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CONTRACEPTIVE TRENDS IN DEVELOPING COUNTRIES

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The main objectives of the MEASURE DHS project are:

- To provide decisionmakers in survey countries with information useful for informed policy choices;
- To expand the international population and health database;
- To advance survey methodology; and
- To develop in participating countries the skills and resources necessary to conduct high-quality demographic and health surveys.

Additional information about the MEASURE DHS project is available on the Internet at http://www.measuredhs.com or by contacting Macro International Inc., MEASURE DHS, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705 USA; Telephone: 301-572-0200, Fax: 301-572-0999, E-mail: reports@macrointernational.com.

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Contraceptive Trends in Developing Countries

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Contents

Tables and Figures v
Preface vii
Acknowledgments ix
Executive Summary xi

1 Introduction 1

2 Data and Methods 3
2.1 Data 3
2.2 Definition of Variables 5
2.3 Data Limitations 7
2.4 Characteristics of Currently Married Women 7

3 Knowledge of Contraceptive Methods 9
3.1 Levels of Knowledge of Contraceptive Methods 9
3.2 Differentials in Knowledge of Contraceptive Methods 12
3.3 Trends in Knowledge of Contraceptive Methods 17

4 Ever Use of Contraception 19
4.1 Levels of Ever Use of Contraception 19
4.2 Differentials in Ever Use of Modern Methods 22
4.3 Trends in Ever Use of Contraception 24

5 Current Use of Contraception 27
5.1 Levels of Current Use of Contraception 27
5.2 Differentials in Current Use of Contraception 30
5.3 Trends in Current Use of Contraception 32
5.4 Unmet Need for Contraception 48
5.5 Informed Choice and Use of Contraception 50

6 Sources of Contraceptive Methods 53
6.1 Source of Current Contraceptive Method 53
6.2 Differentials in Use of Private Medical Sources 54
6.3 Trends in Sources of Modern Contraceptive Methods 56

7 Contraceptive Discontinuation and Nonuse 59
7.1 Contraceptive Discontinuation, Switching, and Nonuse 59
7.2 Reasons for Discontinuation of Contraceptive Use 60
7.3 Reasons for Current Nonuse of Contraception 61
7.4 Reasons for Intended Nonuse of Contraception in the Future 62

8 Discussion, Approval, and Decisionmaking about Family Planning 65
8.1 Discussion of Family Planning 65
8.2 Approval of the Use of Family Planning 65
8.3 Decisionmaking in Family Planning 67

9 Conclusions 69

References 71

Tables and Figures

Table 2.1 Summary of Demographic and Health Surveys, 2000-2005 ... 3
Table 2.2 Demographic and Health Surveys, 1986-2005 ... 4
Table 2.3 Characteristics of Currently Married Women ... 8

Table 3.1 Knowledge of Contraceptive Methods ... 9
Table 3.2 Knowledge of Modern and Traditional Contraceptive Methods ... 11
Table 3.3 Differentials in Knowledge of Any Modern Contraceptive Method ... 13
Table 3.4 Differentials in Knowledge of at least Three Modern Contraceptive Methods ... 15
Table 3.5 Differentials in Knowledge of at least Five Modern Contraceptive Methods ... 16
Table 3.6 Trends in Knowledge of Contraceptive Methods ... 17

Table 4.1 Ever Use of Contraception ... 19
Table 4.2 Ever Use of Specific Modern and Traditional Contraceptive Methods ... 21
Table 4.3 Differentials in Ever Use of Any Modern Contraceptive Method ... 23
Table 4.4 Trends in Ever Use of Contraception ... 24

Table 5.1 Current Use of Contraception ... 27
Table 5.2 Current Use of Specific Modern and Traditional Contraceptive Methods ... 29
Table 5.3 Differentials in Current Use of Any Modern Contraceptive Method ... 31
Table 5.4 Trends in Current Use of Contraception ... 32
Table 5.5 Trends in Unmet Need for Contraception ... 48
Table 5.6 Informed Choice and Use of Contraception ... 50
Figure 5.1 Trends in current use of any modern method of contraception by residence, DHS Surveys 1986-2005 ... 35
Figure 5.2 Trends in current use of any modern method of contraception by education, DHS Surveys 1986-2005 ... 42

Table 6.1 Sources of Contraceptive Methods ... 53
Table 6.2 Differentials in Use of the Private Medical Sector as the Source of Contraceptive Methods ... 55
Table 6.3 Trends in Sources of Modern Contraceptive Methods ... 56

Table 7.1 Contraceptive Discontinuation, Switching, Nonuse, and Intended Nonuse in the Future ... 59
Table 7.2 Reasons for Discontinuation of Contraceptive Use ... 61
Table 7.3 Reasons for Current Nonuse of Contraception ... 62
Table 7.4 Reasons for Intended Nonuse of Contraception in the Future ... 63

Table 8.1 Trends in Discussion of Family Planning and Approval of Family Planning ... 66
Table 8.2 Decisionmaking in Family Planning ... 68

Preface

One of the most significant contributions of the MEASURE 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 Reports* series examines these data across countries in a comparative framework. The DHS *Analytical Studies* series focuses on specific topics. The principal objectives of both series are to provide information for policy formulation at the international level and to examine individual country results in an international context. Whereas *Comparative Reports* are primarily descriptive, *Analytical Studies* have a more analytical approach.

The *Comparative Reports* series covers a variable number of countries, depending on the availability of data sets. Where possible, data from previous DHS surveys are used to evaluate trends over time. Each report provides detailed tables and graphs organized by region. Survey-related issues such as questionnaire comparability, survey procedures, data quality, and methodological approaches are addressed as needed.

The topics covered in *Comparative Reports* are selected by MEASURE DHS staff in conjunction with the U.S. Agency for International Development. Some reports are updates of previously published reports.

It is anticipated that the availability of comparable information for a large number of developing countries will enhance the understanding of important issues in the fields of international population and health by analysts and policymakers.

Ann Way
Project Director

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Executive Summary

This study examines trends and differentials in key family planning indicators in 35 developing countries. The data are for countries with a Demographic and Health Survey (DHS) conducted between 2000 and 2005. Trends are provided for countries with at least one previous DHS survey. The study investigates how knowledge of contraception and use of contraception have changed; whether public-private, urban-rural, and other differentials in contraceptive use have narrowed, and whether women are making informed decisions about the use of contraception. It also examines discontinuation and switching rates, and decisionmaking about family planning.

Results indicate that knowledge of contraception is almost universal in most countries, yet knowledge of multiple methods of contraception, despite increases over time, remains considerably lower, particularly in sub-Saharan Africa. The most commonly used modern methods are the pill, injectables, and the male condom. Current contraceptive use has increased steadily in most countries, but levels remain lower in sub-Saharan Africa, and particularly among rural and less-educated women. While modern methods account for the large majority of contraceptive use, and a growing share of all use, considerable proportions of women in several countries continue to rely on traditional methods. Unmet need has declined in many countries, but remains substantial in sub-Saharan Africa.

In most countries, a substantial proportion of women are not informed about other methods of contraception or about the potential side effects of their chosen method. While public sector facilities remain the main source of modern methods, over time, there has been declining use of public sector sources in South/Southeast Asia, increasing use in Latin America and the Caribbean, and no clear trend in sub-Saharan Africa.

Contraceptive discontinuation rates are high, particularly in sub-Saharan Africa. The majority of current users in most countries have switched methods, irrespective of region. Among current nonusers, a considerable proportion of women do not intend to use contraception in the future, even in countries with low contraceptive prevalence. Fertility-related reasons are the most commonly cited reasons for contraceptive discontinuation, current nonuse, and intended future nonuse. However, method-related reasons and opposition to use of contraception are also reported by many women as reasons for not using or not intending to use contraception.

Most women have not discussed contraception with their husband/partner in the past few months, particularly in sub-Saharan Africa. A large majority of women approve of couples' use of contraception and believe that their husband approved of it as well. There are no clear trends in the proportion of women who recently discussed family planning with anyone; however, the proportion of women approving of family planning has increased or remained at a high level in most countries. Among women who are current users, a large majority reported participating in contraceptive decisionmaking.

1 Introduction

Global family planning programs have been in existence in the developing world for several decades and are primarily designed to supply couples with the methods of family planning that best suit their needs. Over the years, family planning programs have changed to meet the needs of the people receiving the services as well as the donors providing the services. There is recognition that family planning has been a major public health success (WHO, 2002), as evidenced by substantial fertility declines in many countries. However, in recent years, the HIV/AIDS pandemic and changing funding mechanisms have shifted donor interest and assistance away from family planning programs (Vogel, 2006).

Family planning programs have been the primary means of reducing fertility rates. However, despite years of investment in programs, fertility declines are not always apparent, nor are they continuous. New insights show that in several developing countries fertility rates that were declining are beginning to stall (Bongaarts, 2006; Westoff and Cross, 2006). These stalls in fertility decline are associated with a leveling off in contraceptive use, the demand for family planning, and the number of wanted births.

This report presents a comparative analysis of family planning at the national level for 35 developing countries in four regions around the world, using data from the Demographic and Health Surveys (DHS). The study builds on earlier works by DHS on contraceptive use patterns and trends in contraception (Ayad et al., 1994; Curtis and Neitzel, 1996; Rutenberg et al., 1991). The report covers a range of topics and is intended to provide both policymakers and the research community with pertinent information on the state of family planning around the world. The family planning indicators used to assess national programs are examined and trend data are provided where available. Differentials in main contraceptive indicators are examined.

The first section deals with knowledge of contraceptive methods; this is followed by sections on ever use of contraception, current use of contraception, and unmet need for contraception. Informed choice on contraception, which is recognized as a right of clients (Huezo and Diaz, 1992) as well as part of a quality program (Bruce, 1990; Finger, 1993), is also discussed.

With the increasing global demand for family planning, the logistics of supplying women and men with contraceptive methods have undergone major changes. While government sources have been the main providers in many countries over the past few decades (Curtis and Neitzel, 1996), the private medical sector and social marketing programs have become important sources. To capture how the supplier environment has changed, this report examines information on levels and trends in sources of family planning methods.

High levels of discontinuation and method switching can be indicative of low method satisfaction or poor service delivery (Ali and Cleland, 1995). On the other hand, lower levels of method switching can mean that user choices are limited rather than they have better options (Ping, 1995). Given the importance of these indicators, this analysis looks at levels of contraceptive discontinuation, method switching, current nonuse, and intended future nonuse. Where data are available, the reasons for each of these behaviors are explored.

Gender is an important factor in reproductive health decisionmaking (Speizer, Whittle, and Carter, 2005). To examine the role gender plays in contraceptive use, the report analyzes spousal communication about contraception, approval of contraceptive use, and decisionmaking in adopting contraception.

The report provides an update on the current state and direction of key family planning program indicators. The findings are intended to help evaluate family planning programs and guide program planners and policymakers in developing countries.

2 Data and Methods

2.1 Data

The data used in this report are taken from DHS surveys conducted between 2000 and 2005 and cover 35 countries (Table 2.1). Included in these 35 countries is the Egypt 2003 survey, which is an Interim DHS survey, and the Uzbekistan 2002 survey, which is a Health Examination Survey. The survey methodology used in these two surveys is comparable to that used in the standard DHS surveys.

DHS surveys collect data from nationally-representative probability samples of households and of adult women and men in the sample households. Most DHS surveys use a two-stage cluster sampling design, often oversampling certain categories of respondents. Because the DHS samples are not self-weighting and because the response rates vary across sampling domains, weights are used to obtain nationally-representative estimates. Sample sizes in these surveys vary from 4,168 households in Uzbekistan to 37,211 households in Colombia.

Table 2.1 Summary of Demographic and Health Surveys, 2000-2005

Country/year	Number of households interviewed	Number of women interviewed	Number of currently married women[a]
Sub-Saharan Africa			
Benin 2001	5,769	6,219	4,563
Burkina Faso 2003	9,097	12,477	9,655
Cameroon 2004	10,462	10,656	7,166
Eritrea 2002	9,389	8,754	5,733
Ethiopia 2000	14,072	15,367	9,789
Gabon 2000	6,203	6,183	3,348
Ghana 2003	6,251	5,691	3,549
Kenya 2003	8,561	8,195	4,919
Madagascar 2003-04	8,420	7,949	5,140
Malawi 2000	14,213	13,220	9,452
Mali 2001	12,331	12,849	10,723
Mauritania 2000	6,149	7,728	4,541
Mozambique 2003	12,315	12,418	8,736
Namibia 2000	6,392	6,755	2,610
Nigeria 2003	7,225	7,620	5,336
Rwanda 2001	9,696	10,421	5,052
Uganda 2000	7,885	7,246	4,881
Zambia 2001	7,126	7,658	4,694
North Africa/West Asia/Europe			
Armenia 2000	5,980	6,430	4,125
Egypt 2003[b]	10,089	9,159	8,445
Jordan 2002	7,825	6,006	5,706
Morocco 2003	11,513	16,798	8,782
Uzbekistan 2002[c]	4,168	5,463	3,720
South/Southeast Asia			
Bangladesh 2004	10,500	11,440	10,582
Cambodia 2000	12,236	15,351	9,071
Indonesia 2002-03	33,088	29,483	27,857
Nepal 2001	8,602	8,726	8,342
Philippines 2003	12,586	13,633	8,671
Vietnam 2002	7,048	5,665	5,338
Latin America/Caribbean			
Bolivia 2003	19,207	17,654	10,569
Colombia 2005	37,211	38,355	19,762
Dominican Rep. 2002	27,135	23,384	13,996
Haiti 2000	9,595	10,159	5,958
Nicaragua 2001	11,328	13,060	7,424
Peru 2000	28,900	27,843	15,628

[a] Women who are currently married or in union
[b] Interim Demographic and Health Survey
[c] Health Examination Survey

DHS surveys follow several procedures that facilitate comparison of data across countries; these include use of standard questionnaires and standard recode variables (Rutstein and Rojas, 2006).

The analysis presented in this report is restricted to currently married women of reproductive age (15-49 years). The category "currently married" includes both formally married women and unmarried women who are living with a man as if married. The number of currently married women in the 35 surveys included in the study ranges from 2,610 in Namibia 2000 to 27,857 in Indonesia 2002-03. In some of the analyses, the base sample is further restricted to a subset of currently married women. For example, the analysis of informed choice (regarding contraceptive methods) is limited to currently married women using a modern method of contraception who adopted that method in the past five years.

For the outcome variables (defined below), the study examines how levels differ by respondent's age, number of living children, residence, education, regular media exposure (exposure to radio, television, or print media at least once a week), and household wealth status (measured by an index based on ownership of household assets [Rutstein and Johnson, 2004]).

Trends are presented for 30 of the 35 countries that have at least one previous survey. Table 2.2 shows the years for which trend data are available for each country.

Table 2.2 Demographic and Health Surveys, 1986-2005

Country	Survey years				
Sub-Saharan Africa					
Benin	1996	2001			
Burkina Faso	1992	1999	2003		
Cameroon	1991	1998	2004		
Eritrea	1995	2002			
Ethiopia	2000				
Gabon	2000				
Ghana	1988	1993	1998-99	2003-04	
Kenya	1989	1993	1998	2003	
Madagascar	1992	1997	2003-04		
Malawi	1992	2000			
Mali	1987	1996	2001		
Mauritania	2000				
Mozambique	1997	2003			
Namibia	1992	2000			
Nigeria	1990	1999	2003		
Rwanda	1992	2001			
Uganda	1988	1995	2000		
Zambia	1992	1996	2001		
North Africa/West Asia/Europe					
Armenia	2000				
Egypt	1988	1992	1995	2000	2003
Jordan	1990	1997	2002		
Morocco	1987	1992	2003		
Uzbekistan	1996	2002			
South/Southeast Asia					
Bangladesh	1994	1997	2000	2004	
Cambodia	2000				
Indonesia	1987	1991	1994	1997	2002-03
Nepal	1996	2001			
Philippines	1993	1998	2003		
Vietnam	1997	2002			
Latin America/Caribbean					
Bolivia	1989	1994	1998	2003	
Colombia	1986	1990	1995	2000	2005
Dominican Rep.	1986	1991	1996	1999	2002
Haiti	1994	2000			
Nicaragua	1997	2001			
Peru	1986	1992	1996	2000	

For presentation of results, the countries are arranged by standard DHS groupings within four broad world regions: sub-Saharan Africa, North Africa/West Asia/Europe, South/Southeast Asia, and Latin America and the Caribbean.

2.2 Definition of Variables

The variables of interest as well as various concepts used in this report are explained below. In most cases, standard DHS definitions were retained.

Contraceptive methods. Contraceptive methods are grouped into two categories: modern methods and traditional methods. Modern methods include female sterilization, male sterilization, the pill, the IUD, injectables, implants (such as Norplant), the female condom, the male condom, lactational amenorrhea method (LAM), emergency contraception, the diaphragm, and foam/jelly. Traditional methods include periodic abstinence, withdrawal, and any country-specific traditional methods.

Contraceptive knowledge. All survey respondents are asked about their knowledge of specific contraceptive methods. A woman is considered to have knowledge of a particular contraceptive method if she has ever heard of the method (i.e., the method was reported spontaneously or after probing). Early phases of the DHS program distinguished between the two types of responses, while later phases did not. It should be noted that knowledge of a contraceptive method does not measure a respondent's depth of knowledge.

Ever use of contraception. Women who report knowing of a particular method of contraception are asked if they have ever used that method. In the case of female sterilization, women are asked if they ever had an operation to avoid having any (more) children. Similarly, in the case of male sterilization, women are asked if their partner ever had an operation to avoid having any (more) children.

Current use of contraception. Women were asked if they were currently doing something or using any method to delay or avoid getting pregnant at or about the time of the survey. Women using any modern or traditional method are defined as current users of contraception. In the case of concurrent method use (i.e., women reporting use of more than one method), the most effective method is considered. Determining if a respondent is currently using a method necessarily takes into account the varying lengths of time for which methods are effective. For example, the contraceptive effect of using implants can last for five years, whereas a coitus-related method prevents pregnancy only during a given episode of sexual intercourse.

Unmet need for contraception. Women have an unmet need for contraception if they are not currently using a method of contraception and want to stop (further) childbearing. Women have an "unmet need for spacing" if they are not currently using a method of contraception and want to delay the next birth by at least two years. Women have an "unmet need for limiting" if they are not currently using a method of contraception and want to stop childbearing. "Total unmet need" is the sum of unmet need for spacing and unmet need for limiting.

Informed choice. The extent to which women have been informed about contraceptive methods is measured using three indicators: 1) percentage of currently married women using a clinical method who were informed of the side effects (at the time of obtaining the method), 2) percentage of currently married women using a clinical method who were informed of other methods (by a health/family planning worker), and 3) percentage of sterilized women who were informed before the operation that sterilization is permanent.

Sources of modern contraceptive methods. The source of a woman's current method is the place where she obtained the method the last time. For this analysis, sources are grouped into three broad categories: the public sector, the private medical sector, and other sources. Country-specific definitions of these sources are maintained to facilitate analysis. A lack of consistency in the definition of these sources may limit cross-country comparisons. In case of concurrent method use, the source of the most effective method is determined. Although LAM is a modern method, it is not included in this analysis.

Contraceptive discontinuation and reasons for discontinuation. Contraceptive discontinuation refers to the proportion of currently married women who have used a method of contraception in the past but are not currently using any method. This information provides the lifetime discontinuation rate.

Information on reasons for contraceptive discontinuation is available from the DHS calendar (in the questionnaire), which provides month-by-month information on the type of method used. Because calendar data are available for only a few countries that have relatively high contraceptive prevalence rates, the analysis of reasons for discontinuation in this study is limited to a smaller set of countries. Reasons for the most recent discontinuation are grouped under four broad categories: fertility-related reasons, opposition to use, method-related reasons, and other reasons.

Contraceptive switching. Contraceptive switching refers to current use of a contraceptive method that is different from the method previously used.

Reasons for current nonuse of contraception. Current nonusers of contraception who did not want any (more) children or who did not want a child in the next two years were asked why they were not using a method of contraception. Reasons for current nonuse are grouped under five broad categories: fertility-related reasons, opposition to use, lack of knowledge, method-related reasons, and other reasons. Women are allowed to report multiple reasons for nonuse of contraception, so the percentages typically add to more than 100.

Reasons for intended nonuse of contraception in the future. Current nonusers of contraception were asked if they intended to use contraception in the future. Those who did not intend to use a method and those who did not know if they would use a method were asked the main reason they did not intend to use contraception in the future. Reasons were again grouped under five main categories: fertility-related reasons, opposition to use, lack of knowledge, method-related reasons, and other reasons.

Discussion about contraception. Women who know any contraceptive method were asked if they had discussed family planning with anyone in the past few months. Those who had discussed family planning with someone were further asked to identify the person with whom they discussed it. The analysis examines the proportion of women who discussed family planning with anyone and the proportion who discussed it with their husband/partner.

Approval of contraception. Approval of contraception is measured by two variables: the proportion of women who approve of couples using contraception, and the proportion who believe that their husband/partner approves of couples using contraception.

Contraceptive decisionmaking. Current users of contraceptive methods were asked who made the decision to use contraception. The response categories identified whether the decision was 1) made mainly by the respondent herself, 2) made mainly by the husband/partner, 3) a joint decision between the two, or 4) made mainly by some other person.

2.3 Data Limitations

DHS data have several limitations that should be kept in mind when interpreting patterns and trends in family planning indicators. First, although response rates in DHS surveys are generally very high, differences in levels of nonresponse across countries and over time can bias survey estimates used in cross-country comparisons and trend analyses. Moreover, in some countries, the geographic coverage of survey samples has changed over time, making it difficult to analyze trends. Other factors that can affect cross-country comparisons and trend analyses are nonresponse and misreporting on specific questions, especially those related to sexual behavior and contraceptive use.

For some variables, information available in the most recent survey was not collected in earlier surveys, or the manner in which a question was asked has changed over time. In addition, there are differences across countries in the way some indicators were defined, and in some countries definitions may have changed over time. For example, definitions of public and private medical sources of contraceptive methods differ across countries and have changed in many countries. In general, country-specific definitions from the main survey reports have been used, but in a few cases it was necessary to create comparable indicators that are different from those in the main survey reports. These changes, and variations in the availability and definition of indicators, limit the analyses presented in this report.

2.4 Characteristics of Currently Married Women

Table 2.3 shows the percent distribution of currently married women age 15-49 by selected background characteristics (age, number of living children, urban-rural residence, education, and regular exposure to mass media). The percentage of currently married women age 15-24 ranges from a low of 11 percent in Vietnam to 35 percent in Malawi and Bangladesh. There are smaller percentages of women age 35-49 in sub-Saharan Africa than in other regions. In general, women in sub-Saharan Africa are more likely to live in rural areas, have more children, be less educated, and have less exposure to mass media than women in other regions.

