6 Current Use of Contraception

6.1 INTRODUCTION

Contraceptive prevalence—the percentage of married women of reproductive age currently using a contraceptive method—is the most widely used measure of the level of family planning in a population and is one of the most useful indicators in family planning policy. Contraceptive prevalence can also be considered a measure of the final stage in the process of contraceptive innovation—adoption of contraception (Tsui, 1985).

6.2 CONTRACEPTIVE PREVALENCE RATES

Contraceptive prevalence among currently married women in all countries surveyed under DHS-II ranges from 4 percent in Niger to 66 percent in Colombia (Table 6.1). Overall, prevalence is low in sub-Saharan Africa. Among the countries surveyed, current use of any method exceeds 20 percent, and use of a modern method exceeds 10 percent only in Namibia and Rwanda. In contrast, at least 48 percent of married women in each country surveyed in Latin Ameri-

Table 6.1 Current use of contraception

Percentage of currently married women 15-49 who are currently using 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	9.9	4.2	2.1	0.7	0.1	0.1	0.8	0.2	0.0	0.0	5.7	3.5	0.0	2.2
Cameroon	13.9	4.3	1.2	0.3	0.4	0.3	0.9	1.2	0.0	U	9.6	6.8	1.5	1.4
Madagascar	16.7	5.1	1.4	0.5	1.6	0.1	0.5	0.9	0.0	0.0	11.6	9.0	2.1	0.5
Malawi	13.0	7.4	2.2	0.3	1.5	0.1	1.6	1.7	0.0	U	5.6	2.2	1.5	2.0
Namibia	28.9	26.0	8.3	2.1	7.7	0.1	0.3	7.4	0.2	U	2.9	0.7	0.3	1.9
Niger	4.4	2.3	1.5	0.2	0.5	0.0	0.0	0.1	0.0	U	2.2	0.1	0.0	2.1
Nigeria	6.0	3.5	1.2	0.8	0.7	0.1	0.4	0.3	0.0	U	2.5	1.4	0.5	0.6
Rwanda	21.2	12.9	3.0	0.2	8.4	0.0	0.2	0.7	0.0	0.3	8.3	5.1	3.1	0.1
Senegal	7.4	4.8	2.2	1.4	0.2	0.1	0.4	0.4	0.0	0.0	2.7	0.8	0.1	1.8
Tanzania	10.4	6.6	3.4	0.4	0.4	0.0	0.7	1.6	0.0	U	3.9	1.3	1.9	0.6
Zambia	15.2[a]	8.9	4.3	0.5	0.1	0.1	1.8	2.1	0.0	U	6.1	0.9	3.0	2.2
Asia/Near East/ North Africa														
Egypt	46.3	44.8	12.9	27.9	0.5	0.4	2.0	1.1	0.0	0.0	1.6	0.7	0.7	0.2
Indonesia	49.7	47.1	14.8	13.3	11.7	0.0	0.8	2.7	0.6	3.1	2.6	1.1	0.7	0.8
Jordan	39.9	26.9	4.6	15.3	0.0	0.6	0.8	5.6	0.0	U	13.1	3.9	4.0	5.2
Morocco	41.5	35.5	28.1	3.2	0.1	0.2	0.9	3.0	0.0	U	6.0	3.0	2.6	0.3
Pakistan	11.8	9.0	0.7	1.3	0.8	0.0	2.7	3.5	0.0	0.0	2.8	1.3	1.2	0.3
Yemen	8.2	6.1	3.2	1.2	0.6	0.0	0.1	0.8	0.1	U	2.1	0.5	0.6	1.1
Latin America/ Caribbean														
Brazil (NE)	59.2	53.7	13.3	0.3	0.8	0.0	1.4	37.7	0.1	U	5.5	2.4	2.9	0.1
Colombia	66.1	54.6	14.1	12.4	2.2	1.7	2.9	20.9	0.5	U	11.5	6.1	4.8	0.5
Dominican Republic	56.4	51.7	9.8	1.8	0.1	0.1	1.2	38.5	0.2	0.1	4.7	2.0	2.2	0.5
Paraguay	48.4	35.2	13.6	5.7	5.2	0.8	2.6	7.4	0.0	U	13.2	5.3	2.9	5.0
Peru	59.0	32.8	5.7	13.4	1.9	1.0	2.8	7.9	0.1	U	26.2	20.7	3.9	1.6

