

## Trends in Contraceptive Methods Used Worldwide

A key objective of family planning programmes, emphasized in the Programme of Action of the International Conference on Population and Development (ICPD), is to ensure that people have information and access to a full range of safe and effective contraceptive methods to help enable them to exercise free and informed reproductive choices. To what degree has contraceptive prevalence actually reflected use of a wide range of effective methods?

### 1. Overall, the mix of contraceptive methods used has changed little over the past 20 years

The distribution of specific methods used was similar in 1990 and 2011 even though contraceptive prevalence among married or in-union women of reproductive age increased worldwide from 55 per cent in 1990 to 63 per cent in 2011 (figure 1).<sup>1, 2</sup> Female sterilization and the intrauterine device (IUD) were the two most common methods used in both 1990 and 2011.

Method-specific prevalence varied widely across regions but with few changes since 1990 in the kinds of methods used. Female sterilization remains common in Asia, Latin America and the Caribbean and Northern America, and the IUD continues to be important in Asia and Europe. The pill has the widest geographic distribution of any method.

Use of injectable contraceptives increased over time, especially in Africa, where prevalence rose from 2 per cent in 1990 to 8 per cent in 2011. Traditional methods (mainly withdrawal and rhythm) declined by nearly half in Europe.

### 2. Most women using contraception rely on modern methods

Nine out of every 10 married or in-union women using contraception in 2011 relied on a modern method as their main method. More than half of contraceptive users worldwide relied on either female sterilization or the IUD.

Regions have distinct patterns in the types of methods used (figure 2). Among contraceptive users, short-term and reversible methods (e.g., pill, injectable and male condom) were more commonly used than other methods in Africa and Europe. Longer-term or permanent methods (e.g., IUD or sterilization) were more common in Asia and Northern America. Latin America and the Caribbean and Oceania were more balanced in the mix of methods used.

Modern methods requiring male participation are less common. Male sterilization, despite being safer, simpler and more effective than female sterilization, lags behind female sterilization as a proportion of use across all regions except Oceania. Male condom use is most common in Europe (25 per cent of use).

Figure 1. Contraceptive prevalence among married or in-union women aged 15 to 49 by method and region, 1990 and 2011

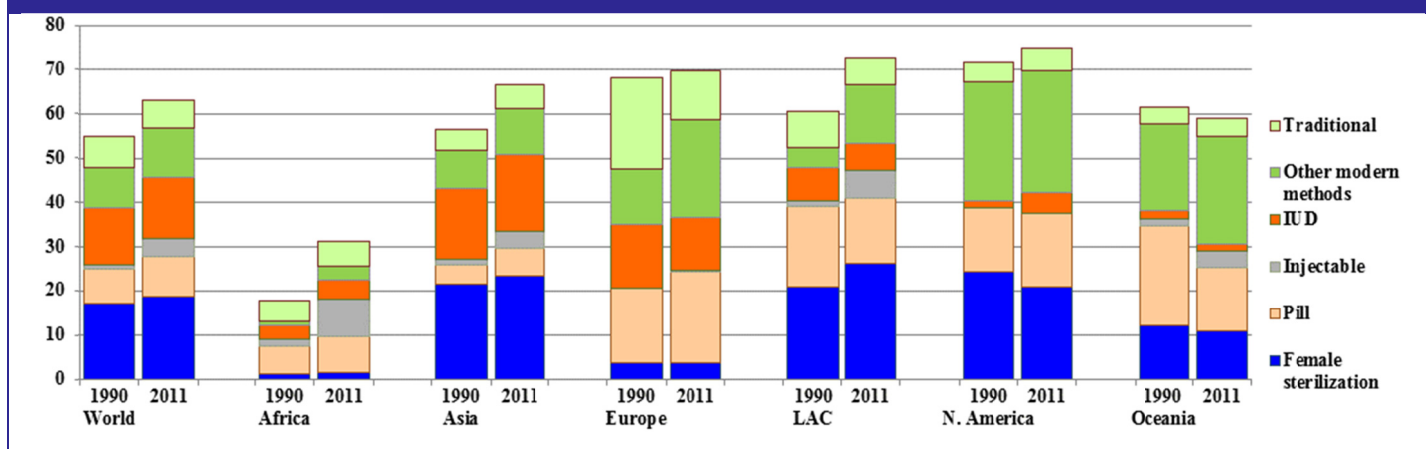
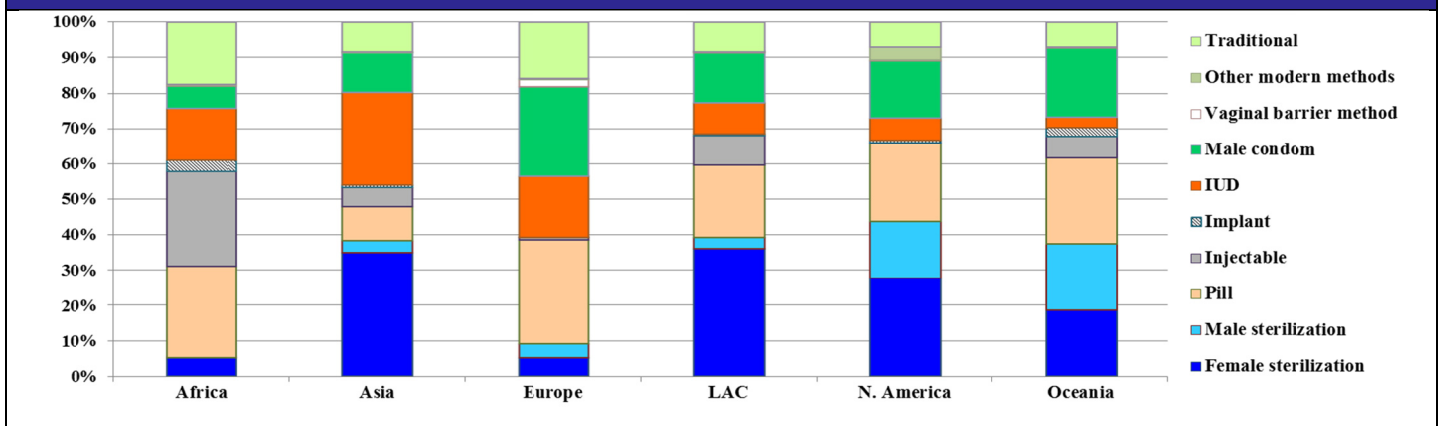


