



Contraceptive Knowledge and Use facts and figures from 2003 baseline survey

Introduction

One of the principal objectives of the ICPD (International Conference on Population and Development) plans of action is to enable women and couples to undertake sexual activity safely and without repercussion of fear or ignorance and to have informed choices and means to access a wide range of method options without any form of discrimination through quality and client-centred reproductive health services.

The UNFPA launched its fifth country programme in China during 2003 in 30 counties selected on the basis of their willingness and leadership commitment to move towards the ICPD principles, on the agreement of removal of birth quotas and targets, and those with a strong track record of experimentation towards the execution of ICPD agenda.

The impact of the overall project intervention programme (2003-05) will be assessed through large-scale baseline and end-line surveys. This fact sheet summarises the patterns of contraceptive use in the 30 selected counties of China using data from the baseline survey conducted during September 2003.

The baseline survey collected data from all project counties covering 30 provinces across China, 11 each from the eastern and western regions and 8 from the central region. The individual survey collected information regarding RH/FP knowledge and behaviour from 8,400 women aged 15-49 years and 4,362 men aged 20-59 years (husbands). Men were asked only about their RH/FP knowledge.

Moreover, the survey interviewed 956 service providers from 296 health facilities belonging to the FP and MOH systems. The service providers were asked information regarding their RH/FP managerial/treatment skills, knowledge and training aspects. The facility survey gathered general RH/FP related information and about the infrastructure in the health systems. The facts and figures reported here are excerpts from the baseline survey¹.

Method knowledge

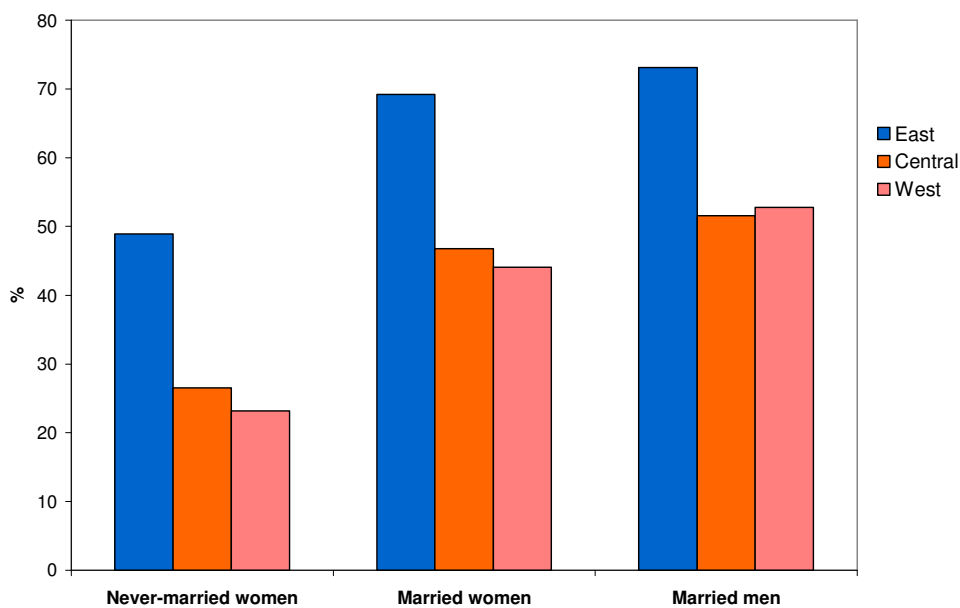
- ❖ Knowledge of any contraceptive method was 58.2% among never-married women, 99.4% among married women and 93.4% among husbands.
- ❖ Modern method knowledge, particularly reversible methods, was relatively low among young unmarried women, especially those residing in the western region. Many young women interviewed in the survey had low knowledge of condoms.
- ❖ Nearly 31% of currently married women and 25% of currently married men reported knowledge of 5 or more methods, which was only 9% in the case of never-married women. The mean number of methods known was 1.7 among never-married women, 3.7 and 3.3 among married women and their husbands respectively.
- ❖ Knowledge that condom use reduces the chances of HIV/AIDS transmission was very poor among never-married women (38%) and it was low around 55-60% among married men and women. Respondents from the eastern region had relatively better knowledge of the role of condoms in preventing HIV/AIDS than their counterparts.

Contraceptive knowledge (%)

	Number of respondents	Any method	Any modern method	Condom	IUD	Oral pill	Female Sterilisation
Never-married women							
East	382	70.9	70.9	56.3	36.4	56.5	23.0
Central	339	50.4	50.1	30.4	25.8	38.8	21.8
West	247	45.3	45.3	22.7	29.6	34.0	19.4
All	968	58.2	58.1	40.0	31.4	45.5	21.8
Currently married women							
East	2362	99.7	99.7	77.4	89.3	78.1	66.1
Central	2428	99.4	99.4	56.6	86.5	65.7	70.6
West	2509	99.1	99.1	52.3	86.5	63.9	53.8
All	7299	99.4	99.4	62.8	87.5	69.7	63.4
Currently married men							
East	1372	97.3	97.3	78.6	78.8	73.9	55.3
Central	1457	91.6	91.6	58.9	72.1	61.1	60.4
West	1533	90.8	90.6	58.0	73.8	59.7	48.5
All	4362	93.4	93.4	65.8	75.1	65.3	54.6

Note: % shown is based on weighted data. Data on the number of respondents in each category are unweighted.