Table 2.3 Characteristics of currently married women

Percent distribution of currently married women by age, number of living children, residence, education, and media exposure, DHS surveys 2000-2005

	Age			Number of living children				Residence		Education			Regular media exposure (number of sources)			
Country/year	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	None	Primary	Secondary+	0	1	2+	Number
Sub-Saharan Africa																
Benin 2001	25	41	34	9	36	28	28	35	66	72	19	8	34	51	15	4,563
Burkina Faso 2003	28	36	36	9	34	28	28	15	85	88	8	4	48	40	12	9,655
Cameroon 2004	33	36	30	14	35	25	25	49	51	29	40	31	50	24	26	7,166
Eritrea 2002	27	37	36	15	31	26	27	34	66	62	26	12	32	42	26	5,733
Ethiopia 2000	27	37	36	11	32	27	30	12	88	83	12	5	90	9	2	9,789
Gabon 2000	28	39	33	14	36	24	26	76	24	8	39	53	38	30	32	3,348
Ghana 2003	19	40	42	9	36	30	25	41	60	38	20	42	24	42	34	3,549
Kenya 2003	26	39	34	7	35	30	28	22	78	16	59	26	22	48	29	4,919
Madagascar 2003-04	25	38	37	10	35	29	26	23	77	24	48	29	38	37	25	5,140
Malawi 2000	35	36	29	11	40	26	23	14	86	32	61	8	45	48	7	9,452
Mali 2001	30	37	34	11	33	27	30	25	76	84	10	5	36	41	23	10,723
Mauritania 2000	25	39	36	14	29	25	33	41	60	69	22	10	45	40	15	4,541
Mozambique 2003	31	38	31	12	36	29	23	29	71	48	48	4	52	39	9	8,736
Namibia 2000	15	40	45	8	36	31	25	45	55	16	35	49	22	33	45	2,610
Nigeria 2003	27	37	35	12	33	27	28	31	69	54	22	24	38	36	26	5,336
Rwanda 2001	23	40	38	8	37	28	27	15	85	35	55	10	57	37	7	5,052
Uganda 2000	33	39	28	9	31	29	32	13	87	26	61	13	48	39	13	4,881
Zambia 2001	33	39	29	9	36	27	28	35	65	14	62	24	53	27	20	4,694
North Africa/West Asia/Europe																
Armenia 2000	15	31	54	6	55	37	2	58	42	*	*	100	9	51	40	4,125
Egypt 2003	20	36	44	10	36	36	19	43	58	37	17	47	5	29	67	8,445
Jordan 2002	15	43	42	8	25	31	36	80	20	6	11	83	10	37	53	5,706
Morocco 2003	16	33	50	11	36	30	24	57	43	63	17	19	15	42	43	8,782
Uzbekistan 2002	21	37	42	8	40	40	13	39	62	9	60	31	u	u	u	3,720
South/Southeast Asia																
Bangladesh 2004	35	35	30	11	44	32	14	22	78	40	30	31	41	34	25	10,436
Cambodia 2000	16	38	47	8	32	31	29	16	84	31	55	15	33	34	33	9,071
Indonesia 2002-03	17	37	46	8	52	29	11	46	54	8	54	39	18	43	39	27,857
Nepal 2001	31	36	33	12	36	35	18	10	91	72	15	14	51	33	16	8,342
Philippines 2003	15	37	48	8	39	32	21	54	47	2	29	69	9	24	67	8,671
Vietnam 2002	11	38	51	5	57	31	8	19	81	6	26	67	8	34	58	5,338
Latin America/Caribbean																
Bolivia 2003	19	38	43	0	39	32	30	65	35	9	56	36	10	26	64	10,569
Colombia 2005	19	34	47	8	51	31	10	73	27	4	34	62	u	u	u	19,762
Dominican Rep. 2002	23	36	41	9	40	39	12	65	35	5	52	43	4	16	80	13,996
Haiti 2000	22	37	41	11	37	27	25	37	63	40	41	19	40	32	28	5,958
Nicaragua 2001	27	35	37	8	40	29	24	58	42	18	44	38	9	27	64	7,424
Peru 2000	16	38	46	5	45	30	20	64	36	7	37	56	21	30	49	15,628

Note: For Nepal and Vietnam, media exposure is defined as exposure to television or newspapers at least once a week, and exposure to radio every day; the standard definition is contact with any source at least once a week.
An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
u = Unknown (Not available)

3 Knowledge of Contraceptive Methods

One of the major goals of family planning programs is to increase women's awareness of family planning methods. Knowledge of family planning is considered the first stage toward the adoption of a contraceptive method. This section looks at how well informed women are about contraceptive methods, and how knowledge of contraception has changed over time.

3.1 Levels of Knowledge of Contraceptive Methods

Knowledge of Any Method of Contraception and Knowledge of Any Modern Method

Knowledge of at least one method of contraception is nearly universal across all regions (Table 3.1). In sub-Saharan Africa, knowledge of a contraceptive method is generally above 85 percent. However, in 3 of the 18 sub-Saharan countries, levels were below 85 percent: Mali (78 percent), Mauritania (71 percent), and Nigeria (78 percent). In the other three regions, levels vary within a narrow range, from 94 percent in Bolivia to 100 percent in several countries. Knowledge of a modern method shows a similar distribution to knowledge of any method, in all regions.

Table 3.1 Knowledge of contraceptive methods

Percentage of currently married women who know any contraceptive method, any modern method, 3+ modern methods, 5+ modern methods, and any traditional method, DHS surveys 2000-2005

Country/year	Any method	Modern method			Any traditional method	Number
		Any	3+	5+		
Sub-Saharan Africa						
Benin 2001	92	91	79	52	63	4,563
Burkina Faso 2003	92	90	76	52	48	9,655
Cameroon 2004	89	89	71	49	65	7,166
Eritrea 2002	88	87	72	35	37	5,733
Ethiopia 2000	86	85	38	11	24	9,789
Gabon 2000	95	95	75	50	87	3,348
Ghana 2003	98	98	93	85	78	3,549
Kenya 2003	96	95	92	82	76	4,919
Madagascar 2003-04	85	84	70	44	53	5,140
Malawi 2000	99	98	95	83	73	9,452
Mali 2001	78	76	57	34	31	10,723
Mauritania 2000	71	68	42	15	39	4,541
Mozambique 2003	92	90	75	44	50	8,736
Namibia 2000	98	98	91	66	50	2,610
Nigeria 2003	78	76	57	30	43	5,336
Rwanda 2001	97	97	87	57	75	5,052
Uganda 2000	98	98	92	77	69	4,881
Zambia 2001	99	99	94	72	79	4,694
North Africa/West Asia/Europe						
Armenia 2000	99	98	90	64	92	4,125
Egypt 2003	100	100	100	80	85	8,445
Jordan 2002	100	100	100	98	97	5,706
Morocco 2003	100	100	99	94	92	8,782
Uzbekistan 2002	99	99	87	56	58	3,720
South/Southeast Asia						
Bangladesh 2004	100	100	99	92	81	10,436
Cambodia 2000	96	95	89	77	31	9,071
Indonesia 2002-03	99	99	93	78	42	27,857
Nepal 2001	100	100	98	92	55	8,342
Philippines 2003	99	99	96	88	90	8,671
Vietnam 2002	100	100	97	88	85	5,338
Latin America/Caribbean						
Bolivia 2003	94	92	85	70	80	10,569
Colombia 2005	100	100	100	98	94	19,762
Dominican Rep. 2002	100	100	99	97	86	13,996
Haiti 2000	99	99	97	83	70	5,958
Nicaragua 2001	99	99	97	90	67	7,424
Peru 2000	99	98	96	92	88	15,628

Knowledge of Multiple Modern Contraceptive Methods

Knowledge of multiple modern methods of contraception is an indicator of how well informed women are about family planning. Knowledge of multiple modern methods can also be used to gauge how effective the country's health programs are in promoting different methods of contraception, and the extent to which women have a choice of contraceptive methods.

The percentage of women who know three or more modern methods is high (85 percent or higher) in all countries in South/Southeast Asia, Latin America and the Caribbean, and North Africa/West Asia/Europe. In many cases, this percentage is similar to the percentage knowing any modern method. However, in sub-Saharan Africa, knowledge of multiple modern methods of contraception is lower, and far from universal. In seven the 18 countries in this region a large majority of women (85 percent or higher) know three or more modern methods. Knowledge of five or more modern methods is substantially lower than knowledge of three or more methods in most countries, particularly in sub-Saharan Africa.

Knowledge of Traditional Methods

In most countries, the majority of women know of a traditional method of family planning. However, there are large regional variations in knowledge of traditional methods, with countries in sub-Saharan Africa having lower levels than countries in other regions. Within sub-Saharan Africa, the percentage knowing any traditional method ranges from 24 percent in Ethiopia to 87 percent in Gabon. Variation in knowledge of any traditional method is also large in South/Southeast Asia, but not in the other two regions. In all regions, women are more familiar with modern methods than with traditional methods.

Knowledge of Specific Modern Methods

Overall, the pill, injectables, and male condoms are the most widely known modern methods (Table 3.2). Emergency contraception, the diaphragm, and foam/jelly are the least known methods. The IUD is the best known modern method in North Africa/West Asia/Europe. Knowledge of male sterilization is much lower than knowledge of female sterilization in all countries except Nepal and Vietnam, where knowledge levels are similar. Knowledge of female sterilization is generally lower in sub-Saharan Africa than in other regions. In four of six countries in both South/Southeast Asia and Latin America and the Caribbean, more than 90 percent of women know about female sterilization.

Among traditional methods, periodic abstinence is better known than withdrawal in most of the sub-Saharan countries; however, withdrawal is better known than periodic abstinence in half of the countries in the other regions.

Table 3.2 Knowledge of modern and traditional contraceptive methods

Percentage of currently married women who know specific modern and traditional contraceptive methods, DHS surveys 2000-2005

	Modern method												Traditional method			
	Sterilization						Condom									
Country/year	Female	Male	Pill	IUD	Inject-ables	Im-plants	Female	Male	LAM	EC	Dia-phragm	Foam/ jelly	Periodic abstinence[a]	With-drawal	Other	Number
Sub-Saharan Africa																
Benin 2001	56	21	78	37	79	35	12	85	20	15	12	13	51	50	4	4,563
Burkina Faso 2003	27	16	82	41	76	58	29	85	21	9	10	16	44	16	5	9,655
Cameroon 2004	46	10	71	37	66	36	40	84	30	18	12	13	61	46	8	7,166
Eritrea 2002	23	6	78	24	74	8	19	75	50	10	8	5	36	13	1	5,733
Ethiopia 2000	24	5	82	10	70	13	u	29	u	u	4[b]	u	22	10	2	9,789
Gabon 2000	54	18	86	38	57	7	24	92	44	17	14	17	81	67	14	3,348
Ghana 2003	74	45	90	65	92	67	82	95	37	29	38	43	67	65	4	3,549
Kenya 2003	80	52	93	75	94	72	43	92	u	25	u	1	70	47	12	4,919
Madagascar 2003-04	35	24	77	35	78	40	10	72	40	6	6	14	50	25	2	5,140
Malawi 2000	88	60	95	70	96	52	52	92	43	22	33	26	46	46	40	9,452
Mali 2001	33	13	68	21	57	26	22	62	21	6	9	11	15	11	19	10,723
Mauritania 2000	16	6	64	34	57	4	5	34	15	4	4	5	13	32	5	4,541
Mozambique 2003	40	8	80	49	78	u	u	76	50	u	4	3	33	19	21	8,736
Namibia 2000	67	35	92	56	96	0	65	92	u	20	21[b]	u	35	35	8	2,610
Nigeria 2003	40	10	63	29	61	10	12	54	21	14	9	8	26	24	19	5,336
Rwanda 2001	61	18	83	38	88	42	28	90	43	12	5	9[c]	62	59	0	5,052
Uganda 2000	79	39	94	53	93	41	63	88	56	10	15[d]	20	55	41	25	4,881
Zambia 2001	77	25	96	46	87	35	59	96	40[e]	10	34[b]	u	38	68	32	4,694
North Africa/West Asia/Europe																
Armenia 2000	48	20	83	93	49	10	25	90	79	22	12	22	65	88	7	4,125
Egypt 2003	68	12	100	100	100	94	u	59	u	u	35[b]	u	34	33	35	8,445
Jordan 2002	98	22	100	100	93	54	18	91	98	13	17	67	88	93	2	5,706
Morocco 2003	94	9	100	98	96	38	u	89	91	u	9	17	87	78	5	8,782
Uzbekistan 2002	51	8	85	98	78	3	6	68	55	10	3	10	41	45	3	3,720
South/Southeast Asia																
Bangladesh 2004	96	73	100	86	99	77	u	92	u	u	u	u	72	59	8	10,436
Cambodia 2000	64	47	90	83	90	54	5	79	9	2	0[d]	1	26	19	1[f]	9,071
Indonesia 2002-03	64	39	96	87	97	87	u	76	20	u	12	u	34	26	7	27,857
Nepal 2001	99	98	93	55	97	80	u	91	u	u	u	40	35	41	6	8,342
Philippines 2003	92	74	98	91	90	7	13	96	22	10	16	12	79	86	5[g]	8,671
Vietnam 2002	92	90	95	99	60	15	u	96	u	u	10[b]	u	70	81	1	5,338
Latin America/Caribbean																
Bolivia 2003	65	35	82	84	80	10	37	79	53	13	u	44	76	44	18	10,569
Colombia 2005	98	86	99	97	99	78	u	99	64	35	u	79	84	87	12	19,762
Dominican Rep. 2002	98	56	99	94	97	91	47	98	72	31	u	61	72	79	8	13,996
Haiti 2000	72	52	97	40	97	89	48	95	49	12	11	23	46	67	3	5,958
Nicaragua 2001	91	65	98	90	97	8	31	95	70	19	16	37	55	54	1	7,424
Peru 2000	93	80	95	94	96	60	u	92	61	u	u	72	84	59	11	15,628

EC = Emergency contraception
LAM = Lactational amenorrhea method
u = Unknown (not available)
[a] Rhythm
[b] Diaphragm, foam, jelly
[c] Spermicide included
[d] Diaphragm/cervical cap
[e] Although understood as breastfeeding, this is counted as LAM in this analysis.
[f] Knowledge of Chinese pill (76.5%) is not shown.
[g] Knowledge of mucus/Billings/ovulation, basal body temperature, symptothermal, standard days method (47.4%) is not shown.

3.2 Differentials in Knowledge of Contraceptive Methods

Knowledge of Any Modern Method

In most countries outside of sub-Saharan Africa, not only is knowledge of any modern contraceptive method almost universal among currently married women, but there is almost no variation in knowledge by age, number of living children, urban-rural residence, regular exposure to mass media, and household wealth status (Table 3.3). In most countries in sub-Saharan Africa differentials in knowledge of any modern method are generally small, except in a few countries, such as Mali, Mauritania, and Nigeria, where overall knowledge levels are lower. In these countries, urban women, more-educated women, women living in wealthier households, and those regularly exposed to mass media are more likely to know a modern contraceptive method.

Table 3.3 Differentials in knowledge of any modern contraceptive method

Percentage of currently married women who know a modern contraceptive method, by age, number of living children, residence, education, media exposure, and wealth status, DHS surveys 2000-2005

	Age			Number of living children				Residence		Education			Regular media exposure (number of sources)			Wealth status (quintile)					
Country/year	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	None	Primary	Secondary+	0	1	2+	Lowest	Second	Middle	Fourth	Highest	Total
Sub-Saharan Africa																					
Benin 2001	88	93	91	86	92	92	90	95	89	88	97	100	84	93	98	81	87	94	95	98	91
Burkina Faso 2003	88	92	90	82	91	92	92	99	89	89	98	99	84	95	99	96	96	94	91	99	90
Cameroon 2004	89	90	87	91	89	89	86	97	81	66	96	100	80	95	99	82	80	88	98	96	89
Eritrea 2002	87	88	87	83	89	88	87	98	82	80	98	100	74	90	99	74	79	89	98	99	87
Ethiopia 2000	83	88	85	81	84	87	87	98	84	83	95	100	84	97	100	82	84	81	85	97	85
Gabon 2000	95	96	93	93	96	95	94	96	91	68	94	99	89	97	100	89	96	95	95	97	95
Ghana 2003	97	98	98	98	98	98	97	100	97	95	99	100	94	98	100	98	98	97	97	98	98
Kenya 2003	95	95	95	95	97	95	93	99	94	73	99	100	82	99	100	93	97	98	97	96	95
Madagascar 2003-04	79	87	85	82	85	87	81	95	81	58	88	99	67	92	99	67	72	85	95	99	84
Malawi 2000	98	99	98	95	99	99	99	100	98	97	99	100	97	99	100	98	98	99	98	100	98
Mali 2001	77	79	73	71	77	77	76	90	72	73	92	100	62	80	92	69	70	70	80	94	76
Mauritania 2000	65	73	65	64	71	72	64	88	55	60	81	95	62	70	82	50	56	65	80	93	68
Mozambique 2003	89	91	90	81	92	91	92	97	88	84	96	100	86	94	99	81	86	92	97	100	90
Namibia 2000	98	99	97	96	98	98	97	99	97	93	98	99	94	98	99	93	97	98	99	99	98
Nigeria 2003	70	81	76	68	76	77	79	91	70	63	85	97	62	78	95	55	66	78	89	97	76
Rwanda 2001	96	97	97	94	97	97	98	99	96	95	97	100	96	98	99	97	96	97	97	98	97
Uganda 2000	97	98	97	96	98	98	97	100	97	94	99	100	96	99	100	94	96	99	99	100	98
Zambia 2001	99	100	99	98	99	100	99	100	99	96	100	100	99	100	100	99	98	99	99	100	99
North Africa/West Asia/Europe																					
Armenia 2000	96	98	98	95	98	98	97	99	97	*	*	98	94	98	99	97	98	98	98	100	98
Egypt 2003	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Jordan 2002	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Morocco 2003	100	100	100	99	100	100	100	100	100	100	100	100	99	100	100	100	100	100	100	100	100
Uzbekistan 2002	96	100	99	92	99	100	99	99	98	98	99	99	u	u	u	99	99	99	99	98	99
South/Southeast Asia																					
Bangladesh 2004	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Cambodia 2000	93	96	96	91	96	96	96	98	95	92	97	99	90	97	99	92	93	96	97	99	95
Indonesia 2002-03	99	99	98	96	99	99	97	99	98	95	98	100	95	99	100	96	98	99	100	100	99
Nepal 2001	100	99	100	100	100	100	99	100	100	99	100	100	99	100	100	99	100	100	100	100	100
Philippines 2003	99	99	99	97	99	99	99	99	98	78	98	100	95	98	100	96	99	99	100	100	99
Vietnam 2002	99	100	100	98	100	100	99	100	100	98	99	100	98	99	100	99	100	100	100	100	100
Latin America/Caribbean																					
Bolivia 2003	93	94	90	u	94	93	88	97	83	75	90	99	77	86	97	78	88	94	97	100	92
Colombia 2005	100	100	100	100	100	100	100	100	100	98	100	100	u	u	u	100	100	100	100	100	100
Dominican Rep. 2002	100	100	100	99	100	100	100	100	100	99	100	100	98	99	100	99	100	100	100	100	100
Haiti 2000	100	99	99	99	100	99	98	100	99	98	100	100	98	99	100	97	100	99	100	100	99
Nicaragua 2001	99	99	99	98	100	99	99	100	98	97	100	100	95	99	100	97	99	100	100	100	99
Peru 2000	98	99	98	97	99	99	97	100	96	91	98	100	95	98	100	94	98	100	100	100	98

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
u = Unknown (not available)

Knowledge of Multiple Modern Methods

Table 3.4 presents differentials in knowledge of three or more modern contraceptive methods; Table 3.5 presents differentials in knowledge of five or more modern methods. Differentials in the knowledge of multiple modern methods are more pronounced in sub-Saharan Africa than in other regions. Outside of sub-Saharan Africa, differentials in the knowledge of multiple methods are generally small, especially for knowledge of three or more methods. Younger women (age 15-24) and those with no children are somewhat less likely to know multiple methods. Women living in urban areas, more-educated women, women regularly exposed to mass media, and women living in wealthier households are more likely to know multiple methods. These differentials are more pronounced for knowledge of five or more modern methods than for three or more.

Table 3.4 Differentials in knowledge of at least three modern contraceptive methods

Percentage of currently married women who know at least three modern contraceptive methods, by age, number of living children, residence, education, media exposure, and wealth status, DHS surveys 2000-2005

	Age			Number of living children				Residence		Education			Regular media exposure (number of sources)			Wealth status (quintile)					
Country/year	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	None	Primary	Secondary+	0	1	2+	Lowest	Second	Middle	Fourth	Highest	Total
Sub-Saharan Africa																					
Benin 2001	72	81	80	68	79	81	78	86	75	74	88	97	67	82	93	62	71	83	86	94	79
Burkina Faso 2003	70	79	77	60	76	78	79	95	73	73	95	99	65	83	96	78	62	80	74	85	76
Cameroon 2004	69	74	71	72	72	73	68	86	57	36	78	95	56	79	93	62	66	70	79	74	71
Eritrea 2002	71	73	71	66	73	74	71	92	61	58	90	98	47	75	95	48	57	71	90	96	72
Ethiopia 2000	35	42	36	33	40	40	36	86	31	30	69	96	33	74	98	23	26	30	40	77	38
Gabon 2000	71	79	74	72	76	76	73	80	60	33	66	88	61	78	89	58	68	77	81	87	75
Ghana 2003	91	94	94	93	94	94	92	97	91	87	95	98	85	94	99	94	95	92	92	94	93
Kenya 2003	91	93	93	91	94	93	90	96	91	60	98	100	75	97	98	91	94	97	96	91	92
Madagascar 2003-04	65	73	71	65	74	74	63	89	65	33	73	97	45	78	96	41	51	72	86	98	70
Malawi 2000	94	97	95	88	96	96	97	99	95	93	96	100	93	97	99	93	94	96	95	99	95
Mali 2001	57	61	54	52	58	59	57	74	52	53	77	95	39	61	80	51	47	50	62	82	57
Mauritania 2000	37	48	41	38	44	47	39	68	25	32	57	82	36	43	61	20	22	38	56	79	42
Mozambique 2003	72	77	75	63	76	78	76	90	69	64	84	99	67	80	96	56	67	78	88	97	75
Namibia 2000	89	93	90	91	90	94	89	95	88	79	90	95	81	90	97	79	91	90	93	97	91
Nigeria 2003	46	64	58	46	56	59	60	75	49	40	66	87	38	57	84	32	44	57	72	87	57
Rwanda 2001	77	88	90	74	84	88	91	94	85	83	87	99	83	91	98	81	85	85	87	94	87
Uganda 2000	91	94	91	88	90	94	93	99	91	82	95	100	86	97	100	84	88	94	97	99	92
Zambia 2001	90	97	94	86	93	96	95	98	91	83	94	99	90	97	99	90	89	93	97	99	94
North Africa/West Asia/Europe																					
Armenia 2000	86	91	90	84	91	90	78	92	86	*	*	90	77	89	93	83	88	88	91	96	90
Egypt 2003	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Jordan 2002	100	100	100	99	100	100	100	100	100	99	100	100	100	100	100	100	100	100	100	100	100
Morocco 2003	98	99	99	97	99	99	99	100	98	98	100	100	97	99	100	97	98	99	100	100	99
Uzbekistan 2002	79	90	89	68	88	91	86	89	86	81	86	92	u	u	u	87	86	89	93	87	87
South/Southeast Asia																					
Bangladesh 2004	99	99	99	98	99	99	99	100	99	98	99	100	98	100	100	98	99	99	99	100	99
Cambodia 2000	86	90	90	82	90	90	90	96	88	83	91	97	80	91	97	84	86	87	91	98	89
Indonesia 2002-03	91	95	92	90	95	94	88	96	91	81	91	98	82	94	97	86	92	95	96	98	93
Nepal 2001	98	98	98	97	98	99	97	99	98	98	99	100	97	99	100	97	98	98	98	99	98
Philippines 2003	93	96	97	93	96	97	96	97	95	58	93	98	87	94	98	89	96	97	98	99	96
Vietnam 2002	91	98	98	90	97	98	94	99	97	88	95	99	87	96	99	93	96	98	98	99	97
Latin America/Caribbean																					
Bolivia 2003	85	89	81	u	88	86	78	92	70	57	81	97	61	75	92	64	76	89	93	98	85
Colombia 2005	99	100	100	99	100	100	99	100	99	95	99	100	u	u	u	98	100	100	100	100	100
Dominican Rep. 2002	98	100	99	98	99	99	98	99	99	93	99	100	94	98	100	97	99	99	100	100	99
Haiti 2000	96	97	97	98	96	97	96	99	95	93	99	100	94	97	100	93	96	96	99	100	97
Nicaragua 2001	96	98	97	95	98	97	96	99	95	91	98	100	89	95	99	91	97	98	99	100	97
Peru 2000	95	98	96	93	98	97	93	99	91	81	94	100	89	96	99	88	95	99	99	100	96

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
u = Unknown (not available)

Table 3.5 Differentials in knowledge of at least five modern contraceptive methods

Percentage of currently married women who know at least five modern contraceptive methods, by age, number of living children, residence, education, media exposure, and wealth status, DHS surveys 2000-2005

