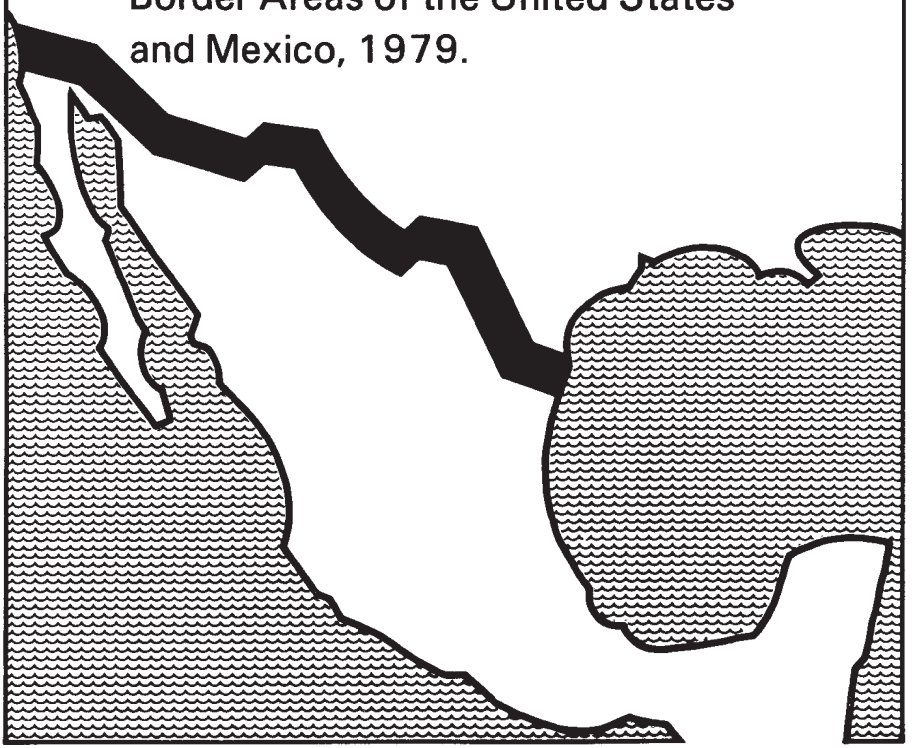
The U.S.-MEXICO BORDER:

CONTRACEPTIVE USE AND MATERNAL HEALTH CARE IN PERSPECTIVE

A Report of Survey Information on Reproductive Age Women Living in the Border Areas of the United States and Mexico, 1979.



United States – Mexico Border Health Association

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CONTRACEPTIVE USE AND MATERNAL HEALTH CARE IN PERSPECTIVE

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PREFACE

The United States-Mexico Border Health Association was established in 1943 to enhance cooperation between the United States and Mexico in their efforts to maintain and improve the health of people who live along the border between the two countries. One of the Association's long-standing interests has been the promotion of maternal health. The Family Health Technical Section of the Association has been involved in gathering knowledge and understanding of both the general and specific health needs and problems of reproductive-age women. The section recently expanded its scope to become the Family Health, Maternal and Child Care, and Family Planning Section.

The compilation and dissemination of information relevant to family planning and maternal health is deemed important by the Association, as was evidenced by a resolution passed at the Association's 1978 annual meeting. This resolution urged the governments of the United States and Mexico to collect data to assess the need for and utilization of family planning and maternal health services along the border. The resulting border surveys reflect the response of the United States and Mexico to that resolution.

The United States-Mexico Border Health Association and its sponsoring organization, the Pan American Health Organization, are pleased to present this monograph, which is based on data from the U.S. and Mexico border surveys. It contains information on fertility, family planning, maternal health, and other related topics.

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I. INTRODUCTORY MATERIAL

1. INTRODUCTION

Health officials in the United States and Mexico have long recognized that special attention is required to identify and deal with health problems unique to people who live along the U.S.-Mexico border. For almost four decades the border area has been the focus of the United States-Mexico Border Health Association (*1*).

In the interest of maintaining and improving the health of reproductive-age women living along the border, the Association adopted a resolution in 1978 indicating that information was needed on the utilization of family planning and maternal health services. The governments of both the United States and Mexico responded to the resolution by conducting household probability surveys in the border area in 1979.

This monograph reports the findings from each country's survey. Its aim is to provide information that will be useful to local, state, and regional health officials and other interested persons involved in the planning and delivery of family planning and maternal health services in the border area.

The monograph is organized so that the findings from each country's survey are presented independently. (The monograph is available in English and Spanish). The report for each country presents the source of data, describes the survey area, and highlights results related to fertility, family planning, and maternal and child health. For each country, data on special topics relevant to the health of reproductive-age women are included, (i.e., data from the U.S. survey on alcohol consumption and smoking, and data on knowledge about contraception from the Mexican survey).

The United States and Mexico independently defined the geographic area each chose to include in its border area survey. Some general descriptive information about the area surveyed in each country is given in this report. The information is not intended to be exhaustive, but may be of use to readers who are not familiar with the border area.

The sample for the U.S. survey was designed to allow statistical inferences for the overall U.S. border area as defined by 51 selected counties, but not for individual border states . The Mexican sample was designed to allow statistical inferences for the six-state Mexican border area as a whole. The Mexican sample was sufficiently large, however, to include some information for selected subdivisions of the Mexican border area.

This monograph has three unique features:

1) It presents data from the U.S. survey separately for the Mexican American and Anglo populations.
2) It presents parallel data from the Mexican survey for three geographic areas of Mexico—the country as a whole, the six-state border area, and a specifically defined border zone.

3) It presents data from each country's survey as uniformly as possible with regard to age, marital status, education, and parity. The statistical staff of the U.S. and Mexican agencies responsible for conducting the border area surveys worked together closely as they prepared data for their respective countries. Because of that collaboration, there is a high degree of comparability in the presentation and analysis of survey results.

2. BACKGROUND

Two things may be cited as influencing the course of events ultimately leading to the gathering of data for this monograph. First, recommendations made by a special Pan American Health Organization (PAHO) task force and second, a resolution adopted by the U.S.-Mexico Border Health Association.

In 1978 a special binational Border Health Planning Team was organized under the auspices of PAHO and was charged with developing a profile of the health status in the border area based on available information in all areas of health. The team found that data essential for developing a health profile for the region were often not available.

Recommendations of the team concerned specific problems needing special attention. One of those recommendations (2.b.5.) concerned health service delivery, and stated: "The Federal government should support the rapid implementation of a survey that will study the problems, attitudes, and utilization of family planning services and maternal-child health care where appropriate in the Border area" (*2*).

At the annual meeting of the U.S.-Mexico Border Health Association in Reynosa, Mexico, in April 1978, several specific concerns about family planning and maternal health along the U.S.-Mexico Border were addressed:

1. Mexican Americans in Texas have higher levels of fertility than Anglos do (*3*), but whether this is due to higher levels of wanted or unwanted fertility was not known. No comprehensive survey had been conducted to estimate the prevalence of contraceptive use among Mexican Americans and Anglos along the U.S. side of the U.S.-Mexico border or to examine fertility differentials between the two ethnic groups.
2. The extent to which the population on either side of the U.S.-Mexico border crosses the border to obtain family planning services was not known. Lack of quantitative information on the frequency of border crossings prevented family planning program administrators from adequately budgeting for provision of services. Surveys on both sides of the border would provide an opportunity to assess all sources of family planning services, both public and private.
3. Mexican Americans in Texas are known to have a relatively high level of mortality, resulting from induced abortions performed by nonphysicians (*4*). This might be the result of inadequate access to effective

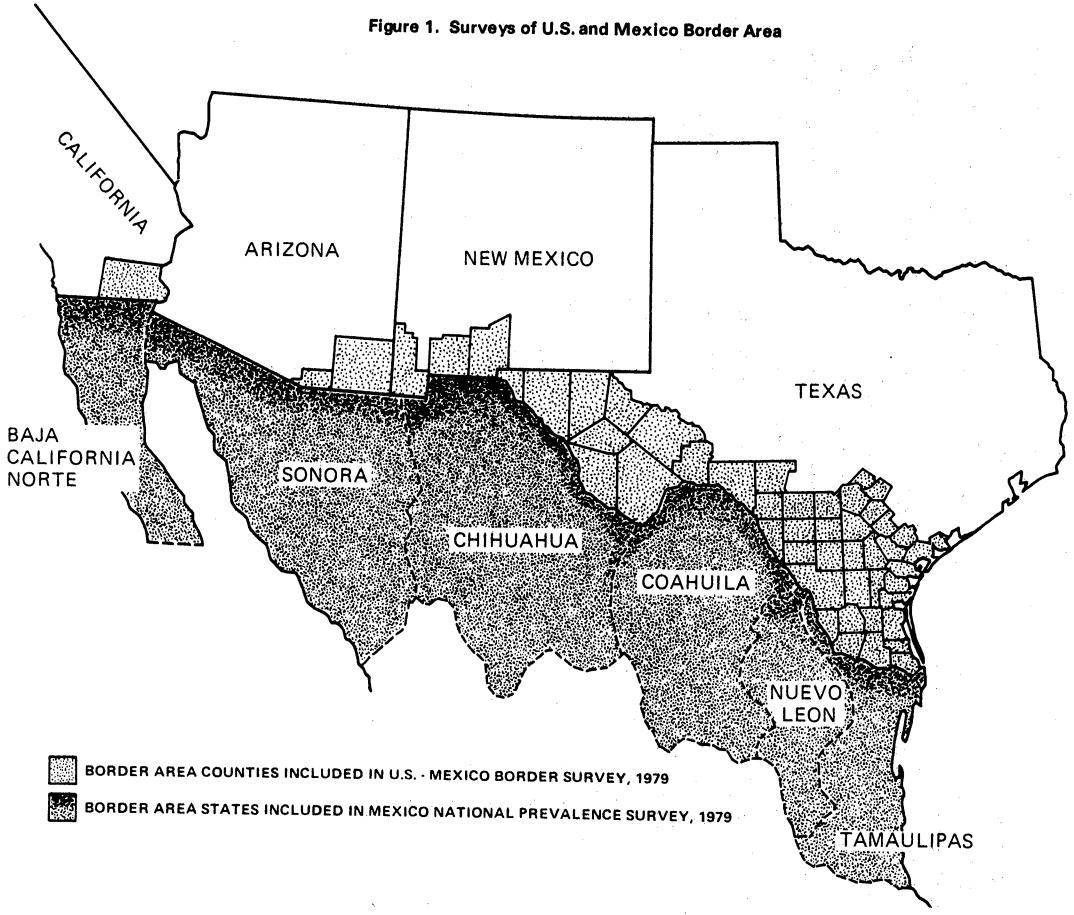
contraception and safe abortion services. A border area survey of reproductive-age women in each country would provide not only information on the prevalence of spontaneous and induced abortion and the morbidity associated with it, but would also provide information to assess the need for and utilization of maternal health care, such as prenatal care, postnatal care, and care during delivery.

As a result of discussions about these stated concerns, the Association adopted a technical resolution calling for a collaborative effort between the U.S. and Mexico in collecting relevant information on reproductive-age women currently residing along the U.S.-Mexico border.

In response to the resolution, the Centers for Disease Control (CDC) in Atlanta, Georgia, was given the responsibility by the U.S. Department of Health and Human Services for conducting a survey on the U.S. side of the border. (This survey is referred to in this report as the U.S.-Mexico Border Survey.) With cooperation from state and local health agencies and local Planned Parenthood affiliates in the four border states of Texas, New Mexico, Arizona, and California, a household probability survey was conducted in 1979 in 51 selected counties on or near the border (Figure 1).

Before the U.S.-Mexico Border Health Association passed its resolution calling for surveys in the United States and Mexico, Mexico's Coordinating Office of the National Family Planning Program had been planning to conduct a nationwide household probability survey in 1979. That survey of fertility, mortality, contraceptive use, and maternal and child health services became the basic mechanism for collecting data on the Mexican side of the border. An oversample of households in the six northern Mexican border states of Baja California Norte, Sonora, Chihuahua, Coahuila, Nuevo Leon, and Tamaulipas was taken in conjunction with the national survey providing the data base for the Mexican fulfillment of the 1978 technical resolution.

Figure 1. Surveys of U.S. and Mexico Border Area



II. U.S. SURVEY REPORT

3. U.S.-MEXICO BORDER SURVEY

3.1 SURVEY DESIGN

A household probability survey referred to as the U.S.-Mexico Border Survey was conducted during the period June-September 1979. A sample of 5,005 households was chosen from all households in 51 selected counties in the four U.S. border states of Texas, New Mexico, Arizona, and California (Figure 1). The general criteria for inclusion of a county in the survey area were 1) proximity to the U.S.-Mexico border, and 2) a Spanish surnamed head of household in at least 25% of the households in the county, according to the 1970 Census.

For logistic and statistical reasons, households in the survey area were divided into two strata: a metropolitan stratum comprised of the nine counties included in the six Standard Metropolitan Statistical Areas (SMSAs)*, and a nonmetropolitan stratum comprised of the 42 counties not included in an SMSA. The survey area contained the following six SMSAs designated by the 1970 U.S. Census (all six are located in Texas):

SMSA Designation	Counties within SMSA
Brownsville-Harlingen-San Benito	Cameron
Corpus Christi	Nueces-San Patricio
El Paso	El Paso
Laredo	Webb
McAllen-Pharr-Edinburg	Hidalgo
San Antonio	Bexar-Guadalupe-Comal

The 5,005 sample households were about equally divided between the two strata (2,505 in the SMSA stratum and 2,500 in the non-SMSA stratum). However, the total number of households from which the sample was drawn was not equally divided between the two strata. There were about three times as many households in the SMSA stratum as in the non-SMSA stratum.

To adjust for the relative undersampling of households in the SMSA stratum, a weighting scheme was developed. The weighting scheme, in addition to adjusting for strata sampling differentials, included adjustments for nonresponse at both the household and individual-respondent levels, an adjustment for temporal changes in the total population of the survey area, and an adjustment for choosing only one respondent from households that included more than one eligible respondent. All proportions and means for survey respondents in this report are based on weighted data.

The survey questionnaire, administered in a personal interview, had two parts: a household questionnaire and an individual questionnaire. The household questionnaire was used primarily to determine the number of

*An SMSA has a population of $\geq$ 50,000 (according to the 1970 U.S. Census).

women 15-44 years of age residing in each household. Questions on the household questionnaire could be answered by any reliable household member. If the screening questions identified one or more women 15-44 years of age in the household, a limited amount of sociodemographic information was obtained on each woman.

In households with more than one woman 15-44 years of age, the individual questionnaire was filled out for only one woman (randomly selected). Questions on the individual questionnaire could be answered only by the selected respondent in a private, personal interview. At least three callbacks to each household were made, if necessary, to identify households with eligible respondents and to conduct an interview with the selected eligible respondent. All interviewers were bilingual females.

3.2 DESCRIPTION OF THE SURVEY AREA

The 51 survey counties had a total population of 3,273,316, according to the 1980 U.S. Census (*5-8*). The nine counties included in the six SMSAs had 75.5% of the total population; 24.5% lived in the 42 non-SMSA counties. San Antonio was the largest SMSA and had a population of over one million, according to the 1980 Census.

While 6.4% of the total population of the U.S. self-identified themselves in the 1980 Census as being of Hispanic origin, more than one-half (57.0%) of the population of the 51 survey counties identified themselves as Hispanic in the 1980 Census. (In 1980, one out of every eight Hispanics in the U.S. lived in one of the 51 survey counties.) The ratio of Hispanics to those classified as white, and not Hispanic (referred to in this report as Anglos) was 1.6 for the overall 51-county survey area (i.e., approximately 160 Hispanics per 100 Anglos), but varied for different areas in the survey as shown below:

Survey Area	Number of Survey Counties	Ratio of Hispanics to Anglos*
Texas		
SMSA	9	1.6
Non-SMSA	36	1.8
New Mexico	3	1.1
Arizona	2	0.6
California	1	1.7
Overall	51	1.6

*Source: 1980 U.S. Census

Although 11.7% of the 1980 U.S. population was black, less than 4% of the population in the 51 survey counties was black.

No data are available to describe characteristics of the total population of reproductive-age women living in the survey area at the time of the survey. However, for 1979 limited information is available on reproductive-age

women living in the four border states combined (Texas, New Mexico, Arizona, and California)*.

For 1979, the U.S. Census Bureau estimated that a total of about 1.7 million Hispanic and 6.2 million Anglo women 15-44 years of age lived in the four border states. Of the 1.7 million Hispanics, 85.4% were Mexican American (i.e., Hispanics of Mexican origin or descent living in the United States). In 1979, more than half of the reproductive-age women were currently married (57.2% and 56.4% of Mexican Americans and Anglos, respectively). As an indication of the socioeconomic status of reproductive-age women in the four-state area, almost one-third of Mexican American women 20-44 years of age had completed less than 8 years of school compared with less than 1% of Anglos. On the other hand, more than half (52.9%) of Anglo women 20-44 years of age had completed one or more years of school beyond the high school level, compared with less than one-sixth (14.6%) of Mexican Americans.

3.3 DESCRIPTION OF THE SAMPLE

A summary of the outcome of contacts with the 5,005 households included in the survey is given in Table 3.3.1. The overall household completion rate for the household questionnaire was 96.4%, with a household refusal rate of 2.0%. The overall completion rate for the individual questionnaire was 89.3%, with a refusal rate of 4.6%. For all survey areas, both household and individual completion rates compared satisfactorily with those for national family planning surveys conducted in the United States (*9-10*).

The overall mean number of women 15-44 years of age per household was 0.66. In 47.1% of the households, there was no woman 15-44 years of age. In 10.4% of the households there was more than one eligible respondent. In those instances only one woman was selected for interview (at random). From the 2,392 households with at least one eligible respondent, 2,135 completed interviews were obtained (89.3%).

Of the 2,135 respondents on whom an individual questionnaire was completed, 798 (37.4%) were Anglo, 1,255 (58.8%) were Hispanic and 82 (3.8%) were black or of other races. Each respondent was shown an "origin or descent" card. If she identified herself as "white, not Hispanic origin", she was classified as Anglo. A respondent was classified as Hispanic if she identified herself as Mexican American, Chicano, Mexican, Mexicano, Puerto Rican, Cuban, or Central or South American. "Black and other" respondents included all respondents who identified themselves as black, not Hispanic, American Indian (Native American), Asian, or Pacific Islander.

Of the 1,255 Hispanic respondents, 99% identified themselves as Mexican origin or descent (77.9% identified themselves as Mexican American,

*Computer tabulations produced by CDC from the 1979 Current Population Survey of the U.S. Census Bureau provide the data presented in this report.

18.6% as Mexican or Mexicano, 2.5% as Chicano, and 1.0% as other than Mexican origin or descent). Of the respondents who identified themselves as Mexican American or Chicano, 88.0% reported that they were born in the United States, while 76.4% of the respondents who identified themselves as Mexican or Mexicano reported that they were born in Mexico.

In this report, Hispanics are referred to as Mexican Americans unless otherwise noted. Because of the small number of black and other respondents in the survey (82), they have been excluded from all analyses in this report.

The geographic distribution of survey respondents is shown by race/ethnic groups in Table 3.3.2. Overall, 48.7% (1,039) of respondents lived in the SMSA stratum and 51.3% (1,096) lived in the non-SMSA stratum. Texas had 79.3% (1,694) of the total respondents; New Mexico, Arizona, and California each had < 8%. The San Antonio SMSA accounted for almost one-half (45.5%) of all SMSA respondents and almost one-fourth (22.2%) of all respondents in the survey.

The geographic distribution of respondents varied for the three major race/ethnic groups. Most Anglo respondents (57.5%) were in the non-SMSA stratum, while most Mexican Americans and black and other respondents were in the SMSA stratum (52.1% and 57.3%, respectively).

3.4 CHARACTERISTICS OF RESPONDENTS

Selected sociodemographic characteristics for the 1,255 Mexican American and 798 Anglo respondents are shown in Table 3.4.1. Mexican American survey respondents as a group were younger than Anglo respondents: 60.7% of Mexican Americans were 15-29 years of age, as compared with 52.3% of Anglos. Percentage distributions for age varied most for the group 15-19 years of age (25.3% for Mexican Americans, 17.6% for Anglo).

Respondents who reported that they were married or living in consensual union were classified as currently married. Those who reported that they were separated, widowed, or divorced, were classified as previously married, and those who reported that they had never married were classified as never married. A higher percentage of Anglos were currently married at the time of the survey than Mexican Americans (66.5% and 55.7%, respectively).

Respondents were asked how many years of school they had completed. Each respondent was categorized according to whether she had completed 0-7, 8-11, 12, or 13+ years of school. For women 20-44 years of age, 90.1% of Anglos had completed 12 or more years of school, as compared with 50.9% of Mexican Americans. The number of Anglos in the category 0-7 years of school was too small for that category to be used in analysis.

According to an index of total family income and size of family (*11*), a much higher percentage of Mexican American than Anglo respondents were near or below the poverty level. More than one-fourth (28.5%) of Mexican Americans were below the poverty level as compared with 4.0% of

Anglos. At the time of interview, 41.8% of Mexican American and 58.1% of Anglo respondents were currently employed.

Almost one-fourth (23.6%) of Mexican American respondents were born in Mexico, primarily, in one of the six northern border states (17.5%).

4. FERTILITY

4.1 LEVEL OF FERTILITY

Mexican Americans consistently had the highest fertility of any race or ethnic group in the United States from 1950 through the 1970s (*3,12-17*), and in the four border states—Texas, New Mexico, Arizona, and California—had higher levels of fertility than Anglos did (*18*).

The mean number of children ever born to ever-married survey respondents 40-44 years of age was 4.77 for Mexican Americans and 3.05 for Anglos (Table 4.1.1). By comparison, U.S. national survey data for 1977 show that the mean number of children ever born to white women (including both Hispanics and Anglos) was 3.15 for women 40-44 years of age (*19*). The difference between Mexican American and Anglo respondents in regard to mean number of children is statistically significant for every age group but the youngest (15-19 years of age).

To thoroughly examine the difference in cumulative fertility* for Mexican Americans and Anglos, a more extensive analysis was done using survey information for ever-married respondents 35-44 years of age who were married for at least ten years. The results of this analysis are summarized as follows:

1) Cumulative fertility was significantly higher ($p < .001$) for Mexican Americans than for Anglos (the mean number of children was 4.30 and 2.84, respectively) (Table 14.1.2).
2) When controlled for years of school completed and poverty status, the differences between Mexican Americans and Anglos in regard to fertility were not statistically significant. The findings suggest that the disproportionately large number of Mexican Americans of low socioeconomic status has a direct effect on the high aggregate Mexican American fertility and, conversely, that the disproportionately large number of Anglos of relatively high socioeconomic status has a direct effect on the relatively low aggregate Anglo fertility.

4.2 LEVEL OF UNPLANNED FERTILITY

Each respondent was asked a series of questions designed to determine if her most recent live birth was planned. Each birth was categorized as

*The sample used to conduct the U.S.-Mexico Border Survey was too small to allow calculation of a statistically reliable general fertility rate, the preferred measure for analysis of fertility. The general fertility rate is calculated as the number of live births per year per 1,000 women 15-44 years of age. A cumulative measure of fertility—the mean number of children ever born—was used to analyze levels of fertility.

1) planned (i.e., a birth that was desired and that occurred when planned), 2) mistimed (i.e., a birth that occurred before or after it was planned but not in excess of desired number of births), or 3) unwanted (i.e., a birth in excess of desired number).

When asked, "Just before your last (or current) pregnancy, did you want to get pregnant?" 47.8% of the Mexican Americans and 60.9% of the Anglos answered affirmatively. They were then asked, "Did the pregnancy occur earlier than planned or did you want to have a child as soon as possible?" Almost 37% of the Mexican Americans and 29.1% of the Anglos responded that they had become pregnant earlier than planned.

The results of the analysis of the planning status of the most recent live birth for the period 1969-1979 are shown in Tables 4.2.1 and 4.2.2, and may be summarized as follows:

1) For 52.2% of Mexican Americans and 39.1% of Anglos, their most recent live birth was either mistimed or unwanted (Table 4.2.1).

