Economic & Social Affairs

2017

World Family Planning

United Nations

[Highlights]

ST/ESA/SER.A/414

Department of Economic and Social Affairs

World Family Planning

2017

Highlights

United Nations
New York, 2017

The Department of Economic and Social Affairs of the United Nations Secretariat is a vital interface between global policies in the economic, social and environmental spheres and national action. The Department works in three main interlinked areas: (i) it compiles, generates and analyses a wide range of economic, social and environmental data and information on which States Members of the United Nations draw to review common problems and take stock of policy options; (ii) it facilitates the negotiations of Member States in many intergovernmental bodies on joint courses of action to address ongoing or emerging global challenges; and (iii) it advises interested Governments on the ways and means of translating policy frameworks developed in United Nations conferences and summits into programmes at the country level and, through technical assistance, helps build national capacities.

The Population Division of the Department of Economic and Social Affairs provides the international community with timely and accessible population data and analysis of population trends and development outcomes for all countries and areas of the world. To this end, the Division undertakes regular studies of population size and characteristics and of all three components of population change (fertility, mortality and migration). Founded in 1946, the Population Division provides substantive support on population and development issues to the United Nations General Assembly, the Economic and Social Council and the Commission on Population and Development. It also leads or participates in various interagency coordination mechanisms of the United Nations system. The work of the Division also contributes to strengthening the capacity of Member States to monitor population trends and to address current and emerging population issues.

Notes

The designations employed in this report and the material presented in it do not imply the expression of any opinions whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

This report is available in electronic format on the Division's website at www.unpopulation.org. For further information about this report, please contact the Office of the Director, Population Division, Department of Economic and Social Affairs, United Nations, New York, 10017, USA, by Fax: 1 212 963 2147 or by e-mail at population@un.org.

Suggested citation:

United Nations, Department of Economic and Social Affairs, Population Division (2017). *World Family Planning 2017 - Highlights* (ST/ESA/SER.A/414).

Official symbols of United Nations documents are composed of capital letters combined with numbers, as illustrated in the above citation.

Front Cover photo:
"Insertion of implant (Jadelle) by the midwives in training." by UNFPA/Nadine Azifan, Benin, 2010
http://www.unmultimedia.org/photo, Photo # 545408.
Back cover photo:
"A doctor explains contraceptives to a young girl at the Sukhbaatar District Health Center." by UNFPA/Andrew Cullen Mongolia, 2010. http://www.unmultimedia.org/photo, Photo # 545022.

Published by the United Nations

Key trends in family planning

- In almost all regions of the world, contraceptives are used by the majority of women in the reproductive age range (15-49 years) who are married or in a union. Worldwide in 2017, 63 per cent of these women were using some form of contraception. Contraceptive use was above 70 per cent in Europe, Latin America and the Caribbean, and Northern America, while being below 25 per cent in Middle and Western Africa.
- More than one in ten married or in-union women worldwide have an unmet need for family planning; that is to say, they affirm that they want to stop or delay childbearing but are not using any method of contraception to prevent pregnancy. In Africa, as many as one in five women have an unmet need for family planning.
- Modern contraceptive methods account for most of the contraceptive use worldwide. Globally in 2017, 58 per cent of married or in-union women of reproductive age were using a modern method of family planning, comprising 92 per cent of all contraceptive users.
- Worldwide in 2017, among married or in-union women of reproductive age, the proportion of the demand for family planning that was satisfied by modern contraceptive methods (the proportion of women currently using a modern method among all women who have a need for family planning) was 78 per cent. Across regions in 2017, this proportion was lowest in Africa, at 56 per cent, and above 75 per cent in all other regions.
- In some countries, the use of modern contraceptive methods by couples who want to prevent pregnancy remains low. In 2017, less than half of the total demand for family planning was being met with modern methods in 45 countries (including 32 in Africa). In an additional 64 countries, more than half but less than 75 per cent of the total demand was being met by the use of modern methods.
- Between 2017 and 2030, total contraceptive prevalence among married or in-union women of reproductive age is expected to increase mainly in parts of sub-Saharan Africa and Oceania, rising from 20 to 29 per cent in Western Africa, from 23 to 32 per cent in Middle Africa, from 43 to 56 per cent in Eastern Africa and from 38 to 43 per cent in Melanesia, Micronesia and Polynesia.
- The unmet need for family planning is projected to remain above 10 per cent worldwide between now and 2030 despite the reductions anticipated for some regions. The largest declines are expected in Eastern Africa, where unmet need is projected to fall from 22 per cent in 2017 to 16 per cent in 2030, and in Polynesia, from 37 per cent in 2017 to 31 per cent in 2030.
- The number of married or in-union women using contraception is projected to rise by 15 million globally, from 778 million in 2017 to 793 million in 2030, according to the median projection variant of the United Nations. The growth in the number of contraceptive users is projected to be especially fast in Africa and Southern Asia. Globally, the number of married or in-union women with an unmet need for family planning is projected to decline slightly, from 142 million in 2017 to 139 million in 2030.
- Living up to the commitment of the international community to achieve universal access to reproductive health by 2030 will require intensified support for family planning, including through the implementation of effective government policies and programmes. Access to health care services and the realization of reproductive rights for all people will be essential to fulfil the pledge of the 2030 Agenda for Sustainable Development that “no one will be left behind”.

Family planning and sustainable development

Contraceptive use helps couples and individuals realize their basic right to decide freely and responsibly if, when and how many children to have. The growing use of contraceptive methods has resulted in not only improvements in health-related outcomes such as reduced maternal mortality and infant mortality, but also improvements in schooling and economic outcomes, especially for girls and women.

The landmark Programme of Action of the International Conference on Population and Development (ICPD) in 1994 called for all countries to provide universal access to a full range of safe and reliable family-planning methods by the year 2015 (United Nations, 1994, paragraph 7.16). In 2014, the General Assembly, noting that gaps still existed in the implementation of different areas of the ICPD Programme of Action, decided to extend the Programme and the key actions for its further implementation beyond 2014 (United Nations General Assembly, 2014), in order to fully meet the Programme's goals and objectives. The United Nations General Assembly reaffirmed these commitments when it adopted the 2030 Agenda for Sustainable Development (United Nations General Assembly, 2015).

The global community has committed to actions, over the next 15 years, that guarantee the access to sexual and reproductive health, including family planning, and the realization of reproductive rights for all people. The 2030 Agenda for Sustainable Development includes two targets relevant for family planning under broader goals on health and well-being of the population (Goal 3) and on gender equality and the empowerment of women and girls (Goal 5) (United Nations General Assembly, 2015). The targets aim to ensure by 2030 "…universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes" (target 3.7) and "…universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences" (target 5.6). Other recent global partnerships seek to expand contraceptive information, counselling and services, such as Family Planning 2020,[1] which focuses on 69 of the world's poorest countries, and Every Woman Every Child, which has a broader strategy of accelerating improvements in the health of all women, children and adolescents by 2030.[2]

Different family planning indicators have been included in the monitoring frameworks of the global development agenda. The Millennium Development Goals included the MDG indicator 5.3 "Contraceptive prevalence rate" and MDG indicator 5.6 "Unmet need for family planning" for monitoring target 5.B "to achieve universal access to reproductive health by 2015" (United Nations 2015). The 2030 Agenda includes SDG indicator 3.7.1 "Proportion of women who have their need for family planning satisfied by modern methods" that captures the family planning component for the global monitoring of the target 3.7. The Population Division is the custodian agency of SDG indicator 3.7.1. and compiles all available national data for the indicator. The country data are reported annually by the Population Division to the SDG Indicators Global

[1] Family Planning 2020 (FP2020) http://www.familyplanning2020.org/

[2] Every Woman Every Child http://www.everywomaneverychild.org/ and Global Strategy for Women's Children's and Adolescents' Health (2016-2030) http://www.who.int/life-course/partners/global-strategy/en/

Database[3] and regional and global aggregates and analysis of the progress on implementation are included in the annual progress report (United Nations, 2017a). The custodian agency also works with countries to strengthen the data collection and reporting of the indicator, improve national statistical capacity and increase compliance with internationally agreed standards.

This publication presents new evidence on trends in contraceptive use and demand for family planning at the global, regional and country levels for married or in-union women. The estimates and projections for family planning indicators presented here are available from 1970 to 2030 for women of reproductive age (15 to 49 years) who are married or in a union (United Nations, 2017b) for 185 countries or areas as well as for aggregate geographic groups (i.e., regions and subregions). These estimates and projections are intended to be comparable across place and time and the survey data underlying these model-based estimates and projections are publicly available as a comprehensive data set of 1,150 survey-based observations for 195 countries or areas (United Nations, 2017c). The data and methodology of the estimates and projections are presented in Annex I.

The present analysis is restricted to women who are married or in-union in order to be able to examine comparable information for as many countries as possible. Other ongoing work in the Population Division aims to produce estimates and projections for all women of reproductive age, and not only married or in-union women. The survey data published in World Contraceptive Use 2017 (United Nations 2017c) and World Contraceptive Use by Marital Status and Age 2017 (United Nations 2017d) contain, where available, survey-based observations of contraceptive prevalence and unmet need for family planning for all women and unmarried women. For example, while the indicator of demand satisfied for married or in-union women is available from 471 surveys for 142 countries, there are only 230 surveys covering 84 countries for which this indicator is available for all women in the data compilation of 2017.

The estimates presented in this report provide evidence on the extent to which couples are exercising their basic right to plan their families and, given past rates of change, where the world is headed by 2030. Moreover, it serves as a summary of progress made thus far and a signal of where further investments are needed. The projections of family planning indicators, and consequently the SDG indicator 3.7.1, presented in this report show that greater efforts by Member States are needed in order to ensure universal access to sexual and reproductive health-care services by 2030 as agreed in the 2030 Agenda for Sustainable Development. The largest gaps in demand satisfied are present in African countries, especially in Middle and Western Africa, and Oceania. The reality for the next thirteen years might change depending on increased efforts in order to meet the 2030 target. Countries in Africa, that depend more heavily on international investments in family planning programs are more vulnerable to recent shifts in international investments in family planning (Bingenheimer and Skuster 2017; Crane et al. 2017; Lo and Barry 2017; Starrs 2017).

In order to ensure a sustainable development by guaranteeing healthy lives and promoting well-being for all in 2030, it is important that Member States continue and amplify their efforts to ensure universal access to sexual and reproductive health. This guarantee is not only related to women's reproductive rights and the reduction of unintended pregnancies, but also to the health and nutritional outcome of children (Conde-Agudelo et al. 2012), because of - among other things - its effect on the spacing of live births, reduction in maternal mortality, and general improvements in social and economic development (Canning and Schultz

[3] United Nations SDG Indicators Global Database https://unstats.un.org/sdgs/indicators/database/

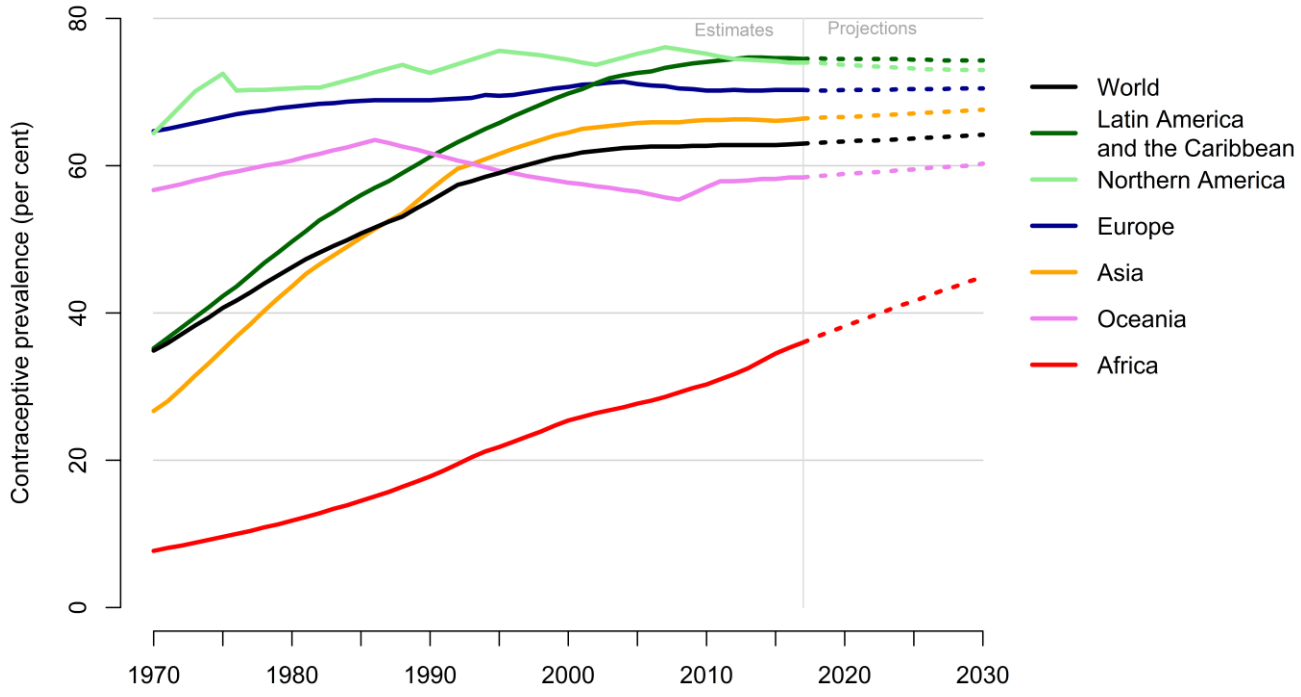
2012). Redefining the global strategy and identifying possible avenues for progress is important to guarantee and improve the progress of countries that are mostly in need.

"A class in family training given by Dr. Nishat Masaud." by UN Photo/B Wolff
Pakistan, 1973. http://www.unmultimedia.org/photo, Photo # 380444.

Global and regional trends in contraceptive use

Contraceptives are used by the majority of married or in-union women in almost all regions of the world. Worldwide in 2017, 63 per cent of married or in-union women of reproductive age were using some form of contraception, including any modern or traditional methods of contraception (figure 1). However, contraceptive use was much lower in Africa (36 per cent) compared to the other major regions in the world, where it ranged from 58 per cent in Oceania to around 75 per cent in Northern America and Latin America and the Caribbean in 2017.

Figure 1. Contraceptive prevalence (any method) among married or in-union women, by region, from 1970 to 2030



Data source: United Nations, Department of Economic and Social Affairs, Population Division (2017b). *Model-based Estimates and Projections of Family Planning Indicators 2017*. New York: United Nations.

Since 1970, there have been substantial increases in contraceptive use. Contraceptive prevalence almost doubled, from 35 per cent in 1970 to 63 per cent in 2017, with most of that increase occurring prior to 2000. Similarly, in Asia and Latin America and the Caribbean, most of the changes occurred from 1970 to 2000, when contraceptive prevalence increased in Asia from 27 per cent in 1970 to 65 per cent in 2000 and in Latin America and the Caribbean from 35 per cent in 1970 to 70 per cent in 2000. After year 2000, the increase slowed down and in 2017, 66 per cent of married or in-union women used any contraceptive method in Asia and 75 per cent in Latin America and the Caribbean. The changes have been more gradual in Africa, where contraceptive prevalence increased from 8 per cent in 1970 to 25 per cent in 2000 and reached 36 per cent in 2017. In Europe and Northern America already in 1970 around 65 per cent of women used a contraceptive method and

contraceptive prevalence gradually reached 70 per cent in Europe and 74 per cent in Northern America by 2017. In Oceania, contraceptive prevalence increased up to 1986 and decreased until 2008, when it started to increase again. These trends are likely to be influenced by different patterns of population growth in the region – while Australia and New Zealand had already in 1970 levels of contraceptive prevalence similar to Europe and Northern America, the population weight of countries in Melanesia, Micronesia and Polynesia with lower levels of contraceptive prevalence became more prominent in Oceania's average over time.

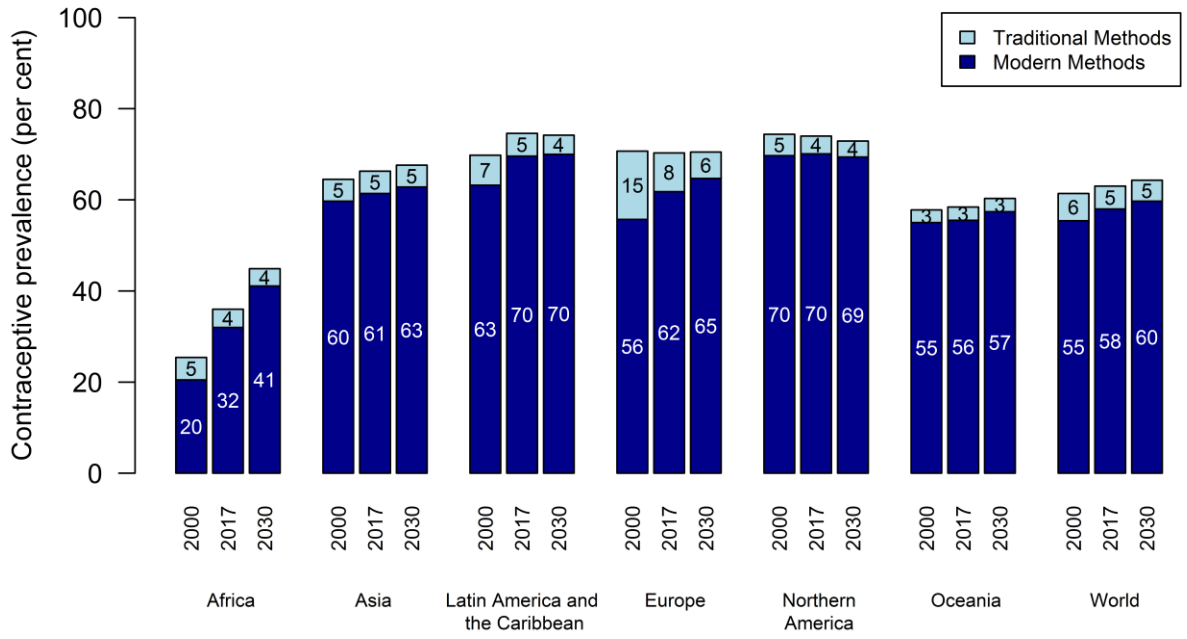
In the future, the most pronounced changes in contraceptive prevalence are expected to happen in Africa, while in other regions further increases will be slow or will remain constant at high levels. The contraceptive prevalence in Africa is expected to reach 45 per cent by 2030 (from 36 per cent in 2017), according to the median projection, with a 10 per cent chance to reach above 48 per cent (see Annex II for the uncertainty intervals of the projections). These projections are based on observed past observations, but greater progress may occur if efforts to increase contraceptive prevalence in the region are intensified.

There are significant differences across subregions (see Annex II). Prevalence in 2017 was several times higher in Northern Africa and Southern Africa (54 per cent and 65 per cent, respectively) than in Middle Africa (23 per cent) and Western Africa (20 per cent). Contraceptive use has also been increasing rapidly in Eastern Africa and now stands at 43 per cent. At the other extreme, Eastern Asia had the highest prevalence (81 per cent) of all the world's regions or subregions in 2017, mostly due to the very high level of contraceptive use in China (83 per cent). In the other subregions of Asia, the average prevalence was between 56 per cent and 64 per cent. Sub-regional contrasts are smaller in Latin America and the Caribbean, which is the region with the highest levels of contraceptive prevalence in the world in 2017, and it is expected to maintain the lead in 2030. In this region, the level of contraceptive use was lower in the Caribbean (63 per cent) than in Central America (72 per cent) and South America (77 per cent). Within Europe, prevalence in 2017 was lowest in Southern Europe (66 per cent) and highest in Northern Europe (77 per cent). In Oceania, the level of contraceptive use in Australia and New Zealand was 68 per cent, whereas it was much lower, 38 per cent, in Melanesia, Micronesia and Polynesia.

