FAMILY PLANNING 5

This chapter focuses on women who are sexually active since these women have the greatest risk of exposure to pregnancy and consideration for regulating their fertility. However, results from the interviews with men are presented alongside those of the women's interviews since men play an equally important role in the realisation of reproductive health and family planning decisions and behaviour.

Family planning methods are grouped into two broad categories, namely, modern methods and traditional methods. Modern family planning methods are further categorised into three subgroups: short-term methods (the pill, condoms, the lactational amenorrhoea method (LAM), diaphragms, foaming tablets, jelly, and the emergency contraceptive pill), long term methods (injectables, implants and IUDs) and permanent methods (female and male sterilisation). Traditional methods consist of periodic abstinence, withdrawal, and various folk methods such as strings and herbs.

5.1 KNOWLEDGE OF CONTRACEPTIVE METHODS

Information on the knowledge of family planning methods was collected by asking respondents to name the various methods that a couple can use to delay or avoid a pregnancy. If the respondent could not name any method(s) spontaneously, the interviewer prompted by mentioning and describing each of the methods that had not been mentioned spontaneously and asking whether the respondent had ever heard about the particular method(s).

Knowledge of family planning methods in Zimbabwe is nearly universal, meaning that men and women are well informed about the options they have for regulating births and planning their families (Table 5.1). The level of knowledge of at least one modern family planning method among currently married women is almost universal (99 percent), while that of all women 15-49 is 97 percent. Similarly, the level of knowledge of modern family planning methods is high among women who are not married but sexually active and women who reported that they did not have any sexual experience. On average, women know close to seven family planning methods, reflecting an increase in the average number of methods known by women from six methods in 1994. Women who have no sexual experience have the least knowledge of family planning methods (five). Oral contraceptives and male condoms remain the methods most widely known by women of all subgroups. For all women, the proportion who know about the pill is 94 percent, and the proportion who know about the male condom is 92 percent, while injectables are reported by 86 percent of women 15-49.

Knowledge of contraception among men is higher than among women. For all groups of men, knowledge of any method and modern methods is universal. The most well-known methods among men are the condom and the pill (98 percent and 93 percent, respectively).

Table 5.1 Knowledge of contraceptive methods

Percentage of all women and men, of currently married women and men, and sexually active unmarried women and men, and of women with no sexual experience who know any contraceptive method, by specific method, Zimbabwe 1999

Contraceptive method	Women				Men		
	All women	Currently married women	Sexually active unmarried women[1]	No sexual experience[2]	All men	Currently married men	Sexually active unmarried men[1]
Any method	96.9	98.7	99.5	90.2	99.1	99.7	99.6
Any modern method	96.7	98.5	99.5	90.1	99.1	99.7	99.6
Pill	94.3	97.6	97.1	82.5	93.0	98.0	94.9
IUD	63.8	70.2	72.5	39.5	44.5	52.4	48.5
Injectables	86.4	92.5	92.0	64.3	72.2	85.3	69.1
Implants	24.8	27.8	32.4	12.1	12.9	15.3	16.0
Condom	92.2	94.2	98.1	83.8	97.8	98.3	98.4
Female condom	57.4	57.8	72.8	49.9	58.7	59.7	68.3
Diaphragm	20.2	20.5	18.5	20.9	20.6	20.6	25.3
Foam/Jelly	11.9	12.8	17.1	8.6	8.1	9.0	12.6
Female sterilisation	58.1	63.5	64.1	40.1	54.0	59.7	63.9
Male sterilisation	38.8	42.8	40.2	27.6	41.9	46.0	47.6
Lactational amenorrhoea[3]	30.4	36.5	34.9	11.4	19.0	25.7	16.4
Emergency contraception	11.2	11.9	14.2	8.2	11.2	11.1	15.1
Any traditional method	58.8	69.0	64.3	27.1	56.9	66.4	62.0
Periodic abstinence	27.1	29.4	30.8	18.5	31.5	35.2	39.4
Withdrawal	51.7	62.5	58.5	18.0	47.8	56.1	50.2
Other	12.2	15.2	14.4	1.7	11.3	19.2	7.8
Number of women and men	5,907	3,609	199	1,217	2,609	1,239	250
Mean no. of methods known	6.8	7.4	7.6	4.9	6.2	6.9	6.7

[1] Unmarried women/men who have had sexual intercourse in the 30 days preceding the survey
[2] Women who have never had sexual intercourse
[3] Knowledge of Lactational Amenorrhoea Method (LAM) includes women who know that to use the method a woman must be exclusively or fully breastfeeding, be less than 6 months postpartum, be postpartum amenorrhoeic and who know to use another contraceptive method when any of the previous criteria do not hold.

5.2 KNOWLEDGE OF CONTRACEPTIVE METHODS BY BACKGROUND CHARACTERISTICS

Knowledge of family planning methods among women is universal without any significant variation across subgroups (Table 5.2). For all age groups, at least 94 percent of currently married women know about a modern family planning method. For men, this percentage is 100 percent in most age groups.

There is little variation in knowledge of modern methods among currently married women and men by type of residence (rural and urban), age group, and province of residence. Knowledge of family planning methods is at least 98 percent for both rural and urban areas. Similarly, knowledge of any modern family planning methods for currently married women and men with no education is comparably high (95 percent and 100 percent, respectively).

There has been an upward trend in the knowledge of family planning methods since 1984 (Table 5.3). The knowledge of family planning methods became nearly universal in the 1994 ZDHS. This level has been maintained over the past five years. There were also significant increases in the knowledge of specific modern family planning methods besides the pill and male

Table 5.2 Knowledge of contraceptive methods by background characteristics

Percentage of currently married women and men who know at least one contraceptive method and who know at least one modern method, by selected background characteristics, Zimbabwe 1999

Background characteristic	Women			Men		
	Knows any method	Knows any modern method[1]	Number of women	Knows any method	Knows any modern method[1]	Number of men
Age						
15-19	95.5	94.4	314	*	*	4
20-24	99.4	99.4	820	100.0	100.0	110
25-29	98.8	98.6	788	99.9	99.9	283
30-34	99.3	99.1	543	100.0	100.0	239
35-39	98.7	98.4	495	98.3	98.3	194
40-44	98.4	98.4	375	100.0	100.0	163
45-49	99.6	99.0	272	100.0	100.0	158
50-54	NA	NA	NA	100.0	100.0	87
Residence						
Urban	99.7	99.7	1,306	99.7	99.7	546
Rural	98.2	97.8	2,303	99.7	99.7	693
Province						
Manicaland	97.3	96.2	561	99.0	99.0	139
Mashonaland Central	99.0	98.8	325	100.0	100.0	127
Mashonaland East	97.8	97.8	310	100.0	100.0	117
Mashonaland West	97.0	96.7	367	100.0	100.0	147
Matabeleland North	98.8	98.6	180	99.3	99.3	61
Matabeleland South	99.4	99.1	170	100.0	100.0	46
Midlands	100.0	100.0	444	100.0	100.0	143
Masvingo	99.0	98.7	367	100.0	100.0	102
Harare	99.7	99.7	667	99.3	99.3	271
Bulawayo	100.0	100.0	217	100.0	100.0	86
Education						
No education	95.8	94.8	310	100.0	100.0	49
Primary	98.7	98.4	1,665	99.6	99.6	461
Secondary	99.3	99.2	1,523	99.7	99.7	617
Higher	100.0	100.0	111	100.0	100.0	112
Total women	98.7	98.5	3,609	99.7	99.7	1,239

Note: An asterisk indicates the figure is based on fewer than 25 cases.
NA = Not applicable
[1] Includes pill, IUD, injectables, vaginal methods (diaphragm/foam/jelly), female condom, male condom, female sterilisation, male sterilisation, implants, mucus/Billings/ovulation, basal body temperature, symptothermal, and lactational amenorrhoea method (LAM)

condoms over the period. Significant increases are particularly associated with the methods that were introduced during the 1990s. For example, the lifting of the restricted use of Depo-Provera in 1992 resulted in increased promotional materials and information on the method that had a positive impact on the knowledge of this method. Knowledge of injectables increased by 7 percentage points among all women between 1994 and 1999. Knowledge of implants, which were introduced in the programme in 1993, increased from 14 percent in 1994 to 25 percent in 1999, while that of emergency contraception, a new and very limited method in Zimbabwe, stands at 11 percent among all women in 1999. There was a small decline in knowledge of the IUD, from 68 percent to 64 percent between 1994 and 1999.

Table 5.3 Trends in knowledge of family planning methods

Percentage of all women who know specific contraceptive methods, Zimbabwe 1984-1999

Contraceptive method	Knowledge of contraception			
	1984 ZRHS	1988 ZDHS	1994 ZDHS	1999 ZDHS
Any method	82.8	96.3	97.8	96.9
Any modern method	U	95.4	97.5	96.7
Pill	80.5	93.6	96.0	94.3
Condom	48.3	76.7	93.7	92.2
Diaphragm	U	14.0	U	20.2
Foam/Jelly/Foaming Tablets	17.4[a]	13.5	21.1[a]	11.9
IUD	40.2	51.6	67.6	63.8
Injectables	62.6	62.2	79.7	86.4
Implants	U	U	13.8	24.8
Female sterilisation	40.0	49.7	69.7	58.1
Male sterilisation	10.8	16.4	42.5	38.8
Any traditional method	U	75.3	67.8	58.8
Periodic abstinence	20.4	28.1	33.2	27.1
Withdrawal	56.1	63.4	56.8	51.7
Other	U	34.2	U	12.2
Number of women	2,123	2,643	6,128	5,907

U = Unknown (not available)
[a] Includes diaphragm
Source: ZNFPC and WPAS, 1985; CSO and IRD, 1989; CSO and MI, 1995

5.3 EVER USE OF CONTRACEPTION

All women and men interviewed in the 1999 ZDHS who said they had heard about a family planning method were asked whether they had ever used any method (with the intention of regulating their fertility). Table 5.4 shows the percentages of women who have ever used a family planning method. The top panel presents the figures for all women, the second panel shows the figures for currently married women, and the third panel shows the figures for sexually active unmarried women. Figures for men are shown at the bottom of the table.

