

Contraceptive methods used by younger women: Sub-Saharan Africa



Population Horizons Factsheet No.12

Autumn 2014

Of all the world's regions, sub-Saharan Africa has the lowest level of contraceptive prevalence (UN 2013). Fewer than one in five women of reproductive age who are married or in a union are using a modern method of contraception. If traditional methods are included, the proportion increases to one in four.

Levels of use of modern contraceptive methods vary enormously across the region (see Table 1). In Chad, for example, contraception is a rarity, with only 1.6 per cent of women aged 15-49 using some form of contraception. South Africa, where 59.8 per cent of women of child-bearing age use contraception, is a world away. The majority of countries in the region are closer to Chad in this respect than to South Africa. There are only two countries in the region, besides South Africa, where more than half of married women aged 15-49 use modern contraception. Prevalence rates in western and central Africa lag far behind those in eastern and southern Africa.

Use of modern methods by young women who are currently married

Use of modern contraceptives is very low among married adolescents in most countries in the region (Fig.1). In Nigeria, the most populous country in Africa, only 1.2 per cent of married adolescent females reported using a modern method of contraception. Levels of use below or around 5% are found in about one-third of these countries. It seems fair to say that in most countries in the region married adolescents are unlikely to take steps to avoid pregnancy. There are of course exceptions, and most of them are in southern or east Africa. It is worth noting, however, that Ethiopia also falls into this group. Levels of contraceptive use in the older age group (20-24 yrs) are higher in nearly all countries, though they are still below 10% in more than half the countries (Fig.2).

In both age groups, injectables seem to be the most commonly used modern method of contraception, i.e. this is reported as the most commonly used modern method in more countries than any other method. Levels of use increase slightly with age, although

Contraceptive provision in many sub-Saharan African countries relies heavily on short-term methods – the pill, injectables and the male condom. Injectables are the most common method of contraception in more than two-thirds of the countries for which we have data. The least popular modern contraceptive method is sterilization for males mainly due to low male involvement in Reproductive Health issues, including contraception (UNFPA 2011).

This factsheet presents descriptive statistics on contraceptive use among younger women in 37 countries in the region. These are countries for which age-disaggregated data are available from surveys conducted since 2000. The Demographic and Health Surveys (DHS) cover 34 countries and allow us to distinguish women who are married from women who are unmarried but sexually active. The Multiple Impact Cluster Surveys (MICS) provide data for women who are currently married or in a union¹(3 countries).

they exceed 20 per cent only in a handful of countries in east and southern Africa.

The pill is the second most popular contraceptive method, though as with injectables overall levels of use are low (rarely exceeding 5% of women). Zimbabwe in this respect stands out from the rest of the region. The pill dominates contraceptive use in both age groups (86% of contraceptors among married teenagers; and 83% of those aged 20-24), with limited use of other modern methods.

There are a few countries where reliance on the male condom tends to be higher than any other method. It applies to teenagers as well as to young women in the 20 to 24 age group who use modern methods of contraception. Those countries include Cameroon, Congo (Brazzaville), and above all Gabon, where the male condom accounts for more than half of all users reporting using modern methods.

¹ A union involves a man and a woman regularly cohabiting in a marriage-like relationship (UN DESA 2012).

The use of longer-term methods is low among younger married women across the entire region – nowhere exceeding 3 per cent. Unsurprisingly, the

use of such is generally higher in the older age group. The data suggest that reliance is placed on traditional methods in many parts of sub-Saharan Africa.

Fig. 1. Methods of contraception: percentage of women aged 15-19 who are currently married or in a union.

