# III. Contraceptive Prevalence

**International goals**

*All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. (Principle 8 of ICPD Programme of Action; also in para. 95 of FWCW Platform for Action).*

*All countries should take steps to meet the family-planning needs of their populations as soon as possible and should, in all cases by the year 2015, seek to provide universal access to a full range of safe and reliable family-planning methods and to related reproductive health services which are not against the law. (para. 7.16 of ICPD Programme of Action).*

*It should be the goal of public, private and non-governmental family-planning organizations to remove all programme-related barriers to family-planning use by the year 2005 through the redesign or expansion of information and services and other ways to increase the ability of couples and individuals to make free and informed decisions about the number, spacing and timing of births and protect themselves from sexually transmitted diseases.(para. 7.19 of ICPD Programme of Action).*

*[The goals include] making accessible through the primary health-care system reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015 ... (para. 36(h) of WSSD Programme of Action).*

*... right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice ... (para. 94 of FWCW Platform for Action).*

*Develop and implement programmes to ensure universal access for women throughout their life-span to a full range of affordable health-care services, including those related to reproductive health care, which includes family planning and sexual health ... (para. 136(f) of the Habitat Agenda).*

*Agenda 21, the Vienna Programme of Action and the World Food Summit Plan of Action also contain paragraphs on family planning and reproductive health.*

## Definition

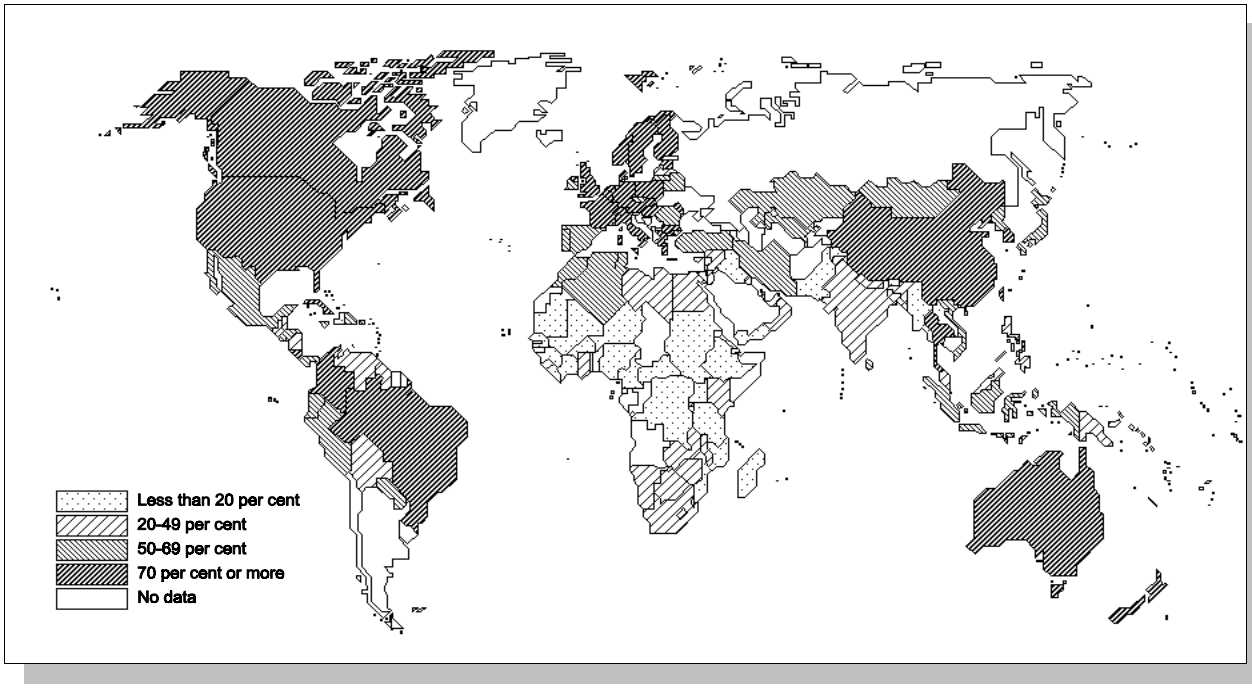
Contraceptive prevalence refers to the percentage currently using contraception, either traditional or modern methods, among currently married women of reproductive age, including, where possible, those in consensual unions. Users of contraception are defined as women who are practicing, or whose male partners are practicing, any form of contraception, including female or male sterilization, injectable or oral contraceptives, intrauterine devices, diaphragms, spermicides, condoms, rhythm, withdrawal or abstinence.

