

Prevalence, knowledge and types of contraception used by women, according to the type of union: a study for Brazil and Mexico

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Introduction

The Latin American countries have experienced, albeit at different speeds and intensities, a sustained fertility decline. This decline began in the mid sixties and today, in most of them, fertility is very close to replacement level and, in some countries, fertility is below this threshold (Rosero-Bixby, 2004; Wong and Bonifacio, 2009). The change in fertility behavior is related to the process of modernization experienced in the region, which encompasses many factors that influence the final number of children. Among these factors, the increase in prevalence, knowledge and use of modern contraceptive methods is point out as one of the main proximate determinants of fertility decline in Latin America (Bongaarts, 1997; Tuiran et al, 2002; Perpetuo and Wong, 2009).

Given this context, the aim of this paper is to analyze contraceptive prevalence and the main types of methods known and used by women, according to the type of union that they were in two countries which represent the sharp decline and the low level of fertility in Latin America, Brazil and Mexico. The interest in assessing the prevalence, knowledge and the type of method used according to the type of union is related to the fact that would be a new profile of women adopting the consensual union in the region. In Latin America, consensual unions are traditionally more prevalent among socially and economically disadvantaged groups. However, a new type of informal union would be emerging, a "modern" one, similar to the cohabitation of Second Demographic Transition contexts, which would be the result of a change in attitudes engendered by modern values, being adopted by the richest social groups.

The knowledge and use of contraceptive methods are included in the framework of reproductive rights, as set out in the recommendations of the Plan of Action of the International Conference on Population and Development - ICPD held in Cairo in 1994. Everyone has the right to implement their reproductive preferences and, for this, has broad information and access to the means for space or avoid children. Thus, this work contributes to the identification of different profiles of knowledge, preferences and contraceptive use, providing a basis for policy formulation related to fertility planning that could be effective for all social groups and ensure universal access to reproductive rights.

Brief theoretical considerations

Two short comments related to the theoretical framework used to support and justify this work should be made. The first concerns to the contraceptive scenario observed in the analyzed countries. The use of contraception is accepted as the major proximate determinants of fertility decline in Latin America (Pullum et al, 1985; Bongaarts, 1997; Perpetuo and Wong, 2009). Then, in Brazil and Mexico contraception also played a great role in fertility decline. Moreover, both countries have a similar pattern in relation to the mix of methods. Only two types account for almost all of the methods used by women: female sterilization and IUDs in Mexico, and female sterilization and pill in Brazil. However, there are important differences related to implemented family planning policies, so that Mexico had a more solid family planning police than Brazil.

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Another fundamental theoretical consideration concerns to the profile of women in each type of union. According to the literature on marriage in Latin America, there is a relevant distinction between the socioeconomic profile of women who are in each type of union in the region. Women who traditionally adopt a consensual union have, in general, lower mean age at marriage than those who marry formally (Quilodrán, 1999), lower education level (Quilodrán, 1999; Quilodrán, 2001) and worse jobs and lower wages than those performed by married women (Quilodrán, 2001), which puts them in less favorable socioeconomic conditions in relation to others. Some studies indicate the existence of similar profiles in both Brazil and Mexico (Quilodrán, 2001; García and Rojas, 2004). However, several studies indicate, however, an increase in the frequency of consensual unions among sectors in which it was not common, as those with higher education, providing evidence of a new profile in this type of union (Quilodrán, 1999; Quilodrán, 2001 ; García and Rojas, 2004; Rodríguez, 2005).

Data and Methodology

We use data from the National Survey of Demography and Health of Children and Women (Pesquisa Nacional de Demografia e Saúde da Criança e da Mulher/PNDS), held in Brazil in 2006, and the National Survey of Demographic Dynamic (Encuesta Nacional de la Dinámica Demográfica/ENADID), held in Mexico in 2009. We selected women between 15 and 49 years who were in some kind of union.

We performed a descriptive analysis of the main variables related to knowledge and use of contraceptives in Brazil and Mexico. Firstly, we present the proportion of women in each type of union and a short description of these women's profile, as characteristics by age and education. After that, we do an analysis of the prevalence and the contraceptive methods known and used by women, according to the union type, identifying the proportion of women who use or have used methods, the number of known methods and the main types of used methods. To verify the existence of a new profile of consensual union and possible differences according to type of union, the analysis is performed by education, because in Latin American statistics these "modern" unions, similar to cohabitation, appears as the "traditional" consensual union, common in the region. The educational level functions thus as a control, since women who adopt a informal union due to a modern behavior would be more educated than those who adopt the traditional consensual union.

Expected finds

We expect verify, from data on the characteristics of women in each type of union, if the profile of women in consensual union found in the descriptive analysis is consistent with that indicated by the literature, especially with regard to the coexistence of women in "traditional" and "modern" consensual unions. The first results indicate that the traditional consensual unions are still the most common type in Latin America, but some characteristics different from those commonly accepted for women in consensual union could be an indication of the new profile of women taking non-formalized unions. An example is the considerable proportion of women with higher education among those in consensual union, as shown in Table 1.

Table 1: Proportion of women by level of education and average years of schooling according type of union. Brazil, 2006 and Mexico 2009.