	Age			Number of living children				Residence		Education			Regular media exposure (number of sources)			Wealth status (quintile)					
Country/year	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	None	Primary	Secondary+	0	1	2+	Lowest	Second	Middle	Fourth	Highest	Total
Sub-Saharan Africa																					
Benin 2001	43	55	55	42	52	56	51	64	46	45	65	85	40	54	74	33	42	50	60	79	52
Burkina Faso 2003	44	55	55	38	52	54	54	83	46	47	79	95	38	58	85	55	40	56	60	57	52
Cameroon 2004	43	53	51	51	49	51	47	65	34	10	51	83	32	55	78	33	51	45	44	46	49
Eritrea 2002	31	37	34	28	39	38	30	63	20	18	51	83	12	30	70	12	18	22	53	74	35
Ethiopia 2000	9	13	11	11	12	11	10	54	5	6	25	71	7	38	83	3	3	5	7	43	11
Gabon 2000	40	55	51	46	50	53	48	56	29	14	33	67	31	49	72	27	32	52	59	72	50
Ghana 2003	80	86	85	85	85	87	82	92	80	72	87	96	69	85	96	85	84	84	85	86	85
Kenya 2003	75	85	86	74	82	86	81	89	81	43	86	97	60	86	94	79	79	90	87	83	82
Madagascar 2003-04	33	46	49	36	48	48	36	68	36	8	38	82	17	44	83	12	19	33	59	87	44
Malawi 2000	79	87	83	68	83	85	87	95	81	75	85	97	76	87	95	78	78	83	81	93	83
Mali 2001	32	36	33	29	34	34	35	51	28	28	52	83	17	35	57	28	23	25	38	58	34
Mauritania 2000	12	17	15	13	14	17	15	28	6	10	19	42	11	15	26	5	7	13	15	36	15
Mozambique 2003	37	46	48	31	45	47	46	64	36	30	54	86	35	49	77	22	32	43	58	78	44
Namibia 2000	51	69	69	60	66	72	61	79	56	40	59	80	41	59	84	36	51	66	71	89	66
Nigeria 2003	19	36	33	20	29	31	36	47	23	14	37	61	18	25	55	12	18	27	40	60	30
Rwanda 2001	47	59	61	39	56	59	62	77	53	46	58	87	48	65	89	47	49	52	58	77	57
Uganda 2000	75	80	75	69	75	80	78	92	75	58	81	96	64	86	97	60	67	79	87	95	77
Zambia 2001	62	79	73	58	70	76	74	90	62	48	69	92	59	80	95	55	55	68	86	96	72
North Africa/West Asia/Europe																					
Armenia 2000	56	69	64	58	66	64	41	65	63	*	*	64	41	62	72	56	65	62	67	70	64
Egypt 2003	72	82	81	67	83	83	75	88	73	70	79	88	63	72	84	64	71	81	88	92	80
Jordan 2002	96	99	98	92	98	99	99	98	97	91	98	99	95	98	99	96	98	99	99	98	98
Morocco 2003	89	95	96	86	95	96	94	97	91	93	96	99	87	94	97	89	92	96	97	99	94
Uzbekistan 2002	43	59	59	33	56	62	53	61	53	46	50	69	u	u	u	55	53	58	66	60	56
South/Southeast Asia																					
Bangladesh 2004	88	95	93	80	93	95	91	94	91	90	93	93	89	93	95	89	91	91	93	95	92
Cambodia 2000	68	77	79	65	75	79	79	90	74	67	79	90	63	79	88	66	70	73	80	93	77
Indonesia 2002-03	73	82	76	71	81	79	65	85	71	46	73	91	55	78	88	62	72	81	83	90	78
Nepal 2001	92	93	90	87	93	93	88	98	91	89	96	100	87	95	99	85	90	92	93	98	92
Philippines 2003	78	89	91	80	89	89	87	90	86	33	81	92	72	83	92	74	87	90	93	95	88
Vietnam 2002	78	89	90	76	90	89	82	92	88	68	82	93	68	84	93	78	86	91	91	94	88
Latin America/Caribbean																					
Bolivia 2003	69	74	66	u	76	71	60	80	51	36	62	91	39	56	80	43	57	70	83	93	70
Colombia 2005	96	99	98	95	99	98	96	99	95	88	97	99	u	u	u	93	98	99	99	100	98
Dominican Rep. 2002	95	98	97	94	97	98	94	98	95	83	96	99	87	93	98	92	96	98	98	99	97
Haiti 2000	81	85	83	82	83	85	81	91	78	75	85	94	75	83	94	74	75	82	90	93	83
Nicaragua 2001	84	92	91	82	91	92	87	95	82	75	90	96	68	83	95	73	87	93	95	98	90
Peru 2000	87	94	91	86	94	93	85	98	81	62	87	99	78	91	98	75	88	96	99	100	92

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
u = Unknown (not available)

3.3 Trends in Knowledge of Contraceptive Methods

Most countries in sub-Saharan Africa show improvements in knowledge of contraceptive methods (Table 3.6). Knowledge of both any method and any modern method has increased to near universal levels in most countries in sub-Saharan Africa. In most countries in the other regions, with the notable exception of Bolivia, knowledge levels for any method and any modern method were near universal in the late 1980s and early 1990s, and have continued to remain high. Improvements in knowledge of multiple methods have been marked in all regions. In sub-Saharan Africa, the percentage of women knowing multiple methods of contraception has increased substantially in all countries except Rwanda. For example, in Uganda knowledge of three or more methods increased from 47 percent in 1988 to 92 percent in 2000, and knowledge of five or more methods increased from 17 to 77 percent over the same period.

Table 3.6 Trends in knowledge of contraceptive methods

Percentage of currently married women who know any contraceptive method, any modern method, 3+ modern methods, 5+ modern methods, and any traditional method, DHS surveys 1986-2005

Country/year	Any method	Modern method			Any traditional method	Number
		Any	3+	5+		
Sub-Saharan Africa						
Benin 1996	80	76	57	27	60	4,198
Benin 2001	92	91	79	52	63	4,563
Burkina Faso 1992	82	63	44	25	43	5,326
Burkina Faso 1999	79	77	56	27	43	5,181
Burkina Faso 2003	92	90	76	52	48	9,655
Cameroon 1991	70	63	43	23	58	2,868
Cameroon 1998	77	77	60	37	63	3,676
Cameroon 2004	89	89	71	49	65	7,166
Eritrea 1995	64	62	39	12	33	3,371
Eritrea 2002	88	87	72	35	37	5,733
Ghana 1988	79	77	58	34	52	3,156
Ghana 1993	91	91	81	57	69	3,204
Ghana 1998-99	94	93	84	62	73	3,131
Ghana 2003	98	98	93	85	78	3,549
Kenya 1989	92	91	81	50	56	4,765
Kenya 1993	97	97	93	77	76	4,629
Kenya 1998	98	98	96	84	78	4,834
Kenya 2003[a]	96	95	92	82	76	4,919
Madagascar 1992	67	62	35	14	49	3,736
Madagascar 1997	72	69	50	32	49	4,435
Madagascar 2003-04	85	84	70	44	53	5,140
Malawi 1992	95	92	75	47	77	3,492
Malawi 2000	99	98	95	83	73	9,452
Mali 1987	43	29	16	6	37	2,948
Mali 1996	67	65	48	30	43	8,222
Mali 2001	78	76	57	34	31	10,723
Mozambique 1997	62	60	48	22	19	6,530
Mozambique 2003	92	90	75	44	50	8,736
Namibia 1992	90	90	75	39	42	2,259
Namibia 2000	98	98	91	66	50	2,610
Nigeria 1990	44	41	27	14	24	6,880
Nigeria 1999	64	62	47	25	40	5,757
Nigeria 2003	78	76	57	30	43	5,336
Rwanda 1992	99	99	95	70	84	3,785
Rwanda 2001	97	97	87	57	75	5,052
Uganda 1988	84	78	47	17	62	3,180
Uganda 1995	93	92	76	34	70	5,136
Uganda 2000	98	98	92	77	69	4,881
Zambia 1992	94	91	72	38	78	4,457
Zambia 1996	98	98	82	47	81	4,902
Zambia 2001	99	99	94	72	79	4,694

Continued…

Table 3.6—*Continued*

Country/year	Any method	Modern method			Any traditional method	Number
		Any	3+	5+		
North Africa/West Asia/Europe						
Egypt 1988	98	98	78	42	68	8,221
Egypt 1992	100	100	92	62	78	9,153
Egypt 1995	100	100	98	62	86	13,710
Egypt 2000	100	100	100	82	78	14,382
Egypt 2003	100	100	100	80	85	8,445
Jordan 1990	100	99	96	61	100	6,168
Jordan 1997	100	100	100	90	99	5,337
Jordan 2002	100	100	100	98	97	5,706
Morocco 1987	98	98	81	44	75	5,447
Morocco 1992	99	99	88	57	73	5,118
Morocco 2003	100	100	99	94	92	8,782
Uzbekistan 1996	96	96	73	23	39	3,102
Uzbekistan 2002	99	99	87	56	58	3,720
South/Southeast Asia						
Bangladesh 1994	100	100	99	90	77	8,840
Bangladesh 1997	100	100	99	95	78	8,307
Bangladesh 2000	100	100	99	95	80	9,540
Bangladesh 2004	100	100	99	92	81	10,436
Indonesia 1987	95	94	81	52	35	10,907
Indonesia 1991	95	94	84	63	29	21,109
Indonesia 1994	96	96	88	69	35	26,186
Indonesia 1997	97	97	90	70	40	26,886
Indonesia 2002-03	99	99	93	78	42	27,857
Nepal 1996	98	98	91	72	44	7,982
Nepal 2001	100	100	98	92	55	8,342
Philippines 1993	97	97	94	82	93	8,961
Philippines 1998	99	98	96	89	95	8,336
Philippines 2003	99	99	96	88	90	8,671
Vietnam 1997	99	99	95	84	81	5,340
Vietnam 2002	100	100	97	88	85	5,338
Latin America/Caribbean						
Bolivia 1989	75	68	49	28	60	4,941
Bolivia 1994	85	77	61	42	77	5,334
Bolivia 1998	89	86	76	58	79	6,649
Bolivia 2003	94	92	85	70	80	10,569
Colombia 1986	100	99	97	85	80	2,850
Colombia 1990	100	100	98	90	80	4,450
Colombia 1995	100	100	99	96	92	6,097
Colombia 2000	100	100	100	98	96	5,935
Colombia 2005	100	100	100	98	94	19,762
Dominican Rep. 1986	99	99	95	84	73	4,133
Dominican Rep. 1991	100	100	99	92	85	4,083
Dominican Rep. 1996	100	100	99	94	91	4,983
Dominican Rep. 1999	100	100	100	98	90	728
Dominican Rep. 2002	100	100	99	97	86	13,996
Haiti 1994	99	99	93	68	74	3,113
Haiti 2000	99	99	97	83	70	5,958
Nicaragua 1997	98	98	94	83	47	8,045
Nicaragua 2001	99	99	97	90	67	7,424
Peru 1986	89	87	74	54	79	2,900
Peru 1992	97	95	88	75	90	8,741
Peru 1996	98	96	93	86	91	16,885
Peru 2000	99	98	96	92	88	15,628

[a] Includes the Northern districts, which were not included in earlier surveys.

4 Ever Use of Contraception

This chapter describes levels, differentials, and trends in ever use of contraception among currently married women age 15-49.

4.1 Levels of Ever Use of Contraception

Ever Use of Any Method

There are large regional differences in ever use of contraception. In most countries outside of sub-Saharan Africa, a large majority of women have ever used a family planning method (Table 4.1). The levels are much lower in sub-Saharan Africa, where the majority of women in about half of the countries have never used a method. Ever use of contraception varies greatly within regions. For example, in South/Southeast Asia, ever use of contraception ranges from a low of 37 percent in Cambodia to 91 percent in Vietnam.

Table 4.1 Ever use of contraception

Percentage of currently married women who have ever used any contraceptive method, any modern method, and any traditional method, DHS surveys 2000-2005

Country/year	Any method	Any modern method	Any traditional method	Number
Sub-Saharan Africa				
Benin 2001	50	22	42	4,563
Burkina Faso 2003	30	20	14	9,655
Cameroon 2004	57	41	49	7,166
Eritrea 2002	22	21	6	5,733
Ethiopia 2000	17	14	6	9,789
Gabon 2000	75	63	64	3,348
Ghana 2003	55	45	30	3,549
Kenya 2003	64	55	24	4,919
Madagascar 2003-04	47	39	22	5,140
Malawi 2000	52	45	19	9,452
Mali 2001	24	21	6	10,723
Mauritania 2000	20	13	11	4,541
Mozambique 2003	57	49	19	8,736
Namibia 2000	73	71	13	2,610
Nigeria 2003	31	23	15	5,336
Rwanda 2001	36	22	22	5,052
Uganda 2000	44	37	19	4,881
Zambia 2001	70	55	40	4,694
North Africa/West Asia/Europe				
Armenia 2000	82	55	62	4,125
Egypt 2003	81	79	15	8,445
Jordan 2002	81	73	44	5,706
Morocco 2003	90	88	26	8,782
Uzbekistan 2002	85	82	25	3,720
South/Southeast Asia				
Bangladesh 2004	83	78	31	10,436
Cambodia 2000	37	33	8	9,071
Indonesia 2002-03	82	79	9	27,857
Nepal 2001	54	50	13	8,342
Philippines 2003	71	57	41	8,671
Vietnam 2002	91	80	46	5,338
Latin America/Caribbean				
Bolivia 2003	78	57	50	10,569
Colombia 2005	96	93	53	19,762
Dominican Rep. 2002	89	87	25	13,996
Haiti 2000	55	45	24	5,958
Nicaragua 2001	88	86	19	7,424
Peru 2000	90	75	55	15,628

Ever Use of Any Modern Method

In all countries, a large majority of women who have ever used a contraceptive method reported using a modern method, with the exception of Benin. In Benin, 50 percent of women reported ever using a method but only 22 percent reported ever using a modern method. The difference between ever use of any method and ever use of any modern method tends to be greater in sub-Saharan Africa than in other regions. There are large interregional and intraregional variations in ever use of modern methods.

Ever Use of Any Traditional Method

Ever use of traditional methods remains high in many countries. In 13 of the 35 countries, at least 30 percent of women reported ever use of a traditional method. Ever use of traditional methods is not necessarily higher in sub-Saharan Africa than in other regions. For instance, in three of the six countries in Latin America and the Caribbean (Bolivia, Colombia, and Peru), at least 50 percent of women reported ever use of a traditional method. In five countries—Armenia, Benin, Cameroon, Gabon, and Rwanda—women were equally likely or more likely to have ever used a traditional method than a modern method. There are large intraregional differences in ever use of a traditional method.

Ever Use of Specific Methods

Among modern methods, the pill, injectables, and male condoms are the methods that have been ever used most commonly (Table 4.2). However, a sizable proportion of women in Colombia, the Dominican Republic, Nepal, Nicaragua, Peru, and the Philippines, reported using female sterilization. In Bolivia, Egypt, Jordan, Uzbekistan, and Vietnam, the IUD has the highest level of ever use among modern methods. Ever use of the IUD is also high in Armenia, Colombia, the Dominican Republic, Indonesia, Morocco, Nicaragua, and Peru. In 11 of the 28 countries where data on LAM were collected, at least 10 percent of women have ever used LAM. Generally, ever use of male sterilization, female condoms, emergency contraception, diaphragm, and foam/jelly is rare in most countries, with the exception of male sterilization in Nepal and foam/jelly in Colombia, Jordan, and Peru. Ever use of implants is low in all countries except Indonesia.

Among traditional methods, ever use of periodic abstinence (the rhythm method) is more common in sub-Saharan Africa than ever use of withdrawal. In other regions, withdrawal is usually more common than periodic abstinence.

Table 4.2 Ever use of specific modern and traditional contraceptive methods

Percentage of currently married women who have ever used specific modern and traditional contraceptive methods, DHS surveys 2000-2005

	Modern method												Traditional method			
	Sterilization						Condom									
Country/year	Female	Male	Pill	IUD	Inject-ables	Implants	Female	Male	LAM	EC	Dia-phragm	Foam/ jelly	Periodic abstinence[a]	With-drawal	Other	Number
Sub-Saharan Africa																
Benin 2001	0.3	0.0	8.2	1.6	5.4	0.5	0.0	7.6	4.0	1.3	0.2	0.9	27.0	28.2	1.2	4,563
Burkina Faso 2003	0.1	0.0	10.2	1.2	6.3	2.0	0.1	7.8	1.2	0.4	0.1	0.5	10.4	1.8	3.5	9,655
Cameroon 2004	1.2	0.1	9.6	1.2	5.3	0.8	0.5	30.7	8.6	2.5	0.1	1.0	43.3	23.8	2.9	7,166
Eritrea 2002	0.2	0.0	9.5	1.7	6.9	0.0	0.1	2.7	9.1	0.4	0.0	0.1	6.0	1.6	0.1	5,733
Ethiopia 2000	0.3	0.0	10.7	0.5	5.5	0.1	u	1.0	u	u	0.1[b]	u	4.6	1.6	0.3	9,789
Gabon 2000	1.0	0.0	24.2	1.3	3.3	0.2	0.4	45.0	18.9	2.9	0.1	3.4	50.6	39.8	6.9	3,348
Ghana 2003	1.9	0.0	20.1	3.2	12.9	1.5	0.8	17.3	5.8	1.1	0.5	4.2	21.3	15.2	1.8	3,549
Kenya 2003	4.3	0.1	32.3	7.9	33.2	2.6	0.3	10.2	u	1.0	u	0.2	20.4	5.8	1.9	4,919
Madagascar 2003-04	1.1	0.0	16.5	1.8	22.7	0.8	0.0	7.5	7.4	0.4	0.1	0.7	19.6	6.6	0.7	5,140
Malawi 2000	4.7	0.1	11.3	0.8	29.5	0.3	0.2	8.4	6.1	0.5	0.1	0.4	6.8	8.0	16.4	9,452
Mali 2001	0.3	0.0	10.9	0.5	4.8	0.3	0.1	2.2	6.5	0.2	0.3	0.6	3.4	1.1	2.5	10,723
Mauritania 2000	0.1	0.0	8.3	2.2	3.2	0.1	0.0	3.6	2.5	0.2	0.1	0.4	2.8	8.2	0.4	4,541
Mozambique 2003	0.9	0.0	16.1	2.2	14.3	u	u	6.4	28.6	u	0.0	0.2	13.1	2.3	4.7	8,736
Namibia 2000	8.5	1.0	33.4	5.2	47.8	u	0.5	21.6	u	1.0	0.5[b]	u	6.4	6.0	4.2	2,610
Nigeria 2003	0.2	0.0	8.4	2.0	6.5	0.1	0.1	7.8	5.3	1.8	0.2	0.5	8.7	7.2	3.7	5,336
Rwanda 2001	0.8	0.0	8.1	0.5	11.7	0.7	0.0	2.0	6.1	0.1	0.0	0.1[c]	14.5	12.3	0.0	5,052
Uganda 2000	2.0	0.1	12.8	1.2	14.2	0.4	0.0	10.4	11.6	0.2	0.1[d]	0.6	12.0	8.1	2.9	4,881
Zambia 2001	2.0	0.0	36.4	0.9	12.3	0.5	1.1	21.8	11.0[e]	0.4	3.0[b]	u	8.4	30.8	9.8	4,694
North Africa/West Asia/Europe																
Armenia 2000	2.7	0.0	5.9	19.6	0.7	0.0	0.5	22.0	26.5	0.6	0.0	0.7	18.4	56.0	4.7	4,125
Egypt 2003	0.9	0.0	39.7	61.4	20.2	1.0	u	4.1	u	u	0.7[b]	u	2.3	1.6	12.5[c]	8,445
Jordan 2002	2.9	0.0	40.6	50.2	3.8	0.2	0.1	21.6	17.4	0.2	0.1	6.6	23.3	34.8	0.4	5,706
Morocco 2003	2.7	0.0	80.3	17.0	8.4	0.2	u	11.4	31.0	u	0.1	1.6	14.9	16.9	0.8	8,782
Uzbekistan 2002	2.6	0.0	13.1	73.0	9.3	0.1	0.2	13.8	21.3	0.4	0.0	0.4	11.8	18.2	1.6	3,720
South/Southeast Asia																
Bangladesh 2004	5.3	0.7	65.4	5.9	27.8	1.4	u	21.6	u	u	u	u	19.9	14.7	2.8	10,436
Cambodia 2000[g]	1.5	0.2	10.5	3.3	15.4	0.2	0.0	1.8	0.9	0.1	0.0[d]	0.0	5.1	4.5	0.3	9,071
Indonesia 2002-03	3.7	0.6	41.0	15.0	53.7	9.3	u	4.0	2.2	u	0.3	u	3.8	4.6	1.8	27,857
Nepal 2001	15.0	6.5	12.3	1.1	21.3	1.3	u	12.0	u	u	u	0.9	5.1	9.1	0.7	8,342
Philippines 2003	10.5	0.2	38.6	9.6	11.5	0.0	0.1	14.7	3.8	0.6	2.2	0.1	20.7	32.3	2.1[f]	8,671
Vietnam 2002	5.9	0.5	18.1	64.9	1.3	0.0	u	18.6	u	u	0.1[b]	u	23.1	38.1	0.2	5,338
Latin America/Caribbean																
Bolivia 2003	6.5	0.1	18.8	22.0	18.2	0.1	0.7	18.2	14.6	0.7	u	3.5	42.8	17.4	2.2	10,569
Colombia 2005	31.2	2.2	57.5	35.2	33.8	1.5	u	48.6	10.8	2.0	u	16.1	26.4	41.5	3.7	19,762
Dominican Rep. 2002	45.8	0.4	61.0	12.2	9.9	2.2	0.2	14.8	6.5	0.7	u	3.0	10.9	14.5	5.1	13,996
Haiti 2000	2.8	0.4	13.5	0.9	25.7	4.3	0.2	11.2	4.4	0.3	0.0	0.7	9.0	19.4	0.7	5,958
Nicaragua 2001	25.3	0.6	59.0	25.1	37.6	0.0	0.4	23.4	16.3	1.3	0.1	3.5	10.6	12.5	0.3	7,424
Peru 2000	12.3	0.6	36.9	28.0	38.3	0.5	u	29.2	3.3	u	u	14.0	44.5	22.2	4.6	15,628

EC = Emergency contraception
LAM = Lactational amenorrhea method
u = Unknown (not available)
[a] Rhythm
[b] Diaphragm, foam, jelly
[c] Spermicide included
[d] Diaphragm/cervical cap
[e] Although understood as breastfeeding, this is counted as LAM in this analysis.
[f] Knowledge of mucus/Billings/ovulation, basal body temperature, symptothermal, standard days method (47.4%) is not shown.
[g] Ever use of "other modern" methods (5.9%) is not shown.

The Gap between Knowledge and Ever Use

Differences between knowledge of a contraceptive method and ever use of a contraceptive method are most apparent in sub-Saharan Africa. For example, in Rwanda, 97 percent of women know of a contraceptive method, but only 36 percent have ever used a method. In Burkina Faso, Eritrea, Ethiopia, Mali, Mauritania, and Uganda, the difference between knowledge of a method and ever use of a method is about 50 percentage points. While the gap between knowledge and ever use is much smaller in the other regions, it is substantial in a few countries. Differences between knowledge of a modern method and ever use of a modern method are much greater than those between knowledge of any method and ever use of any method.

4.2 Differentials in Ever Use of Modern Methods

In most countries, ever use of a modern contraceptive method is lower among young women (age 15-24) than among older women, as expected (Table 4.3). The percentage of women who have ever used a modern method is generally highest among those who are age 25-34. The somewhat lower level of ever use among women age 35-49 is perhaps due to more limited knowledge of modern methods as well as limited access to sources of modern methods. In most countries, ever use of modern methods is lowest among women with no children. It rises steeply among women with 1-2 children, peaks among women with 3-4 children, and then declines slightly at higher parities. In most countries, urban residence, education, exposure to mass media, and household wealth status are positively associated with ever use of a modern method. The differentials in ever use of any modern method are generally stronger in countries with lower overall levels of ever use of contraception.