Knowledge that condom prevents HIV/AIDS

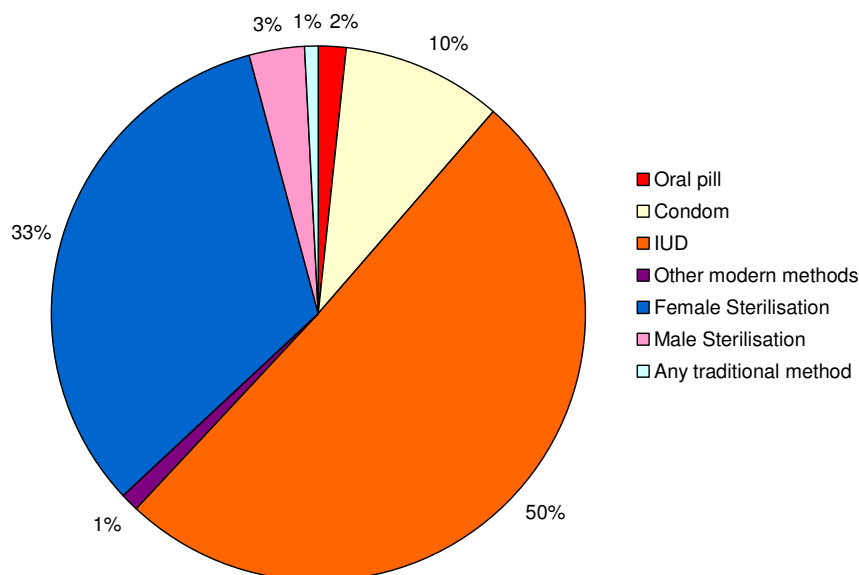


Note: The total number of never-married women who responded of having heard of HIV/AIDS was 820 and that of married women and their husbands were 5,888 and 3,777 respectively.

Contraceptive mix

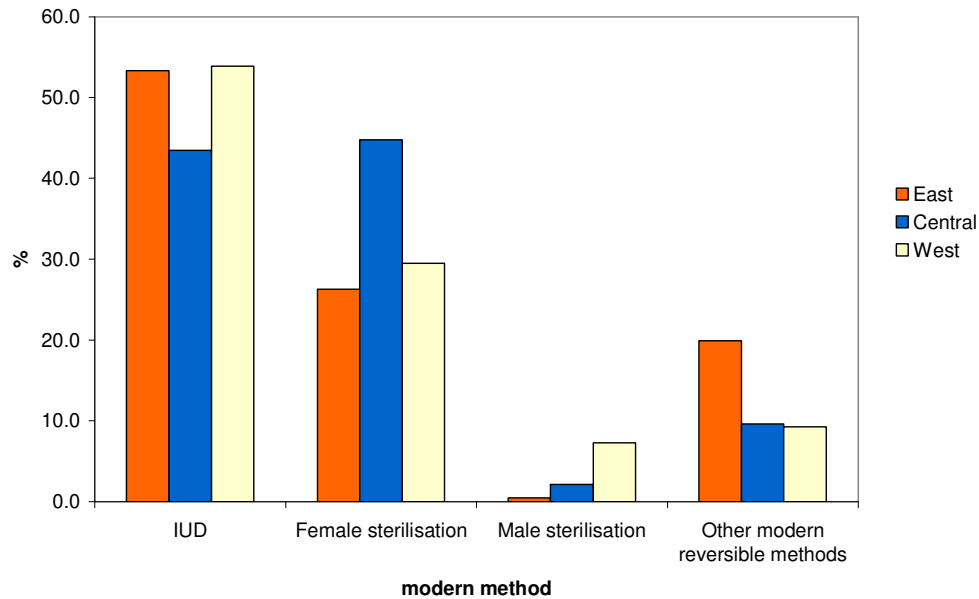
- ❖ Contraceptive prevalence amongst married women was nearly 90% in almost all regions of the project counties.
- ❖ Among current users, IUD was the most commonly used method (50%), female sterilisation accounted for 33% and condom use was roughly 10%. IUD use was spread across the reproductive period, mostly around the prime reproductive ages.
- ❖ Use of any modern method among current users was 99% but that of any modern reversible method was only 63% (eastern: 72%, central: 53% and western: 62%). Irreversible method use was high in the central region (47%). It is worth mentioning that the concentration of non-Han communities is relatively much higher in the western region (32%) than in the central (1%) and eastern regions (9%). This observation partly explains the high use of modern irreversible methods in the central region.
- ❖ Among non-users, 16% had no children and about 54% had just one child. About 21% of non-users with either 0 or 1 child wanted to have another child in the future.
- ❖ About 14% of non-users were pregnant and 10% were breastfeeding at the time of survey. Among non-users, 34% reported to have had either menopause or hysterectomy.
- ❖ Of those who were not using any family planning method at the time of survey, only a very few women were at real 'risk' of reproduction

What methods are women currently using?



