1 Introduction

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

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

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

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

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

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

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

analysis of current contraceptive use and a summary of recent trends in use for countries with data for more than one point in time. The final analysis looks at the current source of contraception among users of modern methods. It focuses on the relative importance of government versus private suppliers of contraceptives, but it also uses some of the new information collected in DHS-II surveys on time to source of supply. The report concludes with a discussion of the main findings and how they fit in with existing knowledge of contraceptive practice in the less developed world.