Scientific Reports

NUMBER 1 · FEBRUARY 1977

GERMAN RODRIGUEZ

Assessing the Availability of Fertility Regulation Methods: Report on a Methodological Study

INTERNATIONAL STATISTICAL INSTITUTE
Permanent Office. Director: E. Lunenberg
428 Prinses Beatrixlaan
Voorburg, The Hague
Netherlands

WORLD FERTILITY SURVEY
Project Director:
Sir Maurice Kendall, Sc. D., F.B.A.
35–37 Grosvenor Gardens
London SW1W OBS, U.K.

The World Fertility Survey 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 cooperation 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.
This publication is part of the WFS Publications Programme which includes the WFS Basic Documentation, Occasional Papers and auxiliary publications. For further information on the WFS, write to the Information Office, International Statistical Institute, 428 Prinses Beatrixlaan, Voorburg, The Hague, Netherlands.

L'Enquête Mondiale sur la Fécondité (EMF) est un programme international de recherche dont le but est d'évaluer l'état actuel de la fécondité humaine dans le monde. Afin d'atteindre cet objectif, des enquêtes par sondage sur la fécondité sont mises en oeuvre et financées dans le plus grand nombre de pays possible, Ces études, élaborées et réalisées de façon scientifique, fournissent des données représentatives au niveau national et comparables au niveau international.
L'Institut International de Statistique avec l'appui des Nations Unies, a été chargé de la réalisation de ce projet en collaboration avec l'Union Internationale pour l'Etude Scientifique de la Population. Le financement est principalement assuré par le Fonds des Nations Unies pour les Activités en matière de Population et l'Agence pour le Développement International des Etats-Unis.
Cette publication fait partie du programme de publications de l'EMF, qui comprend la Documentation de base, les Documents Non-Périodiques et des publications auxiliaires. Pour tout renseignement complémentaire, s'adresser au Bureau d'Information, Institut International de Statistique, 428 Prinses Beatrixlaan, Voorburg, La Haye, Pays-Bas.

La Encuesta Mundial de Fecundidad (EMF) es un programa internacional de investigación cuyo propósito es determinar el estado actual de la fecundidad humana en el mundo. Para lograr este objetivo, se están promoviendo y financiando encuestas de fecundidad por muestreo en el mayor número posible de países. Estas encuestas son diseñadas y realizadas científicamente, nacionalmente representativas y comparables a nivel internacional.
El proyecto está a cargo del Instituto Internacional de Estadística en cooperación con la Unión Internacional para el Estudio Científico de la Población y con la colaboración de las Naciones Unidas. 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.
Esta publicación ha sido editada por el Programa de Publicaciones de la EMF, el que incluye Documentación Básica, Publicaciones Ocasionales y publicaciones auxiliares. Puede obtenerse mayor información sobre la EMF escribiendo a la Oficina de Información, Instituto Internacional de Estadística, 428 Prinses Beatrixlaan, Voorburg-La Haya, Países Bajos.

Scientific Reports

Assessing the Availability of Fertility Regulation Methods: Report on a Methodological Study

Prepared by:

GERMAN RODRIGUEZ

WFS Central Staff
International Statistical Institute
35-37 Grosvenor Gardens
London SW1W OBS, U.K.

CONTENTS

PART I – THE REPORT 7

1. INTRODUCTION 7
1.1 General Background 7
1.2 Objectives of the Study 7

2. METHODOLOGY 9
2.1 Pre-test versus Pilot 9
2.2 The Study Population 9
2.3 Sampling 9
2.4 Questionnaire 10
2.5 Field Work and Coding 10
2.6 Data Processing and Analysis 10

3. RESULTS OF THE STUDY 12
3.1 Knowledge, Ever-use and Current Use 12
3.2 Pregnancy Termination 12
3.3 Menstrual Regulation 12
3.4 Household Availability 13
3.5 Nearest Outlet 14
3.6 Type of Outlet 14
3.7 Type of Response to Question on Distance 15
3.8 Perception of Distance 16
3.9 Time and Means of Transport 16
3.10 Cost of Travel and Cost of the Method 17

4. SUMMARY OF RESULTS 18

APPENDIX A – Problems of Questionnaire Design 19
APPENDIX B – Questionnaire 20
APPENDIX C – Responses to Open-ended Questions 30

PART II – TABLES 32

Note on the Presentation of Tables 32
List of Tables 33
Tables 34

ACKNOWLEDGEMENTS

The study reported here represents a collaborative effort of the World Fertility Survey (WFS) and executing agencies in three countries. We would like to express our appreciation to J. R. Rele, A. A. Bhende and T. Kanitkar of the International Institute for Population Studies in Bombay, India; H. Araica, UN Regional Adviser to the WFS for Latin America, based in Panama City, Panama; and M. Çoruh and A. Toros of the Institute of Population Studies of Hacettepe University in Ankara, Turkey.

The author would also like to express his appreciation to Christopher Scott, who made substantial contributions to the design of the study and the preparation of this report; Raana Ahmed, who worked closely with the Turkish survey organizers in the field and was deeply involved in data editing at the WFS Professional Centre, London; Vijay Verma, who worked with the Indian survey organizers; June Taylor, whose skills were indispensable in the production of the questionnaire and the report; and the many WFS staff members – too numerous to mention individually – whose contributions made possible the successful completion of the study.

PART I - THE REPORT

1 Introduction

1.1 GENERAL BACKGROUND

The investigation reported here is concerned with problems of assessing the availability of fertility regulation methods in the household and the community, in the context of a single round fertility survey. The study originated from the need to evaluate a number of proposed additions to the data collection instruments used by the World Fertility Survey (WFS), and as such it had a very specific objective which guided the design of the enquiry. The results, however, are of general methodological interest, and it is hoped that they will prove useful not only to the WFS and the participating countries, but also to other institutions interested in fertility research.

Suggestions for the inclusion of questions on abortion and on household and community availability of fertility regulation methods have been made frequently in discussions of WFS instruments. During 1975 changes were made in the Family Planning Module and the Community Variables Module, and the Abortion Module was given higher priority, in order to accommodate these requirements. It was then argued, however, that these modifications would be more widely used if they became part of the WFS Core Questionnaire.[1]

At the sixth meeting of the WFS Programme Steering Committee (PSC) in April 1976, a precise proposal to modify the Core Questionnaire in this sense was put forward. The proposal consisted essentially of four modifications which may be summarized as follows:

1) Add "pregnancy termination" to the list of fertility regulation methods in Section 3 of the Core;
2) Add "menstrual regulation" to the same list;
3) For appliance methods, determine "household availability", asking separately for each method "Are there any ... in your house now?";
4) For all methods, determine "community availability", asking knowledge of nearest outlet, perceived distance to this outlet, and cost of obtaining the method.

Items 3) and 4) were not to be limited to current users, nor even to ever-users, but were to be asked of all respondents having knowledge of the method. The data obtained in item 4) were to be compared later with factual information obtained at the community level.

The PSC discussed the proposal at some length and recommended that any additions to the Core Questionnaire should be limited to two or three questions and that these should first be tested in the field, preferably in a variety of cultural settings. The results of such tests should, moreover, be ready for consideration at the seventh meeting of the WFS Technical Advisory Committee (TAC) in August 1976. Recognizing the urgency of settling this matter before too many country surveys had been completed, the WFS organized a crash programme of field tests. Within a month, a pilot study had been designed and a questionnaire had been drawn up, together with interviewers' instructions, a code book and a provisional tabulation plan. During the same period appropriate executing agencies were engaged in three countries. In the following two weeks the questionnaire was translated and the interviewers were trained. Field work took about two weeks, local coding one week, dispatch of questionnaires to London one week, punching and cleaning two weeks, tabulation and report writing three weeks. Thus the final report was produced in time for advance distribution to members of the TAC in July – a total of three and a half months for a study covering 831 respondents in three countries, using three languages other than English, and obtaining data on about 150 study variables.

1.2 OBJECTIVES OF THE STUDY

The problems studied may be classified as follows:

1) **Pregnancy Termination**
   Can reliable data on abortion be obtained by including it in the list of fertility regulation methods under the name of "pregnancy termination"?

2) **Menstrual Regulation**
   Can "menstrual regulation" be successfully included in the list of fertility regulation methods? Is the description understood in the desired sense?

3) **Household Availability**
   Is this question acceptable to respondents? How valid are the responses? How does "household availability" relate to current use of a method?

4) **Community Availability**
   a) *Nearest outlet*
      Is the question understood? How often is the outlet perceived as nearest in fact the nearest one? Is the concept of "nearest outlet" meaningful? Do current users, for example, resort to the outlet that they themselves perceive as nearest?
   b) *Type of outlet*
      Is the question understood? How valid are the responses?
   c) *Distance*
      Can the respondents provide estimates of the distance to the outlet? If so, how valid are the responses? Where invalid, is this due to lack of knowledge of the

[1] *WFS Core Questionnaires,* BASIC DOCUMENTATION SERIES No. 1, (The Hague: International Statistical Institute, 1975).

outlet and its location or to misperception of the measurement unit? If distance responses can not be obtained, or prove to be invalid, is there any substitute, e.g. time of travel?

d) *Cost*
Can data on the cost of obtaining a method be obtained? If so, how valid are the responses?

The methodology used to study these problems is described in Section 2 below. The results are presented and analysed in Section 3. Part I of the report concludes with a brief summary of results in Section 4. The appendices contain some considerations of questionnaire design problems, the questionnaire used, and a list of responses to selected open-ended questions. Part II contains the statistical tables, preceded by some notes on the presentation of the tables and a list of tables.

2 Methodology

2.1 PRE-TEST VERSUS PILOT

In designing the study, an early choice had to be made between: 1) a pre-test of a revised questionnaire which, if found acceptable, could then be adopted as a replacement for the existing core; and 2) an in-depth pilot study of the particular modifications proposed, designed to reveal more precisely how the questions operate and what the responses mean.

Two quite separate considerations argued for the second option. Firstly, most of the proposed question – barring the inclusion of abortion in the list of methods – were new and had not been adequately studied. Moreover, the issues raised in discussions at the TAC and the PSC could not be settled simply by putting the questions to the respondents to see if they "worked".

Secondly, a straight pre-test of a revised questionnaire, or even of one or two sections, would be markedly less efficient in terms of information obtained per unit cost: many respondents would be skipped over the questions of interest, and much time would be spent asking questions whose performance was already well known.

Thus it was decided to design a pilot study to test the precise issues of interest, skipping as early as possible in the interview those women whose responses would not be of concern to the study, or whose inclusion would cause questionnaire design difficulties.

A limitation of the pilot study resulting from this decision is that it does not throw light on some of the questionnaire design problems that would arise from the inclusion of the new questions. However, most of these can be foreseen without the need for testing; this matter will be discussed in Appendix A to this report.

2.2 STUDY POPULATION

In selecting suitable locations for the pilot study, the three main considerations were: 1) a reasonably high level of current family planning use; 2) wide geographical spread of the sites to represent a variety of field conditions; and 3) the presence of an efficient executive agency – preferably one already familiar with the WFS – which could be relied on to carry out the field work.

Careful consideration of these requirements led to the choice of India, Panama and Turkey as three suitable countries, and the following as suitable executive agencies: 1) the International Institute of Population Studies in Bombay, India; 2) the Office of the UN Regional Adviser to the WFS for Latin America, in collaboration with the Statistics Bureau and the Ministry of Health in Panama City, Panama; and 3) the Institute of Population Studies of Hacettepe University in Ankara, Turkey.

An important limitation of the study is the exclusion of any site in which family planning use is at a very low level, and, in particular, the exclusion of any African representation. This limitation was imposed deliberately in view of time pressure and the need to keep costs under control. In evaluating the results of this study and their bearing on modifications of the Core Questionnaire, it will be important to consider how such modifications would affect the survey in an African country.

Turning to coverage for individuals, the target population was essentially women aged from 15 to 49, but three categories were excluded: 1) those who were not currently married, or married but not living with their husband; 2) those currently pregnant; and 3) those with no knowledge of even one of the fertility regulation methods selected for study (see 2.4 below).

In many societies, it may not be acceptable to ask a single or widowed woman whether she has contraceptives in the house; and even to ask about community availability may be embarrassing. As we are concerned with possible modifications to the Core Questionnaire, which by definition must be acceptable to nearly all societies, it seemed reasonable to limit the study to currently married women.

Pregnant women were excluded simply because some of the questions would have needed special modification for them and this would have made the questionnaire more complex. It seems most unlikely that the inclusion of women who happened to be pregnant at the time of the interview would have modified the conclusions of a methodological study of the kind discussed. However, this decision was not intended to prejudge the issue of the inclusion of pregnant women in the target population for questions on availability in a substantive survey.

Finally, women with no knowledge of any fertility regulation method obviously could not be asked questions on household or community availability. Presumably this exclusion would apply equally to a substantive survey.

2.3 SAMPLING

At each site the local study director was asked to select five sample clusters as follows: 1 urban middle class, 1 urban poor, 1 rural with health or family planning clinic and 2 rural without health or family planning clinic.

In each cluster it was planned to visit households and interview women until 50 had been obtained meeting the eligibility requirements mentioned in Section 2.2 above. The sample was essentially purposive, and should not be regarded as representative of any particular population.

In India, the two urban clusters were selected from Chembur, the M. Ward of the Bombay Municipal corporation; one covered middle class housing colonies and the other slums. The three rural clusters were selected from the Belapur Taluka of Thana District, Maharashtra; one of them had a primary health centre, while the other two depended on centres located 10 to 20 km. away for medical and health services.

In Panama, it was decided to add a third urban cluster so that there would be one middle class, one middle-low and one poor; all three were selected from Panama City. The rural clusters were selected from the provinces of Herrera, Veraguas and Chiriqui. The first one had a family planning clinic, the second had a health centre providing family planning services, and the third did not have either; thus only one cluster without a clinic was included in the sample.

In Turkey, the two urban clusters, one middle class and one poor, were selected within the city of Ankara. The three rural clusters were selected one each from the North West, Central Turkey and the South East, which represent decreasing levels of development. The last one had family planning facilities but the other two did not.

Table 2.3.1 shows the achieved sample size in each cluster. There is a total of 271 eligible respondents in India, 300 in Panama and 260 in Turkey. In order to achieve these sample sizes it was necessary to visit a substantially larger number of households. In Turkey, for example, 309 women

were interviewed to obtain the 260 eligible respondents. This count underestimates the total number of women screened, however, because interviewers frequently found that a woman was not eligible without having to start the interview (for example, she was obviously pregnant).
Tables 2.3.2-2.3.5 tabulate some characteristics of the respondents interviewed in the three countries, namely age, education, number of children ever born alive and number of pregnancy losses. These data are provided as background information which may be useful in interpreting some of the results.

2.4 QUESTIONNAIRE

A special questionnaire was designed for the study, consisting of

1) Questions on respondent's background drawn from Section 1 of the Core, plus questions designed to select women aged 15 to 49 who were currently married and living with their husband;
2) Questions from Section 2 of the Core to determine the number of children ever born alive and the number of pregnancy losses, and to select women who were not currently pregnant; and
3) A special Section 3 containing questions on knowledge, availability and use of fertility regulation methods.

In principle it was desired to cover in Section 3 all "modern" methods of fertility regulation listed in the present Core Questionnaire, plus menstrual regulation and pregnancy termination. However, a difficulty arose with the omnibus Question 306 of the Core, which reads as follows:

"Women also use other methods to avoid getting pregnant, such as placing a diaphragm or tampon or sponge in themselves before sex, or using foam tablets, or jelly, or cream. Have you heard of any of these methods?"

As a matter of questioning technique, it is not practicable to ask about household and community availability for several methods at once. Rather than divide this question into several separate ones, it was felt more useful to narrow it to a single question concerning the diaphragm alone – the most important of the methods included in this question. While this proved to be an adequate solution for the present study, alternative procedures would need to be considered to deal with this particular problem in a substantive survey.
In view of these considerations, seven fertility regulation methods were included in the present equiry: 1) pill, 2) diaphragm, 3) condom, 4) intra-uterine device (IUD), 5) menstrual regulation, 6) pregnancy termination, and 7) female sterilization. In the Indian questionnaire, male sterilization was added to the list, as both male and female sterilization are popular methods.
For each listed method known to the respondent, questions were asked on knowledge of an outlet where it could be obtained, name and type of the nearest outlet; perceived distance, travel time, means of transport and cost of travel to this outlet; and perceived cost of the method, ever-use and availability in the house.
To evaluate this information, questions were asked on the number of times the outlet mentioned had been visited and on current use of family planning. Conflicts between household availability and current use were probed. Current users were also asked where they had obtained the method used, and cases where this differed from the reported nearest outlet were probed. Furthermore, data were obtained for each method as to the type of outlet which was actually nearest and whether it was the same as the outlet reported as nearest by the respondent. The actual type and actual distance to the reported nearest outlet were also obtained. A copy of the questionnaire may be found in Appendix B to this report.
In each of the participating countries, the questionnaire was translated into the local language (Marathi for India, Spanish for Panama and Turkish for Turkey) by the national project director with the assistance of a WFS staff member and following standard WFS procedures, including back-translation. An interviewers' manual and coding instructions were prepared by WFS central staff and adapted in each site; for Panama, a translation was made of these documents.