Among currently married women, 83 percent reported having ever used a method of family planning and 79 percent have used a modern method. Comparison with the 1994 ZDHS shows that ever use of modern methods among currently married women has increased from 72 percent in 1994 to 79 percent in 1999.

The pill is the method most widely used by currently married women (71 percent), followed by injectables (23 percent) and male condoms (20 percent). Ever use of other modern methods is low; only 9 percent of married women have ever used LAM.

Table 5.4 Ever use of contraception

Percentage of all women, currently married women, unmarried sexually active women, and men who have ever used a contraceptive method, by method and age, Zimbabwe 1999

		Modern method													Traditional method				
Age	Any method	Any modern method	Pill	IUD	Inject-ables	Im-plant	Con-dom	Female con-dom	Dia-phragm	Foam/ Jelly	Female sterili-sation	Male sterili-sation	LAM	Emer-gency contra-ception	Any tradi-tional method	Periodic absti-nence	With-drawal	Other methods	Number of women/ men
ALL WOMEN																			
15-19	15.7	14.8	10.3	0.1	1.2	0.1	7.6	0.0	0.0	0.6	0.0	0.0	0.6	0.1	2.6	0.7	2.1	0.2	1,447
20-24	64.8	62.7	53.6	0.6	12.3	0.4	19.2	0.1	0.0	1.4	0.0	0.0	5.4	0.9	12.2	3.0	9.8	0.8	1,294
25-29	85.8	84.4	76.4	1.3	22.4	0.4	27.2	0.3	0.2	0.9	0.4	0.0	8.7	0.1	18.7	4.8	14.7	1.7	1,034
30-34	87.4	85.2	77.5	3.8	25.3	1.3	25.4	0.1	0.0	2.6	1.5	0.0	6.3	0.5	19.0	2.3	17.1	1.5	668
35-39	86.6	83.2	73.1	5.7	30.9	0.9	19.5	0.3	0.4	0.8	5.4	0.0	9.8	1.2	27.5	4.4	23.7	4.0	637
40-44	83.7	76.5	66.6	4.7	31.9	0.6	14.8	0.7	0.0	2.7	6.9	0.7	11.5	1.1	32.6	3.1	28.2	4.7	466
45-49	76.3	65.4	50.6	6.2	33.2	0.2	9.9	1.0	0.0	0.6	7.9	0.0	10.3	1.0	38.2	7.2	32.3	5.2	361
Total	63.6	60.8	52.6	2.2	17.6	0.5	17.6	0.2	0.1	1.2	1.9	0.1	6.2	0.6	16.6	3.1	13.9	1.8	5,907
CURRENTLY MARRIED WOMEN																			
15-19	52.5	49.3	42.6	0.3	3.4	0.1	20.1	0.0	0.0	2.0	0.0	0.0	2.6	0.4	9.1	1.4	8.6	0.2	314
20-24	79.9	77.3	70.1	0.7	13.9	0.7	19.7	0.1	0.0	1.4	0.0	0.0	7.0	1.1	14.9	2.1	13.2	0.9	820
25-29	91.2	89.7	82.4	1.3	23.7	0.2	25.7	0.4	0.2	0.6	0.6	0.0	9.9	0.2	20.5	4.9	16.3	1.8	788
30-34	90.0	87.6	81.0	3.1	25.3	1.5	23.1	0.1	0.0	2.0	1.7	0.0	6.5	0.6	20.9	2.4	18.8	1.8	543
35-39	88.6	84.9	75.2	6.1	33.3	1.2	17.2	0.2	0.5	0.8	5.4	0.0	10.3	1.6	29.9	5.0	26.3	4.4	495
40-44	84.1	76.0	66.2	4.2	33.9	0.8	11.7	0.5	0.0	1.1	7.2	0.8	13.5	1.3	33.1	3.5	29.2	3.9	375
45-49	78.6	67.9	51.2	6.5	34.6	0.2	9.3	0.8	0.0	0.2	9.8	0.0	10.0	0.9	39.1	7.0	33.2	4.8	272
Total	83.0	79.3	70.9	2.7	23.1	0.7	19.6	0.3	0.1	1.2	2.6	0.1	8.5	0.8	22.3	3.6	19.3	2.3	3,609
SEXUALLY ACTIVE UNMARRIED WOMEN																			
15-19	41.6	41.6	6.3	0.0	1.7	0.0	39.3	0.0	0.0	2.9	0.0	0.0	0.0	2.3	4.6	0.0	4.6	0.0	28
20-24	85.3	84.1	48.9	3.9	19.8	0.0	55.7	1.3	0.0	9.4	0.0	0.0	6.1	0.0	15.5	9.9	8.9	1.0	49
25+	88.1	86.7	69.1	6.5	32.9	0.5	55.0	0.0	0.5	9.6	4.3	0.0	6.2	0.0	16.2	4.6	10.9	3.3	122
Total	81.0	79.8	55.4	5.0	25.3	0.3	53.0	0.3	0.3	8.6	2.7	0.0	5.3	0.3	14.4	5.3	9.5	2.2	199
MEN																			
All men	66.7	65.1	40.3	1.1	9.5	0.5	49.7	0.0	0.2	1.5	1.1	0.0	3.8	0.5	17.7	5.6	13.8	2.5	2,609
Currently married	92.4	89.9	75.5	2.0	17.8	0.8	59.0	0.0	0.3	1.1	2.1	0.0	7.0	0.7	27.9	8.3	21.6	4.7	1,239
Sexually active unmarried	88.1	87.4	19.7	0.3	5.5	0.8	85.5	0.0	1.0	6.5	0.0	0.0	1.4	1.2	21.2	10.5	15.7	1.6	250

LAM = Lactational amenorrhoea method

Eight in ten sexually active unmarried women reported having used a method of family planning at sometime, with virtually all of them using a modern method. The pill is the method most widely used by these women (55 percent). Other popular methods include male condoms (53 percent) and injectables (25 percent). Only 5 percent of sexually active unmarried women have ever used LAM. It is interesting to note that sexually active unmarried women are much more likely than currently married women to have used male condoms (53 percent compared with 20 percent). Sexually active unmarried women are as likely to have used the pill as the male condom (55 percent and 53 percent, respectively).

Two in three men have used a modern method at some time. Among all men, 50 percent have used condoms and 40 percent have used pills. The next most popular methods reported by men are withdrawal (14 percent), injectables (10 percent) and periodic abstinence (6 percent). Married men reported higher ever-use rates than all men and sexually active unmarried men, for all methods except male and female condoms, and periodic abstinence.

Reporting of ever use of condoms is much higher for sexually active unmarried men than for married men. Ever use of modern family planning methods among sexually active unmarried men is 87 percent, and virtually all of these men reported that they had used condoms at sometime.

5.4 Current Use of Contraception

The contraceptive prevalence rate (CPR), or the percentage of currently married women who are using a family planning method, in Zimbabwe is 54 percent, while the CPR for modern family planning methods is 50 percent (Table 5.5). Figure 5.1 shows the distribution of currently married women by method currently used. The pill is the most commonly used method of contraception among currently married women, followed by injectables (8 percent) and female sterilisation (3 percent). There was a pronounced increase in the use of injectables from 3 percent in 1994 to 8 percent in 1999, while the current use of male condoms for avoiding pregnancy decreased slightly.

The use of modern family planning methods among currently married women rises with age from 39 percent among women 15-19 to 59 percent for women 25-29, after which it falls to 30 percent for women 45-49. The increase in the use of the pill was observed for younger age groups, reaching a peak at age 25-29 and a low of 9 percent for women age 45-49.

A similar pattern in the distribution of current use for modern methods among married women is observed in the 1994 ZDHS, except that in the 1999 ZDHS the use rates are higher for most age groups. Comparisons between the 1994 ZDHS and the 1999 ZDHS show that the highest gains in current use of modern family planning methods were realised at ages 15-19 and 30-34.

It is interesting to note that the overall level of use of modern family planning methods among sexually active unmarried women is slightly higher than that for currently married women, which is probably due to the high level of use of condoms among single women 15-24 and use of the pill among unmarried women age 25 and over. The current use of both male and female condoms among married women remains low. Whereas the current use of male condoms decreased among currently married women, it has increased by about 5 percent among sexually active unmarried women. However, female condoms are not commonly used among both currently married women and sexually active unmarried women.

