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19

Contraceptive Knowledge, Use, and Sources



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**Demographic and Health Surveys
Comparative Studies No. 19**

**Contraceptive Knowledge,
Use, and Sources**

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Preface

One of the most significant contributions of the DHS program is the creation of an internationally comparable body of data on the demographic and health characteristics of populations in developing countries. The *DHS Comparative Studies* series and the *DHS Analytical Reports* series examine these data across countries in a comparative framework, focusing on specific topics.

The objectives of DHS comparative research are: to describe similarities and differences between countries and regions, to highlight subgroups with specific needs, to provide information for policy formulation at the international level, and to examine individual country results in an international context. While *Comparative Studies* are primarily descriptive, *Analytical Reports* utilizes a more analytical approach.

The comparative analysis of DHS data is carried out primarily by staff at the DHS headquarters in Calverton, Maryland. The topics covered are selected by staff in conjunction with the DHS Scientific Advisory Committee and USAID.

The *Comparative Studies* are based on a variable number of data sets reflecting the number of countries for which data were available at the time the report was prepared. Each report provides detailed tables and graphs for countries in four regions: sub-Saharan Africa, the Near East and North Africa, Asia, and Latin America and the Caribbean. Survey-related issues such as questionnaire comparability, survey procedures, data quality, and methodological approaches are addressed in each report, as necessary. Where appropriate, data from previous DHS surveys are used to evaluate trends over time.

Comparative Studies published under the current phase of the DHS program (DHS-III) are, in some cases, updates and expansions of reports published earlier in the series. Other reports, however, will cover new topics that reflect the expanded substantive scope of the DHS program.

It is anticipated that the availability of comparable information for a large number of developing countries will have long-term usefulness for analysts and policymakers in the fields of international population and health.

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Project Director

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Executive Summary

This report presents an update on knowledge, use, and sources of contraceptive methods among the 22 populations surveyed in the DHS-II project. The findings are consistent with earlier analyses of these issues. Contraceptive knowledge and use tend to be lower among rural than urban women and among less educated women. Generally, contraceptive knowledge and use are lower in sub-Saharan Africa, and also in Pakistan and Yemen, than in other populations studied.

Knowledge of Contraception

In all five of the populations studied in the Latin America/Caribbean region, and in four of the six populations studied in the Asia/Near East/North Africa region, nearly all women know of at least one method of contraception. A high degree of awareness of at least one method is observed also in Malawi, Namibia, Rwanda, and Zambia, but elsewhere in sub-Saharan Africa, and in Pakistan and Yemen, such knowledge is less prevalent. Knowledge of at least one method is particularly low in Nigeria.

Modern and traditional methods are not equally known among the women surveyed. In nearly all the countries studied, women are more likely to know of at least one modern method than to know of at least one traditional method. The most widely recognized modern method is the pill. Even in populations where injectables and female sterilization are more widely recognized, the pill is one of the three most widely known modern methods. Male sterilization and vaginal methods are not well known in most of the countries surveyed.

A much smaller percentage of married women know as many as five contraceptive methods than the percentage who report knowing at least one method. Only in the five surveys in Latin America and the Caribbean, and in Jordan and Rwanda, do more than 8 out of 10 married women have that level of contraceptive knowledge. Knowledge of five or more methods is particularly low in most of sub-Saharan Africa, and in Pakistan and Yemen, thus limiting the options that married women in these populations have for trying out and continuing to use methods of contraception.

Socioeconomic differentials in contraceptive knowledge tend to be greater than demographic differentials. All

differentials are greater for women knowing five or more methods. Knowledge of contraceptive methods is higher among urban residents and among women with higher levels of education. It is higher also among women age 25-34 than among younger or older women, particularly for knowledge of five or more methods. The association between a woman's contraceptive knowledge and the number of living children she has is generally weak and not very consistent across countries. In the Latin America/Caribbean and Asia/Near East/North Africa regions (except Pakistan and Yemen), knowledge of five or more methods is more prevalent among women with one to four children than among childless women or women with five or more living children.

In the five populations surveyed in Latin America and the Caribbean and in four of the six populations surveyed in the Asia/Near East/North Africa region, the majority of women who know at least one modern contraceptive method also know where to find a modern method. This is true also in Malawi, Namibia, Rwanda, Tanzania, and Zambia. In the other countries in sub-Saharan Africa, and in Pakistan and Yemen, less than half of married women reported knowing a source for modern contraception. Even among women who know at least one modern method, a large proportion do not know of a source. The differentials in knowledge of a modern contraceptive source are generally similar to those seen for knowledge of contraceptive methods and are weak in populations in which a large percentage of women know of a source for modern contraception.

Use of Contraception

The percentage of married women who have ever used a contraceptive method ranges from 11 percent in Niger to 86 percent in Colombia, while the percentage who are currently using a method ranges from 4 percent in Niger to 66 percent in Colombia. In general, the level of both ever-use and current use is low in populations in sub-Saharan Africa and in Pakistan and Yemen, and is highest in the Latin America/Caribbean region. Use of modern methods, particularly the pill, IUD, and female sterilization, dominates in the Latin America/Caribbean and Asia/Near East/North Africa regions, while traditional methods tend to be relatively more prevalent in sub-Saharan Africa, and also in Peru.

Both ever-use and current use of contraception are more common among urban than rural women, and among the better educated. Differentials tend to be more pronounced for current use than for ever-use and to be stronger in populations where use of contraception is low. However, socioeconomic differentials are smaller or even reversed in some populations for certain methods, particularly female sterilization, withdrawal, and other traditional methods.

The decision to use contraception is closely related to a woman's stage in her reproductive career. As a result, surveys find that demographic differentials are much stronger for both ever-use and current use than they are for knowledge of contraception. Use is generally lower among young women (age 15-24) and particularly among women with no living children. It peaks among women age 25-34 in most of the surveys, although in some populations use is highest among women age 35-49, especially in sub-Saharan Africa and in Pakistan and Yemen. In the Latin America/Caribbean region and in Egypt, Indonesia, and Morocco, both ever-use and current use are highest among women with 3 or 4 children. The other surveys in the Asia/Near East/North Africa region and in most of sub-Saharan Africa, found that use (especially use of modern methods) increases with the number of living children that a woman has.

Contraceptive use has increased in nearly all populations studied, due primarily to increased use of modern methods. In most countries, the pace of increase in contraceptive use appears to be steady, although it has slowed recently in a few populations, most notably in Indonesia, Morocco, and Colombia.

Source of Current Contraceptive Method

Government facilities remain an important source of modern contraceptive methods, particularly in sub-Saharan Africa and, to a lesser extent, in the Asia/Near East/North Africa region. In Latin America and the Caribbean, pharmacies and other private sources tend to play a more significant role. However, source patterns do vary among countries

within the regions. They also vary according to the type of method used. Clinical methods tend to be obtained from government stationary facilities or from other private providers, while supply methods are frequently obtained from pharmacies, particularly in the Latin America/Caribbean region, and in Egypt and Jordan. Other private providers play a limited role as a source of supply methods in most countries studied. In 17 of the 22 countries, a greater percentage of users of clinical methods than supply methods obtained their method from a government source. The five countries that do not conform to this pattern are all in sub-Saharan Africa.

The source of contraceptive methods does not vary much by demographic and socioeconomic characteristics, particularly in sub-Saharan Africa where the number of users of modern contraceptives is small. Older women and women with larger families rely less on pharmacies as they shift to longer-term clinical methods, such as female sterilization and the IUD, which are provided privately or by government stationary facilities rather than pharmacies. Urban users are generally less likely than rural users to obtain their contraceptive supplies from government sources, although there are some exceptions, particularly in sub-Saharan Africa. As expected, government mobile sources are cited by more rural than urban users in all populations in which they are available. In general, better-educated women are less likely to use government sources.

The percentage of users who obtain their methods from a government source is not systematically related to the level of contraceptive use in the population, nor to the strength of the family planning program. This finding, combined with the generally weak and inconsistent socioeconomic and demographic differentials in source of contraception, leads to the conclusion that the source patterns in a population are determined primarily by the circumstances of a particular country, and so detailed analyses of contraceptive source patterns and policies aimed at affecting them should be country-specific.

1 Introduction

A number of recent articles have described a remarkable decline in fertility in much of the developing world during the last 20 years (Freedman and Blanc, 1991; Robey et al., 1992; Robey et al., 1993). The primary proximate determinant fueling this decline in fertility is the rapid increase in contraceptive use that has been documented in many countries (Robey et al., 1992; Weinberger, 1991). Weinberger estimates that more than 50 percent of couples in developing countries (including China) now use contraception. This striking increase in contraceptive use and the associated fertility decline have been referred to as a "reproductive revolution" that is spreading throughout the less developed world (Robey et al., 1992).

Despite the increases in contraceptive use that have been achieved, contraceptive prevalence in developing countries remains well below that observed in developed countries, and considerable increases are still required if United Nations medium variant fertility projections are to be realized (Weinberger, 1989). There are vast differences in contraceptive prevalence among individual countries and, more generally, among regions of the less developed world. High levels of contraceptive use are typically observed in Latin America and in East Asia, while low levels are observed in most of sub-Saharan Africa.

Some analysts have suggested that contraceptive prevalence rates may be stagnating in some countries at a level below that required to achieve replacement-level fertility (Weinberger, 1989). Economic pressures experienced by many developing countries during the 1980s may result in a slowing of the pace of increase in contraceptive prevalence due to budget pressures on government health services, which are major providers of modern contraceptives in many countries (Weinberger, 1989). However, it could also be argued that the populations in such countries may respond to deteriorating economic conditions by using contraception to delay births. Indeed, such an argument has been proposed as a possible explanation for the recent fertility decline experienced in rural areas of Botswana (Rutenberg and Diamond, 1993). Such a mechanism could, of course, result in stagnation or even decline in contraceptive prevalence rates after the economic crisis passes.

In light of the pronounced regional variations in contraceptive prevalence and the demographic significance of trends in contraceptive use, it is important to maintain an

up-to-date knowledge of contraceptive behavior and to monitor closely trends in contraceptive prevalence throughout the less developed world. Since the 1960s, the major sources of information on contraceptive use at the national level have been population-based sample surveys. The Demographic and Health Surveys (DHS) program, which began in September 1984 as a follow-on to the earlier World Fertility Survey (WFS) and Contraceptive Prevalence Survey (CPS) programs,¹ is now the primary source of information on family planning in the developing world. The DHS program is currently in its third phase. The first phase of the program (DHS-I) ran from 1984 to 1989 and included 28 surveys. The second phase (DHS-II) included 22 surveys between 1990 and 1993—11 in sub-Saharan Africa, 6 in the Asia/Near East/North Africa region, and 5 in Latin America and the Caribbean. The principal aim of this report is to provide an update on patterns and trends in contraceptive use, including sources of contraceptive methods, through a descriptive comparative analysis of the DHS-II data. The corresponding analyses based on DHS-I data are presented in two earlier reports (Ayad et al., 1994; Rutenberg et al., 1991).

The DHS-II surveys include six countries (Burkina Faso, Madagascar, Niger, Tanzania, Zambia, and Yemen) in which nationally representative information on contraceptive use was collected for the first time. Five of these countries lie in sub-Saharan Africa, the region for which data on contraceptive use are least complete (Weinberger, 1991). Six of the DHS-II surveys (Cameroon, Malawi, Namibia, Nigeria, Rwanda, and North Yemen) provide the first opportunity to study trends in contraceptive use in the particular population. Again, most of these surveys are in sub-Saharan Africa, reflecting the paucity of information on contraceptive behavior in that region.

The next section of this report describes the DHS-II data on contraceptive knowledge and use and defines the terms and indicators used in the report. Knowledge of modern contraception and of where to obtain it are necessary preconditions for its use, so the first analyses examine patterns in knowledge of contraceptive methods and sources of methods. The next section analyzes patterns of ever-use of contraception. This is followed by a detailed descriptive

¹ For a review of the WFS and CPS surveys, see London et al., 1985.

analysis of current contraceptive use and a summary of recent trends in use for countries with data for more than one point in time. The final analysis looks at the current source of contraception among users of modern methods. It focuses on the relative importance of government versus private

suppliers of contraceptives, but it also uses some of the new information collected in DHS-II surveys on time to source of supply. The report concludes with a discussion of the main findings and how they fit in with existing knowledge of contraceptive practice in the less developed world.

2 Data Collection

2.1 QUESTIONNAIRE DESIGN

The analyses in this report are based on the data collected in the third section of the individual DHS-II questionnaire.² The section begins with a series of questions on contraceptive knowledge and use. DHS respondents were first asked an open-ended question about which methods of family planning they knew: "Now I would like to talk about family planning—the various ways or methods that a couple can use to delay or avoid pregnancy. Which ways or methods have you heard about?" All of the methods the woman mentioned in response to this question were marked as *spontaneously* reported. The interviewer then described all the methods listed in the questionnaire that the woman had not mentioned and asked if she recognized each one. All the methods she recognized after hearing the description were marked as *known with probing*. If the respondent did not know a method after hearing it described, the interviewer recorded that the respondent had not heard of that particular method.

The respondent was then asked two questions about each method that she had heard about, regardless of whether she reported the method spontaneously or after probing. The two questions were: "Have you ever used (METHOD)?" and "Do you know where a person could go to get (METHOD)?" The second question was asked only for modern methods (see Section 2.2) and for periodic abstinence. In the case of periodic abstinence, the question was rephrased as "Do you know where a person can obtain advice on how to use periodic abstinence?"

The questions on current use of contraception were asked in a different way. Respondents who reported that they had ever used at least one method of contraception and who were not pregnant or sterilized at the time of the survey were asked, "Are you currently doing something or using any method to delay or avoid getting pregnant?" Respondents who gave a positive answer were then asked, "Which

method are you using?" Respondents who had reported previously that they were sterilized were not asked this question, but the interviewer recorded them as using female sterilization. Respondents who were recorded as using a modern method were also asked about the source of the method they were using. Users of modern methods other than male or female sterilization were asked, "Where did you obtain (METHOD) the last time?" Respondents who were sterilized for contraceptive reasons were asked, "Where did the sterilization take place?" Respondents who had to travel to obtain their contraceptive supplies (including a sterilization operation) were then asked, "How long does it take to travel from your home to this place?" and "Is it easy or difficult to get there?"³

2.2 CONTRACEPTIVE METHODS

The model DHS questionnaire includes a list of nine contraceptive methods⁴ plus an "other method" category. The standard list includes the methods likely to be known and used in most countries, but the organizations implementing each survey were encouraged to add any other methods that are commonly known or used in their country. Thirteen of the 22 DHS-II surveys added at least one country-specific method to the standard list. Table 2.1 shows, for each country, the year of fieldwork, the weighted and unweighted number of currently married women interviewed, and which contraceptive methods, if any, were added to the standard list.

Five countries (Rwanda, Senegal, Egypt, Indonesia, and Dominican Republic) added Norplant to the list. Indonesia

² All DHS surveys are based on one of two standard questionnaires—the model "A" questionnaire for countries with high contraceptive prevalence or the model "B" questionnaire for countries with low contraceptive prevalence. The principal difference between the two questionnaires is the amount of detail collected on contraceptive use. The core questionnaire is modified to fit the individual situation in each country and is translated into the principal local languages.

³ Yemen used the core questionnaire developed by the Pan Arab Project for Child Development. The questionnaire deviates from the standard DHS questionnaire in many respects. In particular, the question on knowledge of a source for the method was asked only for reversible modern methods, i.e., it was not asked for periodic abstinence or for male and female sterilization. The questions on source of current method were also asked in a way slightly different from other DHS surveys and did not refer explicitly to the last occasion the method was obtained, except for pill and IUD. The question on whether or not it is easy to get to the place where the method was obtained was not asked.

⁴ The methods are: pill; IUD; injectables; diaphragm, foams, and jellies (vaginal methods); condom; female sterilization; male sterilization; periodic abstinence; and withdrawal.

Table 2.1 Survey characteristics

Year of fieldwork, number of currently married women, and contraceptive methods added to questionnaire, Demographic and Health Surveys, 1990-1993

Country	Year of fieldwork	Number of currently married women		Contraceptive methods added to questionnaire
		Weighted	Unweighted	
Sub-Saharan Africa				
Burkina Faso	1993	5,326	5,091	Prolonged abstinence, gris-gris ^a
Cameroon	1991	2,868	2,737	Abstinence
Madagascar	1992	3,736	3,630	None
Malawi	1992	3,492	3,489	None
Namibia	1992	2,259	2,297	None
Niger	1992	5,561	5,232	Gris-gris
Nigeria	1990	6,880	6,696	Foaming tablets
Rwanda	1992	3,785	3,698	Norplant
Senegal	1992/93	4,505	4,505	Norplant
Tanzania	1991/92	6,038	6,091	Mucus method
Zambia	1992	4,457	4,467	None
Asia/Near East/North Africa				
Egypt	1992	9,153	9,148	Norplant, prolonged breastfeeding
Indonesia	1991	21,109	21,187	Norplant, intravag, ^b abortion
Jordan	1990	6,168	6,181	Prolonged breastfeeding
Morocco	1992	5,118	5,118	None
Pakistan	1990/91	6,364	6,393	None
Yemen	1991/92	5,355	5,336	Breastfeeding
Latin America/Caribbean				
Brazil (NE)	1991	3,541	3,427	None
Colombia	1990	4,449 ^c	4,542	None
Dominican Republic	1991	4,083	4,226	Norplant
Paraguay	1990	3,574	3,634	Billings, yuyos ^d
Peru	1991/92	8,741	9,141	None

Notes:

^a Gris-gris are amulets, charms, and spells intended to ward off pregnancy.

^b Intravag is a spermicidal tissue placed inside the vagina during intercourse.

^c Number of women in thousands. The sample weights in Colombia include a factor to inflate the sample size to the total population size.

^d Yuyos are herbs and other traditional methods used to prevent pregnancy.

replaced diaphragm, foams, and jellies with intravag, and added abortion to the list. Nigeria added foaming tablets in addition to the standard group of diaphragm, foams and jellies. Other countries added traditional or natural methods such as Billings (or mucus) method of periodic abstinence, prolonged abstinence, prolonged breastfeeding, herbal methods, or gris-gris (amulets, charms, or spells intended to ward off pregnancy).

While adding country-specific methods to the questionnaire helps to achieve comprehensive knowledge of contraception in each country, the process complicates the task of making international comparisons. Specifically, information

about the added methods is probed in some countries and not in others. Increased reported knowledge of a method due to probing increases the reporting of ever-use and current use of the method. For methods that are truly country-specific, this does not cause a serious problem because knowledge of the method is likely to be low in other countries in which it is not specifically described. Therefore, probing for knowledge of that method is unlikely to precipitate many more positive responses for either knowledge or use. However, methods such as prolonged abstinence and prolonged breastfeeding do present a problem when they are added as country-specific methods because these practices are frequently used also for purposes other than contraception.

Many women who did not report spontaneous knowledge of these methods because they did not perceive their primary purpose as contraceptive may report after probing that they are using them.

International comparisons are affected because similar women in other countries, where prolonged abstinence and prolonged breastfeeding were not added, did not have the opportunity to report their use. The data for Burkina Faso illustrate this problem. Only 4 percent of currently married women spontaneously reported knowledge of prolonged abstinence, but 70 percent did so after probing. The prevalence rate for Burkina Faso is 8 percent of currently married women without prolonged abstinence, but 25 percent if it is included. However, much of the reported use of prolonged abstinence is by women who did not report knowledge of the method until it was described to them. If probing for knowledge of prolonged abstinence had been done in other surveys, particularly in sub-Saharan Africa, similar increases in knowledge and use may well have been observed.

One solution is to exclude prolonged abstinence and prolonged breastfeeding from the analysis of contraceptive knowledge and use. This was the approach taken in the Burkina Faso report. However, in some situations, prolonged breastfeeding or prolonged abstinence are important methods of contraception and excluding them from the analysis could be misleading. In Jordan, for example, prolonged breastfeeding has been promoted heavily as a method of contraception, and 93 percent of currently married women spontaneously report knowledge of it. Consequently, ignoring the method in the Jordan analysis would exclude an important method in the family planning program. Further, from the perspective of comparability across DHS-II surveys, high levels of knowledge and use of prolonged breastfeeding would have been reported in the "other method" category even if prolonged breastfeeding had not been included as a country-specific method.

The approach taken in this report in dealing with these two methods differs from that typically taken in other studies. An attempt to achieve comparability across DHS-II surveys is fulfilled while still providing complete information for countries where prolonged abstinence or prolonged breastfeeding are important as contraceptive methods. In surveys that do not add them as country-specific methods, knowledge and use of these methods are recorded if the respondent spontaneously mentions them when asked which methods she knows of. In this situation, knowledge and use of prolonged abstinence and prolonged breastfeeding are

included in the "other method" category but are indistinguishable from other methods reported in that category. Hence, in this approach, both prolonged abstinence and prolonged breastfeeding are included in the "other method" category in countries that included them as country-specific methods, but only knowledge and use by respondents who reported the method spontaneously is considered.

Other country-specific methods are handled in different ways. Billings or mucus methods of periodic abstinence are grouped with periodic abstinence, while foaming tablets and intravag are classified as vaginal methods along with diaphragm, foams, and jellies. Gris-gris and yuyos are placed in the "other method" category, while Norplant is considered a separate method if it was added as a country-specific method.⁵ For the purposes of this report, abortion is not considered a contraceptive method and is not included in any of the analyses. For some analyses, contraceptive methods are grouped into two broad categories: modern methods and traditional methods. Modern methods are the pill, IUD, injectables, vaginal methods, condom, female sterilization, male sterilization, and Norplant. Traditional methods are periodic abstinence, withdrawal, and "other methods." The analysis of the source of current method is restricted to modern methods and further classifies them as clinical (IUD, Norplant, female sterilization, male sterilization) or supply (pill, injection, vaginal methods, condom) methods.

Some surveys expanded the list of contraceptive methods in the question on current method used. In Senegal and Colombia, the list was expanded to include use of more than one method: condom and spermicides in the case of Senegal; and condom and IUD, vaginal methods and IUD, periodic abstinence and condom, and periodic abstinence and withdrawal in the case of Colombia. For the purposes of this report, any reported use of multiple methods is assigned to

⁵ Rutenberg et al. (1991) included Norplant in the "other method" category in their analysis of contraceptive knowledge and use based on DHS-I data. That approach groups Norplant with traditional methods such as herbs and gris-gris. Given the increasing importance of Norplant in some populations, it is considered a separate method in this analysis. In some surveys that did not ask specifically about Norplant, it was possible to identify when Norplant was reported spontaneously in the "other method" category. In these surveys, any knowledge or use of Norplant is coded separately. In the other surveys that did not ask about Norplant, any knowledge and use that is reported spontaneously is classified in the "other method" category. However, Norplant is likely to be largely unknown in populations that did not include it as a country-specific method.

the theoretically more effective method, as follows (in descending order of efficacy): IUD, condom/vaginal methods, spermicides, periodic abstinence, withdrawal. The ordering of periodic abstinence and withdrawal is somewhat arbitrary, but few respondents in Colombia reported using both periodic abstinence and withdrawal so this decision has little impact on the results. In Peru, distinction was made between calendar, temperature, and mucus methods of periodic abstinence in the question on current use. For the purposes of this analysis, these methods are combined under periodic abstinence.

2.3 KNOWLEDGE

The analysis of knowledge of contraceptive methods is based on responses to the first question about contraceptive knowledge and use described in Section 2.1. A distinction can be made between spontaneous and probed knowledge, as shown in Table 3.1. However, in the other tables in this report, a woman is classified as knowing about a method irrespective of whether she mentioned it spontaneously or recognized it only after it was described to her. Knowledge of a contraceptive method is defined simply as having heard of a method to avoid or delay pregnancy; it does not imply that a woman knows how to use it or where to obtain it.

The analysis of knowledge of a source for a modern contraceptive method is based on the responses to the final question regarding contraceptive knowledge and use as described in Section 2.1. Knowledge of a source for a modern method is based solely on the respondents' statements; no attempt was made to determine the type of source (except in Indonesia) or to determine whether the source actually does provide the method. Hence, reported knowledge of a source for a modern method does not imply that the knowledge is accurate.

2.4 EVER-USE AND CURRENT USE

Ever-use of contraception is defined as ever having used contraception at any time and is based on responses to the second question about contraceptive knowledge and use described in Section 2.1. Current use of contraception is defined as use around the time of the survey. Interviewers were given guidelines to help them determine whether a reported method was actually being used at the time of the survey. This determination is not always easy, especially for methods such as condom, vaginal methods, and withdrawal,

which are used only when intercourse occurs. Interviewers were instructed that current use of a coitus-dependent method meant that the woman had used it at the most recent occurrences of sexual intercourse. As there was no mechanism to convey this information to the respondent herself, use of such methods may have been overreported. Current use of pill meant that the woman was taking pills daily, while current use of injections meant that she had received an injection within the last three or six months, depending on the type of injection offered in the country. If the respondent reported current use of more than one method, the more effective method was recorded (except in cases where the reporting of use of multiple methods was explicitly coded in the questionnaire, as in Senegal and Colombia).

2.5 SOURCE OF CURRENT METHOD

The source of the current method is defined as the place where the woman obtained the method the last time. Coding categories for the question on the source of the current method were country-specific and were designed to include all sources available in the country. For the purposes of this analysis, the individual country-specific sources are classified into five categories:

- (1) *Government stationary*: any government-run facility at a fixed location
- (2) *Government mobile*: government outreach workers or mobile units
- (3) *Pharmacy*: privately owned pharmacy or drug store
- (4) *Other private*: private organizations run by nongovernmental organizations (NGOs) as well as private doctors, clinics, or other medical providers
- (5) *Other sources*: family, friends, church, general shops, and don't know.

Ayad et al. (1994) note that in some DHS-I surveys, a lack of detail in the source categories on the questionnaire sometimes caused difficulties in classifying individual sources. To alleviate this problem, the question on contraceptive sources was modified for DHS-II surveys. The standard response categories were grouped under three major headings to distinguish between the public sector, medical private sector, and other private sector. Hence, all known sources should have been classified into one of these categories prior to fieldwork. However, this was not done in some of the earlier DHS-II surveys for which the questionnaire was finalized prior to the implementation of this change, and it was more difficult to classify sources accurately in

those cases. The final classification used for individual sources in each DHS-II survey is given in Appendix A.

DHS-II data on the source of the current method have some limitations, noted by Ayad, Wilkinson, and McNiff (1994). First, DHS-II data on source of current method are not always comparable with data collected from other survey programs because the question may be asked in different ways. In particular, CPS surveys asked women using modern methods where they *usually* obtained the method, whereas DHS surveys asked where they obtained the method the last time. This difference in wording may affect trends in the source of supply methods such as pills. However, direct comparison is possible between DHS-I and DHS-II surveys in countries that participated in both rounds of the DHS program.

A second problem is that the DHS surveys record only the final source of methods, which may understate the importance of some sources. For example, individual users may obtain contraceptive supplies from private pharmacies, but the pharmacies may obtain them from the public sector at a subsidized price.

The time taken to reach the current source also refers to the source that was used to obtain the method the last time. The questions on time to source were asked of different subgroups of women in different surveys. In most DHS-II surveys, women who obtained their method from a mobile source or from the church, friends or relatives, or other sources were not asked the questions on time to source. However, in some surveys, the skip pattern used in the questionnaire deviated from the standard approach. In particular, in the Dominican Republic, women who obtained their contraceptive supplies from a private doctor, consultant, or clinic were asked for the name and address of that provider but were not asked how long it took to get there or whether it was easy or difficult to get there. Because of variations in the skip pattern, the populations on which esti-

mates of time to source are based are not exactly the same in all surveys; but in most cases the differences have little effect on the results.

2.6 BASE POPULATION

The base population for all the analyses of contraceptive knowledge, ever-use, and current use in this report is currently married women age 15-49. Currently married women include all women in a stable sexual union regardless of the legal status of that union. This definition is consistent with that used in the study of DHS-I data by Rutenberg et al. (1991) and was chosen because it is the base population which is referred to most often.⁶ The base population for the analyses of the source of current method is currently married women age 15-49 who were using a modern method of contraception at the time of the survey. The analyses of time to source are based on currently married women age 15-49 who were using a modern method of contraception at the time of the survey and who were asked the questions on time to source. As noted above, the exact population asked the questions on time to source depends on what source was reported and varies to some extent across surveys. In general, the analyses are based on users who obtained their method from a fixed facility. The specific sources to which the questions on time to source refer in each country are indicated in Appendix A.

The following background characteristics of respondents are used in the analyses: respondents' age (15-24, 25-34, 35-49), number of living children (0, 1-2, 3-4, 5+), area of residence (urban, rural), and education (none, primary, secondary or higher).

⁶ Earlier studies based on WFS data have also used "ever-married" women, "fecund" women, and "exposed" women as the base population (Carrasco, 1981; Lightbourne, 1980; Vaessen, 1980).

3 Knowledge of Contraception

3.1 INTRODUCTION

The spread of contraceptive use within a society can be viewed as a diffusion process (Tsui, 1985). The first stage is to become aware of and informed about contraceptive methods. In populations with family planning policies designed to increase contraceptive use, measuring the level of awareness of contraception also provides a useful measure of the success of information, education, and communication activities and may help to identify program areas that need to be strengthened.

3.2 SPONTANEOUS KNOWLEDGE

As expected, given existing knowledge of regional patterns of contraceptive use, the percentage of currently married women who spontaneously reported at least one method of contraception shows marked regional variation among DHS-II surveys (Table 3.1). In Latin America and the Caribbean, at least 80 percent of currently married women spontaneously reported knowing of at least one method of contraception in all surveys. Knowledge was similarly high in the Asia/Near East/North Africa region, with the notable exceptions of Pakistan and Yemen, where less than half of currently married women spontaneously reported knowing a contraceptive method. The level of spontaneous knowledge of at least one method is generally much lower in sub-Saharan Africa, but that region also presents marked variation among the countries. Fewer than 30 percent of currently married women in Burkina Faso and Nigeria were able to spontaneously name a method, but more than 75 percent in Malawi and Zambia and 89 percent in Rwanda could do so.

Among currently married women surveyed in Latin America and the Caribbean, a much greater percentage spontaneously mentioned a modern method than a traditional one. Only in Peru did spontaneous reporting of at least one traditional method exceed 50 percent, while spontaneous reporting of at least one modern method reached at least 75 percent in all five surveys. The pattern is similar in the Asia/Near East/North Africa region. In that region, the exception is Jordan, where currently married women were more likely to spontaneously report a traditional method than a modern one, primarily because of the emphasis placed on prolonged breastfeeding in the Jordan family planning program.

The pattern in sub-Saharan Africa differs from that in the other two regions and is again more variable within the region. Five of the 11 countries (Burkina Faso, Namibia, Nigeria, Rwanda, and Tanzania) conform to the general pattern of the other two regions, that is, women were far more likely to spontaneously mention a modern method than a traditional one. In another 5 of the 11 countries (Cameroon, Madagascar, Malawi, Niger, and Zambia), the percentage of women who spontaneously mentioned at least one traditional method was only slightly smaller than the percentage who spontaneously mentioned a modern one, and in Senegal, women were more likely to spontaneously mention a traditional method than a modern one. In all sub-Saharan African countries surveyed except Cameroon, Madagascar, and Rwanda, the traditional method most likely to be mentioned spontaneously fell in the "other traditional method" category. This probably reflects spontaneous reporting of prolonged abstinence as a contraceptive method and suggests that many women do perceive this behavior as having a contraceptive purpose.

The method named spontaneously by the largest percentage of women was the pill in all countries except Rwanda, Senegal, and Jordan. In those three surveys, the pill was the second most frequently mentioned method. Male sterilization was named spontaneously by the smallest percentage of women in all countries except Namibia, Rwanda, Indonesia, Pakistan, Yemen, and Colombia. This is consistent with the pattern observed in DHS-I surveys (Rutenberg et al., 1991).

3.3 PROBED KNOWLEDGE

Virtually all currently married women in Latin America and the Caribbean know at least one method of contraception when spontaneous and probed knowledge are considered together (Table 3.1). The same is true in the Asia/Near East/North Africa region, except in Pakistan and Yemen, where only 78 and 58 percent, respectively, of currently married women recognized at least one method of contraception. In sub-Saharan Africa, the pattern is similar to that for spontaneous knowledge: total knowledge is generally lower and more variable among surveys in this region than in the other two. More than 90 percent of currently married women recognized at least one method of contraception in Malawi, Namibia, Rwanda, and Zambia, but less than half

Table 3.1 Spontaneous knowledge and total knowledge of contraceptive methods

Percentage of currently married women 15-49 who have spontaneous (S) knowledge of specific contraceptive methods and the total (T) percentage who know specific methods, Demographic and Health Surveys, 1990-1993

Country	Any method		Any modern method		Pill		IUD		Injection		Vaginal methods		Condom		Female sterilization		Male sterilization		Norplant		Any traditional method		Periodic abstinence		Withdrawal		Other traditional methods	
	S	T	S	T	S	T	S	T	S	T	S	T	S	T	S	T	S	T	S	T	S	T	S	T	S	T	S	T
	Sub-Saharan Africa																											
Burkina Faso	27.2	68.7	22.7	63.3	21.0	50.3	9.0	34.4	6.0	41.2	3.5	17.3	8.6	48.9	0.7	33.9	0.3	12.9	1.8	1.8	8.1	45.1	2.6	31.1	0.5	14.9	5.9	26.1
Cameroon	35.5	65.3	26.6	62.9	20.7	45.5	8.2	29.9	7.3	40.1	2.8	15.3	10.0	39.7	3.8	50.9	0.0	7.3	U	U	22.4	48.3	13.6	39.4	1.8	35.7	11.4	11.4
Madagascar	36.7	66.6	28.6	61.8	20.5	41.0	6.3	17.3	19.1	48.3	2.3	8.1	10.5	29.1	3.6	41.1	0.3	6.8	1.6	1.6	22.2	48.5	16.0	44.5	1.2	25.3	9.3	9.3
Malawi	76.2	94.6	60.7	91.8	52.5	82.9	15.0	46.3	27.4	68.3	9.9	47.8	31.6	73.2	4.8	63.1	1.0	18.8	U	U	56.3	76.5	8.4	49.1	3.5	46.4	52.0	52.0
Namibia	71.8	90.4	68.3	90.3	59.1	82.4	19.4	40.5	57.0	84.8	4.7	15.3	20.7	70.6	11.9	60.1	5.2	27.3	U	U	13.7	42.4	4.7	32.3	2.9	29.5	8.3	8.3
Niger	38.4	77.3	26.1	58.0	24.6	44.9	7.7	24.9	14.8	39.3	2.0	11.0	4.1	22.7	1.1	39.9	0.2	10.8	U	U	19.5	67.4	0.4	9.7	0.3	9.6	19.2	66.3
Nigeria	28.2	43.6	23.4	41.2	18.0	33.8	9.1	19.8	14.9	33.6	3.5	12.3	6.5	21.6	4.2	19.4	1.2	6.7	U	U	12.9	23.6	3.1	14.7	1.8	12.4	10.3	10.3
Rwanda	88.8	99.0	85.5	98.8	73.2	96.7	14.3	69.7	78.4	97.3	3.3	27.0	37.1	89.7	6.4	75.2	2.7	37.6	8.6	36.2	35.4	84.4	29.9	77.2	9.3	62.1	0.5	0.5
Senegal	54.3	75.0	34.5	70.3	32.1	63.2	17.6	43.0	8.1	33.5	2.8	12.1	5.4	36.9	2.1	48.7	0.2	4.9	1.8	7.7	41.7	49.6	3.8	20.9	0.7	15.4	40.4	40.4
Tanzania	59.4	80.2	51.9	77.6	49.8	74.6	16.2	35.0	18.0	44.0	6.7	22.2	20.0	55.0	9.9	54.6	1.8	11.3	U	U	30.2	48.9	5.7	26.8	4.0	27.1	24.6	24.6
Zambia	75.9	93.7	61.5	90.7	58.3	84.7	16.2	49.2	9.4	42.9	6.4	26.7	20.2	73.3	5.5	71.0	0.9	20.8	U	U	51.0	77.6	8.8	40.3	8.0	58.5	42.7	42.7
Asia/Near East/ North Africa																												
Egypt	97.8	99.6	97.7	99.5	96.3	99.4	92.4	98.9	38.2	81.8	10.9	37.5	16.0	55.0	4.9	70.6	0.6	12.8	12.9	47.3	8.1	42.8	4.5	32.0	1.2	28.4	5.1	5.1
Indonesia	89.0	94.6	88.5	94.4	77.1	91.2	67.1	83.2	67.8	87.6	1.7	6.2	31.9	63.9	23.3	55.2	10.1	29.9	43.4	67.5	12.4	28.7	5.6	21.6	1.8	14.5	7.4	7.4
Jordan	98.4	99.2	92.9	99.0	89.6	98.3	85.3	97.9	14.5	50.7	25.8	58.1	19.4	55.2	31.3	94.5	3.9	26.3	U	U	94.5	96.3	35.0	78.0	26.9	70.2	92.7	92.7
Morocco	93.8	99.0	93.5	98.9	93.1	98.8	54.6	87.3	14.2	62.3	9.3	31.4	28.2	71.8	40.1	84.8	1.2	6.8	U	U	35.0	73.1	22.5	61.1	10.7	53.5	12.5	12.5
Pakistan	49.3	77.9	47.8	77.4	30.2	62.2	19.3	51.5	27.9	62.2	3.1	12.7	14.8	35.3	24.2	69.7	3.0	20.2	2.0	2.0	8.7	24.8	5.7	17.8	3.2	14.3	1.6	1.6
Yemen	38.9	57.7	33.4	53.2	31.2	51.3	16.3	33.5	13.8	31.9	2.4	7.0	3.6	10.3	6.2	24.0	3.0	13.4	U	U	17.1	23.9	5.3	13.1	2.5	8.5	13.9	13.9
Latin America/ Caribbean																												
Brazil (NE)	79.9	99.8	78.8	99.8	73.6	97.8	13.4	50.2	20.9	84.9	9.1	36.8	30.4	92.4	25.4	96.7	3.9	54.3	U	U	36.0	88.3	29.5	81.6	9.1	61.2	4.4	4.4
Colombia	96.0	99.7	95.3	99.7	88.5	98.6	63.5	94.1	39.9	92.3	36.0	84.4	36.6	88.1	30.4	95.2	6.8	65.1	U	U	32.7	80.2	23.9	70.7	6.6	59.9	9.3	9.3
Dominican Republic	93.7	99.8	93.2	99.8	89.6	99.0	55.6	93.7	20.4	80.6	28.4	67.1	48.2	97.0	19.8	99.4	2.6	58.3	18.8	62.7	32.4	84.5	16.4	67.3	2.7	74.6	19.6	19.6
Paraguay	81.0	97.7	75.0	96.3	67.2	93.6	30.5	84.5	40.9	88.5	9.6	45.7	16.0	66.7	8.6	70.3	0.8	16.4	U	U	41.4	91.3	19.1	61.2	3.2	53.3	25.5	86.0
Peru	86.5	96.9	79.6	94.5	66.6	89.4	55.4	86.6	36.1	82.2	25.9	65.3	32.8	77.7	13.8	82.6	4.2	51.4	U	U	54.0	90.0	40.0	86.1	7.4	57.5	21.5	21.5

U = Unknown (not available)

of currently married women recognized any method in Nigeria. Describing the methods to women increased reported knowledge in all surveys, especially in sub-Saharan Africa, where spontaneous knowledge was frequently low. For example, in Burkina Faso, only 27 percent of currently married women named a contraceptive method spontaneously, but 69 percent reported that they recognized at least one method after it was described to them. When spontaneous and probed knowledge are combined, knowledge of at least one modern method exceeds knowledge of at least one traditional method in all of the surveys except in Niger.