2) The association between planning status of a birth and specific sociodemographic characteristics is similar for Mexican Americans and Anglos (Table 4.2.1): a) as age increased, the percentage of unwanted births increased; b) as parity increased, the percentage of unwanted births increased and the percentage of planned births generally decreased; c) as the number of years of school completed increased, the percentage of unwanted births decreased and the percentage of planned births generally increased; d) as the percentage above the poverty level increased, the percentage of unwanted births decreased and the percentage of planned births increased. These patterns are consistent with most national studies on the planning status of births (*20-23*).

3) Comparison of differences between Mexican Americans and Anglos in regard to planning status of births focused on unwanted fertility. Mexican Americans had a significantly higher level ($p < .05$) of unwanted fertility than Anglos (Table 4.2.2). However, when standardized by parity, years of school completed, and poverty status, the Mexican American differential in unwanted fertility was not statistically significant. This suggests, as was the case with cumulative fertility, that the disproportionately large number of Mexican Americans of low socioeconomic status relative to Anglos is a significant factor in the overall difference between the groups in the percentage of unwanted births.

4) Mexican Americans whose most recent live birth was unwanted were less likely than Anglos to have used contraception before pregnancy and were less likely to use contraception after the unwanted birth (data not shown in table).

5. FAMILY PLANNING

Each respondent was asked whether she or her husband or partner was currently using or had ever used any one of various types of contraceptive methods, including surgical sterilization. If a woman was currently using more than one contraceptive method, the method defined for analysis as the current method was determined using the hierarchy of methods suggested by Westoff and Jones (*24*). The data on contraceptive use presented in this report are based on analyses published elsewhere (*25-27*).

5.1 CONTRACEPTIVE USE (ALL RESPONDENTS)

Two-thirds of currently married Mexican Americans were using contraception at the time of the survey. One-fourth had used contraception in the past but were not currently using it, and one-tenth had never used contraception (Table 5.1.1). Three-fourths of currently married Anglos were currently using contraception, and one-fourth had previously used contraception. Less than 2% of currently married Anglos had never used contraception. Almost one-half of the Mexican American and Anglo respondents who were previously married were currently using contraception. More than three-fourths of never-married Mexican Americans had never used contraception, while almost one-fourth had at some time used contraception. As compared with Mexican Americans, a lower percentage of never-married Anglos had never used contraception (61.0%).

5.2 CURRENT CONTRACEPTIVE USE (CURRENTLY MARRIED RESPONDENTS)

The percentage of currently married respondents using contraception at the time of the survey was 65.5% for Mexican Americans and 75.2% for Anglos (Table 5.2.1). Representative national data indicate that the level of current contraceptive use for currently married white women (including both Mexican Americans and Anglos) 15-44 years of age increased from 66% in 1965 to 79% in 1975 (*24*). The level of contraceptive use for Anglos in 1979, as determined by the U.S.-Mexico Border Survey, was comparable to the 1975 national level, while the level of contraceptive use for Mexican Americans was comparable to the 1965 national level.

The overall difference in contraceptive use between Mexican American and Anglo currently married respondents was statistically significant. However, when analyzed by age, only the differences between Mexican Americans and Anglos in the two oldest age groups (35-39 and 40-44 years of age) were statistically significant. The level of contraceptive use among Anglos was significantly higher than that among Mexican Americans for both never-pregnant and ever-pregnant respondents. In both ethnic groups, the proportion of ever-pregnant respondents using contraception was significantly higher than that of never-pregnant respondents. In general, contraceptive use increased with increasing numbers of children for both Mexican Americans and Anglos, but contraceptive use after the

birth of the first child was significantly higher for Anglos than Mexican Americans.

Table 5.2.2 shows that 34.6% of currently married Mexican American women were not currently using contraception and that for nonusers, pregnancy-related reasons were the most common reason (15.9%). Approximately 9% of the women were classified as noncontraceptively sterile, that is, they had undergone noncontraceptive sterilization or they were sterile for biological reasons (e.g. menopause or subfecundity). The remaining 10.1% were nonusers who probably were in need of family planning services (unmet need category).

Overall, levels of current contraceptive use for Mexican Americans did not differ by age; however, reasons for nonuse did. Younger women (15-29 years of age) were more likely to give pregnancy-related reasons, while older women (30-44 years of age) were more likely to be noncontraceptively sterile. The percentage of women in need of family planning services was nearly the same for the two age groups.

Seventy-two percent of the currently married Mexican American respondents currently using contraception used modern medical methods (e.g., sterilization, pills, IUD, or injectables), with the pill being the most popular, followed by sterilization (male and female), and the IUD. Male sterilization was far less common than female sterilization, and younger users were slightly more likely than older ones to use medical methods. For older Mexican Americans, sterilization was the preferred method, followed by the pill, condom, and IUD, while younger women strongly favored the pill.

Table 5.2.3 shows levels of contraceptive use for Mexican American respondents 20-44 years of age, by years of school completed. As the level of education increased, the percentage currently using contraception increased, and the percentage with unmet need for family planning services decreased. The least educated Mexican American women were more likely than the most educated to use medical methods of contraception, primarily because the percentage of women using female sterilization decreased with increased education.

Table 5.2.4 shows that 24.8% of currently married Anglo women were not currently using contraception and that for Anglo nonusers, as well as for Mexican American nonusers, pregnancy-related reasons were the most common (13.0%). Slightly more than ten percent of the Anglo women (10.3%) were noncontraceptively sterile, and 1.5% were nonusers who were probably in need of family planning services.

Overall, levels of contraceptive use for Anglos, as for Mexican Americans, did not differ by age; however, reasons for use did. Younger women were more likely to give pregnancy-related reasons, while older women were more likely to be noncontraceptively sterile. In both age groups fewer than 2% were in the unmet need category.

Over three-fourths of currently married Anglo respondents currently using contraception used medical methods. Sterilization (18.1% female and

23.5% male) was the most frequently used method of contraception, followed by the pill and IUD. Older women were more likely than younger women to use medical methods of contraception. More than half (54.6%) of the older women were using sterilization and 18.9% were using the pill, while among the younger women 41.2% were using the pill and less than 20% (19.8%) were using either male or female sterilization.

Table 5.2.5 shows level of contraceptive use for Anglo respondents 20-44 years of age, by years of school completed. Levels of contraceptive use do not differ substantially between women with 8-11 years of school and women with 12 years or more. In addition, the proportion of Anglos giving reasons for nonuse related to pregnancy or sterility are similar for both education groups. The proportion in need of family planning services was very low for both education groups. About three-fourths of the Anglos were using either sterilization or the pill. The percentage using female sterilization decreased as years of school completed increased, while the percentage using male sterilization increased as years of school completed increased.

5.3 SOURCE OF CONTRACEPTION (CURRENTLY MARRIED RESPONDENTS)

The primary source of current contraception for currently married Mexican American and Anglo women was the private physician or clinic* (Table 5.3.1). However, for almost one-fourth of Mexican American women, the source of contraception was a Planned Parenthood affiliate or the local health department. For Mexican Americans, the most frequent source for obtaining male sterilization, the pill, and the IUD was the private physician or clinic. Nonmilitary hospitals were another important source of contraception for Mexican Americans, primarily because of the large number of female sterilizations performed there. About 9% of Mexican American women traveled across the border into Mexico for contraceptive services, usually to obtain the pill.

More than half (55.8%) of Anglo respondents stated that their source of contraception was a private physician or clinic. The private physician or clinic was an especially important source for male sterilization, the pill and the IUD. For all methods except female sterilization, military hospitals were the second most important source of contraception. Two-thirds of female sterilizations were performed in nonmilitary hospitals, while three-fourths of male sterilizations were performed by private physicians or clinics. Less than 2% of Anglo respondents obtained contraception from organized

*Women were asked where they obtained contraceptive services. One of the response categories was "private physician/clinic". This category was intended to include physicians in private practice or clinics run for profit by a physician or a group of physicians. However, the Spanish word for "clinic" is widely used to denote several kinds of medical facilities, including Planned Parenthood clinics, health department clinics, private clinics, and even hospital clinics. Because of this ambiguity, some of the Mexican American women who reported receiving services from a private physician or clinic may in fact, have been obtaining services from clinics operated by organized family planning programs.

family planning programs, such as Planned Parenthood or local health departments.

5.4 STERILIZATION (EVER-MARRIED RESPONDENTS)

In the United States, the prevalence of surgical sterilization (male and female) for contraceptive reasons rose from 7.8% in 1965 to 19.3% in 1976 (*28-29*). Sterilization (male and female) was the most common method of contraception used by Anglos and the second most common method used by Mexican Americans (Tables 5.2.2 and 5.2.4). Given this high level of use of contraceptive sterilization by survey respondents, an in-depth analysis of sterilization was done with four focuses: 1) prevalence of contraceptive sterilization, 2) social and demographic characteristics of female respondents who chose contraceptive sterilization, 3) timing of female sterilization during the reproductive cycle, and 4) potential demand for sterilization among women who have had all the children they want. The findings may be summarized as follows:

1) The prevalence of female sterilization among Mexican Americans and Anglos (Table 5.4.1) is consistent with findings from national studies for whites and for blacks when analyzed by selected social and demographic characteristics (*23,30-33*). For Mexican American and Anglo women, as for whites and blacks nationally, the variables age at interview, years since first marriage, and parity were positively associated with female sterilization. The variables age at first birth and years of school completed were negatively associated with sterilization. An unwanted last live birth and past use of a medical method of contraception were also factors associated with obtaining female sterilization.
2) As compared with ever-married Anglos who had undergone sterilization, ever-married Mexican Americans who had been sterilized were of higher parity and a greater proportion of their last live births had been unwanted. Survey findings for Mexican Americans were similar to those of national studies for blacks, while the results for Anglos resembled those for whites nationally (*23,31*).
3) The potential demand for sterilization among respondents who wanted no more children was slightly higher among Anglos than Mexican Americans (Table 5.4.3); however, both levels are similar to national figures for whites and blacks (*23,31*). The potential demand for sterilization among Mexican Americans and Anglos, as well as for blacks and whites nationally, was higher among women less than 35 years of age and among women married less than 15 years. The women most interested in sterilization were Mexican Americans with four children and Anglos with three children. Although an unwanted last live birth had little effect on the potential demand for sterilization by Mexican Americans and Anglos, national studies determined that unwanted last live births were associated with increased demand for

sterilization by both whites and blacks. Over one-half of Mexican Americans and Anglos currently using medical methods of contraception were interested in sterilization. This finding is similar to national findings for whites.

In addition to these findings, regression analysis to investigate the determinants of female sterilization led to the general conclusion that the specific factors that served as the major determinants of whether or not a respondent chose contraceptive sterilization could not be ascertained from our survey data. It appears that whatever factors are contributing to the decision to obtain sterilization remain largely unknown (a finding consistent with national efforts to identify determinants of sterilization for both blacks and whites).

5.5 NEED FOR FAMILY PLANNING SERVICES (EVER-MARRIED RESPONDENTS)

National survey data have been used to describe the need for family planning services in the United States (*34-38*). However, no data are available from these surveys for the U.S.-Mexico border area of the United States. Therefore, the U.S.-Mexico Border Survey data were analyzed to determine the need for family planning services in this area. A woman was defined as in need of family planning services if she was:

1) Fecund, that is, not surgically or biologically sterile or subfecund (any woman not using contraception and reporting no pregnancies for at least the previous five years was considered biologically sterile)
2) Sexually active
3) Not currently pregnant
4) Not desiring pregnancy at the time of the interview

The proportion of women in need of family planning services by selected characteristics was calculated for both ever-married and never-married Mexican American and Anglo women (information from this analysis for never-married women is found in Section 5.6).

Table 5.5.1 shows the percentage of ever-married respondents in need of family planning services, by selected characteristics. About half the Mexican American and Anglo respondents were in need of family planning services at the time of the survey (55.7% and 46.2% respectively). The greater need for family planning services among Mexican Americans is largely due to the lower level of contraceptive sterilization among Mexican American women (21.0%) as compared with Anglo women (38.9%) (Table 5.4.1).

For every social and demographic category examined (except one), the proportion of ever-married women in need was greater for Mexican Americans than for Anglos. (Mexican American women of 0 parity have a lower proportion in need as compared with Anglos.) In general, for both ethnic groups, the proportion in need was smaller among older women, among women of higher parity, and among women whose last live birth was unwanted.

Table 5.5.1 also shows the percentage of respondents who were in need of family planning services, but who were not using contraception at the time of the survey . Overall, 19.0% and 8.2%, respectively, of ever-married Mexican American and Anglo women who were in need of family planning services were not using contraception (and represent, from a family planning program perspective, the level of unmet need). The categories of Mexican American women with the greatest levels of unmet need were women whose last live birth was unwanted, or who were 35-44 years of age, or of parity 4 or greater. Among Anglo women in need of family planning services, the level of unmet need was consistently low (less than 15%) for all social and demographic categories examined.

Although family planning services have been available in the border area for more than a decade, this analysis shows that certain groups of women still are in need of services. Women who are less likely to have resources for obtaining family planning services from private sources—that is, women with low income and little education—have relatively high levels of unmet need, and thus are the target population for organized family planning programs.

According to this analysis of survey data and combined population estimates for the four border states, more than 150,000 ever-married Anglo women and 100,000 Mexican American women are estimated to have been in need of family planning services in 1979.

5.6 USE OF CONTRACEPTION AND NEED FOR FAMILY PLANNING SERVICES BY NEVER-MARRIED RESPONDENTS

As shown in Table 5.1.1, most never-married respondents had never used contraception (78.7% and 61.0% for Mexican Americans and Anglos, respectively). When these respondents were asked why they were not currently using contraception, almost 90% in each ethnic group indicated that they were not sexually active.

The percentage of never-married women using contraception at the time of the survey was significantly greater for Anglos than for Mexican Americans (Table 5.6.1). For each age group, a larger proportion of never-married Anglos were current users, but the difference between these proportions for Anglos and Mexican Americans was not statistically significant. Among never-married Mexican Americans, twice as many who had ever been pregnant were currently using contraception as compared with those who had never been pregnant. However, a greater proportion of never-pregnant Anglos were using contraception than either never-pregnant or ever-pregnant Mexican Americans. (The difference was statistically significant for the never-pregnant group.)

The method most used by never-pregnant respondents in both ethnic groups was the pill (46.1% and 63.6% for Mexican Americans and Anglos, respectively) (data not shown). The use of condoms was also high among Mexican Americans (28.2%), but relatively low among Anglos (6.4%).

For never-married respondents who were currently using contraception, the source of contraception for Mexican Americans was different from that for Anglos. Almost 40% of Mexican Americans obtained their contraceptives from a pharmacy, a reflection of the high level of condom use (data not shown). Approximately 30% (29.7%) of Mexican Americans went to Planned Parenthood clinics and another 23.6% went to a private physician or clinic. More than half (55.2%) of never-married Anglos used a private physician or clinic as their source of contraception, while 31.5% went to Planned Parenthood. Local health departments were the source of contraception for less than 3% of either Mexican American or Anglo never-married users.

The analysis to determine the percent of survey respondents in need of family planning services (discussed in Section 5.5) included an estimate for never-married respondents as well. Table 5.6.2 shows that 39.5% of never-married Mexican Americans and 23.8% of never-married Anglos were in need of family planning services but were not using contraception. Teenagers had the greatest unmet need for family planning services. Almost one-half of the Mexican American and more than one-third of the Anglo teenagers who had never been married and who were in need of family planning services were not using contraception at the time of the survey.

5.7 ATTITUDES TOWARD FAMILY PLANNING SERVICES

In the U.S.-Mexico Border Survey, as in many surveys conducted by CDC in Central and South America, respondents were asked:

1) What their attitudes were toward delivery of family planning services through a nonphysician, community-based distribution (CBD) program;
2) Whether they preferred a male or whether they preferred a female provider of family planning services;
3) Who was the primary decision maker in the family in regard to use of family planning;
4) What barriers to obtaining family planning services existed.

5.7.1 Community-Based Distribution

The following sequence of questions was asked of respondents using a temporary method of contraception (i.e., a method other than surgical sterilization):

1) "Would it be acceptable to you if medical personnel other than a physician, such as a nurse, provided your contraceptive needs, under a physician's supervision?"
2) "If a person in your community (neighborhood), other than a medical person, were trained to offer family planning methods and counseling, would you use their services?"
   a) If yes, "What person in your community would you prefer to be trained to offer family planning services?"
   b) If no, "Why wouldn't you use their services?"

Data on the answers to these questions by currently married respondents are shown in Table 5.7.1.1. Approximately 75% or more of both Mexican American and Anglo women were willing to accept family planning services from a medical person other than a physician, with little difference in the proportions for those currently using contraception and those not currently using it. Furthermore, the acceptability of family planning services from a medical person other than a physician was similar for Mexican American women, regardless of their current method of contraception. While acceptance of services from a medical person other than a physician was high among Anglo women, the percentage was almost twice as high among users of medical methods as among users of nonmedical methods.

Approximately 50% to 60% of Mexican American and Anglo respondents answered in the affirmative when asked if they would accept services from a nonmedical person in their community trained to provide family planning services and counseling. More than 10% of Anglo nonusers and current users of nonmedical methods were ambivalent, responding "don't know" to the question.

Those who responded that they would be willing to accept family planning from a nonmedical person were asked what kind of person from their community they would prefer to have trained to provide services. For both Mexican Americans and Anglos, the category "no preference—any trained person" consistently contained the most responses.

Those who indicated that they would not accept family planning services from a trained nonmedical person in the community were questioned as to their reasons. For both Mexican Americans and Anglos, the predominant reasons were related to a general lack of confidence in nonmedical persons, regardless of whether or not the respondent was currently using contraception or whether the method being used was medical or nonmedical.

5.7.2 Preference for Service

Each respondent who was currently using a temporary method of contraception was asked, "When getting family planning services, would you prefer to be served by a male or female?" Table 5.7.2.1 shows the percentages of currently married Mexican American and Anglo women responding, according to the three preference categories—male, female, doesn't matter.

Approximately 10% to 15% of Mexican American and Anglo women stated that they preferred to receive family planning services from a male. This preference was relatively consistent for nonusers and for current users whether or not the method being used was medical or nonmedical.

The preference for family planning services provided by a female was more pronounced among Mexican Americans than Anglos. Of the women who were not using contraception, almost three times as many Mexican Americans as Anglos preferred to receive services from a female. Of the current users of contraception, more than twice as many Mexican Americans as Anglos preferred to receive services from a female.

Thus, more than one-half of the Mexican American respondents stated a preference to receive family planning services from either a male or a female (less than half stated no preference). However, about two-thirds of Anglo respondents had no preference as to the sex of a provider of family planning services.

5.7.3 Decison Making

Survey respondents who were currently using a method of contraception were asked, "Who made the decision to practice family planning?" Table 5.7.3.1 shows the results of responses for currently married women according to each of five response categories: self and spouse, self, spouse, relative, or other.

For all methods of contraception, for both Mexican Americans and Anglos, the decision to use contraception was most often jointly made. In regard to joint decision making specifically, the greatest differences in the percentages for Mexican Americans and Anglos were related to male sterilization. Eighty-five percent of Anglo respondents stated that male sterilization was a joint decision, as compared with 64.8% for Mexican Americans. For Anglo women, the decision to obtain female sterilization was the decision most likely to be made by the woman alone, but for Mexican American women this was the decision least likely to be made by the woman alone.

5.7.4 Barriers to Service

The survey contained several questions designed to determine possible barriers to obtaining family planning services. These questions were related to—

1) Travel time required to obtain family planning services;
2) Mode of transportation required to obtain family planning services;
3) Availability of services in the respondent's language of preference;
4) Respondent's primary reason for not currently using contraception.

Analysis of the data related to possible barriers to service may be summarized as follows:

1) For more than 90% of currently married Anglo respondents who were currently using contraception, the travel time required to obtain family planning services was less than one-half hour. Likewise, the travel time for more than 90% of Mexican Americans (excluding those who used female sterilization) was less than one-half hour. (Of the Mexican Americans currently using female sterilization, 22.0% required longer than one-half hour of travel time to obtain their sterilization.)
2) For almost all Mexican Americans and Anglos who were currently married and using contraception, private cars were the mode of transportation used to obtain family planning services. Mexican American women using temporary medical methods were the subgroup most likely to use public transportation to obtain family planning services. Less than 2% of Anglos used public transportation.

3) Less than 5% of Mexican American respondents stated that health care was not available to them in their language of preference. In the counties immediately adjacent to the U.S.-Mexico border, 43.0% of Mexican American respondents stated Spanish was their language of preference at health care facilities, as compared with 30.9% in nonborder counties.
4) To the open-ended question, "What is the main reason you are not currently using anything to keep from getting pregnant?" less than 5% of Mexican American or Anglo women responded with answers that indicated economic, distance, transportation, or language barriers.

6. MATERNAL AND CHILD HEALTH

Women interviewed in the U.S.-Mexico Border Survey were asked several questions related to maternal and child health. One set of questions pertained to prenatal, delivery, and post partum care for the last completed pregnancy. Another set of questions related to abortion. Additionally, a few questions were asked regarding child health and breast-feeding.

6.1 MATERNAL HEALTH CARE

6.1.1 Prenatal

Questions were asked pertaining to prenatal care during the last completed pregnancy:

"Did you have prenatal care during your last (complete) pregnancy?"
"What month of pregnancy did prenatal care begin?"
"Where did you receive prenatal care?"
These questions were asked to—

1) Estimate the level of prenatal care for both Mexican American and Anglo women living in the survey area;
2) Estimate the duration of prenatal care using month of pregnancy that prenatal care began as an indicator of duration;
3) Determine the proportion of women using various sources of prenatal care; and
4) Characterize women who had no prenatal care during their last completed pregnancy.

The level of prenatal care for currently married Mexican American and Anglo women in the border area was high, as shown in Table 6.1.1.1. The percentage of Mexican Americans receiving prenatal care was uniformly high (90% or more) for women in each 5-year age group, in each "years of school completed" category (0-7, 8-11, 12, and 12+), and at each parity level (1, 2, 3, 4, and 5+). Likewise, the percentage of Anglo women receiving prenatal care was very high for each level of age, education, and parity.

Data from birth certificates in three of the four survey states (Arizona, California, and Texas) show that 97.8% of white (Anglo and Hispanic) women who gave birth in 1975 received some prenatal care (*39*). Other na-

tional data (which identify Mexican Americans separately) show that 97.1% of Mexican American women who had a live birth in 1978 received some prenatal care (*40*).

To better define the group of Mexican American women who did not receive prenatal care, they were compared with Mexican American women who did receive prenatal care (< 1% of currently married Anglo women in the survey had no prenatal care; thus, only the currently married Mexican American women who received prenatal care (94.3%) were compared with those who did not (5.7%).

There was no difference between those who did and those who did not receive prenatal care with respect to: 1) the woman's place of birth (approximately 30% in each group were born in Mexico); 2) language preference in the home (approximately half of each group preferred to speak Spanish); and 3) availability of health care services provided by someone who speaks Spanish, if Spanish was preferred (approximately 90% in each group received care from a person who spoke Spanish, if Spanish was the respondent's preferred language). There was, however, a difference in the level of contraceptive use. Of the Mexican American women who had prenatal care, 71% were currently using contraception, as compared with 48% for women who had no prenatal care.

Although a high percentage of both Mexican American and Anglo women had prenatal care during their last pregnancy, Mexican Americans tended to begin their prenatal care later in pregnancy. Almost 92% of currently married Anglo women began their prenatal care during the first trimester of pregnancy and only 1.0% began care during the last trimester (Table 6.1.1.1). As compared with the percentage for Anglos, a larger percentage of currently married Mexican American women began prenatal care after the first trimester.

For both Mexican Americans and Anglos, first-trimester prenatal care was directly related to years of school completed. Although 33.3% of currently married Mexican American women (20-44 years of age) with 0-7 years of school completed had no first-trimester prenatal care, only 8.4% of women with more than 12 years of school did not receive care during the first trimester. For Anglos the same comparison showed 16.7% of the least educated and 3.6% of the most educated women received no first-trimester prenatal care.

For Mexican Americans and Anglos, the lowest percentages of women having first-trimester prenatal care were women with $\geq$ 5 live births. However, since a disproportionately large number of these women also had completed < 12 years of school, education appears to be a stronger indicator of prenatal care than parity.

For Arizona, California, and Texas, 92.5% of white women who had live births in 1975 began prenatal care during the first three months of pregnancy (*39*). This percentage is similar to that for Anglos in the survey (91.9%).