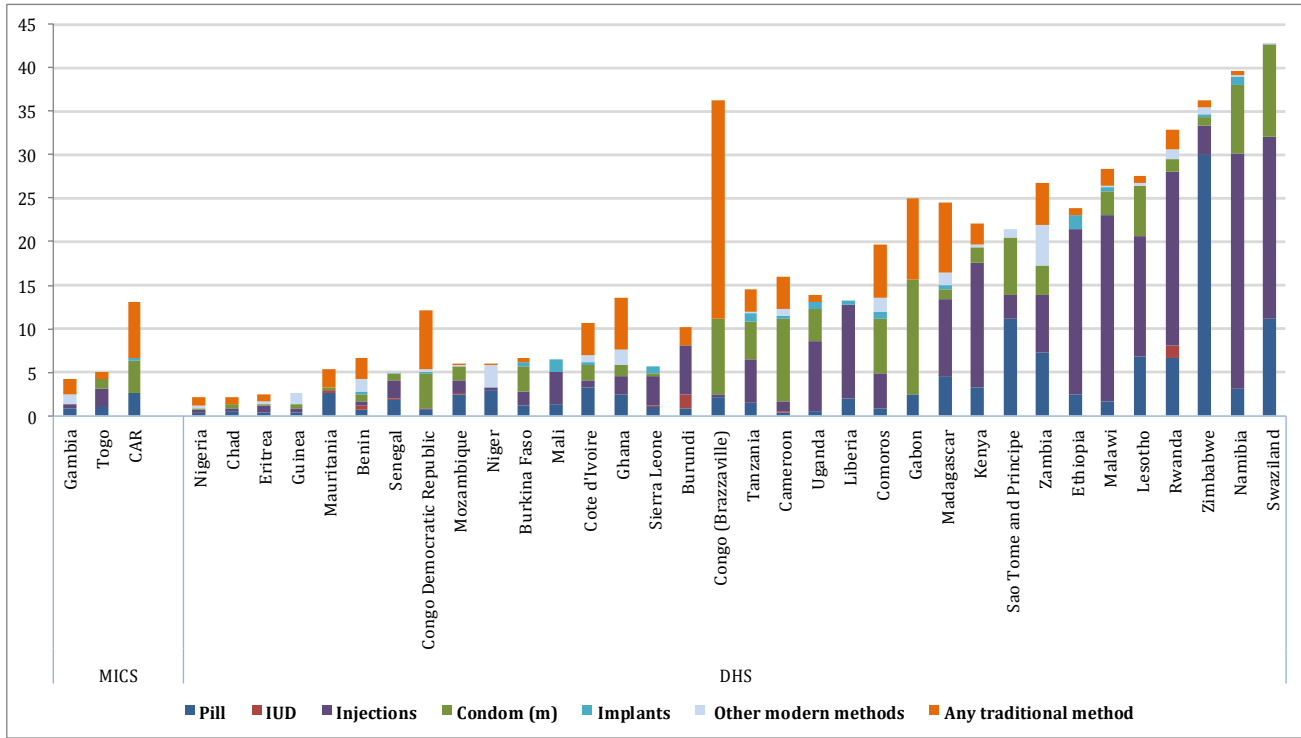
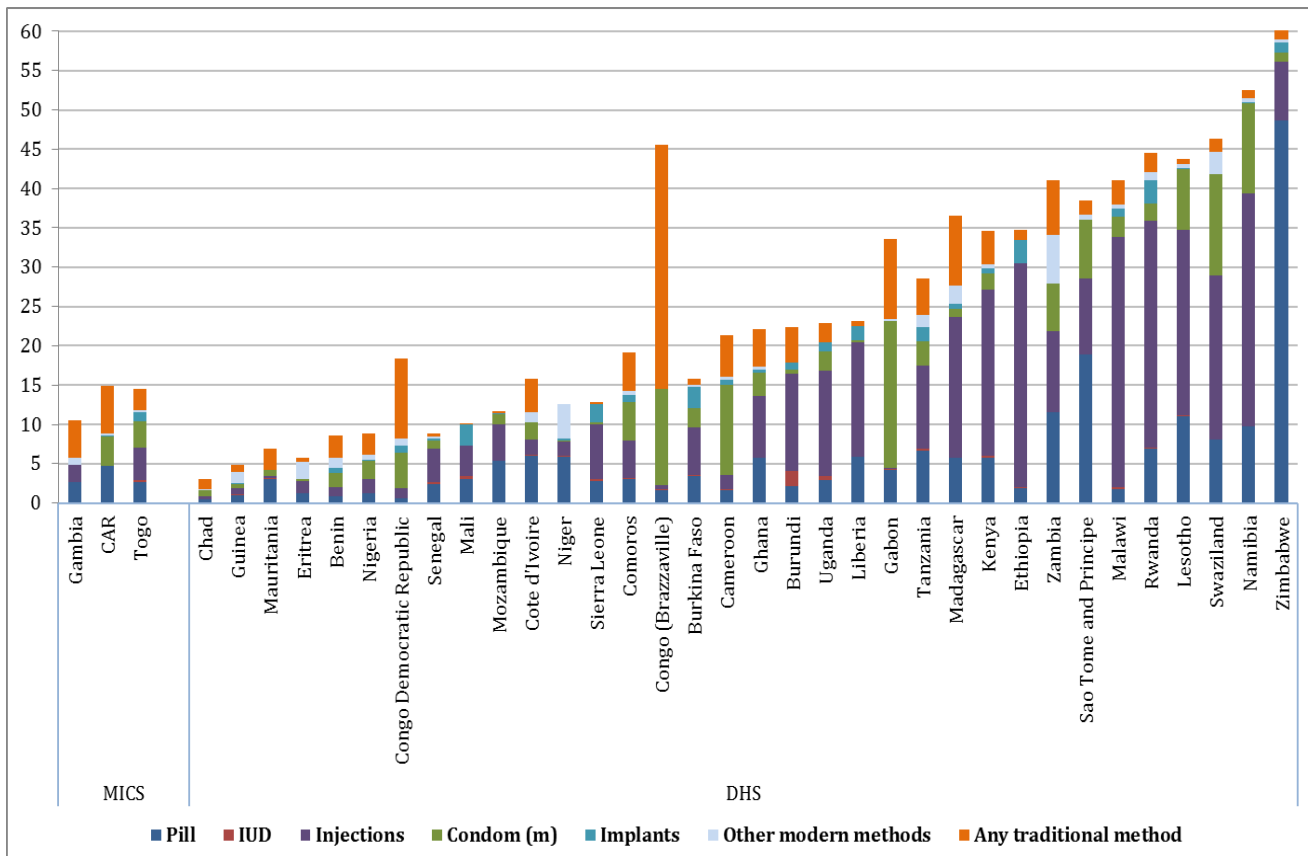