## RECENT SITUATION

International agreements do not establish specific national or global targets for contraceptive prevalence. However, contraceptive prevalence can be regarded as an indirect indicator of progress in providing access to reproductive health services, including family planning, one of the eight elements of primary health care. Contraceptive practice depends not only on people's fertility desires but also on availability and quality of family planning services, social traditions that affect the acceptability of contraceptive use and other factors such as marriage patterns and traditional birth-spacing practices that independently influence the supply of children.

The immediate hindrances to increased contraceptive practice in developing countries are usually the difficulties of providing adequate services rather than governmental policies aimed at restricting contraceptive availability. Governments have increasingly come to view family planning as part of the basic health services that should be available to their populations. Over time, organized family planning programmes have greatly increased the availability of contraceptives in developing countries. However, access to modern methods is still very limited in Africa and in parts of other regions (United Nations, 1998).

**Figure III.1.** Contraceptive prevalence




*Sources: World Contraceptive Use 1998* (United Nations publication, Sales No. E.99.XIII.4) and files maintained by the Population Division of the United Nations Secretariat.

NOTE: Based on the most recent available survey data, with an average date of 1991. Estimates are not presented for countries or areas with populations under 150,000.

**Table III.1.** Distribution of countries according to contraceptive prevalence

| | Percentage of countries with contraceptive prevalence of: | | | | | Number of countries | |
|---|---|---|---|---|---|---|---|
| | 70 per cent or more | 50-69 per cent | 20-49 per cent | Less than 20 per cent | Total | With data available | Total |
| World | 24 | 28 | 25 | 23 | 100 | 132 | 184 |
| More developed regions | 71 | 26 | 3 | 0 | 100 | 31 | 43 |
| Less developed regions | 10 | 29 | 32 | 30 | 100 | 101 | 141 |
| Least developed countries | 0 | 0 | 22 | 78 | 100 | 32 | 45 |
| Africa | 2 | 12 | 31 | 55 | 100 | 42 | 53 |
| Asia and Oceania[a] | 15 | 30 | 36 | 18 | 100 | 33 | 57 |
| Latin America and the Caribbean | 15 | 54 | 27 | 4 | 100 | 26 | 31 |

[a]Excluding Japan, Australia and New Zealand, which are included in the more developed regions.

*Sources: World Contraceptive Use 1998* (United Nations publication, Sales No. E.99.XIII.4) and files maintained by the Population Division of the United Nations Secretariat.

NOTE: Based on the most recent available survey data, with an average date of 1991. Excludes countries and areas with populations under 150,000. Due to rounding, the sum of the subcategories may not be equal to 100 per cent .

Statistics on contraceptive prevalence show that the majority of married couples use some form of contraception in about half of the countries with data available (table III.1). One quarter of countries or areas have levels of use of 70 per cent or more, and roughly another quarter have levels in the range of 50-69 per cent. There are, however, significant regional differences between the more developed regions and the less developed regions as well as between the less developed regions as a whole and the least developed countries only. In the more developed regions, all countries except one report prevalence rates of 50 per cent or higher; in the less developed regions, only 40 per cent of the countries do so. Further, none of the least developed countries report prevalence higher than 50 per cent, and in approximately 80 per cent of them, prevalence is lower than 20 per cent.

