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Knowledge, Attitude and Practice of Family Planning in Mongolia**

Introduction

MONGOLIA, one of the oldest country in the world, is situated in the heart of the Asian continent. It has great geographical diversity. The North-West region has mountain ranges and ridges, forest, big lakes and rivers. Almost 75% of the whole Gobi Desert is in the southern region of the Mongolia. Most of the other land is semi-desert grassland. The Mongolian climate is extremely continental with 7-8 months of a mean temperature below freezing point (Randall, 1993). Mongolia is divided into 21 aimags (provinces) and three big cities with Ulaanbaatar as the Capital. It has a geographical area of 1.57 million square kms with 2.4 million people. The Mongolia population is largely homogeneous, with Mongol speaking people constituting about 95%. The only non-Mongol groups, about 5% of the population, are the Kazaks living in the far West. A Chinese minority lives in Ulaanbaatar.

The population growth in the country was extremely low during the first five decades of the present century. However, because of the improvement in the living standard and the availability of modem health care system, the population increased almost three times during 1950-1990 but still it's density, 1.4 person per square km, is one of the lowest in the world. However, almost one third of the population lives in three major cities, Ulaanbaatar, Darkhan and Erdenet. The remaining

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population is widely spread in rural areas, but unevenly concentrated along the river valleys.

After Russia, Mongolia became the second Communist country in the world. Till 1989, it was having centrally planned economy. However, after 1989, it began to experience transformation to market economy. The transformation resulted into a number of social and economic changes for the Mongolian people. Because of the troubles experienced during the transition period, their perception about the desired family size, use of contraceptive methods, overall reproductive intentions, etc. have also undergone a sea change. These changes is perceptions have also affected the use of family planning methods by them. Before 1989, there was strong pro-natalist policy in Mongolia with limited availability of contraceptives and giving generous incentives to women who attempted to reach their maximum fecundity. Inspite of these pro-natalist policy, fertility began to decline by the middle of 1970s which got increased momentum during 1980s. As use of family planning is one of the most important proximate determinant of fertility (Bongaart and Potter, 1983), in Mongolia also use of contraceptives, mainly IUD, during this period was one of the main factor for fertility decline. The present population policy, adopted by the Parliament recently, though pro-natalist in orientation also emphasises the improvement in the quality of life by emphasizing child bearing not at young ages and not continuing beyond 30 years of age as well as birth intervals being reasonably long. In addition, legal barrier to the import, distribution and use of contraceptives have been removed. An other development during the transition has been the legalisation of first trimester abortions in 1989. These facilitative changes and hardships faced during the transition have influenced considerably the thinking of the people about the use of family planning methods to plan their family size.

In Mongolia, there is no system of collection of regular data on the contraceptive prevalence rate. To fill this gap, the Population Teaching and Research Centre (PTRC) conducted the first ever Demographic Survey in Mongolia during October-November, 1994 to provide information about the trends and levels of fertility, mortality, use of contraceptive methods, etc. (PTRC, 1996). In this paper an attempt has been made to present some information about the knowledge, attitude and practice of family planning methods in Mongolia based on the data from this survey.

Source of Data

The data used in this paper are that collected in the first ever large scale demographic survey conducted by the PTRC during October-November, 1994. The survey covered 1760 households spread over 5 provinces (aimags) and the capital

city, Ulaanbaatar. The data collected related to the past and present levels and patterns of fertility and mortality, fertility preferences, knowledge, attitude and practice of family planning methods, etc. The sample design adopted for the survey was a multistage stratified, clustered and random sample of households and individual in urban and rural areas. Stratification was done by residence (remote rural, som centre, aimag centre and Ulaanbaatar), age and sex using a proportional method. This combination with random selection procedure made the survey a representative sample of population living in the Mongolia. In all 2030 women and 1026 men were selected for this survey. Residences were stratified in four categories keeping in view, the geographical diversity of Mongolia. Ulaanbaatar is the capital city with about 25% of Mongolian population. Aimag centres and som centres are the capitals of different provinces and districts respectively. Remote rural areas cover the remaining geographical areas and population. Those living in such areas are generally engaged in agriculture and animal husbandary. Taking into account the civic amenities and infrastructural facilities, remote rural areas and som centres can be broadly categorised as rural areas and aimags centres and Ulaanbaatar as urban areas.