U = Unknown (not available)
[a] Includes 0.2 percent missing on type of method

ca and the Caribbean are using a contraceptive method and at least one in three are using a modern method. Prevalence rates for any method in Asia, the Near East and North Africa range from 8 percent in Yemen to 50 percent in Indonesia. These regional patterns are consistent with the findings of earlier studies (Rutenberg et al., 1991; Weinberger, 1991).

In the six countries for which the DHS-II survey represents the first national data on contraceptive practice (Burkina Faso, Madagascar, Niger, Tanzania, Zambia, and Yemen) the contraceptive prevalence ranges from 4 percent in Niger to 17 percent in Madagascar. However, the prevalence of modern contraception is under 10 percent in all six populations. This new information adds to the body of evidence that modern contraceptive use is minimal in most of sub-Saharan Africa.

In all countries surveyed except Burkina Faso, Cameroon, and Madagascar, a larger percentage of women report using a modern method than a traditional method. The pill is the most popular modern method in most of sub-Saharan Africa and in Indonesia, Morocco, Yemen, and Paraguay, while female sterilization is the most popular method in Brazil, Colombia, and the Dominican Republic. The prevalence of female sterilization is 2 percent or less in all countries in sub-Saharan Africa, except Namibia. Despite its low level of use, female sterilization is the most common modern method in Cameroon (together with the pill) and the second most used modern method in Malawi, Tanzania, and Zambia. The prevalence of condom use is minimal; fewer than 3 percent of married women in all countries surveyed use that method.

Traditional methods are relatively more important in sub-Saharan Africa, while modern methods dominate in the other regions. Periodic abstinence is the single most popular method in Burkina Faso, Cameroon, Madagascar, Malawi (together with the pill), and Nigeria; in these countries, its prevalence ranges from 1 percent to 9 percent. Despite the popularity of modern methods in Latin America and the Caribbean, periodic abstinence is the most widely used method in Peru, where one-fifth of married women choose that method.

6.3 TRENDS IN CONTRACEPTIVE USE

Information on trends in current use of contraception is needed to monitor the progress of family planning programs in particular populations and in the world as a whole. Contraceptive use has increased substantially in the past two decades, but there is evidence that the pace of increase has slowed in some countries and that contraceptive prevalence rates may be stagnating.

Table 6.2 presents the contraceptive prevalence for married women age 15-44 for any method, modern methods, and for traditional methods, from the DHS-II surveys together with the corresponding rates obtained from one or two previous surveys. Where more than two previous surveys are available, the rates from the earliest survey and the one conducted most recently prior to the DHS-II survey are presented. This selection enables us to examine both the total change and the recent change in contraceptive use. Figure 6.1 displays the trends graphically for each region.[7]

In four of the five surveys in sub-Saharan Africa for which data from more than one survey are available, the DHS-II data provide the first opportunity to examine trends in contraceptive prevalence. In all four surveys, the contraceptive prevalence has increased since the earlier survey. The pace of increase between the two surveys is similar in the four populations and is modest compared to the increase seen in some countries in other regions. Senegal is the only country in sub-Saharan Africa with data from three surveys. The contraceptive prevalence increased between the first two surveys but then declined by the time of the DHS-II survey. Senegal is the only country in this study to show a decline in prevalence in any period. However, the prevalence rate is quite low, and both sampling and measurement errors may contribute to the pattern observed.