Fig. 2. Methods of contraception: percentage of women aged 20-24 who are currently married or in a union.



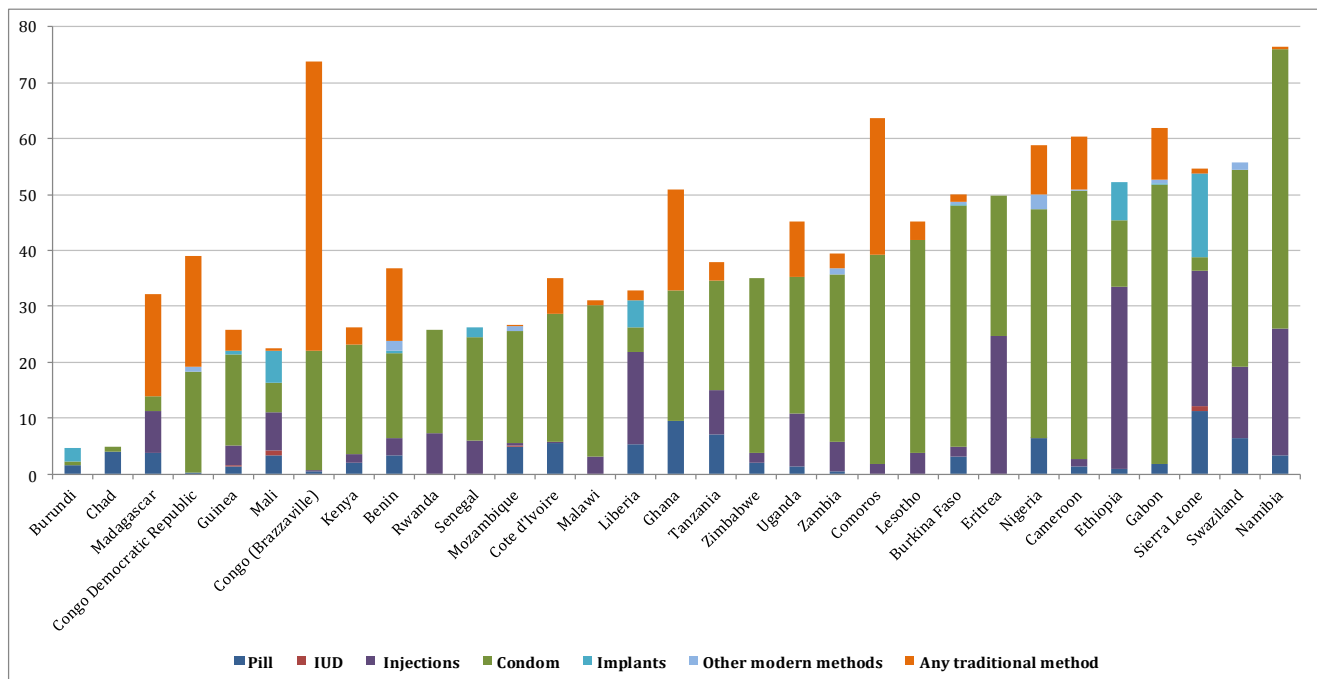
Use of modern methods by unmarried sexually active women

Levels of use of modern methods of contraception are generally higher among sexually active unmarried women in all countries where they have been measured. We can assume that this is a reflection of the stronger desire to avoid pregnancy in unmarried women. The difference in prevalence between married and unmarried (but sexually active) women can be very large. In Sierra Leone, for example, only 7.8% of married adolescents use contraception, compared with 54% of adolescents who are unmarried and describe themselves as sexually active. The gap is almost as large in Cameroon (12% use among married adolescents vs. 51% in the unmarried group).