Survey questionnaire included a number of questions to ascertain the respondent's knowledge, attitude and practice of family planning methods. The first question asked was "Have you ever heard of any family planning method, such as Intra-Uterine Device (IUD), condom, pills, injection, sterilization, diaphragm/foam/jelly, rhythm method or periodic abstinence, withdrawal and washing method?" All respondents who knew atleast one method were asked whether they had ever used the known method and whether currently using them. If the respondents were using both the traditional and modem methods, while recording the use of contraceptives, both the methods were recorded. The woman who knew atleast one of contraceptive methods was also asked about the number of times family planning was discussed with their husbands. The respondents who were not using any method were asked about their intention to use in future. If they indicated intention to use then their preferred method was enquired and if they don't want to use then the reason for not using was asked.

Results

Knowledge of Family Planning Methods

The question used to elicit knowledge about family planning was phrased as "Now I would like to talk about family planning—the various ways or methods that a couple can use to delay or avoid pregnancy. Have you ever heard of any

of the methods such as—Intra-Uterine Device (IUD), Condom, Rhythm Method or Periodic abstinence. Withdrawal, Washing Method, Pills, Injection, Diaphragm/ Foam/Jelly and Sterilization, etc.?" Both men and women were asked about their knowledge on contraceptive methods.

The results are shown in Table 1. It is important to note that knowledge in this context does not necessarily mean that the respondent has enough knowledge of the method to be able to use it correctly.

TABLE 1: PERCENTAGE OF POPULATION WHO KNOW SPECIFIC CONTRACEPTIVES BY SEX, MONGOLIA 1994

Contraceptive method	*Male*	*Female*	*Total*
Modern Method			
IUD	70.3	90.9	84.0
Condom	76.4	75.9	76.1
Diaphragm/Foam/Jelly	16.0	25.4	22.2
Sterilization	28.6	32.9	31.4
Injections	27.9	31.0	30.0
Pills	44.0	59.3	54.2
Traditional Method			
Rhythm/Periodic Abstinence	54.6	77.6	69.9
Withdrawal	44:9	43.4	43.9
Washing Method	42.4	61.6	55.1
Other Methods	0.3	1.2	0.9

Data given in Table 1 show that except for condoms and the withdrawal methods, the knowledge of all other methods is higher among females than men. Nearly all women had ever heard of an IUD and more than half of them had ever heard about the pill. The use of condoms is known to about three quarters of the respondents. Very few people had ever heard about sterilization, injections and the use of a diaphragm, foam or jelly to prevent pregnancy. On the other hand, traditional methods are known by the majority of women, especially the rhythm method and the washing method.

Differentials in the knowledge of contraceptive methods by residence (Table 2) show that percentage of women having knowledge about modem as well as traditional contraceptive methods is highest in Ulaanbaatar and lowest in remote

TABLE 2: KNOWLEDGE OF CONTRACEPTIVE METHODS: PERCENTAGE OF WOMEN AGED 15-49 WHO HAVE EVER HEARD OF MODERN ORTRAD1T10NALCONTRACEPTIVES BY BACKGROUND CHARACTERISTICS, MONGOLIA, 1994