Former North Yemen is the only population in the Asia/Near East/North Africa region for which data are available for only two time points. The trend observed is similar to that in the sub-Saharan African countries; a modest increase in the prevalence rate is observed between the two surveys. In Pakistan, the pace of increase is almost identical to that seen in former North Yemen and does not appear to have

[7] Comparisons of rates from different surveys are subject to limitations. In particular, differences in questionnaire design and the populations covered by the surveys may mean that the rates are not exactly comparable. In addition, both sampling and measurement errors affect the rates obtained from each survey, and at least part of the differences observed may be due to these factors. Nevertheless, such comparisons usually provide a good general indication of the trends in contraceptive practice in a population.

Table 6.2 Trends in contraceptive use

Trends in contraceptive prevalence among currently married women 15-44, selected countries from the World Fertility Survey (WFS), Contraceptive Prevalence Surveys (CPS), and Demographic and Health Surveys (DHS), 1975-1993

Country	Year	Source	Percent currently using a contraceptive method		
			Any method	Modern method	Traditional method
Sub-Saharan Africa					
Cameroon	1978	WFS	3	1	2
Cameroon	1991	DHS	15	4	10
Malawi	1984	FFS *[a]	7	1	6
Malawi	1992	DHS	14	8	6
Namibia	1989	b	26	U	U
Namibia	1992	DHS	29	26	3
Nigeria	1981-82	WFS	5	1	4
Nigeria	1990	DHS	6	4	3
Rwanda	1983	ENF *[c]	11	1	10
Rwanda	1992	DHS	21	13	8
Senegal	1978	WFS	4	1	3
Senegal	1986	DHS	12	2	9
Senegal	1992-93	DHS	8	5	3
Asia/Near East/ North Africa					
Egypt	1980	WFS	25	23	1
Egypt	1988-89	DHS	40	37	2
Egypt	1992	DHS	48	46	1
Indonesia (Java & Bali)	1976	WFS	28	24	4
Indonesia (Java & Bali)	1987	DHS	54	51	3
Indonesia (Java & Bali)	1991	DHS	56	54	2
Jordan	1976	WFS	26	18	8
Jordan	1983	FP/MCH	26	21	5
Jordan	1990-91	DHS	41	27	14
Morocco	1979-80	WFS	20	17	3
Morocco	1987	DHS	37	30	7
Morocco	1992	DHS	42	36	6
Pakistan	1975	WFS	5	4	1
Pakistan	1984-85	CPS *[d]	9	8	2
Pakistan	1990-91	DHS	12	9	3
Yemen (North & West)	1979	WFS	1	1	0
Yemen (North & West)	1991-92	DHS	7	5	2