For the overwhelming majority of sexually active unmarried women in both age-groups, the male con-

dom is the most commonly used method of contraception (Fig. 3&4). According to UNFPA (2012), this is indicative of the strength of motivation to avoid HIV/STD infection as much as the desire to avoid childbearing before marriage. Unmarried sexually active teenagers rely on the male condom in four out of five countries in sub-Saharan Africa. The prevalence level of the male condom among teenagers is highest—almost 50 per cent—in Gabon and Namibia. In Congo (Brazzaville) more than 95% of contraceptors in this age group report using a male condom. The male condom also dominates the method mix in more than half of the countries in the region among 20-24 year old contraceptive users. In Niger about 70 per cent of contraceptors among sexually active unmarried women in this age group say that they rely on condoms.

Fig. 3. Methods of contraception: percentage of unmarried sexually active women aged 15-19.



Injectables are the second most widely used contraceptive method among young unmarried women. Women in the 20-24 age group are more likely to use injectables than teenagers. There are only four countries, Ethiopia, Namibia, Liberia and Sierra Leone, where prevalence exceeds 25 per cent among older women. The prevalence of injectables is highest in Ethiopia – accounting for over 30 per cent of those who reported current use of contraceptive methods in each age-group. In Eritrea, injectables appear to be the *only* modern method of contraception among the older age group.

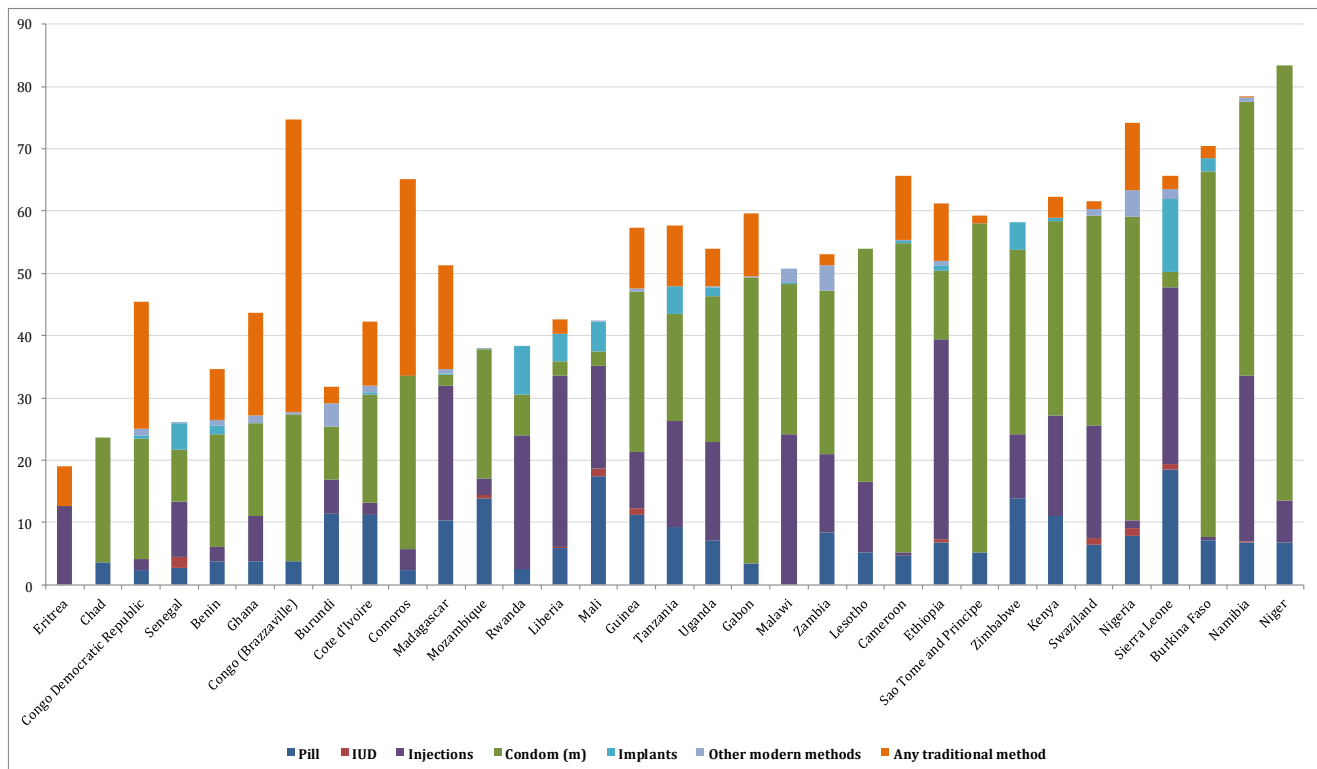
Use of the contraceptive pill method has a wider geographic distribution among 20-24 year olds than among unmarried adolescents. Even in this older age group, however, the rate of use never exceeds 20 per cent. The country where pill users account for the largest proportion of contraceptors is Mali. Forty two per-cent of the sexually active young women in this age group use some modern form of contraception, and just over 40% of these use the pill.