Table 4.3 Differentials in ever use of any modern contraceptive method

Percentage of currently married women who have ever used a modern contraceptive method, by age, number of living children, residence, education, media exposure, and wealth status, DHS surveys 2000-2005

	Age			Number of living children				Residence		Education			Regular media exposure (number of sources)			Wealth status (quintile)					
Country/year	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	None	Primary	Secondary+	0	1	2+	Lowest	Second	Middle	Fourth	Highest	Total
Sub-Saharan Africa																					
Benin 2001	16	24	25	14	22	23	25	32	17	16	32	56	14	22	42	10	12	19	28	46	22
Burkina Faso 2003	18	23	18	14	22	20	19	58	13	15	46	82	10	20	59	7	11	14	18	56	20
Cameroon 2004	43	43	38	46	45	39	37	58	26	5	41	76	23	49	71	10	23	44	59	76	41
Eritrea 2002	13	24	22	4	22	28	21	41	10	10	31	53	7	16	44	5	8	12	32	51	21
Ethiopia 2000	11	16	13	8	14	15	14	54	8	9	29	60	11	37	58	7	6	6	9	44	14
Gabon 2000	65	67	56	59	66	65	58	68	46	24	50	77	50	62	79	44	56	64	69	76	63
Ghana 2003	41	49	44	36	46	47	46	56	38	27	49	61	30	44	59	27	42	43	52	64	45
Kenya 2003	41	61	59	17	57	67	51	67	52	18	55	79	31	53	77	25	48	60	67	72	55
Madagascar 2003-04	34	42	39	12	42	46	37	56	34	13	37	63	19	41	66	17	23	33	52	64	39
Malawi 2000	36	53	46	15	40	53	59	60	42	37	46	68	38	49	66	38	39	44	41	62	45
Mali 2001	16	24	21	8	19	23	25	38	15	16	38	61	11	19	40	14	13	14	22	45	21
Mauritania 2000	9	15	13	2	13	18	14	29	2	6	22	40	9	14	22	1	2	8	17	39	13
Mozambique 2003	40	52	54	15	47	56	60	64	43	40	55	86	43	51	76	37	40	49	52	75	49
Namibia 2000	77	76	65	59	77	77	60	83	61	53	62	83	48	67	86	48	55	69	77	90	71
Nigeria 2003	14	27	26	14	20	26	28	36	18	9	29	49	13	19	44	10	10	19	30	51	23
Rwanda 2001	9	20	32	2	14	25	36	38	19	19	20	44	18	25	48	15	16	19	23	38	22
Uganda 2000	32	41	37	17	35	40	41	74	31	22	36	72	25	39	74	24	22	28	41	71	37
Zambia 2001	49	62	51	26	54	61	58	76	43	30	51	79	41	61	81	33	37	50	70	83	55
North Africa/West Asia/Europe																					
Armenia 2000	40	60	57	5	58	58	54	58	51	*	*	55	44	55	59	49	52	57	57	61	55
Egypt 2003	57	81	86	1	81	91	89	83	75	76	83	79	70	77	70	79	77	83	83	83	79
Jordan 2002	43	75	81	2	55	87	90	74	68	67	70	74	73	72	74	63	71	72	80	81	73
Morocco 2003	75	90	90	37	91	96	95	90	84	87	90	89	82	89	88	84	85	88	89	91	88
Uzbekistan 2002	61	88	88	6	84	94	92	80	84	80	82	83	u	u	u	83	83	81	87	81	82
South/Southeast Asia																					
Bangladesh 2004	71	85	78	48	80	85	76	84	76	74	79	82	71	80	85	69	77	78	81	85	78
Cambodia 2000	19	37	34	4	29	40	37	41	31	27	34	41	27	33	38	22	27	34	35	45	33
Indonesia 2002-03	71	84	79	18	85	87	77	81	78	68	81	79	69	82	81	70	81	83	82	81	79
Nepal 2001	31	58	59	12	45	65	58	74	48	46	55	65	40	56	70	36	41	47	55	72	50
Philippines 2003	43	61	60	7	54	72	60	58	57	20	54	60	42	55	60	47	59	60	62	59	57
Vietnam 2002	54	82	84	14	81	88	80	79	80	76	78	81	72	80	80	78	80	83	80	77	80
Latin America/Caribbean																					
Bolivia 2003	56	63	53	37	61	61	49	65	42	32	50	75	36	44	66	36	46	53	67	80	57
Colombia 2005	88	95	94	71	94	97	92	94	89	80	92	94	11	19	40	85	93	94	95	97	93
Dominican Rep. 2002	81	91	88	53	86	94	91	88	86	75	86	89	80	84	88	80	87	88	88	91	87
Haiti 2000	42	53	38	23	43	55	45	50	42	36	47	58	38	46	52	28	41	49	50	54	45
Nicaragua 2001	83	90	85	60	89	92	82	91	80	72	88	91	69	80	91	72	85	90	91	91	86
Peru 2000	71	81	72	48	81	79	65	84	60	48	66	85	58	73	84	55	67	81	85	89	75

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
u = Unknown (not available)

4.3 Trends in Ever Use of Contraception

Trends in Ever Use of Any Method

Ever use of any method of contraception among married women of reproductive age has been increasing in all countries except Rwanda (Table 4.4). In Rwanda, ever use of contraception declined from 42 percent in 1992 to 36 percent in 2001. The decline was mainly due to deterioration in program coverage as a result of the civil strife that occurred in the mid-1990s. The rate of increase in ever use of contraception varies considerably from country to country. As expected, the rate of increase is steeper in countries with lower levels of ever use, whereas in countries like Colombia and the Dominican Republic, which had already reached high levels of ever use by the mid-1990s, the rate of increase has slowed in recent years.

Table 4.4 Trends in ever use of contraception

Percentage of currently married women who have ever used any contraceptive method, any modern method, and any traditional method, DHS surveys 1986-2005

Country/year	Any method	Any modern method	Any traditional method	Number
Sub-Saharan Africa				
Benin 1996	43	11	39	4,198
Benin 2001	50	22	42	4,563
Burkina Faso 1992	23	10	18	5,326
Burkina Faso 1999	25	12	16	5,181
Burkina Faso 2003	30	20	14	9,655
Cameroon 1991	40	15	37	2,868
Cameroon 1998	47	27	40	3,676
Cameroon 2004	57	41	49	7,166
Eritrea 1995	15	9	9	3,371
Eritrea 2002	22	21	6	5,733
Ghana 1988	37	23	25	3,156
Ghana 1993	46	32	31	3,204
Ghana 1998-99	51	38	31	3,131
Ghana 2003	55	45	30	3,549
Kenya 1989	45	29	24	4,765
Kenya 1993	55	43	22	4,629
Kenya 1998	64	53	22	4,834
Kenya 2003	64	55	24	4,919
Madagascar 1992	29	11	25	3,736
Madagascar 1997	31	17	21	4,435
Madagascar 2003-04	47	39	22	5,140
Malawi 1992	41	19	31	3,492
Malawi 2000	52	45	19	9,452
Mali 1987	19	3	17	2,948
Mali 1996	18	12	10	8,222
Mali 2001	24	21	6	10,723
Mozambique 1997	13	12	3	6,530
Mozambique 2003	57	49	19	8,736
Namibia 1992	52	47	15	2,259
Namibia 2000	73	71	13	2,610
Nigeria 1990	14	8	8	6,880
Nigeria 1999	29	19	16	5,757
Nigeria 2003	31	23	15	5,336
Rwanda 1992	42	25	25	3,785
Rwanda 2001	36	22	22	5,052
Uganda 1988	22	7	17	3,180
Uganda 1995	34	16	24	5,136
Uganda 2000	44	37	19	4,881
Zambia 1992	49	27	35	4,457
Zambia 1996	59	39	40	4,902
Zambia 2001	70	55	40	4,694

Continued…

Table 4.4—*Continued*

Country/year	Any method	Any modern method	Any traditional method	Number
North Africa/West Asia/Europe				
Egypt 1988	60	58	12	8,221
Egypt 1992	67	65	10	9,153
Egypt 1995	70	69	12	13,710
Egypt 2000	77	76	9	14,382
Egypt 2003	81	79	15	8,445
Jordan 1990	65	52	39	6,168
Jordan 1997	79	66	50	5,337
Jordan 2002	81	73	44	5,706
Morocco 1987	59	54	23	5,447
Morocco 1992	66	63	17	5,118
Morocco 2003	90	88	26	8,782
Uzbekistan 1996	68	65	16	3,102
Uzbekistan 2002	85	82	25	3,720
South/Southeast Asia				
Bangladesh 1994	66	60	25	8,840
Bangladesh 1997	73	67	24	8,307
Bangladesh 2000	79	72	30	9,540
Bangladesh 2004	83	78	31	10,436
Indonesia 1987	65	61	12	10,907
Indonesia 1991	69	67	8	21,109
Indonesia 1994	76	74	9	26,186
Indonesia 1997	78	76	8	26,886
Indonesia 2002-03	82	79	9	27,857
Nepal 1996	38	35	6	7,982
Nepal 2001	54	50	13	8,342
Philippines 1993	61	45	35	8,961
Philippines 1998	72	53	50	8,336
Philippines 2003	71	57	41	8,671
Vietnam 1997	84	70	35	5,340
Vietnam 2002	91	80	46	5,338
Latin America/Caribbean				
Bolivia 1989	46	22	35	4,941
Bolivia 1994	66	31	54	5,334
Bolivia 1998	69	43	52	6,649
Bolivia 2003	78	57	50	10,569
Colombia 1986	83	75	35	2,850
Colombia 1990	86	79	31	4,450
Colombia 1995	92	84	52	6,097
Colombia 2000	95	89	56	5,935
Colombia 2005	96	93	53	19,762
Dominican Rep. 1986	73	69	22	4,133
Dominican Rep. 1991	79	75	27	4,083
Dominican Rep. 1996	85	82	31	4,983
Dominican Rep. 1999	89	88	33	728
Dominican Rep. 2002	89	87	25	13,996
Haiti 1994	40	28	21	3,113
Haiti 2000	55	45	24	5,958
Nicaragua 1997	81	79	13	8,045
Nicaragua 2001	88	86	19	7,424
Peru 1986	65	41	49	2,900
Peru 1992	83	56	63	8,741
Peru 1996	86	65	62	16,885
Peru 2000	90	75	55	15,628

Trends in Ever Use of Any Modern Method

In most countries, trends in ever use of any modern method are similar to trends in ever use of any method. However, the rate of increase for ever use of any modern method tends to be somewhat steeper in most cases. In all countries except Rwanda there has been a consistent increase in the

percentage of women who have ever used a modern method of contraception. Again, as with ever use of any method, the rate of increase in ever use of any modern method is steeper in countries with lower levels of ever use.

Trends in Ever Use of Any Traditional Method

Trends in ever use of a traditional method do not show a clear direction. While in some countries the percentage of women reporting ever use of a traditional method has remained fairly constant, in others it has fluctuated substantially. Some of these fluctuations in ever use of a traditional method may be due to changes in how traditional methods were defined in different surveys.

5 Current Use of Contraception

This section examines current contraceptive use among currently married women of reproductive age. It looks at current use of modern methods and traditional methods, differentials in current use of modern methods, trends in current use of modern and traditional methods, and how reliance on traditional methods has changed over time. It examines trends in the use of modern methods by urban-rural residence and level of education. It also looks at whether current users of contraceptive methods were informed about the possible side effects of their method, whether they were informed about other methods and, for sterilization users, whether they were informed that the method is permanent.

5.1 Levels of Current Use of Contraception

Current Use of Any Method

Table 5.1 shows the percentage of currently married women who are currently using a method of contraception. In the countries surveyed, contraceptive prevalence ranges from 8 percent in Eritrea, Ethiopia, Mali, and Mauritania to 78 percent in Colombia and 79 percent in Vietnam. Sub-Saharan Africa has the lowest prevalence rates: less than 20 percent in eight of the 18 countries. Namibia has the highest prevalence rate (44 percent), followed by Kenya (39 percent) and Zambia (34 percent). As seen with ever use of contraception, in sub-Saharan Africa there is a large gap between knowledge of contraception and current use of contraception.

Table 5.1 Current use of contraception

Percentage of currently married women who are currently using any method of contraception, any modern method, and any traditional method, and among current users of any method, the percentage using a traditional method, DHS surveys 2000-2005

Country/year	Any method	Any modern method	Any traditional method	Any traditional/ any method (%)[a]	Number
Sub-Saharan Africa					
Benin 2001	19	7	11	61	4,563
Burkina Faso 2003	14	9	5	36	9,655
Cameroon 2004	26	13	13	50	7,166
Eritrea 2002	8	7	1	10	5,733
Ethiopia 2000	8	6	2	21	9,789
Gabon 2000	33	13	19	59	3,348
Ghana 2003	25	19	7	26	3,549
Kenya 2003	39	32	8	20	4,919
Madagascar 2003-04	27	18	9	32	5,140
Malawi 2000	31	26	5	15	9,452
Mali 2001	8	7	1	14	10,723
Mauritania 2000	8	5	3	35	4,541
Mozambique 2003	26	21	5	18	8,736
Namibia 2000	44	43	1	3	2,610
Nigeria 2003	13	8	4	34	5,336
Rwanda 2001	13	6	8	58	5,052
Uganda 2000	23	18	5	20	4,881
Zambia 2001	34	25	9	26	4,694
North Africa/West Asia/Europe					
Armenia 2000	61	22	38	63	4,125
Egypt 2003	60	57	3	6	8,445
Jordan 2002	56	41	15	26	5,706
Morocco 2003	63	55	8	13	8,782
Uzbekistan 2002	68	63	5	7	3,720
South/Southeast Asia					
Bangladesh 2004	59	48	11	18	10,436
Cambodia 2000	24	19	5	21	9,071
Indonesia 2002-03	60	57	4	6	27,857
Nepal 2001	39	35	4	10	8,342
Philippines 2003	49	33	16	32	8,671
Vietnam 2002	79	57	22	28	5,338

Continued…

Table 5.1—*Continued*

Country/year	Any method	Any modern method	Any traditional method	Any traditional/ any method (%)[a]	Number
Latin America/Caribbean					
Bolivia 2003	58	35	23	40	10,569
Colombia 2005	78	68	10	13	19,762
Dominican Rep. 2002	70	66	4	6	13,996
Haiti 2000	28	23	5	19	5,958
Nicaragua 2001	69	66	3	4	7,424
Peru 2000	69	50	19	27	15,628

[a] Calculated using figures rounded to one decimal place

Current Use of Modern Methods

Current use of modern contraceptive methods shows a pattern similar to that of current use of any method but, as expected, levels are somewhat lower in most countries. There are large interregional and intraregional variations in current use of modern methods. Rates are lower in sub-Saharan Africa, where they range from 5 percent in Mauritania to 43 percent in Namibia. Rates are higher in the other regions, with smaller yet substantial differences within regions. For example, in South/Southeast Asia, the percentage of women using modern methods ranges from 19 percent in Cambodia to 57 percent in Indonesia and Vietnam.

Current Use of Traditional Methods

In most countries, the percentage of women using a traditional method is lower than the percentage using a modern method; however, in several countries, a considerable proportion of women are current users of traditional methods. In 20 of the 35 countries, at least 20 percent of current users are using traditional methods. The share of traditional methods is particularly high in Armenia, Benin, Cameroon, Gabon, and Rwanda, where a majority of current users rely on traditional methods.

Current Use of Specific Methods

The pill, injectables, and male condoms are the most commonly used modern methods in most countries (Table 5.2). As with ever use, many women in Nepal and the Philippines in Asia, and in much of Latin America and the Caribbean (Colombia, the Dominican Republic, Nicaragua, and Peru), reported using female sterilization. The IUD is the most commonly used modern method in Armenia, Bolivia, Egypt, Jordan, Uzbekistan, and Vietnam. Current use of LAM is low in all countries, with the notable exception of Mozambique, where 9 percent of women reported using LAM. Use of male sterilization, implants, female condom, emergency contraception, diaphragm, and foam/jelly is rare in all countries except Nepal, where 6 percent of women reported that their husband was sterilized, and Indonesia, where 4 percent of women reported using implants.

The percentage of women currently using periodic abstinence as a method of contraception is highest in Bolivia (19 percent) where, among all the methods used (both traditional and modern), it is the most common. Periodic abstinence is also the most commonly used method in six of the 18 countries in sub-Saharan Africa. In the North Africa/West Asia/Europe region, withdrawal is more common than periodic abstinence. In Armenia, withdrawal is the most commonly used method: 32 percent of women reported using this method.

Among the traditional methods, current use of periodic abstinence is more common than withdrawal in most of the sub-Saharan countries. However, in the North Africa/West Asia/Europe region, withdrawal is more common than periodic abstinence. In the other two regions, current use of periodic abstinence is more common than withdrawal in half of the countries, and current use of withdrawal is more common than periodic abstinence in the rest of the countries.

Table 5.2 Current use of specific modern and traditional contraceptive methods

Percentage of currently married women who are currently using specific modern and traditional contraceptive methods, DHS surveys 2000-2005

	Modern method												Traditional method			
	Sterilization						Condom									
Country/year	Female	Male	Pill	IUD	Inject-ables	Implants	Female	Male	LAM	EC	Dia-phragm	Foam/ jelly	Periodic abstinence[a]	With-drawal	Other	Number
Sub-Saharan Africa																
Benin 2001	0.3	0.0	1.8	0.8	2.1	0.3	0.0	1.3	0.4	0.0	0.1	0.1	6.9	4.3	0.2	4,563
Burkina Faso 2003	0.1	0.0	2.2	0.4	2.5	1.2	0.0	2.1	0.1	0.0	0.0	0.0	3.1	0.1	1.8	9,655
Cameroon 2004	1.2	0.0	1.6	0.3	1.4	0.3	0.0	7.6	0.6	0.0	0.0	0.0	10.2	2.1	0.6	7,166
Eritrea 2002	0.2	0.0	1.4	0.4	2.6	0.0	0.0	0.6	2.1	0.0	0.0	0.0	0.7	0.1	0.0	5,733
Ethiopia 2000	0.3	0.0	2.5	0.1	3.1	0.0	u	0.3	u	u	0.0[b]	u	1.5	0.2	0.1	9,789
Gabon 2000	1.0	0.0	4.8	0.2	0.5	0.0	0.0	5.1	1.6	0.0	0.0	0.1	15.8	1.8	1.8	3,348
Ghana 2003	1.9	0.0	5.5	0.9	5.4	1.0	0.1	3.1	0.3	0.0	0.1	0.4	5.1	0.8	0.6	3,549
Kenya 2003	4.3	0.0	7.5	2.4	14.3	1.7	0.0	1.2	u	0.0	u	0.0	6.3	0.6	0.8	4,919
Madagascar 2003-04	1.1	0.0	3.4	0.6	10.2	0.3	0.0	1.0	1.6	0.0	0.0	0.0	8.2	0.5	0.1	5,140
Malawi 2000	4.7	0.1	2.7	0.1	16.4	0.1	0.0	1.6	0.4	0.0	0.0	0.0	0.9	1.5	2.1	9,452
Mali 2001	0.3	0.0	2.8	0.2	2.1	0.1	0.0	0.3	1.2	0.0	0.0	0.0	0.6	0.0	0.5	10,723
Mozambique 2003	0.9	0.0	4.9	0.1	4.8	u	u	1.1	9.1	u	0.0	0.0	3.1	0.2	1.4	8,736
Mauritania 2000	0.1	0.0	2.6	0.8	0.9	0.0	0.0	0.8	0.3	0.0	0.0	0.0	0.3	2.2	0.1	4,541
Namibia 2000	8.5	0.8	8.2	1.2	18.7	0.0	0.1	5.2	u	0.0	0.0[b]	u	0.2	0.1	0.9	2,610
Nigeria 2003	0.2	0.0	1.8	0.7	2.0	0.0	0.0	1.9	1.4	0.1	0.0	0.0	2.1	1.3	1.0	5,336
Rwanda 2001	0.8	0.0	1.0	0.1	1.9	0.1	0.0	0.4	1.4	0.0	0.0	0.0[c]	4.7	2.9	0.0	5,052
Uganda 2000	2.0	0.0	3.2	0.2	6.4	0.3	0.0	1.9	4.2	0.0	0.0[d]	0.0	2.5	1.1	1.0	4,881
Zambia 2001	2.0	0.0	11.9	0.1	4.5	0.3	0.0	3.8	2.7[e]	0.0	0.1[b]	u	1.1	5.1	2.7	4,694
North Africa/West Asia/Europe																
Armenia 2000	2.7	0.0	1.1	9.4	0.1	0.0	0.0	6.9	1.9	0.0	0.0	0.2	4.8	31.9	1.5	4,125
Egypt 2003	0.9	0.0	9.3	36.7	7.9	0.9	u	0.9	u	u	0.1[b]	u	0.8	0.4	2.2	8,445
Jordan 2002	2.9	0.0	7.5	23.6	0.9	0.0	0.0	3.4	2.6	0.0	0.0	0.3	5.2	9.3	0.1	5,706
Morocco 2003	2.7	0.0	40.1	5.4	2.1	0.0	u	1.5	2.8	u	0.0	0.1	3.8	4.4	0.1	8,782
Uzbekistan 2002	2.6	0.0	1.6	51.8	2.0	0.0	0.0	2.0	2.8	0.0	0.0	0.0	1.1	3.5	0.3	3,720
South/Southeast Asia																
Bangladesh 2004	5.3	0.6	26.4	0.6	9.8	0.8	u	4.2	u	u	u	u	6.6	3.6	0.7	10,436
Cambodia 2000[g]	1.5	0.2	4.5	1.3	7.4	0.1	0.0	0.9	0.3	0.0	0.0[d]	0.0	2.7	2.3	0.1	9,071
Indonesia 2002-03	3.7	0.4	13.2	6.2	27.8	4.3	u	0.9	0.1	u	0.0	u	1.6	1.5	0.5	27,857
Nepal 2001	15.0	6.3	1.6	0.4	8.4	0.6	u	2.9	u	u	u	0.0	1.1	2.6	0.3	8,342
Philippines 2003	10.5	0.1	13.2	4.1	3.1	0.0	0.0	1.9	0.3	0.0	0.0	0.0	6.7	8.2	0.7[f]	8,671
Vietnam 2002	5.9	0.5	6.3	37.7	0.4	0.0	u	5.8	u	u	0.0[b]	u	7.5	14.3	0.1	5,338
Latin America/Caribbean																
Bolivia 2003	6.5	0.0	3.6	10.2	8.0	0.0	0.0	3.9	2.5	0.0	u	0.2	19.3	3.8	0.3	10,569
Colombia 2005	31.2	1.8	9.7	11.2	5.8	0.3	u	7.1	0.6	0.0	u	0.5	3.8	5.7	0.6	19,762
Dominican Rep. 2002	45.8	0.1	13.5	2.2	1.9	0.5	0.0	1.3	0.4	0.0	u	0.0	1.4	1.7	0.9	13,996
Haiti 2000	2.8	0.4	2.3	0.1	11.8	2.0	0.0	2.9	0.6	0.0	0.0	0.0	2.1	3.1	0.1	5,958
Nicaragua 2001	25.3	0.5	14.6	6.4	14.3	0.0	0.0	3.3	1.8	0.0	0.0	0.0	1.5	1.0	0.0	7,424
Peru 2000	12.3	0.5	6.7	9.1	14.8	0.2	u	5.6	0.7	u	u	0.6	14.4	3.2	0.9	15,628

EC = Emergency contraception
LAM = Lactational amenorrhea method
u = Unknown (not available)
[a] Rhythm
[b] Diaphragm, foam, jelly
[c] Spermicide included
[d] Diaphragm/cervical cap
[e] Although understood as breastfeeding, this is counted as LAM in this analysis.
[f] Knowledge of mucus/Billings/ovulation, basal body temperature, symptothermal, standard days method (47.4%) is not shown.
[g] Use of "other modern" methods (2.7%) is not shown.

5.2 Differentials in Current Use of Contraception

Table 5.3 shows differentials in current use of modern contraceptive methods among currently married women age 15-49. As expected, current use is lower among younger women (age 15-24) than among older women in most countries. Current use of a modern method is generally highest among women age 25-34. As with ever use, current use of modern methods is lowest among women with no children. An exception is Cameroon, where it is highest among women with no children. In most countries, current use rises steeply among women with 1-2 children, peaks among women with 3-4 children, and then declines slightly at higher parities.

Current use of modern methods is positively associated with urban residence, education, media exposure, and household wealth status. These associations tend to be stronger in countries with lower levels of contraceptive use.