2.5 FIELD WORK AND CODING

In each site the training of the field personnel, field work and coding were organized by the local study director with the assistance of a WFS staff member. The field staff were selected on the basis of qualifications and previous experience as supervisors and/or interviewers in similar surveys, so that the time allowed for training could be devoted mostly to a detailed discussion of the questionnaire and the procedures to be followed in the study.
In India, the field staff consisted of 4 supervisors (3 of whom had participated in an earlier WFS pilot study) and 11 interviewers. Training lasted one week including practice interviews. Field work started in the rural areas, with the entire field staff travelling from one village to the next and then working in smaller sub-groups. For the urban areas, the staff were divided into two teams, each of which worked in a cluster. Field work was completed in one week. The data were edited and coded by the supervisors in one week. A WFS staff member was present during training and finalized the coding instructions.
In Panama, the field staff consisted of 4 supervisors and 8 interviewers who had just participated in the WFS/Panama Fertility Survey. Training lasted three days and included practice interviews. All supervisors and interviewers worked in Panama City for the first two days, so that their work could be supervised more closely, and were then divided into four teams, each of which worked in a different cluster. Field work was completed in one week. A debriefing session was held to obtain comments from the interviewers. Coding was done by the supervisors in three days. A WFS staff member was present during training, at the beginning of field work and during coding.
In Turkey, the field staff consisted of 4 supervisors and 9 interviewers who had good qualifications and experience. Training took two days. Field work started simultaneously in three areas and was completed in ten days. A debriefing session was held at the end of the field work. Coding was completed in five days and the data were punched during the following week. A WFS staff member was in Turkey for the duration of the study.

2.6 DATA PROCESSING AND ANALYSIS

After coding, the questionnaires from each country were brought to London for processing and analysis. In the case of Turkey, the codes had been punched onto cards locally and needed only verification. In the other two cases, punching and verifying were done in London, direct from the questionnaires.
The data were then cleaned of invalid codes and inconsistencies using CODES, a COnversational Data Editing

System developed by the WFS for use in small surveys such as pre-tests and pilot studies. The interactive nature of the system permitted cleaning the data for each country in an average of two days. The procedure involved working from a computer terminal where errors would be displayed, consulting the questionnaires, and entering the necessary corrections in conversational mode.

Careful editing of the data from these pilot studies was deemed important so as to distinguish carefully a) "Don't know's" and inconsistencies due to the respondents' failure to understand some questions, from b) "Not stated" and inconsistencies due to coding and keypunching errors.

All the required tabulations – involving 164 study variables in India and 146 each in Panama and Turkey– were prepared in about one week using interactive SPSS. The conversational nature of the package was again crucial in speeding up the production and modification of tables as analysis progressed.

3 Results

3.1 KNOWLEDGE, EVER-USE AND CURRENT USE

Tables 3.1.1 to 3.1.3 in Part II show the levels of knowledge, ever-use and current use of fertility regulation methods in the three samples. These tables are provided for background information. It should be noted that the samples are confined to women who knew at least one of the methods studied; thus it would be seriously misleading to take the data as showing absolute current levels of knowledge, or practice, in the countries concerned.

3.2 PREGNANCY TERMINATION

Pregnancy termination or abortion was reported spontaneously as a fertility regulation method by only 4 per cent of the respondents in India, none in Panama and 14 per cent in Turkey (see Table 3.1.1). Apparently, when the open-ended question on "ways that a couple can delay or avoid having children if they do not want them" is asked, people do not think of pregnancy termination, or abortion, as a possible answer.

When the method was described by the interviewer the proportion of women reporting knowledge of pregnancy termination increased to 53 per cent in India, 46 per cent in Panama and 68 per cent in Turkey (see Table 3.1.1). While these figures indicate higher levels of knowledge than the previous ones, it still seems unlikely that in a sample of currently married women – all of whom had some knowledge of a fertility regulation method – the possibility of voluntary pregnancy termination would be unknown to as many as the results suggest, particularly in Panama. The question probably underestimates considerably the extent of knowledge of abortion.

In Panama and Turkey, interviewers reported considerable difficulty with the term *pregnancy termination,* which is not in common use. Many women did not understand what the interviewer was talking about, even after alternative wordings such as *pregnancy interruption* had been used. Some understood a caesarian operation. Others finally realized that we were referring to abortion and quite often said so, remarking "Oh, you mean abortion". In both countries, the survey organizers said that it would be preferable to use the word "abortion".

In India this problem did not arise, as the expression "MTP" (medical termination of pregnancy) is the term commonly used for abortions performed under medical supervision. The interviewers reported, though, that there was reluctance to admit knowledge of this method.

Turning now to the use of pregnancy termination, the numbers reporting such use at any time in the past – among those knowing this method – were 1 per cent in India, 6 per cent in Panama and 32 per cent in Turkey (see Table 3.1.2). The figure for Turkey is reasonable, and consistent with the results of Table 2.3.5; but the figures for India and Panama suggest serious under-reporting of the use of pregnancy termination.

Table 3.2.1 presents a cross-tabulation of knowledge and ever-use of pregnancy termination by total number of pregnancy losses, which provides further indirect evidence of under-reporting. Taking India and Panama together, we see that even among the 36 cases reporting 2 or more pregnancy losses not a single person reported voluntary termination of pregnacy, whereas in the corresponding group in Turkey 30 out of 60 reported using pregnancy termination. This result is even more significant when one considers that the number of pregnancy losses itself is likely to be under-reported in India and Panama (see Table 2.3.5).

Thus the results indicate that inclusion of pregnancy termination in the lists of fertility regulation methods leads to serious underestimation of the levels of knowledge and use of this method, even where the terminology used is understood.

3.3 MENSTRUAL REGULATION

In Panama, only one person in the sample of 300 spontaneously mentioned menstrual regulation as a method of fertility regulation; in India the figure was 4 per cent and in Turkey 8 per cent. Whenever the method was not mentioned spontaneously, the interviewer read aloud the following description:

> "Menstrual Regulation: sometimes women who have missed their period do something to cause their period to come."

The interviewer then asked whether the woman had ever heard about that method and, if so, whether she had ever used it. The results appear in Tables 3.1.1 and 3.1.2.

A substantial proportion reported that they had heard of the method: 46 per cent in India, 59 per cent in Panama and 44 per cent in Turkey. The numbers reporting they had ever used it were respectively 12 per cent, 30 per cent and 27 per cent of those who had reported knowledge. From these results menstrual regulation would appear to be a popular method.

However, at the end of the interview all respondents who had reported knowledge of the method were asked to describe what the woman had to do. The responses are tabulated in Table 3.3.1. Of the 416 respondents in all three countries who had reported knowledge of this method, only two (one in India and one in Panama) described the vacuum method. Most of the respondents referred to a variety of pharmaceutical products or folk methods used to affect menstruation provided the woman is not pregnant. Many others just did not know what the women had to do.

In India and Panama, most of the respondents thought that "menstrual regulation" referred to pills of one type or another. Some of these are purely menstrual regulation pills having no effect on fertility, while others are contraceptive pills. Unfortunately, it is not possible to determine the frequency of each type, as many respondents did not specify what type of pill they had in mind.[2]

In Turkey a large proportion of the respondents referred to "injections". Most of these are indeed methods of menstrual regulation, but they do not affect fertility (although the Turkish survey organizers report that many women take them in the belief that they do). In India and Turkey, menstrual regulation was also confused with pregnancy termination.

---

[2] *It may be worth mentioning here that confusion between pills which regulate menstruation and contraceptive pills is no new problem. It has been reported in West Africa that many of those who said they were taking "the pill" were in fact using patent medicinal menstrual regulation pills having no effect on fertility.*

Thus, if it is desired to collect information on menstrual regulation **used as a method of regulating fertility**, careful attention will have to be given to the formulation of the question in such a way as to emphasize the qualification underlined above. Moreover, it would be important to decide whether the enquiry is to be concerned with methods **thought** to regulate fertility or methods which **do** regulate fertility.

3.4 HOUSEHOLD AVAILABILITY

The question "Are there any... (METHOD) in your house now?" was asked separately for the **pill**, the **diaphragm** and the **condom**, to all women reporting knowledge of the method concerned. The results appear in Table 3.4.1. Only one respondent in the three countries reported having a diaphragm in the house; the corresponding figures for the pill and the condom were 11 per cent and 7 per cent respectively.

The question caused no difficulty at the interview. Unfortunately, however, it was omitted in a few cases due to an interviewer error resulting from questionnaire design (see footnote to Table 4.1.1). This problem can easily be corrected by altering the structure of the questionnaire.

A validity check on household availability was made near the end of the interview, when respondents who had reported a method as available in the house were asked to show it. Nearly all did so. As shown in Table 3.4.2, out of 107 cases which were thus checked, only in 11 cases did the respondent fail to produce the method. Interviewers were asked to note the reasons given in such cases, and these have been listed in Appendix C.1. In four cases the interview had taken place elsewhere than in the respondent's house; most of the remaining cases were reported as "too shy". Thus the question appears reasonably valid. (We could not, of course, check the validity of negative answers – those reporting **not** to have a method in the house.)

We now examine the relationship of "household availability" with current use. Table 3.4.3 cross-tabulates these items for each of the three appliance methods under consideration. The data on the diaphragm are of no interest since nobody was using it in any country. (The one respondent, in Turkey, who reported having a diaphragm in the house turned out to be sterilized.) The data on the pill and condom are of considerable interest, however, as an important number of conflicts between availability in the house and current use were observed.

The main findings are that in Turkey a large number of respondents who reported having either pills or condoms in the house do not use them, while in Panama a large number of pill users do not have any pills in the house. We now consider each of these cases.

a) **Methods in the house but not used**

These cases were frequent in Turkey, where 24 out of 59, or 41 per cent, of non-sterilized respondents who reported having pills or condoms in the house were not using them, but comparatively rare in India and Panama: the corresponding figure for these two countries combined being only 7 out of 49, or 14 per cent.

All cases having contraceptives in the house but not using them were probed for an explanation. The responses are listed in Appendix C.2. About one-third gave side effects as the reason, and almost as many said they preferred another method. (These two groups should probably not be distinguished; in most cases the responses refer to the same situation.) Almost one-third explained that they did not currently need any method: they were in amenorrhoea or menopause, wanted a child, or the husband was away. (One couple had condoms, which they never used, because they were part of the equipment of the National Guard.)

The situation described may reflect current drift away from the pill and condom towards other modern methods, leaving may couples holding unused contraceptives in the house. It is not known, however, why this phenomenon should be more frequent in Turkey than in the other two countries.

b) **Methods used, but not in the house**

These cases are very frequent in Panama, where 22 out of 56, (or 39 per cent) of current pill users do not have any pills in the house, and are comparatively rare in India and Turkey: the corresponsing figure for these two countries combined being only 3 out of 28, or 11 per cent. This type of conflict between current use and household availability is also observed among users of the condom, with 6 out of 24,or 25 per cent, of current users in the three samples not having any in the house.

All these cases were probed for an explanation. The responses are listed in Appendix C.3. In the case of the condom most conflicts can be attributed to the fact that they are bought "as needed" and that it is the husband who usually obtains and keeps them.

In the case of the pill, most respondents gave an explanation such as "we ran out today", or "no need now as I am menstruating", implying that this was a natural time gap having no bearing on continued use. In Panama, however, this type of explanation was given by 18 out of 56 current users, which is perhaps too high a proportion for such an explanation to be accepted, particularly when compared with only 2 out of 28 current pill users in Turkey and India who gave this type of reason.

In an attempt to shed some light on this problem, enquiries were made in all three countries as to the type of pill used. In India, the 28-day type is used, while in Turkey it is the 21-day type which is most popular. In Panama, the Health Ministry provides 28-day pills, but pharmacies – which are the biggest suppliers of pills – sell mostly the 21-day type. (This information is consistent with the results of a hand tabulation of type of pill used by outlet where it was obtained, which was done for all cases who had pills in the house and for which the interviewer wrote down the type of pill used when she asked to see it.) This result allows us to estimate indirectly the number of women using each type of pill in the Panama sample, by assuming that those who obtain them in pharmacies use the 21-day type, while those who obtain them from government or social security outlets use the 28-day type. Results are as follows:

Type of pill	Available in the House		Total
	yes	no	
21-day (Pharmacy)	15	14	29
28-day (Other outlet)	19	8	27
TOTAL	34	22	56

On average, one would expect one-quarter of the 21-day pill users to be in the rest period when no pills are taken, and one in 28 of the 28-day pill users to have "just run out". This would account for 8 of the 22 conflicts observed. Calculation shows that, even allowing for chance variation, the observed results cannot be explained entirely in this way.

The search for an alternative explanation must then centre on the concept of current use, which may well be ambiguous as it is never defined in the course of the interview.

Clearly, at least in Panama, a number of women report themselves as "current" users although they are not taking the pill regularly every day, thus failing to have pills in the house at the time of the interview. This is obviously the case for the one woman who explained that she took the pill every other month, but presumably applies as well to a number of those who had "run out". We may well be in a situation where people fail to translate intentions into actions: they have been taking the pill and intend to continue doing so (thus reporting themselves as current users) but have failed to obtain new supplies on time (thus not having pills in the house).

It has been suggested that under these circumstances a question on household availability may serve as a refinement of the question on current use. Indeed, given its more factual character and the fact that it refers to a very specific point in time, the household availability question may help separate regular from irregular users. Our results suggest, however, that such a question will be of limited value if it is not followed by probes as to **why** current users fail to have the method in the house at a given time.

Moreover, the surprising fact that this phenomenon should have occurred so frequently in Panama but not in India and Turkey cannot be fully explained on the basis of the data available. Serious exploration of these issues would require an in-depth study of patterns of contraceptive use in the countries concerned.

To summarize, the question on household availability caused no problems at the interview and the responses appear to be reasonably valid. The relationship of household availability to current use is a complex one, with many women having contraceptives in the house but not using them, and many current users failing to have the method in the house at the time of the interview.

3.5 NEAREST OUTLET

The question "Do you know where you can get ... (METHOD)?" was asked separately for each fertility regulation method to all women reporting knowledge of it. Results are shown in Table 3.5.1. The strikingly low percentages in India no doubt reflect the intensive use of home delivery, mobile outlets and temporary camps in that country.

Those who answered "YES" were asked to name the **nearest** outlet where they could get the method concerned. In order to assess whether this was, in fact, the nearest outlet, the supervisors were asked to determine for each cluster the true nearest outlet where each method was available, and to compare this with the outlet mentioned by the respondent. Results appear in Table 3.5.2. (Unfortunately, Turkey had to be omitted from this table, as the required information was not coded.)

Taking all methods together, we find that the perceived nearest outlet was **in fact** the nearest one in only 42 per cent of the cases in India and 53 per cent in Panama. There are, however, differences among methods: the percentage is larger for methods such as the IUD and female sterilization, which are likely to be available in only a few outlets, compared with the pill, which is likely to be more widely available. (In Panama, the percentage for the diaphragm is very low because many respondents mentioned pharmacies as the nearest outlet, but these were visited and found not to have diaphragms available.)

These results are of doubtful significance, however, unless actual distances are considered; a respondent may well be reporting as the nearest outlet one which, though not strictly **the** nearest one, is nevertheless sufficiently close for the difference to be trivial. A thorough analysis along these lines is limited by the nature of the data collected and the size of the samples. Nevertheless, a preliminary effort in this direction has been made using the data for Panama. Table 3.5.3 shows the difference between the actual distance to the perceived nearest outlet and the actual distance to the true nearest outlet. These distances were both ascertained by the supervisors. (The respondents' perception of the distances involved will be discussed in Section 3.7 below.)

Combining the data for all methods other than the diaphragm, we find that in Panama the distance to the perceived nearest outlet is within one kilometre of the distance to the true nearest outlet in 77 per cent of the cases (compared with only 55 per cent of the cases where the perceived and true nearest outlets coincide). In other words, the proportion of cases where the perceived and true nearest outlets "agree" increases from 55 per cent to 77 per cent if differences in distance of less than 1 km. are considered trivial. This effect obtains both in urban and rural areas. It also obtains for all methods but to varying degrees, the most striking example being the pill, where the proportion of cases where the outlets "agree" increases from 59 per cent to 86 per cent when the definition is relaxed in this fashion. These results should be interpreted with caution, however, for we do not know whether or not the method concerned is indeed available at the perceived nearest outlet, unless this coincides with the true nearest one.

The foregoing analysis has concentrated on the notion of distance. The "nearest" outlet, whether defined in a strict or more relaxed sense, is not necessarily the most convenient; and it may well be that convenience, rather than distance, is the crucial factor. To approach this subject, we looked at current users of fertility regulation methods and compared the outlet where each respondent obtained the method currently used with the outlet that she herself perceives as nearest. The results are shown in Table 3.5.4. The proportion of current users who resort to some outlet other than the perceived nearest one is 11 per cent in India, 28 per cent in Panama and 3 per cent in Turkey. All such discrepancies were probed, and the responses are listed in Appendix C.3. For the pill, many women often buy them in any convenient pharmacy, not necessarily the one nearest home; others can get them free at a more distant outlet. For the condom, it is the husband who usually buys them. For female sterilization, many discrepancies arise because of the long interval between the operation and the interview: many respondents had moved or the pattern of availability had changed in the interval; other discrepancies resulted from preferences for an outlet because their own doctor is there, or because that is where they deliver their children.

The figures quoted above are, on the other hand, underestimates of the use of outlets other than the perceived nearest one, because women often misunderstand the question on nearest outlet and report instead the outlet where they go, or would go, to obtain the method. In all three countries, the interviewers reported that current users frequently replied to the question "What is the name of the nearest place ..." by saying "I get them at ...". This occurred particularly for the pill.