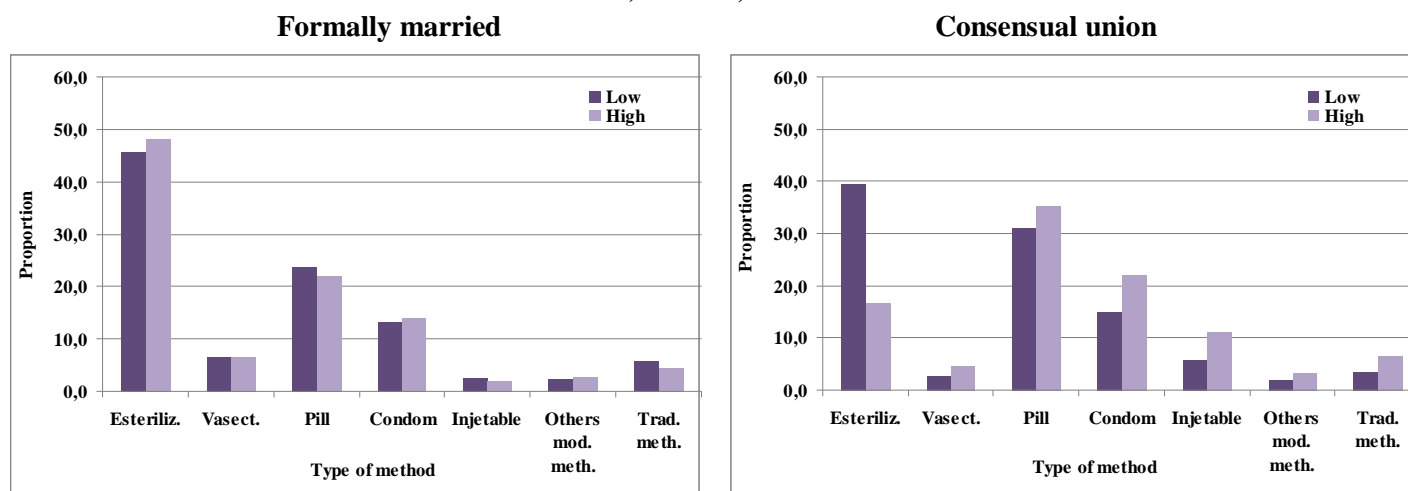
Educational level	Brazil		Mexico	
	Proportion (%)	Mean years of schooling	Proportion (%)	Mean years of schooling
Formally married				
Low	50,5	5,3	61,0	6,6
High	48,5	11,1	38,8	13,6
Total	99,0	8,5	99,8	9,5
Consensual union				
Low	63,2	5,2	74,7	6,4
High	35,7	10,7	25,1	12,7
Total	98,9	7,4	99,8	8,2

Source: PNDS, 2006; ENADID, 2009.

From the data about knowledge and use of methods, we believe that women in traditional consensual union (with low education) will have lower proportion of use than the other ones. Those in "modern" unions (with high education) will have the highest percentage of use. Regarding the types of methods, the initial results show a different set of methods for women in "modern" consensual union in comparison to the others, as shown in Figure 1.

Figure 1: Current contraceptive method used by women, according education and type of union

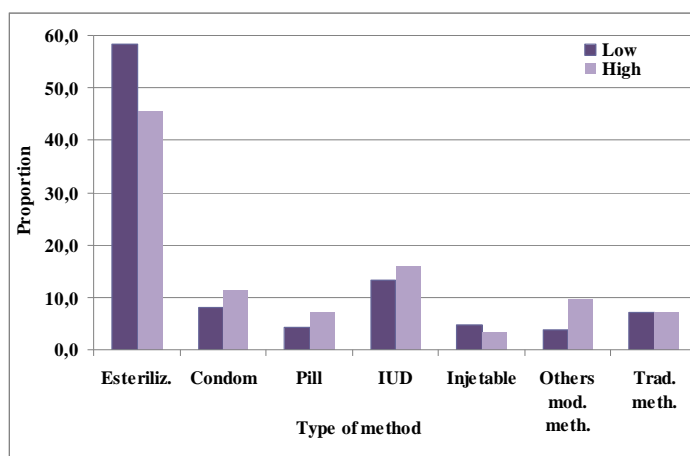
a) Brazil, 2006



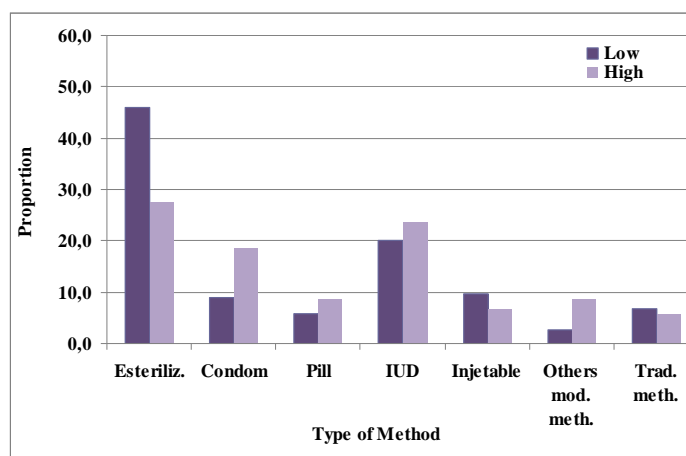
Source: PNDS, 2006.

b) Mexico, 2009

Formally married



Consensual union



Source: ENADID, 2009.

As the results may be influenced by differences in the age structure of women in each type of union, since women in consensual unions are generally younger, we also proposed an analysis by age. We expect a higher prevalence of sterilization among older women in both countries and union types, and greater use of pill and condom among younger women.

As displayed in Figure 1, sterilization is the main method used in both countries. However, there are important differences according to the type of union, and women in non-formalized unions with high education show a greater tendency to use non definitive methods. This fact deserves attention because it is related to issues such as empowerment, greater access and knowledge of alternative methods, reproductive rights and public policy.

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