Overall, more than 80 percent of married women in the surveys in Latin America and the Caribbean know at least one traditional method of contraception. In the other two regions, the percentage of women who know at least one traditional method is more variable among countries, ranging from under 30 percent in Nigeria, Indonesia, Pakistan, and Yemen to over 80 percent in Rwanda and Jordan. Periodic abstinence is the most widely recognized traditional method in the majority of countries.

The pill is the most widely recognized modern method in 16 of the 22 surveys and is one of the three most widely recognized modern methods in all surveys. Knowledge of the pill ranges from 99 percent in Egypt and the Dominican Republic to only 34 percent in Nigeria. Knowledge of female sterilization is slightly higher than knowledge of the pill in Cameroon, Pakistan, and the Dominican Republic. In Namibia and Rwanda, injections are more widely known than the pill, and in Pakistan knowledge of the pill and injections is the same. In Madagascar, both injections and female sterilization are recognized by a larger percentage of women than the pill is.

Male sterilization is the least known modern method (excluding Norplant) in most surveys. Male sterilization is not widely known anywhere in sub-Saharan Africa nor in Asia/Near East/North Africa—in every survey in these two regions fewer than 40 percent of currently married women recognize the method even after probing. Knowledge of male sterilization exceeds 50 percent in the surveys in Latin America and the Caribbean, except in Paraguay, but exceeds 60 percent only in Colombia. The other methods that are generally not widely known are vaginal methods. In most surveys, fewer than half of currently married women recognized vaginal methods.

Data on knowledge of Norplant are available for selected surveys. Only spontaneous knowledge is recorded in

Burkina Faso, Madagascar, and Pakistan, and in all three surveys around 2 percent of married women mentioned Norplant when asked which methods of contraception they knew of. This level of spontaneous knowledge was higher than that found for male sterilization, female sterilization, and withdrawal in Burkina Faso, and for male sterilization and withdrawal in Madagascar. In the other countries with information on Norplant, probing increased the percentage of women who reported that they knew of the method. However, it remains one of the lesser known modern methods in those countries, except in Indonesia.

Probing was particularly effective in the case of female sterilization. The percentage of women who spontaneously reported female sterilization was under 40 percent in every survey except Morocco, and was under 30 percent in most surveys. However, after probing, the level of knowledge increased substantially. In the Dominican Republic, female sterilization was recognized by over 99 percent of married women after probing, making it the most widely known method. Yet, fewer than 20 percent had reported this method spontaneously, compared to nearly 90 percent who had reported the pill spontaneously. Furthermore, female sterilization is the most widely used method in the Dominican Republic, with 39 percent of currently married women reporting that they have been sterilized for contraceptive reasons (Table 6.1). This finding suggests that many sterilized women did not spontaneously report female sterilization as a contraceptive method. In Northeast Brazil also, only 25 percent of currently married women spontaneously mentioned female sterilization as a contraceptive method, but 38 percent reported that they had been sterilized.

3.4 KNOWLEDGE OF MORE THAN ONE METHOD

Knowledge of at least one method is an essential precondition for use of contraception, but knowledge of more than one method is required for a woman to make an informed choice. In addition, knowledge of more than one method demonstrates a greater depth of awareness of contraception and indicates the extent to which information on a range of contraceptive options has been disseminated in the population. Table 3.2 presents the percentage of currently married women who know one or more, two or more, and five or more methods of contraception.

In the surveys in Latin America and the Caribbean, the percentage of married women who know two or more methods of contraception is almost as high as the percentage who

Table 3.2 Knowledge of one or more, two or more, and five or more contraceptive methods

Percentage of currently married women 15-49 who know one or more, two or more, and five or more contraceptive methods, Demographic and Health Surveys, 1990-1993

Country	Contraceptive methods known		
	One or more	Two or more	Five or more
Sub-Saharan Africa			
Burkina Faso	68.7	57.0	33.1
Cameroon	65.3	55.2	35.9
Madagascar	66.6	54.3	26.7
Malawi	94.6	89.4	66.0
Namibia	90.4	85.2	48.5
Niger	77.3	55.9	25.5
Nigeria	43.6	36.5	18.5
Rwanda	99.0	98.3	84.5
Senegal	75.0	62.8	33.6
Tanzania	80.2	69.4	40.6
Zambia	93.7	88.0	60.3
Asia/Near East/ North Africa			
Egypt	99.6	98.9	67.0
Indonesia	94.6	90.1	64.7
Jordan	99.2	98.8	90.0
Morocco	99.0	94.2	72.3
Pakistan	77.9	70.8	36.2
Yemen	57.7	42.3	17.5
Latin America/ Caribbean			
Brazil (NE)	99.8	99.0	85.2
Colombia	99.7	99.2	92.4
Dominican Republic	99.8	99.6	95.3
Paraguay	97.7	95.0	80.1
Peru	96.9	93.9	82.9

know at least one method. In all five surveys, more than 90 percent of married women recognize at least two methods. The same is true in four of the six surveys in the Asia/Near East/North Africa region (Egypt, Indonesia, Jordan, and Morocco), where more than 90 percent of women know at least two methods. In Pakistan and Yemen, which have a much lower level of knowledge of any method, 71 and 42 percent, respectively, of married women know at least two methods.

The same pattern is repeated in sub-Saharan Africa. Countries with relatively high levels of knowledge of at least one method of contraception (Malawi, Namibia, Rwanda, Zambia) also have a relatively high level of knowledge of two or more methods. The difference between knowledge

of one method and knowledge of at least two methods is larger in the other surveys in sub-Saharan Africa, but more than 50 percent of married women know at least two methods of contraception in all countries in the region except Nigeria.

Knowledge of five or more methods indicates a high level of contraceptive awareness and a comprehensive knowledge of the options available. This level of awareness is high in Latin America and the Caribbean and in Jordan and Rwanda, where more than 80 percent of married women know five or more methods. In Egypt, Indonesia, and Morocco, and in Malawi and Zambia, between 60 and 75 percent of married women know at least five methods of contraception. In the other surveys in sub-Saharan Africa, and in Pakistan and Yemen, less than half of married women know five or more methods; and in Madagascar, Niger, Nigeria, and Yemen less than 30 percent have this level of contraceptive knowledge.

3.5 DEMOGRAPHIC AND SOCIOECONOMIC DIFFERENTIALS IN KNOWLEDGE

A number of factors lead one to expect demographic and socioeconomic differentials in women's knowledge of contraception. A woman's knowledge of contraceptive methods may depend on the stage of her reproductive career as indicated by her age and number of living children. Younger women just beginning their families may not be interested in delaying or preventing future births and hence may not seek out or recall information on methods of family planning. In populations where information on family planning is provided postpartum, women who have had no births at all have had less opportunity to receive information on contraceptive methods. In contrast, older women and those who already have large families may be motivated to find out about contraceptive methods and may better remember any information they receive.

The existence of socioeconomic differentials in knowledge of methods is consistent with the diffusion hypothesis for the spread of contraception (Tsui, 1985) mentioned earlier. Under this hypothesis, innovative groups in the population, such as younger, educated, urban women, are the first to become aware of, and to experiment with, contraception. Similar behavior begins to spread to other groups in the population until it reaches the more traditional groups, such as older, less educated, rural women. At the two extremes of the innovation process, socioeconomic differentials are ex-

pected to be very small: at one extreme, no one knows about contraception while, at the other extreme, everybody who needs to is using contraception. However, at all stages in between the extremes, the more elite groups would be expected to be at a later stage in the innovation process than the more traditional groups.

These two hypotheses suggest offsetting age effects. Younger women may be less motivated to find out about family planning and may have had less exposure to postpartum family planning advice, but they are also more likely to be aware of new ideas and to be educated. In contrast, older women may be motivated to find out about family planning but they may have more traditional lifestyles that inhibit the acquisition of such knowledge. Consequently, age differentials in knowledge of contraception are difficult to predict and are unlikely to be large.

Finally, women who have no knowledge of contraceptive methods are unable to use contraception, and hence, may be more likely to have a large number of living children. In addition, the number of living children a woman has is closely related to her age.

Current Age

Table 3.3 presents the percentage of currently married women who know at least one method of contraception by current age, number of living children, area of residence, and highest educational level attended. In the surveys in Latin America and the Caribbean where knowledge of at least one contraceptive method is near universal, age differentials in knowledge are negligible. Age differentials are weak also in the surveys in the Asia/Near East/North Africa region, including Pakistan and Yemen where overall knowledge is somewhat lower.

Table 3.3 Differentials in knowledge of any contraceptive method

Percentage of currently married women 15-49 who know any contraceptive method by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No education	Primary	Secondary or higher	
Sub-Saharan Africa													
Burkina Faso	68.7	72.4	63.9	68.9	67.7	69.1	69.2	93.9	63.4	65.2	87.7	98.6	68.7
Cameroon	66.0	68.1	61.2	66.3	63.4	65.8	66.3	77.4	57.7	38.5	84.2	100.0	65.3
Madagascar	61.0	71.5	65.5	63.1	67.2	67.9	66.3	91.9	61.4	41.6	64.6	94.6	66.6
Malawi	93.2	96.5	93.8	87.2	93.9	97.1	96.6	97.2	94.2	92.2	96.9	99.6	94.6
Namibia	91.9	93.2	87.4	91.7	92.2	93.4	85.5	95.5	87.2	79.0	90.5	98.3	90.4
Niger	72.1	80.9	78.6	63.2	76.8	80.5	82.9	93.1	74.7	76.5	84.9	96.7	77.3
Nigeria	41.0	46.5	42.0	32.1	41.4	42.7	52.5	70.4	36.3	29.1	65.4	87.9	43.6
Rwanda	98.5	99.5	98.7	97.7	99.0	99.5	99.0	99.8	99.0	98.3	99.6	100.0	99.0
Senegal	69.2	78.5	75.8	62.6	72.9	76.5	79.5	89.9	67.9	71.0	94.3	98.6	75.0
Tanzania	78.2	84.9	77.0	70.3	81.6	81.8	80.7	93.5	76.6	68.7	88.0	98.9	80.2
Zambia	91.8	96.1	92.7	83.5	94.9	94.9	94.9	97.2	90.6	84.5	95.0	98.7	93.7
Asia/Near East/ North Africa													
Egypt	99.2	99.8	99.5	98.5	99.7	99.8	99.4	99.8	99.4	99.2	99.8	100.0	99.6
Indonesia	95.2	96.3	92.5	88.8	95.6	95.7	93.5	97.9	93.3	84.6	95.9	99.6	94.6
Jordan	99.0	99.8	98.8	97.3	99.4	99.8	99.3	99.5	98.5	97.9	99.3	99.8	99.2
Morocco	98.9	99.1	98.9	99.2	99.3	98.7	98.8	99.8	98.3	98.7	100.0	100.0	99.0
Pakistan	72.5	79.3	79.6	64.2	77.5	79.8	81.7	91.3	72.0	73.8	91.7	94.9	77.9
Yemen	58.6	59.2	55.6	50.6	56.0	56.2	61.4	88.1	51.2	53.8	87.6	95.0	57.7
Latin America/ Caribbean													
Brazil (NE)	100.0	100.0	99.7	100.0	99.9	99.9	99.6	100.0	99.6	99.5	99.9	100.0	99.8
Colombia	99.6	100.0	99.5	99.7	99.5	99.9	100.0	99.6	100.0	99.2	99.8	99.7	99.7
Dominican Republic	99.8	99.8	100.0	100.0	99.8	99.7	100.0	100.0	99.6	99.6	99.8	100.0	99.8
Paraguay	97.6	98.4	97.2	94.7	98.3	98.6	96.9	98.6	96.8	91.6	97.3	99.4	97.7
Peru	95.6	97.9	96.5	95.8	98.0	97.6	94.3	99.2	91.1	84.1	95.8	99.8	96.9

Larger age differentials are seen in sub-Saharan Africa, but even in that region the differential in knowledge of at least one contraceptive method never exceeds 10 percentage points among the three age groups shown. However, in every survey in the region, knowledge is highest in the 25-34 age group. There is no consistency among countries as to greater or lesser knowledge between the 15-24 and the 35-49 age groups. These patterns are consistent with the offsetting influences on contraceptive knowledge in different age groups described above.

Knowledge of five or more contraceptive methods follows a clearer pattern (Table 3.4). In every survey except Pakistan and Yemen, the highest percentage of women who know five or more contraceptive methods is found in the 25-34 age group, and in all but four of these surveys (Burkina Faso, Cameroon, Namibia, and Indonesia) knowledge of five or more methods is more common among women age 35-49 than among women age 15-24. In Pakistan, knowledge of five or more methods increases with age, but the difference between the 25-34 and the 35-49 age groups is small. In Yemen the opposite pattern is observed—knowledge of five or more methods decreases with age. However, fewer than 20 percent of married women know five or more methods in any age group, and the age differentials are small.

The age differentials in knowledge of individual methods are also generally small (Appendix B). For most methods in most surveys, knowledge peaks in the 25-34 age group. In sub-Saharan Africa (except Madagascar) younger women are more likely to recognize condoms than women over 35 years of age. In the other two regions, younger women are less likely to recognize condoms than older women, except in Indonesia, Yemen, and Brazil. The differences between the youngest and oldest age groups are generally small for other methods.

Number of Living Children

Earlier studies based on WFS and DHS-I data found no strong, consistent relationship between knowledge of at least one method of contraception and the number of living children that the respondent has, except for a slight tendency for women with no living children to be less likely to know a method than other women (Vaessen, 1980; Rutenberg et al., 1991). The corresponding results from DHS-II surveys presented in Table 3.3 are generally consistent with those earlier findings. In the Latin America/Caribbean and Asia/Near East/North Africa regions (except Pakistan and Yem-

en), where knowledge of at least one method is high, there is little variation by the number of living children the woman has. In Pakistan and Yemen, knowledge of at least one method of contraception increases with the number of living children.

In sub-Saharan Africa, knowledge tends to be lowest among women with no living children. Otherwise, a relationship between contraceptive knowledge and the number of living children exists in some surveys, but the strength and form of this relationship varies. In Burkina Faso, Cameroon, Madagascar, and Rwanda the number of living children appears to have little effect on knowledge of contraception. In Niger, Nigeria, and Senegal, knowledge increases as the number of living children increases. In Tanzania and Zambia, knowledge is lowest among women with no living children, while in Namibia knowledge is lowest among women with five or more living children. The pattern in Malawi is weak, but there is a tendency for knowledge to increase as the number of living children increases, although it drops off slightly among women with the largest families.

When knowledge of five or more methods is considered, the relationship between the number of living children and knowledge of contraception remains similar in sub-Saharan Africa and in Pakistan (Table 3.4). In some countries differentials become more pronounced, and in Zambia the pattern shifts to one of increasing knowledge as the number of living children increases. In the Latin America/Caribbean and Asia/Near East/North Africa regions (except Pakistan and Yemen) differentials tend to widen somewhat, with knowledge generally highest among women with one to four living children. In Yemen, knowledge of five or more methods is uniformly low, and the differentials seen for knowledge of at least one method disappear.

Among individual methods, differentials in knowledge by number of living children are generally small and inconsistent across countries (Appendix B). There is some tendency for knowledge of individual methods to be lowest among women with no living children. For example, knowledge of the pill does not vary much by the number of living children in the surveys in Latin America and the Caribbean, but in most of the other surveys knowledge of the pill is lowest among childless women.

Area of Residence

The percentage of married women who know at least one contraceptive method is higher in urban than rural areas

in every survey except in Colombia where virtually all women know a method (Table 3.3). This finding is consistent with that of Rutenberg et al. (1991) for DHS-I surveys and is in line with expectations. The urban/rural differential is negligible in countries with high levels of contraceptive knowledge but gets wider as the overall level of knowledge in the population declines. In Nigeria, which has the lowest percentage of married women who know at least one method of contraception, urban women are nearly twice as likely as rural women to know a method. In all surveys except Cameroon, Nigeria, and Yemen, at least 90 percent of married urban women know at least one method. In rural sub-Saharan Africa, this level of knowledge is reached only in

Malawi, Rwanda, and Zambia. The urban/rural differentials widen in all surveys for knowledge of five or more methods (Table 3.4). In Madagascar, Niger, and Nigeria, urban women are more than three times as likely as rural women to recognize five or more contraceptive methods, and in Yemen urban women are nearly five times as likely as rural women to have that level of knowledge.

The same pattern is repeated for individual methods (Appendix B), although there are some exceptions. In Jordan, a greater percentage of rural than urban women reported that they know of injections; and in Namibia and Zambia, other traditional methods are known by more rural

Table 3.4 Differentials in knowledge of five or more contraceptive methods

Percentage of currently married women 15-49 who know five or more contraceptive methods, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No educa-	Secondary or higher		
										tion	Primary	or higher	
Sub-Saharan Africa													
Burkina Faso	31.3	37.0	30.1	30.2	33.5	33.7	33.4	71.3	25.2	27.5	60.5	89.4	33.1
Cameroon	36.3	42.4	27.7	35.7	36.6	37.0	34.3	54.3	24.5	7.4	48.3	86.5	35.9
Madagascar	20.1	30.2	28.0	20.7	28.3	30.7	24.2	66.4	18.4	6.4	17.9	66.0	26.7
Malawi	60.1	73.9	63.1	45.7	65.6	72.3	70.7	U	U	56.5	74.8	97.4	66.0
Namibia	46.2	52.9	45.5	50.5	55.0	49.9	39.6	68.8	35.6	24.0	39.0	78.8	48.5
Niger	23.8	27.8	24.2	19.9	23.9	26.0	30.5	62.2	19.4	23.1	46.6	90.0	25.5
Nigeria	15.6	21.3	17.2	14.6	16.3	18.9	22.5	39.4	12.7	8.3	30.1	57.3	18.5
Rwanda	80.9	86.7	83.8	77.0	84.1	86.6	84.8	95.2	83.9	79.4	87.8	98.3	84.5
Senegal	24.7	38.3	35.5	22.3	31.0	34.9	38.5	58.1	22.0	25.9	65.7	91.9	33.6
Tanzania	35.0	47.4	38.3	22.2	40.6	45.9	42.6	64.6	34.0	22.8	51.7	88.2	40.6
Zambia	51.2	68.2	60.3	42.1	58.3	64.8	65.2	75.8	46.5	33.8	60.8	85.9	60.3
Asia/Near East/ North Africa													
Egypt	55.1	71.0	68.6	58.4	70.0	70.6	62.2	81.3	54.5	52.7	70.1	89.4	67.0
Indonesia	63.3	69.2	60.7	55.0	66.6	67.0	61.8	83.7	57.0	33.8	64.9	91.5	64.7
Jordan	88.2	92.0	89.0	82.8	90.2	92.3	90.3	92.4	83.0	80.2	89.6	94.2	90.0
Morocco	65.4	74.8	73.1	64.0	74.7	76.3	70.3	86.8	61.3	66.1	90.4	96.3	72.3
Pakistan	27.3	38.5	39.2	16.1	35.8	40.1	40.7	62.1	24.9	28.1	56.1	75.6	36.2
Yemen	18.9	18.2	16.1	17.4	18.4	15.8	18.2	50.5	10.4	12.8	46.9	74.5	17.5
Latin America/ Caribbean													
Brazil (NE)	80.4	88.8	84.4	79.8	88.4	88.5	79.3	92.6	73.5	70.3	87.5	99.8	85.2
Colombia	86.8	95.2	92.6	88.5	94.0	93.6	88.4	96.0	84.0	71.8	89.6	97.9	92.4
Dominican Republic	92.9	97.3	94.6	92.5	95.8	96.8	93.3	98.0	90.8	81.7	94.8	99.4	95.3
Paraguay	75.0	83.3	79.4	78.4	82.4	84.3	72.8	88.0	70.8	60.7	75.2	93.5	80.1
Peru	74.5	86.7	83.0	80.4	87.2	85.1	73.3	92.5	58.9	43.2	73.1	96.4	82.9

U = Unknown (not available)

than urban women. The urban/rural differential in knowledge of other traditional methods tends to be relatively small in many surveys, especially in the Asia/Near East/North Africa and Latin America/Caribbean regions. This finding is consistent with the traditional lifestyles in rural areas.

Level of Education

The relationship between knowledge of contraception and level of education conforms to expectations. The percentage of married women who know at least one method of contraception increases steadily with increasing level of education in all countries except Colombia, where knowledge is almost universal (Table 3.3). The strength of the association is closely linked to the overall level of knowledge, also as expected. In populations with high levels of knowledge, there is little scope for differentials to exist. In contrast, educational differentials are pronounced in populations with low levels of knowledge. For example, in Nigeria only 29 percent of married women with no education know at least one contraceptive method compared with 65 percent of married women with primary education and 88 percent of married women with secondary or higher education. In all surveys except Nigeria, at least 95 percent of married women with secondary or higher education know at least one contraceptive method.

Educational differentials in knowledge become even more apparent when knowledge of five or more methods is considered (Table 3.4). Most notably, in Cameroon, only 7 percent of married women with no education recognized

five or more contraceptive methods, compared to 87 percent of married women with secondary or higher education.

The general pattern is repeated for individual methods (Appendix B). In Egypt and Morocco, knowledge of the pill is virtually universal in both the primary and higher educational groups, and in Morocco, knowledge of injections appears to be slightly lower among women with secondary or higher education than among women with primary education. In Jordan, knowledge of injections appears to decline with increasing education, and in Pakistan, women with secondary or higher education are less likely than other women to mention Norplant. However, in all these exceptional cases the differences are small and may be more attributable to sampling variations than to genuine deviations from expected patterns.

In some countries (Namibia, Zambia, Morocco, Northeast Brazil, and the Dominican Republic), the relationship between level of education and knowledge of unspecified traditional methods also deviates from the strong positive relationship observed for other methods. This finding may reflect in part the lack of probing for these methods in many surveys; educated women may not consider ineffective folkloric methods as true contraceptives and so they may not report them spontaneously. In contrast, particularly strong educational differentials are observed in several surveys for knowledge of some methods. For example, in Cameroon, knowledge of condoms was reported by only 10 percent of married women with no education, but by 90 percent of married women with secondary or higher education.

4 Knowledge of a Source for Modern Methods

4.1 INTRODUCTION

Awareness of modern methods is an essential first step in the process of contraceptive innovation, but to use a modern method a woman must also know where to obtain it. This section examines levels of and differentials in knowledge of a source.

4.2 KNOWLEDGE OF SOURCES

Table 4.1 presents the percentage of currently married women age 15-49 who reported that they know a source for any modern method and for each individual method. The

percentage of women who know a source for a modern method ranges from under 30 percent in Burkina Faso and Yemen to over 97 percent in Colombia and the Dominican Republic. The regional patterns in knowledge of a source for a modern method follow the same patterns observed for knowledge of the methods themselves, but they are even more pronounced. More than 89 percent of married women in all the surveys in the Latin America/Caribbean and Asia/Near East/North Africa regions (except Pakistan and Yemen) reported that they know where they could obtain a modern method of contraception. The countries in sub-Saharan Africa are more heterogeneous and can be split broadly into two groups—those in which knowledge of a source for modern contraceptives is quite high (Malawi, Namibia,

Table 4.1 Knowledge of sources for modern contraceptive methods

Percentage of currently married women 15-49 who know any source for specific modern methods, Demographic and Health Surveys, 1990-1993

Country	Any modern method	Pill	IUD	Injection	Vaginal methods	Condom	Female sterilization	Male sterilization	Norplant
Sub-Saharan Africa									
Burkina Faso	28.4	22.8	16.2	16.1	9.5	17.3	12.0	4.6	0.0
Cameroon	48.4	27.3	20.8	23.5	10.1	25.2	39.6	5.1	U
Madagascar	45.4	29.0	12.2	33.4	5.6	19.6	28.8	4.4	0.0
Malawi	83.3	72.8	39.6	61.1	39.9	61.9	53.5	15.3	U
Namibia	81.8	72.7	34.9	76.2	12.1	52.2	52.3	23.9	U
Niger	32.9	26.1	14.6	22.4	6.9	11.3	17.9	3.3	U
Nigeria	31.2	24.1	15.6	24.8	9.3	15.9	14.9	4.9	U
Rwanda	91.0	87.7	58.9	87.9	23.1	75.2	61.8	32.0	31.2
Senegal	40.8	34.4	27.3	20.4	8.4	21.7	29.0	3.0	5.7
Tanzania	71.1	65.6	32.7	40.7	20.4	48.3	50.8	10.5	U
Zambia	87.2	79.0	44.0	39.0	24.6	64.4	66.0	19.7	U
Asia/Near East/ North Africa									
Egypt	92.9	90.4	87.5	60.1	30.0	46.9	60.6	9.7	30.3
Indonesia	92.8	88.5	78.8	85.0	5.1	54.7	50.5	27.6	61.4
Jordan	94.2	88.6	87.7	39.8	49.7	46.8	85.3	20.9	U
Morocco	93.8	92.4	73.8	39.2	23.8	58.8	69.9	3.3	U
Pakistan	44.9	30.1	25.1	30.1	7.0	19.3	37.0	11.5	0.0
Yemen	27.0	24.5	15.3	12.8	3.3	5.0	U	U	U
Latin America/ Caribbean									
Brazil (NE)	93.3	83.9	24.2	59.2	21.3	69.4	80.5	33.0	U
Colombia	97.8	93.1	84.2	81.5	78.6	80.7	87.3	56.6	U
Dominican Republic	97.1	90.6	71.5	51.8	50.0	79.7	92.4	39.5	39.2
Paraguay	89.8	83.9	65.9	78.9	39.0	54.5	54.6	10.7	U
Peru	89.1	80.4	79.3	74.6	60.5	71.3	75.4	45.2	U

U = Unknown (not available)

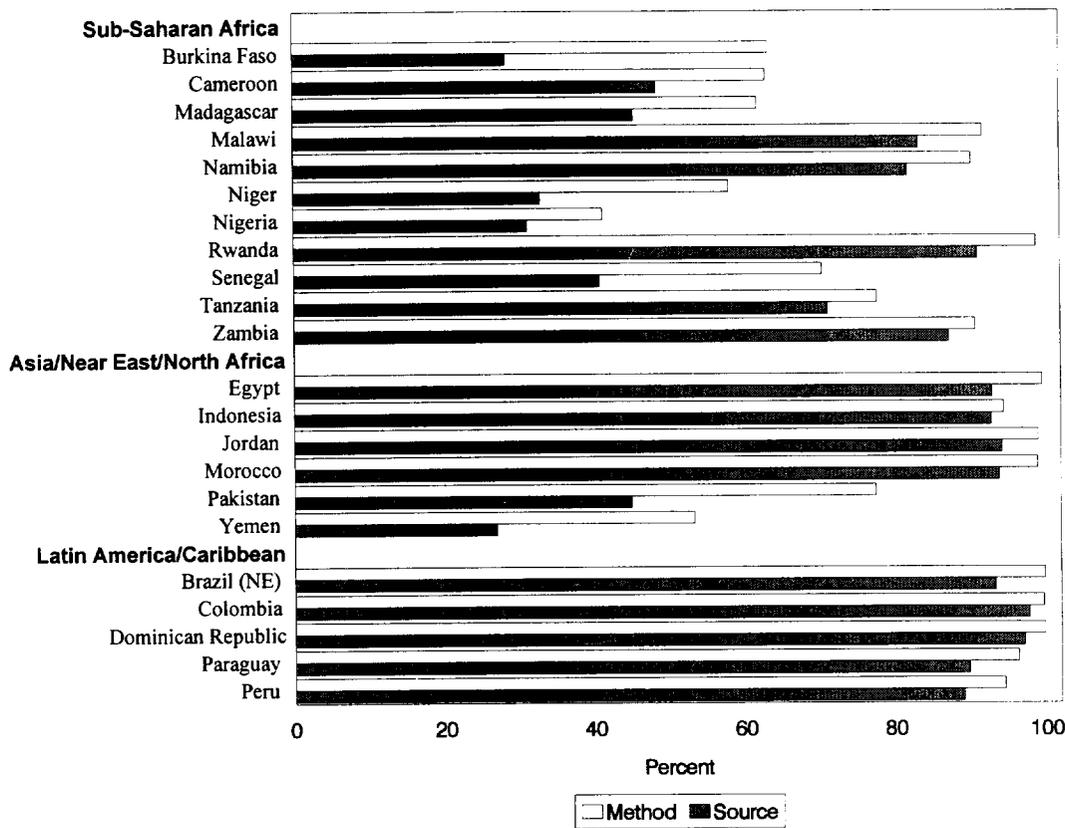
Rwanda, Tanzania, and Zambia), and those in which fewer than half of currently married women know where to obtain modern contraception (Burkina Faso, Cameroon, Madagascar, Niger, Nigeria, and Senegal). Pakistan and Yemen also belong with the latter group of countries; only 45 percent of married women in Pakistan and 27 percent in Yemen know where they could get a modern method of contraception.

In several countries, however, a pronounced difference is observed between the percentage of married women who know at least one modern method and the percentage who know where to obtain one (Figure 4.1). In Burkina Faso, where 63 percent of married women reported knowing at least one modern method, only 28 percent said they know of

a source. Large differences between knowledge of a modern method and knowledge of a source are seen also in Niger, Senegal, Pakistan, and Yemen. At least part of the large difference in Yemen may reflect the fact that women were not asked if they knew of a source for male or female sterilization. In Cameroon, Madagascar, and Nigeria between 70 and 77 percent of women who know a modern method also know a source. In the other surveys, more than 90 percent of women who know a modern method also know where to obtain one.

For individual methods, the patterns in knowledge of a source are similar to the patterns in knowledge of a method. In all surveys except Nigeria, the modern method most

Figure 4.1 Percentage of currently married women 15-49 who know any modern contraceptive method and the percentage who know the source for any modern method, Demographic and Health Surveys, 1990-1993



widely known is also the one for which a source is most widely known. In most countries, this method is the pill. Similarly, the least widely known method (male sterilization or vaginal methods) is usually the one for which a source is also least widely known.

4.3 DEMOGRAPHIC AND SOCIOECONOMIC DIFFERENTIALS

Table 4.2 presents the percentage of married women age 15-49 who know a source for any modern method by their current age, number of living children, area of residence, and level of education. The demographic and socioeconomic differentials in knowledge of a source of modern contraception mirror those already discussed for knowledge of contraceptive methods. Differentials tend to be small in populations with high levels of knowledge but more pronounced where knowledge levels are lower.

The percentage of married women who know a source for modern contraception is largely independent of age. However, in every survey except Morocco, Pakistan, and the Dominican Republic, women age 25-34 are the most likely to know a source. In Morocco and the Dominican Republic, the level of knowledge of where to obtain a modern method is virtually the same in all three age groups. In Pakistan, knowledge of where to obtain modern contraception increases with age, as does knowledge of contraceptive methods.

The relationship between knowledge of a modern contraceptive source and the number of living children a woman has is generally weak, particularly in countries with high levels of knowledge. In most surveys, women with no living children are the least likely to know where to obtain modern contraceptives. Notable exceptions are Namibia, Northeast Brazil, and Peru, where women with five or more living children are the least likely to know a source for modern contraception.

Socioeconomic differentials in knowledge of where to obtain modern contraception are stronger than demographic differentials. In all surveys, married women in urban areas are far more likely than married women in rural areas to know of a source for modern contraception, although the differential is much smaller in populations with high levels of knowledge. The urban/rural differential is particularly wide in Burkina Faso, where the proportion of married women who know a source of modern contraception is 72 percent in urban areas but only 19 percent in rural areas.

Knowledge of a source for modern contraceptives is strongly related to education. In all countries except Madagascar, Nigeria, Pakistan, and Yemen, more than 90 percent of married women with secondary or higher education know a source for modern contraception. However, the proportion of married women with no education who know where to obtain a modern method exceeds 90 percent only in Morocco, Colombia, and the Dominican Republic. The level of knowledge of a source for modern contraception among women with primary education is particularly low (only 40 percent) in Madagascar.

Table 4.2 Differentials in knowledge of sources for modern contraceptives

Percentage of currently married women 15-49 who know any source for modern contraceptive methods by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No educa-	Primary	Second-ary or higher	
										tion			
Sub-Saharan Africa													
Burkina Faso	28.9	32.1	23.3	27.4	29.5	28.6	27.4	71.7	19.4	22.0	60.6	91.2	28.4
Cameroon	49.2	52.7	42.5	48.3	46.2	49.2	50.3	66.6	37.1	19.5	65.3	92.2	48.4
Madagascar	39.0	49.2	46.0	37.5	45.6	47.9	46.0	80.6	38.0	22.5	39.6	80.0	45.4
Malawi	81.6	88.7	79.1	71.0	82.6	88.6	85.5	91.4	82.2	77.3	89.2	98.9	83.3
Namibia	84.5	85.5	77.5	84.8	85.6	84.4	74.5	94.0	74.1	67.3	78.9	96.1	81.8
Niger	29.1	37.0	31.7	23.4	31.4	33.8	39.7	76.8	25.6	30.5	55.2	91.3	32.9
Nigeria	29.0	33.2	30.6	22.6	29.4	30.9	37.9	58.9	23.7	18.3	48.7	75.2	31.2
Rwanda	89.5	93.1	89.2	82.5	91.0	93.0	91.3	92.4	90.9	87.1	93.8	98.6	91.0
Senegal	32.4	46.1	41.7	29.6	37.2	40.6	47.6	67.5	28.1	32.7	76.9	95.9	40.8
Tanzania	68.6	76.6	67.2	54.6	73.7	72.7	72.3	88.0	66.4	56.2	80.9	98.9	71.1
Zambia	85.0	91.6	83.9	74.5	88.7	89.3	88.5	94.1	81.2	70.5	89.2	97.9	87.2
Asia/Near East/													
North Africa													
Egypt	89.4	94.5	92.9	87.3	92.7	94.7	92.7	97.9	88.5	87.7	95.8	99.3	92.9
Indonesia	94.0	95.1	89.8	86.1	94.1	94.1	91.4	96.6	91.3	80.9	94.4	98.8	92.8
Jordan	93.4	95.7	93.3	88.9	95.0	96.2	94.1	96.0	89.2	87.3	95.1	96.8	94.2
Morocco	93.9	93.8	93.9	90.4	94.5	95.2	93.5	98.2	90.5	92.2	99.1	99.3	93.8
Pakistan	37.2	45.7	48.8	27.3	42.1	47.8	51.3	69.9	34.0	37.7	64.3	78.3	44.9
Yemen	26.4	29.3	24.9	23.1	24.5	24.7	30.6	67.3	18.3	22.0	58.5	84.3	27.0
Latin America/													
Caribbean													
Brazil (NE)	94.6	94.9	91.4	94.5	95.6	94.9	88.3	97.4	87.0	83.8	95.5	100.0	93.3
Colombia	96.7	99.3	96.8	95.1	98.5	97.7	97.3	98.6	95.8	94.7	96.7	99.2	97.8
Dominican Republic	96.3	97.3	97.4	95.2	96.9	98.1	96.9	98.6	94.5	90.6	96.7	99.2	97.1
Paraguay	86.9	92.5	88.6	83.2	92.4	92.7	85.2	95.1	83.7	65.4	87.5	97.9	89.8
Peru	84.7	92.3	88.1	86.5	92.5	91.1	81.3	96.3	71.1	56.8	83.5	98.4	89.1

5 Ever-Use of Contraception

5.1 INTRODUCTION

The second and third stages of the process of contraceptive innovation are evaluation and trial (Tsui, 1985). The degree to which different populations have reached the trial stage can be measured by using the DHS-II data on women who have ever used contraceptive methods. Although the majority of women in the countries surveyed know of a method of contraception, substantially fewer women have ever tried one.

5.2 METHODS

The proportion of married women of childbearing age who have ever used any contraceptive method ranges from 11 percent in Niger to 86 percent in Colombia (Table 5.1). In all sub-Saharan African countries surveyed except Namibia, fewer than half of currently married women have ever used a method. In the Asia/Near East/North Africa region, approximately two out of three currently married women have experimented with contraception, except in

Table 5.1 Ever-use of contraception

Percentage of currently married women 15-49 who have ever used specific contraceptive methods, Demographic and Health Surveys, 1990-1993

Country	Any method	Any modern method	Pill	IUD	Injection	Vaginal methods	Condom	Female sterilization	Male sterilization	Nor-plant	Any trad. method	Periodic abstinence	Withdrawal	Other trad. methods
Sub-Saharan Africa														
Burkina Faso	26.1	10.0	5.7	1.6	0.8	1.3	4.8	0.2	0.2	0.2	21.3	15.8	3.4	5.5
Cameroon	34.2	14.8	6.5	1.4	1.4	2.0	7.7	1.2	0.1	U	30.5	21.6	17.5	4.7
Madagascar	28.5	11.4	5.5	1.1	4.7	0.7	3.8	0.9	0.1	0.5	24.6	20.6	10.6	2.4
Malawi	40.6	19.1	8.6	1.3	4.4	1.0	8.5	1.7	0.3	U	31.1	17.3	13.9	11.4
Namibia	51.9	46.5	28.8	6.5	29.7	1.0	5.5	7.4	0.6	U	14.8	9.0	5.4	5.5
Niger	11.4	4.4	3.6	0.4	0.8	0.2	0.3	0.1	0.0	U	8.4	0.7	0.4	7.6
Nigeria	14.0	8.4	4.8	1.7	1.9	0.7	2.0	0.3	0.0	U	8.1	4.3	2.8	2.3
Rwanda	42.4	24.8	11.5	1.0	17.3	0.2	1.5	0.7	0.1	0.6	25.0	17.7	13.5	0.1
Senegal	16.8	10.6	6.8	3.2	0.7	1.1	2.9	0.4	0.0	0.0	9.8	3.0	1.3	6.5
Tanzania	25.6	15.8	12.3	1.5	1.0	0.3	3.6	1.6	0.1	U	15.4	7.2	8.7	2.7
Zambia	49.2	27.1	18.8	2.6	1.9	1.8	10.5	2.1	0.2	U	34.9	7.9	23.7	11.7
Asia/Near East/ North Africa														
Egypt	65.9	65.1	45.2	41.7	3.0	3.7	7.9	1.1	0.0	0.2	5.9	3.5	2.7	0.9
Indonesia	69.3	67.1	38.7	22.8	28.1	0.1	5.0	2.7	0.6	3.6	7.6	3.3	3.1	2.5
Jordan	64.9	51.7	33.2	30.8	1.4	7.1	6.8	5.6	0.0	U	38.9	17.0	17.4	19.2
Morocco	66.2	62.7	59.5	9.4	1.6	2.1	5.6	3.0	0.1	U	17.1	9.4	8.7	2.0
Pakistan	20.7	17.4	4.5	3.3	3.3	0.5	7.2	3.5	0.1	1.3	7.9	5.0	3.8	0.6
Yemen	16.7	13.7	10.6	2.5	1.9	0.3	1.1	0.8	0.2	U	5.9	2.1	1.8	3.4
Latin America/ Caribbean														
Brazil (NE)	77.7	73.2	55.1	1.2	7.0	2.8	14.8	37.7	0.2	U	29.3	16.3	17.2	1.3
Colombia	86.0	78.9	53.1	30.8	14.3	18.0	13.5	20.9	0.6	U	31.3	20.7	16.3	1.4
Dominican Republic	78.5	75.1	52.1	12.8	1.1	5.2	16.4	38.5	0.5	0.7	26.6	14.1	15.7	3.2
Paraguay	69.8	58.4	40.1	12.5	24.0	6.1	12.9	7.4	0.1	U	42.8	18.5	12.8	26.3
Peru	82.9	55.6	29.7	23.8	14.1	10.8	17.0	7.9	0.2	U	63.3	53.1	22.6	8.1

U = Unknown (not available)

Pakistan and Yemen where only 21 and 17 percent, respectively, have ever used a method. Levels of ever-use are highest in Latin America and the Caribbean, where they range from 70 percent to 86 percent among the countries surveyed.

