AN ANALYSIS OF THE QUALITY OF DATA IN THE 1982 PUERTO RICO FERTILITY AND FAMILY PLANNING ASSESSMENT Charles W. Warren, Centers for Disease Control

AGE

The Puerto Rico Fertility and Family Planning Assessment (PRFFPA) was conducted in 1982 by the Puerto Rico Department of Health and the University of Puerto Rico, School of Public Health, with technical assistance from the Division of Reproductive Health, Center for Health Promotion and Education, Centers for Disease Control. Financial support for the project was provided by the National Institute of Child Health and Human Development, the Bureau of Community Health Services, and the Centers for Disease Control.

The objectives of the PRFFPA study were (1) to provide family planning program information to the health department of Puerto Rico about fertility and contraceptive use at the health region level; and (2) to gather retrospective life history data on fertility, marriage, migration, contraceptive use, education, and employment from reproductive age women, which could be used in a wide range of studies concerning the determinants and consequences of various demographic events.

The purpose of this analysis is threefold: (1) Examine the internal consistency of data from the household questionnaire and the individual questionnaire of the PRFFPA by age and marital status. (2) Examine the internal consistency of the marriage and birth histories data from the individual questionnaire of the PRFFPA. (3) Compare the data from the PRFFPA. (3) Compare the sources (vital statistics, census, and other surveys) in regard to age, marital status, fertility, and contraceptive use.

The PRFFPA consisted of a two-stage disproportionate stratified-cluster sample that was representative of the entire island of Puerto Rico. Data from the 1980 U.S. census in Puerto Rico were used in selecting the sample. The fieldwork for the study was carried out from September to December 1982.

The sample included 150 primary sample units, each consisting of 30 inhabitable housing units, for a total of 4,500 households. The household questionnaire (designated HQ for the remainder of this report) was used to identify all women 15-49 years of age living in each household. Each woman 15-49 years of age was eligible for an indepth fertility and family planning interview using the individual questionnaire (designated IQ for the remainder of this report). In the 4,500 households, 3,493 eligible women were identified, and 3,175 of the women completed detailed IQs (91 percent completion rate). The IQs were weighted to adjust for (1) nonresponse at the household individual levels; and (2) and poststratification adjustments for age and residence (SMSA/NonSMSA) relative to the 1980 census distributions.

# ASSESSMENT OF QUALITY OF DATA

The age distributions from the HQ and IQ of the PRFFPA have been analyzed for age heaping (i.e., digit preference) and age misreporting. In the HQ, age at last birthday was recorded for each household member. In the IQ, each respondent was asked month and year of birth from which current age was calculated.

The percentage distribution, by single years of age, of females in the HQ compared with the distribution for females according to the 1980 census shows very little age heaping. Myers' Blended Index value for the census was 0.9 compared with 4.6 for the HQ.

In Table 1, we examine the consistency of age reported in the HQ and IQ in terms of years and in 5-year age groups. In total, 78 percent of respondents have the same reported age in both the HQ and IQ, and 95 percent have reported ages within the same 5-year age groups. The percentage of inconsistent reports increases only slightly across the age groups--by age 45-49, 71 percent have the same reported age in the HQ and IQ, and 94 percent are in the same 5-year age group.

	TABLE I									
	Percent Age Reported 14 Individual									
	Questionnaire Differs from Age									
	Reparted in Household Questionneire By Age Reported in Insividuel Questionneire, 1982 Puerto Ricc Fertility									
and Family Planning Assessment										
Ditterence				Age Fr	om indi	vidual	Questio	nastre.		
In Years	Totel	15-19	20-24	29-29	30-34	35-39	40-44	45-49		
-3 of more	1.4	0.2	0.4	0.6	1.6	2.4	2.9	2.9		
-1 and -2	11.9	5.6	11.6	12.2	12.1	15.0	17.0	13.4		
0	78.4	90.0	81.4	78.2	76.9	74.3	68.2	71.2		
	7.6	3.8	6.1	8.1	8.9	7.1	11.0	12.1		
3 and more	0.7	4.5	0.6	0.8	0.5	1.2	1.0	0.3		
IA 5 Years										
Age Groups										
-3 or more	0.1	0.0	0.0	0.0	0.0	0.0				
-1 or -2	3.0	0.0	2.9	3.9	3.2	3+4				
0	95.1	80.2	A 0 * 0		****	73.6				
1 or 2	1.7	1.2	1.3	1.7	2	1+4	3.3			
3 of more	0.1	0.3	9.2	0.0	4.0	0.0	0.0	0.0		
	(3175)	(611)	(528)	(482)	(438)	(420)	(383)	(313)		

n-unweighted avmbers \*Difference=Age Household Questionneire - Age individuel Questionneire

### MARRIAGE HISTORY

The HQ provides information on current marital status for each member of the household. In the IQ, a complete marital history was obtained for the respondent, including data on date of each union, type of union, and date dissolved (where applicable). Table 2 shows the percentage with consistent reporting of marital status in the HQ and IQ.