National data on prenatal care for white women who gave birth in 1975 show a similar strong and direct relationship between number of years of school completed and percentage of women beginning prenatal care in the first trimester. These data show that the lowest proportions of women having first-trimester care were for those with ≥ 5 live births (*39*).

National data on Mexican Americans show a higher percentage of women receiving prenatal care late in pregnancy than data from the U.S.-Mexico Border Survey. According to the national data, in 1978 almost 40% of Mexican American women in the U.S. began prenatal care after the first trimester, and almost 10% waited until the third trimester (*40*). Similarly, data for Mexican Americans having a live birth in 1978 in California show that 37.7% began prenatal care after the first trimester and 7.9% began care in the third trimester (*41*). Our findings, on the other hand, showed that the percentage of Mexican American respondents beginning prenatal care after the first trimester (approximately 20%) was almost half that of the studies cited above. Furthermore, < 2% of Mexican American respondents in our survey began prenatal care in the third trimester, as compared with more than three times that percentage in the studies cited above.

The most frequent provider of prenatal care for currently married Mexican American and Anglo respondents was the private physican/clinic. Almost four times as many Mexican American as Anglo women received their prenatal care at either a nonmilitary hospital or health department clinic, while three times as many Anglos as Mexican Americans went to military hospitals.

Both Mexican American and Anglo women who went to nonmilitary hospitals or health departments tended to get prenatal care later in pregnancy. For example, 42.2% of Mexican American women who stated that the health department was their source of prenatal care waited until after the first trimester to begin that care. Use of nonmilitary hospitals and health departments for care was directly related to years of school completed, for both Mexican Americans and Anglos. Almost one-third of Mexican American women (20-44 years of age) with 0-7 years of school received their prenatal care from nonmilitary hospitals or health departments.

The proportion of Mexican Americans whose source of prenatal care was in Mexico was also directly related to years of school completed. These women were characterized as follows:

1) More than 90% were currently living in border counties;
2) Approximately 80% had their last live birth in Mexico;
3) More than half stated that they currently go to Mexico for health care.

6.1.2 Delivery and Post Partum

Most currently married respondents of either ethnic group had their last live birth in a hospital (either military or nonmilitary) (Table 6.1.1.1). Four

percent of Mexican Americans delivered their last child in Mexico. Proportionately more younger than older Mexican American women reported Mexico as their place of delivery.

There was an inverse relationship between years of school completed and the percentage of Mexican American women delivering their last child in Mexico (8.1% of Mexican American women, 20-44 years of age, with 0-7 years of school, delivered in Mexico, as compared with 0.3% of Mexican American women with more than 12 years of school). Less than 3% of Mexican American women and less than 1% of Anglo women indicated that their delivery was attended by a lay midwife.

Respondents were asked, "Did you have a medical checkup within 3 months following the birth of your last child (post partum checkup)?" Table 6.1.1.1 shows that 86.4% of Mexican American and 96.8% of Anglo currently married respondents had a post partum checkup after their last birth. For both Mexican Americans and Anglos, there was a direct association between years of school completed and the percentage of women receiving a post partum checkup. For currently married Anglo respondents (20-44 years of age), the percentage ranged from 89.9% for 8-11 years of school to 97.6% for more than 12 years of school. For currently married Mexican American respondents (20-44 years of age), the percentages ranged from 73.6% for 0-7 years of school to 95.3% for more than 12 years of school.

6.1.3 Abortion

The survey questionnaire included a series of questions used to assess the prevalence of abortion and associated levels of morbidity. The questions in the survey did not distinguish spontaneous from induced abortion. Respondents were first asked:

"Some women have pregnancies which result in miscarriage or abortion: have you ever had a miscarriage or abortion?"

Women who responded in the affirmative were then asked, "How many abortions or miscarriages?"

"What was the date of your most recent abortion or miscarriage?"

"Following this last abortion or miscarriage did you have any complications that required you to seek treatment or health care?"

"Where did you go?"

"Where is this place (or person) located?"

"Did your complication require at least one night's stay in either a hospital or clinic?"

Table 6.1.3.1 shows the percentages of Mexican American and Anglo respondents who had ever had an abortion. While overall the prevalence of abortion in the border area was about the same for Mexican American and Anglo women, Mexican Americans reported a lower prevalence of abortion for two of the three marital-status categories and for each category regarding years of school completed and parity (Table 6.1.3.1). Of those who had ever been pregnant, approximately one-fourth in each ethnic group reported

at least one pregnancy that ended in abortion. However, the percentage of women experiencing an abortion differed by parity. The prevalence of abortion was similar for Mexican American and Anglo women with one or two pregnancies, but there was a twofold difference in the level of abortion for Anglo women having three pregnancies. More than one-half of Anglo women with 4 and $\geq$ 5 pregnancies had had an abortion.

Of the women who had had an abortion, one-third in each ethnic group reported complications that required treatment or health care following their last abortion (34.5% for Mexican Americans and 32.2% for Anglos). Of the women who had complications, more than one-half received treatment or care at a hospital (50.5% of Mexican Americans and 63.8% of Anglos). Overnight hospitalization was necessary for 71.8% of Mexican American women and 66.3% of Anglo women who had complications.

A disproportionately large percentage of Mexican American respondents who had complications with their last abortion received care in Mexico (20.0%). These women had close ties with Mexico—all were born in Mexico and preferred to speak Spanish, and most (84.5%) lived in border counties. By comparison, overall, less than 10% of Mexican American survey respondents stated that their usual source of nonemergency health care was in Mexico. The percentage of Mexican American respondents who cited Mexico as their usual source of nonemergency health care was 7.6% for those who had never had an abortion and 4.4% for those who had ever had an abortion.

6.2 CHILD HEALTH CARE

A few questions on child health care were asked:

1) Was the respondent's last-born infant taken for a medical check prior to six months of age, and if so where?
2) Was the child vaccinated at this medical checkup and how many times was the child brought for vaccination?

More than 95% of women in both ethnic groups responding to the question on a medical checkup for their last child responded in the affirmative. Most of the medical checkups were performed by a private physician/clinic (64.4% and 79.3% for Mexican Americans and Anglos, respectively). Almost one-fourth of Mexican Americans (22.6%) took their child to a local health department, as compared with 4.0% of Anglos.

Vaccination levels for infants were high, with 93.1% of Mexican Americans and 94.8% of Anglos responding that their last child had been vaccinated before six months of age (89.6% of Mexican American and 92.2% of Anglo infants were brought in for vaccinations three or more times).

6.3 BREAST-FEEDING

Survey respondents who had ever had a live birth were asked if they had breast-fed their last-born infant and, if so, for how many months. The data for all respondents who had a live birth during 1971-1979 were analyzed (*42*). This nine-year time span was divided into two periods (1971-1975

and 1976-1979) for the purposes of analysis. When results for the period 1971-1975 were compared with those for 1976-1979, they showed—

1) A statistically significant increase ($p < .05$) in the incidence of breast-feeding among Anglos (Table 6.3.1);
2) A statistically significant decrease in the incidence of breast-feeding among Mexican Americans (Table 6.3.1);
3) Standardization by age, parity, and years of school completed did not materially affect the unstandardized incidence rates for either ethnic group;
4) A trend toward decreased incidence of breast-feeding among Mexican Americans in two of three years of school completed categories and all four parity categories;
5) A trend toward increased incidence of breast-feeding among Anglos for each category of schooling and parity (Table 6.3.1);
6) A decrease (not statistically significant) in the mean number of months infants were breast-fed (for both Mexican Americans and Anglos who breast-fed their last-born infant).

The U.S.-Mexico Border Survey results for Anglos are consistent with the findings of the 1976 National Survey of Family Growth (*43*), while border survey results for Mexican Americans are not. In fact, border survey data suggest an inverse trend in breast-feeding among Mexican Americans, as compared with the national trend.

6.4 SPECIAL TOPICS RELATED TO MATERNAL AND CHILD HEALTH

In addition to questions on demographic characteristics, fertility, and use of contraception, survey respondents were asked questions related to smoking habits and alcohol consumption.

6.4.1 Smoking Habits

Respondents were asked about their current and past smoking habits and their opinion of the harmful effects of cigarette smoking on their health. The data on smoking habits presented in this section is based on analysis published elsewhere (*44*). Results of the analysis of survey data showed that the patterns of smoking were similar for reproductive-age Mexican American and Anglo women by age group, years of school completed, and marital status. However, while the patterns of smoking are similar, the levels of smoking were not similar—significantly more Anglo women were current smokers.

For both Mexican Americans and Anglos, Table 6.4.1 shows that women 15-19 years of age had the lowest proportion of current smokers; however, the percentage of current smokers rose only slightly after age 19. When respondents were stratified by years of school completed, the percentage of current smokers was highest for women with less than 12 years of school. For both Mexican Americans and Anglos, smoking was much more prevalent among women who were previously married than among

women who were currently married or who had never been married. When Mexican American women were classified according to country of birth, the percentages of current smokers were similar for those born in the U.S. and those born in Mexico.

While the patterns of smoking for Mexican Americans and Anglos were similar, Table 6.4.1 shows that the levels of smoking were not similar. The overall level of current smoking among Mexican Americans was 70% lower than among Anglos. National statistics for 1979 on current levels of smoking show that in each of three age groups (20-24, 25-34, and 35-44 years of age), just over one-third of the white women were current smokers (*45*). These national percentages for white women are strikingly similar to the percentages for Anglo smokers in the survey in the same age groups. For every social and demographic category examined, Mexican American women had a lower level of smoking than Anglo women. While the percentage of current smokers 15-19 years of age was only slightly lower for Mexican Americans than for Anglos, the percentage of current smokers was almost twofold greater for Anglos 35-44 years of age than for Mexican Americans in the same age group.

Anglos who were current smokers reported having begun smoking at an earlier age than Mexican Americans who were currently smoking. The mean age at which Anglos began smoking was 17.3 years, as compared with a mean age for Mexican Americans of 19.2 (the difference is statistically significant, $p < .001$). Furthermore, Mexican American smokers smoked significantly fewer packs of cigarettes per day, both overall and within each age group. Overall, 84.8% of Mexican Americans and 45.1% of Anglos smoked less than one pack daily (the difference is statistically significant at $p < .001$).

Mexican Americans and Anglos responded similarly to the question, "Do you believe cigarette smoking is bad for your health?" Overall, 95.5% of Mexican Americans and 94.2% of Anglos responded affirmatively. However, the proportion responding affirmatively was somewhat lower among the subgroup of current smokers (87.5% of Mexican American and 84.5% of Anglo smokers). In contrast, among both ethnic groups more than 96% of former smokers and never smokers responded that they believed cigarette smoking was bad for their health.

Data on smoking from the U.S.-Mexico Border Survey were analyzed to evaluate the relationship between the smoking habits of Mexican American and Anglo women and lung cancer mortality in Texas (*44*). This analysis indicated that in 1970 lung cancer mortality rates were similar for Mexican American and Anglo women in Texas, but by 1974-1976 Mexican American women in Texas had a 40% lower rate than Anglo women and by 1979 a 46% lower rate. The survey data showed that Mexican American women in all social and demographic categories reported lower levels of smoking, both in prevalence and number of cigarettes smoked, as compared with Anglo women. This suggests that the relatively low lung cancer mortality

rate for Mexican American women is most likely due to relatively low levels of cigarette smoking. According to the trend in lung cancer deaths and the survey findings, the low level of lung cancer mortality among Mexican American women should continue.

6.4.2 Alcohol Consumption

The levels of alcohol consumption among Mexican American and Anglo survey respondents were analyzed. (A paper on this analysis has been accepted for publication in the Journal of Studies on Alcohol.) The analysis was based on survey respondents' answers to the following questions on current consumption of each type of alcoholic beverage (beer, wine, "other alcoholic beverages"):

"Do you drink (type of alcoholic beverage)?"
"On the average, how many days during the week do you usually drink (type of alcoholic beverage)?"
"How many drinks do you usually drink (alcoholic beverages) each day?"
Responses were coded according to the total number of drinks reported consumed each week. Categories of drinking status were based on the average number of drinks consumed each week, as follows:

1) Abstains = drinks no alcoholic beverage
2) Light = $<$ 4 drinks each week
3) Moderate = 4 to 13 drinks each week
4) Heavy = $>$ 13 drinks each week

The levels of alcohol consumption for Mexican Americans and Anglos are presented in Table 6.4.2.1 and may be summarized as follows:

1) In every category of socioeconomic and demographic variable analyzed (except 12 years of school completed), the percentage of Anglos abstaining was lower than the percentage of Mexican Americans abstaining, and in every category, a higher percentage of Anglos were heavy drinkers compared with the percentage for Mexican Americans. Overall, the percentage of Anglos who were heavy drinkers was three times that of Mexican Americans.
2) The percentage of Anglo teenagers who were heavy drinkers was six times higher than the percentage of Mexican American teenagers who were heavy drinkers. For all age groups, Anglos were less likely than Mexican Americans to abstain and more likely to be heavy drinkers.
3) In regard to marital status, for both Mexican Americans and Anglos previously married women were the most likely to be heavy drinkers, although a high percentage of never-married Anglos were also heavy drinkers.
4) For both Mexican Americans and Anglos, there was an inverse relationship between percentage abstaining and years of school completed.

5) For both Mexican Americans and Anglos, employed women were more likely to drink and to be heavy drinkers than unemployed women. For both ethnic groups, the patterns of alcohol consumption were similar for almost every social and demographic category analyzed. In addition, these patterns were similar to the patterns for whites, as determined in other studies (*46-48*).

Although the pattern of drinking within each ethnic group was similar, the level of alcohol consumption among Mexican Americans was generally low compared with the level among Anglos (Table 6.4.2.2). The overall difference between Mexican Americans and Anglos in regard to the percentages abstaining was statistically significant ($p < .001$), as was the difference for each age group, each marital-status group (except previously married women), and each employment-status group. Although at all levels of education (except 12 years) a greater proportion of Mexican Americans were abstainers, the differences were small and not statistically significant.

When the overall proportions abstaining among Mexican Americans and Anglos were standardized for years of school completed, for women 20-44 years of age with at least 8 years of school, the ethnic difference narrowed to 4.6 percentage points and was no longer statistically significant. Because, for both ethnic groups, the proportion abstaining was markedly greater for respondents with less education, the analysis suggests that almost all of the overall ethnic difference is due to the fact that the level of completed education is generally lower among Mexican Americans than among Anglos.

Since education is generally an indicator of socioeconomic status, the greater tendency to drink among both Mexican American and Anglo women with more education may reflect their higher income and ability to buy alcohol, a greater cultural acceptance of alcohol among higher social classes (as indicated by higher levels of education), or a reporting bias related to education. Other studies of alcohol consumption patterns among white women have shown heavier reported drinking with higher income and social class, as well as with increased education (*46-48*).

7. SUMMARY

A survey was conducted along the U.S. side of the U.S.-Mexico border in 1979 by CDC's Family Planning Evaluation Division. The survey collected information on fertility and the use of and need for family planning and maternal and child health care services.

The following are general findings, based on interviews with the 2,135 Mexican American and Anglo women, 15-44 years of age included in the probability sample.

FERTILITY

Mexican Americans in the four border states have the highest fertility of any race or ethnic group in the United States, with a cumulative fertility rate

of 4.30, as compared with 2.84 for the Anglos in that area. The high rate of fertility among Mexican Americans appears to be assocated with low socioeconomic status. Conversely, the lower fertility rate of the Anglos in the border states appears to be related to the relatively high socioeconomic status of Anglos.

An unwanted most recent live birth was more common among Mexican Americans than among Anglos. However, when the data were analyzed in terms of age, number of live births, parity, and economic status, the pattern was similar for Mexican Americans and Anglos: namely, a higher percentage of unwanted births was positively associated with older women, those with a larger number of live births, less education, and lower socioeconomic status. Conversely, both Mexican American and Anglo women with higher economic status and more education tended to have fewer unplanned and/or unwanted births.

FAMILY PLANNING

1. Contraceptive Use

Contraceptive use in the border area was high for both ethnic groups; however, regardless of their marital status, Anglo women were more frequent users of contraception. When currently married Mexican American and Anglo women were grouped according to age, the categories of 30-34 years of age for Mexican Americans and 35-39 years of age for Anglos had the largest percentages of current users. Previously married Anglos had the largest percentage of former users, and never-married Mexican Americans had the largest percentage of never users.

Generally, contraceptive use increased with parity for both groups, but the percentages for use after the birth of the first child were higher for Anglos than for Mexican Americans. Mexican Americans with three or more children and Anglos with two children were the most frequent users. For both groups, there was little difference in the frequency of contraceptive use among women who had completed 12 or more years of school. However, in general, Anglo users were more likely to be married, to have more education, to be employed, and to have a higher income.

2. Contraceptive Method

For currently married Mexican Americans, the pill was the most commonly used method, followed by sterilization; for Anglos, the reverse was true. For both groups, female sterilization was more common than male sterilization. However, among Mexican Americans, the ratio of female sterilization to male sterilization was more than 3:1, as compared with a 7:1 ratio for Anglos. For currently married Mexican Americans, women with the greatest unmet need for family planning services were those with the least education (15.9% with 0-7 years of school). For Anglos, women who had completed 8-11 years of school had the largest percentage (2.3%) of unmet need. Both Mexican American and Anglo women cited pregnancy or

other related factors as their reason for not using contraception. Older women were more likely to be nonusers because they were sterile.

3. Source of Contraception

The source of services for obtaining contraception was related to the method used and was found to vary with marital status and ethnicity. More than one-half of the currently married Anglos and almost one-third of the Mexican American women used a private doctor. A much larger proportion of Mexican Americans than Anglos cited a local health department clinic or Planned Parenthood clinic as a source. While almost one out of every ten currently married Mexican American women crossed the border to obtain the pill, there were no reported crossings for contraception among the Anglo women. Mexico is also a source of long-acting injectibles (illegal in the United States) for the 30% of currently married Mexican Americans who use them. Generally, Mexican American women who obtained contraception in Mexico were Mexican-born, preferred speaking Spanish, identified themselves as Mexican or Mexicano, and had delivered their last child in Mexico.

4. Level of Unmet Need

Of the ever-married Mexican Americans who were not using contraception, the largest number were in the group 35-44 years of age, had 4 or more children, were > 200% below the poverty level, had 0-7 years of school, were unemployed, had an unwanted last live birth, chose Spanish as their preferred language, and were born in the United States. Among ever-married Anglo women, the largest number in need of contraception but not using it were 15-34 years of age, had one child, were < 200% below the poverty level, had completed 8-11 years of school, were unemployed, and had had a mistimed last birth. Of the women in both ethnic groups who had never been married, almost 90% stated that they were sexually inactive. However, because never-married Anglos were more likely to use contraceptives than never-married Mexican Americans, Anglos were more successful in preventing pregnancy.

5. Attitudes Toward Family Planning

When questioned about family planning personnel, only one-fourth of the currently married women in either ethnic group objected to nonmedical personnel dispensing nonmedical services. However, fewer Anglo women were in favor of accepting medical methods from nonmedical personnel. Mexican Americans were more likely than Anglos to prefer receiving family planning services from a female. For both groups, the decision to obtain family planning was a joint decision between the woman and her spouse. Travel time was not a deterrent to receiving services for either Mexican American or Anglo women. Survey respondents stated that services were available in their language of preference.

MATERNAL AND CHILD HEALTH

1. Maternal Health Care

The percentage of women receiving prenatal health care was high for both groups. Those women who did not receive prenatal care also tended to be nonusers of contraceptives. Mexican American women, in general, received care later in pregnancy than Anglos did. In both ethnic groups, prenatal care was directly related to years of school completed, in that women with more education were more likely to seek prenatal care and sought care earlier in pregnancy. The percentage of women who sought care early in pregnancy decreased with the number of live births. Apparently, education was a stronger determinant of prenatal care than parity was.

Almost four times as many Mexican Americans as Anglos chose a health department clinic or nonmilitary hospital as their source of prenatal care. The choice of site-of-care appears to be related to level of education. Women with 0-7 years of school most often used health departments and nonmilitary hospitals.

As with source of contraception, ethnic background also appears to play a role in choice of site for prenatal care. More than 90% of the women who chose to receive care in Mexico were currently living in border counties, and approximately 80% had their last delivery in Mexico. As was the case for prenatal care, the rate of post partum care was high for both Mexican Americans and Anglos, and was positively associated with higher levels of education.

Among both currently married and previously married women, the rate of abortion was higher among Anglos than among Mexican Americans. The percentage of women obtaining an abortion appears to be inversely related to years of school completed, since abortion was more frequent among women with less education. Among women who had had 2 previous pregnancies, the abortion rate was approximately the same for both ethnic groups. However, the rate of abortion for Anglo women with 3 or $>$ 3 previous pregnancies was almost double that for Mexican American women with the same number of pregnancies. More than half the Mexican American and Anglo women received treatment or care for abortion-related complications. Again, the Mexican American women with strong ties to Mexico were the women most likely to seek care across the border.

2. Child Health Care

Both Mexican American and Anglo infants received health care (medical checkups and vaccinations) early in infancy. Mexican American women used local health departments more often than did Anglo women, who preferred the private physician/clinic.

3. Breast-Feeding

For Mexican Americans, the rate of breast-feeding decreased during the periods 1971-1975 and 1976-1979, while the reverse was true for Anglo women. For both groups, the women least likely to have breast-fed their

last child were those who had 2 or > 2 live children. For both Anglo and Mexican American women, the percentage of women breast-feeding increased with years of school completed.

4. Smoking Habits

The pattern of smoking for women in both ethnic groups was similar when they were classified by age, years of school completed, and marital status. However, for every social and demographic category analyzed, Anglo women had a higher level of smoking than their Mexican American counterparts and reported having begun smoking at an earlier age. When questioned about the possible detrimental effects of smoking, both groups responded that they believed smoking was harmful.

5. Alcohol

For every category examined, the level of alcohol consumption among Anglo women far exceeded that for Mexican American women. The level of alcohol consumption differed most between Anglo and Mexican American teenagers. For both groups, alcohol consumption was generally higher among employed women, women who had never been married, and those who were previously married. Employed women constituted the largest percentage of moderate and heavy drinkers. A larger percentage of Mexican Americans than Anglos totally abstain from using alcohol. Among Mexican American women, moderate to heavy drinking increased with age, but no definite pattern was seen for Anglos. Drinking patterns for Anglo women in this survey parallel data from other research on alcohol consumption among American women.

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III. MEXICO SURVEY REPORT

9. MEXICO SURVEY (NATIONAL PREVALENCE SURVEY)

9.1 SURVEY DESIGN

A nationwide household probability survey, referred to as the National Prevalence Survey, was conducted in Mexico during September 17-December 30, 1979, to obtain information on the demographic parameters which reflect the dynamics of the Mexican population. The survey focused on the general characteristics of the population, prevalence of contraceptive use among women 15-44 years of age and their mates, fertility, maternal and infant care, and adult and infant mortality.

To obtain representative data for the six states bordering the United States, an oversampling of those states was done at the time of the National Prevalence Survey. Thus, the data reported in this monograph principally apply to the border states of Baja California Norte, Sonora, Chihuahua, Coahuila, Nuevo Leon, and Tamaulipas (these constitute the border *zone*) and to eight municipalities located directly on the border with the U.S. (these constitute the border *strip*). The text of this report presents results primarily for the border zone and the border strip. The tables, however, include national data for comparision, since such data were readily available.*

To control the length of the questionnaire, two random samples were identified and surveyed by means of two separate questionnaires. The first questionnaire concerned prevalence of contraceptive use, and the second dealt with maternal and infant care. The questionnaires were administered during a personal interview.

Both questionnaires requested such standard demographic information as age, sex, marital status of respondent, status of respondent's parents (living or deceased), and occupation and educational level of head of household. Other questions dealt with the ownership and general characteristics of the dwelling and number and age of people in the household.

Only the questionnaire on prevalence included questions concerning knowledge of contraception and method and source of contraception for current users.

The maternal and infant care questionnaire dealt specifically with current pregnancies, outcome of previous pregnancies, pregnancy-related complications, number of children in the household, extent and source of prenatal and post partum care received by mother and child, breast-feeding, and abortion.

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*The description of this survey design and data presented in this report are taken primarily from the following publication: Manautou JM, Nunez JG, Fernandez LN, Davila OM. Fecundidad, uso de metodos anticonceptivos y atencion materna en la zona fronteriza Mexico-Estados Unidos. Mexico: Instituto Mexicano del Seguro Social Jefatura de Servicios de Planificacion Familiar, 1981.