Table 5.5 Current use of contraception

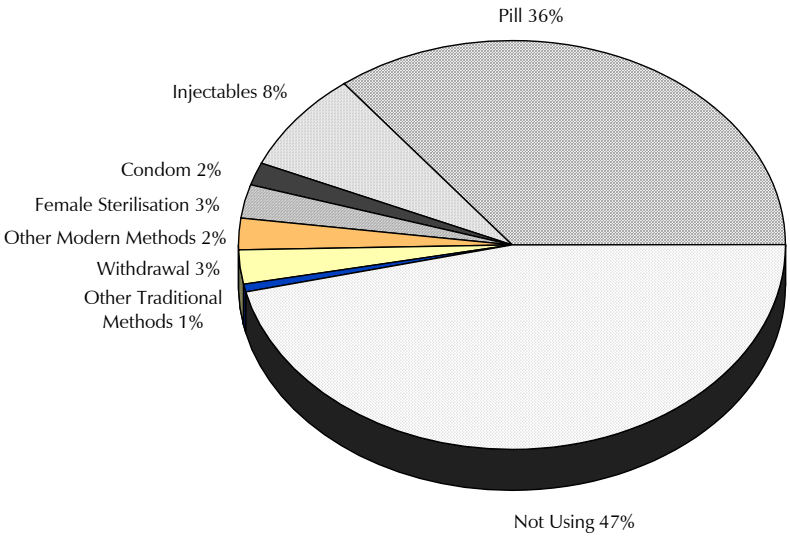
Percentage of all women, currently married women, sexually active unmarried women, and men who are currently using a contraceptive method, by method and age, Zimbabwe 1999

		Modern method											Traditional method						
Age	Any method	Any modern method	Pill	IUD	Inject-ables	Im-plant	Con-dom	Foam/ Jelly	Dia-phragm	Female sterili-sation	Male sterili-sation	LAM	Any tradi-tional method	Periodic absti-nence	With-drawal	Other methods	Not currently using	Total	Number of women/ men
									ALL WOMEN										
15-19	11.2	10.3	7.5	0.0	0.7	0.0	1.8	0.1	0.0	0.0	0.0	0.1	0.8	0.0	0.7	0.1	88.8	100.0	1,447
20-24	40.5	39.5	31.2	0.0	4.1	0.4	2.8	0.0	0.0	0.0	0.0	1.0	1.0	0.0	0.9	0.1	59.5	100.0	1,294
25-29	53.6	52.2	38.6	0.4	7.7	0.4	3.7	0.0	0.0	0.4	0.0	1.0	1.3	0.2	0.8	0.3	46.4	100.0	1,034
30-34	52.6	50.8	34.3	1.5	11.1	0.7	1.7	0.0	0.0	1.5	0.0	0.1	1.7	0.0	1.3	0.4	47.4	100.0	668
35-39	50.9	48.5	25.4	1.7	11.6	0.6	2.7	0.0	0.0	5.4	0.0	1.2	2.4	0.0	2.1	0.3	49.1	100.0	637
40-44	42.2	35.2	16.2	1.6	7.9	0.5	1.4	0.0	0.0	6.9	0.7	0.0	7.0	0.2	5.4	1.4	57.8	100.0	466
45-49	31.4	24.1	7.0	2.6	5.9	0.0	0.4	0.0	0.4	7.9	0.0	0.0	7.2	0.9	4.9	1.4	68.6	100.0	361
Total	37.7	35.6	23.8	0.7	5.9	0.4	2.3	0.0	0.0	1.9	0.1	0.6	2.1	0.1	1.6	0.4	62.3	100.0	5,907
									CURRENTLY MARRIED WOMEN										
15-19	42.1	38.6	33.2	0.0	2.5	0.0	2.3	0.0	0.0	0.0	0.0	0.6	3.5	0.0	3.4	0.2	57.9	100.0	314
20-24	53.7	52.3	44.5	0.0	4.2	0.7	1.6	0.0	0.0	0.0	0.0	1.4	1.4	0.1	1.2	0.2	46.3	100.0	820
25-29	60.9	59.4	45.8	0.3	8.4	0.2	2.8	0.0	0.0	0.6	0.0	1.2	1.5	0.2	1.1	0.2	39.1	100.0	788
30-34	58.2	56.0	38.5	1.6	12.0	0.9	1.3	0.0	0.0	1.7	0.0	0.1	2.1	0.0	1.6	0.5	41.8	100.0	543
35-39	56.8	53.7	29.1	2.2	12.7	0.8	2.1	0.0	0.0	5.4	0.0	1.5	3.1	0.0	2.8	0.4	43.2	100.0	495
40-44	46.4	38.6	19.0	1.0	9.2	0.7	0.7	0.0	0.0	7.2	0.8	0.0	7.8	0.3	6.7	0.8	53.6	100.0	375
45-49	39.4	30.4	9.1	3.0	7.8	0.0	0.2	0.0	0.6	9.8	0.0	0.0	9.0	1.0	6.5	1.5	60.6	100.0	272
Total	53.5	50.4	35.5	0.9	8.1	0.5	1.8	0.0	0.0	2.6	0.1	0.9	3.2	0.2	2.6	0.4	46.5	100.0	3,609
									SEXUALLY ACTIVE UNMARRIED WOMEN										
15-19	34.7	34.7	2.3	0.0	0.0	0.0	29.6	2.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	65.3	100.0	28
20-24	46.0	46.0	8.2	0.0	6.5	0.0	31.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	54.0	100.0	49
25+	63.6	60.8	31.1	3.3	9.9	0.0	12.1	0.0	0.0	4.3	0.0	0.0	2.8	1.0	0.0	1.8	36.4	100.0	122
Total	55.3	53.5	21.4	2.0	7.7	0.0	19.3	0.4	0.0	2.7	0.0	0.0	1.7	0.6	0.0	1.1	44.7	100.0	199
									MEN										
All men	43.2	40.8	22.3	0.0	3.5	0.2	13.7	0.0	0.0	1.0	0.0	0.1	2.4	0.7	0.9	0.9	56.8	100.0	2,609
Currently married	65.5	61.1	45.4	0.1	7.4	0.4	5.7	0.0	0.0	2.0	0.0	0.2	4.4	1.0	1.6	1.7	34.5	100.0	1,239
Sexually active unmarried	62.5	60.4	4.9	0.0	0.0	0.0	55.5	0.0	0.0	0.0	0.0	0.0	2.0	1.3	0.8	0.0	37.5	100.0	250

LAM = Lactational amenorrhoea method

Current use of any family planning method is higher among currently married men than among all men (66 percent compared with 43 percent). Pills are the most commonly used methods reported by married men (45 percent), followed by injectables (7 percent). Although 14 percent of all men reported that they were currently using condoms, only 6 percent of currently married men were currently using condoms. However, more than half (56 percent) of sexually active unmarried men were using condoms. This discrepancy may represent different reproductive health goals and different perceptions of the risk of acquiring sexually transmitted diseases related to marital status.

Figure 5.1 Use of Specific Contraceptive Methods Among Currently Married Women, Zimbabwe 1999



ZDHS 1999

Overall, there is an upward trend in the current use of family planning methods among currently married women since 1984 (see Table 5.6). On average, the prevalence increased at a rate of roughly 1 percent every year between 1984 and 1999. Moreover, use of modern methods has increased faster than overall use, from 27 percent in the 1984 ZRHS to 42 percent in the 1994 ZDHS and to 50 percent in the 1999 ZDHS. The most dramatic increase in modern contraceptive use in the five years between 1994 and 1999 is shown by injectables (3 percent to 8 percent). During the same period, the use of the pill increased from 33 percent to 36 percent. Use of traditional methods, however, declined from 6 percent to 3 percent.

5.5 Current Use of Contraception by Background Characteristics

Analysis of current use by background characteristics permits an examination of differences in the method mix among current users in the various subgroups (Tables 5.7.1 for women and 5.7.2 for men). These tables allow for the comparison of levels of use among population groups. In general, the pattern of contraceptive use by background characteristics is similar to that found in the 1994 ZDHS.

Table 5.6 Trends in current use of contraception

Percentage of currently married women who were using specific contraceptive methods at the time of the survey, Zimbabwe 1984-1999

Contraceptive method	Current use of contraception			
	1984 ZRHS	1988 ZDHS	1994 ZDHS	1999 ZDHS
Any method	38.4	43.1	48.1	53.5
Any modern method	26.6	36.1	42.2	50.4
Pill	22.6	31.0	33.1	35.5
Condom	0.7	1.2	2.3	1.8
Vaginal method	0.1	0.0	0.0	0.0
IUD	0.7	1.1	1.0	0.9
Injectables	0.8	0.3	3.2	8.1
Implants	NA	NA	0.2	0.5
Female sterilisation	1.6	2.3	2.3	2.6
Male sterilisation	0.1	0.2	0.2	0.1
Any traditional method	11.8	7.0	6.0	3.2
Safe period[1]	0.6	0.3	0.1	NA
Withdrawal	6.5	5.1	4.2	2.6
Periodic abstinence	2.1	NA	NA	0.2
Other[2]	2.6	1.5	1.7	0.4
Number of women	2,123	2,643	3,788	3,609

NA = Not applicable
[1] Includes only rhythm method in the 1984 ZRHS
[2] Reported as "folk" methods in 1994 ZDHS
Source: ZNFPC and WPAS, 1985; CSO and IRD, 1989; and CSO and MI, 1995

Currently married women in rural areas are less likely to use family planning methods than their counterparts in urban areas (48 percent as opposed to 63 percent). This scenario holds across all methods of contraception. Use of family planning methods is highest in the urban provinces of Harare (64 percent) and Bulawayo (62 percent). Manicaland has the lowest level of contraceptive use among currently married women (see Figure 5.2).