To summarize, a simple comparison between perceived and true nearest outlet is of limited interest unless distance is taken into account. Even then, the results may be of questionable value unless the notion of convenience is considered as well.

3.6 TYPE OF OUTLET

The question "What kind of institution is it?" was asked for

each distinct outlet mentioned by the respondent. Results are shown in Table 3.6.1. It should be noted that the totals in this table correspond to the number of outlets mentioned rather than the number of respondents.

The most frequently mentioned types of outlets are hospitals, health centres and pharmacies. Our main interest, however, is in the validity of the responses. In order to assess the quality of the data the supervisors were asked to ascertain the **true** type of each outlet, and this information was compared with the **stated** type of outlet. The results are shown in Table 3.6.2.

The stated and true type of outlet agree in 65 per cent of the cases in India, 96 per cent in Panama and 84 per cent in Turkey. The figure for Panama may be somewhat inflated, because interviewers had a tendency to supply, rather than ask, the type of outlet – recording, for example, "St. Thomas Hospital" as a government hospital without asking the respondent whether St. Thomas is a government or private hospital. Overall, however, the data appear to be reasonably accurate.

The pattern of error is of interest. In India, the discrepancies are due mostly to health centres and maternity hospitals being reported as general hopitals; occasionally hospitals are reported as family planning clinics. In Panama, a few respondents confused hospitals and clinics. In Turkey, hospitals were reported as pharmacies or doctors, and maternal and child health clinics were reported as hospitals. In these cases, the respondent may well be referring to pharmacies or clinics that are part of a hospital, or to doctors who work in a hospital.

The main lesson to be learned from these results is that interviewers should be instructed to probe carefully when an outlet may form part of a larger institution, or may contain a more specialized institution.

3.7 TYPE OF RESPONSE TO QUESTION ON DISTANCE

The question "How far away is it?" was asked separately for each outlet mentioned by the respondent, and the type of response was coded. When the question failed to yield a definite estimate of the distance to the outlet, the interviewer probed: "Do you have any idea of the distance from here to ... (OUTLET)?", and the response was also coded. Results are shown in Table 3.7.1.

For the three countries together, we note that only 26 per cent of the initial responses are given in terms of definite distance in blocks, miles or kilometres; 25 per cent are given in terms of time, 12 per cent are indefinite distances such as "near" or "far", 6 per cent are in terms of the location of the outlet, e.g. "by the market place", and 29 per cent are "don't know". Even after probing, we find that only 32 per cent of the final responses are given in terms of distance.

In Turkey, respondents in urban areas do better than those in rural areas, the proportion of responses given in terms of distance after probing being 50 per cent and 10 per cent, respectively. In Panama, the same is true, but to a considerably lesser extent, while in India a small difference in the opposite direction is observed. Quite clearly, respondents in both urban and rural areas in all three countries are unable to provide estimates of the distance to the outlet.

The question arises as to whether this difficulty may be due to lack of familiarity with the location of the outlet (they don't know where it is), or lack of familiarity with the concept of distance (they don't know what a kilometre is). In order to explore this issue, questions were asked on whether the respondent had ever been to the outlet or its vicinity and, if so, how many times in the last 12 months. The phrase "or its vicinity" was included because at this point we are not interested in actual use of the outlet but just on the respondent's degree of familiarity with its location. Results are shown in Table 3.7.2. Most respondents had been in the neighbourhood of the outlet at least once in the last year.

Table 3.7.3 cross-tabulates the type of response to the question on distance by the number of visits in the last 12 months (with those who had never been to the outlet included in the category "O"). The results for the three countries may be summarized as follows:

Number of Visits	Per cent Giving Distance	
	Initially	After Probing
0	25	30
1-6	26	31
7+	29	36

Even among respondents who have been near the outlet 7 or more times in the last year, and who should therefore know where it is, the per cent giving distance is only 29, or 36 after probing. Thus the respondent's failure to provide an estimate of distance cannot be attributed to lack of familiarity with the location of the outlet.

We consider now whether the difficulty may be related to the magnitude of the distances involved. Table 3.7.4 shows the actual distances to the outlets mentioned by the respondents (as ascertained by the supervisors). In urban areas in Panama and Turkey, most of the distances are less than one kilometre while in India most are 2 km. or less. In rural areas, they average 15 km. in India, 14 km. in Panama and 26 km. in Turkey.

Table 3.7.5 cross-tabulates the type of response to the question on distance by the actual distance. The results for the three countries together may be summarized as follows:

Actual Distance (km.)	Per cent Giving Distance	
	Initially	After Probing
<1	37	45
1-4	27	34
5-19	19	22
20+	19	23

The percentage providing an estimate of distance, both initially and after probing, decreases steadily with the actual distance involved. There is a slight variation from this pattern in Panama, however, where the percentage declines with distances up to 19 km. but then increases. According to the interviewers' reports, this may be due to the fact that respondents in rural areas who had to travel to another town to find an outlet learned the distance from a highway sign posted near the town's entrance.

To summarize, respondents in all three countries had considerable difficulty in providing estimates of distance. This cannot be attributed to lack of familiarity with the location of the outlet; the difficulty is related, however, to the actual distance involved, for respondents do somewhat better when the distance is less than 1 km.

3.8 PERCEPTION OF DISTANCE

So far we have considered whether or not respondents can answer the question on distance. We now focus our attention on those respondents who do provide an estimate of distance and assess the validity of these estimates.

Table 3.8.1 shows the distribution of perceived distances in urban and rural areas of the three countries. The pattern is similar to that described for actual distances, with a very clear urban-rural differential.

Table 3.8.2 cross-tabulates perceived versus actual distance to the outlets mentioned by the respondents. It may be noted that the proportion of perceived distances which fall in the same broad category as the actual distance (i.e., are on the main diagonal of the table) is 58 per cent for India, 69 per cent for Panama and 71 per cent for Turkey. In general the per cent "correct" decreases with actual distance, even though the categories become coarser. For example, 87 per cent of the distances under 1 km. are perceived as such, while only 56 per cent of the distances of 20 km. or more are perceived as such.

The pattern of errors is of interest. Distances under 1 km. can only be over-estimated, but longer distances may be either under or over-estimated. In India and Panama, there is a tendency to **under**-estimate long distances, while in Turkey there is a slight tendency to **over**-estimate. The absolute magnitude of the errors, on the other hand, is substantial and tends to increase with the actual distance involved.

Table 3.8.3 presents the results of a regression analysis of actual on perceived distance conducted to further study the relationship between these variables. Two approaches were tried: working with the distances themselves, which assumes errors independent of the distances, and working with the natural logarithms of the distances, which allows for errors proportional to the distances.

The correlation between perceived and actual distance is 0.88 in India, 0.81 in Panama and 0.77 in Turkey. Taking logs does not have any effect in India and Panama, but increases the correlation in Turkey to 0.91, indicating that errors in the latter are proportional to the distances. Although these correlations are reassuringly high, examination of the regression coefficients reveals a substantial bias in the perception of distance. Moreover, there is considerable individual variation in the perception of distance, as reflected in the magnitude of the residual variance.

Thus, perceived distance is of very limited practical use as a substitute for actual distance, particularly at the individual level, because of the existence of systematic bias and a large variance in the perception of distance. This remark is not meant to indicate that perceived distance to the outlet is not of interest in itself, as a measure of perceived accessibility. The more serious problem, hovever, is simply the failure of the vast majority of respondents to give any distance response at all.

3.9 TIME AND MEANS OF TRANSPORT

If there are problems in obtaining data on distance, could time of travel to the outlet and means of transport be used as substitute measures of distance or accessibility? The question "How long would it take you to get there?" was asked for all outlets mentioned by the respondent (except where time had been volunteered when the question on distance was asked, in which case the value was just recorded). The results appear in Table 3.9.1.

An estimate of time was provided in 91 per cent of the cases in India, 99 per cent in Panama and 91 per cent in Turkey. In all three countries, the figure is somewhat lower in rural than in urban areas, but it never drops below 88 per cent. Thus, respondents in all areas studied are indeed able to provide an estimate of time of travel.

The values given show considerable heaping of time, for 87 per cent of the responses are given either in units of 5 minutes up to half-an-hour, or as $^3/_4$, 1, $1^1/_2$, 2 or 3 hours. This effect is observed in all three countries. While this is probably of no great consequence, it should be borne in mind in the analysis of the data; categories such as 10-19, for example, should definitely not be used when there is such substantial heaping at 10.

An estimate of time of travel – though in itself a measure of accessibility – cannot be related to distance without specifying some means of transport. Therefore the question on time was followed by the question "By what means of transport?". The results are shown in Table 3.9.2 for all cases, as well as for those providing an estimate of time. The most frequently mentioned means were on foot or by bus, except in Turkey where the *dolmus* or shared taxi is quite popular.

If both time of travel and means of transport can be obtained, then the question arises as to whether they are sufficiently related to distance to be used as a substitute. Table 3.9.3 cross-tabulates means of transport and time by actual distance. For the purposes of this analysis the means of transport have been classified in only two categories, "on foot" and "other", as the number of cases does not permit of a more refined analysis.

As one would expect, means of transport are closely related to actual distance: people walk short distances and choose other means to cover long distance. Within means of transport, time of travel is related to distance, but the relationship is not very clear because there is considerable individual variation in the perception of time. For example, the time it takes to cover a distance of less than 1 km. on foot may be perceived to be anywhere between 5 minutes and half an hour. A similar comment applies to time when means of transport other than walking are used, but here at least part of the variation is due to the fact that different means of transport such as buses and taxis have been included in the same category.

Table 3.9.4 shows the results of a number of regression analyses conducted to evaluate the usefulness of time and means of transport as estimators of actual distance. Four models were fitted using time alone, means of transport alone, time and means of transport, and a full model with time, means of transport and an interaction term.

The results show that both time and means of transport considered separately correlate well with actual distance. They must be considered together, however, to achieve a reasonably high correlation with actual distance, namely 0.79 in India and Turkey and 0.64 in Panama. Addition of the interaction term does not increase the correlation.

The estimates of the regression coefficients, on the other hand, are not unreasonable, implying for example that in half an hour the average person can cover a bit more than 3 km. on foot, or between 12 and 18 km. using other means of transport. The residual variance, however, is very considerable in magnitude – a useful reminder of the extent of individual variation in the perception of time.

The results obtained are summarized in the table below, which shows for purposes of comparison the correlation between perceived distance and actual distance, and the multiple correlation between time and means of transport on the one hand and actual distance on the other.

Thus we find that time and means of transport have a reasonably high correlation with actual distance. Although they don't do as well as perceived distance, the difference is not large. Since time and means of transport can be obtained for most respondents, while only a third can estimate distances, the former are preferable indicators of actual

Variable	Correlation with actual distance		
	India	Panama	Turkey
Perceived distance	0.88	0.81	0.77*
Time and means of transport	0.79	0.64	0.79

* 0.91 in log scale.

distance. Moreover, time of travel and means of transport may be of considerable interest in themselves, as measures of the outlet's perceived accessibility.

3.10 COST OF TRAVEL AND COST OF THE METHOD

Two components of cost may be distinguished: the cost of transportation to the perceived nearest outlet, and the cost of the method itself at the outlet. These have been studied separately.

Table 3.10.1 shows the reported cost of transportation to the outlet for those respondents who would use means of transport other than their own. The respondent was able to report the travel cost in 92 per cent of the cases in India, all in Panama and 94 per cent in Turkey. The values given show a slight amount of heaping, but appear to be quite reasonable in general. The most striking result is the clear urban-rural differential in the cost of transportation, which obtains in all three countries (and particularly in Panama).

Table 3.10.2 shows the data on cost of the method, separately for each method except menstrual regulation, for all respondents who reported knowledge of an outlet where the method could be obtained. Taking all methods combined, the respondents could not provide an estimate of the cost in 36 per cent of the cases in India, 19 per cent in Panama and 60 per cent in Turkey.

This result is no doubt related to the fact that the question on cost has not been restricted to current users, nor even ever-users, of the method concerned. Such restriction would be of little value, however, if one purpose of the enquiry is to determine whether non-users are being deterred by an inflated perception of the cost of fertility regulation.

Turning our attention to those respondents who do provide estimates of cost, we find that a large proportion – particularly in India – report that they can get the method free of charge. The rest quote prices which span a wide range, and which are difficult to interpret without considering the type of outlet to which they refer.

In an effort to assess the validity of the cost estimates, enquiries were made as to the prevailing cost of the methods in the three countries studied. In India, all methods are provided free of charge by the family planning programme; only the pill and the condom are available outside the programme at a cost of 6-8 rupees for the pill and 0.15 rupees for three condoms. These costs are consistent with the reported cost given in Table 3.10.2.

In Panama, pregnancy termination is illegal, and the costs of the other methods vary widely depending on the outlet. Government clinics, for example, provide pills and IUD's free or at a nominal cost. Nevertheless, commercial costs have been indicated in Table 3.10.2 for comparison with reported costs. The latter are seen to be reasonable on the average, but with considerable individual variation.

In Turkey, the diaphragm and IUD are provided free of charge at family planning clinics but are not available outside (although IUD's may be obtained illegally). Prevailing costs of the other methods have been indicated in Table 3.10.2. Again, reported costs seem reasonable on the average.

To summarize, of the two components of cost only travel cost can be ascertained for most cases. The cost of the method is considerably more difficult to obtain, and depends on the type of outlet concerned.

4 Summary of Results

The results of the enquiry may be summarized in terms of the problems to be studied, as follows:

1) PREGNANCY TERMINATION

Inclusion of abortion in the list of fertility regulation methods under the name of pregnancy termination appears to lead to considerable underestimation of the extent of knowledge and use of this method, even where the terminology used is understood. A single question on pregnancy losses, even though subject to considerable under-reporting, appears to uncover a larger number of abortions than the question on pregnancy termination.

2) MENSTRUAL REGULATION

The description of menstrual regulation is not adequate. The method has been confused in all three countries with pharmaceutical products or folk methods which regulate menstruation but only if the woman is not pregnant, and which therefore are not fertility regulation methods. The vacuum method appears to be almost totally unheard of in the three countries studied.

3) HOUSEHOLD AVAILABILITY

The question on household availability caused no problems during the interview. The responses appear to be valid, in that methods reported to be in the house were usually shown to the interviewer. The relationship of household availability to current use is a complex one. Many women, particularly in Turkey, have pills or condoms in the house but do not use them, mostly because of side effects or because they have shifted to another method. More surprisingly, many women in Panama report themselves as current users of the pill but do not have any in the house. The explanation given in most cases is that they were menstruating or had just run out, but the proportion giving these reasons is much larger than expected. Presumably the concept of *current use* is ambiguous, and many women who report themselves as current users fail to get the pills on time. It is difficult, however, to interpret these results on the basis of the available data without further study of patterns of contraceptive use.

4) COMMUNITY AVAILABILITY

a) **Nearest Outlet**
The perceived nearest outlet turns out to be in fact the nearest one in only half the cases. The concept is not very meaningful if the actual distance is not considered. In many cases, the perceived nearest outlet, while not in fact the true nearest one, was nevertheless not more than one kilometre further away from the respondent's home. On the other hand, many current users do not use the outlet that they themselves perceive as nearest, indicating that considerations other than distance, such as convenience. have a significant bearing upon use.

b) **Type of Outlet**
The question caused no difficulty and the responses appear to be reasonably valid. Careful probing is necessary, however, to identify outlets which may form part of larger institutions or may contain more specialized units.

c) **Distance**
The question on distance to the outlet failed to provide a definite estimate of distance in two-thirds of the cases, even after probing. This difficulty cannot be attributed to lack of familiarity with the location of the outlet, but rather to lack of familiarity with the concept of distance. The difficulty is somewhat related to the actual distance involved, with respondents being more successful in estimating distances under one kilometre. When an estimate of distance is given, on the other hand, it turns out to correlate highly with the actual distance concerned, although there is considerable bias and individual variation in the perception of distance.
Time of travel and means of transport, taken together, can prove to be a useful substitute for distance. They can both be obtained from most respondents and have a high multiple correlation with actual distance, although there is considerable individual variation in the perception of time.

d) **Cost**
Of the two components of cost, cost of travel to the outlet can be obtained from most respondents and the responses seem quite reasonable. However, one third of the cases fail to provide an estimate of the cost of the method at the outlet. The estimates provided by the remaining two-thirds span a wide range of costs which cannot easily be interpreted without reference to the outlet concerned.

APPENDIX A

Problems of Questionnaire Design

This report has been concerned thus far with the workability and usefulness of the proposed revisions to the Core Questionnaire considered as isolated questions. One further factor must now be considered: could these questions be added to the Core without unduly increasing its complexity?

The first main problem has been mentioned already. Question 306 of the Core deals with not just one method but six: diaphragm, tampon, sponge, foam tablets, jelly and cream. An omnibus question on household availability of all these at once would clearly cause confusion. As for distance, time and cost, it is even clearer that six separate sets of questions would be needed. Considering the rarity of positive responses to the omnibus question, the simplest solution would be to drop the household and community availability questions altogether for these methods.