Background-characters	*Modern Methods*							*Traditional Methods*		
	IUD	*Con-dom*	*Pills*	*Inj.*	*Diaph./ foam/ Jelly*	*Sterili-sation*	*Other*	*Rhy./ per. abs.*	*With-drawal*	*Washing*
Age										
15-19	74.7	65.2	37.1	17.6	8.8	19.7	0.0	60.3	18.2	35.8
20-24	93.0	81.7	63.4	32.4	21.5	32.4	0.9	84.3	54.2	67.4
25-29	96.1	85.5	74.7	39.2	31.1	40.3	1.8	84.2	58.4	75.0
30-34	97.4	78.1	68.2	37.6	38.0	40.9	2.6	84.7	53.8	74.8
35-39	95.6	73.2	60.1	30.1	31.7	33.9	1.6	76.0	43.2	65.6
40-44	99.3	70.9	60.1	35.8	34.5	35.1	1.4	81.8	38.5	62.2
45-49	97.1	72.1	60.0	32.9	35.0	38,6	0.7	80.7	37.9	61.4
Marital Status										
Married	96.7	78.1	67.4	35.8	32.1	38.5	1.7	83.1	52.1	71.5
Unmarried	81.7	72.7	46.8	23.7	15.1	24.4	0.4	69.3	29.9	46.3
Residence										
Remote Rural	85.6	51.3	43.9	17.4	13.4	23.5	0.6	65.5	25.2	43.4
Som-Center	90.7	75.8	55.4	30.3	21.0	31.0	1.0	71.0	34.1	53.8
Aimag-Center	92.5	79.1	59.5	27.8	25.4	37.5	1.3	82.5	40.7	61.6
Ulaan-baatar	94.0	92.8	73.1	44.7	36.8	37.4	1.6	86.1	63.9	79.4
Highest level	of Education									
Primary	80.4	35.8	32.4	14.5	11.2	19.6	0.6	48.6	16.2	29.1
Grade 4-8	82.9	43.8	17.7	11.6	21.0	66.5	0.5	66.5	24.9	45.3
Grade 9-10	94.9	61.0	33.2	25.0	33.4	83.0	1.1	83.0	47.5	65.7
Professional	97.8	89.6	76.8	42.3	37.0	42.7	1.0	90.9	60.6	80.3
Higher	98.8	96.4	91.1	58.6	59.8	60.9	5.3	96.4	77.5	91.7
Total	90.9	75.9	59.3	31.0	25.4	32.9	1.2	77.6	43.4	61.6

rural areas. Aimag and som centers take an intermediate position between the capital Ulaanbataar and remote rural areas. This may be due to less access of remote rural areas to various mass media and other information sources. However, there is very little difference in the level of knowledge regarding IUD and rhythm/periodic abstinence methods at different places. As it is well known that knowledge of contraceptive methods is related to the educational level of the women. In Mongolia, children's formal schooling starts only at the age of 8 years. Primary, incomplete secondary and complete secondary corresponds to the grades 1-3, 4-8 and 9-10 respectively. Professional education covers vocational education after secondary and higher education corresponds to university education.

Not surprisingly a positive association was found to exist between contraceptive knowledge and educational level. However, lower proportion of women with education of grade4-8 reported knowledge about pills, injection and washing. Positive association between education and knowledge about contraceptives was true not only for modern contraceptives, but also fort raditional contraceptives also. Relatively fewer teenagers know about contraceptive methods than adults. This has to be taken seriously by the family planning managers because the children borne by women under 20 years of age are at higher risk of dying and such pregnancy and births are also associated with various economic and psychological problems.

Attitudes of Partners toward Family Planning

The question: 'In general, do you approve or disapprove of people using a method to avoid getting pregnant'? was asked to male and female respondents who were married (registered or unregistered) or living together. Table 3 shows that the majority of male (72 percent) and female respondents (84 percent) approve that people should use family planning methods to avoid pregnancy. This high consensus on family planning is also reflected in men and women's perception of their partner's attitude towards family planning. In rural areas and for those with lower educational levels the figures are somewhat lower than average, whereas with an increasing degree of urbanization and access to information and for those with higher education, the percentages of people approving family planning are higher.

The higher percentage of men and women in rural areas who do not know their partners attitude towards family planning is because discussion among couples on family planning in remote rural areas is less than elsewhere. Also, those with lower educational levels more often do not know their partners opinion on family planning because discussion on family planning among partners in remote rural areas is less than elsewhere.