9.2 DESCRIPTION OF SURVEY AREA

The structure of the sample for the six northern border states was based on a national probability sample design covering the entire country. Specifically, the six border states were subdivided into three strata, as a part of the national sample design:

1) The metropolitan Monterrey area
2) The 16 municipalities* with 100,000 or more inhabitants, according to the 1970 Census of the Population
3) All other municipalities (132)

All municipalities with $\geq$100,000 inhabitants according to the 1970 Census of the Population, or >140,000 inhabitants according to the 1978 official estimates of the population, were clustered together into primary sampling units and selected with a probability = 1.

Municipalities of <100,000 population were subdivided into five strata, according to the following criteria:

1) Each stratum had to belong to its own state;
2) To allow for direct estimation by state, the size of the strata had to be approximately the same (in terms of the number of houses);
3) Each stratum had to be homogeneous within itself and heterogenous with respect to another stratum in terms of socioeconomic variables, such as major economic activities, average salary, agricultural activity, prevailing climate, etc.

Municipalities of < 100,000 population were grouped with other geographically contiguous municipalities to form primary units with a minimum of 2,000 dwellings. Primary sampling units were divided into blocks. Each block selected was subdivided at random into two subsamples of unequal size (a ratio of approximately 3:1). Each of the two subsamples was then alternately administered either the prevalence questionnaire or the maternal and infant care questionnaire, with the larger subsample receiving the prevalence questionnaire. The sample included only residential dwellings, and excluded special collective facilities, such as hospitals, convents, prisons, and hotels. The non-Spanish-speaking population was also excluded.

A total of 5,024 households were in the contraceptive prevalence subsample and 1,641 in the maternal and infant care subsample.

9.3 DESCRIPTION OF THE SAMPLE

A summary of the outcome of contacts at the 5,024 households sampled for the contraceptive prevalence questionnaire is given in Table

*Included among the 16 municipalities were the cities of Tijuana (411,643), Ciudad Juarez (544,900), Chihuahua (365,760), Hermosillo (264,073), and Saltillo (222,087). Of the 15 Mexican cities with populations over 200,000, according to the 1960-1970 census, the highest growth rates were experienced by Tijuana (82.2%), Chihuahua (71.3%), and Ciudad Juarez (55.3%).

9.3.1. The overall completion rate* for the household questionnaire was 77.0%, with a nonresponse rate of 23.0%. In the latter category, "no one at home" accounted for 1.4%, "temporarily absent" 3.3%, "declined to answer" 0.5%, "inadequate informant" 0.4%, and "other (not a dwelling, under construction, temporary use, etc.)" 17.4%.

The overall completion rate** for the individual contraceptive prevalence questionnaire was 91.6%, with a nonresponse rate of 8.4% (Table 9.3.2). In the nonresponse category, "temporarily absent" accounted for 4.7%, "declined to answer" 0.6%, "inadequate informant" 2.3%, and "other" 0.8%.

Table 9.3.1 also shows the results from the households sampled with the maternal and infant care questionnaire. The overall completion rate for the household questionnaire was 82.0%, with a nonresponse rate of 18.0%. In the latter category, "no one at home" accounted for 1.5%, "temporarily absent" 2.5%, "declined to answer" 0.2%, "inadequate informant" 0.3%, and "other" 13.5%.

The overall completion rate** on the individual maternal and infant care questionnaire was 94.9%, with a nonresponse rate of 5.1%. In the nonresponse category, "temporarily absent" accounted for 3.1%, "declined to answer" 0.3%, "inadequate informant" 1.2%, and "other" 0.5%.

After analyzing the nonresponse patterns according to cause and by primary unit, it was concluded that selection probability was not affected by nonresponse.

The number of completed interviews obtained for each type of questionnaire is shown in Table 9.3.3. For the entire border zone 3,978 women 15-44 years of age had completed contraceptive prevalence questionnaires; 1,467 of these women lived in the border strip. For the maternal and infant care questionnaire 1,443 women 15-44 years of age and living in the border zone had completed interviews; 565 of these women lived in the border strip.

9.4 CHARACTERISTICS OF RESPONDENTS

Data on selected sociodemographic characteristics for the 3,978 respondents surveyed through the individual contraceptive prevalence questionnaire and the 1,443 respondents surveyed through the individual maternal and infant care questionnaire appear in Tables 9.4.1, 9.4.2, 9.4.3, and 9.4.4.

Of the reproductive-age women (15-44 years of age) surveyed in the border zone, 61.7% were married***, 4.7% were widowed, divorced, or separated, and 33.6% were single. These percentages are similar to the national figures of 63.1%, 5.4%, and 31.5%, respectively (Table 9.4.1). In the

*Household Completion Rate: $\frac{\text{Completed Household Questionnaires}}{\text{Total Households in the Sample}}$

**Individual Completion Rate: $\frac{\text{Completed Individual Questionnaires}}{\text{Total Households in the Sample}}$

***The term "married" includes those women who are either legally married or living in consensual union.

border zone, the group containing the largest percentage of married women (87.0%) consisted of those women 30-34 years of age. The group of women 40-44 years of age had the largest percentage of widowed, divorced, or separated women (9.2%). The group of women 15-19 years of age had the largest percentage of single women (80.6%).

The percentage distribution of married respondents by age and the average age were quite similar for the three survey areas. The average age of married women in the border zone was 30.6, 30.0 in the border strip, and 30.1 nationally (Table 9.4.2). Married women were most likely to be 25-29 years of age and least likely to be 15-19 years of age.

The data on level of education* (Table 9.4.3) show that the average number of years of school completed for married respondents in the border zone (4.7 years) was about the same as the average for married respondents in the border strip (4.6 years), but was higher than the national average (3.9 years). This disparity can be explained in part by the fact that 16.8% of married women on the national level had had no formal education, as compared with 6.7% in the border zone and 8.2% in the border strip. The figures for women with more education (preparatory school or more) were more similar. In both the border zone and border strip, 6.7% of women had had the equivalent of at least a preparatory school education, as compared with 5.4% nationally.

In the border zone and at the national level, over 28% of all the women 15-44 years of age were currently employed (Table 9.4.4). The group consisting of widowed, divorced, and separated women had a higher percentage of employed women than any other marital status group.

10. FERTILITY

During 1971-1979, when all regions of Mexico were experiencing a decline in fertility, the border zone experienced the highest percentage of decline (36.0%). During 1977-1979, the border zone had the lowest general fertility rate** in the entire country. The average number of live births by age group for all women and for married women is shown in Table 10.1. For each age group: 20-24, 25-29, 30-34, and 35-39, the average number of live births for all women was lowest in the border zone, intermediate in the border strip, and highest at the national level.

Survey data indicate that the current level of fertility varies according to a series of socioeconomic parameters, such as level of education, employment status, and nature of employment (manual or nonmanual).

As the level of education increased, the average number of live births decreased for all education groups and for all 5-year age groups, with the exception of the least educated women 35-44 years of age (Table 10.2).

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*Level of education and years of school completed are used synonymously.

**General fertility rate = the number of live births per 1,000 women 15-44 years of age in a given year.

In addition, the difference between average number of live births for women with no formal education and for those with the most education varied by age. For women 15-19 years of age, this difference was 1.7, while the difference was 3.0 for those 40-44 years of age.

The figures for the border strip are similar. For the women 15-19 years of age, the difference between average number of live births for women with no formal education and for those with the most education was 1.5, and for those 40-44 years of age the difference was 3.4.

The age-standardized average figures show that the fertility of women with no formal education was almost twice that of women who had at least a high school education.

11. FAMILY PLANNING

Respondents were asked a series of questions related to knowledge and use of contraceptive methods.

11.1 CONTRACEPTIVE USE

Table 11.1.1 indicates that of all the women 15-44 years of age residing in the border zone, 31.9% were current users of contraceptive methods, 12.6% were former users, and 55.5% had never used contraceptive methods. Of the married women, 49.9% were current users, 17.8% were former users, and 32.3% had never used contraceptive methods. These percentages compare with national percentages for married women of 40.0%, 14.4%, and 45.6%, respectively. Single women had the highest percentage of never users in the border zone, as well as on the national level. The percentage of current users among married women was slightly lower for the border zone than for the border strip.

For all age groups, current use of contraceptive methods was greater in the border zone and border strip than on the national level (Table 11.1.2). For married women in the border zone, as well as in the border strip, the women 25-29 years of age had the highest percentage of current users. This age group also had the highest percentage of former users.

Women 15-19 years of age had the smallest percentage of current users in the border zone as well as in the border strip. In the border zone, women 15-19 years of age had the highest percentage of never users. In the border strip, women 40-44 years of age had the highest percentage of never users.

Women in the age groups 15-19, 35-39, and 40-44 in the border zone all had small percentages of former users, while in the border strip, women 40-44 years of age clearly had the smallest percentage of former users.

Education was an important determinant of contraceptive use in each of the survey areas. In the border zone, for married women 15-44 years of age, the percentage currently using contraception increased steadily as educational level increased (Table 11.1.3). In the border zone, 39.6% of married women who had no formal education were current users, 44.4% of

those with less than an elementary education were current users, 53.7% of those who had completed elementary school were current users, and 57.1% of the women who had a high school education or more were current users. In the border strip, the percentage currently using contraception increased steadily as educational level increased, through the level of completed elementary education. The percentage then declined slightly for education at the high school level or above.

In addition, in the border zone, among those married women who had never used contraception, 44.7% of the women with no formal education were never users, as were 40.5% of those with less than an elementary education, 28.4% of those who had completed an elementary education, and 20.3% of those with a high school education or more. Corresponding figures for the border strip were 45.9%, 34.9%, 26.2%, and 15.8%, respectively. Current contraceptive use was higher in the border zone, as compared with the national level, for all educational categories except "high school education or more". In this category, the border zone had 57.1% of current users, as compared with 60.2%, nationally.

The percentage of married women using contraception varied according to whether they had completed elementary school or whether they had at least a high school education (Table 11.1.3). In the border zone, the latter group of women were more likely to use contraception; however, in the border strip, these women were slightly less likely to use contraception. On the national level, the percentage distribution for women who had at least a high school education was higher than it was for those who had completed elementary school.

Earlier it was shown that about one-half of the married women 15-44 years of age in the border zone and in the border strip were currently using some form of contraception. Table 11.1.4 shows that the percentage distributions for methods used by currently married women and those formerly married were very similar.

In the border zone, the border strip, and nationally, the pill was the method most widely used by married respondents. Sterilization was the next most frequently used method. The use of male sterilization, however, was low in comparison with the use of female sterilization, (data not shown).

The pill was used by women 20-24 years of age more than those in any other age group (Table 11.1.5). Women 30-34 years of age were the most frequent users of sterilization. While, on the whole, the IUD was used less than the pill and sterilization, it was used more frequently than sterilization among women less than 25 years of age. No use of sterilization was reported for the women 15-19 years of age. Only 1.6% of women 20-24 years of age in the border zone used sterilization, as compared with 1.4% of women 20-24 years of age in the border strip.

The pill was used more frequently in rural areas than in urban areas (Table 11.1.6). Sterilization, however, was used less frequently in rural

areas and more frequently in urban areas. Use of traditional methods (rhythm, withdrawal) and other methods was more common in rural areas and in the metropolitan areas in the border zone than in urban areas.

A breakdown of the reasons married respondents gave for using contraceptive methods is shown in Table 11.1.7. In the border zone, 46.1% of the married women 15-44 years of age were using contraception for the temporary prevention of pregnancy (child spacing) and 53.6% were using contraception for the permanent prevention of pregnancy (limiting the number of children). The corresponding percentages for the border strip were 45.9% and 54.0%, respectively. For all survey areas, the younger a woman was, the more education she had, and the smaller the number of live births she had had, the more likely she was to use contraception for the temporary prevention of pregnancy.

In the border zone, 9.8% of the women with no living children used contraceptives (Table 11.1.8). The corresponding percentage for the border strip was 10.6%. In both cases, most women were using the pill. In the border zone and the border strip, contraceptive use increased sharply after the birth of the first child. Contraceptive use continued to increase up through 4 live births, after which time a decline was seen. The fifth live birth was accompanied by a reduction in the percentage of users, possibly because older women might have reached menopause. The pill was the method most commonly used by women with 0-4 live births. After 4 live births, use of the pill and other temporary preventative methods declined and sterilization was more frequently used.

11.2 CONTRACEPTIVE USE (FORMER USERS)

There is a need for family planning programs to identify reproductive-age women who are no longer using contraceptive methods and to determine the reasons for discontinued use.

Table 11.2.1 shows that in the border zone the most frequent reasons for discontinued use of contraception were current pregnancy, side effects of contraception, post partum lactation, menopause or hysterectomy, and the desire for another pregnancy. The importance of side effects as well as the fear of side effects as a reason for discontinued use increased as age increased, the number of live births increased, and the level of education decreased. These findings suggest that women need to become more knowledgeable about the negative effects of contraception and to have access to accurate medical advice as to the most appropriate contraceptive method for each woman, as well as proper instruction in its use.

11.3 SOURCE OF CONTRACEPTION

Of the women using the pill, about two-thirds of those in the border zone and almost three-fourths of those in the border strip obtained their supplies from a private source (mainly a pharmacy) (Table 11.3.1). Most women using the IUD, however, obtained services from the public sector, such as the Mexican Institute of Social Services (IMSS). The public sector was also

the source of sterilization for more than three-fourths of the women in the border zone and almost three-fourths of those in the border strip. In the public sector, the most frequently mentioned site for sterilization was the IMSS. Of the women using sterilization, about one-fourth of those in the border zone and about one third of those in the border strip obtained services from a private source, such as a private physician. The private sector was the most frequently mentioned source for injections and for condoms.

11.4 KNOWLEDGE OF CONTRACEPTIVE METHODS

To determine whether the respondents knew about the existence of contraception for the prevention of pregnancy, the following question was asked: "Have you heard of any things (methods) that can be used in order not to become pregnant?" Women who gave an affirmative answer were then asked: "What are the methods you have heard about?" In this manner it was possible to determine the methods mentioned spontaneously by the person interviewed.

When women failed to mention any of the methods widely disseminated by family planning programs (i.e., the pill, condom, IUD, or sterilization), they were asked specifically about those particular methods.

For all age groups of currently married women in the border zone, the pattern of knowledge about methods of contraception was the same (Table 11.4.1). The pill was the best known method, followed by the IUD, sterilization, and finally the condom. The proportion of women informed about contraceptive methods grew larger as the level of education increased (Table 11.4.2). When the variables of employment status and type of employment were examined, employed women (particularly those engaged in nonmanual occupations) were the most knowledgeable about contraceptive methods (data not shown).

12. MATERNAL AND CHILD HEALTH

One of the central features of health care is the reduction of infant and maternal mortality. Programs with this aim have a great influence on the lives of mothers and the growth and development of children. The widespread availability and dissemination of maternal health services definitely decreases maternal mortality and morbidity.

The data and analyses in this section on maternal and child health are subject to certain limitations. They pertain only to married women who were pregnant before the interview and exclude those who were pregnant at the time of the interview. Although the data on "last pregnancy" included data on pregnancies that occurred up to 22 years before the time of interview, 80% of the pregnancies reported occurred during the five years preceding the interview. Also, the data do not include the effect of migration on maternal health care.

12.1 MATERNAL HEALTH CARE

12.1.1 Outcome of Last Pregnancy

The outcome of a pregnancy can be a live birth, a stillbirth, or an abortion (spontaneous or induced). Data from this survey based on the outcome of the last pregnancy (Table 12.1.1.1) show that the percentages of live births were similar for married women 15-44 years of age in the border zone and in the border strip. In the border zone, for the last pregnancy, 0.8% of the women had had a stillbirth and 4.7% had experienced an abortion. The figures for the border strip were 0.7% and 4.3%, respectively. The incidence of abortion was probably higher than actually reported by the women interviewed. For legal or cultural reasons all pregnancies that ended in abortion might not have been reported (especially pregnancies terminated by induced abortion).

Table 12.1.1.1 shows that when women were grouped according to age, the youngest married women (15-19 years of age) had the highest percentage of pregnancies ending in live births (100.0% in both the border zone and border strip), followed by the middle age groups (20-34 years of age) at approximately 95%. Women 35-44 years of age had the smallest percentage of live births. Thus, the percentages of stillbirths and abortions tended to grow larger as women grew older.

Women at the highest level of education tended to have the highest percentage of pregnancies ending in a live birth, and the lowest percentage of stillbirths. No definite trends can be seen for abortion and level of education in the border zone, but those women with at least a preparatory school education in the border strip had the lowest recorded abortion rate (1.9%), as compared with 4.6% for the border zone and 2.3% nationally.

12.1.2 Prenatal Care

The percentage of married women receiving prenatal care was high in the border zone and in the border strip (Table 12.1.2.1). In the border zone, the percentage of women receiving prenatal care generally decreased with age. In the border strip there was no definite pattern. In the border zone and at the national level, women with the largest number of live births (7 or more) were less likely than women with fewer live births to receive prenatal care.

When the relationship between level of education and obtaining prenatal care was examined, women with the most education (preparatory school or more) were the most likely to obtain such care.

The classification of women according to the month of gestation in which they began receiving prenatal care is shown in Table 12.1.2.2. In both the border zone and border strip, more than two-thirds of the women began receiving care during the first trimester. In both areas almost one-fourth of the women began receiving care during the second trimester, and more than 7% delayed receiving care until the third trimester.

The age groups of the youngest (15-19 years of age) and oldest (40-44

years of age) married women included in the survey had the smallest percentages of women receiving prenatal care during the first trimester. For the second and third trimesters, there was no such well-defined pattern (by age) for obtaining prenatal care.

When examined for level of education, the data show that the more education a woman had, the more likely she was to obtain prenatal care during the first trimester. In the border zone, 52.6% of the women with no formal education received prenatal care during the first trimester, while 93.5% of the women with preparatory school education or more received first trimester care. Likewise, 12.6% of the women with no formal education delayed prenatal care until the third trimester, while only 1.1% of women with preparatory school education or more delayed receiving care until the third trimester.

Generally, the percentage of women receiving prenatal care during the first trimester varied inversely with the number of live births. For the first pregnancy, the data show a prenatal care rate of 94.0% in the border zone and 100.0% in the border strip. For the women with 7 or more live births, the respective figures decline to 55.9% and 60.0%.

12.1.3 Delivery and Post Partum Care

Married women obtained care during childbirth from a variety of sources, such as a physician employed by a public agency, a private physician, paramedical personnel, or some other type of nonmedical personnel. The largest percentage of childbirths were attended by physicians employed by IMSS and by private physicians (Table 12.1.3.1). In the border zone, IMSS physicians attended 34.8% of births, while 26.0% were attended by private physicians. The reverse was true in the border strip, where 26.0% were attended by IMSS physicians, as compared with 32.9% attended by private physicians. Physicians employed by SSA attended 10.8% of the births in the border zone and 13.7% in the border strip. Of the nonmedical personnel, traditional midwives were the most likely to attend a birth (9.3% in the border zone and 10.6% in the border strip). However, in the nation as a whole, of all medical and nonmedical personnel, traditional midwives were the birth attendants most frequently utilized.

Table 12.1.3.2 indicates that, generally, older women preferred to use private physicians at the time of delivery, while younger women were more likely to use public agencies, especially IMSS. When classified according to level of education, women with no formal education more often sought physicians from the public sector, traditional midwives, and traditional healers, while those with more education used private physicians and, to a lesser degree, public agencies.

Of all the public facilities, an IMSS unit was the most frequently used site of delivery in the border zone (Table 12.1.3.3). In the border strip, private hospitals were the most commonly used site. The proportion of home deliveries was considerably lower in the border zone and the border strip than on the national level. Also, older women were less likely to deliver in a

public hospital than younger women (Table 12.1.3.4). In general, the more education a woman had, the less likely she was to have a home delivery. The percentage of home deliveries, in general, increased with the number of previous live births.

Table 12.1.3.5 shows that about 50% of the married women interviewed received post partum care during the first six weeks after delivery. Women with the most education received post partum care more often than did women with the least education. In the border zone 72.4% of the women with at least a preparatory school education received care (75.8% in the border strip). Generally, women with the largest number of live births were the least likely to receive prenatal care.

When asked why they sought a post partum examination, 69.0% of the women in the border zone and 70.9% in the border strip said that they felt well but wanted a checkup; 25.9% in the border zone and 25.1% in the border strip said they did not feel well and wanted an examination. The remaining 5.1% and 4.0%, respectively, reported that sometimes they felt well and sometimes they felt poorly and thus wanted an examination (Table 12.1.3.6).

Of all age groups, the youngest women (15-19 years of age) most often complained about feeling poorly. The women 25-29 years of age most often described themselves as feeling well.

Generally, the most educated women were the most likely to request an examination despite the fact that they felt well. The number of children in the family was not an important factor in determining the percentage of women seeking post partum care.

12.1.4 Care During Last Childbirth

Practically all married women received care during their last delivery (Table 12.1.4.1). When the data were controlled for level of education, women with an elementary school education were the only group that did not have 100% receiving care, during last childbirth, though even in that group the percentage receiving care was very high.

When classified according to the number of live births, 100% of women who had had 0-2 or 4 live births had received care during last child birth. Although less than 100% of the women who had had 3 or >4 births had received care, the percentages were still quite high.

12.1.5 Abortion

In both the border zone and the border strip, approximately one-fourth of the married women 15-44 years of age reported having had an abortion at some time (though not necessarily as the outcome of the last pregnancy). This does not include an undetermined number of women who, for some reason, may have denied ever having experienced an abortion. The proportion of women with a history of abortion increased with age, probably because older women had been exposed to the risk of pregnancy for a longer time. As Table 12.1.5.1 shows, 39.2% of women 40-44 years of age in the border zone had experienced an abortion, as compared with 10.6% among

those 15-19 years of age, and 15.3% among those 20-24 years of age. The figures for the border strip were 45.2%, 11.8%, and 15.9%, respectively.

When classified according to level of education, women with no formal education had the highest abortion rates, followed by those with at least a preparatory school education and those with an elementary education. The lowest rates of abortion were recorded for women with a high school education. These findings do not follow the pattern established (in relation to education) by other variables (i.e., that a higher level of education reduces the accompanying risk of pregnancy).

The number of live births, when related to the percentage of women having had an abortion, showed a pattern similar to that recorded when abortion was classified according to the age of the women; namely, the greater the number of live births, the higher the percentage of abortion. There was only one deviation from this trend—the percentage of women of zero parity who had had an abortion was 29.3% in the border zone and 38.7% in the border strip.

In the border zone, 77.0% of the married women whose last pregnancy ended in abortion received some form of care, as compared with 65.8% in the border strip (Table 12.1.6.1). When the same parameter was analyzed as a function of age, no definite pattern was evident. Analysis on the basis of education showed that, with the exception of women with an elementary education, all women had received health care at the time of an abortion.

The personnel who provided health care during the last abortion were classified as physicians or paramedics employed by a public agency, private physicians or paramedics, or traditional midwives and other sources of care (Table 12.1.6.2). Care provided by the public sector was most prevalent in the border zone, while in the border strip the private sector was more often the source of care. Traditional midwives were infrequently used in the border zone, and this particular form of care was nonexistent in the border strip.

When women were classified according to age, in both the border zone and the border strip, older women used the public sector more frequently than they used private sources. There does not appear to be a definite relationship between a woman's educational level and the care she received during an abortion, nor does the number of live births yield a well-defined pattern.

12.2 BREAST-FEEDING

Breast-feeding provides a baby with important health benefits: better nutrition, immunization against common diseases, and prevention of the spread of infection caused by lack of hygiene. Breast-feeding is also believed to help a child adapt to society.

Survey respondents were asked the following questions regarding the breast-feeding of the last-born child:

"Did you breast-feed your last child?"

"For how many months did you breast-feed him/her?"

According to the figures compiled for all women (Table 12.2.1), 64.9% in the border zone and 58.6% in the border strip breast-fed their last child. The national percentage was 77.6%. The percentages of married women who breast-fed were smaller, 65.4% and 58.8%, respectively.

Because they live close to the U.S., women in the border area may be affected by the customs of that country, including the low incidence of breast-feeding in the U.S. during the past few decades. Age-specific data failed to show large differences between the various age groups in regard to the percentages of women breast-feeding. When grouped by age, women 30-34 years of age were least likely to have breast-fed their last child.