Modern contraceptive methods constitute most contraceptive use. In 2017, 58 per cent of married or in-union women of reproductive age used a modern method of family planning worldwide (figure 2), constituting 92 per cent of contraceptive users (Table 1). The use of traditional methods of contraception has been decreasing (figure 2), with the proportion of married or in-union women using traditional methods decreasing from 6 per cent in 2000 to 5 per cent in 2017. Across world regions, the greatest decreases were observed in Europe, from 15 per cent in 2000 to 8 per cent in 2017 and in Latin American and the Caribbean, from 7 to 5 per cent in the same period. These trends are expected to continue in the future as it can be observed for the year 2030 in figure 2.

The number of contraceptive users has been increasing worldwide and is expected to increase in the near future, due to increases in contraceptive prevalence and the growth of the population of women in reproductive ages. The global number of married or in-union women using contraception is projected to rise by 15 million, from 778 million in 2017 to 793 million in 2030. Most of the growth will be concentrated in Africa, because of the expected increase in the number of women in reproductive ages and the projected increase in contraceptive prevalence. While in Africa there will be more than 38 million more users among married or in-union women by 2030, the number of users will decline in Asia and Europe due to the projected declines in the number of women in reproductive ages.

Figure 2. Contraceptive prevalence (modern and traditional methods) among married or in-union women, by region, 2000, 2017 to 2030



Data source: United Nations, Department of Economic and Social Affairs, Population Division (2017b). *Model-based Estimates and Projections of Family Planning Indicators 2017*. New York: United Nations.

Table 1. Number of contraceptive users (any and modern methods) among married or in-union women, median projection, by region, 2000, 2017 and 2030

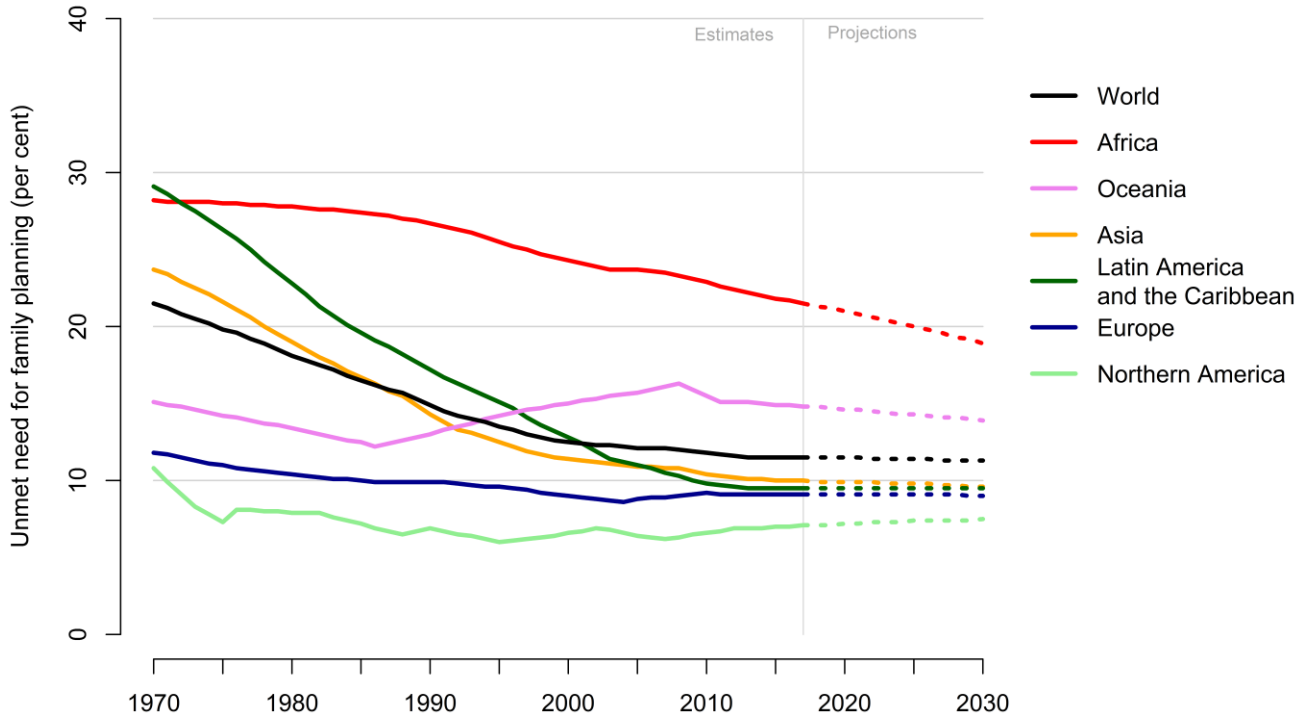
	(A) Contraceptive users, any method (thousands)			(B) Contraceptive users, modern methods (thousands)			(C) = (B)/(A) Proportion of modern method users among all users (percentage)		
	2000	2017	2030	2000	2017	2030	2000	2017	2030
World	648,439	777,518	793,240	584,956	715,688	736,852	90.2	92.0	92.9
Africa	31,055	65,754	103,775	25,115	58,391	94,925	80.9	88.8	91.5
Asia	445,724	540,902	521,549	412,500	500,877	484,731	92.5	92.6	92.9
Europe	78,553	64,880	56,677	61,844	57,034	51,994	78.7	87.9	91.7
Latin America and the Caribbean	55,525	72,175	75,332	50,240	67,373	71,037	90.5	93.3	94.3
Northern America	34,864	30,609	32,299	32,671	28,977	30,732	93.7	94.7	95.1
Oceania	2,717	3,197	3,606	2,587	3,036	3,434	95.2	95.0	95.2

Data source: United Nations, Department of Economic and Social Affairs, Population Division (2017b). *Model-based Estimates and Projections of Family Planning Indicators 2017*. New York: United Nations.

Global and regional trends in unmet need for family planning

At least one in ten married or in-union women in most regions of the world have an unmet need for family planning; that is to say, they want to stop or delay childbearing but are not using any method of contraception to prevent pregnancy. Worldwide in 2017, 12 per cent of married or in-union women are estimated to have an unmet need for family planning (figure 3). The level was higher in Africa (22 per cent) and Oceania (15 per cent) compared to other regions, where the unmet need for family planning is estimated to be at or below 10 per cent for married or in-union women.

Figure 3. Unmet need for family planning among married or in-union women, by region, from 1970 to 2030

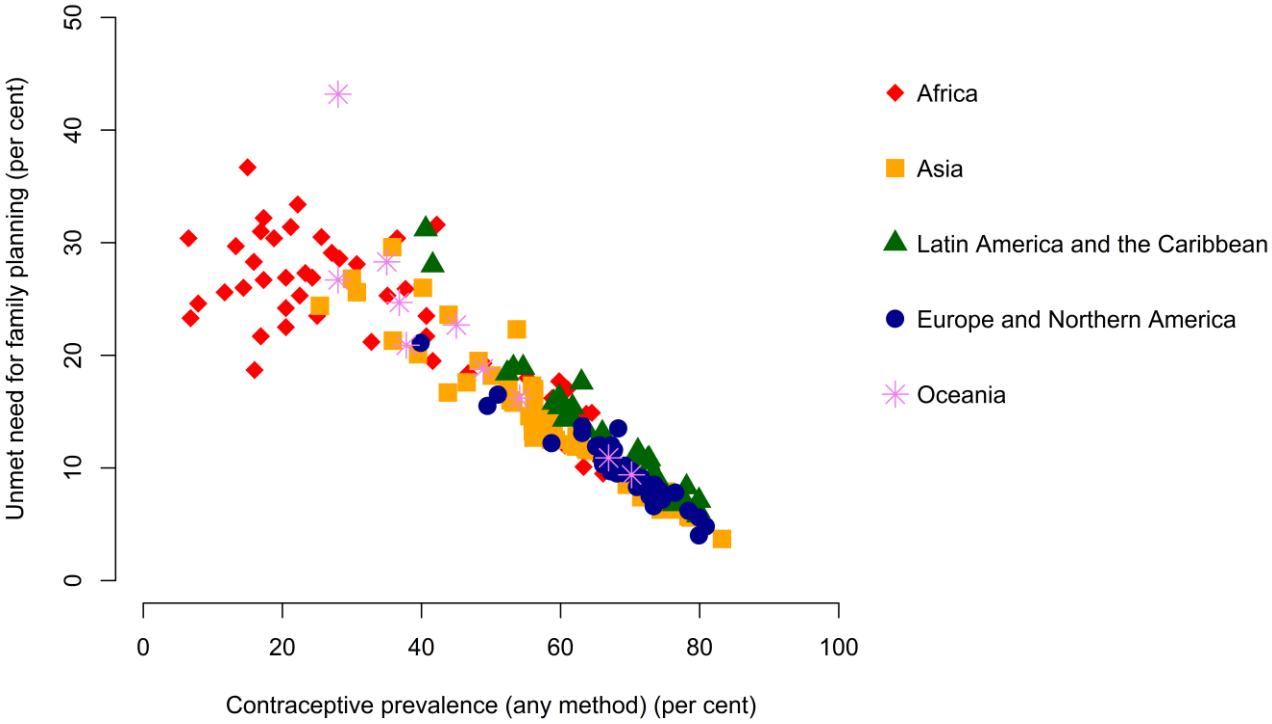


Data source: United Nations, Department of Economic and Social Affairs, Population Division (2017b). *Model-based Estimates and Projections of Family Planning Indicators 2017*. New York: United Nations.

The level of unmet need for family planning among married or in-union women is estimated to have declined, from 22 per cent in 1970 to 12 per cent in 2017. A note of caution is merited, though, with interpreting the 1970 to 1990 estimates of unmet need because survey data on unmet need for family planning only began to be widely available in the late 1980s. The estimates for 1970s and 1980s indicate high and rapidly declining levels of unmet need in Latin America and the Caribbean and Asia, which is in line with the fast increase in contraceptive prevalence and rapid declines in fertility over the same period. As with contraceptive prevalence, the most pronounced changes up to 2030 are expected to occur in Africa, where the level of unmet need is projected to decline to 19 per cent.

In general, unmet need is high where contraceptive prevalence is low (Figure 4). Overall, as total contraceptive prevalence increases, unmet need decreases, except when contraceptive prevalence is starting from very low levels (less than 20 per cent). As new norms about family planning and family size start to take hold, demand for family planning can outpace the availability and use of contraceptives, and thus unmet need for family planning can remain stable or even increase. As more women use contraception and family planning information and services expand to meet demand, unmet need for family planning begins to decline.

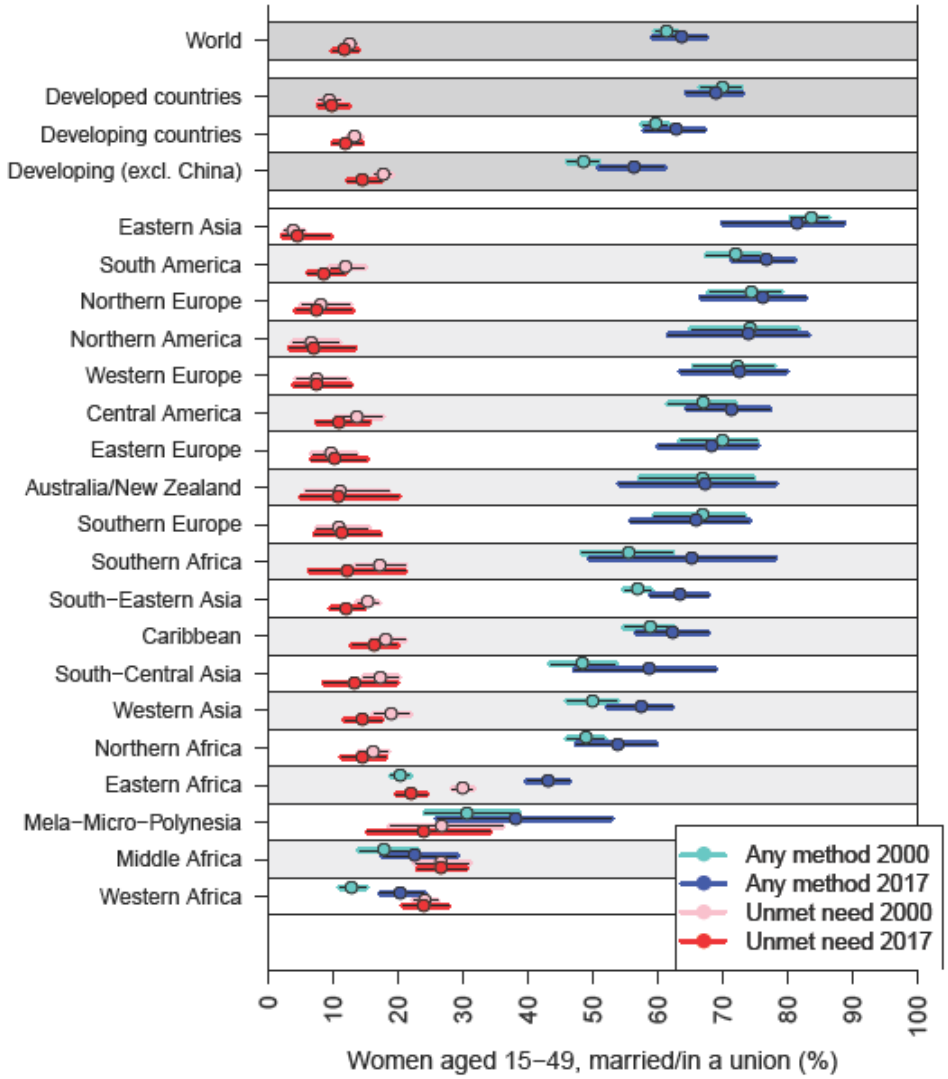
Figure 4. Unmet need for family planning and contraceptive prevalence (any method) among married or in-union women in 2017



Data source: United Nations, Department of Economic and Social Affairs, Population Division (2017b). *Model-based Estimates and Projections of Family Planning Indicators 2017*. New York: United Nations.

Unmet need in 2017 was the highest (above 20 per cent, double the world average in 2017) in the regions of Eastern Africa, Middle Africa, Western Africa, and Melanesia, Micronesia and Polynesia (figure 5), where contraceptive prevalence ranged from 20 per cent (Western Africa) to 43 per cent (Eastern Africa). Unmet need was the lowest (below 10 per cent) in Eastern Asia, Eastern Europe, Northern America, Northern Europe, South America and Western Europe. Given that survey data on unmet need for family planning are limited, especially for countries of Europe and Eastern Asia, the median estimates presented for 2017 have relatively wide 95 per cent uncertainty intervals (figure 5).

Figure 5. Contraceptive prevalence and unmet need for family planning among married or in-union women, by subregion, 2000 and 2017



Data source: United Nations, Department of Economic and Social Affairs, Population Division (2017b). *Model-based Estimates and Projections of Family Planning Indicators 2017*. New York: United Nations.
Note: Estimates are plotted for 2000 and 2017 in turquoise and blue for unmet need for family planning and in pink and red for contraceptive prevalence, respectively. The 95% uncertainty intervals are displayed by horizontal lines and median estimates by the circles.

The time trends show different experiences across subregions of sub-Saharan Africa, even when the starting points are similar (figure 5). From 2000 to 2017, in Middle and Western Africa, despite some increases in contraceptive prevalence (from 18 per cent to 23 per cent and from 13 per cent to 20 per cent, respectively), the unmet need for family planning remained constant at levels above 20 per cent in 2017 (27 per cent in Middle Africa and 24 per cent in Western Africa). On the contrary, Eastern Africa has abruptly departed from this pattern since 2000, with contraceptive prevalence more than doubling from 20 per cent to 43 per cent and unmet need for family planning declining from 30 per cent to 22 per cent between 2000 and 2017. Eastern Africa experienced as much change in these 17 years as Latin America and the Caribbean and Asia are estimated to have made over an equivalent period of time in the 1970s and 1980s (figure 1 and figure 3).

Northern Africa and Southern Africa began with higher levels of contraceptive use in 2000 (49 and 56 per cent, respectively), but experienced small increases in contraceptive use between 2000 and 2017 (figure 5). The pace of change was remarkably steep in the Caribbean, Central America and South America up through 2000, when each region reached levels of contraceptive prevalence between 59 per cent (Caribbean) and 72 per cent (South America) and levels of unmet need for family planning between 12 per cent (South America) and 18 per cent (Caribbean). These rapid changes were followed by much slower changes since 2000. In Asia, all subregions with the exception of Central and Eastern Asia, experienced increases in contraceptive prevalence of around 8 percentage points and declines in unmet need for family planning of around 4 percentage points between 2000 and 2017.

Table 2. Number of married or in-union women with unmet need for family planning (any method, modern method), median projection, by region, 2000, 2017 and 2030

	Number of women with unmet need (thousands)			Number of women with unmet need for modern methods (thousands)		
	2000	2017	2030	2000	2017	2030
World	132,424	141,875	139,129	195,906	203,705	195,517
Africa	29,738	39,261	43,788	35,678	46,624	52,638
Asia	78,753	81,240	74,305	111,977	121,265	111,122
Europe	9,996	8,438	7,261	26,705	16,284	11,945
Latin America and the Caribbean	10,144	9,209	9,627	15,429	14,010	13,923
Northern America	3,086	2,917	3,316	5,279	4,549	4,883
Oceania	708	811	833	838	972	1,006

Data source: United Nations, Department of Economic and Social Affairs, Population Division (2017b). *Model-based Estimates and Projections of Family Planning Indicators 2017*. New York: United Nations.

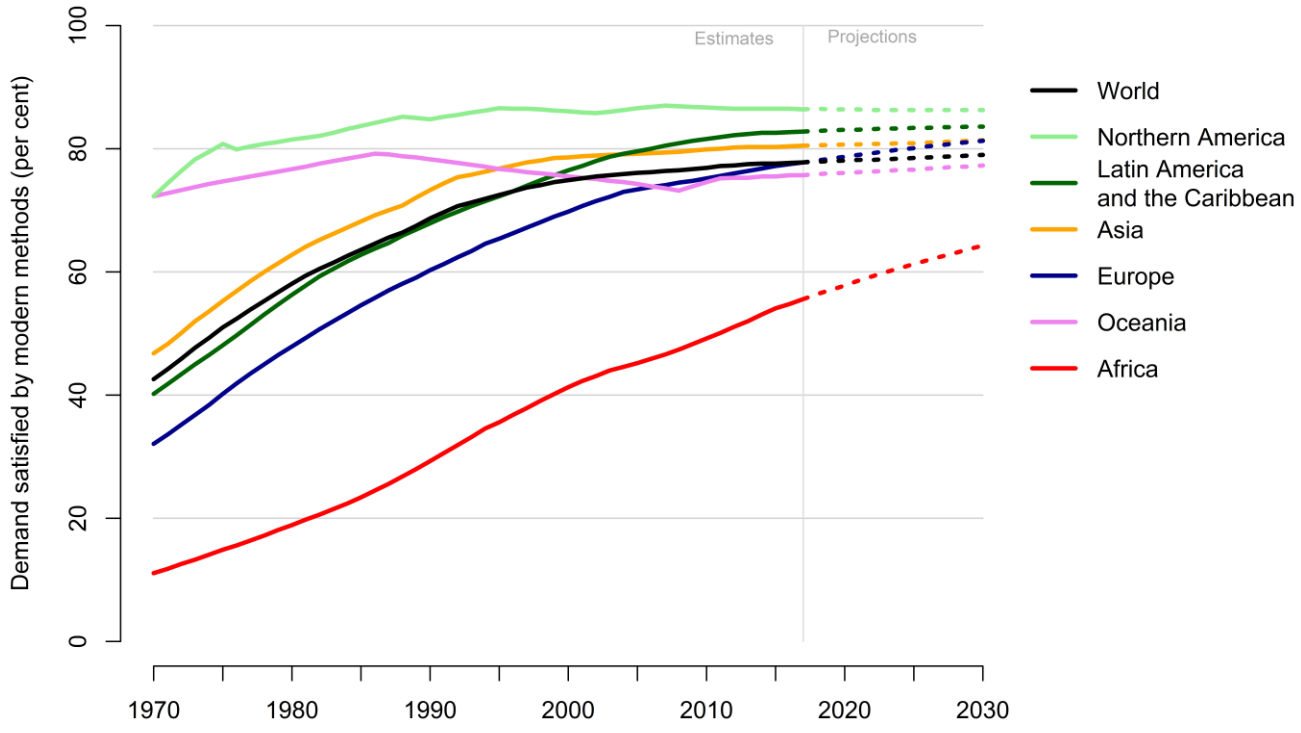
Despite the observed declines in the percentage of women with unmet need for family planning, the number of women who have an unmet need has been increasing. Worldwide, almost 10 million more women have an unmet need for family planning in 2017 compared to 2000 (table 2), with nearly all the growth happening in Africa. The number of women who are married or in-union and who have an unmet need for family planning is projected to decline globally, mainly due to declines in Asia and Europe. The projected decrease, however, is relatively small, with the median projection showing 142 million in 2017 and 139 million in 2030.