Table 5.3 Differentials in current use of any modern contraceptive method

Percentage of currently married women who are currently using a modern contraceptive method, by age, number of living children, residence, education, media exposure, and wealth status, DHS surveys 2000-2005

	Age			Number of living children				Residence		Education			Regular media exposure (number of sources)			Wealth status (quintile)					
Country/year	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	None	Primary	Secondary+	0	1	2+	Lowest	Second	Middle	Fourth	Highest	Total
Sub-Saharan Africa																					
Benin 2001	6	7	8	2	7	8	9	10	6	5	9	20	5	7	13	4	3	7	8	15	7
Burkina Faso 2003	8	10	8	3	10	9	9	29	5	6	20	43	4	9	28	2	5	6	7	27	9
Cameroon 2004	15	12	13	17	13	11	13	20	6	2	11	26	6	13	26	2	5	12	20	27	13
Eritrea 2002	4	9	8	1	6	11	9	15	3	3	11	19	3	5	16	1	2	4	13	18	7
Ethiopia 2000	5	8	6	3	6	7	7	28	3	4	13	33	5	17	32	3	3	2	4	23	6
Gabon 2000	14	15	12	9	13	15	14	15	7	6	9	18	10	13	18	8	10	15	15	19	13
Ghana 2003	15	20	19	9	17	22	20	24	15	11	21	25	11	18	24	9	19	19	21	26	19
Kenya 2003	20	34	37	4	32	41	28	40	29	8	29	52	15	28	49	12	24	33	41	45	32
Madagascar 2003-04	16	21	18	2	19	23	19	27	16	5	19	28	9	20	30	7	11	18	23	30	18
Malawi 2000	20	30	29	3	22	32	38	38	24	22	27	42	21	29	42	22	20	25	23	39	26
Mali 2001	6	8	7	2	7	7	9	15	4	5	12	26	3	6	16	4	4	3	7	18	7
Mauritania 2000	4	6	5	0	5	8	6	12	1	2	8	18	4	5	9	0	1	3	7	17	5
Mozambique 2003	21	22	20	2	20	27	25	28	18	15	24	49	17	21	41	14	16	22	19	37	21
Namibia 2000	44	44	41	25	47	49	35	53	34	27	32	55	26	35	57	24	27	34	47	64	43
Nigeria 2003	6	10	9	1	7	10	11	14	6	2	11	19	4	7	16	4	3	7	9	21	8
Rwanda 2001	5	6	6	0	5	7	6	16	4	3	5	19	3	7	23	2	2	4	5	15	6
Uganda 2000	15	20	19	3	16	20	23	42	15	9	17	42	10	20	43	11	9	12	20	41	18
Zambia 2001	22	30	23	4	25	30	29	41	17	11	22	43	16	27	48	11	13	20	32	52	25
South/Southeast Asia																					
Bangladesh 2004	41	55	46	17	51	56	42	52	46	49	47	48	44	50	51	45	48	47	48	50	48
Cambodia 2000	11	21	19	1	16	24	21	24	18	16	19	23	15	19	22	13	15	20	20	25	19
Indonesia 2002-03	57	63	52	7	63	63	45	57	57	45	58	58	47	58	60	49	58	60	59	58	57
Nepal 2001	17	41	47	5	28	51	40	56	33	34	38	43	28	39	52	24	29	32	39	55	35
Philippines 2003	27	37	33	2	32	46	29	34	33	12	30	35	21	31	36	24	34	36	38	35	33
Vietnam 2002	41	60	58	4	60	61	52	55	57	54	57	57	57	56	57	58	58	58	58	52	57
North Africa/West Asia/Europe																					
Armenia 2000	21	29	19	3	26	19	20	25	19	*	*	22	14	21	26	16	21	22	22	29	22
Egypt 2003	40	59	62	0	56	70	61	62	53	54	56	59	45	56	58	49	56	55	59	64	57
Jordan 2002	25	44	45	0	28	51	52	43	36	33	35	43	37	41	42	32	39	41	46	50	41
Morocco 2003	49	61	53	10	57	64	60	56	53	54	57	56	49	56	55	52	55	56	55	57	55
Uzbekistan 2002	47	69	66	4	62	75	65	60	65	59	63	63	u	u	u	61	65	62	68	55	63
Latin America/Caribbean																					
Bolivia 2003	34	39	32	12	38	40	26	40	25	18	30	46	22	27	40	23	28	32	42	49	35
Colombia 2005	58	70	71	29	67	81	67	69	66	57	68	69	u	u	u	60	67	69	72	72	68
Dominican Rep. 2002	45	68	76	17	56	82	79	66	66	62	66	66	60	63	67	59	65	68	67	70	66
Haiti 2000	22	29	18	8	22	30	22	23	23	19	23	30	20	27	23	17	22	26	24	24	23
Nicaragua 2001	60	70	67	27	68	76	64	71	60	50	70	69	48	60	71	50	66	71	71	71	66
Peru 2000	49	57	46	19	54	56	43	56	40	33	44	57	38	49	57	37	46	54	56	58	50

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
u = Unknown (not available)

5.3 Trends in Current Use of Contraception

Trends in Current Use of Any Method

The percentage of women currently using any method of contraception has increased in most countries. The two exceptions are Rwanda, which showed a decline from 21 to 13 percent between 1992 and 2001, and Burkina Faso, which showed a decline from 25 to 14 percent between 1992 and 2003 (Table 5.4). In general, the rate of increase in current use of contraception has been faster in countries with lower levels of contraceptive use. A number of countries in sub-Saharan Africa have made considerable gains in recent years; these include Malawi, Mozambique, and Namibia. However, current use rates have stagnated at low levels in other countries in the region, such as Eritrea, Mali, and Nigeria. Outside of sub-Saharan Africa, there are indications that contraceptive prevalence rates are leveling off in some countries with high levels of contraceptive use.

Table 5.4 Trends in current use of contraception

Percentage of currently married women who are currently using any contraceptive method, any modern method, and any traditional method; and among current users, the percentage using a traditional method, DHS surveys 1986-2005

Country/year	Any method	Any modern method	Any traditional method	Any traditional/ any method (%)[a]	Number
Sub-Saharan Africa					
Benin 1996	16	3	13	79	4,198
Benin 2001	19	7	11	61	4,563
Burkina Faso 1992	25	4	21[b]	83	5,326
Burkina Faso 1999	12	5	7	59	5,181
Burkina Faso 2003	14	9	5	36	9,655
Cameroon 1991	16	4	12	73	2,868
Cameroon 1998	19	7	12	64	3,676
Cameroon 2004	26	13	13	50	7,166
Eritrea 1995	8	4	4	50	3,371
Eritrea 2002	8	7	1	10	5,733
Ghana 1988	13	5	8	60	3,156
Ghana 1993	20	10	10	50	3,204
Ghana 1998-99	22	13	9	40	3,131
Ghana 2003	25	19	7	26	3,549
Kenya 1989	27	18	9	33	4,765
Kenya 1993	33	27	6	17	4,629
Kenya 1998	39	32	8	19	4,834
Kenya 2003	39	32	8	20	4,919
Madagascar 1992	17	5	12	69	3,736
Madagascar 1997	19	10	10	50	4,435
Madagascar 2003-04	27	18	9	32	5,140
Malawi 1992	13	7	6	43	3,492
Malawi 2000	31	26	5	15	9,452
Mali 1987	5	1	3	72	2,948
Mali 1996	7	5	2	33	8,222
Mali 2001	8	7	1	14	10,723
Mozambique 1997	6	5	1	9	6,530
Mozambique 2003	26	21	5	18	8,736
Namibia 1992	29	26	3	10	2,259
Namibia 2000	44	43	1	3	2,610
Nigeria 1990	6	4	3	42	6,880
Nigeria 1999	15	9	7	44	5,757
Nigeria 2003	13	8	4	34	5,336
Rwanda 1992	21	13	8	39	3,785
Rwanda 2001	13	6	8	58	5,052
Uganda 1988	5	3	2	49	3,180
Uganda 1995	15	8	7	47	5,136
Uganda 2000	23	18	5	20	4,881
Zambia 1992	15	9	6	41	4,457
Zambia 1996	26	14	12	44	4,902
Zambia 2001	34	25	9	26	4,694

Continued…

Table 5.4—*Continued*

Country/year	Any method	Any modern method	Any traditional method	Any traditional/ any method (%)[a]	Number
North Africa/West Asia/Europe					
Egypt 1988	38	36	2	6	8,221
Egypt 1992	47	45	2	5	9,153
Egypt 1995	48	46	2	5	13,710
Egypt 2000	56	54	2	4	14,382
Egypt 2003	60	57	3	6	8,445
Jordan 1990	40	27	13	33	6,168
Jordan 1997	53	38	15	28	5,337
Jordan 2002	56	41	15	26	5,706
Morocco 1987	36	29	7	19	5,447
Morocco 1992	42	36	6	14	5,118
Morocco 2003	63	55	8	13	8,782
Uzbekistan 1996	56	51	4	8	3,102
Uzbekistan 2002	68	63	5	7	3,720
South/Southeast Asia					
Bangladesh 1994	45	37	8	18	8,840
Bangladesh 1997	50	42	8	15	8,307
Bangladesh 2000	54	44	10	19	9,540
Bangladesh 2004	59	48	11	18	10,436
Indonesia 1987	48	44	4	8	10,907
Indonesia 1991	50	47	3	5	21,109
Indonesia 1994	55	52	3	5	26,186
Indonesia 1997	57	55	3	5	26,886
Indonesia 2002-03	60	57	4	6	27,857
Nepal 1996	29	26	3	9	7,982
Nepal 2001	39	35	4	10	8,342
Philippines 1993	40	25	15	38	8,961
Philippines 1998	48	28	20	41	8,336
Philippines 2003	49	33	16	32	8,671
Vietnam 1997	75	56	20	26	5,340
Vietnam 2002	79	57	22	28	5,338
Latin America/Caribbean					
Bolivia 1989	30	12	18	59	4,941
Bolivia 1994	45	18	28	61	5,334
Bolivia 1998	48	25	23	48	6,649
Bolivia 2003	58	35	23	40	10,569
Colombia 1986	65	52	12	19	2,850
Colombia 1990	66	55	12	17	4,450
Colombia 1995	72	59	13	18	6,097
Colombia 2000	77	64	13	17	5,935
Colombia 2005	78	68	10	13	19,762
Dominican Rep. 1986	50	47	3	7	4,133
Dominican Rep. 1991	56	52	5	8	4,083
Dominican Rep. 1996	64	59	4	7	4,983
Dominican Rep. 1999	69	64	5	8	728
Dominican Rep. 2002	70	66	4	6	13,996
Haiti 1994	18	13	5	26	3,113
Haiti 2000	28	23	5	19	5,958
Nicaragua 1997	60	57	3	5	8,045
Nicaragua 2001	69	66	3	4	7,424
Peru 1986	46	23	23	50	2,900
Peru 1992	59	33	26	44	8,741
Peru 1996	64	41	23	36	16,885
Peru 2000	69	50	19	27	15,628

[a] Calculated using figures rounded to one decimal place
[b] Majority is abstinence

Trends in Current Use of Any Modern Method

Trends in current use of modern methods often resemble trends in current use of any method of contraception, except that the rate of increase tends to be steeper for modern methods than for any method. There have been consistent increases in the percentage of women currently using a modern method in all countries except Nigeria and Rwanda. Again, as for current use of any method, the rate of increase in current use of any modern method has been slower in countries with higher levels of current use of modern methods.

Trends in Current Use of Any Traditional Method

There are no clear trends in the use of traditional methods of contraception. In most countries, prevalence rates for traditional methods have fluctuated within a narrow range. However, as use of modern methods increases, the share of traditional methods generally declines. Still, considerable proportions of women in most countries continue to rely on traditional methods. In 24 of the 30 countries with trend data, use of traditional methods makes up at least 10 percent of current use of contraception, and in 16 of the countries it is 20 percent or higher.

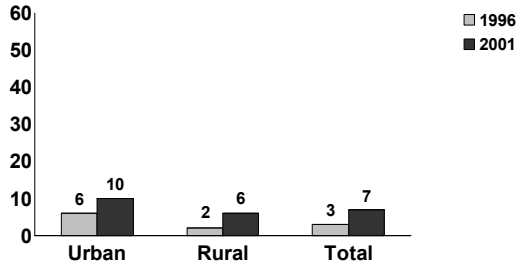
Trends in Current Use of Modern Methods by Urban-rural Residence

Figure 5.1 shows the trends in current use of modern contraceptive methods by urban-rural residence. In most countries the rate of increase in current use has been faster in rural areas than in urban areas because current use rates were already higher in urban areas. In some countries with relatively high rates of contraceptive prevalence—for example, Colombia, the Dominican Republic, Haiti, Indonesia, the Philippines, and Vietnam—urban-rural differences have largely disappeared. In sub-Saharan Africa, however, trends are less consistent where in some countries rural rates have remained unchanged or have declined.

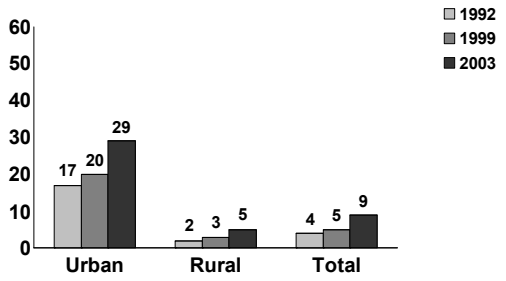
Figure 5.1 Trends in current use of any modern method of contraception by residence, DHS surveys 1986-2005

Sub-Saharan Africa

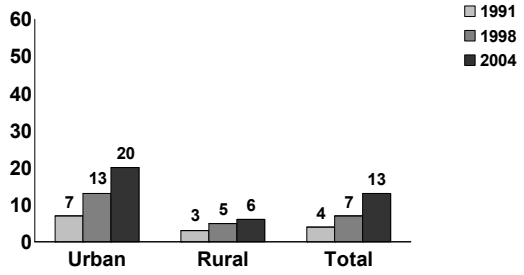
Benin



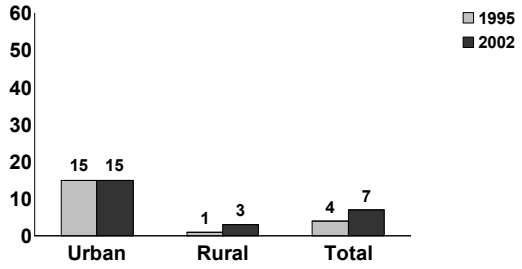
Burkina Faso



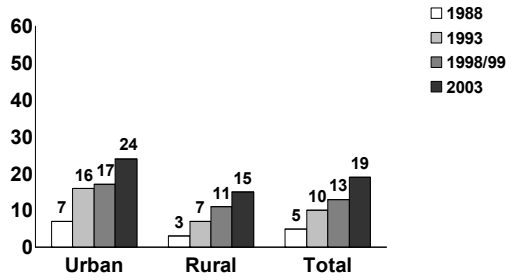
Cameroon



Eritrea



Ghana



Kenya

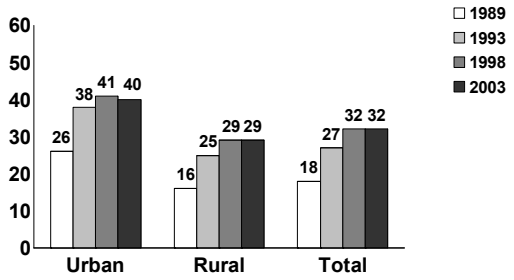
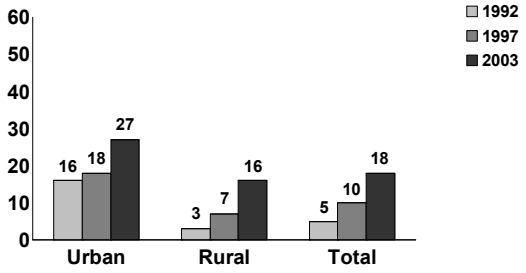


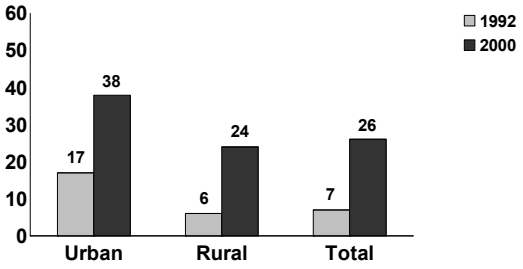
Figure 5.1—Continued

Sub-Saharan Africa—*Continued*

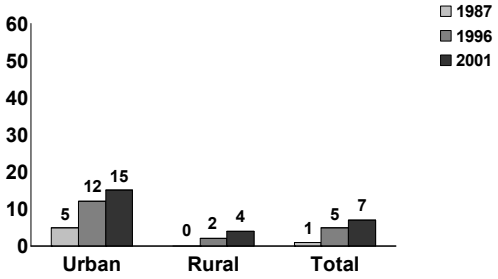
Madagascar



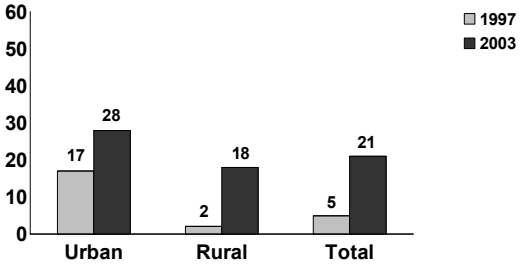
Malawi



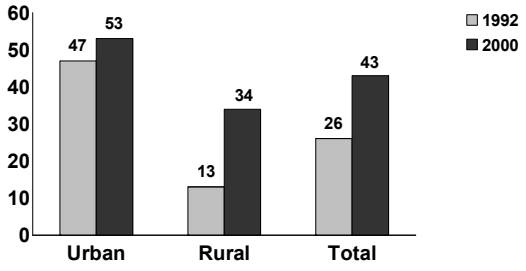
Mali



Mozambique



Namibia



Nigeria

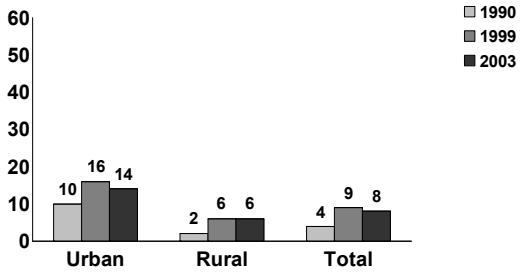
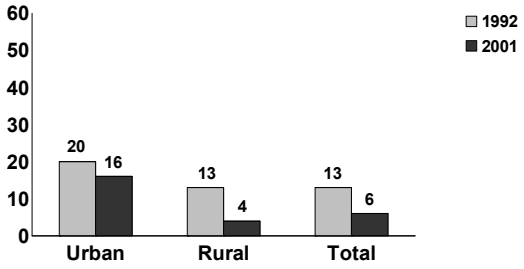


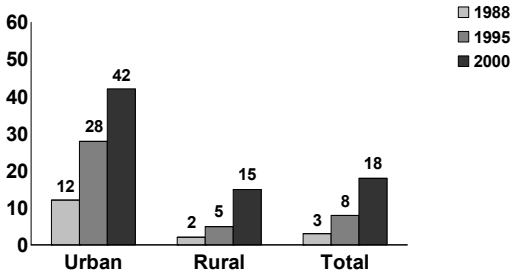
Figure 5.1—Continued

Sub-Saharan Africa—*Continued*

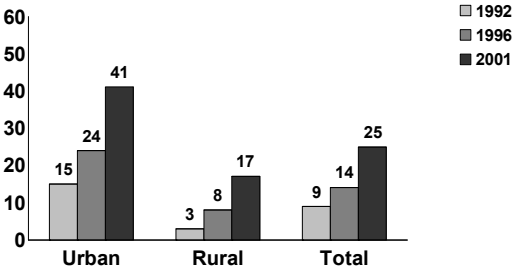
Rwanda



Uganda

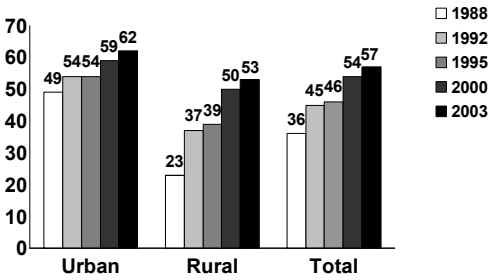


Zambia



North Africa/West Asia/Europe

Egypt



Jordan

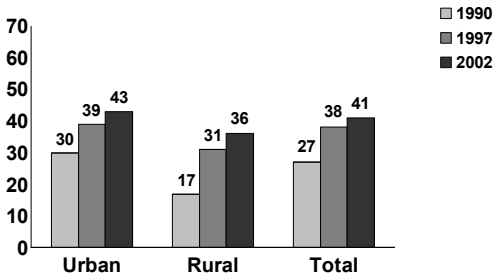
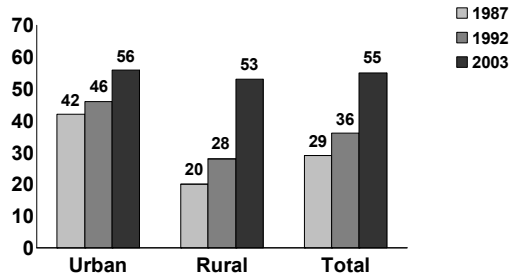


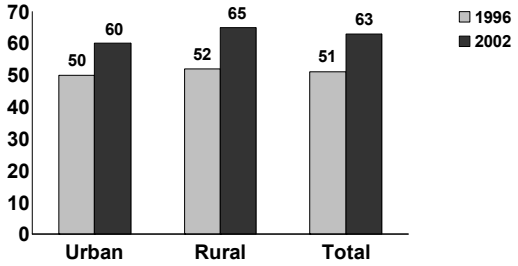
Figure 5.1—Continued

North Africa/West Asia/Europe—*Continued*

Morocco

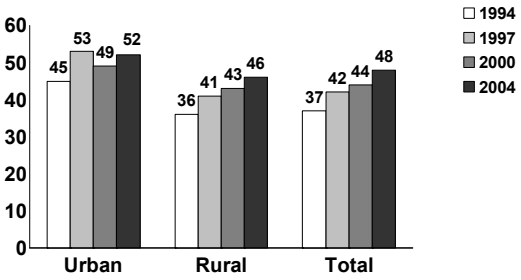


Uzbekistan

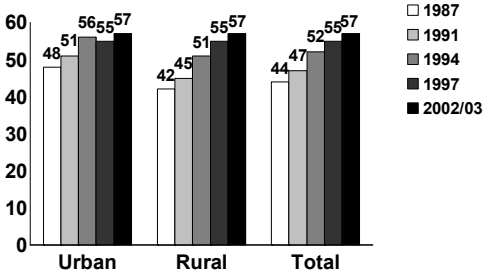


South/Southeast Asia

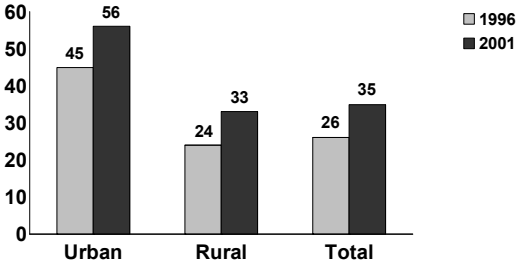
Bangladesh



Indonesia



Nepal



Philippines

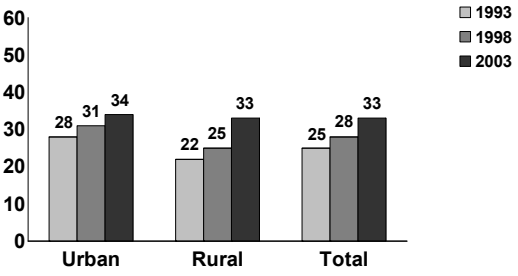
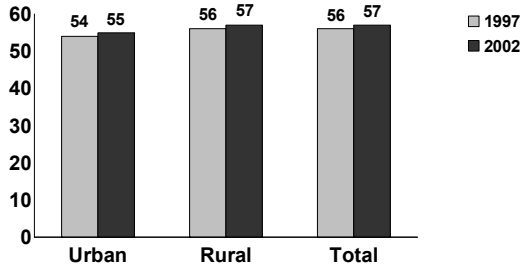


Figure 5.1—Continued

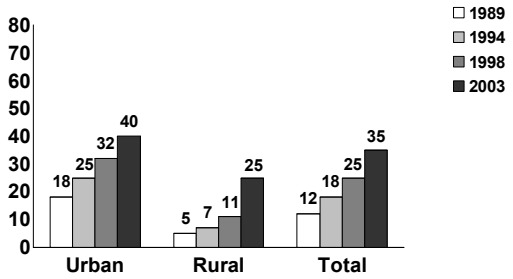
South/Southeast Asia—*Continued*

Vietnam

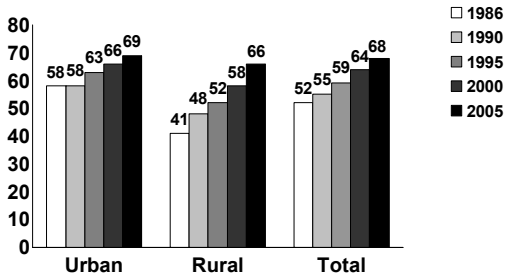


Latin America/Caribbean

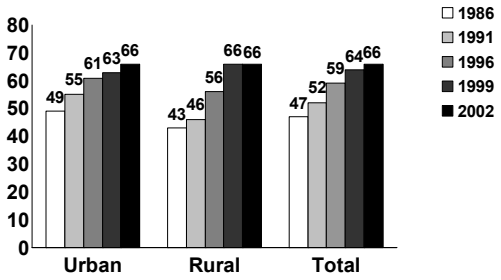
Bolivia



Colombia



Dominican Republic



Haiti

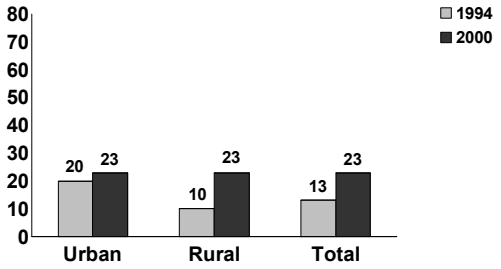
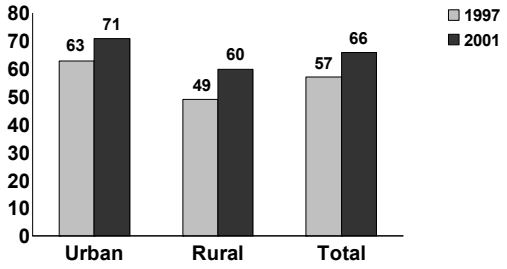


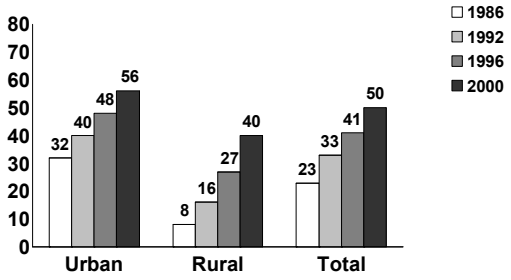
Figure 5.1—Continued

Latin America/Caribbean—*Continued*

Nicaragua



Peru



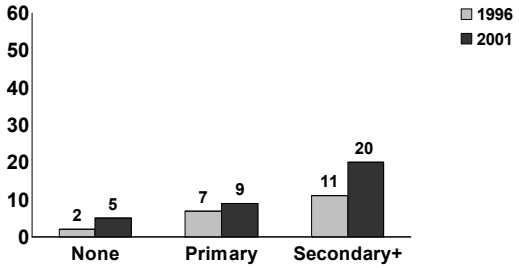
Trends in Current Use of Modern Methods by Education

Current use of modern methods has generally increased more rapidly among less educated women (Figure 5.2). Outside of sub-Saharan Africa, current use of modern methods among women with secondary or higher education has remained relatively unchanged. In sub-Saharan Africa, trends in current use by level of education are less consistent. Among women with secondary or higher education in 15 sub-Saharan countries, current use has remained stable in five countries, increased in seven, and declined in three. In a number of countries, mostly in sub-Saharan Africa, current use of modern methods remains extremely low among women with no education. Cameroon, Eritrea, Madagascar, Mali, and Nigeria are examples where current use of modern methods among women with no education is still below 10 percent.