In the Asia/Near East/North Africa and Latin America/Caribbean countries, most women who have used any method have used a modern one. However, less than half of the women who have ever used any method in Burkina Faso, Cameroon, Madagascar, Malawi and Niger have ever used a modern method. For example, 11 percent of married women in Niger reported that they had ever used a method of contraception, but only 4 percent had ever used a modern method.

The percentage of married women who have ever used a traditional method is relatively high in sub-Saharan Africa. More than half of the women who reported ever using any method in all countries in the region except Namibia reported that they had used a traditional method. The percentage of women who have ever used traditional methods is also high in Latin America and the Caribbean, ranging from 29 percent in Brazil to 63 percent in Peru. The relative importance of traditional methods is smaller in the latter region than in sub-Saharan Africa, since ever-use of a modern method is more common than ever-use of a traditional method in all countries except Peru. In Asia, the Near East, and North Africa, the percentage of women who have ever used a traditional method is smaller than in the other regions, except in Jordan where 39 percent of married women have used one.

The pill is generally the most widely tried method in the Asia/Near East/North Africa and Latin America/Caribbean regions. Higher percentages of women in these regions have ever used the pill than any other single method, except in Pakistan (condom) and Peru (periodic abstinence). In sub-Saharan Africa, the pill is the most commonly tried method in Nigeria, Senegal and Tanzania. In the remaining countries of that region, a traditional method is the most widely tried except in Namibia, where injection is the most popular. Among modern methods in those countries, the pill is the most widely tried, except in Cameroon and Rwanda, where the condom and injection, respectively, have been more widely tried.

Less than 1 percent of married women report ever-use of male sterilization as a contraceptive method in any country surveyed. Because sterilization is a permanent, nonex-

perimental method, it is not expected to comprise a large proportion of ever-use of contraceptives. Levels of ever-use of female sterilization are also low except in Northeast Brazil, Colombia, and the Dominican Republic, where rates of ever-use are 38 percent, 21 percent, and 39 percent of currently married women, respectively.

5.3 DEMOGRAPHIC AND SOCIOECONOMIC DIFFERENTIALS

Whether or not a woman has ever used contraception is likely to be related to the stage of her reproductive career, represented by her age and number of living children. Young childless women may not yet have needed to use a contraceptive method, while older women with children may be more likely to have tried to space or limit births at some time in their lives.

Socioeconomic factors are also expected to influence whether a woman uses contraception. Urban, educated populations with greater exposure to new ideas are most likely to have access to contraception and a desire to use it. The previous two chapters noted higher levels of contraceptive knowledge among urban and educated populations. As described by Tsui's theory on the diffusion of contraceptive innovation, those women represent the most innovative groups in the population and therefore they are thought to be the most likely to have experimented with contraception. In addition, their urban environment and education may influence their childbearing goals and therefore their desire to limit or space births.

Current Age

Since younger women are less likely to want to limit family size and older women may have had less exposure to contraception, women in the middle of their childbearing years are expected to be the most likely to have experimented with contraceptives. This expectation proves true in most cases. Table 5.2 shows that women in the 25-34 age group are the most likely ever to have used a method of contraception except in Namibia, where women in the youngest group are slightly more likely to have used a method, and in Nigeria, Rwanda, Egypt, Jordan, and Pakistan, where ever-use is highest among women in the 35-49 age group. In all countries except Cameroon and Namibia, women in the youngest age group are the least likely to have tried a method.

Table 5.2 Differentials in ever-use of contraception

Percentage of currently married women 15-49 who have ever used a contraceptive method by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No educa-	Secondary or higher		
										tion	Primary		
Sub-Saharan Africa													
Burkina Faso	23.2	29.7	24.7	19.3	24.9	29.4	27.2	54.0	20.2	21.2	45.6	83.6	26.1
Cameroon	37.5	38.1	25.8	34.5	33.3	34.6	34.6	49.9	24.4	7.4	44.4	84.2	34.2
Madagascar	22.3	32.8	28.4	16.9	29.7	34.1	27.1	64.5	21.0	6.0	21.3	65.8	28.5
Malawi	33.6	45.7	42.0	19.7	37.9	44.9	50.5	U	U	32.9	47.0	77.0	40.6
Namibia	57.7	57.0	45.0	38.5	60.4	57.2	41.6	74.2	37.7	33.2	44.8	74.7	51.9
Niger	8.8	14.1	10.6	1.9	10.8	13.6	15.3	31.6	8.0	9.7	23.9	65.4	11.4
Nigeria	10.6	14.9	15.6	9.4	11.5	14.1	19.0	31.6	9.1	5.6	21.5	49.3	14.0
Rwanda	29.4	45.4	45.9	9.0	34.0	48.1	52.8	54.3	41.8	38.2	44.2	62.8	42.4
Senegal	9.7	20.9	18.1	3.8	14.6	19.0	21.2	33.2	9.1	10.9	38.5	68.5	16.8
Tanzania	21.6	28.8	25.7	7.8	24.3	29.5	29.8	43.9	20.5	14.1	32.3	65.4	25.6
Zambia	39.0	55.1	53.5	17.6	46.8	54.8	58.3	59.6	40.0	34.8	46.7	72.3	49.2
Asia/Near East/ North Africa													
Egypt	37.7	71.0	74.0	1.7	62.5	78.2	75.8	77.7	55.5	56.3	74.8	74.5	65.9
Indonesia	59.8	77.0	66.4	19.1	73.0	79.8	69.9	75.4	66.8	56.1	70.6	77.1	69.3
Jordan	39.7	71.7	73.0	3.1	52.9	75.1	77.2	69.4	52.2	56.5	67.7	67.3	64.9
Morocco	56.0	69.3	67.7	24.0	68.3	74.5	72.3	80.8	55.0	60.5	81.1	90.0	66.2
Pakistan	10.1	21.2	26.8	1.3	12.7	25.9	29.9	41.7	11.6	14.5	32.9	53.0	20.7
Yemen	9.6	19.1	18.4	2.4	13.0	16.5	22.4	46.9	10.2	13.3	38.1	57.3	16.7
Latin America/Caribbean													
Brazil (NE)	74.1	83.1	75.1	47.8	81.3	85.7	75.3	84.3	67.4	61.2	80.5	93.1	77.7
Colombia	74.2	91.2	87.1	45.0	89.1	91.7	87.8	88.3	80.6	75.4	82.9	90.6	86.0
Dominican Republic	67.9	84.9	78.2	44.0	77.9	89.8	78.6	84.0	69.1	57.5	76.5	86.5	78.5
Paraguay	63.5	75.6	67.1	48.0	75.1	78.8	59.6	81.9	55.7	36.2	64.0	86.8	69.8
Peru	72.2	86.6	84.0	54.2	85.4	88.2	77.3	89.7	65.7	57.5	76.3	91.7	82.9

U = Unknown (not available)

For ever-use of modern contraceptive methods (Table 5.3), the same general patterns are evident. Ever-use of modern methods is highest in the 25-34 age group except in Madagascar, Nigeria, Rwanda, Tanzania, Egypt, Jordan, and Pakistan where ever-use of modern methods peaks among women in the oldest age group. In contrast, ever-use of modern methods is lowest among the youngest women in all countries except Burkina Faso, Cameroon, and Namibia.

Appendix C reveals some variation in the relationship between age and ever-use for specific contraceptive methods. For example, ever-use of the condom is most prevalent among the youngest cohort in Burkina Faso, Cameroon, Malawi, Namibia, Niger, Tanzania, Zambia, and Northeast Brazil (Table C.5). However, in the remaining countries, the

relationship between ever-use of condoms and age conforms to the general pattern described above.

The opposite applies to ever-use of female sterilization (Table C.6). The oldest cohort has the highest percentage of ever-use of that method in all countries surveyed. Given the permanent nature of female sterilization, it is expected that this method is more suitable for women nearing the end of their reproductive career who are clearly the most interested in limiting, rather than spacing, their childbearing. Women in the 35-49 age cohort reveal especially high rates of sterilization in the Latin America and Caribbean region, ranging from 13 percent in Paraguay to 61 percent in the Dominican Republic. Among the youngest group (15-24), fewer than 1 percent of women are sterilized in all countries surveyed except Namibia, Brazil, Colombia, and the Dominican Republic.

Table 5.3 Differentials in ever-use of modern methods of contraception

Percentage of currently married women 15-49 who have ever used a modern contraceptive method by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No educa-	Primary	Second-	
										tion		ary or higher	
Sub-Saharan Africa													
Burkina Faso	9.1	13.2	6.9	11.6	10.1	11.1	8.0	37.5	4.2	5.2	27.9	67.7	10.0
Cameroon	13.8	17.4	12.8	15.9	13.1	15.2	15.8	24.1	9.0	2.3	15.9	44.6	14.8
Madagascar	5.7	12.2	15.2	4.6	9.5	15.1	12.7	35.6	6.4	2.6	6.9	30.0	11.4
Malawi	16.2	22.2	18.5	10.5	17.2	21.5	23.6	U	U	13.0	23.0	64.5	19.1
Namibia	48.5	51.9	40.9	34.0	54.9	51.9	36.1	72.3	30.1	28.4	37.4	71.9	46.5
Niger	3.2	5.7	3.9	0.6	3.7	5.5	6.3	22.2	1.4	3.0	13.1	57.8	4.4
Nigeria	5.6	8.7	10.6	5.1	6.3	8.8	12.3	22.1	4.7	3.2	12.4	32.3	8.4
Rwanda	12.5	27.6	28.2	1.5	16.7	29.2	33.7	40.1	24.0	21.3	25.8	46.4	24.8
Senegal	4.6	13.9	11.6	2.1	8.8	11.8	13.7	25.8	3.3	5.1	29.8	59.5	10.6
Tanzania	11.8	17.0	18.2	3.1	14.1	17.6	20.6	33.7	10.9	6.7	20.8	54.8	15.8
Zambia	21.2	31.3	28.4	8.2	26.0	31.5	31.4	41.8	14.0	10.9	23.1	56.8	27.1
Asia/Near East/ North Africa													
Egypt	37.0	70.1	73.4	1.7	61.2	77.5	75.4	76.7	55.0	55.9	74.3	72.8	65.1
Indonesia	58.3	75.0	63.6	17.7	70.7	77.4	67.9	72.1	65.0	54.4	68.8	73.1	67.1
Jordan	25.0	56.6	62.5	1.0	33.4	60.9	64.7	57.2	36.1	43.0	57.8	52.8	51.7
Morocco	53.0	65.5	64.2	20.1	64.8	71.3	68.7	76.5	52.1	57.6	77.0	82.3	62.7
Pakistan	7.7	18.2	22.6	0.8	10.3	21.4	25.8	35.5	9.5	12.2	27.8	44.2	17.4
Yemen	6.8	15.8	15.5	1.5	9.1	13.9	19.1	38.8	8.3	10.8	31.7	47.4	13.7
Latin America/Caribbean													
Brazil (NE)	69.0	79.9	69.8	43.4	76.3	83.5	69.0	80.6	61.7	55.1	76.5	89.6	73.2
Colombia	70.0	84.9	77.6	39.7	82.5	84.0	79.7	82.5	70.5	67.4	74.7	84.8	78.9
Dominican Republic	63.0	82.0	75.3	39.4	74.3	87.5	74.7	81.0	65.1	54.2	73.4	82.8	75.1
Paraguay	51.4	64.0	56.4	37.1	64.2	68.1	46.7	72.6	41.8	26.5	52.4	75.8	58.4
Peru	41.5	61.3	56.5	24.8	59.2	62.2	47.1	66.7	28.1	19.5	42.7	70.6	55.6

U = Unknown (not available)

Number of Living Children

The percentage of married women who have ever used contraception is closely related to the number of living children they have (Table 5.2). In Latin America and the Caribbean, the percentage of married women who have ever used a method of contraception increases with the number of living children, peaks among women with 3-4 living children, and then declines slightly among women with five or more children. The largest difference in ever-use is observed between women with no living children and those with one or more. However, even among women with no living children, more than 40 percent have tried a contraceptive method in all five countries surveyed in the region.

The positive relationship between the number of living children and ever-use of contraception is repeated in the Asia/Near East/North Africa region. Ever-use is highest among married women with 3-4 living children in Egypt, Indonesia, and Morocco, and is highest among women with five or more living children in the other three surveys. In all six countries, the percentage of married women with no living children who have ever used a contraceptive method is quite low and is under 5 percent in Egypt, Jordan, Pakistan, and Yemen.

In all but four surveys (Burkina Faso, Cameroon, Madagascar, and Namibia) in sub-Saharan Africa, the percentage of married women who have used contraception increases

steadily as the number of living children increases. In Burkina Faso and Madagascar, ever-use peaks among women with 3-4 living children and then declines slightly among women with five or more living children. In Namibia, ever-use is lower among women with no living children and among women with five or more living children, while in Cameroon there is no relationship between ever-use of contraception and the number of living children. The percentage of women with no living children who have ever used a contraceptive method tends to be higher than that observed in Asia/Near East/North Africa but lower than that in Latin America/Caribbean.

These patterns are repeated when the analysis is restricted to ever-use of modern methods (Table 5.3) and are also generally seen for individual methods (Appendix C), although the strength of the relationship varies and tends to be weak or nonexistent for methods that have not been widely tried in a population. There are some exceptions. For example, a positive relationship between ever-use and number of living children is not generally found for condoms in sub-Saharan Africa and is reversed for periodic abstinence in Cameroon.

Area of Residence

As expected, urban women are more likely than rural women to have ever used a contraceptive method in every country surveyed (Table 5.2). The strength of the urban/rural differential varies according to the overall level of ever-use of contraception. In countries where more than 60 percent of currently married women have ever used a method, the ratio of ever-use in urban areas compared to rural areas is 1.5 or less. However, the differential tends to be wider in sub-Saharan Africa where levels of ever-use are generally lower. For example, in Niger and Nigeria, which have the lowest proportions of women who have ever used contraception, the urban/rural ratios of ever-use are 4.0 and 3.5, respectively.

For ever-use of modern methods, the urban-rural differential is most pronounced in sub-Saharan Africa (Table 5.3). In the majority of countries in that region, fewer than 10 percent of married women in rural areas have ever used a modern method, while ever-use by urban married women ranges from 22 percent in Niger to 72 percent in Namibia. The urban/rural differential in ever-use of modern methods is high also in Pakistan and Yemen.

The strong urban/rural differential in ever-use is repeated for individual modern methods (Appendix C). In particular, ever-use of pills and condoms is much higher in urban than rural areas in most countries. The urban/rural differential is less pronounced for female sterilization, especially in Latin America. In Colombia, the proportion of women who have been sterilized is the same in urban and rural areas—21 percent.

Differences between urban and rural women in ever-use of traditional methods tends to be fairly small. In Colombia, ever-use of withdrawal among rural women actually exceeds that among urban women. Similarly, the percentage of rural women who have ever used other traditional methods is higher than that of urban women in Burkina Faso, Namibia, Zambia, and Jordan.

Level of Education

Again as expected, ever-use of any method of contraception is highly correlated with level of education (Table 5.2). At least three out of five women with secondary education or higher have ever used a contraceptive method in all but three of the countries surveyed (Nigeria, Pakistan and Yemen). Regional variation in the percentage of married women who have ever-used contraception is much less among the most educated. In particular, the level of ever-use among married women with secondary or higher education is generally similar in sub-Saharan Africa and in Asia/Near East/North Africa.

Education has a larger impact on ever-use in the countries in which a low percentage of all married women have ever used contraception. Married women with at least secondary-level education are at least 11 times as likely to have used contraception than those with no education in Cameroon and Madagascar.

The strong positive relationship between education and ever-use of contraception is repeated for modern methods in general (Table 5.3) and also for most individual modern methods (Appendix C). However, the positive relationship between education and ever-use of female sterilization is less pronounced in many countries, and in seven countries (Niger, Egypt, Jordan, Morocco, Colombia, Dominican Republic, and Paraguay) the positive relationship disappears or is reversed. This finding reflects the very low levels of female sterilization in some countries and the fact that educated women are likely to be young, and therefore, less likely to be sterilized.

The relationship between education and ever-use of traditional methods varies by method. The anticipated strong positive relationship is confirmed for periodic abstinence in all countries, but for withdrawal the relationship is much weaker in Latin America and the Caribbean and in most sur-

veys in the Asia/Near East/North Africa region. Ever-use of other traditional methods shows a less consistent relationship with education; ever-use of those methods is highest among women with primary education in 10 countries and is highest among women with no education in 4 others.

6 Current Use of Contraception

6.1 INTRODUCTION

Contraceptive prevalence—the percentage of married women of reproductive age currently using a contraceptive method—is the most widely used measure of the level of family planning in a population and is one of the most useful indicators in family planning policy. Contraceptive prevalence can also be considered a measure of the final stage in the process of contraceptive innovation—adoption of contraception (Tsui, 1985).

6.2 CONTRACEPTIVE PREVALENCE RATES

Contraceptive prevalence among currently married women in all countries surveyed under DHS-II ranges from 4 percent in Niger to 66 percent in Colombia (Table 6.1). Overall, prevalence is low in sub-Saharan Africa. Among the countries surveyed, current use of any method exceeds 20 percent, and use of a modern method exceeds 10 percent only in Namibia and Rwanda. In contrast, at least 48 percent of married women in each country surveyed in Latin Ameri-

Table 6.1 Current use of contraception

Percentage of currently married women 15-49 who are currently using specific contraceptive methods, Demographic and Health Surveys, 1990-1993

Country	Any method	Any modern method	Pill	IUD	Injection	Vaginal methods	Condom	Female sterilization	Male sterilization	Norplant	Any trad. method	Periodic abstinence	Withdrawal	Other trad. methods
Sub-Saharan Africa														
Burkina Faso	9.9	4.2	2.1	0.7	0.1	0.1	0.8	0.2	0.0	0.0	5.7	3.5	0.0	2.2
Cameroon	13.9	4.3	1.2	0.3	0.4	0.3	0.9	1.2	0.0	U	9.6	6.8	1.5	1.4
Madagascar	16.7	5.1	1.4	0.5	1.6	0.1	0.5	0.9	0.0	0.0	11.6	9.0	2.1	0.5
Malawi	13.0	7.4	2.2	0.3	1.5	0.1	1.6	1.7	0.0	U	5.6	2.2	1.5	2.0
Namibia	28.9	26.0	8.3	2.1	7.7	0.1	0.3	7.4	0.2	U	2.9	0.7	0.3	1.9
Niger	4.4	2.3	1.5	0.2	0.5	0.0	0.0	0.1	0.0	U	2.2	0.1	0.0	2.1
Nigeria	6.0	3.5	1.2	0.8	0.7	0.1	0.4	0.3	0.0	U	2.5	1.4	0.5	0.6
Rwanda	21.2	12.9	3.0	0.2	8.4	0.0	0.2	0.7	0.0	0.3	8.3	5.1	3.1	0.1
Senegal	7.4	4.8	2.2	1.4	0.2	0.1	0.4	0.4	0.0	0.0	2.7	0.8	0.1	1.8
Tanzania	10.4	6.6	3.4	0.4	0.4	0.0	0.7	1.6	0.0	U	3.9	1.3	1.9	0.6
Zambia	15.2 ^a	8.9	4.3	0.5	0.1	0.1	1.8	2.1	0.0	U	6.1	0.9	3.0	2.2
Asia/Near East/ North Africa														
Egypt	46.3	44.8	12.9	27.9	0.5	0.4	2.0	1.1	0.0	0.0	1.6	0.7	0.7	0.2
Indonesia	49.7	47.1	14.8	13.3	11.7	0.0	0.8	2.7	0.6	3.1	2.6	1.1	0.7	0.8
Jordan	39.9	26.9	4.6	15.3	0.0	0.6	0.8	5.6	0.0	U	13.1	3.9	4.0	5.2
Morocco	41.5	35.5	28.1	3.2	0.1	0.2	0.9	3.0	0.0	U	6.0	3.0	2.6	0.3
Pakistan	11.8	9.0	0.7	1.3	0.8	0.0	2.7	3.5	0.0	0.0	2.8	1.3	1.2	0.3
Yemen	8.2	6.1	3.2	1.2	0.6	0.0	0.1	0.8	0.1	U	2.1	0.5	0.6	1.1
Latin America/ Caribbean														
Brazil (NE)	59.2	53.7	13.3	0.3	0.8	0.0	1.4	37.7	0.1	U	5.5	2.4	2.9	0.1
Colombia	66.1	54.6	14.1	12.4	2.2	1.7	2.9	20.9	0.5	U	11.5	6.1	4.8	0.5
Dominican Republic	56.4	51.7	9.8	1.8	0.1	0.1	1.2	38.5	0.2	0.1	4.7	2.0	2.2	0.5
Paraguay	48.4	35.2	13.6	5.7	5.2	0.8	2.6	7.4	0.0	U	13.2	5.3	2.9	5.0
Peru	59.0	32.8	5.7	13.4	1.9	1.0	2.8	7.9	0.1	U	26.2	20.7	3.9	1.6

U = Unknown (not available)

^a Includes 0.2 percent missing on type of method

ca and the Caribbean are using a contraceptive method and at least one in three are using a modern method. Prevalence rates for any method in Asia, the Near East and North Africa range from 8 percent in Yemen to 50 percent in Indonesia. These regional patterns are consistent with the findings of earlier studies (Rutenberg et al., 1991; Weinberger, 1991).

In the six countries for which the DHS-II survey represents the first national data on contraceptive practice (Burkina Faso, Madagascar, Niger, Tanzania, Zambia, and Yemen) the contraceptive prevalence ranges from 4 percent in Niger to 17 percent in Madagascar. However, the prevalence of modern contraception is under 10 percent in all six populations. This new information adds to the body of evidence that modern contraceptive use is minimal in most of sub-Saharan Africa.

In all countries surveyed except Burkina Faso, Cameroon, and Madagascar, a larger percentage of women report using a modern method than a traditional method. The pill is the most popular modern method in most of sub-Saharan Africa and in Indonesia, Morocco, Yemen, and Paraguay, while female sterilization is the most popular method in Brazil, Colombia, and the Dominican Republic. The prevalence of female sterilization is 2 percent or less in all countries in sub-Saharan Africa, except Namibia. Despite its low level of use, female sterilization is the most common modern method in Cameroon (together with the pill) and the second most used modern method in Malawi, Tanzania, and Zambia. The prevalence of condom use is minimal; fewer than 3 percent of married women in all countries surveyed use that method.

Traditional methods are relatively more important in sub-Saharan Africa, while modern methods dominate in the other regions. Periodic abstinence is the single most popular method in Burkina Faso, Cameroon, Madagascar, Malawi (together with the pill), and Nigeria; in these countries, its prevalence ranges from 1 percent to 9 percent. Despite the popularity of modern methods in Latin America and the Caribbean, periodic abstinence is the most widely used method in Peru, where one-fifth of married women choose that method.

6.3 TRENDS IN CONTRACEPTIVE USE

Information on trends in current use of contraception is needed to monitor the progress of family planning pro-

grams in particular populations and in the world as a whole. Contraceptive use has increased substantially in the past two decades, but there is evidence that the pace of increase has slowed in some countries and that contraceptive prevalence rates may be stagnating.

Table 6.2 presents the contraceptive prevalence for married women age 15-44 for any method, modern methods, and for traditional methods, from the DHS-II surveys together with the corresponding rates obtained from one or two previous surveys. Where more than two previous surveys are available, the rates from the earliest survey and the one conducted most recently prior to the DHS-II survey are presented. This selection enables us to examine both the total change and the recent change in contraceptive use. Figure 6.1 displays the trends graphically for each region.⁷

In four of the five surveys in sub-Saharan Africa for which data from more than one survey are available, the DHS-II data provide the first opportunity to examine trends in contraceptive prevalence. In all four surveys, the contraceptive prevalence has increased since the earlier survey. The pace of increase between the two surveys is similar in the four populations and is modest compared to the increase seen in some countries in other regions. Senegal is the only country in sub-Saharan Africa with data from three surveys. The contraceptive prevalence increased between the first two surveys but then declined by the time of the DHS-II survey. Senegal is the only country in this study to show a decline in prevalence in any period. However, the prevalence rate is quite low, and both sampling and measurement errors may contribute to the pattern observed.

Former North Yemen is the only population in the Asia/Near East/North Africa region for which data are available for only two time points. The trend observed is similar to that in the sub-Saharan African countries; a modest increase in the prevalence rate is observed between the two surveys. In Pakistan, the pace of increase is almost identical to that seen in former North Yemen and does not appear to have

⁷ Comparisons of rates from different surveys are subject to limitations. In particular, differences in questionnaire design and the populations covered by the surveys may mean that the rates are not exactly comparable. In addition, both sampling and measurement errors affect the rates obtained from each survey, and at least part of the differences observed may be due to these factors. Nevertheless, such comparisons usually provide a good general indication of the trends in contraceptive practice in a population.

Table 6.2 Trends in contraceptive use

Trends in contraceptive prevalence among currently married women 15-44, selected countries from the World Fertility Survey (WFS), Contraceptive Prevalence Surveys (CPS), and Demographic and Health Surveys (DHS), 1975-1993

Country	Year	Source	Percent currently using a contraceptive method		
			Any method	Modern method	Traditional method
Sub-Saharan Africa					
Cameroon	1978	WFS	3	1	2
Cameroon	1991	DHS	15	4	10
Malawi	1984	FFS * ^a	7	1	6
Malawi	1992	DHS	14	8	6
Namibia	1989	b	26	U	U
Namibia	1992	DHS	29	26	3
Nigeria	1981-82	WFS	5	1	4
Nigeria	1990	DHS	6	4	3
Rwanda	1983	ENF * ^c	11	1	10
Rwanda	1992	DHS	21	13	8
Senegal	1978	WFS	4	1	3
Senegal	1986	DHS	12	2	9
Senegal	1992-93	DHS	8	5	3
Asia/Near East/ North Africa					
Egypt	1980	WFS	25	23	1
Egypt	1988-89	DHS	40	37	2
Egypt	1992	DHS	48	46	1
Indonesia (Java & Bali)	1976	WFS	28	24	4
Indonesia (Java & Bali)	1987	DHS	54	51	3
Indonesia (Java & Bali)	1991	DHS	56	54	2
Jordan	1976	WFS	26	18	8
Jordan	1983	FP/MCH	26	21	5
Jordan	1990-91	DHS	41	27	14
Morocco	1979-80	WFS	20	17	3
Morocco	1987	DHS	37	30	7
Morocco	1992	DHS	42	36	6
Pakistan	1975	WFS	5	4	1
Pakistan	1984-85	CPS * ^d	9	8	2
Pakistan	1990-91	DHS	12	9	3
Yemen (North & West)	1979	WFS	1	1	0
Yemen (North & West)	1991-92	DHS	7	5	2

Table 6.2—Continued

Trends in contraceptive prevalence among currently married women 15-44, selected countries from the World Fertility Survey (WFS), Contraceptive Prevalence Surveys (CPS), and Demographic and Health Surveys (DHS), 1975-1993

Country	Year	Source	Percent currently using a contraceptive method		
			Any method	Modern method	Traditional method
Latin America/Caribbean					
Brazil (NE) ^e	1980	FP/MCH	37	29	8
Brazil (NE)	1986	DHS	53	44	9
Brazil (NE)	1991	DHS	61	55	6
Colombia	1976	WFS	45	33	12
Colombia	1986	DHS	67	54	12
Colombia	1990	DHS	68	56	11
Dominican Republic	1975	WFS	33	27	6
Dominican Republic	1986	DHS	51	47	4
Dominican Republic	1991	DHS	57	52	5
Paraguay	1977	CPS	31	20	12
Paraguay	1987	FPS	38	29	9
Paraguay	1990	DHS	50	36	14
Peru	1977-78	WFS	33	12	21
Peru	1986	DHS	48	24	24
Peru	1991-92	DHS	61	34	27

U = Unknown (not available)

FFS = Family Formation Survey; ENF = National Fertility Survey; FP/MCH = Family Planning/Maternal-Child Health

* Individual final reports (National Statistical Office [Malawi], 1984; Office National de la Population (ONAPO), 1983; Population Welfare Division [Pakistan], 1986)

^a Sample includes all women age 15-49. Sterilization and vaginal methods were excluded from modern and any method calculations.

^b Source: Weinberger, 1991. Sample includes all ever-married women age 15-49. Figure listed as preliminary.

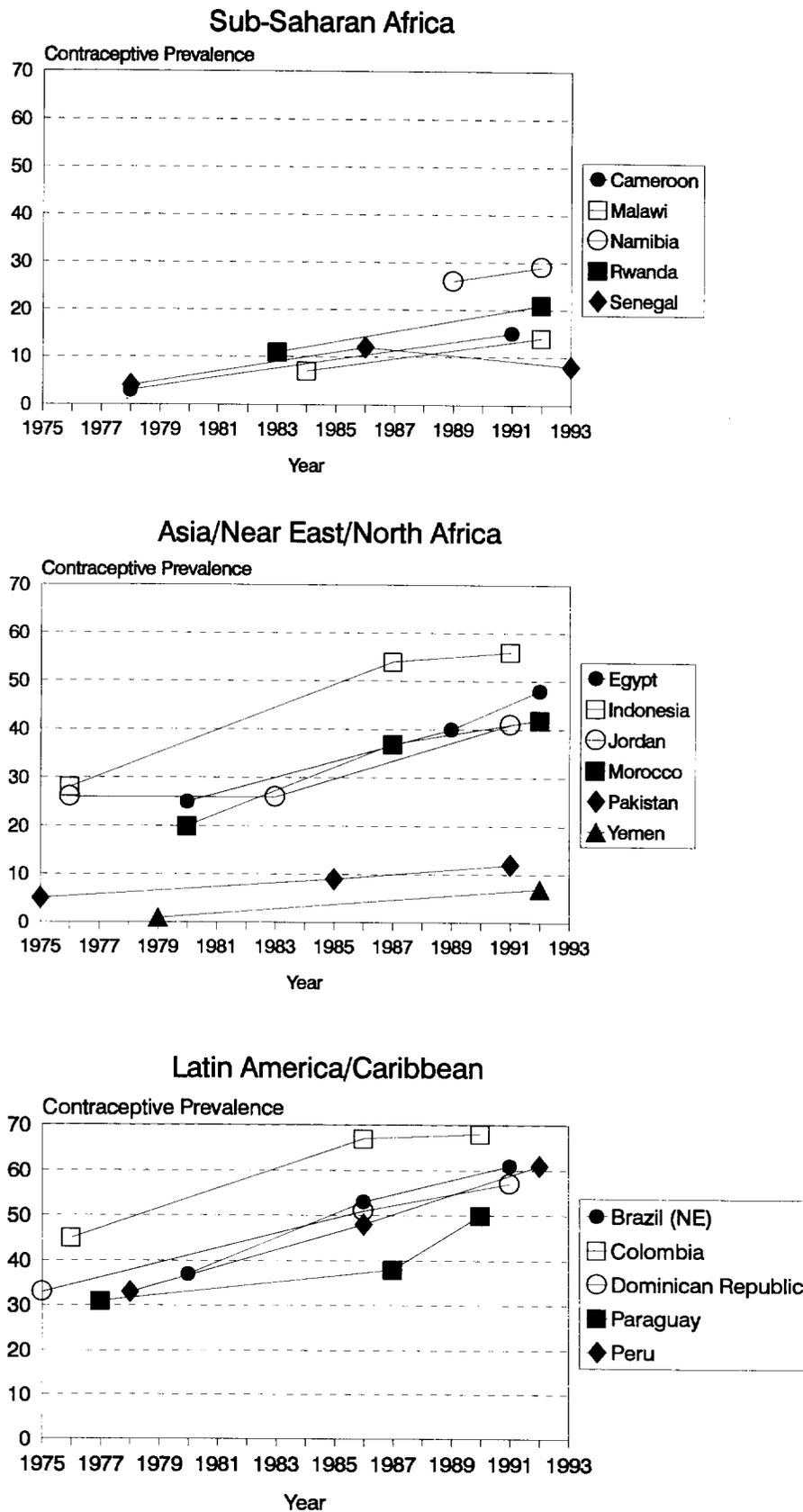
^c Sample includes all currently married women age 15-50

^d Sample includes all currently married nonpregnant women age 15-49.

^e Includes only four states (Bahia, Parafba, Pernambuco, Rio Grande do Norte) of the nine otherwise included in Northeast Brazil.

Sources: London, et al. 1985; Robey, et al. 1992

Figure 6.1 Trends in contraceptive use, World Fertility Survey and Demographic and Health Surveys, 1975-1993



changed much in the period covered by the data. Prevalence is much higher in the other four countries in the region and, in general, contraceptive use has increased more since 1975 than in sub-Saharan Africa, Pakistan, and Yemen. In Morocco and Indonesia (Java and Bali only), the pace of increase appears to have slowed in the most recent period. However, in Egypt and Jordan the rise in contraceptive use seems to have accelerated.

Contraceptive prevalence in Latin America and the Caribbean was higher at the start of the period covered by the surveys than in the other regions. Nevertheless, marked increases are observed in all five countries of the region. In Colombia, where use is highest, the rate of increase appears to have slowed somewhat between the DHS-I and the DHS-II surveys, but the reverse is true in Paraguay, where use is lowest. In the other three countries the pace of increase has not changed much during the two intersurvey periods.

Most of the observed increase in contraceptive use is due to increased use of modern methods; in every country for which trend data are available, use of modern methods has increased consistently over time. Reported use of traditional methods has changed little and in no consistent direction. In Cameroon and Jordan, reported use of traditional methods is much higher in the DHS-II surveys than in earlier ones, and this rise contributes substantially to recent increases in overall reported use in those countries. Reporting of traditional method use is particularly sensitive to questionnaire design, so some caution should be exercised in interpreting these recent increases.

In Senegal, the only country where contraceptive use declined in recent years, the decline is attributable entirely to the lower reported use of traditional methods in the DHS-II survey compared to the DHS-I survey, while reported use of modern methods actually increased from 2 to 5 percent. The DHS-I survey included much more probing for other traditional methods (herbs, gris-gris, and abstinence), which augmented the reported use of such methods in that survey. Hence, the decline in use of traditional methods between the two surveys is attributable primarily to differences in questionnaire design.

6.4 DEMOGRAPHIC AND SOCIOECONOMIC DIFFERENTIALS

As in the case of knowledge and ever-use of contraception, current use is also expected to be associated with a woman's stage in her reproductive life as reflected by her age and number of living children. Current use is expected to be higher among the more innovative groups in the population, such as urban and educated women. Table 6.3 presents contraceptive prevalence by demographic and socioeconomic characteristics of currently married women. Table 6.4 presents the corresponding prevalence for use of modern methods only.

Current Age

Current use of contraception is usually expected to be low among young women who have small families and desire children, to increase among women in their thirties who want to prevent or space pregnancies, and then to decline among women over 40 who may perceive less need for contraception because of reduced fecundity and who may hold more traditional attitudes towards contraception. As expected, survey results (Table 6.3) show that contraceptive prevalence is higher for women age 25-34 than for women age 15-24 in all countries except Cameroon. The anticipated drop in prevalence rates after age 34, however, does not occur in all countries. In nine of the 22 countries surveyed, current use is highest among women age 35-49.

The same general pattern is repeated for modern methods (Table 6.4). Again, an interesting exception is Cameroon. Current use of any method actually declines with age, although the differences are small. Current use of modern methods, on the other hand, increases with age, as it does in a number of other sub-Saharan African countries. In Cameroon, this pattern is attributable primarily to higher reported use of periodic abstinence among women age 15-24 than among older women (Table D.9).

Use of individual methods also tends to be highest among women age 25-34 in most cases, or to increase with age in a few countries (Appendix D). However, age differentials tend to be weak and inconsistent for methods that are

Table 6.3 Differentials in current use of contraception

Percentage of currently married women 15-49 who are currently using a contraceptive method by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No educa-	Primary	Second-ary or higher	
										tion			
Sub-Saharan Africa													
Burkina Faso	9.3	11.9	7.9	8.0	9.6	11.9	9.0	26.4	6.4	6.7	21.0	49.7	9.9
Cameroon	15.2	13.5	12.9	15.2	11.8	13.5	15.8	22.3	8.7	2.8	14.1	41.6	13.9
Madagascar	11.3	19.5	17.9	7.0	16.5	21.9	16.3	39.7	11.9	2.9	11.8	41.0	16.7
Malawi	10.4	15.4	13.0	3.0	11.2	15.7	17.9	22.9	11.7	10.0	14.4	43.0	13.0
Namibia	28.4	30.7	27.5	11.2	34.2	33.0	24.5	47.8	16.9	16.8	21.2	48.1	28.9
Niger	4.0	5.4	3.6	0.2	4.3	5.6	5.7	16.4	2.5	3.5	12.0	34.4	4.4
Nigeria	3.9	6.3	7.6	4.2	3.9	6.1	9.6	14.9	3.6	2.0	9.5	23.7	6.0
Rwanda	13.8	21.4	24.8	1.2	15.5	23.5	28.8	28.4	20.8	18.0	22.4	37.4	21.2
Senegal	3.8	8.6	8.9	1.5	5.5	7.5	10.9	16.1	3.3	4.1	19.1	36.5	7.4
Tanzania	8.5	11.6	10.9	1.8	10.7	11.1	12.4	17.8	8.4	3.7	14.0	42.4	10.4
Zambia	11.6	16.6	17.6	0.9	14.1	15.9	20.7	20.8	10.3	8.1	12.8	30.6	15.2
Asia/Near East/ North Africa													
Egypt	24.9	51.1	51.6	0.5	43.0	57.9	51.1	56.6	37.3	36.7	54.5	55.6	46.3
Indonesia	45.7	55.1	46.2	7.7	54.0	59.1	46.5	55.7	47.2	36.5	50.3	59.4	49.7
Jordan	24.1	42.5	46.8	0.9	30.6	46.7	48.3	44.0	28.5	31.6	42.6	42.4	39.9
Morocco	31.9	42.8	44.4	5.6	43.1	49.1	46.5	54.5	31.6	35.7	57.0	64.9	41.5
Pakistan	5.2	11.3	16.7	0.1	6.9	14.0	18.3	25.7	5.8	7.8	17.8	34.8	11.8
Yemen	5.1	9.3	8.8	0.7	7.0	8.4	10.7	25.9	4.4	6.2	19.0	35.3	8.2
Latin America/ Caribbean													
Brazil (NE)	47.6	63.6	60.9	23.4	58.8	72.8	57.7	65.6	49.1	44.3	60.6	77.2	59.2
Colombia	50.7	70.5	69.9	19.9	67.5	75.9	67.9	69.1	59.1	52.4	63.3	70.7	66.1
Dominican Republic	34.9	60.4	66.8	13.0	48.7	74.8	63.3	60.1	50.1	42.7	55.2	61.4	56.4
Paraguay	40.0	53.1	47.9	21.4	51.3	57.8	42.8	56.8	38.7	28.5	43.3	62.4	48.4
Peru	44.9	63.3	61.0	23.4	63.1	64.2	52.2	66.1	41.1	35.7	51.3	68.2	59.0

not widely used in a particular population. There are some interesting exceptions to the general pattern. In Latin America and the Caribbean, married women age 15-24 are the most likely to use the pill in all countries except Peru, where women age 25-34 are slightly more likely to use it. Female sterilization is most widely used among currently married women age 35-49 in all countries surveyed, which is expected given that sterilization is an irreversible method.