Table 6.2—*Continued*

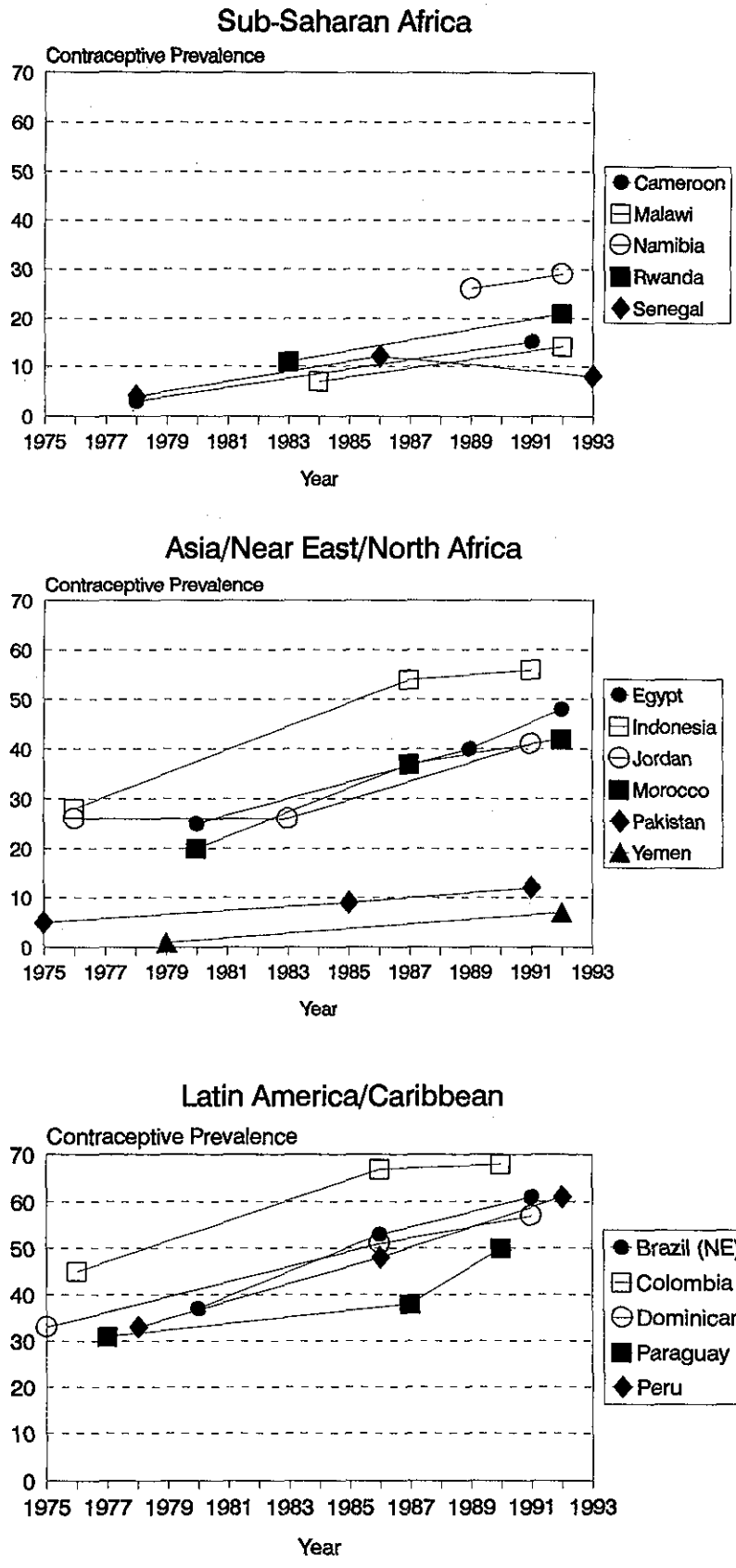
Trends in contraceptive prevalence among currently married women 15-44, selected countries from the World Fertility Survey (WFS), Contraceptive Prevalence Surveys (CPS), and Demographic and Health Surveys (DHS), 1975-1993

Country	Year	Source	Percent currently using a contraceptive method		
			Any method	Modern method	Traditional method
Latin America/ Caribbean					
Brazil (NE)[e]	1980	FP/MCH	37	29	8
Brazil (NE)	1986	DHS	53	44	9
Brazil (NE)	1991	DHS	61	55	6
Colombia	1976	WFS	45	33	12
Colombia	1986	DHS	67	54	12
Colombia	1990	DHS	68	56	11
Dominican Republic	1975	WFS	33	27	6
Dominican Republic	1986	DHS	51	47	4
Dominican Republic	1991	DHS	57	52	5
Paraguay	1977	CPS	31	20	12
Paraguay	1987	FPS	38	29	9
Paraguay	1990	DHS	50	36	14
Peru	1977-78	WFS	33	12	21
Peru	1986	DHS	48	24	24
Peru	1991-92	DHS	61	34	27

U = Unknown (not available)
FFS = Family Formation Survey; ENF = National Fertility Survey; FP/MCH = Family Planning/Maternal-Child Health
* *Individual final reports (National Statistical Office [Malawi], 1984; Office National de la Population (ONAPO), 1983; Population Welfare* Division [Pakistan], 1986)
[a] Sample includes all women age 15-49. Sterilization and vaginal methods were excluded from modern and any method calculations.
[b] Source: Weinberger, 1991. Sample includes all ever-married women age 15-49. Figure listed as preliminary.
[c] Sample includes all currently married women age 15-50
[d] Sample includes all currently married nonpregnant women age 15-49.
[e] Includes only four states (Bahia, Paraíba, Pernambuco, Rio Grande do Norte) of the nine otherwise included in Northeast Brazil.