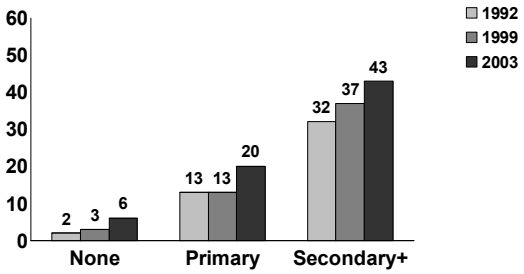
Figure 5.2 Trends in current use of any modern method of contraception by education, DHS surveys 1986-2005

Sub-Saharan Africa

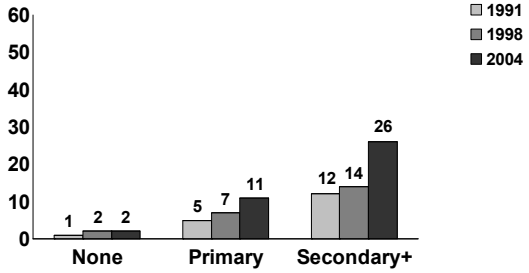
Benin



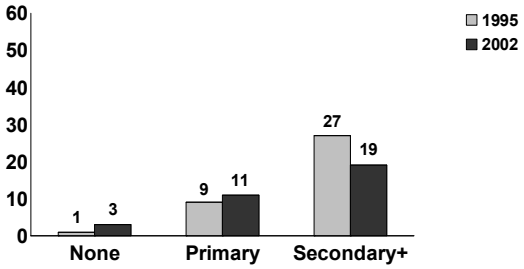
Burkina Faso



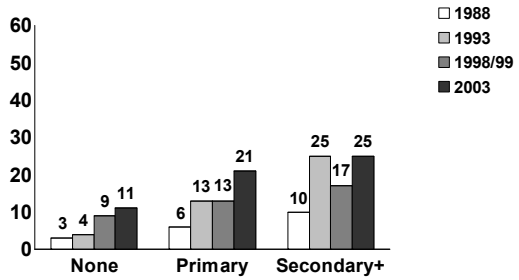
Cameroon



Eritrea



Ghana



Kenya

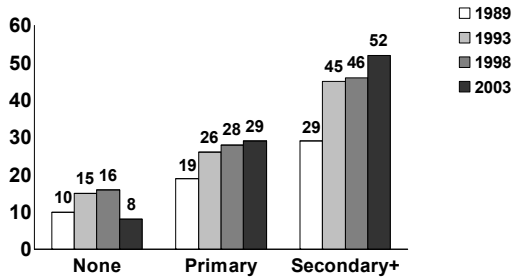
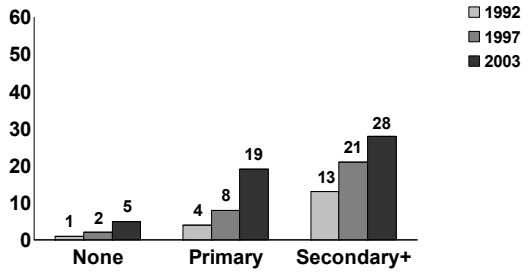


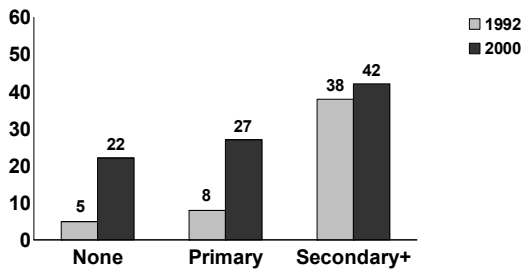
Figure 5.2—Continued

Sub-Saharan Africa—*Continued*

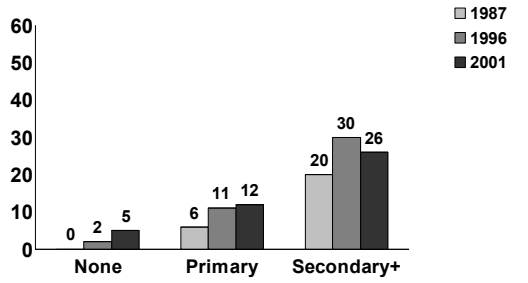
Madagascar



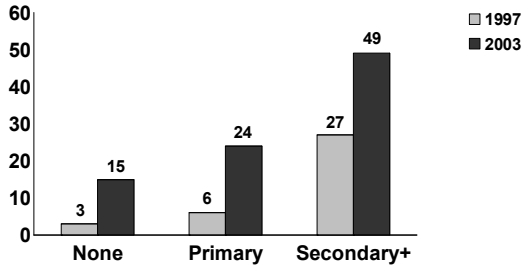
Malawi



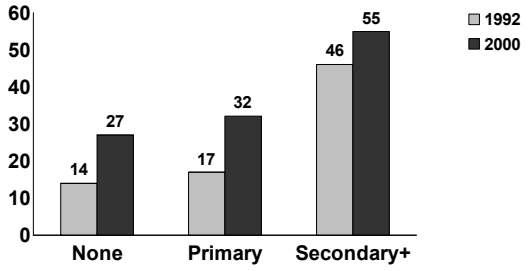
Mali



Mozambique



Namibia



Nigeria

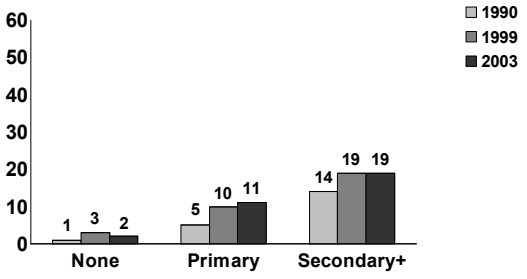
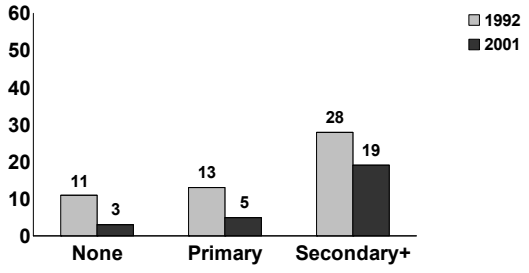


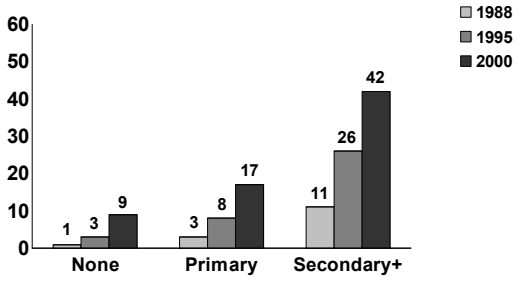
Figure 5.2—Continued

Sub-Saharan Africa—*Continued*

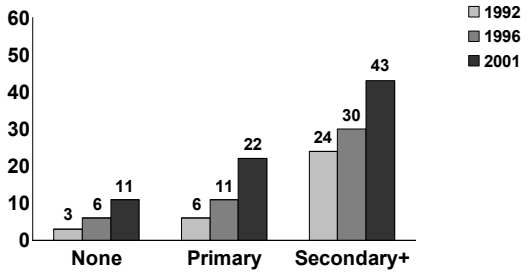
Rwanda



Uganda

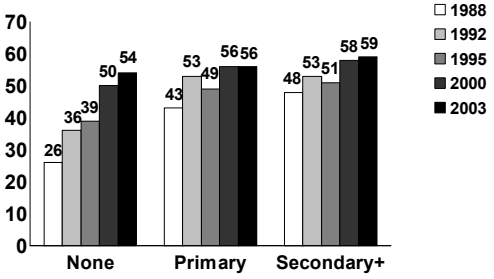


Zambia



North Africa/West Asia/Europe

Egypt



Jordan

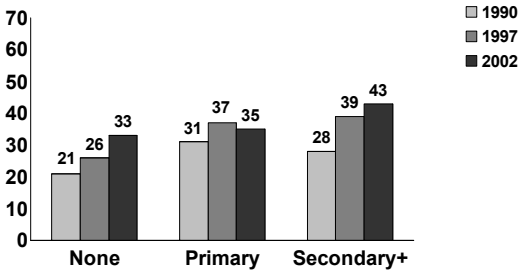
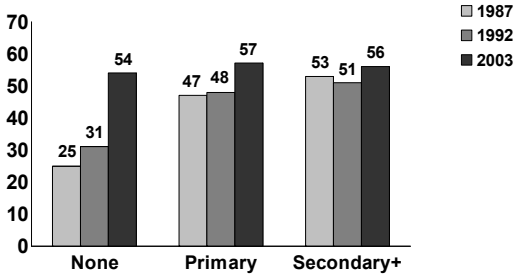


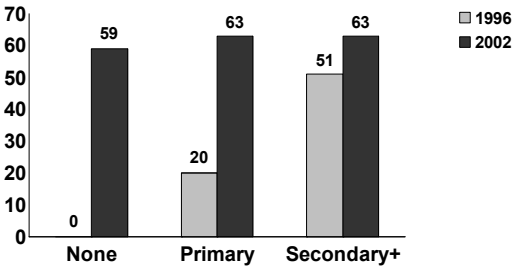
Figure 5.2—Continued

North Africa/West Asia/Europe—*Continued*

Morocco

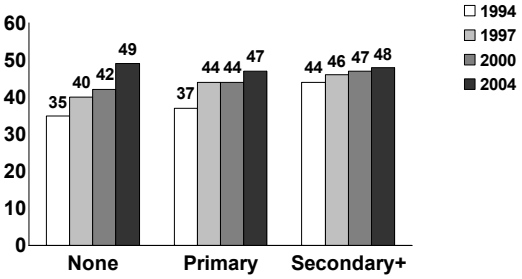


Uzbekistan

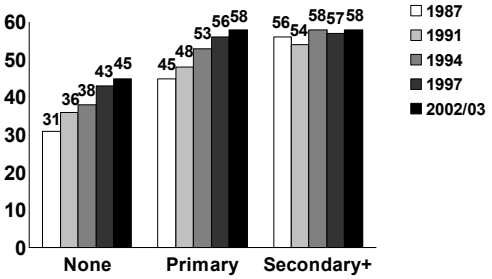


South/Southeast Asia

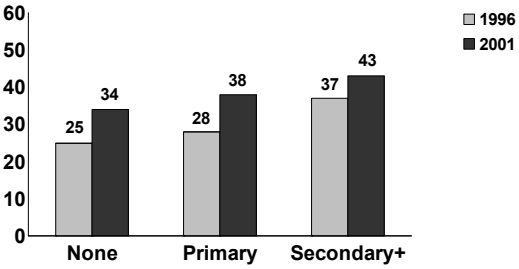
Bangladesh



Indonesia



Nepal



Philippines

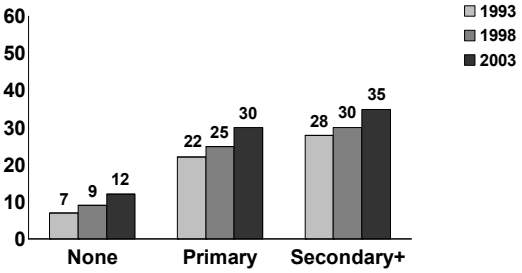
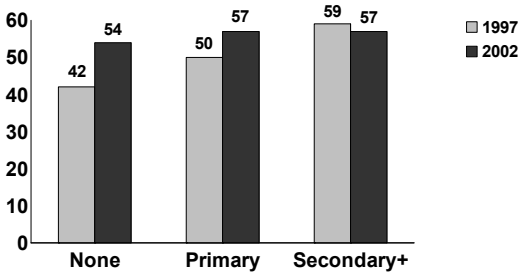


Figure 5.2—Continued

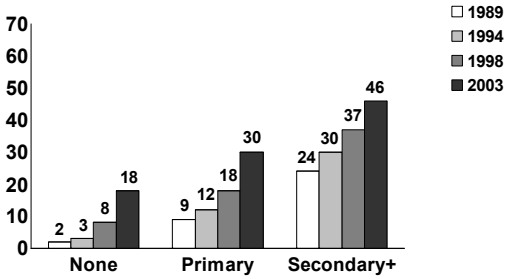
South/Southeast Asia—*Continued*

Vietnam

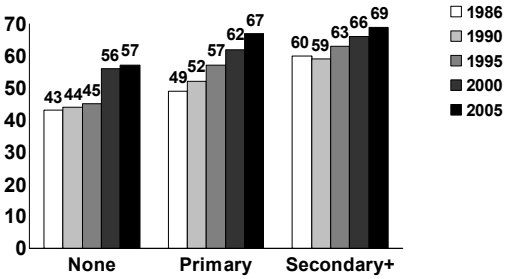


Latin America/Caribbean

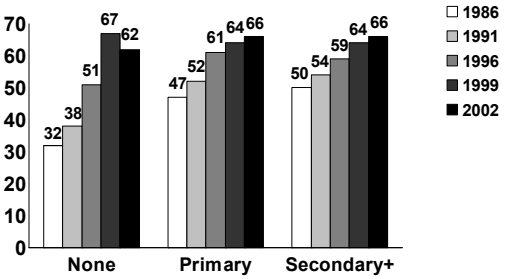
Bolivia



Colombia



Dominican Republic



Haiti

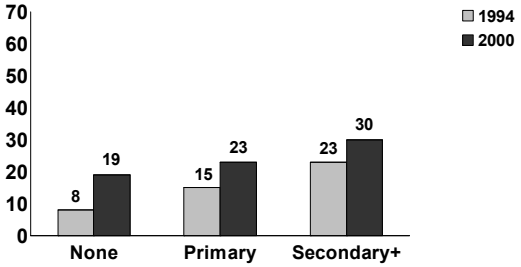
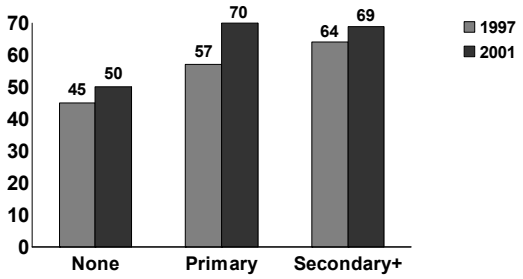


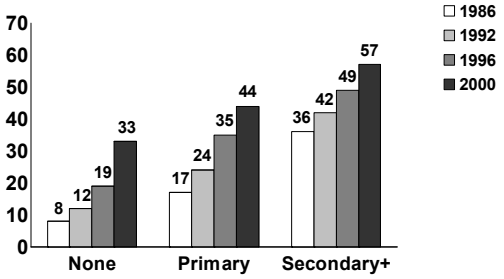
Figure 5.2—Continued

Latin America/Caribbean—*Continued*

Nicaragua



Peru



5.4 Unmet Need for Contraception

Unmet need measures the percentage of currently married women who are not using a method of contraception but want either to delay further childbearing for two years or more (spacing) or to stop further childbearing (limiting). For the most recent surveys, total unmet need ranges from a low of 5 percent in Vietnam to a high of 40 percent in Haiti (Table 5.5). Overall, total unmet need is higher in sub-Saharan Africa than in other regions. In most countries outside of sub-Saharan Africa, total unmet need is below 20 percent; the exceptions are Bolivia, Haiti, and Nepal.

Table 5.5 Trends in unmet need for contraception

Percentage of currently married women who have an unmet need for contraception, DHS surveys 1986-2005

Country/year	Unmet need for: Spacing	Unmet need for: Limiting	Total unmet need	Number
Sub-Saharan Africa				
Benin 1996	17	9	26	4,198
Benin 2001	17	10	27	4,563
Burkina Faso 1992	19	6	25	5,326
Burkina Faso 1999	19	7	26	5,181
Burkina Faso 2003	22	7	29	9,655
Cameroon 1991	17	5	22	2,868
Cameroon 1998	14	6	20	3,676
Cameroon 2004	14	6	20	7,166
Eritrea 1995	22	6	28	3,371
Eritrea 2002	21	6	27	5,733
Ghana 1988	29	6	35	3,156
Ghana 1993	25	12	37	3,204
Ghana 1998-99	22	12	34	3,131
Ghana 2003	22	12	34	3,549
Kenya 1989	23	15	38	4,765
Kenya 1993	21	14	35	4,629
Kenya 1998	14	10	24	4,834
Kenya 2003	15	10	25	4,919
Madagascar 1992	16	16	32	3,736
Madagascar 1997	15	11	26	4,435
Madagascar 2003-04	12	12	24	5,140
Malawi 1992	24	12	36	3,492
Malawi 2000	18	12	30	9,452
Mali 1987	17	6	23	2,948
Mali 1996	20	6	26	8,222
Mali 2001	21	8	29	10,723
Mozambique 1997	5	2	7	6,530
Mozambique 2003	10	8	18	8,736
Namibia 1992	15	7	22	2,259
Namibia 2000	9	13	22	2,610
Nigeria 1990	16	5	21	6,880
Nigeria 1999	12	5	17	5,757
Nigeria 2003	12	5	17	5,336
Rwanda 1992	21	18	39	3,785
Rwanda 2001	24	12	36	5,052
Uganda 1988	20	7	27	3,180
Uganda 1995	18	11	29	5,136
Uganda 2000	21	14	35	4,881
Zambia 1992	22	9	31	4,457
Zambia 1996	18	8	26	4,902
Zambia 2001	16	11	27	4,694

Continued…

Table 5.5—*Continued*

Country/year	Unmet need for: Spacing	Limiting	Total unmet need	Number
North Africa/West Asia/Europe				
Egypt 1988	10	15	25	8,221
Egypt 1992	7	13	20	9,153
Egypt 1995	5	11	16	13,710
Egypt 2000	3	8	11	14,382
Egypt 2003	4	6	10	8,445
Jordan 1990	8	14	22	6,168
Jordan 1997	7	7	14	5,337
Jordan 2002	5	6	11	5,706
Morocco 1987	12	10	22	5,447
Morocco 1992	9	11	20	5,118
Morocco 2003	3	7	10	8,782
South/Southeast Asia				
Bangladesh 1994	9	9	18	8,840
Bangladesh 1997	8	8	16	8,307
Bangladesh 2000	8	7	15	9,540
Bangladesh 2004	5	6	11	10,436
Indonesia 1987	10	6	16	10,907
Indonesia 1991	8	6	14	21,109
Indonesia 1994	5	6	11	26,186
Indonesia 1997	4	5	9	26,886
Indonesia 2002-03	4	5	9	27,857
Nepal 1996	14	17	31	7,982
Nepal 2001	12	16	28	8,342
Philippines 1993	13	13	26	8,961
Philippines 1998	8	11	19	8,336
Philippines 2003	8	9	17	8,671
Vietnam 1997	3	4	7	5,340
Vietnam 2002	2	3	5	5,338
Latin America/Caribbean				
Bolivia 1989	10	26	36	4,941
Bolivia 1994	5	18	23	5,334
Bolivia 1998	7	19	26	6,649
Bolivia 2003	6	17	23	10,569
Colombia 1986	5	8	13	2,850
Colombia 1990	4	7	11	4,450
Colombia 1995	3	5	8	6,097
Colombia 2000	2	4	6	5,935
Colombia 2005	3	3	6	19,762
Dominican Rep. 1986	10	9	19	4,133
Dominican Rep. 1991	8	9	17	4,083
Dominican Rep. 1996	7	5	12	4,983
Dominican Rep. 1999	8	4	12	728
Dominican Rep. 2002	7	4	11	13,996
Haiti 1994	18	26	44	3,113
Haiti 2000	16	24	40	5,958
Nicaragua 1997	7	8	15	8,045
Nicaragua 2001	6	9	15	7,424
Peru 1986	8	20	28	2,900
Peru 1992	4	11	15	8,741
Peru 1996	3	9	12	16,885
Peru 2000	3	7	10	15,628

Over time, the majority of countries outside of sub-Saharan Africa have experienced declines in total unmet need for contraception, whereas in sub-Saharan Africa total unmet need has either stalled at relatively high levels or increased (Burkina Faso, Mali, Mozambique, and Uganda).

Unmet need for spacing remains higher than unmet need for limiting in sub-Saharan Africa. In the other regions, unmet need for limiting is higher than unmet need for spacing. In general, trends in unmet need for both spacing and limiting are similar to those for total unmet need.

5.5 Informed Choice and Use of Contraception

Among current users of modern methods who adopted their method in the past five years, a considerable proportion was not informed about the potential side effects of their method (Table 5.6). The percentage of women who were told about the side effects ranges from 25 percent in Morocco to 71 percent in Cambodia. In seven of the 29 countries with information on side effects, a majority of women were not informed about the potential side effects of their current method. There are substantial intraregional differences in the percentage of women receiving information about side effects. Levels were not necessarily higher in countries outside of sub-Saharan Africa.