The second substantial problem is that of omitting the currently not married in countries where it would be embarrassing to ask them about contraceptive availability. The difficulty stems from the fact that the availability questions are contingent upon knowledge of the method, which is recorded in Section 3 of the Core Questionnaire, but marital status is not ascertained until Section 4. To solve this problem, the availability question would have to be placed in Section 5, together with current use of fertility regulation. This would require, however, the introduction of filters on knowledge which would be specific to each method and which would further complicate the already elaborate sequence of filters at the beginning of Section 5. A similar problem arises if it is desired to eliminate the sterilized and the infecund, or those currently pregnant. This can be achieved by placing the new questions in Section 5, but again at the cost of increasing the complexity of the skip patterns in that section.

If omission of the non-currently married, sterilized and infecund was not deemed essential, then the natural place for the availability questions would be Section 3 of the Core. The household availability question could be inserted in the list of methods either preceding or following the question on ever-use. The community availability questions, on the other hand, can best be handled by constructing an additional table with each method occupying a row and each question occupying a column. This solution seems more sensible than enlarging the current table, which would become too cumbersome to handle in interviewing. In all cases, considerable additional space and interviewing time would be required.

As it turned out, after consideration of the first draft of the present report, the WFS Technical Advisory Committee (TAC) recommended that only three questions on availability should be included in the WFS Core Questionnaire, namely 1) type of outlet where the respondent would go to obtain each method; 2) time of travel to that outlet; and 3) cost of the method at that outlet, asked separately for the pill, condom, IUD and female sterilization, and optionally for male sterilization and injections (depending on the level of use in the country concerned). These questions have been issued as a supplement to be added to Section 3 of the WFS Core Questionnaire in the manner described above.

APPENDIX B

CONFIDENTIAL

Information for Research Purposes only.

WORLD FERTILITY SURVEY

(International Statistical Institute)

PILOT STUDY OF QUESTIONS ON AVAILABILITY OF FERTILITY REGULATION METHODS

(COUNTRY)

SITE _____ INTERVIEW _____

ADDRESS _____

_____

_____

INTERVIEWER: NAME _____

TIME STARTED: _____

TIME COMPLETED: _____

DATE COMPLETED: _____

SUPERVISOR: NAME _____

DATE COMPLETED: _____

CODER: NAME _____

DATE COMPLETED: _____

CODER: CIRCLE CLASSIFICATION

1. NOT LIVING WITH HUSBAND
2. PREGNANT
3. KNOWS NO METHOD IN TABLE
4. KNOWS ABORTION ONLY
5. KNOWS OTHER METHODS IN TABLE

[0] 1

[ ][ ] 2

[ ][ ][ ] 4 6

[ ][ ] 7

[ ][ ] 9

[ ] 11

SECTION 1 - RESPONDENT'S BACKGROUND

101. Let me ask you a few questions about yourself. Are you married?

1. YES → 2. NO → (END INTERVIEW)

102. Are you living with your husband?

1. YES 2. NO → (END INTERVIEW)

12 ☐

103. In what month and year were you born? PROBE: How old are you?

_____ MONTH 19 _____ YEAR or _____ YEARS OLD

13 ☐☐

INTERVIEWER: END INTERVIEW IF RESPONDENT IS LESS THAN 15 (BORN AFTER MAY 1961) OR MORE THAN 49 (BORN ON OR BEFORE MAY 1926).

104. Have you ever attended school?

1. YES 2. NO (SKIP TO SECTION 2)

105. What was the highest level of school you attended? Primary, secondary or university?

1. PRIMARY 2. SECONDARY 3. HIGHER

106. What was the highest grade (form, year) you completed at that level?

_____ GRADE/FORM/YEAR

15 ☐☐

SECTION 2 - PREGNANCY HISTORY

201. Do you have any sons or daughters who live with you?

1. YES → 2. NO (SKIP TO 203)

202. How many live with you? _____

203. Do you have any sons or daughters you have given birth to but do not live with you?

1. YES → 2. NO (SKIP TO 205)

204. How many do not live with you? _____

205. Have you ever given birth to any boy or girl who later died, even if the child lived for only a short time?

1. YES → 2. NO (SKIP TO 207)

206. How many of your children have died? _____

207. INTERVIEWER: SUM ANSWERS TO 202, 204, 206 AND ENTER TOTAL BELOW.

Just to make sure I have this right, you have had _____ births. Is that correct?

SUM

1. YES 2. NO (PROBE AND CORRECT)

17

208. Are you pregnant now?

1. YES → (END INTERVIEW)

2. NO ↓

209. Have you ever had a pregnancy that lasted only a few weeks or a few months, or a child who was born dead?

1. YES ↓

2. NO (SKIP TO SECTION 3)

210. How many such pregnancies have you had? ____

19

20

SECTION 3 - FERTILITY REGULATION

Knowledge, Availability and Use

301. As you may know, there are various ways that a couple can delay or avoid having children if they do not want them. This is called family planning, and there are several family planning methods that can be used to delay having children or avoid having them altogether. Have you heard of any of these family planning methods?

1. YES
2. NO (SKIP TO 305)

22

302. Which methods do you know of? _____

_____

_____

303. Do you know of any others? _____

_____

INTERVIEWER: RECORD ANSWERS. THEN PROCEED TO THE TOP OF THE TABLE OF METHODS AND TICK ALL MENTIONED. IF THERE IS ANY METHOD LEFT UNTICKED SAY:

304. There are some other methods which you have not mentioned, and I would like to find out if you might have heard of them.

INTERVIEWER: READ DESCRIPTION OF EACH UNTICKED METHOD AND ASK 306. THEN PROCEED TO ASK 307-319 FOR EACH METHOD KNOWN.

305. Just to make sure, let me describe some methods to see if you have heard of them

INTERVIEWER: READ DESCRIPTION OF EACH METHOD AND ASK 306. THEN PROCEED TO ASK 307-319 FOR EACH METHOD KNOWN.

END INTERVIEW IF RESPONDENT DOES NOT KNOW ANY OF THE METHODS IN THE TABLE.

FERTILITY REGULATION METHODS

Pill
One way a woman can delay the next pregnancy or avoid getting pregnant, is to take a pill every day.

Diaphragm
Some women place a diaphragm or rubber cap inside them before sex (having sexual relations).

Condom
Some **men** use a condom (durex, rubber, safe or prophylactic) during sex, so that their wives will not get pregnant.

IUD
Some women have a loop or coil of plastic or metal (IUD) inserted in their womb by a doctor (or nurse).

Menstrual regulation
Sometimes women who have missed their period do something to cause their period to come.

Pregnancy termination
Some women who become pregnant have an operation to end the pregnancy.

Female sterilization
Some women have an operation (called sterilization) in order not to have any more children.

Male sterilization
Some **men** have an operation (called vasectomy) in order not to have any more children.

TICK ALL MENTIONED →	1. PILL	2. DIAPHRAGM
306. IF NOT TICKED: Have you ever heard of this method? IF "NO" SKIP TO NEXT METHOD.	1. YES 2. NO	1. YES 2. NO
307. Do you know where you (your husband) can get (NAME OF METHOD)? IF "NO", SKIP TO 318	1. YES 2. NO	1. YES 2. NO
308. What is the name of the nearest place where you (your husband) can get (NAME OF METHOD)?	NAME LOC.	NAME LOC.
309. IF ALREADY MENTIONED ASK: Is this the same place where you (your husband) can get (NAME OF METHOD)? IF "YES" ENTER COLUMN WHERE MENTIONED AND SKIP to 317		1. YES, SAME AS ___ 2. NO
310. What kind of institution is it?	KIND	KIND
311. How far away is it? RESPONSE → PROBE: Do you have any idea of the distance from here to (NAME OF PLACE)?	DIST.	DIST.
312. IF TIME NOT YET MENTIONED ASK: How long would it take you to get there?	TIME	TIME
313. IF MEANS OF TRANSPORT NOT MENTIONED ASK: By what means of transport?	MEANS	MEANS
314. IF NOT WALKING, NOR OWN TRANSPORT ASK: How much would the trip cost you, there and back?	COST	COST
315. Have you ever been to (NAME OF PLACE)? IF "NO" SKIP TO 317	1. YES 2. NO	1. YES 2. NO
316. How many times have you been to (NAME OF PLACE) in the last 12 months?	NUMBER	NUMBER
317. How much would (NAME OF METHOD) cost you at (NAME OF PLACE)?	COST QUANTITY	COST QUANTITY
318. Have you (your husband) ever used (has/been) (NAME OF METHOD?	1. YES 2. NO	1. YES 2. NO
319. (METHODS 1, 2, 3 ONLY): Are there any (NAME OF METHOD) in your house now?	1. YES 2. NO	1. YES 2. NO

SUPERVISOR: FILL IN THE FOLLOWING INFORMATION FOR EACH PLACE MENTIONED:

A. ACTUAL NEAREST PLACE (TRUE KIND)	KIND	KIND
B. PLACE MENTIONED IN 308: (TRUE KIND)	KIND	KIND
C. PLACE MENTIONED IN 308: (TRUE DISTANCE)	DIST.	DIST.

3. CONDOM	4. I.U.D.	5. MENSTRUAL REGULATION	6. PREGNANCY TERMINATION	7. FEMALE STERILIZATION
1. YES 2. NO	1. YES 2. NO	1. YES 2. NO	1. YES 2. NO	1. YES 2. NO
1. YES 2. NO	1. YES 2. NO	1. YES 2. NO	1. YES 2. NO	1. YES 2. NO
NAME LOC.	NAME LOC.	NAME LOC.	NAME LOC.	NAME LOC.
1. YES, SAME AS ___ 2. NO	1. YES, SAME AS ___ 2. NO	1. YES, SAME AS ___ 2. NO	1. YES, SAME AS ___ 2. NO	1. YES, SAME AS ___ 2. NO
KIND	KIND	KIND	KIND	KIND
DIST.	DIST.	DIST.	DIST.	DIST.
TIME	TIME	TIME	TIME	TIME
MEANS	MEANS	MEANS	MEANS	MEANS
COST	COST	COST	COST	COST
1. YES 2. NO	1. YES 2. NO	1. YES 2. NO	1. YES 2. NO	1. YES 2. NO
NUMBER	NUMBER	NUMBER	NUMBER	NUMBER
COST QUANTITY	COST	COST	COST	COST
1. YES 2. NO	1. YES 2. NO	1. YES 2. NO	1. YES 2. NO	1. YES 2. NO
1. YES 2. NO			SKIP TO 321 & ENTER: "FEMALE STERILIZATION"	

KIND	KIND	KIND	KIND	KIND
KIND	KIND	KIND	KIND	KIND
DIST.	DIST.	DIST.	DIST.	DIST.

320. Are you or your husband currently using a family planning method?

1. YES
2. NO (SKIP TO 325)

321. Which method are you currently using?

_____

NAME OF METHOD

IF METHOD IS MALE STERILIZATION SKIP TO 329.
IF METHOD IS OTHER THAN 1-7 SKIP TO 325.

322. Where did you (your husband) get (NAME OF METHOD)?

_____

NAME OF PLACE

_____

LOCATION

323. CHECK IF NAME AND LOCATION MENTIONED ARE BOTH THE SAME AS GIVEN IN 308 FOR THIS METHOD. IF NOT THE SAME:

Why did you get it from (NAME IN 322) instead of (NAME IN 308)?

_____

_____

IF METHOD CURRENTLY USED

IF METHOD CURRENTLY USED (SEE 321) IS FEMALE STERILIZATION SKIP TO 329. IF METHOD CURRENTLY USED (SEE 321) IS IUD, MENSTRUAL REGULATION OR PREGNANCY TERMINATION SKIP TO 325.

324. CHECK IF METHOD CURRENTLY USED (SEE 321) IS IN THE HOUSE (SEE 319). IF NOT IN THE HOUSE:

How come you are using (NAME OF METHOD) but you don't have it (them) in the house?

_____

_____

9 1

2

4 6

7

8

9

10

12

13

	PILL	DIAPHRAGM	CONDOM
325. TICK METHODS THAT ARE IN THE HOUSE (SEE 319)			
326. TICK METHOD CURRENTLY USED, IF ANY OF THESE (SEE 321)			
327. FOR EACH METHOD IN THE HOUSE BUT NOT CURRENTLY USED, TICKED ☑ IN 325/ 326, ASK: How come there is (are) (NAME OF METHOD) in the house but you are not using it (them)?			
328. FOR EACH METHOD IN THE HOUSE ASK: May I see the (NAME OF METHOD) that is (are) in the house? I just want to see what type it is (they are).	1. SEEN 2. NOT SEEN WHY?	1. SEEN 2. NOT SEEN WHY?	1. SEEN 2. NOT SEEN WHY?

329. CHECK IF Q.306 IS CIRCLED "YES" IN COLUMN 5, MENSTRUAL REGULATION. IF IT IS ASK:

A few moments ago we were talking about a method where women who have missed their period have something done to cause their period to come, and you said you had heard of this. Do you know just what the woman has to do?

33

APPENDIX C

Responses to Open-Ended Questions

1) VALIDATION OF HOUSEHOLD AVAILABILITY QUESTION

The following is a list of explanations given by the respondents to Question 328, when they could not produce a method reported to be in the house:

Pill

India
She bought them six months ago but changed house recently and coudn't find them.

Panama
She didn't have them at hand.
There weren't any in the house. (The interview was done in her mother's house.)
She is afraid her husband will find out that she is taking the pill.

Turkey
Interviewed away from her house.
Interviewed at someone else's house.
Interviewer can't see it, as interviewed at someone else's house.

Condom

Turkey
Reason not given.
Too shy to show condoms.
Condom was not seen because the respondent was too shy.
Condom was not seen because there was a visitor in the house.

2) METHODS AVAILABLE IN THE HOUSE BUT NOT USED

The following is a list of responses to Question 327, used to probe when a method reported to be in the house was not used.

Pill

India
After taking one pill I had dysentery and hence stopped.

Panama
I just bought them, and am waiting for my period to start.
Because they gave me headaches, and besides I wanted to have children.

Turkey
Not ascertained.
Had a baby recently.
I have IUD.
I want to have a child.
It isn't good for my head and stomach.
It gives me poisoning, nausea and dizziness.
Side effects.
I am nursing.
I wasn't pleased with it – I'm having an IUD put in.
I felt dizzy; got high temperature; it is harmful for me.
Headache and heavy bleeding.
Bleeding, headache and kidney ache.

Condom

Panama
He has to have them as part of his equipment for the National Guard.
Because I used the rhythm method – the condom on the fertile days.
I did use them once, but the doctor said that pills were better for me.
The husband is allergic to the condom.

Turkey
Not ascertained.
Condom not used because pill is used.
Doing something else.
Had a baby recently.
There is no need now; can't conceive.
Condoms are not used because I had hysterectomy.
I think I am approaching menopause. Did not have period for the last two months.
Husband away for four months.
Husband uses one in 2 or 3 months.
Uses sometimes.

3) METHODS CURRENTLY USED BUT NOT IN THE HOUSE

The following is a list of responses to Question 324, used to probe when a method reported as currently used was not available in the house.

Pill

India
We don't know where to get them at this place. (Just moved.)

Panama
Because I just finished them.
I used them up.
Because today was the last.
I have finished them.
I have finished them and couldn't get any more.
I have finished them.
Finished.
Not ascertained.
Having my period.
I'm going to buy them today.
Because I was menstruating and I had already had the last pill.
Because I didn't have to take them yet; I was still having a period.
Because I had finished them.
I had just finished them; I have to buy some more.
I have just finished them.
Because I was menstruating.

Because I was in the 7 days between courses.
Not ascertained.
Because I was in the 7 days between courses and I hadn't bought any.
I haven't had time to go to the Seguro, you have to be there very early.
Because I was taking them every other month.
Not ascertained.

Turkey
I am having my period at the moment. My husband will buy pills on Monday.
Finished last night.

Condom *India*
Not ascertained.
Not ascertained.
I use condom only on the rare occasions when I have relations with my husband.

Panama
He buys them and uses them. We never have them in the house.
Because the husband gets them.

Turkey
I don't have it at the moment.

4) USE OF PERCEIVED NEAREST OUTLET

The following is a list of responses to Question 323, used to probe when a method currently used was obtained from an outlet other than the perceived nearest one.

Pill *Panama*
When I am out on an errand, if I see a pharmacy I buy them there.
My cousin gets them for me.
Because the pills from the Health Centre were harmful and I didn't want to use the loop.
Because I was insured and in the Seguro they prescribed them and gave them to me.
A girl gave them to me and my husband in another centre.
Because they give them free in the Seguro and not in the pharmacy.
Because it's free in the Seguro.
Not ascertained.
Because the doctor said I was too young.
Because I was going to the pharmacy on an errand, and I took the opportunity to buy them there.
Because I was in Panama when I ran out of them and I couldn't get them there.
Because I go fortnightly to Santiago to buy food and use the opportunity to buy pills.
Because the pill does not agree with me and I had to see the doctor several times.
I was living in O. and they gave me some there.
I used family planning in David.
Because they don't give that sort in the Centre. They give another sort.
Because, in the Centre, they don't sell the ones the doctor prescribed for me.
Because the ones I can get at the David Health Centre don't agree with me.
Because I had always bought them there.
Because they publicize it there.
Because, at times, there aren't any at the Health Centre.

Turkey
My sister gets it for free from the hospital in Bolu.

Condom *Panama*
He buys them in any drugstore.
My husband brings them.

Turkey
My husband buys, I don't know.

IUD *Panama*
Because I have private insurance.