Sources: London, et al. 1985; Robey, et al. 1992

Figure 6.1 Trends in contraceptive use, World Fertility Survey and Demographic and Health Surveys, 1975-1993



changed much in the period covered by the data. Prevalence is much higher in the other four countries in the region and, in general, contraceptive use has increased more since 1975 than in sub-Saharan Africa, Pakistan, and Yemen. In Morocco and Indonesia (Java and Bali only), the pace of increase appears to have slowed in the most recent period. However, in Egypt and Jordan the rise in contraceptive use seems to have accelerated.

Contraceptive prevalence in Latin America and the Caribbean was higher at the start of the period covered by the surveys than in the other regions. Nevertheless, marked increases are observed in all five countries of the region. In Colombia, where use is highest, the rate of increase appears to have slowed somewhat between the DHS-I and the DHS-II surveys, but the reverse is true in Paraguay, where use is lowest. In the other three countries the pace of increase has not changed much during the two intersurvey periods.

Most of the observed increase in contraceptive use is due to increased use of modern methods; in every country for which trend data are available, use of modern methods has increased consistently over time. Reported use of traditional methods has changed little and in no consistent direction. In Cameroon and Jordan, reported use of traditional methods is much higher in the DHS-II surveys than in earlier ones, and this rise contributes substantially to recent increases in overall reported use in those countries. Reporting of traditional method use is particularly sensitive to questionnaire design, so some caution should be exercised in interpreting these recent increases.

In Senegal, the only country where contraceptive use declined in recent years, the decline is attributable entirely to the lower reported use of traditional methods in the DHS-II survey compared to the DHS-I survey, while reported use of modern methods actually increased from 2 to 5 percent. The DHS-I survey included much more probing for other traditional methods (herbs, gris-gris, and abstinence), which augmented the reported use of such methods in that survey. Hence, the decline in use of traditional methods between the two surveys is attributable primarily to differences in questionnaire design.

6.4 DEMOGRAPHIC AND SOCIOECONOMIC DIFFERENTIALS

As in the case of knowledge and ever-use of contraception, current use is also expected to be associated with a woman's stage in her reproductive life as reflected by her age and number of living children. Current use is expected to be higher among the more innovative groups in the population, such as urban and educated women. Table 6.3 presents contraceptive prevalence by demographic and socioeconomic characteristics of currently married women. Table 6.4 presents the corresponding prevalence for use of modern methods only.

Current Age

Current use of contraception is usually expected to be low among young women who have small families and desire children, to increase among women in their thirties who want to prevent or space pregnancies, and then to decline among women over 40 who may perceive less need for contraception because of reduced fecundity and who may hold more traditional attitudes towards contraception. As expected, survey results (Table 6.3) show that contraceptive prevalence is higher for women age 25-34 than for women age 15-24 in all countries except Cameroon. The anticipated drop in prevalence rates after age 34, however, does not occur in all countries. In nine of the 22 countries surveyed, current use is highest among women age 35-49.

The same general pattern is repeated for modern methods (Table 6.4). Again, an interesting exception is Cameroon. Current use of any method actually declines with age, although the differences are small. Current use of modern methods, on the other hand, increases with age, as it does in a number of other sub-Saharan African countries. In Cameroon, this pattern is attributable primarily to higher reported use of periodic abstinence among women age 15-24 than among older women (Table D.9).

Use of individual methods also tends to be highest among women age 25-34 in most cases, or to increase with age in a few countries (Appendix D). However, age differentials tend to be weak and inconsistent for methods that are