Table 5.6 Informed choice and use of contraception

Among currently married women who are currently using a modern method of contraception and who adopted the method in the past five years, percentage who were informed of the side effects of the method when they obtained it, and percentage who were informed of other contraceptive methods; and among currently married women who were sterilized in the past five years, percentage who were informed that sterilization is permanent, DHS surveys 2000-2005

Country/year	Informed of side effects	Informed of other methods	Number of women	Informed that sterilization is permanent	Number of women
Sub-Saharan Africa					
Benin 2001	49	66	211	*	7
Burkina Faso 2003	66	74	568	*	4
Cameroon 2004	58	65	267	*	31
Ghana 2003	64	65	433	(96)	32
Kenya 2003	60	62	1,096	91	72
Madagascar 2003-04	55	62	624	(95)	24
Malawi 2000	70	62	320	91	323
Mali 2001	62	50	453	*	16
Mozambique 2003	64	75	812	(81)	40
Namibia 2000	49	54	613	86	109
Nigeria 2003	51	59	223	*	8
Rwanda 2001	*	*	9	*	9
Uganda 2000	68	71	491	81	58
Zambia 2001	77[a]	u	782	(100)	44
North Africa/West Asia/Europe					
Armenia 2000	69	21	46	94	46
Egypt 2003	42	43	3,225	u	0
Jordan 2002	63	70	1,581	97	70
Morocco 2003	25	36	3,244	81	68
South/Southeast Asia					
Bangladesh 2004	30	35	3,284	78	72
Cambodia 2000	71	65	1,057	86	58
Indonesia 2002-03	32	39	10,224	86	287
Nepal 2001	59	45	1,266	75	457
Philippines 2003	59	60	1,648	90	264
Latin America/Caribbean					
Bolivia 2003	70	78	2,136	89	300
Colombia 2005	52	61	6,274	87	2,375
Dominican Rep. 2002	40	u	4,320	73	1,986
Haiti 2000	53	55	979	91	58
Nicaragua 2001	54	68	2,896	89	695
Peru 2000	69	78	5,062	92	1,009

Note: 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.
u = Unknown (not available)
[a] Ever told of side effects

The percentage of current users of modern methods who were informed about other contraceptive methods ranges from 21 percent in Armenia to 78 percent in Bolivia and Peru. In six of the 27 countries with information, a majority of women were not informed about other methods when they adopted their current method. Again, the percentage of women receiving information about other contraceptive methods was not necessarily higher in countries outside of sub-Saharan Africa. Among women who adopted sterilization in the past five years, most were informed that sterilization is a permanent procedure.

6 Sources of Contraceptive Methods

As the demand for contraception has increased, there have been changes in the supply environment, including the advent of social marketing campaigns and the diversification of sources of supply. This section examines the patterns and differentials in sources of supply for modern contraceptive methods. It also looks at trends in how the share of public and private medical sectors has changed.

6.1 Source of Current Contraceptive Method

Table 6.1 shows the percent distribution of currently married women who were using a modern contraceptive method at the time of the survey, by where they obtained their method the last time. In most countries, the majority of women obtained their method from a public source. The percentage ranges from less than 30 percent in Cameroon, Haiti, and Indonesia, to 85 percent or higher in Armenia, Mozambique, and Vietnam. The pattern in Latin America and the Caribbean is different: the majority of women in three of the six countries did not obtain their method from a public source.

Table 6.1 Sources of contraceptive methods

Percent distribution of currently married women who are currently using a modern contraceptive method (excluding LAM) by source of method: public sector, nongovernmental organizations (NGOs), private medical sector, and other sources, DHS surveys 2000-2005

Country/year	Public sector	NGOs	Private medical sector	Other sources	Total	Number of women
Sub-Saharan Africa						
Benin 2001	59	0	21	20	100	308
Burkina Faso 2003	71	1	8	21	100	833
Cameroon 2004	28	0	27	45[a]	100	866
Eritrea 2002	80	0	15	6	100	286
Ethiopia 2000	81	8	7	4	100	617
Gabon 2000	36	0	48	16	100	386
Ghana 2003	50	0	47	3	100	649
Kenya 2003	55	0	43	2	100	1,551
Madagascar 2003-04	58	0	35	7	100	856
Malawi 2000	71	12	16	2	100	2,423
Mali 2001	57	0	32	11	100	601
Mauritania 2000	64	6	23	7	100	230
Mozambique 2003	85	0	9	6	100	1,011
Namibia 2000	84	0	14	1	100	1,091
Nigeria 2003	34	0	57	9	100	347
Rwanda 2001	77	0	21	2	100	216
Uganda 2000	45	0	46	8	100	671
Zambia 2001	65	0	22	13	100	1,051
North Africa/West Asia/Europe						
Armenia 2000	95	0	3	2	100	780
Egypt 2003	56	3	39	2	100	4,777
Jordan 2002	34	0	66	0	100	2,202
Morocco 2003	57	0	43	0	100	4,512
South/Southeast Asia						
Bangladesh 2004	57	6	32	5	100	4,963
Cambodia 2000	47	0	35	18	100	1,618
Indonesia 2002-03	28	0	63	9	100	15,747
Nepal 2001	80	8	7	5	100	2,928
Philippines 2003	67	0	29	3	100	2,860
Vietnam 2002	85	0	14	2	100	3,021
Latin America/Caribbean						
Bolivia 2003	60	4	35	1	100	3,380
Colombia 2005	43	0	55	3	100	13,290
Dominican Rep. 2002	44	4	51	1	100	8,915
Haiti 2000	25	36	30	9	100	1,324
Nicaragua 2001	65	0	33	2	100	4,744
Peru 2000	81	2	15	1	100	7,762

[a] The majority of cases are male condoms from shops, churches, or friends.

There are large variations both within and across regions in use of the private medical sector as a source for family planning. In five of the 34 countries for which data are available—Armenia, Burkina Faso, Ethiopia, Mozambique, and Nepal—less than 10 percent of women obtained their method from a private medical sector source. On the other hand, in Colombia, the Dominican Republic, Indonesia, Jordan, and Nigeria, the majority of women obtained their method from a private medical sector source. Haiti stands out as a country where a large proportion of women (36 percent) obtained their method from nongovernmental organizations (NGOs).

6.2 Differentials in Use of Private Medical Sources

There is no clear pattern by age in the percentage of women who obtained their current contraceptive method from a private medical source (Table 6.2). In most countries, however, women with fewer children are more likely to have obtained their method from a private medical source; and, in general, urban women, more-educated women, women in wealthier households, and women who are more exposed to mass media, are more likely to use a private medical source. An exception is Malawi, where rural women are more likely than urban women to use a private medical source. For other characteristics, differentials in the use of private medical sources to obtain family planning are small.

Table 6.2 Differentials in use of the private medical sector as the source of contraceptive methods

Among currently married women who are currently using a modern contraceptive method, percentage who obtained their method from the private medical sector, by age, number of living children, residence, education, media exposure, and wealth status, DHS surveys 2000-2005

	Age			Number of living children				Residence		Education			Regular media exposure (number of sources)			Wealth status (quintile)					
Country/year	15-24	25-34	35-49	0	1-2	3-4	5+	Urban	Rural	None	Primary	Secondary+	0	1	2+	Lowest	Second	Middle	Fourth	Highest	Total
Sub-Saharan Africa																					
Benin 2001	28	22	17	*	31	17	12	26	16	14	21	36	15	17	33	(9)	(13)	8	24	31	21
Burkina Faso 2003	8	8	7	*	9	6	5	12	3	3	12	16	6	3	13	(3)	8	1	3	11	8
Cameroon 2004	25	26	30	29	27	25	26	28	22	(41)	26	27	24	22	30	(21)	20	26	25	30	27
Eritrea 2002	(10)	18	13	*	16	18	9	14	(15)	18	8	21	*	9	16	(0)	(11)	(6)	12	19	15
Ethiopia 2000	9	6	7	15	8	8	5	9	5	2	8	16	5	11	16	(0)	(3)	(0)	8	9	7
Gabon 2000	43	52	48	(31)	50	48	53	48	51	*	31	55	41	49	52	(42)	51	39	43	58	48
Ghana 2003	56	50	41	(78)	54	42	42	49	45	38	45	52	41	42	55	32	43	46	50	54	47
Kenya 2003	47	42	43	*	50	40	37	51	40	27	37	52	35	36	51	32	31	34	40	59	43
Madagascar 2003-04	32	31	41	*	38	39	27	41	32	16	30	43	11	31	51	7	17	24	36	51	35
Malawi 2000	15	17	15	(16)	16	15	16	8	18	16	16	13	15	16	14	16	20	16	14	15	16
Mali 2001	38	30	30	(28)	32	45	24	39	21	26	43	39	16	26	38	(17)	34	17	20	41	32
Mauritania 2003	(26)	29	15	*	21	35	11	23	*	9	25	35	18	19	36	*	*	*	16	29	23
Mozambique 2003	8	11	7	*	11	10	5	12	4	4	7	22	3	7	17	5	4	2	3	14	9
Namibia 2000	9	9	22	19	16	16	8	20	7	3	4	21	4	1	23	1	4	3	3	31	14
Nigeria 2003	62	61	48	*	67	53	48	57	54	(43)	58	57	53	55	57	(57)	(33)	(54)	68	55	56
Rwanda 2001	23	28	13	*	29	22	12	38	5	(5)	17	32	(5)	16	41	*	*	*	(7)	33	21
Uganda 2000	48	53	35	*	51	50	39	52	43	35	42	55	37	45	53	(25)	(28)	38	50	53	46
Zambia 2001	15	22	31	*	15	21	32	27	15	11	20	26	11	20	32	6	14	12	13	36	22
North Africa/West Asia/Europe																					
Armenia 2000	3	3	3	*	4	2	*	5	1	*	*	3	0	3	3	3	0	4	3	5	3
Egypt 2003	36	38	41	*	42	40	32	47	32	29	33	48	28	33	42	24	30	34	39	60	39
Jordan 2002	56	67	67	*	66	72	61	70	47	51	59	68	64	63	68	48	59	64	71	82	66
Morocco 2003	49	42	41	80	48	42	32	50	31	34	50	63	27	42	47	26	32	35	49	67	43
South/Southeast Asia																					
Bangladesh 2004	46	29	21	73	37	24	21	46	27	18	30	51	20	33	46	15	21	30	33	56	32
Cambodia 2000	39	36	33	*	35	34	35	40	34	39	33	37	32	33	38	32	35	32	34	39	35
Indonesia 2002-03	69	67	57	64	66	59	54	69	57	49	59	70	54	63	65	48	56	63	70	75	63
Nepal 2001	19	8	3	(42)	13	5	3	20	5	4	9	22	3	7	15	1	4	4	5	16	7
Philippines 2003	31	30	28	*	36	28	20	37	21	*	18	34	13	21	33	13	19	25	32	52	29
Vietnam 2002	16	16	12	*	16	11	7	30	10	9	15	14	8	13	15	10	9	8	13	30	14
Latin America/Caribbean																					
Bolivia 2003	34	37	34	64	42	35	21	42	15	10	28	45	13	20	41	8	18	32	39	53	35
Colombia 2005	65	56	51	87	63	45	39	59	42	36	46	61	u	u	u	37	49	56	63	64	55
Dominican Rep. 2002	61	49	49	88	62	47	36	53	48	34	43	62	40	42	53	38	44	49	56	66	51
Haiti 2000	27	32	29	22	29	38	20	35	27	23	27	45	26	23	44	16	27	29	26	47	30
Nicaragua 2001	28	37	34	52	35	34	26	40	23	22	26	45	17	23	38	16	21	29	35	55	33
Peru 2000	7	13	21	32	18	14	8	19	5	3	8	20	6	13	19	1	6	9	17	37	15

Note: 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.
u = Unknown (not available)

6.3 Trends in Sources of Modern Contraceptive Methods

Among women using modern contraceptive methods, there is no clear trend in the percentage who obtained their method from a public-sector source. In sub-Saharan Africa, the percentage of women using the public sector to obtain their current method declined in about half of the countries and increased or remained the same in the rest (Table 6.3). Outside of sub-Saharan Africa, the percentage of women who obtained their method from the public sector declined in most countries in South/Southeast Asia, but increased in most countries in Latin America and the Caribbean, and in North Africa/West Asia/Europe.

Table 6.3 Trends in sources of modern contraceptive methods

Percent distribution of currently married women who are currently using a modern contraceptive method by source where method was obtained (pubic sector, private medical sector, and other sources), DHS surveys 1986-2005

Country/year	Public sector	Private medical sector	Other sources[a]	Total	Number
Sub-Saharan Africa					
Benin 1996	52	26	23	100	143
Benin 2001	59	21	20	100	308
Burkina Faso 1992	71	22	7	100	205
Burkina Faso 1999	72	6	22	100	247
Burkina Faso 2003	71	8	21	100	833
Cameroon 1991	32	63	5	100	118
Cameroon 1998	44	40	16	100	260
Cameroon 2004	28	27	45	100	866
Eritrea 1995	80	15	5	100	134
Eritrea 2002	80	15	6	100	286
Ghana 1988	39	45	16	100	158
Ghana 1993	50	48	2	100	318
Ghana 1998-99	51	45	4	100	396
Ghana 2003	50	47	3	100	649
Kenya 1989	72	27	1	100	851
Kenya 1993	71	23	6	100	1,248
Kenya 1998	64	33	3	100	1,519
Kenya 2003	55	43	2	100	1,551
Madagascar 1992	38	60	2	100	190
Madagascar 1997	53	40	7	100	430
Madagascar 2003-04	58	35	7	100	856
Malawi 1992	71	28	1	100	255
Malawi 2000	71	16	14	100	2,423
Mali 1987	76	9	15	100	38
Mali 1996	59	29	11	100	356
Mali 2001	57	32	11	100	601
Mozambique 1997	89	4	7	100	327
Mozambique 2003	85	9	6	100	1,011
Namibia 1992	81	18	1	100	573
Namibia 2000	84	14	1	100	1,091
Nigeria 1990	44	34	22	100	238
Nigeria 1999	59	36	5	100	461
Nigeria 2003	34	56	10	100	352
Rwanda 1992	99	0	1	100	481
Rwanda 2001	77	21	2	100	216
Uganda 1988	87	10	4	100	80
Uganda 1995	52	43	3	100	399
Uganda 2000	45	46	9	100	671
Zambia 1992	55	34	11	100	393
Zambia 1996	66	26	9	100	684
Zambia 2001	65	22	13	100	1,051

Continued…

Table 6.3—*Continued*

Country/year	Public sector	Private medical sector	Other sources[a]	Total	Number
North Africa/West Asia/Europe					
Egypt 1988	26	26	48[b]	100	2,908
Egypt 1992	35	57	8	100	4,082
Egypt 1995	36	54	10	100	6,151
Egypt 2000	49	44	8	100	7,748
Egypt 2003	56	39	5	100	4,777
Jordan 1990	24	44	32[c]	100	1,654
Jordan 1997	28	72	0	100	2,011
Jordan 2002	34	66	0	100	2,202
Morocco 1987	63	20	17	100	1,555
Morocco 1992	63	36	1	100	1,818
Morocco 2003	57	43	0	100	4,512
South/Southeast Asia					
Bangladesh 1994	38	10	52[d]	100	3,197
Bangladesh 1997	35	15	50[d]	100	3,458
Bangladesh 2000	65[e]	22	13	100	4,153
Bangladesh 2004	57[e]	32	11	100	4,963
Indonesia 1987	81	12	7	100	4,774
Indonesia 1991	76	22	2	100	9,927
Indonesia 1994	49	28	23	100	13,609
Indonesia 1997	42	41	18	100	14,700
Indonesia 2002-03	28	63	9	100	15,747
Nepal 1996	80	8	12	100	2,050
Nepal 2001	80	7	13	100	2,928
Philippines 1993	72	26	2	100	2,217
Philippines 1998	72	26	3	100	2,341
Philippines 2003	67	29	3	100	2,860
Vietnam 1997	87	11	1	100	2,979
Vietnam 2002	85	14	2	100	3,021
Latin America/Caribbean					
Bolivia 1989	34	63	3	100	605
Bolivia 1994	34	65	1	100	931
Bolivia 1998	43	54	3	100	1,660
Bolivia 2003	60	35	5	100	3,380
Colombia 1986	17	82	1	100	1,471
Colombia 1990	23	43	34[c]	100	2,400
Colombia 1995	28	43	29[c]	100	3,606
Colombia 2000	31	40	29[c]	100	3,738
Colombia 2005	43	55	3	100	13,290
Dominican Rep. 1986	50	47	3	100	1,911
Dominican Rep. 1991	32	66	2	100	2,093
Dominican Rep. 1996	36	57	7	100	2,938
Dominican Rep. 1999	41	56	3	100	464
Dominican Rep. 2002	44	51	5	100	8,915
Haiti 1994	57	34	10	100	408
Haiti 2000	25	30	45	100	1,324
Nicaragua 1997	63	36	2	100	4,549
Nicaragua 2001	65	33	2	100	4,744
Peru 1986	57	34	9	100	656
Peru 1992	53	38	9	100	2,841
Peru 1996	71	23	6	100	6,972
Peru 2000	81	15	4	100	7,762

[a] NGOs coded as "other"
[b] Private pharmacy coded as "other" but in later surveys, coded as "private medical"
[c] Majority NGOs
[d] Fieldworker coded as "other"
[e] Fieldworker coded as "government/public"

Identifying trends in the use of private medical sources for obtaining modern contraceptive methods was made somewhat difficult by changes over time in the classification of providers included under private medical, NGOs, and other sectors within some countries. For example, in Malawi, while the percentage of women who reported obtaining their method from a public source remained unchanged between 1992 and 2000 (71 percent), use of private medical sources declined from 28 to 16 percent, and "other sources" increased from 1 to 14 percent during the same period.

7 Contraceptive Discontinuation and Nonuse

To promote contraceptive use and provide high-quality family planning services, it is important to understand why some women discontinue using contraception and others do not use contraception. While previous sections of this report have focused on levels and trends in contraceptive knowledge and use, this section looks at rates of contraceptive discontinuation, switching, and nonuse (both current nonuse and intended nonuse in the future). It also examines the reasons for contraceptive discontinuation and nonuse.

7.1 Contraceptive Discontinuation, Switching, and Nonuse

Discontinuation

Table 7.1 shows levels of lifetime contraceptive discontinuation, measured as the percentage of currently married women who used a method of contraception in the past but were not using a method at the time of the survey. The discontinuation rates are highest in sub-Saharan Africa where the majority of women in 13 of the 18 countries have discontinued using contraception. In countries outside of sub-Saharan Africa, the discontinuation rates vary between 19 and 36 percent; the exceptions are Vietnam, which has a very low rate (13 percent), and Haiti, which has a much higher rate (49 percent).

Table 7.1 Contraceptive discontinuation, switching, nonuse, and intended nonuse in the future

Among currently married women who have ever used a contraceptive method, percentage who discontinued use of contraception; among currently married women who are currently using a contraceptive method, percentage who switched methods; among currently married women, percentage who are not using any method of contraception; and among currently married women who are not pregnant and not using contraception, percentage who do not intend to use contraception in the future, DHS surveys 2000-2005

	Discontinued		Switched		Current nonuse		Intended nonuse in the future	
Country/year	Percent	Number	Percent	Number	Percent	Number	Percent	Number
Sub-Saharan Africa								
Benin 2001	63	2,300	58	848	81	4,563	36	3,715
Burkina Faso 2003	54	2,859	41	1,330	86	9,655	29	8,325
Cameroon 2004	54	4,056	79	1,860	74	7,166	46	5,306
Eritrea 2002	64	1,278	52	461	92	5,733	71	5,272
Ethiopia 2000	51	1,627	47	791	92	9,789	53	8,998
Gabon 2000	56	2,515	84	1,096	67	3,348	50	2,252
Ghana 2003	54	1,961	61	893	75	3,549	41	2,656
Kenya 2003	39	3,158	62	1,934	61	4,919	38	2,985
Madagascar 2003-04	42	2,398	55	1,395	73	5,140	47	3,745
Malawi 2000	42	4,949	45	2,897	69	9,452	23	6,555
Mali 2001	66	2,537	35	866	92	10,723	50	9,857
Mauritania 2000	59	887	39	362	92	4,541	79	4,179
Mozambique 2003	55	4,960	46	2,230	75	8,736	48	6,507
Namibia 2000	40	1,911	55	1,142	56	2,610	37	1,468
Nigeria 2003	59	1,640	48	672	87	5,336	64	4,664
Rwanda 2001	63	1,793	50	669	87	5,053	39	4,383
Uganda 2000	48	2,153	55	1,112	77	4,881	28	3,769
Zambia 2001	51	3,286	62	1,606	66	4,694	26	3,089
North Africa/West Asia/Europe								
Armenia 2000	26	3,361	57	2,496	40	4,125	47	1,629
Egypt 2003	26	6,841	56	5,067	40	8,445	50	3,378
Jordan 2002	31	4,613	75	3,183	44	5,706	36	2,523
Morocco 2003	30	7,878	67	5,531	37	8,782	36	3,250
Uzbekistan 2002	20	3,149	50	2,517	32	3,720	u	u
South/Southeast Asia								
Bangladesh 2004	30	8,677	66	6,102	42	10,436	25	4,334
Cambodia 2000	36	3,394	26	2,160	76	9,071	45	6,912
Indonesia 2002-03	26	22,727	52	16,806	40	27,857	42	11,051
Nepal 2001	28	4,531	40	3,281	61	8,342	24	5,061
Philippines 2003	31	6,121	59	4,238	51	8,671	55	4,433
Vietnam 2002	13	4,833	56	4,192	22	5,338	37	1,146

Continued…

Table 7.1—*Continued*

Country/year	Discontinued		Switched		Current nonuse		Intended nonuse in the future	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
Latin America/Caribbean								
Bolivia 2003	25	8,217	60	6,168	42	10,569	38	4,401
Colombia 2005	19	19,018	89	15,452	22	19,762	28	4,310
Dominican Rep. 2002	22	12,504	66	9,764	30	13,996	31	4,232
Haiti 2000	49	3,264	48	1,672	72	5,958	38	4,286
Nicaragua 2001	22	6,513	76	5,095	31	7,424	32	2,329
Peru 2000	23	14,036	74	10,764	31	15,628	38	4,864

u = Unknown (not available)

Method Switching

In most countries, the majority of current users of contraception have used at least one other method in the past (Table 7.1). An exception is Cambodia, where only 26 percent of current users have switched methods. The countries with the highest rates of method switching are Gabon and Colombia, where more than 80 percent of current users have used another method in the past.

Current Nonuse

Table 7.1 shows the percentage of currently married women who were not using a contraceptive method at the time of the survey. These "nonuse" rates are much higher in sub-Saharan Africa than in other regions.

Intended Nonuse in the Future

Currently married women who were not using contraception were asked if they intended to use a method in the future. In all regions, a substantial proportion of nonusers reported that they did not intend to use contraception in the future (Table 7.1). In sub-Saharan Africa, the percentage ranges from 23 percent in Malawi to 79 percent in Mauritania. In six of the 18 countries in this region, at least 50 percent of current nonusers said they did not intend to use contraception in the future. Given the higher levels of nonuse overall in sub-Saharan Africa, this information is cause for concern. In the other three regions, only Cambodia and (to a lesser extent) Haiti share a pattern similar to that of sub-Saharan Africa, i.e., a high level of current nonuse of contraception and a high level of intended nonuse of contraception in the future.

7.2 Reasons for Discontinuation of Contraceptive Use

In 12 of the 35 countries included in this analysis, women who had used a modern contraceptive method in the past five years, but who were not using a method at the time of the survey, were asked their main reason for discontinuation. A majority of the women in most countries gave a fertility-related reason for discontinuation of contraception. These included infrequent sex, husband was away, became pregnant while using, wanted to become pregnant, thought it was difficult to get pregnant, or became menopausal (Table 7.2). Method-related reasons were the second most frequently cited reasons for discontinuation of contraception. These included wanting a more effective method, health concerns, side effects, lack of access, cost, and inconvenient to use. In 11 of the 12 countries, one-third to one-half of women reported a method-related reason for discontinuing contraception. Up to 5 percent of women in each country reported spousal disapproval as their main reason for discontinuation.

