Family Planning in Zimbabwe

Zimbabwe Demographic and Health Survey 2023-24 Key Findings

What is Family Planning?



Family Planning (FP) refers to a couple's conscious effort to limit or space the number of children they want through the use of contraceptive methods.

Contraceptive methods are categorised as either modern or traditional. Modern methods include female and male sterilization, the pill, intrauterine contraceptive device (IUCD), injectables, implants, male and female condoms, and the lactational amenorrhoea method (LAM). Traditional methods comprise rhythm (periodic abstinence) and withdrawal.

Knowledge of contraception and current use

Knowledge of modern contraception is nearly universal: **99%** of women and men age **15–49** know at least one modern method

- **Overall Usage:** Among currently married women, **70%** use a contraceptive method, with **69%** using a modern method.

The most commonly used method among currently married women is the pill **(40%)**

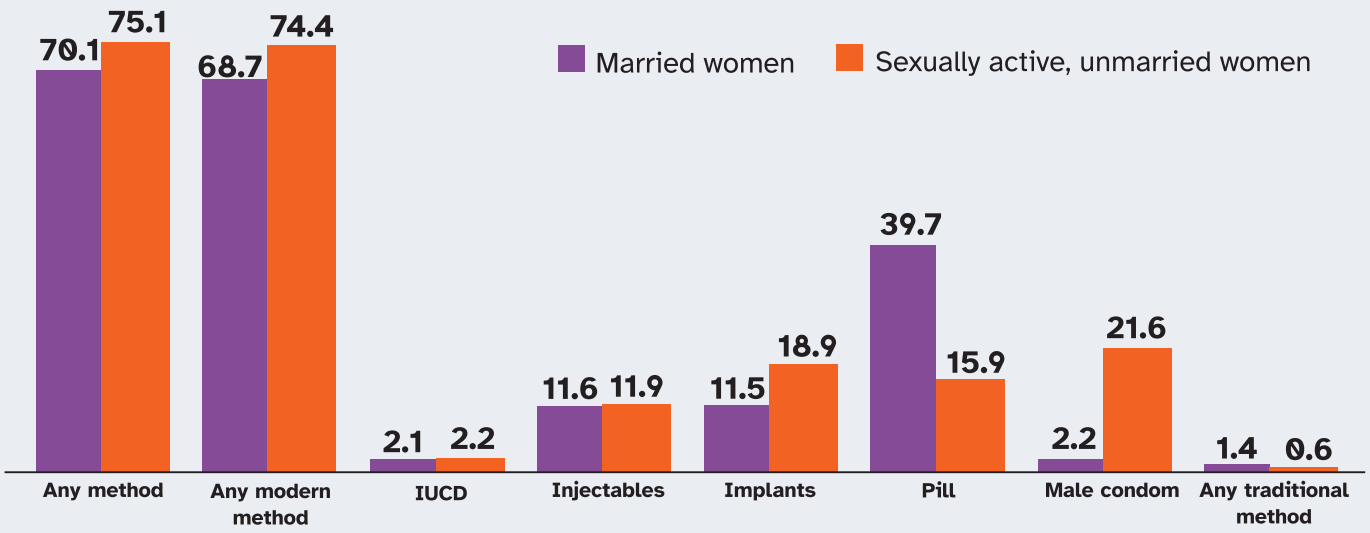
This factsheet highlights family planning trends and gaps in Zimbabwe, focusing on contraceptive use, unmet need, method mix, and service access to adolescents and young women, to inform youth-responsive and equitable policy action.

The male condom (22%)

is the most common method among sexually active unmarried women.

Trends: Modern contraceptive use among all women has risen significantly from **27%** in 1988 to **53%** in 2023-24.

Percent of women age 15-49 who use contraception

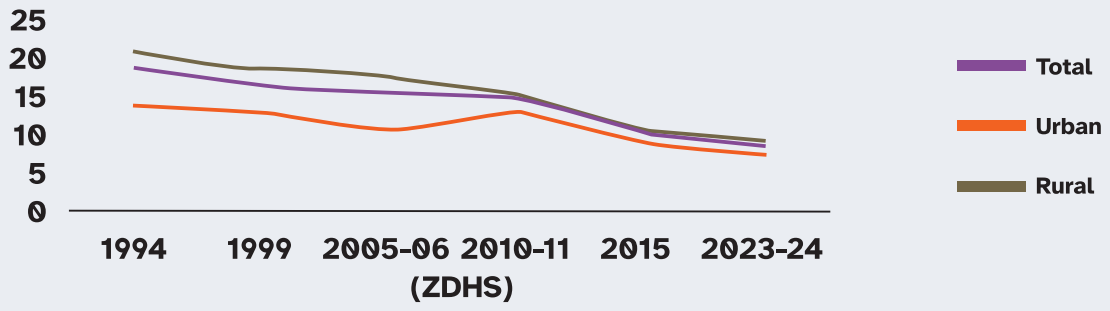


Trends in unmet need for family planning

Addressing unmet needs and the reasons why women stop using contraception is vital for programme success