TABLE 3: PERCENT DISTRIBUTION OF WOMEN AND MEN'S APPROVAL OF FAMILY PLANNING AND BY THEIR PARTNER'S ATTITUDE TOWARDS FAMILY PLANNING FOR RESPONDENTS MARRIED OR LIVING TOGETHER BY RESIDENCE AND EDUCATION, MONGOLIA, 1994

	Respondents' Attitude				Partner Attitude			
	Approval	Disapproval	Don't Know	Number	Approval	Disapproval	Don't Know	Number
FEMALE								
Residence								
Remote Rural	75.1	20.5	4.3	370	69.8	11.7	18.5	368
Som Center	82.7	16.2	1.0	191	80.6	13.6	5.8	194
Aimag Center	85.2	12.3	2.6	310	79.0	11.3	9.7	309
Ulaanbaatar	90.6	8.1	1.3	371	74.6	13.9	11.5	366
Level of Education								
Primary & None	71.1	20.0	8.9	135	62.7	9.7	27.6	134
Grade 4-8	79.7	17.4	2.8	281	74.4	11.7	13.9	281
Grade 9-10	85.4	13.6	1.0	302	75.1	14.3	10.6	301
Professional	85.1	13.1	1.8	390	77.6	13.3	9.1	384
Higher	94.7	4.6	0.8	131	83.2	10.7	6.1	131
Total	**83.5**	**14.0**	**2.5**	**1239**	**75.2**	**12.5**	**12.3**	**1231**
MALE								
Residence								
Remote Rural	60.8	32.5	6.6	166	69.9	12.0	18.1	166
Som Center	66.3	27.7	6.0	83	74.7	14.5	10.8	83
Aimag Center	72.1	22.4	5.4	147	78.4	13.5	8.1	148
Ulaanbaatar	84.8	11.4	3.8	184	83.6	7.7	8.7	183
Level of Education								
Primary & None	60.3	27.4	12.3	73	65.8	15.1	19,2	73
Grade 4-8	64.0	31.1	4.9	164	67.1	16.5	16.5	164
Grade 9-10	78.1	19.3	2.6	114	80.7	11.4	7.9	114
Professional	73.2	21.0	5.7	157	83.5	7.6	8.9	158
Higher	91.4	5.7	2.9	70	91.3	4.3	4.3	69
Total	**72.1**	**22.5**	**5.4**	**578**	**77.0**	**11.4**	**11.6**	**578**

Intentions about Future Use of Contraception

Out of all women interviewed, two third expressed the intention to use a contraceptive method in the future. The main reasons for not intending to use a contraceptive method are shown in Table 4. The main reason for male and female respondents in the age group 15-29 years is that they are not married. Second reason is to have children. Also one of the reasons for male respondents is lack of knowledge on contraceptives (10.2 percent). As regards the age group 30-49 the main reasons

TABLE 4: PERCENT DISTRIBUTION OF THE MAIN REASONS FOR MALE AND FEMALE WHO DO NOT INTEND TO USE CONTRACEPTION IN THE FUTURE, ACCORDING TO AGE, MONGOLIA 1994

.	Age				Total	No. of Responses
	15-29		*30-49*			
	Male	*Female*	*Male*	*Female*		
Wants children	11.7	12.3	8.7	4.2	9.6	110
Lacks knowledge	10.2	5.9	6.5	2.1	6.1	70
Partner opposed	0.4	0.3	1.1	0.7	0.5	6
Cost too high	1.1	0.0	0.0	0.7	0.4	5
Side effects	2.2	2.5	3.8	1.8	2.4	28
Health concerns	0.4	1.5	3.2	6.0	2.6	30
Hard to get method	1.1	0.3	2.2	0.7	0.9	10
Religion	1.1	0.0	2.7	0.7	0.9	10
Opposed to family planning	1.1	0.7	2.2	1.4	1.2	14
Other people opposed	4.0	2.2	4.3	1.7	2.9	33
Infrequent sex	1.1	0.7	15.1	27.1	0.7	111
Difficult to get pregnant	0.0	0.7	0.5	1.7	0.8	9
Inconvenient	1.1	0.7	0.0	0.7	0.7	8
Not married	32.9	49.6	4.3	2.5	26.7	307
Other	6.2	4.4	27.6	34.5	16.0	184
Don't know	25,6	18.2	17.8	13.4	18.7	215
Total	100	100	100	100	100	
No. of responses	274	407	185	284		1150