Global and regional trends in demand for family planning satisfied by modern methods

Substantial gaps still persist in the use of modern methods among couples who want to prevent pregnancy. Large gaps remain in the proportion of demand for family planning satisfied by using modern methods in countries where overall contraceptive use is low or where many couples rely on traditional methods of contraception. The demand for family planning that is satisfied by using modern methods of contraception (SDG 3.7.1. indicator "Proportion of women who have their need for family planning satisfied by modern methods") is defined as the number of women who are currently using, or whose sexual partner is currently using, at least one modern contraceptive method as a proportion of the number of women of reproductive age who express a demand for family planning, either by using any method of contraception or by having an unmet need for family planning as defined above.

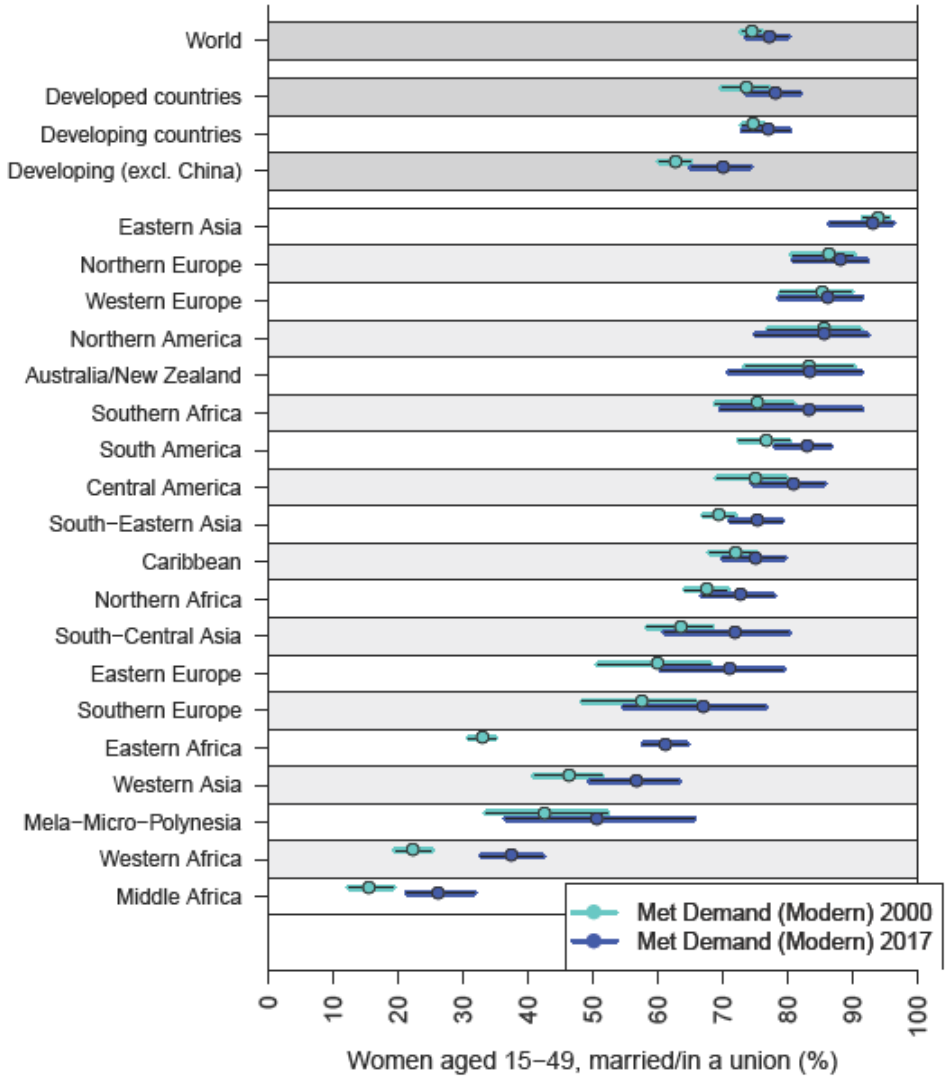
Worldwide, the demand for family planning satisfied by modern methods among married or in-union women increased from 75 per cent in 2000 to 78 per cent in 2017. Among all regions, the demand satisfied by modern methods is by far lowest in Africa, with 41 per cent in 2000 and 56 per cent in 2017. In all the other regions, the demand satisfied by modern methods is above 75 per cent in 2017.

Figure 6. Demand for family planning satisfied by modern contraceptive methods among married or in-union women, by region, from 1970 to 2030



Data source: United Nations, Department of Economic and Social Affairs, Population Division (2017b). *Model-based Estimates and Projections of Family Planning Indicators 2017.* New York: United Nations.

Figure 7. Demand for family planning satisfied by modern contraceptive methods among married or in-union women, median and 95% uncertainty intervals, by subregion, 2000 and 2017



Data source: United Nations, Department of Economic and Social Affairs, Population Division (2017b). *Model-based Estimates and Projections of Family Planning Indicators 2017*. New York: United Nations.
Note: Estimates are plotted for 2000 and 2017 in turquoise and blue, respectively. The 95% uncertainty intervals are displayed by horizontal lines and median estimates by the circles.

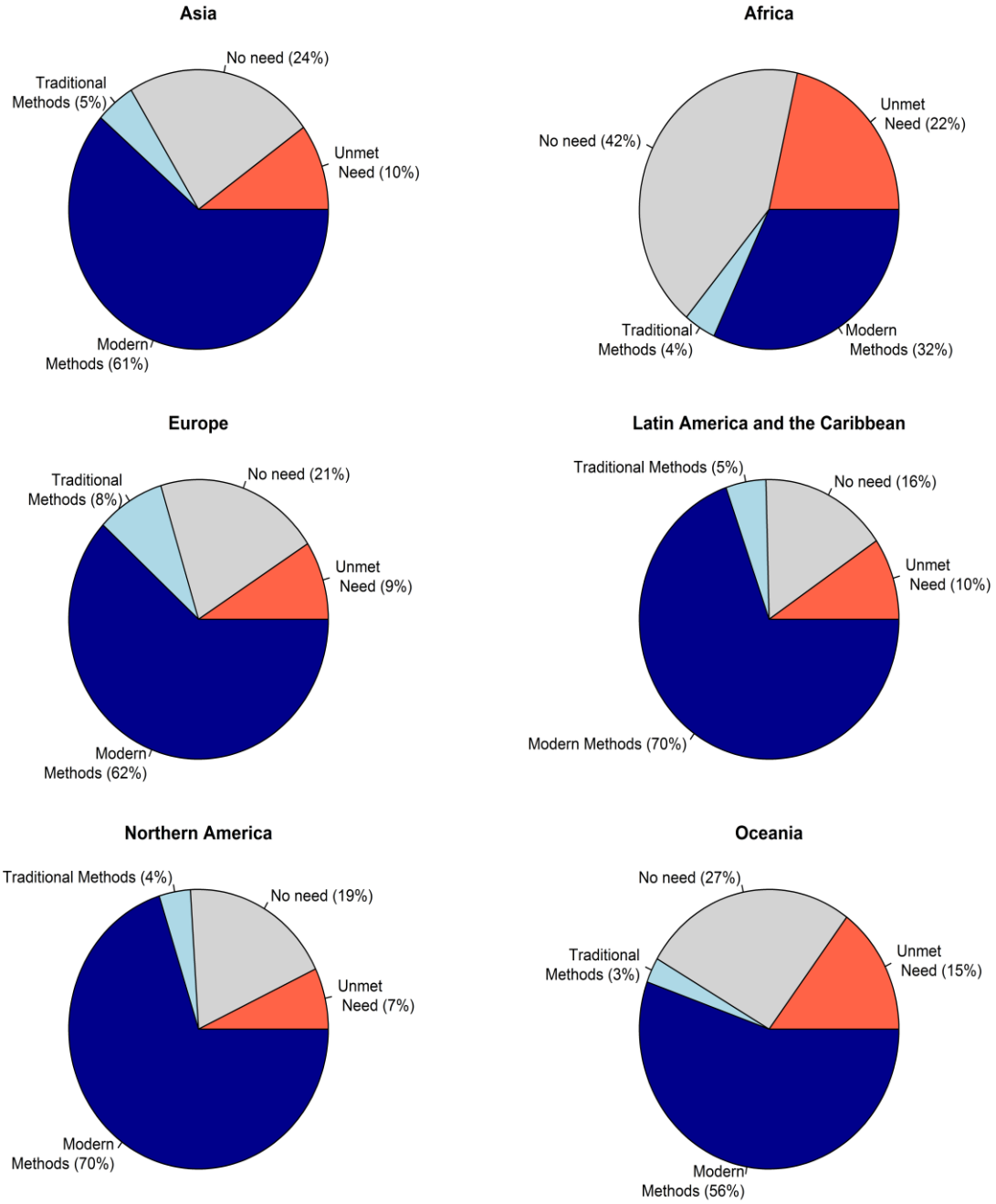
Large differences are observed across subregions. Already in 2000, Eastern Asia, Northern Europe, Western Europe, Northern America and Australia/New Zealand had more than 80 per cent of the demand for family planning satisfied by modern methods (figure 7). In 2017, the demand satisfied by modern methods increased to similarly high levels in three other subregions – Central America, South America and Southern Africa. Between 2000 and 2017, the demand satisfied by modern methods increased by more than 10 percentage points in Eastern Europe, Southern Europe and Western Asia, concurrent with the declines in the use of traditional methods (however, in all three subregions the lack of recent survey data on unmet need for a number of countries is reflected in wider uncertainty intervals around median estimates, as seen in figure 7).

Among the subregions of sub-Saharan Africa, while the demand satisfied by modern contraceptive methods increased since 2000 both in Middle Africa (by 11 percentage points) and Western Africa (by 15 percentage points), the changes were particularly remarkable in Eastern Africa, where it increased by 28 percentage points reaching 62 per cent by 2017. The differences in the progress since 2000 are reflected in divergent projected perspectives up to 2030. According to median projections for demand satisfied by modern methods, Eastern Africa could reach 74 per cent by 2030, while the median projection is 40 per cent for Middle Africa and 49 per cent for Western Africa (Annex II).

The demand for family planning that is satisfied with modern methods of contraception, SDG indicator 3.7.1., is a summary variable that is directly related to the percentage of women with unmet need for family planning and the percentage of women using modern and traditional methods of contraception. For a better understanding of the regional differences of this indicator for married or in-union women, figure 8 shows contraceptive use (modern methods and traditional methods) and family planning needs among married or in-union women in reproductive ages for the year 2017. Overall, the greatest difference across regions is in the percentage of women using modern methods of contraception and the percentage of women with no need for family planning. The region with the lowest percentage of married or in-union women using modern methods is Africa with 32 per cent and the regions with the greatest percentages are Latin America and the Caribbean and Northern America, both with 70 per cent, which is more than double the value observed in Africa. Correspondingly, Africa is the region with the greatest share of women with no need for family planning, 42 per cent, and Latin America and the Caribbean and Northern America with the lowest, 16 and 19 per cent respectively. Africa is also the region with the greatest share of married or in-union women with unmet need for family planning, with 22 per cent in 2017, and Northern America with the lowest, which is 7 per cent in the same year.

As the share of women with demand for family planning increases, it is important that they are empowered to satisfy their needs not only by increasing the availability of methods but also providing information, education and counselling about its use. Strong family planning programmes usually have two distinct effects on reproductive behaviour: (1) they reduce unmet need by making modern contraceptive methods more widely available and by removing obstacles to their use, encouraging more women to practice contraception if they wish to avoid pregnancy; (2) they raise total demand for family planning through the implementation of IEC (Information, Education and Counselling) activities concerning the benefits of family planning and the proper way to use each of the different methods that are available, consequently helping in the diffusion of ideas about contraceptive methods (Bongaarts, 2014). Information, education and counselling activities are particularly relevant for sub-Saharan Africa, where the countries with low contraceptive prevalence and high unmet need for family planning are concentrated and where the demand for family planning is expected to increase in the coming decades.

Figure 8. Distribution of married or in-union by contraceptive use (modern methods and traditional methods) and family planning needs, by region, 2017



Data source: United Nations, Department of Economic and Social Affairs, Population Division (2017b). *Model-based Estimates and Projections of Family Planning Indicators 2017*. New York: United Nations.

Contraceptive prevalence and demand for family planning across countries

Contraceptive use and unmet need for family planning vary widely across countries. The diversity is large not only within geographical regions, but also within income classification categories (figure 9). Economic development does not fully explain the differences in the proportion of women using modern contraceptive methods across countries and figure 9 shows a large heterogeneity within income groups. Among low-income countries, modern contraceptive prevalence in 2017 varied from below 10 per cent in Chad, Guinea and South Sudan to 67 per cent in Zimbabwe and 71 per cent in Democratic People's Republic of Korea. Similar variation is present also among lower-middle income countries – five lower-middle income countries in Africa, including Nigeria, had modern contraceptive prevalence below 20 per cent, while three countries each in Asia (Bhutan, Uzbekistan and Viet Nam) and Latin America and the Caribbean (El Salvador, Honduras and Nicaragua) and four countries in Africa (Kenya, Lesotho, Morocco and Swaziland) had above 60 per cent.

Figure 9. Proportion of married or in-union women aged 15 to 49 years old using modern contraceptive methods in 2017 by gross national income per capita in 2016

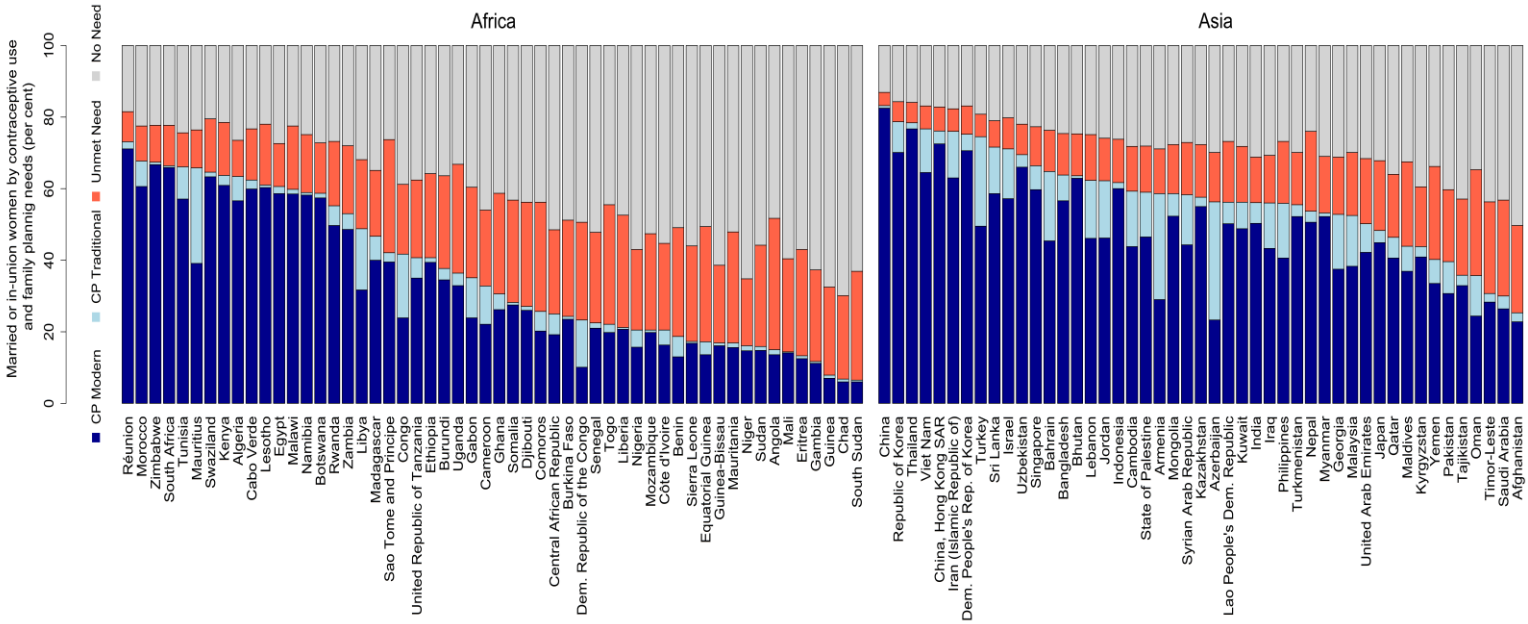
Data sources: United Nations (2017b). *Model-based Estimates and Projections of Family Planning Indicators 2017* and World Bank (2017). *World Development Indicators, GNI per capita, Atlas method (current US$)*.
Note: Countries with missing GNI per capita are located in the average GNI per capita of the corresponding income group (n=21). Countries with no income group classification and no GNI per capita (n=3) are not displayed in the figure.

Upper-middle income countries had generally higher modern contraceptive prevalence (figure 9) with the highest level being in China (83 per cent), followed by Brazil, Costa Rica and Thailand (77 per cent). On the opposite end are Bosnia and Herzegovina and Equatorial Guinea, with modern contraceptive prevalence of 19

per cent and 14 per cent respectively. While modern contraceptive prevalence is generally high among high-income countries, there are some exceptions as the case of Oman (24 per cent) and Saudi Arabia (26 per cent) with less than a third of married or in-union women using modern contraceptive methods.

Within Africa, countries or areas with contraceptive prevalence of 60 per cent or more are mainly islands (Cabo Verde, Mauritius and Réunion), or located in the north of the continent along the Mediterranean coast (Algeria, Egypt, Morocco and Tunisia) and in Southern Africa (Botswana, Lesotho, Namibia, South Africa and Swaziland) (figure 10a). Five countries in Eastern Africa (Kenya, Malawi, Rwanda, Zambia and Zimbabwe) also had contraceptive prevalence levels of 50 per cent or more in 2017. In contrast, 22 countries of Africa (of a total of 51 countries or areas) had contraceptive prevalence levels below 25 per cent. This group includes the populous country of Nigeria, where contraceptive use was at around half the level of Ethiopia (21 per cent and 41 per cent, respectively). Less than 10 per cent of married or in-union women of reproductive age were using contraception in Chad, Guinea and South Sudan in 2017. Unmet need for family planning is estimated to be above 30 per cent in ten African countries (Angola, Benin, Comoros, Equatorial Guinea, Liberia, Mauritania, Sao Tome and Principe, South Sudan, Togo and Uganda) and in additional 23 countries above 20 per cent. Six African countries have traditional method prevalence above 10 per cent – Cameroon, Congo, Democratic Republic of the Congo, Gabon, Libya and Mauritius. Altogether, the proportion of married or in-union women with no need for family planning is high in Africa, related to preference for larger families and high fertility rates. In 18 countries, more than half of women had no need for family planning in 2017 with the highest estimates for Chad (70 per cent), Guinea (68 per cent) and Niger (65 per cent).