Female Sterilization *India*
There were no facilities here; hence I got myself operated there.
I was in Thana at that time, so I got operated there.
That time there was no camp in this place.
I was operated 5 years ago. At that time there was no hospital here.
I did not get good after-care in Thana during my delivery; hence for the third delivery I went to Parel and got myself operated at that time.
I was operated 12 years ago; hence I thought I would have better facilities in Bombay on payment rather than at Thana Civil Hospital.
Because this hospital was sponsored by employees; hence good looking after. Can stay longer at hospital.
Because all my deliveries took place at Wadia Hospital. Therefore operation also done there.
I was staying at Parel then; now I am staying at Chembur.
That is my mother's place.
I had gone to the private doctor for delivery but started bleeding excessively and was taken to Rajawadi and there Caesarian delivery and tubectomy was done at the same time.
I went to my mother's because my mother would look after the baby.

Panama
Because I would find my doctor there.
My first choice is this hospital.
Because I lived there at that time.
Not ascertained.
Because I am a friend of a doctor there, and he operates on me free.
Because in the Health Centre they sent me to Hospital Santo Tomas.
Because I was living in Santiago.
Because I wanted Dr. F. to operate on me.
Because the clinic was not built at that time.
I have never been to that hospital; I always went to Aguadulce.
(Did not mention a place in Q. 310 – yet is sterilized.)
To go to the doctor who always attended me.
Because they did not want to operate on me in Chitre.
Because in Chitre, with my first two childbirths, they almost let me die.
Because the road was bad and it gave me an attack, and when I returned I was in Aguadulce.
Because I was living in Aguadulce.
Because I have faith in the doctor at the clinic.
Because the doctor who attends me is in that clinic.
Because the doctor who was attending me was working there.
Because it was a private clinic (Now it is public).
I was insured, and the insurance came from this clinic. They still hadn't built the hospital of the Seguro Social.
Because they would give me the operation free there, because I had a friend there.
Because at that time I was afraid of the doctors at Santiago.
Because my brother did not want me to have it done in Santiago.
I was being treated there for a "filoma" (fibroid) in the uterus.

PART II - TABLES

NOTE ON THE PRESENTATION OF TABLES

The tables are numbered to correspond with the sections used in Part I, so that Table 2.3.1 is the first table corresponding to Section 2.3 in the text.

Marginals are usually given separately for the urban and rural areas of the three countries studied. Cross-tabulations, on the other hand, are usually given separately just for the three countries.

Percentages are shown with one decimal place. The sample size certainly does not warrant such precision. This procedure has been followed only to facilitate retrieval of the underlying frequencies. Due to rounding, percentages do not always add to 100.0.

The number of cases on which the percentages are based is always shown within parentheses. Reference should be made to these totals in interpreting the results. The reader is strongly urged not to read in the figures more precision than intended.

The tables in Sections 3.1 to 3.5 are based on respondents, of whom there are 831 in all three countries. Each respondent may mention a different "nearest" outlet for each fertility regulation method known to her; indeed, they mention an average of 1.76 distinct outlets each. The tables in Sections 3.6 to 3.9 are based on responses about these outlets, of which there are 1,461 in all.

While some tables classify all cases, others are based on a subset, such as respondents who know a method. In all such cases the subset of interest is defined in a note underneath the title of the table, and the number of cases in the subset may be verified on the basis of a previous table.

Missing values have been dealt with by including a category labelled "not stated" when necessary. This category includes interviewing or coding errors only, as fortunately the problem of non-response did not arise. While this category is included in marginals and for the dependent variable in cross-tabulations, it has been omitted for the independent variable in cross-tabulations, where it was preferred to relegate this information to a footnote.

LIST OF TABLES

Section		By	Page
2.3	*Sampling*		
2.3.1	Sample Size	Cluster	34
2.3.2	Age	Urban/Rural	34
2.3.3	Education	Urban/Rural	34
2.3.4	Number of Children Ever Born Alive	Urban/Rural	34
2.3.5	Number of Pregnancy Losses	Urban/Rural	34
3.1	*Knowledge, Ever-use and Current Use*		
3.1.1	Knowledge of Fertility Regulation Methods	Urban/Rural	35
3.1.2	Ever-use of Fertility Regulation Methods	Urban/Rural	36
3.1.3	Current Use of Fertility Regulation Methods	Urban/Rural	37
3.2	*Pregnancy Termination*		
3.2.1	Knowledge and Ever-use of Pregnancy Termination by Number of Pregnancy Losses	Country	37
3.3	*Menstrual Regulation*		
3.3.1	Description of Menstrual Regulation	Country	37
3.4	*Household Availability*		
3.4.1	Availability in the House of Appliance Methods	Urban/Rural	38
3.4.2	Validation of Household Availability Question	Country	38
3.4.3	Availability in the House and Current Use	Country	39
3.5	*Nearest Outlet*		
3.5.1	Knowledge of Outlet Where Each Method is Available	Urban/Rural	40
3.5.2	Validation of Responses on Nearest Outlet	Urban/Rural	41
3.5.3	Actual Distance to Perceived and True Nearest Outlets	Cluster	42
3.5.4	Actual Use of Outlet Perceived as Nearest	Urban/Rural	43
3.6	*Type of Outlet*		
3.6.1	Types of Outlets Mentioned	Urban/Rural	44
3.6.2	Validation of Responses on Type of Outlet	Country	45
3.7	*Type of Response to Question on Distance*		
3.7.1	Type of Response to Question on Distance	Urban/Rural	46
3.7.2	Number of Visits to Perceived Nearest Outlet or its Vicinity	Urban/Rural	46
3.7.3	Type of Response to Question on Distance by Number of Visits	Country	47
3.7.4	Actual Distance to Perceived Nearest Outlet	Urban/Rural	48
3.7.5	Type of Response to Question on Distance by Actual Distance	Country	49
3.8	*Perception of Distance*		
3.8.1	Perceived Distance to Perceived Nearest Outlet	Urban/Rural	50
3.8.2	Perceived Versus Actual Distance to Outlet	Country	51
3.8.3	Perceived Distance as an Estimator of Actual Distance to Outlet	Country	50
3.9	*Time and means of Transport*		
3.9.1	Time of Travel to Perceived Nearest Outlet	Urban/Rural	52
3.9.2	Means of Transport to Perceived Nearest Outlet	Urban/Rural	52
3.9.3	Time and Means of Transport by Actual Distance to Outlet	Country	53
3.9.4	Time and Means of Transport as Estimators of Actual Distance	Country	54
3.10	*Cost of Travel and Cost of the Method*		
3.10.1	Cost of Transportation to Perceived Nearest Outlet	Urban/Rural	54
3.10.2	Cost of Fertility Regulation Methods at Perceived Nearest Outlet	Country	55

Table 2.3.1

SAMPLE SIZE (Number of eligible respondents in each cluster)

Area	Cluster	Country		
		India	Panama	Turkey
Urban	0	–	50	–
	1	56	50	54
	2	51	50	52
	Sub-total	107	150	106
Rural	3	56	50	51
	4	39	50	53
	5	69	50	50
	Sub-total	164	150	154
Total		271	300	260

Table 2.3.2

AGE (Percentage of respondents in each age group)

Age group	India		Panama		Turkey	
	U	R	U	R	U	R
15–19	7.5	12.8	3.3	2.0	3.8	7.1
20–24	16.8	26.2	16.7	12.0	12.3	29.2
25–29	21.5	25.0	20.0	22.0	21.7	26.6
30–34	20.6	15.2	23.3	22.7	17.9	10.4
35–39	15.0	11.0	16.0	14.0	15.1	9.1
40–44	10.3	6.7	10.0	15.3	14.2	8.4
45–49	8.4	3.0	10.7	12.0	15.1	9.1
Total	100.0 (107)	100.0 (164)	100.0 (150)	100.0 (150)	100.0 (106)	100.0 (154)
Mean	30.8	27.5	32.2	33.3	33.4	28.9
Standard deviation	8.1	7.4	8.1	8.1	8.6	8.6

Source: Q.103.

Table 2.3.3

EDUCATION (Percentage of respondents in each category)

School years completed	India		Panama		Turkey	
	U	R	U	R	U	R
None	45.8	57.3	2.7	4.0	27.4	39.6
1–3	7.5	14.0	8.0	16.7	3.8	16.2
4–6	25.2	17.7	32.0	50.0	34.0	42.2
7–9	14.0	7.9	36.7	17.3	16.0	0.6
10–12	7.5	3.0	14.0	10.0	14.2	1.3
Higher	0.0	0.0	6.7	2.0	4.7	0.0
Total	100.0 (107)	100.0 (164)	100.0 (150)	100.0 (150)	100.0 (106)	100.0 (154)
Mean	3.2	2.1	7.7	6.1	5.3	2.7
Standard deviation	3.5	2.9	3.6	3.2	4.3	2.5

Source: Q.104–Q.106.

Table 2.3.4

NUMBER OF CHILDREN EVER BORN ALIVE (Percentage of respondents in each category)

Children ever born	India		Panama		Turkey	
	U	R	U	R	U	R
0	4.7	6.7	4.0	4.7	2.8	7.1
1–2	29.9	32.3	28.7	23.3	48.1	32.5
3–4	29.9	22.0	42.7	28.7	32.1	26.0
5–6	22.4	22.6	14.0	21.3	8.5	18.2
7+	13.1	16.5	10.7	22.0	8.5	16.2
Total	100.0 (107)	100.0 (164)	100.0 (150)	100.0 (150)	100.0 (106)	100.0 (154)
Mean	3.8	3.8	3.6	4.5	3.0	3.8
Standard deviation	2.3	2.7	2.3	3.2	2.0	2.9

Source: Q.201–Q.207.

Table 2.3.5

NUMBER OF PREGNANCY LOSSES (Percentage of respondents in each category)

Pregnancy losses	India		Panama		Turkey	
	U	R	U	R	U	R
0	89.7	87.2	70.0	74.0	43.4	63.6
1	4.7	9.8	22.0	17.3	24.5	19.5
2	4.7	3.0	5.3	5.3	13.2	9.7
3	0.0	0.0	0.0	3.3	9.4	4.5
4+	0.9	0.0	2.7	0.0	9.4	2.6
Total	100.0 (107)	100.0 (164)	100.0 (150)	100.0 (150)	100.0 (106)	100.0 (154)
Mean	0.22	0.16	0.45	0.38	1.40	0.64
Standard deviation	0.97	0.44	0.89	0.74	2.11	1.03

Source: Q.209.

Table 3.1.1

KNOWLEDGE OF FERTILITY REGULATION METHODS (Percentage of respondents in each category)*

Method	Knowledge of method	India		Panama		Turkey	
		U	R	U	R	U	R
1. Pill	Yes-spontaneous	33.6	25.0	94.7	91.3	68.9	65.6
	Yes-probed	34.6	44.5	5.3	8.7	21.7	17.5
	No	31.8	30.5	0.0	0.0	9.4	16.9
	Total	100.0	100.0	100.0	100.0	100.0	100.0
		(107)	(164)	(150)	(150)	(106)	(154)
2. Diaphragm	Yes-spontaneous	2.8	0.0	5.3	1.3	0.0	0.0
	Yes-probed	19.6	22.6	32.0	28.7	14.2	4.5
	No	77.6	77.4	62.7	70.0	85.8	95.5
	Total	100.0	100.0	100.0	100.0	100.0	100.0
		(107)	(164)	(150)	(150)	(106)	(154)
3. Condom	Yes-spontaneous	26.2	11.6	5.3	15.3	28.3	10.4
	Yes-probed	39.3	36.6	81.3	66.0	36.8	25.3
	No	34.6	51.8	13.3	18.7	34.9	64.3
	Total	100.0	100.0	100.0	100.0	100.0	100.0
		(107)	(164)	(150)	(150)	(106)	(154)
4. IUD	Yes-spontaneous	31.8	18.9	54.7	44.7	65.1	33.1
	Yes-probed	34.6	45.7	41.3	43.3	23.6	39.6
	No	33.6	35.4	4.0	12.0	11.3	27.3
	Total	100.0	100.0	100.0	100.0	100.0	100.0
		(107)	(164)	(150)	(150)	(106)	(154)
5. Menstrual regulation	Yes-spontaneous	6.5	3.0	0.7	0.0	5.7	9.7
	Yes-probed	39.3	43.9	67.3	49.3	34.9	36.4
	No	54.2	53.0	32.0	50.7	59.4	53.9
	Total	100.0	100.0	100.0	100.0	100.0	100.0
		(107)	(164)	(150)	(150)	(106)	(154)
6. Pregnancy termination	Yes-spontaneous	6.5	2.4	0.0	0.0	13.2	14.3
	Yes-probed	45.8	51.2	50.0	42.0	51.9	55.2
	No	47.7	46.3	50.0	58.0	34.9	30.5
	Total	100.0	100.0	100.0	100.0	100.0	100.0
		(107)	(164)	(150)	(150)	(106)	(154)
7. Female sterilization	Yes-spontaneous	72.0	58.5	28.7	28.0	4.7	1.9
	Yes-probed	28.0	38.4	64.0	70.7	42.5	20.8
	No	0.0	3.0	7.3	1.3	52.8	77.3
	Total	100.0	100.0	100.0	100.0	100.0	100.0
		(107)	(164)	(150)	(150)	(106)	(154)
8. Male sterilization	Yes-spontaneous	34.6	28.0	**		**	
	Yes-probed	49.5	49.4				
	No	15.9	22.6				
	Total	100.0	100.0				
		(107)	(164)				

Source: Q.301–Q.306.

* These figures are provided as background information only. The reader should be aware that we have excluded from the sample women who did not know any of these methods.
** Not asked in Panama and Turkey.

Table 3.1.2

EVER-USE OF FERTILITY REGULATION METHODS (Percentage in each category among respondents who know each method)

Method	Ever used	India		Panama		Turkey	
		U	R	U	R	U	R
1. Pill	Yes	16.4	10.5	50.7	44.0	45.8	28.9
	No	82.2	88.6	49.3	55.3	52.1	69.5
	Not stated	1.4	0.9	0.0	0.7	2.1	1.6
	Total	100.0	100.0	100.0	100.0	100.0	100.0
		(73)	(114)	(150)	(150)	(96)	(128)
2. Diaphragm	Yes	16.7	0.0	3.6	0.0	13.3	0.0
	No	83.3	97.3	83.9	73.3	80.0	71.4
	Not stated	0.0	2.7	12.5	26.7	6.7	28.6
	Total	100.0	100.0	100.0	100.0	100.0	100.0
		(24)	(37)	(56)	(45)	(15)	(7)
3. Condom	Yes	17.1	10.1	8.5	10.7	58.0	18.2
	No	81.4	88.6	88.5	79.5	40.6	80.0
	Not stated	1.4	1.3	3.1	9.8	1.4	1.8
	Total	100.0	100.0	100.0	100.0	100.0	100.0
		(70)	(79)	(130)	(122)	(69)	(55)
4. IUD	Yes	4.2	11.3	10.4	5.3	28.7	11.6
	No	95.8	87.7	88.9	84.8	67.0	86.6
	Not stated	0.0	0.9	0.7	9.8	4.3	1.8
	Total	100.0	100.0	100.0	100.0	100.0	100.0
		(71)	(106)	(144)	(132)	(94)	(112)
5. Menstrual regulation	Yes	18.4	7.8	32.4	25.7	32.6	23.9
	No	79.6	92.2	65.7	63.5	62.8	70.4
	Not stated	2.0	0.0	2.0	10.8	4.7	5.6
	Total	100.0	100.0	100.0	100.0	100.0	100.0
		(49)	(77)	(102)	(74)	(43)	(71)
6. Pregnancy termination	Yes	1.8	1.1	6.7	4.8	43.5	25.2
	No	96.4	97.7	82.7	73.0	55.1	72.9
	Not stated	1.8	1.1	10.7	22.2	1.4	1.9
	Total	100.0	100.0	100.0	100.0	100.0	100.0
		(56)	(88)	(75)	(63)	(69)	(107)
7. Female sterilization	Yes	36.4	23.3	33.1	41.2	4.0	0.0
	No	63.6	76.7	66.9	58.1	90.0	97.1
	Not stated	0.0	0.0	0.0	0.7	6.0	2.9
	Total	100.0	100.0	100.0	100.0	100.0	100.0
		(107)	(159)	(139)	(148)	(50)	(35)
8. Male sterilization	Yes	14.4	7.9				
	No	85.6	91.3	*		*	
	Not stated	0.0	0.8				
	Total	100.0	100.0				
		(90)	(127)				

Source: Q.318.

* Not asked in Panama and Turkey.

Table 3.1.3

CURRENT USE OF FERTILITY REGULATION METHODS
(Panel 1: Percentage in each category among all respondents
Panel 2: Percentage in each category among all current users)

Variable	Category	India		Panama		Turkey	
		U	R	U	R	U	R
1. Currently using	Yes	56.1	32.9	59.3	64.0	62.3	36.4
	No	43.9	67.1	40.7	36.0	37.7	63.6
	Total	100.0	100.0	100.0	100.0	100.0	100.0
		(107)	(164)	(150)	(150)	(106)	(154)
2. Method used	Pill	1.7	7.4	30.3	30.2	13.6	25.0
	Diaphragm	0.0	0.0	0.0	0.0	0.0	0.0
	Condom	6.7	5.6	2.2	0.0	19.7	3.6
	IUD	1.7	1.9	6.7	1.0	21.2	8.9
	Menstrual regulation	0.0	0.0	0.0	0.0	0.0	3.6
	Female sterilization	61.7	68.5	51.7	63.5	3.0	0.0
	Male sterilization	20.0	16.7	0.0	0.0	0.0	0.0
	Other	8.3	0.0	9.0	5.2	42.4	58.9
	Total	100.0	100.0	100.0	100.0	100.0	100.0
		(60)	(54)	(89)	(96)	(66)	(56)

Source: Q.320 and Q.321.