Of those women in the border zone or border strip who breast-fed their last child, about 15% breast-fed their child for three months (Table 12.2.2). This was the highest proportion of women reporting breast-feeding for any one number of months category.

13. SUMMARY

One of the major problems confronting the Mexican government has been the high rate of population growth. The government that took office in 1976 was committed to reducing the population growth rate by means of family planning, sex education, and other programs. In October 1977, a National Family Planning Plan was approved for the purpose of lowering the rate of population growth to 2.5% by 1982 and stabilizing it at 1% by the year 2000.

In 1975, 14.0% of the married women of reproductive age were users of contraceptives. By 1978 the percentage of users had risen to 26.2%. According to the results of this survey, by 1979 49.9% of the married women 15-44 years of age in the border zone, 52.4% of those in the border strip, and 40.0% on the national level were current users of some contraceptive method.

Subject to the limitations of this survey, the following are generalizations that can be made about the women 15-44 years of age in the sample.

FERTILITY

Fertility varied according to certain socioeconomic characteristics, such as level of education and employment status. As the level of formal education increased, contraceptive use increased and fertility, in terms of average number of live births, decreased. Fertility was inversely associated with employment; therefore, women who are employed, especially in nonmanual occupations, will tend to have fewer children.

FAMILY PLANNING

1. Contraceptive Use

Approximately one-half of the married women 15-44 years of age in the border zone and border strip were currently using contraception. Women in

the youngest and oldest age groups were the least likely to use contraception. Education was an important determinant in the use of contraception, in that women with more education were more likely to be current users, while women with no formal education tended to be never users. Thus, new users are likely to be recruited primarily from women with less education and should constitute a primary target group for family planning programs.

A strong association exists between level of economic development, fertility, and use of contraceptive methods, with use of contraception being greater in urban, industrialized areas. Geographically, contraceptive use is highest in the border strip, followed by the border zone, and then the nation as a whole.

2. Contraceptive Method

The pill was the method most commonly used by married women 15-44 years of age (as a whole) in the border zone, the border strip, and nationally. Use of the pill became less frequent as women increased in age and as the use of sterilization became more prevalent. In all three areas surveyed, the IUD was more frequently used than sterilization by women 15-29 years of age.

3. Source of Contraception

Substantially more than one-half of the women who used the pill obtained it from the private sector, primarily from a pharmacy. Approximately three-quarters of those who used the IUD or sterilization cited the public sector as their source. Over 90% of those women who used injections or whose mates used the condom obtained their supplies from the private sector.

Among those women who had discontinued the use of contraceptive methods (for reasons other than a current pregnancy or the fact that they were currently breast-feeding), side effects or fear of side effects from extended use of contraceptives was commonly mentioned.

4. Knowledge of Contraceptive Methods

In general, knowledge of contraceptive methods varied slightly according to the age of the woman. In the border zone, the youngest (15-19 years of age) and the oldest (40-44 years of age) women were the least knowledgeable. Women generally, displayed more knowledge when assisted by the interviewer (supplied with specific names) than when asked to reply spontaneously. All of the women were more familiar with the pill than with any other contraceptive methods. Knowledge of contraception was positively associated with increased level of education. Women in non-manual occupations (i.e., those requiring more education than manual work) were more knowledgeable about contraceptive methods. Additionally, women with no children and those with more than 5 children were the least informed about contraceptive methods. However, not all women who were aware of some method of contraception were informed about the source

and availability of that method. Thus, dissemination of information should be a vital phase of family planning programs.

MATERNAL HEALTH CARE

1. Prenatal Care and Care During Last Delivery

Almost all the women in the border zone and border strip received prenatal care during their last pregnancy. During their last delivery, the person attending the woman was usually an IMSS physician, a private physician, or an SSA physician. Women with no formal education were more likely to use traditional midwives and traditional healers for delivery. Private hospitals or IMSS were the most frequently used places of delivery. Approximately one-half of the women received post partum care.

2. Breast-Feeding

Of the women who breast-fed their last child, the lowest percentages were recorded for women 30-34 years of age in the border zone and border strip and for those 40-44 years of age, nationally. These figures may in some way be associated with differences in employment status.

3. Abortion

In the border zone and the border strip, one-fourth of the married women 15-44 years of age had experienced an abortion (spontaneous or induced). Women 40-44 years of age with 7 or more children had the highest abortion rates. Three-fourths of the women received health care at the time of the abortion, with the care generally being administered by personnel from the public sector in the border zone, and from the private sector in the border strip.

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5.7.1.1 Currently Married Respondents Using a Temporary Method of Contraception or Not Using Contraception: Their Attitudes Toward Providers of Family Planning Services, by Ethnicity and Type of Contraceptive Method, U.S.-Mexico Border Survey, 1979

5.7.2.1 Preference for Family Planning Services by Currently Married Respondents Using a Temporary Method of Contraception or Not

Currently Using Contraception, by Ethnicity and Type of Method, U.S.-Mexico Border Survey, 1979

5.7.3.1 Person Who Makes the Decision to Use Contraception for Currently Married Respondents Currently Using Contraception, by Ethnicity and Type of Method, U.S.-Mexico Border Survey, 1979

6.1.1.1 Prenatal Care, Place of Delivery, and Post Partum Care for Currently Married Respondents 15-44 Years of Age, by Ethnicity, U.S.-Mexico Border Survey, 1979

6.1.3.1 Percentage of Respondents 15-44 Years of Age, Who Have Ever Had An Abortion, by Selected Characteristics and Ethnicity, U.S.-Mexico Border Survey, 1979

6.3.1 Percentage of Respondents 15-44 Years of Age Who Breast-Fed Their Most Recent Infant, by Ethnicity, Time Period of Latest Birth, Years of School Completed, and Number of Children Born Alive, U.S.-Mexico Border Survey, 1979

6.4.1 Percentage of Respondents 15-44 Years of Age, Who Were Current Smokers, by Ethnicity and Selected Characteristics, U.S.-Mexico Border Survey, 1979

6.4.2.1 Percentage Distribution of Levels of Alcohol Consumption, by Ethnicity and Selected Characteristics, U.S.-Mexico Border Survey, 1979

6.4.2.2 Percentage Abstaining From Use of Alcohol, Unstandardized Difference Between Mexican Americans and Anglos, by Selected Characteristics and Standardized for Years of School, U.S.-Mexico Border Survey, 1979

Table 3.3.1
Summary of Survey Status by Survey Area
U.S.-Mexico Border Survey, 1979

Survey Area	Total Households in Survey	Household Completion Rate*	Completed Individual Interviews	Individual Completion Rate**
SMSA[a]	2,505	95.7	1,039	87.8
Brownsville Harlingen San Benito	180	96.2	82	84.5
Corpus Christi	345	98.2	139	83.7
El Paso	465	98.2	212	90.2
Laredo	90	98.8	40	97.6
McAllen Pharr Edinburg	225	97.5	93	81.6
San Antonio	1,200	93.4	473	89.2
Non-SMSA	2,500	97.1	1,096	90.6
Overall	5,005	96.4	2,135	89.3

*Household Completion Rate: $\frac{\text{Completed Household Questionnaires}}{\text{Total Households - Vacant Units}}$

**Individual Completion Rate: $\frac{\text{Completed Individual Questionnaires}}{\text{Total Women 15-44 Years of Age Selected for Interviewing}}$

[a]Standard Metropolitan Statistical Area ($\geq$ 50,000 population, 1970 U.S. Census)

Table 3.3.2
Number and Percentage of Respondents by Place of Residence and by Race and Ethnicity U.S.-Mexico Border Survey, 1979

Place of Residence	Race and Ethnicity: White — Mexican American*		White — Anglo*		Black & Other**		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
SMSA[a]	653	52.1	339	42.5	47	57.3	1,039	48.7
Brownsville Harlingen San Benito	66	5.3	16	2.0	0	0.0	82	3.8
Corpus Christi	85	6.8	48	6.0	6	7.3	139	6.5
El Paso	152	12.1	54	6.8	6	7.3	212	9.9
Laredo	38	3.0	2	0.3	0	0.0	40	1.9
McAllen Pharr Edinburg	71	5.7	21	2.6	1	1.2	93	4.4
San Antonio	241	19.2	198	24.8	34	41.5	473	22.2
Non-SMSA	602	47.9	459	57.5	35	42.7	1,096	51.3
Texas	377	30.0	261	32.7	17	20.8	655	30.6
New Mexico	92	7.3	71	8.9	5	6.1	168	7.9
Arizona	50	4.0	74	9.3	6	7.3	130	6.1
California	83	6.6	53	6.6	7	8.5	143	6.7
Total	1,255	100.0	798	100.0	82	100.0	2,135	100.0

*For definition of Mexican American and Anglo, see Section 3.3. Description of the Sample.

**Includes 18 American Indians and 12 Asian or Pacific Islanders.

[a]Standard Metropolitan Statistical Area (≥ 50,000 population, 1970 U.S. Census)

Table 3.4.1
Percentage Distribution of Respondents by Selected Sociodemographic Characteristics and Ethnicity*
U.S.-Mexico Border Survey, 1979

Characteristics	Ethnicity	
	Mexican American	Anglo
	n=1,255	n=798
Age Group		
15-19	25.3	17.6
20-24	17.0	16.3
25-29	18.4	18.4
30-34	16.0	18.5
35-39	11.2	13.6
40-44	12.1	15.6
	100.0	100.0
Marital Status		
Currently married	55.7	66.5
Previously married	10.6	7.0
Never married	33.7	26.5
	100.0	100.0
Years of School (Ages 20-44)		
0-7	25.0	0.6
8-11	24.1	9.3
12	29.9	37.3
13+	21.0	52.8
	100.0	100.0
Poverty Status[a]		
Below poverty	28.5	4.0
100-149% above poverty	21.8	6.4
150-199% above poverty	15.1	10.9
≥200% above poverty	34.6	78.7
	100.0	100.0
Employment Status		
Currently employed	41.8	58.1
Unemployed	58.2	41.9
	100.0	100.0
Country of Birth		
United States	76.0	96.1
Mexico, (six northern states)	17.5	0.1
Mexico, (other states)	6.1	0.0
Other	0.4	3.8
	100.0	100.0

*Excluded from this table and all subsequent tables are the 82 completed interviews of respondents classified as black and other races (3.8% of the total 2,135 completed interviews).

[a]Excludes 177 Mexican Americans and 92 Anglos with poverty status unknown

n=Unweighted number of respondents

Table 4.1.1
Mean Number of Children Ever Born to Ever-Married Respondents by Age Group and Ethnicity
U.S.-Mexico Border Survey, 1979

Age Group	Mexican American (1) n=929	Anglo (2) n=636	Difference (1) - (2)	Standard Error of Difference
15-19	0.80	0.69	.11 ns	.194
20-24	1.48	0.87	.61*	.139
25-29	1.89	1.41	.48*	.156
30-34	2.88	1.98	.90*	.205
35-39	3.38	2.57	.81*	.283
40-44	4.77	3.05	1.72*	.435

ns=Not statistically significant at p <.05
*Statistically significant at p <.001
n=Unweighted number of respondents

Table 4.1.2
Mean Number of Children Ever Born to Ever-Married Respondents 35-44 Years of Age, Married at Least 10 Years, by Selected Sociodemographic Characteristics and Ethnicity
U.S.-Mexico Border Survey, 1979

Characteristic	Mexican American (2) n=246	Anglo (1) n=188	Difference (1) - (2)	Standard Error of Difference
Overall Mean Number of Children Ever Born	4.30	2.84	1.46*	.284
Years of School				
0-7	5.23	-	-	-
8-11	4.60	4.38	.22 ns	.763
12	2.97	2.94	.03 ns	.353
13+	3.09	2.37	.72 ns	.463
Poverty Status[a]				
Below poverty	6.06	-	-	-****
100-199% above poverty	3.84	3.24	.60 ns	.441
≥200% above poverty	2.88	2.49	.39 ns	.311

[a]Excludes 25 Anglos and 25 Mexican Americans with income unknown.
ns=Not statistically significant at p <.05
*Statistically significant at p <.001
- <20 respondents
n=Unweighted number of respondents

Table 4.2.1
Percentage Distribution of Planning Status of Most Recent Live Birth (1969-1979), by Selected Sociodemographic Characteristics and Ethnicity U.S.-Mexico Border Survey, 1979

Characteristics	Mexican American				Anglo			
	Planned	Mistimed	Unwanted	n	Planned	Mistimed	Unwanted	n
Total	47.8	36.8	15.4	705	60.9	29.1	10.0	363
Age Group								
15-19	18.4	77.4	4.2	31	-	-	-	12
20-24	45.6	48.5	5.9	139	46.3	48.9	4.8	67
25-29	52.0	38.9	9.1	187	70.8	24.0	5.3	107
30-34	49.6	33.9	16.5	181	65.6	26.6	7.8	109
35-39	53.4	22.5	24.1	93	60.5	23.6	15.9	51
40-44	47.5	19.0	33.5	74	**	**	-	17
Number of Living Children								
1	47.8	48.6	3.6	190	74.5	24.6	0.1	114
2	58.0	32.5	9.5	205	63.6	30.8	5.6	148
3	48.8	34.9	16.3	122	63.4	29.4	7.3	58
4	38.8	36.8	24.4	94	29.3	27.1	43.6	20
5+	37.1	27.5	35.4	94	17.1	36.3	46.6	23
Years of School (Ages 20-44)								
0-8	48.1	28.0	23.4	228	-	-	-	11
9-11	41.1	41.1	17.9	138	23.7	49.8	26.5	35
12	54.9	35.5	9.6	208	60.9	29.5	9.6	145
13+	56.1	35.9	8.0	100	71.3	22.0	6.7	160
Poverty Status								
Below poverty	37.1	42.7	20.2	191	18.1	55.8	26.1	20
100-149% above poverty	46.9	35.6	17.5	144	38.1	43.5	18.4	28
150-199% above poverty	53.5	24.9	21.6	103	47.6	43.1	9.4	44
≥200% above poverty	60.0	32.4	7.6	209	69.3	22.9	7.7	247

- <20 respondents

n=Unweighted number of respondents

Table 4.2.2
Percentage of Most Recent Live Births (1969-1979) That Were Unwanted Standardized for Selected Sociodemographic Factors and by Ethnicity U.S.-Mexico Border Survey, 1979

Characteristic	Mexican American (1)		Anglo (2)		Difference (1)-(2)	Standard Error of Difference
	%	n	%	n		
Total	15.4	705	10.0	363	5.4*	2.6
Total, Standardized for Age (20-39)[a]	13.4	600	7.8	334	5.6*	2.6
Total, Standardized for Education (Ages 20-44 with >8 Years of School)[b]	11.0	446	12.7	340	-1.7 ns	3.7
Total, Standardized for Number of Living Children	14.4	705	14.7	363	-0.3 ns	3.1
Total, Standardized for Poverty Status	14.6	647	14.3	339	0.3 ns	4.1

[a] <20 Anglo respondents with most recent live birth 1969-1979 in the age groups 15-19 and 40-44

[b] <20 Anglo respondents age 20+ with 0-8 years of education

ns=Not statistically significant at p <.05

*Statistically significant at p <.05

n=Unweighted number of respondents

Table 5.1.1
Percentage Distribution of Respondents 15-44 Years of Age, by Contraceptive Use Status, Marital Status and Ethnicity U.S.-Mexico Border Survey, 1979

Contraceptive Use Status	Marital Status: Currently Married		Previously Married		Never Married		Total	
	MA*	Anglo	MA*	Anglo	MA*	Anglo	MA*	Anglo
	n=804	n=572	n=125	n=64	n=326	n=162	n=1,255	n=798
Currently using	65.5	75.2	46.8	48.3	12.9	26.3	45.8	60.4
Previously used[a]	23.7	23.0	39.4	51.7	8.4	12.7	20.2	22.2
Never used[a]	10.8	1.8	13.8	0.0	78.7	61.0	34.0	17.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

*MA=Mexican American

[a] Includes respondents who were surgically sterilized for noncontraceptive reasons.

n=Unweighted number of respondents

Table 5.2.1
Percentage of Currently Married Respondents 15-44 Years of Age Currently Using Contraception, by Age Group, Pregnancy Status, Number of Living Children and Ethnicity U.S.-Mexico Border Survey, 1979

Characteristic	Mexican American	Anglo
Total	65.5	75.2***
Age Group		
15-19	41.4	54.3 ns
20-24	70.7	69.9 ns
25-29	69.6	75.8 ns
30-34	72.4	74.8 ns
35-39	71.7	87.6**
40-44	47.7	69.8**
Pregnancy Status		
Never pregnant	35.6	58.4***
Ever pregnant	68.0	78.2***
Number of Living Children		
0[a]	24.9	36.3 ns
1	62.7	62.9 ns
2	70.9	86.7***
3+	72.8	84.0*

[a]Among ever-pregnant women

*p= <0.05

**p= <0.01

***p= <0.001

ns=Not statistically significant at p ≤0.05

Table 5.2.2
Percentage Distribution of Currently Married Mexican American Respondents 15-44 Years of Age, by Age Group, Contraceptive Use Status and by Method of Contraception for Current Users and by Reason Not Currently Using for Nonusers U.S.-Mexico Border Survey, 1979

Contraceptive Use Status	Age Group 15-29	Age Group 30-44	Total
All Respondents	n=392	n=399	n=791
Currently using	66.2	65.0	65.4
Not currently using	33.8	35.0	34.6
Pregnancy-related reason[a]	23.7	9.1	15.9
Sterile[b]	1.3	14.8	8.6
Unmet need[c]	8.8	11.1	10.1
Users, by Method	n=273	n=269	n=542
Sterilization	9.3	39.8	25.6
Female	5.5	31.3	19.3
Male	3.8	8.5	6.3
Other modern medical	64.0	30.1	46.0
Pill	48.1	17.8	31.9
IUD	13.0	9.7	11.3
Injectable	2.9	2.6	2.8
Barrier	12.9	11.4	12.1
Condom	11.7	11.2	11.5
Diaphragm	1.2	0.2	0.6
Other	13.8	18.7	16.3
Foam	5.0	4.6	4.7
Rhythm	0.8	6.0	3.5
Withdrawal	8.0	7.2	7.6
Other	0.0	0.9	0.5
Total	100.0	100.0	100.0

[a]"Pregnancy-related reason" refers to women who were currently pregnant, post partum or breast-feeding, and to women who wanted to become pregnant.

[b]"Sterile" refers to women who have undergone surgical (noncontraceptive) sterilization as well as those whose sterility was not the result of surgery (e.g., postmenopausal and subfecund women).

[c]"Unmet need" refers to women who were not currently using contraception and who were assumed to be at risk of pregnancy—thus in need of family planning services.

n=Unweighted number of respondents

Table 5.2.3
Percentage Distribution of Currently Married Mexican American Respondents 20-44 Years of Age, by Years of School, Contraceptive Use Status, and by Method of Contraception for Current Users and by Reason Not Currently Using for Nonusers
U.S.-Mexico Border Survey, 1979

Contraceptive Use Status	Years of School 0-7	8-11	12+
All Respondents	n=197	n=187	n=359
Currently using	63.3	65.1	70.4
Not currently using	36.7	34.9	29.6
Pregnancy-related reason[a]	9.9	16.8	15.6
Sterile[b]	10.9	8.5	8.4
Unmet need[c]	15.9	9.6	5.6
Users, by Method	n=124	n=130	n=265
Sterilization	35.4	29.0	20.9
Female	32.6	23.8	11.8
Male	2.8	5.2	9.1
Other modern medical	41.3	47.6	45.7
Pill	27.6	31.6	32.8
IUD	7.7	14.5	11.6
Injectable	6.0	1.5	1.3
Barrier	7.9	6.9	17.2
Condom	7.3	6.6	16.3
Diaphragm	0.6	0.3	0.9
Other	15.4	16.5	16.2
Foam	4.9	4.7	5.1
Rhythm	5.5	5.7	1.8
Withdrawal	5.0	6.1	8.2
Other	0.0	0.0	1.1
Total	100.0	100.0	100.0

[a]"Pregnancy-related reason" refers to women who were currently pregnant, post partum or breast-feeding, and to women who wanted to become pregnant.

[b]"Sterile" refers to women who have undergone surgical (noncontraceptive) sterilization as well as those whose sterility was not the result of surgery (e.g., postmenopausal and subfecund women).

[c]"Unmet need" refers to women who were not currently using contraception and who were assumed to be at risk of pregnancy—thus in need of family planning services.

n=Unweighted number of respondents

Table 5.2.4
Percentage Distribution of Currently Married Anglo Respondents 15-44 Years of Age, by Age Group, Contraceptive Use Status, and by Method of Contraception for Current Users and by Reason Not Currently Using for Nonusers U.S.-Mexico Border Survey, 1979

Contraceptive Use Status	Age Group 15–29	30–44	Total
All Respondents	n=268	n=304	n=572
Currently using	72.9	76.6	75.2
Not currently using	27.1	23.4	24.8
Pregnancy related reason[a]	25.5	5.1	13.0
Sterile[b]	0.4	16.6	10.3
Unmet need[c]	1.2	1.7	1.5
Users, by Method	n=192	n=228	n=420
Sterilization	19.8	54.6	41.6
Female	11.6	21.9	18.1
Male	8.2	32.7	23.5
Other modern medical	49.3	25.3	34.3
Pill	41.2	18.9	27.3
IUD	8.1	6.4	7.0
Barrier	21.0	9.2	13.6
Condom	15.9	7.8	10.8
Diaphragm	5.1	1.4	2.8
Other	9.9	10.9	10.5
Foam	4.4	7.8	6.5
Rhythm	3.8	2.2	2.8
Withdrawal	0.7	0.6	0.7
Other	1.0	0.3	0.5
Total	100.0	100.0	100.0

[a]"Pregnancy-related reason" refers to women who were currently pregnant, post partum or breast-feeding, and to women who wanted to become pregnant.

[b]"Sterile" refers to women who have undergone surgical (noncontraceptive) sterilization as well as those whose sterility was not the result of surgery (e.g., postmenopausal and subfecund women).

[c]"Unmet need" refers to women who are not currently using contraception and who were assumed to be at risk of pregnancy—thus in need of family planning services.

n=Unweighted number of respondents

Table 5.2.5
Percentage Distribution of Currently Married Anglo Respondents 20-44 Years of Age, by Years of School, Contraceptive Use Status, and by Method of Contraception for Current Users and by Reason Not Currently Using for Nonusers U.S.-Mexico Border Survey, 1979

Contraceptive Use Status	Years of School 8-11	12+
All Respondents	n=61	n=493
Currently using	78.1	75.1
Not currently using	21.9	24.9
Pregnancy-related reason[a]	10.0	13.0
Sterile[b]	9.6	10.5
Unmet need[c]	2.3	1.4
Users, by Method	n=41	n=368
Sterilization	50.2	40.6
Female	28.3	16.5
Male	21.9	24.1
Other modern medical	29.1	34.7
Pill	25.5	27.2
IUD	3.6	7.5
Barrier	13.1	13.8
Condom	13.1	10.6
Diaphragm	0.0	3.2
Other	7.6	10.9
Foam	3.1	6.9
Rhythm	4.5	2.7
Withdrawal	0.0	0.8
Other	0.0	0.5
Total	100.0	100.0

Note: Only two women surveyed had ≤ 7 years of school; they were eliminated from the analysis.

[a]"Pregnancy-related reason" refers to women who were currently pregnant, post partum or breast-feeding, and to women who wanted to become pregnant.

[b]"Sterile" refers to women who have undergone surgical (noncontraceptive) sterilization as well as those whose sterility was not the result of surgery (e.g., postmenopausal and subfecund women).