Figure 10a. Proportion of married or in-union women aged 15 to 49 years using contraceptive methods (modern or traditional), having unmet need for family planning or no need in 2017, by country



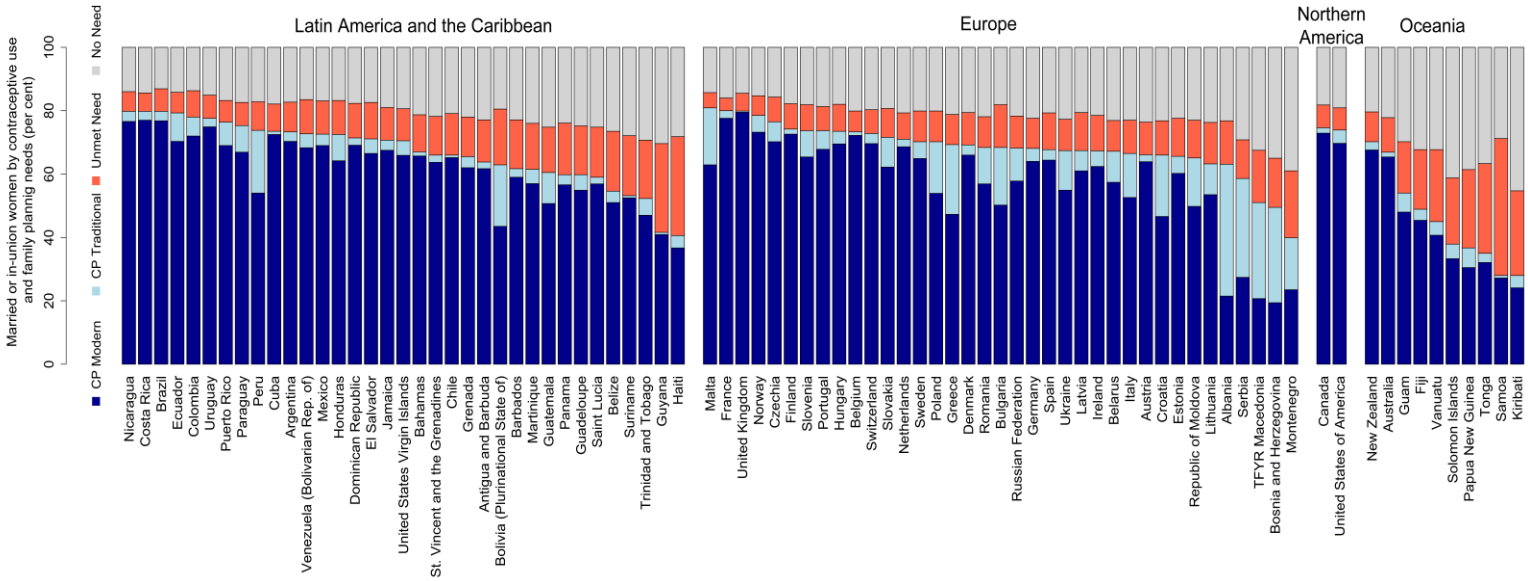
Data source: United Nations, Department of Economic and Social Affairs, Population Division (2017b). *Model-based Estimates and Projections of Family Planning Indicators 2017*. New York: United Nations.

Within Asia, the highest levels of contraceptive use are found mainly in the Eastern and South-Eastern regions, though other Asian regions also include some countries with high prevalence. In ten countries, contraceptive prevalence in 2017 was 70 per cent or more, with an estimated high of 83 per cent in China. Overall, 36 of the 47 countries or areas in Asia had contraceptive prevalence levels of 50 per cent or more in 2017. The lowest

level of contraceptive prevalence in Asia was in Afghanistan (27 per cent), Saudi Arabia (31 per cent) and Timor-Leste (32 per cent). In these three countries, unmet need for family planning was above 20 per cent in 2017, which was also the case for other six countries in Asia (Maldives, Nepal, Oman, Pakistan, Tajikistan and Yemen). Traditional method use was above 10 per cent in 18 countries in Asia in 2017, reaching the highest levels in Armenia (30 per cent), Azerbaijan (33 per cent) and Turkey (25 per cent).

In Latin America and the Caribbean, only Guyana and Haiti had prevalence levels below 50 per cent in 2017, and 18 countries had prevalence levels of 70 per cent or more (Brazil, Costa Rica and Nicaragua had the highest level at 80 per cent) (figure 10b). The most populous countries in the region—Brazil, Colombia, Mexico and Peru—all had contraceptive prevalence levels of 70 per cent or more, contributing to the overall highest levels of contraceptive use among all regions (figure 1). The two countries with the lowest prevalence levels are also the only countries with an unmet need for family planning above 20 per cent – in Guyana 30 per cent and in Haiti 31 per cent of married or in-union women had unmet need for family planning in 2017. Only two countries in the region had the contraceptive prevalence of traditional methods above 10 per cent, namely Bolivia (19 per cent) and Peru (20 per cent).

Figure 10b. Proportion of married or in-union women aged 15 to 49 years using contraceptive methods (modern or traditional), having unmet need for family planning or no need in 2017, by country



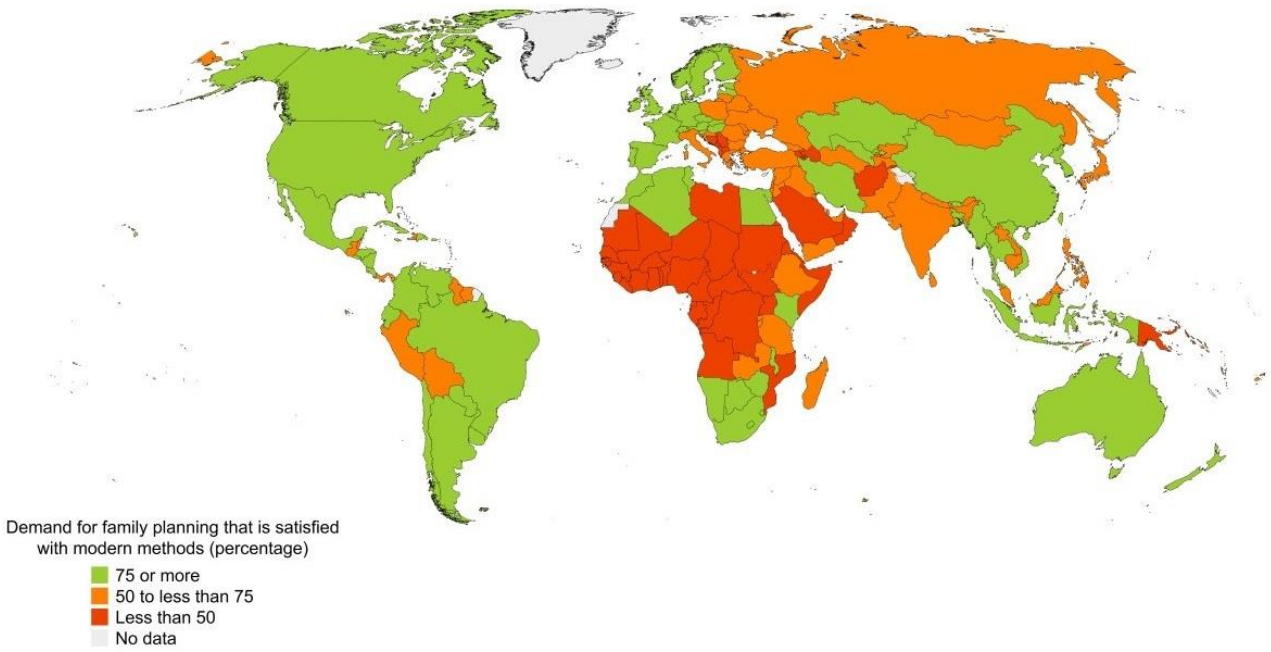
Data source: United Nations, Department of Economic and Social Affairs, Population Division (2017b). *Model-based Estimates and Projections of Family Planning Indicators 2017*. New York: United Nations.

In Europe, contraceptive prevalence in 2017 was above 70 per cent in 15 countries representing all four subregions. However, two countries in Europe still had prevalence levels of 50 per cent or less in 2017 – Montenegro at 41 per cent and Bosnia and Herzegovina at 50 per cent. Traditional method use is high in many countries of Eastern and Southern Europe, where 15 countries had traditional methods use above 10 per cent in 2017, with the highest levels in Albania (42 per cent), Bosnia and Herzegovina (30 per cent), Greece (22 per cent), Serbia (31 per cent) and the former Yugoslav Republic of Macedonia (30 per cent). Data for the calculation of the unmet need indicator are rare in Europe, but estimated levels of unmet need are low, reaching above 20 per cent only in Montenegro.

In Northern America, Canada and the United States of America both had high levels of contraceptive prevalence (75 per cent and 74 per cent, respectively) and low levels of unmet need for family planning in 2017. Among ten countries or areas in Oceania, Australia and New Zealand were on one end with contraceptive prevalence of 67 per cent and 70 per cent, respectively, and seven countries were on the other end with prevalence levels of less than 50 per cent in 2017. For six countries in the region, more than 20 per cent of married or in-union women had unmet needs for family planning. In Samoa, it is estimated that 43 per cent of married or in-union women had an unmet need for family planning, which is the highest value in the world in 2017.

Figure 11 shows the proportion of total demand for family planning (the sum of contraceptive prevalence of any method and unmet need for family planning) that was satisfied with modern methods for 185 countries or areas in 2017. Seventy-five per cent or more of the total demand was met with modern methods in 76 countries, including 14 countries in Africa, 13 in Asia, 25 in Latin America and the Caribbean and 24 in other regions. In contrast, less than half of the total demand for family planning in 2017 was met with modern methods in 45 countries, five of which were in Asia and Europe and three in Oceania, with remaining 32 countries in Africa. Additionally, 64 countries had the demand satisfied by modern methods, ranging from 50 per cent to less than 75 per cent, indicating a substantial gap across countries in the use of modern methods among couples who want to prevent pregnancy.

Figure 11. Median estimates of demand for family planning satisfied with modern contraceptive methods among married or in-union women aged 15 to 49 years, 2017 (per cent)



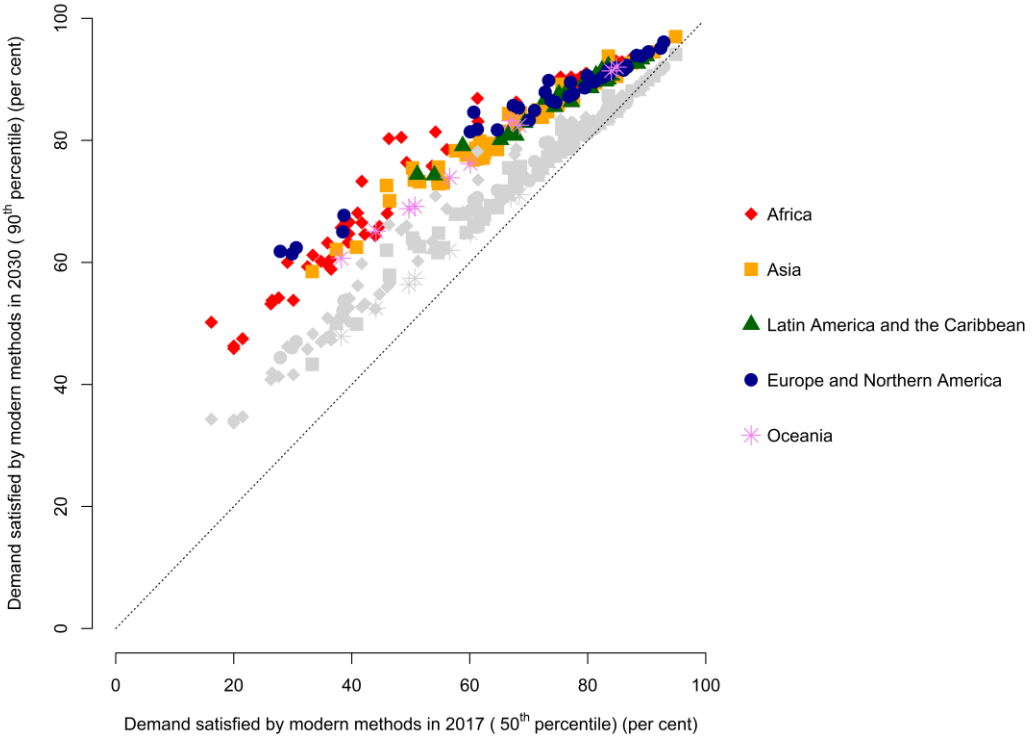
Data source: United Nations (2017b). *Model-based Estimates and Projections of Family Planning Indicators*.
Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

Since 2000, contraceptive use has increased among almost all countries with initially low levels. Modern contraceptive use increased in 55 of the 57 countries where prevalence was less than 25 per cent among

married or in-union women in 2000. The two exceptions were Gambia and Montenegro. Substantial increases averaging at least 1.5 percentage points per year occurred in seven countries (Burundi, Cambodia, Ethiopia, Madagascar, Malawi, Rwanda and Zambia). Countries like Ethiopia, Malawi and Rwanda, with particularly rapid progress since 2000 in both stimulating and meeting demand for family planning, have served as instructive cases for the potential pace of change in other countries if investment and attention to family planning are increased.

Despite these gains, achieving universal demand for family planning by 2030 is still out of reach for most countries. The differences in progress made since 2000 are reflected in divergent projected perspectives up to 2030. According to median projections, the most likely future trend based on historical experience, by 2030 there would be 91 countries with less than 75 per cent of demand satisfied by modern methods (figure 12), including 21 countries with less than half of the demand satisfied by modern methods. The largest gaps are present in African countries, especially in Middle and Western Africa, and Oceania. The 90th percentile of the projected demand satisfied show a more positive scenario with 47 countries reaching more than 90 per cent of demand satisfied by modern methods, instead of the four countries predicted with the median. However, to attain the 90th percentile or even greater levels, efforts by Member States need to be intensified in order to ensure that all women willing to use contraceptive methods are able to do so. The universal access to sexual and reproductive health-care services by 2030 was agreed in the 2030 Agenda for Sustainable Development and identifying possible avenues for progress is important to guarantee and improve the progress of countries that are mostly in need.

Figure 12: Projected demand for family planning satisfied by modern methods in 2030 (90th percentile) by demand for family planning satisfied by modern methods in 2017 (50th percentile)



Data source: United Nations, Department of Economic and Social Affairs, Population Division (2017b). *Model-based Estimates and Projections of Family Planning Indicators 2017*. New York: United Nations.

Note: Colored symbols represent the 90th percentile projections for demand satisfied by modern methods in 2030, the outcome that has a 10 per cent chance of occurring as compared to historical experience. Gray symbols represent the median (or 50th percentile) projections for demand satisfied by modern methods in 2030, where the probability of a higher outcome than this value is 50 per cent, representing the most likely future trend based on historical experience. Diagonal line represents no change between 2017 and 2030.

References

Alkema, L., Kantorová,V., Menozzi, C., and Biddlecom, A. (2013). National, regional and global rates and trends in contraceptive prevalence and unmet need for family planning between 1990 and 2015: a systematic and comprehensive analysis. *The Lancet,* 381(9878), pp. 1642– 1652.

Bingenheimer, J.B. and Skuster, P. (2017). The Foreseeable Harms of Trump's Global Gag Rule. *Studies in Family Planning*, 48(3), pp.279-290.

Bongaarts, J. (2014). The impact of family planning programs on unmet need and demand for contraception. *Studies in Family Planning*, 45(2), pp.247-262.

Bradley, S.E., Croft, T.N., Fishel, J.D. and Westoff, C.F (2012). Revising unmet need for family planning. *DHS Analytical Studies No. 25*. Calverton, Maryland: ICF International.

Bradley, S. E. K. and Casterline, J. B. (2014). Understanding unmet need: history, theory, and measurement. *Studies in Family Planning*, 45(2), pp. 123-150.

Brown, W., Druce, N., Bunting, J., Radloff, S., Koroma, D., Gupta, S., Siems, B., Kerrigan, M., Kress, D. and Darmstadt, G.L. (2014). Developing the “120 by 20” goal for the global FP2020 initiative. *Studies in Family Planning*, 45(1), pp. 73-84.

Canning, D. and Schultz, T.P. (2012). The economic consequences of reproductive health and family planning. *The Lancet*, 380(9837), pp.165-171.

Casterline, J. B. and Sinding, S. W. (2000). Unmet need for family planning in developing countries and implications for population policy. *Population and Development Review*, vol. 26, No. 4, pp. 691-723.

Cleland, J., Harbison, S. and Shah, I. H. (2014). Unmet need for contraception: issues and challenges. *Studies in Family Planning*, vol. 45, No. 2, pp. 105-122.

Conde-Agudelo, A., Rosas-Bermudez, A., Castaño, F. and Norton, M. H. (2012). Effects of birth spacing on maternal, perinatal, infant, and child health: a systematic review of causal mechanisms. *Studies in family planning*, *43*(2), 93-114.

Crane, B.B., Daulaire, N. and Ezeh, A.C. (2017). Reproductive health in culture wars crossfire. *Science*, *358*(6360), pp.175-176.

Fabic, M.S., Choi, Y., Bongaarts, J., Darroch, J.E., Ross, J.A., Stover, J., Tsui, A.O., Upadhyay, J. and Starbird, E. (2015). Meeting demand for family planning within a generation: the post-2015 agenda. *The Lancet*, *385*(9981), pp.1928-1931.

Kantorová, V. (2013). National, regional and global estimates and projections of the number of women aged 15 to 49 who are married or in a union, 1970-2030. Technical Paper No. 2013/2. New York: United Nations.

Kantorová, V., New, J. R., Biddlecom, A. and Alkema, L. (2017). Setting Ambitious yet Achievable Targets Using Probabilistic Projections: Meeting Demand for Family Planning. *Studies in Family Planning*, 48(3), pp. 223–233.

Lo, N.C. and Barry, M. (2017). The Perils of Trumping Science in Global Health—The Mexico City Policy and Beyond. *New England Journal of Medicine*, *376*(15), pp.1399-1401.

New, J.R. and Alkema, L. (2014). Family Planning Estimation Tool (FPET). Available from www.fpet.track20.org/

Starrs, A. M. (2017). The Trump global gag rule: An attack on US family planning and global health aid. *The Lancet* 389(10068): 485-486.

United Nations (1994). Report of the International Conference on Population and Development, Cairo, 5–13 September 1994. Sales No. E.95.XIII.18.

United Nations General Assembly (1999). Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development. General Assembly Resolution S-21/2. Available from www.un.org/documents/ga/res/21sp/a21spr02.htm

United Nations General Assembly (2014). Follow-up to the International Conference on Population and Development beyond 2014. General Assembly Resolution 65/234. Available from http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/65/234.

United Nations (2015). The Millennium Development Goals Report 2015. New York: United Nations. Available from www.mdgs.un.org.

United Nations General Assembly (2015). Transforming our world: the 2030 Agenda for Sustainable Development. General Assembly Resolution 70/1. Available from http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E

United Nations, Department of Economic and Social Affairs, Population Division (2016). *Estimates and Projections of the Number of Women Aged 15-49 Who Are Married or in a Union: 2016 Revision*. New York: United Nations.

United Nations (2017a). *The Sustainable Development Goals Report 2017*. New York: United Nations. Available from https://unstats.un.org/sdgs/files/report/2017/TheSustainableDevelopmentGoalsReport2017.pdf

United Nations, Department of Economic and Social Affairs, Population Division (2017b). *Model-based Estimates and Projections of Family Planning Indicators 2017*. New York: United Nations.

United Nations, Department of Economic and Social Affairs, Population Division (2017c). *World Contraceptive Use 2017*. New York: United Nations. Available from http://www.un.org/en/development/desa/population/publications/dataset/contraception/wcu2017.shtml

United Nations, Department of Economic and Social Affairs, Population Division (2017d). *World Contraceptive Use by Marital Status and Age 2017*. New York: United Nations. Available from http://www.un.org/en/development/desa/population/publications/dataset/contraception/wcuma2017.shtml

Annex I

Data and methods

The estimates and projections for different family planning indicators presented in this report are publicly available and represent indicators for the time period from 1970 to 2030 with respect to women of reproductive age (15 to 49 years) who are married or in a union (United Nations, 2017b). The annual estimates and projections are for 185 countries or areas with 90,000 persons or more in 2017 and with at least one observation of contraceptive prevalence. The annual estimates are also available for aggregate geographic groups (i.e., regions and major areas) and they are intended to be comparable across place and time. The survey data underlying these model-based estimates and projections are also publicly available as a comprehensive data set of 1,150 survey-based observations for 195 countries or areas (United Nations, 2017c).