Unmet need for family planning among married women has decreased over time from 10% in 2015 to 9%. (5% for spacing, 4% for limiting)

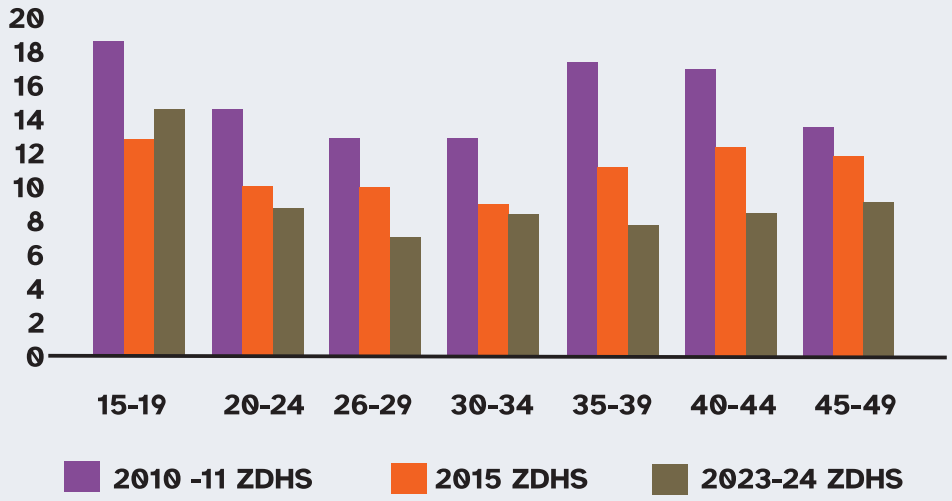
Percentage of currently married women age 15-49 with unmet need for FP



Trends in unmet need for family planning

- **Married adolescents** age 15-19 have a higher unmet need **(14.6%)** than older married women aged 45-49 **(8%)**.
- Unmet need is highest among women with **primary education (11%)** compared to those with **secondary education (6%)**.
- **By wealth quintile: 12%** unmet need in the poorest households vs. **6%** in the richest

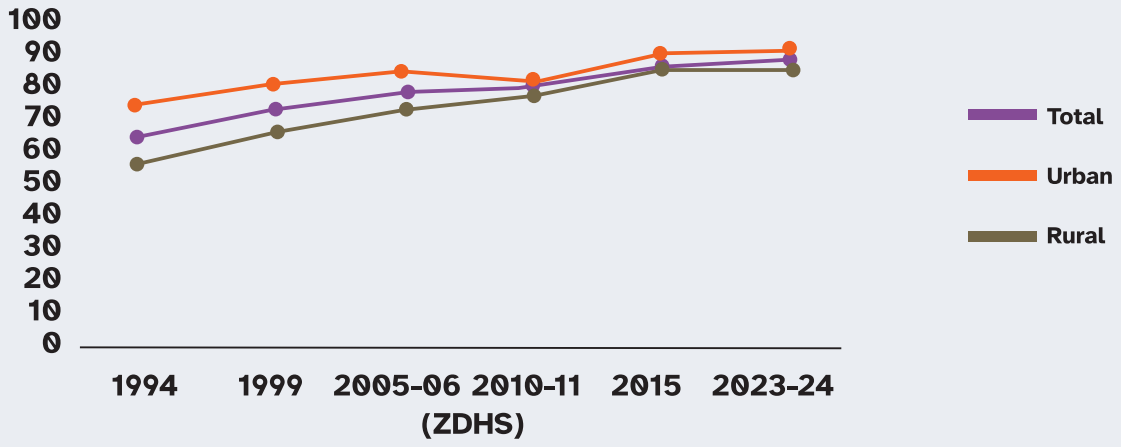
Percentage of currently married women age 15-49 with unmet need for FP by age group



Trends in demand for family planning satisfied by modern methods

- Between 1994 and 2023-24, the proportion of demand for family planning satisfied by modern methods rose from **63%** to **87%**.