Contraceptive use is associated positively with the user's level of education, married women with less education have relatively more-limited contraceptive use than better-educated women. For example, 41 percent of currently married women with no education use family planning methods compared with 69 percent of women with higher than a secondary education.

Few married women who are childless use family planning methods (8 percent), while at least 57 percent of women with children are using contraception. Contraceptive use rises with the number of living children up to two children and declines thereafter.

Contraceptive use among men shows some of the patterns observed among women. Prevalence is higher among urban men, men living in Harare and the Midlands, better-educated men, and men with at least one living child. Among modern methods, condoms and injectables are more likely to be reported by men with no education, while better-educated men tend to report using the pill and female sterilisation.

Table 5.7.1 Current use of contraception by background characteristics: women

Percent distribution of currently married women by contraceptive method currently used, according to selected background characteristics, Zimbabwe 1999

		Modern method									Traditional method						
Age	Any method	Any modern method	Pill	IUD	Inject-ables	Im-plant	Condom	Female sterili-sation	Male sterili-sation	LAM	Any tradi-tional method	Periodic absti-nence	With-drawal	Not currently using	Other methods	Total	Number of women
Residence																	
Urban	63.1	61.8	44.5	1.9	7.6	1.3	2.1	3.7	0.0	0.7	1.2	0.1	1.1	0.0	36.9	100.0	1,306
Rural	48.1	43.9	30.3	0.4	8.3	0.1	1.6	2.0	0.1	1.0	4.3	0.2	3.4	0.7	51.9	100.0	2,303
Province																	
Manicaland	40.9	33.6	22.3	0.5	6.1	0.0	1.4	1.6	0.3	1.1	7.4	0.5	6.5	0.3	59.1	100.0	561
Mashonaland Central	53.3	49.8	36.9	0.8	9.6	0.0	1.5	1.0	0.0	0.0	3.6	0.0	2.8	0.7	46.7	100.0	325
Mashonaland East	57.4	55.4	40.1	1.3	9.9	0.0	1.3	2.6	0.0	0.3	1.9	0.0	1.9	0.0	42.6	100.0	310
Mashonaland West	57.5	55.3	45.8	0.5	5.2	0.8	0.5	1.6	0.0	0.8	2.2	0.0	1.9	0.3	42.5	100.0	367
Matabeleland North	48.3	44.6	31.8	0.2	8.9	0.0	1.6	1.8	0.0	0.2	3.6	0.9	2.3	0.5	51.7	100.0	180
Matabeleland South	41.6	36.2	18.9	0.5	10.3	0.0	2.3	3.7	0.0	0.6	5.4	0.3	2.8	2.3	58.4	100.0	170
Midlands	49.7	45.9	32.7	0.6	7.4	0.2	1.9	2.2	0.0	0.8	3.7	0.0	2.6	1.1	50.3	100.0	444
Masvingo	55.5	53.3	31.3	0.5	13.7	0.0	1.5	3.3	0.3	2.8	2.2	0.0	2.0	0.3	44.5	100.0	367
Harare	63.5	62.9	48.9	1.1	5.7	2.0	2.3	2.3	0.0	0.6	0.6	0.0	0.6	0.0	36.5	100.0	667
Bulawayo	62.0	60.2	30.5	4.0	10.1	0.6	4.0	9.8	0.3	0.9	1.7	0.3	1.4	0.0	38.0	100.0	217
Education																	
No education	40.8	35.2	21.1	0.3	9.6	0.0	0.8	2.6	0.3	0.5	5.7	0.0	3.7	2.0	59.2	100.0	310
Primary	48.8	44.4	30.4	0.5	8.2	0.0	1.2	2.9	0.0	1.1	4.4	0.3	3.6	0.5	51.2	100.0	1,665
Secondary	60.2	58.9	43.7	1.0	7.8	1.2	2.3	2.1	0.0	0.7	1.3	0.0	1.3	0.0	39.8	100.0	1,523
Higher	69.0	65.6	38.3	8.9	6.7	0.6	5.1	4.6	1.4	0.0	3.4	0.0	3.4	0.0	31.0	100.0	111
No. of living children																	
0	7.7	6.6	3.1	0.2	0.8	0.0	2.6	0.0	0.0	0.0	1.1	0.0	1.1	0.0	92.3	100.0	372
1	58.3	56.2	47.3	0.5	4.5	0.6	2.1	0.3	0.0	0.8	2.1	0.0	2.0	0.2	41.7	100.0	848
2	61.8	60.8	48.3	1.6	6.4	0.1	1.8	0.8	0.2	1.6	0.9	0.1	0.6	0.3	38.2	100.0	731
3	60.8	58.9	37.9	1.0	12.3	2.0	1.4	3.6	0.0	0.7	1.9	0.1	1.6	0.2	39.2	100.0	507
4+	56.5	49.8	27.9	1.1	12.3	0.2	1.3	5.9	0.1	0.8	6.7	0.4	5.3	1.0	43.5	100.0	1,151
Total	53.5	50.4	35.5	0.9	8.1	0.5	1.8	2.6	0.1	0.9	3.2	0.2	2.6	0.4	46.5	100.0	3,609

LAM = Lactational amenorrhoea method

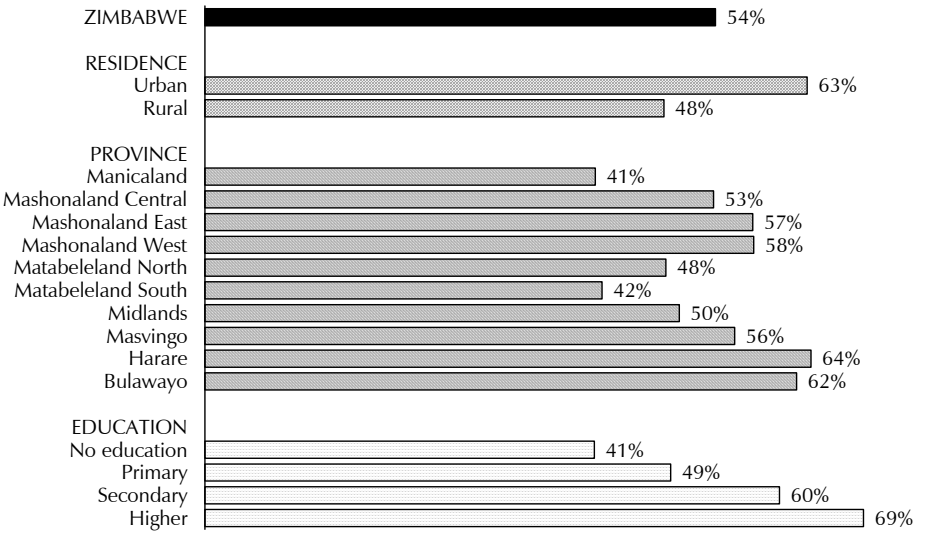
Table 5.7.2 Current use of contraception by background characteristics: men

Percent distribution of currently married men by contraceptive method currently used, according to selected background characteristics, Zimbabwe 1999

Age	Any method	Modern method: Any modern method	Pill	IUD	Injectables	Implant	Condom	Female sterilisation	LAM	Traditional method: Any traditional method	Periodic abstinence	Withdrawal	Not currently using	Other methods	Total	Number of men
Residence																
Urban	73.4	69.2	53.1	0.1	7.4	0.5	5.5	2.6	0.0	4.2	0.5	2.3	1.4	26.6	100.0	546
Rural	59.3	54.7	39.3	0.0	7.3	0.3	5.9	1.6	0.3	4.5	1.4	1.1	2.0	40.7	100.0	693
Province																
Manicaland	47.9	44.3	33.3	0.0	5.2	0.0	4.7	1.0	0.0	3.6	0.0	2.6	1.0	52.1	100.0	139
Mashonaland Central	67.0	61.4	45.2	0.0	11.1	0.0	4.0	0.6	0.6	5.6	2.7	1.1	1.7	33.0	100.0	127
Mashonaland East	61.7	60.9	40.9	0.0	6.9	1.7	7.9	3.4	0.0	0.9	0.0	0.0	0.9	38.3	100.0	117
Mashonaland West	62.1	55.7	39.7	0.0	8.0	0.0	4.8	3.2	0.0	6.3	1.4	3.6	1.4	37.9	100.0	147
Matabeleland North	57.4	49.4	36.7	0.0	7.3	0.0	4.7	0.7	0.0	8.0	2.0	4.0	2.0	42.6	100.0	61
Matabeleland South	63.4	50.7	38.1	0.0	6.2	0.0	4.2	1.1	1.1	12.7	0.0	2.1	10.6	36.6	100.0	46
Midlands	72.5	67.9	49.8	0.0	4.6	0.0	10.5	3.0	0.0	4.6	1.4	1.6	1.6	27.5	100.0	143
Masvingo	59.4	54.1	39.4	0.0	10.4	0.0	1.8	1.6	0.9	5.3	3.5	1.8	0.0	40.6	100.0	102
Harare	81.8	79.7	65.0	0.0	7.0	0.7	6.3	0.7	0.0	2.1	0.0	0.0	2.1	18.2	100.0	271
Bulawayo	53.4	49.6	28.6	0.8	7.5	0.8	5.3	6.8	0.0	3.8	0.0	3.0	0.8	46.6	100.0	86
Education																
No education	55.5	47.4	24.6	0.0	11.1	0.0	11.7	0.0	0.0	8.1	3.3	1.8	3.0	44.5	100.0	49
Primary	60.4	54.9	40.1	0.0	6.8	0.2	5.1	2.5	0.2	5.5	1.1	2.8	1.6	39.6	100.0	461
Secondary	68.1	64.4	48.5	0.0	8.2	0.6	5.9	1.0	0.2	3.7	0.9	0.9	2.0	31.9	100.0	617
Higher	76.4	74.6	59.1	0.6	3.5	0.0	4.8	6.7	0.0	1.7	0.0	1.3	0.4	23.6	100.0	112
No. of living children																
0	16.0	16.0	5.1	0.0	1.0	0.0	9.9	0.0	0.0	0.0	0.0	0.0	0.0	84.0	100.0	129
1	69.5	67.5	54.4	0.0	5.3	0.0	7.3	0.6	0.0	2.1	0.6	0.9	0.6	30.5	100.0	271
2	70.4	66.4	54.4	0.0	6.1	1.4	4.6	0.0	0.0	3.9	0.0	2.5	1.5	29.6	100.0	213
3	73.5	70.4	53.7	0.0	11.1	0.4	3.7	0.9	0.6	3.0	0.5	0.7	1.8	26.5	100.0	153
4+	71.9	64.4	44.6	0.1	9.6	0.2	4.9	4.7	0.3	7.5	2.1	2.5	2.9	28.1	100.0	473
Total	65.5	61.1	45.4	0.1	7.4	0.4	5.7	2.0	0.2	4.4	1.0	1.6	1.7	34.5	100.0	1,239