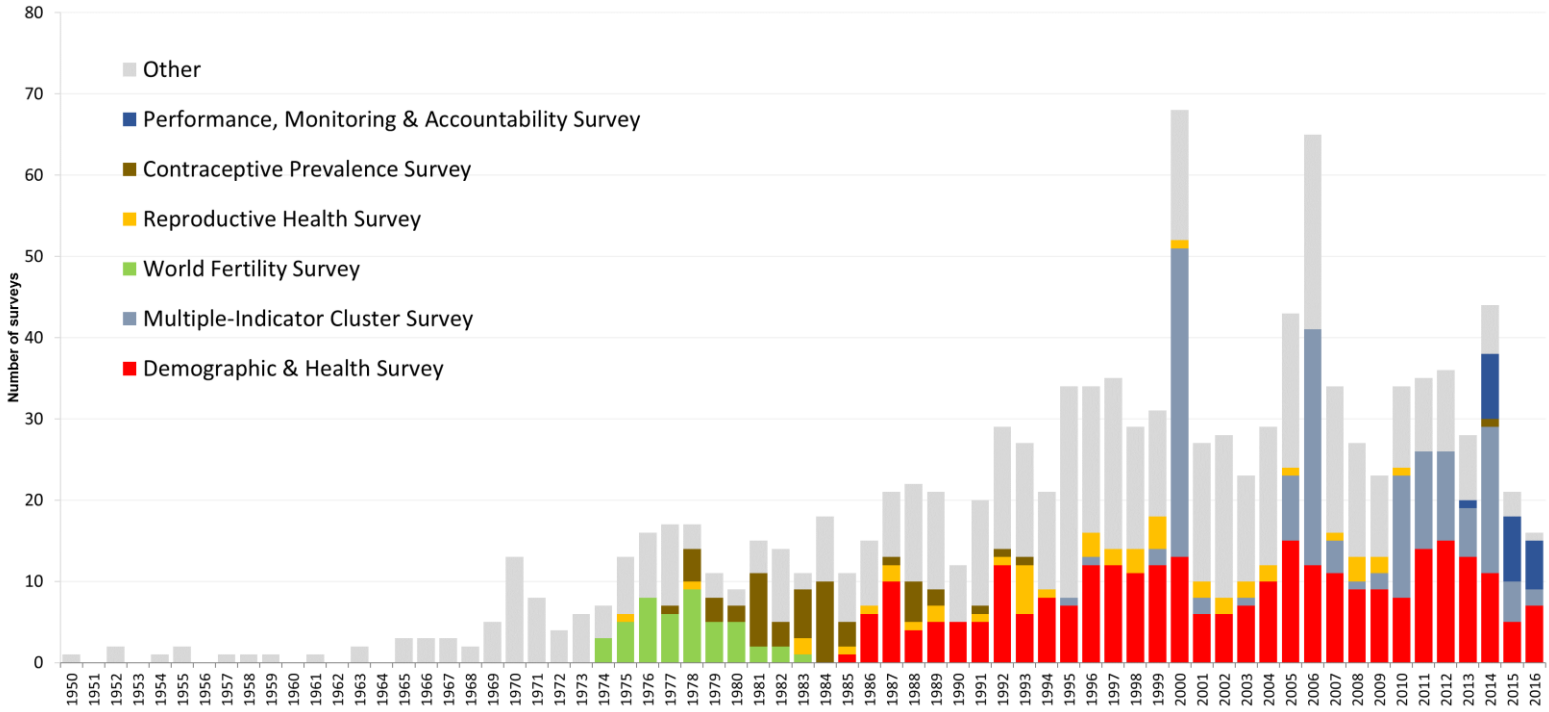
Contraceptive prevalence is defined as the percentage of women currently using any method of contraception among all women of reproductive age (i.e., those aged 15 to 49 years, unless otherwise stated) who are married or in a union. For purposes of comparability, modern methods of contraception are defined to include female and male sterilization, oral hormonal pills, the intra-uterine device (IUD), male and female condoms, injectables, the implant (including Norplant), vaginal barrier methods and emergency contraception. Traditional or natural methods of contraception include rhythm (periodic abstinence), withdrawal and lactational amenorrhoea method (LAM). Some surveys also include reports of prolonged abstinence, breastfeeding, douching or folk methods, and these methods are included in the traditional methods category.

Unmet need for family planning is defined as the percentage of married or in-union women of reproductive age who want to stop or postpone childbearing but who report that they are not using any method of contraception to prevent pregnancy. Unmet need is an indicator that has a history of more than four decades in the international population field and broadens the policy and programme focus from contraceptive use alone to enabling all individuals to realize their fertility preferences (Bradley and Casterline, 2014; Casterline and Sinding, 2000). The calculation of the indicator follows the 2012 DHS definition (Bradley et al., 2012).

Demand for family planning satisfied by using modern methods (SDG 3.7.1. indicator “Proportion of women who have their need for family planning satisfied by modern methods”) represents the gap between demand for contraceptives and contraceptive use. The indicator is defined as the number of women who are currently using, or whose sexual partner is currently using, at least one modern contraceptive method as a proportion of the number of married or in-union women of reproductive age who express a demand for family planning, either by using any method of contraception or by having an unmet need for family planning as defined above. It is computed as contraceptive prevalence (modern methods) divided by total demand for family planning (the sum of contraceptive prevalence (any method) and unmet need for family planning). The information contained in model-based estimates of family planning is currently limited to women who are married or in a union. Work currently in progress aims to extend the coverage of these indicators to include all women.

The frequency and availability of survey data on contraceptive use and demand around the world has expanded greatly over the past three decades. Surveys that measured the level and composition of contraceptive use in a nationally-representative way began only in the 1950s. The number of countries conducting such surveys grew rapidly during the 1970s (figure A.1), and by the early 1980s information about contraceptive practice had been gathered for countries representing well over half the world’s population. Ongoing, cross-national and harmonized survey data collection programmes include the Demographic and Health Surveys (www.dhsprogram.com), the Multiple Indicator Cluster Surveys (www.mics.unicef.org) and more recent initiatives such as the PMA2020 surveys (www.pma2020.org).

Figure A.1. Availability of survey data on contraceptive use, by year and international survey programme



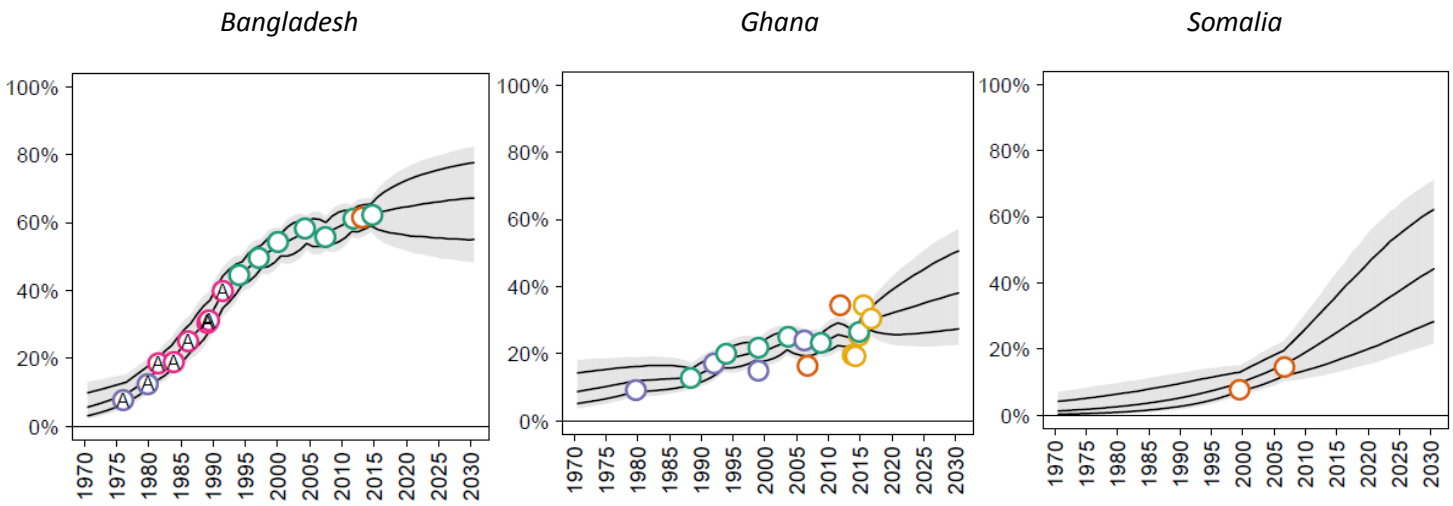
Data source: United Nations, Department of Economic and Social Affairs, Population Division (2017c). *World Contraceptive Use 2017*. New York: United Nations.

Variation in the availability of survey data on contraceptive use and in estimates over time from different survey data sources is illustrated by three countries (figure A.2). In Bangladesh, there have been frequent surveys and observations on contraceptive prevalence denote a smooth trend over time, even though data are from different survey programmes (the different colours of the circles in figure A.2) or with respect to a different reference population (e.g., the letter "A" in the circles is with respect to a different age group than women aged 15 to 49 years). In Ghana, there are frequent surveys with data on contraceptive use after 1990 and the different surveys show an uneven trend in contraceptive prevalence. Somalia is among the countries with very limited data on contraceptive use—only two surveys—that make it difficult to measure trends over time.

Given the challenges of limited data and variability among data sources, this report draws on a comprehensive and systematic annual series of model-based estimates of family planning indicators for the period 1970 to 2030. A Bayesian hierarchical model was used to generate the estimates and projections, taking into account existing survey data, differences by survey data source, sample population, and contraceptive methods included in measures of use (Alkema et al., 2013). The projections generated by the model are based on the past trends in countries, regions and globally. The model jointly estimates contraceptive prevalence (any method), the share of contraceptive prevalence attributable to modern methods, unmet need for family planning and no need for family planning. A web-based application for country-specific implementation of this estimation approach is publicly available (New and Alkema, 2014; http://fpet.track20.org/fpet/).

The more data a country has, the more the estimates and projections for the country are driven by those data. Conversely, the less data a country has, the more its estimates and projections are driven by the experiences of other countries. Countries with little data or older data also have more uncertainty in the model-based estimates and projections. Figure A.2. illustrates this point: Somalia has wide uncertainty intervals (the median and the 80 per cent uncertainty interval are shown by the three solid black lines and the 95 per cent uncertainty interval is shown by the grey shaded area) compared with the narrow uncertainty intervals for Bangladesh and Ghana.

Figure A.2. Survey data on contraceptive prevalence (any method) and model-based estimates over time among married or in-union women aged 15 to 49 years: Bangladesh, Ghana and Somalia



Data source: United Nations, Department of Economic and Social Affairs, Population Division (2017b). *Model-based Estimates and Projections of Family Planning Indicators 2017*. New York: United Nations.

Note: The colour of circles indicates the type of survey data source (green = DHS, orange = MICS, purple= other international survey, pink = national survey, yellow = PMA). The letter A indicates an age group that is different from the reference age group 15 to 49 years. The black lines represent the median and the 80 per cent uncertainty interval. The shaded area represents the 95 per cent uncertainty interval.

Estimates and projections for regions and other aggregates are population-weighted averages of the model-based country estimates, using as the weight the number of married or in-union women aged 15 to 49 in each country. The estimated weights were derived from data on the proportion of women who were married or in a union in each country (Kantorová, 2013; United Nations, 2016). The median values of the model-based estimates and projections are presented in the figures of this report, and the medians and 80 per cent uncertainty intervals are shown in the annex tables for reference.

Annex II

Table

Table A.1. Median and uncertainty intervals (U.I.) of model-based estimates for the percentage of contraceptive prevalence (modern and traditional), unmet need for family planning, and demand for family planning satisfied with modern methods in 2017 and 2030 for the world, regions, subregions and countries

Region, subregion, country or area	Contraceptive Prevalence Any Method (%)				Contraceptive Prevalence Modern Methods (%)			
	Median 2017	U. I. 2017	Median 2030	U. I. 2030	Median 2017	U. I. 2017	Median 2030	U. I. 2030
World	**63.0**	**(60.7-64.8)**	**64.2**	**(60.5-67)**	**58.0**	**(55.5-59.4)**	**59.7**	**(55.5-61.7)**
Developed regions	**69.4**	**(66.1-71.7)**	**70.0**	**(65.3-73.2)**	**62.7**	**(58.6-64.6)**	**65.2**	**(59.5-67.6)**
Developing regions	**62.1**	**(59.6-64.2)**	**63.5**	**(59.5-66.6)**	**57.4**	**(54.6-59)**	**58.9**	**(54.5-61.4)**
Least developed countries	**40.1**	**(38.4-42)**	**48.7**	**(45.6-52)**	**35.6**	**(33.8-37.1)**	**44.5**	**(41.1-47)**
Other developing regions	**66.1**	**(63.1-68.4)**	**66.8**	**(62-70.5)**	**61.2**	**(58.1-63.2)**	**62.2**	**(57-65.2)**
Sub-Saharan Africa	**31.1**	**(29.9-32.6)**	**41.7**	**(39-45.2)**	**27.1**	**(26-28.1)**	**37.8**	**(34.8-40.5)**
Africa	**36.0**	**(34.8-37.5)**	**44.9**	**(42.3-48.1)**	**32.0**	**(30.7-33)**	**41.1**	**(38.1-43.4)**
Eastern Africa	42.9	(40.9-45.1)	55.8	(51.2-60.3)	40.0	(38-41.8)	53.2	(48.2-57)
Burundi	37.7	(29.8-46.2)	52.9	(38.5-66.8)	34.5	(27-42)	50.4	(35.8-62.9)
Comoros	25.6	(19.2-33.4)	38.7	(26.4-52.3)	20.2	(14.8-25.9)	32.7	(21.2-44.3)
Djibouti	27.1	(19.4-36.8)	45.7	(30.2-62.6)	26.0	(18.5-35.1)	44.5	(29.1-60.4)
Eritrea	13.3	(9.3-19)	26.1	(16.1-39.6)	12.5	(8.6-17.4)	25.0	(15.1-37.2)
Ethiopia	40.7	(35.8-45.8)	59.6	(46.6-71.8)	39.4	(34.8-44.2)	58.2	(45.2-69.6)
Kenya	63.7	(58-68.9)	68.7	(56.7-78.6)	60.9	(55.4-65.7)	66.6	(54.5-75.9)
Madagascar	46.7	(36-57.7)	57.4	(42.7-71.4)	40.0	(29.9-49.1)	52.8	(37.3-65)
Malawi	59.8	(53.7-65.5)	67.8	(55.5-78.1)	58.5	(52.5-64)	66.9	(54.5-76.8)
Mauritius	65.8	(56.2-74.5)	68.2	(55.1-79.1)	39.1	(29.9-47)	46.9	(31.8-59.1)
Mozambique	20.5	(14.9-27.7)	36.7	(23.9-51.7)	19.8	(14.2-26.7)	35.6	(23-49.8)
Réunion	73.1	(60.5-82.9)	73.5	(59.8-84.4)	71.1	(57.6-80.2)	71.6	(57-81.7)
Rwanda	55.2	(48.9-61.3)	63.8	(51.1-75.1)	49.7	(43.5-55.2)	60.8	(47.6-71)
Somalia	28.2	(18.3-41.1)	44.3	(28.3-62.2)	27.5	(17.6-39.8)	43.3	(27.4-60.4)
South Sudan	6.5	(4.1-10.7)	17.4	(9.5-31.7)	6.0	(3.6-9)	16.4	(8.5-28.4)
Uganda	36.5	(31.8-41.5)	51.9	(39.3-64.5)	32.9	(28.8-37)	48.1	(35.6-59.5)
United Republic of Tanzania	40.7	(34.6-47.1)	53.2	(40.3-65.9)	35.0	(29.4-40.3)	47.9	(35-59.2)
Zambia	53.0	(44.9-61.1)	62.3	(48.8-74.2)	48.6	(40.8-55.9)	59.1	(45.2-69.9)
Zimbabwe	67.4	(61.9-72.4)	69.8	(58.6-79.4)	66.7	(61.2-71.6)	69.2	(57.9-78.6)
Middle Africa	22.6	(19.4-26.7)	31.5	(25.4-39.5)	13.1	(11.2-15.2)	22.6	(17.6-28.1)
Angola	15.0	(12.4-18.1)	24.7	(16.2-36.2)	13.6	(11.3-16.2)	23.4	(15.1-33.7)
Cameroon	32.8	(25.5-41.1)	42.7	(29.4-57.4)	22.1	(16.5-28)	34.3	(21.8-46.4)
Central African Republic	25.0	(17.5-34.6)	34.6	(22.4-49.5)	19.2	(12.7-26.5)	30.3	(18.3-42.6)
Chad	6.8	(5.3-8.7)	14.3	(8.8-22.9)	6.0	(4.7-7.6)	13.3	(8.1-21)
Congo	41.6	(33.1-51)	48.9	(35.3-62.8)	23.9	(17.7-30.3)	35.7	(22.9-47.4)
Democratic Republic of the Congo	23.3	(17.4-30.6)	32.4	(21.8-45.5)	10.1	(7.1-13.6)	19.3	(11.3-28.5)

Unmet Need for Family Planning (%)				Demand for Family Planning Satisfied with Modern Methods (%)				Region, subregion, country or area
Median 2017	U. I. 2017	Median 2030	U. I. 2030	Median 2017	U. I. 2017	Median 2030	U. I. 2030	
11.5	**(10.9-12.7)**	**11.3**	**(10.3-13.2)**	**77.8**	**(75.5-78.6)**	**79**	**(75.1-80)**	**World**
9.5	**(8.5-11.4)**	**9.1**	**(8-11.8)**	**79.6**	**(75.4-80.8)**	**82.4**	**(76.9-83.6)**	**Developed regions**
11.8	**(11-13)**	**11.5**	**(10.4-13.7)**	**77.6**	**(75.2-78.6)**	**78.6**	**(74.4-79.9)**	**Developing regions**
21.4	**(20.4-22.5)**	**18.3**	**(16.8-20.2)**	**57.8**	**(55.5-59.5)**	**66.5**	**(62.3-68.5)**	**Least developed countries**
10.1	**(9.2-11.5)**	**10.0**	**(8.7-12.5)**	**80.4**	**(77.8-81.6)**	**80.9**	**(76.3-82.6)**	**Other developing regions**
23.4	**(22.4-24.7)**	**20.3**	**(18.7-22.2)**	**49.7**	**(47.8-51.1)**	**61.1**	**(57.1-63.4)**	**Sub-Saharan Africa**
21.5	**(20.6-22.6)**	**18.9**	**(17.5-20.7)**	**55.6**	**(53.6-56.8)**	**64.3**	**(60.6-66.2)**	**Africa**
22.1	(20.7-23.6)	16.4	(14.2-19.3)	61.5	(59.1-63.3)	73.7	(68.4-76.5)	Eastern Africa
25.9	(20.6-31.2)	18.1	(10.8-26.5)	54.2	(45.1-62.3)	70.9	(55.2-81.4)	Burundi
30.5	(25.6-35.3)	25.7	(18.1-33.2)	35.9	(27.8-43.6)	50.9	(35.9-63.2)	Comoros
29.1	(21.3-37.1)	21.5	(12.5-30.8)	46.3	(35.2-57.9)	66.2	(48.8-80.3)	Djibouti
29.7	(23.9-35.8)	28.0	(20.8-34.7)	29.1	(21.2-37.8)	46.2	(31.9-60)	Eritrea
23.5	(19.8-27.5)	14.7	(8.5-22.3)	61.3	(55.7-66.8)	78.2	(65.6-86.9)	Ethiopia
14.8	(11.6-18.5)	11.8	(6.6-19.2)	77.6	(72.4-81.7)	82.8	(71.9-89.3)	Kenya
18.4	(13.1-24.1)	14.3	(7.8-22.3)	61.4	(49.4-70.2)	73.5	(56.8-83.1)	Madagascar
17.7	(14.2-21.7)	12.4	(6.9-19.8)	75.4	(69.7-80.2)	83.4	(72.5-90.4)	Malawi
10.6	(6.6-15.9)	9.8	(5-16.6)	51.2	(39.3-61.3)	60.2	(42.3-73.6)	Mauritius
26.9	(22.4-31.5)	22.9	(15.6-29.8)	41.7	(32.7-51)	59.8	(44.4-73.3)	Mozambique
8.4	(4-15.3)	8.2	(3.6-15.7)	87.3	(76-92.8)	87.7	(75.1-93.4)	Réunion
18	(14.5-21.9)	13.5	(7.6-21.2)	67.9	(61.3-73.1)	78.6	(65.6-86.3)	Rwanda
28.6	(20.4-36.8)	22.0	(12.5-31.8)	48.4	(34.6-62.8)	65.3	(47-80.5)	Somalia
30.4	(22.9-38.5)	30.4	(22-37.9)	16.2	(10.1-23.6)	34.3	(20.3-50.2)	South Sudan
30.4	(26.3-34.5)	21.0	(13.5-29.1)	49.3	(44-54.2)	66	(52.3-76.4)	Uganda
21.7	(18.2-25.3)	16.4	(10.2-23.6)	56.1	(49.3-61.8)	68.8	(54.7-78.5)	United Republic of Tanzania
19	(14.3-23.9)	13.8	(7.7-21.6)	67.6	(59.2-74.2)	77.7	(64-85.8)	Zambia
10.3	(7.9-13.1)	9.4	(5.2-15.4)	85.8	(81.7-89.2)	87.4	(78.5-92.9)	Zimbabwe
26.8	(24.3-29.1)	24.7	(20.7-28.4)	26.5	(23-29.9)	40.2	(32.8-47)	Middle Africa
36.7	(33.1-40.1)	32.5	(25.4-38.8)	26.3	(22.3-30.7)	40.8	(29.2-53.2)	Angola
21.2	(17.1-25.4)	18.4	(11.9-25.2)	41.0	(32.3-48.8)	56.2	(40-68.1)	Cameroon
23.5	(17.8-29.3)	21.3	(14.5-28.3)	39.6	(28.4-50.1)	54.1	(37.1-66.6)	Central African Republic
23.3	(20.3-26.6)	24.7	(19.3-30.4)	20.0	(15.9-24.6)	34.2	(23.2-46.3)	Chad
19.5	(15-24.2)	17.1	(10.7-24.4)	39.0	(29.9-47.7)	54	(37.1-66.7)	Congo
27.3	(23-31.5)	24.9	(18.3-31.4)	20.0	(14.5-25.9)	33.7	(21.3-45.9)	Democratic Republic of the Congo