[c]"Unmet need" refers to women who were not currently using contraception and who were assumed to be at risk of pregnancy—thus in need of family planning services.

n=Unweighted number of respondents

Table 5.3.1
Percentage Distribution of Currently Married Respondents 15-44 Years of Age Currently Using Contraception, by Source of Contraception, Method, and Ethnicity U.S.-Mexico Border Survey, 1979

Source of Contraception	Method					
	Sterilization					
	Female	Male	Pill	IUD	Condom	Total*
Mexican American	n=91	n=31	n=200	n=53	n=67	n=484
Private physician or clinic	12.2	59.0	47.4	41.1	4.4	30.4
Pharmacy	0.0	0.0	0.0	0.0	61.7	12.0
Planned Parenthood	1.4	11.2	16.1	28.8	13.5	12.4
Health department	1.3	9.7	16.4	16.2	12.7	11.4
Nonmilitary hospital	77.7	9.7	8.8	8.7	1.8	22.0
Military hospital	2.9	5.8	0.8	2.4	0.0	1.6
Mexico	4.5	1.6	10.3	2.8	1.5	8.8
Other[a]	0.0	3.0	0.2	0.0	4.4	1.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Anglo	n=63	n=89	n=129	n=36	n=51	n=408
Private physician or clinic	18.4	78.3	83.5	76.5	4.2	55.8
Pharmacy	0.0	0.0	0.3	0.0	73.5	13.3
Planned Parenthood	0.0	1.1	1.5	0.0	3.2	1.1
Health department	0.0	0.0	0.7	4.4	0.8	0.7
Nonmilitary hospital	66.7	8.9	1.2	6.2	4.1	15.9
Military hospital	13.3	10.5	11.5	12.9	10.1	10.4
Other[b]	1.6	1.2	1.3	0.0	4.1	2.8
Total	100.0	100.0	100.0	100.0	100.0	100.0

*Total for Mexican Americans includes 42 women using foam, diaphragm or other methods, and excludes respondents using rhythm or withdrawal. Total for Anglos includes 40 respondents using diaphragms, foam or other methods and excludes respondents using rhythm or withdrawal.

[a]"Other" consists primarily of respondents who obtained their contraceptive methods outside of the United States or Mexico.

[b]"Other" consists primarily of respondents who obtained their contraceptive methods outside of the United States; usually these women were wives of members of the U.S. armed forces.

n=Unweighted number of respondents

Table 5.4.1
Percentage of Ever-Married Respondents 20-44 Years of Age Using Female Sterilization* by Selected Sociodemographic Characteristics and Ethnicity
U.S.-Mexico Border Survey, 1979

Characteristic	Mexican American			Anglo		
	Female	Total**	n	Female	Total**	n
Total	16.8	21.0	742	19.0	38.9	462
Age at Interview						
20–24	1.7	1.7	132	10.1	13.7	70
25–29	9.7	14.2	197	15.0	21.4	118
30–34	18.7	26.1	192	17.6	40.5	124
35–39	34.6	36.1	118	19.6	54.4	82
40–44	20.7	26.4	103	29.3	55.5	68
Years Since First Marriage						
<5	1.8	3.5	127	3.1	4.0	60
5–9	9.3	12.2	244	15.4	23.0	145
10–14	20.8	29.9	177	16.3	43.3	117
15–19	24.9	26.4	115	14.4	52.0	70
≥20	34.8	39.9	79	37.4	61.7	70
Parity						
1	2.3	2.8	177	6.4	11.7	135
2	7.0	14.0	220	17.5	43.7	200
3	15.8	19.4	140	27.9	65.8	77
4[a]	29.8	36.9	106	35.5	39.9	50
5+	42.8	45.4	99			
Age at First Birth						
<18	27.1	28.6	107	36.6	47.7	48
18–19	16.2	20.1	185	19.8	45.0	89
20–24	15.8	21.0	330	16.9	36.5	237
25+	11.7	16.2	120	12.9	34.1	88
Years of School						
0–8	25.1	27.6	249	–	–	12
9–11	15.9	18.3	144	29.5	50.5	43
12	9.9	16.1	233	21.7	40.1	198
13+	13.5	19.8	116	13.9	35.6	209
Planning Status of Last Live Birth						
Wanted	12.5	17.1	640	15.4	35.1	411
Unwanted	40.1	42.1	102	47.6	69.6	51
Method of Contraception Ever Used[b]						
Medical	18.6	24.0	497	23.7	45.3	344
Barrier	11.3	12.3	87	2.5	15.8	66
Other	7.9	10.1	92	5.5	21.3	44

*Excludes women surgically sterile for noncontraceptive reasons and women who had never been pregnant or who had never had a live birth.

**Total includes both male and female sterilization.

[a]Anglo includes parity 4+.

[b]Excludes 66 Hispanic never users and 8 Anglo never users. Medical methods are pill, IUD, and injection; barrier methods are diaphragm and condom; other methods are withdrawal, foam, rhythm, and all other methods.

n=Unweighted number of respondents

Table 5.4.2
Percentage Distribution of Ever-Married Respondents Having a Female Contraceptive Sterilization During the Period 1973-1979, by Selected Sociodemographic Characteristics and Ethnicity U.S.-Mexico Border Survey, 1979

Characteristic	Mexican American n=91	Anglo n=53
Year of Operation		
1973-1976	38.2	38.1
1977-1979	61.8	61.9
	100.0	100.0
Age at Sterilization		
<20	0.0	3.0
20-24	7.2	10.8
25-29	32.6	35.5
30-34	23.2	22.5
35-39	27.5	17.6
40-44	9.5	10.6
	100.0	100.0
Years Between Beginning of First Marriage and Sterilization		
<5	5.6	14.6
5-9	34.5	27.6
10-14	20.6	27.8
15-19	19.4	13.3
≥20	19.8	16.7
	100.0	100.0
Parity		
1	1.9	7.5
2	14.0	53.0
3	21.2	29.6
4	23.0	3.7
5+	39.8	6.2
	100.0	100.0
Years Between Last Live Birth and Sterilization		
<1	60.1	43.9
1-2	12.0	11.2
3+	27.9	44.9
	100.0	100.0
Planning Status of Last Live Birth		
Wanted	56.6	81.4
Unwanted	43.4	18.6
	100.0	100.0

n=Unweighted number of respondents

Table 5.4.3
Percentage of Ever-Married Respondents 20-44 Years of Age with All of the Children They Wanted and Willing to Consider Contraceptive Sterilization, by Selected Sociodemographic Characteristics and Ethnicity U.S.-Mexico Border Survey, 1979

Characteristic	Mexican American		Anglo	
	%	n	%	n
Total	35.7	349	43.6	178
Age at Interview				
20-24	40.8	36	60.3	21
25-29	49.6	87	53.1	42
30-34	41.6	87	47.2	49
35-39	24.4	67	44.0	33
40-44	25.6	72	24.3	33
Years Since First Marriage[a]				
<5	42.9	31	59.3	18
5-9	39.6	101	51.6	57
10-14	43.0	91	53.3	45
15-19	33.4	76	23.7	31
≥20	21.8	45	33.0	27
Parity[b]				
1	19.7	47	45.0	39
2	39.2	103	43.0	88
3	36.5	82	68.4	27
4[c]	45.6	60	27.8	23
5+	32.0	57		
Planning Status of Last Live Birth[d]				
Wanted	38.4	288	44.2	160
Unwanted	31.4	61	43.7	16
Years of School				
0-8	33.3	130	--	0
9-11	31.9	68	57.2	23
12	42.6	100	48.2	79
13+	32.5	51	35.9	76
Current Contraceptive Use Status				
User	40.7	231	47.7	146
Medical	51.0	140	58.5	93
Barrier	27.6	42	26.5	30
Other	25.5	49	35.6	23
Nonuser	27.5	118	21.2	32
Pregnancy related reason	62.7	31	31.1	10
Other reason	18.8	87	15.6	22

[a]Excludes 5 Mexican Americans with years since first marriage unknown.

[b]Excludes 1 Anglo with no live births.

[c]Anglo includes parity 4+.

[d]Excludes 2 Anglos with planning status of last live birth unknown.

n=Unweighted number of respondents

Table 5.5.1
Percentage of Ever-Married Respondents 15-44 Years of Age in Need of Family Planning Services and Percentage of Those in Need Not Using Contraception, by Selected Characteristics and Ethnicity U.S.-Mexico Border Survey, 1979

Characteristic	Mexican American				Anglo			
	Percent in Need		Percent in Need, Not Using Contraception		Percent in Need		Percent In Need, Not Using Contraception	
Total	55.7	(913)	19.0	(537)	46.2	(636)	8.2	(310)
Age Group								
15-24	69.8	(214)	16.4	(157)	65.1	(133)	9.6	(92)
25-34	57.4	(435)	11.6	(255)	52.6	(311)	9.6	(161)
35-44	44.0	(264)	35.2	(125)	30.5	(192)	4.0	(57)
Parity								
0	38.6	(101)	19.0	(44)	50.6	(121)	8.9	(67)
1	65.6	(208)	15.6	(139)	58.3	(147)	14.1	(89)
2	65.3	(230)	15.2	(157)	46.9	(214)	6.0	(100)
3	56.8	(151)	13.8	(87)	28.6	(87)	3.4	(31)
4+	45.7	(223)	31.6	(110)	40.1	(67)	4.2	(23)
Poverty Level								
<200% below	56.7	(517)	20.1	(304)	54.7	(129)	8.9	(70)
>200% above	53.6	(308)	12.4	(177)	44.9	(452)	8.8	(222)
Years of School (Ages 20-44)								
0-7	51.2	(226)	28.2	(125)	-	(4)	-	(0)
8-11	50.7	(220)	21.6	(126)	43.8	(68)	12.3	(31)
12	64.6	(268)	10.8	(164)	41.5	(253)	5.3	(115)
13+	55.3	(145)	16.0	(89)	50.6	(295)	8.8	(152)
Employment Status								
Employed	57.4	(383)	15.8	(231)	45.3	(338)	6.0	(162)
Unemployed	54.5	(476)	20.7	(273)	46.9	(282)	10.4	(136)
Planning Status of Last Live Birth								
Planned	59.8	(419)	15.3	(256)	44.0	(316)	7.6	(141)
Mistimed	63.1	(310)	18.4	(197)	55.9	(161)	8.7	(95)
Unwanted	33.3	(113)	40.7	(47)	21.5	(63)	-	(14)
Language Preference								
English	56.0	(405)	17.0	(234)				
Spanish	55.6	(508)	20.8	(303)				
Place of Birth								
United States	55.3	(668)	19.3	(390)				
Mexico	56.7	(244)	18.4	(146)				

- <20 cases per cell

( ) = Unweighted number of respondents

Table 5.6.1
Percentage of Never-Married Respondents 15-44 Years of Age Currently Using Contraception, by Age Group, Pregnancy Status, and Ethnicity U.S.-Mexico Border Survey, 1979

Characteristic	Percentage Currently Using Contraception	
	Mexican American n=326	Anglo n=162
Total	12.9	26.3*
Age Group		
15-19	6.7	15.7 ns
20-24	26.6	50.6 ns
25-44	19.3	35.9 ns
Pregnancy Status		
Never pregnant	11.7	26.4*
Ever pregnant	22.0	-

*The difference between Mexican American and Anglo respondents in this category is significant at $p < 0.01$.
ns=Not statistically significant at $p < 0.05$
- <20 respondents
n=Unweighted number of respondents

Table 5.6.2
Percentage of Never-Married Respondents 15-44 Years of Age in Need of Family Planning Services and Percentage of Those in Need Not Using Contraception, by Age Groups and Ethnicity U.S.-Mexico Border Survey, 1979

Age Group	Mexican American		Anglo	
	Percentage in Need	Percentage in Need, Not Using Contraception	Percentage in Need	Percentage in Need, Not Using Contraception
Total (15-44)	20.3 (326)	39.5 (61)	34.5 (162)	23.8 (48)
15-19	12.6 (195)	46.6 (20)	25.6 (100)	38.7 (20)
20-44	33.6 (131)	34.8 (41)	49.7 (62)	10.6 (28)

( )=Unweighted number of respondents

Table 5.7.1.1
Currently Married Respondents Using a Temporary Method of Contraception or Not Using Contraception: Their Attitudes Toward Providers of Family Planning Services, by Ethnicity and Type of Contraceptive Method
U.S.-Mexico Border Survey, 1979

Questions Related to Attitudes Toward Providers of Family Planning Services	Mexican American				Anglo			
		Using Temporary Method				Using Temporary Method		
	Non-Users	All	Medical	Non-Medical	Non-Users	All	Medical	Non-Medical
Accept services from medical person other than physician?								
Yes	79.7	86.2	86.0	86.5	81.9	76.7	74.1	81.5
No	15.7	11.1	11.4	10.7	10.8	15.6	18.5	10.4
Don't care	3.8	2.1	2.1	2.1	7.3	6.7	5.9	8.1
No Answer	0.8	0.6	0.5	0.7	0.0	1.0	1.5	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted n	219	420	269	151	117	268	180	88
Accept services from non-medical person in the community?								
Yes	50.5	61.9	60.3	64.7	58.7	56.2	54.0	60.3
No	45.3	32.4	35.3	27.6	29.7	38.0	43.3	28.6
Don't know	4.2	5.7	4.4	7.7	11.6	5.8	2.7	11.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted n	219	420	269	151	117	268	180	88
If yes, what community person would you prefer?								
No preference—any trained person	41.7	41.9	38.9	46.9	51.5	54.2	49.6	61.6
Pharmacist	9.1	21.6	21.7	21.5	11.8	10.8	11.2	10.2
Midwife	14.2	11.9	13.0	10.1	13.6	10.5	8.7	13.3
Health promoter	11.6	8.3	8.4	8.2	11.4	12.8	18.8	3.3
Other	23.4	16.3	18.0	13.3	11.7	11.7	11.7	11.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted n	115	269	169	100	74	155	102	53
If no, reason for not using services provided by community person?								
Lacks confidence in non-medical person	83.2	72.2	72.2	72.2	62.3	60.8	66.5	45.8
Satisfaction with current medical care	3.8	7.8	7.8	7.8	14.0	12.6	13.3	10.9
Prefers physician	4.6	10.8	11.2	9.9	3.6	17.2	11.9	31.1
Personally requires medical person	1.5	3.2	3.2	3.4	3.1	5.7	7.8	0.0
Other reasons	5.9	4.1	4.1	4.1	17.0	3.7	0.5	12.2
Unknown	1.0	1.9	1.5	2.6	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted n	95	133	90	43	35	100	70	30

*Medical methods=pill, IUD, injectable, and diaphragm

Table 5.7.2.1
Preference for Family Planning Services by Currently Married Respondents Using a Temporary Method of Contraception or Not Currently Using Contraception, by Ethnicity and Type of Method*
U.S.-Mexico Border Survey, 1979

Prefer Services From Male or Female	Mexican American				Anglo			
	Non-Users	Using Temporary Method			Non-Users	Using Temporary Method		
		All	Medical	Non-Medical		All	Medical	Non-Medical
Male	10.3	12.3	11.2	14.2	15.6	13.8	14.3	12.9
Female	46.2	41.5	40.3	43.4	16.3	19.8	15.9	26.9
Doesn't matter	43.5	46.2	48.5	42.4	68.1	66.4	69.8	60.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted n	219	420	269	151	117	268	180	88

*Medical methods=pill, IUD, injectable, and diaphragm

Table 5.7.3.1
Person Who Makes the Decision to Use Contraception for Currently Married Respondents Currently Using Contraception by Ethnicity and Type of Method*
U.S.-Mexico Border Survey, 1979

Person Who Makes the Decision to Use Contraception	Mexican American					Anglo				
	Sterilization		Temporary Methods			Sterilization		Temporary Methods		
	Female	Male	All	Medical	Non-Medical	Female	Male	All	Medical	Non-Medical
Self and spouse	76.8	64.8	67.1	65.0	70.7	68.1	85.4	78.7	78.1	79.6
Self	11.4	23.8	23.9	29.9	13.8	28.4	6.1	16.8	17.6	15.5
Spouse	3.1	5.0	4.8	2.2	9.2	0.0	5.1	1.1	1.0	1.3
Relative	0.0	6.4	1.4	1.7	0.9	0.0	0.0	0.0	0.0	0.0
Other	8.7	0.0	2.8	1.2	5.4	3.5	3.4	3.4	3.3	3.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted n	85	27	420	269	151	59	85	268	180	88

*Medical methods=pill, IUD, injectables, and diaphragms

Table 6.1.1.1
Prenatal Care, Place of Delivery, and Post Partum Care for Currently Married Respondents 15-44 Years of Age, by Ethnicity U.S.-Mexico Border Survey, 1979

Maternal Health Information*	Mexican American	Anglo
Percentage with Prenatal Care	94.3	99.5
Unweighted n	701	456
Month Prenatal Care Began		
Months 1-3	79.4	91.9
Months 4-6	18.8	7.1
Months 7-9	1.8	1.0
Total	100.0	100.0
Unweighted n	658	455
Source of Prenatal Care		
Private physician/clinic	67.1	79.5
Nonmilitary hospital	10.2	3.9
Military hospital	3.2	10.8
Health department	13.4	2.6
Other sources	1.3	3.0
Mexico	4.8	0.2
Total	100.0	100.0
Unweighted n	663	455
Place of Delivery		
Nonmilitary hospital	86.5	82.8
Military hospital	2.9	11.0
Private clinic	3.8	2.1
Other sources	2.8	3.9
Mexico	4.0	0.2
Total	100.0	100.0
Unweighted n	691	455
Percentage with Post Partum Checkup	86.4	96.8
Unweighted n	693	446

*All data pertain to last completed pregnancy

Table 6.1.3.1
Percentage of Respondents 15-44 Years of Age Who Have Ever Had An Abortion, by Selected Characteristics and Ethnicity U.S.-Mexico Border Survey, 1979

Selected Characteristics	Percentage Who Have Ever Had Abortion			
	Mexican American		Anglo	
	%	n	%	n
Marital Status				
Currently married	19.3	791	21.7	572
Previously married	31.5	122	47.4	64
Never married	3.0	322	1.5	162
Total	15.0	1,235	18.1	798
Years of School (Ages 20-44)				
0-7	23.3	244	-	4
8-11	17.1	243	35.1	70
12	21.0	313	23.3	266
13+	15.1	187	17.7	342
Total	19.4	987	21.8	682
Total Number of Pregnancies[a]				
1	6.8	213	9.0	125
2	13.0	209	13.6	207
3	21.9	175	42.3	113
4	36.2	129	55.2	54
5+	44.7	162	56.1	53
Total	23.2	888	28.3	552

[a]For respondents who have ever been pregnant

- <20 respondents

n=Unweighted number of respondents

Table 6.3.1
Percentage of Respondents 15-44 Years of Age Who Breast-Fed Their Most Recent Infant, by Ethnicity, Time Period of Latest Birth, Years of School Completed, and Number of Children Born Alive U.S.-Mexico Border Survey, 1979

	Mexican American			Anglo		
	1971-75	1976-79	Change	1971-75	1976-79	Change
Overall	25.7	21.1	-4.6	31.1	47.1	+16.0
Years of School						
<12	25.7	18.7	-7.0	13.9	24.3	+10.4
12	16.2	19.5	+3.3	19.2	49.0	+29.8
>12	41.6	33.4	-8.2	45.2	52.7	+7.5
Children Born Alive						
1	28.9	23.8	-5.1	37.3	55.3	+18.0
2	19.7	15.7	-4.0	27.1	38.4	+11.3
3	30.5	23.6	-6.9	32.3	46.7	+14.4
4+	24.6	23.5	-1.1	36.2	44.6	+8.4
Unweighted Number of Respondents	266	423		146	199	

Table 6.4.1
Percentage of Respondents 15-44 Years of Age Who Were Current Smokers, by Ethnicity and Selected Characteristics, U.S.-Mexico Border Survey, 1979

Characteristic	Mexican American (1)	Anglo (2)	Difference (2) - (1)	Standard Error of Difference
Total	18.5	31.6	13.1 ***	2.7
Age Group				
15-19	15.4	18.1	2.7 ns	5.1
20-24	19.1	32.7	13.6 *	5.6
25-34	18.8	30.9	12.1 ***	3.7
35-44	20.9	39.9	19.0 ***	5.4
Years of School (Ages 20-44)				
<12	24.2	51.9	27.7 ***	8.0
12	14.8	36.3	21.5 ***	4.3
>12	15.4	29.9	14.5 **	4.5
Marital Status				
Never married	13.9	26.4	12.5 *	5.0
Currently married	17.6	31.6	14.0 ***	3.1
Previously married	37.9	51.2	13.3 ns	9.5
Place of Birth				
United States	18.8	-	-	-
Mexico	17.5	-	-	-

ns = Not statistically significant
* = $p < .05$
** = $p < .01$
*** = $p < .001$

Table 6.4.2.1
Percentage Distribution of Levels of Alcohol Consumption, by Ethnicity and Selected Characteristics U.S.-Mexico Border Survey, 1979

Characteristics	Mexican American					Anglo				
	Abstains	Light	Moderate	Heavy	n	Abstains	Light	Moderate	Heavy	n
Total	47.5	41.6	9.1	1.8	(1233)	28.5	46.5	19.2	5.8	(797)
Age Group										
15-19	52.8	38.2	7.8	1.3	(247)	31.7	38.8	21.6	7.8	(115)
20-24	41.5	45.6	10.3	2.6	(223)	24.7	44.6	24.8	5.9	(149)
25-34	45.2	44.9	8.6	1.3	(484)	25.9	55.0	13.8	5.3	(331)
35-44	49.5	37.6	10.3	2.6	(279)	32.0	41.5	21.5	5.0	(202)
Marital Status										
Never married	46.6	40.6	10.9	1.9	(321)	27.2	38.5	24.6	9.8	(161)
Currently married	50.6	41.5	6.5	1.4	(791)	29.0	50.0	17.9	3.0	(572)
Previously married	33.2	45.9	17.2	3.7	(121)	29.3	43.5	10.9	16.3	(64)
Years of School (Ages 20-44)										
0-7	70.0	24.4	3.9	1.8	(243)	-	-	-	-	(4)
8-11	53.3	35.2	9.9	1.6	(243)	40.2	51.4	3.1	5.3	(70)
12	31.8	55.7	10.5	2.1	(313)	33.5	43.4	18.7	4.4	(266)
13+	28.1	55.0	14.3	2.6	(187)	21.9	51.4	21.6	5.1	(342)
Employment Status (Ages 20-44)										
Employed	35.8	49.2	12.4	2.6	(467)	22.8	48.7	22.1	6.3	(389)
Unemployed	54.3	37.2	6.9	1.5	(519)	36.0	47.2	13.1	3.7	(293)

- <20 respondents

n=Unweighted number of respondents

Table 6.4.2.2
Percentage Abstaining From Use of Alcohol
Unstandardized Difference Between Mexican Americans and Anglos,
by Selected Characteristics and Standardized for Years of School
U.S.-Mexico Border Survey, 1979

Characteristic	Mexican American (1)	Anglo (2)	Difference (1)-(2)	Standard Error of Difference
Total	47.5	28.5	19.0	3.1 *
Age Group				
15-19	52.8	31.7	21.1	7.1 *
20-24	41.5	24.7	16.8	5.8 *
25-34	45.2	25.9	19.3	4.2 *
35-44	49.5	32.0	17.5	5.9 *
Marital Status				
Never married	46.6	27.2	19.4	5.8 *
Currently married	50.6	29.0	21.6	3.9 *
Previously married	33.2	29.3	3.9	8.1 ns
Years of School (Ages 20-44)				
0-7	70.0	-	-	-
8-11	53.3	40.2	13.1	8.9 ns
12	31.8	33.5	- 1.7	5.3 ns
13+	28.1	21.9	6.2	4.5 ns
Employment Status (Ages 20-44)				
Employed	35.8	22.8	13.0	4.2 *
Unemployed	54.3	36.0	18.3	5.0 *
	Standardized for Years of School (Ages 20-44, 8+ Years of School)			
Total	35.0	30.4	4.6	3.6 ns

ns=Not statistically significant

*p <.001

- <20 respondents

V. TABLES — MEXICO SURVEY

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12.1.1.1 Percentage Distribution of Married Respondents 15-44 Years of Age, by Outcome of Last Pregnancy, Age Group, and Survey Area, National Prevalence Survey, 1979

12.1.2.1 Percentage of Married Respondents 15-44 Years of Age Who Had Prenatal Care, by Age Group, Level of Education, Number of Live Births, and Survey Area, National Prevalence Survey, 1979

12.1.2.2 Percentage of Married Respondents 15-44 Years of Age Who Had Prenatal Care, by Month in Which Prenatal Care Began, Age Group, Level of Education, Number of Live Births, and Survey Area, National Prevalence Survey, 1979

12.1.3.1 Percentage Distribution of Married Respondents 15-44 Years of Age Who Received Health Care During Last Childbirth, by Personnel Attending Last Childbirth and Survey Area, National Prevalence Survey, 1979

