

5 Ever-Use of Contraception

5.1 INTRODUCTION

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

5.2 METHODS

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

Table 5.1 Ever-use of contraception

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

Country	Any method	Any modern method	Pill	IUD	Injection	Vaginal methods	Condom	Female sterilization	Male sterilization	Norplant	Any trad. method	Periodic abstinence	Withdrawal	Other trad. methods
Sub-Saharan Africa														
Burkina Faso	26.1	10.0	5.7	1.6	0.8	1.3	4.8	0.2	0.2	0.2	21.3	15.8	3.4	5.5
Cameroon	34.2	14.8	6.5	1.4	1.4	2.0	7.7	1.2	0.1	U	30.5	21.6	17.5	4.7
Madagascar	28.5	11.4	5.5	1.1	4.7	0.7	3.8	0.9	0.1	0.5	24.6	20.6	10.6	2.4
Malawi	40.6	19.1	8.6	1.3	4.4	1.0	8.5	1.7	0.3	U	31.1	17.3	13.9	11.4
Namibia	51.9	46.5	28.8	6.5	29.7	1.0	5.5	7.4	0.6	U	14.8	9.0	5.4	5.5
Niger	11.4	4.4	3.6	0.4	0.8	0.2	0.3	0.1	0.0	U	8.4	0.7	0.4	7.6
Nigeria	14.0	8.4	4.8	1.7	1.9	0.7	2.0	0.3	0.0	U	8.1	4.3	2.8	2.3
Rwanda	42.4	24.8	11.5	1.0	17.3	0.2	1.5	0.7	0.1	0.6	25.0	17.7	13.5	0.1
Senegal	16.8	10.6	6.8	3.2	0.7	1.1	2.9	0.4	0.0	0.0	9.8	3.0	1.3	6.5
Tanzania	25.6	15.8	12.3	1.5	1.0	0.3	3.6	1.6	0.1	U	15.4	7.2	8.7	2.7
Zambia	49.2	27.1	18.8	2.6	1.9	1.8	10.5	2.1	0.2	U	34.9	7.9	23.7	11.7
Asia/Near East/ North Africa														
Egypt	65.9	65.1	45.2	41.7	3.0	3.7	7.9	1.1	0.0	0.2	5.9	3.5	2.7	0.9
Indonesia	69.3	67.1	38.7	22.8	28.1	0.1	5.0	2.7	0.6	3.6	7.6	3.3	3.1	2.5
Jordan	64.9	51.7	33.2	30.8	1.4	7.1	6.8	5.6	0.0	U	38.9	17.0	17.4	19.2
Morocco	66.2	62.7	59.5	9.4	1.6	2.1	5.6	3.0	0.1	U	17.1	9.4	8.7	2.0
Pakistan	20.7	17.4	4.5	3.3	3.3	0.5	7.2	3.5	0.1	1.3	7.9	5.0	3.8	0.6
Yemen	16.7	13.7	10.6	2.5	1.9	0.3	1.1	0.8	0.2	U	5.9	2.1	1.8	3.4
Latin America/ Caribbean														
Brazil (NE)	77.7	73.2	55.1	1.2	7.0	2.8	14.8	37.7	0.2	U	29.3	16.3	17.2	1.3
Colombia	86.0	78.9	53.1	30.8	14.3	18.0	13.5	20.9	0.6	U	31.3	20.7	16.3	1.4
Dominican Republic	78.5	75.1	52.1	12.8	1.1	5.2	16.4	38.5	0.5	0.7	26.6	14.1	15.7	3.2
Paraguay	69.8	58.4	40.1	12.5	24.0	6.1	12.9	7.4	0.1	U	42.8	18.5	12.8	26.3
Peru	82.9	55.6	29.7	23.8	14.1	10.8	17.0	7.9	0.2	U	63.3	53.1	22.6	8.1

U = Unknown (not available)

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

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

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

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

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

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

5.3 DEMOGRAPHIC AND SOCIOECONOMIC DIFFERENTIALS

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

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

Current Age

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

Table 5.2 Differentials in ever-use of contraception

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

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

U = Unknown (not available)

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

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

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

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

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

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

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

U = Unknown (not available)

Number of Living Children

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

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

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

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

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

Area of Residence

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

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

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

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

Level of Education

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

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

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

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

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