LAM = Lactational amenorrhoea method

Figure 5.2 Current Use of Family Planning Among Currently Married Women 15-49 by Background Characteristics, Zimbabwe 1999



ZDHS 1999

5.6 Current Use of Contraception by Women's Status

A woman's status and self-image affect her ability to control her fertility and to choose a suitable contraceptive method. A woman who feels that she is unable to control other aspects of her life may be less likely to feel she can make and carry out decisions on her fertility. She may also feel the need to choose methods that are less likely to be revealed or that do not depend on her husband's cooperation.

Table 5.8 shows that the above assumptions hold true in Zimbabwe as far as using a family planning method. Women who have more say in making household decisions, those who have more reasons to refuse having sex with their partner and women who do not justify wife beating are more likely to use contraception.

5.7 Number of Children at First Use of Contraception

Couples use family planning methods for timing births, for spacing births, or to completely avoid pregnancy. An examination of first use of contraception among ever-married women by the number of living children shows that younger women initiated contraceptive use at lower parities than older women (Table 5.9). The data shows that in general, few women begin using contraception before they have had a child (4 percent).

Table 5.8 Current use of contraception by women's status

Percent distribution of currently married women by contraceptive method currently used, according to selected indicators of women's status, Zimbabwe 1999

		Modern method									Traditional method						
Age	Any method	Any modern method	Pill	IUD	Inject-ables	Im-plant	Con-dom	Male sterili-sation	Female sterili-sation	LAM	Any tradi-tional method	Periodic absti-nence	With-drawal	Other methods	Not currently using	Total	Number of women
Number of decisions with woman having final say																	
0-1	40.9	35.7	27.1	0.0	4.8	0.0	1.6	1.5	0.0	0.8	5.2	0.0	4.8	0.4	59.1	100.0	371
2-3	51.7	48.4	36.2	0.4	8.0	0.2	1.6	1.1	0.1	0.9	3.3	0.1	2.9	0.4	48.3	100.0	979
4-5	56.4	53.6	36.5	1.3	8.7	0.7	1.9	3.5	0.1	0.9	2.8	0.2	2.1	0.5	43.6	100.0	2,258
Number of reasons to refuse sexual relations																	
0	51.4	50.5	37.4	0.0	8.5	0.3	0.7	2.2	0.0	1.4	1.0	0.0	1.0	0.0	48.6	100.0	244
1-2	52.8	49.3	36.7	0.4	6.6	0.3	1.8	2.2	0.0	1.1	3.5	0.2	2.8	0.6	47.2	100.0	1,180
3-4	54.2	50.9	34.6	1.3	8.9	0.6	1.8	2.9	0.1	0.7	3.3	0.2	2.7	0.4	45.8	100.0	2,184
Number of reasons to justify wife beating																	
0	55.9	52.9	35.7	1.4	8.5	0.8	2.3	3.3	0.1	0.7	3.0	0.2	2.5	0.3	44.1	100.0	1,729
1-3	52.7	49.3	36.8	0.4	7.3	0.3	1.5	1.9	0.1	1.0	3.4	0.2	2.7	0.5	47.3	100.0	1,411
4-5	47.4	44.1	30.3	0.7	9.0	0.0	0.7	2.4	0.0	1.0	3.3	0.1	2.6	0.5	52.6	100.0	469
Total	53.5	50.4	35.5	0.9	8.1	0.5	1.8	2.6	0.1	0.9	3.2	0.2	2.6	0.4	46.5	100.0	3,609

LAM = Lactational amenorrhoea method

Table 5.9 Number of children at first use of contraception

Percent distribution of ever-married women by number of living children at the time of first use of contraception and median number of children at first use, according to current age, Zimbabwe 1999

Current age	Never used contra-ception	Number of living children at time of first use of contraception						Total	Number of women	Median number of children at first use of contraception[1]
		0	1	2	3	4+	Missing			
15-19	46.9	8.3	41.7	1.5	0.0	0.0	1.7	100.0	329	0.4
20-24	19.8	5.1	67.3	6.7	0.6	0.2	0.4	100.0	930	0.5
25-29	9.8	5.0	70.1	11.4	2.3	0.9	0.5	100.0	933	0.6
30-34	11.3	3.5	63.4	13.3	5.2	3.0	0.3	100.0	642	0.6
35-39	12.6	3.3	43.3	17.3	12.2	11.3	0.0	100.0	620	0.9
40-44	16.0	2.5	34.9	16.7	11.5	18.1	0.2	100.0	458	1.3
45-49	23.8	3.1	27.9	11.5	12.9	20.4	0.4	100.0	359	1.6
Total	17.3	4.4	55.1	11.3	5.5	6.0	0.4	100.0	4,270	0.7

[1] Median among those who have ever used contraception

5.8 KNOWLEDGE OF THE FERTILE PERIOD

An elementary knowledge of reproductive physiology provides a useful background for successful practice of coitus-associated methods such as withdrawal, condom, and vaginal methods. Knowledge is particularly critical in the case of periodic abstinence. The 1999 ZDHS included a question designed to obtain information on respondent's understanding of the time when a woman was most likely to become pregnant during the menstrual cycle. Considering the responses from 5,907 respondents to this inquiry, it is clear that knowledge of the fertile period is minimal among women. Only 12 percent of women were able to identify the correct period (Table 5.10). About a third of all women (34 percent) could not state when this period is during the menstrual cycle.

Table 5.10 Knowledge of fertile period

Percent distribution of women by knowledge of the fertile period during the ovulatory cycle, Zimbabwe 1999

Perceived fertile period	All women
During menstrual period	1.4
Right after period has ended	30.3
Halfway between periods	11.6
Just before period begins	9.2
At any time	11.9
Other	0.9
Don't know	34.3
Missing	0.4
Total	100.0
Number	5,907

Note: Total includes 9 unweighted women who are using periodic abstinence as a family planning method.

It should be noted, however, that the precoded response categories in this question are only one way of dividing the cycle into periods. It is possible that women who gave "other" answers such as "one week after her menstruation" were coded in the category "right after her period ended" instead of in the category "in the middle of the cycle." Thus, more women may actually have correct understanding of the fertile period than is presented in Table 5.10.

5.9 SOURCE OF SUPPLY

To document the main sources of supply for users of different contraceptive methods, all users of family planning methods were asked to state where they had obtained their current method(s) the last time. Detailed information of the source of family planning methods by method

is complicated by the fact that some respondents do not know for sure the name of the source. Therefore, data on this indicator should be used with some caution.

The distribution of sources of contraceptive supplies for current users shows that most users (77 percent) obtained their contraceptives from the public sector followed by 17 percent who obtained their methods from the private medical sector (see Table 5.11). Compared with the findings in the 1994 ZDHS, there has been an increase in the participation of the private medical sector in family planning service delivery from 12 percent to 17 percent by 1999.

The majority of current users of the pill (81 percent), injectables (84 percent), and female sterilisation (62 percent), obtain their methods from the public sector. However, the supply of condoms seems more evenly distributed across the three main groups of contraceptive suppliers (public sector, private medical sector, and the other category) mentioned by clients.