Demand for Family Planning satisfied by modern methods



Decision-making about Family Planning

86% of women participate in decision making about family planning (mainly wife: **49.0%**, Partner jointly **36.6%**).

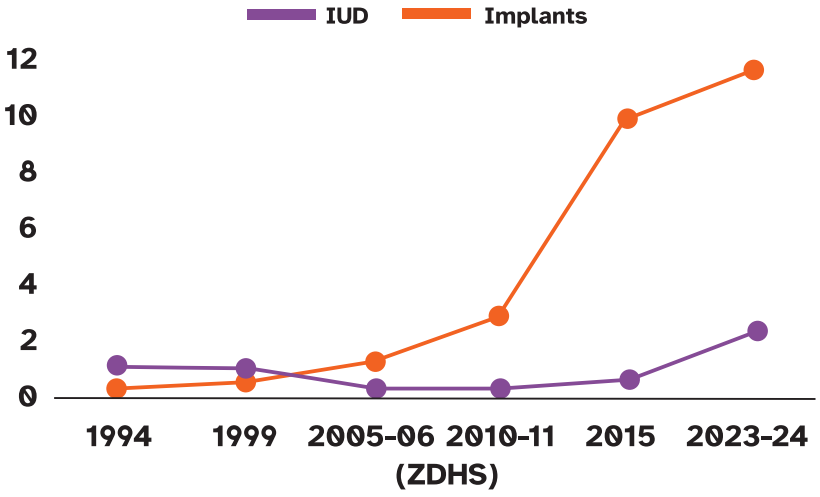


Decision maker	Percentage
Mainly wife	49.0
Wife and husband/partner jointly	36.6
Mainly husband	13.1
Someone else/other	1.3

Trends in use of long-acting contraceptive methods

There is an incremental uptake of **long-acting contraceptive methods**, particularly implants.