TABLE 2							
Percentage Reporting Heritsi Status Consistentiy is individuul and mousehold Questionnairos, by Huritsi Status Categories, 1982 Peerto Ricc Fartility and Family Planning Assessment							
	Percent Reporting						
Harital Status	Consistentiy						
Legally metried	98.5						
Consensuel union	59.9						
Seperated	56.4						
Widowed	67.8						
Diverced	87.0						
Slag) e	99.3						

\*Consistency is relative to reporting in individual . Questionnaire

As expected, the percentages for "consensual union" and "separated" are the most inconsistent, and those for the legally married and the single are the most consistent. This is probably because for some of the HOs the informant was not the respondent (i.e., interview was by proxy).

Using data on dates of marriages in the IQ, we can reconstruct the percentage ever married by age at the reference time for past census dates. Percentages ever married for census dates (1970 and 1980) are compared to the PRFFPA data. In 1970 and 1980, the difference is largely a trade-off between "consensual union" and "single". The PRFFPA is more likely to indicate consensual union while the census shows single status. This difference may reflect success in gathering information on marital status from a number of detailed questions in a life history format (i.e., the PRFFPA) rather than from a single question (i.e., the census). Florez and Goldman (1980) came to a similar conclusion when analyzing their Colombia data.

## BIRTH HISTORY

The PRFFPA IQ, obtained complete fertility histories. We will follow a three-part sequence in evaluating the quality of birth history data in the PRFFPA: (1) examination of omissions of live births; (2) examination of displacement of dates of births; and (3) comparison of estimates of fertility rates and levels between the PRFFPA and external data sources. The data quality tests suggested by Goldman (1984) for WFS surveys are used as the framework for our evaluation.

# Omission of Live Births

One check for omissions involves the pattern of mean parity across age of the woman, since we expect parity to increase with age. Table 3 shows that in the PRFFPA data, in the aggregate and by residence, the expected pattern holds. This pattern of mean parity can also be compared to patterns in external sources as a check for undercounts of births. Our results show little difference in the mean parity from the PRFFPA (reconstructed to the date of the census) and the 1980 census results even when disaggregated by residence and age.

TABLE 3						
Comparison of Hees Humber of Chlidren						
Ever Born by Age of Woman and Residence,						
1962 Puerto Rico Fertility and Family						
Planning Assessment (PRFFPA) and 1980 Consus						

		-							
	Totel			SHSA			Non-SHSA		
Source/Year	15-24	25-34	35-44	15-24	21-34	35-44	15-24	25-34	15-44
PRFFPA (1982)	0.4	2.0	3.0	0.3	1.4	2.9	9.6	2.2	3.3
PRFFPA recon- structed to 1980	0.5	2.1	3.2	0.4	1.9	3.0	9.6	2.4	<b>.</b>
Consus (1980)	0.5	2.1	5.2	0.4	2.0	3.0	0.5	2.3	3.6

Displacement of Dates of Birth

Older respondents frequently report their early births as occurring closer to the survey date than they actually occurred (i.e., at an older age). If fertility was actually constant, this type of displacement would yield a concentration of births 5 to 15 years ago, thus suggesting a current decline. If fertility was actually declining, this forward displacement would tend to exaggerate the amount of the decline (Potter 1977).

Table 4 shows cumulative fertility by age for the three oldest cohorts in the PRFFPA study. These results show only a minor amount of forward displacement at ages 15-19 where the fertility of the 45-49 cohort is lower than that of the 40-44 cohort. After the 15-19 age group, however, the fertility pattern is consistent, with the 45-49 cohort having the highest value and the 35-39 cohort the lowest.

