67.9	26	21.8	194
5-9	1.4	144	7.9	136	37.0	250	69.6	120	29.0	650
10+	4.6	16	17.3	69	50.5	174	84.3	151	55.6	409

Table B1 (cont.)

Length of open int. in years	Age <25		25-34		35-44		45+		Total	
	Infec.	N	Infec.	N	Infec.	N	Infec.	N	Infec.	N
PAKISTAN										
<1	0.0	195	0.0	429	0.7	164	0.0	2	0.2	790
1<2	0.0	100	0.7	283	1.8	132	26.6	5	1.1	520
2<3	1.8	67	1.7	138	3.7	102	29.5	10	3.3	317
3<4	6.9	17	3.2	75	18.8	92	18.8	23	12.2	207
4<5	0.0	9	12.3	35	11.2	55	34.8	23	15.2	121
5-9	8.1	44	26.2	84	42.0	186	72.8	137	45.1	451
10+	25.0	5	42.4	58	63.1	152	80.7	189	67.9	403
SRI LANKA										
<1	3.7	63	5.3	268	10.0	102	20.0	7	6.4	440
1<2	2.3	46	5.6	169	18.9	103	13.4	11	9.5	328
2<3	6.4	22	8.7	132	27.8	93	46.1	14	17.3	262
3<4	0.0	12	11.8	73	20.9	82	55.0	14	18.4	181
4<5	17.3	4	5.6	44	28.8	71	54.7	27	26.2	146
5-9	3.4	14	10.4	131	32.3	282	64.5	171	36.1	598
10-+	-	-	2.6	35	41.9	237	68.1	369	54.8	642
FIJI										
<1										
1<2										
2<3										
3<4			NOT AVAILABLE							
4<5										
5-9										
10+										
INDONESIA										
<1	1.0	175	4.1	320	19.0	145	55.7	13	7.6	652
1<2	2.9	71	3.8	168	19.6	102	32.8	9	9.0	351
2<3	0.5	40	5.3	130	26.2	101	13.8	18	12.5	289
3<4	2.1	17	8.8	58	28.0	79	60.4	17	22.0	171
4<5	5.5	12	9.4	51	43.7	57	72.0	21	32.3	140
5-9	9.1	41	17.6	148	54.0	324	71.3	136	46.6	649
10+	0.0	14	28.6	155	61.2	506	83;3	363	63.2	1038

Table B1

Length of open int. in years	Age <25		25-34		35-44		5+		Total	
	Infec.	N	Infec.	N	Infec.	N	Infec.	N	Infec.	N
KOREA										
<1	-	13	0.0	255	1.1	93	0.0	3	0.3	364
1<2	-	5	0.0	177	5.3	76	0.0	2	1.5	260
2<3	-	5	2.8	72	14.5	62	50.0	6	9.7	145
3<4	-	5	2.7	37	13.7	51	71.4	14	17.6	102
4<5	-	-	0.0	22	44.0	50	57.9	19	36.3	91
5-9	-	-	12.5	48	28.8	156	85.1	121	47.4	325
10+	-	-	41.7	12	51.6	128	86.0	164	69.7	304
MALAYSIA										
<1	-	70	0.8	256	4.2	142	16.7	6	1.9	474
1<2	-	39	2.2	178	5.0	101	0.0	7	2.8	325
2<3	-	19	3.5	86	15.9	82	33.3	9	9.7	196
3<4	-	7	9.6	52	16.7	66	40.0	10	14.8	135
4<5	-	3	5.6	36	26.5	68	33.3	21	21.1	128
5-9	-	5	11.3	97	26.5	245	59.6	166	34.1	513
10+	-	2	17.9	39	41.2	226	78.3	359	60.9	626
PHILIPPINES										
<1	0.0	99	2.0	493	9.6	288	27.4	17	4.7	897
1<2	0.0	44	2.3	231	9.9	170	22.1	20	5.7	464
2<3	8.1	14	2.8	103	11.4	118	74.0	39	16.8	275
3<4	0.0	10	2.5	44	30.6	97	60.7	37	28.3	187
4<5	0.0	5	3.9	33	27.5	92	54.5	62	31.5	191
5-9	0.0	10	9.0	82	32.3	264	67.1	278	44.0	634
10+	-	-	16.3	38	31.5	202	76.8	273	54.5	513
THAILAND										
<1	2.7	31	3.6	147	19.8	95	44.0	5	9.8	279
1<2	18.9	26	10.8	88	7.6	74	27.6	7	11.3	194
2<3	0.0	15	7.6	47	24.8	50	71.0	12	19.8	124
3<4	0.0	4	23.3	33	41.4	37	61.7	16	36.6	89
4<5	0.0	4	27.9	26	47.1	31	78.1	25	48.2	87
5-9	21.8	5	35.5	65	52.0	142	82.0	124	59.5	336
10+	-	-	41.9	14	56.3	119	83.1	119	68.1	252

Table B1 (cont.)