Percentage of currently married women age 15-49 using long acting methods

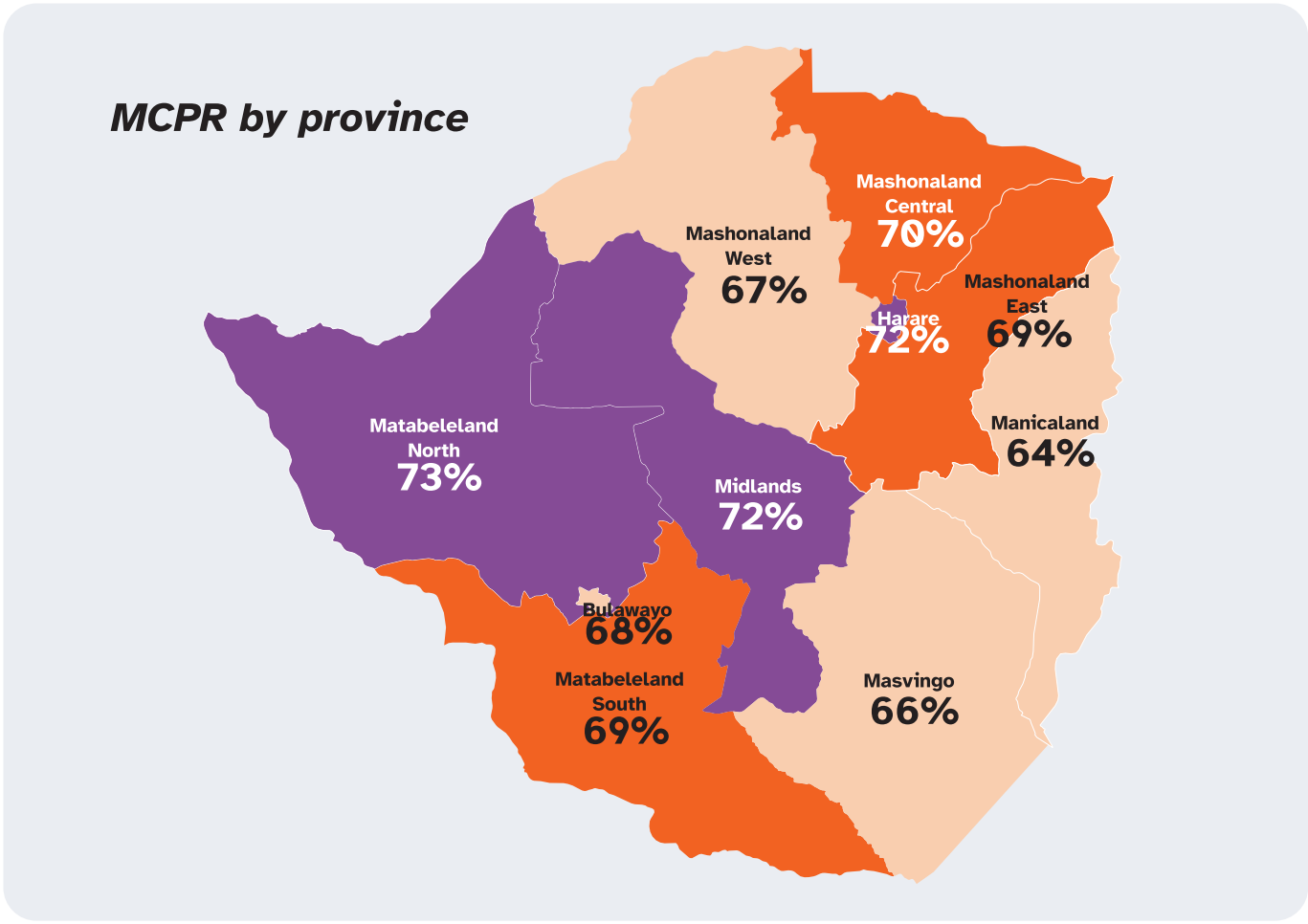


Sources of modern contraceptive methods

The primary source for accessing modern contraceptive methods is the public sector, serving **66%**.

Contraceptive use differentials

Contraceptive use varies by location.



- Contraceptive use is highest in **Matabeleland North (73%)** and lowest in **Manicaland (64%)**.
- **Urban vs. Rural:** Use of modern methods is slightly higher in urban areas **(55%)** compared to rural areas **(52%)** among all women.
- **Education Influence:** Modern method use increases with education, ranging from **37%** among women with no education to **60%** among those with more than a secondary education.

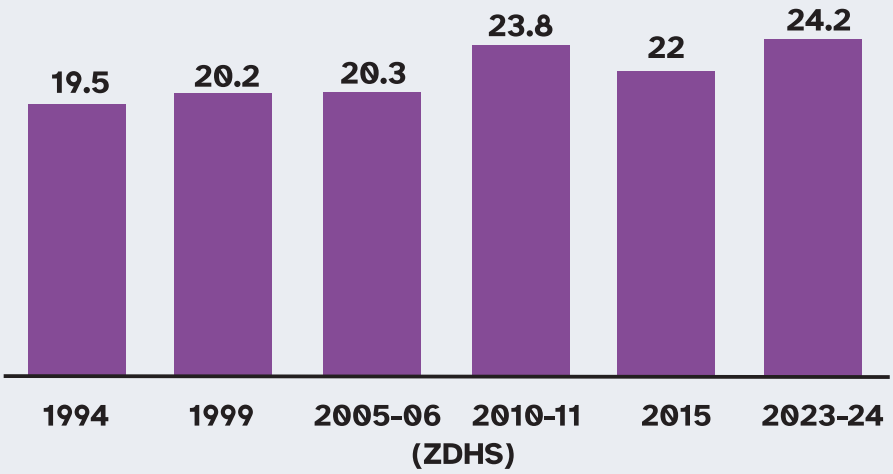
Contraceptive discontinuation rate

Trends in first-year contraceptive discontinuation rate due to all reasons

Nearly **1 in 4** contraceptive users **(24.2%)** discontinued within 12 months

Top Three Reasons for Discontinuation are:
(1) Desire to become pregnant **(37.2)**.
(2) Changes in menstural bleeding **(12.0)**.
(3) Otherside effects/health concerns **(10.1)**.

Percentage of contraceptive use episodes discontinuation within 12 months.



Policy recommendations

- Increase annual government allocations for FP to reduce dependency on external funding.
- Strengthen community engagement through Community Based distributors to address social norms, myths, and misconceptions surrounding adolescent FP use.
- Expand access to self-care interventions such as self-injection contraception and HIV self-testing among eligible adolescents.
- Invest in routine data systems, research, and programme evaluations to inform policy decisions.

Appreciation goes to the following partners who have provided support to the ZDHS 2023-24