Note: The number of women who reported current use of any method was 6,545.

Method choices by region



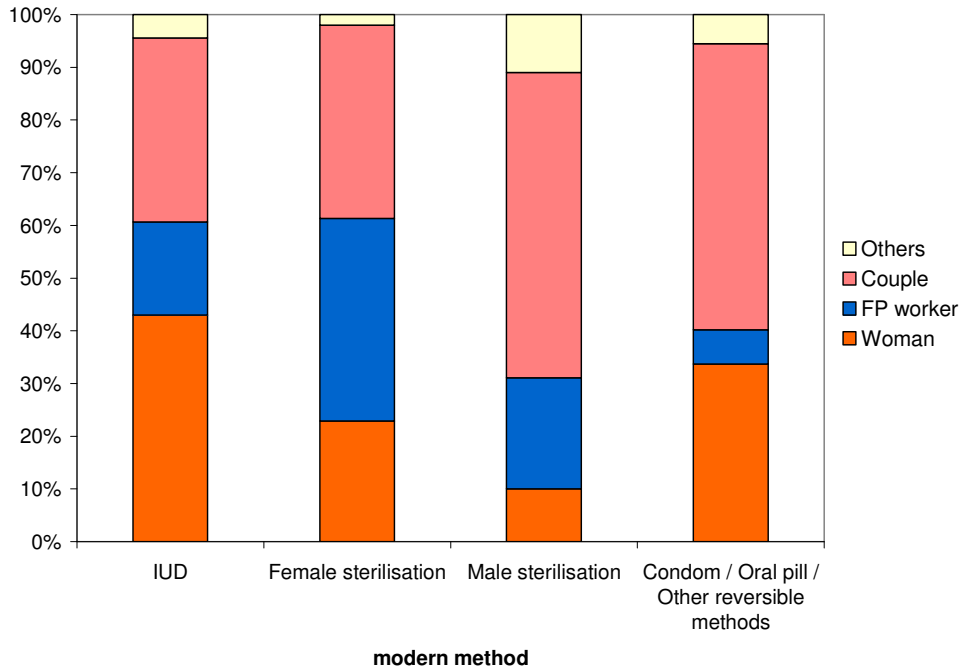
Source of current method

- ❖ About 73% of users received knowledge of their current method through FP managers whereas only 16% reported IEC (Information, Education and Communication) as the source.
- ❖ Hospitals and FP stations located in the townships were the major sources (58%) where the respondents obtained their current method.

Decision making

- ❖ The decision to use the current method was mostly made by woman (38.5%) or couples (39.1%). About 23% of the users' decisions were influenced by FP workers.
- ❖ Nearly 38% of women who had sterilization were influenced by FP workers whereas decision to use male sterilization was made by either the couple or husband.
- ❖ Use of IUD and other reversible methods was predominantly influenced by either the woman herself or jointly by the couple.
- ❖ The influence of FP worker in promoting sterilization was more prevalent in the eastern region and the least in the western region.

Who influences method decision making?



Quality of care

- ❖ Nearly 50% of the respondents were not aware of any potential side-effects or disadvantages of the method they were currently using.
- ❖ About 45% of the respondents who had sterilisation or IUD/Norplant insertion/removal between July 2000 and June 2003 reported of having had not received any follow-up visit after the procedure.
- ❖ Over 75% of the reversible and irreversible method users were satisfied with the method they were currently using; regional differences were trivial.
- ❖ For clients who received IUD, only 49% of service providers explained the process of IUD insertion/ removal before the procedure. About 70% of the service providers explained clients of potential side effects/disadvantages of IUD and roughly 66% explained about the precautions to be followed after the procedure.
- ❖ About 93% of service providers reported providing clients with informed contraceptive choices on a regular or occasional basis.

Abbreviations

AIDS – Acquired Immune Deficiency Syndrome; FP – Family Planning; HIV – Human Immuno Virus; IEC – Information, Education and Communication; ICPD – International Conference on Population and Development
IUD – Intra-Uterine Device; MOH – Ministry of Health; RH – Reproductive Health

1. Bohua et al. (2004) *UNFPA/CHINA Reproductive Health/Family Planning Project – CPR/03/P01 Baseline Survey, Key findings*. China Population & Development Research Centre, National Centre for Women and Children Health, Chinese Centre for Disease Control and Prevention, and Southampton Statistical Sciences Research Institute, UK.

**China Population and Development Research Centre
National Centre for Women & Children Health
Southampton Statistical Sciences Research Centre**