Table 7.2 Reasons for discontinuation of contraceptive use

Percent distribution of currently married women who used a modern contraceptive method in the past five years but who were not using a method at the time of the survey, by main reason for discontinuation, DHS surveys 2000-2005

Country/year	Fertility-related reason[a]	Opposition to use[b]	Method-related reason[c]	Other[d]	Total	Number
Armenia 2000	69	4	22	5	100	1,773
Bangladesh 2004	53	4	39	4	100	5,095
Colombia 2005	44	2	50	5	100	9,913
Dominican Rep. 2002	46	2	39	13	100	5,335
Egypt 2003	53	1	44	3	100	3,902
Indonesia 2002-03	53	0	34	12	100	9,359
Jordan 2002	61	2	35	3	100	3,193
Kenya 2003	50	5	38	8	100	1,761
Morocco 2003	60	0	33	7	100	4,968
Peru 2000	44	1	48	7	100	8,167
Philippines 2003	52	3	37	9	100	2,561
Vietnam 2002	62	1	34	4	100	1,910

[a] Infrequent sex, husband away, became pregnant while using, wanted to become pregnant, fatalistic, difficult to get pregnant/menopausal
[b] Husband/partner disapproved
[c] Wanted more effective method, health concerns, side effects, lack of access/too far, costs too much, and inconvenient to use
[d] Marital dissolution/separation, other reasons, and don't know

7.3 Reasons for Current Nonuse of Contraception

Fertility-related reasons were the most commonly cited reasons for nonuse of contraception among current nonusers in all countries except Haiti and the Philippines, where method-related reasons were cited most often (Table 7.3). In 20 of the 34 countries with data available on reasons for nonuse of contraception, a majority of women cited fertility-related reasons for current nonuse. There were no clear regional patterns in the percentage of women who reported fertility-related reasons for nonuse of contraception.

Method-related reasons were the second most commonly cited reasons for nonuse of contraception. The percentage of current nonusers reporting method-related reasons for nonuse ranged from 10 percent in Eritrea to 45 percent in Cambodia and Haiti. In seven of the 34 countries, at least one-third of nonusers cited method-related reasons for nonuse.

In several countries, a sizable proportion of nonusers mentioned opposition to use as a reason for not using contraception. This includes: own opposition, spousal opposition, another person's opposition, and religious opposition. In six of the 34 countries, at least 20 percent of nonusers cited opposition to use as a reason for not using contraception.

In a number of sub-Saharan countries, a sizeable proportion of nonusers mentioned lack of knowledge about contraceptive methods and where to obtain them as a reason for nonuse. In 13 of 18 countries in this region, at least 10 percent of nonusers reported lack of knowledge as a reason for nonuse. Outside of sub-Saharan Africa, the percentage of women reporting lack of knowledge of contraceptive methods as a reason for nonuse of contraception was much lower, less than 10 percent in all countries except Bolivia (14 percent).

Table 7.3 Reasons for current nonuse of contraception

Percentage of currently married women who are not pregnant and who do not want a child in the next 24 months and who are currently not using contraception, by reason for nonuse, DHS surveys 2000-2005

Country/year	Fertility related[a]	Opposition to use[b]	Lack of knowledge[c]	Method related[d]	Other/ don't know	Number
Sub-Saharan Africa						
Benin 2001	56	12	22	15	8	1,671
Burkina Faso 2003	49	13	19	18	11	4,519
Cameroon 2004	55	11	14	12	16	1,847
Eritrea 2002	66	13	18	10	3	2,223
Ethiopia 2000	57	16	22	18	2	4,838
Gabon 2000	39	19	10	25	19	738
Ghana 2003	48	7	10	36	8	1,481
Kenya 2003	55	17	4	33	6	1,607
Madagascar 2003-04	35	10	16	33	13	1,887
Malawi 2000	52	23	3	31	3	3,507
Mali 2001	30	24	19	23	11	4,424
Mauritania 2000	44	35	17	12	14	1,624
Mozambique 2003	64	13	9	17	8	2,274
Namibia 2000	42	19	5	21	18	741
Nigeria 2003	58	16	13	12	8	1,652
Rwanda 2001	51	13	13	20	8	2,604
Uganda 2000	44	17	12	28	9	1,900
Zambia 2001	69	6	2	19	9	1,424
North Africa/West Asia/Europe						
Armenia 2000	63	26	1	14	4	1,044
Egypt 2003	70	5	0	26	6	1,266
Jordan 2002[e]	66	9	0	23	2	837
Morocco 2003	72	5	0	21	6	1,135
South/Southeast Asia						
Bangladesh 2004	73	6	0	13	15	2,086
Cambodia 2000	49	3	6	45	10	2,746
Indonesia 2002-03	43	5	1	31	28	5,558
Nepal 2001	65	12	6	35	6	2,976
Philippines 2003	36	20	2	41	13	2,411
Vietnam 20025	68	2	2	16	12	578
Latin America/Caribbean						
Bolivia 2003	47	10	14	27	17	2,812
Colombia 2005	57	3	0	22	21	1,524
Dominican Rep. 2002	51	14	1	23	16	1,636
Haiti 2000	40	15	3	45	8	2,466
Nicaragua 2001	43	20	3	28	18	1,208
Peru 2000	64	11	6	24	6	2,709

[a] Not having sex, infrequent sex, menopausal/hysterectomy, subfecund/infecund, postpartum amenorrheic, breastfeeding, and fatalistic
[b] Respondent opposition, husband/partner opposition, other third party opposition, and religious prohibition
[c] Knows no method and knows no source
[d] Health concerns, fear of side effects, lack of access/too far, costs too much, inconvenient to use, and interferes with the body's normal processes
[e] Single response category

7.4 Reasons for Intended Nonuse of Contraception in the Future

Table 7.4 shows the percent distribution of currently married women who were not using a contraceptive method at the time of the survey and who reported that they did not intend to use a method in the future, by main reason for not intending to use a contraceptive method. As with reasons for nonuse of contraception, fertility-related reasons were the most commonly cited reasons for not intending to use contraception in the future, in all countries except Haiti, Mali, and Mauritania. In Haiti, method-related reasons were cited most often, and in Mali and Mauritania, opposition to the use of contraception was cited most often. In 21 of the 34 countries with data available, a majority of women mentioned fertility-related reasons for not intending to use contraception in the future.

Table 7.4 Reasons for intended nonuse of contraception in the future

Percent distribution of currently married women who are not pregnant, not using a contraceptive method, and who do not intend to use a contraceptive method at any time in the future, by main reason for future nonuse, DHS surveys 2000-2005

Country/year	Fertility-related reason[a]	Opposition to use[b]	Lack of knowledge[c]	Method-related reason[d]	Other/ don't know	Total	Number
Sub-Saharan Africa							
Benin 2001	50	21	8	17	4	100	1,336
Burkina Faso 2003	50	17	10	14	8	100	2,449
Cameroon 2004	62	17	6	9	5	100	2,420
Eritrea 2002	72	13	8	5	1	100	3,727
Ethiopia 2000	57	18	10	11	4	100	4,748
Gabon 2000	48	19	6	15	11	100	1,122
Ghana 2003	41	12	6	37	4	100	1,102
Kenya 2003	40	31	2	24	3	100	1,130
Madagascar 2003-04	40	14	8	31	7	100	1,747
Malawi 2000	43	26	4	26	2	100	1,526
Mali 2001	29	38	11	15	7	100	4,977
Mauritania 2000	32	37	7	8	16	100	3,299
Mozambique 2003	76	10	4	9	1	100	3,106
Namibia 2000	53	19	4	14	10	100	550
Nigeria 2003	51	26	9	10	4	100	2,976
Rwanda 2001	45	20	6	23	5	100	1,700
Uganda 2000	46	14	5	28	7	100	1,056
Zambia 2001	63	11	3	18	5	100	814
North Africa/West Asia/Europe							
Armenia 2000	64	19	0	13	4	100	766
Egypt 2003	87	2	0	9	2	100	1,687
Jordan 2002	74	8	0	13	5	100	901
Morocco 2003	79	6	0	12	3	100	1,159
South/Southeast Asia							
Bangladesh 2004	79	9	0	7	5	100	1,097
Cambodia 2000	47	10	2	34	8	100	3,092
Indonesia 2002-03	58	6	1	26	10	100	4,691
Nepal 2001	48	16	2	29	5	100	1,220
Philippines 2003	43	20	1	33	4	100	2,438
Vietnam 2002	67	3	3	14	14	100	427
Latin America/Caribbean							
Bolivia 2003	54	12	7	20	7	100	1,663
Colombia 2005	80	2	1	10	7	100	1,204
Dominican Rep. 2002	61	17	1	13	8	100	1,295
Haiti 2000	30	19	1	44	5	100	1,649
Nicaragua 2001	54	28	1	12	5	100	752
Peru 2000	72	9	3	13	3	100	1,834

[a] Not having sex, infrequent sex, menopausal/hysterectomy, subfecund/infecund, and wants as many children as possible
[b] Respondent opposition, husband/partner opposition, other third party opposition, and religious prohibition
[c] Knows no method and knows no source
[d] Health concerns, fear of side effects, lack of access/too far, costs too much, inconvenient to use, and interferes with the body's normal processes

Method-related reasons were the second most commonly mentioned reason for not using contraception in the future. In most countries, in all regions, at least 10 percent of women reported method-related reasons for not intending to use contraception in the future. The percentage was particularly high in Cambodia, Ghana, Haiti, and the Philippines, with more than one-third of women reporting method-related reasons for not using contraception in the future.

Opposition to the use of contraception was mentioned by a sizeable proportion of women in most countries. The percentage reporting opposition to the use of contraception as a reason for not intending to use contraception in the future was 10 percent or more in 26 of the 34 countries, and 20 percent or more in nine of the 34 countries.

The percentage of women reporting lack of knowledge as a reason for not using contraception in the future was much lower than the percentage of women reporting other reasons. However, as with reasons for current nonuse of contraception, women in sub-Saharan Africa were more likely than women in the other regions to report lack of knowledge as a reason for not intending to use contraception in the future. In most cases, lack of knowledge of contraception was mentioned less frequently as a reason for not using contraception in the future than for current nonuse.

8 Discussion, Approval, and Decisionmaking about Family Planning

Male partner's involvement is important in contraceptive decisionmaking and in the adoption of a contraceptive method. This section looks at the extent to which women discuss family planning with their husband/partner, whether the woman and her husband/partner approve of family planning, and, for current users, which partner made the decision to use family planning.

8.1 Discussion of Family Planning

The majority of women in most countries did not discuss family planning with anyone in the few months preceding the survey (Table 8.1). Among women who know at least one method of family planning, the percentage who discussed family planning with anyone varies from 17 percent in Egypt and 21 percent in Nigeria to 75 percent in Jordan. In general, the percentage of women who discussed family planning with anyone is lower in sub-Saharan Africa than in other regions.

In most countries, among women who discussed family planning with anyone, the majority did not do so with their husband/partner. The percentage who discussed family planning with their husband/partner varies from less than 10 percent in Cameroon, Colombia, the Dominican Republic, Egypt, Eritrea, Haiti, Mali, and Nigeria, to more than 40 percent in Bangladesh, Jordan, and Vietnam.

There is no clear trend in the percentage of women who discussed family planning with anyone. In 22 countries where trend data are available, the percentage of women who discussed family planning with anyone increased in eight countries, declined in 10 countries, and remained about the same in four countries. Trends in the discussion of family planning with the husband/partner are similar to those for the discussion of family planning with anyone.

8.2 Approval of the Use of Family Planning

In most countries, a large majority of women approve of couples using family planning. In sub-Saharan Africa, the percentage of women who approve of couples using family planning is 80 percent or higher in all but seven countries (Table 8.1). Women were also asked whether their husband/partner approves of couples using family planning. The percentage of women who reported that their husband/partner approves of couples using family planning is much lower than the percentage of women who approve. This may be due in part to some women not knowing their husband/partner's view. Levels of perceived husband/partner approval are lower in sub-Saharan Africa than in other regions.

In most sub-Saharan countries the percentage of women who approve of couples using family planning and the percentage who believe that their husband/partner approves of family planning have increased in recent years, with the exception of Kenya, Nigeria, and Rwanda. In the countries outside of sub-Saharan Africa, levels of approval of the use of family planning by couples have remained high for both women and their husband/partners.

Table 8.1 Trends in discussion of family planning and approval of family planning

Among currently married women who know a method of family planning, percentage who discussed family planning with anyone, and with their husband/partner in the past few months; percentage who approve of couples' use of family planning; and percentage who say that their husband/partner approves/disapproves of couples' use of family planning, DHS surveys 1986-2005

	Discussed family planning with:		Approval of couples' use of family planning				
				Respondent says that husband/partner:			
Country/year	Anyone	Husband/ partner	Respondent approves	Approves	Disapproves	Respondent does not know	Number
Sub-Saharan Africa							
Benin 1996	29	13	68	32	22	46	3,349
Benin 2001	29	18	76	40	26	34	4,178
Burkina Faso 1992	u	u	69	31	20	49	4,374
Burkina Faso 1999	18	10	79	39	23	38	4,105
Burkina Faso 2003	27	11	87	45	17	37	8,851
Cameroon 1991	u	u	59	30	44	26	1,997
Cameroon 1998	24	8	64	36	33	31	2,838
Cameroon 2004	29	8	64	41	26	33	6,380
Eritrea 1995	21	13	67	34	17	50	2,155
Eritrea 2002	26	8	58	40	38	23	5,016
Ghana 1988	u	u	74	52	26	22	2,507
Ghana 1993	u	u	90	63	14	24	2,925
Ghana 1998-99	35	16	77	56	17	27	2,930
Ghana 2003	32	10	87	67	18	16	3,479
Kenya 1989	u	u	88	60	19	21	4,405
Kenya 1993	u	u	90	60	18	23	4,500
Kenya 1998	46	21	89	67	21	13	4,751
Kenya 2003	u	u	85	64	25	12	4,696
Madagascar 1992	u	u	81	58	22	20	2,489
Madagascar 1997	48	10	74	56	25	19	3,182
Madagascar 2003-04	44	17	78	60	23	18	4,353
Malawi 1992	u	u	93	71	13	16	3,302
Malawi 2000	43	13	93	75	17	9	9,323
Mali 1987	u	u	71	46	19	34	1,274
Mali 1996	34	6	71	33	29	38	5,492
Mali 2001	36	9	69	32	33	36	8,345
Mozambique 1997	20	5	56	35	24	41	4,047
Mozambique 2003	26	11	77	52	18	30	8,068
Namibia 1992	u	u	75	48	29	24	2,043
Namibia 2000	39	24	83	63	19	18	2,553
Nigeria 1990	u	u	71	46	29	25	2,999
Nigeria 1999	30	17	57	44	28	28	3,707
Nigeria 2003	21	7	55	36	44	21	4,186
Rwanda 1992	u	u	93	70	14	16	3,748
Rwanda 2001	26	10	81	53	18	30	4,920
Uganda 1988	u	u	71	26	40	34	2,670
Uganda 1995	29	8	79	46	35	20	4,796
Uganda 2000	46	30	84	47	27	26	4,772
Zambia 1992	u	u	81	52	27	21	4,176
Zambia 1996	53	42	85	59	23	19	4,823
Zambia 2001	52	24	87	67	17	16	4,660
North Africa/West Asia/Europe							
Egypt 1988	u	u	87	72	16	12	8,082
Egypt 1992	u	u	91	78	14	9	9,117
Egypt 1995	35	6	90	83	10	7	13,685
Egypt 2000	17	u	96	87	7	7	14,376
Egypt 2003	u	u	97	u	u	u	8,445
Jordan 1997	72	52	95	81	11	8	5,335
Jordan 2002	75	63	98	87	10	3	5,706
Morocco 2003	44	19	98	92	4	4	8,767

Continued…

Table 8.1—*Continued*

Country/year	Discussed family planning with: Anyone	Discussed family planning with: Husband/ partner	Approval of couples' use of family planning: Respondent approves	Respondent says that husband/partner: Approves	Respondent says that husband/partner: Disapproves	Respondent says that husband/partner: Respondent does not know	Number
South/Southeast Asia							
Bangladesh 1994	u	68	95	82	12	7	8,818
Bangladesh 1997	u	u	94	84	11	5	8,304
Bangladesh 2000	u	u	94	83	12	5	9,536
Bangladesh 2004	u	41	u	u	u	u	10,435
Indonesia 1994	49	23	u	87	9	5	25,211
Indonesia 1997	46	21	u	87	9	4	26,129
Indonesia 2002-03	41	21	94	90	5	5	27,483
Nepal 1996	36	20	92	74	14	13	7,857
Nepal 2001	38	20	94	79	11	10	8,300
Philippines 1998	64	39	89	83	14	3	8,218
Philippines 2003	59	25	89	85	12	3	8,594
Vietnam 1997	60	44	96	95	1	4	5,282
Vietnam 2002	66	59	95	93	2	5	5,317
Latin America/Caribbean							
Bolivia 1994	42	14	87	77	11	12	4,508
Bolivia 1998	45	13	90	81	10	10	5,940
Bolivia 2003	42	14	91	83	9	9	9,979
Colombia 1995	66	39	97	88	8	4	6,093
Colombia 2000	57	14	98	93	4	3	5,931
Colombia 2005	60	9	98	93	4	3	19,748
Dominican Rep. 1996	39	6	u	70	20	11	4,970
Dominican Rep. 1999	44	4	89	69	16	15	728
Dominican Rep. 2002	36	3	91	81	10	9	13,965
Haiti 1994	u	u	92	55	10	35	3,080
Haiti 2000	30	8	88	60	15	25	5,909
Nicaragua 1997	42	7	95	83	11	7	7,909
Nicaragua 2001	35	10	93	82	11	8	7,367
Peru 1996	73	34	93	85	9	6	16,516
Peru 2000	67	36	94	u	6	56	15,468

u = Unknown (not available)

8.3 Decisionmaking in Family Planning

Table 8.2 shows the percent distribution of currently married women who were using a method of contraception at the time of the survey, by whether the respondent herself, her husband/partner, or the respondent jointly with her husband/partner decided to use family planning. In most countries, a majority of women reported that the decision to use family planning was made jointly by the respondent (herself) and her husband/partner. In 18 of the 27 countries, at least 20 percent of women said that they made the decision to use family planning themselves. On the other hand, in four countries, at least 20 percent of women said that the decision to use family planning was made solely by their husband/partner. Cambodia stands out because only 23 percent of women in Cambodia reported that they were involved—either on their own or jointly with their husband/partner—in the decision to use family planning. There are no clear regional patterns regarding which partner makes the decision to use family planning.

Table 8.2 Decisionmaking in family planning

Among current users of any family planning method, percentage of currently married women who reported that they alone made the decision to use family planning; percentage who reported that the decision was made by their husband/partner; and percentage who reported that the decision was made jointly by respondent and husband/partner, DHS surveys 2000-2005

	Among current users, the decision to use family planning was made by:				
Country/year	Respondent	Husband/ partner	Respondent and husband/ partner	Other/ Missing	Number
Sub-Saharan Africa					
Benin 2001	34	18	45	3	848
Burkina Faso 2003	33	11	54	3	1,330
Cameroon 2004	31	10	57	2	1,860
Eritrea 2002	30	4	63	4	461
Ethiopia 2000	24	10	66	1	791
Ghana 2003	14	11	73	2	893
Kenya 2003	30	11	59	1	1,934
Madagascar 2003-04	12	16	70	3	1,395
Malawi 2000	12	8	78	1	2,897
Mali 2001	41	20	24	16	866
Mozambique 2003	24	10	62	4	2,229
Nigeria 2003	24	21	54	2	672
Rwanda 2001	10	5	80	5	669
Uganda 2000	38	12	45	6	1,112
Zambia 2001	16	14	69	1	1,605
North Africa/West Asia/Europe					
Jordan 2002	18	3	79	0	3,183
Morocco 2003	20	3	77	1	5,531
South/Southeast Asia					
Cambodia 2000	15	75	8	2	2,160
Indonesia 2002-03	22	3	75	1	16,806
Nepal 2001	19	10	71	1	3,281
Philippines 2003	11	11	77	1	4,238
Latin America/Caribbean					
Bolivia 2003	22	22	55	0	6,168
Colombia 2005	25	3	72	1	15,463
Dominican Rep. 2002	36	5	53	6	9,764
Haiti 2000	26	9	65	1	1,672
Nicaragua 2001	36	4	58	3	5,095
Peru 2000	26	5	69	1	10,764

9 Conclusions

Years of investment in designing and implementing family planning programs have created a need for up-to-date, national-level information to measure the success of those programs. This report presents information on contraception in 35 countries where Demographic and Health Surveys (DHS) were conducted between 2000 and 2005. Trend analysis is provided for countries with at least one previous survey.

The data reveal that contraceptive knowledge is nearly universal in all countries, irrespective of place of residence, educational level, household wealth status, or other factors included in the analysis. The pill, injectables, and the male condom are the most commonly known modern methods. Most women are aware of multiple methods of contraception, though this awareness is much lower in sub-Saharan Africa than in the other regions. Overall, knowledge of multiple methods has increased substantially.

Outside of sub-Saharan Africa, the large majority of women in most countries have ever used a method of contraception. Sub-Saharan Africa differs from the other regions; even though most women know of a method of contraception, relatively few have ever used one. The gap between knowledge of contraception and ever use of contraception remains large, particularly in sub-Saharan Africa. Among women who have ever used a method of contraception, most have used a modern method. Ever use of modern contraceptive methods has been increasing steadily in all countries, with the most rapid increases occurring in countries with low levels of ever use. A sizable proportion of women have ever used a traditional method. There are no clear trends in ever use of traditional methods.

Current use of contraception remains low in a number of countries, particularly in sub-Saharan Africa, and particularly among rural and less-educated women. In most countries, a large majority of women rely on modern methods of contraception. The most commonly used modern methods are the pill, injectables, and the male condom. In a few countries, the IUD is the most commonly used method.

Over time, contraceptive use rates have increased substantially in most countries. However, while contraceptive prevalence rates in some countries in South/Southeast Asia and Latin America and the Caribbean are high and leveling off, prevalence rates in several sub-Saharan countries are low and have remained almost unchanged. Although modern contraceptive methods account for a growing share of all contraceptive use, a substantial proportion of women in several countries continue to rely on traditional methods. The results of this study also show that urban-rural and educational differentials in the use of modern contraceptive methods have narrowed in most countries with high contraceptive prevalence rates. On the other hand, differentials remain considerable in sub-Saharan countries, where contraceptive prevalence rates are much lower. Unmet need (for contraception) has stalled at relatively high levels in sub-Saharan Africa, while in other regions unmet need has declined.

In most countries, a sizable proportion of women who are currently using a contraceptive method have not been informed about other methods of contraception or about the potential side effects of their method.

In most cases, public sector facilities continue to be the main source for modern contraceptive methods. Trends show declining use of public sources in South/Southeast Asia, and increasing use in Latin America and the Caribbean. There are no clear trends in sub-Saharan Africa.

Contraceptive discontinuation rates are high, especially in sub-Saharan Africa. Among current users of contraception, a majority of women in most countries, irrespective of region, report having switched methods at least once. Among women who are currently not using contraception, a substantial proportion report that they do not intend to use contraception in the future, even in countries that have low

levels of contraceptive use. No regional patterns were seen for intention to not use contraception in the future.

In most countries, fertility-related reasons are the most commonly cited reasons for contraceptive discontinuation, current nonuse of contraception, and intended nonuse of contraception in the future. In several countries, a substantial proportion of women cited method-related reasons and opposition to contraception as reasons for not currently using contraception and for not intending to use contraception in the future.

The study also finds that most women have not discussed contraception with their husband/partner in the past few months; spousal discussion of family planning is particularly low in sub-Saharan Africa. A large majority of women approve of couples using contraception and believe that their husband approves as well. Among current users, a large majority of women report participation in contraceptive decisionmaking, either by themselves or jointly with their husband/partner. While there are no clear trends in the proportion of women who discussed family planning with someone, the proportion of women who approve of family planning has either increased or remains steady at a high level.

In summary, this report provides information on the current status and direction of key family planning program indicators in developing countries. Several important findings will help in the evaluation of family planning programs, and assist program planners and policymakers in achieving national family planning objectives. In many countries, particularly in sub-Saharan Africa, greater effort is needed to increase women's knowledge of multiple (modern) methods of contraception and to improve women's access to family planning services. Programs should also address the needs of the many women who continue to rely on less-effective, traditional methods of contraception. Despite overall increases in contraceptive use in most countries, special efforts are needed to reach rural and less-educated women, who continue to have low levels of contraceptive use. Programs also need to address method-related reasons for discontinuing/or not adopting contraceptive methods; and, in some countries, efforts are needed to reduce opposition to family planning.

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