> TABLE 4 Cumulative Fertility by Age of Moman for the Three Didest Cohorts, 1982 Pwerto Rico Fertility and Femily Planning Assessment Cohort 15-19 20-24 23-29 30-34 35-39 40-44 45-49 45-49 ,16 1.12 2.42 3.18 3.56 3.72 3.72 40-44 ,18 1.02 2.11 2.80 3.08 3.20 -35-39 ,13 ,90 1.98 2.64 2.92 - -

Fertility Estimates The total fertility rate (TFR) and age-specific fertility rates were computed from the PRFFPA and compared with the published estimates from the annual vital statistics reports. Two estimates of the TFR were made from the PRFFPA: (1) cohort-period estimate based on 5-year cohorts (defined by age at study) and 5-year periods (defined by years prior to interview), and (2) a summary of single-year measures of fertility for the years 1978-1981. Our results show the survey estimate is lower than the vital rate (2.5 vs. 2.7 respectively) by 7.4 percent.

Table 5 shows two other comparisons of the PRFFPA fertility estimates with estimates from the vital registry and the 1980 census. In section A of this table, the number of births by year are compared for the PRFFPA and the vital registry. For each year, the vital data show higher numbers of births than the PRFFPA, an overall difference of 8.0 percent. In section B the number of births from the vital registry for specific months is compared with the number of people reported by age (0-2)years) in the 1980 census. Again, the numbers in the vital reports are higher than the Census for each comparison. The difference increases over the age groups, which we would expect, given infant mortality and migration effects. However, the 3.6 percent difference for the year prior to the Census is not expected.

# TABLE 9

Number of Births by Year Reported in Vital Reports, 1980 Cemsus and 1982 Puerto Rico Fertility and Family Planning Assessment (PRFFPA)

۸. ۱	vital Report vs	PRFFPA Bunder g		0) fference	Percent
Tear	10	tel	PREFA	VITAL-PREEPA	Difference
1981	70,9	071 583	65,890 68,464	5081	7.2 5.1
1979	73,5	290	68,359	4931	67
1978	74,	524	65,256	9268	12.4
Tota	1 291	, 368	267,969	23,399	
8. <u>Age</u>	vîtal Report vs <u>Tîme</u> Date	. 1980 Car <u>Number</u> <u>Vitei</u>	of Births Consus	<u>Oifferen</u> Vital-Ce	ce <u>Percent</u> nsus <u>Difference</u>
0	April 1979 to Harch 1980	74,380	71,709	2671	3.6
١	April 1978 to Herch 1979	73,636	66,829	6827	9.3
2	April 1977 to <u>Herch 1978</u> Total	<u>71,389</u> 223,421	<u>68,172</u> 206,710	7217	<u>_9,6</u> 7,5

## CONTRACEPTIVE USE

Results from the PRFFPA IQ compared with those from earlier studies suggest that the overall level of contraceptive use changed little in Puerto Rico from 1968 through 1982 (i.e., 60 percent in 1968 to 64 percent in 1982). In separate studies, Presser (1980) and Vazquez and Morales (1981) concluded that contraceptive use in Puerto Rico was relatively stable from 1968 to 1976. Our results suggest this stability in the level of use extended into the 1980s. However, important method shifts have occurred. Sterilization has been the most prevalent method used in Puerto Rico since the 1960s, and our results suggest it is continuing to gain in popularity. At the same time, use of the pill appears to be declining.

### CONCLUSIONS

No major anomalies were found in the PRFFPA data. However, a few summary points can be made from our evaluation:

1. When using age of the respondent in analysis, it is more accurate to use age created from month and year of birth in the IQ than age as reported in the HQ.

2. Marital status is probably more accurately reported in the PRFFPA than in the 1980 census, especially for consensual unions. Also, as with point 1, marital status is more accurate in the IQ than in the HQ. 3. The birth history evaluation showed no major problems with omissions or date displacement of births. We did find the number of births reported in the PRFFPA was similar to the 1980 census counts; however, counts for both the PRFFPA and the 1980 census were lower than the counts in the annual vital reports. We suggest the vital reports included more births to nonresidents than their records indicate; thus, the annual number of births and the fertility for the residents of Puerto Rico reported in the vital statistics are too high.

4. Contraceptive use, as reported in the PRFFPA, is consistent with information from previous studies. Overall contraceptive use has been stable in Puerto Rico for the past 20 years (between 60-65 percent). Recent patterns suggest contraceptive sterilization (female and male) continued to be the most prevalent method used (with further increased use expected) while the use of the pill has declined.

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