12.1.3.2 Percentage Distribution of Married Respondents 15-44 Years of Age Who Received Health Care During Last Childbirth, by Personnel Attending Last Childbirth, Age Group, Level of Education, and Number of Live Births, National Prevalence Survey, 1979

12.1.3.3 Percentage Distribution of Married Respondents 15-44 Years of Age Who Received Care During Last Delivery, by Site of Care and Survey Area, National Prevalence Survey, 1979

12.1.3.4 Percentage Distribution of Married Respondents 15-44 Years of Age, by Site of Last Delivery, Age Group, Level of Education, and Number of Live Births, National Prevalence Survey, 1979

12.1.3.5 Percentage of Married Respondents 15-44 Years of Age Who Received Post Partum Care, by Age Group, Level of Education, Number of Live Births, and Survey Area, National Prevalence Survey, 1979

12.1.3.6 Percentage Distribution of Married Respondents 15-44 Years of Age, by Reason for Seeking Post Partum Care, Age Group, Level of Education, Number of Live Births, and Survey Area, National Prevalence Survey, 1979

12.1.4.1 Percentage of Married Respondents 15-44 Years of Age Who Received Health Care During Last Childbirth, by Age Group, Level of Education, Number of Live Births, and Survey Area, National Prevalence Survey, 1979

12.1.5.1 Percentage of Married Respondents 15-44 Years of Age Who Had Had an Abortion, by Age Group, Level of Education, Number of Live Births, and Survey Area, National Prevalence Survey, 1979

12.1.6.1 Percentage of Married Respondents 15-44 Years of Age Who Received Care for an Abortion, by Age Group, Level of Education, Number of Live Births, and Survey Area, National Prevalence Survey, 1979

12.1.6.2 Percentage of Married Respondents 15-44 Years of Age Who Received Care During Their Last Abortion, by Age Group, Level of Education, Number of Live Births, Source of Care, and Survey Area, National Prevalence Survey, 1979

12.2.1 Percentage of Respondents 15-44 Years of Age Who Breast-Fed Their Last Child, by Age Group, Marital Status, and Survey Area, National Prevalence Survey, 1979

12.2.2 Percentage Distribution of Respondents 15-44 Years of Age Who Breast-Fed Their Last Child, by Number of Months Child Was Breast-Fed, Marital Status, and Survey Area, National Prevalence Survey, 1979

Table 9.3.1
Rate of Response to Household Questionnaires by Respondents 15-44 Years of Age, by Type of Questionnaire
National Prevalence Survey, 1979

Characteristics	Contraceptive Prevalence Questionnaire	Maternal-Infant Care Questionnaire
Total Number of Households in the Sample	5,024	1,641
Interviewed	3,866	1,346
No response	1,158	295
Reason for Nonresponse		
No one in the home	1.4	1.5
Temporarily absent	3.3	2.5
Declined to answer	0.5	0.2
Inadequate information	0.4	0.3
Other (not a dwelling, under construction, temporary use, etc.)	17.4	13.5
*Household Completion Rate	77.0	82.0
**Nonresponse Rate	23.0	18.0

*Household Completion Rate: $\frac{\text{Completed Household Questionnaires}}{\text{Total Households in Sample}}$

**Nonresponse Rate: $\frac{\text{Number of Nonresponses}}{\text{Total Households in Sample}}$

Table 9.3.2
Rate of Response to Individual Questionnaires by Respondents 15-44 Years of Age, by Type of Questionnaire
National Prevalence Survey, 1979

Characteristics	Contraceptive Prevalence Questionnaire	Maternal-Infant Care Questionnaire
Total Number of Women 15-44 Years of Age in the Sample	4,342	1,521
Interviewed	3,978	1,443
No response	364	78
Reasons for Nonresponse		
Temporarily absent	4.7	3.1
Declined to answer	0.6	0.3
Inadequate informant	2.3	1.2
Other	0.8	0.5
*Individual Completion Rate	91.6	94.9
**Nonresponse Rate	8.4	5.1

*Individual Completion Rate: $\frac{\text{Completed Individual Questionnaires}}{\text{Total Women 15-44 Selected for Interviewing}}$

**Nonresponse Rate: $\frac{\text{Number of Nonresponses}}{\text{Total Number of Women in Sample}}$

Table 9.3.3

Total Number of Completed Interviews, by Survey Area and Type of Questionnaire National Prevalence Survey, 1979

Type of Questionnaire	Survey Area: Border Zone (6 Border States) Households	Border Zone (6 Border States) Women 15-44	Border Strip Only (8 Municipalities) Households	Border Strip Only (8 Municipalities) Women 15-44
Contraceptive Prevalence	3,866	3,978	1,484	1,467
Maternal-Infant Care	1,346	1,443	1,588	565

Table 9.4.1
Percentage Distribution of Respondents 15-44 Years of Age, by Age Group, Marital Status, and Survey Area National Prevalence Survey, 1979

Age Group	Marital Status: Married Border Zone	Married National	Widowed, Divorced or Separated Border Zone	Widowed, Divorced or Separated National	Single Border Zone	Single National	Total
15-19	18.3	22.1	1.1	1.5	80.6	76.4	100.0
20-24	59.2	61.4	3.8	4.3	37.0	34.3	100.0
25-29	79.1	79.9	5.0	5.0	15.9	15.1	100.0
30-34	87.0	85.1	5.2	6.3	7.8	8.6	100.0
35-39	83.9	85.2	8.8	10.0	7.3	4.8	100.0
40-44	85.3	80.9	9.2	13.3	5.5	5.8	100.0
All Women 15-44 Years of Age	61.7	63.1	4.7	5.4	33.6	31.5	100.0

Table 9.4.2
Percentage Distribution and Average Age of Married Respondents 15-44 Years of Age, by Age Group and Survey Area National Prevalence Survey, 1979

Age Group	Survey Area: Border Zone	Border Strip	National
15-19	7.6	8.9	8.9
20-24	19.8	21.2	20.8
25-29	22.1	22.8	22.5
30-34	19.5	18.6	18.0
35-39	16.3	14.3	17.1
40-44	14.7	14.2	12.7
Total	100.0	100.0	100.0
Average Age	30.6	30.0	30.1

Table 9.4.3
Percentage Distribution and Average Years of School of Married Respondents 15-44 Years of Age, by Level of Education and Survey Area
National Prevalence Survey, 1979

Level of Education	Survey Area		
	Border Zone	Border Strip	National
None	6.7	8.2	16.8
Elementary	70.3	69.8	67.4
High school	16.3	15.3	10.4
Preparatory+	6.7	6.7	5.4
Total	100.0	100.0	100.0
Average Years of School	4.7	4.6	3.9

Table 9.4.4
Percentage of Respondents 15-44 Years of Age Who are Employed, by Marital Status and Survey Area
National Prevalence Survey, 1979

Marital Status	Border Zone	National
Married	41.6	43.1
Widowed, divorced, or separated	59.3	61.0
Single	42.7	37.7
All Women 15-44 Years of Age	28.4	28.2

Table 10.1
Average Number of Live Births for Respondents 15-44 Years of Age, by Age Group, Marital Status, and Survey Area
National Prevalence Survey, 1979

Age Group	Average Number of Live Births					
	All Women			Married Women		
	Border Zone	Border Strip	National	Border Zone	Border Strip	National
15-19	0.2	0.3	0.2	1.0	1.1	0.9
20-24	1.1	1.2	1.3	1.7	1.7	2.0
25-29	2.4	2.5	2.7	2.9	3.0	3.2
30-34	3.8	3.8	4.2	4.3	4.3	4.7
35-39	5.0	5.2	5.7	5.4	5.7	6.1
40-44	6.3	6.7	6.4	6.7	6.8	7.0
All Women 15-44 Years of Age	2.5	2.6	2.7	3.7	3.7	4.0
Standardized	2.5	2.6	2.7	3.6	3.7	4.0

Standard population: All women, according to marital status

Table 10.2
Average Number of Live Births for Married Respondents 15-44 Years of Age, by Age Group, Level of Education, and Survey Area
National Prevalence Survey, 1979

Age Group	Level of Education							
	No Formal Education		Incomplete Elementary Education		Complete Elementary Education		High School Education or More	
	Border Zone	Border Strip	Border Zone	Border Strip	Border Zone	Border Strip	Border Zone	Border Strip
15-19	2.4	2.3	1.3	1.3	0.8	0.8	0.7	0.8
20-24	2.8	3.2	2.2	2.1	1.7	1.6	1.2	1.2
25-29	5.1	5.2	3.5	3.5	2.7	2.8	2.1	2.0
30-34	5.7	5.7	5.2	5.0	4.0	3.9	2.9	2.8
35-39	5.0	5.1	6.4	6.9	4.6	4.8	3.9	3.8
40-44	7.5	7.6	7.6	7.7	5.4	5.4	4.5	4.2
All Married Women 15-44 Years of Age	5.6	5.4	4.9	4.7	3.2	3.0	2.2	2.2
Standardized	4.8	4.9	4.3	4.4	3.2	3.3	2.5	2.5

Standard population: All married women

Table 11.1.1
Percentage Distribution of Respondents 15-44 Years of Age, by Contraceptive Use Status, Marital Status, and Survey Area
National Prevalence Survey, 1979

Marital Status	Use Status									
	Current Users			Former Users			Never Users			
	Border Zone	Border Strip	National	Border Zone	Border Strip	National	Border Zone	Border Strip	National	Total
Married	49.9	52.4	40.0	17.8	18.6	14.4	32.3	29.0	45.6	100.0
Previously married	12.7	9.4	10.8	29.2	*	17.8	58.1	*	71.4	100.0
Single	1.1	1.1	0.9	0.6	*	0.7	98.3	*	98.4	100.0
Ever married	47.3	49.7	37.7	18.6	*	14.6	34.1	*	47.7	100.0
All Women 15-44 Years of Age	31.9	34.4	26.1	12.6	*	10.2	55.5	*	63.7	100.0

*Data not available

Table 11.1.2
Percentage Distribution of Married Respondents 15-44 Years of Age, by Contraceptive Use Status, Age Group, and Survey Area National Prevalence Survey, 1979

Age Group	Contraceptive Use Status: Current Users			Former Users			Never Users			Total
	Border Zone	Border Strip	National	Border Zone	Border Strip	National	Border Zone	Border Strip	National	
15-19	35.4	39.6	19.2	14.8	17.5	8.4	49.8	42.9	72.4	100.0
20-24	49.6	53.5	37.4	19.4	19.3	16.9	31.0	27.2	45.7	100.0
25-29	56.1	58.6	44.5	20.5	22.6	17.5	23.4	18.8	38.0	100.0
30-34	53.2	54.6	49.6	18.7	19.3	14.6	28.1	26.1	35.8	100.0
35-39	53.8	54.8	42.8	15.1	18.3	12.2	31.1	26.9	45.0	100.0
40-44	39.9	44.0	33.3	14.9	11.0	11.5	45.2	45.0	55.2	100.0
All Married Women 15-44 Years of Age	49.9	52.4	40.0	17.8	18.6	14.4	32.3	29.0	45.6	100.0

Table 11.1.3
Percentage Distribution of Married Respondents 15-44 Years of Age, by Contraceptive Use Status, Level of Education, and Survey Area National Prevalence Survey, 1979

Level of Education	Contraceptive Use Status: Current Users			Former Users			Never Users			Total
	Border Zone	Border Strip	National	Border Zone	Border Strip	National	Border Zone	Border Strip	National	
No Formal Education	39.6	37.9	22.5	15.7	16.2	9.6	44.7	45.9	67.9	100.0
Incomplete Elementary Education	44.4	47.7	33.9	15.1	17.4	12.9	40.5	34.9	53.2	100.0
Completed Elementary Education	53.7	58.7	50.8	17.9	15.1	17.0	28.4	26.2	32.2	100.0
High School Education or More	57.1	57.9	60.2	22.6	26.3	19.3	20.3	15.8	20.5	100.0
All Married Women 15-44 Years of Age	49.9	52.4	40.0	17.8	18.6	14.4	32.3	29.0	45.6	100.0

Table 11.1.4
Percentage Distribution of Respondents 15-44 Years of Age Currently Using Contraception, by Method, Marital Status, and Survey Area National Prevalence Survey, 1979

Method	Marital Status: Currently Married			Formerly Married			Total		
	Border Zone	Border Strip	National	Border Zone	Border Strip	National	Border Zone	Border Strip	National
Pill	42.9	49.4	33.6	40.3	47.8	33.3	40.4	48.1	33.0
IUD	12.6	11.6	16.4	14.1	12.1	16.6	14.1	12.1	16.1
Sterilization (Male & female)	20.6	17.2	23.2	22.3	17.5	23.5	22.3	17.2	24.1
Injections	6.4	7.1	6.6	6.5	8.0	6.7	6.4	8.0	6.7
Condoms	3.0	4.2	2.2	2.9	4.4	2.1	2.9	4.4	2.1
Local methods	3.4	1.9	2.7	3.4	2.2	2.8	3.4	2.2	2.9
Others	11.1	8.6	15.3	10.5	8.0	15.0	10.5	8.0	15.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 11.1.5
Percentage of Married Respondents 15-44 Years of Age
Currently Using Contraception, by Age Group, Method, and Survey Area
National Prevalence Survey, 1979

	Method														
	Pill			IUD			Sterilization			Other			Total		
Age Group	Border Zone	Border Strip	National	Border Zone	Border Strip	National	Border Zone	Border Strip	National	Border Zone	Border Strip	National	Border Zone	Border Strip	National
15-19	22.2	26.1	11.1	3.9	2.9	3.5	0.0	0.0	0.0	9.3	10.6	4.6	35.4	39.6	19.2
20-24	30.6	35.7	18.4	6.1	5.0	6.7	1.6	1.4	1.7	11.3	11.4	10.6	49.6	53.5	37.4
25-29	28.1	32.8	17.0	7.4	5.1	8.1	9.1	8.9	9.0	11.4	11.8	10.4	56.0	58.6	44.5
30-34	14.5	18.5	12.5	8.6	10.3	8.8	17.1	15.4	14.7	13.1	10.4	13.6	53.3	54.6	49.6
35-39	17.6	20.8	9.7	5.7	7.1	5.5	16.5	13.7	15.3	14.0	13.2	12.3	53.8	54.8	42.8
40-44	11.5	16.0	7.2	3.8	4.5	4.1	13.5	13.1	12.7	11.1	10.4	9.3	39.9	44.0	33.3

Table 11.1.6
Percentage Distribution of Married Respondents 15-44 Years of Age Currently Using Contraception, by Method, Site of Residence, and Survey Area National Prevalence Survey, 1979

Method	Site of Residence								
	Rural			Urban			Metropolitan		
	Border Zone	Border Strip	National	Border Zone	Border Strip	National	Border Zone	Border Strip	National
Pill	50.1	54.4	35.6	43.6	46.5	37.4	32.8	*	27.7
IUD	13.5	14.7	12.2	9.8	9.6	14.1	18.0	*	22.8
Sterilization	12.4	9.0	22.6	23.6	22.2	25.0	23.3	*	23.3
Injections	2.9	3.4	5.0	9.3	9.1	8.2	4.0	*	6.8
Condom	5.1	5.9	2.0	2.5	3.4	2.6	2.0	*	2.0
Traditional methods	1.1	0.9	0.9	3.8	2.5	3.0	4.9	*	4.5
Other	14.9	11.7	21.7	7.4	6.7	9.7	15.0	*	12.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	*	100.0

*Data not available

Table 11.1.7
Percentage Distribution of Married Respondents 15-44 Years of Age, by Reason for Current Use of Contraception,* Age Group, Level of Education, Number of Live Births, and Survey Area National Prevalence Survey, 1979

Characteristics	Temporary Prevention of Pregnancy			Permanent Prevention of Pregnancy			
Age Group	Border Zone	Border Strip	National	Border Zone	Border Strip	National	Total
15-19	90.6	85.6	92.6	9.4	14.4	7.4	100.0
20-24	78.7	73.9	81.9	21.3	26.1	18.1	100.0
25-29	58.0	58.0	58.0	41.7	41.5	41.6	100.0
30-34	33.3	30.7	36.1	66.4	69.3	63.7	100.0
35-39	17.5	15.8	21.5	81.7	84.2	77.6	100.0
40-44	8.0	8.3	8.8	91.4	91.7	90.9	100.0
Level of Education**							
None	24.6	19.1	25.9	75.4	80.9	73.8	100.0
Elementary	41.0	40.9	44.0	58.6	59.1	55.5	100.0
High school	60.7	64.3	55.9	39.3	35.7	43.8	100.0
Preparatory+	69.2	70.8	57.1	30.0	27.3	42.6	100.0
Live Births**							
0	100.0	100.0	90.8	0.0	0.0	7.5	100.0
1	94.9	96.6	92.0	5.1	3.4	8.0	100.0
2	69.6	68.3	66.2	30.4	31.7	33.5	100.0
3	44.1	40.1	42.8	55.1	59.1	57.0	100.0
4	28.8	30.6	31.2	71.2	69.4	68.3	100.0
5	19.0	15.7	23.7	81.0	84.3	75.1	100.0
6	18.3	18.1	21.2	79.5	81.9	78.4	100.0
7+	14.6	14.2	14.7	85.0	85.8	85.1	100.0
All Married Women 15-44 Years of Age	46.1	45.9	47.2	53.6	54.0	52.4	100.0

*Excludes women with reason not stated; thus percentages do not equal 100% for all categories.

**Includes women ages 15-49 years of age

Table 11.1.8
Percentage Distribution of Contraceptive Methods Used by Married Respondents 15-44 Years of Age, by Method, Number of Live Births, and Survey Area
National Prevalence Survey, 1979

Method	0	1	2	3	4	5	6	7+
Border Zone								
Pill	5.5	27.8	28.6	19.4	26.4	20.5	13.6	16.7
IUD	0.0	5.7	7.3	6.6	9.3	6.6	7.2	6.1
Sterilization (Male and female)	0.0	0.5	3.1	13.9	17.9	17.0	17.3	17.3
Injections	1.7	4.8	4.7	3.8	0.6	3.1	4.7	1.8
Condoms	0.0	0.9	2.0	2.5	1.9	1.7	1.5	1.1
Local methods	1.3	1.6	2.7	2.9	0.6	1.8	2.0	0.6
Other	1.3	6.3	5.8	4.8	5.2	7.3	4.1	6.6
Total users	9.8	47.6	54.2	53.9	61.9	58.0	50.4	50.2
Total nonusers	90.9	52.4	45.8	46.1	38.1	42.0	49.6	49.8
Border Strip								
Pill	8.6	35.8	28.7	25.8	39.2	16.0	17.7	21.8
IUD	0.0	3.3	6.8	5.5	7.0	9.3	4.1	8.8
Sterilization (Male and female)	0.0	0.0	2.9	13.0	12.7	18.0	18.6	13.9
Injections	0.0	8.4	4.1	5.2	0.0	2.0	6.7	1.6
Condoms	0.0	1.7	3.7	3.0	3.3	1.4	1.3	1.5
Local methods	0.0	0.4	2.7	1.9	0.6	0.7	0.0	0.0
Other	2.0	4.2	3.9	4.0	5.2	5.7	4.1	5.9
Total users	10.6	53.8	52.8	58.4	68.0	53.1	52.5	53.5
Total nonusers	89.4	46.2	47.2	41.6	32.0	46.9	47.5	46.5
National*								
Pill	3.8	18.6	21.3	15.3	14.2	12.7	9.6	9.4
IUD	1.4	5.9	8.9	7.6	8.7	7.5	7.8	4.3
Sterilization (Male and female)	0.2	0.3	4.2	12.6	16.1	14.9	12.2	14.0
Injections	0.8	3.0	4.3	3.9	1.7	2.1	2.7	1.7
Condoms	0.0	1.0	1.3	1.9	0.8	1.3	1.4	0.5
Local methods	0.4	1.3	1.9	1.8	1.6	2.0	1.4	0.4
Other	2.2	6.1	7.4	6.2	7.2	6.3	5.2	5.2
Total users	8.8	36.2	49.3	49.3	50.3	46.8	40.3	35.5
Total nonusers	91.2	63.8	50.7	50.7	49.7	53.2	59.7	64.5

*National figures are for married respondents 15-49 years of age

Table 11.2.1
Percentage Distribution of Respondents 15-44 Years of Age, by Reason for Discontinuation of Contraceptive Use and Survey Area National Prevalence Survey, 1979

Reason	Border Zone	Border Strip	National
Pregnancy	35.7	35.7	36.4
Post partum lactation	11.4	11.6	13.6
Side effects	11.6	9.0	16.8
Fear of side effects	4.0	2.7	4.2
Lack of mate	4.1	7.0	5.2
Menopause or hysterectomy	11.1	11.2	7.5
Desire to become pregnant	10.4	13.6	6.6
Opposition of husband	1.4	1.7	1.5
Other	10.3	7.5	8.2
Total	100.0	100.0	100.0

Table 11.3.1
Percentage Distribution of Respondents 15-44 Years of Age Currently Using Contraception, by Source, Method, and Survey Area
National Prevalence Survey, 1979

Source	Method																	
	Pill			IUD			Sterilization			Injections			Condom			Traditional Methods		
	Border Zone	Border Strip	Natl.	Border Zone	Border Strip	Natl.	Border Zone	Border Strip	Natl.	Border Zone	Border Strip	Natl.	Border Zone	Border Strip	Natl.	Border Zone	Border Strip	Natl.
Public Sector	32.4	28.8	38.0	75.6	72.4	78.5	75.2	70.8	72.4	7.1	4.0	9.7	7.8	9.5	10.8	9.4	0.0	11.5
SSA & APC	12.1	12.4	16.2	24.6	33.5	28.3	2.9	1.5	9.0	1.9	0.0	3.4	4.6	6.6	7.8	3.9	0.0	1.0
IMSS	16.5	12.4	17.8	44.3	36.7	40.1	54.2	43.7	46.4	0.0	0.0	2.9	3.2	2.9	3.0	3.7	0.0	8.0
ISSSTE	2.0	3.2	2.3	3.1	1.1	3.8	9.1	14.5	7.6	2.1	4.0	1.1	0.0	0.0	0.0	1.8	0.0	1.5
Other institutions	1.8	0.8	1.7	3.6	1.1	6.3	9.0	11.1	9.4	3.1	0.0	2.3	0.0	0.0	0.0	0.0	0.0	1.0
Private Sector	67.6	71.2	62.0	24.4	27.6	21.5	24.8	29.2	27.6	92.9	96.0	90.3	92.2	90.5	89.2	90.6	100.0	88.5
Pharmacy	60.8	65.1	53.0	0.5	0.0	0.6	0.0	0.0	0.0	79.4	84.2	68.0	92.2	90.5	84.7	81.2	100.0	78.6
Private physician	5.9	5.5	7.3	23.4	27.6	17.4	21.2	26.1	25.6	13.5	11.8	20.0	0.0	0.0	1.3	3.9	0.0	8.0
Other	0.9	0.6	1.7	0.5	0.0	3.5	3.6	3.1	2.0	0.0	0.0	2.3	0.0	0.0	3.2	5.5	0.0	1.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 11.4.1
Percentage of Currently Married Respondents 15-44 Years of Age Informed About Contraceptive Methods, by Age Group, Method, and Survey Area
National Prevalence Survey, 1979

	Pill		Condom		IUD		Sterilization	
Age Group	Border Zone	National	Border Zone	National	Border Zone	National	Border Zone	National
15-19	93.3	76.5	26.2	15.7	71.2	55.8	65.4	51.2
20-24	98.0	88.7	41.7	30.2	85.8	76.0	75.4	69.6
25-29	98.4	91.3	50.7	38.7	88.5	80.1	85.5	79.3
30-34	97.6	91.0	58.1	40.8	88.5	80.1	87.3	78.8
35-39	97.1	90.2	48.9	35.2	81.0	75.2	78.7	72.2
40-44	94.9	87.0	44.5	34.6	76.4	72.4	76.5	70.6
Total	97.1	88.7	47.3	34.2	83.6	75.3	79.9	72.4

Table 11.4.2
Percentage of Married Respondents 15-44 Years of Age Informed About Contraceptive Methods, by Method, Level of Education, and Survey Area
National Prevalence Survey, 1979