Length of open int. in years	Age <25		25-34		35-44		45+		Total	
	Infec.	N	Infec.	N	Infec.	N	Infec.	N	Infec.	N
COLOMBIA										
<1	0.0	33	2.0	98	0.0	54	0.0	5	1.1	190
1<2	0.0	18	0.0	54	0.0	36	0.0	5	0.0	113
2<3	0.0	5	0.0	16	9.4	32	42.9	7	10.0	60
3<4	0.0	1	5.0	20	7.1	28	30.0	10	10.2	59
4<5	0.0	2	9.1	11	4.5	22	33.3	9	11.4	44
5-9	25.0	4	21.2	33	15.7	70	39.1	64	25.7	171
10+	-	-	21.4	14	38.5	65	43.7	71	39.3	150
PARAGUAY										
<1	0.0	25	4.2	119	4.2	71	0.0	2	3.7	217
1<2	0.0	12	3.7	54	6.3	48	0.0	3	4.3	117
2<3	33.3	3	16.7	18	13.0	23	33.3	6	18.0	50
3<4	0.0	2	12.5	16	9.1	11	0.0	5	8.8	34
4<5	50.0	2	14.3	7	10.0	10	30.8	13	21.9	32
5-9	25.0	4	27.3	33	24.2	62	41.6	77	32.4	176
10+	-	-	26.3	19	39.5	76	47.1	70	41.2	165
PERU										
<1	1.4	79	1.6	293	4.3	183	16.3	14	2.8	569
1<2	0.0	45	0.0	166	6.0	136	10.0	22	2.8	369
2<3	0.0	11	7.9	60	10.1	102	43.9	18	12.1	191
3<4	0.0	7	7.5	30	10.6	76	35.1	26	14.0	139
4<5	-	-	8.9	13	34.9	54	46.0	31	35.1	98
5-9	36.4	6	27.5	53	36.2	138	57.1	153	44.0	350
10+	-	-	42.5	24	52.9	116	67.8	150	59.7	291
VENEZUELA										
<1	0.0	31	1.3	76	3.1	32			1.4	139
1<2	0.0	4	2.7	37	3.7	27			2.9	68
2<3	0.0	5	8.3	12	4.8	21			5.3	38
3<4	0.0	2	10.0	10	11.1	9			9.5	21
4<5	0.0	3	28.6	7	6.7	15			12.0	25
5-9	25.0	4	32.0	25	18.8	48			23.4	77
10+	-	-	23.1	13	31.6	57			30.0	70

Table B1 (cont.)