Table 6.3 Differentials in current use of contraception

Percentage of currently married women 15-49 who are currently using 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 education	Primary	Secondary or higher	
Sub-Saharan Africa													
Burkina Faso	9.3	11.9	7.9	8.0	9.6	11.9	9.0	26.4	6.4	6.7	21.0	49.7	9.9
Cameroon	15.2	13.5	12.9	15.2	11.8	13.5	15.8	22.3	8.7	2.8	14.1	41.6	13.9
Madagascar	11.3	19.5	17.9	7.0	16.5	21.9	16.3	39.7	11.9	2.9	11.8	41.0	16.7
Malawi	10.4	15.4	13.0	3.0	11.2	15.7	17.9	22.9	11.7	10.0	14.4	43.0	13.0
Namibia	28.4	30.7	27.5	11.2	34.2	33.0	24.5	47.8	16.9	16.8	21.2	48.1	28.9
Niger	4.0	5.4	3.6	0.2	4.3	5.6	5.7	16.4	2.5	3.5	12.0	34.4	4.4
Nigeria	3.9	6.3	7.6	4.2	3.9	6.1	9.6	14.9	3.6	2.0	9.5	23.7	6.0
Rwanda	13.8	21.4	24.8	1.2	15.5	23.5	28.8	28.4	20.8	18.0	22.4	37.4	21.2
Senegal	3.8	8.6	8.9	1.5	5.5	7.5	10.9	16.1	3.3	4.1	19.1	36.5	7.4
Tanzania	8.5	11.6	10.9	1.8	10.7	11.1	12.4	17.8	8.4	3.7	14.0	42.4	10.4
Zambia	11.6	16.6	17.6	0.9	14.1	15.9	20.7	20.8	10.3	8.1	12.8	30.6	15.2
Asia/Near East/ North Africa													
Egypt	24.9	51.1	51.6	0.5	43.0	57.9	51.1	56.6	37.3	36.7	54.5	55.6	46.3
Indonesia	45.7	55.1	46.2	7.7	54.0	59.1	46.5	55.7	47.2	36.5	50.3	59.4	49.7
Jordan	24.1	42.5	46.8	0.9	30.6	46.7	48.3	44.0	28.5	31.6	42.6	42.4	39.9
Morocco	31.9	42.8	44.4	5.6	43.1	49.1	46.5	54.5	31.6	35.7	57.0	64.9	41.5
Pakistan	5.2	11.3	16.7	0.1	6.9	14.0	18.3	25.7	5.8	7.8	17.8	34.8	11.8
Yemen	5.1	9.3	8.8	0.7	7.0	8.4	10.7	25.9	4.4	6.2	19.0	35.3	8.2
Latin America/ Caribbean													
Brazil (NE)	47.6	63.6	60.9	23.4	58.8	72.8	57.7	65.6	49.1	44.3	60.6	77.2	59.2
Colombia	50.7	70.5	69.9	19.9	67.5	75.9	67.9	69.1	59.1	52.4	63.3	70.7	66.1
Dominican Republic	34.9	60.4	66.8	13.0	48.7	74.8	63.3	60.1	50.1	42.7	55.2	61.4	56.4
Paraguay	40.0	53.1	47.9	21.4	51.3	57.8	42.8	56.8	38.7	28.5	43.3	62.4	48.4
Peru	44.9	63.3	61.0	23.4	63.1	64.2	52.2	66.1	41.1	35.7	51.3	68.2	59.0

not widely used in a particular population. There are some interesting exceptions to the general pattern. In Latin America and the Caribbean, married women age 15-24 are the most likely to use the pill in all countries except Peru, where women age 25-34 are slightly more likely to use it. Female sterilization is most widely used among currently married women age 35-49 in all countries surveyed, which is expected given that sterilization is an irreversible method.

Number of Living Children

The relationship between the number of living children and current use of contraception follows the expected patterns and is virtually the same as that for ever-use of contraception. In Latin America and the Caribbean, current use of any method or any modern method is lowest among married women with no living children and peaks among women with 3 or 4 children. The same pattern holds in Egypt, Indonesia, and Morocco, but in the other three countries in the Asia/Near East/North Africa region, use increases as the number of living children increases. In sub-Saharan Africa, current use of contraception tends to increase with the number of living children in most surveys. This pattern is more consistent for use of modern methods than for use of any method.