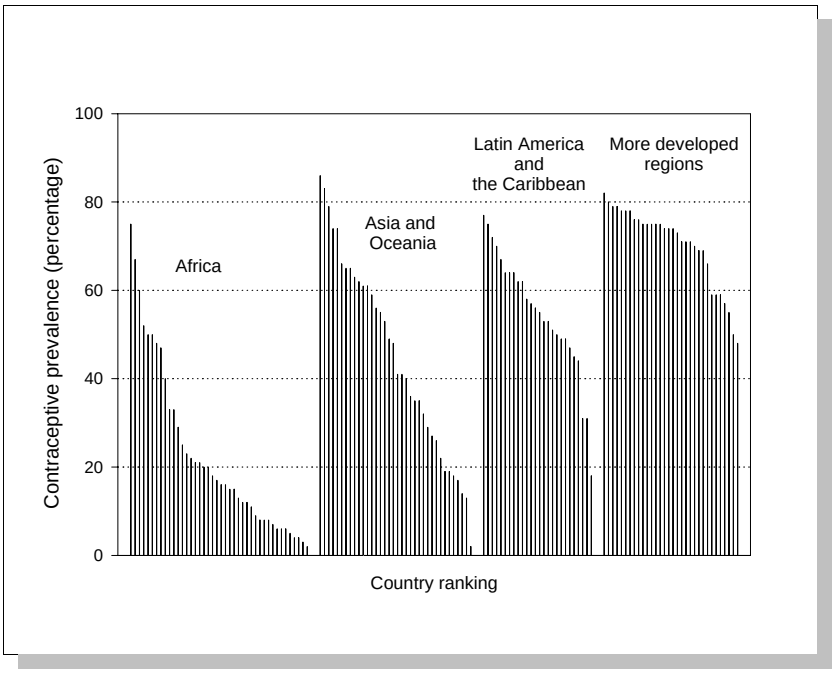
Within the less developed regions, there are substantial differences between Africa and the other two regions (also see fig. III.1 and III.2). Only 14 per cent of African countries fall in the category of 50 per cent or more, while 45 per cent of Asian and Oceanic countries and 69 per cent of Latin American and the Caribbean countries do so. Over half of the African countries have prevalence rates less than 20 per cent. In Asia and Oceania, it is 18 per cent, and in Latin America and the Caribbean, only 4 per cent.

Figure III.3 is produced by applying a country's prevalence rate to the number of married women of reproductive age. The percentage practicing contraception is 58 per cent.

In general, in countries and regions where the level of contraceptive use is low, many women say they want to stop childbearing or delay the next child, yet are not using contraception. The level of such "unmet need" for contraception tends to be especially high in sub-Saharan Africa: in 20 sub-Saharan countries surveyed in the late 1980s and early 1990s, an average of 29 per cent of married women of childbearing age currently wanted to stop childbearing or delay the next birth, yet were not using contraception (United Nations, 1998). Even though women and men in most sub-Saharan countries tend to want larger families than do couples in other regions, desired family size has been declining in all developing regions, and particularly large numbers of African women would like to delay the next birth.

It should be noted that most of what is known about contraceptive practice is derived from surveys of women. With the recent increasing inclusion of men in surveys, however, it has become possible to some extent to investigate men's reproductive behaviour and also to compare differences and similarities between men and women. In Asia, Europe and Latin America, married men's and women's reports of the level of current contraceptive use are usually similar, but in most sub-Saharan African countries men report substantially more use of contraception. Also, when men report more use of contraception, the difference in male and female reports is often due mainly to greater use by men of condoms and, sometimes, the rhythm method (periodic abstinence). Even where the overall level of use is similar from men's and women's reports, men usually report greater use of these methods. Methods for which women often report more use include intrauterine devices (IUDs), female sterilization and injectables (United Nations, 1998).

**Figure III.2.** Contraceptive prevalence, by country ranking and region




*Source: World Contraceptive Use 1998* (United Nations publication, Sales No. E.99.XIII.4) and files maintained by the Population Division of the United Nations Secretariat.

NOTE: Bars show level of contraceptive prevalence for individual countries.