Number of Living Children

The relationship between the number of living children and current use of contraception follows the expected patterns and is virtually the same as that for ever-use of contraception. In Latin America and the Caribbean, current use of

any method or any modern method is lowest among married women with no living children and peaks among women with 3 or 4 children. The same pattern holds in Egypt, Indonesia, and Morocco, but in the other three countries in the Asia/Near East/North Africa region, use increases as the number of living children increases. In sub-Saharan Africa, current use of contraception tends to increase with the number of living children in most surveys. This pattern is more consistent for use of modern methods than for use of any method.

In most countries surveyed, prevalence is markedly higher among women with one or two children than among childless women. The difference is greatest in the Asian, Near Eastern, and North African countries. In Jordan, only

1 percent of women with no children are using contraception compared to 31 percent of those with one or two living children, whereas in Burkina Faso 8 percent of women without children are current users compared to 10 percent of women with one or two living children.

In some countries, a sufficient number of women are using a method to be able to discern the relationship between use of individual methods and the number of living children a woman has (Appendix D). In Latin America and the Caribbean, use of reversible methods such as the pill, IUD, and condom tends to be highest among women with 1 or 2 children. The same is true for pill use in Namibia, Indonesia, Morocco, and Tanzania. Use of female sterilization is most common among women with 3 or 4 living children in most of Latin America and the Caribbean but is highest among women with five or more children in the Asia/Near East/North Africa region and in countries in sub-Saharan Africa where more than 1 percent of married women are sterilized. These differences may reflect smaller family size preferences in the Latin American and Caribbean countries. Use of periodic abstinence does not appear to be strongly related to the number of living children a woman has.

Area of Residence

As expected, urban women are more likely than their rural counterparts to be current users of contraception in all countries surveyed (Table 6.3). The difference between urban and rural prevalence is highest in sub-Saharan Africa, where the rate is more than twice as high among urban than rural married women in every country except Rwanda. The differential is especially large in Niger, where fewer than 3 percent of married rural women are using a method of contraception compared to more than 16 percent of married urban women. Urban/rural differentials in current contraceptive use are large also in Pakistan and Yemen.

Considering modern methods separately, the urban/rural differential is even wider in sub-Saharan Africa but is about the same as that for all methods in most other countries (Table 6.4). The widening of urban/rural differentials for modern methods in sub-Saharan Africa was observed also in DHS-I surveys (Rutenberg et al., 1991) and provides further evidence that use of traditional methods is relatively more common among rural than urban women in the region.

That hypothesis can be investigated further by examining urban/rural differentials in use of individual methods. In nearly every country, prevalence is higher among urban than rural women for every modern method (Appendix D).

In general, urban women are also more likely than rural women to be current users of periodic abstinence, withdrawal, and other traditional methods, although this differential is often smaller than that for modern methods, especially in sub-Saharan Africa. In some cases, the percentage of rural women actually exceeds the percentage of urban women using these methods. For example, use of withdrawal is more common among rural than urban women in every country in the Latin America/Caribbean region, as well as in Malawi, Rwanda, Tanzania, and Zambia. Use of other traditional methods is also reported by a larger percentage of rural than urban married women in Burkina Faso, Namibia, Zambia, Jordan, Colombia, Paraguay, and Peru.

Level of Education

Current use of contraception increases with each level of education in all countries surveyed except Jordan, where women with some primary education have the same rates of use as women with secondary or higher education (Table 6.3). Women with secondary or higher education in Jordan may be younger and have fewer children than less-educated women, which would affect their desire to use contraception.

The difference in prevalence between women with no education and those who have some secondary or higher schooling is largest in sub-Saharan Africa. Women who have attended secondary school are at least 10 times as likely as women with no education to be using contraception in Cameroon, Madagascar, Niger, Nigeria and Tanzania. Differentials are lower in the other regions where, with the exception of Pakistan and Yemen, educated women are at most twice as likely as their unschooled counterparts to be using contraception.

The pattern is repeated for use of modern methods (Table 6.4). However, in Egypt, Jordan, and the Dominican Republic, there is little difference between the reported prevalence of modern methods among women with primary education and women with secondary or higher education. In sub-Saharan Africa, fewer than 5 percent of married women with no education are using a modern method of contraception in every country except Namibia and Rwanda. However, even among the most educated women in the region, modern method use exceeds 30 percent only in Burkina Faso, Malawi, Namibia, and Tanzania.

The strong effect of education is apparent for individual methods, especially for modern methods (Appendix D). However, deviations from this expected positive relation-

Table 6.4 Differentials in current use of modern methods of contraception

Percentage of currently married women 15-49 who are currently using a modern contraceptive method by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No educa- tion	Primary	Second- ary or higher	
	Sub-Saharan Africa												
Burkina Faso	3.2	5.5	3.6	3.6	4.1	5.1	3.7	17.1	1.5	1.9	12.7	31.6	4.2
Cameroon	2.5	3.9	6.7	2.0	2.7	4.3	7.1	7.1	2.5	1.2	4.5	11.8	4.3
Madagascar	2.2	5.5	7.1	0.8	3.8	7.2	6.3	15.8	2.9	1.0	3.6	12.6	5.1
Malawi	4.7	8.3	9.0	1.6	5.8	8.5	11.3	17.2	6.0	4.8	8.2	37.9	7.4
Namibia	23.7	27.6	25.6	10.9	30.3	29.9	22.2	46.6	13.0	14.2	17.3	46.4	26.0
Niger	1.7	2.7	2.3	0.1	1.8	3.0	3.3	11.5	0.7	1.5	7.1	28.5	2.3
Nigeria	2.0	3.4	5.1	1.6	2.1	3.6	6.2	9.6	1.9	1.3	5.4	13.7	3.5
Rwanda	7.4	13.7	14.9	0.0	8.4	15.4	17.7	19.7	12.6	11.1	13.0	27.5	12.9
Senegal	1.6	5.6	6.3	1.1	3.1	4.6	7.4	11.8	1.4	2.2	12.8	29.3	4.8
Tanzania	4.6	6.8	8.0	0.6	6.2	7.0	8.6	14.0	4.5	1.8	8.9	33.1	6.6
Zambia	6.2	9.6	11.2	0.4	8.3	10.0	11.5	15.3	3.2	2.7	6.3	23.9	8.9
Asia/Near East/ North Africa													
Egypt	24.7	49.9	49.0	0.5	41.3	56.1	49.4	54.1	36.6	36.0	52.9	52.6	44.8
Indonesia	44.2	52.5	42.8	7.2	51.4	55.9	43.4	51.1	45.4	35.6	48.2	53.8	47.1
Jordan	13.2	28.1	33.7	0.3	16.4	31.9	34.0	30.4	16.9	20.7	30.5	28.0	26.9
Morocco	29.4	37.3	36.6	3.6	38.4	42.1	39.0	45.8	27.7	31.4	47.5	51.3	35.5
Pakistan	3.3	8.3	13.4	0.1	4.9	10.2	14.6	18.7	4.8	6.2	14.0	24.3	9.0
Yemen	3.3	7.0	6.7	0.7	4.5	6.1	8.3	18.8	3.3	4.4	15.3	27.7	6.1
Latin America/ Caribbean													
Brazil (NE)	41.4	57.6	56.2	20.9	51.1	68.5	52.7	60.0	43.9	40.0	55.3	69.2	53.7
Colombia	43.1	59.6	55.8	14.7	55.8	64.5	53.9	57.7	47.5	43.9	51.8	58.9	54.6
Dominican Republic	29.0	54.9	64.1	9.7	41.9	71.8	58.8	55.0	46.0	38.5	52.3	53.7	51.7
Paraguay	29.4	39.9	33.5	14.1	37.6	43.5	29.6	42.9	26.2	19.8	31.2	46.1	35.2
Peru	23.6	37.1	32.9	9.4	35.6	37.4	26.7	39.7	15.5	11.6	24.0	42.4	32.8

ship are found for some modern methods, especially in the Latin America/Caribbean and Asia/Near East/North Africa regions. Educational differentials in pill use are generally much weaker in these two regions; in Egypt and Indonesia, women with secondary or higher education are least likely to be using the pill. Educational differentials in use of female sterilization in these two regions also deviate from the expected pattern in several countries. Use of female sterilization is inversely related to education in Egypt, Jordan, and Colombia, and is lowest among the most educated also in Morocco and the Dominican Republic. These deviations

from the expected pattern reflect, at least in part, differences in the age composition of the three educational groups. Older women are more likely to have little or no education, but they also are the most likely to be attracted to irreversible methods.

Among traditional methods, prevalence of periodic abstinence increases with education. However, use of withdrawal and other traditional methods shows a weak and inconsistent association with education.

7 Source of Current Method of Contraception

7.1 INTRODUCTION

The recent rise in contraceptive use in much of the developing world, combined with the increase in the number of women of reproductive age because of population growth, has led to escalating costs in providing family planning services. Between 60 percent and 75 percent of the costs are met by governments, and questions arise about the sustainability of public sector and NGO family planning programs in light of the growing pressure on resources (United Nations Population Fund, 1993). Such concerns have led to increased interest in the role of the private sector

in providing contraceptives. Data on the source of the current method can be used to evaluate the relative roles of the public and private sectors in providing various contraceptive methods in different populations.

7.2 SOURCE OF CURRENT METHOD

Table 7.1 presents the percentage of currently married users of modern contraception who obtained their method from each type of source. In eight of the 11 surveys in sub-Saharan Africa, more than half of users obtained their meth-

Table 7.1 Source of modern contraceptive methods

Percentage of currently married users of modern contraceptive methods age 15-49 by source of method, Demographic and Health Surveys, 1990-1993

Country	Government		Private		Other	Total	Number
	Stationary	Mobile	Pharmacy	Other			
Sub-Saharan Africa							
Burkina Faso	65.5	0.0	9.2	10.6	14.7	100.0	222
Cameroon	30.6	0.0	36.3	24.5	8.7	100.0	123
Madagascar	37.8	0.0	5.9	54.3	2.0	100.0	191
Malawi	69.2	1.9	5.1	23.1	0.8	100.0	255
Namibia	79.5	1.8	3.7	14.6	0.5	100.0	573
Niger	95.3	0.0	2.2	1.8	0.8	100.0	125
Nigeria	43.1	0.0	21.6	28.5	6.8	100.0	241
Rwanda	98.5	0.0	0.1	0.1	1.3	100.0	481
Senegal	63.6	0.0	10.3	19.6	6.5	100.0	214
Tanzania	78.9	0.0	1.5	16.7	2.9	100.0	379
Zambia	55.0	0.0	7.7	31.3	5.9	100.0	394
Asia/Near East/ North Africa							
Egypt	35.0	0.0	28.3	34.9	1.8	100.0	4098
Indonesia	71.2	4.6	1.6	20.6	2.1	100.0	9933
Jordan	24.0	0.0	14.8	59.7	1.5	100.0	1657
Morocco	51.5	11.1	30.7	5.7	1.0	100.0	1817
Pakistan	55.3	0.7	12.5	13.2	18.3	100.0	571
Yemen	59.2	0.0	25.2	11.6	4.0	100.0	312
Latin America/ Caribbean							
Brazil (NE)	58.4	0.0	23.0	18.0	0.7	100.0	1901
Colombia	25.1	0.0	28.5	43.8	2.6	100.0	2426
Dominican Republic	31.5	0.7	13.0	52.2	2.6	100.0	2104
Paraguay	19.3	0.0	47.3	29.8	3.6	100.0	1255
Peru	50.4	0.4	17.6	26.4	5.3	100.0	2856

Note: Totals may not add to 100.0 due to rounding.

od from a stationary or mobile government source.⁸ Government sources are particularly important in Niger and Rwanda where more than 95 percent of users obtained their method from these sources. In contrast, in Cameroon (where only 4 percent of married women use modern methods), 31 percent of users obtained their method from the government, with pharmacies and other private sources providing most methods for the remaining users.

In the Asia/Near East/North Africa region, government sources also tend to dominate in the majority of countries, but to a lesser extent than in sub-Saharan Africa. Pharmacies and other private sources supply a significant minority of users. Government sources are particularly important in Indonesia where they supply three out of four users of modern methods. Government sources are less important in Egypt, supplying only 35 percent of users; pharmacies and other private sources supply the remaining users. However, contraceptive supplies such as pills that are bought in pharmacies are often heavily subsidized by the Egyptian government (Ayad et al., 1994). In Jordan, the majority of users obtain their supplies from private sources other than pharmacies.

In Latin America and the Caribbean, pharmacies and other private sources generally play a more significant role. Only in Peru and Northeast Brazil do more than half of users obtain their modern method from a government source, and even in these two countries fewer than 60 percent used a government source. The relative importance of pharmacies and other private sources varies across countries. Pharmacies are more important in Paraguay, while other private sources are important suppliers in Colombia and the Dominican Republic.

In countries where a mobile government source of contraceptives is available, relatively few users report that they obtained their most recent contraceptive supplies there. Only in Morocco did more than 10 percent of modern contraceptive users report using a mobile government source. Elsewhere, use of mobile units was reported by fewer than 5 percent of users.

Other sources (such as family, friends, shops, church, don't know) are reported by few users in almost all surveys.

⁸ Government stationary refers to any government-run facility at a fixed location; government mobile refers to supplies provided by government outreach workers or mobile units (see Section 2.5).

The exceptions are Burkina Faso and Pakistan, where more than 14 percent of users reported other sources. In both cases, more users reported other sources than either pharmacies or other private providers.

7.3 SOURCE OF CURRENT METHOD BY TYPE OF METHOD

Some sources, such as pharmacies and mobile units are ill equipped to supply clinical methods, such as sterilization or IUD. Therefore, these sources are expected to be less important for clinical methods than for supply methods such as condoms and pills. Previous research has confirmed that this is generally true (Ayad et al., 1994). Table 7.2 presents the percentage of users of clinical and supply methods who obtained their method from each type of source.⁹

In most countries surveyed, more than half of users of clinical methods obtained their method by visiting a stationary government facility. Indeed, in six countries (Burkina Faso, Niger, Rwanda, Morocco, Pakistan, and Northeast Brazil) more than 75 percent of users of clinical methods used that source. The only other significant providers of clinical methods are private sources other than pharmacies. Such sources are particularly important in most of the Latin American countries, and in Zambia, Egypt, and Jordan. That group of providers often includes NGOs affiliated with the International Planned Parenthood Federation such as PRO-FAMILIA in Colombia.

As expected, the pattern of sources for supply methods is quite different from that for clinical methods. In the Latin America/Caribbean and in Asia/Near East/North Africa regions, pharmacies are a major source for supply methods. Pharmacies were reported as the most recent source by more than half of users of supply methods in all countries in Latin America and the Caribbean, and in Egypt and Jordan. In contrast, government stationary facilities, as well as private sources other than pharmacies, are generally a less important source of supply methods than of clinical methods.

In sub-Saharan Africa, the pattern is mixed. The smaller role of stationary government facilities as providers of supply methods than of clinical methods does not apply in all

⁹ Clinical methods are IUD, Norplant, female sterilization, and male sterilization. Supply methods are the pill, injection, vaginal methods, and the condom.

Table 7.2 Source of modern contraceptive methods by type of method (clinical or supply)

Percentage of currently married users of modern contraceptive methods age 15-49 by source of method and type of method (clinical or supply), Demographic and Health Surveys, 1990-1993

Country	Clinical methods							Supply methods						
	Government			Private				Government			Private			
	Station-ary	Mobile	Phar-macy	Other	Other	Total	Number	Station-ary	Mobile	Phar-macy	Other	Other	Total	Number
Sub-Saharan Africa														
Burkina Faso	81.0	0.0	0.9	16.3	1.8	100.0	53	60.6	0.0	11.8	8.8	18.8	100.0	169
Cameroon	(55.8)	(0.0)	(0.0)	(44.2)	(0.0)	(100.0)	43	17.2	0.0	55.5	14.0	13.3	100.0	80
Madagascar	59.6	0.0	0.0	40.4	0.0	100.0	55	29.0	0.0	8.3	59.9	2.8	100.0	136
Malawi	66.3	0.0	0.0	33.7	0.0	100.0	68	70.2	2.6	7.0	19.2	1.1	100.0	187
Namibia	68.7	0.0	0.0	30.2	1.1	100.0	211	85.7	2.8	5.9	5.5	0.2	100.0	362
Niger	(94.8)	(0.0)	(0.0)	(5.2)	(0.0)	(100.0)	16	95.3	0.0	2.5	1.3	0.9	100.0	109
Nigeria	60.4	0.0	0.0	38.7	0.9	100.0	74	35.5	0.0	31.1	24.0	9.4	100.0	167
Rwanda	100.0	0.0	0.0	0.0	0.0	100.0	45	98.3	0.0	0.2	0.1	1.4	100.0	436
Senegal	66.3	0.0	0.0	30.2	3.5	100.0	86	61.7	0.0	17.2	12.5	8.6	100.0	128
Tanzania	57.4	0.0	0.0	42.0	0.5	100.0	114	88.2	0.0	2.2	5.7	3.9	100.0	264
Zambia	46.1	0.0	0.0	53.9	0.0	100.0	112	58.5	0.0	10.8	22.4	8.3	100.0	283
Asia/Near East/North Africa														
Egypt	47.6	0.0	0.0	52.1	0.2	100.0	2659	11.8	0.0	80.5	3.2	4.5	100.0	1439
Indonesia	71.5	8.2	0.0	19.4	0.8	100.0	4160	71.0	1.9	2.7	21.4	2.9	100.0	5773
Jordan	28.3	0.0	0.8	69.5	1.4	100.0	1290	9.1	0.0	63.9	25.3	1.6	100.0	367
Morocco	81.0	0.3	0.0	18.0	0.6	100.0	316	45.3	13.4	37.1	3.1	1.1	100.0	1501
Pakistan	84.5	0.0	0.0	14.7	0.8	100.0	305	21.8	1.4	26.9	11.4	38.4	100.0	266
Yemen	69.5	0.0	0.8	26.6	3.1	100.0	112	53.4	0.0	38.9	3.1	4.6	100.0	200
Latin America/Caribbean														
Brazil (NE)	76.4	0.0	0.0	23.3	0.2	100.0	1350	14.1	0.0	79.2	4.9	1.8	100.0	552
Colombia	30.7	0.0	0.2	68.1	1.0	100.0	1499	16.0	0.0	74.3	4.5	5.2	100.0	927
Dominican Republic	36.0	0.0	0.3	63.0	0.7	100.0	1653	15.3	3.1	59.4	12.8	9.4	100.0	451
Paraguay	38.2	0.0	0.3	60.6	0.9	100.0	466	8.1	0.0	75.0	11.6	5.3	100.0	789
Peru	59.5	0.0	0.2	36.4	3.9	100.0	1861	33.2	1.0	50.1	7.6	8.1	100.0	995

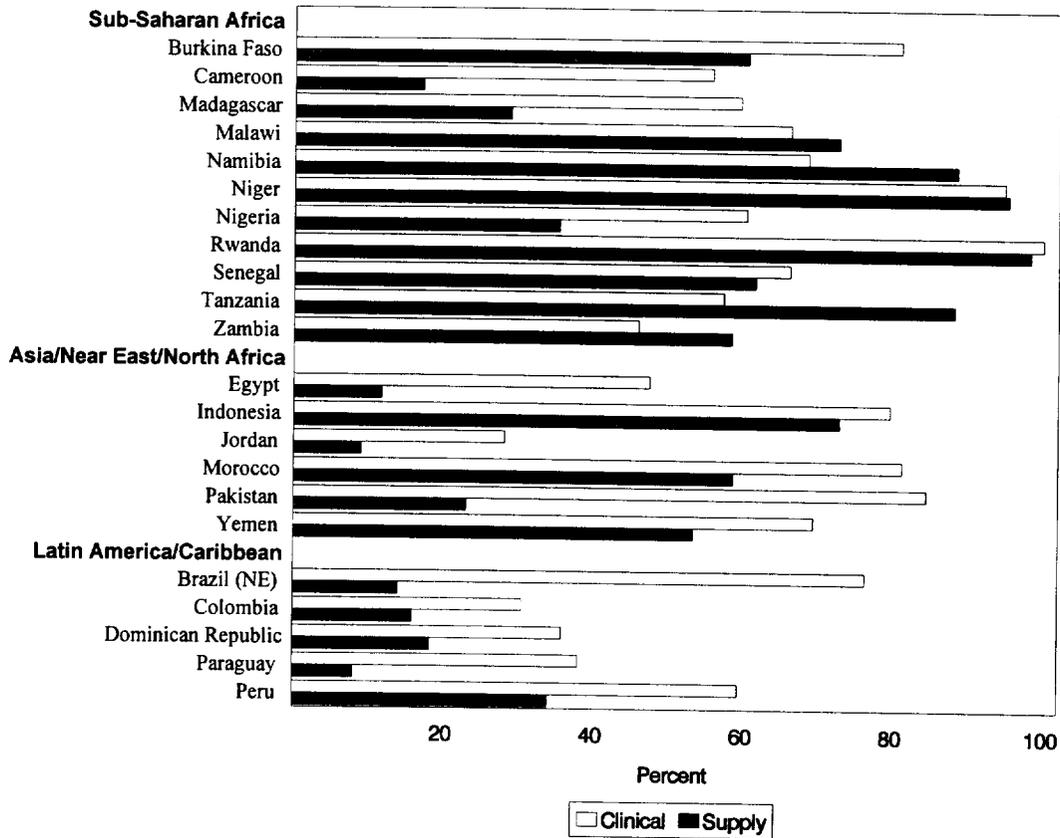
Note: Totals may not add to 100.0 due to rounding. Figures in parentheses are based on 25-49 unweighted cases.

countries and tends to be less pronounced where it does occur. Hence, government stationary facilities are the dominant source of both supply and clinical methods in most countries. In all except Cameroon, Madagascar, and Nigeria, more than half of users of supply methods said they obtained their most recent supplies from a stationary government facility. In general, the percentage of users who obtained their method from private providers other than pharmacies is smaller among users of supply methods than among users of clinical methods. In contrast, a pharmacy served as the source for more users of supply methods than users of clinical methods. Indeed, pharmacies were cited as the most recent source of supply methods by 31 percent of users in Nigeria and by 56 percent of users in Cameroon. In

Madagascar, private providers other than pharmacies were the main source of supply methods.

The differential use of government sources for clinical and supply methods is illustrated graphically in Figure 7.1. In the Asia/Near East/North Africa and Latin America/Caribbean regions, government sources are clearly used more for clinical than for supply methods. The differential is especially large in Northeast Brazil, where a government source was used by 76 percent of users of clinical methods compared to only 14 percent of users of supply methods. In sub-Saharan Africa, five countries do not conform to the pattern observed in the other regions. In the other six countries surveyed in sub-Saharan Africa, the differential is usu-

Figure 7.1 Percentage of currently married modern contraceptive users using government sources to obtain clinical and supply methods, Demographic and Health surveys, 1990-1993



ally less pronounced, reflecting the dominance of government sources for both types of methods in most countries in the region.

Table 7.3 presents the distribution by source of method for users of three important methods: the pill, IUD, and female sterilization. In general, the patterns reflect the earlier comparison of sources for supply and clinical methods. However, some caution should be exercised in interpreting results for individual methods because of the small number of users of some of those methods in some countries.

7.4 DEMOGRAPHIC AND SOCIOECONOMIC DIFFERENTIALS IN SOURCE OF METHOD

Differentials in the source of method reported by users of modern contraceptives may reflect differentials in both physical and financial access to sources. For example, edu-

cated women are more likely to be able to pay for their contraception in the private sector than poorer uneducated women, and urban women are more likely to have access to a wide range of contraceptive providers than women living in rural areas. Differentials may also reflect divergent choices of methods by the various subgroups of women. For example, analyses have shown that older, high-parity women are more likely to choose a long-term clinical method such as the IUD or female sterilization, while younger, low-parity women are more likely to use a supply method such as the pill. Given the differences in the sources of alternate types of methods, demographic differentials in the source of method are to be expected.

Current Age

Table 7.4 presents the distribution of the source of current method by age of the respondents. In Latin America and the Caribbean, the percentage of users who reported that

Table 7.3 Source of method for users of the pill, IUD, and female sterilization

Percentage of currently married users of the pill, IUD, or female sterilization, age 15-49 by source of method, Demographic and Health Surveys, 1990-1993

Country	Pill						IUD						Female sterilization								
	Government			Private			Government			Private			Government			Private					
	Station-ary	Mobile	Phar-macy	Other	Other	Total	Number	Station-ary	Mobile	Phar-macy	Other	Other	Total	Number	Station-ary	Mobile	Phar-macy	Other	Other	Total	Number
Sub-Saharan Africa																					
Burkina Faso	78.8	0.0	8.9	8.9	3.3	100.0	112	74.0	0.0	1.2	22.3	2.5	100.0	39	*	*	*	*	*	*	*
Cameroon	(21.1)	(0.0)	(58.7)	(17.9)	(2.3)	(100.0)	34	*	*	*	*	*	*	8	(54.7)	(0.0)	(0.0)	(45.3)	(0.0)	(100.0)	13
Madagascar	28.7	0.0	6.1	65.2	0.0	100.0	54	(22.7)	(0.0)	(0.0)	(77.3)	(0.0)	(100.0)	20	82.0	0.0	0.0	18.0	0.0	100.0	34
Malawi	79.1	0.0	0.9	17.6	2.4	100.0	75	*	*	*	*	*	*	10	65.8	0.0	0.0	34.2	0.0	100.0	56
Namibia	81.9	0.7	10.3	6.8	0.3	100.0	183	(35.8)	(0.0)	(0.0)	(64.2)	(0.0)	(100.0)	44	79.0	0.0	0.0	19.5	1.5	100.0	162
Niger	94.2	0.0	3.3	1.7	0.8	100.0	82	(96.5)	(0.0)	(0.0)	(3.5)	(0.0)	(100.0)	9	*	*	*	*	*	*	7
Nigeria	32.9	0.0	46.1	13.3	7.7	100.0	84	63.9	0.0	0.0	34.9	1.2	100.0	55	*	*	*	*	*	*	19
Rwanda	99.4	0.0	0.3	0.0	0.3	100.0	113	*	*	*	*	*	*	8	(100.0)	(0.0)	(0.0)	(0.0)	(0.0)	(100.0)	25
Senegal	66.3	0.0	17.3	12.2	4.1	100.0	98	67.2	0.0	0.0	31.3	1.6	100.0	64	*	*	*	*	*	*	20
Tanzania	91.7	0.0	1.0	4.7	2.6	100.0	198	*	*	*	*	*	*	26	53.7	0.0	0.0	45.6	0.7	100.0	87
Zambia	66.0	0.0	4.6	24.9	4.6	100.0	190	*	*	*	*	*	*	21	42.7	0.0	0.0	57.3	0.0	100.0	90
Asia/Near East/ North Africa																					
Egypt	11.6	0.0	83.6	1.8	3.0	100.0	1181	46.9	0.0	0.0	52.8	0.3	100.0	2255	65.1	0.0	0.0	34.9	0.0	100.0	103
Indonesia	82.5	2.6	2.4	8.3	4.3	100.0	3129	73.1	5.1	0.0	21.4	0.4	100.0	2815	69.4	1.4	0.0	29.2	0.0	100.0	566
Jordan	8.5	0.0	64.0	25.4	2.1	100.0	285	11.6	0.0	1.1	85.4	2.0	100.0	942	73.4	0.0	0.0	26.6	0.0	100.0	347
Morocco	46.1	13.9	36.0	3.0	1.0	100.0	1436	79.4	0.6	0.0	19.4	0.6	100.0	165	82.8	0.0	0.0	16.6	0.7	100.0	151
Pakistan	34.4	0.5	41.7	8.0	15.4	100.0	45	81.1	0.0	0.0	15.8	3.1	100.0	80	86.1	0.0	0.0	13.8	0.0	100.0	222
Yemen	52.8	0.0	39.5	2.8	4.9	100.0	162	58.0	0.0	1.4	36.8	3.8	100.0	65	(84.3)	(0.0)	(0.0)	(13.2)	(2.5)	(100.0)	41
Latin America/ Caribbean																					
Brazil (NE)	13.5	0.0	79.6	4.8	2.0	100.0	471	*	*	*	*	*	*	12	76.9	0.0	0.0	22.8	0.2	100.0	1334
Colombia	18.8	0.0	72.2	4.5	4.5	100.0	626	45.3	0.0	0.6	52.0	2.1	100.0	549	22.9	0.0	0.0	77.0	0.2	100.0	928
Dominican Republic	13.2	3.5	61.4	13.9	8.1	100.0	399	29.0	0.0	7.7	60.0	3.3	100.0	72	36.5	0.0	0.0	62.9	0.6	100.0	1568
Paraguay	9.8	0.0	72.3	12.5	5.4	100.0	484	20.4	0.0	0.2	78.4	0.9	100.0	204	52.2	0.0	0.4	46.5	0.9	100.0	262
Peru	37.1	1.6	46.7	7.5	7.1	100.0	497	57.0	0.0	0.2	39.2	3.6	100.0	1166	64.4	0.0	0.2	31.0	4.4	100.0	686

Note: Totals may not add to 100.0 due to rounding. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 7.4 Source of modern contraceptive methods by age

Percentage of currently married users of modern contraceptive methods age 15-49 by source of method and current age, Demographic and Health Surveys, 1990-1993

Country	15-24 years							25-34 years							35-49 years						
	Government		Private			Total	Number	Government		Private			Total	Number	Government		Private			Total	Number
	Station-ary	Mobile	Phar-macy	Other	Other			Station-ary	Mobile	Phar-macy	Other	Other			Station-ary	Mobile	Phar-macy	Other	Other		
Sub-Saharan Africa																					
Burkina Faso	56.8	0.0	13.2	1.8	28.2	100.0	54	66.2	0.0	7.3	12.4	14.0	100.0	111	72.3	0.0	9.1	15.3	3.3	100.0	57
Cameroon	(15.1)	(0.0)	(50.2)	(21.9)	(12.8)	(100.0)	25	25.9	0.0	41.0	22.2	10.9	100.0	40	40.3	0.0	27.1	27.2	5.5	100.0	58
Madagascar	(19.6)	(0.0)	(9.8)	(68.1)	(2.5)	(100.0)	22	28.8	0.0	6.5	62.0	2.7	100.0	81	50.8	0.0	4.4	43.5	1.3	100.0	87
Malawi	62.7	2.8	20.2	12.7	1.6	100.0	53	70.0	1.9	0.8	26.2	1.1	100.0	102	71.7	1.5	1.6	25.3	0.0	100.0	100
Namibia	91.2	4.4	1.3	2.6	0.6	100.0	93	75.4	1.5	5.0	17.6	0.5	100.0	235	78.9	1.0	3.4	16.2	0.5	100.0	246
Niger	96.8	0.0	2.1	0.0	1.1	100.0	30	95.9	0.0	3.0	0.6	0.6	100.0	58	93.0	0.0	0.9	5.3	0.9	100.0	36
Nigeria	(41.4)	(0.0)	(35.1)	(7.1)	(16.4)	(100.0)	38	41.6	0.0	19.8	30.9	7.7	100.0	94	45.0	0.0	18.4	33.9	2.7	100.0	109
Rwanda	98.7	0.0	0.6	0.0	0.6	100.0	55	98.5	0.0	0.0	0.2	1.3	100.0	222	98.4	0.0	0.2	0.0	1.5	100.0	203
Senegal	*	*	*	*	*	*	19	60.9	0.0	12.0	15.2	12.0	100.0	92	65.0	0.0	6.8	26.2	1.9	100.0	103
Tanzania	84.6	0.0	0.9	8.7	5.8	100.0	82	84.5	0.0	2.8	9.5	3.2	100.0	147	70.3	0.0	0.6	28.1	1.0	100.0	150
Zambia	55.6	0.0	10.5	19.9	14.0	100.0	93	58.7	0.0	6.0	31.5	3.7	100.0	162	50.2	0.0	7.8	38.8	3.1	100.0	139
Asia/Near East/																					
North Africa																					
Egypt	39.5	0.0	23.0	37.4	0.1	100.0	430	34.5	0.0	27.0	36.3	2.2	100.0	1847	34.6	0.0	30.8	33.0	1.7	100.0	1821
Indonesia	71.6	4.1	0.6	22.1	1.6	100.0	2007	70.5	3.7	1.6	22.0	2.2	100.0	4501	72.0	5.9	2.1	17.8	2.1	100.0	3425
Jordan	12.2	0.0	18.5	67.8	1.5	100.0	187	13.7	0.0	15.5	68.8	2.0	100.0	664	35.3	0.0	13.3	50.4	1.1	100.0	806
Morocco	50.5	12.8	30.8	4.4	1.5	100.0	273	46.4	11.0	37.4	4.2	0.9	100.0	737	56.5	10.7	24.4	7.6	0.9	100.0	807
Pakistan	36.5	1.7	20.2	10.4	31.3	100.0	48	44.4	0.6	21.8	11.3	21.8	100.0	215	65.8	0.5	4.9	14.9	13.9	100.0	307
Yemen	60.0	0.0	24.3	12.5	3.2	100.0	38	55.1	0.0	28.2	12.8	3.9	100.0	148	63.7	0.0	21.9	9.9	4.5	100.0	126
Latin America/																					
Caribbean																					
Brazil (NE)	24.7	0.0	65.6	8.0	1.7	100.0	299	59.4	0.0	21.2	19.2	0.2	100.0	728	69.0	0.0	9.9	20.3	0.8	100.0	874
Colombia	28.1	0.0	47.5	18.5	5.9	100.0	401	25.1	0.0	29.5	43.8	1.7	100.0	1060	23.8	0.0	19.6	54.3	2.3	100.0	965
Dominican Republic	17.6	3.0	43.0	29.7	6.7	100.0	288	32.2	0.6	13.7	50.4	3.1	100.0	929	35.4	0.0	2.5	61.4	0.7	100.0	887
Paraguay	11.0	0.0	62.2	18.8	7.9	100.0	208	13.5	0.0	54.5	29.5	2.5	100.0	563	29.6	0.0	32.4	34.8	3.1	100.0	484
Peru	55.8	1.3	19.5	18.5	4.9	100.0	371	48.3	0.4	20.0	26.2	5.1	100.0	1248	50.8	0.0	14.5	28.9	5.8	100.0	1237

Note: Totals may not add to 100.0 due to rounding. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

they obtained their method from a pharmacy declines with age in most countries surveyed. In contrast, the percentage of users citing other private sources increases with age. In Northeast Brazil, the Dominican Republic, and Paraguay the percentage of users who cited stationary government facilities as their most recent source also increases with age, but there is no strong age differential in the reporting of government stationary facilities as the source in Colombia and Peru. These patterns are consistent with a shift to use of clinical methods as women get older, as clinical methods are more likely to be obtained from other private sources and government stationary facilities.

Similar patterns are observed in most of the sub-Saharan African countries. In general, the percentage of users who reported that they obtained their method from a pharmacy decreases with age or is minimal in all three age groups. The percentage of users who reported that they obtained their method from some other private provider tends to be higher for older users. The age differential for government sources is less consistent but generally there is also a tendency for older women to be more likely to report that they used a government source for their method. In Niger and Rwanda, government sources dominate in all three age groups.

The age differentials in source of methods are generally less evident in the surveyed countries of the Asia/Near East/North Africa region. In Pakistan, the percentage of users who reported that they obtained their method from a government source increases with age, while the percentage who reported obtaining their method from a pharmacy declines among women in the oldest age group. In Jordan, also, users over age 35 are more likely to report government sources but are less likely than younger women to report other private sources. There are no strong age differentials in source of method in the other four countries in the region.

Number of Living Children

Table 7.5 presents the distribution of the source of current method by the number of living children that a woman has. As expected, the patterns are similar to those observed for the age of the respondents because age and parity are closely related and reflect the stage of women in their reproductive careers; that stage in turn tends to determine the type of method that women choose. The percentage of users who report using a government source to obtain their method tends to be higher among those with more living children, as does the percentage of users who report using a pri-

ivate provider other than a pharmacy. In contrast, the percentage of users who report obtaining their most recent contraceptive supplies from a pharmacy tends to decline as the number of living children increases. There is quite a bit of variation across the 22 countries in the strength and precise form of the relationship, and several countries do not conform to the pattern. For example, in Yemen users who have more living children are less likely to cite government facilities and more likely to cite pharmacies as the source of their method than are users with fewer living children. Overall, however, the number of users in Yemen is small.

Area of Residence

Table 7.6 presents the percentage of urban and rural modern contraceptive users who use each type of source. In four of the five surveys in Latin America and the Caribbean, the percentage of users who report obtaining their method from a pharmacy or from other private providers is higher among urban than rural women, while the percentage who report using a government source is correspondingly lower among urban users. However, in Northeast Brazil urban users are more likely than rural users to report a government source and less likely to report a pharmacy as their source of contraceptive supplies. The percentage who reported private providers other than pharmacies is about the same in the two areas. That pattern probably reflects differences in the method mix between urban and rural users in Northeast Brazil—urban users are more likely to use female sterilization, which is obtained primarily from government stationary facilities, while rural users are more likely to use pills, which are obtained primarily from pharmacies.

In the Asia/Near East/North African countries also, urban users are more likely than rural users to obtain their contraceptive method from a pharmacy or other private provider and less likely to use a government source. This pattern holds in all six surveys in that region, but the differences are smaller in some countries (e.g., Egypt and Yemen). In Morocco, mobile government sources, which are used sparingly elsewhere, are cited by 24 percent of rural users but only 1 percent of urban users.

