8 Conclusions

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

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

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

As the figure illustrates, current use of contraception is minimal in sub-Saharan Africa and in Pakistan and Yemen. Knowledge of contraception is also much lower in these populations than in those with higher levels of use. In addition, few women who become aware of contraceptive methods then go on to try one. Hence, lack of awareness of any method and particularly of a range of methods, little knowledge of where to obtain the methods, and low levels of experimentation with contraception appear to be the main barriers to contraceptive use in these populations.

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

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

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