for not intending to use contraceptives in the future for male and female respondents is their having infrequent sex and as such less risk of pregnancy. Among other reasons the 'side effects', 'other people opposed' and 'opposed to family planning' were mentioned. About 19 percent of the respondents stated that they don't know the reasons. Unfortunately, detailed probing was not done in these cases. However, this group is different than those reporting lack of knowledge as the main reason. Data presented in Table 4 pertain to all the women and men irrespective of their marital status because in Mongolia, a significant proportion of men and women live together even without formal marriage. Prevalence of pre-marital sex is also not insignificant. In view of these facts, this analysis has not been restricted to only married men and women.

TABLE 5: PERCENT DISTRIBUTION OF PREFERRED CONTRACEPTIVE METHOD AMONG WOMEN WHO INTEND TO USE CONTRACEPTION IN THE FUTURE ACCORDING TO AGE, MONGOLIA 1994

	Age		*Total*
	15-29	*30-49*	
IUD	29	40	*29*
Condom	7	3	10
Rhythm/Periodic Abstinence	19	19	17
Withdrawal	1	0	2
Washing Method	7	6	6
Pills	5	2	4
Injection	2	1	2
Diaphragm Foam/Jelly	0	0	0
Sterilization	0	2	1
Don't know	30	26	31
Total	100	100	100
Total Number of Responses	1,242	665	1,907

Among the women who intend to use a contraceptive method in the future, more than a quarter mentioned the IUD, followed by periodic abstinence and the condom. However, about one third do not know which method they would use. The IUD has highest priority, especially for older women because the women preferring it in the age group 30-49 is about one and half times more than those in the age group 15-29. The condom was preferred by younger women whereas for periodic

abstinence there was equal preference in both the age groups. The diaphragm/foam/ jelly, sterilization and injections were least preferred methods. One of the possible reasons may be that women have very little knowledge about these methods. About 31 percent of the women did not know, at the time of survey, the contraceptive method they will be using in future. Unfortunately, further probing was not done in these cases. Table 5 above presents the relevant data.

TABLE 6: PERCENT DISTRIBUTION OF WOMEN WHO REPORTED EVER AND CURRENT USE OF CONTRACEPTIVES BY METHODS, MONGOLIA, DSM, 1994

Contraceptive methods	*Ever Users*	*Current Users*
IUD	24.9	19.4
Rhythm/periodic abstinence	28.1	17.4
Condom	7.7	3.5
Pills	6	2.1
Washing method	21.4	16.5
Withdrawal	3.9	1.9
Injection/ diaphr./Steril.	2.1	0.0
Total	**94.1**	**60.7**
Non-users	**5.9**	**39.2**

Regarding current use at the time of the survey, 61 percent of women reported that they were using some method. A quarter of the current female users are using a modem method and more than one-third a traditional method. The most widely used method among females was the IUD (19 percent), followed by the condom (3.5 percent) and Pills (2.1 percent). Less than one percent were using either the injections, diaphragm/foam/jelly or sterilisation. Among the traditional methods, the rhythm or periodic abstinence (17.4 percent) was found to be most popular method in current use closely followed by washing method (16.5 percent).