The pattern is less consistent among the sub-Saharan African surveys, and the number of users in some countries is too small to allow reliable comparisons. In six of the nine countries for which data are available, urban users appear to be less likely than rural users to report a government source and more likely to report obtaining contraceptives from a pharmacy. In the other three countries (Nigeria, Senegal,

Table 7.5 Source of modern contraceptive methods by number of children

Percentage of currently married users of modern contraceptive methods age 15-49 by source of method, and number of living children, Demographic and Health Surveys, 1990-1993

Country	0-2 children							3-4 children							5 or more children									
	Government			Private				Num- ber	Government			Private				Num- ber	Government			Private				Num- ber
	Station- ary	Mobile	Other	Phar- macy	Other	Total	Station- ary		Mobile	Other	Phar- macy	Other	Total	Station- ary	Mobile		Phar- macy	Other	Other	Total				
Sub-Saharan Africa																								
Burkina Faso	56.1	0.0	13.9	8.1	21.9	100.0	96	67.1	0.0	6.5	11.7	14.7	100.0	74	80.2	0.0	4.5	13.5	1.8	100.0	53			
Cameroon	(27.7)	(0.0)	(47.9)	(9.6)	(14.7)	(100.0)	33	(18.9)	(0.0)	(38.5)	(33.8)	(8.8)	(100.0)	30	38.0	0.0	28.7	28.0	5.3	100.0	60			
Madagascar	24.4	0.0	10.1	60.7	4.8	100.0	45	32.7	0.0	8.2	58.3	0.8	100.0	69	50.3	0.0	1.4	46.8	1.4	100.0	77			
Malawi	65.9	1.9	13.9	16.4	1.9	100.0	78	69.0	4.6	3.0	22.8	0.6	100.0	74	71.7	0.0	0.0	28.3	0.0	100.0	103			
Namibia	72.9	2.2	6.4	18.3	0.2	100.0	238	78.2	1.9	2.6	16.0	1.3	100.0	186	91.6	0.8	0.8	6.8	0.0	100.0	149			
Niger	95.3	0.0	1.9	0.9	1.9	100.0	35	98.6	0.0	1.4	0.0	0.0	100.0	47	91.6	0.0	3.3	4.4	0.7	100.0	43			
Nigeria	35.1	0.0	33.6	16.4	14.9	100.0	62	54.1	0.0	15.3	29.6	1.0	100.0	69	40.7	0.0	18.7	34.7	5.9	100.0	109			
Rwanda	98.5	0.0	0.4	0.4	0.7	100.0	95	99.3	0.0	0.0	0.0	0.7	100.0	159	97.8	0.0	0.2	0.0	2.0	100.0	227			
Senegal	(62.2)	(0.0)	(17.8)	(13.3)	(6.7)	(100.0)	45	62.5	0.0	7.1	23.2	7.1	100.0	56	64.6	0.0	8.8	20.4	6.2	100.0	113			
Tanzania	82.0	0.0	1.7	11.2	5.1	100.0	125	78.5	0.0	2.1	16.4	3.0	100.0	99	76.7	0.0	1.0	21.4	0.9	100.0	154			
Zambia	55.9	0.0	10.4	22.9	10.9	100.0	126	50.9	0.0	6.2	35.7	7.2	100.0	105	56.9	0.0	6.7	35.1	1.3	100.0	164			
Asia/Near East/ North Africa																								
Egypt	33.1	0.0	24.7	39.9	2.3	100.0	1143	34.3	0.0	30.1	34.2	1.4	100.0	1723	37.9	0.0	28.9	31.4	1.8	100.0	1232			
Indonesia	71.0	3.6	1.7	21.7	2.1	100.0	4900	70.6	4.9	1.7	20.7	2.2	100.0	3386	73.4	6.8	1.0	17.1	1.7	100.0	1647			
Jordan	9.0	0.0	21.6	68.0	1.4	100.0	205	17.1	0.0	14.3	67.9	0.7	100.0	402	29.6	0.0	13.6	55.0	1.8	100.0	1050			
Morocco	45.1	8.0	41.4	4.5	1.1	100.0	561	49.1	10.1	33.6	6.5	0.7	100.0	556	58.6	14.4	19.7	6.1	1.1	100.0	700			
Pakistan	33.1	1.0	21.4	11.5	33.0	100.0	82	49.2	1.0	17.2	11.0	21.6	100.0	177	64.6	0.4	7.6	14.9	12.6	100.0	312			
Yemen	72.2	0.0	19.7	5.9	2.2	100.0	54	59.3	0.0	25.3	10.3	5.1	100.0	78	55.2	0.0	26.8	13.8	4.1	100.0	180			
Latin America/ Caribbean																								
Brazil (NE)	38.3	0.0	45.2	15.9	0.6	100.0	691	68.5	0.0	10.4	20.2	0.9	100.0	707	71.6	0.0	10.2	17.8	0.5	100.0	504			
Colombia	25.3	0.0	39.0	32.0	3.7	100.0	1164	21.7	0.0	18.1	58.5	1.7	100.0	833	31.2	0.0	20.3	47.2	1.3	100.0	429			
Dominican Republic	20.7	1.1	31.7	40.2	6.4	100.0	672	32.2	0.5	5.3	61.2	0.8	100.0	993	46.7	0.3	1.8	50.3	0.8	100.0	440			
Paraguay	13.5	0.0	57.1	24.5	4.8	100.0	549	19.4	0.0	40.9	36.1	3.6	100.0	428	30.7	0.0	37.6	30.3	1.4	100.0	279			
Peru	45.0	0.6	22.5	26.8	5.1	100.0	1267	52.1	0.1	13.7	29.1	5.1	100.0	1036	59.5	0.2	13.7	20.3	6.3	100.0	553			

Note: Totals may not add to 100.0 due to rounding. Figures in parentheses are based on 25-49 unweighted cases.

Table 7.6 Source of modern contraceptive methods by urban/rural residence

Percentage of currently married users of modern contraceptive methods age 15-49 by source of method, and urban/rural residence, Demographic and Health Surveys, 1990-1993

Country	Urban							Rural						
	Government		Private			Total	Number	Government		Private			Total	Number
	Station-ary	Mobile	Phar-macy	Other	Other			Station-ary	Mobile	Phar-macy	Other	Other		
Sub-Saharan Africa														
Burkina Faso	59.9	0.0	12.2	14.1	13.7	100.0	157	(78.7)	(0.0)	(2.1)	(2.1)	(17.0)	(100.0)	66
Cameroon	24.0	0.0	42.1	26.9	7.0	100.0	78	(41.9)	(0.0)	(26.2)	(20.3)	(11.6)	(100.0)	45
Madagascar	35.1	0.0	8.6	52.4	3.8	100.0	102	40.8	0.0	2.8	56.3	0.0	100.0	89
Malawi	U	U	U	U	U	U	U	U	U	U	U	U	U	U
Namibia	74.4	1.5	5.0	18.4	0.7	100.0	400	91.2	2.3	0.7	5.8	0.0	100.0	173
Niger	96.6	0.0	1.4	0.9	1.1	100.0	91	*	*	*	*	*	*	34
Nigeria	45.1	0.0	21.0	28.5	5.4	100.0	140	40.4	0.0	22.4	28.4	8.8	100.0	100
Rwanda	92.2	0.0	1.9	1.0	4.9	100.0	36	99.0	0.0	0.0	0.0	1.0	100.0	444
Senegal	64.5	0.0	12.2	18.6	4.7	100.0	172	(59.5)	(0.0)	(2.4)	(23.8)	(14.3)	(100.0)	42
Tanzania	89.7	0.0	1.5	5.7	3.1	100.0	173	69.8	0.0	1.6	25.9	2.7	100.0	205
Zambia	53.7	0.0	8.2	31.3	6.8	100.0	318	60.2	0.0	5.9	31.6	2.3	100.0	76
Asia/Near East/ North Africa														
Egypt	32.3	0.0	28.9	37.2	1.5	100.0	2315	38.6	0.0	27.4	32.0	2.0	100.0	1783
Indonesia	55.4	2.1	4.1	36.9	1.6	100.0	3127	78.5	5.7	0.4	13.1	2.3	100.0	6806
Jordan	22.2	0.0	15.7	60.5	1.6	100.0	1382	33.1	0.0	10.2	55.9	0.8	100.0	275
Morocco	50.2	1.4	39.5	8.2	0.8	100.0	1016	53.2	23.5	19.5	2.6	1.2	100.0	801
Pakistan	49.0	1.1	16.0	13.3	20.6	100.0	358	65.8	0.0	6.8	13.0	14.5	100.0	213
Yemen	58.6	0.0	26.8	12.0	2.6	100.0	172	59.9	0.0	23.2	11.1	5.8	100.0	140
Latin America/ Caribbean														
Brazil (NE)	59.8	0.0	21.7	18.0	0.5	100.0	1294	55.3	0.0	25.6	17.9	1.2	100.0	607
Colombia	22.6	0.0	29.4	45.4	2.7	100.0	1793	32.1	0.0	26.1	39.3	2.4	100.0	633
Dominican Republic	28.3	0.5	15.1	53.0	3.1	100.0	1408	38.2	1.0	8.7	50.8	1.4	100.0	696
Paraguay	16.8	0.0	48.5	32.2	2.5	100.0	823	24.2	0.0	44.8	25.2	5.9	100.0	432
Peru	47.6	0.3	18.7	28.0	5.4	100.0	2471	68.4	0.6	10.4	15.7	4.9	100.0	385

U = Unknown (not available)

Note: Totals may not add to 100.0 due to rounding. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

and Tanzania), urban users are more likely than rural users to report that they obtained their method from a government source. Rural users in these countries cite private providers other than a pharmacy or other sources more often than urban users do.

Level of Education

Table 7.7 presents the percentage of modern contraceptive users with no education, primary education, and secondary or higher education who use each type of contraceptive source. In all five countries in Latin America, the percentage of users who reported that they obtained their

method from a government source decreases as the level of education increases. The same pattern holds in five of the six countries in the Asia/Near East/North Africa region. In Yemen, educational differentials in source of supply are small, but it appears that users with secondary or higher education are more likely than users with less education to report a government source. In sub-Saharan Africa, use of government facilities also generally declines as education increases, except in Tanzania where the pattern is reversed.

In general, users with no education are less likely than other users to report that they obtained their method from a pharmacy. That pattern is found to some extent in all coun-

Table 7.7 Source of modern contraceptive methods by education

Percentage of currently married users of modern contraceptive methods age 15-49 by source of method and education, Demographic and Health Surveys, 1990-1993

Country	No education							Primary							Secondary or higher									
	Government			Private				Number	Government			Private				Number	Government			Private				Number
	Station-ary	Mobile	Total	Phar-macy	Other	Other	Station-ary		Mobile	Total	Phar-macy	Other	Other	Station-ary	Mobile		Total	Phar-macy	Other	Other	Total			
																						Phar-macy	Other	
Sub-Saharan Africa																								
Burkina Faso	76.6	0.0	3.2	6.4	13.8	100.0	89	67.8	0.0	6.4	11.4	14.4	100.0	59	50.5	0.0	18.5	14.9	16.1	100.0	75			
Cameroon	*	*	*	*	*	*	16	(27.0)	(0.0)	(32.4)	(32.5)	(8.1)	(100.0)	43	25.7	0.0	47.2	16.7	10.5	100.0	64			
Madagascar	*	*	*	*	*	*	8	49.8	0.0	0.0	49.4	0.8	100.0	73	28.0	0.0	10.3	58.8	3.0	100.0	110			
Malawi	75.2	2.3	4.4	18.1	0.0	100.0	86	68.6	1.1	7.1	22.7	0.5	100.0	128	58.3	3.6	0.4	34.5	3.2	100.0	41			
Namibia	93.9	3.4	0.0	2.7	0.0	100.0	70	90.7	4.1	0.0	4.8	0.3	100.0	174	70.4	0.1	6.5	22.2	0.7	100.0	329			
Niger	97.5	0.0	0.0	2.5	0.0	100.0	78	90.3	0.0	8.4	0.0	1.3	100.0	25	92.7	0.0	2.9	1.5	2.9	100.0	22			
Nigeria	48.8	0.0	19.4	25.3	6.5	100.0	57	40.5	0.0	17.7	36.5	5.3	100.0	79	42.1	0.0	25.7	24.2	8.1	100.0	104			
Rwanda	98.8	0.0	0.0	0.0	1.2	100.0	191	98.9	0.0	0.0	0.0	1.1	100.0	236	95.4	0.0	1.3	0.7	2.6	100.0	54			
Senegal	72.6	0.0	4.8	13.1	9.5	100.0	84	67.7	0.0	9.2	16.9	6.2	100.0	65	47.7	0.0	18.5	30.8	3.1	100.0	65			
Tanzania	74.7	0.0	3.6	21.6	0.0	100.0	44	78.9	0.0	1.5	16.1	3.6	100.0	288	(82.9)	(0.0)	(0.0)	(15.8)	(1.3)	(100.0)	47			
Zambia	(71.0)	(0.0)	(4.7)	(24.3)	(0.0)	(100.0)	23	57.5	0.0	5.7	31.4	5.4	100.0	172	51.0	0.0	9.8	32.1	7.1	100.0	199			
Asia/Near East/ North Africa																								
Egypt	39.5	0.0	30.7	28.2	1.6	100.0	1571	36.9	0.0	31.6	29.6	1.9	100.0	1234	27.9	0.0	22.0	48.3	1.8	100.0	1293			
Indonesia	82.2	5.8	0.1	10.5	1.4	100.0	1371	75.6	5.1	0.9	16.1	2.3	100.0	6223	53.2	2.5	4.2	38.3	1.8	100.0	2339			
Jordan	42.2	0.0	11.1	46.2	0.5	100.0	294	29.2	0.0	12.3	56.9	1.6	100.0	417	16.1	0.0	17.0	65.2	1.7	100.0	946			
Morocco	56.3	14.9	22.4	5.3	1.1	100.0	1233	50.0	5.2	36.9	6.9	1.0	100.0	306	32.0	0.7	60.4	6.5	0.4	100.0	278			
Pakistan	66.5	0.9	7.5	13.6	11.5	100.0	311	57.5	0.0	15.8	4.9	21.8	100.0	80	34.9	0.5	19.8	16.2	28.6	100.0	180			
Yemen	57.8	0.0	24.7	13.0	4.5	100.0	201	56.7	0.0	27.6	9.7	6.0	100.0	53	66.2	0.0	24.9	8.2	0.7	100.0	58			
Latin America/ Caribbean																								
Brazil (NE)	69.8	0.0	13.7	14.8	1.7	100.0	349	58.3	0.0	25.3	15.8	0.5	100.0	1174	47.9	0.0	24.2	27.6	0.3	100.0	378			
Colombia	31.6	0.0	19.1	48.5	0.8	100.0	112	28.9	0.0	26.3	42.1	2.7	100.0	1103	21.0	0.0	31.4	44.9	2.7	100.0	1211			
Dominican Rep.	56.4	0.0	3.4	39.7	0.6	100.0	127	36.2	1.0	8.6	53.1	1.2	100.0	1210	20.1	0.2	21.6	53.0	5.1	100.0	767			
Paraguay	*	*	*	*	*	*	23	21.9	0.0	48.1	25.7	4.2	100.0	751	14.5	0.0	46.6	36.5	2.4	100.0	482			
Peru	77.8	0.0	4.2	15.1	2.9	100.0	93	60.7	0.5	13.9	20.7	4.2	100.0	765	45.1	0.3	19.6	29.1	5.9	100.0	1998			

Note: Totals may not add to 100.0 due to rounding. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

tries except Malawi, Tanzania, Egypt, and Yemen. In many countries, use of other private sources also tends to increase as education increases, but the pattern is nowhere near universal. In some countries, the opposite pattern is observed, while in others the differentials are small or not clearly defined.

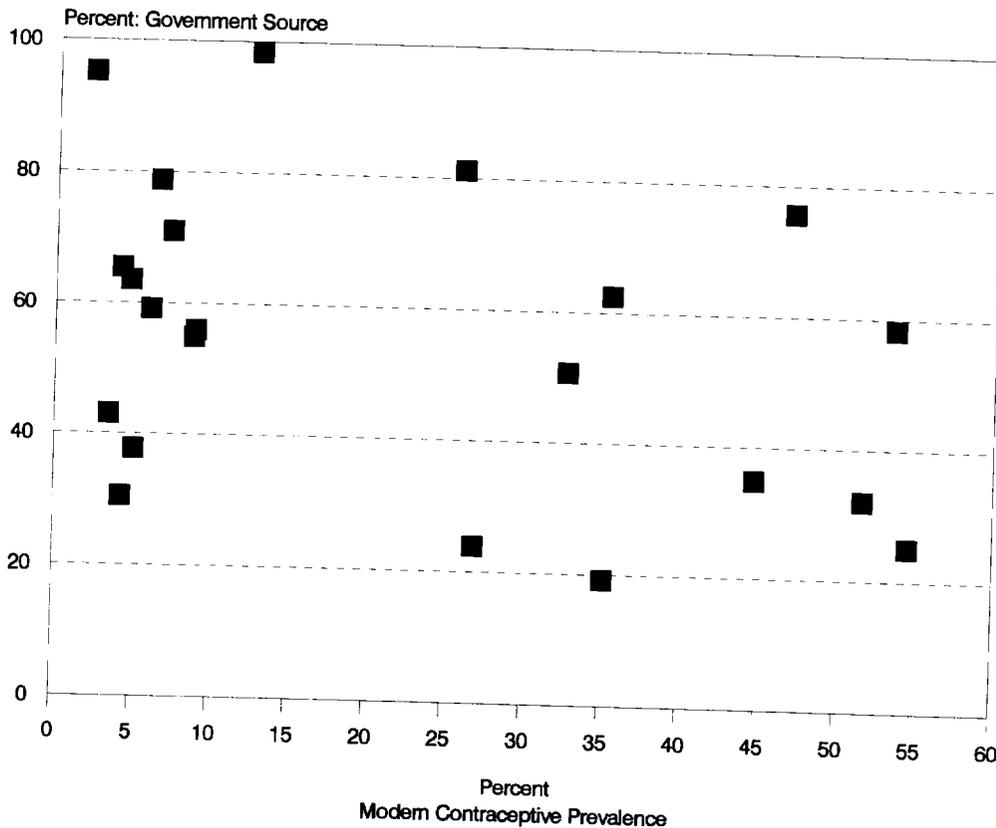
7.5 CONTRACEPTIVE PRACTICE AND CONTRACEPTIVE SOURCE PATTERNS

The foregoing analyses raise the question as to whether the contraceptive sources used in a population are associated with the level of contraceptive prevalence. Cross et al. (1991) proposed a model linking use of modern contraceptives to contraceptive source patterns. The model hypothesizes that government sources of contraceptives are most important in the intermediate stages of family planning de-

velopment in a country. It argues that, in the early stages, most users are financially well-off urban residents whose contraceptive needs can be met by the private sector. As family planning becomes more established, the government begins to play an increasing role in providing contraceptives; but once family planning demand reaches a high level, the government attempts to shift more responsibility to the private sector to reduce the financial burden of supplying contraceptives. In this model, the primary role of NGOs is to motivate users and provide counseling rather than to supply contraceptives.

Figure 7.2 illustrates the percentage of modern contraceptive users who reported in DHS-II that they used a government source to obtain their contraceptive method by the prevalence of modern contraception in the population. No relationship between the two variables is apparent. Thus, the present survey data do not support the proposed model.

Figure 7.2 Modern contraceptive prevalence by percentage of modern methods obtained from a government source, Demographic and Health Surveys, 1990-1993



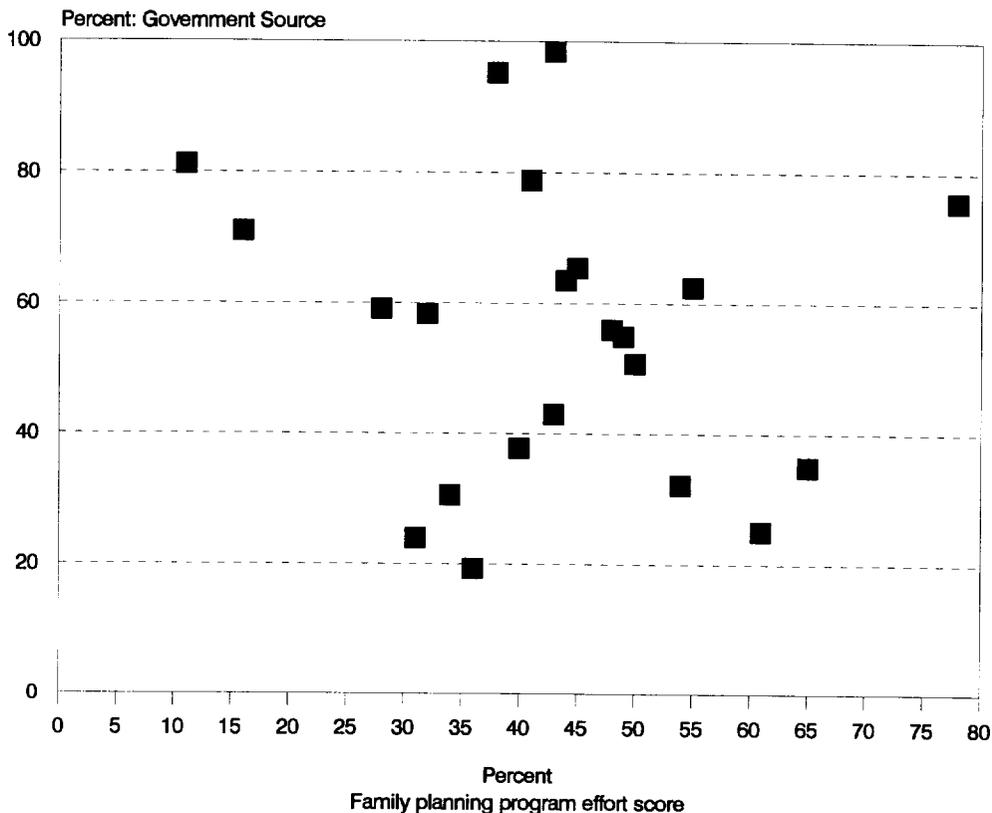
Ayad et al. (1994) conducted a similar analysis using DHS-I surveys focusing on the role of NGOs as hypothesized under the Cross et al. model. They concluded that NGOs were important suppliers of contraceptives in some countries, again contrary to the model. They also concluded that the public sector remains an important provider of contraceptives where the government has a strong population policy to reduce fertility, even in countries with high levels of contraceptive prevalence.

To test the latter hypothesis, the percentage of users who cited a government source is plotted against the family planning program effort score (Mauldin and Ross, 1991) for each country (Figure 7.3). The family planning program effort score, given as a percentage of the maximum score possible, provides a summary measure of the strength of the family planning program in a country based on four components—policy and stage-setting activities, service and service-related activities, record keeping and evaluation, and availability and accessibility of fertility control supplies

and services. A positive relationship is expected between that score and the percentage of users who opt for a government source, but no relationship is apparent from the figure. Hence, the present survey data suggest that the role of government as a supplier of contraceptives does not systematically depend on the strength of the family planning program.

Our conclusion from these analyses is that the contraceptive source pattern in a country is related primarily to the historical context of family planning provision and the social environment in a particular population and hence does not vary systematically across countries. Of course, the analyses presented do have limitations. For example, it is possible that the family planning program effort score does not adequately measure the particular dimension of a family planning program that affects source patterns, yet the absence of any strong relationships suggests that detailed analyses of contraceptive sources and policies aimed at affecting source choices need to be country-specific.

Figure 7.3 Family planning program effort scores by percentage of modern methods obtained from a government source, Demographic and Health Surveys, 1990-1993



7.6 TIME TO SOURCE

Data on time to the most recent source of contraceptive supplies are available in DHS-II surveys. Such information can be used to assess how far women travel to obtain their contraceptive supplies and how difficult they perceive it is to get to the source. The analysis presented here examines only time to the most recent source of supply for current users of modern contraception. It is quite plausible that women who are current users of modern contraceptives live closer to a source of supply than nonusers, especially if lack of access to a source is an important barrier to modern con-

traceptive use in a population. Therefore, the results of this analysis should not be interpreted as indicating the time required to get to a modern contraceptive source in the population as a whole. Rather, the analysis compares the time and perceived effort required of contraceptive users in different populations to obtain their contraceptive supplies.

Table 7.8 presents the median time to reach the most recent contraceptive source, together with the percentage of modern contraceptive users who stated that it was easy or difficult to reach the source for each population. The median time taken to reach the most recent contraceptive source is

Table 7.8 Accessibility of sources of modern contraception

Median time to source for currently married users of modern contraceptive methods age 15-49 and their perception of source accessibility, Demographic and Health Surveys, 1990-1993

Country	Urban					Rural					Total				
	Easy	Diffi- cult	Not stated	Total	Median time (min.)	Easy	Diffi- cult	Not stated	Total	Median time (min.)	Easy	Diffi- cult	Not stated	Total	Median time (min.)
Sub-Saharan Africa															
Burkina Faso	76.7	20.1	3.2	100.0	25.8	(71.8)	(23.1)	(5.1)	(100.0)	(30.7)	75.3	20.9	3.8	100.0	30.1
Cameroon	84.2	11.7	4.1	100.0	20.2	(78.1)	(18.6)	(3.3)	(100.0)	(30.5)	82.1	14.1	3.8	100.0	20.6
Madagascar	88.5	6.6	4.9	100.0	30.5	53.5	29.6	16.9	100.0	60.6	72.0	17.4	10.6	100.0	45.0
Malawi	U	U	U	U	U	U	U	U	U	U	70.9	27.6	1.5	100.0	90.9
Namibia	84.7	12.4	2.9	100.0	15.5	62.6	35.1	2.3	100.0	60.6	78.1	19.2	2.7	100.0	20.6
Niger	75.7	20.4	3.9	100.0	21.0	*	*	*	*	*	71.0	25.1	4.0	100.0	30.2
Nigeria	88.1	11.2	0.8	100.0	30.4	68.6	30.3	1.1	100.0	30.9	79.7	19.4	0.9	100.0	30.6
Rwanda	75.8	21.2	3.0	100.0	30.5	70.2	26.7	3.1	100.0	60.7	70.6	26.3	3.1	100.0	60.7
Senegal	79.3	12.2	8.5	100.0	30.2	(66.7)	(27.8)	(5.6)	(100.0)	(60.5)	77.0	15.0	8.0	100.0	30.5
Tanzania	91.8	7.4	0.8	100.0	30.1	65.8	33.2	0.9	100.0	120.0	77.6	21.5	0.9	100.0	31.0
Zambia	85.8	10.8	3.5	100.0	25.7	51.1	45.8	3.0	100.0	120.3	79.2	17.4	3.4	100.0	30.3
Asia/Near East/ North Africa															
Egypt	95.1	4.6	0.3	100.0	15.2	91.4	8.4	0.2	100.0	30.1	93.5	6.2	0.3	100.0	15.8
Indonesia	96.2	1.2	2.6	100.0	15.1	90.7	5.4	3.9	100.0	15.6	92.5	4.1	3.4	100.0	15.4
Jordan	89.6	10.3	0.1	100.0	15.8	76.7	23.1	0.2	100.0	30.8	87.5	12.4	0.1	100.0	16.0
Morocco	91.3	7.5	1.1	100.0	15.5	47.3	50.9	1.8	100.0	60.9	74.7	23.9	1.4	100.0	30.2
Pakistan	73.8	25.7	0.5	100.0	30.2	56.7	43.3	0.0	100.0	60.5	67.3	32.4	0.3	100.0	30.7
Yemen	U	U	U	U	16.0	U	U	U	U	60.8	U	U	U	U	30.4
Latin America/ Caribbean															
Brazil (NE)	89.0	10.8	0.2	100.0	20.5	73.8	26.1	0.1	100.0	60.2	84.2	15.6	0.2	100.0	30.3
Colombia	96.3	3.4	0.3	100.0	15.8	79.2	20.6	0.2	100.0	40.7	91.8	7.9	0.3	100.0	20.8
Dominican Republic	86.2	11.3	2.6	100.0	30.2	76.1	22.8	1.1	100.0	60.6	82.2	15.8	2.0	100.0	30.8
Paraguay	88.3	7.9	3.8	100.0	20.0	56.0	41.8	2.2	100.0	60.5	77.6	19.1	3.3	100.0	30.2
Peru	91.2	7.9	0.9	100.0	20.0	67.6	31.3	1.1	100.0	48.2	88.0	11.1	0.9	100.0	20.4

U = Unknown (not available)

Note: Totals may not add to 100.0 due to rounding. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

45 minutes or less in all countries except Malawi and Rwanda,¹⁰ and those who report that it is easy to reach their source exceeds 70 percent everywhere except Pakistan.

More than 70 percent of urban users reported that it was easy to get to their contraceptive source in all of the surveys with data available, and more than 90 percent said it was easy in Tanzania, Egypt, Indonesia, Morocco, Colombia, and Peru. The median time to the most recent source in urban areas was between 15 and 30 minutes in all countries.

As expected, proportionately fewer rural users find it easy to get to their contraceptive source. In the majority of surveys, between 50 and 80 percent of rural users reported that it was easy to get to their contraceptive source. However, in Morocco only 47 percent of rural users considered it easy, while in Egypt and Indonesia more than 90 percent

did so. The median time taken to reach the source in rural areas is between 30 minutes and one hour in most surveys, but is around two hours in Tanzania and Zambia. Only in Indonesia is the median time to source under half an hour for rural users.

On average, the median time to source for both urban and rural users tends to be slightly higher in sub-Saharan Africa and slightly lower in Asia/Near East/North Africa, but the differences are small. Overall, there are no strong regional differentials in either urban or rural areas in the percentage of users who perceive that it is easy to reach their contraceptive source. The percentage of users who report that it is easy to get to their contraceptive source is only weakly related to the median time to reach the source. There is much variability in the perceived accessibility of a source for a given median duration to the source. For example, in the 10 populations in which the median time to source for rural users is around one hour, the percentage of users who report that it is easy to reach that source ranges from 47 percent in Morocco to 76 percent in the Dominican Republic.

¹⁰ The median time to source reported in Table 7.8 tends to be around 15, 30, 60, or 120 minutes in most surveys. This reflects heaping of the individual responses on multiples of 15 minutes.

8 Conclusions

This report has presented a comprehensive update on knowledge, use, and sources of contraceptive methods based on the 22 populations surveyed under the DHS-II project. Broadly speaking, the results are consistent with earlier analyses and existing knowledge of these issues—contraceptive knowledge and use tend to be lower in populations in sub-Saharan Africa than elsewhere and to be lower among rural and less educated women. Contraceptive knowledge and use are low also in Pakistan and Yemen. The patterns in those two populations more closely resemble those in most of sub-Saharan Africa than those in the other four surveys in the Asia/Near East/North Africa region.

Despite the recent rise in contraceptive use, further increases are still required if UN medium variant fertility projections are to be realized. The findings presented confirm that contraceptive use remains low in many populations, especially in sub-Saharan Africa, and that even in populations that have reached quite high levels of use, the prevalence rate is still below that required to reach replacement fertility. The findings provide some insights into the issues that are important in each population.

Figure 8.1 presents the percentage of married women who know at least one method of contraception, the percentage who have ever used a method, and the percentage who are currently using a method. These concepts represent the three main phases of the contraceptive innovation process discussed throughout this report—awareness, evaluation and trial, and adoption.

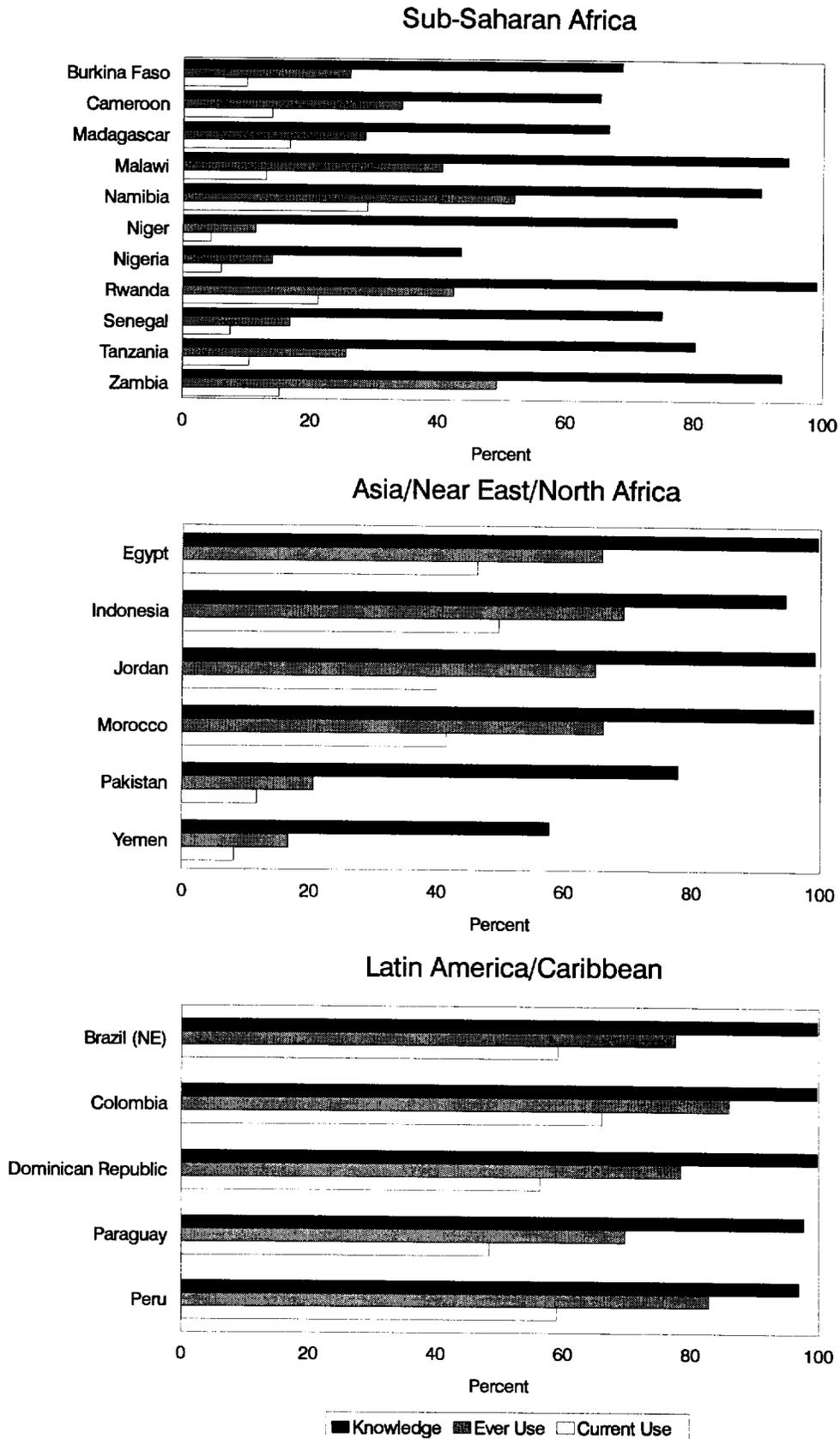
As the figure illustrates, current use of contraception is minimal in sub-Saharan Africa and in Pakistan and Yemen. Knowledge of contraception is also much lower in these

populations than in those with higher levels of use. In addition, few women who become aware of contraceptive methods then go on to try one. Hence, lack of awareness of any method and particularly of a range of methods, little knowledge of where to obtain the methods, and low levels of experimentation with contraception appear to be the main barriers to contraceptive use in these populations.

In the other countries in the Asia/Near East/North Africa region and in Latin America and the Caribbean, where current use is much higher, awareness of contraception is near universal. Hence, efforts to increase awareness are no longer needed in these regions. Two-thirds or more of women who are aware of at least one method of contraception have used a method at some time, and similar proportions of those who have ever used a method are currently using one. Thus, in these countries, increases in contraceptive prevalence are likely to occur through increased experimentation with methods among the group of women who have never used one and through higher continuation rates among women who are already users.

Finally, the government remains an important source of modern contraceptive methods in many countries, particularly in sub-Saharan Africa and, to a lesser extent, in the Asia/Near East/North Africa region. The percentage of users who rely on government sources does not vary systematically across the populations in this study. Hence, the authors conclude that the source pattern appears to be determined primarily by the social and political environment of the population and the historical context of family planning in each country. Policies to affect source patterns therefore need to be country-specific.