Length of open int. in years	Age <25		25-34		35-44		45+		Total	
	Infec.	N	Infec.	N	Infec.	N	Infec.	N	Infec.	N
COSTA RICA										
<1	0.0	8	11.9	42	5.6	18	20.0	5	9.6	73
1<2	0.0	1	10.0	10	16.7	6	25.0	4	14.3	21
2<3	0.0	2	16.7	6	62.5	8	33.3	3	36.8	19
3<4	-	-	25.0	8	25.0	8	40.0	5	28.6	21
4<	-	-	57.1	7	20.0	10	57.1	7	41.7	24
5-9	66.7	3	55.6	27	46.9	49	54.9	51	52.3	130
10+	-	-	55.6	9	49.1	53	54.0	50	51.8	112
DOMINICAN REPUBLIC										
<1	5.0	40	4.2	71	4.5	44	50.0	2	5.1	157
1<2	5.9	17	7.7	26	9.5	21	0.0	3	7.5	67
2<3	0.0	4	8.3	12	8.7	23	0.0	2	7.3	41
3<4	0.0	2	0.0	5	10.0	20	0.0	1	7.1	28
4<5	33.3	3	22.2	9	23.1	13	14.3	7	21.9	32
5-9	33.3	6	6.7	30	22.6	53	35.7	42	23.7	131
10+	-	-	12.5	16	37.0	54	45.5	55	37.6	125
MEXICO										
<1	0.8	125	3.1	325	8.6	163	33.3	9	4.5	622
1<2	0.0	71	3.1	161	8.1	135	42.9	7	5.1	374
2<3	0.0	16	6.1	66	23.3	86	52.4	21	18.5	189
3<4	0.0	4	11.9	59	25.0	64	48.4	31	26.1	158
4<5	50.0	2	20.0	25	19.3	57	70.6	34	34.7	118
5-9	8.3	12	36.6	71	50.9	169	72.4	152	55.2	404
10+	-	-	51.7	29	65.3	144	86.2	159	74.1	332
PANAMA										
<1	0.0	22	2.5	79	0.0	31	-	5	1.5	132
1<2	5.6	18	8.9	45	10.5	19	0.0	5	8.0	87
2<3	0.0	2	16.7	12	12.5	16	-	-	13.3	30
3<4	0.0	1	33.3	9	5.9	17	40.0	5	18.8	32
4<5	0.0	2	40.0	5	33.3	18	0.0	5	26.7	30
5-9	0.0	3	22.6	53	24.1	58	42.4	33	27.2	147
10+	-	-	50.0	24	45.5	66	55.4	65	50.3	155

Table B1 (cont.)

Length of open int. in years	Age <25		25-34		35-44		45+		Total	
	Infec.	N	Infec.	N	Infec.	N	Infec.	N	Infec.	N
GUYANA										
<1	-	45	3.2	94	11.8	17	0.0	1	3.2	157
1<2	-	18	2.7	74	3.0	33	25.0	4	3.1	129
2<3	-	13	3.6	28	5.0	20	33.3	3	4.7	64
3<4	-	9	0.0	41	10.8	37	20.0	5	5.4	92
4<5	-	4	0.0	26	16.7	30	20.0	5	9.2	65
5-9	-	7	6.7	75	16.7	114	35.4	65	18.0	261
10+	-	-	0.0	21	20.3	128	41.0	105	27.2	254
HAITI										
<1	-	13	4.0	79	10.6	69	20.0	5	6.9	165
1<2	-	10	3.4	62	6.9	45	33.3	9	6.6	127
2<3	-	5	3.8	27	18.2	23	36.4	11	14.2	66
3<4	-	-	33.3	9	13.8	15	22.2	5	21.4	29
4<5	-	-	6.9	15	22.2	9	20.0	5	13.6	31
5-9	-	6	10.4	35	23.8	53	45.6	35	25.0	129
10+	-	-	7.1	15	24.0	50	48.9	48	32.4	113
JAMAICA										
<1	-	15	0.0	31	0.0	22	0.0	1	0.0	69
1<2	-	11	17.6	17	3.8	26	-		7.4	54
2<3	-	3	17.6	17	21.1	19	40.0	5	20.5	44
3<4	-	2	18.2	11	17.6	17	20.0	5	17.1	35
4<5	-	1	11.1	9	55.6	9	0.0	6	24.0	25
5-9	-	9	7.4	27	7.0	43	39.5	38	17.1	117
10+	-	-	0.0	24	24.2	95	56.4	78	34.0	197
TRINIDAD AND TOBAGO										
<1	7.6	15	0.0	26	0.0	13	0.0	1	2.1	54
1<2	0.0	4	0.0	10	8.2	14	0.0	2	3.8	30
2<3	0.0	2	0.0	14	0.0	7	0.0	2	0.0	25
3<4	31.7	3	0.0	14	0.0	9	0.0	2	3.5	28
4<5	-	-	0.0	11	0.0	9	31.4	3	4.3	23
5-9	0.0	15	9.0	29	5.5	37	22.6	30	10.4	111
10+	-	-	11.6	36	14.4	112	23.2	100	17.5	249

Table B2 Infecundity

Per cent of currently married non-sterilized women according to behavioural fecundity status by self reported fecundity status and age