Figure 2. Percentage share of specific methods of all contraceptive use among married or in-union women aged 15 to 49 by region, 2011



### 3. In almost all countries, most contraceptive use is comprised of just one or two methods

In at least one out of every four countries or areas, a single method accounted for more than 50 per cent of all contraceptive use among married or in-union women in 2011 (figure 3). The dominant method included the pill (20 countries), traditional methods (11 countries) and, in fewer countries, female sterilization, injectable, IUD and male condom. One or two methods comprise more than half of total contraceptive use among married or in-union women in all but four of 188 countries or areas.

**Imbalance in the mix of methods used in a country may signal deficiencies in access to a full range of contraceptive methods.** In countries where childbearing begins at a young age, for example, the dominance of female sterilization (e.g., an estimated 65 per cent of use in India is female sterilization) indicates a need for effective reversible methods that could help meet women's preferences to delay the start of childbearing and to space births.

### 4. Governmental commitments to ensure access to a full range of safe and effective contraceptive methods must be implemented

The twentieth anniversary in 2014 of the Programme of Action and recent international initiatives, such as Every Woman, Every Child and Family Planning 2020, have brought more attention to issues of method mix and quality of care in family planning services.

Improving the mix of methods available will help ensure that people are able to prevent pregnancy in an effective manner, switch easily to another method if they are unsatisfied with their current method, better match their desires to delay or stop childbearing to appropriate methods, and, in general, realize their rights to determine if, when and how many children they want to have.

#### NOTES

<sup>1</sup> Estimates of contraceptive prevalence over time for the world, regions and countries and areas are from Model-based Estimates and Projections of Family Planning Indicators: 2013 Revision, available from [www.unpopulation.org](http://www.unpopulation.org).

<sup>2</sup> Method-specific estimates of prevalence in 2011 for the world and regions are from the wall chart World Contraceptive Patterns 2013. Special tabulations for other method-specific estimates are based on the data sets World Contraceptive Use 2012, 2013 Update for the MDG Database: Unmet Need for Family Planning, and Model-based Estimates and Projections of Family Planning Indicators: 2013 Revision (available from [www.unpopulation.org](http://www.unpopulation.org)).

Figure 3. Percentage share of specific methods of all contraceptive use among married or in-union women aged 15 to 49 by country, 2011