Figure 8.1 Percentage of currently married women 15-49 who know any contraceptive method, the percentage who have ever used a method, and the percentage who are currently using a method, Demographic and Health Surveys, 1990-1993



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Appendix A

Classification of individual sources for each country

Country	Government stationary	Government mobile	Pharmacy	Other private	Other/Don't know
SUB-SAHARAN AFRICA					
Burkina Faso	Hospital Medical center CSPS SMI Dispensary/maternity clinic Primary health post Community pharmacy	None	Pharmacy	Private doctor Family planning clinic Nurse	Parent/friend/neighbor* Other* Don't know*
Cameroon	Public hospital PMI Public health center Community pharmacy	None	Pharmacy	Church hospital Civil hospital Dispensary/missionary	Friends/parent* Church* Other* Don't know*
Madagascar	Hospital Health center Dispensary Medical post	None	Pharmacy	Private doctor Clinic/private hospital Family planning center/ FISA	Shop Church* Acquaintance/parent* Other* Don't know
Malawi	Hospital Primary health center Dispensary/maternity clinic	Mobile clinic*	Shop/ pharmacy	Private: Hospital Health center Doctor Dispensary/maternity clinic Mobile clinic*	Church* Friend/relative* Other* Don't know*
Namibia	Hospital Health center/clinic	Primary health care mobile clinic* Field worker*	Pharmacy	Private: Doctor Hospital/clinic	Shop Friend/relative Other Don't know*
Niger	Hospital Medical center Family health center PMI Dispensary Maternity clinic Public pharmacy	None	Pharmacy	Private doctor Clinic/hospital	Parent* Neighbor* Other* Don't know

Country	Government stationary	Government mobile	Pharmacy	Other private	Other/Don't know
Nigeria	Hospital Health center/maternity center/ family planning clinic/health clinic/ post Doctor	None	Pharmacy Patent medicine shop	PPFN clinic Private: Hospital Health center/maternity center/family planning clinic/health clinic/post Doctor Clinic Private place of work* Mission: Hospital Health center/maternity center/family planning clinic/health clinic/post Doctor	Market Church* Friend/relative* Other* Don't know*
Rwanda	Hospital Health center Family planning post	Abakanguramba ^{1*}	Pharmacy	Doctor/private clinic	Shop or kiosk Acquaintance/parent* Other* Don't know*
Senegal	Hospital Health center/PMI Health post/dispensary	None	Pharmacy	Private: Hospital/clinic Doctor	Shop/market Church* Acquaintance/parent* Health auxiliary* Other* Don't know*
Tanzania	Consultant hospital Regional hospital District hospital Health center Dispensary Parastatal health facility Village health post/worker*	None	Pharmacy/ medical store	Religious organization facility Private doctor/clinic/ hospital UMATI community-based distribution worker*	Shop Friend/relative* Other* Don't know*
Zambia	Hospital Health center	Field worker*	Pharmacy	Private hospital/clinic Mission hospital/clinic Private doctor Mobile clinic* Field worker*	Shop Friend/relative* Other* Don't know

Country	Government stationary	Government mobile	Pharmacy	Other private	Other/Don't know
ASIA/NEAR EAST/NORTH AFRICA					
Egypt	Ministry of Health: Urban hospital Urban health unit Rural hospital Rural health unit Other Other government: Teaching hospital Health insurance organization Curative care organization Other	None	Pharmacy	EFPA CSI project Other PVO Private hospital/clinic Private doctor Mosque health unit Church health unit	Other vendor Friend/relative* Husband Other Don't know*
Indonesia	Hospital Health center Health post Family planning post	Field worker* Family planning mobile unit* Family planning safari*	Pharmacy/ drugstore	Private: Hospital Clinic Doctor Midwife Traditional healer	Friend/relative* Nowhere* Other* Don't know
Jordan	Hospital Maternal and child health/ health center	None	Pharmacy	Family planning clinic Private: Doctor Hospital	Friend/relative Other* Don't know
Morocco	Public hospital Maternity clinic Health center Dispensary	Home visit* Mobile clinic*	Pharmacy	AMPF clinic Doctor/midwife	Parent/friend* Traditional midwife* Other* Don't know*
Pakistan	Hospital Clinic Family welfare center	Mobile clinic/ extension team* Field worker*	Drugstore	NGO center Private hospital/clinic Private doctor Hakim/homeopath Traditional birth attendant	Shop Friend/relative* Other* Don't know*
Yemen	Public hospital Public family planning clinic Maternal and child health center	None	Pharmacy	Private family planning clinic Private medical doctor/ clinic	Other* Don't know*
LATIN AMERICA/CARIBBEAN					
Brazil	Hospital Social security/INAMPS Health center/post	None	Pharmacy	Family planning clinic Hospital/clinic/doctor Community post	Church Friend/parent* Philanthropic organization Other
Colombia	Hospital Government employee system Social security	None	Drugstore	PROFAMILIA: Clinic Post Private: Clinic/hospital Doctor Private employee system	Other Don't know*

Country	Government stationary	Government mobile	Pharmacy	Other private	Other/Don't know
Dominican Republic	SESPAS hospital/clinic IDSS hospital/clinic CEA clinic/dispensary FFAA/PN hospital/clinic	SESPAS promoter*	Pharmacy	PROFAMILIA: Clinic Associated clinic Promoter* ADOPLAFAM: Consultant Promoter* Church consultant Clinic/consultant/doctor* Other promoter*	Barber/beauty salon Other* Don't know*
Paraguay	Health center/post Public hospital	None	Pharmacy	Community distribution* CEPEP clinic/private doctor Hospital Midwife	Herself/partner Market Church Friend* Other* Don't know*
Peru	Ministry of Health: Hospital Health center Medical post IPSS: Hospital Polyclinic	Ministry of health promoter*	Pharmacy	PVO: Family planning clinic Family planning post Promoter* Private doctor Hospital/Clinic	Shop Church Friend/parent Other Don't know

¹ Voluntary field workers who distribute contraceptives from the government.

* Respondents who obtained contraception from these sources were not asked about time to source or whether it was easy or difficult to get to the source.

ADOPLAFAM - Asociación Dominicana de Planificación Familiar

AMPF - Association Marocaine de Planification Familiale

CEA - Consejo Nacional del Azúcar

CEPEP - Centro Paraguayo de Estudios de Población

CSI - Clinical Services Improvement

CSPS - Centre de Santé et de Promotion Sociale

EFPA - Egyptian Family Planning Association

FFAA/PN - Fuerzas Armadas/Policía Nacional

FISA - Fiana Kaviana Sambatra

IDSS - Instituto Dominicano de Seguros Sociales

INAMPS - Instituto Nacional de Assistência Médica da Previdência Social

IPSS - Instituto Peruano de Seguridad Social

NGO - Non-governmental organization

PMI - Protection Maternelle et Infantile

PPFN - Planned Parenthood Federation of Nigeria

PROFAMILIA - Asociación Pro-Bienestar de la Familia Colombiana or Asociación Dominicana Pro-Bienestar de la Familia

PVO - Private voluntary organization

SESPAS - Secretaria de Estado de Salud Publica y Asistencia Social

SMI - Santé Maternelle et Infantile

UMATI - Family Planning Association of Tanzania

Appendix B

Knowledge of Specific Contraceptive Methods by Demographic and Socioeconomic Characteristics of Respondents

Table B.1 Knowledge of the pill

Percentage of currently married women 15-49 reporting knowledge of the pill, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No educa-	Primary	Second-ary or higher	
										tion			
Sub-Saharan Africa													
Burkina Faso	49.4	55.0	45.3	46.2	50.3	52.0	50.4	88.1	42.4	45.2	77.7	95.2	50.3
Cameroon	45.0	52.4	37.9	46.0	45.3	46.3	44.9	64.4	33.8	18.9	57.7	91.6	45.5
Madagascar	32.6	45.3	43.0	33.9	41.6	42.4	42.1	76.8	33.6	20.8	34.9	74.2	41.0
Malawi	77.8	89.0	81.3	63.3	81.6	89.0	88.6	U	U	78.2	87.3	98.3	82.9
Namibia	82.9	86.8	78.3	85.3	84.9	85.0	76.6	91.7	76.5	64.9	81.6	95.8	82.4
Niger	42.2	49.0	42.6	35.1	42.7	46.0	52.9	84.6	38.3	42.7	66.4	95.9	44.9
Nigeria	31.6	37.1	31.5	26.3	31.3	33.1	41.2	58.6	27.1	21.9	48.8	76.6	33.8
Rwanda	93.8	98.0	96.6	94.2	95.5	97.6	97.4	99.3	96.5	95.3	97.6	100.0	96.7
Senegal	57.0	67.8	63.2	52.1	59.8	64.4	68.7	82.2	54.2	57.7	89.5	97.7	63.2
Tanzania	72.5	80.6	70.0	62.0	76.8	76.8	74.7	90.3	70.3	60.4	84.1	97.2	74.6
Zambia	80.9	89.6	82.5	71.6	85.0	87.3	86.9	93.1	77.3	67.1	86.4	97.3	84.7
Asia/Near East/ North Africa													
Egypt	99.2	99.6	99.4	98.4	99.7	99.6	99.3	99.8	99.1	98.9	99.8	99.9	99.4
Indonesia	91.3	93.1	89.1	85.1	92.3	92.1	90.3	96.2	89.2	77.8	92.8	98.4	91.2
Jordan	98.3	99.2	97.5	95.0	99.1	99.0	98.4	98.9	96.9	95.3	98.7	99.5	98.3
Morocco	98.8	99.0	98.7	99.2	99.0	98.7	98.7	99.7	98.2	98.5	100.0	99.8	98.8
Pakistan	54.4	64.8	64.3	42.9	63.4	64.7	66.6	77.3	55.7	57.0	78.9	84.6	62.2
Yemen	54.0	52.5	48.5	47.1	49.7	49.0	54.6	84.5	44.2	46.9	85.5	93.3	51.3
Latin America/ Caribbean													
Brazil (NE)	96.0	99.1	97.7	97.6	97.9	98.7	96.9	99.3	95.6	96.0	98.0	100.0	97.8
Colombia	98.2	98.8	98.7	98.6	98.6	99.4	97.6	98.9	97.9	96.3	98.0	99.6	98.6
Dominican Republic	98.5	99.4	99.0	99.1	99.1	99.2	98.5	99.9	97.6	96.4	98.9	99.9	99.0
Paraguay	91.3	95.0	93.3	89.3	94.8	94.8	91.8	95.8	91.0	85.5	92.3	97.4	93.6
Peru	85.3	91.7	89.0	86.8	92.6	90.4	83.1	95.5	74.1	62.2	83.7	97.9	89.4

U = Unknown (not available)

Table B.2 Knowledge of the IUD

Percentage of currently married women 15-49 reporting knowledge of the IUD, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No educa-	Primary	Second-ary or higher	
										tion			
Sub-Saharan Africa													
Burkina Faso	31.1	38.6	32.5	27.6	33.8	35.8	36.7	76.7	25.6	29.2	58.0	89.0	34.4
Cameroon	25.9	36.5	26.6	26.7	28.9	30.0	32.4	46.4	19.6	6.1	38.1	75.8	29.9
Madagascar	10.7	19.5	20.1	11.5	16.8	21.9	16.2	48.1	10.9	4.1	11.2	43.7	17.3
Malawi	38.4	53.8	46.0	26.6	44.0	51.5	54.3	U	U	37.7	53.3	90.8	46.3
Namibia	32.3	47.3	37.8	43.7	46.0	44.1	30.4	65.8	24.5	16.7	28.6	73.8	40.5
Niger	21.9	26.9	25.5	18.7	21.7	25.8	32.0	66.0	18.0	22.7	42.3	88.0	24.9
Nigeria	15.2	22.8	19.7	12.0	16.5	21.4	25.6	41.7	13.8	9.0	34.3	56.0	19.8
Rwanda	63.8	71.8	70.4	61.1	68.3	72.6	70.6	88.0	68.7	64.8	72.0	91.6	69.7
Senegal	34.3	48.4	44.0	30.9	41.2	42.0	49.1	76.2	27.2	35.0	79.7	95.9	43.0
Tanzania	28.0	41.1	34.8	19.4	33.4	39.4	38.5	62.3	27.5	19.9	43.9	86.1	35.0
Zambia	36.3	57.8	53.0	29.8	44.7	55.1	56.1	65.0	35.2	26.6	46.3	82.1	49.2
Asia/Near East/ North Africa													
Egypt	98.5	99.3	98.7	97.9	99.0	99.2	98.7	99.6	98.3	98.0	99.5	100.0	98.9
Indonesia	81.6	86.1	80.8	74.1	84.4	85.3	81.5	92.3	79.4	63.1	84.4	97.4	83.2
Jordan	97.9	98.8	97.1	95.0	98.7	98.7	97.9	98.7	95.7	95.0	98.0	99.1	97.9
Morocco	83.4	88.5	87.9	83.1	88.3	88.2	87.2	97.6	79.4	83.9	97.5	100.0	87.3
Pakistan	41.5	54.6	54.2	32.9	50.4	54.8	56.6	70.4	43.2	45.0	72.4	79.0	51.5
Yemen	35.2	35.4	30.4	31.5	32.9	31.9	35.2	75.1	24.5	28.1	71.5	90.6	33.5
Latin America/ Caribbean													
Brazil (NE)	40.2	53.0	52.5	46.0	54.7	54.5	41.3	62.2	31.5	27.8	49.6	88.1	50.2
Colombia	88.6	95.8	95.4	90.4	94.7	95.1	92.9	96.2	89.3	75.4	92.7	97.9	94.1
Dominican Republic	89.3	94.6	95.8	88.1	94.7	94.9	92.7	96.8	88.5	80.1	92.8	98.3	93.7
Paraguay	76.5	86.9	86.2	76.7	85.9	87.5	81.9	90.1	78.1	65.5	81.9	92.7	84.5
Peru	80.4	90.0	86.1	81.9	90.7	88.7	77.8	95.3	64.8	51.0	79.3	97.6	86.6

U = Unknown (not available)

Table B.3 Knowledge of injection

Percentage of currently married women 15-49 reporting knowledge of injection, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No	Secondary or higher		
										educa- tion	Primary		
Sub-Saharan Africa													
Burkina Faso	38.4	45.5	38.7	38.0	40.1	42.0	43.3	72.2	34.7	36.9	64.0	80.0	41.2
Cameroon	40.1	45.5	33.7	35.1	39.9	42.1	41.1	55.5	30.5	20.7	49.1	73.4	40.1
Madagascar	39.9	52.4	50.2	37.9	47.7	49.9	51.3	76.7	42.3	25.6	44.2	78.8	48.3
Malawi	61.3	75.4	67.6	43.6	68.5	73.8	75.2	U	U	61.9	74.0	94.7	68.3
Namibia	88.6	87.8	80.6	86.3	87.7	87.6	78.7	92.3	80.0	69.4	84.3	96.2	84.8
Niger	36.2	41.8	39.6	30.4	37.4	39.6	47.1	76.0	33.2	37.3	57.5	93.6	39.3
Nigeria	30.7	36.3	32.6	23.8	31.6	32.2	42.0	58.9	26.7	21.2	51.4	73.3	33.6
Rwanda	96.8	98.4	96.2	95.8	97.4	98.4	96.5	99.3	97.1	95.6	98.5	100.0	97.3
Senegal	26.6	36.6	35.5	23.5	30.7	33.1	39.3	48.0	26.6	28.4	52.5	76.1	33.5
Tanzania	37.5	49.9	43.5	27.8	43.3	47.4	47.5	65.8	38.0	30.0	52.6	85.7	44.0
Zambia	31.4	48.2	49.7	31.0	36.8	44.7	52.1	57.4	30.1	24.2	42.1	64.8	42.9
Asia/Near East/ North Africa													
Egypt	73.0	85.4	82.2	70.6	82.1	85.6	80.4	86.6	77.6	76.0	84.8	89.2	81.8
Indonesia	89.6	90.3	83.5	80.0	89.1	88.5	86.4	94.7	84.7	68.4	89.7	98.3	87.6
Jordan	42.3	50.7	55.7	43.6	42.7	47.5	56.6	48.8	56.1	54.2	52.3	48.6	50.7
Morocco	57.5	64.3	62.5	53.6	62.3	66.4	62.1	67.0	58.7	59.3	73.1	71.2	62.3
Pakistan	55.4	64.9	63.3	45.4	62.2	64.7	66.4	77.4	55.5	56.9	81.2	82.7	62.2
Yemen	34.3	32.8	29.4	29.0	30.9	29.3	34.6	57.8	26.3	28.3	57.2	68.3	31.9
Latin America/ Caribbean													
Brazil (NE)	82.6	89.3	82.3	82.5	86.9	85.0	83.0	88.9	78.6	78.3	84.9	95.3	84.9
Colombia	91.5	94.7	90.3	89.9	94.1	92.4	88.7	93.5	89.4	80.2	91.3	94.8	92.3
Dominican Republic	80.5	80.6	80.5	75.8	78.9	83.1	82.2	80.9	80.0	71.2	81.3	81.5	80.6
Paraguay	87.4	90.1	87.5	85.8	89.8	90.9	84.9	92.5	83.8	76.9	86.0	95.6	88.5
Peru	73.6	85.5	82.8	77.2	84.5	84.5	76.0	89.7	63.4	51.0	74.6	92.6	82.2

U = Unknown (not available)

Table B.4 Knowledge of vaginal methods

Percentage of currently married women 15-49 reporting knowledge of vaginal methods, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No education	Primary	Secondary or higher	
	Sub-Saharan Africa												
Burkina Faso	16.5	19.8	14.9	17.5	17.8	17.7	16.1	43.6	11.8	12.9	34.4	69.3	17.3
Cameroon	16.6	18.3	10.2	18.4	16.5	14.7	12.9	25.1	9.2	1.8	17.8	45.2	15.3
Madagascar	5.0	8.8	9.9	6.5	8.9	9.3	7.1	23.4	4.9	1.7	5.0	21.3	8.1
Malawi	40.2	56.9	45.1	33.7	45.7	53.8	51.7	U	U	41.9	52.6	76.5	47.8
Namibia	13.0	15.9	15.7	18.4	21.4	15.3	7.9	27.8	7.4	5.0	7.1	34.0	15.3
Niger	10.8	12.0	10.1	7.9	10.9	12.0	12.1	28.3	8.2	9.6	22.2	53.8	11.0
Nigeria	10.4	14.7	10.9	10.0	11.2	12.2	14.7	27.1	8.3	5.1	20.0	40.9	12.3
Rwanda	22.6	28.3	27.7	21.0	26.7	28.1	27.6	45.5	26.0	22.9	27.0	62.1	27.0
Senegal	8.5	14.1	12.7	8.8	11.6	12.3	13.4	22.5	7.2	8.0	24.1	54.5	12.1
Tanzania	18.8	27.8	19.1	11.2	22.3	26.8	21.9	36.5	18.2	12.2	28.1	55.4	22.2
Zambia	22.3	31.2	25.9	17.1	25.4	29.6	29.2	36.4	18.1	13.4	23.5	50.9	26.7
Asia/Near East/ North Africa													
Egypt	22.6	40.1	42.0	25.8	39.3	42.5	33.3	50.7	25.9	25.0	39.6	57.9	37.5
Indonesia	4.6	7.8	5.4	4.4	7.3	6.7	3.7	12.6	3.6	1.6	3.5	18.3	6.2
Jordan	49.9	60.6	60.4	46.6	54.6	60.7	60.6	63.2	43.7	47.7	57.7	62.6	58.1
Morocco	23.2	33.6	32.8	23.9	35.5	34.6	28.2	46.3	19.9	24.5	44.9	64.8	31.4
Pakistan	10.6	12.4	14.3	4.9	12.2	15.3	13.9	20.3	9.4	9.9	19.4	26.5	12.7
Yemen	7.4	7.5	6.4	7.6	6.6	6.6	7.4	21.0	4.0	5.0	19.6	30.7	7.0
Latin America/ Caribbean													
Brazil (NE)	29.9	40.1	37.3	38.6	39.6	40.5	28.5	43.9	25.7	21.3	34.0	72.5	36.8
Colombia	79.2	87.4	84.2	83.0	86.9	85.4	77.2	89.6	72.3	57.4	79.1	93.3	84.4
Dominican Republic	47.6	71.9	75.3	52.3	65.8	73.3	67.2	72.6	57.8	44.1	62.5	80.1	67.1
Paraguay	36.0	49.9	46.4	39.8	52.5	50.4	33.0	57.4	32.1	22.1	36.9	68.5	45.7
Peru	53.0	70.0	66.2	59.1	71.4	68.4	52.2	77.4	35.2	23.6	48.5	83.8	65.3

U = Unknown (not available)

Table B.5 Knowledge of the condom

Percentage of currently married women 15-49 reporting knowledge of the condom, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No educa-	Secondary or higher		
										tion	Primary		
Sub-Saharan Africa													
Burkina Faso	51.6	53.4	40.4	53.4	50.2	48.6	45.6	86.6	41.1	43.7	76.4	97.0	48.9
Cameroon	43.4	44.9	29.4	42.0	41.0	42.0	35.3	58.1	28.3	10.2	53.9	89.6	39.7
Madagascar	23.3	32.7	29.4	26.1	31.9	31.3	25.8	72.1	20.1	8.3	19.9	69.5	29.1
Malawi	76.3	77.7	65.0	69.0	74.9	76.2	70.1	U	U	62.9	83.4	97.6	73.2
Namibia	70.6	76.6	65.2	76.8	76.4	72.0	61.2	85.4	61.1	49.1	65.5	92.6	70.6
Niger	21.7	24.9	20.8	17.7	21.6	23.1	26.9	59.8	16.6	20.0	47.6	91.2	22.7
Nigeria	20.8	25.0	17.9	16.9	21.2	21.8	24.0	47.1	14.6	9.5	35.2	68.4	21.6
Rwanda	88.0	92.6	87.2	91.7	89.6	90.2	88.9	96.7	89.3	85.8	92.3	98.9	89.7
Senegal	35.2	41.8	33.1	33.0	38.7	37.1	36.3	62.5	24.7	28.2	76.3	93.7	36.9
Tanzania	55.3	61.1	47.8	42.4	58.7	58.5	52.1	78.3	48.5	36.1	67.3	92.5	55.0
Zambia	77.4	78.6	61.1	70.6	78.6	76.0	66.7	85.1	62.9	46.8	75.0	95.0	73.3
Asia/Near East/ North Africa													
Egypt	40.6	59.7	57.0	45.4	59.4	58.8	48.5	71.9	40.1	38.1	57.5	82.5	55.0
Indonesia	61.5	68.1	60.8	55.8	64.7	66.6	61.8	84.8	55.4	33.0	63.5	92.4	63.9
Jordan	47.8	62.6	52.3	38.8	57.1	62.4	54.6	60.3	40.9	37.6	50.1	64.7	55.2
Morocco	66.5	73.3	72.6	62.9	75.5	75.5	69.0	86.0	60.9	65.6	88.0	97.4	71.8
Pakistan	26.9	38.1	37.3	17.7	34.3	40.9	38.0	61.7	23.7	27.6	51.8	74.4	35.3
Yemen	10.8	11.6	8.5	9.3	12.1	10.0	9.8	36.2	4.6	6.6	29.6	59.9	10.3
Latin America/ Caribbean													
Brazil (NE)	94.4	93.0	91.0	92.4	95.7	93.6	86.8	97.7	84.2	82.2	94.6	99.9	92.4
Colombia	83.2	92.4	86.4	88.4	90.8	89.6	79.1	92.9	76.9	58.7	83.1	97.0	88.1
Dominican Republic	95.1	98.5	96.7	97.1	97.7	97.7	94.6	99.0	93.8	87.9	96.8	99.5	97.0
Paraguay	60.7	71.3	65.2	61.4	71.7	72.3	55.3	78.2	53.3	42.0	59.4	86.4	66.7
Peru	70.8	81.8	76.9	79.0	83.2	80.3	64.8	88.9	49.8	34.4	64.4	94.2	77.7

U = Unknown (not available)

Table B.6 Knowledge of female sterilization

Percentage of currently married women 15-49 reporting knowledge of female sterilization, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No educa- tion	Primary	Second- ary or higher	
	Sub-Saharan Africa												
Burkina Faso	32.2	36.6	32.3	33.4	33.4	34.8	34.0	57.1	29.1	29.8	54.0	74.4	33.9
Cameroon	48.6	55.3	48.3	48.9	48.5	52.1	53.5	61.6	44.3	24.2	70.0	85.2	50.9
Madagascar	35.4	43.2	43.1	36.1	41.5	45.2	39.1	71.3	34.8	20.2	36.0	72.2	41.1
Malawi	56.5	68.5	63.7	49.6	60.0	68.5	68.7	U	U	56.5	68.9	88.7	63.1
Namibia	54.5	60.8	61.7	55.9	62.4	61.6	57.5	74.3	51.1	39.8	55.7	80.5	60.1
Niger	36.7	42.3	40.4	33.6	37.4	41.8	45.1	59.8	36.6	38.5	52.0	80.8	39.9
Nigeria	15.7	20.7	20.9	14.7	16.3	19.1	25.9	33.2	15.7	10.9	31.6	46.8	19.4
Rwanda	72.8	76.0	75.5	66.4	74.6	76.0	77.1	92.4	74.3	70.1	77.9	94.6	75.2
Senegal	38.7	51.8	52.9	35.3	45.4	48.5	55.7	68.5	39.2	43.5	69.6	87.8	48.7
Tanzania	49.3	61.2	52.4	41.1	54.1	57.3	57.6	74.1	49.2	39.0	64.7	87.6	54.6
Zambia	62.8	76.6	73.2	59.1	67.4	74.5	76.2	79.8	63.2	52.1	72.5	85.4	71.0
Asia/Near East/ North Africa													
Egypt	62.0	71.9	73.4	66.9	70.9	72.5	69.3	78.4	63.8	63.0	73.7	81.3	70.6
Indonesia	49.9	59.7	53.3	43.8	57.4	58.0	51.3	76.4	46.5	27.6	53.8	83.7	55.2
Jordan	92.5	95.2	95.1	88.2	94.4	95.9	95.2	95.4	92.2	91.2	95.0	95.8	94.5
Morocco	79.8	86.1	85.7	79.7	85.2	85.6	85.6	93.5	78.1	81.7	94.4	95.9	84.8
Pakistan	64.0	70.9	72.0	54.3	69.0	72.4	73.8	84.6	63.2	64.9	85.6	90.1	69.7
Yemen	25.0	24.5	22.9	23.6	23.4	21.1	26.1	50.6	18.3	20.3	46.1	70.2	24.0
Latin America/ Caribbean													
Brazil (NE)	90.7	99.3	97.3	95.0	95.5	98.3	96.9	98.0	94.6	93.4	97.2	99.9	96.7
Colombia	89.2	97.0	96.5	89.3	94.2	97.5	96.5	95.7	94.0	91.1	93.6	97.3	95.2
Dominican Republic	98.9	99.5	99.7	98.1	99.5	99.5	99.9	99.5	99.2	98.7	99.5	99.4	99.4
Paraguay	60.6	72.5	72.9	63.3	71.6	75.8	64.9	79.6	59.5	52.9	64.6	85.4	70.3
Peru	71.8	85.2	84.7	76.5	85.1	84.8	76.5	90.1	63.8	54.7	74.2	93.1	82.6

U = Unknown (not available)

Table B.7 Knowledge of male sterilization

Percentage of currently married women 15-49 reporting knowledge of male sterilization, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No education	Primary	Secondary or higher	
	Sub-Saharan Africa												
Burkina Faso	12.9	13.8	11.7	12.8	13.7	12.9	11.8	22.2	10.9	11.3	17.3	34.9	12.9
Cameroon	8.9	8.1	4.6	9.6	8.3	7.0	5.3	11.7	4.6	1.7	7.6	21.1	7.3
Madagascar	5.6	8.1	6.3	5.6	7.3	8.0	5.9	17.4	4.6	2.4	4.3	16.7	6.8
Malawi	17.9	20.8	17.4	17.6	20.6	17.1	18.6	U	U	16.3	20.3	38.1	18.8
Namibia	19.4	28.7	29.2	26.9	32.7	30.2	19.1	46.0	15.5	10.5	18.0	52.2	27.3
Niger	11.8	10.7	9.7	10.0	11.4	10.1	10.9	12.4	10.5	10.2	15.4	29.4	10.8
Nigeria	4.9	7.4	7.5	5.0	6.2	6.2	8.7	13.1	5.0	3.3	9.5	21.8	6.7
Rwanda	34.9	39.1	37.2	31.3	36.5	40.1	37.9	65.6	36.1	31.2	39.8	72.2	37.6
Senegal	3.4	4.9	5.9	4.8	4.4	4.5	5.7	6.8	4.0	3.5	7.1	22.5	4.9
Tanzania	8.8	14.5	10.2	5.8	11.0	13.3	11.9	19.3	9.1	5.3	14.6	37.7	11.3
Zambia	17.9	22.8	21.5	17.0	20.9	21.7	21.2	28.0	14.4	11.2	19.2	35.7	20.8
Asia/Near East/ North Africa													
Egypt	12.1	13.4	12.5	16.1	15.7	12.6	8.7	16.5	9.5	7.1	11.7	23.9	12.8
Indonesia	25.0	33.0	29.5	23.4	31.6	32.1	25.8	47.2	22.9	13.2	25.6	57.7	29.9
Jordan	24.7	28.0	25.7	26.0	29.8	29.9	23.6	28.6	20.1	17.8	22.9	31.3	26.3
Morocco	4.4	7.8	6.8	5.8	7.9	7.3	5.8	9.6	4.6	4.8	7.1	20.8	6.8
Pakistan	15.3	20.1	23.4	12.7	19.6	21.8	22.2	36.5	13.1	15.0	28.3	49.2	20.2
Yemen	13.9	13.7	12.8	12.5	13.3	11.8	14.7	34.0	9.0	10.1	32.5	55.2	13.4
Latin America/ Caribbean													
Brazil (NE)	43.2	62.2	53.1	54.9	56.5	60.4	44.9	63.9	39.3	37.1	52.7	88.3	54.3
Colombia	52.5	68.5	68.6	62.2	69.4	67.8	51.5	73.2	46.3	33.3	53.1	81.5	65.1
Dominican Republic	50.3	61.6	60.1	58.7	60.2	61.9	47.8	65.5	46.2	36.5	50.7	75.9	58.3
Paraguay	14.2	18.5	15.4	16.3	20.8	16.4	10.1	21.7	10.3	7.4	11.0	29.7	16.4
Peru	39.0	54.7	53.6	51.3	58.5	53.8	36.1	62.0	24.9	17.4	32.3	70.1	51.4

U = Unknown (not available)

Table B.8 Knowledge of Norplant

Percentage of currently married women 15-49 reporting knowledge of Norplant, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No educa- tion	Primary	Second- ary or higher	
	Sub-Saharan Africa												
Burkina Faso	1.4	2.5	1.4	2.3	2.1	1.9	1.1	10.2	0.1	0.4	4.9	23.2	1.8
Madagascar	2.1	1.5	1.5	2.2	1.8	1.8	1.2	3.8	1.2	0.5	1.3	3.5	1.6
Rwanda	27.9	39.9	36.3	24.1	33.7	38.9	39.0	64.6	34.7	31.0	37.3	70.6	36.2
Senegal	4.3	9.5	8.5	5.5	6.8	7.7	9.3	17.1	3.3	4.5	16.2	43.7	7.7
Asia/Near East/ North Africa													
Egypt	39.3	51.6	46.8	40.2	49.8	51.3	42.1	57.9	38.1	37.2	50.1	62.7	47.3
Indonesia	69.1	72.1	61.6	58.1	70.3	68.7	63.5	77.7	63.3	42.8	68.2	87.1	67.5
Pakistan	2.1	1.8	2.0	0.7	1.8	2.7	2.0	1.8	2.0	2.0	2.2	1.6	2.0
Latin America/ Caribbean													
Dominican Republic	59.0	71.3	54.9	61.3	65.7	67.5	48.9	70.0	50.4	39.9	56.5	78.1	62.7

Table B.9 Knowledge of periodic abstinence

Percentage of currently married women 15-49 reporting knowledge of periodic abstinence, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No educa- tion	Primary	Second- ary or higher	
Sub-Saharan Africa													
Burkina Faso	29.4	34.6	28.5	28.7	31.3	31.6	31.5	58.2	25.5	26.7	48.4	83.9	31.1
Cameroon	42.7	44.7	29.4	42.5	41.4	37.9	37.0	56.4	28.8	10.1	52.6	90.6	39.4
Madagascar	40.0	49.6	42.1	35.4	49.8	48.2	40.0	80.1	37.1	14.7	39.1	84.6	44.5
Malawi	45.5	54.2	47.1	39.5	49.4	51.2	51.5	U	U	45.0	52.1	74.1	49.1
Namibia	32.3	34.8	30.0	36.2	39.1	33.9	22.4	43.9	24.9	15.4	25.7	53.3	32.3
Niger	8.6	10.5	9.7	7.0	9.1	9.9	11.7	21.6	7.7	8.4	16.8	60.1	9.7
Nigeria	13.3	16.7	13.1	13.3	13.9	13.9	17.1	28.8	10.8	6.0	23.5	49.7	14.7
Rwanda	71.3	77.8	79.5	70.4	75.8	77.1	79.9	86.2	76.7	73.7	78.5	94.8	77.2
Senegal	16.7	24.5	20.4	13.9	21.1	21.8	22.3	36.4	13.6	14.4	43.8	78.8	20.9
Tanzania	25.7	31.6	22.6	20.2	27.9	29.7	25.5	45.4	21.7	12.9	35.2	71.5	26.8
Zambia	37.2	46.1	36.2	32.5	42.2	42.8	39.2	54.4	27.9	19.8	37.6	70.6	40.3
Asia/Near East/ North Africa													
Egypt	23.8	35.2	32.6	30.7	40.0	33.7	21.5	47.4	18.4	15.3	27.5	65.8	32.0
Indonesia	16.3	24.6	21.3	15.9	23.1	22.9	18.9	43.0	12.8	3.9	13.6	61.0	21.6
Jordan	75.6	82.4	75.0	68.6	81.3	83.3	76.3	83.0	64.0	59.4	75.8	86.7	78.0
Morocco	55.5	64.0	60.9	53.0	65.9	65.5	56.8	77.4	48.6	53.4	82.3	92.1	61.1
Pakistan	13.5	17.8	20.4	8.1	17.1	20.6	19.6	34.2	10.6	12.9	25.1	44.6	17.8
Yemen	15.3	13.8	11.0	14.5	15.3	12.4	12.0	43.5	6.5	8.0	43.1	76.6	13.1
Latin America/ Caribbean													
Brazil (NE)	78.7	85.0	80.2	80.5	85.1	87.3	71.5	89.8	68.9	61.6	85.3	99.3	81.6
Colombia	60.2	74.5	72.5	71.1	75.7	70.0	59.2	78.2	53.1	35.7	56.1	90.2	70.7
Dominican Republic	57.2	73.9	66.4	64.6	72.9	70.3	52.1	75.5	53.5	39.4	57.8	89.3	67.3
Paraguay	57.2	64.3	60.1	63.6	67.9	62.8	49.1	72.4	48.1	31.4	51.3	87.2	61.2
Peru	80.0	89.0	86.0	82.1	90.2	87.9	77.6	92.1	71.1	58.9	79.3	95.4	86.1

U = Unknown (not available)

Table B.10 Knowledge of withdrawal

Percentage of currently married women 15-49 reporting knowledge of withdrawal, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No educa- tion	Primary	Second- ary or higher	
Sub-Saharan Africa													
Burkina Faso	14.9	16.6	12.8	16.0	15.9	15.3	12.8	36.2	10.4	11.2	26.8	64.2	14.9
Cameroon	39.4	40.3	26.2	36.3	38.0	35.3	33.2	49.4	27.2	7.7	49.8	82.0	35.7
Madagascar	21.0	30.0	23.3	20.7	28.2	29.8	20.9	56.8	18.8	6.3	19.2	57.2	25.3
Malawi	40.5	52.3	45.8	36.8	46.1	49.1	49.1	U	U	41.0	51.0	69.7	46.4
Namibia	25.9	32.3	28.6	33.2	36.1	30.4	20.7	44.1	20.3	12.5	20.5	54.0	29.5
Niger	9.2	10.4	8.8	8.1	9.8	10.5	8.9	18.1	8.1	8.4	17.4	48.4	9.6
Nigeria	11.4	15.1	9.9	11.0	12.4	13.0	12.6	23.7	9.4	4.9	20.8	41.6	12.4
Rwanda	55.2	64.9	62.5	50.8	61.8	65.5	62.2	78.6	61.2	55.2	65.6	89.3	62.1
Senegal	10.8	18.5	15.7	10.3	14.2	17.1	16.6	25.8	10.4	11.0	29.8	56.8	15.4
Tanzania	22.7	32.8	25.0	15.3	27.6	32.2	26.4	38.6	23.9	15.6	34.3	57.4	27.1
Zambia	51.0	64.5	59.6	41.4	56.1	63.1	63.6	65.1	52.7	44.2	60.0	68.6	58.5
Asia/Near East/ North Africa													
Egypt	19.3	30.8	30.2	24.4	32.9	30.7	21.9	39.2	18.9	16.5	23.7	54.0	28.4
Indonesia	10.9	16.8	14.0	10.8	16.1	14.7	12.1	26.3	9.6	3.1	10.0	37.7	14.5
Jordan	69.5	74.4	66.4	62.7	73.4	75.9	67.9	74.3	58.6	51.7	67.9	78.8	70.2
Morocco	43.4	56.5	55.1	44.5	54.9	57.3	52.7	67.0	43.2	47.4	68.0	81.2	53.5
Pakistan	9.9	16.0	15.1	6.0	13.4	17.1	15.8	28.2	8.2	10.0	22.4	37.2	14.3
Yemen	9.2	9.3	7.2	8.7	10.5	8.4	7.4	31.4	3.5	4.9	27.5	57.4	8.5
Latin America/ Caribbean													
Brazil (NE)	59.0	65.3	58.9	62.0	65.3	65.4	51.1	67.6	51.3	46.9	61.5	83.1	61.2
Colombia	51.0	64.9	59.7	56.6	63.8	60.8	50.3	64.4	49.5	35.4	50.4	72.8	59.9
Dominican Republic	72.7	77.5	72.5	70.5	80.0	75.5	64.7	78.6	67.9	61.0	68.3	88.2	74.6
Paraguay	50.5	55.3	52.7	50.0	57.3	55.5	46.2	57.1	48.8	38.2	48.7	65.4	53.3
Peru	48.4	59.3	59.7	57.4	63.9	57.6	46.7	66.4	35.4	26.3	43.6	72.3	57.5

U = Unknown (not available)

Table B.11 Knowledge of other traditional methods

Percentage of currently married women 15-49 reporting knowledge of other traditional methods, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No education	Primary	Secondary or higher	
Sub-Saharan Africa													
Burkina Faso	24.9	27.6	25.5	25.7	25.9	26.6	26.1	47.4	21.7	22.8	42.4	59.8	26.1
Cameroon	10.6	11.9	11.5	11.2	11.3	12.2	10.8	16.1	8.4	5.5	13.4	22.6	11.4
Madagascar	8.9	10.4	8.2	7.0	10.9	10.2	7.8	20.4	7.0	4.3	7.1	18.9	9.3
Malawi	44.5	56.3	54.9	33.9	50.5	57.3	58.1	U	U	47.8	56.3	61.3	52.0
Namibia	14.1	7.7	6.6	5.4	8.8	10.3	6.8	5.2	10.2	6.8	10.2	6.7	8.3
Niger	60.6	69.1	69.3	51.5	66.1	70.2	71.1	78.2	64.4	65.8	69.8	86.0	66.3
Nigeria	8.7	10.3	11.5	7.3	8.7	10.0	13.9	18.6	8.0	7.4	13.9	20.5	10.3
Rwanda	0.0	0.5	0.7	0.2	0.2	0.4	0.8	1.5	0.4	0.4	0.3	2.6	0.5
Senegal	28.4	42.8	46.8	20.6	33.4	43.5	50.1	52.3	34.7	37.6	54.6	54.5	40.4
Tanzania	20.5	26.2	26.5	17.2	21.8	29.0	26.6	35.1	21.7	20.6	27.4	28.5	24.6
Zambia	33.3	45.2	50.6	25.6	39.2	44.0	51.1	42.2	43.0	38.3	44.0	42.8	42.7
Asia/Near East/ North Africa													
Egypt	3.5	5.0	6.0	2.9	4.6	5.6	5.8	5.7	4.6	4.5	4.7	6.7	5.1
Indonesia	5.7	7.5	8.2	5.1	6.8	8.2	8.8	11.8	5.6	4.3	5.8	14.8	7.4
Jordan	91.1	94.2	92.2	85.4	92.5	93.5	93.9	93.2	91.3	89.1	92.7	94.3	92.7
Morocco	8.5	12.6	14.0	10.3	10.5	11.7	15.3	14.3	11.1	12.3	15.7	9.8	12.5
Pakistan	1.1	1.6	1.8	0.6	1.1	1.6	2.2	2.0	1.4	1.5	1.2	2.1	1.6
Yemen	13.0	14.9	13.4	11.8	14.6	13.6	14.4	25.4	11.4	12.5	23.8	30.1	13.9
Latin America/ Caribbean													
Brazil (NE)	3.8	5.0	4.3	4.7	3.7	5.5	4.2	4.9	3.7	5.0	4.0	5.1	4.4
Colombia	7.7	11.4	8.1	6.7	11.0	8.2	8.2	10.8	6.0	2.9	7.4	12.2	9.3
Dominican Republic	19.8	20.2	18.6	19.3	20.6	19.1	18.5	19.8	19.2	20.5	17.3	23.0	19.6
Paraguay	84.4	86.6	86.3	83.3	84.9	88.5	85.8	86.8	85.0	72.3	86.1	87.3	86.0
Peru	18.1	22.4	22.1	18.3	20.4	22.8	22.2	22.7	18.5	17.1	21.0	22.6	21.5