Age	Self inf., beh. inf.	Self inf., beh. fec.	Self fec., beh. infec.	Self fec., beh. fec.	N
KENYA					
<25	0.1	1.6	2.4	96.0	1547
25-34	0.5	4.1	7.1	88.3	2207
35-44	6.6	8.8	15.5	69.1	1368
45+	34.1	13.1	19.4	33.4	597
Total	5.4	5.5	9.1	80.0	5720
LESOTHO					
<25	0.3	1.9	2.0	95.8	1095
25-34	1.0	5.9	12.2	80.9	1064
35-44	13.7	11.4	26.1	48.9	773
45+	46.5	14.7	23.8	14.9	201
Total	6.8	6.4	12.8	74.0	3133
SENEGAL					
<25	0.5	0.8	1.7	97.0	1131
25-34	2.8	1.5	5.3	90.5	1080
35-44	13.7	7.1	18.1	61.2	842
45+	45.1	13.1	16.4	25.4	244
Total	7.9	3.5	8.1	80.4	3297
SUDAN (NORTH)					
<25	0.4	2.6	2.9	94.2	712
25-34	0.7	5.5	9.3	84.5	1139
35-44	10.5	9.0	18.5	62.0	777
45+	41.4	13.1	25.7	19.7	222
Total	6.5	6.3	11.5	75.7	2851
JORDAN					
<25	0.2	1.0	0.5	98.4	910
25-34	0.9	3.7	1.8	93.6	1290
35-44	7.1	10.6	3.2	29.1	885
45+	34.4	18.1	12.7	34.8	308
Total	5.4	6.1	2.8	85.8	3393
SYRIA					
<25	0.0	1.0	0.6	98.3	1245
25-34	1.4	3.3	3.1	92.3	1472
35-44	6.5	11.0	6.8	75.8	1131
45+	38.9	16.8	12.3	32.0	447
Total	6.2	6.1	4.3	83.4	4295
BANGLADESH					
<25	1.0	1.6	3.1	94.4	2611
25-34	2.2	2.0	7.4	88.4	1734
35-44	10.5	4.3	24.0	61.1	1035
45+	28.7	3.9	44.7	22.7	338
Total	4.7	2.3	10.6	82.3	5717
NEPAL					
<25	0.1	1.1	8.2	90.6	1925
25-34	1.2	1.6	9.7	87.5	1876
35-44	14.7	8.0	19.8	57.5	1231
45+	56.0	10.5	16.0	17.5	376
Total	7.7	3.5	11.9	76.9	5408

Table B2 (cont.)

Age	Self inf., beh. inf.	Self inf., beh. fec.	Self fec., beh. infec.	Self fec., beh. fec.	N
PAKISTAN					
<25	0.3	0.3	3.1	96.3	1440
25-34	2.8	0.9	5.8	90.5	1646
35-44	15.6	3.0	14.7	66.7	1115
45+	59.8	4.0	17.5	18.7	421
Total	10.3	1.5	8.1	80.0	4622
SRI LANKA					
<25	0.0	0.8	1.3	97.8	1020
25-34	0.7	2.6	7.2	89.5	2108
35-44	11.7	7.3	20.2	60.7	1623
45+	45.3	10.1	22.3	22.3	800
Total	10.2	4.8	12.1	72.9	5550
FIJI					
<25	-	0.3	-	99.7	1076
25-34	-	3.6	-	96.4	1611
35-44	-	24.0	-	76.0	914
45+	-	66.7	-	33.3	315
Total	-	12.5	-	87.5	3916
INDONESIA					
<25	0.2	0.4	2.2	97.2	2302
25-34	2.7	2.6	8.9	85.7	2598
35-44	21.6	9.4	15.4	53.7	2249
45+	55.9	9.5	14.0	20.6	714
Total	12.2	4.5	9.3	74.0	7863

Age	Self inf., beh. inf.	Self inf., beh. fec.	Self fec., beh. infec.	Self fec., beh. fec.	N
KOREA					
<25	-	-	-	100.0	608
25-34	0.5	0.9	2.3	96.3	2119
35-44	7.0	9.2	10.9	72.8	1581
45+	48.9	25.7	8.2	17.2	499
Total	7.6	6.1	5.5	80.8	4807
MALAYSIA					
<25	-	-	0.6	99.4	1118
25-34	0.9	0.9	5.6	92.7	2112
35-44	9.5	3.8	18.8	68.0	1667
45+	55.1	3.5	21.0	20.4	690
Total	10.0	1.9	10.4	77.7	5587
PHILIPPINES					
<25	0.0	0.3	0.7	99.0	1446
25-34	0.4	0.9	3.3	95.4	3179
35-44	5.5	6.3	11.7	76.5	2716
45+	37.6	19.9	14.7	27.8	1052
Total	6.7	4.9	7.0	81.4	8393
THAILAND					
<25	0.1	1.5	0.5	97.8	760
25-34	2.5	3.5	4.3	89.8	1164
35-44	15.1	9.6	12.9	62.4	932
45+	54.0	19.0	11.4	15.6	372
Total	11.5	6.6	6.7	75.2	3228

Table B2 (cont.)