	Level of Education							
	No Formal Education		Incomplete Elementary Education		Complete Elementary Education		High School Education or More	
Method	Border Zone	National	Border Zone	National	Border Zone	National	Border Zone	National
Pill	91.1	75.0	95.6	86.4	98.3	95.9	99.4	99.1
IUD	71.8	54.1	75.9	69.8	87.3	87.7	94.9	95.3
Sterilization	61.2	51.2	72.4	67.1	84.6	84.0	91.4	93.0
Condom	26.9	16.5	36.6	24.3	47.6	43.0	70.4	68.3

Table 12.1.1.1
Percentage Distribution of Married Respondents 15-44 Years of Age, by Outcome of Last Pregnancy, Age Group, and Survey Area
National Prevalence Survey, 1979

Characteristics	Outcome of Last Pregnancy: Live Births			Stillbirths			Abortions			Total
	Border Zone	Border Strip	National	Border Zone	Border Strip	National	Border Zone	Border Strip	National	
All Married Women 15-44	94.5	95.0	92.8	0.8	0.7	1.6	4.7	4.3	5.6	100.0
Age Group										
15-19	100.0	100.0	93.9	0.0	0.0	2.3	0.0	0.0	3.8	100.0
20-24	95.4	95.9	94.6	0.0	0.0	1.8	4.6	4.1	3.6	100.0
25-29	94.1	95.2	95.3	0.0	0.0	1.0	5.9	4.8	3.7	100.0
30-34	94.8	94.9	91.2	1.4	3.0	1.3	3.8	2.1	7.5	100.0
35-39	92.8	94.0	91.1	1.1	0.0	2.3	6.1	6.0	6.6	100.0
40-44	93.4	92.1	90.0	2.0	0.0	1.4	4.6	7.9	8.6	100.0
Education										
None	93.4	92.4	93.2	4.4	3.8	1.6	2.2	3.8	5.2	100.0
Elementary	94.4	95.1	92.6	0.5	0.0	1.8	5.1	4.9	5.6	100.0
High school	94.7	93.9	90.7	1.7	3.0	0.5	3.6	3.1	8.8	100.0
Preparatory+	95.4	98.1	96.9	0.0	0.0	0.8	4.6	1.9	2.3	100.0
Live Births										
0	*	*	0.0	*	*	31.3	*	*	68.7	100.0
1	95.3	94.7	91.9	0.0	0.0	1.2	4.7	5.3	6.9	100.0
2	96.3	98.8	93.7	0.0	0.0	0.7	3.7	1.2	5.6	100.0
3	95.2	96.2	94.1	0.0	0.0	0.6	4.8	3.8	5.3	100.0
4	96.0	98.6	93.8	0.0	0.0	0.9	4.0	1.4	5.3	100.0
5	94.6	94.8	94.6	4.1	5.2	1.2	1.3	0.0	4.2	100.0
6	94.0	89.2	91.3	1.4	0.0	1.6	4.6	10.8	7.1	100.0
7+	97.8	97.2	94.9	1.6	1.4	2.4	0.6	1.4	2.7	100.0

*Data not available

Table 12.1.2.1
Percentage of Married Respondents 15-44 Years of Age Who Had Prenatal Care, by Age Group, Level of Education, Number of Live Births, and Survey Area
National Prevalence Survey, 1979

Characteristics	Border Zone	Border Strip	National
All Married Women 15-44 Years of Age	87.0	90.1	80.5
Age Group			
15-19	90.3	87.5	81.5
20-24	91.1	92.8	84.4
25-29	87.9	87.4	84.7
30-34	85.0	91.3	80.4
35-39	86.0	86.6	76.1
40-44	84.4	96.1	74.1
Education			
None	78.9	77.0	67.6
Elementary	86.4	90.0	80.5
High school	90.8	88.1	94.1
Preparatory+	99.4	100.0	98.2
Live Births			
0	94.3	83.9	76.0
1	92.0	90.4	88.2
2	90.5	93.8	88.6
3	87.0	89.1	82.7
4	91.9	91.3	83.3
5	90.0	92.5	77.2
6	81.9	65.7	77.1
7+	79.3	94.5	68.8

Table 12.1.2.2
Percentage of Married Respondents 15-44 Years of Age Who Had Prenatal Care, by Month in Which Prenatal Care Began, Age Group, Level of Education, Number of Live Births, and Survey Area
National Prevalence Survey, 1979

Characteristics	Month Prenatal Care Began								
	1 - 3			4 - 6			7 - 9		
	Border Zone	Border Strip	National	Border Zone	Border Strip	National	Border Zone	Border Strip	National
All Married Women 15-44 Years of Age	69.5	68.8	62.5	23.1	23.4	28.3	7.4	7.8	9.1
Age Groups									
15-19	59.4	54.4	61.8	28.0	30.4	30.4	12.6	15.2	7.9
20-24	70.0	67.0	62.6	22.7	22.6	27.8	7.3	10.4	9.6
25-29	73.4	73.0	62.7	21.4	27.0	28.8	5.2	*	8.5
30-34	71.4	71.3	60.6	19.8	16.6	29.9	8.8	12.1	9.6
35-39	69.6	71.4	64.0	20.8	20.6	26.3	9.6	8.0	9.7
40-44	63.2	64.2	63.4	33.2	31.7	27.8	3.6	4.1	8.8
Education									
None	52.6	59.1	43.3	34.8	31.0	39.4	12.6	9.9	17.3
Elementary	64.1	62.7	60.9	27.1	27.5	29.8	8.8	9.8	9.3
High school	83.5	79.6	81.9	12.9	16.8	15.0	3.6	3.6	3.1
Preparatory+	93.5	95.8	87.3	5.9	4.2	12.3	1.1	*	0.4
Live Births									
0	94.0	100.0	72.1	*	*	25.8	6.0	*	2.1
1	78.0	76.2	74.2	13.7	11.7	18.3	8.3	12.1	7.4
2	75.8	69.8	68.6	20.9	27.4	23.7	3.3	2.8	7.8
3	75.5	74.7	65.2	18.1	21.3	29.1	6.4	4.0	5.6
4	67.5	71.2	61.8	24.3	20.5	29.2	8.2	8.3	9.0
5	62.1	66.5	54.3	35.8	33.5	38.3	2.1	*	7.4
6	53.9	27.8	57.6	31.1	44.4	28.0	15.0	27.8	14.5
7+	55.9	60.0	50.0	33.9	29.5	35.8	10.2	10.5	14.2

*Data not available

Table 12.1.3.1
Percentage Distribution of Married Respondents 15-44 Years of Age Who Received Health Care During Last Childbirth, by Personnel Attending Last Childbirth and Survey Area
National Prevalence Survey, 1979

Personnel Attending Last Childbirth	Border Zone	Border Strip	National
IMSS physician	34.8	26.6	24.5
ISSSTE physician	4.5	5.6	3.9
SSA physician	10.8	13.7	8.4
Physician from some other public agency	9.2	6.7	6.0
Private physician	26.0	32.9	23.7
IMSS paramedic	0.1	*	0.3
ISSSTE paramedic	*	*	*
SSA paramedic	0.1	0.2	1.1
Paramedic from some other public agency	1.0	0.5	1.1
Midwife	2.5	3.0	1.7
Community nurse	0.3	0.0	0.3
Traditional midwife	9.3	10.6	27.1
Traditional healer	0.2	0.2	0.1
Other	1.2	0.0	1.8
Total	100.0	100.0	100.0

*Data not available

Table 12.1.3.2
Percentage Distribution of Married Respondents 15-44 Years of Age Who Received Health Care During Last Childbirth, by Personnel Attending Last Childbirth, Age Group, Level of Education, and Number of Live Births
National Prevalence Survey, 1979

Characteristics	Public Sector: Doctor & Paramedic			Private Sector: Doctor & Paramedic			Traditional Midwife and Other Nonmedical			Total
	Border Zone	Border Strip	National	Border Zone	Border Strip	National	Border Zone	Border Strip	National	
All Married Women 15-44 Years of Age	60.5	53.3	45.6	28.8	35.9	25.4	10.7	10.8	29.0	100.0
Age Groups										
15-19	70.9	63.2	37.7	23.7	30.6	22.3	5.4	6.2	40.0	100.0
20-24	63.4	54.7	48.0	29.0	36.7	24.7	7.6	8.6	27.3	100.0
25-29	62.8	53.2	45.8	23.3	31.1	24.5	13.9	15.7	29.7	100.0
30-34	66.3	66.2	50.8	23.9	27.4	24.0	9.8	6.4	25.2	100.0
35-39	56.0	42.6	45.1	33.3	45.1	27.2	10.7	12.3	27.7	100.0
40-44	47.7	33.2	38.9	38.7	51.5	29.0	13.6	15.3	32.1	100.0
Education										
None	70.7	70.3	30.9	9.5	8.9	13.8	19.8	20.8	55.3	100.0
Elementary	62.7	56.1	47.9	24.6	30.5	23.5	12.7	13.4	28.6	100.0
High school	61.3	43.6	55.3	36.2	53.2	41.3	2.5	3.2	3.4	100.0
Preparatory+	40.9	41.1	44.0	55.5	58.9	54.0	3.6	0.0	2.0	100.0
Live Births										
0	40.0	*	40.7	60.0	*	36.6	*	*	22.7	100.0
1	62.2	52.1	50.4	29.0	41.3	27.6	8.8	6.6	22.0	100.0
2	55.2	42.2	48.4	34.7	46.1	32.3	10.1	11.7	19.3	100.0
3	61.2	58.1	45.2	29.8	27.4	30.2	9.0	14.5	24.6	100.0
4	67.5	65.9	47.5	24.5	26.7	21.7	8.0	7.4	30.8	100.0
5	65.6	51.8	39.1	26.3	43.4	27.5	8.1	4.8	33.4	100.0
6	50.0	58.3	47.4	27.2	16.5	17.4	22.8	25.2	35.2	100.0
7+	59.0	49.0	41.2	25.0	37.8	19.1	16.0	13.2	39.7	100.0

*Data not available

Table 12.1.3.3
Percentage Distribution of Married Respondents 15-44 Years of Age Who Received Care During Last Delivery, by Site of Care and Survey Area National Prevalence Survey, 1979

Site of Care	Border Zone	Border Strip	National
Home of the respondent	8.8	10.6	28.5
Home of relative	1.7	2.5	2.3
House of empirical midwife	3.4	2.5	3.3
IMSS unit	34.5	26.3	24.1
ISSSTE unit	4.5	5.5	3.8
SSA unit	11.1	13.8	8.5
Other government facility	10.0	7.1	6.8
Private hospital	25.3	31.1	22.3
Other	0.7	0.6	0.4
Total	100.0	100.0	100.0

Table 12.1.3.4
Percentage Distribution of Married Respondents 15-44 Years of Age, by Site of Last Delivery, Age Group, Level of Education, and Number of Live Births
National Prevalence Survey, 1979

Characteristics	Public Hospital			Private Hospital			Home of Respondent, Friend, or Traditional Midwife			Total
	Border Zone	Border Strip	National	Border Zone	Border Strip	National	Border Zone	Border Strip	National	
All Married Women 15-44 Years of Age	60.1	52.7	43.2	25.3	31.1	22.3	14.6	16.2	34.5	100.0
Age Groups										
15-19	71.0	63.2	34.8	19.7	25.0	18.0	9.3	11.8	47.2	100.0
20-24	62.5	54.7	45.2	26.3	33.2	20.7	11.2	12.1	34.1	100.0
25-29	62.8	53.3	43.4	20.3	24.6	22.8	16.9	22.1	33.8	100.0
30-34	64.9	65.5	48.7	21.0	24.1	20.8	14.1	10.4	30.5	100.0
35-39	55.7	41.2	42.4	30.9	39.7	24.4	13.4	19.1	33.2	100.0
40-44	46.6	32.4	36.7	33.8	45.7	25.0	19.6	21.9	38.3	100.0
Education										
None	70.7	70.3	27.8	4.5	0.0	10.5	24.8	29.7	61.7	100.0
Elementary	61.8	55.2	45.5	20.8	25.7	19.9	17.4	19.1	34.6	100.0
High school	61.3	43.6	55.1	37.0	53.2	40.6	1.7	3.2	4.3	100.0
Preparatory+	40.8	41.1	43.3	52.8	50.2	52.5	6.4	8.7	4.2	100.0
Live Births										
0	20.0	*	22.3	60.0	*	44.2	20.0	*	33.5	100.0
1	64.2	52.2	48.2	27.1	37.0	26.3	8.7	10.8	25.5	100.0
2	55.1	42.2	47.5	32.3	42.0	28.9	12.6	15.8	23.6	100.0
3	59.9	57.4	42.8	25.1	20.4	27.6	15.0	22.2	29.6	100.0
4	66.8	65.9	43.3	21.4	23.9	16.8	11.8	10.2	39.9	100.0
5	64.7	50.5	37.9	25.7	39.6	21.1	9.6	9.9	41.0	100.0
6	52.5	56.1	46.6	27.5	15.9	16.4	20.0	28.0	37.0	100.0
7+	56.9	47.6	38.2	19.3	30.6	16.2	23.8	21.8	45.6	100.0

*Data not available

Table 12.1.3.5
Percentage of Married Respondents 15-44 Years of Age Who Received Post Partum Care, by Age Group, Level of Education, Number of Live Births, and Survey Area National Prevalence Survey, 1979

Characteristics	Border Zone	Border Strip	National
All Married Women 15-44 Years of Age	45.9	52.6	42.5
Age Groups			
15-19	54.6	59.8	39.2
20-24	49.4	54.3	44.7
25-29	46.9	61.9	41.1
30-34	43.7	45.3	42.0
35-39	39.9	42.3	42.4
40-44	48.6	58.3	44.1
Education			
None	33.1	28.5	35.8
Elementary	40.6	47.8	38.7
High school	59.4	67.6	63.2
Preparatory+	72.4	75.8	73.2
Live Births			
0	88.6	100.0	49.5
1	55.9	67.4	54.2
2	49.4	54.2	47.8
3	43.0	48.8	44.1
4	38.9	43.2	39.4
5	36.1	42.4	34.4
6	46.6	54.1	35.6
7+	40.4	44.8	36.6

Table 12.1.3.6
Percentage Distribution of Married Respondents 15-44 Years of Age, by Reason for Seeking Post Partum Care, Age Group, Level of Education, Number of Live Births, and Survey Area
National Prevalence Survey, 1979

Characteristics	Felt Poorly			Felt Well But Desired Examination			Felt Poorly or Just Desired Examination			Total
	Border Zone	Border Strip	National	Border Zone	Border Strip	National	Border Zone	Border Strip	National	
All Married Women 15-44 Years of Age	25.9	25.1	34.3	69.0	70.9	61.8	5.1	4.0	3.9	100.0
Age Groups										
15-19	42.2	39.6	43.4	50.6	51.0	52.9	7.2	9.4	3.7	100.0
20-24	27.1	32.0	41.5	67.7	64.4	55.7	5.2	3.6	2.8	100.0
25-29	16.5	15.3	29.4	81.1	81.4	68.6	2.4	3.3	2.0	100.0
30-34	31.1	33.8	34.6	66.9	66.2	59.4	2.0	0.0	6.0	100.0
35-39	26.4	16.1	32.9	66.5	78.2	61.8	7.1	5.7	5.3	100.0
40-44	22.8	21.8	29.5	67.3	71.4	66.4	9.9	6.8	4.1	100.0
Education										
None	26.6	26.9	54.8	73.4	73.1	40.7	0.0	0.0	4.5	100.0
Elementary	28.0	25.7	33.2	65.5	68.0	62.7	6.5	6.3	4.1	100.0
High school	26.3	30.2	31.6	72.4	69.8	65.7	1.3	0.0	2.7	100.0
Preparatory+	16.5	16.2	14.8	78.9	83.8	81.5	4.6	0.0	3.7	100.0
Live Births										
0	19.3	32.1	45.0	67.8	67.9	48.5	12.9	0.0	6.5	100.0
1	30.6	29.1	36.2	64.3	65.2	59.9	5.1	5.7	3.9	100.0
2	26.9	31.8	30.7	71.6	68.2	66.4	1.5	0.0	2.9	100.0
3	13.1	4.8	22.4	79.2	89.8	72.5	7.7	5.4	5.1	100.0
4	20.1	20.8	37.3	79.9	79.2	59.4	0.0	0.0	3.3	100.0
5	32.6	28.8	35.6	59.6	58.9	61.6	7.8	12.3	2.8	100.0
6	39.5	40.0	43.4	51.4	47.6	50.5	9.1	12.4	6.1	100.0
7+	28.6	26.5	39.3	66.5	73.5	56.6	4.9	0.0	4.1	100.0

Table 12.1.4.1
Percentage of Married Respondents 15-44 Years of Age Who Received Health Care During Last Childbirth, by Age Group, Level of Education, Number of Live Births, and Survey Area
National Prevalence Survey, 1979

Characteristics	Care Received During Childbirth		
	Border Zone	Border Strip	National
All Married Women 15-44 Years of Age	99.2	99.0	97.3
Age Groups			
15-19	100.0	100.0	99.2
20-24	98.6	100.0	98.0
25-29	100.0	100.0	97.1
30-34	99.5	99.0	97.8
35-39	98.3	96.5	95.2
40-44	99.2	97.9	97.8
Education			
None	100.0	100.0	94.8
Elementary	98.9	98.5	97.4
High school	100.0	100.0	99.5
Preparatory+	100.0	100.0	99.2
Live Births			
0	100.0	*	*
1	100.0	100.0	99.7
2	100.0	100.0	99.0
3	98.0	98.8	97.5
4	100.0	100.0	94.6
5	98.7	97.7	98.2
6	98.5	96.2	96.9
7+	98.8	97.2	95.4

*Data not available

Table 12.1.5.1
Percentage of Married Respondents 15-44 Years of Age Who Had Had an Abortion, by Age Group, Level of Education, Number of Live Births, and Survey Area
National Prevalence Survey, 1979

Characteristics	Border Zone	Border Strip	National
All Married Women 15-44 Years of Age	25.2	25.4	23.3
Age Groups			
15-19	10.6	11.8	8.1
20-24	15.3	15.9	14.7
25-29	21.5	24.4	17.6
30-34	28.0	27.8	30.5
35-39	31.6	30.3	32.5
40-44	39.2	45.2	34.0
Education			
None	49.9	55.7	25.0
Elementary	25.0	24.4	23.9
High school	16.8	16.5	19.6
Preparatory+	27.7	29.9	17.0
Live Births			
0	29.3	38.7	27.7
1	13.9	13.2	14.2
2	14.8	13.3	17.7
3	27.0	25.7	20.1
4	29.8	36.6	22.9
5	24.5	27.7	27.1
6	36.0	32.5	34.5
7+	36.4	38.9	31.3

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Table 12.1.6.1
Percentage of Married Respondents 15-44 Years of Age Who Received Care for an Abortion, by Age Group, Level of Education, Number of Live Births, and Survey Area National Prevalence Survey, 1979

Characteristics	Border Zone	Border Strip	National
All Married Women 15-44 Years of Age	77.0	65.8	74.3
Age Groups			
15-19	*	*	100.0
20-24	73.1	52.6	72.6
25-29	82.8	80.8	84.4
30-34	67.1	*	84.8
35-39	77.6	81.6	77.4
40-44	83.3	75.0	46.6
Education			
None	100.0	100.0	62.0
Elementary	70.4	57.2	75.4
High school	100.0	100.0	83.8
Preparatory+	100.0	100.0	64.9
Live Births			
0	84.1	67.9	81.8
1	87.8	81.6	72.4
2	80.6	*	90.2
3	80.3	100.0	77.6
4	73.3	100.0	74.7
5	100.0	*	76.3
6	*	*	77.6
7+	100.0	100.0	34.1

*Data not available

Table 12.1.6.2
Percentage of Married Respondents 15-44 Years of Age Who Received Care During their Last Abortion, by Age Group, Level of Education, Number of Live Births, Source of Care, and Survey Area National Prevalence Survey, 1979

Characteristics	Public Physician or Paramedic			Private Physician or Paramedic			Traditional Midwife and Other Nonmedical		
	Border Zone	Border Strip	National	Border Zone	Border Strip	National	Border Zone	Border Strip	National
All Married Women 15-44 Years of Age	55.6	30.4	60.2	41.5	69.6	32.7	2.9	*	7.1
Age Groups									
15-19	0.0	0.0	60.0	0.0	0.0	40.0	0.0	0.0	*
20-24	20.4	*	58.0	79.6	100.0	42.0	*	*	*
25-29	50.9	*	66.0	49.1	100.0	27.3	*	*	6.7
30-34	64.8	0.0	58.1	17.6	0.0	33.0	17.6	0.0	8.9
35-39	62.8	50.0	55.8	37.2	50.0	29.3	*	*	14.9
40-44	80.0	66.6	66.3	20.0	34.4	33.7	*	*	*
Education									
None	100.0	100.0	37.8	*	*	54.5	*	*	7.7
Elementary	59.2	33.3	62.1	36.7	66.7	28.8	4.1	*	9.0
High school	34.1	*	71.0	65.9	100.0	29.0	*	*	*
Preparatory+	48.6	*	48.6	51.4	100.0	51.4	*	*	*
Live Births									
0	41.1	*	68.7	58.9	100.0	31.3	*	*	*
1	53.8	50.0	78.3	46.2	50.0	21.7	*	*	*
2	88.0	0.0	52.9	12.0	0.0	30.3	*	0.0	16.8
3	49.1	31.0	57.6	50.9	69.0	34.6	*	*	7.8
4	75.7	*	45.1	24.3	100.0	54.9	*	*	*
5	*	0.0	31.0	*	*	46.5	100.0	0.0	22.5
6	0.0	0.0	64.7	0.0	0.0	35.3	0.0	0.0	*
7+	100.0	100.0	78.8	*	*	0.0	*	*	21.2

*Data not available

Table 12.2.1
Percentage of Respondents 15-44 Years of Age Who Breast-Fed Their Last Child, by Age Group, Marital Status, and Survey Area National Prevalence Survey, 1979

Age Groups	Border Zone		Border Strip		National
	All Women	Married Women	All Women	Married Women	All Women
15-19	68.4	67.2	68.9	66.4	81.4
20-24	64.9	66.4	55.8	57.0	
25-29	63.9	64.7	56.3	56.7	78.0*
30-34	60.8	62.5	54.9	58.1	
35-39	66.2	65.6	60.1	58.2	77.0*
40-44	69.4	68.3	64.8	63.2	72.0
Total	64.9	65.4	58.6	58.8	77.6

*These percentages are for age groups 20-29 and 30-39.

Table 12.2.2
Percentage Distribution of Respondents 15-44 Years of Age Who Breast-Fed Their Last Child, by Number of Months Child Was Breast-Fed, Marital Status, and Survey Area
National Prevalence Survey, 1979

Months	Border Zone		Border Strip		National
	All Women	Married Women	All Women	Married Women	All Women
0	2.7	2.7	3.6	3.5	2.5
1	10.7	10.4	10.5	9.7	5.2
2	9.6	9.8	11.1	11.3	6.1
3	15.0	15.2	15.6	15.8	8.8
4	5.8	5.8	5.4	5.7	3.5
5	4.6	4.8	4.6	5.0	2.7
6	7.0	7.0	5.9	5.8	6.2
7	1.2	1.2	1.1	1.0	1.6
8	2.7	2.4	2.6	2.2	3.8
9	1.8	1.7	2.0	1.7	2.9
10	1.5	1.6	2.1	2.3	1.3
11	0.6	0.6	0.6	0.5	1.1
12	8.0	7.8	6.4	5.9	12.3
13	0.7	0.6	0.8	0.9	1.0
14	1.1	1.1	0.9	1.0	1.9
15	1.3	1.5	1.1	1.2	1.6
16	0.4	0.4	0.3	0.4	0.8
17	0.4	0.3	0.5	0.4	0.3
18	2.1	2.0	1.8	1.7	4.6
19	0.2	0.2	0.3	0.3	0.3
20	0.1	0.2	0.3	0.0	0.3
21	0.2	0.2	0.0	0.4	0.2
22	0.1	0.1	0.0	0.0	0.2
23	0.2	0.2	0.0	0.0	0.1
24	4.0	3.7	3.6	3.4	5.4
25	2.6	2.3	3.2	2.9	2.8
Currently Breast-Feeding	15.4	16.2	15.7	17.0	22.5
Total	100.0	100.0	100.0	100.0	100.0
Average Months of Breast-Feeding	7.4	7.23	7.09	6.91	9.9

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