Current Use of Contraception by Age

The level of use of any contraceptive method varies with the age of women, increasing from less than 11 percent for women aged 15-19 years to a high of 92 percent for women 35-39, and decreasing thereafter. The maximum current use of modem and traditional contraceptives is in the age group 35-39 and 25-29 respec-

tively. The use of both modern and traditional methods increases substantially in the age group 20-24 as compared to 15-19 in which age group use is lowest. The data generally show higher percentages of female users of traditional methods under 30 years of age, and for modern contraceptives in the age group 30-34, 35-39 and 40-44 years. The last group, however, shows the opposite again due to the low reported use of lUDs. The detailed age-wise data of the current users of the contraceptives are given below in Table 7.

TABLE 7: PERCENT DISTRIBUTION OF WOMEN BY CURRENT USE OF CONTRACEPTIVES ACCORDING TO AGE, MONGOLIA

Contraceptive Methods	*Age*							*Total*
	15-19	*20-24*	*25-29*	*30-34*	*35-39*	*40-44*	*45-49*	
Any Method	**11.3**	**60.4**	**88.4**	**87.4**	**92.2**	**73.0**	**44.9**	**60.7**
Any Modern Method	**1.9**	**15.9**	**35.9**	**42.1**	**51.1**	**39.2**	**18.1**	**25.0**
IUD	1.1	10.1	26.1	35.3	41.7	35.1	14.5	19.4
Condoms	0.9	4.7	6.6	3.2	4.4	2.0	0.7	3.5
Pills	0.0	0.5	2.9	1.1	1.1	0.0	0.0	0.9
Diaphragm/Foam/Jelly	0.0	0.7	0.0	0.7	0.6	0.0	0.0	0.3
Sterilisation (Female)	0.0	0.0	0.0	1.1	2.2	0.7	2.9	0.6
Sterilisation (Male)	0.0	0.0	0.3	0.7	1.1	0.7	0.0	0.3
Any Traditional Method	**9.4**	**44.5**	**52.5**	**45.3**	**41.1**	**33.8**	**26.8**	**35.7**
Withdrawal	0.4	2.8	3.4	1.1	1.1	2.7	1.4	1.9
Rhythm/periodic abstinence	5.6	23.0	20.8	24.1	21.7	16.9	11.6	17.4
Washing method	3.4	18.7	28.2	20.1	18.3	14,2	13.8	16.5
Not Currently Using	**88.7**	**39.6**	**11.6**	**12.6**	**7.8**	**27.0**	**55.1**	**39.3**
No. of Women	**467**	**427**	**379**	**278**	**180**	**148**	**138**	**2017**

Socio-Economic Differentials in Current Us" of Family Planning

Tables 8A and 8B show the differentials in current contraceptive use according to various socio-demographic variables. As regards the differentials according to the place of residence, half of all women in remote rural areas use some kind of contraceptive methods whereas this is 25 percent more in Ulaanbaatar. It is interesting

to note that the difference is not due to significant difference in the use of modern methods, but rather due to the difference in the percentage of users of traditional methods. Especially the rhythm method and the washing methods are more frequently used in the urban setting. Possible explanation for this difference may be the better knowledge of the traditional contraceptives methods in urban areas as compared to remote rural areas as may be seen from Table 2.

TABLE 8A: CURRENT USE -OF MODERN CONTRACEPTIVES BY BACKGROUND CHARACTERISTICS PERCENT DISTRIBUTION OF WOMEN BY MODERN CONTRACEPTIVE METHOD CURRENTLY BEING USED ACCORDING TO BACKGROUND CHARACTERISTICS, MONGOLIA 1994