Age	Self inf., beh. inf.	Self inf., beh. fec.	Self fec., beh. infec.	Self fec., beh. fec.	N
COLOMBIA					
<25	0.1	0.4	0.4	99.0	703
25-34	1.0	1.0	3.6	94.4	1015
35-44	5.0	2.2	13.7	79.1	724
45+	21.0	10.5	29.6	39.0	267
Total	3.8	2.1	8.0	86.0	2709
PARAGUAY					
<25	0.2	2.8	0.5	96.6	649
25-34	1.6	2.6	4.3	91.6	891
35-44	6.2	4.4	12.9	76.5	722
45+	22.4	13.8	28.3	35.5	290
Total	4.9	4.4	8.5	82.2	2552
PERU					
<25	0.2	0.5	0.4	98.9	1096
25-34	1.4	1.5	2.9	94.1	1774
35-44	7.6	6.3	9.8	76.3	1467
45+	32.4	16.3	19.6	31.7	584
Total	6.7	4.5	6.4	82.5	4920
VENEZUELA					
<25	0.1	0.7	0.4	98.7	700
25-34	1.2	1.8	3.0	93.9	891
35-44	5.3	2.9	15.2	76.6	513
45+	-	-	-	-	-
Total	1.9	1.7	5.1	91.3	2104

Age	Self inf., beh. inf.	Self inf., beh. fec	Self fec., beh. infec.	Self fec., beh. fec.	N
COSTA RICA					
<	0.4	1.2	0.2	98.2	497
25-34	2.1	2.9	1.7	93.3	956
35-44	7.9	5.7	8.6	77.8	618
45+	21.4	16.7	17.9	44.0	257
Total	5.4	4.8	5.0	84.8	2328
DOMINICAN REPUBLIC					
<25	0.4	1.6	0.7	97.3	546
25-34	0.8	2.9	8.2	88.1	514
35-44	8.3	4.9	19.5	67.3	385
45+	27.4	9.6	39.0	24.0	146
Total	4.9	3.6	11.2	80.3	1591
MEXICO					
<25	0.1	0.7	0.8	98.5	1462
25-34	2.0	2.1	2.9	93.0	2043
35-44	12.3	7.0	9.1	71.6	1462
45+	48.5	16.5	12.6	22.4	509
Total	8.6	4.4	4.9	82.2	5476
PANAMA					
<25	0.0	0.8	0.6	98.6	489
25-34	2.5	2.8	5.5	89.2	967
35-44	8.7	6.3	15.8	69.1	505
45+	28.6	9.7	27.4	34.3	175
Total	5.5	3.7	8.6	82.1	2136

Table B2 (cont.)

Age	Self inf., beh. inf.	Self inf., beh. fec.	Self fec., beh. infec.	Self fec., beh. fec.	N
GUYANA					
<25	0.0	1.0	0.7	98.3	985
25-34	0.5	1.1	8.7	89.7	1052
35-44	7.0	3.7	30.5	58.8	645
45+	24.8	9.2	39.7	26.3	262
Total	3.9	2.4	13.6	80.2	2944
HAITI					
<25	0.0	2.2	1.3	96.4	469
25-34	0.6	3.1	6.1	90.1	732
35-44	4.9	5.1	15.6	74.4	502
45+	20.4	11.3	22.6	45.7	194
Total	3.6	4.3	9.1	83.0	1897
JAMAICA					
<25	0.0	1.2	1.2	97.5	721
25-34	0.3	3.1	7.2	89.3	676
35-44	5.3	5.9	22.9	65.9	490
45+	27.6	10.7	26.6	35.0	214
Total	4.1	3.9	10.8	81.2	2101
TRINIDAD AND TOBAGO					
<25	0.0	0.8	1.7	97.5	854
25-34	0.6	1.1	5.2	93.1	1126
35-44	2.6	7.2	18.4	71.8	711
45+	10.7	13.4	35.7	40.2	281
Total	1.9	3.7	10.2	84.3	2972