permanent methods. In contrast, use of short-acting methods other than the injectable increased among at least one group of limiters in 10 of the 13 study countries. Thus, even though limiters, by definition, want no more children, an increasing proportion of them used short-acting methods, especially injectables.

Among the countries in which use of long-acting and permanent methods decreased among some limiters, no one method dominated the decrease: Six countries experienced declines (of more than one percentage point) in sterilization and six experienced declines in IUD use (Table 4, page 207). The largest declines in sterilization occurred in Namibia and Zambia (nine and six points, respectively), with smaller declines in Haiti, Kenya, Nicaragua and Zimbabwe (3–5 points). Indonesia had the largest decrease in IUD prevalence (16 points), but IUD use also decreased in Bolivia, Kenya, Namibia, Nicaragua and Peru (2–8 points). For the two countries that had large increases in long-acting and permanent method prevalence, the methods that dominated that change differed: Egypt experienced an 11-point increase in IUD use, whereas Malawi experienced a 10-point increase in reliance on sterilization.

Sample Cases: Indonesia and Malawi
Two case studies—Indonesia and Malawi—illustrate our finding that countries can experience increases in injectable use with different changes in overall contraceptive use and

Changes in the Use of Other Methods
We next explore changes in the use of other contraceptive methods (Table 2). Among spacers, the proportion relying on short-acting methods other than the injectable increased in all countries except Indonesia and Kenya, and in four countries, the proportion using short-acting methods increased more than the proportion using injectables. In contrast, the proportion of spacers relying on long-acting and permanent methods increased in just one country (Egypt), decreased substantially in three countries (Indonesia, Nicaragua and Peru) and either remained stable or showed small declines in the remainder. Thus, it seems that since the introduction of the injectable, the proportion of spacers may have shifted from using long-acting methods to using injectables and other short-acting methods.

In general, the proportion of limiters relying on long-acting or permanent methods also declined. In only four countries (Egypt, Malawi, Nepal and Tanzania) was there an increase over the study period in the proportion of limiters (younger, older or both) relying on long-acting and permanent methods. In contrast, use of short-acting methods other than the injectable increased among at least one group of limiters in 10 of the 13 study countries. Thus, even though limiters, by definition, want no more children, an increasing proportion of them used short-acting methods, especially injectables.

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