Region, subregion, country or area	Contraceptive Prevalence Any Method (%)				Contraceptive Prevalence Modern Methods (%)			
	Median 2017	U. I. 2017	Median 2030	U. I. 2030	Median 2017	U. I. 2017	Median 2030	U. I. 2030
Equatorial Guinea	17.3	(12.3-23.7)	26.7	(17.1-40.1)	13.6	(9.5-18.4)	23.1	(14.1-34.2)
Gabon	35.1	(27.1-44.2)	43.2	(30.2-57.4)	23.9	(17.5-30.3)	34.3	(22.1-45.8)
Sao Tome and Principe	42.2	(33.8-51.1)	49.3	(36-63.4)	39.5	(31.4-47.8)	47.1	(33.7-60.2)
Northern Africa	54.0	(50-57.8)	58.3	(51.4-64.4)	50.2	(46-53.6)	54.8	(47.6-60.2)
Algeria	63.3	(53.2-72.2)	66.8	(53.2-77.8)	56.6	(46.3-64.8)	60.9	(46.8-71.1)
Egypt	60.6	(53.5-67.2)	64.5	(52-75.5)	58.6	(51.7-64.9)	62.5	(50.1-72.9)
Libya	48.9	(36.2-61.7)	55.9	(40.8-70.1)	31.7	(21.3-41.5)	40.5	(25.7-53.2)
Morocco	67.6	(57.8-76.4)	70.2	(57.1-81)	60.6	(50.6-68.5)	64.1	(50.2-74.1)
Sudan	15.9	(11.7-21.1)	27.6	(17.9-39.8)	14.8	(10.7-19.7)	26.0	(16.6-37.3)
Tunisia	66.1	(56.6-74.5)	68.4	(55.5-79.3)	57.1	(47.1-65)	60.7	(46.8-71)
Southern Africa	65.4	(55.4-74.1)	68.1	(56.2-77.8)	64.9	(54.8-73.4)	67.5	(55.5-76.9)
Botswana	58.7	(46.3-70.3)	63.6	(48.8-76.6)	57.4	(44.8-68.4)	62.3	(47.1-74.6)
Lesotho	61.0	(54-67.6)	67.1	(54.5-77.8)	60.3	(53.2-66.8)	66.4	(53.8-76.9)
Namibia	58.8	(51-66.3)	63.8	(51.1-75.3)	58.2	(50.4-65.6)	63.1	(50.4-74.3)
South Africa	66.4	(54.7-76.6)	68.5	(54.6-80.1)	65.9	(54.1-75.9)	68.0	(54.1-79.3)
Swaziland	64.5	(56.1-72.3)	69.1	(56.1-79.9)	63.3	(54.8-70.8)	67.8	(54.8-78.3)
Western Africa	20.3	(18.4-22.7)	29.0	(24.1-36)	16.8	(15.3-18.3)	25.4	(20.8-31)
Benin	18.8	(14.1-24.4)	27.2	(17.9-39.4)	13.0	(9.4-16.9)	23.0	(14-33)
Burkina Faso	24.3	(20.9-28.2)	32.6	(22.7-44.3)	23.5	(20.2-27.1)	32.1	(22.2-43.3)
Cabo Verde	62.4	(49.3-73.8)	65.7	(49.5-78.8)	59.9	(46.8-70.5)	63.6	(46.9-75.8)
Côte d'Ivoire	20.5	(15.1-27)	29.1	(19.2-42.3)	16.3	(11.6-21.3)	25.4	(15.8-36.5)
Gambia	11.7	(8.8-15.4)	19.7	(12.5-29.7)	11.2	(8.3-14.6)	19.1	(11.9-28.2)
Ghana	30.7	(26.5-35.3)	38.1	(27.4-50.6)	26.2	(22.6-29.9)	34.7	(24.4-45.5)
Guinea	7.9	(5.6-11.2)	15.4	(9.1-25.6)	7.0	(4.9-9.6)	14.3	(8.2-23)
Guinea-Bissau	16.9	(12.4-22.6)	26.2	(16.6-39.3)	16.1	(11.7-21.4)	25.4	(15.8-37.7)
Liberia	21.2	(16.3-27)	29.9	(19.8-42.6)	20.7	(15.8-26.2)	29.3	(19.1-41.2)
Mali	14.4	(11.2-18.4)	23.6	(15.2-35.5)	14.1	(10.9-17.8)	23.2	(14.7-34.5)
Mauritania	16.9	(12.6-22.2)	26.3	(16.7-39.3)	15.6	(11.5-20.3)	25.1	(15.6-36.9)
Niger	16.0	(13.1-19.5)	25.4	(16.5-37)	14.7	(12.1-17.5)	24.1	(15.4-34.3)
Nigeria	20.5	(17-24.7)	29.5	(19.9-41.5)	15.7	(13-18.4)	24.2	(15.4-34)
Senegal	22.5	(18.4-27.1)	30.8	(21.1-42.9)	21.0	(17.3-25.3)	29.2	(19.9-40.5)
Sierra Leone	17.3	(13.1-22.8)	28.0	(17.5-42.1)	16.8	(12.7-22)	27.3	(16.9-40.7)
Togo	22.2	(17.5-27.6)	30.7	(20.8-42.6)	19.8	(15.5-24.5)	29.2	(19.4-40)
Asia	**66.4**	**(63.1-69.1)**	**67.6**	**(62.1-71.9)**	**61.4**	**(58-63.8)**	**62.8**	**(56.9-66.4)**
Eastern Asia	81.4	(74.7-86.5)	80.0	(70.6-86.8)	80.4	(73.5-85.3)	79.0	(69.4-85.5)
China	83.2	(75.9-88.8)	81.5	(71.3-88.9)	82.5	(75.1-87.9)	80.8	(70.5-88)
China, Hong Kong SAR	76.1	(69.5-81.7)	76.3	(65.7-84.5)	72.5	(65.2-77.8)	73.0	(61.6-80.8)
Dem. People's Republic of Korea	75.2	(68.2-81)	73.6	(62.3-82.7)	70.6	(62.6-76.4)	69.5	(57.2-78.1)
Japan	48.2	(39.5-57.3)	53.8	(41-66)	44.9	(36-53.3)	50.6	(37.8-61.8)
Mongolia	58.7	(50.1-67.1)	61.7	(48.8-73)	52.3	(43.7-60.1)	55.9	(42.6-66.5)
Republic of Korea	78.7	(70.3-85.2)	77.8	(66.4-86.2)	70.1	(59.5-77.3)	70.3	(56.3-79.1)
Central Asia	59.1	(53.2-64.1)	62.9	(55.5-69.1)	55.9	(49.9-60.5)	60.0	(52.2-65.5)
Kazakhstan	57.6	(49.6-65.4)	61.7	(49.2-73.1)	55.0	(47-62.4)	59.4	(46.6-70.1)
Kyrgyzstan	43.8	(36.3-51.6)	51.9	(39.1-64.3)	40.9	(33.7-48.1)	49.0	(36.3-60.3)
Tajikistan	35.9	(28.2-44.2)	47.2	(34.2-60.8)	32.9	(25.6-40.4)	44.0	(31.2-56.3)

Unmet Need for Family Planning (%)				Demand for Family Planning Satisfied with Modern Methods (%)				Region, subregion, country or area
Median 2017	U. I. 2017	Median 2030	U. I. 2030	Median 2017	U. I. 2017	Median 2030	U. I. 2030	
32.2	(27.1-37.1)	29.3	(22-36.1)	27.6	(20.4-34.9)	41.3	(28-54.2)	Equatorial Guinea
25.3	(20.3-30.2)	21.9	(14.5-29.5)	39.5	(30.3-47.8)	52.6	(36.9-64.7)	Gabon
31.6	(25-37.9)	24.9	(15.8-34.2)	53.6	(44.3-62.4)	63.4	(48.6-75.8)	Sao Tome and Principe
14.3	(12.4-16.8)	13.2	(10.6-17)	73.4	(69-76.3)	76.6	(69.6-80.3)	Northern Africa
10.1	(6-15.5)	9.1	(4.6-16)	77.0	(66.9-83.6)	80.2	(66.7-87.4)	Algeria
12	(9-15.5)	10.6	(5.9-17.1)	80.8	(74.9-85.2)	83.2	(72.5-89.8)	Egypt
19.3	(12.3-27.5)	15.7	(8.6-24.7)	46.5	(32.7-57.9)	56.6	(38-69.7)	Libya
9.8	(6-15)	8.7	(4.3-15.4)	78.2	(68.9-84.3)	81.3	(68.5-88.2)	Morocco
28.3	(22.5-34.6)	26.3	(19.6-32.9)	33.4	(25.5-42.2)	48.3	(35-61.2)	Sudan
9.5	(5.7-14.6)	8.8	(4.4-15.3)	75.6	(65.1-82.2)	78.7	(64.9-86.3)	Tunisia
12	(7.9-17.6)	10.7	(6.3-17.4)	83.8	(75.3-89.3)	85.7	(75.6-91.4)	Southern Africa
14.1	(8.3-21.2)	12.1	(6.1-20.4)	78.8	(66.7-87)	82.3	(68.3-90.4)	Botswana
17	(13-21.7)	12.9	(7.2-20.6)	77.2	(70.6-82.7)	83	(71.8-90.4)	Lesotho
16.2	(11.9-20.9)	13.1	(7.3-20.6)	77.6	(70.3-83.6)	82.1	(70.5-89.9)	Namibia
11.3	(6.5-17.9)	10.4	(5.1-18)	84.8	(74.8-91.2)	86.2	(74.6-93)	South Africa
14.9	(10.2-20.4)	11.8	(6.1-19.8)	79.7	(71.8-85.8)	83.8	(72.4-91)	Swaziland
24.1	(22-26.6)	23.2	(20-26.4)	37.7	(34.6-40.5)	48.7	(41.7-55.2)	Western Africa
30.4	(25.9-34.9)	27.8	(21.2-34)	26.5	(20.1-32.8)	41.9	(28.2-53.8)	Benin
26.9	(22.9-31.1)	24.7	(18.4-30.9)	46.0	(40.4-51.5)	56	(43.4-68)	Burkina Faso
14.3	(8.3-21.9)	12.1	(5.8-21.3)	78.1	(65.7-86.1)	81.7	(66.4-89.9)	Cabo Verde
24.2	(20.1-28.2)	23.8	(17.5-29.9)	36.4	(28.1-44.1)	48.1	(33.6-60.5)	Côte d'Ivoire
25.6	(21.7-29.8)	26.1	(20.1-32.1)	30.1	(23.4-36.9)	41.6	(29.6-53.8)	Gambia
28.1	(24.6-31.7)	25.1	(18.2-31.8)	44.7	(39.6-49.3)	54.8	(42-65.9)	Ghana
24.6	(20.5-29.1)	25.9	(19.9-31.7)	21.5	(15.8-27.9)	34.7	(22.7-47.5)	Guinea
21.7	(16.3-27.8)	22.0	(15.5-28.6)	41.7	(32.2-51.4)	52.7	(38-66.5)	Guinea-Bissau
31.4	(26.9-35.6)	28.2	(21.3-34.8)	39.4	(31.9-46.8)	50.4	(36.8-63.3)	Liberia
26	(22.2-29.9)	25.8	(19.7-31.4)	34.8	(28.3-41.5)	47	(34.1-60.2)	Mali
31	(25.3-36.8)	28.5	(21.3-35.3)	32.5	(25.3-40.2)	45.8	(32.2-59.3)	Mauritania
18.7	(15.5-22.2)	19.8	(14.8-25.2)	42.2	(36.3-48.1)	53.2	(39.5-64.6)	Niger
22.5	(18.5-27)	21.7	(15.9-27.6)	36.5	(30.7-41.8)	47.3	(33.6-58.9)	Nigeria
25.3	(22.3-28.4)	25.0	(18.7-30.8)	44.0	(38.2-50)	52.4	(40-64.4)	Senegal
26.7	(22.7-30.7)	25.2	(18.6-31.4)	38.2	(30.9-46.1)	51.3	(36.9-65.7)	Sierra Leone
33.4	(29.1-37.5)	30.5	(23.2-37.1)	35.7	(29.3-42)	47.7	(34.9-59.8)	Togo
10	**(9-11.5)**	**9.6**	**(8-12.4)**	**80.5**	**(77.6-81.9)**	**81.4**	**(76.3-83.4)**	**Asia**
4.5	(2.9-7.3)	5.0	(2.9-9.1)	93.5	(89.6-95.5)	92.9	(87.1-95.5)	Eastern Asia
3.7	(2-6.7)	4.4	(2-8.7)	94.9	(90.9-97)	94.1	(88.1-97)	China
6.7	(3.9-10.7)	6.6	(3.3-12.2)	87.5	(81.1-91.4)	88.1	(78.6-92.7)	China, Hong Kong SAR
7.9	(5-11.9)	8.4	(4.3-14.7)	84.9	(77.8-89.3)	84.8	(74-90.5)	Dem. People's Republic of Korea
19.5	(13.1-26.9)	16.8	(10-25.2)	66.2	(55.4-74.9)	71.7	(57.6-81.5)	Japan
13.7	(9.3-19.1)	12.4	(7-19.7)	72.3	(63.2-79.1)	75.4	(62-83.8)	Mongolia
5.6	(3-10)	6.0	(2.8-11.6)	83.1	(72.6-89)	83.8	(70.7-90.4)	Republic of Korea
12.8	(10.6-16)	11.4	(8.9-15.3)	77.8	(72.1-81.2)	80.7	(73.7-84.2)	Central Asia
14.7	(10.2-19.8)	12.7	(7.3-19.8)	76.1	(68-82.5)	79.7	(68-87.5)	Kazakhstan
16.7	(13-20.8)	14.5	(9-21)	67.6	(59.5-74.2)	73.8	(60.8-82.5)	Kyrgyzstan
21.3	(17-25.7)	17.5	(11.1-24.5)	57.6	(48.4-65.4)	67.9	(53.7-78.3)	Tajikistan

Region, subregion, country or area	Contraceptive Prevalence Any Method (%)				Contraceptive Prevalence Modern Methods (%)			
	Median 2017	U. I. 2017	Median 2030	U. I. 2030	Median 2017	U. I. 2017	Median 2030	U. I. 2030
Turkmenistan	55.5	(47-63.8)	60.4	(47.6-72)	52.2	(43.7-60)	57.4	(44.5-68.2)
Uzbekistan	69.5	(58.2-78.9)	70.7	(57.1-81.7)	66.0	(54.5-74.9)	67.7	(53.8-78.1)
Southern Asia	55.9	(51.2-60.5)	61.1	(52-69.2)	49.5	(44.7-53.4)	55.2	(45.7-62.3)
Afghanistan	25.4	(20.8-30.4)	41.5	(29.7-54.2)	22.8	(18.7-27.4)	38.1	(26.7-49.5)
Bangladesh	63.8	(57-70.1)	67.3	(55-77.7)	56.6	(49.9-62.4)	61.0	(48.5-70.7)
Bhutan	63.6	(52.3-73.6)	69.0	(55-80.9)	62.9	(51.7-72.8)	68.4	(54.3-80)
India	56.1	(49.6-62.3)	61.1	(48.8-72.3)	50.3	(44-55.9)	55.9	(43.3-66.1)
Iran (Islamic Republic of)	76.0	(68-82.7)	76.0	(64.3-85)	63.0	(52.3-70.2)	65.4	(50.8-74.8)
Maldives	43.9	(34-54.2)	53.0	(39.4-66.5)	36.9	(27.7-45.5)	46.2	(32.6-58)
Nepal	53.7	(45.4-61.7)	61.7	(48.6-73.6)	50.6	(42.5-58.1)	58.6	(45.5-69.7)
Pakistan	39.5	(32-47.8)	51.5	(38.6-64.8)	30.7	(24.1-37.1)	42.3	(30-53.8)
Sri Lanka	71.6	(61.4-80.1)	72.0	(58.9-82.4)	58.6	(46.5-67.8)	61.6	(46.3-72.2)
South-Eastern Asia	63.6	(60.6-66.3)	65.4	(59.3-70.5)	57.3	(54.2-59.8)	59.8	(53.2-64.3)
Cambodia	59.3	(51.7-66.4)	66.9	(53.9-78.1)	43.8	(36.5-50.2)	52.9	(39.3-63.9)
Indonesia	61.6	(56.1-67)	63.4	(51.6-73.8)	60.0	(54.6-65)	61.8	(50-71.9)
Lao People's Democratic	56.2	(45.7-66.5)	63.6	(49.2-76.1)	50.2	(39.7-59.4)	58.0	(43.4-69.3)
Malaysia	52.5	(44.7-60.9)	57.4	(45-69.2)	38.3	(30.5-44.5)	45.0	(31.6-55.5)
Myanmar	53.2	(48-58.4)	61.1	(49-72.5)	52.2	(46.9-57.2)	60.1	(47.8-71)
Philippines	55.9	(48-63.8)	60.3	(47.4-71.8)	40.6	(33-47.5)	46.9	(33.6-57.6)
Singapore	66.3	(53.5-77.5)	67.3	(53.1-79.1)	59.7	(45.2-70.1)	61.5	(45.7-72.7)
Thailand	78.4	(71.4-84)	76.8	(66.1-85.1)	76.7	(69.5-82.1)	75.3	(64.5-83.1)
Timor-Leste	30.7	(22.4-40.2)	43.3	(29.9-57.4)	28.3	(20.5-36.9)	40.5	(27.3-53.4)
Viet Nam	76.7	(72-80.8)	76.1	(65.7-84.1)	64.5	(58.4-69.2)	66.3	(54.2-74.5)
Western Asia	57.6	(54.3-60.7)	62.0	(57-66.2)	41.5	(37.4-44.4)	48.1	(42-51.8)
Armenia	58.6	(52.1-64.9)	62.4	(50.3-73.3)	29.0	(24.1-33.7)	37.0	(25-48)
Azerbaijan	56.3	(43.9-67.9)	61.1	(46.4-74)	23.3	(14.7-32.6)	31.7	(18.7-44.5)
Bahrain	64.8	(49.9-77.6)	67.2	(52-80.3)	45.4	(29.8-58.2)	50.4	(33.3-63.6)
Georgia	52.8	(41.4-64.1)	58.9	(44.6-72)	37.5	(27.1-47.7)	44.6	(30.1-56.7)
Iraq	56.0	(45.4-66.2)	61.3	(47.3-73.5)	43.3	(33-52.3)	49.5	(35.3-60.8)
Israel	71.1	(56.1-82.8)	71.8	(56.4-83.9)	57.2	(39.8-69.4)	59.6	(41.5-72)
Jordan	62.2	(53.7-70)	65.3	(52.8-76.5)	46.2	(37.6-53.3)	51.2	(37.5-61.9)
Kuwait	56.2	(42.5-68.9)	60.8	(45.7-74.4)	48.8	(34.9-60.3)	53.7	(37.7-66.3)
Lebanon	62.3	(51.5-72.4)	65.2	(51.4-76.8)	46.1	(35.1-55.4)	50.8	(36.3-61.9)
Oman	35.8	(27.6-44.9)	47.2	(33.9-60.9)	24.4	(17.8-31)	35.0	(23-46.1)
Qatar	46.5	(36.5-57)	53.8	(40.2-66.9)	40.6	(30.9-49.9)	47.7	(33.9-59.4)
Saudi Arabia	30.0	(23.4-38.4)	41.4	(29.3-54.9)	26.4	(19.3-33.8)	36.9	(24.6-48.9)
State of Palestine	59.0	(50.3-67.3)	62.9	(50.1-74.2)	46.5	(38-53.9)	51.3	(37.9-61.8)
Syrian Arab Republic	58.3	(47.3-68.5)	62.6	(48.8-74.8)	44.3	(34-52.8)	49.8	(35.7-61.1)
Turkey	74.4	(67.6-80.3)	74.6	(63.2-83.5)	49.5	(40.4-57)	53.7	(39.5-64.4)
United Arab Emirates	50.1	(35.1-65.9)	57.2	(40.7-72.4)	42.2	(27.7-55.4)	49.1	(32.3-62.9)
Yemen	40.2	(32.5-48.5)	53.9	(40.3-66.9)	33.5	(26.5-40.2)	45.8	(32.7-57.1)
Europe	**70.3**	**(66.9-72.6)**	**70.5**	**(66.1-73.2)**	**61.8**	**(57.3-63.6)**	**64.7**	**(59-66.5)**
Eastern Europe	68.7	(63.2-73.1)	68.9	(61.6-74.5)	57.2	(50-61.4)	61.4	(52-66.1)
Belarus	67.2	(57.7-75.5)	67.2	(54.7-77.8)	57.4	(46.6-65.4)	60.6	(46.2-70.8)
Bulgaria	68.3	(56.8-78)	69.0	(55.3-80)	50.2	(36.2-61)	57.6	(39.8-69.3)

