

CHAPTER I

Introduction

Since the 1970s, 22 surveys of women (some also including men) have been conducted in El Salvador, Guatemala, Honduras, and Nicaragua. The majority of these surveys have been conducted as part of the Reproductive Health Surveys (RHS) program which are implemented with technical assistance from the Division of Reproductive Health, Centers for Disease Control and Prevention (CDC) or as part of the Demographic and Health Surveys (DHS) program with technical assistance provided by ORC/Macro. These surveys primarily report on fertility, contraceptive use, infant mortality, use of maternal and child health services, and the nutritional status of children and their mothers. In recent years, the scope of the surveys has broadened by including modules on HIV/AIDS, violence, and educational status of children, just to mention a few. In general, the survey findings are used to evaluate maternal and child health and family planning programs, to aid in the design of new programs and the restructuring of ongoing programs, and to provide baseline data to guide and evaluate new initiatives.

This comparative study describes the similarities and differences between El Salvador, Guatemala, Honduras, and Nicaragua, and to a limited extent, highlights subgroups with specific needs, in order to provide information for policy formulation at the regional and country levels.

The data presented in this study primarily come from the last three surveys conducted in each country since the early 1990s, although some tables contain data from surveys conducted in the late 1980s. While men were interviewed in some of the surveys, this report primarily focuses on the information provided by female respondents.

Until now, a comparison of key health indicators had never been compiled for the Central American region. It is intended that this comparative analysis, although limited to the aforementioned countries, serve as a reference document for readers interested in major health findings in these countries, while more detailed information may be found in the individual country reports (see references).

Background

This report sets forth comparative health data collected in face-to-face interviews from representative household samples of women of reproductive age in El Salvador, Guatemala, Honduras, and Nicaragua. Demographically and socially, the countries included in this report have much in common. Women tend to marry early, have their first child shortly after they marry, and achieve the desired family size in their mid- to late 20s. For many women, the only “career path” that they have is to marry, have children, and raise them. Traditionally, the educational level of the women has been low in these countries, especially among rural women, but there are indications from the survey data that more and more women are achieving higher levels of education. The relationship between education and the use of health services and the adoption of appropriate health behaviors conforms to expectations. For example, the use of key maternal and child health services increases steadily with increasing levels of education in all of the countries. Other socioeconomic factors also influence whether a woman uses a particular health service. As expected, urban women are more likely than rural women to use a particular health service in every country surveyed. Similarly, women classified as coming from higher socioeconomic households tend to use the health services in their respective countries at a higher rate than

women from lower socioeconomic households.

In all of the countries, the principal provider of health services is the Ministry of Health, followed by the Social Security Institute, except in Nicaragua where the Social Security Institute is essentially a health insurance agency and, thus, does not provide direct health services. The Social Security Institute in each country is primarily urban based, and provides the bulk of its services in the capital city. Private clinics and hospitals have a minor role in providing health services. During the 1980s and early in the 1990s, the private family planning association in each country played a major role in the provision of family planning services, but since the mid-1990s their relative participation has diminished as they work toward becoming self-sustaining.

Surveys and Measurement Issues

The analyses in this report are based primarily on data collected in the last three surveys conducted in each country, although some tables include survey data from the late 1980s. For the most part, the questions asked in the surveys in each country are similar and, thus, are comparable, but some are not, and this is highlighted in the footnotes of the tables. The denominator used to analyze a particular variable sometimes varies from country to country. These differences exist particularly with respect to the family planning data, and are also highlighted in the footnotes of the tables.

Another measurement issue is that questions asked in the RHS surveys are not necessarily asked in the DHS surveys, and vice versa, thus, data are lacking in some tables of this report for some countries, and this is denoted by the letters ‘na’ (not available).

It should be emphasized that all results presented in the tables of this report are weighted to adjust for sampling design and non-response differentials, if necessary. In order to facilitate the reading of the tables, the unweighted and the weighted number of observations is not shown. An asterisk (*) is used to denote that there are less than 25 cases for a given cell.

Table 1.1 lists the surveys analyzed in this report. For each survey, the table shows the year in which the fieldwork was conducted, which organization provided technical assistance to the survey, number of women actually interviewed, and the number of live births in the 5 year period prior to interview.

All of the surveys shown for El Salvador were conducted with the technical assistance of the Division of Reproductive Health, Centers for Disease Control and Prevention (CDC). The 1987, 1995, and the 1998/99 surveys in Guatemala

were conducted with the technical assistance of Macro International, Inc., while the 2002 survey was conducted with the technical assistance of CDC. The 1987 and 1991/92 Honduran surveys were conducted with the technical assistance of Family Health International (FHI) and Management Sciences for Health (MSH), while the 1996 and 2001 surveys were conducted with the technical assistance of CDC and MSH. The 1992/93 survey in Nicaragua was conducted with the technical assistance of CDC, and the 1998 and 2001 surveys were done with the assistance of Macro International, Inc.

1.1 Characteristics of the Surveys					
Country	Year of Survey	Technical Assistance	Number of Women Aged 15–49	Number of Married Women Aged 15–49	Number of Live Births
El Salvador	1988	CDC	3,579*	2,276*	1,486†
El Salvador	1993	CDC	6,207	3,956	4,286
El Salvador	1998	CDC	12,634	8,085	8,488
El Salvador	2002/03	CDC	10,689	6,777	5,868
Guatemala	1987	Macro	5,160*	3,377*	4,581
Guatemala	1995	Macro	12,403	7,984	9,150
Guatemala	1998/99	Macro	6,021	3,964	4,545
Guatemala	2002	CDC	9,155	6,636	7,915
Honduras	1987	FHI, MSH	10,143*	6,093*	5,624
Honduras	1991/92	FHI, MSH	7,521*	4,323*	3,946
Honduras	1996	CDC, MSH	7,505	4,693	6,328
Honduras	2001	CDC, MSH	8,362	5,742	6,624
Nicaragua	1992/93	CDC	7,150	4,875	5,469
Nicaragua	1998	Macro	13,634	8,045	7,992
Nicaragua	2001	Macro	13,060	7,424	6,526
* Women aged 15–44.					
† Last births only					