The rate of use of long-term methods (IUDs, implants and sterilization) is negligible with the exception of Sierra Leone, where uptake of implants is 15 per cent among unmarried women aged 15-19 years, the respective figure being 11.8 per cent among the older age group. Use of IUDs is everywhere very low - below 1 per cent for unmarried adolescents in all countries, and

below 1 per cent in all but 4 countries in the older age group.

It is clear that reliance on traditional methods remains high in several countries. In Congo (Brazzaville) these methods dominate contraceptive behaviour across all four demographic categories.

Fig. 4: Methods of contraception: percentage of sexually active unmarried women aged 20-24.



References

UN Population Division (2013) World Contraceptive Patterns.

UNFPA (2011) Survey of Availability of Modern Contraceptives and Essential Life-Saving Maternal and Reproductive Health Medicines in Service Delivery Points in Sierra Leone.

UNFPA (2012) Adding It Up: Costs and Benefits of Contraceptive Services. Guttmacher Institute.

Table 1. Use of modern methods of contraception in Sub-Saharan African countries
 Percentage using contraception among women age 15-49 years who are married or in a union

Country	Data source	Any modern method	Most commonly used modern method (as % of all users of contraception)	TFR 2005-2010 (UN estimates)
Benin	DHS 2011-12	7.9	Injectable (25)	5.31
Burkina Faso	DHS 2010	16.2	Injectable (38)	6.08
Cote d'Ivoire	DHS 2011-12	12.5	Pill (57)	4.89
Gambia	MICS 2010	8.5	Injectable (40)	5.79
Ghana	DHS 2008	16.6	Injectable (37)	4.22
Guinea	DHS 2012	4.6	Injectable (28)	5.39
Liberia	DHS 2013	19.1	Injectable (59)	5.23
Mali	DHS 2012-13	9.9	Injectable (40)	6.80
Mauritania	DHS 2000-01	5.1	Pill (51)	4.96
Niger	DHS 2012	12.2	Pill (46)	7.58
Nigeria	DHS 2013	9.8	Injectable (33)	6.01
Senegal	DHS 2010-11	12.1	Injectable (43)	5.11
Sierra Leone	DHS 2013	15.6	Injectable (48)	5.16
Togo	MICS 2010	13.1	Male condom (19)	4.89
Cameroon	DHS 2011	14.4	Male condom (53)	5.21
CAR	MICS 2010	9.3	Pill (63)	4.85
Chad	DHS 2004	1.6	Pill (31)/ Injectable (31)	6.85
Congo (Brazzaville)	DHS 2005	12.7	Male condom (70)	5.10
Congo Democratic Republic	DHS 2013-2014	7.8	Male condom (44)	6.50
Gabon	DHS 2012	19.4	Male condom (62)	4.29
Burundi	DHS 2010	17.7	Injectable (59)	6.52
Comoros	DHS 2012	14.2	Injectable (39)	5.08
Eritrea	DHS 2002	7.3	Injectable (36)	5.20
Ethiopia	DHS 2011	27.3	Injectable (76)	5.26
Kenya	DHS 2008-09	39.4	Injectable (55)	4.80
Madagascar	DHS 2008-09	29.2	Injectable (61)	4.83
Malawi	DHS 2010	42.2	Injectable (61)	5.83
Mozambique	DHS 2011	11.3	Injectable (45)	5.57
Rwanda	DHS 2010	45.1	Injectable (58)	5.13
Tanzania	DHS 2010	27.4	Injectable (39)	5.58
Uganda	DHS 2011	26.0	Injectable (54)	6.38
Zambia	DHS 2007	32.7	Pill (34)	5.90
Zimbabwe	DHS 2010-11	57.3	Pill (72)	3.90
Lesotho	DHS 2009	45.6	Injectable (42)	3.37
Namibia	DHS 2006-07	53.4	Injectable (41)	3.40
South Africa	DHS 2003/2004	59.8	Injectable (47)	2.55
Swaziland	DHS 2006-07	47.7	Injectable (36)	3.75