U = Unknown (not available)

Appendix C

Ever-use of Specific Contraceptive Methods by Demographic and Socioeconomic Characteristics of Respondents

Table C.1 Ever-use of the pill

Percentage of currently married women 15-49 reporting ever-use of the pill, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No educa- tion	Primary	Second- ary or higher	
Sub-Saharan Africa													
Burkina Faso	4.1	8.1	4.3	4.2	6.0	6.4	5.1	23.3	2.0	2.9	15.7	40.5	5.7
Cameroon	4.1	8.8	6.3	4.6	5.4	6.9	8.1	12.4	2.8	0.7	6.6	20.9	6.5
Madagascar	2.2	5.6	8.2	0.6	4.2	8.5	6.2	19.2	2.7	1.8	3.0	14.8	5.5
Malawi	6.2	11.3	7.9	2.6	6.7	10.6	12.1	U	U	5.7	9.8	39.2	8.6
Namibia	29.0	35.7	22.7	25.8	36.9	32.9	17.3	49.9	15.4	10.5	19.0	55.3	28.8
Niger	2.9	4.9	2.6	0.3	3.3	4.6	4.7	18.1	1.2	2.3	11.4	53.4	3.6
Nigeria	3.1	5.0	5.8	2.2	3.4	4.7	7.7	12.4	2.7	2.0	7.3	16.3	4.8
Rwanda	6.5	13.7	11.5	1.1	8.6	12.9	15.2	22.1	10.9	9.4	11.7	27.1	11.5
Senegal	2.8	9.7	6.9	0.8	6.4	8.0	8.1	17.0	2.0	3.1	19.3	41.4	6.8
Tanzania	8.1	14.5	13.6	0.8	10.5	14.6	16.1	27.3	8.1	4.9	16.4	41.0	12.3
Zambia	10.0	24.4	21.8	3.3	14.3	23.9	25.1	31.5	7.5	6.1	15.2	43.7	18.8
Asia/Near East/ North Africa													
Egypt	19.5	45.5	57.0	1.5	31.4	57.0	60.6	51.4	39.8	41.5	58.1	39.7	45.2
Indonesia	30.1	42.9	39.1	13.3	37.7	46.2	42.6	38.1	38.9	31.5	42.3	34.4	38.7
Jordan	13.7	34.6	43.3	0.6	18.1	37.2	43.7	36.8	23.0	27.0	38.9	33.5	33.2
Morocco	51.2	63.3	59.7	19.5	62.2	67.3	64.9	71.2	50.6	55.1	73.3	75.1	59.5
Pakistan	1.9	4.7	6.1	0.3	1.7	5.4	7.7	9.6	2.3	3.2	8.6	10.3	4.5
Yemen	5.3	12.4	11.8	1.5	7.7	10.6	14.4	30.9	6.2	7.9	27.5	41.4	10.6
Latin America/ Caribbean													
Brazil (NE)	60.0	63.9	45.5	36.3	63.6	63.0	42.3	63.0	42.6	35.1	58.4	74.0	55.1
Colombia	50.6	56.9	50.6	30.9	56.6	55.1	51.3	56.4	45.6	46.2	50.0	57.2	53.1
Dominican Republic	55.0	60.0	40.2	36.7	59.5	57.4	36.3	58.4	41.3	27.2	47.6	65.1	52.1
Paraguay	34.3	44.3	38.9	24.9	42.7	47.5	33.4	49.2	29.6	18.0	37.2	49.3	40.1
Peru	20.0	33.3	30.6	14.1	30.0	34.4	26.2	36.0	14.1	7.9	21.8	38.8	29.7

U = Unknown (not available)

Table C.2 Ever-use of the IUD

Percentage of currently married women 15-49 reporting ever-use of the IUD, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No education	Primary	Secondary or higher	
	Sub-Saharan Africa												
Burkina Faso	0.4	2.5	1.8	0.2	1.2	2.4	2.1	7.6	0.4	0.7	4.8	13.7	1.6
Cameroon	0.3	1.6	2.4	0.0	0.8	1.6	2.6	2.2	0.9	0.2	1.5	4.5	1.4
Madagascar	0.1	1.3	1.6	0.0	0.8	2.3	0.7	4.3	0.4	0.0	0.5	3.5	1.1
Malawi	0.4	1.9	1.5	0.4	0.7	2.0	1.7	U	U	0.4	1.2	18.1	1.3
Namibia	1.7	7.7	7.5	2.4	7.9	9.5	3.5	12.7	2.7	1.6	2.2	16.0	6.5
Niger	0.1	0.4	0.5	0.0	0.2	0.3	0.9	2.5	0.0	0.2	1.1	7.7	0.4
Nigeria	0.6	1.5	3.0	0.3	0.7	2.3	3.1	4.7	0.9	0.6	2.7	6.5	1.7
Rwanda	0.1	0.8	1.6	0.0	0.5	1.1	1.4	7.7	0.6	0.4	0.6	8.9	1.0
Senegal	0.3	3.4	5.2	0.2	1.1	3.3	6.0	8.1	0.9	1.6	8.5	18.9	3.2
Tanzania	0.3	1.2	2.8	0.0	0.6	1.9	2.5	2.9	1.1	0.6	1.6	13.2	1.5
Zambia	0.4	2.9	5.0	0.2	1.3	3.2	4.5	5.0	0.5	0.0	1.1	10.3	2.6
Asia/Near East/ North Africa													
Egypt	24.8	47.6	43.6	0.4	42.5	50.8	43.3	53.3	31.5	31.4	47.6	54.4	41.7
Indonesia	12.9	26.0	25.1	1.0	23.8	28.4	23.2	25.8	21.6	17.7	21.0	32.8	22.8
Jordan	15.6	38.0	32.6	0.2	19.3	40.8	37.0	35.0	18.8	18.6	34.1	34.6	30.8
Morocco	3.3	9.4	12.0	0.5	8.9	14.1	9.3	17.0	3.6	6.3	15.8	24.5	9.4
Pakistan	1.1	4.4	3.4	0.2	1.7	4.7	4.6	6.9	1.7	2.4	3.6	9.4	3.3
Yemen	1.3	3.4	2.4	0.1	1.4	3.0	3.5	10.2	0.9	1.6	8.7	13.3	2.5
Latin America/ Caribbean													
Brazil (NE)	1.0	0.9	1.6	0.3	1.8	1.6	0.4	1.8	0.3	0.2	1.0	3.6	1.2
Colombia	22.0	37.0	29.3	4.4	36.9	34.6	21.5	35.4	20.1	9.1	24.9	39.7	30.8
Dominican Republic	5.5	15.5	14.7	1.0	13.9	16.3	11.2	16.5	6.5	4.7	10.5	18.4	12.8
Paraguay	5.5	14.8	13.7	1.2	15.2	16.7	7.8	19.2	4.7	1.2	8.4	23.2	12.5
Peru	17.1	30.4	20.7	1.9	30.4	26.6	13.6	30.0	8.6	6.9	13.4	33.8	23.8

U = Unknown (not available)

Table C.3 Ever-use of injection

Percentage of currently married women 15-49 reporting ever-use of injection, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No educa-	Primary	Second-ary or higher	
										tion			
Sub-Saharan Africa													
Burkina Faso	0.3	1.1	0.9	0.6	0.5	0.9	1.2	3.2	0.3	0.4	1.9	6.2	0.8
Cameroon	1.4	1.3	1.6	1.3	0.6	1.3	2.4	2.9	0.4	0.1	2.2	3.3	1.4
Madagascar	1.5	4.9	7.3	0.1	2.3	6.7	7.2	13.0	3.0	1.1	3.6	10.7	4.7
Malawi	1.9	3.5	7.8	1.2	2.3	3.8	9.1	U	U	4.2	4.2	8.9	4.4
Namibia	35.4	32.8	24.7	14.5	33.0	34.9	25.6	45.4	19.7	21.6	26.6	39.7	29.7
Niger	0.1	1.0	1.2	0.0	0.2	0.8	1.9	4.2	0.2	0.6	1.6	5.6	0.8
Nigeria	1.2	1.5	3.2	0.9	1.1	1.6	3.8	4.6	1.2	1.0	3.5	4.7	1.9
Rwanda	7.8	17.7	21.8	0.1	10.5	19.0	25.7	23.4	17.0	15.0	18.5	25.4	17.3
Senegal	0.0	0.9	1.0	0.0	0.2	0.6	1.5	1.5	0.3	0.4	2.2	2.3	0.7
Tanzania	0.1	1.0	1.8	0.1	0.1	0.5	2.6	2.5	0.5	0.6	1.3	0.3	1.0
Zambia	0.4	1.1	4.8	0.4	0.4	1.0	4.7	3.3	0.7	1.0	1.5	4.4	1.9
Asia/Near East/ North Africa													
Egypt	0.6	2.7	4.5	0.0	1.0	3.7	5.4	3.5	2.6	2.8	3.4	2.9	3.0
Indonesia	30.5	34.2	20.1	4.2	31.1	32.5	26.4	35.7	25.0	17.8	29.5	32.9	28.1
Jordan	0.0	0.6	3.1	0.0	0.2	0.3	2.6	1.3	1.6	2.2	2.2	0.8	1.4
Morocco	0.3	1.4	2.4	0.0	0.7	1.7	2.9	1.8	1.5	1.7	1.9	1.3	1.6
Pakistan	1.2	3.4	4.4	0.0	1.3	4.0	5.4	6.2	2.0	2.2	5.2	8.7	3.3
Yemen	0.9	2.3	2.1	0.2	0.4	1.8	3.1	2.9	1.7	1.9	1.9	1.1	1.9
Latin America/ Caribbean													
Brazil (NE)	10.2	9.1	3.8	6.4	9.5	7.0	4.0	9.5	3.0	2.8	7.3	12.6	7.0
Colombia	12.2	18.2	11.4	6.4	15.4	16.1	12.1	16.4	9.3	7.4	10.7	18.8	14.3
Dominican Republic	0.6	1.1	1.5	0.1	0.8	1.8	1.1	1.2	0.9	0.9	0.7	1.8	1.1
Paraguay	25.8	27.8	19.4	19.8	27.5	29.8	14.0	34.0	12.2	5.4	20.3	34.4	24.0
Peru	8.1	16.7	14.3	4.2	12.6	17.1	14.5	16.6	7.9	4.0	11.7	17.4	14.1

U = Unknown (not available)

Table C.4 Ever-use of vaginal methods

Percentage of currently married women 15-49 reporting ever-use of vaginal methods, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No	Secondary or higher		
										educa- tion	Primary	higher	
Sub-Saharan Africa													
Burkina Faso	0.8	2.0	1.0	1.9	1.2	1.6	1.0	6.4	0.3	0.4	1.9	18.2	1.3
Cameroon	1.6	2.5	1.9	2.4	1.9	1.6	2.3	3.6	1.0	0.1	1.5	7.8	2.0
Madagascar	0.5	0.7	1.0	0.3	0.7	1.1	0.6	2.7	0.3	0.0	0.3	2.5	0.7
Malawi	0.8	1.2	1.1	0.9	0.8	1.2	1.2	U	U	0.4	1.3	7.0	1.0
Namibia	0.3	0.7	1.4	0.0	1.8	1.0	0.3	2.0	0.3	0.5	0.1	2.5	1.0
Niger	0.1	0.4	0.3	0.0	0.1	0.3	0.5	1.7	0.0	0.1	0.6	6.7	0.2
Nigeria	0.2	0.8	1.0	0.2	0.3	1.0	0.9	2.1	0.3	0.2	0.8	3.1	0.7
Rwanda	0.0	0.3	0.3	0.0	0.2	0.1	0.4	1.8	0.2	0.1	0.1	2.7	0.2
Senegal	0.3	1.4	1.4	0.0	1.0	1.4	1.3	2.8	0.3	0.5	1.8	9.5	1.1
Tanzania	0.1	0.2	0.5	0.0	0.1	0.4	0.4	0.8	0.1	0.1	0.4	1.2	0.3
Zambia	1.2	2.2	1.8	0.0	1.8	2.3	1.8	2.9	0.7	0.6	1.0	5.3	1.8
Asia/Near East/ North Africa													
Egypt	0.4	2.5	6.3	0.0	1.7	4.9	5.5	5.4	2.1	2.2	5.1	4.8	3.7
Indonesia	0.0	0.2	0.1	0.0	0.1	0.1	0.1	0.2	0.1	0.0	0.1	0.3	0.1
Jordan	2.3	7.0	10.2	0.4	3.4	5.7	10.5	8.2	4.1	5.3	9.5	7.0	7.1
Morocco	0.5	2.2	2.7	0.2	1.8	3.2	2.1	3.7	0.9	1.3	4.3	5.0	2.1
Pakistan	0.3	0.4	0.7	0.0	0.3	0.5	0.7	1.2	0.2	0.2	1.3	1.5	0.5
Yemen	0.0	0.5	0.3	0.0	0.1	0.4	0.4	1.7	0.0	0.2	0.8	1.2	0.3
Latin America/ Caribbean													
Brazil (NE)	1.2	3.0	3.4	0.1	2.1	4.9	2.3	3.8	1.2	0.8	3.1	4.7	2.8
Colombia	11.7	20.3	19.0	8.1	18.5	22.2	14.5	21.1	10.7	6.9	12.2	25.3	18.0
Dominican Republic	1.7	4.4	8.8	0.5	4.0	7.4	6.6	6.9	2.4	5.3	5.5	4.8	5.2
Paraguay	2.3	7.4	6.6	2.9	6.6	8.4	3.9	9.0	2.7	0.0	3.8	11.9	6.1
Peru	7.2	11.7	11.5	2.7	12.1	12.8	7.7	13.5	4.2	1.3	5.8	15.8	10.8

U = Unknown (not available)

Table C.5 Ever-use of the condom

Percentage of currently married women 15-49 reporting ever-use of the condom, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No educa-	Secondary or higher		
										tion	Primary		
Sub-Saharan Africa													
Burkina Faso	6.2	6.0	1.9	8.6	5.6	4.8	2.3	17.9	2.1	2.2	12.7	40.3	4.8
Cameroon	10.4	8.8	3.3	11.4	8.1	8.4	4.7	12.3	4.9	0.4	7.2	27.0	7.7
Madagascar	2.2	4.8	3.9	3.2	4.7	4.8	2.4	15.7	1.3	0.3	0.9	13.7	3.8
Malawi	10.6	9.4	5.5	7.5	9.2	9.2	7.4	U	U	4.3	11.7	31.8	8.5
Namibia	7.0	6.7	3.8	6.4	8.0	5.7	2.4	10.0	2.6	1.1	2.4	12.8	5.5
Niger	0.5	0.3	0.1	0.3	0.4	0.3	0.2	1.9	0.1	0.2	1.3	4.6	0.3
Nigeria	1.7	2.6	1.3	2.1	2.4	1.8	1.5	6.2	0.8	0.2	1.9	12.7	2.0
Rwanda	0.6	2.0	1.4	0.5	1.3	1.6	1.8	8.5	1.1	0.6	1.3	10.8	1.5
Senegal	1.7	4.9	1.8	1.3	3.5	3.7	2.4	7.4	0.8	0.8	9.1	24.8	2.9
Tanzania	5.3	3.3	2.3	1.7	5.0	3.6	2.7	9.8	1.9	0.9	5.1	15.7	3.6
Zambia	14.2	12.1	3.6	5.6	15.2	13.3	5.1	14.4	7.0	3.6	8.8	23.1	10.5
Asia/Near East/ North Africa													
Egypt	1.7	6.9	11.8	0.3	6.4	10.9	8.3	12.2	4.1	4.1	9.5	13.1	7.9
Indonesia	1.7	5.6	6.3	0.5	4.4	6.7	6.4	11.7	2.3	0.7	3.1	14.7	5.0
Jordan	2.5	9.2	6.9	0.0	4.0	8.8	8.3	7.6	4.4	2.9	7.3	8.2	6.8
Morocco	3.5	7.0	5.2	0.8	6.8	7.9	4.5	9.9	2.3	3.1	10.6	17.5	5.6
Pakistan	3.2	9.2	7.4	0.6	5.9	10.0	8.4	18.9	2.1	3.3	12.5	29.1	7.2
Yemen	0.4	1.3	1.2	0.2	0.5	1.3	1.4	5.6	0.1	0.6	3.7	7.3	1.1
Latin America/ Caribbean													
Brazil (NE)	18.8	18.5	9.9	14.0	19.2	16.5	7.7	18.3	9.2	4.9	15.2	29.2	14.8
Colombia	8.8	16.6	12.8	6.1	16.7	14.2	7.5	15.4	9.1	1.2	9.3	19.3	13.5
Dominican Republic	14.9	18.1	15.3	7.2	18.2	18.6	13.9	20.0	10.3	8.4	12.7	24.2	16.4
Paraguay	8.4	16.9	11.2	6.6	16.5	16.6	5.8	19.3	5.4	3.0	7.6	26.2	12.9
Peru	12.0	20.0	16.6	13.2	20.2	18.3	10.9	21.5	5.9	2.4	9.3	24.8	17.0

U = Unknown (not available)

Table C.6 Ever-use of female sterilization

Percentage of currently married women 15-49 reporting ever-use of female sterilization, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No	Secondary or higher		
										educa- tion	Primary		
Sub-Saharan Africa													
Burkina Faso	0.1	0.1	0.6	0.4	0.1	0.4	0.3	0.7	0.2	0.2	0.1	0.6	0.2
Cameroon	0.0	0.3	3.6	0.0	0.4	0.5	3.3	1.4	1.1	1.0	1.2	1.5	1.2
Madagascar	0.0	0.7	2.0	0.1	0.2	1.7	1.3	3.6	0.4	0.2	0.7	2.1	0.9
Malawi	0.0	1.8	3.2	0.3	0.7	2.3	3.1	U	U	1.4	1.5	9.0	1.7
Namibia	1.2	3.7	13.2	1.8	4.8	9.2	10.3	12.9	4.0	5.6	5.6	11.2	7.4
Niger	0.0	0.0	0.4	0.0	0.1	0.1	0.2	0.3	0.1	0.1	0.2	0.0	0.1
Nigeria	0.0	0.1	0.8	0.0	0.1	0.2	0.8	0.4	0.3	0.2	0.6	0.3	0.3
Rwanda	0.2	0.5	1.3	0.0	0.4	1.3	0.7	1.3	0.7	0.6	0.8	1.3	0.7
Senegal	0.0	0.1	1.2	0.0	0.1	0.3	1.0	0.8	0.3	0.3	0.8	2.3	0.4
Tanzania	0.2	0.6	4.1	0.5	0.7	1.3	3.5	1.7	1.6	0.8	2.1	5.2	1.6
Zambia	0.1	0.7	6.3	0.0	1.0	1.0	4.6	3.3	1.0	1.2	1.4	4.9	2.1
Asia/Near East/ North Africa													
Egypt	0.0	0.4	2.4	0.0	0.2	1.2	2.4	1.2	1.0	1.4	1.1	0.7	1.1
Indonesia	0.1	1.9	4.9	0.0	0.7	4.9	5.5	5.2	1.7	1.6	2.2	5.0	2.7
Jordan	0.0	1.0	13.5	0.0	0.3	3.0	9.9	6.3	3.8	9.3	9.2	2.6	5.6
Morocco	0.0	0.9	6.1	0.0	0.2	2.3	6.6	4.3	1.9	2.8	4.7	1.8	3.0
Pakistan	0.3	1.7	7.7	0.0	0.5	3.3	7.4	7.3	1.9	3.0	5.1	5.8	3.5
Yemen	0.0	0.4	1.8	0.1	0.1	0.7	1.5	2.8	0.4	0.8	0.5	1.4	0.8
Latin America/ Caribbean													
Brazil (NE)	8.8	40.7	48.6	0.3	24.1	59.1	45.2	42.9	29.5	31.9	37.9	46.3	37.7
Colombia	1.7	18.9	33.4	0.5	7.0	38.9	35.7	20.9	20.9	26.9	23.8	17.2	20.9
Dominican Republic	7.1	38.7	60.9	0.4	16.7	65.0	55.7	39.2	37.4	35.3	43.7	30.9	38.5
Paraguay	0.8	4.4	13.4	0.5	3.4	11.6	10.7	8.3	6.3	9.6	7.1	7.8	7.4
Peru	0.3	3.9	14.6	0.1	2.7	12.0	12.7	9.6	3.5	4.1	7.8	8.6	7.9

U = Unknown (not available)

Table C.7 Ever-use of male sterilization

Percentage of currently married women 15-49 reporting ever-use of male sterilization, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No educa- tion	Primary	Second- ary or higher	
	Sub-Saharan Africa												
Burkina Faso	0.1	0.2	0.2	0.0	0.2	0.1	0.2	0.2	0.2	0.1	0.8	0.0	0.2
Cameroon	0.0	0.1	0.2	0.0	0.1	0.0	0.2	0.0	0.1	0.1	0.1	0.0	0.1
Madagascar	0.1	0.1	0.1	0.3	0.0	0.1	0.1	0.3	0.0	0.0	0.1	0.1	0.1
Malawi	0.3	0.3	0.3	0.1	0.4	0.3	0.2	U	U	0.2	0.3	2.1	0.3
Namibia	0.1	0.7	0.7	0.0	0.6	1.3	0.2	1.6	0.0	0.0	0.2	1.6	0.6
Niger	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Nigeria	0.0	0.0	0.1	0.0	0.0	0.1	0.1	0.1	0.0	0.0	0.0	0.2	0.0
Rwanda	0.0	0.1	0.1	0.0	0.0	0.0	0.2	0.2	0.1	0.1	0.1	0.2	0.1
Senegal	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0
Tanzania	0.0	0.0	0.1	0.0	0.0	0.2	0.0	0.0	0.1	0.1	0.0	0.3	0.1
Zambia	0.0	0.2	0.4	0.0	0.0	0.3	0.3	0.3	0.1	0.0	0.2	0.3	0.2
Asia/Near East/ North Africa													
Egypt	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0
Indonesia	0.1	0.6	1.0	0.0	0.4	1.0	1.1	0.5	0.7	0.9	0.6	0.4	0.6
Jordan	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0
Morocco	0.0	0.1	0.1	0.0	0.0	0.2	0.1	0.1	0.0	0.0	0.2	0.2	0.1
Pakistan	0.0	0.1	0.2	0.0	0.1	0.2	0.1	0.2	0.0	0.0	0.3	0.3	0.1
Yemen	0.0	0.1	0.4	0.0	0.0	0.2	0.3	0.9	0.0	0.1	0.2	0.9	0.2
Latin America/ Caribbean													
Brazil (NE)	0.0	0.4	0.1	0.0	0.3	0.4	0.0	0.2	0.2	0.0	0.3	0.3	0.2
Colombia	0.1	0.9	0.6	0.0	0.4	1.1	0.4	0.7	0.3	0.0	0.4	0.9	0.6
Dominican Republic	0.1	0.4	0.9	0.0	0.3	0.7	0.5	0.6	0.2	0.1	0.3	0.8	0.5
Paraguay	0.0	0.2	0.0	0.5	0.1	0.0	0.0	0.1	0.1	0.0	0.1	0.0	0.1
Peru	0.0	0.1	0.4	0.0	0.2	0.3	0.2	0.3	0.1	0.2	0.2	0.3	0.2

U = Unknown (not available)

Table C.8 Ever-use of Norplant

Percentage of currently married women 15-49 reporting ever-use of Norplant, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No educa- tion	Primary	Second- ary or higher	
	Sub-Saharan Africa												
Burkina Faso	0.1	0.3	0.1	0.2	0.2	0.3	0.0	0.8	0.0	0.1	0.2	2.0	0.2
Madagascar	0.8	0.3	0.5	0.5	0.4	0.7	0.4	1.2	0.4	0.0	0.5	0.9	0.5
Rwanda	0.2	0.7	0.6	0.0	0.2	0.8	0.9	1.1	0.5	0.4	0.6	1.8	0.6
Senegal	0.0	0.1	0.1	0.0	0.1	0.0	0.1	0.1	0.0	0.0	0.2	0.5	0.0
Asia/Near East/ North Africa													
Egypt	0.0	0.2	0.2	0.0	0.1	0.3	0.2	0.2	0.1	0.1	0.1	0.3	0.2
Indonesia	3.5	4.2	3.0	0.2	3.8	4.3	3.8	1.6	4.4	3.4	4.2	2.1	3.6
Pakistan	1.2	1.2	1.4	0.0	1.0	2.0	1.4	1.1	1.4	1.4	1.1	0.7	1.3
Latin America/ Caribbean													
Dominican Republic	0.3	1.0	0.4	0.0	0.8	1.0	0.2	1.0	0.1	0.0	0.4	1.3	0.7

Table C.9 Ever-use of periodic abstinence

Percentage of currently married women 15-49 reporting ever-use of periodic abstinence, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No educa-	Primary	Second-ary or higher	
										tion			
Sub-Saharan Africa													
Burkina Faso	14.1	17.5	15.4	13.2	14.9	17.2	16.5	32.0	12.4	12.7	24.7	57.3	15.8
Cameroon	27.7	24.3	11.6	26.1	24.3	20.9	17.1	35.2	13.2	2.4	24.9	64.7	21.6
Madagascar	16.8	23.9	19.7	15.1	23.8	24.5	16.5	49.6	14.5	2.7	13.3	54.1	20.6
Malawi	15.2	20.7	15.7	9.2	18.2	17.8	19.7	U	U	15.4	19.1	24.4	17.3
Namibia	13.1	9.4	7.1	4.8	11.7	9.2	7.2	10.2	8.3	4.3	8.6	12.9	9.0
Niger	0.7	0.8	0.5	0.3	0.6	0.7	0.9	2.7	0.4	0.4	1.4	13.7	0.7
Nigeria	3.7	5.2	3.6	4.1	4.0	4.2	4.9	8.9	3.1	1.1	6.7	19.3	4.3
Rwanda	12.3	19.4	18.5	5.7	14.5	20.5	20.9	19.9	17.6	16.1	18.2	26.7	17.7
Senegal	2.0	4.5	2.3	0.8	3.3	3.5	3.1	7.2	1.0	0.9	9.1	24.8	3.0
Tanzania	6.5	9.0	5.7	4.2	7.8	7.6	7.1	12.0	5.8	3.1	9.3	26.3	7.2
Zambia	6.8	9.9	6.7	4.4	8.1	9.4	7.9	11.5	4.7	1.6	6.4	19.5	7.9
Asia/Near East/ North Africa													
Egypt	0.5	2.9	5.4	0.0	3.5	5.0	2.8	6.0	1.3	0.7	2.7	9.1	3.5
Indonesia	1.1	3.3	4.6	0.8	3.3	4.1	3.5	7.8	1.5	0.3	1.5	11.3	3.3
Jordan	9.7	20.2	18.2	1.6	15.5	21.9	18.6	19.3	10.7	8.7	12.4	22.4	17.0
Morocco	5.1	10.7	10.2	4.6	10.5	12.2	8.2	16.4	4.1	5.1	15.2	33.8	9.4
Pakistan	2.0	5.2	6.6	0.6	3.3	6.7	6.6	11.4	2.2	3.0	7.2	16.8	5.0
Yemen	1.5	2.5	1.9	0.9	2.3	2.2	2.2	8.0	0.8	1.1	5.5	18.2	2.1
Latin America/ Caribbean													
Brazil (NE)	10.3	17.6	18.1	6.3	18.6	19.1	14.0	20.4	9.9	5.8	14.5	40.3	16.3
Colombia	11.9	23.4	22.8	9.5	22.5	23.2	17.3	23.8	13.6	8.2	12.8	30.5	20.7
Dominican Republic	11.0	16.3	13.7	9.7	17.2	15.2	8.4	18.2	7.2	3.3	7.4	27.5	14.1
Paraguay	13.3	21.9	17.8	13.0	23.0	21.4	10.9	26.6	9.0	1.2	10.7	38.4	18.5
Peru	43.6	56.3	54.2	41.6	55.0	55.6	48.9	56.4	44.7	37.6	46.9	60.0	53.1

U = Unknown (not available)

Table C.10 Ever-use of withdrawal

Percentage of currently married women 15-49 reporting ever-use of withdrawal, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No education	Primary	Secondary or higher	
Sub-Saharan Africa													
Burkina Faso	2.9	4.0	3.1	2.8	3.7	3.7	2.9	9.1	2.2	2.3	7.1	18.0	3.4
Cameroon	19.4	21.8	10.3	14.2	18.7	18.2	17.3	24.8	12.9	2.0	25.4	43.0	17.5
Madagascar	7.9	12.7	10.3	6.0	11.0	14.7	8.5	28.6	6.8	0.6	7.1	27.8	10.6
Malawi	11.1	16.1	14.2	6.4	13.8	14.9	16.7	U	U	9.8	17.8	24.6	13.9
Namibia	6.1	6.0	4.6	5.4	7.6	4.7	3.7	9.4	2.9	1.3	4.0	10.2	5.4
Niger	0.5	0.4	0.1	0.3	0.5	0.3	0.3	1.6	0.2	0.2	1.8	5.3	0.4
Nigeria	2.1	3.9	2.1	2.6	2.5	3.2	2.9	6.3	1.9	0.6	4.9	12.2	2.8
Rwanda	11.8	14.2	13.7	3.6	12.4	14.4	16.2	13.8	13.5	11.4	15.1	18.2	13.5
Senegal	0.9	2.1	0.9	1.3	1.3	1.5	1.3	3.2	0.4	0.5	5.3	7.2	1.3
Tanzania	7.0	10.9	7.7	1.9	8.6	11.0	9.0	13.1	7.5	4.0	11.6	20.5	8.7
Zambia	20.3	27.4	23.0	6.6	23.8	27.3	27.0	25.1	22.5	18.7	25.6	22.7	23.7
Asia/Near East/ North Africa													
Egypt	1.1	2.0	4.2	0.3	2.5	3.8	2.5	4.2	1.4	0.9	2.4	6.3	2.7
Indonesia	1.8	3.6	3.2	0.7	3.0	3.8	3.2	5.6	2.0	0.5	2.3	7.4	3.1
Jordan	8.6	20.5	19.7	0.8	11.8	21.6	21.1	19.3	12.3	12.1	17.3	19.7	17.4
Morocco	4.4	9.5	9.7	2.0	7.4	11.4	9.8	12.1	6.0	6.9	14.3	14.9	8.7
Pakistan	2.3	4.4	4.1	0.3	2.3	6.4	4.1	10.0	1.1	1.6	8.1	15.7	3.8
Yemen	0.8	2.3	1.7	0.0	1.6	2.0	2.1	7.6	0.5	0.9	6.6	12.0	1.8
Latin America/ Caribbean													
Brazil (NE)	18.3	18.2	15.9	9.5	19.8	16.4	17.6	17.4	16.9	12.8	18.2	20.5	17.2
Colombia	14.2	16.8	17.0	6.5	16.6	17.4	18.4	15.9	17.3	8.4	17.0	16.6	16.3
Dominican Republic	16.0	17.3	13.7	9.5	17.0	17.1	14.3	17.0	13.7	7.3	14.4	19.9	15.7
Paraguay	9.9	14.8	12.3	8.5	15.0	14.8	9.0	16.0	9.1	4.0	10.7	18.6	12.8
Peru	20.5	22.9	23.2	16.5	23.4	22.7	22.3	24.7	17.4	14.1	20.1	25.7	22.6

U = Unknown (not available)

Table C.11 Ever-use of other traditional methods

Percentage of currently married women 15-49 reporting ever-use of other traditional methods, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No educa- tion	Primary	Second- ary or higher	
Sub-Saharan Africa													
Burkina Faso	4.8	5.6	5.9	1.2	5.4	6.7	6.2	4.3	5.7	5.4	6.4	4.4	5.5
Cameroon	4.9	4.4	4.8	4.2	4.2	5.2	4.9	7.2	3.1	2.5	4.8	9.9	4.7
Madagascar	2.4	2.6	2.1	1.5	2.6	3.0	2.1	5.3	1.8	1.2	1.6	5.4	2.4
Malawi	7.1	12.9	14.2	2.6	9.0	12.9	17.7	U	U	10.0	13.1	11.9	11.4
Namibia	10.7	5.5	3.6	1.0	6.6	6.5	4.9	2.4	7.6	4.6	7.9	3.0	5.5
Niger	5.9	9.7	6.9	1.0	7.6	9.0	10.1	13.1	6.8	7.3	11.6	12.4	7.6
Nigeria	2.0	2.0	2.9	0.9	1.8	2.2	3.6	3.9	1.9	1.8	2.7	4.3	2.3
Rwanda	0.0	0.0	0.2	0.0	0.0	0.1	0.1	0.6	0.1	0.1	0.1	0.3	0.1
Senegal	4.1	7.2	7.6	0.8	5.0	7.8	8.6	8.3	5.6	6.0	9.5	7.7	6.5
Tanzania	1.8	2.6	3.7	0.3	1.8	3.0	4.3	4.5	2.2	2.8	2.7	1.2	2.7
Zambia	6.1	10.9	19.4	1.6	8.0	11.4	19.1	9.8	13.3	13.9	12.1	7.8	11.7
Asia/Near East/ North Africa													
Egypt	0.4	0.6	1.3	0.0	0.3	0.9	1.7	0.9	0.8	1.0	0.7	0.6	0.9
Indonesia	1.0	2.3	3.6	0.6	1.9	3.2	3.9	4.0	1.9	2.0	2.3	3.7	2.5
Jordan	11.8	21.9	20.8	0.0	13.3	20.8	24.4	19.0	19.7	20.1	21.1	18.0	19.2
Morocco	0.6	1.3	3.1	0.2	0.9	1.4	3.8	2.3	1.8	2.1	2.6	0.6	2.0
Pakistan	0.6	0.4	0.9	0.0	0.5	0.2	1.2	1.0	0.5	0.6	0.2	1.0	0.6
Yemen	2.5	3.4	3.9	0.0	4.0	3.2	4.1	10.5	1.8	2.7	7.5	10.6	3.4
Latin America/ Caribbean													
Brazil (NE)	1.1	1.7	1.0	1.6	0.6	2.2	1.1	1.5	0.9	1.7	1.2	0.8	1.3
Colombia	1.8	1.2	1.5	0.8	1.4	1.3	2.0	1.5	1.2	1.6	1.7	1.1	1.4
Dominican Republic	4.1	3.2	2.7	2.2	4.3	2.4	3.4	3.4	2.9	3.7	3.1	3.4	3.2
Paraguay	21.7	28.7	26.2	12.4	25.3	30.6	27.6	30.2	21.8	16.6	28.0	23.5	26.3
Peru	5.9	7.5	9.5	2.7	5.7	9.7	11.0	8.1	7.9	8.3	9.9	6.7	8.1

U = Unknown (not available)

Appendix D

Current Use of Specific Contraceptive Methods by Demographic and Socioeconomic Characteristics of Respondents

Table D.1 Current use of the pill

Percentage of currently married women 15-49 reporting current use of the pill, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No education	Primary	Secondary or higher	
	Sub-Saharan Africa												
Burkina Faso	1.5	3.2	1.4	1.0	2.1	2.6	2.1	8.3	0.8	1.0	7.3	12.9	2.1
Cameroon	0.8	1.3	1.4	0.5	0.9	1.6	1.5	2.1	0.6	0.1	1.1	4.1	1.2
Madagascar	1.1	1.7	1.5	0.1	1.6	2.0	1.3	4.4	0.8	0.4	0.8	3.9	1.4
Malawi	1.8	3.2	1.4	0.1	2.0	2.5	3.0	5.7	1.7	1.3	2.5	11.4	2.2
Namibia	9.8	11.3	5.1	6.6	12.7	6.6	5.6	14.7	4.2	2.5	5.0	16.9	8.3
Niger	1.4	1.8	1.1	0.1	1.4	2.2	1.7	7.5	0.5	0.9	5.0	22.1	1.5
Nigeria	1.0	1.2	1.5	0.9	0.8	1.0	2.2	3.1	0.7	0.5	1.7	4.5	1.2
Rwanda	2.0	4.1	2.3	0.0	2.6	3.7	3.5	5.5	2.9	2.4	2.8	10.4	3.0
Senegal	1.0	3.4	1.8	0.6	2.0	2.7	2.4	5.7	0.5	0.9	7.7	10.8	2.2
Tanzania	3.4	4.7	1.9	0.1	4.3	4.2	2.7	8.4	2.0	0.6	4.8	17.2	3.4
Zambia	3.4	5.8	3.2	0.2	3.8	6.0	4.8	7.9	1.1	0.9	3.1	11.6	4.3
Asia/Near East/ North Africa													
Egypt	6.2	14.7	14.3	0.3	10.1	17.1	15.1	14.0	11.9	12.0	17.1	10.6	12.9
Indonesia	14.3	17.9	11.9	4.7	17.4	16.5	11.2	13.8	15.2	12.5	16.7	11.2	14.8
Jordan	3.1	4.9	5.3	0.2	3.9	5.1	5.5	5.2	3.0	3.0	4.9	5.2	4.6
Morocco	26.7	32.0	25.2	3.2	33.6	32.7	28.6	33.7	23.8	25.5	36.0	37.8	28.1
Pakistan	0.6	0.8	0.7	0.0	0.5	1.0	0.9	1.4	0.4	0.5	1.5	1.2	0.7
Yemen	2.3	3.8	3.1	0.5	3.3	2.8	4.0	9.8	1.8	2.1	9.7	16.8	3.2
Latin America/ Caribbean													
Brazil (NE)	27.3	14.1	6.2	15.6	21.7	8.7	6.8	13.7	12.6	7.7	14.8	16.5	13.3
Colombia	22.1	16.6	7.2	8.5	20.7	10.3	6.4	14.7	12.8	11.5	13.5	15.1	14.1
Dominican Republic	18.9	11.2	1.5	8.2	18.6	5.0	1.7	11.1	7.5	2.1	7.6	15.1	9.8
Paraguay	16.6	16.5	9.2	9.0	15.6	14.8	10.8	14.4	12.6	9.8	14.1	12.8	13.6
Peru	6.4	8.2	3.2	5.1	7.3	5.2	3.8	6.5	3.7	1.4	4.5	7.2	5.7