Table 3.2.1

KNOWLEDGE AND EVER-USE OF PREGNANCY TERMINATION BY NUMBER OF PREGNANCY LOSSES
(Percentage in each category among respondents with a given number of pregnancy losses)

Pregnancy losses	Knowledge of pregnancy termination	Ever-use of pregnancy termination	India	Panama	Turkey
0	Yes	Yes	0.0	2.8	2.8
		No	51.1	38.0	61.9
		Not stated	0.8	6.9	2.1
	No		48.1	52.3	33.2
	Total		100.0	100.0	100.0
			(239)	(216)	(144)
1	Yes	Yes	9.5	3.4	41.1
		No	57.2	33.9	26.8
		Not stated	0.0	6.8	0.0
	No		33.3	55.9	32.1
	Total		100.0	100.0	100.0
			(21)	(59)	(56)
2+	Yes	Yes	0.0	0.0	50.0
		No	54.5	24.0	20.0
		Not stated	0.0	12.0	0.0
	No		45.5	64.0	30.0
	Total		100.0	100.0	100.0
			(11)	(25)	(60)

Source: Q.209, Q.306 and Q.318.

Table 3.3.1

DESCRIPTION OF MENSTRUAL REGULATION
(Percentage in each category among respondents reporting knowledge of this method)

Description*	India	Panama	Turkey
Vacuum	0.8	0.6	0.0
Pill	53.2	57.3	19.3
Injection	11.1	10.2	38.6
Folk method	6.3	5.1	2.6
Other	3.2	11.9	14.0
Don't know	18.3	9.2	22.9
Not stated	7.1	5.7	2.6
Total	100.0	100.0	100.0
	(126)	(176)	(114)

Source: Q.329.

* In instances where more than one description was given the response was classified in the first applicable category following the order given above, e.g. "injections or pills" was classified under "pill".

Table 3.4.1

AVAILABILITY IN THE HOUSE OF APPLIANCE METHODS
(Percentage in each category among respondents who know each method)

Method	Available in the house	India		Panama		Turkey	
		U	R	U	R	U	R
1. Pill	Yes	2.7	2.6	11.3	13.3	18.8	14.8
	No	97.3	97.4	88.7	86.0	79.2	83.6
	Not stated*	0.0	0.0	0.0	0.7	2.1	1.6
	Total	100.0	100.0	100.0	100.0	100.0	100.0
		(73)	(114)	(150)	(150)	(96)	(128)
2. Diaphragm	Yes	0.0	0.0	0.0	0.0	6.7	0.0
	No	100.0	100.0	87.5	68.9	86.7	71.4
	Not stated*	0.0	0.0	12.5	31.1	6.7	28.6
	Total	100.0	100.0	100.0	100.0	100.0	100.0
		(24)	(37)	(56)	(45)	(15)	(7)
3. Condom	Yes	5.7	2.5	3.1	1.6	30.4	7.3
	No	94.3	97.5	93.1	87.7	68.1	90.9
	Not stated*	0.0	0.0	3.8	10.7	1.4	1.8
	Total	100.0	100.0	100.0	100.0	100.0	100.0
		(70)	(79)	(130)	(122)	(69)	(55)

Source: Q.319.

* Category represents interviewer error resulting from questionnaire design: many respondents reporting no knowledge of an outlet for a method were skipped over the ever-use and household availability questions for that method. Most, if not all, should be "No" to household availability.

Table 3.4.2

VALIDATION OF HOUSEHOLD AVAILABILITY QUESTION
(Absolute numbers in each category among women who report each method as available in the house)

Method in the house	Validation	India	Panama	Turkey
1. Pill	Seen	4	33	31
	Not seen*	1	3	3
	Not stated	0	0	1
	Sterilized**	0	1	2
	Total	5	37	37
2. Diaphragm	Seen	–	–	–
	Not seen*	–	–	–
	Not stated	–	–	–
	Sterilized**	–	–	1
	Total	0	0	1
3. Condom	Seen	4	4	20
	Not seen*	0	0	4
	Not stated	0	0	0
	Sterilized**	2	2	1
	Total	6	6	25

Source: Q.328.

* Explanations are listed in Appendix C1.
** Sterilized couples were not asked to show methods reported to be in the house.

Table 3.4.3

AVAILABILITY IN THE HOUSE AND CURRENT USE (Absolute numbers in each category among all respondents)†

Method	Availability in the house	India			Panama			Turkey		
		Used	Not used**	Steri-lized	Used	Not used**	Steri-lized	Used	Not used**	Steri-lized
1. Pill	Yes	4	1	0	34	2	1	21	14	2
	No*	1	170	95	22	135	106	2	221	0
	Total	5	171	95	56	137	107	23	235	2
2. Diaphragm	Yes	–	–	–	–	–	–	–	–	1
	No*	–	176	95	–	193	107	–	258	1
	Total	0	176	95	0	193	107	0	258	2
3. Condom	Yes	4	0	2	0	4	2	14	10	1
	No*	3	169	93	2	187	105	1	233	1
	Total	7	169	95	2	191	107	15	243	2

Source: Q.319–Q.321.

* Includes women who do not know the method and women who know it but were mistakenly not asked if they had it in the house (see footnote, Table 3.4.1).
** Includes women who do not know the method.
† All cases where a method was reported in the house but not used, and the woman was not sterilized (category Yes:No), were probed. The responses are listed in Appendix C2.
All cases where a method was reported as currently used but not in the house (category No:Yes) were probed. The responses are listed in Appendix C3.

Table 3.5.1

KNOWLEDGE OF OUTLET WHERE EACH METHOD IS AVAILABLE
(Percentage in each category among respondents who know each method)

Method	Knowledge of outlet	India		Panama		Turkey	
		U	R	U	R	U	R
1. Pill	Yes	28.8	29.8	96.0	94.0	60.4	62.5
	No	71.2	70.2	4.0	6.0	39.6	37.5
	Total	100.0	100.0	100.0	100.0	100.0	100.0
		(73)	(114)	(150)	(150)	(96)	(128)
2. Diaphragm	Yes	29.2	21.6	32.1	35.6	40.0	0.0
	No	70.8	78.4	67.9	64.4	60.0	100.0
	Total	100.0	100.0	100.0	100.0	100.0	100.0
		(24)	(37)	(56)	(45)	(15)	(7)
3. Condom	Yes	15.7	19.0	64.6	53.3	63.8	54.5
	No	84.3	81.0	35.4	46.7	36.2	45.5
	Total	100.0	100.0	100.0	100.0	100.0	100.0
		(70)	(79)	(130)	(122)	(69)	(55)
4. IUD	Yes	38.0	34.9	87.5	70.5	66.0	58.9
	No	62.0	65.1	12.5	29.5	34.0	41.1
	Total	100.0	100.0	100.0	100.0	100.0	100.0
		(71)	(106)	(144)	(132)	(94)	(112)
5. Menstrual regulation	Yes	55.1	23.4	79.4	63.5	55.8	60.6
	No	42.9	76.6	20.6	36.5	44.2	39.4
	Not stated	2.0	0.0	0.0	0.0	0.0	0.0
	Total	100.0	100.0	100.0	100.0	100.0	100.0
		(49)	(77)	(102)	(74)	(43)	(71)
6. Pregnancy termination	Yes	35.7	23.9	37.3	27.0	42.0	62.6
	No	64.3	76.1	62.7	73.0	58.0	37.4
	Total	100.0	100.0	100.0	100.0	100.0	100.0
		(56)	(88)	(75)	(63)	(69)	(107)
7. Female sterilization	Yes	69.2	54.7	97.1	98.0	42.0	48.6
	No	30.8	45.3	2.9	2.0	58.0	51.4
	Total	100.0	100.0	100.0	100.0	100.0	100.0
		(107)	(159)	(139)	(148)	(50)	(35)
8. Male sterilization	Yes	32.2	31.5	*		*	
	No	67.8	68.5				
	Total	100.0	100.0				
		(90)	(127)				

Source: Q.307.

* Not asked in Panama and Turkey.

Table 3.5.2

VALIDATION OF RESPONSES ON NEAREST OUTLET
(Percentage in each category among respondents reporting knowledge of nearest outlet where each method can be obtained)†

Method††	True and perceived nearest outlet	India		Panama	
		U	R	U	R
1. Pill	Same	38.1	29.4	47.2	70.9
	Different	57.1	70.6	52.8	29.1
	Not ascertained	4.8	0.0	0.0	0.0
	Total	100.0	100.0	100.0	100.0
		(21)	(34)	(144)	(141)
2. Diaphragm	Same	57.1	37.5	5.6	0.0
	Different	42.9	62.5	94.4	100.0
	Total	100.0	100.0	100.0	100.0
		(7)	(8)	(18)	(16)
3. Condom	Same	45.5	26.7	64.3	6.2
	Different	54.5	73.3	35.7	93.8
	Total	100.0	100.0	100.0	100.0
		(11)	(15)	(84)	(65)
4. IUD	Same	55.6	43.2	73.0	62.4
	Different	44.4	56.8	27.0	37.6
	Total	100.0	100.0	100.0	100.0
		(27)	(37)	(126)	(93)
6. Pregnancy termination	Same	50.0	28.6	*	
	Different	45.0	71.4		
	Not ascertained	5.0	0.0		
	Total	100.0	100.0		
		(20)	(21)		
7. Female sterilization	Same	55.4	35.6	66.7	34.5
	Different	43.2	64.4	33.3	65.5
	Not ascertained	1.4	0.0	0.0	0.0
	Total	100.0	100.0	100.0	100.0
		(74)	(87)	(135)	(145)
8. Male sterilization	Same	41.4	45.0	**	
	Different	58.6	55.0		
	Total	100.0	100.0		
		(29)	(40)		

Source: Supervisors' entry in line A of Table of Methods (see Appendix B page 26).

† In Turkey, the supervisors did not code whether the outlet reported as nearest was in fact the nearest one. An attempt was made at headquarters to code this information but it had to be abandoned in the face of limited data.
†† The data for menstrual regulation have been omitted in view of the results of § 3.3 and the fact that the vacuum method is not available in Panama.
* As pregnancy termination is illegal in Panama, the true nearest outlet could not be ascertained.
** Not studied in Panama.

Table 3.5.3

ACTUAL DISTANCE TO PERCEIVED AND TRUE NEAREST OUTLETS
(Percentage in each category among respondents reporting knowledge of nearest outlet where each method can be obtained)

PANAMA

Method*	Difference between distances to perceived and true nearest outlets	Cluster						Area	
		0	1	2	3	4	5	U	R
1. Pill	Same outlet	58.0	48.0	34.1	36.7	89.4	88.9	47.2	70.9
	⟨ 1 km	28.0	46.0	22.7	59.2	0.0	0.0	32.6	20.6
	1–2	4.0	6.0	38.6	0.0	0.0	0.0	15.3	0.0
	3–4	8.0	0.0	4.5	0.0	0.0	0.0	4.2	0.0
	5–9	2.0	0.0	0.0	0.0	10.7	0.0	0.7	3.5
	10+	0.0	0.0	0.0	4.1	0.0	11.1	0.0	4.9
	Total	100.0 (50)	100.0 (50)	100.0 (44)	100.0 (49)	100.0 (47)	100.0 (45)	100.0 (144)	100.0 (141)
	Distance to true nearest outlet (km)	0.3	0.1	0.1	0.1	4.0	0.4		
3. Condom	Same outlet	70.6	80.0	30.0	0.0	9.1	6.7	64.3	6.2
	⟨ 1 km	14.7	16.7	50.0	0.0	3.0	93.3	23.8	23.0
	1–2	5.9	3.3	10.0	0.0	0.0	0.0	6.0	0.0
	3–4	8.8	0.0	10.0	0.0	0.0	0.0	6.0	0.0
	5–9	0.0	0.0	0.0	0.0	87.9	0.0	0.0	44.6
	10+	0.0	0.0	0.0	100.0	0.0	0.0	0.0	26.2
	Total	100.0 (34)	100.0 (30)	100.0 (20)	100.0 (17)	100.0 (33)	100.0 (15)	100.0 (84)	100.0 (65)
	Distance to true nearest outlet (km)	0.3	0.1	0.3	0.3	4.0	18.0		
4. IUD	Same outlet	56.8	82.6	76.7	80.0	58.1	50.0	73.0	62.4
	⟨ 1 km	5.4	10.9	7.0	0.0	0.0	50.0	7.9	17.2
	1–2	5.4	4.4	16.3	0.0	0.0	0.0	8.7	0.0
	3–4	27.0	2.2	0.0	0.0	0.0	0.0	8.7	0.0
	5–9	5.4	0.0	0.0	0.0	41.9	0.0	1.6	14.0
	10+	0.0	0.0	0.0	20.0	0.0	0.0	0.0	6.5
	Total	100.0 (37)	100.0 (46)	100.0 (43)	100.0 (30)	100.0 (31)	100.0 (32)	100.0 (126)	100.0 (93)
	Distance to true nearest outlet (km)	0.7	0.8	1.2	0.3	4.0	18.0		
7. Female sterilization	Same outlet	22.2	86.7	91.1	2.1	2.1	98.0	66.7	34.5
	⟨ 1 km	20.0	8.8	8.9	0.0	91.7	2.0	12.5	31.0
	1–2	20.0	2.2	0.0	0.0	0.0	0.0	7.4	0.0
	3–4	37.8	0.0	0.0	0.0	6.3	0.0	12.6	2.1
	5–9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	10+	0.0	2.2	0.0	97.9	0.0	0.0	0.7	32.4
	Total	100.0 (45)	100.0 (45)	100.0 (45)	100.0 (48)	100.0 (48)	100.0 (49)	100.0 (135)	100.0 (145)
	Distance to true nearest outlet (km)	4.3	3.2	2.0	22.0	12.0	18.0		

Source: Supervisors' entries in lines A and C of Table of Methods (Appendix B, page 26).

* Diaphragm has been omitted because of its very limited availability in Panama, menstrual regulation and pregnancy termination because of the reasons given in the footnotes to Table 3.5.2.

Table 3.5.4

ACTUAL USE OF OUTLET PERCEIVED AS NEAREST
(Absolute numbers in each category among current users of each method)

Method used*	Outlet where obtained and outlet perceived as nearest	India		Panama		Turkey	
		U	R	U	R	U	R
1. Pill	Same	1	4	17	18	9	13
	Different**	0	0	10	11	0	1
	Total	1	4	27	29	9	14
3. Condom	Same	2	0	0	–	12	2
	Different	0	0	2	–	1	0
	Don't know†	2	3	0	–	0	0
	Total	4	3	2	0	13	2
4. IUD	Same	0	0	5	1	14	5
	Different	0	0	1	0	0	0
	Don't know†	1	1	0	0	0	0
	Total	1	1	6	1	14	5
7. Female sterilization	Same	25	25	39	43	1	–
	Different	6	6	7	18	0	–
	Don't know†	6	6	0	0	0	–
	Not stated	0	0	0	0	1	–
	Total	37	37	46	61	2	0
8. Male sterilization	Same	8	3	††		††	
	Different	0	0				
	Don't know†	4	6				
	Total	12	9				

Source: Q.322.

* Diaphragm and pregnancy termination were omitted as there are no current users. Menstrual regulation was omitted as there are only 2 current users.
** All cases where the outlet used differs from the outlet perceived as nearest were probed. The responses are listed in Appendix C4.
† This category includes women who are using a method yet do not know where that method may be obtained, a frequent occurrence in India, which may be due to the extensive use of home delivery, temporary camps and mobile clinics in that country.
†† Not studied in Panama and Turkey.

Table 3.6.1

TYPES OF OUTLETS MENTIONED

(Percentage of responses in each category)*

Stated type of outlet		India		Panama		Turkey	
		U	R	U	R	U	R
Hospitals:	General/Public**	46.3	56.7	27.2	35.6	8.4	15.9
	Maternity/Social security**	16.9	4.0	2.7	1.3	10.2	5.8
	Private	—	—	2.7	0.3	0.6	0.0
Clinics:	Health centre	0.0	8.7	24.8	37.7	0.6	6.6
	Maternal and child health/ Social security	—	—	5.9	2.9	15.7	0.9
	Private	—	—	5.4	3.7	—	—
Family planning clinic		6.6	3.3	0.5	0.0	1.2	0.0
Doctor or midwife		17.6	10.7	—	—	18.7	27.4
Pharmacy		4.4	9.3	30.7	17.4	44.0	41.2
Other store		1.5	6.0	0.0	0.8	0.6	0.4
Other		4.4	0.7	0.0	0.3	0.0	0.8
Don't know		1.5	0.7	0.0	0.0	0.0	0.9
Not stated		0.7	0.0	0.0	0.0	0.0	0.0
Total		100.0 (136)	100.0 (150)	100.0 (404)	100.0 (379)	100.0 (166)	100.0 (226)

Source: Q.310.

* The totals in this table represent the number of outlets mentioned by the respondents. For example, if a respondent mentioned different "nearest" outlets for the pill and the IUD, she contributed two outlets towards the total in this table.

** In India and Turkey, a distinction was made between general and maternity hospitals, while in Panama the distinction was made between public and social security hospitals. Similarly, primary health centres were distinguished from maternal and child health centres in India and Turkey, and from social security clinics in Panama.