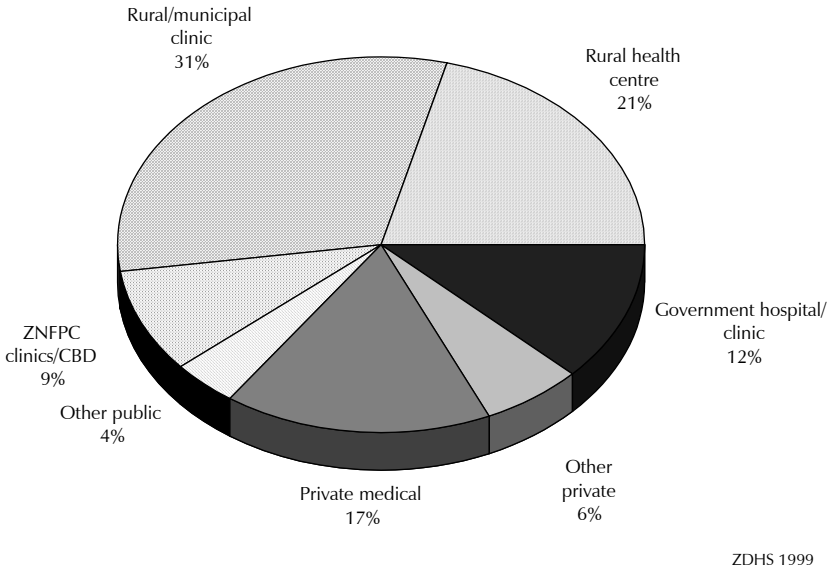
Table 5.11 Source of supply for modern contraceptive methods

Percent distribution of current users of modern contraceptive methods by most recent source of supply, according to specific methods, Zimbabwe 1999

Source of supply	Pill	IUD	Inject-ables	Condom	Female sterili-sation	All modern methods[1]
Public sector	80.5	(53.4)	84.4	40.1	61.7	76.7
Government hospital/clinic	9.6	(13.6)	14.0	4.5	34.0	11.7
Rural/municipal clinic	35.2	(10.0)	30.4	17.5	11.3	31.0
Rural health centre	20.5	(0.0)	33.0	8.3	13.6	20.7
ZNFPC (fixed) clinic	3.2	(22.5)	4.5	2.5	0.0	3.9
ZNFPC mobile clinic	2.4	(3.7)	0.6	0.7	0.0	1.8
MOH mobile clinic	1.3	(0.0)	1.5	0.0	0.0	1.1
ZNFPC CBD worker	4.8	(3.7)	0.1	1.8	0.0	3.4
MOH CBD worker	3.4	(0.0)	0.0	4.3	0.0	2.6
Other public	0.2	(0.0)	0.3	0.5	2.9	0.3
Private medical sector	15.7	(44.2)	10.9	21.3	22.6	16.5
Private hospital/clinic	2.6	(12.1)	2.8	1.9	16.2	3.6
Pharmacy	7.7	(0.0)	0.0	15.3	4.6	6.5
Private doctor	3.5	(32.1)	7.6	0.0	0.0	4.6
Private CBD worker	1.7	(0.0)	0.0	2.7	0.0	1.3
Other private	0.2	(0.0)	0.5	1.4	1.8	0.4
Other private	3.6	(2.4)	4.7	36.3	13.4	6.4
Shop	0.3	(0.0)	0.0	18.1	0.0	1.4
Friends/relatives	0.3	(0.0)	0.0	15.2	0.0	1.2
Mission facility	2.9	(2.4)	4.5	1.4	13.4	3.6
Other	0.1	(0.0)	0.2	1.6	0.0	0.2
Don't know/missing	0.2	(0.0)	0.0	2.3	2.2	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,404	42	350	137	109	2,068

Note: Figures in parentheses are based on 25-49 unweighted cases.
CBD = Community-based distribution
[1] Total includes women who reported using female condom, foam or jelly, male sterilisation, and lactational amenorrhoea method (LAM).

Figure 5.3 Current Use of Contraception by Source of Supply, Zimbabwe 1999



Within the public sector, government hospitals and health centres are reported as the main source of contraceptive supplies (see Figure 5.3). In general, the proportion of current users who obtain their contraceptive supplies from the ZNFPC community-based distribution (CBD) workers is declining. The percentage of users obtaining supplies from a ZNFPC CBD worker declined from 18 percent in 1994 to 3 percent in 1999. The most often used source for condoms are shops and rural/municipal clinics (18 percent each) and pharmacies and friends or relatives (15 percent each).

5.10 First-year Contraceptive Discontinuation Rates

Couples can realise their reproductive goals only when they use contraceptive methods consistently. Of particular concern to family planning programmes is the rate at which users discontinue use of contraception and the reasons for such discontinuation. Life-table contraceptive discontinuation rates derived from the survey are presented in Table 5.12. These are cumulative first-year discontinuation rates and represent the proportion of users discontinuing a method within 12 months after the start of use. The rates are calculated by dividing the number of discontinuations for each reason at each duration of use in single months by the number of months of exposure at that duration. The single-month rates are then summed to produce a one-year rate. The reasons for discontinuation are treated as competing risks (net rates). Three specific reasons for discontinuation are tabulated: method failure (became pregnant while using contraception), desire to become pregnant, and switching to another method.[1]

[1] The discontinuation rates presented here include only those segments of contraceptive use that *began* since January 1994. The rates apply to the 3- to 63-month period before the survey; exposure during the month of interview and the two months prior to the interview are excluded to avoid the biases that may be introduced by unrecognized pregnancies. These cumulative discontinuation rates represent the proportion of users discontinuing a method within 12 months of starting use. The rates are calculated by dividing the number of women discontinuing a method by the number exposed at that duration. The single-month rates are then cumulated to produce a one-year rate. In calculating the rate, the various reasons for discontinuation are treated as competing risks.

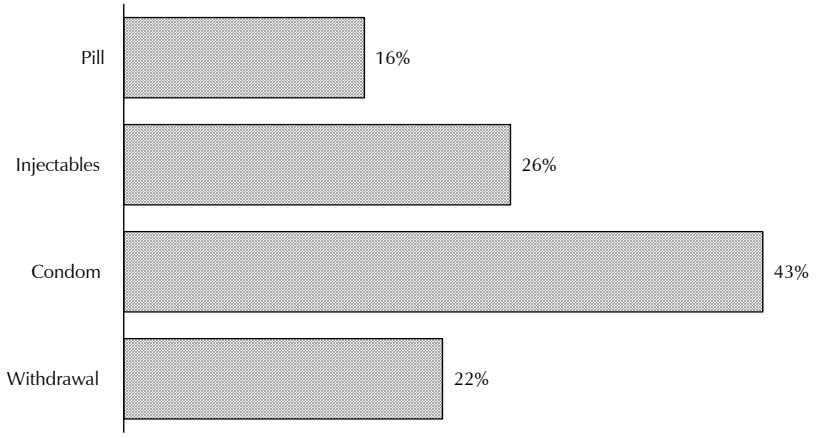
The results indicate that one in five family planning users in Zimbabwe stop using a contraceptive method within 12 months of starting use. Four percent of users stop using because they want to become pregnant, 6 percent stop because the women switched to another method, and 2 percent stop because of method failure (i.e., they became pregnant while using). Discontinuation rates are much higher for the condom (43 percent) than for the pill (16 percent) or injectables (26 percent) (see Figure 5.4). Among the modern contraceptive methods, condoms present the highest failure rate; 4 percent of users became pregnant while using them.

Table 5.12 First-year contraceptive discontinuation rates

Proportion of contraceptive users who discontinue use of a method by 12 months after beginning its use, by reason for discontinuation, according to specific method, Zimbabwe 1999

Method discontinued	Reason for discontinuation				Total
	Method failure	Desire to become pregnant	Switched to another method	All other reasons	
Pill	1.8	3.5	4.0	7.1	16.3
Injectables	1.1	3.2	9.4	12.5	26.2
Condom	4.2	6.7	9.7	22.9	43.3
Withdrawal	1.6	9.5	7.4	3.1	21.6
All methods	1.8	3.8	5.9	8.7	20.2

Figure 5.4 **First-Year Contraceptive Discontinuation Rates by Method, Zimbabwe 1999**



ZDHS 1999

5.11 REASONS FOR DISCONTINUING CONTRACEPTIVE METHODS

Table 5.13 presents the distribution of all discontinuations among ever users during the four years preceding the ZDHS. Among 2,835 discontinuations that occurred since January 1994, the most common reason for discontinuing use is the desire to become pregnant. This reason applies to all methods except LAM, for which 34 percent of the users wanted to have a more effective method. The desire to become pregnant is expressed by 40 percent of pill users.

Across all modern family planning methods, there is also a significant proportion of women who discontinued use because they experienced method-related side effects and/or because they were concerned about their health (18 percent). It is worth noting that four in ten women who discontinued using injectables stopped because of side effects (27 percent) and health concerns (14 percent). The low efficacy of traditional and folk methods is evidenced by the comparatively high proportions of discontinuations that were due to pregnancy.