Table D.2 Current use of the IUD

Percentage of currently married women 15-49 reporting current use of the IUD, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No educa-	Primary	Second-ary or higher	
										tion			
Sub-Saharan Africa													
Burkina Faso	0.2	1.0	1.0	0.1	0.5	1.1	1.0	3.6	0.1	0.3	2.2	6.3	0.7
Cameroon	0.1	0.6	0.2	0.0	0.2	0.3	0.5	0.8	0.0	0.0	0.4	0.9	0.3
Madagascar	0.1	0.6	0.8	0.0	0.5	1.1	0.3	2.1	0.2	0.0	0.2	1.7	0.5
Malawi	0.0	0.6	0.3	0.0	0.2	0.6	0.2	1.3	0.1	0.0	0.3	5.4	0.3
Namibia	1.1	3.0	1.7	0.6	3.0	2.2	1.4	4.0	0.8	0.2	0.4	5.6	2.1
Niger	0.1	0.2	0.2	0.0	0.1	0.1	0.5	1.2	0.0	0.1	0.8	2.1	0.2
Nigeria	0.2	0.9	1.2	0.0	0.2	1.3	1.4	2.5	0.3	0.2	1.4	3.2	0.8
Rwanda	0.0	0.1	0.5	0.0	0.2	0.4	0.2	1.8	0.1	0.1	0.1	1.7	0.2
Senegal	0.2	1.1	2.6	0.2	0.4	1.2	2.9	3.5	0.4	0.7	3.0	9.9	1.4
Tanzania	0.1	0.4	0.7	0.0	0.2	0.8	0.6	1.1	0.3	0.0	0.5	6.6	0.4
Zambia	0.1	0.8	0.4	0.0	0.5	0.6	0.5	1.0	0.0	0.0	0.1	2.1	0.5
Asia/Near East/ North Africa													
Egypt	18.1	32.8	27.6	0.2	29.2	34.0	28.2	34.6	22.0	20.7	31.2	37.6	27.9
Indonesia	9.0	13.8	15.3	0.7	14.1	16.7	12.9	14.2	13.0	10.1	12.3	19.3	13.3
Jordan	9.3	20.5	13.7	0.2	10.6	22.3	17.1	17.3	9.5	8.1	15.2	18.3	15.3
Morocco	1.7	3.3	3.8	0.2	3.1	5.1	3.0	5.7	1.3	2.2	5.0	8.3	3.2
Pakistan	0.6	1.8	1.0	0.0	0.7	1.5	2.0	2.0	0.9	1.0	1.5	2.9	1.3
Yemen	0.7	1.7	1.0	0.1	0.8	1.5	1.6	4.6	0.5	0.7	4.1	7.3	1.2
Latin America/ Caribbean													
Brazil (NE)	0.5	0.3	0.3	0.3	0.8	0.1	0.0	0.5	0.0	0.0	0.2	1.6	0.3
Colombia	13.3	15.5	8.6	1.2	18.9	9.8	5.3	14.2	8.2	4.0	8.8	17.0	12.4
Dominican Republic	1.4	3.1	0.4	0.5	3.8	0.8	0.2	2.3	0.8	0.4	0.6	3.9	1.8
Paraguay	3.2	7.4	5.3	0.0	7.1	7.7	3.4	8.8	2.1	0.0	3.6	11.1	5.7
Peru	12.0	17.9	9.8	0.6	18.9	13.9	6.0	16.7	5.0	4.0	7.6	18.8	13.4

Table D.3 Current use of injection

Percentage of currently married women 15-49 reporting current use of injection, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No educa-	Primary	Second-	
										tion		ary or higher	
Sub-Saharan Africa													
Burkina Faso	0.0	0.2	0.2	0.0	0.1	0.2	0.2	0.7	0.0	0.0	0.9	0.8	0.1
Cameroon	0.5	0.3	0.4	0.3	0.1	0.5	0.7	0.8	0.1	0.0	0.9	0.6	0.4
Madagascar	0.6	1.7	2.3	0.0	0.7	1.7	3.0	2.6	1.4	0.5	1.7	2.4	1.6
Malawi	0.3	1.1	3.1	0.0	0.6	1.1	3.7	2.2	1.4	1.4	1.5	3.0	1.5
Namibia	11.7	9.0	5.1	1.8	9.1	11.3	4.6	13.8	3.9	5.9	6.1	11.3	7.7
Niger	0.1	0.7	0.6	0.0	0.2	0.6	1.0	2.4	0.1	0.4	0.9	4.0	0.5
Nigeria	0.4	0.6	1.2	0.3	0.3	0.7	1.5	1.8	0.4	0.3	1.3	2.1	0.7
Rwanda	4.9	8.5	10.2	0.0	4.9	9.6	12.5	7.7	8.5	7.8	8.9	10.0	8.4
Senegal	0.0	0.1	0.3	0.0	0.1	0.0	0.4	0.3	0.1	0.1	0.4	0.5	0.2
Tanzania	0.0	0.5	0.6	0.0	0.0	0.2	1.1	1.2	0.2	0.2	0.5	0.3	0.4
Zambia	0.1	0.1	0.3	0.0	0.0	0.1	0.4	0.3	0.0	0.1	0.2	0.1	0.1
Asia/Near East/ North Africa													
Egypt	0.1	0.3	0.8	0.0	0.0	0.6	1.1	0.5	0.5	0.5	0.5	0.4	0.5
Indonesia	17.3	13.9	6.2	1.8	14.9	12.1	8.6	14.4	10.6	7.3	12.3	13.9	11.7
Jordan	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Morocco	0.2	0.1	0.1	0.0	0.2	0.2	0.1	0.0	0.2	0.2	0.0	0.0	0.1
Pakistan	0.4	0.5	1.3	0.0	0.3	0.7	1.4	1.2	0.6	0.5	1.2	1.9	0.8
Yemen	0.3	0.8	0.5	0.0	0.1	0.8	0.9	0.5	0.6	0.7	0.0	0.2	0.6
Latin America/ Caribbean													
Brazil (NE)	1.6	1.0	0.4	1.3	1.7	0.3	0.2	1.1	0.5	0.2	1.0	1.2	0.8
Colombia	2.9	2.8	1.4	2.0	2.9	1.3	2.1	2.6	1.4	0.5	1.9	2.8	2.2
Dominican Republic	0.0	0.0	0.2	0.0	0.0	0.2	0.0	0.1	0.0	0.6	0.0	0.0	0.1
Paraguay	7.1	6.4	3.1	3.7	6.6	5.9	2.9	6.9	3.2	0.4	4.4	7.6	5.2
Peru	2.5	2.5	1.1	1.6	2.2	2.0	1.4	2.1	1.4	1.2	1.4	2.4	1.9

Table D.4 Current use of vaginal methods

Percentage of currently married women 15-49 reporting current use of vaginal methods, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No educa-	Primary	Second-ary or higher	
										tion			
Sub-Saharan Africa													
Burkina Faso	0.1	0.1	0.2	0.2	0.2	0.1	0.0	0.7	0.0	0.0	0.1	2.2	0.1
Cameroon	0.2	0.2	0.4	0.6	0.2	0.1	0.4	0.6	0.1	0.0	0.1	1.3	0.3
Madagascar	0.0	0.1	0.1	0.0	0.0	0.1	0.1	0.4	0.0	0.0	0.0	0.3	0.1
Malawi	0.0	0.1	0.3	0.0	0.0	0.1	0.4	0.3	0.1	0.1	0.0	1.9	0.1
Namibia	0.0	0.0	0.1	0.0	0.2	0.0	0.0	0.1	0.0	0.0	0.0	0.2	0.1
Niger	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0
Nigeria	0.1	0.1	0.1	0.0	0.0	0.2	0.2	0.6	0.0	0.0	0.2	0.6	0.1
Rwanda	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	0.0	0.0	0.3	0.0
Senegal	0.1	0.0	0.2	0.0	0.1	0.1	0.1	0.2	0.0	0.1	0.0	0.9	0.1
Tanzania	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Zambia	0.0	0.2	0.3	0.0	0.1	0.1	0.3	0.3	0.0	0.0	0.0	0.6	0.1
Asia/Near East/ North Africa													
Egypt	0.0	0.3	0.5	0.0	0.2	0.7	0.2	0.5	0.2	0.2	0.4	0.5	0.4
Indonesia	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0
Jordan	0.3	0.7	0.6	0.0	0.4	0.7	0.7	0.7	0.2	0.2	0.5	0.8	0.6
Morocco	0.1	0.1	0.4	0.0	0.4	0.3	0.2	0.5	0.0	0.1	0.6	0.7	0.2
Pakistan	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.0
Yemen	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.2	0.0	0.0	0.4	0.0	0.0
Latin America/ Caribbean													
Brazil (NE)	0.0	0.0	0.1	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.1	0.0	0.0
Colombia	1.2	2.2	1.4	1.3	1.9	1.5	1.5	1.9	1.1	0.5	1.3	2.2	1.7
Dominican Republic	0.2	0.1	0.0	0.0	0.1	0.1	0.1	0.1	0.0	0.0	0.2	0.0	0.1
Paraguay	0.3	1.1	0.7	0.0	1.1	0.7	0.6	0.9	0.6	0.0	0.3	2.0	0.8
Peru	0.7	1.0	1.1	0.0	1.1	1.1	0.8	1.1	0.7	0.1	0.7	1.4	1.0

Table D.5 Current use of the condom

Percentage of currently married women 15-49 reporting current use of the condom, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No education	Primary	Secondary or higher	
	Sub-Saharan Africa												
Burkina Faso	1.3	0.9	0.1	1.8	1.1	0.7	0.1	3.1	0.3	0.3	2.0	8.7	0.8
Cameroon	0.9	1.2	0.6	0.6	1.0	1.3	0.7	1.4	0.7	0.0	0.9	3.4	0.9
Madagascar	0.4	0.7	0.4	0.5	0.7	0.6	0.3	2.6	0.1	0.0	0.1	2.0	0.5
Malawi	2.6	1.5	0.8	1.1	2.3	1.7	0.9	2.9	1.5	0.6	2.5	5.7	1.6
Namibia	0.0	0.5	0.1	0.0	0.3	0.4	0.2	0.5	0.1	0.0	0.1	0.6	0.3
Niger	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.4	0.0
Nigeria	0.4	0.5	0.2	0.3	0.6	0.2	0.2	1.1	0.1	0.0	0.2	2.9	0.4
Rwanda	0.1	0.2	0.3	0.0	0.2	0.1	0.4	2.0	0.1	0.2	0.0	2.1	0.2
Senegal	0.2	0.7	0.2	0.2	0.4	0.3	0.6	1.1	0.1	0.1	0.8	4.5	0.4
Tanzania	0.9	0.6	0.6	0.0	0.9	0.5	0.8	1.6	0.4	0.1	1.0	3.9	0.7
Zambia	2.5	1.9	0.7	0.2	2.9	2.1	1.0	2.6	1.1	0.4	1.4	4.4	1.8
Asia/Near East/													
North Africa													
Egypt	0.3	1.4	3.3	0.0	1.6	2.5	2.3	3.2	0.9	1.2	2.6	2.8	2.0
Indonesia	0.1	1.0	1.0	0.0	0.8	1.0	0.9	1.8	0.4	0.2	0.5	2.2	0.8
Jordan	0.5	1.1	0.6	0.0	1.2	0.9	0.7	0.9	0.3	0.1	0.7	1.0	0.8
Morocco	0.6	0.9	1.0	0.2	0.9	1.5	0.7	1.6	0.4	0.6	1.2	2.6	0.9
Pakistan	1.3	3.6	2.6	0.1	2.9	3.5	2.8	6.7	1.0	1.1	4.5	12.2	2.7
Yemen	0.0	0.2	0.0	0.0	0.1	0.1	0.1	0.4	0.0	0.0	0.5	1.0	0.1
Latin America/													
Caribbean													
Brazil (NE)	3.3	1.3	0.6	3.5	2.6	0.2	0.5	1.5	1.2	0.2	1.3	3.6	1.4
Colombia	1.6	3.0	3.4	1.1	4.1	1.6	2.6	2.9	2.7	0.6	2.2	3.9	2.9
Dominican Republic	1.1	1.5	0.8	0.7	2.4	0.2	0.8	1.7	0.2	0.0	0.2	3.0	1.2
Paraguay	1.3	4.0	1.8	0.9	3.8	2.7	1.2	3.7	1.2	0.0	1.7	4.9	2.6
Peru	1.6	3.4	2.9	2.0	3.3	3.2	1.9	3.5	1.2	0.8	1.9	3.9	2.8

Table D.6 Current use of female sterilization

Percentage of currently married women 15-49 reporting current use of female sterilization, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No education	Primary	Secondary or higher	
	Sub-Saharan Africa												
Burkina Faso	0.1	0.1	0.6	0.4	0.1	0.4	0.3	0.7	0.2	0.2	0.1	0.6	0.2
Cameroon	0.0	0.3	3.6	0.0	0.4	0.5	3.3	1.4	1.1	1.0	1.2	1.5	1.2
Madagascar	0.0	0.7	2.0	0.1	0.2	1.7	1.3	3.6	0.4	0.2	0.7	2.1	0.9
Malawi	0.0	1.8	3.2	0.3	0.7	2.3	3.1	4.9	1.2	1.4	1.5	9.0	1.7
Namibia	1.2	3.7	13.2	1.8	4.8	9.2	10.3	12.9	4.0	5.6	5.6	11.2	7.4
Niger	0.0	0.0	0.4	0.0	0.1	0.1	0.2	0.3	0.1	0.1	0.2	0.0	0.1
Nigeria	0.0	0.1	0.8	0.0	0.1	0.2	0.8	0.4	0.3	0.2	0.6	0.3	0.3
Rwanda	0.2	0.5	1.2	0.0	0.4	1.3	0.6	1.3	0.7	0.6	0.8	1.3	0.7
Senegal	0.0	0.1	1.2	0.0	0.1	0.3	1.0	0.8	0.3	0.3	0.8	2.3	0.4
Tanzania	0.2	0.6	4.1	0.5	0.7	1.3	3.5	1.7	1.6	0.8	2.1	5.2	1.6
Zambia	0.1	0.7	6.3	0.0	1.0	1.0	4.6	3.3	1.0	1.2	1.4	4.9	2.1
Asia/Near East/ North Africa													
Egypt	0.0	0.4	2.4	0.0	0.2	1.2	2.4	1.2	1.0	1.4	1.1	0.7	1.1
Indonesia	0.1	1.9	4.9	0.0	0.7	4.9	5.5	5.2	1.7	1.6	2.2	5.0	2.7
Jordan	0.0	1.0	13.5	0.0	0.3	3.0	9.9	6.3	3.8	9.3	9.2	2.6	5.6
Morocco	0.0	0.9	6.1	0.0	0.2	2.3	6.6	4.3	1.9	2.8	4.7	1.8	3.0
Pakistan	0.3	1.7	7.7	0.0	0.5	3.3	7.4	7.3	1.9	3.0	5.1	5.8	3.5
Yemen	0.0	0.4	1.7	0.1	0.1	0.7	1.4	2.7	0.4	0.8	0.5	1.4	0.8
Latin America/ Caribbean													
Brazil (NE)	8.8	40.7	48.6	0.3	24.1	59.1	45.2	42.9	29.5	31.9	37.9	46.3	37.7
Colombia	1.7	18.9	33.4	0.5	7.0	38.9	35.7	20.9	20.9	26.9	23.8	17.2	20.9
Dominican Republic	7.1	38.7	60.9	0.4	16.7	65.0	55.7	39.2	37.4	35.3	43.7	30.9	38.5
Paraguay	0.8	4.4	13.4	0.5	3.4	11.6	10.7	8.3	6.3	9.6	7.1	7.8	7.4
Peru	0.3	3.9	14.6	0.1	2.7	12.0	12.7	9.6	3.5	4.1	7.8	8.6	7.9

Table D.7 Current use of male sterilization

Percentage of currently married women 15-49 reporting current use of male sterilization, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No educa- tion	Primary	Second- ary or higher	
Sub-Saharan Africa													
Burkina Faso	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Cameroon	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Madagascar	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Malawi	0.0	0.1	0.0	0.0	0.0	0.2	0.0	0.0	0.1	0.0	0.0	1.5	0.0
Namibia	0.0	0.1	0.4	0.0	0.3	0.2	0.2	0.5	0.0	0.0	0.1	0.5	0.2
Niger	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Nigeria	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Rwanda	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Senegal	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Tanzania	0.0	0.0	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Zambia	0.0	0.0	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.0
Asia/Near East/ North Africa													
Egypt	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Indonesia	0.1	0.5	0.9	0.0	0.3	0.9	1.0	0.4	0.7	0.8	0.6	0.3	0.6
Jordan	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0
Morocco	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pakistan	0.0	0.0	0.1	0.0	0.0	0.2	0.0	0.1	0.0	0.0	0.2	0.2	0.0
Yemen	0.0	0.0	0.3	0.0	0.0	0.1	0.2	0.6	0.0	0.1	0.2	0.9	0.1
Latin America/ Caribbean													
Brazil (NE)	0.0	0.2	0.1	0.0	0.2	0.1	0.0	0.1	0.1	0.0	0.1	0.2	0.1
Colombia	0.1	0.7	0.5	0.0	0.3	1.0	0.3	0.6	0.3	0.0	0.3	0.7	0.5
Dominican Republic	0.0	0.2	0.4	0.0	0.1	0.3	0.3	0.3	0.1	0.0	0.0	0.5	0.2
Paraguay	0.0	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0
Peru	0.0	0.1	0.2	0.0	0.1	0.2	0.1	0.1	0.0	0.0	0.1	0.1	0.1

Table D.8 Current use of Norplant

Percentage of currently married women 15-49 reporting current use of Norplant, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No educa- tion	Primary	Second- ary or higher	
	Sub-Saharan Africa												
Burkina Faso	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Madagascar	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Rwanda	0.2	0.4	0.4	0.0	0.2	0.2	0.6	0.9	0.3	0.1	0.4	1.6	0.3
Senegal	0.0	0.1	0.1	0.0	0.1	0.0	0.1	0.1	0.0	0.0	0.2	0.5	0.0
Asia/Near East/ North Africa													
Egypt	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Indonesia	3.2	3.5	2.7	0.0	3.2	3.9	3.3	1.2	3.9	3.1	3.6	1.8	3.1
Pakistan	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Latin America/ Caribbean													
Dominican Republic	0.2	0.1	0.0	0.0	0.2	0.2	0.0	0.2	0.0	0.0	0.0	0.3	0.1

Table D.9 Current use of periodic abstinence

Percentage of currently married women 15-49 reporting current use of periodic abstinence, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No education	Primary	Secondary or higher	
	Sub-Saharan Africa												
Burkina Faso	3.8	4.0	2.6	4.0	3.0	4.2	3.2	8.2	2.5	2.5	6.1	17.0	3.5
Cameroon	9.5	6.7	3.7	11.2	6.9	6.3	4.7	11.5	3.8	0.5	6.1	23.9	6.8
Madagascar	6.8	10.6	8.8	5.6	10.2	11.3	7.3	20.3	6.6	1.6	5.5	23.9	9.0
Malawi	2.4	2.7	1.5	0.5	2.0	2.8	2.8	2.1	2.2	2.0	2.4	2.4	2.2
Namibia	0.1	1.0	0.6	0.3	1.0	0.7	0.5	0.6	0.7	0.6	0.6	0.7	0.7
Niger	0.0	0.0	0.1	0.0	0.0	0.1	0.1	0.4	0.0	0.0	0.3	1.9	0.1
Nigeria	1.1	1.7	1.1	2.0	0.9	1.4	1.7	3.5	0.8	0.1	2.3	6.9	1.4
Rwanda	3.3	4.9	6.3	0.8	4.2	5.7	6.5	5.9	5.1	4.3	5.6	7.2	5.1
Senegal	0.8	0.8	0.7	0.4	0.9	0.7	0.8	1.9	0.2	0.2	3.4	4.5	0.8
Tanzania	1.5	1.7	0.8	1.2	1.7	1.0	1.2	1.5	1.3	0.7	1.6	5.4	1.3
Zambia	0.6	1.2	1.0	0.2	0.9	0.6	1.4	1.4	0.5	0.3	0.4	3.4	0.9
Asia/Near East/													
North Africa													
Egypt	0.0	0.5	1.2	0.0	0.9	0.8	0.6	1.3	0.2	0.1	0.7	1.7	0.7
Indonesia	0.4	1.1	1.5	0.1	1.2	1.4	0.9	2.4	0.6	0.2	0.6	3.4	1.1
Jordan	2.6	3.5	5.0	0.1	4.7	4.6	3.9	4.4	2.5	2.1	3.1	4.9	3.9
Morocco	1.5	2.9	3.7	1.7	3.2	4.0	2.6	5.3	1.3	1.5	5.6	10.9	3.0
Pakistan	0.7	1.3	1.7	0.0	0.8	1.5	2.0	3.4	0.4	0.8	1.7	4.3	1.3
Yemen	0.1	0.6	0.5	0.0	0.3	0.6	0.6	1.7	0.2	0.4	0.7	2.7	0.5
Latin America/													
Caribbean													
Brazil (NE)	2.4	2.8	2.1	1.0	4.3	1.2	1.8	3.0	1.5	0.9	2.1	5.8	2.4
Colombia	3.0	6.1	7.7	2.3	6.4	6.1	7.0	6.6	4.8	5.3	4.0	8.4	6.1
Dominican Republic	2.1	2.8	1.1	1.2	3.6	1.3	0.8	2.6	1.0	1.5	0.9	4.0	2.0
Paraguay	3.4	6.3	5.3	3.3	6.8	5.3	3.8	7.2	3.2	0.0	3.1	11.0	5.3
Peru	15.9	21.0	22.5	12.5	22.5	21.3	18.6	21.3	19.4	17.9	20.5	21.3	20.7

Table D.10 Current use of withdrawal

Percentage of currently married women 15-49 reporting current use of withdrawal, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No educa- tion	Primary	Second- ary or higher	
	Sub-Saharan Africa												
Burkina Faso	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.2	0.0	0.0	0.1	0.4	0.0
Cameroon	1.6	1.7	1.1	0.1	1.1	1.8	2.2	2.0	1.1	0.3	1.9	3.6	1.5
Madagascar	1.9	2.7	1.6	0.6	2.0	2.8	2.2	2.6	2.0	0.2	2.3	3.3	2.1
Malawi	1.3	2.3	0.7	0.4	1.2	1.9	1.9	0.8	1.5	1.2	1.8	1.7	1.5
Namibia	0.0	0.1	0.5	0.0	0.3	0.2	0.4	0.4	0.2	0.2	0.2	0.5	0.3
Niger	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0
Nigeria	0.4	0.6	0.6	0.3	0.4	0.5	0.8	1.1	0.4	0.1	0.9	2.2	0.5
Rwanda	3.2	2.7	3.5	0.4	2.9	2.4	4.5	2.8	3.1	2.4	3.8	2.6	3.1
Senegal	0.1	0.1	0.2	0.0	0.2	0.2	0.1	0.4	0.0	0.1	0.4	0.5	0.1
Tanzania	1.8	2.4	1.5	0.0	2.1	2.4	2.0	1.6	2.0	0.8	2.8	3.0	1.9
Zambia	3.4	3.1	2.2	0.0	3.4	3.2	3.4	2.3	3.6	2.3	3.5	2.0	3.0
Asia/Near East/ North Africa													
Egypt	0.0	0.5	1.2	0.0	0.6	0.8	0.9	1.1	0.3	0.4	0.7	1.2	0.7
Indonesia	0.4	0.8	0.7	0.1	0.7	0.7	0.9	1.0	0.5	0.2	0.7	1.2	0.7
Jordan	2.8	3.9	4.8	0.4	3.8	3.9	4.8	4.5	2.6	3.0	4.4	4.3	4.0
Morocco	0.9	2.6	3.4	0.3	1.3	2.7	4.3	3.1	2.3	2.4	3.9	2.8	2.6
Pakistan	0.8	1.4	1.3	0.0	0.7	2.2	1.2	3.0	0.4	0.5	1.8	5.8	1.2
Yemen	0.4	0.6	0.6	0.0	0.6	0.7	0.6	2.5	0.1	0.3	1.3	3.8	0.6
Latin America/ Caribbean													
Brazil (NE)	3.6	3.1	2.4	1.4	3.3	2.8	3.0	2.5	3.6	3.2	3.0	2.1	2.9
Colombia	3.5	4.3	6.1	2.3	4.5	4.9	6.7	4.3	6.1	2.8	6.9	3.0	4.8
Dominican Republic	3.5	2.1	1.4	1.9	2.5	1.5	3.0	1.9	2.7	2.3	1.7	3.1	2.2
Paraguay	2.5	2.8	3.2	1.6	3.1	3.2	2.6	2.5	3.3	2.0	3.3	2.1	2.9
Peru	4.2	3.9	3.7	1.4	4.1	3.6	4.4	3.7	4.2	3.6	4.6	3.4	3.9

Table D.11 Current use of traditional methods

Percentage of currently married women 15-49 reporting current use of traditional methods, by age, number of living children, residence, and education, Demographic and Health Surveys, 1990-1993

Country	Age group			Number of living children				Residence		Education			Total
	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	No educa-	Second-		
										tion	Primary	ary or higher	
Sub-Saharan Africa													
Burkina Faso	2.3	2.4	1.8	0.4	2.5	2.5	2.1	0.9	2.4	2.2	2.1	0.6	2.2
Cameroon	1.6	1.2	1.5	1.8	1.1	1.0	1.8	1.7	1.2	0.9	1.6	2.4	1.4
Madagascar	0.4	0.6	0.5	0.1	0.6	0.6	0.5	1.0	0.4	0.2	0.3	1.3	0.5
Malawi	2.0	2.1	1.8	0.6	2.2	2.4	1.9	2.7	1.9	2.0	2.0	1.1	2.0
Namibia	4.5	2.0	0.8	0.0	2.6	2.3	1.5	0.2	3.0	1.8	3.0	0.5	1.9
Niger	2.3	2.6	1.2	0.1	2.5	2.5	2.3	4.4	1.7	1.9	4.5	4.0	2.1
Nigeria	0.4	0.5	0.7	0.3	0.4	0.5	1.0	0.6	0.5	0.4	0.9	0.7	0.6
Rwanda	0.0	0.1	0.1	0.0	0.0	0.1	0.1	0.0	0.1	0.1	0.1	0.0	0.1
Senegal	1.3	2.1	1.7	0.0	1.4	1.9	2.5	1.9	1.7	1.6	2.6	2.3	1.8
Tanzania	0.5	0.6	0.6	0.0	0.7	0.6	0.6	0.8	0.5	0.4	0.7	0.9	0.6
Zambia	1.2	2.7	2.9	0.2	1.3	1.9	4.2	1.6	2.8	2.9	2.4	1.1	2.2
Asia/Near East/													
North Africa													
Egypt	0.2	0.1	0.2	0.0	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.1	0.2
Indonesia	0.6	0.7	1.1	0.2	0.7	1.0	1.3	1.2	0.7	0.6	0.8	1.1	0.8
Jordan	5.5	7.0	3.2	0.0	5.7	6.2	5.6	4.7	6.5	5.9	4.5	5.2	5.2
Morocco	0.2	0.1	0.6	0.0	0.1	0.3	0.6	0.4	0.3	0.4	0.0	0.0	0.3
Pakistan	0.4	0.3	0.3	0.0	0.4	0.2	0.4	0.6	0.2	0.3	0.3	0.4	0.3
Yemen	1.4	1.1	0.9	0.0	1.6	0.9	1.2	3.0	0.7	1.0	1.7	1.1	1.1
Latin America/													
Caribbean													
Brazil (NE)	0.2	0.0	0.2	0.0	0.1	0.2	0.2	0.2	0.1	0.2	0.2	0.0	0.1
Colombia	1.1	0.4	0.4	0.6	0.8	0.4	0.3	0.5	0.7	0.4	0.7	0.4	0.5
Dominican Republic	0.2	0.7	0.3	0.2	0.6	0.2	0.7	0.5	0.4	0.4	0.4	0.6	0.5
Paraguay	4.6	4.1	6.0	2.4	3.8	5.8	6.7	4.1	6.0	6.7	5.7	3.3	5.0
Peru	1.2	1.4	2.0	0.3	1.0	1.9	2.6	1.4	2.1	2.6	2.1	1.1	1.6

Appendix E

Summary of DHS-I, DHS-II, and DHS-III Surveys, 1985-1995

Region and Country	Date of Fieldwork	Implementing Organization	Respondents	Sample Size	Male/Husband Survey	Supplemental Studies, Modules, and Additional Questions
SUB-SAHARAN AFRICA						
DHS-I						
Botswana	Aug-Dec 1988	Central Statistics Office	AW 15-49	4,368		AIDS, PC, adolescent fertility
Burundi	Apr-Jul 1987	Département de la Population, Ministère de l'Intérieur	AW 15-49	3,970	542 Husbands	CA, SAI, adult mortality
Ghana	Feb-May 1988	Ghana Statistical Service	AW 15-49	4,488	943 Husbands	CA, SM, WE
Kenya	Dec-May 1988/89	National Council for Population and Development	AW 15-49	7,150	1,133 Husbands	
Liberia	Feb-Jul 1986	Bureau of Statistics, Ministry of Planning and Economic Affairs	AW 15-49	5,239		TBH, employment status
Mali	Mar-Aug 1987	Institut du Sahel, USED/CERPOD	AW 15-49	3,200	970 Men 20-55	CA, VC, childhood physical handicaps
Ondo State, Nigeria	Sep-Jan 1986/87	Ministry of Health, Ondo State	AW 15-49	4,213		CA, TBH
Senegal	Apr-Jul 1986	Direction de la Statistique, Ministère de l'Economie et des Finances	AW 15-49	4,415		CA, CD
Sudan	Nov-May 1989/90	Department of Statistics, Ministry of Economic and National Planning	EMW 15-49	5,860		FC, M, MM
Togo	Jun-Nov 1988	Unité de Recherche Démographique, Université du Bénin	AW 15-49	3,360		CA, SAI, marriage history
Uganda	Sep-Feb 1988/89	Ministry of Health	AW 15-49	4,730		CA, SAI
Zimbabwe	Sep-Jan 1988/89	Central Statistical Office	AW 15-49	4,201		AIDS, CA, PC, SAI, WE
DHS-II						
Burkina Faso	Dec-Mar 1992/93	Institut National de la Statistique et de la Démographie	AW 15-49	6,354	1,845 Men 18+	AIDS, CA, MA, SAI
Cameroon	Apr-Sep 1991	Direction Nationale du Deuxième Recensement Général de la Population et de l'Habitat	AW 15-49	3,871	814 Husbands	CA, CD, SAI
Madagascar	May-Nov 1992	Centre National de Recherches sur l'Environnement	AW 15-49	6,260		CA, MM, SAI
Malawi	Sep-Nov 1992	National Statistical Office	AW 15-49	4,850	1,151 Men 20-54	AIDS, CA, MA, MM, SAI
Namibia	Jul-Nov 1992	Ministry of Health and Social Services, Central Statistical Office	AW 15-49	5,421		CA, CD, MA, MM
Niger	Mar-Jun 1992	Direction de la Statistique et des Comptes Nationaux	AW 15-49	6,503	1,570 Husbands	CA, MA, MM, SAI
Nigeria	Apr-Oct 1990	Federal Office of Statistics	AW 15-49	8,781		CA, SAI
Rwanda	Jun-Oct 1992	Office National de la Population	AW 15-49	6,551	598 Husbands	CA

Senegal	Nov-Aug 1992/93	Direction de la Prévision et de la Statistique	AW 15-49	6,310	1,436 Men 20+	AIDS, CA, MA, MM, SAI
Tanzania	Oct-Mar 1991/92	Bureau of Statistics, Planning Commission	AW 15-49	9,238	2,114 Men 15-60	AIDS, CA, MA, SAI
Zambia	Jan-May 1992	University of Zambia	AW 15-49	7,060		AIDS, CA, MA
DHS-III						
Central African Republic	Sep-Mar 1994/95	Direction des Statistiques Démographiques et Sociales	AW 15-49	5,884	1,729 Men 15-59	AIDS, CA, CD, MA, MM, SAI
Côte d'Ivoire	Jun-Nov 1994	Institut National de la Statistique	AW 15-49	8,099	2,552 Men 15-59	CA, MA, SAI
Ghana	Sep-Dec 1993	Ghana Statistical Service	AW 15-49	4,562	1,302 Men 15-59	CA, MA
Kenya	Feb-Aug 1993	National Council for Population and Development	AW 15-49	7,540	2,336 Men 20-54	AIDS, CA, MA, SAI
Tanzania (KAP) ^a	Jul-Sep 1994	Bureau of Statistics, Planning Commission	AW 15-49	4,225	2,097 Men 15-59	AIDS, PC
Tanzania (In-depth)	June, Aug-Oct 1995	Bureau of Statistics, Planning Commission	AW 15-50 Sisters 15-50	3,766		Adult and childhood mortality estimation
Uganda	Mar-Aug 1995	Statistics Department, Ministry of Finance and Economic Planning	AW 15-49	7,070	1,996 Men 15-54	AIDS, CA, MA, MM, SAI
Uganda (In-depth)	Oct-Jan 1995/96	Institute of Statistics and Applied Economics, Makerere University	AW 20-44	2,000	2,000 Partners	Negotiating reproductive outcomes
Zimbabwe	Jul-Nov 1994	Central Statistical Office	AW 15-49	6,128	2,141 Men 15-54	AIDS, CA, MA, MM, PC, SAI
NEAR EAST/NORTH AFRICA						
DHS-I						
Egypt	Oct-Jan 1988/89	National Population Council	EMW 15-49	8,911		CA, CD, MM, PC, SAI, WE, WS
Morocco	May-Jul 1987	Ministère de la Santé Publique	EMW 15-49	5,982		CA, CD, S
Tunisia	Jun-Oct 1988	Office National de la Famille et de la Population	EMW 15-49	4,184		CA, S, SAI
DHS-II						
Egypt	Nov-Dec 1992	National Population Council	EMW 15-49	9,864	2,466 Husbands	CA, MA, PC, SM
Jordan	Oct-Dec 1990	Department of Statistics, Ministry of Health	EMW 15-49	6,461		CA, SAI
Morocco	Jan-Apr 1992	Ministère de la Santé Publique	AW 15-49	9,256	1,336 Men 20-70	CA, MA, MM, SAI
Yemen	Nov-Jan 1991/92	Central Statistical Organization	EMW 15-49	5,687		CA, CD, MM, SAI
DHS-III						
Egypt	Nov-Dec 1995	National Population Council	EMW 15-49	14,813		CA, FC, MA, WS
Morocco (Panel)	Apr-May 1995	Ministère de la Santé Publique	AW 15-49	4,800		SAI
ASIA						
DHS-I						
Indonesia	Sep-Dec 1987	Central Bureau of Statistics, National Family Planning Coordinating Board	EMW 15-49	11,884		PC, SM

Nepal (In-depth)	Feb-Apr 1987	New Era	CMW 15-49	1,623		KAP-gap survey
Sri Lanka	Jan-Mar 1987	Department of Census and Statistics, Ministry of Plan Implementation	EMW 15-49	5,865		CA, NFP
Thailand	Mar-Jun 1987	Institute of Population Studies Chulalongkorn University	EMW 15-49	6,775		CA, S, SAI
DHS-II						
Indonesia	May-Jul 1991	Central Bureau of Statistics, NFPCB/MOH	EMW 15-49	22,909		PC, SM
Pakistan	Dec-May 1990/91	National Institute of Population Studies	EMW 15-49	6,611	1,354 Husbands	CA
DHS-III						
Bangladesh	Nov-Mar 1993/94	Mitra & Associates/NIPORT	EMW 10-49	9,640	3,284 Husbands	PC, SAI, SM
Indonesia	Jul-Nov 1994	Central Bureau of Statistics/ NFPCB/MOH	EMW 15-49	28,168		MM, PC, SAI, SM
Kazakstan	May-Aug 1995	Institute of Nutrition, National Academy of Sciences	AW 15-49	3,771		CA, MA
Philippines	Apr-Jun 1993	National Statistics Office	AW 15-49	15,029		MM, SAI
Turkey	Aug-Oct 1993	General Directorate of MCH/FP Ministry of Health	EMW <50	6,519		CA, MA
LATIN AMERICA & CARIBBEAN						
DHS-I						
Bolivia	Feb-Jul 1989	Instituto Nacional de Estadística	AW 15-49	7,923		CA, CD, MM, PC, S, WE
Bolivia (In-depth)	Feb-Jul 1989	Instituto Nacional de Estadística	AW 15-49	7,923		Health
Brazil	May-Aug 1986	Sociedade Civil Bem-Estar Familiar no Brasil	AW 15-44	5,892		CA, S, SM, abortion, young adult use of contraception
Colombia	Oct-Dec 1986	Corporación Centro Regional de Población, Ministerio de Salud	AW 15-49	5,329		CA, PC, S, SAI, SM
Dominican Republic	Sep-Dec 1986	Consejo Nacional de Población y Familia	AW 15-49	7,649		CA, NFP, S, SAI, family planning communication
Dominican Republic (Experimental)	Sep-Dec 1986	Consejo Nacional de Población y Familia	AW 15-49	3,885		S, SAI
Ecuador	Jan-Mar 1987	Centro de Estudios de Población y Paternidad Responsable	AW 15-49	4,713		CD, SAI, employment
El Salvador	May-Jun 1985	Asociación Demográfica Salvadoreña	AW 15-49	5,207		CA, S, TBH
Guatemala	Oct-Dec 1987	Instituto de Nutrición de Centro América y Panamá	AW 15-44	5,160		CA, S, SAI
Mexico	Feb-May 1987	Dirección General de Planificación Familiar, Secretaría de Salud	AW 15-49	9,310		NFP, S, employment
Peru	Sep-Dec 1986	Instituto Nacional de Estadística	AW 15-49	4,999		NFP, employment, cost of family planning
Peru (Experimental)	Sep-Dec 1986	Instituto Nacional de Estadística	AW 15-49	2,534		
Trinidad and Tobago	May-Aug 1987	Family Planning Association of Trinidad and Tobago	AW 15-49	3,806		CA, NFP, breastfeeding

DHS-II						
Brazil (NE)	Sep-Dec 1991	Sociedade Civil Bem-Estar Familiar no Brasil	AW 15-49	6,222	1,266 Husbands	AIDS, PC
Colombia	May-Aug 1990	PROFAMILIA	AW 15-49	8,644		AIDS
Dominican Republic	Jul-Nov 1991	Instituto de Estudios de Población y Desarrollo (PROFAMILIA), Oficina Nacional de Planificación	AW 15-49	7,320		CA, MA, S, SAI
Paraguay	May-Aug 1990	Centro Paraguayo de Estudios de Población	AW 15-49	5,827		CA, SAI
Peru	Oct-Mar 1991/92	Instituto Nacional de Estadística e Informática	AW 15-49	15,882		CA, MA, MM, SAI
DHS-III						
Bolivia	Nov-May 1993/94	Instituto Nacional de Estadística	AW 15-49	8,603 ^b		AIDS, CA, CD, MA, MM, S, SAI
Colombia	Apr-Jun 1995	PROFAMILIA	AW 15-49	14,000		AIDS, CA, MA, PC
Guatemala	Jun-Dec 1995	Instituto Nacional de Estadística	AW 15-49	12,403		AIDS, CA, MA, MM, S
Haiti	Jul-Jan 1994/95	Institut Haitien de l'Enfance	AW 15-49	5,356	1,610 Men 15-59	AIDS, CA, CD, MA, SAI

^a No health or birth history section in questionnaire.

^b Household questionnaire was administered in 26,144 households.

AIDS	acquired immune deficiency syndrome	FC	female circumcision	S	sterilization
AW	all women	M	migration	SAI	service availability information
CA	child anthropometry	MA	maternal anthropometry	SM	social marketing
CD	causes of death (verbal reports of symptoms)	MM	maternal mortality	TBH	truncated birth history
CMW	currently married women	NFP	natural family planning	VC	value of children
EMW	ever-married women	PC	pill compliance	WE	women's employment
				WS	women's status

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