Background Character-istics	*Any modern method*	*IUD*	*Condom*	*Pills*	*Injec-tion*	*Diahragm/ foam/Jelly*	*Sterili-sation (Male)*	*Sterili-sation (Female)*	*Number of Women*
Residence									
Remote rural	23.9	21.5	1.1	0.7	0.0	0.0	0.4	0.2	544
Som Center	23.0	20.8	1.3	0.5	0.0	0.0	0.5	0.0	395
Aimag Center	27,1	21.2	3.4	1.5	0.0	0.0	1.0	0.0	410
Ulaanbaatar	25.9	15.9	6,7	1.0	0.0	0.9	0.6	0.7	668
Educational Level									
Primary & None	30.5	21.7	8.4	1.1	0.0	0.0	1.7	0.6	206
Grade 4-8	23.1	17.7	4.5	0.5	0.0	0.0	0.2	0.2	559
Grade 9-10	20.1	14.8	3.4	0.5	0.0	0.4	0.5	0.5	566
Professional	29.5	25.0	2.2	1.0	0.0	0.4	0.8	0.0	492
Higher	72.6	22.0	41.7	3.6	0.0	1.2	0.6	3.6	168
Total	25.0	19.4	3.5	0.9	0.0	0.3	0.6	0.3	2017

Another major differential that continues to hold is women's education. A strong positive relationship exists between education and the level of current use of contraceptives. The percentage of women using a modern contraceptive method was 30 percent with primary and no education as compared to 73 percent with higher education. The use of condom was found to be substantially high (41.7 percent) with higher educational level as compared to other educational levels for which it

TABLE 8B: CURRENT USE OF TRADITIONAL CONTRACEPTIVES BY BACKGROUND CHARACTERISTICS: PERCENT DISTRIBUTION OF WOMEN BY TRADITIONAL CONTRACEPTIVE METHOD CURRENTLY BEING USED ACCORDING TO BACKGROUND CHARACTERISTICS, MONGOLIA 1994

Background Characteristics	*Any traditional method*	*Withdrawal*	*Rhythm/ periodic abstinence*	*Washing methods*	*Number of women*
Residence					
Remote rural	22.6	1.1	12.1	9.4	544
Som Center	29,4	1.0	16.2	12.2	395
Aimag Center	39.3	1.5	20.2	17.6	410
Ulaanbaatar	47.9	3.3	20.5	24.1	668
Educational Levels					
Primary and None	11.4	3.4	4.2	4.7	206
Grade 4-8	20.8	2.1	9.5	9.1	559
Grade 9-10	40.6	2.7	18.7	19.3	566
Professional	51.8	1.0	26.8	24.0	492
Higher	80.4	22.6	30.4	27.4	168
Total	35.7	1.9	17.4	16.5	2017

is less than 9 percent. The use of diaphragm/foam/jelly is found in Ulaanbaatar only. Non-availability of diaphragm/foam/jelly and lower knowledge about it in remote rural areas, som and aimag centres may be possible reasons. The level of the use of male and female sterilizations is almost zero.

More than two-thirds of women with higher education reported the use of one or more traditional methods as compared to only 11 percent with primary and lower education. The largest variation in the traditional method according to educational level is observed in respect of withdrawal being 1 percent for respondents with professional education and about 23% with higher educational levels.

The use of withdrawal with education upto primary level was very low i.e. 3.4 percent as compared to 22.6 percent with higher education. Actually, It's use varies from 1.0 percent to 3.4 percent for other educational levels. For rhythm/periodic abstinence and washing method, there is not much variation in the professional and higher educational levels.

Conclusions

Data presented in this paper reveal that knowledge of modern contraceptive methods except IUD and condom is low in Mongolia. During socialist regime, the official media such as T.V. and radio were not used for popularising these contraceptive. Keeping in view the high level of literacy and possession of T.V. and radio by the sizeable sections of the population, these media sources should be used for enhancing the knowledge of Mongolian people about modem contraceptives. Inspite of the socialistic regime for a long time, about 84 percent of the respondents were in favour of use of family planning methods to avoid pregnancy. However, in practice only about 25 percent of the women were currently using any modern contraceptive methods. Therefore, the concerned government authorities have to work out ways and means for increasing the use of modem contraceptives among the women who are in favour of using modem contraceptives. Washing was reported as one of traditional methods used by 16.5 percent of the current users out of total traditional users of 35.7 percent. As it is well known that efficiency of this method is very low and it's continuous use may sometimes result into sterility through infection, the women may be educated about the risks and ineffectiveness of method being used by them.

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