In most countries surveyed, prevalence is markedly higher among women with one or two children than among childless women. The difference is greatest in the Asian, Near Eastern, and North African countries. In Jordan, only

1 percent of women with no children are using contraception compared to 31 percent of those with one or two living children, whereas in Burkina Faso 8 percent of women without children are current users compared to 10 percent of women with one or two living children.

In some countries, a sufficient number of women are using a method to be able to discern the relationship between use of individual methods and the number of living children a woman has (Appendix D). In Latin America and the Caribbean, use of reversible methods such as the pill, IUD, and condom tends to be highest among women with 1 or 2 children. The same is true for pill use in Namibia, Indonesia, Morocco, and Tanzania. Use of female sterilization is most common among women with 3 or 4 living children in most of Latin America and the Caribbean but is highest among women with five or more children in the Asia/Near East/North Africa region and in countries in sub-Saharan Africa where more than 1 percent of married women are sterilized. These differences may reflect smaller family size preferences in the Latin American and Caribbean countries. Use of periodic abstinence does not appear to be strongly related to the number of living children a woman has.

Area of Residence

As expected, urban women are more likely than their rural counterparts to be current users of contraception in all countries surveyed (Table 6.3). The difference between urban and rural prevalence is highest in sub-Saharan Africa, where the rate is more than twice as high among urban than rural married women in every country except Rwanda. The differential is especially large in Niger, where fewer than 3 percent of married rural women are using a method of contraception compared to more than 16 percent of married urban women. Urban/rural differentials in current contraceptive use are large also in Pakistan and Yemen.

Considering modern methods separately, the urban/rural differential is even wider in sub-Saharan Africa but is about the same as that for all methods in most other countries (Table 6.4). The widening of urban/rural differentials for modern methods in sub-Saharan Africa was observed also in DHS-I surveys (Rutenberg et al., 1991) and provides further evidence that use of traditional methods is relatively more common among rural than urban women in the region.

That hypothesis can be investigated further by examining urban/rural differentials in use of individual methods. In nearly every country, prevalence is higher among urban than rural women for every modern method (Appendix D). In general, urban women are also more likely than rural women to be current users of periodic abstinence, withdrawal, and other traditional methods, although this differential is often smaller than that for modern methods, especially in sub-Saharan Africa. In some cases, the percentage of rural women actually exceeds the percentage of urban women using these methods. For example, use of withdrawal is more common among rural than urban women in every country in the Latin America/Caribbean region, as well as in Malawi, Rwanda, Tanzania, and Zambia. Use of other traditional methods is also reported by a larger percentage of rural than urban married women in Burkina Faso, Namibia, Zambia, Jordan, Colombia, Paraguay, and Peru.

Level of Education

Current use of contraception increases with each level of education in all countries surveyed except Jordan, where women with some primary education have the same rates of use as women with secondary or higher education (Table 6.3). Women with secondary or higher education in Jordan may be younger and have fewer children than less-educated women, which would affect their desire to use contraception.

The difference in prevalence between women with no education and those who have some secondary or higher schooling is largest in sub-Saharan Africa. Women who have attended secondary school are at least 10 times as likely as women with no education to be using contraception in Cameroon, Madagascar, Niger, Nigeria and Tanzania. Differentials are lower in the other regions where, with the exception of Pakistan and Yemen, educated women are at most twice as likely as their unschooled counterparts to be using contraception.

The pattern is repeated for use of modern methods (Table 6.4). However, in Egypt, Jordan, and the Dominican Republic, there is little difference between the reported prevalence of modern methods among women with primary education and women with secondary or higher education. In sub-Saharan Africa, fewer than 5 percent of married women with no education are using a modern method of contraception in every country except Namibia and Rwanda. However, even among the most educated women in the region, modern method use exceeds 30 percent only in Burkina Faso, Malawi, Namibia, and Tanzania.