Unmet Need for Family Planning (%)				Demand for Family Planning Satisfied with Modern Methods (%)				Region, subregion, country or area
Median 2017	U. I. 2017	Median 2030	U. I. 2030	Median 2017	U. I. 2017	Median 2030	U. I. 2030	
14.6	(10.3-19.7)	12.7	(7.2-19.7)	74.5	(65.8-81.1)	78.5	(66.1-86.4)	Turkmenistan
8.5	(4.6-14.2)	8.1	(3.8-14.8)	84.7	(75.2-90.1)	85.9	(74.5-91.7)	Uzbekistan
13.2	(11.3-15.6)	11.7	(8.3-16.2)	71.5	(66.7-74.8)	75.9	(66.7-81)	Southern Asia
24.4	(21.1-27.7)	20.0	(13.8-26.5)	45.9	(39.7-52)	62	(48.4-72.6)	Afghanistan
11.6	(8.6-15.2)	10.1	(5.5-16.6)	75.0	(68.5-79.9)	78.8	(67.2-85.9)	Bangladesh
11.7	(6.9-18.1)	9.3	(4.3-16.6)	83.5	(73.9-90.3)	87.3	(76.1-93.8)	Bhutan
12.7	(10-15.8)	11.3	(6.5-17.4)	73.2	(67-77.9)	77.3	(65.3-84.7)	India
6.3	(3.6-10.4)	6.4	(3-12)	76.5	(64.6-83.8)	79.4	(64.3-87.2)	Iran (Islamic Republic of)
23.6	(17.5-29.7)	18.3	(11.1-26.6)	54.7	(43.5-63.7)	64.8	(49.2-75.6)	Maldives
22.3	(16.8-28)	15.9	(9.1-24.3)	66.6	(58.1-73.7)	75.5	(62.5-84.4)	Nepal
20.1	(16-24.2)	16.0	(9.8-23)	51.5	(42.9-58.7)	62.6	(48-73.2)	Pakistan
7.4	(4.3-11.8)	7.4	(3.6-13.5)	74.2	(61.7-82.5)	77.5	(62.2-86.1)	Sri Lanka
11.9	(10.5-13.7)	11.1	(8.8-14.6)	75.9	(72.8-78)	78.1	(71.8-81.2)	South-Eastern Asia
12.5	(9.3-16.3)	9.9	(5.1-16.5)	61.0	(52-68)	68.9	(54-78.7)	Cambodia
12.1	(9.2-15.4)	11.4	(6.6-17.7)	81.3	(76.4-85.3)	82.7	(72.5-89.4)	Indonesia
17	(11-24)	13.0	(6.7-21.5)	68.6	(57.2-76.9)	75.7	(60.9-84.5)	Lao People's Democratic
17.6	(11.8-24.1)	15.1	(8.7-22.8)	54.7	(43.4-63.3)	62.1	(45.6-72.9)	Malaysia
15.8	(13.1-18.6)	12.3	(7.2-18.9)	75.6	(70.8-79.8)	81.9	(71-89.2)	Myanmar
17.3	(12.9-22.2)	15.0	(8.8-22.6)	55.5	(46.1-63)	62.4	(47.2-73)	Philippines
10.9	(5.6-18.5)	10.4	(5-18.5)	77.3	(62.3-85.6)	79.2	(63.3-87.5)	Singapore
5.7	(3.4-8.9)	6.3	(3.2-11.4)	91.2	(86.5-94.1)	90.6	(83-94.5)	Thailand
25.6	(20.3-30.9)	19.9	(13-27.3)	50.3	(39.9-60)	64	(48.9-75.5)	Timor-Leste
6.4	(4.5-9)	6.7	(3.5-11.9)	77.6	(70.9-82.4)	80	(68.3-86.6)	Viet Nam
14.4	(12.8-16.4)	12.7	(10.9-15.6)	57.6	(52.2-61.1)	64.4	(57-68.1)	Western Asia
12.5	(9.9-15.3)	11.8	(6.8-18.1)	40.8	(33.4-47.9)	49.9	(34.7-62.5)	Armenia
13.8	(8.6-20)	12.1	(6.5-19.7)	33.3	(21.5-45.5)	43.3	(26.6-58.5)	Azerbaijan
11.5	(5.6-20.2)	10.4	(4.7-18.9)	59.4	(41.1-72.5)	64.9	(45.4-77.6)	Bahrain
16	(10.4-22.7)	13.5	(7.3-21.5)	54.6	(41.8-65.3)	61.6	(44.6-73.4)	Georgia
13.3	(8.3-19.6)	11.6	(6.1-19.1)	62.5	(50.2-71.5)	67.9	(52-78)	Iraq
8.7	(3.8-16.7)	8.4	(3.5-16.5)	71.6	(52.4-82.8)	74.3	(55-85)	Israel
11.9	(8.2-16.2)	10.9	(5.9-17.6)	62.3	(52.4-69.9)	67.1	(51.9-77.1)	Jordan
15.6	(8.8-23.9)	13.4	(6.8-22.2)	68.0	(52.5-78.4)	72.4	(55.3-82.8)	Kuwait
12.8	(7.4-19.8)	11.4	(5.8-19.2)	61.4	(48.3-71)	66.3	(49.9-77)	Lebanon
29.6	(22.2-37.3)	22.8	(14.4-32)	37.4	(28-46.2)	50	(34.8-62.1)	Oman
17.6	(11.8-24.1)	15.0	(8.6-22.7)	63.5	(51.7-72.7)	69.3	(53.8-79.5)	Qatar
26.8	(19.5-34.4)	22.3	(14.6-30.6)	46.4	(35.2-56.8)	57.9	(42.1-70.1)	Saudi Arabia
12.9	(8.5-18.1)	11.5	(6.3-18.6)	64.7	(54.7-72.2)	69	(54.3-78.5)	State of Palestine
14.6	(9.1-21.6)	12.5	(6.6-20.6)	60.7	(48.7-69.6)	66.2	(50.4-76.8)	Syrian Arab Republic
6.3	(4.2-9.1)	6.7	(3.4-11.9)	61.2	(50.3-70.1)	66	(50-77)	Turkey
18.2	(10.1-27.5)	15.0	(7.5-24.7)	61.7	(44.4-74.3)	68	(49-79.9)	United Arab Emirates
26	(21-30.9)	18.7	(11.5-27)	50.6	(42.1-58)	63.1	(48.2-73.5)	Yemen
9.1	**(8.1-11.2)**	**9.0**	**(8-11.7)**	**77.8**	**(73-79.2)**	**81.3**	**(75.5-82.4)**	**Europe**
9.9	(7.8-13.3)	9.9	(7.5-14.3)	72.7	(64.6-76.7)	77.8	(67.8-81.6)	Eastern Europe
9.7	(5.8-15.2)	10.1	(5.2-17.2)	74.6	(63.1-81.9)	78.4	(63.8-86.2)	Belarus
13.5	(7.6-21.4)	12.6	(6.4-21.7)	61.3	(45.1-72.8)	70.6	(50.7-81.8)	Bulgaria

Region, subregion, country or area	Contraceptive Prevalence Any Method (%)				Contraceptive Prevalence Modern Methods (%)			
	Median 2017	U. I. 2017	Median 2030	U. I. 2030	Median 2017	U. I. 2017	Median 2030	U. I. 2030
Czechia	76.5	(66.6-84.5)	74.8	(62.7-84.6)	70.2	(58.4-78.4)	70.7	(56.7-80.1)
Hungary	73.5	(60.6-83.8)	72.9	(58.8-83.6)	69.5	(54.9-78.9)	69.9	(54.2-79.8)
Poland	70.1	(56-81.7)	70.2	(55.3-82.1)	53.9	(35.2-67.2)	59.8	(40.4-72.1)
Republic of Moldova	65.1	(55.5-73.5)	66.1	(53.4-76.9)	49.8	(39.2-58.3)	55.7	(40.9-66.5)
Romania	68.4	(57-78.1)	68.1	(54.8-79.3)	56.9	(42.4-67.1)	62.1	(46-72.9)
Russian Federation	68.2	(58.8-76.3)	68.6	(55.9-78.8)	57.8	(46.4-66.4)	61.5	(46.6-71.6)
Slovakia	71.6	(58.7-82)	71.3	(56.8-82.5)	62.2	(44.7-73.2)	65.3	(47.3-76.2)
Ukraine	67.4	(58.4-75.3)	67.8	(55.4-78.2)	54.9	(44.7-62.9)	59.6	(45.3-69.8)
Northern Europe	76.5	(70.5-80.6)	75.4	(67.5-80.7)	74.5	(68-78.2)	73.7	(65.2-78.4)
Denmark	69.2	(55.8-80.3)	69.3	(54.7-80.9)	66.0	(51.2-76.4)	66.3	(50.3-77)
Estonia	65.6	(53-76.4)	66.1	(52.3-78.1)	60.2	(46.8-70.1)	61.6	(46.5-72.8)
Finland	74.2	(60.4-84.4)	73.7	(59.5-84.5)	72.6	(58.3-82.2)	72.2	(57.5-82.4)
Ireland	67.3	(55.8-77.2)	67.8	(54.2-79)	62.4	(49.6-71.8)	63.6	(48.6-74.1)
Latvia	67.3	(53.4-79)	67.5	(52.9-79.8)	61.0	(45.4-71.7)	62.2	(45.7-73.5)
Lithuania	63.1	(50.7-74.3)	64.3	(49.9-76.3)	53.5	(40-64.1)	56.3	(40.2-67.8)
Norway	78.4	(67.7-86)	76.6	(63.8-86.1)	73.2	(60.6-81.1)	71.9	(57.4-81.2)
Sweden	70.2	(56.9-80.8)	70.0	(55.9-81.6)	64.9	(49.4-75.1)	65.4	(49.1-76.2)
United Kingdom	79.9	(71.4-86.4)	78.2	(66.6-86.5)	79.5	(70.9-85.8)	77.8	(66.1-85.9)
Southern Europe	66.2	(59.7-71.4)	66.8	(59.6-72.5)	53.2	(45.1-58.2)	57.2	(47.8-62.3)
Albania	63.1	(52.5-72.9)	64.9	(51.6-76.5)	21.5	(13.8-30.7)	34.3	(19.8-48.7)
Bosnia and Herzegovina	49.5	(38.3-60.8)	54.5	(40.8-67.4)	19.4	(12.9-26.8)	31.6	(19.1-44)
Croatia	66.0	(50.5-79.4)	66.7	(50.5-80.3)	46.6	(26-64)	54.2	(32.4-69.4)
Greece	69.2	(56.4-79.8)	69.6	(55.6-81.2)	47.3	(31.8-59.9)	54.0	(35.9-67.2)
Italy	66.5	(52.3-78.2)	66.9	(52-79.3)	52.6	(35.3-65.4)	57.3	(39.1-69.9)
Malta	80.9	(69.6-89)	80.2	(67.3-89)	62.9	(43.8-75.2)	67.9	(47.6-79)
Montenegro	39.9	(30.4-50.5)	48.2	(34.8-61.3)	23.5	(16.2-30.7)	34.4	(21.9-45.8)
Portugal	73.7	(65.4-80.7)	73.3	(61.2-82.5)	67.8	(55.4-75.5)	69.2	(54.1-78.3)
Serbia	58.7	(48.8-68)	61.1	(48.1-72.9)	27.4	(20-35.2)	39.0	(25.2-51.1)
Slovenia	73.7	(60.4-83.8)	73.2	(58.7-84.2)	65.4	(48.3-75.7)	67.6	(49.6-78.4)
Spain	67.7	(57.4-76.7)	67.7	(55.1-78.6)	64.4	(53.3-72.5)	65.4	(52-75.2)
TFYR Macedonia	51.0	(38.3-63.6)	55.4	(40.9-68.8)	20.7	(13-29)	33.0	(19.6-45.6)
Western Europe	72.9	(67-77.5)	72.6	(65.5-77.9)	69.8	(63.5-74.1)	69.7	(62-74.4)
Austria	66.1	(56.2-74.8)	66.3	(53.5-77.1)	63.9	(53.8-72.3)	64.2	(51.1-74.5)
Belgium	73.4	(65.9-79.8)	72.7	(61-81.8)	72.2	(64.7-78.6)	71.6	(59.7-80.4)
France	79.9	(73-85.4)	78.0	(67.6-86)	77.6	(70.3-82.7)	75.9	(65-83.4)
Germany	68.1	(55.7-78.5)	69.0	(55-80.2)	64.0	(51.2-73.7)	65.0	(50.2-75.6)
Netherlands	71.0	(63.2-77.8)	70.9	(58.9-80.6)	68.6	(60.4-75.3)	68.6	(56.2-77.9)
Switzerland	72.8	(65.8-78.9)	72.3	(60.9-81.4)	69.6	(61.8-75.3)	69.3	(57.3-77.9)
Latin America and the Caribbean	**74.5**	**(71.9-76.5)**	**74.3**	**(69.5-77.4)**	**69.6**	**(66.4-71.2)**	**70.0**	**(64.5-72.6)**
Caribbean	62.5	(58.7-65.8)	65.0	(58.7-70.2)	59.6	(55.6-62.4)	61.9	(55.3-66.4)
Antigua and Barbuda	63.8	(48.7-77.5)	65.9	(50.3-79.5)	61.7	(46.3-74.5)	63.9	(47.6-76.4)
Bahamas	67.1	(52-80)	68.4	(52.9-81.2)	65.7	(50.4-77.9)	67.1	(51.1-79.2)
Barbados	61.7	(51.4-71.1)	64.2	(51-75.8)	59.0	(48.6-67.9)	61.6	(48.1-72.4)
Cuba	73.5	(66.3-79.5)	73.1	(61.5-82.2)	72.5	(65.1-78.4)	72.2	(60.4-81)

Unmet Need for Family Planning (%)				Demand for Family Planning Satisfied with Modern Methods (%)				Region, subregion, country or area
Median 2017	U. I. 2017	Median 2030	U. I. 2030	Median 2017	U. I. 2017	Median 2030	U. I. 2030	
7.8	(4.3-13.2)	8.4	(4-15.2)	83.2	(72.4-89.1)	84.9	(72.3-91.1)	Czechia
8.5	(4-15.6)	8.7	(4-16.5)	84.8	(71.4-91)	85.7	(71.5-91.9)	Hungary
9.7	(4.5-17.8)	9.6	(4.4-18.3)	67.4	(45.7-80.8)	74.9	(53-85.7)	Poland
11.9	(7.7-17.3)	11.4	(6.2-18.7)	64.7	(52.5-73.6)	71.8	(55.4-81.7)	Republic of Moldova
9.7	(5.4-16)	10.0	(5-17.2)	72.8	(56.8-82.3)	79.6	(62.6-87.9)	Romania
10.1	(5.9-15.6)	10.0	(5.2-17.2)	73.8	(61.2-82)	78.3	(62.9-86.5)	Russian Federation
9.1	(4.3-16.3)	9.2	(4.2-17.2)	77.1	(57.7-86.8)	81.1	(62.3-89.5)	Slovakia
9.9	(6.3-14.6)	10.1	(5.4-16.8)	71.0	(59.7-78.8)	76.5	(61.5-84.9)	Ukraine
7.1	(5.2-10.5)	7.5	(5.3-12)	89.1	(84-91.1)	88.8	(82.1-91.2)	Northern Europe
10.2	(4.9-18.3)	10.2	(4.7-18.7)	83.1	(68.7-90.3)	83.4	(68.2-90.8)	Denmark
12	(6.3-19.8)	11.6	(5.7-20.2)	77.6	(64.2-85.5)	79.2	(64-87.6)	Estonia
8	(3.6-15.4)	8.2	(3.6-16.2)	88.3	(76.9-93.8)	88.2	(75.9-93.9)	Finland
11.2	(5.9-18.4)	10.9	(5.3-19)	79.5	(66.8-86.9)	80.8	(65.9-88.6)	Ireland
12	(6.1-20.5)	11.7	(5.7-20.6)	76.8	(60.9-85.5)	78.5	(61.6-87.2)	Latvia
13.1	(7.2-21)	12.5	(6.5-21)	70.1	(55-79.8)	73.4	(55.9-83.3)	Lithuania
6.2	(3-11.8)	6.9	(3.1-13.7)	86.5	(75.4-91.9)	86.1	(73.2-92.1)	Norway
9.7	(4.7-17.5)	9.8	(4.5-18)	81.2	(65.7-88.8)	81.9	(65.6-89.7)	Sweden
5.6	(2.9-10.1)	6.3	(2.9-12.3)	92.9	(87-96.2)	92.1	(83.9-96.1)	United Kingdom
11	(8.5-15)	10.7	(8.1-15.1)	68.8	(59.4-73.8)	73.9	(63.4-78.2)	Southern Europe
13.7	(8.8-19.8)	12.2	(6.6-20)	27.9	(18-39.7)	44.4	(26.2-61.8)	Albania
15.5	(9.8-22.1)	14.2	(8.1-21.7)	29.9	(19.8-40.7)	46	(28.8-61.4)	Bosnia and Herzegovina
10.8	(4.9-19.6)	10.6	(4.6-19.5)	60.7	(35.2-79.2)	70.2	(44.4-84.6)	Croatia
9.5	(4.6-16.7)	9.3	(4.3-17.1)	60.1	(41.4-74.1)	68.5	(47.3-81.4)	Greece
10.5	(5.2-18.1)	10.3	(4.8-18.5)	68.3	(48.2-81)	74.2	(53.4-85.3)	Italy
4.8	(2-9.9)	5.0	(2.1-11)	73.4	(51.8-86.5)	79.7	(58-89.8)	Malta
21.1	(14.7-28)	18.0	(11.1-26.2)	38.5	(27.1-48.8)	52	(35.2-65)	Montenegro
7.6	(4.2-12.4)	7.7	(3.8-14.1)	83.5	(70.3-89.8)	85.5	(71-91.6)	Portugal
12.2	(7.6-18)	11.6	(6.3-18.8)	38.7	(28.2-49.4)	53.7	(36-67.7)	Serbia
8.2	(3.8-15.4)	8.3	(3.7-16.1)	79.9	(62.1-88.4)	83	(64.9-90.6)	Slovenia
11.6	(6.7-18.3)	11.3	(5.8-19.3)	81.2	(70-87.5)	82.9	(69.7-89.6)	Spain
16.5	(10.1-24.1)	14.8	(8.3-23.2)	30.6	(19.3-42.6)	47	(28.9-62.4)	TFYR Macedonia
7.3	(5.1-10.7)	7.3	(5.2-11.3)	87.1	(81.7-89.8)	87.2	(80.6-90)	Western Europe
10.3	(5.8-16.5)	10.3	(5.2-17.7)	83.6	(74.3-89.6)	83.9	(72.2-90.8)	Austria
6.6	(3.8-10.7)	7.0	(3.4-12.7)	90.3	(84.6-94)	89.9	(81.1-94.5)	Belgium
4	(2.3-6.9)	4.8	(2.3-9.2)	92.4	(87.6-94.9)	91.6	(84.3-95.1)	France
9.5	(4.8-16.4)	9.0	(4.2-16.7)	82.5	(70.8-89.2)	83.3	(69.9-90.3)	Germany
8.3	(4.8-13.3)	8.3	(4.1-15)	86.6	(79.3-91.3)	86.7	(76.1-92.3)	Netherlands
7.5	(4.3-11.9)	7.7	(3.8-13.9)	86.7	(79.5-91)	86.6	(76.2-92)	Switzerland
9.5	**(8.4-11.2)**	**9.5**	**(8-12.5)**	**82.8**	**(79.8-84)**	**83.6**	**(78.6-85.1)**	**Latin America and the Caribbean**
16.1	(14.1-18.6)	14.3	(11.3-18.5)	75.7	(72-78.1)	78.1	(71.7-81.5)	Caribbean
13.3	(6.4-22.6)	12.3	(5.6-21.8)	80.0	(65-89)	81.7	(66.3-90.3)	Antigua and Barbuda
11.7	(5.4-20.8)	11.0	(5-20.3)	83.5	(69.4-91.4)	84.5	(70.1-92.2)	Bahamas
15.4	(9.7-22.3)	13.8	(7.5-22.4)	76.5	(66.2-84)	79	(65.8-87.3)	Barbados
8.6	(5.6-12.8)	8.8	(4.5-15.2)	88.3	(82.6-92.1)	88.1	(78.9-93.4)	Cuba