Table 3.6.2

VALIDATION OF RESPONSES ON TYPE OF OUTLET
(Percentage of responses in each category among outlets of a given type)

Country	Stated type of outlet	True type of outlet*										
		General/Public hospital	Maternity/Social security hospital	Private hospital	Health centre	Maternal and child health/ Social security clinic	Private clinic	Family planning clinic	Doctor or midwife	Pharmacy	Other store	Other
1. India (64.9% agree)	General hospital	**80.8**	56.7	–	61.9	–	–	–	–	–	–	–
	Maternity hospital	7.7	**31.3**	–	–	–	–	–	–	–	–	–
	Private hospital	–	–	–	–	–	–	–	–	–	–	–
	Health centre	1.0	–	–	**28.6**	–	–	–	–	–	–	–
	Maternal and child health clinic	–	–	–	–	–	–	–	–	–	–	–
	Private clinic	–	–	–	–	–	–	–	–	–	–	–
	Family planning clinic	3.8	4.5	–	9.5	–	–	**66.7**	2.5	–	–	–
	Doctor or midwife	–	1.5	–	–	–	–	–	**95.0**	–	–	–
	Pharmacy	2.9	–	–	–	–	–	–	–	**100.0**	–	–
	Other store	–	–	–	–	–	–	–	–	–	**91.7**	–
	Other	2.9	4.5	–	–	–	–	–	–	–	8.3	–
	Don't know	1.0	1.5	–	–	–	–	33.3	2.5	–	–	–
	Total	100.0 (104)	100.0 (67)	–	100.0 (42)	–	–	100.0 (3)	100.0 (40)	100.0 (17)	100.0 (12)	–
2. Panama (95.7% agree)	Public hospital	**95.3**	–	–	0.8	3.0	–	–	–	–	–	–
	Social security hospital	0.4	**100.0**	–	–	–	–	–	–	–	–	–
	Private hospital	–	–	**58.3**	–	–	14.3	–	–	–	–	–
	Health centre	4.3	–	–	**96.7**	–	2.8	–	–	–	–	–
	Social security clinic	–	–	–	1.3	**97.0**	–	–	–	–	–	–
	Private clinic	–	–	41.7	0.8	–	**80.0**	–	–	0.4	–	–
	Family planning clinic	–	–	–	–	–	–	**100.0**	–	–	–	–
	Doctor or midwife	–	–	–	–	–	–	–	–	–	–	–
	Pharmacy	–	–	–	0.4	–	2.8	–	–	**99.6**	–	–
	Other store	–	–	–	–	–	–	–	–	–	**100.0**	–
	Other	–	–	–	–	–	–	–	–	–	–	100.0
	Total	100.0 (254)	100.0 (15)	100.0 (12)	100.0 (239)	100.0 (33)	100.0 (35)	100.0 (2)	–	100.0 (189)	100.0 (3)	100.0 (1)
3. Turkey (84.3% agree)	General hospital	**75.0**	–	–	–	17.8	–	–	6.7	1.8	–	–
	Maternity hospital	7.5	**69.2**	–	5.6	11.1	–	–	2.2	–	–	50.0
	Private hospital	2.5	–	–	–	–	–	–	–	–	–	–
	Health centre	2.5	–	–	**83.3**	–	–	–	–	–	–	–
	Maternal and child health clinic	–	3.8	–	–	**60.0**	–	–	–	–	–	–
	Private clinic	–	–	–	–	–	–	–	–	–	–	–
	Family planning clinic	–	–	–	–	–	–	**100.0**	–	–	–	–
	Doctor or midwife	–	7.7	–	–	8.9	–	–	**84.4**	2.4	–	–
	Pharmacy	12.5	15.4	–	–	2.2	–	–	5.6	**95.8**	–	–
	Other store	–	–	–	–	–	–	–	–	–	**100.0**	–
	Other	–	–	–	11.1	–	–	–	–	–	–	**50.0**
	Don't know	–	3.8	–	–	–	–	–	1.1	–	–	–
	Total	100.0 (40)	100.0 (26)	–	100.0 (18)	100.0 (45)	–	100.0 (2)	100.0 (90)	100.0 (165)	100.0 (2)	100.0 (1)

Source: Q.310 and Supervisors' entry in line B of Table of Methods (see Appendix B, page 26).

* Not stated: 1 in India, 3 in Turkey. Both the "stated" and "true" type of outlet refer to the perceived nearest outlet.

Table 3.7.1

TYPE OF RESPONSE TO QUESTION ON DISTANCE (Percentage of responses in each category)*

Variable	Category	India		Panama		Turkey	
		U	R	U	R	U	R
1. Initial response	Definite distance	15.6	20.0	34.7	26.6	44.0	8.8
	Indefinite distance	22.2	18.7	12.6	16.6	4.2	0.0
	Location	18.5	10.0	5.4	5.0	4.2	1.3
	Time	23.0	18.7	27.0	29.8	4.8	36.7
	Other	0.0	2.0	0.0	0.5	0.0	0.0
	Don't know	20.0	30.7	20.3	21.4	42.2	53.1
	Not stated	0.7	0.0	0.0	0.0	0.6	0.0
	Total	100.0 (136)	100.0 (150)	100.0 (404)	100.0 (379)	100.0 (166)	100.0 (226)
2. Final response (after probing)	Definite distance	26.5	32.7	41.3	29.6	50.0	10.2
	Don't know	71.3	67.3	58.7	70.4	48.8	89.8
	Not stated	2.2	0.0	0.0	0.0	1.2	0.0
	Total	100.0 (136)	100.0 (150)	100.0 (404)	100.0 (379)	100.0 (166)	100.0 (226)

Source: Q.311.

* The totals in this table represent the number of times that the question on distance was asked. For example if a respondent mentioned different "nearest" outlets for the pill and the IUD, the question on distance was asked twice and she contributed two responses towards the totals in this table.

Table 3.7.2

NUMBER OF VISITS TO PERCEIVED NEAREST OUTLET OR ITS VICINITY
(Panel 1: Percentage of responses in each category, Panel 2: Percentage in each category among those classified "yes" in Panel 1)

Variable*	Category	India		Panama		Turkey	
		U	R	U	R	U	R
1. Ever been there	Yes	74.3	55.3	89.4	95.0	88.6	69.5
	No	25.7	44.7	10.6	5.0	10.8	30.1
	Not stated	0.0	0.0	0.0	0.0	0.6	0.4
	Total	100.0 (136)	100.0 (150)	100.0 (404)	100.0 (379)	100.0 (166)	100.0 (226)
2. Number of visits in last 12 months	0	17.8	16.9	10.8	20.0	13.5	7.0
	1	19.8	21.7	18.3	17.8	6.1	15.8
	2	10.9	10.8	16.9	14.2	8.1	18.4
	3– 4	7.9	8.4	22.5	18.6	6.1	19.0
	5– 6	5.9	8.4	6.4	9.7	6.1	8.8
	7– 9	5.0	6.0	3.6	3.4	4.8	1.3
	10–12	31.7	25.3	11.7	6.9	10.8	14.6
	More	0.0	1.2	9.1	9.5	41.9	14.4
	Don't know	0.0	1.2	0.0	0.0	0.7	0.0
	Not stated	1.0	0.0	0.8	0.0	2.0	0.6
	Total	100.0 (101)	100.0 (83)	100.0 (361)	100.0 (360)	100.0 (148)	100.0 (158)

Source: Q.315–Q.316.

* These questions refer to visits for any purpose to the outlet or its vicinity, the objective being to assess familiarity with the location of the outlet rather than actual use of the outlet.

Table 3.7.3

TYPE OF RESPONSE TO QUESTION ON DISTANCE BY NUMBER OF VISITS
(Percentage of responses in each category)

Country	Variable	Category	Number of visits*				
			0	1–2	3–6	7–12	More
1. India	Initial response	Distance	17.9	17.2	21.4	17.2	
		Time	14.9	17.2	21.4	35.9	
		Other	29.1	44.8	46.4	35.9	
		Don't know	38.1	19.0	10.7	9.4	
		Not stated	0.0	1.7	0.0	1.6	
		Total	100.0	100.0	100.0	100.0	
			(134)	(58)	(28)	(64)	
	Final response	Distance	27.6	32.8	42.9	26.6	
		Don't know	71.6	65.5	53.6	73.4	
		Not stated	0.7	1.7	3.6	0.0	
		Total	100.0	100.0	100.0	100.0	
			(134)	(58)	(28)	(64)	
2. Panama	Initial response	Distance	30.1	25.2	36.4	33.7	32.8
		Time	27.7	28.9	31.6	21.7	28.4
		Other	14.5	21.9	19.4	28.3	17.9
		Don't know	27.7	24.0	12.6	16.3	20.9
		Total	100.0	100.0	100.0	100.0	100.0
			(173)	(242)	(206)	(92)	(67)
	Final response	Distance	35.3	28.5	41.7	41.3	37.3
		Don't know	64.7	71.5	58.3	58.7	62.7
		Total	100.0	100.0	100.0	100.0	100.0
			(173)	(242)	(206)	(92)	(67)
3. Turkey	Initial response	Distance	24.8	13.3	17.7	27.1	32.9
		Time	18.8	32.0	43.5	29.2	4.7
		Other	3.4	2.7	6.5	2.1	5.9
		Don't know	53.0	52.0	32.3	41.7	56.5
		Total	100.0	100.0	100.0	100.0	100.0
			(117)	(75)	(62)	(48)	(85)
	Final Response	Distance	26.5	13.3	24.2	31.3	37.6
		Don't know	72.6	86.7	75.8	68.8	62.4
		Not stated	0.9	0.0	0.0	0.0	0.0
		Total	100.0	100.0	100.0	100.0	100.0
			(117)	(75)	(62)	(48)	(85)

Source: Q.311 and Q.315–Q.316.

* Not stated: 2 in India, 3 in Panama, 5 in Turkey. In India the last two categories of number of visits have been combined, as there is only one case with more than 12 visits.

Table 3.7.4

ACTUAL DISTANCE TO PERCEIVED NEAREST OUTLET
(Percentage of responses in each category)

Actual distance in completed kilometres	India		Panama		Turkey	
	U	R	U	R	U	R
< 1 km	30.9	34.7	48.5	24.3	62.7	8.0
1– 2	32.4	0.0	21.5	0.0	11.4	0.0
3– 4	11.8	0.0	18.6	11.3	19.2	0.0
5– 9	11.8	1.3	10.6	0.0	4.2	0.0
10– 14	10.3	0.0	0.2	22.4	0.0	0.4
15–19	1.5	30.7	0.0	23.5	0.6	31.9
20–24	0.7	20.7	0.0	0.3	0.0	9.7
25–29	0.0	0.7	0.0	0.0	0.0	23.9
30–39	0.0	0.7	0.2	17.7	0.0	1.3
40+	0.0	10.0	0.0	0.3	0.6	24.3
Not stated	0.7	1.3	0.2	0.3	1.2	0.4
Total	100.0 (136)	100.0 (150)	100.0 (404)	100.0 (379)	100.0 (166)	100.0 (226)
Mean	3.3	15.4	1.8	13.7	1.3	25.9
Standard deviation*	4.3	15.3	2.7	12.0	2.3	13.7

Source: Supervisors' entry in line C of Table of Methods (see Appendix B, page 26).

* Mean and standard deviation were computed excluding distances over 100 km. There were 4 such cases, all in Turkey.

Table 3.7.5

TYPE OF RESPONSE TO QUESTION ON DISTANCE BY ACTUAL DISTANCE
(Percentage of responses in each category)

Country	Variable	Category	Actual distance*					
			<1 km	1–4	5–9	10–19	20–29	30+
1. India	Initial response	Distance	12.8	21.7	11.1	22.6	21.2	12.5
		Time	33.0	21.7	11.1	11.3	9.1	18.8
		Other	39.4	38.3	50.0	32.3	18.2	37.5
		Don't know	14.9	16.7	22.2	33.9	51.5	31.3
		Not stated	0.0	1.7	5.6	0.0	0.0	0.0
		Total	100.0	100.0	100.0	100.0	100.0	100.0
			(94)	(60)	(18)	(62)	(33)	(16)
	Final response	Distance	22.3	38.3	27.8	29.0	39.4	25.0
		Don't know	76.6	60.0	66.7	71.0	60.6	75.0
		Not stated	1.1	1.7	5.6	0.0	0.0	0.0
		Total	100.0	100.0	100.0	100.0	100.0	100.0
			(94)	(60)	(18)	(62)	(33)	(16)
2. Panama	Initial response	Distance	46.9	22.9	11.6	14.9	40.0	
		Time	18.1	32.2	34.9	48.0	5.7	
		Other	26.4	18.0	7.0	12.0	27.1	
		Don't know	8.7	26.8	46.5	25.1	27.1	
		Total	100.0	100.0	100.0	100.0	100.0	
			(288)	(205)	(43)	(175)	(70)	
	Final response	Distance	55.2	27.8	11.6	17.1	40.0	
		Don't know	44.8	72.2	88.4	82.9	60.0	
		Total	100.0	100.0	100.0	100.0	100.0	
			(288)	(205)	(43)	(175)	(70)	
3. Turkey	Initial response	Distance	31.1	51.0	100.0	16.2	10.5	1.7
		Time	4.1	7.8	0.0	28.4	42.1	49.2
		Other	9.0	5.9	0.0	0.0	2.6	1.7
		Don't know	54.9	35.3	0.0	55.4	44.7	47.5
		Not stated	0.8	0.0	0.0	0.0	0.0	0.0
		Total	100.0	100.0	100.0	100.0	100.0	100.0
			(122)	(51)	(7)	(74)	(76)	(59)
	Final response	Distance	37.7	54.9	100.0	16.2	10.5	6.8
		Don't know	60.7	45.1	0.0	83.8	89.5	93.2
		Not stated	1.6	0.0	0.0	0.0	0.0	0.0
		Total	100.0	100.0	100.0	100.0	100.0	100.0
			(122)	(51)	(7)	(74)	(76)	(59)

Source: Q.311 and Supervisors' entry in line C of Table of Methods (see Appendix B, page 26).

* Not stated: 3 in India, 2 in Panama and 3 in Turkey. In Panama, the last two categories of actual distance were combined as there was only one case in the 20–29 category.

Table 3.8.1

PERCEIVED DISTANCE TO PERCEIVED NEAREST OUTLET
(Percentage of responses in each category for those cases where an estimate of distance was given)

Perceived distance in completed kilometres	India		Panama		Turkey	
	U	R	U	R	U	R
< 1 km	38.9	12.2	81.4	33.9	50.6	0.0
1– 2	41.7	12.2	8.4	9.8	19.3	0.0
3– 4	13.9	2.0	3.0	3.6	12.0	0.0
5– 9	5.6	22.5	5.4	8.9	15.7	0.0
10–14	0.0	24.5	0.0	2.7	1.2	4.3
15–19	0.0	6.1	1.2	14.3	0.0	26.1
20–24	0.0	10.2	0.0	8.9	0.0	4.3
25–29	0.0	2.0	0.0	5.4	0.0	13.0
30–39	0.0	6.1	0.6	9.8	0.0	13.0
40+	0.0	2.0	0.0	2.7	1.2	39.1
Total	100.0 (36)	100.0 (49)	100.0 (167)	100.0 (112)	100.0 (83)	100.0 (23)
Mean	1.3	12.1	0.9	11.1	1.7	30.1
Standard deviation*	1.5	11.7	3.3	12.6	2.4	17.9

Source: Q.311.

* Distances over 100 km were excluded from the calculation of means and standard deviations. This involved 1 case in Panama and 6 in Turkey.

Table 3.8.3

PERCEIVED DISTANCE AS AN ESTIMATOR OF ACTUAL DISTANCE TO OUTLET

Model*	Statistic**	India	Panama	Turkey
1. Linear	Correlation	0.88	0.81	0.77
	Intercept	2.50	1.19	1.97
	Slope	1.03	0.91	0.48
	Residual variance	35.1	39.8	27.5
	Number of cases	(84)	(278)	(99)
2. Log-log	Correlation	0.87	0.83	0.91
	Intercept	0.29	0.19	0.13
	Slope	0.96	0.84	0.88
	Residual variance	0.60	0.77	0.37
	Number of cases	(84)	(278)	(99)

Source: Q.311 and Supervisor's entry in line C of Table of Methods.

* Let y be actual distance and x be perceived distance. In the linear model we regress y on x. In the log-log model we regress $y' = \ln(y+{}^1/_2)$ on $x' = \ln(x+{}^1/_2)$, the constant $^1/_2$ being added to make all distances non-zero before taking logs. All statistics for the log-log model are expressed in units of y' and x'. The residual variance measures the spread of actual distances about the regression line.
** Actual and perceived distances over 100 km were omitted from the calculations. This involved 1 case in Panama and 6 cases in Turkey.