The strong effect of education is apparent for individual methods, especially for modern methods (Appendix D). However, deviations from this expected positive relation-

Table 6.4 Differentials in current use of modern methods of contraception

Percentage of currently married women 15-49 who are currently using 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 education	Primary	Secondary or higher	
Sub-Saharan Africa													
Burkina Faso	3.2	5.5	3.6	3.6	4.1	5.1	3.7	17.1	1.5	1.9	12.7	31.6	4.2
Cameroon	2.5	3.9	6.7	2.0	2.7	4.3	7.1	7.1	2.5	1.2	4.5	11.8	4.3
Madagascar	2.2	5.5	7.1	0.8	3.8	7.2	6.3	15.8	2.9	1.0	3.6	12.6	5.1
Malawi	4.7	8.3	9.0	1.6	5.8	8.5	11.3	17.2	6.0	4.8	8.2	37.9	7.4
Namibia	23.7	27.6	25.6	10.9	30.3	29.9	22.2	46.6	13.0	14.2	17.3	46.4	26.0
Niger	1.7	2.7	2.3	0.1	1.8	3.0	3.3	11.5	0.7	1.5	7.1	28.5	2.3
Nigeria	2.0	3.4	5.1	1.6	2.1	3.6	6.2	9.6	1.9	1.3	5.4	13.7	3.5
Rwanda	7.4	13.7	14.9	0.0	8.4	15.4	17.7	19.7	12.6	11.1	13.0	27.5	12.9
Senegal	1.6	5.6	6.3	1.1	3.1	4.6	7.4	11.8	1.4	2.2	12.8	29.3	4.8
Tanzania	4.6	6.8	8.0	0.6	6.2	7.0	8.6	14.0	4.5	1.8	8.9	33.1	6.6
Zambia	6.2	9.6	11.2	0.4	8.3	10.0	11.5	15.3	3.2	2.7	6.3	23.9	8.9
Asia/Near East/ North Africa													
Egypt	24.7	49.9	49.0	0.5	41.3	56.1	49.4	54.1	36.6	36.0	52.9	52.6	44.8
Indonesia	44.2	52.5	42.8	7.2	51.4	55.9	43.4	51.1	45.4	35.6	48.2	53.8	47.1
Jordan	13.2	28.1	33.7	0.3	16.4	31.9	34.0	30.4	16.9	20.7	30.5	28.0	26.9
Morocco	29.4	37.3	36.6	3.6	38.4	42.1	39.0	45.8	27.7	31.4	47.5	51.3	35.5
Pakistan	3.3	8.3	13.4	0.1	4.9	10.2	14.6	18.7	4.8	6.2	14.0	24.3	9.0
Yemen	3.3	7.0	6.7	0.7	4.5	6.1	8.3	18.8	3.3	4.4	15.3	27.7	6.1
Latin America/ Caribbean													
Brazil (NE)	41.4	57.6	56.2	20.9	51.1	68.5	52.7	60.0	43.9	40.0	55.3	69.2	53.7
Colombia	43.1	59.6	55.8	14.7	55.8	64.5	53.9	57.7	47.5	43.9	51.8	58.9	54.6
Dominican Republic	29.0	54.9	64.1	9.7	41.9	71.8	58.8	55.0	46.0	38.5	52.3	53.7	51.7
Paraguay	29.4	39.9	33.5	14.1	37.6	43.5	29.6	42.9	26.2	19.8	31.2	46.1	35.2
Peru	23.6	37.1	32.9	9.4	35.6	37.4	26.7	39.7	15.5	11.6	24.0	42.4	32.8

ship are found for some modern methods, especially in the Latin America/Caribbean and Asia/Near East/North Africa regions. Educational differentials in pill use are generally much weaker in these two regions; in Egypt and Indonesia, women with secondary or higher education are least likely to be using the pill. Educational differentials in use of female sterilization in these two regions also deviate from the expected pattern in several countries. Use of female sterilization is inversely related to education in Egypt, Jordan, and Colombia, and is lowest among the most educated also in Morocco and the Dominican Republic. These deviations from the expected pattern reflect, at least in part, differences in the age composition of the three educational groups. Older women are more likely to have little or no education, but they also are the most likely to be attracted to irreversible methods.

Among traditional methods, prevalence of periodic abstinence increases with education. However, use of withdrawal and other traditional methods shows a weak and inconsistent association with education.