Table 5.13 Reasons for discontinuing contraceptive methods

Percent distribution of discontinuations of contraceptive methods in the five years preceding the survey by main reason for discontinuation, according to specific method, Zimbabwe 1999

Reason for discontinuation	Pill	Inject-ables	Con-dom	Lacta-tional amenor-rhoea	Periodic absti-nence	With-drawal	All methods
Became pregnant while using	12.7	6.9	5.8	13.6	(17.7)	16.4	11.7
Wanted to become pregnant	39.6	18.8	27.9	13.4	(9.8)	51.9	35.4
Husband disapproved	3.3	1.4	9.4	3.3	(5.3)	6.4	3.5
Side effects	10.3	27.0	0.4	0.0	(0.0)	0.0	11.3
Health concerns	6.4	14.8	1.4	0.0	(0.0)	0.0	6.9
Access/availability	3.6	6.6	3.6	0.0	(0.0)	0.0	3.7
Wanted a more effective method	3.9	0.5	6.7	34.3	(22.4)	6.5	4.6
Inconvenient to use	2.6	1.2	6.5	1.9	(0.0)	0.7	2.5
Infrequent sex	3.8	5.5	12.8	0.0	(18.5)	1.3	4.5
Costs too much	2.9	6.4	1.4	0.0	(0.0)	0.0	3.0
Fatalistic	0.5	0.0	1.1	0.0	(0.0)	0.0	0.4
Menopause	0.6	0.3	0.0	0.0	(0.0)	2.9	0.6
Marital dissolution	2.1	1.7	2.3	0.0	(0.0)	0.0	1.9
Other	3.7	6.1	12.0	17.8	(0.0)	1.3	5.0
Don't know	0.1	0.0	0.3	0.0	(0.0)	0.0	0.1
Missing	3.8	2.9	8.5	15.6	(26.3)	12.6	5.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,951	420	167	76	29	143	2,835

Note: Numbers in parentheses are based on 25-49 unweighted cases.
[1] Total includes women who used IUD, implants, female condom, foam or jelly, and traditional methods.

5.12 FUTURE USE OF CONTRACEPTION

An important indicator of the changing demand for family planning is the extent to which nonusers of contraception plan to use family planning methods in the future as this provides a forecast of potential demand for services.

Currently married women who were not using contraception at the time of the survey were asked about their intention to use family planning in the future (Table 5.14). Two-thirds of the currently married nonusers indicated that they intend to use family planning methods in the future,

Table 5.14 Future use of contraception

Percent distribution of currently married women and men who are not using a contraceptive method by intention to use a method in the future, according to number of living children, Zimbabwe 1999

Intention	Number of living children[1] 0	1	2	3	4+	Total women	Total men
All currently married nonusers							
Intends to use	63.5	78.6	73.6	75.7	52.7	66.7	67.9
Unsure as to intention	6.5	4.2	5.3	1.5	3.6	4.1	3.6
Does not intend to use	30.0	17.2	20.8	22.0	43.0	28.7	21.0
Don't know/Missing	0.0	0.0	0.3	0.8	0.7	0.4	7.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women and men	233	350	311	236	547	1,676	428

[1] Includes current pregnancy

while 29 percent said they do not intend to use. The proportion of women who intend to use a method is highest among women with one to three children and lowest among those with at least four children. The pattern for men is similar to that for women.

5.13 Reasons for Nonuse of Contraception

Table 5.15 presents the main reasons for not using family planning given by currently married nonusers who said that they did not intend to use a contraceptive method in the future. Religious prohibition, a desire for more children, and husband's disapproval were the most important reasons given by women under 30 years of age, while menopause and perceived subfecundity and infecudity were given as the most important reasons for nonuse by women above 30 years of age. For men, the most often cited reasons are that their wife is menopausal or has had a hysterectomy and religious prohibition (26 percent each).

Table 5.15 Reasons for nonuse of contraception

Percent distribution of currently married women and men who are not using a contraceptive method and who do not intend to use in the future by main reason for not intending to use, according to age, Zimbabwe 1999

Reason	Women Age <30	30-49	All ages	Men All ages
Not married	0.0	0.5	0.4	0.0
Infrequent sex	1.6	8.6	6.8	3.1
Menopausal/hysterectomy	0.0	23.9	17.9	25.6
Subfecund/infecund	9.1	19.6	17.0	9.6
Wants more children	11.1	8.7	9.3	12.0
Respondent opposed	8.2	2.6	4.0	4.6
Husband opposed	9.7	3.1	4.8	1.5
Others opposed	0.0	0.1	0.1	0.0
Religious prohibition	36.9	8.5	15.7	26.3
Knows no method	1.2	0.2	0.5	1.0
Knows no source	0.0	0.0	0.0	0.4
Health concerns	3.0	4.5	4.1	3.6
Fear side effects	7.5	5.6	6.1	0.5
Lack of access	0.0	0.3	0.2	0.0
Costs too much	2.1	2.6	2.5	0.0
Inconvenient to use	0.4	0.4	0.4	2.3
Interferes with body processes	2.4	2.4	2.4	1.4
Other	2.9	6.3	5.5	2.8
Don't know	3.9	1.7	2.3	5.1
Missing	0.0	0.4	0.3	0.0
Total	100.0	100.0	100.0	100.0
Number of women and men	122	360	482	90

5.14 Preferred Methods of Contraception for Future Use

Future demand for specific methods of family planning can be assessed by asking nonusers which method they intend to use. Table 5.16 presents information on method preferences for married women who are not using contraception but say that they intend to use in the future. A majority of these women (57 percent) intend to use the pill, about 27 percent intend to use injectables, and 5 percent consider female sterilization.

Compared with the 1994 ZDHS, there is a slight increase in the intention to use injectables, and less interest in the pill and IUD. The intention to use condoms as a means for preventing a pregnancy also declined (3 percent in 1994 to 1 percent in 1999).

Table 5.16 Preferred method of contraception for future use

Percent distribution of currently married women who are not using a contraceptive method but who intend to use in the future by preferred method, Zimbabwe 1999

Preferred method	Percentage of women who intend to use a method in the future
Pill	56.8
IUD	1.6
Injectables	26.5
Implants	1.8
Condom	1.2
Female condom	0.7
Female sterilisation	4.7
Male sterilisation	0.2
Lactational amenorrhoea	0.1
Periodic abstinence	0.2
Withdrawal	2.3
Folk method	1.3
Missing	2.7
Total	100.0
Number of women	1,119

5.15 Exposure to Family Planning Messages on the Radio and Television

Radio and television are the major potential sources of information about family planning in the electronic media. Information on the level of public exposure to a particular type of media allows policy makers to ensure the use of the most effective media for the various target groups. To assess the effectiveness of such media on the dissemination of family planning information, all female and male respondents in the survey were asked whether they had heard messages about family planning on radio or seen them on television during the few months preceding the interview (Tables 5.17.1 for women and 5.17.2 for men).

Overall, one in four women reported that they had heard or seen a family planning message on both radio and television during the month before the interview, 22 percent heard a message on the radio only, and 3 percent heard a message on the television only. These proportions do not vary significantly by the woman's age. However, sharp contrasts in access to media messages are observed between urban and rural residents. Respondents in urban areas are about three times as likely as rural women to have access to both radio or television broadcasts. Rural women are more likely than urban women not to have heard a message on either radio or television (63 percent of rural women compared with 31 percent of women in urban areas).

The proportion of women who were exposed to family planning messages varied across provinces, ranging from 33 percent in Matabeleland North to 67 percent in Harare and 78 percent in Bulawayo. Exposure to family planning messages increases with the respondent's level of education; women with higher than a secondary education are much more likely to be exposed to messages than women with no education.

Table 5.17.1 Exposure to family planning messages on radio and television: women

Percent distribution of women by whether or not they have heard a radio or television message about family planning in the last few months prior to the interview, according to selected background characteristics, Zimbabwe 1999

Background characteristic	Heard family planning message on radio/television: Both	Radio only	Television only	Neither	Total	Number of women
Age						
15-19	20.4	18.4	3.1	58.1	100.0	1,447
20-24	25.8	23.0	3.8	47.3	100.0	1,294
25-29	26.9	26.5	2.8	43.8	100.0	1,034
30-34	31.6	24.6	4.5	39.3	100.0	668
35-39	23.6	22.0	2.2	52.0	100.0	637
40-44	22.3	21.0	2.4	54.4	100.0	466
45-49	20.4	17.7	1.5	60.4	100.0	361
Residence						
Urban	42.0	20.6	6.8	30.6	100.0	2,279
Rural	13.5	23.0	0.8	62.7	100.0	3,628
Province						
Manicaland	16.2	18.0	0.8	65.1	100.0	882
Mashonaland Central	14.0	25.0	1.8	59.1	100.0	477
Mashonaland East	25.8	28.5	1.3	44.4	100.0	461
Mashonaland West	24.1	24.2	2.0	49.8	100.0	559
Matabeleland North	13.8	17.7	1.3	67.1	100.0	302
Matabeleland South	14.4	21.2	2.2	62.1	100.0	321
Midlands	16.4	23.6	3.5	56.3	100.0	741
Masvingo	14.9	26.3	2.0	56.8	100.0	629
Harare	40.2	19.2	7.5	33.1	100.0	1,077
Bulawayo	53.8	19.8	4.8	21.7	100.0	457
Education						
No education	10.5	12.5	0.2	76.5	100.0	396
Primary	15.5	22.4	1.3	60.9	100.0	2,377
Secondary	31.5	23.6	4.5	40.4	100.0	2,965
Higher	60.5	13.0	12.6	14.0	100.0	168
Total	24.5	22.1	3.1	50.3	100.0	5,907

In general, men seem to be more exposed to family planning messages through the electronic media than their female counterparts. Like women, however, exposure to family planning messages on the radio and television varies across provinces. Men in Harare and Bulawayo (86 percent and 81 percent, respectively) have the highest level of exposure. For the remaining provinces, exposure to family planning messages through the electronic media ranges from 40 percent in Matabeleland South to 69 percent in Mashonaland West.

Exposure to family planning messages also varies with men's education; men with at least some secondary education are more exposed to messages than those with primary or no education.