Table 3.8.2

PERCEIVED VERSUS ACTUAL DISTANCE TO OUTLET
(Percentage in each category within outlets at a given distance)

Country	Perceived distance	Actual distance*					
		〈 1 km	1–4	5–9	10–19	20–29	30+
1. India	〈 1 km	**61.9**	26.1	–	–	–	–
	1– 4	33.3	**73.9**	40.0	5.6	–	–
	5– 9	4.8	–	**60.0**	38.9	15.4	–
	10–19	–	–	–	**50.0**	46.2	–
	20–29	–	–	–	5.6	**30.8**	25.0
	30+	–	–	–	–	7.7	**75.0**
	Total	100.0 (21)	100.0 (23)	100.0 (5)	100.0 (18)	100.0 (13)	100.0 (4)
	Mean	0.8	1.4	4.4	10.9	17.0	38.0
	Standard deviation	1.8	1.2	1.3	4.4	7.4	17.7
2. Panama	〈 1 km	**89.9**	47.4	20.0	6.7	–	3.6
	1– 4	6.9	**33.3**	20.0	3.3	–	7.1
	5– 9	1.3	15.8	**40.0**	20.0	–	0.0
	10–19	0.6	3.5	20.0	**53.3**	–	3.6
	20–29	0.6	–	–	10.0	–	42.9
	30+	0.6	–	–	6.6	–	**42.9**
	Total	100.0 (159)	100.0 (57)	100.0 (5)	100.0 (30)	100.0 (0)	100.0 (28)
	Mean	0.6	2.3	6.0	14.6	–	25.2
	Standard deviation**	3.5	3.5	6.4	8.2	–	11.9
3. Turkey	〈 1 km	**87.0**	7.1	–	–	–	–
	1– 4	10.9	**67.9**	28.6	–	–	–
	5– 9	0.0	25.0	**71.4**	8.3	–	–
	10–19	2.2	–	–	**33.3**	37.5	–
	20–29	–	–	–	8.3	**37.5**	–
	30+	–	–	–	50.0	25.0	**100.0**
	Total	100.0 (46)	100.0 (28)	100.0 (7)	100.0 (12)	100.0 (8)	100.0 (4)
	Mean	0.4	3.0	5.4	28.8	27.4	–
	Standard deviation**	1.5	2.1	1.9	23.0	12.6	–

Source: Q.311 and Supervisor's entry in line C of Table of Methods.

* Not stated: 1 in India.
** Distances over 100 km were excluded from the calculation of means and standard deviations. This occurred in 1 case in Panama and 6 cases in Turkey.

Table 3.9.1

TIME OF TRAVEL TO PERCEIVED NEAREST OUTLET
(Panel 1: Percentage of responses in each category; Panel 2: Percentage in each category among responses where time is specified)

Variable	Category	India		Panama		Turkey	
		U	R	U	R	U	R
1. Type of response	Time	94.9	88.0	99.5	97.9	94.0	88.0
	Don't know	3.7	10.0	0.5	2.1	3.6	11.5
	Not stated	1.5	2.0	–	–	2.4	0.4
	Total	100.0 (136)	100.0 (150)	100.0 (404)	100.0 (379)	100.0 (166)	100.0 (226)
2. Time in minutes*	5	27.9	16.7	27.9	12.7	39.1	9.0
	10	20.2	15.2	15.2	9.4	17.3	2.0
	15	6.2	5.3	16.2	14.5	16.7	11.1
	20	11.6	3.0	6.7	8.4	10.3	5.5
	25	0.8	0.0	4.5	4.9	1.9	1.0
	30	14.7	14.4	19.4	23.2	10.3	27.1
	45	2.3	3.0	3.2	9.2	0.6	5.0
	60	9.3	16.7	6.5	13.5	1.9	15.6
	90	3.9	6.8	0.2	1.3	0.0	6.5
	120	2.3	11.4	0.2	3.0	0.0	10.6
	180	0.8	6.8	0.0	0.0	0.0	4.0
	More	0.0	0.8	0.0	0.0	1.9	2.5
	Total	100.0 (129)	100.0 (132)	100.0 (402)	100.0 (371)	100.0 (156)	100.0 (199)
	% Heaping	89.9	87.9	87.6	89.5	80.8	85.9
	Mean*	25.5	50.5	19.2	30.5	13.1	57.0
	Standard deviation	29.4	47.9	16.6	24.4	11.1	56.9

Source: Q.312.

* There is considerable heaping of time, with 87.3 per cent of all responses being given in terms of the actual values shown in this table. All other values were classified in the nearest category, e.g., cases giving 12 minutes were classified as 10.
** Mean and standard deviation were computed excluding values over 10 hours (1 in India, 3 in Turkey).

Table 3.9.2

MEANS OF TRANSPORT TO PERCEIVED NEAREST OUTLET
(Panel 1: Percentage of responses in each category; Panel 2: Percentage in each category among cases giving time of travel)*

Group	Means of transport	India		Panama		Turkey	
		U	R	U	R	U	R
1. All cases	On foot	65.4	33.3	46.0	23.7	58.4	11.1
	Other own	0.0	0.0	5.9	11.6	1.8	4.0
	Bus	22.1	27.3	42.0	64.1	6.6	15.0
	Train	3.7	28.0	0.0	0.0	0.6	0.0
	Shared taxi	0.0	0.0	0.0	0.0	28.3	57.5
	Taxi	2.9	3.3	5.7	0.3	0.0	10.6
	Other not own	0.7	1.3	0.0	0.3	0.0	0.0
	Not stated	5.1	6.7	0.2	0.0	4.2	1.8
	Total	100.0 (136)	100.0 (150)	100.0 (404)	100.0 (379)	100.0 (166)	100.0 (266)
2. Cases giving time of travel	On foot	68.2	37.1	46.0	24.0	59.6	12.6
	Other	30.3	62.9	54.0	76.0	40.3	87.4
	Not stated	1.5	0.0	0.0	0.0	0.1	0.0
	Total	100.0 (129)	100.0 (132)	100.0 (402)	100.0 (371)	100.0 (156)	100.0 (199)

Source: Q.313.

* Panel 1 shows the means of transport used in urban and rural areas. Since means of transport is analyzed jointly with time of travel, however, we summarize in Panel 2 the distribution of means of transport for those cases where time of travel was given.

Table 3.9.3

TIME AND MEANS OF TRANSPORT BY ACTUAL DISTANCE TO OUTLET
(Percentage in each category among outlets at a given distance)

Country	Means of transport	Time in minutes	Actual distance*					
			〈 1 km	1–4	5–9	10–19	20–29	30+
1. India	On foot	5	49.5	16.4	–	1.9	–	–
		10	34.1	18.2	–	–	–	–
		15	13.2	7.3	–	–	–	–
		30	3.3	27.3	5.9	–	–	–
		60	–	9.1	–	–	–	–
		Sub-total	100.0	78.2	5.9	1.9	0.0	0.0
	Other	5	–	5.5	–	–	–	–
		10	–	3.6	5.9	1.9	–	7.1
		15	–	1.8	–	3.7	–	–
		30	–	10.9	47.1	28.3	15.4	–
		60	–	–	17.6	39.6	38.5	14.3
		90+	–	–	23.5	24.5	46.2	78.6
		Sub-total	0.0	21.8	94.1	98.1	100.0	100.0
	Total		100.0 (91)	100.0 (55)	100.0 (17)	100.0 (53)	100.0 (26)	100.0 (14)
	Mean time**	On foot	8.5	21.0	–	–	–	–
		Other	–	16.2	58.1	62.6	75.8	117.5
2. Panama	On foot	5	41.3	2.0	–	–	–	
		10	13.6	2.5	–	–	–	
		15	17.1	2.0	–	–	–	
		30	12.2	4.9	2.4	–	–	
		60	2.4	1.0	–	–	–	
		Sub-total	86.7	12.3	2.4	0.0	0.0	
	Other	5	3.5	12.8	–	0.6	–	
		10	3.1	15.8	11.9	2.9	1.4	
		15	2.8	10.8	19.0	16.5	–	
		30	3.5	38.4	38.1	51.8	45.7	
		60	0.3	9.4	26.2	23.5	41.4	
		90+	–	0.5	2.4	4.7	11.4	
		Sub-total	13.3	87.7	97.6	100.0	100.0	
	Total		100.0 (286)	100.0 (203)	100.0 (42)	100.0 (170)	100.0 (70)	
	Mean time**	On foot	11.7	21.0	–	–	–	
		Other	14.6	23.0	33.4	35.1	50.3	
3. Turkey	On foot	5	62.8	2.0	–	–	–	–
		10	15.0	4.1	–	–	–	–
		15	5.3	6.1	–	3.4	–	–
		30	3.5	8.2	–	–	–	–
		90+	–	–	–	6.8	–	3.8
		Sub-total	86.7	20.4	0.0	10.2	0.0	3.8
	Other	5	–	10.2	–	1.7	–	–
		10	–	12.2	–	6.8	–	–
		15	4.4	22.4	20.0	28.8	4.1	–
		30	8.8	32.7	60.0	40.7	58.9	3.8
		60	–	2.0	20.0	8.5	24.7	28.8
		90+	–	–	–	3.4	12.3	63.5
		Sub-total	13.3	79.6	100.0	89.8	100.0	96.2
	Total		100.0 (113)	100.0 (49)	100.0 (5)	100.0 (59)	100.0 (73)	100.0 (52)
	Mean time**	On foot	6.3	19.2	–	–	–	–
		Other	20.3	18.6	–	28.0	45.3	102.8

Source: Q.312, Q.313 and Supervisor's entry in line C of Table of Methods.

* Not stated: 3 in India, 2 in Panama, 3 in Turkey. In Panama the last two categories were combined, as there was only 1 case in the 20- 29 category.
** Values exceeding 10 hours were excluded from the calculations of mean time (1 in India, 3 in Turkey).

Table 3.9.4

TIME AND MEANS OF TRANSPORT AS ESTIMATORS OF ACTUAL DISTANCE

Model*	Statistic**	India	Panama	Turkey
1. Time	Correlation	0.74	0.55	0.67
	Intercept	0.50	1.00	6.35
	Slope	0.23	0.27	0.24
	Residual variance	75.6	76.6	144.4
	Number of cases	(255)	(771)	(345)
2. Means of transport	Correlation	0.69	0.53	0.60
	Intercept	0.73	0.17	1.62
	Slope	17.9	11.5	20.4
	Residual variance	86.0	79.2	166.8
	Number of cases	(255)	(771)	(345)
3. Time and means of transport	Correlation	0.79	0.64	0.79
	Intercept	-1.21	-2.29	-1.75
	Time	0.15	0.20	0.20
	Means	9.65	7.88	14.86
	Residual variance	62.2	64.8	99.8
	Number of cases	(255)	(771)	(345)
4. Time, means of transport and interaction	Correlation	0.80	0.65	0.80
	Intercept	0.23	0.00	-0.47
	Time	0.39	0.13	0.12
	Means	7.63	4.78	11.84
	Interaction	0.12	0.21	0.11
	Residual variance	61.4	63.1	95.0
	Number of cases	(255)	(771)	(345)

Source: Q.312, Q.313 and Supervisor's entry in line C of Table of Methods.

* Means of transport is represented by a dummy variable which takes the value 0 for walking and 1 otherwise.
** Actual distances over 100 km and times over 10 hours were omitted from the calculations (1 case in India and 6 in Turkey).

Table 3.10.1

COST OF TRANSPORTATION TO PERCEIVED NEAREST OUTLET
(Percentage in each category among outlets for which means of transport other than the respondent's own are used)

Cost (Rupees)	India U	India R	Cost (Cents)	Panama U	Panama R	Cost (Lira)	Turkey U	Turkey R
0– 4	7.5	8.9	10	58.0	0.0	1– 2	28.8	1.1
5– 9	40.0	6.7	20	30.1	0.4	3– 4	30.5	4.3
10–14	20.0	15.5	30– 40	0.5	15.9	5– 6	15.3	26.1
15–19	7.5	14.4	50– 60	0.0	24.1	7– 9	1.7	17.0
20–29	7.5	16.7	70– 90	0.5	35.5	10–14	0.0	15.4
30–39	2.5	11.1	100–120	4.1	1.6	15–19	3.4	10.1
40–49	2.5	8.9	130–150	3.1	20.8	20–29	5.1	12.8
50–99	5.0	8.9	160–190	1.6	0.8	30–49	10.2	4.3
100+	0.0	1.1	200+	2.1	0.8	50+	5.1	1.1
Don't know	7.5	7.7	Don't know	0.0	0.0	Don't know	0.0	8.0
Total	100.0 (40)	100.0 (90)	Total	100.0 (193)	100.0 (245)	Total	100.0 (59)	100.0 (188)
Mean*	13.2	22.7	Mean*	28.5	80.9	Mean*	10.9	11.4
Standard deviation	13.1	15.9	Standard deviation	44.3	37.1	Standard deviation	17.9	8.5

Source: Q.314.

* In addition to "don't know", a few outliers were excluded from the computation of means and standard deviations (1 in India, 2 in Panama, 1 in Turkey).

Table 3.10.2

COST OF FERTILITY REGULATION METHODS AT PERCEIVED NEAREST OUTLET
(Panel 1: Percentage in each category among respondents reporting knowledge of outlet. Panel 2: Percentage in each category among respondents reporting cost)

Country	Variable	Category**	Method*						
			Pill	Diaphragm	Condom	IUD	Pregnancy termination	Female sterilization	Male sterilization
1. India	Response	Cost	45.5	53.3	69.2	45.3	43.9	64.6	60.9
		Don't know	47.3	33.3	26.9	48.4	46.3	29.8	26.1
		Not stated	7.3	13.3	3.8	6.3	9.8	5.6	13.0
		Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
			(55)	(15)	(26)	(64)	(41)	(161)	(69)
	Cost	Free	60.0	100.0	38.9	89.7	77.8	94.2	95.2
		1– 9	–	–	61.1	–	–	–	–
		10–49	12.0	–	–	3.4	–	1.0	–
		50–99	28.0	–	–	3.4	5.6	–	–
		100+	–	–	–	3.4	16.7	4.8	4.8
		Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
			(25)	(8)	(18)	(29)	(18)	(104)	(42)
2. Panama	Response	Cost	84.2	73.5	67.1	76.3	82.2	88.9	
		Don't know	15.8	26.5	32.9	23.7	17.8	11.1	
		Total	100.0	100.0	100.0	100.0	100.0	100.0	
			(285)	(34)	(149)	(219)	(45)	(280)	
	Cost	Free	46.7	24.0	8.0	70.1	27.0	9.2	
		〈 0.5	7.5	12.0	43.0	–	–	–	
		0.5– 0.9	2.1	16.0	32.0	–	–	–	
		1– 1.4	7.5	4.0	14.0	3.0	10.8	–	
		1.5– 1.9	16.3	8.0	2.0	–	–	–	
		2– 4	19.2	16.0	1.0	6.0	5.4	–	
		5– 9	0.4	4.0	–	7.2	10.8	2.8	
		10– 19	0.4	16.0	–	6.0	16.2	15.7	
		20– 29	–	–	–	3.0	10.8	11.6	
		30– 49	–	–	–	1.8	2.7	8.8	
		50– 99	–	–	–	1.2	5.4	17.7	
		100–149	–	–	–	–	5.4	9.6	
		150+	–	–	–	1.8	5.4	24.5	
		Total	100.0	100.0	100.0	100.0	100.0	100.0	
			(240)	(25)	(100)	(167)	(37)	(249)	
		Mean†	1.71	3.21	0.54	24.3	43.0	88.9	
		Standard deviation	1.10	3.32	0.41	55.8	84.7	99.5	
		Commercial cost††	1.5–3.5	4.0–5.5	.15–.35	10–50	50–150	100–300	

Table 3.10.2 (continued)

Country	Variable	Category**	Method*						
			Pill	Dia-phragm	Condom	IUD	Pregnancy termination	Female sterilization	Male sterilization
3. Turkey	Response	Cost	37.7	33.3	13.5	37.5	66.7	13.2	
		Don't know	61.6	66.7	85.1	60.9	27.1	78.9	
		Not stated	0.7	–	1.4	1.6	6.3	7.9	
		Total	100.0 (138)	100.0 (6)	100.0 (74)	100.0 (128)	100.0 (96)	100.0 (38)	
	Cost	Free	1.9	50.0	10.0	27.1	1.6	40.0	
		0– 4	3.8	–	80.0	6.3	–	–	
		5– 9	17.3	–	–	4.2	–	–	
		10– 14	65.4	–	–	27.1	–	–	
		15– 19	5.8	–	10.0	–	–	–	
		20– 49	5.8	–	–	–	1.6	–	
		50– 99	–	50.0	–	16.7	–	–	
		100–199	–	–	–	12.5	9.4	20.0	
		200–299	–	–	–	2.1	15.6	–	
		300–399	–	–	–	2.1	21.9	–	
		400–499	–	–	–	2.1	23.4	–	
		500+	–	–	–	–	26.6	40.0	
		Total	100.0 (52)	100.0 (2)	100.0 (10)	100.0 (48)	100.0 (64)	100.0 (5)	
		Mean†	10.9	50.0	3.33	67.7	377.7	512.0	
		Standard deviation	3.7	–	5.00	96.0	179.2	–	
		Commercial cost††	10–15	–	0.5–4.5	50+	1500+	3500	

Source: Q.317.

* Menstrual regulation was excluded in view of the results of § 3.3.

** Values shown in local currency (Rupee, Balboa, Lira). Categories for India are coarse in view of the small number of cases giving costs other than free; while for Panama and Turkey they are fine to show differences among methods.

† Means and standard deviations were calculated excluding cases reporting the method as free. These statistics were not computed for India because of the small number of cases.

†† Values represent prevailing commercial costs. In Panama, the pill and the IUD are available from health centres at nominal cost (e.g., 0.5–3.0 cents for the IUD. In Turkey, the diaphragm and IUD are free at family planning clinics. In India, all methods are availabe free.