Region, subregion, country or area	Contraceptive Prevalence Any Method (%)				Contraceptive Prevalence Modern Methods (%)			
	Median 2017	U. I. 2017	Median 2030	U. I. 2030	Median 2017	U. I. 2017	Median 2030	U. I. 2030
Dominican Republic	71.4	(64.8-77)	71.6	(60.4-80.9)	69.1	(62.6-74.4)	69.5	(58.1-78.4)
Grenada	65.5	(50.5-78.7)	67.4	(51.7-80.7)	62.0	(46.1-74.3)	64.1	(47.3-76.5)
Guadeloupe	59.8	(42.9-75.1)	63.0	(46.2-77.8)	54.9	(36.2-68.5)	58.5	(39.3-72)
Haiti	40.6	(32.6-49.4)	51.7	(38.5-64.9)	36.7	(29-44.5)	47.5	(34.4-59.3)
Jamaica	70.7	(60.1-79.2)	70.8	(57.7-81.4)	67.5	(57-75.4)	67.8	(54.5-77.5)
Martinique	61.5	(45.1-76.2)	64.3	(47.9-78.5)	57.0	(38.8-70.3)	60.2	(41.2-73.1)
Puerto Rico	76.3	(65.3-84.8)	75.8	(62.7-85.4)	69.0	(56.2-77.5)	69.1	(54.2-78.6)
Saint Lucia	59.0	(48.7-68.5)	62.1	(48.8-74.2)	56.9	(46.6-66)	60.1	(46.7-71.5)
Saint Vincent and the	66.0	(50.8-78.8)	67.4	(51.4-80.4)	63.7	(48.1-75.8)	65.2	(48.6-77.4)
Trinidad and Tobago	52.3	(40.6-63.9)	57.0	(43.4-70.1)	47.0	(35.5-57.5)	51.8	(37.7-63.8)
United States Virgin Islands	70.5	(57.7-81)	71.1	(56.5-82.4)	65.9	(51.1-75.9)	67.0	(50.6-77.6)
Central America	71.5	(67.1-75.3)	72.0	(63.7-78.5)	67.0	(62.3-70.5)	68.0	(59.2-73.8)
Belize	54.6	(46.7-62.4)	59.3	(46.5-71)	51.0	(43.1-58.2)	55.9	(43-66.6)
Costa Rica	79.8	(73-85.3)	78.5	(67.9-86.3)	77.0	(69.8-82.2)	76.1	(64.8-83.4)
El Salvador	71.1	(63.2-78.1)	71.7	(59.4-81.6)	66.5	(58.2-73)	67.5	(54.9-76.7)
Guatemala	60.5	(54.1-66.6)	64.6	(52.4-75.5)	50.7	(44.4-56.2)	56.0	(43.3-65.9)
Honduras	72.5	(65.1-79.1)	72.8	(60.9-82.4)	64.2	(56.2-70.6)	65.7	(52.9-74.8)
Mexico	72.6	(66.9-77.7)	72.9	(61.7-81.8)	69.0	(63-73.8)	69.7	(58.2-78)
Nicaragua	79.8	(73.4-84.9)	79.1	(68.5-87)	76.6	(70.1-81.5)	76.4	(65.3-83.8)
Panama	59.8	(51-67.9)	62.6	(49.7-73.7)	56.6	(47.7-64.1)	59.6	(46.5-70)
South America	77.0	(73.6-79.6)	76.1	(70.2-80.1)	71.6	(67.6-74)	71.7	(64.9-75.1)
Argentina	73.3	(64.7-80.4)	73.1	(60.8-83)	70.3	(61.1-77.4)	70.5	(57.8-80)
Bolivia (Plurinational State of)	63.0	(52-72.6)	65.9	(52.2-77.9)	43.5	(32.3-53)	50.4	(34.9-62.6)
Brazil	79.9	(74.4-84.5)	78.5	(68.6-86)	76.8	(70.8-81.4)	76.0	(65.3-82.9)
Chile	66.0	(54.5-76.2)	67.6	(53.7-79.3)	65.2	(53.4-75.1)	66.8	(52.7-78.1)
Colombia	78.1	(70.7-84.1)	77.0	(66-85.4)	72.0	(63.9-78)	72.1	(59.9-80)
Ecuador	79.3	(71.7-85.4)	78.4	(67.1-86.8)	70.3	(60.6-76.8)	71.1	(57.5-79.5)
Guyana	41.6	(33.7-50)	50.1	(37.5-62.8)	40.9	(33.1-49)	49.4	(36.8-61.7)
Paraguay	75.3	(65.1-83.4)	75.1	(62.2-85)	66.9	(55.6-75)	68.4	(53.8-78)
Peru	73.9	(68.1-78.9)	73.9	(62.7-82.7)	54.0	(46.7-60.1)	58.7	(44.9-68.7)
Suriname	53.2	(42.5-63.5)	58.2	(44.3-70.9)	52.5	(41.9-62.6)	57.5	(43.5-69.9)
Uruguay	77.6	(67.4-85.2)	77.0	(64.7-86)	74.9	(63.6-82.1)	74.6	(61.3-83.2)
Venezuela (Bolivarian Republic of)	72.7	(62.9-80.8)	72.4	(59.5-82.6)	68.3	(56.7-76.1)	68.8	(54.2-78.3)
Northern America	**74.0**	**(66.2-80.3)**	**73.0**	**(61.7-81.5)**	**70.1**	**(61.4-76.4)**	**69.4**	**(57.3-77.6)**
Canada	74.6	(64.3-82.7)	73.9	(61.4-83.6)	72.9	(62.4-80.7)	72.2	(59.4-81.5)
United States of America	73.9	(65.4-81)	72.9	(60.6-82.3)	69.7	(60.3-76.9)	69.1	(55.9-78.2)
Oceania	**58.4**	**(52-64.3)**	**60.3**	**(51.9-67.7)**	**55.5**	**(48.9-60.7)**	**57.4**	**(48.7-63.9)**
Australia and New Zealand	67.5	(59.1-74.6)	68.4	(57.5-77.5)	65.8	(57.2-72.6)	66.8	(55.6-75.3)
Australia	66.9	(57.5-75.2)	68.0	(55.4-78.6)	65.4	(55.8-73.5)	66.5	(53.7-76.7)
New Zealand	70.2	(56.6-81.4)	70.4	(55.8-82.3)	67.6	(53.5-78)	68.0	(52.7-79)
Melanesia, Micronesia and Polynesia	38.1	(29.8-47.5)	43.3	(32.5-55.7)	32.3	(24.6-39.7)	37.8	(27.1-47.8)
Melanesia	38.1	(29.4-48)	43.3	(31.9-56.4)	32.2	(24.1-40)	37.6	(26.4-48.3)

Unmet Need for Family Planning (%)				Demand for Family Planning Satisfied with Modern Methods (%)				Region, subregion, country or area
Median 2017	U. I. 2017	Median 2030	U. I. 2030	Median 2017	U. I. 2017	Median 2030	U. I. 2030	
10.9	(7.8-14.7)	10.4	(5.7-17.1)	84.0	(78.6-88)	84.8	(75-90.7)	Dominican Republic
12.5	(5.9-21.7)	11.6	(5.2-20.9)	79.5	(63.8-88.3)	81.2	(64.7-89.8)	Grenada
15.4	(7.4-25.8)	13.7	(6.3-24.1)	73.1	(52.3-84.4)	76.3	(55.5-86.7)	Guadeloupe
31.2	(25.2-36.8)	23.4	(14.9-32.5)	51.1	(42.2-59.4)	63.2	(48.6-74.4)	Haiti
10.3	(5.9-16.5)	10.1	(5.1-17.7)	83.3	(74.4-88.8)	83.7	(72.2-90.1)	Jamaica
14.5	(6.9-24.5)	13.1	(6-23.1)	75.1	(55.1-85.7)	77.9	(57.5-87.6)	Martinique
6.8	(3.3-12.3)	7.1	(3.2-13.8)	83.0	(71-89.3)	83.3	(69.3-90.1)	Puerto Rico
15.8	(10.1-22.7)	14.1	(7.7-22.5)	76.1	(65.6-83.9)	78.9	(65.9-87.5)	Saint Lucia
12.2	(5.8-21.4)	11.6	(5.2-20.9)	81.4	(66.7-89.8)	82.6	(67.3-90.7)	Saint Vincent and the Grenadines
18.4	(12-25.8)	16.0	(9.2-24.4)	66.5	(53.6-76.1)	71	(55.7-80.9)	Trinidad and Tobago
10.1	(5-17.9)	9.8	(4.5-18.2)	81.7	(67.3-89.1)	82.8	(67-90.3)	United States Virgin Islands
10.8	(8.5-13.8)	10.4	(7-15.6)	81.5	(77.1-84.3)	82.5	(74.6-86.6)	Central America
18.9	(13.7-24.7)	16.2	(9.6-24.5)	69.3	(60.8-76.4)	74	(60.8-82.9)	Belize
5.8	(3.4-9.3)	6.3	(3.1-11.6)	89.9	(84.4-93.1)	89.7	(81.1-93.8)	Costa Rica
11.5	(7.5-16.6)	10.7	(5.6-18.3)	80.5	(73-85.7)	82	(70.4-88.6)	El Salvador
14.3	(11.1-17.9)	12.5	(7.2-19.6)	67.8	(60.8-73.1)	72.6	(59.4-80.8)	Guatemala
10.7	(7.2-15.1)	10.1	(5.3-17.1)	77.2	(69.5-82.6)	79.2	(66.9-86.3)	Honduras
10.5	(7.3-14.4)	10.2	(5.5-17.1)	83.0	(77.4-86.9)	83.8	(73.6-89.7)	Mexico
6.2	(4-9.3)	6.6	(3.3-12.2)	89.1	(84.4-92)	89.1	(80.7-93.3)	Nicaragua
16.3	(10.8-22.7)	14.6	(8.3-23.1)	74.4	(65.1-81.4)	77.2	(64.1-85.5)	Panama
8.3	(7-10.5)	8.6	(6.8-12.2)	84.0	(80.2-85.6)	84.6	(78.5-86.7)	South America
9.4	(5.4-14.9)	9.5	(4.6-16.9)	85.0	(77-90.2)	85.4	(74.1-91.6)	Argentina
17.6	(11.4-25.3)	15.1	(8.1-24.3)	54.0	(41-64.3)	62.2	(44.6-74.3)	Bolivia (Plurinational State of)
7.1	(4.6-10.3)	7.6	(4-13.5)	88.4	(83.2-91.7)	88.2	(79.4-92.6)	Brazil
13.1	(7.3-20.9)	12.3	(6.1-21.1)	82.4	(71.3-89.9)	83.6	(70.7-91.5)	Chile
8.3	(5.2-12.6)	8.5	(4.4-15)	83.4	(75.9-88)	84.3	(73.4-90)	Colombia
6.5	(3.8-10.6)	6.9	(3.3-12.9)	81.9	(72.2-87.5)	83.3	(70.8-89.7)	Ecuador
28	(22.3-33.7)	22.8	(15-31.2)	58.8	(49.7-67.3)	67.7	(54.2-79.1)	Guyana
7.3	(3.9-12.4)	7.6	(3.5-14.3)	81.0	(70.5-87.1)	82.7	(69.1-89.6)	Paraguay
9	(6.5-12.2)	9.3	(5-15.8)	65.2	(56.9-71.9)	70.6	(55.8-80.1)	Peru
18.9	(12.5-26.4)	16.4	(9.2-25.3)	72.9	(61.7-82)	77	(63.4-86.9)	Suriname
7.3	(3.7-13.1)	7.6	(3.5-14.4)	88.2	(78.6-92.8)	88.3	(77-93.4)	Uruguay
10.8	(6.1-17.4)	10.8	(5.3-18.9)	81.8	(70.3-88.2)	82.6	(68.7-89.7)	Venezuela (Bolivarian Republic of)
7.1	**(4.5-10.8)**	**7.5**	**(4.2-12.9)**	**86.4**	**(79.3-90.4)**	**86.3**	**(76.4-91.1)**	**Northern America**
7.2	(3.7-12.8)	7.5	(3.5-14.1)	89.1	(80.8-93.5)	88.7	(78.6-93.8)	Canada
7	(4.2-11.2)	7.5	(3.8-13.3)	86.1	(78.3-90.6)	86	(75.3-91.5)	United States of America
14.8	**(11.5-19.2)**	**13.9**	**(10.3-19.2)**	**75.7**	**(68.9-80)**	**77.3**	**(68.6-82.1)**	**Oceania**
10.7	(6.7-16.3)	10.2	(5.9-17.1)	84.1	(76.1-89.2)	84.9	(74.8-90.4)	Australia and New Zealand
10.9	(6.4-17.2)	10.4	(5.3-18.1)	84.0	(75.1-89.9)	84.9	(73.5-91.4)	Australia
9.4	(4.4-17.2)	9.3	(4.1-17.5)	84.9	(72.5-91.5)	85.3	(71.8-92)	New Zealand
24.1	(18.1-30.5)	21.7	(14.9-29)	52.0	(41.3-60.1)	58.1	(44.5-67.9)	**Melanesia, Micronesia and Polynesia**
23.9	(17.6-30.6)	21.6	(14.4-29.2)	52.0	(40.8-60.7)	58	(43.7-68.4)	Melanesia

Region, subregion, country or area	Contraceptive Prevalence Any Method (%)				Contraceptive Prevalence Modern Methods (%)			
	Median 2017	U. I. 2017	Median 2030	U. I. 2030	Median 2017	U. I. 2017	Median 2030	U. I. 2030
Fiji	48.9	(32.5-66.9)	52.6	(34.8-70.2)	45.4	(28.8-61.2)	49.2	(31.2-65.1)
Papua New Guinea	36.8	(26.6-48.3)	42.3	(29.2-57.3)	30.5	(21.3-39.6)	36.3	(23.5-48.6)
Solomon Islands	37.8	(28.1-49.4)	43.3	(30.2-58.2)	33.3	(23.6-42.3)	38.9	(25.9-51.5)
Vanuatu	45.0	(35.7-54.8)	48.8	(35.3-62.6)	40.7	(31.7-49.3)	44.7	(31.4-57.2)
Micronesia	42.0	(35.3-49)	46.5	(37.9-55.5)	37.3	(30.2-43.2)	42.0	(33-49.5)
Guam	54.1	(39.5-67.9)	55.8	(39.9-71.4)	48.0	(32.9-60.4)	50.5	(33.7-64.4)
Kiribati	28.0	(20.5-36.8)	35.3	(24.2-48.9)	24.1	(17.1-31.2)	31.2	(20.4-42.7)
Polynesia	31.7	(27.6-36.6)	38.7	(31.1-47.7)	30.0	(25.7-34)	36.9	(28.9-44.8)
Samoa	28.0	(22.7-34.2)	35.3	(24.8-47.9)	27.2	(21.9-32.9)	34.5	(23.9-46.2)
Tonga	35.0	(27.5-44)	41.2	(29.1-54.8)	32.1	(24.4-39)	38.2	(25.9-49.8)

Data source: United Nations, Department of Economic and Social Affairs, Population Division (2017b). *Model-based Estimates and Projections of Family Planning Indicators 2017. New York: United Nations.*

Note: U.I. is the uncertainty interval representing the 10^{th} and the 90^{th} percentiles of the estimated values.
Highlighted in light blue and bold are the world regions and special aggregates and in light blue are the subregions within each region.
Model-based estimates and projections were derived from survey-based estimates by country, as compiled in Unied Nations (2017c).
Only countries or areas with 90,000 persons or more in 2017 and with at least one observation of contraceptive prevalence are considered.

Unmet Need for Family Planning (%)				Demand for Family Planning Satisfied with Modern Methods (%)				Region, subregion, country or area
Median 2017	U. I. 2017	Median 2030	U. I. 2030	Median 2017	U. I. 2017	Median 2030	U. I. 2030	
18.8	(9.8-29.1)	17.1	(8.4-27.5)	67.0	(47.5-80.3)	70.6	(50.5-83.2)	Fiji
24.7	(17.3-32.5)	22.2	(13.9-30.8)	49.7	(36.8-60.3)	56.4	(39.9-68.8)	Papua New Guinea
20.9	(14.2-28.1)	19.5	(11.9-27.6)	56.6	(42.9-66.9)	62	(45.1-73.9)	Solomon Islands
22.7	(15.9-30.2)	20.2	(12.3-29.1)	60.1	(49.1-69.3)	64.8	(49.6-76.2)	Vanuatu
20.7	(16.3-25.8)	19.0	(14.2-24.7)	59.6	(49.9-65.8)	64.2	(53-71)	Micronesia
16.2	(8.9-25.1)	15.2	(7.6-24.8)	68.4	(50.9-79.4)	71.1	(52.2-82.5)	Guam
26.7	(19.6-34.1)	24.1	(16.3-32.3)	44.1	(33.1-53.9)	52.5	(37.6-65.1)	Kiribati
36.7	(32.2-40.9)	31.3	(25-37.1)	43.9	(38.3-48.8)	52.7	(43.1-61.1)	Polynesia
43.2	(37.3-48.5)	36.6	(27.5-44.6)	38.2	(31.7-45.2)	47.9	(35.3-60.7)	Samoa
28.3	(20.8-35.9)	25.4	(16.7-34.5)	50.7	(39.7-59.6)	57.4	(41.6-69.2)	Tonga

Comprehensive and timely estimates on global trends in family planning are critical for assessing current and future contraceptive demand and setting policy priorities to ensure universal access to sexual and reproductive health and the realization of reproductive rights. This report presents a concise, descriptive analysis of levels and trends in key family planning indicators for married or in-union women from Model-based Estimates and Projections of Family Planning Indicators 2017 and the data set World Contraceptive Use 2017, representing 195 countries or areas. The Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat provides regular updates of the estimates and projections of family planning indicators as part of its contribution to global monitoring of progress on internationally-agreed targets to achieve universal access to sexual and reproductive health.