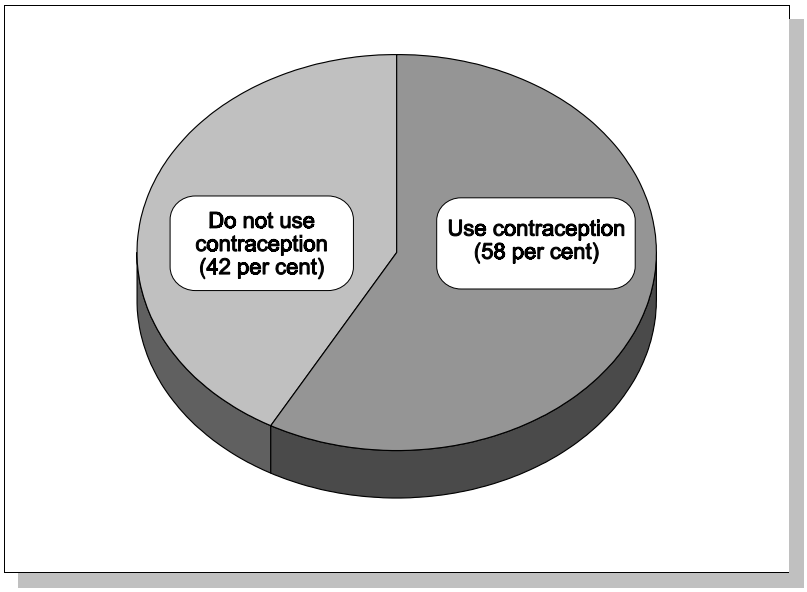



**Figure III.3.** Distribution of married women of reproductive age, by contraceptive prevalence

*Source: World Contraceptive Use 1998* (United Nations publication, Sales No. E.99.XIII.4) and files maintained by the Population Division of the United Nations Secretariat.

NOTE: Reproductive age is 15-49 years.

## SOURCES OF DATA, COVERAGE AND QUALITY

The Population Division maintains files on contraceptive prevalence. The most recent publication with updated data is the wall chart: *World Contraceptive Use 1998* (United Nations, 1999). In addition, beginning with *World Population Monitoring, 1996* (United Nations, 1998), updates of recent levels and trends in contraceptive use have been presented annually in the annex tables of the monitoring reports.

Information about contraceptive use comes almost entirely from representative sample surveys of women or—less commonly—men of reproductive age. Executing agencies for such surveys vary, depending on the country. National statistical offices and ministries of health are the most common source, but other governmental offices or non-governmental voluntary or commercial organizations are frequently involved. Many surveys are conducted in collaboration with international survey programmes.

Most surveys use a similar set of questions to inquire about contraceptive use, including reference to a list of specific contraceptive methods. However, under-reporting can occur when specific methods are not mentioned by the interviewer. This can be the case with the use of traditional methods such as rhythm and withdrawal, and the use of contraceptive surgical sterilization. "Current" use is often specified in surveys to mean "within the past month", but sometimes the time reference is left vague, and occasionally longer reference periods are specified. Despite such problems the data are still sufficiently consistent to permit meaningful comparison. Available data refer to a range of dates, depending on the frequency of relevant surveys (see the annex table and the data sources cited below).

The base population of married or in-union couples provides a good basis for cross-country comparison of levels of contraceptive practice within the main population group likely to need such services, although in some societies, a focus on married women omits a substantial fraction of contraceptive use and of sexually active persons in need of family planning services. Information about contraceptive practice is less widely available for persons who are not in a union, and there is often no information available about how many of the unmarried population are sexually active, which makes it more difficult to make meaningful comparisons across countries for the entire population of reproductive age.

## For further information

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## References

United Nations (1998). *World Population Monitoring, 1996. Selected Aspects of Reproductive Rights and Reproductive Health.* Sales No. E.97.XIII.5.

_____ (1999). *World Contraceptive Use 1998*. Sales No. E.99.XIII.4.

_____ (forthcoming). *Levels and Trends of Contraceptive Use as Assessed in 1998*.