Table 5.17.2 Exposure to family planning messages on radio and television: men

Percent distribution of men by whether or not they have heard a radio and/or television message about family planning in the last few months prior to the interview, according to selected background characteristics, Zimbabwe 1999

Background characteristic	Heard family planning message on radio/television					Total	Number of men
	Both	Radio only	Tele-vision only	Neither	Missing		
Age							
15-19	20.0	23.1	4.2	52.7	0.0	100.0	713
20-24	28.1	29.7	6.1	36.2	0.0	100.0	506
25-29	35.7	34.0	3.2	27.1	0.0	100.0	430
30-34	36.4	36.9	2.8	23.9	0.0	100.0	281
35-39	35.6	31.2	4.1	29.1	0.0	100.0	220
40-44	30.0	31.0	3.3	33.4	2.2	100.0	178
45-49	29.8	34.0	1.3	34.9	0.0	100.0	177
50-54	28.1	33.7	3.1	35.1	0.0	100.0	104
Residence							
Urban	53.9	21.7	7.2	16.8	0.4	100.0	1,090
Rural	11.0	36.0	1.5	51.5	0.0	100.0	1,519
Province							
Manicaland	17.9	43.4	0.8	37.3	0.6	100.0	360
Mashonaland Central	10.8	37.7	1.5	50.0	0.0	100.0	236
Mashonaland East	14.9	30.9	2.8	51.5	0.0	100.0	217
Mashonaland West	28.9	37.7	2.1	31.3	0.0	100.0	268
Matabeleland North	25.9	26.6	1.7	45.8	0.0	100.0	146
Matabeleland South	19.5	17.7	3.5	59.2	0.0	100.0	120
Midlands	15.6	30.2	6.8	47.4	0.0	100.0	308
Masvingo	9.8	35.4	1.1	53.7	0.0	100.0	225
Harare	60.1	17.7	8.1	13.7	0.4	100.0	514
Bulawayo	53.5	21.6	5.7	19.2	0.0	100.0	214
Education							
No education	15.9	21.0	2.9	60.3	0.0	100.0	66
Primary	14.0	32.7	1.1	51.9	0.3	100.0	830
Secondary	34.2	30.4	4.4	30.8	0.1	100.0	1,556
Higher	60.6	16.7	14.0	8.6	0.0	100.0	157
Total	28.9	30.0	3.9	37.0	0.2	100.0	2,609

5.16 EXPOSURE TO FAMILY PLANNING MESSAGES IN THE PRINT MEDIA

Respondents were asked whether they had been exposed to a family planning message in a newspaper or magazine article (i.e., print media) during the last few months preceding the interview (see Table 5.18). Three in four women interviewed (73 percent) reported that they had no exposure to print media that contained family planning information. Women age 25-34 years report the highest exposure of messages through the print media, compared with other age groups.

Women in rural areas are less likely to have been exposed to print media on family planning than their urban counterparts (15 percent of rural women compared with 45 percent of urban women). The proportion of women who were exposed to family planning messages in print media increases directly with their education: 8 percent among women with no formal education to 37 percent or higher among women with a secondary education.

Table 5.18 Exposure to family planning messages in print media

Percentage of women who saw a message about family planning in the print media (newspaper or magazine) in the last few months prior to the interview, according to selected background characteristics, Zimbabwe 1999

Background characteristic	Saw family planning message in print media		Total	Number of women
	Yes	No		
Age				
15-19	23.5	76.5	100.0	1,447
20-24	28.9	71.1	100.0	1,294
25-29	31.5	68.6	100.0	1,034
30-34	31.9	68.1	100.0	668
35-39	23.7	76.3	100.0	637
40-44	23.3	96.7	100.0	466
45-49	18.6	81.4	100.0	361
Residence				
Urban	45.0	55.0	100.0	2,279
Rural	15.3	84.7	100.0	3,628
Province				
Manicaland	15.3	84.7	100.0	882
Mashonaland Central	17.7	82.3	100.0	477
Mashonaland East	29.9	70.1	100.0	461
Mashonaland West	25.0	75.0	100.0	559
Matabeleland North	11.1	88.9	100.0	302
Matabeleland South	18.3	81.7	100.0	321
Midlands	18.7	81.3	100.0	741
Masvingo	19.0	81.0	100.0	629
Harare	43.6	56.4	100.0	1,077
Bulawayo	57.3	42.7	100.0	457
Education				
No education	8.2	91.8	100.0	396
Primary	14.1	85.9	100.0	2,377
Secondary	36.6	63.4	100.0	2,965
Higher	74.6	25.4	100.0	168
Total women	26.7	73.3	100.0	5,907

5.17 CONTACT OF NONUSERS WITH FAMILY PLANNING PROVIDERS

Community-based distribution (CBD) workers, who are largely based in rural areas, are expected to visit women and men of reproductive age who are nonusers of modern family planning methods to discuss options and, when indicated, motivate them to adopt a method of family planning. To obtain an indication of the frequency of such visits, women were asked whether a CBD worker visited them within the past 12 months. To get insight into the level of "missed opportunities," i.e., opportunities to motivate nonusers to adopt family planning, nonusers were also asked whether they had visited a health facility in the past 12 months and whether anyone at the health facility had discussed family planning with them during their visit. Women who were visited by a health worker in the health facilities in the past 12 months for personal care or care of their children were also asked whether health providers at the facility spoke to them about family planning methods.

The data in Table 5.19 show that family planning workers visited 10 percent of nonusers. Overall, 83 percent of nonusers were not visited by a CBD worker, did not visit a health facility, or visited a health facility but did not discuss family planning with a staff person in the 12 months before the survey. This represents a large pool of potential users of family planning who could be targeted for family planning counselling.

Around six in ten nonusers did not receive a visit from a CBD worker *and* did not go to a health facility in the past 12 months. To reach these women, a more vigorous outreach programme will be needed. Although 34 percent of nonusers were not visited by a CBD worker, they did visit a health facility in the past 12 months. However, seven in ten of these women (27 percent of all nonusers) received no family planning information or services during their recent visit. This is a significant fraction of nonusers and represents missed opportunities to motivate nonusers to adopt family planning.

Table 5.19 Contact of nonusers with family planning providers

Percent distribution of women who do not use contraception by whether they were visited by a family planning service provider or spoke with a health facility (HF) staff member about family planning methods (FP) during the 12 months prior to interview, according to selected background characteristics, Zimbabwe 1999

Background characteristic	Visited by FP provider			Not visited by a FP provider			Neither visited by FP provider nor discussed FP at HF[2]	Total	Number of women
	Attended HF and discussed FP[1]	Attended HF but did not discuss FP[1]	Did not attend health facility	Attended HF and discussed FP[1]	Attended HF but did not discuss FP[1]	Did not attend health facility			
Age									
15-19	0.6	2.1	3.7	2.6	23.1	67.9	91.0	100.0	1,285
20-24	2.4	1.3	2.9	9.9	30.8	52.7	83.4	100.0	770
25-29	3.4	3.6	4.3	14.9	31.5	42.3	73.8	100.0	480
30-34	4.5	2.8	6.4	14.4	29.4	42.4	71.8	100.0	317
35-39	4.2	3.8	8.2	9.4	24.4	49.7	74.1	100.0	312
40-44	2.5	3.8	4.7	6.2	26.1	56.7	82.8	100.0	269
45-49	1.2	2.7	7.6	4.0	20.4	64.2	84.5	100.0	248
Residence									
Urban	1.0	1.4	3.0	8.5	27.5	58.6	86.1	100.0	1,305
Rural	2.8	3.1	5.4	7.2	25.9	55.4	81.4	100.0	2,376
Province									
Manicaland	1.7	2.8	2.5	6.5	30.7	55.8	86.5	100.0	623
Mashonaland Central	2.4	2.8	5.8	8.2	31.5	49.4	80.9	100.0	284
Mashonaland East	3.0	1.5	5.9	5.2	10.3	74.2	84.5	100.0	269
Mashonaland West	2.8	4.3	13.3	5.2	17.3	56.7	74.0	100.0	322
Matabeleland North	0.4	4.6	2.1	5.5	39.4	48.0	87.4	100.0	198
Matabeleland South	4.8	5.5	5.5	9.7	32.1	42.5	74.6	100.0	221
Midlands	1.7	1.4	4.4	10.3	24.0	58.1	82.1	100.0	484
Masvingo	3.9	3.7	5.8	9.8	28.2	48.5	76.8	100.0	406
Harare	0.6	0.3	1.6	7.7	26.5	63.3	89.8	100.0	600
Bulawayo	2.1	1.4	2.8	7.4	26.2	60.2	86.4	100.0	273
Education									
No education	3.3	1.7	7.6	3.2	22.8	61.0	83.8	100.0	258
Primary	2.6	3.1	5.1	7.8	24.7	56.6	81.3	100.0	1,465
Secondary	1.5	2.3	3.8	8.2	27.8	56.5	84.3	100.0	1,885
More than secondary	5.6	0.0	3.5	8.0	42.0	40.9	82.9	100.0	73
Total	2.2	2.5	4.6	7.7	26.5	56.6	83.0	100.0	3,681

[1] Spoke with health facility staff about family planning methods
[2] Was not visited by a CBD worker and either did not attend a health facility in preceding 12 months or attended facility but did not speak with a staff member about family planning methods